



MISSION DIRECTOR, NATIONAL RURAL HEALTH MISSION J&K

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**State Malariologist
Director Health Services, Jammu
Jammu and Kashmir**

No: SHS/J&K/NRHM/46-54

Dated: 1-4-2013

Sub: Release of GIA on account of National Vector Borne Diseases Control Programme (NVBDCP) for the Financial Year 2012-13

Sir,


As approved by the Chairman Executive Committee, State Health Society, sanction is hereby accorded to the release of ₹2.56 Lakhs (Rupees Two Lakhs and Fifty Six Thousand only) as GIA for the activities approved under State PIP for the financial year 2012-13 vide official communication no: 10(17)/2012 - NRHM-I dt.29th May, 2012 from the o/o Director NRHM-I, Ministry of Health & Family Welfare (NRHM), Govt. of India and Sanction Letter vide No.4-10/2012-13/NVBDCP/Acts/GIA/DBS (i), (ii) & (iii) dt.28th Feb, 2013 from VBD Section, MoH&FW, Govt. of India (copies enclosed).

Accordingly, above sanctioned GIA is transferred in favour of the Member Secretary, State Malaria Society, Jammu vide their Bank A/c No: 0021040500000002 with the J&K Bank, Shalamar Road, Jammu.

The GIA sanctioned above is subject to following conditions:

1. That funds shall be utilized strictly in accordance with the activities approval under RoP 2012-13 after observing all codal formalities required under the Rules and according to the Guidelines issued by NVBDCP, MOH&FW, GoI which are available on the website <http://nvbdcp.gov.in/>.
2. That a separate assets register for the programme is maintained under seal & signatures of the Head of the institution.
3. The expenditure shall be strictly incurred for the activities contained in the above sanction order.
4. **That Statement of Expenditure (SoE) and Utilization Certificate (UC) is sent to State Health Society on monthly basis before 5th of next month.**
5. That the Physical Achievements are sent to State Health Society on regular basis.
6. The account of the District Health Society shall be open to the inspection by the sanctioning authority and Audit both by the Comptroller and Auditor General of India under the provision of CAG (DPC) Act 1971 and internal Audit by Principal Accounts Officer of the Ministry of the Health & Family Welfare, GoI whenever the Society is called upon to do so.

Yours sincerely,


**Mission Director
NRHM, J&K**

Encls: Eight (8) Leaves

Copy to the:

1. Commissioner/ Secretary to Govt., Health & Medical Education Department (Chairman, Executive Committee, State Health Society, J&K), Civil Secretariat, Jammu for information.
2. Director Health Services, Jammu/ Kashmir for information.
3. Joint Director (P&S), State Health Society, NRHM, J&K for information.
4. Financial Advisor & CAO, State Health Society, NRHM, J&K for information.
5. Divisional Nodal Officer, NRHM, Jammu/ Kashmir for information.
6. Programme Manager, NDCPs, State Health Society, NRHM for information.
7. Office File.

No.4-10/2012-13/NVBDCP/Accts/GIA/EAC(iii)
Government of India
Ministry of Health & Family Welfare
Department of Health & FW
(VBD Section)

Nirman Bhawan, New Delhi
Dated the 28th February, 2013

To,

The Director,
Directorate of NVBDCP,
22-Sham Nath Marg,
Delhi-110054.

Subject:- Release of Grants-in-aid for National Vector Borne Disease Control Programme for 2012-13-reg.

Sir,

I am directed to convey the sanction of the President to the release of **Rs. 82,50,000/- (Rupees Eighty Two Lakh Fifty Three Thousand only)** as Grants-in-Aid to the under mentioned **State Health Societies under NRHM out of the Domestic Budgetary Support (Scheduled Castes Area)** component of National Vector Borne Disease Control Programme for the financial year 2012-13 by way of "e-transfer" by the Pay & Accounts Officer, NCDC, Delhi-54.

Sl.No	State/UT	Name of State/UT Health Society	Amount approved (in Rs. Lakh)
1.	Haryana	State Health Society, Haryana	30.30
2.	Kerala	State Health Society, Kerala	8.79
3.	Punjab	State Health Society, Punjab	27.60
4.	Puddcherry	State Health Society, Puddcherry	6.09
5.	Jammu & Kashmir	State Health Society, Jammu & Kashmir	0.14
6.	Goa	State Health Society, Goa	0.21
7.	Himanchal Pradesh	State Health Society, Himanchal Pradesh	8.81
8.	Rajasthan	State Health Society, Rajasthan	0.36
9.	Dadar Nagar Haveli	State Health Society, Dadar Nagar Haveli	0.23
Total			82.53

2. Authorisation to incur expenditure will be subject to the guidelines, terms and conditions laid down in the Administrative Approval of the State PIP for 2012-13, Records of Proceedings of the NPCC and other Program-wise Attachments and Annexures enclosed thereto. A certificate to this effect should accompany the Utilisation Certificates in the due course.

3. The State shall not make any change in allocations or re-appropriations among different components/activities without approval of the MOH&FW, GOI.

4. The State shall ensure completion of Delegation of Administrative and Financial Powers during the current financial year and funding of NRHM Programmes will be based on clear delegation as per earlier directions.

5. The State shall follow all the financial management systems under NRHM and shall submit Statutory Audit Reports, Utilisation Certificates, Quarterly Summary on Concurrent Audit, FMRs/SOEs and Statement of Funds Position, showing unspent balances, funds released as advances, interest earned on unspent balance as and when due.

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6. The remuneration of contractual staff may be paid, provided a provision for the same had been made in the State PIP and approved by the NPCC for the current financial year.
7. The grant-in-aid is recurring in nature.
8. The sanction order is being issued in accordance with Rule 209 to 212 of General Financial Rules, 2005.
9. Releases made under this Sanction Order are only in respect of Programmes/Schemes/activities for which:
 - (i) Unspent balance for the previous year 2011-12 has been adjusted.
 - (ii) Provisional UCs/FMRs/SOEs upto 31st March, 2012 have been received from the States.
 - (iii) No UCs is pending from these States/UTs for the year 2010-11.
 - (iv) Audited Accounts and UCs for the year 2011-12 have been received.
10. The expenditure involved will be met out of the approved Budget Estimates under Demand No.46 -Department of Health & Family Welfare, 2210 -Medical and Public Health; (Major Head), 06789-Special Component Plan for Scheduled Castes (Minor Head); 03-Natioanl Vector Borne Disease Control Programme, 0302-GC; **030231-Grants-in-Aid-General for the financial year 2012-13 (Plan)**.
11. The accounts of the grantee institutions/organizations shall be open to inspection by the sanctioning authority and audit both by the C&AG of India under the provisions of CAG (DPC) Act, 1971 and internal audit by office of CCA of the Ministry of Health & Family Welfare.
12. This expenditure is subject to availability of funds and within the allocated provision.
13. This issues with the concurrence of IFD vide their Dy. No. C-1920 dated 28.02.2013.

Yours faithfully,



(S.N. Jasra)

Under Secretary to the Govt. of India
Tel. No. 23061510

Copy for appropriate action to:

1. The PAO, NCDC, Ministry of Health FW, 22-Sham Nath Marg, Delhi-110054.
2. Mission Director (NRHM) of the States/UTs indicated under table at para 1 above. It is intimated that funds sanctioned to your State/UT in this Sanction Order are being remitted electronically to the Bank Account of the State Health Society. Wherever, electronic fund transfer is not possible, remittances will be through Bankers Cheque/Demand Draft to be delivered to the Office of the State Health Society on behalf of Govt. of India.
3. Director (VBD)/Under Secretary (F.I.)/Under Secretary (NRHM-Finance), MOH&FW.
4. Sanction Folder.



(S.N. Jasra)

Under Secretary to the Govt. of India

No.4-10/2012-13/NVBDCP/Accts/GIA/DBS(ii)
Government of India
Ministry of Health & Family Welfare
Department of Health & FW
(VBD Section)

Nirman Bhawan, New Delhi
Dated the 28th February, 2013

To,
The Director,
Directorate of NVBDCP,
22-Sham Nath Marg,
Delhi-110054.

Subject:- Release of Grants-in-aid for National Vector Borne Disease Control Programme for 2012-13-reg.

Sir,

I am directed to convey the sanction of the President to the release of **Rs. 3,43,49,000/- (Rupees Three Crore Forty Three Lakh Forty Nine Thousand only)** as Grants-in-Aid to the under mentioned **State Health Societies** under NRHM out of the **Domestic Budgetary Support (General Area)** component of National Vector Borne Disease Control Programme for the financial year 2012-13 by way of "e-transfer" by the Pay & Accounts Officer, NCDC, Delhi-54.

Sl.No	State/UT	Name of State/UT Health Society	Amount approved (in Rs. Lakh)
1.	Haryana	State Health Society, Haryana	123.49
2.	Kerala	State Health Society, Kerala	78.98
3.	Punjab	State Health Society, Punjab	69.94
4.	Puddcherry	State Health Society, Puddcherry	31.50
5.	Jammu & Kashmir	State Health Society, Jammu & Kashmir	1.52
6.	Goa	State Health Society, Goa	9.76
7.	Himanchal Pradesh	State Health Society, Himanchal Pradesh	24.55
8.	Rajasthan	State Health Society, Rajasthan	1.46
9.	Dadar Nagar Haveli	State Health Society, Dadar Nagar Haveli	2.29
Total			343.49

2. Authorisation to incur expenditure will be subject to the guidelines, terms and conditions laid down in the Administrative Approval of the State PIP for 2012-13, Records of Proceedings of the NPCC and other Program-wise Attachments and Annexures enclosed thereto. A certificate to this effect should accompany the Utilisation Certificates in the due course.

3. The State shall not make any change in allocations or re-appropriations among different components/activities without approval of the MOH&FW, GOI.

4. The State shall ensure completion of Delegation of Administrative and Financial Powers during the current financial year and funding of NRHM Programmes will be based on clear delegation as per earlier directions.

5. The State shall follow all the financial management systems under NRHM and shall submit Statutory Audit Reports, Utilisation Certificates, Quarterly Summary on Concurrent Audit, FMRs/SOEs and Statement of Funds Position, showing unspent balances, funds released as advances, interest earned on unspent balance as and when due.

Contd...

6. The remuneration of contractual staff may be paid, provided a provision for the same had been made in the State PIP and approved by the NPCC for the current financial year.
7. The grant-in-aid is recurring in nature.
8. The sanction order is being issued in accordance with Rule 209 to 212 of General Financial Rules, 2005.
9. Releases made under this Sanction Order are only in respect of Programmes/Schemes/activities for which:
 - (i) Unspent balance for the previous year 2011-12 has been adjusted.
 - (ii) Provisional UCs/FMRs/SOEs upto 31st March, 2012 have been received from the States.
 - (iii) No UCs is pending from these States/UTs for the year 2010-11.
 - (iv) Audited Accounts and UCs for the year 2011-12 have been received.
10. The expenditure involved will be met out of the approved Budget Estimates under Demand No.46 -Department of Health & Family Welfare, 2210 -Medical and Public Health; (Major Head), 06101-Prevention & Control of Diseases (Minor Head), 08-Natioanl Vector Borne Disease Control Programme, 0807-Grants to SMCS (GC), **080731-Grants-in-Aid-General for the financial year 2012-13 (Plan)**.
11. The accounts of the grantee institutions/organizations shall be open to inspection by the sanctioning authority and audit both by the C&AG of India under the provisions of CAG (DPC) Act, 1971 and internal audit by office of CCA of the Ministry of Health & Family Welfare.
12. This expenditure is subject to availability of funds and within the allocated provision.
13. This issues with the concurrence of IFD vide their Dy. No. **C-1920 dated 28.02.2013**.

Yours faithfully,



(S.N. Jasra)

Under Secretary to the Govt. of India
Tel. No. 23061510

Copy for appropriate action to:

1. The PAO, NCDC, Ministry of Health FW, 22-Sham Nath Marg, Delhi-110054.
2. Mission Director (NRHM) of the States/UTs indicated under table at para 1 above. It is intimated that funds sanctioned to your State/UT in this Sanction Order are being remitted electronically to the Bank Account of the State Health Society. Wherever, electronic fund transfer is not possible, remittances will be through Bankers Cheque/Demand Draft to be delivered to the Office of the State Health Society on behalf of Govt. of India.
3. Director (VBD)/Under Secretary (F.I)/Under Secretary (NRHM-Finance), MOH&FW.
4. Sanction Folder.



(S.N. Jasra)

Under Secretary to the Govt. of India

No.4-10/2012-13/NVBDCP/Accts/GIA/DBS(i)
Government of India
Ministry of Health & Family Welfare
Department of Health & FW
(VBD Section)

Nirman Bhawan, New Delhi
Dated the 28th February, 2013

To
The Director
Directorate of NVBDCP
22-Sham Nath Marg
Delhi-110054.

Subject:- Release of Grant-in-aid for National Vector Borne Disease Control Programme for 2012-13-reg.

Sir,

I am directed to convey the sanction of the President to the release of **Rs. 2,94,59,000/- (Rupees Two Crore Ninety Four Lakh Fifty Nine Thousand only)** as Grant-in-Aid to the under mentioned State Health Societies under NRHM out of the **Domestic Budgetary Support** component of National Vector Borne Disease Control Programme for **procurement of decentralized commodities** for the financial year 2012-13 by way of "e-transfer" by the Pay & Accounts Officer, NCDC, Delhi-54 as per details below:

Sl.No	State/UT	Name of State/UT Health Society	Amount approved (in Rs. Lakh)
1.	Kerala	State Health Society, Kerala	173.25
2.	Punjab	State Health Society, Punjab	61.50
3.	Puddcherry	State Health Society, Puddcherry	6.88
4.	Jammu & Kashmir	State Health Society, Jammu & Kashmir	0.90
5.	Himanchal Pradesh	State Health Society, Himanchal Pradesh	1.59
6.	Rajasthan	State Health Society, Rajasthan	11.60
7.	Tamil Nadu	State Health Society, Tamil Nadu	24.00
8.	Dadar Nagar Haveli	State Health Society, Dadar Nagar Haveli	13.10
9.	Lakshadweep	State Health Society, Lakshadweep	1.77
Total			294.59

2. Authorisation to incur expenditure will be subject to the guidelines, terms and conditions laid down in the Administrative Approval of the State PIP for 2012-13, Records of Proceedings of the NPCC and other Program-wise Attachments and Annexures enclosed thereto. A certificate to this effect should accompany the Utilisation Certificates in the due course.

3. The State shall not make any change in allocations or re-appropriations among different components/activities without approval of the MOH&FW, GOI.

4. The State shall ensure that its share based on release of funds by GOI is credited to the State Health Society Account within one month of the release order.

5. The State shall ensure completion of Delegation of Administrative and Financial Powers during the current financial year and funding of NRHM Programmes will be based on clear delegation as per earlier directions.

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6. The State shall follow all the financial management systems under NRHM and shall submit Statutory Audit Reports, Utilisation Certificates, Quarterly Summary on Concurrent Audit, FMRs/SOEs and Statement of Funds Position, showing unspent balances, funds released as advances, interest earned on unspent balance as and when due.
7. The remuneration of contractual staff may be paid, provided a provision for the same had been made in the State PIP and approved by the NPCC for the current financial year.
8. The grant-in-aid is recurring in nature.
9. The sanction order is being issued in accordance with Rule 209 to 212 of General Financial Rules, 2005.
10. Releases made under this Sanction Order are only in respect of Programmes/Schemes/activities for which:
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 - (iii) No UCs is pending from these States/UTs for the year 2010-11.
 - (iv) Audited Accounts and UCs for the year 2011-12 have been received.
11. The expenditure involved will be met out of the approved Revised Estimates under Demand No.46-Department of Health & Family Welfare; 2210-Medical and Public Health(Major Head); 06101-Prevention & Control of Diseases (Minor Head); 08-Natioanl Vector Borne Disease Control Programme; **0808-Procurement for Supply and Materials; 080831-Grants-in-Aid-General for the financial year 2012-13 (Plan).**
12. The accounts of the grantee institutions/organizations shall be open to inspection by the sanctioning authority and audit both by the C&AG of India under the provisions of CAG(DPC) Act, 1971 and internal audit by office of CCA of the Ministry of Health & Family Welfare.
13. This expenditure is subject to availability of funds and within the allocated provision.
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Yours faithfully,



(S.N. Jasra)

Under Secretary to the Govt. of India
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2. Mission Director (NRHM) of the States indicated under table at para 1 above. It is intimated that funds sanctioned to your State in this Sanction Order are being remitted electronically to the Bank Account of the State Health Society. Wherever, electronic fund transfer is not possible, remittances will be through Bankers Cheque/Demand Draft to be delivered to the Office of the State Health Society on behalf of Govt. of India.
3. Director (VBD)/Under Secretary (F.III), IFD/Under Secretary (NRHM-Finance), MOH&FW.
4. Sanction Folder.



(S.N. Jasra)

Under Secretary to the Govt. of India

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDP)

Physical Targets					
S.No.	Indicator	2010	2011	2012	Remarks
1	Annual Blood Examine Rate (ABER) i.e. population screened annually for Malaria	8.82	8.26	>10 %	Since this is annual figure the proportionate target for six months by monthly blood examination rate should also be fixed. Surveillance needs to be strengthened in the Jammu division. In view of malaria cases reported by Kashmir division surveillance needs to be strengthened in Baramulla and Ramban districts.
2	Annual Parasite Incidence (API) i.e. Malaria cases per 1000 population annually	0.15	0.19	<0.2	Needs to monitor the districts of Jammu division.
3	Sentinel Surveillance Hospital made functional for Dengue & Chikungunya	1	7	7	The functionality to be sustained & ensured and should be monitored by their regular reports

Sr.No.	Priority Area for Focused Attention
1	Districts of Jammu division need to focus on prevention and control of VBDs with special emphasis on UMS in Jammu town.
2	All the 7 Sentinel Surveillance Hospitals for Dengue and Chikungunya to be equipped with ELISA facility, manpower and diagnostic kits and functionality to be ensured.

Essential Conditionality					
Sr.No	Post	Sanctioned	In position	Vacant	Target for 2012-13
1	District Malaria Officer (redesignated as District VBD Officer).	6	5	1	The vacant sanctioned post to be recruited on priority. In view of malaria cases reported from the districts of Kashmir division posts for districts in the division

					need to be processed for sanctioning and to recruit.
	DesirableConditionality				
1	MPWs (M) + BHWs	145 + 297	128+ 290	17+ 7	Process to be initiated for recruitment of MPWs (M)/ BHWs and deployed in Malaria endemic subcentres.
2	Review of District VBD Officers by Principal Secretary (Health)/ MD, NRHM and DHS twice in a year, one of which should be before transmission period and the other during the transmission period.				
3	Monitoring need to be strengthened. Though the State is endemic for both Malaria and Dengue in the State PIP first page all the VBDs has been shown as NIL prevalence.				

ROAD MAP FOR PRIORITY ACTION: Surveillance & monitoring under NVBDCP is done throughout the year. Following salient points are to monitor the implementation of programme activities in different quarters.

- **April to June** - Funds allocation and distribution to the districts as per PIP. Advisories, guidelines and financial sanctions to the districts for implementation of programme activities, trainings and observance of anti-malaria month. Source reduction activities for Dengue and Chikungunya in Urban and rural areas and observance of anti-malaria month to be ensured. First review meeting by Principal Secretary (Health)/ MD, NRHM and DHS.
- **July to Sept.** - Implementation of programme activities as per calender, monitoring, preparedness for prevention and control of Malaria and Dengue, and observance of anti-dengue month. Second review meeting by Principal Secretary (Health)/ MD, NRHM and DHS .
- **October to December**- Review and Monitor physical and financial performance and preparation of next annual plan.
- **January to March** - Consolidation of previous year's physical and financial achievement and plan for next year.

Detailed Budget:

FMR Code	Activity	Unit Cost (wherever applicable)	Physical target	Amount Proposed (in lacs)	Amount Approved (in lacs)	Remarks
F.1	DBS (Domestic Budgetary Support)					
F.1.1	Malaria (DBS)					
F.1.1.a	Human Resource (MPW contractual engagement)			0.00	0.00	
F.1.1.a.ii	Lab Technicians (against vacancy)			0.00	0.00	
F.1.1.a.iii	VBD Technical Supervisor (one for each block)			0.00	0.00	
F.1.1.a.iv	District VBD Consultant (one per district)			0.00	0.00	
	(Non- Project States)					
F.1.1.a.v	State Consultant (Non – Project States) - M& E Consultant (Medical Graduate with PH qualification) - VBD Consultant (preferably entomologist)			0.00	0.00	
F.1.1.b	Honorarium and incentives (ASHA)			5.00	5.00	ASHA's involvement in activities related to malaria & Dengue need to be ensured as per guidelines
F.1.1.c	Operating Cost			0.00		
F.1.1.c.i	Spray Wages			2.00	0.00	State resource
F.1.1.c.ii	Operational cost for IRS			0.00	0.00	
F.1.1.c.iii	Impregnation of Bed nets- for NE states					

FMR Code	Activity	Unit Cost (wherever applicable)	Physical target	Amount Proposed (in lacs)	Amount Approved (in lacs)	Remarks
F.1.1.d	Monitoring , Evaluation & Supervision & Epidemic Preparedness including mobility			4.00	4.00	For strengthening monitoring & evaluation
F.1.1.e	IEC			9.70	9.00	Integrated IEC to planned for both malaria and Dengue
F.1.1.f	PPP / NGO and Intersectoral Convergence					
F.1.1.g	Training			10.10	8.00	
F.1.1.h	Zonal Entomological units					
F.1.1.i	Biological and Environmental Management through VHSC			0.00	0.00	
F.1.1.j	Larvivorous Fish support			8.00	0.00	State resource
F.1.1.c	Total for Malaria DBS			38.80	26.00	
F.1.2	Dengue/Chikungunya					
F.1.2.a	Strengthening surveillance (As per GOI approval)					
F.1.2.a (i)	Apex Referral Labs recurrent			0.00	0.00	• To strengthen diagnostic facilities. • Operational costs for laboratories as per guidelines
F.1.2.a (ii)	Sentinel surveillance Hospital recurrent			3.50	7.00	
F.1.2.a (iii)	ELISA facility to Sentinel Surv Labs			0.00	5.00	

FMR Code	Activity	Unit Cost (wherever applicable)	Physical target	Amount Proposed (in lacs)	Amount Approved (in lacs)	Remarks
F.1.2. b	Test kits (Nos.) to be supplied by GoI (kindly indicate numbers of ELISA based NS1 kit and Mac ELISA Kits required separately)			0.00	0.00	<ul style="list-style-type: none"> •MAC ELISA kits are GOI supply through NIV, Pune. • ELISA based NS1 kits also decentralized item to be procured by State out of cash grant under decentralized commodity.
F.1.2. c	Monitoring and evaluation			1.00	1.00	<ul style="list-style-type: none"> •To improve case mangament to bring down Dengue Case fatality rate • State to plan the activities as per the Mid Term Plan approved by CoS
F.1.2. d	Epidemic containment			1.00	3.00	
F.1.2. e	Case management			0.00		
F.1.2. f	Vector Control & environmental management			0.00	1.00	
F.1.2. e	IEC/ BCC for Social Mobilization			1.00		
	Inter-sectoral convergence			0.00		
F.1.2.f	Training Medical Officer, GPs/VHSCs/ ULBs/NGOs, private institutions/public sector including operational research			0.00		
	Total for Dengue/Chikungunya			6.50	17.00	
F.1.3	AES/JE					
F.1.3. a	Diagnostics and Case Management					
F.1.3. b	IEC/BCC specific to J.E. in endemic areas			NOT APPLICABLE		

FMR Code	Activity	Unit Cost (wherever applicable)	Physical target	Amount Proposed (in lacs)	Amount Approved (in lacs)	Remarks
F.1.3.c	Capacity Building					
F.1.3.d	Monitoring and supervision					
F.1.3.e	Technical Malathion					
F.1.3.f	Fogging Machine					
F.1.3.g	Operational costs for malathion fogging					
F.1.3.h	Operational Research					
F.1.3.i	Rehabilitation Setup for selected endemic districts					
F.1.3.j	ICU Establishment in endemic districts					
F.1.3.k	ASHA Incentivization for sensitizing community					
	Epidemic preparedness					
F.1.3.l	Other Charges for Training /Workshop Meeting & payment to NIV towards JE kits at Head Quarter					
	Total for AES/JE			0.00	0.00	
F.1.4	Lymphatic Filariasis					
F.1.4.a	State Task Force, State Technical Advisory Committee meeting,sensitization of media etc., morbidity support, district coordination meeting,sensitization of media etc., morbidity management, monitoring & supervision and mobility support for rapid Response Team and contingency support.					
F.1.4.b	Microfilaria Survey					

FMR Code	Activity	Unit Cost (wherever applicable)	Physical target	Amount Proposed (in lacs)	Amount Approved (in lacs)	Remarks
F.1.4.c	Monitoring & Evaluation (Assessment)					
F.1.4.d	Training District Officers, PHC MOs, Paramedical staff, drug distributors					
F.1.4.e	BCC/Advocacy/IEC at state, district/ PHC, sub centre					
F.1.4.f	Honorarium for Drug Distribution including ASHAs and supervisors.					
F.1.4.g	Verification and validation for stoppage of MDA in LF endemic districts					
F.1.4.g.i	a) Additional MF Survey					
F.1.4.g.ii	b) ICT Survey					
F.1.4.g.iii	c) ICT Cost					
F.1.4.h	Verification of LF endemicity in non-endemic districts					
F.1.4.h.i	a) LY & Hy Survey					
F.1.4.h.ii	b) Mf Survey in Non-endemic distt					
F.1.4.h.iii	c) ICT survey					
F.1.4.i	Post-MDA surveillance					
	Addl round of MDA in resistant area					
	Total for ELF			0.00	0.00	
F.1.5	Kala-azar					
F.1.5	Case search/ Camp Approach					
F.1.5.a	Spray Pumps & accessories					
F.1.5.b	Operational cost for spray including spray wages					
F.1.5.c	Mobility/POL/supervision					
				NOT APPLICABLE		

FMR Code	Activity	Unit Cost (wherever applicable)	Physical target	Amount Proposed (in lacs)	Amount Approved (in lacs)	Remarks
F.1.5.d	Monitoring & Evaluation					
F.1.5.e	Training for spraying					
F.1.5.f	IEC/ BCC/ Advocacy					
	Total for Kala-azar					
	Total (DBS)			45.30	43.00	
F.2	Externally Aided Component					
F.2.a	World Bank support for Malaria					
F.2.b	Human Resource					
F.2.c	Training /Capacity building					
F.2.d	Mobility support for Monitoring Supervision & Evaluation including printing of format & review meetings, Reporting format (for printing formats)					
	Kala-azar World Bank					
F.2.e	Human resource					
F.2.f	Capacity building					
F.2.g	Mobility					
F.3	GFATM support for Malaria (NE States)					
F.3.a	Project Management Unit including human resource of N.E. states					
F.3.b	Training/Capacity Building					
F.3.c	Planning and Administration(Office expenses recurring expenses, Office automation , printing and stationary for running of project)					
F.3.d	Monitoring Supervision (supervisory visits including travel expenses, etc) including					

FMR Code	Activity	Unit Cost (wherever applicable)	Physical target	Amount Proposed (in lacs)	Amount Approved (in lacs)	Remarks
	printing of format and review meetings,					
F.3.e	IEC / BCC activities as per the project					
F.3.f	Operational cost for treatment of bednet and Infrastructure and Other Equipment (Computer Laptops, printers, Motor cycles for MTS)					
	Total : EAC component					
F.4	Any Other items (Please Specify)					
F.5	Operational costs(mobility, Review Meeting, communication, formats & reports)					
F.6	Cash grant for Decentralized commodities					
F.6.a	Chloroquine tablets			3.00	25.00	
F.6.b	Primaquine 7.5 mg tablets			0.15		
F.6.c	Primaquine 2.5 mg tablets					
F.6.d	Quinine sulphate tablets					
F.6.e	Quinine Injections					
F.6.f	DEC 100 mg tablets			0.00		
F.6.g	Albendazole			0.00		
F.6.h	NS1 Dengue Ag Kit (ELISA based) under Dengue/Chikungunya			0.00		
F.6.i	Temephos 50% EC, Bti a.s.(Biocides) (for polluted & non-polluted water)			21.55		
F.6.j	Pyrethrum Extract 2%			5.00		
	Amount for DEC & Albendazole for 2011-12			0.00		

FMR Code	Activity	Unit Cost (wherever applicable)	Physical target	Amount Proposed (in lacs)	Amount Approved (in lacs)	Remarks
F.6.k	Any Other items (Please Specify)					
F.6.k.	ACT (For non-Project States)					
F.6.l	RDT Malaria-bi-valent (For Non-Project States)					
	Total grant for decentralized procurement			29.70	25.00	
	Grand Total for grant-in-aid under NVBDCP			75.00	68.00	
	Commodities to be supplied by NVBDCP				0.00	
	Total NVBDCP (Cash + Commodity)			75.00	68.00	