

309

**MINUTES OF ELEVENTH MEETING OF THE  
EMPOWERED PROGRAMME COMMITTEE (EPC)  
OF NATIONAL RURAL HEALTH MISSION (NRHM)  
HELD ON 1<sup>st</sup> MAY 2010**

**Room Number 149, A Wing, Nirman Bhawan, New Delhi**

The eleventh meeting of Empowered Programme Committee (EPC) of National Rural Health Mission (NRHM) was held under the Chairpersonship of Miss K. Sujatha Rao, Secretary, Health & Family Welfare in Committee Room No. 149-A, Nirman Bhawan, New Delhi. The list of participants is enclosed.

The Chairperson welcomed the members of EPC. Thereafter the agenda items were taken up for discussion.

**Agenda 1**

**Confirmation of Minutes of Tenth Meeting of Empowered Programme Committee (EPC), held on 15<sup>th</sup> January 2009**

The Minutes of Tenth meeting of Empowered Programme Committee held on 15th January 2009 were confirmed.

**Agenda 2**

**Action Taken Report (ATR) on the Ninth EPC held on 3<sup>rd</sup> January, 2008**

The Action Taken Report (ATR) of ninth meeting of EPC held on 3rd January, 2008, compiled on the basis of the inputs from respective divisions, was noted by the EPC.

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308

## **Agenda 3**

### **Action Taken Report (ATR) on the Tenth EPC held on 15<sup>th</sup> January, 2009**

The Action Taken Report (ATR) of tenth meeting of EPC held on 15th January, 2009, compiled on the basis of the inputs from the respective divisions, was noted by the EPC.

## **Agenda 4**

### **Progress of NRHM - Presentation for Information of EPC**

The progress of NRHM was noted by the EPC. JS (Policy) informed that releases are in line with allocation to the states. There is less release to Bihar & Jharkhand under the Mission Flexible Pool due to high unspent balances with them. Due to this some extra money was released to better performing states such as Orissa, Rajasthan, Kerala, Gujarat and Andhra Pradesh. Utilization under Mission Flexible Pool increased from Rs 41 Cr in 2005-06 to Rs 4395 Cr at the end of 2009-10. As information from UP & WB is still awaited, this figure will go up still further. The Joint Secretary (Panchayat) reiterated the need of having greater role for Panchayati Raj Institutions. She suggested that parallel bodies such as VHSC should be avoided. JS (Policy) informed that states like Chattisgarh and West Bengal have amended their Panchayat Act to incorporate bodies like VHSC. The Principal Advisor, Planning Commission felt the need of providing progress under AYUSH as well in the EPC meetings.

## **Agenda 5**

### **Proposal for amendments in incentives for ASHA towards Kala-Azar Elimination**

The proposal refers to provision of incentives to ASHA for Kala Azar. Secretary (H&FW) observed that the ASHA is overburdened with work, and hence, she should not

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607

be furthered burdened. She felt that the role of ASHA needs to be clearly defined. There was a general agreement with this view. The Division explained that proposal is only for increase in incentive of ASHA already being paid. AS & MD suggested that payment received by ASHA should be studied to arrive at her work load and sustainability.

After discussion, the EPC endorsed the proposal for submission to the Mission Steering Group (MSG) of NRHM.

## **Agenda 6**

### **Proposal for Expansion of Involvement of ASHAs in all high malaria endemic districts and their remuneration for providing services towards NVBDCP activities**

The EPC members made similar observation as above on ASHA being burdened, and on defining her role. After discussion, the EPC endorsed the proposal for approval of the MSG of NRHM.

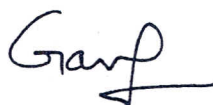
## **Agenda 7**

### **Proposal for establishment of Maternity Hospitals at Jammu & Srinagar**

JS (Policy) presented the background of the proposal before the EPC. The Additional Secretary, Expenditure pointed that NRHM norms do not permit as it essentially covers primary healthcare.

In response, JS(policy) referred to the para 45 of the Implementation Framework of NRHM which provides scope to review and recommend such proposal. AS & MD mentioned about the high institutional deliveries taking place in these institutions in the State leading to over – crowding and compromising quality of services.

After discussion, EPC endorsed the agenda for approval of the MSG of NRHM.





286

## Agenda 8

### **Proposal for Performance Based Payment to ASHA for monitoring quality of iodated salt in the community**

EPC members observed that the ASHA cannot be overburdened and must have a priority area to work. However, after the discussion EPC decided not to consider the proposal.

## Agenda 9

### **Proposal for inclusion of Bio-markers in Annual Health Survey**

The proposal was presented by Chief Director (Statistics) to the EPC for inclusion of Bio-markers in Annual Health Survey being carried out by the Registrar General Census of India. Secretary (H&FW) inquired about the appropriateness of the sample size, on the usefulness of the exercise and raised the issue of training of the people conducting the survey. The AS & FA raised concerns about utilization of equipments purchased after the survey. The division assured proper custody and re-use of equipments. The President, PHFI also shared with the members that for preventive intervention, the measurement of BMI is found to be reliable indicator against all others.

After discussion, the EPC recommended the modifications as per agenda for approval before the MSG of NRHM.

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## Agenda 10

### **Proposal for continuance of Scheme of Sale Promotion Incentive on sale of Oral Contraceptive Pills under Social Marketing of Contraceptive Scheme.**

The JS presented the proposal on Oral Contraceptive Pills to the EPC. The Secretary inquired on the subsidy provided, it was informed that the subsidy is 25 paise per cycle. The proposal was approved by EPC after discussions.

## Agenda 11

### **Proposal for Involvement of ASHA for Care of Plantar Ulcer in Person affected by Leprosy**

The proposal on involvement of ASHA for care of patients with Plantar Ulcer was discussed. There was a consensus that entrusting this responsibility to ASHA is not justified. The proposal was therefore not to go ahead.

## Agenda 12

### **Proposal for Release of funds to National Surveillance Unit at Dr. R.P. Centre, AIIMS New Delhi under the National Programme for Control of Blindness.**

The proposal on funds for National Surveillance Unit was presented to the EPC. President, Public Health Foundation of India inquired about the monitoring of activity since the amount will not permit any such visits. It was clarified that all the units are linked through web based MIS and the information flows dynamically. The proposal was approved by the EPC.

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## Agenda 13

### **Proposal for Ex-post Facto Approval for ASHA package under JSY in Tribal Districts of High Performing States**

Director (RCH) presented the proposal to the EPC on increasing the incentive to ASHA upto Rs.600 in tribal areas. The Secretary was keen to understand the selection of tribal districts. EPC recommended that the proposal may be reviewed for covering the notified tribal areas instead of 37 districts, as proposed. After discussion, the EPC approved the presentation of the proposal for consideration by the MSG of NRHM, with details of all the notified tribal areas.

## Supplementary Agenda 14

### **Proposal for meeting the salary of staff and mobility support under IDSP at the State/UT HQs and Districts of the remaining 26 states**

The proposal for restructuring of the funding for staff and mobility support for the remaining 26 States which were until now supported by World Bank. The support is now being sought under NRHM Mission Flexible Pool. Secretary observed that the infrastructure available is indeed good. It was also observed by Principal Advisor, Planning Commission that IDSP is not doing very well in the states specifically because of lack of manpower. He also recommended that there should be a concurrent evaluation of the scheme.

While the proposal was agreed in principle, it was noted that it will require domestic funding while all the approvals presently available for IDSP are for meeting expenditure for external funding. It was agreed that before its implementation, SFC approval will be obtained.





## Supplementary Agenda 15

### Proposal for supporting the provision of Health Worker (Male)

JS (Policy) presented the proposal to the EPC for provision of Health Worker (Male) in 235 high focus districts. There is shortage of 1,11,595 MPW (M) (53,544 in 235 High Focus Districts). It has affected Malaria control programme and other public health programmes badly. It was also pointed out that it was for the States to fill up the sanctioned posts of MPW(Male). In spite of NRHM's conditionality of provision of Male Worker to qualify for second ANM, the progress has been slow. This has also been due to the ineffectiveness of training centres for MPW (Male). The members deliberated on the availability of MPW in the states, and the reasons thereof. Principal Advisor, Planning Commission also noted that states are provided about Rs. 4000 crore under Infrastructure Maintenance, besides provision of other contractual staff and hence the state may like to take the ownership of the initiatives in this regard. He was of the view that it will be more useful if the Training Institutions within the States are augmented in terms of upgradation of facilities and, if necessary by opening new institutions. Also, while this proposal is recommended to MSG, a clear justification with clear implications for disease burden in backward districts needs to be presented. It was also agreed that the States must consent to taking over the responsibility for the Male Worker after three years. There was also a broad agreement that to encourage States to appoint Male Workers sanction of second ANM may be made strictly contingent on such appointments.

After discussion, EPC recommended the agenda for consideration of MSG subject to that proposal incorporating a more detailed examination of the financial implications by the IFD, Planning Commission and the Ministry of Finance.

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## Supplementary Agenda 16

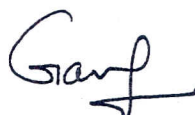
### **Proposal for revision in financial norms towards manpower & Grant-In-Aid to District health Society for NGOs**

The proposal on revision of financial norms for manpower under National programme for Control of Blindness was deliberated and observed that since the existing norms were approved by CCEA, the Programme Division will have to take the proposal to CCEA for further approval.

## Supplementary Agenda 17

### **Proposal for increasing involvement of Non Governmental Organizations in NRHM**

JS (Policy) presented the proposal to the EPC on NGO Schemes. The members observed that the six schemes as proposed must not be binding on the states and that scope for other/miscellaneous schemes (Home Based Care) be made in the proposal. Also, JS (WCD) observed that this must include theme on adolescents. AS (H) observed that the AGCA may be represented in the state grant-in-aid committee. Secretary added that the veto power should be with them. Secretary also observed the need to have clear guidelines and components of outcomes should be built into the schemes. Subject to the observations of Secretary (HFW), the agenda was endorsed by the EPC for presenting before MSG after a more detailed examination of the costing aspects by the IFD, Planning Commission and the Ministry of Finance.





## **Supplementary Agenda 18**

### **Proposal for partial modification of the Hospitals and Dispensaries Scheme for Mainstreaming of AYUSH under NRHM**

The proposal on modification of the AYUSH facilities was presented to the EPC. AS&FA explained that while the scheme was approved by the CCEA, it was stipulated that the EPC/ MSG route could be obtained, if a need was felt to bring about necessary revisions and adaptation. After consideration, EPC recommended the proposal for consideration of MSG.

## **Supplementary Agenda 19**

### **Proposal for Improving Menstrual Hygiene**

EPC discussed the proposal at length and there was unanimity that the proposed initiative marks a very major innovation in improving the quality of life and empower young girls in rural areas at a formative stage of their lives. It was, however, noted that much more operational details need to be incorporated in the proposed scheme while it is brought to the MSG for approval. It was also agreed that before the proposal is finalized for submission to the MSG, it will be sent to Planning Commission and Department of Expenditure for their comments. Subject to this observation EPC approved the proposal.

The meeting ended with a vote of thanks to the Chairperson and members of the EPC.

