

## **Minutes of CH Steering committee and programme committee meeting (Virtual)**

**Date- 6<sup>th</sup> January 2021**

**Time: 3-4pm**

Present members:

Dr. Alka Barua  
Dr. Arvinder Singh  
Ms. Bijaylaxmi  
Dr. Nilangi Sardeshpande  
Mr. Rajdev Chaturvedi  
Ms. Priya John  
Ms. Renu Khanna  
Ms. Sanjeeta Gawri  
Mr. Souvik Pyne  
Ms. Swati Shinde

In the light of recent changes in the CH steering committee, this call was proposed to have discussion on the following 2 points:

1. Souvik as CH chairperson wanted to propose some of his ideas to the group related to CH themes and reporting structure /functioning and logistics of the CH team in order to implement it right from Jan 2021
2. Roles and responsibilities of the 2 tier committee/teams

Souvik talked about revisiting the 3 CH themes, in a way to explore what more could CH members can actively initiate under these 3 themes and whether anyone would be interested to lead that activity.

Additionally, there is need to define the roles and responsibilities of CH SC members/programme team and document it officially.

Communication: He proposed there should be official email IDs for CH related communications as it ensures all the CH communication is stored at one place and easy to refer back, also it gives credibility to the organisation sending out mails from official IDs.

CH themes: CH has been focusing on the three themes, namely Maternal health, Reproductive health and Safe abortion , these could be called as the verticals . Amongst these 3 verticals we have been undertaking different activities but are not clearly underlined , Souvik proposed considering following 4 horizontals or domains to focus on to begin with:

1. Network building: It would be good to review how to expand the network, how to make it more geographically diverse. For eg, it could be specific to abortion advocacy or it could be for overall network building for CH goals.
2. Advocacy
3. Capacity building
4. Evidence generation

He believed one can volunteer for one of the domain and can lead the process to streamline and focussed effort to take it forward.

Dr Alka asked as to how RH is different from MH and Safe abortion ? Souvik and Nilangi clarified that this thematic discussion happened during Retreat meeting in July 2019 and it was discussed that topics such as access to contraception and sexuality education will go under RH theme.

Souvik asked the group if they want to talk about these domains and if there would be anyone willing to take the lead for any domain plus also talk about any other domain they think is important to focus on apart from the once listed. If there are members taking lead then a model/system could be worked out for planning activities /reporting etc. He further suggested that the domains could be for individual themes or it could be for overarching CH activities , but if we identify leads , then they can lead the activities whenever there is opportunity for eg. Capacity building for safe abortion advocacy regionally activities could be led by this person. On the domain of capacity building , he thought overall if CH as coalition wants to build capacity of its members or other organisations for overall RH health issues , then it could think of doing its needs assessment , what priority themes it could be done?

As there have been these thematic directions wherein RH will constitute everything apart from specific to MH and Safe abortion issues, similarly one could think to make clear horizontal domains to have clarity and focus. Currently, in RH there is just evidence generation, similarly in Safe abortion there is evidence generation plus advocacy but not much capacity building and MH there is nothing much as of now. He opened the discussion on this aspect and asked suggestions from the group.

Dr. Arvinder suggested there is need to strengthen the verticals as it was planned during the retreat , if the plans and groups committed for same have been contributing to its implementation, then it would be more meaningful to talk about the specific horizontals as it would otherwise create overlaps and confusions. Alka too agreed and believed that there was need to strengthen the verticals. Souvik agreed and responded that the purpose is to eventually strengthen the verticals which means if CH wants to be a key stakeholder when it comes abortion advocacy and access issues (for eg) then there is need to reflect on what all it does? CH should be able to do networking, advocacy, capacity building, evidence generation and besides this what else would be good to strengthen its existing portfolio and visibility.

It would be good to have a realistic assessment of CH team as to what it is doing and what needs to be done more? It would be good ideally to list down other dimensions , even if it is not possible to venture into it right now but in the near future , CH may be able to think of it. CH can collaborate with different organisations on it if the current pool of people doesn't bring that expertise.

Alka talked about the activities under the Safe abortion networking and capacity building are happening, evidence generation is happening to a large extent and the weakness she thinks is in terms of advocacy across all the themes because CH does not have too many knowledge products , although SA does have some products but to increase the visibility good publications are required for public forum and platforms.

Sanjeeta suggested focusing on alliance building at the regional level for abortion advocacy as currently CH has national presence , and emphasize on the need to have abortion discourse at the regional meetings with partners which CH has not been able to do lately. She thought the regional advocacy would bring nuanced learnings on the issue as it varies from state to state and suggested to build regional networks which will allow capacity building of the partners automatically.

Priya agreed to Souvik's idea and thought it was well organised. She however added that that CH has been thinking and operating on those lines. Souvik said the purpose to specifically listing these dimensions was to check with the group about what more needs to be added other than these or the matrix could be used to check where CH is focusing , what activities done , what is skewed and needs attention. He pointed out that CH should be able to provide open spaces to its members that if they are interested and keen to lead certain domains , they should be involved and not the other way round that if there is need they are engaged. Priya agreed to Souvik' proposal on encouraging interest of members as it could eventually lead to expertise. Besides the themes, she put forth health systems strengthening as one focus area and whether as a coalition CH sees merit in pursuing this as a lot of the conversations in CH are centered around the policy and programmatic aspects, whether and how that is working in terms of infrastructure that is available in different parts of the country and CH's call for action is around it. She further stressed that in that sense it would be good to discuss 'health system strengthening' as a sub theme or dimension explicitly listed down as a focus area in CH's current themes and wondered why in CH it wasn't suggested to have it categorically as a focus area.

Alka responded and said that the themes are largely guided by the projects that CH has and it was the need to get due attention to that particular aspect of health and believed that it is the same for doing advocacy, the issues at the community level, health system level and at the micro environment level and understands point made by Priya that at the health system level perhaps the issues are bigger and it may hence get lesser attention if taken thematically only. She suggested that for that everything has to be brought together, as reproductive health and as health of people and the enabling environment comes into play , otherwise this would be government programmes where there is family planning programme, immunisation programme etc then how would CH be different unless it is brought together. So it would be more meaningful if the CH has the system to bring together as reproductive health and do advocacy as Commonhealth, not only as RH, MH or Safe abortion, she further added that too much stratification would make the problem complex.

Priya shared that thematic categories helps in planning, strategising , approaching different stakeholders when such thematic focus is in mind but there is understanding between CH members that all of these themes come under the ambit of reproductive health and conversations are around health as a 'whole wellbeing'. She suggested as a coalition CH could maintain the thematic areas but could as well highlight that ( health system strengthening) and see it as a goal and bring that into conversation.

Alka shared her concern saying she would hesitate to go into any theme with the point of view that health system is at fault and believes there are faults at every level but when it comes to evidence generation there should not be the biases that health system is at fault and CH is building evidence to prove that. She largely agrees with Priya and suggested that there is need to consolidate everything and do advocacy and there should be some system to pull the different themes together.

Swati and Sanjeeta talked about the discussion on the OD exercise that happened during the retreat meeting and need for external facilitators to take the CH team through its proposed planning of 5 years.

Bringing the discussion back to the agenda, Dr. Arvinder said there is need to define the roles of 2 tier and asked if there would be change in the way earlier SC would function? He further

proposed physical meetings in the next 2-3 months to discuss how to reflect on CH's current work and plan for coming years.

Souvik summarised that for the internal understanding, CH can have these dimensions in mind. About roles of CH SC and programme members, the roles and functioning remains same as it was. Both the SC and programme team would together take the decisions on CH matter. Sanjeeta informed there may be some changes if the costs go into admin and role will be curtailed based on the contribution from the members.

Alka talked about administrative decisions and project related decisions and if the admin decisions would be taken by CH SC and SAHAJ admin/representatives. Whereas all the CH project decisions would be taken by programme committee. But Nilangi added that the distinction between admin and programme matters is not very clear and one can have implication on the other, so if Alka for e.g. is leading the Safe abortion theme she should be related to administrative decisions also and likewise others also. There are many things in which one who is implementing is also required to be part of administrative decisions. Alka agreed with Nilangi's point and said she meant administrative in context of overall CommonHealth matters, project specific administrative matters would require involvement of theme leads.

Nilangi reiterated that there is need of internal document that would give clarity on these roles /responsibilities aspect and the document that is already there with CH should be relooked and revised and it should be with SAHAJ office (signed hard copy). It was proposed that Nilangi, Sanjeeta and Souvik work on the document to finalise it and circulate it to SC for approval and signature.

Additionally , Souvik proposed that CH should send out quarterly updates about CH's work , what it has been doing etc in terms of building visibility and try working on advocacy mapping to know what are the different spaces that exist and where CH needs to move

Besides this he proposed that it would be good to also get the updates from the CH members on their work, other than those who are involved in project activities and put it on CH quarterly updates newsletter/document so they also get a sense of being connected and get visibility.

The group thought this was a good idea and CH should work on those ideas.

Renu suggested Souvik should revisit the framework sent by Dr Sunil Kaul on Monitoring and evaluation and try and use it for internal evaluation.

Alka added that CH has whole lot of material /data /publications new and old staff sent by Dr. Sundari and asked of someone can go through it and upload this on CH website that would show the extent of work CH had been doing. It could be done looked if not immediately but at some point.

#### **Action points:**

- CH chairperson, financial advisor, coordinator and SC –programme members should have official email IDs. Swati has circulated the IDs, team members can begin using it.
- Swati to add new email IDs to CH email group
- Circulate CH retreat document to SC members

- Roles and responsibilities remain more or less the same and both CH SC and programme team would take joint decisions for CH matters
- Nilangi, Sanjeeta and Souvik to work on the CH document of roles and responsibilities document to finalise it
- Souvik to check the M and E framework
- Data /resources/publications by Dr. Sundari should be looked and uploaded on CH website –with a summary. Souvik should have a look how that can be organised.
- CommonHealth should organise physical meetings in coming months