

**Minutes of 45th Meeting of the Advisory Group on Community Action - National Health Mission  
Population Foundation of India  
August 25, 2022**

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

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

**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 Anantha Kumar, Senior Consultant
2. Dr Taruna Juneja Gandhi, Senior Consultant

**AGCA Secretariat**

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

**Special invitees from Population Foundation of India**

1. Mr Alok Vajpeyi, Lead-Knowledge Management and Core Grants
2. Mr Ritesh Laddha, Senior Specialist- Monitoring and Evaluation

Bijit Roy, Team Leader, AGCA Secretariat welcomed all the members to the 45th AGCA meeting.

Bijit shared that three agenda items have been planned for discussions:

- i. Progress update on implementation of community action for health (March-August, 2022).
- ii. Sharing of observations from the field on the functioning of Health and Wellness Centres (HWCs) and roll out of Jan Arogya Samitis (JASs).

- iii. Discussion on the study to assess the functioning of Village Health Sanitation and Nutrition Committees (VHSNCs).

Bijit presented an update on the action points from the previous AGCA meeting organised on February 24, 2022.

**Compliance report on action points from the 44th AGCA meeting**

<b>Sl. No.</b>	<b>Action Points</b>	<b>Responsibility</b>	<b>Action Taken</b>
1.	Share feedback on the revised MAS operational guideline with NHSRC.	AGCA Members and Secretariat	Ms Poonam Muttreja, Member AGCA, and Bijit Roy, Team Leader, AGCA Secretariat participated and contributed at an expert group meeting on revising the National Urban Health Mission (NUHM) implementation framework on April 4, 2022.
2.	Develop scope of work for reviewing the functioning of VHSNCs.	AGCA Members and Secretariat	Post AGCA meeting, the AGCA Secretariat developed a draft Terms of Reference (TOR) for conducting the study, and shared with the sub-group members including Dr Thelma Narayan, Ms Mirai Chatterjee, Dr Narendra Gupta, AGCA Secretariat, and the representatives from NHSRC for inputs. Subsequently, three AGCA sub-group meetings were organised on virtual and physical modes on May 26, 2022, June 21, 2022, and August 16, 2022, respectively to deliberate on the scope of work and other modalities of the study. Afterwards, the TOR was revised as per the inputs from the members; and a research design and sampling was also developed. An agency will be brought on board to undertake the data collection, once the proposal is approved by the MoHFW.
3.	Incorporate feedback from members and submit the AGCA proposal to the MoHFW.	AGCA Secretariat	A two-year AGCA proposal (2022-23 and 2023-24) was submitted to the MoHFW based on the discussion with Dr Neha Garg, Director NHM-II, MoHFW on March 30, 2022. Approval is being awaited from the MoHFW.
4.	Facilitate release of funds for CAH activities in Maharashtra (FY 2021-22)	AGCA Members and Secretariat	Based on the communication with Dr Neha Garg Director, NHM, MoHFW and regular follow ups by the Secretariat, the CAH component for Maharashtra was approved by the MoHFW as part of the supplementary state PIP (FY 2021-22). The pending reimbursements to the NGOs for the past financial years were released by the state NHM in early July 2022.

## **A. Progress update on implementation of CAH (March to August, 2022)**

Mr A R Nanda, Member AGCA chaired the session. He invited Bijit Roy to present an update on the activities undertaken. Key highlights are as follows:

- Posters on JAS and MAS were developed and submitted to the MoHFW in May 2022. Inputs are awaited.
- Animation video on JAS is being revised based on the inputs from the NHSRC. The MAS video has been put on hold considering the revision of NUHM guideline.
- As per the discussion with the NHSRC, the 'Guidance note to JAS for organising Jan Samwad' developed by the AGCA team will be merged with the 'Guideline on social accountability processes for JAS.'
- Three meetings of the AGCA sub-group on VHSNC study were organised. The sub group discussed and shared their feedback on the terms of reference (TOR), along with research design and sampling.
- The AGCA team visited 20 states for organising planning meetings, facilitating trainings, and reviewing CAH implementation.
- State/district level orientations/trainings were organised for community health officers (CHOs), and medical officers on roll out of JAS and CAH processes; and for strengthening of VHSNCs, MASs, and RKSs, in which 23,032 participants attended.
- 79 Jan Samwads were organised in six states (Bihar, Gujarat, Maharashtra, Odisha, Rajasthan, and Uttarakhand) with over 4,500 participants. Key issues highlighted were: (a) timely release of incentives to ASHAs and ASHA facilitators (Uttarakhand, Rajasthan, Odisha); (b) streamline disbursement of Janani Suraksha Yojana (JSY) incentives (Rajasthan); (c) active promotion of second and precautionary COVID -19 vaccination doses (Uttarakhand, Bihar); (d) infrastructure improvements at the public health facilities– repairs of building, construction of ramps, covering open drains, construction of toilets, drinking water, restrooms for ASHAs, installation of bore wells (Gujarat, Odisha, Uttarakhand, Rajasthan); and (e) posting of female doctors at the Primary Health Centres (PHCs) on selected days (Bihar).
- 16 state governments were provided support in developing communitisation components of the state programme implementation plans (PIPs). The MoHFW has approved proposals from 24 states with a budget of ₹ 17.12 crores in the FY 2022-23, and ₹ 16.74 crores in the FY 2023-24.

### **Feedback from the MoHFW:**

Dr Neha Garg, Director NHM, MoHFW shared the following feedback:

- The approval of the AGCA proposal and the reimbursement of Secretariat expenses will be made shortly.
- The MoHFW will consider AGCA's request to be invited to participate in national level planning and review meetings, and workshops.

- The AGCA should continue its focus on building capacities of CHOs to facilitate community engagement and action on health.
- Delay in disbursements of ASHA incentives is a critical issue. The state governments should develop a robust mechanism to streamline disbursement of incentives to ASHAs.
- The AGCA should document and share outcomes of the Jan Samwads, feedback from the community, challenges and gaps in the field, and problems faced by the service providers.

#### **Feedback from the AGCA members:**

- Efforts should be made to organise a meeting with Additional Secretary and Mission Director, NHM, MoHFW, and Joint Secretary-Policy, MoHFW to understand their vision on community action and their expectations from the AGCA. The support was sought from Dr Neha Garg in facilitating the meetings.
- The next AGCA meeting was proposed to be organised at Nirman Bhawan to enable participation and interactions with the senior government officials.
- Consistent efforts should be made to operationalise community-based health planning. It was decided to develop a strategy and pilot community-based health planning processes in selected geographies, which will feed into the state programme implementation plans (PIPs). A sub- group was constituted, with Mr. A.R Nanda as its Chair and Dr H Sudarshan, Dr M Prakasamma, and Ms Seema Upadhyay- as its members.
- Members also gave the following suggestions on community-based health planning:
  - AGCA can support state governments in piloting the planning processes in selected geographies, with support from NHRSC.
  - Use of digital media and participation of young people in the health planning process will be important.
  - Draw experiences and lessons from the planning processes undertaken in Karnataka and Tamil Nadu.
  - VHSNCs should be oriented to facilitate and lead the planning processes.
  - Factor-in capacities and band-width of the district and block NHM teams to facilitate the process.
  - Exercise needs to have concurrence from the senior state NHM officials.
- The AGCA members shared their observations from the field that the unvaccinated people for COVID-19 are being shown as vaccinated in the records. This requires attention.
- The AGCA members reiterated their request to organise a joint meeting of the national level ASHA Mentoring Group and AGCA to align and provide more effective support to the state governments on community processes.
- Dr Ananth Kumar, Senior Consultant, CPHC and Community Processes, NHRSC, shared that the NUHM guideline is being finalised. He also shared that NHRSC and AGCA is working together on developing resource materials and study on VHSNC functioning.

## **B. Sharing of observations from the field on functioning of HWCs and roll out of JASs**

Dr M Prakasamma, Member AGCA chaired the session. She invited Dr Daman Ahuja (AGCA Secretariat) to make a presentation on observations from the field.

Making the presentation, Dr Ahuja said that the presentation is based on the field visits to states, interactions with participants during trainings, feedback from the community, and the health officials. The presentation included the observations on: (i) overall functioning of HWCs, (ii) services available, and (iii) challenges faced at the HWCs and roll out of JASs.

Feedback from the group:

- In addition to yoga, wellness activities should include promotion of proper nutrition, stress-free, and healthy life style.
- Several states have challenges with irregular release of untied funds to HWCs. This needs to be streamlined.
- There is an overlap in the roles of the CHOs and ANMs in providing services at the HWCs. This needs to be clarified through regular orientations and supportive supervision visits.
- CHOs role is not limited to providing facility-based services. They should co-ordinate with ASHAs and MPWs for screening, dispensing medicines, treatment, follow-up with patients and organise health outreach activities at the community level.

## **C. Discussions on the study to assess functioning of VHSNCs**

Dr Narendra Gupta, Member AGCA chaired the session. He said that three meetings of the sub-group were organised to deliberate on the scope of work and other modalities of the VHSNC study. The sub-group comprises the AGCA members- Dr Thelma Narayan, Ms Mirai Chatterjee, and Dr Narendra Gupta; representatives of NHSRC and the AGCA Secretariat. Based on the discussions, Terms of Reference (ToR) was drafted.

He invited Mr Ritesh Laddha, Senior Specialist-Monitoring and Evaluation, Population Foundation of India to present the draft ToR of the study. Ritesh shared the background, objectives, research questions, broad areas of inquiry and proposed methodology including selection of states, districts, blocks, and villages. He requested feedback and inputs from the group.

Feedback from the group:

- The purpose of the study should be included in the ToR.
- A mixed-method approach (qualitative and quantitative) can be adopted.
- An Ethical Review Board (ERB) approval should be sought for the study.

- Semi-structured interviews with VHSNC members will be more appropriate instead of focus group discussions (FGDs).
- An inclusive approach for household surveys should be adopted to cover the marginalized groups- Scheduled Castes, Scheduled Tribes, minorities, and women-headed households.
- A group of senior researchers should observe the proceedings of smaller sample of the VHSNC meetings to get a first-hand account of functioning of the committee.
- A time trend analysis can be done to understand how VHSNCs have evolved as per the mandate of the NHM, support structures and their roles to mentor the committees, and how VHSNCs have been able to bring together communities for local action.
- The most significant change methodology including story-telling, can provide valuable insights on its functioning.
- The participation of women, marginalized groups and youth in the VHSNC should be looked at.

### Summing up and closing remarks

Ms Indu Capoor, Member AGCA summed-up the meeting. She mentioned the following:

- Concerted effort should be made to revive community-based health planning.
- The secretariat should share photographs and videos capturing the community action processes in the field.
- AGCA members can undertake visits to provide inputs and guidance to state governments.
- State NHM officials can be invited to the future AGCA meeting to share their innovations and ongoing work.

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### Action points from the meeting

Sl. No.	Action Points	Responsibility
1.	Organise briefing meeting with Additional Secretary and Mission Director, NHM and Joint Secretary (Policy) in MoHFW	AGCA Secretariat
2.	Community-based Health Planning: Organisation of the sub-group meetings and strategy development	Sub-group Members and the Secretariat
3.	Revision of ToR for VHSNC study as per the feedback from AGCA members	AGCA Secretariat
4.	Organisation of next AGCA meeting at Nirman Bhawan and invite state representatives to share their experiences	AGCA Secretariat