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

Nirman Bhavan, New Delhi-110108
Dated the 24th March 2015

OFFICE MEMORANDUM

Subject: Minutes of 2nd meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 19th February 2015 – reg.

Kindly find enclosed herewith the minutes of the 2nd meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held under the chairmanship of Sh. J.P. Nadda, Hon’ble Union Minister of Health & Family Welfare on 19th February 2015 for information and record.

(Capt. Kapil Chaudhary)
Deputy Secretary (NHM)
Telefax: 011-23061853

1. PS to Union Minister of Drinking Water & Sanitation
   Krishi Bhawan, New Delhi –110001
2. PS to Union Minister of Women & Child Development
   Shastri Bhawan, New Delhi–110001
3. PS to Union Minister of Social Justice & Empowerment
   Shastri Bhawan, New Delhi–110001
4. PS to Union Minister of Housing & Urban Poverty Alleviation
   Nirman Bhawan, New Delhi–110108
5. PS to Union Minister of Urban Development
   Nirman Bhawan, New Delhi–110108
6. PS to Union Minister of Rural Development
   Krishi Bhawan, New Delhi –110001
7. PS to Union Minister of Panchayati Raj
   Shastri Bhawan, New Delhi–110001
8. PS to Union Minister of Human Resource Development
   Shastri Bhawan, New Delhi–110001
9. PS to Union Minister of State for Health & Family Welfare
   Nirman Bhawan, New Delhi–110108
10. PS to Vice-Chairman, NITI Aayog
    Yojana Bhawan, New Delhi-110001
11. Chief Executive Officer (NITI Aayog)
12. Secretary (School Education & Literacy)
13. Secretary (Higher Education)
14. Secretary (Women & Child Development)
15. Secretary (Rural Development)
16. Secretary (Drinking Water)
17. Secretary (Panchayati Raj)
18. Secretary (Development of NE-Region)
19. Secretary (Expenditure)
20. Secretary (AYUSH)
21. Secretary (Social Justice & Empowerment)
22. Secretary (Tribal Affairs)
23. Secretary (Housing & Urban Poverty Alleviation)
24. Secretary (Urban Development)
25. DGHS
26. Additional Secretary & Financial Adviser
27. Principal Secretary (HFW), Uttar Pradesh
28. Principal Secretary (HFW), Assam
29. Principal Secretary (HFW), Chhattisgarh
30. Principal Secretary (HFW), Uttarakhand
31. Dr. Yogesh Jain, Physician, Jan Swasthya Sahyog, Chhattisgarh
32. Dr. Prasanta Kishore Tripathy, EKJUT, Jharkhand
33. Dr. Armita Fernandez, Founder Trustee, SNEHA, Mumbai, Maharashtra
34. Dr. N.Sarojini, SAMA, Resource Group for Women & Health, New Delhi
35. Dr. Amar Jesani, CEHAT, Mumbai, Maharashtra
36. Dr. Mukul Chandra Goswami, ASHADEEP, Guwahati, Assam
37. Prof. Surinder Jaswal, Dean, TISS, Mumbai, Maharashtra
38. Dr. Leela Visaria, Demographer, Gujarat Institute of Development Research, Ahmedabad
39. Dr. M. Prakasamma, ED, ANSWERS, Hyderabad, Andhra Pradesh
40. Dr. S. K. Noordeen, 9, Anna Avenue Adyar, Chennai, Tamil Nadu

Copy for information to:
1. PS to Hon’ble Union Minister of Health & Family Welfare
2. PPS to Secretary (HFW)
3. PPS to AS&MD(NHM)
4. PPS to AS (Health)
5. PPS to JS (MJ)
6. PPS to JS (AP)
7. PPS to JS (RK)
8. PPS to JS (NBD)

(Capt. Kapil Chaudhary)
Deputy Secretary (NHM)
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Minutes of the 2nd Meeting of the
Mission Steering Group of National Health Mission (NHM)
held under Chairmanship of Hon’ble Union Minister of Health & Family Welfare on
19th February 2015, 11:30 am at Hall No. 3
Vigyan Bhavan, New Delhi

The Second meeting of Mission Steering Group (MSG) of the National Health Mission (NHM) was held on 19th February 2015 under the Chairmanship of Shri Jagat Prakash Nadda, Union Minister for Health and Family Welfare. The list of participants is provided at annexure.

Shri Bhanu Pratap Sharma, Secretary (Health & Family Welfare) welcomed the members of the Mission Steering Group (MSG) of the National Health Mission (NHM) to the second meeting of the MSG of the of the National Health Mission, followed by a brief round of introductions.

This was followed by the address of Shri Jagat Prakash Nadda, Union Minister of Health and Family Welfare and Chairperson of MSG who welcomed the distinguished members of the MSG of NHM to the meeting of the highest policy making body under the NHM. He mentioned that this was his first MSG meeting as also for his Cabinet colleagues and looked forward to all members for their support and guidance to the Ministry. This year, in April, the NRHM, will complete ten years of its life, while its counterpart NUHM is just embarking on its journey. Together these two sub missions form the basis of the Ministry’s effort at health system reform. He therefore hoped that in implementing NUHM, the states are able to incorporate the learning from NRHM to rapidly scale up its implementation.

The Chairperson stated that the Central Government believes in the concept of cooperative federalism. While highlighting that Public Health is a State subject, he said that the role of GOI under NHM therefore is to support the State Governments both financially and technically to strengthen their health systems. While apprising the MSG about the progress of the Mission, he stated that while much has been achieved in NHM, a key gap has been that comprehensive primary health care is not being offered at the Sub Health Centre (SC) and Primary Health Centre (PHC). Highlighting that provision of preventive and promotive health
care is an important part of primary health care which includes immunization, screening, preventive medication and lifestyle changes, he said that this would yield significant preserved returns in terms of reduction of incidence in several non-communicable diseases. He stated that Comprehensive Primary Healthcare reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. He also said that one of the foremost priorities should be to refocus energies on the provision of comprehensive primary healthcare. He emphasized that the Ministry would integrate AYUSH & Yoga into the primary healthcare package.

He also said that the Ministry is concerned about the status of 90 lakh children who are either partially immunized or totally unimmunised. He stressed that Vaccine preventable diseases must be eliminated and to step up efforts, the Ministry has launched Mission Indradhanush. Another key area of concern was quality of healthcare in public health system. He said that the care should be patient centric, and not just be clinically appropriate but also that patient dignity should be assured. The Ministry proposes to substantially improve quality of health care at public health facilities.

He said that to combat the high out of pocket expenditure of healthcare, Ministry of H & FW would support States to provide free drugs and diagnostics in public healthcare facilities as appropriate to the level of care in the facilities.

In light of the fact that financial resources for Health continue to be a challenge, he emphasized that the States must increase their health budget as GOI also tries to supplement their efforts. He also called upon all stakeholders to collectively work to increase efficiency of healthcare delivery in public health system.

The Union Minister stated that Ministry of H & FW also proposes to leverage the Swachh Bharat Abhiyan to improve the level of cleanliness at the hospitals and strengthen the efforts of State Governments to improve quality in the facilities. Guidelines for States on this are being developed and GOI will encourage States to collaborate and involve charitable, religious groups, NGOs, corporates etc to support this effort. This is a participatory effort and needs action by many stakeholders. Health status is influenced by many social determinants such as poverty, nutrition, access to safe drinking water, sanitation, environment, road safety, girl education and the age of marriage etc. The HFM said that the endeavor of the Ministry would be to work in collaboration with members of the MSG to address social determinants. HFM informed the MSG that the draft National Health Policy (NHP) was currently in the
public domain for comments and requested for suggestions. After the opening remarks by the Union Minister of Health & Family Welfare, the agenda was taken up for discussion.

Agenda 1: Confirmation of Minutes of 1st Mission Steering Group (MSG) of NHM held on 6th December 2013

The minutes of the 1st MSG of NHM had been circulated to all members. Shri C.K. Mishra, AS & MD, (NHM) informed members that two comments were received from the members and a corrigendum was issued to correctly reflect the official designation of the Union Minister of Housing and Urban Poverty Alleviation.

Dr. Amar Jesani said that some of the civil society representatives of the MSG had given their dissent on proposal of roll out of Pentavalent vaccine which was not recorded. AS&MD assured that this would be done. He further stated that the intent of the minutes of any meeting is to capture the essence of the discussions and enable an accurate record of the decisions made.

The minutes were confirmed by the MSG while incorporating the dissent of some of the members.

Agenda 2: Action Taken Report (ATR) on decisions taken during 1st meeting of Mission Steering Group (MSG) of NHM

Decisions taken during the 1st meeting of the MSG and action taken thereon had been circulated for the information of the MSG.

As regards proposal for introduction of B.Sc. community health, AS & MD apprised the MSG that letters were issued to states. The response from the states was not very encouraging as only three states had requested support for this. He however stated the Ministry is in continuous dialogue with the states in this regard.

Shri Alok Shukla, Principal Secretary (Health), Govt. of Chhattisgarh informed members that the Chhattisgarh Government had initiated a similar course with legislative backing through an Act passed by Chhattisgarh Legislative Assembly. Graduates from this course were recruited in the Government health system. However introduction of this course and creation of such cadre was opposed by the Medical Council of India (MCI) through a Writ
Petition filed in High Court with the argument that this course is not as per provisions of the Medical Council of India Act (MCI Act).

**Shri Venkaiah Naidu, Hon’ble Union Minister for Urban Development** stated that this course is very useful and suggested that this should be advocated with the MCI. He also recommended that the Ministry should draft necessary amendments to the MCI Act in consultation with the Law Ministry to improve availability of Human Resources for health in the country. He also suggested that State Governments be requested to enact necessary legislation, so that this course is recognised.

As regards the proposal relating to NFHS-4, **AS&MD** informed the MSG that work on the first phase would be initiated in March. **Shri Thawar Chand Gehlot, Hon’ble Minister of Social Justice and Empowerment** suggested that data on disability be included in the survey as this information is missing in most of the statistics or survey reports. **Shri Venkaiah Naidu** opined that this would improve comprehensiveness of the survey.

**Secretary (H&FW)** informed the members that since the survey formats and the data entry software was finalized and investigator training being underway, adding a new set of questions might pose a challenge.

**Smt Maneka Gandhi, Hon’ble Union Minister for Women & Child Development** highlighted the rising burden of mental disability and Hepatitis-C and suggested that information on these two indicators should also be incorporated.

**Shri Anshu Prakash, Joint Secretary (Public Health),** apprised the MSG that the National Institute of Mental Health and Neuro-Sciences (NIMHANS) has been tasked to conduct mental health survey, which would provide information on mental disorders.

**HFM** asked Secretary (H&FW) to look into the possibility of including information on ‘Disability’ and ‘Hepatitis C’ in the survey at this stage.

While discussing the action taken on revision/new incentives related to MDR TB, **Shri Venkaiah Naidu** sought clarification on the issue of considering nutritional support to TB Patients and family members who could be vulnerable to the infection.

**AS&MD** clarified that this issue was under review in the Ministry. He further stated that the WHO had submitted a report on this issue, which was being reviewed in the Ministry.

**Smt Maneka Gandhi**, sought elaboration on the action taken for streamlining for ASHA incentives.
In this regard, Principal Secretary, Chhattisgarh informed that in Chhattisgarh the incentives to ASHAs are paid through Panchayati Raj Institutions. From this year onwards the State is planning to implement direct payments to ASHAs in their Bank accounts through DBT. Secretary (H&FW) also informed that Rajasthan has implemented ASHA-Soft- a performance monitoring and payment model. He stated that this model would be reviewed in the Ministry for evidence of effectiveness and thereafter scaled up.

The progress on the decision of 1st MSG of NHM for expansion of Pentavalent vaccine (DPT+ Hep B+ Hib) in remaining sixteen states from April 2015 was discussed at length. Smt. Smriti Irani, Union Minister for Human Resource and Development sought clarification on the process followed for introduction of new vaccines. AS&MD clarified that the any proposal on vaccines is first discussed in National Technical Advisory Group on Immunization (NTAGI). NTAGI consists of an array of experts on the issues related immunization. Further a Standing Technical Sub-committee (STSC) headed by both - Secretary HR and Secretary DBT, has also been constituted and all its members are domain/subject matter experts to consider the need, efficacy and safety of vaccines before any matter pertaining to immunization is considered by NTAGI for a final decision.

Smt. Smriti Irani, suggested that the Ministry should undertake an independent review (in addition to the NTAGI review) of the implementation of current strategy i.e. using Pentavalent vaccine vis-à-vis vaccines (DPT+ Hep B) in terms of assessing the cost effectiveness and efficacy.

AS&MD further presented action taken on 1st MSG decisions in respect of further agenda items. He stated that agenda on proposal for revision of formula for allocation of NRHM-RCH Flexible Pool funds will be discussed subsequently as there was a separate agenda item on this issue.

MSG noted the action.

Agenda 3: Update on the Progress of NHM

AS&MD placed an update on progress of NHM before the MSG for information and guidance. Sh Manoj Jhalani, Joint Secretary (Policy) thereafter made a presentation to the MSG on the progress of NHM. He stated that India has been declared Polio Free by W.H.O. – which was a remarkable achievement, especially in view of the fact that in 2009, India had more
than 50% of total cases in the world. He highlighted that while the decline in Under Five Mortality Rate (U5MR) during 1990 to 2013 was 44 points globally, in India it was 77 points. Further, the annual rate of decline in U5MR was 3.3% during the period 1990 to 2008 and rose to 6.6% between 2008 and 2013. Between 1990 and 2013, MMR in India declined at compounded annual rate of 5.4% (116% higher than global compounded annual rate of 2.5%). The average annual compound rate of decline of MMR between 2007-09 and 2011-13 has been 5.8% and at this rate India will achieve the MDG of MMR of 140 in 2015. He said that similar trend of increased acceleration has been observed in case of reduction in Infant Mortality Rate and Total Fertility Rate. The EAG States are progressing at a rate equal to or better than the national average rate of decline.

He further stated that the MDG 6 of reversing the trend of incidence and prevalence of TB, Malaria and HIV/AIDS has been achieved by India. For Kala Azar, there had been 87% reduction in mortality as compared to 2005. In respect of Filariasis, all endemic districts have been covered under Mass Drug Administration. He stated that 155 districts have been covered for Japanese Encephalitis vaccination and remaining districts will be covered soon. He informed that Leprosy prevalence rate has reduced to Less than 1/10000 population in 543 Districts. Further, there has been substantial improvement in service delivery in the public health facilities including in High Focus States in the last three years.

JS (Policy) shared some of the key initiatives of the Ministry which included formulation of National Mental Health Policy. He also informed that the draft National Health Policy is in the public Domain for comments and sought the views of the MSG members. He further stated that since Neo Natal Mortality contributes 55% of total under five mortality, India New-born Action Plan (INAP) was launched in September, 2014 to end preventable new-born deaths and stillbirths by 2030. Similarly, Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD) including addressing malnutrition and promoting hand washing practices has been launched this year.

He further added that Quality Assurance Framework and Bio medical equipment maintenance and management mechanisms have been developed. He stated that the MOHFW had constituted Task Forces to provide guidelines for strengthening comprehensive primary health care, provisioning of free drugs, free diagnostics, addressing HR challenges, development of Standard treatment guidelines and costing of services. He also shared that systems for effective grievance redressal mechanism are being developed by the Ministry to ensure
provisioning of services in assured mode. He described the various initiatives under the disease control programmes which include a drug resistance survey for TB drugs and a National Roadmap for elimination of Filaria. Various ICT initiatives such as Kilkari- an initiative to relay health messages to pregnant women and mothers of children below one year, and Mobile Academy, which is a mobile based application to train field functionaries will soon be rolled out by the Ministry. To address the issues of inter-operability of information management systems, Electronic Health Record Standards have been notified by Ministry. National Health Portal– a single point source of reliable information for public, researchers and implementers has also been launched. He highlighted that the Mission faces challenges like growing burden of lifestyle disease leading to double burden of disease as NCD now accounts for 60% of total mortality, high out of pocket expenditure, paucity of Human resources for Health, variable governance and implementation capacities at State level and lack of adequate financial resources for Health, etc. India’s per capita public expenditure on health is one of the lowest in the world resulting in high out of pocket expenditure on healthcare. Although, the 12th Plan envisages increasing total public funding on core health to 1.87% of GDP by the end of 12th Plan, the allocation over first three years of 12th Plan has only been 27% of the Plan outlay. There was also a need for the States to increase their health spending. He further mentioned about the need and importance of addressing social determinants of health to improve health outcomes. Dietary risks, household air pollution, smoking, high blood pressure, childhood underweight, physical inactivity, sub-optimal breast feeding, alcohol use, occupational risks, sanitation were among the 15 Leading Risk Factors contributing to Disability Adjusted Life Years in India.

Shri Venkaiah Naidu, Union Minister for Urban Development referred to the recommendations made by the Leprosy Welfare Association in the report submitted to President to India and suggested that the Ministry should address the issues related to Health Care highlighted therein, including awareness programmes.

JS (PH) informed that the Ministry is actively following up on the recommendations of this report related to National Leprosy Eradication Programme (NLEP).

Shri Nilanjan Sanyal, Secretary (AYUSH) stated that Chhattisgarh introduced a village based rehabilitation programme for Leprosy patient using Indian Systems of Medicine (Homeopathy). He stated that this model may be considered for scaling up in other parts of the country. In this regard, Shri Alok Shukla, Principal Secretary (Health & Family Welfare), Govt. of Chhattisgarh stated that he would obtain the details of the programme and share the
detailed report on the said community based programme. Dr. S.K. Noordeen, Chennai suggested that treatment and rehabilitation should be based within the Community and Family. Shri Arvind Kumar, Principal Secretary (Health), Govt. of Uttar Pradesh added that Uttar Pradesh is also implementing a Samajwadi pension scheme in which the leprosy affected person is given Rs 2,500/- month for the better treatment and to ensure their effective rehabilitation.

Shri Venkaiah Naidu welcomed the India New-born Action Plan of the Ministry and requested an update on the mechanisms and systems in place in public health facilities for providing New Born Care.

AS&MD informed the MSG about the status of SNCUs, NBSUs and NBCC all over the country. Secretary H&FW informed the MSG that under NHM support is provided for new-born care and stabilization units as well as for supplementing health HR gaps in the States/UTs. However the issue of non-availability of adequate and trained human resource is still a challenge for the Ministry.

Principal Secretary (H&FW), Chhattisgarh apprised the MSG that the Govt. of Chhattisgarh has addressed the issue of shortage of in the remote and naxal affected areas to a certain extent by recruiting them through an external agency.

Shri Thawar Chand Gehlot , Union Minister of Social Justice & Empowerment suggested that his Ministry and the Health Ministry should work closely on the issue of early detection, corrective action and rehabilitation for disabled children. He informed about the Scheme of Assistance To Disabled Persons For Purchase/Fitting Of Aids/Appliances (ADIP Scheme) of his Ministry wherein there is a provision of support for cochlear implants upto Rs 6.00 lakhs. He said that this fund remains unutilized due to non-availability of adequately strengthened hospitals in the States. He requested the Ministry to identify and recognize Institutes where such surgeries can be undertaken.

Dr. Armida Fernandez, SNEHA stated that along with newer technologies, reinforcing simple, effective and proven methods like hand washing, 5-Cs etc. must be emphasised.

Smt. Maneka Gandhi, expressed her concern over the existing norms for establishing Nursing Colleges and suggested a review of norms and increase in the number of seats in Nursing Colleges to address issue of shortage of trained staff nurses.

Dr Jagdish Prasad, DGHS further added that in order to address the issue shortage of Nurses, it could be made mandatory for the Medical Colleges to have nursing colleges also.
Shri Venkaiah Naidu stated that changes are required in the MCI norms for establishing Medical Colleges to address the issues of shortages of health HR and endorsed the suggestion to make it mandatory for every medical college to have a nursing college also.

Smt. Prakasamma, also referred to shortage of trained nurses and suggested that an Assistant Nurse Cadre with shorter course duration can be formulated to provide basic nursing skills required for primary care to address the issue of shortage of HR.

Shri Rakesh Kumar, Joint Secretary (Reproductive & Child Health), stated that it has been decided to empower the ANM to give a pre referral dose of antenatal corticosteroid (Injection Dexamethasone) in pregnant women going into preterm labour and also to upscale the use of antenatal corticosteroids at all levels of health facilities. A decision has also been taken to empower the ANM to administer pre-referral dose of Injection Gentamycin to newborns for the management of sepsis in young infants (upto 2 months of age) and continue this treatment under specific conditions.

Shri Prasanta Tripathy, also stated that evidence based participatory action learning (PLA) meeting through ASHA as demonstrated by Ekjut in Jharkhand, would also help in addressing the issues of neo-natal and infant mortality.

AS&MD clarified that while designing any programme in the Ministry, it is always the endeavor of the Ministry to incorporate the learning from various forums and as regards PLA training and meeting, the Ministry has already incorporated this in the ASHA training module.

Further, Shri VenakaIh Naidu, welcomed the IEC initiatives such as Kilkaari and suggested that services of Doordarshan be utilized for improving awareness about various programmes among the pregnant women.

Dr. N. Sarojini stated that, despite improvement in various mortality indicators, the issue of MMR is still a concern and requested that a mechanism be put in place for sharing of Maternal Death Review reports with the MSG members. Further, she suggested that the budgeted amount may also be included along with the release and expenditure figures. She also expressed concern over the delay in release of funds under NHM and decreasing trend of expenditures from the last FY 2013-14 despite implementation of e-banking. She also expressed concern over the introduction of IPV in the universal immunization programmes and suggested that this may need further examination to adopt effective strategies to prevent import/spread of virus.
Regarding MDR, AS&MD informed that MDR is one of the main thrust areas of the programme and said that the mechanism and status on this issue would be shared shortly. Regarding expenditure, he clarified that as per the updated information, the releases and expenditure has improved in FY 2014-15 as compared to FY 2013-14. He agreed with Ms. Sarojini on the need for more resources for health and further added that the resource allocation to the Ministry would depend on overall funds that are available with Government.

HFM stated that delay in release of funds to State Health Societies was due to the decision taken last year for change in fund release mechanism. Earlier funds were directly released to the State Health Societies but in the current Financial Year, the funds are being released by GoI to the State treasury. The State treasuries delayed the release of funds to the State Health Societies. He stated that the Ministry has sought approval from Ministry of Finance for reversal of this mechanism and, in the meantime, is closely monitoring the release of funds to the State Health Societies.

Regarding Resource allocation, Shri Venkaiah Naidu, stated that although his Government had inherited large fiscal deficit, health and education sectors are a priority. He urged the Ministry to make Swachh Bharat Abhiyan a part of the National Health Mission and focus on setting up hospital waste management systems.

Thereafter, Ms. N. Sarojini suggested that the guidelines for PP-IUCD, being prepared by the Ministry, may include a provision that consent for PPIUCD should be taken during the ante-natal period and recorded on the ANC card rather than at the time of childbirth.

**Agenda 4: Minutes of the Second Meeting of Empowered Programme Committee (EPC) of NHM held on 5th November 2014**

The minutes of the 2nd EPC meeting were presented for the information of the MSG. The same were noted by the members of the MSG.

**Agenda 5: Proposal for introduction of Inactivated Polio Vaccine (IPV) in Universal Immunization Programme in the last quarter of 2015.**

AS&MD presented the agenda to MSG.

HFM welcomed the step and stated that steps should be taken to ensure that the risk of importation of wild polio virus is managed appropriately, as polio is still circulating in some parts of the world.

The proposal was considered and approved.

The proposal was presented for consideration and approval of MSG.

Dr Yogesh Jain, JSS, Bilaspur stated that the introduction of new vaccines, particularly Rubella vaccine, needs to be reviewed considering the evidence that Congenital Rubella in not a priority public health problem in India. Instead, the Government could consider increasing coverage of the 2nd dose of Measles vaccine, in view of limited resources which need to be deployed rationally.

AS&MD agreed to this and clarified that introducing new vaccines such as Rubella and other vaccines proposed in 2nd MSG meeting have been considered after due examination and recommendation of the matter by NTAGI.

Dr Amar Jesani expressed his concern over the delay in implementation of Nutritional support for TB patients - which may have been due to shortage of resources and requested the Ministry to expedite a decision on this proposal.

After due consideration, the proposal, as recommended by EPC, was approved.

Agenda 7: Proposal for introduction of Rotavirus vaccine in Universal Immunization Programme

The agenda was presented to the MSG.

Smt. Smriti Irani, enquired about the efficacy of the Rotavirus vaccine and benefit of this strategy vis-à-vis zinc based ORS, in prevention of Viral Diarrhea. She also stated that proposed strategy of introduction of Rotavirus vaccine in Universal Immunization Programme should be reviewed on the basis of recent available evidence in terms of burden of mortality and morbidity among the children due to viral Diarrhea and its impact. She further added since Diarrhea is a disease which is closely related to hygiene and sanitation, it would be prudent to utilize the resources for promotion of hygiene and sanitation among the community and in health facilities.

JS (RCH) clarified that Rotavirus is a virus that causes severe diarrhea and vomiting. It affects mostly babies and young children. Diarrhea and vomiting can lead to serious dehydration (loss of body fluid) and even death. He also clarified that rotavirus cannot be prevented even with hand washing and cleaning with a disinfectant. He said that efficacy of Rotavirus vaccine in providing immunity is more than 55 to 60%. Out of total 2,00,000 deaths
due to Diarrhea, Rotavirus Diarrhea is responsible for the deaths of approximately 1,00,000 Indian children under the age of 5 years annually (mortality estimates range from 98,000–1,13,000 for 2008 and 2005, respectively, Lancet & WHO bulletin 2012). Rotavirus vaccine will prevent deaths due to Rotavirus Diarrhea among younger population. Rotavirus Vaccine is to be given along with 1st, 2nd and 3rd dose of DPT /OPV in Universal Immunization Programme.

Dr N. Sarojini, enquired whether the efficacy of 55-60% is technically acceptable for Rotavirus vaccine to be implemented as a national programme. She also enquired whether training and pharmaco-vigilance required for implementation of this programme had been undertaken before rolling it out. AS&MD clarified that introduction of Rotavirus vaccine will be carried out in phases and scaled up only after the reviewing the outcomes of first phase.

Dr. P. Haladar, DC, Immunization informed MSG that an efficacy of 50-60% is adequate to provide sero-immunity and herd protection among community.

Dr. Tripathi added that ICMR should be involved to conduct the effectiveness studies such as Randomized Control Trials in large geographical areas having similar hygienic conditions before scaling this strategy.

After deliberations MSG decided:

(a) Rotavirus vaccine be introduced a part of Universal Immunisation Programme in Phases.

(b) Further scaling up this vaccine to be undertaken only after review of the outcomes of first phase.

(c) ICMR should also be involved in this review.

Agenda 8: Proposal for Setting up of Health Kiosks under National Urban Health Mission

The proposal was considered and approved.

Prof. Surinder Jaswal, TISS welcomed the proposal and suggested that lessons should also be drawn from earlier interventions done on the basis of Krishnan Committee report in the 1990s i.e. provisioning of primary care through Urban Health Posts, which has been very effective for marginalized and migrant population.
AS&MD clarified that various need-based delivery models are being implemented by the States under NUHM including Health Kiosk for certain vulnerable population. Approval of the MSG is being sought for providing support under NUHM for setting up of health kiosks in the urban slums to provide outreach services to the slum and vulnerable population, where it is not possible to establish a PHC nearby.

Shri N.B. Dhal, Joint Secretary (NUHM) added that under NUHM support is provided to the States for necessary equipment, HR, drugs and for strengthening and upgradation of existing Urban Health Posts into Primary Health Centres to provide comprehensive primary health care services.

Dr. Armida Fernandez also suggested that health care needs of victims of gender based violence should also be included in the comprehensive primary health care system under NUHM.

**Agenda 9: Proposal for coverage of District Headquarter cities/towns with population below 30,000 under National Rural Health Mission**

The proposal for coverage of District Headquarter cities/towns with population below 30,000 under National Rural Health Mission was presented by the AS&MD.

MSG considered and approved the proposal as recommended by EPC.

**Agenda 10: Incentives for Kala-Azar patient for loss of wages to Rs. 500/- (one time) and Post Kala-Azar Dermal Leishmaniasis (PKDL) case to Rs. 2,000/- (one time)**

The proposal was considered and approved.

**Agenda 11: Confirmation of revision of formula for National Health Mission as approved by the Hon’ble Minister of Health and Family Welfare as Chairman of Mission Steering Group**

Confirmation of MSG was solicited for implementing the above decision that was approved by the Union Minister of Health & Family Welfare and Chairman of MSG.

Dr. Tripathi enquired about impact of this modification in the formula on the States like Jharkhand and Bihar – which have large rural population. AS&MD clarified that the revised formula will not reduce the allocation to such States.
The proposal was confirmed by the MSG.

**Agenda 12: Proposal for Incentive to ASHAs @ Rs 100/- per round during Indoor Residual Spray i.e. Rs 200 in total for two rounds**

Smt. Maneka Gandhi expressed concern over the use of DDT for indoor residual spray owing to the health hazards caused by it and development of resistance among the vector. Dr. N. Sarojini and Dr. Tripathi also raised concerns about the health hazards of DDT on field level workers, including ASHAs. They stated that the functions of ASHAs should pertain to motivating and mobilizing the community rather than conducting Indoor residual spray.

AS&MD clarified that the house owners usually do not allow spray workers to spray DDT in their homes. Thus, in order to ensure vector control, the role of the ASHA is to mobilize the family for IRS. She does not carry out the DDT spray. Involvement of ASHAs during the spray rounds for sensitizing the community to accept indoor spraying would result in 100% house coverage and would help Kala Azar elimination. Hence, it was proposed that ASHA may be given an honorarium of Rs 200/- for the two rounds of insecticide spray in the affected districts of Uttar Pradesh, Bihar, Jharkhand and West Bengal. Dr. Dhariwal informed that the DDT spray was needed for effective vector control and certain countries such as South Africa are also considering use of DDT spray again.

HFM suggested that a working group consisting of members from administrators, experts and Civil Society representatives to study the issues related to use of DDT for indoor spraying.

After further deliberations, the MSG approved the proposal with the direction to form a working group consisting of members from administration, experts and Civil Society representatives to study the issues related to use of DDT for indoor spraying and its health impact.

Thereafter, Smt. Smriti Irani thanked the members of MSG and stated that Ministry of HRD, in co-ordination with MoHFW, is piloting an initiative called ‘Doctor on Call’ wherein a doctor, school health nurse, nutritionist and psychologist would be screening children by visiting about 50 schools – with special emphasis on the schools in Tribal, conflict areas, northeast and hilly areas which is reflective of the demographic and geographical challenges faced by health system. She suggested that the Ministry should carry out review of the pilot.
programme after one year to assess the outcomes and effectiveness of this initiative. She also shared her Ministry’s concern about the National Deworming Day being implemented through Teachers since administration of drugs carries certain inherent risk and requested the Ministry to implement this programme through ASHAs or School Health Nurse.

**Dr. Amar Jesani** requested that the items/issues suggested by various members of MSG may also be incorporated in the overall meeting agenda for MSG. In this regard, **Secretary (H&FW)** clarified that suggestion made by various members of MSG have already been discussed during the course of the meeting. However, these items could not be included in the MSG meeting agenda due to the fact that all proposals to the MSG have to be considered and deliberated upon by the EPC of NHM.

**Dr. Prakashamma**, Chennai, suggested drawing a roadmap or plan of action for the challenges highlighted in the agenda item 3 of the meeting.

**HFM** stated that it would be useful to undertake a preparatory meeting and devise a mechanism for discussions among MSG members and other line Ministries on various issues to be presented to the MSG, within the framework of the NHM.

**Secretary (AYUSH)** expressed his concern that for mainstreaming of AYUSH under NHM, along with AYUSH Doctors, support for paramedic staff such as compounders and masseurs needs to be enhanced. He stated that the primary and supplementary role of AYUSH doctors also needs to be documented, in view of limited role being presently performed by AYUSH.

The meeting ended with a vote of thanks by the Chairman and .Minister for Health & Family Welfare. He thanked the members for sparing their valuable time and providing valuable insights which helped the MSG in taking well informed decisions to take the Mission forward.
List of Officers who attended the 2\textsuperscript{nd} Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 19.02.2015 at 11:30 AM

<table>
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<tr>
<th>Sl. No.</th>
<th>Name &amp; Designation</th>
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<tbody>
<tr>
<td>1.</td>
<td>Shri Jagat Prakash Nadda, Hon’ble Union Minister of Health and Family Welfare, MoHFW</td>
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<td>2.</td>
<td>Shri M. Venkaiah Naidu, Hon’ble Union Minister of Housing and Urban Poverty Alleviation</td>
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<td>3.</td>
<td>Ms. Maneka Sanjay Gandhi, Hon’ble Union Minister of Women and Child Development</td>
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<td>4.</td>
<td>Shri Thaawar Chand Gehlot, Hon’ble Union Minister of Social Justice and Empowerment</td>
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<td>5.</td>
<td>Ms. Smriti Irani, Hon’ble Union Minister of Human Resource Development (HRD)</td>
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<td>Shri Shripad Yesso Naik, Hon’ble Union Minister of State, MoHFW</td>
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<td>Shri B. P. Sharma, Secretary (H&amp;FW), MoHFW</td>
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<td>Dr. Jagdish Prasad, DGHS, MoHFW</td>
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<td>9.</td>
<td>Shri Nilanjan Sanyal, Secretary, Department of AYUSH</td>
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<td>10.</td>
<td>Sh. C. K. Mishra, Additional Secretary &amp; Mission Director (NHM), MoHFW</td>
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<td>11.</td>
<td>Dr. Arun K. Panda, Additional Secretary (Health), MoHFW</td>
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<td>12.</td>
<td>Ms. Vijaya Srivastava, Additional Secretary &amp; Financial Advisor, MoHFW</td>
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<td>Shri C. R. K. Nair, Addl. DG, MoHFW</td>
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<td>14.</td>
<td>Shri Arvind Kumar, Principal Secretary (HFW), Govt. of Uttar Pradesh</td>
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<td>Shri Sanjeeva Kumar, Principal Secretary (HFW), Govt. of Assam</td>
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<td>16.</td>
<td>Dr. Alok Shukla, Principal Secretary (HFW), Govt. of Chhattisgarh</td>
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<td>17.</td>
<td>Dr. Yogesh Jain, Jan Swasthya Sahyog (JSS), Bilaspur, Chhattisgarh</td>
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<td>18.</td>
<td>Dr. Prasanta Kishore Tripathy, EKJUT, Jharkhand</td>
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<td>19.</td>
<td>Dr. Armida R. Fernandez, Professor, LTMG Hospital, Mumbai</td>
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<td>Dr. N. Sarojini, SAM, New Delhi</td>
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<td>21.</td>
<td>Dr. Amar Jesani, CEHAT, Mumbai</td>
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<td>22.</td>
<td>Shri Mukul Chandra Goswami, ASHADEEP, Guwahati</td>
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<td>23.</td>
<td>Prof. Surinder Jaswal, TISS, Mumbai</td>
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<td>24.</td>
<td>Dr. M. Prakasamma, ANSWERS, Hyderabad</td>
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<td>25.</td>
<td>Dr. S. K. Noordeen, 4, Anna Avenue, B. V. Nagar Extn., Chennai</td>
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<td>26.</td>
<td>Ms. Dhritriti Panda, Joint Secretary, MoHFW</td>
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<td>Sh. Manoj Jhalani, Joint Secretary, MoHFW</td>
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<td>Dr. Rakesh Kumar, Joint Secretary, RCH, MoHFW</td>
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<td>Sh. N. B. Dhal, Joint Secretary, MoHFW</td>
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<td>Sh. Anshu Prakash, Joint Secretary, MoHFW</td>
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<td>Ms. Sarada Muralleedharan, Joint Secretary, M/o Panchayati Raj</td>
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<td>Dr. Rattan Chand, CD (Stats), MoHFW</td>
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<td>Sh. K. K. Singh, OSD to MOS (AYUSH) – IC &amp; MOS (Health &amp; FW), MoHFW</td>
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<td>34.</td>
<td>Sh. Manoj K. Arora, PS to Minister, M/o Women and Child Development (WCD)</td>
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<td>Sh. Shankar Lal Gurjar, APS to Minister of Social Justice and Empowerment</td>
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<td>Sh. Amandeep Garg, PS to Hon’ble HFM, MoHFW</td>
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<td>Sh. Navdeep Rinwa, PS to MOS Health, 103, AYUSH Bhawan, INA, MoHFW</td>
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<td>38.</td>
<td>Dr. S. K. Sikdar, Deputy Commissioner, Family Planning, MoHFW</td>
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<td>Dr. Pradeep Haldar, Deputy Commissioner, Immunization, MoHFW</td>
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<td>Dr. V. S. Salhotra, Deputy Commissioner, RCH, MoHFW</td>
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<td>Dr. Sushma Dureja, Deputy Commissioner, Adolescent Health, MoHFW</td>
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<td>Dr. Sila Deb, Deputy Commissioner, Child Health, MoHFW</td>
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<td>43</td>
<td>Dr. M. K. Aggarwal, Deputy Commissioner, UIP, MoHFW</td>
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<td>Sh. S. K. Tewari, Economic Adviser, M/o Housing and Urban Poverty Alleviation (HUPA)</td>
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<td>Shri V. K. Bathla, Assistant Adviser, M/o Drinking Water &amp; Sanitation</td>
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<td>46</td>
<td>Dr. Neeraj Kherwal, MD (NHM), Govt. of Uttarakhand,</td>
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<td>Dr. Suparna S. Pachouri, Director, D/o School Education &amp; Literacy, M/o HRD</td>
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<td>Ms. Kavita Singh, Director, Finance, MoHFW</td>
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<td>Ms. Preeti Pant, Director, NHM, MoHFW</td>
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<td>Ms. Limatula Yaden, Director, NHM, MoHFW</td>
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<td>Sh. R. C. Danday, Director, MoHFW</td>
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<td>Dr. Manisha Verma, Director (Media), MoHFW</td>
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<td>Prof. Jayanta K. Das, Director, NIHFW, MoHFW</td>
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<td>Mrs. Honey C. H., Director, M/o Tribal Affairs</td>
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<td>Sh. S. P. Singh, Director, M/o Development of North Eastern Region</td>
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<td>Dr. A. C. Dhariwal, Director, NVBDCP, MoHFW</td>
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<td>Smt. Nanu Bhasin, Director, PIB, M/o Women and Child Development (WCD)</td>
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<td>Dr. Sanjiv Kumar, Executive Director, NHSRC, MoHFW</td>
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<td>Ms. Capt. Kapil Chaudhary, DS (NHM), MoHFW</td>
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<td>Dr. K. S. Sachdeva, ADDG (TB), MoHFW</td>
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<td>Ms. Sudha P. Rao, C E A, M/o of Rural Development</td>
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<td>Shri Kedar Nath Verma, DD(NHM), MoHFW</td>
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<td>Sh. R. K. Thapar, Under Secretary, NHM (Finance), MoHFW</td>
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<td>Dr. Rajani Ved, Advisor, NHSRC, MoHFW</td>
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