



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
DO.No. NHSRC/10-11/QI/01/PJB
Dated the 22nd August 2022

रोली सिंह, भा.प्र.से.

Roli Singh, I.A.S.

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

Dear Shri Sharma,

At the outset, I congratulate you and your state team for taking up one(01) Public Health Facility of Punjab for NQAS Certification. The facility underwent External Assessment by the empaneled NQAS external assessors. The assessment details are as follows:

S. No	Name of Facility	Date of Assessment	Certification Criteria	Overall Score	Certification Status
a).	UPHC Lal Singh Basti, Bhatinda	13 th – 14 th June 2022	Met all Criteria	92.8%	Quality Certified

- Hence, Urban Primary Health Centre Lal Singh Basti, Bhatinda in the state of Punjab is granted “**Quality Certification**” under NQAS Program for a period of three(03) years from the date of issue of this letter.
- Summary of the Assessment Report of the aforementioned facility is enclosed as **Appendix –A**.

with best wishes,

Yours sincerely,

Roli Singh
(Roli Singh)

Shri Ajoy Sharma

Secretary, Health & Family Welfare,
Department of Health & Family Welfare,
Government of Punjab,
Room No. 219, 2nd Floor,
Mini Secretariat, Sector – 9,
Chandigarh – 160009

Copy to:

- The Mission Director – NHM, Department of Health & Family Welfare, Government of Punjab, Room No. 1, 5th Floor, Prayas Building, Dakshin Marg, Sector 38-B, Chandigarh - 160036,
- State Quality Assurance Unit, National health Mission, Punjab Health Systems Corporation, Phase VI, Mohali (SAS Nagar), Punjab.
- The Medical Officer, Urban Primary Health Centre, Lal Singh Basti, Bhatinda, Punjab.

स्वच्छ भारत - स्वस्थ भारत

External Assessment Report

Name of the facility: UPHC Lal Singh Basti, Punjab.

Date of Assessment: 13th-14th June 2022

1. Overall Score of Health facility: 92.8%

2. Status on Criteria of Certification:

Criterion No.	Certification Criteria	Status
I.	Aggregate score of the health facility is $\geq 70\%$	Criteria met Overall score – 92.8%
II.	Segregated score in each Area of Concern is $\geq 60\%$	Criteria met
III.	Score of Standard A2, B3 and F4 is $\geq 70\%$	Criteria met Standard A2 – 88% Standard B3 – 94% Standard F4 – 96%
IV.	Individual Standard wise score is $\geq 50\%$	Criteria met
V.	Patient Satisfaction Score of 65% in the preceding Quarter or more or Score of 3.2 on Likert Scale	Criteria met PSS – 4.31

3. Area of Concern Score

S. No.	Area of Concern	Score
A	Service Provision	90.5%
B	Patient Rights	95.8%
C	Inputs	93.8%
D	Support Services	95.4%
E	Clinical Services	91.2%
F	Infection Control	95.5%
G	Quality Management	87%
H	Outcome	92.8%

4. Departmental Score

S. NO	Department	Score
1.	Dressing room & Emergency	91.1%
2.	Immunization	96.8%
3.	Laboratory	92.5%
4.	Communicable diseases	91.7%
5.	Out reach	89.3%
6.	Non-Communicable diseases	91.6%
7.	Pharmacy & Store	92.7%
8.	Family Planning	90.6%
9.	General Administration	97.1%
10.	New Born & Child health	89.1%
11.	General clinic	95.2%
12.	Maternity Health	92.3%

5. Score against each Standard

Reference No	Standard	Score
Standard A1	Facility provides Promotive, preventive and curative services	96%
Standard A2	The facility provides RMNCHA Services	88%
Standard A3	The Facility provides Diagnostic Services, Para-clinical & support services.	91%
Standard A4	The facility provides services as mandated in National Health Programmes, state scheme and local requirement.	89%
Standard A5	The facility provides services as per local needs / State specific health programmes as per guidelines	90%
Standard B1	The service provided at facility are accessible	96%
Standard B2	The service provided at facility are acceptable	95%
Standard B3	The service provided at facility are affordable	94%
Standard C1	The facility has adequate & Safe infrastructure for delivery of assured services and meets the prevalent norms	97%

Standard C2	The facility has adequate qualified and trained staff, required for providing the assured services to the current case load	91%
Standard C3	The facility provides drugs and consumables required for assured services.	96%
Standard C4	The facility has equipment & instruments required for assured list of services.	92%
Standard D1	The facility has established facility management programme for maintenance & upkeep of equipment & infrastructure to provide safe & secure environment to staff & users	97%
Standard D2	Facility has defined procedure for storage, Inventory Management & dispensing of drugs in pharmacy	92%
Standard D3	Facility has defined & established procedure for Community Participation for providing assured services	100%
Standard D4	Facility has defined procedure for Governance & work Management	99%
Standard D5	Facility has procedure for collecting & Reporting of the health facility related information	91%
Standard E1	The facility has defined procedures for registration and consultation of patients.	90%
Standard E2	Facility has defined procedure for primary management and continuity of care with appropriate maintenance of records	76%
Standard E3	Facility has defined & implemented procedures for Drug administration and standard treatment guideline as mandated by Government	83%
Standard E4	Facility has defined & establish procedure for Diagnostic Services	96%
Standard E5	The facility has established procedure for Maternal health care as per guideline	99%
Standard E6	Facility has established procedure for care of New born & Child as per guideline	85%
Standard E7	Facility has established procedure for Family Planning as per Govt guideline	97%
Standard E8	Facility provides Adolescent reproductive & sexual health services as per guideline	100%
Standard E9	Facility provides National Health Programmes as per operational/clinical guidelines of the Government	94%
Standard F1	Facility has defined & implemented procedure for ensuring Hand hygiene practices & asepsis	98%
Standard F2	Facility ensures availability of Personal Protective equipment & follows standard precautions.	95%
Standard F3	Facility has standard procedure for disinfection & sterilization of equipment & instrument	92%
Standard F4	Facility has defined & establish procedure for segregation, collection, treatment & disposal of Bio medical & hazardous waste	96%

Standard G1	Facility has established quality Assurance Program as per state/National guidelines	88%
Standard G2	Facility has established system for patients and employee's satisfaction	100%
Standard G3	Facility has established, documented & implemented standard operating procedure system for its all-key processes.	81%
Standard H1	The facility measures its productivity, efficiency, clinical care & service Quality indicators	95%
Standard H2	Facility endeavours to improve its performance to meet benchmarks	77%