

Ministry of Health & Family Welfare
Department of AIDS Control

6th Floor, Chandralok Building,
36, Janpath, New Delhi-110001
Dated: March 2013.

To,

**The Project Director,
Ahmedabad Municipal Corporation AIDS Control Society**

Sub: Approval of Annual Action Plan (AAP) for the year 2013-14.

Sir/Madam,

Please refer to your proposal regarding approval of Annual Action Plan for the year *2013-14* and further discussions held in Department of AIDS Control (DAC) on 7th February, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs. 825.92 Lakh. (Rupees Eight Crores Twenty Five Lakh and Ninety Two Thousand only) as per table given below:

Component	DBS	Pool fund	GF	Total
Prevention				
Targeted Intervention		407.40		407.40
Sexually Transmitted Infections	0.00			0.00
Blood Transfusion Services	106.28			106.28
Information, Education & Communication	103.88			103.88
Link Workers Scheme	0.00		0.00	0.00
ICTC/PPTCT/HIV-TB	35.35		82.48	117.83
Sub-Total	245.51	407.40	82.48	735.39
Care, Support & Treatment	0.00			0.00
Institutional Strengthening & Project Management	90.53			90.53
Strategic Information Management System	0.00			0.00
Grand Total	336.04	407.40	82.48	825.92

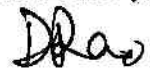
Component/sub-component/Activity wise Budgets along with Process Indicators are attached (Annexure-I to Annexure-IX)

The above approval is subject to the following conditions:

1. The overall allocation indicated above is subject to the condition that the outstanding cash balance and advance as on 1.4.2013 is part of the approval. In other words, further releases will be made only after deducting the advance and cash available with the state as opening balance.
2. SACS should carry out the activities as shown above without waiting for approvals of Executive Committee and ratification of Executive Committee may be obtained.
3. Inordinate delay is observed in placing orders for equipment / supplies. These should be done within a week of receiving approvals of DAC. Procurements should be initiated and finalized, as per the procurement plan prepared and approved.
4. The above figures represent ceilings beyond which expenditure should not be incurred on any activity. Actual fund will, however, be provided by DAC as per availability.
5. No change in allocation among different components shall be made without DAC's approval. Re-appropriation between activities within a component can be approved at Project Director, SACS y level, to meet local needs. This should be informed to DAC well in advance. However, such re-appropriation should not adversely affect the physical targets indicated in the plan. Re-appropriation between implementation cost and operational expenses like salary should not be done at SACS level without the concurrence of DAC.
6. The process indicators may be followed for improvement of Programme. The pattern of assistance and guidelines as already approved and conveyed from time to time by DAC should be followed.
7. SACS shall ensure that up to date information of the programme performance is sent through the CMIS package and the accounts are maintained through CPFMS. Reasons for variance shall have to be provided through the CPFMS.
8. The funds for SBTC activities will be released by State AIDS Control Societies after ensuring that the Audit statement and Utilization Certificates till 2011-12 for the funds provided by DAC and Provisional Utilization Certificates (based on statement of expenditure for the year 2012-13) have been submitted to DAC and their Annual Plan for 2013-14 has been approved by Governing Body.
9. The minimum quarterly target for expenditure has been earmarked at 19%, 24%, 24%, and 33% respectively for each quarter. This is as per requirement of the modified cash management system through which "quarterly targeted budget allocation" is to be maintained. The SACS not able to incur the minimum expenditure as per the fixed targets is likely to have their annual plan reduced and corresponding lesser releases in the subsequent quarter.

10. The Physical targets as indicated are as per baseline figures reported by SACS and targets for the year 2013-14 agreed with. The targets also correspond to the funds available for the current financial year. Changes if any will be only with concurrence of DAC. The approval of Budget accorded now may be incorporated in your AAP documents.
11. No vehicle shall be purchased from NACP funds except for purchase of mobile ICTCs wherever approved in the action plans.
12. Till further orders, under Institutional strengthening, SACS may extend the service contracts of contractual posts sanctioned under NACP **initially for six months with effect from 1st April 2013**. Salaries expenditure under ISPM is to be incurred for sanctioned posts.
13. The Procurements under various Funds/Components are to be made as per details given below:
 - i. Procurement under various Global Fund Rounds as per World Bank Procurement Guidelines;
 - ii. Procurement under DBS to be made as per General Financial Rules-2005 as amended from time to time;
 - iii. Procurement under TI component is to be made as per World Bank Procurement Guidelines for goods and services as this component is likely to be reimbursed retroactively by World Bank.

Yours faithfully,



(Dr. C. V. Dharma Rao)
Director (Finance)

Copy to:

1. All Divisional Heads
2. M & E Division
3. Sr. PS to Secretary
4. PS to AS
5. PA to Director (Finance)
6. All Officers of Finance Division

5/2/13

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Targeted Interventions

Ahmedabad

YEAR

2013-14

Unit costing for TIs (in case of new TIs there is standardized deduction on specific heads, please refer to the costing annexure)

NGO/CBO LED Interventions

Core Population	Less than 500		500-799		800-999		1000-1499		1500 and above	
	Old	New	Old	New	Old	New	Old	New	Old	New
N	9.82	8.97	11.39	10.54	13.89	13.04	16.54	15.69	18.52	17.87
M	9.9	9.05	11.57	10.67	14.06	13.21	16.76	15.91	18.9	18.05
Hija			200-398		400-599		600-799		800 and above	
			150-299	300-499	150-299	300-499	500-699	700 and above		
			16.62	13.72	16.62	14.72	17.00	16.10	18.52	19.00
CENTER										
VT1	0.85	8.57								
Less than 400			400-599		700-999		1000-1499		1500 and above	
	11.24	10.78	13.45	13.00	15.46	15.00	17.00	16.55		
Composite										
Population	5001-9999		10000-19999		20000 and above		30000 and above			
Cost (Dist)	8.77	8.22	12.87	12.32	15.95	15.30				
Cost (Hija)	5000-9999		10000-29999		30000 and above					
	9.13	7.73	18.57	15.17	30.99	29.59				
Cost (Source) per										
Unit	13.67	13.05			1.82	1.07				

The CBO led TIs in case of FSW, MSM and TG is based on standardized costing

Training load of TIs (enter manually based on the number of staff to be trained in individual thematic sheet)

	FSW				MSM				Core Composite				Migrants (Destination)				Migrants (Source)			
	PM and PD cum M&E	Counselor	Peers	ORW	PM and PD cum M&E	Counselor	Peers	ORW	PM and PD cum M&E	Counselor	Peers	ORW	PM and PD cum M&E	Counselor	Peers	ORW	District Coordinator or Supervisor	Block Supervisor or M&E officer	Accounts & Admin	
and CBO Led	6	3	3	90	23	12			8	4	4	80	20	12						
			IDU																	
and CBO Led	2	1	1	10	2	2			0	0	0	0	0	0						
			TG/Hija																	
and CBO Led	2	0	0	8	2	0			22	11	11	220	73							
			Truckers																	

Cost for training per person per day (Rs. in Lakh) 0.01
 Cost per TI for evaluation (Rs. in Lakh) 0.20
 Cost per TI for JAT visit (Rs. in Lakh) 0.30
 Cost per OST feasibility assessment 0.30

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States proposed for Piloting of Bio metric System under Targeted Intervention programme.

Details of the process will be shared with SACS latter.

S. No	DACS/ DACS and sites	Typology
1	Ahmadabad MACS - Ahmadabad	FSW – street based
2	Uttrakhand SACS	FSW – Home based
3	Chhattisgarh SACS	
4	Punjab	
5	Maharashtra - Pune	FSW – Brothel based
6	Gujarat – Surat	MSM
7	Assam – Guwahati	
8	Odisha – Ankul or Puri / to be decided	
9	Madhya Pradesh - Indore	
11	Delhi	TG - Hijra
12	Ahmadabad	
13	IDU/OST	Punjab, Haryana, Delhi, Chhattisgarh, Mizoram

Annual Action Plan 2013-14 (State AIDS Control Societies Ahmedabad)

105.46

(Rs. in lakhs)

S.No.	Sub-Component	Unit Cost	Items/activities	Achievement (2012-13)		Target (2013-14)		Allocation in Rs. (in lakhs)	Source of funding
				Target	Achievement	Existing	New		
1.2 Information, Education & Communication									
1.2.1	Information Education Communication	Coat Head							
	Mass Media	TV							
		Spots on Doordarshan							
		Long format TV Programs (15/30 mts duration)							
		Radio							
		Audio Spots/10 seconds	450						
		Spots on AIR							
		Long format Radio programs (30 mts/15 mts duration)							
		Newspaper Advs.	DPR/DAMP rates						
		Newsletter							
1.2.2 ICT									
		Website							
		SMS	0.36						
		Helpline	300000						
			12000						
1.2.3 IEC material production, replication & newsletter									
		Printing / replication of IEC Materials	0.5						
			2200						
1.2.4 Outdoor									
		Permanent Hoardings at Strategic locations	2400						
			Rs 2400 per hoarding. message change for entire year atleast 4	10	10	0	28	2.69	

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	Rented Hoarding at Strategic locations	2500	Three Hoardings of 6x3 ft. on each platform of kalapur, subarnati, maninagar and Gandhigram Vatra Stations. 2500	6	14	0	28	4.20	
	Display of messages on govt. Buses	700	LCD display in a Red Bus. 100 buses. 5 spots of 30 sec each per day (216000 Spots) 700 Rs	150	510	0	800	5.60	
	Auto Top displays	250	2400 Auto Rickshaws. 250 Rs per auto 250x2400	2250	3000	0	2400	6.00	
	Bus Shelters (20)	9932	120 bus shelters Non hit Flex. 50400Rs/shelter/mth	120	25	0	66	6.56	
	Wall Writing	450	5400 sq ft. of wall writing at the strategic locations of ahmedabad city one wall consist of 6x3 ft in	250	195	55	300	1.35	
		1.5	LCD TV display at railway station - Kalapur Concurrence Hall. daily - app. 24 spots of 40 sec. in a day for 10 mths Total 288000 sec. in 10	240	240	0	288000	4.32	
	Spots on TC at Railway/Bus stati								
1.2.5	Mid Media								
	Hiring of folk troupes	3000	2 shows in a day to cover vulnerable areas, hot spots, slums, migrant pockets, construction sites	210	198	0	240	7.20	
	Fabricating IEC vans, branding IEC vans	300000	2 vans will cover the migrant population and hot spots of the city and the periphery. 3 lacs for one	1	1	0	2	6.00	
	IPC Migrant Camps Exhibitions	25000	5 exhibition at the vulnerable sites	5	14	0	5	1.25	
1.2.6	Events								
	State and District level events	100000	World AIDS Day, International Womens Day, Youth Day, VBI	4	4	0	4	4.00	
	Multimedia Campaign only in Piggy Back events in NE								
	Other state specific events								
1.2.7	M & E, Documentation								
	All activities to be documented. Mention the activities whose evaluation to	850	0.5 lakh IEC van and Folk Media monitoring	84	84	0	60	0.51	
		50000	0.50 lacs Assessment of Mid Media/IEC Campaign Evaluation	84	84	0	1	0.50	
1.2.8	Hiring of Agency	2000	Designing of IEC Material and IEC Van, News Paper etc.	0	0	0	25	0.50	
1.2.9	Youth Intervention								

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1.2.9.1	Adolescence Education Programme		Rs 1000 per school	Refresher training for teachers and mentoring Existing schools	586	499	87	586	5.86	
1.2.9.2	RRCs in colleges and University									
1.2.9.3	Out of school Youth									
1.2.10	Drop in Centre	Only for three months @ 1.37 lakh per DIC	Rs 1.37 lakh	Existing DICs will continue and no new DICs will be budgeted for 3	2	2	0	2	2.74	
1.2.11	Advocacy			As per attached sheet					0.25	
1.2.11.12	Mainstreaming Training plan		450	As per attached sheet Mainstreaming trg and Advocacy	2834	3835	0	6767	21.53	

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AHMADABAD				
Sr. No.	Component	Physical	Timeline	Process Indicators
1	Mass media			
	LCD Display at railway station	288000 Sec.	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk4 5. Staggered as per plan 6. Ongoing	1. Finalization of themes, spots and channels. 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Monitoring
	Radio spots on AIR	600	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk4 5. Staggered as per plan 6. Ongoing	1. Finalization of themes, spots and channels. 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast
	Newspaper	18	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk4 5. Staggered as per plan 6. Ongoing	1. Decision on events, no. of ads per event and no. of newspapers 2. Gathering rates (DAVP/DIPR) 3. Prototype development & sharing with NACO 4. Approval from NACO 5. Release of placement schedule along with work order 6. Tracking of releases, obtaining copies containing Advt.
2	Printing of IEC material & Newsletter	As per requisition from Prog. Divisions	1. April Wk1 2. April Wk1 3. April Wk2 4. May Wk3 5. Staggered 6. May Wk3 7. Periodic	1. Requisition from prog divisions 2. Assessment of stock 3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 4. Work order released 5. Delivery plan 6. Distribution plan 7. Monitoring of use by service centres/NGOs
3	Outdoor & Mid media			
	Permanent Hoarding	28	1. April Wk2 2. April Wk3 3. April Wk2-4 4. Staggered 5. Ongoing 6. Periodic	1. Development of prototypes, size and message content 2. Sharing prototype details with NACO 3. Sharing prototype 4. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 5. Work order 6. Monitoring according to location and condition (Photographs for all locations) 7. Periodic reporting
	Rented Hoarding	28		

Hiring of IEC vans	2	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk1 3. April Wk2 4. As scheduled 5. Regular 6. Daily 7. Immediate on completion 	<ol style="list-style-type: none"> 1. Development of activity plan 2. Decision on occasions and periods of utilization 3. Development of route plan in consultation with districts 4. Roll out according to route plan 5. Monitoring of activities by DST and SACS officers 6. Reporting (on uniform format) and analysis of reports 7. Documentation, sharing with NACO
Display of messages on govt./ pvt. Buses/auto rikshaws etc.	800	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2-3 3. April Wk2-3 4. April Wk4 5. April WK4 6. April Wk2-4 7. May Wk1 8. May Wk 1 9. May 13 – March 14 10. Ongoing 	<ol style="list-style-type: none"> 1. Identification of bus routes for display 2. Negotiation with Transport Authorities on routes and rates 3. Development of message content 4. Sharing with NACO 5. Listing of buses according to registration no. 6. Tender/RFQ process: Publish notice, shortlisting, approval of selection of vendor(s) 7. Work order 8. Monitoring plan 9. Implementation 10. Documentation & Reporting
Hiring of Folk troupes	240	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk1 3. April Wk2 4. As scheduled 5. Regular 6. Daily 7. Immediate on completion 	<ol style="list-style-type: none"> 1. Development of activity plan 2. Decision on occasions and periods of utilization along with IEC/ICTC van 3. Development of route plan in consultation with NGO's. 4. Roll out according to route plan 5. Monitoring of activities by DST and SACS officers 6. Reporting (on uniform format) and analysis of reports 7. Documentation, sharing with NACO
Auto rickshaw display	2400	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk4 3. April Wk2-3 4. April Wk4 5. April Wk3 6. May Wk 1 7. May 13 – March 14 8. Ongoing 	<ol style="list-style-type: none"> 1. Identification of routes for display 2. Negotiation on routes and rates 3. Development of message content 4. Sharing with NACO 5. Tender/RFQ process: Publish notice, shortlisting, approval of selection of vendor(s) 7. Work order 8. Monitoring plan 9. Implementation 10. Documentation & Reporting
Wall writing	300	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk4 3. April Wk2-3 4. April Wk4 5. April WK4 6. April Wk2-4 7. May Wk1 8. May Wk 1 9. May 13 – March 14 10. Ongoing 	<ol style="list-style-type: none"> 1. Identification of walls for display 2. Negotiation on rates 3. Development of message content 4. Sharing with NACO 5. Listing of buses according to registration no. 6. Tender/RFQ process: Publish notice, shortlisting, approval of selection of vendor(s) 7. Work order 8. Monitoring plan 9. Implementation 10. Documentation & Reporting
SMS	900000	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2-4 3. May Wk1 4. May Wk 1 5. May 13 – March 14 6. Ongoing 	<ol style="list-style-type: none"> 1. Development of message content 2. Sharing with NACO 3. Tender/RFQ process: Publish notice, shortlisting, approval of selection of vendor(s) 4. Work order 5. Implementation 6. Documentation & Reporting

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	Bus Shelters	66	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2-3 3. April Wk3 4. April Wk4 5. May Wk 1 6. May 13 – March 14 7. Ongoing 	<ol style="list-style-type: none"> 1. Identification of routes and shelters for display 2. Development of message content 3. Sharing with NACO 4. Tender/RFQ process: Publish notice, shortlisting, approval of selection of vendor(s) 5. Work order 6. Implementation 7. Documentation & Reporting
	Any other outdoor	5	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk 3/4 3. May- March 4. May- March 5. Ongoing 	<ol style="list-style-type: none"> 1. Activity plan 2. RFQ/tender 3. Implementation of activity as per plan 4. Monitoring 5. Documentation, shared with NACO
4	Other/Events/M &E			
	Events at state & districts	4	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2 3. Depending on calendar 4. As per calendar 5. As per calendar 6. Soon after events 	<ol style="list-style-type: none"> 1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (event-wise) and sharing with districts 3. Disbursement of funds to districts 4. Monitoring of activities at districts 5. Documentation, district-wise 6. Gathering of SOE
	M&E, Documentation, evaluation	1	<ol style="list-style-type: none"> 1. April Wk1 2. As per activity plan 3. Depending on calendar 4. April Wk2-4 5. As per plan 6. As per plan 	<ol style="list-style-type: none"> 1. Listing of activities for monitoring - by SACS officers, external resource, etc. 2. Documentation of all field level activities, and shared with NACO 3. Activities proposed for evaluation along with time line 4. Bidding process: Publish notice, short-listing, approval of selection of agency(s) 5. Work order 6. Conduct of studies according to time line 7. Sharing of reports with NACO
	Helpline	1	<ol style="list-style-type: none"> 1. April wk 1 2. April wk 3 3. April Wk 4 4. May 2 Wk 5. Ongoing 	<ol style="list-style-type: none"> 1. Approval of IVRS installation. 2. RFQ/Tender for IVRS 3. Work order 4. Implementation 5. Monitoring and reporting
5	Youth			
	AEP: Training of teachers	586	<ol style="list-style-type: none"> 1. April wk 3 2nd Quarter 3rd Quarter 4th Quarter 	<ol style="list-style-type: none"> 1. Listing of teachers and meeting with DIAT. 2. Preparation of training calendar 3. 60% of teachers trained 4. 40% of teachers Trained 4. Monitoring of Trainings and report shared with NACO
	RRC			Activity done by Gujarat SACS
6	Mainstreaming			Sheet attached
	Training & advocacy	1	<ol style="list-style-type: none"> 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter 	<ol style="list-style-type: none"> 1. Training need assessment and develop a training calendar 2. Training of trainers and 60% of target achieved 3. 40% of target achieved 4. Monitoring of Trainings and report shared with NACO

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7	DIC	2	1 st Quarter	1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of PLHIVs 4. Monitoring of activities 5. Documentation
	TOTAL			



APP 2013-14 Integrated Counseling and Training Centers: Ahmedabad MACS

S.No.	Sub-Component 1	Cost Head	Unit Cost (Rs)	Remarks	Till 31.03.2014		RCC Round	Allocation (Rs. in Lakhs)	Remarks
					As on 01.04.2013	New			
1.3.1	Establishment								
1.3.1.1	HR for Counselors and LTs	Recurring	24	Salary including TADA for Establish-ment Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	24	2	82.40	1- GCS Medical and 1- Sals Civil Hospital transferred to AMCS area	
1.3.1.2	HR for Supervisors	Recurring	1.88	Salary including TADA for Supervisor at Rs 14,000 per month for 12 months	0	0	0.00	8 counselors and 2 LT	
1.3.1.3	Mobile ICTC	Recurring	6.55	Running cost of vehicle unit including salary of counselors and left load at Rs 8000 average per month for 12 months	1	1	11.10		
1.3.1.4	HR for SACs team for Basic Services	Recurring		Salary & TADA for SACs staff under RCC Round 2 (Staff in High Prevalence States: HIV-TB Counselor, M&E PPTCT, Data Analyst, Secretariat Assistant, Finance Officer)	0	0			
1.3.2	Establishment of New ICTCs						66.00		
1.3.2.1	ICTC	Non recurring	0.8	Minor re-arrangement at Rs 80000 per new stand alone ICTC	24	1	0.80		
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	1	0	0.00		
1.3.2.3	Facility-Integrated ICTCs	Non recurring	0	none	42	4	0.80		
1.3.2.4	PPP ICTCs	Non recurring	0	none	0	14	0.00		
1.3.3	Trainings						0.80		
1.3.3.1	Training	Recurring	1.75	1) ICTC, Counselors, LTs: In-house, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) CTC, Training of MO/CTC /MOTC/ART MO / District Supervisor /CTC /District TB-HIV & DOTs Plus Supervisor (RNTCP) in HIV-TB package 3) F-CTC: ANM, Nurse, LT, HIV/TB & team training, full site preparation 4) Whole blood: Training of ANM and RNTCP LT and STIS in whole blood screening 5) Any other training			5.72	50% of allotted budget As per Training Plan	
1.3.4	Procurement of Equipment						8.72		
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.8	Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc	4	1	2.40	4 Computers for old ICTCs which was never purchased earlier. As per procurement plan based on justification	
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipment/ maintenance/ AMC/ insurance of equipment bins etc	25	0	1.25	As per procurement plan based on justification	
1.3.5	Consumables						3.85		
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Sals delivery kit, reagents and syringe needles, printing of reporting forms, internet and office misc exp	25	2	13.50	As per procurement plan based on justification. No procurement for PPP ICTC	
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC: Sals delivery kit, printing of forms and other misc exp at the center	42	7	4.80		
1.3.6	Monitoring and Supervision / Review meetings						18.30		
1.3.6.1	Review meeting for Supervisors (Monthly @ Rs 1000/person)	Recurring	0.01	review meetings			0.00		
1.3.6.2	Review meeting for counsellors/AIO (Quarterly @ Rs 1500/person)	Recurring	0.015	review meetings	28		1.68		
1.3.6.3	State and District HIV-TB Coordination meetings (Quarterly @ Rs 2500/person)	Recurring	0.025	Quarterly State and District level Coordination committee meetings/ State Technical Working Group meeting			0.00		
1.3.7	SRL						1.88		
1.3.7.1	HR for Technical Officer in SRL	Recurring	3	Salary for TO in SRL, including TADA, at average Rs 25,000/- per TO per month for 12 months		0	0.00		
1.3.8	Additional Allocation						0.00		
1.3.8.1	For Co-location of facilities	Non recurring	Lumpsum	Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities i.e ART/CTC/STI		0	0.00		
1.3.8.2	For PPP ICTC Involvement	Non recurring	Lumpsum	A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals i.e Nursing Homes, Corporate Hospitals into NACP B) Involvement of professional bodies like FOGSI, IMA, ADVA, IAP, etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employer model meetings for which separate budgetary allocation is made		10	2.00		
1.3	Grand Total						117.83		

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Physical Targets for Ahmedabad for 2013-14						
1.3	Establishment of New ICTC in the year 2012-13	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14	
1	Stand Alone ICTCs	24	0	2	2	
2	Mobile ICTCs	1	0	0	0	
3	Facility Integrated ICTCs	42	0	6	6	
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	0	0	10	10	
5	PPP ICTCs in Private Sector Industries	0	0	2	2	
6	PPP ICTCs in Public Sector Industries	0	0	2	2	
	Colocation of Facilities	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14	
1	Medical College Level	0 out of 0	0	0	0	
2	District Hospital Level	0 out of 0	0	0	0	
3	Sub District Level	0 out of 0	0	0	0	
	Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target	
1	Testing for General clients	100000	36623	100000		
2	HRG testing	8000	8635	18800	Two time testing in 100% of HRG covered by TI	
3	Bridge population testing	NA	NA	5500	30% migrants and 15% truckers	
4	STI Clinic in-referrals testing	6563	3163	5000	100% DSRC attendees	
5	Out Referrals from to STI			1563		
6	HIV-TB Cross referral	10000	5533	10000	100% of TB patients and 10% of ICTC clients (Non-ANC)	
7	HIV/TB coinfection to be detected	400	86	400	100% of HIV infected TB notified cases	
8	Testing for ANC	60000	34036	80000	50% of the estimated pregnancies	
9	Detection of HIV+ve pregnant women	150	74	150	50% of estimated positive pregnancies	
* Achievement upto December 2012						
	Linkage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition	
1	ICTC to ART (GC)	NA	70%	85%	HIV +ve general clients to be linked to ART centres	
2	PPTCT to ART	NA	80%	100%	HIV +ve pregnant women to be linked to ART centres	
3	TI to ICTC	NA	NA	90%	HRGs referred from TI reaching ICTC	
4	STI to ICTC	NA	48%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics	
5	TB to ICTC	NA	70%	100%	Notified TB cases reaching ICTC	
6	HIV/TB to ART	NA	70%	90%	HIV infected TB notified cases reaching ART	

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1.3.3 Training Under ICTC (Provide separate tables for Stand alone, F ICTC, Mobile ICTC, PPP ICTC and one consolidated sheet)

S.No	Type of Training	Category of Participant	Number of persons	Duration	Unit Cost	Training Cost	Training Plan (April 2013-March 2014)			
							Quarter 1	Quarter 2	Quarter 3	Quarter 4
1	Induction (Stand alone (Inc. Mobile)	Counselor	6	12	800.00	57,600.00	3	3		
		Lab-Tech	6	5	800.00	24,000.00	3	3		
2	Refresher (Stand alone (inc. Mobile)	Counselor	32	5	800.00	128,000.00			32	
		Lab-Tech	24	5	800.00	96,000.00			24	
3	Induction (F-I ICTC +PPP)	Staff nurse (F-I ICTC)	20	5	800.00	80,000.00	20			
		Lab Technician	20	5	800.00	80,000.00	20			
4	Refresher (F-I ICTC +PPP)	Staff nurse (F-I ICTC)	32	3	800.00	76,800.00			32	
		Lab Technician	32	5	800.00	128,000.00			32	
5	Induction/ Refresher	District supervisor		5	800.00	-				
6	Sensitization (No facilities to be	Full site Sensn. Dist. Hosp	8	1	10,000.00	80,000.00		4	4	
		Full site Sensn SDH/RH	16	1	5,000.00	80,000.00		8	8	
7	HIV-TB training	ICTC Counselor		1	300.00	-				
		Medical Officer		2	400.00	-				
		District ICTC supervisor		1	300.00	-				
		MO-TC/MO-ICTC		1	300.00	-				
		ART MO		1	300.00	-				
		RNTCP STS/STLS		1	300.00	-				
		District TB-HIV & DOTS Plus Supervisor (RNTCP)		1	300.00	-				
8	Multi Drug Regimen Training for PPTCT	Counselor	10	2	800.00	16,000.00		10		
		Medical Officer	7	3	800.00	16,800.00		7		
		District supervisor	0	2	800.00	-		0		
		MO ARTCs	0	3	800.00	-		0		
		Others (Medical 3 days / Para medical 2 days)	7	3	800.00	16,800.00		7		
		ANM		2	400.00	-				
9	Training on whole blood screening	Labour Room Nurse		2	400.00	-				
		DMC LT (RNTCP)		2	400.00	-				
		STLS		2	400.00	-				
10	ICTC Team Training	MO	24	3	800.00	57,600.00				24
		Lab-Tech	26	3	800.00	62,400.00				26
		Nurse	28	3	800.00	67,200.00				28
		Counselor	32	3	800.00	76,800.00				32
11	Other (Specify)				400.00	-				
		Total				1,144,000.00				

Process Indicators - BSD

Indicators	Recommended Action - Establishment of facilities	Timeline	Person Responsible
Establishment of facilities	Stand Alone KTC / Mobile KTC	1st week of April 2013	Direct: SACS BSD, M&E Officer, State RCH officer / NRMH Nodal Officer Monitoring: APD / PD SACS
	Identification of health facilities for establishment	1st week of April 2013	
	Recruitment of new staff	1st week of May 2013	
	Insulation Training of new staff	May - June 2013	
	Procurement of equipments, computers, etc	2nd week of April 2013	
	Preparation of indent and approval by PD SACS	2nd week of May 2013	
	Processing and completion of procurement of indent given	3rd week of May 2013	
	Dispatch and receipt at concerned facilities		
	Refurbishment of identified facilities	2nd week of April 2013	
	Preparation of indent and approval by PD SACS	3rd week of April 2013	
	If centralized, release of grants to districts	2nd week of April 2013	
	Completion of indent and refurbishment	3rd week of May 2013	
	Completion of refurbishment	1st week of June 2013	
	Functionality and Reporting of new Stand Alone KTC		
	Facility Integrated KTC / MMU		
	Sensitization of CHHO / CMO / DMO / DHO / Civil Surgeon / ADMO	2nd / 3rd week April 2013	
	Sensitization meeting with DTO	2nd / 3rd week April 2013	
	Sensitization of NRMH DPM	2nd / 3rd week April 2013	
Directive from MD-NRMH regarding use of MMU for HIV testing	2nd / 3rd week April 2013		
Functionality of MMU	1st week of May 2013		
Route plan for MMU one month in advance	Monthly		
Training of staff & functionality	2nd / 3rd week May 2013		
Issuing of directives by MD-NRMH for F-ICTC data entry in SIMS by Block Data Manager (NRMH)	1st week of April 2013		
Training of Block Data Manager (NRMH) in SIMS	2nd week of April 2013		
Ensure availability of testing kits and logistics to new facilities	4th week of April 2013		
100% reporting of existing facilities in SIMS	1st week of May 2013		
100% reporting of new facilities in SIMS	1st week of August 2013		
PPP ICTC in Nursing Homes / Corporate Hospitals	1st week of April 2013	Direct: SACS BSD / ST, DAPCU Monitoring: APD / PD SACS	
Enlisting and identification of potential partner	2nd / 3rd week of April 2013		
Meeting with associations and partners	2nd / 3rd week of April 2013		
Training of staff	2nd / 3rd week of May 2013		
Functionality and Reporting	1st week of July 2013		
PPP-ICTC in Private Sector Industries	1st week of April 2013	Direct: SACS BSD, IEC / Mainstreaming, DAPCU Monitoring: APD / PD SACS	
Enlisting and identification of potential industries			
Meeting with industry stakeholders	2nd / 3rd week of April 2013		
Training of staff	2nd / 3rd week of May 2013		
Functionality and Reporting	1st week of July 2013		
PPP-ICTC in Public Sector Undertakings	1st week of April 2013		
Enlisting and identification of PSU to partner with			
Meeting with industry stakeholders	2nd / 3rd week of April 2013	Direct: SACS BSD, IEC / Mainstreaming, DAPCU Monitoring: APD / PD SACS	
Training of staff	2nd / 3rd week of May 2013		
Functionality and Reporting	1st week of July 2013		

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Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
Linkage of General Clients with ART	• Tracking system for General Clients:		
	a) Monthly maintenance of line list of HIV +ve General Clients by ICTC	Monthly	ICTC Counselor
	b) Sharing of line list with concerned ART centres / s every 15 days	Every 15 days	ICTC Counselor / ART Counselor
	c) Obtaining feedback by concerned ART centres / s every 15 days	Every 15 days	ICTC Counselor
	d) Completion of line list at the ICTC level by Counselor at 15 days and at the end of the month	Monthly	ICTC Counselor
	e) Sharing completed / compiled line list with full details to DAPCU / SACS BSD	Monthly	DAPCU, Dist. ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors
	f) Monthly meeting between ICTC and concerned ART at district / regional level to be conducted in 1st week of every month for verifying date	Monthly	DAPCU, Dist. ICTC Sup
	g) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSD every month	Monthly	SACS BSD, CST
	h) SACS officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD, CST
	i) Where there is no DAPCU, SACS BSD will directly verify / analyze line list every month	Monthly	Direct: SACS BSD, CST
j) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Monthly	Monitoring: PO/APD SACS	
k) After due verification by CST at SACS, BSD to share analyzed / verified / completed line list with MACCO by 15th of every month.	Monthly	SACS BSD	
l) SACS BSD / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring.	Monthly	Direct: SACS BSD, CST Monitoring: PO/APD SACS	
m) The SACS BSD / TI / TSU should analyze the positivity yield out of the clients tested at ICTCs as compared to the state / national average, prevalence rates for HIV, TB, STI, syphilis, etc and STI prevalence, etc and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solution.	Monthly	Direct: SACS BSD Monitoring: PO / APD SACS	

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Indicators	Recommended Action - HRG Linkages	Timeline	Person Responsible
Linkage with HRGs	The programme will ensure tracking of individual HRGs and ensure 100% of core group HRGs are tested twice in the year, 30% of migrants are tested once in a year and 15% of truckers are tested once in a year.		
	Co-ordination and Tracking system for TI Clients:	Every referral	TI ORWs, PE, TI Counselor
	a) Referral of TI clients by TI out-reach system using referral slips	Every 15 days	TI ORWs, TI Counselor, PM
	b) Completion of referrals made to ICTC with Unique ID of TI against each referral every 15 days	Every 15 days	Direct: TI ORWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC Sup, PO-TI TSU
	c) Meeting of TI with concerned ICTC and sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	ICTC Counselor,
	d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI.	Every 15 days	Direct: ICTC Counselor, TI Counselor, TI M&E, Monitoring: Dist ICTC Sup, PO-TI TSU
	e) Once both ICTC and TI have reconciled / completed the list, then both ICTC and TI will report the same in their respective CMIS/SIMS on a monthly basis	Monthly	Monitoring: Dist ICTC Sup, PO-TI TSU
	f) The same should be verified / validated by DAPCU / PO - TI TSU on a monthly basis.	Monthly	Dist: ICTC Sup, DAPCU, PO TI TSU
	g) Individual HRGs tested has to be extracted from the compile line list generated from the referrals with UID and the reached with PID	Monthly	Direct: TI Counselor, M&E, PM, Monitoring: PO TI TSU
	h) This individual tracking and reconciliation of ICTC and TI CMIS/SIMS data should be done by DAPCU every month during review meeting between TI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS TI / PO-TSU in the 1st week of every month	Monthly	Direct: Dist ICTC Sup, DAPCU, Monitoring: PO TI TSU, SACS TI, SACS BSD
	i) SACS /TSU officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD / SACS TI / TSU
	j) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS TI / SACS TSU has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PO SACS
k) After due verification by at SACS, TI and BSD to share analyzed / verified / completed line list with M&CO by 15th of every month	Monthly	SACS BSD / SACS TI	
l) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly		
m) The SACS BSD / TI / TSU should analyze the positivity yield out of the referrals made by TI as compared to prevalence rates for the individual typology / state average and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	Direct: SACS BSD / SACS TI / TSU Monitoring: APD /PO SACS	

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Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
STI Linkages	<ul style="list-style-type: none"> The programme will ensure, tracking of individual STI DSRIC Clinic attendees and ensure 100% of STI DSRIC Clinic attendees are tested for HIV in the year Ensure accompanied referrals from STI to ICTC and also ensure single window approach for HIV and Syphilis testing Reconciliation of reporting to be done between ICTC and ST Coordination and Tracking system for STI DSRIC Clinics SACS BSD/STI to issue office order to all ICTCs and DSRICs for single window approach for HIV testing and Syphilis testing 	1st Qtr - April 2013	Direct: SACS BSD / STI, Monitoring: APD / PD SACS
	b) SACS BSD/STI to ensure trainings for STI testing is included in all ICTC LT training.	Ongoing	SACS BSD / STI
	c) Referral of STI clients by DSRIC using referral slips / accompanied referrals to ICTC	Every Referral	STI Counselor
	d) Completion of referrals made to ICTC against each referral every 15 days	Every 15 days	STI Counselor / ICTC Counselor
	e) Meeting of DSRIC Counselor with concerned ICTC and sharing of the compiled list of referrals with ICTC every 15 days	Monthly	STI Counselor / ICTC Counselor
	f) During this meeting, the ICTC counselor will share the list of ICTC clients referred to STI DSRIC with PID numbers	Monthly	STI Counselor / ICTC Counselor
	g) Once both ICTC and DSRIC STI have reconciled / compiled the list, then both ICTC and STI will report the same in their respective CMIS/SIMS on a monthly basis	Monthly	Direct: STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU
	ICTC: In-referrals from STI and out referrals from ICTC to STI STI: In-referrals from ICTC and out referrals from STI to ICTC	Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
	h) The same should be verified / validated by DAPCU on a monthly basis:	Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
	i) Individual STI clients tested has to be extracted from the compiled line list generated from the referrals with STI-ID and the reached with PID	Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
j) This individual tracking and reconciliation of ICTC and STI CMIS/SIMS data should be done by DAPCU every month during review meeting between STI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS STI in the 1st week of every month	Monthly	Direct: SACS BSD / STI Monitoring: PG/APD SACS	
k) SACS officers to participate in district level review meetings at least once in quarter every district	Quarterly	Direct: SACS BSD / STI, Monitoring: PG/APD SACS	
l) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS STI has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / STI, Monitoring: APD / PD SACS	
m) After due verification by at SACS, STI and BSD to share analyzed / verified / completed line list with M&CO by 15th of every month	Monthly	Direct: SACS BSD / STI Monitoring: PG/APD SACS	
n) SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	Direct: SACS BSD / STI Monitoring: PG/APD SACS	
o) The SACS BSD / STI should analyze the positivity yield out of the referrals made by STI as compared to prevalence rates for the group / state average and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	Direct: SACS BSD / STI Monitoring: PG/APD SACS	

DBa

Indicators	Recommended Action - HIV-TB Collaborative activities	Timeline	Person Responsible
HIV-TB coordination	HIV-TB coordination /working group meetings at State level	Every quarter	Direct: SACS BSD, State TB officer, State TB/HIV supervisor Monitoring: PD /APD SACS
	HIV-TB coordination meetings at District level	Every quarter	Direct: DAPCU officer/DNO and District TB Officer Monitoring: State TB Officer, State TB/HIV Supervisor, SACS BSD
Early detection of HIV Infected TB patients	Monthly meeting between the staff of NACP and RNTCP	Every month	Direct: DAPCU officer/DNO and District TB Officer Monitoring: State TB Officer, State TB/HIV Supervisor, SACS BSD
	Establishment of E-ICTC /HIV screening facilities at >80% RNTCP DMC implementation and reporting of ICF activities at 100% Stand Alone ICTC implementation and reporting of ICF activities at 100% ART centres	2nd quarter 2013	DAPCU officer/DNO and District TB Officer
		Every month	DAPCU officer/DNO and District TB Officer
	TB-Unit wise monitoring of HIV testing of TB patients	Every month	DAPCU officer/DNO and District TB Officer
		Every month	Direct: ICTC Counselor / RNTCP STS
	Enlisting of all HIV infected TB patients	Every month	Monitoring: DAPCU officer/DNO and District TB Officer
		Every month	Direct: ART Centre Staff Nurse / MO Monitoring: DAPCU officer/DNO and District TB Officer/ District DRTB/HIV supervisors
Linkage of HIV Infected TB patients to ART	Feedback on enrollment at ART centres by ART centre staff in monthly HIV/TB coordination meeting	Every month	Direct: ART Centre Staff Nurse / MO Monitoring: DAPCU officer/DNO and District TB Officer/ District DRTB/HIV supervisors
Early initiation of ART among HIV Infected TB patients	Monitoring of completeness of HIV/TB register at ART centre including HIV/TB cases detected both by NACP and RNTCP Monitoring of ART initiation in all HIV Infected TB cases enrolled in HIV/TB register at ART centre	Every month Every month	Direct: ART Centre Staff Nurse / MO Monitoring: DAPCU officer/DNO and District TB Officer/ District DRTB/HIV supervisors

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Indicators	Recommended Action - Co-location of Facilities	Timeline	Person Responsible
Co-location of HIV facilities to be ensured to bridge linkage gaps between service components	Mechanisms for establishing co-location of facilities		
	a) Assessment of existing ART Centres, ICTC and STI Clinics in health care facilities on physical locations and service linkages status	April	Direct: DAPCU, SACS BSD, CST, STI, Monitoring: RC - CST, APD, PD SACS
	b) Identification of facilities as per AAP target for co-locator	April	SACS BSD, CST, STI, RC-CST
	c) Meetings to be conducted between SACS BSD/CST/STI with Health Facility (Dean, Med Sup, CMHD, ART Nodal Officer, DAPCU, DACO, Facility staff and other stakeholders) for development of time bound road map for co-locator	April	Direct: SACS BSD, CST, STI, Monitoring: RC - CST, APD, PD
	d) Issuing of necessary Govt Orders by DHS, DMER, PD SACS, etc	May	Direct: DAPCU, MO-ICTC, MO-STI, MO-ART Monitoring: SACS BSD, CST, STI
	e) Ensuring action on office orders issued and processing plan for relocation of facility	May	Direct: SACS BSD, CST, STI
	f) Mentoring visit by SACS/DHS/DMER for timely follow-up and timely completion of relocation plan	May	Monitoring: APD / PD SACS
	g) Review meeting to be conducted by PD SACS, DMER, DHS on progress in June	June	Direct: SACS BSD, CST, STI, RC - CST, Monitoring: APD / PD SACS
	h) Follow up visits by SACS	June / July	SACS BSD, CST, STI
	i) Progress of Activities to be reported to NACO every month	Monthly	

DPD

Indicators	Recommended Action - Supply Chain Management	Timeline	Person Responsible
	Receipt of Supplies by SACS		
	a) Keep storage space available for receipt of supplies 1 week prior to schedule date for arrival of supplies.	Ongoing	Direct: SACS BSD, Store Officer Monitoring: APD / PD SACS
	b) Receive stocks on the same day as arrival of supplies and store in walk in coolers	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	c) Physical verification of stock and cold chain status before issuing CRCS	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	d) CRC should be issued within 7 days of receipt of supplies	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	e) Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	f) Dispatch plan should be based on pattern of consumption for last 3 months for the said commodity	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	Dispatch of supplies		
	a) Option 1: Supplies should be made to ICTCs through cold chain vehicle in collaboration with the general health system		
	b) Option 2: Supplies should be made to ICTCs through physical collection by ICTC staff while attending review meetings using cold boxes.		
	c) Option 3: Hiring of cold chain vehicle / courier to dispatch supplies directly to ICTCs		
	d) Regional / District level walk in coolers to be used for storing stocks for the respective region and further distribution should be made to the linked ICTCs by using health system cold chain vehicle or physical pick up by ICTC staff using cold boxes.	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities		
	Physical Verification and Reporting		
	a) MO-ICTC to physically verify stocks daily and counter sign in stock register	Daily	MO-ICTC, ICTC LT
	b) All supervisory cadres during field visits to facilities to physically verify stocks at ICTCs for all commodities and counter sign to stock register	Ongoing	DAPCU, Dist ICTC Sup, TO-SRL, SACS BSD
	a) ICTC LTs to physically verify stocks available, stock register, lab register for tests performed and then prepare monthly CMS/SIMS report for lab component of ICTC	Monthly	ICTC LT, MO-ICTC
	c) TO-SRLs and District ICTC Superiors / DAPCU to physically verify stocks for all commodities at ICTCs during supervisory visits.	Monthly	TO-SRLs, Dist ICTC Sup/ DAPCU
	d) Variance in tests performed and stock consumption to be analysed facility wise by DAPCU / ICTC Supervisor and reasons for variance submitted to SACS for necessary action	Monthly	Dist ICTC Sup/ DAPCU
	e) Based on reports from DAPCU / SACS BSD Analysis, if there is more than 10% variance in any centre / facility reported, then visits to facilities reporting variances to be conducted by a team constituted by PD / APD SACS.	Ongoing	SACS BSD / SACS CST, APD / PD SACS
	Appropriate administrative action should be taken by APD/PD SACS based on reports		
	f) Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected / analysed	Monthly	PD SACS, BSD, Stores Officer, Quality Manager
	g) During this review meeting,		
	- Assessment of stock positions at Facility level / SACS level stock position for every commodity should be done based on stock available and consumption pattern		
	- Action should be taken if more than permissible variances reported by any facilities		
	- Reconciliation between districts / facilities, Dispatch plan, Transportation plan should be made	Monthly	Direct: PD / APD SACS
	- Assessment of near expiry drugs/kits should be made and submitted to NACO if required for relocation to other states, atleast 3 months in advance		
	- If some commodities have expired, then reasons for the same should be analysed and administrative actions taken if required		
	h) Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month.	Monthly	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS

Supply Chain Management

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Indicators	Recommended Action - PPTCT	Timeline	Person Responsible
Unlunge of pregnant women with ART centre and follow-up	a) Maintenance of PPTCT Line list by ICTC	Monthly	ICTC counsellor
	b) Sharing of line list with concerned ART centre/s by email every 15 day.	Every 15 days	ICTC Counsellor
	c) Obtaining feedback of triplicate referral and Line list by concerned ART centre / s every 15 days.	Every 15 days	
	d) Completion of line list at the ICTC level by Counselor at 15 days and at the end of the month	Monthly	ICTC Counsellor / ART Counsellor
	e) Sharing completed / compiled line list with full details to DAPCU / SACS BSI	Monthly	ICTC Counsellor/ DPM/DS/District Node Officer
	f) Monthly meeting between ICTC and concerned ART centre and other stakeholder/NRHM at district / regional level to be conducted in 1st week of every month for cross verifying data.	Monthly	
	g) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSI every month by 10th	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counsellor, all concerned ICTC Counsellors
	h) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Direct: SACS BSI, CST
	i) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Quarterly	Monitoring: PO/APD SACS
	j) BSI at SACS to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSI, CST Monitoring: PO/APD SACS
Roll-out of Multi drug regimen (Applicable Only where the new regimen program is rolled out by NACO)	k) Co-location of Tearing sites (ICTC) and Chgb Gymsa DPD . It should be operationally co-located, with system of a single price for HIV testing and other ANC blood tests, common registration for ANC check-ups & HIV testing.	3rd qtr	SACS BSI
	l) Review at SACS level, identification of priority districts/sites and specific action plan	Quarterly basis	PO SACS, APD, JD (BSI), Consultant PPTCT, DD/AD (BSI/STI),D (M&E), NC (CST)
	m) Induction training for All NACP-NRHM functionaries involved in PPTCT service delivery and program monitoring.	As per roll-out plan	PO SACS), APD (SACS), JD (BSI), Consultant PPTCT, DD/AD (BSI/STI),D (M&E), NC (CST)
	n) Refresher training for service providers as well out reach worker involved in PPTCT client follow-up under NACP & NRHM	From second year of roll out	
	o) On-going sensitization during monthly meeting	On going	DPM/District Node/ Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	p) Inclusion of PPTCT new regimen component under basic training module for counsellor/SH/MO in NACP & NRHM and USS ORWS	In process	DBG (BSI) , NPO (PPTCT), PO (Counselling), Training Instructors
	q) Visits to high load sites and on-site mentoring	On monthly basis	APD (SACS), JD (BSI), Consultant PPTCT, DD/AD (BSI/CST)
	r) Line list compilation and validation at district level	Monthly	DPM/District Node/ Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	s) Out-reach and Client tracking	On-going	ART centre MO/counsellor and ICTC counsellor/ USS ORWS

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Sl. No.	Sub-Component	Cost Head	Unit cost in Lakh	Item/Activities	Target	Achievement (2010-11)	Existing as per New for 2013-14	Allocation (Rs. in Lakhs)
1.5.1	Modernisation of Blood Bank (Recurring Cost)							
1.5.1.1	Model Blood Banks	Consumables	4.76	plastic wares, instruments and chemicals	0	0		
		Salary	6.24	Housekeeping, Security, Lab Attendant, Counsellor	0	0		
1.5.1.2	MBB with BCSU	Consumables	4.00	plastic wares, instruments and chemicals	4	4	2	24
		Salary	2.4	Salary of 1 LT & 1 Counsellor	4	4	2	14.4
1.5.1.3	MBB without BCSU	Consumables	0.75	plastic wares, instruments and chemicals	0	0		
		Salary	2.4	Salary of 1 LT & 1 Counsellor	0	0		
1.5.1.4	DBB	Consumables	0.31	plastic wares, instruments and chemicals	3	3		0.93
		Salary	1.2	Salary of 1 LT	3	3		3.6
1.5.1.5	RBTC	Consumables	0	NIL	0	0		0
		Salary	2.4	Salary of 2 LT	1	1		2.4
1.5.1.6	Blood Storage Centers	Consumables	0	plastic wares, Reagents and	18	18		0
		Salary	0	NIL				0
1.5.1.7	Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendant				0
1.5.1.8	Maintenance of BT Vans in form of PDL for logistics	Recurring	0.7					0
1.5.1.9	Blood Mobile	Recurring	6	Driver, Attendant, Cleaner, Expenditure				0
1.5.2	Training	Recurring	0.35	BB-MO, two LT, one Nurse per NACO supported Blood Bank, One BSC-MO & One BSC-LT, Clinicians	9	9		3.15
1.5.3	Supportive Supervision	Recurring	0.1	visit to the NACO supported blood banks, Monitoring	9	9		0.9
1.5.4	Procurement							0
1.5.4.1	Equipments for new BCSU	Non-recurring	18	Equipments as per NACO guidelines	0	0		0
1.5.4.2	Grants for AMC and Calibration	Recurring		and calibration of essential blood bank equipments				10
1.5.5	Grant for SBTC							0



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1.5.1	Voluntary Blood Donation Camps	Recurring	0.025	Printing of banner, POL, TADA to staff	660	16.50	
1.5.2	(Observance of Blood Donation Days	Recurring	Actuals	state level and district level activities for 12th January.			
1.5.3	Development of IEC material	Recurring	0.1	development, translation of IEC material for promotion of voluntary blood donation	9	0.9	
1.5.4	Donor Refreshment	Recurring	0.00025	post donation to junior accountant and one Office assistant as per	110000	27.50	
1.5.5	Salary of Staff	Fixed	2.88			0	
1.5.6	External Quality Assurance Scheme					0	
1.5.6.1	NRL		6.54		0	0	
1.5.6.2	SRL		4.44			0	
1.5.7	contingency					2	
Increment as per NACO norms*							106.28
23	Total licensed blood banks in the state		23				
9	Blood banks supported by NACO		9				
200000	Target for Total Collection		200000				
90%	Target for VBD		90%				
660	VBD Camps		660				
80%	% Component prepared by NACO supported BCSU		80%				
	Commodity items to be provided by NACO						
	Blood bags						
	Single						
	Double 350 ml						
	Double 450 ml						
	Triples 350 ml						
	Triples 450 ml						
	Quadruple 350 ml						
	Quadruple 450 ml						
	Testing Kits						
	HIV ELISA						
	HIV Rapid						
	HCV ELISA						
	HCV Rapid						
	HBV ELISA						
	HBV Rapid						
	TPHA/RPR						

Interventions / Establishment of facilities /	NACO support for existing in 2012-13*	NACO support for new in 2013-14*	Proposed facilities 2013-14
a	23	0	23
b	8	0	10
b1	1	0	1
b2	4	2	6
b3	0	0	0
b4	3	0	3
c	1	0	1
d	1	0	1
e	2	0	2
f	0	0	0
Total Blood Banks			
a	23	0	23
b	8	0	10
b1	1	0	1
b2	4	2	6
b3	0	0	0
b4	3	0	3
c	1	0	1
d	1	0	1
e	2	0	2
f	0	0	0
Blood Collection			
a	200000	14	200000
a1	110000	14	110000
b	90%	90%	90%
c	Voluntary Blood Collection in NACO supported BB	99000	99000
c1	Through Static	58000	58000
c2	Through Camps	41000	41000
c3	Through Blood Mobile Vans	9000	9000
d	No of Camps to be conducted	546	546
d1	Camp Collection	75units	75units
Component Separation			
a	Blood collection in NACO supported BCSU	88000	88000
b	Percentage component separation in NACO supported BCSU	80%	80%
4 Training			
a	Training of BBO	14	14
b	Training of Staff Nurse	10	10
c	Training of LTs	10	10
d	Training of Donor Motivators	20	20
e	Training of surgeons, Gynaecologist, critical care physicians on rational blood use	180	180
f	Blood Bank counselor	6	6
5 Supervision, Monitoring and Evaluation			
a	Field visits to be conducted	14	14
b	Review meetings to be conducted	10	10
6 EQAS			
a	NRL	0	0
b	SRL	2	2

* Provisional NACO assistance to existing and new facilities is subject to meeting the norms for NACO support and approval of NACO. All NACO supported blood banks must possess a valid licence issued by State Drug Control Department

2 BCSU added

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46	Monitoring visit of SACS officers to the mobile camp	AS per routine plan	SACS officers
47	Blood Donation Camps		
48	Listing of organizations conducting blood donation camps in the state	In beginning of every quarter	VBD consultant SACS
49	Listing of colleges, universities, workplaces where camps can be organized along with suitable time	In beginning of every quarter	VBD consultant SACS
50	Preparation of quarterly camp schedule in consultation with blood bank incharges and organizers	In beginning of every quarter	VBD consultant SACS, Incharges of NACO supported BB, Organizers, Donor motivators, Blood Bank counselors
51	Release of budget for conduction of blood donation camps	In beginning of every quarter	VBD consultants SACS, Finance division SACS
52	Pre camp motivation talk and distribution of IEC material to ensure that there is good turnout for the camps	Two days before each camp	Donor motivators, Organizers
53	Conduction of camps by organizers and concerned blood bank	On day of the camp	Organizers, Staff of concerned blood bank
54	Monitoring visit of SACS officers to the blood donation camp	On day of the camp	SACS officers
55	Transport of collected blood units to the blood bank	Within six hours of holding the camp in cold chain	Staff of concerned blood bank
56	Submission of report of blood donation camps	Within 2 weeks of conduction of camp	Camp Organizers
57	Component separation		
58	Review of availability and functional status of equipments for component separation	By April 2013	JD BS SACS
59	Review of availability of requisite manpower at BCSU	By April 2013	JD BS SACS
60	Review of availability of licence at BCSU	By April 2013	JD BS SACS
61	Review and identify BCSU wise reasons for sub-optimal component separation	By April 2013	JD BS SACS
62	Taking appropriate corrective measures to address the reasons	Within first quarter	JD BS SACS
63	Stepping up blood collection at BCSU	Ongoing	Incharge BCSU
64	Stepping up component separation at BCSU	Ongoing	Incharge BCSU
65	Enhancing demand for components through trainings on rational blood use	Ongoing	JD BS SACS, Training institutes, Professional Associations
66	Trends in prevalence of TTI in blood units		
67	Capture blood bank wise baseline data of HIV, HBV, HCV, Syphilis and malaria positivity in donated blood	By April 2013	JD BS SACS, Quality Manager
68	Quarterly monitor the trends through SIMS data analysis	Ongoing	
69	Identify blood banks showing high prevalence for TTI	Ongoing	
70	Review whether quality standards are in place in the blood banks	Every quarter	
71	Review whether reactive donor is being notified and referred for treatment	Every quarter	
72	Identify possible reasons for high TTI positivity (replacement donation, poor donor selection and screening, high prevalence in general population in the area, etc)	Ongoing	
73	Preparation of training curriculum on donor counseling, screening and retention for blood bank counselors	By September 2013	NACO blood safety division
74	Procurement and Supply Chain management		
75	Preparation of indent for items to be procured at SACS level and approval by PD SACS	By April 2013	JD BS SACS, Quality Manager
76	Processing and completion of procurement of indent given	Within first quarter	Procurement division SACS
77	Dispatch and receipt at concerned facilities	Within two weeks of supply at SACS	Quality Manager, Store officer SACS
78	Preparation of database of equipments supplied under NACP I, II and III in NACO supported blood banks along with functional status	Within first quarter	Quality Manager, Store officer SACS
79	Procurement of AMC/CMC services for the functional equipments	Before September 2013	Quality Manager, Procurement division SACS
80	Issuance of orders for AMC/CMC services	Before September 2013	Quality Manager, Procurement division SACS
81	Supply schedule for centrally supplied commodities to be shared with SACS	Within one month of issuance of notification of award	NACO blood safety division
82	Timely receipt and Storage of centrally supplied commodities under proper storage conditions	One same day as receipt	Quality Manager, Store officer SACS
83	Physical verification of stock and cold chain status and issuance of Consignee receipt certificate	Within one week of receipt	

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3	Indicator and Recommended course of Action	Timelines	Person Responsible
3.1	Inclusion of Blood Banks under NACO support		
3.2	Identification of facilities which meet the norms for NACO support as BCSU, MBB, DLBB	By April 2013	JD BS SACS
3.3	Review of existing facilities already under NACO support as BCSU, MBB, DLBB as to whether they meet the norms for NACO support	By April 2013	JD BS SACS
3.4	Constitution and notification of core committee	By first week April 2013	JD BS SACS, Quality Manager
3.5	Scheduling of core committee inspection visits	By April 2013	JD BS SACS, Quality Manager
3.6	Sending proposal to NACO for approval of inclusion/exclusion of facility under NACO support based on core committee recommendation	Within first quarter	JD BS SACS
3.7	Communication of letter of approval of NACO support to SACS	Within first quarter	NACO Blood Safety division, JD BS SACS, Admin
3.8	Recruitment of manpower as per pattern of assistance	Within first quarter	JD BS SACS
3.9	Deputation of staff for training and provision of kits consumables and other support as per pattern of assistance	Within first quarter	JD BS SACS
3.10	Regular reporting in SMS	By April 2013	JD BS SACS, MKEO SACS
3.11	Need assessment for computers in NACO supported blood banks	By April 2013	JD BS SACS, MKEO SACS
3.12	Procurement and supply of computers of appropriate configuration for NACO supported blood banks	Within first quarter	JD BS SACS, Procurement division, SACS
3.13	Registration and regular reporting of NACO supported blood banks in SMS	All units to be registered within first quarter, Monthly reporting by 5th of each month	JD BS SACS, M&EO SACS
3.14	Registration and regular reporting of non NACO supported blood banks in SMS	All units to be registered by September 2013, Monthly reporting by the 5th of each month	JD BS SACS, M&EO SACS
3.15	Quarterly analysis of SMS report from blood banks	July, October, January and April	JD BS SACS, M&EO SACS
3.16	Communication of feedback on correctness of data to concerned blood banks	By the end of first month of the quarter	JD BS SACS
3.17	Blood Requirement and Collection		
3.18	District wise mapping of licensed and NACO supported blood banks in state	By April 2013	JD BS SACS
3.19	District wise mapping of the estimated numbers of hospital beds in primary, secondary and tertiary health care facilities	By April 2013	JD BS SACS
3.20	Estimation of blood demand of the state based on population norms and rationalizing the same according to bed strength	By April 2013	JD BS SACS
3.21	Giving targets to NACO supported blood banks to meet atleast 60% of total requirement of the region being catered by them	By April 2013	JD BS SACS
3.22	Conduction of voluntary blood donation camps as per need of the NACO supported blood banks	Ongoing	VBD consultant SACS
3.23	Identification and retention of cohort of donor motivators among the youth through Red Ribbon Clubs, NSS, corporate work places	Ongoing	VBD consultant SACS
3.24	Conduction of trainings on blood donor motivation for blood bank counsellors	Ongoing	VBD consultant SACS
3.25	Creating blood bank wise database of repeat voluntary blood donors classified according to blood groups	Ongoing	VBD consultant SACS
3.26	Stepping up static voluntary blood donation by holding fortnightly monthly blood donation day or alternate innovative strategies	Every month	Counsellor at blood banks
3.27	Counsellor in Blood Bank to send reminders to the repeat donors	Every month	Counsellor at blood banks
3.28	Observance of VBD days on 14th June and 1st October through release of advertisement and conduction of state/ blood bank level programmes	May, June and September, October 2013	JD BS, Director SBTC, VBD consultant, IEC division SACS
3.29	Development and replication of IEC material pertaining to promotion of voluntary blood donation	Within first quarter	VBD consultant SACS, IEC division SACS
3.30	Optimum utilization of Blood Mobile		
3.31	Organize quarterly meeting of incharges of Model Blood Bank and RBT incharges/ counsellors	In beginning of every quarter	Incharge Model Blood bank, SACS Director SBTC
3.32	Preparation and submission of quarterly route plan for the blood mobile	In beginning of every quarter	Incharge Model Blood bank

76	Issue of centrally supplied commodities to NACO supported blood banks as per indent and pattern of consumption over last three months	First issue within 2 weeks of receipt of commodity. Thereafter every quarter	
77	Dispatch should be done once in a quarter preferably and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities	Every quarter	
78	Monitoring of stock status of blood bags and kits supplied through central procurement at SACS and facility level (similar to ICTC). Training	Daily at facility level. Monthly at SACS	JD BS SACS, Quality Manager, Blood bank incharge, TO SRL, LT blood bank
79	Identification of training institutes for blood bank staff, donor motivators, rational use of blood and blood bank counselors	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
80	Engagement with professional associations for training of clinicians in private sector on rational blood use	Within first quarter	JD BS SACS
81	Creation of a database of national and state level trainers for each type of training	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
82	Preparation and dissemination of standardized training curricula	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
83	Organization of meeting of training institute and trainers at SACS for preparation of training plan	By first week of July 2013	SACS blood safety officers, Training institutes, Trainers
84	Approval of training plan and release of budget for training to the institutes	By second week of July 2013	SACS blood safety officers
85	Issuance of communications to all concerned for deputing trainers	By third week of July 2013	SACS blood safety officers
86	Translation and replication of training modules and related materials	By end of July 2013	SACS blood safety officers, IEC division SACS
87	Training roll out for blood bank staff, donor motivators and rational blood use for clinicians	August to December 2013	Training institutes, trainers
88	Monitoring of trainings by experts/ SACS officers/ NACO officers	During trainings	Experts, SACS officers/ NACO officers
89	Monitoring and Supervision		
90	Preparation and dissemination of standardized tool for supervision	By April 2013	NACO Blood Safety division
91	Preparation of Quarterly schedule for visits of core committee	By April 2013	SACS Blood Safety officers
92	Conduction of core committee visits to every NACO supported blood bank atleast once in the year	Ongoing	JD BS SACS, Quality Manager, Core committee members
93	Quarterly review meetings of the blood bank officers/ counselors	July, October, January and April	SACS Blood Safety officers
94	Submission of visit report by core committee	Within two weeks of conduction of visit	Core committee members
95	Issuance of communications regarding visit observations and recommendations	Within two weeks of conduction of visit	JD BS SACS, Quality Manager
96	Submission of action taken reports	Within two weeks of receipt of communication	Incharge of concerned blood banks
97	Convergence with NRHM		
98	Quarterly meetings with the RCH officer	In April, July, October, January	JD BS SACS, Director SBT, RCH officer
99	Listing of functional FRU with and without Blood Storage Centres	Within first quarter, review every quarter	
100	Preparation of linkage plan to cater to blood requirement of the FRU without Blood Storage Centres	Within first quarter, review every quarter	
101	Identification of underserved regions/ districts without blood banks and jointly plan for catering to the blood needs of the region	Within first quarter	
102	Meetings		
103	Quarterly coordination meetings of SACS/ SBT with Drug Control Department	In May, August, November and February	SACS blood safety officers
104	Quarterly meetings with the RCH officer	In April, July, October, January	
105	Meetings of governing body EC of SBT		
106	Meetings with trainers and training institutes		Atleast two meetings every year
107	Meetings with blood bank incharges		Atleast two meetings every year
108	Meetings with camp organizers		Atleast two meetings every year

AHMEDABAD MACS (Fig. in Lakhs)								
Sl. No.	Operational Cost	Total Cost (2012-13)	Exp. As on (date) 31.01.13	Likely exp. During Feb. & March, 13	Total Exp. During 12-13	Proposal for 2013-14	Recomm ended 13-14	Justification
1	Training SACS /DAPCU	0.50	0.00	0.50	0.50	2.91	1.00	Trg. of staff at local level & through exposure visits
2	Equipment Maintenance	1.00	0.19	0.70	0.89	1.10	1.00	
3	Building Maintenance	0.50	0.08	0.30	0.38	5.00	2.00	It is a very old building. Immediate construction work is required due to heavy water leakage
4	Vehicle Maintenance	2.00	2.06	0.00	2.06	2.20	2.00	
5	Travel Expenses	2.00	1.70	1.40	3.10	4.20	2.50	
6	Rent, Rates and Taxes	0.00	0.00		0.00	0.50	0.00	Storage for condom, IEC, TI closed furniture
7	Telephone/Communication Expenses	2.00	1.02	0.30	1.32	2.20	2.00	
8	Bank Charges	0.00	0.00	0.00	0.00	0.00	0.00	
9	Miscellaneous Expenses	4.00	2.88	1.11	3.99	4.40	4.00	
10	Printing and Stationery	1.00	0.08	0.60	0.68	1.10	1.00	
11	Advertisement (Other than IEC)	0.00	0.31	0.00	0.31	0.55	0.50	
12	Water and Electricity	0.00	0.02	0.05	0.07	0.50	0.50	
13	Audit Fees	1.50	1.54	0.55	2.09	3.25	3.00	
14	Legal Expenses	0.00	0.00		0.00	3.00	2.00	Two legal cases
15	Postage / Courier	0.50	0.05	0.05	0.10	0.50	0.50	
16	Other Administration Cost	0.00			0.00	0.00	0.00	
17	Review Meeting Expenses	0.50			0.00	0.55	0.50	
18	Office Equipments	0.50	0.31	0.20	0.51	3.87	0.50	Required for newly recruited staff
19	Operational cost DAPCU	0.00	0.00		0.00	0.00	0.00	
	Need based requirement of SACS office				0.00			
	Total	15.00	10.24	5.76	16.00	35.83	23.00	

Ahmedabad

Grand Total	sacs	
Salary (HO)	67.53	67.53
Operational Cost (HO)	35.83	23.00
Grand Total	103.36	90.53

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