V-11011/09/2018-NHM-II
Government of India
Ministry of Health and Family Welfare
National Health Mission

Nirman Bhawan, New Delhi
Dated the 01/3/ March, 2019

OFFICE MEMORANDUM

Subject: Minutes of 6th Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 2nd February 2019.

Kindly find enclosed herewith the minutes of 6th meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held under the Chairmanship of Shri Ashwini Kumar Choubey, Hon'ble Minister of State for Health and Family Welfare on 2nd February 2019 for information and record.

(Bindu Sharma)
Director (NHM)
Telefax: 011-23061333

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 Housing & Urban Affairs
Nirman Bhawan, New Delhi – 110108

5 PS to Hon'ble Union Minister of Rural Development
Krishi Bhawan, New Delhi – 110001

6 PS to Hon'ble Union Minister of Panchayati Raj
Krishi Bhawan, New Delhi – 110001

7 PS to Hon'ble Union Minister of Human Resource Development
Shastri Bhawan, New Delhi – 110001

8 PS to Hon'ble Minister of State (AP)
Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi-110108

9 PS to Hon'ble Vice Chairman, NITI Ayog
Yojana Bhawan, New Delhi – 110001

10 CEO (NITI Aayog)
11 Secretary (School Education & Literacy)
12 Secretary (Higher Education)
13 Secretary (Women and Child Development)
14 Secretary (Panchayati Raj)
15 Secretary (Rural Development)
16 Secretary (Drinking Water)
17 Secretary (Development of NE Region)
18 Secretary (Expenditure)
19 Secretary (Social Justice and Empowerment)
20 Secretary (Tribal Affairs)
21 Secretary (Urban Affairs)
22 Secretary (AYUSH)
23 DGHS
24 Additional Secretary & Financial Advisor, MoHFW
25 Principal Secretary (HFW), Bihar
26 Principal Secretary (HFW), Madhya Pradesh
27 Principal Secretary (HFW), Manipur
28 Principal Secretary (HFW), Odisha
29 Shri K. M. Chandrasekhar, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Thiruvananthapuram-695011
30 Dr. Rani Bang, SEARCH, Maharashtra
31 Dr. J. S. Thakur, Professor-PGIMER, Chandigarh
32 Shri Pankaj R Patel, Managing Director of Cadila Healthcare, Zydus Research Centre, Ahmedabad, Gujarat, India
33 Dr. D. Balasubramanian, Director of Research of the LV Prasad Eye Institute, Hyderabad 500 034
34 Dr. Nalini Krishnan, REACH, Royapettah, Chennai, Tamil Nadu
35 Dr. Nand K.Menon, GUDALUR , The Nilgiris District,Tamil Nadu
36 Dr. Prabha Chandra, National Institute of Mental Health and Neuro Sciences (NIMHANS),Bengaluru, Karnataka
37 Dr. Vijay Kumar, SWACH , Haryana

Copy for information to:

1 PS to Hon'ble Union Minister of Health & Family Welfare
2 PS to Hon'ble Minister of State (AKC)
3 PPS to Secretary (HFW)
4 PPS to AS&MD(NHM)
5 PPS to AS(Health)
6 PPS to JS(VG)
7 PPS to JS(LA)
8 PPS to JS(VS)
9 PPS to JS(SP)
10 PPS to JS(GM)
11 PPS to JS(SS)
12 PPS to JS(SK)
13 PPS to JS(PP)
14 PPS to JS(VJ)
15 PPS to EA(AKJ)
16 CD(Stats)

Minutes of 6th Meeting of Mission Steering Group of National Health Mission held on 2nd February 2019 at Hall No. 1, Vigyan Bhawan, New Delhi

The 6th Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) was chaired by Sh. A. K. Choubey, Hon'ble Minister of State (MOS) for Health and Family Welfare in the absence of Sh. J.P. Nadda, Hon'ble Union Minister for Health and Family Welfare. The list of members and participants present in the meeting is annexed.

At the outset, the Secretary (HFW) extended a warm welcome to all members including newly inducted health professionals of MSG. She expressed hope that being experts in their own respective fields, the new health professionals of MSG would bring new ideas for requisite improvements in NHM strategies and implementation. Secretary (HFW) then requested Hon'ble (MOS) for his guiding remarks.

The MOS also welcomed the new MSG members, officials and civil society representatives and expressed hope that their ideas would strengthen and improve implementation of NHM. He then highlightened the important activities of the NHM over last few years. This year is "historic year" for the health sector, with the launch of Ayushman Bharat (AB) with its twin components of Health and Wellness Centres (HWCs) to provide comprehensive primary health care including the prevention and health promotion, and the Pradhan Mantri Jan Arogya Yojana (PMJAY) to provide social protection in the event of hospitalisation of over 50 crore deprived population. The HWCs will help to tackle major health challenges - addressing the increasing burden of the disease on account of the Non Communicable Diseases (NCDs), reducing the Out of Pockets Expenditure (OOPE), improving wellness and providing care close to the community. The MOS informed that under Ayushman Bharat, 1,50,000 Sub Health Centres (SHCs) and Primary Health Centres (PHCs) are being transformed to HWCs. Of these, 15,000 are proposed to be operationalized this year, of which nearly 8,000 HWCs in 35 States/UTs have been operationalized so far. The HWCs are now becoming the key platform for integration of primary and higher services. They are providing expanded package of services that go beyond Maternal and Child Health (MCH) Services and include care for non-communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma. During the year 2018-19, nearly 3.33 Crore persons have attended these centres of which are nearly 6.2% diagnosed as Diabetics and 7.5% as Hypertensives. These have all been referred to higher facilities for further treatment.

In addition to the expanded primary health care package, MOS explained that the focus of the HWCs is also to promote wellness through social and behavioural change communication for preventive and promotive health, encouragement of changes for healthy lifestyles related to increase physical activity, yoga, healthy diet, avoidance of tobacco and alcohol, etc. In addition, the team placed at HWCs would dispense drugs and ensure regular follow up for chronic care, alongwith specialist care through telemedicine hubs located at district / division / State level.

MOS also stated about the other component of Ayushman Bharat-PMJAY that has also been rolled out in 29 States / UTs and has benefitted a million plus patients.

It was mentioned by MOS that despite a significant burden of care being catered to by the private sector, public hospitals continue to be a preferred provider in most rural geographies; particularly for the poorer quintiles. Catering to the needs of poorest has always remained at the forefront of National Health Mission.

MOS also elaborated how respectful maternity care is the new standard in our continuing commitment to maternal health, through the new initiative Labour Room Quality Improvement (LaQshya) launched last year. The goal of this initiative is to reduce preventable maternal and new-born mortality, morbidity and stillbirths associated with the care around delivery in Labour room and Maternity OT. This initiative is being implemented in Government Medical Colleges (MCs) besides District Hospitals (DHs), and high delivery load Sub - District Hospitals (SDHs) and Community Health Centres (CHCs).

MOS also highlighted how as part of contribution towards the Swachh Bharat Abhiyaan launched by the Prime Minister on 2nd October 2014, the Ministry of Health & Family Welfare, Government of India launched "Kayakalp - Award to Public Health Facilities" on 15th May 2015 as a National Initiative to give Awards to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control.

Out of about 27,000 facilities assessed under Kayakalp Programme during FY 2017-18, 2,885 public health facilities including 271 DHs, 748 SDH / CHCs, 1,724 PHCs and 142 urban health facilities received awards.

MOS elaborated his views on two new initiatives namely Anemia Mukt Bharat (AMB) and Home Based Care of Young Child (HBYC) programme under POSHAN Abhiyaan being implemented under NHM by MoHFW.

MOS recalled that in the 5th MSG meeting held on 27th February 2018, provision for adequate nutrition was approved for all TB patients notified in NIKSHAY under Revised National TB Control Program (RNTCP) until their treatment completion. NHM approved the incentives for all TB patients notified in NIKSHAY under RNTCP @ Rs. 500/- per

month for duration of treatment. MOS expressed happiness in stating that definitive action has been taken on this item. Fixed dose daily regimen and the universal Drug Susceptibility Testing (DST) had also been rolled out to accelerate elimination of TB.

In order to address the issue of stigma associated with the disease, SPARSH Leprosy Awareness Campaign was conducted across the country on Anti Leprosy Day on 30th January, 2018, wherein Gram Sabhas were conducted in around 75% villages to spread awareness about the disease and compassion and empathy for those affected. Over 32,000 new cases were detected during the campaign.

MOS said, the mission has helped in putting in place nearly 3 lakh health human resources and over 10 lakh ASHA workers that are contributing to improved service delivery.

In the end, MOS mentioned that it had been a long journey for the Mission and expressed hope that National Health Mission would continue to be the fulcrum of health service delivery in public sector in coming years.

Thereafter, various agenda items were taken up for discussion with the permission of the Chair.

Agenda-1 Confirmation of minutes of 5th meeting of MSG held on 27th February 2018

The minutes had been conveyed to all MSG members and no observations were received.

The minutes were confirmed by the MSG.

Agenda-2 Action Taken Report on decisions taken during 5th meeting of MSG

AS&MD(NHM) informed the MSG about the actions taken on each of the decisions taken during last MSG meeting.

The action taken was noted by the MSG.

Agenda-3 Update on Progress of NHM

A detailed presentation was given on NHM by Sh. Manohar Agnani, Joint Secretary (Policy) highlighting the components of NHM, its approval recently by the Cabinet till 2020, institutional framework, achievements of entire spectrum of programs under NHM, progress on important indicators, new initiatives and continuing challenges. The success in achieving the MDGs was really commendable. Achievements in decline of disease burden on account of TB, Malaria etc. have been impressive.

Joint Secretary (Policy) also mentioned the details of Health Systems Strengthening (HSS) components under NHM in terms of workforce, infrastructure support in terms of new constructions, renovations, First Referral Units (FRUs) operationalized and Primary Health Centres (PHCs) made 24x7 and ambulances along with the number of New Born Care Corners (NBCCs), Newborn Stabilization units (NBSUs), Special Newborn Care Units (SNCU), Nutritional Rehabilitation Centres (NRCs), Mother and Child Health (MCH) wings and skill labs under Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) interventions.

Joint Secretary (Policy) informed that the 10 lakh plus workforce of ASHA workers, nearly 5.50 lakh Village Health, Sanitation and Nutrition Committees (VHSNCs), and 33,000 Rogi Kalyan Samitis (RKSs) along with untied funds granted to them have helped facilitate community processes in an effective manner.

Thereafter, the recent Government initiative under NHM, the HWCs was deliberated in detail. With an ambitious target of 1.50 lakh such centres to be operationalized in three years, the NHM has concretised various activities that are being taken up through these centres as - comprehensive package of 12 services, Mid-Level Health Providers (MLHPs) and their trainings, telemedicine and tele-consultation, robust IT system, performance measurement and team based incentives.

This was followed by presentation on detailed achievements on the front of disease control programmes as TB, Malaria, HIV/AIDS, Filariasis, Leprosy, Kala Azar, Japanese Encephalitis (JE). The Integrated Disease Surveillance Programme (IDSP) along with its software, the National Viral Hepatitis Control Programme (NVHCP) and the Non-Communicable Disease (NCD) Programme. The NCD screenings have led to obvious spurt in the number of suspects / diseased, however that is an important step to preventive and promotive actions.
Joint Secretary (Policy) highlighted how improved Service delivery is indicated by increase in footfalls in OPD / IPD, increase in number of surgeries.

Thereafter, key recent initiatives in the form of new vaccines of Rotavirus, Inactivated Polio Vaccine (IPV), Measles Rubella (MR) and the Pneumococcal vaccines and improving full immunisation coverage through the Mission Indradhanush were presented. Brief information on Anaemia Mukt Bharat, HBYC, Mission Parivar Vikas, LaQshya was also presented. The Free Drug and diagnostic Service Initiatives and Biomedical equipment maintenance initiatives were also elaborated.

After detailed discussion, the progress under NHM was noted by the MSG.

Agenda-4 Minutes of 7th Meeting of EPC under NHM held on 26th November 2018

The minutes of the above said meeting were presented for information of MSG members.

The same was noted by the MSG.

Agenda-5 Proposal for relaxation of norms for untied funds for Village Health and Sanitation and Nutrition Committee in the state of Kerala for FY 2018-19 as a relief measure in the flood affected state.

The proposal was approved by the MSG.

Agenda-6 Proposal for Enhancement of Untied Funds for Health and Wellness Centres (HWCs)

As conveyed by Secretary (HFW), approval was taken from Union Health Minister for enhancement of untied funds for HWC. She explained to the members of the 6th MSG that small things like minor repair works of urgent nature etc. may be covered from these funds.

Sh. K M Chandrashekhar, President, Shree Chitra Thirunal Institute of Medical Science (SCTIMST) pointed that Nursing Module should be added in the qualification of Mid-Level Health Providers at HWCs. He advised that the public health skills must be strengthened and students from various Public Health programmes should be considered for the HWCs.

Additional Secretary & Mission Director (AS&MD) informed that a component on Public Health has been included in 6 months certificate course designed by IGNOU for the Mid-Level Health Provider (MLHPs), who are being selected from the Nursing and BAMS background.

Secretary (HFW) informed that the B.Sc. Nursing course has now been re-designed to have all the necessary competencies of public health and primary care for running the HWCs.

On the issue of strengthening the Wellness in HWC , Secretary (HFW)pointed out that ensuring Yoga, lifestyle modifications, creating awareness about Eat Right component with support from the FSSAI, developing Module for ASHAs for taking forward the Eat Right movement, providing HWCs as a platform for discussing healthy lifestyles, tobacco cessation, laughing clubs are all being emphasised.

Dr Vijay Kumar, SWACH, Haryana mentioned that great progress has been made in last 10 years on Neonatal Mortality Rate (NMR) and Under-Five Mortality Rate (U5MR) fronts but there was not enough focus on Still Births. Post natal depression that occurs in nearly 30% of pregnant mothers after delivery is another problem that needs attention. With the use of digital world- mobiles, internet, these challenges could be better addressed along with application for Information Education and Communication / Behavior Change Communication (IEC/BCC).

AS&MD(NHM) deliberated that 50% still births are on the day of delivery. For Still Births, the causal factors may be tackled around good delivery practices, for which LaQshya intervention has been launched. High Delivery case load facilities are being focussed. Introduction of Nurse Midwife Practitioners will further help address the still births.

In addition, Early Childhood Development (ECD) call centres are being developed. Telephone calls will be made to pregnant women and parents of young children with advice on timely check-ups, immunisation of mother and child, how to improve cognition etc. Every PIP is to have the component for Early Child Health Care Counselling.

Smt. Vandana Gurnani, Joint Secretary (RCH) informed further that a 1000 days Care booklet has been launched and circulated to the States that contains detailed steps for mother and child emphasising how crucial are the 1000 days for the mother and the child. Kerala State had taken up special initiatives *for mental health of pregnant women* due to high suicide rates by pregnant women and mothers. The same was shared with all the states as a best practice and will be scaled up. 104 helpline will also be used for the purpose.

Apps by IIT Mumbai – Ayushmaan Bhav have been launched that parents can download for easy removal of doubts.

Sh. Lav Aggarwal, Joint Secretary informed that Mental Health Act has been passed. In addition, a study has been conducted in the country that shows that nearly 10.67% suffer from mental health issues. 608 districts have been suggested to work on Mental Health. To enhance Sub District response, three digital academies have been launched. Early diagnosis has been started about 6 months back that has yielded very positive response.

Dr J S Thakur, Professor, PGIMER stated that the Health Promotion and Wellness component is still a weak part in Health and Wellness Centres. Budget provision and utilization on the IEC/ BCC is very poor as per the study conducted by School of Public Health, PGI Chandigarh in States of Haryana and Chandigarh. Budget on IEC is spent on advertisements in newspapers. No trainings in IEC/BCC have been done in last 10 years for District Mass Media Officers. He emphasized on the need for increase in budget allocation for IEC/BCC and supervision of IEC activities.

AS&MD(NHM) acknowledged that there is a need to enhance IEC so that people are empowered to take charge of their health. However, he clarified that merely looking at the earmarked IEC budget as the only intervention for the IEC would not be correct depiction of the reality. He informed that besides the earmarked fund for IEC for various activities as Mass media, Mid Media, there are many other activities for awareness - Call Centre (Mother and Child Tracking Facilitation Centre), home visits by ASHAs and other health workers, organisation of the Village Health and Nutrition Days (VHNDs), Mobile Academy course to enhance communication skills of the ASHAs, 21 Hour module on life skills for schools for Ayushmaan Ambassadors, that are all, over and above the IEC budget and contribute significantly to awareness.

Dr. Nalini Krishnan, Representative, REACH said that there is a need to reduce OOPE for patients and outreach activities must involve the Panchayati Raj Institutions (PRIs).

Dr. Nand K Menon, ASHWINI, Gudalur said there is a need to focus on drug and substance abuse like alcohol and Tobacco and detoxification.

Dr Prabha Chandra, NIMHANS- said on the need of IEC/BCC budget for promoting outreach activities. She conveyed that NIMHANS has worked on pre-conception mental health issue and will be show-casing it on Women's Day on 8th March, 2019. Nearly 36.6% women plagued with mental health issues in the world are contributed by India, according to an Indian Council of Medical Research (ICMR) study. She said District Mental Health Programme (DMHPs) are still functioning as vertical programmes which should not be the case. India has one of the highest contributions of suicides in the world. This also needs to be addressed.

Sh. Lav Agarwal, Joint Secretary informed that National Suicide Prevention Strategy in India is being worked upon. The Sustainable Development Goal (SDG) target is to reduce the suicide rate by 1/3rd.

The proposal was approved by the MSG.

Agenda-7 Proposal for Rationalization of Operational cost norms for Emergency Transport Ambulances (Dial 108) under National Health Mission

Joint Secretary (Policy) briefly shared that the proposal is to provide support to States / UTs for OPEX of critical care ambulances (Dial 108) under the NHM-PIP within their resource envelope, as per the Cabinet approved sharing pattern for the NHM. Cabinet approved funding sharing pattern - 90:10 for NE & Hilly States, 100% for UTs without legislature and 60:40 for other States and UTs with legislature. Operational cost for Dial 108 Ambulances is the only component under NHM for which additional norms for financial support had been applied. He stated that the proposal before MSG seeks to rationalize the same, based on requests made by the States.

The proposal is further to discontinue the support for CAPEX (both for addition & replacement) of Dial 102 and Dial 108 ambulances under NHM and instead pay the OPEX of hiring the ambulances.

AS&MD(NHM) conveyed that as per the proposal, emphasis is on hiring the services rather than purchasing. AS&MD(NHM) explained how Moving from Capex to full Opex model will reduce upfront capital cost and save the hassle of procurement of patient transport vehicles, fabrication, procurement of equipment and their maintenance as the vendor will be responsible for providing and operating fully functional ambulances as per the requirement and specifications.

The expenditure would be met out of existing NHM budget.

Sh. K M Chandrashekhar, President, SCTIMST enquired whether there can be provision for another set of ambulance services say 109 on payment basis to make use, a lot of available private vehicles these days.

Secretary (HFW) informed the MSG members that the state of Andhra Pradesh has already implemented aggregation on these lines through Uber like model and Ministry would be reviewing its results.

Dr. Nand K Menon, ASHWINI, Gudalur expressed his concern that Uberization may not be feasible in tribal areas. To this, AS&MD(NHM) clarified that the Uberization model would not be uniformly applied and would be limited to such urban areas as proposed by the State. For other areas, the Government will be hiring the ambulances.

After the discussions, the MSG approved with the following recommendation:

1. Provision of support to States/UTs for operational Cost of Dial 108 ambulances within their resource envelopes based on the Cabinet approved sharing pattern of 90:10 for NE & Hilly States, 100% for UTs without legislature and 60:40 for other States and UTs with legislature.
2. To discontinue the support under NHM for Capital cost of Dial 102 and Dial 108 ambulances (both for addition and replacement) for new ambulances.

These decisions will be applicable from the financial year 2019-20.

Agenda-8 Proposal for Expansion of Menstrual Hygiene Scheme into urban areas

Joint Secretary (RCH) presented the agenda. She briefly shared that the scheme aims to reach adolescent girls in a phased manner starting with the first phase covering 25% of adolescent girls in slums of 15 states with sufficient number of urban Accredited Social Health Activists (ASHAs). The States will be supported through NUHM PIP funds

and the financial implication for the first phase is Rs.17.76 Cr. *per annum*. She said that apart from provision of sanitary napkins, it will also involve education on menstrual hygiene and safe disposal of sanitary napkins.

Shri Sanjay Kumar, Principal Secretary (HFW), Bihar shared that the quality of sanitary napkins in states was an issue. Secretary (HFW) informed that HLL is not procuring the sanitary napkins anymore and that the States are empowered to take up procurement as per the revised cost per pack and can monitor. Joint Secretary (RCH) said that the procurement has been decentralized to the states and the price per pack has been increased from earlier Rs 8 per pack to Rs12/- per pack by the Tariff Commission. This will help in ensuring better quality. Dr J S Thakur mentioned about the disposal issue of sanitary napkins. He spoke about Chandigarh where disposal machines are not working He suggested that there should be norms related to disposal system as well as privacy.

Joint Secretary (RCH) informed that the States are provided support for disposal based on their proposal in PIPs.

Hon'ble (MOS) enquired about whether the incinerators are being provided in the schools by the Education Department. Shri Sanjay Kumar, Principal Secretary (HFW), Bihar shared that in Bihar, the Education Department has a scheme but procurement has always been an issue. The Education Department provides Direct Benefit Transfer (DBT) of Rs. 300/- to every girl.

Secretary (HFW) opined that each proposal for sanitary napkins must be contingent on the provision of suitable disposal mechanism.

After the discussions, the MSG approved with the following recommendation:

- Expansion of Menstrual Hygiene Scheme into urban slums in all cities of India in a phased manner.
- Incur an expenditure of Rs. 17.76 Cr. to support procurement and distribution of sanitary napkins to adolescent girls in urban slums during the first phase of implementation.

Agenda-9 Proposal for Rollout of Home Based Care for Young Child (HBYC) Programme

Joint Secretary (RCH) presented the agenda. She briefly explained that the HBYC programme is an extension of the Home Based Newborn Care (HBNC) programme which is currently being implemented across the country where ASHA makes 6-7 post natal home visits to the mother and the new born up to 42 days after birth. Beyond that the ASHA only visits for mobilising children for immunization. In HBYC, 5 home visits will be carried out by ASHAs at 3rd, 6th, 9th, 12th and 15th months during which ASHA will

provide counselling to promote exclusive and continued breast feeding, adequate complementary feeding, age appropriate immunization and early childhood development. Joint Secretary (RCH) stressed that even though the under-five mortality rate is declining, there is much to be done regarding child nutrition for early childhood development and better child survival which can be accomplished through the HBYC. Under HBYC, ASHAs will be given incentive of Rs. 250 for the five visits HBYC will be rolled out in a phased manner. She said that in the first phase it will be rolled out in all aspirational districts, in second phase remaining districts under Poshan Abhiyaan and in the third phase will be extended to all the districts. She shared that the financial implication for the first phase is Rs. 260.58 Cr. (2018-19), Rs 652.31 Cr. in the second phase (2019-20) and the year after for third phase Rs.1,368.79 Cr. It will be taken up subject to availability of resources under NHM.

Sh. K.M Chandrasekhar suggested bringing in the department of disability also under the purview of HBYC as autism is a growing problem and the signs can be seen nearly only after one year of age. He suggested including training on identification of signs of autism under the training of HBYC. Joint Secretary (RCH) responded by speaking about the Rashtriya Bal Swasthya Karyakram (RBSK) programme where specifically 30 conditions are being looked at under which autism is one of them. This is done at the time of birth and beyond that in Anganwadi Centres and schools through Mobile Health Teams. Nearly 11,000 Mobile Health teams are in place for screening of the 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability.

Dr J S Thakur said in relation to nutrition that if a child is stunted at 2 years of age, it will badly affect the growth and development of the child as well as future productivity as an adult. He added that till 2 years of age, good nutrition is imperative for the holistic development of the child. He also talked about the importance of the child's engagement in social activities like playing and talking in early childhood development. He stressed that this is especially important for babies who are premature or low birth weight or babies with birth defects. He opined that an integrated model till 2 years of age is required in our country.

The proposal was approved by the MSG.

Agenda-10 Proposal for Revision of norms and basis of costing for implementation of National Strategic Plan under RNTCP.

Sh. Vikas Sheel, Joint Secretary presented the agenda. He said that as the Hon'ble Prime Minister declared to achieve targets for TB under the SDGs by 2025, five years ahead of the global timelines, the National Strategic Plan has been prepared for that. Norms and basis of costing was last updated in 2012. In this proposal, newer activities under the NSP have been identified by RNTCP and the State will propose their costing based on discovered rates and market trends. Norms for existing activities will be

considered as per the NHM norms in the state and will be based on workload. It was clarified that the process for approval of proposals will continue to be in line with the prevailing process under NHM.

Shri K M Chandrashekhar spoke about a new equipment of TB testing. He shared that SCTIMS has developed a device where 20 samples can be tested in one run in 20 minutes and the actual cost is Rs 10/- which in normal course is about Rs. 2500 per test. Secretary (HFW) said that a team may be sent to this eminent institute to study it. She further said that some Health and Wellness Centres in its catchment area should be entrusted to the SCTIMS for mentoring, and telemedicine may also be given to this Institute of National Importance.

The proposal was approved by the MSG.

Agenda-11 Proposal for awarding states / UTs / Districts for achieving disease free status for TB / Leprosy / Malaria / Kala Azar /Lymphatic Filariasis / Cataract

The proposal was put forth by the Sh. Vikas Sheel, Joint Secretary and rationale was explained in detail by AS& MD(NHM).

Government of India has set a timeline to achieve elimination of Tuberculosis (TB), Malaria, Leprosy, Kala Azar and Lymphatic Filariasis under the National Health Policy 2017.

Conventionally, there is precedence to award certification of elimination of the disease only at national level, largely led by the World Health Organization (WHO). To achieve these targets of elimination of communicable diseases at a large scale in a relatively short time, it was essential to take disease control initiatives to the sub-national and district level.

Incentivizing and rewarding well performing states for achieving target that are within their control and capacity, will not only motivate states to prioritize and undertake implementation of these programs in elimination mode, but will also generate a sense of healthy competition among States / Districts. Accordingly, it is proposed to have sub-national level disease elimination status documented and "Awards" be presented to respective State / Districts upon achievement of such status. WHO will be supporting in designing the methods of certification and measuring disease burden.

The proposal was approved by the MSG.

Agenda-12 Proposal for National Viral Hepatitis Control Program

The Proposal was explained by Sh. Vikas Sheel, Joint Secretary for expansion of services for management of viral Hepatitis including treatment of Hepatitis C to include at least one model treatment centre in every State/UT and one treatment centre in every district. Further, to include treatment services for management of Hepatitis B.

The proposed Preventive interventions include -

- Prevention of transmission from mother to child by administering HBIG at birth with birth dose of Hepatitis B vaccine
- Increasing access and promoting diagnosis & providing treatment support for patients of Hepatitis
- provision of linkages
- treatment
- Involvement of community / peer support to enhance and ensure adherence to treatment and demand generation.
- Building capacities at national, state and district levels for Hepatitis management.

The total financial implication for this is for Rs. 389.71 cr . over a three year period.

The proposal was approved by the MSG.

Agenda-13 Proposal for Inclusion of Climate Change & Human Health Related Activities in NHM

The background of the proposal was explained by Sh. Lav Aggarwal, Joint Secretary as follows - Change in climate pattern significantly impacts health and occurrence of diseases among human population. Global rise in temperature has affected weather patterns resulting in extreme events like heat waves, heavy rains, flood, drought, cyclones, and has other environmental impacts like air pollution etc.

Climate change also significantly impacts health through change in pattern of other diseases such as vector-borne, water borne, food borne diseases, communicable diseases like tuberculosis, exacerbation of cardio-respiratory diseases, stroke, cancers etc.

Some of the recent actions taken on this front at National level are -

- Prime Minister's Council on Climate Change had suggested new 'Mission on Health' in January, 2015
- Ministry of Health and Family Welfare, Government of India is the nodal Ministry

- National Centre for Disease Control (NCDC) is the nodal Technical agency.
- Under 'Mission on Health', a National Action Plan for Climate Change and Human Health has been prepared by an Expert Group and is under submission to MoEFCC for approval by Prime Minister's Council on Climate Change

The MoHFW-NCDC have conducted the following-

- National and Regional Consultations to sensitise state officials.
- Identified premier institutes as Centre of Excellence for technical support
- Initiated sentinel surveillance for diseases due to air pollution
- Prepared and issued advisories and health messages on air pollution and heat wave related health issues.
- Organised National consultations to consolidate research evidence available in India on climate change and air pollution

Following actions are needed -

- Establish Environment Health Cell
- Identify State Nodal Officer -Climate Change.
- Notify Task Force for multi sectors consultation.
- Develop state specific action plan for climate change and human health enlisting tasks at State and District level
- Situational analysis and Health Vulnerability Assessment
- Risk Mapping of climate sensitive diseases: Hot Spots by vulnerable population, resources and challenges
- Review existing programmes of health and non-health sector for incorporating health adaptation strategies for each Climate Sensitive Diseases.

Climate Change & Human Health is a new programme and proposal is hereby submitted for consideration under the NHM. Presently, there is no specific manpower available in States/UTs which inhibits the outputs and targets. Consultants are required for developing and executing state and district action plan on climate change and human health

Estimated Annual budget for hiring contractual Consultant-Climate Change in State Health Department is Rs 3.36 Cr.

The State budget requirements for manpower and activities will be submitted through State PIP within their overall resource envelope using NHM approved limits.

The proposal was approved by the MSG.

Agenda-14 Proposal for revision of amount for morbidity management kit under Elimination of Lymphatic Filariasis Programme of NVBDCP under NHM

Sh. Vikas Sheel, Joint Secretary informed about the proposal. In 7th meeting of EPC held on 26th November 2018, the committee had recommended revision of norms for cost of Morbidity Management kit from current Rs.150/- to Rs.500/- with the condition that it should be limited to only endemic districts. It was also directed that the Programme Division should confirm the number of endemic districts.

- Though 99 districts have cleared Pre-Transmission Assessment Survey (TAS) and Mass Drug Administration (MDA) has been stopped, these districts have been put under validation through Transmission Assessment Survey - I, II and III. Thus, all the 256 districts still remain endemic and lymphedema management being in place is one of the essential activities for certification of elimination.

The proposal was approved by MSG with the above recommendation to implement in all the 256 identified LF endemic districts.

Agenda-15 Proposal for Supporting Multipurpose Health Worker (Male) under the NHM

The agenda was presented by AS&MD (NHM) who delved on the critical need for MPWs for implementation of the National level Programmes especially Disease Control Programmes as NVBDCP, RNTCP, NLEP and also the national programmes for the NCDs under NHM.

He explained that, the NHM has been supporting the 2nd ANM at the Sub-Centres (SC). In the past, the major focus of NHM was on RCH services. Therefore, the training curriculum of ANMs was mostly restricted to RCH with little emphasis on various other aspects of Public Health. He emphasized that the cadre of MPWs (Male) was introduced in the Year 1974 and now they were disappearing.

Further, AS&MD(NHM) said, it would be useful, considering the fact, that provisioning of a MPW (Male) at the SC level will increase the reach of the public health system to the entire spectrum of the population and health issues.

Secretary (HFW) further mentioned that the deployment of MPW (Male) will be supported only for additional MPWs appointed after 01.04.2018. She also mentioned that either a male MPW or 2nd Female MPW will be supported at the HWC but not both at this stage.

Further, AS&MD(NHM) emphasized that the support of MPW (Male) will be provided to State based on the requirement of State and demand of the State.

The proposal was approved by the MSG.

After detailed discussions over agenda items, the following points raised and suggestions made by MSG members:

Dr. V. K. Paul, NITI Aayog remarked that quality ANC for pregnant women is deliverable. Community based Kangaroo Mother Care is hugely feasible, still births are avertible, extra push for ANC needs to be given. NHM started in a certain way has delivered a lot. Integrated mother new born-INAP elements need to be focussed at NITI Aayog. However, feels that there is a marginalisation of State Health Directorates especially for NCDs. The Male MPWs are good. There is a need to reinvest in these and bring in new energies. To reach out at political level, the States need to invest not just 40% but much more. The participation has to be in a much more inclusive way. The NHM envisaged merely 3% for operational research. There has to be emphasis on systematic continuous learning to guide and improve the programme and performance. The level and intensity of learnings has to be optimal as-why kidney diseases or mental health issues are being added to the existing list of health problems.

Dr J S Thakur added that In NCDs people must be put on treatment, now only 1/3rd of those screened are put on treatment. In Diabetes and Hypertension, population based screenings should be well linked and effective follow up is required. The control rate in Punjab and Haryana is only 10-12%.

Sh. Sanjay Kumar suggested that PIP approvals for three years could be given. Further, there is a lack of coordination between the ASHA and AWW at the ground level. Secretary (HFW) requested Sh. Sanjay Kumar to give the proposal in writing for ASHA workers. Sh. Sanjay Kumar also suggested that mobile technology should be used for data utilisation.

Dr Nand K Menon suggested that rural housing is very bad for TB transmission and we must make it mandatory to hospitalise the patient till he completes the treatment.

It was also suggested that a lot needs to be spent on IEC/BCC for removing the stigma attached to TB, to ensure proper and timely treatment of TB patients.

Dr. Nalini Krishnan suggested that internal monitoring of the program besides Community monitoring must be done in RNTCP.

Hon'ble MOS appreciated the concerns raised and issues discussed and thanked all the members for their inputs and sought their continued support in steering the Mission.

The Meeting ended with a vote of thanks to the Chair.

Annexure

Participant List - 6th MSG of NHM

1 Shri Ashwini Kumar Choubey, Hon'ble Minister of State, MOHFW
2 Dr V K Paul, Member, NITI Aayog
3 Ms Preeti Sudan, Secretary(HFW), MOHFW
4 Dr S Venkatesh, DGHS (Officer in Charge)
5 Dr R K Vats, AS&FA, MOHFW
6 Shri Manoj Jhalani, AS&MD(NHM), MOHFW
7 Shri Sanjay Kumar, Principal Secretary (HFW), Bihar
8 Shri K M Chandrasekhar, President, SCTIMST, Kerala
9 Dr J S Thakur, Professor-PGIMER, Chandigarh
10 Dr Nalini Krishnan, REACH, Chennai, Tamil Nadu
11 Dr Nand K Menon, ASHWINI, Gudalur, Nilgini, Tamil nadu
12 Dr Prabha Chandra, NIMHANS, Karnataka
13 Dr Vijay Kumar, SWACH, Haryana
14 Ms Vandana Gurnani, Joint Secretary, MOHFW
15 Dr Manohar Agnani, Joint Secretary, MOHFW
16 Shri Vikas Sheel, Joint Secretary, MOHFW
17 Shri Lav Agarwal, Joint Secretary, MOHFW
18 Ms Preeti Pant, Joint Secretary, MOHFW
19 Shri Nilambuj Sharan, Economic Advisor, MOHFW
20 Shri Jaideep Singh Kochher, Economic Advisor, Ministry of Tribal Affairs
21 Ms Nivedita Gupta, CD (Stats), MOHFW
22 Dr Ajay Khera, Deputy Commissioner, MOHFW
23 Dr Pradeep Haldar, Deputy Commissioner, MOHFW
24 Dr S K Sikdar, Deputy Commissioner, MOHFW
25 Dr P K Prabhakar, Deputy Commissioner, MOHFW
26 Dr Sushma Dureja, Deputy Commissioner, MOHFW
27 Dr A Raghu, Joint Adviser (Ayurveda), AYUSH
28 Ms Bindu Sharma, Director (NHM-II), MOHFW
29 Ms Kavita Singh, Director (NHM-Fin), MOHFW
30 Ms Sunita Sharma, Director (NHM-III), MOHFW
31 Dr P K Sen, Director (NVBDCP) DGHS
32 Shri Sujeet Singh, Director(NCDC), DGHS
33 Dr Nupur Roy, Additional Director (NVBDCP) DGHS
34 Dr S Rajesh, Director (Health), NITI Aayog
35 Shri Shiva Shankar Prasad, Director, Ministry of Panchayati Raj
36 Shri Navendra Singh, Director, Ministry of Women and Child Development

Participant List - 6th MSG of NHM

37 Ms Manisha Verma, Chief Media, MOHFW
38 Shri S Nayak, Deputy Secretary (NHM-IV), MOHFW
39 Shri N Yuvaraj, Deputy Secretary (NHM-I), MOHFW
40 Dr Aakash Shrivastava, Joint Director (NCDC), DGHS
41 Dr Jitender Singh, Joint Director, Ministry of Drinking Water and Sanitation
42 Shri Saroop Singh, Under Secretary (NHM-IV), MOHFW
43 Dr S C Agrawal, Deputy Director(NHM-II), MOHFW
44 Dr Shikha Vardhan, Deputy Director (NCDC), DGHS
45 Dr Raghuram Rao, Deputy Director(TB), DGHS
46 Shri Ankur Kumar, Assistant Director (NHM-II), MOHFW
47 Ms A Kiruthika, Assistant Director, Ministry of DONER
48 Shri R S Negi, SSO (NHM-II), MOHFW
49 Shri Neeraj Kumar, SSO (NHM-II), MOHFW
50 Prof J K Das, Director, NIHFW
51 Dr J N Srivastava, Advisor, NHSRC
52 Shri Gulshan Lal, Consultant, Ministry of Women and Child Development
53 Mrs P Padmavati, Consultant, MOHFW
54 Dr Rakshita, Consultant, MOHFW
55 Dr Gaurav Chauhan, Consultant, MOHFW
56 Dr Salima Bhatia, Consultant, MOHFW
57 Ms Jahnabi Hazarika, Consultant, MOHFW
58 Ms Sumitha Chalil, Consultant, MOHFW
59 Dr Princy Joseph, Consultant, MOHFW
60 Shri Vipin Joseph, Consultant, MOHFW
61 Shri Vishal Kataria, Consultant, MOHFW
62 Dr Jayendra Kasar, Consultant, MOHFW
63 Dr Mayank Sharma, Consultant, MOHFW
64 Dr Anil Kumar Gupta, Consultant, MOHFW
65 Ms Sudipta Basa, Consultant, MOHFW
66 Shri Sumanta Kar, Consultant-Fin, MOHFW
67 Shri Sanjeev Gupta, Consultant-Fin, MOHFW
68 Shri Jayant Mandal, Consultant-Fin, MOHFW
69 Dr Bhavin Vadera, Consultant(TB), DGHS
70 Shri Vinod Goyal, Consultant, MOHFW
71 Shri Rohit Singh, MIS Manager, MOHFW