



PRESENTATION ON UNIVERSAL HEALTH COVERAGE

MEGHALAYA

Date:09/01/2014

Introduction General Background

Indicator	Meghalaya	India
Demographic Profile*		
State Population – Total (in lakhs)	29.64	12101 . 02
State Population – Rural (%)	27.04	68.84
Population density (persons/ sq. km)	132	382
Decennial Growth Rate (%) 2001-11	27.82	17.64
Sex ratio (females/ 1000 males)	986	940
Sex ratio 0-6 years	18.05	13.12

Reproductive & Child Health Goals & Achievement

Indicators	Goals		Meghalaya	India
	13-14	16-17	Achievement (year & source)	Current Status
MMR (per lakh live birth)	250	<100	288 (HMIS 12-13)	212 (SRS 2011)
IMR (per thousand live birth)	25	<20	49 (SRS 2012) 27 (HMIS 12-13)	42 (SRS 2012)
TFR (per family)	2.7	2.2	3.1 (SRS 2011)	2.4 (SRS 2011)

HEALTH INFRASTRUCTURE

Districts	No. of Block	No. of DH	No. of SDH	No. of CHC	No. of PHC	No. of St. Dispy	No. of UHC	No. of SC	No. of Private SC	No. of Private Hospital	No. of Medical College	No. of Military Hospital	Total Facilities
East Garo Hills	5	1	0	2	16	1	-	73	-	-	0	0	93
East Khasi Hills	8	3	0	6	23	5	13	67	1	6	1	1	125
Jaintia Hills	5	1	0	5	18	1	2	76	-	1	0	0	104
Ri Bhoi	3	1	0	3	8	2	-	27	-	-	0	0	41
South Garo Hills	4	1	0	1	6	1	-	21	-	-	0	0	30
West Garo Hills	8	2	1	6	18	3	3	92	-	2	0	0	127
West Khasi Hills	6	2	0	4	19	-	1	66	-	1	0	0	93
Meghalaya	39	11	1	27	108	13	19	422	1	10	1	1	614

1. Effective Public Health Administration

- The mandatory practice of Clinical Treatment Guidelines and the prescription of generic medicines as listed in the National List of Essential Medicines in all the government health institutions is adhered.

2. Health Financing

- The expenditure on Health Sector has always been increased from year to year.
- Strengthening of Rural Health Care in general and Primary Health Care in particular has always been accorded priority.

3. Health Regulation

- The GoM has enacted the Meghalaya Nursing Homes (Licensing and Registration) Act 1993. The Meghalaya Nursing Homes (Licensing & Registration) Rules 2013 have been framed and sent to the Cabinet for approval.
- State Government has already notified 8 Drugs Inspector, 2 Senior Drugs Inspector and Assistant Drugs Controller cum Licensing Authority.
- Pre-Conception & Pre-Natal Diagnostic Techniques Act – is functional and various committees has been constituted to oversee and monitor the implementation of the Act. There are Five (5) Committees namely:-
 - 1) State Appropriate Authority(SAA)
 - 2) State Advisory Board (SAB)
 - 3) State Advisory Committee (SAC)
 - 4) District Appropriate Authority (DAA)
 - 5) District Advisory Committee (DAC)

Remarks on Health Regulation:

- There is an urgent need to create and appoint 4 additional Drugs Inspectors in the 4 newly created District.
- To further augment man power in Drugs Control Administration by appointing full-fledged Drugs Controller under Drugs Act.
- Require to create one post of Deputy Drugs Controller and two post of Assistant Drugs Controller.
- Food Safety & Standards Act, 2006 is implemented in the State from 5th August 2011 following repeal of the PFA Act, 1954.
- The Principal Secretary/Commissioner & Secretary in-charge Health & Family Welfare Department is the Commissioner of Food Safety of the State and is the overall in-charge of the Food Safety administration.
- As provided under the Act, licensing/Registration of the Food Business Operators are done in addition to the overall supervision on quality and safety of foods including Good Manufacturing Practices, Good Hygiene practice, etc.

4. Develop Human resource for Health

- District Hospital & CHC
 - ❖ Training is being conducted at 3 District Hospitals for Medical and Para-Medical staff to improved quality of care e.g. (EmOC, BEmOC, SBA, NSSK, IMNCI, F-IMNCI etc.)
- Organize Bridge Courses for AYUSH Graduate and legally empower them to practice as Public Health Care Physician.
- To conduct Bridge Courses like: (a) emergency medicine (b) trauma cases (c) CVS Disorder (d) Hypertensive Stroke (e) Diabetes (f) OB & G, etc.
- To empower the AYUSH Doctor to deliver effectively and be prompt in early Diagnosis Management or refer cases at the earliest to save life.
- The State has taken an initiative for career progression of ASHA into ANM by reserving seats in ANM schools. The ASHA has to fulfill the below criteria:-
 - ❖ Qualification should be Class XII and above.
 - ❖ Age should be below 30 years.
 - ❖ Good Performance as an ASHA.
 - ❖ An ASHA can be inducted into regular services.

5. Health Information Systems

- Capturing of data for the registration of Births and Deaths in Meghalaya is being done manually by all the Registration Units except for Shillong Municipal Board which are using an offline mode software designed by National Informatics Centre (NIC), Shillong.
- Few health institutions which has incorporated the e-hospital offline software designed by National Informatics Centre (NIC), Shillong, but the reporting towards the Directorate is being done manually.
- The State no Information Systems in capturing the data for registration of Birth and Deaths in Meghalaya whereby all the registration units can implement.

6. Convergence and Stewardship

- AYUSH are recruited in PHC/CHC/DH to practice and improvise their own system of medicines.
- The Senior AYUSH Doctor at the State, District & Sub-Divisional level is appointed as AYUSH Nodal Officer/AYUSH DM&HO for convergence of AYUSH Programme.
- MACS has integrated with National Rural Health Mission (NRHM) on Reproductive & Child Health (RCH), training programme.
- Sensitization cum training programme for officials of NRHM (State level), District Programme Managers (DPM) and Block Programme Managers
- All Vertical programme are under National Health Mission (NHM).
- Meghalaya has no Panchayats, but we have local authorities known as local Durbars, empowered through Rogi Kalyan Samiti (RKS) & Village Health Sanitation & Nutrition Committee (VHSNC) to play a major role in bringing convergence in the social sector.
- Grievance Redressal Mechanism – in pipeline (approved in current RoP).

- Synergise the working of ASHA and AWW by declaring AWC as the convergence station for all village level NHM and ICDS personnel, and sub-centre as the HQ of ICDS supervisors.
- Strengthening inter department convergence at the national / state/ district/ block level by organizing workshops, meetings etc.
- Common Modular training for both ASHA, AWW & ANM with defined roles respectively for ASHA, AWW & ANM.
- Ensure that only double fortified salt (Iron -Iodine) is used in ICDS Scheme, Mid-day meal and sold through PDS.

7. Health Services

- We are providing all services as per MoHFW, GoI guidelines.
- Efforts are being made to achieve Indian Public Health Standard (IPHS) at all health facilities.
- All the Public Health Care facilities are provided with financial and administrative autonomy (Annual Maintenance Grant (AMG), Untied funds, Rogi Kalyan Samiti (RKS) , etc.)
- Grievance Redressal Mechanism – In the pipeline.

8. Ensure access to Medicines, Vaccines and Diagnostics

(a) The Government of Meghalaya is trying hard to ensure availability of Drugs under the purview of NLEM in all health care establishment.

(a) To further strengthen State Drugs regulation, Central sponsored Scheme is needed in the following critical gap.

1. For procurement of Drugs Samples, Central Financial Assistance of Rs. 30,00,000 (Rupees thirty Lakhs) only per annum is needed.
2. For hiring conveyance in every 11 Districts of the State, Central Financial Assistance of Rs. 15,00,000/- (Rupees fifteen lakhs) only per annum is needed.
3. For installation of internet facilities in 11 Districts, Central Aid of Rs. 20,00,000/- (Rupees twenty lakhs) only is needed.

To ensure free access to Medicines, Vaccines and Diagnostics, the proposal for the creation of a special purpose vehicle to procure, store and distribute medicines, vaccines and diagnostics through an open, tender based procurement is underway. The mandatory availability of Essential Drugs as laid down in the National List of Essential Medicines is being looked after and the same is available in all the Government Health Institutions in the State.

STATUS OF THE UNIVERSAL HEALTH CARE PILOT (EAST KHASI HILLS)

- Orientation of Health Supervisors on Universal Health Care Initiative was conducted by the District Officials during the Supervisor's monthly review meeting.
- Instruction was given to all Health Supervisors to conduct the Household surveys and to submit the Data by the 15th of January, 2014.
- Guidelines on UHCs was shared across the District.
- All Necessary proposals and Plans will be put up accordingly in the District PIP 2014-17 with special emphasis on Universal Health Care Initiative as per guidelines.

THANK
YOU

