**Minutes of the 21st Meeting of the Advisory Group on Community Action - NRHM**
**Population Foundation of India, New Delhi**
**April 5, 2011**

**Advisory Group Members present**

Dr Abhay Shukla
Dr Abhijit Das
Dr H Sudarshan
Dr Narendra Gupta
Dr Sharad Iyengar
Dr Shanti Ghosh
Dr Alok Mukhopadhyay
Ms Indu Capoor
Dr Saraswati Swain
Dr Vijay Aruldas
Ms Poonam Muttreja

**Representative from GOI**

Ms P Padmavathy, Deputy Director, NRHM, MoHFW

**Special Invitees**
Dr. T Sundararaman, NHSRC
Dr. Rajani Ved, NHSRC

**PFI Representatives**

Dr Arundhati Mishra
Dr Rashmi Pachauri
Ms Sona Sharma
Mr Bijit Roy

**AGCA Members who could not attend the meeting and were given leave of absence**

Mr A R Nanda
Ms Mirai Chatterjee
Dr Dilip Mavalankar
Mr Harsh Mander
Dr M Prakasamma
Dr R S Arole
Prof Ranjit Roy Chaudhury
Dr Thelma Narayan
Mr. Gopi Gopalakrishnan

Ms. Poonam Muttreja chaired the meeting at the request of the members present. She welcomed all participants to the twenty first meeting of the AGCA. She introduced the special invitees from National Health Resource Center (NHSRC), Dr. T Sundararaman and Dr. Rajani Ved and thanked them for sparing time to attend the meeting.

The members confirmed the Minutes of the previous meeting held on December 24, 2010.

The agenda for the meeting included presentations on the Barwani visit in Madhya Pradesh by the AGCA team and the maternal deaths in Jodhpur, Rajasthan. This was followed by discussions on submitting a revised proposal for a Resource Cell; a proposal on convergent community monitoring; the letter from the Ministry requesting PFI to submit a proposal for the Integrated Action Plan districts and future plans for community monitoring.

Key deliberations and decisions taken at the meeting are as follows:

**1. AGCA team visit to Barwani, Madhya Pradesh**

An AGCA team comprising Dr Abhay Shukla, Dr Abhijit Das, Dr H Sudarshan and Ms Poonam Muttreja along with Dr Arundhati Mishra and Ms Sona Sharma from PFI, visited Barwani, Madhya Pradesh on March 29-30, 2011 to specifically review the accountability, quality of care and referral aspects that led to increased maternal deaths in the Barwani District Hospital. Dr Sudarshan made a presentation on the visit on behalf of the team.

The group agreed on the following action points:

- The Barwani report will be finalized by the team within the next 15 days.
- A small group from among the team members will meet the Principal Secretary, Health and Mission Director, NRHM within one month.
- A larger meeting with civil society groups and other stakeholders will be organized within the next two months where-in the various reports related to Barwani and Jodhpur would be shared with the aim of arriving at policy recommendations to reduce maternal mortality.
- The team will also make a presentation to Ms. Anuradha, Joint Secretary (and Mr Amit Mohan Prasad?)
- NHSRC has already written a note to the MP government regarding family planning targets, which will be shared with the team for reference.

The following additional recommendations were made on the basis of the Barwani report:

- The basic systems of logistics and distribution in terms of quality, uninterrupted supply of medicines, drug stock, etc. need to be ensured across all health facilities.

- Human resources issue: staffing norms need to be insisted upon. Expansion of nursing education and training, particularly on skilled birth attendance and essential newborn care needs to be done. A plan for recruitment and deployment of nurses needs to be developed on a priority basis.
- Clinical protocol and supervision of SBA training - The team recommended seeking support of a clinical supervisor/ consultant who would help in orienting and ensuring that essential clinical protocols and practices are established in the PHC, CHC and the District Hospital. The supervisor/ consultant would later provide a certification on compliance for these health facilities.
- Civil Society could actively use information from the HMIS to suggest proactive action. A triangulation of information from HMIS, CBM and birth/death registrations would give extremely useful insights.
- Keeping the criteria of one hour between the first care to any point of emergency care as the norm, it should be possible to work out the total number of facilities required in the district and develop a plan to reach quality accreditation. This could be done over a period of 1-3 years.

It was also suggested that policy recommendations should be made regarding JSY and sterilization targets. However, it was decided to hold an in-depth discussion on JSY in the next AGCA meeting to agree on a common stand by the AGCA.

## 2. Maternal Deaths in Jodhpur, Rajasthan

Dr Narendra Gupta made a presentation on maternal deaths in Jodhpur. The following points were discussed:

- Several teams from the state and national level have visited Jodhpur; however, none of the reports have been made available in the public domain. AGCA could ask for these reports and review them to make recommendations.
- A team from AGCA could also go to Jodhpur.
- The Barwani dissemination should go ahead and not wait for the Jodhpur report.

*It was decided that, as the information is incomplete, Dr Sharad Iyengar and Dr Narendra Gupta could be authorized, on behalf of AGCA, to collect further information/records on Maternal Deaths in Jodhpur.*

## 3. **Revised proposal for a National Resource Cell**

Key discussion points on the topic were as follows:

- While the suggestion from the Ministry in the last meeting was to identify regional/state level institutions and build their capacities on community action, it was strongly felt that the AGCA also required a National Level Resource Cell to perform three critical functions: i) That of a laboratory for implementation and constant facilitation for states to take forward the interventions on community action, ii) For vigilance/intelligence on community action, and iii) As a think tank around community action.
- States are setting up ASHA Resource Centres (called Community Processes Resource Centre in Orissa), which involve ASHAs, VHSCs and community monitoring. Approaching the states with a proposal for another resource centre may get confusing. It was recommended that such existing systems should be explored for strengthening the community action.

Decisions emerging from the discussions were:

- A National Resource Cell is essential in addition to the state level resource cells. The group should explore external funding for the National Resource Cell in concurrence with the Ministry.
- The number of states within which institutions would be identified for building capacities is to be decided on the basis of the requirement and availability of institutions. AGCA members would be the resource for their respective states.
- Policy advocacy should be undertaken at the state level to put a grants-in-aid-committee for NGO selection in place.

*It was decided that a small group, including Dr Abhay Shukla, Dr Abhijit Das, Dr Sharad Iyengar, Dr Narendra Gupta and Ms Indu Capoor, would develop a concept note on the above which would be shared with members and then submitted to the Ministry.*

**4. Expansion of Community Based Planning and Monitoring to Left Wing Extremist Districts/Tribal Districts – Letter from the MoHFW**

In the Planning Commission meeting with AGCA held on December 24, 2010, AGCA was asked to submit a proposal for implementing convergent community based planning and monitoring in Left Wing Extremist (LWE) affected districts. A letter has now been received from the MoHFW wherein the AGCA has been asked to put up a proposal to implement CBPM in the 60 Integrated Action Plan (IAP) districts (LWE affected) with support from the MoHFW. The following were key deliberations and suggestions by the members:

- The proposal would provide a large platform and help in developing community based monitoring processes in these states/districts.

- In Maharashtra, SAATHI has already received approval to initiate multi-sectoral CBPM in two districts, including Gadchiroli which is LWE affected. The CBPM would include water and sanitation, nutrition, health and public distribution system.

- Members shared that this would provide a good opportunity to reposition CBPM, particularly in the districts with poor health indicators.

- There were certain apprehensions of volatile situations on the ground and failure of governance mechanisms. These factors could seriously impede initiation of a CBPM process in the IAP districts. A set of non-negotiable support would hence be requested for initiating the project in these districts.

- It was suggested that the proposal could focus on taking selected districts (2 per state) in the initial phase and include a scale-up plan. A process of mapping of the ground situations and presence of organizations with experience in Community Monitoring Processes would help in assessing the coverage of the districts being proposed. Based on this, criteria for selection of districts could be developed.

- More clarity is required on the nature of the CBPM to be proposed (or expected by the Planning Commission) - would it cover only health or other convergent aspects like nutrition - ICDS, PDS, education, water and sanitation, etc. A discussion on this with the Planning Commission / NRHM team is important prior to designing the proposal.

- In some of the districts there have been systematic attempts by the Left Wing Extremists to confront elected representatives (including PRI structures). In this situation, CBPM processes can be seriously impeded by a lack of community structures to facilitate and support community mobilization initiatives.

- The state government and district administration’s attitude towards civil society organizations (particularly those working on a rights based approach) in these districts has been to restrict their access or stop their development interventions. Therefore, there is need for clear directives from the Centre to State / District administration defining the purpose and roles of organizations facilitating the CBPM process.

- The proposal for CBPM could include some of the predominantly backward and tribal districts (like in Rajasthan and Gujarat) beyond the list of 60 districts under the IAP plan.

*A team comprising Dr Abhay Shukla, Dr Abhijit Das and Mr Bijit Roy will develop an initial draft of the proposal and share with the group before submitting it to the Ministry.*

## 5. Future Plans for Community Based Planning and Monitoring

The following were recommendations and decisions taken on the future plans for CBPM:

- An advocacy booklet detailing the experiences in Community Based Planning and Monitoring should be developed along the lines of the booklet produced in Maharashtra.
- A national level plan to scale up community monitoring needs to be worked out for which a small group from AGCA should meet the Secretary, Health and Family Welfare and the Mission Director, NRHM.
- Members need to proactively engage in the development of the 12$^{th}$ Five Year Plan to ensure that CBPM is included in it.
- A note on 'Role of NGOs in Facilitation of CBPM/Communitization' should be developed and shared with the Ministry and the states. The note would include cautions and criteria to weed out inactive/fraudulent NGOs.

*A sub-group led by Dr. Abhijit Das and including Dr Abhay Shukla, Dr Narendra Gupta , Dr Sharad Iyengar and Mr Bijit Roy will develop the note and share the same before 26$^{th}$ April, 2011.*

## 6. AGCA Members Involvement in Programme Implementation Plan (PIP) Development for 2011-12

The AGCA members conveyed that they were extremely concerned and disturbed that the members were completely excluded from the NRHM PIP development process for the current financial year. The group suggested that a meeting should be held with Mr Gulam Nabi Azad and Mr P K Pradhan before the next AGCA meeting. The note on civil society involvement in communitization would be shared at the meeting. The issue of large unspent amounts, budgeted for NGO involvement under NRHM, would also be raised during the meetings.

**It was decided that the next AGCA meeting will be held either in the week starting 25th July or the first week of August, 2011 at PFI.**