

## Meghalaya

### Current phase

The programme was conceptualised in the State in 2010 and started in the FY 2011-12 in three blocks each of three districts - Jaintia Hills, East Khasi Hills and West Garo Hills. Each primary health centre covered at least five villages. In total, 135 villages under 27 PHCs of nine blocks were covered. Later, the number of villages in East Khasi district was increased to 63. The blocks covered in this phase are given in Table 1.

District	Block
East Khasi Hills	Shella Bholaganj, Laitkroh, Mawryngkneng
Jaintia Hills District	Thadlaskein, Laskein, Khliehriat
West Garo Hills	Zikzak, Selsella, Betasing

The state has constituted the State Advisory Group on Community Action (S-AGCA) to facilitate and guide the community monitoring process. It has also constituted the State Mentoring Group (SMG) for ASHA programme. The composition of these groups is given in **Annexure 1**. The Voluntary Health Association of Meghalaya (VHAM) was identified as the State Nodal Agency.

NGOs were engaged at the district and block levels to implement the community monitoring component (Table 2). The members of the Planning and Monitoring committees at district and block levels; staff of the implementing NGOs and officials at district level were oriented on community monitoring. The first round of data collection on service delivery was completed in 2012-13. District NGOs facilitated the periodic review meetings of planning and monitoring committees at various levels.

State	Voluntary Health Association of Mizoram (VHAM)
East Khasi Hills district	Grassroot
Jaintia Hills district	Mih-Myntdu Socio Cultural Welfare Association (MSCWA)
West Garo Hills district	Socio Economic Welfare Society

### Activities for the FY 2014-15

The AGCA team has supported the state community process team in reviewing the community action for health component in 2014-15. The state team including Mission Director, NHM; State Nodal Officer and representatives of the State NGO participated in the National Consultation organised jointly by PFI-MoHFW in October 2014 where in the state team was oriented on community monitoring process by the AGCA. The State has been supported in identifying the key challenges faced during the implementation of the programme and in bringing together the learnings of the process where the programme is continuing for the last two years. The AGCA team supported the State NHM team in a) exploring VHSNC training through SIRD on new guidelines including a session on Community Action b) continuing the programme in the existing three districts, as no scale-up plan has been approved in the ROP and c) Signing MOUs with the State /district NGOs.

### Completed Activities in the FY 2015-16

The AGCA team supported the State NHM team in conceiving activities for the next year. Completed activities in the current FY are -

- a) S-AGCA meeting was held on April 16, 2015

- b) Orientation of all the stakeholders including reorientation and capacity building of SNGO and DNGOs, was completed on April 17-18, 2015
- c) Adaption of manuals and tools in state specific context

**Proposed plans for the FY 2015-16**

- a) Reconstitution of the District Planning and Monitoring Committees
- b) Re-orientation of officials on Community Action for Health at the district level
- c) Orientation of trainers by the DNGOs at the block level and nodal officers at the district level
- d) Reconstitution of VHSNC members, awareness generation on health entitlements and mentoring of VHSNCs through DNGOs
- e) Organisation of Jan Samwad in three districts.

**State specific innovations: Community-based Health Artist**

Local artists will be engaged to disseminate the messages related to health entitlements through local folk form. These groups will be formed at the block/district levels and will be directly linked to State Community Process Resource Centre and IEC/BCC Cell. During public hearing/Jan Samvad, their services can also be used.

**Annexure-1****Members of the State AGCA**

1.	Shri D P Wahlang, Commissioner & Secretary- Health and Family Welfare Department Cum Mission Director, NHM	Chairman
2.	Director of Health Services (MCH&FW) cum Joint Director NHM	Member Secretary
3.	Director of Health Services (MI)	Member
4.	Director, Directorate of Elementary & Mass Education	Member
5.	Program Officer, Social Welfare Department	Member
6.	Dr A KNongkynrih, Reader, Department of Sociology, NEHU, Shillong	Member
7.	Mrs NWest Kharkongor, Faculty IIM Shillong	Member
8.	State Programme Manager, NHM	Member
9.	Training Co-ordinator, NHM	Member
10.	RCH Consultant, NHM	Member
11.	State ASHA Program Manager, NHM	Member
12.	State Community Process Coordinator, NHM	Member
13.	State Program Executive, Community Monitoring, NHM	Member
14.	Sr Isabel, Health Programme Manager, Bakdil Sipsed, Tura	Member
15.	Dr Mousmi Gogoi, Coordinator, Karuna Trust	Member

**Members of the State Mentoring Group**

1.	The Director of Health Services (MCH&FW), Shillong	Chairman
2.	The Joint Director of Health Services (MCH&FW), Shillong	Member Secretary
3.	The Deputy Director of Health Services (MCH&FW), Shillong	Member
4.	The State Programme Manager, NRHM, Shillong	Member
5.	The State Facilitator, NRHM, RRC, Shillong	Member
6.	The Public Health Consultant, NRHM, RRC, Shillong	Member
7.	The State ASHA Program Manager, NRHM, Shillong	Member
8.	The State Program Executive, Community Monitoring, NRHM, Shillong	Member
9.	The State Community Process Coordinator, NRHM, Shillong	Member
10.	The Programme Assistant, Community Monitoring, NRHM, Shillong	Member
11.	The Monitoring and Evaluation Officer, NRHM, Shillong	Member
12.	The NGO Coordinator, NRHM, Shillong	Member
13.	The Communication Officer, NRHM, Shillong	Member
14.	The IEC Consultant, NRHM, Shillong	Member
15.	The Executive Secretary, Voluntary Health Association of Meghalaya (VHAM), Shillong	Member