



स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE



QUALITY DARPAN

An update on National Quality Assurance Standards

Vol VI, No. 2 July – Dec 2025

Ministry of Health and Family Welfare
Government of India

QUALITY DARPAN

An update on National Quality
Assurance Standards

Vol VI, No. 2
July – Dec 2025

50,373 NQAS Certifications: Commitment to Quality Health care

गुणवत्ता का विश्वास - NQAS

PMO India @PMOIndia

India surpasses 50,000 NQAS-certified public health facilities, marking major boost to healthcare quality
[aninews.in/news/national/...](https://aninews.in/news/national/)

via NaMo App

India surpasses 50,000 NQAS-certified public health facilities, marking major boost to healthcare quality
 ANI NEWS JANUARY 8TH, 2026



India's public healthcare system has reached a historic milestone with more than 50,000 health facilities receiving certification under the NQAS, underscoring the government's push towards quality, safety and patient-centred care. According to the MoHFW, a total of 50,373 public health facilities across all States and Union Territories stood NQAS-certified as of December 31, 2025.

11:42 AM · Jan 8, 2026 · 38.5K Views

Ministry of Health @MoHFWINDIA

A proud milestone for India's public health system as the nation crosses 50,000 NQAS-certified health facilities!

This landmark achievement reinforces the national commitment to quality, safety, and patient-centred care, bringing India closer to equitable and high-quality healthcare for all.

Kudos to all the dedicated teams!

#NQAS #QualityHealthcare #PublicHealthIndia #HealthForAll #NationalHealthMission #ViksitBharat






From The Advisor's Desk



Quality and patient safety are no longer aspirational goals but fundamental determinants of health system performance and public trust.

As India continues to expand access to healthcare services, the focus must progressively shift towards ensuring care that is safe, effective, people-centred, and consistent across all levels of the health system. The National Quality Assurance Standards (NQAS) have played a pivotal role in providing a robust and structured framework for institutionalizing quality and patient safety across public health facilities nationwide.

The progress achieved over recent years reflects the collective commitment of States and Union Territories, district and facility teams, and frontline healthcare workers who have embraced quality as a continuous journey rather than a one-time certification exercise.

MoHFW has given an ambitious target of 50% NQAS certification by the end of Dec 2025 and 100% by the end of Dec 2026. The country has now crossed a significant milestone of 50,000 NQAS certifications, and notably, seven States/UTs have achieved more than 50% NQAS certification. This achievement reflects strong leadership, sustained mentoring, supportive supervision, and dedicated efforts by quality teams at all levels.

Quality Darpan serves as a vital platform reflecting the progress in QI across the country. This edition highlights key developments under the NQAS, including progress in certification, patient safety initiatives, digital innovations, capacity-building efforts, and state-led best practices. Together, these efforts underscore a collective commitment to embedding quality and safety as core values in healthcare delivery.

Dr. RK Pathni
Advisor, QPS Division,
NHSRC

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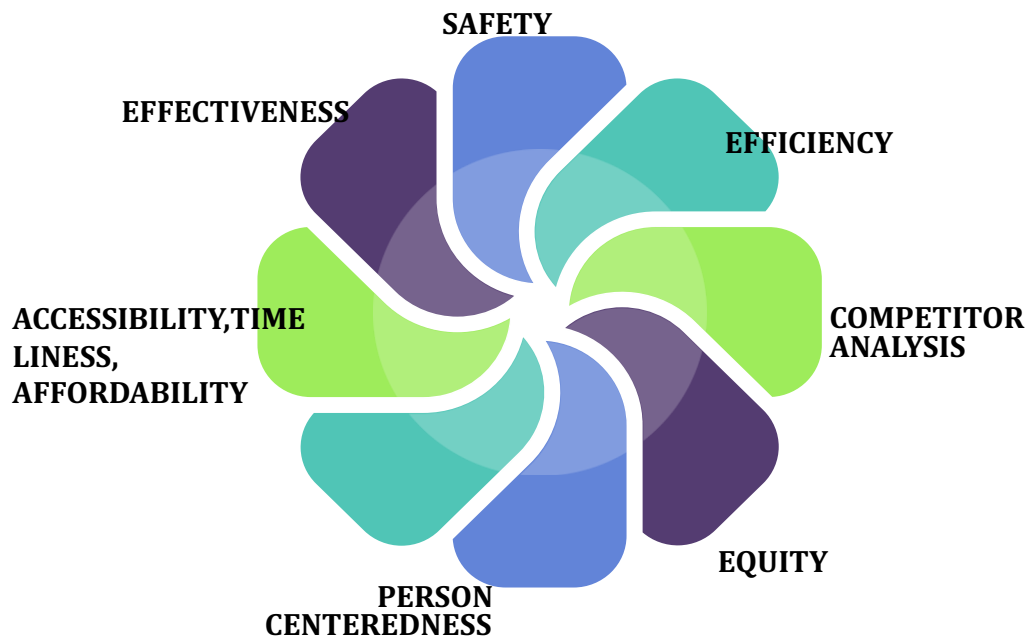
SECTION 1

INTRODUCTION

QUALITY AND PATIENT SAFETY

Cornerstones of a Resilient Healthcare System

Quality of Care and Patient Safety have emerged as central pillars of health system strengthening globally, with increasing recognition that access alone is insufficient to improve health outcomes. Internationally, health systems are shifting focus from service coverage to the effectiveness, safety, and people-centredness of care delivered. The World Health Organization has emphasized that unsafe and poor-quality care is a major contributor to preventable morbidity and mortality, particularly in low- and middle-income countries. As nations progress toward Universal Health Coverage, ensuring that health services are safe, effective, timely, efficient, equitable, and responsive to people’s needs has become a global priority. In India, quality of care has gained prominence through national policies and health system reforms, alongside significant gains in service coverage and reductions in preventable mortality. However, persistent variations in infrastructure, workforce availability, and service delivery—especially between urban and rural areas—continue to pose challenges, disproportionately affecting poor and vulnerable populations. To address these gaps, the Ministry of Health & Family Welfare has institutionalized quality and patient safety through initiatives such as the National Quality Assurance Standards and allied quality improvement programmes, aimed at standardizing care, enhancing patient experience, and improving safety across public health facilities. Sustained leadership, capacity building, data-driven monitoring, and community engagement will be critical to embedding quality and patient safety at the core of India’s journey toward resilient, equitable, and people-centred healthcare systems.



Dimensions of Quality of Care

Insights on Latest Interventions: National Quality Assurance Program

1.1 Observance of World Patient Safety Day 2025

Patient safety is a cornerstone of quality healthcare and fundamental principle of health service delivery. In this context, the National Health Systems Resource Centre (NHSRC), on behalf of the Ministry of Health and Family Welfare (MoHFW), organized a national-level event to commemorate World Patient Safety Day 2025. The Ministry has been consistently observing World Patient Safety Day over the years, aligning each observance with the globally designated theme to reinforce the importance of patient safety within healthcare systems. The 2025 observance was organized around the theme “Safe Care for Every Newborn and Every Child”, with the slogan “Patient Safety from the Start” emphasizing the need to ensure safe, timely, and high-quality care for newborns and children—the most vulnerable population groups—across the continuum of maternal, newborn, and child health services.

The national-level observance commenced with a welcome address by Dr. Rajiv Pathni, Advisor – Quality and Patient Safety (QPS), NHSRC.

The event witnessed participation of representatives from States and Union Territories, academic institutions, non-government organizations, and professionals working in the domain of quality of care and patient safety. As part of the observance, a poster presentation session (glimpses given in Annexure A) and quiz counter were organized, providing a platform for States and other participants to showcase their initiatives and innovations related to patient safety. The posters were evaluated by an expert panel and outstanding teams were recognized as winners and first and second runners-up, fostering knowledge sharing and peer learning in patient safety practices.



Figure 1.1 Glimpses from World Patient Safety Day 2025 celebration

1.2 Launch of NQAS digital Certificate

On the occasion of the observance of World Patient Safety Day on 7th October 2025, the National Quality Assurance Standards (NQAS) digital Certificate was formally launched, marking a significant milestone in India's journey towards strengthening quality of care and patient safety in public health facilities. The launch represents a transformative step in the evolution of the NQAS certification framework, with the Ministry of Health and Family Welfare (MoHFW) introducing a fully digital, secure, and transparent certification mechanism through the Saqsham Portal. This initiative aims to modernize the certification process by replacing physical certificates with digitally verifiable, tamper-proof certificates, thereby enhancing credibility, accountability, and ease of access for States/UTs and health facilities. The transition to digital certification strongly aligns with the Government of India's vision of paperless governance and supports the objectives of the National Digital Health Mission. By eliminating physical documentation, the initiative contributes to resource optimization, cost savings, and environmental sustainability, while improving operational efficiency at national, state, and facility levels. across the country. Overall, the launch of the NQAS Digital Certificate underscores the Ministry's continued commitment to leveraging digital innovation for strengthening quality assurance systems, promoting patient safety, and advancing a culture of excellence in public healthcare delivery.



Figure 1.2 Glimpses from the launch of NQAS digital certificate

1.3 Launch of HAI Guidelines

Healthcare-associated infection (HAIs) remain a major threat to patient safety, particularly in low- and middle-income countries such as India, where they are closely linked with the growing burden of antimicrobial resistance (AMR). These interrelated challenges lead to prolonged hospital stays, increased treatment costs, and poorer patient outcomes, placing significant clinical and economic strain on the health system.

Under NQAS and allied initiatives such as Kayakalp and SaQushal, healthcare-associated infection (HAI) surveillance is a key component of Infection Prevention and Control (IPC). However, the lack of standardised surveillance methods, reporting mechanisms, and adequate staff training limits effective monitoring and corrective action. To address this gap, the Ministry of Health and Family Welfare released the *Technical Guidelines for Surveillance and Reporting of Healthcare-Associated Infections for District-Level Health Facilities* on **28th August 2025** during the National Workshop on PM-ABHIM in Chennai.

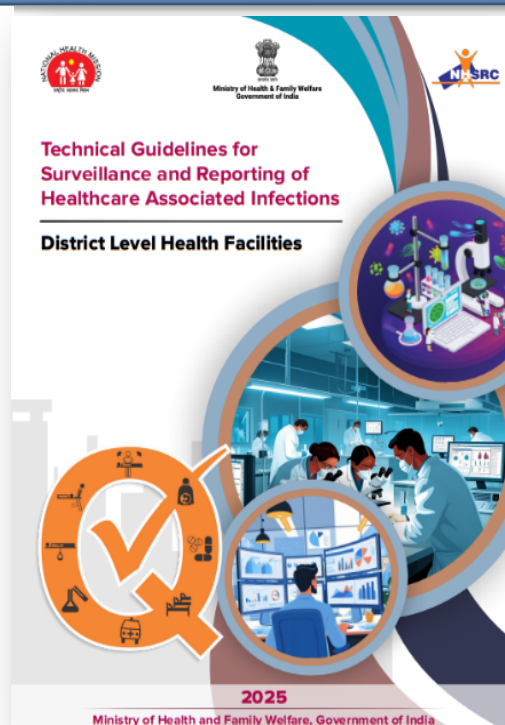


Figure 1.3 HAI Guidelines



Figure 1.4 Launch of HAI Technical Guidelines

These guidelines aim to improve healthcare-associated infection (HAI) surveillance and strengthen Infection Prevention and Control (IPC) practices at secondary-level facilities. They also support a centralised reporting system to improve patient safety and overall health system outcomes.

1.4 Expert Group Meeting to develop National Quality Assurance Standards (NQAS) for Medical College Hospitals.

Tertiary care constitutes a critical pillar of the healthcare delivery system by offering specialized services, advanced diagnostics, and complex treatments that are beyond the scope of primary and secondary care facilities.

Over the past years, there has been a substantial expansion of tertiary healthcare infrastructure, including the upgradation and conversion of existing district hospitals into Medical College Hospitals (MCHs).

Aligned with the Ministry of Health and Family Welfare’s vision to promote quality-certified healthcare services, newly upgraded Medical College Hospitals (MCHs) are encouraged to pursue NQAS certification from the early stages of their functioning. Figure 1.6 outlines the development process of the National Quality Assurance Standards.

The first expert group consultation was held in June 2025 to discuss the draft standards and measurable elements (MEs). After this meeting, department-specific checklists were drafted. The first phase of department-specific expert group consultation meeting held from 15th to 18th December 2025 to deliberate on checkpoints. In the first phase, seven departmental checklist meetings were conducted, and inputs from subject matter experts were incorporated. The process is ongoing, with additional departmental consultations planned in the second phase of expert group meetings for January 2026.



Figure 1.5 Expert Group Meetings

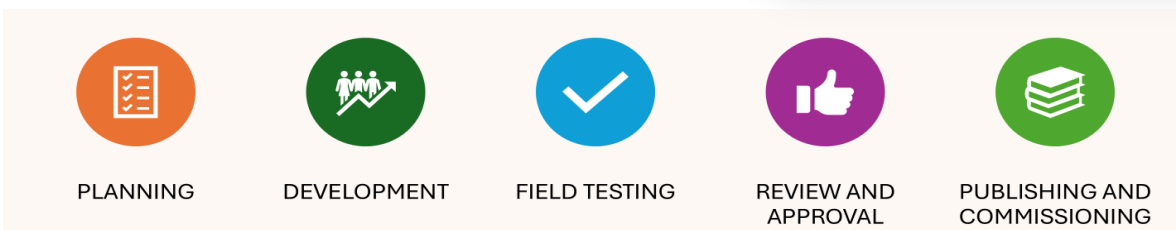


Figure 1.6 National Quality Assurance Standard Development Process

1.5 Virtual Review Meeting to ascertain the progress of States/UTs

Regular review meetings are being conducted with all States and UTs to systematically monitor the progress of NQAS certification and to identify and address implementation challenges. The last physical review meeting was held in May 2025, followed by the second review meeting of the financial year conducted virtually in December 2025. The states and UTs have an ambitious national target for achieving NQAS certification of all public healthcare facilities by December 2026. Figure 1.7 represents the percentage of NQAS certification in each category.

This review meeting witnessed participation from all States and UTs, with state nodal officers and quality consultants actively contributing to the discussions. Each State/UT presented detailed updates on NQAS certification status, including district-wise progress, facilities at different levels and upcoming assessments. States also highlighted key operational and systemic challenges such as gaps in infrastructure, human resources, documentation practices, and internal processes.

In addition, States and UTs presented their strategic roadmaps for accelerating certification, outlining planned interventions, capacity-building activities, and timelines to achieve the set targets. Specific support requirements from the Ministry of Health and Family Welfare (MoHFW) and the Quality and Patient Safety (QPS) Division at NHSRC were discussed in detail, including technical guidance, assessor availability, and training needs. The Advisor, QPS, addressed queries raised by the States/UTs, provided technical clarifications, and offered actionable guidance to strengthen implementation. Continued handholding and follow-up support mechanisms were also emphasised to ensure sustained progress toward achieving NQAS certification.

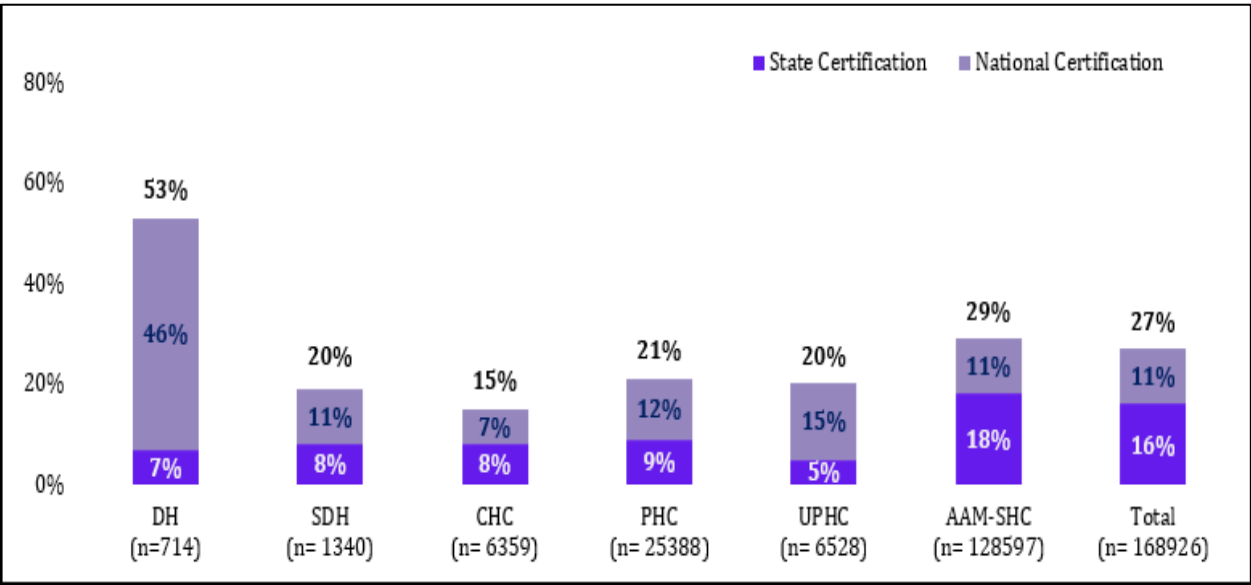


Figure 1.7: Status of NQAS certification (State & National) in each category [n represents the total no. as per HDI and AAM Portal]

1.6 Latest Interventions – FDSI

A. *Follow-up Virtual Meeting to Track Progress on Resolving Data Discrepancies in DVDMS Central Dashboard and State Portal*



The Drugs & Vaccine Distribution Management System (DVDMS) is an IT-enabled platform used to monitor the availability of medicines across States and Union Territories. To address gaps related to facility registration, medicine mapping, and stock reporting between the Central Dashboard and State portals, two virtual review meetings were conducted with C-DAC and officials from 31 integrated States/UTs, first in April 2025, followed by a review meeting held from 18–21 November 2025. These reviews helped resolve data discrepancies, strengthen system integration, and improve the accuracy and reliability of DVDMS reporting. As a result, States and UTs have benefited from improved real-time visibility and monitoring of essential medicines across public health facilities.

B. *Consultation Meeting on Revision of IPHS Essential Medicines List for Community Health Centres*

Indian Public Health Standards (IPHS), introduced in 2007 and revised in 2012 and 2022, provide comprehensive norms for service delivery across public health facilities, from Ayushman Arogya Mandir–Sub Health Centres (AAM-SHCs) to District Hospitals. The current IPHS recommends facility-wise Essential Medicines Lists (EMLs) comprising 106 medicines for AAM-SHCs, 172 for AAM-PHCs/UPHCs, 300 for Community Health Centres (CHCs), 318 for Sub-District Hospitals (SDHs), and 381 for District Hospitals (DHs), aligned with demographic profiles and disease patterns. To address emerging healthcare needs, NHSRC has undertaken the revision of IPHS EMLs for AAM-SHCs, AAM-PHCs/UPHCs, and CHCs in consultation with various stakeholders. The revised lists classify medicines as essential and desirable, supporting States and UTs in cost-effective procurement and ensuring the continuous availability of IPHS-recommended essential medicines across all levels of public health facilities.



SECTION 2

Status of National Quality Assurance Standards

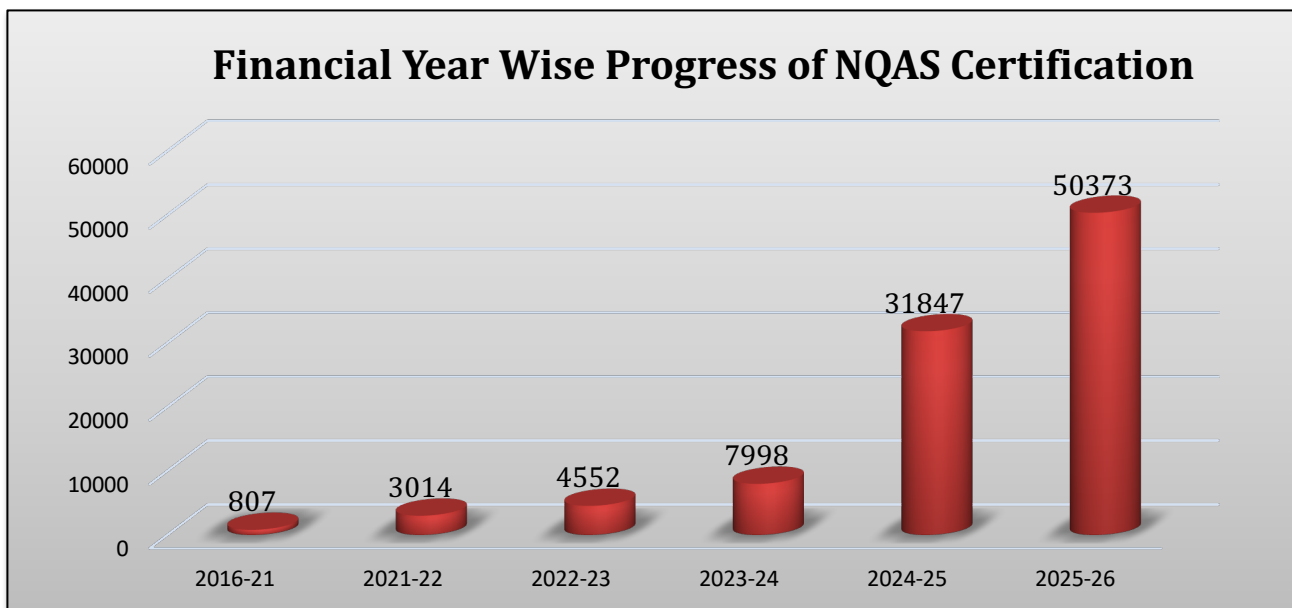
National Quality Assurance Standards Implementation as of 31st December 2025

2.1 The Status of National Quality Assurance Standards

The National Quality Assurance Standards (NQAS) have been instrumental in ensuring quality of care across primary and secondary healthcare facilities in the country since their inception. In the past year, there has been a significant increase in the number of certified facilities, reflecting strengthened implementation, improved adherence to standards, and growing commitment of states towards institutionalising quality and patient safety in public health systems. Since June 2025, the total number of NQAS certified facilities has enormously risen, reflecting a notable increase of 13,406 certifications (26.61% increase). Out of the total 50373 NQAS certified facilities, 40.56% are nationally certified, while 59.44% have obtained state certification. (Please refer to Annexure – B, for state-wise number of NQAS Certified (State + National) Public Health facilities.)



Cumulative NQAS Certified Facilities



Data as of 31st December 2025

Fig 2.1 financial year wise progress of NQAS certification throughout the years

Figure 2.1 illustrates the financial year-wise progression of facilities achieving NQAS certification. Figure 2.2 presents a facility typewise percentage of NQAS certification against total facilities as per HDI 2022-23 and AAM Portal. The highest number of certifications in the last six months has been achieved by Ayushman Arogya Mandirs – Sub Health Centres (AAM-SHCs), reflecting the strong focus on strengthening the quality of care at the primary healthcare level.

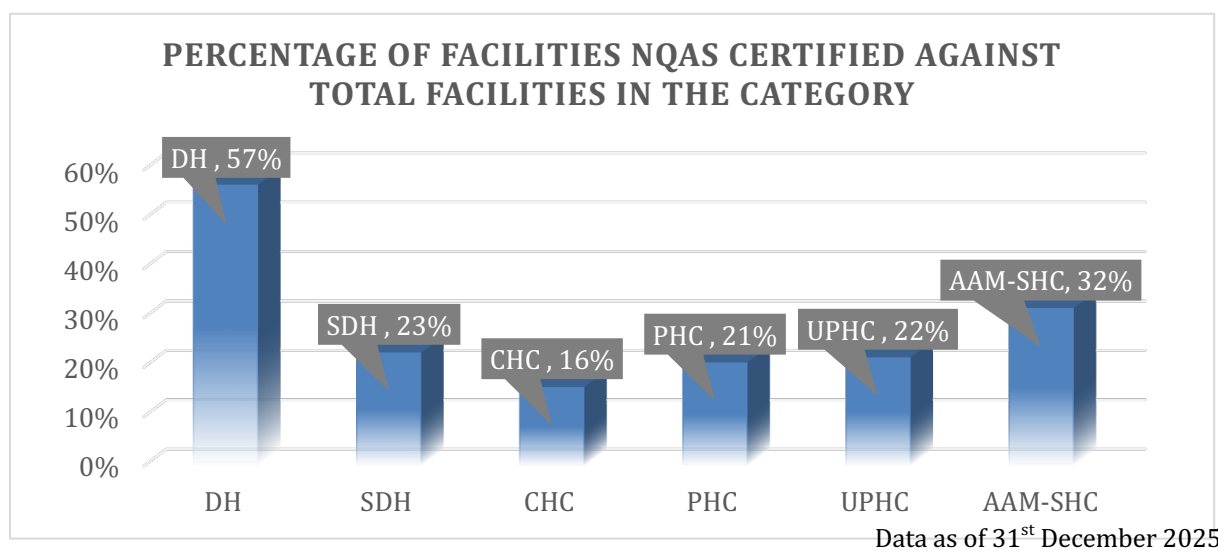
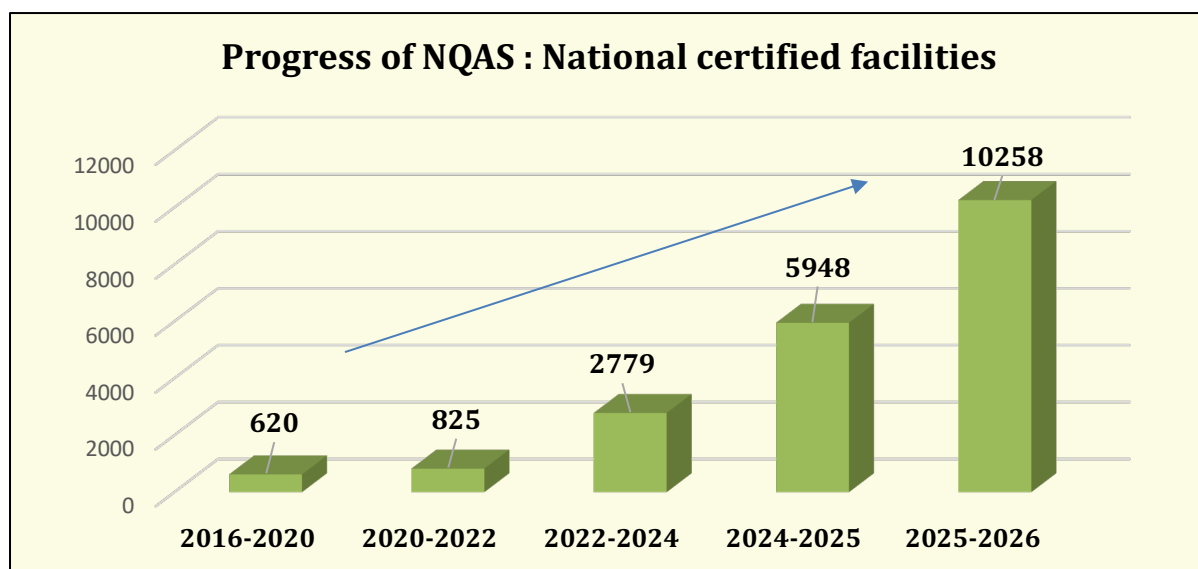


Fig 2.2 Percentage of facilities NQAS certified in each category against total facilities in respective categories as per HDI 2022-23 and AAM portal



Data as of 31st December 2025

Figure 2.3 Year wise number of NQAS certified facilities at National Level

The figure 2.3 above presents the continuous progress of NQAS-certified facilities at the national level up to 31st December 2025, highlighting a consistent increase in the number of certified facilities over time. This upward trend reflects the sustained efforts of states and the national

programme to strengthen quality assurance mechanisms, scale up implementation, and promote adherence to defined standards. The figure also indicates growing momentum in certification, demonstrating an increasing commitment towards institutionalising quality and patient safety across public health facilities.

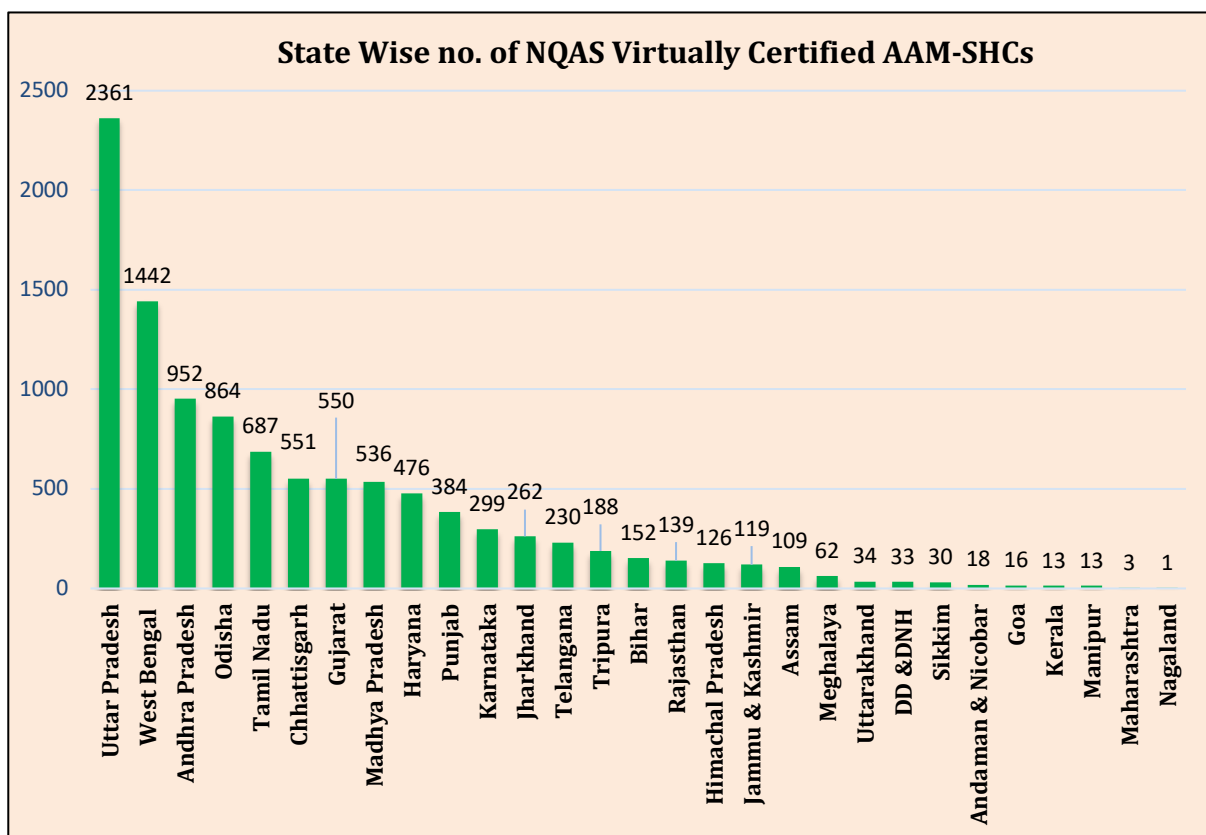
Re-certification status

The NQAS Certification remains valid for three years, as long as the facility complies fully with the certification criteria and submits surveillance assessment reports from the SQAC during the following two years. To maintain their NQAS certification status after this period, healthcare facilities must complete a re-certification assessment, following the procedures outlined in the Operational Guidelines for Improving Quality in Public Health Facilities, 2021. As of 31st December 2025, a total of 858 facilities are successfully re-certified for NQAS and whereas in the time period from July – December 2025 a total 119 facilities are re-certified.

Status of virtual NQAS certification of AAM-SHCs

Virtual certification under NQAS has emerged as an effective and efficient approach to assessing healthcare facilities through digital platforms. It has enabled continuity of the certification process by reducing the resource constraints for physical visits, saving time and resources for both assessors and states/UTs. This approach has particularly supported wider coverage, faster assessments, and timely certification of facilities, including those in remote areas. Virtual certification has been well accepted by all States and UTs.

The process of virtual certification includes digital document verification, virtual facility walkthroughs, and interactions with healthcare providers, patients, and community representatives. As of, 31st December 2025, 10650 facilities are virtually NQAS certified. Refer to figure no. 2.4, which represents state wise number of NQAS virtually certified AAM-SHC as of December 2026.



Data as of 31st December 2025

Fig 2.4 State wise no. of virtually certified facilities

Status of NQAS certification in States/UTs

In line with the targets set by the Ministry of Health and Family Welfare (MoHFW) for achieving 50% NQAS certification by December 2025 and 100% by December 2026, regular follow-up and review meetings have been conducted with States/UTs to ensure timely progress (Details of the last review meeting are mentioned in section 1.5).

As per data up to 31st December 2025, seven States/UTs have successfully achieved the 50% certification milestone. These include Dadra & Nagar Haveli and Daman & Diu, Andaman & Nicobar Islands, Jharkhand, Haryana, Assam, Andhra Pradesh, and West Bengal.

The progress of all States/UTs is illustrated in Figure 2.5, which presents the percentage of NQAS certification achieved across different regions, highlighting varying levels of progress and the need for continued efforts to meet the national targets.

% NQAS certification in the States

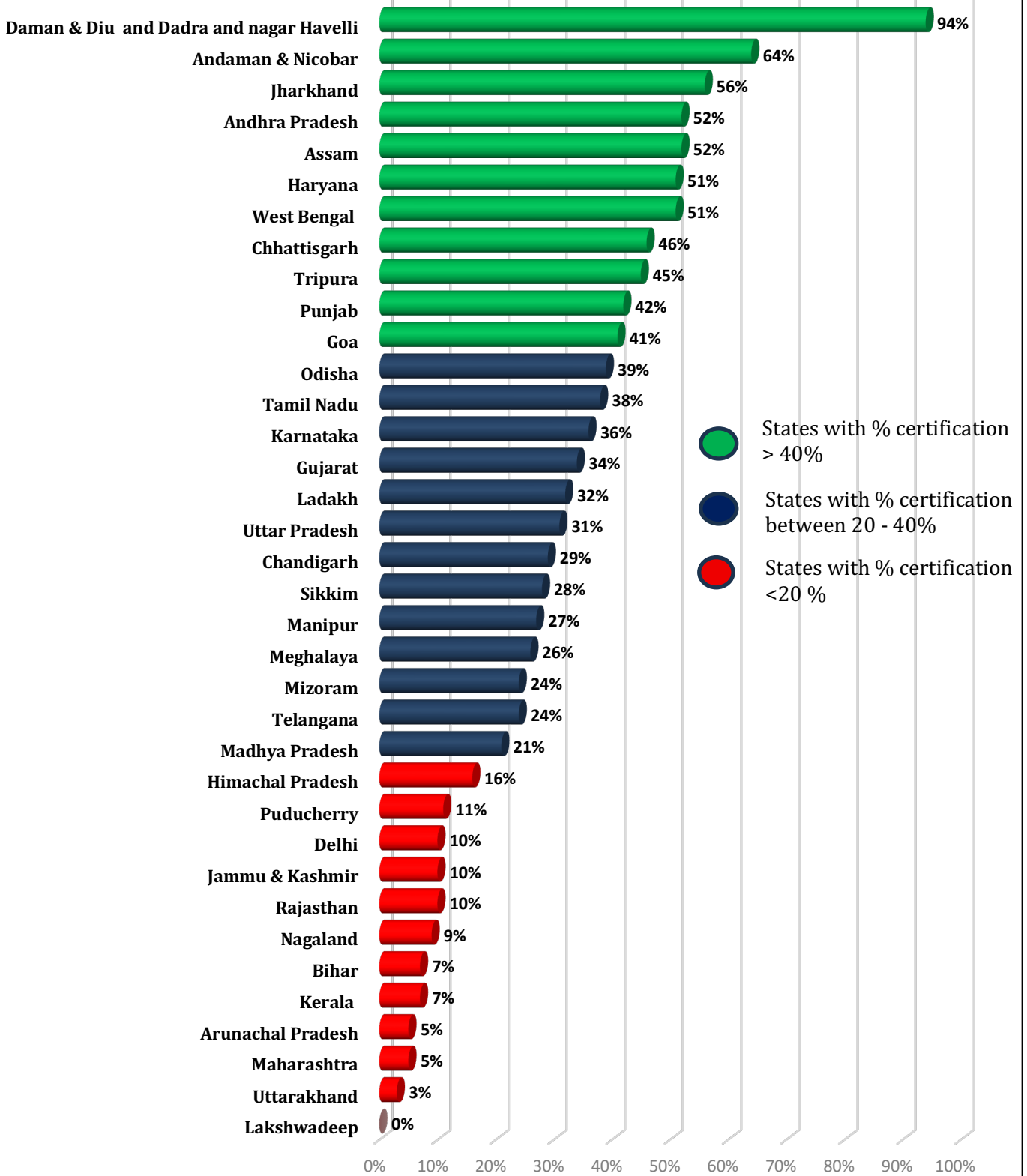


Fig 2.5 Percentage of NQAS certified facilities in states and UTs

Data as of 31st December 2025

2.2 The Status of LaQshya Certification

LaQshya certification under NQAS aims at strengthening intrapartum and immediate newborn care services across public health facilities. It also ensures respectful maternity care. States demonstrating accelerated certification trends have institutionalised regular internal assessments, strengthened mentoring mechanisms, and closely monitored key outcome indicators such as maternal complications, stillbirth rates, and Caesarean section rates, etc. However, variability in performance across States/UTs indicates the need for sustained handholding support, timely gap closure, and stronger quality assurance systems to ensure uniform implementation.

Labour Room 1333

MOT - 902

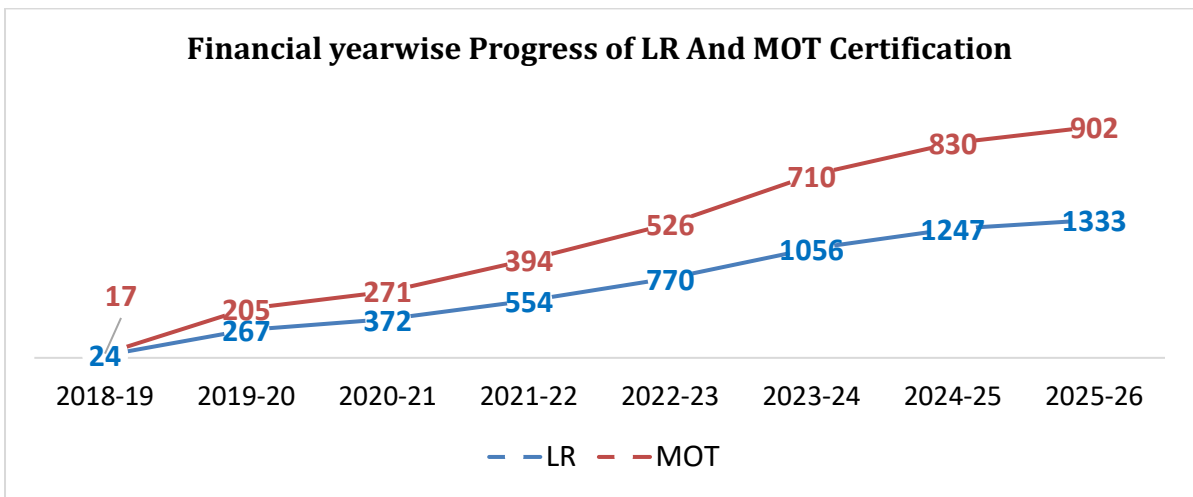


Fig 2.6 No. of certified Labour rooms in each financial year.

Progress in LaQshya Certification in last six months

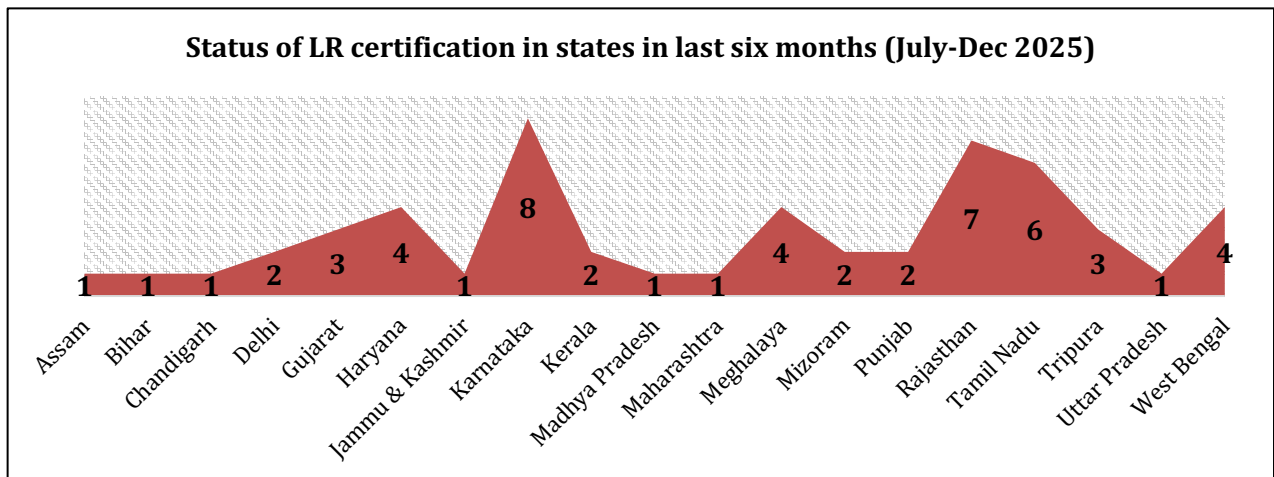


Fig 2.7 No. of certified Labour room in last six months.

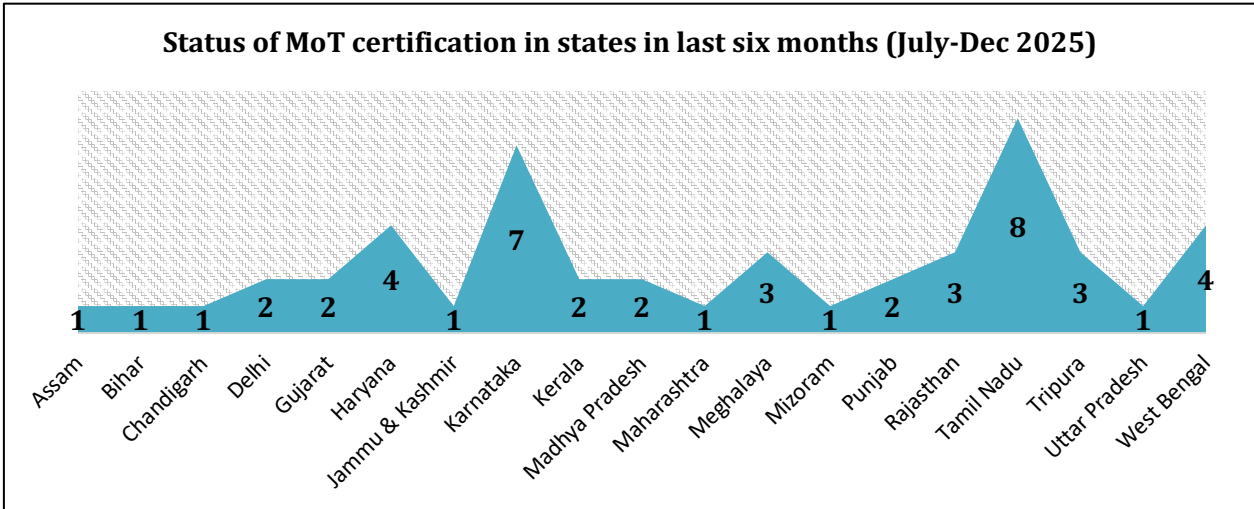


Fig 2.8 No. of certified Maternity OT in last six months

Total 54 Labour rooms and 49 Maternity OT are LaQshya certified in last six months. Figures 2.7 and 2.8 provides statewise no. of LaQshya certified LR and MOT from July to December 2025.

2.3 The Status of MusQan Certification

MusQan was introduced to ensure the provision of high-quality, child-friendly healthcare services in public health facilities, to reduce preventable illness and deaths among newborns and children. The initiative primarily focuses on inpatient care for sick newborns and children up to 12 years of age. As of now, 233 facilities are MusQan certified. In the last six months, 32 facilities have been MusQan certified. Fig 2.11 depicts the state-wise no. of MusQan certified facilities in the last six months (July to December 2026).

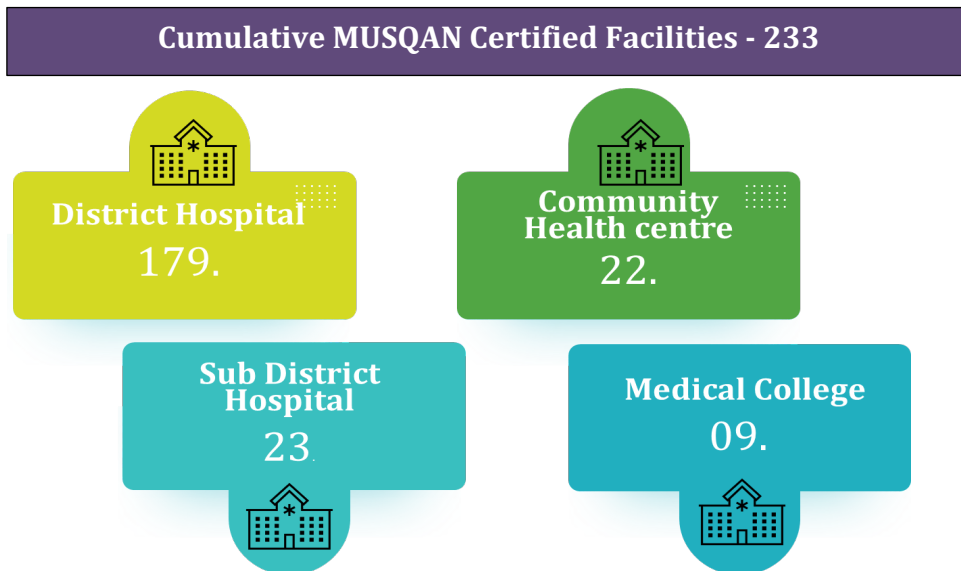


Fig 2.10 Category-wise breakup of the total number of MusQan certified Facilities

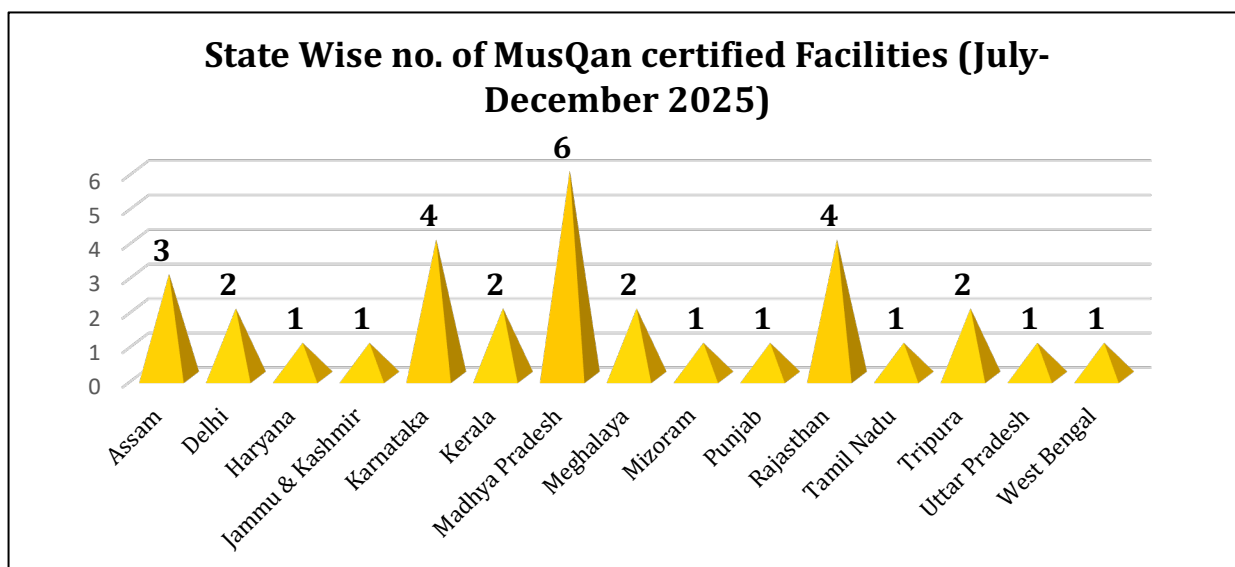


Fig 2.11 Category-wise breakup of the total number of MusQan certified Facilities

2.4 Kayakalp Status

Kayakalp has emerged as a widely accepted and well-established initiative for promoting cleanliness, hygiene, and infection control practices in public health facilities across the country. Over the years, it has gained strong visibility and recognition at all levels of healthcare delivery, with facility teams actively engaging in the programme. Its structured approach and regular evaluation have helped institutionalise sanitation and infection control practices, making Kayakalp a well-known and integral component of quality improvement efforts at the facility level. A revised calendar of activity shared with states for doing the Kayakalp activity throughout the year, given below.

S. No.	Month	Activities
1	April – August	<ul style="list-style-type: none"> • Internal assessment of all healthcare facilities • Gap closure and action plan preparation for all assessed facilities • Repeat assessments to ensure that each facility conducts at least two internal assessments
2	September – November	<ul style="list-style-type: none"> • Peer assessment of healthcare facilities at each level • Collation and analysis of peer assessment scores by the District Kayakalp Committee • Shortlisting of healthcare facilities for external assessments • Transmission of peer assessment scores to NHSRC
3	December – February	<ul style="list-style-type: none"> • Constitution of teams of assessors by the State Level Kayakalp Committee for external assessment of nominated facilities • Conduct of external assessments of healthcare facilities at each level • Finalisation of scores
4	By 15 March	<ul style="list-style-type: none"> • Communication of results to MoHFW

The total number of kayakalp facilities has increased from 100 facilities in FY 2015-16 to 51707 facilities in FY 2024-25. Kayakalp performance status from FY 2015-16 – 2024-25 is given in figure 2.12 below.

Financial year wise number of Kayakalp facilities

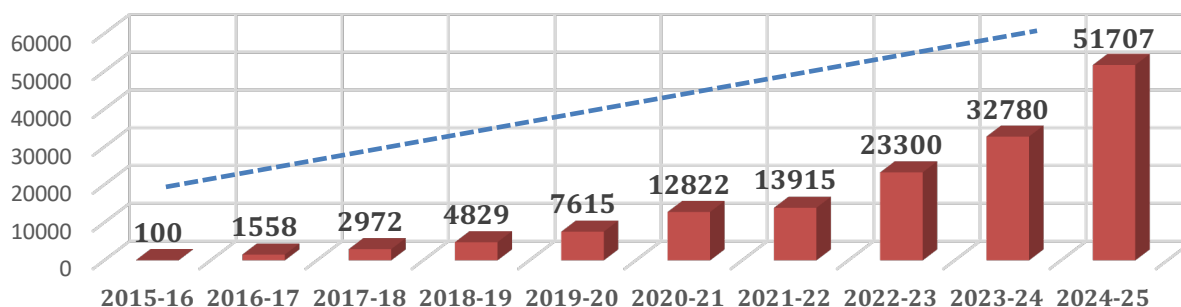


Fig 2.12 – Financial year wise progress of Kayakalp incentivised facilities

2.5 SaQushal Status

Patient Safety is an integral component of the National Quality Assurance Framework. ‘SaQushal’ serves as a Safety and Quality self-assessment tool for District Hospitals and equivalent facilities. The tool assesses healthcare services from a patient safety perspective while simultaneously building staff capacity through enhanced knowledge and skills. Conducted as an annual activity, facilities undertake self-assessment using the SaQushal tool and submit their scores to the QPS Division. Over the years, there has been a notable increase in the number of facilities reporting through this tool, reflecting growing adoption and strengthening of patient safety practices across public health facilities.

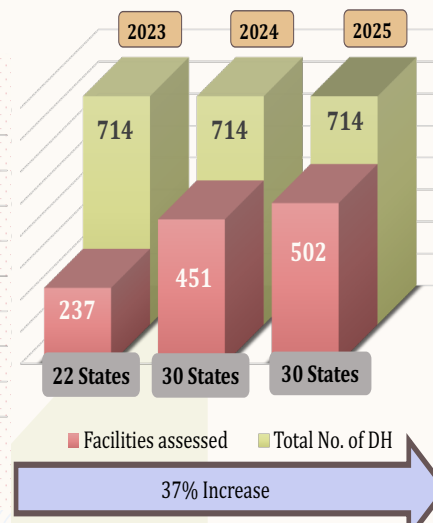
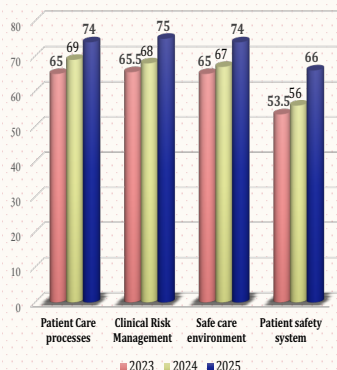
Median Scores: Overall and Area of Concern Wise

The overall median score was 72 (an increase of 18% as compared to 2023)

SaQushal scores for the facilities across India were as follows:

% of facilities scoring below 60%: 28%	% of facilities scoring between 60-80%: 41%	% of facilities scoring above 80%: 31%
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Comparative Analysis of scores - 2023, 2024 and 2025



2025

30 States

739 facilities

District Hospitals - 502

Sub District Hospital - 237

**SaQushal in 2024 & 2025:
a glance**

Four new States/UTs joined the SaQushal assessment in 2025: Dadra and Nagar Haveli, Maharashtra, Manipur, and Karnataka

However, Chandigarh, Goa, Jharkhand and Lakshadweep participated in Self Assessment in 2024 but not in 2025

SECTION 3
WEBINAR & WORKSHOP

Series of Webinar and Workshop (July-December) 2025

3.1 Webinar Series for supporting the NQAS Implementation in Primary Health Care Facilities

The QPS Division at NHSRC conducts a structured series of webinars to strengthen capacity building for NQAS implementation at the primary healthcare level. This online lecture series is organised on the 2nd and 4th Thursdays of each month, commencing at 2:00 PM, and is designed to provide continuous learning support to healthcare providers, programme managers, and quality teams across States and UTs.

Each session focuses on a specific theme under NQAS, covering standards, measurable elements, departmental requirements, and practical aspects of implementation. The webinars include detailed presentations, case-based discussions, and field-level insights to facilitate better understanding of quality processes. Emphasis is placed on key areas such as documentation, internal assessments, patient safety practices, and quality improvement methodologies.

So far, the webinar series has witnessed 1500-3000 participants in each session in the last six months. Sessions are recorded and presentations of each session are uploaded on the QPS, NHSRC microsite for easy future reference and learning.

The list of sessions conducted in last 6 months is mentioned in the table below, and topics for sessions to be conducted in the next months are attached in Annexure- C.



S.no	Name of Session	Date
1	Steps for implementation of NQAS in Primary Healthcare Facilities & Gaps Analysis & categorisation	10-07-2025
2	Quality Team (Roles & Responsibilities) & Quality Tools for Improvement in Primary Health Facilities	25-07-2025
3	Digital Record Management & Documentation and record Management at AAM-SHC	14-08-2025
4	Certification under NQAS and Sustenance of NQAS	28-08-2025
5	Inventory Management & Safe storage & Dispensing of Drugs	25-09-2025
6	Infection prevention & control & BMW Management including Liquid Waste Management	09-10-2025
7	Legal and Statutory requirement& Equipment Maintenance	23-10-2025
8	Client satisfaction survey & Consent in AAM-SC	13-11-2025
9	Documentation for NQAS Implementation and work instructions for AAM-SHC	27-11-2025

Resource Material related to webinar can be accessed at the given link :-

<https://qps.nhsrcindia.org/training-and-capacity-building/training-material>

3.2 Standard Treatment Guidelines – 3rd Series

An online lecture series on Standard Treatment Guidelines (STGs) was started in September 2022 on the 3rd Saturday of every month to strengthen adherence to clinical protocols at public health facilities. To date, three yearly lecture series have been completed since inception, and the fourth lecture series on STG will begin in January 2026. Since the previous edition of quality Darpan, the remaining lectures of the third series have been completed. The selected topics for this series were tailored to address the needs of both primary and secondary care settings. In the sessions till December 2025, over 1652 participants attended the lectures, and out of these, 718 could pass the post-session examination and received the certificates. The session recording can be accessed through the following link. The participants can also fetch their certificates from the link below.



The list of topics of the 3rd series is mentioned in the table below, and topics for the 4th STG series are attached in Annexure-D.

Session 1	Session 2	Session 3
Monitoring of Diabetes Mellitus in primary setup & early detection of complications	Management of Diabetic Foot and Preventive Care	Optimizing Drug Use and Insulin Safety
Prevention & Early detection of cancers at Primary care setup	Managing common malignancies in District Hospital	Challenges in implementation of National Cancer Control Program
Diagnosis of Viral Hepatitis	Management of Viral Hepatitis	Management of Neonatal Jaundice
Medical management of Thyroid Disorders	Early detection of Thyroid Disorders in Children	Pharmacokinetic and Dosing Challenges
Antimicrobial Stewardship	Identification of Danger Signs and Symptoms of Communicable Diseases	

Link for STG session recordings and certificates of participants
<https://qps.nhsrindia.org/standard-treatment-guidelines/stg-webinar>

3.3 India International Trade Fair (IITF) - 44th

The 44th India International Trade Fair (IITF) was organised by the India Trade Promotion Organization (ITPO) at the Bharat Mandapam Complex in New Delhi. The Ministry of Health and Family Welfare (MoHFW) participated with a high-impact pavilion, successfully leveraging the platform to disseminate information on public healthcare initiatives and quality assurance standards.

The exhibit utilized a multi-dimensional approach to showcase comprehensive healthcare services. The stall detailed the 12 service packages mandated for Ayushman Arogya Mandir (Sub Health Centres), covering critical areas such as maternal and child health, communicable and non-communicable disease management, oral health, and emergency medical services etc.

Significant emphasis was placed on the National Quality Assurance Programme, specifically highlighting initiatives like Kayakalp (hygiene and infection control), LaQshya (maternity care), MusQan (child-friendly services), and SaQushal (patient safety).

The pavilion received good footfall and was visited by prominent dignitaries, including the Union Health Secretary and Joint Secretary (Policy) MoHFW, visitors, including ISO-certified assessors, expressed strong interest in the government's quality initiatives and sought information on accessing free services.



Bharat Mandapam Complex in New Delhi

SECTION 4
Training and Capacity Building

Training and Capacity Building

4.1 Training under National Quality Assurance Standards

With the program's expansion and the country's willingness to provide quality care services, the need for training and capacity building has increased manifold.

During the last six months, focused efforts have been undertaken to strengthen the capacities of healthcare providers and quality teams under NQAS. A series of structured training, orientation, and skill-building sessions was conducted across states to support the effective implementation of quality standards. These initiatives aimed to enhance competencies, address identified gaps, and ensure sustained adherence to quality and patient safety practices in healthcare facilities.

Till 31st December 2025 a cumulative number of 738 batches of training have been imparted, since the inception of the National Quality Assurance Standards. These trainings include Awareness Training (one day), Internal Assessors' Training (two days), External Assessors' Training (six days), Service Provider Training (three days), IA cum SPT (ToT) model and thematic trainings. In last six months, 16 batches of Internal assessors trainings and 4 EAT batches have been conducted.

4.2 Quality Healthcare Professionals

In the last six months, significant efforts have been made to strengthen the assessor pool under NQAS. A total of four batches of External (National) Assessors have been trained to support national NQAS assessments. Additionally, 16 batches of Internal Assessors have been conducted across eleven states, enhancing the capacity of state-level teams to carry out internal assessments, implementation and drive quality improvement activities at healthcare facilities. A state-wise list of number of Internal, External assessors and Ayushman assessors is annexed in Annexure E, F and G, respectively.

A process has been established for collecting feedback and complaints related to external assessors deputed for National NQAS assessments. Each feedback and complaint received is thoroughly scrutinised and, where required, presented before the Appeal Committee for review and decision-making. Also, necessary disciplinary action is taken in consultation with the Appeal committee.

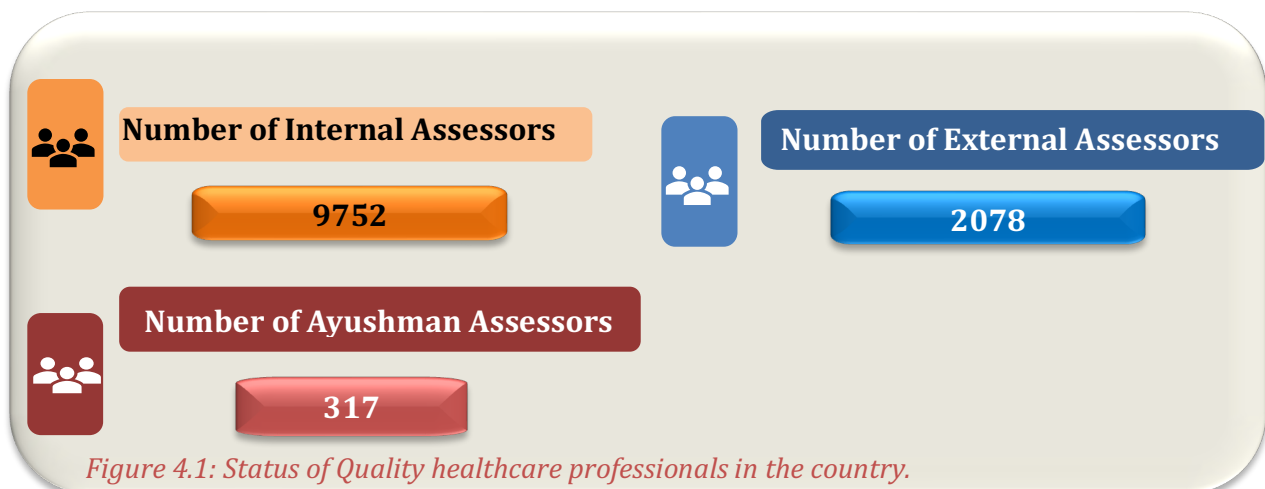


Figure 4.1: Status of Quality healthcare professionals in the country.

SECTION 5
Field Visits to State/UTs

Field Visits to States/UTs in the last six months (July-December) 2025

The Quality & Patient Safety (QPS) Division undertook field visits to eight States/UTs—Punjab, Maharashtra (two visits), Jharkhand, Chhattisgarh, Bihar, Telangana, and Madhya Pradesh—during the period from July to December 2025. These visits were conducted with the objective of assessing the on-ground implementation of quality of care in public health facilities, understanding state-specific challenges in achieving national targets, and providing handholding and technical guidance to facility, district, and state teams for accelerating certification under the National Quality Assurance Standards (NQAS). The visits also served as an important platform for direct engagement with stakeholders across levels, enabling contextualised problem-solving and strengthening of quality systems.

Across the visited states, several positive developments were observed, reflecting sustained efforts towards improving quality of care. Most facilities had adequate availability of frontline human resources, with motivated teams and active involvement of Community Health Officers (CHOs) in service delivery. Regular review mechanisms at the state and district levels were evident, such as structured weekly quality assurance reviews in Bihar, which contributed to improved monitoring and accountability. Drug availability was relatively stable in many states, with availability levels ranging between 80–85% in states like Bihar and Telangana. Use of digital platforms for patient registration, laboratory services, and reporting was also seen to improve efficiency. Community participation through Jan Arogya Samitis was functional, and training programs for healthcare workers, especially Community Health Officers, were being conducted regularly. Some facilities also showed innovative practices like teleconsultation and use of local resources to strengthen services.



At the same time, a number of challenges were noted. Delays in the release of funds and incentives affected facility improvements and staff motivation. There were gaps in human resources, especially a shortage of quality consultants and trained assessors, which slowed down certification processes. Many facilities, particularly at the primary level, were functioning in small or rented spaces, limiting infrastructural requirements. Shortage of essential equipment and limited diagnostic services were also observed in some places.

Issues related to biomedical waste management, infection control practices, and emergency preparedness need further strengthening. In some facilities, referral systems and patient follow-up were weak, and there were gaps in regulatory compliances like fire safety and licenses. Overall, while progress has been made, these challenges need to be addressed to improve the pace of NQAS certification and ensure better quality of care across public health facilities.



SECTION 6
State Best Practices in States/UTs

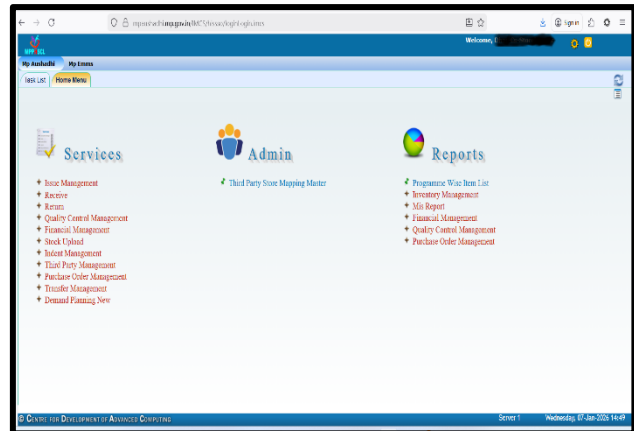
Best Practices and Journey of NQAS in Different States/UTs

6.1 Madhya Pradesh

Good practices observed:

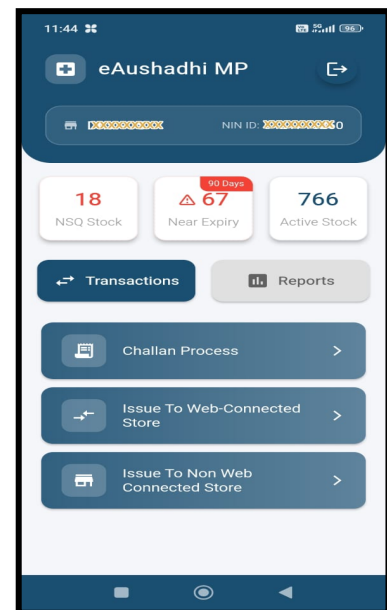
1. Transparency in Stock Status:

Real-time, medicine-wise and facility-wise stock visibility through the MP-Aushadhi portal promotes transparency and accountability within the supply chain. This digital dashboard enables health administrators and facility staff to monitor current stock levels accurately and make data-driven, timely decisions regarding redistribution or replenishment.



2. Use of Aushadhi Mitra App for Real-Time Consumption Tracking:

The State's initiative to roll out the "Issue to Patient" module in the Aushadhi Mitra App has strengthened real-time monitoring of medicine consumption at the facility level. Through this module, facility staff can record patient-wise issues, manage indenting, and initiate timely replenishment of medicines, preventing potential stock-outs.



3. Proactive Near-Expiry Management:

The Near-Expiry Module available on the MP-Aushadhi portal empowers pharmacists to track and manage medicines approaching expiry. By coordinating with doctors for prioritized utilization, facilities effectively minimize wastage and optimize medicine use across facilities.

4. Standardization through GS1 Barcoding:

Implementation of GS1 barcoding on all medicine packages has standardized the distribution process across the network.



6.2 Uttarakhand

GREEN BANGITOLA RURAL HOSPITAL - A WAY AHEAD FOR SMART HOSPITAL



Green and Healthy Hospital Initiative: Key Impact

- Improved quality of patient care through a cleaner and safer environment
- Faster patient recovery, leading to reduced length of hospital stay
- Enhanced staff motivation and improved work performance
- Reduction in operational costs through optimal use of power and water
- Overall improvement in hospital efficiency and performance

A green and healthy hospital promotes public health by continuously reducing its environmental impact and ultimately eliminating its contribution to the burden of disease. A green and healthy hospital recognises the connection between human health and the environment and demonstrates that understanding through its governance, strategy and operations.

6.3 West Bengal

GREEN INNOVATION IN PURULIA Eco-Friendly Tree Fencing

Purulia, West Bengal: Several primary care facilities in Purulia, in collaboration with the local Panchayat, have pioneered an innovative approach to building tree fencing. Inspired by the principles of the WASH program, this initiative utilises discarded plastic bottles to significantly reduce the use of conventional construction materials like bricks and cement.

Building with Waste: The Eco-Brick Method

The core innovation involves integrating used, filled plastic bottles into the cement-based structures designed to fence and protect trees, particularly those planted around the facility's premises. These plastic bottles effectively act as void fillers, replacing the need for solid bricks in the inner layers of the structure.



Plastic
Waste
reduction

Resource
Conservation

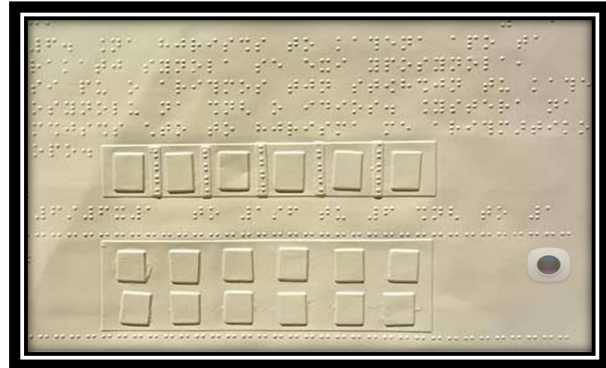
Strengthens
Environment
Sustainability

Aesthetic
and
Educational
Value

Tactile signage at Coochbehar: West Bengal

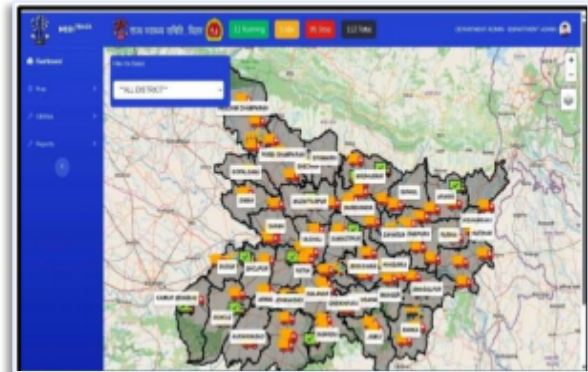
Coochbehar district has implemented Tactile signage for vision-impaired persons at the following SCs:

1. Kalighat Road SC
2. Falimari SC
3. Gangalerkuthi SC
4. Ghughumari SC
5. Harinchowra SC
6. Patchhara (South) SC



This practice has been ensured to uphold patient rights even at the level of HWCs.

6.4 Bihar



Strengthening Last-Mile Delivery:

The State Health Society, Bihar implemented a 3PL model with GPS-enabled vehicles and TMS for real-time tracking and timely delivery of medicines. The initiative reduced stock-outs, improved last-mile delivery, and strengthened accountability across districts.

6.5 Chhattisgarh

Addressing HR Constraints through Strategic Role Optimisation in NQAS Implementation:

Good Practice: Strategic Role Optimisation

To address the shortage of sanctioned Quality Consultants, Chhattisgarh is implementing a pragmatic and resource-efficient strategy by optimizing the use of its existing program management workforce to advance NQAS implementation.

District and Block Programme managers are being systematically integrated into the quality assurance framework to strengthen decentralized implementation. They have undergone structured and intensive training on NQAS, quality improvement methodologies, internal assessment protocols, and mentoring techniques. Through this focused capacity-building initiative, 15 BPMs have been developed as certified NQAS internal assessors, significantly strengthening the block-level assessment capacity and institutionalisation of internal quality monitoring systems.

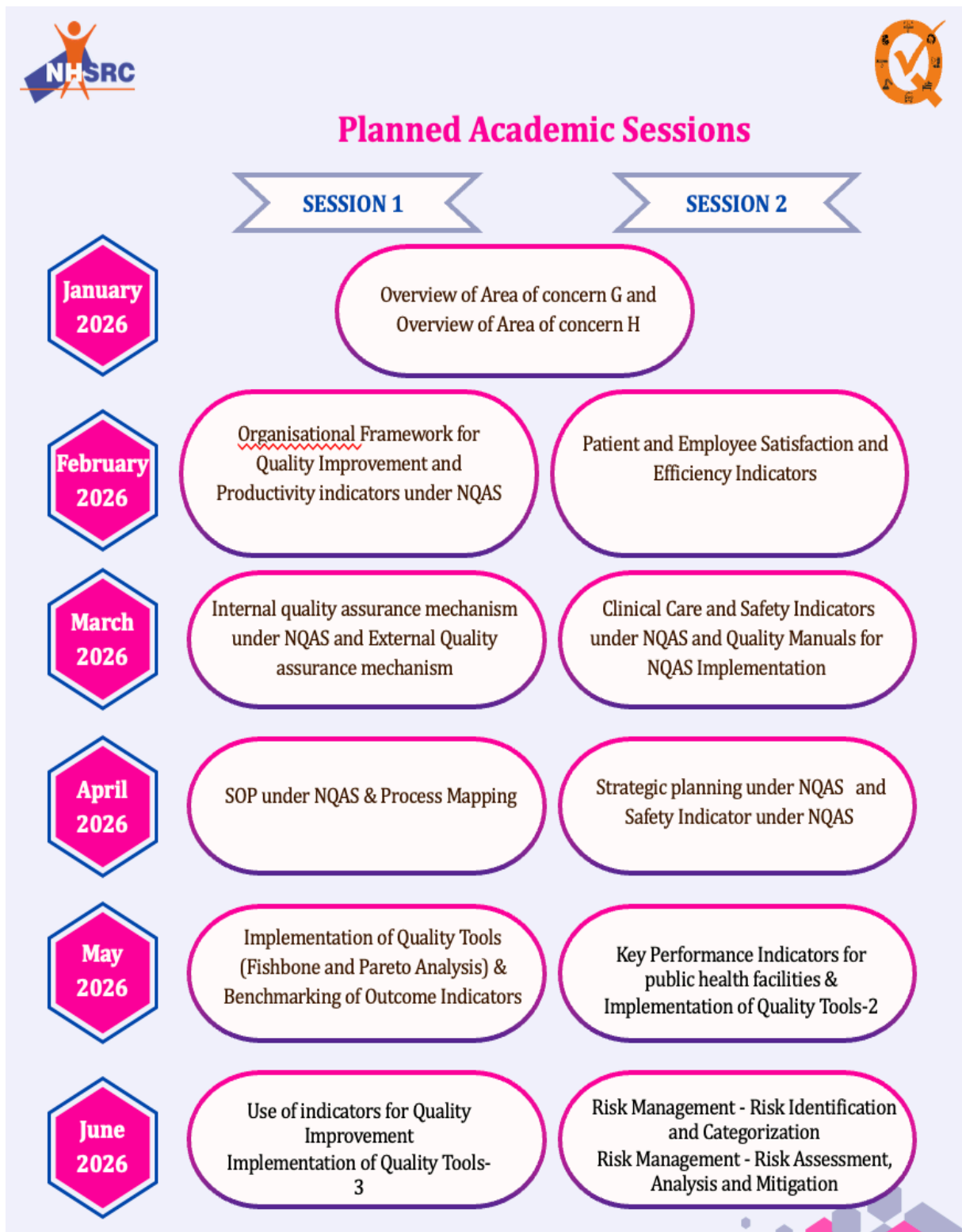
Simultaneously, maternal and child health division consultants are providing district-level technical handholding by facilitating gap analysis, strengthening documentation practices, ensuring compliance with measurable elements, and supporting facilities in certification preparedness. This coordinated convergence of program management and technical expertise is enabling sustained mentoring, structured follow-up, and continuous quality improvement despite prevailing human resource constraints.

The strategic optimisation of existing human resources in Chhattisgarh has resulted in strengthened internal quality assessment systems and improved preparedness of facilities for NQAS certification. Enhanced mentoring and structured follow-up mechanisms at block and district levels have improved compliance with MEs and fostered greater accountability. By leveraging the existing workforce instead of creating additional posts, the state ensured cost-effective implementation of quality improvement initiatives. These efforts have translated into a steady rise in certification performance, with the state achieving 45.71% NQAS certification as of December 2025, demonstrating the scalability and replicability of this model in other resource-constrained settings.

Annexures

**NQAS Certification status of Public Healthcare Facilities (State + National)
Annexure- B**

State	DH	SDH	CHC	PHC	UPHC	SC	Total certified
Andaman & Nicobar	0	0	1	14	1	67	83
Andhra Pradesh	11	18	69	742	161	5229	6230
Arunachal Pradesh	1	0	0	2	0	23	26
Assam	11	5	33	465	26	1832	2372
Bihar	14	0	0	14	22	673	723
Chandigarh	1	0	2	0	13	0	16
Chhattisgarh	22	3	58	336	48	2057	2524
DD DNH	3	1	3	12	0	70	89
Delhi	13	0	0	0	50	0	63
Goa	2	2	6	33	1	43	87
Gujarat	6	2	15	542	135	2729	3429
Haryana	18	3	8	124	33	1227	1413
Himachal Pradesh	3	2	1	28	0	294	328
Jammu & Kashmir	3	0	4	15	7	254	283
Jharkhand	5	4	25	46	2	1894	1976
Karnataka	31	68	75	794	184	2200	3352
Kerala	18	7	16	210	57	161	469
Ladakh	0	0	3	5	0	98	106
Lakshwadeep	0	0	0	0	0	0	0
Madhya Pradesh	49	33	81	202	12	2136	2513
Maharashtra	1	3	2	136	7	468	617
Manipur	3	0	2	20	6	81	112
Meghalaya	7	0	4	20	1	132	164
Mizoram	8	0	4	51	6	22	91
Nagaland	0	0	0	11	3	30	44
Odisha	7	0	5	58	60	2694	2824
Puducherry	0	0	1	2	6	3	12
Punjab	17	9	21	9	8	1265	1329
Rajasthan	9	4	43	308	82	556	1002
Sikkim	0	0	0	6	0	44	50
Tamil Nadu	29	95	224	779	261	1589	2977
Telangana	10	10	12	277	52	640	1001
Tripura	1	2	1	44	7	413	468
Uttar Pradesh	78	0	124	55	37	6676	6970
West Bengal	21	39	147	55	165	6145	6572
TOTAL	407	312	991	5416	1453	41794	50373



List of 4th STG Series topics - Annexure D



PLANNED ACADEMIC SESSIONS

<u>2026</u>	<i>Session 1</i>	<i>Session 2</i>
JANUARY	NTEP implementation in TB care: clinical pathways, regimens, and nutrition supplementation	TB at primary care: screening, testing/referral, initiation support, and follow-up
FEBRUARY	Sickle cell disease: management at secondary care and Implementation challenges of Sickle Cell Anaemia Elimination Program	Sickle cell disease at primary care: screening, crisis recognition, basic management, and referral
MARCH	Rational antibiotic use: stewardship principles for OPD, wards, and referral settings	Generic vs branded medicines: perceptions, counselling, and safe prescribing practices
APRIL	Substance abuse screening and brief intervention: Alcohol/ Tobacco/ Opioids and linkage to services	Psychiatric disorders in primary care: screening, first-line support, and referral triggers
MAY	Time-critical emergencies: STEMI early management and referral	First-hour management at peripheral facilities: ABCs, shock/bleeding control, and safe transfer
JUNE	Heat illness and heat stroke: recognition, emergency management, and prevention	Heat-health action at primary care: early recognition, oral rehydration, cooling, and referral triggers



PLANNED ACADEMIC SESSIONS

2026

Session 1

Session 2

JULY

Common ophthalmic problems: screening, initial management, and red-flag referrals

Eye screening in primary care: red eye, vision loss, and diabetic retinopathy referral workflow

AUGUST

Elderly care & Palliative care basics: symptom control, communication, and home-based follow-up

Integrated elderly care at primary care: multimorbidity, deprescribing, falls, and caregiver support

SEPTEMBER

Resurgent infections (scrub typhus, leptospirosis): diagnosis, complications, treatment

Acute undifferentiated fever at primary care: malaria/dengue/lepto/scrub—decision pathways

OCTOBER

Pregnancy-induced hypertension: screening, management, and referral in STG framework

Screening and management of Anaemia during pregnancy at Primary level

NOVEMBER

Neonatal sepsis and feeding problems: early detection, warmth/feeding support, and referral triggers

Essential newborn care at primary level: first 24 hours, danger signs, and referral stabilization

DECEMBER

Childhood NCDs: screening strategies and STG-based management pathways

Childhood obesity: prevention, counselling, monitoring, and referral criteria

State-wise list of Internal Assessors - Annexure E

State	Number of Internal Assessors
Andaman Nicobar Islands	132
Andhra Pradesh	259
Arunachal Pradesh	99
Assam	477
Bihar	425
Chandigarh	24
Chhattisgarh	167
Delhi	192
DNH & DD	177
Goa	167
Gujarat	392
Haryana	285
Himachal Pradesh	152
Jammu & Kashmir	352
Jharkhand	290
Karnataka	240
Kerala	225
Ladakh	74
Lakshadweep	69
Madhya Pradesh	624
Maharashtra	490
Manipur	183
Meghalaya	215
Mizoram	169
Nagaland	122
Odisha	285
Puducherry	161
Punjab	372
Rajasthan	616
Sikkim	54

Tamil Nadu	705
Telangana	162
Tripura	157
Uttar Pradesh	439
Uttarakhand	245
West Bengal	351
Others	204
Grand Total	9752

State-wise list of External Assessors - Annexure F

S.No	State	Number of External Assessors
1	Andhra Pradesh	87
2	Andaman & Nicobar Islands	0
3	Arunachal Pradesh	19
4	Assam	89
5	Bihar	64
6	Chandigarh	9
7	Chhattisgarh	34
8	DD & DNH	6
9	Goa	10
10	Gujarat	95
11	Haryana	110
12	Himachal Pradesh	25
13	Jammu & Kashmir	40
14	Jharkhand	37
15	Karnataka	72
16	Kerala	85
17	Ladakh	4
18	Lakshadweep	1
19	Madhya Pradesh	70
20	Maharashtra	124
21	Manipur	33
22	Meghalaya	26
23	Mizoram	30
24	Nagaland	21
25	New Delhi	218
26	Odisha	51
27	Puducherry	8
28	Punjab	43
29	Rajasthan	87
30	Sikkim	14
31	Tamil Nadu	134
32	Telangana	89
33	Tripura	33
34	Uttar Pradesh	186
35	Uttarakhand	18
36	West Bengal	67
37	Others	44

State-wise list of Ayushman Assessors - Annexure G

Ayushman Assessors		
S.No.	STATE	No. of Ayushman Assessors
1	Andhra Pradesh	16
2	Assam	2
3	Bihar	6
4	Chhattisgarh	6
5	DNH & DD	5
6	Goa	12
7	Gujarat	20
8	Haryana	11
9	Himachal Pradesh	5
10	Jharkhand	12
11	Kerala	18
12	Ladakh	5
13	Madhya Pradesh	22
14	Maharashtra	18
15	Meghalaya	2
16	Mizoram	4
17	Punjab	9
18	Rajasthan	17
19	Uttar Pradesh	54
20	West Bengal	38
21	Tamil Nadu	8
22	Telangana	11
23	Tripura	4
24	Uttarakhand	6
25	J&K	3
26	DNH & DD	3
Grand Total		317



Ministry of Health and Family Welfare



**Union Health Minister Shri J. P. Nadda
Addresses Inaugural Advancing Public
Health Outcomes Forum 2025; Says
India's Public Health Journey Has
Entered a Decisive, Results-Oriented
Phase**

**Shri Nadda Reaffirms Commitment to
Collective Responsibility and Inclusive
Growth in Advancing Public Health, Aligned
with PM's Vision of 'Aarogyam Paramam
Bhagam' and Principle of 'Sabka Saath,
Sabka Vikas, Sabka Prayas'**

**Government aims to Establish One
Ayushman Arogya Mandir for Every 2,000
People: Union Health Minister**

**Emphasises on Quality of Care: Over
30,000 Ayushman Arogya Mandirs Attain
NQAS Certification**

**NQAS Certification to Be Extended to Every
Ayushman Arogya Mandir: Shri J.P. Nadda**

**Union Health Minister Unveils Four Reports
Highlighting India's Achievements in
Malaria, TB, Lymphatic Filariasis, and
Immunisation**

प्रविष्टि तिथि: 24 DEC 2025 7:53PM by PIB Delhi



ISQua Awards Ceremony in Brazil (17 Oct 2025)

QPS Division, NHSRC has attained the distinguished achievement of securing recognition across all three pillars of ISQua accreditation- Standards, certification unit and training programme- reaffirming its global commitment to excellence in quality and patient safety. We are proud that we are the only Healthcare Organization in the country to achieve this distinction.



National Health Systems Resource Centre, New Delhi