Minutes of the 5th Meeting of
The Mission Steering Group of National Rural Health Mission
Held under Chairmanship of Hon’ble Union Minister of Health & Family Welfare
28th January 2009, 3 pm at Hall Num 3, Vigyan Bhawan, New Delhi

The fifth meeting of Mission Steering Group of NRHM was held on 28th January 2009 under the Chairmanship of Dr. Anbumani Ramadas, Union Minister for Health and Family Welfare. The list of participants is Annexed.

Shri Naresh Dayal, Secretary (HFW) welcomed the participants to the meeting. He pointed out that NRHM has almost reached its midpoint and reports of the recently concluded 2nd Common Review Mission (CRM) had been heartening, reaffirming the belief that NRHM was achieving its goal of revamping rural health system in the country. He pointed out that reports of 2nd CRM had also highlighted important gaps which required rectification namely in availability and skill of health human resource, and procurement/supply chain management. He informed the MSG that Mr Purnalingam, former Secretary to Govt of India who had originally set up the Tamil Nadu Medical Supplies Corporation (TNMSC) in Tamil Nadu was now assisting NRHM in revamping procurement & supply chain capacities at National and State levels.

Dr. Anbumani Ramadas, Union Minister of H&FW welcomed the participants and apprised the members about discussions which took place during the dissemination workshop of 2nd CRM for NRHM held in the forenoon session on the same day. He noted that the 2nd CRM had been an eye opener and highlighted a mixed baggage of positives and negatives. While increase in immunization, institutional delivery etc were positive signs, availability of human resources, nutrition, problems in functioning of Rogi Kalyan Samiti (RKS), quality of 24X7 Services still remained matters of concern. However it was heartening to note that States had given commitment to take remedial action on the problems. He directed that reports of 2nd CRM should be made available to all members of the MSG.

Shri G.C. Chaturvedi, Additional Secretary and Mission Director, NRHM presented the salient features of NRHM and reported the progress made in various
states against the committed time lines. The major initiatives taken up by various states were also presented before the group.

**Agenda Item No. 1**

**Confirmation of Minutes of Fourth Meeting of Mission Steering Group (MSG), held on 4th August, 2008**

The Minutes of Fourth Meeting of Mission Steering Group held on the 4th August, 2008 were accepted by the MSG subject to the following amendments suggested by Dr Abhay Bang wrt Point 3

- Paradigm shift is needed in progress reporting, from inputs and service data to outcome data
- The outcome of JSY in terms of cost and impact on MMR should be assessed
- Reducing IMR to 30 is the national goal. All possible options, including Home-based Newborn care, be examined to bring down IMR from its present level of 55 to 30

**Agenda Item No. 2**

**Action taken report on decisions taken during fourth Meeting of the Mission Steering Group (MSG) held on 4th August, 2008**

The Action Taken Report on decisions taken during fourth Meeting of Mission Steering Group (MSG) held on 4th August, 2008 was placed for perusal of the group.

The Group was informed that the sub group on governance issues, as desired during the 4th meeting of MSG had been constituted under Chairmanship of Secretary (H&FW) & Secretary of related Ministries were Members of the Sub-Group. A copy of order constituting the Sub Group was also circulated to members of MSG.

After discussions, the Action Taken Report was accepted.
Agenda Item No. 3
Contours of Empowerment of the Mission Steering Group

The jurisdiction of MSG was presented in the agenda book for perusal of the group.

Agenda Item No. 4
Minutes of the 10th Meeting of the EPC for NRHM

The minutes of the 10th meeting of the Empowered Programme Committee (EPC) was presented in the agenda book for information of the MSG.

Agenda Item No. 5
Proposal for inclusion of pregnancy detection kits at SubCentres as part of comprehensive RCH services

The proposal as approved by the 10th EPC was presented before MSG and the members approved the same after discussion.

Agenda Item No. 6
Proposal for revision in norms of honorarium during JE vaccination campaign

Ms. Aradhana Johri, Joint Secretary, presented the agenda. After discussion, MSG approved the revision in norms as proposed in the agenda item.

Agenda Item No. 7
Proposal of revision in norms for Immunization under the State Programme Implementation Plan of NRHM

Ms. Aradhana Johri, Joint Secretary, presented the agenda. After discussion, MSG approved the revision in norms as proposed in the agenda item.
Agenda Item No. 8
Proposal for revision of TA/DA norm for anesthesia and EmOC Training

Ms. Shalini Prasad, Joint Secretary, presented the agenda. After discussion, MSG approved the revision in norms as proposed in the agenda item.

Agenda Item No. 9
Proposal for revision of DA for Trainees of Group A, B, C & D

Ms. Shalini Prasad, Joint Secretary, presented the agenda. After discussion, MSG approved the revision in norms as proposed in the agenda item.

Agenda Item No. 10
Proposal for ASHA Package under JSY in high performing States

Ms. Aradhana Johri, Joint Secretary (RCH), presented the agenda. She explained that JSY has been successful in bringing about a quantum jump in institutional deliveries. It has become the most visible scheme under NRHM and a major driver of change. District Level Household Survey-3 (DLHS-3) results have just come and have brought out that there have been major increases in institutional deliveries in almost all States, the increase being highest in the Low Performing States, where it is needed the most. For example the State of M.P. has shown an increase of almost 19% in percentage points. So too, Orissa, Rajasthan etc. have also had large increases in institutional deliveries. This is very encouraging trend. Further, it has also succeeded in increasing the programme reach with higher number of women availing ante natal care and large number of children being immunized. However, it is important that in order to fully capture the benefits of JSY, gearing up of facilities must be done rapidly to manage this positive pressure of demand. The first phase of achieving IPHS should be working towards improving infrastructure for maternal and newborn/child care. Those facilities should be upgraded on priority where institutional deliveries are highest. Efforts should also be made to retain the mother at the facility for 24-48 hours so that both she and the
neonate can stabilize, as evidence shows that neonatal mortality is highest during this period.

It has been seen that of the incentives for ASHA, those related to JSY are best reaching the ASHA and are the major motivation for her.

It was noted that the High Performing States (HPS) under JSY had many pockets and regions dominated by vulnerable groups who needed to be supported for accessing full protocol of antenatal care, institutional delivery and post natal care. The ASHA had recently been extended to such states without a corresponding incentive package being built into JSY.

Ms Meena Agarwal, Jt. Secretary, Department of Expenditure pointed out that the scheme could be considered for approval from next fiscal, provided payments were linked to delivery of entire range of services. After discussion, and subject to observations of the Ministry of Expenditure, the MSG approved revision in norms as proposed in the agenda item.

**Agenda Item No. 11**

Proposal for increasing the IDD survey amount under NIDDCP

After discussion, MSG approved the revision in norms as proposed in the agenda item.

**Agenda Item No. 12**

Proposal for the Draft National Health Bill 2008,GoI

Sh. Amarjeet Sinha, Joint Secretary, presented the agenda for information of MSG and for seeking suggestions of the members.

**Matters raised by Members of the MSG**

1. The MSG discussed the interventions being undertaken for reducing Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) and noted the need to introduce focused interventions for reducing IMR in the country. Secretary (H&FW) pointed out that Ministry had requested for higher allocation for NRHM during the
coming financial year (Rs. 17,000 crore) and in case the enhanced funding becomes available, special initiatives for accelerating the pace of reduction in IMR would be undertaken. Dr. Sayeeda Hameed Member, Planning Commission flagged the need to adopt a viable model of Home Based Neo natal care (HBNC), which is one of the committed activities during the XI Plan. Dr. Abhay Bang presented the multiple gains of HBNC and informed the group about tools developed in this regard. Sh G.C. Chaturvedi, Addl. Secretary & Mission Director (NRHM) pointed out that HBNC model presupposes existence of robust Community Health Workers model and well entrenched mentoring framework for them. This is still being established in most states and hence it is necessary to tread carefully so as not to compromise the validity of HBNC model. He clarified that HBNC would be discussed with states during forthcoming PIP discussions. The HFM reaffirmed the need for adopting specific strategies for bringing about faster reduction in IMR, a minimum of 5 points in a year.

2. Dr. Raghuvansh Prasad Singh, Union Minister for Rural Development, while congratulating HFM, his team members and all members of MSG for success of NRHM strategy, stressed the need for awarding a fixed monthly remuneration to ASHA, in addition to the various incentives being given to her against activity-wise performance under NRHM.

The issue regarding awarding a fixed monthly remuneration to ASHA was discussed at length.

Sh V Srinivas, Secretary to Govt. of Rajasthan mentioned that Rajasthan State was paying Rs. 500/- monthly fixed remuneration to all ASHAs in the State in addition to their performance linked incentives. However, such monthly remuneration had not translated into any positive result. He suggested that instead of giving fixed salary per month to ASHA, it may be linked to quality of output delivered by her.

Shri T. V. Antony indicated that in some districts in Rajasthan, ASHAs were getting more than Rs. 3000/- monthly under the JSY, but progress in improving the performance of sterilization was negligible. In light of this finding, he recommended
that physical assessment needed to be done and only then the issue could be decided.

Dr. A. Shiva Kumar reaffirmed some advantage in base remuneration being topped with newer incentives possibly for new born care, HIV prevention etc.

Dr. Abhay Bang voicing his opinion to the contrary opined that the ASHA with a fixed salary may not function at all. He was of the opinion that ASHA was closely linked to government targets which were sometimes at variance with need of the community, hence job description of ASHA needed revision to make her more responsive to the community. He indicated that encashable coupons could be issued to families for ASHA performance.

Dr Shalini Bharat stated that a base of Rs 500 monthly with expanded work description may be workable.

Dr. Geeta Sen, endorsed the views of Dr. Bang about non viability of fixed remuneration and indicated that coupons given to families may yield better responsiveness of ASHA to the community. This would also increase the income of ASHA.

It was also noted that states have already been advised to expand the range of programmes where ASHAs could be included.

Ms Meena Agarwal, Joint Secretary, Department of Expenditure objected to the proposal and pointed out that it needs to be examined in detail by the Department of Expenditure as it is a departure from the Framework of Implementation approved by the Cabinet.

After the discussions, MSG approved in principle the payment of monthly honorarium of Rs. 500/- to ASHA along with performance incentives subject to approval by Ministry of Finance.
3. **Dr. Raghuvansh Prasad Singh**, Union Minister for Rural Development also pointed out the opening balances of states Health Societies should be included in financial data sheets in the agenda.

He also stressed the need to give special focus to the districts of Bihar where the disease of Kalazar was still persisting. He stressed the need to address this disease more vigorously especially in districts of Vaishali and Muzaffarpur.

4. **Dr. Abhay Bang** mentioned that Maternal Mortality represented 1% of total deaths in the country. Out of this, many are cases of abortion and most deaths occur in the post partum period after discharge of patient from the institution. Therefore it was unrealistic to expect a substantial reduction in MMR without other correctives being undertaken simultaneously. He pointed out that there is need for modification in guidelines of JSY, to the extent that the districts where institutional delivery do not respond to IMR, the concept of **Home Based Neonatal Care** (HBNC) be introduced and same be incorporated in the training module for ASHA also. Endorsing the views of Dr Bang, **Secretary (HFW)** proposed that such a scheme would be examined for districts with IMR higher than the national average.

Dr. Abhay Bang, while commending NRHM for a paradigm and a mood shift in health sector, stressed the need for periodic look at cost per outcome and an annual basis for assessing IMR & MMR. He also recommended an impact assessment of the tendency of shifting task to higher institutions thus making PHCs dysfunctional. He reiterated the need to make ASHA’s job description more responsive to community. Also, the need to revisit training modules of ASHA and revise them to make her more competent to handle difficult nature of her work. It was suggested that training duration for ASHA needed to be increased. It was noted that the emphasis on training existed for similar category of workers in other countries like China also. Therefore, the training structure as well as supervisory structure of ASHA needed to be modified depending upon various new type of assignments entrusted to her.

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Dr Bang congratulated the HFM for tobacco initiative and flagged the need for similar interventions for reducing the consumption of alcohol which was destroying human capital which is the main capital of developing countries.

HFM summed up the discussions and thanked the members for positive contribution to the deliberations of MSG. He also informed the MSG about steps being taken to introduce a National Policy on alcohol consumption. He informed the members that monthly honorarium to ASHA @ Rs. 500/- per month shall be implemented as soon as possible after the approval of the Ministry of Finance. The suggestions give by members about keeping the mother in the health facility for at least 24 hours after delivery would be carefully looked into. The issue of revising the training module of ASHA would also be looked into by the Ministry.

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