OFFICE MEMORANDUM

Subject: Minutes of Eighth Meeting of Mission Steering Group under NRHM held on 16th April 2012.

Kindly find enclosed herewith the minutes for the Eighth Meeting of Mission Steering Group under National Rural Health Mission held under the Chairmanship of Sh. Ghulam Nabi Azad, Hon’ble Union Minister of Health and Family Welfare on 16th April 2012 for information and record.

[Signature]
(Preeti Pant)
Director (NRHM)
Telefax: 011 – 23061360

1. PS to Hon’ble Union Minister of Rural Development
   Krishi Bhawan, New Delhi – 110001

2. PS to Hon’ble Union Minister of Human Resource Development
   Shastri Bhawan, New Delhi – 110001

3. PS to Hon’ble Deputy Chairman
   Planning Commission
   Yojana Bhawan, New Delhi – 110001

4. PS to Hon’ble Minister of State (I/C)s
   Women & Child Development
   Shastri Bhawan, New Delhi – 110001

5. PS to Member (SH)
   Planning Commission
   Yojana Bhawan, New Delhi – 110001

6. PS to Hon’ble Minister of State (SB)
   Ministry of Health and Family Welfare

7. PS to Hon’ble Minister of State (SG)
   Ministry of Health and Family Welfare
8. Member Secretary (Planning Commission)
9. Secretary (School Education & Literacy)
10. Secretary (Higher Education)
11. Secretary (Women and Child Development)
12. Secretary (Panchayat Raj)
13. Secretary (Rural Development)
14. Secretary (Drinking Water)
15. Secretary (Development of NE Region)
16. Secretary (Expenditure)
17. Secretary (AYUSH)
18. Director General Health Services
19. Principal Secretary (Health & FW), Rajasthan
20. Secretary (Health & FW), Madhya Pradesh
21. Additional Chief Secretary (Health & Family Welfare), Jharkhand
22. Commissioner cum Secretary (Health & Family Welfare), Sikkim
23. Mr. A. K. Shiva Kumar, UNICEF
24. Shri T. V. Antony, Former Chief Secretary, Government of Tamil Nadu
25. Dr. K. S. Jacob, Professor of Psychiatry, Christian Medical College, Vellore
26. Ms. Neidono Angami, Convenor & Ex-President, Oking Hospital, Nagaland
27. Dr. Shalini Bharat, Professor and Dean, Tata Institute of Social Sciences, Mumbai
28. Dr. Devi Shetty, Chairman & Senior Consultant Cardiac Surgeon, Bangalore
29. Dr. Abhay Bang, SEARCH, District Gadchiroli, Maharashtra
30. Dr. V. R. Muraleedharan, Professor of Humanities & Social Sciences, IIT, Chennai
31. Dr. K. Srinath Reddy, President, PHFI
32. Dr. Gita Sen, Professor of Economics & Social Science, Bangalore

Copy to:

1. PS to Hon'ble Minister of Health & Family Welfare
2. PPS to Secretary (Health & FW)
3. PS to AS&MD(NRHM)

(Preeti Pant)
Director (NRHM)
Telefax: 011-23061360
Minutes of the 8th Meeting of
The Mission Steering Group of National Rural Health Mission
Held under Chairmanship of Hon’ble Union Minister of Health &
Family Welfare, 16th April, 2012, 4:30 p.m at
Vigyan Bhawan Annexe, New Delhi

The Eighth meeting of Mission Steering Group (MSG) of NRHM was held on 16th April, 2012 under the Chairmanship of Shri Ghulam Nabi Azad, Union Minister for Health and Family Welfare. The list of participants is provided at annexure.

Mrs. Anuradha Gupta, Additional Secretary & Mission Director NRHM, welcomed the members of Mission Steering Group to the meeting and thanked the Hon’ble Ministers for their presence.

Shri Ghulam Nabi Azad, while welcoming the members, informed that substantial progress has been made under NRHM during Eleventh Five Year Plan and several new initiatives were undertaken particularly during the last three years. He added that the country is greatly encouraged by the success of Polio eradication strategy and said that India had been taken off the list of countries endemic for polio on 24th February 2012.

He outlined the progress under NRHM highlighting the accelerated reduction in IMR and MMR. He added that NRHM has made remarkable beginning and started addressing the issues of health infrastructure, human resources, ambulances, logistics etc. However, he added that substantial investments would be required to complete the entire task. He expressed the hope that Health would receive priority and increased funding in the 12th Plan period from the Planning Commission to roll out the much needed interventions to strengthen the primary health care and ensure Universal health Coverage.

He emphasized that social determinants of health particularly sanitation, drinking water, nutrition and education would be critical for a quantum jump in health gains.
Improvement in the overall health of Nation therefore would also be driven by the investments and efforts in areas that transcend the health ministry. He also emphasized that NRHM is essentially a financing mechanism to strengthen the hands of the State Governments who are charged with primary responsibility of health care delivery. Good governance, institutional reforms, innovations, and focus on overall human development on the part of the States are a pre-requisite to optimal gains under NRHM.

After the opening remarks by the HFM, the discussion was held as per agenda which had been circulated in advance.

Agenda No. 1:

Confirmation of Minutes of the 7th Meeting of Mission Steering Group (MSG), held on 21st June 2011

As no comments were received and no observations were made by the members, the minutes of the 7th Mission Steering Group held on 21st June 2011 were confirmed.

Agenda No. 2:

Action Taken Report on decisions taken during 7th Meeting of the Mission Steering Group (MSG), held on 21st June 2011

AS & MD briefly presented the Action Taken Report and apprised the members of the MSG on the action taken with regard to key decisions of the Seventh MSG meeting which was held on 21st June 2011.
Agenda Item no. 3:
NRHM Physical and Financial Progress

AS & MD NRHM, detailed the progress made under NRHM which has a sector-wide approach to bring down IMR, MMR, TFR and disease burden.

She said that NRHM has focused on vigorous strengthening of the health systems and espoused “more money for health and more health for money”. She further highlighted that data beyond 2010 is not yet available on the decline in MMR, IMR, and TFR. With regard to MMR data pertains to 2007-09 and for TFR and IMR data is available till 2010. Presenting details of decline in each of these areas, she highlighted that decline in rural IMR is sharper than decline in urban area and that EAG and high focus States have by and large shown a decline higher than the national average. She also brought out that the rate of decline in respect of MMR, IMR, and TFR has accelerated following the launch of the mission and gained steady momentum particularly since 2008. Major communicable diseases have also shown a significant decline. Prevalence in respect of leprosy is now less than 1 per ten thousand. TB has shown detection and cure rates higher than the stipulated targets. Under the National Blindness Programme, the number of cataract surgeries has risen to 60 lakhs thereby exceeding the stipulated target envisaged under NRHM.

Shri Jairam Ramesh, Hon’ble Minister for Rural Development observed that decline of MMR cannot possibly be entirely attributed to NRHM as the Mission became operational in the field only in 2007 and the latest MMR data pertains to 2007-09. It was observed during the ensuing discussions that RCH Phase-I encompassed several interventions aimed at reducing MMR, IMR and TFR which were further intensified in RCH-II under the umbrella of NRHM. Funds under the Mission were released to the States 2005 onwards which strengthened the hands of the States in taking forward strategies aimed at reduction in IMR, MMR, and TFR.

Dr. Syeda Salvdin Hameed, Hon’ble Member, Planning Commission pointed out the need for more recent data on MMR. It was brought to the notice of the
MSG that the Registrar General of India has already been requested to provide MMR
data every year on the basis of moving averages.

With regard to IMR, MSG was informed of the increased focus on tackling
neonatal mortality which continues to be very high. The three pronged strategy of home
based new born care through ASHAs, essential newborn care at delivery points and
facility based care of the sick new born by way of SNCUs and NBSUs was highlighted.
Secretary (HFW) underscored the need to address the high burden of neonatal mortality
and expressed hope that the new initiatives taken by MoHFW would start to show
positive results soon.

Shri Kapil Sibal, Hon’ble Minister of HRD emphasised that effective
implementation of national programmes hinges on effective leadership in the States. He
suggested that in order to strengthen inter-sectoral convergence under the Mission, it is
necessary to develop synergies with the leadership in the State through engagement
with key Ministries in the Social sector.

Shri T.V. Antony highlighted the importance of undertaking rigorous review of
the key health indicators and apprising the member of the MSG about the progress
against the set goals. He emphasised that MSG would like to be updated on outcomes
and the agenda papers in future should include a detailed write-up on State-wise
performance on key goals. He also highlighted the need for operationalization of 24 \times 7
facilities and ensuring quality services and also of making random checks during the
night to verify actual availability of services on the ground. He also advocated the need
for active dissemination and replication of strategies which have yielded positive results
in Tamil Nadu towards reducing fertility.

Dr. Jacob observed that rather than focusing on inputs, it is more important to
focus on outputs and process indicators. It was brought to the notice of the MSG that
States are now being given specific service delivery targets and emphasis is also being
laid on monitorable process indicators. From this year, all States are also being given
specific goals with regard to MMR, IMR, and TFR.
Many MSG members stressed the importance of community monitoring and building up greater ownership of PRIs. The representative of Ministry of Panchayati Raj suggested that frontline workers and ASHAs should be made accountable to PRIs and payments to them should also be routed through Panchayats. Shri Jaipam Ramesh, informed that ASHA would also be incentivized @ Rs. 75 per toilet constructed in a village under the Nirmal Gram Panchayat programme of the Min. of Rural Development. He also said that, for strengthening the interface between the ASHAs and the PRIs and to make the ASHAs more accountable to the community, the payment of the ASHAs could be routed through the Gram Panchayat. He suggested that close involvement of PRI in NRHM implementation should be piloted in at least 2 districts in each of the high focus States. Minister of Health and Family Welfare was of the view that the strength and effectiveness of Panchayats is variable across States. In many States, they are still quite weak resulting in questionable effectiveness with regard to discharge of their roles and responsibilities. In such States where PRIs are strong, Village Health Sanitation and Nutrition Committees are also functioning effectively and are able to take greater ownership of local health action as is expected.

Dr. Amarjeet Singh, representative of M/o HRD highlighted that about 30% children in schools are absent because of several vision related problems. He stressed the need to put in place a robust school health programme with focus on eye check-ups and proper management/treatment/referral.

Dr. Abhay Bang referred to the last MSG and pointed out that a suggestion was made by Hon'ble Minister, Shri Vilasrao Deshmukh about a joint review of village level activities, and suggested that it should be implemented for better convergence.

Dr. A. K. Shiva Kumar pointed out that the three rounds of National Family Health Surveys (1992-93, 1998-99 and 2005-6) are invaluable sources of reliable data on a number of key parameters relating to fertility, health, HIV/AIDS, mortality and health care. He suggested to put more thrust on collecting data on malnutrition and reiterated the importance of the continuance of NHFS for one more round at least, so as to have comparable estimates for 2015 for an assessment of trends and impact of a number of key development initiatives launched since 2005-06. It was agreed that it
would be ensured that data collected through NFHS continues to be obtained in such a way that inter-temporal comparison is easily possible.

**Agenda item no. 4:**

The minutes of 14th Meeting of Empowered Programme Committee (EPC) was held on 8th February 2012.

The minutes of the 14th Meeting of Empowered Programme Committee (EPC) held on 8th February, 2012 were noted by the MSG. It was decided to delete the reference to MSG having delegated powers of the cabinet under “Agenda no. 4: Proposal for revamping of PHC”, following observation made by Additional Secretary (Expenditure)

**Agenda item no. 5:**

Proposal for continuation of Haemophilus influenza b (Hib) vaccines in Universal Immunization Program as liquid pentavalent vaccine (DPT+ Hep B+ Hib) in two States, i.e. Kerala and Tamil Nadu from April 2012 to December 2014.

The proposal was considered and approved.

**Agenda item no. 6:**

Proposal for expansion of Haemophilus influenzae b (Hib) vaccines in Universal Immunization Program as liquid pentavalent vaccine (DPT+ Hep B+ Hib) in six states namely, Gujarat, Haryana, Karnataka, Goa, Jammu & Kashmir, Puducherry from October 2012 to December 2014.

The proposal was approved. It was decided that further assistance from GAVI may also be explored to expand Pentavalent to all States.
Agenda item no. 7:
Implementation of Polio Eradication Strategy from 2012-13 to 2016-17

The proposal was approved.

Agenda Item No.8:
Revision of Norms for Immunization programme i.e. part C under the State Programme Implementation Plan (PIMP) of NRHM

The proposal was considered and approved.

Agenda item no. 9:
MSG Proposal for Modification of the Hospitals and Dispensaries Scheme for Mainstreaming of AYUSH under NRHM

The proposal was considered. After detailed discussions, MSG approved as under:

- To enhance the financial assistance to the district hospital from the present norms of Rs. 2.5 lakh per annum to Rs. 5.00 lakhs per annum.
- To enhance the financial provision for supply of essential drugs for procurement of Ayurveda, Siddha and Unani Dispensaries to Rs. 1.00 lakh per annum from Rs. 50000 per annum and Rs. 50000 per annum for Homeopathy Dispensaries.
- To bring uniformity in the Central and State share in respect of all components under the Scheme for all States and UTs in the ratio of 85:15.
- To remove the ceiling of remuneration for various contractual manpower under the different components of the Scheme.
- To strengthen the Programme Management Unit at Centre level with deployment of additional manpower.
- To modify the procurement guidelines under the Scheme.
• To direct the States for creating suitable Institutional Mechanisms for Mainstreaming of AYUSH in the States including the District Level.

• To direct the States to use the existing MIS mechanism to also monitor components of mainstreaming of AYUSH.

Agenda item no. 10:
Proposal to involve ASHA for facilitating Village Health Sanitation & Nutrition Committee meeting

The proposal was considered and approved.

Agenda item no. 11:
Proposal to revise norms for Mobile Medical Units (MMUs) in the Districts and giving a universal emblem on all MMUs under NRHM

The proposal was considered and approved.

Agenda item no. 12:
Performance based Payment to ASHA for monitoring and creating awareness about quality of iodated salt in the community under 1st Phase covering 303 endemic districts in the country

The proposal was discussed in detail and approved.

Agenda item no. 13:
Proposal to support 20% operational expenditure of Emergency Medical Transport system (EMTS) beyond 3rd year under NRHM.

The proposal was discussed at length and Chair, MSG was authorized to take a final view after considering all aspects of the matter.
Agenda item no. 14:
Proposal for Utilizing Services of ASHA for Ensuring Spacing in Births and Incentivizing Her for the Effort

While presenting the proposal, AS & MD informed that the contraceptive use remains low, there is high unmet need and high TFR and use of spacing methods remain very poor. MSG was apprised that that the services of ASHAs are proposed to be utilised for counselling newly married couples and couples with 1 child, to ensure spacing of 2 years after marriage, and spacing of 3 years after the birth of 1st child.

Shri T. V. Antony, while supporting the proposal suggested that ASHAs be paid an additional Rs. 1000/- if she is able to counsel the couples successfully to plan their family after the 2nd child.

After detailed discussions, the following decisions were taken by the MSG:

1. To use services of ASHA for counselling eligible couples for ensuring healthy spacing between births.

2. To pay ASHA, a financial incentive of:
   a. Rs. 500/- for ensuring spacing of 2 years after marriage.
   b. Rs. 500/- for ensuring spacing of 3 years after the birth of 1st child.
   c. Rs. 1000/- in case the couple opts for a permanent limiting method after 2 children.

The conditionalities of registration of marriage and registration of birth would apply as contained in the proposal.

Agenda item no. 15:
Continuation of services of Executive Director, NHSRC till 31/05/2012 and extension for a two years period till 31st May, 2014

The MSG noted and approved the continuation of Dr. T. Sundaraman as ED, NHSRC for another 2 years beyond 31st May, 2012. ACC's approval, if required, may be obtained.
Annexure

List of Participants who attended the 8th meeting of Mission Steering Group of National Rural Health Mission (NRHM) held on 16.04.2012 at 4:30 PM

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<th>S. No.</th>
<th>Name &amp; Designation</th>
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<td>1.</td>
<td>Shri Ghulam Nabi Azad, Hon'ble Union Minister of Health and Family Welfare</td>
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<td>Ms. Syeda Saiyidain Hameed, Member, Planning Commission</td>
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<td>Sh. P. K. Pradhan, Secretary (Health and Family Welfare)</td>
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<td>Ms. Sindushree Khullar, Secretary (Planning Commission)</td>
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<td>Dr. M.K. Bhan, Secretary (D/o Biotechnology)</td>
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<td>Dr. Jagdish Prasad, DGHS</td>
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<td>Sh. Keshav Desiraj, Addl Secretary (Health), MOHFW</td>
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<td>13.</td>
<td>Ms. Anuradha Gupta, AS&amp;MD (NRHM), MOHFW</td>
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<td>Sh. K. Vidyasagar, Principal Secretary (Health &amp; FW), Jharkhand</td>
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<td>Sh. V. S. Gaur, Joint Secretary, AYUSH</td>
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<td>Sh. Manoj Jhalani, JS(RCH), MOHFW</td>
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<td>Dr. Shreeranjan, Joint Secretary, Ministry of Women and Child Development</td>
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<td>Shri J. S. Mathur, Joint Secretary, Ministry of Drinking Water and Sanitation</td>
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<td>Smt. Rashmi Shukla Sharma, Joint Secretary, Ministry of Panchayati Raj</td>
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<td>Dr. Amarjit Singh, Joint Secretary, Ministry of Human Resource Development</td>
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<td>Dr. Rakesh Sarwal, Adv(Health), Planning Commission</td>
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<td>Dr. Rattan Chand, CD(Stats), MOHFW</td>
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<td>Ms. Preeti Pant, Director (NRHM-IV &amp; II), MOHFW</td>
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<td>Ms. S. B. Sharan, Director (PIB), MOHFW</td>
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<td>Ms. Jaya Bhagat, Director (NRHM-F), MOHFW</td>
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