ACCOUNTABILITY INITIATIVE | 15 years

AT A GLANCE

Maternal and Child Health in Meghalaya

Meghalaya has been a poor performer across critical health indicators such as maternal mortality, infant mortality, and several aspects of nutrition in the National Family Health Survey - V. The state government has undertaken several initiatives over the years which have yielded results. But challenges persist. Two of them are: i) a difficult geographical terrain across the state which makes it challenging to localise interventions, and ii) high resource constraint, both in terms of trained human resources and finances.

Though improvements have been observed across indicators in the last 3-4 years, Meghalaya's progress is far behind the all-India average[1], other developed states in India, and even some adjoining North-Eastern States. The state's current progress is also considerably below the aspirational targets as per the SDG Report of North Eastern Region[2].

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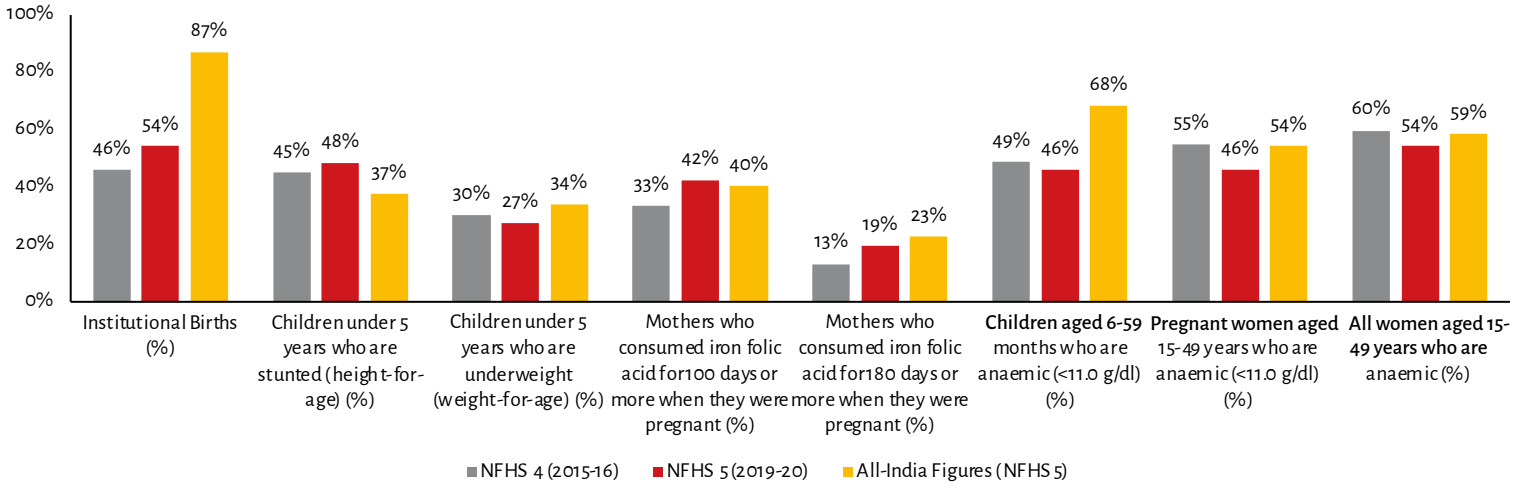
[1] For the 'Percentage of children under five years who are stunted', Meghalaya is at 40.4 per cent, while all-India averages at 34.7 per cent. Similarly, for the 'Percentage of adolescents aged 10–19 years who are anaemic', Meghalaya is at 31.8 per cent, while the all-India average is at 28.4 per cent.

[2] For 'Percentage of children under age 5 years who are stunted', all 11 districts in Meghalaya indicate values 4 times higher than the target. For 'Percentage of children under age 5 years who are underweight', 9 districts indicate values 10 times higher than the target.

Maternal and Child Health has been a priority agenda across various health dimensions. This is true both in terms of policy-making at the Centre and for state-specific interventions. High maternal deaths, due to improper care during and after delivery, unsafe and home deliveries, and lack of financial incentivisation for frontline workers, have been areas of high concern.

A look at data from the National Family Health Survey (NFHS) reveals that the consumption of Iron and Folic Acid (IFA) tablets for more than 180 days among stunted children and pregnant women has worsened between NFHS-4 and NFHS-5.

Critical NFHS Indicators for Maternal and Child Health for Meghalaya



Source: (1) Figures for NFHS 4 (2015-16) from NFHS State Fact Sheet. Available online at http://rchiips.org/nfhs/pdf/NFHS4/ML_FactSheet.pdf (2) Figures for NFHS 5 (2019-20) from NFHS State Fact Sheet. Available online at http://rchiips.org/nfhs/NFHS-5_FCTS/Meghalaya.pdf (3) All-India Figures for NFHS 5 (2019-20) from India Fact Sheet. Available online at http://rchiips.org/nfhs/NFHS-5_FCTS/India.pdf
Note: (1) All figures are for rural regions.

The Meghalaya Health Policy, introduced in March 2021, highlights some underlying and persistent constraints in relation to the progress of indicators related to maternal and child health. These can be categorised under three heads:-

a. Service Provider Interventions

Frontline Workers (FLWs) are the backbone of the health infrastructure in a state. In India, FLWs are an important link between the health system and the community, especially in remote locations. This makes the responsibilities of FLWs critical in Meghalaya. In the state, FLWs mostly work under the purview of two key departments — the Department of Social Welfare and the Department of Health and Family Welfare — with Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs), and Auxiliary Nurse Midwives (ANMs) being key foot soldiers.

However, there are several challenges that restrict proper service delivery through FLWs.

- **Inadequate training of FLWs and birth attendants** has failed to reduce a high infant mortality rate[3] of 33.6 and a high under-5 mortality rate[4] of 42.6 for rural regions.

[3] Infant mortality is the probability of dying before the first birthday.
[4] Under-five mortality is the probability of dying before the fifth birthday.

- Low institutional delivery **at 54.3 per cent**, presents pressing challenges for Meghalaya as it impacts child health during and after birth.
- **The poor availability of clinical management tools and adequate drugs** in rural regions.
- Low Antenatal Care (ANC)[5] is another concern leading to poor health of mothers during and after childbirth. For rural Meghalaya, the percentage of women who had at least four ANC visits remains at 49.6 per cent, almost 20 per cent lower than urban figures. This also impacts associated issues, such as anaemia.
- There is also a lack of overall convergence across funds, functions, and functionaries related to maternal and child health.

b. Problems arising from **socio-economic dimensions** such as high teenage pregnancy and multiple gravidae, pose significant health risks to the younger female population. Astonishingly, around 40 per cent of the total births fall under the category of unintended births. Problems related to social taboos, low use of family planning methods, poor counselling, etc., have further contributed to poor outcomes.

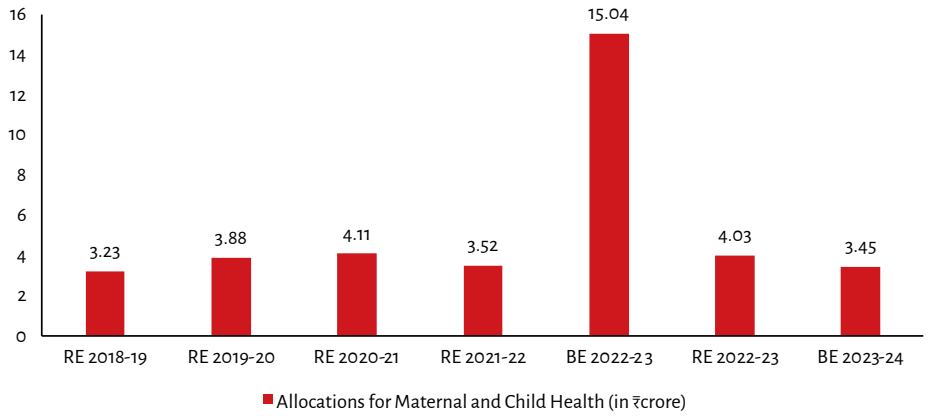
c. Other challenges pertain to **poor technologically driven health monitoring, limited use of data for policy framing,** etc.

In a Meghalaya-specific context addressing the topographical challenges might not be feasible, and the possible outcomes and benefits will not be proportional to the efforts undertaken. The only way to address such a challenge is through targeted interventions from a supply-side perspective — the CM-SMS is an attempt on similar grounds (explained in a section below).

A Recent Thrust Towards Transformation

A brief look at budget data between 2018-19 and 2022-23, indicates some limited corrective trajectories for allocations associated with 'Maternity and Child Health'. Budget Estimates for FY 2022-23 were more than 4 times higher than Revised Estimates for FY 2021-22. However, Revised Estimates for FY 2022-23, and Budget Estimates for FY 2023-24 were much lower.

Allocations for Maternal and Child Health in the State Health Budget



Source: Finance Department. Budget Documents available online at http://megfinance.gov.in/state_budget.html. Last accessed on 15 May 2023.

[5] Antenatal care coverage is the percentage of women aged 15 to 49 with a live birth in a given time period that received antenatal care four or more times.

Chief Minister's Safe Motherhood Scheme (CM-SMS)

The Chief Minister's Safe Motherhood Scheme (CM-SMS) is a recent addition to the state's list of initiatives to improve maternal health indicators. Launched in April 2022, the scheme has a primarily focuses on the improvement of maternal healthcare services in the state to bring down the Maternal Mortality Ratio (MMR)[6].

Accessibility of services is a key focus of CM-SMS. The problem of resource constraint and difficult geography has been tackled by bridging loopholes in the service delivery system, along with an incentivisation model. The two key aspects of the same are:-

a. Conveyance support - To prevent maternal and infant deaths due to poor education on nutrition, lack of medicinal care, and delay in transportation during labour and delivery, the scheme has introduced transit homes, maternity care vehicles, and transportation support to birth attendants and ANMs.

Transportation support is being provided through convergence with the Rashtriya Bal Swasthya Karyakram (RBSK). For the proper functioning of transit homes, localisation has been proposed through infrastructure support from local entrepreneurs and Self Help Groups in a remote areas.

Further, existing infrastructure from COVID-19, such as wards, etc. may also be used. This intervention is expected to improve the care of pregnant women through regular ANCs, counselling about birth spacing, along with proper care for pregnant women prior to delivery.

b. Compensation and Incentivisation - The compensation structure for FLWs across departments has been low and highly criticised by civil society. To recompense the service delivery providers, the scheme has proposed to provide additional compensation to birth attendants who assist pregnant women to a transit home, as well as to the Traditional Birth Attendants (TBAs) who encourage a high-risk pregnant woman to visit a health facility. In addition, the CM-SMS has also proposed to encourage Village Health Councils (VHCs) through cash awards for motivating institutional delivery and adequate birth spacing, as well as reducing teenage pregnancy and marriage.

The scheme is currently being implemented under the National Health Mission (NHM), and data and daily progress across several indicators can be seen on the Meghalaya Health Portal. An allocation of ₹25 crores for the scheme was made in the Budget for FY 2022-23.

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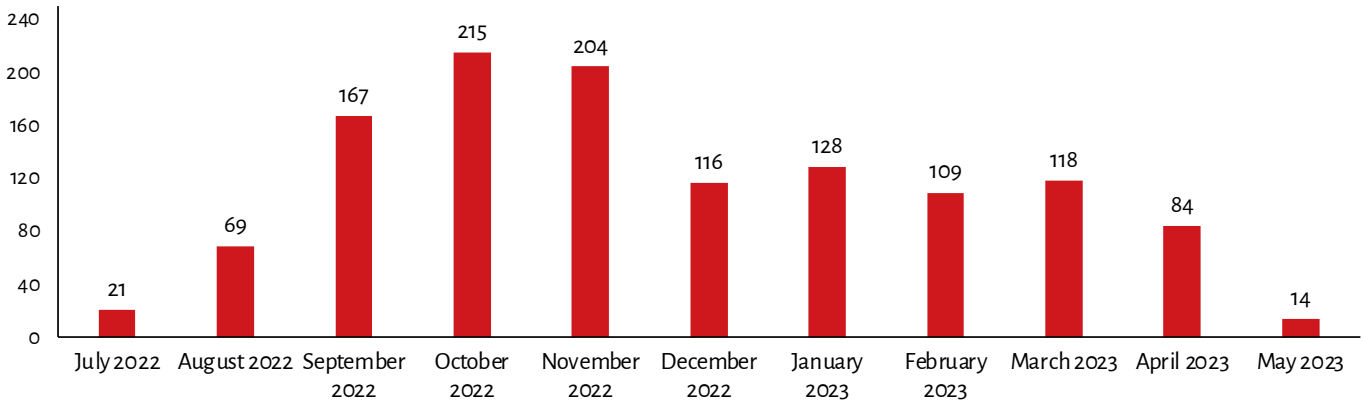
[6] The Maternal Mortality Ratio (MMR) is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period.

Pregnant Women who have Availed Transit Home facilities under CM-SMS



Source: Website of CM-SMS. Available online at https://meghealth.in/mother/cmsms. Last accessed on 15 May 2023.

MOTHER App

Technology-based monitoring of health progress has also been a challenge in the recent past. In 2019, the MOTHER App was introduced to collect data on pregnant women, with a target of increasing the number of institutional deliveries and reduction of MMR in the state.

The application is a far more advanced system of data collection compared to the strenuous hard-copy-based documentation followed previously. The App allows the ANMs to input data for pregnant women, while doctors and health professionals track the progress of expecting mothers. Data related to age, risk factors, health conditions, delivery and vaccination dates, check-ups conducted, along with the address and contact are recorded.

The data can be seen in real-time on the MOTHER dashboard— where health professionals can track each pregnant woman on a daily basis, as well as all deliveries due on a particular day. This is primarily to monitor at-risk pregnancies and reduce maternal mortality. This project is also being expanded to cover other indicators under health and nutrition.

Conclusion

Through the various targeted initiatives, like the CM-SMS and Mother's App, as well as other overall health programmes such as the State Health Enhancement Project and the Meghalaya Health Systems Strengthening Project, the state has been able to achieve certain success between 2020 and 2022. As a result, maternal deaths have reduced by an impressive 33 per cent, while infant deaths have reduced by 23 per cent. Despite this, problems of social taboos, teenage pregnancies, poverty, remoteness, etc. pose long-term constraints. Addressing them must remain a protracted focus of the state.

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