

**Minutes of the fifth meeting of the Advisory Group on Community Action –
National Rural Health Mission (NRHM) on 20 December 2006, Population
Foundation of India, New Delhi**

Advisory Group Members/Co-opted Members present

Advisory Group Members

Mr. A R Nanda (in Chair)
Dr. Shanti Ghosh
Dr Saraswati Swain
Dr Abhay Shukla
Dr Abhijit Das
Dr Shyam Ashtekar

Co-opted Members

Dr Tushar Bhattacharya
Dr Narendra Gupta
Ms Ila Vakharia
Dr Joe Varghese
Dr Prashanth N S

Ministry of Health and Family Welfare:

Ms. S.Jalaja, Additional Secretary and Mission Director NRHM, MoHFW
Dr Tarun Seem, Director NRHM, MoHFW

Others in Attendance (invited):

Dr Almas Ali, PFI
Ms. Sona Sharma, PFI
Ms Sudipta Mukhopadhyay, PFI

Members who could not attend the meeting:

Ms Indu Capoor
Dr Vijay Aruldas
Dr Pappu
Dr H Sudarshan
Prof Ranjit Roy Choudhary
Dr. N H Antia
Dr Rama Baru
Dr Sharad Iyengar

Dr Thelma Narayan
Ms. Mirai Chatterjee
Dr R S Arole
Dr Jaiprakash Narayan
Dr Alok Mukhopadhyay

The fifth meeting of the Advisory Committee on Community Action was organized with the main agenda of further deliberations on strategic frameworks, tools and training curriculum for facilitating community monitoring in NRHM. Ms. S.Jalaja, Mission Director, NRHM graced the meeting with her presence and participation.

Agenda No 1: Confirmation of minutes of the Fourth Meeting of the Advisory Group on Community Action – NRHM

The members were in agreement with the deliberations and recommendations recorded in the minutes and approved the minutes of the fourth meeting.

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

As per the recommendations made by members in the fourth meeting, a framework on piloting community monitoring developed by the sub-committee had been sent to the Government of India. Mr. A R Nanda requested Dr. Tarun Seem to initiate the discussion with a response to the proposal.

Dr. Tarun Seem expressed the Governments' appreciation of the Advisory Group's offer to facilitate the implementation of community monitoring. Dr. Seem then presented his understanding of the proposal along with a presentation of the community monitoring component in the NRHM Implementation Framework – 2005-2012. While appreciating the fact that the proposal was largely in line with the implementation framework and could be operationalized almost as it is, Dr. Seem also highlighted recommendations of the Ministry for inclusion in the framework. These were identification of responsibilities in the form of a duty sheet and budget required for the process. He further elaborated that there was a need to identify who would be responsible for the formation of the village health and sanitation committee and the committee at the PHC level as well as who will be responsible for screening of NGOs to be selected for the process. The TOR for the persons and names would need to be clearly laid out in the proposal. The above recommendations were to be included by the sub committee and a final proposal is to be sent to the Ministry at the earliest.

Members of the Advisory Group appreciated the fact that the proposal had been internalized by the officials in the Mission and assured that the Group would work further on the proposal to incorporate the recommendations.

Agenda No 3: Presentation of draft tools and guidelines

Dr Abhijit Das presented the draft tools and guidelines for the pilot phase of implementing community monitoring of NRHM. These draft tools had been prepared by Dr. Abhijit Das and Dr. Abhay Shukla as members of the sub-committee formed by the AGCA. The Ministry appreciated the presentation and recommendations were made to finalise the tools and guidelines based on the Ministry's suggestions for the framework.

The members deliberated on the proposal with Dr Shyam Ashtekar as chair for the afternoon session. Dr Ashtekar emphasized on the need to know the realities and progress at the state level towards understanding the state level variations. In order to ensure effective implementation, information needs to be collected from the well governed states such as Andhra Pradesh. Citing an example of Mitani effort, he said that the NRHM is a great effort at the central level. However, it is necessary for the AGCA to understand the ground realities to implement the NRHM properly. The proposal has to be actualized despite approval, which is necessary and vital, although it is an extra burden on the members in terms of time and travel.

An elaborate mechanism of monitoring the NRHM was suggested by the AGCA. However, it is necessary to be cautioned for not threatening the already fleeing doctor-nurses from the health system. Dr Ashtekar suggested instituting non-formal and innovative monitoring mechanisms in place of an elaborate community monitoring system, which may yield valuable information and leverages without threats. PFI should be provided appropriate funds for greater involvement of AGCA in the monitoring system, which would not only enable the members to have their reimbursements but also enable the PFI to activate some independent line of action for monitoring, he suggested.

The following recommendations were made by the Advisory Group:

Recommendations

- Need for a concurrent orientation of the PRI members to get them on board and ensure their involvement.
- In order to strengthen the process of involving the state governments, representatives from the State Missions should be present at future advisory group meetings. Representatives from the civil society organizations from the same state should be invited to the meeting.
- The community monitoring should not preclude independent evaluations undertaken periodically to assess the status.
- The need was expressed to have a regular civil society feedback mechanism for the Mission Ms. Jalaja suggested that the Advisory Group itself could become the forum for such regular feedback. It was suggested that in each meeting of AGCA, NRHM implementation in a few states (say 2-3 states) could be reviewed with the

participation of relevant State Mission officials and a couple of additional civil society representatives from each of these states. Concerned State Mission officials would be given sufficient advance invitation for such review meetings. It was suggested that Uttar Pradesh could be one of the states to be taken up in the initial round of such review, which might take place during the AGCA meeting in the second quarter of 2007.

- There was need for a National Secretariat, which would help coordinate inputs for Community action for NRHM. Ms. Jalaja suggested that PFI could take the lead in hosting a website for posting of feedback about NRHM. The members suggested that PFI could host the national secretariat for community action, including developing and hosting a website for the same. State advisory groups or mentoring groups should also be set up in the eight states for the pilot phase.
- The sub committee consisting of Abhijit Das, Abhay Shukla and Narendra Gupta will prepare the final proposal and budget for implementing the pilot phase of community monitoring by 15 January 2007, to be sent to PFI as the secretariat of AGCA. The final proposal of the community monitoring framework will also include the proposal for finalising tools, the suggested grievance redressal framework, the National Secretariat budget and the overall pilot phase budget. PFI will share the proposal with all AGCA members for their response, after which the proposal will be submitted to the Ministry. The sub committee will meet on 8 February 07 to finalise the tools.
- Members expressed the need for an ombudsman at the national level to assess the redressal mechanism for reports from the community monitoring, to monitor adverse outcomes (e.g. cases of polio even after immunization) and include compensation programs for the same. Ms Jalaja suggested that a framework for an ombudsman should be developed by the Advisory Group and provided to the Mission, which the Mission would be glad to support.
- The Advisory Group would need to review and vet the citizens' charters for Sub-centres, PHCs and CHCs put up on the NRHM website. Dr Abhijit Das will share the charter with all AGCA members by 8 January 2007.
- The states to be taken up in the pilot phase were discussed with the Mission Director and the following would be recommended by the AGCA – Assam, Chhatisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Orissa, Rajasthan and Tamilnadu. Members also recommended two additional states of Uttar Pradesh and Karnataka. Gujarat and Kerala would be looked at for comparison and reports about community based monitoring / planning may be received from these states.
- Pilot phase would be of eight months. At the end of it, a national level workshop will be organized to institutionalize the same.

- In each of these states, a state mentoring team including one or more AGCA members, State Government representatives, representatives of State level NGO coalitions / NGOs with experience of Health rights and monitoring work and Zila Panchayat members would be constituted at the state level for implementation of the pilot program on community monitoring of NRHM. Following are the list of AGCA members who volunteered for mentoring. This list would be shared with all the members inviting them to select one or more states.

Assam – Dr. Vijay Aruldas and Dr Narendra Gupta

Chhatisgarh – Dr. Abhijeet Das & PFI

Jharkhand – PFI, CINI

Madhya Pradesh – CHETNA & Dr. Abhay Shukla

Maharashtra – Dr. Abhay Shukla, Dr. Shyam Ashtekar

Orissa – PFI & Dr. Saraswati Swain

Rajasthan – Dr. Narendra Gupta, Dr Sharad Iyengar & CHETNA

Tamil Nadu – Dr. Abhijit Das

Karnataka (if included) – Karuna Trust, Dr. Thelma Narayan

Uttar Pradesh (if included) – to be decided

PFI would prepare the draft ToR for involvement of AGCA members.

- Ms. Jalaja assured that adequate financial support for the community monitoring activities would be ensured under NRHM. She stated that support for the pilot phase facilitation would be given directly by the National Mission. Further funds for universalised implementation of Community monitoring would need to be included in State PIPs by various State Health departments, which would be submitted to the National Rural Health Mission for approval.
- AGCA members requested Dr Joe Verghese, a member of Jan Swasthya Abhiyan to share the details of the release of the JSA People's Rural Health Watch (PRHW) state reports. It was decided that AGCA would participate in the national release of the PRHW report, tentatively to be timed in continuity with the AGCA meeting in April 07 (second quarter of 2007). Besides participation of AGCA members, representatives from the relevant state health departments should be invited through the Mission for the same. The names of states would be conveyed by AGCA to the Mission.

It was decided that the 6th meeting of the NRHM Advisory Group on Community Action would be held on 9 February 2007 at PFI. State Health secretaries and State Mission directors from the eight state governments selected for pilot phase of community monitoring should be invited to the meeting.