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Government of India
Ministry of Health & Family welfare
National Rural Health Mission

Minutes of 13th meeting of Empowered Programme Committee (EPC) of National Rural Health Mission (NRHM)

Secretary Health and Family Welfare chaired the 13th meeting of the Empowered Programme Committee (EPC) of the National Rural Health Mission on 9th June, 2011 at 11AM in the 1st Floor Conference Hall, Room No.155-A, Nirman Bhawan, New Delhi. The list of members of EPC and other officers who attended the meeting is placed at Annexure. The meeting was held as per agenda circulated in advance. The discussion held and decisions taken in the meeting are as under:

Agenda Item No. 1: Approval for modification in the Scheme for Promotion of Menstrual Hygiene approved by MSG in the meeting held on 15.06.2010

Ms Anuradha Gupta, JS (RCH) presented the proposal before the EPC. Sh P.K. Pradhan, SS&MD NRHM explained the details of the original approval by the Mission Steering Group (MSG) of NRHM. Sh A. K. Shiva Kumar sought clarifications about the Companies that participated in the tender process for supply of sanitary napkins and inquired whether there is sufficient justification for not going for a fresh tender or negotiations with the bidders and for placing the supply order with HLL which is not manufacturer of sanitary napkins. He also emphasized on appropriate marketing strategy, sustainability of the initiative and quality assurance aspects especially in the districts where sanitary napkins will be manufactured and supplied by Self Help Groups. Sh Shiva Kumar also suggested that a disposal plan for the used napkins should also be thought off very carefully and should be included in the training module.

SS&FA explained that the bidding process not only involved inviting 'Open Tenders' but the authorities engaged in the process had also repeatedly sent tender inquiries to several leading manufacturers. The response indicated a singular lack of interest (if not covert attempt to fail the tender process) in as much as bids were quoted for just one out of seven schedules i.e. different consignee locations. As bidders like Johnson and Johnson and Proctor & Gamble were clearly in a position to bid for all schedules considering their marketing network, it was clear that they will show no greater enthusiastic response for retendering and therefore making another attempt to call for the bids was considered to be an infructuous exercise. In response to a query from Shri Shiva



Kumar SS&FA further explained that the extant rules and instructions of CVC precluded holding negotiation with the bidders in respect of schedules for which they had not quoted.

Sh S.M. Mahajan, Advisor Planning Commission invited attention to the inability of BPL Girls to pay for the napkins. Ms Vilasini Ramachandran, Special Secretary (Expenditure) raised the issue that commission of Rs 1 per pack proposed for ASHA comes to 16% of sale price which is too high and advised to reduce it to 50 paisa per pack. SS&MD NRHM explained that this issue has already been decided by the MSG.

JS (RCH) also informed the EPC that HLL has also requested to provide additional amount of Rs 0.33 per napkin on account of taxes and duties and Rs 0.05 on account of cost of transportation from district to block. This will increase the cost from Rs 1.25 per napkin to Rs 1.63 per napkin.

After detailed discussions on the proposal, the EPC recommended the following for approval of the Mission Steering Group (MSG):

- i. Menstrual Hygiene Scheme (MHS) will be implemented in 152 districts out of which, supply in 107 districts will be through procurement from M/s HLL, a PSU of the Ministry of Health and Family Welfare, and in the remaining 45 districts from identified Women's Self Help Groups.
- ii. Placing the order on "Nomination" basis with M/S HLL for supply of sanitary napkins in 107 districts @ Rs. 1.25 per piece i.e. Rs. 7.50 per pack of 6 sanitary napkins. This arrangement will be valid only for one year in the first instance effective from the date of commencement of supplies.
- iii. A committee of Officers/ Experts will be constituted to look into the justification for additional cost quoted by HLL on account of transportation at the block level and Taxes and Duties, said to have been omitted from the earlier cost estimation; EPC may on recommendation of the Committee approve reimbursement of actual additional costs incurred by HLL on account of the above factors.
- iv. Supply would be made at the Block level instead of district head quarters and any cost incurred on transportation from district to the block level will be considered for reimbursement at a later stage based on recommendations of the committee.
- v. Uniform selling price of Rs. 6/- per pack of 6 sanitary napkins will be fixed regardless of APL/BPL status.



- vi. Procurement of sanitary napkins in 45 districts from Women's Self Help Groups at price of Rs. 7.50 per pack of 6 sanitary napkins be fixed for one year for which necessary provisions will be made by the States in their annual NRHM PIP. In case the States intend to procure from women SHGs at a higher rate, the additional funds would be borne out of the state budget.

Agenda Item No.2: Proposal for involving ASHA in Home Based Newborn Care

JS(RCH) presented the proposal before the EPC. Ms Vilasini Ramachandran, Special Secretary (Expenditure) emphasized that role of ASHA should not overlap with role of Anganwari worker for home visits for newborn care. She also said that ASHA is already incentivized for promotion of institutional delivery. So the incentive for home based newborn care should be restricted only for remote/hard to reach areas. Sh A.K. Shiva Kumar emphasized on coordination with ICDS. Sh S.M. Mahajan, Advisor Planning Commission highlighted the need of training of ASHAs in newborn care.

SS&MD NRHM explained that the incentives will be provided to ASHA for care of newborn both for home delivery and for institutional delivery after return to home for breastfeeding, proper care of newborn and timely referral if the newborn falls sick. Secretary HFW added that neonate mortality constitutes 60% of IMR. The current rate of decline of IMR by 3 points every year is very low and to accelerate faster decline on IMR, neonatal mortality needs enhanced focus. SS&MD NRHM explained that training of ASHAs upto 5th module has been completed by most of the States and training on 6th and 7th Module has also commenced.

After detailed discussions, the EPC recommended the following for approval of the Mission Steering Group (MSG):

- i. Engagement of ASHA for providing home based newborn care (HBNC). To discharge this function ASHA will make six visits in cases of institutional delivery (Days 3, 7, 14, 21, 28 & 42) and 7 visits for cases of home delivery (i.e. at time of delivery or as soon as possible within 1st 24 hrs of delivery and on Days 3, 7, 14, 21, 28 & 42).
- ii. Payment of incentive @ Rs 250/- at 'one go' after 45 days of delivery subject to the following:
 - a. Recording of weight of the newborn in the MCP card
 - b. Ensuring BCG/Polio/DPT vaccination and its entry in the MCP card



- c. Both the mother and the newborn are safe till 42 days of delivery
- d. Registration of birth of the child.

Agenda Item No. 3: Performance based payment to ASHA for monitoring of iodated salt in the community under the National Iodine Deficiency Disorders Control Programme

The proposal was presented to the EPC by JS(RCH). Ms Vilasini Ramachandran, Special Secretary (Expenditure) said that it is a regulatory issue and there is Salt Commissioner as well as Health Departments in the States for the regulatory work and ensuring supply of iodated salt. Moreover, it is not clear how outcome of testing will help. Secretary HFW also was of the view that the proposal need to be worked out in greater detail giving primary emphasis to testing at the point of supply/sale. After detailed discussion, the EPC did not approve the proposal.

Agenda Item No.4: Proposal for Partial Modification of the Centrally Sponsored Scheme for Development of AYUSH Hospitals and Dispensaries for Mainstreaming of AYUSH under NRHM

The proposal was presented to the EPC by Dr. D. D. Sharma, Joint Secretary, Department of AYUSH. Ms Vilasini Ramachandran, Special Secretary (Expenditure) asked about the criteria to be followed to select the States for setting up of 50 bedded and 10 bedded hospitals. JS(AYUSH) explained that they have gone by "First Come First Serve" Principle for the NE States. The first three states who submitted the proposal are being considered for setting up 50 bedded hospital and the remaining states for 10 bedded hospital.

SS&MD NRHM pointed out that the estimated cost of Rs 9.70 crore for a 50 bedded hospital in NE States may be inadequate and needs to be verified. Secretary HFW also advised that availability of AYUSH doctors needs to be looked into and utilization of 50 bedded AYUSH hospital needs to be taken in view before setting up 50 bedded hospitals. In response to an observation that the modification may not be made in the last year of the current plan it was pointed out that in response to the earlier indication of the Department, sufficient proposals had already been received in the Department of AYUSH during 2010-11. It was further explained that continuing schemes will be allowed to operate without further approvals during the first year of the next plan and therefore the present modification if not approved now may be introduced even in 2012-13.

After detailed discussion, the EPC recommended the following for approval of the Mission Steering Group (MSG):



- i. Onetime assistance of Rs 45 crores i.e. Rs 7.5 crores/state for non recurring expenditure for setting up of AYUSH hospitals in 3 NE States (Mizoram, Manipur and Tripura) and three Hilly States (Himachal Pradesh, Uttarakhand and Jammu & Kashmir) on 85:15 centre: state share basis and recurring assistance of Rs.7.65 Crores (85% of 9 Cr.) i.e. 1.50 Crore/State. The number of beds may be decided in these hospitals based on cost and expected occupancy.
- ii. Assistance of Rs. 2.54 Crores/State for non Recurring expenditure and Rs. 0.47 Crore/State for recurring assistance for setting up of 10 bedded integrated AYUSH Hospital at remaining five NE States (Assam, Arunachal Pradesh, Nagaland, Sikkim and Meghalaya) on 85:15 centre: state share basis.
- iii. Funds allocated to Centrally Sponsored Scheme for Development of Health Care Institutions will be utilized for financing the additional components.

Agenda Item No 5: Proposal for Clinical, Anthropometric and Bio-chemical (CAB) component of District Level Household Survey (DLHS)-4

The proposal was presented to the EPC by Sh Rattan Chand, Chief Director, Statistics Division, MoHFW. Sh Amit Mohan Prasad, JS (Policy) said that the proposal was approved by the 12th EPC and the EPC had directed that the CAB indicators should also be incorporated in the survey. So there is no need for placing the proposal before the EPC and it can directly go to MSG. He also said that EPC had not specified the amount of Rs 85 crores in the last meeting as cost of the survey can't be determined at this stage.

After detailed discussion, the EPC agreed to the proposal in principle and advised that after the MSG also endorses it, detailed sanctions could be obtained in the file.

The meeting ended with vote of thanks to the chair.



(Amit Mohan Prasad)
Joint Secretary (Policy)

14.06.2011