

Minutes of the Third Meeting of the Mission Steering Group (MSG) of the National Rural Health Mission (NRHM) held under the Chairpersonship of Hon'ble Union Minister of Health & Family Welfare on 17.07.07.

The third meeting of the Mission Steering Group was held on 17th July 2007 under the Chairperson of Dr. Anbumani Ramadoss, Union Minister for Health and Family Welfare. The list of participants is Annexed.

Secretary (H&FW) welcomed the members of the MSG.

The Mission Steering Group expressed deep condolence over the sad demise of one of its members, Dr. N.H. Antia who was the Chairman and Director of Foundation for Research in Community Health, Pune, who passed away on 26th June 2006. Dr. Antia was remembered for his immense contribution to rural health care especially training of community link workers. The meeting observed a minute of silence as a mark of respect to Dr. Antia and adopted a motion of condolence.

Dr. Anbumani Ramadoss, Union Minister of H&FW welcomed the members of the group and gave a brief overview of the progress of the Mission. He noted the improved immunization figures reported by the UNICEF evaluation. He also pointed out that the proposal for setting up an Urban Health Mission is being processed by the Ministry. He also pointed out that integrated action is being taken under NRHM with Departments and Ministries which are undertaking schemes relating to collateral determinants of health.

Agenda wise discussion which followed is as given below:

Agenda Item No. 1

Confirmation of Minutes of Second Meeting of the Mission Steering Group (MSG), held on 22nd September 2006

The Minutes of second meeting of Mission Steering Group held on 22nd September 2006 were placed at Annexure 1 of agenda book and submitted for acceptance by the Group.

Dr. Dileep V. Mavalankar, member of the MSG, placed a dissenting note in respect of the minutes regarding Agenda Item No. 3 of Second MSG Meeting, (Setting up of Centre of Excellence in Tamil Nadu and Kerala). He pointed out that this agenda item should be brought again before the MSG with more detailed justification

The HFM responded to the discussion, stressing the need to strengthen the Maternal & Child Hospitals in all states. It was also pointed out that Detailed Project Report (DPR) of the initiatives has been prepared in order to ensure appropriate support for these centres of excellence.



After deliberations, the minutes of 2nd meeting of MSG as circulated were deemed to be passed.

Agenda Item No. 2

Action taken report on decisions taken during second Meeting of the Mission Steering Group (MSG) held on 22nd September 2006

The Action Taken Report on decisions taken during 2nd Meeting of Mission Steering Group (MSG) held on 22nd September 2006 was placed at Annexure-2 of the Agenda book for perusal of the group.

After discussion, the Action Taken Report was accepted.

Agenda Item No. 3

Contours of Empowerment of the Mission Steering Group

Secretary (H&FW) gave a brief introduction of the powers of Empowered Programme Committee and the Mission Steering Group under NRHM. He pointed out that MSG is expected to deliberate upon the proposals for modification to norms of existing schemes under NRHM and approve them so that the strategies of components of NRHM can be improved. He also clarified that the approvals granted by the MSG are to be presented annually before the Union Cabinet.

Agenda Item No. 4

National Rural Health Mission The Progress so far

Secretary (H&FW) gave a brief presentation on the strategies and progress of NRHM. He detailed the paradigm shifts envisaged under the Mission and noted the critical issues requiring action by the States.

JS (AS) explained that several States had increased their allocation for the health sector by 10%. He informed that Programme Implementation Plans (PIP) 2007-08, under NRHM, have been approved for most of States by NPCC. Monitoring of performance of the States was being done systematically by most States.

The progress of NRHM in states was noted by the members. Several comments and suggestions were made by the members regarding improving the performance of the Mission. The major suggestions made by the members are as follows



Shri G. P. Dutta, member MSG made the following suggestions:

1. It is difficult for the non-official members of MSG to understand progress of NRHM in States through various components and they needed integration
2. The non-official members of the MSG should be attached to the various States so that they can make valuable contribution to the State specific strategies.

Dr. R. L. Mishra, member of the MSG made the following suggestions:

1. The frequency of the meeting of MSG should be increased to at least once a quarter to allow the members to make worthwhile contribution to the Mission.
2. The MSG, instead of focusing on micro issues and specific approval for targeted interventions could be utilizing the services of non-official members in getting ideas to strengthen and improve the quality of health care under the Mission.
3. Some financial incentives should be instituted for better performing States under NRHM.
4. Public health, as a discipline, required to be given more importance.
5. Workload assessment of peripheral workers should be done. They should also be provided with decent working and stay condition.

Sh. A. K. Shiva Kumar, member of the MSG raised made the following suggestions:

1. There is a need to standardize performance figures vis a vis the overall requirements of various inputs in a state wise matrix.
2. State wise tables of physical and financial progress should be included in Agenda of the next MSG meeting.

Dr. Sayeeda Hameed, Member, Planning Commission, appreciated the steps taken by MoH&FW and made the following suggestions.

1. It is necessary to develop a paradigm of health insurance.
2. The best practices such as Gadchiroli and Bilaspur experiments should be catalogued and shared across states for attention of stakeholders.



3. The Rural Medical Practitioners and TBAs should be integrated in the delivery of health care, wherever required.
4. Malnutrition should also be taken care of under NRHM.
5. She offered her services in the Sub-committee to be constituted on Governance Issues as a member.

Dr. Imrana Qadeer, member of MSG made the following suggestions:

1. Social Welfare indicators should also be included in Indian Public Health Standards (IPHS) for various levels.
2. The Communicable Diseases Programme should be extensively integrated within NRHM.
3. The challenges and difficulties in the path of NRHM should also be brought to the attention of the stakeholders.

Additional Secretary (Expenditure) requested that the Articles of Association/ Bye Laws of NHSRC and staffing pattern be sent to the Ministry of Finance.

Agenda Item No. 5

Minutes of the Fifth, Sixth, Seventh and Eighth Meetings of the Empowered Programme Committee

The minutes of the Fifth, Sixth, Seventh and Eighth Meetings of the Empowered Programme Committee held on 9th October 2006, 5th January 2007, 22nd January 2007 and 10th July 2007 respectively were placed as **Annexures 7 to 10** of the agenda book and submitted for perusal of the Mission Steering Group

The same were noted by members of the MSG.

Agenda No. 6

Implementation of JE vaccination in high risk districts

JS (AJ) briefed the members on the agenda and presented the road map for implementation of JE vaccination campaign in 92 endemic districts covering 11 States in a phased manner from 2007-08 to 2010-11 and vaccination of the new cohort of the campaign districts in the subsequent year with the estimated expenditure of Rs. 162.32 crores over four years.



It was explained that from 2011-12, the expenditure on JE vaccine and AD syringes for vaccination of new cohort of campaign districts will be part of routine immunization and will be met out of routine immunization budget.

It was clarified that the EPC had earlier approved the agenda and the proposal was approved.

Agenda No. 7

Proposal for placement of an accountant at the Primary Health Centres in North Eastern States

It was pointed out that 2nd Meeting of the MSG had approved placement of an accountant at PHCs in EAG States. The present agenda is for extending the initiative to NE States also. After discussion, the proposal was approved.

Agenda No. 8

Proposal for organizing Health Melas for all Districts in North Eastern States

JS (KR) briefed the group about this initiative and sought approval of MSG to organize Health Melas in 87 districts of NE States @ Rs. 5.00 lakh each totaling to Rs. 4.35 crore. He informed that Health Melas had been evaluated in 2004 and had found to be successful in delivering health care. Sh. GP Dutta cautioned against marginalized section not visiting these Melas and supply of non-codified medicines in these Melas.


The HFM pointed that in certain States like J&K, a very large number of MLA constituencies fall within each parliamentary constituency. In such a situation, there is a need to allow Health Melas for all districts instead of Parliamentary Constituency.

After discussions, the proposal was approved.

Agenda No. 9

Proposal for utilization of earmarked 10% allocation for North Eastern States

JS (KR) requested for approval to utilize 10% allocation fully by the NE States for strengthening Nursing and Medical Colleges. It was pointed out that Implementation Framework of NRHM envisages strengthening of Nursing and Medical Colleges as one of the activities under NRHM. In NE States tertiary care was also required to be strengthened viz. Medical College Guwahati had not been able to take load of JSY patients due to lack of resources. HFM



invited the members to visit NEGRIMS which had been built up on the line of AIIMS and would be able to take care of four burdens of NE which are cancer, malaria, AIDS and TB.

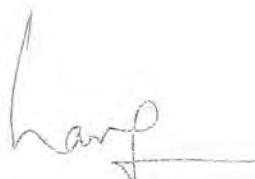
After discussions, the proposal was approved.

Agenda No. 10
Proposal for an Annual Health Survey (AHS) to prepare District Health Profiles

The Chief Director (Statistics) explained the proposal to the group and pointed out that this was a critical activity which had been stressed by the Hon'ble Prime Minister also. It was pointed out that the proposed Annual Health Survey would cover 284 districts covering 9 States. In addition to this, three yearly figures of other districts would be compiled. The RGI also explained the salient features of the proposal to the members.

The members of the MSG made the following observations regarding the proposal:

1. Secretary (PR) requested for pulling together Backward Area Funds of PR ministry for 240 Districts.
2. JS (Education) requested for inclusion of nutrition in the health profile. HFM requested WCD to take up nutrition issues through National Nutritional Programme.
3. Dr. Imrana Qadeer requested for strengthening of National Nutritional Bureau in this respect.
4. Dr. Mavalankar said that in presence of vital Civil Registration System being available in the country, conducting survey was a wrong way of assessing health of the population. He said that one district per State could be developed to have 100% civil registration. He stressed upon the need to record all maternal death and under 5 deaths in the country.
5. Secretary (AYUSH) requested to include health seeking behaviour in relation to AYUSH in the profile.
6. DG (NACO) said that Sentinal Surveillance System in 800 District Hospitals under which blood was being tested for AIDS could also be utilized for testing of other diseases, if funds were provided under NRHM.
7. Secretary (Drinking Water) requested to include water quality and sanitation and informed that household records are kept at



Gram Panchayat Level which could be scrutinized for this purpose

8. Addl Secy (Expenditure) pointed out that the proposal for creation of posts in the RGI may be routed through the finance ministry.

After discussion, the proposal for Annual Survey was approved as proposed for preparing the District Health Profile in the 8 EAG States and Assam. The Registrar General of India (RGI) would conduct the survey for which 186 posts, as detailed in the proposal, stand created for the duration of Mission period in the office of the RGI.

The cost of AHS is projected to be about Rs. 82 Crores per annum, mainly on salaries and field work, which would be borne by the Ministry of Health and Family Welfare. This expenditure will be budgeted in Annual Plan of MoHFW from 2008-09 onwards, by when the RGI would have completed preparatory work and recruited key personnel for the Survey.

A Committee would be constituted in the Ministry of Health and Family Welfare to coordinate the content of the survey, its methodology and comparability with existing surveys as well as the suggestions made by the members during the discussions.

Agenda Item No. 11

Proposal for modification of compensation package for sterilization approved earlier in the Mission Steering Group Meeting held on 22nd September 2006

DC (Family Planning) explained the agenda to the group and requested approval of MSG for enhancement of the compensation package for sterilization for vasectomy and tubectomy.

Dr. Shiva Kumar, member of the MSG opposed the proposal and pointed out that it was against the principle of NRHM and would require greater evidence and analysis. Dr. Imrana Qadeer supported Dr. Shiva Kumar and pointed out that NRHM expected to bring about behavioral change in the population.

JS (AS) explained that the proposed compensation was one of the several strategies to achieve population stabilization. Other schemes like improved service delivery, JSY, Depot Holders for contraceptives, training programmes for nurses etc were being simultaneously implemented. The attempt through the proposal under reference was to offer quality choices to poor households and provide funds for their loss of wages.



Dr. Raghuvansh Prasad Singh, Hon'ble Minister for Rural Development strongly supported the proposal and explained that this was the way to give better health care to the citizens. HFM explained that this would facilitate the achievements of goals under NRHM.

After discussion, the proposal was approved.

Agenda Item No. 12

Agenda proposed by Dr. Dileep V. Mavalankar & Dr. Gouripada Dutta, members of the MSG

Dr. D.V. Mavalankar, member of the MSG gave a brief presentation and raised the following points:

- ❖ Poor reporting of cause of death in the country: The solutions offered were to revamp the structure of reporting and to increase epidemiological capacity by posting of DG (Epidemiology) and DG (Public Health) and bringing RGI under Ministry of Health & Family Welfare.
- ❖ Considering of Mid-wives to be placed in the Sub-centres instead of ANMs as they don't stay in the Sub-centres.
- ❖ Increase in the number of technical posts.
- ❖ Progress on increase in the percentage of GDP on Health be reflected in the Agenda of MSG.

Issues raised by the Hon'ble Ministers during the meeting

Shri Mani Shankar Aiyar, Hon'ble Minister for Panchayati Raj, congratulated the HFM for rapid strides made under NRHM. He expressed hope that sustainable health care delivery system would be built up with cooperation of Gram Sabha and Panchayat. He raised the following major points in his address:

1. Operationalise centrality of PRIs in NRHM
2. Integrate district planning under NRHM with the planning process undertaken as per Planning Commission Guidelines by the Ministry of Panchayati Raj
3. The Backward Region Grant Funds (BRGF) of the Ministry of PR may be used to supplement and converge existing needs under NRHM.




4. The features of the software developed by Ministry of PR for planning and decision support mechanism for most backward districts were pointed out. He offered this software to MoH&FW.
5. There is direct impact of routing of funds through PRIs on results achieved by the State as in the case of Kerala where 40% of funds flow through PRI and which has achieved significant indicators in respect of health as well as education.
6. He requested for constitution of a Sub-group under MSG to look into Governance Issues at the State level.
7. For North-eastern States, DONEAR be actively involved in preparation of plans and release of funds.

Dr. Raghuvansh Prasad Singh, Hon'ble Minister for Rural Development, congratulated HFM and MoH&FW for good beginning in NRHM. He raised the following major points in his address:

1. There is need to hold one to one consultation with non-performing States to understand their problems.
2. The details of financial performance including allocations and utilization of funds for critical activities should be included in the agenda notes.
3. There is a need to re-habilitate the Village Health Guides, if possible in the new programmes.
4. A good IEC mechanism is needed to supplement the efforts of the Health Ministry.
5. There is need to stress upon State Vigilance and Monitoring Mechanism, people's participation, transparency, accountability and patenting AYUSH health care.

HFM summed up the discussion by listing out of following points:

1. A Sub-group on Governance Issues shall be set up under NRHM. This would include members of the MSG who would assist the states to carry out Health sector reforms envisaged under the NRHM.
2. The parameters of Health & Family Welfare should be included in a District Monitoring and Vigilance Committee of Ministry of Rural Development.



3. Indian Public Health Standards should be developed for the Health Directorates in the States also.
4. Availability of skilled manpower in health sector may be improved by introducing one year compulsory rural posting of doctors with stipend. A three year Public Health Course for Graduate nurses and ANMs may be examined.
5. A toll free number (108) for Emergency and Trauma care all over the country would be examined.
6. The frequency of the meetings of the MSG would be increased and efforts would be made to convene the next meeting within the next five months.
7. The Detailed statement of State-wise financial and physical achievements would be included in the Agenda of MSG for information of the members.

The meeting ended with vote of thanks to the Chair.

