

T-11017/04/2013-NACO (F)  
Government of India  
Ministry of Health & Family Welfare  
Department of AIDS Control

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

To,

**The Project Director,  
Arunachal Pradesh State 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 7<sup>th</sup> February, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs. 1022.90 Lakh. (Rupees Ten Crores Twenty Two Lakh and Ninety Thousand only) as per table given below:

Component	DBS	Pool fund	GF	Total
<b>Prevention</b>				
Targeted Intervention		300.56		<b>300.56</b>
Sexually Transmitted Infections	37.64			<b>37.64</b>
Blood Transfusion Services	41.89			<b>41.89</b>
Information, Education & Communication	189.01			<b>189.01</b>
Link Workers Scheme	0.00		0.00	<b>0.00</b>
ICTC/PPTCT/HIV-TB	52.50		122.49	<b>174.99</b>
Sub-Total	<b>321.04</b>	<b>300.56</b>	<b>122.49</b>	<b>744.09</b>
Care, Support & Treatment	21.50		0.00	<b>21.50</b>
Institutional Strengthening & Project Management	240.79			<b>240.79</b>
Strategic Information Management System	16.52			<b>16.52</b>
<b>Grand Total</b>	<b>599.85</b>	<b>300.56</b>	<b>122.49</b>	<b>1022.90</b>

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 1<sup>st</sup> 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

Name of State:

Targated Interventions  
 Anurachal Pradesh

YEAR

2013-14

Sl.No.	Sub-Component	Cost Head	Unit cost in Lakh (Range)	Items Activities	TI Achievement (2013-14)		TI Targets (2013-14)		Total	
					Target	Achievement during the year	Existing as on 01.04.2013	Transition from Partners		New TIs additions
1.1.1	FSW	Grant to TI Projects	8 to 24 lakhs based on coverage	Cost for basic infrastructure, human resources, programme management and service delivery	4	4	0	1	4	
1.1.2	MSM				1	0	0	0	1	
1.1.3	IDU				3	3	0	0	3	
1.1.4	TGH/HS				0	0	0	0	0	
1.1.5	Care Composite				0	0	0	0	0	
1.1.6	Migrant (Source)				0	0	0	0	0	
1.1.7	Migrants (Train)				0	0	0	0	0	
1.1.8	Migrants (Destination)				0	0	0	0	0	
1.1.9	Trucker				0	0	0	0	0	
1.1.9	Trucker				0	0	0	0	0	
1.1.9	Trucker				0	0	0	0	0	
1.2.1	OST centre maintenance	Professional services	25,000-40,000 per unit	Cost for training as per norms and management cost of association. Cost for TA, DA and documentation	2	2	0	0	2	
1.2.2	Employer led models				0	0	0	0	0	
1.2.3					0	0	0	0	0	
Detailed guidelines on Employer Led Models would be issued by NACO					TOTAL (in lakhs)	6	6	0	0	6

Sl.No.	Sub-Component	Cost Head	Unit cost in Lakh (Range)	Items Activities	Target	Achievement during the year	Existing as on 01.04.2013	Transition from Partners	New TIs additions	Total
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1.1.3	IDU				3	3	0	0	3	
1.1.4	TGH/HS				0	0	0	0	0	
1.1.5	Care Composite				0	0	0	0	0	
1.1.6	Migrant (Source)				0	0	0	0	0	
1.1.7	Migrants (Train)				0	0	0	0	0	
1.1.8	Migrants (Destination)				0	0	0	0	0	
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1.2.3					0	0	0	0	0	
Detailed guidelines on Employer Led Models would be issued by NACO					TOTAL (in lakhs)	6	6	0	0	6

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Name of State: **Arunachal Pradesh** Targeted Interventions YEAR **2013-14**

	Less than 400	400-999	1000-1499	1500 and above	Old	New
FSW						
MSM						
TG/MSM						
IDU						
<b>OST CENTER (GOVT.)</b>						
Core Composite	Less than 400	400-999	1000-1499	1500 and above		
Bridge Population	11,368	7,777	10,000-11,999	12,000 and above		
Migrant (Dist.)	6,777	10,000-29,999	30,000 and above			
Tracker	6,139	7,777	10,000-29,999	30,000 and above		
Migrant (Source) per district	18.87	18.87	Migrants (Tranche) per site	18.87		

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

	PM	ORW
Migrants (Source)	0	0
Migrants (Tranche)	0	0

Unit cost for training per person per day (Rs. in Lakh) **0.04**  
 Unit cost per TI for evaluation (Rs. in Lakh) **0.40**  
 Unit cost per TI for JAT visit (Rs. in Lakh) **0.50**  
 Unit cost per OST feasibility assessment **0.50**

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Information Education Communication		Mass media		TV		Radio		Newspaper		Bulk sms		Newsletter		Outdoor Media		Mid Media	
Information Education Communication	TV	TV Spots	450/30 Sec	NE TV (Anurachal Pradesh Round Up)5 Campaign: (i) MMAC, (ii)WAD, (iii) VBDD, (iv) NYD, (v) NYD. @ 10 spots per campaign. 50 spots. DDK, Jangar (Local Prog.)5	0	0	0	50									
	TV	TV: Long Format Programs episode on DD	50000/30 mins	10 Episodes (i) MMAC, (ii)WAD, (iii) VBDD, (iv) NYD, (v) NYD and 5 (Five) State Festival @ 1 programmes per campaign.	0	0	0	10									
	Radio	Radio Spots on Pvt FM	180/30 Sec.	15 Campaigns (i) MMAC, (ii)WAD, (iii) VBDD, (iv) NYD, (v) NYD and 10 (Ten) State Festival @ 15 spots per campaign.	150	120	2	150									
	Radio	Radio spots on AIR	2000/30 Sec.	30 Campaigns (i) MMAC, (ii)WAD, (iii) VBDD, (iv) NYD, (v) NYD and 25 (twenty five) State Festival @ 15 spots per campaign.	300	250	6	300									
	Radio	Long format Radio programme	10000/30 min	10 Episodes (i) MMAC, (ii)WAD, (iii) VBDD, (iv) NYD, (v) NYD and 5 (Five) State Festival @ 1 programmes per campaign.	10	10	1	10									
	Newspaper	Newspaper	20000/quarter page advt	On: WBDD, VBDD, WAD, NYD & MMAC	50	47	4	50									
	Bulk sms	Bulk sms	Rs. 0.50/- (for at least 1 lakh SMSes per event)	Total 1 lakh smses across events/campaigns. Cost includes software, data & monitoring logs	0	0		1 lakh bulk sms									
	Newsletter	Newsletter	0.5 per issue of 1000	Detailed list with costing attached	0			4 Issues									
	Outdoor Media	Permanent Hoarding	40000	2 Hoardings in each of the 18	32	30	12.74	34									
	Outdoor Media	Rented Hoarding	Rs 2000 per hoarding per month for 6 months	5 hoardings in the state capital and 5 in five highly vulnerable districts for 6 months during various campaigns/events like WAD, NYD,	10	10	8.52	10									
	Mid Media	Auto rickshaw display	Rs. 500/auto/ month, including	Display on Auto Tops in 8 vulnerable districts @ 20 autos per	0			0									
	Mid Media	Display on long distance buses	Rs. 1000/bus/ month for 50 buses for 6 months	Display of panels in Pvt. Buses 10 Nos. Govt. Buses 10 Nos. Auto	50	50	0	50									
							11.98										

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	IEC Vans	Rs. 1.17 lakh/per month (2012-13 cost)	In 8 priority dists. coordinated with MM/C in the districts.	2	2	8.28	2		NA/CO
	Bus shelter/signages/unipoles	Rs. 5000/ shelter which includes flex printing/frame for the display etc	Display of messages by branding the Bus Shelter with flex and Paintings. 5 shelters in each district x 18 vulnerable districts.	0			90		NA/CO
						388.32			

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	Events																					
	Events at state & districts	Rs. 1 lakh/event at state level.	Organization of state and district level events on the occasion of	10	25	5.64	4														NACO	
	Events at districts	Rs. 25000/district for WAD	Organization of state and district level events on the occasion of				19															NACO
	Prize back activities during major festivals (districts and state) + Exhibition	Rs. 50000/- per festival.	Large crowd assemblies during this proposed tribe-wise festival both youths and general population	20	20		18															NACO
	Multimedia Campaign (MMC)					40.5																
	MMC stand alone: Music Competition in 18 districts and Grand finale at Capital.		Music competition will be organized in every district in collaboration with various Govt departments, Youth organizations and local district society and other key stakeholders.	10	9	25	18															NACO
	MMC Sports Events		Will be organized district Sports Competition (Football) especially in the 10 priority districts and one state level event.	6	6	6	11															NACO
	MMC Road Shows		Road Shows involving MMC Brand ambassadors shall be carried out in the 10 priority blocks of the state.	10	10	3.5	10															NACO
	M&E, Documentation, evaluation	1.5 lakh for monitoring for the entire year	1. Monitoring and supervisory visits by DD-IEC and Mainstreaming Consultant. 2. Documentation of best practices.			0																NACO
	Hiring of communication agency	2 lakh	A communication agency will be engage for creativity and	1	1	3.12	1															NACO
	Youth					4.2																
	AEP	1000 per school	school level activities in 50 schools	100	100	100	50															NACO
	RRC	9000 per RAC FOR NEW Rs 4000 per RRC-old	RRC activities in 25 colleges	25	25	3.2	25															NACO
	Advocacy					10.26																
	Mainstreaming Trainings						7935															NACO
	Grand Total	TOTAL																				

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*20/05/13*



Sr. No.				
1	<b>Mass media</b>			
	TV/Spots	50	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 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 on weekly basis
	TV : Long Format Programs episode on DD	10	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. Ongoing	1. Finalization of themes, and prog 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
	Radio Spots on Pvt FM	150	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 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
	Radio spots on AIR	300	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. Ongoing	1. Finalization of themes, and prog 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
	Long format Radio programme	10	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. Ongoing	1. Finalization of themes, and prog 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 on frequency of telecast
	Newspaper	50	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.
	Bulk sms	1 lakh bulk sms	Rs.0.50 x 100,000	

2	<b>IEC material production, replication and Newsletter</b>		<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk1</li> <li>3. April Wk2</li> <li>4. May Wk3</li> <li>5. Staggered</li> <li>6. May Wk3</li> <li>7. May Wk3-4</li> <li>8. Periodic</li> </ol>	<ol style="list-style-type: none"> <li>1. Requisition from prog divisions</li> <li>2. Assessment of stock</li> <li>3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>4. Work order released</li> <li>5. Delivery plan</li> <li>6. Distribution plan</li> <li>7. Training on material use to end users (Service centres/NGOs)</li> <li>8. Monitoring of use by service centres/NGOs</li> </ol>
	Newsletter	4 issues	<ol style="list-style-type: none"> <li>1. April Wk2</li> <li>2. April Wk2 for issue 1 &amp; subsequently</li> <li>3. April Wk2-3</li> <li>4. April-May</li> <li>5&amp;6. June for issue 1</li> </ol>	<ol style="list-style-type: none"> <li>1. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>2. Decision on theme/content</li> <li>3. Circulation plan</li> <li>4. Compilation of articles</li> <li>5. Printing</li> <li>6. Despatch</li> </ol>
3	<b>Outdoor &amp; Mid media</b>			
	Permanent Hoarding	34	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk3</li> <li>4. April Wk2-4</li> <li>5. Staggered</li> <li>6. Ongoing</li> <li>7. Periodic</li> </ol>	<ol style="list-style-type: none"> <li>1. Selection of sites (prominent &amp; frequented by target audience)</li> <li>2. Development of prototypes, size and message content</li> <li>3. Sharing prototype details with NACO</li> <li>4. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>5. Work order</li> <li>6. Monitoring according to location and condition (Photographs for all locations)</li> <li>7. Periodic reporting</li> </ol>
	Rented Hoarding	10	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk3</li> <li>4. April Wk2-4</li> <li>5. Staggered</li> <li>6. Ongoing</li> <li>7. Periodic</li> </ol>	<ol style="list-style-type: none"> <li>1. Selection of sites (prominent &amp; frequented by target audience)</li> <li>2. Development of prototypes, size and message content</li> <li>3. Sharing prototype details with NACO</li> <li>4. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>5. Work order</li> <li>6. Monitoring according to location and condition (Photographs for all locations)</li> <li>7. Periodic reporting</li> </ol>
	Auto rickshaw display	160	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2-3</li> <li>3. April Wk2-3</li> <li>4. April Wk4</li> <li>5. May Wk1</li> <li>6. April Wk2-4</li> <li>7. May Wk1</li> <li>8. May Wk 1</li> <li>9. Nov 13 - Jan 14</li> <li>10. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification of auto Stands for display</li> <li>2. Negotiation with Auto owners on routes and rates</li> <li>3. Development of prototypes, size and message content</li> <li>4. Sharing with NACO</li> <li>5. Listing of buses according to registration no.</li> <li>6. Tenderprocess: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>7. Work order</li> <li>8. Monitoring plan</li> <li>9. Implementation</li> <li>10. Documentation ( photographs ) &amp; Reporting</li> </ol>

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Display on long distance buses	50	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2-3</li> <li>3. April Wk2-3</li> <li>4. April Wk4</li> <li>5. May Wk1</li> <li>6. April Wk2-4</li> <li>7. May Wk1</li> <li>8. May Wk 1</li> <li>9. Nov 13 – Jan 14</li> <li>10. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification of bus routes for display</li> <li>2. Negotiation with Transport Authorities on routes and rates</li> <li>3. Development of prototypes, size and message content</li> <li>4. Sharing with NACO</li> <li>5. Listing of buses according to registration no.</li> <li>6. Tenderprocess: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>7. Work order</li> <li>8. Monitoring plan</li> <li>9. Implementation</li> <li>10. Documentation ( photographs ) &amp; Reporting</li> </ol>
IEC Vans	2	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk1</li> <li>3. April Wk2</li> <li>4. As scheduled</li> <li>5. Regular</li> <li>6. Daily</li> <li>7. Immediate on completion</li> </ol>	<ol style="list-style-type: none"> <li>1. Development of activity plan</li> <li>2. Decision on occasions and periods of utilization</li> <li>3. Development of route plan in consultation with districts</li> <li>4. Roll out according to route plan</li> <li>5. Monitoring of activities by DST and SACS officers</li> <li>6. Reporting (on uniform format) and analysis of reports</li> <li>7. Documentation, sharing with NACO</li> </ol>
Bus shelter/signages/unipoles	90	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2-3</li> <li>3. April Wk2-3</li> <li>4. April Wk4</li> <li>5. May Wk1</li> <li>6. April Wk2-4</li> <li>7. May Wk1</li> <li>8. May Wk 1</li> <li>9. Nov 13 – Jan 14</li> <li>10. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification of Bus Shelters for display</li> <li>2. Negotiation with Transport authority on rates</li> <li>3. Development of prototypes, size and message content</li> <li>4. Sharing with NACO</li> <li>5. Listing of buses according to registration no.</li> <li>6. Tenderprocess: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>7. Work order</li> <li>8. Monitoring plan</li> <li>9. Implementation</li> <li>10. Documentation ( photographs ) &amp; Reporting</li> </ol>
<b>4 Other/Events/ M&amp;E</b>			
Events at state Level	4	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. Depending on calendar</li> <li>4. As per calendar</li> <li>5. As per calendar</li> <li>6. Soon after events</li> </ol>	<ol style="list-style-type: none"> <li>1. Preparation of calendar of events and decision on areas for implementation</li> <li>2. Plans of activities (event-wise) and sharing with districts</li> <li>3. Disbursement of funds to districts</li> <li>4. Monitoring of activities at districts</li> <li>5. Documentation, district-wise</li> <li>6. Gathering of SOE</li> </ol>
Events at districts	18	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. Depending on calendar</li> <li>4. As per calendar</li> <li>5. As per calendar</li> <li>6. Soon after events</li> </ol>	<ol style="list-style-type: none"> <li>1. Preparation of calendar of events and decision on areas for implementation</li> <li>2. Plans of activities (event-wise) and sharing with districts</li> <li>3. Disbursement of funds to districts</li> <li>4. Monitoring of activities at districts</li> <li>5. Documentation, district-wise</li> <li>6. Gathering of SOE</li> </ol>
Piggy back activities during major festivals (districts and state) + Exhibition	18	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. Depending on calendar</li> <li>4. As per calendar</li> </ol>	<ol style="list-style-type: none"> <li>1. Preparation of calendar of events and decision on areas for implementation</li> <li>2. Plans of activities (event-wise) and sharing with districts</li> <li>3. Disbursement of funds to districts</li> </ol>

			5. As per calendar 6. Soon after events	4. Monitoring of activities at districts 5. Documentation, district-wise 6. Gathering of SOE
	Hiring of communication agency	1	1. April Wk1 2. As per activity plan 3. Depending on calendar 4. April Wk2-4 5. As per plan 6. As per plan	1. Listing of activities for communication designs- 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
	M&E, Documentation, evaluation		7. April Wk1 8. As per activity plan 9. Depending on calendar April Wk2-4 10. As per plan 11. As per plan	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
5	Multimedia Campaign (MMC)	18	1. April Wk1 2. April Wk1 3. April 2-3 4. As planned 5. As per plan 6. Ongoing (Q1, 3&4) 7. End of campaign	1. Decision on activities, stand alone and piggy back along with locations 2. Drawing the activity plan with time line and indicators 3. If agency engaged, tendering process (as above) 4. Implementation as per activity plan 5. Monitoring of campaigns 6. Reporting by District team and SACS officers, Analysis & sharing with NACO 7. Documentation, shared with NACO
6	Youth			
	RRC	25 Existing & 25 New	1. April Wk1 2. April Wk1 3. July Wk2 4. August Wk2 5. July Wk1 6. Regular 7. Ongoing	1. Listing of all Colleges - graduate, PG & technical 2. Listing of colleges targeted in FY 13-14 3. Training of Coordinators/Nodal officers 4. Disbursement of funds alongwith guidelines 5. Calendar of activities 6. Monitoring of activities 7. Documentation
	AEP	50	1. April Wk3 2. May - June 3. August Wk 2 4. Sept Wk 2 - Oct Wk2 5. As per training schedule	1. Listing of teachers from all Govt. Sr. Secondary targeted in FY 13-14 2. Identification of agency for ToT, Issue of work order 3. Training of trainers 4. Training of teachers 5. Monitoring of Trainings 6. Documentation, shared with NACO
7	Mainstreaming & GIPA, (TRAINING & ADVOCACY)		1. April 2. April 3. April 4. April 5. April 6. May 7. May	1. Listing of categories of trainees 2. Gathering the universe of trainees 3. Information of coverage so far 4. Development of training calendar 5. Decision on training agencies 6. Training of trainers 7. Execution of trainings

			8. Along trainings 9. All trainings 10. All trainings	8. Detailing of follow up activities 9. Monitoring 10. Documentation of All trainings as per calendar
	<b>TOTAL</b>			

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Sl. No.	Sub-Component	Cost based	Unit Cost (Rs)	Item/activities	Targets 2013-14		RCC Round 2	Allocation (Rs. In Lakhs)	Remarks
					As on 01.04.2013	New			
1.3.1	Existing Facilities								
1.3.1.1	HR for Counselors and LTs	Recurring	2.4	Salary including TA/DA for Existing-please Stand Alone Counselors and LTs at an average cost of Rs 10000 per month per staff (unit cost = 10000*2*12)	36	1	86.90	Additional requirement is Rs 10.50 lakhs to meet as average salary is 12000 per month per staff.	
1.3.1.2	HR for Supervisors	Recurring	1.88	Salary including TA/DA for additional Stand Alone Supervisors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	0	0	0.00		
1.3.1.3	Mobile ICTC	Recurring	5.55	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months	1	1	11.10		
1.3.1.4	HR for SACs team for Basic Services	Recurring	1.28	Salary & TA/DA for SACs staff under RCC Round 2 (Staff in High Prevalence States: HIV/TB Consultant, M&E PPTCT, Data Analyst, Secretarial Assistant, Finance Officer)	0	0	0.00		
1.3.2	Establishment of New ICTCs			Sub Total			108.88		
1.3.2.1	ICTC	Non recurring	0.8	Minor refurbishment at Rs 8000 per new stand alone ICTC	35	1	0.00	No allocation for new Stand Alone as it is a relocation	
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refueling	1	1	12.00		
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none	11	8	0.00		
1.3.2.4	PPP ICTCs	Non recurring	0	none	0	4	0.00		
1.3.3	Trainings			Sub Total			12.00		
1.3.3.1	Training	Recurring	1.75	1) ICTC: Counselors, LTs: Induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) ICTC: Training of MO/ICTC/MOTC/ART MO / District Supervisor/CTC/ District TB-HIV & DOTs Plus Supervisor (RNTCP) in HIV/TB package 3) F-ICTC: ANM, Nurse, LT, HIV/TB & team training, full site sensitization 4) Whole blood: Training of ANM and RNTCP LT and STIs in whole blood screening 5) Any other training	18.055			Training plan approved. Proposed budget is 36.11 lakhs. 50% allocation made and additional allocation will be considered based on completion of trainings and booking of expenditure at the end of 6 months	
1.3.4	Procurement of Equipments			Sub Total			18.08		
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	35		5.99	Additional allocation of 5.9 lakhs for Procurement of 11 centrifuges, 5 micro pipettes, 14 needle cutters, 17 purchase proof container for needle disposal, Infomat for 35 ICTCs	
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipment maintenance/AMCW Insurance of equipment bikes etc	35		1.75		
1.3.5	Consumables			Sub Total			7.74		
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Sale delivery kits, reagents and syringe needles, printing of reporting formats, internet and other misc exp	38		18.00	As per procurement plan, proposal for 20.70 lakhs. Allocation made for 20.30 lakhs. No procurement for PPP ICTCs	
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC: Sale delivery kits, printing of formats and other misc exp at the center	23		2.00		
1.3.6	Monitoring and Supervision / Review meetings			Sub Total			20.00		
1.3.6.1	Review meeting for Supervisors (monthly @ Rs 1000/person)	Recurring	0.01	review meetings	1		0.12		
1.3.6.2	Review meeting for counselors/AMC (Quarterly @ Rs 1500/person)	Recurring	0.015	review meetings	35		2.10		
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	18		1.80		
1.3.7	SRL			Sub Total			4.02		
1.3.7.1	HR for Technical Officer in SRL	Recurring	3	Salary for TO in SRL, including TA/DA, at average Rs 25,000; per TO per month for 12 months	1	0	3.00	TO-SRL to visit all ICTCs atleast once in a quarter and monitor the lab component of ICTC in the field including stock maintenance and physical verification of stocks and submit report to SACs/RSSD after every visit.	
1.3.8	Sub Total			Sub Total			3.00		
1.3.8.1	Additional Allocation			Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities in ART/ICTC/STI			6.08		
1.3.8.2	For PPP ICTC involvement	Non recurring	Lumpsum	A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals in Nursing Homes, Corporate Hospitals, Ivo NACP B) Involvement of professional bodies like FOGSI, IMA, IADVL, JAP, etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employee model meetings for which separate budgetary allocation is made		3	0.50		
1.3	Grand Total			Sub Total			174.88		

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1.3		Physical Targets for Aquinchaí Pradeses for 2013-14					Relocation
2012-13	Establishment of New ICTC In the year	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	35	0	1	1		
2	Mobile ICTCs	1	0	1	1		
3	Facility Integrated ICTCs	11	9	0	9		
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	0	3	0	3		
5	PPP ICTCs in Private Sector Industries	0	0	0	0		
6	PPP ICTCs in Public Sector Industries	0	0	1	1		
<b>Colocation of Facilities</b>							
1	Medical College Level	Baseline as on 31.03.2013 0 out of 0	Carry Forward from 2012-13 0	New Proposed target for 2013-14 0	Total target for 2013-14 0		
2	District Hospital Level	1 out of 1	0	0	0	1 out of 1	
3	Sub District Level	0 out of 0	0	0	0	0	
<b>Physical Coverage Targets</b>							
1	Testing for General clients	20000	14926	Proposed Target 2013-14 25000	Baseline of Target		
2	HRG testing	9500	8717	10900	Two time testing in 100% of HRG covered by TI		
3	Bridge population testing	NA	NA	16500	30% migrants and 15% truckers		
4	STI Clinic In-referrals testing			6000			
5	Out Referrals from to STI	600	1290	807	100% DSRC attendees		
6	HIV-TB Cross referral	1000	1015	2798	70% of TB patients and 3-5% of ICTC clients (Non-ANC)		
7	HIV/TB coinfection to be detected	10	4	10	75% of HIV infected TB notified cases		
8	Testing for ANC	10000	7285	13000	33% of the estimated pregnancies		
9	Detection of HIV+ve pregnant woman	10	2	12			
<b>* Achievement upto December 2012</b>							
<b>Linkage Targets</b>		Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition		
1	ICTC to ART (GC)	NA	NA	85%	HIV +ve general clients to be linked to ART centres		
2	PPTCT to ART	NA	NA	100%	HIV +ve pregnant women to be linked to ART centres		
3	TI to ICTC	NA	35%	75%	HRGs referred from TI reaching ICTC		
4	STI to ICTC	NA	215%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics		
5	TB to ICTC	NA	60%	70%	Notified TB cases reaching ICTC		
6	HIV/TB to ART	NA	NA	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 to be trained	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	7	12	1,000	84,000	1			
		Lab-Tech	8	5	1,000	40,000		1		
2	Refresher ( Stand alone Inc. Mobile)	Counselor	35	5	1,000	175,000			1	
		Lab-Tech	35	5	1,000	175,000			1	
3	Induction (FI- ICTC +PPP )	Staff nurse (FI ICTC)	20	5	1,000	100,000		1		
		Lab Technician	20	5	1,000	100,000			1	
4	Refresher (FI- ICTC +PPP )	Staff nurse (FI ICTC)	23	3	1,000	69,000		1		
		Lab Technician	23	5	1,000	115,000		1		
5	Induction/ Refresher	District supervisor	1	5	1,000	5,000			1	
		Full site Sensn. Diet Hosp	24	1	10,000	240,000			1	
		Full site Sensn SDH/RH	10	1	5,000	50,000			1	
6	Sensitization (No facilities to be mentioned)	ICTC Counselor	35	1	1,000	35,000			1	
		Medical Officer	35	1	1,000	35,000			1	
		District ICTC supervisor	1	2	800	1,600			1	
		MO-T/CMO-ICTC	56	2	1,000	112,000			1	
7	HIV-TB training	ART MO	1	1	1,000	1,000			1	
		RNTCP STS/STLS	28	2	1,000	56,000			1	
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	16	2	1,000	32,000			1	
		Counselor		2	1,000	-			1	
		Medical Officer		3	1,000	-			1	
		District supervisor		2	1,000	-			1	
8	Multi Drug Regimen Training for PPTCT	MO ARTCs		3	1,000	-			1	
		Others (Medical 3 days / Para medical 2 days)		3	1,000	-			1	
		ANM		2	400	-				
9	Training on whole blood screening	Labour Room Nurse	35	2	800	56,000				1
		DMC LT (RNTCP)	23	2	800	36,800				1
		STLS	23	2	800	36,800				1
		MO	35	3	1,000	105,000		1		
		Lab-Tech	35	3	1,000	105,000		1		
10	ICTC Team Training	Nurse	35	3	1,000	105,000		1		
		Counselor	35	3	1,000	105,000		1		
		<b>Total</b>				<b>1,975,200</b>				

Unit Cost made based on previous expenditure. Actual training cost to be implemented as per NACO costing guidelines for Training

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Process Indicators - BSD		
Indicators	Recommended Action - Establishment of facilities	Person Responsible
Establishment of facilities	Stand Alone ICTCs / Mobile ICTC	
	Identification of health facilities for establishment	1st week of April 2013
	Recruitment of new staff	1st week of May 2013
	Induction Training of new staff	May - June 2013
	Procurement of equipments, computers, etc	
	Preparation of indent and approval by PD SACS	2nd week of April 2013
	Processing and completion of procurement of indent giver	2nd week of May 2013
	Dispatch and receipt at concerned facilities	3rd week of May 2013
	Refrurbishment of identified facilities	
	Preparation of indent and approval by PD SACS	2nd week of April 2013
	If decentralized, release of grants to districts	3rd week of April 2013
	If central, processing of indent and refurbishment	2nd week of April 2013
	Completion of refurbishment	3rd week of May 2013
	Functionality and Reporting of new Stand Alone ICTC	1st week of June 2013
	Facility Integrated ICTC / MMU	
	Sensitization of CMHO / CMO / CDMO / DHO / Civil Surgeon / ADMO	2nd / 3rd week April 2013
	Sensitization meeting with DTO	2nd / 3rd week April 2013
	Sensitization of NRHM DPM	2nd / 3rd week April 2013
	Directive from MD-NRHM 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-NRHM for F-ICTC data entry in SIMS by Block Data Manager (NRHM)	1st week of April 2013
	Training of Block Data Manager (NRHM) in SIMS	3rd 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		
Enlisting and identification of potential partners	1st 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		
Enlisting and identification of potential industries	1st week of April 2013	
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		
Enlisting and identification of PSU to partner with	1st week of April 2013	
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	

Direct: SACS BSD, MBE Officer, State RCH officer / NRHM Nodal Officer  
Monitoring: APD / PD SACS

Direct: SACS BSD / STI, DAPCU  
Monitoring: APD / PD SACS

Direct: SACS BSD, IEC / Mainstreaming, DAPCU  
Monitoring: APD / PD SACS

Direct: SACS BSD, IEC / Mainstreaming, DAPCU  
Monitoring: APD / PD SACS

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

Indicators	Recommended Action - HRG linkages	Timeline	Person Responsible
<p>Linkage with HRGs</p>	<p>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</p> <p>Co-ordination and Tracking system for TI Clients</p> <p>a) Referral of TI clients by TI outreach system using referral slips</p> <p>b) Compilation of referrals made to ICTC with Unique ID of TI against each referral every 15 days</p> <p>c) Meeting of TI with concerned ICTC and sharing of the compiled list of referrals with ICTC every 15 days</p> <p>d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI.</p> <p>e) Once both ICTC and TI have reconciled / compiled the list, then both ICTC and TI will report the same in their respective CMIS/SIMS on a monthly basis</p> <p>f) The same should be verified / validated by DAPCU / PO - TI TSU on a monthly basis</p> <p>g) Individual HRGs tested has to be extracted from the compile line list generated from the referrals with UID and the reached with PID</p> <p>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</p> <p>i) SACS /TSU officers to participate in district level review meetings at least once in quarter every district</p> <p>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</p> <p>k) After due verification by at SACS, TI and BSD to share analyzed / verified / completed line list with NACO by 15th of every month</p> <p>l) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for hand-holding and mentoring</p> <p>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 focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions</p>	<p>Every referral</p> <p>Every 15 days</p> <p>Every 15 days</p> <p>Every 15 days</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Quarterly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p>	<p>TI ORWs, PE, TI Counselor</p> <p>TI ORWs, TI Counselor, PM</p> <p>Direct: TI ORWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC Sup, PO-TI TSU</p> <p>ICTC Counselor,</p> <p>Direct: ICTC Counselor, TI Counselor, TI M&amp;E, Monitoring: Dist ICTC Sup, PO-TI TSU</p> <p>Dist ICTC Sup, DAPCU, PO TI TSU</p> <p>Direct: TI Counselor, M&amp;E, PM, Monitoring: PO TI TSU</p> <p>Direct: Dist ICTC Sup, DAPCU, Monitoring: PO TI TSU, SACS TI, SACS BSD</p> <p>SACS BSD / SACS TI / TSU</p> <p>Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PO SACS</p> <p>SACS BSD / SACS TI</p> <p>Direct: SACS BSD / SACS TI / TSU Monitoring: APD /PO SACS</p>

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Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
	<ul style="list-style-type: none"> <li>The programme will ensure, tracking of individual STI DSRC Clinic attendees and ensure 100% of STI DSRC Clinic attendees are tested for HIV in the year.</li> <li>Ensure accompanied referrals from STI to ICTC and also ensure single window approach for HIV and Syphilis testing</li> <li>Reconciliation of reporting to be done between ICTC and ST</li> <li>Co-ordination and Tracking system for STI DSRC Clients</li> </ul>		
	<ul style="list-style-type: none"> <li>a) SACS BSD/STI to issue office order to all ICTCs and DSRCs for single window approach for HIV testing and Syphilis testing</li> </ul>	1st Qtr - April 2013	Direct: SACS BSD / STI Monitoring: APD / PD SACS
	<ul style="list-style-type: none"> <li>b) SACS BSD/STI to ensure trainings for STI testing is included in all ICTC LT training:</li> </ul>	Ongoing	SACS BSD / STI
	<ul style="list-style-type: none"> <li>c) Referral of STI clients by DSRC using referral slips / accompanied referrals to ICTC</li> <li>d) Compilation of referrals made to ICTC against each referral every 15 day:</li> <li>e) Meeting of DSRC Counselor with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days</li> <li>f) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from DSRC. Also the ICTC counselor will share the list of ICTC clients referred to STI DSRC with PID numbers</li> </ul>	Every Referral Every 15 days  Every 15 days	STI Counselor  STI Counselor / ICTC Counselor
STI Linkages	<ul style="list-style-type: none"> <li>g) Once both ICTC and DSRC STI have reconciled / compiled the list, then both ICTC and STI will report the same in their respective CMIS/SIMS on a monthly basis</li> <li>ICTC: In-referrals from STI and out referrals from ICTC to STI</li> <li>STI: In-referrals from ICTC and out referrals from STI to ICTC</li> <li>h) The same should be verified / validated by DAPCU on a monthly basis:</li> <li>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</li> <li>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</li> <li>k) SACS officers to participate in district level review meetings at least once in quarter every district</li> <li>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</li> <li>m) After due verification by at SACS, STI and BSD to share analyzed / verified / completed line list with NACO by 15th of every month</li> <li>n) SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for hand-holding and mentoring</li> <li>o) The SACS BSD / STI should analyse 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</li> </ul>	Monthly Monthly Monthly  Monthly Monthly Monthly Quarterly Monthly Monthly Monthly	Direct: STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU  Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI  Direct: SACS BSD / STI Monitoring: PD/APD SACS Direct: SACS BSD / STI Monitoring: PD/APD SACS

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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	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
HIV-TB coordination	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
Early detection of HIV infected TB patients	Establishment of F-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 TB-Unit wise monitoring of HIV testing of TB patients Enlisting of all HIV infected TB patients TB-Unit wise tracking of HIV infected TB patients in monthly coordination meeting Feedback on enrollment at ART centres by ART centre staff in monthly HIV/TB coordination meeting	2nd quarter, 2013 Every month Every month Every month Every month Every month Every month	DAPCU officer/DNO and District TB Officer DAPCU officer/DNO and District TB Officer DAPCU officer/DNO and District TB Officer DAPCU officer/DNO and District TB Officer Direct: ICTC Counselor / RNTCP STS Monitoring: DAPCU officer/DNO and District TB Officer 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	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
Early initiation of ART among HIV infected TB patients	Monitoring of ART initiation in all HIV infected TB cases enrolled in HIV/TB register at ART centre	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 targets 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, CMHO, ART Nodal Officer, DAPCU, DIACC, 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	
e) Enacting action on office orders issued and processing plan for relocation of facilities		May	Direct: DAPCU, MO-ICTC, MO-STI, MO-ART Monitoring: SACS BSD, CST, STI
f) Monitoring visit by SACS/DHS/DMER for timely follow-up and timely completion of relocation plan		May	Direct: SACS BSD, CST, STI 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	

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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		
Supply Chain Management	Physical Verification and Reporting	Daily	MO-ICTC, ICTC LT
	a) MO-ICTC to physically verify stocks daily and countersign in stock register.	Ongoing	DAPCU, Dist ICTC Sup, TO-SRL, SACS BSD
	b) All supervisory cadres during field visits to facilities to physically verify stocks at ICTCs for all commodities and countersign to stock register	Monthly	ICTC LT, MO-ICTC
	a) ICTC LTs to physically verify stocks available, stock register, lab register for tests performed and then prepare monthly CMIS/SIMS report for lab component of ICTC	Monthly	TO-SRLs, Dist ICTC Sup/ DAPCU
	c) TO-SRLs and District ICTC Supervisors / DAPCU to physically verify stocks for all commodities at ICTCs during supervisory visit.	Monthly	Dist ICTC Sup/ DAPCU
	d) Variance in tests performed and stock consumption to be analyzed facility wise by DAPCU / ICTC Supervisor and reasons for variance submitted to SACS for necessary action	Ongoing	SACS BSD / SACS CST, APD / PD SACS
	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. Appropriate administrative action should be taken by APD/PD SACS based on reports	Monthly	PD SACS, BSD, Stores Officer, Quality Manager
	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 /analyzed	Monthly	
	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 - Relocation between districts / facilities, Dispatch plan, Transportation plan should be made - 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	Monthly	Direct: PD / APD SACS
	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

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Indicators	Recommended Action - PPTCT	Timeline	Person Responsible
Linkage of Pregnant women with ART centre and follow-up	b) Maintenance of PPTCT Line list by ICTCs	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	
	c) Compilation of line list at the ICTC level by Counselor at 15 days and at the end of the month	Every 15 days	ICTC Counsellor / ART Counsellor
	d) Sharing completed / compiled line list with full details to DAPCU / SACS BSC	Monthly	ICTC Counsellor/ DPM/DIS/District Nodal Officer
	e) 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	
	f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSC every month by 10th	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counsellor, all concerned ICTC Counsellors
	g) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Direct: SACS BSC, CST Monitoring: PO/APD SACS
	h) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Quarterly	Direct: SACS BSC, CST Monitoring: PO/APD SACS
	i) BSC at SACS to share analyzed / verified / completed line list with MACO by 15th of every month	Monthly	Direct: SACS BSC, CST Monitoring: PO/APD SACS
Roll-out of Multi drug regimen (Applicable Only where the new regimen program is rolled out by MACO)	Co-location of Testing sites (ICTC-Z) and Obst & Gynaec. OPD , it should be operationally co-located, with system of a single prick for HIV testing and other ANC blood tests, common registration for ANC check-ups & HIV testing.	3rd qtr	SACS BSC
	Review at SACS level, identification of priority districts/sites and specific action plan	Quarterly basis	PO SACS, APD, JD (BSD), Consultant PPTCT, DD/AD (BSD/CST), JD (M&E), RC (CST)
	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 (BSD), Consultant PPTCT, DD/AD (BSD/CST), JD (M&E), RC (CST)
	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	
	On-going sensitization during monthly meeting	On going	DPM/District Nodal Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	Inclusion of PPTCT new regimen component under basic training module for counsellor/SN/MO in NACP & NRHM and ILES ORWs	In process	DDG (BSD), NPO (PPTCT), PO (Counselling), Training Institutes
	Visits to high load sites and on-site mentoring	On monthly basis	APD (SACS), JD (BSD), Consultant PPTCT, DD/AD (BSD/CST)
	Line list compilation and validation at district level	Monthly	DPM/District Nodal Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	Out-reach and Client tracking	On-going	ART centre MO/counsellor and ICTC counsellor/IFS ORWs

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S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. in Lakhs)	Pool Fund
1.4.1	Establishment of New Facilities (One Time Grant)	One time cost	1,50,000		Minor Refurbishment for Audiovisual privacy, Computer	0	
1.4.2	Salary of Counselor	Fixed	1100 per month per centre		Counselor salary	22.44	
1.4.3	Training	Recurring	3500 per centre & 1000 per district for PPP doctors		Training of trainers, Induction or Refreshers training for DSRG service providers, TI STI doctors as per operational guidelines	7.55	
1.4.4	Procurement	Recurring	2500 per centre		Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	4.25	
1.4.5	Supportive Supervision and review meeting	Recurring	2000 per centre		TA/DA documentation and communication cost to supervisory team, review meetings, TA/DA for outreach by DSRG counselors	3.4	
1.4.6	Private sector partnership	Recurring			Grant for existing Regional Centers (Human Resource, Training, Kits and consumables, Stationery and Contingency, Supportive Supervision and Operational Research)	0	
1.4.7	Regional STD labs Existing	Recurring		no of Regional centres			
1.4.8	State Reference Centres	Recurring					

1	STI/RTI episodes to be managed by Designated STI clinics	5997
2	STI/RTI episodes to be managed by TI-NGOs	5805
3	STI/RTI episodes to be managed by Private sector	1200
4	Total target of STI/RTI episodes for SACS	13102
5	STI/RTI episodes to be managed by NRHM	8567




1	Designated STI/RTI Clinics	17	0
2	TI STI providers	22	0
3	sector	6	0
4	NRHM health facilities upto PHC	126	0
5	PPP ICTC	0	0
6	Regional STI Centres	0	0
7	State Reference Centres	1	1

1	Colour coded drug kits for Designated STI clinics and TI NGO	10281
2	RPR Test kits	227

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STI/RTI Review of Annual Action Plan 2012-13 and Proposal 2013-14 DRAFT			
Process Indicators 2013-14			
Name of State:-Arunachal Pradesh			
Sr No	Issues	Recommended course of Action	Person Responsible
1	Low Physical Target in DSRC	1. Establish good linkages with Gyne and obs clinic, ICTC and ART centre. Counsellor to sit in Gyne OPD. 2. Ensure collocation of facilities so that there is minimum loss for treatment and testing. 3. All patients to be tracked for Syphilis and HIV testing. 4. Referral linkages with TI to be established. 5. All DSRC to report on STI in CMIS/SMIS. 6. Post of counsellor vacant in 2 DSRC hence all DSRC are not reporting regularly.	Counsellor of STI Clinic, Incharge of DSRC, and DD STI
2	Low Physical Target in TI	1. Outreach to be oriented on STI symptoms and outreach to encourage HRG to avail STI services from STI Providers. 2. All TI to appoint STI providers and ensure easy accessibility to services to HRG. 3. All HRG to be individually tracked for STI episodes and multiple STI to be tracked. 4. STI services to be delivered at the convenient location of HRG and by establishing linkages with government facilities. 4. Coordination meeting to review the targets achievement with TI and TI division.	DD STI, JD TI and PM of TI
3	Partnering with PSU	1. All PSU and leading private sector to be enlisted in all the districts. At least 6 units to be identified and enlisted, NHPC, NEEPCO, ITBP and 3 military Bridage and other public health facilities, 2. Meeting with State focal person of the PSU. 3. The doctors for STI to be trained. 4. All facility to report in SIMS format	DD STI and State PSU Focal Person
4	Training	Pending training of PPP to be completed by March 13. Training plan to be made and shared with other division. Training calendar to be made. All participants to be informed in advance about venue and dates of training. All Training to be completed by first quarter.	DD STI and STI Resource Facilities
5	Supportive Supervision	At least 60% of poor performing STI facilities to be visited by SACS Focal Person at least once in a quarter. All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visits by STI mentors.	DD STI and STI Mentors
6	Supply chain Management	All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. All commodities supplied by the programme must be monitored regularly. All drugs with earlier expiry should be used first and if excess should be relocated. Review your programme data with consumption of commodities. Ensure there is no stock out and expiry of drugs.	DD STI STI Counsellor at DSRC, STI Clinic Incharge and PM of TI
7	Quality of Services	1. All patients to be provided with internal exam, multiple STI in patients to be tracked, 2. All STI patients to undergo syphilis and HIV testing. 3. All patients to receive drug and test regularly.	STI Clinic Incharge and TI STI Providers. DD STI
8	Vacancy	2 counsellor to be selected. Advertisement to be made and interview to be conducted.	DD STI and PD SACS.
9	NRHM Convergence	1. Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and training of atleast 1 MO to be done. 3. Budget of STI to be corrected NRHM PIP. 4. Joint review of programme to be done at least once a quarter.	DD STI and State RCH officer

S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Achievement (2010-11)	Target	Achievement as 1st January 2013	Existing New for 2013-14	DBS	Allocated in (Rs. Lakhs)
1.5.1	Modernisation of Blood Bank (Recurring Cost)									
1.5.1.1	Model Blood Banks	Consumables	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines		0	0			
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendant, Security, Housekeeping, Data Entry Operator		0	0			
1.5.1.2	MBB with BCSU	Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines		0	0			
		Salary	2.4	Salary of 1 LT & 1 Counsellor		0	0			
1.5.1.3	MBB without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines		1	1			
		Salary	2.4	Salary of 1 LT & 1 Counsellor		1	1			
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines		7	7			
		Salary	1.2	Salary of 1 LT		7	7			8.4
1.5.1.5	RBTC	Consumables	0	NIL						0
		Salary	2.4	Salary of 2 LT		0	0			0
1.5.1.6	Blood Storage Centers	Consumables	0	Glasswares, plastic wares, Reagents and chemicals						0
		Salary	0	NIL						0
1.5.1.7	Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendant		1	1			1.44
1.5.1.8	Maintenance of BT Vans in form of POI	Recurring	0.7			1	1			0.7
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contingency		0	0			0
1.5.2	Training	Recurring	0.35	Training of one BB-MO, two LT, one Nurses per NACO supported Blood Bank, One BSC-MO & One BSC LT, Clinicians on rational use of blood, Training of Donor Motivators		8	8			2.8

Increment as per NACO norms						
1.5.3	Supervision	Recurring	0.1	TADA for visit to the NACO supported blood banks, Monitoring visits to VBD camps, Core Committee supervisory visits	8	0.8
1.5.4	Procurement					0
1.5.4.1	Equipments for new BCUS	Non-recurring	18	List of Equipments as per NACO guidelines		0
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/CMC and calibration of essential blood bank equipments supplied by NACO		5
1.5.5	Grant for SBTC					0
1.5.5.1	Voluntary Blood Donation Camps	Recurring	0.025	Hiring of Vehicle, Printing of banner, POL, TADA to staff	50	1.25
1.5.5.2	Observance of Blood Donation Days	Recurring	Actuals	Advertisement, state level and district level activities for 12th January, 14th June and 1st October		10
1.5.5.3	Development of IEC material	Recurring	0.1	Design, development, translation and replication of IEC material for promotion of Voluntary blood donation including thank you cards, certificates of appreciation, pins, badges, hoardings	8	0.8
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors	6000	1.5
1.5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms	1	2.88
1.5.6	External Quality					0
1.5.6.1	NRL		6.54			0
1.5.6.2	SRL		4.44			0
1.5.7	contingency					1
						41.89

8	Total licensed blood banks in the
8	Blood banks supported by NACO
6000	Target for Total Collection
6000	Target for NACO supported
90%	Target for VBD
50	VBD Camps
0%	% Component prepared by NACO
	Commodity items to be provided by
	Blood bags
	in lakhs
	Single
	Double 350 ml

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	Dosule 450 ml
	Triple 350 ml
	Triple 450 ml
	Quadruple 350 ml
	Quadruple 450 ml
	<b>Testing Kits</b>
	HIV ELISA
	HIV Rapid
	HCV ELISA
	HCV Rapid
	HBV ELISA
	HBV Rapid
	TPHA/RPR

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1	Establishment of facilities / interventions	NACO support for existing in 2012-13*	NACO support for new in 2013-14*	Proposed facilities support for 2013-14
a	Total Blood Banks			
b	NACO Supported Blood Banks	8	0	12
b1	Model Blood Bank	0	0	0
b2	Major with BCSU	0	0	0
b3	Major without BCSU	1	0	1
b4	District Level Blood Bank	7	0	7
c	RBTC	0	0	0
d	Blood Mobile Van	0	0	0
e	Blood Transportation Van	1		1
f	SBTC		0	1
<b>2 Blood Collection</b>				
a	Total Collection for the state			Proposed target 2013-14
a1	NACO supported blood collection			6000
b	Percentage VBD for NACO supported BB			90%
c	Voluntary Blood Collection in NACO supported BB			5400
c1	Through Static			3900
c2	Through Camps			1500
c3	Through Blood Mobile Vans			0
d	No of Camps to be conducted			50
d1	Camp Collection			30-35units
<b>3 Component Separation</b>				
a	Blood collection in NACO supported BCSU			Proposed target 2013-14
b	Percentage component separation in NACO supported BCSU			0%
<b>4 Training</b>				
a	Training of BBO			Proposed target 2013-14
b	Training of Staff Nurse			11
c	Training of LTS			11
d	Training of Donor Motivators			200
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			0
f	Blood Bank counselor			1
<b>5 Supervision, Monitoring and Evaluation</b>				
a	Field visits to be conducted			Proposed target 2013-14
b	Review meetings to be conducted			11
<b>6 EOAS</b>				
a	NRL			0
b	SRL			1

\* Provision of 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

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Sl No	Indicator and Recommended course of Action	Timeliness	Person Responsible
1	Identification of facilities which meet the norms for NACO support as BCSU, MBB, DLBB	By April 2013	JD BS SACS
2	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	Constitution and notification of core committee	By first week April 2013	JD BS SACS, Quality Manager
4	Scheduling of core committee inspection visits	By April 2013	JD BS SACS, Quality Manager
5	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
6	Communication of letter of approval of NACO support to SACS	Within first quarter	NACO Blood Safety division
7	Recruitment of manpower as per pattern of assistance	Within first quarter	JD BS SACS, Admin division SACS
8	Deputation of staff for training and provision of kits, consumables and other support as per pattern of assistance	Within first quarter	JD BS SACS
9	Regular reporting in SIMS	2	JD BS SACS
10	Need assessment for computers in NACO supported blood banks	By April 2013	JD BS SACS, M&EO SACS
11	Procurement and supply of computers of appropriate configuration for NACO supported blood banks	Within first quarter	JD BS SACS, Procurement division SACS
12	Registration and regular reporting of NACO supported blood banks in SIMS	All units to be registered within first quarter, Monthly reporting by 5th of each month	JD BS SACS, M&EO SACS
13	Registration and regular reporting of non NACO supported blood banks in SIMS	All units to be registered by September 2013, Monthly reporting by the 5th of each month	JD BS SACS, M&EO SACS
14	Quarterly analysis of SIMS report from blood banks	July, October, January and April	JD BS SACS, M&EO SACS
15	Communication of feedback on correctness of data to concerned blood banks	By the end of first month of the quarter	JD BS SACS
16	Blood Requirement and Collection	3	JD BS SACS
17	District wise mapping of licensed and NACO supported blood banks in state	By April 2013	JD BS SACS
18	District wise mapping of the estimated numbers of hospital beds in primary, secondary and tertiary health care facilities	By April 2013	JD BS SACS
19	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
20	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
21	Voluntary Blood Donation	4	JD BS SACS
22	Conduction of voluntary blood donation camps as per need of the NACO supported blood banks	Ongoing	VBD consultant SACS
23	Identification and retention of cohort of donor motivators among the youth through Red Ribbon Clubs, NSS, corporate work places	Ongoing	VBD consultant SACS
24	Conduction of trainings on blood donor motivation for blood bank counsellors	Ongoing	VBD consultant SACS
25	Creating blood bank wise database of repeat voluntary blood donors classified according to blood groups	Ongoing	Counsellor at blood banks
26	Stepping up static voluntary blood donation by holding fortnightly/monthly blood donation day or alternate innovative strategies	Every month	Counsellor at blood banks
27	Counsellor in Blood Bank to send reminders to the repeat donors	Every month	Counsellor at blood banks
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 SRTC, VBD consultant, IEC division SACS
29	Development and replication of IEC material pertaining to promotion of voluntary blood donation	Within first quarter	VBD consultant SACS, IEC division SACS
30	Optimum utilization of Blood Mobile	5	SACS
31	Organize quarterly meeting of Incharges of Model Blood Bank and RBTC Incharges/ counsellors	In beginning of every quarter	Incharge Model Blood bank, JD BS SACS, Director SRTC
32	Preparation and submission of quarterly route plan for the blood mobile	In beginning of every quarter	Incharge Model Blood bank

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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	
75	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	
74	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
73	10		
72	Identification of training institutes for blood bank staff, donor motivators, national use of blood and blood bank counselors	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
71	Engagement with professional associations for training of clinicians in private sector on national blood use	Within first quarter	JD BS SACS
70	Creating 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
69	Preparation and dissemination of standardized training curricula	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
68	Organization of meeting of training institute and trainers at SACS	By first week of July 2013	SACS blood safety officers, Training institutes, Trainers
67	Approval of training plan and release of budget for training to the institutes	By second week of July 2013	SACS blood safety officers
66	Issuance of communications to all concerned for deputing trainees	By third week of July 2013	SACS blood safety officers
65	Transation and replication of training modules and related materials	By end of July 2013	SACS blood safety officers, IEC division SACS
64	Training roll out for blood bank staff, donor motivators and national blood use for clinicians	August to December 2013	Training institutes, trainers
63	Monitoring of trainings by experts/ SACS officers/ NACO officers	During trainings	Experts, SACS officers/ NACO officers
62	11		
61	Preparation and dissemination of standardized tool for supervision	By April 2013	NACO Blood Safety division
60	Preparation of Quarterly schedule for visits of core committee	By April 2013	SACS Blood Safety officers
59	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
58	Quarterly review meetings of the blood bank officers/ counselors of NACO supported blood banks	July, October, January and April	SACS Blood Safety officers
57	Submission of visit report by core committee	Within two weeks of conduction of visit	Core committee members
56	Issuance of communications regarding visit observations and recommendations	Within two weeks of conduction of visit	JD BS SACS, Quality Manager
55	Submission of action taken reports	Within two weeks of receipt of communication	Incharge of concerned blood banks
54	12		
53	Convergence with NRHM		
52	Quarterly meetings with the RCH officer	In April, July, October, January	JD BS SACS, Director S&TC, RCH officer
51	Listing of functional FRU with and without Blood Storage Centres	Within first quarter, review every quarter	
50	Preparation of linkage plan to cater to blood requirement of the FRU without Blood Storage Centres	Within first quarter, review every quarter	
49	Identification of underserved regions/ districts without blood banks and jointly plan for catering to the blood needs of the region	Within first quarter	
48	13		
47	Quarterly coordination meetings of SACS/ S&TC with Drug Control Department	In May, August, November	SACS blood safety officers
46	Quarterly meetings with the RCH officer	In April, July, October, January	
45	Meetings of governing body/ EC of SBTC	Atleast two meetings every year	
44	Meetings with trainers and training institutes	Atleast two meetings every year	
43	Meetings with blood bank incharges	Atleast two meetings every year	
42	Meetings with camp organizers	Atleast two meetings every year	

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Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14			
				Target	Achievement	Financial Allocation	Expenditure as on 1.4.12	Proposed	Allocation Rs. Lakh	Remarks	
GIA for ART Centres	Recurring	13.50	Salary	1	1	13.50	1	13.50	MO is deputed from health systems. Salary to be paid as per norm or strag. Salary should bear the salary.		
		0.50	Universal Work		1	0.50	0	0.50			
	1.50	Operational Costs		1	1.50	0	1.50				
	0.50	Operational cost for CDA		0	0.25	0	0.25	1 Partec			
	4.50	Renovation, Furnishing, Computer, TV, DVD		0	0	0	0.00				
	1.00	Infrastructure development installation		0	0	0	0.00				
	1.00	Registers & Cards, Signages,		1	0.50	1	1.00	As there are 2 LAC, additional budget of .5 Lakh being given			
	0.50	Trg. of MChs, Counsellors, Nurses, Pharmacists, Data Managers, LAC staff, Workshops etc.		1	1	1	2.00	As per training plan			
	0.0020	OT drugs & CPT as per guidelines @ Rs. 200/- episode	60	0.08	0.08	120	0.24	Pl submit procurement plan for OI drugs			
	0.15	Infrastructure development		1.51	1.51	0	0.00				
GIA to SACS for various activities	LAC	0.378	Rec- for TADA & oper. Costs, Stationery etc.		4		1.51	Link out of patients need to be done in Bomdilla & Aalo, Mid-term review will be done for these two sites.			
		0.96	HR for LAC Plus				0.00				
	3.84	HR for EID				0.00					
	1.00	Cost for EID lab (Operational Cost, Infrastructure development)				0.00					
	1.10	Salary of LT				0.00					
	As per SCM of testing	One time cost for ARV refurishment				0.00					
	Rs 10 lakh for high load states, 5 lakh for mid load drug transfers	Hiring of space & for		0	1	1.00					
	Regional coordinator	Remuneration & TADA				0.00					
	23.42	Personnel, Research, TADA & Oper. Costs, Training, consumables,				0.00					
	21.20	Personnel, Research, TADA & Oper. Costs, Training, consumables,				0.00					
Total GIA to SACS for CST	GIA for COE	23.1	Recurring								
	GIA for POE	24.1	Recurring								
	Commodity Assistance	Sub-component-II	Target	Achievement	Target	Achievement	Target	Achievement			
			170	138	170	138	170	138	Annual detection is 11 in 2012, 29 new registration during 2012. Accordingly target of 170 new registration has been set to clear backlog from previous year also.		
		PLHA on ART	Registered	140	138	170	138	170	All eligible should be initiated on ART		
		Alive & on ART	56	42	80	42	80	42	Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines		
		OI drugs	115	60	120	60	120	60	CD4 machine to be supplied by NACO.		
		CD4 Count Machines	1	1	0	1	0	0	Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new cases to be tested on registration		
		Tests	168	42	240	42	240	42			
		CD4 Kits	168	42	240	42	240	42			

3)

Arunachal Pradesh SACS CST : 2013-14

Sino	Indicator	Target Cumulative 2012-13	Target Achieved	Gap	Gap-Analysis	Proposed target for 13-14	Remarks
1	ART Centres	1	1		No gap found.	0	
2	LAC	4	2	2	Aalo & Bomdila have no patients till date. Link out of patients need to be done	0	
3	LAC Plus	0	0		No gap found.	0	
4	PLHIV registration in HIV care	141	136	96.45%	96.45% registered.	170	Annual detection is 11 in 2012. 29 new registration during 2012. Accordingly target of 170 new registration has been set to clear backlog from previous year also.
5	Alive and on ART	56	46	82%	will be able to achieve by March 2013.	80	All eligible should be initiated on ART
6	CD4 testing	168	72	43%	Currently only 43% of target is achieved on CD4 testing. CD4 machine was not working in the month of Aug 2012 and in Oct LT ART center went on medical leave for 40 days. There is gap of 31 % in those registered & underwent CD4 count	240	1. Tests to be done twice a year for all patients registered in HIV care (PRE-ART & on ART) 2. All new registered patients should undergo CD4 testing.
7	CD4 Machine	1	1		No gap found.	0	
8	OI treated	115	60	52%	Data till December 2012. Will be able to achieve 65% by March 2013	120	Based on OI's reported in 2012-13
9	ICTC ART linkages				no tracking system		Pregnant positive women: 100% HIV-TB co infected 100% General clients 90%. System for tracking all HIV positive general clients need to be developed through line listing and ensuring at least target 90% will be attained
10	Co-location of ICTC ART		1 out of 1		ART center and ICTC are co-located	0	
11	PPP - ART Centres						No PSUs
12	Sensitisation of Private practitioners on rational prescription of ART				As per SACS no pvt doctor practising HIV		Data will be collected on the GP and HIV consultants with the help of Arunachal Pradesh Doctors Association
13	Sensitisation of HCP on UWP/PEP				total 150 HCP trained in 1 batch	150 HCP in private sector. 50 doctors under health systems.	3 trainings comprising 50 participants will be held. FOGS/APDA & surgeons to be covered in four highly vulnerable districts ( Lohit, Papumpare, W. Siang & E. Siang
14	Financial Status	28.7	27.25	95 % expenditure		21.46	

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**Processes for implementation of 2013-14 activities**

**ARUNACHAL PRADESH**

Baseline: 1<sup>st</sup> April 2013

S.No.	Activity	Processes	Responsibilities	Timeline
1.	Setting up ART Centre	No new target		
2.	Co-location of ICTC/ART	Existing centre is co-located		
3.	Setting up PPP model ART centre	SACS denies the possibility of any PPP based new ART centre		
4	ICTC-ART linkages	Receiving line list from concerned ICTC by e-mail	ART centre counsellor	Every 15 days
		Sending feedback to ICTC centre by ART centre	ART centre counsellor	Every 15 days
		Monthly meeting between ICTC and concerned ART at district / regional level to be conducted for verifying data	DAFCU to co-ordinate. Dist ICTC Supp. MO-ART, ART Counselor, all concerned ICTC Counselors	1st week of every month
		SACS inter-divisional meeting with CST and BSD to be conducted every month after data analysis by BSD division of SACS	SACS CST, BSD	2nd week of every month
		Due verification of data sent by ART centres to ICTCs by CST at SACS	SACS CST	Monthly
		District level review meetings to be held at least once in a quarter	SACS CST, BSD	Quarterly
		SACS CST/ BSD to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring	SACS CST, BSD	Monthly
		ART centres with poor feedback to ICTCs to be identified and focused visits conducted to evaluate reasons for the same. Solutions to be provided.	RC	Quarterly
		ART centres with investigations and ART preparedness follow ups with investigations and ART preparedness	RC, SMO/MO - ART	Quarterly
		Emphasis on adequate and regular counselling, both for checkups/ follow ups with investigations and ART preparedness	ART centre Counsellor	Ongoing
Preparation of line list of patients eligible for ART but not started on it to be followed on phone & outreach visits	Line list prepared by Counselor. Phone calls by Care Co-ordinator, passed on to ORW at CCC	Ongoing		
Gap in those eligible & initiated on ART	Analysis reasons for the gap in performance of the ART Centre and to be investigated for further follow up during quarterly ART centre review meeting	RC, JD CST	Quarterly	

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Quarterly	SACS, CST, RC	Networking and Monitoring visits by SACS, CST officials, RC to ARTC centres with high gaps	
May 2018 (second fortnight)	SACS, CST, RC	Number to be identified for never trained, refresher training and type of health care provider	Training of health care providers in UAT & PIP
June	SACS, CST, (DD), RC	Number of batches to be trained to be finalized once total numbers are identified	Training of private providers on National ART regimen
May (first fortnight)	NAGO, CST	Curriculum to be standardized	
Once every Quarter	ART Nodal Officer & SMO, Co-ordinated by SACS, CST	Training of health care providers (Targeted Target= 150)	
3rd Quarter	RC, (D, CST, APD, PD)	Requirement of drugs and CTM kits for next FY to be assessed based on previous consumption, rise in number of patients in current year (and thus expected rise in next FY) and assessed previous backlog	
January		Send above information to ADG, CST by January	
Storage Space-			
		Storage is being done currently at the centre/ facility itself	
(ongoing)	Store Officer	Keep storage space available for receipt of supplies 4 days prior to schedule date for arrival of supplies	
(ongoing)	Store Officer	Receipt & Dispatch - CRC should be issued within 7 days of receipt of supplies	
		Transportation - Most cost effective and efficient means of transportation to be adopted	
		Drugs not being transported elsewhere since only single centre	
Physical Verification and Reporting -			
Weekly	MO-ART	MO-ART to physically verify stocks weekly and countersign in stock register	
Monthly	RC, APD	All supervisory cadres during field visits to facilities to physically verify stocks and countersign in stock register	
Monthly	PD SACS, (D, CST), Store Officer	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/analyzed	
Monthly	SACS, CST, Store Officer	Facility level / SACS level stock position should be reported to NACO by the 15th of every month	

SCM

Monthly	<p>Variance of more than 5% in drugs dispensed and stock consumption to be analyzed by RC -</p> <ol style="list-style-type: none"> <li>1. On 1<sup>st</sup> report of such variance, reasons for variance to be submitted to SACS for necessary action</li> <li>2. If variance on more than one occasion, Enquiry should be done by a committee formed by PD for providing a report to NACO for necessary action which should include persons identified responsible for the variance and recommendations</li> </ol>	<p>Based on reports from SACS analysis, visits to facility reporting stock excess/ shortage to be conducted and analysis done.</p> <p>Actions to be recommended-</p> <ul style="list-style-type: none"> <li>• If drugs near expiry found - Immediate relocation within state with co-ordination by SACS CST or (Logistics co-ordinator)</li> <li>• If shortage of drugs found (less than 3 months supply) - Immediate information to be given to NACO CST (LC) for further supply</li> </ul>	<p>JD CST, RC (visits)</p> <p>SACS CST, NACO CST</p> <p>SACS CST, NACO CST</p>	<p>Monthly</p>
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SI. No	Office Expenses	AAP 12-Expenditure	Exp for Feb & March	Total	Proposal for 2013-14	Approved
1	Building expenses			0		
2	Furniture Fixture	135631		135631	176000	1.00
3	Office Equipment	850357		850357	800000	2.00
4	Equipment maintenance	19926	200000	219926	400000	2.50
5	Vehicle maintenance	24517	200000	44517	750000	3.00
6	travelling expenses	956202	70000	1026202	1500000	15.00
7	Rent, Rates & taxes			0		0.00
8	Telephone/communication	85774	5000	90774	200000	2.00
9	bank charges	300		300	300	0.00
10	miscellaneous	512978	100000	612978	700000	3.00
11	printing & stationery	1004112	200000	1204112	1600000	12.00
12	Water and electricity	46518		46518	100000	1.00
13	Audit fee	500000	500000	511912	600000	6.00
14	legal expenses			0	200000	0.50
15	Postage and courier	22730		22730	100000	1.00
16	Other Administrative expenses	20360		20360	900000	2.00
16	Meeting expenses	0		0	100000	0.50
17	Training SACS/DAPCU	100000			200000	1.00
18	Advertisement	200000	30667	50000	200000	2.00
19	Trasortation	0	0	0	0	0.89
	<b>Total</b>	<b>3700000</b>	<b>3943004</b>	<b>1325000</b>	<b>5268004</b>	<b>8526300</b>

a. Salary DAPCU

S.No.	Name of the position	Type of Position	Salary	Pension Contribution	Leave Encashment	Yearly Total
	District Programme Manager	Regular	83176	85032	61100	1144244
2	M & E Assistant	Contractual	10000			120000
3	Accountant	Contractual	10000			120000
4	Assistant	Contractual	10000			120000

Total (For 1 Districts) As per enclosed list

b. Operation Cost (DAPCU)

	Unit cost	Yearly cost	Total Cost
1 Office Equipment			
2 Communication expenses	0.03	0.36	0.36
Stationery	0.025	0.3	0.3
Postage	0.01	0.12	0.12
Travel	0.2	2.4	2.4
Contingency	0.02	0.24	0.24
Total	0.285	3.42	3.42

SUMMARY

	By SACS	Approved
Salary sacs	183.89	166.94
Operational cost SACS	85.26	55.39
DAPACU Salary	15.04	15.04
Operational cost (DAPCU)	3.42	3.42
Grand Total	287.6100	240.79

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Arunachal Pradesh AAP 2013-2014 Budget Estimates for Strategic Information Management Unit																					
Sl. No.	Description	ICTC	FICTC	TI	CCC	STI (NGO TI)/DSRC	IEC	LS	BB	Time/line											
										Q1	Q2	Q3	Q4								
1	SIMS induction/Refresher Training*	6	3000	12	3000	4	3000	2	3000	0	37	43									
		12	3000	4	3000	1	3000	1	3000	0	22	34									
		4	3000	0	3000	1	3000	1	3000	0	23	27									
		2	3000	0	3000	1	3000	1	3000	0	1	1									
		0	3000	0	3000	1	3000	1	3000	0	17	19									
		0	3000	0	3000	1	3000	1	3000	0	1	1									
		0	3000	0	3000	1	3000	1	3000	0	1	1									
		6	3000	6	3000	6	3000	6	3000	6	12	18									
		Sub Total										144									
		1 Training @ 60,000/- & 4 Review Meeting @ 15,000/Meeting																			
2	DARCU training and review meeting																				
	Reports, publication and dissemination of Annual CIMIS bulletin and Surveillance																				
3	bulletin																				
	4 Analytical Report, 4 Qtrly CIMIS Report, 1 Annual CIMIS bulletin @ 1,00,000/- & 1																				
	Surv Report @ 1,75,000/-																				
4	M&E visit @ 10 days/month#																				
	To be Booked under "IS" in appropriate head																				
	Surveillance-Honorarium to sentinel site personnel, Surveillance-Honorarium to testing lab personnel, Surveillance-Supervision and field visits at SACS, Surveillance-Other																				
	Contingencies																				
5	HIV Sentinel Surveillance**																				
6	Computers and Internet connectivity																				
	1 Laptop for M&E Officer, Repairing & Procurement of Computers for 20 ICTCs, 7 BBs.																				
	Grand Total																				
	Note: * Training includes TA/DA, Accommodation and Venue costs, training kits, AV aids as per Training Norms																				
	# Monitoring & Supervision visits (10 days/month) should be included in institutional strengthening budget as per MACO norms.																				
	** For HIV sentinel Surveillance, 30% of HSS 2012-13 is towards spillover /follow-up actions of HSS 2012-13 such as: Payment of Honorarium, post-round meetings, site visits, report publication and dissemination and incidental support to activities.																				

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Arunachal Pradesh AAP 2013-2014 Budget Estimates for Strategic Information Management Unit

Sl. No	Description	No. of person remain to be trained			Estimated budget	
		Reporting Units	Unit Cost (Rs.)	Persons need to be trained Total		
1	SIMS Induction/Refresher Training*	ICTC	3000	37	129000	
		FICTC	3000	22	102000	
		TI	3000	23	81000	
		CCC	3000	0	3000	
		STI (NGO TI)/DSRC	3000	2	57000	
		IEC	3000	0	3000	
		LS	3000	0	3000	
		BB	3000	6	54000	
		<b>Sub Total</b>			144	432000
			1. Training @ 60,000/- & 4 Review Meeting @ 15,000/Meeting.			1200000
2	DAPCU training and review meeting			600000		
3	Reports, publication and dissemination of Annual CMIS bulletin and Surveillance bulletin					
4	M&E visit @ 10 days/month#					
5	HIV Sentinel Surveillance**			500000		
6	Computers and internet connectivity					
<b>Grand Total</b>				<b>1852000</b>		

Note: \* Training includes TA/DA, Accommodation and Venue costs, training kits, AV aids as per Training Norms  
 # Monitoring & Supervision visits (10 days/month) should be included in institutional strengthening budget as per NACO norms  
 \*\* For HIV Sentinel Surveillance, 30% of HSS 2012-13 is towards spillover /follow-up actions of HSS 2012-13 such as: Payment of Honorarium, post-round meetings, site visits, report publication and dissemination and incidental support to IBBS activities

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Process Indicator	Activities	Time Line	Responsible Person
Monitoring and Evaluation		As per timeline prescribed in AAP	MEO
SIMS training	As per the quarterly plan. All personnel should be trained		MEO
SIMS reporting	90% or more in all component	By end of 1st Quarter	MEO
Data quality	Aggregated monthly data from reporting units, district and state level should be verified by cross-checking three months data of Key Indicators (2-5 indicators) of each component		SE/MEO
Data analysis and Report publication	Quarterly SIMS bulletin/factsheet	By end of every Quareter	DD (MES)/SE/MEO/SO
	Annual SIMS Report	In Fourth Quarter	DD (MES)/SE/MEO/SO
	All non-reporting/laggard reporting units to be visited	In First Quarter	DD (MES)/SE/MEO
	All other reporting units to be visited in Subsequent quarters (15 RU's per month by SIMU Team @ 2 RU's per visit day)		DD (MES)/SE/MEO
M&E visit	Onsite Training to be provided during field visits	Every Field Visit	DD (MES)/SE/MEO
Filling up Vacancy posts	Filling up of all vacancy position in SIMU	In First Quarter	Project Director
Surveillance			
HSS 2010-11 Publications	i) In-depth analysis and state report for HSS 2010-11	April- June 2013	DD (MES)/SE/MEO
HSS 2012-13 Publications	ii) Preliminary analysis and state bulletin for HSS 2012-13	By August 2013	DD (MES)/SE/MEO
	iii) Sharing of district wise HRG Information with Hot spots	By April 2013	DD (MES)/SE/MEO
IBBS-PSA	iv) Facilitation, Monitoring and Supervision of IBBS PSA in select domain	June-August 2013	DD (MES)/SE/MEO
Roll out of IBBS	v) Monitoring and Supervision of IBBS Field Work	September'13-January 2014	DD (MES)/SE/MEO