

**MINUTES OF THE SECOND MEETING OF  
THE EMPOWERED PROGRAMME COMMITTEE  
OF THE NATIONAL RURAL HEALTH MISSION  
HELD ON 29.7.2005**

The second 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.

**Agenda Item No. 1**

**Confirmation of the Minutes of the First meeting of the EPC held on  
9<sup>th</sup> May 2005**

The comments received from the Principal Advisor (Health), Planning Commission had already been included in the minutes by the Department of Health & FW. No comments were received from other members. The Empowered Programme Committee accordingly approved the minutes of the first meeting.

**Agenda Item No. 2**

**Action Taken Report in respect of the decisions taken in the first  
meeting of the EPC.**

The EPC was briefed about the progress so far made under the mission. The Action Taken report in respect of the decisions taken in the first meeting of the EPC was discussed and was adopted subject to the following observations :

**(Point 3 of ATR) :** The process of finalizing the key strategic interventions under the NRHM viz. ASHA & IPHS should be more inclusive and involve NGOs & Civil Society representatives in MSG and the Mentoring Group for ASHA. The Public Health Professionals and NGOs should be taken into confidence and consultations should be held with them while designing the Training Modules of ASHA. The Mentoring Group of NGOs must also deliberate on the proposed training module.

**(Point 7 of ATR) :** The information regarding the standards and the accreditation mechanism must be given wide publicity so that more and more private institutions join the process. Dr. J P Narain stressed the need for wide dissemination of standards and a system of periodic benchmarking of facilities to ensure compliance and a rating mechanism to introduce competition.

**(Point 13 of ATR) :** The proposed cabinet note on Empowerment of NRHM could include a note on the progress.

made so far under the mission and the proposal to levy Health cess to generate funds for the mission.

**(Point 16 of ATR) :** The feasibility of providing one ambulance per CHC in order to improve reach and mobility could also be explored.

**(Point 17 of ATR) :** It was pointed out that the statement of additional requirement of the funds for the period 2005-12 for NRHM activities would be finalised by the Task group on Financial Guidelines.

**(Point 19 of ATR) :** AS(FA) was requested to oversee the process of creation of NRHM Budget Head.

**(Point 20 of ATR) :** The Health Melas were to be meticulously planned , to serve as the launching pad of NRHM in Districts

**(Point 22 of ATR) :** The strategy for NE states must pay equal attention to all the NE states. Proposal for setting up Nursing and Paramedical Colleges including upgrading the capacity of existing colleges may be examined.

A Brief presentation was made by Sh K Ramamoorthy, JS(NE) on the strategy for NE states. Secretary (H & FW) advised that further detailing should be undertaken in consultation with NE states and key stakeholders.

### **Agenda Item No. 3**

#### **Contours of Institutional Framework under NRHM**

The committee noted that the generic guidelines for the institutional framework under NRHM including the State/ District Health Mission and societies, MoU, Hospital Management Society etc have been issued to the states. Secretary (AYUSH) suggested that mainstreaming AYUSH should also be included in the MoU.

### **Agenda Item No. 4**

#### **Status of task groups established for NRHM**

The committee noted the progress of the work of the Task Groups established for NRHM.



### **Agenda Item No. 5**

#### **Guidelines for ASHA under NRHM**

It was decided that the Guidelines for ASHA, including state level models and Training framework & modules should be based on greater participation of Civil Society. The mentoring group which has been set up for implementing and monitoring of the ASHA initiative should also consult with all stakeholders. The proposals regarding compensation and training etc must be given the widest possible circulation to involve the various public health professionals at the level of the states.

### **Agenda Item No. 6**

#### **Cabinet note for Empowerment of the National Rural Health Mission**

The Committee endorsed submission of the proposals made by the Department in the Cabinet note.

Dr J P Narain made an observation that the EPC should deal with the macro Policy issues. The Mission could attempt a comprehensive document to map the physical, human and financial resources available in the states and prepare a roadmap for their utilization and augmentation. The Cabinet note could also reflect the evolved framework of the Mission in the last six months.

### **Agenda Item No. 7**

#### **Funds sanctioned under NRHM for the year 2005-06**

The Committee noted the progress made regarding the quantum and modalities for release of funds under the Mission pending the creation of a separate budget head. It also noted that 22 % funds had been released under NRHM in the first quarter.

### **Agenda Item No. 8**

#### **Development of Eye Wards in District Hospitals & Selected CHCs**

It was agreed that discussion on this item be deferred subject to detailed examination of the proposal on the file.

### **Agenda Item No. 9**

#### **Development of mobile Ophthalmic Services in NE states & Other difficult terrains.**

The proposal could be included in strategy being conceptualised for NE states.

**Agenda Item No. 10**

**Progress of Intersectoral Convergence under NRHM**

The Committee noted the progress made regarding the initiatives for intersectoral convergence .

The Meeting ended with a vote of thanks to the Chairperson and Members of the EPC.