F.No.Z-17013/1/2009-VBD
Government of India
Ministry of Health & Family Welfare
(Department of Health & Family Welfare)

Nirman Bhawan, New Delhi
Dated, the 8th October, 2010

To

The Health Secretaries
(All States/UTs)

Subject: **National Vector Borne Disease Control Programme – Pattern of Assistance to States/UTs and Guidelines for Programme implementation – reg.**

Sir,

The National Vector Borne Disease Control Programme (NVBDCP) deals with prevention & control of six vector borne diseases, namely Malaria, Filaria, Kala-azar, Dengue, Japanese Encephalitis and Chikungunya. The historical background of the Programme is given in the Box-I.

BOX-I: VBD : A Historical Perspective

- National Malaria Eradication Programme (NMEP), which was being implemented in the country since 1958, was reviewed in 1977 and revised guidelines for Modified Plan of Operation (MPO) were issued to all States & UTs.
- Due to various outbreaks in the country, malaria situation was reviewed in 1994 by an Expert Committee. In pursuance of the Expert Committee's recommendations, the Directorate of NMEP brought out operational manual for Malaria Action Programme (MAP) in 1995.
- The Directorate of NMEP was renamed as Directorate of National Anti Malaria Programme (NAMP) in March, 1999. Directorate of NAMP was dealing with three centrally sponsored schemes namely Malaria, Filaria and Kala-azar Control and in addition, was looking after the prevention and control of Dengue and Japanese Encephalitis.
- With a view to converge Dengue/Dengue Haemorragic fever and Japanese Encephalitis with the three ongoing centrally sponsored schemes [National Anti Malaria Programme (NAMP), National Filaria Control Programme (NFCP) and Kala-azar Control Programme], the integrated scheme was renamed as National Vector Borne Disease Control Programme (NVBDCP) from 2nd December, 2003.
- In 2006, Chikungunya re-emerged in the country and this was also brought within the purview of Directorate of NVBDCP.

2. These guidelines are in supersession to all the earlier orders issued regarding pattern of assistance [mentioned in the Box-II].

Box-II :Earlier orders being superseded by the current order		
(i)	Modified Plan of Operation	23rd November, 1976; and 15th November, 1979
(ii)	For anti-larval operations in urban areas (under UMS)	8th November, 1971
(iii)	National Filaria Control Programme	4th September, 1974
(iv)	Revised pattern of central assistance to NE states	25th January, 1995; 18th January, 2000; 30th September, 2005; and subsequent reminders

3. The **existing strategies for prevention and control of vector borne diseases,** approved under X Plan, shall be continued in the XI Plan period and will be further strengthened. There shall be special focus on surveillance, including early detection and prompt treatment, human resource development, behaviour change communication, supervision and monitoring, quality assurance and quality control of diagnostics, drugs and operational research. In brief, the programme objectives would be as follows:-

(i) 50% reduction in malaria mortality by 2012.
(ii) Bring down Kala-azar prevalence to less than 1 per 10,000 persons at sub-district level by 2010.
(iii) Elimination of Lymphatic Filariasis (ELF) by 2015. This means LF ceases to be a public health problem i.e. the number of microfilaria carriers is less than one per cent in endemic population and the children born after initiation of ELF are free from circulating antigenaemia[1]. Absence of antigenaemia among children is considered as evidence for absence of transmission and new infection.
(iv) Strengthen surveillance and case management for Dengue and Chikungunya to reduce morbidity and mortality in case of dengue and morbidity in case of Chikungunya.
(v) Strengthen surveillance, ~~case management and vaccination for children in~~ case of Japanese Encephalitis to reduce morbidity and mortality rate.

4. The **following strategies would be intensified during XI Five Year Plan** for prevention and control of different vector borne diseases:

(i) Malaria:

a) Focused interventions in high malaria endemic areas.
b) Linkage with National Rural Health Mission (NRHM) and use of NRHM Institutions for prevention and control of VBDs (especially involvement of VHSCs for IRS)

[1] **Antigenaemia** - The presence of detectable amounts of antigens in the blood.

c) Early diagnosis and treatment by
   (i) Strengthening of human resources for surveillance and laboratory support
   (ii) Introduction and scale up of Rapid Diagnostic Kit (RDK)
   (iii) Introduction and scale up of Artemisinin-based Combination Therapy (ACT) for Pf cases
d) Geographical Information System (GIS) mapping for focused intervention in high risk prioritized districts
e) Upscaling use of bed nets, preferably Long Lasting Insecticidal Nets (LLINs)
f) Intensive monitoring & supervision
g) Intensified Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) activities involving community.

(ii) Kala-azar:

a) Expansion of new Tools i.e. rapid diagnostic kits & oral drug i.e. Miltefosine to increase acceptance and compliance of treatment
b) Free diet to all the kala-azar patients (including old and new) and one attendant & incentive to patient towards loss of wages during the full period of treatment.
c) Incentive to ASHA Volunteers for referring suspected cases of Kala-azar and ensuring complete treatment after confirmation by Rapid Diagnostic Kit (RDK) for kala-azar. -
d) Two rounds of focused indoor residual spraying (IRS) under strict supervision & monitoring using NRHM institutions.
e) Introduction of patient coding scheme and Provision of separate patient boxes.
f) Construction of pucca houses for the most affected in collaboration with Ministry of Rural Development.

(iii) Dengue:

a) Strengthening of monitoring and vector surveillance.
b) Strengthening of Apex labs and sentinel surveillance hospitals.
c) Training/re-orientation of medical officers on dengue/DHF case management.
d) Intensive IEC/BCC activities by involving community and Village Health & Sanitation Committee/local municipal bodies.
e) To follow-up with States and municipal bodies for enactment and implementation of legislative measures against breeding of vector (mosquitoes).

(iv) Chikungunya:

a) Integration of Chikungunya (which has re-emerged after 30 years of quiescence) in the National Vector Borne Disease Control Programme
b) Strengthening of monitoring and vector surveillance
c) Strengthening of Apex labs and sentinel surveillance hospitals
d) Intensive IEC/BCC activities by involving community and Village Health & Sanitation Committee/local municipal bodies

e) To follow-up with states and municipal bodies for enactment and implementation of legislative measures against breeding of vector (mosquitoes)

(v) Japanese Encephalitis:

a) Strengthening of referral services, diagnostic facilities, monitoring and surveillance activities
b) Capacity building for proper case management at Primary Health Centre (PHC) / Community Health Centre (CHC)/District Hospital.
c) Targeted vaccination, with single dose live attenuated SA-14-14-2 vaccine, for children between 1-15 years of age, under Universal Immunization Programme (UIP) in a phased manner, and inclusion of JE vaccine in routine immunization in affected districts.
d) BCC for personal hygiene and sanitation in affected communities.
e) Strengthening of PHCs/CHCs for early case management.
f) Involvement of ASHAs in early case referrals and dissemination of information to general public on prevention and control of AES/JE.

(vi) Lymphatic Filariasis:

a) Introduction of two drug combination (DEC+Albendazole) in identified filaria endemic districts.
b) Specific intensive Behaviour Change Communication (BCC) campaign for mass drug administration.
c) Media sensitization at local level.
d) Training /re-orientation for mass drug administration for health personnel at different levels, including drug distributors, medical officers, paramedical staff
e) Hydrocele operations for relief of the patients.
f) Training on home based care for morbidity management.
g) Involvement of medical colleges.

5. The **revised pattern of Central Assistance to State/UTs** under NVBDCP, as approved for the 11th Five Year Plan, is indicated below:

5.1. General guidelines

i. The Programme is an integral component of NRHM and will be implemented under the overall umbrella of NRHM. The Programme will be monitored at the National level through the mechanisms established under NRHM.
ii. Directorate of NVBDCP will be the nodal agency for policy recommendations and issuance of technical guidelines whereas the State Government/UT Institutions will be the primary implementing agencies.
iii. As per the guidelines issued under NRHM and Directorate of NVBDCP, the State Governments have to reflect their requirements and activities and physical targets, whether to be funded by Central or State or any other source, in the Programme Implementation Plan (PIP). The PIPs must reflect the overall financial envelope indicating various components i.e funding from State, Govt of India and any other source and physical targets.
iv. Assistance by GOI – whether cash or commodity or otherwise – will be based on the approved PIPs of the State Govts, commonly known as Record of Proceedings (RoP) of the National Programme Coordination Committee (NPCC). The additional requirement of the State, over and above the

approved PIP i.e. RoP must be met by the State Govt from their resources by creating new budget lines, if required.

v. The GOI funds will be routed through State and District Health societies under the umbrella of NRHM, except the component of salary and other charges of UTs which will be through treasury route.

vi. The externally aided projects supported either by World Bank or GFATM or any other source will be governed by their specific terms and conditions contained in their financing agreement or any other instrument signed by GOI.

5.2. Infrastructure and Manpower Support

i. The basic infrastructure and manpower for Malaria, J.E, Dengue, Chikungunya, Kala-azar and Filaria are to be provided by the State/UT Governments.

ii. Key human resources like District Malaria Officer/District Vector Borne Disease Control Officer, Assistant Malaria Officer (AMO), Biologist, Malaria Inspectors/Multi Purpose Supervisors(Male), Lab. Technicians and Multi Purpose Workers (Male) should be filled up immediately by the State/UT Governments as per the requirement.

iii. Under the GFATM/World Bank supported NVBDC project, various State level Consultants, District VBD Consultants both for Malaria and Kala-Azar, Malaria and Kala-Azar Technical Supervisors, Lab. Technicians and other supporting staff have been provisioned for the Project States to strengthen the project implementation. List of the districts covered under Global fund and World Bank supported project is at **Annexure-III.**

iv. During XI Five Year Plan period, GoI will provide funds to high malaria endemic states to engage male multipurpose workers (MPW) in high malaria risk areas. The number of such MPWs (Male) will be communicated to states. The states have to submit a Memorandum of Understanding (MOU) indicating that states will fill up all the vacancies of MPWs (Male) during the 11th plan period.

v. ASHAs would be involved by paying performance based incentives as per the detailed guidelines issued separately.

vi. In view of Elimination of Lymphatic Filariasis (ELF) programme, in all filaria endemic districts, integration of National Filaria Control Programme (NFCP) units should be done by merging the treatment activities (by filaria clinics) with district/taluk hospitals and anti-larval operations (by filaria control units) with urban malaria scheme. This should be done by re-deploying the staff by the states with a view to utilize the human resources optimally.

5.3. Cash Assistance

5.3.1 Malaria:

i. **North-Eastern (NE) States & UTs** – For North-Eastern (NE) States & Union Territories, for effective implementation of the programme cash assistance would be continued to be released for meeting 100% Operational cost by Central Government. An illustrative list of items that can be financed out of the cash assistance is in **Annexure I.**

ii. **Other than NE & UTs** - The cash assistance provided to the States other than NE or UTs is component based i.e. the funds are released for certain activities related to prevention & control of vector borne diseases. Examples of such items are in **Annexure II.** While releasing the funds, the tentative budget break-up along with the guidelines would be issued to the States.

5.3.2 For Elimination of Lymphatic Filariasis, 100% support is provided for various preparatory activities towards Elimination of Lymphatic Filariasis, excluding the infrastructure and staff component. The preparatory activities includes training, sensitization, meetings, IEC, mobility, mf survey, line listing, morbidity management, honorarium to drug distributors and supervisors etc. Govt. of India will supply anti-filarial tablets to meet the requirement of the States, based on technical assessment.

5.3.3 For Elimination of Kala-azar, to meet the operational cost, 100% central assistance is being provided to four kala-azar endemic states since December, 2003. Under this pattern, the total expenditure both on operational cost, material and equipment would continue to be met by the Central Government except for manpower cost. The Central Government will continue supplying diagnostic kits, drugs and insecticides as is being done hitherto.

5.3.4 For Japanese Encephalitis, Dengue and Chikungunya control, the Govt. of India will provide cash assistance depending on the need and available funds for various activities to be carried out by the States. These diseases are outbreak prone and the funds are allocated to the states as cash grant for meeting the expenses covering the national strategy aimed at prevention and control of these diseases. The decentralized funds shall provide an impetus to the states for identifying the gaps and equalizing the funds as per the state requirement.

5.3.5 For Emergent situations/outbreaks: In addition to all above, Govt. of India will consider to support to contain the emergent situations/outbreaks of vector borne diseases in any State or UT.

5.4. Commodity Assistance:

i. GOI aims to decentralize procurement of all commodities required under the programme. However, supplies under special projects like World Bank or Global Fund(GFATM) assisted, will be governed by their specific terms and

conditions contained in their financing agreement or any other instrument signed by GoI.

ii. **Insecticides for residual spray operations:** GOI will provide DDT insecticide (including freight charges) in DDT sprayable areas, as per technical norms. Malathion wdp, Synthetic Pyrethroid wdp are to be procured by the States out of State Govt's budget; however, under externally assisted projects for high risk areas, some of these components are supplied as per the approved project for a fixed period.

iii. **Space Spray & Fogging** : Pyrethrum Extract and Malathion Technical could be used for space spray and fogging under outbreak situations. GOI provides cash assistance for the same.

iv. **Larvicides:** Larvicide for anti-larval operations in the sanctioned towns is provided by GOI. These items are decentralized and GOI will provide cash assistance to the states/UTs for procurement of these larvicides.

v. **Bednets** for impregnation with insecticides and Long Lasting insecticidal nets are to be procured by the States out of their budget. However, under externally assisted projects for high risk areas, these components preferably Long Lasting insecticidal Nets (LLINs) will be supplied as per the approved project for a fixed period.

vi. **Drugs:** Govt. of India will continue to supply Artesunate Combination Therapy (ACT), anti-filarial and anti Kala-azar drugs. Certain drugs like Chloroquine, Primaquine and Quinine tablets have been decentralized. GoI will provide cash assistance for its procurement by State Governments.

vii. **Diagnostics:** For diagnosis of malaria through microscopy, the requirement is to be met by State Govt. from state resources except NE States and UTs. However, newer diagnostic tools have been introduced to strengthen surveillance and diagnosis for remote and inaccessible areas, under externally assisted projects, for which GOI will endeavour to provide assistance in the form of supplies of Rapid Diagnostic Kits in the project areas. Similarly, new diagnostic tools like rapid diagnostic kits for kala azar will be supplied by GOI.

6. The detailed guidelines for programme implementation are issued by the Directorate of NVBDCP from time to time which may also be referred to.

7. This is a living and dynamic document and is subject to modifications based on funding, research and implementation experience.

Yours faithfully,

(Dr. Sajjan Yadav)
Director

Copy forwarded for information and necessary action:-

1. Chief Secretaries of all States/Union Territories.
2. The Secretaries (Finance) of all States/UT Govts.
3. Mission Director, NRHM, GoI, Nirman Bhawan, New Delhi.
4. Mission Directors, NRHM, of all States/Union Territories.
5. Directors of Health Services of all States/Union Territories.
6. State Programme Officers (Malaria/VBDs) of all States/Union Territories.
7. Regional Directors of all Regional Offices for Health & Family Welfare, Govt. of India.
8. The Accountant General, Central Revenues, Govt. of India, New Delhi.
9. The Accountant Generals of all States/Union Territories.
10. The Pay and Accounts Officer (Health), Ministry of Health & F.W., New Delhi.
11. The Planning Commission, New Delhi.
12. Director, NVBDCP with the request to issue detailed guidelines as per the approvals of EFC and CCEA.
13. Bureau of Planning, Directorate General of Health Services, GOI, New Delhi.
14. PH(CDL) Section, Directorate General of Health Services, New Delhi.
15. Budget (NRHM) Section, MOH&FW, GOI, New Delhi.
16. Finance Division, MOH&FW, GOI, New Delhi.
17. D.P.I.O./C.H.E.B., MOH&FW, GOI, New Delhi - for giving publicity.
18. Guard File.

(Dr. Sajjan Yadav)
Director

Annexure I

Cash Assistance (Malaria) for North-Eastern (NE) States & UTs under NVBDCP

An illustrative list of items that can be covered, procured and supplied out of the cash assistance is

1. salary of spraying staff engaged for NVBDCP
2. maintenance of vehicles & POL
3. operational cost for spraying
4. staff payment
5. office maintenance & expenses
6. JSB Stain I & II
7. pricking needles
8. microslides
9. microscopes
10. oil immersion lenses (100X)
11. eye pieces (5X/10X)
12. microscope maintenance
13. spare parts for the spray pumps
14. hand compression pump
15. stirrup pumps
16. synthetic pyrethroid liquid for the treatment of mosquito nets
17. AMC of computers and recurring cost of internet
18. contingencies

Annexure II

Cash Assistance (Malaria) for *other than* North-Eastern (NE) States & UTs

An illustrative list of items that can be covered, procured and supplied out of the cash assistance is:

1. Training
2. IEC/BCC
3. AMC of computers and cost of internet
4. Epidemic preparedness or containment of outbreaks of vector-borne diseases.

Annexure II

List of Districts covered under GFATM since July 2005

States	Districts
Arunachal Pradesh	Tirap, Changlang, Lohit, Dibang Vally, East Siang, West Siang, Upper Subhansiri, Lower Subhansiri, Papum Pare, East Kameng, West Kameng, Upper Siang,
Assam	Dhubri, Kokrajhar, Goalpara, Bongaigaon, Barpeta, Nalbari, Kamrup, Darrang, Sonitpur, Lakhimpur, Dhemaji, Dibrugarh, Tinsukia, Sibsagar, Jorhat, Golaghat, Nagaon, Morigaon, Karbi-Anglong, N.C.Hills, Cachar(Silchar), Haila Kandi, Karimganj
Manipur	Imphal East, Imphal West, Thoubal, Bishnupur, Ukhrul, Churachandpur, Chandel, Senapati, Tamenglong, Jiribam S/D, Kangpokpi S/D
Meghalaya	E.Garo Hills, E.Khasi Hills, Jaintia Hills, Ri Bhoi, S. Garo Hills, W.Garo Hills, W. Khasi Hills
Mizoram	Aizawal West, Aizawal East, Chmphai, Kolasib, Lawngtlai, Lunglei, Mamit, Saiha, Serchhip
Nagaland	Kohima, Phek, Wokha, Mokokchung, Zunheboto, Mon, Tuensang, , Dimapur, Kipheri, Longleng, Peren
Tripura	North Tripura & Dhalai, Dhalai Tripura, West Tripura, South Tripura
Jharkhand	Palamu, Hazaribagh, Chatra, Koderma, Deoghar, Bokaro, Giridih
Orissa	Angul, Balasore, Bhadrak, Bolangir, Baragarh, Boudh, Cuttack, Dhenkanal, Deogarh, Ganjam, Jagatsinghpur, Jajpur, Kendrapara, Khurda, Nayagarh, Sonepur
West Bengal	Birbhum, Purulia, Bankura, Cooch-Behar, Jalpaiguri, Midnapur (E&W)

List of States & Districts for Malaria & Kala-azar under World Bank Project

Malaria

State (No. of Districts)	Phase I Year I-II Districts (2008/09 to 2009/10) Name of the Districts	Phase II Year III –V Districts (2010/11 to 2012/13) Name of the Additional Districts
Andhra Pradesh	Srikakulam, Vizianagaram, Viskhapatnam, East Godavari and Khammam (5 districts)	continued
Chhattisgarh	Korba, Ambikapur, Korea, Raigarh, Jashpur Nagar, Raipur, Dhamtari, Bastar (Jagadalpur), Dantewada, Kanker and Bilaspur (11 districts)	Janjgir (Champa), Mahasamund, Durg, Rajnandgaon, and Kawardha (5 districts)
Jharkhand	Ranchi, Gumla, Simdega, East Singhbhum, West Singhbhum, Saraikela, Sahlbganj, Godda, Dumka, Latehar, Pakaur, and Lohardaga (12 districts)	Jamtara, Garhwa and Dhanbad (3 districts)
Madhya Pradesh	Sidhi, Shahdol, Dindori, Chhindwara, Mandla, Betul, Jhabua, Balaghat and Guna (9 districts)	Dhar, Ratlam, Rajgarh, Shivpuri, Sheopur, Satna, Sagar, Panna, Jabalpur and Seoni (10 districts)
Orissa	Gajapati, Jharsuguda, Kalahandi, Phulbani (Kandhamal), Keonjhar, Koraput, Malkangiri, Mayurbhanj, Nawarangpur, Nuapada, Rayagada, Sambalpur and Sundergarh (13 districts)	Puri (1 district)
Gujarat		Nadiad, Anand, Surendranagar, Patan, Vadodara, Godhra, Dahod, Surat, Rajkot, Kutchh (Bhuj), Junagarh and Ahmedabad Corp. (12 districts)
Karnataka		Kolar, Tumkur, Chitradurga, Belgaum, Raichur, Koppal, and Dakahina Kannada (7 districts)
Maharashtra		Raigarh, Gr. Mumbai, Chandrapur, Gadchiroli and Thane (5 districts)

Kala azar

State (No. of Districts)	Name of the Districts
Bihar	Patna, Nalanda, Jahanabad, Bhojpur, Saran, Siwan, Gopalganj, E. Champaran, W. Champaran, Sitamarhi, Vaishali, Darbhanga, Madhubani, Samastipur,Muzaffarpur, Bhagalpur, Munger, Khagaria, Bagusarai, Purnea, Kathihar, Saharsa, Madhepura, Suppaul, Kishanganj, Ararea, Buxar, Sheohar, Sekhpura, Lakhisarai, and Arwal
Jharkhand	Sahebganj, Dumka, Pakur and Godda
West Bengal	Malda Darjeeling, 24-Parganas (N), Nadia, Hooghly, Burdwan, Dinajpur (N), Dinajpur (S), Birbhum, 24-Parganas (South), and Murshidabad