

Minutes of Tenth Empowered Programme Committee (EPC) meeting

The Tenth meeting of the Empowered Programme Committee (EPC) of National Health Mission (NHM) was held under the chairpersonship of Secretary (HFW) on 24th February, 2025 at 04:00 PM in Room No. 155 A, Nirman Bhawan, New Delhi.

List of participants is attached at Annexure-1

The meeting commenced with introductory comments from Ms. Punya Salila Srivastava, Secretary HFW, who extended a warm welcome to all the members of EPC. There was a brief round of introduction of participants before discussion of the agenda items.

Thereafter, Ms. Aradhana Patnaik, AS&MD(NHM) provided the concise outline of the proceedings for the day and briefed the house on the institutional mechanism under National Health Mission (NHM), constitution and powers of Mission Steering group (MSG) and Empowered Programme Committee (EPC) followed by list of agendas before the EPC.

The OM No. 18(03)/PFC(II)/2021 dated 24th Feb 2024 issued by Department of Expenditure was placed before the house. DoE has stated that the enhancement of ASHA incentives, budget for smart phones for ASHA's, revision of costing norms under Janani Shishu Suraksha Karyakaram and other items the approval of which by the EPC will result in enhanced allocation would be subject to the resource availability of the Central Government after the recommendations of the 16th Finance Commission which is due in November 2025. It was further stated that the items proposed for consideration of the EPC, particularly those related to incentives for ASHA workers in various items, revision of costing norms for JSSK etc. are likely to increase the cost of the NHM beyond the budgetary outlay approved by the Cabinet, and is therefore NOT SUPPORTED. Before considerations of such items, which result in fiscal commitments beyond the outlays by the cabinet, fresh approval of the Cabinet may be obtained.'

The observations were considered by the committee members. It was stated that EPC would look at changing only the cost norms and not the overall outlay approved under NHM. Flexibility is available with States to undertake initiatives as per their State specific priorities within their defined resource envelope and EPC would only aim at providing the options to the State and not increasing the financial implication beyond the existing budgetary outlay. It was decided to consider the agendas with this view and keeping the observations of DoE in mind.

AS&MD(NHM) then presented the agendas for discussions and recommendations.

The following agenda points were discussed and recommended for MSG as below:

Agenda 1.1: Optimization of Post-natal Care

Proposal:

- The proposal is to provide incentive to ASHAs with Rs. 250 per High Risk post-natal mother for identification and referral during Home Based Newborn Care (HBNC) visits ensuring timely medical interventions. The incentives are being provided after confirmation of a healthy outcome for both mother and the baby after 45th day of delivery.

Discussion:

- The proposal was justified with the fact that strengthening postnatal care is critical in reducing maternal and neonatal mortality, aligning with India's progress towards the Sustainable Development Goal (SDG). The Scheme provides incentive to ASHAs with Rs. 250 per High Risk post-natal mother for identification and referral during Home Based Newborn Care (HBNC) visits ensuring timely medical interventions. The incentives are being provided after confirmation of a healthy outcome for both mother and the baby after 45th day of delivery.
- This scheme will benefit approx. 30.5 lakh High Risk Postnatal Mothers. Optimizing the Post-natal Care Scheme is anticipated to enhance the quality of post-natal care for mothers, improve high-risk detection, tracking and subsequent reduction of the maternal and neonatal morbidity and mortality.

Decision of EPC:

- After the detailed discussion, the Proposal was recommended to be placed before MSG for ratification.

Agenda 1.2: Increase in Ni-kshay Poshan Yojana from the existing rate of INR 500/- to INR 1000/- for TB Patients

Proposal:

- It was informed during the meeting that the the proposal is for enhancement of monthly incentive to all notified TB patients as part of Ni- kshay Poshan Yojana under National TB Elimination Programme (NTEP) from the existing rate of INR 500/- to INR 1000/- per month per patient, for entire duration of treatment, irrespective of where the patient seeking care (Public or Private Sector).
- These enhanced incentives will be provided in two installments – 1st installment - on the date of diagnosis and notification in Ni-kshay 2nd installment – After completion of 3 months of treatment.
- In case, the duration of treatment is extended by the treating physician or in case of drug-resistant TB, further installments will be paid at the rate of Rs. 1000 for each completed treatment month. These incentives will be provided as cash/kind transfer through Direct Benefit Transfer.

Discussion:

- It was discussed that the Ni-kshay poshan yojana, was implemented in from 1st November and increase was from Rs.500/- to Rs 1000/- which is approved by chair of MSG. The current budgetary allocation GIA includes a provision of about Rs. 750 crores (Rs. 500 x 25 lakh TB patient x 6 month of treatment) for Ni-kshay Poshan Yojana. Considering the above, the annual additional financial implication for NHM would be an estimated Rs. 750 crores (Rs. 450 crore Central share and Rs. 300 crore State share).
- It is proposed for Ratification for additional budgetary allocation for monthly incentive to all notified TB patients as part of Ni-kshay Poshan Yojana under National TB Elimination Programme (NTEP) for entire duration of treatment irrespective of where the patient seeking care (Public or Private Sector).

Decision of EPC:

- After the detailed discussion, the Proposal was recommended to be placed before MSG for ratification.

Agenda 1.3: Continuation of National Tele Mental Health Programme (NTMHP) –under Centrally Sponsored Scheme (CSS)**Proposal:**

- It was informed that the activities for states and UTs under National Tele Mental Health Programme (NTMHP) are to transition for funding from Central Sector Scheme to the Centrally Sponsored Scheme under NHM as per minutes of SFC conducted on July 13, 2022.
- The same was approved by Hon'ble HFM as chairperson of MSG.

Discussion:

- It is also proposed that funding for mentoring institutes may be continued under central sector scheme with 100% central funding as there are some mentoring institutes supporting more than one States.
- EPC is also informed that additional financial implication as per approved norms under operational guidelines of Tele-MANAS would be Rs.63.30 Cr.

Decision of EPC:

- After the detailed discussion, the Proposal for ratification of continuation of activities of states/UTs in Tele-MANAS under NHM was recommended to be placed before MSG for ratification.
- The proposal for continuation of Mentoring institutes under central sector was recommended to be placed for approval of MSG.

Agenda 2.1: Revision of ASHA Incentives of Routine and Recurring Activities

Proposal:

- AS& MD (NHM) presented the agenda on proposal to revise the routine and recurring incentives wherein ASHA will be eligible for on monthly basis from Rs 2000 to Rs.3500/month by
 - ✓ Increasing the norm for existing routine incentives
 - ✓ Providing incentive for some activities being already performed routinely
 - ✓ Adding new areas of activities performed by ASHAs in line with national priorities (adding line listing and monthly updation of adolescent and elderly population)
- Following proposal for Revision of ASHA Incentives of Routine and Recurring Activities was put up before the EPC:

Particulars	Existing norms	Revised norms
Line listing and monthly updation of eligible population Eligible couples, Expectant mothers Children 0-2 months, 2-59 months, 5 -10 years	Rs 300 each Total- Rs 900	Rs 400 each Total Rs-1200
D. Adolescent population 10-19 years-Rs.100* E. Elderly population-Rs.100*	-	Rs 200
Conduct Village Health Sanitation and Nutrition Day	Rs 200	Rs 300
Family folder-beginning of year and updated monthly	Rs 300	Rs 400
NCD Enumeration (entry of CBAC form) and updation on regular basis in NCD portal	-	Rs.100
Monthly Meetings: <ul style="list-style-type: none">Conduct monthly Village Health Sanitation and Nutrition Committee meetingAttend monthly meeting at Block/PHC/UPHC	Rs 150 each Total -Rs 300	Rs 250 each Total- Rs 500
Registration of births and deaths Maintaining vital event register (births and death) and supporting universal registration to be updated on monthly basis	Rs 300	Rs 400
Mobilizing community for celebration of Annual health calendar days/campaign/melas/health promotion activities and regular meetings and Ayushman Arogya Shivar	-	Rs.200
Mobilization of children for Routine Immunization	#	Rs200
Routine and Recurring Incentive	Rs 2000	Rs.3500

#Existing incentive of Rs 150 which is not currently part of routine and recurring incentives

Discussion:

- AS&MD (NHM) informed that ASHA is one of the largest community health volunteer programs globally. The ASHA's role is multifaceted involving various responsibilities i.e., educating , mobilizing communities particularly those belonging to marginalized communities, create awareness on social determinants, enhancing better utilization of health services.

- The last revision of incentives for routine and recurring activities was done in 2018, over five years ago. Since then, with the introduction of Ayushman Arogya Mandir in 2018, several additional services have been integrated into the healthcare system, introduction of new programmes which include elderly care, non-communicable diseases, palliative care etc are significantly expanding the role of ASHAs.
- Their contribution has become even more crucial as the focus continues to shift toward delivering comprehensive healthcare services closer to the people. Moreover, there was a move towards saturation of tasks being carried out by ASHAs.
- To ensure last-mile connectivity and effective service delivery, ASHAs are now required to undertake greater coordination at the community level. Also, numerous representations have been received from States/UTs like Uttar Pradesh, Maharashtra etc regarding revision of amount for routine and recurring activities. Given their evolving responsibilities, a revision of their incentives is necessary to acknowledge their expanding workload and ensure sustained motivation and providing them the requisite financial support for additional work.
- Representative from NITI Ayog submitted that time and motion studies on ASHA workers has been conducted which concluded that ASHAs are eager to work provided they are suitably incentivized.
- NHRC's core group on women also recently took up the agenda 'Empowering ASHAs: Securing the Right to Work with Dignity'.
- On revising the incentives from Rs 2000 to Rs 3500 for existing activities and adding some new activities performed by ASHAs, there will be a maximum possible financial implications of Rs 135 Crores per month and Rs 1620 Crores annually which will be met through overall NHM resource envelope.

Decision of EPC:

- After the detailed discussion, it was felt that while the Proposal was essential, keeping in view the observations of the Department of Expenditure matter may be placed before MSG for their recommendation. However, this proposal would be taken up after approval of the Government to the revised resource envelope.

Agenda 2.2: Provision of incentive for ASHAs for facilitating creation / seeding of ABHA ID in various IT portals such as NCD portal, Nikshay Portal, PM-NDP portal, RCH portal etc.

Proposal:

- The Proposal was for providing an incentive of Rs. 10 per ABHA ID created and seeded or seeded by ASHAs for 25 crore individuals in phase 2 in FY 2025-26.
- In the first phase as approval by 7th MSG, ASHAs were given Rs.10/- for creation and seeding of ABHA IDs for 6 months.
- She also stated that if all 25 crores ABHA IDs are seeded there will be an implication of Rs 250 Cr.

Discussion:

- Though 75 Crore ABHA IDs have been created, there is a gap in its usage in various health portals.
- CEO (NHA) remarked that it is very crucial that ABHA IDs are used especially for tracking referral up and down and ensuring continuum of care.
- The representative from Ministry of Women and Child Development(WCD) also stated that ABHA IDs as well as child ABHA is very important for their day to day activities.
- CEO NHA was requested to explore the support they could provide in this regard

Decision of EPC:

- After the detailed discussion, the need for proposal was appreciated. However, it was decided that same may be considered by NHA in the first instance. The proposal need not to be placed before MSG of NHM.

Agenda 2.3: Revised provision of Recognition of ASHAs who leave/ opt to leave the program after 10 years of services in the NHM**Proposal:**

- AS&MD(NHM) stated that ASHAs currently receive a recognition amount of Rs. 20,000 upon relieve from their voluntary role as ASHAs after 10 years of service. It is proposed to increase the recognition of ASHAs to Rs. 50,000/-
- After first six months of implementation, this recognition will be available only to ASHAs of age upto 60 years.

Discussion:

- Provision of recognition for ASHAs, wherein Rs.20,000/- is given on completion of 10 years of service was started in the year 2018. It was felt that same needs to be increased which can serve as motivation for ASHAs. Moreover, numerous requests have been received from various States/UTs as well.
- Several states have already raised the recognition amount like Assam (Rs. 2 lakh), Madhya Pradesh (Rs. 1 lakh), Haryana (Rs. 2 lakh), and West Bengal (Rs. 5 lakh).
- Average 1% ASHAs leave the programme in a year and on increasing recognition amount from Rs 20,000/- to Rs 50,000/- leads to an additional financial implication of Rs 30 crore annually

Decision of EPC:

- After the detailed discussion, it was felt that while the Proposal was essential, keeping in view the observations of the Department of Expenditure matter may be placed before MSG for their recommendation. However, this proposal would be taken up after approval of the Government to the revised resource envelope.

Agenda 2.4: Enhanced Drug Administrator (ASHA) Honorarium (NCVBDC) under Lymphatic Filariasis**Proposal:**

- The proposal is for revision of honorarium for ASHA/Drug Administrators from Rs 600/- for 3 days to Rs 3000/- for 15 days. The additional budget requirement for the Drug Administrator (ASHA) Honorarium is Rs 25.4 crores.

Discussion:

- It was informed during the presentation that the ASHA plays an important role in the community and Public Health Systems.
- The Honorarium of Drug Administrators (ASHAs) was last revised and approved by MSG in the first meeting on 6th December of 2013.

- The Honorarium of ASHA has been highlighted to be low by states and it was requested by States/UTs as they face on ground challenges for the implementation of the same .Hence, norms may be revised at the national level.

Decision of EPC:

- After the detailed dicussion,it was felt that while the Proposal was essential, keeping in view the observations of the Department of Expenditure matter may be placed before MSG for their recommendation. However, this proposal would be taken up after approval of the Government to the revised resource envelope.

Agenda 2.5: Proposal for ASHA transportation incentive for accompanying women for availing safe and legal abortion services (by surgical method / medical methods of abortion) at public health facility

Proposal:

- It was proposed before the chair that, the proposal is to incentivise the ASHA transportation for accompanying women for availing safe and legal abortion services (by Surgical or Medical Methods of Abortion (MMA)) at public health facility @
 - ✓ Rs. 200/- transportation incentive for abortion by **Surgical Method (conducted in OT)** at a public health facility
 - ✓ Rs. 400/- transportation incentive for abortion by **Medical Methods of Abortion (MMA)** (mandatory two visits @ Rs. 200/- per visit) at a public health facility. The MMA drugs are administered at first visit and follow up is done on second visit.

Discussion:

- The proposal was justified with the fact that unsafe abortion accounts for up to 8 percent of maternal deaths (RGI-SRS, 2001-03), which often leaves hundreds of women survivors with long-term complications and morbidities, including infertility and chronic pain.
- As per NFHS 5, the percentage of post abortion complications is 15.6% and around 26% abortions are reported at home, which may further add to abortion related morbidity and mortality among women.
- The proposed transportation incentive will help in reduction of morbidity and mortality associated with unsafe abortions and further reduction of Maternal Mortality Ratio. This will promote better utilization of public health facilities, reducing out of pocket expenditure and post abortion complications along with encouraging uptake of post abortion family planning methods, which will helps in ending the unintended cycle of unwanted pregnancy.
- Multiple requests have been received from States of Assam, Bihar, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Punjab, Uttar Pradesh, Uttarakhand, West Bengal.

Decision of EPC:

- After the detailed dicussion,it was felt that while the Proposal was essential, keeping in view the observations of the Department of Expenditure matter may be placed before MSG for their recommendation. However, this proposal would be taken up after approval of the Government to the revised resource envelope.

Agenda 2.6: Revision in ASHA incentive under National Family Planning Programme

Proposal:

- The proposal for the revision of ASHA incentives under various heads of the National Family Planning Programme was discussed during the EPC meeting.
- The unit cost for ASHA incentives has been revised to Rs. 200/- for distribution of Nayi pehel kit, Rs. 200/- for saas bahu sammelan, Rs. 300/- for Escorting for PPIUCD/PAIUCD and Rs. 200/- for Injectable Contraceptive MPA 4th dose.

Discussion:

- The proposal was justified by the fact that the proposed revision in ASHA incentives would be an effective step in recognizing and strengthening the role of ASHAs in promoting family planning services at the grassroots level.
- The incentive rates for ASHAs have remained unchanged since 2016, despite inflation and their increasing workload in mobilizing communities for family planning interventions.
- By enhancing incentives for distributing Nayi Pehel Kits and organizing Saas Bahu Sammelans, early contraceptive adoption can be promoted. Also, it will create a supportive environment for informed family planning decisions.
- The increased incentives for escorting beneficiaries for PPIUCD/PAIUCD insertions will encourage postpartum/post pregnancy contraception uptake and ensuring healthy timing and spacing between the birth for improved health and wellbeing of mother and child.
- The improved adoption of contraceptives among newlyweds will be leading to better reproductive choices.
- Also, it will increase community engagement in family planning discussions by fostering a supportive ecosystem.
- The higher postpartum contraception uptake will be contributing to maternal and child health well-being.
- Revision of ASHA incentives for Nayi Pehal Kit distribution from Rs 100 to Rs. 200 per kit, Saas Bahu Sammelan mobilization to Rs. 200 per meeting previously which was Rs. 100, Escorting/facilitating beneficiary for PPIUCD/PAIUCD insertion from Rs 150 to Rs. 300 per case and Enhanced incentive for the 4th dose of Injectable Contraceptive MPA from Rs 100 to Rs. 200 per dose will have overall financial implication of Rs 55.24 Cr.

Decision of EPC:

- After the detailed discussion, it was felt that while the Proposal was essential, keeping in view the observations of the Department of Expenditure matter may be placed before MSG for their recommendation. However, this proposal would be taken up after approval of the Government to the revised resource envelope.

Agenda 2.7: Incentivize ASHAs for mobilizing eligible individuals for screening for Sickle Cell Disease under NSCAEM, as well as confirmation of diagnosis, referral and initiation of management of diagnosed individuals.

Proposal:

- It was proposed that each ASHA receives **Rs. 25 for mobilizing individuals who have a positive or doubtful result on the screening test for confirmation of their diagnosis.**
- Furthermore, to ensure timely intervention, initiation of appropriate care, and prevention of complications, the proposal also aims to incentivize ASHAs with **Rs. 25 for mobilizing eligible individuals for referral and initiating proper treatment of sickle cell disease.**
- As per the NSCAEM portal, 4,24,694 waiting for confirmation shall be mobilized by the ASHAs for confirmation and remaining 2.1 crore for screening shall also be mobilized for screening and final confirmation, leading to a financial burden for Rs. 53.6 crore

Discussion:

- As informed by the Ministry of Tribal Affairs,(MoTA) under Dharti Aaba Janjatiya Gram Utkarsh Abhiyan, the ministry is proposing to incentivize ASHAs of Rs. 100/- per sickle cell anemia patient for spreading awareness and counselling of eligible individuals.

Decision of EPC:

- After the detailed discussion, it was decided to drop the proposal since the MoTA has already proposed the incentive for ASHA for awareness and counselling of sickle cell patients.

Agenda 2.8: Provision of Smartphones for ASHAs with Revised Technical Specifications and Updated Price Norms**Proposal:**

- It was proposed to provide support for the procurement of smart phones and internet charges inclusive of maintenance.
- Assuming a 100% replacement of ASHA Smartphones in states who have already provided through previous ROPs and new provisions, the estimated financial burden would be INR 1,544 crore as non-recurring for the procurement and every year recurring cost of Rs. 309 crore as internet charges inclusive of maintenance.

Discussion:

In view of the comments of DoE it was decided to not consider this proposal.

Decision of EPC:

- After the detailed discussion, the Proposal was dropped and not recommended to be placed before MSG.

Agenda 3: Proposal for revision of costing norms under Janani Shishu Suraksha Karyakram (JSSK)**Proposal:**

- The proposal was placed before the committee to revise the cost norms for referral transport **for pregnant women and sick infant and diet for Pregnant Women** as follows:

Sl. No.	Activities under JSSK	Existing Cost structure under JSSK Yr. 2011 (Rs.)	Proposed cost norm based on State inputs (Rs)	Base of increase in costs
	A	B	C	D
1	For Referral Transport Home to facility-For plain areas	250	350	Costing norms based on State average, after excluding extreme values
2	For Referral Transport Home to facility-For Hilly areas and NE states	500	650	
3	Drop back from Facility to Home-For plain	250	350	
4	Drop back from Facility to Home-For Hilly areas and NE states	500	650	
5	Budget require for Diet/ Day for Pregnant Women only	100	250	

Discussion:

- The proposal was justified with the fact that the existing cost norms have remained unchanged since 2011 and require revision to align with current inflation trends and market prices. Also, requests from States like UP, Bihar, Maharashtra, Gujarat, Telangana, J&K, Sikkim. The proposed revision focuses on increasing financial support for referral transport and diet allowances to further reduce Out of pocket expenditure (OOPE), ensuring better access to quality maternal and child healthcare services.
- This initiative is expected to contribute to lowering maternal mortality ratio (MMR) and infant mortality rates (IMR).
- The financial implication of revision of the cost norms will account to an additional amount of Rs. 1130 crore, comprising of Rs. 1016 crore for pregnant women and Rs. 114 crore for sick infants.

Decision of EPC:

- After the detailed discussion, it was felt that while the Proposal was essential, keeping in view the observations of the Department of Expenditure matter may be placed before MSG for their recommendation. However, this proposal would be taken up after approval of the Government to the revised resource envelope.

Agenda 4: Revision of norms pertaining to Universal Immunization Programme

Proposal:

- The Joint Secretary(RCH) briefed the proposal to revise norms pertaining to the Universal Immunization Program. Revision of the POL cost for vaccine delivery from District to the CHC/PHCs is proposed from Rs2 lakhs to Rs2.5 lakhs per annum due to escalation of fuel costs and the Alternate Vaccine delivery in plains for delivery of vaccines during the Immunization sessions, is proposed to be revised from Rs 90/- to Rs 125/- per session.

Discussion:

- It was discussed during the meeting that due to escalation of both labour costs and the fuel prices, the cost of transportation of vaccines has increased.

- The revised cost norms from Rs 90/- to Rs 125/- have been arrived at, after doing the averages from the demand raised by the States like Bihar, Chhattisgarh, Delhi, Haryana, Jharkhand and Uttar Pradesh. There is an increase in Rs 44.38 crore, from the existing budget, which is 2.7 % of the total ROP for Immunization. This will ensure the logistic support for the vaccine delivery has been maintained and result in significant improvement in immunization coverage of the country which can be met within existing resource envelope.
- This can be met within the existing resource envelope.

Decision of EPC:

- After the detailed discussion, the Proposal was recommended to be placed for the approval of MSG

Agenda 5: Proposal for Increasing wage loss compensation for mother/caregiver of children under 5 years suffering from severe acute malnutrition with medical complications admitted in NRC

Proposal:

- The Proposal was for increasing wage loss compensation from Rs 100 per day to Rs 300 per day during stay at Nutrition Rehabilitation Centers(NRCs) for mother/caregiver of children under 5 years suffering from severe acute malnutrition with medical complications admitted in NRCs.

Discussion:

- The proposal was justified with the fact that Government of India norms for wage loss compensation to mother/caregiver of children under 5 years suffering from severe acute malnutrition with medical complications admitted in NRCs were set in 2011 and the average wages rate for MGNREGA workers (unskilled manual workers) has increased from Rs 100 in 2010-11 to Rs 285 in FY 2024-25 (varies from State to State).
- The Technical Working Group for review in wage loss compensation has estimated increase of norms from Rs 285/day to Rs 300 /day using All India inflation rates and Consumer Price Index for General (@5.22%) and Agricultural Labour (@5.35%) released by MoSPI and Labour Bureau, Ministry of Labour and Employment.
- The revision of norms from Rs 100 per day to Rs 300 per day based on the requests posed by States/UTs like Assam, DNH&DD, Gujarat, Jharkhand, Ladakh, Meghalaya, West Bengal, Karnataka would result in financial implication of Rs 91.4 Cr and will also help in increase in retention of children under 5 years of age with severe acute malnutrition with medical complications along with their mother/carer, leading to an improvement in quality indicators of NRC like Bed Occupancy Rate, Average length of stay, weight gain during stay in NRC and Successful Discharge Rate. It would also accrue benefits like reduced drop out from NRC before adequate recovery.
- This can be met within the existing overall resource envelope.

Decision of EPC:

- After the detailed discussion, the Proposal was recommended to be placed before MSG.

Agenda 6: Full Capital Expenditure (CapEx) Support for Ambulance Services in North Eastern and Hilly Terrain States/UTs

Proposal

- Inclusion of another norm, wherein if required, States/UTs may be supported with full CapEx for ambulance procurement under NHM wherever there is unavailability of the appropriate funding agency.
- The proposed funding will cover 100% CapEx support for ALS and BLS ambulances. This investment will improve referral services, emergency response times, and disaster preparedness. The additional budget of Rs.12.35 Crores was proposed considering the existing number of Ambulances required by the states.
- Based on the expert recommendations, the revised budget being proposed for consideration was submitted as under:

Cost	BLS (upper ceiling)	ALS (upper ceiling)
Full CapEx	16.80 Lakhs	28.90 Lakhs

States	BLS Ambulances		ALS Ambulances		Total Cost (ALS + BLS+) (In Lakhs)
	Gap as per norms	Full CapEx	Gap as per norms	Full CapEx	
Arunachal Pradesh	0	0	3	86.70	86.70
Manipur	29	487.20	6	173.40	660.60
Meghalaya	0	0	0	0	0
Mizoram	11	184.80	2	57.80	242.60
Nagaland	0	0	4	115.60	115.60
Sikkim	0	0	1	28.90	28.90
Ladakh	6	100.8	0	0.00	100.80
Grand Total	46	772.80	16	462.40	1235.20

Discussion:

- This proposal is based on the demand put forth from various North Eastern States. It was also stated that there is no private provider in NE regions and the ambulances are more than 15 years old.
- Secretary(Health) directed that it should be approved with the condition that the states to purchase ambulances as per the norms of Ministry of Road Transport and Highways. Full Capital Expenditure support should be allowed for all North-Eastern/ Hilly states who have proposed it in the Program implementation plan (PIPs)
- This is impeding vital activities in North East.
- This can be met within the existing overall resource envelope.

Decision of EPC:

- After the detailed discussion, the Proposal was recommended to be placed before MSG.

Agenda 7: Revision of Financial Norms for NHM Training

Proposal:

- The proposal is submitted for the revision of the existing financial norms for NHM Trainings.
- The cost per batch per day will increase for all levels of trainings – national, state and district. Considering a batch size of 40, the approximate batchwise cost per day will increase from 2.52 to 7.1 lakh at national, 1.97 to 6.65 lakh at state and 1.4 to 3.08 lakh at district/sub-district level trainings.
- During the discussion the revised training norms proposed were as follows:

S.No.	Costing Norms	Existing Norms (2015)	Revised Norms
1	DA for Group A equivalent participant	Rs. 700/- per day	Rs. 1200/- Per day
2	DA for Group B, C & D or equivalent participant	Rs. 400/- per day	Rs. 700/- Per day
3	Honorarium for Group A & B or equivalent	Rs. 500/-	Rs. 850/-
4	Honorarium for Group C & D or equivalent	Rs. 300/-	Rs. 500/-
5	Honorarium to guest Faculty at District /Sub District/ State/ Regional/ National Level (Experts/ Specialist of area, Faculty of Medical College, Center of Excellence, Program Officer dealing with program or equivalent)	Rs. 600/- (District) Rs. 1000/- (State) Rs.1500/- (National level) per day*	Rs.1000/- (District) Rs.1650/- (State) Rs. 3000/- (National Level) per day**
6	For Monitoring of training in field as observer, Honorarium to professional/ faculty/ trainers from Medical College***) Checklist, handholding, course corrections	District to Block: Rs. 500/- State to District/ Block: Rs. 1000/- National to State/ District/ Block level: Rs 1500/- (one training in a day with complete observer report)	Rs.1000/- District Rs. 1650/- State Rs. 2500/- National level per day (one training in a day with complete observer report)
7	Refreshments to participants (Breakfast, tea, working lunch & dinner for residential training)	Rs. 250/- per participant/ Day at District, Rs. 350/- at State and Rs. 400/- at National level (Subject to Actual)	Rs. 500/- participant per Day at District Level, Rs.750/- at State and Rs. 1000/- at National level (Subject to Actual) * Excluding all applicable official taxes
8	Accommodation for Trainers where residential facility is not available	Up to Rs. 3000/- (District level) Rs. 4000/- (at State level) & 5000 (National level) per day (Subject to actuals) - these are the maximum limits and subject	Up to Rs. 4500 (District level) Rs. 5500 (at State level) & Rs. 7500 (National Level) per day (Subject to

S.No.	Costing Norms	Existing Norms (2015)	Revised Norms
		to production of bill	actual) Above are the maximum limits and subject to receipt. * Excluding all applicable official taxes
9	Accommodation for Participant where hostel facility is not available	up to Rs. 1000 (at district level) Rs. 2000 (at State level) & 3500 (National Level) per day (Subject to actual) Above are the maximum limits and subject to receipt.	Rs. 1650 (at district level) Rs. 4500 (at State level) & Rs.7500 (National Level) per day (Subject to actual) Above are the maximum limits and subject to receipt. Additionally, Rs. 1000/- maximum is allowed for Category C & D, if training in 'X' cities * Excluding all applicable official taxes
10	TA to group A, B, C & D or Equivalent participant	TA rules of Central/ State govt. which ever is applicable	TA rules of Central/ State govt. whichever is applicable (Air - Economy/ Train/ Road (Bus/ Taxi) - as per entitlement/ RTO rate from Starting/ ending place of hired Taxi) *Excluding all applicable official taxes
11	Hiring of vehicle by Trainer	State Norms of Hiring vehicle will apply	Road (Bus/ Taxi) - as per entitlement/ RTO rate from Start/ end place of hired taxi) *excluding all applicable taxes

S.No.	Costing Norms	Existing Norms (2015)	Revised Norms
12	Incidental Expenses (Photocopy, Job aids, Flipchart etc)	Rs. 300/- per participant/ day (subject to actual)***	Rs. 500/- per participants/ day (subject to actual)***
13	Venue Hiring (in absence of training Institute)	Rs. 5000/- per day at district/block level Rs. 10,000/- per day at state level Rs. 20,000/- at National level per day**	Rs. 25000/- per day at district/ block level Rs. 50,000/- per day at state level Rs. 100,000/- per day at national level** Above are the maximum limits and subject to receipts
14	Contingency		10% of total budget for training/ event
15	Institutional overhead for the use of institutional facilities	15 % of total training expense or as per state norms	5 % institutional overhead on total expenditure of training

Discussion:

- Since 2015, training norms has not been revised. There is continuous demand from all the states to revise the cost norms for the trainings, it was emphasised that there should be common training norms for all the programs under NHM.

Decision of EPC:

- After the detailed discussion, it was felt that while the Proposal was essential, keeping in view the observations of the Department of Expenditure matter may be placed before MSG for their recommendation. However, this proposal would be taken up after approval of the Government to the revised resource envelope.

Agenda 8: Ratifications of agendas approved in National Steering Committee (NSC) of PM-ABHIM chaired by Secretary (HFW)

Ratifications of agendas approved in the 1st National Steering Committee (NSC) of PM-ABHIM chaired by Secretary (HFW) held on 24th September 2024

Agenda 8.1: Establishment of 2 Critical Care Blocks (CCB) in 1 district

Proposal:

- AS&MD proposed the agenda for ratification of the CSS component of the PM ABHIM as was approved by NSC: Establishment of 2 Critical Care Blocks (CCB) in 1 district.

Discussion:

- AS&MD stated that, PM ABHIM CSS component uses the implementation framework of NHM and procedures followed through existing institutional structures and mechanism under NHM. Mission Steering Group (MSG) of NHM also monitors the CSS and CS component of the PM ABHIM scheme.
- AS&MD highlighted that the State of Tamil Nadu and Uttar Pradesh had submitted proposal for setting up two CCBs in one district due to lack of availability of land in the original approved districts and high burden.
- As per Cabinet Note document, it is envisaged to establish **CCBs in 602 districts** [226 districts with govt. medical colleges; 102 districts with population >20 lakhs and; 274 districts with population 5-20 lakhs]. Accordingly, approvals have been accorded to the States/UTs.
- The Cabinet Note offers flexibility to customize the interventions according to state specific need and local context. It is mentioned in the cabinet note that –
“Flexibility in implementation will be provided to states to customize the interventions according to their local context, within the available resources, while ensuring achievement of the intended outputs and outcomes”.
- Department of Expenditure had given observations vide letter dated 24.02.2025 for the above agendas. The remarks of the DoE and the reply given is as under:
DoE: ***“The savings of Rs 2406.77 crore in relation to UT of Delhi is for the entire scheme and not just under CCB block. Now, MoH&FW proposes to utilise these savings for CCB. This would compromise the output of other components. Ministry may explain reduction in output/outcome other of components.”***

Reply: It is submitted that the UT of Delhi has recently conveyed the willingness to opt for PM ABHIM scheme and sent the MoU for signing. However, it is also submitted that the available budget with states on account of non-utilization of recurring cost available in the scheme will be utilized for support of additional units and reallocation of budget within the States. Out of the Rs 19,064.8 Cr allocated for CCBs, there is still unutilized component of recurring cost of around Rs 2000 Cr.

DoE: ***“The reason for setting up a CCB in IMH Chennai is not clear. CCB cater to infectious diseases. How IMH correlates to this concept is not clear. Further, MoHFW may once again check with Delhi Govt. about their willingness to sign the MOU.”***

Reply: The state want to construct a CCB at IMH Chennai because, there was no availability of land in the district hospital and only land available was in IMH. Further, it

was found to be more appropriately placed (wrt time to care approach of 30 mins) and would be more efficiently used as there are one medical colleges namely, Government Kilpauk Medical College Hospital with a bed strength of 1444 already and is 1.8 kms from IMH and the other peripheral hospital is Periyar Nagar Government Peripheral Hospital which is 8 kms from IMH and has a bed capacity of 860. As per operational guidelines of PM-ABHIM, *“in case of space is not available in the district hospital, the linkages and access to the district hospital within the 30 minutes should be ensure”*.

- The above agenda was also adopted by the NSC in its 1st meeting held on 24.09.2024.

Decision of EPC:

- The agenda for PM ABHIM CSS of Establishment of two Critical Care Blocks (CCBs) in one district was ratified by the EPC in view of the clarification provided. It may be submitted to MSG

Agenda 8.2: Provision of 100 Bedded CCB in Government Medical Colleges.

Proposal:

- AS&MD proposed the agenda for ratification of the CSS component of the PM ABHIM as was approved by NSC: Provision of 100 Bedded CCB in Government Medical Colleges.

Discussion:

- AS&MD stated that a proposal was submitted by the State of Madhya Pradesh (MP) for augmenting the approved 50-bedded Critical Care Block (CCB) at Government Medical College (GMC), Indore, to a 100-bedded CCB was considered by the NSC. The State had highlighted the need for expansion due to the high case load and bed occupancy, requesting an additional amount of ₹20.75 crore over the originally approved amount for the 50-bedded CCB.
- It is pertinent to note that, as per the Cabinet Note, the provision under the scheme is for 50-bedded CCBs in Government Medical Colleges, covering 226 districts. However, after detailed deliberation, the NSC approved the establishment of a 100-bedded CCB at GMC Indore in response to the request from the State/UT. The additional funds required will be met from the savings and unutilized funds from the recurring expenditure of the States/UTs. Accordingly, approval has been granted for the augmentation of the CCBs at Medical Colleges to 100 Beds depending upon the local context.
- The above agenda was adopted by the NSC in its 1st meeting held on 24.09.2024.

Decision of EPC:

- The agenda for PM ABHIM CSS of provision of 100 Bedded CCB in Government Medical Colleges was ratified by the EPC. It may be submitted to MSG.

Agenda 8.3: Provision of Additional Units in addition to the allocated units.

Proposal:

- AS&MD proposed the agenda for ratification of the CSS component of the PM ABHIM as was approved by NSC: Provision of Additional Units in addition to the allocated Units.

Discussion:

- AS&MD highlighted that a proposal was submitted by the State of Andhra Pradesh for approval of ₹535.80 crore to establish 1,786 building-less Sub-Health Centres (SHCs) using savings of ₹814.48 crore from the Urban-AAM allocation was placed before the National Steering Committee (NSC) for consideration.

It is noteworthy that, as per the Cabinet Note, Andhra Pradesh is not among the 10 States (Bihar, Jharkhand, Odisha, Punjab, Rajasthan, Uttar Pradesh, West Bengal, Assam, Manipur, and Meghalaya) provisioned for infrastructure support for building-less SHCs under the scheme.

- After the detailed discussion and considering the need of proposal, capital support for establishment of 1786 Building-less SHC was considered by the NSC with the conditionality that the recurring cost will be borne by the State from its own budget in the future and there will be no recurring cost support for this from other schemes of the MoHFW.
- The above agenda was adopted by the NSC in its 1st meeting held on 24.09.2024.

Decision of EPC:

- The agenda for PM ABHIM CSS of provision of additional units in addition to the allocated units was ratified by the EPC. It may be submitted to MSG.

Agenda 8.4: Provision of reallocation of Budget between the States/UTs.

Proposal:

- AS&MD proposed the agenda for ratification of the CSS component of the PM ABHIM as was approved by NSC: Provision of reallocation of Budget between States/UTs

Discussion:

- AS&MD stated that a proposal for reallocation of the budget between States/UTs was presented before the NSC, as the UT of Delhi had not signed the Memorandum of Understanding (MoU) under the scheme, leading to the non-utilization of the allocated

budget for Delhi (₹2,406.77 crore). Consequently, it was proposed that the budget allocated to Delhi be reassigned to other States/UTs requesting additional funds. However, the UT of Delhi has shown the willingness to sign the MoU for implementation of PM ABHIM CSS scheme. There are few examples where States/UTs are not able to take up the entire allocation of the scheme units and thus based on the demand from the States/UTs, these may be reassigned among the other States/UTs.

- It is submitted that the Cabinet Note does not explicitly mention the reallocation of budget between States/UTs. However, it does state that:

“Flexibility in implementation will be provided to states to customize the interventions according to their local context, within the available resources, while ensuring achievement of the intended outputs and outcomes.”

The NSC approved the agenda and authorised AS&MD (NHM), with the delegated powers for re-appropriation of budget among the States/UTs. The EPC adopted the agenda as was discussed in the NSC.

- The above agenda was adopted by the NSC in its 1st meeting held on 24.09.2024.

Decision of EPC:

- The agenda for PM ABHIM CSS of provision of reallocation of budget between the States/UTs was ratified by the EPC. It may be submitted to MSG.

SUB AGENDA 2 (CS Component)

Ratifications of agenda items by 10th EPC of NHM of the proposals recommended by 2nd National Steering Committee (NSC) of PM-ABHIM chaired by Secretary (HFW) held on 25th November, 2024.

Agenda 8.5 : Provision of Container Based Mobile Hospitals to procurement & supply of fifty Bharat Health Initiative for Sahyog Hita and Maitri (BHISHM)

Proposal:

- AS(PHP) proposed the agenda for Change from Container Based Mobile Hospitals to procurement & supply of fifty Bharat Health Initiative for Sahyog Hita and Maitri (BHISHM) Cubes to 22 identified Central Government institutes/ hospitals with approx financial liability of Rs. 133.1 Cr.

Discussion:

- Under PM-ABHIM, two Container Based Mobile Hospitals (CBMH) has been approved at a total estimated cost of Rs. 212.92 Crores with capital outlay of Rs. 160 crores. These are proposed to be field based mobile health facilities with a workforce trained on emergency life-saving clinical care during disasters and outbreaks.

- On submission of a concept plan, the then Hon'ble HFM, highlighted the need for providing immediate lifesaving emergency care at the site of disasters taking into consideration optimization of resources and geographical dispersal capacity and proposed that 'in place of setting up of such bulky facilities with limited coverage for deployment within desired time, Bharat Health Initiative for Sahyog, Hita and Maitri (BHISHM) cubes may be deployed at all AIIMSs under PM-ABHIM'.
- BHISHM Cubes are rapidly deployable, modular, easily portable mobile hospital with RFID enabled technology developed indigenously under the aegis of National Security Council Secretariat (NSCS) under Aarogya Maitri initiative. These cubes are designed to treat up to 200 casualties at the site of disaster and other public health emergencies.
- Rs. 133.1 Cr. to be met from approved capital budget under PM- ABHIM for procurement of 50 BHISHM cubes.
- Department of Expenditure observations vide O.M. dated 25.11.2024 on the agenda:
“Considering the financial and functional justification stated in the proposal, DoE may support the proposal. Procurement is intended to be “single source”. GFR guidelines may be followed”
 - The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The agenda for PM ABHIM CS of change from Container Based Mobile Hospitals to procurement & supply of fifty Bharat Health Initiative for Sahyog Hita and Maitri (BHISHM) was ratified by the EPC. It may be submitted to MSG.

Agenda 8.6: Provision of engaging M/s HLL Lifecare Ltd. for AMC

Proposal:

- AS(PHP) proposed for engaging M/s HLL Lifecare Ltd. for AMC ~ @ Rs. 6.0 Lakhs (exclusive of GST)/BHISHM Cube/year for 3 years after warranty with total financial liability of Rs. 9 Cr (exclusive of GST)

Discussion:

- M/s HLL Lifecare Ltd. Is the sole provider of the BHISHM cubes. HLL is providing one year warranty for the BHISHM Cube. The utility lifespan of most of the medical equipment, supplied in the BHISHM Cubes is four years. Hence, it is proposed to engage M/s HLL lifecare Ltd. for AMC ~ @ Rs. 6.0 Lakhs (exclusive of GST)/BHISHM Cube/year for 3 years after warranty with total financial liability of Rs. 9 Cr (exclusive of GST).
- The requisite funds for the same may be met from budget approved under Revenue Head (Rs. 52.92 Cr.).
- Department of Expenditure observations vide O.M. dated 25.11.2024 on the agenda and reply of the Department are as under :

DoE Observations/Comments: Since the technology has been developed under the aegis of NSCS (National Security Council Secretariat), reason for selection of HLL Lifecare on nomination

basis is not clear. If M/s HLL Lifecare Ltd. is selected on nomination basis for procurement of 50 BHISHM Cubes, MoHFW may ensure compliance of relevant GFR rule in this regard.

Reply : Communication shared by NSCS stated that M/s HLL Lifecare Ltd. is the sole provider of BHISHM Cubes in the country. Being a public sector undertaking, it has proposed to engage M/s HLL Lifecare on nomination basis following Rule 194 (iii) of GFR, 2017 which provides for single source selection in case of use of proprietary techniques.

- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The agenda for PM ABHIM CS for provision for engaging M/s HLL Lifecare Ltd. for AMC ratified by the EPC. It may be submitted to MSG.

Agenda 8.7: Provision of Hiring of 3 contractual HR

Proposal:

- AS(PHP) proposed the agenda for Hiring of 3 contractual HR (1 pharmacist @Rs. 40,000 p.m., Technician @Rs. 40,000 p.m., and DEO @ Rs. 30,000 p.m.) for a period of 4 years for all sites (22).

Discussion:

- The proposal is for hiring of 3 contractual manpower (1 post of pharmacist @Rs. 40,000 p.m., Technician @Rs. 40,000 p.m., and DEO @ Rs. 30,000 p.m.) at all 22 institutes where BHISHM cubes shall be operationalized for a total period of 3.5 years including 2.5 years after March, 2026.
- **The total financial liability for the additional 2.5 years is thus ~ Rs. 7.26 Cr and requisite funds for the same may be met from budget approved under Revenue Head (Rs. 52.92 Cr.)**
- Department of Expenditure observations vide O.M. dated 25.11.2024 and 24.02.2025 on the agenda and reply of the Department are as under

DoE O.M. dated 25/11/2024 ***“The utility lifespan of BHISHM Cubes is 04 years. However, the BHISHM Cubes shall be operationalised for 3.5 years. It seems that 06 months shall be used in installation of BHISHM Cubes and thereafter BHISHM Cubes will be at ready to use stage. In this regard, MoHFW is requested to kindly clarify why BHISHM Cubes cannot be operationalised for 04 years instead of 3.5 years. Since the utility span is already very less, efforts should be taken to reap the benefits for entire 4 years. Contractual manpower is part of "single source" procurement. GFR guidelines may be followed.”***

Reply : Efforts will be made to ensure that the benefits of the BHISHM Cubes are availed over the entire four years. To support this, the Ministry has already conducted a training workshop for the nodal officers of the proposed institutes, and further training will be organized at the institutes to train the personnel/manpower who will support the maintenance of the BHISHM Cubes. The Ministry agrees to the procurement of "single source" procurement of man-power following GFR guidelines..

DoE O.M. dated 24/02/2025 ***“Agreed with explanation provided by MoH&FW. However total financial liability may be stated.”***

Reply : Rs. 7.26 Cr for additional 2.5 years to be met from approved Revenue budget under strengthening disaster and epidemic preparedness Components (Rs. 52.92 Cr) of PM- ABHIM

- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The agenda for PM ABHIM CS OF Provision of Hiring of 3 contractual HR was ratified by the EPC. It may be submitted to MSG.

Agenda 8.8: Provision of Pan India capacity building on ‘Mass Casualty Management Programme for front line healthcare staff working in emergency units.

Proposal:

- AS(PHP) proposed the agenda for Provision of Pan India capacity building on ‘Mass Casualty Management Programme for front line healthcare staff working in emergency units.

Discussion:

- The proposal for Pan India capacity building on ‘Mass Casualty Management (MCM) Programme for frontline healthcare staff working in emergency units ’ is to strengthen capacities of hospitals as well as healthcare professionals in managing mass casualty incidents, and also in a bid to ensure effective utilization of BHISHM Cubes, in view of increasing frequency of natural and man-made disasters.
- The total number of participants for each program is 20 (5 participant from each hospital- from 4 hospitals in one course) with trainee profile including Doctors (Emergency physicians & other doctors) and Nurses working in hospital emergency departments/Emergency Units (EU) and nodal person for hospital disaster response. The duration is 5 days for Training of Trainers (ToT) and 3-day for subsequent trainings
- The estimated cost is Rs. 15.71 lakh/ workshop (for 5 day ToT) and Rs. 11.87 lakh/workshop (for 3-day training) with 1000 trainees to be trained through 50 workshops. The total financial liability is ~ Rs. 6.55 Cr and requisite funds for the same may be met from budget approved under Revenue Head (Rs. 52.92 Cr.)
- Department of Expenditure observations vide O.M. dated 25.11.2024 and 24.02.2025 on the agenda and reply of the Department are as under

DoE O.M. dated 25/11/2024 ***“Break up of Training Cost i.e. Rs 6.55 crore may be given”.***

Reply : The cost breakups for “Pan India capacity building on Mass Casualty Management Programme for **frontline healthcare staff working in emergency units**’ is estimated to Rs. 15.71 lakh/ workshop (for 5 day ToT) and Rs. 11.87 lakh/workshop (for 3 day

training)–1000 trainees to be trained through 50 workshops - Total financial liability ~ Rs. 6.55 Cr.

Training	Duration	Cost
Master trainer workshops	5 days * 8 workshops	Rs. 1,25,68,000/-
trainer workshops	3 days * 42 workshops	Rs. 4,98,41,400/-
Remuneration to contractual staff (2 posts – [Consultant (1), Project Coordinator (1)])	19 months (Sept. 2024 – March, 2026)	Rs. 30,40,000/-
Total		Rs. 6,54,49,400/-

DoE O.M. dated 24/02/2025 : ***MoH&FW is already hiring contractual manpower for operation of BHISHM cubes. What is the relevance of pan India capacity building in mass casualty and BHISHM cubes?***

Reply : MCM program is different from the hiring of contractual manpower for operation of BHISHM cubes. This program focuses on the management of emergencies resulting from mass casualty incidents. It highlights the **critical role the hospital Emergency Units (EU)** plays as an essential mitigation strategy within disaster management to avoid excess mortality and reduce morbidity. It will help the emergency healthcare workers obtain, retain, and apply the knowledge necessary to effect organizational changes in their workplace.

The aim of this training, as part of the larger process, is to contribute towards a set of standards and a globally consistent language regarding MCM at the level of the Emergency Units of hospitals. It will help the doctors, nurses and management teams for analysis of their own system and as a comprehensive way for those involved in the design, development, and delivery of mass casualty management.

- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The agenda for PM ABHIM CS of Provision of Pan India capacity building on ‘Mass Casualty Management Programme for front line healthcare staff working in emergency units was ratified by the EPC. It may be submitted to MSG.

Agenda 8.9: Provision of Setting up of and operationalizing Health Emergency Operation Centres (HEOCs) in one additional State.

Proposal:

- AS(PHP) proposed the agenda of Setting up of and operationalizing Health Emergency Operation Centres (HEOCs) in one additional State.

Discussion:

- The proposal is to set-up HEOC in one more State in addition to 15 already approved under PM-ABHIM to strengthen the preparedness and response of the States to manage public health emergencies and disasters.
- The capital cost for establishment of HEOC is Rs. 5 Crore and recurring cost is Rs. 0.73 Crores.
- Department of Expenditure observations vide O.M. dated 25.11.2024 on the agenda and reply of the Department are as under;

“No details w.r.t the proposed State and justification behind its selection has been stated.”

Reply: A vulnerability assessment report was prepared taking into consideration indicators such as Composite Disaster Risk Index, Composite Disease Outbreak Index and Composite State Health Index by NITI Aayog. As per vulnerability assessment report, States/UTs have been prioritized and allocation of States/UTs was on ‘first come first serve bases. 18 States have expressed their willingness for setting up of HEOCs.

- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The agenda of PM ABHIM CS of Provision of Setting up of and operationalizing Health Emergency Operation Centres (HEOCs) in one additional State was ratified by the EPC. It may be submitted to MSG.

Agenda 8.10: Shifting of sites earmarked for construction of 4 Quarantine Centres at APHOs: Kannur, Bhogapuram, Chennai, Kolkata to new sites at APHOs: Amritsar, Guwahati, Bhubaneshwar and Land Border Health Unit (LPHU), Petrapole.

Proposal:

- AS(PHP) proposed the agenda for Shifting of sites earmarked for construction of 4 Quarantine Centres at APHOs: Kannur, Bhogapuram, Chennai, Kolkata to new sites at APHOs: Amritsar, Guwahati, Bhubaneshwar and Land Border Health Unit (LPHU), Petrapole

Discussion:

- It is proposed to shift the sites earmarked for construction of 4 Field Health Units - Quarantine Centres Kannur, Bhogapuram, Chennai and Kolkata to new sites of APHO Amritsar, Guwahati, Bhubaneshwar and Land Border Health Unit (LPHU) Petrapole.

- The change has been proposed as Kannur and Bhogapuram (Vizag) airports fall under the Greenfield Airports Policy 2008 and Ministry of Civil Aviation would be providing free of charge constructed Quarantine Centres for APHOs.
- Chennai and Kolkata airports, managed by Airport Authority of India (AAI), will have new FHU-QCs buildings constructed by AAI as the site of the existing FHU-QCs are being acquired by AAI due to airport expansion. As such, no expenditure on these four APHO FHU (QCs) shall be incurred under the Scheme and the amount shall remain unutilized.
- Department of Expenditure observations vide O.M. dated 25.11.2024 on the agenda under: *The proposal includes only shifting of sites, within the same sub-component & budgetary outlay, hence, no financial implication. DoE has agreed to the proposal considering the financial and functional justification provided by PH(IH) Division, Dte.GHS.*
- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The agenda of PM ABHIM CS of Shifting of sites earmarked for construction of 4 Quarantine Centres at APHOs: Kannur, Bhogapuram, Chennai, Kolkata to new sites at APHOs: Amritsar, Guwahati, Bhubaneswar and Land Border Health Unit (LPHU), Petrapole was ratified by the EPC. It may be submitted to MSG.

Agenda 8.11: Reduce number of vehicles to be procured from 40 to 15 and increase amount from Rs. 3 to Rs. 8 lakhs per vehicle without any change in financial implication.

Proposal:

- AS(PHP) proposed the agenda to reduce number of vehicles to be procured from 40 to 15 and increase amount from Rs. 3 to Rs. 8 lakhs per vehicle without any change in financial implication.

Discussion:

- Under the sub-component of Points of Entry-Field health Unit, provision was made for procurement of 40 vehicles for PoE Field health Units @ Rs. 3 lakhs per vehicle for transportation of quarantine passengers, vector surveillance and other activities.
- Due to non-availability of vehicle under Rs. 3 lakhs on GeM portal, there is a need to increase the unit cost (in line with the extant guidelines on purchase of staff car). Further, considering that some old PoEs already have a vehicle and 8 multi utility vehicles are already under procurement process separately for PoEs,
- Based on need assessment, it is proposed to procure 15 vehicles at the rate of Rs. 8 lakhs each with no additional financial implication.
- Department of Expenditure observations vide O.M. dated 25.11.2024 and 24.2.2025 on the agenda and reply of the Department are as under

DOE (O.M. dated 25.11.2024): “It is requested to clarify how the proposed 15 vehicles will saturate the total 50 PoEs which are planned under PM-ABHIM under XV FC cycle.”

Reply: Initially, purchase of 40 vehicles for 40 PoEs, at a cost of Rs. 3 Lakhs per vehicle was envisioned. However, at such a meagre price, procurement could not be materialized. Hence, a more rationalized plan of purchasing vehicles for 15 PoEs at a cost of Rs. 8 Lakh per vehicle, after seeking inputs/requirement from all POEs has been proposed.

PoE informed that currently 9 PoEs have permanent vehicles [including Multi-Utility Vehicles (MUVs); further only 33 PoEs are operational, and the rest are quasi-operational, some being managed by the Head of the nearby PoE or MoHFW.

The distribution of the proposed 15 vehicles was carried out taking into account the availability of permanent vehicle and the number of international flights/ships and passengers load. These 15 APHO/PHOs are at Nagpur, Cochin, Vishakapatnam, Tuticorin, Kolkata, Calicut, Varanasi, Ahmedabad, Bhubaneswar, Kandla, Chennai, Goa, Thiruvananthapuram, Pune and JNPT Nava Seva.

To saturate the remaining PoEs with vehicles, additional funds will be sought subsequently when they are fully operational. Here the proposal has been limited to 15 vehicles so that there is no additional financial implication.

DoE (O.M. dated 24.2.2025) : As per the justification, only 15 PoE sites shall be provided with vehicle, remaining sites shall not be provided vehicles in XVth FC cycle thereby compromising the target.

Reply : It was apprised to EPC that currently 9 PoEs have permanent vehicles [including Multi-Utility Vehicles (MUVs); further only 33 PoEs are operational, and the rest are quasi-operational, some being managed by the Head of the nearby PoE or MoHFW.

The distribution of the proposed 15 vehicles was carried out taking into account the availability of permanent vehicle and the number of international flights/ships and passenger's load. These 15 APHO/PHOs are at Nagpur, Cochin, Vishakapatnam, Tuticorin, Kolkata, Calicut, Varanasi, Ahmedabad, Bhubaneswar, Kandla, Chennai, Goa, Thiruvananthapuram, Pune and JNPT Nava Sheva. To saturate the remaining PoEs with vehicles, additional funds will be sought subsequently when they are fully operational

- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The agenda for PM ABHIM CS of Reduce number of vehicles to be procured and increase amount per vehicle was ratified by the EPC. It may be submitted to MSG.

Agenda 8.12: Procurement of 5 Ceiling mounted thermal scanners from the budget proposed

Proposal:

- AS(PHP) proposed the agenda of Procurement of 5 Ceiling mounted thermal scanners from the budget proposed to be allocated to non-recurring/Capital head of the Component of "Strengthening Points of Entry" for procurement of Thermal scanners at Points of Entry devoid of the mandatory basic facility)

Discussion:

- There are many Points of Entry which are devoid of the facility of electronic ceiling mounted thermal scanners. These thermal scanners are important for screening patients for pyrexia which is the commonest symptom of any infection, and is the basic requirement while carrying out passenger screening. It was proposed that Rs. 1.75 crore for procurement of 5 thermal scanners @ Rs. 35 lakhs per scanner, may be allocated to non-recurring/Capital head of the Component of “Strengthening Points of Entry” for procurement of Thermal scanners at Points of Entry which do not have this mandatory basic facility
- Department of Expenditure observations vide O.M. dated 25.11.2024 on the agenda under:
DoE has supported the proposal considering the financial and functional justification provided as above by PH (IH) Division, Dte.GHS.
- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The agenda of PM ABHIM CS of procurement of 5 Ceiling mounted thermal scanners was ratified by the EPC. It may be submitted to MSG.

Agenda 8.13: Enhancement of budgetary provisions for NCDC branches in 7 difficult and hilly terrain States.

Proposal:

- AS(PHP) proposed the agenda of Enhancement of budgetary provisions for NCDC branches in 7 difficult and hilly terrain States by up to 20%.

Discussion:

- The proposal for enhancement of budgetary provisions for NCDC branches in 7 difficult and hilly terrain States (Meghalaya, Mizoram, Arunachal Pradesh, Sikkim, Himachal Pradesh, Uttarakhand and Jammu & Kashmir) by up to 20 percent due to topographical challenges and higher financial cost in hilly areas for the construction of NCDC branches.
- An additional budget of Rs 17.6 crores for the enhancement would be sourced from savings that will accrue from the provision made for 4 State branches which have subsequently been approved for upgradation to Regional Branches namely Telangana, Gujarat, Assam and Madhya Pradesh.
- Department of Expenditure observations vide O.M. dated 25.11.2024 on the agenda as under:
“DoE has agreed to the proposal considering the financial and functional justification provided by NCDC.”
- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The agenda of PM ABHIM CS of Enhancement of budgetary provisions for NCDC branches in 7 difficult and hilly terrain States by up to 20% was ratified by the EPC. It may be submitted to MSG.

Agenda 8.14 : Allocation of Budgetary provision for machinery, equipment & furniture for NCDC State Branches

Proposal:

AS(PHP) proposed the agenda of Allocation of Budgetary provision for machinery, equipment & furniture for NCDC State Branches @ Rs.3 Crores per branch for 26 State branches.

Discussion:

- Under PM ABHIM, there is no provision for machinery, equipment and furniture in NCDC Branches. Therefore, it is proposed to make provision for machinery & equipment and furniture @ Rs. 3 Cr per unit for 26 NCDC State Branches for a total amount of Rs. 78 crores.
- Department of Expenditure had given observations vide O.M. dated 25.11.2024 on the agenda as under:
DoE has agreed to the proposal considering the financial and functional justification provided by NCDC.
- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The agenda of PM ABHIM CS of allocation of budgetary provision for machinery, equipment and furniture was ratified by the EPC. It may be submitted to MSG.

Agenda 8.15: Enhancement of budgetary provisions for each Bio Safety Level (BSL)-3 lab

Proposal:

AS(PHP) proposed the agenda of Enhancement of budgetary provisions for each Bio Safety Level (BSL)-3 lab from Rs. 15 Cr. to Rs. 30 Cr.

Discussion:

- The proposal is for an enhancement of budgetary allocation for BSL-3 lab by increasing unit cost from Rs. 15 cr. to Rs. 30 cr. per BSL-3 Laboratory with Rs.25 cr for construction cost and Rs. 5 Cr for Laboratory Equipment, Furniture & fixtures.
- It was explained that the preliminary estimates (PEs) for construction (without equipment) for establishing the BSL-3 lab, received from various CPWDs have been prepared based upon DPAR-12, DPAR-21, DSR-21 and Market Rate and range from Rs.19.15 to Rs. 30 Cr depending on the design and area.
- Department of Expenditure observations vide O.M. dated 25.11.2024 on the agenda and reply of the Department are as under :

A. It is requested to kindly provide CPWD cost estimate sheet of the proposal.

B. There is variation in the cost of BSL-3 lab ranging from Rs. 19 cr. to Rs. 57 cr. Reason for fixing Rs. 30 cr. may be clarified.

C. The cost of manpower, consumables and reagents has not been mentioned in the proposal. What will be the source of financing the same.

Reply: The point wise response on DoE observation was submitted by ICMR as below:

- A. CPWD Cost Estimation: The CPWD cost estimate sheets of CPWD Shimla (BSL-3 at CRI Kasauli), CPWD Ranchi (BSL-3 at AIIMS Deoghar) and CPWD Vijayawada (BSL-3 at Mangalagiri) was appraised.
- B. Reason for fixing Rs. 30 Cr: ICMR and DBT have released the updated and collaborative document “National Guidelines for the establishment and certification of Biosafety Level-3 (BSL-3) Containment Facility, 2024” on 27th September 2024 which supersedes the previous 2020 guidelines.

These new guidelines shall form the very basis of Certification of the BSL-3 facilities being established under NCDC. Hence, there was a need to revisit the prototype layout drawings in view of the recent National Guidelines. Accordingly, the prototype layouts for BSL-3 were revised, rationalized and updated based upon the new National BSL-3 September 2024 guidelines. All the Preliminary Estimates (PE) were prepared based upon the CPWD DPR 2023 rates and pre-September 2024 prototype layouts.

NCDC has proposed the enhanced cost PE amounting to Rs. 29.71 Cr based on the latest BSL-3 prototype. Hence, the cost escalation to Rs. 30 Cr. is being proposed.

- C. The PM-ABHIM EFC proposal has budget earmarked of Rs. 114 Cr. under the Recurring Central Sector component of NCDC. This fund shall finance the cost of manpower, consumables and reagents of the upcoming BSL-3 facility.

DoE OM dated 24.02.2025 : There were no further observations in this OM.

- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The Agenda of PM ABHIM CS of Enhancement of budgetary provisions for each Bio Safety Level (BSL)-3 lab was ratified by the EPC. It may be submitted to MSG.

Agenda 8.16: Provision of Medical Counter-Measures for infectious diseases

Proposal:

- AS(PHP) proposed the agenda of Medical Counter-Measures for infectious diseases - Rs.23.49 Cr for 2 year

Discussion:

- The EPC discussed the issue and was apprised that as per ICMR there is a dire need to support the clinical co-development of pharmaceutical candidates, vaccines, immunoglobulins, monoclonals, etc that meet national health priorities in respect of Pandemics and infectious diseases. The proposal has the following objectives;
 - To provide technical and financial support to priority pharmaceutical candidates (drugs, vaccines, biologicals) for infectious diseases.
 - Ready for/with a Test Batch License: For the regulation compliant GMP production of test batches (at the government supported CoEs, incubation centres/ CMOs) and GLP certified preclinical safety and toxicity studies (at ICMR/ CSIR institutes/CROs)
 - Ready with (or for submission of the Investigational New Drug dossier) the approval to conduct the first in human safety and efficacy studies: For approval and conduct of Phase I/II clinical trial (at the ICMR supported Phase I network or INTENT sites for Phase II)
- For the proposal funds amounting to Rs. 36.50 Cr. (approx.) is proposed to re-allocated from the budget of 'C-1 sub-component (Regional Research Platform of the WHO- SEAR Countries) to C-9 subcomponent (developing technologies for epidemiological diseases).
- Department of Expenditure observations vide O.M. dated 25.11.2024 on the agenda and reply of the Department are as under;

i.) Views of D/o Pharmaceuticals (DoP) on the proposal may be obtained.

ii.) DoP is already implementing a scheme "promotion of Research and Innovation in Pharmaceutical Sector (PRIP) for promotion of research in six moonshot areas in pharmaceuticals industry which includes medical devices, complex generics including biosimilars, orphan drugs and anti-microbial resistance.

iii.) DoP is also implementing a scheme 'Promotion of Medical Device Park' which provide easy access to standard testing and infrastructure facilities through the creation of world-class common infrastructure facilities.

iv.) Further, a scheme of "Strengthening of Medical Device Industry" is also approved for DoP.

Therefore, there seems to be overlap between the proposed changes and the already existing schemes of DoP.

Reply: That the DoP schemes focus on the industry collaboration in moonshot areas which are of high interest to the industry whereas ICMR is trying to work with industry for

development and validation of indigenous products which are of high interest to the public health system of India and pandemic preparedness and may not be of high commercial value

DoP scheme focusses on supporting the industry for research and production of MedTech whereas the proposed ICMR activities pertain to primarily supporting the test batch production of MedTech at cGMP facilities and clinical evaluation of the innovations spearheaded by the academic, Research institutions and startups. Industry participation is restricted to the MedTech products pertaining to National Health Priorities. Therefore, the mandates of ICMR and the DoP scheme are completely different.

DoE (O.M. dated 24.2.2025) : After analysing the response of MoH&FW, DoE agrees to the proposition that Pharma Industry may not address the health problem typical to India and may not have high commercial value. Eg. KFD, tick borne viral haemorrhagic fever.

- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The agenda of PM ABHIM CS Provision of Medical Counter-Measures for infectious diseases was ratified by the EPC. It may be submitted to MSG.

Agenda 8.17: Development of Technologies/Diagnostics for infectious diseases

Proposal:

AS(PHP) proposed the agenda of Development of Technologies/Diagnostics for infectious diseases, to provide technical and financial support to priority pharmaceutical candidates (drugs, vaccines, biologicals)

Discussion :

- There is a dire need to support the clinical co-development of pharmaceutical candidates, vaccines, immunoglobulins, monoclonals, etc that meet national health priorities in respect of Pandemics and infectious diseases. The proposal has the following objectives;
 - To provide technical and financial support to priority pharmaceutical candidates (drugs, vaccines, biologicals) for infectious diseases.
 - Ready for/with a Test Batch License: For the regulation compliant GMP production of test batches (at the government supported CoEs, incubation centres/ CMOs) and GLP certified preclinical safety and toxicity studies (at ICMR/ CSIR institutes/CROs)
 - Ready with (or for submission of the Investigational New Drug dossier) the approval to conduct the first in human safety and efficacy studies: For approval and conduct of Phase I/II clinical trial (at the ICMR supported Phase I network or INTENT sites for Phase II)

- For the proposal funds amounting to Rs. 36.50 Cr. (approx.) is proposed to re-allocated from the budget of 'C-1 sub-component (Regional Research Platform of the WHO- SEAR Countries) to C-9 subcomponent (developing technologies for epidemiological diseases).
- Department of Expenditure observations vide O.M. dated 25.11.2024 on the agenda and reply of the Department are as under :

i.) Views of D/o Pharmaceuticals (DoP) on the proposal may be obtained.

ii.) DoP is already implementing a scheme "promotion of Research and Innovation in Pharmaceutical Sector (PRIP) for promotion of research in six moonshot areas in pharmaceuticals industry which includes medical devices, complex generics including biosimilars, orphan drugs and anti-microbial resistance.

iii.) DoP is also implementing a scheme 'Promotion of Medical Device Park' which provide easy access to standard testing and infrastructure facilities through the creation of world-class common infrastructure facilities.

iv.) Further, a scheme of "Strengthening of Medical Device Industry" is also approved for DoP.

Therefore there seems to be overlap between the proposed changes and the already existing schemes of DoP.

Reply: That the DoP schemes focus on the industry collaboration in moonshot areas which are of high interest to the industry whereas ICMR is trying to work with industry for development and validation of indigenous products which are of high interest to the public health system of India and pandemic preparedness and may not be of high commercial value

DoP scheme focusses on supporting the industry for research and production of MedTech whereas the proposed ICMR activities pertain to primarily supporting the test batch production of MedTech at cGMP facilities and clinical evaluation of the innovations spearheaded by the academic, Research institutions and startups. Industry participation is restricted to the MedTech products pertaining to National Health Priorities. Therefore, the mandates of ICMR and the DoP scheme are completely different

DoE (O.M. dated 24.2.2025) : After analysing the response of MoH&FW, **DoE agrees to the proposition that Pharma Industry may not address** the health problem typical to India and may not have high commercial value. Eg. KFD, tick borne viral haemorrhagic fever.

- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC

- The Agenda of PM ABHIM CS of Development of Technologies/Diagnostics for infectious diseases was ratified by the EPC. It may be submitted to MSG.

Agenda 8.18: Establishment of Animal Bio-safety Level-3 (ABSL-3) Lab at National Institute of One Health (NIOH), Nagpur

Proposal:

- AS(PHP) proposed the agenda of Establishing Animal Bio-safety Level-3 (ABSL-3) Lab at National Institute of One Health (NIOH), Nagpur (Rs 20 Cr.) for conduct of animal challenge studies.

Discussion:

- An Animal BSL-3 laboratory is proposed to be established at the National Institute of One Health (NIOH) in Nagpur.
- It will play a pivotal role in the study and development of solutions for zoonotic pathogens that affect both animal and human health. Such a facility is vital for conducting controlled research on emerging infectious diseases, developing vaccines, and furthering India's contribution to global biosecurity initiatives.
- For the proposal, funds amounting to Rs. 36.50 Cr. (approx.) is proposed to be re-allocated from the budget of 'C-1 sub-component (Regional Research Platform of the WHO- SEAR Countries) to C-9 subcomponent (developing technologies for epidemiological diseases).
- Department of Expenditure observations vide O.M. dated 25.11.2024 on the agenda and reply of the Department are as under :

“It is requested to kindly provide CPWD cost estimate sheet of the proposal. In addition, the manpower, and other incurring cost details may be provided.”

Reply : The projected Cost is as per the estimate furnished by CPWD.

DoE OM dated 24.02.25 : There were no further observations in this OM

- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

- The agenda of PM ABHIM of CS of establishing Animal Bio-safety Level-3 (ABSL-3) Lab at National Institute of One Health (NIOH), Nagpur was ratified by the EPC. It may be submitted to MSG.

Agenda 8.19: Procurement of 5 mobile BSL-3 labs at 5 regions of NCDCs in place of BSL-4 lab.

Proposal:

AS(PHP) proposed the agenda of Procurement of 5 mobile BSL-3 labs at 5 regions of NCDCs in place of BSL-4 lab.

Discussion:

- Given that BSL-4 labs are the highest level of bio-safety labs dealing with high-risk pathogens, are high maintenance and pose significant bio-security risk and since ICMR is already in the process of establishment of additional 2 BSL-4 labs at Nagpur and Dibrugarh under PM-ABHIM , BSL-4 lab under NCDC may be re-considered .
- The proposed mobile BSL-3 laboratories at Regional NCDCs will supplement the mandate of outbreak investigation and disease surveillance activities of the Regional Centres.
- Enable the out-reach services of safe sample collection and testing not only to the remote areas of the country but also to the difficult to reach forest areas as a part of One Health activity of NCDC.
- All Regional Centres shall be linked to the District Public Health Laboratories there by providing handholding and training to the laboratory.
- Wild-life research scientists do not have any laboratories hence, the mobile BSL-3 would be used in augmenting one health disease surveillance for zoonotic diseases.
- Moreover, it may be submitted that till the Regional NCDCs come up, these mobile BSL-3 can be stationed at the NCDC branches which will be commissioned in the coming financial year.
- Department of Expenditure observations vide O.M. dated 25.11.2024 and 24.02.2025 on the agenda and reply of the Department are as under :

DoE Observation letter dated 24.02.2025 : *Since MoHFW is yet to decide financial implications for the proposal, no action point lies on DoE.*

Reply : NCDC would not require a BSL-4 lab even from an outbreak investigation purpose. Moreover, the numbers of BSL-4 labs across the country need to be restricted to just 3-4, which ICMR is in the process of establishing, Mobile BSL-3 laboratories can be placed at the disposal of the 5 Regional NCDCs or as per requirement.

DoE Observation letter dated 24.02.2025: **Are there any norms for mobile BSL-3 labs on the lines of 17.09.2024 guidelines relating to BSL -3 labs?**

Reply: The norms for Mobile BSL-3 provided by ICMR is placed at **Annexure A**

- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024.

Decision of EPC:

The agenda of PM ABHIM of CS of Procurement of 5 mobile BSL-3 labs at 5 regions of NCDCs in place of BSL-4 lab was ratified by the EPC. It may be submitted to MSG.

List of Participants

List of officers who attended the 10th meeting of Empowered Programme Committee (EPC) of NHM held on 24th February, 2025 at 04:00 PM in Room No. 155 A, Nirman Bhawan, New Delhi.

Sl. No.	Name	Designation
1	Ms. Punya Salila Srivastava	Secretary (Health)
2	Ms. L.S. Changsan	AS & CEO, MoHFW
3	Sh. Jaideep Mishra	AS & FA, MoHFW
4	Ms. Aradhana Patnaik	AS&MD (NHM), MoHFW
5	Sh. Saurabh Jain	JS (P), MoHFW
6	Ms. Meera srivastava	JS RCH, MoHFW
7	Ms. Swati Meena Naik	JS (Water), Jal Jeevan Mission. DDWS, Ministry of Jal Shakti
8	Ms. Vandana Jain	JS, MoHFW
9	Dr. K.K. Tripathy	EA (NTEP/ VBDPC), MoHFW
10	Dr. Atul Kotwal	ED (NHSRC)
11	Dr. Neha Garg	Director (NHM-II)
12	Dr. Saroj Kumar	Director (NHM-III)
13	Ms. Arkaja Das	Director, Ministry of Women and Child Development
14	Sh. Ajay Kumar	Director, Ministry of Rural Development
15	Sh. Rajesh Kumar Makkar	Director, Ministry of Social Justice and Empowerment
16	Sh. B.K. Singh	Director, Department of Higher Education
17	Ms. Rajni Taneja	Director (LSG), Ministry of Housing and Urban Affairs
18	Prof. Ranjan Das	Director NCDC, DGHS
19	Ms. G.S. Chitra	Director PH, MoHFW
20	Sh. Kaustubh Giri	DS NHM (NHM-IV & Fin.)
21	Dr. Raji N.S.	DS, Ministry of Tribal Affairs
22	Dr. Tushar Karmarkar	DS, Department of Health Research
23	Sh. Rajkumar	DS PMSSY, MoHFW
24	Dr. Shobhit Kumar	RO Health, NITI Aayog
25	Sh. Pavsianmuang Tuglet	Joint Director, Ministry of DoNER
26	Dr. Suneela Garg	Prof. & Chair PAC, MoHFW

Sl. No.	Name	Designation
27	Dr. Nivedita Gupta	Head, Division of Communicable Diseases, ICMR
28	Ms. Divya Devi V	Junior Consultant, Ministry of Tribal Affairs
29	Dr. S. Senthilnathan	Sr. CMO, SAG, DGHS
30	Dr. A. Raghu	DDG (AYUSH), Ministry of AYUSH
31	Dr. Alok Mathur	DDG (St.), DGHS, MoHFW
32	Dr. Pradeep Khasnobis	DDG, DM Cell, MoHFW
33	Sh. Sunil Bharadwaj	Addl. Director, NCDC, DGHS
34	Sh. A.Venkat Raman	Prof./Dean, FMS, University of Delhi
35	Sh. Santosh Kumar Sinha	DD, Ministry of Panchayati Raj
36	Dr. Vijaya V. Motghare	Addl. DG, DGHS
37	Sh. K.C. Meena	US, Ministry of Education
38	Ms Shilpy Malra	Senior Consultant, NHM, MoHFW
39	Sh. S. Sridhar	Consultant, Public Health, MoHFW
40	Sh. Vijendra Katre	Consultant, Public Health, MoHFW