

**9th NATIONAL SUMMIT ON GOOD,
REPLICABLE PRACTICES AND
INNOVATIONS IN PUBLIC HEALTHCARE
SYSTEMS IN INDIA**

MEGHALAYA

Rescue Mission:

Meghalaya's State Capability Building Model to Save Lives of Mothers & Infants

Problem Statement

High MMR & IMR in 2020 with **no urgency or sense of purpose** towards solving the problem

High deaths seen as the default state and **not as a problem that could be solved**



MMR in 2020: **290***

IMR in 2020: **35**

*This is projected MMR for **approx 90,000 live births.**

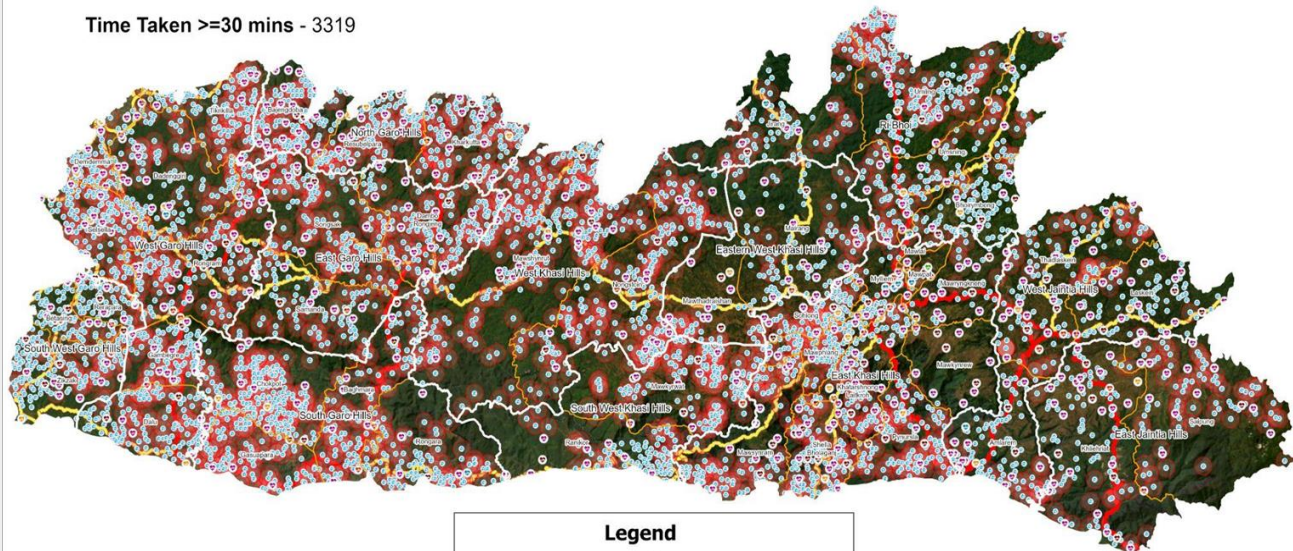
Problem of Accessibility

Time Taken to Reach Health Facilities



Total Number of Villages - 6777

Time Taken \geq 30 mins - 3319



Legend

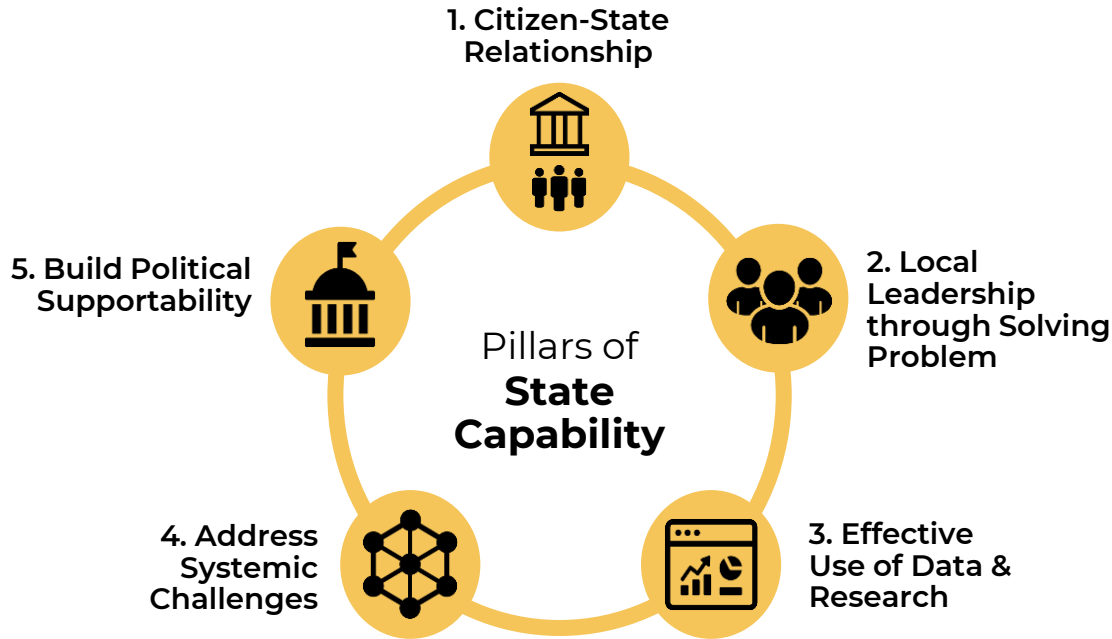
District Boundary	Village Points
Block Boundary	Village with \geq 30 mins
<u>Health Care Facilities</u>	
Hospital	Road Meghalaya
Primary Health Centre	National Highway
Sub Centre	State Highway
Ayush Hospital	Major District Road
Community Health Centre	Other District Road
Dispensary	

0 20 40 80 Kilometers

Residents of **49%** of the state's villages can't reach a health facility within **30 minutes** by vehicle

Intervention:

State Capability Building Model to Solve Complex Problems



The core focus of Meghalaya's state capability building model is to **build a sense of purpose, along with capabilities,** for solving complex problems.

This model was used to address the state's high MMR and IMR

Chief Minister Safe Motherhood Scheme - Add on to JSY and JSSK

- **Funding directly to facilities** to ensure institutional delivery particularly for high-risk pregnant women and women living in hard-to-reach areas
- **Transit Homes** managed by SHGs where women, children and others can stay for several weeks leading up to date of delivery
- **Transport support** to reach remote villages and to bring women and children to health facilities. **Unlimited trips** for health workers, pregnant mothers, children & family members
- **Incentives for TBA** to refer high-risk pregnant women to a health facility
- **ENABLE AND AUTHORISE MEDICAL OFFICERS** – The basis was to strengthen the system delivery side.
- **UNLIMITED NUMBER OF TRIPS** to health workers, pregnant mothers, children and family members
- **NON-INSISTENCE ON IDENTITY OR BANKING FOR INCENTIVE TRANSFER** – We measure outcomes and not outputs.
- **CREATING A SENSE OF TRUST** in the system.
- **ENABLE CROSS STRENGTHENING OF SYSTEMS.** – Vehicles also for stunted, wasted children needing attention. Transit home run by SHGs.



Village Health Councils meeting Pregnant women



A high-risk pregnant woman in a CM-SMS transit home

Village Health Councils (VHCs) driving positive health outcomes through **community ownership of health and nutrition**



Though only **accessible by foot**, **Wahlyngdoh Village in Mawkyntew C&RD Block**, recorded **almost zero maternal and infant deaths** in the past one year. This is mainly attributed to the proactiveness of the VHC in the village

Upgradation of CHCs into FRUs: to reduce time taken to receive critical care



Inauguration of the FRU in Pynursla CHC by Hon'ble Deputy CM Shri.Prestone Tynsong and Hon'ble Minister of Health & FW, Dr.Ampareen Lyngdoh



Mawphlang CHC upgraded into FRU

Cooperative Federalism

Inter - State Collaboration to Meet the Specialist Gap

Memorandum of Understanding (MoU) with the Government of Tamil Nadu in 2022 for upskilling of doctors **to meet the challenge of dearth of specialists** in the State

Doctors from Meghalaya were sent for **six months of specialized training** in Comprehensive Emergency Maternal Obstetric Care (**CeMOC**), life-saving anaesthetic skills (**LSAS**), and **Ultrasonography**

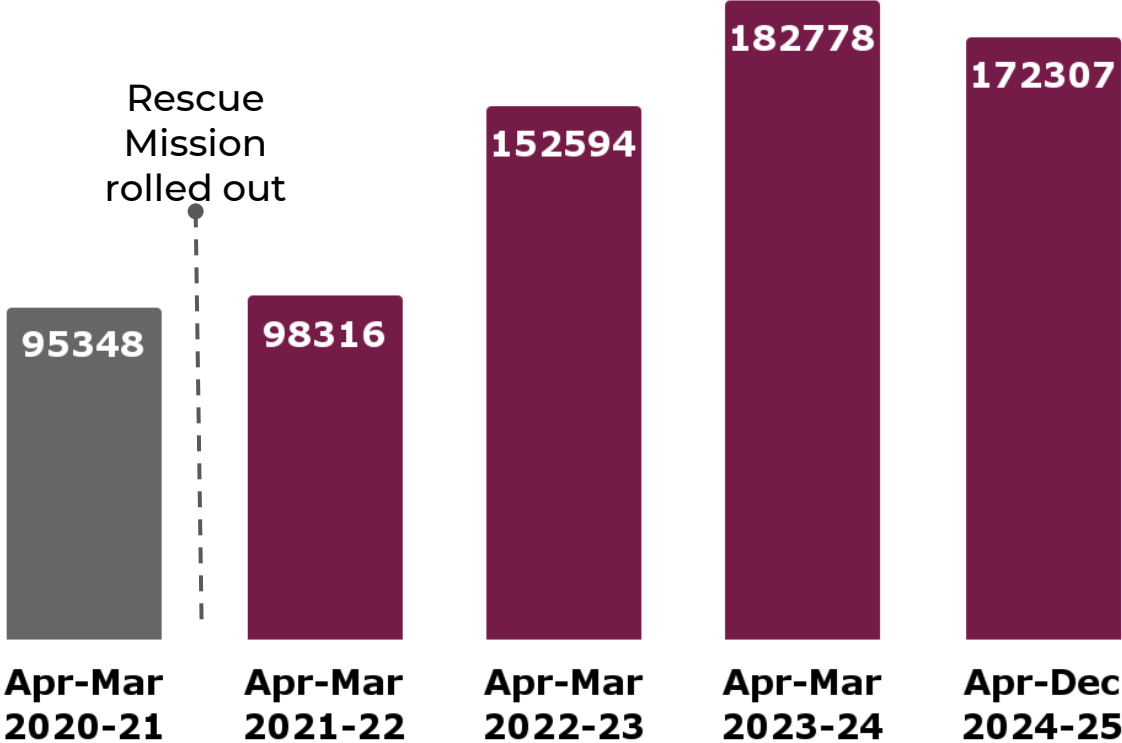
A total of 3 batches, consisting of **76 doctors** underwent training in Tamil Nadu– **18 in CeMOC, 20 in LSAS and 38 in USG.**

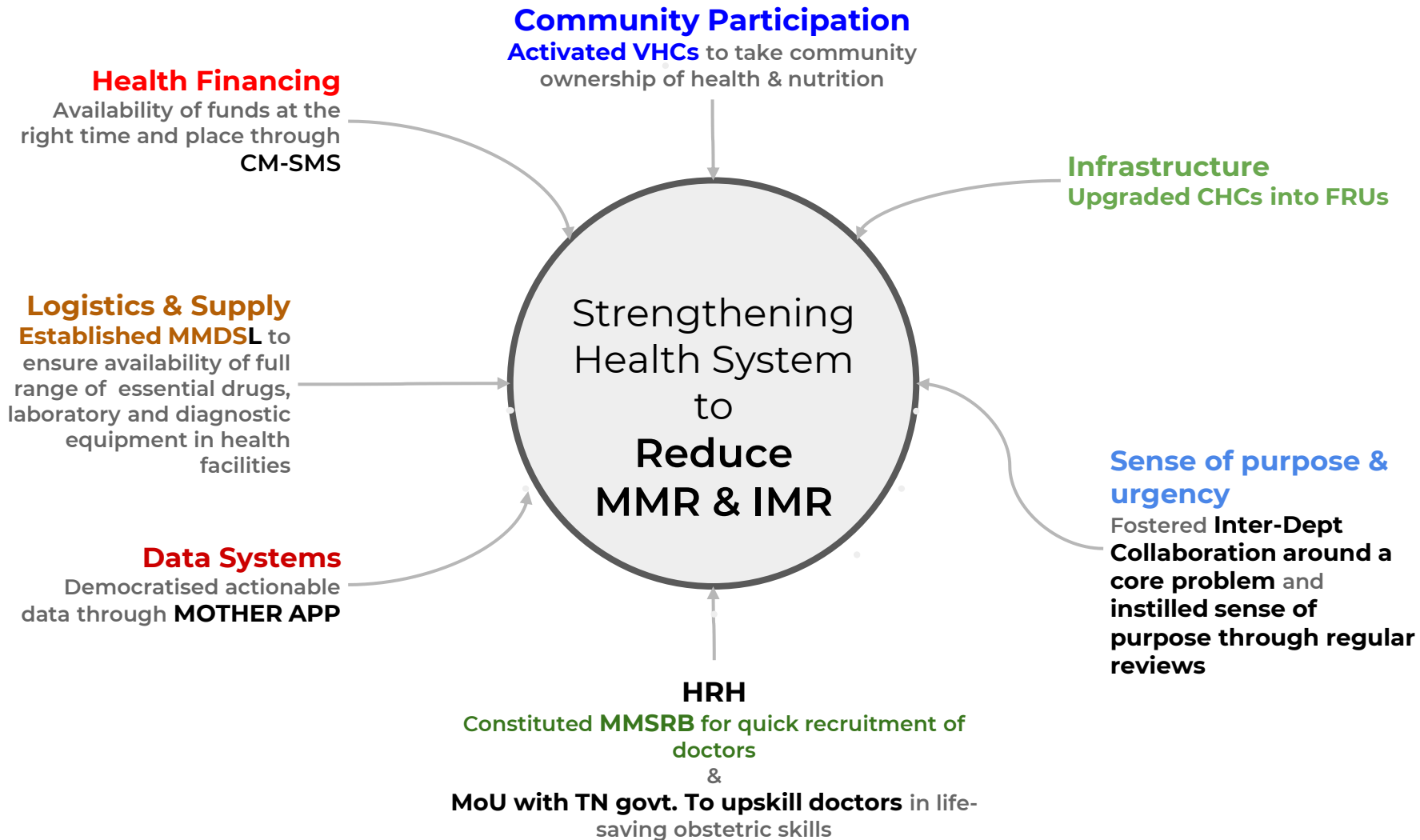


Doctors trained in Tamil Nadu receiving their certificates after completing their course



Trend of Ultrasound Sonography

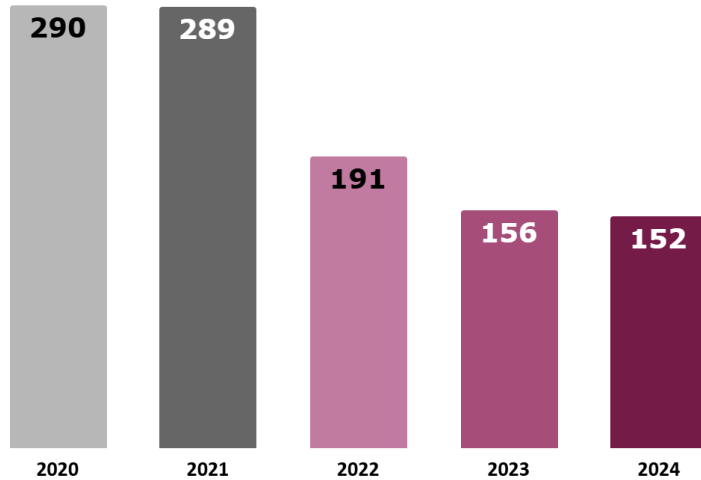




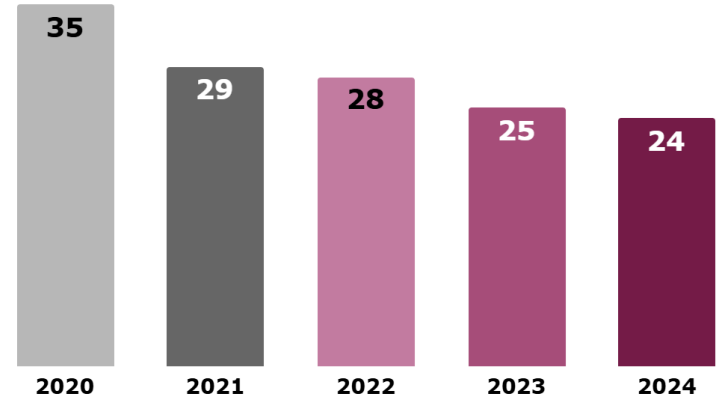
Outcome:

Exponential Reduction in MMR and IMR in a Short Period of Time

48% reduction in **MMR***
between 2020-24



31% reduction in **IMR**
between 2020-24

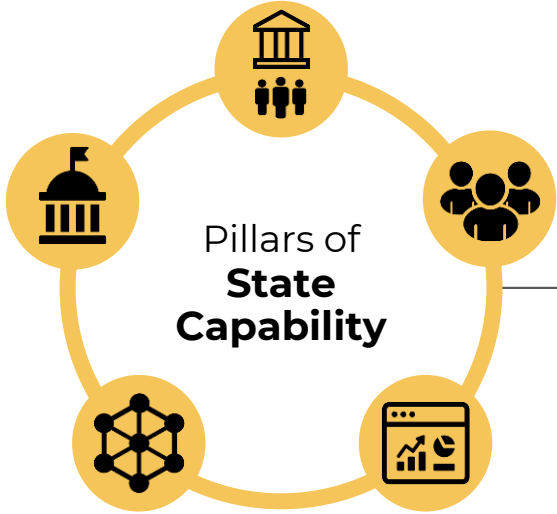


*This is projected MMR for approx 90,000 live births as Meghalaya records less than 1,00,000 live births in a year

Scalability:

Meghalaya's State Capability Building Model allows for achieving transformative outcomes at scale in a short period of time.

The model is also **low cost** as it **leverages existing human and financial resources/schemes** by building a sense of purpose around solving a complex problem



SCALE

Model and structure to implement and see positive outcomes **at scale**

SPEED

Replication of evidence-based life-saving health interventions in the **shortest period of time**

**How Can We
Apply the State
Capability
Building Model
to
Solve
Complex
Problems**

1. Citizen-State Relationship



Empower communities as active participants in solving problems

2. Local Leadership through Solving Problem



Create a sense of purpose, system of trust, and autonomy for solving problems

3. Effective Use of Data & Research



Democratise data - across depts and all levels - to enable collaborative problem-solving

4. Address Systemic Challenges



Focus on solving root causes and not just symptoms of a problem to strengthen systems

5. Build Political Support



Involve political leadership at every step to ensure buy-in for systemic change

Way Forward

1

Reduce MMR & IMR to single digits

2

Utilise the same model for emerging and alarming **Non Communicable Diseases**

3

Autonomy & Accountability - Decentralisation of funds for better authorisation & ownership

4

Agile & Adaptive Health System - A health system that constantly learns through implementation research & concurrent evaluation

A photograph showing three individuals. On the left, an elderly woman with dark hair, wearing a patterned shawl and a green cardigan, looks off to the side. In the center, a woman wearing a white t-shirt and a red and black plaid headscarf smiles warmly while holding a young child. The child, with light hair, looks directly at the camera with a neutral expression. To the right, another person's hands are visible, clasped together. The background features a light blue wall with a blue butterfly sticker and a window with a yellow and black patterned curtain. The text "Thank You" is overlaid in white, bold font in the center of the image.

Thank You