Minutes of meeting of the 9th Advisory Group on Community Action
14 December 2007, Population Foundation of India, New Delhi

Advisory Group Members Present

Dr Shanti Ghosh
Dr Abhay Shukla
Dr Narendra Gupta
Dr Abhijit Das
Dr Thelma Narayan
Dr H Sudarshan
Ms Mirai Chatterjee
Mr A R Nanda

Co-opted Member/Special Invitee

Dr Sylvia Selvaraj
Mr Jyoti Shankar Tewari
Dr Ruth Vivek
Ms Sunita Singh

Ministry of Health and Family Welfare

Dr Tarun Seem
Mr S K Das
Mr Praveen Srivastava

Others in Attendance (invited)

Mr S Ramaseshan, PFI
Ms Sona Sharma, PFI
Ms Sudipta Mukhopadhyay, PFI
Dr Sanjit Nayak, PFI

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

Dr K Pappu
Dr Saraswati Swain
Prof Ranjit Roy Chaudhury
Dr Jayprakash Narayan
Dr Vijay Aruldas
Dr R S Arole
Dr Sharad Iyengar
Dr Rani Bang

Dr Alok Mukhopadhyay
Ms Indu Capoor

Mr Nanda welcomed all members present and the invitees from the MoHFW and DFID. Mr Nanda also mentioned that this meeting would focus primarily on the first phase of the programme on community monitoring of health services under NRHM. But apart from community monitoring there is a need to ensure that other issues and ideas are discussed at the AGCA. One such issue to be discussed today is Inclusion of Dais (TBAs) in NRHM as suggested by Ms Mirai Chatterjee.

Agenda 1: The minutes of the last meeting of the AGCA were finalized.

Ms Sudipta Mukhopadhyay highlighted the actionable points from the last meeting. As suggested by Dr Tarun Seem at the last meeting, the CD containing materials for inclusion in the website, hosted by NIC, was handed over to the Ministry and his email id was included in the e-group. AGCA members would require more information on the ASHA mentoring group to coordinate with them at the state level. All materials developed for community monitoring programmes were shared with NHSRC and NIHFW. However, feedback of the same is awaited by them.

Dr Tarun Seem responding to the actionable points suggested the following:

1. The title of the programme on 'Community Monitoring of Health Services under NRHM' be renamed.
2. Concurrent review process to be developed for the programme.
3. Expand the existing TAG on Community Monitoring and call it on TAG on Community Action. This TAG will take on the responsibility for working on aspects of Community Planning and Action.
4. Review Mission to include the AGCA formally in its review process

Agenda Item 2: A joint presentation on the status of the programme, 'community monitoring of health services under NRHM', was made by Ms Sudipta Mukhopadhyay and Ms Ruth Vivek. The state-wise status of the programme is attached as Annexure 'A'.

The second presentation on Community Monitoring Process under NRHM was made by Dr Abhijit Das. In his presentation, he briefed about the community monitoring processes such as (i) mobilization of community - its need, objectives and proposed activities, (ii) Formation and strengthening of VHSC/PHC/Block/District Committees – informal meeting with key stakeholders (leaders of CBOs, women leaders and Pradhan), village level meetings to share findings and NRHM information, (iii) Community level enquiry – outcomes, frequency and who will do it and (iv) Sharing of village health report card, its planning etc.

Members responded that the monitoring process would also include monitoring of absenteeism of service providers. It is proposed that at each stage action will be taken based on the scores and the report cards. Dr Jyoti Tewari mentioned that the reports are

not static. Their status will change depending upon the community action and response. Dr Abhay Shukla suggested that the process would include monitoring of adverse events such as maternal deaths and child deaths. In Maharashtra through numerous meetings with the State Health Society the need for an independent monitoring process in NRHM as proposed in the programme has been stressed. The monitoring process will also collect information related to in-patient care in CHC and district hospitals.

Ms Mirai Chatterjee seconded the idea of the monitoring in-patient care in CHCs. She mentioned that in Gujarat the Rogi Kalyan Samitis (RKS) has been revitalized. It is important to pilot test the monitoring process and also include the Gram Sabha and similar structures in the process. Dr Thelma Narayan agreed to the suggestion of pilot testing the monitoring process. Alongside, it is also important to include community action processes. She mentioned that the AGCA should root for community action and include coalition building for community action at districts and taluk level. This would also help towards facilitating intersectoral monitoring as mentioned in NRHM. Mr A R Nanda responded that there is need to know better the extent to which comprehensive primary health care is addressed in NRHM.

Dr Jyoti Tewari said that the framework presented was good but one needs to remember that many states like UP, Orissa, Bihar, Uttaranchal and Chhattisgarh have low performance while comparing to other states due to inadequate health facilities and lack of health personnel. Therefore it may be useful to develop differential report cards for the states based on the current status of the NRHM in the state.

Following are the state specific response to the update:

Maharashtra:

The activities in Maharashtra have gone beyond the district workshops. Additional activities like block conventions were also held In Thane district, the District Health Officer (DHO) required lot of convincing regarding the district nodal NGO. VHSCs exist only on paper. 90 village level meetings were held till date and 30-40 VHSCs were formed. The Gram Sabhas formed the VHSCs in 30-40 villages. Looking at the activities of the project, the state government assured that all 15 PHCs in these blocks would be upgraded on a priority basis.

Rajasthan:

There is a very good convergence between the implementing voluntary organizations and the Government in the state. Government has always represented through its various officers in the planning and review meetings at state, district and block levels. Health department of the Government has shown very keen interest into this initiative. However, other social sector departments such as women & child development department, panchayati raj, public distribution, public health engineering and education have to be further motivated and sensitized for their active participation. in this programme along with their CBOs. The planning and certain activities related to this initiative have

reached to block and PHC levels in Rajasthan and ready to immediately take off soon after receipt of next installment of funds.

Tamil Nadu:

A viable group was set up including the organizations, which work actively in this field and the group meets frequently with NRHM Director for possible implementation of the programme. Visits to different districts were made and meetings with concerned officials were also held to discuss the plan of action. It was observed that the NRHM Implementation framework had not been shared with the officials at the state and district levels.

Regarding addition of new states to the programme, members recommended that instead of adding new states to the programme at this stage, AGCA members could recommend to the Gujarat government to include programme on Community Action and Monitoring for NRHM in its Programme Implementation Plan (PIP). Civil society groups in the state such as Jan Swasthya Abhiyan (JSA) could submit proposal for the same to the state government.

The National Secretariat gave a CD containing the details of the programme update along with IEC materials prepared to Dr Tarum Seem for uploading on the NRHM website.

Response of M&E Division of MoHFW**:** Presentation on MIS was done by Mr Praveen Srivastava, Director, MoHFW. Mr Srivastava mentioned that the programme on community monitoring seemed an easily scalable model with little modifications. DFID is supporting the Ministry in setting up a team which would undertake triangulation. He suggested that the triangulation process will include collecting information on the community monitoring process from select states/district from the programme. He invited the AGCA to present the process of community monitoring in the working group of the M&E Division.

He also mentioned that currently there is an information overload. The Ministry is in the process of developing a single clearing house for information on NRHM which includes a web based information system. In addition Registrar General of India (RGI) is in the process of conducting Annual Health Survey, which will include EAG states, and Assam. This survey will provide district level data. The SRS will also provide district wise data in future. This will reduce cross discrepancies in data collection and management.

Dr Thelma suggested that it is important to relook at the Integrated Disease Surveillance Programme (IDSP) because even after pilots there is problem of coverage in the programme.

Dr Abhay Shukla emphasized that if there are discrepancies in the reported MIS data as against those reported in independent surveys, then the government must ensure that actual data is reported and that large discrepancies are explained. He also mentioned that the dialogue of explanation should not be at the district level but at the block and village

level. The MIS data should be corrected by independent surveys, commissions and triangulation. The surveys should include village level data. Ultimately the data from community monitoring should match the MIS data.

Dr Abhijit Das said that the triangulation process is to take corrective action. We need to see how to develop discipline through committees and how to review the data coming from the system.

Agenda Item 3: Release of funds for the programme

Ms Sudipta shared the utilization status of the programme stating that un-audited utilization certificates have been submitted by Sathi-Cehat for Maharashtra, Prayas for Rajasthan, Madhya Pradesh Vigyan Sabha for Madhya Pradesh and Centre for Health and Social Justice, New Delhi. Kalinga Centre for Social Development has submitted audited accounts for the programme in Orissa. The remaining states will be submitting their utilization certificate after completing their activities. Members also shared their concern about the Ministry's delay in release of funds and approval of the entire programme.

Dr Tarun Seem requested that states should complete their activities at the earliest so that PFI can release funds. He requested PFI to submit an expense statement to MoHFW in January 2008. He also mentioned that within a week of the AGCA meeting the Ministry would issue a letter of approval of the entire programme.

Other Items:

The item suggested by Ms Mirai Chatterjee on Inclusion of Dais (TBAs) in NRHM was discussed at the meeting. She said that Dai Sangathan, Gujarat has proposed a planning meeting on April 11, 2008 with a focus to empower the group on maternal health, in which the representatives from 12 states would be present. The training materials could be made widely available to Dais at the meeting. She said that the AGCA can recommend the same to NRHM.

Responding to Ms Mirai's response, it was suggested that Mirai would circulate a concept note on Inclusion of Dais (TBAs) in NRHM to AGCA members. AGCA can have a technical role and the proposal can be submitted to NRHM. However, the Secretariat is willing to distribute materials to TBAs at the meeting.

Following are the decisions taken at the 9th AGCA meeting:

1. Members debated and agreed on renaming the current activity as "**Community Action and Monitoring for NRHM".**
2. Members agreed to expand the existing TAG on Community Monitoring and call it TAG on Community Action. This TAG will take on the responsibility for working on aspects of Community Planning and Action. The first meeting of the

TAG will be held on 11-12 January in Bangalore. State nodal NGOs will also be represented at the meeting. The purpose of the meeting would be to (a) review the progress of the programme on community action and monitoring under NRHM, (b) finalize IEC material after feedback from all and (c) discuss village planning process under the programme. The details of the proposed meeting will be circulated by the national secretariat.

3. National Secretariat to share hard and soft copy of all IEC material with NIHFW and NHSRC for their feedback.
4. Regional language IEC materials to be sent to MoHFW along with language font for uploading on the website.
5. GoI to send letter to all state governments involved in the programme encouraging them to support the process at the state level. National secretariat to draft letter along with list of AGCA members.
6. Three AGCA members (Dr H Sudarshan, Dr Narendra Gupta and Dr Abhay Shukla) to share the community monitoring process at the 3 January 2008 EPC meeting at MoHFW.
7. Dr Tarun Seem requested that new members be inducted into the AGCA to fill up positions and also expand the AGCA membership. AGCA members to submit names to the National Secretariat. The new members list may be finalized in the next AGCA meeting.
8. The 10th AGCA meeting will be held on 14 March, Friday from 11 am to 4.00 pm at PFI.

Dr H Sudarshan concluded the meeting by thanking all members and invitees for their time and valuable inputs.