Z.15015/32/2025-NHM-I
Government of India
Ministry of Health & Family Welfare
(NHM-I Division)

Kartvya Bhawan-1, New Delhi
Dated: 14-07-2026

OFFICE MEMORANDUM

Subject: Minutes of the meeting of CQSC (Central Quality Supervisory Committee held on 15.06.2026 to review and discuss the NQAS/Kayakalp progress - reg.

The undersigned is directed to refer to the subject mentioned above and to circulate herewith the minutes of the meeting held under the Chairpersonship of AS&MD (NHM), MOH&FW on 15.06.2026, as per **Annexure**.

2. This issue with the approval of Competent Authority.

Digitally signed by
MUKESH KUMAR MEENA
Date: 14-07-2026
18:37:58

(Mukesh Kumar Meena)
Under Secretary to the Government of India
Ph. 011-24013399

To,

All the participants,

Copy to:

1. Sr. PPS to AS & MD, MoHFW
2. PPS to JS (P), MoHFW
3. PS to Director (SK), NHM, MoHFW
4. PS to ED, NHSRC

15/07

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Annexure

12th Central Quality Supervisory Committee (CQSC)

Meeting Minutes of Meeting

गुणवत्ता का विश्वास

NQAS

15thJune2026

Venue- Kartavya Bhawan -1,Ministry of Health& Family Welfare,NewDelhi

15/07/2026

The twelfth meeting of the Central Quality Supervisory Committee (CQSC) was held on 15th June 2026, at Kartavya Bhawan, Ministry of Health & Family Welfare under the chairpersonship of Ms. Aradhana Patnaik, Additional Secretary & Mission Director, National Health Mission, Ministry of Health &Family Welfare, Government of India. List of participants is enclosed as **Annexure-A**.

The meeting commenced with a welcome address by Joint Secretary (Policy), Convener of CQSC. He then invited Advisor QPS to initiate the proceedings.

Advisor QPS briefed the Committee on the following agendapoints:

Agenda 1 – Action Taken Report on decisions on the 11th CQSC meeting.

Agenda 2 – Status & Achievements under the NQAS and related initiatives.

Agenda 3 – Proposals

Agenda Point 1. Action Taken Report on decisions of the 11th CQSC meeting

1.1.**Increase in number of members for NQAS Appeal Committee**– The number of members for the NQAS Appeal Committee has been increased from five to ten (10).

1.2. **Integration of LaQshya and MusQan under NQAS framework for all secondary level of health care facilities** – DO Letter No Z.15015/32/2025-NHM-1 dated 27th January, 2026 was issued to all States/UTs regarding Integration of LaQshya and MusQan certification program within NQAS framework with effect from 1st April 2026. Implementation guidelines have been shared with the States/UTs, and the process has been incorporated into the SaQsham portal.

1.3. **Separate Checklist for Medical Colleges under LaQshya**– NQAS for Medical College Hospitals are currently under development.

Decision - Since LaQshya has been aligned with the NQAS framework, the same standards shall apply to Medical Colleges under LaQshya.

1.4. **State-wise letter to States/UTsfor acceleration of NQAS to achieve the targets** – Letters have been issued by the Ministry of Health & Family Welfare (MoHFW) to all States/UTs showing their status of achievement and guidance on identifying facilities for strategizing acceleration of NQAS achievement. Details of Internal and External Assessors have also been shared to involve them in supporting NQAS implementation.

1.5. **Rapid Assessments under NQAS**– A total of 58 facilities were assessed on Rapid Assessment tools during the field visits conducted in 8 states namely, Gujarat, Madhya Pradesh, Uttar Pradesh, Bihar, Chhattisgarh, Uttarakhand, Telangana and Maharashtra.Out of these 58 facilities, 17 were secondary-level facilities and 41 were primary-level facilities. Findings and recommendations from the field visits have been shared with the respective states to support their efforts towards achieving NQAS certification.

1.6. **Digitalization of NQAS Certificates**– The facility for Digital Certificate for NQAS Certified facilities through the SaQsham portal was launched by AS&MD, NHM, on7th October 2025**.**

1.7. **NQAS for newly converted DH into Medical College**– An Expert Group and a Working Group have been constituted, and consultation workshops have been convened since June 2025. NQAS standards for 19 of the proposed 26 departments have been reviewed by domain experts.

Decision -Until the standards for Medical College Hospitals are approved, the existing NQAS Standards for District Hospitals shall continue to be used.

1.8. **NQAS for DCCC**– NQAS Framework for DCCCs has been developed and piloted in five States, namely Gujarat, Odisha, Karnataka, Kerala, and Himachal Pradesh.

Decision -The framework will be incorporated as the 22nd department

in the existing NQAS checklist for District Hospitals.

1.9. **NQAS for BPHL** – the BPHL Framework is under preparation.

1.10. **NQAS for ESIC** – ESIC has informed that they are building their team for the implementation of the Quality program.

1.11. **NQAS for U-AAM** –An Expert Group meeting has been conducted, and draft standards for Urban AAMs have been prepared in accordance with the draft framework provided by the NUHM Division, MoHFW. The standards are presently being finalized.

1.12. **Increase in course fee of TISS – PGDHQM**– Revised fee norms have not been received from TISS.

1.13. **Capacity Building training program for district, block and facility personnel in collaboration with AHA** – Two rounds of meetings were convened on 25 July 2025 and 2 March 2026, respectively. Approval for the proposed programme is currently pending.

1.14. **Implementation Guidelines for Solid Waste Management (SWM)** –The Solid Waste Management Rules were notified on 27th January 2026. Draft SWM Implementation Guidelines are being prepared to align with SWM Rules 2026, and the Expert Group is being constituted.

1.15. **Development of Mera Aspataal 2.0**– A meeting was convened under the chairmanship of JS (P) on 12th January 2026, during which it was decided that CHI would resume the services for Outbound Dialing (OBD) of Mera Aspataal 1.0. The payment for OBD resumption has been released by NHSRC to CHI on 23rd March 2026.The development of Mera Aspataal 2.0 would be undertaken by IT Division, NHSRC. The Committee was apprised about the development of Mera Aspataal 2.0 and the proposed enhancements and additional functionalities envisaged in comparison to Mera Aspataal 1.0.

Decision -It was decided that Mera Aspataal 1.0is to be operationalised at the earliest and ensure timely roll-out and implementation of Mera Aspataal 2.0.

Agenda Point 2. Status and Achievements

2.1 Progress of NQAS Certification

The Committee was apprised about the progress of NQAS certification and the progress across different levels of health facilities. A total of 65466 (38.75%) of facilities in the country have achieved NQAS Certification as on 31st May 2026, with the certification of AAM-SHCs showing a significant upward trend. The quarterly progress of NQAS certification has shown incremental growth in all quarters vis-à-vis the corresponding quarters of the previous year. It was observed that several states have conducted a high proportion of state-level certification and have not applied for National level of certification.

Decision -It was decided that the states be instructed to apply for national-level certification within one year of attaining state-level certification.

2.2 Virtual Certification under NQAS–

The Committee was apprised about the progress made under NQAS Virtual Certification of Ayushman Arogya Mandir–Sub Health Centres (AAM-SHCs). As of 31 May 2026, a total of 14,359 facilities had attained NQAS certification through the virtual mode. An analysis indicated that several States/UTs have a veryhigh proportion of Virtual Assessments compared to Physical Assessments. Furthermore, approximately 44% of the facilities were certified with conditionalities, with the majority of conditionalities pertaining to service packages, including Mental Health Ailments, Emergency Medical Services, Common Ophthalmic and ENT Conditions, and Family Planning.

Decision -It was decided that a communication be issued to all Programme Divisions highlighting the major gaps observed in the implementation of service packages and the concerned Programme Divisions are to analyse the reasons for these gaps and provide necessary technical support to States/UTs to address the identified gaps.

2.3 Physical verification of Virtually assessed AAM-SHCs–

Physical verification of 10% of the virtually assessed Ayushman Arogya Mandir–Sub Health Centres (AAM-SHCs) is conducted to ensure the credibility of virtual assessments. A total of 808 physical verification assessments have been undertaken in 28States/UTs. Results showed that 48% of facilities had not been able to maintain the outcome achieved in the virtual assessments. Tripura, Chhattisgarh, Haryana, Uttar Pradeshand Karnataka are the top 5 states with a higher defer rate in

physical verification.

Decision -It was decided to increase the proportion of Physical Verification of virtually assessed AAM-SHCs to 20%.

2.4 Surprise assessment under NQAS –

A total of 95 surprise assessments were conducted during FY 2025–26 for facilities that had been certified in FY 2024–25. Of these, 40 facilities (43.16%) were not able to maintain their certification status.

The most common reasons for the inability to sustain certification standards were non-compliances under Area of Concern (AoC) G (52.5%) and AoC H (42.5%), along with deficiencies in conducting and analysis of Patient Satisfaction Survey (PSS) scores (20%).

Facility-level analysis indicated that a large proportion of facilities in primary level were unable to sustain the quality certification. It was further analysed that there is no dedicated resource at the block level in primary care facilities to sustain the quality at the facility level. State-wise analysis showed that Bihar, Mizoram and Telangana had the highest proportion of facilities not meeting certification criteria during surprise assessments.

Decision -It was observed that quality should not be a one-time certification activity. It was decided to issue an advisory to the states to maintain the quality of NQAS-certified facilities and focus on the sustainability of quality standards, and not treat quality as a one-time certification activity.

2.5 Support in acceleration strategies

a. To monitor the progress of NQAS certification and understand the challenges faced by States/UTs in its implementation, two series of virtual review meetings were convened in December 2025 and February 2026 with all States/UTs.
b. The progress of applications pending at the State level, as well as those received by the QPS Division, is being monitored on a weekly basis to facilitate timely processing and accelerate the achievement of NQAS certification targets.

2.6 Field Visits

Field visits have been intensified to assess and support the preparedness of health facilities for NQAS certification and provide technical guidance

for expediting certification activities. Field visits had been conducted in 15 States.

These visits have positively contributed to accelerating the implementation of NQAS, with several states demonstrating significant progress thereafter. States have acted on the recommendations made during the visits, including closure of identified gaps, strengthening of infrastructure, release and processing of incentives, recruitment or initiation of recruitment of Quality Consultants, capacity building of healthcare personnel, and enhanced preparedness for assessment and certification.

2.7 Capacity Building

a. Internal Assessors Training – NHSRC continues to conduct State-level trainings, including Internal Assessor Trainings and Service Provider Trainings, to strengthen the pool of skilled human resources required for effective implementation of the Quality Assurance Programme in States and UTs.

b. Standard Treatment Guidelines – To strengthen capacity-building efforts across the country, the Quality and Patient Safety (QPS) Division of NHSRC initiated a lecture series on Standard Treatment Guidelines (STGs) in collaboration with the Delhi Society for Promotion and Rational Use of Drugs (DSPRUD). As of 31 May 2026, a total of 41 online Webex training sessions on STGs had been conducted. More than 12,000 healthcare professionals from across the country participated in these sessions, and certificates were issued to participants who successfully completed the training with pre and post-test.

c. Fortnightly Webinars – In continuation of efforts to support the States and Union Territories in implementing NQAS at primary healthcare facilities, a structured capacity-building webinar series is conducted on the second and fourth Thursday of every month. Through this initiative, over 57,000 participants have been trained on NQAS with the objective of strengthening the capacities of Quality Assurance Committees/Teams, healthcare personnel at all levels of facilities, and other health care personnel/professionals engaged in NQAS implementation. Based the identified gaps, currently, sessions on Area of Concern G & H are being conducted to strengthen the implementation and sustenance of NQAS.

d. Pool of NQAS Assessors: Advisor QPS mentioned that a total of 50 batches

of external assessors training has been conducted and currently 2,138 External assessors are empaneled with NHSRC till 31st May 2026. A total of 317 Ayushman assessors support the conduct of virtual assessments and physical verification of virtually assessed AAM-SHCs along with 10752 internal assessors (state level) is empaneled as additional support to the states.

Decision -It was decided that a mechanism for periodic assessment and competency enhancement of Internal Assessors to be instituted, including refresher training programmes and assessments on the lines of those conducted for External Assessors, to ensure sustained quality and consistency in assessments.

2.8 Progress of Kayakalp

The progress under Kayakalp including eco-friendly theme was discussed.For FY 2025-26, a total of 40,699 facilities meet the Kayakalp norms, along with 33 Eco-Friendly facilities, across 30 States/UTs.Results are awaited from 6 States/UTs: Assam, Karnataka, Meghalaya, Nagaland, Rajasthan, Tamil Nadu.

The State of Karnataka has not participated in Kayakalp activities for FY 2023-24 and 2025-26, leading to gaps in compliance and timely reporting.

Decision -It was decided to instruct all the states for continued participation in Kayakalp initiative.

2.9 SaQushal: Strengthening Patient Safety in Secondary Care Public Healthcare Facilities

SaQushal framework ensures systematic strengthening of patient safety across secondary care public healthcare facilities. 37% increase in participating facilities in 2025 has been observed. Median score improved steadily from 61%, 64% to 72% in year 2023, 2024 & 2025 respectively, reflecting consistent engagement of facilities in improvement of patient safety practices.

Decision -It was decided to review whether the SaQushal assessment tool can be incorporated into NQAS framework.

2.10 Strengthening of Healthcare-Associated Infection (HAI) Surveillance in Public Health Facilities

The National Guidelines for Surveillance and ReportingHospital-Acquired Infections, developed with technical support from AIIMS, New Delhi and ICMR, were launched on 28 August 2025. A proposal for establishment of a dedicated Technical Support Unit (TSU) under the Quality and Patient Safety Division, NHSRC as directed, has been submitted for approval by the 24th Executive Committee (EC). In the interim a Consultant and Junior Consultant have been engaged to support preparatory activities. It has been proposed to initiate pilot HAI surveillance in 50 District Hospitals using the existing AIIMS surveillance platform. Standardized surveillance and reporting formats have been developed and are under validation. Renewal of the MoA between NHSRC, AIIMS New Delhi, and ICMR is under process to facilitate continued technical collaboration and programme implementation.

Decision -It was decided to plan a presentation to examine the feasibility of utilizing IHIP Portal or integrating HAI reporting within the SaQsham platform before finalizing the reporting platform for nationwide implementation.

2.11 Challenges in NQAS Certification

a)Sustenance of NQASCertification:

Recertification - Total 1040 facilities out of 4514 due facilities have applied for recertification under NQAS.

Decision -It was decided to instruct all the concerned State/UTs to apply for recertification. It was observed that Quality is not a one-time activity and state must ensure that the Quality of NQAS certified facilities are maintained and focus on sustenance of NQAS certification by regular surveillance assessment and recertification as per schedule.

b) Challenges in Virtual Assessments:

i. Frequent cancellations – There arefrequent requests from the State/UTs for cancellation of virtual assessments just before or on the day of assessment.

Decision -It was decided to incorporate a penalty clause forcancellations.

ii. Delay/cancellation of Physical Verification Assessments – A major challenge encountered during the physical verification of virtually certified AAM-

SHCs isthe repeated requests from States/UTs for postponement or cancellation of assessments.

Decision -It was decided that in cases, where a State/UT fails to undertake the scheduled physical verification assessment, the virtual certification of the concerned facilities may be revoked. It was further advised that an appropriate penalty mechanism may also be explored and incorporated to discourage such instances of non-compliance.

c. **Delay in payment of Honorarium to assessors**: No honorarium is paid for the assessments that are getting cancelled on the day of the assessment. Sometimes, there is undue delay reported for the release of assessment honorarium.Decision -It was decided to issue a strict advisory to all States/UTs to release the honorarium within 15 days of assessments.

d. **Low uptake of NQAS Certification in other categories of facilities**The National NQAS certification of Ayushman Arogya Mandir–Sub Health Centres (AAM-SHCs) hasshown a remarkable upward trend, as states are increasingly prioritizing the target given by the Ministry of Health & Family Welfare of achieving 100% certification and actively applying for AAM-SHCs exclusively through virtual mode. However, progress in other facility categoriessuch as Sub-District Hospitals (SDHs), Community Health Centres (CHCs), Primary Health Centres (PHCs), and Urban Primary Health Centres (UPHCs)remains comparatively slower.

Decision -It was decided to issue an advisory to all States/UTs to expand their focus to pursue NQAS certification for AAM-PHCs and AAM-UPHCs, besides AAM SHCs to strengthen quality assurance initiatives across the continuum of primary healthcare services.

e. **Customization of Assessment tools**: States have requested customised checklists for different levels of facilities. At present, there are 54 different types of checklists for different States/ UTs.

Decision -It was decided that the NQAS standards shall be adopted in their existing form for primary healthcare facilities. For secondary care facilities the standards shall be customized based on the bed strength of the facility, as given below:

- DH – More than 100 beds
- SDH – 50 to 100 beds
- CHC – 30 to 50 beds.

2.12 Digital Updates

The Committee was apprised ofthe new modules and additional functionalities on the SaQsham portal. Extension of the agreement with C-DAC, Noida, is underway and a meeting has been convened under the chairpersonship of the Joint Secretary (Policy) to deliberate on the Memorandum of Agreement (MoA).IT Division, NHSRC will take over the SaQsham portal from CDAC on completion of the contract.

2.13 Free Drug Service Initiative

The Committee was apprise dabout the progress on key activities undertaken under the Free Drugs Service Initiative (FDSI), as follows:

a. **First Regional FDSI Workshop**: A regional workshop was successfully conducted at Guwahati, Assam, on 16 March 2026, with participation from 13 States, including all North-Eastern States. The workshop report has been finalized and uploaded on the NHSRC portal for wider dissemination and reference. This was the first such workshop and efforts will be continued going forward.
b. **Virtual Review meetings with States / UTs:**A series of virtual review meetings was conducted with 31 DVDMS-integrated States/UTs over four days (18–21 November 2025). The discussions focused on addressing discrepancies related to facility mapping and counts, improving reporting of stock availability and ensuring alignment between the State Essential Drug Lists (EDLs) and the approved Essential Medicines Lists (EMLs) under FDSI.
c. **Revision of Essential Medicines Lists (EMLs):** EMLs for Community Health Centres (CHCs), Ayushman Arogya Mandir–Primary Health Centres (AAM-PHCs), and Ayushman Arogya Mandir–Sub Health Centres (AAM-SHCs) have been approved and communicated to all States/UTs for implementation. The EMLs under the Indian Public Health Standards (IPHS) have been revised on a molecule-based approach, with medicines categorised as Essential and Desirable,

ensuring alignment with relevant national programme guidelines and state EDLs.

d. **Draft EMLs for District Hospitals (DHs) and Sub-District Hospitals (SDHs)** have also been prepared. An expert consultation meeting was convened in February 2026 to review the draft lists, and the process of finalization is currently underway.

e. **Third-Party Evaluation of FDSI**: An update on the third party evaluation of FDSI was presented. The pilot testing of the evaluation tool has been successfully completed in Haryana. Subsequently, the evaluation exercise has been initiated in six States and one Union Territory, namely Uttar Pradesh, Jharkhand, Nagaland, Gujarat, Maharashtra, Kerala, and Puducherry.

f. **Field visits**: Visits to five states were conducted during the previous financial year to assess issues related to medicine availability, supply chain management and DVDMS implementation. Reports have been shared with the respective states for necessary action to address identified gaps.

Decision -It was decided that a comprehensive presentation be made to review the progress, achievements, challenges, and way forward of the five pilot States implementing the Supply Chain Strengthening Initiative.

Agenda Point 3. New Proposals

3.1 Rationalization of Denominators of Healthcare Facilities– Advisor, QPS informed the Committee that the denominator of healthcare facilities for monitoring progress under NQAS certification has been derived from the Health Dynamics of India (HDI) 2022–23 and the Ayushman Arogya Mandir (AAM) Portal as on 31 March 2025,as the baseline for monitoring the progress for NQAS Certification. An analysis comparing the number of facilities reported in the HDI 2022–23 and HDI 2023–24 datasets identified an overall difference of 303 facility numbers, which was considered relatively small at the national level. However, substantial variations were observed in a few States/UTs. DDG (Statistics) apprised of the reasons for changes in the HDI 2023-24. He further informed that the HDI 2024–25 is readyfor release .

Decision -It was decided that, for the time being, HDI 2022–23 shall

continue to be used, and a comprehensive review and rationalization exercise may be undertaken after the release of HDI 2024–25.

3.2 Incentives for IPHL, BPHL and CLMC –

Decision -The committee approved the incentives of₹3 lakh for NQAS-certified IPHL and ₹1 lakh for BPHL as proposed. The proposal for providing incentives to NQAS-certified CLMC was not accepted.

3.3 Kayakalp & WASH for District Hospitals converted into Medical College Hospitals (MCHs) –

Decision -The proposal to develop and implement a separate Kayakalp assessment tool for District Hospitals that have been converted into Medical College Hospitals (MCHs) was approved.

3.4 PG Certificate Programme in Quality Management and Accreditation of Health Care Organizations (QM&AHO) by AHA in collaboration with NHSRC–

Decision -It was decided to explore the alternative institutions, including TISS, AIIMS, IGNOU, PGI Chandigarh, and other reputed public institutions, for conducting a three-month certificate course. The training programme may subsequently be made mandatory for Internal Assessors to strengthen their competencies in quality management.

3.5 AI-based Knowledge Support Platform (NQAS SahayaQ)– Advisor QPS briefed that an AI-based Knowledge Support platform is being developed in-house by QPS Division. ED-NHSRC apprised that a presentation has been done on the concept has been made and the initiation phase of the tool development has been successfully demonstrated.

Decision -It was approved to continue with theproject.

3.6 Organisation of a Global Webinar in collaboration with WHO-HQ, Geneva QPS Division, NHSRC is a WHO Collaborating Centre for Implementing Patient Safety Program. It is planned to organise a Global Webinar in collaboration with WHO-HQ, Geneva where the successful implementation of SaQushal is to be presented. Clarification

was sought regarding the intended audience for the webinar. Advisor, QPS informed that the event would be conducted virtually with participation from stakeholders and experts from multiple countriesunder the aegis of WHO HQ.

Decision -The proposal for organising a global webinar wasapproved.

3.7 Revision of Operational Guidelines of Free Drugs Service Initiative: There have been significant developments since the last operational guidelines for FDSI were issued in 2015.

Decision -The proposal for revision of the Free Drugs Service Initiative (FDSI) Guidelines was approved.

The meeting ended with a vote of thanks to thechair.

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Annexure

List of the participants

S. No	Name	Designation
1.	Ms. Aradhana Patnaik	AS&MD(NHM), MoHFW
2.	Mr. Sibin C	Joint Secretary (Policy), MoHFW, Convener
3.	Ms. Meera Srivastava	Joint Secretary (RCH), MoHFW
4.	Mr. Rakesh Kumar Maurya	Deputy Director General (Statistics)
5.	Dr. Pragya Sharma	Executive Director, NHSRC
6.	Dr. Pawan Kumar	Additional Commissioner (Maternal Health)
7.	Mr. Deepak Soni	Director, NHM
8.	Dr. Tanu Jain	Director, NVBDCP
9.	Dr. Kaustubh Giri	DS (NHM II)
10.	Dr. Aashima Bhatnagar	DS (NUHM)
11.	Dr. Shobhna Gupta	Deputy Commissioner(Child Health& RBSK)
12.	Dr. Zoya Ali Rizvi	Deputy Commissioner (ANH)
13.	Dr. R K Pathni	Advisor-QPS, NHSRC
14.	Dr. Manpreet Singh	Medical Officer, NCVBDC
15.	Dr. Tamanna Sharma	Lead Consultant, MoHFW
16.	Dr. Deepika Sharma	Lead Consultant, QPS
17.	Ms. Vinny Arora	Lead Consultant, QPS(CU)
18.	Dr. Neeraj Gautam	Senior Consultant, QPS
19.	Mr. Gulam Rafey	Senior Consultant, QPS