

**Minutes of 43rd Meeting of the Advisory Group on Community Action - National Health
Mission
Population Foundation of India
October 6, 2021**

Members of Advisory Group on Community Action (AGCA)

1. Dr Abhay Shukla
2. Mr A R Nanda
3. Dr H Sudarshan
4. Ms Indu Capoor
5. Ms Mirai Chatterjee
6. Dr M Prakasamma
7. Dr Narendra Gupta
8. Ms Poonam Muttreja
9. Dr Sharad Iyengar
10. Dr Thelma Narayan
11. Dr Vijay Aruldas

Ministry of Health and Family Welfare (MoHFW)

1. Dr Sachin Mittal, Director, NHM & NUHM
2. Mr Vikas Sheemar, Senior Consultant NHM, MoHFW

National Health Systems Resource Centre (NHSRC)

1. Mr Arun Srivastava, Consultant

AGCA Secretariat

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

Population Foundation of India

1. Ms Dipa Nag Chowdhury, Director Programmes

Ms Poonam Muttreja, Member AGCA welcomed all the members to the 43rd AGCA meeting. She mentioned that the objectives of the meeting were to: (a) share the progress update on support provided to state governments on COVID-19, and the Community Action for Health (CAH); and (b) seek inputs from members on the revised CAH strategy.

She requested the Secretariat to present an update on the action points from the previous meeting organised on June 3, 2021.

Compliance report on action points from the 42th AGCA meeting

Sl. No.	Action Points	Responsibility	Action Taken
1.	Organise meeting of the AGCA sub-group to deliberate, and plan actions to address vaccine hesitancy	AGCA Secretariat	A sub group meeting was organised on June 5, 2021. Based on suggestions, a series of dipstick exercises was undertaken to understand COVID-19 vaccine hesitancy issues in 37 districts across seven states in June 2021. Key findings and recommendations were shared with the MoHFW and NHSRC on June 24, 2021. Secretariat is developing a set of IEC materials.
2.	Organise a briefing meeting with Mr Vishal Chauhan, Joint Secretary-Policy, MoHFW to brief on community action for health and role of the AGCA	AGCA Secretariat	A briefing meeting with Mr Chauhan was organised on June 17, 2021. Senior officials from NHSRC also participated.
3.	Develop a strategy on community action for next phase of COVID-19	AGCA Secretariat	Three meetings of the sub- committee were organised in August and September 2021. The Secretariat has drafted, and shared the strategy document on October 5, 2021 with all AGCA members and the NHSRC team. This will be discussed at the 43 rd AGCA meeting.

A. Progress update and Guidance from the MoHFW

Ms Muttreja requested Dr Sharad Iyengar, Member AGCA to chair the session on 'Progress update and guidance from the MoHFW.'

Bijit Roy presented an update on the activities undertaken during the period from July-September 2021. Key highlights are as follows:

- The MoHFW has approved ₹34.23 crores for implementation of the CAH processes as part of the NHM Programme Implementation Plans (PIPs) for 21 states in the FY 2021-22. There is an overall budget increase of 26% over the previous financial year.
- The MoHFW has also approved ₹1.54 crores for the AGCA operations on August 31, 2021.
- Revised CAH strategy: Three meetings of the sub- committee were organised between August-September, 2021. Based on the inputs, the Secretariat drafted, and shared the strategy document with all AGCA members, and the NHSRC team for inputs.
- Support was provided to NHSRC in preparing the reference book for Panchayati Raj Institutions (PRIs) on health.
- Work has been initiated on developing a set of resource materials for Jan Arogya Samitis (JASs), Mahila Arogya Samitis (MASs), community monitoring tools for Comprehensive Primary Health Care (CPHC), and guidance note for organising Jan Samwads by JAS.
- Addressing vaccine hesitancy: A dip-stick study was undertaken in 37 districts across seven states to understand the issues around COVID-19 vaccine hesitancy. A note including findings

and recommendations was developed, and shared with MoHFW and the NHSRC. In addition, key communication messages have been identified to develop the communication materials, which will be disseminated in this quarter.

- Technical support to the state governments:
 - Undertook visits to 12 states¹ for planning implementation of CAH with state nodal officers, facilitating trainings, reviewing field implementation, and share feedback with state and district NHM officials.
 - Facilitated 16 batches of state and regional level trainings with 611 participants.
 - Facilitated five batches of orientations, in which 216 Community Health Officers (CHOs) from Bihar and Karnataka participated.
 - Developed a reference book for RKS members of Urban PHCs in Uttar Pradesh.

Feedback from the MoHFW:

Dr Sachin Mittal, Director NHM & NUHM shared the following feedback:

- The AGCA has done commendable work in supporting the state governments in COVID-19 mitigation and community engagement.
- The resource materials and documents developed by the AGCA, were relevant and timely.
- Increased allocations for CAH implementation signify the importance that the MoHFW accords to community participation and action.
- There is a need to work more on increasing public awareness on services, schemes and entitlements.
- Non-Communicable Diseases (NCDs) need greater attention. The Health and Wellness Centre (HWC) staff, and the JAS members need to be capacitated to mobilise people to seek timely and regular services.
- The NHSRC and the AGCA should work more closely in developing resource materials, and providing technical support to the state governments.

Feedback from the AGCA members:

- There should be greater emphasis on decentralized participatory health planning (DPHP) especially village health planning, and utilization of resources based on community needs.
- There is a need to look at the issues around disability, care for elderly, and mental health within the overall approach of CAH.
- The trainings of VHSNC members should have components on nutrition and family planning.
- The Secretariat should share all the CAH resource materials developed over past couple of years with the state governments and CSOs, even if they have been shared in the past.

¹ Sikkim, Tripura, Odisha, Jharkhand, Bihar, Madhya Pradesh, Rajasthan, Gujarat, Delhi, Uttarakhand, Karnataka and Kerala.

B. Discussion on CAH strategy 2021-23:

The session was chaired by Ms Mirai Chatterjee, Member AGCA.

Bijit Roy shared the key highlights of the CAH strategy based on the suggestions made at the AGCA sub-group meetings. The goal and priority areas of the draft strategy are as follows:

Goal:

‘Strengthen and scale up mechanisms to improve access, and utilisation of quality comprehensive primary health care services through community action for health.’

Priority areas:

1. Continue to strengthen community mobilisation and action towards COVID-19 mitigation, including addressing vaccine hesitancy
2. Support roll out of CPHC through the HWCs and JASs
3. Build capacities of PRIs and Urban Local Bodies (ULBs) on devolution of funds, and functions under the 15th Finance Commission
4. Scale up and sustain the pace of community- based monitoring and planning.

Feedback from the members:

- Decentralised Participatory Health Planning (DPHP) should be an integral part of the strategy. The document should explicitly mention its importance, and the need for scaling up.
- The scaling up of CAH will require additional resource in terms of human resources and other programme costs. The AGCA should share its inputs with the MoHFW for greater resource commitments.
- As HWCs are being established, the orientation for CHOs on community action components should be done on an immediate priority.
- Malnutrition among the elderly is a critical public health issue, which needs to find a focus within the revised strategy.
- Referrals from the public health facilities to private hospitals accredited under the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) can be a part of the strategy.
- Social media including WhatsApp, can be leveraged to collect community feedback as well as disseminate information.
- CSOs should be engaged actively in facilitation of CAH processes across the states.
- Patient rights charter on services needs to be disseminated widely for public awareness.
- While monitoring and accountability of the private health sector is an important area, most members felt that the AGCA should focus on issues related to public health system within its mandate.
- There was overall consensus on the revised CAH strategy document. The Secretariat will incorporate the above feedback.

Ms Indu Capoor, Member AGCA chaired the concluding session. Key discussion points include:

- The National Digital Health Mission (NDHM) proposes to digitalise the health records of all citizens of the country. There is a need to deliberate on this within the AGCA.
- Mr Arun Srivastava, Consultant NHSRC shared that the MoHFW had shared their inputs on Social Audit Guidelines for HWCs. The NHSRC has incorporated the feedback, and the document will be finalised soon. The guideline will be re-titled as 'Social Accountability Exercise'.

The meeting ended with vote of thanks from the Secretariat.
