

**Minutes of the first meeting of the Advisory Group on Community Action-NRHM
On 20th October 2005**

Participants

Ms S Jalaja, Mission Director, NRHM, MoHFW
Dr Tarun Seem, DS, MoHFW
Dr D C Jain, MoHFW
Dr Manoj Kumar, MoHFW
Mr Ganga Kumar, MoHFW
Mr Amarjeet Sinha, MoHFW
Dr Shanti Ghosh, 5 Arbindo Marg
Dr Nerges Mistry, FRCH
Dr Thelma Narayan, Community Health Cell, Bangalore
Dr Vijay Aruldas, CMAI, New Delhi
Mr Shyam Ashtekar, School of Health, Nasik
Dr H Sudarshan, VGKK Karuna Trust, Karnataka
Ms Indu Capoor, CHETNA, Ahmedabad
Dr Sharad Iyengar, ARTH, Udaipur
Mr Alok Mukhopadhyay, VHAI, New Delhi
Dr N H Antia, FRCH, Pune
Mr AR Nanda, PFI, New Delhi
Dr Kumudha Aruldas, PFI, New Delhi
Ms Sudipta, PFI, New Delhi
Ms Mini, PFI, New Delhi

Members who could not attend the meeting

Dr Abhay Shukla, CEHAT
Ms Mirai Chaterjee, SEWA, Gujrat
Dr Rama Baru, JNU, New Delhi
Dr R S Arole, CRHC, Jamkhed, Maharashtra
Dr K Pappu, CINI, Kolkata
Dr Rani Bang, SEARCH, Maharashtra
Prof Ranjit Roy Choudhary, ICMR, New Delhi
Dr Jaiprakash Narayan, Member NAC

The members requested Dr N H Antia to Chair the meeting. Ms Jalaja, Mission Director stated that the goal of forming advisory group is to develop strategies towards operationalising and involving the community in National Rural Health Mission. Dr Tarun Seem presented the NRHM goals and objectives and also shared the Terms of Reference for the group which are as follows:

1. To advise on ways of developing community partnership and ownership for the Mission
2. To advise on the community monitoring of the various schemes taken up by the Mission
3. To suggest norms for funding the schemes and their monitoring.
4. To examine proposals received under NRHM for community/NGO participation which are not covered under ongoing government schemes

The highlights of the meeting are:

- Dr N H Antia suggested that there should be co-ordination between the recently set up taskforce on Medical Education and the ASHA programme. He also emphasized that the group should draw lessons from various models of community participation and monitoring of health care available in the country. NGOs and Voluntary agencies can play an important part in translating the field experiences into strategies and recommending them to the Ministry. The second development that could profoundly influence the NRHM was the Right to Information Act.
- The monitoring of ASHA lies primarily with the medical profession. Therefore this group can provide suggestions for the reforms that will be required in medical education so that a cohesive and effective referral chain can be created to support the work of the ASHA.
- One responsibility of the group would be to help the Ministry in identifying credible partners in the short term who in turn would implement strategies for community partnership in the mission. It was felt that besides an advisory role, NGOs should play a participatory role in the NRHM.
- The group will review the proposals received from the NGOs and also other agencies working on RCH issues with the government such as FNGOs, RRCs, MNGOs etc. and give recommendations to the Ministry.
- The group suggested that there is a need to study the gaps and challenges in the MITANIN program of Chattisgarh. A small task force could undertake this work.
- The group strongly felt that while NGOs and Voluntary Organizations could play an important catalytic role, Panchayati Raj Institutions, Community Based Organizations (such as Village Health Committees), RCH societies etc should be active partners in monitoring the NRHM at the community level. Further, such decentralized structures and institutions at the local level should be provided greater autonomy in terms of finance and grievance redressal. There is also a need of flexibility in planning at the local levels for community action.

- The group advised that the NRHM provided an opportunity for revamping the entire public health system. It was suggested that taluka hospitals should be strengthened since they were more accessible as a referral aim.
- The group advised that governance was a major issue in effective health care program. The group, therefore, should recommend the processes that could build accountability and ownership.
- The group emphasized that improvement of existing human resource (Health Care Workers) in rural areas is critical to the success of the Mission. Therefore, harnessing the services of existing health care providers developed under various government programs/NGO health programs etc is essential.
- With reference to the prevailing training models, it was suggested that the training should not be limited to health care skills only but should be able to build confidence and self-esteem among the trainees so that they are able to negotiate at the community level. The 'Parinche' training module at FRCH and modules used by NGOs involved in training of health workers could provide a reference in this direction.
- There is a need to define the functions of ASHA as also the support services she will require towards being a multipurpose worker. The relationship between ASHA and AWW should be clearly stated.

It was decided that members would give their written responses to the Terms of Reference with focus on the following points:

- ❑ Building of community ownership
- ❑ Training
- ❑ Supportive mechanism
- ❑ Information needs of community

These should be addressed to Mr A R Nanada at Population Foundation of India who would forward them to the Ministry.

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Members of the Advisory Group on Community Action