MINUTES OF THE 4TH MEETING OF
THE MISSION STEERING GROUP OF
NATIONAL RURAL HEALTH MISSION HELD
UNDER THE CHAIRMANSHIP OF HONBLE UNION MINISTER OF HEALTH &
FAMILY WELFARE
ON 04.08.2008 AT 3.00 P.M. IN HALL NO. 3 VIGYAN BHAWAN

The fourth meeting of the Mission Steering Group of NRHM was held on 4th August 2008 under the Chairmanship of Dr. Anbumani Ramadoss, Union Minister for Health and Family Welfare. The list of participants is Annexed.

Shri Naresh Dayal, Secretary (HFW) while welcoming the new members of the Mission Steering Group also expressed his sincere gratitude to the retiring members for their valuable contribution and wished for their continued support.

Dr. Anbumani Ramadoss, Union Minister of H&FW noted with appreciation the support to the Mission by all the States. He stated that his goal for NRHM, one of biggest public health sector programme rolled out in a developing country, was to ensure access to 50% of the country to the public health system. He expressed satisfaction over the performance of lower level health care facilities like PHCs under NRHM, which m Tamilnadu were even performing Caesarean Section, and hoped, for replication in other parts of the country. He was also appreciative of the strides made in immunization, institutional deliveries and the improved attendance in the OPDs of some states.

However he urged the need for convergent action at the local level with the collateral determinants of health like nutrition, sanitation and drinking water etc. He also stressed on the need for external evaluation and setting up of permanent monitoring bodies at the village level.

Agenda wise discussion which followed is as given below:

Agenda Item No. 1

Confirmation of Minutes of Third Meeting of the Mission Steering Group (MSG), held on 17th July, 2007

The Minutes of Third Meeting of Mission Steering Group held on the 17th July, 2007 was submitted for acceptance by the Group.

Shri Mani Shankar Aiyar, Union Minister for Panchayati Raj, placed a dissenting note regarding action taken on 'Sub Group on Governance' mooted in the earlier meeting. He requested for its constitution without further delay.

The HFM responding to the suggestions reaffirmed the need to form the sub group on Governance for better coordination among the stake holders within the NRHM mandate.
After deliberations, the minutes of 3rd meeting of MSG were passed.

Action taken report on decisions taken during third Meeting of Mission Steering Group (MSG) held on 17th July, 2007

The Action Taken Report on decisions taken during 3rd Meeting of Mission Steering Group (MSG) held on 17th July, 2007 was placed for kind 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 accord approval for better performance of NRHM. He informed the house that the MSG had been vested with the delegated powers of the Cabinet and the approvals granted by the MSG were to be presented annually before the Union Cabinet.

Agenda Item No. 4A

Cabinet note intimating the progress of the NRHM and the key decisions taken by EPC and the MSG

The detailed note had been approved and was ready for submission to the Union Cabinet.

Agenda Item No. 4B

National Rural Health Mission

The Progress so far

Shri G.C. Chaturvedi, AS & MD (NRHM) in his presentation outlined the strategies and progress under NRHM, highlighting the improvements in key indicators. He also mentioned the paradigm shifts envisaged under the Mission and highlighted many issues critical to NRHM namely selection and training of ASHA, setting up nursing schools to meet the acute shortage of nurses and efforts towards multi skilling of doctors and para-medics.

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:

1. ASHA under NRHM

Shri Montek Singh Ahluwalia, Deputy Chairman, Planning Commission expressed his reservation regarding the adequacy of the ASHA training. Dr. Sayeeda Hameed, Member Planning Commission commented that ASHAs should be given due importance.
and dignity in the community and that her training skills may be regularly updated. Dr. Shalini Bharat, member of the MSG requested for simplified and timely payments to the ASHAs under JSY. Mrs. Geeta Sen was of the view that ASHAs should be taken up for career advancement.

Shri Amarjeet Sinha, Joint Secretary responding to the general concern of the members with regard to the quality of ASHA training informed about the increased thrust to ASHA training in some States and adoption of good practices by others. He also reiterated that the trainings were not envisioned to be a one time exercise but a continuous process and funds were being provisioned annually.

Secretary (HFW) explained that steps may be undertaken for the identification of dedicated ASHAs, who are dedicated volunteers of the community to plan further career enhancement trainings for them.

HFM commented that the basket of incentives to be rolled out for ASHA in the field may be broadened in coming years under NRHM.

2. JSY under RCH
Shri Mani Shankar Aiyar, Union Minister of Panchayati Raj enquired about the mechanism to determine that the benefits of JSY were really reaching the beneficiaries.

Ms. Aradhana Jothy, Joint Secretary responded that the first cut of the District Level Household Surveys (DLHS) corroborated the reported coverage under JSY for those states for which the report had been made available.

Shri Montek Singh Ahluwalia, Deputy Chairman, Planning Commission expressed his concern regarding increase in JSY delivery but concomitant reduction in institutional delivery. He stated that despite the numbers of obstetrician and gynecologist not going up, it was indeed strange how institutional delivery had gone up.

He expressed his reservation on over reliance on institutional records for JSY. He also expressed the need to revalidate institutional records data under JSY from other records to confirm the functioning of the system.

Ms. Aradhana Jothy, Joint Secretary in her response stated that the shortfall of gynecologists was being met by giving 16 weeks residential trainings to the MBBS doctors to equip them with sufficient knowledge and experience to perform Caesarean section operations. She also informed the house regarding the various trainings like the Skill Birth Attendant (SBA), Anaesthia, O&G trainings being imparted to healthcare personnel due to which the progress under JSY was perceptible.

3. Miscellaneous issues raised by Members
Shri Mani Shankar Aiyar, Union 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. The poor involvement of the PRI functionaries at all levels especially the village, block and district level in the NRHM which if incorporated could
benefit the deliverables under NRHM to a great extent. HFM responded that more thrust for such convergence would be made in future.

2. He stressed the need for aligning the NRHM planning process with the Panchayat centric District planning process mandated by the Planning Commission. He reiterated the use of Plan Plus software for preparation of Health Plans and synergizing BRGF with NRHM in most backward districts and selection of ASHAs by the Panchayat.

3. He also placed on record the effectiveness of the communitisation experience in Nagaland in improving health service delivery.

4. He also suggested the analysis of OPD trends under NRHM like in Bihar.

5. He advocated the need to for more focused attention to sterilization operations as there was a large gap between the present status and targets.

Shri Montek Singh Ahluwalia, Deputy Chairman, Planning Commission made the following additional comments:

1. He reiterated the need for development of easily comprehensible templates for NRHM with the help of the Planning Commission.

2. He questioned the need for 24X7 PHCs given the wide variation across country.

Dr. Sayeeda Hameed, Member, Planning Commission, made the following suggestions:

1. Emphasis on round the clock deployment of staff nurses to handle emergency care, especially at night, than to operationalisation of 24*7 PHC/CHCs.

2. Integration of the ICDS, ASHAs, Rural Medical Practitioners (RMP) and TBAs at the grassroot level to improve delivery of health care.

3. Systematic planning for TBAs/Bois to play a vital role in offloading some of the existing load at the PHCs and CHCs.

4. She offered her services and suggestions for the Sub-committee to be constituted on Governance issues as a member.

Dr. Raghuvansh Prasad Singh, Union Minister for Rural Development, congratulated HFM and the Union Ministry for good progress achieved under NRHM. He made the following suggestions in his address:

1. The need for giving fixed honourarium of Rs. 1000 per month to ASHA, in addition to the incentives, to sustain her interest and devotion to the programme.

2. The inclusion of details of financial performance, including allocations and utilization of funds, for critical activities in the agenda.

3. Inclusion of Secretaries in charge of Drinking Water and Health in their respective Missions for better coordination at State and likewise at district level.

4. Development of joint IEC materials/Action Plans in coordination with NRHM.
5. Inclusion of the module of Water Supply and Sanitation in the training material for ASHA, developed jointly by MoHFW and DDWS.
6. Involvement of the PHC doctors in the TSC campaign by including rubber stamps with health and sanitation messages on their prescriptions.
7. Need to ensure people’s transparency, accountability and opening of cost effective AYUSH facilities under NRHM.
8. Need for Kala-azar elimination more so in Bihar where it was most endemic.
9. Proper training to health staff in the States to man equipment being purchased under NRHM so that they don’t lie idle.

He enumerated the steps taken by the Ministry of RD to include the integration of Village Water and Sanitation Committee with Village Health Committees, involvement of ASHA as motivators for toilet construction, surveillance and monitoring of drinking water quality, joint training of ASHA workers, health workers and ANMs on preventive and curative aspects of health and hygiene education.

HFM requested the Minister for Rural Development for utilizing the District Vigilance and Monitoring Committee mechanism under the RD Ministry, to also monitor NRHM to which the RD Minister agreed.

Presentations were also made by the states of Rajasthan and Madhya Pradesh regarding the progress made in their states under NRHM activities. The Secretary, Government of Madhya Pradesh informed that there was a tremendous pressure of the PHCs due to the implementation of the JSY scheme etc. Special approval was sought to increase the bed strength and also care for the maternity wards in the PHC and CHCs.

**Agenda Item No. 5**

**Minutes of the Ninth Meeting of the Empowered Programme Committee (EPC)**

The minutes of the Ninth Meeting of the Empowered Programme (EPC) Committee held on 3rd January, 2008 were placed before MSG for perusal of the members of the group.

The same were noted by members of the MSG.

**Agenda No. 6**

**Proposal for expanding ASHA under NRHM to all States/UTs**

AS & MD (NRHM) briefed the members on the agenda and presented the road map for expansion of the ASHA scheme for the entire country which was earlier covering only 18 high focus states.
It was explained that fund for the ASHA scheme were being released by the Ministry from the NRHM flexipool against requirements and activities proposed by the states under NRHM Programme Implementation Plan (PIP). As per the budget estimate, one ASHA per 1000 population and @ Rs 10000/- per ASHA extension of ASHA Scheme to 17 non high focus states would require additional fund of Rs 145.60 crores annually. This has already been approved by the 9th EPC of NRHM. It was explained that many States have selected link workers under the RCH-II programme.

After discussions, the MSG approved the same.

Agenda No. 7

Proposal for selection of Epidemiologists, Microbiologists and Entomologists for fixed term on contract under IDSP

It was pointed out that the present agenda was already approved by the 9th EPC held in January, 2008 and the same is being submitted for the approval of the MSG.

AS & MD (NRHM) explained the details of the Surveillance Project. Dr. Devi Shetty mentioned considerable delay in the report of outbreaks in the country where immediate response was required.

HFM informed that development of sensitive surveillance and rapid response system was a long haul but efforts were on in this direction. AS & MD (NRHM) said that steps were underway to strengthen IDSP to report outbreaks by a Rapid Response Team (RRT) to the centre. JS(AS) commented that steps were being by the Centre and State to strengthen surveillance system to the district level but availability of technical human resource like epidemiologist etc. was an issue. He further explained that the government was examining to step up surveillance down to the sub centre level.

The MSG approved the proposal for contractual engagement of 766 health professionals under IDSP. However on the advice of Dr. V. R. Muraleedharan, it was decided to approve a range of remuneration packages for the various posts to ensure availability of the requisite personnel in the system, instead of fixed remuneration. Illustratively, the posts attracting a package of Rs. 25000/-per month, the range could vary between Rs 25000-40000/-per month and the posts attracting remuneration of upto Rs 15000/-per month could be upto Rs 25000/-per month.

The same was approved by the MSG.
Performance based Payment for ASHA under National Leprosy Eradication Programme

AS & MD (NRHM) presented the modalities of a scheme for the performance based payment of incentive for the ASHA under the National leprosy Eradication Programme to be launched in 5 leprosy prone states for the first time.

Union Minister for Rural Development thanked HFM for adding one more incentive based scheme for payment to ASHA and reiterated the need for a fixed honourarium of Rs.1000 per month to ASHAs. He quickly estimated that the proposal would attract budgetary provision of Rs.750 crores per annum only which was a pittance. AS & MD (NRHM) requested the MSG to assess the impact of ASHA before arriving at a conclusion. The HFM also requested him to wait till the next MSG for greater discussion on the issue.

After discussions, the proposal for ASHA under NLEP was approved

Agenda No. 9
Proposal for UNFPA supported Seventh Country Programme for Population and Development

AS & MD (NRHM) explained about the UNFPA supported 7th country Programme for Population and Development for India which was already approved in the 9th EPC held in January, 2008.

It was clarified that the duration of the present country plan for India was from January 2008 to December 2012, which would add to the deliverables within the NRHM.

After discussions, the proposal was approved.

Thereafter the experts were invited by the HFM for their comments and suggestions:

Sh. T. V. Antony made the following suggestions:
1. The need to look into sanitation factors like Indian toilets with running water, drinking water facility, assured electricity supply for improved health facilities.
2. Need to emphasize on qualified nurses rather than MBBS doctors for 24*7 facilities, where emphasis may be on deliveries and injuries. It should also be made more women friendly.
3. Need for a nursing school in each district hospital
4. Need for timely payment of compensation under JSV.
5. Making available Television sets in PHCs to help in the healing process.
6. Increase in ward size to enable newly delivered mothers to stay longer at PHCs.
7. Strengthening of the transport system for the benefit of the pregnant and delivered mothers.
Dr. Abhay Bharg made the following suggestions:
1. Need for figures in percentage terms than in absolute numerical terms to make it more comprehensible and the need for monitoring outcomes than inputs.
2. Inclusion of the goals relating to Malnutrition, a burning public health issue under NRHM.
3. Need for a paradigm shift from emphasis on institutional delivery to home-based newborn care to impact on IMR. He also emphasized the need for an annual review of the steps taken to reduce IMR.
4. The need to address the emerging threat of the non-communicable chronic diseases, which were growing in epidemic proportions even in rural areas, within NRHM. He also reiterated the need for strong regulation on alcohol and tobacco which were destroying the social fabric of the society.

Dr. Shalini Bharat made the following suggestions:
1. Need for greater involvement of communities and the Panchayati Raj Institution (PRI) under NRHM for expanded reach.
2. Enhanced role for the Women & Child Development Department under NRHM.
3. Use of Self Help Groups (SHG) as a pool of service providers for use by the programmes of NRHM.

Dr. K. Srinath Reddy had the following suggestions to offer:
1. Provision for career building initiatives for ASHAs to help in retention than a honourarium based system.
2. Reiterating the need for focusing on non-communicable diseases under NRHM, he suggested taking up prevalence of high Blood pressure, alcohol and tobacco issues under NRHM.

Dr. V. R. Muraleedharan made the following suggestions:
1. Need for looking at IMR at a more disaggregated level of data and a need for a more robust estimate of MMR for informed and focussed planning.
2. Need for analyzing the shift in utilization pattern of health care services from the public to the private sector or vice versa as the case may be, and its impact on the poor. He informed that it was important to note that 15% of those who fell sick did not seek any healthcare and 30% of those were for want of money.
3. He also emphasized the need for analysis of HR issues for better performance of NRHM.

The members of the MSG made the following observations during the course of the deliberations of the MSG meeting:

1. Secretary (PR) requested for more involvement of the local level Panchayati Raj institutions (PRI) for effective communisation under NRHM.
2. Secretary (AYUSH) requested for inclusion of more AYUSH professionals for the cost effective healthcare delivery under NRHM. Responding to HFM’s point regarding shortfall of about 1.5 lakhs doctors in the allopathic system of
medicine, she said that the said shortfall could be partly met from the pool of
AYUSH doctors available along with the RMPs of the Indian system of medicine.
JS (AS) however reiterated the need for requisite training to the RMPs before
involvement under NRHM.

3. Secretary (Drinking Water) reaffirmed the need for integrating village level
water and sanitation committees with the village level health committees for
complementarity and effective partnership. It was also suggested that a joint
IEC campaign be undertaken on International Hand-Washing Day on 15th
October.

4. JS (Expenditure), M/o Finance requested that the issue of the providing
remuneration to ASHAs may be examined in detail before consent for the same
is given. This may be done by analyzing and examining data in areas where
payment/honorarium has been made to purely incentive based mechanism.

HFM summed up the discussion and listed out the following points:

1. HFM thanked the members for a very positive contribution to the
deliberations of the MSG meeting.

2. He reiterated the need for convergence of health programmes with those
of nutrition, sanitation and drinking water and common strategies for the
success of NRHM.

3. He requested for suggestions on a programme on the lines of JSY, for
reduction of IMR, which was under active consideration of the Ministry.

4. He also informed the members that the National Organ Transplant
Programme, Cardio-Vascular & Diabetes Mellitus Programme and the
National Programme on Speech and Hearing Diseases would be monitored
under IDSP in the Ministry.

5. He also apprised about the members about a few new and proposed
initiatives namely: the PMSSY or the six AIIMS like Institutes coming up
in different parts of the country, proposed up gradation of thirteen
Regional Medical Institutes, proposed extension of 108 as a toll free
number for emergency and trauma care in the country, and the proposed
launch of the "Urban Health Mission" and the School health Programme.

6. He also reaffirmed the constitution of the Sub-group on Governance for
better coordination among the stake - holders with in the NRHM mandate.
7. The inclusion of NRHM in the District Monitoring and Vigilance Committee under the Ministry of Rural Development to which the Minister of Rural Development assured that necessary orders to the same effect would be given after a formal request was made by the Ministry.

8. The enhancement of the weightage criterion, for fund allocation under NRHM, from the current 1.3 to the erstwhile EAG states to 1.5 for the states of Uttarakhand, J&K, Himachal Pradesh, Chhattisgarh and Jharkhand on account of their difficult terrain and population density from the next fiscal.

9. The proposals/suggestions given in the meeting, by the members of the group would be examined and considered in the Ministry, as deemed fit.

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