

**MINUTES OF NINTH MEETING OF THE
EMPOWERED PROGRAMME COMMITTEE (EPC)
OF NATIONAL RURAL HEALTH MISSION (NRHM)
HELD ON 3RD JANUARY 2008**

Room Num 249, A Wing, Nirman Bhawan, New Delhi

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

The chairperson welcomed the members of EPC. Thereafter the agenda items were taken up for discussion.

**Agenda Item No. 1
Confirmation of Minutes of the Eighth Seventh meeting of EPC
held on 10th July 2007**

No comments were received from any of the members. Accordingly the EPC approved minutes of its Eighth meeting held on 10th July 2007.

**Agenda Item No. 2
Action Taken Report of Seventh Meeting of EPC, held on 22nd January 07**

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

**Agenda Item No. 3
Action Taken Report of the Eighth Meeting of EPC, held on 10th July 2007**

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

Agenda item No 4

Progress of NRHM

Sh Amarjeet Sinha, Jt Secretary, MoHFW, briefed the Group about progress of NRHM. The document titled "Progress of NRHM" published in November 2007 and compilation of State data sheets containing status of NRHM on key indicators as on 31st December 2007 was shared with the participants. The progress of NRHM emerging from Common Review Mission (CRM) of NRHM was also brought to notice of the group. During the discussion Jt Secy (Panchayati Raj) pointed out that CRM should also examine the Institutional arrangements at grass root level and comment about proactive involvement of PRIs in implementation of NRHM.

The EPC was also informed that proposals have been called from research institutes and organizations for concurrent external evaluation and preliminary reports on the same would be finalised by April 2008. A suggestion was put forth to also include status of the institutional mechanism of NRHM in different states as a topic for concurrent evaluation.

Agenda Item Num 5

Proposal for Funding Phase I of Community Monitoring under NRHM

The Group was briefed about contours of the Framework for Community and Community-based monitoring under NRHM. It was noted that this is an approved activity under NRHM and overall framework as also illustrative constitution of community monitoring committees at various levels has been detailed in approved framework for Implementation of NRHM. The Advisory Group on Community Action (AGCA), with its secretariat at the Population Foundation of India (PFI) is handholding the 1st Phase of implementation of the activity in nine states.

During the discussions, JS (Panchayati Raj) welcomed the initiative and pointed out need to ensure that there was no conflict of interest between various stakeholders at ground level. Dr N K Sethi, Advisor (Health) Planning Commission, while supporting the initiative, pointed out the need to create a framework for remedial action at ground level so that actionable observations emerging from community monitoring are translated into operational remedies where ever required.

After discussion, the EPC approved the proposal.

Agenda Item Num 6

Proposal for expanding ASHA under NRHM to all States / UTs

Originally ASHA was envisaged only in 10 High Focus States under NRHM. The initiative was later expanded to NE States and tribal and underserved areas of other states also. There is strong support in states other than High Focus States for extending the ASHA initiative to other states also. Detailed reasoning for same, as elucidated in the agenda item was discussed in the EPC.

After discussion the proposal to expand coverage of ASHA to all states in the country was approved by the EPC subject to following observations.

1. Many states have already selected Link workers under the RCH II programme. States may accordingly be given freedom to seek budgetary support for link workers /ASHAs under RCH II or NRHM as deemed fit.
2. The pace of expansion of ASHAs should be as per discretion of states and focus on recruitment and training of ASHAs in High Focus States under NRHM should not be diluted.
3. Appropriate attention should be given to the mentoring of ASHAs in all the states.

Agenda Item Num 7

Proposal for UNFPA supported Seventh Country Programme for Population and Development (January 2008 to December 2012)

The CP7 was presented for perusal of EPC as a follow up to the approved CP6 Programme of UNFPA. It was clarified that the initiative was part of RCH II programme which has been subsumed within NRHM.

After discussions the proposal was approved by EPC subject to the division appropriately modifying the institutional arrangements to include Mission Director (NRHM), GoI within the decision making process. It was further pointed out that it may be prudent to ensure that institutional arrangements of all programmes supported by development Partners include the Mission Director (NRHM) in the decision making process.

Agenda Item Num 8

Proposal for Strengthen Monitoring and Evaluation System at National and State Level

After discussion, the proposal to Strengthen Monitoring and Evaluation Systems at various levels was approved subject to the following observations:

1. The funding for human resource augmentation and infrastructure expansion for M & E as envisaged in the agenda shall be built into the respective Annual state PIPs and appraised by the NPCC before adoption by the States.
2. As the posts in the Regional Evaluation Teams have been vacant for a long period, they would have been frozen. The M & E Division would

initiate correspondence with Deptt of Expenditure to defreeze the posts in Regional Evaluation Teams so that they could be filled up on a priority.

3. The IT infrastructure envisaged in the proposal under consideration should ensure synergy with the existing network of the NIC, IDSP, PRI etc. and are available for the NRHM.
4. The institutional structures being set up for M & E should be synergized with the Programme management Structures in the states and districts as well as the IT framework of the Integrated Disease Surveillance Project (IDSP).
5. The JS (Panchayati Raj) pointed out that data of Monitoring & Evaluation collected for Gol should mention the geographical coordinates of the Institution/source to which the data pertains so as to facilitate its validation and integration with data collected by other agencies including Department of Panchayati Raj.
6. The specific initiatives proposed to be operationalised by the M & E Division having a financial implication at the Centre would be submitted for perusal and concurrence of the IFD before funds are released for the same.

Agenda Item Num 9

Proposal for 11th Five Year Plan of National Programme for Control of Blindness

The EPC noted that this proposal has simultaneously been routed though EFC and CCEA and hence the agenda item was not taken up for discussion.

Agenda 10

Proposal for creation of post under NRHM at State and District level for Epidemiologists, Microbiologists and Entomologists to strengthen the disease surveillance and response system

The Secretary (H & FW) pointed out that posts required for sustaining Disease Surveillance mechanism in the States need to be embedded within the Health System and District wise Human Resource requirements for this purpose should be clearly worked out.

Dr N K Sethi flagged the need to conceptualize model of the Centre for Disease Control envisaged under the IDSP.

Sh Deepak Gupta (Spl Secretary, MoHFW) pointed out that the contractual posts envisaged in the proposal under consideration are intended to be only upto the year 2010 by when state needs to revamp and rationalize its recruitment processes to ensure availability of critical Human Resources for Disease Surveillance at all levels.

It was also suggested that the states should be advised to include the plan for setting up laboratories and associated logistics arrangements for sustaining Surveillance system in the states in the annual NRHM PIP.

It was clarified that no permanent posts are being created under this programme and the contractual recruitment of critical human resources is imperative for successful setting up of the Disease Surveillance System envisaged under the IDSP.

After discussions, the proposal was approved.

Agenda Item Num 11

Performance based Payment for ASHA under National Leprosy Eradication Programme

The DADG (Leprosy) presented the agenda for perusal of the EPC. Sh Deepak Gupta (Spl Secretary, MoHFW) pointed out that the training of ASHA in various aspects of the NLEP should be organised by the NLEP. leprosy

The programme division sought permission of the EPC to modify its prayer to the extent that additional expenditure on performance incentives to ASHAs under the NLEP would be funded out of the NLEP budget.(and not out of NRHM flexipool as mentioned in the agenda).

The EPC suggested that since the programme is not undertaking active case detection on regular basis, ASHAs may be used for case detection and the incentive payment be rationalized to Rs 100 for case detection and rest amount be disbursed on completion of treatment.

After discussions, the proposal was accepted and approved with these amendments.

The following issues were also discussed during the meeting.

1. The scope of empowerment of EPC and MSG under NRHM was discussed. It was pointed out that these are the highest policy making institutions of NRHM and are mandated to consider and carry out mid course corrections in various schemes and programmes which are part of NRHM. The financial limits for powers of EPC and MSG have been detailed in the approval granted by the Competent authority..
2. It was clarified that overall rules of the GoI including those regarding creation of permanent posts, purchase of vehicles etc shall continue to govern operations of EPC / MSG. These institutions of the NRHM are mandated to operate within the existing framework and present the modifications/corrections carried out by them for perusal of Union Cabinet on annual basis.

3. The Secretary (H & FW) pointed out that Basic Standards for Institutional Structures of the Health System at various levels should be designed as part of the IPHS initiatives. Compliance to such standards by respective State Governments should be a prerequisite for continued funding under NRHM .
4. Dr NK Sethi, Planning Commission raised the following issues :
 - a. Any component of the programme which was amounting to over Rs. 500 crore annually is expected to be monitored more carefully.
 - b. There is a need to create synergy across all externally supported initiatives under NRHM and possible convergence of budgetary support to various components in the respective country plans of the DPs should be worked out.
 - c. There is a need to set up a group to examine various activities being undertaken by the ASHA. The training, mentoring as well as performance incentives to CHW are required to be optimally balanced so as not to over emphasise the implementation of any one component to the detrimental exclusion of others.

The meeting ended with a vote of thanks to the Chairperson and members of the EPC
