

V-11011/5/2017-NHM-II
Government of India
Ministry of Health & Family Welfare
National Health Mission

Nirman Bhawan, New Delhi.
Dated the 14th November, 2017

Office Memorandum

Sub: Minutes of 5th meeting of Empowered Programme Committee (EPC) of National Health Mission held on 25th September 2017- regarding.

I am directed to enclose the Minutes of the 5th Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 25th September 2017 for information please.

(Capt. Kapil Chaudhary)
Director (NHM-II)

Tel: 011-23061853

E-mail : kapil.chaudhary@nic.in

1. CEO (Niti Aayog)
2. Secretary (Drinking Water & Sanitation)
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 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)

Copy to :

- (1) PPS to Secretary (HFW)
- (2) PPS to AS & MD (NHM)
- (3) PPS to JS(VG)
- (4) PPS to JS (MA)

**Draft Minutes of the 5th meeting of the Empowered Programme Committee
of National Health Mission held on 25th September, 2017**

Fifth meeting of the Empowered programme Committee (EPC) of National Health Mission (NHM) was held under the Chairpersonship of Secretary, Department of Health & Family Welfare on 25th September 2017 at Room No. 249-A Nirman Bhawan New Delhi. List of participants is at Annex-I.

Shri Manoj Jhalani, AS&MD, NHM welcomed the Committee members and briefly stated the mandate of EPC. Thereafter, the agenda(s) were taken up for discussion.

Agenda 1: Proposal for revision of norms under part C of PIP pertaining to Universal Immunization Programme.

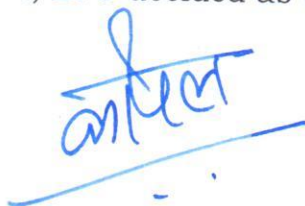
Smt. Vandana Gurnani, Joint Secretary (RCH) briefed the EPC about the proposal, its rationale and financial implications. She informed that the last partial revision in costing norms for Universal Immunization programme (UIP) was carried out in 2012. She stated that in the current proposal 14 norms were proposed to be revised and 3 new norms were proposed.

During discussions, Dr Jagdish Prasad, DGHS suggested that State level support may be provided on per capita basis to accomodate requirement of large States. However, Chairperson and Secretary (HFW) observed that this matter would be impacted based on various parameters including size of birth cohort etc. for each State and hence per capita allocation may not be advisable. AS&MD suggested that the States/UTs may be categorized into Small, Medium & Large States and may be provide with mobility support of Rs.1.8 Lakhs, Rs 3.6 lakhs and Rs. 5.4 lakhs, respectively.

Shri Sumant Narain, Director, representative of NITI Aayog suggested that there could be a ceiling set for administrative costs within the UIP. To this, AS&MD responded that an overall ceiling for Programme Management (PM) cost under NHM already exists while the administration/PM cost within various programmes may vary. JS (RCH) informed that the proposed costs were operational costs.

Dr. Manohar Agnani, Joint Secretary (Policy) suggested setting up common norms for mobility costs within NHM instead of providing costs for individual programmes. Chairperson and Secretary (HFW) suggested that the NHM Policy division may work on the same.

After detailed discussions, EPC decided as under:



- i. For purpose of funding under UIP, all the States/UTs be categorized into Small, Medium & Large States/UTs.
- ii. Mobility Support of up to Rs. 1.8 lakhs, Rs. 3.6 lakhs and Rs. 5.4 lakhs, approved for Small, Medium & Large States/UTs, respectively
- iii. Recommended that the proposal be placed before Mission Steering Group (MSG) of NHM.

Agenda 2: Proposal for increase in proportion of Performance Based budgeting under NHM

Ms. Vandana Gurnani JS (RCH) presented the agenda item. AS&MD added that there has been a good response to the 10% incentive implemented and the proposal was to increase the incentive component from the present 10% to 20% and also to create four categories for the incentive pool. The rationale behind the proposal to create four categories was to address the concern that increasing the incentive pool would yield more resources for people in better governed and better performing states at the cost of people in poor performing States. Shri Sumant Narain, Director, NITI Aayog, while supporting the proposal, suggested that the modalities regarding assessment of State/UTs performance and norms for utilization of incentive funds may need to be revised. Chairperson and Secretary (HFW) however clarified that this was beyond the mandate brought before the EPC and that there was no proposal for changing conditionalities.

After detailed discussion, EPC decided as under:

- i. Approved enhancement of incentive under NHM from 10% to 20%.
- ii. Approved offering these incentive funds to States/UTs in four categories.
- iii. Recommended that the proposal be placed before MSG of NHM.

Agenda 3: Proposal for National Programme for Prevention and Control of Deafness under NHM

The proposal was withdrawn with the permission of the EPC.

Agenda 4: Proposal to Strengthen Sub Centers as Health and Wellness Centers to deliver comprehensive Primary Health Care under NHM.

The agenda item was presented by JS(RCH). Thereafter, AS&MD, explained the rationale and concept behind the Health & Wellness Centre (HWCs) and explained that the proposal was approved by the Hon'ble Minister for Health & Family Welfare, Government of India. The Guidelines for its



operationalisation were also circulated to all the States/UTs. He further stated that upgradation of Sub-Centers to HWCs would enable them to expand basket of services from the current Reproductive and Child Health (RCH) and select communicable diseases to comprehensive package of Primary health care services.

Niti Aayog representative enquired whether it was possible to share the cost breakup of Rs. 17.5 lakhs worked out per sub center for its strengthening as HWCs. He opined that at the proposed indicative cost, about Rs. 22,000 cr would be required to strengthen 1.5 lakh Sub-Centers (SCs) to HWCs. AS&MD stated that the cost break up would be shared shortly. Chairperson and Secretary (HFW) further clarified that this budget was the ceiling amount and as the existing SCs already would be having some existing infrastructure/HR available with them, the whole amount would not be required for each and every SC. For this, the States/UTs will carry out a comprehensive mapping and gap analysis of each SC proposed for strengthening as HWC.

DGHS suggested that apart from ASHA, who has to devote her time for RCH related activities, HWCs should be manned by two field level staff – one to take care of communicable diseases and the other for Non-Communicable Diseases. Further, HWCs should focus on community level interventions and ensure availability of drugs for lifestyle diseases at field level.

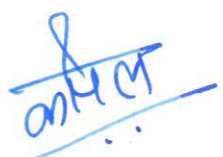
Sh. Sanjeeva Kumar, Additional Secretary (Health) enquired whether the field level functionaries would have prescription rights to which, Chairperson and Secretary (HFW) responded that at present, as per existing legal provisions, they will not have prescription rights and would be dispensing drugs.

After detailed discussions, the EPC decided as under:

- i. Approved the strengthening of Sub Centers as Health and Wellness Centers to deliver comprehensive Primary Health Care under NHM.
- ii. Recommended that the proposal be placed before MSG of NHM.

Agenda 5: Proposal for revision in the norms under NPCB for continuation beyond 12th Five Year Plan under NCD Flexi pool of NHM

Shri. Lav Agarwal, Joint Secretary proposed the agenda item and also explained the reasons behind the proposals. Regarding increase in Grants-in-Aid(GIA) for cataract surgery to NGOs and Govt. Hospitals it was proposed to raise it from Rs. 1000/- to Rs. 2,000/- so as to be at par with the private sector to cater to the increased cost of consumables for the surgery. After discussion it was decided to retain it at Rs. 1000/- for Governance Hospital to increase this GIA to Rs. 2000/- in respect of NGO.



For increase of grant for spectacles to the State/UTs, it was clarified that this fund is not given to individuals. It is the States which distribute spectacles to those requiring glasses after fixing a price through a tender process. After discussions, it was agreed that the ceiling for spectacles may be kept as Rs. 350/- per spectacle and States/UTs may discover actual price through competitive process.

Chairperson and Secretary (HFW) suggested that the unit cost for spectacles may be kept uniform for all – i.e. school children and elderly.

Regarding proposal for revising refresher training cost of Paramedical Ophthalmic Assistant (PMOAs) from current Rs. 2 lakhs/State to Rs. 10,000/PMOA, it was discussed that NHM norms for training may be followed.

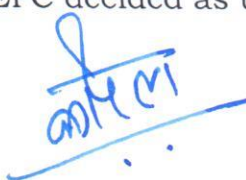
Regarding proposal for increasing GIA for IEC for minor States from Rs. 5 Lakhs to Rs. 10 lakhs and for major States from Rs. 10 lakhs to Rs. 20 lakhs, EPC members agreed with the proposal.

Regarding proposal for increasing one time support to eye banks from Rs. 25 lakh to Rs. 40 lakh, Dr. Promila Gupta DDG(O) explained that the cost was for equipment for new eye banks. To Chairperson and Secretary (HFW)'s query regarding number of eye banks in the country, she stated that around 400 eye banks were supported and presently about 150 were well functioning eye banks with good collection of eye-balls. Chairperson and Secretary (HFW) suggested that the division should take a stock of eye banks supported and functioning so as to take corrective measures for non-functioning eye banks.

Regarding the proposal for GIA to NGOs for setting up eye care facilities – including eye OTs and eye wards, Shri. Sumant Narain, Director, NITI Aayog enquired whether there were any norms to be followed for these facilities. DGHS enquired about the cost required for setting up these facilities. To these queries, Dr Promila Gupta, DDG (O) responded that around Rs. 1 cr was required to set-up such facilities. Chairperson and Secretary (HFW) suggested that the capex costs may not be provided, but agreed for additional funds to NGOs for operations/services may be provided through output linked incentive model.

Proposal for increasing GIA for setting up tele-ophthalmic network unit in government set-up, from Rs. 15 lakh to Rs. 25 lakh/unit, was discussed. Chairperson and Secretary (HFW) observed that much acclaimed Tripura model for Tele-ophthalmic unit was not scaled up in other States, even after laps of many years. The Programme Division was advised to make special efforts to look into the reasons for non-uptake of this model by other States/UTs.

After detailed discussions, the EPC decided as under :



- i. Approved the proposals as per Annex-II; and
- ii. Recommended that the proposal be placed before MSG of NHM.

Agenda 6: Proposal for establishing an upper age limit for functional ASHAs

This was taken up as an additional agenda.

AS&MD explained that currently, there was no age limit at which an ASHA is required to exit from the programmes under NHM. Due to lack of proper guidance on this matter, several ad-hoc arrangements were being undertaken by the States. Further, reports also suggest that as ASHAs age, their ability to travel, particularly in geographically dispersed areas, tends to diminish. So far, the discontinuation of an ASHA had been only on criteria like non-performance or ASHA herself opting out but this also varied across States. With the changing disease profile, particularly emergence of Non-communicable Diseases (NCDs), ASHAs are also envisaged to play a larger role such as active enumeration of the population and registration of families through individual health cards, collating family health folders, completing community Based Assessment Checklist (CBAC) for all women and men over 30 Years in their population which is intended to capture data related to age, family history, treatment and risk factors for any of the NCDs. This would require that the ASHA be physically active and able to absorb more complex information to perform these tasks. It was informed that this issue was also discussed in the meeting of the National ASHA Mentoring Group (NAMG) which recommended discontinuation of an ASHA once she reached the age of 65 years.

Chairperson and Secretary (HFW) observed that given the nature of engagement of ASHA as a Voluntary Health Activist, an alternate model could be to provide an exit option to ASHA after being associated with the programme for, say, 10 or 15 years. To acknowledge her service to the community, any ASHA desiring to leave or found unfit to continue based on performance review may be offered up to Rs 20,000 and a citation, based on her length of association.

After detailed discussions, the EPC decided as under:

- i. The proposal be revised in consultation with States.

Meeting ended with vote of thanks to the chair.



ANNEX-II

REVISION IN FINANCIAL NORMS UNDER NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS & VISUAL IMPAIRMENT BEYOND 12TH FIVE YEAR PLAN (2017-20)

TABLE I

Component	Financial norms during 12 th Five Year Plan	Revised norms beyond 12 th Plan (2017-2020)
Recurring Grant-in-aid		
Grant-in-aid for Cataract operations in Government Sector and NGO/private sector.	Reimbursement for cataract operations for NGOs and Private Practitioners as per NGO norms @Rs.1,000/- per case	Reimbursement for cataract operations for Government sector, NGOs and Private Practitioners @Rs.2,000/- per case
	Assistance for consumables/drugs/ medicines to the Govt./District Hospitals for Cataract surgery @ Rs.450/- per case	Assistance for cataract operations for Government sector @ Rs.1,000/- per case.
Grant-in-aid for treatment / management of other eye diseases	Diabetic Retinopathy @Rs.1,500/- Childhood Blindness @Rs.1,500/- Glaucoma @Rs.1,500/- Keratoplasty @Rs.5,000/- Vitreoretinal Surgery @Rs.5,000/-	Diabetic Retinopathy @Rs.2,000/- Childhood Blindness @Rs.2,000/- Glaucoma @Rs.2,000/- Keratoplasty @Rs.7,500/- Vitreoretinal Surgery @Rs.10,000/-
Grant-in-aid for distribution of free spectacles to school children	Screening and free spectacles to school children @ Rs.275/- per spectacles	Screening and free spectacles to school children upto Rs.350/- per spectacles
Grant-in-aid for distribution of free spectacles to elderly population	Screening and free spectacles for near work to old persons (new component) @Rs.100/- per case	Screening and free spectacles for near work to old persons upto Rs.350/- per spectacles
Grant-in-aid to Eye Banks	@ Rs.2,000/- per pair (Eye Bank will reimburse to Eye Donation Centre for eye collected by them @ Rs.1,000/- per pair)	Recurring GIA to Eye Bank @ Rs.2,000/- per pair (Eye Bank will reimburse to Eye Donation Centre for eye collected by them @ Rs.1,000/- per pair)
Grant in aid for training PMOAs and other paramedics	Training of PMOA @Rs.2 lakh per states	NHM norms to be followed.
Grant-in-aid for IEC in State/district	State level IEC @Rs.5 lakh for Minor State and Rs.10 lakh for Major States	State level IEC @Rs.10 lakh for small States and Rs.20 lakh for big States
Grant-in-aid for maintenance of ophthalmic equipments	Maintenance of Ophthalmic Equipments @Rs.5 lakh per unit	Maintenance of Ophthalmic Equipments @Rs.5 lakh per district. (States Shall include this activity in Bio-Medical Equipments Maintenance Programme (BMMP). However, the State may continue the existing procedure, till the activity is awarded under BMMP).
Management of State Health Society	Upto Rs.20 lakh major states & upto Rs.10 lakh minor states/UTs. Budget Finance Officer (1)@ Rs.35,000/- p.m.	Upto Rs.20 lakh to meet expenditure on following activities: A. Staff i) Budget Finance Officer – based

after

	Admn. Assistant/Stat. Assistant (1)@ Rs.14,000/- p.m. DEO/Steno./LDC (1)@ Rs.14,000/- p.m. Group D/Peon (1)@ Rs.10,000/- p.m.	on State norms. ii) Administrative Assistant – Preferably through outsourced mode iii) MTS – Preferably through outsourced mode iv) Data Entry Operator – to be decided on the programme work load. B. Other expenses Mobility support, review meetings etc.
--	---	---

TABLE-II

Component	Financial norms during 12 th Five Year Plan	Revised norms beyond 12 th Plan (2017-2020)
Non-recurring grant-in-aid		
Grant-in-aid for District Hospitals/ Sub-District Hospitals/ Vision Centres	Strengthening of District Hospitals @ Rs.40 lakh Strengthening of Sub-Divisional Hospitals @ Rs.20 lakh Vision Centre (PHC) (Govt. + NGO) @ Rs.1 lakh	Strengthening of District Hospitals/CHCs/PHCs (Vision Centres) in Govt. Sector to provide services as per IPHS norms. (As per IPHS norms based on the state proposals)
Grant-in-aid for Eye Banks	Eye Bank Rs.25 lakh	Eye Bank in public sector hospitals upto Rs.40 lakh per unit
Grant-in-aid for Tele-network	Fixed tele-ophthalmic network unit in Govt. Set up/ internet based ophthalmic consultation unit) @Rs.15 lakh	Approximate cost of a tele-network unit - @ Rs.25 lakh per unit (4-5 vision centres to be linked to district hospital/Medical College/tertiary care centre, whichever is nearer).

TABLE-III

Component	Financial norms during 12 th Five Year Plan	Revised norms beyond 12 th Plan (2017-2020)
CONTRACTUAL MANPOWER		
Grant-in-aid for contractual manpower	Ophthalmic Surgeon Rs. 60,000/- per month Ophthalmic Assistant Rs.12,000/- per month Eye Donation Counsellors Rs.15,000/- per month Data Entry Operator Rs.8,000/- per month	i) Ophthalmic Surgeon ii) Ophthalmic Assistant iii) Eye Donation Counsellor (As per IPHS norms based on the state norms & proposal) iv) Data Entry Operator (to be decided on the programme work load preferably on outsourced basis)

ant

List of Officers who attended the 5th Meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) was held on 25th September 2017 at 3:00 PM

1. Dr. Jagdish Prasad, Director General of Health Services, DGHS
2. Ms. Vijaya Srivastava, Special Secretary & Financial Adviser, M/oHFW
3. Sh. Sanjeeva Kumar, Additional Secretary (Health), M/oHFW
4. Sh. Manoj Jhalani, Additional Secretary & Mission Director (NHM), M/oHFW
5. Sh. Sunil Sharma, Joint Secretary, M/oHFW
6. Ms. Vandana Gurnani, Joint Secretary, M/oHFW
7. Dr. Manohar Agnani, Joint Secretary, M/oHFW
8. Sh. Lav Agarwal, Joint Secretary, M/oHFW
9. Sh. Navdeep Rinwa, Joint Secretary, M/oHFW
10. Sh. Arun Kumar Jha, Economic Adviser, M/oHFW
11. Ms. Preeti Pant, Joint Secretary, M/oHFW
12. Dr. Pradeep Halder, Deputy Commissioner(Imm.) , M/oHFW
13. Dr. M.K. Aggarwal, Deputy Commissioner (Imm.), M/oHFW
14. Sh. Sumant Narain, Director(Health), NITI Aayog
15. Sh. Naveen Kumar Agrawal, Director, M/o Housing & Urban Affairs
16. Sh. Ravindra Chaudhary, Director, M/o Development of North Eastern Region
17. Sh. Franklin L. Khobung, Director, M/o AYUSH
18. Dr. Promila Gupta, Deputy Director General (Oph.), DGHS
19. Capt. Kapil Chaudhary, Director(NHM), M/oHFW
20. Ms. Kavita Singh, Director(NHM-Fin.), M/oHFW
21. Ms. Limatula Yaden, Director(NHM), M/oHFW
22. Ms. Sunita Sharma, Director(NHM-IV & III), M/oHFW
23. Ms. B. Fouzia Taranum, Assistant Secretary, M/oHFW
24. Shri D. Rajasekhar, Deputy Adviser, Ministry of Drinking Water & Sanitation
25. Dr. J.H. Panwal, Joint Technical Adviser, Food & Nutrition Board, M/o Women & Child Development
26. Dr. S.C. Agrawal, Deputy Director(NHM-II), M/oHFW
27. Sh. R.P. Tiwari, Under Secretary, Department of HE, Ministry of HRD
28. Sh. S. Nayak, Under Secretary(NHM-IV), M/oHFW
29. Ms. Varinder Kaur Bhalla, Under Secretary(NHM-III), M/oHFW
30. Sh. Ankur Kumar, Assistant Director (NHM-II), M/oHFW
31. Sh. Maha Bir Prasad, Consultant, M/o Panchayati Raj
32. Dr. Ritu Gupta, Consultant (SAG), DGHS
33. Mrs. P. Padmavati, Consultant(NHM-II), M/oHFW
34. Ms. Sumitha Chalil, Consultant, NHM, M/oHFW
35. Ms. Shraddha Masih, Consultant, NHM, M/oHFW
36. Ms. Sudipta Basa, Consultant, NUHM, M/oHFW
37. Sh. Anil Kumar Gupta, Consultant, NHM, M/oHFW
38. Sh. Mandar Randive, Consultant, NHM, M/oHFW
39. Ms. Sinimol K.J., Consultant, NHM, M/oHFW
40. Dr. Honey Arora, Consultant, NHM, M/oHFW
41. Dr. Rakshita K. S., Consultant, NHM, M/oHFW

on file