



OPERATIONAL GUIDELINES FOR LIVESTOCK HEALTH & DISEASE CONTROL SCHEME



Department of Animal
Husbandry and Dairying
Ministry of Fisheries,
Animal Husbandry and
Dairying, Govt. of India
2021



INDEX

Sl. No.	Para No	Contents	Page No
1	1	Objectives of the Programme	7
2	2	Outcomes	7
3	3	Scheme Implementation Strategy	7
4	3.1	<i>Peste des Petits Ruminants</i> Eradication Programme (PPR-EP)	7
5	3.2	Classical Swine Fever Control Programme (CSF-CP)	8
6	3.3	Establishment and Strengthening of Veterinary Hospitals and Dispensaries (ESVHD) – Mobile Veterinary Units (MVU)	9
7	3.4	Assistance to States for Control of Animal Diseases (ASCAD)	11
8	4	Programme components and activities along with roles of Central and State Government	12
9	4.1.1	<i>Peste des Petits Ruminants</i> Eradication Programme (PPR-EP)	12
10	4.1.1.1	Role of Central Government in providing 100% financial assistance	12
11	4.1.1.2	Role of State Government/ State Implementing Agencies (SIA)/ Livestock Development Board/ State Government/ other Implementing Agencies (IAs)	13
12	4.1.2	Classical Swine Fever Control Programme (CSF-CP)	14
13	4.1.2.1	Role of Central Government	14
14	4.1.2.2	Role of State Government/ State Implementing Agencies (SIA)/ Livestock Development Board/ State Government/ other Implementing Agencies (IAs)	15
15	4.1.3	Establishment and Strengthening of Veterinary Hospitals and Dispensaries (ESVHD) – Mobile Veterinary Units	16
16	4.1.3.1	Role of Central Government in providing financial assistance and assist	16
17	4.1.3.2	Role of State Government/ State Implementing Agencies (SIA)/ Livestock Development Board/ State Government/ other Implementing Agencies (IAs)	16
18	4.1.4	Assistance to States for Control of Animal Disease (ASCAD)	18
19	4.1.4.1	Vaccination against economically important livestock and poultry diseases	18
20	4.1.4.2	Surveillance and Monitoring of important livestock and poultry diseases	18
21	4.1.4.3	Control of emergent & exotic livestock and poultry diseases (100%)	19
22	4.1.4.4	Research & Innovation, Publicity & Awareness, Training etc.	19
23	4.1.4.5	Role of Central Government	20

Sl. No.	Para No	Contents	Page No
24	4.1.4.6	Role of State Government/ State Implementing Agencies (SIA) / Livestock Development Board / State Government/ other Implementing Agencies (IAs)	20
25	4.2	Activities requiring effective linkages	21
26	4.3	Animal Identification	21
27	4.4	Publicity and awareness	22
28	4.5	Sero-monitoring, sero/ clinical surveillance, Vaccine testing etc.	22
29	4.6	Convergence of components of LH&DC and NADCP	22
30	5	Central–State Fund Sharing Pattern	23
31	5.1.1	PPR Eradication Programme (PPR–EP)	23
32	5.1.2	Classical Swine Fever Control Programme (CSF-CP)	23
33	5.2	Mobile Veterinary Unit (MVU) under ESVHD	23
34	5.3	Assistance to States for Control of Animal Disease (ASCAD)	23
35	6	Implementation and Monitoring	24
36	6.1	Procedure for implementation	24
37	6.2	Monitoring	24
38	6.2.1	National Level	24
39	6.2.2	State/UT level	25
40	6.2.2.1	State Monitoring Unit (SMU)	25
41	6.2.2.2	District Monitoring Unit (DMU)	26
42	6.2.2.3	Block Monitoring Unit/ Block Veterinary Officer (BVOs)	27
43	6.2.3	Concurrent Monitoring (through Survey Agency)	27
44	6.2.4	State ranking for devolution of funds under LHDC	27
45	7	Fund Flow Mechanism	27
46	8	Evaluation	29

Annexure

Sl. no.	Annexure no.	Content	Page no.
1	Annexure - 1	Model annual State action plan for PPR-EP And CSF-CP	31
2	Annexure - 1A	Format of Report prior to start of PPR/ CSF Vaccination	33
3	Annexure - 1B	Format of quarterly Report on vaccination under PPR-EP/ CSF CP	34
4	Annexure - 1C	Format of Report on completion of vaccination for PPR/CSF	35
5	Annexure - 1D	Format of Outbreak Statement	36

Sl. no.	Annexure no.	Content	Page no.
6	Annexure - 1E	Indicative formats for sero-monitoring for PPR/ CSF	38
7	Annexure - 1F	List of indicative items/components for financial proposals under PPR-EP/ CSF CP	39
8	Annexure - 2	Model annual State action plan for MVU-ESVHD	40
9	Annexure - 2A	Format of quarterly Report on delivery of Veterinary Service at farmer's doorstep under MVU-ESVHD	41
10	Annexure - 2B	Tentative recurring costs for MVU and Call Centre	42
11	Annexure - 2C	List of indicative Items required in Mobile Veterinary Units	43
12	Annexure - 3	Format for Action Plan for implementation Assistance to States for Control of Animal Diseases (ASCAD) under LH&DC	44

ABBREVIATIONS:

1. ACS: Additional Chief Secretary
2. AH: Animal Husbandry
3. AHS: African Horse Sickness
4. AI: Artificial Insemination
5. ASCAD: Assistance to States for Control of Animal Diseases
6. AVD: Actual Vaccination Date
7. BPU: Biological Production units
8. BSE: Bovine Spongiform Encephalopathy
9. BVO: Block Veterinary Officer
10. CBPP: Contagious Bovine Pleuropneumonia
11. CSF: Classical Swine Fever
12. CSF-CP: Classical Swine Fever Control Programme
13. CSS: Centrally Sponsored Schemes
14. CSSNIAH: Chaudhary Charan Singh National Institute of Animal Health
15. CVE: Continuous Veterinary Education
16. DA: Dearness Allowance
17. DAHD: Department of Animal Husbandry and Dairying
18. DDLs: Disease Diagnostic Laboratory
19. DMU: District Monitoring Unit
20. EAT module: Expenditure, Advance and Transfer module
21. ESVHD: Establishment and Strengthening of Veterinary Hospitals and Dispensaries
22. FMD: Foot and Mouth Disease
23. GeM: Government e-Marketplace
24. GFR: General Financial Rules
25. GLP: Good Laboratory Practices
26. GMP: Good Manufacturing Practices
27. GOI: Govt. of India
28. HOD: Head of the Department/Division
29. HQ: Head Quarters
30. IAs: Implementing Agencies
31. ICAR: Indian Council of Agricultural Research
32. IEC: Information Education and Communication
33. INAPH: Information Network for Animal Productivity and Health
34. LDB: Livestock Development Board
35. LH&DC: Livestock Health & Disease Control
36. LH: Livestock Health
37. MVU: Mobile Veterinary Units

38. NADCP: National Animal Disease Control Programme
39. NADRS: National Animal Disease Reporting System
40. NE: North East
41. NGO: Non-Governmental Organization
42. NIVEDI: National Institute of Veterinary Epidemiology and Disease Informatics
43. NPRSM: National Project on Rinderpest Surveillance and Monitoring
44. NSC: National Steering Committee
45. OIE: 'Office International des Epizooties'
46. PED: Professional Efficiency Development
47. PFMS: Public Financial Management System
48. PPR: Peste des Petits Ruminants
49. PPR-EP : Peste des Petits Ruminants Eradication Programme
50. PRRS: Porcine reproductive and respiratory syndrome
51. SIA: State Implementing Agencies
52. SMU: State Monitoring Unit
53. SNA: State Nodal Agency
54. SOP: Standard Operating Procedures
55. TA: Travelling Allowance
56. ToT: Training of Trainers
57. UC: Utilization Certificate
58. UID: Unique Identification
59. UT: Union Territory
60. VCI: Veterinary Council of India
61. VS: Veterinary Services

OPERATIONAL GUIDELINES FOR LIVESTOCK HEALTH & DISEASE CONTROL SCHEME

1. OBJECTIVES

The overall aim of the Livestock Health & Disease Control scheme is to improve the animal health sector by way of implementation of prophylactic vaccination programmes against various diseases of livestock and poultry, capacity building, disease surveillance and strengthening of veterinary infrastructure. It is envisaged that implementation of the scheme will ultimately lead to prevention & control, subsequently eradicating the diseases, increased access to veterinary services, higher productivity from animals, boosting up of trade in livestock and poultry, in livestock and poultry products and improving socio-economic status of livestock and poultry farmers.

The objectives of the scheme are:

- a) To implement Critical Animal disease control programme to eradicate PPR by 2030 by vaccinating all sheep and goats and to control Classical Swine Fever (CSF) by vaccinating the entire pig population
- b) To provide veterinary services at the farmers' doorstep through Mobile Veterinary Units (MVUs)
- c) To assist States/UTs for Control of Animal Disease (ASCAD) by prevention & control of important livestock and poultry diseases prevalent in different States / UTs as per the State /UT's priorities

2. OUTCOMES:

- a) Reduced risk to animal and human health
- b) Overall increase in livestock productivity by reducing disease burden

3. SCHEME IMPLEMENTATION STRATEGY

- a) State/UT to identify and designate suitable agency as SIAs/ LDBs (preferably same as in NADCP)
- b) State/UT / SIAs shall develop further guidelines for implementation of the Scheme delineating roles and responsibilities of all functionaries at different levels

3.1 Critical Animal Disease Control Programme

It is proposed to cover the following two critical diseases for its eradication and control through this component for saving the losses to farmers.

3.1.1 *Peste des Petits Ruminants* Eradication Programme (PPR-EP)

- a) This component will cover entire sheep and goat population in the country under carpet vaccination against Peste des Petits Ruminants (PPR), for 100% effective

coverage of the entire eligible small ruminant population. Migrants' flocks / animals will also be covered under the vaccination programme. The sole objective of having the eradication programme for 4 years is to establish adequate herd immunity and ensure that the country becomes free from PPR.

- b) Manpower shortages in States can be met by incentivizing vaccinators and using Prani mitras / Pashu sakhis / Prani bandhus etc., besides government veterinary services (VS).
- c) Animal identification shall be made using ear tags and registration on INAPH module as done in National Animal Disease Control Programme for FMD and Brucellosis (NADCP). These would be pre-requisite for any transaction involving small ruminants, including movement of animals across State/UT administrative boundaries.
- d) Surveillance mechanism shall be strengthened by ensuring compulsory reporting of clinical cases by State Veterinary Services. Also, ICAR-NIVEDI shall be responsible for epidemiology of PPR and its endemicity in pockets of the country so that adequate measures are taken.
- e) Awareness programmes shall be designed on the lines as done in NADCP in the States so that the beneficiaries are made aware of the threats of PPR, need for compulsory on-time vaccine, sustainable bio-security measures necessary to prevent spread of the disease amongst flock of sheep and goats.
- f) Formats of reports prior to start of vaccination, quarterly report of vaccination and on completion thereof as well as of outbreak statement are annexed as **Annexures 1A through 1D**, which will need to be submitted by State Implementing Agency.

3.1.2 Classical Swine Fever Control Programme (CSF-CP)

- a) CSF is enzootic in most of the pig producing States. The best possible remedial measure is vaccination of eligible animals. In view of the importance of the disease, causing huge loss to the piggery industry and small farmers, as well as the fact that piggery production has extended well beyond the NE Region, the dedicated control programme for control of CSF will be implemented as a national control programme to include all States / UTs for 100% effective coverage of the entire pig population under vaccination.

- b) CSF- CP will be implemented in the whole country with the target being 100% eligible pig population
- c) Manpower shortages can be met by incentivizing vaccinators using Prani mitras / Pashu sakhis / Prani bandhus, etc., besides government veterinary services (VS).
- d) To ensure vigil against occurrence of the disease, monitoring through active clinical surveillance shall be strengthened in conjunction with States / UTs. Reporting clinical cases by State VS is envisaged. Also, ICAR-NIVEDI shall be responsible for epidemiology of CSF and its endemicity in pockets of the country so that adequate measures are taken.
- e) Animal identification shall be made using ear tags and registering the animals on the INAPH module as done in National Animal Disease Control Programme for FMD and Brucellosis (NADCP). These would be pre-requisite in any transaction involving pig population, including animal movement across State/UT administrative boundaries.
- f) Awareness programmes shall be designed on the lines as done in NADCP in the States/UTs so that the beneficiaries are made aware of the threats of CSF, the need for compulsory on-time vaccine, sustainable bio-security measures necessary to prevent spread of the disease amongst the population.
- g) Formats of reports prior to start of vaccination, quarterly report of vaccination and on completion thereof, as well as of outbreak statement are annexed as **Annexures - 1A** through **1D**, which will need to be submitted by State Implementing Agency.

3.2 Establishment and Strengthening of Veterinary Hospitals and Dispensaries (ESVHD) – Mobile Veterinary Units (MVU)

- a) In order to increase accessibility of veterinary services at farmer's doorsteps, funds for Mobile Veterinary Units (MVUs) will be provided to the States/UTs under this scheme for @ 1 MVU approximately for one lakh livestock population
- b) These MVUs will be customized fabricated vehicles for veterinary healthcare with equipment for diagnosis, treatment & minor surgery, audio visual aids and other basic requirements for treatment of animals. The vehicle would preferably be a four-wheeler van with space enough to accommodate required equipment for diagnosis

(microscope, portable X-ray machines, etc. wherever required), medicines, surgical equipment, sample collection and animal handling paraphernalia, working space for 1 veterinarian, 1 para-veterinarian and a driver-cum-attendant along with necessary equipment. A detailed indicative list of such support is enclosed at **Annexure 2C**. However, depending upon the terrain, the State/UT may propose alternate vehicles which suit the outreach.

- c) **Veterinary & public awareness paraphernalia** - The MVU will have equipment for sample collection like vials, vacutainers, syringes, small refrigerator/ vaccine carrier/ active cool box, medicines for treatment - including lifesaving drugs, antibiotics etc., cotton, bandages and minor surgery equipment. and audio-visual aids like microphones, amplifiers, charts/ photographs/ slides of diseases and importance of prevention etc., pamphlets announcing vaccination campaigns, small projector/ OHP, screen, if required etc.
- d) Each MVU will have one Veterinarian, one para veterinarian and one driver-cum-attendant
- e) The Mobile Veterinary Unit could run on PPP mode with the Government providing for the infrastructure but manpower is outsourced by Implementing Agency (including cooperatives and milk unions, etc.).
- f) These MVUs will provide veterinary services at the farmers' doorstep basis the phone calls received at the Call Centre from farmers of respective State/UT. The MVUs need to be positioned at strategic locations in order to minimize travel time and to provide service within targeted time.
- g) A State/UT level Call Centre should also be set up / aligned with the existing Call Centre in each State/ UT. Such Call Centers should be under the control of the State/ UT Animal Husbandry Department with a Nodal Officer nominated by the State. The Call Centre should function as the pivot whilst rendering the mobile veterinary services. It should receive calls from livestock rearers / animal owners and transmit them to the Veterinary doctor at the Call Centre. The decision of directing the MVU would be on the emergent nature of the veterinary case as decided by the Veterinary doctor at the Call Centre. The Call Centre should also be responsible for monitoring the movement and use of the MVUs. The Call Centre should also confirm actual services through the UID and mobile number of the animal owner and share the data with the State concerned. The Call Centre should also be responsible for communication with the

local Veterinary Surgeon for follow up treatment and registered local AI technician for AI. MVUs should also provide extension service through audio-visual aids contained in the MVUs to the local population so as to spread awareness of animal diseases, their prevention and control, requisite bio-security measures, economic advantages of livestock farming and efforts of the Government in this direction.

- h) Each State level Call Centre unit shall be constituted of 1 veterinarian and 3 call executives for around every 20 MVUs. For 100 MVUs, there will be 2 veterinarians along with 6 Call Executives and for additional each one hundred of MVUs, 1 veterinarian & 3 Call Centre executives will be required.
- i) There will be provision for Mobile Van customized for veterinary healthcare (equipment for diagnosis, treatment and minor surgery including audio-visual aids) (@ Rs.16.00 lakh / van). This non-operating cost (i.e. cost of MVU) would be through 100% central funding.
- j) The recurring cost for running of MVUs is pegged at @ Rs.18.72 lakh / MVU and Office expenses of running Call Centre will be @ Rs.5000/- pm for Call Centre consisting of 1 veterinarian & 3 Call Executives and an additional Rs.2000 pm for each addition of 1 Veterinarian & 3 Call Executives. These will be on a Center-State sharing basis as applicable (60-40 for all other states / 90-10 for NE & Himalayan States/ 100% for UTs).
- k) Both, the recurring and the one-time capital cost given (of MVUs) are indicative and is subject to the tendered rates. Flexibility for transfer of funds from one component to any other component is envisaged as per exigencies.

3.3 Assistance to States for Control of Animal Diseases (ASCAD)

- a) It will have activities for vaccination against economically important diseases of livestock and backyard poultry duly prioritized by the State/UT as per the disease(s) prevalence and losses to the farmers. Due relevance shall also be given to vaccination against zoonotic diseases like anthrax and rabies for which assistance shall be given to the States/ UTs as per proposals received from them.
- b) Another activity that has been prioritized is 'Control of Emergent and Exotic Diseases'. This activity includes surveillance and related activities to check ingress of exotic diseases as well as emergent / re-emergent livestock /poultry diseases. Assistance shall also be given towards ring vaccination to inhibit spread of disease

(in cases of disease outbreaks) as well as towards payment of compensation to farmers for culling of poultry birds, elimination of infected animals, destruction of poultry feed/eggs, including operational costs.

- c) A third activity under the ASCAD component is 'Research & Innovation, Publicity & Awareness, Training and allied activities. While Publicity & Awareness and Training, etc. are existing activities under the extant ASCAD component, 'Research & Innovation' on the other hand is a newly proposed activity. Under this activity it is envisaged that funds may be released to recognized private / public Institutions, other Ministries / Departments, etc. towards collaborations in research& innovations / trainings / capacity building / crisis management mock drills, etc.
- d) Grants-in-aid to Veterinary Council of India (VCI), expenses for election, legal, etc. in respect of VCI would continue to be funded under this component.
- e) Hiring Consultants, professional services, advertisement and publicity at headquarters will be with 100% central assistance under ASCAD.

4 PROGRAMME COMPONENTS, ACTIVITIES AND ROLES OF CENTRAL & STATE/UT GOVERNMENTS

4.1 Critical Animal Disease Control Programme

4.1.1 *Peste des Petits Ruminants* Eradication Programme (PPR-EP)

4.1.1.1 Role of Central Government -

- a) Funding for Animal identification through tagging (from NADCP)
- b) Funding for Cold chain infrastructure including ILRs, cold cabinets, vaccine carriers etc. (from NADCP)
- c) Funding for Vaccination cost including vaccine, accessories (needles, syringes, cotton, sterilizer, disinfectant etc.) - @ Rs. 4.50/animal (tentative)
- d) Funding for Vaccination and data uploading remuneration @ Rs. 2/dose (indicative). Remuneration may be revised as per ground requirement
- e) Funding for Cost of vaccines (either central procurement or through states/UTs), vaccination cost (accessories) subject to the tendered rates. Flexibility for transfer

of funds from one component to any other components is envisaged as per exigencies

- f) Funding IEC / Awareness - All blocks at Rs. 5000 / year
- g) Funding for Cost of consumables and facilitate sero-monitoring / sero-/clinical surveillance through ICAR Institutes, State laboratories – costs as per demand
- h) Support in training vaccinators wherever possible in cooperation with Rural Development Department, etc.
- i) Funding for De-wormer (through ASCAD/NADCP as per availability of funds)
- j) Share detailed SOPs for vaccination and other components including content for developing awareness/ publicity material
- k) Guidelines / SOPs for ensuring quality of vaccines and assisting designated laboratories including ICAR institute(s) concerned for quality control of vaccines, sero-monitoring/ surveillance as prescribed.
- l) Maintaining INAPH database/ arrange for ToTs for INAPH uploading
- m) Central Survey agency to monitor implementation from beneficiaries (provision under NADCP)

4.1.1.2 Role of State/UT / State Implementing Agencies (SIA)/ Livestock Development Board/ other Implementing Agencies (IAs)

- a) State/UT Action Plan drawn up in consultation with all relevant stakeholders to be submitted through concerned SIA
- b) States/UT to submit Annual Action Plan for carrying out vaccination covering 100 % of sheep & goat population along with previous utilization certificate (UC), physical & financial progress report
- c) States/UTs shall ensure manpower engaging using Prani mitras /Pashu sakhis / Prani bandhus; their training, and enrolment on INAPH
- d) Identification of target animals by ear tagging, registration and uploading data of tagging and vaccination in the Animal Health module of Information Network for Animal Productivity and Health (INAPH)
- e) Publicity and mass awareness campaigns at the State, block and village level including orientation of State functionaries for programme implementation
- f) Procure accessories well in time before commencement of actual vaccination
- g) States/UTs shall arrange for logistics like vaccine procurement / vaccine receipt and onward distribution at field level ensuring cold chain continuity

- h) Undertake deworming preferably one month prior to AVD
- i) Vaccinating the entire susceptible population of small ruminants (sheep and goats) on annual basis (mass vaccination against PPR) including nomadic sheep/goat population above 4 months of age and healthy, non-pregnant animals
- j) Maintaining records of vaccination
- k) Investigation, virus isolation and characterization during outbreaks in close cooperation with other Implementing Agencies (IAs) like ICAR institutes/ designated laboratories concerned to draw up proposals for sero-monitoring projects and collection of samples etc. and assisting them as required.
- l) Testing of pre-vaccination and post-vaccination samples or as prescribed in sampling plan by ICAR
- m) Recording / regulating animal movement through temporary quarantine / check-posts
- n) Generation of data and regular monitoring including evaluation of the impact of the programme
- o) Creation of emergency response team during outbreaks
- p) States/UTs to submit physical performance report along with outcome & output indicating disease outbreak status during the year

The indicative format for model annual State/UT action plan for PPR-EP is annexed at **Annexure – 1.**

4.1.2 Classical Swine Fever Control Programme (CSF-CP)

4.1.2.1 Role of Central Government -

- a) Funding for Animal identification through tagging (from NADCP)
- b) Funding for Cold chain infrastructure including ILRs, cold cabinets, vaccine carriers etc. (from NADCP)
- c) Funding for Cost of vaccine (either central procurement or through State)
- d) Funding for Vaccination accessories cost (needles, syringes, cotton, sterilizer, disinfectant etc.)
- e) Funding for Vaccination cost including vaccine, accessories - @ Rs. 32.50 / dose (indicative)
- f) Funding for Vaccination and data uploading remuneration @ Rs. 2 / dose (indicative)

- g) Cost of vaccines, vaccination cost (accessories) and subject to the tendered rates. Flexibility for transfer of funds from one component to any other components is envisaged as per exigencies
- h) Funding for IEC / Awareness - @ Rs.5.00 lakh per State / UT annually
- i) Funding for Strengthening of laboratories – @ Rs10.00 lakh for non-recurring cost and Rs.3.00 lakh for recurring costs per State/UT annually
- j) Support in training vaccinators wherever possible in cooperation with Rural Development Department, etc.
- k) Funding for De-wormer (through ASCAD/NADCP as per availability of funds)
- l) Share detailed SOPs for vaccination and other components including content for developing awareness/ publicity material
- m) Guidelines/SOPs for ensuring quality of vaccines and assisting designated laboratories including ICAR institute(s) concerned for quality control of vaccines, sero-monitoring / surveillance as prescribed.
- n) Maintaining INAPH database/ arrange for ToTs for INAPH uploading
- o) Central Survey agency to monitor implementation from beneficiaries (provision under NADCP)

4.1.2.2 Role of State Government / UT / State Implementing Agencies (SIA) / Livestock Development Board / other Implementing Agencies (IAs)

- a) State/UT to identify and designate suitable agency as SIAs/ LDBs (preferably same as in NADCP) who shall further develop guidelines for implementation of Scheme delineating roles and responsibilities of all functionaries at different levels
- b) States/UTs will be responsible for procurement /receipt of vaccines, procurement of accessories (syringe, needles, gloves, mask etc. for use in vaccination), payment of remuneration to vaccinators, uploading data on INAPH, sero-monitoring and surveillance as prescribed, strengthening of laboratories, awareness campaigns & training, etc.
- c) States/UTs / SIAs to submit Annual Action Plan in consultation with relevant stakeholders for carrying out vaccination covering 100 % of pig population along with previous utilization certificate (UC), physical & financial progress report
- d) States/UTs will conduct awareness campaign for implementation of CSF-CP in their respective State/UT. The awareness campaign may include advertisement on radio, local newspaper, wall writings, banners, announcements, etc.
- e) States /UTs will procure accessories timely as per their action plans

- f) States/UTs will arrange for logistics like vaccine procurement / vaccine receipt and onward distribution at field level ensuring cold chain continuity
- g) States/UTs shall undertake deworming preferably one month prior to AVD
- h) Vaccinating the entire susceptible population of pig population above 3 months of age and healthy, non-pregnant animals
- i) The details of vaccination are to be uploaded on the INAPH portal
- j) States/UTs will identify their respective laboratories to be used for sero-monitoring / surveillance and the same will be strengthened to enable carrying out necessary tests for CSF during the implementation of this programme
- k) Testing of pre-vaccination and post-vaccination samples
- l) Generation of data and regular monitoring including evaluation of the impact of the programme
- m) Creation of emergency response team during outbreaks
- n) States/UTs to submit physical performance report along with outcome & output indicating disease outbreak status during the year

The indicative format for model annual State action plan for CSF-CP is annexed at **Annexure – 1**.

4.2 Establishment and Strengthening of Veterinary Hospitals and Dispensaries (ESVHD) – Mobile Veterinary Units

4.2.1 Role of Central Government -

- a) Providing Non-recurring Funds for Customized Mobile Van for veterinary healthcare (@ Rs.16.00 lakh / van) – 100% central assistance
- b) The recurring cost for running of MVUs is pegged @ Rs.18.72 lakh / MVU and Office expenses of running Call Centre will be @ Rs.5000/- pm and an additional Rs.2000 pm for each additional Veterinarian & 3 Call Executives. These will be on a Center-State sharing basis as applicable (60-40 for all other states / 90-10 for NE & Himalayan States/ 100% for UTs).
- c) Both, recurring and the one-time capital cost given (of MVUs) are indicative and is subject to the tendered rates. Flexibility for transfer of funds from one component to any other component is envisaged as per exigencies.

4.2.2 Role of State Government / State Implementing Agencies (SIA) / Livestock Development Board / other Implementing Agencies (IAs) -

- a) Each State/UT/ SIA/LDB shall send action plan as per format in the guidelines.
- b) State shall provide for State share for the recurring costs and set up State Nodal Agency (SNAs) as per guidelines for the centrally sponsored component

- c) Each State/UT will establish a Call Centre having call executives and veterinarians. The Call Centre unit shall be constituted of 1 veterinarian and 3 call executives for every 20 MVUs. For 100 MVUs, there will be 2 veterinarians along with 6 Call Executives and for additional each hundred MVUs, 1 veterinarian & 3 Call Executives will be required
- d) Veterinary services like treatment, minor surgeries, de-worming, dressing, dehorning, pregnancy diagnosis, dystocia, vaccination, artificial insemination, etc. will be provided
- e) Animal owner / family could call on the designated number of the Call Centre. Call Centre Executive will collect information from caller and will enter in the system. The system will generate a unique ID for each case. The veterinarian at the Call will prioritize the cases. The calls will be followed up with the identified vehicle and the available MVU will be deployed (expected time of arrival automatically displayed in the system) to the caller's place. Veterinary Doctor / para-veterinarian will provide the necessary veterinary service
- f) Call Centre veterinarian will take a call on escalation from Call Executives or AI technician or MAITRI or para veterinarian for online advice
- g) AI technician or MAITRI shall log into the system every day before 9:30 AM indicating their availability for delivery of service on that day
- h) Government Veterinary institutions providing services to callers who are located within 2 Km radius identified by the State Animal Husbandry Department (Nodal Officer) shall log into the system every morning indicating the timing of availability of service in that institution on that day. If the caller is from such villages, the Call Centre shall request caller to approach that particular institution for service. In case of emergencies, Mobile Veterinary Unit, comprising of the veterinarian, shall be dispatched.
- i) Each and every case attended by AI technician or MAITRI and/or the Mobile Clinic shall give their closure report immediately after the service is rendered and shall return to their base location as decided by the State. This shall close the call cycle.
- j) State / UT may, however, decide dispatching the MVU on a certain route to supplement routine treatment, awareness campaign and other services, if

adequate emergency calls are not received / anticipated, for optimal utilization of mobile veterinary services.

- k) State/UT shall submit financial/ physical performance report as per requisite format.
- l) The model annual State/UT action plan for MVU-ESVHD is annexed at **Annexure - 2**. Formats of quarterly report of MVUs on delivery of veterinary service at farmer's doorstep are annexed at **Annexure - 2A**. The tentative recurring costs for MVU and Call Centre may be seen at **Annexure – 2B**.

4.3 Assistance to States for Control of Animal Disease (ASCAD)

4.3.1 Vaccination against economically important livestock and poultry diseases

- a) States/UTs will submit their respective requirement for release of funds basis prevalence of economically important diseases in their respective State/UTs for release of central share in the indicative format for action plan for implementation of ASCAD, annexed at **Annexure – 3**
- b) Ring vaccination against emergent or exotic diseases will also be considered under this vaccination programme
- c) State will ensure availability of corresponding State share so that release of central share may be utilized effectively in time

4.3.2 Surveillance and Monitoring of important livestock and poultry diseases

- a) In order to control livestock & poultry diseases, surveillance and monitoring of diseases are essential. The country is free from diseases like CBPP and BSE. In order to maintain freedom status of these diseases each country has to submit a dossier every year to OIE. The dossier is prepared on the basis of the inputs provided by the states. The activities which were being taken under NPRSM are to be taken up now under ASCAD. The funds provided under the component has to be utilized for TA/DA & POL/material collection and dispatch of samples to the designated laboratories:
 - (i) Physical surveillance in case of CBPP – village search, stock route search and institutional search on the lines of Rinderpest.
 - (ii) Collection and dispatch of samples in case of BSE - The brain samples from bovines are to be collected and sent to the designated laboratories for testing.

- b) As activities of “NADRS”, a component of the earlier LH & DC Scheme, has now been merged with the ASCAD component, States/UTs will continue to report incidences of livestock & poultry diseases as earlier, periodically, for reporting to OIE and financial assistance will now be provided under the “strengthening of disease diagnostic laboratories”, a component of ASCAD.

4.3.3 Control of emergent & exotic livestock and poultry diseases (100%)

- a) For strengthening disease control, State Biological Production Units to comply with Good Manufacturing Practices (GMP) and disease diagnostic laboratories to comply with Good Laboratory Practices (GLP), requires attention. The State/UT Government Disease Diagnostic Laboratories are to be strengthened in terms of infrastructure as well as availability of funds to meet recurring & non-recurring expenditures.
- b) State Animal Disease Diagnostic Laboratories will be provided financial assistance for carrying out surveillance for emergent or exotic animal diseases. Routine collection of serum/ sample materials for surveillance work and activities against exotic and emergent diseases including Avian Influenza, BSE, Glanders, PRRS, etc.
- c) In case such incidences / outbreaks are observed, the State/UT will initiate prompt action for all control measures as per advisories including culling & elimination of infected birds/animals and destruction of feed/eggs cost for which financial assistance will be provided by the Centre to meet the expenses on compensation to farmers and operational cost

4.3.4 Research & Innovation, Publicity & Awareness, Training etc.

- a) Research & Innovation (100%) - ICAR Institutes/other institutes will be provided financial support to carry out desired activities under research and innovations in the field of animal health
- b) Publicity & Awareness - All States/UTs will emphasize on publicity & awareness programmes at block level for creation of awareness of the farmers about the animal disease control programmes of the government, risk of zoonotic diseases
- c) States/UTs will provide/arrange for continuous veterinary education (CVE) programmes for trainings of veterinarians, para veterinarians, others / training of trainers, training of laboratory diagnostic specialists / mock drills for bird flu, etc.
- d) Grants in aid for VCI
- e) Engaging Consultants – 5 at HQ for assisting in implementation of LH & DC programme

The indicative format for Action Plan for implementation of ASCAD is annexed at **Annexure – 3.**

4.3.5 Role of Central Government -

- a) Livestock and Poultry vaccination (60-40 for all other states / 90-10 for NE & Himalayan States / 100% for UTs)
- b) Vaccines and vaccination costs including deworming (60-40 for all other states / 90-10 for NE & Himalayan States / 100% for UTs)
- c) Control of Emergent & Exotic Diseases (60-40 for all other states / 90-10 for NE & Himalayan States / 100% for UTs)
 - (i) support to State DDLs/ BPU's
 - (ii) Surveillance- as per demand
 - (iii) compensation - @50% as per demand
- d) Research & Innovation (100% Central assistance) - as per demand

4.3.6 Role of State Government/ State Implementing Agencies (SIA)/ Livestock Development Board/ State Government/ other Implementing Agencies (IAs) -

- a) State/UT/ SIA to send action plan as per format given in these guidelines
- b) State to provide for State share for the recurring costs
- c) States/UTs shall ensure manpower engaging using Prani mitras / Pashu sakhis / Prani bandhus; their training, etc.
- d) States/UTs shall arrange for logistics like vaccine procurement / vaccine receipt (in case of central procurement) and onward distribution at field level ensuring cold chain continuity
- e) Procure accessories timely as per their action plan
- f) Undertake de-worming wherever applicable
- g) Ensure vaccination on-field
- h) Coordination with other Implementing Agencies (IAs) like ICAR institutes/ laboratories concerned to draw up proposals for surveillance and collection of samples
- i) Recording/regulating animal movement through temporary quarantine/ check-posts
- j) Creation of emergency response team during outbreaks; coordinate in investigation, virus isolation and characterization during outbreaks
- k) Submit financial/ physical performance report along with outcome & output indicating disease outbreak status during the year

4.4 Activities requiring effective linkages -

Vaccine and Vaccination - In order to obtain the desired immunity by vaccination against diseases viz. PPR, CSF and other economically important diseases of livestock & poultry, activities like deworming of livestock & poultry, supportive medicine and vitamin & mineral supplements will also be taken care of under NADCP/ASCAD by providing financial assistance to States/UTs. Deworming before vaccination will help to get better immune response. Deworming shall be done twice a year, preferably with the vaccination programme, but 3-4 weeks before such vaccination.

For working out the vaccine requirement and vaccination schedule district-wise as well as their timelines for this activity, the indicative format for model annual State action plan for PPR-EP and CSF-CP at **Annexure - 1** shall be referred to.

List of indicative items/components for financial proposals under PPR-EP/ CSF CP are annexed at **Annexure – 1F** which will have to be sent by State Implementing Agency as part of State Action Plan.

The procurement of vaccines/ anthelmintics shall be done by the State/UT Implementing Agencies/ Livestock Development Boards preferably through GeM or by tendering, following all the codal / legal provisions and Financial Rules and Regulation.

4.5 **Animal Identification** 100% central assistance shall be provided to NDDDB and the State/UTs for capturing data of tagging and vaccination through Animal Health Module of INAPH and ear tagging, respectively.

The envisaged outcome of implementation of Animal Health Module of INAPH is to ensure traceability of all the animals that have been ear tagged and registered including generation of area-wise data on the percentage of vaccination coverage. Animals which are already tagged under different schemes, but under INAPH module, will not be tagged again.

Information Network for Animal Productivity and Health (INAPH) portal of National Dairy Development Board (NDDDB): This portal shall serve as the central database for animals registered uniquely on INAPH. 100% central funding would be provided to NDDDB for registering the animals (vaccinated) and maintaining the INAPH database. Liaison of INAPH with the Call Centre set up centrally will enable verification of implementation of the programme at the ground level under NADCP.

4.6 Publicity and awareness

Wide publicity about the programme shall be given in such a way so that the message of importance of vaccination, disease control and prevention reach the target beneficiaries. Emphasis shall be given on the economic impact of livestock health on the rural economy. Both print and electronic media such as television, radio, community radio, newspapers-posters-leaflets-wall painting-banners etc., shall be used both for general awareness and for awareness of the incoming vaccination campaign, especially, vaccination dates, movement control of animals, importance of disease etc. Sensitization of the stakeholders is important for the success of the programme. Private agencies/ State Cooperatives/ NGOs may also be utilized for implementing change behavior strategies in the communities.

4.7 Sero-monitoring, sero-/ clinical surveillance, Vaccine testing etc.

The designated/ identified Central/ State/ ICAR/ University laboratories will carry out sero-monitoring, sero-/ clinical surveillance and vaccine testing, wherever required. The detailed SOPs for quality control of vaccines etc. will be worked with subject matter specialists and shared with the relevant stakeholders. The details of formats for collection and submission of samples for sero-monitoring are annexed at **Annexure 1E** which will have to be filled up by State Implementing Agency after collection of all samples for sero-monitoring for a particular district.

4.8 Convergence of components of LH&DC and NADCP

Under National Animal Disease Control Programme (NADCP), cold chain infrastructure in States/UTs are being strengthened. This is not only meant for FMD and Brucella Vaccines but this infrastructure may be used for other vaccines including PPR and CSF vaccines.

Similarly, deworming may be followed and for deworming also, resources will be pooled/ drawn from NADCP/ ASCAD.

The facility for concurrent monitoring through the central survey agency for verifying from farmers, the vaccination done etc. for NADCP currently will also be extended for PPR and CSF vaccination.

5. CENTRAL-STATE FUND SHARING PATTERN

5.1 Critical Animal Disease Control Programme

5.1.1 PPR Eradication Programme (PPR-EP)

100% central assistance to States/UTs would be provided for cost of vaccines, accessories for vaccination, remuneration to vaccinators, strengthening of laboratories, recurring expenditure for laboratory consumables, sero-monitoring, surveillance and IEC / awareness campaigns, etc.

5.1.2 Classical Swine Fever Control Programme (CSF-CP)

100% central assistance to States/UTs would be provided for cost of vaccines, cost of accessories for vaccination including remuneration to vaccinators, strengthening of laboratories, recurring expenditure for laboratory consumables, surveillance and sero-monitoring, IEC / awareness campaigns, etc.

5.2 Mobile Veterinary Unit (MVU) under ESVHD

Under this component, 100% central assistance is proposed for the non-recurring expenditure on the customized mobile van / vehicle for providing veterinary healthcare and which is fully equipped with equipment for diagnosis, treatment, surveillance sample collection, for performing minor surgery, as well as for audio-visual aids for extension activities.

The recurring expenditure on running (operating) the mobile vans / vehicles (MVUs), Call Centre and the outsourced manpower services shall however have a Central-State fund sharing pattern of 60-40 for all other states /90-10 for NE & Himalayan States /100% for UTs.

5.3 Assistance to States for Control of Animal Disease (ASCAD)

This component shall have a Central-State fund sharing pattern of 60-40 for all other states /90-10 for NE & Himalayan States / 100% for UTs. However, for the activity 'Research & Innovation, Publicity & Awareness, Training and allied activities', 100% central assistance would be provided. The grants-in-aid to Veterinary Council of India (VCI) and expenses for the headquarters (election expenses, legal expenses, etc.), which was funded earlier under the Professional Efficiency Development (PED) component of the extant LH & DC scheme, would now be continued in the present LH & DC scheme under the ASCAD component. Further, provision for hiring consultants, professional services and advertisement and publicity would be made with 100% central assistance under this component.

6. **IMPLEMENTATION AND MONITORING**

6.1 **Procedure for implementation -**

The State/UT shall submit proposal to the Department of Animal Husbandry and Dairying (DAHD) through their State Monitoring Unit (SMU) after due approval of the Chairman, SMU.

While submitting proposal to the DAHD, the SMU should ensure that the proposal is complete in all respects and should also attach along with the proposal the Financial and Physical Progress Report and Fund Utilization Certificate as per format GFR-12A [Under Rule 238(1)] of GFR 2017 in case of funds released to SIA and as per format GFR-12C [under Rule 239] in case of funds released to the State, in either case, duly approved and countersigned by the Secretary, AH Department cum Chairman, SMU.

The proposal once received by the DAHD shall be appraised by the division and then same shall be put before the National Steering Committee for approval and consideration for release of funds.

After getting funds released from the Central Government, the State Monitoring Unit shall regularly submit Monthly Progress Reports by the 5th of every month.

6.2 **Monitoring –**

6.2.1 **National Level -**

- a) Monitoring of the scheme shall include National Steering Committee (NSC) headed by Secretary, Department of Animal Husbandry and Dairying (DAHD). The NSC will comprise of the following (in line with NADCP) -

Secretary, Department of Animal Husbandry and Dairying (DAHD)	:	Chairperson
Financial Adviser, DAHD	:	Member
Animal Husbandry Commissioner, DAHD	:	Member
Deputy Director General (Animal Science), ICAR	:	Member
Joint Secretary (LH), DAHD	:	Member
Principal Secretary/ Secretary, Department of Animal Husbandry from participating States	:	Member
Director, CSSNIAH, Baghpat	:	Member
Joint Commissioner (LH)	:	Member Secretary

- b) NSC will oversee activities of the LH&DC Scheme, give overall direction and guidance, monitor and review its progress and performance.

- c) NSC will be empowered to lay down and amend operational guidelines, other than those affecting financing pattern. NSC will be responsible for approval of State Action Plans for funding under LH&DC scheme received from IAs/States. Projects will be appraised by DAHD officials before putting them to the NSC for approval.
- d) NSC would have powers to modify physical and financial targets based on review, approve inclusion and change eligibility criteria for Implementing Agencies and other guidelines including project area, composition of NSC, component structure and re-appropriation proposals. NSC will be fully empowered to make changes and delegate powers necessary for smooth implementation of the Programme. This Committee will meet twice a year or as frequently as may be required. The Chairman of NSC will have powers to approve the aforementioned conditions and adjustments to the scheme in anticipation of approval of NSC, in case the next meeting of NSC is delayed.

Internal Monitoring –

- e) It shall be done through frequent review meetings at all levels and submission of monthly reports to the next higher authority culminating with the DAHD, GOI.

6.2.2 State /UT level –

6.2.2.1 State Monitoring Unit (SMU) - State / UT Department of Animal Husbandry shall monitor the programme through State/UT Monitoring Units to be headed by the Principal Secretary / ACS/ Secretary of the Department of Animal Husbandry of the State / UT concerned, as Chairman of the SMU. The SMU may co-opt any other member(s) as deemed necessary from State / UT government agencies / departments and Panchayati Raj Institutions for effective implementation of the programme. The Commissioner/ Director, Animal Husbandry Department shall function as the Member Secretary of the SMU.

SMU shall monitor and review progress and performance of all activities of the scheme. Chairman of SMU is empowered to approve the Annual Action Plans submitted by the State Government and forward them to the Central Government for sanction/ release of funds

SMU shall oversee and finalize the process related with scheduling the vaccination and other logistics required for vaccination and ensure that all vaccine doses and logistics are available before the start of the vaccination round. It will ensure arranging for accessories, logistics, cold chain continuity of vaccines, trained manpower, awareness creation, ensure diagnostic facilities at all laboratories engaged in the sero-monitoring/ surveillance work, regulate movement of animals wherever required, liaison with concerned ICAR laboratories / ICAR-NIVEDI, etc. for sero-monitoring/ surveillance, SMU shall evaluate

impact of programme and constant review of the progress of project, SMU shall submit the vaccination/ ear-tagging daily reports and any other progress report of vaccination to GOI as per prescribed format

SMU shall ensure recording details of vaccinated animals and informing such vaccination to animal owners.

SMU shall ensure strict compliance of the provisions under Prevention and Control of Infectious and Contagious Diseases of Animals Act, 2009 and rules thereunder, either notified by Central Government or framed by the State Governments as empowered by the various provisions of the Act for effective implementation of the disease control programme.

6.2.2.2 District Monitoring Unit (DMU) - The DMU shall be headed by the District Magistrate as Chairman of the DMU. It may co-opt any other member(s) as deemed necessary from other State/UT government agencies/ departments and Panchayati Raj Institutions for effective implementation of the programme. Joint Director / Deputy Director / District Veterinary Officer, Animal Husbandry Department shall be the Convener of the District Monitoring Unit (DMU).

The DMU, as the main executive unit in the entire implementation programme in the district, shall be responsible and ensure that required vaccines and requisite logistics for vaccination including manpower for vaccination, accessories, cold chain infrastructure, vaccine carriers are in place well before the start of the vaccination programme; ensure execution of vaccination in the entire district as per schedule and prescribed procedures, collection of sera samples for sero-monitoring, to ensure vaccinated animals to be registered in INAPH animal health module database, animal identification and documentation; investigate any suspected outbreak and arrange to send specimens for laboratory confirmation, training of staff engaged in vaccination / programme well before the start of the programme and should prepare calendar of operation with the help of District Animal Husbandry Officer and Block Officers; ensure mass education/awareness campaign on PPR amongst livestock farmers emphasizing on the economic impact of the diseases and benefits likely to accrue due to preventive vaccination of their animals as well as reporting the disease timely in case of its suspicion/occurrence in the district. DMU shall compile epidemiological information and data of vaccination programme and various reports and submit to SMU as per the schedule.

DMU with the help of District Polyclinic shall co-ordinate with respective Disease Investigation Laboratories to send suitable samples of suspected material, collect vaccination sera samples for sero-monitoring, wherever required etc.

6.2.2.3 Block Monitoring Unit/ Block Veterinary Officer (BVOs) shall provide information about the control programme, its importance and impact to the villagers through discussion, leaflets, pamphlets, posters, visual aids during training and awareness programmes, etc.; ensure reporting any unusual health status of animals, particularly for reportable diseases; in case of suspicion of outbreak or confirmation of PPR outbreak, BVO shall implement all necessary control and containment measures immediately and also report the suspected/confirmed outbreak, sending of samples to designated laboratories in case of suspected diseases, ensure ear tagging and that ear tagging personnel are well-trained; supply of vaccine to field officers as per the schedule of vaccination, appropriate disposal of used/waste materials or any other bio-medical waste generated also need to be ensured by the BVO etc. Monitoring through PRIs for ensuring accountability may be done.

6.2.3 Concurrent Monitoring (through Survey Agency) –

The Call Centre set up at DAHD and States/ UTs shall be responsible for monitoring implementation of the various components of programme on the ground by calling up beneficiaries (livestock owners) over the telephone and ascertaining vaccination details vis-à-vis their livestock. The Call Centre shall liaise with NDDDB (w.r.t. the INAPH portal) and the SMUs with regard to data of the livestock owners (UID and mobile telephone numbers collected during vaccination /ear tagging and registration on INAPH).

6.2.4 State ranking for devolution of funds under LHDCP

The funds under LHDCP shall strictly be regulated as per the performance of various activities undertaken by the States /UTs, the major indicators would be as under:

- Priority to the States having large number of livestock population and the international bordering states
- Unspent balance and accrued interest return
- Physical Performance of activities in terms of financial outgo
- Control and containment of diseases and timely reporting of outbreaks and control thereof;
- Tagging and registration of animals on INAPH timely
- Updating of data on Integrated Reporting System for various vaccination viz. FMD, Brucellosis, PPR, CSF; their sero-monitoring and sero-surveillance etc.

7.0 FUND FLOW MECHANISM

The 100% Centrally funded components shall be disbursed to Implementing Agencies (SIAs, Research Institutes, etc.) and Centrally sponsored funds (with State share) shall be

disbursed to State /UT, through Public Finance Management System (PFMS) of Government of India.

<p>Central sector components</p> <p>Funds to be disbursed for all the components of Scheme with 100% grant-in-aid basis – for entire PPR-EP, CSF-CP, one-time Capital assistance for Mobile Van under ESVHD-MVU, research & innovation, publicity & awareness, trainings of Veterinarians, Para-veterinarians / Training of Trainers / Training of veterinary professionals (CVE)</p>	<p>Centrally Sponsored Components</p> <p>Funds to be disbursed for i) immunization of livestock & poultry vaccines and vaccination cost under ASCAD ii) Surveillance and compensation costs for control of emergent & exotic diseases under ASCAD iii) strengthening of Disease Diagnostic Laboratories and Biological Production Units for disease diagnosis, surveillance related activities and production of vaccines, kits etc. under ASCAD and iv) recurring expenditure on running the mobile vans / vehicles, call centers and the outsourced manpower services under ESVHD-MVUs</p>
<p>Implementing Agencies (IAs) - State Livestock Development Boards* / State Implementing Agencies* / Central Institutes like CCS-NIAH, National Dairy Development Board/ Indian Council of Agricultural Research ICAR and its Institutes / Central Universities, Veterinary Council of India (VCI), etc.</p>	<p>State / UT through designated State Nodal Agencies</p>
<p>Disbursement of funds:</p> <p>SIAs /IAs shall disburse the funds through PFMS for implementation and keep account of the funds, provide appropriately signed Utilization Certificates, remit interest accrued etc. Manpower is to be outsourced by Implementing Agency, wherever required.</p>	<p>Disbursement of funds:</p> <p>The funds for Centrally Sponsored Components of the LH&DC Scheme will be released to the State Government's RBI Account. Thereafter, the State Government need to transfer the fund to the Account of the State Nodal Agency within 21 days and the State Share to be released within 40 days. Detailed procedure for handling of fund for CSS Scheme may be followed as per extant Department of Expenditure, Ministry of Finance Guidelines.</p> <p>The major action points on part of States are as under:</p> <p>a) States have to designate SNA for LH&DC scheme (Centrally Sponsored components)</p>

	<ul style="list-style-type: none"> b) States have to open Single Nodal Account of SNA and map it in PFMS c) States have to open zero balance subsidiary accounts of the IAs down the ladder d) States have to deposit 100% of the amount balance in the account of IAs in the Single Nodal Account of SNA e) IAs have to be registered on PFMS f) States have to open separate budget lines for central and State share of the CSS
--	---

* States/UTs may preferably retain the SIA/SLDB (as under NADCP) to ensure smooth flow of funds for 100% central sector components of LH&DC scheme

SIAs/ IAs/ State/UTs Government Scientific and/or Research Institutes, etc., are to follow the codal and legal provisions of the GFR 2017 and enroll themselves in the PFMS. They shall book funds through PFMS following the Expenditure, Advance and Transfer (EAT) module. To familiarize themselves with the EAT module, the following link may be visited: <http://dst.gov.in/sites/default/files/EAT%20-%20FilingAllmoduleFinal.pdf>.

To ensure smooth flow of funds under 100% central sector components of LH&DC scheme from the centre, States/UTs **may retain** the State Implementing Agency (SIA) as done under National Animal Disease Control Programme (NADCP), as the latter's bank accounts are already mapped under PFMS.

8.0 EVALUATION

Evaluation of the programme at the end of two years (2023-24) and five years (2026-27) would be carried out by an independent third-party agency. The programme shall also be subject to audit as per extant Government of India procedures.

Annexures

MODEL ANNUAL STATE ACTION PLAN FOR PPR-EP and CSF-CP

- **Name of the Implementing Agency-**
- Address -
- Telephone No. and fax No. -
- Email ID of the HOD -
- **Nodal officer-**

(All animals in the district to be covered in one schedule for each disease)

S#	Name of District	Population			No. of doses required for vaccination			Expected vaccination start date		Expected vaccination end date	
		Goat	Sheep	Pigs	Goat	Sheep	Pigs	PPR	CSF	PPR	CSF

1. **Tagging requirement – as mentioned in NADCP guidelines**
2. **Deworming – covered under ASCAD/NADCP**
3. **Total manpower requirement:**

(Details regarding requirement of vaccinators for carrying out vaccination)

Total manpower requirement for vaccination should be identified 15 days before AVD

S. no.	Name of Districts	No. of animals to be covered under vaccination		Total manpower required for vaccination	Manpower available for vaccination	Shortage / gap of vaccinators	Hiring/ outsourcing of manpower
1.		Sheep, Goats	Pigs				
2.							
Total							

4. **Activities to be taken up for public awareness – (Details of proposed awareness programmes, viz. wall writing / banners / Posters / Audio-visuals / Radio advertisement, etc. at State / District / Block / Village level)**

State	Wall writing	Audio-visuals including films	Radio advertisement	Posters	Banners / Hoardings	Public Announcements and distribution of pamphlets
	1 month before AVD	1month before AVD	1month before AVD	1month before AVD on State transport buses, etc.	1month before AVD	-

State	Wall writing	Audio-visuals including films	Radio advertisement	Posters	Banners / Hoardings	Public Announcements and distribution of pamphlets
District	-do-	15 days before AVD	-	1 week before AVD	1 week before AVD	-
Block	-do-	-do-	-	-do-	-do-	
Village	-do-	-do-	-	-do-	-do-	2 days before AVD

*AVD- Actual Vaccination Date

5. Procurement procedure and supply of accessories: [Details about the procurement procedure to be followed to procure logistics for vaccination viz. vaccine (if procured by States/UTs), needle and syringes, gloves, apron, etc.]

Items	Date of tender (to be at least 90 days before AVD)	Supply order (to be at least 60 days before AVD)	Date of expected actual availability to be at least 15 days before AVD		
			At State	At District	At Block
1) Vaccine (if procured by States/UTs): a) PPR vaccine b) CSF vaccine					
2) Needles and syringes					
3) Gloves					
4) Apron					
5) Discard bags and other accessories					

6. Supply and distribution plan for vaccines

Items	Date of expected actual availability (supply and distribution) *		
	At District	At Block	At village (Institution)
PPR Vaccine			
CSF vaccine			

7. Monitoring and Supervision Plan for PPR-EP/ CSF-CP (Details of plans to monitor vaccination, cold chain maintenance at the field level)

- i. Establish Call Centre (to be established by State at least 7 days before AVD)
- ii. Monitoring by State Nodal Officer for each district (during and after vaccination - at least 2 visits during vaccination)
- iii. Vaccination to be supervised by Block Veterinarian
- iv. Vaccinators to register name, UID (Aadhar no.) / Mobile no. of animal owner at the time of vaccination

Format of Report prior to start of PPR/ CSF Vaccination

1. State/UT 2. Name of vaccination: PPR/ CSF 3. Date of reporting 4. Phase														
S. no.	Name of District	Doses			Animal Identification				Logistics					
		Total No. of doses of vaccine required for round as per population	Total No. of doses of vaccine available from the previous round of vaccination	No. of doses of vaccine required for next round (after deducting balance)	Target Animal Population	Tags available with States/UTs	Additional tags required	Expected start date of tagging	Targeted animal population	Expected start date	Expected completion date	No. of vaccination teams in districts	Identification of animals for sera collection	Proposed publicity campaign
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Signature														
Name & address of the Reporting Officer														

Format of quarterly Report on vaccination under PPR-EP/ CSF CP

		1. State/UT 2. Name of vaccination: PPR / CSF 3. Date of Reporting 4. Period under report 5. Phase											
Sl. No.	Name of District	Livestock population to be tagged	Livestock population to be vaccinated (Species wise details)	Details of Progress									Progressive total of No. of sera samples collected
				No. of animals vaccinated during the period under report	Progressive total of animals vaccinated	% coverage in current round	Wastage (No. of doses)	Balance doses of vaccination at end of the day/ period	No. of animals tagged during the day/ period under report	Progressive total no. of animals tagged	No. of sera samples collected during the day/ period (village-wise details)		
1	2	3	4	5	6	7	8	9	10	11	12	13	
		Signature Name & address of the Reporting Officer											

Format of Report on completion of vaccination for PPR/CSF

<ol style="list-style-type: none"> 1. State/UT 2. Name of vaccination: PPR/CSF 3. Date of Reporting 4. Period under report 5. Phase 														
Sl. No.	Name of District	Vaccination							Doses				Manpower Utilization	
		Targeted animal population	No. of animals tagged	No. of animals vaccinated	No. of pre-vaccination sera samples collected	No. of post vaccination sera samples collected	Start date	Completion date	No. of doses of vaccine available at the beginning of vaccination	No. of doses received for current phase	Total doses	No. of doses at balance	No. of teams for vaccination	No. of man days to complete the programme
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Signature Name & address of the Reporting Officer														

Format of Outbreak Statement

(To be sent after recovery of outbreak)

- 1) State/UT: 2) District:
 3) Taluka: 4) Village:
 5) Outbreak Details:
 6) Date of Report:
 7) Date of 1st case Noticed:
 8) Date of last case Noticed:
 9) Animal Population:

Sheep	Goat	Pig

- 10) Number of animals vaccinated before outbreak:
 11) Vaccine Manufacturer:
 12) Batch number of vaccines used:
 13) Number of animals affected:

Details	Sheep	Goat	Pig
Vaccinated			
Unvaccinated			

- 14) Severity of disease: Severe /mild / Moderate:
 15) Number of samples collected during outbreak:
 16) Virus Typing result:
 17) Source of infection:

18) Details of Economic losses due to:

(i) Treatment:

(ii) Death of animals:

(iii) Production losses:

(iv) Any other:

18) Measures taken to control the outbreak:

19) Any other relevant information:

Signature

Name & address of the Reporting Office

Annexure – 1E

INDICATIVE FORMATS FOR SEROMONITORING

1. Sero-monitoring - details of collection of samples

S. no.	District	No. of villages selected for sample collection	No. of samples to be collected		
			0 day (Pre-vac)*	30 day (Post-vac)	Total

* if required, as per sero-monitoring plan

2. Format for submission of samples for sero-monitoring under PPR-EP/ CSF-CP

State/UT:			District:			
Taluka:			Village:			
Name of vaccination: PPR / CSF						
Round of vaccination:						
Vaccine manufacturer:						
Batch number of vaccines:						
Date of expiry:			Date of vaccination:			
Date of sample collection:			Pre / Post:			
Details of samples:						
No.	Farmers Name	Sample ID	Tag No.	Sex M/F	Animal Type	Age in years
1						
2						
3						
4						
5						
-						
Signature						
Name & address of the Reporting Officer						

Note: Clinical/sero-surveillance sampling report will be indicated separately, if required.

LIST OF INDICATIVE ITEMS/COMPONENTS FOR FINANCIAL PROPOSALS UNDER PPR-EP/ CSF CP

S. no	Component
1.	Vaccine for total sheep and goat population against PPR; and vaccine for a total pig population against CSF
2.	Vaccination Cost for syringe, gloves, gumboots etc. <i>(at Rs 2.50 per vaccination)</i>
3.	Remuneration Cost to Vaccinator @ Rs.2.00 per dose (including registration / uploading data on INAPH)
4.	Sero-monitoring/ surveillance/quality testing of vaccine – to State laboratories/designated laboratory, etc. as per requirement for PPR and CSF
5.	Expenditure on Awareness Programme: @ Rs. 5,000/ Block/Year for organizing awareness Camps including advertisement campaign for PPR-EP and @ Rs.5.00 lakh per State annually for CSF-CP
6.	Deworming, as far as possible, will be pooled/ drawn from National Animal Disease Control Programme/ ASCAD. Cold chain infrastructure along with central survey agency for verifying vaccination done from farmers shall also be NADCP.

Note: Cost of vaccines and vaccination cost (accessories) are indicative and is subject to the tendered rates. Flexibility for transfer of funds from one component to any other components is envisaged as per exigencies

MODEL ANNUAL STATE ACTION PLAN FOR MVU-ESVHD

- **Name of the Implementing Agency-**
- Address -
- Telephone No. and fax No. -
- Email ID of the HOD -
- **Nodal officer –**

S. No.	Parameters	Details
1	Whether MVUs available with the State/ UT, if yes- how many	
2	How these are operated- by State directly or in PPP mode- give details	
3	How is the operation/ proposed operation- on call basis; timing etc.	
4	How number of MVUs allocated / area/ livestock population	
5	No. of Mobile Veterinary Units required and basis	
6	How it is intended to run the vehicles- whether any preliminary option explored for running on PPP mode	
7	Requirement of Veterinarians / Para veterinarians (no.) – how they are planned to be engaged	
8	Status of Call Centre: whether already operating (Availability of staff and infrastructure); if not available how it is proposed to set up and monitored by State/ UT government	
9	Establishment of Call Centre (to be established by State at least 7 days before operation)	
10	Expected date of MOU with service provider/ revision of MOU, if not already there	
11	Procurement/ availability by service provider, vehicle and its fabrication - expected date	
12	Procurement procedure and supply of medicines, accessories and other consumables/non-consumables to be maintained in MVUs	
13	Monitoring and Supervision Plan for MVU-ESVHD - (Details of plans to monitor availability of veterinary service at farmer's door step and satisfactory treatment provided at the field level)	
	(i) Monitoring by State Nodal Officer for each district (Monthly basis - at least 1 visit)	
	(ii) Services rendered by Gopal Mitra / Pashu Sakhis to be supervised by Block Veterinarian	
	(iii) to register name, UID (Aadhar no.) / Mobile no. of animal owner at the time of delivery of veterinary services	

Format of Quarterly Report on delivery of Veterinary Service at farmer's doorstep under MVU-ESVHD

1.	State/UT	
2.	Name of Scheme/Programme: MVU-ESVHD	
3.	Date of Reporting	
4.	Period under report	
S. No.	Parameters	Details / Information
1	No. of MVUs in service	
2	No. of Veterinarians	
3	No. of Para veterinarians	
4	Status of Call Centre for taking up calls, technical experts for attending calls and for forwarding to attending authority like MVU/Gopal Mitra/Local Veterinarian or Para-veterinarian	
5	No. of Calls received	
6	No. of calls /complaints attended	
7	No. of farmers provided veterinary service at door step	
8	No. of animals treated at the farmer's doorstep	
9	Details of the facilities maintained in the MVU	
10	Details of Medicines being maintained in the MVU	
11	Maintenance of Complain/Feed-back register in the MVU	
12	No. of preliminary diagnosis made using available diagnostic facility	
13	Observation of any unusual mortality or spread of any infectious disease in any particular area and action taken accordingly	

Signature**Name & address of the Reporting Officer**

Tentative recurring costs for MVU and Call Centre

a. Recurring expenditure for running of one Mobile Van (60-40/ 90-10 NE & Himalayan States/ 100% UTs)

(Rs. in lakh)

Activity	no of personnel	rate per month	amount per month	for 1 year
Outsourcing of veterinarian	1	0.50	0.50	6.00
Outsourcing of Para-vet	1	0.20	0.20	2.40
Outsourcing of Driver-cum-attendant	1	0.18	0.18	2.16
Procurement of Medicines, Surgical material etc.	-	LS	0.35	4.20
Maintenance & Fuel (Petrol / Diesel / Oil / Lubricant etc.)	-	LS	0.33	3.96
TOTAL			1.56	18.72

b. Recurring expenditure for running of Call Centre at State/UT level (60-40/ 90-10 NE & Himalayan States/ 100% UTs)

(Rs. in lakh)

Activity	no of personnel	rate per month	Cost per year
Outsourcing of veterinarian	1	0.50	6.00
Outsourcing of call executives	1	0.15	1.80
Office expenses of running Call Centre @ Rs.5000/- pm for 1 veterinarian and 3 Call executives and an additional Rs.2000 pm for each addition of 1 Veterinarian & 3 Call Executives			

List of indicative Items required in Mobile Veterinary Units

Instruments, machines, furniture etc.: electronic weighing machine, small refrigerator/ vaccine carrier, i/v stands, folding chairs, folding-table, sitting-stools etc., small animal examination table, animal restraining equipment, portable sterilizer/ autoclave, OPD slips, stationery, cash-receipt books, electric fans, ropes, brooms, wipers, foot-mats, locks etc. small sized dispensing-vials, hoof-trimming set, sprayers, dog muzzles etc. There should be provision for desktop computer/ GPS/ Tab plus printer with internet broadband to send and receive various official reports, for updating the information of farmers' details and animal treatment. Movement of Mobile Clinic may be monitored online through GPS system.

Minor Surgical equipment and supportive materials– stethoscope, preanesthetic/ anaesthetics, good quality steel scissors, forceps, disposable syringes and needles, pm set, PPE kit, i/v sets/ cannula, scalp-vein sets, endotracheal tubes, naso-oesophageal tubes, suture materials and suture needles etc., surgical gloves, cotton, bandages, surgical/paper tape, Plaster of Paris bandage, teat instruments set- plugs, bistouries, plasma expanders, DNS, NS, RL etc., magnifying glass, torch, gumboots, towels, aprons etc.

Antiseptics and disinfectants: povidone solution, spirit solution, requisite antiseptic ointments, spray, antiseptic hand wash, hand sanitizers, phenyl, fly-repellents, oxidizing agents like potassium permanganate etc.

Medicines – antibiotics, life-saving corticosteroids, antihemorrhagics, analgesics, antipyretics, antidiarrheals, antihistamines, anthelmintics, antiprotozoals, injectable and oral Haematinics, Inj. ascorbic acid, H2 receptor blockers/ gastric anti-reflux agents, antiemetics, vitamin injections, liver extract, nasal, eye, ear drops, calcium injection, laxatives, purgatives, all vaccines especially anti-rabies, antivenom depending on area, intra-uterine bolus, anti-bloat, anti tympany, carminatives etc.

Vaccines- for using services during campaign, fill gaps or ring-vaccination during outbreaks (utmost precaution should be taken to go through outbreak areas to prevent spread of infection through vehicle/ personnel)

Sample collection material, rapid diagnostic kits - syringes, blood collection tubes, (Vacutainer with EDTA, cloth activator) whirl pack, faecal sample collection containers etc.; rapid diagnostic kits as per requirement, microscope, slides

Audio-visual equipment- Notice Board, sound system/ loud speaker, screen, small projector, publicity material/ flyers etc.

Format for Action Plan for implementation of Assistance to States for Control of Animal Diseases (ASCAD) under LH&DC

1.	State/UT	
2.	Livestock population (species wise)	
3.	Poultry population	
A	<p>Livestock & Poultry Vaccination for control of economically important diseases <i>The State/UT may identify important livestock & poultry diseases based on previous outbreak histories in different areas which cause economic losses to farmers and accordingly for prevention and control of such important diseases, vaccination programme may be proposed to GOI for release of central share. The vaccination programme must be implemented timely so that there is a significant reduction of outbreaks/incidences of those diseases.</i></p>	
	List of economically important including zoonotic diseases of livestock & poultry affecting the State /UT for last three years along with no. of outbreaks	
	Details of vaccination carried out against such diseases during last three years - no. of doses	
6	Targeted vaccination during the year - No. of doses required for each required vaccine	
7	Financial Requirement – Total: (Central Share + State Share)	
8	No. of Disease Diagnostic Laboratories (DDL) in the State/UT	
9	Strengthening: No. of DDLs strengthened during last three years	
10	No. of DDL required to be strengthened during the year	
11	Monthly Disease Reporting being undertaken for reporting to OIE - Status of Report Submission to GOI (Yes/No)	
12	Financial Requirement for Strengthening and up-gradation of DDLs – Total: (Central Share + State Share)	

B	RESEARCH & INNOVATION, PUBLICITY & AWARENESS, TRAININGS, ETC.: <i>The State/UT will organize beneficiary (Livestock & Poultry Farmers) oriented camps and for wide publicity of the GOI/State Government scheme. The provision of primary treatment & diagnostic facilities as well as related activities may be provided using available Mobile Veterinary Units (MVUs) in these camps.</i>	
13	Detail of Publicity & Awareness Camps organized @ Block level/District level/State level for last three years	
14	No. of farmers attended Camps during last three years	
15	No. of animals treated in the camps during last three years	
16	No. of Camps to be organized during current financial year	
17	Trainings of Veterinarians, Para-vets, others / Training of Trainers / Training of veterinary professionals (CVE)/ Training of laboratory Diagnostic Specialists / mock drills for bird flu, etc.	
18	Financial Requirement: Central Share & State Share	
C	CONTROL OF EMERGENT & EXOTIC DISEASES (60-40/ 90-10 NE & Himalayan States / 100% UTs)	
19	Routine collection of serum sample / sample materials for surveillance work and activities against exotic and emergent diseases including Avian Influenza, BSE, Glanders, PRRS etc. (up to max. Rs. 1.00 lakh per State/UT)	
20	Payment of compensation to farmers for culling of birds/ elimination of infected animals, destruction of feed/eggs including operational cost	
21	Ring vaccination if any done, details and proposed ring vaccination	
22	Surveillance work and related activities undertaken last year and report thereof, to be enclosed	
23	Surveillance work and related activities to be undertaken during current financial year	

24	Activities to be undertaken under Research & Innovation with aims & objectives	
25	Outcome of the activities to be undertaken under Research & Innovation during last three years	

