Minutes of the 6th Meeting of
The Mission Steering Group of National Rural Health Mission
Held under Chairmanship of Hon'ble Union Minister of Health & Family Welfare
15th June 2010, 11.30 am at Dr. Ramalingaswami Board Room, AIIMS,
New Delhi

The Sixth meeting of Mission Steering Group (MSG) of NRHM was held on 15th June 2010 under the Chairmanship of Sh. Ghulam Nabi Azad, Union Minister for Health and Family Welfare. The list of participants is Annexed.

Ms. Sujatha Rao, Secretary (HFW) welcomed the members of Mission Steering Group to the meeting. She thanked the Hon’ble Ministers and Hon'ble Deputy Chairman Planning Commission for their presence recognizing the importance of the National Rural Health Mission. She briefly outlined the major achievements of the NRHM and referred to the 5 year celebration of NRHM.

Shri Ghulam Nabi Azad, Union Minister of H&FW welcomed the participants and highlighted the achievements of past one year and the new initiatives that have been taken up during the past one year. He mentioned the progress in development of health infrastructure, skill up gradation, provision of drugs and diagnostic services in partnership with States. He referred to identification of difficult, most difficult and inaccessible areas by States at the instance of Govt. of India and effort to provide incentives to service providers to encourage them to work in such remote areas. 235 poor performing districts have been identified to closely monitor their progress on different health indicators. While emphasizing the need to pursue Home Based Newborn Care for reducing infant mortalities, HFM outlined the new interventions taken in child health care through creation of Sick Newborn Care Units, launch of Navjat Shishu Suraksha Karyakaram (NSSK), in Sept 2009, Introduction of ‘Mother & Child Tracking System’, where details of name, place, contact details of mother and child will be recorded to have every pregnancy tracked for ANC and child for immunization. He also referred to the Annual Health Survey (AHS) in 284 districts of 9 High Focus States to make available information on key indicators annually. To meet the infrastructure and human resource gaps various reforms have been taken in medical education by way of facilitating setting up of new medical colleges in
deficient states through relaxation of norms increasing PG Seats by changing teacher- student ration norms. Additional 4000 PG seats have been released during current year itself. Additional investment of Rs. 1300-1400 crores will be made to enhance capacities in the states to have 10,000 PG seats in next 3 years, a substantial increase of 45% in PG seats from current levels. HFM informed the group that 269 GNM/ANM Schools in backward districts have been approved by Cabinet to provide additional 22,000 GNM/ANMs into the public health system. Regional Centre for paramedics will be set up to produce additional paramedical personnel. HFM also mentioned of proposed three and half years programme for Bachelor of Health care to provide better trained personnel at SC level. The agenda items were then taken up for discussion.

Agenda Item No. 1

Confirmation of Minutes of Fifth Meeting of Mission Steering Group (MSG), held on 28th January 2009

The Minutes of Fifth Meeting of Mission Steering Group held on the 28th January 2009 were confirmed.

Agenda Item No. 2

Action taken report on decisions taken during 5th Meeting of the MSG, held on 28th January 2009

AS&MD apprise the members of the MSG on the Action Taken in respect of various decisions taken during Fifth Meeting of the Mission Steering Group (MSG) held on 28th January, 2009.

Dr. Sayeeda Hameed, Member Planning Commission raised her concern on Item 8: relating to Home Based Care, suggesting that home based care was emphasized under 11th Plan and the implementation needs to be expedited.

HFM reassured the members that this is one of the thrust areas and will be pursued specially focusing in the difficult areas where pregnant women have to walk long distances to reach the facility. The Member Secretary (Planning Commission)
said that the criteria for establishing new PHC must not be population based. HFM clarified that the assessment of requirement is based on population, distance, case load and geography of the area.

**Dr. Sayeeda Hameed**, Member Planning Commission was pleased to learn that a criterion for difficult area is based on travel time to the facility rather than distance.

**Secretary (PRI)** reiterated his concerns on governance and sought to know the progress made by the Sub group on Governance under the Chairmanship of Secretary (H&FW). Secy (HFW) stated that ascertain details and the meeting conducted soon. HFM observed that close interaction of four Ministries namely M/o Rural Development, M/o Women and Child Development, M/o Human Resource Development and M/o Health & Family Welfare is necessary to ensure proper convergence and to reach the benefit to people under their respective programmes. Sh. Kapil Sibal, Hon’ble Minister of HRD suggested inclusion of M/o Science & Technology for better monitoring through IT tools. He cited initiative of Technology based monitoring in his Ministry on tracking of presence of Teachers in schools through mobile phones.

The Action Taken Report was noted by the MSG.

**Agenda Item No. 3**

**NRHM - Physical & Financial Progress**

The members of the MSG note the progress and deliberated on various aspects of NRHM.

**Sh. C.P.Joshi**, Hon’ble Minister of Rural Development and Panchayati Raj pointed out that the progress does not refer to the MoU with States and the progress on their commitments. He inquired about the contribution of State share, number of Panchayat institutions entrusted with the tasks of planning. He suggested for more control and authority to PRIs. Referring to 73rd Amendment he highlighted the need for empowerment of PRIs and their role in Village Committees and in integrated District Planning Committees.
Sh. T.V Antony pointed that the progress under NRHM is reported against 26 items; of which 25 are input and only 1 is an output indicator of sterilization. Even their performance is not satisfactory. He observes that NRHM goals and targets will be difficult to achieve at this pace with the exception of states like Kerala and Tamil Nadu. The High Focus States have not shown any substantial progress over the years in TFR reduction. He requested that MSG should discuss progress on IMR / MMR / TFR. He also pointed to the need to ensure proper sanitation, availability of toilets, most importantly education for adolescent girls up to 10th standard should be ensured.

HFM acknowledged the observation of Sh. Antony and informed the members that soon the Ministry will be launching a new initiative to ensure availability of male & female contraceptives by health providers in 150 identified districts. The contraceptive will be provided to ASHAs, ANMs, and GNMs who can supply them to eligible couples and charge specific amount as commission and shall retain same as incentives.

Prof. Geeta Sen highlighted the need for sanitation and proper infrastructure to meet the NRHM goals of reduced TFR, MMR and in effect IMR. She observed that adolescent girls are not covered under ICDS and those not in school do not get any attention and become vulnerable. It is important to create synergy between related Ministries on the issue of nutrition, education, health & sanitation for the adolescent girls. For the system to function at the ground level synergy between the Ministries is essential. Professor Sen reiterated the need to go to outcomes in relation to IMR and MMR while proposing for a system of external assessment on the progress.

Dr. Sayeeda Hameed highlighted that community monitoring and areas specific intervention has helped to reduce IMR and MMR. She referred to observation of the midterm appraisal relating to utilization or services of traditional birth attendant equipping them with training to ensure safe deliveries in inaccessible areas.
Dr. Abhay Bang stated that decentralisation is critical to NRHM. However, VHSCs receive only Rs.10,000 p.a., a meager 2% of the total outlay. This defeats the purpose of decentralised planning. Hence, increased allocation to 10% or more should be considered. He pointed out that in order to make ASHAs more accountable, her remuneration should be by the community organizations instead of Health Department to avoid any conflict of interest. This will also ensure greater accountability to the community institutions. Dr. Bang also suggested greater involvement of SHGs.

He further stated that funds allocation viz-a-viz the disease burden in the country is skewed citing that fund allocation of Rs. 45 crores for NLEP and Rs. 1000 crores for Pulse Polio measured against the number of cases is not justified.

He also shared his Gadchiroli experience on Tobacco consumption and expenditure He recommended for National Guidelines on Alcohol and Tobacco Control.

Sh. Dinesh Trivedi Minister of State for H&FW stated that NRHM is a flexible programme and it is upto State to take up the priority issues as per the need.

Dr. Shalini Bharat mentioned that qualitative aspects are not reflected in the NRHM progress. She highlighted need for feedback from beneficiaries, assessment of functioning of RKS, communisation, as part of specific achievements of NRHM. She expressed concerns on the issues of human resource shortage, training & capacity building, and improving capacities for preparing District Plans. It is also necessary to identify reasons for decline in sterilisation.

HFM responded saying that State Governments are implementing agency for NRHM and interest for programmes also lies with State. Centre can only pursue with States to take action on HR and other issues.

Sh. Kapil Sibal, Minster of HRD noted that the issues here cannot be dealt singly by a Ministry. If 7 States are the High Focus then MSG can call the Health Ministers of these states and share the analysis of their state performance with them.
and develop an agreed action plan. The state must respond back with a plan on the agreed timeline to improve situation.

**Sh. Montek Singh Ahluwalia**, Dy. Chairman, Planning Commission, mentioned that though NRHM was to trigger activities in the State health system, this is not happening in many States. The States generally are not adding resources in the non-Plan sector. It is necessary to increase public expenditure on health. Although the requirement is 2-3 percent of GDP, it is presently only 1.3 per cent. Hence the States need to allocate more resources for the health sector. They should also closely look at the adequacy of their organizational set up. He mentioned that though NRHM began in 2005, in reality it took off only in 2007 when additional expenditure took place in the health system. He also expressed in favour of outcome-based monitoring.

**Ms. Sudha Pillai**, Member Secretary, Planning commission, referred to the 73rd amendment to the Constitution and highlighted the need for greater community involvement and implementation of convergent community programmes.

**Dr. K.S Jacob**, Professor, CMC Vellore pointed out that we need to look at outcomes, and to correlate inputs and outputs achieved using multi variate model for analysis. During CRM it was observed that there is no integration between the levels of services that is between tertiary and secondary levels. It is also observed that various platforms under NRHM like Village Health & Nutrition days are competing with ICDS; similarly, the 104 scheme is competing with SC community programme which must be curtailed.

**Prof Geeta Sen** observed from her experience in Maharashtra that the earlier health system was ignorant on the issues of maternal mortality, however, with NRHM it has changed significantly since the Commissionerate now conduct audit on maternal mortalities. The inadequacy of human resource in health has been addressed with the placement of AYUSH doctors. The AYUSH MOs were not experienced to conduct deliveries, neither had clinical skills to detect high risk cases or even emergencies. The cases were often referred late which was compounded by the non-availability of proper referral system. Hence, it is essential to train AYUSH MOs on SBA.
Agenda Item No. 4
Minutes of the 11th Meeting of Empowered Programme Committee, held on 1st May 2010

The minutes of the 11th meeting of the Empowered Programme Committee (EPC) was noted by the MSG.

Agenda Item No. 5
Proposal for amendments in incentives for ASHA towards Kala-Azar Elimination

The proposal as recommended by the EPC was considered by the MSG and the members approved the same after discussion.

Agenda Item No. 6
Proposal for expansion of involvement of ASHAs in all high malaria endemic districts and their remuneration for providing services towards NVBDCP activities

The proposal as recommended by the 11th EPC was considered by the MSG and was approved.

Agenda Item No. 7
Proposal for establishment of Maternity Hospitals at Jammu & Srinagar

The proposal was apprised to Hon’ble members. HFM informed the MSG that the proposal was considered in 2007 and was agreed in principle by the earlier Health Minister. The proposal was revisited by him and due to budget constraint the proposal was recasted to support construction of 200 bedded hospitals at Jammu & Srinagar at the cost of Rs. 50 crore each. State Government will provide balance amount.

MSG approved the proposal outlined in the agenda item.
Agenda Item No. 8
Proposal for inclusion of Bio-markers in Annual Health Survey (AHS)

The proposal as recommended by the EPC was considered and approved after detailed discussion.

Agenda Item No. 9
Proposal for continuance of Scheme of Sale Promotion Incentive on sale of Oral Contraceptive Pills under Social Marketing of Contraceptive Scheme

The proposal as recommended by the 11th EPC and placed before MSG was approved.

Agenda Item No. 10
Proposal for support to National Surveillance Unit at Dr. R.P. Centre, AIIMS, New Delhi under the National Programme for Control of Blindness

The proposal as recommended by the EPC was considered and approved.

Agenda Item No. 11
Proposal for Ex-post Facto Approval for ASHA package under JSY in Tribal Districts of High Performing State

The proposal as recommended by the Empowered Programme Committee was placed before the MSG. The Minister for Rural Development mentioned that there are large tribal population residing outside the notified tribal areas and they cannot be deprived. He cited the example of Rajasthan. It was clarified that in high-focus States which includes Rajasthan, all pregnant mothers irrespective of whether belong to SC/ST or general category are entitled to JSY benefits. Tribal women in other States are also getting JSY benefits. The instant proposal is to provide increased incentive for ASHAs to facilitate institutional delivery of tribal women. After detailed discussion the proposal outlined in the agenda item was approved.
Agenda Item No. 12
Proposal for meeting the salary of staff and mobility support under IDSP at the State/UT HQs and Districts of the remaining 26 states

The MSG noted the proposal.

Agenda Item No. 13
Proposal for supporting the provision of Health Worker (Male)

The proposal for appointing male health workers as recommended was considered by the MSG. HFM mentioned that NRHM support for second ANM was conditional to having MHW in the sub-centre. In spite of this, most of the States have not created posts of MHW who are essential to handling of various activities specially in the field of communicable diseases and family planning. Hence it is necessary to find out a way to ensure availability of MHW especially in the backward districts.

Prof. Geeta Sen mentioned that MHWs were earlier known as malaria workers. Hence with gradual decline of malaria cases, in many States, these workers were diverted for other works and the States did not appreciate the relevance of these staff in the overall health activities at the sub-centre. Other members of the MSG also raised the issue of sustainability of male health workers. Senior Adviser, Planning Commission, mentioned that this is likely to increase the Govt. of India liability unless the States commit to take over the responsibility. Already the financial involvement under infrastructure maintenance is very high and the States need to take over this liability.

However, Secretary (HFW) emphasized the need for having MHWs specially in 235 identified backward districts where disease burden is very high and it is necessary to strengthen the delivery system in these districts. Therefore she urged that in the 235 identified backward districts, MHW should be permitted to be engaged on contract basis as the States will take time to create posts and fill them up. However, as proposed, commitment of States will be taken to fill up these posts on regular basis within 3 years.

After detailed discussions on the proposal, the MSG approved the same.
Agenda Item No. 14
Proposal for increasing involvement of Non Governmental Organizations in NRHM

The agenda was presented.

Sh. C.P.Joshi, Hon’ble Minister of Rural Development & Panchayati Raj raised the issue on the need to engage NGOs with a budget of Rs. 750 crores especially when the Framework of Implementation requires the decentralised process of planning and managing the health need of the community to be owned by the elected bodies like Panchayats along with representation from civil society, individuals and others on committees envisioned under NRHM. Hon’ble Minister observed there has been no progress in this regard and this proposal creates a parallel structure.

After discussion, MSG deferred the decision on the proposed agenda item.

Agenda Item No. 15
Proposal for partial modification of the Hospitals and Dispensaries Scheme for Mainstreaming of AYUSH under NRHM

During the discussion of the agenda item, AS & FA suggested that funding norm should be 85:15 even for NE States as in NRHM. MSG approved the proposed agenda item with change suggested by AS & FA.

Agenda Item No. 16
Proposal for Promotion of Menstrual Hygiene in 150 districts

Secretary (HFW) gave a brief outline of the proposal and its relevance in the context of requirements of adolescent girls. All members of the MSG welcomed the proposal. Dr. Abhay Bang, however, mentioned that there was no evidence to show that the use of sanitary napkins has resulted in improving health and this is basically an issue of behavioral change. He also indicated the disparity between BPL and APL. Secretary, Govt. of Madhya Pradesh, also expressed in favour of no subsidy
and suggested that the price of sanitary napkins should be same for both categories. Shri Dinesh Trivedi, MoS (DT), mentioned that it would be difficult for BPL girls to spend so much money on sanitary napkins and in the process the adolescent BPL girls would only be deprived. Secretary, Drinking Water Supply and Sanitation, mentioned in favour of continuance of the scheme for at least one Plan period before passing it on to the States.

JS (RCH) referred to the views of experts suggesting supply of pack of six napkins instead of four every month. It was suggested that the girls could be provided 3 packets of sanitary napkins packs (4 napkins) for a two-month period. HFM observed that this initiative would sensitize the adolescent girls on hygiene and sanitation and make them more receptive for their other health needs in future thereby impacting the maternal health.

After detailed discussions the MSG approved the proposal with the change suggested for supply of six napkins in place of four.

HFM thanked the members for contribution to the deliberations of MSG. He informed the members that after three months MSG may meet again and discuss further on the issues. He shared a document showing the major highlights of Ministry in the last 365 days.

The meeting ended with vote of thanks to the chair.