

We have been using the **State**Capability Enhancement Project

(SCEP) approach that aims to build state capability by solving critical development challenges in Meghalaya.

We started by mapping common **Technical**

Mission Trajectory

We brought

State Capability

Enhancement

approach

Technical Challenges

District reviews (PDIA) and analysis revealed deeper **Socioeconomic Issues**

We brought **State Health Policy**

- -Deficient Health Infrastructure
- -Lack of Trained Human Resources
- -Geographical challenges and Transportation Issues
- Default
 explanations like
 vaccine hesitancy /
 low levels of health
 seeking behaviour

Gender Issues:

Matrilineal Society but low women's agency

- Low Birth Spacing
- Teenage Pregnancy
- Anaemia

Poverty & low trust:

Causing low demand for healthcare

But policy is not enough:

- -Low implementation capability
- -Lack of sense of purpose in our systems
- -Poor coordination among functionaries

- -Bring clarity of purpose at all levels, including political
- -**PDIA**: iterative, problem-solving
- Data & feedback loops for learning
- -Collaboration between depts & across hierarchies

Adaptive Challenges

Meghalaya Health Policy 2021 provides the guiding framework (3dimensional) for UHC in the state

PREVENTIVE Demand + Supply side interventions Equitable access Nutrition and Fitness. Early diagnosis - PPHM Health Education MHIS CPHC **ENABLING Policy + Measures** Village Health Councils

CURATIVE

Health Institutions

- Primary, Secondary and Tertiary Care
 - MHIS / PM-JAY
 - Telemedicine
 - CHCs as FRUs

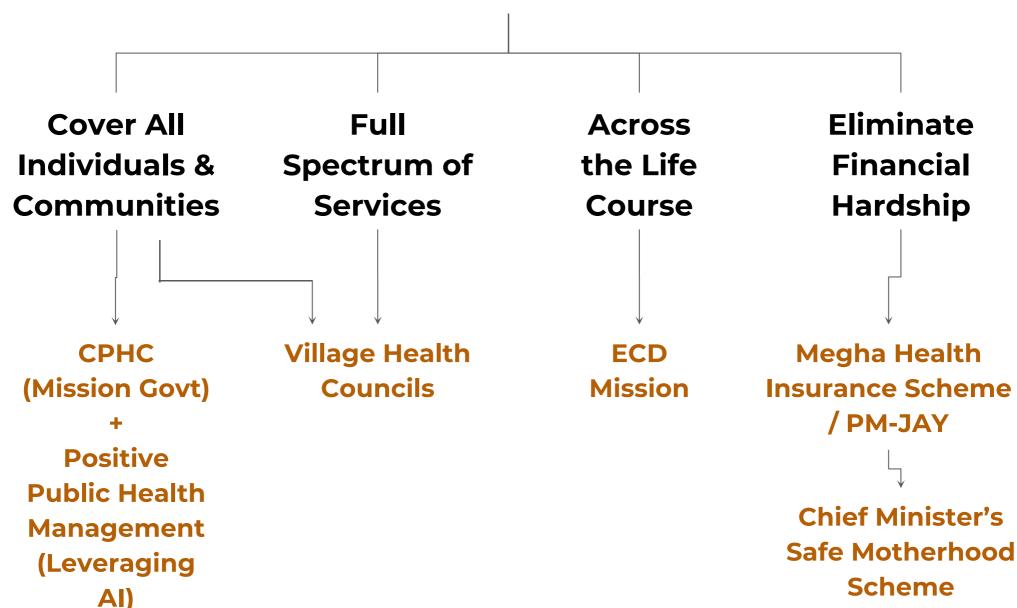
- Capability building
- Gender Equality VEC
- Social Audit
- FCD Mission
- CM-SMS

UHC as Defined by World Health Organization

UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

Translating Principles to

Practice



Positive Public Health Management

Driving a paradigm shift from disease management to Disease Prevention through community mobilisation and by leveraging digital technology and AI

	Sensitization	Health Screening	Investigation	Intervention
	Information	→Screening against 40 locally relevant	 →Blood sample diagnosis →Cloud based core clinical intelligence and support system →Data sent to health 	→Timely Check-ups
S	sharing			→Telemedicine follow-ups
	Participatory discussions	health parameters		→Health Professionals leverage data to identify health trends and design interventions
	Seasonal diseases calendars	→Digital records		
(Local determinants of illnesses		professionals for final diagnosis	→Designing Prevention strategies

Tests are suggested as per age group and gender, and span **across common NCDs** such as *Hypertension, Diabetes, Thyroid, Cholesterol, Prostate cancer screening, Vitamin A, D, and B12 deficiencies.*

Pilot Experiment under Smart Village Movement Project in collaboration with UC Berkeley and
Maya MD App



Village Health Councils

- Building strong community institution for community action and ownership on health and nutrition.
- Discuss common health challenges and facilitate local problem solving and action.
- Hold state systems accountable for delivery of services by highlighting gaps and needs
- ●Implement health infrastructure projects based on the need of the community

ECD Mission

Challenges

- Our current systems have a narrow focus on nutrition and cognitive development aspect is sidelined
- We are providing supplementary nutrition (SNP), but it is not locally sensitive
- There is limited community ownership of Anganwadi Centres (AWC)
- We don't have any robust practice of home visits to coach parents on early childhood development

Approach

- Health & Nutrition
- Egg and hot-cooked meals for children and pregnant and lactating women
- PLA for improving health outcomes



- AWCs to provide early childhood education activities
- Children to spend one fourth of their time at AWC in a stimulating environment

3 Coaching Parents

ECD

Mission

Regular home visits and fortnightky VHC/VO meetings to:

- Sensitize parents on the importance of early childhood period
- Coach parents on positive parenting and healthy diets

Megha Health Insurance Scheme – PM-JAY

universal health insurance scheme that provides health insurance to all residents of the state.

Innovations to Address Local Challenges Take up preventive health is low in the state

OPD Coverage of INR 30,000 for maternity and childcare care, antenatal care, etc.

Low registration, particularly in remote areas

Facilitate easy registration at the point of care

Low awareness about the scheme

SHG network and VHCs being used to spread awareness

CM Safe Motherhood Scheme

People and frontline workers face issues with transportation

Women don't come early for delivery as they worry about cost and logistics

Women prefer to deliver at home because they are concerned about their other children

Many women trust TBAs and are more comfortable working with them

MOs can hire vehicles (even 4x4 if needed) for both frontline workers and women

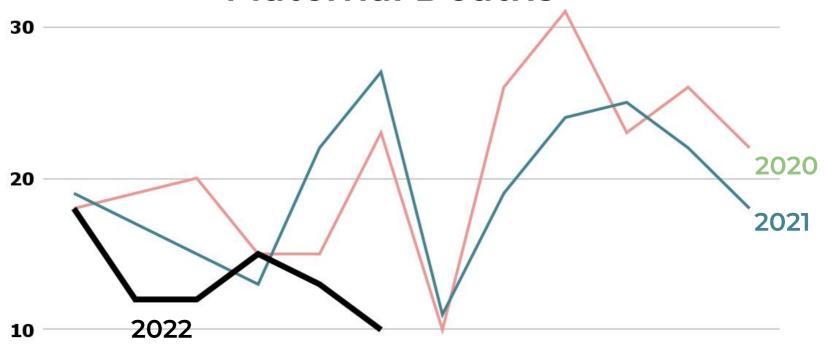
Sector Teams can start transit homes where women and their partners can stay for up to 10 days before EDD

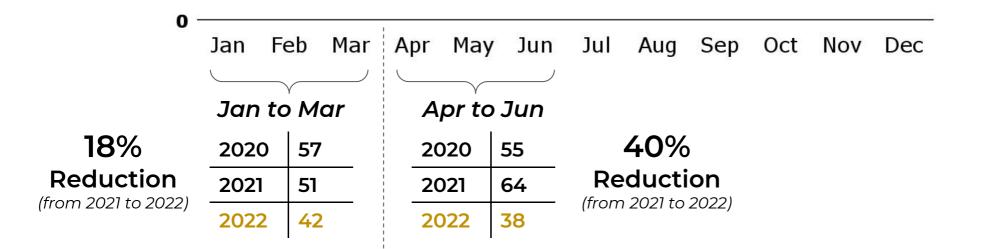
Women can bring their children to
 the transit home where they will be given proper care and nutrition

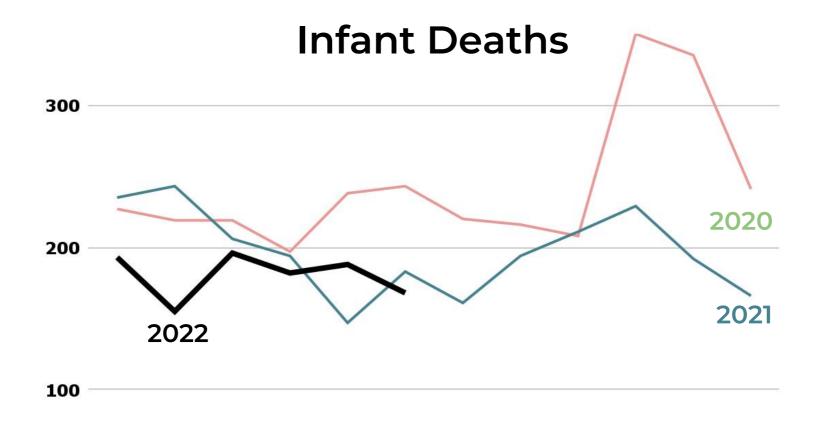
Women can bring their TBAs along with them to the transit home and for delivery

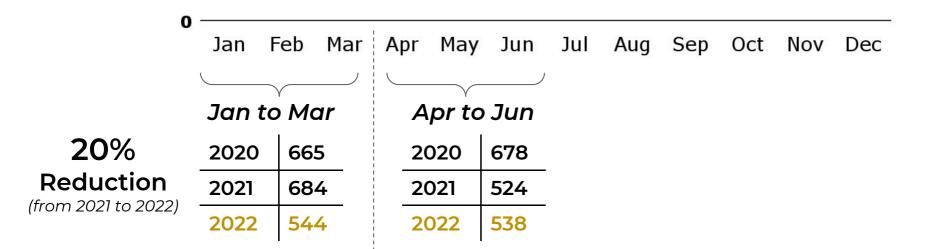
Data Trends

Maternal Deaths









Appendix

Local leadership through Problem-Solving



& Agency

Thank you!

"The size of your dreams must always exceed your current capacity to achieve them. If your dreams do not scare you, they are not big enough"

- Ellen Johnson Sirleaf 2011