

T-11017/10/2013-NACO (F)
Government of India
Ministry of Health & Family Welfare
Department of AIDS Control

6th Floor, Chandralok Building,
36, Janpath, New Delhi-110001

Dated: March 2013.

To,
The Project Director,
Daman & Diu AIDS Control Society
Daman

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

Sir/Madam,

Please refer to your proposal regarding approval of Annual Action Plan for the year *2013-14* and further discussions held in Department of AIDS Control (DAC) on 7th February, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs. 298.79 Lakh (Rupees Two Crores Ninety Eight Lakh and Seventy Nine Thousand only) as per table given below:

Component	DBS	Pool fund	GF	Total
Prevention				
Targeted Intervention		136.63		136.63
Sexually Transmitted Infections	8.06			8.06
Blood Transfusion services	7.48			7.48
IEC	34.87			34.87
LWS	0.00		0.00	0.00
ICTC	5.31		12.39	17.70
Sub Total	55.72	136.63	12.39	204.74
CST	0.86			0.86
	92.09			92.09
SIMS	1.10			1.10
Grand Total	149.77	136.63	12.39	298.79

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 level, to meet local needs. This should be informed to DAC well in advance. However, such re-appropriation should not adversely affect the physical targets indicated in the plan. Re-appropriation between implementation cost and operational expenses like salary should not be done at SACS level without the concurrence of DAC.
6. The process indicators may be followed for improvement of Programme. The pattern of assistance and guidelines as already approved and conveyed from time to time by DAC should be followed.
7. SACS shall ensure that up to date information of the programme performance is sent through the CMIS package and the accounts are maintained through CPFMS. Reasons for variance shall have to be provided through the CPFMS.
8. The funds for SBTC activities will be released by State AIDS Control Societies after ensuring that the Audit statement and Utilization Certificates till 2011-12 for the funds provided by DAC and Provisional Utilization Certificates (based on statement of expenditure for the year 2012-13) have been submitted to DAC and their Annual Plan for 2013-14 has been approved by Governing Body.
9. The minimum quarterly target for expenditure has been earmarked at 19%, 24%, 24%, and 33% respectively for each quarter. This is as per requirement of the modified cash management system through which "quarterly targeted budget allocation" is to be maintained. The SACS not able to incur the minimum expenditure as per the fixed targets is likely to have their annual plan reduced and corresponding lesser releases in the subsequent quarter.

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

Yours faithfully,



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

Copy to:

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

Targeted Interventions

Daman & Diu

YEAR

2013-14

S.No.	Sub-Component	Cost Head	Unit cost in Lakh (Range)	Bernal Activities	TI Achievement (2012-13)		TI Targets (2013-14)		Total
					Target	Achievement during the year	Existing as on 01.04.2013	Transition addition	
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	0	0	0	0	0
1.1.2	MNSM				0	0	0	0	0
1.1.3	IDU				0	0	0	0	0
1.1.4	TCG/IGA				0	0	0	0	0
1.1.5	Coa Composite				2	2	2	0	2
1.1.6	Harada (Source)				0	0	0	0	0
1.1.7	Migrants (Grant)				0	0	0	0	0
1.1.8	Migrants (Quadrant)				4	4	4	1	5
1.1.9	Trainers				1	1	1	0	1
1.1.9	Training of State TOTs STTC	Grants to agencies	8 to 40 lakhs	Cost for training as per norms and management cost of agencies					0
1.2.0	JAT / Education	Professional services	25,000-40,000 per unit	Cost for TA, DA and documentation					0
1.2.1	CST centre maintenance								18
1.2.2	Employer led model (includes intervention for deliverer community)			As per guidelines					10
1.2.3	Any other								
TOTAL (Rs. in lakhs)									

Detailed guidelines on Employer Led Models would be issued by NACO

Category	No. of districts	Migrants (Grant)	Migrants (Quadrant)	No. of sites	Cost	Cost	Cost	Cost	Cost
FSW	0	0	0	0	0	0	0	0	0
MNSM	0	0	0	0	0	0	0	0	0
TCG/IGA	0	0	0	0	0	0	0	0	0
IDU	0	0	0	0	0	0	0	0	0
OST	0	0	0	0	0	0	0	0	0
Coa Composite	0	0	0	0	0	2	0	0	0
Migrant (Grant)	0	0	0	1	4	0	0	0	0
Migrant (Quadrant)	0	0	0	0	0	0	0	0	0
Trainer	0	0	0	0	0	0	0	0	0
Migrant (Source)	0	0	0	0	0	0	0	0	0
TOTAL									

Targeted Interventions

Dennis & Dix

YEAR

2013-14

(2)

	1500 and above	1000 and above	500 and above
SW			
HSM			
TG/HM			
IDJ			
OST CENTER (GOVT.)			
Core Composite			
Bridge Population			
Migrant (Dev.)			
Transfer			
Migrant (Source) per district			

The CBO led the in case of FSN, DSM and TG is based on standardized costs.

Unit cost for training per person per day	0.01
Unit cost per TI for evaluation (Pa. in Lakh)	0.20
Unit cost per TI for JAT visit (Pa. in Lakh)	0.50
Unit cost per OST feasibility assessment	0.20

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0	0	0	0
0	0	0	0

S.No.	Sub-Component	Unit Cost	Remarks	Target	Achievement	Existing as on Date	Targets (2013-14)	New	Allocation In Rs. (In lakhs)	Source of funding
1.2	Information, Education & Communication									
1.2.1	Information Education Communication Mass Media									
	Cost Head									
	TV spots through local news channel	Rs 63 per spot	5250 UNACO spots through 3 local cable TV network on daily basis for 265 days in year. For day 6 spots are shown on each channel	5250	5280				5250	3.33
	Newspaper Advt.		Half page coloured ad on WAD and UNAC. 10 SERVICE PROMOTION BWV 33x10 CC 60s BWV ad on Liberation, Independent News, Republic, TVD & WAD	50	30				50	2.00
1.2.2	IEC material production, reproduction & newsletter									
	Printing / Reproduction of IEC Materials									
1.2.4	Outdoor									
	Permanent Hoarding	8500 per hoarding		6	8		14	14	14	1.12
	Display of messages on ppt Buses/ auto rickshaw etc	Rs 300/- per panel		300	300				100	0.30
1.2.5	Mini Media									
	Hiring of folk troupes	Rs 3000 per show 1 review meeting Rs 20,000/- Monitoring of folk performances (travel cost, FADA.) Rs 20,000/- Travel to Ahmedabad for state level workshop Rs 20,000/-		60	68				150	5.28
	Exhibition	Rs 50,000/- per event		3	3				5	2.60
1.2.6	Events									
	State and District level events	Rs 75,000 for WAD and Rs 50,000 each for NYD, NYD and WAD	WAD, NYD, NYD Activities will be Students Rally, Poster Competition, Debate Competition of High School Students, College Students	6	6				4	2.25
1.2.7	M & E									
1.2.8	Documentation, Youth Intervention									
1.2.8.1	Adolescence Education	Rs 1000 per school	Training of teachers and implementation of AEP	35	35				35	0.35
1.2.8.3	RRCs in colleges and University	Rs. 4000/- for existing RRC and Rs 9000/- for new RRC		8	6				0	0.24
1.2.10	Drop In Centres									
1.2.11	Advocacy		Separate sheet to be attached							
1.2.11.12	Multi-strategic training		Training will be provided in the following departments: PFI, Police personnel, Industry workers, tourcum officials etc.	1400	800				1140	0.39
Sub total									3.71	
Grand Total									14.67	

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[Signature]

DAMAN & DIU

Sr. No.	Component	Physical targets 13-14	Time line	Process Indicators
	TV Spots through local news channel	5250 spots	1. April Wk 1 2. April Wk 2 3. April Wk 3 4. April Wk 4 5. Staggered as per plan 6. Ongoing	1. Finalization of themes, spots and channels. 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet on weekly basis
	Newspaper	50	1. April Wk 1 2. April Wk 2 3. April Wk 3 4. April Wk 4 5. Staggered as per plan 6. Ongoing	1. Decision on events, no. of ads per event and no. of newspaper. 2. Gathering rates (DAVP/DIPR) 3. Prototype development and sharing with NACO 4. Approval from NACO 5. Release of payment schedule along with work order 6. Tracking of releases, obtaining copies containing advertisement
2	Printing of IEC material & Newsletter		1. April Wk 1 2. April Wk 2 3. April Wk 3 4. May Wk 3 5. Staggered 6. May Wk 3-4 7. May Wk 3-4 8. Periodic	1. Requisition from prog divisions 2. Assessment of stock 3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 4. Work order released 5. Delivery plan 6. Distribution plan 7. Training on material use to end users (Service centres/NGOs) 8. Monitoring of use by service centres/NGOs
3	Outdoor & Mid media			
	Permanent Hoarding	14	1. April Wk 1 2. April Wk 2 3. April Wk 3 4. April Wk 2 - 4 5. Staggered 6. Ongoing 7. Periodic	1. Selection of sites (prominent & frequented by target audience) 2. Development of prototypes, size and message content 3. Sharing prototype details with NACO 4. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 5. Work order 6. Monitoring according to location and condition (Photographs for all locations) 7. Periodic reporting

	Folk – performances, State level workshop, review meetings, monitoring etc	150	Q 1, 3 & 4	<ol style="list-style-type: none"> 1. Selection of troupes as per guidelines 2. State level workshop. Daman & Diu will join Gujarat 3. Planning meeting with DST 4. Route Plan , Phase wise, Troupe deployment 5. Roll out 6. Monitoring of performance 7. Analysis of monitoring reports 8. Review meeting with troupes & DST 9. Reporting to NACO
	Display of messages on pvt. Buses/ auto rickshaw.	100	<ol style="list-style-type: none"> 1. April Wk 1 2. April Wk 2- 3 3. April Wk 2 - 3 4. April Wk 4 5. April Wk 2-4 6. May Wk 1 7. May Wk 1 8. May Wk 1 9. staggered 10. ongoing 	<ol style="list-style-type: none"> 1. Identification of bus routes for display 2. Negotiation with Transport Authorities on routes and rates 3. Development of prototypes, size and message content 4. Sharing with NACO 5. Listing of buses according to registration no. 6. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 7. Work order 8. Monitoring plan 9. Implementation 10. Documentation (photographs) & Reporting
	Exhibition	5	<ol style="list-style-type: none"> 1. April Wk 3 2. April Wk 2 3. Depending on Calendar 4. As per calendar 5. As per calendar 6. soon after events 	<ol style="list-style-type: none"> 1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities to be done 3. Disbursement of funds 4. Monitoring of activity 5. Documentation, district-wise 6. Gathering of SOE
4	Other/Events/M&E			
	Events at state & districts level event	4	<ol style="list-style-type: none"> 1. April Wk 1 2. April Wk 2 3. Depending on Calendar 4. As per calendar 5. As per calendar 6. soon after events 	<ol style="list-style-type: none"> 1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (event-wise) and sharing with districts 3. Disbursement of funds to districts / Disbursement of funds to DHS 4. Monitoring of activities at districts 5. Documentation, district-wise 6. Gathering of SOE
5	Youth			
	Adolescence Education Program	35	<ol style="list-style-type: none"> 1. April Wk 3 2. May – June 3. August Wk 2 4. Sept Wk 2 – Oct Wk 2 5. As per training schedule 	<ol style="list-style-type: none"> 1. Listing of teachers from all govt. secondary and senior secondary schools targeted in FY 13-14 2. Identification of agency for ToT, issue of work order 3. Training of teachers 4. Training of teachers 5. Monitoring of trainings, 6. Documentation, shared with NACO

	RRC	6 existing RRC	1. April Wk 1 2. April Wk 1 3. July Wk 2 4. August Wk 2 5. As per training schedule 6. ongoing	1. Listing of all colleges – graduate, PG College & technical 2. Listing and identification of colleges targeted in FY 13-14 3. Training of coordinators/nodal officers 4. Disbursement of fund along with guideline 5. Monitoring of activities 6. Documentation
6	Mainstreaming			
	Training & advocacy	1,355	1. April 2. April 3. April 4. April 5. April 6. May 7. May 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. Decision on 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
	TOTAL			

AAP 2013-14 Integrated Counselling and Testing Centre Damnan & Dhu SACS

S.No.	Sub-Component 1	Cost head	Unit Cost (lakh)	Items/ 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 Counsellors and LTs	Recurring	2.4	Salary including TA/DA for Existing/In-place Stand Alone Counsellors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	4	0	0	10.56	Additional allocation of 0.96 lac as average salary is 11000 per month per staff
1.3.1.2	HR for Supervisors	Recurring	1.68	Salary including TA/DA for Additional Stand Alone Counsellors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	0	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 Running cost of whole unit including salary of counsellors 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, M&E PPTCT, Delta Analyst, Secretarial Assistant, Finance Officer)	0	0	0	0.00	
Sub Total								10.56	
1.3.2	Establishment of New ICTCs								
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 80000 per new stand alone ICTC	4	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	0	0.00	
1.3.2.4	PPP ICTCs	Non recurring	0	none	0	0	0	0.00	
Sub Total								0.60	
1.3.3	Trainings								
1.3.3.1	Training	Recurring	1.75	1) ICTC: Counsellors, 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-HV & DOTs Plus Supervisor (RNITCP) in HIV-TB package 3) F-ICTC: ANM, Nurse, LT, HIV/TB & team training, full site sensitization 4) Whole blood: Training of ANM and RNITCP LT and STLS in whole blood screening 5) Any other training				1.68	As per Training Plan
Sub Total								1.68	
1.3.4	Procurement of Equipment								
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	4	0	0	0.60	As per procurement plan based on justification
1.3.4.2	Procurement of equipment	Recurring	0.26	Equipment maintenance/ AMC/ Insurance of equipment bikes etc	4	0	0	0.20	
Sub Total								0.26	
1.3.5	Consumables								
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Site delivery kits, reagents and syringe needles, printing of reporting forms, Internet and other misc exp	4	0	0	2.00	As per procurement plan based on justification. No procurement for PPP ICTC
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC: Site delivery kits, printing of forms and other misc exp at the center	0			0.50	
Sub Total									
1.3.6	Monitoring and Supervision								
1.3.6.1	Review meeting for Supervisors (Rs 1000/person)	Recurring	0.01	review meetings	0			0.20	
1.3.6.2	Review meeting for counsellors/MO (Quarterly @ Rs 1500/person)	Recurring	0.015	review meetings	6			0.20	
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	3			0.20	
Sub Total									
1.3.7	SRL								
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	0.90	
Sub Total								0.90	
1.3.8	Additional Allocation								
1.3.8.1	For Co-location of facilities	Non recurring		Budget allocation for major refurbishments that may be encountered in physically co-locating facilities i.e ART/ICTC/STI				0.00	
1.3.8.2	For PPP ICTC Investment	Non recurring		A) Budget allocation for sensitization meetings / workshops etc for recruiting 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 / PSU, integrate with TI employer model D) For PPP ICTCs in Private Industries / PSU, integrate with TI employer model E) For PPP ICTCs in Private Industries / PSU, integrate with TI employer model F) For PPP ICTCs in Private Industries / PSU, integrate with TI employer model			6	2.50	
Sub Total								2.50	
Grand Total								17.70	

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1.3 Physical Targets for Daman Diu for 2013-14						
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	4	0	0	0		0
2 Mobile ICTCs	0	0	0	0		0
3 Facility Integrated ICTCs	0	2	1	3		3
4 PPP ICTCs in Nursing Homes / Corporate Hospitals	0	6	0	6		6
5 PPP ICTCs in Private Sector Industries	0	0	0	0		0
6 PPP ICTCs in Public Sector Industries	0	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		0
2 District Hospital Level	0 out of 0	0	0	0		0
3 Sub District Level	0 out of 0	0	0	0		0
Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target		
1 Testing for General clients	7500	2726	7500			
2 HRG testing	1991	2700	3000	Two time testing in 100% of HRG covered by TI		
3 Bridge population testing	NA	NA	2100	30% migrants and 15% truckers		
4 STI Clinic In-referrals testing			300			
5 Out Referrals from to STI	500	89	200	100% DSRC attendees		
6 HIV-TB Cross referral	500	275	500	90% of TB patients and 5% of ICTC clients (Non-ANC)		
7 HIV/TB coinfection to be detected	15	6	10	90% of HIV Infected TB notified cases		
8 Testing for ANC	3500	2818	4000	90% of the estimated pregnancies		
9 Detection of HIV+ve pregnant women	7	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	NA	90%	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%	80%	HRGs referred from TI reaching ICTC		
4 STI to ICTC	NA	18%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics		
5 TB to ICTC	NA	83%	90%	Notified TB cases reaching ICTC		
6 HIV/TB to ART	NA	55%	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	1	12	800	9,600	1				
		Lab-Tech	4	5	800	16,000	1				
2	Refresher (Stand alone (Inc. Mobile)	Counselor	3	5	800	12,000		1			
		Lab-Tech	0	5	800	-			1		
3	Induction (FI- ICTC +PPP)	Staff nurse (FI ICTC)	6	5	800	24,000	1				
		Lab Technician	6	5	800	24,000	1				
4	Refresher (FI- ICTC +PPP)	Staff nurse (FI ICTC)	0	3	800	-			1		
		Lab Technician	0	5	800	-			1		
5	Induction/ Refresher	District supervisor	0	5	800	-					
		Full site Sensn. Dist. Hosp	2	1	10,000	20,000	1				
6	Sensitization (No facilities to be mentioned)	Full site Sensn SDH/RH	2	1	5,000	-					
		ICTC Counselor	4	2	800	6,400			1		
		Medical Officer	30	1	800	24,000			1		
		District ICTC supervisor	0	1	800	-					
		MO-TC/MO-ICTC	4	1	800	3,200			1		
		ART MO	4	1	800	-					
7	HIV-TB training	RNTCP STS/STLS	4	2	800	6,400			1		
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	2	2	800	3,200			1		
		Counselor	2	2	800	-					
		Medical Officer	3	3	800	-					
		District supervisor	2	2	800	-					
8	Multi Drug Regimen Training for PPICT	MO ARTCs	3	3	800	-					
		Others (Medical 3 days / Para 2 days)	3	3	800	-					
		Labour Room Nurse	2	2	400	-					
		DMG LT (RNTCP)	2	2	400	-					
		STLS	2	2	400	-					
		MO	3	3	800	-					
		Lab-Tech	3	3	800	-					
		Nurse	3	3	800	-					
		Counselor	3	3	800	-					
11	Other (Specify)				400	-					
Total							148,800.00				

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Indicators	Recommended Action - Establishment of facilities	Timeline	Person Responsible
Establishment of facilities	Stand Alone ICTC / Mobile KTC	1st week of April 2013	
	Identification of health facilities for establishment	1st week of May 2013	
	Recruitment of new staff	May - June 2013	
	Procurement of new staff	2nd week of April 2013	
	Procurement of equipments, computers, etc	2nd week of May 2013	
	Preparation of indent and approval by PD SACS	3rd week of May 2013	Direct: SACS BSD, Procurement Officer, Finance Officer
	Processing and completion of procurement of indent	2nd week of April 2013	Monitoring: JD Finance /APD / PD SACS
	Dispatch and receipt at concerned facility	3rd week of April 2013	
	Refurbishment of identified facilities	2nd week of April 2013	
	Preparation of indent and approval by PD SACS	3rd week of April 2013	
	If decentralized, release of grants to districts	2nd week of April 2013	
	If central, processing of indent and refurbishment	3rd week of May 2013	
	Completion of refurbishment	1st week of June 2013	
	Functionality and Reporting of new Stand Alone KTC		
	Facility Integrated ICTC / MMU		
	Sensitization of GMHC / 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	Direct: SACS BSD, M&E Officer, State RCH officer / NRHM Nodal Officer	
Issuing of directives by MD-NRHM for F-ICTC data entry in SIMS by Block Data Manager (NRHM)	1st week of April 2013	Monitoring: APD / PD SACS	
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 Rural Health / Corporate Hospitals			
Enlisting and identification of potential partner	1st week of April 2013		
Meeting with associations and partners	2nd / 3rd week of April 2013	Direct: SACS BSD / STI, DAPCU	
Training of staff	2nd / 3rd week of May 2013	Monitoring: APD / PD SACS	
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	Direct: SACS BSD, IEC / Mainstreaming, DAPCU	
	2nd / 3rd week of May 2013	Monitoring: APD / PD SACS	
	1st week of July 2013		
	2nd / 3rd week of April 2013		
	1st week of April 2013		
	2nd / 3rd week of April 2013		
	1st week of July 2013		
	2nd / 3rd week of April 2013		
	1st week of July 2013		
	2nd / 3rd week of May 2013		
	1st week of July 2013		

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Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
Linkage of General Clients with ART	*Tracking System for General Clients:	Monthly	ICTC Counsellor
	a) Monthly maintenance of Line list of HIV +ve General Clients by ICTCs	Every 15 days	ICTC Counsellor / ART Counsellor
	b) Sharing of line list with concerned ART centre/s by email every 15 days	Every 15 days	ICTC Counsellor
	c) Obtaining feedback by concerned ART centre / s every 15 days	Every 15 days	ICTC Counsellor
	d) Completion of line list at the ICTC level by counsellor at 15 days and at the end of the month	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counsellor, all concerned ICTC Counsellors
	e) Sharing completed / compiled line list with full details to DAPCU / SACS BSD	Monthly	DAPCU, Dist ICTC Sup
	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	Monthly	SACS BSD, CST
	h) SACS officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD, CST
	i) Where there is no DAPCU, SACS BSD will directly verify / analyze line list every month	Monthly	Direct: SACS BSD, CST
j) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Monthly	Monitoring: PD/APD SACS	
k) After due verification by CST at SACS, BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	SACS BSD	
l) After due verification by CST at SACS, BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSD, CST	
m) SACS BSD / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for handholding and mentoring	Monthly	Monitoring: PD/APD SACS	
n) 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 HDGs typology wise, STI prevalence, etc and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solution:	Monthly	Direct: SACS BSD Monitoring: PD / APD SACS	

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Indicators	Recommended Action - HRG linkages	Timeline	Person Responsible
	<ul style="list-style-type: none"> The programme will ensure, tracking of individual HRGs and ensure 100% of core group HRGs are tested twice in the year, 30% of migrants are tested once in a year and 15% of truckers are tested once in a year 		
	Co-ordination and Tracking system for TI Clients	Every referral	TI ORWs, PE, TI Counselor
	a) Referral of TI clients by TI out-reach system using referral slip	Every 15 days	TI ORWs, TI Counselor, PM
	b) Compilation of referrals made to ICTC with Unique ID of TI against each referral every 15 days	Every 15 days	Direct: TI ORWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC Sup, PO-TI/TSU
	c) Meeting of TI with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	ICTC Counselor,
	d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI.	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	Direct: Dist ICTC Sup, DAPCU, Monitoring: PO TI/TSU, SACS TI, SACS BSD
	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	SACS BSD / SACS TI / TSU
	i) SACS / TSU officers to participate in district level review meetings at least once in quarter every district	Quarterly	Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PO SACS
	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	SACS BSD / SACS TI
	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	Direct: SACS BSD / SACS TI / TSU Monitoring: APD / PO SACS
	l) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	
	m) The SACS BSD / TI / TSU should analyze the positivity yield out of the referrals made by TI as compared to prevalence rates for the individual typology / state average and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	

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Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
STI Linkages	<ul style="list-style-type: none"> The programme will ensure, tracking of individual STI DSRC Clinic attendees and ensure 100% of STI DSRC Clinic attendees are tested for HIV in the year Ensure accompanied referrals from STI to ICTC and also ensure single window approach for HIV and Syphilis testing Reconciliation of reporting to be done between ICTC and STI Co-ordination and Tracking system for STI DSRC Clients: a) SACS BSD/STI to issue office order to all ICTCs and DSRCs for single window approach for HIV testing and Syphilis testing b) SACS BSD/STI to ensure training for STI testing is included in all ICTC/IT training; c) Referral of STI clients by DSRC using referral slips / accompanied referrals to ICTC d) Completion of referrals made to ICTC against each referral every 15 days e) Meeting of DSRC Counselor with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days 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 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 i) ICTC-In-referrals from STI and out referrals from ICTC to STI ICTC: In-referrals from ICTC and out referrals from STI to ICTC h) The same should be verified / validated by DAPCU on a monthly basis: i) Individual STI Clients tested has to be extracted from the compiled list generated from the referrals with STI-ID and the reached with PID 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 k) SACS officers to participate in district level review meetings at least once in quarter every district 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 m) After due verification by at SACS, STI and BSD to share analyzed / verified / completed line list with NACCD by 15th of every month n) SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for handholding and mentoring 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 focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions 	<ul style="list-style-type: none"> 1st Qtr - April 2013 Ongoing Every Referral Every 15 days Every 15 days Monthly Monthly Monthly Monthly Monthly Quarterly Monthly Monthly Monthly Monthly Monthly 	<ul style="list-style-type: none"> Direct: SACS BSD / STI, Monitoring: APD / PD SACS SACS BSD / STI STI Counselor STI Counselor / ICTC Counselor 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 Monitoring: APD / PD SACS Direct: SACS BSD / STI, Monitoring: PD/APD SACS Monitoring: PD/APD SACS Monitoring: PD/APD SACS Monitoring: PD/APD SACS Monitoring: PD/APD SACS Monitoring: PD/APD SACS 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 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-LCTC /HIV screening facilities at >80% RNTCP DMAC	2nd quarter 2013	DAPCU officer/DNO and District TB Officer
	Implementation and reporting of ICF activities at 100% Stand Alone LCTC	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
Linkage of HIV infected TB patients to ART	Enlisting of all HIV infected TB patients	Every month	Direct: KTC Counsellor / RNTCP STS
	TB-Unit wise tracking of HIV infected TB patients in monthly coordination meeting	Every month	Monitoring: DAPCU officer/DNO and District TB Officer
Early initiation of ART among HIV infected TB patients	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 of completeness of HIV/TB register at ART centre including HIV/TB cases detected both by NACP and RNTCP	Every month	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	

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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 b) Identification of facilities as per AAP target for co-location c) Meetings to be conducted between SACS BSD/CST/STI with Health facility (Dean, Med Sup, CMHC, ART Model Officer, DAPCU, DACO, Facility staff and other stakeholders) for development of time bound road map for co-location d) Issuing of necessary Govt Orders by DHS, DMER, PD SACS, etc	April April April May	Direct: DAPCU, SACS BSD, CST, STI, Monitoring: RC - CST, APD, PD SACS SACS BSD, CST, STI, RC-CST Direct: SACS BSD, CST, STI, Monitoring: RC - CST, APD, PD Direct: DAPCU, MO-ICTC, MO-STI, MO-ART Monitoring: SACS BSD, CST, STI Direct: SACS BSD, CST, STI Monitoring: APD / PD SACS Direct: SACS BSD, CST, STI, RC - CST, Monitoring: APD / PD SACS
Colocation of facilities	e) Ensuring action on office orders issued and processing plan for relocation of facility f) Monitoring visit by SACS/DHS/DMER for timely follow-up and timely completion of relocation plan g) Review meeting to be conducted by PD SACS, DMER, DHS on progress in June h) Follow-up visits by SACS i) Progress of Activities to be reported to NACCO every month	May May June / July Monthly	Direct: DAPCU, MO-ICTC, MO-STI, MO-ART Monitoring: SACS BSD, CST, STI Direct: SACS BSD, CST, STI Monitoring: APD / PD SACS Direct: SACS BSD, CST, STI, RC - CST, Monitoring: APD / PD SACS

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Indicators	Recommended Action - Supply Chain Management	Timeline	Person Responsible
Supply Chain Management	Receipt of Supplies by SACS	Ongoing	Direct: SACS BSD, Store Officer Monitoring: APD / PD SACS
	a) Keep storage space available for receipt of supplies 1 week prior to schedule date for arrival of supplies	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	b) Receive stocks on the same day as arrival of supplies and store in walk-in coolers	Every supply	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	Monitoring: APD / PD SACS
	d) CRCS 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 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	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	b) Option 2: Supplies should be made to ICTCs through physical collection by ICTC staff while attending review meetings using cold boxes	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	c) Option 3: Hiring of cold chain vehicle / courier to dispatch supplies directly to ICTCs	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	d) Regions / 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	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	Physical Verification and Reporting		
	a) MO-ICTC to physically verify stocks daily and counter-sign in stock register	Daily	MO-ICTC, ICTC LT
b) All supervisory cadres during field visits to facilities to physically verify stocks at ICTCs for all commodities and counter-sign to stock register	Ongoing	DAPCU, Dist ICTC Sup, TO-SRL, SACS BSD	
a) ICTC LTs to physically verify stocks available, stock register, lab register for tests performed and then prepare monthly CIMS/SIMS report for lab component of ICTC	Monthly	ICTC LT, MO-ICTC	
d) 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 actions	Monthly	Dist ICTC Sup/ DAPCU	
e) Variance in tests performed from DAPCU / SACS BSD Analysts. If there is more than 10% variance in tests performed, then visits to facilities reporting variances to be undertaken. Reason established by PD / APD SACS.	Ongoing	SACS BSD / SACS CST, APD / PD SACS	
Appropriate remedial action should be taken by APD/PD SACS based on reports	Ongoing	SACS BSD, SACS CST, APD / PD SACS	
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	
During 10th 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	Monthly	Direct: PD / APD SACS	
- Action should be taken if more than permissible variances reported by any facilities	Monthly	Direct: PD / APD SACS	
- Relocation between districts / facilities; Dispatch plan; Transportation plan should be made	Monthly	Direct: PD / APD SACS	
- Assessment of near expiry drugs/bits should be made and submitted to MACO if required for relocation to other states, at least 3 months in advance	Monthly	Direct: SACS BSD, Quality Manager, Store Officer	
- If some commodities have expired, then reasons for the same should be analyzed and administrative actions taken if required	Monthly	Monitoring: APD / PD SACS	
h) Facility level / SACS level stock position for every commodity should be reported to MACO 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 ICTCs	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	ICTC Counsellor / ART Counsellor
	d) Completion of line list at the ICTC level by Counsellor at 15 days and at the end of the month	Monthly	ICTC Counsellor/ DPM/DIS/ District Medical Officer
	e) Sharing completed / compiled line list with full details to DAPCU / SACS B&T	Monthly	
	f) Monthly meeting between ICTC and concerned ART centre and other stakeholder/NRHM at district / regional level to be conducted in 1st week of every month	Monthly	DAPCU, Dist ICTC Sup, M/C-ART, ART Counsellor, all concerned ICTC Counsellors
	g) For cross verifying data	Monthly	Direct: SACS B&D, CST
	h) After the monthly meeting, DAPCU to analyze and share completed line list with SACS B&D every month by 10th	Monthly	Monitoring: PO/APD SACS
	i) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Quarterly	Direct: SACS B&D, CST
	j) B&D at SACS to share analyzed / verified / completed line list with M&E by 15th of every month	Monthly	Monitoring: PO/APD SACS
Roll-out of Multi drug regimen /Applicable Only where the new regimen program is rolled out by M&E)	k) Co-location of Testing sites (ICTC-2) and Obs&Gynae 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	Monitoring: PO/APD SACS
	l) Review at SACS level, identification of priority districts/sites and specific action plan	Quarterly basis	SACS B&D
	m) Induction training for all NACP-NRHM functionaries involved in PPTCT service delivery and program monitoring	As per roll-out plan	PO SACS, APD (SACS), ID (B&D), Consultant PPTCT, DO/AD (B&D/CST), JD (M&E), RC (CST)
	n) Refresher training for service providers as well out reach worker involved in PPTCT client follow-up under NACP & NRHM	From second year of roll out	PO SACS, APD (SACS), ID (B&D), Consultant PPTCT, DO/AD (B&D/CST), JD (M&E), RC (CST)
	o) On-going sensitization during monthly meeting	On going	DPM/District Medical Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	p) Inclusion of PPTCT new regimen component under basic training module for counsellor/SN/MO in NACP & NRHM and ILFS ORWs	In process	DDG (B&D), NPO (PPTCT), PO (Counselling), Training Instructors
	q) Visits to high load sites and on-site mentoring	On monthly basis	APD (SACS), ID (B&D), Consultant PPTCT, DO/AD (B&D/CST)
	r) Line list compilation and validation at district level	Monthly	DPM/District Medical Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	s) One-reach and client tracking	On-going	ART centre MO/counsellor and ICTC counsellor/ILFS 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	no of centres	Minor Refurbishment for Audiovisual privacy, Computer	1.5
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	no. of counsellor	Counselor salary	3.96
1.4.3	Training	Recur	35000 per centre & 10000 per month 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	1.25
1.4.4	Procurement	Rec	25000 per centre	no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	0.75
1.4.5	Supportive Supervision and review meeting	Recur	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	0.5
1.4.6	Private sector partnership	Recur				
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	Recur				

1	STI/RTI episodes to be managed by Designated STI clinics	4000
2	STI/RTI episodes to be managed by TI NGOs	4000
3	STI/RTI episodes to be managed by Private sector	500
4	Total target of STI/RTI episodes for SACS	8500
5	STI/RTI episodes to be managed by NRHM	1352

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

1	Colour coded kits for Designated STI clinics and TI NGO	6000
2	RPR Test kits	85 kits

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

Process Indicators 2013-14

Name of State: Daman Diu SACS

Sr No	Issues	Recommended course of Action	Person Responsible	Timeliness
1	Low Physical Target achievement at TI NGOs	<ol style="list-style-type: none"> 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. 	Counsellor of STI Clinic, Incharge of DSRC, DD STI	Ongoing
2	Partnering with PSU	<ol style="list-style-type: none"> 1. 6 providers offering services to employees of industries to be enlisted. 2. Meeting with State Focal person of industries association trained on syndromic case management to report in SIMS format 3. 6 doctors to be 4. All units 	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	<ol style="list-style-type: none"> 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 regularly and compared with consumption 	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	<ol style="list-style-type: none"> 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. Need to strengthen STI services to HRGs. 	DD STI, and STI Mentors	Ongoing
5	Supply chain Management	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. All Patients to be provided with internal exam, STI in patients 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 their files and individual patient wise card. 	STI Clinic Incharge and TI STI Providers, DD STI.	Ongoing
8	NRHM Convergence	<ol style="list-style-type: none"> 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	Joint meeting once a quarter

BLOOD SAFETY AAP 2013-14

(20)

State Daman & Diu

S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Achievement (2010-11)		Targets		Allocation (Rs. in Lakhs)
					Target	Achievement	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	6.76	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			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			1		0.31
		Salary	1.2	Salary of 1 LT			1		1.2
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 Attendant			1		1.44
1.5.1.8	Maintenance of BT Vans in form of POI	Recurring	0.7				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
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

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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			16		0.4
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			1500		0.4
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									
									7.48

Increment as per NACO norms*

f

SA

Total licensed blood banks in the	1
Blood banks supported by NACO	1
Target for Total Collection	1500
Target for NACO supported	1500
Target for VBD	90%
VBD Camps	
% Component prepared by NACO	80%
Commodity Items to be provided by	
Blood bags	in lakhs

Dhas

Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadruple 450 ml	
Testing Kits	in lakh tests
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

DR

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	0	0	0
b3	Major without BCSU	0	0	0
b4	District Level Blood Bank	1	0	1
c	RBTC	0	0	0
d	Blood Mobile Van	0	0	0
e	Blood Transportation Van	1	0	1
f	SBTC	0	0	

2	Blood Collection	Proposed target 2013-14
a	Total Collection for the state	1500
a1	NACO supported blood collection	1500
b	Percentage VBD for NACO supported BB	100%
c	Voluntary Blood Collection in NACO supported BB	1350
c1	Through Static	270
c2	Through Camps	1080
c3	Through Blood Mobile Vans	0
d	No of Camps to be conducted	15
d1	Camp Collection	75units

3	Component Separation	Proposed target 2013-14
a	Blood collection in NACO supported BCSU	0
b	Percentage component separation in NACO supported BCSU	0%

4	Training	Proposed target 2013-14
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	0
f	Blood Bank counselor	0

5	Supervision, Monitoring and Evaluation	Proposed target 2013-14
a	Field visits to be conducted	1
b	Review meetings to be conducted	2

6	EQAS		
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

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 BCS	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	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	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	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 camps/ monthly blood donation day or	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	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

35	Monitoring visit of SACS officers to the mobile camp	As per route plan	SACS officers
37	6 Blood Donation Camps		
38	Listing of organizations conducting blood donation camps in the state	In beginning of every quarter	VBD consultant SACS
39	Listing of colleges, universities, workplaces where camps can be organized along with suitable time	In beginning of every quarter	VBD consultant SACS
40	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
41	Release of budget for conduction of blood donation camps	In beginning of every quarter	VBD consultants SACS, Finance division SACS
42	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
43	Conduction of camps by organizers and concerned blood bank	On day of the camp	Organizers, Staff of concerned blood bank
44	Monitoring visit of SACS officers to blood donation camp	On day of the camp	SACS officers
45	Transport of collected blood units to blood bank	Within six hours of holding the camp in cold chain	Staff of concerned blood bank
46	Submission of report of blood donation camps	Within 2 weeks of conduction of camp	Camp Organizers
47	7 Component separation		
48	Review of availability and functional status of equipments for component separation	By April 2013	JD BS SACS
49	Review of availability of requisite manpower at BCSU	By April 2013	JD BS SACS
50	Review of availability of licence at BCSU	By April 2013	JD BS SACS
51	Review and identify BCSU wise reasons for sub-optimal component separation	By April 2013	JD BS SACS
52	Taking appropriate corrective measures to address the reasons	Within first quarter	JD BS SACS
53	Stepping up blood collection at BCSU	Ongoing	Incharge BCSU
54	Stepping up component separation at BCSU	Ongoing	Incharge BCSU
55	Enhancing demand for components through trainings on rational blood use	Ongoing	JD BS SACS, Training institutes, Professional Associations
56	8 Trends in prevalence of TTI in blood units		
57	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
58	Quarterly monitor the trends through SMS data analysis	Ongoing	
59	Identify blood banks showing high prevalence for TTI	Ongoing	
60	Review whether quality standards are in place in the blood banks	Every quarter	
61	Review whether reactive donor is being notified and referred for treatment	Every quarter	
62	Identify possible reasons for high TTI positivity (replacement donation, poor donor selection and screening, high prevalence in general population in the area, etc)	Ongoing	
63	Preparation of training curriculum on donor counseling, screening and retention for blood bank counselors	By September 2013	NACO blood safety division
64	9 Procurement and Supply Chain management		
65	Preparation of indent for items to be procured at SACS level and approval by PD SACS	By April 2013	JD BS SACS, Quality Manager
66	Processing and completion of procurement of indent given	Within first quarter	Procurement division SACS
67	Dispatch and receipt at concerned facilities	Within two weeks of supply at SACS	Quality Manager, Store officer SACS
68	Preparation of indent for items to be procured under NACP I, II and III in NACO blood bank along with functional status	Within first quarter	Quality Manager, Store officer SACS
69	Procurement of AMC/CMC services for the functional equipments	Before September 2013	Quality Manager, Procurement division SACS
70	Issuance of orders for AMC/CMC services	Before September 2013	Quality Manager, Procurement division SACS
71	Supply schedule for centrally supplied commodities to be shared with SACS	Within one month of issuance of notification of award	NACO blood safety division
72	Timely receipt and Storage of centrally supplied commodities under proper storage conditions	One same day as receipt	Quality Manager, Store officer SACS
73	Physical verification of stock and cold chain status and issuance of Consignee receipt certificate	Within one week of receipt	

	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	
	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	10 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	11 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	12 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	13 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: Daman & Diu

I. Grant-in-aid to SACS

S No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14				
					Target	Achievement	Financial allocation	Expenditure as on	Existing on 1.4.12	Proposed	Allocation Rs. Lakh	Remarks	
2.1.1	GIA for ART Centres	Recurring	13.50	Salary							0.00		
2.1.2			0.50	Universal Work Precautions							0.00		
2.1.3.1			1.50	Operational Costs							0.00		
2.1.3.2			0.5 for callber, 0.5 for count & 0.25 for Partec	Operational cost for CD4 testing									
2.1.4.1			Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD							0.00	
2.1.4.2				1.00	Infrastructure development installation of machine							0.00	
2.2.1	GIA to SACS for various activities	IEC	0.50	Registers, Signages, Flip Charts, Posters							0.00		
2.2.2		Training	1.00/ART for states where more trainings are conducted 0.50 in other states	Trg. of MOs, Counselors, Nurses, Pharmacists, LAC Managers, LAC staff, Workshops etc.							0.10	Training be done at CoE Gujarat	
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode							0.00		
2.2.4.1		LAC	0.15	One-time cost for infrastructure development	2	2	0	0.3	0	0	0.00		
2.2.4.2			0.378	Rec. for TA/DA & Oper. Costs, Stationery etc.	2	2	0.76	0.76	2	0	0.76		
2.2.4.3			0.96	HR for LAC Plus								0.00	
2.2.5.1		EID	3.84	HR for EID							0.00		
2.2.5.2			1.00	Cost for EID lab (Operational Cost, Infrastructure development)							0.00		
2.2.6		Viral load testing	1.10	Salary of LT							0.00		
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment									
2.2.7.2	Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for		Hiring of space & for drug transfers										
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TADA & Oper. Costs							0.00		
2.3.2		Regional coordinator	9.00	Remuneration & TA/DA									
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs							0.00		
Total GIA to SACS for CST											0.86		

.No.	Sub-component-II	2012-13		2013-14		Commodity Assistance
		Target	Achievement*	Target		
2.5.1	PLHA on ART	Registered				All PLHV detected positive at ICTC should be registered at ART Centres in Valsad & Amreli in Gujarat
2.5.2		Alive & on ART				
2.6.1	OI drugs					Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines
2.7.1	CD4 Count Tests	CD-Machines				CD4 machine to be supplied by NACO.
2.7.2		CD4-Kits				Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new

Daman & Diu CST : 2013-14

Sno	Indicator	Target Cumulative 2012	Target Achieved	Gap	Gap-Analysis	Proposed target for 13-14	Remarks
1	ART Centres	13	0	0		0	
2	LAC	2	2	0		0	
3	LAC Plus	2	2	0		0	
4	PLHIV registration in HIV care	NA				NA	
5	Alive and on ART		12 PLHIV linked out at LACS				
6	CD4 testing	NA				NA	
7	CD4 Machine	NA					
8	OI treated						OI episodes treated in LAC reported
9	ICTC ART linkages	79	54	68%	Line list needs to prepared and shared with ART Valsad (Daman) & Amreli (Diu) in Gujarat		Better coordination required with Gujarat SACS as ART centres are located in GSA
10	Colocation of ICTC ART					0	
	PPP ART Centres						No industries have health facilities
12	Sensitisation of Private practitioners on rational prescription of ART						
13	Sensitisation of UWP/PEP					35	There are 30-35 doctors associated with 7 branches IMA. One batch with supply INA
14	Financial Status	0.76	0			0.86	

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Processes for implementation of 2013-14 activities

DAMAN & DIU

(2 LACs linked to ART centres Valsad & Amreli in Gujarat)

Baseline: 1st April 2013

S.No.	Activity	Processes	Responsibilities	Timeline
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	Number to be identified for never trained, refresher training and type of health care provider	SACS CST, RC	May 2013 (second fortnight)
		Number of batches to be trained to be finalized once total numbers are identified	SACS CST, RC	June
		Curriculum to be standardized	NACO CST	May (first fortnight)
		Training of Health care providers (Expected Target= 35)	ART Nodal Officer & SMO. Co-ordinated by SACS CST	Once every Quarter
7.	Training of private providers on National ART regimen	NA		
8.	SCM	Forecasting -		
		Requirement of drugs and CD4 kits for next FY to be assessed against previous consumption, rise in number of patients in current year (and thus expected rise in next FY) and assessed previous backlog	SACS CST	3 rd Quarter
		Send above information to ART centre by December		
		Storage Space-		

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Storage at general health facility		
Receipt & Dispatch -		
CRC should be issued within 7 days of receipt of supplies	Store Officer	Ongoing
Transportation – Most cost effective and efficient means of transportation to be adopted	ART centre Nodal officer, SMO/ MO, Pharmacist	
Option 1: Supplies should be made to LAC Plus in collaboration with the general health system		
Option 2: Supplies should be made through physical collection by staff while attending review meetings		
Option 3: Hiring of courier to dispatch supplies co-ordinating with BSD supplies		
Physical Verification and Reporting -		
SACS to physically verify stocks and countersign in stock register	SACS CST (JD/ Consultant)	Monthly
Facility level stock position should be reported to ART centre by the 15th of every month	SACS CST, Store Officer	Monthly
Variance of more than 5% in drugs dispensed and stock consumption to be analyzed by SACS – 1. On 1 st report of such variance, reasons for variance to be analysed for necessary action 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	1. RC, SACS CST 2. PD, APD	Monthly

DAMAN AND DIU SACS					
Institutional Strengthening					
		Budget 2012-13	Expenditure as on date	Proposal for 2013- 14	Accepted
2	Operational Cost				
1	Training SACS /DAPCU	50000	22812	50000	2.00
2	Equipment Maintenance	100000	63871	200000	2.00
3	Building Maintenance	0	0	0	0.00
4	Vehicle Maintenance	100000	48385	180000	1.00
5	Vehicle on rental	0	0	600000	0.00
6	Travel Expenses	150000	222353	675000	3.00
7	Rent, Rates and Taxes	0	0	0	0.00
8	Telephone/Communication Expenses	100000	65127	261000	2.00
9	Bank Charges	0	450	5000	0.00
10	Miscellaneous Expenses	50000	13129	50000	2.00
11	Printing and Stationery	50000	832	100000	0.50
12	Advertisement (Other than IEC)	50000	31524	200000	1.00
13	Water and Electricity	0	0	24000	0.00
14	Medical Expenses	0	0	550000	0.00
15	Audit Fees	100000	39326	500000	2.00
16	Legal Expenses	0	0	0	0.00
17	Postage / Courier	10000	106	10000	0.10
18	Other Administration Cost	10000	0	50000	0.40
19	Review Meeting & Monitoring Expenses DDSACS	0	0	100000	1.00
20	Office Equipments(see next sheet)	50000	0	661000	6.00
21	Furniture maintenance		0	300000	0.00
	Total			4516000	23.00

D&D AAP 13-14 IS

Summary	As per SACS	Approved
Salary SACS	71.82	69.09
Operational	45.16	23.00
Total	116.98	92.09

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1 Training*		Induction		Refresher		
	ICTC	2500	4	4		20000
	BB	2500	1	1		5000
	STI	2500	2	2		10000
	NGO-TI	2500	7	7		35000
	LWS	2500	0	0		0
	DIC	2500	0	0		0
	CCC	2500	0	0		0
	Hq. Staff	1000	20	20		40000
	Total		34	34		
2 Reports publication (Surveillance, estimations report and SIMS report)						
3 Monitoring & Supervision visits (10 days/month)#						
4 HIV Sentinel Surveillance** (30% of the budget of ANC sites and lab 2012-13)						
Total Budget						110000
0						0

* Training includes Rs. 2500 per person i.e. TA/DA, Accommodation and Venue costs
 ** Sentinel Surveillance, 30% of ANC AAP 2012-13 is towards spillover /follow-up actions of HSS 2012-13 such as: Payment of Honorarium, post-visit, report publication and dissemination and incidental support to IBSS activities.

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Monitoring and Evaluation		As per the quarterly plan. All personnel should be trained	As per timeline prescribed in AAP	MEO
SIMS training		90% or more in all component	By end of 1st Quarter	MEO
SIMS reporting		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 quality		Quarterly SIMS bulletin/factsheet	By end of every Quarter	DD (MES)/SE/MEO/SO
Data analysis and Report publication		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
		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

Das