



Government of Rajasthan
Directorate of Medical, Health and Family Welfare
Swasthya Bhawan, Tilak Marg, Jaipur

F-27/NRHM/VHSC/Community Action for Health/2014/9907

Date: 19/3/15

Meeting Minutes

A meeting was convened under the chairpersonship of Special Secretary Medical, Health & FW and Mission Director-NHM, Jaipur on 11th March 2015 at 04.00 p.m to review "Community Action for Health programme". The following officers participated in the meeting:

S.No.	Name	Post Name
1	Dr. V.K. Mathur	Director-RCH
2	Dr. V.K. Chomal	Additional Director, RCH
3	Dr. Tarun Chaudhary	Project Director-MH
4	Dr. Lokesh Chaturvedi	Project Director-CH
5	Dr. R.C. Rawat	DEO-FW
6	Dr. S. P. Yadav	SSPO-NIPI
7	Shri Lalit Kumar Tripathi	Co-VHSC/Training
8	Ms. Varsha Tanu	Co-ASHA
9	Ms. Vaishali Sharma	District IEC Coordinator-NHM
10	Shri Pradeep Chaudhary	SPO-NIPI
11	Dr. Anil Aggarwal	UNICEF
12	Shri Sunil Thomas	UNFPA
13	Ms. Vaidehi Agnihotri	Co-RMNCH+A Unit
14	Dr. Narendra Gupta	Prayas NGO- Chittorgarh
15	Shri Ritesh laddha	Prayas NGO- Chittorgarh
16	Dr. Sharad Ayanger	ARTH NGO- Udaipur
17	Shri Bijit Roy	PFI
18	Shri Dinesh Songra	Earth Institute
19	Ms. Komal Shrivastava	BGVS
20	Mr. Siddarth W	State Consultant-UNICEF
21	Shri Bhupen Sahu	Prayas NGO
22	Shri Kanhiya Lal	Prayas NGO
23	Shri Manjul Sen	Prayas NGO

Following issues were discussed in the meeting:

1. The meeting was started with formal welcome and introduction of participants. Shri Lalit Kumar Tripathi shared the compliances made so far

on the decisions taken in last meeting held on 21/11/2014 with the Chair and other participants.

2. Dr. Narendra Gupta Secretary PRAYAS NGO- Chittorgarh presented a brief overview of the concept of Community Based Monitoring (CBM) of Health Services and roles and responsibilities of the Advisory Group on Community Action (AGCA). Dr. Gupta informed that Community Monitoring was introduced as an essential component of NRHM in the year 2007. He explained that the whole framework of Community Based Monitoring is aimed at placing various groups such as community members and beneficiaries, community based organizations and NGOs working with communities, along with Panchayat representatives, at the center stage allowing them to actively and regularly monitor the progress of NRHM interventions in their areas.
3. A brief presentation was given by Mr. Ritesh Laddha from Prayas providing details of objectives, area of intervention, activities and outputs from the previous two phases of the community based monitoring in health services in Rajasthan.
4. Ms. Smita Bajpai from CHETNA also gave a power point presentation on Community Action for Maternal Health and Nutrition in Rajasthan. She has also shared their findings on adolescent health.
5. Members of Advisory Group on Community Action (AGCA) including Dr. Narendra Gupta, Dr. Sharad Iyengar and Mr. Bijit have emphasized on reinitiating of the Community Based Monitoring process in the state. Dr. Iyengar stressed on including nutrition component into it. He also emphasized on the importance of involving PRIs in this process. Mr. Bijit Roy suggested taking intensive action in six selected districts (Ajmer, Chittorgarh, Baran, Bundi, Bikaner and Jalore).
6. Ms. Komal Shirivastava from Bharat Ghyan Vighyan Samiti (BGVS) shared her experience of past phases of community monitoring of health services which had given a platform to community and service providers to improve their health status.
7. Ms. Vaidehi from consultant RMNCH+A unit emphasized on the training of VHSCs members and informed about the first round of 2 days training of VHSCs which was done in 2010. She has also suggested limiting

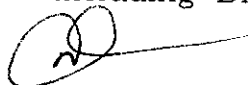


Community Based Monitoring process on 2-3 major issues and advocating for doing it in an intensive manner in limited areas.

8. Mr. Sunil Jacob Thomas from UNFPA has emphasized on improving HBNC via Community Based Monitoring process. He has also congratulated the state government for initiating 'ASHASoft' for strengthening the institutional framework of ASHA.
9. Dr. Anil from UNICEF defines community based monitoring process as bilateral accountability between community and service providers. He strongly urged that this process should go forward at least for five to ten years otherwise resources invested in previous phases will be wasted.
10. Dr. S.P. Yadav Sr. Programme Officer- NIPI stressed on the quality of MCHN sessions being held in the state, he emphasized that by improving the quality MCHN sessions, we can timely identify and addressed High Risk pregnancy (HRP) also and thus may reduce IMR and MMR.) MCHN session should be monitored by district officers/block officers and MoIC on each MCHN session.
11. Sh. Naveen Jain, Special Secretary MH&FW and Mission Director, NHM shared current initiative of the state government on community action of health. He informed about the initiation of 'ASHASoft' for proper monitoring of ASHA and their timely payment. He also shared that for the first time in history of state, state government expressed its will to take-up "community based management of malnutrition by way of a budget announcement. A MoU with GAIN is to be signed in this regard. He also informed that state has initiated social review of maternal death and different programmes running under NRHM. In this FY 2014-15, state is planning to print community action materials and current RMRS guidelines.

Key decision taken:

1. Special Secretary Medical, Health & FW and Mission Director-NHM directed to reconstitution of 'Rajasthan State Mentoring Group for Community Action on Health'. The said mentoring group will be chaired by MD-NHM and the other member of this group would include Director - RCH, SPM, PD-CH, PD-MH, Consultant-CH, Consultant-VHSC, Consultant -ASHA; Consultant- IEC, State Rep.- UNICEF /UNFPA/ JHIPEGO/NIPI/CHETNA rep.; Members from AGCA including Dr. Narendra Gupta, Dr. Sharad

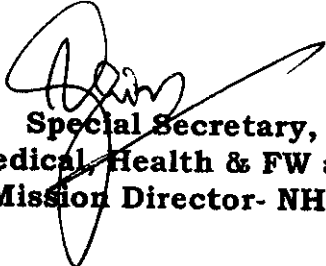


- Iyengar, and Mr. Bijit. Consultant. (Responsibility Project Director-MH/Consultant-VHSC)
2. Project Director-MH informed that printing of Revised RMRS guidelines is under process with IEC cell and will be printed by March 2015 (Responsibility Project Director-MH and DD IEC).
 3. Special Secretary Medical, Health & FW and Mission Director-NHM stressed on developing a pictorial brochure for PRI members which would majorly focus on VHSCs roles and responsibilities. It may also include information on NHM, Generic drugs, Community Based Monitoring process of 104/108 and health services. It was directed that AGCA members- Dr. Narendra Gupta and Dr. Shared Iyengar along with Ms. Vaishali Sharma (SPMU) will finalized this brochure by 20th March 2015. It was directed to get 3 lakhs copies of this brochures printed by the end of March 2015. The same should be distributed during PRIs orientation which is scheduled from the month of March 2015 onwards. (Responsibility Project Director-MH,DD IEC and Consultant-VHSC)
 4. MD-NHM said at the beginning of MNDY extensive IEC was done to promote Generic Medicine, however, the same is missing in these days therefore, there is a need to reinstate the community based campaign on Generic Drugs. Therefore, DD IEC was directed to submit a detailed IEC plan regarding the same to MD-NHM within 7 days and also to include it in brochures for PRIs. (Responsibility Project Director-MH and DD IEC)
 5. MD-NHM stressed on initiating an extensive awareness campaign on 104 toll free Medical Advisory Service so that more and more people may get the services rendered by this toll free helpline like - Free medical advised, registering complaint of illegal sex selection, may seek information related to malnutrition, grievance Redressal, Janani Express, etc... (Responsibility Project Director-NRHM, Consultant-ISC , DD IEC and Ms. Vaishali Sharma)
 6. MD-NHM shared that the state is planning to organize one day orientation programme for newly elected Zila Pramukh and Pradhan very soon, thereafter orientation of newly elected Zila Panchayat/Panchayat Samiti members, Sarpanch and ward-panchs on National Health Mission and their role in VHSCs will be taken up in next 3 months. (Responsibility Diretor-IEC, Project Director-MH and Consultant- VHSC)



7. It was directed to prepare a month wise theme based calendar for VHSCs functioning and submit to MD-NHM within 10 days. (Responsibility Co-VHSC)
8. MD-NHM directed that a meeting may be convened in the second week of April 2015 for finalization of the Community Based Monitoring process in the state for FY 2015-16, once NHM PIP 2015-16 is approved by MoHFW, GoI and received by State. (Responsibility Co-VHSC)

The meeting ended with vote of thanks.


**Special Secretary,
Medical, Health & FW and
Mission Director- NHM**

Copy for information and necessary action:-

1. PS to Principal Secretary Medical, Health and FW, GoR
2. PA to Special Secretary Medical, Health and FW and Mission Director-NHM
3. PA to Additional Mission Director-NHM
4. Director-RCH/Finance-NHM
5. Project Director-NHM
6. DD-IEC
7. All above concerned officials
8. Consultant- ISC
9. CO - IT, NRHM to email to all concerned


Director-RCH