RECOMMENDATIONS OF WORKING GROUP **NO. 8**

(HEALTH, WOMEN and CHILD DEVELOPMENT including SOCIAL WELFARE)

The Meghalaya State Planning Board Working Group No. 8 covering Health, Women and Child Development, Social Welfare met at 3.00 PM on Saturday 4th October 2008, in Hotel Pinewood, Shillong. The following members were present:

1. Dr. Glenn Kharkongor - Member, Meghalaya State Planning Board
2. Dr. (Mrs.) Sarala Gopalan - Honorary Member, Meghalaya State Planning Board
3. Dr. (Mrs.) Ameena N. Passah - Member, Meghalaya State Planning Board
4. Dr. R.R. Lanong – Joint Secretary, Health and Team
5. Shri C.C. Mihsill – Director, Social Welfare and Team
6. Ms. Melari Nongrum - Invitee

The Chairman introduced and welcomed the members to the meeting. A special introduction of the expert member Dr. (Mrs.) Sarala Gopalan was made by the Chairman. This being the first meeting of the working group the Chairman apprised the members of the terms of reference (vide notification No. PB.57/2008/8 dated 16th September, 2008 of the State Planning Board) for the functioning of the working group which are:

1. To analyze the performance and evaluate the progress in the sectors in terms of objectives, thrusts, interventions, programs and milestones attained during the 11th Five Year Plan and to suggest strategies/programmes for the remaining three years of the 11th Plan.
2. To analyze the problems of the sectors if any, with specific reference to our State and to assess the effectiveness of government programmes/assistance in ameliorating the situation.
3. To study the existing schemes and projects and make field visits to study the impact and progress of the ongoing projects.
4. Any other matter.

WOMEN AND CHILD DEVELOPMENT INCLUDING SOCIAL WELFARE

1. The Working Group had before them the report entitled “Schemes and Programmes Implemented by Social Welfare Department” and the copies of the

presentation made to the SPB by the Commissioner-Secretary. The members had attended the aforementioned presentation and the discussion that followed.

2. The Chairman circulated a discussion paper for the deliberations of the working group. The paper was prepared with reference to the following documents: Government of Meghalaya 11th Five Year Plan (2007-2012) and Annual Plans of 2007-2008 and 2008-09; North East Region Vision 2020: Common Minimum Program of the MPA government: Budget Speech of the Finance Minister for 2008-2009.
3. A discussion on a preliminary analysis of the performance and progress of the Department was limited as a discussion had already taken place in the full State Planning Board meeting. However the following points were noted:

a) Much of the data presented in the reports were not segregated for women and children.
b) Criteria for BPL has not been standardized across all departments and ministries.
c) Inadequate attention to educating women about nutrition, child development etc.

Recommendations for strategies and programs for the remaining three years of the 11th Plan -

A. <u>Formulation of policies for the State</u>

1. A comprehensive policy for women.
2. A comprehensive policy for children with special attention to the girl child.
3. A comprehensive policy for the aged.
4. A comprehensive policy for the disabled.
5. PPP policy and inclusion of the voluntary sector.
6. Gender and child budgeting: the proportion and amounts of allocations for women and children should be separately shown for every ministry and department.

1. Gender wise data and statistics to be maintained for every ministry and department for manpower, beneficiaries etc.
2. Convergence of Women & Child Development with Education, IT, Youth Affairs, Health, Housing and Water and Sanitation.

3. The department of Women & Child Development and the National Nutrition Mission and other nutritional programs should be administratively under/with Medical and Public Health.

B. Specific strategies and programs that are recommended

1. NGO's working with the department:

a) Obtain a detailed profile of each NGO especially its personnel.

b) Provide capacity building to NGO's.

c) ICDS should be extended to all villages.

d) Use *Anganwadis* for pre-school education.

e) Set up a Women's Development Corporation for small loans.

f) Trafficking in women and children: studies and data needed.

g) For women studying and working outside the State e.g. Delhi, there is need to set up a hostel and helpdesk.

h) Provide education to women about child development, nutrition etc.

i) Survey, evaluation and research

j) Nutritional value of traditional diet.

k) Impact of nutritional programs on children's health: studies to be conducted.

l) Evaluate the performance of NGO's.

MEDICAL AND PUBLIC HEALTH

1. A two-page "Draft Policy on Medical and Public Health" had been provided by the Department. The Chairman circulated a discussion paper for the deliberations of the working group. The paper was prepared with reference to the following documents: Government of Meghalaya 11th Five Year Plan (2007-2012) and Annual Plans of 2007-2008 and 2008-09; Government of India 11th Five Year Plan (2007-2012); North East Region Vision 2020; National Rural Health Mission Document; Common Minimum Program of the MPA Government; Budget Speech of the Finance Minister for 2008-2009; Programme Implementation Plan for NRHM for 2008-2009. The Group also had reference to the following: "Draft Policy on Medical and Public Health"; Inaugural Address by the Hon'ble Chief

Minister at the State Planning Board meeting on Oct 3, 2008; Keynote Address by the Hon'ble Chairman, Meghalaya State Planning Board at the meeting on Oct 3, 2008.

Discussion and Recommendations on Medical and Public Health for the Remaining Three Years of the 11th Five Year Plan:

1. A preliminary analysis of the performance and progress of the Department of Medical and Public Health was made by the working group. It was observed that there is no general policy for the approach and priorities of the department.
2. No policy has been framed for Public-Private Partnership or involvement of the voluntary sector.
3. There is no policy for the utilization of the local health traditions as provided for under the NHRM.
4. There does not seem to be any form of social audit, evaluation of outcomes, impact on indices or appraisal of cost-effectiveness either undertaken by the department or by any external agency.
5. A preliminary analysis of the problems of the sector and assessment of government programs was also made by the working group.
6. The points raised as 'a' and 'b' below pertain mostly to the time period of the 10th Five Year Plan.

a) The health indices in the State according to National Family Health Survey 2005-2006 (NFHS-3) and other studies indicate that the status of health in the State is the lowest or among the lowest in the country and lags behind most of the states of the North East. Women and children suffer the most as demonstrated in various indices such as the fertility rate, maternal mortality rate, infant mortality rate etc.

b) In some indicators the State has gone backwards. The number of children (0-3 years) with wasting has increased from 13% to 28% and the number of underweight children (0-3 years) has increased from 38% to 46% between 2001 and 2005. There is inadequate data on blindness or vitamin deficiency,which may be increasing. The number of sub-centres seems to have decreased in the last few years and none were built in 2007-2008.

c) The funds allocated under NRHM are grossly underutilized. Many of its provisions have not been taken advantage of. The PIP for 2008-2009 contains many gaps. No programs or allocations for traditional medicine of the State have been conceptualized. The progress in many areas of NRHM are behind schedules or targets according to the NRHM website.

Recommendations for strategies and programs for the remaining three years of the 11th Plan:

A. Formulation of policies for the State

1. A comprehensive health policy for the State should include -

a) PPP policy and inclusion of the voluntary sector.

b) Specific provisions for evaluating and monitoring.

2. Legislation to be considered -

a) Public Health Act for the State.

b) State Medical Council Act.

3. Gender and child budgeting: the proportion and amounts of allocations for women and children should be shown separately.

4. Gender wise data and statistics to be maintained for manpower, beneficiaries etc.

B. Specific strategies and programs to be taken up

1. Infrastructure for capacity building - It is noted that "Development of Manpower" is part of the State's proposal for the 11th Five Year Plan. The central 11th Five Year Plan indicated that the development of human resources in setting up new medical and nursing institutions will be shared by the Centre. Infrastructure funding can also be availed of under the provisions of the National Rural Health Mission (NRHM). The following infrastructure for the capacity building of specific cadres should be taken up:

a) College of allied health (paramedical sciences).

b) Medical College (in the Central 11th 5 Year Plan there is provision for central assistance for 60 new medical colleges in deficit states).

c) College of Nursing (in the Central 11th Five Year Plan there is provision for central assistance for 225 new nursing colleges in underserved states).

d) Research and training centres for traditional medicine (also recommended by the Common Minimum Program of the MPA). The Central 11th Five Year Plan also describes "taking advantage of local health traditions" as one of the "Five Planks of NRHM".

e) Pharmacy training with Education department.

f) Malaria institute (as recommended by the CMP of the MPA government).

g) Training institute for male health workers.

2. Research and Surveys –

a) Projected manpower requirements of health personnel.

b) Use of traditional medicine, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH).

c) Health-seeking behaviors.

d) Social determinants of health.

3. Outsourcing services to NGO's

a) Healthcare delivery.

b) Diagnostic services.

c) Transport and emergency services.

d) Training e.g. Accredited Social Health Activist (ASHAs), male health workers.

e) Mother NGO scheme.

f) Mental health services.

g) Behavioural change communication (BCC).

h) Comprehensive health insurance is a key area where PPP is planned in the State 11th Five Year Plan.

4. Inter-sectoral programs as follows are recommended to be undertaken:

a) Lavatories for schools under NRHM, especially for girls.

b) School health such as screening programs for vision and hearing.

c) Mid-day meal (MDM) supplemental vitamin and iron.

d) E-health data collection and services. It is mentioned in the State 11th Five Year Plan that "a public policy would be worked out to establish call centres on health information and advice on minor ailments etc".

5. Mental health programs –

a) Under the National Mental Health Program (NHMP), it is indicated that preventive mental health care should be emphasized and the PPP using NGO's should be harnessed.

b) There should be some allocation for counseling for vulnerable sections of the population such as school children, adolescents etc.

c) Training of mental health workers, counselors etc. should be provided for.

d) Up scaling of mental health infrastructure and services.

6. In-sourcing. Use of agencies in the State for providing consultations on:

a) Framing of policies for the department. It has been noted that in the PIP for 2008-09 provision has been made for outsourcing preparation of the PPP policy.

b) Preparation of DPRs, PIPs etc.

7. Performance of social audit, evaluation of outcomes, impact on indices or appraisal of cost effectiveness should be undertaken by an external agency.

8. Preparation of an essential drugs list.

9. Reducing travel time for Emergency Obstetrics Care (EmOC) to two hours.

The WG Meeting ended with a vote-of-thanks from the Chair.

Dr. Glenn Kharkongor

Chairman, Working Group No. 8

Health, Women and Child Development (including Social Welfare)