



Manoj Jhalani

Joint Secretary & CVO

Telefax : 23063687

E-mail : manoj.jhalani@nic.in



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. 10(3)/2014 –NRHM-I pt. (P-3061261)

Dated 8th August 2016

Subject: Certification of Health Facilities under National Quality Assurance Program

Dear *Colleague,*

This is subsequent to the D.O letter issued on 'Quality Assurance Programme at Public Health Facilities' dated 15th January 2014. This ministry has finalized the following:

- (i) Criteria for National/ State Certification under NQAP
- (ii) Draft certificate for certification for facilities meeting the prescribed score for five criteria and draft certificate with conditionality for facilities meeting the prescribed score in criterion I and any two of the remaining four criteria.
- (iii) Format for reporting of State level certification/ assessment.

Copies of the same are enclosed.

It is expected that, these documents and guidance contained therein will assist your State/ UT to achieve progress regarding certification of various health facilities under National Quality Assurance Program. For any further queries in this regard, QI division of NHSRC may be contacted.

With regards,

Yours sincerely,

(Manoj Jhalani)

Principal Secretary (Health) - All States and UTs

Copy to-

Mission Directors (NHM) - All States/Union Territories

Criteria for Certification under NQAS

1. National Certification

Before award of National level QA certification, the applicant health facility would be assessed on following criteria -

- I. Criterion 1 - Aggregate score of the health facility $\geq 70\%$
- II. Criterion 2 – Score of each department of the health facility $\geq 70\%$
- III. Criterion 3 – Segregated score in each Area of Concern (Service Provision, Patient's Right, Inputs, Support Services, Clinical Services, Infection Control, Quality Management, Outcome Indicator) $\geq 70\%$
- IV. Criterion 4 – Score of Standard A2, Standard B5 and Standard D10 is $\geq 70\%$ in each applicable department.
 - Standard A2 States “The facility provides RMNCHA services”.
 - Standard B5 states that “the facility ensures that there are no financial barriers to access, and that there is financial protection given from the cost of hospital services”.
 - Standard D10 states “the facility is compliant with all statutory and regulatory requirement imposed by local, state or central government.”
- V. Criterion 5 - Individual Standard wise score $\geq 60\%$

AWARD OF CERTIFICATION --

- a) **Certification** – If health facility meets all of above-mentioned criteria.

Surveillance & Re-certification Protocol:

- i. Certification / recertification would be valid for a period of three years, subject to validation of compliance to the QA Standards by the SQAC team every year for subsequent two years.
 - ii. In the third year, the facility would undergo re-certification assessment by the National Assessors after successful completion of two surveillance audits by the SQAC.
- b) **Certification with Conditionality** – If a Health Facility's aggregate score is 70% or more (Criterion I), and also meets at least two criteria out of remaining four (Criterion II, III, IV & V). It implies that the health facility has shown partial evidence of meeting the Quality Standards. Such certificate would have reason of conditionality mentioned in the certificate. Within agreed timeframe of six months, the facility would produce evidence of having addressed the reasons of conditionality, which may be verified by an external agency.

Then the linked incentive, if any, may be released.

If the hospital does not meet the conditionality in stipulated time-frame,

certification may be revoked after giving one more chance for a period of six months.

- c) **Deferred Certification** – The certification may be deferred until follow-up assessment if Hospital overall score is 70% in external assessment, but does not meet the criteria for conditional certification as mentioned in Para (b) above. The health facility should submit a time bound action plan to NHSRC/ MoHFW within 30 days of declaration of result of external assessment. On intimation of the compliance, follow-up assessment would be undertaken. The window for follow-up assessment will be from 6 months to one year from the date of declaration of external assessment result.

Assessment Time Line: Follow up assessment between 6 month to one year

- d) **Certification declined** - If hospital does not score 70% in external assessment the certification will be declined. The hospital may freshly apply for certification but not before one year of declaration of external assessment result.

Assessment Time Line: Once Certification has been declined, fresh assessment would be undertaken after one year.

2. State Level Certification

The criteria for State level certification needs to be approved by the State Quality Assurance Committee. The States may adopt criteria proposed for the National certification with relaxation of 5% marks in each criterion.

