

## State Program Managment Unit DELHI STATE HEALTH MISSION

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A consultation meeting for chalking out the roadmap for community based action for health in the state was held in the office of Mission Director , Delhi State Health Mission. HODs of the Community Medicine Departments of the medical colleges in the state , representative from Dialogue and Development Commission , members from the secretariat of the Hon'ble MOH , representatives from AGCA, PFI , NGO-Sathi , HACDS .

Following members were present in the meeting.

- Dr. Suneela Garg, Director Professor & Head of Community Medicine
- 2. Dr. Panna Lal, Director Professor, Community Medicine, Baba Saheb Ambedkar Medical Collage
- 3. Dr. Manish K Goel, Professor, Community Medicine Lady Harding Medical Collage
- 4. E. Premdas Pinto, Director, Health & Advocacy Center for Health & Social Justice
- Mrs. Rashmi Srivastava, Project Director of AAMC
- 6. Dr. Nimmi Rastogi, DDC
- Mr. Ashok, Community Advisor to MOH
- 8. Dr. Abhay Shukla, SATHI, Pune
- 9. Dr. Abhijit More, SATHI, Pune
- 10. Mr. Bijli Roy, AGCA, Secretariat
- 11. Dr. MM Singh, Director Professor, Community Medicine, MAMC
- 12. Dr. Pragya Sharma, Associate Professor, MAMC
- 13. Mrs. Sapna Kushrestha, Associate, MAMC, PGMS
- 14. Dr. Richa Kapoor. Professor, BVMH.
- 15. Mrs. Seema Upadhyay, PM, AGCA, Secretariat
- 16. Mr. Abhishek Bhattatcharya, DDC
- 17. Mr. Rahul Naurial, DDC
- 18. Dr Monika Rana, SPO, DSHM
- 19. Arvind Mishra, Communitization Officer

Mission Director could not attend the meeting because of an emergency . In his absence State Program Officer nodalizing the Community Processes at state level coordinated the consultation.

The salient point discussed in the meeting along with the action points are given below.

- 1. Meeting began with the SPO, very briefly summarizing the existing initiatives under Community processes. It was also reiterated that for achieving positive health gains and sustaining them , community involvement was a mandatory requirement. The issue was to evolve a model of community engagement which will be doable , effective and sustainable in an urban scenario like
- 2. Members of Dialogue and Development Commission and the team from the office of Hon'ble MOH shared their vision of community engagement and the work being done by them . The concept of Swasth Mitra was elaborated upon. It was also stated that around 2000 volunteers have already been

identified at the ward level . There was also a concept of Swasth Sabha which was still evolving. It was also informed that in a function on  $4^{th}$  March 2017, these volunteers shall be addressed by the health minister

- HOD , Community Medicine gave valuable inputs on how such a volunteer can be optimally utilised for the good. She also committed support for any training modules , training material which will need to be prepared in due course.
- 4. Another concern voiced by those present was that though the totally informal simple mechanism of volunteer selection was good for sporadic, short, campaign mode activities, if the volunteer is to be a face of this important initiative , some basic screening may be done at the outset . This is also important as effort and time will go in training these volunteers.
- 5. Dr Abhay Shukla from Sathi organization with vast experience of communitization in health in rural areas of Maharashtra , stated that to be effective , the initiative has to rise from the peripheral most health post , it should include the higher tiers of health system through defined mechanisms , should have a dedicated focus on intersectoral convergence , and function with a key objective of generating large scale public awareness on relevant issues . He also emphasized the need for capacity building of the volunteers.
- 6. The need to define the roles of these volunteers was also highlighted to prevent them from wasting their time in doing work which is already the mandate of a health functionary or ASHA. Their focus must be on awareness, collective action for positive health, liasoning with the agencies responsible for other determinants of health like Water / Sanitation/ ICDS / Social Welfare / Education etc.
- Suggestions were also given for involvement of RWAs. It was also suggested that Instead of attaching the volunteers to a health facility, they should be attached to the locality.
- It was decided that the team from DDC and the office of Hon'ble MOH would articulate the HM's vision in the form of a draft plan giving the desired scale and scope of the initiative. The plan shall have three broad components –
  - The visualized mechanism of selection and maintenance of databases .
  - Capacity building mechanisms at state / district / ward level. The functions visualized for the Swasthya Mitras as accordingly the training modules can be designed.
  - iii. Response mechanisms mechanisms for responding to the feedback of the volunteers.
    The draft will be circulated to those present in the meeting so that an actionable plan with required resources and timelines can be prepared.
  - 9. There was also a suggestion for formation of a State Advisory Group for steering the initiative forward.

Meeting ended with vote of thanks

Dr. Monika Rana SPO (DSHM)

## Copy to:

- PS to Secretary, Health & Family Welfare, GNCTD
- 2. PA to Mission Director, Delhi State Health Mission

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