No.V.11011/8/2013-NRHM-II
Government of India
Ministry of Health & Family Welfare
National Health Mission

Nirman Bhawan, New Delhi.
Dated the 22nd November, 2013.

OFFICE MEMORANDUM

Subject:- Minutes of 1st Meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 20th November, 2013 – regarding.

Kindly find enclosed herewith a copy of the Minutes of First Meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) held under the Chairmanship of Secretary, Health & Family Welfare on 20th November 2013 at Nirman Bhawan, New Delhi for information and necessary action.

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Copy to:

1. Secretary (Planning Commission)
2. Secretary (Drinking Water & Sanitation)
3. Secretary (Women and Child Development)
4. Secretary (Social Justice & Empowerment)
5. Secretary (Housing and Urban Poverty Alleviation)
6. Secretary (Urban Development)
7. Secretary (Rural Development)
8. Secretary (Panchayati Raj)
9. Secretary (Elementary Education)
10. Secretary (Secondary Education)
11. Secretary (Development of NE Region)
12. Secretary (Expenditure)
13. Secretary (AYUSH)
14. Secretary (Tribal Affairs)
15. DGHS
16. Additional Secretary (Financial Advisor)
17. Additional Secretary (Health & Family Welfare)
18. Dr. Soumya Swaminathan, Director of the National Institute for Research in Tuberculosis, Chennai.
19. Dr. Nerges Mistry, Director, FRCH, Mumbai

Copy for kind information to:

1. PPS to Secretary (HFW)
2. PPS to AS&MD (NHM)
3. PPS to JS (MJ) /PPS to JS(AP) / PPS to JS(RK) / PPS to JS(NBD)/PPS to CD(Stats)

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

The First meeting of the Empowered Programme Committee (EPC) of NHM was held on 20th November 2013 at 10:30 am in room no. 249-A, Nirman Bhavan, New Delhi under the Chairmanship of Shri Keshav Desiraju, Secretary Health & Family Welfare. The list of EPC members and other participants is annexed.

At the outset, Shri Manoj Jhalani, Joint Secretary (Policy) welcomed the members of the EPC .Thereafter agenda items were taken up for discussion.

AGENDA 1

Proposal for conducting National Family Health Survey (NFHS)-4

The proposal for conducting National Family Health Survey (NFHS-4) was presented by Chief Director (Stats) in the meeting. He explained that NFHS-4 is proposed to be conducted in 2014 which is an integrated survey to provide both district and State level estimates. The survey will be conducted in all 640 districts as per 2011 census with an estimated cost of Rs. 181.30 crore, out of which about Rs. 141.50 crore would be provided by the Development Partners. Sample size has been estimated to 5,68,190 households in NFHS-4 as compared to 1,09,041 in NFHS-3. Three schedules namely Household, Woman and Man would be canvassed in NFHS-4. CAB and HIV tests would be conducted to get nutritional / other CAB indicators and HIV prevalence. Three committees, namely Steering Committee under the chairpersonship of Secretary (HFW) to oversee the Survey, Administrative and Financial Management Committee (AFMC) under the Chairpersonship of AS & FA and Technical Advisory Committee (TAC) under the Chairpersonship of Dr N. S. Shastry, former DG & CEO, NSSO have been constituted. TAC has given its recommendation on Sampling and Questionnaires. The Steering Committee approved the proposal for NFHS-4 in August, 2013 and the AFMC examined and approved the financial proposal in October, 2013.

1.2 The Chairman EPC stated that the NFHS proposal was discussed earlier and now it would be the only survey conducted by the Ministry of this kind and AHS and DLHS would be

discontinued. The periodicity of NFHS would be 3 years starting from the NFHS-4. Thereafter, the Chairman invited comments from the participants.

1.3 The representative of Ministry of Tribal Affairs requested that sample design may be developed in such a way so as to get estimates related to Tribal population at district level. This is specifically relevant to districts other than those identified as tribal majority districts.

1.4 CD (Stats) informed that estimates for tribal population would be available at state and National level and for the districts having sizable tribal population. ED, NHSRC stated that to get district level estimates for all tribal districts, a separate survey may be required.

1.5 AS & MD, NHM explained that already there is a 5 – 6 fold increase in sample size in NFHS-4 from NFHS-3. Further, there is a concern by the National Statistical Commission for increase of non-sampling error due to increase of sample size. There is no scope for further increase in sample size. She mentioned that all concerned Ministries are involved in NFHS-4 process. In every three years NHFS will be conducted to get qualitative data including CAB indicators.

1.6 **However, the Chairman desired that the issue of getting estimates for tribal population may be placed before the TAC of NFHS-4 for appropriate decision.**

1.7 Shri. Sanjeev Kumar, Joint Secretary, MoHUPA wanted to know that since in NFHS-4, slum and non-slum estimates are being provided for 8 cities whether other cities could also be covered for these estimates. If it is not possible to cover other cities, desegregated data on slum/ non-slum may be provided from the actual sample covered. **For this necessary provision may be made to identify the slum/non-slum respondents.** It was decided that the matter be placed before TAC for appropriate decision.

1.8 Smt. Vandana Jena, Sr. Advisor, Planning Commission wanted to know whether child sex ratio would be provided from NFHS-4. Further, she requested to provide NFHS -4 data for the mid-term review of 12th plan.

1.9 CD (Stats) informed that information on child sex ratio would be available from the survey.

1.10 It was clarified that for mid-term review data from DLHS-4 & Annual Health Survey would be available. It was further informed that NFHS-4 data will be available in 2015.

1.11 It was also brought out that Census classification of towns would be used for NFHS-4.

1.12 Shri. Saurabh Garg, Joint Secretary, Department of Expenditure stated that for selection of field agencies two tier process, may be adopted i.e., short listing of agencies based on technical score/criteria and then selection of the agencies based on lowest financial bid rather than the QCBS.

1.13 AS & MD explained that the Ministry has been facing problem in DLHS/AHS for selection of agencies in least cost criteria. Since, quality of data is of major concern and the development partners have provided funds for the field agencies AFMC of NFHS-4 decided to adopt QCBS process, which is followed by the international agencies. **However, AFMC of NFHS-4 may examine this issue for an appropriate view.**

1.14 Joint Secretary, Department of Expenditure also pointed out that 20% of overhead cost proposed to be charged by IIPS is too high. CD (Stats) informed that the rate of overhead cost is fixed by the Executive Council of IIPS headed by Secretary (HFW). **The Chairperson desired that the matter may be referred back to IIPS for placing it in next EC meeting.**

After detailed discussions, the proposal was approved by the EPC.

AGENDA 2

Proposal for pooling of Untied Grants, Annual Maintenance Grant and Rogi Kalyan Samiti Grants and revision in quantum of Untied Grants to Community Health Centre (CHCs) or equivalent and District Hospital (DH)

Shri Manoj Jhalani JS (Policy), presented the agenda. He briefly outlined the proposals of the agenda along with justification for the same. Dr. Jagdish Prasad, DGHS stated that monitorable target is required to measure outcomes and ensure that the funds allocated are

utilised optimally. This was also agreed by JS, Ministry of Women & Child Development Dr. Shreeranjan. Ms. Sangeeta Verma, Economic Advisor, Ministry of Tribal Affairs, while stating that she supports the proposal for pooling and revision of grants for CHCs and DHs, cautioned that basing the allocation of the grants on caseloads and utilization of funds may result in relative neglect of facilities in tribal areas as it is known that tribals have poor health seeking behaviour. Thus if criterion for allocation of untied grants to the facilities is based on caseloads and utilization of funds, then many facilities located in tribal areas may either get less or no funds at all. Dr Sundaraman ED, NHSRC stated that the district should have the liberty of giving funds to tertiary level facilities which have higher need due to higher caseloads. He added that the untied grants under NHM are basically provided to facilities to undertake facility level intervention and for the community involvement and participation. There is provision of VHSNC funds. Secretary (H& FW) expressed concern that the funds allocated to facilities but not utilized, must not be given to other facilities by the DHS.

2.2 It was clarified that there would be no transfer of funds from one facility to another. The SCs functioning in government building would be entitled to Rs.20000 p/a while those not functioning in own building would get Rs.10000 p/a. All the grants to states are being provided as a top up, that is, based on utilisation.

2.3 After detailed discussion, the EPC recommended the proposal for MSG's approval with following conditions:

(i) Not more than 50% of pooled funds should be spent on construction.

(ii) Annual allocation to a state and districts would be based on utilisation on the principle of top up to the extent of actual utilization.

(iii) Each facility must receive an assured top up of 50% of the facility's entitlement so as to get a minimum annual allocation of half of the norm for that facility. The remaining 50% should be allocated amongst similar level facilities by the DHS on rational principles of caseload, fund utilisation and range of services etc. for which specific guidelines should be issued by the Ministry to the states/UTs.

Nilip K

AGENDA 3

Revision of Guidelines for NGO involvement in NRHM during 12th Five Year Plan

Joint Secretary (Policy) started with a brief background and highlighted that the present Guidelines for MNGO scheme were formalized in 2003. The MNGO Scheme was decentralized in 2008-09 after which the activities of MNGOs were supported under the RCH component through the State PIPs.

3.2 The DG (CGHS) enquired whether any evaluation of NGOs has been carried out. To this, Dr. Rajani Ved, Advisor, NHSRC responded that the evaluation of MNGO scheme has been carried out and has revealed that the experience varies across States. As the scheme was centrally driven it did not have State ownership and hence did not take off in a few States.

3.3 Secretary (HFW) enquired about the provision for due diligence in the revised Guidelines. It was clarified that the major change stipulated in the proposed guidelines is to give the States a greater role, discretion to choose the NGOs and exercise oversight. An NGO support Resource Center (NSRC) set up within the NHSRC will extend support to the States to choose, mentor, review and monitor the NGOs involvement under the Programmes. The State will be given the flexibility to choose the roles and the extent to which they want NGOs to be involved in the programmes and also decide the Memorandum of Understanding with the NGOs. The State Grant in Aid committee envisaged in the guidelines will have Secretary (Health) of the State as chairperson to ensure only credible NGOs are selected. This all however, would be supported within the NRHM framework provision of upto 5% outlay for voluntary sector involvement.

3.4 Secretary (HFW) added that proper monitoring mechanism for NGOs must be put in place at the Central level too.

After detailed discussion the agenda was approved.

Nilip Kumar

AGENDA 4

Proposal for revising costing norms for ASHA for training, supervision/ support costs, cost of job aids, tools and kits and other non -monetary incentives

Shri Manoj Jhalani, JS (Policy) presented a brief summary of the agenda. He emphasised that the proposed increase is a maximum ceiling which is necessitated by expanding role & responsibilities of ASHA and the need to provide her with necessary training job aids, tools and drug kits etc.

4.2 While the members of the EPC concurred with the proposal there were a few suggestions made by members. Shri. Saurabh Garg, JS, Department of Expenditure sought clarification on whether there has been no revision of ceiling amount of Rs.10, 000 since 2006. It was clarified that this is the first revision since 2006 and would be applicable upto the end of 12th Five year plan. Dr. Mahipal, Director, Ministry of Rural Development emphasised that a careful training needs assessment must be carried out to further guide the program. Dr. Nerges Mistry, Director for Foundation for Research in Community Health & Medical Research stated that a time motion study needs to be done for ASHAs to assess whether she is able to perform the tasks given to her. Secy (H & FW) directed that these issues be considered by the ASHA Mentoring Group.

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

AGENDA 5

Proposal for expansion of Haemophilus influenza b (Hib) vaccines in Universal Immunization Programme as liquid Pentavalent vaccine (DPT+HepB+Hib) in eleven States/UTs from October 2014 and sixteen States/UTs from April 2015.

Dilip Kr.

The members were informed about the introduction of Pentavalent vaccine in two States in 2011 and further expansion to 6 more States in 2012-13, with commodity assistance in form of Pentavalent vaccine from GAVI. The present proposal is for expanding the Pentavalent vaccine to 11 more States from October 2014 from where requests were received and remaining 16 States from April 2015, so that the entire country is covered with Pentavalent vaccine from April, 2015 onwards. It was clarified that penta is being indigenously manufactured.

5.2 The Pentavalent vaccine support will be met out of the commodity assistance provided by GAVI till December, 2015. Beyond December, 2015, the entire support of Pentavalent vaccine will be borne out of domestic budget with an estimated annual outlay of about Rs. 270 crore.

The proposal was recommended by the EPC for MSG approval.

AGENDA 6

Certification of ASHAs and Accreditation of Associated Agencies in ASHA Training

Shri Manoj Jhalani, JS (Policy) stated that the proposal related to Certification of ASHAs, Accreditation Training sites, trainers and training curriculum to ensure interalia promote a sense of self recognition, improve training quality, enhance professional credibility of ASHAs in the public and facilitate career progression.

6.2. JS, DoE suggested that the Ministry may like to explore getting accreditation work through National Skill Development Agency (NSDA) which has been mandated for accreditation work of skill development. It was clarified that the proposal involves different aspects of certification beyond NSDA.

6.3 Ms. Sangeeta Verma, Economic Advisor, Ministry of Tribal Affairs, suggested that sensitisation of the tribal health practices should be accounted while designing of curriculum, training sites and trainers involved in imparting training should be located in tribal areas & in the criterion of post training evaluation, due weight age should be given to the attitudinal aspects

towards tribal population. Secy(HFW) agreed with the suggestions of Ministry of Tribal Affairs and directed that the ASHA mentoring Group (AMG) should look into the curriculum of ASHA training and ensure that contents include sensitization to tribal and other marginalised groups.

After detailed discussion the proposal was approved.

AGENDA 7

A) Revision of incentives to community DOT provider providing treatment support to Drug Resistant TB patients

B) Revision of incentives to increase coverage and RNTCP accessibility

The EPC was briefed by Shri. Anshu Prakash, Joint Secretary (Public Health) of the need to revise the norms for certain financial incentives which were fixed in the 10th FYP and 11th FYP as also for introducing new incentives to deal with the emerging issue of MDRTB. After discussion and consideration, the EPC approved the following.

Item	Existing norm	Proposed by MoHFW and approved by EPC
Revision of incentives to Community DOT provider providing treatment support to Drug Resistant TB patients	Rs.2500/- for completed course of treatment (Rs.1000/- at the end of IP and Rs 1500/- at the end of CP)	Rs.5000/- for completed course of treatment. (Rs.2000/- at the end of IP and Rs 3000/- at the end of CP)
Incentives to patient in tribal and difficult areas	Rs.250/patient and one attendant	Rs 750/patient and one attendant
Incentive to volunteers for sputum sample transport in tribal and difficult areas	Rs.200/month/volunteer	Rs.25 per sample transported to the DMC

Nilip Kumar.

Travel cost to MDR TB patient/suspect to DRTB centre (outside district)	Actual travel cost using any public transport	Up to Rs 1000/visit/patient restricted to actuals by a public transport
Travel cost to MDR TB patient/suspect to DRTB centre (within district)	Actual travel cost using any public transport	Up to Rs 400/visit/patient restricted to actuals by a public transport
Transportation cost for co-infected TB -HIV patient travel	NIL	Up to Rs.500/patient for one visit to ART centre restricted to actuals by a public transport
Incentive related to Injection prick	NIL	Rs.25/injection prick

7.2 EPC desired that the States should be advised to effectively implement the incentive schemes so that the incentives reach the beneficiary in time and the payment to individual patients is made on the spot under the oversight of RKS.

The proposal was recommended for MSG's approval.

C) **Revision of Financial Norms of Human Resources under RNTCP**

7.3 EPC was appraised that while RNTCP has fixed upper limit for the remuneration of the contractual staff under NRHM whereas under NRHM State specific remuneration without ceiling is permissible.

7.4 It was approved that it should be left to the State Governments to decide on the compensation to be given to contractual staff under RNTCP based on the state specific situation, compensation given for similarly placed contractual employees in other NRHM programmes, job content, responsibilities etc. The compensation to be given would be proposed by the State Government

in the PIP and thereafter finalized through the PIP appraisal mechanism in consultation with NRHM Division in the Ministry.

The proposal was approved by the EPC.

AGENDA 8

Proposal for promotion of PPIUCD through performance linked payment plan to service providers and ASHAs

Dr. Rakesh Kumar, Joint Secretary (RCH) presented the proposal on promotion of PPIUCD through performance linked payment Plan to service providers and ASHAs which envisages involving them, to give a boost to the IUCD insertions.

8.2 JS (RCH) explained that for each insertion Rs. 150 may be paid to the service provider and another Rs. 150 may be paid to ASHA for escorting the client to the health facility for facilitating the insertion.

The proposal was approved by the EPC.

AGENDA 9

Proposal for provision of recurring cost for the first referral units (Community Health Centres, Maternity Homes etc.) under the National Urban Health Mission

The agenda was presented by Shri. N.B. Dhal, Joint Secretary (Urban Health), EPC was informed that in many large cities the existing referral hospitals including maternity homes are not optimally utilised due to want of required specialist doctors and other support staff. The availability of diagnostic facilities, drugs and other consumables is also not satisfactory in the existing FRUs. The States have also stated that their priority is to strengthen and improve the functioning of the existing referral hospitals under NUHM instead of creating new urban CHCs.

9.2 EPC discussed the matter and recommended the proposal to provide support for specialists and other essential paramedical staff and other essential recurring costs such as cost of medicines and consumables in the existing and new referral units within the approved outlay of NUHM for MSG's approval.

Annexure

List of Officers who attended the 1st Meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 20.11.2013 at 10:30AM

Sl. No.	Name & Designation
1.	Sh. KeshavDesiraju, Secretary (H&FW), MoHFW
2.	Dr. Jagdish Prasad, DGHS, MoHFW
3.	Sh. S. K. Srivastava, Additional Secretary &Financial Advisor, MoHFW
4.	Ms. Anuradha Gupta, Additional Secretary & Mission Director (NRHM), MoHFW
5.	Sh. Manoj Jhalani, Joint Secretary, MoHFW
6.	Dr. Rakesh Kumar, Joint Secretary, RCH, MoHFW
7.	Sh. N. B. Dhal, Joint Secretary, MoHFW
8.	Sh. Anshu Prakash, Joint Secretary, MoHFW
9.	Ms. Sujaya Krishnan, Joint Secretary, MoHFW
10.	Sh. Sanjeev Kumar, Joint Secretary, M/o HUPA, MoHFW
11.	Sh. Saurabh Garg, Joint Secretary, D/o Expenditure, M/o Finance, North Block
12.	Sh. Shreeranjan, Joint Secretary, M/o WCD,ShastriBhawan
13.	Sh. P. C. Cyriac, DDG (Stats), MoHFW
14.	Dr. M. Dhinadhayalan, Joint Adviser, CPHEEO, M/o Urban Development
15.	Dr. Rattan Chand, CD (Stats), MoHFW
16.	Dr. S. K. Sikdar, Deputy Commissioner, Family Planning, MoHFW
17.	Dr. Pradeep Haldar, Deputy Commissioner, Immunization, MoHFW
18.	Dr. V. S. Salhotra, Deputy Commissioner, RCH, MoHFW
19.	Dr. D. Bachani, Deputy Commissioner, NCD, MoHFW
20.	Dr. S. Dureja, Deputy Commissioner, Adolscent Health, MoHFW
21.	Sh. Dilip Kumar, Director (NRHM), MoHFW
22.	Sh. Ashok Parmar, Director (Admin, IEC, NMHP), MoHFW
23.	Ms. Kavita Singh, Director, Finance, MoHFW

24.	Ms. Preeti Pant, Director, NRHM-III, MoHFW
25.	Ms. LimatulaYaden, Director, NRHM-IV, MoHFW
26.	Sh. Biswajit Das, Director, Stats, MoHFW
27.	Sh. R. P. Meena, Director, RCH, MoHFW
28.	Sh. R. C. Danday, Director, MoHFW
29.	Dr. Mahi Pal, Director, M/o Rural Development, KrishiBhawan
30.	Dr. Meenakshi Jolly, Director, M/o Human Resource Development, ShastriBhawan
31.	Ms Saheli Ghosh Roy, Director, PF-II, D/o Expenditure, North Block
32.	Ms.Sangeeta Verma, Economic Adviser, M/o Tribal Affairs, August KrantiBhawan
33.	Ms.Vandana Jena, Principal Advisor, Planning Commission, YojanaBhawan
34.	Sh. Saraswati Prasad, M/o Drinking Water & Sanitation
35.	Dr. S. Y. Kothari, Spl. DGHS, DGHS, MoHFW
36.	Dr. N. K. Agarwal, DDG (O), NPCB, MoHFW
37.	Dr. C. M. Agrawal, DDG (L), DGHS,MoHFW
38.	Dr. K. S. Sachdeva, Addl. DDG (TB), DGHS, MoHFW
39.	Dr. A. Raghu, Dy. Adviser, AYUSH
40.	Dr. Nerges Mistry, Director, Foundation for Research in Community Research and Medical Research, Mumbai
41.	Dr. T. Sundararaman, Executive Director, NHSRC
42.	Ms. Rajani Ved, NHSRC
43.	Sh. G. Jagannath, Under Secretary, MoHFW
44.	Ms. Jaswant Kaur, Section Officer, MoHFW
45.	Dr. ArpanaKullu, Consultant, NRHM, MoHFW
46.	Ms. NehaKashyap, Consultant, NRHM, MoHFW
47.	Dr. Nitasha Kaur, Consultant, NRHM, MoHFW
48.	Dr. Sonali Rawal, Consultant, NRHM, MoHFW
49.	Dr. Salima Bhatia, Consultant, NRHM, MoHFW
50.	Dr.Pragati Singh, Consultant, Family Planning Division, MoHFW