



OFFICE OF THE MISSION DIRECTOR
NATIONAL RURAL HEALTH MISSION, MEGHALAYA

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DHS/MCH&FW/NRHM/CM/76/2010(A)/2452

Dated: 30.04.2015

From: Secretary of Health & Family Welfare
Cum Mission Director
NHM, Meghalaya
Shillong

To
Shri. C.K.Mishra
Additional Secretary
& Mission Director
National Health Mission
New Delhi

Subject: Minutes of the State Level Review Meeting Cum Workshop on Community Action for Health and report on State Level training for the CAH District Trainers.

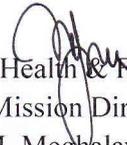
Sir,
The State Level Review Meeting cum Workshop on Community Action For Health was held on 16th April 2015th and a two days training for the CAH District Trainers on the 17th and 18th April 2015. This review meeting and training was found to be very useful and productive to all the participant and trainers. This has provided a lot of insights and clarity in making the Community Action for Health programme more effective and showing the way forward.

Our sincere gratitude goes to Shri. Daman Ahuja, AGCA member from Population Foundation of India for his support and time given during the programme.

We are enclosing herewith the minutes and the report of the three days programme.

Thanking You,

Yours faithfully


Secretary of Health & Family Welfare
Cum Mission Director
NHM, Meghalaya
Shillong

Memo No. DHS/MCH & FW/NRHM/CM/76/2010(A)/2453-2458

Dated: 30.04.2015

Cc

1. Shri. Manoj Jhalani, IAS, Joint Secretary, Government of India, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi-110011 for information.
2. Ms. Limatula Yaden, IAS, Joint Secretary, Government of India, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi-110011 for information.
3. Ms. Preeti. Pant, Director North East, NHM for information.

Get every Newborn immunized

*At birth: BCG, OPV (0 dose) || *At 1 ½ months: DPT1, OPV1 || *At 2 ½ months: DPT2, OPV2 || *At 3 ½ months: DPT3, OPV3 || *At 9 months: Measles
Conduct delivery at Govt. Hospital & get Rs.700/- under Janani Suraksha Yojana || Healthy Family, Healthy Village, Healthy Nation



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4. The Director RRC, Guwahati for information.
5. Mrs. Poonam Mutterja, Executive Director (AGCA Secretary) Population Foundation of India, New Delhi for information.
6. Mr. Daman Ahuja, Programme Manager, Secretary AGCA, Population Foundation of India, New Delhi for information.

Secretary of Health & Family Welfare
Cum Mission Director
NHM, Meghalaya
Shillong

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***State Level Review Meeting cum Workshop on
Community Action for Health***

Dated:

16th April, 2015

Venue:

Pinewood Hotel, Shillong

AM

M. J. J. S.
Director
Mission Health Mission
Shillong, Meghalaya.



***Organized by the State NHM in collaboration with the
AGCA Secretariat PFI***

Introduction:

A **State level Review Meeting cum Workshop on Community Action For Health** was held at Pinewood Hotel on **16th April, 2015** organised by the State National Health Mission, Directorate of Health and Family Services (MCH&FW) in collaboration with AGCA Secretariat PFI chaired by the Mission Director, National Health Mission, Meghalaya. The programme was attended by members of the SAGCA, State Officials, District Officials, State Nodal NGO, District Nodal NGO and all members of NHM.

Welcome address:

At the very onset a welcome speech was addressed by Dr. E.S. Shullai, Director of Health Services (MCH&FW) expressing her sincere gratitude to the Mission Director, National Health Mission for sparing his valuable time. She welcomed Mr. Daman Ahuja, National AGCA members who have come all the way far to support the meeting and also Mr. Biraj Shome, Community Process Consultant, Regional Resource Centre, Guwahati. She extend her warm welcome to all the members of the SAGCA representing from different departments, officials from the Directorate of Health and Family Services (MCH&FW), NHM staff, District Officials, State Nodal NGO, District nodal NGO, Karuna Trust and all the colleagues present for the meeting.



Keynote Address:



A keynote address was delivered by Dr. P. Dohtdong, Jt. Director Health Services cum Nodal Officer Incharge of Community Action for Health laying emphasis that this programme enables to plug the gaps in the process and find out solution for a better uptake of the health services by the community. CAH also enable participation of non local residents creating an equal platform for all citizens without any discrimination. She hoped that the programme will be scaled up in the future making a turnover in the health services.

Inaugural Speech:

The Mission Director address an inaugural speech on CAH and express his honour and privilege to be a part of the programme after being dormant for a few years. A glimpse about the process of CAH was provided to all the members present. He request the NGOs to fully empower the community people and VHSNC creating mass awareness on the different services. It was also directed by the Mission Director to all the authorised Officers to note issues emerging form field and to address immediately.



Short Speech by Mr. Daman Ahuja:

A warm welcome was extended by Daman Ahuja (AGCA member) to our honourable Mission Director, staff from different department requesting the community process team to scale up CAH process in whole State and SAGCA to act as a voice of the community and pressure group for the system.



Presentations:

A brief presentation was presented on the progress of the programme by Ms. Dakaru Passah, State Programme Executive, Community Monitoring, NHM and then follows the presentations from the three District Cum Block Nodal NGOs on issues and learnings. Some of the common issues addressed where as follows:



- a) Low supply of medicine/vaccination.
- b) Ambulance not reaching on time.
- c) Incentive problems to ASHA from different vertical programmes
- d) Sub centre under renovations and repairing.
- e) Baby warmers.

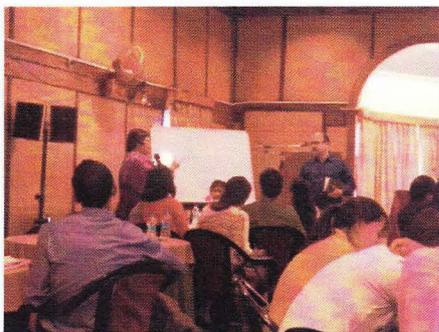
Key points discussed:

- Regular and frequent meeting and informal discussion with the SAGCA must be conducted to resolve issues emerging from the field.
- Members have agreed that empowerment of the VHSNC is key to scale up Community Action for Health in the State.
- All the SAGCA members decided to meet the Mission Director every month to share their field observations .
- Two SAGCA and one District Planning and Monitoring members volunteered themselves to meet every month and act as STAG members. They are:
 1. Professor Dr. A.K.Nongkynrih, Dept. of Sociology, North Eastern Hill University (NEHU), Meghalaya.
 2. Mrs. N. West, Faculty Member, IIM, Meghalaya.
 3. Dr. (Mrs) Ivonne. M. Sangma, District Planning and Monitoring Committee Members, WGH, Meghalaya.
- It was discussed that National AGCA team and members of the SAGCA along with State team to give their suggestions on the Terms of Reference of the State and District Nodal NGOs.
- Active Members from the District to be included in the SAGCA team.
- To include representative like the ASHA and the VHSNC member in a rotational basis during the District Planning and Monitoring Committee cum District Mentoring Team meetings.
- SAGCA members will take up the district level issues with District Commissioner for issues emerging from the field that has to be resolved.
- Monthly meeting with the Mission Director and if issues are not resolve at his level it should be forwarded to the higher level i.e. Principal Secretary, Chief Secretary and the Health Minister.
- Advise by the AGCA that IPHS standard to be amended as per State relevance.
- More members from the PHE, PWD department should be included in the SAGCA and review meeting should also be conducted along with them.
- Action taken and progress at different levels should be shared during the meetings.



Recommendations and Suggestions

- It was suggested that the SAGCA should periodically go for field visit in the implemented district along with the SNGO and District NGOs and address local level issues by meeting with local administration.
- The SAGCA can highlight the gaps of the field at the state level.



- Social Welfare Department suggested on having regular meeting at the block level with the line department including the BDO as a member.
- The SAGCA may guide, orient, sensitize the media on the Community Action for Health and also on the Jan Samvad/Public Hearing programme.
- Suggested to prioritise issues category wise and resolve the problem at different level.
- Few issues should be resolved and shared to the community during Jan Samvad for more participation as this should be a result oriented programme.
- Suggested that the DNGOs could do a study to showcase the impact of comparison between the implemented areas under community monitoring and the non-implemented.
- Suggested by the AGCA to hold meetings as per convenience of the members at every level improving the performance of the different committees.
- It was suggested that findings to be elaborated in terms of data so that it could be supported and compared. Photographs needs to be included in the documentation.
- Suggested by the AGCA for more capacity building for the VHSNC and RKS members.
- More involvement of the District Community Process Coordinator to be included in the process of Community Action for Health.
- It is recommended that one or two member of the District cum Block Nodal NGO to attend the PHC/SC monthly meeting.
- Data to be collated within time context so that it will not be futile.
- It was also suggested that in future the tools for data collection could be more simplified base on the important context of the State.

Vote of thanks:

A vote of thanks was delivered by the State Programme Manager, NHM expressing gratitude to all members present and sparing their valuable time where this meeting could be a successful outcome.

Members Present:**National level:**

Name	Email	Phone
Shri. Daman Ahuja, Nationa AGCA Secretariat PFI	damanahuja@gmail.com	

Regional Resource Centre:

Name	Email	Phone
Dr. Shri. Biraj Shome Community Process Consultant, RRC-Guwahati	birajshome@gmail.com	9435172953

SAGCA/State Mentoring Team Members/Representatives

Name	Email	Phone
Shri. M. Synrem, Secretary, GOM, Health & Family Welfare Department Cum Mission Director, NHM, Meghalaya.	meban@yahoo.com	9856000111
Dr. E.S. Shullai, Director of Health Services (MCH&FW) cum Jt. Mission Director, NHM, Meghalaya.	-	9863085339
Dr. P. Dohtdong, Jt. DHS (MCH & FW) cum State Nodal Officer (Community Monitoring) NHM, Meghalaya.	-	8974003110
Smti. S. Rynga Deputy Director of Social Welfare Department, Meghalaya	dte_swmege@yahoo.com	-
Smti T.M. Pyngrope (Representative SAGCA) Special Officer, Directorate of School Education & Literacy, Meghalaya	-	9436312563
Dr. A. K. Nongkynrih Professor Dept. of Sociology North Eastern Hill University (NEHU) Meghalaya	aknongkynrih@nehu.ac.in	9436104711
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Smti. Mousumi Roy, Consultant CP, RRC-NHM, Meghalaya.	mousumiroy33@gmail.com	
Shri D. Diengdoh State Monitoring & Evaluation Coordinator, NHM, Meghalaya	-	
Smti N. Syiem IEC Consultant, NHM, Meghalaya	-	
Smti. H.Jungai Programme Assistant, NHM, Meghalaya	hepzibah.jungai@gmail.com	8575791178
Sister Isabella, Director Bakdil, Tura, Meghalaya	-	

State Officials who participated:

- Dr. B. Mawthoh, Jt. Director (MCH&FW), Meghalaya.
- Dr. P.D. Chyne, Jt. Director (MCH&FW), Meghalaya.
- Dr. W. D. Phira, Jt. Director (MCH&FW), Meghalaya.
- Dr. P. Gangte, RMNCH+A Coordinator, Meghalaya.
- Shri. Rakesh Singh, State Coordinator, RMNCH+A, Meghalaya.
- Shri. M. Kharshiing, State Finance Manager, NHM, Meghalaya.

District Officials who participated:

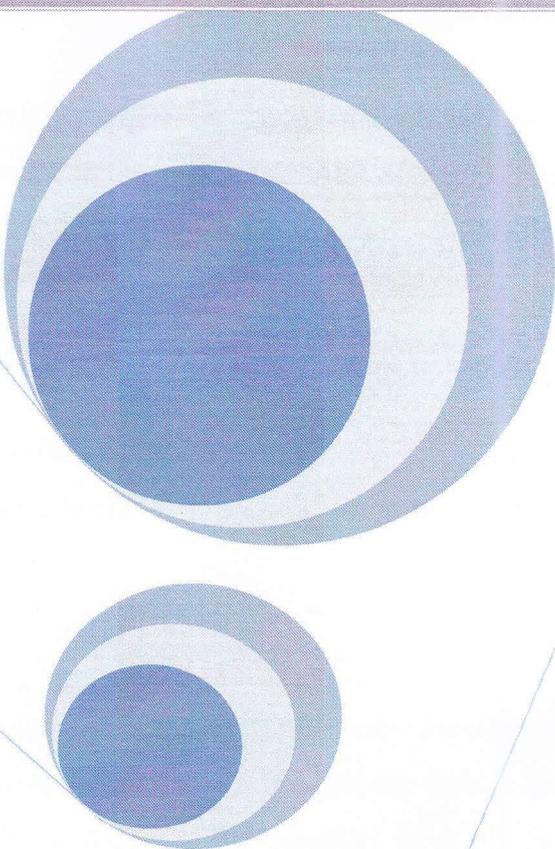
- Dr. R.M. Lamare, DMHO, East Khasi Hills District.
- Dr. J.Lyngwa Addt. DMHO, Jaintia Hills District.
- Dr. Jean Barbara Ranee, DMCHO, East Khasi Hills District.
- Mr.W.Pamdhai, DPM, East Khasi Hills District.
- Mr.R.Shullai, DPM, Jaintia Hills District.
- Mr.G.Momin, DPM, West Garo Hills District.
- Mrs.F.Lyngdoh, DCPC, East Khasi Hills District.
- Ms.T.Hadem, DCPC, Jaintia Hills District.
- Ms.M.Momin, DCPC, West Garo Hills District.

State Nodal NGO members who participated:

- Smt. Mayfreen Ryntathiang ,VHAM, Meghalaya.
- Shri.Khlainbor Kharbangar,VHAM, Meghalaya.
- Shri.Edmund Shangpliang,VHAM, Meghalaya.
- Shri.Phrangshwa.S.Lyngdoh,VHAM, Meghalaya.

District Nodal NGO members who participated:

- Dr.J.Shullai, Mih Myntdu Community Social Welfare Association, Jaintia Hills District.
- Shri.J.Myrmen, Mih Myntdu Community Social Welfare Association, Jaintia Hills District.
- Shri.E.Diengdoh, Grassroot, East Khasi Hills District.
- Shri.A.Suchiang,Grassroot, East Khasi Hills District.
- Smt.A.Yatbon,Grassroot, East Khasi Hills District.
- Smt.B.Majaw,Grassroot, East Khasi Hills District.
- Smt.B.Shylla,Grassroot, East Khasi Hills District.
- Smt.G.R.Marak, Bakdil, West Garo Hills District.
- Smt..H.D.R.Marak, Bakdil, West Garo Hills District.
- Shri.C.R.Marak, Bakdil, West Garo Hills District.
- Shri.J.K.Marak.Bakdil, West Garo Hills District.

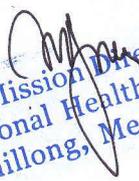


**Two Days State Level Training for
“Community Action for Health
District Trainers”**

**Organized by State NHM in collaboration with
AGCA Secretariat PFI**

Venue: Asian Confluence, Conference Hall, Shillong

**Date:
17th & 18th April, 2015**



**Mission Director
National Health Mission
Shillong, Meghalaya.**



A two days State Level Training for “**Community Action for Health District Trainers**” was conducted by the State National Health Mission in collaboration with the AGCA Secretariat, Population Foundation of India, New Delhi on the 17th and 18th April, 2015 at Asian Confluence, Conference Hall, Meghalaya, Shillong.

Objective of the training:

- To build capacities for addressing the social determinants of health.
- To enable people to acquire complex skills of village health planning and community action for health.

Day 1:

The session began with a welcome note from State Programme Executive, Community Monitoring who motivated and ensure that through this training all the members to take forward the task in the near future to perform their duty. This was followed by a round of introduction from all the participants.

First Session:

A detail presentation was presented and trained by Dr. Shri. Biraj Shome (Consultant RRC) on “**National Health Mission and Communitization**” and the key points were:

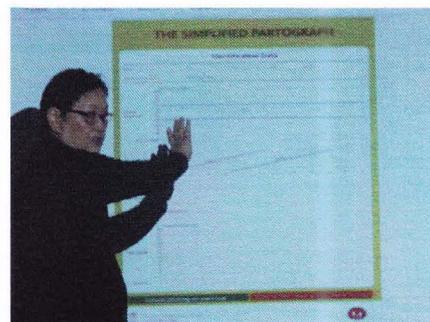
- NRHM presently as NHM because urban sector is included in the mission especially the urban poor as this is seen as an important fact on health scenario to be improved in the country as a whole.
- Goals of NHM: imparting detail information on the meaning and importance of IMR, MMR and TFR as main factors for health development of a country.
- Decentralization of health planning: involving the community is imperative for functioning of an effective health care. Planning should be decentralize right so as to get an in depth knowledge. Empowering the community to plans is crucial for health delivery. Health Action Plan is an important institutional structure for enabling decentralization, convergence and integrated plans. This is a vehicle to promote equity and participation.
- Community Processes: emphasize that ASHA, VHSNC and VHND needs to be strengthened at the grassroot level to empower and increase the process of health delivery in the community. Communitization of BCC plays an important role.



- Pilot to move towards universal health coverage is the main objective and design through effective coverage with different services.
- Communitization is an imperative part in the process of community action, and is an effective approach to community participation. To improve the quality of service delivery it emphasize that the government needs to hand it over to the community for better management. He also highlighted on the core principle of NHM and the approaches of the mission.

Second Session:

This session was taken up by Dr. Lalrin (RCH Consultant, NHM) on the **IPHS Standard**. Her inputs and training was on the following point:



- Indian Public Health Standards (IPHS) are a set of standards envisaged to improve the quality of health care delivery in the country under the National Health Mission and these standard are being established at all the levels.
- Standard for Sub centre, PHCs, CHCs and District Hospital level was imparted with regards to the population covered. IPHS objectives of the IPHS standards for all the facilities, categorization of the facilities, physical infrastructure, services to be provided by the facilities and the support, quality and accountability of all the facilities are being present thoroughly.
- This presentation aims to provide a thorough knowledge to each participant so as to be well equipped with information.

Third Session:

Shri. Daman Ahuja (AGCA member) trained on **“Overview of the health rights and accountability”** which was continued with the **“Process of Community Action for a health and the roles of different stakeholders”**. The key points trained were as follows:



- Community action for health was presented on the accountability framework of NHM base on the 3 approaches.
- The constitution of the AGCA at the national level which was constituted in 2005 and its mandate.
- The pilot phase of the project on the implemented states and scaling up in the future.
- The technical support provided from the national level for better implementation at different States.

- The key components of Community Action base on the importance of education and awareness promotion, monitoring and information sharing, public dialogue and advocacy.
- Outcomes through community action where it can enhance trust and interaction between community and provider, community base inputs in planning and action, reduction in out pocket expenditure.
- Role played by NGOs and government in different states as models of community action.
- Involvement of different institutions, government departments and NGOs in training of VHSNC.
- Community action as an important mechanism to improve accountability, better service delivery, platform for community dialogue and feedback, improve coverage and accessibility of health services.
- Process and key steps in formation of different committees at different levels viz, mobilizing community, institutional mechanism, capacity building, monitoring and planning.
- Institutional structures, its composition and the flow of reports feedback and necessary action to be taken.
- Importance and need of community mobilize at different levels for orientation, organizing, support and to facilitate different programmes.

Day 2:

The day then started with brief sharing on the issues and challenges by the District Nodal Officers. The points shared were:

- The system of CAH to be in place and should meet on a quarterly basis.
- Request for the district officials to be a mentor and deliberate steps to the DNGO and to work hand in hand for corrective action.
- Currently there is lack of participation from the DCPC but however it was requested that in the future DCPC to organize and be responsible to create the district level functionaries.



- There should be comprehensive review of ongoing activities and summary report to be submitted by the DNGO as request by the District Nodal Officer West Garo Hills.

- Inclusion of ANM as trainers in the PHC level since she should be at par with everything that is happening in the grassroot level and within her facility as well.



- Reports and action plan from the NGOs should be submitted to the District Nodal Officer and needs to be facilitated by the SNGO and the State.
- DMHO of the sub divided district to be a member of the District Planning and Monitoring Team.

First Session:

Shri. Daman Ahuja (AGCA member) then continued his session from the previous day on “**Process of Community Action for a health**”.

- Community tools which are mandatory in community action for health to assess the facilities, qualities of delivery and amenities to be provided and avail by the beneficiaries and users. The different sets of tools, levels of tools, collations of tools and report cards, sharing of findings to be resolve at different levels were also imparted for the participants.
- Importance of VHSNC at the grassroot level and the participants to go through the Programme Managers Guideline and User Manual.
- Jan Samvad as a platform for community dialogue and service providers, formation of panels in the Jan Samvad and different steps for conducting Jan Samvad.

Second Session:

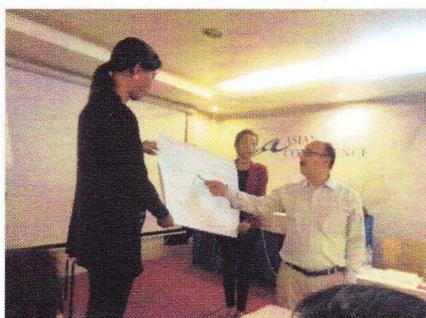
Professor. Dr. A. K. Nongkynrih, Department of Sociology, NEHU discussed on the “**Methods of data collection/Focus group discussion**”



- Where he convey that any work to be done needs our senses to be used and critical self assessment is important for any work to be carried out successfully.
- For collection of data, rapport building is a must to get the desired data.
- Before using the questionnaires, one must read, reformulate, translate and write to get the real notion of the purpose of study.
- Also emphasize that questions are double way traffic not just for the community to answers but to raise the level of consciousness to the community.
- As a good leader on should respect others, have a good rapport and also a good observer.
- Leadership strengthening of the facilitator is important for the focus group discussion.
- It is always important that we have a mix group during the focus group discussion.
- Points should be prioritize for discussion and need to be informed or laid out to the group.
- Process is the key for surveying where group should not be push but to allow their opinion for a group decision.

Third Session:

This session was then facilitated by Shri Daman Ahuja, on the different “**Tools of CAH**”. Participants were asked to read each and every tool for their understanding and queries. Then it was decided that for a simpler tool cross checking of the questionnaires will have to be as per state relevance.



Fourth Session: Group work

During this session the participants/trainers were divided into two groups. These groups were then asked to prepare a village health plan.

Discussions, Recommendations and Suggestions:

- It was decided that during PHCs meeting the DNGOs are to attend the meeting to get an overview of the PHC functioning and health related issues.
- TOR for SNGO and DNGO needs to be forwarded to the AGCA.
- DNGOs to work hand in hand with the DCPC so as to get information on the data base of VHSNC.
- The NGO should frequently meet the district officials to be in a loop of the different new schemes or new thing happening at the district with regards to services.
- DNGO to meet VHSNC and support ASHA on holding VHSNC & VHND is a pivotal role.
- Coordination and monthly meeting between the DNGO, DCPC, DPM and BPM.
- Formats can be reframe and do away with as per state relevance.
- It was decided that the District Commissioner can be a member of the District Planning and Monitoring Team.
- DNGO to negotiate with the ASHA Facilitator and ASHA to get a glimpse on their job responsibility and also during their monthly meeting.
- It was advised that District Officials to act as mentor for the district nodal NGO and work hand in hand for a successful outcome.

The training ended with a vote of thanks from the Jt. Director (MCH&FW) cum Nodal Officer, who expressed her special gratitude to the member of the AGCA and RRC for their support. She appreciated the trainers for their keen interest toward the training which has made it a successful programme.

