The second meeting of the Mission Steering Group was held on 22.9.2006 under the Chairpersonship of Dr. Anbumani Ramadoss, Union Minister for Health and Family Welfare. The list of participants is Annexed.

Smt. Panabaka Lakshmi, Hon'ble Minister of State for Health & Family Welfare welcoming the participants, underlined the commitment of the present government regarding strengthening of Primary Health Care infrastructure through increased funding for the National Rural Health Mission (NRHM), and urged for the creation of model districts in Primary Health Care which would set the benchmarks for others to emulate.

Dr. Anbumani Ramadoss, Union Minister of Health & Family Welfare, highlighted the importance being given by the present UPA government to provision of accessible, affordable and quality health care services to the rural people, especially to the vulnerable sections of the population. He thanked the Hon'ble Prime Minister and the Union Cabinet for approving the Implementation Framework of NRHM thereby empowering the MSG and the EPC. He stated that the first year was spent on structural planning of NRHM and achieving convergence with other related departments and ministries. The ensuing period of the Mission would demonstrate a landmark shift in the basic health indicators throughout the country.

Shri Mani Shankar Aiyer, Hon'ble Minister of Panchayati Raj pointed out the close association of the Panchayati Raj Institutions in all the activities under the NRHM and appreciated the cooperative approach between the two departments. He stressed the need for sensitizing the representatives of the Panchayati Raj at the grass roots level. While appreciating the fact that a joint
letter of Secretary (H&FW) & Secretary (Panchayati Raj) had been sent, he
proposed that a joint meeting of the Secretaries of Health and Panchayati Raj
from all the states be convened by the Union Secretary (Health & Family
Welfare) for accelerated operationalisation of the strategies under the Mission.

Dr. Raghuvansh Prasad Singh, Hon’ble Minister for Rural
Development appreciated the progress made under the Mission and made the
following points:

- From the next meeting, state-wise allocation, release and expenditure of
  funds under the NRHM be included in the Agenda notes.

- It was important to bring out a convergence between health and its other
determinants. He explained how these factors were related to each
other. As a starting point, he suggested that the Sanitation Campaign
and NRHM should jointly support provision of a toilet in the homes of
ASHAs. This would not only motivate ASHA to do her work better but
would also act as a model for other households in the neighbourhood.
The experiment could thereafter be further extended to the Self Help
Groups (SHGs), which are 22 lakh in number.

- The feasibility of a scheme for mainstreaming the erstwhile Village
Health Guides / CHVs in appropriate positions under the Mission should
be explored since they had received training and may potentially
contribute to the health system in rural areas.

It was clarified to him that NRHM was using only women as Community
Health Workers.

Some of the important points which came up during discussion are
mentioned in the Agenda Item No. 16 (any other items)
Agenda Item No. 1

Confirmation of the Minutes of the first Meeting of the Mission Steering Group (MSG), held on 30th August 2005

The Mission Steering Group approved the minutes of the first meeting.

Agenda Item No. 2

Action taken report on the decision taken during the first Meeting of the Mission Steering Group (MSG), held on 30th August 2005

The Action Taken Report in respect of the decisions taken in the first meeting of the MSG placed at Annexure 2 of the Agenda was adopted.

Agenda Item No. 3 & 4
Progress of implementation of NRHM

Presentations were made on behalf of the Ministry highlighting the progress made under the NRHM as well as the main features of the Implementation Framework which had just been approved by the Union Cabinet.

Some of the important points raised by Ms. Syeda Hamid, Member, Planning Commission and Dr. Dileep Mavlankar are mentioned under Agenda item No. 16 (any other item).

Agenda Item No. 5

Proposal for amplification of Parameters of Janani Suraksha Yojana

The proposal as recommended by the EPC was discussed by the Group and was approved with minor modifications.
Agenda Item No. 6

Proposal for placement of an accountant at the Primary Health Centres

The proposal as recommended by the EPC was approved.

Agenda Item No. 7

Proposal for Pilot proposal for social marketing of IUDs

The proposal as recommended by the EPC was approved.

Agenda Item No. 8

Proposal for Establishing a Maternal & Child Hospital in Tamil Nadu and Upgrading an existing facility to the level of a Specialised MCH Hospitals in Kerala

After discussions, the proposal as recommended by the EPC was endorsed by the MSG. In the course of discussion, the following suggestions were made:-

(i) One such institution could also be developed in one of the EAG States, preferably in IGIMS in Patna (Bihar).

(ii) Instead of developing one institution at the State capital, several such institutions should be developed at the district level for providing succor to general public.

(iii) In future, the proposals for which in-principle approval were being sought must have detailed cost estimates.

(iv) In order to mainstream AYUSH, such MCH facilities should also have an AYUSH wing.

Agenda Item No. 9

Proposal for Rationalization of compensation package / transactional costs for family planning services
Agenda Item No. 10

Proposal for Strengthening of Guwahati Medical College to meet the requirements of NRHM Initiatives

The proposal as recommended by the EPC was approved. It was decided that an AYUSH wing may also be set up in the Medical College Hospital, Guwahati. In view of the in-principle approval of the Planning Commission, an amount of Rs.119 crores was approved. Secretary (Health & Family Welfare) was asked to negotiate with the Govt. of Assam for reserving seats in this College in proportion to the population of North East, i.e. 30% of the any new seats that would come up in this college after upgradation.

Agenda Item No. 11

Establishment and Strengthening of GNM School Infrastructure in NE Region

The proposal, as recommended by the EPC was approved.

Agenda Item No. 12

Upgradation of facilities at Regional Institute of Ophthalmology & Medical College, Guwahati to Centre of Excellence

The proposal, a recommended by the EPC, was approved.

Agenda Item No. 13

Upgradation of District Hospitals
The proposal as recommended by the EPC was approved. It was clarified that N.E. dedicated fund would be used for health facilities and health sector beyond the NRHM set of initiatives meant for the rest of the country, as the 10% dedicated fund was for total Health Sector through the EPC and MSG as per the original Cabinet Note on NRHM.

Agenda Item No. 14 & 15

Minutes of the third and fourth meetings of the Empowered Programme Committee of NRHM
Held on 04.08.2006 and 18.09.2006

The minutes of the third and fourth meetings of the Empowered Programme Committee of NRHM held on 04.08.2006 and 18.09.2006 were noted by the MSG.

Agenda Item No. 16

Any other Item

During the presentation as well as on the substantive agenda items the following important items were raised:

i) There should be simple definitions to assess the functionality of the health facilities like Sub-Centre, PHCs, CHCs etc. The beneficiaries/communities themselves would be the best judge to assess whether those facilities were adhering to those definitions.

ii) While welcoming drugs support being provided to the health facilities, the need for regular monitoring of the availability of these drugs was emphasized. It was clarified that the Joint Secretary level Nodal Officers as well as State facilitation teams were regularly monitoring inter-alia the availability of drugs/vaccines/contraceptives etc.

iii) The arrangements being put in place for concurrent evaluation of the various activities under the NRHM were noted. In regard to the arrangement of special rapporteur, it was
suggested that the selection should not be restricted to retired government officials alone but should also extend to representatives of the civil society. It was also suggested that the system of special rapporteur should gradually evolve into a formal institution of Ombudsman.

iv) The issue of Chikungunya raging in some of the States including Gujarat was raised. The need for adequate number of laboratories for virological tests was also highlighted.

v) The importance of registration of all Maternal Infant deaths was underlined. It was suggested that if it was not possible to implement the proposal in the entire country in one go, it should be initiated at least on a pilot basis.

vi) It was extremely important to build up capacities of the national and state level Mission Directorate to handle the increased out lay under the National Rural Health Mission.

vii) Apart from the issues, which require the approval of the MSG, important policy issues having bearing on the health scenario of the country should also be placed before the MSG for seeking its guidance.

The meeting ended with a vote of thanks to the Chair.