Minutes of the 37th Meeting of the Advisory Group on Community Action - National Health Mission

Population Foundation of India

December 7, 2017

Members of Advisory Group on Community Action (AGCA) present

1. Mr A R Nanda
2. Dr H Sudarshan
3. Ms Indu Capoor
4. Dr M Prakasamma
5. Ms Poonam Muttreja
6. Dr Narendra Gupta
7. Dr Sharad Iyengar
8. Dr Vijay Aruldas

Officials of Ministry of Health and Family Welfare (MoHFW) present

1. Dr Manohar Agnani, Joint Secretary, Policy

Officials of National Health Systems Resource Centre (NHSRC) present

1. Mr Arun Srivastava, Consultant, Community Processes

AGCA Secretariat and PFI staff present

1. Mr Alok Vajpeyi, Director, Programmes (Acting), PFI
2. Mr Ritesh Laddha, Manager, Monitoring and Evaluation, PFI
3. Mr Bijit Roy, AGCA Secretariat
4. Mr Daman Ahuja, AGCA Secretariat
5. Ms Seema Upadhyay, AGCA Secretariat
6. Ms Jolly Jose, AGCA Secretariat

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

1. Dr Abhay Shukla
2. Dr Abhijit Das
3. Dr Thelma Narayan
4. Dr Saraswati Swain
5. Mr Gopi Gopalakrishnan
6. Ms Mirai Chatterjee
7. Mr Alok Mukhopadhyay

Permanent invitees who could not attend the meeting and were given leave of absence

1. Dr Rajani Ved, Executive Director, NHSRC

Ms Poonam Muttreja welcomed Dr Manohar Agnani, Joint Secretary, Policy, MoHFW and the AGCA members to the 37th meeting of the Advisory Group on Community Action (AGCA). Ms Muttreja requested Dr Manohar Agnani to chair the meeting.

The objectives of the meeting were to:

1. Share an update on the current programme priorities under the National Health Mission (NHM) by Dr Manohar Agnani.
2. Share updates on 'Strengthening Community Action for Health (CAH) under the National Health Mission' programme for the period July 2017 to November 2017.
3. Share AGCA's observations from the 11th Common Review Mission (CRM) on the Community Processes components.
4. Discussions on:
   i) National Consultation on CAH
   ii) Review of CAH implementation in the states.

This was followed by a round of introductions by Dr Manohar Agnani, AGCA members and the AGCA Secretariat team.

Members confirmed the minutes of the 36th AGCA meeting held on June 15, 2017.

1. Brief on Current Programme Priorities under the National Health Mission (NHM)

Dr Manohar Agnani, Joint Secretary, Policy, MoHFW shared the following:

- Community-based approaches have worked in addressing malnutrition and on creating awareness on the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) and Medical Termination of Pregnancy (MTP) Acts etc. This should be included in the community action for health agenda.
- The expenditure on health is planned to be increased from 1.1 per cent to 2.5 per cent of the Gross Development Product (GDP) by the year 2025, as envisaged in the National Health Policy, 2017. In addition, the share of the budget for primary health care will be increased from the existing level of around 51 per cent to 65-70 per cent.
- Currently, the proportion of investment in health is 32 per cent and 68 per cent by the Central and State Governments, respectively. The Central Government's investment in the NHM needs to be increased from the current level of Rs 50,000 crores to Rs 2,00,000 crores by the year 2025 to address the current priorities in health. In addition, greater resource commitments need to be made by the State Governments for the health sector, which is a concern for many states.
- The current structure for Primary Health Care is fragmented and underutilised. The MoHFW is therefore now shifting the focus from selective to Comprehensive Primary Health Care using the continuum of care approach.
- The Comprehensive Primary Health Care model will focus on providing a range of services, such as the management of communicable and non-communicable diseases, mental health, geriatric care, eye and ear, nose and throat (ENT) care, along with adolescent, maternal and child health services.
- The first level of screening for an early identification of non-communicable diseases will be carried out at the community level by the frontline health workers. The ASHAs are

being capacitated to do this. In addition, a strong referral mechanism and protocols will be institutionalised at the Primary Health Care (PHCs) and Community Health Centers (CHCs) and District Hospitals (DHs) to deliver the entire package of comprehensive health care services.

- The District Hospitals need to be strengthened with well-equipped laboratories so that they are able to provide the entire range of diagnostic facilities and don't have to rely on outsourcing services through public private partnerships (PPPs). This includes the provision of the following mandated diagnostic services: 9 for Sub-Health Centres (SHCs), 17 for PHCs, 34 for CHCs and 56 for DHs. This is an essential step towards reducing out-of-pocket expenditure.
- All the SHCs will be upgraded into 'Health and Wellness Centres (HWCs)' in a phased manner. A Community Health Officer (CHO) and two health functionaries - Multipurpose Workers – Male and Female (equivalent to an ANM) will be posted at these centres.
- There are plans to build the capacity of Ayurveda doctors, BSc qualified nurses and fresh graduates on public health and who will be posted as CHOs at the HWCs. The Indira Gandhi National Open University (IGNOU) is offering a six month bridge course in Bachelor in Science (BSc) in Public Health, with support from the MoHFW. States are being encouraged to enroll their staff to undertake the course. The plan is to develop a cadre of around 1.2 million CHOs in the near future.
- The MoHFW and the Ministry of Women and Child Development are jointly developing a common information system to capture data on women and children's health and nutrition. This will avoid data duplication and mismatch and improve planning at all levels.
- The government is developing software for maintaining electronic health records for all citizens. This will help in improving access to client records and facilitate prompt treatment.

AGCA members made the following points:

- Besides BSc qualified nurses and AYUSH doctors, the General Nurse Midwives (GNMs) may also be included in the Bridge Programme for CHOs.
- Focus should be on ensuring delivery of quality health services through the public health facilities rather than investing resources in health insurance schemes.
- Community level screening for non-communicable diseases will increase the demand of services. The public health facilities should have an adequate availability of staff, medicines, diagnostic services and referral mechanisms in place to cater to the additional client load. Otherwise, the private health sector could take advantage of the gaps in the public health care system, resulting in increased out-of-pocket expenditure for clients.
- In many states, the ASHAs are being encouraged by the private sector to refer patients to them. Therefore, there is a need to monitor and track referrals by the ASHAs at the community level.
- The processes of Community Needs Assessment and bottom-up planning should be strengthened as it helps in the identification and incorporation of the local needs and aspirations into the District and State Programme Implementation Plans (PIPs).

Dr Agnani sought support from the AGCA members on the following:

- Development of referral protocols for the treatment of non-communicable diseases. The MoHFW will invite Dr H. Sudarshan and Dr Sharad Iyengar (AGCA Members) to be part of the working group.
- Support the MoHFW in undertaking concurrent monitoring of the functioning of Health and Wellness Centres.

2. **Update on Progress of AGCA Activities for the Period July 2017 to November 2017**

An update on the 'Strengthening Community Action for Health under the National Health Mission' programme was shared with the MoHFW and AGCA members.

The AGCA Members and the Secretariat requested support from Dr Agnani in finding a resolution to the following issues:

- The lack of approval of funds in the State PIPs, has stalled the implementation of CAH processes in Karnataka and Punjab.
- The progress in implementation of CAH in Madhya Pradesh has been adversely affected due to the transfer of the Deputy Director and State Nodal Officer for CAH.
- The state of Meghalaya is finding it difficult to allocate costs for organising review meetings of the Block and District Level Planning and Monitoring Committees as they have various priorities to support from the A.10.4.4 FMR code. This stems from the fact that the budget for CAH has been approved under two different Financial Management Regulation (FMR) codes of the PIP i.e. B-15.1 (CAH) and A.10.4.4 (Strengthening Others – a common pool for programme management).
- It is a challenge to scale up CAH processes through the ASHA support structure due to their competing priorities, varying interests and abilities to facilitate monitoring of accountability processes.
- The MoHFW could consider the inclusion of AGCA members and Secretariat staff in the State PIP review processes and participation in the National Programme Coordination Committee (NPCC) meetings.
- There is a need to approve the resources requested by the states for the development and printing of monitoring tools, organising Jan Samwads and regular mentoring of CAH processes in the field in the PIPs.
- Share the MOHFW's inputs on the CAH training manual.

Dr Manohar Agnani made the following points:

- The MoHFW will review at the PIP approvals for Punjab and Karnataka.
- He will speak to the Principal Secretary, Department of Health, Government of Madhya Pradesh with regard to the transfer of the Deputy Director and State Nodal Officer for CAH.
- The inclusion of AGCA members and Secretariat staff in the State PIP review processes could create a conflict of interest. The AGCA can communicate directly with the MoHFW regarding the State PIP approvals.
- The MoHFW will try to ensure that funds requested by the states for CAH implementation is approved in the PIPs under a specific FMR code.

Mr Arun Srivastava (Consultant Community Processes, NHSRC) requested the AGCA members and the Secretariat to provide support to the states in implementing the MoHFW's Village Based Initiative to Synergise Health, Water and Sanitation (VISHWAS) initiative.

3. Sharing of observations from the 11th Common Review Mission on Community Processes

The AGCA members and the Secretariat team participated in the 11th Common Review Mission (CRM) organised between November 3 and 10, 2017 in 7 states: Assam, Bihar, Chhattisgarh, Jharkhand, Karnataka, Manipur and Uttar Pradesh.

The key discussion points were:

- The present format of the National CRM Dissemination Meeting does not allow much scope for detailed discussions with the states on the critical findings or on addressing the issues and gaps identified. It was suggested that the MoHFW could consider organising state level meetings wherein the key issues and compliance on the recommendations of the CRM could be discussed in detail with the Chief Secretary, the Principal Secretary, Department of Health, the state NHM Mission Director and the state NHM team. Selected State CRM team members and the AGCA members can be invited to participate in the state meetings.
- Dr Manohar Agnani agreed to discuss this issue with Mr Manoj Jhalani, Additional Secretary and Mission Director, NHM, MoHFW. Dr Agnani requested more AGCA Members to participate in the next round of the CRM.

Discussions on AGCA Priorities: National Consultation on Community Action for Health

The AGCA on behalf of the MoHFW is planning to organise a National Consultation on CAH on January 24, 2018 at the India International Centre, New Delhi. Officials from the MoHFW, State NHM Mission Directors, State Nodal Officers and Civil Society Organisations from across the country will participate. A draft agenda of the consultation was shared with the MoHFW and AGCA Members for inputs.

Dr Agnani proposed that the AGCA Secretariat request Mr Manoj Jhalani, Additional Secretary and Mission Director, NHM, MoHFW to confirm his availability to participate in and deliver the key note address at the National Consultation. Based on his confirmation, he would send an invitation letter to the State Mission Directors.

The AGCA members thanked Dr Agnani for sparing his valuable time to participate in the meeting and his commitment towards strengthening community action and accountability processes under the NHM.

Compliance on Action Points from the 36th AGCA meeting

Mr Bijit Roy shared an update on the Action Taken on points identified at the 36th AGCA meeting.

Sl. No.	Action Points	Responsibility	Action Taken
1.	Undertake periodic reviews of CAH implementation in the states.	AGCA Secretariat	AGCA Members and Secretariat Team participated in the 11th Common Review Mission in seven states: Assam, Bihar, Chhattisgarh, Jharkhand, Karnataka, Manipur and Uttar Pradesh. Review of CAH implementation was undertaken in 14 states: Assam, Bihar, Gujarat, Jharkhand, Madhya Pradesh, Manipur, Meghalaya, Nagaland, Odisha, Rajasthan, Sikkim, Tripura, Uttar Pradesh and Uttarakhand.
2.	Share AGCA's inputs on the National Health Policy Implementation Framework with the MoHFW and the NHSRC.	AGCA Secretariat	Inputs were shared on November 30, 2017.
3.	Discussions with the MoHFW on the continuation of State Nodal Organisations for CAH implementation.	AGCA Secretariat	The issue was discussed with Dr Manohar Agnani, Joint Secretary, Policy, MoHFW, on November 2, 2017.
4.	Organise National Consultation to commemorate 10 years of CAH.	AGCA Secretariat	Consultation to be organised on January 24, 2018 in New Delhi. Agenda shared for inputs with the MoHFW on December 8, 2017.
5.	Finalise and share the Decentralised Participatory Health Planning (DPHP) Guidelines with the MoHFW for inputs.	NHSRC and AGCA Secretariat	DPHP Guideline was shared with the MoHFW on December 1, 2017. Meetings were organised with state NHM teams in Bihar, Rajasthan and Uttar Pradesh to initiate the DPHP process.

4. **Discussions on AGCA Priorities: Review of CAH implementation in the states**

Mr Bijit Roy briefed that the AGCA team had presented its work on CAH at the PFI Governing Board Meeting organised in September 2017. Members of the Board suggested that the AGCA team review and analyse the community monitoring data for the last five years to assess the results and outcomes (on what has worked and what has not worked) from the CAH process in the states. The Secretariat has analysed the recent data from two states: Bihar and Maharashtra, where the community monitoring processes have been undertaken systematically over the last five years. However, in states such as Madhya

Pradesh, Punjab and Uttarakhand, there has been only one round of data collection has been completed. In Meghalaya, the second round is in progress. Therefore, comparisons on outcomes of the CAH processes are not possible.

The AGCA members made the following suggestions:

- Efforts should be made to integrate the community monitoring indicators within the Health Management Information Systems (HMIS) as dependence on the collection and analysis of community monitoring data through the State Nodal Organisations and State Community Processes teams is no longer a feasible option, because processes are now being implemented at scale.
- The AGCA and the NHSRC should develop and share a list of monitoring indicators for and inclusion in the HMIS.

The meeting ended with a vote of thanks by Ms Poonam Muttreja.

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Action Points from the 37th AGCA Meeting

Sl. No.	Action Points	Action taken
1.	Request Mr Manoj Jhalani, Additional Secretary and Mission Director, NHM, MoHFW to deliver the keynote address at the National Consultation on CAH scheduled to be organised on January 24, 2018.	Request sent to Mr Manoj Jhalani on December 8, 2017
2.	Organise the National Consultation on CAH on January 24, 2018.	National Consultation organised on January 24, 2018
3.	Develop a list of community monitoring indicators, which can be included in the Health Management Information System (HMIS) along with NHSRC.	Shared with Dr Rajani Ved (Executive Director, NHSRC) on May 15, 2018.
4.	Submit revised CAH training manual to the MoHFW	Revised CAH training manual submitted to the MoHFW on March 28, 2018