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Government of India  
Ministry of Health & Family Welfare  
National Health Mission

Nirman Bhavan, New Delhi  
Dated the 25 October 2016

**OFFICE MEMORANDUM**

**Subject: Minutes of Fourth meeting of Empowered Programme Committee (EPC) of National Health Mission held on 19<sup>th</sup> September 2016 – reg.**

I am directed to enclose herewith the Minutes of the Fourth Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 19<sup>th</sup> September 2016 for information and record.



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1. CEO (Niti Ayog)
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3. Secretary (Women and Child Development)
4. Secretary (Social Justice and Empowerment)
5. Secretary (Housing and Urban Poverty Alleviation)
6. Secretary (Urban Development)
7. Secretary (Rural Development)
8. Secretary (Panchayati Raj)
9. Secretary (School Education and Literacy)
10. Secretary (Higher Education)
11. Secretary (Development of NE Region)
12. Secretary (Expenditure)
13. Secretary (AYUSH)
14. Secretary (Tribal Affairs)
15. DGHS
16. Additional Secretary (Financial Advisor)
17. Additional Secretary (Health and Family Welfare)
18. Dr Soumya Swaminathan, Director General, ICMR & Secretary, D/o Health Research
19. Dr Nerges Mistry, Director, Foundation for Research & Community Health & Medical Research

Copy for kind information to:

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

## **Minutes of Fourth Meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM)**

The Fourth Meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM), chaired by Shri C K Mishra, Secretary (Health & Family Welfare) was held on 19.09.2016 at Nirman Bhawan, New Delhi. The list of participants is annexed.

Shri C K Mishra, Secretary (HFW) initiated the discussion by welcoming the members of EPC and other participants. This was followed by presentation on the individual agenda items. The gist of the discussions held and decisions taken on the agenda items are summarised as under:

### **AGENDA 1: NHM Free Drugs Service Initiative**

The agenda was presented by Sh Manoj Jhalani, Joint Secretary (Policy). He informed that to reduce the high Out of Pocket expenditure on medicines pegged at 71% of the outpatient medical expenditure, the Ministry had issued Guidelines for Free Drugs Service Initiative on 2nd July, 2015 and so far all the States/UTs have notified policy to provide essential drugs free of cost in public health facilities. In response to query regarding stakeholder consultations, it was also informed that the guidelines were developed after stakeholder consultations and were thereafter shared with States/UTs. These are also available on MoHFW website.

He also mentioned that subsequently, facility-wise Essential Drugs List (EDL) were prepared and shared with States. The members were informed that most of the States have included additional drugs in the Essential Drug Lists for various health facilities, thus expanding the scope of the initiative. The financial support for provision of essential drugs free of cost to public and setting up systems for the purpose is to be met within the resource envelope of the National Health Mission.

*After discussion, the proposal was noted by EPC and recommended to be placed before MSG for information.*

### **AGENDA 2: Proposal to Roll out of 'National Dialysis Programme' in a PPP mode under National Health Mission (NHM)**

While presenting the agenda on the proposal to roll out the 'National Dialysis Programme', Shri Manoj Jhalani, Joint Secretary (Policy) informed the rationale behind the proposal to roll out the Programme under NHM in PPP mode. In Chronic Kidney Disease (CKD) the condition of the kidney goes on deteriorating which necessitates management of CKD as a lifelong process. Its management requires regular dialysis treatment which is presently





available largely in the private sector in India. Since Dialysis sessions are costly, the patients may have to incur an annual expenditure to the tune of Rs. 3-4 Lakhs annually. Apart from this cost, the families of the patients have to undertake frequent trips often over long distances to access the dialysis facilities incurring travel costs, loss of wages of the patient and the family members, accompanying the patient. The Hon'ble Finance Minister in his Budget speech 2016-17 announced the Government's intention to start a 'National Dialysis Services Programme' in Public Private Partnership under NHM. Accordingly, the Guidelines were developed after stakeholder consultations and shared with the State/UT Governments. Under the Programme, States would be supported to provide dialysis services free of cost to poor and vulnerable population. Under NHM, the Central Government provides support to the States/UTs to strengthen their health-care facilities to IPHS. As per IPHS, Dialysis Services are indicated as desirable service for District Hospitals.

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

**AGENDA 3: Note for EPC on Free Diagnostics services Initiative and Comprehensive Biomedical Equipment Maintenance Program under National Health Mission (NHM)**

Shri Manoj Jhalani, Joint Secretary (Policy) presented the agenda item. He explained the rationale behind this initiative which is to reduce out-of-pocket expenditure on diagnostics as well as to improve quality of care. He added that if a set of essential diagnostics, is made available free of cost in public health facilities, it would reduce the burden on the poor and the vulnerable, improve the quality of care and would also make the health care in public health facilities comprehensive and thereby attractive to larger segments of population. He informed that the Ministry developed and shared Operational Guidelines for the NHM Free Diagnostics Services Initiative with States/ UTs on 2nd July, 2015. These Guidelines also provide an indicative list of essential diagnostics appropriate to the level of care in public health facilities and model RFPs. These guidelines also contain model RFP documents for a range of PPPs such as Tele radiology, hub and spoke model for lab diagnostics and CT scan in District Hospitals. He also informed that to complement this initiative, Comprehensive Biomedical Equipment Maintenance Program was also rolled out, whereunder 19 States have issued the RFP after conducting detailed inventory mapping. Of the 19 States, 11 States had awarded the work of equipment maintenance as per GoI Guidelines. Funds for Free Diagnostics Service Initiative and Comprehensive Biomedical Equipment Maintenance Program are being met under NHM.

*After discussion, the proposal was noted by EPC and recommended to be placed before MSG for information.*



#### **AGENDA 4: Proposal for Extension of the existing PPIUCD incentive scheme also covering PAIUCD**

The agenda was presented by Dr S K Sikdar, Deputy Commissioner (Family Planning). The EPC was informed that as a spacing method IUCD requires lesser efforts from client's perspective and lesser inputs in terms of programmatic interventions to cater to the need of Family Planning Services. Presently, post-delivery women have the choice to opt for Post-Partum Intra-Uterine Contraceptive Device (PPIUCD) insertion. It was further informed that abortion is at times, used as a method of terminating unplanned/unwanted pregnancies and therefore the proposal was to extend the IUCD services to post-abortion cases also, with similar incentive as available in PPIUCD cases. It was stated that this measure will help in popularising Post-Abortion Intra-Uterine Contraceptive Device (PAIUCD) insertion as a method of family planning, instead of repeated abortions.

The members were informed that it was necessary to build-in a modest compensation per insertion to give an impetus to the program and increase the provider base and PAIUCD insertions in the public sector. Further, ASHA involvement was stated to be helpful in spreading awareness about this initiative and its advantages, for which ASHA may be provided a token incentive too.

It was also informed that the success of PPIUCD incentive scheme has set a platform to generate demand for PAIUCD - both among service providers and clients. Therefore, it is also proposed to build in a modest compensation per PAIUCD insertion for service providers, a token amount for ASHA for client mobilization and covering incidental expenses for PAIUCD clients.

*After discussion, EPC recommended the following proposals for approval of the MSG:*

- (i) *Rs. 300 to be paid to the acceptors of PPIUCD to cover their incidental cost and the travel cost for two follow up visits.*
- (ii) *Rs. 300 to be paid to the acceptor of PAIUCD to cover their transport and the incidental costs.*
- (iii) *Rs. 150 to be paid to the PAIUCD service provider per insertion as compensation for the additional work done apart from their normal work*
- (iv) *Rs. 150 to be paid to ASHA for motivating/ escorting the client to the health facility for facilitating the PAIUCD insertion*

#### **AGENDA 5: Strengthening Comprehensive Primary Health Care and introducing population based screening for common Non Communicable Diseases.**

The agenda was presented by Joint Secretary (Policy). The members were informed that to avert disease and promote well-being, ensure continuity of care, and enable gate-keeping so as to reduce the burden on secondary and tertiary level facilities Comprehensive Primary Health Care is essential. Further, as per Delhi Declaration, May 2016 India is committed to move





from MDGs to the SDGs and universal comprehensive primary health care is a non-negotiable strategy towards UHC. It was also informed that as part of roll out of Comprehensive Primary Healthcare services, the operational guidelines for screening of Hypertension, Diabetes and common cancers were released on 22nd June 2016. The remaining services will be added progressively. Under this initiative, the Health & Wellness Centres will be the first point of contact and the Block PHCs will serve as the first referral points. Over a period of time this would reduce burden on secondary and tertiary centres and will also reduce out of pocket expenditure on healthcare. The technical guidance for roll out of the comprehensive primary care under NHM was for information of the EPC.

*After discussion, the proposal was recommended by EPC to be placed before the MSG for information.*

#### **AGENDA 6: Proposal for Revision of Annual budgetary ceiling of the National Health Systems Resource Center (NHSRC) from Rs. 25 Crore to Rs. 35 Crore**

The agenda was presented by Dr Sanjiv Kumar, Executive Director, NHSRC. The EPC was informed that NHSRC was constituted under NRHM to serve as the apex body for technical support to the Center and States. NHSRC has been providing support for health systems strengthening in the States and provision of policy inputs to the MoHFW. It has also been providing technical support to States in operationalizing various core components of the NHM. NHSRC is fully funded out of Grant- In -Aid from MoHFW and does not generate any revenue. When NHSRC was established, the budget allocated was Rs. 15 Crore. This amount was revised to Rs 25 crore in December 2012 as part of strengthening the institutional capacity to handle and absorb increased fund allocation during the 12th Plan.

ED, NHSRC justified the proposal seeking increase in the budget on expansion of work areas such as, launch and support to states for rapid scaling up of several initiatives that has necessitated an increase in the effort by existing NHSRC staff supplemented by external resource persons , the inclusion of the National Urban Health Mission (NUHM) as sub-mission of the NHM, Certification of ASHAs by NIOS, roll out of the NHM Quality Assurance Programme, the design and roll out of Kayakalp Awards Schemes, Patient Feedback and Rating system, developing model districts, strengthening of District Hospitals for multi-specialty care & as training sites for training of Nurses/ allied health workers, a Call Centre based tele consultation, grievance redressal mechanism, work relating to National Health Accounts, key initiatives of the Health Technology Division include the roll out of the Bio Medical Equipment Maintenance Programme, the roll out of PPPs under NHM Free Diagnostic Services Initiative, the National Dialysis Programme, preparing generic technical specification of medical devices etc.

Upon enquiry regarding the support extended and its impact on ground by EPC members, Secretary (HFW) stated that fair and transparent recruitment of HR is a persistent challenge



faced by the States. Technical support from NHSRC had led to improved procedures and hiring of high quality health human resources for NHM in various States.

It was further informed that for rolling out the Biomedical Management and Maintenance initiative NHSRC provided technical support to various States. As a result, the States are expected to save substantial amount, which otherwise would have been spent on multitude of equipment maintenance activities /contracts. There have also been huge savings on procurement of medical devices whose generic specifications were developed by NHSRC.

*After detailed discussions, EPC recommended the revision of annual budgetary ceiling of the NHSRC from Rs. 25 Crore to Rs. 35 Crore for MSG approval.*

#### **AGENDA 7: Note for EPC on Operational Guidelines for Mobile Medical Unit**

The agenda was presented by Joint Secretary (Policy). The EPC was informed that to facilitate access to public health care particularly to people living in difficult, underserved and unreached areas, support is being provided to States/UTs for Mobile Medical Units (MMUs) with an objective of taking health care to their door step. It was further informed that a range of health care services including treatment of minor ailments, Communicable & Non Communicable Diseases, Reproductive & Child Health, Family Planning and certain diagnostics services are provided free of cost through MMUs, besides enabling referrals.

It was also informed that the States vary insofar as the extent of availability of healthcare services and deployment of health HR is concerned. Further, some States may also have peculiar circumstances like LWE affected areas etc. which pose their own unique challenges. Based on the learning and existing good practices from States, recommendations of Common Review Missions and other assessments from several states and in consultation with state governments and various divisions, the Ministry prepared the Operational Guidelines for Mobile Medical Units. A key recommendation was that the service package should be broadened to move beyond reproductive child health to a more comprehensive set of services. The Guidelines were released on 2nd July, 2015 at the annual NHM Best Practices and Innovation Workshop. To overcome the shortcomings in leveraging the mutual strengths of private organizations both for profit and not for profit sector, the guidelines include structured model tender documents and service guidelines to enable states to create and sustain such partnerships to ensure reach with effective and efficient service delivery mechanisms. The Models include Government operated MMU, Operation of MMU on Out sourcing basis where CAPEX & drugs and supplies provided by Government, Out sourcing of MMU services including CAPEX and OPEX with drugs and supplies to be provided by the Govt.

It was also informed that though as per existing norms, 1 MMU can be provided per 10 lakh population. However, States have been requesting for relaxation of this norm to improve





coverage in underserved areas. In reply to the query regarding the situation under which norm could be relaxed, JS (P) suggested that the norm may be considered for relaxation in cases where patients served through existing MMUs exceeds, say, 60 patient / day in plain areas and 30 patients per day in hilly areas.

*After detailed discussions, EPC recommended the following:*

- (i) *Operational guidelines for information of MSG*
- (ii) *relaxation of norm of one MMU per 10 lakh population in cases where patients served through existing MMUs exceeds 60 patients per day in plain areas and 30 patients per day in hilly areas, on a case to case basis, based on appraisal of proposal submitted by State in this regard.*

#### **AGENDA 8: Proposal for Revision of the Programme Management Cost Ceiling including monitoring under NHM**

The agenda was presented by Joint Secretary (Policy). The members were informed that since its launch in 2005, various components / sub-Missions have been added to the National Rural Health Mission (NRHM). As a result, today the National Health Mission comprises of two sub-Missions – NRHM and National Urban Health Mission (NUHM), apart from various vertical disease control programmes which have got subsumed as components of NHM. Thus over the years, the scope and basket of services under NHM have expanded significantly along with the volume of work of the programme management units across the country.

It was further informed that with the immensely expanded scope and variety of activities, the States were not able to manage the programme management activities within the present ceilings of 6.5% (5.5 +1) of the Annual work plan of bigger States /UTs and 10% of the Annual work plan of smaller States/UTs. Hence the proposal to revise the ceiling of Programme Management, including monitoring and evaluation.

*After detailed discussions EPC recommended the following for MSG approval:*

*Increase in ceiling of Programme Management Budget, including monitoring and evaluation, from,-*

- (i) *current 6.5% to 9 % of the total Annual Work Plan for that year for bigger States and*
- (ii) *current 11 % to 14 % of the total Annual Work Plan for that year for smaller States/UTs.*



## **AGENDA 9: Proposal for Revision in Procurement Price of Sanitary Napkins under Menstrual Hygiene Scheme for Adolescent Girls**

The agenda was presented by Dr Sushma Dureja, Deputy Commissioner (Adolescent Health). The EPC was informed that under the Scheme for Promotion of Menstrual Hygiene for adolescent girls (10-19 years) in rural areas, sanitary napkins are provided to adolescent girls. Initially, these were procured centrally by GoI and supplied to State/UTs. However from Financial Year 2014-15, financial support funds @ Rs. 8 per pack of six napkins is provided to the States for decentralized procurement at their own level through competitive bidding.

It was further informed that the Tariff Commission in its report submitted to the Ministry in 2014, indicate a higher production cost for sanitary napkins. Further, the States had also requested to increase in per packet financial support for effective implementation of the scheme.

The members took note of the Tariff Commission report and enquired about the mode of support for this scheme under NHM. It was explained that the financial support for procurement of sanitary napkins is provided under NHM, based on the proposals made by the States in their Programme Implementation Plans within their overall Resource Envelop. The Committee noted it and enquired about the distribution mechanism. It was explained that these are sold to the target beneficiaries by the States through ASHA workers.

Upon enquiry regarding accounting of the money collected from sale of sanitary napkins, it was explained that the amount recouped by the ASHA workers is deposited in the District Health Society account and is fully accounted for.

*After detailed discussion, the EPC recommended the following for MSG approval:*

- (i) *To increase the budget support from Rs. 8 to Rs. 12 for a pack of 6 sanitary napkins to be provided to the States from NHM funds.*
- (ii) *To incur additional one time expenditure of Rs. 71.02 crores in respect of the 19 States; in case they propose to take up this scheme.*

## **AGENDA 10: Incentive to ASHA for conducting mother's group meeting under "MAA"- Mother's Absolute Affection programme of National Health Mission**

The agenda was presented by Dr Ajay Khera, Deputy Commissioner (Child Health). The members were informed that to improve breastfeeding practices through social mobilization and capacity building of health care providers at various levels "MAA"- Mother's Absolute Affection programme was initiated. Under this initiative, ASHA will be actively engaged for breastfeeding promotion through conducting regular monthly mother's group meetings, which would be further supplemented by ANMs during Village Health and Nutrition Day (VH&ND).





It was informed that if she covers around 80% of quarterly targeted women and conduct at least 1 mother's meeting per month, ASHA will be paid Rs 100 per month for conducting this activity, which will be verified through ANMs and records from ASHAs.

During discussions, representative from Ministry of Women and Child Development informed that such activities are also being conducted in Anganwadi Centres. Joint Secretary, Expenditure, suggested that the activities under MAA initiative should be converged with wanted the mothers' meetings on motivation for exclusive breastfeeding and complementary feeding in the Anganwadi Centres instead of being undertaken as a separate standalone activity. It was also discussed that a similar activity and incentive therefor is already included in the existing incentive-linked activities for ASHA's.

*After detailed discussion, the EPC decided that the proposal be re-examined for convergence of this initiative with the other existing platforms to improve breastfeeding practices.*

#### **AGENDA 11: Strengthening of School Health Activities under National Health Mission**

The agenda was presented by Dr Ajay Khera, Deputy Commissioner (Child Health). The members were informed that alongwith the various activities undertaken under the Rashtriya Bal Swasthya Karyakram (RBSK), it is proposed to strengthen preventive and promotive healthcare education component in the schools. The reach of this initiative will be the entire school going population of about 26 crore children, which will have a very positive impact.

It was further informed that intensification of School Health Activities was proposed to be implemented in all the public and private schools in the country through the joint efforts of Ministry of Health & Family Welfare, Department of School Education & Literacy and Ministry of Human Resource & Development.

During discussions, it was noted that the proposed intervention is required to inculcate healthy habits in children, which will have a long term impact. However, the Ministry may reconsider the proposed institutional mechanism like the establishment of National level Resource Centre (at an estimated cost of Rs 1 cr) etc.

*After detailed discussion, the EPC decided that the proposal be re-examined and the cost for rolling of the initiative be re-worked.*



Annexure

**List of Officers who attended the 4<sup>th</sup> Meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 19.09.2016 at 12:00 PM**

Sl. No.	Name & Designation
1.	Sh. C. K. Mishra, Secretary (H&FW), MoHFW
2.	Dr Soumya Swaminathan, Secretary DHR & Director General (ICMR)
3.	Ms. Vijaya Srivastava, AS & FA, MoHFW
4.	Sh. Manoj Jhalani, Joint Secretary, MoHFW
5.	Dr. K. Rajeswara Rao, Joint Secretary, MoHFW
6.	Sh. Vivek Joshi, Joint Secretary, D/o Expenditure
7.	Sh. H. Borah, Dy. DG, M/o Drinking Water and Sanitation
8.	Dr. Ajay Khera, Deputy Commissioner & Incharge (CH/Imm), MoHFW
9.	Dr. S. K. Sikdar, Deputy Commissioner (FP-I), MoHFW
10.	Dr. D. Bachani, Deputy Commissioner (NCD), MoHFW
11.	Dr. S. Dureja, Deputy Commissioner (AH), MoHFW
12.	Dr. Sumita Ghosh, Deputy Commissioner (MH), MoHFW
13.	Dr. Basab Gupta, Deputy Commissioner (UH), MoHFW
14.	Ms. Capt. Kapil Chaudhary, Director, NHM, MoHFW
15.	Ms. Kavita Singh, Director (NHM-Fin), MoHFW
16.	Ms. Preeti Pant, Director, NHM, MoHFW
17.	Sh. Sumant Narain, Director, NITI Aayog
18.	Sh. S. S. Prasad, Director, M/o Panchayati Raj
19.	Sh. Franklin Khobung, Director, AYUSH
20.	Sh. Krishna Bahadur Singh, Director, M/o Women & Child Development
21.	Sh. Rajeev Prakash, Director (T), M/o Tribal Affairs
22.	Sh. B. N. Prasad, Director, M/o DONER
23.	Sh. S. Shankar, DS (HE), M/o Human Resource Development
24.	Sh. J. B. Ravinder, Joint Adviser (PHEE), M/o Urban Development
25.	Sh. Santosh R., Assistant Adviser (WQ), M/o Drinking Water and Sanitation
26.	Dr. N. K. Sahu, Economic Advisor, D/o School Education and Literacy
27.	Sh. S. Nayak, Under Secretary, NHM-IV, MoHFW
28.	Sh. Ankur Kumar, Assistant Director, NHM, MoHFW
29.	Dr. Sanjiv Kumar, Executive Director, NHSRC
30.	Dr. H. Bhushan, Advisor & Head, PHA, NHSRC
31.	Ms. Rajani Ved, Advisor, NHSRC
32.	Ms. Mona Gupta, TSA
33.	Sh. Jayanta Kumar Mandal, Consultant, FMG, MoHFW
34.	Ms. Asmita Jyoti Singh, Sr. Consultant, NHM, MoHFW
35.	Lt. Aseema Mahunta, Consultant, NHM, MoHFW
36.	Ms. Neha Kashyap, Consultant, NHM, MoHFW
37.	Ms. P. Padmavati, Consultant, NHM, MoHFW
38.	Dr. Krushna Sirmanwar, Consultant, NHM, MoHFW
39.	Dr. Mayank Sharma, Consultant, NHM, MoHFW
40.	Ms. Amita Chauhan, Consultant, NHM, MoHFW
41.	Dr. J. K. Sharma, Sr Consultant, NHSRC