

**Minutes of 41<sup>st</sup> Meeting of the Advisory Group on Community Action - National Health  
Mission  
Population Foundation of India  
May 7, 2020**

**Official from Ministry of Health and Family Welfare (MoHFW) present**

1. Mr Vikas Sheel, Joint Secretary- Policy, MoHFW

**Members of Advisory Group on Community Action (AGCA) present**

1. Mr A R Nanda
2. Dr Abhay Shukla
3. Dr Abhijit Das
4. Dr H Sudarshan
5. Dr M Prakasamma
6. Dr Narendra Gupta
7. Ms Poonam Muttreja
8. Dr Sharad Iyengar
9. Dr Thelma Narayan

**AGCA Secretariat present**

1. Mr Bijit Roy
2. Mr Daman Ahuja
3. Ms Jolly Jose
4. Mr Saurabh Raj
5. Ms Seema Upadhyay
6. Mr Smarajit Chakraborty

**AGCA members who could not attend the meeting**

1. Mr Alok Mukhopadhyay
2. Mr Gopi Gopalakrishnan
3. Ms Indu Capoor
4. Ms Mirai Chatterjee
5. Dr Vijay Aruldas

**Permanent invitees who could not attend the meeting**

1. Dr Rajani Ved, Executive Director, NHSRC

She has requested to be excused from this meeting and was asked to give inputs on the rapid assessment note.

Ms Poonam Muttreja, Member AGCA welcomed Mr Vikas Sheel, Joint Secretary- Policy, MoHFW and shared the mandate and role of the AGCA. The objectives of the meeting were to:

- Seek inputs from the MoHFW and members on priorities areas for strengthening community action during COVID.
- Provide feedback on services for marginalized groups and actions required
- Discuss on the framework and processes for rapid assessment of services during COVID.

## **A. Priorities areas for strengthening community action during COVID**

Mr Vikas Sheel shared the following:

### **COVID 19 – priorities and response by the government**

- The MoHFW and state governments are making concerted efforts to ensure availability of both COVID and general health services.
- Over 2 lakhs Personal Protective Equipment (PPE) kits are now being produced every day and sent across states.
- Detailed guidelines have been issued to resume all services related to reproductive child health, family planning, abortions, dialysis, care for cancer patients, and TB services across green and orange zones. In addition, facility based services will be available in buffer areas within red zones. The providers have received training and PPE kits.
- Tele-medicine facilities have been initiated to cater to the OPD needs. This also helps reduce work load at the health facilities.
- State governments have been allowed flexibility to re-purpose funds from one head to another for COVID responses. This is allowed till June 30, 2020. The MoHFW will take stock and decide on resource allocations post COVID.

### **Suggestions from the AGCA Members**

- CAH budgets approved by the MoHFW as part of the State Programme Implementation Plans (PIPs) need modifications to address the emerging needs related to COVID.
- There should be a balance between delivering both COVID and routine health services. For example, in Chittorgarh district in Rajasthan, 200 beds have been earmarked for COVID cases in a 300 bedded hospital. However, only 20 beds were occupied for COVID treatment.
- Institutional deliveries and family planning services have been declined in many states.
- MOHFW to send a letter to state governments regarding role of the AGCA and to seek support on community action especially during COVID situations.

### **Support requested from the AGCA**

Mr Vikas Sheel requested the AGCA to provide support on the following:

- Develop a communication plan and materials for awareness generation on the following:
  - a. Basic symptoms of COVID
  - b. Dos and Don'ts
  - c. Norms for social distancing- more relevant for rural areas where the perceived threat is low
  - d. Virulence factors
  - e. Risk groups: +45 years, co-morbidities - diabetes, hypertension, consumption of tobacco
  - f. Personal hygiene, spitting in public spaces
  - g. Norms for community members on Village Health Sanitations and Nutrition Days (VHSNDs) - social distancing, increased waiting time, being patient, scheduling their visits. etc.
  - h. Guidance for patients to reach appropriate level of health facility.
- The AGCA should work in partnership and compliment efforts to the state governments.
- Community engagement efforts should be concentrated in urban areas, especially to reach the underprivileged and the aged.
- Strategies can be made to engage the Resident Welfare Associations (RWAs) and people residing in old age homes.

- Support state governments in developing outreach communication materials for resumption of services such as chemotherapy, dialysis, blood transfusion, emergency surgeries as well as tele- medicine services. This includes strengthening the service of 104 helplines.
- The AGCA can document and disseminate good practices on community action for COVID mitigation- as an exchange forum.
- Suggested Population Foundation of India to write to him and with a copy to Dr Rajani Ved, Executive Director, NHSRC regarding the My Gov materials and its dissemination.

### **Condolence for Dr Saraswati Swain**

The group paid homage to Dr Saraswati Swain who passed away on January 15, 2020. She was a member of the AGCA since January 2008. The AGCA members conveyed their heartfelt condolences to her family. The message was shared with her family after her demise.

### **B. Discussions on framework and processes for rapid assessment of health system response during COVID**

The AGCA proposed to undertake a rapid assessment of health system response during COVID in selected states. The objectives of the assessment would include the following:

- i. Status of delivery of health services for COVID and general health
- ii. Knowledge of and access to key entitlements by the community
- iii. Identify key issues and challenges faced by communities and individuals
- iv. Perspectives of health providers in delivering services and managing responses

Key suggestions from the AGCA members were:

- The assessment should focus on collecting community perspectives and experiences on the following issues:
  - Access to emergency services such as availability of ambulances, referral services -intra and inter district levels
  - Telemedicine services
  - Equitable access to testing and treatment for COVID
  - Continuity of care- dialysis, tuberculosis
  - Supply of medicines and family planning commodities at the village and facility levels
  - Vulnerability of migrants who are returning home
  - Community level misconceptions, barriers, stigma and fear
  - Functionality and access to services at private clinics and hospitals
  - Issues of denial of services, inappropriate behavior of health providers
- Assessment should highlight universal/ common issues at community level and not pin down on anecdotal incidences, which will be counterproductive.
- Report should also highlight good practices and positive efforts in the field.
- Efforts should be made share and resolve the operational gaps with block and especially with district level officials. The critical and policy level issues should only be taken to the state and national levels.
- It would be helpful to have a letter issued from the MoHFW to state governments on the assessment.
- The assessment can be initiated in 4 states: Rajasthan, Gujarat, Maharashtra, and Karnataka. The Secretariat will seek inputs from Ms Mirai Chatterjee and Ms Indu Capoor on feasibility to undertake the assessment in the state of Gujarat. Members felt that further deliberations would be required for finalising the states.

- Dr Abhijit Das, Dr Abhay Shukla, Dr H Sudarshan, Dr Narendra Gupta and Dr Sharad Iyengar volunteered to provide guidance to the Secretariat to revise the assessment tools and processes.

**C. Suggestions from AGCA members**

- Guide book to be developed by the Secretariat for Village Health Sanitation and Nutrition Committees (VHSNCs) and Rogi Kalyan Samities (RKSs) on their roles during COVID. The VHSNC document should cover specific roles such as creating awareness, screening and isolation of people coming from outside, do's and don'ts at the community level.
- Requested the Secretariat to share the following:
  - Regular updates on the support provided to states on fostering community action for COVID mitigation.
  - IEC materials on COVID developed for My Gov
  - Document on COVID – situations, issues and challenges, and opportunities
  - Resident Welfare Association (RWA) guidelines.

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

**Action Points**

<b>Sl. No.</b>	<b>Action Points</b>	<b>Responsibility</b>
1.	Finalise rapid assessment framework and tools by next week and initiate the process	AGCA Secretariat and Members
3.	Develop a communication plan and materials for awareness generation on Covid	AGCA Secretariat and Population Foundation of India
4.	Develop guide books for VHSNCs and RKSs on their roles during COVID	AGCA Secretariat
6.	Document and disseminate good practices on community action for COVID mitigation with state governments	AGCA Secretariat
5.	Write to Mr Vikas Sheel with a copy to Dr Rajani Ved, Executive Director, NHSRC regarding My Gov IEC materials on COVID and its dissemination	Population Foundation of India
6.	Send a letter to state governments regarding role of the AGCA and to seek support on community action especially during COVID situation	MOHFW