

**Minutes of 44th Meeting of the Advisory Group on Community Action - National Health Mission
Population Foundation of India
February 24, 2022**

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. Dr Abhijit Das
6. Ms Mirai Chatterjee
7. Dr M Prakasamma
8. Dr Narendra Gupta
9. Ms Poonam Muttreja
10. Dr Sharad Iyengar
11. Dr Thelma Narayan
12. Dr Vijay Aruldas

Ministry of Health and Family Welfare (MoHFW)

1. Dr Neha Garg, Director, NHM-II
2. Mr Vikas Sheemar, Consultant, MoHFW

National Health Systems Resource Centre (NHSRC)

1. Dr Atul Kotwal, Executive Director
2. Mr Arun Srivastava, Senior Consultant
3. Dr Taruna Juneja Gandhi, Senior 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

Bijit Roy, Team Leader welcomed all the members to the 44th AGCA meeting.

Bijit started the meeting with introduction of Dr Neha Garg, who joined at the Ministry of Health and Family Welfare (MoHFW) as Director-NHM. He also welcomed Dr Atul Kotwal, Executive Director, NHSRC, who was participating in the AGCA meeting for the first time. Bijit mentioned the objectives of the meeting were to: (a) share the progress update on support provided to state governments on Community Action for Health (CAH), and COVID-19 mitigation; (b) discuss on reviewing the functionality of Village Health Sanitation and Nutrition Committees (VHSNCs); and (c) discuss on priorities for community action, and lessons learnt from COVID-19.

A. Progress update on CAH

Ms Mirai Chatterjee, Member AGCA chaired the session.

Bijit presented an update on the activities undertaken during the period from October 2021-February 2022. Key highlights are as follows:

- Key priority areas for 2021-22 include: (a) scale-up and sustain the pace of community-based monitoring and planning through strengthening of VHSNCs, Mahila Arogya Samitis (MASs) and Rogi Kalyan Samitis (RKSs); (b) support roll out of Jan Arogya Samitis (JASs) across states, and facilitate orientation of Community Health Officers (CHOs); (c) continue to strengthen community mobilisation and action towards COVID-19 mitigation, especially addressing vaccine hesitancy; and (d) develop resource materials on JAS and MAS including posters, videos, guidance note for organising Jan Samwads, and community monitoring tools for Comprehensive Primary Health Care (CPHC) services, etc.
- Participated in the 14th Common Review Mission (CRM) in Arunachal Pradesh, Mizoram, Puducherry, and Uttar Pradesh.
- Facilitated state and district level trainings and orientations on JAS roll out, strengthening of VHSNCs and MASs, community based planning and monitoring, and COVID-19 mitigation and addressing vaccine hesitancy, in which 5,973 participants from 10 states attended.
- Provided support to 17 states in developing the Programme Implementation Plan (PIP) for communitisation components.
- 106 Jan Samwads were organised in Assam, Bihar, Rajasthan and Uttarakhand, in which decisions were taken on: (a) posting of doctors at Primary Health Centre (PHCs); (b) regular distribution of medicines; (c) construction/ allocation of restroom for ASHAs at Community Health Centres (CHCs) and PHCs; (d) streamlining disbursement of Accredited Social Health Activists (ASHAs) incentives; (e) provision of drinking water, seating arrangements at Health and Wellness Centres (HWCs); (f) repairing and maintenance of HWCs and health sub-centres (HSC); (g) tracking and vaccinating migrants, those who have not taken their second dose of COVID- 19 vaccine; and (h) promotion of e-Sanjeevani tele-consultations.
- 14 District Health Assemblies (DHAs) were organised in Tamil Nadu, wherein public representatives shared their feedback and priorities with the government officials to improve the delivery of public health services. Dr Thelma Narayan, Member AGCA; SOCHARA-Tamil Nadu; and the AGCA Secretariat team provided inputs on the guideline and operational plan as well as participated in selected DHAs.

Feedback from MoHFW:

Dr Neha Garg, Director NHM shared the following feedback:

- Since assuming charge, the AGCA Secretariat has given detailed briefings on CAH, and provided support to the state governments.
- The AGCA has done commendable work in engaging with the state NHM officials, frontline workers through a hybrid model of online as well as on ground support on community engagement, COVID-19 mitigation, and addressing vaccine hesitancy.
- Decisions taken during the Jan Samwads to promote e-sanjeevani for tele-consultation and follow-ups with senior citizens and migrants, who have not taken their second dose/booster dose of COVID-19 vaccine, reflect the priorities of the MoHFW.
- The MoHFW is committed on strengthening community engagement and action. During the National Programme Coordination Committee (NPCC) meetings, the states are being advised to include and strengthen all community engagement components of NHM. The AGCA should provide guidance and support to state governments in planning and implementation of the approved proposals.
- The AGCA has developed various resource materials on communitization processes, which should be widely disseminated and used, especially in trainings at all levels.
- The AGCA progress report should include outcomes of the community action processes being supported to the states. In addition, state specific issues, challenges and feedback from the community, and community health workers should also be included in the reports.
- The DHA is a promising initiative. The AGCA should share a note on the process and its outcomes, which can be shared with all the state governments for scaling up. The AGCA should also promote collective learning by compiling and sharing other good practices and innovations for adoption by states.
- The AGCA should prioritise the support to state governments on rolling out of JASs and orientation of CHOs, along with NHSRC.

Feedback from NHSRC:

Dr Atul Kotwal, Executive Director, NHSRC shared the following feedback:

- AGCA should work closely with NHSRC to build capacities of Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs) to plan and utilise resources provided under the 15th Finance Commission and Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM).
- An urban health division is being developed at NHSRC. One of its primary tasks is to revise operational guidelines for urban health and MAS. The guidelines will be shared with AGCA for inputs.
- The AGCA should focus on developing new models on community action, which can be disseminated and replicated by state governments.
- Provide support in designing community level campaigns for constitution of JASs.
- Emphasis is required on increasing community awareness on health entitlements, health schemes and promoting health seeking behaviour for non-communicable diseases.

Feedback from the AGCA members:

- The DHAs in Tamil Nadu have been successful in bringing a greater political commitment to listen, identify and address the issues related to health and its determinants emerging from the community. Follow-up actions are required to ensure that issues and concerns raised by the community are addressed in a time bound manner.
- A brief note on DHA should be developed and shared with the MoHFW. Subsequently MoHFW can write to the state governments to replicate the model.
- The note on DHA and other innovations on CAH can be shared with Lancet Citizen's Commission on 'Reimagining India's Health System'.
- The process of Decentralised Participatory Health Planning-DPHP (District Health Planning) is limited to a pilot in few states, and not enough is being done to make it an integral component of NHM's planning process. An update should be submitted on the steps taken towards DPHP within a month.
- It will be helpful to invite the AGCA members and the Secretariat team to participate in the NPCC meetings, wherein inputs and feedback can be provided to the state government officials on communitisation components.

Discussions on lack of funds for implementation of CAH in Maharashtra

Dr Abhay Shukla, Member AGCA mentioned that an amount of ₹7.68 crores had been proposed for CAH activities in the FY 2021-22 Programme Implementation Plan (PIP). However, no funds have been released till date.

Dr Shukla shared that despite non-availability of funds from NHM, the CAH partner NGOs on the ground have continued to provide support to COVID-19 mitigation activities by establishing help desks, addressing vaccination hesitancy, facilitating vaccination of senior citizens, promoting COVID appropriate behaviours, etc. The partners have taken forward several activities planned in the PIP with their available resources such as promoting constitution of JASs, selection of community level volunteers, orientation of members of the District Mentoring and Resource Groups (DMRGs), and block level federations across 17 districts. These activities have been carried out by partners based on continuation letter issued by the State NHM, and with the understanding that these are part of continued CAH processes under the NHM. It is expected that these activities will be reimbursed by the NHM once the fund flow issues have been sorted out. Dr Shukla requested support from the MoHFW to expedite the release of funds for CAH activities at the earliest.

Dr Neha Garg suggested to submit a note to her regarding the issues, and assured to look into the issue.

It was decided that the note would be developed by Dr Abhay Shukla, Dr Abhijit Das, (Members AGCA) and AGCA Secretariat, and submit to Dr Neha Garg by early next week.

B. Discussions on reviewing the functionality of VHSNCs

Dr Narendra Gupta, Member AGCA chaired the session.

Opening the session, Dr Gupta mentioned that 6.5 lakhs of VHSNCs have been constituted across the states. There are huge variations in the functionality of the VHSNCs. In this regard, he had made a suggestion to undertake a systematic review of functioning of VHSNCs. He requested Seema Upadhyay, AGCA Secretariat to make a presentation on the various studies undertaken to assess the functioning of the VHSNCs.

Feedback from the group:

- Some of the common gaps related to VHSNCs include: lack of awareness among members on their roles, unaware of being part of the committee as well as irregular flow of untied funds.
- The functionality is largely dependent on dedicated support structures, regular capacity building, and mentoring support to VHSNCs.
- The review can be jointly undertaken by the NHSRC and AGCA.
- Dr Narendra Gupta, Dr Thelma Narayan, Ms Mirai Chatterjee (Members AGCA) volunteered to provide support in developing the scope of work for the VHSNC review.
- The flow of funds to VHSNCs and its reporting should be a part of the review.
- A joint meeting of ASHA Mentoring Group (AMG) and AGCA can be organised to discuss on building capacities of ASHAs to strengthen the functioning of VHSNCs.
- Mr Arun Srivastava, Senior Consultant NHSRC, mentioned that the CAH process has bypassed the VHSNCs. In response, the Secretariat shared that the AGCA's support to states is focused on strengthening functioning of community based institutions- VHSNCs, MASs, RKSs and now JASs. This includes capacity building of VHSNCs and MASs (in urban areas) on their roles and responsibilities, organising regular meetings, utilisation of untied funds based on local priorities, and community based planning and monitoring of health services.

C. Priorities for community action, lessons learnt from COVID-19

The session was chaired by Dr Sharad Iyengar, Member AGCA.

Dr Iyengar requested Bijit to present the priorities for the next financial year 2022-23. Bijit shared that the draft AGCA's proposal (FY 2022-23) is aligned to the CAH strategy and focuses on four priorities: (i) support roll out of JASs; (ii) scale up and sustain the pace of community-based monitoring and planning through the strengthening of VHSNCs, MASs and RKSs; (iii) build capacities of PRIs and Urban Local Bodies (ULBs) on devolution of funds and functions under the 15th Finance Commission; and (iv) continue to strengthen community mobilisation and action towards COVID-19 mitigation, especially addressing vaccine hesitancy.

Feedback from the group:

- A two-year plan should be developed to scale up CAH across all the districts of the country.
- Efforts should be made to engage young people in all community based committees- VHSNCs, MASs, JASs, and RKSs.
- Several spontaneous community-led initiatives were undertaken during COVID-19 pandemic. We should map and reach out to potential groups to leverage support for CAH.
- Rapid redressal of grievances during health emergencies, patient rights and citizen charters should be among the priorities. Dr Abhay Shukla volunteered to contribute in developing the prototype materials on patient rights for creating public awareness especially for Pradhan Mantri Jan Arogya Yojana (PMJAY) beneficiaries.
- The nutrition condition of women, children and tribal has deteriorated during COVID-19 pandemic. The CAH process should prioritise the nutrition especially for early referrals and improving the functioning of Nutritional Rehabilitation Centres (NRCs).
- Members suggested to have an in-person AGCA meeting next time.

The meeting ended with vote of thanks from the Secretariat.

Action points from the meeting

Sl. No.	Action Points	Responsibility
1.	Coordination with MoHFW to facilitate release of funds for CAH activities in Maharashtra (FY 2021-22)	AGCA Members and Secretariat
2.	Share feedback on the revised MAS operational guideline with NHSRC.	AGCA Members and Secretariat
3.	Develop the scope of work for review of the functioning of VHSNCs.	AGCA Members and Secretariat
4.	Incorporate the feedback from members and submit the AGCA proposal to MoHFW.	AGCA Secretariat
