

No. V-11011/3/2010-NRHM II
Government of India
Ministry of Health & Family Welfare
National Rural Health Mission

Minutes of the 12th meeting of Empowered Programme Committee (EPC)
of National Rural Health Mission (NRHM)

Secretary Health and Family Welfare chaired the 12th meeting of the Empowered Programme Committee (EPC) of NRHM on 29th November, 2010 at 2.30 p.m. in the 1st floor Conference Room, 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. Sr. Advisor Planning Commission pointed out that the agendas should be sent atleast 2 weeks before the meeting in future.

Agenda Item No. 1: Proposal for revision in the criterion of allocation of funds to the States under NRHM.

After detailed deliberations the Empowered Programme Committee (EPC) approved the following proposal:

- (i) Increase in the weightage in respect of Nagaland, Meghalaya, Manipur and Sikkim from the present 3.2 to 4.8. Increase in the weightage in respect of Mizoram and Arunachal Pradesh from the present 3.2 to 6.4. Retention of the existing weightage of 3.2 in respect of Assam and Tripura.
- (ii) For inter-se allocation of funds within the State in case of all the States, enhanced weightage of 1.3 on their population to be given in respect of the 264 high focus districts and weightage of 1.0 based to the remaining districts. .
- (iii) 10% of the total allocation under flexible pools of NRHM to be kept apart at the national level which is to be released to different States for specific activities. The eligibility of the States shall be based on their performance against the monitorable targets and implementation of specific reform agenda in the health sector besides full contribution on State share and enhancement of Plan budget by 10% every year. The monitorable targets and specific reform agenda should be clearly spelt out in the note for MSG.

- (iv) An Expert Group will be set up to look into the existing weightage formula in respect of all categories of States, analyse the impact of the proposed revision on non high-focus States and suggest a weightage formula for bridging the existing gap in health systems between the States for adoption in the 12th Plan.
- (v) Financial implications of the proposal should be calculated and placed before the MSG when this issue comes up before the MSG for decision.

Agenda Item No. 2: Differential Financing Approach for Comprehensive Healthcare.

Following decisions were taken after threadbare discussion on various issues mentioned in the Agenda note:

- (i) The Untied Funds and RKS Grants will be provided to the health facilities based on level of health services. The health facilities will be classified into three levels i.e. Level-I, Level-II, Level-III based on Maternal and Newborn Health (MNH) guidelines irrespective of present nomenclature (Sub-Centre, PHC, CHC etc.) as per details given below:

- Level-I : Sub-centres and PHCs providing basic SBA level delivery care
- Level-II : Health facilities (PHC/CHC) providing institutional deliveries, including management of complicated deliveries not requiring surgery, along with other RCH services like MTP, sterilisation, sick newborn care, etc.
- Level-III : Hospitals (CHC/SDH/DH) providing Critical Emergency Obstetric and Newborn Care (CEmONC) and family welfare services, with fully functional operation theatre, blood bank/blood storage units, sick newborn care units (SNCU) and malnutrition treatment centres (MTC)

- (ii) For Level-I facilities the revised norms will be as under:

Sub-centre	:	Untied funds	:	30,000
PHCs	:	Untied funds	:	25,000
		RKS	:	<u>75,000</u>
		Total	:	<u>1,00,000</u>

- Additional Rs. 25,000 will be provided to RKS in case of PHCs conducting more than 20 deliveries per month.

Agenda Item No. 3: Proposal for delivery of contraceptive (Condoms, OCPs, ECPs by ASHAs) at Door Steps.

After discussions the following decisions were taken:

- (i) The services of ASHAs will be utilized for delivery of contraceptives at the doorsteps to the households.
- (ii) ASHA will be allowed to charge Rs. 1.00 for a pack of 3 condoms, Re 1.00 for an OCP cycle and Rs. 2.00 for an ECP from the beneficiaries.
- (iii) The scheme will be initially implemented in the backward districts of States having TFR of more than 2.1.
- (iv) While obtaining approval of MSG detailed modalities of operationalizing the arrangements will be spelled out.

Agenda Item No. 4: Enhancement of the compensation for sterilization in 20 high focus States.

The EPC agreed to the proposal:

- (i) To enhance the compensation for sterilization from Rs. 1000 to Rs. 2000 for tubectomy and Rs. 1500 to Rs. 2500 for vasectomy in 18 high focus States and Districts of Gujarat and Haryana having TFR of 2.5.
- (ii) To enhance the compensation for sterilization for accredited private /NGO centres from Rs. 1500 to Rs. 2500 in case of said 20 high focus States.
- (iii) The enhanced compensation shall be available only if the acceptor has not more than 3 children.

Agenda Item No. 5: Performance linked payment plan to ASHAs for improving acceptance of IUDs.

The following decisions were taken by the EPC:

- (i) Services of ASHAs will be used for ensuring the follow up of the clients after the IUD insertion.
- (ii) ASHAs will receive financial incentive of Rs. 100/- after one year of insertion on proof of retention of IUCD.

- This enhanced allocation will be available subject to the condition that there are more than 5 deliveries conducted per month in case of tribal and hilly areas and more than 8 deliveries conducted per month in case of other areas. The facility should have minimum 2 female health workers.

For Level-II facilities the revised norms will be as under:

PHC	:	UF	:	50,000
		RKS	:	1,00,000
		<u>Total</u>	:	<u>1,50,000</u>
CHCs & SDH	:	UF	:	50,000
		RKS	:	1,25,000
		<u>Total</u>	:	<u>1,75,000</u>

- Additional RKS funds of Rs. 75,000 per year will be provided for facilities conducting more than 100 deliveries per month.
- This enhanced allocation will be available subject to the condition that there are more than 50 deliveries per month, including complicated deliveries not requiring surgery, AND Sterilisation (male/female), safe abortion, facility based newborn care; with minimum 2 doctors and 3 nurses. The benchmark for tribal / hilly / desert areas would be 30 deliveries per month.

For Level-III facilities the revised norms will be as under:

CHC/SDH : Rs.2,50,000 per year for hospitals with less than 100 beds.

District Hospital: Rs. 5,00,000 per year to hospitals with more than 100 beds, up to 200 beds. Hospitals with more beds may get additional Rs. 1 lakh for each 100 beds.

- This enhanced allocation will be available subject to the condition that there are minimum 200 deliveries per month, including caesarean sections and family welfare services, with fully functional operation theatre, blood bank/blood storage units, sick newborn care units (SNCU) and malnutrition treatment centres (MTC); with minimum 5 specialists, 7 doctors and 9 nurses.

Agenda Item No. 6: Conduct District Level Household Survey (DLHS)-4

After detailed discussions the EPC decided that District Level Household Survey (DLHS) – 4 will be conducted in 2011. It will cover all the districts where Annual Health Survey (AHS) is not being done. IIPS, Mumbai will be the designated Nodal Agency, will do the required pooling of data from AHS and DLHS-4 household survey to arrive at National Estimates and prepare the National Report. Further, the Facility Survey will be conducted in all States as done in the past i.e. both AHS and non-AHS States. DLHS-4 will incorporate the parameters on nutrition (height, weight, age) and anemia.