

**MINUTES OF THE FOURTH MEETING OF THE  
EMPOWERED PROGRAMME COMMITTEE  
OF THE NATIONAL RURAL HEALTH MISSION  
HELD ON 18.9.2006**

The fourth meeting of the Empowered Programme Committee (EPC) of National Rural Health Mission (NRHM) was held under the chairpersonship of Shri Prasanna Hota, Secretary, Health and Family Welfare in the Committee Room No. 249-A, Nirman Bhawan, New Delhi. The list of participants is enclosed.

The Chairperson welcomed the members present. At the outset, he requested members from the other Ministries, to suggest proposals on intersectoral matters for consideration of the EPC, for fruitful partnership under NRHM. He also advised the Divisions to put up doable projects in the current financial year in view of the rigours of the financial processes and the end of the 10th Plan.

He also clarified that in view of the unique circumstances of the North Eastern States, NRHM in the North Eastern states included all sectors and was not limited to primary health care under public health framework of NRHM. Therefore the group may propose / approve schemes for the entire 10 % dedicated pool of resources for the North Eastern States.

**Agenda Item No. 1**

**Confirmation of the Minutes of the Third meeting of the EPC held on  
4<sup>th</sup> August 2006**

No comments were received from any of the members. The Empowered Programme Committee accordingly approved the minutes of the third meeting subject to 2005-06 being corrected to 2006-07 in Agenda item 4.

**Agenda Item No. 2**

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

The Action Taken Report in respect of the decisions taken in the third meeting of the EPC was discussed and adopted.

**Agenda Item No. 3**

**Approval of a pilot scheme for social marketing of IUDs**

The Chairperson noted the wastage of IUDs in the field which comprised 1.5% of all FP procedures. He endorsed the involvement of NGOs and Social Marketing Organisations (SMO) in FP services. However he was of the view that the SMOs should be service providing agencies and not merely product

centered agencies. He also stated that the composition of Rs 100 which was to be given to the service provider (government facility) should be detailed. He also asked for the inclusion of Bihar in the proposal.

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

##### **Approval of proposal for concurrent evaluation of NRHM through external agencies**

As regards concurrent evaluation of ASHA and JSY while noting the original proposal for evaluation in UP, MP and Jharkhand, it was decided to include the states of Orissa, MP and Rajasthan. JS (WCD) stated that action should be taken for taking up concurrent evaluation in U.P. and Jharkhand as well.

Secretary (H & FW) advised that assistance of the Addl DG (Stats) and his team was to be taken for engagement of agencies for external evaluation. The EPC approved the proposal with the proviso that the rates for undertaking concurrent evaluation would be got approved by IFD and only then orders should be placed. The EPC also approved the proposal for assigning the work of comprehensive financial review to IPAI as well as engagement of special rapporteurs.

JS(WCD) informed that SSA and Ministry of RD had in place, a process for engagement of evaluators. He also requested for inclusion of nutrition issues in the Health Melas.

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

##### **Approval of the modification to the Janani Suraksha Yojana**

An amended agenda was circulated during the meeting. The same was discussed. Director (JSY) briefed the members about the modified proposal.

It was decided that the matter be placed before the MSG with recommendation of the EPC as the total modification with regard to packages was exceeding 25 % of the existing rates.

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

##### **Approval of scheme for Strengthening Routine Immunization (Urban & Rural)**

The proposal was discussed in detail. JS (WCD) noted a disconnect between the 20 point programme and the NFHS data on immunization. Target fixations by the States under the programme should be revisited to make them realistic.

It was decided to request the states to deploy AYUSH practitioners as alternate vaccinators. A joint directive from Gol was to be sent to the states in this regard. States were also to be requested to mainstream Ayush in capacity



building efforts and involve Ayush in Training of Trainers (ToTs). JS (PRI) was of the view that involvement of PRIs in immunisation initiatives was imperative.

The EPC noted that the norms contained in the note were being used for preparation of the State PIPs.

**Agenda Item No. 7**  
**Guidelines for support mechanism of ASHA**

The Committee took note of the guidelines. Since this scheme was well within the Cabinet approval, the agenda was submitted for information of the EPC during discussion. Secretary (H & FW) pointed out the need to clarify the reporting chain for the State Nodal Officer of ASHA vis a vis ASHA Resource Centre and the Mission Director at the State level. Similarly at the block level he felt there was a need to involve a Govt functionary as nodal officer who would also mentor ASHA and reporting chain to the Block Nodal officer also needed to be examined. In view of the fact that a large number of transactions would take place at the PHC level, he also pointed out the need to support the PHC level for financial accounting for ASHA. It was noted that there was a separate agenda in this matter.

**Agenda Item No. 8**

**Approval of proposal for placement of an accounts manager at Primary Health Centres in the EAG states**

Secretary (H & FW) noted that it was imperative to build accounts management capacity at the PHC level as more than 40 % of the transactions were expected to take place at this level.

The agenda was approved in principle for placement before MSG. IFD may examine the proposal in the meantime.

**Agenda Item No. 9**

**Approval of proposal for establishing an MCH Hospital in Tamil Nadu and upgrading a facility to level of MCH hospital in Kerala**

The proposal was approved, in principle, subject to detailed proposals being submitted by the respective States. It was also decided that that the proposal after its approval by MSG would be sent to the Department of Expenditure for concurrence. It was to be noted that the proposals were intended to create a public health utility for capacity building programmes for skill based trainings, and not a super specialty centre. A parallel proposal may also be examined for setting up a similar training centre in AIIMS, New Delhi.

**Agenda Item No. 10**  
**Approval of proposal for rationalization of compensation package /**  
**transactional cost for family planning services**

Secretary (H & FW) noted the relatively poor expansion of family planning services over the years. He was of the view that if the transactional costs were rationalized then the quality of services, male participation and involvement of the service providers would improve. The involvement of local NGOs would also improve the transactional efficiency.

The proposal in the agenda was approved in principle subject to concurrence of IFD with modalities of payments to be prepared by the division concerned.

**Agenda Item No. 11**  
**Note on Norway India Partnership Initiative (NIPI) for information of the EPC**

The EPC noted the progress under NIPI and recommended integration of the NIPI project with NRHM framework.

**Agenda Item No. 12**  
**Proposals from the North Eastern States**

**1. Strengthening of Guwahati Medical College to meet the requirements of NRHM Initiatives (Rs. 31.20 crore).**

The proposal should provide further information on the following before it is put up to MSG.

1. Will the proposed upgradation lead to increase in number of medical seats?
2. Whether the seats are shared with North Eastern states?
3. Whether the institution has adequate faculty?

JS(KR) of Deptt. Of Health and FW clarified that Planning Commission had accorded in principle approval for Rs. 109 crores for the purpose.

The representative from DONER pointed out that the funds surrendered by the Ministry go to the NLCPR and are not necessarily utilized for health related activities. Therefore, he suggested that MoHFW could utilize the funds for new healthcare initiatives.

**2. Establishment and Strengthening of GNM School Infrastructure in NE Region (Rs. 157 crore).**

NRHM Initiatives have resulted in increased demand for nurses. In order to bridge the gap, more number of Nursing Schools and colleges need to be opened. The National Strategy for Development of Nursing sector has recommended that Nursing Schools could be opened in functional district hospitals in the country to meet the larger number of nurses required. Accordingly, the proposal was mooted.

Secretary (H&FW) noted that the preparedness of the states was to be ensured before the schemes were finalized and were to be reflected in the States PIPs.

Proposal was agreed to in principle for strengthening 26 existing GNM schools subject to readiness of the states and approval of IFD.

**3. Upgradation of facilities at Regional Institute of Ophthalmology & Medical College, Guwahati to Centre of Excellence (Rs. 10 crore).**

The EPC approved the agenda in principle subject to IFD concurrence.

**4. Proposal for up gradation of all district hospitals in the NE**

EPC accorded in principle approval for an amount of Rs. 1 crore per District Hospital for the North Eastern states. Additional requirements with detailed justifications were also to be reflected in the respective state PIPs.

Secretary (AYUSH) was of the view that the AYUSH funds for NE states remained unutilised due to shortages of Ayush doctors in the NE. The Chairperson stated that an AYUSH hub can be created in the North East in consultation with the Deptt. Of AYUSH.

The meeting ended with vote of thanks to and from the chair.