

T-11017/11/2013-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,  
Dadra & Nagar Haveli 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. 179.77 Lakh. (Rupees One Crores Seventy Nine Lakh and Seventy Seven Thousand only) as per table given below:

Component	DBS	Pool fund	GF	Total
<b>Prevention</b>				
Targeted Intervention		57.81		57.81
Sexually Transmitted Infections	2.22			2.22
Blood Transfusion Services	12.45			12.45
Information, Education & Communication	20.30			20.30
Link Workers Scheme	0.00		0.00	0.00
ICTC/PPTCT/HIV-TB	2.29		5.33	7.62
Sub-Total	37.26	57.81	5.33	100.40
<b>Care, Support &amp; Treatment</b>	0.63			0.63
Institutional Strengthening & Project Management	78.00			78.00
Strategic Information Management System	0.74			0.74
<b>Grand Total</b>	<b>116.63</b>	<b>57.81</b>	<b>5.33</b>	<b>179.77</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:
- Procurement under various Global Fund Rounds as per World Bank Procurement Guidelines;
  - Procurement under DBS to be made as per General Financial Rules-2005 as amended from time to time;
  - 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

Targeted Interventions

UT of Dabra & Nagar (New)

YEAR

2013-14

22/3

1

Sub-Component	Cost Head	Unit cost in Lakh (Range)	Items/Activities	TI Achievement (2012-13)		TI Targets (2013-14)		Allocation (Rs. in Lakhs)
				Target	Achievement during the year	Target	Achievement during the year	
1.1 SW	Grants Projects	8 to 25 Akr	Cost for basic infrastructure	0	0	0	0	0.00
1.2 VSV	Grants Projects	25000 Akr	Infrastructure	0	0	0	0	0.00
1.3 Du	Grants Projects	25000 Akr	Infrastructure	0	0	0	0	0.00
1.4 G.H.Ja	Grants Projects	25000 Akr	Infrastructure	0	0	0	0	0.00
1.5 Core Composite	Grants Projects	25000 Akr	Infrastructure	0	0	0	0	0.00
1.6 Village (Source)	Grants Projects	25000 Akr	Infrastructure	1	1	1	1	8.98
1.7 Village (Dest)	Grants Projects	25000 Akr	Infrastructure	0	0	0	0	0.00
1.8 Village (Dest)	Grants Projects	25000 Akr	Infrastructure	2	0	0	0	0.00
1.9 Parks	Grants Projects	25000 Akr	Infrastructure	1	0	0	0	24.64
<b>Total</b>				<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48.79</b>
1.9 A. A. J. Ja. Ja. Ja.	Grants Projects	8 to 25 Akr	Cost for basic infrastructure	0	0	0	0	6.81
1.2 OS Service maintenance	Grants Projects	25000 Akr	Infrastructure	0	0	0	0	1.20
1.2 Service projects	Grants Projects	25000 Akr	Infrastructure	0	0	0	0	0.00
1.3 Any other	Grants Projects	25000 Akr	Infrastructure	0	0	0	0	1.00
<b>TOTAL (Rs. in Lakhs)</b>								<b>57.81</b>

Detailed guidelines on Employer Led Models would be issued by NACO

Core Population	Less than 500		500-799		800-999		1000 and above		Total TIS	Target coverage
	Old	New	Old	New	Old	New	Old	New		
FSW	0	0	0	0	0	0	0	0	0	0
MSM	0	0	0	0	0	0	0	0	0	0
TG/Hija	0	0	0	0	0	0	0	0	0	0
IDU	0	0	0	0	0	0	0	0	0	0
OST	0	0	0	0	0	0	0	0	0	0
Core Composite	0	0	0	0	0	0	0	0	0	0
Bridge Population Migrant (Dest)	0	0	0	0	0	0	0	0	0	0
Trucker	0	0	0	0	0	0	0	0	0	0
Migrant (Source)	0	0	0	0	0	0	0	0	0	0

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Targeted Interventions

UT of Dadra & Nagar Haveli

YEAR

2013-14

22/3 (2)

Unit costing for TIs (In case of new TIs there is standardised deduction on specific heads, please refer to the costing annexures)

NGO/CBO LED Interventions

Core Population	Less than 500	500-799	800-999	1000-1499	1500 and above
FSW	9.82	8.97	11.39	10.54	13.89
MSM	9.9	9.05	11.52	10.67	14.06
TG/H/ra	150-299	300-499	500-699	700 and above	
IDU	14.62	13.72	15.62	14.72	17.00

OST CENTER (GOVT)

	Less than 400	400-899	700-999	1000-1499	1500 and above
Core Composite	11.24	10.78	13.45	13.00	15.45
Bridge Population	5001-9999	10000-11999	12000 and above		
Migrant (Dest.)	8.77	8.22	12.87	12.32	15.95
Trucker	5000-9999	10000-29999	30000 and above		
Migrant (Source) per district	8.13	7.73	16.57	15.17	30.99
	13.67	13.05	14.62	14.07	16.07

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

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

NGO and CBO Led	FSW						MSM						Core Composite						Migrants (Source)												
	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Unit cost for training per person per day (Rs. in Lakh)

Unit cost per TI for evaluation (Rs. in Lakh)

Unit cost per TI for JAT visit (Rs. in Lakh)

Unit cost per OST feasibility assessment

0.01

0.23

0.39

0.30

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## Annual Action Plan 2013-14 (State AIDS Control Societies ) UT of DNH

(Rs. in lakhs)

1.2	Sub-Component	Information, Education & Communication	Unit Cost **	Achievement Target	Achievement	Targets (2013-14) Existing as on 31.12.2012	New	Allocation in Rs. (in lakhs)
1.2.1	Mass Media	TV TV Spots Long format TV Programs Radio Audio Spots/10 seconds Long format Radio programs (30 mts/15 mts duration)						
	Sub-total							0.00
1.2.3	IEC material production, replication	Booklet, stickers, folder, banner, poster, pamphlet, etc.	Rs 16650 for truckers IEC					3.63
	Sub Total							3.63
1.2.4	Outdoor	Permanent Hoardings at Strategic locations Rented Hoarding at Strategic locations						0
	Sub Total			10	10	0	10	1
1.2.5	Mid-Media	Hiring of IEC Vans Folk Shows Folk training Review and monitoring	@4.5 lacks for 8 month 3000 30000 25000					4.50 3.00 0.30 0.25
	Sub Total							8.05
1.2.6	Events	WAD, IDA, Youth ady, Woman day	@12000/- per event					0.72
1.2.9	Youth Program Adolescence Education Programme RRCs	Advocacy with Students, teachers	1000/- per school Rs 4000 for old RRC					0.26 0.12
	Sub Total			3	2	3	3	0.38
1.2.11	Mainstreaming & Advocacy							
	Advocacy							0.39
	Mainstreaming training plan *	Training will be provided to the various departments:	As per NACO Training norms					6.13
	Sub-total						1030	6.52
	Grand Total							20.30

\* Please fill up the attached training plan and submit the same with the AAP 2012-13

\*\* For radio and TV spots, unit cost may be calculated and indicated in the plan for every 10 second spot wise

Note: IEC officers of the respective SACS have to take the telecast and broadcast rates of Doordarshan and All India Radio.

After the AAP meetings, the IEC plans discussed there at for each state have been further discussed with the concerned SACS by concerned IEC officer of NACO, who has been assigned to coordinate with the states. Shri. Rajesh Rana, AD(Medial) has also been coordinating the whole exercise with States for IEC and Ms. Elizabeth T.(IMS) and her team for the mainstreaming. Further consultations have also been held with Additional Secretary, Department of AIDS Control on these issues. The finalized AAP for the state after this whole process is as above Rate for various items have also been indicated and they are to be either DAVP rate, Directorate of Information and Public Relations rates or those decided by due process under General financial rules.

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K. Arjuna Prasad  
JD(IEC)

DNH				
S.No	Cost Head	Physical target	Time Line	Process Indicators
1	Mass Media			
2	IEC material production, replication		<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. 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, short listing, 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 centers/NGOs)</li> <li>8. Monitoring of use by service centers/NGOs</li> </ol>
3	Outdoor			
	Permanent Hoardings at Strategic locations	0		
	Rented Hoarding at Strategic locations	10	<ol style="list-style-type: none"> <li>1. May Wk1</li> <li>2. May Wk2</li> <li>3. May Wk3</li> <li>4. May Wk2-4</li> <li>5. Staggered</li> <li>6. Ongoing</li> <li>7. Periodic</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. approval of selection as per DAVP/State RC vendor(s)</li> <li>7. Work order</li> <li>8. Monitoring plan</li> <li>9. Implementation</li> </ol>
4	Mid-Media			
	Hiring of 1 IEC Vans	1	<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>
	Folk Shows Folk training Review and monitoring	100	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk1</li> <li>3. April 2-3</li> <li>4. As planned</li> <li>5. As per plan</li> <li>6. Ongoing (Q1, 3&amp;4)</li> </ol>	<ol style="list-style-type: none"> <li>1 Contact Existing folk troops</li> <li>2. identify new folk troops</li> <li>3. Orientation workshop</li> <li>4 prepare time line for folk performances,</li> <li>5sharing of time line with folk troops and district team.</li> <li>6Conduct performances and</li> </ol>

*DDA*

			7. End of campaign	7 Monitoring
5	Events WAD, IDA, Youth ady, Woman day	6	1. April Wk1 2. April Wk2 3. Depending on calendar 4. As per calendar 5. As per calendar Soon after events	1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (event-wise) and sharing with districts 3. Disbursement of funds to districts 4. Monitoring of activities at districts 5. Documentation, district-wise 6. Gathering of SOE
6	Youth Program			
	Adolescence Education Programme	26	1. April Wk3 2. May - June 3. August Wk 2 4. Sept Wk 2 - Oct Wk2 5. As per training schedule	1. Fund release to GCERT 2. School Level Activities start 3. School level Activities
	RRCs	3	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 along with guidelines 5. Calendar of activities 6. Monitoring of activities 7. Documentation
7	Mainstreaming & Advocacy			
	Advocacy			
	Mainstreaming training plan *	1030	1. April Wk1 2. April Wk2 3. April Wk2 4. April Wk3 5. April Wk4 6. May Wk2 7. May Wk4 onwards 8. Along trainings 9. All trainings 10. All trainings	1. Listing of categories of trainees 2. Gathering the universe of trainees 3. Information of coverage so far 4. Development of training calendar 5. Identification of training agencies 6. Training of trainers 7. Execution of trainings 8. Detailing of follow up activities 9. Monitoring 10. Documentation of All trainings as per calendar

*Dr Rao*



S.No.	Sub-Component 1	Cost head	Unit Cost (lakh)	Item/ activities	Targets 2013-14		RCC Round 2	Allocation (Rs. in Lakhs)	Remarks
					As on 01.04.2013	New			
1.3.1	Existing Facilities				3				
1.3.1.1	HR for Counselors and LTs	Recurring	2.4	Salary including TA/DA for Existing in-place Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	1	0	0	2.88	Additional allocation of 0.48 lakhs made as average salary is 12000 per month per staff
1.3.1.2	HR for Supervisors	Recurring	1.68	Salary including TA/DA for Additional Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	0.5	0	0	1.20	1 Additional counselor at ICTC due to high load
1.3.1.3	Mobile ICTC	Recurring	5.55	Running cost of whole unit including salary of counselors and lab tech at Rs 9000 average per month for 12 months	0	0	0	0.00	
1.3.1.4	HR for SACS team for Basic Services	Recurring		Salary & TA/DA for SACS staff under RCC Round 2 (Staff in High Prevalence States: HIV-TB Consultant, Male PPTCT, Data Analyst, Secretarial Assistant, Finance Officer)	0	0	0	0.00	
1.3.2	Establishment of New ICTCs							4.08	
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 60000 per new stand alone ICTC	1	0	0	0.60	
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	0	0	0	0.00	
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none	0	0	6	0.00	
1.3.2.4	PPP ICTCs	Non recurring	0	none	0	2	2	0.00	
1.3.3	Trainings							0.00	
1.3.3.1	Training	Recurring		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 / ICTC / 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 STLS in whole blood screening 5) Any other training	1.75	0	0	1.75	As per Training Plan
1.3.4	Procurement of Equipment							1.75	
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6	Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc	0	0	0	0.60	Procurement of Refrigerator, TV/DVD, Centrifuge and Needle destroyer not approved in current
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipment/ maintenance/ AMC/ Insurance of equipment bikes etc	1	0	0	0.05	
1.3.5	Consumables							0.40	
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Safe delivery kits, neoprene and syringe needles, printing of reporting forms, internet and other misc exp	1	0	0	0.40	No procurement for PPP ICTC
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC: Safe delivery kits, printing of forms and other misc exp at the center	0	0	0	0.40	
1.3.6	Monitoring and Supervision / Review meetings							1.50	
1.3.6.1	Review meeting for Supervisors (monthly @ Rs 1000/person)	Recurring	0.01	review meetings	0	0	0	0.40	
1.3.6.2	Review meeting for counselors/MO (Quarterly @ Rs 1500/person)	Recurring	0.015	review meetings	1	0	0	0.60	
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	1	0	0	0.10	
1.3.7	SRL							0.16	
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	0	0	0	0.40	
1.3.8	Additional Allocation							0.00	
1.3.8.1	For Co-location of facilities	Non recurring	Lumpsum	Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities i.e ART/ICTC/STI	-	-	-	0.00	
1.3.8.2	For PPP ICTC Involvement	Non recurring	Lumpsum	A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals i.e Nursing Homes, Corporate Hospitals into NACP. B) Involvement of professional bodies like FOGSI, IMA, IADVL, IAP, etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employer model meetings for which separate budgetary allocation is made	-	2	0.60	0.60	
1.3	Grand Total							7.99	

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Physical Targets for Dadra n Nagar Haveli for 2013-14

1.3	Establishment of New ICTC in the year 2012-13	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14
1	Stand Alone ICTCs	1	0	0	0
2	Mobile ICTCs	0	0	0	0
3	Facility Integrated ICTCs	0	6	0	6
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	0	0	2	2
5	PPP ICTCs in Private Sector Industries	0	0	0	0
6	PPP ICTCs in Public Sector Industries	0	0	0	0
	Colocation of Facilities	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14
1	Medical College Level	0 out of 0	0	0	0
2	District Hospital Level	0 out of 0	0	0	0
3	Sub District Level	0 out of 0	0	0	0
	Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Base of Target
1	Testing for General clients	6500	5569	6500	
2	HRG testing	NA	NA	500	Two time testing in 100% of HRG covered by TI
3	Bridge population testing	NA	NA	750	30% migrants and 15% truckers
4	STI Clinic In-referrals testing			1000	
5	Out Referrals from to STI	1000	411	774	100% DSRC attendees
6	HIV-TB Cross referral	700	279	700	80% of TB patients and 5% of ICTC clients (Non-ANC)
7	HIV/TB coinfection to be detected	15	4	15	80% of HIV infected TB notified cases
8	Testing for ANC	7000	4879	7500	90% of the estimated pregnancies
9	Detection of HIV+ve pregnant women	8	7	10	100% of estimated positive pregnancies

\* Achievement upto December 2012

Linkage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition	
1	ICTC to ART (GC)	NA	77%	90%	HIV +ve general clients to be linked to ART centres
2	PPCT to ART	NA	42%	100%	HIV +ve pregnant women to be linked to ART centres
3	TI to ICTC	NA	NA	NA	HRGs referred from TI reaching ICTC
4	STI to ICTC	NA	41%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics
5	TB to ICTC	NA	60%	80%	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	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	1	12	800.00	9,600.00				
		Lab-Tech	0	5	800.00	-				
2	Refresher ( Stand alone ( Inc. Mobile)	Counselor	1	5	800.00	4,000.00				
		Lab-Tech	1	5	800.00	4,000.00				
3	Induction (FI- ICTC +PPP )	Staff nurse (FI ICTC)	14	5	800.00	56,000.00				
		Lab Technician	14	5	800.00	56,000.00				
4	Refresher (FI- ICTC +PPP )	Staff nurse (FI ICTC)	0	3	800.00	-				
		Lab Technician	0	5	800.00	-				
5	Induction/ Refresher	District supervisor		5	800.00	-				
		Full site Sensin. Dist. Hosp		1	10,000.00	-				
6	Sensitization (No facilities to be mentioned)	Full site Sensin SDH/RH		1	5,000.00	-				
		ICTC Counselor	1	1	300.00	300.00				
		Medical Officer	20	2	400.00	16,000.00				
		District ICTC supervisor		1	300.00	-				
		MO-TC/MO-ICTC	2	1	300.00	600.00				
		ART MO		1	300.00	-				
7	HIV-TB training	RNTCP STS/STLS	1	1	300.00	300.00				
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	2	1	300.00	600.00				
		Counselor		2	800.00	-				
		Medical Officer		3	800.00	-				
		District supervisor		2	800.00	-				
8	Multi Drug Regimen Training for PPTCT	MO ARTCs		3	800.00	-				
		Others (Medical 3 days / Para medical 2 days)		3	800.00	-				
		ANM	0	2	400.00	-				
		Labour Room Nurse	20	2	400.00	16,000.00				
9	Training on whole blood screening	DMC LT (RNTCP)	0	2	400.00	-				
		STLS	0	2	400.00	-				
		MO	0	3	800.00	-				
		Lab-Tech	0	3	800.00	-				
10	ICTC Team Training	Nurse	0	3	800.00	-				
		Counselor	0	3	800.00	-				
11	Other (Specify)				400.00	-				
<b>Total</b>						<b>163,400.00</b>				

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Process Indicators - BSD

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

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

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Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
STI Linkages	<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 STI</li> <li>• Co-ordination and Tracking system for STI DSRC Clients</li> </ul>	1st Qtr - April 2013	Direct: SACS BSD / STI Monitoring: APD / PD SACS
	a) SACS BSD/STI to issue office order to all ICTCs and DSRCs for single window approach for HIV testing and Syphilis testing		SACS BSD / STI
	b) SACS BSD/STI to ensure trainings for STI testing is included in all ICTC/UT training.	Ongoing	STI Counselor
	c) Referral of STI clients by DSRC using referral slips / accompanied referrals to ICTC	Every Referral	
	d) Completion of referrals made to ICTC against each referral every 15 days	Every 15 days	
	e) Meeting of DSRC Counselor with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	STI Counselor / ICTC Counselor
	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	Monthly	
	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	Monthly	Direct: STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU
	ICTC: In-referrals from STI and out referrals from ICTC to STI	Monthly	
	STI: In-referrals from ICTC and out referrals from STI to ICTC	Monthly	
	h) The same should be verified / validated by DAPCU on a monthly basis	Monthly	
	i) Individual STI clients tested has to be extracted from the compiled line list generated from the referrals with STI-ID and the reached with PID	Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
j) This individual tracking and reconciliation of ICTC and STI CMIS/SIMS data should be done by DAPCU every month during review meeting between STI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS STI in the 1st week of every month	Monthly		
k) SACS officers to participate in district level review meetings at least once in quarter every district	Quarterly	Direct: SACS BSD / STI Monitoring: PG/APD SACS	
l) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS STI has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / STI Monitoring: APD / PG SACS	
m) After due verification by at SACS, STI and BSD to share analyzed / verified / completed line list with MACO by 15th of every month	Monthly		
n) SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	Direct: SACS BSD / STI Monitoring: PG/APD SACS	
o) The SACS BSD / STI should analyze the positivity yield out of the referrals made by STI as compared to prevalence rates for the group / state average and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly		

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Indicators	Recommended Action - HIV-TB Collaborative activities	Timeline	Person Responsible
HIV-TB coordinations	HIV-TB coordination /working group meetings at State level	Every quarter	Direct: SACS BSD, State TB officer, State TB/HIV supervisor Monitoring: PD / APD SACS
	HIV-TB coordination meetings at District level	Every quarter	Direct: DAPCU officer/DNO and District TB Officer Monitoring: State TB Officer, State TB/HIV Supervisor, SACS BSD
Early detection of HIV infected TB patients	Monthly meeting between the staff of NACP and RNTCP	Every month	Direct: DAPCU officer/DNO and District TB Officer Monitoring: State TB Officer, State TB/HIV Supervisor, SACS BSD
	Establishment of F-U/CTC /HIV screening facilities at 280% RNTCP DMC	2nd quarter 2013	DAPCU officer/DNO and District TB Officer
	Implementation and reporting of ICF activities at 100% Stand Alone CTC	Every month	DAPCU officer/DNO and District TB Officer
	Implementation and reporting of ICF activities at 100% ART centres	Every month	DAPCU officer/DNO and District TB Officer
	TB-Unit wise monitoring of HIV testing of TB patients	Every month	DAPCU officer/DNO and District TB Officer
	Enlisting of all HIV infected TB patients	Every month	Direct: ICTC Counselor / RNTCP STS Monitoring: DAPCU officer/DNO and District TB Officer
Linkage of HIV infected TB patients to ART	TB-Unit wise tracking of HIV infected TB patients in monthly coordination meeting	Every month	Direct: ART Centre Staff Nurse / MO Monitoring: DAPCU officer/DNO and District TB Officer/ District DRTB/HIV supervisors
	Feedback on enrollment at ART centres by ART centre staff in monthly HIV/TB coordination meeting	Every month	Direct: ART Centre Staff Nurse / MO Monitoring: DAPCU officer/DNO and District TB Officer/ District DRTB/HIV supervisors
Early initiation of ART among HIV infected TB patients	Monitoring of completeness of HIV/TB register at ART centre including HIV/TB cases detected both by NACP and RNTCP	Every month	Direct: ART Centre Staff Nurse / MO Monitoring: DAPCU officer/DNO and District TB Officer/ District DRTB/HIV supervisors
	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 - HRG linkages	Timeline	Person Responsible
Linkage with HRGs	*The programme will ensure, tracking of individual HRGs and ensure 100% of core group HRGs are tested twice in the year, 30% of migrants are tested once in a year and 15% of truckers are tested once in a year		
	Co-ordination and Tracking system for TI Clients	Every referral	TI ORWs, PE, TI Counselor
	a) Referral of TI clients by TI outreach system using referral slip:	Every 15 days	TI ORWs, TI Counselor, PM
	b) Completion of referrals made to ICTC with Unique ID of TI against each referral every 15 days	Every 15 days	Direct: TI DRWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC Sup, PO-TI TSU
	c) Meeting of TI with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	ICTC Counselor,
	d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI.	Monthly	Direct: ICTC Counselor, TI Counselor, TI M&E, Monitoring: Dist ICTC Sup, PO-TI TSU
	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	Monthly	Dist ICTC Sup, DAPCU, PO TI TSU
	f) The same should be verified / validated by DAPCU / PO - TI TSU on a monthly basis	Monthly	Direct: TI Counselor, M&E, PM, Monitoring: PO TI TSU
	g) Individual HRGs tested has to be extracted from the compile line list generated from the referrals with UID and the reached with PID	Monthly	Monitoring: PO TI TSU
	h) This individual tracking and reconciliation of ICTC and TI CMIS/SIMS data should be done by DAPCU every month during review meeting between TI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS TI / PO-TSU in the 1st week of every month	Monthly	Direct: Dist ICTC Sup, DAPCU, Monitoring: PO TI TSU, SACS TI, SACS BSD
	i) SACS /TSU officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD / SACS TI / TSU
	j) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS TI / SACS TSU has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PD SACS
k) After due verification by at SACS, TI and BSD to share analyzed / verified / completed line list with NACCO by 15th of every month	Monthly	SACS BSD / SACS TI	
l) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	Direct: SACS BSD / SACS TI / TSU	
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	Monthly	Monitoring: APD / PD SACS	

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Indicators	Recommended Action - Co-location of Facilities	Timeline	Person Responsible
Colocation 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	a) Assessment of existing ART Centres, ICTC and STI Clinics in health care facilities on physical locations and service linkages status	April	Direct: DAPCU, SACS BSD, CST, STI, Monitoring: RC - CST, APD, PD SACS
b) Identification of facilities as per AAP target for co-location	b) Identification of facilities as per AAP target for co-location	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 Modal Officer, DAPCU, DACO, Facility staff and other stakeholders) for development of time bound road map for co-location	c) Meetings to be conducted between SACS BSD/CST/STI with Health Facility (Dean, Med Sup, CMHO, ART Modal Officer, DAPCU, DACO, Facility staff and other stakeholders) for development of time bound road map for co-location	April	Direct: SACS BSD, CST, STI, Monitoring: RC - CST, APD, PD
d) Issuing of necessary Govt Orders by DHS, DMER, PD SACS, etc	d) Issuing of necessary Govt Orders by DHS, DMER, PD SACS, etc	May	Direct: DAPCU, MO-ICTC, MO-STI, MO-ART
e) Ensuring action on office order is issued and processing plan for relocation of facilities	e) Ensuring action on office order is issued and processing plan for relocation of facilities	May	Monitoring: SACS BSD, CST, STI
f) Monitoring visit by SACS/DHS/DMER for timely follow-up and timely completion of re-location plan	f) Monitoring visit by SACS/DHS/DMER for timely follow-up and timely completion of re-location plan	May	Direct: SACS BSD, CST, STI, Monitoring: APD / PD SACS
g) Review meeting to be conducted by PD SACS, DMER, DHS on progress incurr	g) Review meeting to be conducted by PD SACS, DMER, DHS on progress incurr	June / July	Direct: SACS BSD, CST, STI, RC - CST, Monitoring: APD / PD SACS
h) Follow -up visits by SACS	h) Follow -up visits by SACS	June / July	SACS BSD, CST, STI
i) Progress of Activities to be reported to NACG every month	i) Progress of Activities to be reported to NACG 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 CTCs		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 Monitoring: APD / PD SACS
e) Dispatch plan should be made ready by programme division 3 weeks 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 / counter to dispatch supplies directly to ICTCs	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
d) Regional / District level walk in coolers to be used for storing stocks for the respective region and further distribution should be made to the linked ICTCs by using health system cold chain vehicle or physical pick up by ICTC staff using cold boxes		Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities			
Physical Verification and Reporting	a) MO-ICTC to physically verify stocks daily and countercheck in stock register b) All supervisors carries during field visits to facilities to physically verify stocks at ICTCs for all commodities and countercheck to stock register	Daily	MO-ICTC, ICTC LT
a) ICTC LIs to physically verify stocks available, stock register, lab register for tests performed and then prepare monthly CMS/STMS report for lab component of ICTC		Monthly	ICTC LT, MO-ICTC
c) TO-SRLs and District ICTC Supervisors / DAPCU to physically verify stocks for all commodities at ICTCs during supervisory visits		Monthly	TO-SRLs, Dist ICTC Sup/ DAPCU
d) Variance in tests performed and stock consumption to be analyzed facility wise by DAPCU / ICTC Supervisor and reasons for variance submitted to SACS for necessary action		Monthly	Dist ICTC Sup/ DAPCU
e) Based on reports from DAPCU / SACS BSD Analysis, if there is more than 10% variance in any centre / facility reported, then visits to facilities reporting variances to be conducted by a team constituted by PD / APD SACS.		Ongoing	SACS BSD / SACS CST, APD / PD SACS
Appropriate administrative action should be taken by APD/PD SACS based on reports		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	PD SACS, BSD, Stores Officer, Quality Manager
g) During this review meeting, - Assessment of stock positions at facility level / SACS level stock position for every commodity should be done based on stock available and consumption pattern - Action should be taken if more than permissible variances reported by any facilities - Relocation between districts / facilities, Dispatch plan, Transportation plan should be made - Assessment of near expiry drugs/lots 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 analyzed 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	a) Maintenance of PPTCT Line list by ICTC	Monthly	ICTC counsellor
	b) Sharing of line list with concerned ART centre/s by email every 15 days	Every 15 days	ICTC Counsellor
	c) Obtaining feedback of triphasic referral and Line list by concerned ART centre / s every 15 days	Every 15 days	
	e) Completion of line list at the ICTC level by Counselor at 15 days and at the end of the month	Monthly	ICTC Counselor / ART Counselor
	d) Sharing completed / compiled line list with full details to DAPCU / SACS BSI	Monthly	ICTC Counsellor/ DPM/DIS/District Nodal Officer
	e) Monthly meeting between ICTC and concerned ART centre and other stakeholder/NRHV 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 BSI every month by 10th	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counsellors
	g) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Direct: SACS BSI, CST
	h) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data	Quarterly	Monitoring: PD/APD SACS
	i) SACS to share analyzed / verified / completed line list with NACCO by 15th of every month	Monthly	Direct: SACS BSI, CST Monitoring: PD/APD SACS
Roll-out of Multi drug regimen (applicable Only where the new regimen program is rolled out by NACO)	j) BSD at SACS to share analyzed / verified / completed line list with NACCO by 15th of every month	End of yr	SACS BSI
	Co-location of Testing sites (ICTC-2) and Doba & Gyase 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.	Quarterly basis	PD SACS, APD, JD (BSI), Consultant PPTCT, DO/AD (BSI/CST), JD (M&E), KC (CST)
	Review at SACS level, identification of priority districts/sites and specific action plan	As per roll-out plan	PD SACS), APD (SACS), JD (BSI), Consultant PPTCT, DO/AD (BSI/CST), JD (M&E), KC (CST)
	Induction training for All NACP-NRHV functionaries involved in PPTCT service delivery and program monitoring	From second year of roll out	
	Refresher training for service providers as well out reach worker involved in PPTCT client follow-up under NACP & NRHM	On going	DPM/District Nodal Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	On-going sensitization during monthly meeting	In process	DDG (BSI), NPO (PPTCT), PO (Counseling), Training Instructors
	Inclusion of PPTCT new regimen component under basic training module for counselor/SW/MO in NACP & NRHM and ILES ORWS	On monthly basis	APD (SACS), JD (BSI), Consultant PPTCT, DO/AD (BSI/CST)
	Visits to high load sites and on-site mentoring	Monthly	DPM/District Nodal Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	Line list compilation and validation at district level	On-going	ART centre MO/counsellor and ICTC counsellor/ILSS ORWS
	Out-reach and Client tracking		

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8. Total Budget for STI/RTI services for Dadra Nagar & Haveli SACS FY 2013-14

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	no of centres	Minor Refurbishment for Audiovisual privacy, Computer	0	
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	no. of counsellor	Counselor salary	1.32	
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	no. of DSRC and no of districts	Training of trainers, Induction or Refresher training for DSRC service providers, TI STI doctors as per operational guidelines	0.45	
1.4.4	Procurement	Recurring	25000 per centre	no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	0.25	
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	no. of DSRC and no. of districts	TA/DA/ documentation and communication cost to supervisory team, review meetings, TA/DA for outreach by DSRC counselors	0.2	
1.4.6	Private sector partnership	Recurring					
1.4.7	Regional STD labs Existing	Recurring		no of Regional centres	Grant for existing Regional Centers ( Human Resource, Training, Kits and consumables, Stationery and Contingency, Supportive Supervision and Operational Research)	0	
1.4.8	State Reference Centres	Recurring					
						<b>2.22</b>	✓

1	STI/RTI episodes to be managed by Designated STI clinics	1248
2	STI/RTI episodes to be managed by TI-NGOs	650
3	STI/RTI episodes to be managed by Private sector	250
4	Total target of STI/RTI episodes for SACS	2148
5	STI/RTI episodes to be managed by NRHM	2148

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

1	Colour coded drug kits for Designated STI clinics and TI NGO	1395
2	RPR Test kits	120 Boxes of 100 tests each

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Review of Annual Action Plan 2012-13 and Proposal 2013-14

Process Indicator 2013-14

Name of State: Dadar Nagar Haveli SACS

Sr. No	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target achievement at TI NGOs	1. Establish good linkages with Gyne and obs clinic, CTC 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 to be established. 4. Referral linkages with TI	Counsellor of STI Clinic, Incharge of DSRC, DD STI	Ongoing
2	Partnering with PSU/Private sector	1. 15 providers offering services to employees of industries to be enlisted. 2. Meeting with Industries association 3. Fifteen doctors to be trained on syndromic case management 4. All units to report in SIMS format	DD STI, and State Industries Focal Person	Enlisting of private providers to be completed by March 30 2013. Training to be completed by June 2013
3	Training	1. Training plan to be made and shared with other division. All participants to be informed in advance about venue and dates of training. All Training to be completed by end of 2nd quarter. 2. Training load to be calculated both for induction and refresher, batch size, number of batches, where it will be done to be specified. 3. All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. 4. All commodities supplied by the programme must be monitored	DD STI and STI Resource Faculties	Incomplete training of current year to be finished by 15th March. Training for 2013-14 to be completed by June 2013.
4	Supportive Supervision	1. All the DSRCs to be visited by SACS Focal Person at least once in a quarter. 2. All facilities to be visited twice a year. 3. SACS to conduct four time DSRC counselor reviews and twice DSRC MO review 4. Strengthen STI services to HRGs.	DD STI, and STI Mentors	Ongoing
5	Supply chain Management	1. All drugs with earlier expiry should be used first and if excess should be relocated. 2. Monthly review of programme data with consumption of commodities. 3. Ensure there is no stock out and expiry of drugs. 4. The excess kit 3 and kit 5 drug kits beyond consumption of DSRC are to be allocated to NRHM and to be received back once their drugs supply arrives.	DD STI, STI Counsellor at DSRC, STI Clinic Incharge and PM of TI	Review of commodity every month at all facilities and comparison of program performance with drug kit consumption.
6	Quality of Services	1. All Patients to be provided with internal exam. 2. Individual DSRC attendee to be tracked. 2. 100% of DSRC attendees and ANC attendees to undergo syphilis and HIV testing. 3. All DSRC to practice single prick withdrawal of blood for syphilis and HIV testing. 4. All patients to receive appropriate drug kits and Syphilis and HIV tests regularly. 5. All syphilis reactive patients are to be treated and all HIV positive patients to be linked with ART centre and the Pre ART registration number to be documented in patient register and individual patient wise card.	STI Clinic Incharge and TI STI Providers. DD STI.	Ongoing
8	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 per NRHM facility to be done. 3. Joint (SACS and RCH) review of programme to be done at least once a quarter.	DD STI, and State RCH officer	One joint meeting once a quarter

*DRa*

BLOOD SAFETY AAP 2013-14

State DNH

S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Acheivement (2010-		Targets		Allocation (Rs. in Lakhs)
					Targ et	Ac he ive m en t	Existing as 1st January 2013	New for 2013-14	DBS
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 Attendent, 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			1		4
		Salary	2.4	Salary of 1 LT & 1 Counsellor			1		2.4
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			0		0
		Salary	2.4	Salary of 1 LT & 1 Counsellor			0		0
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			0		0
		Salary	1.2	Salary of 1 LT					0
1.5.1.5	RBTC	Consumables	0	NIL					0
		Salary	2.4	Salary of 2 LT					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 Attendent					0
1.5.1.8	Maintenance of BT	Recurring	0.7						0
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contingency					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			1		0.35

*[Handwritten signatures]*

1.5.3	Supportive Supervision	Recurring	0.1	TA/DA for visit to the NACO supported blood banks, Monitoring visits to VBD camps, Core Committee supervisory visits			1		0.1
1.5.4	Procurement								0
1.5.4.1	Equipments for new BCSU	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					1
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, TA/DA to staff				55	1.375
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					1
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			1		0.1
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				6500	2
1.5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms					0
1.5.6	External Quality								0
1.5.6.1	NRL		6.54				0		0
1.5.6.2	SRL		4.44				0		0
	contingency*								0.5
1.5.7									
									12.45

Increment as per NACO norms\*

*SN*

Total licensed blood banks in the	1
Blood banks supported by NACO	1
Target for Total Collection	6500
Target for NACO supported	6500
Target for VBD	90%
VBD Camps	
% Component prepared by NACO	50%

*DDa*

Commodity Items to be provided by NACO	Items need to be indicated as per the actuals, at the facility level on the date of AAP
<b>Blood bags</b>	in lakhs
Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadruple 450 ml	
<b>Testing Kits</b>	in lakh tests
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

DDa



1	Establishment of facilities / interventions	NACO support for existing in 2012-13*	NACO support for new in 2013-14*	Proposed facilities 2013-14
a	Total Blood Banks	1	0	1
b	NACO Supported Blood Banks	1	0	1
b1	Model Blood Bank	0	0	0
b2	Major with BCSU	1	0	1
b3	Major without BCSU	0	0	0
b4	District Level Blood Bank	0	0	0
c	RBTC	0	0	0
d	Blood Mobile Van	0	0	0
e	Blood Transportation Van	0	0	0
f	SBTC	0	0	0
<b>2</b>	<b>Blood Collection</b>			<b>Proposed target 2013-14</b>
a	Total Collection for the state			6500
a1	NACO supported blood collection			6500
b	Percentage VBD for NACO supported BB			100%
c	Voluntary Blood Collection in NACO supported BB			5850
c1	Through Static			1200
c2	Through Camps			4650
c3	Through Blood Mobile Vans			0
d	No of Camps to be conducted			62
d1	Camp Collection			75units
<b>3</b>	<b>Component Separation</b>			<b>Proposed target 2013-14</b>
a	Blood collection in NACO supported BCSU			4000
b	Percentage component separation in NACO supported BCSU			60%
<b>4</b>	<b>Training</b>			<b>Proposed target 2013-14</b>
a	Training of BBO			1
b	Training of Staff Nurse			1
c	Training of LTs			1
d	Training of Donor Motivators			30
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			20
f	Blood Bank counselor			1
<b>5</b>	<b>Supervision, Monitoring and Evaluation</b>			<b>Proposed target 2013-14</b>
a	Field visits to be conducted			1
b	Review meetings to be conducted			2
<b>6</b>	<b>EQAS</b>			
a	NRL			0
b	SRL			0

\* 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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Process Indicators for Blood Safety 2013-14

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S No	Indicator and Recommended course of Action	Timelines	Person Responsible
1	Inclusion of Blood Banks under NACO support		
2	Identification of facilities which meet the norms for NACO support as BCSU, MBB, DLBB.	By April 2013	JD BS SACS
3	Review of existing facilities already under NACO support as BCSU, MBB, DLBB as to whether they meet the norms for NACO support	By April 2013	JD BS SACS
4	Constitution and notification of core committee	By first week April 2013	JD BS SACS, Quality Manager
5	Scheduling of core committee inspection visits	By April 2013	JD BS SACS, Quality Manager
6	Sending proposal to NACO for approval of inclusion/ exclusion of facility under NACO support based on core committee recommendation	Within first quarter	JD BS SACS
7	Communication of letter of approval of NACO support to SACS	Within first quarter	NACO Blood Safety division
8	Recruitment of manpower as per pattern of assistance	Within first quarter	JD BS SACS, Admin division SACS
9	Deputation of staff for training and provision of kits, consumables and other support as per pattern of assistance	Within first quarter	JD BS SACS
10	2 Regular reporting in SIMS		
11	Need assessment for computers in NACO supported blood banks	By April 2013	JD BS SACS, M&EO SACS
12	Procurement and supply of computers of appropriate configuration for NACO supported blood banks	Within first quarter	JD BS SACS, Procurement division SACS
13	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
14	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
15	Quarterly analysis of SIMS report from blood banks	July, October, January and April	JD BS SACS, M&EO SACS
16	Communication of feedback on correctness of data to concerned blood banks	By the end of first month of the quarter	JD BS SACS
17	3 Blood Requirement and Collection		
18	District wise mapping of licensed and NACO supported blood banks in state	By April 2013	JD BS SACS
19	District wise mapping of the estimated numbers of hospital beds in primary, secondary and tertiary health care facilities	By April 2013	JD BS SACS
20	Estimation of blood demand of the state based on population norms and rationalizing the same according to bed strength	By April 2013	JD BS SACS
21	Giving targets to NACO supported blood banks to meet atleast 60% of total requirement of the region being catered by them	By April 2013	JD BS SACS
22	4 Voluntary Blood Donation		
23	Conduction of voluntary blood donation camps as per need of the NACO supported blood banks	Ongoing	VBD consultant SACS
24	Identification and retention of cohort of donor motivators among the youth through Red Ribbon Clubs, NSS, corporate work places	Ongoing	VBD consultant SACS
25	Conduction of trainings on blood donor motivation for blood bank counselors	Ongoing	VBD consultant SACS
26	Creating blood bank wise database of repeat voluntary blood donors classified according to blood groups	Ongoing	Counselor at blood banks
27	Stepping up static voluntary blood donation by holding fortnightly/ monthly blood donation day or alternate innovative strategies	Every month	Counselor at blood banks
28	Counselor in Blood Bank to send reminders to the repeat donors	Every month	Counselor at blood banks
29	Observance of VBD days on 14th June and 1st October through release of advertisement and conduction of state/ blood bank level programmes	May, June and September, October 2013	JD BS, Director SBTC, VBD consultant, IEC division SACS
30	Development and replication of IEC material pertaining to promotion of voluntary blood donation	Within first quarter	VBD consultant SACS, IEC division SACS
31	5 Optimum utilization of Blood Mobile		
32	Organize quarterly meeting of incharges of Model Blood Bank and RBTC Incharges/ counselors	In beginning of every quarter	Incharge Model Blood bank, JD BS SACS, Director SBTC
33	Preparation and submission of quarterly route plan for the blood mobile	In beginning of every quarter	Incharge Model Blood bank

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14	Monitoring visit of SACS officers to the mobile camp	As per route plan	SACS officers
15	<b>6</b> Blood Donation Camps		
16	Listing of organizations conducting blood donation camps in the state	In beginning of every quarter	VBD consultant SACS
17	Listing of colleges, universities, workplaces where camps can be organized along with suitable time	In beginning of every quarter	VBD consultant SACS
18	Preparation of quarterly camp schedule in consultation with blood bank incharges and organizers	In beginning of every quarter	VBD consultant SACS, Incharges of NACO supported BB, Organizers, Donor motivators, Blood Bank counselors
19	Release of budget for conduction of blood donation camps	In beginning of every quarter	VBD consultants SACS, Finance division SACS
20	Pre camp motivation talk and distribution of IEC material to ensure that there is good turnout for the camps	Two days before each camp	Donor motivators, Organizers
21	Conduction of camps by organizers and concerned blood bank	On day of the camp	Organizers, Staff of concerned blood bank
22	Monitoring visit of SACS officers to the blood donation camp	On day of the camp	SACS officers
23	Transport of collected blood units to the blood bank	Within six hours of holding the camp in cold chain	Staff of concerned blood bank
24	Submission of report of blood donation camps	Within 2 weeks of conduction of camp	Camp Organizers
25	<b>7</b> Component separation		
26	Review of availability and functional status of equipments for component separation	By April 2013	JD BS SACS
27	Review of availability of requisite manpower at BCSU	By April 2013	JD BS SACS
28	Review of availability of licence at BCSU	By April 2013	JD BS SACS
29	Review and identify BCSU wise reasons for sub-optimal component separation	By April 2013	JD BS SACS
30	Taking appropriate corrective measures to address the reasons	Within first quarter	JD BS SACS
31	Stepping up blood collection at BCSU	Ongoing	Incharge BCSU
32	Stepping up component separation at BCSU	Ongoing	Incharge BCSU
33	Enhancing demand for components through trainings on rational blood use	Ongoing	JD BS SACS, Training institutes, Professional Associations
34	<b>8</b> Trends in prevalence of TTI in blood units		
35	Capture blood bank wise baseline data of HIV, HBV, HCV, Syphilis and malaria positivity in donated blood	By April 2013	JD BS SACS, Quality Manager
36	Quarterly monitor the trends through SIMS data analysis	Ongoing	
37	Identify blood banks showing high prevalence for TTI	Ongoing	
38	Review whether quality standards are in place in the blood banks	Every quarter	
39	Review whether reactive donor is being notified and referred for treatment	Every quarter	
40	Identify possible reasons for high TTI positivity (replacement donation, poor donor selection and screening, high prevalence in general population in the area, etc)	Ongoing	
41	Preparation of training curriculum on donor counseling, screening and retention for blood bank counselors	By September 2013	NACO blood safety division
42	<b>9</b> Procurement and Supply Chain management		
43	Preparation of indent for items to be procured at SACS level and approval by PD SACS	By April 2013	JD BS SACS, Quality Manager
44	Processing and completion of procurement of indent given	Within first quarter	Procurement division SACS
45	Dispatch and receipt at concerned facilities	Within two weeks of supply at SACS	Quality Manager, Store officer SACS
46	Preparation of database of equipments supplied under NACP I, II and III in NACO supported blood banks along with functional status	Within first quarter	Quality Manager, Store officer SACS
47	Procurement of AMC/CMC services for the functional equipments	Before September 2013	Quality Manager, Procurement division SACS
48	Issuance of orders for AMC/CMC services	Before September 2013	Quality Manager, Procurement division SACS
49	Supply schedule for centrally supplied commodities to be shared with SACS	Within one month of issuance of notification of award	NACO blood safety division
50	Timely receipt and Storage of centrally supplied commodities under proper storage conditions	One same day as receipt	Quality Manager, Store officer SACS
51	Physical verification of stock and cold chain status and issuance of Consignee receipt certificate	Within one week of receipt	

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74	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, thenceforth 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	
76	Monitoring of stock status of blood bags and kits supplied through central procurement at SACS and facility level (similar to ICTC)	Daily at facility level, Monthly at SACS	JD BS SACS, Quality Manager, Blood bank incharge, TO SRL, LT blood bank
77	<b>10</b> Training		
78	Identification of training institutes for blood bank staff, donor motivators, rational use of blood and blood bank counselors	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
79	Engagement with professional associations for training of clinicians in private sector on rational blood use	Within first quarter	JD BS SACS
80	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
81	Preparation and dissemination of standardized training curricula	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
82	Organization of meeting of training institute and trainers at SACS for preparation of training plan	By first week of July 2013	SACS blood safety officers, Training institutes, Trainers
83	Approval of training plan and release of budget for training to the institutes	By second week of July 2013	SACS blood safety officers
84	Issuance of communications to all concerned for deputing trainees	By third week of July 2013	SACS blood safety officers
85	Translation and replication of training modules and related materials	By end of July 2013	SACS blood safety officers. IEC division SACS
86	Training roll out for blood bank staff, donor motivators and rational blood use for clinicians	August to December 2013	Training institutes, trainers
87	Monitoring of trainings by experts/ SACS officers/ NACO officers	During trainings	Experts, SACS officers/ NACO officers
88	<b>11</b> Monitoring and Supervision		
89	Preparation and dissemination of standardized tool for supervision	By April 2013	NACO Blood Safety division
90	Preparation of Quarterly schedule for visits of core committee	By April 2013	SACS Blood Safety officers
91	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
92	Quarterly review meetings of the blood bank officers/ counselors of NACO supported blood banks	July, October, January and April	SACS Blood Safety officers
93	Submission of visit report by core committee	Within two weeks of conduction of visit	Core committee members
94	Issuance of communications regarding visit observations and recommendations	Within two weeks of conduction of visit	JD BS SACS, Quality Manager
95	Submission of action taken reports	Within two weeks of receipt of communication	Incharge of concerned blood banks
96	<b>12</b> Convergence with NRHM		
97	Quarterly meetings with the RCH officer	In April, July, October, January	JD BS SACS, Director SBTC, RCH officer
98	Listing of functional FRU with and without Blood Storage Centres	Within first quarter, review every quarter	
99	Preparation of linkage plan to cater to blood requirement of the FRU without Blood Storage Centres	Within first quarter, review every quarter	
100	Identification of underserved regions/ districts without blood banks and jointly plan for catering to the blood needs of the region	Within first quarter	
101	<b>13</b> Meetings		
102	Quarterly coordination meetings of SACS/ SBTC with Drug Control Department	In May, August, November and February	SACS blood safety officers
103	Quarterly meetings with the RCH officer	In April, July, October, January	
104	Meetings of governing body/ EC of SBTC	Atleast two meetings every year	
105	Meetings with trainers and training institutes	Atleast two meetings every year	
106	Meetings with blood bank incharges	Atleast two meetings every year	
107	Meetings with camp organizers	Atleast two meetings every year	

State: Dadra and Nagar Haveli

S.No.	Component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13		2013-14		Rs. Lakh	Remarks
					Target	Achievement	Existing on 31.12.2012	Proposed	Allocation	
									RCC Rd 6	
2.1.1	GIA for ART Centres	Recurring	16.00	Salary @ 13.5 lakh						
2.1.2				Universal Work Precautions @ 1lakh						
2.1.3				Operational Costs @ 1.5 lakh						
2.1.3 a		1.00	Operational cost for CD4 testing							
2.1.4		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD						
2.1.4a	0.9 for caliber, 0.5 for count & 0.25 for Partec		Infrastructure development installation of CD4 machine							
2.2.1	GIA for CCC including paediatric CCC)	Recurring	16.08	Salary, Drugs, Food, Transport, Operational Costs etc. for 10 Bedded CCC						
2.2.2			22.39	Salary, Drugs, Food, Transport, Operational Costs etc. for 20 bedded CCC						
2.2.3		Non-recurring	4.00	Renovation, Furnishing, Computer, TV, DVD, Equipment						
2.3.1	GIA to SACS for various activities	IEC	0.50	Registers & Cards, Signages, Flip Charts, Posters, Press Advt., Documentaries for TV						
2.3.2		Training	1.00/ART ( for states where more trainings are conducted 0.50 in other states	Trg. Of Mos, Counselors, Nurses, Pharmacists, Data Managers, LAC staff, Workshops etc.			0.1	0.10		
2.3.3		Treatment of OIs	Rs. 200/- episode	OI drugs & PEP as per guidelines			0.15	0.15		
2.3.4		LAC	0.15	U One -time cost for Infrastructure development						
			0.378	NR for furniture, Almirah, Rec.- for TA/DA & oper. Costs, Stationery etc.		1	0	0.38		
			0.96	HR for LAC Plus						
2.3.5		EID	3.98	HR for EID						
			1.00	Cost for EID lab ( Operational Cost, Infrastructure development)						
2.3.6		Viral load testing	1.10	Salary of LT						
			0.50	Operational cost						
2.3.7	Regional coordinator	9.00	Remuneration & TA/DA							
2.3.8	CABA	3.08								
2.4.1	GIA for CoE	Recurring		Personnel, Research, Training, consumables, TA/DA & Oper. Costs						
<b>Total GIA to SACS for CST</b>									<b>0.63</b>	✓

.No.	Sub-component-II	2012-13		2013-14	Commodity Assistance
		Target	Achievement*	Target	
2.5.1	PLHA on Registered	50	45	60	ARV drugs ( adult, pediatric, secondline & alternate) will be supplied by NACO based on number of PLHA alive and on ART Rate Contracts being finalized. SACS/ART centres to purchase OI drugs from desigantged vendors from grant-in-aid as per
2.5.2	ART Alive & on	40	19	40	
2.6.1	OI & PEP Drugs				CD4 machine to be supplied by NACO.
2.7.1	CD4 Count	CD-Machines			Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new cases to be tested on registration
2.7.2	Tests	CD4-Kits			

\*\* Location & justification for proposed sites for establishmnet of new facilities should be provided in the AAP text.

Dadar and Nagar Haveli CST : 2013-14

S.no	Indicator	Target Cumulative 2012-13	Target Achieved	Gap	Gap-Analysis	Proposed target for 13-14	Remarks
1	ART Centres	0	0	0		0	
2	LAC	1	1	0		0	
3	LAC Plus	0	0	0		0	
4	PLHIV registration in HIV care	NA				NA	
5	Alive and on ART		19	PLHIV linked out at LACS			
6	CD4 testing	NA				NA	
7	CD4 Machine	NA					
8	OI treated						OI episodes treated in LACS reported
9	ICTC ART linkages	50	45	90%	Line list needs to prepared and shared with ART in Gujarat		Better coordination required with Gujarat SACS as ART centres are located in GSACS
10	Colocation of ICTC ART PPP ART Centres	PSU NGO Corporate				0	
12	Sensitisation of Private practitioners on rational prescription of ART						
13	Sensitisation of HCP on UWP/PEP						
14	Financial Status	1.03	0			0.48	

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

<b>DADRA &amp; NAGAR HAVELI</b>				
<b>(single LAC linked to ART centre, Surat, Gujarat)</b>				
<b>Baseline: 1<sup>st</sup> April'2013</b>				
<b>S.No.</b>	<b>Activity</b>	<b>Processes</b>	<b>Responsibilities</b>	<b>Timeline</b>
1.	Setting up ART Centre	Nil Target		
2.	Co-location of ICTC/ART	NA		
3.	Setting up PPP model ART centre	Nil Target		
4.	ICTC-ART Linkages	NA		
5.	Gap in those eligible & initiated on ART	NA		
6.	Training of Health care providers in UWP & PEP	NA		
7.	Training of private providers on National ART regimen	NA		
8.	SCM	<b>Forecasting -</b>		
		Requirement of drugs and CD4 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	SACS CST	3 <sup>rd</sup> Quarter
		Send above information to ART centre by December		
		<b>Storage Space-</b>		
		Storage at general health facility		
		<b>Receipt &amp; Dispatch -</b>		
		CRC should be issued within 7 days of receipt of supplies	Store Officer	Ongoing
		<b>Transportation – Most cost effective and efficient means of transportation to be adopted</b>	ART centre Nodal officer,	
Option 1: Supplies should be made to LAC Plus in				

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COMPONENT III

NAME OF THE STATE: **UT of DNH**

COMPONENT III

**UT of DNH** YEAR : **2013-14**

Rs. In Lakhs

2	Operational Cost	AAP 12-13)	Expendditure UP TO 31st January, 2013	Proposal for 2013-14(	Approved
1	Training SACS /DAPCU	50000.00		70000.00	0.50
2	Equipment Maintenance	50000.00	37570.00	80000.00	0.50
3	Building Maintenance	0.00		0.00	0.00
4	Vehicle Maintenance	200000.00	90326.00	250000.00	2.00
5	Travel Expanses	400000.00	390727.00	500000.00	5.00
6	Rent, Rates and Taxes	0.00		0.00	0.00
7	Telephone/Communication Expe	100000.00	76231.00	100000.00	1.00
8	Bank Charges	0.00		0.00	0.00
9	Miscellaneous Expenses	200000.00	85558.00	200000.00	1.50
10	Printing and Stationery	100000.00	20991.00	100000.00	1.00
11	Advertisement (Other than IEC)	50000.00	13376.00	50000.00	0.50
12	Water and Electricity	0.00		0.00	0.00
13	Audit Fees	100000.00	8500.00	150000.00	1.00
14	Legal Expenses	0.00		0.00	0.00
15	Postage / Courier	10000.00		10000.00	0.10
16	Other Administration Cost	0.00		0.00	0.10
17	Review Meeting Expenses	0.00		0.00	0.50
18	Office Equipments(see next she	50000.00	46400.00	150000.00	1.50
19	Furniture (see next sheet)	0.00		25000.00	0.20
	<b>Total</b>	<b>1310000.00</b>	<b>769679.00</b>	<b>1685000.00</b>	<b>15.40</b>

DNH

SUMMARY	As per SACS	Accepted
Salary	70.84	62.60
Operatrional cost	16.85	15.40
<b>Total</b>	<b>87.69</b>	<b>78.00</b>

*Draw*



Activity	Description	Reporting Period	Duration	FTE				Total	M&E	Notes	Quarter			
				Q1	Q2	Q3	Q4							
1	SIMS Refresher Training completed	LTC	800	1	4	3200		M&E: Training of reports & bulletin To be booked under "15" in appropriate head						
		FCTC	800	6	24	19200								
		TI	800	3	12	9600								
		CCC				0								
		ST	800	1	4	3200								
		SB	800	1	4	3200								
	SACS staff	500	12	12	6000									
	Total				44400									
2	Reports publication (Surveillance, estimations report, and SIMS report)					30000								
3	Monitoring & Supervision visits (10 days/month)		10 days per month											
4	HIV Sentinel Surveillance**					0								
5	Total Budget (M&E and Surveillance)					74400								

Note: \* Training includes TA/DA, Accommodation and Venue costs, training kits, AV aids as per Training Norms

\*\* For HIV Sentinel Surveillance, 30% of HSS 2012-13 is towards splower /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 IBRS activities.

*Chenyalan*

*DB*

**Dadra & Nagar Haveli AAP 2013-14**

Sl. No	Description	Reporting Unit Type	Unit cost	No. of Rus.	Production & Refresher Training	Estimated Budget
1	SIMS Refresher Training completed	ICTC	800	1	4	3,200
		FICTC	800	6	24	19,200
		TI	800	3	12	9,600
		CCC				-
		STI	800	1	4	3,200
		BB	800	1	4	3,200
		SACS staff	500	12	12	6,000
		<b>Total</b>				<b>44,400</b>
2	Reports publication ( Surveillance, estimations report and SIMS report)					<b>30,000</b>
3	Monitoring & Supervision visits (10 days/month)#					
4	HIV Sentinel Surveillance**					
5	<b>Total Budget (M&amp;E and Surveillance)</b>					<b>74,400</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.

Process Indicator	Activities	Time Line	Responsible Person
<b>Monitoring and Evaluation</b>			
SIMS training	As per the quarterly plan. All personnel should be trained	As per timeline prescribed in AAP	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 Quarter	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 (1.5 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
<b>Surveillance</b>			
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
	iv) Facilitation, Monitoring and Supervision of IBBS PSA in select domain	June-August 2013	DD (MES)/SE/MEO
IBBS-PSA			
Roll out of IBBS	v) Monitoring and Supervision of IBBS Field Work	September'13-January 2014	DD (MES)/SE/MEO

*Waa*