

V-11011/2/2018-NHM-II
Government of India
Ministry of Health and Family Welfare
National Health Mission

Nirman Bhawan, New Delhi.
Dated the 8th March 2018

OFFICE MEMORANDUM

Subject: Minutes of 5th meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 27th February, 2018- reg.

Kindly find enclosed herewith the minutes of 5th meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held under the Chairmanship of Sh. J.P. Nadda, Hon'ble Union Minister of Health & Family Welfare on 27th February, 2018 for information and record.



(Dr. S.C Agrawal)
Deputy Director (NHM)
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1. PS to Hon'ble Union Minister of Drinking Water & Sanitation
Krishi Bhawan, New Delhi -110001
2. PS to Hon'ble Union Minister of Women & Child Development
Shastri Bhawan, New Delhi - 110001
3. PS to Hon'ble Union Minister of Social Justice & Empowerment
Shastri Bhawan, New Delhi - 110001
4. PS to Hon'ble Union Minister of Housing and Urban Affairs
Nirman Bhawan, New Delhi - 110108
5. PS to Hon'ble Union Minister of Rural Development
Krishi Bhawan, New Delhi - 110001
6. PS to Hon'ble Union Minister of Panchayati Raj
Krishi Bhawan, New Delhi - 110001
7. PS to Hon'ble Union Minister of Human Resource Development
Shastri Bhawan, New Delhi - 110001
8. PS to Hon'ble Minister of State for Health and Family Welfare (AKC)
Nirman Bhawan, New Delhi-110108
9. PS to Hon'ble Minister of State for Health and Family Welfare (AP)
Nirman Bhawan, New Delhi-110108
10. PS to Hon'ble Vice Chairman, NITI Aayog
Yojana Bhawan, New Delhi - 110001

11. CEO (NITI Aayog)
12. Secretary (School Education & Literacy)
13. Secretary (Higher Education)
14. Secretary (Women and Child Development)
15. Secretary (Panchayati Raj)
16. Secretary (Rural Development)
17. Secretary (Drinking Water)
18. Secretary (Development of NE Region)
19. Secretary (Expenditure)
20. Secretary (Social Justice and Empowerment)
21. Secretary (Tribal Affairs)
22. Secretary (Housing and Urban Affairs)
23. Secretary (AYUSH)
24. DGHS
25. Additional Secretary & Financial Advisor, MoHFW

Copy for information to:

1. PS to Hon'ble Union Minister of Health & Family Welfare
2. PPS to Secretary (HFW)
3. PPS to AS&MD(NHM)
4. PPS to AS (Health)
5. PPS to CD(Stats)
6. PPS to EA(AKJ)
7. PPS to JS (VG)
8. PPS to JS(MA)
9. PPS to JS(LA)
10. PPS to JS(NR)
11. PPS to JS (PP)



(Dr. S.C Agrawal)
Deputy Director (NHM)

**Minutes of the 5th meeting of the Mission Steering Group of National Health
Mission held on 27th February, 2018**

The 5th meeting of the Mission Steering Group (MSG) of National Health Mission (NHM) was held under the chairpersonship of Shri J P Nadda, Hon'ble Union Minister for Health & Family Welfare (Hon'ble HFM) on 27th February, 2018 at Kautilya, Hotel Samrat, New Delhi. List of participants is at Annexure I.

Ms Preeti Sudan, Secretary (Health & Family Welfare) welcomed the members and briefly stated the mandate of MSG.

Thereafter, Chairperson of MSG and Hon'ble HFM gave his opening remarks. He stated that Ayushman Bharat and conversion of 1.5 lakhs Health Sub-centers to Health & Wellness Centers (HWCs) are landmark decisions which are expected to revitalize and redefine healthcare service delivery at community level. He further stated that HWCs will provide Comprehensive Primary Health Care (CPHC) with 12 packages of services including basic Ophthalmic, ENT, Mental, Dental and Geriatric care. He affirmed that effective implementation of CPHC services will go a long way in reducing the burden on secondary and tertiary care facilities.

Regarding Ayushman Bharat – which is the world's largest Health Protection Scheme, he informed the Group that it will cover 10 crore of families to address health issues holistically.

Further, he stated that NITI Aayog had identified 115 Aspirational Districts based on various health indicators which have been included as High Priority Districts (HPDs) for focused interventions and enhanced fund allocation under NHM.

He further informed the Group that the recent interventions like Free Drugs services, Free Diagnostics Initiative, Equipment Management & maintenance, online drugs and vaccine distribution and management system, PM national dialysis program etc. have been performing well and are supported under NHM.

Regarding the rate of decline in IMR, U5MR for India, he stated that India has achieved a higher rate of decline in these indicators vis-à-vis the global rate. He also stated that Mission Indradhanush and Intensified Mission Indradhanush accomplished very good results and are now being incorporated as part of Routine Immunization activity. He further informed the Group that the Ministry has revised the target for full immunisation to 90%.

Thereafter, Secretary (H&FW) gave an overview of the Mission and its major priority areas. She stated that investments made by Central and State governments through NHM have had an overall positive impact on health outcomes. However, implementation of various



interventions still remains a challenge – an aspect that rests with the respective States, which are at different levels of Governance efficiencies. She further noted that NHM has an inbuilt mechanism to address this diversity through a well-established consultative process in which States are equal partners. The incentivization - dis-incentivisation mechanism (based on States' performance) - adopted by the Mission is steering the States in the right direction and is expected to help the country achieve the Sustainable Development Goals (SDBs) in due course.

Thereafter, various agenda items were taken up with the permission of the Chair.

Agenda 1: Confirmation of Minutes of 4th Mission Steering Group (MSG) held on 18th January 2017.

Shri Manoj Jhalani, AS & MD, (NHM) while placing the agenda for confirmation, informed members that the minutes of the 4th MSG held on 18th January 2017 were circulated to all members and no comments had been received.

The minutes were confirmed by the MSG.

Agenda 2: Action Taken Report on decisions taken during 4th meeting of Mission Steering Group (MSG)

The Group was informed that the decisions taken during the 4th meeting of the MSG and action taken thereon had been circulated for information of the MSG.

Referring to the action taken for roll out of National Dialysis Programme in PPP mode under NHM, Dr. Rajiv Kumar, Vice Chairman, NITI Aayog enquired about the challenges encountered in implementing this initiative and whether it had been rolled out in all districts along with progress made so far. He also asked if this has been implemented in all the 115 Aspirational Districts and if not, the timelines to cover all Aspirational Districts.

To these queries, AS & MD (NHM) stated that challenges have been faced in rolling out this initiative mainly in hilly states like Himachal Pradesh, Jammu & Kashmir and North-Eastern States, where the population is less and sparsely distributed. Regarding its implementation in Aspirational districts, he assured that a detailed status note, with timeline to cover Aspirational Districts, will be forwarded to NITI Aayog shortly.

After detailed discussions, the action taken was noted by the MSG.



Agenda 3: Update on Progress under NHM

AS&MD placed an update on progress of NHM before the MSG for information and guidance. Dr Manohar Agnani, Joint Secretary (policy) made a presentation to the MSG on the progress of NHM.

On a query from Vice Chairperson, NITI Aayog about the progress on grading of Hospitals, AS&MD informed the Group that with various interventions under the Mission, number of Community Health Centres (CHCs) qualifying for a rating of 3-stars increased from 700 in the initial period to around 3,300 at present.

Vice chairperson, NITI Aayog further enquired about the status of grading of Districts Hospitals (DH) and whether the indicators developed by NITI Aayog were included in the DH grading indicators. To this, AS&MD responded that NITI Aayog indicators were decided in consultation with MoHFW and that have been included in the list of parameters for star-rating of DHs. He further informed that as the grading of DHs was started only last year, data in this regard is still awaited. Secretary (H&FW) added though formal data may not be available presently, but at a DH she visited in Telangana was very much apparent in the form of overall improved ambience, infrastructure, attitude to patients, etc.

Shri Hardeep Puri, Union Minister for Urban Development expressed his pleasure complemented Hon'ble HFM and his entire team at the progress made by the country in achieving health related Millennium Development Goal (MDG) targets. Regarding National Health Protection Scheme (NHPS) he stated that it will be a quantum leap in providing basic healthcare to a huge section of Indian population. He suggested that NHPS may be implemented with adequate safe-guards built in the design. He shared that Ministry of Urban Development is confident of achieving its physical targets of Swacchta by 2nd October 2018 – i.e. an year ahead of the targeted timeline, which should also help in improving health indicators. Regarding Kala Azar, he stated that it is now confined only to certain areas and focused local action will ensure its elimination. He further suggested that the Ministry may undertake better dissemination of health achievements through social media to reach out to the masses.

Secretary (H&FW) sought support from Ministry of Urban Development in operationalizing HWCs in Urban Areas, especially of Aspirational Districts. Hon'ble Minister for Urban Development stated that Urban Local Bodies have already been directed to take up Public Health as a priority intervention area and suggested that this issue may be taken further through convergent action plan.

Vice Chairperson, NITI Aayog enquired about time-line for establishing 1.5 lakhs HWCs in the country. In response to that AS&MD informed that these HWCs will be established by 2022, of which about 15,000 HWCs are planned to be in position by March



2019. Regarding the training of Mid Level Healthcare Provider – who would lead the HWC team, AS&MD explained that the MLHP would be a nurse or ayurveda doctor trained in community health – through a for six month programme of IGNOU or any public university.

Chair and Hon'ble HFM stated that positioning MBBS doctors at HWCs is presently not possible. Hence, the MLHPs will provide CPHC at these centres near to the community. Secretary, Ministry of AYUSH suggested that health promotion activities under AYUSH may also be implemented at HWCs. Chair and Hon'ble HFM agreed and stated that AYUSH services though are already supported under NHM through co-located facilities, but health promotion activities can be undertaken by MLHPs as per their own system of medicine too.

Representative, Ministry of Finance, opined that this was a good initiative and involving AYUSH practitioners would open up opportunities for them too apart from expanding the basket of choice for people. He added that Ministry of Finance supports this effort.

After detailed discussion, the progress under NHM was noted by the MSG.

Agenda 4: Minutes of the fifth meeting of the empowered programme committee (EPC) of NHM held on 25th September 2017

Minutes of the 5th meeting of the EPC held on 25th September 2017 were presented by the AS&MD (NHM) for information of the MSG.

The same were noted by the MSG.

Agenda 5: Minutes of the sixth meeting of the empowered programme committee (EPC) of NHM held on 22nd December 2017

Minutes of the 6th meeting of the EPC held on 22nd December 2017 were presented by the AS&MD (NHM) for information of the MSG.

The same were noted by the MSG.

Agenda 6: Proposal for revision of norms under part C of PIP pertaining to Universal Immunisation Programme (UIP)

The proposal was presented by Ms Vandana Gurnani, Joint Secretary (RCH).

JS(RCH) explained that the norms for UIP had not been revised post 2012 and States have now been mandated to increase the Routine Immunisation coverage to 90%. This requires intensified immunization activities and monitoring by States.

After discussions, the MSG approved, the recommendation of EPC.



1. Revision of norms under immunization and addition of three new norms as per details at Annexure I.
2. Mobility at State level as per three categories of states i.e. large, medium and small as per details at Annexure II.

Agenda 7: Proposal for increase in proportion of Performance Based budgeting under National Health Mission

AS&MD (NHM) presented the proposal. He stated that the proposed was based on recommendations of the Expenditure Management Committee, NITI Aayog and PMO. Secretary (H&FW) added that 50% of the incentive were proposed to be determined based on NITI Aayog indicators.

After discussions, the MSG approved, the recommendation of EPC

1. Increase in proportion of performance based budgeting under the NHM to at least 20% of the total allocation under flexi pools of NHM from current 10%. and
2. Creation of following four categories of States for this purpose, in proportion to the NHM funds being allocated to those States:
 - a. Non High Focus States & UTs;
 - b. High Focus States;
 - c. North East States; and
 - d. Hill States.

Agenda 8: Proposal for Strengthening Sub centres as Health and Wellness Centres (H&WC) to deliver Community Based Comprehensive Primary Health Care (CPHC) under NHM

AS&MD (NHM) presented the proposal.

Regarding the expenditure for establishing an HWC, Vice Chairman, Niti Aayog enquired whether the proposed cost of Rs. 17.5 lakhs included the recurring and non-recurring costs. To this, AS & MD clarified that of the overall cost of Rs 17.5 lakh, Rs. 9.50 lakhs related to infrastructure strengthening, initial capacity building, and equipment. However, after initial setting up, in subsequent years, only recurring expenditures would need to be supported which would be lower. Secretary (H&FW) stated that the Bridge Programme was rolled out through IGNOU in less than an year after signing of MoU with the University. Vice Chairman NITI Aayog, requested for a break-up of the HWC budget, which AS&MD said would be provided shortly.

Representative, Ministry of Tribal Affairs suggested that strengthening of H&WC should be prioritized in tribal districts. AS&MD clarified that this was indeed the case and



that even under NHM additional physical infrastructure has been created largely in tribal areas.

After discussions, MSG noted the initiative of strengthening of Sub centres as H&WCs to deliver CPHC under NHM.

Agenda 9: Proposal for revision in the norms under National Programme for Control of Blindness and Visual Impairment (NPCB&VI) for continuation beyond 12th Five Year Plan under NCD Flexible Pool of NHM

Shri Lav Agarwal, Joint Secretary presented the proposal.

After discussions, the MSG agreed with the recommendation of EPC and approved.

1. Revision in the rate of financial assistance for various components of NPCBVI so as to enable better delivery of eye care services and achieve the goal of reducing the prevalence of avoidable blindness to 0.3% by 2020, as per Annexure III.

Agenda 10: Proposal for providing recognition to ASHAs who leave the programme after working as ASHA for 10 years or more

AS&MD (NHM) presented the proposal.

The Vice Chairman, NITI Aayog appreciated the initiative to acknowledge services of ASHA. He further enquired whether NHM had any plans for ASHA's career progression. To this query, AS&MD informed that ASHAs who met certain laid down criteria could be selected as ASHA facilitators (the first level of ASHA supervisor) and thereafter progress through the ASHA support system. Further, various several States had reserved seats and provided preferential admission to ASHAs in ANM training schools.

Shri Ashwini Kumar Choubey, Minister of State for Health & Family Welfare (Hon'ble MoS H&FW), enquired whether States were providing honoraria from State budgets. AS&MD clarified that over 15 States used their State budgets to provide a matching contributions (equal to incentive earned under NHM) or top-up payments to ASHAs. Hon'ble MoS H&FW appreciated the Rajasthan model of using Anganwadi Sahayikas as ASHA, which minimized duplication between the Integrated Child Development Scheme (under Ministry of Women & Child Development) and Health departments and also helped in enhancing the incentives earned. Secretary (H&FW) added that this was a good model, and several States had other effective models in the ASHA programme.

Hon'ble HFM informed the Group that the Ministry was cognizant of the strength of the programme and is making every effort to raise incentives for ASHAs and is also making provision for social security benefits for ASHAs, e.g. the present proposal before the MSG.



After discussions, MSG approved the proposal to provide a cash award of Rs. 20,000/- and a citation to ASHAs who leave the programme after working as ASHAs for a minimum of 10 years, as acknowledgement of their contribution.

Agenda 11: Proposal for Revision of incentives for Kala- Azar

AS&MD (NHM) presented the proposal.

After detailed discussions, the MSG approved:

1. Raising one-time incentive for new PKDL cases from Rs. 2,000/- to Rs. 4000/-
2. Raising incentive of ASHA from Rs. 300/- to Rs. 500/- per notified case of Kala-azar.

Agenda 12: Proposal for Earmarking funds for Comprehensive Primary Health Care (CPHC)

AS&MD (NHM) presented the proposal.

After detailed discussions, MSG agenda with the recommendation of EPC and approved the proposal for earmarking at least Rs 1,200 crore for financial years 2018-19 and Rs 1,600 crore for financial year 2019-20 under NHM for CPHC.

Agenda 13: Proposal for Integrated initiative for Prevention and Control of Viral Hepatitis

Shri Lav Agarwal, Joint Secretary presented the proposal.

After detailed discussions, MSG approved roll out of the Integrated Initiative for Prevention and Control of Viral Hepatitis under NHM with an aim to reduce morbidity and mortality due to Viral Hepatitis with a financial outlay of Rs 517.39 Crores over 3 years.

Agenda 14: Proposal for Newer Interventions of National Strategic Plan (2017-25) to Eliminate TB by 2025 under Revised National TB Control Programme (RNTCP) with respect to Patient's Support and Private Sector Involvement

AS&MD (NHM) presented the proposal.

After detailed discussions, MSG agreed with recommendation of EPC and approved:



1. Financial incentives/nutrition support @ Rs. 500 per month per patient, for all TB patients (including MDR & XDR TB cases) notified in NIKSHAY under RNTCP until their treatment completion. The States/UTs may provide this incentive to the notified patients either in cash through Aadhar linked DBT mechanism or in-kind.
2. Expansion of incentive of Rs 1000/- for notification per TB patient and reporting of treatment outcome to private practitioners, pharmacies, patients and any other informer.

Hon'ble HFM appreciated the concerns raised and issues discussed by the Members. He said that now the Ministry has moved from programme centric interventions to Comprehensive services – near to the community, through HWCs. The NHPS will complement and supplement these efforts to attain the goal of universal access to affordable and equitable healthcare services. He thanked all the members for their inputs and sought their continued support in steering the Mission.

The Meeting ended with a vote of thanks to and by the Chair.



List of Officers who attended the 5th Meeting of Mission Steering Group (MSG)

1. Sh. Hardeep Singh Puri, Hon'ble Minister of State-Independent Charge, Ministry of Housing & Urban Affairs
2. Sh Ashwini Kumar Choubey, Hon'ble Minister of State, Ministry of Health & Family Welfare
3. Ms. Anupriya Patel, Hon'ble Minister of State, Ministry of Health & Family Welfare
4. Smt. Preeti Sudan, Secretary (HFW), MoHFW
5. Dr. B. D. Athani, Director General of Health Service
6. Dr. Rajiv Kumar, Vice-Chairman, NITI Aayog
7. Shri Rajesh Kotecha, Secretary, Ministry of AYUSH
8. Sh. Manoj Jhalani, Additional Secretary & Mission Director (NHM), MoHFW
9. Shri Lav Agarwal, Joint Secretary, MoHFW
10. Smt. Vandana Gurnani, Joint Secretary, MoHFW
11. Shri Manohar Agnani, Joint Secretary, MoHFW
12. Ms. Preeti Pant, Joint Secretary, MoHFW
13. Shri. A.K Jha, Economic Adviser, MoHFW
14. Shri V.K Srivastava, CD(Stats.), MoHFW
15. Shri Vinod K. Tiwari, Joint Secretary, Ministry of Tribal Affairs
16. Shri V.K Jindal, Joint Secretary, Ministry of Housing & Urban Development
17. Dr. Pradeep Halder, Deputy Commissioner (Imm.) MoHFW
18. Dr. M.K. Aggarwal, Deputy Commissioner(UIP), MoHFW
19. Dr. Dinesh Baswal, Deputy Commissioner(MH), MoHFW
20. Dr. Sushma Dureja, Deputy Commissioner(AH), MoHFW
21. DR. Teja Ram, Deputy Commissioner(FP), MoHFW
22. Dr. Sila Deb, Deputy Commissioner(CH), MoHFW
23. Dr. Ajay Khera, Deputy Commissioner(CH & AH), MoHFW
24. Ms. Rajani Ved, Executive Director, NHSRC
25. Ms. Promila Gupta, DDG(O), DGHS
26. Dr. Sunil D. Khaparde, DDG(RNTCP), DGHS
27. Shri H. Borah, DDG, Ministry of Drinking Water & Sanitation
28. Dr. Sandhya Kabra, Additional Director, NCDC, DGHS
29. Dr. Sunil Gupta, Additional Director, NCDC
30. Dr. J.H. Panwal, Jt. Technical Adviser, FNB, Ministry of Women & Child Development
31. Dr. Manisha Verma, Chief Media, MoHFW
32. Capt. Kapil Chaudhary, Director, MoHFW
33. Smt. Sunita Sharma, Director, MoHFW
34. Ms. Kavita Singh, Director(NHM-Fin), MoHFW
35. Shri S.S Prasad, Director, Ministry of Panchayati Raj
36. Dr. S.R.K. Vidyarthi, Director, Ministry of AYUSH
37. Dr. P.K. Sen, Director(NVBDCP), NVBDCP
38. Shri P. Sasikumar, DS, Ministry of HRD
39. Shri Mukesh Kumar, JD, Ministry of Rural Development



40. Dr. S.C Agrawal, DD(NHM), MoHFW
41. Shri A.H Ramteke, DD, MoHFW
42. Shri Sanjay Kumar, Deputy Director(MCTS), MoHFW
43. Dr. Partha Rakshit, DD, NCDC
44. Dr. Raghuram Rao, ADDG (TB), DGHS
45. Shri S. Nayak, US, MoHFW
46. Smt. Aruna Bahl Sen, US, MoHFW
47. Sh. A.D. Bawari, Under Secretary, MoHFW
48. Shri D.R. Meena, Under Secretary, MoHFW
49. Shri R.P. Tewari, Under Secretary, Shashtri Bhawan
50. Shri Ankur Kumar, Asst. Director, MoHFW
51. Smt. Anjana, SO, DoNER
52. Shri Gulshan Lal, Consultant, Ministry of Women & Child Development
53. Shri Padam Khanna, Sr. Consultant, NHSRC
54. Smt. P .Padmavati, Sr. Consultant, MoHFW
55. Ms. Sumitha Chalil, Sr. Consultant, MoHFW
56. Dr. Jayandra Kasar , Consultant, MoHFW
57. Dr. Krushna, NHM Consultant, MoHFW
58. Shri Mandar Randive, Consultant, MoHFW
59. Shri Nisarg Desai, Consultant, MoHFW
60. Dr. Jayendra Kasar, Consultant, MoHFW
61. Dr. Mayank Shrma, Consultant, MoHFW
62. Shri Rohit Singh, Consultant, MoHFW
63. Dr. Honey Arora, Consultant, MoHFW
64. Shri Anil Kumar Gupta, Consultant , MoHFW
65. Dr. Pooja, Consultant, MoHFW
66. Dr. Rakshita Consultant, MoHFW
67. Shri Vinod Goyal, MIS Consultant, MoHFW
68. Shri Jayanta Kumar Mandal, Sr. Consultant-Fin, MoHFW
69. Shri Sumant Kar, Consultant-Fin, MoHFW
70. Dr. Bharin Vadera, Consultant-RNTCP, DGHS
71. Dr. A. Shukla, Sr. Consultant, MDM, Ministry of Human Resource Development

