

V-11011/2/2017-NHM-II  
Government of India  
Ministry of Health and Family Welfare  
National Health Mission

Nirman Bhawan, New Delhi.  
Dated the 17<sup>th</sup> February 2017

**OFFICE MEMORANDUM**

**Subject: Minutes of 4<sup>th</sup> meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 18<sup>th</sup> January 2017- reg.**

Kindly find enclosed herewith the minutes of 4<sup>th</sup> 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 18<sup>th</sup> January 2017 for information and record.

  
(Capt. Kapil Chaudhary)  
Director (NHM)  
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1. PS to Hon'ble Union Minister of Drinking Water & Sanitation  
Krishi Bhawan, New Delhi - 110001
2. PS to Hon'ble Union Minister of Women & Child Development  
Shastri Bhawan, New Delhi - 110001
3. PS to Hon'ble Union Minister of Social Justice & Empowerment  
Shastri Bhawan, New Delhi - 110001
4. PS to Hon'ble Union Minister of Urban Development  
Nirman Bhawan, New Delhi - 110108
5. PS to Hon'ble Union Minister of Housing and Urban Poverty Alleviation  
Nirman Bhawan, New Delhi - 110108
6. PS to Hon'ble Union Minister of Rural Development  
Krishi Bhawan, New Delhi - 110001
7. PS to Hon'ble Union Minister of Panchayati Raj  
Krishi Bhawan, New Delhi - 110001
8. PS to Hon'ble Union Minister of Human Resource Development  
Shastri Bhawan, New Delhi - 110001
9. PS to Hon'ble Minister of State for Health and Family Welfare (FSK)  
Nirman Bhawan, New Delhi-110108
10. PS to Hon'ble Minister of State for Health and Family Welfare (AP)  
Nirman Bhawan, New Delhi-110108
11. PS to Hon'ble Vice Chairman, NITI Aayog  
Yojana Bhawan, New Delhi - 110001

12. CEO (NITI Aayog)
13. Secretary (School Education & Literacy)
14. Secretary (Higher Education)
15. Secretary (Women and Child Development)
16. Secretary (Panchayati Raj)
17. Secretary (Rural Development)
18. Secretary (Drinking Water)
19. Secretary (Development of NE Region)
20. Secretary (Expenditure)
21. Secretary (Social Justice and Empowerment)
22. Secretary (Tribal Affairs)
23. Secretary (Housing and Urban Poverty Alleviation)
24. Secretary (Urban Development)
25. Secretary (AYUSH)
26. DGHS
27. Additional Secretary & Financial Advisor, MoHFW
28. Principal Secretary (HFW), Uttar Pradesh
29. Principal Secretary (HFW), Assam
30. Principal Secretary (HFW), Chhattisgarh
31. Principal Secretary (HFW), Uttarakhand
32. Dr Yogesh Jain, Jan Swasthya Sahyog, Chhattisgarh
33. Dr. Prasanta Kishore Tripathy, EKJUT, Jharkhand
34. Dr Armida R. Fernandez, Professor, LTMG Hospital, Mumbai, Maharashtra
35. Dr. N. Sarojini, SAMA, Resource Group for Women and Child, New Delhi-110017
36. Dr. Amar Jesani, CEHAT, Mumbai, Maharashtra
37. Shri Mukul Chandra Goswami, ASHADEEP, Guwahati, Assam
38. Professor Surinder Jaswal, Dean, TISS, Mumbai, Maharashtra
39. Dr Leela Visaria, Gujarat Institute of Development Research, Ahmedabad
40. Dr. Mallavarapu Prakasamma, ED, ANSWERS, Hyderabad, Andhra Pradesh
41. 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&DG(CGHS)
4. Sr PPS to AS&MD(NHM)
5. PPS to AS (Health)
6. PPS to JS (MJ)
7. PPS to JS (VG)
8. PPS to JS(KRR)
9. PPS to JS(LA)
10. PPS to JS(NR)
11. PPS to EA(SP)
12. PPS to EA(AKJ)
13. PPS to CD(Stats)

  
 (Capt. Kapil Chaudhary)  
 Director (NHM)



## **Minutes of Meeting**

**4th Meeting of the Mission Steering Group of National Health Mission under the  
Chairmanship of Hon'ble Union Minister for Health & Family Welfare  
on 18<sup>th</sup> January 2017, 12:00 PM at Hall No. 1 Vigyan Bhavan, New Delhi**

The Fourth meeting of Mission Steering Group (MSG) of the National Health Mission (NHM) was held on 18<sup>th</sup> January 2017 under the Chairmanship of Shri Jagat Prakash Nadda, Union Minister for Health and Family Welfare. The list of participants is annexed.

At the outset Shri C K Mishra, Secretary (Health & Family Welfare) welcomed the Chairperson and members of MSG. He thanked the Hon'ble Ministers for their presence. Thereafter, he gave a brief overview of the progress of NHM highlighting the flexibility available to States to enable them to undertake initiatives as per their State specific priorities. He apprised the members about the launch of new initiatives namely, Pradhan Mantri Surakshit Matritva Abhiyaan, a key feature of which involves co-opting doctors in the private sector to provide antenatal checkups to pregnant women on a specified day in public health facilities and contribute towards safe motherhood.

He also informed the Group about Mother's Absolute Affection initiative which aims at promotion of early breastfeeding practices to ensure healthy infants. He also stated that a focused program - Parivar Vikas has been rolled out in the eight States where TFR was not declining as expected.

He also apprised members that to reduce Out Of Pocket Expenditure (OOPE) on healthcare, universal screening for non-communicable diseases, viz. diabetes, hypertension and three common cancers, i.e., oral, breast and cervix cancer, is planned to be rolled out across the country. He further informed the members that under Revised National Tuberculosis Control Program (RNTCP), the daily regime will soon be launched in 104

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districts initially and will be scaled up to entire country thereafter. He further informed the members about the roll out of the Pradhan Mantri National Dialysis Services initiative under which dialysis services are being provided free of cost to the poor in public health facilities. He also informed about the Kayakalp award scheme launched under NHM for promoting hygiene, cleanliness and infection control practices in public health facilities in district hospitals in 2015-16 and stated that the award scheme was being extended to Community Health Centers (CHCs) and Primary Health Centers (PHCs) in 2016-17. He also informed the members about the e-initiative, viz. Mera Aspaatal, launched by the Ministry for obtaining patient feedback after their visit to public health facilities. He stated that this application has been implemented in 71 facilities and would be soon rolled out in all the States. He stated that this patient feedback would be used for grading of health facilities.

Thereafter, the agenda items were taken up for discussion.

#### **Agenda 1: Confirmation of Minutes of 3rd MSG meeting held on 29th March 2016**

Dr Arun K Panda, AS & MD (NHM), while placing the agenda for confirmation, informed the members that the minutes of the 3<sup>rd</sup> meeting of MSG held on 29<sup>th</sup> March 2016 were circulated to all members and proposed that the same may be confirmed.

Dr. Yogesh Jain stated that in the last meeting he and some other members had suggested that the daily regimen for Tuberculosis treatment needed to be scaled up country-wide rather than in phases. It was also suggested that provision for adequate nutrition for TB patients also be made. He stated that in the last meeting, the Ministry had informed that these issues would be addressed however it was not reflected in the Action Taken Report. He further referred to a recent Supreme Court litigation involving Bedaquiline availability in under RNTCP. In response, Secretary (Health & Family Welfare) informed the Group that the Ministry had decided to implement Bedaquiline country wide. Regarding the issue of nutrition support, he stated that based on a pilot in Maharashtra, a proposal to provide





nutritional support to TB patients was being developed. He however highlighted that nutrition support was not a core function of the Department of Health and Family Welfare. AS & MD (NHM) further informed that the daily regimen would be implemented in five States by January 2017 and will be extended to 18 States by June 2017 and across the country by December 2017. He also emphasised that in an effort to re-programme the entire strategy for TB control, an intensive case finding approach was being undertaken in the high priority districts and for this 107 CBNAAT machines were being made available in addition to the existing 628. Secretary (Health & Family Welfare) suggested that a meeting with the MSG members may be held to apprise them of the progress made under the TB programme.

Ms. Maneka Gandhi, Hon'ble Union Minister for Women and Child Development, citing an example from Mumbai where an NGO was undertaking nutritional support for about 16,000 children suffering from cancer, suggested that for TB nutrition support component, MoHFW may explore possibility of NGOs-involvement. She also said for this, specific nutritional requirements would need to be worked out. Dr. Yogesh Jain added that in the State of Chhattisgarh, the State government was planning a rollout of nutritional support for TB patients. Secretary (Health), Government of Chhattisgarh confirmed that the State was going to implement this component.

After detailed discussions, the minutes of 3rd meeting of MSG, held on 29th March 2016, were confirmed.

#### **Agenda 2: Action Taken Report on decision taken on 3rd Meeting of MSG**

AS & MD, (NHM) apprised the members on the Action Taken on decisions taken in the 3<sup>rd</sup> meeting of MSG held on 29th March 2016.

Dr. Amar Jesani mentioned that the issue of the constitution of the NTAGI, location of its secretariat and conflict of interest issues were also discussed during the last meeting.

The Ministry had informed the Group that details in this regard would be placed on the website however the action taken report on this issue was not sufficiently specific. He further suggested that the vaccine delivery may be integrated with disease control programmes instead of being implemented as a separate vertical programme. Further, referring to the Vaccine Seminar held recently, he said that some NTAGI members who participated in the Seminar were concerned that cost benefit analysis of the newer vaccines recently included in the immunization programme were not available.

It was informed that draft Code of Practice for NTAGI was put up on the Ministry of Health and Family Welfare website and was reviewed based on the comments received. The final CoP was put up on the website of the Ministry. Other issues related with NTAGI regarding relocation of NTAGI Secretariat will be informed to the esteemed members shortly.

Secretary (Health & Family Welfare) stated that the report of the Vaccine Seminar had reached the Ministry previous evening only and thanked the MSG Members for this report. He also informed that it needs to be looked into and a separate discussion may be organized for the same.

After discussions, the Action Taken Report on decision taken during 3rd Meeting of MSG was taken on record.

### **Agenda 3: Update on the progress of NHM**

AS & MD (NHM) placed the agenda before the MSG for information and guidance. Shri Manoj Jhalani, Joint Secretary (Policy) presented the progress under NHM to the Group.

The progress of NHM was noted by the MSG.





**Agenda 4: Minutes of 4th meeting of Empowered Programme Committee (EPC) of NHM held on 19<sup>th</sup> September 2016**

AS & MD (NHM) presented the agenda for information of the MSG.

The Minutes of 4th meeting of EPC of NHM held on 19th September 2016 were noted by the MSG.

**Agenda 5: Proposal on NHM Free Drug Service Initiative**

The proposal was placed before the MSG.

Dr. N. Sarojini appreciated the use of the term Free Drugs “Services” instead of a “Scheme” and stated that it was a step in the right direction. She suggested that the States should also share the financial burden on this account, which may be in the ratio of 60:40. She further suggested that the Ministry should provide a list of drugs that must be made available to patients in public health facilities.

Secretary (Health & Family Welfare) responded that under NHM, the funding pattern follows the 60: 40 ratio between Centre and States and that the Centre was providing funding of about Rs. 3000 crore. AS&MD (NHM) also informed the group that while the centre Ministry has already provided facility wise Essential Drug List(EDL) based on National List of Essential Medicines( NLEM) with States, many States had expanded the list. Dr. Yogesh Jain commended the MOHFW for implementing the Free Drugs initiative, which was critical in reducing OOPE but that in his estimate, the budget should be about Rs. 6000 crore. AS&MD (NHM) clarified that while Centre was providing support of Rs. 3000 crore, States were also spending about Rs. 3500 crore out of State budget.

Dr. Jain suggested that the Tamil Nadu Medical Service Corporation (TNMSC) model be followed countrywide. He then raised the concern that the Jan Aushadi scheme implemented in public hospitals ran counter to the Free drugs initiative, on two counts. There was no regulation of the Jan Aushadi Stores as they stocked drugs that were not part of the EDL and second that patients ended up paying for drugs, which contributed to OOPE. Secretary (Health & Family Welfare) informed the group that this would be looked into. He also said that the Department of Pharmaceuticals was considering franchising the Jan Aushadi schemes to the private sector. Dr. Jain reiterated that the MoHFW should prevent all road blocks to achieve the objectives of the scheme.

After detailed deliberations, the agenda was noted by the members of MSG.

#### **Agenda 6: Proposal to roll out of National Dialysis Programme in a PPP Mode under NHM**

The proposal was placed before the MSG.

Shri Thawarchand Gehlot, Hon'ble Minister for Social Justice and Empowerment stated that in Madhya Pradesh, many District Hospitals (DHs) do not have dialysis facilities as yet, as a result of which people have to travel to Indore or Bhopal for availing dialysis facilities every alternate day. Similarly, Cancer Units are also not yet functional in all DHs. He indicated that though certain efforts have been made in Ujjain in partnership with Private organisations, however, more public health facilities need to provide such services. He also expressed his concern that despite efforts, incidence of Diabetes is increasing and stated that efforts need to be made to arrest this trend. With regard to Free Drugs Services Initiative, he added that a system should be institutionalized to monitor availability of drugs at facility level. He further stated that extra efforts need to be made for prevention and early detection of diseases which lead to handicaps, if left undetected. He further informed that general awareness on this count is very low and needs to be focused upon. He also stated that if a



disability can be prevented through vaccination, then such vaccination should also be included in routine vaccination.

Dr. Jain appreciated the importance of the scheme, particularly in States such as Odisha, Andhra Pradesh and Telengana, where malaria and snake bite were an important cause of renal failure in addition to other causes of kidney diseases, necessitating dialysis. He however suggested that the MoHFW review three aspects of the scheme namely availability of dialysis at DHs, the Public Private Partnership (PPP) model and the cost of hemodialysis. He informed the Group that in countries like Thailand, a combination of peritoneal and hemodialysis was being followed, which was more cost-effective. He also said that in many States the DH was often geographically inaccessible to poor people, and that dialysis availability at the lower tier of facilities should be considered. He further stated that facilities in the government health centres should be providing dialysis rather than using a private sector mode. Dr. Prakasamma suggested that a combination of home and community based dialysis, which had demonstrated effectiveness in other settings could also be considered and that ANMs with a little training could potentially provide these services. Dr. Fernandez requested the Ministry to monitor the scheme to ensure that the private sector partner was delivering quality services and to ensure that it was actually the poor who were receiving free dialysis services.

Secretary (Health & Family Welfare) assured the group these services can be expanded to other facilities including CHCs later, based on utilisation pattern and readiness of the States. Regarding provision of Dialysis services through home and community-based model, he stated that it was a good suggestion and will be considered. He informed the MSG that under this initiative, States have the flexibility to provide dialysis services through public health systems alone or through PPP mode.

After detailed discussions, the proposal was approved by MSG as recommended by the EPC.

**Agenda 7: Proposal for Free Diagnostic Services Initiative and Comprehensive Biomedical Equipments Maintenance Programme under NHM**

The proposal was placed before the MSG.

Dr. Prasanth Tripathy, referring to partnerships with the private sector to provide diagnostic services, stated that in underserved areas, there were anecdotal reports of fraudulent investigations taking place and asked the MOHFW to investigate this. Dr. Yogesh Jain also stated that it was difficult to monitor quality of diagnostic services and that outsourcing diagnostic services to the private sector, when public facilities could be strengthened to do so, was not necessarily an effective option. Dr. Tripathy stated that it was important for additional financial resources to be put into the public health system so that these initiatives could be offered through government health facilities.

Secretary (Health & Family Welfare) informed the Group that several States were implementing free diagnostic services initiative through their own facilities, using existing infrastructure or building the infrastructure through NHM funds.

After detailed discussions, the proposal was noted by MSG.

**Agenda 8: Proposal for extension of the existing PPIUCD incentive scheme also covering PAIUCD**

The agenda was placed before the MSG.

Dr N Sarojini enquired whether an assessment of the PPIUCD programme had been undertaken. She raised concerns about the issue of informed consent, particularly after abortion, and the timing of expulsion and removal of the device. Dr. Prakasamma also added that from her field experience, she had observed that the device was being inserted in



the intra-partum period. Responding to the comments of the members, Ms. Vandana Gurnani, Joint Secretary (Reproductive and Child Health) apprised the members that an evaluation in six States had demonstrated that the removal/expulsion rate was about 5%. She also informed that the guidelines circulated to States had detailed guidance on the issue of informed consent. Moreover, the amount mentioned was meant for expenses towards transport and other incidental expenses for facilitating two follow up visits post the insertion. She further stated that capacity building for nodal officers and service providers for IUCD and various other methods of family planning was being undertaken regularly.

Dr. Prakasamma felt that it was not necessary to provide beneficiaries and the ASHA, with incentives for PPIUCD since the incentives under Janani Suraksha Yojana were already being given and that it was during the course of the beneficiary's stay in the facility that the IUCD was being inserted. AS&MD (NHM) clarified that the amount being given to the beneficiary was not an incentive, but rather a compensation. Dr. Prakasamma suggested that the amount for beneficiaries in the case of post-abortion IUCD be given after the first follow up, rather than immediately after the insertion in the facility. This would ensure retention and ensure that the woman did undergo a follow up examination.

Dr. Tripathy said that he was glad to see that additional activities were being added to the ASHAs portfolio so as to increase the quantum of incentive. However, he said that this alone would not expand the quantum of the amount being earned by the ASHA and that a balance needs to be made in her workload. ASHAs were a game changer for NHM, but base incentives for the ASHA need to be increased by at least 50% to 100%. He said that otherwise in the face of low payments and an increasing work load, his impression from field interactions was there may be attrition of ASHAs.

After detailed discussions, the proposal was approved by MSG as recommended by EPC.



### Agenda 9: Proposal for Strengthening Comprehensive Primary Health Care and Introducing population based screening for NCD

The proposal was placed before the MSG.

All members welcomed the focus on comprehensive primary health care under NHM.

Dr A Raghu, Dy Adviser, Ministry of AYUSH raised the issue that the MOHFW should also include practitioners of systems of medicine other than Ayurvedic practitioners as mid level providers, that there should be different training modules for Ayurveda practitioners and Nurses in IGNOU's Bridge Course for Mid-Level Providers and that the potential of AYUSH for health care of the elderly be explored.

Dr. Praskasamma expressed her concern that despite repeated appeals regarding the key role of the public health nurse in primary health care and the provision of better midwifery services at the primary care, these aspects were not being taken seriously. She pointed out that countries such as Sri Lanka had demonstrated that reductions in MMR, IMR, and U5MR were due to contributions of midwives in the community. Dr Jagdish Prasad, Director General, DGHS stated that midwives alone could not make a contribution to maternal mortality and that facility based services by trained MBBS doctors/obstetricians were required for surgical obstetric interventions. Secretary (Health & Family Welfare) acknowledged that midwifery was indeed a felt need and that NHM should consider building it into the programme wherever required and feasible.

Dr. Yogesh Jain observed that while it was important and timely to embark on a programme for population based NCD screening, care should be taken to see that the programme did not stop at screening alone, but provided comprehensive care. He suggested that epilepsy and sickle cell anaemia be built in. He also cautioned that such an ambitious





undertaking required a well functioning health system, regular drug supply at monthly or quarterly intervals be assured, and follow up services including referral were responsive and accessible. His concern was that unless these elements were in place the situation could become akin to a war-field. Secretary (Health & Family Welfare) agreed that it was important that these concerns be considered while implementing the programme. However, he also stated that in order to advance the provision of comprehensive primary health care, which was the vision of NHM, it really needed to go forward and that challenges would need to be met through improved implementation.

Dr. Prakasamma raised the issue of gap in continuity of child care between the age of three months to ten months (i.e. between DPT 3 and the measles vaccine). She suggested that the MoHFW may consider using the second ANM more effectively and that services such as well-baby clinics may be included at the sub-centre levels as part of strengthening primary health care. Her impression was that there was little thought being given on using the services of the second ANM beyond giving her responsibility for half of the sub centre area. Joint Secretary (Policy) apprised the Group that based on analysis of the ANM workload in a single-ANM sub centres and two-ANM sub centres, the Ministry issued an ANM Guidebook to the States on charting out work of the ANMs. This Guidebook clarifies the roles and responsibilities of ANMs and provides a road-map for sub-centre activities. This was a key step in strengthening sub centres as port of first call for primary health care services.

After detailed discussions, the proposal was noted by the members of MSG.

**Agenda 10: Proposal for Revision of Annual Budgetary ceiling of the NHSRC from 25 cr. to 35 cr.**

The proposal was placed before the MSG.

Several members appreciated the large volume and quality of work being undertaken by NHSRC.

The proposal was approved by MSG as recommended by EPC.

**Agenda 11: Proposal of operational guidelines for Mobile Medical Unit (MMU)**

The proposal was placed before the MSG.

Several members appreciated the services provided by MMUs, especially in view of the fact that these are functioning in remote and difficult to reach areas where static health facilities are not functional presently.

After detailed discussions, the proposal was approved by MSG as recommended by EPC.

**Agenda 12: Proposal for the revision of the programme management cost ceiling under NHM**

The proposal was placed before the MSG.

Dr. Fernandez suggested that the funds should support effective field monitoring to inform implementation, and to understand facilitators and barriers. She also made the case that in addition, a system of external monitoring be put in place to which Dr. Tripathy emphasised that it would need to be "Indian monitors". Secretary (Health & Family

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Welfare) noted that the point was well taken. Dr. N. Sarojini said that the added funding for management needed to also ensure that a Human Resource policy be developed that would look into the issue of regularizing contractual staff created under the NHM. While mentioning that the issue of regularization of staff is a subject matter of the States, Joint Secretary (Policy) informed that issues raised by members were taken note of and would be looked into.

After detailed discussions, the proposal was approved by MSG as recommended by EPC.

**Agenda 13: Proposal for revision in procurement price of Sanitary napkins under Menstrual Hygiene Scheme for Adolescent girls**

The proposal was placed before the MSG.

Some members noted with concern the payment of Re. 1 to the ASHA for selling one packet of sanitary napkins. Dr. N. Sarojini also said that incentivizing the ASHA for selling products was akin to proclaiming her as a sales woman rather than an activist in the community. She wondered how the ASHA or ANM would store the napkins and also raised the point that women in the reproductive age group required easier access to sanitary napkins as well. Dr. Prakasamma asked if proper arrangements were being made for disposal. The representative from the Ministry of Urban Development (MoUD) informed the Group that under Solid Waste Management component of their scheme, all sanitary napkin manufactures were instructed to include a wrapper or pouch for the napkins so that they could be wrapped before being disposed. In addition, dustbins were also being provided. He also suggested that in urban areas, where MoUD had made provision for a worker called swachhata doot, ASHA could also be entrusted with their task.



Dr. Tripathy suggested that the sanitary napkin scheme be piloted before scaling up and that a competition among social innovators be organized to see how the myriad issues associated with implementing a scheme such as the menstrual hygiene scheme are addressed. Joint Secretary (Reproductive and Child Health) informed the group that the scheme was already operational in 19 States.

After detailed discussions, the proposal was approved by MSG as recommended by EPC.

#### **Agenda 14: Proposal for ratification of Strengthening of school health activities under NHM**

The proposal was placed before the MSG.

Dr. Yogesh Jain stated that the proposal is a good initiative and enquired if it had been piloted anywhere. He observed that before scaling up any new initiative it should be piloted and the results published after a peer review. Dr. Fernandez commented that it is a good intervention and informed that under school health programme started in Maharashtra a large number of children were covered routinely screened, referred to hospitals, wherever required, and treatment was also provided.

After detailed discussions, the proposal was approved by MSG as recommended by EPC.

After discussions on the agenda items, Hon'ble Union Minister for Health and Family Welfare and Chairperson MSG, solicited inputs, if any, from the MSG members.

Ms. Surinder Jasiwal appreciated the substantial achievements of the NHM and the move towards comprehensive primary health care. She stressed that there should be an increased emphasis on promotion and counselling as a part of primary health care. She also





suggested that frequent meetings could also be organized so that the members are provided an opportunity to engage in a more meaningful manner. Regarding the recent initiatives, she stated that they were very encouraging however Primary Health care strengthening is a critical requirement presently. She observed that considering the recent initiatives discussed during the meeting indicated that the focus was on secondary and tertiary care while primary care was omitted. She further expressed her view that merely NCD screening may not achieve the required objective and other related aspects e.g. behavior change, engagement with the community etc. which are apparently lacking need to be taken up.

Dr. Leela Visaria shared her observation from field experience and stated that a large number of field functionaries have been created under NHM which have a functional overlap with each other. This may lead inconsistency and duplication of field data. She suggested that the Ministry may undertake assessment of various field level tasks and records and decide the number of functionaries required accordingly. She also suggested that the monthly meetings held at PHCs may be conducted at community level, so that supervisors may obtain a better understanding of field problems and also be able to engage with local governance structures. She suggested that in these meetings other related departments like the Women and Child Development, Education etc. should also be co-opted to promote inter-sectoral action.

Secretary (Health & Family Welfare) stated that a meeting with non-official members of MSG will be conducted within the next 3-4 months. He further emphasized that strengthening Primary Healthcare was one of the major thrust areas and that the new initiatives are planned with this focus.

Hon'ble Union Minister for Health and Family Welfare and Chairperson MSG, thanked all the members for their valuable inputs and meaningful contributions. He assured members that their suggestions would be taken seriously. He also said that the number of formal and informal meetings of the Group needs to be increased. He invited MSG

members to visit Nirman Bhavan and meet senior officers when they were in Delhi since meetings often did not allow for in-depth discussions and exchange of views. He also assured members that all relevant NHM documents would be sent to them. He further requested the members to send letters/emails with suggestions and recommendations and not wait for meetings to voice their concerns and opinions.

The meeting ended with a Vote of thanks to and from the Chair.

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**List of Participants**  
**4<sup>th</sup> Meeting of Mission Steering Group of National Health Mission**  
**18.01.2017 at 12:00 PM in Hall No. 1, Vigyan Bhawan, New Delhi**

S No	Name & Designation
1	Shri J P Nadda, Hon'ble Union Minister of Health and Family Welfare
2	Shri Faggan Singh Kulaste, Hon'ble Union Minister of State for Health and Family Welfare
3	Smt Anupriya Patel, Hon'ble Union Minister of State for Health and Family Welfare
4	Smt. Maneka Sanjay Gandhi, Hon'ble Union Minister of Women and Child Development
5	Shri Thaawar Chand Gehlot, Hon'ble Union Minister of Social Justice and Empowerment
6	Shri C K Mishra, Secretary, Ministry of Health and Family Welfare
7	Dr Arun Kumar Panda, Additional Secretary & Mission Director (NHM), MOHFW
8	Shri Sanjeev Kumar, AS (Health), MOHFW
9	Shri R K Vats, AS&DG, MOHFW
10	Shri Subrat Sahoo, Principal Secretary(NHM), Chhattisgarh
11	Shri Alok Kumar, Mission Director(NHM), Uttar Pradesh
12	Shri Saroj Kumar Dora, Govt of Assam
13	Dr M Prakasamma, Director, ANSWERS, Hyderabad, Andhra Pradesh
14	Dr. N. Sarojini, SAMA, Resource Group for Women and Child, New Delhi
15	Professor Surinder Jaswal, Dean, TISS, Mumbai, Maharashtra
16	Dr Armida Fernandez, Professor, LTMG Hospital, Mumbai, Maharashtra
17	Dr. Prasanta Kishore Tripathy, EKJUT, Jharkhand
18	Dr. Amar Jesani, CEHAT, Mumbai, Maharashtra
19	Ms Leela Visaria, Demographer, Gujarat Institute of Development Research, Ahmedabad
20	Sh Yogesh Jain, Secretary, JSS, Chhattisgarh
21	Shri Manoj Jhalani, Joint Secretary, MOHFW
22	Shri Navdeep Rinwa, Joint Secretary, MOHFW
23	Dr K Rajeshwara Rao, Joint Secretary, MOHFW
24	Shri Lav Agarwal, Joint Secretary, MOHFW
25	Shri Arun Kumar Jha, Economic Advisor, MOHFW
26	Smt Sheela Prasad, Economic Advisor, MOHFW
27	Shri J P Bhattacharjee, Statistical Adviser, Ministry of DONER
28	Dr A Raghu, Dy Adviser, Ayurveda, Ministry of AYUSH
29	Shri Akshay Rout, OSD to SDM, Ministry of Drinking Water & Sanitation
30	Shri K K Sharma, OSD & Secretary, Deptt of Higher Education MHRD,
31	Shri S K Srivastava, OSD to MOS(FSK), MoHFW
32	Shri Sudhir S Rawat, Addl PS to MOS (FSK)
33	Shri A.K Paliwal, Addl PS to HFM
34	Dr D Bachani, Deputy Commissioner, MOHFW
35	Dr Dinesh Baswal, Deputy Commissioner, MOHFW
36	Dr S K Sikdar, Deputy Commissioner, MOHFW
37	Dr Sila Deb, Deputy Commissioner, MOHFW
38	Dr Ajay Khara, Deputy Commissioner, MoHFW
39	Dr M K Aggarwal, Deputy Commissioner, MOHFW





**List of Participants**  
**4<sup>th</sup> Meeting of Mission Steering Group of National Health Mission**  
**18.01.2017 at 12:00 PM in Hall No. 1, Vigyan Bhawan, New Delhi**

<b>S No</b>	<b>Name &amp; Designation</b>
40	Dr Sushma Dureja, Deputy Commissioner, MOHFW
41	Shri Biswajit Das, Director, MOHFW
42	Smt Limatula Yaden, Director (NHM-I), MOHFW
43	Smt Preeti Pant, Director (NHM-III/UH), MOHFW
44	Capt Kapil Chaudhary, Director (NHM-II), MOHFW
45	Smt Kavita Singh, Director (NHM-Finance), MOHFW
46	Smt Bindu Sharma, Director(RCH), MOHFW
47	Smt Sunita Sharma, Director (NHM-IV), MOHFW
48	Dr A C Dhariwal, Director, MOHFW
49	Shri Yugal Joshi, Director, Swachh Bharat Mission, Ministry of Drinking Water and Sanitation
50	Shri Sourabh Jain, Director, Ministry of Urban Development
51	Shri Mukesh Kumar, Asstt. Commissioner, Ministry of Rural Development
52	Shri Mayank Mohan Mishra, National Mission Manager, M/o Housing and Urban Poverty Alleviation
53	Shri Roopak Choudhari, Deputy Secretary, Ministry of Tribal Affairs
54	Shri Shiv Ram Meena, Deputy Secretary, Ministry of Women & Child Development
55	Dr Anil Kumar, DDG (L), DGHS
56	Dr Sunil D Khaparde, DDG(TB), DGHS
57	Dr Inder Parkash, DDG (PH), DGHS
58	Dr Promila Gupta, DDG (NPCB), DGHS
59	Dr P Saxena, Addl DDG, DGHS
60	Dr Alok Mathur, Addl DDG, DGHS
61	Dr Sanjeeva Kumar, Executive Director, NHSRC
62	Shri Kedar Nath Verma, Deputy Director(NHM-II), MOHFW
63	Shri Thomas Mathews, Under Secretary (IFD), MOHFW
64	Smt Shanti Negi, Under Secretary, MOHFW
65	Smt Vandana Chaudhary, Under Secretary, MOHFW
66	Shri Ankur Kumar, Assistant Director(NHM-II), MOHFW
67	Smt Rajani Ved , Adviser, NHSRC
68	Shri Neeraj Kumar, SSO(NHM-II), MOHFW
69	Shri Deepak Malhotra, Section Officer, MoHFW
70	Shri Satish Kumar, PPS to JS(KRR), MOHFW
71	Ms Mona Gupta, TSA
72	Shri Mahabir Pershad, Consultant, Ministry of Panchayati Raj
73	Smt P Padmavati, Consultant(NHM), MOHFW
74	Ms Sumitha Chalil, Sr Consultant(NHM), MOHFW
75	Ms Neha Kashyap, Sr Consultant(NHM), MOHFW
76	Ms Asmita Jyoti Singh, Sr Consultant(NHM), MOHFW
77	Dr Abhishek Gupta, Consultant(NHM), MOHFW
78	Ms Seema Pati, Consutant(NHM), MOHFW

