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**MINUTES OF THE FIRST MEETING OF
THE EMPOWERED PROGRAMME COMMITTEE
OF THE NATIONAL RURAL HEALTH MISSION
HELD ON 9.5.2005**

The first meeting of the Empowered Programme Committee (EPC) of National Rural Health Mission (NRHM) was held under the chairmanship of Mr. Prasanna Hota, Secretary, Health and Family Welfare in Committee Room No. 249-A, Nirman Bhawan, New Delhi. The list of participants is enclosed. The Department of Expenditure was represented by AS & FA.

Agenda Item No. I

**Recommendations of Task Groups for National Rural Health Mission
(ASHA and IPHS)**

1. The Empowered Committee was informed about the action taken in the Ministry regarding the implementation of the various action points relating to the National Rural Health Mission (NRHM). The respective status of the 8 task groups constituted under the NRHM were also placed before the Committee.
2. It was noted that 5 out of 8 Task Groups constituted under the NRHM had submitted their recommendations. The recommendations pertaining to ASHA and Indian Public Health Standards (IPHS) were discussed at length. The Committee, in general, endorsed the guidelines on ASHA. However, in the course of the discussions, the following points emerged :
 - i. The Guidelines for ASHA would position ASHA as a key field level functionary for attaining the Goals related to reduction in the decadal growth rate of population, Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR). The Training modules for ASHA could emphasize on her role in promoting skilled birth attendance and neonate management.
 - ii. The ASHA scheme was being implemented only in 8 EAG States, Jammu & Kashmir, and Assam. It is very important to take up this scheme in the North Eastern States as well.
 - iii. The Guidelines for ASHA would be modified to incorporate the 10th Plan Goals, convergence with AYUSH and the need for providing information about ASHA in local language under the BCC strategy of the Ministry of Health and Family Welfare.

- iv. The NGOs would be involved in the ASHA process to mentor State specific initiatives. States would examine the need, if any, for relaxation in respect of educational level and age of ASHA.
- v. Secretary (H&FW) clarified that though the ASHA scheme was being taken up in the ten States, there was no bar for any State to take up the scheme making use of the incentives, provided under various programmes under the NRHM. These States have the flexibility to take up this scheme under the financial envelope provided to them under RCH-II. For the North Eastern States there should be no dearth of financial support and as such, there would be no difficulty in supporting the ASHA scheme in those states, provided it is included in their State PIP.

Discussion on Indian Public Health Standards (IPHS)

- 3. DGHS described the broad outlines of the IPHS, with its emphasis on a minimal functional referral hospital for quality services, under the Mission. During the course of the discussions the following points emerged :
 - I. The Guidelines for PHC and Sub-centre would also be attempted in a Phased manner. Similarly, the extension of IPHS from CHCs to private hospitals could also be explored.
 - II. Principal Adviser (Health), Planning Commission appreciated the holistic Guidelines attempted under the Mission. The Mid-Term Review of the 10th Plan had suggested the abrogation of population norms at Sub-centre level, and suggested provision for 2 ANMs at the Sub-centre level.
 - III. Secretary (HFW) suggested that the available resources could be pooled together at Block level to give quality healthcare, especially during the transition period before the optimal infrastructure and manpower was put in place. In such an event the PHCs could be managed by deploying the manpower from the Block i.e. the CHC. This arrangement would at least ensure that there is a functioning hospital for every 1,00,000 population. The desirability of withdrawing doctors from the PHCS was also discussed. It was decided to have consultations with the states on this matter.
 - IV. The Block Health Plan should also be a part of the NRHM on the lines of the Village Health Plan and the District Health Plan.



- V. The IPHS must also factor in the cost of providing extra specialists and paramedics at the IPHS compliant centres, and give due attention to the recurring costs.

Agenda Item No. 2

Prioritization of activities under the Mission; Action Plan and proposed outcomes for first year

4. The Action Plan for first year at Gol and State levels, as at Annexure-II, was approved in principle, subject to the following:
 - A detailed note be prepared for each activity listed as an Action Point for the current year.
 - The activities, which do not have financial implication, may also be listed and details in respect of the same should also be shown in the action plan.
 - The preparation of training material in regional languages should also be taken up.
 - Mainstreaming AYUSH and HIV/AIDS should be listed as core activities for operationalization of NRHM at the Gol/State level.
5. In respect of activities identified for funding under NRHM in 2005-06 as at Annexure-III, there was a need to reflect activities, which were to be funded under the Budget available with Programme Divisions for ongoing activities, and to further detail new activities and the Budget Heads thereof.
6. In view of the fact that the Mission was yet to be "empowered" by the Cabinet to fund new initiatives, it was necessary to seek such empowerment immediately.
7. The Scheme of Mobile Medical Unit needed to be worked out in greater detail before placing the same for funding before the EPC.

Agenda Item No. 3

Additional Outlays needed for NRHM

8. The need for additional funding for NRHM was noted by the Committee. This information had already been presented before Deputy Chairman, Planning Commission, in meeting of the Task Force dated 25th March 2005. It was important to work out the year-wise requirement of funds, and also attempt the requirement in case of select districts in a phased manner.

Agenda Item No. 4

Empowering National Programme Coordination Committee chaired by Additional Secretary (FW) to approve the State Action Plans for RCH-II and National Disease Control Programme

9. The EPC approved the proposal to constitute the National Programme Coordination Committee to approve the State Action Plans for RCH-II and National Disease Control Programmes.

Agenda Item No. 5

Approval for NRHM Budget Head within the M/o HFW Outlay

10. The process of creating a new Budget Head for NRHM was to be initiated immediately, so that it may be incorporated in B.E. (2006-07) proposals in September 2005.

Agenda Item No. 6

Funding for Health Melas

11. Sanction of funds required SFC approval: Since the amount of funds required was small, a proposal could be initiated on the file, by IEC Division.

Other Decision made during the meeting

12. It was decided that the Secretaries of the Departments of AYUSH and Panchayati Raj would also be co-opted as members of the Empowered Programme Committee.
13. A proposal for setting up a Regional Resource Centre for the NE states should be initiated to address the region specific issues.
14. The Mission statement of NRHM must address the AIDS efforts even though the programme continues to have a separate and independent existence.

The meeting ended with a vote of thanks to the Chairman & members.