



## PREFACE

The **National Health Policy** envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. Quality Improvement in healthcare entails the continuous efforts to achieve desirable and sustainable results by reducing process variation and by improving the outcomes of the processes for patients, hospitals, and healthcare providers. With the aim of providing quality of care at all levels of health facilities, GOI has strengthened the quality framework under National Quality Assurance Standards initiative.

This document is intended to provide an overview of the National Quality Assurance programme in the form of status and strategies strived in past six months (January 2022 to June 2022).

It acts as a reference document to all the stakeholders involving State/ UTs to encourage them to bring up the interventions for the successful implementation of various domains of National Quality Assurance Programme. This document serves as a reference for the State, District & Facility Level Quality team in analyzing their performance and to draw the roadmap for strengthening the programme in their respective places.

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# QUALITY AND PATIENT SAFETY

*“Quality is everyone’s responsibility, and we never have to stop getting better”*

- W. Edwards Deming

Quality and Patient Safety is an integral part of the healthcare system worldwide. The Ministry of Health and Family Welfare, Govt. of India established the National Quality Assurance Programme under the ambit of the National Health Mission, in 2013.

Since its inception, the National Quality Assurance Programme is growing incessantly supporting the country's primary and secondary healthcare system. Under NQAP, evidence-based National Quality Assurance Standards (NQAS) were established which follow the Donabedian model i.e., structure, process and outcome. The systematic approach under the NQAP has led to measurable improvement in the quality of care at public health facilities in the country.

To provide an updated status of key activities under the National Quality Assurance Programme, the bi-annual update named ‘Quality Darpan’ was first published in June 2020. This six-monthly update was released to provide the nationwide status of the programme. Subsequently, two volumes and three parts of the update have been released in December 2020, June 2021 and December 2021.

## I. LATEST INTERVENTIONS: NATIONAL QUALITY ASSURANCE PROGRAMME

### 1.1 Change of Name of Quality Improvement Division, NHSRC

The Quality Improvement Division functions as secretariat to MoHFW. Its main function is to provide support to states and UTs in improving Quality at the healthcare facilities. The Quality Improvement name has changed to ‘Quality and Patient Safety Division’ applicable from 1<sup>st</sup> January 2022. Quality entails many aspects of affordability and accessibility of the healthcare system. Patient safety is a vital component of quality, practices to improve patient safety improve the overall quality of care. With the emerging needs and visionary approach, the Ministry of Health and Family Welfare has accorded to revise the name of the division. With the new nomenclature and chiasm, the division is supporting achieving quality and patient safety in the public healthcare facility.

### 1.2 NQAS for Hemodialysis Unit

National Quality Assurance Standards for Hemodialysis Units are developed and approved in January 2022. These standards follow a uniform structural arrangement and measurement system to the existing national quality assurance standards.

These standards are developed to reduce inequities in terms of access, and cost of care, and focus on the efficient leveraging of resources. With the further amalgamation of the standards, it was observed that under Pradhan Mantri National Dialysis Programme, three models are followed i.e., government, PPP mode or mixed setups in the country. A standalone scheme is designed to achieve

the aim and vision of PMNDP program to provide quality of care in the hemodialysis units at the secondary level of healthcare facilities.

### 1.3 Guidelines for Planning and Establishing Drug Warehouse

The Ministry of Health and Family Welfare (MoHFW) launched the Free Drugs Service Initiative’ for enabling the provision of free essential Drugs at all public facilities. Effective and efficient warehousing services play a crucial role in improving health services as it effects the availability of drugs and consumables at facilities. There are many reliable resources to refer to for planning a drug warehouse like design and procurement of storage facilities by WHO and guidelines for warehousing health commodities by USAID, but There is no standardized guideline in the Indian context for designing the drug warehouse. Also, the relevant information is scattered across several domains.



A set of comprehensive guidelines for drug warehouses have been developed by drawing relevant and useful information from various resources and experts in the field. These guidelines will support the states in designing, implementing, and operationalizing the drug warehouses and in finding solutions to warehousing challenges and requirements.

### 1.4 IT Initiatives under NQAS



Figure I.1: SaQsham Portal

SaQsham Portal is launched on 5<sup>th</sup> May 2022 by Hon'ble Health Minister Dr Mansukh Mandaviya during the Chintan Shivir organized at Kevadia, Gujarat. SaQsham is an automated IT-enabled NQAS Certification system. The use of information technology in the certification process under NQAS has been highlighted in the previous update. SaQsham Portal is created with a collaborative partnership between NHSRC and the Centre for Development of Advanced Computing (C-DAC), Noida.



*Figure 1.2: Launch of SaQsham portal by Hon'ble Health Minister*

SaQsham (Strengthening Quality and Safety of Health Facility Assessments) is a one-stop platform for all the tasks related to NQAS and its related domains viz. LaQshya, MusQan certification in the country. NQAS certification process is an intensive process which includes various resources, manpower and stakeholders. Information technology assists to maintain transparency, reducing variability, time efficiency, data storage, backup etc. SaQsham will provide national and state-specific dashboards with the concerned party access.

Gunak (Guide under NQAS and Kayakalp), an online application for the assessment of public health facilities regarding NQAS, LaQshya, MusQan, and Kayakalp is utilized for all types of assessments i.e., Internal, Peer, External, Surveillance, etc. Since states and UTs are using the Gunak app for a long it is planned to integrate with the SaQsham portal. States/UTs can utilize the platform to analyse their performance and take actions to strengthen the quality of services.

As mentioned in the previous update, 'Interim Software for Certification Process' is fully functional. Each State/UT has been provided with login IDs and passwords, separately. To date, all the States/UTs are using the interim portal to apply for external assessment under NQAS and LaQshya.



## II. OTHER INTERVENTIONS: IN PROGRESS

### 2.1 Patient Safety Self-Assessment Tool

As mentioned in the previous Quality Darpan, the patient safety self-assessment tool is under development which aims to enhance the implementation of patient safety practices in public health facilities. The assessment tool is constituted of a comprehensive set of standards. The first draft of the standard has been prepared. A series of sub-group meetings were held before the finalization of the standards. With the intensive discussion with the experts on the tool, many suggestions were given which were incorporated. Follow the standard development assessment tool (Measurable elements and checkpoints were drafted.

This tool will strengthen the existing quality assurance certification system functional within the overarching umbrella of NQAS. Also, the tool has a credible system for reporting adverse events to monitor patient safety.

This patient safety self-assessment tool will be launched on World Patient Safety Day, 16<sup>th</sup> September 2022.



*Figure II.1: Expert Consultation to review the patient safety self-assessment tool*

### 2.2 Implementation Guidebook of Risk Management Framework

Risk management framework and its implementation in public healthcare facilities is pivotal as public healthcare facility face many types of internal and external risks, risk management is introduced in DH Level healthcare facility in 2020 eg: risk assessment and treatment by simple checklists like fire safety preparedness checklist etc. Identification of risks, their assessment, evaluation, and mitigation are vital for the normal functioning of any healthcare setup. To execute these parameters, it is essential to have a Risk Management Framework which is under development which will help the users to mitigate the potential risk in the healthcare setting and to provide efficient quality of care.

### 2.3 National Quality Assurance Standards for HWC-PHC

The National Quality Assurance Standards (NQAS) were launched to provide guidance to improve the Quality of Care in Public Health Facilities in India. These standards for District Hospitals, Community Health Centres, Primary Health Centres and Urban Primary Health Centres have been developed over the years. In the year 2020, the standards for Ayushman Bharat Health and Wellness Centres-Sub Centres have also been developed, to ensure the quality of promotive, preventive and primary health care services; early screening and identification; timely referrals and regular follow-ups.

The National Health Policy, 2017 recommended strengthening the delivery of Primary Health Care, through the establishment of the “Health and Wellness Centre” as the platform to deliver Comprehensive Primary Health Care. A large no. of PHCs are already converted into HWC. Under the NQAP, National Quality Assurance Standards are under development for HWC PHC.

### 2.4 Strengthening of NQAS Assessment Tool

With the changing time and requirements, strengthening and updating of National Quality Assurance Standards Assessment Tool is also required. Quality Standards will be strengthened, and new standards will be added like elderly care, data management and e-record maintenance etc. Also, the Indian Public Health Standards have been revised and launched in 2022, all existing standards will be revised to be in sync with IPHS 2022.

### 2.5 ISQUA (The International Society for Quality in Health Care) Accreditation for Certification Unit

The International Society for Quality in Health Care (ISQua) is an international entity, a not-for-profit community and organisation dedicated to promoting quality improvement in health care.

It is widely recognized as the “accreditor of accreditors”. ISQua is the reference point for international healthcare accrediting bodies seeking external validation of their standards. It provides three certifications:

- Accreditation of Health Care Standards;
- Accreditation of External Evaluation Organizations; and
- Accreditation of Surveyor Training Programs.

It’s proud to say, that National Quality Assurance Standards and Surveyor Training Programs are already ISQUA certified with validity up to August 2024 and July 2022, respectively and the division is focussing on the next milestone of getting the Certification unit ISQUA certified.





### III. NATIONAL QUALITY ASSURANCE PROGRAMME

The National Quality Assurance Programme was launched in 2013 with the Operational Guidelines for improving Quality in Public Healthcare. The Quality Framework for the country was well established and functional from the facility level to the national level. National Quality Assurance Standards is an overall umbrella for most of the quality interventions in the country. It's a part of Quality Standards for secondary and primary healthcare facilities. Ministry of Health and Family Welfare, Govt. of India has revised the "Operational Guidelines for Improving Quality in Public Healthcare Facilities' 2021", to address the concerns of the public and the technical components of the expanded scope of service and its delivery in a comprehensive manner.

Under National Quality Assurance Programme, Quality standards for DH, CHC, PHC, UPHC and HWC are available. Also, state-specific customized checklists addressing state-specific needs have also been developed. Apart from Quality standards for secondary and primary care facilities, Kayakalp programme promotes cleanliness, hygiene and infection control practices; LaQshya aims to reduce preventable maternal and newborn mortality, morbidity and stillbirths associated with the care around delivery in labour room and maternity OT and ensure respectful maternity care; And MusQan ensures provision of quality child-friendly based services from birth to children upto 12 years of age.

NQAS model is well-established and meets national and international benchmarks like the Insurance Regulatory and Development Authority (IRDA) and the International Society for Quality in Healthcare (ISQua). National Health Authority has also approved a 15% incentive over and above the base package rate (Gold Category) for the NQAS-certified health facilities. (Refer to Annexure A&B)

#### Status of NQAS

In the last update of Quality Darpan December 2021, it is mentioned that total of 1368 facilities were NQAS national certified till December 2021. In the last 6 months, the total number of nationally certified facilities under NQAS has increased to 1639. After the commencement of physical assessments after COVID in September 2021, the number of applications for NQAS national assessments has scaled up markedly. The MoHFW has proposed targets to all the states to scale up the Quality certification. The Ministry is committed to support the State/UTs to achieve quality certification against National Quality Assurance Standards.

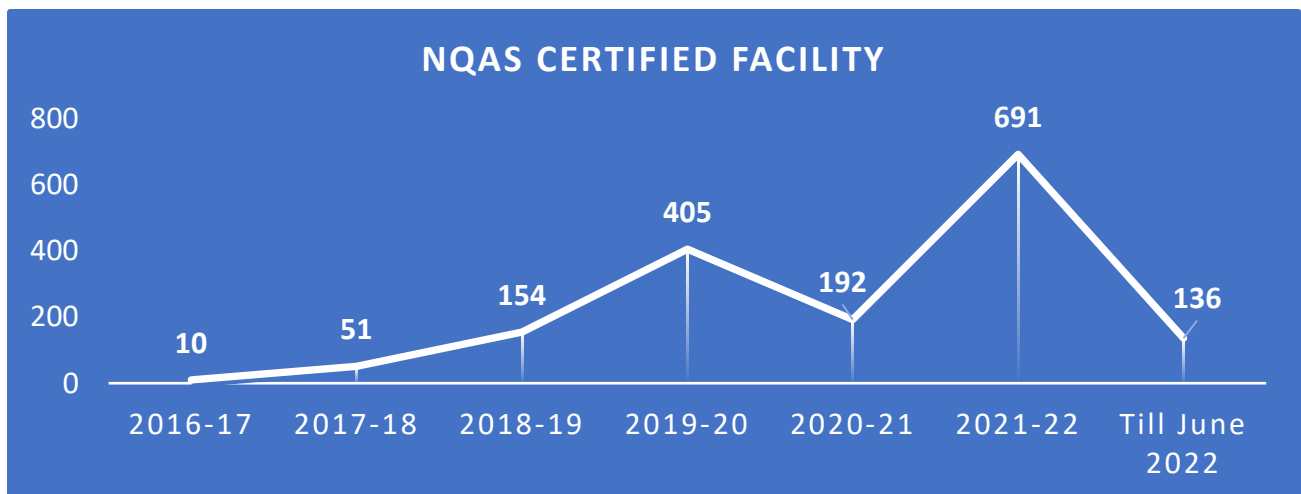


Figure III.1 Financial year-wise number of NQAS national certified Public Health facilities

In 2016-17, 10 facilities got nationally quality certified under NQAS, this number is increasing since then with 405 quality certified facilities in 2019-20. The number has declined in 2020-21 due to COVID 19. In 2021-22, the national quality certified facilities were increased to 691 and 136 facilities got quality certified in 2022-23 till June (Refer to figure III.1). With the launch of NQAS for HWC SC, the assessments have been started and 1 HWC SC has been quality certified.



Image III.1 HWC SC Dokelav, Gujarat  
1<sup>st</sup> NQAS certified HWC SC in India



Image III.2 District Hospital, Faridabad, Haryana  
1<sup>st</sup> Quality certified MusQan in India

HWC SC Dokelav, Gujarat is the first NQAS certified Health and wellness centre in sub-centre category while B.K. Civil Hospital, Faridabad, Haryana is the first NQAS-certified facility under MusQan. Out of a total of 1639 NQAS certified facilities 179 are District Hospitals, 65 Sub District Hospitals, 127 are Community Health Centre, 1117 Primary Health Centre, 150 are Urban Primary Health Centre and 1 Health and Wellness Centre Sub Centre (Refer Figure III.2). The cumulative State certification of public health facilities under National Quality Assurance Programme is 3567 which has increased from 10 in 2016-17 to 835 in 2020-21 and 3567 in 2021-22 till December 2021. Gujarat has the highest state-level certified facilities 1401 and the second highest in Andhra Pradesh with 1112 state-certified facilities under National Quality Assurance Programme.

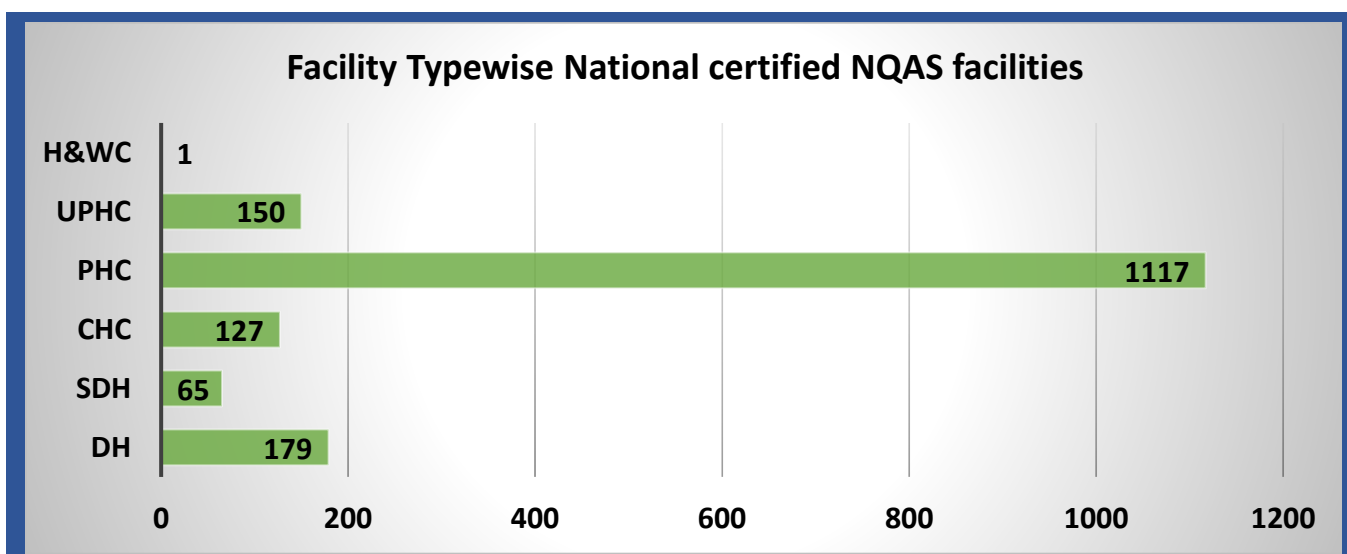


Figure III.2 Facility Type wise NQAS national certified facilities

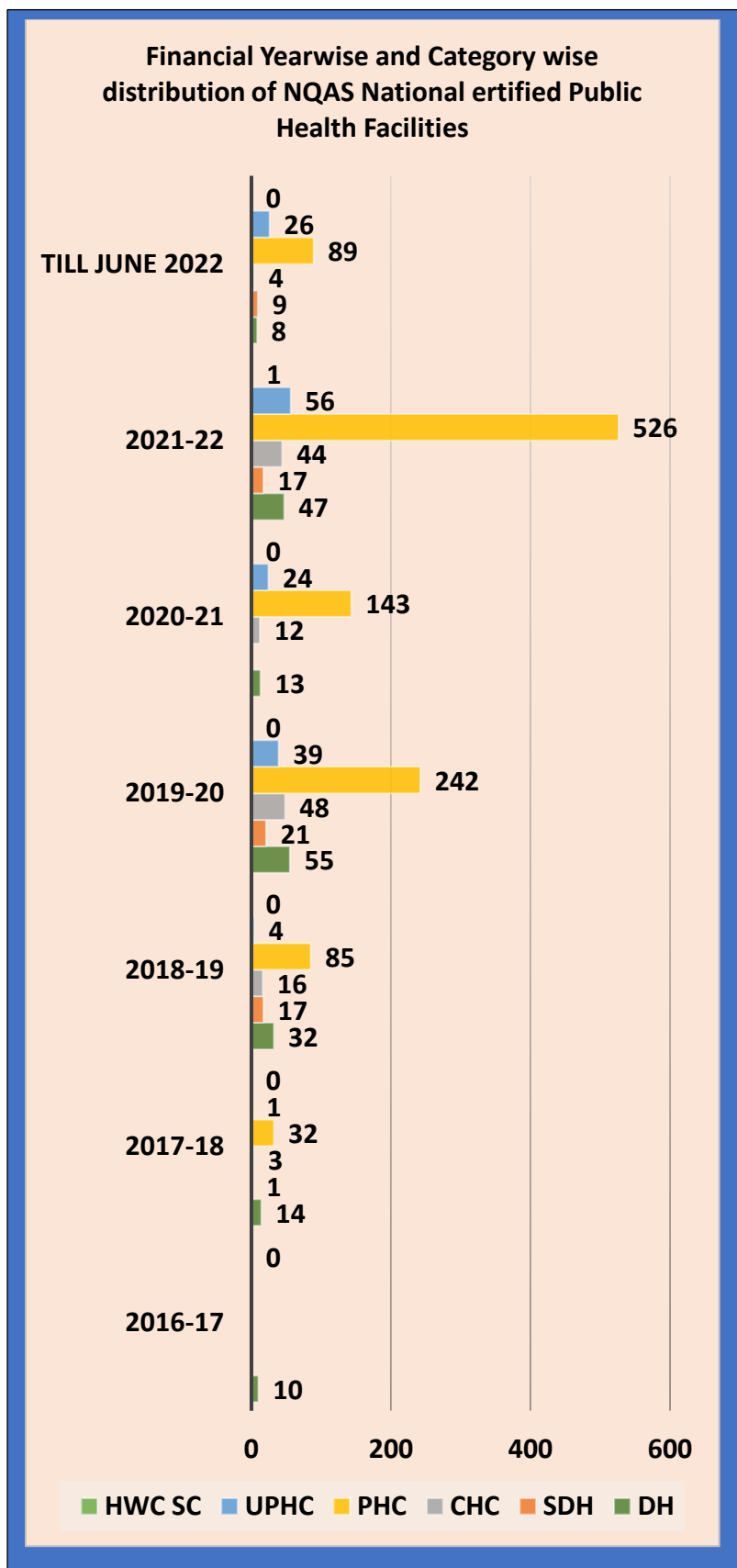


Figure III.3 Financial Year-wise and category wise distribution of NQAS Certified Facilities (Till June 2022)

NQAS certification is a two-stage activity, initially the state certification followed by the national certification. In this regard, D.O. No. NHSRC 13-14/QI/ 01/ QAP dated 23<sup>rd</sup> March 2022 was issued to re-emphasize the protocol. (Refer to Annexure C).

Number of NQAS National certified Public Health facilities varied across the States. Andhra Pradesh has the highest NQAS national certified facilities i.e., 408 followed by 209 in Gujarat and 173 in Kerala. (Refer figure III.4). Whereas Andaman & Nicobar Islands, Puducherry, Lakshadweep and Ladakh have not yet initiated the process of Quality Certification.

Facility type wise distribution of NQAS certified facilities also varies from State to State. 40 District Hospitals are NQAS national certified in the State of Uttar Pradesh which is highest in the country followed by 21DH in Tamil Nadu. In SDH & CHC category, Tamil Nadu attains the highest no. of NQAS national certified SDH & CHC i.e., 29 & 41 respectively. Whereas in PHC Category, Andhra Pradesh has the highest i.e., 362 NQAS national certified PHC followed by Gujarat with 174 NQAS national certified PHCs and Telangana with 137 NQAS national certified PHCs. Refer to Annexure D for State & category wise distribution of NQAS National certified facilities. Recertification request has received from 95 healthcare facilities out of which 65 have been certified till date and rest is under process.



#### IV. LAQSHYA PROGRAMME

LaQshya programme aims to reduce preventable maternal and newborn mortality, morbidity, and stillbirths; improve the quality of care during intra-partum and the immediate post-partum period in the Labour Room and Maternity Operation Theatre; enhance satisfaction of beneficiaries, provide positive birthing experience and Respectful Maternity Care to all pregnant women receiving care in public health facilities.

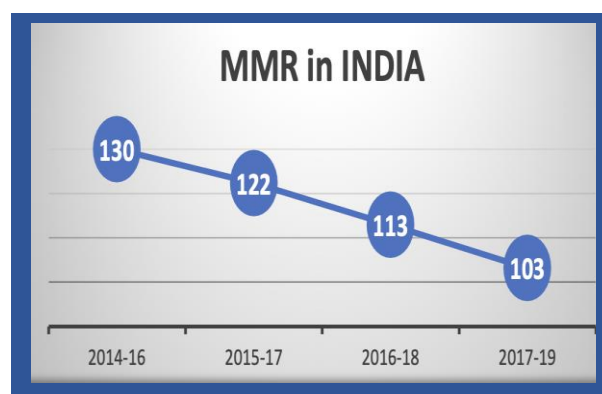


Fig IV.1: Maternal Mortality Ratio (SRS 2017-19)

The Sustainable Development Goal Target 3.1 aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. MMR of India has declined to 103 per 1,00,000 Lakh live births (SRS 2017-19) from 113 per 1,00,000 live births (As per SRS 2016-18) (Refer to Figure IV.1). The LaQshya programme under the umbrella of the National Health Mission played a significant role in the declined MMR in India through increasing births assisted by a skilled provider.

#### Status of LaQshya Certification under the National Quality Assurance Programme

Since the inception of the programme, a total of 1328 applications have been received for the NQAS national certification of Labour Room (LR) and Maternity Operation Theatre (MOT) under LaQshya. Among those 563 Labour Rooms and 440 MOT have been National Quality certified under LaQshya, which includes both fully certified and certified with conditionality LR and MOT respectively. The validity for full certification is 3 years whereas certified with conditionality is valid for a period of one year.

LaQshya (Till 30th June 2022)	Application Received	Facilities Assessed	Certified (Full certified + conditionality)
LR	730	721	563
MOT	598	591	440

Table IV.1 Status of Applications under LaQshya

As mentioned in table IV.1, a total of 721 LR & 591 MOT was assessed out of a total of 1328 applications received i.e., 730 for Labour Room and 598 for Maternity Operation Theatre. Few applications were reverted due to incompliance in the submitted documents. These 1328 applications include LR and MOT at all levels of facilities medical colleges, District Hospitals, Sub-district hospitals, and Community Health Centre. Incentivization under LaQshya has been revised that quality certified under LaQshya facilities will be awarded incentives for three years subject to the three criteria, a) Annual validation of Quality Standards for subsequent two years and submission of surveillance assessments; b) Meeting the targets defined in Annexure C of LaQshya Guidelines; c) 80% of the beneficiary are either satisfied or highly satisfied. (Refer to Annexure E)

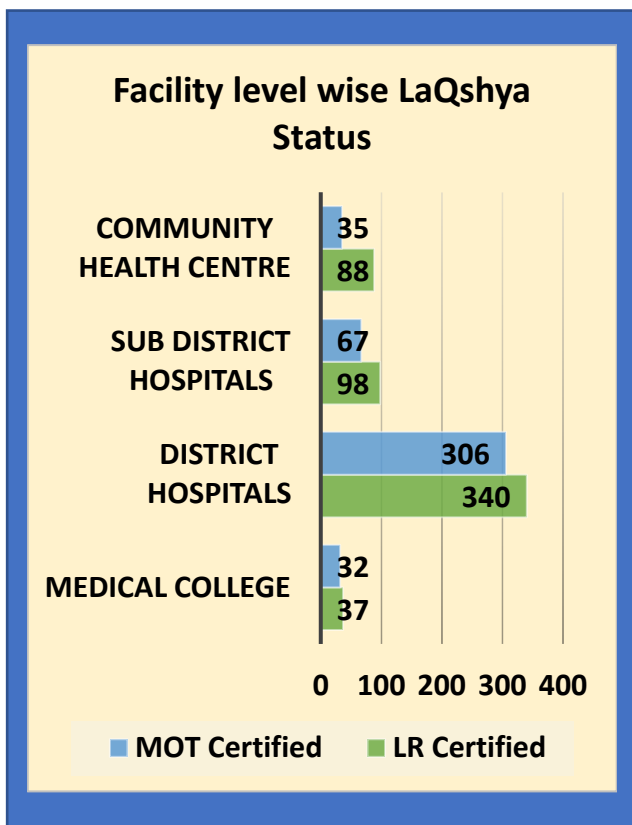


Figure IV.2 Facility level wise LaQshya Status (Till June 30, 2022)

In India, District Hospitals are the most LaQshya certified at national level with 340 Labour room NQAS national certified and 306 Maternity Operation Theatre NQAS national quality certified under LaQshya. Whereas medical colleges have the least certifications with 37 Labour Room and 32 Maternity Operation Theatre NQAS national certified under LaQshya. The facility level wise distribution of both LR & MOT till June 30,2022 is represented in Figure IV.2. It can be observed that the number of LR and MOT Quality certifications varied, as in many states and UTs, services provided in labour room are quality certified but maternity OT were not progressed to achieve the quality certified status. This situation defeats the purpose of LaQshya initiative. Hence, following decisions are taken by AS&MD:

1. Under the 'Laqshya initiative', only those facilities would be taken which have functional LR and MOT. Such facilities would be able to provide comprehensive emergency obstetric care.
2. The facilities would be encouraged to apply for simultaneous LaQshya certification of LR & MOT as well.

3. If the State/UT has applied for certification of only one department or only one department has successfully completed the certification assessment, such certification would be provisional. The remaining department must attain the LaQshya certification within one year. Failing this the provisional certification of one department is liable to be suspended. (Refer to Annexure F)

The COVID 19 hampered the exponential growth towards achieving the quality under LaQshya in 2020-21. Financial year-wise progress of LaQshya programme in terms of Quality certification for Labour Room and Maternity Operation Theatre is shown in Figure IV.3.

In India, since the inception of LaQshya programme, Maharashtra has the most quality certified Labour Rooms i.e., 70, till June 2022. Whereas Madhya Pradesh has achieved quality certification under LaQshya of 76 MOT which is highest in the country till June 2022. The state-wise status of quality certification under LaQshya is shown in Figure IV.4. Also, State-wise comparison of certification achieved for LR and MOT is shown in Figure IV.5 and IV.6, respectively.

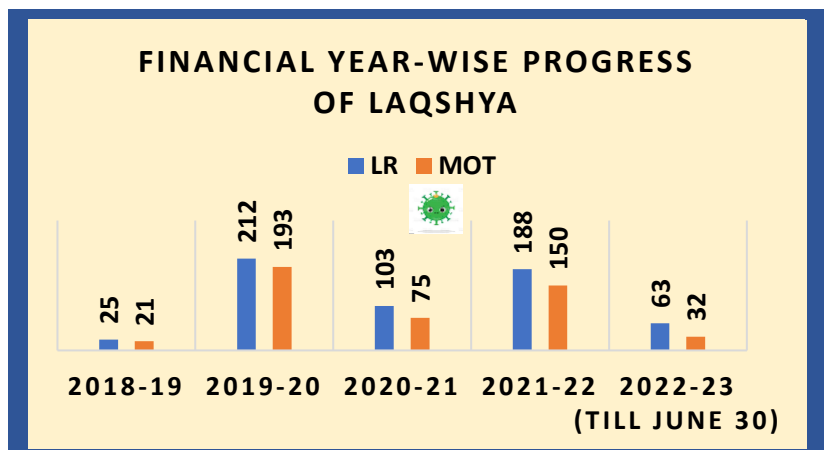


Figure IV.3 Financial year-wise Progress status of LR & MOT



(Till June 30, 2022)

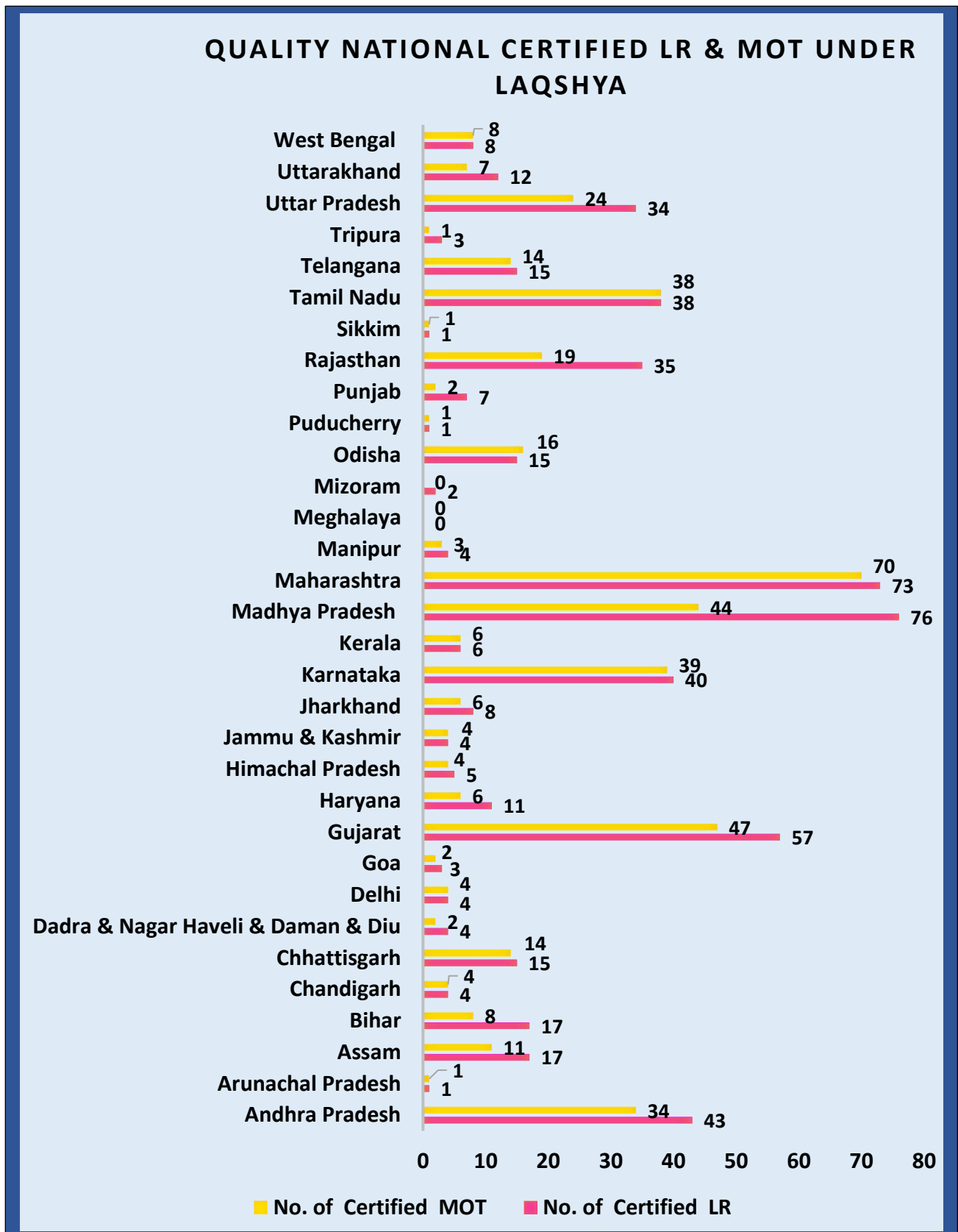
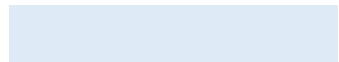
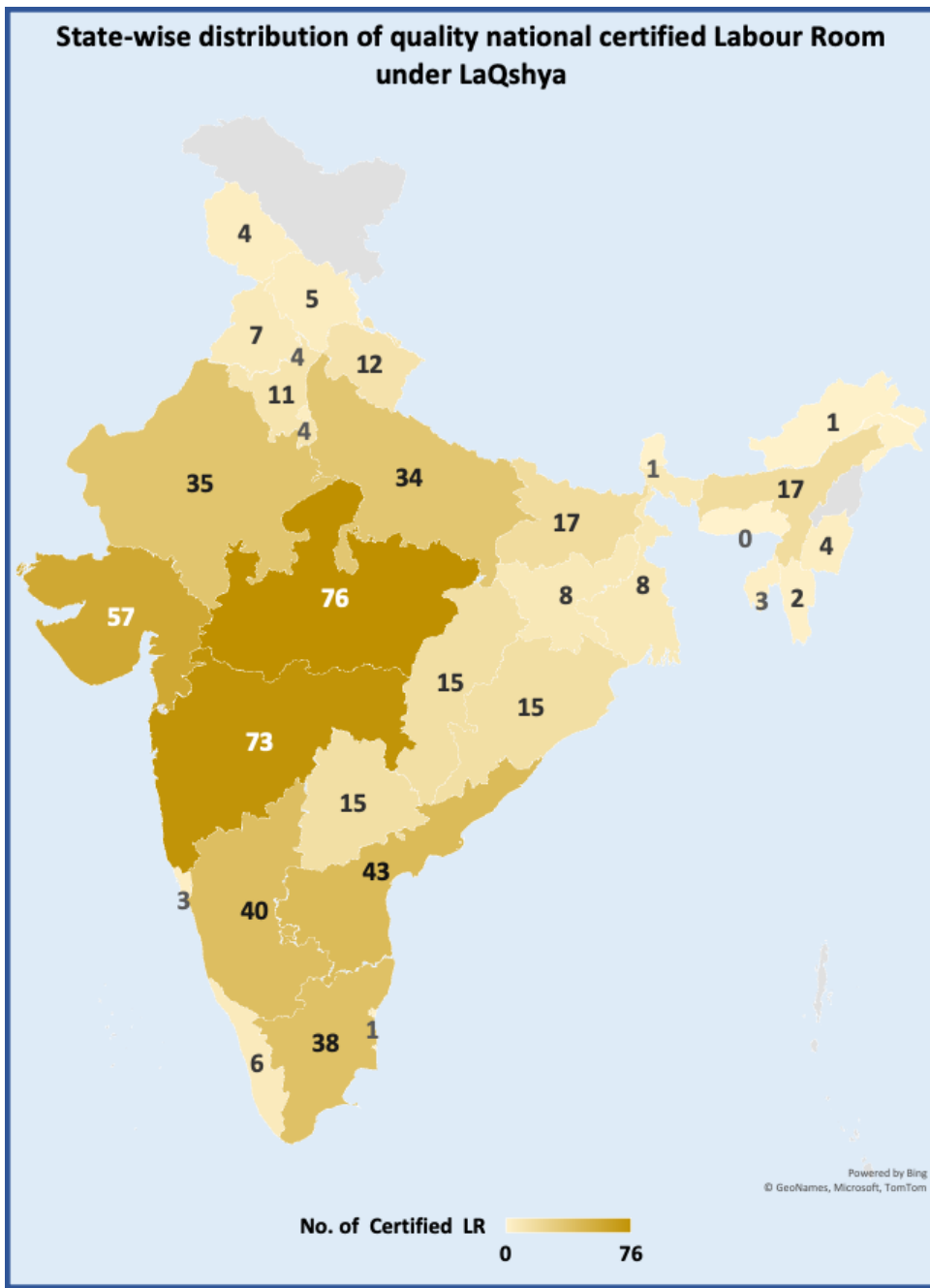


Figure IV.4 State-wise distribution of quality national certified LR and MOT under LaQshya (Till 30<sup>th</sup> June 2022)



*Figure IV.5 State-wise distribution of quality national certified LR under LaQshya (Till 30<sup>th</sup> June 2022)*

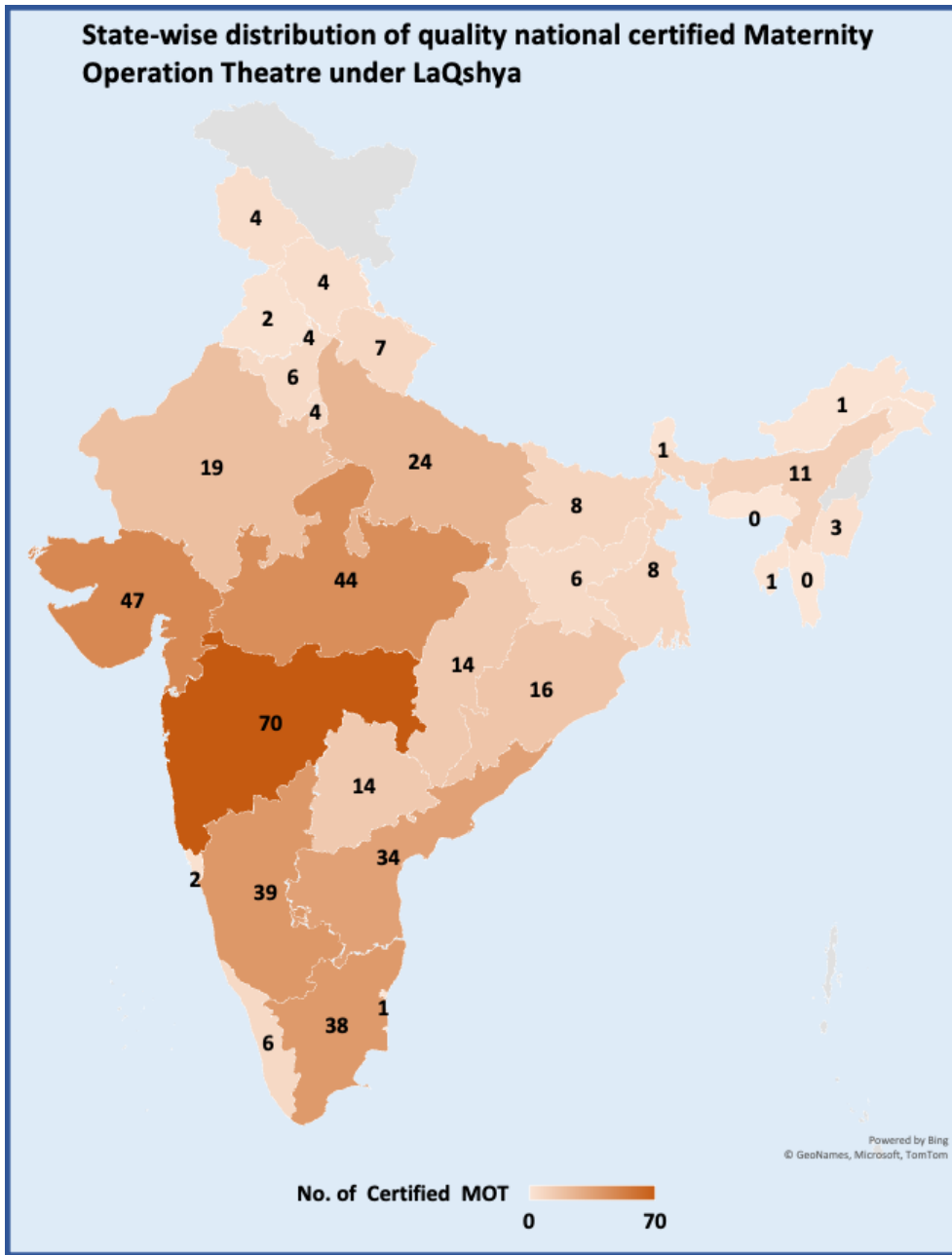


Figure IV.6 State-wise distribution of quality national certified MOT under LaQshya (Till 30<sup>th</sup> June 2022)

## V. KAYAKALP AWARD SCHEME

Since the advent of the Kayakalp scheme in 2015, the initiative has been successfully implemented by all the States and UTs. Over the years, the scheme has been able to demonstrate a change in public perception towards the public health facilities and shown remarkable improvement in the cleanliness and hygiene practices in the public health facilities. The Kayakalp scheme has been adopted by all level of facilities, from central government institutes to DH, CHC, PHC and HWC SC. The number of participated facilities also increased exponentially from 722 in FY 2015-16 to 43029 in FY 2021-22. As

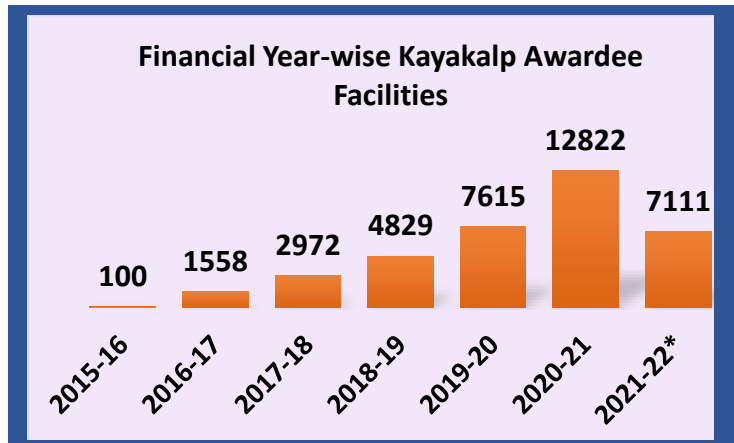


Figure V.1: Financial Year-wise No. of Kayakalp Incentivized facilities

\*Data from 24 states and UTs.

The results for the Financial Year 2021-22 have been declared by 24 states and UTs, 12 States and UTs have not declared the results, Andaman & Nicobar Islands, Chhattisgarh, Himachal Pradesh, Ladakh, Karnataka, Lakshadweep, Maharashtra, Manipur, Nagaland, Rajasthan, Telangana and West Bengal.

The Eco-Friendly Healthcare Facilities award scheme was introduced under Kayakalp in 2020, the State and UTs have initiated the assessments for the eco-friendly theme as an extended component of the Kayakalp assessment tool. For this FY 2021-22, till June 2022, 12 District Hospitals and 15 Sub-District Hospitals or Community Health Centres have been incentivized under the Eco-friendly Award Scheme within 24 States and UTs that have declared their results. State and Category wise details of Kayakalp incentivized facilities in FY 2021-22 is mentioned Annexure G.

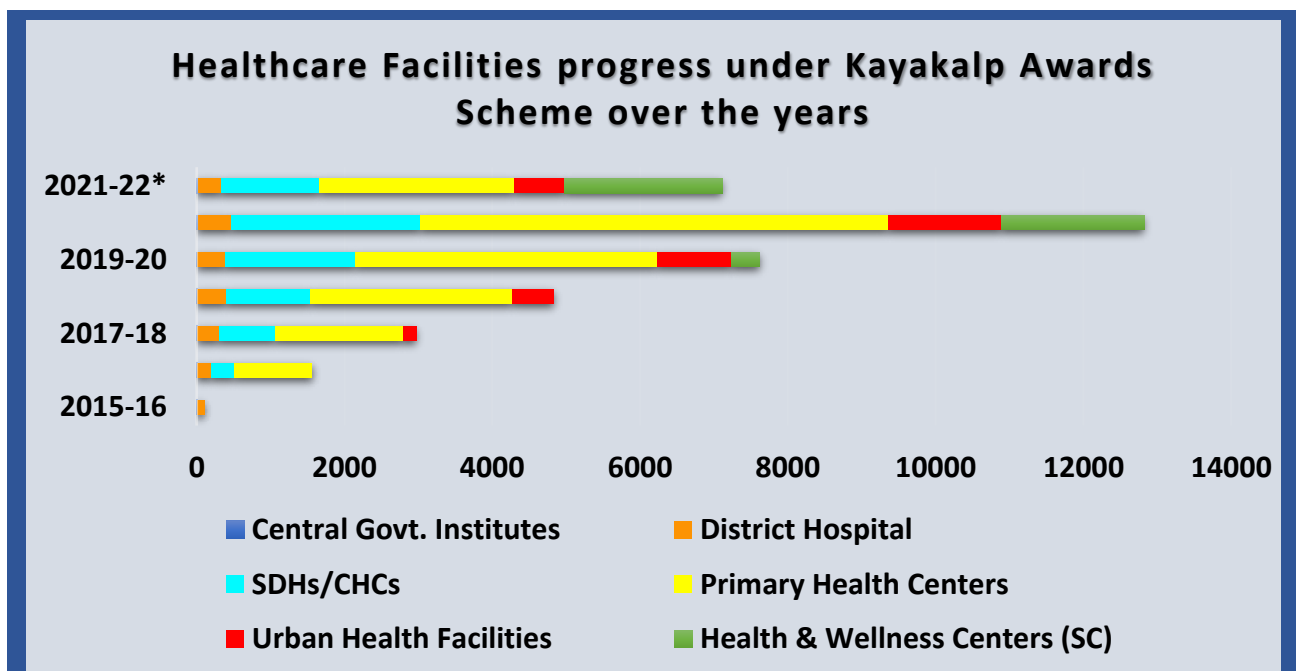


Figure V.2 Number of Healthcare Facilities incentivized under Kayakalp award scheme over the years.  
\*Data from 24 states and UTs.

## NUMBER OF KAYAKALP AWARDEE FACILITIES 2021-22\*

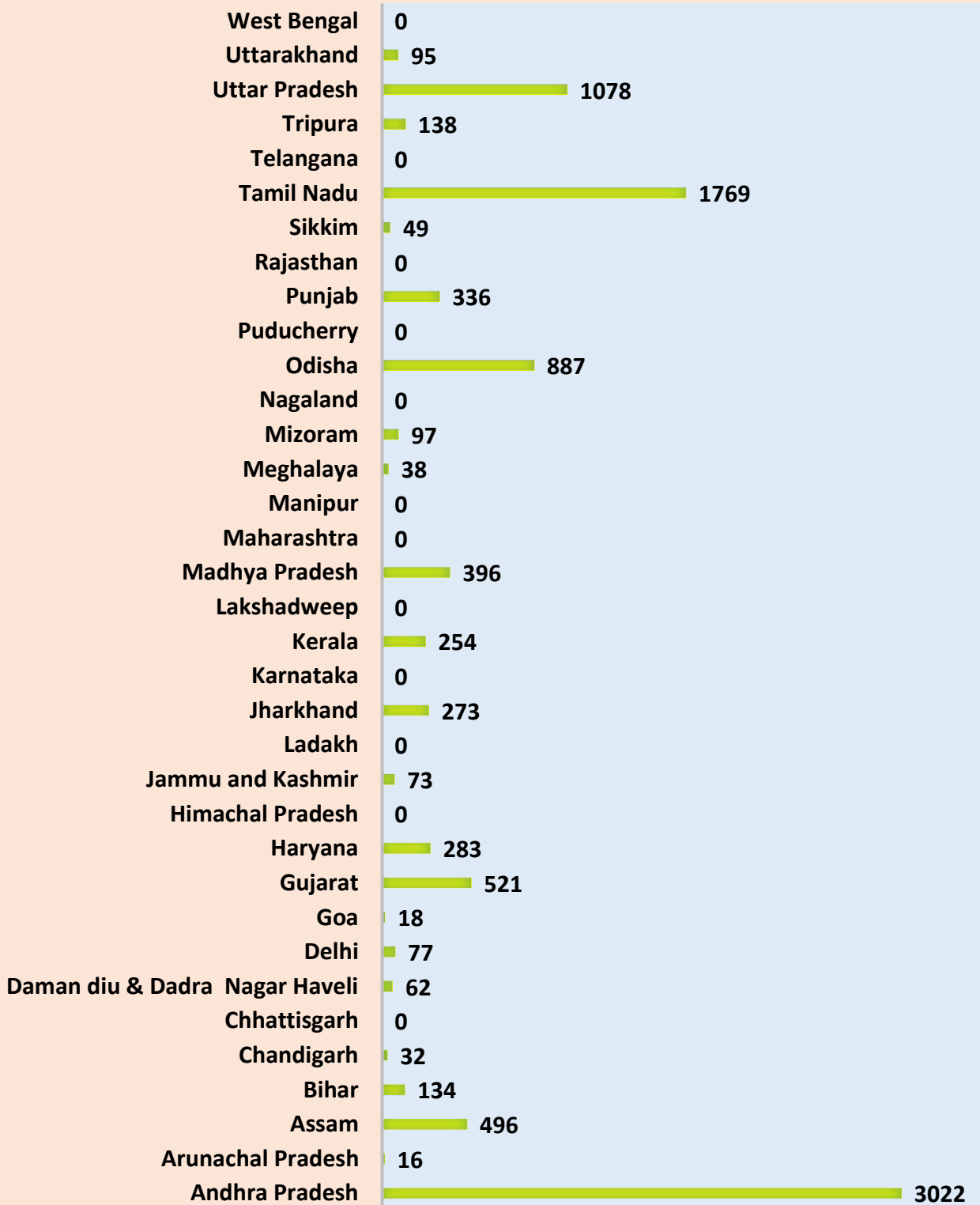


Figure V.3 Kayakalp Incentivized facilities for FY 2021-22

\*Data from 24 states and UTs.

## VI. SWACHH SWASTH SARVATRA (SSS)

SSS programme launched in December 2016, India has stepped forward with an aim to achieve the goals of Swachh Bharat Abhiyan. CHC/UHC and UPHC are financially supported under this programme are provided with the one-time financial support of Rs10 lakhs and Rs 50,000 respectively. Financial support is provided to those facilities that have not been supported financially in previous years and the facilities that have not been awarded under the Kayakalp award scheme. The aim is to support the respective facilities to achieve a minimum 70% benchmark under Kayakalp Scheme. One of the prime objectives of the SSS was to enhance the involvement of public health care facilities and Panchayati Raj Institutions (PRI) in community cleanliness and sanitation through a participatory approach and transformative development by providing them resources to ensure that the health facilities attain Kayakalp standards.

Total 636 facilities were supported in FY 2017-18 and 349 in FY 2022-24\* (Refer to figure VI.1). On an average 13 months is taken by the CHC to achieve Kayakalp award after receiving the SSS funds.

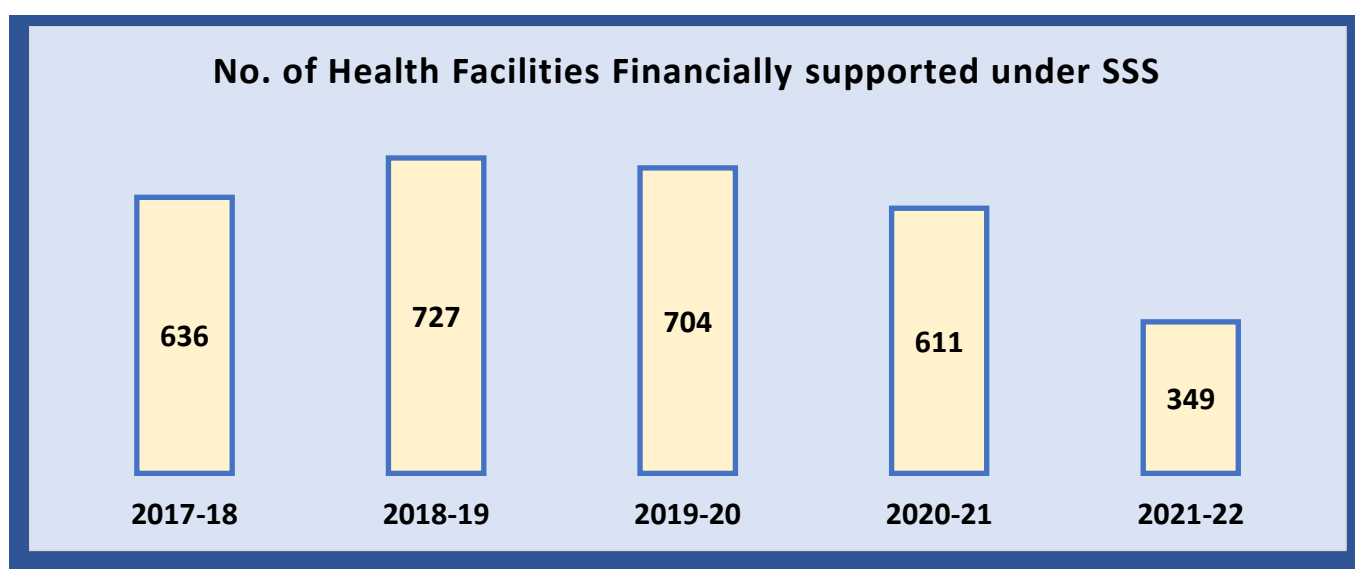


Figure VI.1 Number of Health facilities incentivized under SSS Scheme as per ROPs.

\*Data as per 19 States/UTs ROP.

## VII. TRAINING AND CAPACITY BUILDING

With the program's expansion and the country's willingness to provide quality care services, the need for training and capacity building has increased many folds. Also, to achieve the targets given by the Government of India to quality-certified the public health facilities in the respective states (Refer to Annexure H), it is necessary to strengthen the capabilities of the different stakeholders for the effective implementation of the programme. The number of training days of the respective training modules varies as per the type of training- Awareness Training (1 Day), Internal Assessor Training (2 Days), Service Provider Training (3 Days), Internal Assessor Training cum Service Provider Training (3 Days), Other Thematic Training (Varies from 1-3 Days).



A total of 612 trainings have been conducted till June 2022 which includes both physical as well as virtual trainings (Refer to Figure VII.1). With the relaxation in travel norms after the second wave of COVID 19, physical trainings were started with due congruence from the states. Out of total 612 trainings, 440 relates to NQAS (Refer to figure VII.1.2) which includes Awareness trainings, Service Provider, Internal assessors trainings, External assessors trainings, Refresher training (as mentioned in Table VII.1). With the launch of NQAS for HWC SC, orientation trainings have also been conducted for HWC SC. Awareness trainings have also been conducted for Kayakalp and NUHM and Orientation training for LaQshya programme.



Figure VII.1: Cumulative number of trainings conducted (Financial year wise)

A pool of External, as well as internal assessors, has been created for assisting the states in the assessment of the health facilities, identification of gaps, analysis, prioritization, and action planning for gaps. The internal assessors are utilized by the respective state for the internal assessment at the district level whereas external assessors are also utilized for the external assessment at the national level. Currently, there are 4959 Internal Assessors in the country which varies from State to state i.e., 492 Internal Assessors in Tamil Nadu followed by 336 in Rajasthan and no Internal Assessor in Andaman & Nicobar Islands. (Refer to Annexure I). The total number of External Assessors are 756. Out of which, 650 are from State Governments and 106 are non-Governments/private sector. (Refer to Annexure J)

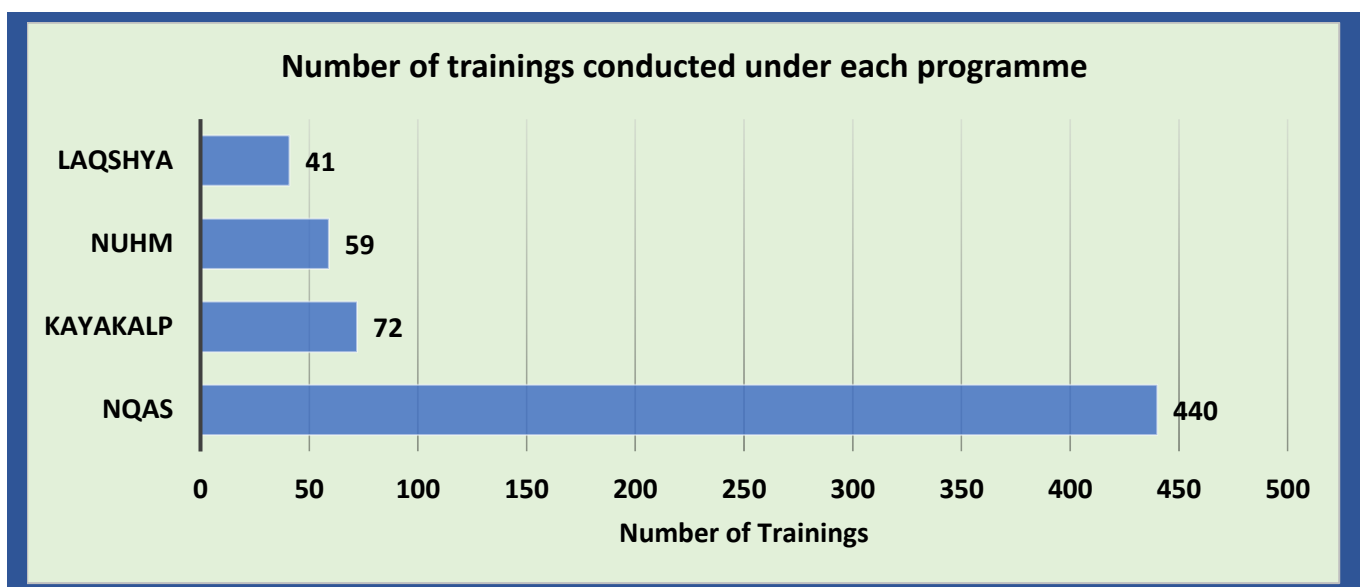


Figure VII.2: Programme wise distribution of trainings

The trainings are divided into four category as per the programme, NQAS, Kayakalp, NUHM and LaQshya. These are further categorized into different types. The number of trainings conducted

under National Quality Assurance Standards are 440, which has 160 Internal Assessors training, 105 Service Provider Training conducted countrywide under NQAS so far. Orientation training for HWC SC has also been commenced. Under Kayakalp Programme, 26 External Assessors training, 24 Awareness training and 22 Swachh Bharat Abhiyan Training have been conducted so far. Whereas under NUHM, 46 Internal Assessor cum Service Provider Training and 13 Awareness Training have been conducted. 41 Orientation Training have been conducted under LaQshya (Refer to table no. VII.1) These trainings are conducted as per States/UTs requests and requirements.

Name of the Programme	Type of the Training	Number of Trainings (as on 30 <sup>th</sup> June 2022)
<b>NQAS</b>	Awareness Training	<b>44</b>
	Service Provider Training	<b>105</b>
	Internal Assessors Training	<b>160</b>
	External Assessors Training	<b>20</b>
	HWC (SC) Orientation Training	<b>1</b>
	Others	<b>110</b>
<b>Kayakalp</b>	Awareness Training	<b>24</b>
	External Assessors Training	<b>26</b>
	Swachh Bharat Abhiyan Training	<b>22</b>
<b>NUHM</b>	Awareness Training	<b>13</b>
	IA cum SPT	<b>46</b>
<b>LaQshya</b>	Orientation	<b>41</b>

*Table VII.1: Total no. of training conducted under the National Quality Assurance Programme (till 30<sup>th</sup> June 2022)*

The number of trainings conducted countrywide varies across the country. The highest number of trainings 38 have been conducted in the State of Uttar Pradesh followed by 35 in Madhya Pradesh and 30 in Bihar. No training has been conducted in Ladakh till June 2022 and only 1 training has been conducted in Andaman & Nicobar Islands (Refer to figure VII.3). Number of trainings among different programs also varies in the states (Refer to figure VII.4). The maximum no. of NQAS training i.e., 26 have been conducted in Madhya Pradesh whereas a maximum number of training for Kayakalp i.e., 9 have been conducted in Uttar Pradesh. Whereas LaQshya training is conducted in Madhya Pradesh the maximum i.e., 4 and NUHM 8 Trainings have been conducted in the State of Odisha followed by 6 in Madhya Pradesh. Certified external assessors need to refresh and update their knowledge with time, hence, required to go through refresher training after three years of their service as external assessors. 20 batches of refresher training have been conducted so far in which 1171 participants have been attended the refresher training. The detailed number of training in different programs statewide is mentioned in Annexure K.

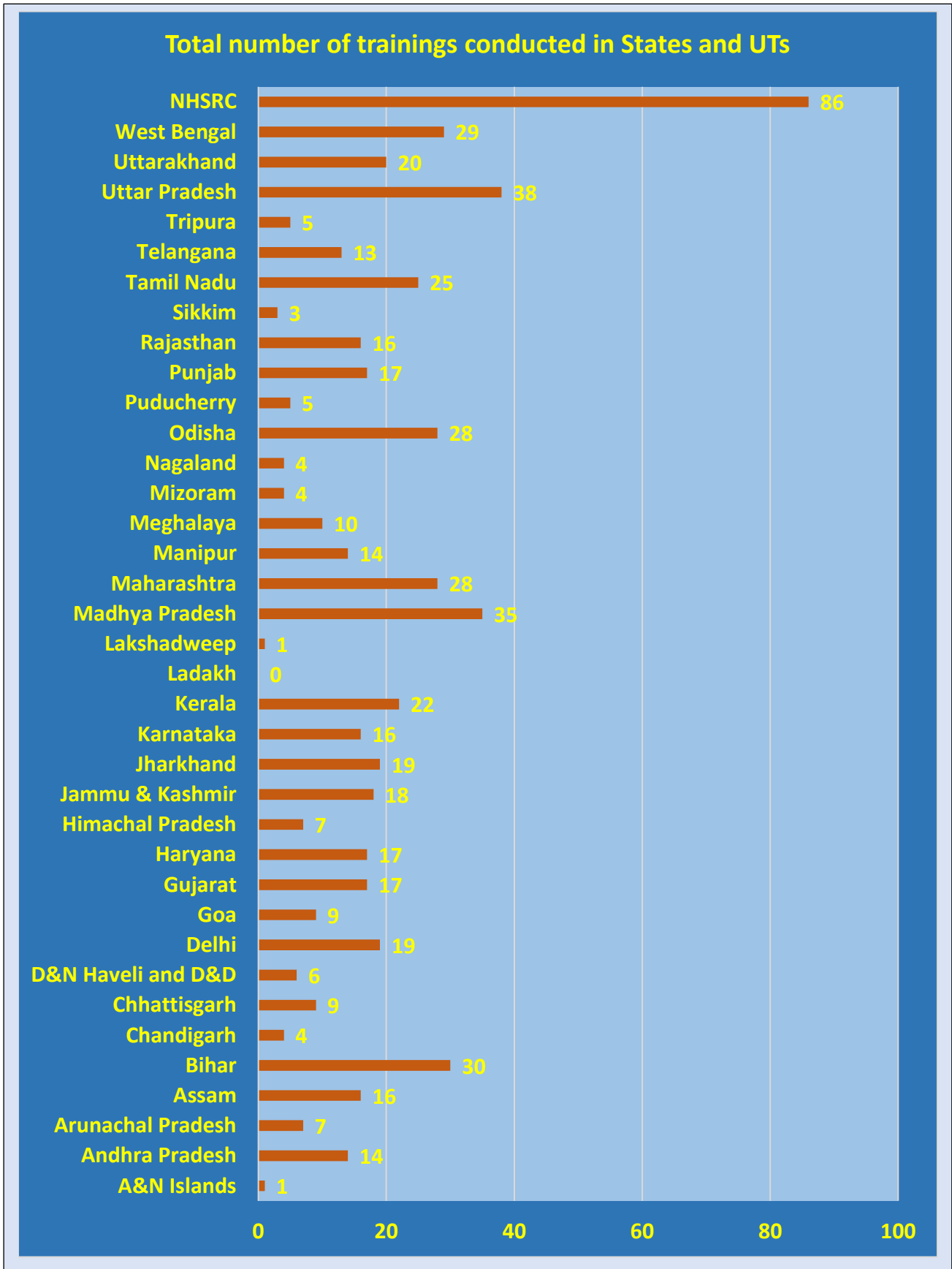


Figure VII..3 State wise distribution of training conducted

### State-wise Number of trainings conducted under different programs

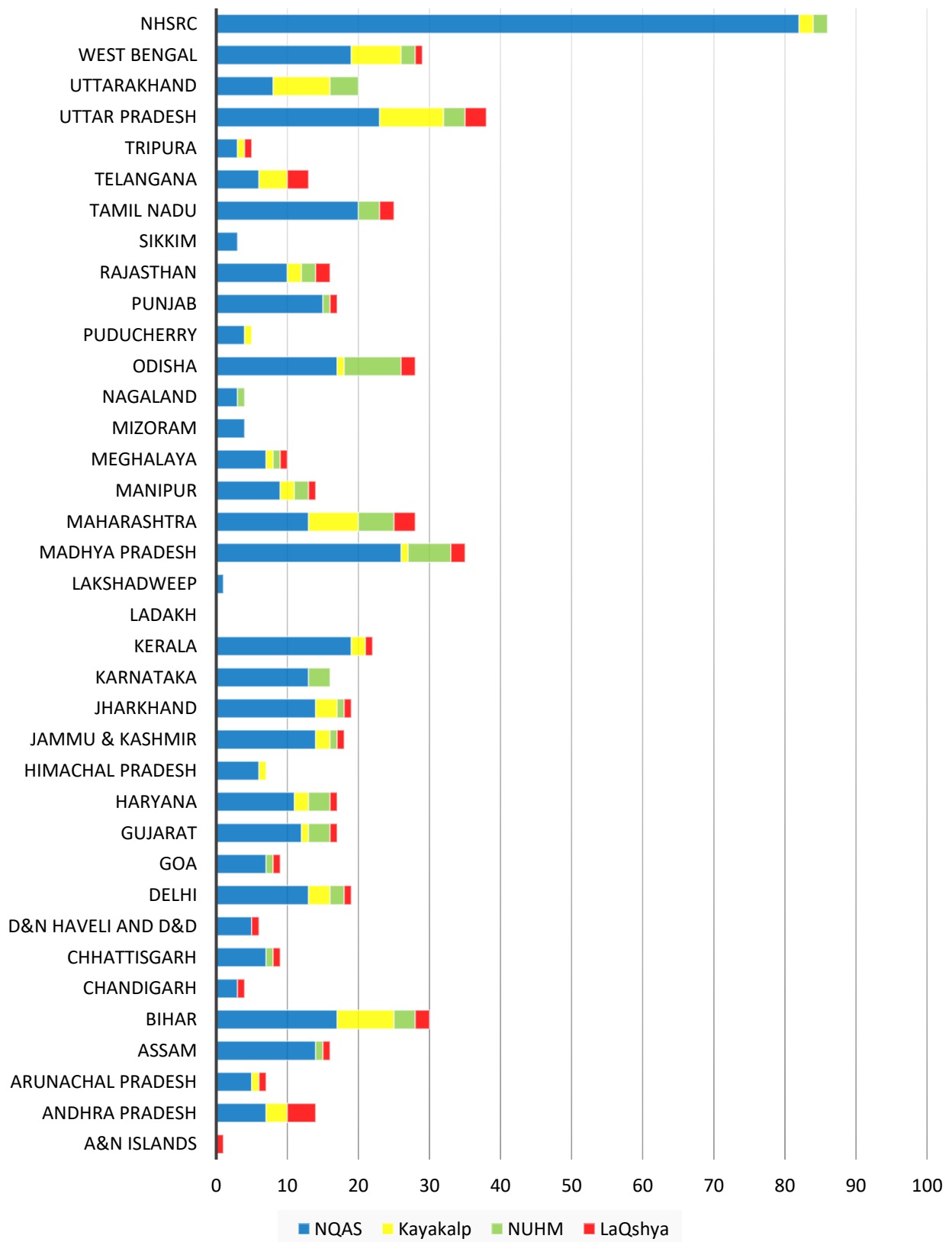


Figure VII.4 State wise distribution of the programs trainings conducted

## **VIII. CONCLUSION**

Over the years, the Quality initiative has been well adopted in the country and it has benefitted the healthcare system of the country. It is the combined efforts of all the stakeholders who handhold to overcome many milestones. Quality and patient safety is a continual process which involves continuous monitoring and need-based interventions. National Quality Assurance Programme has expanded its scope since its inception as per the everchanging needs and requirements. Quality Darpan as the bi-annual update endeavours the States and Union Territories for the successful implementation of the various schemes of the National Quality Assurance Programme.

# ANNEXURES

Annexure A

S-12012/183/2022-NHA(Pt.I)  
Government of India  
Ministry of Health and Family Welfare  
(National Health Authority)

3<sup>rd</sup> Floor, Tower-1, Jeevan Bharti Building,  
Connaught Place, New Delhi-110 001.

Dated: 01.02.2022

## OFFICE MEMORANDUM

**Subject: 15% incentive on health benefit packages under AB PM-JAY for National Quality Assurance Standards (NQAS) National level certified under AB PM-JAY- reg.**

It has been decided, with the approval of the Governing Board of NHA, to provide 15% incentive over above existing health benefit package rate for National Quality Assurance Standards (NQAS) National level certified public hospitals. Hospitals eligible for both NABH and NQAS related incentive will be incentivized under NAQS only.

2. SHAs are requested to share their concurrence for enabling this incentive for public hospitals in their jurisdiction. Along with the concurrence, list of public hospitals having NQAS National level certification in respective State/UT may be shared for integrating this incentive on AB PM-JAYIT platform.
3. States/ UTs who are using their own IT system may make relevant changes to enable the incentive. NHA will also explore the option of the API integration with the NQAS certification portal being developed by NHSRC.
4. This incentive will be applicable from 1<sup>st</sup> April, 2022.
5. This issues with the approval of competent authority.

  
(Sraddha Paul)

Deputy Director, Admin

To

Addl. Chief Secretary / Principal Secretary (Health & Family Welfare) – All States / UTs implementing AB PM-JAY

### Copy To:

1. Chief Executive Officer, State Health Agency (All States and UTs)
2. PPS to CEO, NHA
3. PS to Addl. CEO, NHA
4. PS to Dy. CEO, NHA





विकास शील, भा.प्र.से.  
**Vikas Sheel, I.A.S.**

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)  
Additional Secretary & Mission Director (NHM)



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

D.O.No. NHSRC/13-14/QI/01/QAP  
Date: 21<sup>st</sup> March 2022

*Dear Colleague,*

**Subject: NQAS Certification of Public Health Facilities**

For achieving improved health outcomes, it is imperative that all beneficiaries who visit the public health facilities have positive experience, while receiving high quality patient centric care. Implementation of National Quality Assurance Standards (NQAS) at the health facilities would be pivotal in this direction.

You are requested to refer to Union Health Secretary DO letter Z-10815/26/2020-NHMII dated 1<sup>st</sup> October 2021, wherein, all the States and UTs have been advised to develop a roadmap for the quality certification of the public health facilities, so that at least 50% of public health facilities are NQAS certified by 2025-26. You may also be aware that w.e.f. 1<sup>st</sup> April 2022 NQAS certified facilities will be eligible to receive 15% incentive over and above the existing health benefit package rate under the AB-PMJAY.

Quality certification assessment process is a 2-stage activity, with initial certification at the state level followed by the national certification of state certified facilities. In this reference, you are requested to refer to this Ministry letter no. 10(3)/2014-NRHM-Ipt(P-3061261) dated 8<sup>th</sup> August 20016.

For mobilising the NQAS implementation support, the states should also identify reputed institutions and professionals, who have knowledge and skill to render such support in the state. For creating a pool of quality professionals in the country, National Health Systems Resource Centre (NHSRC) and Tata Institute of Social Sciences Mumbai have developed a 2-semester collaborative program on the Health Quality. I would urge all the states to nominate suitable personnel for this programme and utilize them subsequently.

State's programme officers, medical officers, nursing professionals and other categories of staff, who are empaneled with NHSRC as NQAS external assessors, are also expected to visit other states to make an independent evaluation for the national quality certification. The state may grant permission to the empaneled external assessors of the state to undertake the travel, as and when, such requests are made by the NHSRC.

After achieving the nationally certified status, the health facilities are expected to undergo the state level surveillance audit every year during the subsequent two years. Please ensure that such audits are conducted regularly and assessment reports are shared with the National Health Systems Resource Centre.

**स्वच्छ भारत - स्वस्थ भारत**

Tele : 011-2306 3693, Telefax : 011-2306 3687, E-mail : sheelv@ias.nic.in

**D.O.No. NHSRC/13-14/QI/01/QAP**

: 2 :

NQAS and LaQshya certificates, bearing signatures of state officials, act as motivators for the facilities. Certificates issued to the states should have signature blocks of ACS Health/Principal Health Secretary and State's Mission Director. I would request you to sign the certificates and hand them over in an appropriate ceremony. Appropriate IEC activities may also be planned for branding of the NQAS certification in the state.

We look forward to your continued commitment for getting maximum number of Health facilities becoming NQAS certified. This would go a long way in reposing trust of public in Public Health Facilities.

*warm regards*

Yours sincerely,

  
(Vikas Sheel)

To,  
**Addition Chief Secretary/ Principal Secretary/ Secretary, Health - All States/UTs**

Copy to:

- Mission Director NHM - All States/UTs
- Executive Director – NHSRC



विकास शील, भा.प्र.से.  
Vikas Sheel, I.A.S.

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)  
Additional Secretary & Mission Director (NHM)



भारत सरकार  
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निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

**D.O.No. NHSRC/13-14/QI/01/QAP**

**Date: 23<sup>rd</sup> March 2022**

**Subject: NQAS State Certification of Public Health Facilities**

*Dear Colleagues,*

You are requested to refer to Union Health Secretary's D.O. letter No. Z/18015/26/2020-NHM-II dated 1st Oct. 2021, wherein the states have been advised to have at least 50% of public health facilities quality certified to the National Quality Assurance Standards by the year 2024-25. It is heartening to note that many states have put definite road map in place.

In this context, it is important to note that NQAS certification is a two stage activity, initially the state certification followed by the national certification. In this reference, you are requested to refer to this Ministry letter no. 10(3)/2014-NRHM-Ipt(P-3061261) dated 8<sup>th</sup> August 2016, wherein protocol for the state certification has been defined.

It has come to our notice that in many states the applications for the national certification are being submitted without prior physical assessment of the health facility for the state certification. This practice is not in consonance with the guidelines.

Following protocol is hereby re-emphasized for the state and national level certification.

1. Gunak app. was developed for having paperless assessment of the health facilities. All the health facilities are mapped in the app. For any updation pertaining to the mapping, Quality & Patient Safety Division at NHSRC may please be contacted.
2. The app. has been strengthened to include feature of geotagging of the health facilities. W.e.f. 1st April 2022, all assessments need to be conducted through the app. only.
3. All applications for the national assessment will also carry approved state certification assessment report, as per Annexure 'B' of MoHFW letter no. 10(3)/2014-NRHM-Ipt(P-3061261) dated 8<sup>th</sup> August 2016.
4. The assessment report should have evidence of actual assessment by the state team. This evidence could be in form of photographs of assessment process.

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**D.O.No. NHSRC/13-14/QI/01/QAP**

:2:

5. A separate logo for state NQAS certified facilities is being developed. The facilities should be encouraged to use the logo in branding the State certified status.

Please note that only state certified facilities are eligible for the National certification. State's programme team may please refer to 'Operational Guidelines for Improving Quality in Public Health Facilities 2021' and 'Guidelines for Certification of Public Health Facilities'.

It is requested that suitable instructions may be issued to all concerned in this regard.

*warm regards*

Yours sincerely



**(Vikas Sheel)**

To,  
**Additional Chief Secretary/Principal Secretary/Secretary, Health - All States/UTs**

Copy to:

1. Mission Director NHM - All States/UTs

State & Category-wise distribution of NQAS Certified Public Health Facilities in India (Till 30th June 2022)							
States	DH	SDH	CHC	PHC	UPHC	H&WC	Grand Total
Andhra Pradesh	9	16	21	362			408
Arunachal Pradesh				1			1
Assam	2			5	1		8
Bihar	1			1			2
Chandigarh					2		2
Chhattisgarh	10		7	26	12		55
Delhi	8				2		10
Dadra & Nagar Haveli	3	1	2	7			13
Goa			1				1
Gujarat	8	1	4	174	21	1	209
Himachal Pradesh	1		1				2
Haryana	12	1	6	97	15		131
Jharkhand	1						1
Jammu & Kashmir	3		1	2			6
Karnataka	8		3	25	9		45
Kerala	6	7	9	110	41		173
Madhya Pradesh	8			7	1		16
Maharashtra	1	1	1	53			56
Manipur	2			1			3
Meghalaya				2			2
Mizoram	1				1		2
Nagaland				1	3		4
Odisha	2		4		15		21
Punjab	11	1	1	1	3		17
Rajasthan	7	2	10	22	3		44
Sikkim				1			1
Tamil Nadu	21	29	41	58	5		154
Telangana	7	3	1	137	14		162
Tripura		1		6	1		8
Uttar Pradesh	40		8	17	1		66
Uttarakhand	2	1		1			4
West Bengal	5	1	6				12
<b>Grand Total</b>	<b>179</b>	<b>65</b>	<b>127</b>	<b>1117</b>	<b>150</b>	<b>1</b>	<b>1639</b>





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Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

रोली सिंह, भा.प्र.से.

**Roli Singh, I.A.S.**

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)  
Additional Secretary & Mission Director (NHM)

D.O. No. NHSRC/18-19/QI/01/LaQshya  
Dated the June 14,2022

*Dear Colleagues,*

LaQshya program was launched on 11<sup>th</sup> December'2017, with an aim to improve the Quality of care around birth and accentuating respectful maternal care in public health facilities. As per the LaQshya guidelines, Quality certification assessment is conducted on the similar lines of NQAS. Departments achieving Quality certification, meeting the outcome indicators and ensuring beneficiary satisfaction are incentivized.

In the 7<sup>th</sup> CQSC meeting, it has been directed that LaQshya certified facilities will be awarded incentives for three years subject to the below given criteria –

- Annual validation of Quality Standards for subsequent two years and submission of yearly surveillance assessment report
- Meeting the targets defined in the Annexure C of LaQshya guidelines
- 80% of the beneficiary are either satisfied or highly satisfied

States/ UTs may propose their incentives through the Supplementary PIP.

*with regards.*

Yours sincerely,

*Roli Singh*  
(Roli Singh) 14/6/22

**Mission Director, NHM- All States/ UTs**

Copy to:-

- Nodal Officers – Quality and Maternal Health – All States/ UTs.**

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**Vikas Sheel, I.A.S.**

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)  
Additional Secretary & Mission Director (NHM)



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निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

**D.O. No : NHSRC/18-19/QI/01/LaQshya**  
**Date: 25 March 2022**

*Dear Colleague,*

LaQshya initiative was launched in December 2017 with an objective of providing high quality obstetrics care including provision of quality emergency services around birth at high case load facilities. Key interventions under the initiatives include NQAS certification of labour room and maternity OT with delivery of respectful maternity care.

It is observed that in many states, services provided in labour room have been LaQshya certified but similar attention has not been given for improvement in maternity OT services.

This situation defeats the purpose of LaQshya initiative. Hence following decisions have been taken overall programme.

1. Under the 'LaQshya Initiative', only those facilities would be taken which have functional Labour room and Maternity OT. Such facilities should be in a position to provide comprehensive emergency obstetric care.
2. The facilities would be encouraged to apply for simultaneous LaQshya certification of Labour room and Maternity OT as well.
3. If the state has applied for certification of only one department or only one department has successfully completed the certification assessment, such certification would be provisional. The remaining department must attain the LaQshya certification within one year. Failing which the provisional certification of one department is liable to be suspended.

State/UTs are requested to adhere to the above-mentioned protocol pertaining to the certification process under the LaQshya.

*Warm regards*  
Yours Sincerely,

  
(Vikas Sheel)

To,

**ACS-Health/Principal Secretary Health - All States/UTs**

Copy to:

**Mission Director NHM - All State/UTs**

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**Kayakalp Incentivized Facilities 2021-22**

**Annexure G**

Name of State/UT	DH	SDH	CHC	PHC	UPHC	UHC	HWC	Eco-friendly DH	Eco-friendly SDH/CHC	Total awardee facilities
<b>Andaman &amp; Nicobar Islands</b>										
<b>Andhra Pradesh</b>	14	43	110	754	201	0	1898	1	1	3022
<b>Arunachal Pradesh</b>	2	0	5	6	0	0	1	1	1	16
<b>Assam</b>	17	44	48	237	25	0	125	0	0	496
<b>Bihar</b>	4	7	38	36	26	0	21	1	1	134
<b>Chandigarh</b>	1	1	0	0	0	2	26	1	1	32
<b>Chhattisgarh</b>										
<b>Daman Diu &amp; Dadra Nagar Haveli</b>	2	1	3	12	0	0	44	0	0	62
<b>Delhi</b>	30	3	0	0	41	0	0	1	2	77
<b>Goa</b>	1	1	2	4	4	0	6	0	0	18
<b>Gujarat</b>	6	7	25	198	26	2	257	0	0	521
<b>Haryana</b>	12	15	32	128	53	2	39	1	1	283
<b>Himachal Pradesh</b>										
<b>Jammu and Kashmir</b>	2	0	13	30	6	0	22	0	0	73
<b>Ladakh</b>										
<b>Jharkhand</b>	10	2	22	39	14	0	184	1	1	273
<b>Karnataka</b>										
<b>Kerala</b>	9	9	14	204	18	0	0	0	0	254
<b>Lakshadweep</b>										
<b>Madhya Pradesh</b>	40	16	72	128	76	1	61	1	1	396
<b>Maharashtra</b>										
<b>Manipur</b>										
<b>Meghalaya</b>	5	0	4	19	1	0	7	1	1	38
<b>Mizoram</b>	8	0	8	46	8	0	27	0	0	97
<b>Nagaland</b>										
<b>Odisha</b>	22	20	150	423	73	3	196	0	0	887
<b>Puducherry</b>	0	0	0	0	0	0	0	0	0	0
<b>Punjab</b>	19	19	40	79	59	0	118	1	1	336
<b>Rajasthan</b>										
<b>Sikkim</b>	3	0	2	17	0	0	27	0	0	49
<b>Tamil Nadu</b>	20	137	269	738	187	6	410	1	1	1769
<b>Telangana</b>										
<b>Tripura</b>	4	5	10	45	7	0	65	1	1	138
<b>Uttar Pradesh</b>	95	0	263	208	44	2	463	1	2	1078
<b>Uttarakhand</b>	8	10	10	36	2	0	28	0	1	95
<b>West Bengal</b>										
<b>Grand Total</b>	<b>320</b>	<b>297</b>	<b>103</b>	<b>263</b>	<b>670</b>	<b>18</b>	<b>2127</b>	<b>12</b>	<b>15</b>	<b>7122</b>



राजेश भूषण, आईएएस  
सचिव  
**RAJESH BHUSHAN, IAS**  
SECRETARY



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
**Government of India**  
**Department of Health and Family Welfare**  
**Ministry of Health and Family Welfare**  
DO No. Z-18015/26/2020-NHM-II  
1<sup>st</sup> October, 2021

*Dear Colleague,*

Ministry of Health & Family Welfare has undertaken a thorough revision of Quality Assurance Framework in the Country and has finalized the revised "Operational Guidelines for Improving Quality in Public Healthcare Facilities – 2021". The Guidelines have been released by Hon'ble Union Minister of Health & Family Welfare on 17<sup>th</sup> September, 2021. Services provided by Public Health Facilities need to be bench marked against National Quality Assurance Standards which are internationally accredited by International Society for Quality in Health Care (ISQua). Formal certification against these standards assures the patients that the care delivered to them is at par with the best in country.

Ensuring Quality is also one of the focus areas of the National Health Policy (NHP-2017). The Ministry is committed to support the States/UTs in achieving the Quality certification against National Quality Assurance Standards (NQAS). Proposed targets for the State/UTs are given in Annexure-I. These targets may please be kept in mind preparing the NHM PIPs for the coming years.

For achieving these targets, you are requested to include status of NQAS certified facilities in your regular review of districts and monitoring dashboard.

In addition, following actions may be thought-of for achieving tangible progress:-

- Sensitization of District Magistrates on the Quality Assurance Program.
- Identification of the technical support institutions for harnessing their capacities for achieving quality certification for the facilities.
- Allocating targets to CMOs/Civil Surgeon (equivalent) for achieving NQAS certification of health facilities.
- Surakshit Matritva Aashwasan (SUMAN) notified facilities, LaQshya certified and Kayakalp winner facilities could be taken on priority for NQAS certification.
- Identification of individual subject matter experts who could be trained and empanelled for providing hand-holding support to the facilities.
- Strengthening the State/UT NQAS certification mechanism.
- Filling all vacant positions of state & district consultants under the National Quality Assurance Program.

Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110 011  
Tele : (O) 011-23061863, 23063221, Fax : 011-23061252, E-mail : secyhw@nic.in

Should the State need technical assistance, this Ministry/National Health Systems Resource Centre (NHSRC) may please be contacted.

*Warm Regards.*

Encl.: as above

Yours sincerely,



**(Rajesh Bhushan)**

**ACS/Pr.Secy./Secy., Health – All States/UTs**

CC to Mission Director, National Health Mission – All States/UTs

### Targets for NQAS certification of Public Health Facilities

(Denominator – Number of Institutions as per RHS 2019-20)

Level of Health Facilities	Cumulative Certified	Cumulative Certified	Cumulative Certified	Cumulative Certified	Cumulative Certification
	FY 2021-22 (Percentage)	FY 2022-23 (Percentage)	FY 2023-24 (Percentage)	FY 2024-25 (Percentage)	FY 2025-26 (Percentage)
1.District Hospital	40	50	60	70	75
2.Sub-district Hospital	12	25	40	50	60
3.Community Health Centre	12	25	40	50	60
4.Primary Health Centre	12	25	40	50	60
5.Urban Primary Health Centre	12	25	40	50	60
6.HWC (SC)	2	10	20	40	60

**State-wise List of Internal Assessors (Till 30<sup>th</sup> June 2022)**

<b>S.No.</b>	<b>Name of State</b>	<b>Total No. of Internal Assessors</b>
1	Andhra Pradesh	61
2	Arunachal Pradesh	61
3	Assam	266
4	Bihar	199
5	Chandigarh	24
6	Chhattisgarh	53
7	Dadar & Nagar Haveli and Daman & Diu	101
8	Delhi	162
9	Goa	83
10	Gujarat	77
11	Haryana	168
12	Himachal Pradesh	54
13	Jharkhand	143
14	Jammu & Kashmir	70
15	Karnataka	167
16	Kerala	118
17	Ladakh	24
18	Lakshadweep	17
19	Madhya Pradesh	326
20	Maharashtra	296
21	Meghalaya	125
22	Manipur	149
23	Mizoram	56
24	Nagaland	104
25	Odisha	97
26	Puducherry	32
27	Punjab	307
28	Rajasthan	336
29	Sikkim	60
30	Tamil Nadu	492
31	Telangana	57
32	Tripura	71
33	Uttar Pradesh	295
34	Uttarakhand	150
35	West Bengal	123
36	NHSRC	35
<b>Total Internal Assessors</b>		<b>4959</b>

State-wise List of External Assessors Till 30th June 2022	
State and UT's	Total External Assessors
Andhra Pradesh	38
Arunachal Pradesh	7
Assam	14
Bihar	11
Chandigarh	4
Chhattisgarh	10
Dadar and Nagar Haveli	2
Delhi	49
Goa	4
Gujarat	49
Haryana	34
Himachal Pradesh	6
Jharkhand	5
Karnataka	31
Kerala	42
Madhya Pradesh	23
Maharashtra	40
Meghalaya	12
Manipur	11
Mizoram	8
Nagaland	7
Odisha	10
Puducherry	3
Punjab	10
Rajasthan	17
Sikkim	4
Tamil Nadu	85
Telangana	36
Tripura	16
Uttar Pradesh	43
Uttarakhand	4
West Bengal	10
Jammu & Kashmir	8
<b>Total External Assessors State Governments</b>	<b>653</b>
<b>Non- Government</b>	<b>103</b>
<b>Total External Assessors</b>	<b>756</b>

## Annexure K

States	NQAS						Kayakalp			NUHM		LaQshya	Grand Total
	Awareness Training	Service Providers	IA	EA	HWC	Others	Awareness Kayakalp	EA	Swachh Bharat Abhiyan	Awareness UPHC	IA cum SPT for UPHC		
A&N Island	0	0	0	0		0	0	0	0	0	0	1	1
Andhra Pradesh	1	2	3	0		1	2	0	1	0	0	4	14
Arunachal Pradesh	0	2	3	0		0	0	1	0	0	0	1	7
Assam	2	3	4	0		5	0	0	0	0	1	1	16
Bihar	1	4	8	0		4	2	4	2	1	2	2	30
Chandigarh	1	0	2	0		0	0	0	0	0	0	1	4
Chhattisgarh	1	4	2	0		0	0	0	0	1	0	1	9
DNH & DD	1	1	2	0		1	0	0	0	0	0	1	6
Delhi	0	0	5	0		8	1	1	1	0	2	1	19
Goa	0	2	5	0		0	0	0	0	0	1	1	9
Gujarat	0	7	1	1	1	2	1	0	0	0	3	1	17
Haryana	3	2	6	0		0	1	0	1	1	2	1	17
Himachal Pradesh	1	2	2	0		1	1	0	0	0	0	0	7
J&K	1	7	5	0		1	0	1	1	0	0	1	18
Jharkhand	3	3	7	0		1	1	0	2	0	1	1	19
Karnataka	2	5	4	0		2	0	0	0	0	3	0	16
Kerala	3	9	5	1		1	1	1	0	0	0	1	22
Lakshadweep	1		0										1
MP	1	8	12	0		5	1	0	0	0	6	2	35
Maharashtra	0	1	10	0		2	3	2	2	2	3	3	28
Manipur	0	3	6	0		0	0	0	2	0	2	1	14
Meghalaya	0	2	4	0		1	0	0	1	0	1	1	10
Mizoram	0	1	3	0		0	0	0	0	0	0	0	4
Nagaland	1	0	2	0		0	0	0	0	0	1	0	4
Odisha	1	8	7	0		1	0	1	0	4	4	2	28
Puducherry	1	0	2	0		1	0	1	0	0	0	0	5
Punjab	3	5	7	0		0	0	0	0	0	1	1	17
Rajasthan	1	5	4	0		0	2	0	0	0	2	2	16
Sikkim	0	0	3	0		0	0	0	0	0	0	0	3
Tamil Nadu	1	3	13	1		2	0	0	0	0	3	2	25
Telangana	1	3	2	0		0	2	1	1	0	0	3	13
Tripura	1	1	1	0		0	0	0	1	0	0	1	5
Uttar Pradesh	8	5	8	0		2	1	6	2	0	3	3	38
Uttarakhand	2	1	4	0		1	2	3	3	1	3	0	20
West Bengal	2	5	6	0		6	2	4	1	1	1	1	30
NHSRC	0	1	2	17		62	1	0	1	2	1	0	87
<b>Total</b>	<b>44</b>	<b>105</b>	<b>160</b>	<b>20</b>	<b>1</b>	<b>110</b>	<b>24</b>	<b>26</b>	<b>22</b>	<b>13</b>	<b>46</b>	<b>41</b>	<b>612</b>



## List of Abbreviations

<b>AS&amp;MD</b>	Additional Secretary and Mission Director
<b>C-DAC</b>	Centre for Development of Advanced Computing
<b>CHC</b>	Community Health Centre
<b>DH</b>	District Hospital
<b>GOI</b>	Government of India
<b>HWC-SC</b>	Health & Wellness Centre-Sub Centre
<b>IA</b>	Internal Assessor
<b>IPHS</b>	Indian Public Health Standards
<b>IRDA</b>	Insurance Regulatory and Development Authority
<b>ISQua</b>	International Society for Quality in Health Care
<b>LR</b>	Labour Room
<b>MMR</b>	Maternal Mortality Ratio
<b>MoHFW</b>	Ministry of Health & Family Welfare
<b>MOT</b>	Maternity Operation Theatre
<b>MoU</b>	Memorandum of Understanding
<b>NHSRC</b>	National Health Systems Resource Centre
<b>NQAP</b>	National Quality Assurance Programme
<b>NQAS</b>	National Quality Assurance Standards
<b>NUHM</b>	National Urban Health Mission
<b>PHC</b>	Primary Health Centre
<b>PPP</b>	Public Private Partnership
<b>SDH</b>	Sub District Hospital
<b>SPT</b>	Service Provider Training
<b>SRS</b>	Sample Registration System
<b>SSS</b>	Swachh Swasth Sarvatra
<b>STG</b>	Standard Treatment Guidelines
<b>UTs</b>	Union Territories

