


V-11011/2/2012-NRHM-II  
Government of India  
Ministry of Health and Family Welfare  
National Rural Health Mission

Nirman Bhawan, New Delhi  
Dated the 14<sup>th</sup> December 2012

**OFFICE MEMORANDUM**

**Subject: Modified Minutes of the Fifteenth Empowered Programme Committee (EPC) of National Rural Health Mission (NRHM) held on 04.10.2012.**

I am directed to enclose herewith the modified Minutes of the Fifteenth Empowered Programme Committee (EPC) of National Rural Health Mission (NRHM) held on 04.10.2012 based on the inputs / comments received from the Department of Expenditure, Ministry of Finance and Planning Commission. The modifications have been highlighted in italics. This is for information and record of all EPC Members.

  
14.12.2012  
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1. Secretary (Planning Commission)
2. Secretary (Expenditure)
3. Secretary (D/o DONER)
4. Secretary (AYUSH)
5. Secretary (Panchayati Raj)
6. Secretary (D/o WCD)
7. Secretary (Drinking Water)
8. Special Secretary (Health)
9. DGHS
10. Additional Secretary & Financial Advisor
11. Mr. A.K. Shiva Kumar, Member UNICEF
12. Dr. K. Srinath Reddy, President, Public Health Foundation of India

Copy for kind information to:

1. PPS to Secretary (H&FW)
2. PS to AS&MD(NRHM)
3. PS to JS(P)

**MODIFIED MINUTES OF THE FIFTEENTH MEETING OF  
EMPOWERED PROGRAMME COMMITTEE (EPC) OF NATIONAL  
RURAL HEALTH MISSION HELD ON 04/10/2012**

The Fifteenth meeting of the Empowered Programme Committee (EPC) of NRHM was held on 4<sup>th</sup> October, 2012 at 11 a.m. in the Committee Room No.155-A, Nirman Bhawan, New Delhi under the Chairmanship of Secretary, Ministry of Health & Family Welfare. The list of EPC members and other participants is annexed.

At the outset, Joint Secretary(Policy) welcomed the members of the EPC and stated that this was the first EPC meeting since NRHM was made coterminous with the 12<sup>th</sup> Five Year Plan. The gist of discussions held on each agenda item and decisions taken are as under:

**AGENDA 1: Proposal for Broad Principles / Norms for the Implementation of National Disease Control Programmes.**

The proposal was discussed at length whereafter the EPC decided to recommend the proposal for MSG's approval with the following stipulations:

- a) A comprehensive proposal will be separately prepared detailing incentives provided / to be provided to ASHA under NRHM for various activities other than JSY bringing out justification for proposed enhancement in the existing rates. Meanwhile, existing incentives to ASHA under National Disease Control Programmes will remain in force.
- b) Enhancement of incentive payable to surgeons and other staff for hydrocele operations is not justified and therefore not recommended for MSG's approval.
- c) Proposal to extend the incentive of Rs.5,000/- per surgery to non-government hospitals conducting reconstructive surgery under NLEP is not justified and hence not recommended for MSG's approval.
- d) The final proposal to be taken to the MSG must include a detailed note on changes proposed in the existing framework for engagement of private sector in detection and treatment of TB and DR-TB.



- e) *The flexibility being given to states on fixing remuneration of contractual positions should be within certain broad norms specified by the MoHFW*
- f) *A detailed break up of financials for each disease control programme would be made available*
- g) *A broad strategy paper on Disease Control Programmes would be brought out elaborating objectives, strategy, service standards*
- h) *MoHFW will provide a non-negotiable list of GoI priorities even while giving flexibility within State PIPs*

## **Agenda 2: Proposal for Scheme for Promotion of Menstrual Hygiene.**

EPC decided to recommend the proposal for approval of MSG. EPC also observed that the initiative being of immense importance, States must be advised.

- a) to continue the initiative in 107 existing districts without any interruption;
- b) prioritise this scheme for expansion in all districts and make appropriate provisions in the annual PIP.

## **Agenda 3: Proposal for Report to EPC on Recommendations of Committee of Officers / Experts constituted to look into the Justification for Additional Cost Quoted by HLL for Sanitary Napkins under the Menstrual Hygiene Scheme.**

EPC considered and recommended the proposal for MSG's approval.

## **Agenda 4: Proposal for uniform ASHA incentives and removal of conditionalities under Janani SurakshaYojana**

While presenting the proposal, it was highlighted that under JSY, ASHAs are getting Rs. 600/- for facilitating institutional deliveries in rural areas of Low Performing States. However, ASHAs are getting only Rs. 200/- in urban areas of these States. Similarly, they are getting Rs. 200/- only in both the rural and urban areas of High Performing States (HPS) for facilitating institutional deliveries. In High Performing States only BPL/SC/ST mothers are entitled for JSY benefit. Further, due to low TFR

in these states, less women qualify under JSY in comparison to Low Performing States. As a result, number of pregnant women per ASHA becomes less and the amount of incentive remains very less for ASHAs which is also reflected in low achievement levels under JSY particularly in urban area. Moreover, if a pregnant mother moves to her mother's place for delivery after taking full ANC at original place, ASHA does not get any incentive. Further, courts have been taking an adverse view of conditionalities of parity and age applicable in HPS. JSY benefit being restricted to only BPL/SC/ST women in these States, these women are more vulnerable to mortality and morbidity.

After detailed discussion, EPC decided to recommended the proposal for MSG's approval as under:

- Removal of criteria/ conditionalities associated with parity and minimum age of the mother in so far as institutional deliveries are concerned in the High Performing States and for home deliveries in all States with prospective effect on Financial Year 2012-13. *It was reaffirmed that the BPL and SC/ST criteria for eligible beneficiaries under JSY would continue to apply.*
- Payment of composite and uniform incentive to ASHAs in all States as under:
  - Rural areas: Rs. 300 for Antenatal component and Rs. 300 for facilitating institutional deliveries
  - Urban areas: Rs. 200 for Antenatal component and Rs. 200 for facilitating institutional deliveries

**AGENDA 5: Proposal for Strengthening of 50,000 Sub Health Centres in remote areas and approving a new norm for setting up Sub Health Centres in hilly and desert areas.**

The proposal was recommended for MSG approval with the following stipulations:-

- (a) Strengthening of Sub-Centres should be taken up only in remote/inaccessible/High Focus districts.
- (b) Such districts among the hilly states and desert areas should be identified, where the relaxed norms for sanctioning new sub-centres will be allowed.



- (c) Roles, responsibilities and qualifications for Community Health Officers should be clearly defined.
- (d) AYUSH doctors should be eligible to be appointed as Community Health Officers.
- (e) Colocation of Sub-Centres with the Anganwadi centres should be encouraged.
- (f) *The figure of 50,000 would be an indicative ceiling for the purpose of financial provisioning only.*
- (g) *The qualifications of the Community Health Officer (CHO) would be clearly defined.*
- (h) *Safe abortion services will not be provided at the SHC and will not form part of package of care to be provided at strengthened SHC.*

**AGENDA 6: Proposal for Strengthening National Programme Management of the National Rural Health Mission.**

EPC considered and recommended the proposal for approval of MSG.

**AGENDA 7: Proposal for seeking approval of revalidation of unspent balances.**

It was decided to recommend the proposal for MSG's approval.

**AGENDA 8: Proposal for utilizing services of ASHAs for counselling women for IUCD retention.**

The proposal was withdrawn in view of the EPC's recommendation to bring a comprehensive agenda in respect of incentives payable/to be paid to ASHAs.

**AGENDA 9: Proposal for Procurement of Pregnancy Test Kits under NRHM.**

EPC considered and recommended the proposal for MSG's approval.

**AGENDA 10: Proposal for Expanding the Scheme of Home Delivery of Contraceptives (Condoms, OCPs, ECPs) by ASHAs at Doorstep of Beneficiaries to All Districts.**

EPC considered and recommended the proposal for MSG's approval.

## **AGENDA 11: Proposal for Family Planning Insurance Scheme.**

The proposal was approved for being recommended to MSG. It was decided that the issue of State contribution in the ratio applicable under NRHM would be separately examined by the Ministry in consultation with IFD.

## **AGENDA 12: Proposal for Provision of funds to other Ministries in respect of payment of compensation to the acceptors of sterilization and IUD insertion.**

It was decided to recommend the proposal for approval of MSG.

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