

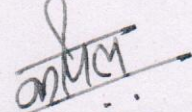
V-11011/8/2017-NRHM-II
Government of India
Ministry of Health & Family Welfare
National Health Mission

Nirman Bhavan, New Delhi
Dated the 02nd January 2018

OFFICE MEMORANDUM

Subject: Minutes of 6th Meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 22nd December 2017 - reg.

I am directed to enclose the Minutes of the 6th meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 22nd December 2017 for information please


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Director (NHM)

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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)

Minutes of Sixth Empowered Programme Committee (EPC) Meeting

Sixth meeting of the Empowered Programme Committee (EPC) of National health Mission was held under the chairpersonship of Secretary (Health) from 2.15 pm to 3.10 pm on 22nd of Dec, 2017 at Room No.249 A, Nirman Bhawan, New Delhi. List of participants at Annexure.

Ms Preeti Sudan, Secretary (HFW) 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 incentive for Kala-Azar

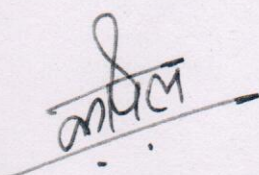
Dr. P. K. Sen (JD), NVBDCP presented the proposal.

Secretary H&FW informed the Committee that though Kala Azar was to be eliminated by December 2017, it could not be achieved. Instead the number of Kala Azar endemic blocks has gone up from 61 blocks to 68 blocks in 17 districts in two States - Bihar and Jharkhand. She enquired about the reason for increase in number of endemic blocks and action plan to eliminate Kala Azar formulated by the division.

In response Dr Sen informed that an intensified active case search was undertaken in which many hidden cases were detected. As a result, the number of endemic blocks increase from 61 to 68.

Dr Jagdish Prasad, DG, DGHS further added that the Kala Azar vector needs to be eliminated to eliminate Kala Azar. As the endemic blocks have majority of houses made from wood, it is very difficult to eliminate the vector as it dwells in the wooden structure and escapes various measures to kill it. Hence to break the infection transmission Solution for this issue is to build pucca houses for people in these areas. Secondly even after treatment of Kala Azar patients, it is the Post Kala-azar Dermal Leishmaniasis (PKDL) cases completely which then becomes source for future Kala Azar cases.

Upon query from Secretary (HFW), Dr. R K Dagupta (JD) NVBDCP informed that list of Kala Azar endemic blocks was shared with MoRD with a request to construct pucca houses in these blocks in 2001-02. However, this could not be completed. Thereafter, MoRD was again requested to construct houses in endemic blocks recently.



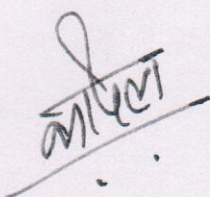
Thereafter the proposed incentive for people, apart from ASHAs – for notification of new Kala Azar cases, was discussed. Representative, Ministry of WCD suggested that incentive may also be provided to the Anganwadi worker. ED NHSRC stated that ASHAs should be the only person to be incentivized for these services, as she is the main field level functionary who is already tasked with various activities, where she visits households on a regular basis. Hence, she is in a better position to identify and bring out these cases. Further, it will also help in motivating ASHAs. Chairperson & Secretary (H&FW) clarified that the Anganwadi worker earns a fixed, monthly wage, unlike the ASHA who receives only task based remuneration, and thus this incentive should be paid to the ASHAs. Representative of NITI Aayog also supported this view.

It was further discussed that the Kala Azar endemic blocks are only in two States – Bihar and Jharkhand. The two State Governments already pay Rs 6,600/- to Kala Azar patients. Hence, the proposed incentive of Rs 500/- for each new notified Kala Azar patient or increase of incentive for loss of wages may not be very effective. However, PKDL cases are not provided any incentive to come forward for treatment by these State Governments. Hence, they may be provided incentive under NHM as per proposal.

After detail discussions, EPC decided as follows:

1. Recommended incentive of PKDL case - from Rs 2,000/- to Rs. 4000/- (one time) may be increased.
2. Recommended increase in incentive (from Rs. 300/- to Rs. 500/-) per notified case for ASHAs only.
3. Directed that construction of pucca houses in Kala Azar endemic districts to be taken up with Ministry of Rural Development on priority.

EPC agreed to recommend proposal as above for approval of MSG.



Agenda 2: Proposal for Earmarking funds for Comprehensive Primary Health Care (CPHC)

Ms Vandana Gurnani, Joint Secretary (RCH) presented the agenda item. AS&MD further stated that this earmarking of funds at national level will help in ensuring that the States and UTs provide due importance to primary healthcare services and include suitable proposals in their NHM PIPs. This will be in line with the National Health policy 2017.

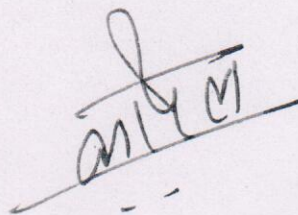
Representative from Ministry of AYUSH stated that as Ayurveda doctors are also proposed to be posted at HWCs, components of Yoga, nutrition, naturopathy etc. may be included in the overall package for comprehensive primary and promotive healthcare. AS&MD clarified that health & wellness components such as Yoga etc are already included in the comprehensive primary and promotive healthcare guidelines.

NITI Aayog representative suggested that instead of percentage fund allocation, the amount required for operationalisation of required Health & Wellness Centres may be specified. The suggestion was accepted.

After detailed discussion, the EPC recommended as under:

1. Earmarking of at least Rs 1200 Cr under NHM for FY 2018-19 and at least Rs 1600 Cr for 2019-20 for Comprehensive Primary Health Care may be done.

Recommended that the proposal may be placed before MSG for approval.

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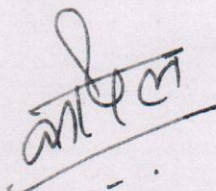
Agenda 3: Proposal for Integrated Initiative for Prevention and Control of Viral Hepatitis

A detailed presentation on the proposal for Integrated Initiative for Prevention and Control of Viral Hepatitis was given by Director NCDC and he explained the need for the initiative based on the disease burden and mortality. He emphasized that various components towards prevention of viral Hepatitis are being presently addressed in a fragmented manner through different interventions like Universal Immunization Programme (UIP), Blood Safety, Swachh Bharat Abhiyan etc. However, there are gaps including lack of diagnostic facilities, standardized treatment and awareness. Further, India has a commitment towards achieving the goal 3.3 of Sustainable Development Goals (SDGs) of 'Combating Hepatitis' by 2030. Hence there is a felt need to integrate the existing interventions, including generating awareness and ensuring standardized diagnosis and treatment under the initiative.

After detailed discussion, it was decided to accept the proposal with following modifications.

1. Central HR support should be separately sought under the National Programme Management Unit (NPMU) and hence need not be part of the present approval in EPC.
2. As for the State level Project Monitoring Units, it was agreed that the proposed positions could be supported. However, their remuneration and their terms of engagement will as per the norms for similar positions under NHM in those states.
3. The proposal for development of Regional Laboratories was not agreed.
4. It was agreed that existing laboratories in the state will be upgraded and strengthened to perform the requisite diagnostic functions for testing of viral hepatitis
5. Implementation of this initiative should be prioritized based on the endemicity of viral hepatitis in the States & UTs.
6. Purchase of key drugs, diagnostic equipments and kits may be procured at national level so as to ensure quality and advantage of economies of scale.

The proposal with modifications as above was recommended for approval of MSG.

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Agenda 4: Proposal for Newer Interventions of National Strategic Plan (2017-25) to Eliminate TB by 2025 under Revised National TB Control Programme (RNTCP) with respect to Patient's Support and Private Sector Involvement

Shri AK Jha (Economic Advisor) presented the agenda.

AS&MD stated that TB kills about 4.2 lakh people annually in India, much more than any other communicable disease like HIV/AIDS, malaria, etc. The disease mostly affects the poor and undernourished population. India has set itself to achieve ambitious targets of TB elimination ten years ahead of end TB goal of 2035 set by World Health Assembly. Early diagnosis and complete treatment hold the key to control of TB. Our TB case notification is low against estimates. To improve early case notification, treatment adherence, and improve treatment success rate, it is proposed to:

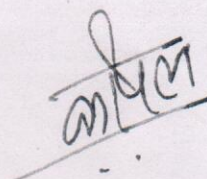
- i. Provide support of Rs 500/- per month for each TB notified patient (including MDR & XDR) for the duration of treatment. The States will have the flexibility to channel this incentive to the patients either through in-kind (nutrition) support or cash incentive transfer through DBT.
- ii. Incentive/reward of Rs 1000/- to health care provider/informant for each new case of TB.

After detailed discussion, the EPC decided as under:

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

Recommended that the proposal may be placed before MSG for approval.

Meeting ended with a Vote of Thanks.



**List of Officers who attended the 6th Meeting of Empowered Programme
Committee(EPC)**

1. Dr. Jagdish Prasad, Director General of Health Services, DGHS
2. Sh. Manoj Jhalani, Additional Secretary & Mission Director(NHM), Mo HFW
3. Sh. Arun Kumar Jha, Economic Adviser, M/o HFW
4. Ms. Vandana Gurnani, Joint Secretary, M/o HFW
5. Sh. Lav Agarwal, Joint Secretary, M/o HFW
6. Ms. Vanadana Jain Joint Secretary(IFD), M/o HFW
7. Ms. Preeti Pant, Joint Secretary, M/o HFW
8. Dr. Devesh Gupta, Addl. DDG, DGHS
9. Ms. Kavita Singh, Director(NHM-Fin.), M/o HFW
10. Capt. Kapil Chaudhary, Director(NHM), M/o HFW
11. Ms. Limatula Yaden, Director(NHM), M/o HFW
12. Ms. Bindu Sharma , Director (RCH), M/o HFW
13. Sh. Rajeev Kumar, Director, M/o HFW
14. Dr. A.C Dhariwal, Director, NCDC, M/o HFW
15. Dr. P.K Sen, Director, NVBDCP, M/o HFW
16. Dr. Rajani Ved, Executive Director, NHSRC
17. Dr. Dinesh Arora, Director, NITI Aayog
18. Sh Gulshan Lal, Director, Ministry of Women & Child Development
19. Sh Roopak Choudhary, Deputy Secretary, Ministry of Tribal Affairs
20. Dr. A. Raghu, Deputy Adviser, Ministry of AYUSH
21. S. Rohit Kakkar, Dy. Adviser, Ministry of Housing & Urban Affairs.
22. Dr. Preeti Madan. Medical Officer (EIS Officer), NCDC
23. Sh. Kailash Kr Sahu, Medical Officer (EIS Officer), NCDC, MoHFW
24. Dr. Avinash Sunthlia, Medical Officer (EIS Officer), NCDC, MoHFW
25. Dr. Hema Gogia, Medical Officer, NCDC
26. Dr. J.H. Panwal, Joint Technical Adviser, M/o Women & Child Development
27. Dr. Partha Rakshit, Deputy Director, NCDC
28. Dr. Raghuram Rao, DADG(TB), CTD, DGHS,
29. Dr. S.C. Agrawal, Deputy Director(NHM-II), M/o HFW
30. Ms. Anjana, Section Officer, Ministry of Development of North East Region, Vigyan Bhawan.
31. Sh. B.K Chowdhary, Section Officer, Ministry of Drinking Water & Sanitation
32. Sh. Maha Bir Prasad, Consultant, M/o Panchayati Raj
33. Mrs. P. Padmavati, Consultant(NHM-II), M/oHFW
34. Ms. Sumitha Chalil, Consultant, NHM, M/oHFW
35. Sh. Anil Kumar Gupta, Consultant, NHM, M/oHFW
36. Ms. Bhanu Priya, Consultant, NHM, M/oHFW
37. Ms. Amita Chouhan, Consultant, NHM, M/oHFW
38. Shri Vinod Goyal, Consultant-MIS, M/o HFW

