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Service Availability and Readiness of Primary Health Care Facilities in West Garo Hills, Meghalaya

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Under the Ayushman Bharat- Health and Wellness Centre (HWC) initiative, primary health care facilities are mandated to deliver 12 service packages aimed at extending comprehensive health services to communities. Ensuring that HWCs are ready to deliver these services is essential to make progress towards universal health coverage. West Garo Hills (WGH), a predominantly rural district in Meghalaya, faces geographic and infrastructural barriers to access, making primary health care readiness particularly important. In this note, we discuss findings from a service readiness assessment of HWCs in the district. The survey was adapted from the World Health Organization's (WHO) standard facility assessment survey¹; data were collected from 34 HWC facilities (30 Sub-Health Centres-SHC and 4 Primary Health Centres- PHC) across four blocks in WGH in August-September 2025.

Key findings

General service readiness: Capacity of health facilities to provide basic services

The general service readiness index score for HWCs in the district, reflecting the average capacity of HWCs to provide basic services was estimated to be 70 out of 100.

- Gaps were noted in structural capacity, mainly availability of safe water, adequate sanitation facilities, and infection control practices.
- Majority HWCs (75%) had the full team of service delivery staff as per IPHS norms. Vacancies were reported in posts of staff nurses and lab technician at 24x7 Primary Health Centers (PHCs).
- Challenges were observed in record maintenance of essential medicines. Few HWCs reported availability of all essential diagnostics (3%) and medicines (13%) (as per records in facility registers).

Service availability: Self-reported availability of service packages offered at health facilities

- In the district, approximately three-fourth (76%) HWCs reported providing all 12 service packages.

Service specific readiness: Capacity of health facilities to provide services package as per the operational guidelines

- Service readiness for pre-existing service packages (maternal, reproductive, child health, communicable diseases, and general outpatient care) was generally higher (score >80) except for child-birth care (score = 68) and neonatal and infant healthcare (score = 75).
- Of the newer service packages, the NCD package readiness was highest (score = 82). Although majority HWCs reported providing the newer services (ENT, eye, mental, elderly, palliative, emergency care), service readiness for these services was low.
- Most mid-level healthcare providers (MLHP) and medical officers (MO) were reportedly trained on all the 12 service packages.



Figure 1: Map of Meghalaya state with highlighted West Garo Hills district

Data and Methods

1. Adapt WHO's SARA tool to Indian context and policy priorities: This was done through HWC program guideline reviews and consultations among partner institutes. Tracer items were identified for: (i) general service readiness (see Table 1) and (ii) service specific availability and readiness (see Table 2) for the twelve service packages.
2. Pilot test facility survey questionnaire, train field investigators: The questionnaire was pilot tested at HWCs (two PHCs and two SHCs in WGH); revisions were made based on operational feasibility and district context.
3. Sample HWC facilities: Two blocks in the district with less than 20% of total HWC facilities were excluded a priori from sampling frame. Sample size was estimated after applying Finite Population Correction. Proportionate number of PHCs and SHCs were randomly selected from the remaining four blocks to obtain a sample size of 34 HWCs (30 SHCs and 4 PHCs).
4. Collect data: Facility level data were collected through interviews with MLHPs at SHCs and MOs at PHCs and facility observations at 34 HWCs in Aug-Sep 2025. Data were entered into an Epicollect online tool.
5. Analyse data: Data for tracer indicators were aggregated through weighted means into domains and analysed as per SARA guidelines² to arrive at the district level (1) general service readiness scores for comprehensive primary health care and (2) specific service readiness scores for each service package.

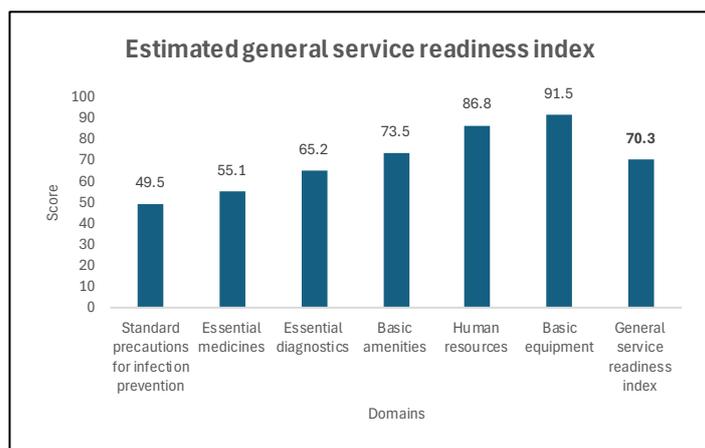
Table 1: Methods used, and components involved in calculating the general service readiness index

Sr. No.	Domain	Tracer items and score calculation (score ranging from 0-100)
1	Basic amenities	Mean availability of 6 tracer items: electricity, safe water source, private space for examination/counselling, separate functional toilets for male and females, electronic device, internet connectivity
2	Basic equipment	Mean availability of 5 tracer equipment: weighing scale, thermometer, stethoscope, BP apparatus, LED torch
3	Standard precautions for infection prevention	Mean availability of 3 tracer items: sharps container, color-coded bins for waste segregation, 70% ethyl alcohol, or any other antiseptic.
4	Essential diagnostics	Mean availability of essential tests as per the national guidelines ³ : 13 tests at SHCs and 63 tests at PHCs (filariasis test was excluded).
5	Essential medicines	Mean availability of essential medicines as per the national guidelines ⁴ : 105 at SHCs and 172 at PHCs
6	Human Resources	Mean availability of minimum staff requirement as per the IPHS guidelines ⁵ : one MLHP, two multi-purpose workers at SHCs and two medical officers, 7 staff nurses, two lab technician, and one pharmacist at 24x7 PHCs.
	General service readiness index	Mean score of the six sub-domains -basic amenities, basic equipment, standard precautions for infection prevention, essential diagnostics, essential medicines, and human resources.

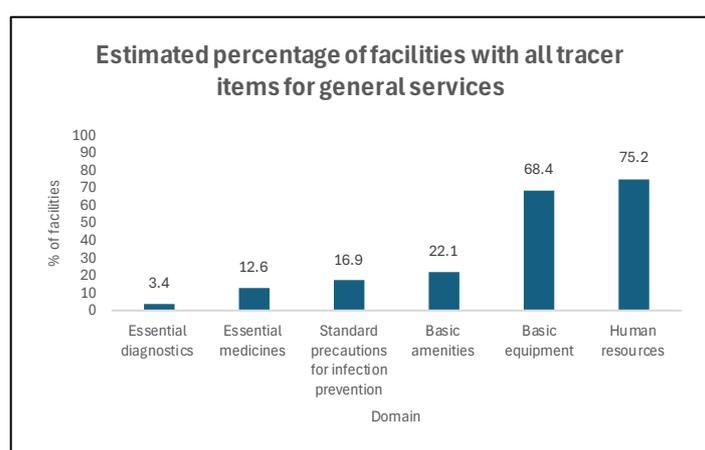
Table 2: List of services assessed for availability and readiness, and method used for service readiness score calculation

Sr. No.	Services assessed at HWCs as per the operational guidelines ⁶	Domains and score calculation (score ranging from 0-100)
	Pre-existing services	<ul style="list-style-type: none"> • Service readiness score: For each service, the readiness score was computed as the mean availability of service-specific tracer items in three domains- <ol style="list-style-type: none"> 1. Training of MLHP/MO on the service in the last two years (including refresher training) 2. Availability of tracer equipment and screening tools for the service 3. Availability of tracer medicines for the service • Domain score: For each service, within each domain, a mean score was calculated across the tracer items to inform about the three domains.
1	1a. Pregnancy care	
2	1b. Care in childbirth	
3	2. Neonatal and infant health care	
4	3. Children and adolescent health care	
5	4. Family planning and reproductive healthcare	
6	5. Management of communicable diseases	
7	6. Outpatient care for acute simple illnesses and minor ailments	
	Newer services introduced at HWCs	
8	7. Management of non-communicable diseases	
9	8. Care for mental, neurological and substance abuse disorders	
10	9. Oral health care	
11	10a. Eye care	
12	10b. Ear, Nose, Throat (ENT) care	
13	11a. Elderly care	
14	11b. Palliative care	
15	12. Emergency care	

General service readiness at HWCs in the district



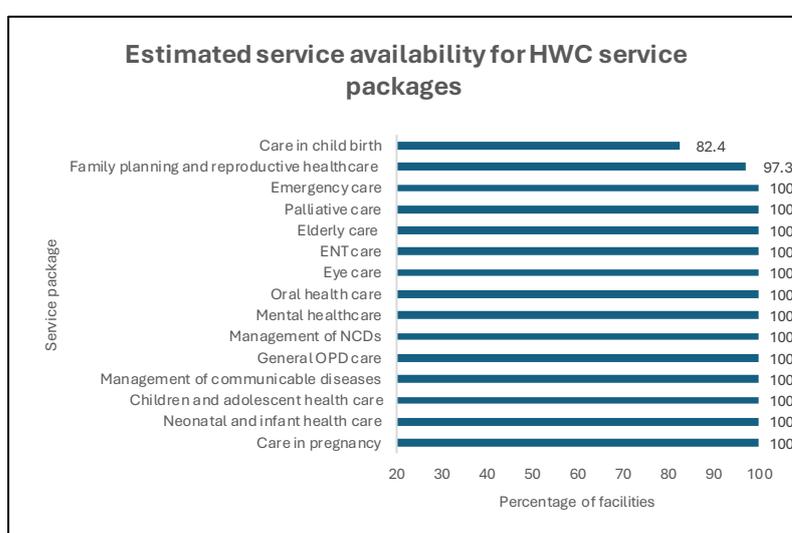
- The estimated general service readiness index score at HWCs in the district was 70 out of 100.
- Low availability of color-coded waste bins (38%) and sharps container (46%) was reported, resulting in a lower 'standard precautions for infection prevention' domain score.
- The average availability of essential medicines* and diagnostics at HWCs was estimated at 55% and 65% respectively.
- Of the basic amenities, higher availability was reported for electricity, and private space for examination (>90%); however, average availability of separate functional toilets for males and females (37%) and safe water (55%) was reportedly lower.



- Availability of the complete team of service delivery staff as per IPHS norms was estimated at 75% of HWCs. Vacancies were reported among ANM posts at SHCs and staff nurse and lab technician posts at PHCs.
- Around 3% HWCs and 13% HWCs were estimated to offer all the essential diagnostics (13 at SHCs and 63 at PHCs) and all essential medicines* (105 at SHCs and 172 at PHCs) respectively.
- Few facilities had all required basic amenities (22%) and all requirements for standard precautions for infection prevention (17%) available.

*Only those HWCs that were maintaining records for essential medicines in the registers (around half of the sampled facilities - 53%) were considered for the 'essential medicines' domain scoring.

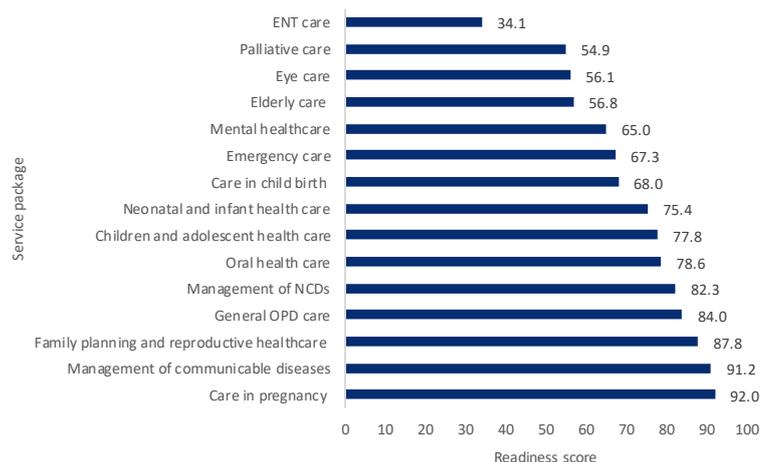
Self-reported availability of 12 HWC service packages in the district



- Self-reported availability of services was 100% for all the packages except care in childbirth (82%) and reproductive health care (97%).
- Thus, majority HWCs in the district (76%) were estimated to provide all 12 service packages in the district.

Readiness for providing 12 HWC service packages in the district

Estimated service readiness score for HWC service packages



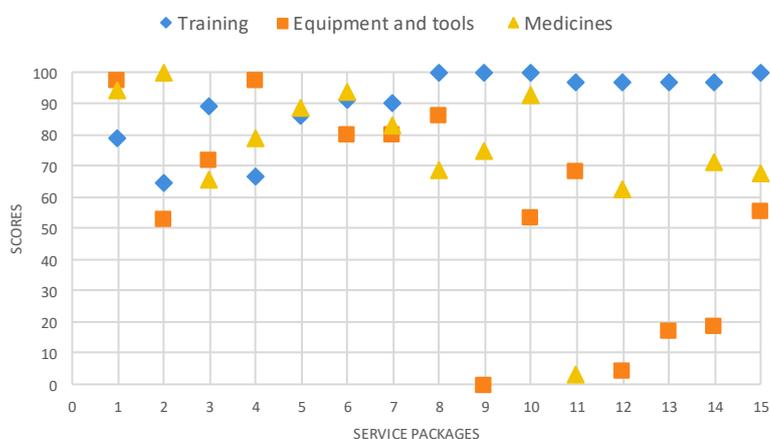
➤ In the district, estimated service readiness at HWCs was highest (around 92) for pregnancy care, and, management of communicable diseases, indicating that on average, 92% of required inputs of medicines, diagnostics and training for these packages were available at the HWCs.

➤ Service readiness for children and adolescent health, neonatal and infant health and childbirth services was lower compared to other pre-existing services.

➤ Among the newer services, NCD service readiness was the highest (82.3), followed by oral health care (78.6).

➤ Readiness scores for other newer service were lower, particularly for ENT care (34).

Estimated domain scores for each service package



➤ Majority MLHP/MOs reported receiving training for all service packages in the last two years (except for child-birth care and adolescent health care, for which a lower percentage was reported at <70%).

➤ Gaps were observed in availability of equipment, screening tools for all the newer services (except NCD) and few pre-existing services for childbirth care and neonatal care.

➤ Medicine availability for pre-existing services was reported higher compared to the newer services. Newer service packages requiring specific medicines such as eye care, ENT care, palliative care and emergency care reported lower medicine availability.

Note-

1. No tracer equipment were identified for the specific services on family planning and reproductive health care ; 2. No tracer medicines were identified for specific services on mental health care (at SHCs) and elderly care.; 3. Service packages are listed in Table 2 (page 2).

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