

**Minutes of 46th Meeting of the Advisory Group on Community Action - National Health Mission
Population Foundation of India
January 23, 2023**

Members of Advisory Group on Community Action (AGCA)

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

Ministry of Health and Family Welfare (MoHFW)

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

National Health Systems Resource Centre (NHSRC)

1. Dr Anantha Kumar, Senior Consultant
2. Mr Pankaj Shah, 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

Ms Poonam Muttreja, Member AGCA welcomed all the members to the 46th AGCA meeting, and thanked them for their continued enthusiasm and guidance to strengthen community action for health (CAH).

Bijit Roy, AGCA Secretariat shared that three agenda items have been planned for discussions:

- i. Share progress update on implementation of CAH (September 2022 –January 2023).

- ii. Discussions on addressing challenges and support to state governments in rolling out Jan Arogya Samitis (JASs).
- iii. Discussions and updates on community-based health planning (CBHP).

An update on the action taken points from the previous AGCA meeting organised on August 25, 2022.

SI No	Action Points	Responsibility	Action Taken
1.	Organise briefing meeting with Additional Secretary and Mission Director, NHM and Joint Secretary (Policy) in MoHFW	AGCA Secretariat	Meeting with Ms Roli Singh, Additional Secretary and Mission Director NHM, MoHFW was held on January 6, 2023.
2.	Community-Based Health Planning: Organisation of the sub-group meetings and strategy development	Sub-group members and AGCA Secretariat	Two meetings with Mr A R Nanda, Member AGCA were organised on September 15, 2022 and December 2, 2022, respectively to vet out the draft note. Based on the discussions, a draft note was developed and shared with the sub-group on December 22, 2023 for inputs. Subsequently, a sub-group meeting was also organised on December 23, 2022 for discussions on the draft note. Inputs received from the members have been included, and the revised note was shared with the AGCA members on January 16, 2023.
3.	Revise ToR for Village Health Sanitation and Nutrition Committees (VHSNC) study as per the feedback from the AGCA members	AGCA Secretariat	ToR for the VHSNC study has been revised. However, the activity has not been approved by the MoHFW and has been put on hold.

A. Progress update on implementation of CAH (September 2022 - January 2023)

Dr Sharad Iyengar, Member AGCA chaired the session. He invited Ms Seema Upadhyay, AGCA Secretariat to present an update on the activities undertaken. Key highlights include:

- Support was provided to **15 states** governments. This includes:
 - Capacity building of state and district trainers/ facilitators on strengthening functioning of VHSNCs, Mahila Arogya Samitis (MASs), Rogi Kalyan Samitis (RKSs),

roll out of JASs, community- based monitoring and planning. Trainings were imparted to **1442 participants**.

- Twelve Jan Samwads were organised across five states.
 - CAH process was initiated in three districts of Bihar.
 - Second phase of health assemblies are being organised in 16 districts of Tamil Nadu.
- The Secretariat team (Daman Ahuja, Smarajit Chakraborty, Saurabh Raj and Seema Upadhyay) shared **key outcomes** of the CAH process in the states:
 - X ray services were initiated in Nawada district, Bihar
 - Rest rooms for ASHAs were operationalised in Uttarakhand
 - Anganwadi Centres (AWCs) were established and Urban Health and Nutrition Days (UHNDs) were initiated in new slums areas in Cuttack, Odisha
 - Issues related to water and electricity were resolved at the Primary Health Centres (PHCs) in Sikkim
 - Construction of boundary walls and toilets were done in Erode, Tamil Nadu
 - VHSNC and RKS members mobilized resources for construction and equip the labour room and in-patient care ward at Khadol PHC, Anand district, Gujarat
 - **Community Based Health Planning (CBHP):** A plan is being developed to re-initiate CBHP. The process is intended to feed into the State Programme Implementation Plan (PIP) being submitted to the MoHFW for approval. An AGCA sub-group has been constituted to guide this initiative. Led by Mr A R Nanda, Member AGCA and with Dr H Sudarshan, Dr M Prakasamma (AGCA Members) and Seema Upadhyay (AGCA Secretariat) as its members. Several sub-group meetings were organised between September and December 2022 to draft the note. The draft note was developed by the Secretariat, which will be discussed at the AGCA meeting.
 - The Secretariat is planning to initiate and provide an online platform to the state government to share, learn and replicate good practices on community processes. Titled '**Samwad**', the first webinar will be organised on February 3, 2023 and focus on 'Formation of Jan Arogya Samiti at the Primary Health Centre-Health and Wellness Centres in Odisha'.
 - A short clip on outcomes of the Jan Samwads organised in four districts of Sikkim was screened.

Feedback from the group:

- Members appreciated the Secretariat for presenting a detailed and outcome-based update.
- Several factors contribute to the results on the ground. It will be helpful to identify, attribute and acknowledge them in all future reporting and presentations.

- The Secretariat should include an analysis of enabling factors and challenges, which affect implementation of CAH processes and its outcomes.
- A differential approach must adopt for each state based on leadership, opportunities and political will, enabling policies.
- Efforts and initiatives by the state nodal organisations should be included in the updates.
- Members appreciated the 'Samwad' initiative and suggested it to be organised on a quarterly basis. All states must be invited to participate.
- Dr Abhay Shukla shared that INR 6.6 crores was approved in the State Programme Implementation Plan (PIP) for CAH implementation in Maharashtra for the FY 2022-23. However, funds were yet to be released to the State Nodal NGOs by the state NHM. He urged the Secretariat to visit the state to discuss with state NHM officials to expedite release of funds and also to undertake field visits.

B. Discussions on addressing challenges and support to state governments in rolling out Jan Arogya Samitis (JASs)

The session was chaired by Bijit Roy, AGCA Secretariat. He set the context by sharing the following:

- Only 20% JASs have been formed across the country till date
- There are several challenges in formation of JASs at the PHC level given that RKSs already exist there
- Limited capacity and understanding among Community Health Officers (CHOs) and Medical Officers (MOs) to form JASs and operationalize its functions
- Ambiguity on whether to use RKS untied funds at PHCs, in which JASs have been formed.

Bijit shared that SATHI, State Nodal NGO has been supporting in operationalizing JASs across nine districts of Maharashtra. He invited Dr Abhay Shukla, Member AGCA to present the experiences and outcomes from Maharashtra. Key highlights include:

- Support was provided to operationalize JASs in 55 Health and Wellness Centres (HWCs) across Dhadgoan and Nandurbar districts
- Problem solving approach, wherein issues closely related to the community were taken up including regular availability of medicines, electricity, and water supply
- CHOs intensified the community outreach, which resulted in increased footfall at the HWCs
- Mobilization to include gram sewaks, teachers, young people in the JAS
- JAS members were oriented and undertook visits to seek community feedback and monitor the HWC services, two to three times each month.
- Key outcomes include:

- INR 70 lakhs were sanctioned for installation of water pipeline at Bilgoan HWC, Dhadgoan
- Land was donated for construction of Sub Health Center HWC at Karandi
- Action was taken against a CHOs who was not turning up for work for the past six months
- Vacant posts of seven CHOs and two Multi-Purpose Workers (MPW) were filled
- CHOs are mobilizing resources from the panchayats for filling small gaps in the service provision.
- Hemoglobin testing strips were procured from the 15th Finance Commission funds
- Earlier, patients were being sent to PHCs for blood pressure and sugar tests, now these tests are being done at the HWC level
- CHOs are doing OPD consultations for diabetes and high blood pressure patients at the HWCs.

Dr Shukla provided the following suggestions:

- AGCA and NHSRC teams can organise meetings with state NHM officials and nodal NGOs to orient on methodology and potential impact of JASs
- National level inputs and mentoring are required, including organisation of national and regional level trainings
- JAS guidelines have to be adapted, simplified and translated into local languages for use in the field by the JAS members.

Feedback from the group:

- Mandate to provide comprehensive primary health care through a set of twelve services will greatly help the communities in accessing services closer to their residence. The states are facing different challenges in operationalizing all the services.
- There is increase in footfall at the HWC, as screening and consultations for non-communicable diseases (NCDs) are being done.
- JAS is a potential space for the community to connect with the public health system.
- HWC JASs can function as a mini RKS, conducting participatory review of services, leading community mobilization and outreach.
- The NHSRC team shared that a hand-book on JAS for members has been finalised, and will be disseminated to the states soon.
- The AGCA Secretariat has developed a video and a set of posters on JAS in Hindi and English. The resource materials are being disseminated to the states.

C. Discussion and updates on community-based health planning (CBHP)

Mr A R Nanda, Member AGCA chaired the session. He shared that it has taken a long while establishing community- based planning in the health sector. Unless we have an effective community planning process, we will not be able to address the felt needs of the community, highlighted in the National Health Policy, 2017. This will require concerted efforts and empowering community- based institutions. He requested Seema Upadhyay to present the draft CBHP framework.

Seema thanked the sub-group members Mr A R Nanda, Dr H Sudarshan, Dr M Prakasamma for their guidance in developing the note. Key highlights include:

- The CBHP cycle will be synchronized with the Gram Panchayat Development Plan (GPDP) process, from October 2nd to January 31st, each financial year
- Key steps to institutionalize CBHP:
 - Establish facilitation teams to anchor the entire process at the village, block, district and state levels
 - Capacity building and mentoring for facilitating teams
 - Localization of Sustainable Development Goals (SDGs) to prepare health plans, which is in line with GPDP's healthy village theme
- The CBHP process will be anchored by the CHO who will identify priorities from all the villages in the HWC catchment area. The CHO will discuss with relevant departments and stakeholders to address the felt needs from the community. Plans will be developed for those issues, which require financial resources as part of the CBHP process.
- A village health index can be developed by each village to identify local priorities and goals. There should be periodic monitoring of progress being made towards achievement of the goals.
- All the plans should be presented and endorsed by the gram sabha.
- Resources have now been made available to develop Block Panchayat Development Plans and District Panchayat Development Plans. This can help access additional resources for the health plans at each level.
- Digital tools should be used for data collection and aggregation.
- Next steps to roll out CBHP:
 - Discussions with the MoHFW and NHSRC on modalities for rolling out CBHP
 - Align CBHP with GPDP in coordination with the Ministry of Panchayati Raj and Rural Development (MoPR &RD)
 - Prepare CBHP guideline and tools, upon concurrence from the MoHFW
 - Piloting CBHP process in selected states

Feedback from the group:

- CBHP should be aligned with micro planning process at the HWC level.
- Efforts should be made to engage and empower the community to make the planning process more relevant.
- Process should focus on Nutrition and mental well-being, which are often overlooked.
- As a way forward, the AGCA team should devote next two quarters to detail out the processes, prepare the guideline, coordinate with the MoHFW and MoPR & RD, and design the pilot.

Mr Bijit Roy, AGCA Secretariat thanked the AGCA members and officials from the MoHFW and NHSRC for their active participation and guidance to the Secretariat team.

Action points from the 46th AGCA meeting

Sl. No	Action Points	Responsibility
1.	Community-based Health Planning: <ul style="list-style-type: none">○ Revise note as per the inputs received at the AGCA meeting○ Meeting with MoHFW to brief and seek concurrence○ Meeting with officials in MoPR & RD	AGCA Secretariat
2.	Support NHSRC in capacity building for JASs	AGCA Secretariat
3.	Initiate 'Samwad', an online learning series on community action	AGCA Secretariat