

**Minutes of the Seventh Meeting of the Advisory Group on Community Action –  
National Rural Health Mission (NRHM) on June 14, 2007, Population Foundation  
of India, New Delhi**

***Advisory Group Members/Co-opted Members present***

**Advisory Group Members**

Mr A R Nanda (in Chair)  
Dr R S Arole (in Chair in the post-lunch session)  
Dr Shanti Ghosh  
Dr Saraswati Swain  
Dr Abhay Shukla  
Dr Abhijit Das  
Dr Narendra Gupta  
Dr Sharad Iyengar  
Dr H Sudarshan

**Co-opted Members/Special Invitees**

Dr Tushar Bhattacharya  
Ms Poushali Majumdar  
Ms Sapna Desai  
Ms Ila Vakharia  
Dr P C Bhatnagar  
Mr T Sundararaman  
Dr Deoki Nandan  
Ms Ruth Vivek  
Ms Sunita Singh

**Ministry of Health and Family Welfare:**

Dr Tarun Seem, Director, NRHM, MoHFW

**Others in Attendance (invited):**

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

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

Ms Indu Capoor  
Dr K Pappu  
Prof Ranjit Roy Choudhury  
Dr Thelma Narayan  
Dr. N H Antia  
Dr Shyam Ashtekar  
Dr Rama Baru  
Ms. Mirai Chatterjee  
Dr Jaiprakash Narayan  
Dr Alok Mukhopadhyay  
Dr Vijay Aruldas

**Introduction**

Mr A R Nanda welcomed all the members and other participants for the 7<sup>th</sup> AGCA meeting. He conveyed to all that Mr Amarjit Sinha from the Ministry of Health and Family Welfare had sent his regret since he was busy with the process of State PIP review. He welcomed Dr Tarun Seem from the Ministry of Health and Family Welfare. Mr Nanda informed all that Dr Narendra Gupta has been included as a member of the AGCA. He welcomed Dr Gupta to be formally part of the AGCA and informed all those present that the group now consisted of 21 members. He extended a special welcome to Dr R S Arole who is a pioneer in rural health. He also welcomed Mr T Sundararaman, who is heading NHSRC as a special invitee at the request of the government to the meeting.

Mr Nanda informed that Dr N H Antia is not in a position to participate at the AGCA meetings due to ill health. Dr Thelma Narayan had confirmed, but was not able to attend due to other commitments.

Regarding membership of AGCA, Mr Nanda highlighted that those members who have not been able to attend any meeting of the AGCA so far should be asked whether they would be interested to continue the membership. Mr Nanda also reiterated that the membership to the AGCA was not institutional, but an individual representation. He urged the members to be active participants in the group so as to take forward the important work being undertaken with the AGCA's leadership.

### **Agenda Item 1: Confirmation of the minutes of the last meeting and action taken**

The Advisory Group confirmed the minutes of the last meeting. Discussion was held on the action taken on the minutes of the last meeting. Responding to the proposal on national NGO and the proposal for increasing the number of RRCs under the MNGO scheme, Dr Tarun Seem informed the group that the recommendations of the AGCA for both the proposals have been forwarded to the Ministry.

### **Agenda Item 2 : Presentation on the Status of Community Monitoring Pilot Programme in 8 States (Updates on the Preparatory Phase)**

Centre for Health and Social Justice on behalf of the National Secretariat circulated the draft copies of the following documents prepared for the programme for feedback and comments:

- ✓ Brochure on Community Based Monitoring of Health Services under NRHM (First Phase 2007) in Hindi and English
- ✓ A Promise of Better Healthcare Service for the Poor – A summary of Community Entitlements and Mechanisms for Community Participation and Ownership for Community Leaders
- ✓ Manual on Community Based Monitoring of Health Services under NRHM
- ✓ Posters
- ✓ Draft Guide book on community monitoring is in the process of being completed.

The above drafts have already been circulated through the e-group.

A presentation on the **Update of Community Monitoring of Health Services (Pilot phase) under NRHM** was made by Centre for Health and Social Justice, New Delhi. The presentation highlighted the state-wise activities completed so far, proposed timeline of the activities, role of the National Secretariat, future course of action, and financial status of the programme. The state-wise progress is as follows:

- **Madhya Pradesh:** Five pilot districts, namely, Barwani, Guna, Bhind, Chhindwara and Sidhi have been selected. MPVS has been selected as state nodal NGO. Civil society meeting was held on 16<sup>th</sup> April, 2007. State level workshop was held on 29<sup>th</sup> – 30<sup>th</sup> May, 2007.
- **Orissa:** The districts chosen for pilot implementation are: Nawarangpur, Bolangir, Mayurbhanj and Kendrapada. State Mentoring Group formed. Kalinga Centre for Social Development KIIT was selected as the state nodal NGO. Meeting with civil society was organized on 11<sup>th</sup> April, 2007. Two meetings of the Advisory Group for Community Monitoring (AGCM) were held on 19<sup>th</sup> April and 4<sup>th</sup> June respectively. State level workshop is due on June 26<sup>th</sup> & 27<sup>th</sup>, 2007.
- **Assam:** Pilot districts chosen are: Chirang, Dhemaji, Cachar and Kamrup Rural. Civil society meeting was organized on 20<sup>th</sup> April 2007 at Khadi Guest House, Guwahati. Based on the Civil Society meeting, recommendations were made for the

selection of names of mentoring group members and state nodal NGOs. The government order is due. State level workshop is postponed to June 2007.

- **Rajasthan:** PRAYAS selected as State Nodal NGO. A meeting of civil society was organized on 8<sup>th</sup> May, 2007 at Jaipur. Based on this meeting, recommendations were made for the selection of pilot districts and names of mentoring group members. The government order is due. The dates for the state level workshop have not been finalized so far.
- **Maharashtra:** Pilot districts such as Amravati, Thane, Pune, Nandurbag, Usmanabad are selected. State mentoring group formed. SATHI-CEHAT has been selected as the Nodal NGO. A civil society meeting was held. State level workshop and state mentoring group meeting was held in June, 2007.
- **Jharkhand:** Pilot districts are Dumka, Hazaribagh, W. Singhbhum and Palamu. State mentoring team was formed. CINI has been selected as the state nodal NGO. Civil society meeting was held at Hotel Yuvaraj, Ranchi in **Jharkhand**. State level workshop is due. Government order is due.
- **Tamil Nadu:** Pilot districts are Kanyakumari, Perumbalur, Vellore and Thiruvallur. State mentoring team was formed. TNSF is the state nodal NGO. Civil society meeting was organized at BMRF Hall, Chennai. District level processes were discussed.
- **Chhattisgarh:** Meetings with Secretary Health, Director, SRC & Consultant, RCH (M&E) were held. Based on this meeting, recommendations were made for the selection of pilot districts and names of mentoring group members. The government order is due.

The members appreciated the progress made on the programme, the high levels of interests generated in the process and the government notifications which are being issued as part of the programme. They also highlighted that the above presentation reflected the differential progress at the state level.

### **Agenda 3: Discussion on the Next Phase of Activities on Community Monitoring of Health Services under NRHM**

As part of the implementation mechanism for the above programme, discussion was held on community monitoring and community action. Members felt that the community monitoring is a process to empower and to eventually undertake planning and implementation. It should therefore, be a process to arrive at convergence among various sectors and processes.

Following were the suggestions made by the members to ensure community action:

- (i) Dr Sudarshan strongly disagreed with the process where community monitoring came first and then planning. He said that community should be empowered to undertake community action which included planning, implementation and monitoring. The entire process of community monitoring should be to empower people and ensure and enable weaker sections of the community to participate in the process.

- (ii) Dr Arole mentioned that there is a need to understand the mindset of bureaucracy – highly educated vs. illiterate, while implementing community monitoring programmes.
- (iii) Mr Sundaraman opined that one cannot segregate planning from implementation.
- (iv) One should work towards people's health centre, people's PHC and should need proper guidelines on selection of Rogi Kalyan Samiti, Dr Sudarshan said.
- (v) Dr Sharad Iyengar was of the opinion that we should give space to the community and build their capacities.
- (vi) For empowering the community, the points suggested by Dr Narendra Gupta were (a) challenges to iron out mistrust, (b) build bonding between community and providers – action at two levels are required, (c) communication to demand quality of care and orient providers to a public health outlook, and (d) clear cut agenda to be worked out at village/PHC/district levels.
- (vii) The process of community monitoring should be broadened to community action which will include joint planning and joint monitoring by civil society and the government
- (viii) Strengthen the existing committees such as the Village Health and Sanitation Committees (VHSC) and Rogi Kalyan Samiti (RKS). The monitoring role should be clearly built in to the role of the RKS.
- (ix) The power of the Committees should not be limited to paper, power should be delegated to the committees and someone should be there to motivate committees and its sustainability.
- (x) Wherever necessary, these committees should be modified or merged so as not to create parallel structures. However, at the block level the block monitoring committees as mentioned in the programme would play a central role to ensure the community action. Create Block Monitoring Committees where there is no CHC. All the committees should have the power to take action and function effectively.
- (xi) The AGCA should not limit its role to discussions on community monitoring only. Some members recommended that there was a need to set-up separate sub-committees on (a) planning and (b) roles of the RKS should be created. The Secretariat should write to all the AGCA members to volunteer participation for the sub-committees.
- (xii) The current programme should feed into the concurrent monitoring process of NRHM.
- (xiii) Members suggested that the lessons could be drawn from the West Bengal Rural Decentralization Community Health cum Management Initiatives in Murshidabad District and processes undertaken by Jan Swasthya Abhiyan.
- (xiv) The AGCA is not the forum to clear proposals.
- (xv) It was also suggested that all 21 AGCA members and the Ministry should be included in the e-group and a web-site on community monitoring with link to Ministry website should be developed. Minutes of the meetings as well as other important information to be put up on the e-group and the website.

- (xvi) Dr Abhay Shukla shared with the group that the Principal Secretary, Health, Government of Maharashtra insisted that the total number of the districts should adequately represent the entire state. It has been recommended that instead of four pilot districts as proposed in the programme Maharashtra should have five pilot districts. A letter from the Principal Secretary has been sent to MOHFW in this regard. The members recommended the addition of one district in Maharashtra.
- (xvii) Members also recommended that this programme should be piloted in Karnataka.
- (xviii) The AGCA members also recommended that in order to ensure smooth implementation of the community monitoring programme, timely financial disbursements are to come from Government. It was decided that for the entire pilot phase the total amount as mentioned in the proposal would continue to be routed through the Population Foundation of India which is the National Secretariat for the programme. PFI would directly release the funds to the state nodal NGOs once they were identified in each state. In order to ensure that the programme can be implemented in Karnataka and in the additional district in Maharashtra a supplementary budget would be forwarded by the National Secretariat to the Ministry.
- (xix) Dr Seem further informed that for conducting the concurrent evaluation in 8 pilot states, TOR is being designed and EOIs is being invited. The status of the service guarantee (what services and minimum guarantee to be provided) at the state level would be ascertained. Dr Seem suggested that the following reports should be available to the members:
  - ✓ UNICEF Immunization Report
  - ✓ Financial Protocols of NRHM
  - ✓ Concurrent Evaluation Exercise Reports
  - ✓ UNFPA ASHA JSY Review Reports

#### **Agenda 4: Any Other Matter**

- (i) In responding to Dr Alok Mukhopadhyay's letter mentioning some comments, the members said that proposals should not be sent to the AGCA and recommended to Government to set up to a grant-in-aid committee for reviewing the proposals.
- (ii) Mr Nanda informed the AGCA that the MOHFW had provided total support of Rs 5,00,000 for the National Health Assembly-II through PFI. The report of the NHA II has been received by PFI along with the Utilization Certificate. Members mentioned that the NHAII was an important process where community monitoring and its needs were discussed.

- (iii) Dr Abhijit Das informed the group that the second Stakeholders Consultation on NRHM will be held on 7-8 August 2007 at India International Centre, New Delhi. He invited AGCA to be part of the process like last year. The members recommended the same.

### **Post-Lunch Session:**

In the afternoon, the meeting was chaired by Dr R S Arole to discuss the follow-up activities to take the programme forward. The following were decided:

1. The village plan development would include a three-day visit including members, who volunteer from the AGCA. Detailed discussions would be held in consultation with the PHC to develop a citizen's charter drawing from the existing Indian Public Health Standards. This would also help in understanding how the PHCs were being graded.
2. Citizen's charter should be included in the book titled, "A Promise of Better Healthcare Service for the Poor – A summary of Community Entitlements and Mechanisms for Community Participation and Ownership for Community Leaders."
3. It was recommended that the community monitoring should include a range of information which should be accessible to the community in order to build accountability. The beneficiary list of JSY should be displayed, the denial of services should be followed up and the focus should be maintained on quality of services and grievance redressal as well as monitoring of all types of public private partnership.
4. The monitoring bodies/committees do not have a mandate to address redressal. The committees should facilitate grievance redressal.
5. Mass media efforts should be undertaken such as media spots on NRHM focusing on knowing your rights and positive images. The National Secretariat should follow-up on the same.
6. For the programme, MIS was required which should include transparency and accountability indicators. The sub-committees could develop this.
7. Decision was taken to expand the earlier sub-committee on community monitoring and reconstitute it as "Sub-committee on Community Action and Empowerment." All members of the earlier sub-committee would be members of this new sub-committee. In addition, the following volunteered their names for inclusion in the Sub-committee on Community Action and Empowerment viz, Dr H Sudarshan, Ms Ila Vakharia, Dr Almas Ali and Dr Sanjit Nayak.

Mr Nanda thanked every one and informed that the next meeting of the AGCA would be held on 14<sup>th</sup> September, 2007 at PFI at 11 A.M.

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