

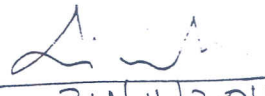
V-11011/2/2014-NRHM-II
Government of India
Ministry of Health and Family Welfare
National Health Mission

Nirman Bhawan, New Delhi
Dated the 24th November, 2014

OFFICE MEMORANDUM

Subject: Minutes of Second meeting of Empowered Programme Committee (EPC) of National Health Mission held on 5th November 2014.

I am directed to enclose herewith the Minutes of the Second Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 5th November 2014 for information and record.


24/11/2014
(L. Yaden)

Director (NHM)

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1. Secretary (Planning Commission)
2. Secretary (Drinking Water & Sanitation)
3. Secretary (Women and Child Development)
4. Secretary (Social Justice and Empowerment)
5. Secretary (Housing and Urban Poverty Alleviation)
6. Secretary (Urban Development)
7. Secretary (Rural Development)
8. Secretary (Panchayati Raj)
9. Secretary (Elementary Education)
10. Secretary (Secondary Education)
11. Secretary (Development of NE Region)
12. Secretary (Expenditure)
13. Secretary (AYUSH)
14. Secretary (Tribal Affairs)
15. DGHS
16. Additional Secretary (Financial Advisor)
17. Additional Secretary (Health and Family Welfare)
18. Dr Soumya Swaminathan, Director, National Institute for Research in Tuberculosis, No. 1, Mayor Sathyamoorthy Road, Chetpet, Chennai, TN-600 031
19. Dr. Nerges Mistry, Director, Foundation for Research and Community Health and Medical Research, 84-A, R G Thadani Marg, Worli, Mumbai - 400018.

Copy for kind information to:

1. PPS to Secretary (HFW)
2. PPS to AS&MD(NHM)
3. PPS to JS(P)

Minutes of the Second Meeting of the Empowered Programme Committee for National Health Mission (NHM)

The Second meeting of the Empowered Programme Committee (EPC) of NHM was held on 5th November 2014 at 11:30 am in room no. 155-A, Nirman Bhawan, New Delhi under the Chairmanship of Shri Lov Verma, Secretary Health & Family Welfare. The list of EPC members and other participants is annexed.

At the outset, Shri C.K Mishra, Additional Secretary & Mission Director (NHM), welcomed the members of the EPC and initiated the discussion. The discussions held on each agenda item and decisions taken are as under:

Agenda 1: Proposal for Introduction of Inactivated Polio Vaccine (IPV) in Universal Immunization Programme in last quarter of 2015.

1. Dr. Rakesh Kumar, Joint Secretary (RCH) apprised the members on introduction of Inactivated Polio Vaccine (IPV) in routine immunization in the last quarter of 2015 as a part of Global Polio end game strategy. He also mentioned that a proposal to GAVI has already been submitted for IPV support.
2. A concern was raised by the Department of Expenditure on the financial requirement for introduction of all new vaccines. Ministry of Health and Family Welfare informed that about Rs. 2000 crore would be an additional requirement for the new vaccines in 2016-17 and same will be obtained by increasing the basket of Health Mission funding.
3. Planning Commission emphasized on having a strategy to increase the coverage, especially in hard to reach areas and a policy decision on vaccination of malnourished children.

After the discussion, the proposal was recommended by EPC for MSG approval.

**Agenda 2: Proposal for Introduction of Rubella vaccine as a combination of Measles
Rubella (MR) vaccine in Universal Immunization Programme**

JS (RCH) apprised the members on the introduction plan of MR vaccine, covering all children in the age group of 9 months to 15 years, first as phase-wise campaign in the country followed by introduction of 2 doses (9-12 months and 16-24 months) of MR in the Immunization schedule. Rs. 1556 crores is the anticipated onetime cost for the campaign, spread over two to three years depending on availability of vaccine. Additional funds to the tune of Rs. 50 crore per annum would be required for introduction of Rubella vaccine as Measles Rubella (MR) combination under Routine Immunization.

Department of Expenditure raised the concern over extra charges imposed if procurement of vaccines is done by UN agencies. Ministry of Health and Family Welfare informed that if the domestic budget is secured for this activity then the procurement shall be made as per Government procedures. Ministry of Health and Family Welfare is also exploring possibility of GAVI support and if approved then the support will come in the form of commodity assistance by GAVI through UNICEF.

Department of School Education raised concerns about Adverse Events Following Immunization (AEFI) if the vaccination sessions are held in the school. Accordingly, the arrangement must be made by the Department of Health and Family Welfare.

The Planning Commission presented the burden of vaccine preventable diseases (VPD) indicating discrepancies in the data captured by different sources. In this regard, it was clarified that the existing AFP surveillance system is being utilised for the Measles Rubella surveillance in the country.

The technical division emphasized on introduction of MR vaccine and not MMR vaccine based on WHO position paper, NTAGI/STSC recommendations and the cost implications.

After the discussion, the proposal was recommended by EPC for approval of the MSG.

Agenda 3: Introduction of Rotavirus vaccine in Universal Immunization Programme

JS (RCH) presented Rotavirus vaccine introduction as per the recommendation of NTAGI. The Rota vaccine will be initiated in few states with the estimated vaccine requirement of 10 million doses as per NTAGI recommendation and an outlay of Rs 60 crores. For the nation-wide scale-up of Rota virus vaccine, an annual outlay of Rs. 614 crores is anticipated.

Planning commission raised concerns about the non-availability of acceptable rates of AEFI for Rotavirus vaccines. DGHS also pointed about the safety of the vaccine and rates of serious AEFI for Rota vaccine. The members suggested that the matter may be referred to Technical Sub Committee of NTAGI on safety of Rotavirus vaccine and acceptable background rate on AEFI. The issue of compensation of serious AEFI cases was discussed and a suggestion was made to explore the possibility of compensation mechanism for AEFI cases.

After the discussion, the proposal was recommended by EPC for approval of the MSG subject to its further deliberations and recommendation by Technical Sub-Committee on the issues raised by DGHS and Adviser (Health), Planning Commission.

Agenda 4: Proposal for Setting up of Health Kiosks under National Urban Health Mission

Shri Nikunja Dhal, Joint Secretary (NUHM) presented the agenda for setting up of health kiosks in the urban slums areas for providing outreach services to the slum population. He stated that unlike the rural areas, establishment of sub-centre in urban areas has not been envisaged under NUHM. Further, the focus of NUHM is to improve the health status of urban poor, particularly the slum dwellers and other disadvantaged sections of the urban population. The NUHM framework for implementation emphasizes that while OPD/IPD services will be delivered through UPHCs and UCHCs, the outreach services will be carried out in slums and slum-like habitations through the ANMs. However, many urban slums are either unauthorized or no space is available to establish new UPHCs in or near these slums.

JS (NUHM) elaborated that the kiosks would be managed by the ANMs and the services provided would include a) Immunization, b) Ante natal and Post natal care, c) Family Planning and Counseling, d) Screening for Anemia, e) Sputum and Blood Smear collection for detection of TB and Malaria, h) Adolescent Health Promotion etc. No additional resources would be

required and there is no extra financial as support for health kiosks would be covered within the overall budget outlay for NUHM. He stated that during 2013-14, six states Jammu & Kashmir, Karnataka, Madhya Pradesh, Odisha, Punjab and Rajasthan had proposed establishment of health kiosks in the state NUHM Programme Implementation Plan (PIP) and a total of 197 kiosks were approved in these states.

The approval of EPC was sought for the establishment of health kiosks in slums areas for conducting outreach services for the slum dwellers, especially high risk population who lack access to basic primary services and where it is not possible to establish a new UPHC nearby.

The representative from the Ministry of Housing and Urban Poverty Alleviation (HUPA) stated that the Ministry is implementing slum development projects in certain states and the community structures constructed under such projects could be utilized by the states govt./urban local body for setting up health kiosks under NUHM. The list of such projects would be shared by HUPA. Dr. Rakesh Sarwal, Adviser (Health) Planning Commission suggested that health kiosks may be called sub-centres to take advantage of public awareness about service provide at sub-centre level and for uniformity in nomenclature in rural and urban areas.

The proposal was recommended by the EPC for approval of the MSG.

Agenda 5: Proposal for coverage of District Headquarter cities/town with population below 30,000 under National Rural Health Mission.

Shri Nukunja B. Dhal, JS (NUHM) presented the agenda to the EPC and stated that the National Urban health Mission (NUHM) was approved by the cabinet of 1st May 2013 as a submission under an overarching National Health Mission covering all cities/town with more than 50,000 population as well as all district and state headquarters (irrespective of the population size).

JS (NUHM) explained that while examining the NUHM PIPs received from States & UTs it was observed that population of some district headquarters town in North eastern States, hilly states and states like Chhattisgarh, Jharkhand, Odisha etc. is much less than

50,000 and these small town have a negligible slum population. In all, there are 64 district headquarters having population ranging 30,000-50,000 which can be taken up under NUHM. The remaining around 120 district headquarter town would continue to be covered under NRHM.

After detailed discussions, the proposal was recommended by the EPC for the approval of the MSG.

The following agenda items pertaining to the National Vector Borne Disease Control Programme (NVBDCP) were presented to the members of the EPC by, Director NVBDCP:

Agenda 6: Proposal for amendment to the scheme in respect of the National Vector Borne Disease Control Programme (NVBDCP)

Dr. A.C. Dhariwal, Director (NVBDCP) presented this agenda items before the EPC. He stated that Dengue is the fastest growing arboviral disease and has become one the major public health concerns in our country. The WHO has categorized India as high-risk (category –A) for dengue transmission potential at macro and micro levels, in the South-east Asia region. In addition, in the absence of an anti-viral drug or vaccine against dengue infection, source reduction is the mainstay of dengue elimination in the 12th Five Year Plan. However, due to lack of man power and limited resources the source reduction activities are not carried out as required. Therefore, involvement of ASHA workers in being proposed for prevention and control of dengue given that ASHAs are involved in many public health programmes such as RMNCH+A, RNTCP, NLEP, malaria control, elimination of lymphatic filariasis etc. This is already being done in Karnataka State where ASHAs are involved in dengue control activities for checking *Aedes* breeding and work like Domestic Breeding Checkers (DBC's) of Municipal corporations. This has also been appreciated in the 7th RCM report for Karnataka.

Hence, it is proposed that ASHA workers may be involved in Dengue prevention and control programme and may be given Rs 1- per house (as incentive) for domestic breeding checking and helping in source reduction. In addition, ASHAS may distribute the IEC material (pamphlets etc.) in visited houses for community sensitization for prevention of dengue for which no separate incentive will be paid.

Director (NVBDCP) clarified that the proposal would be applicable only in dengue endemic areas i.e. 12 States during the high transmission season which lasts for about 5 months. The estimated total cost would be Rs 41.00 crore per year but would not require additional financial resources as states would propose the activity in the annual PIP under NVBDCP. Shri Manoj Jhalani, Joint Secretary (Policy) supported the proposal but clarified that the payment of AHSA incentive for prevention of dengue should not be done through the united funds given to the Village Health Sanitation and Nutrition Committees (VHSNCs) as this would impinge of the autonomy of the VHSNCs to utilize the united funds as per their own priorities.

The proposal was dropped by the EPC. However approvals would be provided to states that seek such approval through their PIP under the “performance incentives to ASHA Component” of Mission flexi pool.

Agenda 7: Proposal for Increase in Incentive to Kala Azar patient for loss of wages to Rs 500/- (one time) and PKDL case to Rs 2000/-(one time)

Director (NVBDCP) stated that Kala-Azar is prevalent in 54 district in 4 states i.e. Bihar, Jharkhand, West Bengal and Uttar Pradesh and is targeted for elimination by 2015 by reducing the cases to less than one per 10,000 population. AS & MD (NHM) stated that as per the action plan for kala Azar elimination the previous treatment regimen of 28 days is being replaced by single day treatment with liposomal antibody B injection and accordingly the previous compensation for loss of wages of Rs. 1400/- @ Rs. 50/- per day is being revised to a one-time incentive of Rs. 500/- to all Kala Azar patients. Further, since treatment for post Kala Azar dermal Leishmaniasis (PKDL) is of a longer duration (i.e. 12 weeks), it is proposed to pay one time incentive of Rs. 2000/- to PKDL patients after completion of treatment. This would help in reducing the transmission risk reduction and achieving the elimination target. In addition, the financial implication for loss of wages would be reduced to Rs. 50.00 lakhs from the current loss of wages of Rs. 146.64 lakhs. However, no additional resource would be required as the compensation would be included under the state's NVBDCP PIPs.

The Proposal for increase in incentive to Kala Azar patient for loss of wages to Rs. 500/- (one time) and PKDL case to Rs. 2000/-(one time) was recommended by the EPC for approval of the MSG.

Agenda 8: Proposal for Incentive to ASHAs @ Rs 100/- per round during Indoor Residual Spray i.e. Rs 200 for both the two rounds

Director (NVBDCP) explained that two rounds of Indoor residual Spray (IRS) is being carried out in all Kala Azar affected villages for reduction in the transmission cycle of the sand fly vector. However, house owner usually do not allow spray workers to spray their homes. Therefore, it is proposed to involve ASHAs during the spray rounds for sensitization of the community for acceptance of indoor spraying. This would result in 100% house coverage and help in Kala Azar elimination. Hence it is proposed that ASHA may be given honorarium of Rs 200/- during two rounds of insecticide spray i.e. Rs 100 for each round in the affected districts of Uttar Pradesh, Bihar, Jharkhand and West Bengal. The annual cost of this new incentive being proposed for ASHAs would amount to Rs 73.68 lakhs.

Adviser Health (Planning Commission) suggested that instead of proposing additional budget the concerned States may propose these incentives in their annual PIPs. Secretary (Health & Family Welfare) clarified that since these activities are an integral part of the Kala Azar Elimination Action Plan are included in the annual Programme Implementation Plan under NVBDCP and no additional financial resources are required to carry out these activities.

The proposal for Incentives to ASHAs @ Rs 100/- per round during Indoor Residual Spray i.e. Rs 200 for both two rounds was recommended by the EPC for approval of Chairperson of the MSG.

At the conclusion of the meeting, it was suggested by the Adviser Health (Planning Commission) that in addition to the current criteria of State population and area, the formula for allocation of funds to States under NHM may be revised to include Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR), Anaemia and malnutrition since reduction in MMR and IMR are the core goals of NHM.

Joint Secretary (Policy) stated that the current formulas for allocation of Mission flexi pool funds was approved by the MSG with concurrent of the Planning Commission in last December only. AS & MD further pointed out that the suggestion, if implanted, may create perverse incentive for poor performing States as better performing States with improved IMR, MMR

would received less allocation. Secretary (Health & Family Welfare) stated that the Planning Commission suggestion should be carefully examined.

FTS-259728 - - - - (12)

Annexure

List of Officers who attended the 2nd Meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 05.11.2014 at 11:30 AM

Sl. No.	Name & Designation
1.	Sh. Lov Verma, Secretary (H&FW), MoHFW
2.	Sh. N. Sanyal, Secretary, AYUSH
3.	Dr. Jagdish Prasad, DGHS, MoHFW
4.	Sh. Gautam Guha, Additional Secretary & Financial Advisor, MoHFW
5.	Sh. C. K. Mishra, Additional Secretary & Mission Director (NHM), MoHFW
6.	Dr. Arun K. Panda, Additional Secretary (Health), MoHFW
7.	Sh. Manoj Jhalani, Joint Secretary, MoHFW
8.	Dr. Rakesh Kumar, Joint Secretary, RCH, MoHFW
9.	Sh. N. B. Dhal, Joint Secretary, MoHFW
10.	Sh. B. K. Agarwal, Joint Secretary, M/o HUPA
11.	Ms. Manisha Panwar, Joint Secretary, M/o WCD, Shastri Bhawan
12.	Ms. Sarada Muraleedharan, Joint Secretary, M/o Panchayati Raj, Krishi Bhawan
13.	Dr. Rattan Chand, CD (Stats), MoHFW
14.	Dr. Pradeep Haldar, Deputy Commissioner (Immunization/UIP-I), MoHFW
15.	Dr. M. K. Aggarwal, Deputy Commissioner (Immunization-II/UIP), MoHFW
16.	Dr. Ajay Khera, Deputy Commissioner (Child Health/Immunization), MoHFW
17.	Dr. Rakesh Sarwal, Adviser (Health), Planning Commission
18.	Dr. C. V. Dharma Rao, Director (CCD/VBD), MoHFW
19.	Ms. Kavita Singh, Director, Finance, MoHFW
20.	Ms. Preeti Pant, Director, NRHM-III, MoHFW
21.	Sh. R. C. Danday, Director, MoHFW
22.	Dr. Mahi Pal, Director, M/o Rural Development, Krishi Bhawan
23.	Dr. Suparna S. Pachouri, Director, M/o Human Resource Development, Shastri Bhawan
24.	Ms. Saheli Ghosh Roy, Director, PF-II, D/o Expenditure, North Block
25.	Ms. Honey C. H., Director, M/o Tribal Affairs, August Kranti Bhawan, Bhikaji Cama Place
26.	Dr. A. C. Dhariwal, Director, NVBDCP, MoHFW
27.	Dr. R. K. Das Gupta, Joint Director, NVBDCP, MoHFW
28.	Dr. M. Dhinadhayan, Joint Advisor (PHEE), M/o Urban Development
29.	Sh. G. Balasubramaniam, Dy. Adviser, (PHE), M/o Drinking Water and Sanitation, CGO Complex
30.	Dr. A. Raghu, Dy. Adviser, AYUSH, AYUSH Bhawan, INA
31.	Dr. Manoj Grover, Yojana Bhawan
32.	Sh. A. K. Tewari, Under Secretary, Deptt. of School Education and Literacy, Shastri Bhawan
33.	Sh. Saurabh Omar, Section Officer, Deptt. of School Education and Literacy, Shastri Bhawan
34.	Dr. Sonali Rawal, Consultant, NHM, MoHFW
35.	Dr. Anil Kashyap, Consultant, NHM, MoHFW