

Assam

Background

Community monitoring, as envisaged in the 'National Framework of Implementation' is being implemented in Assam as Community Based Monitoring (CBM). The Community Process Cell is responsible for implementing the programme in the state. The state focuses on nurturing ASHAs, Village Health, Sanitation and Nutrition Committees (VHSNCs) and Rogi Kalyan Samities (RKS) at the respective levels as these are the key components of the community action process. In addition, in 2010-2011 the state introduced the Village Health Registers for VHSNCs to keep health records which feed the Village Health Action Plans (VHAPs).

At a Glance	
ASHAs in the state	30,508
Functional VHSNCs	27,673

Pilot phase

Assam was one of the nine states selected for implementation of the pilot during 2007- 2009. The community monitoring programme was implemented in nine blocks covering three districts - Dhemaji, Chirang and Kamrup. The State Mentoring Group (**Annexure 1**) and the district mentoring and district resource groups were constituted at state/district levels to move forward the process. The Voluntary Health Association of Assam was identified as the state nodal agency to implement the programme at the state level. NGOs were also engaged at the district and block levels to implement the process. The activities undertaken were:

- State and district level visioning workshops
- Training of master trainers at the state level and NGO functionaries
- Media workshops at the state and district levels
- Constitution and trainings of Village Health, Sanitation and Nutrition Committees (VHSNCs) and Planning and Monitoring Committees at the PHC, block and district levels
- Collection of data and preparation of report cards at the village, PHC, block and district levels
- Organisation of Jan Samwad at the PHC and block levels.

Post pilot phase

In 2012-13, the programme was scaled up to five districts - Dhemaji, Chirang, Kamrup, Jorhat and Cachar covering 5,678 VHSNCs spread over 2,271 villages and 34 BPHCs. The Voluntary Health Association of Assam continued as the state nodal agency whereas at the block level, the functionaries from the smaller NGOs were identified as block facilitators with district level NGOs facilitating the processes.

Implementation Strategy¹:

- Community mobilization through rallies and street plays
- Informal meetings with key stakeholders (leaders of CBOs, women leaders and village pradhan) were held to get information on village resource and social mapping, identifying key health problems, map service providers and understand health related expenses
- Organising village meetings to share findings, entitlements under NHM and facilitate formation of VHSNCs
- Sharing village health service profile with the community
- Informing community on NHM/ community monitoring (sharing pamphlets and posters)
- Focus group discussions, in-depth interview and public meetings.

¹ Community Based Monitoring of Health Services in 5 districts of Assam in 2013 by VHAA (Document shared by the Consultant Community processes).

Implementation Update during the FY 2014-15 and way forward in the FY 2015-16

The Community Action for Health component was approved by the MoHFW in the supplementary state PIP 2013-14. The proposed plans for the FY 2013-14 were carried forward for the FY 2014-15. The state decided to scale-up the programme to all 27 districts covering all blocks. The area was to be covered under each block PHC of around 25-30 VHSNCs. The major activities for the FY 2014-15 were:

State level

- Biannual meetings of State Mentoring Group
- Selection of the state and zonal level nodal NGOs for facilitation of community processes
- Orientation of state and district-level functionaries
- Development of the resource materials like training modules, IEC materials, ASHA radio programmes on CAH
- Revision/adaptation of the tools in the state context
- Quarterly programme review meetings with the NGOs.

Zone, District, block and village level

- Formation of District Mentoring Groups
- Formation of planning and monitoring committees at PHC, block and district levels
- Training of the block level functionaries, ASHAs and VHSNC members
- Orientation of the Planning and Monitoring Committee members
- Community enquiry processes through VHSNCs facilitated by NGOs
- Jan Samwad at the PHC and block levels.

The state initiated the process by selecting the NGOs at the state and the zonal level in March 2014 which continued till May 2015. The state nodal agency and zonal nodal agencies except for two zones are selected.

During March 2015, the state decided to expand the existing State Mentoring Group for ASHA to the 'State Mentoring Group for ASHA and Community Processes' vide order no. NRHM/ASHA/2005-06/120pt 2/22920 dated March 26, 2015. **(Annexure 2)**

The activities for the FY 2015-16 will remain the same as was planned for the FY 2014-15.

State Mentoring Group, Assam

Government Representation

1.	Mission Director, NRHM, GoA	Chairman
2.	NGO Co-ordinator, NRHM, GoA	Convenor
3.	Regional Director, MoHFW, GoI	Member
4.	Director, RRC-NE	Member
5.	Director of Health Services, GoA	Member
6.	Director of Family Welfare, GoA	Member
7.	Director of Panchayati Raj & Rural Development, GoA	Member
8.	Director of Social Welfare, GoA	Member

Civil Society Organization Representation

1.	Ms Ruchira Neog, VHAA, Project Director	Co-Convenor
2.	Dr Narendra Gupta, AGCA member	Member
3.	Dr C Kakoty, NESPYM (North East Society for Promotion of Youth & Masses)	Member
4.	Dr D Borkokoty, SRC	Member
5.	Dr Sunil Kaul, The ANT	Member
6.	Fr George Parakkal, NECHA (North Eastern Community Health Association)	Member
7.	Mr Ravindranath, RVC	Member
8.	Mr Tapan Sarma, Gyan Vigyan Samiti (GVS)	Member
9.	Ms Ananya Goswami, CRS	Member
10.	Ms Arunita Pathak, North East Network (NEN)	Member

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**OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION, ASSAM**

Saikia Commercial Complex, Srinagar Path, Christianbasti, G.S. Road, Guwahati-05

Website: www.nrhmassam.in, E-mail: misnrhm.assam@gmail.com

No.NRHM/ASHA/2005-06/120pt 2/22920

Dated: 26/3/2015

ORDER

In order to provide technical inputs and support mechanism and thereby strengthening ASHA programme the following state level Mentoring Group for ASHA and Community Process is constituted under the chairmanship of Mission Director, NHM, Assam.

1. Dr. Indrani Dutta, Director, Omeo Kumar Das Institute of Social Change & Development. Assam
2. Dr. Dhaneswar Kalita, Principal government Ayurvedic College & Hospital, Guwahati.
3. Dr. Kailash Deka, State Programme Manager, NHM, Assam
4. Dr. P. N. Bora, Retd. Additional Director of Health Services. Assam
5. Mr. H.N. Lahon, Dy. Director, Directorate of Social Welfare, Govt of Assam
6. Dr. Rabindra Nath, Advisor, Rural Voluntary Centre (Dhemaji)
7. Dr. H. Bhatta, Obst. & Gynaecology Department. GMCH, Assam
8. Dr. Sunil Kaul, Director, ANT, Bongaigaon.
9. Dr. Rupali Baruah, HoD, Community Medicine, GMCH, Assam
10. Director, Voluntary Health Association of Assam, (State Nodal Agency, CAH)
11. Dr. S.N. Choudhary, Retd. Joint Director Health services, Kamrup (M).
12. Dr. A.K. Borah, Obst. & Gynaecologist, Laparoscopic surgeon, Medical Officer Guwahati Municipal corporation.

The date of first meeting will be communicated soon.

(Dr. P. Ashok Babu, IAS)

Mission Director

National Health Mission, Assam

Memo No: No.NRHM/ASHA/2005-06/120pt 2/22921-27

Dated: 26/3/2015

Copy to:

1. The Principal Secretary to the Govt. Of Assam, Health & FW Dept. Dispur, Guwahati-6 for favour of his kind information.
2. The commissioner Secretary to the Govt. of Assam, Health & FW Dept. Dispur, Guwahati-6 for kind information.
3. Executive Director, NHM Assam for kind information.
4. Director, RRC-NE, Khanapara, Guwahati-22 for kind information.
5. Special Consultant, NHM, Assam for kind information.
6. PS to the Minister Health & FW, Deptt. Govt of Assam for kind appraisal to Hon'ble Minister.
7. To The person concern _____

Mission Director
NHM, Assam