

V-11011/6/2011-NRHM-II  
Government of India  
Ministry of Health and Family Welfare  
National Rural Health Mission

Nirman Bhawan, New Delhi  
Dated the 25<sup>th</sup> February 2012

**OFFICE MEMORANDUM**

**Subject: Minutes of the 14<sup>th</sup> meeting of Empowered Programme Committee (EPC) of National Rural Health Mission (NRHM).**

Kindly find enclosed the minutes of the 14<sup>th</sup> meeting of Empowered Programme Committee (EPC) held on 8 /2/ 2012 under the chairmanship of Secretary (HFW) for information and record.



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To,

1. Member Secretary (Planning Commission)
2. Secretary (Expenditure)
3. Secretary (Development of NE Region)
4. Secretary (AYUSH)
5. Secretary (Panchayati Raj)
6. Secretary (Women and Child Development)
7. Secretary (Drinking Water)
8. DG-Health Services
9. Additional Secretary & Financial Advisor
10. Additional Secretary (Health)
11. Sh. A. K. Shiva Kumar
12. Dr. K. Srinath Reddy ,PHFI

Copy for information to:

1. PPS to Secretary(HFW)
2. PS to AS&MD (NRHM)

**Minutes of the 14<sup>th</sup> Meeting of Empowered Programme Committee (EPC)  
of National Rural Health Mission (NRHM)**

The Fourteenth meeting of the Empowered Programme Committee (EPC) of NRHM was held on 8th, February, 2012 at 10:30 am in room no. 155-A, Nirman Bhavan, New Delhi under the Chairmanship of Shri P.K. Pradhan, Secretary, Health & Family Welfare. The list of EPC members and other participants Annexed.

At the outset, Shri Amit Mohan Prasad, Joint Secretary (Policy) welcomed the members of the EPC and outlined the agenda for the meeting followed by detailed presentations on each agenda item. The discussions held and decisions taken are as under:

**Agenda 1: Proposal for Making Provision for Cost of Land in construction of New Sub Center Building**

Shri Gulshan Lal Dy. Secretary WCD pointed out that this policy will stand against the guidelines of the programs of other Ministries like WCD, Panchayati Raj etc. Ms. Sigy Thomas Vaidhyan, DS, Ministry of Finance said that the proposal had wide financial implications across sectors and therefore, the Finance Ministry would not support the proposal. Shri Rakesh Sarwal, Advisor (Health), Planning Commission stated that the issue of convergence should not be ignored and that new sub-centre building should be co-located with Aanganwadi centres. Shri R.K Jain, AS & FA while agreeing with the wide financial implication of the proposal mentioned that there is also lack of clarity about the process of selection of land for sub centre building in the proposal.

Ms Anuradha Gupta, AS & MD emphasized that guidelines for selection of land for construction of new sub centre need to be prepared and wherever possible endeavor should be made to collocate Health Sub Centre with Anganwadi Centre and School. Further she suggested that these guidelines should be provided to the States, for incorporating suitable proposal in their Programme Implementation Plan.

Shri P. K Pradhan, Secretary Health & Family Welfare was of the opinion that the main issue was that land often was not available within the inhabited area of a village. However, he

stated that this proposal would have implications on other schemes as well and that would lead States to asking for money to acquire land for PHC, CHC etc.

The proposal was discussed in detail and NOT approved by the EPC.

**Agenda 2: Proposal for Institution of Annual Health Ministers Awards for Innovation under NRHM in the 12<sup>th</sup> Plan Period**

After discussion it was decided that this should be done administratively as this has no policy issue.

**Agenda 3: Proposal to support 20% Operational Expenditure of Emergency Medical Transport System (EMTS) beyond 3<sup>rd</sup> year under NRHM**

Shri Amit Mohan Prasad, Joint Secretary (Policy) presented the proposal before the EPC. He explained the Government of India provides the capital expenditure for procuring the ambulances and a share of operational cost on a reducing basis for 3 years and there is no support provided from the fourth year of operation. Many States have requested for continuance of a minimum level of assistance for continued operation of the EMTS services in the field. He added that the EMTS- 108 service is one of the most visible programs of NRHM.

Secretary, Health & Family Welfare concurred that the issue of sustainability of the EMTS set up under NRHM is a valid concern as States are hard pressed to provide money for the maintenance and operation of these ambulances and therefore, continued assistance should be provided to the States for an amount of 20% of the operational cost for those sanctioned under NRHM.

Ms Anuradha Gupta, AS & MD, NRHM stated that though health is a State subject, the GOI has always stepped into strengthen and support the States and since NRHM aims for health system strengthening, 20% of the operational cost of the EMTS ambulances should be supported.



Ms. Sigy Thomas Vaidhyan, DS, Ministry of Finance was of the opinion that if the proposal is to be approved, a cap of Rs 3 lakh per year for operational cost of an ambulance should be imposed.

After detailed deliberations, the EPC approved the proposal to retain the level of support at 20% of operational expenditure beyond 3<sup>rd</sup> year to the EMTS under NRHM with the cap of Rs 3 lakh per year per ambulance. Payment of the operational cost would be made out of the funds available under NRHM for which a suitable provision would be made by the States in their PIPs.

#### **Agenda 4: Proposal for revamping of PHC**

JS, Policy presented before the EPC the proposal for revamping of PHCs for preventive and promotive care through introduction of Family Health Cards on a pilot basis.

Ms Vaidhyan, Deputy Secretary, Ministry of Finance was of the opinion that the proposal should be examined by the EFC and then sent to the Cabinet for approval since it was a new initiative and not within the current framework of NRHM. However, Secretary, Health & Family Welfare stated that the EPC functions as the EFC for NRHM and the powers of the cabinet have been delegated to the Mission Steering Group of NRHM.

While supporting the proposal Shri A.K. Shiva Kumar suggested that the proposal should be taken up in all districts and not few districts on pilot basis. It should be made more comprehensive and linked to health outcomes. Mr Gulshan Lal, Deputy Secretary, Ministry of Women and Child Development opined that the pilot phase can be prioritized where the health outcomes are very poor.

Mr Sarwal, Advisor (Health), Planning Commission, said that the revamp of PHCs should be aimed at providing an essential health package with essential medicines available as a step towards Universal Health Coverage. In addition, the PHC health manager should be qualified public health personnel and services could be outsourced to the private sector if required.

Secretary, Health & Family Welfare was of the opinion that this would be a step towards implementing the recommendations of the Report of HLEG on Health. AS & MD (NRHM )

said that since the GOI does not fix norms for the number and remuneration of Human resources to be engaged by the States, the proposal should be recast to include it within the framework of Universal Health Coverage.

After detailed deliberations it was decided that the proposal should be reworked and should be implemented in one block in one district in each State in the pilot phase to assess the implication in order to achieve the recommendations listed in the HLEG Report towards Universal Health Coverage.

#### **Agenda 5: Proposal to involve ASHA for facilitating Village Health Sanitation & Nutrition Committee (VHSNC) Meeting**

JS, Policy presented the proposal and reiterated the need of strengthening the VHSNC and ensuring the active involvement of ASHAs. In response to the query of M/O Drinking Water, he informed that due importance have been given to Drinking Water and Sanitation through 4.9 Lakhs VHSNC constituted in the country. On query of Ms Vaidhyan, Dy. Secretary, Ministry of Finance it was clarified that being the convener of VHSNC, it is necessary to motivate ASHA to strengthen the functioning of VHSNC. M/O WCD supported the proposal stating that this would be beneficial in order to make the VHSNCs functional. Advisor Planning Commission suggested that this money should be paid out of the VHSNC funds.

After discussion the EPC approved the proposal of Payment of incentives @ Rs 150 to ASHA for facilitating the monthly meeting of VHSNC followed by meeting of Women and adolescent girls with the condition that it should be verified by the concerned ANM. The ASHA incentive would be paid out of the untied grants given to each VHSNC. It was also decided that guidelines will be issued to the States in the matter.

#### **Agenda 6: Proposal for performance based payment to ASHA for monitoring and creating awareness about the quality of iodated salt in the community under 1<sup>st</sup> phase/pilot in Seven States covering 250 districts**

Dr. B.K. Tiwari, Advisor(Nutrition) presented the proposal before the EPC. The proposal under National Iodine Deficiency Disorders Control Programme (NIDDCP) for performance based incentive to ASHA for monitoring and creating awareness about the quality of iodated

salt in the community was considered. After the detailed discussion the EPC approved the proposal for performance based incentive for community level testing and creating awareness about the use of iodated salt through Salt Testing Kits to each ASHA @ Rs. 25 per month on testing of at least 50 salt samples per month. EPC also decided that all 303 endemic districts (i.e. where the prevalence of total IDD is more than 10% in the country) will be covered.

#### **Agenda 7: Proposal for Strengthening of Monitoring and Evaluation of NRHM**

JS (Policy) made the presentation before EPC. After detailed discussion it was decided to rework the proposal considering the following:

- Financial Implications
- Review of mechanisms in other flagship programmes such as JNNURM, SSA, MNREGA etc
- Criterion of selection of the agency
- Mechanism of quality checks for service delivery
- Infrastructure monitoring which the construction is in progress

#### **Agenda 8: Proposal to revise norms for Mobile Medical Units (MMUs) in the districts and giving a universal emblem on all MMUs under NRHM**

The proposal was presented before the EPC by JS (Policy) and told that MMUs are vital component under NRHM which provide outreach services. AS&FA suggested that there should a cap maximum 5 MMUs per district and should be need based. Shri Rakesh Sarwal opined that instead of rigid norms, the provision of MMUs in districts should be need based and proposed by the States. JS (P) clarified that there will be relaxed norms for North East and Hilly districts.

The proposal was approved by the EPC as follows:

- A. Providing MMUs at the district level based on the need with a cap of 5MMU/district.
- B. Increase in recurring expenditure cost for North-Eastern State, J&K and Himachal Pradesh for diagnostic van from Rs 23.71 lakhs to Rs 28.00 lakhs. For other States the recurring cost was revised from 19.87 lakhs to Rs 24.00 lakhs.



C. A universal name "Rashtriya Mobile Medical Unit" will be used for all MMUs funded under NRHM. Also, uniform colour scheme given by Government of India with emblem of NRHM, Government of India and State Government will be used on all the MMUs.

**Agenda 9: Proposal for launch of Programme for control of Harmful use of Alcohol and Alcoholism under NRHM.**

The proposal was placed before the EPC by JS (Policy). Dr. R. Ray, HoD Psychiatry, AIIMS informed the committee about the magnitude of the problem and the need for controlling harmful use of alcohol. EPC discussed the matter in detail. It was mentioned that involving ASHAs in this may not be very useful. It was decided that guidelines on the subject should be framed and sent to the States who can take it up as innovations in their PIPs. It is not required to launch this as a separate scheme.

**Agenda 10: Proposal to revise the guidelines for NGO involvement under NRHM in the 12<sup>th</sup> Five Year Plan**

The proposal for revision of guidelines for engagement of NGOs under NRHM was presented before the EPC by JS (Policy). JS (AYUSH) suggested that AYUSH representatives should be included in the National and State Advisory Group for the NGOs. EPC was of the view that NGO involvement in NRHM should be encouraged. However, detailed financial parameters like salary etc. should be left to the States.

EPC discussed the proposal and decided that the proposal should be reworked and brought to the EPC again.

**Agenda 11: Proposal for Utilizing Services of ASHAs for Ensuring Spacing in Birth and Incentivizing her for the Effort**

A presentation was made by the DC I/C-FP on the scheme of "utilizing services of ASHAs for ensuring spacing in birth and incentivize ASHA for the effort" in the EPC meeting. Ms Anuradha Gupta, AS&MD (NRHM) mentioned that the incentive under the scheme is outcome based and would encourage spacing after marriage and between births.

However, the Committee felt that promotion of spacing after second child birth is not advisable. D/O WCD proposed to provide incentive to couples along with ASHA after ensuring spacing. Members also suggested that only those women should be considered under the scheme who get married at 18 years or more. Ms Vaidhyan, DS, Dept. of Expenditure observed that the incentive amount for ASHA should be less than Rs. 500. After detailed discussion EPC approved the proposal with the following conditions.

- No incentive to ASHA or couples for spacing after birth of second child.
- Only those women will be considered under the scheme who get married at the age of 18 years or more and the age of mother at the birth of the first child is at least 20 years.
- Incentives to be provided to ASHA and couple as follows:
  - Rs. 500 to ASHA and Rs. 500 to couple for ensuring spacing of 2 years for birth of first child following marriage.
  - Rs. 500 to ASHA and Rs. 500 to couple for ensuring spacing of 3 years after the birth of 1<sup>st</sup> child
- There should be proper monitoring of the utilisation of the incentives with the active involvement of members of VHSNC.

#### **Agenda 12: Revision of Norms for Immunization Programme**

Dr. Halдар, DC Immunization Division presented the proposal before EPC. During the discussion AS & FA suggested that the ratio of revision of norms should not be more than 1.5 times the current value except the revised value of Rs 2, 50,000 per year per district for mobility support for district level officers. Ms Vaidhyan, Dy. Secretary, Min. of Finance was of the opinion that the Rs 50/- proposed for ASHA incentive for ensuring booster doses should not be given and the incentive may be limited to Rs 100/- per child for ensuring full immunization during the first year of life.

After detailed discussion the proposal was approved by the EPC with the following changes:

- All revisions of financial norms should not be more than one and half times the current norms except for:
  - Increase in norms for 'Mobility support for supervision for district level officers' from Rs 50,000/Year/district to Rs 2, 50,000/year/district as the funds



now needs to be distributed to the Block and PHC also for monitoring the immunization programme.

- Increase in norms for 'Printing and dissemination of Immunization cards, tally sheets, monitoring forms etc.' from Rs 5 to Rs 10 due to increase in printing cost as well as due to increase in number of pages (comprehensive card includes activity of maternal health, immunization and nutrition and growth).
- The ASHA incentives should be revised as follows:
  - Rs 150/- incentive for mobilization of children at session sites and maintaining the due list of children and mobilizing >90% of children due for vaccination at the session site.
  - Rs 100/- per child incentive for full immunization of a child for the first year.
  - Rs 50/- per child additional incentive for ensuring vaccination of all antigens as per schedule upto 2 years of age of the child i.e. Booster dose of OPV, booster dose of DPT, 2<sup>nd</sup> dose of measles and JE vaccine (where applicable).

#### **Agenda 13: Proposal for implementation of Polio Eradication Strategy from 2012-13 to 2016-17**

Dr. Haldar, DC Immunization Division presented the proposal before the EPC. The committee was apprised of the progress made so far in Polio eradication initiative. AS&MD (NRHM) said that the gains made in Polio eradication could be sustained only if Routine Immunization was strengthened.

After discussion, the proposed plan for polio eradication from 2012-13 to 2016-17 with an estimated expenditure of Rs. 4249.04 Crore as Part of NRHM resource envelope was recommended by the EPC for the consideration of the MSG

#### **Agenda 14: Proposal for continuation of Haemophilus influenza b (Hib) vaccines in Universal Immunization Programme as liquid Pentavalent vaccine in two States i.e. Kerala and Tamil Nadu from April 2012 to December 2014**

The proposal was presented before the EPC. While presenting Dr Haldar, DC (Immunization) informed that Vaccination is one of the most cost effective public health strategy and affects, both directly and indirectly, reduction of death, disease and disability. Further, it was informed that GAVI will support the programme till December 2014 in the two States. Dr M. K. Bhan, Secretary, DBT suggested that there is a need to work out strategy for involving public sector companies to create competition.

After detailed deliberation the EPC recommended the following proposal for the consideration of the MSG:

- Continuation of Pentavalent Vaccine in Tamil Nadu and Kerala under Universal Immunization Programme in India up to December 2014 with commodity assistance of vaccine from GAVI.
- An additional amount of Rs. 4.75 Crores over and above Rs 5 Crores approved earlier (from domestic budget) i.e totalling to Rs.9.75 Crores towards research as well as strengthening supervision for introduction of Pentavalent vaccine by ICMR.

**Agenda 15: Proposal for continuation of Haemophilus influenza b (Hib) vaccines in Universal Immunization Programme as liquid Pentavalent vaccine in six states i.e. Goa, Gujarat, Haryana, J& K, Puducherry and Karnataka from April 2012 to December 2014**

The proposal was placed before the EPC by DC (Immunization). It was informed by Dr. Haldar that till December 2014 the cost of the vaccine and the operational cost for the continuation of the pentavalent vaccine would be borne by GAVI.

AS & MD said that with the pentavalent vaccine, there would be cost saving in the requirement of AD syringes and that the safety and efficacy of the liquid pentavalent vaccine was well established. Mr Sarwal, Advisor Health, Planning Commission said that the vaccine should be introduced in all States and GAVI may be asked to increase their support for the programme. It was mentioned that only those State who themselves have offered to introduce the vaccine and whose requirement can be accommodated with GAVI support have been considered.

After detailed discussion the EPC recommended expansion of Pentavalent Vaccine in six states of Gujarat, Haryana, Karnataka, Goa, Jammu & Kashmir, Puducherry from October

2012 to December 2014 Universal Immunization Programme in India against assistances from GAVI for consideration by the MSG.

**Agenda 16: Modification of the Hospitals and Dispensaries Scheme for mainstreaming of AYUSH under NRHM**

The proposal was presented before the EPC by Shri V.S Gaur, JS (AYUSH). While presenting the proposal he highlighted the recommendation of Common Review Mission on mainstreaming of AYUSH. Mr Sarwal, Advisor Health, Planning Commission said that presently the AYUSH system was supply driven and that the goal should be to make it more demand driven and to ensure that States should not go without essential AYUSH drugs wherever necessary. In addition, States should have their own procurement system and also added that there should be a model licensing agreement with the State, Centre and the private party concerned for the procurement of essential AYUSH medicines with the cost clearly defined.

JS (AYUSH) placed proposal of financial assistance of Rs.10, 000 Crore for contractual AYUSH manpower, training, IEC under NRHM. EPC felt that transfer of Rs 10,000 Crore of funds for financial assistance for contractual AYUSH manpower, training and IEC from the NRHM flexible pool to AYUSH is not a feasible proposal and suggested that the Department of AYUSH should take it up as an independent scheme which may be sent to the Cabinet for approval.

It was suggested that there should be mandatory auditing of AYUSH procurement and suggested to exclude loan license pharmacies from the procurement of AYUSH medicines. JS (Policy) suggested that the department of AYUSH should also look at strengthening the 22,000 AYUSH dispensaries in the country to make them fully functional.

AS&MD (NRHM) stated that there was a mismatch between supply of AYUSH medicines and availability of doctors and that this should be need based on the IPD, OPD load. In addition, an essential drug list for AYUSH medicines should be made available.



After detailed discussion the EPC did not approve the proposal to transfer Rs 10,000 Crore for financial assistance for Contractual AYUSH manpower, training and IEC under mainstreaming of AYUSH from Mission Flexipool of NRHM to Department of AYUSH. Instead EPC suggested Department of AYUSH to take it up as an independent scheme. The EPC approved the following components of the proposal for placing before the MSG:

- Enhancement of the financial assistance of recurring grant for medicine, diet and other consumables at District Hospitals from the present norms of Rs 2.5 lakhs per annum to Rs 5.0 lakhs per annum.
- Enhancement of the financial assistance of recurring grant for essential medicine at AYUSH dispensaries.
- Enhancement of the financial assistance for setting up of AYUSH facilities in Govt. Tertiary care AYUSH hospitals in the Public Private Partnership (PPP) Mode - The committee recommended the proposal only at the district level with condition that Department of AYUSH furnish the details of component wise financial requirements with justification for enhancement.
- Bringing uniformity of the Central and State share as 85:15 for all components under the Scheme.
- Modification in the provision for salary of different Manpower under various components - the EPC agreed to modification suggested by the Department to remove the ceiling of remuneration for various contractual manpower under the different components of the scheme.
- Strengthening of Programme Management Unit at Centre Level – consultant AYUSH and Consultants – technical (Ayurveda/Homeopathy/Unani).

**Agenda 17: Recommendations of Public Accounts Committee on maintenance of requisite infrastructure and standard hygiene of health centres across the country.**

JS (Policy) informed that agenda item no. 17 has been placed before EPC based on the recommendations of PAC on the necessity of maintaining the requisite infrastructure facilities and standard hygiene levels at various Health Centres across the country. He further informed the members that the matter has been brought to the notice of the States vide Ministry's D.O letter dated 28<sup>th</sup> January, 2012. It was decided to pursue the matter with the States from time to time.

In the end, JS (P) thanked Chairman of EPC, the members of the EPC and officers of the Ministry for their valuable time and their positive and constructive remarks on each agenda item.

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## Annexure

### List of Officers who attended the 14<sup>th</sup> Meeting of Empowered Programme Committee (EPC) of National Rural Health Mission (NRHM) held on 08.02.2012 at 10:30 AM

S.No	Name & Designation
1	Sh. P.K.Pradhan ,Secretary H&FW
2	Dr. M.K.Bhan, Secretary, DoBT
3	Sh. Jagdish Prasad, DG – Health
4	Sh. Keshav Desiraju, AS – Health
5	Sh. R.K.Jain ,AS & FA
6	Mrs. Anuradha Gupta, AS & MD – NRHM
7	Sh. R.Sarwal Advisor (Health) – Planning Commission
8	Sh. A.M.Prasad, Joint Secretary – Policy
9	Sh. V.S.Gaur ,Joint Secretary – AYUSH
10	Sh. A.K.Shiva Kumar, Member, NAC
11	Dr. Pradeep Halder (DC – Immu)
12	Dr. B. Kishore (DC- Trg.)
13	Dr. S.K.Sikdar (DC – FP)
14	Dr. S.K.Sharma, Advisor, AYUSH
15	Dr. Suresh Mohammad, Director (RCH)
16	Ms. Preeti Pant, Director (NRHM-III, IV)
17	Sh. P.R.Meshram , Director, M/o DoNER
18	Dr. B.K.Tiwari Advisor (Nutrition)
19	Mrs. Kumkum Marwah ,Jt. Technical Advisor, MWCD
20	Mrs. Arundhati Singh, Director, Planning Commission
21	Sh. Gulshan Lal Deputy Secretary – M/o WCD
22	Sh. Sigy Thomas Vadihyar DS, DOE
23	Sh. Mahabir Prasad, DS, M/o Panchayati Raj)
24	Dr. Rajat Ray ,Prof. & Chief, NDDTC, AIIMS
25	Dr. A. Raghu, Asst. Advisor, Ayush
26	Dr. Ambujam, ICMR
27	Mrs. Urvashi Prasad (Consultant, M/o DW & Sanitation)