



National Health Systems Resource Centre

Technical Support Institution with National Health Mission
Ministry of Health & Family Welfare, Government of India



L. No.: NHSRC/13-14/QI/01/QAP

Date : 13 April 2026

To

Mission Director-NHM
All States/UTs

Subject: Guidance Note on Integration of LaQshya and MusQan with NQAS

Dear Madam/Sir,

LaQshya and MusQan have been implemented as dedicated quality improvement programmes under the umbrella of the National Quality Assurance Standards (NQAS) to strengthen maternal and child health services. LaQshya focuses on improving the quality of care in Labour Rooms (LRs) and Maternity Operation Theatres (M-OTs), while MusQan enhances paediatric services through Special Newborn Care Units (SNCUs), Newborn Stabilisation Units (NBSUs), Paediatric OPDs, Paediatric Wards, and Nutrition Rehabilitation Centres (NRCs).

Now, LaQshya and MusQan have been integrated within the NQAS certification framework with effect from 1st April 2026, as communicated vide D.O. No. Z.15014/32/2025-NHM-I dated 28th January 2026. **(Annexure -I)** Consequently, these programmes will no longer be assessed as standalone certifications.

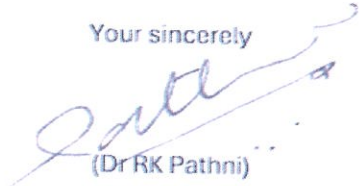
To facilitate smooth implementation, a Guidance Note has been developed and enclosed herewith as Annexure "II". It provides clear directions on:

- Standards and assessment tools applicable to District Hospitals (DH) and Community Health Centres – First Referral Unit (CHC-FRU)
- Revised certification criteria for DHs and CHC-FRU
- Document verification and application process through the *SaQsham* portal
- Certification man-days, and
- Budgetary provisions for activities and incentives under the integrated framework.

Please note that this integration is applicable only to secondary care hospitals; Medical Colleges will continue to apply for LaQshya and MusQan certification under the existing guidelines

States/UTs are requested to disseminate the enclosed Guidance Note to all concerned facilities and initiate necessary compliance actions.

Your sincerely



(Dr RK Pathni)
Advisor-QPS

Copy to:

- State Nodal Officers -QA- All States/UTs
- State Nodal Officers- Maternal Health- All States/UTs
- State Nodal Officers- Child Health- All states/UTs



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Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

आराधना पटनायक, भा प्र से
अपर सचिव एवं मिशन निदेशक (रा स्वा मि)

Aradhana Patnaik, IAS

Additional Secretary & Mission Director (NHM)

D.O.No.Z.15015/32/2025-NHM-I

Dated: 28th January, 2026

Dear Sir / Madam,

Enhancing the quality of public healthcare facilities is of paramount importance. In this context, the Ministry has resolved that all public healthcare facilities shall achieve National Quality Assurance Standards (NQAS) certification by December 2026. As part of the journey towards excellence in healthcare delivery, several quality initiatives such as LaQshya (for maternal health services) and MusQan (for child health services) were launched.

Due to the multiple certifications, there were requests from the States/UTs to rationalise the process. The matter was deliberated in the 11th Central Quality Supervisory Committee (CQSC) meeting which recommended integrating LaQshya and MusQan certification programs within the NQAS framework. Accordingly, these certifications have been integrated with the NQAS certification, with appropriate changes to the certification criteria. The criteria for the departments under LaQshya and MusQan will be mandatorily fulfilled for NQAS certification.

This integration would ensure uniformity in standards, avoiding duplication of checklists, and strengthening the overall quality improvement process in Hospitals. Furthermore, it will ensure certification at the institutional level, encompassing all service components—including maternal and child health—within the comprehensive NQAS framework.

The integrated framework will apply to all **District Hospitals (DHs), Sub-District Hospitals (SDHs), and Community Health Centres (CHCs) from 1st April, 2026**. It will reinforce a holistic and integrated approach to health system strengthening, patient safety, and the consistent delivery of high-quality care to every patient. It is reiterated that no separate checklist will be prepared for LaQshya or MusQan, as these have been subsumed within the NQAS framework.

Accordingly, States/UTs may submit application for NQAS certification rather than for LaQshya or MusQan certification individually w.e.f. **1st April, 2026** onwards.

With regards,

Yours sincerely,

Aradhana Patnaik
28.1.26
(Aradhana Patnaik)

To

Additional Chief Secretaries / Principal Secretaries / Secretary (Health) - All States/UTs

#StopObesity

टीबी हारेगा देश जीतेगा / TB Harega Desh Jeetega

Copy to:

1. Mission Director (NHM) - All States/UTs
2. PSO to Secretary (HFW)

Guidance Note for States: Integration of NQAS, LaQshya and MusQan

The Ministry of Health and Family Welfare (MoHFW) has launched several strategic initiatives to strengthen the quality of care in public health facilities, with the National Quality Assurance Standards (NQAS) serving as the cornerstone for assessing and certifying facilities across multiple levels. NQAS currently applies to District Hospitals (DHs), Community Health Centres – First Referral Units (CHC-FRUs), Primary Health Centres (PHC 24x7), Urban Primary Health Centres (UPHCs), and Ayushman Arogya Mandir – Sub Centres (AAM-SCs). To ensure inclusivity and address state-specific requirements, customized checklists have also been developed for facility types such as District Women Hospitals, Sub-District Hospitals (SDHs), CHC–Non-FRUs, and Additional PHCs (APHCs)/non-24x7 PHCs, enabling states to extend quality standards across a wider spectrum of service delivery points. As of 28th February 2026, a total of 55,004 public health facilities have been certified under NQAS, including 21,889 nationally and 33,115 state-certified.

To further prioritize Maternal and Child Health, MoHFW introduced two focused quality improvement programs under the NQAS umbrella: LaQshya, which aims to improve care during labour and delivery by targeting Labour Rooms (LRs) and Maternity Operation Theatres (M-OTs) in secondary care facilities. MusQan, which enhances paediatric services with emphasis on Special Newborn Care Units (SNCUs), Newborn Stabilization Units (NBSUs), Paediatric OPDs, Paediatric Wards, and Nutrition Rehabilitation Centres (NRCs). As of 28th February 2026, significant progress has been achieved with 1,244 Labour Rooms and 917 M-OTs certified under LaQshya, and 242 facilities certified under MusQan. These programs enable facilities to strengthen maternal and child health services even before undergoing full NQAS certification, which requires assessment across 21 departments in DHs and 12 departments in CHCs.

The Eleventh meeting of the Central Quality Supervisory Committee (CQSC), held on 20th August 2025, directed that LaQshya and MusQan be formally integrated into the NQAS framework. Further, a DO (D.O. No. Z.15014/32/2025-NHM-I) dated 28th January 2026 was issued to States and UTs, communicating the decision to integrate LaQshya and MusQan within the NQAS certification framework with effect from 1 April 2026. This integration ensures that maternal and child health services are not treated as standalone verticals but embedded within the broader Quality Assurance ecosystem, thereby reinforcing comprehensive, holistic and sustainable improvements in healthcare delivery.

RATIONALE FOR INTEGRATION

The integration of LaQshya and MusQan within the NQAS framework is based on the following strategic considerations:

1. **Reducing Multiple Assessments:** Separate certification processes previously resulted in multiple rounds of assessments for the same facility, increasing the administrative and logistical burden on facilities, states, and national assessment teams.
2. **Avoiding Duplication of Efforts:** Maternal and child health departments covered under LaQshya and MusQan are already included within the NQAS departmental assessment

framework. Separate assessments therefore resulted in duplication of evaluation processes, documentation, and reporting.

3. **Optimising Resource Utilisation:** Multiple certification processes increased the cost of assessments and associated logistics, both for states and national teams.
4. **Simplifying Certification and Compliance:** Facilities often received three separate certificates (NQAS, LaQshya, MusQan) at different points in time, leading to confusion in interpretation, display of certificates, and tracking of certification validity.
5. **Promoting a Unified Quality Framework:** Integration ensures that maternal and child health services are embedded within the broader hospital quality system, rather than functioning as vertical initiatives.

INTEGRATION FRAMEWORK

This guidance note provides clear direction to States and UTs on integrating LaQshya and MusQan within the NQAS framework. It outlines: (A) Standards and assessment tools, (B) Revised Certification criteria, (C) Application process through the SaQsham portal, and (D) Certification man-days (E) Activities and budgeting under the integration framework.

A. Assessor's Guidebook for NQAS Assessments and Certifications

1. **District Hospitals (DHs):**

The current NQAS standards for DHs (2020 version) already include service areas covered under LaQshya and MusQan. The 21-department checklist incorporates Labour Room, Maternity OT, SNCU, Paediatric OPD, Paediatric Ward, and NRC. Therefore, no changes are required in standards or assessment tools. Facilities undergoing NQAS certification at the DH level automatically mandatorily need to meet LaQshya and MusQan requirements.
2. **Community Health Centres (CHCs):**

The CHC Assessor Guidebook has been updated to integrate LaQshya and MusQan standards within the CHC-FRU framework. The revised toolkit is available on the NHSRC website and SaQsham portal. States must ensure CHCs use the updated toolkit during assessments to reflect the integrated approach.
3. **Customization for Facility Types:**

Several states have developed customized NQAS checklists for specialized facilities such as Women & Child Hospitals, Male Hospitals, and Sub-Divisional Hospitals. These customizations are already in place for DHs and equivalent facilities. For SDHs and CHCs, states may formally request the QPS Division at NHSRC to support customization of integrated standards and assessment tools.

B. Revised Certification Criteria as per the Scope

To ensure uniformity and comprehensiveness across the integrated framework, the following guiding principles and certification criteria shall be applied:

District Hospitals (DHs) and Sub-District Hospitals (SDHs)

- At DHs or equivalent, and at SDHs wherever applicable, it is mandatory to seek NQAS certification for all key departments delivering maternal and child healthcare services. These include Labour Room, Maternity OT (LaQshya), Paediatric Ward, Paediatric OPD, SNCU, and NRC (wherever available).
- Each District Hospital must apply for certification in a minimum of 12 departments, including all mandatory LaQshya and MusQan departments. In addition, the Haemodialysis Unit must be included wherever available. The remaining departments may be selected by the facility from the DH NQAS toolkit, based on readiness and service availability, to meet or exceed the minimum requirement.
- Hospitals may also include more than twelve departments to strengthen overall quality assurance. This integration ensures LaQshya and MusQan initiatives are aligned with NQAS standards and certification is standardized across critical service delivery points.

Community Health Centres (CHCs) – FRU and Non-FRU

- **CHC-FRU:** Facilities are required to apply for NQAS certification across all departments, including LaQshya and MusQan. Mandatory departments are Accident & Emergency (A&E), OPD, Labour Room, Maternity OT, IPD, NBSU, OT, Paediatric OPD, Laboratory, Radiology, Pharmacy & Store, Blood Storage Unit (BSU), Auxiliary Services, and General Administration. Please note **Part-certification is not permitted**. Also, **Certification for Maternity OT is mandatory; however, States may seek exemption for General OT**.
- **CHC – Non-FRU:** Mandatory departments for NQAS certification are Accident & Emergency (A&E), OPD, Labour Room, IPD, Laboratory, Radiology, Pharmacy & Store, Auxiliary Services, and General Administration. Please note **Part-certification is not permitted**. Also, **due to the non-availability of functional BSU, NBSU, and OT/M-OT, these facilities are not eligible for certification of a single LaQshya/ MasQan department**.

Revised certification criteria within the integrated framework are summarised in the Table-1 below. Further, the level-wise integrated certification criteria for District Hospitals (DH), Sub-District Hospitals (SDH), and Community Health Centres (CHC), along with the standard statements, are annexed as *Appendix 'A'*.

Table -1

Integrated NQAS Certification Criteria			
Sno.	Criteria	DH/SDH	CHC
I	Aggregate score	Overall score of the department shall be $\geq 70\%$	Overall score of the department shall be $\geq 70\%$
II	Department Score	Individual quality score for department shall be $\geq 70\%$	Individual quality score for department shall be $\geq 70\%$
III	Score of each area of concern	Individual Quality score of all 8 areas of concern $\geq 70\%$	Individual Quality score of all 8 areas of concern $\geq 70\%$

IV	Individual score in core standards	Standard A2, B3, B5, D10, E9, E18, E19, E20, F2 ≥70%	Standard A2, B3, B5, D10, E9, E18, E19, E20, F2 ≥70%
V	Individual score in each applicable Quality standard	Individual Standard wise score ≥50%	Individual Standard wise score ≥50%
VI	Patient satisfaction Score	PSS- 70% in the preceding quarter or more (Satisfied & Highly Satisfied on Mera Aspataal) or Score of 3.5 on Likert Scale	PSS- 70% in the preceding quarter or more (Satisfied & Highly Satisfied on Mera Aspataal) or Score of 3.5 on Likert Scale
VII	Annexure	75% compliance as per Annexure 'C' of LaQshya guidelines and Annexure 'A' of MusQan guidelines	75% compliance as per Annexure 'C' of LaQshya guidelines and Annexure 'A' of MusQan guidelines

Verification Process

Under LaQshya, verification of Annexure 'C' was earlier done by SQAU within six months of NQAS certification while under MusQan, verification of benchmarks under Annexure 'A' was carried out at the time of assessment. **Please note that the verification for Annexure C and Annexure A under both LaQshya and MusQan respectively is conducted by assessors during the assessment itself.** No separate verification/ submission of documents post-national assessment is required.

Award of the certification:

For DHs/SDHs/CHCs/UHCs: -

- a) Certification – If health facility meets all the above-mentioned criteria.
 - ✓ Certification/recertification is valid for a period of three years, subject to validation of compliance with QA Standards through surveillance assessments conducted by the SQAC team each year for the subsequent two years.
 - ✓ In the third year, the facility would undergo re-certification assessment by the National Assessors after successful completion of two surveillance audits by the SQAC.
- b) **Certification with Conditionality** – If a Health Facility's aggregate score (Criteria- I) is 70% or more and also meets at least four criteria out of remaining six (Criterion II, III, IV, V, VI and VII).

- c) **Certificate Deferred:** Facilities scoring below 70% aggregate or failing to comply with at least four of the remaining six certification criteria.

C. Application Submission Process:

Please note that all applications must be submitted exclusively through the SaQsham Portal. The flow chart of the certification process is referred from *Appendix B*. The combined Document Verification Report (DVR) is attached as *Appendix C*.

To streamline quality certification across various domains of NQAS and to avoid duplication of assessments, the following provisions shall apply for the integration of *LaQshya* and *MusQan* certification with NQAS:

1. State Certification will be undertaken using the updated NQAS checklist.
2. Facility Application for National-level certification must be submitted within 6 months of State certification.
3. **Standalone applications under LaQshya or MusQan will not be accepted.**
4. No separate certificate will be issued for individual service areas (e.g., Labour Room).
5. Upon submission of the application, the Document Verification Report (DVR) will be reviewed and approved by the QPS Division.
6. The Certification Unit will schedule the assessment.
7. Assessment teams will comprise two to three external assessors, depending on the scope of the application, and will include one Gynaecologist and one Paediatrician. It will be ensured that at least one female assessor is part of the team.
8. Assessment will be conducted through the SaQsham Portal.
9. During the assessment, assessors will also verify compliance with *LaQshya* Annexure C and *MusQan* Annexure A.
10. The Certification Unit, NHSRC will declare the results after verifying compliance with the requirements for NQAS Certification.

D. Certification man-days

The revised certification man-days for integrated NQAS assessments are as follows:

Facility Type	Departments	Assessors	Man-days
DH / SDH	15–21 departments	3	3
DH / SDH	12–14 departments	3	2
CHC – FRU	14 departments	3	2
CHC – Non-FRU	9 departments	2	2
Medical College	LR & MOT	2	1
Medical College	MusQan (4 departments)	2	1
Medical College	LaQshya + MusQan (6 deptts)	2	2

These revised norms ensure optimal utilisation of assessment resources while maintaining objectivity of assessment and comprehensive evaluation of service delivery departments.

E. Activities and Budgeting under Integration Framework:

- **Training:**
 - Technical and skill-based training including OSCE requirements under LaQshya and MusQan will be conducted by the Maternal and Child Health Divisions.
 - Training requirements to address quality or process gaps will be covered under regular NQAS training programs (internal or internal-cum-service provider training programs).
- **Mentoring:**
 - Mentoring visits under LaQshya and MusQan will continue as planned and will be undertaken by the Maternal and Child Health Divisions.
- **Infrastructure:**
 - Infrastructural gaps (e.g., LDR beds, radiant warmers, phototherapy machines, equipment, instruments, construction, etc.) will be addressed and budgeted under the respective RCH heads in PIPs.
- **Budgeting:**
 - Budgeting for closure of process-related gaps under LaQshya and MusQan activities will be covered under HSS.6, Sr. No. 175 (QA).
 - No separate budget will be allocated for internal, state, national, or surveillance assessments and incentives under LaQshya and MusQan. These will be subsumed within regular NQAS activities.
- **Unified Branding:**
 - With the integration of LaQshya and MusQan within the NQAS framework, there will be no separate branding or certification logos for these programmes.
 - Certification will be displayed exclusively under the NQAS branding at the facility.

In view of the integration of LaQshya and MusQan within the NQAS framework, detailed guidance on the updated norms and assessment processes has been provided above. These revised protocols are critical to ensuring quality and consistency across all levels of implementation and **will be applicable from 01 April 2026**. Recertification of facilities already certified under LaQshya and MusQan will be undertaken as part of their next certification cycle, in alignment with the revised integrated framework.

Details of Certification Criteria for DH/SDH

- a. **Criterion 1-** Overall score $\geq 70\%$
- b. **Criterion 2-** Individual quality score for all selected departments shall be $\geq 70\%$
- c. **Criterion 3-** Score of each Area of Concern $\geq 70\%$
- d. **Criterion 4 -** Individual scores of nine core Standards (A2, B3, B5, D10, E9, E18, E19, E20 and F2) shall be $\geq 70\%$. Statement of standards is given in **Table -2** below.
- e. **Criterion 5-** Individual score in each applicable Quality Standard $\geq 50\%$
- f. **Criterion 6-** Client Satisfaction of the department shall be more than $\geq 70\%$ or score of 3.5 on Likert scale.
- g. **Criterion 7:** 75% compliance as per Annexure 'C' of LaQshya guidelines and Annexure 'A' of MusQan guidelines

Table-2

List of Core Standards for DH/SDH	
Standard A2:	The facility provides RMNCHA services
Standard B3:	The facility maintains the privacy, confidentiality & dignity of patient, and has system for safeguarding the patient related information
Standard B5	The facility ensures that there are no financial barriers to access and that there is financial protection given from the cost of hospital services
Standard D10	The facility is compliant with all statutory and regulatory requirements imposed by local, state and central Government.
Standard E9	The facility has defined and established procedures for discharge of patient
Standard E18	The facility has established procedure for intranatal care as per guidelines
Standard E19	The facility has established procedure for post-natal care as per guidelines
Standard E20	The facility has established procedures for care of newborn, infant and child as per guidelines
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis.

Certification Criteria of SDH:

As per the applicable checklist type, Sub-District Hospitals (SDHs) are required to follow certification criteria aligned with either District Hospital (DH) or Community Health Centre (CHC) standards, depending on their functional scope and the customised checklist approved by NHSRC.

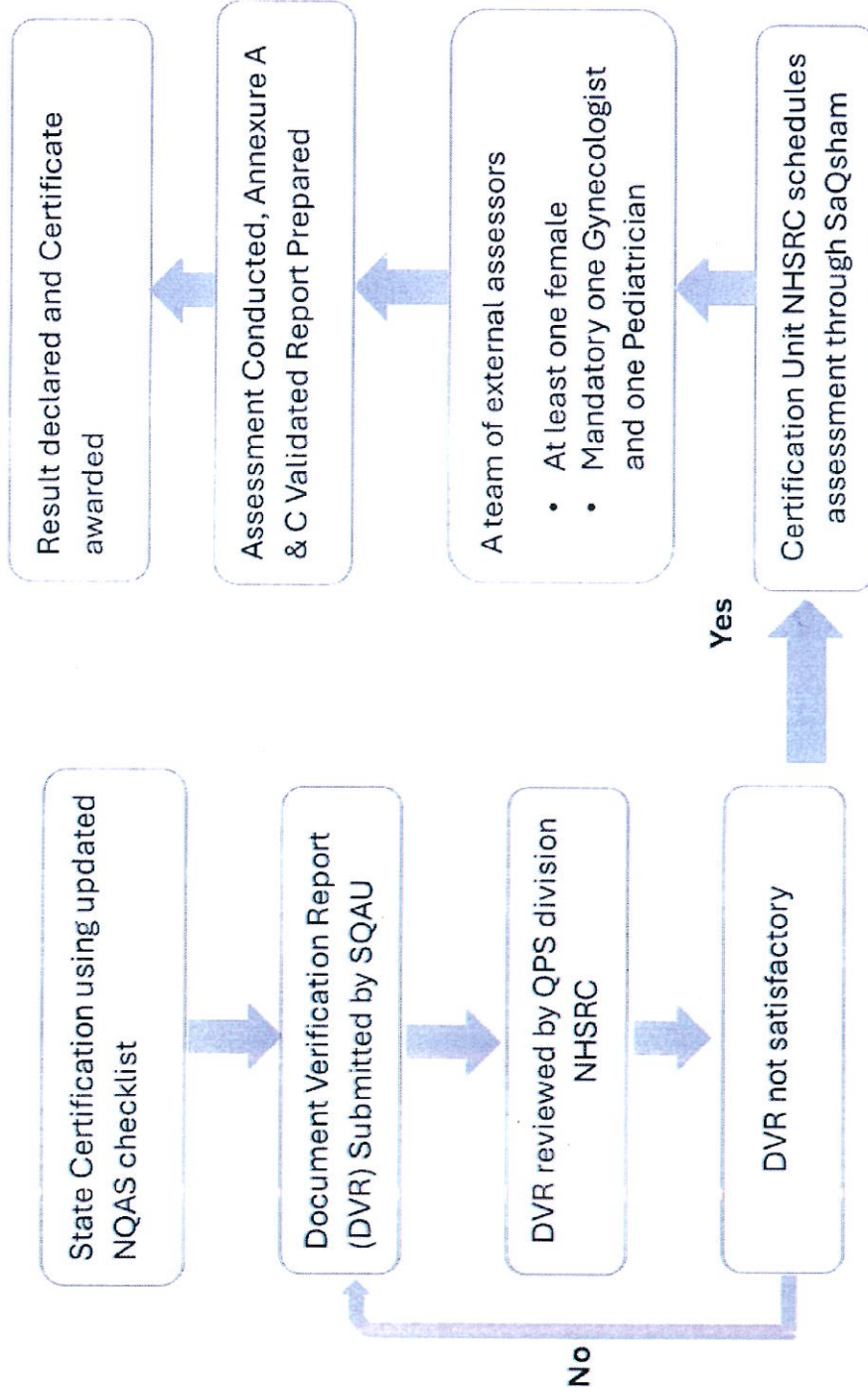
Certification Criteria of SDH/CHC

- a. Criterion 1- Overall score $\geq 70\%$
- b. Criterion 2- Individual quality score for all selected departments shall be $\geq 70\%$
- c. Criterion 3- Score of each Area of Concern $\geq 70\%$
- d. Criterion 4- Individual scores of nine core Standards (A2, B3, B5, D10, E9, E18, E19, E20 and F2) shall be $\geq 70\%$. Statement of standards are given in **Table – 3** below.
- e. Criterion 5- Individual score in each applicable Quality Standard $\geq 50\%$
- f. Criterion 6- Client Satisfaction of the department shall be more than $\geq 70\%$ or score of 3.5 on Likert scale.
- g. Criterion 7: 75% compliance as per Annexure 'C' of Laqshya guidelines and Annexure 'A' of MusQan guidelines

Table -3

List of Core Standards for CHC	
Standard A2	The facility provides RMNCHA services
Standard B3	The facility maintains the privacy, confidentiality & dignity of patient, and has system for safeguarding the patient related information
Standard B5	The facility ensures that there are no financial barriers to access and that there is financial protection given from the cost of hospital services.
Standard D10	The facility is compliant with all statutory and regulatory requirements imposed by local, state and central Government.
Standard E9	The facility has defined and established procedures for discharge of patient
Standard E18	The facility has established procedure for intranatal care as per guidelines
Standard E19	The facility has established procedure for post-natal care as per guidelines
Standard E20	The facility has established procedures for care of newborn, infant and child as per guidelines
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices and antisepsis

Snapshot of Certification Process



Appendix-'c'

Integrated Document Verification Report				
Physical Assessment - NQAS+ MusQan+LaQshya				
S. No	List of Documents	DH	SDH	CHC
1	Filled application form along with the Hospital data sheet.	✓	✓	✓
2	State Certification Report duly signed by the assessors (NQAS, LaQshya and MusQan)	✓	✓	✓
3	No. & Names of the Departments to be assessed	✓	✓	✓
4	Prescription, Medical Audit, and Newborn, Child Death Audit Analysis with Corrective and Preventive Action (CAPA)	✓	✓	✓
5	Analysis of the last 3 months Patient Satisfaction Surveys/Mera Aspataal and Subsequent Corrective and Preventive actions undertaken	✓	✓	✓
5.1	Average PSS of IPD and OPD	✓	✓	✓
5.2	PSS of LR	✓	✓	✓
5.3	PSS of MOT	✓	✓	✓
5.4	PSS of Paediatric OPD	✓	✓	✓
5.5	PSS of Paediatric Ward	✓	✓	X
5.6	SNCU/NBSU (whatever applicable)	✓	✓	✓
5.7	NRC(if applicable)	✓	✓	X
6	Key Performance Indicators (Last 3 Months)	✓	✓	✓
6.a	KPIs as defined in NQAS	✓	✓	✓
6.b	LaQshya Indicator- As per Annexure 'C'	✓	✓	✓
6.c	MusQan baseline indicator - As per Annexure 'A'	✓	✓	✓
7	Latest State Assessment Report and scores of NQAS, LaQshya and MusQan (Excel Sheet/Gunak Reported)	✓	✓	✓
8	Evidence of Rapid Improvement Events compliance 1. LaQshya 2. MusQan	✓	✓	✓
9	Minutes of last Quality Team meeting (MOM) of last quarter	✓	✓	✓
10	Departmental SOPs	✓	✓	✓
11	Quality Improvement Manual	✓	✓	✓
12	OSCE Report of Assessment done in the last one year	✓	✓	✓
13	Total no. of copy of Hospital Wise Policies /Government Orders	15	15	10
13.a	Vision, Mission, Values, Strategic Plan and Quality Policy	✓	✓	✓
13.b	Condemnation Policy	✓	✓	✓
13.c	Antibiotic policy	✓	✓	✓
13.d	End of Life care policy	✓	✓	X
13.e	Social, Culture and Religious Equality policy	✓	✓	✓
13.f	Privacy, Dignity and confidentiality policy of patient	✓	✓	✓
13.g	Consent policy	✓	✓	✓
13.h	Prescription by Generic Name policy	✓	✓	X
13.i	Adverse Event reporting policy	✓	✓	X
13..j	Referral policy	✓	✓	✓

13..k	Policy for timely reimbursement of entitlements and compensation.	✓	✓	✓
13.l	Grievance Redressal policy	✓	✓	X
13.m	Free treatment to BPL patient's policy	✓	✓	X
13.n	Breastfeeding policy	✓	✓	✓
13.o	IYCF Policy	✓	✓	✓
14	Evidence for compliance against Statutory/ Regulatory Compliance:	✓	✓	✓
14.a	Authorization for handling Bio Medical Waste from Pollution Control Board (mandatory)	✓	✓	✓
14.b	NoC from Fire Safety (Mandatory)	✓	✓	✓
14.c	Certificate of inspection of electrical installation. (mandatory for SNCU/NBSU)	✓	✓	✓
14.d	Licence for operating lift (wherever applicable)	✓	✓	✓
14.e	AERB authorization for X-ray, mobile X-ray, OPG, Dental X-ray (if applicable)	✓	✓	✓
14.f	Licence of Blood Bank (if applicable)	✓	✓	✓
14.g	Copy of registration under PCPNDT Act (if applicable)	✓	✓	✓