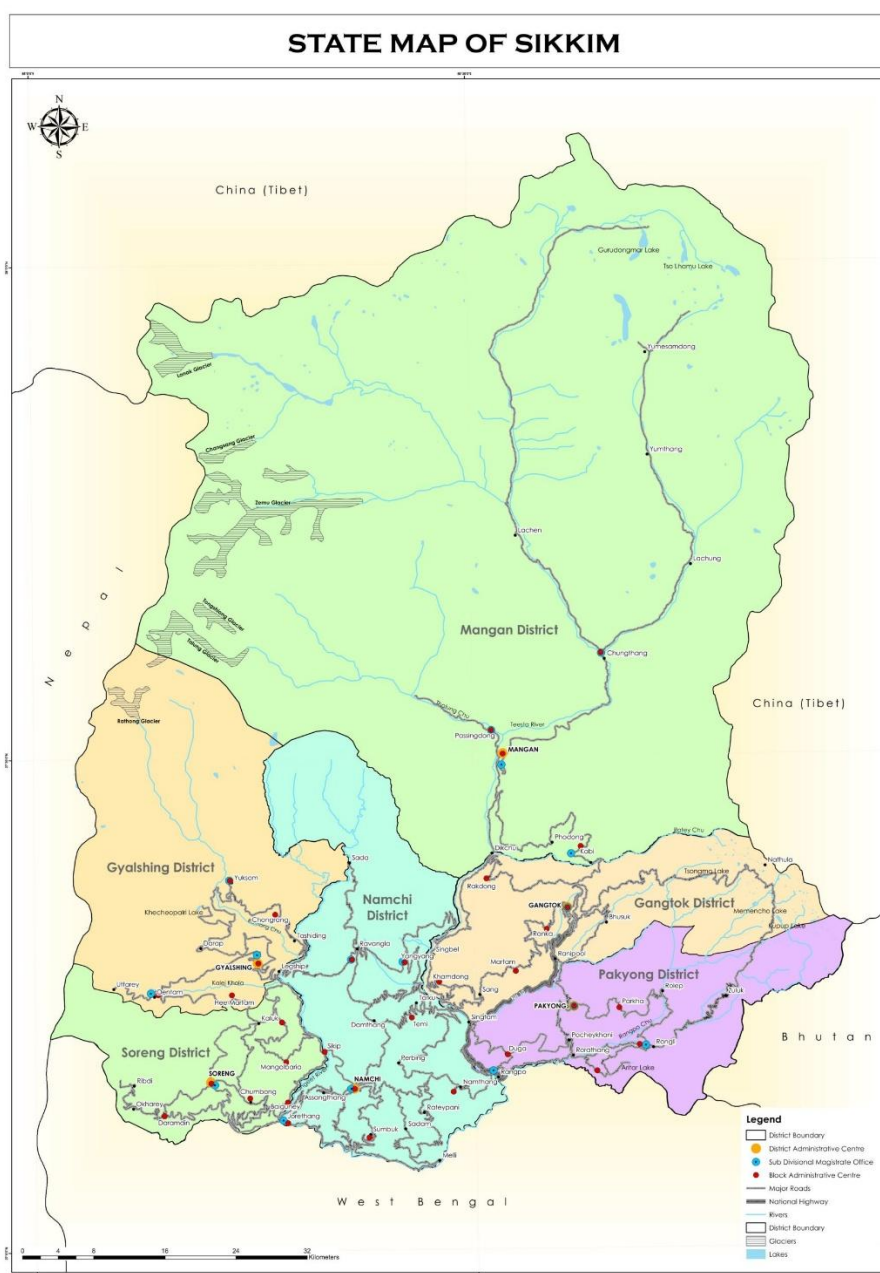


REPORT OF SUPPORTIVE SUPERVISION FIELD VISIT IN SIKKIM

8th June – 13th June 2026



Regional Resource Centre for NE States

BRANCH OF NHSRC

**1st Floor "Krivi Square", H. N.- 57, Opp: Assam Administrative Staff College,
Jawahar Nagar, Khanapara, Guwahati - 781022, Assam**

Executive Summary

The Regional Resource Centre for North-Eastern States (RRCNE), NHSRC, conducted a supportive supervision visit to Namchi and Gangtok districts of Sikkim from 8th–13th June 2026 to review the implementation of the National Quality Assurance Standards (NQAS), provide onsite mentoring to targeted health facilities, and identify good practices for replication. During the visit, nine public health facilities comprising two District Hospitals, one Community Health Centre, two Primary Health Centres, three Ayushman Arogya Mandir–Sub Centres, and one Urban Primary Health Centre were assessed, followed by debriefing meetings with district authorities and later, the Mission Director, NHM Sikkim.

The state demonstrates strong leadership commitment to healthcare quality, evidenced by effective Kayakalp implementation, routine internal audits, and growing NQAS coverage. Key strengths across facilities demonstrated commendable practices, including well-maintained infrastructure, robust biomedical waste management systems, availability of comprehensive primary healthcare services, solar power backup, active Quality Teams, Patient Satisfaction Surveys, and systematic monitoring of Key Performance Indicators. Notable milestones include District Hospital Namchi's advanced NQAS preparedness and National Certification for several Ayushman Arogya Mandirs. With 42 additional health facilities ready for State NQAS assessment, the state shows sustained momentum in scaling quality standards.

Despite these, achievements critical systemic challenges necessitate targeted State-level intervention. The most prominent issue across almost all facilities was poor availability of essential medicines, with many facilities relying on local procurement through untied or JAS funds to maintain services. Laboratory services also require strengthening through improved availability of mandatory diagnostics, implementation of Internal Quality Control (IQC) and External Quality Assurance Scheme (EQAS), regular equipment maintenance and calibration, and timely operationalization of non-functional equipment. Documentation practices remain cumbersome due to maintenance of multiple redundant registers, while routine monitoring of Quality Indicators, Patient Satisfaction Surveys, and Quality Team meetings requires stronger institutionalization across several facilities.

Healthcare infrastructure in the State is progressing rapidly, with quality infrastructure at facilities like the DH Namchi and several new health facility buildings either completed or under construction, including District Hospital Singtam, CHC Jorethang, and multiple Ayushman Arogya Mandirs. Promptly operationalizing these facilities will significantly enhance patient care, service expansion, and support state-wide NQAS compliance. However, in the interim, immediate measures are needed to address space constraints, optimize patient flow, clear condemned materials, and strengthen accessibility.

Sikkim is strongly positioned to achieve substantial progress towards universal quality certification. By addressing core gaps in medicine supply chain, diagnostics, statutory compliance, and documentation, supported by mentoring, and time-bound, corrective action - the State can rapidly accelerate NQAS implementation. It is recommended that NHM Sikkim should immediately finalize a phased State Action Plan targeting 100% NQAS certification across public health facilities by December 2026 building on the baseline momentum of Kayakalp and existing NQAS-certified facilities.

Sikkim Tour Report

Table of Content

Sl.	Particular	Page No.
1.	Introduction	3
2.	Objective & Methodology	3
3.	Details of the Visit	4
4.	Field Activities and Observations in Namchi	4-7
5.	Debriefing at Namchi	7
6.	Field Activities and Observations in Gangtok	8-13
7.	State level Debriefing at NHM, Sikkim	13
8.	Best practices	14
9.	Image gallery	15-19

Introduction:

Sikkim has made steady progress in strengthening quality assurance in public health facilities through implementation of the National Quality Assurance Standards (NQAS). Several Ayushman Arogya Mandirs (PHCs & ABHWC-SCs) have achieved NQAS certification, while several additional facilities are progressing towards certification. As of 31st May 2026, 36% of Public Health facilities are NQAS certified in the state of Sikkim.

State	Type	HDI (2022-23)	Total State Certified	Total National Certified	Total Certified	Percentage
Sikkim	DH	4	0	0	0	0.0%
	SDH	0	0	0	0	NA
	CHC	2	0	0	0	0.0%
	PHC	24	5	4	9	37.5%
	UPHC	2	0	0	0	0.0%
	AAM SC	149	14	42	56	37.6%
	Total	181	19	46	65	35.91%

In view of the national goal of achieving 100% NQAS certification of public health facilities by December 2026, focused technical support and time-bound gap closure are required to accelerate certification while sustaining the quality improvements already achieved. The RRC-NE team undertook a supportive supervision visit to selected health facilities in Namchi and Gangtok districts from 8th to 13th June 2026. The team visited nine facilities, including District Hospitals, CHC, PHCs, ABHWC-SCs and a UPHC, and provided onsite mentoring and guidance for strengthening NQAS implementation.

Objective and Methodology of the field Visit:

1. Supportive supervision visits to NQAS targeted health facilities in the district of Namchi, and Gangtok in Sikkim.
2. Provide handholding support for NQAS implementation in the targeted health facilities.
3. Identify the Good Practices.

The visit followed a supportive supervision and mentoring approach, with emphasis on onsite assessment, interaction with facility teams and identification of practical actions for gap closure. The methodology included:

- Facility walkthrough and observation of relevant NQAS requirements.
- Interaction with facility leadership and staff to understand the status of NQAS implementation, service delivery and operational challenges.
- Sample review of records and documents, including Internal Assessment reports, action plans, KPIs, PSS, Quality Team and JAS meeting records, drug and diagnostic availability, equipment calibration and statutory compliances.
- Onsite mentoring and technical guidance including handholding through discussion of observations, clarification of NQAS requirements, demonstration of best practices, and recommendations for closing identified gaps during the visit to facility teams on identified gaps and measures for improving NQAS readiness.

Sikkim Tour Report

- Debriefing with District and State officials to present key findings, discuss priority gaps and agree on the way forward for time-bound closure of gaps and expediting certification.

Details of field visit:

Sl.	Name of the Facility	District	Date of Visit	RRCNE Team	State Team
1	PHC Ravangla	Namchi	9/6/2026	1. Dr. Ajay Kumar Arya, Sr. Consultant, QPS, RRCNE	1. Dr. B.K Chauhan, DRCHO, Namchi, Sikkim
	ABHWC SC Damthang	Namchi			
	CHC Jorthang	Namchi		2. Dr. Ravikar Singh, Consultant, QPS, RRCNE	2. Ms. Madhukala Mishra, SQC, Sikkim.
	DH Namchi	Namchi	10/6/2026		
	ABHWC SC Simick Lingzey	Gangtok	11/6/2026		3. Dr. Mickyla Lepcha, DQC, Namchi, Sikkim
	ABHWC SC Tumin	Gangtok			
	PHC Samdong	Gangtok	12/6/2026		4. Ms. Prashansha Rai, DQC, Gangtok, Sikkim
	DH Singtam	Gangtok			
	UPHC Ranipool	Gangtok			

Field Activities and Observations

From June 9th to 12th, 2026, RRC-NE team, conducted visits to 09 health facilities in Namchi, and Gangtok Districts. Following the visits, debriefing meetings were held at CMO Office in the districts, followed by meeting with the MD, NHM, Sikkim.

A. Namchi District:

Namchi is a predominantly hilly district with a network of 01 District Hospital, 01 CHC, 06 PHCs, 39 ABHWC-SCs and 02 U-ABHWCs catering to dispersed populations. The district has demonstrated progress in quality improvement and NQAS implementation, with several facilities already certified or progressing towards certification. Overall, 02 PHCs and 10 ABHWC SHCs are nationally certified and 03 PHC and 12 ABHWC SHCs are state certified under NQAS (55%). Good practices such as regular Internal Assessments, Kayakalp implementation, functioning Quality Teams and availability of selected diagnostic and support services were observed. Team visited DH Namchi, CHC Jorthang, PHC Ravangla, and ABHWC SC Damthang in Namchi District.

1. DH Namchi

District Hospital Namchi is a 500 bedded tertiary care facility in Namchi District and is one of the priority facilities identified for NQAS certification. The hospital is planning NQAS certification for 20 departments and possesses excellent infrastructure with a wide range of specialty services. During the visit, the RRCNE team conducted a half-day discussion cum orientation session for hospital staff on key issues related to NQAS AOC -G (Quality Management) and H (Outcome) part, followed by a walkthrough assessment of the departments identified for NQAS certification to review preparedness and provide onsite mentoring.

Key Observations:

- Infrastructure: Excellent infrastructure with adequate space and facilities comparable to a tertiary care hospital, with 20 functional departments aligned with NQAS guidelines
- Diagnostic Facilities: Pathology and Biochemistry laboratories are well established and equipped with 17 advanced equipment and performing over 100 diagnostic tests.
- A BSL-2 Microbiology Laboratory is being established, which will further strengthen diagnostic services.
- Organized Support Services: Auxiliary workflows: including CSSD, Laundry, Kitchen, and Engineering services, were well structured and efficient.
- Proactive Quality Management: Periodic Internal NQAS Assessments are being conducted, and department-wise action plans are being developed to address identified gaps.
- Institutional Commitment: Hospital Leadership and staff demonstrated strong alignment and commitment towards achieving NQAS certification.'
- Critical Gaps: The facility lacks Nutrition Rehabilitation Centre (NRC) and has not yet established an External Quality Assurance Scheme (EQAS) for its Laboratories.

Areas for Improvement:

- Supply Chain: Strengthen availability of essential medicines and consumables as per the State Essential Medicines List.
- Lab Quality Assurance: Strengthen participation in External Quality Assurance Scheme (EQAS) and Internal Quality Control (IQC) for laboratory services.
- Information Management: Streamline record maintenance by eliminating duplicate registers and promoting standardized documentation practices.
- Bio-Medical Waste management: Minor gaps in standard BMW transport practices were observed which needs to be resolved.
- Quality Governance: Strengthen implementation of NQAS standards across all departments through regular Quality Team meetings, monitoring of quality indicators, and timely closure of gaps identified during Internal Assessments.
- Financial Sustainability: Secure alternate funding source to maintain the 500-bed infrastructure, as routine untied funds cannot sustain high-quality operations long term.

2. Jorhang CHC

Jorhang CHC is a non-FRU facility located in South District, approximately 60 minutes from the District Headquarters, catering to a population of 28,261 through eight Ayushman Arogya Mandir-Sub Centres. The facility records an average monthly OPD of over 3,000 and IPD of over 200. During the last year, 32 institutional deliveries were conducted. The facility is currently transitioning to a newly constructed Mother & Child Health (MCH) building; however, departmental shifting and some civil works are still in progress.

Key Observations:

- FRU Upgrade: CHC may be considered for upgrading to FRU with newly constructed MCH building with improved infrastructure and adequate space for service expansion.
- Hospital functions in two buildings: Emergency, OPD, IPD, Pharmacy and Haemodialysis services have been shifted and are functional in the new building. Whereas the Laboratory, X-ray, Physiotherapy and Laundry services continue to function from the old building.
- Maternal Care disruption: Labour Room is currently non-functional due to the ongoing shifting process and pending civil works.
- Service Utilization: High patient load (3,000+ OPD and 200+ IPD per month) indicating good utilization of services.
- Haemodialysis Deficits: Dedicated haemodialysis unit with eight dialysis stations are functional. Four additional dialysis machines require maintenance to become operational.
- Issues with AMC/CMC: AMC/CMC documentation for the dialysis machines (shifted from the old District Hospital, Namchi), was not available. One of the two RO plants was also found non-functional.
- Diagnostic Outage: CBNAAT testing has been suspended for the past one month due to a non-functional air-conditioning system in the laboratory.
- Stalled Quality Certification: NQAS baseline assessment has been completed; however, limited progress has been made towards closure of identified gaps and application for State certification.

Areas for Improvement:

- FRU Upgrade & IPHS Compliance: Leverage the high patient volume and the current infrastructure for upgradation to a First Referral Unit (FRU) after ensuring compliance with IPHS norms.
- MCH Operationalization: Expedite completion of the new MCH building and operationalize all remaining departments, focussing on the Labour Room.
- Diagnostic Services and Supply Chain: Strengthen laboratory services by ensuring uninterrupted availability of reagents and consumables. Currently, only 44 of the mandatory 97 laboratory tests are available.
- OPD Sample Collection Hub: Establish a sample collection centre near the OPD and transport samples to the laboratory, as the current laboratory location in the old BPHU building has a steep approach that is difficult for elderly, disabled, and critically ill patients.

- Radiology Licensing and maintenance: Maintain current AMC/CMC documentation for radiology equipment and initiate early renewal of the X-ray units AERB License prior to its July 2026 expiration
- CBNAAT Testing Restoration: Restore CBNAAT services at the earliest by repairing the air-conditioning system.
- Strengthen Dialysis Services: Ensure AMC/CMC coverage for all dialysis machines and make both RO plants fully functional.
- NQAS Staff alignment: Conduct NQAS sensitization training for all the staff. and execute a time-bound NQAS gap closure plan based on the Internal Assessment findings and expedite State certification.
- Quality Governance Systems: Institutionalize monthly Quality Meetings to track KPIs, execute patient satisfaction surveys, maintain statutory records, and ensure progress and readiness for NQAS state certification.

3. Ravangla ABHWC PHC

Ravangla PHC is an 8-bedded facility catering to a population of approximately 23,156 across 15 villages, with nine Ayushman Arogya Mandir-Sub Centres functioning under its administrative jurisdiction. The facility has adequate human resources, with a total workforce of 66 staff members, and provides a range of primary healthcare services.

Key Observations:

- Functional Support and Wellness Services: Dedicated Dental, AYUSH, Physiotherapy, and Counselling services are available and functional. The physiotherapy unit was found to be well-maintained and actively utilized by beneficiaries.
- Well-Maintained Infrastructure and Patient Information Systems: The facility infrastructure is well-maintained, with appropriate ABHWC-PHC branding, display of Citizen's Charter, and availability of IEC materials for patient awareness. Reliable 24×7 Power Backup: Functional 24×7 power backup through solar panels and battery support.
- Recognition: Facility has received Kayakalp Commendation Award in the last two years, is already NQAS state certified and preparing for National certification.
- Low Institutional Delivery Utilization: Functional labour room but delivery load is very less, people prefer to go to nearby DH Namchi and STNM Hospital for institutional delivery which takes 1 – 2 hours.
- Calibration Completed but Limited Staff Awareness: Equipment calibration completed recently (May 2026), however staff working in the department are unaware about calibration
- Limited Availability of Essential Medicines: Only 30% - 40% of drugs are available against state EML for Primary facilities. Drug inventory managed through DVDMS; storage shelves properly labelled and staff aware of near-expiry drug management.
Diagnostic Test Availability: Out of 63 mandatory diagnostic tests, only 40+ diagnostic tests are provided as Auto analyser, CBC, centrifuge was available. In rapid test, Urine Pregnancy Test (UPT), Malaria rapid, HIV, VDRL, sputum for AFB (TB) (Sample box distribution only), Haemoglobin, Blood Pressure, RBS was available. Functional X-ray unit and dedicated counsellor providing counselling across various service packages.
- Adequate Biomedical Waste Management: Biomedical waste disposal was largely adequate, with a functional deep burial pit and Karnataka model effluent treatment system; however, the sharps pit was under construction as the existing pit is reaching capacity.
- Statutory Safety and Environmental Compliance: Valid Fire Safety NOC and Biomedical Waste Authorization available.
- Gaps: Absence of dedicated Biomedical Waste Storage Area, female toilet being used as temporary storage.

Areas for Improvement

- Patient Privacy in Labour Room: Privacy curtains need to be installed in the labour room to improve patient privacy and compliance with quality standards.

- Staff Orientation on Biomedical Equipment Calibration and Maintenance: Conduct Staff orientation on maintaining preventive maintenance logbooks, calibration and tracking equipment service cycles.
 - Essential Medicine Supply: Address the shortage of essential medicines (currently at –40% against State EML); and implementing buffer stock monitoring.
 - Dedicated Drug Storage: Identify and establish a dedicated climate-controlled drug storage room to prevent overcrowding of the Dedicated drug storage space is unavailable, resulting in the dispensing area with bulk inventory storage.
 - Dedicated Biomedical Waste Storage Area: Female toilet is being utilized for temporary storage of biomedical waste should be stopped immediately and designate a safe, lockable and properly labelled BMW collection/storage area following the infection control guidelines. Radiation Safety Measures in X-ray Unit: Frame and prominently display the AERB authorization, issue required TLD Badges to radiation personnel and improve the lighting conditions in the X-Ray Room.
- NQAS Assessment Application Submission: Expedite the data upload on the SaQsham portal to fast track the application for National Certification.

4. Damthang ABHWC SC

Damthang AB-HWC (Type-A) is in Namchi Block of South District and caters to a population of 1,541 residing across 3 villages, including 967 individuals aged 30 years and above. The facility is approximately 45–50 minutes from District Hospital Namchi and provides comprehensive primary healthcare services through a dedicated team of healthcare workers. The average daily OPD attendance is 8–10 patients.

Key Observations:

- NQAS National Certification Achieved: The facility is NQAS National Certification with conditionalities on 1st September 2025.
 - Service Delivery & Diagnostics: Provides all 12 CPHC expanded package of services. 12 mandatory diagnostic tests (14 tests) were available at the time of visit.
 - Human Resources & Training: Fully staffed team including one (1) CHO, one (1) ANM, Health Attendants, three (3) ASHAs, and support staff. Staff are trained in RCH, NQAS, TB, and CPHC services.
 - Active NCD Screening and Management: Dedicated NCD clinic day is observed every Monday. The facility is actively managing 145 hypertension cases, 13 diabetes mellitus cases, and 35 beneficiaries with both conditions.
 - Availability of Essential Medicines: Availability of essential medicines was good, as approximately 70% of the items were available, however, further strengthening is required.
 - Documentation and Community Platforms: Regular Jan Arogya Samiti Meetings: Well-Maintained Patient Records: Family folders and CBAC forms were found updated and properly maintained. Monthly Jan Arogya Samiti (JAS) meetings are conducted regularly, and records are maintained.
 - Biomedical Waste Management Infrastructure: Adequate Biomedical waste disposal infrastructure, including a deep burial pit, sharps pit, and composite pit, was available and functional, with a Karnataka model effluent treatment system also in place. Separate toilets are available for male and female patients.
- Power Backup: Solar-powered electricity backup system with battery support is available.

Areas for Improvement:

- Accessibility for the Elderly & differently abled: The facility is located on a hillside, and access is through stairs only, provision of a ramp may be explored to improve accessibility for elderly and differently abled beneficiaries.
- Submission for re-certification: Apply for recertification in saQsham portal.

Debriefing Meeting in Namchi District

On 10th June 2026, A debriefing meeting was held under the chairmanship of Dr Junita Yonzon, the Chief Medical & Health Officer, Namchi, in the presence of the Medical Superintendent, Dr.

B.K. Chauhan (DRCHO), Ms. Madhukala Misra (State Quality Consultant), Ms. Mickeyla Lepcha (District Quality Consultant), and other district officials.

During the meeting, the RRCNE team presented the key observations from the supportive supervision visits, highlighting the good practices observed across the health facilities as well as the critical operational gaps requiring prompt resolution across the district health facilities.

The team appreciated the district's commitment towards quality improvement and emphasized the need for a focused and time-bound action plan to accelerate NQAS certification.

Actionable Points:

- Time Bound Action Plan: Develop and roll out a target-oriented action plan to address identified gaps across facilities.
- NQAS Acceleration: Prioritize facility readiness to expedite National Quality Assurance Standards (NQAS) certification.
- Supply-Chain EDL: Ensure uninterrupted availability of essential medicines as per state EDL.
- Strengthen BEMMP: availability, maintenance, calibration, and quality assurance of diagnostic services.
- Lab Quality Assurance: Participation in External Quality Assurance Scheme (EQAS) and Internal Quality Control (IQC) for laboratory services.
- Documentation Streamlining: Streamline documentation by eliminating redundant records and promoting standardized record maintenance practices.
- HR Optimization: Rationalize deployment of human resources.
- E-Sanjeevani Teleconsultation: Improve utilization of e-Sanjeevani teleconsultation services across health facilities.
- NQAS Accreditation: Accelerate implementation of NQAS through regular Quality Team meetings, periodic internal assessments, and timely closure of identified gaps.

The team also appreciated the efforts of District Hospital Namchi in strengthening quality assurance initiatives and preparing multiple departments for NQAS certification. However, considering the size of the hospital, extensive infrastructure, and the wide range of specialized services being provided, RRC-NE recommended securing additional financial support through appropriate State or NHM mechanisms to ensure adequate maintenance of infrastructure, biomedical equipment, and support services, necessary to sustain quality standards and achieve NQAS certification.

Gangtok District: Gangtok District is one of the major administrative and urban centres of Sikkim, with a health facility network comprising one District Hospital, two Primary Health Centres, two Urban Primary Health Centres and 17 Ayushman Arogya Mandir-Sub Centres. A total of only 02 ABHWC-SHC are NQAS National certified and 01 PHC and 12 ABHWC-SC are state certified. During the visit, selected facilities demonstrated good service utilization, availability of human resources and basic infrastructure. However, gaps were observed in essential drug availability, laboratory services and quality assurance, documentation, equipment maintenance and NQAS implementation. Strengthening supportive supervision and ensuring timely closure of identified gaps will be important to accelerate NQAS certification. The RRCNE team visited District Hospital Singtam, PHC Samdong, UPHC Ranipool, ABHWC-SC Tumin and ABHWC SC Simick Lingzey in Gangtok District.

5. DH Singtam

District Hospital Singtam is a 100-bedded secondary care facility with high OPD load (May OPD load- 12570); although the hospital provides a wide range of secondary care services, the existing infrastructure is relatively old and congested, posing challenges for service provision and patient flow. A new District Hospital building is currently under construction, which is expected to significantly enhance service delivery and patient care.

Key Observations:

- Human Resources: Adequate and diverse Human resource. The facility maintains a robust workforce of 203 personnel. (Medical specialist- 03, Specialist doctors- 23, Dental specialist- 07, GDMO- 14, Dental officer – 27, physiotherapist 11, Allied staff – 64, Administrators – 54).
- Streamlined Accident & Emergency Services: The Accident & Emergency (A&E) Department is well maintained displaying efficient patient flow and structured service delivery, supported by fully functional and well managed auxiliary services.
- Laboratory Infrastructure Constraints: Pathology and Biochemistry laboratories are hampered by space constraints, and inadequate ventilation, affecting workflow and compliance with quality standards.
- Inadequate Hospital Store Space: Hospital store is severely space constrained and lacking adequate capacity for organized drug and supply storage.
- Utilization of Maternal Health Services: Delivery load is approximately 100 institutional deliveries per month, indicating good utilization of maternal health services.
- Planned Expansion of NQAS Certification: Strategic initiatives are underway to secure NQAS certification across 11 departments. Periodic Internal NQAS Assessments are being conducted, and department-wise action plans have been developed to address identified gaps.
- Management Commitment Towards Quality Improvement: Hospital management demonstrates active engagement and clear commitment towards NQAS implementation and achieving national accreditation.
- Drug and Supply: The facility faces significant stockouts, with only 40-45% of drugs listed under EDL currently available

Areas for Improvement:

- Human Resources Deployment: Critical human resource gaps should be addressed through rational deployment and optimal utilization of available staff.
- Laboratory Quality Systems and EQAS Compliance: Strengthen laboratory quality systems by ensuring regular equipment calibration and implementation of the External Quality Assurance Scheme (EQAS).
- Space optimization and Patient Flow: Department staff need to focus on the reorganization in the available space and removal of condemned items to improve space utilization and patient flow in congested clinical areas to enhance patient safety and service efficiency until the new hospital building becomes operational.
- Continuous Quality Improvement: Expediting Closure of Internal Assessment Gaps, strengthen documentation, quality indicator monitoring, Patient Satisfaction Surveys (PSS), and regular Quality Team meetings to ensure effective implementation of NQAS standards. Expedite closure of gaps identified during Internal Assessments.
- Expanding Scope to twelve (12) Departments: Facility is advised to include at least 12 department to undergo NQAS State assessment.

6. Samdong ABHWC PHC

Samdong ABHWC PHC is in Gangtok District, approximately 26 km (70 minutes) from the District Headquarters. The facility caters to a population of 24,383 residing across 48 villages through seven Ayushman Arogya Mandir-Sub Centres and 30 ASHAs. The facility records an average monthly OPD attendance of over 1,000 patients. During the last year, only six institutional deliveries were conducted.

Key Observations:

- Human Resource: Adequate human resources are available, including one Medical Officer In-charge, two Medical Officers, three Dental Officers, one Dental Hygienist, twelve Staff Nurses, two Pharmacists, one MPH, one LHV, one Senior SHO, and support staff.
- Patient Information Displays: Citizen's Charter and IEC materials are prominently displayed
- Strong Kayakalp Compliance: Kayakalp compliance with score of 84.3% in last Kayakalp external assessment and received Commendation Award previous year.

- **Equipment Maintenance:** Equipment calibration was recently done during the previous month.
- **Functional Biomedical Waste Management Infrastructure:** Deep burial pit, sharp pit, and composite pit, is available and functional for BMW disposal
- **Ongoing Infrastructure Development:** Construction of the Block Public Health Unit (BPHU) is in progress, which is expected to strengthen public health services.
- **Critical Gaps: Partially Functional Laboratory Services:** Laboratory services remain partially functional due to pending installation of equipment. At present, only rapid diagnostic tests are available
- **Very Low Institutional Delivery Utilization:** Very low institutional delivery load (six deliveries during the last year, Majority of pregnant women prefers to deliver in nearby District Hospital

Areas for Improvement:

- **Early Operationalization of Laboratory Services:** The laboratory is currently non-functional due to electrical issues and pending installation of laboratory equipment. Early operationalization of the laboratory is recommended to ensure availability of essential diagnostic services.
- **Storage and Condemnation Policy adherence:** The drug store is congested with condemned equipment and materials, with additional condemned items stored in the corridor. Adherence to timely condemnation and disposal as per the policy should be undertaken to improve storage conditions and ensure patient safety.
- **Drug Supply Chain Management:** The supply chain should be strengthened to ensure uninterrupted drug availability and reduce dependence on procurement through untied funds.
- **Uninterrupted Power Backup:** UPS power backup is currently unavailable as the solar power system has been dismantled during BPHU construction. An interim uninterrupted power backup arrangement should be ensured until the solar system is restored.
- **Documentation and Record Management:** Documentation practices should be streamlined by reducing unnecessary registers and adopting standardized record-keeping practices in line with NQAS requirements.
- **NQAS Implementation and Quality Management:** The facility should strengthen NQAS implementation through regular Quality Team meetings, monitoring of Key Performance Indicators (KPIs), periodic Internal Assessments, Patient Satisfaction Surveys, and timely closure of identified gaps to enhance readiness for State and National certification.

7. Ranipool Urban Primary health and wellness centre

Ranipool Urban Primary health and wellness centre is in Gangtok District and caters to a population of approximately 34,406 through 13 ASHAs. The facility records an average daily OPD attendance of 60–65 patients. A total of 44 staff are posted at the facility, including two Medical Officers, one AYUSH Medical Officer, five Dental Surgeons, one Physiotherapist, Staff Nurses, two Pharmacists, three Laboratory Technicians, and other support staff.

Key Observations:

- **Human Resource:** Adequate human resources are available for service delivery.
- **Diagnostics and Equipment Maintenance:** A total of 49 diagnostic tests are being provided with regular equipment calibration.
- **Backup of Power Supply:** Solar power backup and UPS are available to ensure continuity of essential services. DVDMS is functional.
- **NQAS Implementation:** Baseline NQAS assessment has been completed In-house NQAS-trained personnel available to support quality improvement initiatives.
- **Biomedical Waste Management Infrastructure:** BMW authorization is available and deep burial pit, sharp pit and Karnataka model for Effluent treatment are functional. However, during visit, multiple yellow bags were observed lying in the BMW storage area.
- **Critical Gaps:** Only 30-34% drugs are available against the EML.

- The drug store is small and cramped, congested with condemned equipment and materials.

Areas for Improvement:

- Condemnation Policy Implementation: Timely condemnation and disposal should be undertaken to improve drug storage space & conditions.
- Supply Chain and Essential Medicine Availability. ability of essential medicines is limited to approximately 40% of the Essential Medicines List. The supply chain should be strengthened to reduce dependence on procurement through untied funds.
- Laboratory EQAS: External Quality Assurance Scheme (EQAS) for laboratory services to be implemented.
- Quality Monitoring and Review Mechanisms: Strengthen implementation of Patient Satisfaction Surveys (PSS), monitoring of Key Performance Indicators (KPIs), and regular Quality Team meetings with documented review and follow-up actions. Utilization of In-House NQAS-Trained Personnel: Utilize the in-house NQAS-trained personnel to conduct sensitization and orientation sessions for all staff to improve awareness and ownership of quality initiatives.
- Fresh Internal NQAS Assessment and Gap Closure: Conduct a fresh Internal NQAS Assessment, prepare a comprehensive gap closure action plan, and monitor progress periodically. Strengthen implementation of Patient Satisfaction Surveys (PSS), monitoring of Key Performance Indicators (KPIs), and regular Quality Team meetings with documented review and follow-up actions.
- NQAS Audit and state Certification: Expediting Closure of NQAS Gaps and State Assessment: Expedite closure of identified gaps and submit the facility for State-level NQAS assessment.

8. ABHWC SHC Tumin

Tumin ABHWC-SHC is a Type-A Ayushman Arogya Mandir Sub Centre located in Gangtok District, approximately 40–50 minutes from the District Headquarters. The facility caters to a population of 2,321 across five villages, including 1,293 individuals aged 30 years and above. The average daily OPD attendance is 5–10 patients. The facility is mandated to provide all expanded package services under Comprehensive Primary Health Care (CPHC).

Key Observations:

- NQAS National Certification: The facility achieved National NQAS Certification with conditionalities in September 2025.
- Human Resources: The facility has - One (01) CHO/MLHP – GNM, one (02) MPW, five (05) Health Attendant, four (04) ASHA, one (01) Security.
- Mandatory Point-of-Care Diagnostics: All 14 mandatory point-of-care diagnostic tests are available.
- Essential Medicines: Limited availability of essential medicines, only 20–25 % medicines were available at the time of visit.
- Community Engagement/Platform: Monthly Jan Arogya Samiti (JAS) meetings are conducted, and records are maintained.
Patient Feedback and CAPA Mechanism: Patient Satisfaction Surveys (PSS) are conducted monthly, analysed, and corrective and preventive actions (CAPA) are documented.
- Biomedical Waste Management Infrastructure: Biomedical Waste Management infrastructure, including deep burial pit, sharp pit, and composite pit, is available and functional.
- Kayakalp Compliance: Kayakalp compliant scored 72.9% in last Kayakalp external assessment and received Commendation Award previous year.
- Quality Team and KPI Monitoring Require Strengthening: Quality Team meetings and Key Performance Indicator (KPI) monitoring require updating and more systematic documentation to support continuous quality improvement.
- Gaps: Strengthen supply chain and essential drugs availability.
- Wellness space: Dilapidated wellness space.

- Wheelchair/ Accessibility Ramps: Lack of accessibility ramps for the elderly and differently abled.

Areas for Improvement:

- Essential Medicine Supply Chain Improve availability of essential medicines, Dependence on procurement through untied funds should be minimized by strengthening the supply chain.
- Capacity Building and expanded CPHC package of Services: Strengthen staff capacity on palliative care and other expanded service packages under CPHC.
- Documentation and Record Management: Rationalize documentation by reducing unnecessary registers and adopting standardized record-keeping practices.
- Quality Governance and KPI Monitoring: Quality Team meetings and monitoring of Key Performance Indicators (KPIs) should be conducted regularly, as records were updated only up to March 2026.
- Time-Bound Closure of NQAS Conditionalities and Gaps: Address the conditionalities and remaining gaps identified during the NQAS assessment through a time-bound action plan and apply for NQAS state assessment.
Wheelchair Accessibility: The facility is accessible only through stairs, with limited scope for construction of a ramp due to site constraints. Alternative measures should be explored to improve accessibility for elderly and differently abled beneficiaries.
- Facility Infrastructure & Wellness Space: Although wellness activities were being conducted as per records, the building and space designated for these activities were in a dilapidated condition and required repair.

9. ABHWC SHC Simick Lingzey

Simick Lingzey ABHWC-SC is a Type-A Sub Centre located in Gangtok District, approximately 45–50 minutes from the District Headquarters. The facility caters to a population of 1,559 across six wards, including 924 individuals aged 30 years and above. The average daily OPD attendance is 2–5 patients. The facility is mandated to provide all expanded package services under Comprehensive Primary Health Care (CPHC).

Key Observations:

- Infrastructure readiness: The facility is currently operating from an old building with limited space; however, construction of the new ABHWC-SHC building with adequate infrastructure has been completed and shifting is planned shortly, with a well-maintained herbal garden also available on the premises.
- Human Resources and Training: Adequate human resources are available, including one CHO (GNM), one ANM, six ASHAs, six Health Attendants, and one Safai Karmchari. Staff are trained in RCH, NQAS, TB, and CPHC services.
- Mandatory Point-of-Care Diagnostics: All 14 mandatory point-of-care diagnostic tests are available.
- Drug Availability and supply chain: Majority of EDL drugs are available. However, the facility also relies on the Jan Arogya Samiti funds for local purchase of the EDL drugs to replenish inventory.
- Biomedical Waste Management Infrastructure: Biomedical Waste Management infrastructure, including deep burial pit, sharp pit, and composite pit, is available and functional.
- Kayakalp Quality Performance: Kayakalp compliant scored 81% in last Kayakalp external assessment and received Commendation Award previous year.
- Quality Governance and Review Mechanisms: Monthly Jan Arogya Samiti (JAS) meetings and Quality Team meetings are conducted regularly.
- Quality Assurance Improvement and Monitoring System: Patient Satisfaction Surveys (PSS), Key Performance Indicators (KPIs), periodic Internal Assessments, and gap closure action plans are being maintained and reviewed regularly.
- Record and Documentation: Family folders and CBAC forms were found updated and properly maintained.

- Gaps: Poor internet connectivity
- Capacity building on the full expanded package of services.
- Drug availability and supply chain.

Areas for Improvement:

- Capacity Building for Expanded CPHC and Emergency Services: Strengthen staff capacity on palliative care, emergency management, and other expanded service packages under CPHC.
- e-Sanjeevani Teleconsultation Services: Improve utilization of e-Sanjeevani teleconsultation services by addressing network connectivity issues.
- Documentation and Record Management: Rationalize documentation by reducing unnecessary registers and adopting standardized record-keeping practices.
- Central Supply of Essential Medicines: Strengthen availability of essential medicines, from central supply. Dependence on procurement through untied funds should be minimized.
- ABHWC-SHC Facility Operationalization and NQAS Accreditation: Expedite shifting to the new building and ensure operationalization of all service areas with appropriate branding, signage, and patient amenities and apply for NQAS certification.

Debriefing meeting with MD NHM, Sikkim

A debriefing meeting was held on **12th June 2026** under the chairmanship of the **Mission Director, National Health Mission (NHM), Sikkim**, in presence of State consultant (QA) to discuss the key observations from the supportive supervision visits conducted in Namchi and Gangtok districts, highlighting the good practices observed as well as the critical gaps requiring immediate attention.

The RRCNE team highlighted the good practices observed across the visited health facilities as well as the critical gaps requiring focused interventions. The team appreciated the State's commitment towards quality improvement, particularly the successful implementation of Kayakalp and the NQAS certification of several Primary Health Centres and Ayushman Arogya Mandir-Sub Centres. The State has achieved an overall 36% NQAS certification. The State Quality Assurance Team also informed that 42 additional health facilities are ready for State NQAS Assessment.

Key recommendations:

- Develop a phased State Action Plan with defined timelines to achieve 100% NQAS certification.
- Expedite closure of gaps identified during Internal Assessments and fast-track State and National NQAS certification of identified facilities.
- Strengthen the availability of essential medicines and mandatory diagnostics through effective supply chain management and optimal utilization of DVDMS.
- Ensure regular equipment maintenance, calibration, and implementation of Internal Quality Control (IQC) and External Quality Assurance Scheme (EQAS) for laboratory services.
- Ensure Condemnation policy in all the public health facilities.
- Ensure timely compliance with statutory requirements, including BMW, Fire Safety NOC, AERB licence, and other regulatory approvals.
- Strengthen mentoring and supportive supervision through the State and District Quality Teams to sustain quality improvement initiatives.
- Explore additional financial support mechanisms for the newly shifted District Hospital, Namchi, to support maintenance of infrastructure and biomedical equipment. The hospital may also explore feasible revenue-generation mechanisms, including nominal user fees for permissible services, in accordance with Government norms.

The Mission Director appreciated the observations and recommendations of the RRCNE team and directed the concerned officials to prepare a time-bound action plan for addressing the identified gaps and expediting NQAS certification across the State.

Best Practices

The supportive supervision visit identified several innovative and context-specific practices that have strengthened service delivery and quality of care in Sikkim. These practices may be considered for documentation and replication in other districts and States.

1. Comprehensive Physiotherapy Services at Primary Care Level

PHCs have established functional physiotherapy units that are actively utilized by the community. Integration of physiotherapy services within primary healthcare enhances management of musculoskeletal disorders, disability, geriatric care and rehabilitation, supporting the objectives of Comprehensive Primary Health Care.

2. Strong NQAS and quality improvement culture

Several facilities were undertaking regular Internal Assessments, preparing gap-closure action plans and reviewing progress through Quality Team meetings. A total of 65 facilities out of 181 are already NQAS certified. Another 52 facilities are lined up for state certification.

3. Good Community engagement

Several Ayushman Arogya Mandirs visited were found to have very good community participation. Majority of places have very good case load and substantial follow up.

4. Kayakalp implementation

Good cleanliness and facility maintenance practices were observed, with facilities such as Ravangla PHC demonstrating sustained Kayakalp performance and receiving commendation.

5. Patient-centred quality monitoring

Regular Patient Satisfaction Surveys (PSS) and monitoring of Key Performance Indicators (KPIs) were being undertaken in several facilities, with corrective actions initiated based on findings.

6. Good primary healthcare practices

ABHWC-SCs demonstrated functioning CPHC services, updated family folders and CBAC forms, regular JAS meetings, and availability of mandatory point-of-care diagnostics in some facilities.

7. Good infrastructure and support services

DH Namchi demonstrated well-developed infrastructure, organized auxiliary services including CSSD, Laundry, Kitchen and Engineering services, and strong institutional preparedness for NQAS certification.

8. Effective BMW management

Appropriate BMW disposal infrastructure, including deep burial, sharp and composite pits, was available at several peripheral facilities.

9. Equipment calibration and maintenance

Regular calibration practices were reported at several facilities, reflecting attention towards equipment safety and functionality.

10. Use of renewable energy

Solar power and battery-based backup systems were being utilized in several peripheral facilities to support continuity of essential services.

11. Leadership commitment

Facility teams, particularly at DH Namchi and DH Singtam, demonstrated strong ownership towards NQAS implementation, internal assessment and continuous quality improvement.

Sikkim Tour Report

Image Gallery



Ravangla ABHWC PHC



Drug dispensing cum storage area @ Ravangla ABHWC PHC



Drug availability display @ Ravangla ABHWC PHC



Physiotherapy unit @ Ravangla ABHWC PHC



Damthang ABHWC-SHC



X ray unit @ Ravangla ABHWC PHC

Sikkim Tour Report



Patient Waiting Area @ Damthang ABHWC-SHC



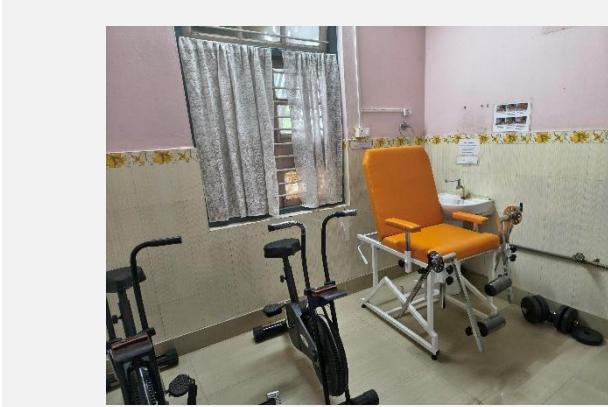
New MCH building @ CHC Jorethang



Over documentation @ ABHWC Damthang



Karnataka model (effluent treatment) @ Damthang



Physiotherapy unit @ CHC Jorethang



Debriefing meeting with Chief Medical Officer Dr Junita Yonzon @ DH Namchi



Sikkim Tour Report

New building @Simik Lingzey ABHWC-SC

Herbal Garden @Simik Lingzey ABHWC-SC



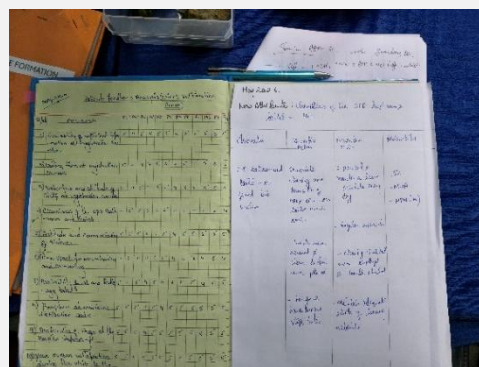
Local Drug purchase @ AB HWC Simik Lingzey



Deep burial pit @ Simik Lingzey ABHWC-SC



Tumin AB HWC-SHC



PSS analysis @ Tumin ABHWC-SC



Samdong ABHWC PHC



Samdong ABHWC PHC



Sikkim Tour Report

Samdong ABHWC PHC coverage area Map

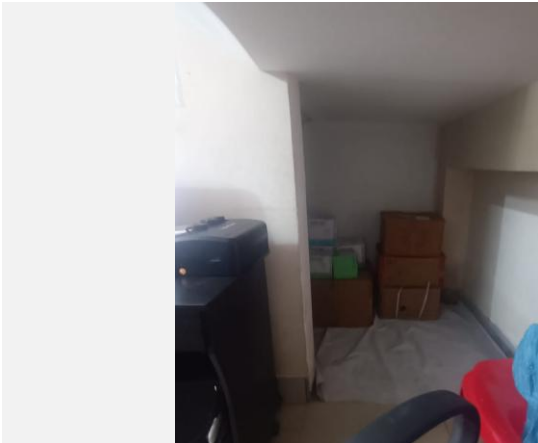
Condemn items in Corridor @ Samdong PHC



HWC/ABHWC UPHC Ranipool



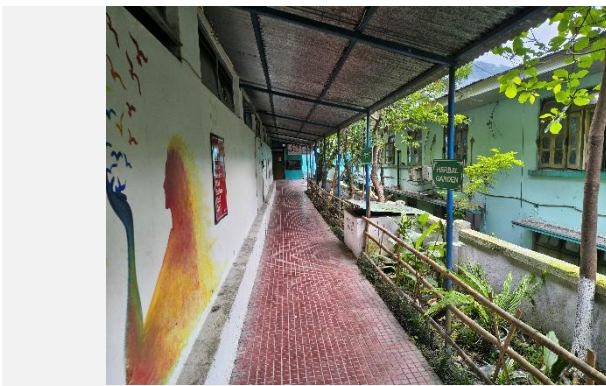
Registration counter @ UPHC Ranipool



Cramped space for store @UPHC Ranipool



Pharmacy store @ DH Singtam



Herbal Garden @DH singtam

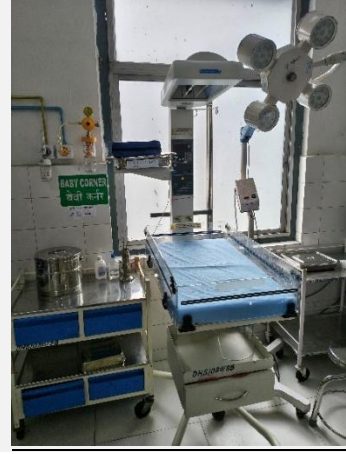


LR @ DH Singtam

Sikkim Tour Report



Debriefing Meeting with MD NHM
Dr Bikash Pradhan



NBCC at DH Singtam
