

**Minutes of the sixth meeting of the Advisory Group on Community Action –  
National Rural Health Mission (NRHM) on 24 February 2007, Population  
Foundation of India, New Delhi**

*Advisory Group Members/Co-opted Members present*

Advisory Group Members

Mr. A R Nanda (in Chair)  
Dr. Shanti Ghosh  
Dr Saraswati Swain  
Dr Abhay Shukla  
Dr V Aruldas  
Dr Abhijit Das

Co-opted Members/Special Invitees

Dr Narendra Gupta  
Dr Dhananjay Kakde  
Dr P C Bhatnagar  
Ms Seema Gupta

**Ministry of Health and Family Welfare:**

Ms. S.Jalaja, Additional Secretary and Mission Director NRHM, MoHFW  
Mr Amarjeet Sinha, Joint Secretary, MoHFW  
Dr Tarun Seem, Director, NRHM, MoHFW  
Dr P C Das, Director, NGO Division, MoHFW  
Mr Ganga Kumar, Deputy Director, NRHM, MoHFW

**Special Invitees from the States of Maharashtra and Rajasthan**

Mr Upamanyu Chatterjee, Commissioner and Secretary, Family Welfare, Maharashtra  
Mr M S Chaudhury, Mission Director, NRHM, Maharashtra  
Mr Rajesh Yadav, Director (M&H), IEC and Project Director NRHM, Rajasthan

**Others in Attendance (invited):**

Ms. Sona Sharma, PFI  
Ms Sudipta Mukhopadhyay, PFI

**Members who could not attend the meeting:**

Ms Indu Capoor  
 Dr Pappu  
 Dr H Sudarshan  
 Prof Ranjit Roy Choudhury  
 Dr. N H Antia  
 Dr Shyam Ashtekar  
 Dr Rama Baru  
 Dr Sharad Iyengar  
 Dr Thelma Narayan  
 Ms. Mirai Chatterjee  
 Dr R S Arole  
 Dr Jaiprakash Narayan  
 Dr Alok Mukhopadhyay

**Introduction**

Mr A R Nanda welcomed the members, the NRHM representatives, the representatives from the Governments of Rajasthan and Maharashtra and other participants. He clarified that the AGCA comprises individuals and not representatives of organizations. He mentioned that members should represent themselves at the AGCA and not depute representatives.

**Agenda Item 1**

The Advisory Group approved the minutes of the last meeting. Responding to action taken on the last minutes, members reiterated that PFI should draft the ToR for involvement of AGCA members in community monitoring process at the earliest.

Mr Amarjeet Sinha provided an update on the progress of NRHM. He mentioned that the mandated institutions such as VHSCs have been formed and untied funds have been released. Rogi Kalyan Samitis and Hospital Development Committees have also been formed.

Mr M S Chaudhuri from the government of Maharashtra mentioned that as per the mandate, ASHA training is going on in the state. The trainers' manual in Marathi has been prepared. The training will be completed by March end. Orientation of community members and new PRI members will begin from March, along with orientation on NRHM for the members at the first meetings. Subsequently, Mother NGOs will be provided orientation and training on the community monitoring processes.

Dr Abhay Shukla mentioned that the focus states of the Peoples' Rural Health Watch are Madhya Pradesh, Rajasthan, Chhattisgarh, Jharkhand, Uttar Pradesh, Bihar, Orissa and Himachal Pradesh. The reports from these states will be shared at the National Health Assembly 2 to be held at Bhopal during 23<sup>rd</sup> – 25<sup>th</sup> March 2007.

### **Agenda Item 2: Response to the proposal on pilot phase community based monitoring under NRHM**

Clarifying some apprehensions related to the community monitoring process, Mr Amarjeet Sinha mentioned that community monitoring would not be centrally driven. It will be rooted at the state level with state governments and civil society organizations involved from the planning process. The representation from the state governments of Rajasthan and Maharashtra is a first step in this direction. The states will be putting in place the monitoring framework at each level with representation of the government, civil society organisation and PRIs. Then process will not create structures at the national level, which will take away the autonomy of the states. Mr Sinha stated that the purpose is to put in place a fully functional public health monitoring system. The proposal provides an outline of the process for achieving the objectives, which will be finalized and structured in consultation and participation of the state governments. The framework outlined in the proposal proposed to set up institutions, which are willing to take up the process and undertake sample checks, analysis of secondary data and coordinate with other NGOs to bring out the reports. Independent assessments undertaken will not be in conflict with the community monitoring process.

Dr Saraswati Swain reiterated that the process as outlined in the proposal would be truly participatory and community based. It includes the state governments will be partners in the process and will be taken into confidence at every level. She mentioned that apart from capacity building of NGOs, they should be given responsibility also.

Mr Nanda mentioned that community monitoring will be different from the routine implementation machinery monitoring under NRHM. All concurrent monitorings will continue. State governments can also undertake special in-depth studies based on the state specific needs. Mr Nanda cautioned that the process should not be too aggressive. It should build on positive partnership with the state governments. He hoped that the process would bring out positive examples.

Dr Abhijit Das mentioned that such studies could include triangular process service studies, independent monitoring and studies. The process seeks to strengthen people's belief in the public health system.

Dr Abhay Shukla mentioned that there are three objectives of community monitoring of NRHM such as establishing independent feedback mechanism, improving planning of health programmes and ensuring ownership by the community. The process would supplement efforts at the state level. The time frame mentioned in the proposal is based on the overall time frame of NRHM. The process builds in state specificity. All materials and tools developed will be adapted and produced at the state level.

Dr Narendra Gupta responded to the proposal by mentioning that the process would be a convergent one. It will be piloted at the village, block and district levels and will iron out miscommunication between the providers and the community. It seeks to undertake joint planning and review of the programme.

Ms Seema Gupta mentioned that such collaborative efforts with the state government are already being undertaken by VHAI- RRC for Rajasthan as part of the helplines under the JSA. It has opened up opportunity for dialogue between community and providers, setting up a clear monitoring mechanism and reducing confusion and addressing bottlenecks.

Dr Tarun Seem intimated the group that the proposal from the AGCA regarding the Community monitoring under NRHM had been examined in the ministry. It was pointed out that the phasing of the initiative was necessary but an accelerated implementation in sample districts may be needed. The normative guidelines for the process are part of the Framework of Implementation of NRHM and the details of timelines and budgeting as suggested by the AGCA shall be intimated to the states. It was also intimated that a proposal for detailing the sustainability of the community monitoring initiative in the states is being processed by the ministry and is likely to be finalized before the start up phase is completed.

Dr Seem mentioned that the selection criteria for NGOs need to be developed. This was also reiterated by Mr Rajesh Yadav from Government of Rajasthan. It should include NGOs, who have the capability and demonstrated abilities in undertaking community monitoring and should also have a passion to work on this issue.

Dr Narendra Gupta mentioned that the selection criteria should build in non negotiable aspects such as work on rights-based approach. The selection process should also be flexible in its approach. Dr P.C. Das mentioned that the existing criteria for selection of MNGOs by the government should also be referred. The process should be transparent.

Dr Shanti Ghosh mentioned that members should accept that not all NGOs are credible. Only those who are credible and undertake good work should be included in the process.

Dr Abhay Shukla emphasized that the process should include people who have worked in the community. There will be NGOs at two levels – nodal NGOs at the state level and district level NGOs. The current criteria for selection of NGOs mentioned in the proposal are sufficient for selection of NGOs at the grassroots level. However, a separate selection criteria for state level NGOs will have to be developed.

Members decided that the process should include large number of community based organizations. There should be clear directives from the central governments regarding the process with flexibility to design and develop the pilot phase based on state specific needs.

Ms Jalaja appreciated the efforts of the AGCA members towards developing the proposal and suggested the formation of a Pilot Implementation Sub-Group. Members agreed to the suggestion by electing Dr Narendra Gupta, Dr Abhay Shukla, Dr Vijay Aruldas and Dr Abhijit Das as members of the Sub-Group to discuss the detailed budget of the proposal and a preparatory phase for the first two or three months including a timeline for development of tools and guidelines and constituting the state level committees. The Ministry will initially support the first three months' activities after the AGCA submits the budget details for the period. The Sub-Group can co-opt some experts and include them in the pilot implementation sub-group, who would help them develop tools and guidelines.

The Group recommended that Dr Vijay Aruldas and Dr Thelma Narayan to be included as mentors for Tamil Nadu state.

#### Agenda Item 3: National Health Assembly (2) proposal

It is the first time that the National Health Assembly is looking for collaborating funding from the government. The proposal was shared earlier with the AGCA members. The Chair shared the comments on the proposal received from members who could not attend the meeting.

Dr Narendra Gupta elaborated that Jan Swasthya Abhiyan (JSA) is part of the global health campaign to establish right to health care. JSA is a network of organizations in India. The National Assembly is a continuation of the campaign towards building and strengthening the health movement of the people. Around 2000 delegates from across India are expected to be part of the Assembly to be held in Bhopal. Many of the AGCA members are members of JSA.

Dr Abhay Shukla also highlighted that JSA has raised money from other agencies such as UNFPA, UNICEF, UNDP, but majority of the delegates and organizations are supporting their own expenses for travel and accommodation for their representatives. Dr Shukla also emphasized that the collaboration with the government will provide an opportunity to contribute to NRHM through participation of representatives from the Central and State Governments, large scale orientation and awareness generation on NRHM at the Assembly, generate discussion through sessions focusing on dialogue with policy makers, and sessions on community monitoring.

The AGCA recommended the proposal for favourable consideration of the Ministry.

#### Agenda Item 4: Proposal for National Level NGOs

Dr P C Das mentioned that the above proposal was placed at the EPC meeting. The EPC suggested that the proposal be placed at the AGCA meeting for their suggestions and recommendations.

Dr Das in his presentation highlighted the need for national level NGOs. He mentioned that as part of institutional building mechanism there is a felt need to have selected national NGOs, which will engage with Government of India towards providing leadership, capacity building of other NGOs and programme monitoring for achieving set goals. The NRHM programs including RCH have been decentralized and the responsibility of planning, implementation, monitoring and evaluation has been given to the State Health Society. All states are not equipped to implement NRHM activities especially the EAG states. The importance of public private partnership has been realized for reaching the unreached to provide health care. It is therefore, felt that to provide technical assistance to Government of India and for over – viewing the NRHM related NGO activities in the states, especially EAG states, a few national level NGOs be selected for the purpose. Dr Das then highlighted the roles and responsibilities, the criteria for eligibility of National level NGOs, selection and funding for national level NGOs.

Members deliberated on the proposal. Following are the highlights from the discussion on the proposal.

- Members suggested the need for clarification as to whether National NGOs would replace existing RRCs since currently RRC's are playing a dual role wherein they could be upgraded as National NGOs.
- The roles and responsibilities mentioned in the proposal require varieties of competencies.
- The proposal needs to separate policy and operational roles of the National NGOs.
- Members suggested that instead of terming such organizations as National NGOs, they should be called NRHM Nodal NGOs with expertise in research and evaluation, training and capacity building, policy analysis and advocacy, implementation and management and community monitoring.
- Selection criteria should be stringent and may be developed in consultation with Planning Commission, Ministry of Panchayati Raj and Ministry of Women and Child Development. One of the desirable criteria for selection could be past experience of implementing government supported projects.

Ms Jalaja emphasized that the National NGOs would have competency based role and responsibilities to mentor the RRCs and assist the NRHM at the national level.

It was decided that members would submit their suggestions on the roles and responsibilities and norms and processes for national NGOs in writing to the AGCA secretariat for submission to the Ministry. It was also decided that representatives from Planning Commission, Ministry of Panchayati Raj and Ministry of Women and Child Development may be invited to the next meeting of the AGCA.

Agenda Item 5: Proposal for Additional RRCs under the MNGO/SNGO Scheme for each major states.

Dr P C Das presented the proposal for additional Regional Resource Centres (RRCs) under the MNGO/SNGO scheme for each major state. He mentioned the background and objectives of the MNGO scheme, the institutional framework for programme management at state and district level, the role of Apex Resource Cell and Regional Resource Centres towards NGO capacity building.

Dr Das also mentioned the impediments faced by RRCs due to excessive vulnerable areas to be covered. The impediments were limited staff and budget, the RRC's inability to provide attention to low performing states such as Jammu and Kashmir, Jharkhand, Madhya Pradesh and the North East, difficulty in meeting demands of state governments due to varying pace of the scheme, lack of time to document and disseminate innovations and additional responsibility of RRC programme staff due to absence of SNGOCs in many states.

Dr Das mentioned that in order to improve the performance of the already existing RRCs and ensuring that low performing states can show better outcome indicators, there is need of six new RRCs for (i) Karnataka and Kerala combined, (ii) Uttaranchal and Himachal combined (iii) one additional for U.P, and (iv) one for Chhattisgarh, (v) Madhya Pradesh (vi) one additional for North Eastern States. Ms Jalaja also reiterated the need for additional RRCs. She mentioned that due to increase in the number of MNGOs, there is need for six additional RRCs.

The members agreed and recommended the proposal for consideration of Government, which includes the following:

- The members recommended to increase the number of RRCs. Six new RRCs for (i) Karnataka and Kerala combined, (ii) Uttaranchal and Himachal combined (iii) one additional for U.P, and (iv) one for Chhattisgarh, (v) Madhya Pradesh (vi) one additional for North Eastern States
- Members also recommended the enhancement of salary for RRC staff. It was decided that the salary for the RRC Coordinator could be to a maximum of Rs 26,000 p.m. Similar increments to be undertaken for all other RRC staff.

Mr Nanda thanked every one and informed the members that the Pilot Implementation Sub-Group will meet in the afternoon to discuss the details of the preparatory phase. The next meeting of the AGCA will be held on 14<sup>th</sup> June 2007 at PFI.

In the afternoon session, meeting of the Pilot Implementation Sub-Group was held, comprising Dr Abhay Shukla, Dr Abhijit Das, Dr Narendra Gupa and Dr Vijay Aruldas (chair of the Sub-Group) to discuss the activities and timeline for the preparatory phase and budget for the first three months. Following are the recommendations of the Sub-Group:

- Population Foundation of India will co-ordinate the pilot phase, in collaboration with the Centre for Health and Social Justice (CHSJ), Delhi.

- The Secretariat for the pilot implementation will be located at the PFI/CHSJ.
- Decision was taken to include experts into the pilot implementation sub-group, who would help develop the tools and materials as required. Suggested names were Dr Thelma Narayan, Ms Renu Khanna, Ms Jasodhara Dasgupta, Mr John Oommen and Mr Rakhal Gaitonde
- The Secretariat would draft the ToR for this group
- The Secretariat will comprise two professionals as programme coordinators and one person for finance and accounts. The co-ordinators should be recruited at the earliest having experience of project management and community monitoring of health issues with background of medicine and social science. Ms Sudipta Mukhopadhyay from PFI to provide time for the Secretariat till the recruitment of the coordinators
- The Secretariat will undertake the following activities:
  - The proposal to be converted into a working document
  - Create an e-group for the pilot implementation phase
  - Letterhead to be developed for future communication. The group to request Ministry for approval to utilize NRHM logo
  - Complete list of materials to be prepared
  - List of central and state governments contacts. List to be provided by PFI
  - List of civil society organizations at the 8 pilot states. AGCA members to provide contacts of civil society organizations to the secretariat.
  - Timeline for the next three months
  - Identifying state level nodal NGOs
  - Dr Abhay Shukla and Dr Dhananjay to draft note on nodal NGOs
- Following is the timeline for the next three months:
  - First meeting of the pilot implementation sub-group to be held on 7<sup>th</sup> March 2007 at PFI. One of the agenda items at the meeting would be to finalize nodal NGOs at the state level.
  - Preparation and time line for state visits to be completed by 31<sup>st</sup> March 2007
  - AGCA members' preparatory visit to the states to meet state representatives/civil society organizations to be completed by 15<sup>th</sup> May 2007 State mentoring teams to be formed by May 30, 2007
- The budget for the first phase of three months would be around Rs 50,00,000.00. The budget has to be submitted at the earliest.