

# public healthcare MEGHALAYA

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Figure 1: Civil Hospital Shillong

## introduction

Health is a significant indicator that determines the overall well-being and social fabric of a community. The geographical location of Meghalaya in North-East India, its undulated terrain and unique natural landscape as well as its vast rural population requires public health care services and delivery solutions that are need-based and cost-effective.

## present scenario

### 1. Shortfall in infrastructure

A report by Meghalaya Human Development Index in 2008 stated that the estimated requirement by 2020 should be - 1021 Sub-Centres (SC), 153 Primary Health Centres (PHC) and 38 Civil Health Centres (CHC).

Not changing the population numbers of 2008, as of 2022, there is a shortage of 54.65% SCs, 28.10% PHCs and 18.42% CHCs

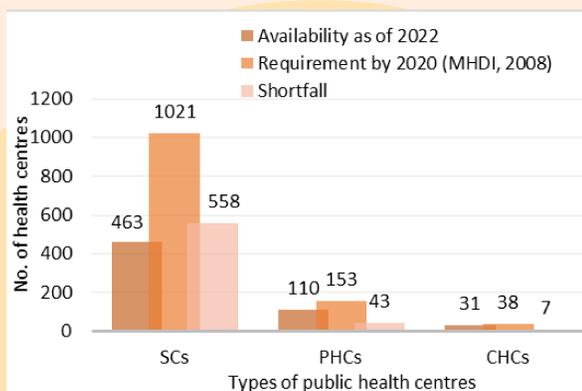


Figure 2: Estimated Requirements as of 2020 and Shortfall of Health Centres in 2022

### 2. Inadequate Insurance Coverage

To meet medical care needs for the the about 75-80% people residing in the rural areas of Meghalaya. Health Insurance Scheme (MHIS) has been instituted. As of July 2022, the total state enrollment stands at 63.04%.

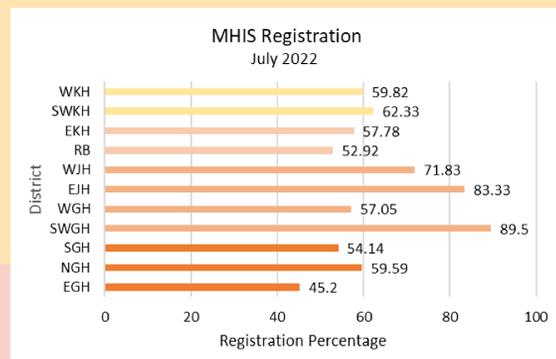


Figure 3: Meghalaya Health Insurance Scheme Coverage  
Source: Megha Health Insurance Scheme

### 3. High Maternal Mortality & Infant Mortality Rates

Information is a critical tool that helps empower patients with knowledge on how to care for their health. This is especially true for the most vulnerable sections, women and children. Research on data shows that the death rates related to these groups are high in Meghalaya.

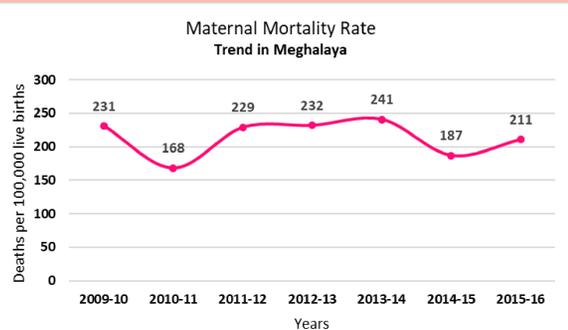


Figure 4.1: Maternal Mortality Rates in Meghalaya over the years  
Source: Health Management Information System (2009-2016), NHM, GoM

3.1. The Health Management Information System (HMIS) states that the MMR in Meghalaya has only seen a decline from 231 to 211 per 100,000 deliveries or 8.65% from 2009-10 to 2015-16.

In relation, the national average for 2015-16 was lower than Meghalaya's rate at 35.5 per 100,000 deliveries.

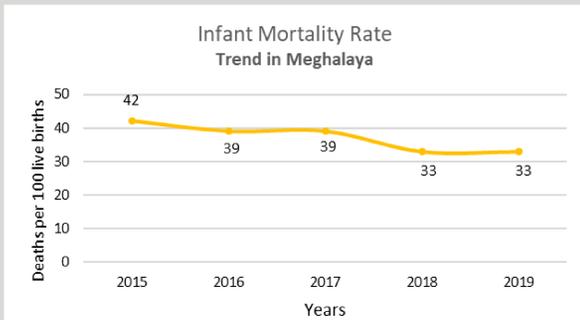


Figure 4.2: Infant Mortality Rate Trend in Meghalaya  
Source: Sample Registration System of Registrar General of India via PIB (2022)

3.2. Generally, there has been a downward trend of IMR in Meghalaya from 2015 to 2019 by about 21.42%. However, as of 2019, Meghalaya's IMR is 33 deaths per 1000 live births.

3.3. Manipur has an IMR of 10 deaths per 1000 live births or 69.69% lower than Meghalaya. Meanwhile, Mizoram and Nagaland's IMR stands at 3 deaths per 1000 live births or 90.90% lower than Meghalaya.

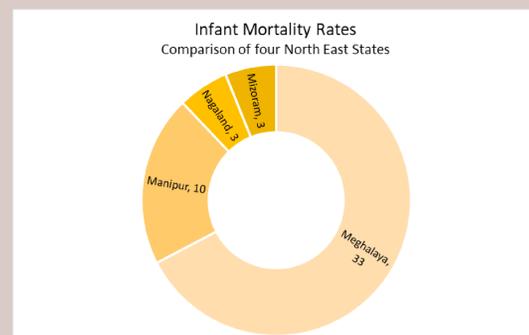


Figure 4.3: Infant Mortality Rates in the four North-Eastern States, India as of 2019  
Source: Sample Registration System of Registrar General of India via PIB (2022)

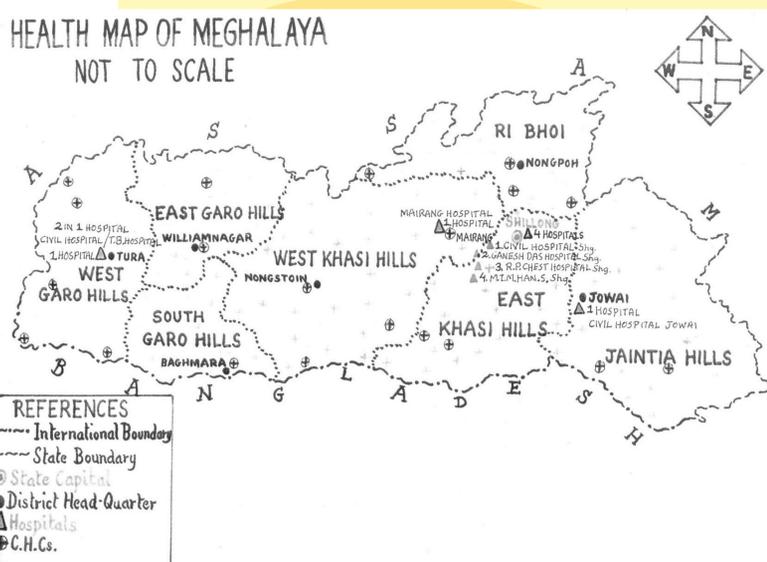


Figure 5: Health Map of Meghalaya  
Source: Department of Health and Family Welfare, GoM

## recommendations

1. Need to strengthen health infrastructure and human resource capacity in the existing tiered public health care centres so that they should meet the Indian Public Health Standards (IPHS).
2. Increase the coverage of the Meghalaya Health Insurance Scheme (MHIS) through policy interventions that will also curb the Out-of-Pocket Expenditure (OOPE) - Having kiosks at the village level periodically for registration and its renewal.
3. Enlist the help of trusted locals like the women's organisations called the *Seng Longkmie* in every village or cluster of villages which could prove effective in lowering the IMR and MMR rates.