Quality Darpan

An update on National Quality Assurance Program.

LAQSHYA लक्ष्य

मेरा अस्पताल My Hospital

KAYAKALP कायाकल्प Rejuvenating Public Healthcare Facilities

Swachh Swasth Sarvatra
स्वच्छ भारत

1 (June'2020)

PREFACE

The vision of improving the healthcare outcomes, responsive to the needs and expectations of the people has been the pillar of the National Quality Assurance Program. The Government of India endeavour towards developing innovative solutions to long-standing challenges in order to advance and sustain the 'Quality Healthcare' and ensuring well-being of the Nation.

This document unveils an update of the National Quality Assurance Program, which has been anticipated to achieve accountable, patient-driven and quality healthcare service provision in India. The document has been prepared with an objective to provide the holistic review of the Program, so far. Beginning with the inception of Quality Era in the Indian Public Health Systems, the document provides an update on the progress of the National Quality Assurance Program, over the years. The periodic analysis, strategic planning and executed interventions undertaken for Quality Improvement initiative at the National, State, District and Healthcare facility levels; have been endeavoured to be presented through this document.

The updated data provided in this document has been anticipated to help in analysing the status of the National Quality Assurance Program across the Country and strives to apprise the updated status to the States/Union Territories in terms of program implementation in their respective regions. This document also endeavours to serve as a reference for the State, District and the Facility Quality Teams in analysing their performance and planning further strategies for quality improvement.

"Let Quality be the DNA of Health Systems"

The Inception of Quality in Public Health Systems

World Health Organisation defines the Quality of Care as "*the extent to which health care services provided to individuals and patient populations improve desired health outcome*". To ensure Quality of Care, the healthcare needs to be safe, effective, timely, efficient, equitable and people-centred. It is thereby essential to deliver healthcare services that meet the Quality Standards, so as to achieve the Universal Health Coverage.

Main mandate of the National Health Mission has also been the provision of affordable, equitable and quality healthcare. At the time of launch of National Rural Health Mission (NRHM) in 2005, ISO 9001 Quality Management System (which is a generic standard applicable to both product and service organizations); was implemented in the public health facilities of India, with an intent to improve the Quality of care. However, this standard does not cover the service provision and the clinical component, which would significantly impact the health outcomes.

In 2007, the Indian Public Health Standards (IPHS) guidelines were launched for District Hospitals (DHs), Sub divisional Hospitals (SDHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Centres (SCs); for addressing the planning needs of the States and Union Territories (UTs), in terms of range of services, human resources, equipment, drugs etc. It was later revised in the year 2012. Over the time, the importance of measuring the 'Process' component as a part of healthcare delivery was realised; which was one of the limitation of IPHS.

Subsequently, in the year 2012, a need for developing a quality improvement model, exclusively for public health facilities was perceived. This paved the path for National Quality Assurance Standards (NQAS), followed by the launch of the NQAS for District Hospitals in November 2013. In the subsequent years, the National Quality Assurance Standards for CHCs, PHCs and Urban Primary Health Centres (U-PHCs) were launched by Ministry of Health and Family Welfare, Government of India.

The Journey so far

The Institutional Framework

In 2013, MoHFW has established the National Quality Assurance Program with systematically institutionalised Central Quality Supervisory Committee (CQSC) at the National level, followed by the State and District Quality Assurance Committees

(SQACs & DQACs), which are further grounded with the Facility Level Committees. The designed institutional framework maintains the transparency at every step and reinforces continuous assessment process, training, capacity building, certification and incentivisation of public health facilities; thereby strengthening the public health systems as a whole. All the 28 States and 9 UTs of the country have operationalized SQACs, acting mainstay in implementation and sustenance of the program. Predominantly, the program has a robust regulatory system and an effective periodic monitoring mechanism; endorsed with an organized assessment tool which covers all the facets of a public health facility from stem to stern.

The National Quality Assurance Standards (NQAS)

The NQAS is an evidence based standard, which is aligned with National Health Programmes. The measurement system explicitly covers all the three aspects of Donabedian Model of Quality of care i.e. the Structure, Process and the Outcome. Imprinting its roots in public health systems over the period of time, NQAS meets the **National and International benchmarks including the Insurance Regulatory and Development Authority (IRDA) and the International Society for Quality in Healthcare (ISQUA)** accreditations.

> *"Measure what is measurable and make measurable what is not so".*
>
> *Galileo Galilei*

The system of certification of Public Health Facilities under the NQAS and its linkage with the monetary and non-monetary incentives complemented the program implementation and culture of sustenance of quality of care. Another acclamation to the NQAS is its recongnition under the Ayushman Bharat (AB-PM-JAY) scheme.

As on 31st March 2020, a total of 642 Public Health facilities have achieved National Quality Certification under the NQAS. There are approximately 200 more facilities, scheduled for the external assessments. Zone-wise distribution of the NQAS certified public health facilities over last four financial years are given in table 1. (zone-wise distribution of States and UTs is given in *Annexure I* for reference.

ZONE	2016-17	2017-18	2018-19	2019-20	TOTAL
SOUTH ZONE	0	6	87	217	**310**
WEST ZONE	3	26	23	76	**128**
NORTH ZONE	4	15	34	69	**122**
CENTRAL ZONE	1	2	10	35	**48**
EAST ZONE	1	2	2	13	**18**
NORTH-EASTERN ZONE	1	1	-	14	**16**
TOTAL	**10**	**52**	**156**	**424**	**642**

Table 1: Zone-wise distribution of the NQAS certified public health facilities in India over last four financial years.

Financial Year-wise distribution of the NQAS Certified Facilities from FY 2016-17 to FY 2019-20

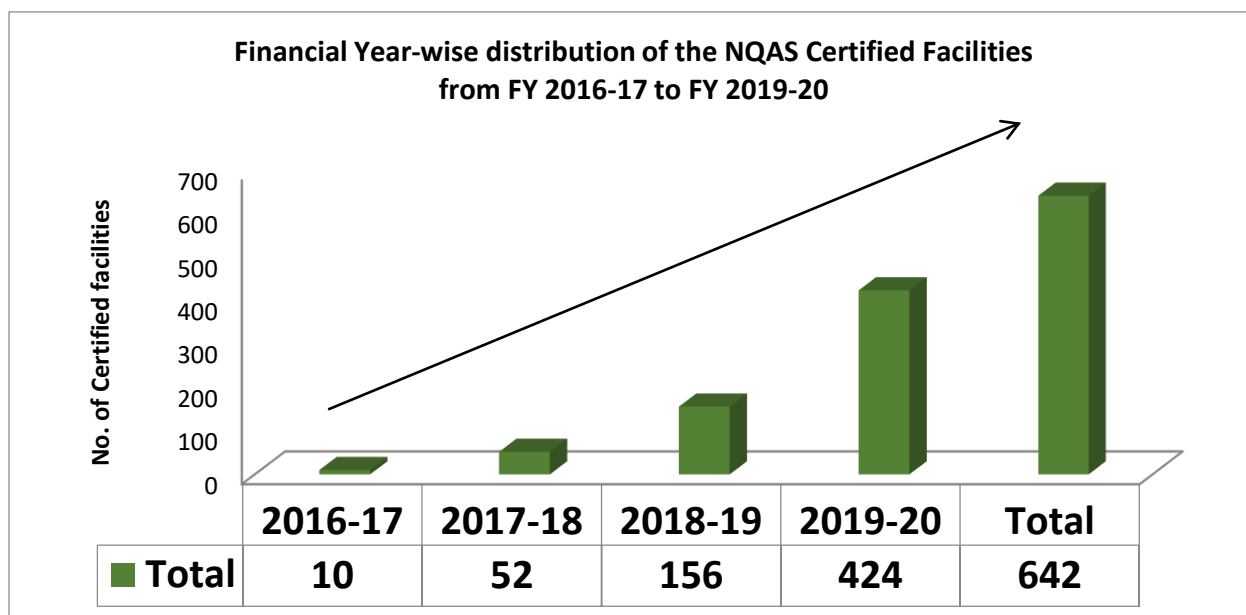|	2016-17	2017-18	2018-19	2019-20	Total
Total	10	52	156	424	642

Figure 1: Financial year-wise NQAS certified Health Facilities in India

It has been observed that there is exponential increase in the number of health facilities being NQAS certified from 10 in financial year 2016-17 to 424 facilities in financial year 2019-20. The States/UTs in the South Zone of the Country have more number of NQAS certifications, as compared to the East and North-Eastern Zone. The National, State, District and Facility Quality teams are conjointly extending their support to increase the number of certifications uniformly, across the Country.
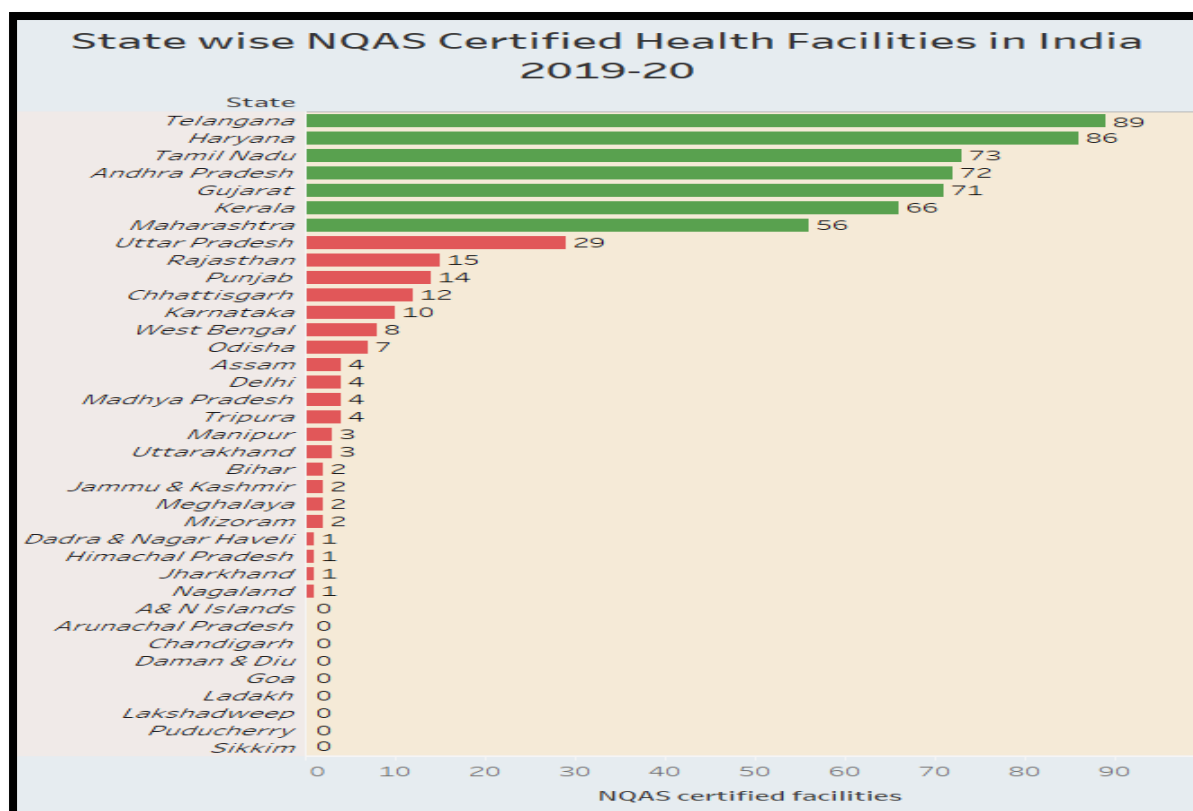

State wise NQAS Certified Health Facilities in India 2019-20

State	NQAS certified facilities
Telangana	89
Haryana	86
Tamil Nadu	73
Andhra Pradesh	72
Gujarat	71
Kerala	66
Maharashtra	56
Uttar Pradesh	29
Rajasthan	15
Punjab	14
Chhattisgarh	12
Karnataka	10
West Bengal	8
Odisha	7
Assam	4
Delhi	4
Madhya Pradesh	4
Tripura	4
Manipur	3
Uttarakhand	3
Bihar	2
Jammu & Kashmir	2
Meghalaya	2
Mizoram	2
Dadra & Nagar Haveli	1
Himachal Pradesh	1
Jharkhand	1
Nagaland	1
A& N Islands	0
Arunachal Pradesh	0
Chandigarh	0
Daman & Diu	0
Goa	0
Ladakh	0
Lakshadweep	0
Puducherry	0
Sikkim	0

Figure 2: Graphical representation of the NQAS certified Health Facilities in India

The graphical representation in Figure 2 shows the highest number of NQAS certified health facilities (89) in the State of Telangana, followed by Haryana (86), Tamil Nadu (73), Andhra Pradesh (72) and Gujarat (71). Kerala and Maharashtra have also attained more than 50 NQAS certifications. The States/UTs including Dadra and Nagar Haveli, Himachal Pradesh, Jharkhand and Nagaland have initiated the process of certification, each with one NQAS certified facilities. In addition, the quality teams of Arunachal Pradesh, Andaman and Nicobar Island, Chandigarh, Daman and Diu, Goa, Lakshadweep, Puducherry and Sikkim are under process of initiating the certification.

Figure 3 shows the State/UT-wise distribution of NQAS certified facilities in India (details are attached in *Annexure II*). The colour coding depicts the status of NQAS certifications in the respective States/UTs; wherein green colour represents the facilities with more than 50 certifications, blue colour represents the number of certifications between 10-49 and the yellow colour represents less than 10 certifications in the respective States/UTs.
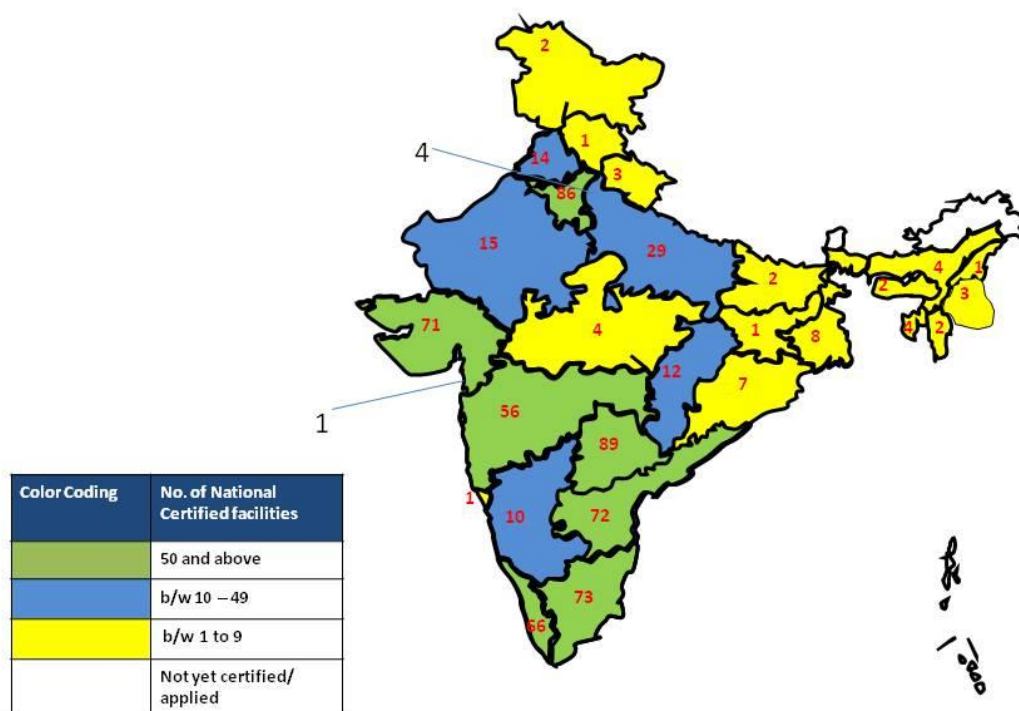

Figure 3: State-wise NQAS certified Public Health Facilities in India

Similar to the State/UT-wise and Zone-wise variation (as shown above), the NQAS certifications also varies in terms of type of facility i.e. DHs, SDHs, CHCs, PHCs and U-PHCs. Facility-wise distribution of the NQAS certified facilities is shown in table 2.

ZONE	DHs	SDHs	CHCs	PHCs	U-PHCs	TOTAL
SOUTH ZONE	36	34	46	182	12	**310**
WEST ZONE	6	1	2	106	13	**128**
NORTH ZONE	28	2	8	71	13	**122**
CENTRAL ZONE	29	0	9	9	9	**48**
EAST ZONE	9	1	4	1	3	**18**
NORTH-EASTERN ZONE	4	1	0	8	3	**16**
TOTAL	**112**	**39**	**69**	**377**	**45**	**642**

Table 2: Facility-wise distribution of the NQAS certified health facilities in India (as on 31st March, 2020)

Table 2 infers that the number of certifications in smaller level facilities i.e. PHCs are more than that of higher level facilities i.e. DHs, SDHs and CHCs. Detailed facility-wise distribution of NQAS certified facilities is also given in *Annexure III*.
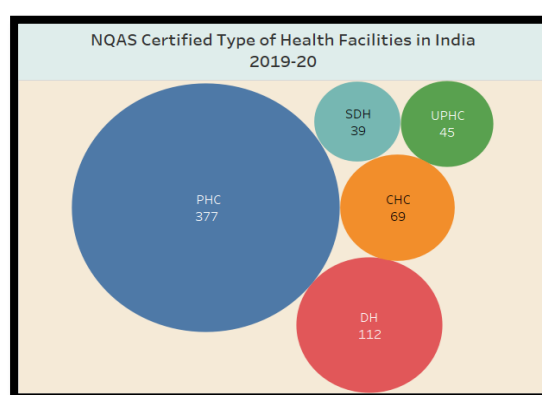

Figure 4: Facility-wise distribution of the NQAS certified facilities

GUNAK Application

The National Quality Assurance Program also has a user-friendly mobile application called 'GUNAK', which has been developed to support all the stakeholders (public health facilities, mentors and assessors) to undertake the paperless assessments of NQAS, Kayakalp and LaQshya. As on June 2020, the 'Gunak' App has a rating of 4/5 at Google play store and 4.8/5 at Apple store, with more than 10,000 users.

Figure 5: GUNAK Application with type of assessments

Kayakalp

Kayakalp' is a Sanskrit word which means 'rejuvenation'. The Kayakalp scheme was launched on 15th 'May 2015, as an extension of Swachh Bharat Mission of Honourable Prime Minister Shri Narendra Damodardas Modi. The objective of the scheme is to promote cleanliness, hygiene and infection control practices in public health facilities of the Country. Over the years, the scheme has been able to manifest a change in public perception

Figure 6: Launch of Kayakalp scheme by Sh. J.P. Nadda, former Minister of Health & Family Welfare, Government of India

towards the public health facilities and has also shown remarkable improvement in the cleanliness and hygiene practices of public health facilities.
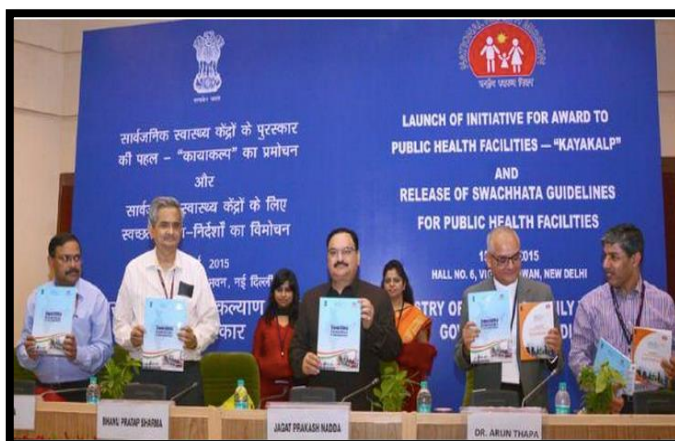
The award scheme not only enrols the facilities under National Health Mission (i.e. DHs, SDHs, CHCs, PHCs, U-PHCs, Sub-centres, Health & wellness centres) but also the Central Government Institutions. The scheme has been extended to the private hospitals also. The integration of the scheme with Mera-Aspataal initiative is envisaged as a significant step in evaluating the patient's satisfaction, which is an integral outcome component of quality of care provided at the hospitals.

Underlining the origin of the scheme from the Swachh Bharat Mission, which aims cleanliness and hygiene promotion across the country; the Kayakalp scheme has extended its arms 'outside the boundary walls' of the public health facilities. It subsequently resulted in mutual strengthening of the accountability of public health facilities and the community, towards sustaining cleanliness and hygiene.

Status of health facilities participated in Kayakalp and the health facilities which have received awards during the last four financial years is shown below:

Category	2015-16		2016-17		2017-18		2018-19	
	No. of HFs	No. of Awards	No. of HFs	No. of Awards	No. of HFs	No. of Awards	No. of HFs	No. of Awards
Central Government Institutions	10	3	16	5	21	13	24	9
District Hospitals	712	97	739	191	795	289	795	395
Sub-Division Hospitals/ CHCs	Nil	Nil	5672	318	5637	760	5637	1140

Primary Health Centres	Nil	Nil	15250	1044	17301	1729	17301	2723
Urban Health facilities	Nil	Nil	Nil	Nil	242	181	2415	562
Total	**716**	**101**	**21667**	**1559**	**23996**	**2970**	**26172**	**4829**

Table 3: Status of Kayakalp Assessments and Awards in the last four financial years

Over the years, the number of participating facilities under Kayakalp has increased from 716 health facilities in the financial year 2015-16 to more than 26,000 facilities in the financial year 2018-19. The increase in number of participations had directly been proportional to the number of Kayakalp awards; thereby increasing the number of awards from 101 in financial year 2015-16 to 4829 in year 2018-19.

The impact of Kayakalp scheme can be depicted by the percentage increase in the number of District Hospitals attaining the benchmark score of 70% or above; from 13.60% in the year 2015-16 to 49.70% in the year 2018-19; as shown in figure 6. Similar increase in trend has also been observed for Sub-divisional Hospital/Community Health Centres and Primary Health Centres.
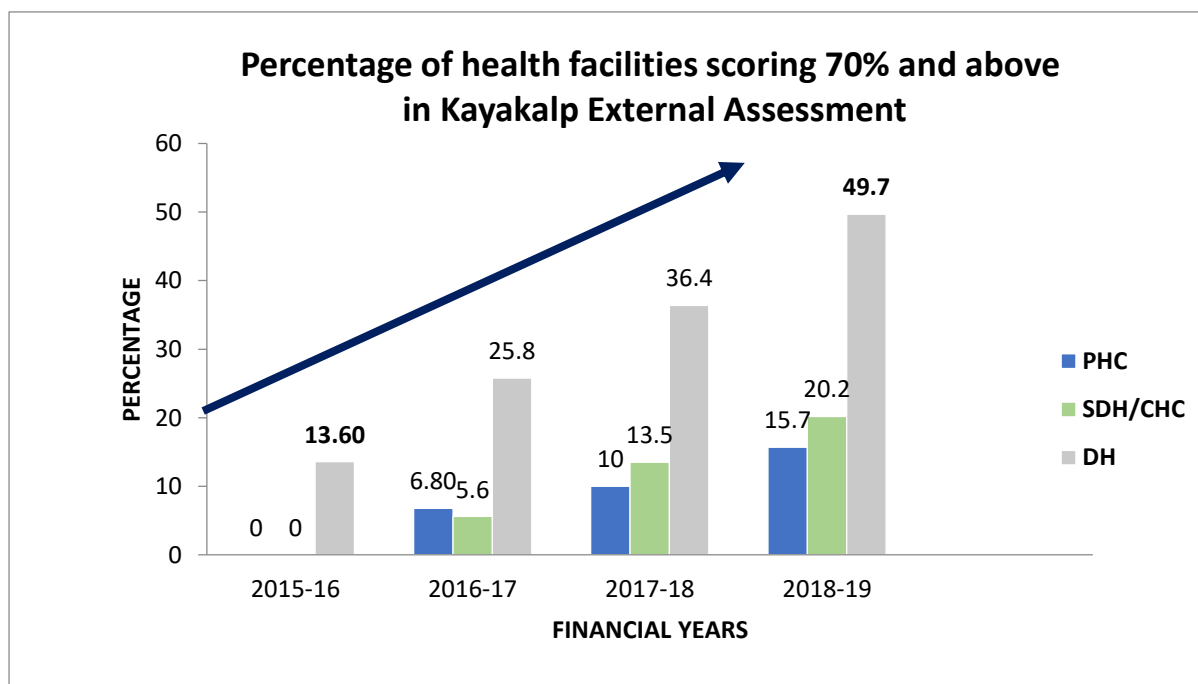
Figure 7: Percentage of health facilities scoring 70% and above in Kayakalp External Assessment over last four financial years

The collective data of FY 2019-20 from 20 States/UTs, reveals a participation of more than 33000 health facilities in the Kayakalp scheme and 5221 Kayakalp Award winning health facilities. The remaining States/UTs are under process of award declaration.

Mera-Aspataal

The precise measurement of quality of services in a healthcare institution is reflected in the quantum of patient-centric approach of the institution. Directing the same approach, the MoHFW has built upon a system for measurement of patient's satisfaction and has launched a citizen-centric MyGov platform named as 'Mera-Aspataal' (My Hospital) initiative on August 29, 2016.
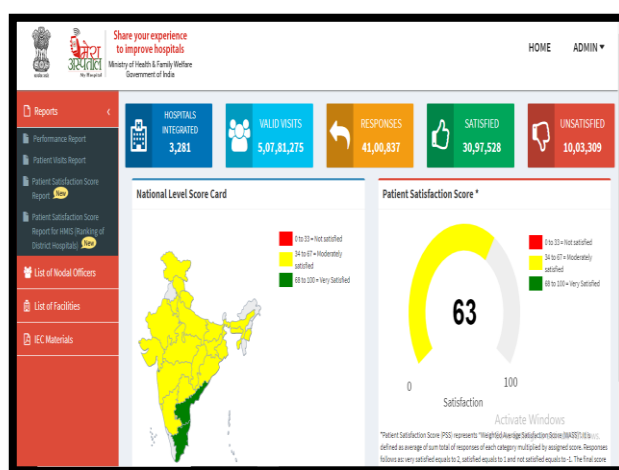

Figure 8: Mera-Aspataal Dashboard

Capturing the patient feedback through multiple communication channels, including short message service, outbound dialling, a mobile application and a web portal; the initiative is envisaged to empower the patient by seeking his/her view on quality of services provided in the public health facilities and empanelled private hospitals. The data on the dashboard is frequently updated, consolidated, analysed and utilised to improve the quality of services in respective healthcare facilities.

Since inception, the Mera-Aspataal initiative has made significant progress in terms of integration of health facilities and has now been integrated with 5406 health facilities across 32 States/UTs. This includes 25 Central Government Institutions, 59 Govt. Medical College Hospitals, 19 Private Medical College Hospital, 644 DHs, 236 SDHs, 737 CHCs, 516 U-PHCS, 2465 PHCs, 691 Private Hospitals and 12 other healthcare institutions. As on date, 86% of the total Central Government Hospitals and 85 % of the total District Hospitals are integrated with Mera-Aspataal. Implementation of Mera-Aspataal is in progress in the States of Arunachal Pradesh and Sikkim and Union Territory of Andaman & Nicobar Island and Lakshadweep. Progress of Mera-Aspataal over last financial years is provided n table 4. State-wise and facility-wise distribution of Mera-Aspataal integrated facilities are provided in *Annexure VIII.*

Financial Year	No. of facilities integrated with Mera-Aspataal
2016-17	141
2017-18	806
2018-19	1701
2019-20	1627
2020-21*	1131
TOTAL	**5406**

Table 4: Progress of Mera-Aspataal from 2016 to 2020 (as on 26th June 2020)

As on 26th June 2020, 5406 health facilities have been integrated with Mera-Aspataal. A total of 7,01,20,865 valid visits have been made so far, out of which 55,08,947 patients have responded for feedback. Out of the patients responded, 42,02,327 (76.28%) are satisfied with the services provided in the respective health facilities integrated with Mera-Aspataal, while the remaining 13,06,220 (23.71%) have reported non-satisfaction with the services provided.
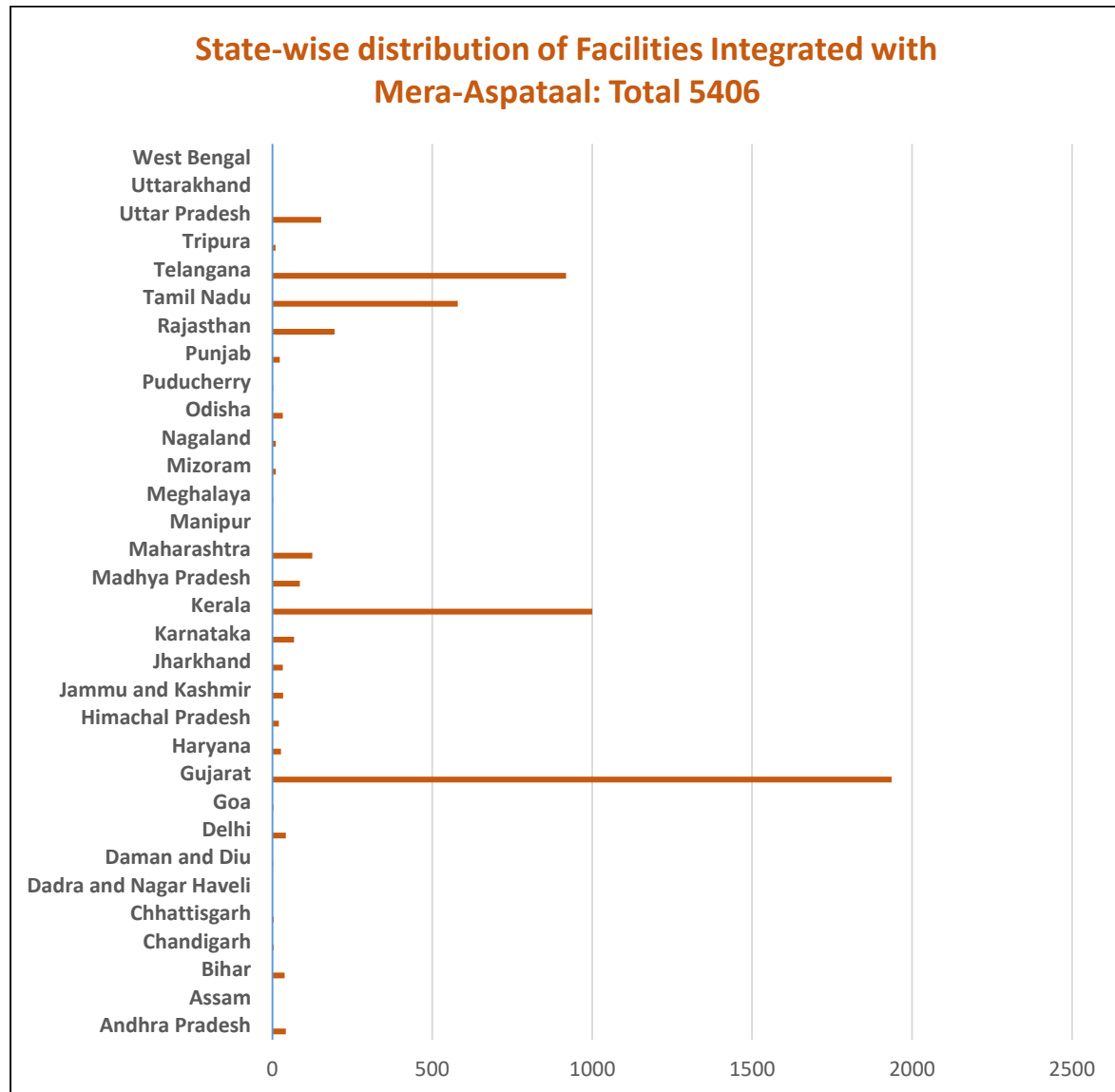
Figure 9: State-wise distribution of facilities integrated with Mera-Aspataal

Swachh Swastha Sarvatra

To conquer the target of 'Health for all', the engagement of health care service providers and communities is of utmost importance. Swachh Swasth Sarvatra (SSS), launched in December 2016, is a joint initiative of the Ministry of Health and Family Welfare and the Ministry of Drinking Water and Sanitation (now known as the Ministry of Jal Shakti); connecting and complementing the achievement of 'Swachh Bharat Mission' and 'Kayakalp' altogether. With an aim to achieve better health

outcomes through improved sanitation and increased awareness on healthy lifestyles, SSS enhanced the involvement of public health facilities in community sanitation and hygiene promotion. The scheme also helped in achieving positive health outcomes by demonstrating a decline in water borne diseases.

Based on its success in rural India, 'Swachh Swasth Sarvatra' was extended to urban areas in the year 2019, as a joint initiative of the Ministry of Housing and Urban Affairs (MoHUA) and the Ministry of Health and Family Welfare (MoHFW).

The scheme complemented the yearly increase in the number of Kayakalp award winning health facilities, from 323 CHCs in FY 2016-17 to 1340 CHCs in FY 2018-19 and from 556 U-PHCs in FY 2018-19 to more than 650 in FY 2019-20.

In the year 2020-21, Rs. 5285 lakhs have been approved as a one-time grant to the facilities under ODF blocks. This includes Rs. 10 Lakhs per CHC, for 641 CHCs and Rs. 50,000 per U-PHC, for 240 UPHCs across the country; which shall be utilized to achieve minimum 70% benchmark of Kayakalp, thereby complementing the objective of the scheme.

LaQshya

After the launch of National Rural Health Mission in 2005, India has made substantial progress in terms of number of institutional deliveries, reduction in maternal and infant deaths. As per NFHS 3 and 4, the launch of NRHM up-surged the coverage of essential maternal health services to double and the proportion of institutional deliveries in public health facilities to triple i.e. from 18% in 2005 to 52% in 2016. As per Sample Registration System (SRS), the Maternal Mortality Ratio (MMR) in the country had reduced by 77% from 556 per 100,000 live births in 1990 to 130 per 100,000 live births in 2014-2016 and 122 per 100,000 live births in 2015-17. The Infant Mortality rate (IMR) had also reduced from 71 (1997) to 34 (2016) and 32 in 2018. In spite of the abovementioned improvement, more efforts were required to be accelerated and to be intensified to achieve Sustainable Development Goal of MMR below 70 by 2030 and NHM target of 25 IMR per 1000 live births.

It was estimated that approximately 46% maternal deaths, 40% still births and 40% new born deaths takes place on the day of delivery. With an aim to reduce the preventable maternal and new-born mortality, morbidity and still births associated with the care during the delivery and immediate post-partum period; the 'LaQshya' initiative was launched in November 2017.
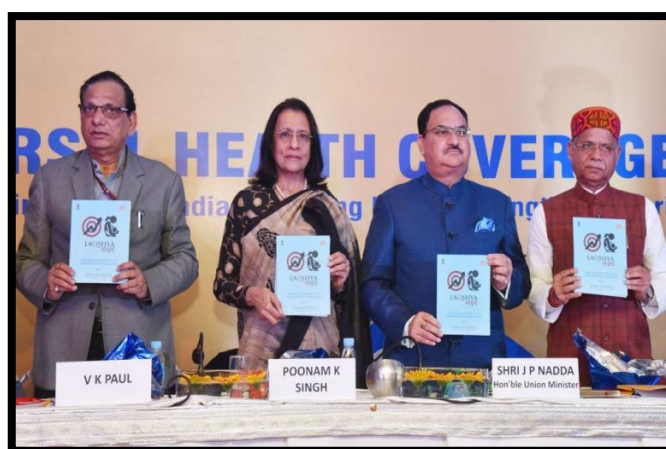
Figure 10: Launch of LaQshya scheme by Sh. J.P. Nadda, former Minister of Health & Family Welfare, Government of India

LaQshya is a focused and strategic approach which aims to impact the quality of care by addressing certain key areas vis-à-vis standardization of labour room, establishment/strengthening of High Dependency and Intensive Care Units (HDUs and ICUs), ensuring availability of competent human resources, drugs & consumables, ensuring timely referrals, enabling an effective two-way follow-up system, ensuring provision of Respectful Maternity Care (RMC) to all pregnant women and ensuring measurement & enhancement of satisfaction of the beneficiaries.

LaQshya initiative targets to certify Labour Rooms and Maternity OTs of the Medical College Hospitals, District Hospitals & equivalent health facilities, all the designated First Referral Units and high case load Community Health Centres; as per the NQAS. It also incentivizes and brands the facilities achieving the NQAS certification.

Zone-wise and facility-wise distribution of LaQshya Certified Labour Rooms in the last two financial years are shown in the tables 5 & 6:

ZONE	2018-19	2019-20	Total
WEST ZONE	8	83	91
SOUTH ZONE	5	46	51
CENTRAL ZONE	3	28	31
NORTH ZONE	4	28	32
EAST ZONE	1	21	22
NORTH-EASTERN ZONE	1	10	11
TOTAL	22	216	238

Table 5: Zone-wise distribution of LaQshya certified Labour Rooms in the last two financial years.

The data shows that the LaQshya certified Labour Rooms have increased from 22 in financial year 2018-19 to 216 in 2019-20. Financial year-wise distribution of LaQshya certified Labour Rooms is given in *Annexure IV*.

ZONE	MC	DH	SDH	CHC	Total
WEST ZONE	10	37	38	6	91
SOUTH ZONE	6	40	4	1	51
CENTRAL ZONE	0	27	1	3	31
NORTH ZONE	0	29	3	0	32
EAST ZONE	1	18	1	2	22
NORTH EAST ZONE	0	10	1	0	11
TOTAL	17	161	48	12	238

Table 6: Facility-wise distribution of LaQshya certified Labour Rooms in India

Till 31st March 2020, a total of 238 Labour Rooms have been certified under the LaQshya Program, which includes the Labour Rooms of 17 Medical College Hos[itals, 161 District Hospitals, 48 Sub Divisional Hospitals and 12 Community Health

Centres. Facility-wise distribution of LaQshya certified Labour Rooms is given in *Annexure V.*
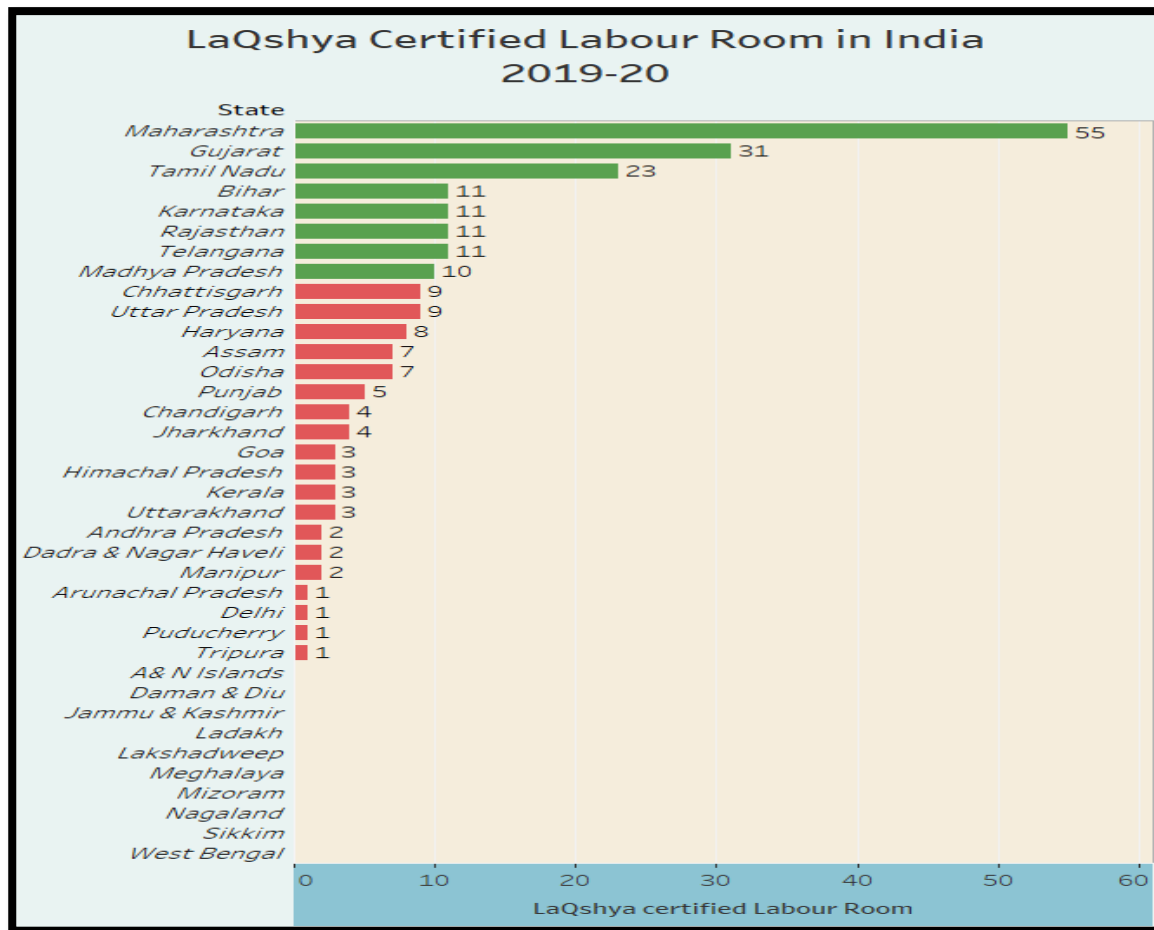
Figure 11: Graphical representation of LaQshya certified Labour Rooms in India

The graphical representation in Figure 11 shows the highest number LaQshya certified Labour Rooms (55) in the State of Maharashtra, followed by Gujarat (31) and Tamil Nadu (23). The States including Bihar, Karnataka, Rajasthan and Telangana have more than ten LaQshya certified Labour Rooms. The States/UTs including Meghalaya, Mizoram, Nagaland, Sikkim, West Bengal, Andaman and Nicobar Island, Daman and Diu, Jammu & Kashmir, Ladakh and Lakshadweep are yet to initiate the certifications under LaQshya.
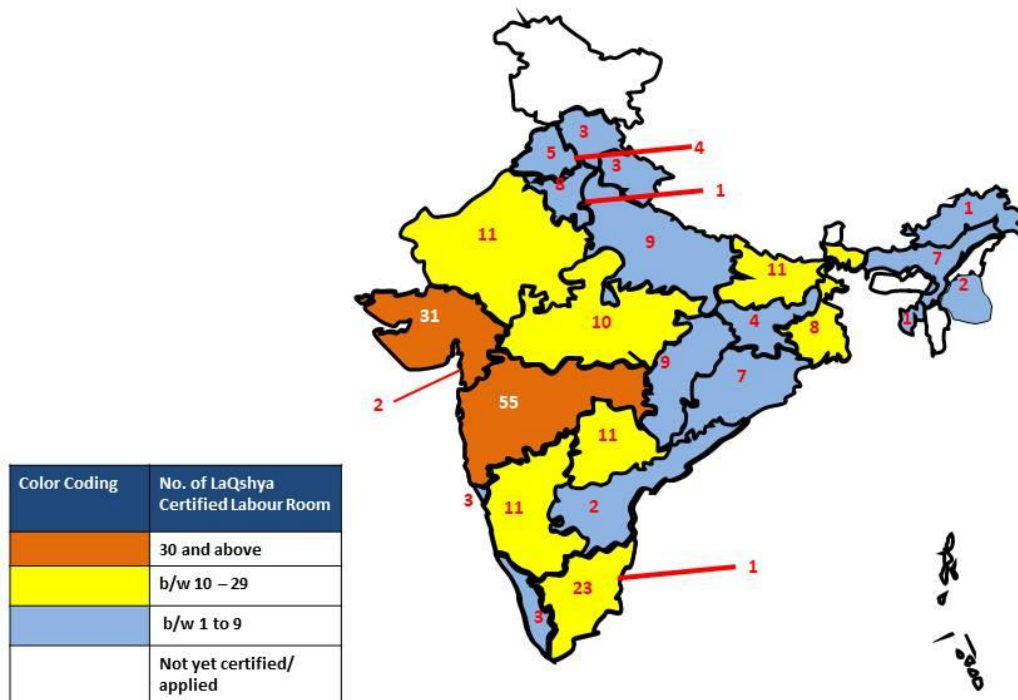
Figure 12: State-wise distribution of LaQshya certified Labour Rooms in India.

Figure 12 shows the State-wise distribution of the LaQshya certified Labour Rooms in India. The colour coding depicts the status of LaQshya certified Labour Rooms in the respective States/UTs; wherein green colour represents the facilities with more than 30 certifications, yellow colour represents the number of certifications between 10-29 and the blue colour represents less than 10 certifications in the respective States/UTs.

Similar to the certifications of Labour Rooms, the zone-wise and facility-wise distribution of LaQshya Certified Maternity OTs in the last two financial years are shown in tables 7 & 8.

ZONE	2018-19	2019-20	Total
WEST ZONE	6	76	82
SOUTH ZONE	4	45	49
CENTRAL ZONE	3	26	29
NORTH ZONE	1	16	17
EAST ZONE	0	16	16
NORTH-EASTERN ZONE	2	7	9
TOTAL	**16**	**186**	**202**

Table 7: Zone-wise distribution of LaQshya certified Maternity Operation Theatre in the last two financial years

LaQshya certified Maternity OTs have increased from 16 in financial year 2018-19 to 186 in 2019-20. The details of Financial year-wise distribution of LaQshya certified Maternity OTs are given in *Annexure VI.*

ZONE	MC	DH	SDH	CHC	Total
WEST ZONE	9	36	33	4	82
SOUTH ZONE	7	38	3	1	49
CENTRAL ZONE	0	26	1	2	29
NORTH ZONE	0	15	2	0	17
EAST ZONE	1	13	0	2	16
NORTH EAST ZONE	0	8	1	0	9
TOTAL	17	136	40	9	202

Table 8: Facility-wise distribution of LaQshya certified Maternity Operation Theatres

Till 31st March 2020, a total of 202 Maternity OTs have been certified under the LaQshya Program, which includes Maternity OTs of 17 Medical Colleges, 137 DHs, 40 SDHs and 9 CHCs. The Facility-wise distribution of LaQshya certified Maternity OTs is provided in *Annexure VII.*
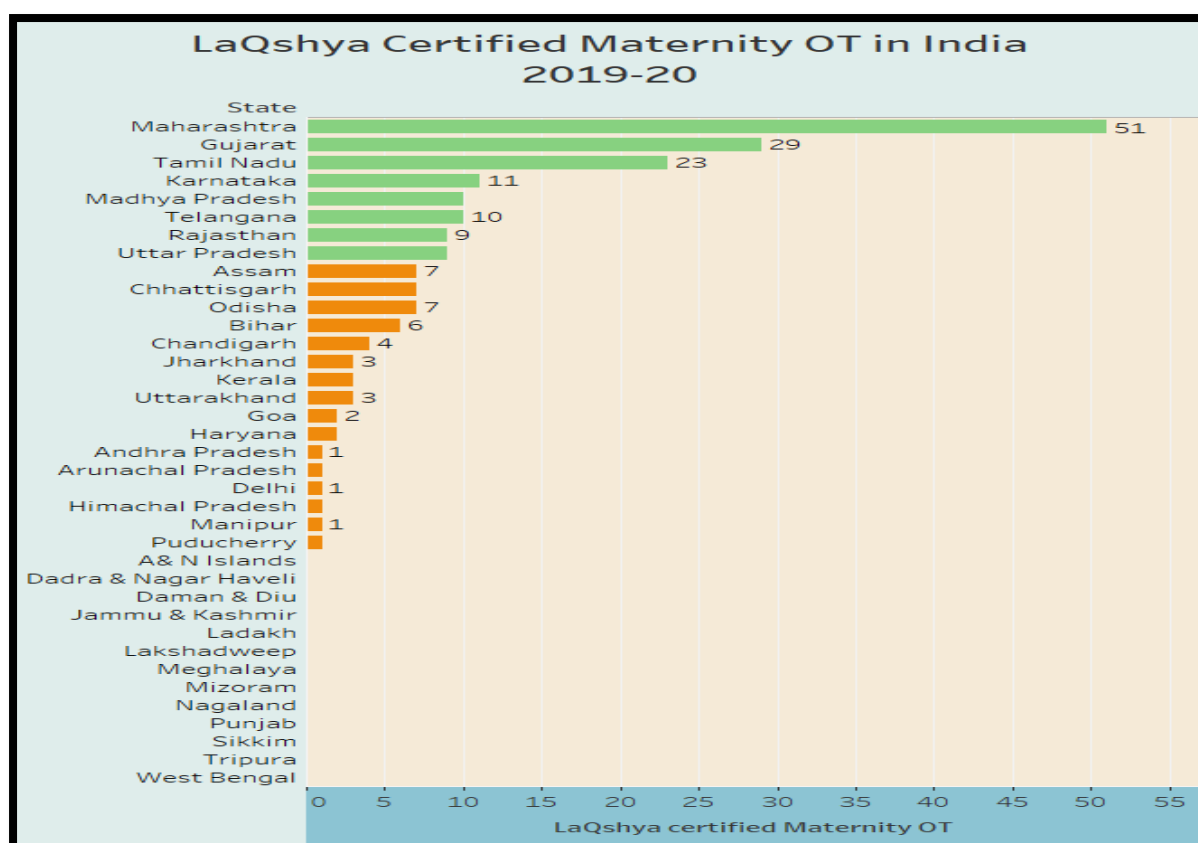
Figure 13: Graphical representation of LaQshya certified Maternity OTs in India

Figure 13 shows the highest number of LaQshya certified Maternity OTs (51) in the State of Maharashtra, followed by Gujarat (29), Tamil Nadu (23) and Karnataka (11). The States/UTs of Meghalaya, Mizoram, Nagaland, Sikkim, Punjab, Tripura, West Bengal, Andaman and Nicobar Island, Dadra and Nagar Haveli, Daman and Diu,

Jammu and Kashmir, Ladakh and Lakshadweep are yet to initiate the certifications under LaQshya.
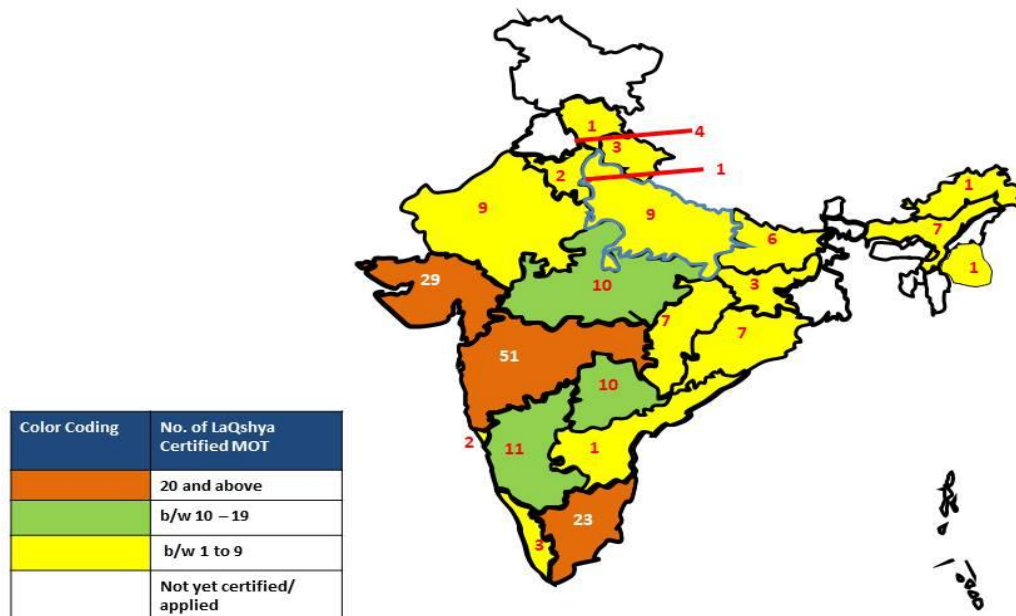
Figure 14: State wise distribution of LaQshya certified Maternity OTs in India

The color coding in Figure 14 depicts the status of LaQshya certified Maternity OTs in the respective States/UTs; wherein brown colour represents the facilities with more than 20 certifications, yellow colour represents the number of certifications between 10-19 and the blue colour represents less than 10 certifications in the respective States/UTs.

The cumulative analysis of the data of Labour Rooms and Maternity OTs shows an up-surge in the Certifications under LaQshya Program from 22 LRs and 16 MOTs in financial year 2018-19 to 216 LRs and 186 MOTs in financial year 2019-20; thereby showing a tremendous increase in the quality certified Labour Rooms and Maternity Operations with improved Quality of Care, as shown below in figure 15.
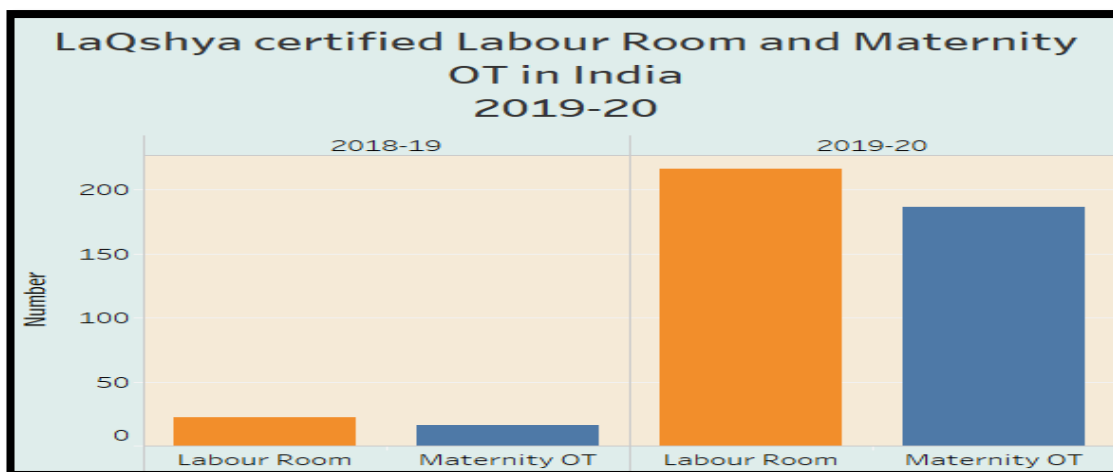
Figure 15: LaQshya certified Labour Rooms and Maternity OTs in last two financial years

Training & Capacity Building

To accomplish the intended measurable outcomes of the National Quality Assurance Program, the Operational guidelines for Quality Assurance in Public Health Facilities recommends five types of capacity building trainings for the States/UTs, which includes the External & Internal Assessors' Training, Service Providers' Training, Kayakalp training and NUHM training. Subsequently, with the extension of other schemes like LaQshya, SSS, Mera Aspataal etc., under the ambit of the program; the spectrum of the training module has been extended and modified as per the need.

The continuous efforts for collaboration between the National and State training resources resulted into the system of conjoint training provision by the National and State teams; thereby strengthening the sustenance of the program implementation. Few such examples have been reflected in the trainings conducted at Madhya Pradesh, Rajasthan, Odisha, Kerala, Jammu & Kashmir, Tamil Nadu and Delhi.

Figure 16: External Assessors' Training at Tamil Nadu in collaboration with the State Quality Team

A total of 527 trainings under the National Quality Assurance Program have been executed till March' 2020. The status of trainings (as on March 2020) is shown in table 9.

Quality Trainings under NQAS, LaQshya, Kayakalp and NUHM		Total no. of trainings
NQAS	Awareness Training	43
	Internal Assessors' Training	135
	Service Providers' Training	103
	External Assessors' Training	16
	Others	71
LaQshya	LaQshya Training	40
Kayakalp	Awareness Training	21
	Kayakalp External Assessors' Training	26
	Swachh Bharat Abhiyan Training	22
NUHM	Awareness Training	12
	Internal Assessors's cum Service Providers' Trainings	38
TOTAL		527

Table 9: Status of Training under the National Quality Assurance Program
(as on March 2020)

Need based assessment, continuous feedback system and field studies are being undertaken to evaluate the State specific requirements. The data analysis of FY 2018-19 had therefore revealed the requirement of increasing the pool of External Assessors, which had further been followed by the execution of five batches of External Assessors' training in calendar year of 2019.

Another key process for ensuring the good quality of empanelled assessors at National level is their evaluation based on the periodic performance review and feedback from the States, Districts and Facility Quality Teams. This helps in reviewing the respective assessors' performance, on the basis of which the continuity of their empanelment under program is ensured. Over a period of time, this system of evaluation aided in identifying those assessors who had been non-responsive or had not conducted any assessment, since their empanelment. The subsequent step of dis-empaneling such assessors has also been undertaken, resulting in a pool of a total of 513 External Assessors under the program. Collectively, the National Quality Assurance Program has a pool of 4237 Internal and 513 empanelled External Assessors; of which 789 Internal and 42 External Assessors are in the North-Eastern States (as on June 2020).

Collaboration with Partner Institutions

Collaborative programmes with academic institutions like TISS (Tata Institute of Social Sciences, Mumbai), ASCI (Administrative Staff College of India, Hyderabad) and PHFI (Public Health Foundation of India, New Delhi) have been undertaken periodically, for increasing the number of Quality Professionals across the Nation.
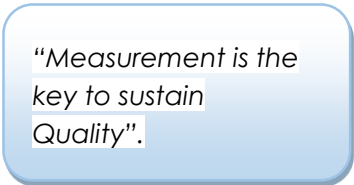
In collaboration with TISS, three batches of 2 years 'Post Graduate Diploma in Healthcare Quality Management' (PGDHQM) course have been completed by NHSRC, till 2019. Approximately, 185 students have attended the program, out of which 106

students have been sponsored by the government. Currently, the fourth batch has been initiated with enrolment of around 51 participants.

Similarly, the six days Certificate course of 'Quality in Healthcare Quality' (CCHQ), focusing on the key aspects of Quality Improvement Models, Quality tools and Clinical Governance; in collaboration with the Public Health Foundation of India (PHFI) & the Association of Healthcare Providers India (AHPI); has been completed, which has reported around 120 participants (as on 31st March' 2020).

Sustaining the Quality

Quality being the ongoing process of building and sustaining the achievements, it has been anticipated that monitoring the post-certification status of the certified health facilities is of utmost importance. The point had been considered by the CQSC and a frame-work for physical re-verification visits to get the real time information, from a sample of the NQAS certified facilities had been established.

"Measurement is the key to sustain Quality".

Subsequently, the sustenance assessments of a sample of 10% NQAS certified facilities, out of a total of 257 (till 31st March' 2019) had been executed. Operationalization of the sustenance assessment was then undertaken by selection of the critical areas and processes of the healthcare facilities, to be assessed during the sustenance assessment. The first sustenance assessment was initiated on 19th December' 2019 and the last assessment was concluded on 29th of February' 2020.

Out of 24 assessed facilities, 5 facilities have attained full certification in the sustenance assessment, out of which three have scored even better than the previous assessment; thereby portraying an appreciable performance in sustaining the quality standards. 14 facilities have met the desired criteria but with few conditionalities, based on which the analysis of both the previous and the sustenance assessment scores and gaps had been shared with the respective States/UTs. This step helped in identifying the areas of improvement, based on which the action plan could be prepared by the respective facilities. Four facilities demonstrated a decline in the quality of achieved standards and their NQAS certified status had found to be deferred. The NQAS certification of such facilities had been suspended for three months and the State Quality Assurance Units have been instructed to support the respective facility quality teams in addressing the identified gaps. Remaining one facility failed to achieve the benchmark of 70% overall hospital score and had found to be declined in the sustenance assessment.

The above findings of the pilot of sustenance assessments have provided fruitful results in recognizing the areas which require more focus to achieve the desired quality standards by a healthcare facility. Additionally, it has also helped in identifying the facilities which are sustaining and improving the achieved quality standards.

The exercise would be continued in the Financial Year 2020-21 for another 10% sample of the NQAS Certified Facilities, which is expected to provide more such useful findings, which in turn would aid in better implementation of National Quality Assurance Program, endorsing the objective of improved Quality of care in Public Health Facilities.

Vision Ahead

Enduring efforts, aiming the continual Quality Improvement of the Indian Public Health Systems and the development of innovative solutions for long-standing challenges of health; stands the agenda of the National Quality Assurance Program.

With the advancing information technology, the program has envisaged the need of 'IT based Quality Certification Tool' to be incorporated in the existing framework. This intervention is expected to be a remarkable step in the quality improvement initiatives for the public health systems and streamlining the process of Quality Certifications. The National team of Quality Improvement Division, NHSRC, New Delhi has initiated the process of development of the tool, with an objective to abridge the National Quality Certification process and to rationalize the existing framework of the program.

Additional efforts including the ISQua accreditation of the NQAS Certification Cell, development of short videos on Quality Improvement, Quality tools, Prevention of Hospital Acquired Infections (HAI) etc., development of quality standards for specific programs/processes of healthcare institutions and impact assessment of the National Quality Assurance Program with continuous monitoring and evaluation etc. have also been intended by the National Quality Team. All of the achieved, planned and anticipated interventions mentioned in this document targets the Quality Improvement in healthcare systems of India.

Zone-wise distribution of States and Union Territories of India

Name of Zone	Name of States	Name of Union Territories
SOUTH ZONE	1. Andhra Pradesh 2. Karnataka 3. Kerala 4. Tamil Nadu 5. Telangana.	1. Andaman & Nicobar Islands 2. Lakshadweep 3. Puducherry
WEST ZONE	6. Goa 7. Gujarat 8. Maharashtra	4. Dadra and Nagar Haveli 5. Daman and Diu
NORTH ZONE	9. Haryana 10. Himachal Pradesh 11. Punjab 12. Rajasthan	6. Delhi 7. Chandigarh 8. Jammu and Kashmir 9. Ladakh
CENTRAL ZONE	13. Chhattisgarh 14. Madhya Pradesh 15. Uttarakhand 16. Uttar Pradesh	
EAST ZONE	17. Bihar 18. Jharkhand 19. Odisha 20. West Bengal	
NORTH-EASTERN ZONE	21. Arunachal Pradesh 22. Assam 23. Manipur 24. Meghalaya 25. Mizoram 26. Nagaland 27. Sikkim 28. Tripura	

Financial year-wise distribution of NQAS Certified Facilities in India

S.No.	States/UTs	2016-17	2017-18	2018-19	2019-20	Total
1.	Andaman & Nicobar Islands	-	-	-	-	-
2.	Andhra Pradesh	-	2	20	50	72
3.	Arunachal Pradesh	-	-	-	-	-
4.	Assam	-	-	-	4	4
5.	Bihar	-	-	-	2	2
6.	Chandigarh	-	-	-	-	-
7.	Chhattisgarh	-	-	5	7	12
8.	Dadra & Nagar Haveli	1	-	-	-	1
9.	Daman & Diu	-	-	-	-	-
10.	Delhi	-	1	1	2	4
11.	Goa	-	-	-	-	-
12.	Gujarat	2	-	5	64	71
13.	Haryana	2	10	25	49	86
14.	Himachal Pradesh	-	-	-	1	1
15.	Jammu & Kashmir	-	-	-	2	2
16.	Jharkhand	-	-	-	1	1
17.	Karnataka	-	2	1	7	10
18.	Kerala	-	1	13	52	66
19.	Ladakh	-	-	-	-	-
20.	Lakshadweep	-	-	-	-	-
21.	Madhya Pradesh	-	1	1	2	4
22.	Maharashtra	-	26	18	12	56
23.	Manipur	-	-	-	3	3
24.	Meghalaya	-	-	-	2	2
25.	Mizoram	1	-	-	1	2
26.	Nagaland	-	-	-	1	1
27.	Odisha	1	-	2	4	7
28.	Puducherry	-	-	-	-	-
29.	Punjab	1	4	3	6	14
30.	Rajasthan	1	-	5	9	15
31.	Sikkim	-	-	-	-	-
32.	Tamil Nadu	-	-	24	49	73
33.	Telangana	-	1	29	59	89
34.	Tripura	-	1	-	3	4
35.	Uttar Pradesh	1	1	3	24	29
36.	Uttarakhand	-	-	1	2	3
37.	West Bengal	-	2	-	6	8
	Grand Total	**10**	**52**	**156**	**424**	**642**

Facility-wise distribution of NQAS certified facilities in India
(as on March 2020)

S.No.	States	DH	SDH	CHC	PHC	U-PHC	Total
1.	Andaman & Nicobar Island	-	-	-	-	-	-
2.	Andhra Pradesh	9	16	21	26	-	72
3.	Arunachal Pradesh	-	-	-	-	-	-
4.	Assam	1	-	-	2	1	4
5.	Bihar	1	-	-	1	-	2
6.	Chandigarh	-	-	-	-	-	-
7.	Chhattisgarh	6	-	6	-	-	12
8.	Dadra & Nagar Haveli	1	-	-	-	-	1
9.	Daman & Diu	-	-	-	-	-	-
10.	Delhi	4	-	-	-	-	4
11.	Goa	-	-	-	-	-	-
12.	Gujarat	4	-	1	53	13	71
13.	Haryana	9	1	3	65	8	86
14.	Himachal Pradesh	1	-	-	-	-	1
15.	Jammu & Kashmir	2	-	-	-	-	2
16.	Jharkhand	1	-	-	-	-	1
17.	Karnataka	7	-	-	-	3	10
18.	Kerala	3	4	5	48	6	66
19.	Ladakh	-	-	-	-	-	-
20.	Lakshadweep	-	-	-	-	-	-
21.	Madhya Pradesh	4	-	0	-	-	4
22.	Maharashtra	1	1	1	53	-	56
23.	Manipur	2	-	-	1	-	3
24.	Meghalaya	-	-	-	2	-	2
25.	Mizoram	1	-	-	-	1	2
26.	Nagaland	-	-	-	-	1	1
27.	Odisha	2	-	2	-	3	7
28.	Puducherry	-	-	-	-	-	-
29.	Punjab	8	1	1	1	3	14
30.	Rajasthan	4	-	4	5	2	15
31.	Sikkim	-	-	-	-	-	-
32.	Tamil Nadu	13	13	20	27	-	73
33.	Telangana	4	1	-	81	3	89
34.	Tripura	-	1	-	3	-	4
35.	Uttar Pradesh	17	-	3	8	1	29
36.	Uttarakhand	2	-	-	1	-	3
37.	West Bengal	5	1	2	-	-	8
	Total	**112**	**39**	**69**	**377**	**45**	**642**

Financial year-wise distribution of LaQshya certified Labour Rooms in India (as on March 2020)

SL	States/UTs	2018-19	2019-20	Total
1.	Andaman & Nicobar Island	-	-	-
2.	Andhra Pradesh	1	1	2
3.	Arunachal Pradesh	-	1	1
4.	Assam	1	6	7
5.	Bihar	1	10	11
6.	Chandigarh	-	4	4
7.	Chhattisgarh	1	8	9
8.	Dadra and Nagar Haveli	2	-	2
9.	Daman & Diu	-	-	-
10.	Delhi	-	1	1
11.	Goa	-	3	3
12.	Gujarat	6	25	31
13.	Haryana	2	6	8
14.	Himachal Pradesh	1	2	3
15.	Jammu & Kashmir	-	-	-
16.	Jharkhand	-	4	4
17.	Karnataka	-	11	11
18.	Kerala	1	2	3
19.	Ladakh	-	-	-
20.	Lakshadweep	-	-	-
21.	Madhya Pradesh	1	9	10
22.	Maharashtra	-	55	55
23.	Manipur	-	2	2
24.	Meghalaya	-	-	-
25.	Mizoram	-	-	-
26.	Nagaland	-	-	-
27.	Odisha	-	7	7
28.	Puducherry	-	1	1
29.	Punjab	-	5	5
30.	Rajasthan	1	10	11
31.	Sikkim	-	-	-
32.	Tamil Nadu	2	21	23
33.	Telangana	1	10	11
34.	Tripura	-	1	1
35.	Uttar Pradesh	-	9	9
36.	Uttarakhand	1	2	3
37.	West Bengal	-	-	-
	Total	**22**	**216**	**238**

Facility-wise distribution of LaQshya certified Labour Rooms in India
(as on March 2020)

S.No.	States/UTs	MC	DH	SDH	CHC	Total
1.	Andaman & Nicobar Island	-	-	-	-	-
2.	Andhra Pradesh	-	1	1	-	2
3.	Arunachal Pradesh	-	1	-	-	1
4.	Assam	-	7	-	-	7
5.	Bihar	-	10	1	-	11
6.	Chandigarh	-	4	-	-	4
7.	Chhattisgarh	-	5	1	3	9
8.	Dadar & Nagar Haveli	-	1	1	-	2
9.	Daman & Diu	-	-	-	-	-
10.	Delhi	-	1	-	-	1
11.	Goa	1	1	1	-	3
12.	Gujarat	9	13	3	6	31
13.	Haryana	-	6	2	-	8
14.	Himachal Pradesh	-	3	-	-	3
15.	Jammu & Kashmir	-	-	-	-	-
16.	Jharkhand	1	2	-	1	4
17.	Karnataka	-	11	-	-	11
18.	Kerala	-	3	-	-	3
19.	Ladakh	-	-	-	-	-
20.	Lakshadweep	-	-	-	-	-
21.	Madhya Pradesh	-	10	-	-	10
22.	Maharashtra	-	22	33	-	55
23.	Manipur	-	2	-	-	2
24.	Meghalaya	-	-	-	-	-
25.	Mizoram	-	-	-	-	-
26.	Nagaland	-	-	-	-	-
27.	Odisha	-	6	-	1	7
28.	Puducherry	-	1	-	-	1
29.	Punjab	-	5	-	-	5
30.	Rajasthan	-	10	1	-	11
31.	Sikkim	-	-	-	-	-
32.	Tamil Nadu	6	15	2	-	23
33.	Telangana	-	9	1	1	11
34.	Tripura	-	-	1	-	1
35.	Uttar Pradesh	-	9	-	-	9
36.	Uttarakhand	-	3	-	-	3
37.	West Bengal	-	-	-	-	-
	Total	**17**	**161**	**48**	**12**	**238**

Financial year-wise distribution of LaQshya certified Maternity OT in India (as on March 2020)

S.No.	States/UTs	2018-19	2019-20	Total
1.	Andaman & Nicobar Islands	-	-	-
2.	Andhra Pradesh	-	1	1
3.	Arunachal Pradesh	-	1	1
4.	Assam	2	5	7
5.	Bihar	-	6	6
6.	Chandigarh	-	4	4
7.	Chhattisgarh	1	6	7
8.	Dadra and Nagar Haveli	-	-	-
9.	Daman & Diu	-	-	-
10.	Delhi	-	1	1
11.	Goa	-	2	2
12.	Gujarat	6	23	29
13.	Haryana	-	2	2
14.	Himachal Pradesh	-	1	1
15.	Jammu and Kashmir	-	-	-
16.	Jharkhand	-	3	3
17.	Karnataka	-	11	11
18.	Kerala	1	2	3
19.	Ladakh	-	-	-
20.	Lakshadweep	-	-	-
21.	Madhya Pradesh	1	9	10
22.	Maharashtra	-	51	51
23.	Manipur	-	1	1
24.	Meghalaya	-	-	-
25.	Mizoram	-	-	-
26.	Nagaland	-	-	-
27.	Odisha	-	7	7
28.	Puducherry	-	1	1
29.	Punjab	-	-	-
30.	Rajasthan	1	8	9
31.	Sikkim	-	-	-
32.	Tamil Nadu	2	21	23
33.	Telangana	1	9	10
34.	Tripura	-	-	-
35.	Uttar Pradesh	-	9	9
36.	Uttarakhand	1	2	3
37.	West Bengal	-	-	-
	Total	**16**	**186**	**202**

Facility-wise distribution of LaQshya certified Maternity OTs in India
(as on 31st March' 2020)

SL	States/UT	MC	DH	SDH	CHC	Total
1.	Andaman & Nicobar Island	-	-	-	-	-
2.	Andhra Pradesh	-	1	-	-	1
3.	Arunachal Pradesh	-	1	-	-	1
4.	Assam	-	6	1	-	7
5.	Bihar	-	6	-	-	6
6.	Chandigarh	-	4	-	-	4
7.	Chhattisgarh	-	4	1	2	7
8.	Delhi	-	-	-	-	-
9.	Daman & Diu	-	-	-	-	0
10.	Delhi	-	1	-	-	1
11.	Goa	-	1	1	-	2
12.	Gujarat	9	13	3	4	29
13.	Haryana	-	1	1	-	2
14.	Himachal Pradesh	-	1	-	-	1
15.	Jammu and Kashmir	-	-	-	-	-
16.	Jharkhand	1	1	-	1	3
17.	Karnataka	1	10	-	-	11
18.	Kerala	-	3	-	-	3
19.	Ladakh	-	-	-	-	-
20.	Lakshadweep	-	-	-	-	-
21.	Madhya Pradesh	-	10	-	-	10
22.	Maharashtra	-	22	29	-	51
23.	Manipur	-	1	-	-	1
24.	Meghalaya	-	-	-	-	-
25.	Mizoram	-	-	-	-	-
26.	Nagaland	-	-	-	-	-
27.	Odisha	-	6	-	1	7
28.	Puducherry	-	1	-	-	1
29.	Punjab	-	-	-	-	-
30.	Rajasthan	-	8	1	-	9
31.	Sikkim	-	-	-	-	-
32.	Tamil Nadu	6	15	2	-	23
33.	Telangana	-	8	1	1	10
34.	Tripura	-	-	-	-	-
35.	Uttar Pradesh	-	9	-	-	9
36.	Uttarakhand	-	3	-	-	3
37.	West Bengal	-	-	-	-	-
	Total	**17**	**136**	**40**	**9**	**202**

Facility-wise distribution of facilities integrated with Mera-Aspataal
(as on June' 2020)

	States/UTs	CGH	MCH	DH	SDH	CHC	PHC	U-PHC	PMC	Pv.H	OTH	TOTAL
1.	Andaman & Nicobar Island	-	-	-	-	-	-	-	-	-	-	**-**
2.	Andhra Pradesh	1	-	13	28	-	-	-	-	-	-	**42**
3.	Arunachal Pradesh	-	-	-	-	-	-	-	-	-	-	**-**
4.	Assam	1	-	-	-	-	-	-	-	-	-	**1**
5.	Bihar	1	-	37	-	-	-	-	-	-	-	**38**
6.	Chandigarh	1	1	2	-	-	-	-	-	-	-	**4**
7.	Chhattisgarh	1	1	2	-	-	-	-	-	-	-	**4**
8.	Dada & Nagar Haveli	-	-	1	-	-	-	-	-	-	-	**1**
9.	Daman & Diu	-	-	2	-	-	-	-	-	-	-	**2**
10.	Delhi	7	1	30	1	-	-	-	-	-	3	**42**
11.	Goa	-	-	2	1	-	-	-	-	-	-	**3**
12.	Gujarat	-	20	24	33	273	1159	264	-	161	2	**1936**
13.	Haryana	-	3	21	-	1	1	-	-	-	-	**27**
14.	H P	-	-	11	7	1	1	-	-	-	-	**20**
15.	J & K	-	-	17	4	12	1	-	-	-	-	**34**
16.	Jharkhand	1	-	23	-	8	-	1	-	-	-	**33**
17.	Karnataka	1	2	38	26	-	-	-	-	-	-	**68**
18.	Kerala	-	-	5	24	227	692	1	-	-	1	**1000**
19.	Ladakh	-	-	-	-	-	-	-	-	-	-	**-**
20.	Lakshadweep	-	-	-	-	-	-	-	-	-	-	**-**
21.	M P	1	-	58	-	-	-	21	-	-	6	**86**
22.	Maharashtra	3	-	39	83	-	-	-	-	-	-	**125**
23.	Manipur	1	-	-	-	-	-	-	-	-	-	**1**
24.	Meghalaya	1	-	1	-	-	-	-	-	-	-	**2**
25.	Mizoram	-	-	9	-	-	-	2	-	-	-	**11**
26.	Nagaland	-	-	11	-	-	-	-	-	-	-	**11**
27.	Odisha	1	-	32	-	-	-	-	-	-	-	**33**
28.	Puducherry	1	-	1	-	-	-	-	-	-	-	**2**
29.	Punjab	-	-	23	-	-	-	-	-	-	-	**23**
30.	Rajasthan	1	26	32	4	118	6	7	-	-	-	**194**
31.	Sikkim	-	-	-	-	-	-	-	-	-	-	**-**
32.	Tamil Nadu	-	-	31	-	-	-	-	19	530	-	**580**
33.	Telangana	-	2	21	23	47	605	220	-	-	7	**918**
34.	Tripura	-	-	8	2	-	-	-	-	-	-	**10**
	Uttar Pradesh	1	2	150	-	-	-	-	-	-	-	**153**
35.	Uttarakhand	1	-	-	-	-	-	-	-	-	-	**1**
36.	West Bengal	-	1	-	-	-	-	-	-	-	-	**1**
	Grand Total	**25**	**59**	**644**	**236**	**687**	**2465**	**286**	**19**	**691**	**19**	**5406**

*CGH – Central Government Hospitals

MCH – Medical College Hospitals

PMC – Private Medical College Hospitals

Pv.HO – Private Hospitals (Empanelled by the States)

Others – Gas Rahat Hospitals in MP & others

PICTURE GALLERY	
NQAS Recognition	**Facility Quality Team**
Biomedical Waste Management	**Patient-centric care**
Promotion of Swachhta activities	**Trained NQAS Assessors**

Competitive Spirit among staff

Improved Infrastructure

Cleanliness practice

Improved processes

Patient friendly environment

Mother & Child friendly services

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