

**Record of Proceedings of the National Programme Coordination Committee (NPCC) meeting for Madhya Pradesh PIP 2007-08 held on 19/6/07 under the chairpersonship of Secretary (H&FW).**

1. The meeting of the NPCC to appraise the PIP of Madhya Pradesh was held under the chairpersonship of Secretary (H&FW). The list of members is annexed at **Annexure-I**. The proceedings of NPCC held on 19.6.2007 are recorded as under:

2. The NPCC approves the PIP of Madhya Pradesh for an amount of **Rs. 51482.92lakhs** (including Rs.42594.92lakhs for 2007-08 activities under NRHM and an unspent balance of Rs. 8888.00lakhs under RCH and Mission Flexi pool) against an allocation of Rs. 37084.50lakhs by the Gol. The approvals are subject to the following observations:

S. No.	Name of Activity	Allocation ( in lakhs) by Gol	Proposed in PIP	Unspent Balance as on 1.4.07	Observations of NPCC
A	RCH	12125.00	35294.00	0.00	The proposal is approved in principle for the financial envelopes of <b>Rs. 10515.00 Lakhs</b> for the year 2007-08 (excluding the financial envelopes of JSY, Compensation for Sterilisation and NSV Camps). The activity-wise approvals of the budget is at Annex-I. The NPCC notes that the RCH-II flexipool needs to have appropriate budget for JSY, Compensation for Sterilization and NSV Camps and these are demand driven schemes over and above committed RCH-II financial envelopes for the states.
B	Mission Flexible Pool	18673.00	24022.00	8888.00	The proposal is approved for an amount of Rs.19210.00lakhs for the activities proposed for 2007-08 and the unspent balance of Rs.8888.00lakhs subject to observations at <b>Annexure III</b> .
C	Immunization	1583.00	4129.92		The proposal is approved subject to observations at <b>Annexure IV</b>
D	RNTCP	1341.11	1494.00		The proposal is approved in principle subject to authorization to the Programme Division to communicate activity wise approvals with defined budget line.
	NLEP	136.76	275.00		The proposal is approved in principle subject to authorization to the Programme Division to communicate activity wise approvals with defined budget line.
	IDSP	82.00	1394.00		The proposal is approved in principle subject to authorization to the Programme Division to communicate activity wise approvals with defined budget line.
	IDD	13.00	--		The Programme Division is authorized to communicate activity wise approvals with defined budget line.
	NPCB	951.50	2349.00		The proposal is approved in principle subject

					to authorization to the Programme Division to communicate activity wise approvals with defined budget line.
	NVBDCP	2179.13	3228.00		The proposal is approved subject to observations at <b>Annexure V</b>
	Total (2007-08)	37084.50	72185.92		
	State Contribution				

### 3. The NPCC also notes the following for consideration of the State :

- The State needs to intimate the commitment for a 10% increase in the budgetary outlay per year.
- Of the total sum approved 15% contribution has to be made by the State Government. The specific approved items against which this will be spent is to be intimated by the State Government.
- There should be no duplication of activities/funding with other budgetary sources or within the approved budget.
- The cost of civil works has to be within a ceiling of 33% for the NRHM flexi-pool.
- Additional ANMs proposed are sanctioned on the condition that all existing regular posts are filled up or in the process of being filled up (at least having already been advertised and selection dates finalized). All male workers in sub-centres and supervisor posts should also have been completed and promotions of ANMs especially to supervisory posts should be completed or at least started and placed on a time table within the year.
- State needs to notify all block PHCs as CHCs (where there is no other CHC or District Hospital or civil hospital that can play this role in the block) and sanction staff with reference to IPHS standards - in return for taking grants for annual maintenance and untied funds.
- The State would also draw up a monitoring plan for the NRHM Part B component in consultation with the NHSRC, specifying output and outcome indicators, and developing facility performance indicators for this purpose. This would be the basis for programme review. The State would also draw up a detailed plan for triangulation approach to monitoring integrating inputs from community monitoring and external surveys with the internal HMIS data and they would plan this in coordination with the HMIS division at the Central Ministry.
- All procurement of drugs and other supplies and its distribution should be done through processes which are benchmarked with the TNMSC process for quality indicators. This requires a substantial investment in developing the logistics. RCH-II procurements will be governed by the conditionalities agreed to in the World Bank loan.
- The State would propose a set of health sector reform measures related to governance issues that it would implement over the next one year.
- The State should consider choosing the RCH activities in districts – for IMNCI and ARSH and skilled birth attendance interventions -in such a way and strengthening division level capacities in parallel so that in the next year 2008 -09 we can scale up to more districts than currently planned.

- Under the RCH-II component the State cannot incur expenditure on purchase of vehicles, construction of new buildings and for payment of salaries to government employees. Also all procurement must be done following World Bank procedures otherwise it will be disallowed.
- Procurement of items totaling Rs. 23.06 crores proposed in the RCH-II budget would have funds released by this ministry under the procurement head separately.

## Annexure-I

Attendance Sheet for the Meeting of NPCC for discussions of State PIP, 2007-08, on 19/6/2007

Sl. No.	Name & Designation	Address	E-mail address	Telephone No./Fax No.
	Secretary (H&FW), in chair			
1	Sh. Deepak Gupta, AS (DG)	MOHFW		
2	Sh. K. Ramamoorthy, JS (KR)	MOHFW		
3	Smt. Aradhana Jhorhi, JS (AJ)	MOHFW		
4	Sh. B.K. Prasad, JS (BKP)	MOHFW		23061723
5	Sh. Amarjeet Sinha, JS (AS)	MOHFW		
6	Sh. Pravir Krishna, JS (PK)	MOHFW		
7	Sh. Debashish Panda, JS (DP)	MOHFW		
8	Dr. P.L. Joshi, DDG (L)	Central Leprosy Division, Dte.GHS		
9	Dr. R. Jose, DDG (Oph)	BC Division, DGHS		23061594 telefax
10	Dr. I.P. Kaur, DC (MH)	MOHFW		23061540
11	Dr. N. Namshum, DC (Trg.)	MOHFW	n-namshum@yahoo.com	23062791
12	Dr. M.S. Jayalakshmi, DC (RSS)	MOHFW	Jaya.ms@nic.in	
13	Dr. P. Biswal, AC (Imm.)	HOHFW		23062126
14	Dr. Naresh Goel, AC (UIP)	MOHFW		23062993
15	Dr. Himanshu Bhushan, AC (MH)	MOHFW		23062930
16	Sh. P.K. Aggarwal, Dir. Finance (NRHM)	MOHFW		23062205
17	Sh. Arun Baroka, Dir. (NVBDCP)	MOHFW	arunbaroka@yahoo.co.in	23061033
18	Sh. Chaitanya Prasad, Dir.(IEC)	MOHFW		23061333
19	Sh. Tarun Seem, Dir. (NRHM)	MOHFW		23061360
20	Sh. P. Srivastava, Dir. (Stat.)	MOHFW		
21	Ms. Astha S. Khatwani, Dir. (Internal Finance)	MOHFW		
22	Sh. A.P. Singh, Director (RCH)	MOHFW	Ap.singh@nic.in	23061642
23	Sh. Amardeep S Bhatia, DS (NE)	MOHFW		
24	Smt. Archana Varma, DS	MOHFW		

	(NRHM/UH)			
25	Sh. K.D. Maiti, Advisor (WHO)	MOHFW		
26	Sh. Sanjeev Kr. Gupta, DD (RCH)	MOHFW	Rajesh.gupta@nic.in	23061960
27	Smt. Sushma Rath, US (ID)	MOHFW	Sushma2764@yahoo.com	23061141
28	Dr. B.K. Tiwari, Advisor, Nutrition	D.G.H.S., MOHFW		23062113
29	Dr. P. K. Srivastava, Joint Director (NVBDCP)	NVBDCP, 22, Sham Nath Marg, Delhi-54	pkmalria@yahoo.co.in	9891494568
30	Dr. A. Radhu, Asstt. Advisor (AYUSH)	Deppt. Of AYUSH, IRCS Building, New Delhi	a.raghu@nic.in	9911319095
31	Dr. K. Kolanda, Deputy Dir.	SPMU, Chennai-600006		99406-10125
32	Dr. M.S. Raja Rathnam, Project Director I/C	T.N. State Blindness Control Programme, Chennai.	<a href="mailto:tnsbcs@rediffmail.com">tnsbcs@rediffmail.com</a>	9381051661
33	Dr. E. Subburam, State TB Officer	DMS office, Chennai, Tamil Nadu	stotn@tbcmmedia.org.	9443436310
34	Dr. M. Senthamizhan, JD (Imm.)	Deptt. Of DPH, Chennai		9444368463
35	Sh. K.P. Ramaiah, Mission Director (NRHM)	SHSB- Parivar Kalyan Bhawan, Shaikpura-Patna	cd.shsb@yahoo.in	06122290328 Fax-0612-2290322
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38	Dr. Y.R. Sharma, Director P.H&FW	Govt. of M.P. Satpuda Bhawan,	Yogiraj_dph@indiff	9425006526

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39	Sh. V.S. Bhaskar, Commissioner & Secretary H&FW	Govt. of Assam		03612260269 09435140381
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41	Dr. G.P.S. Dhillon, Director	Dte. Of NVBDCP		23918576
42	Dr. Geetanjali Sharma, Consultant	RNTCP		
43	Sh. Atul Kulshreshtha, SPM	4 <sup>th</sup> Floor Satpoora Bhawan, Bhopal	<a href="mailto:spmrch@yahoo.com">spmrch@ yahoo.co m.in</a> & <a href="mailto:spmubho-mp@nic.in">spmubho - mp@nic.i n</a>	0755-2573840
44	Sh. V.R. Raman, Director	SHRC, 1 <sup>st</sup> Floor, Health Resource Centre Building, Kalibadi, Raipur, Chhattisgarh	<a href="mailto:director.shrc@gmail.com">director.s hrc@gm ail.com</a> wearera man@g mail.com	0771-2236175
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46	Sh. K. Kolainavi Nodal Officer, NRHM-RCH	NIHFW, New Delhi		26165959
47	Sh. R. Sridharan, Finance Consultant	Tamil Nadu, Chennai	rchpcm@ tn.nic.in	24321310
48	Dr. A.K. Rajendran, Joint Director	Tamil Nadu	a.k.rajen dran@ya hoo.com	044-22450535
49	Dr. S. Elanago, Joint Director	Directorate of Public Health, 389, Annasalai, Chennai- 6	sdvbdc@ yahoo.co .in	044-24321569
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52	Sh. S. Basavaraj, Consultant RCH		msg@msg.net.in	41327343
53	Sh. P. Ramesh Kumar, Secretary; Medical & Health	Govt. of Chattisgarh, Raipur	Peyyalaramesh@yahoo.com	
54	Sh. Sanjay Samaddar, State Programme Manager (NRHM)	Directorate of Health Services Raipur	Sanjay_samaddar@coolgoose.com	0771-2234832
55	Sh. V.K. Subburaj, Secretary to the Govt. of Health & FW	Govt. of Tamil Nadu, Chennai-9	hpsec@tn.gov.in	044-25671875
56	Sh. Apoorva, Mission Director Govt. of Tamil Nadu	DMS Building, Chennai-6	rhcpcni@nic.in	044-24320563

**Comments on RCH II chapter of State PIP of Madhya Pradesh**

1. The state of **Madhya Pradesh** has provided a corrigendum of response to sub committee observations for appraisal of NRHM state PIP which does not specifically address the comments in the appraisal report for the RCH II chapter.

The original PIP however had scored well on the appraisal criteria: substantially met 17 out of the 31 mandatory criteria and 1 of the 5 desirable criteria. In addition, the PIP partially met 11 mandatory criteria. The PIP had also followed all the formats given in the operating manual.

The state has not provided a revised budget. However, **Madhya Pradesh** has proposed RCH II base flexible funds for 2007-08 is Rs. 141.11 crores which is still higher than the allocation of Rs 105.15 crores. In addition, **Madhya Pradesh** has budgeted Rs. 189.00 crores for JSY, Rs. 32.00 crores for sterilisation compensation and Rs. 0.60 crores for NSV acceptance.

2. Following are the observations on the revised PIP.

- The items mentioned at **Annex II a** are not permissible under RCH II:
- After incorporating above comments in the budget and also taking into account the financial envelopes available for the state for RCH II for the year 2007-08, the following budget may be approved.

S. No.	Budget Head	2007-08
		Allocation
1	Maternal Health	3138.70
2	Child Health	1079.65
3	Family Planning Services	386.45
4	Adolescent Health	85.03
5	Urban Health	287.57
6	Tribal Health	874.5
7	Innovations/PPP/Gender	952.02
8	Infrastructure and human resources	639.41
9	Institutional strengthening	188.85
10	Training	1162.57
11	BCC/ IEC	1193.33
12	Programme Management	533.97
<b>Total</b>		<b>10522.05</b>
13	Untied fund of total (10% of flexi pool)	1052.20
<b>Grand Total</b>		<b>11574.25</b>

*(The above recommended amount is arrived at after considering **Madhya Pradesh**'s proposed flexi-pool budget, less non-permissible items as well as reduction in some other items which have not been found accurate budgeted. The state may, however, be allowed to re-allocate the items specific recommended budget (taking advantage of flexipool concept) with prior approval of this Ministry.*

3. In addition the state needs to:
  - Prepare a detailed human resource plan for operationalisation of various health facilities.
  - Develop a comprehensive training plan based on training load and available trainings capacities in the state.
  - Report on results of facility survey
  - Develop plan for capturing and reporting disaggregated data.
4. The state while implementing RCH II Programme may see that the expenditure on following cannot be incurred :
  - On purchase of vehicles,
  - Constructions of new buildings and
  - Payment of salaries to Government of employees.
  - Also expenditure on procurement of goods and services is discouraged and if any expenditure is to be incurred on approved activities, it must be done following World Bank procedures otherwise it will be disallowed.
5. State need to forward the revised Work Plan as per recommended budget in the format prescribed in Operational Manual.

#### **Conclusion**

- (a) State is requested to forward a letter of confirmation that above suggestions will be considered while implementing RCH II PIP for 2007-08 and these comments will be read alongwith PIP submitted by the state.
- (b) The revised PIP (RCH II Chapter) may please be processed for approval in accordance with the above recommendations and suggestions.
- (c) It is requested that a copy of the final PIP alongwith a copy of proceedings of the NPCC approval for the state PIP of **Madhya Pradesh** may please be sent to this Division for reference and records.

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**Annex II a**

**List of proposed items which are not permissible under RCH II**

<b>ITEM</b>	<b>Budget (Rs. Lakhs)</b>
Provision of LSCS kits	175
Provision of Drugs including SBA drugs & equipments for CEmONC & BEmONC	48
Provision of essential equipments & drugs to 5 Medical Colleges	50
Provision of essential equipments & drugs to 2 Gas Rahat Hospitals 2	10
Provision of Drugs and for medical colleges and CEmONC & BEmONC institutions	50
Provision of MVA Kits	3.9
Provision of sanitary napkins	340
<b>CHILD HEALTH</b>	
Provision of Drugs for IMNCI activities for 12 districts	24
Procurement of Vitamin "A" Solution	204.8
Distribution of Anthelmintic to children of age 1-5 Years at 6 Month interval (6800000 Children )	81.6
Provision of essential equipments & drugs for Newborn care in 3 Medical Hospital	30
Provision of essential equipments & drugs for Newborn care in 2 Gas Rahat Hospitals	20
<b>FAMILY PLANNING</b>	
Repair, maintenance & purchase of Laparoscopes	700
Provision of injectable contraceptives on pilot basis (seven districts)	1.4
<b>BCC / IEC</b>	
Procurement of need based IEC equipments and material State Level	10
<b>OTHERS</b>	
Procurement of equipment for IMEP FOR 35 CEmONC/ FRUs	350
Procurement of equipment for IMEP FOR 100 BEmONC	150
Procurement of pelvic model for IUD training	23.7
Procurement of supplies for IMEP	33.75
<b>TOTAL</b>	<b>2306.1</b>

**Annexure III**

**Comments on Mission Flexible pool chapter of State PIP of Madhya Pradesh**

**(Rupees in Lakhs)**

<b>S.No.</b>	<b>Activity</b>	<b>Cost Proposed</b>	<b>Cost Approved</b>	<b>Observations of NPCC</b>
1.	ASHA	1091	1091	A detailed work plan should be built up especially on how support structure would be put in place and a state coordinating team for this put in place
2.	VHSC	1546	1546	Approved. The State must ensure effective setting up and regular meetings of VH&SCs.
3	Sub-center strengthening	6153	6153	Approved. Untied fund and maintenance grant to be given to joint account at sub-center (ANM and sarpanch) and spent through them only. State will report on how many sub-centers have achieved sub-center IPHS standards.
4	Strengthening of PHC	1258	1258	Approved. Untied funds and Maintenance grants have to be given through the PHC facility's RKS. Cannot be spent from district directly. The MO alone or with another designated person can be allowed to spend it – but expenditure should not be incurred at state or district level. Report on service delivery output of every PHC – esp OP attendance, institutional delivery and one other parameter related to disease control (eg sputum examination done) should be presented – facility wise

				and averaged per PHC for each district.
5	Strengthening of CHC	1431	1431	Untied funds per CHC and maintenance grant for CHC would be given to RKS in addition to RKS fund. Fund given to each CHC can vary according to the facility survey or varying needs. Technical assistance to support CHC- RKS's and build capacity to do this can be taken from this upto 6% of these costs.  Please inform which CHCs are chosen for construction and reasons for same before construction is ordered.
6	AYUSH	-	--	
7.	RKS	1716	1716	Each RKS would develop an annual plan to use funds and be provided with assistance to do the same – and data needs to be presented of the functioning of every CHC – on OPD attendance, on IP bed occupancy rates, on institutional delivery, C-sections, sterilizations done in the facility and on three key disease control parameters( eg sputum examination,).
8	DHAP	96	96	District plans would be published/ or sufficient number of copies made available at least to all DHS society members and key stakeholders – in Hindi.
9	SHSRC	168	168	To be based on detailed approval for activity.

10	ANMTC	20	27	Approved.
11	ANM trg PPP	405	405	Approved.
12	LHV trg center	10	10	Are these two centers enough ? State can upgrade some of existing ANMTCs to provide more LHV centers within these funds and the earlier two amounts( items 10 and 11)
13	Strengthening Nursing Training schools	305	305	Build in equity in access to nursing education
14	Health Mela	240	240	Approved as per agreed norms.
15	Mobility support for MOs	650	650	Would evolve measurable outputs and outcomes for all monitoring work
16	Health insurance	2510	--	In principle approval to go ahead with the bidding process after State Government commits resources from its Budget. This activity will be given separate approval from the ministry once the detailed proposal and process are approved and State share finalized.
17	Drugs for CHCs	324	324	To build up and report on parameters to show adequate processes of logistics and procurement with reference to TNMSC as a benchmark.
18	Logistics	714	714	To build up and report on parameters to show adequate processes of logistics and procurement
19	Research & Evaluation	862	---	May be submitted to Research and studies section in the ministry for consideration and separate approval. Current set of research proposals need elaboration and need

				submission as separate research proposals. Telemedicine proposal to be sent to appropriate section
20	Networking with NGOs	10	10	Approved.
21	Capacity building of PRIs	100	100	Approved.
22	School health programme	528	528	Approved.
23	Emergency ambulance service	1040	1040	Approved.
24	Walk in cooler	18	-	This is provided in kind by the immunization section.
25	Incentives of FW acceptors	100	-	This is already part of FP compensation package.
26	Rajya Zila Bimari sahayata yojana	240	--	Not under currently approved framework
27	Innovative schemes	7	-	Ayush programme – to be applied at first to ayush dept – only mainstreaming funds are considered.
28	Incentive scheme	100	100	In principle approval. Subject to detailed benchmarking of performance and specific proposals.
29	NRHM management cost	1298	1298	To be strictly in accordance with rules and regulations already communicated.
30	Funds for innovations	1082	--	Not approved as specific innovations have to be proposed.
	Total	24022.00	19210.00	

## Comments on Immunization chapter of State PIP of Madhya Pradesh

<p><b>Activities that may be approved (As per norms)</b></p>	<ol style="list-style-type: none"> <li>1. Monthly Mobility Support for District Immunization Officer's (DIO)</li> <li>1.2 Mobility support to DPH or his representative</li> <li>2. Alternative Vaccine Delivery (Total SHC - 8835) for rural areas</li> <li>3. Alternative Vaccine Delivery for urban areas</li> <li>5. Honorarium to alternate vaccinators for urban areas</li> <li>6. Honorarium to alternate vaccinators for special sessions in urban areas of big cities</li> <li>7. Honorarium to alternate vaccinators for rural- vacant/empty/over loaded sub centers (if any)</li> <li>8. Social Mobilization of children through AWW/ASHA</li> <li>9. For Urban areas (underserved/slums)</li> <li>10. For Special sessions in urban areas</li> <li>11. Honorarium to contractual computer assistants to DIOs</li> <li>11.1 Honorarium to contractual computer assistants at state level</li> <li>14. Cold chain operational contingency at district level <b>(AND NOT mobility support)</b> for cold chain mechanic</li> <li>15. Cold chain maintenance at district level</li> <li>18. Purchase of small polythene bags (to keep vaccine in vaccine carriers) along with RED &amp; Black POLY bags for biomed disposal</li> <li>19. Purchase of Hypochlorite solution @ 1 litre/vaccine storage point</li> <li>20.1 ANM Training at district level for two days</li> <li>20.2 Two day residential training of MOs (approved but since module is in preparation, it appears that only ToT will be completed by FY 07-08. Budget can be approved for 3-day ToTs for 5 trainers per district)</li> <li>20.3 Cold Chain Handlers Training</li> <li>20. a. card, register, etc, printing</li> <li>20.b. construction of pit</li> <li>21.a sessions planned for hard-to-reach areas (Should be considered as part of alternate vaccinator plan)</li> </ol>
<p><b>Additional Activities that may be</b></p>	<ol style="list-style-type: none"> <li>1.1. Mobility support to Divisional JD's</li> <li>11.2 RIMS training every 6 month in state and regional level along with DIO review meetings</li> </ol>

<p><b>considered by NRHM</b></p>	<p>13. POL for gensets at vaccine storage points  16. Appointment of contractual mechanics in remaining districts  17. R.I. Microplan at block level/compilation at district and state level  21.b VPD investigation team at state level (as part of NRHM part D with IDSP)</p>
<p><b>Activities not approved</b></p>	<p>4. Additional contingency fund for out break response immunization and conducting special sessions in cases of natural disaster and untoward incidences –these  12. Operational Expenses for communication (should be met from common RCH budget)  20.c Immunization cell established. As this cell is already supported by UNICEF/partner agency further additional expenses may also be provided by them.  20.4 Vaccine storekeeper 3 days training  21.c M and E team of state—NRHM at State level through SPMU and DPMUs will monitor the program including immunization.  21.d M and E team of state nodal officers at districts (separate funds are provided for monitoring and supervision.</p>

**Revised PIP accordingly may be submitted**

## Comments on DISEASE CONTROL PROGRAMMES chapter of State PIP of Madhya Pradesh

## NVBDCP

The state of Madhya Pradesh has tribal areas which is Pf predominant. During 2006, the state has reported 95202 malaria cases, 28326 Pf cases (29.75%) and nil death. Drug resistance has been declared in 1 PHC each of Jhabua, Dindori and Shahdol districts. The strengthening of the surveillance and ensuring complete treatment of malaria cases are recommended. The insecticides for residual spray are supplied by Government of India as kind assistance under externally aided component. The state was included under Enhanced Malaria Control Project and under retroactive financing the state is being supported through EAC for implementation of NVBDCP activities. There are 11 districts reported to be filaria endemic in this state which are covered under Mass Drug Administration and the cash assistance is provided for preparatory activities including sensitization, specific training, specific IEC and honorarium for the drug distributors and other related activities like micro-filaria survey, morbidity management etc. for elimination of lymphatic filariasis. The cash assistance has also been provisioned for prevention and control of Dengue & Chikungunya. The details are as below:

Name of activity	Allocation in B.E. 2007-08	Cash assistance	Commodity assistance
Malaria DBS	566.77	0	566.77
GFATM	0	0	0
Malaria -EAC	1430	530	900
Kala-azar	0	0	0
Filaria	112.86	112.86	0
J.E.	0	0	0
Dengue & Chikungunya	2.5	2.5	0
IEC	54	54	0
Training	13	13	0
<b>Total</b>	<b>2179.13</b>	<b>712.36</b>	<b>1466.77</b>