



MEGHALAYA STATE VISIT REPORT

23rd-25th March 2026



REGIONAL RESOURCE CENTRE FOR NORTHEASTERN STATES (BRANCH
OF NHSRC) MOH&FW, GOVT. OF INDIA, GUWAHATI, ASSAM

Meghalaya State Visit

Date: 23rd - 25th March 2026

Executive Summary

The RRC-NE QPS team undertook visit to one district of Meghalaya, selected based on the district-level performance in National Quality Assurance Standards (NQAS) certification, to accelerate progress and address challenges. Four (04) health facilities were assessed, all of them are non-certified/aspiring and mentoring visit was made to IPHL- Meghalaya.

Several strengths were identified in the non-certified/aspiring health facilities including cleanliness and hygiene, adequate space/infrastructure, motivated staffs, decentralized fund release for NQAS assessments and gap closure, Kayakalp winner/commendation facilities etc. However, certain gaps persist, particularly regarding drug availability as against EDL, statutory compliance particularly fire NOC, facility upkeep and JAS fund utilization. Additional challenges include poor biomedical waste management at UPHC and AAM-SHC levels.

Recommendations emphasize strengthening biomedical waste systems, ensuring availability of drugs as per state EDL, focus on facility upkeep and take up of Kayakalp winner/commendation facilities for NQAS certification.

Visting team:

1. Dr. Munmee Das, Consultant, QPS, RRC-NE
2. Dr. Eddy Peter Kandulna, Fellow, QPS, RRC-NE

Background

To ensure that public health services are safe, patient-centric, and of assured quality, the National Quality Assurance Standards (NQAS) are being implemented across all levels of public health facilities in both rural and urban areas of all States and Union Territories. NQAS serves as the cornerstone framework for assessing and certifying facilities, thereby strengthening accountability and standardization in healthcare delivery. Currently, NQAS applies to the following categories of facilities:

- District Hospitals (DHs)
- Sub-Divisional Hospitals (SDHs)
- Community Health Centres – First Referral Units (CHC-FRUs)
- Primary Health Centres (PHC 24x7)
- Urban Primary Health Centres (UPHCs)
- Ayushman Arogya Mandir – Sub Centres (AAM-SCs)

Certification Status in Meghalaya (as of 28th February 2026)

A total of 168 health facilities has been certified under NQAS in Meghalaya, distributed as follows:

Facility Type	Number Certified
District Hospitals (DH)	7
Sub-Divisional Hospitals (SDH)	0
Community Health Centres (CHC)	4
Primary Health Centres (PHC)	24
Urban Primary Health Centres (UPHC)	1
Ayushman Arogya Mandir – Sub Health Centres (AAM-SHC)	132

Purpose of State Visits

To accelerate progress and address the low uptake of NQAS certification, the RRC-NE Quality & Patient Safety (QPS) team undertook visit to one district in the state of Meghalaya.

The objectives of the visit were to:

- Understand the challenges faced by the **low-performing district** in achieving NQAS certification.
- Identify **implementation issues** that can be addressed at both the State and National levels.
- Share **best practices** from other states that have encountered similar challenges.
- Develop **actionable strategies** in collaboration with the State to improve certification outcomes.

Districts Covered and their Performance status as on February 2026

Districts Covered	NQAS Certification Performance (%)
East Khasi Hills	25.4%
State Average	27.14%

Scope of Field Visits

During the visit, the following activities were undertaken:

1. Facility Assessments

- A total of **04 health facilities** were visited (23–25 March 2026):

- 2 Urban Primary Health Centres (UPHCs)
- 1 Community Health Centre (CHC)
- 1 Ayushman Arogya Mandir – Sub Health Centres (AAM-SHCs)

2. Functionality and pre-assessment visit to Critical Care Hospital Block (CCHB):

- Visit to Critical Care Hospital Block (CCHB)-Meghalaya

3. Mentoring visit:

- Visit to Integrated Public Health Laboratory -Meghalaya

Key Observations of Facility Assessments:

- **UPHC: Umsohsun**-Assessed using the rapid checklist; the facility has conducted internal assessment in September 2025 and scored-50.9%. Functioning from rented building. Key gaps were noted in patient rights, infection control practices, support services and quality management.
- **UPHC: Jaiaw**- Assessed using the rapid checklist; the facility has conducted internal assessment in September 2025 and scored-56.1%. Key gaps were noted in quality management system and analysis of outcome indicators.
- **CHC: Sohiong**- Assessed using the rapid checklist; the facility has conducted internal assessment in March 2026 and scored-66.7%. Key gaps were noted in inputs, quality management and measurement and analysis of outcome indicators.
- **AAM-SHC: Thainthynroh** -Assessed using the rapid checklist; the facility has conducted internal assessment in September 2025 and scored-65%.

Summary of NQAS Status of Visited Facilities:

S. No	Health Facility	NQAS Status of Visited Facilities	Kayakalp internal assessment score	NQAS internal assessment score
1	UPHC Umsohsun	Not certified	89.8%	50.9%
2	UPHC Jaiaw	Not certified	92.2%	56.1%
3	CHC Sohiong	Not certified	76.6%	66.7%
4	AAM-SHC Thainthynroh	Not certified	53%	65%

2. Stakeholder Engagements

- Meetings held with District Nodal Officer, District Quality Consultant and facility teams of East Khasi Hills district to review certification progress, challenges, and support needs.
- Discussions focused on strategies, bottlenecks, and plans to accelerate certification targets.

3. Visit to CCHB-Mawphlang CHC, Meghalaya

- A visit was made on 24th March 2026 to **Critical Care Hospital Block (CCHB)** under **Mawphlang CHC**.

4. Mentoring visit to IPHL-Meghalaya

- A mentoring visit was made on 25th March 2026 to accelerate NQAS certification process of the IPHL.

Key Observations from Field Visits

- The visited health facilities have an adequate number of staff to ensure effective service delivery aligned with patient load except for the CHC Sohiong where the availability of specialists as per IPHS norms is a concern.
- Drug stock registers are well maintained. On average, 60–70% of essential medicines (as per the State Essential Medicines List) are available. Drug storage area is poorly managed in the visited secondary facility.
- In-house Laboratory services are being implemented. And majority of the tests are available across facilities. Equipment's are calibrated regularly.
- For bio-medical waste, transportation of biomedical waste is being carried out in closed containers on alternate days for some facilities and once a week in others. The BMW records are well maintained at all levels.
- Fire safety measures need to be strengthened across all level of facilities with defined fire exits, adequate fire extinguishers, fire NoC and regular trainings.
- JAS is functional and convenes monthly. The meetings minutes are being recorded. But fund utilization could be more effective.
- Standardized forms and formats are available at all levels of visited health facilities.
- Regular trainings are conducted by district units for NQAS.

Key Observations from CCHB visit

- The **Critical Care Hospital block under Mawphlang CHC** is under construction (10-15% completed) within the CHC premises.

Key Observations from IPHL visit

- The IPHL is preparing for NQAS and has completed the internal assessment in March 2026 with 73% score.
- Directional signages needs to be properly displayed at entrance.
- The sample collection area doesn't have ramp and the registration and report collection area needs reorganization to ensure unidirectional flow of services.
- The TAT for all tests is to be displayed.
- All HR are available as per guidelines for IPHL.
- The clinical protocols /work instructions are to be displayed.

Areas of Improvement and Recommendations

- **HRH:** Specialist positions at visited CHC are mostly vacant. [The State needs to expedite approvals and recruitment to meet certification targets.](#)
- **BMW management:** Final disposal of BMW is a challenge as only one CBWTP is available for the entire state. [Efforts need to be made to ensure authorization and strengthen waste management systems.](#)
- **Incentives:** Even though over the last three financial years, the State has not released any NQAS incentive amount due to issue with SNA Sparsh. Stakeholder feedback revealed the issue is resolving now since past month. [The State needs to prioritize/ ensure regular NQAS incentive disbursement.](#)
- **CHC:** Lack of specialist services, essential audits such as fire & electrical. The surgical services are not functional as the OT complex is under construction. [The State may ensure the availability of specialists and strengthen the process of necessary audits and approvals to ensure service functionality.](#)
- **Urban Primary Health Centres (UPHCs):** The UPHC **Umsohsun** is running in a rented accommodation and this creates issues with regards to building maintenance, patient amenities and Infection control practices as well as BMW management. Despite space constraints, the facility is innovatively managing day-to-day operations. Uninterrupted power supply is an issue as there is no functional backup available. Only one hand washing facility is available in the UPHC and one toilet. Laboratory has no provision of ETP. [Orientation on IPC and BMW along with regular monitoring, is required. Efforts need to be made to strengthen waste management systems and the provision of UPS.](#)
- **UPHC Jaiaw** – The UPHC needs to have fire safety measures in place including Fire exits, trainings and mock drills. The Patient Satisfaction Survey (PSS) data needs to be properly analysed and corrective action and preventive actions (CAPA) needs to be taken up during monthly quality team meetings. [The State may expedite fire audit process.](#)
- **AAM-SHC** Currently AAM- SHCs are providing services under 12 service packages. CHOs are trained for 12 packages. [The State may expedite provision of required drugs to ensure full functionality](#) and take up the AAM-SC for certification.
- **Jan Arogya Samiti (JAS):** Funding needs to be used effectively to undertake essential maintenance, facility upkeep, signage and patient amenities improvements.
- **Internal Assessments:** NQAS-certified facilities need to be conduct quarterly internal assessments, analyse gaps, and ensure timely closure. [An online quarterly monitoring and training program may be initiated by the State Quality Assurance Unit.](#)

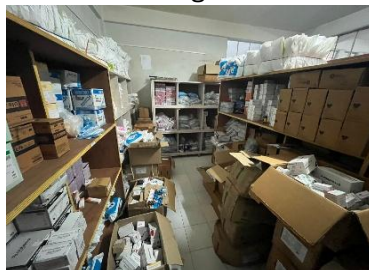
Image Gallery:



UPHC Umsohsun, Entrance and Registration counter



UPHC Jaiaw, Entrance, Pharmacy and Patient waiting area



CHC Sohiong, Wards, Pharmacy and Entrance area



Thainthynroh AAM-SHC, Entrance area and Laboratory



CCHB construction site, Mawplang CHC
