

# **MEGHALAYA STATE REPORT**

## Meghalaya

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**MEGHALAYA**

**Summary of Approvals**

<b>Financial Management under NRHM (Rs. in crore)</b>					
<b>Years</b>	<b>Allocation</b>	<b>Release</b>	<b>Expenditure</b>	<b>% Release against Allocation</b>	<b>% Expenditure against Release</b>
2005-06	32.15	21.56	6.35	67.05	29.46
2006-07	52.87	37.34	17.87	70.62	47.85
2007-08	62.27	40.03	17.61	64.29	43.99
2008-09	60.67	43.49	35.77	71.69	82.25
2009-10	70.48			0.00	
<b>Total</b>	<b>278.44</b>	<b>142.42</b>	<b>77.60</b>	<b>51.15</b>	<b>54.49</b>

<b>S. No.</b>	<b>Timeline Activities</b>	<b>Achievement</b>	<b>%</b>
1	<b>ASHA</b>	<b>Selection</b>	6108
		<b>Training</b>	4521
2	<b>VHSC</b>	5568	92
3	<b>24X7 PHCs</b>	16	16
4	<b>Mobile Medical Unit</b>	7	100
5	<b>Rogi Kalyan Samiti</b>	133	99

<b>Budget Allocations (2005-09) ( Amount in Crores)</b>			
	<b>Allocation</b>	<b>Releases</b>	<b>Expenditure</b>
<b>RCH Flexipool</b>			
2005-06	10.01	4.50	0.55
2006-07	10.61	6.12	3.57
2007-08	13.87	9.96	3.99
2008-09	17.66	12.64	5.05
2009-10	22.27		
<b>Total (A)</b>	<b>74.42</b>	<b>33.22</b>	<b>13.16</b>
<b>NRHM Flexipool</b>			
2005-06		7.22	0.02
2006-07	24.33	19.51	2.54
2007-08	27.88	23.22	9.71
2008-09	19.72	20.06	24.83
2009-10	22.1		
<b>Total (B)</b>	<b>94.03</b>	<b>70.01</b>	<b>37.10</b>
<b>National Disease Control Programme</b>			
2005-06	10.68	7.24	4.15
2006-07	9.95	7.73	8.16
2007-08	10.82	4.89	2.42
2008-09	13.98	5.78	2.44
2009-10	15.40	0.00	0.00
<b>Total (C)</b>	<b>60.83</b>	<b>25.64</b>	<b>17.17</b>
<b>Grand Total (A + B + C)</b>	<b>229.28</b>	<b>128.87</b>	<b>67.43</b>

**Record of Proceedings (2005-2009) for Mission Flexible Pool**

<b>Approval for Infrastructure Facilities (Rs. in Crore)</b>						
<b>S. No</b>	<b>Health Facilities</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
1	Sub C	0.04	0.24	5.85	1.51	9.48
2	PHC		0.64	4.58	7.61	0.33
3	CHC	4.00	0.84	1.71	2.28	0.00
4	DH		2.25	0.00	1.50	6.68
5	Eqpmt		0.60	0.00	0.00	0.07
6	Transp			0.00		1.17
7	Others		5.12	0.00	2.45	0.60
	<b>Total</b>	<b>4.04</b>	<b>9.68</b>	<b>12.15</b>	<b>15.35</b>	<b>18.32</b>

<b>Approval for Human Resource Support (Rs. in Crore)</b>						
<b>S. No</b>	<b>Personnel</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
1	Doctors			0.00	0.20	0.00
2	Specialists			0.00	0.00	0.00
3	Staff Nurses			0.00	0.00	2.02
4	ANM		0.10	0.00	1.33	1.33
5	Others		2.51	0.00	0.13	4.79
	<b>Total</b>	<b>0.00</b>	<b>2.61</b>	<b>0.00</b>	<b>1.66</b>	<b>8.15</b>

<b>RoP Approvals for Various Years in Rs. Lakh</b>							
<b>S.No</b>	<b>Initiative</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>Remarks</b>
		<b>Released</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	
<b>ASHAs</b>							
1	ASHA		502	734	618	625	
2	Performance related incentives for ASHA's, AWWs		251				
	<b>TOTAL</b>		<b>753</b>	<b>734</b>	<b>618</b>	<b>625</b>	
<b>Untied Funds, Annual Maintenance Grants and RKS fundsrelated matters</b>							
3	Rogi Kalyan Samiti		140	157			
4	Rogi Kalyan Samiti-DH/SDH/Referral Hospital/Area Hospital				30	30	
5	Rogi Kalyan Samiti-CHC				26	26	
6	Rogi Kalyan Samiti-PHC/APHC				103	108.00	

7	Untied Fund for CHC				13	13	
8	Untied Fund for PHC/APHC		25.25		25.75	27	
9	Untied Fund for SC	40	38.2		39.8	44.4	
10	Untied Fund for VHSC		100		618	625	
11	Annual Maintenance Grant - CHC				26	26	
12	Annual Maintenance Grant -PHC		50.5		51.5	51.5	
13	Annual Maintenance Grant- SC				39	39	
	<b>TOTAL</b>	<b>40</b>	<b>353.95</b>	<b>157</b>	<b>972.05</b>	<b>881.9</b>	
<b>Infrastructure related matters</b>							
14	Emergency & Referral Services		90			116.6	
15	Mobile Medical Units		321.65		29.75	240.97	
	<b>TOTAL</b>		<b>411.65</b>		<b>29.75</b>	<b>357.57</b>	

#### Status of Infrastructure 2005-2010

Health Facilities	As per RHS 2008	New Construction	Upgradation / Renovation
Number of Sub Centre	401	77	0
Number of PHC	103	0	21
Number of CHC	26	0	28
Number of DH	5 As per State Data Sheet, NRHM	0	6

#### Status of NRHM as on 15.05.2009

1	<b>ASHA</b>	<b>Selection</b>	6108
		<b>Training</b>	4521
2	<b>VHSC</b>		5352
3	<b>Joint A/C @ Sub Centre and VHSC</b>		2309
4	<b>24X7 Facility</b>		8
5	<b>FRU</b>		3
6	<b>Contractual Manpower</b>	<b>Doctors &amp; Specialist</b>	13
		<b>AYUSH Doctors</b>	20
		<b>Staff Nurse</b>	18
		<b>Paramedics</b>	0
		<b>ANM</b>	125
7	<b>JSY Beneficiaries (in Lakhs)</b>		0.14

## **National Disease Control Programme**

### **NLEP**

The state has already achieved the goal of elimination of leprosy. The state is advised to carry out in depth situational analysis in districts/blocks reporting large number of new cases and take suitable actions.

### **IDSP**

It is a Phase II state. All districts are reporting weekly Surveillance data but data need to be entered in IDSP portal.

### **NBCP**

The performance of Cataract Surgery needs to be further improved in NE States in view of large cataract backlog. Eye care infrastructure need to be strengthened. Shortage of eye surgeons, PMOAs etc. All the NE States are required to furnish utilization certificates in respect of funds released to them under NPCB timely for release of next installment.

### **NVBDCP**

Incidence of malaria, Pf cases and deaths due to malaria is showing a fluctuating trend. Other vector Borne diseases namely filaria, Kala-azar, JE, Dengue & Chikungunya are not endemic in the states.

### **RNTCP**

Overall performance of the State is not good. Total Case Detection and cure rate need to be improved.

## Demographic, Socio-economic and Health profile

### HEALTH INDICATORS OF MEGHALAYA

The Total Fertility Rate of the State is NA. The Infant Mortality Rate is 56 and Maternal Mortality Ratio is NA (SRS 2004 - 06). The Sex Ratio in the State is 972 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

**Table I: Demographic, Socio-economic and Health profile of Meghalaya State as compared to India figures**

S. No.	Item	Meghalaya	India
1	Total population (Census 2001) (in million)	2.32	1028.61
2	Decadal Growth (Census 2001) (%)	30.65	21.54
3	Crude Birth Rate (SRS 2007)	24.4	23.1
4	Crude Death Rate (SRS 2007)	7.5	7.4
5	Total Fertility Rate (SRS 2007)	NA	2.7
6	Infant Mortality Rate (SRS 2007)	56	55
7	Maternal Mortality Ratio (SRS 2004 - 2006)	NA	254
8	Sex Ratio (Census 2001)	972	933
9	Population below Poverty line (%)	33.87	26.10
10	Schedule Caste population (in million)	0.01	166.64
11	Schedule Tribe population (in million)	1.99	84.33
12	Female Literacy Rate (Census 2001) (%)	59.6	53.7

**Table II: Health Infrastructure of Meghalaya**

Item	Required	In Position	Shortfall
Sub-centre	597	401	196
Primary Health Centre	90	103	-
Community Health Centre	22	26	-
Multipurpose Worker (Female)/ANM	504	608	-
Health Worker (Male)/MPW(M)	401	273	128
Health Assistants(Female)/LHV	103	75	28
Health Assistants(Male)	103	87	16
Doctor at PHCs	103	106	-
Surgeons	26	1	25
Obstetricians & Gynaecologists	26	0	26
Physicians	26	1	25
Paediatricians	26	0	26
Total specialists at CHCs	104	2	102
Radiographers	26	25	1
Pharmacist	129	113	16
Laboratory Technicians	129	130	-
Nurse Midwife	285	174	111

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

**The other Health Institution in the State are detailed as under:**

<b>Health Institution</b>	<b>Number</b>
Medical College	
District Hospitals	5
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	1
Ayurvedic Dispensaries	12
Unani Hospitals	-
Unani Dispensaries	-
Homeopathic Hospitals	7
Homeopathic Dispensary	10

**Note on Progress of NRHM in Meghalaya  
(June 2009)**

The State of Meghalaya is persistently progressing towards attaining the goals and objectives shared under National Rural Health Mission (NRHM), National Population Policy (NPP) and Millennium Development Goals (MDG). The activities under National Rural Health Mission are transforming the health care delivery to rural populace with increasing accessibility to quality services and the opportunity to participate actively in managing these services as well. The state has increased coverage under JSY; improvement in infrastructure; availability of paramedical and medical personnel. Brief information on the progress is as follows:

**Institutional Framework of NRHM**

Progress of institutional setup at state and district level is good. Meeting of State & District Health Mission have been held regularly. Meeting of State Health Mission held 3 times and of District Health Mission held 53 times. Merger of societies is completed in 7 districts 5568 VHSCs have been constituted & 2309 Joint Accounts operationalised at sub centre level. Rogi Kalyan Samities are operational at 6 DH, 28 CHCs & 99 PHCs. All districts have started developing their own IDHAP.

**Infrastructure Improvements**

A total of 16 PHC have been strengthened with three Staff Nurses each to make them functional for 24x7 works. 26 CHC are functioning on 24X7 basis & facility survey completed in 24 (including others health institution also). 3 District Hospitals are functioning as FRUs. All districts have functional Mobile Medical Unit (MMU)

**Human Resources**

A total of 6108 ASHAs have been selected & 1629 have been trained upto 2nd Module. ASHAs need to be provided with drug kits. State has 401 Sub-centres functional with an ANM and 59 SCs have been strengthened with 2nd ANM. State has appointed 20 Contractual AYUSH Doctors in the health facilities. As far as manpower increase is concerned, 1 specialist, 11 Doctors, 46 SN and 125 ANMs recruited on contractual basis

**Services**

Institutional deliveries improved from 0.21 lakhs (06-07) to 0.25 lakhs (07-08) and further 0.23 lakhs Institutional deliveries have been done for the year 2008-09. The number of JSY beneficiaries increased from 0.04 (06-07) to 0.09 lakhs (07-08). The numbers of JSY beneficiaries was 0.11 lakh during the year 08-09. Female sterilizations have increased from 0.02 lakh (06-07) to 0.02 lakh (07-08) and male sterilisation was 51 (06-07) and 40 (07-08). During the year 2008-09, 1821 female & 8 male sterilization have been reported. 1 district is implementing IMNCI. 43195 VHND held since the launch of NRHM. First Phase of Community Monitoring has been operationalised in the state.

**Financial Matters**

(Amount in crores)

Financial Year	Allocation under NRHM	Release under NRHM	Expenditure under NRHM
2005-06	Rs. 32.15	Rs.21.56	Rs.6.35
2006-07	Rs. 52.87	Rs.37.34	Rs.17.87
2007-08	Rs.62.27	Rs.40.03	Rs.17.61
2008-09	Rs. 60.67	Rs.43.49	Rs. 35.77
Total	Rs.207.97	Rs.142.42	Rs.77.60

During the year 2008-09, an amount of Rs. 6091.36 lakhs has been allocated & Rs. 4349.29 lakhs has been released under NRHM, (as on 31st March, 09), out of which Rs. 3770.91 lakhs is released under different family welfare schemes which includes Rs. 1264.00 lakhs for RCH flexipool and Rs. 76.57 lakhs for Routine Immunization, Rs. 2006.00 lakhs for NRHM flexipool, Rs. 141.63 lakhs for Infrastructure maintenance, Rs. 282.71 lakhs for Pulse Polio Immunization and Rs. 578.38 lakhs under 6 disease control. Furthermore, an amount of Rs. 35.00 lakhs for Health Melas, Rs. 39.80 lakhs for Untied Funds for SC, Rs. 13.00 lakhs for Untied Funds for CHC, Rs. 26.00 lakhs for annual maintenance grant for CHC, Rs. 129.00 lakhs for Rogi Kalyan Samities, Rs. 25.75 lakhs for untied funds for PHC, Rs. 51.50 lakhs for annual maintenance grant for PHC, Rs. 527.00 lakhs for Drug Procurement, Rs. 618.00 lakhs for Village Health & Sanitation Committees and Rs. 395.495 lakhs for Selection & Training of ASHA has been approved under NRHM flexipool.

An amount of Rs. 2483 lakhs has been spent under NRHM flexipool.

## **General**

Overall improvement in health system since NRHM

Achievements Made

- Increase in general utilization of OPD and indoor services, institutional delivery, and immunization.
- Improved infrastructure and construction of new PHCs
- VHSC and RKS instituted at village and facility level.
- ASHAs are active, involved in VHND, JSY and immunization activities.
- Almost every Sub centre is functional with one ANM.

Areas for Further Improvement

- Strengthening of delivery services is required
- Rational utilization of RKS fund for patient care.
- Strengthening of ASHA programme is required.
- Encourage involvement of greater NGO support.
- HR positioning at CHC need to be improved.
- Few PHCs in the state are functioning on 24\*7 basis, the state need to augment the process.

## **Infrastructure**

- Further strengthening of infrastructure is needed.
- Need to optimise utilisation of existing infrastructure through HR rationalisation and better supervision to ensure accountability.

## **Human Resources**

- HR policy and rational postings of specialists, performance based payment schemes and referral audits need be reinforced.
- Necessary to implement AYUSH schemes at various levels. Augmentation of AYUSH services is required.

## **Service Delivery**

- Need to improve immunisation.

## An Analysis of Financial Monitoring Report for the FY 2008-09

### A. RCH Flexible Pool

#### Component wise expenditure & Utilization under RCH against the approved PIP

Meghalaya		Rs. in lakhs	
Activities	SPIP	Expenditure	% Utilization against PIP
Maternal Health	304.43	156.21	51.31
Child Health	97.10	9.06	9.33
Family Planning Services	37.50	0.00	N.A.
Adolescent Reproductive and Sexual Health/ ARSH	36.51	8.54	23.39
Urban RCH	129.58	96.28	74.30
Innovations/PPP/ NGO	47.24	0.00	N.A.
Infrastructure & Human Resources	223.28	34.22	15.33
Institutional Strengthening	203.98	81.36	39.89
Training	93.50	20.91	22.36
BCC / IEC	139.78	44.27	31.67
Programme Management	64.14	53.75	83.80
<b>Total</b>	<b>1377.04</b>	<b>504.60</b>	<b>36.64</b>

Based on above table and records available in FMG, observations are as under:-

#### General Observation:-

1. The expenditure during the year has increased by 24% as compared to previous year 2007-08.
2. In spite of the JSY Scheme, the expenditure under Maternal Health is just 51% of approved PIP which is very less as compared to other States, which can be improved with the increase in expenditure under BCC/IEC (31% of approved PIP) .
3. The Total expenditure under RCH-II as compared to National level expenditure is just 36.64% of the approved PIP as against the national average expenditure of 71% and therefore needs more improvement.
4. Programme Management activity has picked up very well with 84% utilization and therefore other activities should also have been picked up in the same way.
5. Since the launch of RCH-II programme, the total reported expenditure is Rs. 13.28 crore i.e. 40% amount of the total releases made of Rs. 33.22 crore during the the year 2005-06 to 2008-09.

#### Areas of Concern:-

1. No expenditure has been incurred under Family Planning Services and Innovations/PPP/ NGO as against approved PIP of Rs.0.38 and Rs.0.47 crores respectively. State need to initiate for the implementation of these activities.

2. The expenditure under Child Health is less than 10% which needs focus to improve this activity.
3. The State should improve the over all utilization of funds so as to increase the level of expenditure which is just 37% of the approved PIP so that better services are provided.

**B. Mission Flexible Pool:-**

**Component wise expenditure & Utilization under NRHM against the approved PIP**

Meghalaya			Rs. in lakhs
Activities	SPIP	Expenditure	% Utilisation against PIP
ASHA	618.00	224.01	36.25
Untied Funds	696.55	331.88	47.65
Hospital Strengthening	150.00	113.20	75.47
Annual Maintenance Grants	116.50	95.10	81.63
New Constructions/ Renovation and Setting up	1197.50	83.25	6.95
Corpus Grants to HMS/RKS	159.00	112.40	70.69
Mainstreaming of AYUSH	0.00	76.52	N.A.
IEC-BCC NRHM	35.00	10.00	28.57
Mobile Medical Units	29.75	132.54	445.51
Referral Transport	75.00	0.00	N.A.
Additional Contractual Staff (Selection, Training, Remuneration)	277.80	65.34	23.52
Training	19.75	0.00	N.A.
Incentives Schemes	20.10	0.00	N.A.
Procurements	608.34	268.77	44.18
Regional drugs warehouses	123.95	78.81	63.58
New Initiatives/ Strategic Interventions (As per State Health Policy)	33.49	0.00	N.A.
NRHM Management Costs/ Contingencies	172.00	890.72	517.86
<b>Total</b>	<b>4332.72</b>	<b>2482.54</b>	<b>57.30</b>

Based on table above and record available in the FMG, observations are as under:-

**General Observation:-**

1. Your State has incurred 4 to 5 times expenditure of the approved PIP on activities like Mobile Medical Units and NRHM, Programme Management Costs.
2. Out of Rs.43.33 Crores approved PIP by the NPCC the reported expenditure is Rs. 24.83 Crore i.e. which is just 57% of approved PIP which is much higher than the expenditure incurred in the previous year (129% increase)
3. Since the start of the programme Rs.70.01 Crores were released to you out of which the utilization is Rs.38.21 Crores (55%) and Rs.31.08 Crores (45%) remains unutilized.

4. Expenditure under New Construction/Renovation is just Rs.0.83 crores i.e. 7% of approved PIP of 11.97 Crore. The State initiate these activities as per the approved PIP so as to provide better infrastructure and facilities.
5. Expenditure under Mainstreaming of AYUSH is 0.77croes while no amount was demanded for the same in your PIP.

**Areas of Concern:-**

1. For the activities of New Initiatives, Referral Transport, Training and Incentive Schemes there was approved PIP of Rs. 0.33, 0.75, 0.19 and Rs.0.20 Crore respectively, but there is NIL expenditure on these activities. State should give priorities to such activities.
2. The expenditure of Rs. 2.24 Crore has been incurred by the State for ASHA under NRHM which is 36% of the approved PIP of Rs. 6.18 Crore, State should strengthen the system to improve the activities where the reported expenditure is very less by properly looking to the gaps if any in achieving the targets.
3. Mission Flexible Pool part of FMR is not in the prescribed format.

## BRIEFING NOTE ON RCH II: MEGHALAYA

### A. Background/ current status

#### 1. RCH II Goals

MMR for NE states except Assam is not available. The IMR (SRS 2007) at 56 has reduced from 57 (SRS 2003), but is higher than the national average of 55. TFR at 3.8 (NFHS-3, 2005-06) has improved from 4.6 (NFHS-2, 1998-99) (refer Annex 1).

#### 2. RCH II Outcomes

Meghalaya's progress during the four year period between DLHS 2 (2002-04) to DLHS 3 (2007-08) is mixed (refer Annex 1):

- Mothers having full ANC's increased from 11.5% to 14.4%; however still very low.
- Institutional deliveries declined from 32.5% to 24.4%.
- Full immunisation in children 12-23 months increased from 13.5% to 33.7%.
- Children with diarrhoea receiving ORS has marginally increased from 44.3% to 45.2%.
- Unmet need for family planning declined from 55.3% to 32.7% and still remains very high. Further, use of modern contraceptives has marginally increased from 13.8% to 16.8%.

#### 3. Expenditure

Audited expenditure has increased sharply from Rs. 0.58 crores in 05-06 to Rs. 3.58 crores in 06-07 and Rs. 4.07 crores in 07-08; reported expenditure in 08-09 was Rs. 5.05 crores i.e. 36.7% of allocation (Rs. 13.77 crores). JSY accounted for 18.2% of the reported expenditure in 08-09.

### B. Key achievements

#### 1. Maternal Health, including JSY

- Number of JSY beneficiaries in the state increased from 471 in 2005-06 to 4257 in 2006-07 and declined to 1003 in 2007-08. A total of 0.11 lakh beneficiaries have availed of the services in 2008-09.
- State has initiated EMRI services to strengthen referral transport in 2008. Further, state launched services through mobile medical units in August 2008.
- State has operationalised 3 FRUs out of 15 targeted; further, 4 MOs have been trained in LSAS and 5 in EmOC so far against the target of 15.
- 16 PHCs have been operationalised as 24x7 against a target of 51. State has trained 83 ANMs/LHVs/SNs in SBA against a target of 324.
- 43195 VHNDs have been held in the state so far.

#### 2. Child Health

- IMNCI implementation is underway in the state.
- State has proposed to establish newborn baby corners in current year.
- State has developed referral mechanism to transfer sick infants to higher institutions.

#### 3. Other initiatives

- State has reviewed nursing and paramedic services rules in year 2008-09.
- Salary of contractual staff has been revised.

## **C. Key issues**

### *1. Maternal Health, including JSY*

- Pace of multi skill training is slow against target.
- There is decline in institutional delivery between DLHS-2 and DLHS-3. Further, full ANC is very low.
- Full range of services is yet to be provided during VHNDs.

### *2. Child Health*

- Though state has reported that IMNCI implementation is underway; there is no information on number of personnel trained (reported as nil in NRHM report).
- Exclusive breastfeeding has declined between DLHS-2 and DLHS-3.

## A. Progress on Key Indicators

### 1. RCH II Goals

INDICATOR	MEGHALAYA		INDIA	
	Trend (year & source)		Current status	RCHII/NRHM (2012) goal
Maternal Mortality Ratio (MMR)	NA	NA	254 (SRS 04-06)	<100
Infant Mortality Rate (IMR)	57 (SRS 2003)	56 (SRS 2007)	55 (SRS 2007)	<30
Total Fertility Rate (TFR)	4.6 (NFHS2 1998-99)	3.8 (NFHS3 2005-06)	2.7 (SRS 2007)	2.1

### 2. RCH II Outcomes

S. No.	RCH OUTCOME INDICATOR	MEGHALAYA		INDIA*	
		DLHS-2 (2002-04)	DLHS-3 (2007-08)	DLHS-2 (2002-04)	DLHS-3 (2007-08)
1.	Mothers who received 3 or more antenatal care checkups (%)	42.8	45.6	50.4	51.0
2.	Mothers who had full antenatal check-up (%)	11.5	14.4	16.5	19.1
3.	Institutional deliveries (%)	32.5	24.4	40.9	47.0
4.	Children 12-23 months age fully immunised (%)	13.5	33.7	45.9	54.1
5.	Children age 6-35 months exclusively breastfed for at least 6 months (%)	39.6	30.4	22.7	24.9
6.	Children with diarrhoea in the last 2 weeks who received ORS (%)	44.3	45.2	30.3	33.7
7.	Use of any modern contraceptive method (%)	13.8	16.8	45.2	47.3
8.	Total unmet need for family planning - both spacing methods and terminal methods (%)	55.3	32.7	21.4	21.5

\* - Provisional results for DLHS-3

## B. Trends in Financial Expenditure

(Rs. crores)

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Release	4.50	6.12	9.95	12.64
Audited Expenditure	0.58	3.58	4.07	5.05*

\* - Audited expenditure for 2008-09 is not yet available; reported expenditure is provided.

- Allocation for 2008-09: Rs. 13.77 crores.

## C. Progress on Key Strategies

### 1. Demand side interventions

S. No.	Indicators	Achievement (no. of beneficiaries)			
		2005-06	2006-07	2007-08	2008-09
1	Janani Suraksha Yojana	471	4,257	1,003	10,600
2	Total Sterilisation	2,264	2,533	1,858	na
3	IUD Insertions	2,646	2,076	1,696	na

(Source: M&E Division reports, and JSY reports from the states)

2. *Technical interventions*

S. No.	Indicators	Achievement upto March 2009	
		Number	%
1.	No. of First Referral Units (FRUs) operationalised	3	20 (against the target of 15 FRUs)
2.	No. of PHCs operationalised to provide 24-hour services	16	31.4 (against the target of 51 PHCs)
3.	No. of private institutions accredited under JSY	0	
4.	No. of districts implementing Integrated Management of Neonatal & Childhood Illness (IMNCI)	1	14.3 (out of 7 districts)
5.	No. of people trained in IMNCI	0	NA
6.	No. of Village Health & Nutrition Days (VHNDs) held	43195	NA

(Source: NRHM MIS report, April 2009)

## Immunization

### *Meghalaya*

#### Evaluated Immunization Coverage

Survey Indicator	NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)	CES (2005)	CES (2006)	DLHS 2 (2002-04)	DLHS3 (2007-08)
FI	9.7	14.3	32.8	NA	40.4	13.5	27.6
BCG	43.8	46.1	66.3	<b>80.8</b>	71.1	66.8	74.1
Measles	13.2	17.7	43.8	63.4	56.3	30.9	52.9
DPT 3	22.9	25.4	47.6	<b>94.5</b>	47.4	30.2	38.4

#### Progress

- The State is showing an improving trend in immunization coverage.
- The state has completed the **training of Health Workers**.

#### Issues

- The State needs to address the issue of the **dropout** from BCG- DPT3. and Measles
- The **AEFI Surveillance** needs to be strengthened as only Five out of nine districts have an AEFI committee set up and no Cases have been reported in 2008, even though there has been increase in immunization coverage.
- The **fund utilization under Immunization** is poor for 2008-09.
- **Revision of Microplans** to strengthen outreach services especially in the districts with low BCG coverage reflecting poor accessibility.

## Brief on National TB Control Programme in Meghalaya

### 1. Infrastructure

Total Districts - 7, TUs – 10, DMCs – 47  
 Total Population - 25.60lakh

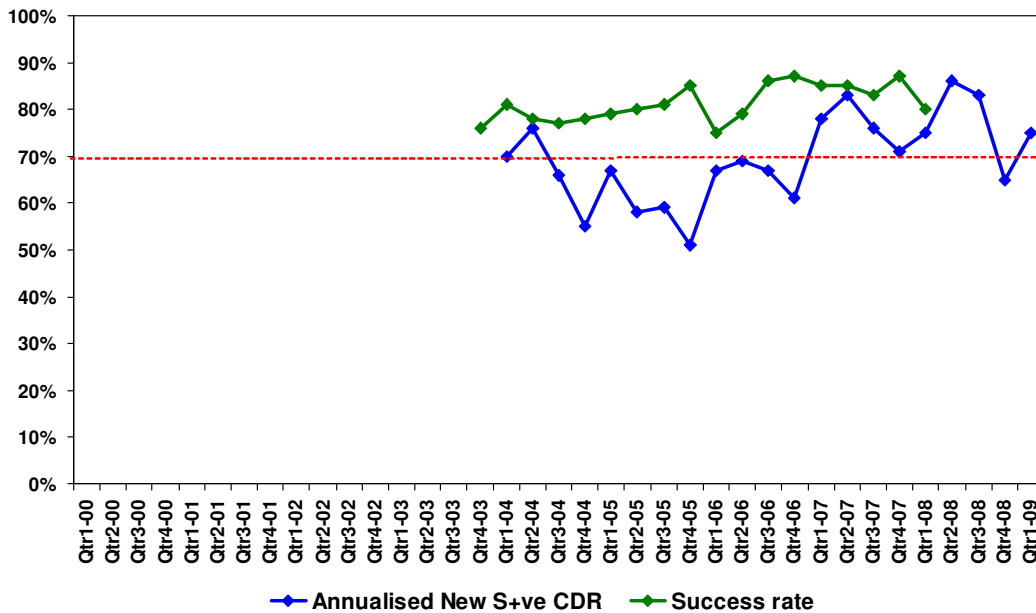
### 2. Status of Implementation

- The State has 7 districts but only 5 DTCs.
- The State is fully covered under RNTCP since October 2003.

### 3. State level performance (Based on the quarterly reports for 1<sup>st</sup> quarter 2009)

- Overall performance of the State is not satisfactory.
- Main reason for low sputum conversion and cure rates is high defaulter rate which needs to be minimized.

### Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, Meghalaya, 2000-2009\*



- Population projected from 2001 census
- Estimated no. of NSP cases - 75/100,000 population per year (based on recent ARTI report)

4. **District wise Performance: (Based on the quarterly reports for 1<sup>st</sup> quarter 2009)**

District	Suspects examined per lakh population	Annualised case detection rate (>144/lakh)	Annualised new sputum positive case detection rate (>53/lakh)	Sputum conversion rate new sputum positive cases (>90.0%)	Cure rate new sputum positive cases (>85.0%)
East Khasi Hills	195	234	55 74%	86%	<b>62%</b>
East Garo Hills	104	73	42 56%	<b>82%</b>	92%
Jaintia Hills	97	94	39 52%	90%	87%
Ri Bhoi	132	162	67 89%	<b>70%</b>	<b>69%</b>
South Garo Hills	116	130	80 106%	100%	94%
West Garo Hills	190	120	67 89%	89%	91%
West Khasi Hills	127	166	51 68%	<b>79%</b>	86%

5. **Funds status as on 31<sup>st</sup> March 2009 (Rs. in lakh)**

C/F	Released	Other Income	Expenditure	Balance
26.14	111.00	0.66	128.30	9.50

6. **Drugs**

- Drugs have been issued according to the requirement.

7. **Issues**

- Post of STO has recently fallen vacant.
- Total Case Detection rate and NSP case detection rate are low.
- Cure rate is also low.

## Fact Sheet on NVBDCP-Meghalaya

### Background Information

- The State has 7 districts with population of 2.32 million. There are 26 CHCs, 81 PHCs, 226 Sub-centres and 6026 villages. There are 608 Multipurpose Workers (Female)/ANM, 273 Health Worker (Male), 75 Health Assistants (Female)/LHV, 87 Health Assistant (Male) and 1363 Laboratory Technician. In addition, the state has 168 functioning Fever Treatment Depots (FTDs).

### Malaria

#### Epidemiological Situation

Year	Total Slide examined	Total Malaria Cases	Total Pf Cases	Deaths
2006	290111	29924	25907	167
2007	284175	31827	26234	215
2008	333759	38210	35037	73
2009 (Up to Feb.)	22686	1989	1907	3

- Incidence of malaria, Pf cases and deaths due to malaria is showing a fluctuating trend during the last three years.
- The state has been covered under Global Fund Supported Intensified Malaria Control Project.
- State is being provided RD Kits for early diagnosis of Pf cases and ACT for effective treatment of *P.falciparum* cases.

**Other vector Borne diseases namely filaria, Kala-azar, JE, Dengue & Chikungunya are not endemic in the states.**

### Central Assistance

Rs in Lakhs

Year	Allocation			Release/Expenditure		
	Cash	Kind	Total	Cash	Kind	Total
2004-05	49.00	386.89	435.89	49.00	241.81	290.81
2005-06	49.00	249.30	298.30	182.56	240.10	422.67
2006-07	218.28	475.33	693.61	165.39	330.69	496.08
2007-08	245.83	463.91	709.74	142.91	399.60	542.51
2008-09	245.60	714.41	960.01	229.86	267.77	497.63
2009-10(B.E.)	261.42	868.00	1129.42			

### Issues:

- The large areas of district are remote, inaccessible and forested with operational difficulties in implementation of control programme.
- State needs to intensify efforts to reduce malaria mortality by establishing proper effective referral mechanism and treatment facilities for severe cases.
- The quality spray has to be ensured through intensive supervised spray activities.
- Some of the districts like Tura which is reporting high malaria incidence and deaths should be intensively monitored.
- Assistance is being provided for performance based incentive in two high malaria endemic districts by the Centre. For remaining malaria high endemic districts, similar provision needs to be made under Village Health and Sanitation Committee of NRHM out of flexi fund.

## **STATUS OF NATIONAL LEPROSY ERADICATION PROGRAMME IN MEGHALAYA**

- **Epidemiological scenario-**  
Meghalaya is low endemic for leprosy and has already achieved the goal of elimination of leprosy (i.e. prevalence rate of less than 1 case /10000 population). There were 20 leprosy cases on record as on March 2009.
- **New case detection and treatment completion-**  
During 2008-09, a total of 17 new leprosy cases were detected as compared to 14 new cases detected during the corresponding period of previous year. Out of 10 cases discharged during the year, 9 cases (90%) were released as cured after completing treatment.
- During 2008-09, NLEP action plan amounting to Rs.41.00 lakh has been approved for the State.

### **Issues -**

1. The state is advised to carry out in-depth situational analysis in districts/blocks reporting large number of new cases and take suitable actions like –
  - (i) Ensuring completion of treatment in each of the new cases detected.
  - (ii) Enhance awareness of the community to improve self reporting of suspected cases to health facility and
  - (iii) Carrying out family contact survey against all multibacillary and child cases.

**Integrated Disease Surveillance Project (IDSP) –Fact sheet as on 17 June 2009**

The population of Meghalaya is 2.32 according to 2001 census and is scattered over 7 districts 39 blocks and 6026 villages. The State has the density of 103 persons per sq. km. As against decadal growth rate of 21.54% at the national level, the population of the State has grown by 30.65% over the period 1991-2001. The sex ratio of Meghalaya at 972 females to 1000 males is higher than the national average of 933. Female literacy of the State rose to 60.41% from 44.85% in 1991. (source:www.mohfw.nic.in/nrh.m.htm )

Meghalaya is a phase-II state under IDSP and has been inducted in the program during April 2005. Dr Lanong, from Directorate Health Services, Govt of Meghalaya has been designated as the State Surveillance Officer (IDSP).

The component wise action points are as under

**1. Manpower**

Surveillance Officer and RRT team at state and district Headquarter designated.

The offer letter to the recommended candidates for the positions of state/district epidemiologists, microbiologists and state entomologists to be issued by state/district NRHM society.

**2. IT & EDUSAT**

EDUSAT (Total=9)

SIT equipments installed at State Headquarter, 7 DSUs and North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences

**3. Laboratory Strengthening**

One priority district laboratory identified by the state was surveyed and state was given sanction in February 2009 to procure required equipments for that laboratories. This procurement is under progress.

**4. Data Reporting**

Meghalaya has 7 districts. All districts are reporting weekly Surveillance data but data need to be entered in IDSP portal i.e. [www.idsp.nic.in](http://www.idsp.nic.in) .

**5. Outbreaks**

Year	Number	Type
2008	5	Acute Diarrhoea Disease, Cholera
2009 (upto May)	1	Acute Diarrhoea Disease

**6. Training**

Training of Medical Officers, Health Workers and District Lab Technicians completed as per PIP numbers.

Core Trainers identified.

**7. Finance**

Year	Release(in lakhs)	Expenditure(in lakhs)
2005-06	81.70	
2006-07		12.25
2007-08		48.22
2008-09	18.49	34.66
<b>Total</b>	<b>100.19</b>	<b>95.13</b>

Balance amount 5.06 lakhs.

FMR received upto March 2009.

Audited Accounts and Utilization Certificate for the year 2007-08 received.

**NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS**  
**STATUS OF IMPLEMENTATION of NPCB IN NORTH-EASTERN STATES**

**Performance of Cataract Surgery during X Plan**

State	2005-06		2006-07		2007-08		2008-09	
	Tar.	Ach.	Tar.	Ach.	Tar.	Ach.	Tar.	Ach
<b>Arunachal Pradesh</b>	1000	993	1000	776	1000	1043	2000	1172
<b>Assam</b>	45000	47100	45000	23500	45000	48346	50000	47749
<b>Manipur</b>	1000	1014	2000	604	1000	1156	2000	1744
<b>Meghalaya</b>	2000	1372	2000	827	2000	1023	2000	2308
<b>Mizoram</b>	1000	1211	800	859	1000	2715	3000	2397
<b>Nagaland</b>	500	741	500	450	500	583	1500	1048
<b>Sikkim</b>	500	351	1000	241	500	571	800	690
<b>Tripura</b>	8000	4359	8000	5186	8000	6708	7000	8429
<b>Total</b>	<b>59000</b>	<b>57141</b>	<b>60300</b>	<b>32443</b>	<b>59000</b>	<b>62145</b>	<b>68300</b>	<b>65537</b>

**Grant-in-aid released & Expenditure Incurred by District/State Blindness Control Societies in NE**

States (X Plan)

(Rs. In lakhs)

States	2006-07		2007-08		2008-09	
	Released	Exp	Released	Exp	Released	Exp
Arunachal Pradesh	<b>77.00</b>	<b>12.65</b>	<b>56.75</b>	<b>45.30</b>	<b>162.60</b>	<b>115.41</b>
Assam	<b>150.00</b>	<b>0.00</b>	<b>322.15</b>	<b>155.73</b>	<b>671.66</b>	
Manipur	<b>42.41</b>	<b>21.01</b>	<b>124.50</b>	<b>43.36</b>	<b>106.47</b>	
Meghalaya	<b>120.00</b>	<b>95.05</b>	<b>183.50</b>	<b>100.4</b>	<b>158.60</b>	<b>99.10</b>
Mizoram	<b>74.00</b>	<b>66.76</b>	<b>78.22</b>	<b>77.21</b>	<b>177.35</b>	<b>144.78</b>
Nagaland	<b>24.00</b>	<b>24.00</b>	<b>178.49</b>	<b>59.78</b>	<b>144.60</b>	

Sikkim	<b>0</b>	<b>0</b>	<b>67.00</b>	<b>26.47</b>	<b>133.35</b>	
Tripura	<b>175.50</b>	<b>28.86</b>	<b>184.63</b>	<b>20.90</b>	<b>24.35</b>	
Total	662.91	248.33	1195.24	529.12	1578.98	

**Major Issues:-**

1. The performance of Cataract Surgery needs to be further improved in NE States in view of large cataract backlog.
2. Eye care infrastructure need to be strengthened.
3. Shortage of eye surgeons, PMOAs etc.
4. All the NE States are required to furnish utilization certificates in respect of funds released to them under NPCB timely for release of next installment.

**NIDDCP**

**Meghalaya**

Rs.in lakh

Activity	Amount proposed	Amount Approved	Remarks
Establishment of IDD Control Cell	PIP not received	7.00	The State Government may carry out the activities as per the fund allocation of GOI
Establishment of IDD Monitoring Lab		4.00	
Health Education and Publicity		24.50	
IDD Surveys		0.50	
Total	39.00	36.00	

### RoP Mapping of NRHM

NATIONAL RURAL HEALTH MISSION							
Meghalaya							
	<b>Total MFP Approvals</b>		<b>1884.8</b>	<b>4849.25</b>	<b>4332.726</b>	<b>5771.578</b>	
RoP Approvals for Various Years in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	ASHA		502	734	618	625	
2	Performance related incentives for ASHA's, AWWs		251				
	<b>TOTAL</b>		<b>753</b>	<b>734</b>	<b>618</b>	<b>625</b>	
Infrastructure related matters							
3	SDs staff quarters				196		
4	Construction and maintenance of physical infrastructure of CHCs				90		
5	Construction of residential quarters for doctors PHCs				761		
6	Construction of new SHC with ANM quarters				150.5	625	
7	Construction of 43 SHC not mentioned in 2008-09 accomplished construction, additional requirement					322.5	
8	Construction of residential quarter for 3 GNMs for IPHS					198.00	
9	Construction for the remaining 4 district warehouses					60	
10	Upgradation of CHC to IPHS	400	80				
11	Strengthening of District hospitals				150	7.17	
12	Strengthen Nursing Training institutions		100				
13	Strengthening of Regional Health and Family Welfare training centre				19.747		
14	Improving Physical		225				

	infrastructure- DH Construction						
15	Improving physical infrastructure of CHC		4.20				
16	Improving physical infrastructure of PHC		57.60				
17	Improving physical infrastructure of SCs		24				
18	Sub centres			585.35			
19	PHCs			458.28			
20	CHCs			170.9			
21	Internal Electrification of the PHC					33.49	
22	Telephone connection at SHCs/PHCs/CHCs District Hospitals		60				
23	Emergency & Referral Services		90			116.6	
24	Mobile Medical Units		321.65		29.75	240.97	
	<b>TOTAL</b>	<b>400</b>	<b>962.45</b>	<b>1214.53</b>	<b>1396.997</b>	<b>1405.73</b>	
<b>Human Resources related matters</b>							
25	Surgeon at CHC				24		
26	PHN at CHC				6	<b>12</b>	
27	SN at CHC				16.2		
28	Incentive to MOs				20.097		
29	AYUSH doctors		6		63	120	
30	Salary of additional 3 SN/GNM for 25 CHC				13.2	81	
31	PHN				13.2	19.2	
32	ANM		10		133.2	133.2	
33	Recurring expenditure towards salary of staff & office expenses for State Ware House					61.24	
34	HWs (AYUSH)				21	36	
35	Block Programme Manager					46.8	
36	Block Accounts Manager					32.76	
37	Accountant - PHC Accountant					92.40	
38	Office Clerk					1.2	
39	Administrative Assistant					3.24	
40	Account Clerk					1.2	
41	Office Assistant					1.44	
	<b>TOTAL</b>		<b>16</b>		<b>309.897</b>	<b>462.64</b>	
<b>Programme Management related matters</b>							
42	Preparation of DHAP	70					
43	Management cost/Contingencies		10				
44	Block programme			129.09	172.00		

	management unit						
45	Mobility fund for the Officials concerned to Mission Directorate					50.00	
46	Mobility fund for the BPMU @ Rs 6,000/- per block per month					28.08	
47	Mobility & Contingency fund for the Accountant @ Rs 1000/- per PHC per month					13.2	
48	Office Expenses of NRHM					15.00	
49	Stationeries and Contingencies @ Rs. 4,000/- per block per month					18.72	
	Auditor's Fee for NRHM annual and concurrent auditing					28	
	<b>TOTAL</b>	<b>70</b>	<b>10</b>	<b>129.09</b>	<b>172</b>	<b>28</b>	
<b>Untied Funds, Annual Maintenance Grants and RKS funds related matters</b>							
50	Rogi Kalyan Samiti		140	157			
51	Rogi Kalyan Samiti-DH/SDH/Referral Hospital/Area Hospital				30	30	
52	Rogi Kalyan Samiti-CHC				26	26	
53	Rogi Kalyan Samiti-PHC/APHC				103	108.00	
54	Untied Fund for CHC				13	13	
55	Untied Fund for PHC/APHC		25.25		25.75	27	
56	Untied Fund for SC	40	38.2		39.8	44.4	
57	Untied Fund for VHSC		100		618	625	
58	Annual Maintenance Grant - CHC				26	26	
59	Annual Maintenance Grant -PHC		50.5		51.5	51.5	
60	Annual Maintenance Grant- SC				39	39	
	<b>TOTAL</b>	<b>40</b>	<b>353.95</b>	<b>157</b>	<b>972.05</b>	<b>881.9</b>	
<b>Training &amp; Capacity Building related matters</b>							
61	Training on RCH, Immunization and Different National Health programmes for AYUSH doctors				1.2	3.243	
62	Capacity building of PRI/RKS members and other such training					37.24	
	<b>TOTAL</b>				<b>1.2</b>	<b>40.483</b>	

Innovations related matters							
63	Health Melas				35	35	
64	Provision of Drugs for SC/PHC/CHC/DH		254.4		527	527	
65	Procurement of drug kits			527			
66	Strengthening procurement and logistics			50			
67	Outstanding balance			1911.63			
68	Procurement of color coded bin, begs, gloves, needle cutter in 6 DHs @ rs. 6000 per DH/State CH				0.3		
69	Procurement of color coded bin, begs, gloves, needle cutter in 28 CHC				1.56		
70	Procurement of color coded bin, bags, gloves, needle cutter in 104 PHCs @ Rs 6000 per PHC				6.18		
71	Equipment for PHC				35.01	48	
72	Equipment for SC				11.042	83.76	
73	Furniture for PHC				7		
74	Procurement of TBA kits @ rs 45 per kit for conducting 45000 deliveries				20.25		
75	AYUSH Mainstreaming			36			
76	Procurement of ambulances -PHC			90	50		
77	Procurement of ambulances -CHC				25		
78	Providing specialized services at select PHCs				33.49		
79	Strengthening of logistics				123.95		
80	Furniture for three district warehouses (New activity proposed in 2009-2010)					7.395	
81	Health Mela					35	
82	MMUs- operational cost					165.97	
83	PPP of PHC, CHC					154.03	
84	Sponsorship for PGDPH programme					20	
85	Intersectoral Convergence					46.3	
86	Procurement of					144.46	

	mosquito bednets						
87	Procurement of equipment: MH					2.55	
88	Drugs & Supplies for MH					10.4	
89	Transferred from RCH Flexipool					292.8	
90	transferred from RCH: Internet facilities at BPMUs					4.68	
91	Drug supply for CHC/FRU	140					
	<b>TOTAL</b>	<b>140</b>	<b>254.4</b>	<b>2614.63</b>	<b>875.782</b>	<b>1493.585</b>	

**District wise Information on Meghalaya under some RCH indicators**

Districts	Mother received at least one TT injection	Institutional Deliveries	Full Vaccination	Contraceptive Use
India	73.5	47	69.6	54.1
Meghalaya	52	24.4	52.5	22.9
East Garo Hills	40.3	10.6	27.2	31.2
East Khasi Hills	81.3	44.7	68.5	29
Jaintia	52.4	25.1	66.1	13.6
Ribhoi	67.2	27.3	69.5	18.6
South Garo Hills	32.4	26.9	42.8	32.5
West Garo Hills	43.4	17.6	44.8	33.2
West Khasi Hills	41.5	21.6	36.6	7.2