

**Minutes of the second meeting of the Advisory Group on Community Action-National
Rural Health Mission (NRHM)**

**On
16th December 2005**

Members Present:

Prof Ranjit Roy Chaudhury – in Chair
Dr N H Antia
Dr Thelma Narayan
Mr Shyam Ashtekar
Ms Indu Capoor
Dr Sharad Iyengar
Dr K Pappu
Ms Mirai Chatterjee
Dr Shanti Ghosh
Mr AR Nanda

Representatives of Mission Director, NRHM, Ministry of Health and Family Welfare

Mr Amarjeet Sinha
Dr D C Jain
Dr Tarun Seem
Dr Manoj Kumar

Others in Attendance (invited)

Dr Almas Ali, Senior Advisor (Advocacy)
Ms Mini, PFI, New Delhi
Dr Nerges Mistry, FRCH
Dr Shiv Charan Mathur, Director, SIHFW, Jaipur
Ms Sapna Desai, SEWA, Gujarat

Members who could not attend the meeting:

Dr Abhay Shukla
Dr Rama Baru
Dr R S Arole
Dr Rani Bang
Dr Jaiprakash Narayan
Dr H Sudarshan

The second meeting of the Advisory Committee on Community Action was organized with the main agenda of reviewing the proposals submitted to MoHFW by FRCH, Pune and SIHFW, Rajasthan. Mr A R Nanda welcomed the participants and requested Prof. Ranjit Roy Chaudhury to Chair the meeting.

Agenda No.1: Confirmation of minutes of the first meeting held on October 20, 2005

The minutes of the first meeting held on October 20, 2005 were confirmed with the suggestions of the members that ASHA should not be called 'multipurpose' worker, since the word has been associated with 'multipurpose health worker' and the word doesn't reflect the true profile of ASHA. Hence, it was deleted from the minutes.

Agenda No.2: Discussion on action taken on the minutes

The Executive Director, PFI, Mr A R Nanda started his discussion with Terms of Reference (TOR) of the NRHM Advisory Committee that is to advance ways for developing community partnership and community ownership of the NRHM, community monitoring of the various schemes taken up by the mission, suggesting norms for funding of the schemes and their monitoring and examining the proposals received under NRHM for community/NGO participation.

It was discussed that since some of the members of this committee are also part of the co-ordination committee proposed by FRCH, whether the advisory committee can take a decision on the financial aspect or not. It was suggested by MoHFW representative that the advisory committee can review the proposal and give feedback while the financial aspect of the proposal can be dealt by the Grants in Aid committee.

Taking the example of Bihar and some other states, members observed that at the state and district levels there is confusion about whether NRHM includes only RCH program or other public health programs as well. All the members strongly felt that there is a need to send clear instructions and guidelines about implementation system of NRHM.

Presenting an update on NRHM, Mr Amarjeet Sinha said that since the last meeting, many states have been visited for assessment and feedback. He said that health delivery system needs management experts and tools. A draft implementation framework has been prepared based on the feedback of the task forces. The task forces have recommended to establish a National Health Systems Resource Centre and subsequently such resource centers should be established at the district and block levels with the help of Mother NGOs (MNGO). Major recommendations of the National Commission on Macroeconomics and Health (NCMH) have been accepted by the Mission. Baseline Survey and Facility Survey (with 40 indicators of functionality) have been initiated. The district plans will be based on facility surveys of all health institutions. The HH surveys will remain with the Village and will be used for both planning and monitoring.

Recommendations for increasing the number of service providers have been accepted. The number /location of the health service providers will not be based only on population but the other practical criteria such as case load, geographical area etc will also be taken into account while planning human resource. There is a provision for untied funds at the Health Institution level as well as the Village Health and Sanitation Committee level. The Health Institution will be accountable to the local committees for financial matters. Government Order has been issued by all states (except UP) for integration of Health and Family Welfare. Similarly Government Order has also been issued by all state governments (except Jharkhand) for merger of all district level committees related to health. However, it will take some time to bring this into practice. Various trainings programs are proposed under NRHM for doctors, paramedics, ASHA and members of village level committees. In order to resolve the problem of insufficient caseload at health institutions to impart hands-on training, partnership with private institutions is being worked out.

There was a strong suggestion by many members that the work profile of ASHA needs to be clearly spelt out. If her role is not limited and specific, she will become the last rung of the health system hierarchy rather than on health activist.

The other issue of concern was the role of ASHA in places where the health services providers and functional infrastructure is not in place. The basic health services needs to be strengthened so that the expectations of the community are met and ASHA's work becomes relevant to communities.

It was suggested that the government needs to be careful about the training of ASHA. Currently 19 areas are to be covered in ASHA training. We need to focus on the priority areas in any location and the training should address those issues strongly rather than touching upon numerous issues. Training should also mention ASHA's position in the community and the support she can receive from Panchayat and the community.

Members suggested that formal government order can be issued to involve NGOs (not necessarily MNGOs) working in remote areas to support ASHA in her work and link her to existing community-based groups such as SHGs.

Agenda No.3: Review of two proposals

Following the discussions, the proposals were presented by The Foundation for Research in Community Health (FRCH, Pune) and State Institute of Health and Family Welfare (SIHFW), Rajasthan.

Proposal (Phase I), for the Development of Master Trainers Drawn from Civil Society and Government for Support of the Rural Health Mission, FRCH Pune.

The FRCH, Pune made a brief presentation of the project proposal at the meeting with the objective of the project, duration, expected outcomes of the first phase, proposed

activities in Phase I, and budget etc. It proposes to train 480 public health personnel from 12 EAG states through this project.

FRCH provided the rationale for proposing this project stating that it has been nominated as a Nodal Agency for training of Community Health Workers/Volunteers. Moreover, the project is the extension of the ongoing Training of Trainers programs in the existing center.

FRCH also mentioned the key critical elements of the proposed training. Of the total number of trainees, one third will train Master Trainers, one third will undertake field visits for feedback and follow up. The remaining one third of the trainees will monitor the programmes. The orientation will take place at three levels i.e. senior level for four days, middle level for 15 days and training for ANMs for 30 days.

Some of the critical responses to the proposal are as below:

- Training model presented is primarily an orientation program to supplement the ongoing trainings. Therefore, it should not be taken as Training of Trainers.
- The cost of the training of trainer's material is not covered in the budget. It needs to be worked out again.
- Since the implementation environment will vary from state to state, one can't expect similar impact. In order to generate ownership at the state level some elements need to be added to the proposal.
- FRCH should consider the fact that the number of trainees proposed is small in terms of the scale of NRHM program. Since most of the training programs face high attrition of participants, upscaling needs to be worked out.
- The existing training modules for master trainers at different levels should be modified.
- It was suggested that the activities of the NRHM can be expanded through the present Regional Resource Centres (RRCs). RRCs can help to create a critical mass in their respective states through further training programs. They also have an ownership, access to funds and are interested to undertake activities in the state.

The proposal was approved in principle. An amended proposal, containing the suggestions made in the discussions would be submitted for consideration of funding.

Empowering Rural Communities through Provision of Additional Health Inputs in Difficult Area of Rajasthan, SIHFW, Rajasthan.

A brief presentation was made by Dr S C Mathur, Director, SIHFW, Rajasthan. The proposal intends to replicate Parinche model in Rajasthan with the SIHFW taking the co-ordination role. SIHFW Rajasthan was suggested to:

- Involve Resource persons from FRCH Parinche.
- Identify NGOs in concerned districts and constitute an Advisory Group.

Apart from the above mentioned suggestions, no major changes were suggested by the members. The proposal was approved in principle. The proposal would be modified according to the suggestions made and a revised proposal would be submitted for funding.

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Members of the Advisory Group on Community Action