

**Minutes of 47th Meeting of the Advisory Group on Community Action - National Health Mission
Population Foundation of India
May 26, 2023**

Members of Advisory Group on Community Action (AGCA)

1. Dr Abhijit Das
2. Dr Abhay Shukla
3. Ms Indu Capoor
4. Dr M Prakasamma
5. Dr Narendra Gupta
6. Ms Poonam Muttreja
7. Dr Sharad Iyengar
8. Dr Thelma Narayan
9. Dr Vijay Aruldas

National Health Systems Resource Centre (NHSRC)

1. Dr Taruna Juneja Gandhi, 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 47th AGCA meeting, and thanked them for their continued 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 for the period February – May 2023
- ii. Discussion on Right to Health Act, Rajasthan and pathways for scaling-up
- iii. Discussion on next steps for community-based health planning (CBHP).

Bijit further shared the following update on the action taken points from the previous AGCA meeting organised on January 23, 2023.

Sl. No	Action Points	Responsibility	Action Taken
1.	Community-based Health Planning i. Revise note as per the inputs received at the AGCA meeting	AGCA Secretariat	i. Note was revised as per received at the meeting and shared with AGCA members for reference ii. Revised note was submitted to Mr Vishal Chauhan, Joint Secretary (Policy), MoHFW on April 28, 2023.

	ii. Meeting with MoHFW to brief and seek concurrence		iii. Meeting with Mr Chauhan is scheduled on June 2, 2023
2.	Support the NHSRC in capacity building for Jan Arogya Samitis (JASs)	AGCA Secretariat	<p>The NHSRC organised a two-day national ToT on JAS between February 8-9, 2023, wherein the AGCA Secretariat facilitated sessions on: (i) catalyzing grievance redressal mechanism; (ii) social accountability and organisation of Jan Samwads; (iii) role of medical officers and Community Health Officer in JAS; (iv) convergence and inter-sectoral co-ordination; and (v) monthly meeting and progress report</p> <p>In addition, the AGCA Secretariat developed and shared the following resource materials for master trainers:</p> <ul style="list-style-type: none"> ○ JAS animation video and posters ○ Training materials – presentations, case stories
3.	Initiate 'Samwad', an online learning series on community action	AGCA Secretariat	<p>The first webinar was curated and facilitated by the AGCA Secretariat on '<i>Formation of JASs at the Primary Health Centres in Odisha</i>' on February 3, 2023 with the Odisha NHM team. Over 900 participants from more than 20 states attended webinar in addition to around 5000 YouTube views.</p> <p>The second Samwad on '<i>ArdraKeralam Puraskaram: Mobilizing Panchayats for Health</i>' has been scheduled on June 6, 2023 with the Kerala NHM team.</p>

A. Progress update on implementation of CAH (February to May 2023)

Ms Poonam Muttreja, Member AGCA moderated the session. She invited Ms Seema Upadhyay, AGCA Secretariat to present an update on the activities undertaken.

Seema shared that the presentation has three sections: (A) key highlights of the activities undertaken in the FY 2022-23, (B) state updates on CAH for the period from February to May 2023, and (C) enabling factors and challenges in implementing CAH processes in the states.

A. Key highlights of the activities undertaken in the FY 2022-23

• Roll out of JASs

- Developed a pool of 405 state and district level trainers to roll out JASs across three states: Bihar, Goa, and Jharkhand.
- Oriented 3,188 CHOs across seven states: Bihar, Goa, Jharkhand, Karnataka, Rajasthan, Uttarakhand, and Uttar Pradesh.
- Oriented 19,352 NHM officials and field level staff on JAS across eight states: Bihar, Goa, Jharkhand, Karnataka, Maharashtra, Rajasthan, Uttarakhand, Uttar Pradesh
- The animation film developed by the AGCA Secretariat narrating the roles and responsibilities of the JAS members, composition and usage of untied fund, was screened at the trainings and orientations.
- Supported seven states in adaptation of JAS guideline: Bihar, Gujarat, Jharkhand, Karnataka, Kerala, Odisha, Puducherry
- Initiation of Jan Samwads at the HWCs in four states: Bihar, Kerala, Odisha, Sikkim

• Community Based Health Planning (CBHP)

- The CBHP Note was revised as per received at the previous AGCA meeting and submitted to Mr Vishal Chauhan, Joint Secretary (Policy), MoHFW on April 28, 2023.
- Meeting with Mr Chauhan is scheduled on June 2, 2023

B. State updates on CAH for the period from February to May 2023

• Technical support 19 states governments on community action processes

- Capacity building of state and district trainers/ facilitators to strengthen functioning of Rogi Kalyan Samitis (RKSs); Mahila Arogya Samitis (MASs), Panchayati Raj Institutions (PRIs), Urban Local Bodies (ULBs). Trainings were imparted to 1,818 participants from 14 states- Bihar, Goa, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Sikkim, Uttarakhand, Uttar Pradesh, Manipur and Mizoram.

• 169 Jan Samwads were organised across seven states (Uttarakhand, Bihar, Rajasthan, Gujarat, Maharashtra, Karnataka, Tamil Nadu). Amongst the key outcomes, the following five examples are being shared as a case in point:

- Supplementary nutrition to be made available at Aanganwadi Centers in Uttarakhand.
- Child marriages reduced from 25 to 3 in an year with the active involvement of Village Health Sanitation and Nutrition Committee (VHSNC) members at Bagepalli taluka of Chikballapura district, Karnataka
- A bridge and an approach road were constricted to Sub Health Centre HWC at Gulni, Nawada district, Bihar through the panchayat development fund

- Construction of an additional PHC and health sub-centre at Coimbatore district, Chennai
- Counselling and distribution of contraceptives to newly-wed tribal couples in Palamu and Chatra districts in Jharkhand
- **State initiatives**
 - **Field review of RKS functioning, Jharkhand** is being done by the state NHM and AGCA Secretariat in three districts: Chatra, Lohardaga, and Gumla from May 29 to June 1, 2023.
 - **Swasthya Samparka, Odisha:** Launched in February 2023, Swasthya Samparka an initiative to ensure Comprehensive Primary Health Care (CPHC) services through HWC in a partnership mode in 40 remote PHCs across 15 districts: Balasore, Bolangir, Dhenkanal, Gajapati, Ganjam, Kalahandi, Kandhamal, Kendrapara, Keonjhar, Korapur, Malkangiri, Mayurbhanj, Nawarangpur, Nuapara, Sundargarh.
 - **Social Audit of Family Health Centre/ Health and Wellness Centres, Kerala** were initiated in 6 districts: Alappuzha, Malappuram, Wayanad, Ernakulam, Kannur, and Pathanamthitta, in March 2023.
 - **Study on sustainability of MASs in Delhi** was undertaken by an intern from Institute of Health Management and Research (IHMR) in January-April 2023. The study recommended orientation for Medical Officers In-charge of Delhi Government Dispensaries on MAS, and incentives and recognition of MASs based on their performance.
- **Key priorities in the FY 2023-24** include:
 - Continue support to state governments to roll out JASs
 - Scale up and sustain the pace of community-based monitoring and planning through VHSNCs, MASs, JASs and RKSs
 - Develop a plan and tools to rejuvenate Community-based Health Planning (CBHP)
 - Enable cross learning and adoption of good practices through the webinar series 'Samwad'

C. Enabling factors and challenges in implementing CAH processes in the states.

- Enabling factors include:
 - Rapport and trust built between AGCA Members, Secretariat and state governments over the years
 - Alignment of national level efforts with NHSRC- guidelines, modules and training of master trainers
 - Enabling state policies- Right to Health Act in Rajasthan, People's Health Assembly in Tamil Nadu, ArdraKeralam Puraskaram in Kerala, Meghalaya Social Audit Act
 - Selected State Mission Directors who brought together the NHM machinery and championed for scaling up community action for health
 - Leveraging additional funding/ support to pilot innovative approaches - RKSs in Uttar Pradesh and Manipur, MASs in Odisha
 - Partnerships with State Social Audit Units in Jharkhand, Kerala, Meghalaya and Uttarakhand

- Challenges include:
 - Lack of structured reporting and review mechanism on progress in states
 - Multiple nodal officers handling VHSNCs, MASs, RKSs, JAS and CAH leading to challenges in coordination
 - Some states do not implement processes approved in the state PIP
 - Prolonged delays in extension of MOUs and release of funds to NGOs
 - Only 70% salaries of AGCA Secretariat staff are covered through MoHFW, rest is borne by Population Foundation of India.
 - Participation of AGCA in Common Review Mission (CRM), national review and planning meetings- gap since 2022
 - Resolution of community demands in a time bound manner is necessary to sustain interest and faith in the public health system

Feedback from NHSRC

- The NHSRC acknowledged the support provided by AGCA Secretariat in planning and facilitating training of the national JAS trainers and providing the resource materials for the trainers.
- The progress in JAS constitution has been quite slow, especially in Tamil Nadu at 9% and Rajasthan at 12%. It will be helpful for AGCA to support these states in speeding up the process.
- The feedback on progress update presentation were
 - Include the whole range of issues which were raised at the Jan Samwads and then mention which among them were resolved
 - Share the checklist for review of RKSs in Jharkhand
 - It will be helpful to share and discuss with the NHSRC team on challenges being faced in coordinating with the state nodal officers

Feedback from AGCA members

- Members appreciated the Secretariat for presenting a detailed and outcome-based update.
- It will be helpful to undertake a study to document the outcomes of Jan Samwads and issues emerging from the community in states like Gujarat and Uttarakhand, wherein most of the events were organised during the reporting period. The experiences and learning's can be shared with other state governments.
- The Secretariat should continue to invest energies towards supporting states in strengthening RKSs as a platform to provide feedback on health services, promote citizen's engagement and ensure proper functioning of the health facilities.
- CHO should facilitate promotion of health and wellness among the local population.

- While it is heartening that the health assemblies in Tamil Nadu have been scaled up in new districts, the following issues need attention (i) limited participation of local NGOs, (ii) predominant focus is on identification of infrastructure related issues, (iii) issues related to human resources were unresolved, (iv) limited media coverage, and (v) its sustainability is largely dependent on funding from the World Bank.
- AGCA should have a media strategy to disseminate innovations and outcomes from community action processes. An op-ed on the experiences of the health assemblies in Tamil Nadu can be done.

Responses from the AGCA Secretariat

- Responding to the suggestion to undertake a study on Jan Samwads, it was shared that the Secretariat does not have dedicated budget. Alternatively, we can request state nodal officers to collect details from the field to prepare a report. The AGCA team will attend some of the Jan Samwads assess its quality and impact.
- It will be helpful to have a meeting with the NHSRC team to understand the status of formation and functioning JASs, and to provide necessary support to state governments.
- A meeting with NHSRC was proposed to understand the of the composition of JAS in all states and plan the way forward.
- The study on VHSNC in selected geographies was led by Member AGCA Dr Narendra Gupta. The NHSRC was involved in developing the scope of work of the study. Thereafter, the activity was included in the AGCA proposal FY 2022-23 However, the study was not approved by the MoHFW.
- The states organise the Jan Samwads post community monitoring, compilation of data and preparation of report cards. Hence, the time taken to organise Jan Samwads vary from state to state depending on when the processes are initiated.

B. Right to Health Act, Rajasthan and pathways for scaling up

Dr Narendra Gupta, Member AGCA led the session.

Dr Gupta made a presentation on Right to Health Act, Rajasthan. Setting the context of the session, Dr Gupta briefed that the Government of Rajasthan had initiated drafting the Act on Right to Health in 2018, which was passed in April 2023. He mentioned that Dr Sharad Iyengar, Member AGCA was also part of the drafting committee.

As per the Act, every resident in the state of Rajasthan shall be entitled to:

- Free OPD and IPD services, consultation, drugs, diagnostics, emergency transport, procedure, and emergency care as provided by all public health institutions [Clause 3 (b)].
- Emergency treatment and care for accidental emergency, emergency due to snake and bites and any other emergency decided by State Health Authority under the prescribed emergency circumstances, without prepayment of requisite fee or charges [Clause 3(c)].

- Emergency cases can be treated at the designated health care facilities. However, if a patient is not movable, stabilizes her /him and move to other higher public facilities. Otherwise, stay at the private hospitals, and reimbursements will be done later.
- Under Clause 5 (d), the AGCA can pitch in to explore the possibilities to strengthen the grievance redressal mechanisms. The Sawai Man Singh Hospital, Jaipur has a Jan Sunwai Officer (JSO), who organizes Jan Sunwai every day, and get appropriate orders issued to resolve the grievances. This can then be scaled up to the entire state.
- Commitment to work earnestly to empower and make residents aware for preventive, promotive and protective health care services. [Clause 5 (e)]
- To make availability of government funded healthcare services as per distance or geographical area or considering population density which includes health care institutions, free medicine, test and diagnostics of notified items and ambulance services as per standards as may be prescribed [Clause 5 (g)]. Considering the low density of population in its desert areas, it is a challenge to the state government.
- Two independent bodies are being constituted:
 - State Health Authority (SHA) for redressing grievance and framing treatment protocols. An officer from the Indian Administrative Service (IAS) cadre will be its Ex-officio Chairperson for grievances while the Vice Chancellor of Rajasthan University of Health Services (RUHS), Jaipur will be an ex-officio chairperson for framing the treatment protocols. Two Members from Indian Medical Association Rajasthan are nominated as members in each authority. However, there is no inclusion of people's representatives, patients and public health experts in the SHA.
 - District Health Authority (DHA) is to be chaired by the District Collector and will ensure implementation of the policies, recommendations under the guidance and directions of SHA. It will also play a critical role in addressing grievances of the beneficiaries coming to the hospital and at the Jan Sunwai to be organised once in three months with a view to improve the health care services.

Feedback from the group

- The Act is a welcome step and offers an opportunity for ensuring health rights. When the Act is implemented, accountability aspects will need to be further articulated, wherein AGCA can play a role.
- The Act is limited to curative aspects of health. Health determinants like pollution, safe drinking water, nutrition is not considered under health care in the Act.
- There is dearth of health service providers including doctors, specialists, and pharmacists etc. The provisions of the Act will necessitate the government to fill the human resource gap to accomplish its commitments.
- The provisions of the Act having implications on the functioning of frontline workers like ANMs and ASHAs which need to be defined clearly.
- The Act has adopted patients' rights from the charter of patient rights as under the Clinical Establishment Act.

- The Government shall prescribe grievances redressal mechanism for health care establishment, health care providers and residents, within six months from the date of commencement of this Act.
- The state should consider the submission of online grievances through helplines and toll-free numbers in addition to a written complaint which is already mentioned in the Act.
- AGCA Secretariat will share the monograph on grievance redressal mechanisms developed by the Population Foundation of India.
- There is an urgent need to focus on preparedness of the public health facilities to implement the provisions of the Act in future. For this, the Rajasthan Medicare Relief Societies (RKS in Rajasthan) be strengthened and capacitated.
- It will be helpful to document cases of denials, grievances and also the positive stories from the field.
- The AGCA can provide support on the following:
 - Develop communication materials on patient rights charter, responsibilities of providers and citizen's
 - Develop a short video in local language to create awareness among the public about their rights and the entitlements as enshrined in the Act
 - Be a part of the consultations at state, regional and district levels, wherever possible

C. Discussion on the next steps for community-based health planning

Bijit shared that this agenda item will be discussed at the next AGCA meeting, once the meeting with Joint Secretary (Policy) is organised in June, 2023.

D. Summing up and closing remarks

While summing up the meeting, Dr Thelma Narayan, Member AGCA said that since 2005, the AGCA has got lot of tractions on community action for health across the states. The AGCA members can actively engage with the Secretariat team in state level activities and provide necessary inputs. The Rajasthan Right to Health Act is a good opportunity for the AGCA to contribute towards its implementation. The AGCA can also play a vital role in defining the provisions and rights related to health determinants under the Act. The Act needs to be disseminated widely through community-based institutions such as Self-Help Groups (SHGs), VHSNCs, MASs, JASs, and RKSs.

Meeting ended with vote of thanks to all participants.
