

GOVERNMENT OF MEGHALAYA
HEALTH AND FAMILY WELFARE DEPARTMENT

NOTIFICATION

Dated Shillong the 1st April, 2022

No Health.309/2021/Pt/25: The Governor of Meghalaya is pleased to announce the Chief Minister's Safe Motherhood Scheme (CM-SMS) to improve maternal health care services in the State and, thereby, to bring down the maternal mortality rate. The Scheme will have the following components and will come into effect from financial year 2022.

- A. **Mobility support to the ANMs:** Suitable vehicles will be hired from the local taxi operators / owners of private vehicles in addition to RBSK vehicles to support the ANMs to villages to ensure that the Village Health and Nutrition Days (VHNDs) are organized in every village at least once every month for every month for ensuring 100 per cent quality ante Natal Check-ups (ANCs) of all pregnant women for taking all preventive steps to address high risk factors associated with pregnancy. The visiting ANM, RBSK and sector teams are expected to address high risk factors like anaemia while counselling for birth spacing at the earliest, especially during the 1st and 2nd trimester of pregnancy.
- B. **Dedicated Maternity Care vehicles at PHCs / CHCs:** Suitable vehicles/community ambulances will be hired from the local taxi operators / owners of private vehicles and will be stationed at the PHC/CHC on 24 x 7 basis to transport pregnant women without any cost to the mothers from villages to PHCs/CHCs to enhance the rate of institutional deliveries. This component will particularly focus on the pregnant women belonging to identified priority groups, namely, high risk pregnant women and pregnant women belonging to hard to reach and inaccessible villages.
- C. **Transit homes for pregnant women:** Self Help Groups/Local entrepreneurs, wherever possible will be mobilized to arrange suitable boarding and lodging facilities (to be used as transit homes) around the PHCs/CHCs, so that the pregnant women belonging to above mentioned priority groups can be brought to these facilities, at least one week to ten days before the expected date of delivery (EDD). The additional infrastructure constructed for the purpose, or existing infrastructure including ASHA homes can also be used for the purpose. The existent COVID-19 wards can also be used for this. These can also be managed by the SHGs or local entrepreneurs.
- D. **Compensation for time spent by attendants and Traditional Birth attendants(TBAs):** Basic livelihood compensation will be provided to attendants as well as TBAs for bringing high risk pregnant women in the transit homes. Wage compensation will be provided to the attendants, who may be a family member or a traditional birth attendant accompanying or staying with a pregnant woman. All Traditional Birth Attendants shall be encouraged to refer high risk pregnant women to health facilities and will be incentivised for the same.

E. **Award scheme for the Village Councils / VHCs:** Cash awards will be given to Village Councils / Village Health Councils to encourage them to achieve the following outcomes:

- More than 90% institutional deliveries;
- No teenage marriage during the reference period;
- No teenage pregnancy during the reference period; and
- Gap between the last birth and the previous one is 3 years(1000 days) or more in at least 80% cases.

2 The Scheme will be implemented through National Health Mission and district health societies. The funds shall be credited to the Rogi Kalyan Samiti accounts of respective Primary Health Centres, Community Health Centres and Sub-Divisional Hospital(s). Medical Officers in-charge of PHC /CHCs/SDH shall be empowered with financial resources and technical support from the Department which will supervise and monitor the implementation of the Scheme. **Detailed guidelines and budget will be shared in a following Notification.**

Sd/-
(Sampath Kumar, IAS)
Principal Secretary to the Govt. of Meghalaya
Health and Family Welfare Department