GOVERNMENT OF MEGHALAYA

SOCIAL WELFARE DEPARTMENT
(WOMEN & CHILD DEVELOPMENT)

MOBILISING COLLABORATIVE ACTIONS TO IMPROVE NUTRITION STATUS OF SAM AND MAM CHILDREN - A CASE STUDY OF MEGHALAYA

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Mobilising collaborative actions to improve nutrition status of SAM and MAM children

A Case Study of Meghalaya

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1. PROBLEM STATEMENT

Historically, the improvement of health and nutrition indicators for pregnant women and young children has been challenging for Meghalaya, one of the states with the highest percentage of indigenous population in North-East India. As per NFHS-4 Meghalaya report, only 35.8 percent of children under six months were exclusively breastfed and only 23.6 percent children (6-23 months) received an adequate diet (Inadequate complementary feeding during the weaning period is thought to be a significant contributor to child malnutrition in India) (NFHS-4). In entirety, the critical indicators for health and nutrition were below the national average.

A 2019 World Bank Pilot Study conducted in Meghalaya titled 'Community-led Pilot in Meghalaya to Improve Early Childhood Development Outcomes'[1] shows more than 40 percent (43.8 percent) of under-five children were stunted (low height/age ratio), 15.3 percent wasted (low weight/height ratio) and 29 percent underweight (low weight/age). Micronutrient deficiencies were high - 48 percent of children aged 6-59 months were anaemic, 56.2 percent of women in the reproductive age group and 32.4 percent in men were anaemic. Meghalaya fares poorly in critical health indicators as per the comparison data seen in Table 1.

Table 1: Performance of Meghalaya in health indicators

Health indicators	Meghalaya	India
Stunting among children	44%	38%
Anemia among pregnant women	53.30%	50.40%
Infant Mortality (infant deaths for every 1000 live births)	34	32
Maternal Mortality (Maternal deaths per 100,000 live births)	197	113
Life Expectancy	62.3	70

**NFHS-4 Meghalaya Report*

The situation demanded immediate attention and Meghalaya sought to turn things around with a dedicated intervention. On 29th August 2019, the Hon'ble Chief Minister of Meghalaya, Shri. Conrad K. Sangma held a review meeting with ICDS officials and all Deputy Commissioners for initiating the Poshan Abhiyan and observing 'Poshan Maah' in the State. This also witnessed attendance of Union Cabinet Minister for Women & Child Development, Smt. Smriti Zubin Irani, who assured all assistance to the State in this respect. Nutrition was selected as a target area for intervention.

On 8th August 2020, the Hon'ble Chief Minister of Meghalaya along with the Minister, Social Welfare Department, Shri Kyrmen Shylla held a review meeting with all the Integrated Child Development Services (ICDS) officials. *These events were important for generating focus and much-needed attention on the issue.*

[1] **Community-led Pilot in Meghalaya to Improve Early Childhood Development Outcomes- a 2019 report by World Bank:** https://documents.worldbank.org/curated/en/873991574054946489/India-Community-Led-Pilot-in-Meghalaya-to-Improve-Early-Childhood-Development-Outcomes

Visit of Hon'ble Union Cabinet Minister for Women & Child Development, Smt. Smriti Zubin Irani at Umdihar Anganwadi Centre in Meghalaya, along with Hon'ble Chief Minister of Meghalaya Shri. Conrad K. Sangma in August 2019

Following this, in just 6 months, Meghalaya recorded 93% recovery of Severe Acute Malnourished (SAM) and 97% recovery of Moderate Acute Malnourished (MAM) children (identified in September 2020). This has been the highest recovery in terms of nutritional indicators in the State so far. While these figures mark the preliminary success of an ongoing intervention, they also speak of the systemic improvements within state machinery. The study attempts to highlight unique practices, adaptations and accountability measures that have proven successful in building state capability while enabling local agents to become effective problem-solvers in this respect.

This case study is a rare example of how collaboration between various departments, regular monitoring of target indicators, building accountability among various actors by promoting decentralised adaptive leadership and use of data for effective decision-making led to the overall strengthening of State Capacity in effectively addressing a complex challenge, like nutrition in Meghalaya.

2. HOW DID CHANGE BEGIN?

A key element responsible for the jumpstart of nutrition intervention in Meghalaya was the sense of urgency expressed by the leadership, an energetic environment first created by the launch of POSHAN Abhiyan to combat malnutrition. Since then, the month of September is observed as 'POSHAN Maah' with a view to carry out special dedicated activities ushering in behavioural change in the society.

By leveraging the existing environment for momentum, for the first time in Meghalaya, an extensive drive was held from the month of September 2020 for identification and tracking of children with SAM, along with the rest of the country. This was a major focus during the third anniversary celebration of Rashtriya Poshan Maah in September 2020. Improvement of child nutrition as an indicator of Health was taken up on a mission mode.

This was complemented with weekly granular monitoring of SAM and MAM children at the State level by the Principal Health Secretary himself, often chaired by the Hon'ble Chief Minister. Again, this was an exercise that was never done before at the State level, and not with this frequency. These weekly review meetings witnessed the attendance of representatives of three departments involved in the process of correction of SAM and MAM children- Social Welfare Department (Women & Child Development) through the ICDS Officials, Community and Rural Development Department through the NRLM Programme Staff and the Health Department Officials. A culture of synergy and collaboration was being created between the three departments.

Following the intensive drives and frequent monitoring as part of Rashtriya Poshan Maah, the status of SAM and MAM children in Meghalaya was revealed. It also threw light on the fact that more than 80% of families with SAM and MAM children belonged to the BPL category (based on SECC deprivation indicators).

Table 2: Status of SAM & MAM children identified during Poshan Maah in September 2020

Districts	No. of SAM children	SAM children in BPL category	Percentage	No. of MAM children	MAM children in BPL category	Percentage
East Khasi Hills	455	411	90.33	3596	3092	85.98
Ri Bhoi	41	41	100	437	437	100
West Jaintia Hills	423	383	90.54	3642	2493	68.45
East Jaintia Hills	268	169	63.06	1742	1567	89.95
West Khasi Hills	258	238	92.25	2070	1987	95.99
South West Khasi Hills	83	75	90.36	1205	1168	96.93
West Garo Hills	168	135	80.36	2326	2000	85.98
South West Garo Hills	39	39	100	760	760	100
South Garo Hills	39	39	100	381	381	100
East Garo	9	8	88.89	40	23	57.5
North Garo Hills	5	3	60	128	33	25.78
TOTAL	1788	1541	86.19	16327	13941	85.39

**Data Source: Social Welfare Department (Women & Child Development), Government of Meghalaya*

3. PROBLEM DRIVEN ITERATIVE ADAPTATION (PDIA) APPROACH TO SOLVE THE PROBLEM OF MALNUTRITION IN CHILDREN IN MEGHALAYA

Meghalaya has used a multi-dimensional, adaptive approach to address low nutritional indicators, inspired by "Problem Driven Iterative Adaptation" (PDIA), an adaptive management approach developed by faculty at Harvard Kennedy School of Government. Its key principles can be visualized as follows:

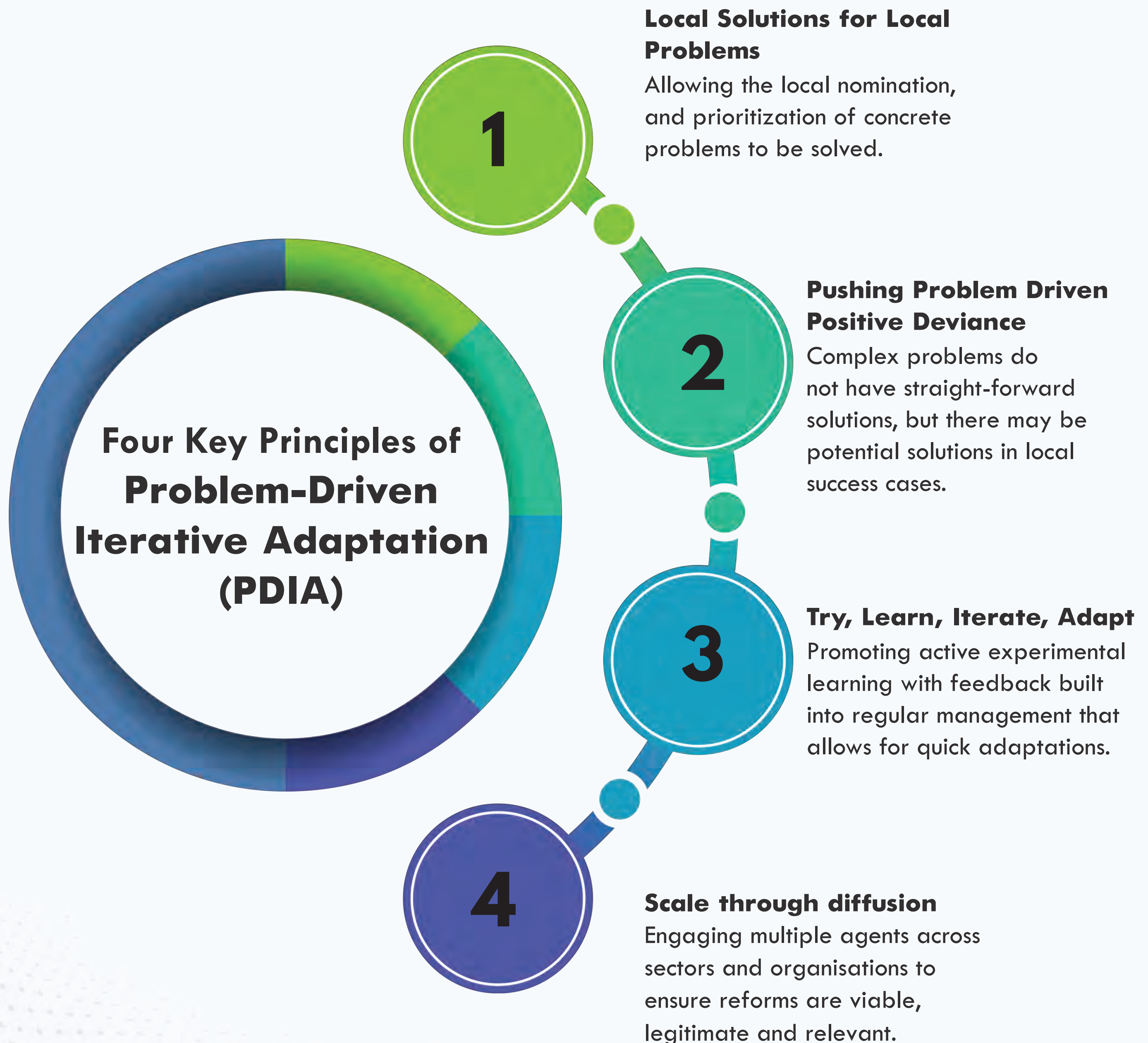


Figure 1 shows the four principles of Problem Driven Iterative Adaptation (PDIA) used for addressing the problem of malnutrition among children in Meghalaya

The adoption of a PDIA inspired process through weekly reviews of the State's POSHAN or Nutrition status among children allowed for surfacing the problems which were leading to malnutrition, ideating upon potential solutions, and increasing accountability for actions taken to address the problem - 3 core elements of the PDIA process.

3.1 PDIA in action to solve the challenge of malnutrition among children

> ***"There is a high dependence on State leadership to solve local problems and there is lack of communication among key officials and departments".***

As part of POSHAN campaign, the issue of Nutrition was resolved to be targeted on a war footing by State and the following steps were taken under PDIA:

- **Weekly Reviews:** A system of Weekly Reviews was instituted where all districts and block-level officials discussed key challenges with respect to nutrition and provided updates on weekly action plans. These reviews created a sense of responsiveness and urgency. The officials also took more ownership of the problem and developed local solutions.

A glimpse of the virtual, weekly review meetings with the Deputy Commissioners and officials of Health & Family Welfare, Social Welfare (Women & Child Development) and Community & Rural Development Departments, Government of Meghalaya

- **Workshops:** Two workshops on Problem-Driven Iterative Adaptation (PDIA) for health officials and Deputy Commissioners were held between December 2020 - January 2021. Through these workshops, the officials learned some new methods for addressing complex challenges through weekly action.

Former Chief Secretary of Meghalaya Shri. M.S Rao, IAS alongside Principal Secretary of Health and Social Welfare (Women & Child Development) Departments, Shri. Sampath Kumar, IAS and Commissioner & Secretary Smt. Merylin Nampui, IAS, chairing the workshop on SCEP for all Deputy Commissioners held in December 2020 in Shillong, Meghalaya

- **Using Data Effectively:** During this extensive drive for identification of SAM and MAM children during the Rashtriya Poshan Maah Celebrations in September 2020, Anganwadi Workers were engaged in physically measuring the height and weight of children at the Anganwadi Centres every month. Based on these data, SAM and MAM children were identified. Of the total number of 4,20,883 children between 0 to 5 years, 358,056 children were weighed in the month of September 2020. Anganwadi workers (AWWs) were trained by the district functionaries on the correct way of using basic instruments like infantometer, stadiometer, and weighing scales. It was also ensured that handholding support was provided to the field functionaries whereby the District Project Officers (DPOs), CDPOs, Supervisors were physically present with selected AWWs (those who still needed guidance) during the weighing and measuring process so that the measurements were correctly undertaken.

AWW checking the weight of children at the Anganwadi Centre

Since Anganwadi Centres were closed during the peak of the COVID-19 pandemic, efforts were also made to continue the identification of SAM and MAM children by the AWWs through regular house-to-house visits. The DPO, CDPOs, Supervisors would often visit the houses along with the AWWs. The real-time data collected during this process greatly helped with the analysis, which in turn has improved with informed decision making.

AWW measuring the height of an infant using the infantometer during a house visit

The POSHAN tracker (Common Application Software or CAS) as well as manual format of entering data by Anganwadis related to child health and nutrition was reviewed minutely and any challenges faced by the grassroot workers was discussed in the forum. Focus of officials was being shifted from simply reporting the data to actually analyzing the data. This helped to identify and address problems that are solvable but do not receive enough attention.

- **Tracking Actions:** All actions were tracked verbally during weekly review meetings. This also helped to identify key learnings and ideas from one district that could be scaled across other districts. A culture of learning and adaptation was built in the process.
- **Activating Leadership and Accountability:** Focus was laid on the "Decentralized Catalytic Leadership" (DCL) Model. As per this model, officials in different departments (Social Welfare (Women and Child Development), Health & Family Welfare, Community & Rural Developments) take ownership of different aspects of the problem and collaborate across silos to make meaningful progress. A visual representation of the DCL model in practice in Meghalaya can be seen in the following figure.

DECENTRALISED CATALYTIC LEADERSHIP MODEL

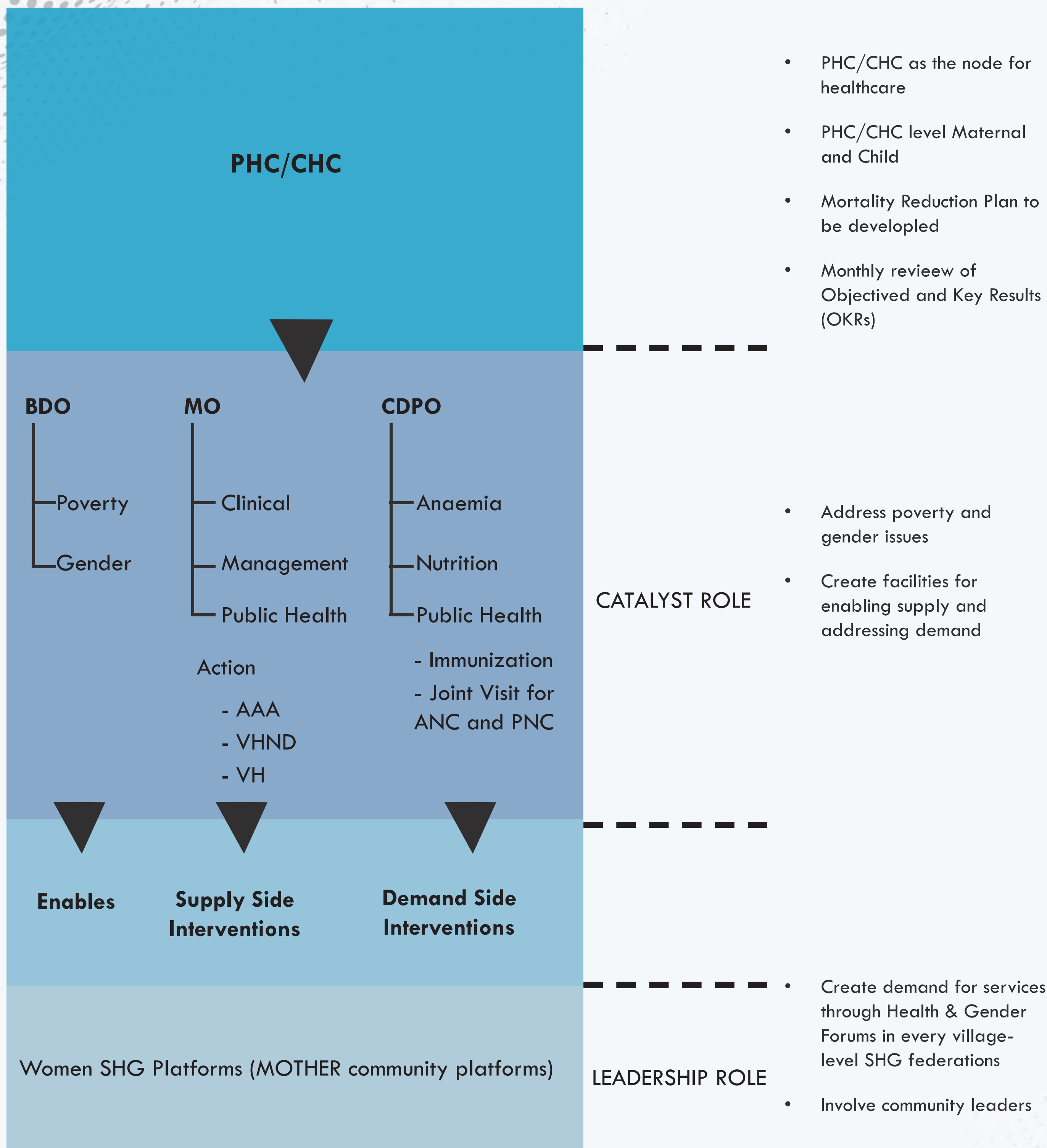


Figure 2 shows the "Decentralized Catalytic Leadership" (DCL) Model which is in place in Meghalaya to address systemic issues related to health and nutrition indicators

The PDIA approach is part of the **State Capability Enhancement Project (SCEP)**, which was launched in Meghalaya in December 2020 to address complex development challenges through a collaborative effort to bring about systemic interventions. An SCEP workshop was conducted for all Deputy Commissioners (DCs) in Shillong on December 17, 2020. Here, the Chief Secretary urged DCs to adopt a war footing to address the challenge posed by the state's weak nutritional indicators. The workshop introduced DCs to the concept of SCEP and focused on application of PDIA approach towards solving complex issues identified within the various districts in particular and the State in general. As part of SCEP, a 5-pillar framework was adopted by the State to address malnutrition:

SCEP PILLARS	PROCESS	RESULTS
BUILDING ADAPTIVE LEADERSHIP USING PDIA	Mobilising local administration, field functionaries and community leaders to identify adaptive challenges and solve local problems through discussions and structured processes	Nutrition was accorded attention at the State level, causing quick decisions and actions
DATA ENABLED DECISION MAKING	Collecting real-time data and feeding it into decision support systems (Poshan Tracker) to facilitate evidence-based decisions	Identification of 881 SAM and 6154 MAM children between October 2020 to May 2021
GRANULAR PERFORMANCE MONITORING	Identifying roles, responsibilities, and deliverables of every person, and implementing outcome-based performance evaluation	Targeted action points for functionaries of each department (Health, C&RD and WCD) was laid down after deliberations
CREATING RESPONSIVE SYSTEMS	Streamlining operations, by removing layers and developing communication channels; breaking the glass ceiling and generating accountability through processes like Social Audit	Weekly review meetings created a push for functionaries involved in the process, while providing them a platform to initiate discussions and acting as a knowledge sharing platform
INNOVATIONS FOR SYSTEMS CHANGE	Addressing the underlying systemic issues requires innovative approach and far-sighted vision. This needs new policy formulation and use of science and research for removing the systemic barriers.	Each community was faced with its own set of unique challenges and they devised unique strategies to address the problem of Nutrition. The State brought an enabling policy for promoting women leadership in Village Employment Councils. There is a lot of focus on leveraging the 3-tier model of women SHGs under NRLM as 'social development' platforms. This led to greater participation of women in all development activities. For example, Involvement of women SHGs in not only identification of SAM children but also providing them nutrition and supporting the SAM families with SHG interest-free loans. Meghalaya has also conceptualised the State ECD Mission to unleash the full potential of children by utilising latest research in the field of science of early childhood / brain sciences.

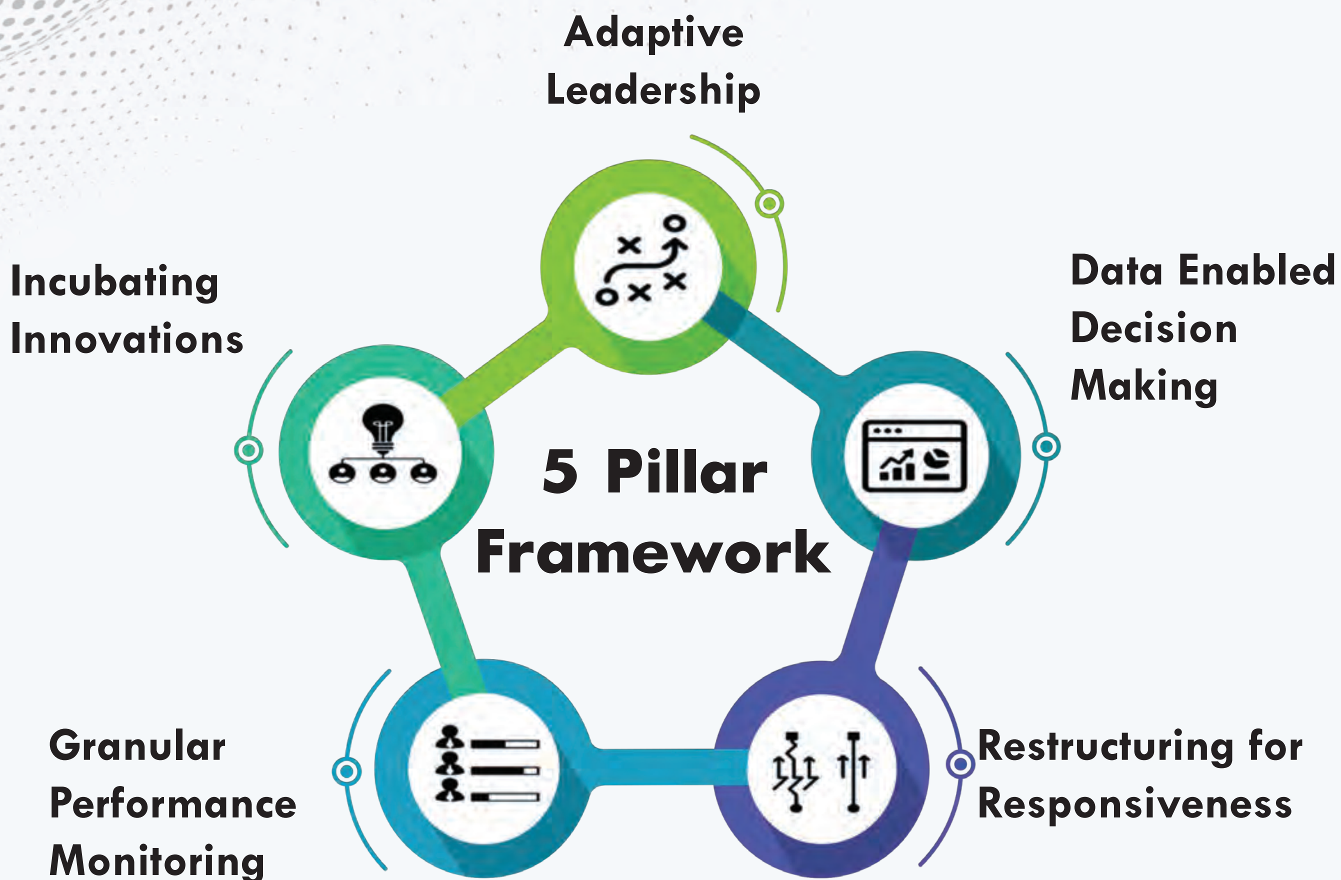


Figure 3 shows the five pillar State Capability Enhancement Project (SCEP) framework conceptualised to address development challenges in Meghalaya

4. Steps Taken to Address SAM and MAM Children through Collaboration with other Departments and through Local Innovations

4.1. Capacity building on identification of SAM and MAM children

Under Poshan Abhiyaan, capacity building of the programme functionaries was envisaged as an important topic, as it would help them become more effective by learning to plan and execute each task correctly and consistently. To enable this, the Incremental Learning Approach (ILA) was introduced, which is a system that enables incremental learning where learning agenda are broken into small portions of doable actions, thus helping the functionaries to internalise the teachings completely.

In Meghalaya, capacity building of functionaries on identification and management of SAM/MAM children was conducted in collaboration with the National Institute of Public Cooperation and Child Development (NIPCCD), Guwahati in September 2020. This capacity building programme was conducted for the State level functionaries and through them the field functionaries were trained. It was through this training programme that the 5896 AWWs of the State were taught about SAM and MAM children and their identification and management through Module 8 & 13 of the ILA, which focused on 'Identification of undernutrition: Weight and height measurement- management of undernourished children'.

To ensure effective implementation of the tasks (eg, monitoring of weight/height of children, etc), regular follow-ups are conducted by the CDPOs and Lady Supervisors and it is ensured that necessary training and support is provided especially to slow learners.

Regular monitoring is also carried out by the State Government through reviews to ascertain correct data and efficiency of the grassroots workers.

4.2. Mass drive for identification of SAM and MAM children and promotion of nutri-gardens as part of Poshan Maah celebrations 2020

As part of the Rashtriya Poshan Maah celebrations in September 2020, several activities were carried out through the Social Welfare Department (Women and Child Development). The theme of Poshan Maah 2020 as declared by the Government of India focused on two aspects – the identification of SAM children and promotion of kitchen gardens.

4.2.1. Identification and management of SAM and MAM children

Identification of SAM and MAM children in the State was done through the ICDS, where children were physically examined by the AWWs. As a result of this exercise, the number of SAM children identified in September 2020 was 1788 and that of MAM children was 16,327. These identified SAM and MAM children were reviewed and managed through the Anganwadi Centres (AWCs) or the Nutrition Rehabilitation Centres (NRCs) as per the requirement. Management of SAM and MAM children was done through the provision of either supplementary nutrition or through therapeutic supplements at the NRCs, along with continuous monitoring so as to ensure that these children meet their growth standards. Special attention was given to the Severely Malnourished Children by supplementing them with double rations so that their nutritional compensations are met within a shorter time frame. It must be mentioned here that the State has a total of 6 NRCs only, which are located at the respective district headquarters. **To ensure that SAM children requiring medical care at NRCs have access to the required services, PHCs and CHCs also have been used as NRCs for those locations that did not have these centres.**

To boost the identification of the SAM and MAM children, the State took a collaborative approach of involving the Self-Help Groups (SHGs) and Village Organizations (VOs) of the National Rural Livelihood Mission in this exercise. The SHG members were mainly involved in the mobilisation of women with children below 6 years of age, whereby they advised such women to take their children to the Anganwadi Centres for a physical check-up. Some of the SHGs and VOs were also trained by the Social Welfare Department (Women and Child Development) on the identification of SAM and MAM children and were able to identify SAM and MAM children through the support of the ASHA, AWW and ANM. Based on the recommendation, the SHGs also took the responsibility of taking the referral cases to the PHCs or CHCs. Apart from this, SHGs were also involved in awareness programmes, rallies and other programmes during the Poshan Maah celebrations.

Complementary Feeding programme organized by the Iatyllilang Village Organization along with the AWWs and ASHAs as part of the Poshan Maah Celebrations

4.2.2. Promotion of Kitchen Gardens/Nutri-gardens/PoshanVatikas

Kitchen gardens were widely promoted as part of the PoshanMaah celebration 2020.Kitchen gardens were encouraged to be set up in AWCs and also by the AWWs at their homes. As of September 2021, there were 3897 AWCs where nutri-gardens had been set up against the total number of 5896 active AWCs in collaboration with the SHGs and MGNREGA. Details of the same are given in the following table.

Table 3: Total number of nutri-gardens set up at AWCs as of September 2021 across Meghalaya

			Fruit trees	**Medicinal Plants/herbs**	**Green vegetables**
Ri Bhoi	520	279	25	35	279
East Jaintia Hills	232	174	25	0	174
South West Khasi Hills	241	143	25	0	143
South West Garo Hills	421	246	240	246	235
East Garo Hills	405	159	104	0	148
Total	**5896**	**3897**	**1722**	**833**	**3604**

Data Source: Social Welfare Department (Women & Child Development), Government of Meghalaya

The Social Welfare Department (Women and Child Development) also took the initiative to involve the SHGs for the promotion of nutri-gardens at the individual level, especially in those households with pregnant, lactating women and anemic women and malnourished children. In this regard, a total of 240 VOs were trained in collaboration with Krishi Vigyan Kendra on nutri-gardens. Till date, 3345 household-level nutri-gardens have been started with the support of AWWs and SHGs and 100 nutri-gardens have been started utilising the resources from MGNREGA.

Distribution of vegetable seed packets to the SHG members at Larbang as part of the nutri-garden promotion efforts conducted jointly by the field functionaries of the Social Welfare Department (Women and Child Development), Health Department, NRLM, Agriculture Department, and ATMA during Poshan Maah Celebrations 2020.

It must also be mentioned that through the VOs, support in the form of cash or nutrition kits is also provided to the SHG members as well as non-SHG members whose children have been diagnosed as Severely Acute Malnourished, and this is facilitated through the Vulnerability Reduction Fund available at the disposal of the VO.

SHG members giving support in kind to the SHG member whose son was diagnosed as Severely Acute Malnourished (SAM)

4.3. Innovation Project: Kitchen Garden and Backyard Poultry

Under Poshan Abhiyaan, the Social Welfare Department (Women and Child Development) also undertook an innovative project in collaboration with Bethany Society, Meghalaya to promote kitchen garden and backyard poultry for a "Malnutrition Free Meghalaya" which was initiated from 1st November 2019. Through this project, kitchen gardens and backyard poultry were activities that were widely promoted and implemented in all ICDS centres in Meghalaya with the objective of improving access to good quality nutrients for complementary feeding in poor families; reduction of nutritional anaemia levels among adolescent girls, women and children; and improvement towards behavioural change in the community vis a vis food consumption and diet diversity. While this project was started as a pilot in only one ICDS in each of the 11 districts of the State, this has now been upscaled to all ICDS projects. Funds for the same have been utilised from the Innovation Component under Poshan Abhiyaan.

Backyard poultry and keyhole kitchen garden promoted under the innovation project for reducing malnutrition in Meghalaya

5. IMPACT: DRASTIC REDUCTION IN SAM AND MAM CASES

With all concerted efforts in place, Meghalaya was able to attain a 93% SAM and 97% MAM recovery rate of the 1788 SAM and 16237 MAM children identified during the Poshan Maah 2020 by February 2021, despite the pandemic.

Table 4: Recovery of SAM and MAM children identified in September 2020 as of February 2021 in Meghalaya

District	No. of SAM children identified in Sept 2020	No. of SAM children recovered by Feb 2021	Percentage Recovered	No. of MAM children identified in Sept 2020	No. of MAM children recovered by Feb 2021	Percentage Recovered
East Khasi Hills	455	431	94.73	3596	3580	99.56
Ri Bhoi	41	39	95.12	437	437	100
West Jaintia Hills	423	401	94.8	3642	3393	93.16
East Jaintia Hills	268	261	97.39	1742	1732	99.43
West Khasi Hills	258	257	99.61	2070	2070	100
South West Khasi Hills	83	82	98.8	1205	1205	100
West Garo Hills	168	125	74.4	2326	2199	94.54
South West Garo Hills	39	39	100	760	760	100
South Garo Hills	39	33	84.62	381	380	99.74
East Garo	9	8	88.89	40	40	100
North Garo Hills	5	2	40	128	128	100
TOTAL	1788	1678	93.85	16327	15924	97.53

*Data Source: Department of Women & Child Development, Government of Meghalaya

Figure 4 shows recovery of SAM children identified in September 2020 as of February 2021.

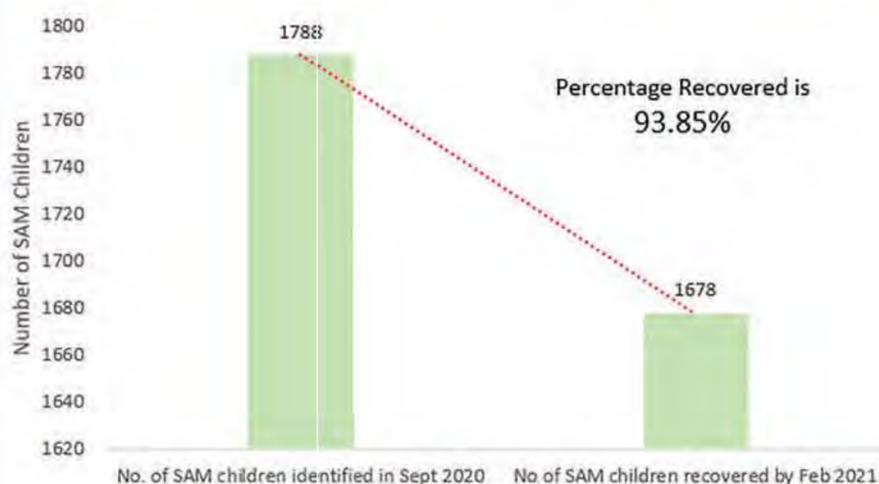
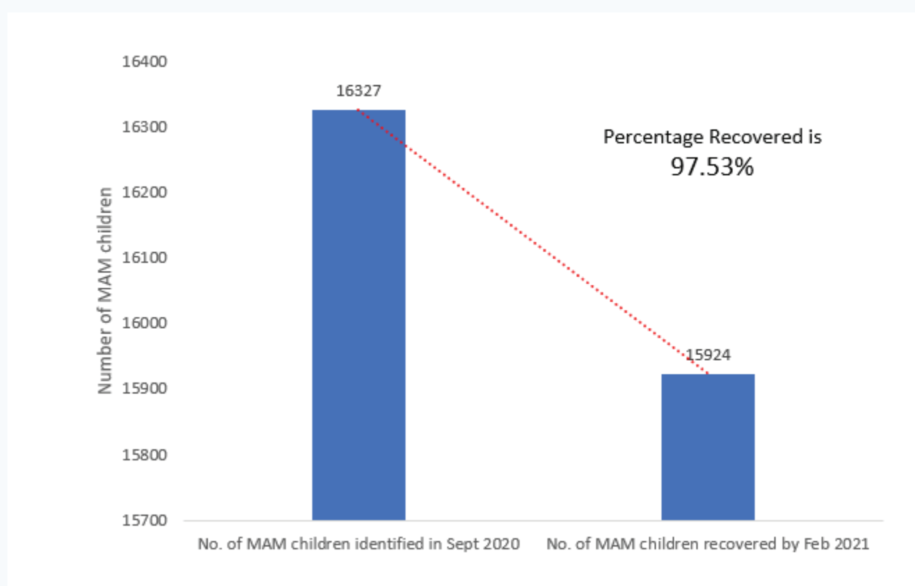


Figure 5 shows recovery of MAM children identified in September 2020 as of February 2021.



As of February 2021, 100% recovery rate was recorded among the MAM children identified in September 2020 in six out of eleven districts in Meghalaya including East Garo hills, RiBhoi, West Khasi Hills, South West Khasi Hills, South West Garo Hills and North Garo Hills (Refer to Table 4). The POSHAN drive for identification of SAM and MAM children continued post September 2020. From October 2020 to May 2021 the number of SAM children identified was 881; of these, 696 have recovered. During the same time period, the number of MAM children identified was 6154, of which 5260 have recovered. This means that the number of children under the process of recovery as of May 2021 is 185 SAM and 894 MAM children, showing a drastic decline in SAM and MAM cases among children. The POSHAN drives for identification of SAM/MAM children are still ongoing in the State.

Further, in order to validate the recovery rate, the State Government has decided to conduct a Social Audit on the status of SAM and MAM children, including the impact of services. With respect to this, between 8-10 September 2021, the training for 247 Social Auditors belonging to Meghalaya Social Audit and Transparency Society (MSSATS) has been completed in three batches to equip them with skills and knowledge in identification and basic management of SAM/MAM children. These auditors will soon conduct the audit.

Shri. Gary Nengnong, State Consultant, POSHAN Abhiyaan, Meghalaya- ***"We took up the issue of Nutrition on a mission-mode from the month of September 2020. The POSHAN campaign coupled with weekly meetings at the State level put the limelight on the issue like never before. The Chief Minister, Chief Secretary and Principal Health Secretary themselves reviewed the situation. This caused a huge turnaround in the numbers".***

6. THE ROAD AHEAD

The sustainability of any policy depends on the long-term implications of the implementation process. While addressing the immediate areas of concerns pertaining to improving nutritional indicators, the State is also working towards creating an enabling environment to ensure that the trend in numbers is maintained.

In pursuance of instructions from the Government of India for development of a strategy for institutional convergence for ensuring effective service delivery as well as community action for improving health and nutritional indicators of the State, Meghalaya has begun Sector Meetings at the PHC/CHC level in all districts, to be held jointly by the Department of Health & Family Welfare, Department of Social Welfare and Department of Community & Rural Development Department Government of Meghalaya (A copy of the issued circular can be found at ***Annexure 1***). As part of the circular, a format for the agenda of the sector meetings has also been issued, where a key objective is activation of Self-Help Groups and Village Organizations in taking an active role in identifying and addressing community health needs. Meghalaya's recent experience shows that these community groups, especially women-led groups, have played a critical role in SAM and MAM recovery. (A copy of the Agenda can be found at ***Annexure 2***).

As part of a long-term sustainable plan, on March 5th, 2021, Meghalaya Cabinet approved its first ever Health Policy called the MOTHER Policy – Meghalaya's State Health Policy (For achieving Measurable Outcomes in Transforming Health sector through a holistic approach with focus on women's Empowerment)[2]. It became the first State to have materialized a State Health Policy during the COVID-19 pandemic period. The health policy will follow a three-dimensional model with equal focus on: Preventive Care, Curative Care and Enabling Dimension which can be termed as a lifecycle approach towards addressing State health State indicators, as seen below:

[2] Meghalaya Health Policy 2021- https://meghealth.gov.in/docs/Meghalaya%20Health%20Policy%202021.pdf

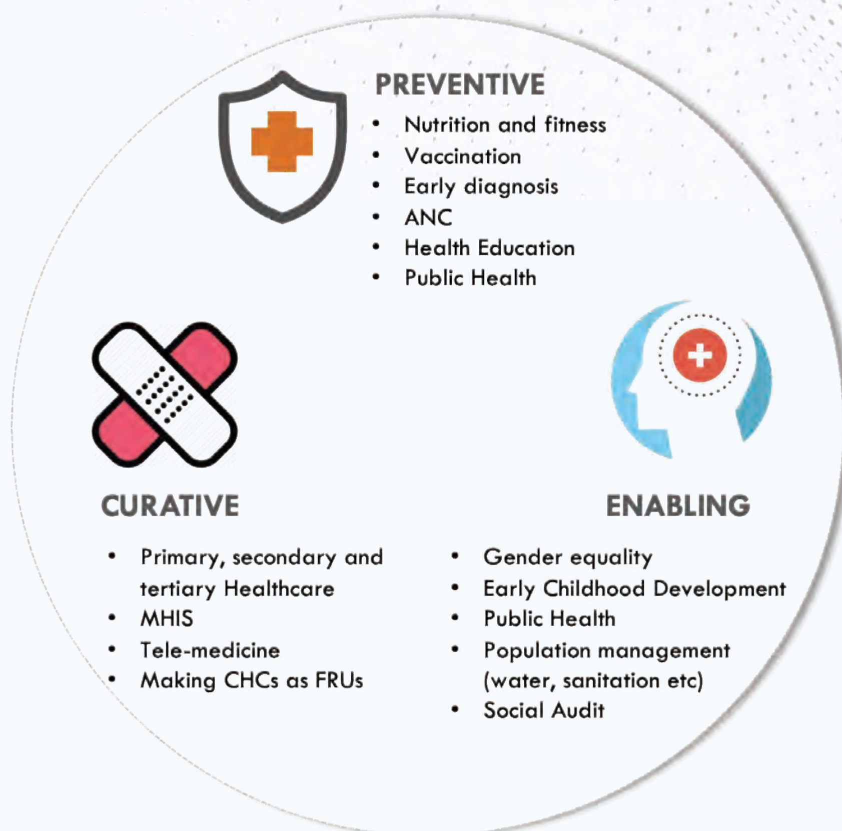


Figure 6 shows the three aspects of healthcare as highlighted in the Meghalaya State Health Policy, bringing a holistic approach with aspects interlinked with each other for overall wellbeing and creating agency among key stakeholders

In the month of November 2020, the State launched the Rescue Mission to save the lives of mothers and children. As part of this, biweekly reviews are held and focus is also being laid on improving nutrition amongst women and adolescent girls, apart from taking extensive steps to improve the Reproductive, Maternal, Neo-Natal, Child and Adolescent Health indicators.

Further, special emphasis is being laid on the role of community involvement. Under this, communities are being empowered through creation of Self-Help Group platforms that would act as information and awareness disseminators. It is also ensured that one active woman from every village household becomes a member of an SHG. This would greatly help to tackle the high MMR and IMR and other complex issues. An additional measure has been the policy of reserving 50% of leadership positions for women in village employment councils, creating greater opportunities for women to influence community priorities, a policy which was approved by the State Cabinet in 2020.

Shri. Ronald Kynta, Chief Operating Officer, Meghalaya State Rural Livelihoods Society (MSRLS)- ***"Village Organizations (VOs) are a federation of Self Help Groups (SHGs) that act as a platform which brings together communities, especially women to discuss problems. Sensitisation through discussions about Nutrition as an issue was extensively taken up by the VOs. They also worked closely with Anganwadi workers to help identify SAM/MAM children from their respective communities and also helped to deliver nutritious food to the families. They actively conducted POSHAN rallies, yoga sessions for children alongside ASHA workers and events such as community events on Nutritious food. They played the role of active social change agents at the village level".***

CONCLUSION

Meghalaya's case study showing successful intervention in improving Nutrition among children in just 6 months is testimony of the fact that the State can address complex and difficult development challenges through collaborative actions by using Problem Driven Iterative Approach (PDIA) brought under the State Capability Enhancement Project. The key intervention here is bringing a purpose-driven collaboration among all the stakeholders by generating intrinsic motivation coupled with greater sense of accountability. This is not a one-time application and it should be an ongoing effort to continuously learn and improve the results. This approach is being used to address other challenges including the COVID-19 pandemic, improving overall health scenario and even tackling Climate Change. This is a systemic intervention and requires a gradual shift in behaviour and culture of Government officials and all other stakeholders, and this needs to happen organically.

Meghalaya has previously had good experiences with using the PDIA-inspired approaches in addressing the issue of low immunization coverage, which has been a major challenge for the state. In 2020, Meghalaya was able to achieve 90 per cent immunization coverage and ranked second alongside Kerala, only after Telangana, in terms of immunization coverage[3] in India. From just 61.4% coverage between 2015-16 to achieving 90% coverage in July 2020, Meghalaya has been able to turn crisis into an opportunity. This was made possible through interventions in line with the ones applied in improving Nutrition indicators in the State.

Miss. L. Phanwar, Nutritionist cum Counsellor, NRC, Ganeshdas Hospital, Shillong, Meghalaya- *"Streamlining synergy between the departments, and especially strengthening the communities is crucial to tackle the problem of nutrition. Medical Social Workers can play an important role in this regard"*

[3]**July 2020, Immunization Dashboard, Immunization Technical Support Unit (ITSU), Immunization Division, MOHFW, GOI**

7. STORIES OF RECOVERY OF SAM CHILDREN

The child (as seen above) was admitted to the Nutrition Resource Centre (NRC) at Ganesh Das Hospital, Shillong in 2020. The picture on the left was taken in the first week of December 2020 and the picture on the right was taken just before Christmas. This shows evidence of how the NRCs can play a lifesaving role.

The picture above shows how a SAM child was identified by a VO in remote Jakrem village of South West Khasi Hills district of Meghalaya. The required intervention was then made following the identification through the support of the AWW and ASHA. This shows how Village Organizations (VOs) through the Self Help Groups (SHGs) in Meghalaya played an active role in identifying SAM children within their communities.

The Pictures above show a SAM child identified by an Anganwadi worker in Tura, West Garo Hills district. The child weighed only 1 kg at the time of identification and was a premature born baby. The Anganwadi worker conducted repeated home visits and counseling and encouraged the mother to practice Kangaroo Mother Care (KMC) and exclusive Breastfeeding. In six months, the baby weighs 2 kg and is now healthy.

8. Annexure 1

Circular on Sector Meetings

GOVERNMENT OF MEGHALAYA

Health & Family Welfare Department | **Community and Rural Development Department** | **Social Welfare & Women and Child Development**

Room 201, Meghalaya Secretariat |Addl. Building | Shillong
Tel. : 0364-2500019 | Mob: 9918000079 | Email: sampath97@gmail.com

D.O. No. Health. 309/2021/29
D.O. No. Sw(s)102/2021/1
D.O. No. CDD.40/2021/1

Dated Shillong, the 15th September, 2021

To,

The Deputy Commissioners,
East Khasi Hills, Shillong/ West Khasi Hills, Nongstoin/ South West Khasi Hills, Mawkyrwat/ East Jaintia Hills, Khliehriat/ West Jaintia Hills, Jowai/ Ri-Bhoi District, Nongpoh/ West Garo Hills, Tura/ South West Garo Hills, Ampati/ East Garo Hills, Williamnagar/ South Garo Hills, Baghmara/ North Garo Hills, Resubelpara.

Subject: SCEP - Enhancing Collaboration-Guidelines for districts to conduct 'effective' Sector Meetings at PHC and CHC level to address Maternal & Child Health, Routine Immunization as well as COVID-19 vaccination

Sir/Madam,

In pursuance of instructions from the Government of India for development of a strategy for institutional convergence for ensuring effective service delivery as well as community action for improving health and nutritional indicators of the State, this circular is being issued jointly by the Department of Health & Family Welfare, Department of Social Welfare and Department of Community & Rural Development Department Government of Meghalaya to all districts in order to strengthen collaboration at the field level through Sector Meetings at PHC/CHC level.

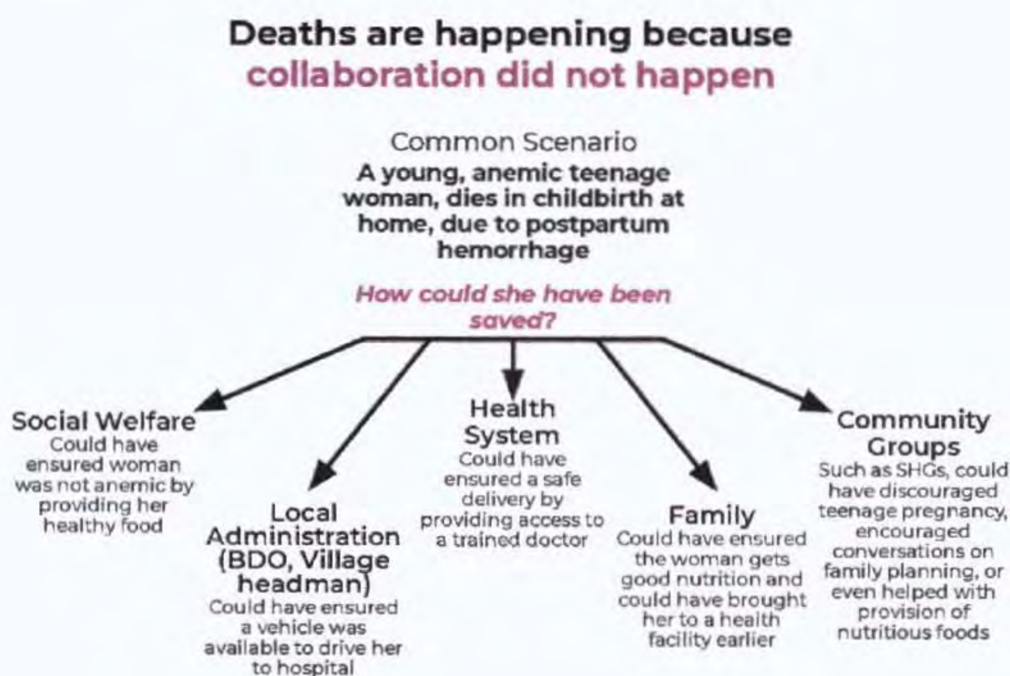
The COVID-19 pandemic has burdened the State Health systems and it has been realized that a siloed approach towards health service delivery seldom proves effective. It is also an established fact that Meghalaya fares poorly in overall health indicators, below the National average as seen below:

Health Indicators	**Meghalaya**	**India**
Stunting Among Children	44%	38%
Anaemia among pregnant women	53.3%	50.4%
Infant Mortality *(Infant deaths for every 1,000 live births)*	34	32
MaternalMortality *(Maternal deaths per 100,000 live births)*	197	113
LifeExpectancy	62.3	70

**NFHS-5 Meghalaya Report*
**Meghalaya State Health Policy Document 2021*

The Meghalaya State Health Policy has established that health is a subject that is closely linked to other societal and environmental determinants and it is important to address issues such as gender inequality and poverty which inadvertently results in poor education and can cause a vicious cycle of poor health amongst its citizens. Further, the maternal death analysis 2020-2021 in Meghalaya reveals that 92% of maternal deaths belong to the Below Poverty Line (BPL) category.

Furthermore, it may be noted that many maternal and child deaths occur due to lack of effective coordination between departments, especially at the ground level. The image below illustrates how many different sectors and individuals each have a role to play in whether a woman survives childbirth:



This reality calls for a systematic approach to address the deep-rooted problems, and requires a synergy between the ***Department of Health & Family Welfare, Social Welfare Department (WCD) and Community and Rural Development Department.***

In view of the above and in order to live up to the spirit of the convergence guidelines by the Govt of India, a Decentralized Catalytic Leadership (DCL) Model is in place to build leadership capacity at the field level in State. This would help to not only realize the objectives of Rescue Mission, to increase the Routine Immunization coverage as well as COVID-19 vaccination uptake, but also to improve the overall health indicators of the State, and increase the life expectancy of State residents.

Hence, in order to affect the above, the following guidelines are to be adhered to:

1. There is to be ideally 2 Sector Meetings per CHC and PHC per month, and ***a minimum requirement of at least 1 Sector Meeting per CHC and PHC.***
2. The Sector Meeting is intended to facilitate teamwork between the Health Dept, C&RD Dept & Social Welfare Dept, and with communities. Block Development Officers (C&RD), Child Development Protection Officers (SWD) and Block Medical Officers (Health) are specifically requested to attend for those meetings of priority facilities. **Annexure 2** lists the priority facilities across the state.
3. The Sector Meetings are to be held in-person at the respective facility.
4. DCs are requested to oversee and give approval for the Sector Meeting Schedule of each block within their district, ensuring that there is a set day and time for these meetings each month. The **Sector Meeting schedule is to be shared with the Principal Secretary, Health & Family Welfare Department, by 28th September, 2021.**
5. The attendees for each facilities' meeting will comprise of the following:

PHC / CHC Meeting attendees:

Health & Family Welfare Department	MO of facility; BPM (Health); ANM Supervisor; ASHA Facilitator; ANMs BMO *(if priority facility)*
C&RD Department	APO or Gram Sevak; BPM (NRLM); Cluster Coordinator; BDO *(if priority facility)*
Social Welfare Department	CDPO or Lady Supervisors
Community Leadership	Village Headmen / VO President or Secretary/ VHC, Faith leaders, and other community leaders from villages that had a maternal death over the past month
Chair/Convener of meeting: MO of PHC/CHC (or BDO or BMO if present)	

6. BPM (Health) shall coordinate meetings. BPM (Health) should audio record the meeting and share it with the NHM State team, with a list of attendees. BPM (Health) is to share the schedule of each week's meetings with NHM at the beginning of each week. Where network permits, state teams may join by zoom, hence zoom link should be provided.
7. ***Annexure 1 has the sector meeting agenda. All topics in the agenda are to be covered for each meeting. Additional topics may be added by participants if deemed necessary.***
8. BPM (Health) to take meeting notes in the agenda document, and to maintain the very same document for all meetings, so that all meeting records are maintained in the same place. These meeting notes are to be shared with the NHM State Team following each meeting.
9. MOTHER app is to be installed by BDOs, BMOs, all MOs, and CDPOs, reviewed regularly and kept up to date.

10. Use the log of actions in the meeting notes to plan for next steps & track whether these steps are implemented.

Also, attached as ***Annexure 2*** are the data on maternal deaths at PHCs and CHCs for the period 2017-2021. Prioritization of some facilities has been done based on the **Bottom 50 PHCs/CHCs where a high number of maternal deaths was reported**. These meetings are to be attended by the BDO, BMO & CDPO. During these Priority Sector Meetings, the Principal Secretary; MD, NHM; CEO MSRLS; DHS (MI/MCH/Research); Director, Social Welfare; Director, Community & Rural Development; and respective Deputy Commissioner.

The tentative schedule of the first week of Sector Meetings to be attended is attached as ***Annexure 3***. It is also recommended that all Sector Meetings are reviewed at the monthly District level Health Review Meetings.

Orientation meetings will be held to familiarize all responsible parties with the purpose of Sector Meetings and their roles. We look forward to your active involvement in taking forward this process.

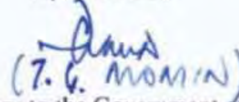
Sd/-	Sd/-	Sd/-
(Sampath Kumar, IAS)	(Sampath Kumar, IAS)	(Sampath Kumar, IAS)
Principal Secretary	Principal Secretary	Principal Secretary
Health & Family Welfare Department	Community & Rural Development Department	Social Welfare Department

Memo No.Health. 309/2021/29-A **Dated Shillong, the 15th September, 2021.**

Copy to:

1. P.S. to the Chief Minister, Government of Meghalaya, for information of the Chief Minister.
2. PS to Deputy Chief Minister i/c Health and Family Welfare, Government of Meghalaya, for information of the Deputy Minister
3. PS to Minister i/c of Community and Rural Development Department (C&RD), Government of Meghalaya, for information of the Minister.
4. PS to Minister i/c Social Welfare Department, Government of Meghalaya, for information of the Minister.
5. PS to Chief Secretary, Government of Meghalaya, for information of the Chief Secretary.
6. Commissioner & Secretary, Planning Department, Government of Meghalaya for information.
7. Director, Community & Rural Development Department (C&RD) and MD, SRES for information.
8. Mission Director, National Health Mission (NHM) for information.
9. Director of Health Services (MI)/(MCH&FW)/(R) for information.
10. Director, Social Welfare Department for information.
11. CEO, Meghalaya State Rural Livelihood Society (MSRLS) for information.

By order etc.,



Joint Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

9. Annexure 2

Format for the Agenda for the Sector Meetings

Meeting attendees should use the following agenda to guide each meeting. Additional topics may be added if desired, but the below must be covered. BPM is responsible for taking notes in this agenda for each meeting. Copy a new version of the template each time.

A. Review previous actions

Anchor: BMO / BDO / MO, with assistance from BPM (who takes notes on each person's tasks)

Key Document to Review: Notes from the previous Sector Meeting

Questions:

For each set of officials, what were the key actions discussed in the last Sector Meeting? What has been the progress? Any challenges or learnings?

Official	Response
MO	
CDPO	
APO	
GS	
BPM (NHM)	
BPM (NRLM)	
Lady Supervisor	
ANM Supervisor	
ASHA Facilitator	
Cluster Coordinator	
Community Gender and Health Activist (CGHA)	
Others (specify who)	

B. Institutional Delivery Review

Anchor: MO

Key Document to Review: Institutional Delivery by SC

Goal: Ensure steady progress towards increasing institutional delivery

	Facility Name	Percentage of Institutional Delivery in past 30 days	Percentage increase in institutional delivery from previous 30 days	Number of pregnant women with EDD in next 30 days, under this facility	Number of High-Risk PW with EDD in next 30 days, under this facility
1					
2					
3					
4					

In advance of the meeting, please prepare the following information for all SCs under PHC/ CHC:

Questions to discuss:

1. Are all our SCs functional and conducting deliveries?
2. Which SCs are facing the most challenges in institutional delivery? Why?
3. What can we do to improve the status of our SCs and the PHC/CHC?
4. For all facilities, how do we increase demand from the people for institutional delivery?
5. List specific actions to be taken to increase institutional delivery and specify timeline for completion of those actions.

C. Upcoming Deliveries

Anchor: MO

Key Document to Review: MOTHER App

Goal: Ensure that all high-risk pregnant women have an institutional delivery.

For each high-risk woman with an EDD in the next 4 weeks, the following information should be reviewed & discussed:

6. Basic Information (name, village, reason for high-risk, expected date of delivery)
7. When was the last visit by ANM or ASHA? (date, key findings)
8. Is she willing to go for institutional delivery? Yes/No

9. If Yes

- Name of facility she plans to go to
- Is she able and willing to travel some days in advance? (Yes/No)
- If no, state the reason why not:
- Does the facility have a place for the woman to stay in case she comes in advance? (Yes/No)
- Does she need any help with transport?
- Any support needed from the BDO's office? Any support needed from the SHGs?
- Is there a need to send someone to the household to verify if they need any support?

10. If No

- Why is she not willing?
- Does the MO need to visit/speak with her/the household?
- Has the village headman or the VO been informed that the family has refused institutional delivery?
- If No, who will reach out to the headman and by when?
- If Yes, what action has been taken by the headman?
- Is any childcare support needed? Y/N
- If yes, how will the childcare support be provided? Have SHGs been engaged on this matter?
- Does she need any help with transport?
- Any support needed from the BDO's office? Any support needed from the SHGs?

11. What is the back-up plan for transporting her from her village to the health facility, in the event that an ambulance is not available or if the delivery happens at night time? *Note that this plan should be prepared even in cases where the woman has refused institutional delivery, just in case an emergency arises.

- Back-up car details (driver name, location, phone number)
- Who is the point person who is coordinating between the family and the driver?
- List any follow-up tasks and persons responsible regarding transportation

D. Maternal & Child Death Reviews

Anchor: MO

Goal: Understand how these deaths could have been prevented, and how best to reduce chances of future deaths.

Discuss all maternal deaths that happened across all facilities since the last review

12. Details (Name, gravida, whether high-risk)

13. What was the medical cause of death?

14. Where did the death occur? (Home, Health Facility, In transit)

15. When did the death occur? (During pregnancy/delivery/within 42 days of delivery)

16. Did any of the following factors contribute to the death:

    - Delay in woman/ family seeking help (If yes, why)
    - Refusing to go to a facility (If yes, why)
    - Willing to go but lack of transport from home to facility (If yes, why did this happen)
    - Refusal of treatment at a facility (If yes, why)
    - Lack of childcare for other children (If yes, why did this happen)
    - Lack of transport from one facility to another (If yes, why did this happen)
    - Delay in referral (If yes, why)
    - Lack of equipment at health facility (If yes, please indicate which equipment)
    - Absence of personnel at health facility (If yes, indicate who was absent)

17. How could the death have been prevented?

18. Was the woman identified as high risk? If yes then what actions were taken to enable her to come to an institution in advance? What more should have been done?

19. Any input from or messages to the community leaders present?

Discuss one child death that has happened since the last review

20. What were the causes of death?

21. Where did the death occur? (Home, Facility, In transit)

22. Did the family go to a health facility or a doctor? If not, why not? If yes, then what was prescribed?

23. Did the family approach a traditional healer? If yes, then what was prescribed?

24. Did the family face any issues reaching a facility or a doctor? Describe

25. How could the death have been prevented?

E. Anaemia & Nutrition

Anchor: CDPO / Lady Supervisor

Goal: Ensure that every anemic woman has received in-person check up by the ICDS team or ANM

26. What percent of pregnant women have been tested for anaemia in the past 1 month?

27. How many moderate anaemic pregnant women are there in the area?

28. How many severe anaemic pregnant women are there in the area?

29. What percent of them (26) and (27) have been treated or followed up in the past 1 month?

30. Is the ICDS team aware of this list of women in (26) and (27)?

31. What percent of them (26) and (27) have been visited/helped by ICDS team or ANM?

- If in-person check up has not happened for 100% of anemic women, then why not? How can we reach 100% in-person check ups?

32. How have the SHGs, Village organizations or VHCs been engaged to address nutrition and combat anemia in the villages served by this facility? Describe specific actions taken. What more can be done? Specify action, place, who is responsible, and the timeline for completion.

33. What are our strategies to improve nutrition in this area? Specify action, who is responsible and the timeline for completion?

34. How can VO contribute in this area?

35. How many Nutri-Garden been set up by the SHGs?

F. Institution Building and Capacity Building

Anchor: BPM, NRLM

Goal: Awareness and Capacity Building of Community Base Organization (VOs and SHGs)

36. How many VO are within the CHC area of Operation?

37. How many CGHA has been identified for each VO?

38. How many CGHA has been trained under Health and Nutrition?

39. Has the VO formed the Health and Nutrition Sub-Committee?

40. Have the VO been trained on aspect of Health and Nutrition?

41. Does the VO maintain any record on women in the village?

42. What role can VO play? Specify action, who is responsible and the timeline for completion?

G. COVID-19

Anchor: BDO / BMO / MO

Key Document to Review: Notes from previous Sector Meeting

Goal: Identify any actions to be taken regarding the COVID-19 pandemic

1.Review status of COVID-19 cases and deaths in the block

2.Review any actions that have being taken by the respective departments over the past month

3.What strategies are working to reduce spread of infection, and to find and treat sick people early?

H. Key Actions for the next few weeks

Anchor: BMO/ BDO/ MO, with assistance from BPM (who has taken notes on each person's tasks)

Key Document to Review: Today's meeting notes

Goal: Identify key actions to be taken by officials for the next few weeks.

1. Tracking Pregnancies	2. Anemia & Antenatal Care	3. Safe Delivery
1. Early ANC registration 2. Track every pregnant women whose due date is within next four months 3. For each pregnant women identify responsible ASHA, TBA, SBA, ANM, MO, CDPO and BDO 4. Identify and track high-risk pregnancies through ANCs Women with high blood pressure, diabetes, anaemia, elderly primigravida, multipara, teenage pregnancies, etc.	1. Identify anaemic women in the 1st trimester and correct anemia by the 2nd trimester 2. Provision and consumption of IFA, Deworming and Calcium tablets 3. Ensure TD injection is given on time 4. Counseling on nutrition	1. Ensure that all high-risk pregnant women deliver at a health facility. Women should reach institutions 1-2 weeks before due date. 2. Facilitate transport and stay so as to encourage women for institutional delivery. 3. If households insist on home delivery ensure presence of an SBA-trained ANM 4. Identify all TBAs and train them on common complications during delivery, and when to refer women to healthcare facilities. 5. Provide checklist and basic medicines to TBA
4. Right to Birth Spacing & Teenage Pregnancy	**5. Mobilizing Community Leadership**	**6. Mobilizing Community Leadership**
1.Counsel all eligible couples on birth spacing and family planning methods 2. Counsel teenagers on safe sex and the risks of teenage pregnancy	1. Activate VHSNCs and SHGs in every village 2. Guide & support SHGs to discuss maternal health issues 3. Involve village headman to convince households to increase ANC and institutional delivery	1. Conduct Sector Meetings at every Facility that include MOs, ICDS team, MSRLS representative and APOs/ BDOs/Gram Sevak 2. The team should set action targets to ensure full ANC and safe delivery 3. Involve village leadership and BDO to mobilize villages with low healthcare demand. Health team and MSRLS to activate VHSNCs and mobilize SHGs. CDPOs are responsible for anaemic women.

I. Rescue Mission Buckets Covered in this Meeting

Anchor: BMO/ BDO/ MO, with assistance from BPM

Goal: Make note of larger Rescue Mission priorities that were addressed in this meeting.

BPM to highlight those Rescue Mission issues addressed in today's meeting:

Documented by:

State Capability Enhancement Project Team

Knowledge Management Division, Meghalaya Basin Development Authority (MBDA)-

Shweta Raj Kanwar, Alvareen Kharwanlang, Rebecca Trupin, Prateek Mittal and Jackie R. L Bantho (MHSSP)

Document designed by Malcolm Lyndem, MBDA

Under the guidance of Shri. Sampath Kumar, IAS, Principal Secretary to the Government of Meghalaya, Social Welfare (Women and Child Development), Health and Family Welfare and Community and Rural Development Departments

Thank you

September 2021