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Government of India
Department of Health & Family Welfare
Ministry of Health & Family Welfare
(National Health Mission-II)

Nirman Bhavan, New Delhi
Dated the 18th December 2018

OFFICE MEMORANDUM

Subject: Minutes of 7th Meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 26th November 2018 - reg.

The undersigned is directed to enclose the Minutes of the 7th meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 26th November 2018 under the Chairmanship of Secretary (H&FW) for information and record.

Signature valid
Digitally signed by SURESH CHAND AGRAWAL
Date: 2018.12.18 11:54:15 IST
Reason: Approved

(Dr. S.C.Agrawal)
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1. CEO (Niti Aayog)
2. Secretary (Expenditure)
3. Secretary (Panchayati Raj)
4. Secretary (Women and Child Development)
5. Secretary (Rural Development))
6. Secretary (Drinking Water and Sanitation)
7. Secretary (Housing and Urban Affairs)
8. Secretary (AYUSH)
9. Secretary (Development of NE Region)
10. Secretary (School Education and Literacy)
11. Secretary (Higher Education)
12. Secretary (Social Justice and Empowerment)
13. Secretary (Tribal Affairs)
14. DGHS
15. Special Secretary (Financial Advisor)
16. Additional Secretary (Health)

Copy to:

1. PS to Secretary(HFW)
2. PPS to AS&MD (NHM)
3. PPS to JS(P)
4. DS(NHM-II)

**Minutes of 7th Meeting of Empowered Programme Committee of
National Health Mission held on 26th November 2018**

The seventh meeting of the Empowered Programme Committee (EPC) of the National Health Mission was held under the chairpersonship of Ms Preeti Sudan, Secretary (HFW) and Chairperson, EPC on 26th November, 2018. The List of participants is at Annexure

Shri Manoj Jhalani, AS&MD (NHM) welcomed the Chairperson, Committee members and all participants to the meeting. After a brief round of introductions, AS&MD briefly elaborated on the mandate of the EPC. Ms Preeti Sudan, Secretary (HFW) & chairperson, EPC, while welcoming all the participants to the meeting remarked that the EPC of the NHM has a greater responsibility than the EFC and invited all members to actively contribute to the discussions. Thereafter, Agenda items were taken up for discussion.

Agenda - 1 - Proposal for revision of amount for morbidity management kit under Elimination of Lymphatic Filariasis Programme of National Vector Borne Disease Control Programme

Shri Vikas Sheel, Joint Secretary (JS), presented the proposal on enhancement of amount for morbidity management kit to Lymphedema patients from Rs. 150/- to Rs. 500/- (yearly) under Elimination of Lymphatic Filariasis Programme.

The rationale for the proposed revision was that as per WHO guidelines, there should be zero hydrocele cases and availability of morbidity management clinics in the health facility even if there is a single patient of lymphedema. Since the global goal of LF elimination by 2020 is very close, there is an urgent thrust for Morbidity Management and Disability Prevention strengthening. Further, the amount of Rs. 150 per morbidity management kit was fixed since inception of the programme under the NRHM, and the states have suggested during the review meetings, that this amount needs to be enhanced in view of inflation.

Shri Alok Kumar Advisor (Health), NITI Aayog recollected that during review of health sector in March, 2016, the Ministry had presented that it was working towards eliminating Filariasis from 33 districts of the country by the end of 2017 and hence, suggested that the revised amount should be restricted to such districts where the disease is endemic and needs to be eliminated.

Secretary (HFW) and Chairperson of EPC requested the Division to confirm the

actual number of endemic districts and agreed that the proposal should be limited for the endemic districts only.

After the detailed discussions, EPC recommended as follows:

- The proposal for revision of Morbidity Management Kit from current Rs150/- to Rs. 500/- is recommended for approval by the MSG with the condition that it should be limited to only endemic districts.

Agenda - 2 – Proposal for Expansion of Menstrual Hygiene Scheme (MHS) into Urban Areas

Ms Vandana Gurnani, Joint Secretary (RCH) presented the proposal for rolling out the Menstrual Hygiene Scheme (MHS) in urban slums across the country covering adolescent girls aged 10-19 years with an expenditure of Rs.17.76 Crores to support procurement and distribution of sanitary napkins during the first phase of implementation.

The Scheme was initially implemented in rural areas of 107 districts in 17 States. With the launch of the National Urban Health Mission (NUHM), the scheme can be expanded into the areas where we have presence of urban ASHAs. She added that this will provide benefits particularly to girls and young women residing in urban slums.

Secretary (HFW) and Chairperson of EPC inquired from the representative of the Ministry of WCD whether their Ministry was providing sanitary napkins under SABLA programme, to avoid the possibility of any duplication. The representative from Ministry of WCD explained that their department is not providing sanitary napkins. Replying to the issue raised by Secretary (HFW) regarding safe disposal of the sanitary napkins, JS(RCH) replied that activities under the initiative also involve their safe disposal.

On the query by representative from Ministry of WCD on whether the roll out plan is for entire country or in phased manner, JS (RCH) clarified that the initial roll out will be in the 15 states where NUHM has a strong presence with systems in place including ASHAs.

Shri Alok Kumar Advisor (Health), NITI Aayog supported the proposal with the following suggestions:

- Issues that have emerged during implementation of scheme in rural areas be addressed while implementing the scheme in urban areas

- Guidelines for safe disposal of sanitary napkins need to be developed for ensuring waste management.
- MoHFW may leverage the resources available under School Health Programme and RMNCH+A for implementing the scheme in urban areas.

Secretary (HFW) and Chairperson of EPC concurred with the suggestions of NITI Aayog. She further suggested that it should be ensured that there is no duplication with any MHRD scheme or with any state government schemes.

The proposal with above modifications was recommended to be placed for approval of the MSG.

Agenda - 3 - Proposal for Relaxation of norm for Untied Funds for Village Health Sanitation and Nutrition Committee in the State of Kerala for FY 2018-19 as a relief measures in the flood-affected State

Dr. Manohar Agnani, Joint Secretary (Policy) presented the agenda item and informed that during August 2018, the State of Kerala was affected by the worst flooding in Kerala in nearly a century. The flooding affected hundreds of villages, and thousands of homes/ buildings were damaged or destroyed. The post flood period is usually associated with outbreak of communicable diseases such as diarrhoea, cholera, vector borne diseases etc.

State had in the aftermath of the floods submitted a proposal to provide approval of additional annual untied fund of Rs 10,000 per VHSNC over and above the approved norm of Rs. 10,000/-per VHSNC. In view of the exigencies of the situation, approval was conveyed for Rs.18.71 Crores as additional untied fund to the state with the approval of the Union Health Minister as chairperson of the MSG of the NHM.

The agenda item was noted by the EPC and recommended for placing the matter for ex-post facto approval of the MSG.

Agenda - 4 - Proposal for Enhancement of Untied Fund for Sub-Health Centres (SHCs) transformed as Health and Wellness Centres (HWCs).

Dr. Manohar Agnani Joint Secretary (Policy) presented the agenda item for enhancing the annual Untied Grant from Rs. 20,000/- to Rs. 50,000/- for Sub Health Centres strengthened as Health and Wellness Centres (HWC).

He explained that this was necessitated on account of expansion in infrastructure and the package of services to be provided by the Sub Health Centres (SHCs)

strengthened as Health and Wellness Centres (HWCs) to provide Comprehensive Primary Health Care (CPHC). States had also requested for enhancing the untied fund for SHCs strengthened as HWCs. The Untied Grant is intended to be used for better upkeep of the facility and effective service delivery including for minor repair and maintenance work, contingency expenditures etc.

To facilitate timely roll out & operationalisation of the HWCs, after concurrence of NITI Aayog, approval of Hon'ble Union Minister was obtained as Chairperson of the MSG for enhancing the norm of Untied fund from Rs 20,000 to Rs. 50,000 for Sub Health Centres strengthened as Health and Wellness Centres (HWCs). This will entail a maximum additional financial implication of Rs.375/- Crores per year when the 1,25,000 SHCs will get strengthened as HWCs, which is likely to happen in year 2022-23.

The agenda item was noted by the EPC and recommended for placing the matter for ex-post facto approval of the MSG.

Agenda - 5 - Proposal for Roll Out of Home Based Care for Young Child (HBYC) Programme

Ms Vandana Gurnani, Joint Secretary (RCH) presented the proposal for implementation of the Home Based Care for Young Child (HBYC) programme in the country in phases - all the Aspirational Districts in the first phase (F.Y 2018-19) with an estimated outlay of Rs.260.58 Crores, all the remaining Poshan Abhiyan districts in the 2nd phase (F.Y 2019-20) with an estimated outlay of Rs.652.31 Crores and thereafter the remaining districts in the country with an estimated outlay of Rs.1368.79 Crores.

Representative from Ministry of WCD pointed out that while Poshan Abhiyan will cover all districts in FY 2019-20 itself, HBYC would be expanded beyond 2020. In response, Secretary (HFW) and Chairperson of EPC replied that for convergence schemes, elements of other Ministries should form part of and funded by the Scheme Ministry and added that the roll out of the programme can be expedited if the funds for the same are provided under Poshan Abhiyan by MWCD. She also requested the NITI Aayog to write to the Ministry of Expenditure regarding the additional fund allocation.

JS (RCH) raised the issue of Anganwadi workers not plotting weight and height in the growth chart in the revised MCP card which is very crucial for parents to

know and monitor growth of the child and is an important IEC tool for parents to take corrective action in case of growth faltering. Secretary (HFW) and Chairperson of EPC agreed with this observation and emphasised that this should continue to be maintained which was introduced in the first place at the behest of the DWCD. Anganwadi workers should plot in the growth chart in the revised MCP card in addition to recording in CAS for reference of parents.

Secretary (HFW) and Chairperson of EPC also added that working in convergence is always good for a programme and suggested that that Anganwadi workers can also undertake additional visits to cover the HBYC period.

Shri Manoj Jhalani, AS&MD (NHM) suggested simultaneously building a mechanism for evaluation, concurrent or otherwise, and maintaining a record of evidence of progress of the programme.

Adviser, NITI Aayog, while concurring with the proposal, also pointed to the considerable paper work load of ASHAs and suggested that this should be looked into.

After detailed discussions, the EPC recommended the proposal to be placed for approval of the MSG.

Agenda - 6 - Proposal for inclusion of Hepatitis B Treatment in National Viral Hepatitis Control Programme (NVHCP)

Shri Vikas Sheel (JS), presented the proposal for increase the Model Treatment Centres (MTCs) and strengthen their capacity to deal with all types of Viral Hepatitis with focus on Hepatitis B & C. The proposal of inclusion of treatment services for management of Hepatitis B infection and for supporting at least 1 MTC in each state/UT and one TC in all the districts, involves an additional budget outlay of Rs. 389.71 Crores over 3 years, under NVHCP.

He highlighted that in the previous proposal, approvals had been obtained to establish 15 Model Treatment Centres (in medical colleges/larger district hospitals) which will serve as referral units for specialized services for secondary level of care including diagnosis and management with the requisite capacity and experience to manage complicated cases of Hepatitis C. However since Hepatitis B infection is more prevalent than Hepatitis C and contributes more to DALYS, it is proposed to utilise and expand the implementational structures being created

for Hepatitis C also for Hepatitis B.

JS (VS) emphasised that where there are less institutional deliveries and mothers are diagnosed with Hepatitis B, they should be pursued for institutional delivery so as to ensure zero day dose of the baby and preventing transmission from mother to baby. Replying to query of Secretary (HFW) and Chairperson of EPC about State level Model Treatment Centre, JS clarified that Model Treatment centre normally exists at Medical Colleges. States are encouraged to designate an MO in medical college and also to engage MO on contract for casualty services.

Shri Alok Kumar, Advisor (Health), NITI Aayog suggested that the TCs may first be opened in districts where the disease is endemic. He also suggested that the outcome of the programme needs to be clearly defined for effective monitoring of the programme. Secretary (HFW) and Chairperson of EPC also enquired with regard to the justification of hiring a medical officer at each treatment centre.

JS(VS) clarified that the proposal has factored-in the position of a medical officer only at Model Treatment centres, which will be the referral centres for management of all complicated cases for viral Hepatitis B & C, and not treatment centres. JS(VS) informed that the increase in the number of medical officers was due to the increase in number of MTCs such that there is at least one MTC in every state and UT with a provision for more than one MTC in large states. The importance of medical officer at Model Treatment Centre was re-enforced by the Additional Secretary & Mission Director and Joint Secretary Policy. The programme outputs and outcomes are clearly defined in the Guidelines to monitor the performance and enhance accountability.

JS(VS) also emphasized that the proposal is to support at least one treatment centre in every district hospital for treating uncomplicated cases using existing medical officers in the facility.

After detailed discussions, the EPC recommended the proposal to be placed for approval of the MSG

Agenda - 7 – Proposal for Rationalization of Operational Cost norms for Emergency Transport Ambulances (Dial 108) under National Health Mission

Dr. Manohar Agnani Joint Secretary (Policy) presented the proposal to provide

support to States/UTs for operational cost of Dial 108 ambulances under the NHM Programme Implementation Plan (PIP) within their resources envelope, based on the Cabinet approved sharing pattern of 60:40 for other States and UTs with legislature, 90:10 for NE & Hilly States, and 100% for UTs without legislature with an additional financial implication of Rs.955.62 Crores (Gol share: Rs. 601.22 Crores and States/UTs share: Rs.350.40 Crores). This is based on requests received from States.

AS&MD (NHM) explained that currently support for all components of NHM is based upon the above mentioned sharing pattern, except for the OPEX cost for Dial 108 ambulances under Emergency Management Services, to which additional norms are applied, namely, support is provided on a reducing scale of 60 % in the first year, 40 % in the second year and 20% thereafter. He highlighted the impact of supporting emergency transport system in preventing deaths.

Secretary (HFW) and Chairperson of EPC raised a concern whether this proposal will affect the implementation of the other programmes supported under NHM such as enhanced funding under Tuberculosis. Shri Alok Kumar Advisor (Health), NITI Aayog suggested that support to States on health is fine but States have to prioritize the resources for the better outcomes. He further suggested to remove the capex for future ambulances.

Representative from Ministry of AYUSH while supporting the proposal remarked that the visibility of NHM is due to NHM ambulances.

Secretary (HFW) and Chairperson of EPC, agreed with the suggestion of NITI Aayog that support under NHM for the capex for the new ambulances should be removed for future. She also suggested that since the technology is fast changing, other models including the Andhra Pradesh model of uberization of Ambulance services should be studied for maintenance of these emergency transport services. AS&MD (NHM) also agreed that in future, no capex support for both Dial 108 and Dial 102 ambulances will be provided to new ambulances and the AP model will be considered for implementation for quick scale up after its evaluation.

After detailed discussions, the EPC recommended the proposal for approval of the MSG with the modification that CAPEX should not be supported for new

ambulances.

Agenda - 8 - Proposal for Revision of norms and basis of costing for implementation of National Strategic Plan under RNTCP

Shri Vikas Sheel (JS), presented the proposal to implement strategies and interventions of National Strategic Plan (NSP) under the aegis of NHM through GIA from Centre to State with existing NHM sharing pattern and to revise norms and basis of costing for implementation of Revised National TB Control Programme to facilitate States for effective implementation of interventions planned under NSP.

JS explained that the programme was initiated from 1997, and covered entire country in 2006. Since then, the country has achieved global benchmark of case detection and treatment success and achieved millennium development goals in 2015 of halting and reversing the incidence of TB. However, 27.8 lakh TB patients are estimated to occur annually in India and 4.2 lakh persons die due to TB in a year. Globally, India accounts for the highest number of TB (27%), Drug Resistant TB (25%) patients and 2nd highest number of HIV-TB patients. The NSP 2017-25 proposes to accelerate the decline by 10-12% annually to achieve the goal of TB elimination by 2025.

AS&MD (NHM) emphasised that the performance based incentives may be given under the programme and the loyalty bonus, remuneration for HR, etc should be as per NHM norms.

Secretary (HFW) and Chairperson of EPC wanted to know why out of 18 lakh patients enrolled in NIKSHAY portal, only 6 lakh are reported under DBT. In response, Shri Vikas Sheel (JS) stated that due to technical issues related to lack of interface between NIKSHAY and PFMS and non-availability of account details, the pace is slow. Secretary (HFW) and Chairperson of EPC desired to review the status separately.

After detailed discussion, the EPC recommended the proposal to be placed for approval of the MSG as under:

1. Revision of norms and basis of costing for implementation of National Strategic Plan Activities under RNTCP with key changes recommended are:
 - a. Changes in contractual services to strengthen surveillance, transition of laboratory staff which is currently supported by the FIND and increase in field staff under RNTCP proportionate to workload, considering increase in notification as envisioned in the NSP.

- b. Honorarium to treatment supporter is recommended to change in line with change in treatment regimen under RNTCP. The treatment supporters will be paid upfront Rs. 500/- on notification and additional Rs. 1000/- for treatment support to drug susceptible TB patients and Rs. 5000/- to treatment support for drug resistant TB patients.
- c. For all other existing activities, basis of costing will not be prescribed by RNTCP from the Centre and the States will propose based on the discovered rates and market trends. RNTCP will prescribe norms of activities.
- d. Newer activities under the NSP has been recommended which include active TB case finding, public private support agency, sample transportation, drugs supply through private health facilities/pharmacies, IT enabled adherence, patient referral and transport support and reimburse X-ray and other investigations required for TB patient management. In such activities, RNTCP will prescribe norms and activities and State will propose costing based on discovered rates and market trends.

Agenda - 9 - Proposal for District / States Diseases Free Awards for TB, Malaria, Leprosy and Lymphatic Filariasis

Shri Vikas Sheel (JS), presented the proposal for instituting monetary and non-monetary "District\State Disease Free Awards" for TB, Malaria, Leprosy and Lymphatic Filariasis. AS & MD stated that the objective is to incentivize, recognise and reward well performing states / districts for achieving targets that are within their control and capacity so as motivate states / districts to prioritize and undertake implementation of these programs in elimination mode. This will also generate a sense of healthy competition among States/Districts.

Secretary (HFW) and Chairperson of EPC while appreciating the proposal suggested that blindness programme (Cataract Free India) should also be included in this current proposal along with the norms. She then enquired as to why Kala Azar proposal is not mentioned in the proposal. In response, Shri Vikas Sheel (JS) responded that Kala Azar is at the verge of completion. She suggested that a special award be kept for Kala-azar elimination.

After detailed discussions, the EPC recommended the proposal to be placed for approval of the MSG as under

1. The criteria and the awards for disease free status for Tuberculosis, Leprosy, Malaria and Lymphatic Filariasis to be approved as proposed.

2. Kala Azar & Cataract also to be incorporated in the award scheme.

Agenda – 10 - Proposal for supporting Multi-purpose Health Worker (MALE) under the NHM

Shri Vikas Sheel (JS), presented the proposal on supporting the Multi-Purpose Health Worker (Male) on contract basis under NHM. He explained that initially the MPW(M) workforce existed in all states and their activities were restricted to disease control programmes such as control of Malaria, etc. In the initial years of the NRHM, with a view to strengthen the RCH services, the NRHM/NHM has been supporting the 2nd ANM at the SHCs. However, the training curriculum of the ANM is naturally RCH centric with little inputs on various aspects of public health actions such as vector control, epidemic control, collection of drinking water samples and purification of water sources, environmental sanitation, school health and surveillance for communicable diseases such as malaria, TB, leprosy, Filariasis etc. Even for extension of family planning services, it is advisable to also have a male worker to implement various efforts for birth control among men in general. They will also be useful in control of the NCDs in the proposed HWCs. Non-availability of MPHWS (Male) across many states has been one of the critical issues in implementation of national disease control programmes.

JS (RCH) pointed out that placing two ANMs in sub health centre is to improve the health status in the community i.e. one ANM conducts normal deliveries and second ANM conducts outreach in the community and requested not to disturb or replace two ANMs pattern existing in sub-centres with MPW(M).

During discussion, the issue of large number of pending court cases related to MPW(M) in the states was raised. AS&MD (NHM) clarified that MPWs would be supported only for the new posts of the MPW (Male) after 01.04.2018. AS & MD further clarified that the future direction is not to have deliveries at the SHCs/HWCs. As it is, most of the SHCs do not have deliveries anymore and therefore, the need for a second ANM for delivery is not warranted. However, it was agreed unanimously that existing ANMs should not be disturbed by the States.

Secretary (HFW) and Chairperson, EPC also agreed that there is need to look beyond RMNCH+A and MPW (M) has to be utilized in Health & Wellness Centres under Ayushman Bharat to deliver comprehensive primary health care services.

After detailed discussions, EPC recommended the proposal to be placed for approval of MSG as under;

Under IPHS norms, if a state proposes to deploy a Male MPW at the SHC as the 2nd MPW, the proposal may be supported under the NHM provided only for –

- Additional MPWs appointed after 01.04.2018.
- MPWs who conform to the norms for curriculum and certification of trained Male MPWs, as may be prescribed by the MoHFW.
- Either a Male MPW or a 2nd Female MPW at the HWC, but not both at this stage.

Agenda - 11 - Proposal for Inclusion of Climate Change and Human Health related Activities in EPC of NHM for all the States and UTs and 200 districts

Lav Agarwal, JS(LA) presented the proposal for supporting certain activities under NHM relating to climate change in 200 Districts which has population more than 10 lakhs in 36 states/UTs.

After the detailed discussions, Secretary (HFW) and Chairperson, EPC felt that the programme should be initiated with a detailed action plan and with support of one human resource at State level in first phase.

It was then communicated by Spl. DG, DGHS & Director NCDC that National Action Plan is ready. The institute had helped in drafting the Ahmedabad Heat Action Plan for Gujarat. It was also conveyed by them that climate change disease data has been maintained and shared also. It was also discussed that lot of co-ordination works and IEC/BCC activities will be required and detail action plan at various levels such as at Panchayat, Block and District are to be prepared. Therefore, it is desired that all the states have to prepare their detailed action plan.

After detailed discussion, EPC has recommended the proposal to be placed for approval of MSG to support the states with one/ two (for large states) human resource at State level in first phase that will help develop detailed action plan.

Signature valid

Digitally signed by SURESH
CHAND AGARWAL
Date: 2018.12.28 10:32:28
IST
Reason: Approved

**List of Officers who attended the 7th Meeting of Empowered Programme Committee (EPC)
of National Health Mission (NHM) held on 26.11.2018 at 3:00 PM**

Sl. No.	Name & Designation
1.	Ms. Preeti Sudan, Secretary, (H&FW), MoHFW
2.	Shri Manoj Jhalani, AS & MD, MoHFW
3.	Dr. S. Venkatesh, DGHS, MOHFW
4.	Ms. Vandana Gurnani, Joint Secretary, MoHFW
5.	Dr. Manohar Agnani, Joint Secretary, MoHFW
6.	Shri Vikas Sheel, Joint Secretary, MoHFW
7.	Shri Lav Agarwal, Joint Secretary, MoHFW
8.	Ms. Preeti Pant, Joint Secretary, MoHFW
9.	Shri Preeti Nath, Economic Adviser, MoHFW
10.	Shri N. Gupta, CD (Stats.) MOHFW
11.	Dr. Sushma Dureja, Deputy Commissioner (AH), MoHFW
12.	Dr. P.K. Prabhkar Deputy Commissioner (CH-II), MoHFW
13.	Shri Roopak Chaudhuri, Director M/o Tribal Affairs, Shastri Bhawan
14.	Dr. J.H. Panwal, Jr. Technical Adviser, M/o Women & Child Development, Shastri Bhawan
15.	Dr. A. Raghu, Joint Adviser, M/o Ayush, AYUSH Bhawan
16.	Ms. Navanita Gogoi, Statistical Advisor, M/o DoNER, Vigyan Bhawan Annexe
17.	Shri G. Vijaya Bhaskar, M/o Human Resource Development, Shastri Bhawan
18.	Shri Alok Kumar, Advisor, NITI Aayog
19.	Shri Anil K. Shaw, Director M/o Drinking Water & Sanitation
20.	Dr. Sujeet K. Singh, Director (NCDC)
21.	Dr. Hema Gogia, DYAD NCDC Hep.
22.	Shri P.K. Sen, Director (NVBDCP)
23.	Dr. S. Kabra, Additonal Director, NCDC
24.	Ms. Vidushi Chaturvedi, Director (RCH/IEC), MoHFW
25.	Ms. Limatula Yaden, Director (NHM-I), MoHFW
26.	Ms. Kavita Singh, Director, Finance, MoHFW
27.	Shri N.Yuvraj Deputy Secretary (NHM-II), MoHFW
28.	Shri Ziley Singh Vical, Deputy Secretary (NCD-I & PH), MoHFW
29.	Dr. Zoya Ali Rizvi, Assistant Commissioner, MoHFW
30.	Shri Sanjay Kr. Upadhyay, Under Secretary, M/o Panchayati Raj
31.	Dr. Shibha Vardhan, Deputy Director, NCDC
32.	Shri Gulshan Lal, Consultant, Shastri Bhawan
33.	Dr. Raghuram Rao, Deputy Director (TB)
34.	Dr. S.C. Agrawal, Deputy Director (NHM-II), MoHFW
35.	Shri Ankur Kumar, Assistant Director (NHM-II), MoHFW
36.	Shri Neeraj Kumar, SSO, NHM-II, MoHFW
37.	Ms. P. Padmavati, Sr. Consultant, NHM, MoHFW
38.	Ms. Bhanu Priya Sharma, Sr. Consultant (NHM), MoHFW
39.	Ms. Sudipta Basa, Sr. Consultant (NHM), MoHFW
40.	Shri Anil Kumar Gupta, Sr. Consultant (NHM), MoHFW
41.	Ms. Sumitha Chalil, Sr. Consultant (NHM), MoHFW
42.	Dr. Honey Arora, Consultant (NHM), MoHFW
43.	Dr. Bhavim Vadeta Consultant, TB
44.	Shri Mandar Randive, Consultant (NHM), MoHFW
45.	Shri Mayank, Consultant (NHM), MoHFW