

T-11017/14/2012-NACO (F)
Government of India
Ministry of Health & Family Welfare
Department of AIDS Control

6th Floor, Chandralok Building,
36, Janpath, New Delhi-110001
Dated : :21st March 2013.

To,

The Project Director,
Goa State AIDS Control Society

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

Sir/Madam,

Please refer to your proposal regarding approval of Annual Action Plan for the year **2013-14** and further discussions held in Department of AIDS Control (DAC) on 6th March, 2013 The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs 597.61lakh (Rupees Five crore Ninety seven lakh and Sixty one thousand only.) as per detailed break-up given below:

(Rs. in lakhs)

Component	DBS	Pool fund	GF	Total
Prevention				
TI		229.84		229.84
STI	8.08			8.08
BTS	48.26			48.26
IEC	63.49			63.49
LWS				
ICTC	17.22		40.19	57.41
	137.05	229.84	40.19	407.08
CST	24.05			24.05
ISTM	163.50			163.50
SIMS	2.98			2.98
GT	327.58	229.84	40.19	597.61

Component/sub-component/activity wise budgets along-with process indicators are attached (Annexure I to ~~X~~)

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.
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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.
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
Goa

YEAR 2013-14

S.No.	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	Existing as on 01.04.2013	Transition from Partners	New TIs additions	
1.1.1	FSW	Grant to TI Projects	8 to 24 lakhs based on coverage	cost for basic infrastructure, human resources, programme management and service delivery	6	6	0	0	6	59.51
1.1.2	MSM				3	3	0	0	3	37.10
1.1.3	IDU				2	2	0	0	2	35.85
1.1.4	TG/Hijra				0	0	0	0	0	0.00
1.1.5	Core Composite*				1	1	0	0	1	17.00
1.1.6	Migrants (Source)				0	0	0	0	0	0.00
1.1.7	Migrants (Transit)				0	0	0	0	0	0.00
1.1.8	Migrants (Destination)				2	2	0	0	2	25.74
1.1.9	Truckers				2	2	0	0	2	18.26
Total					0	16	0	0	16	193.45
1.1.9	Training of State TOTs/ STRC Refresher training	Grants to agencies	8 to 40 lakhs	Cost for training as per norms and management cost of agencies						9.43
1.2.0	JAT / Evaluation	Professional services	25,000-40,000 per unit	Cost for TA, DA and documentation					0	3.80
1.2.1	OST centre maintenance			As per guidelines				2	3	18.16
1.2.2	Employer led models (includes activities for fishermen community)			As per guidelines				10	10	3.00
1.2.3	Seasonal Strategy									2.00
TOTAL (Rs. in Lakhs)										229.84

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	Old	New	Old	New
FSW	2	0	4	0	0	0	0	0	6	0	0	2900
MSM	0	0	2	0	0	1	0	0	3	0	0	2000
TG/Hijra	0	0	150-249	0	250-399	0	400-599	0	600 and above	0	0	0
IDU	1	0	300-499	0	500-699	0	700 and above	0	0	0	0	0
OST	0	0	1	0	0	0	0	0	2	0	0	700
Core Composite	0	0	400-699	0	700-999	0	1000 and above	0	1	0	0	1000
Bridge Population	5000	0	5001-9999	0	10000 and above	0	0	0	2	0	0	20000
Migrant (Dest.)	5000-9999	0	10000-29999	0	30000 and above	0	0	0	2	0	0	10000
Trucker	2	0	0	0	0	0	0	0	2	0	0	10000
Migrant (Source)	No. of districts	0	Migrants (Transit)	0	No. of sites	0	0	0	2	0	0	0

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Annexure-1

	Cost Head	Unit Cost **	Items/activities	Target	Achievement	Existing as on Date	New
1.2.3	IEC material production, replication & newsletter	Rs 91466 /- for Truckers IEC . Extra to the IEC budget for other service centres.	Separate sheet Attached				7.28
	Sub-total						7.38
1.2.4	Outdoor	Rs. 20000/- per hoarding for 4 months	Airport, Railway Station, Highways, Industrial area and Beach area 50ft X 20 sq.ft.	9	6		4.20
		Rs. 7000 (govt rates) plus 20 sq ft for vinyl/flex.	Display of Msgs on HIV/AIDS, VBD, SACS services in two districts on 30 Buses for 3 months.				7.50
	Sub-Total						11.78
1.2.5	Mid Media	Rs 3000 per show 1 state orientation workshop and review meeting Rs 80,000/- Monitoring and folk performances (travel cost, TA/DA @Rs 1800 x 50 days Rs 90,000/-	Rs 3000 per show 2 shows per day. 1 state orientation workshop and review meeting Rs 80,000/- Monitoring and folk performances (travel cost, TA/DA @Rs 1800 x 50 days Rs 90,000/-	200	200		7.70
	Sub-total	Rs 4.5 per IEC vans	Rs 4.5 per IEC Van for 3 months.	1	1		4.50
1.2.6	Events	Rs 2.5 Lakh for WAD and Rs 50,000 each for NYD, IVD WAD, NYD, IVD, IWD and IWD wad and Rs	Rs 2.5 Lakh for WAD and Rs 50,000 each for NYD, IVD WAD, NYD, IVD, IWD, IWD and IWD wad and Rs	7	7		4.00
	Sub-total						4.00
1.2.7	M & E, Documentation	All activities to be documented. Mention the activities whose evaluation to be conducted	Documenting a book "Situation of HIV in GOA & Evaluation of IEC Activities				4.00
1.2.9	Youth Intervention	In sec and sr sac schools (govt and govt aided)	Training of teachers and implementation of AEP				0.96
1.2.9.1	Adolescence Education	Rs 1000 per school	Rs 1000 per school	124	124	124	4.2
1.2.9.2	RRCCs in colleges and University	Rs. 4000/- for existing RRC and Rs.9000/- for new RRC	Rs. 4000/- for existing RRC and Rs.9000/- for new RRC				6.76
	Sub-Total						10.96
1.2.10	Drop in Centre	Only for three months @ 1.37 lakh per DIC	1.37 lakh for each DIC for 3 months	2	2		2.74
1.2.11	Advocacy		Separate sheet to be attached				
1.2.11.2	Mainstreaming training	Rs. 250 per person per day	Training will be provided to the following departments , PRI, Police personnel, Industry workers, tourism officials etc.	45	23	5.69	5.87
	Sub-total						5.87
	Grand Total						63.49

After the AOP 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(Media) has also been coordinating the whole exercise with States for IEC and Mr. Elizabeth TUMS and her team for the mainstreaming. Further consultations have also been held with Additional Secretary, Department of AIDS Control on these issues. The finalized AOP 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.

K. Syama Prasad
JBI/EC

JRao

28/11/13

GOA

Sr. No.	Component	Physical targets 13-14	Time line	Process Indicators
	Spots on regional cables event based	480 spots for 30 seconds	1. & 2. April Wk 1 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
	Sponsored Spot on DD	10	1. & 2. April Wk 1 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
	Audio spot on pvt. FM per 10 seconds event based	700 spots for 30 seconds Pvt. FM channel	1. & 2. April Wk 1 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 depending on frequency of telecast
	Spots on AIR	270 spots	1. & 2. April Wk 1 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 depending on frequency of telecast
	Newspaper	12	1. & 2. April Wk 1 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. & 2. April Wk 1 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			
	Rented Hoarding at strategic location	7	<ol style="list-style-type: none"> 1. & 2. April Wk 1 3. April Wk 3 4. April Wk 4 5. May Wk 3 6. Ongoing 7. Periodic 	<ol style="list-style-type: none"> 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	200	<ol style="list-style-type: none"> 1. April Wk 1 2. April Wk 2 3. April Wk 3 4. April Wk 3 5. April Wk 3 6. Periodic 7. After phase 1 8. June <p>After completion every phase Folk performances will be done in Q1, 3 & 4</p>	<ol style="list-style-type: none"> 1. Selection of troupes as per guidelines 2. State level workshop. Goa will join Maharashtra 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
	Hiring of IEC vans	1	<ol style="list-style-type: none"> 1. & 2. April Wk 1 3. April Wk 3 4. April Wk 3 5. May Wk 3 6. Staggered 7. Periodic 8. Daily 9. Immediate on completion 	<ol style="list-style-type: none"> 1. Development of activity plan 2. Decision on occasions and periods of utilization 3. Development of route plan in consultation with districts 4. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 5. Work order 6. Roll out according to route plan 7. Monitoring of activities by DHS and SACS officers 8. Reporting (on uniform format) and analysis of reports 9. Documentation, sharing with NACO
	Display of messages on govt./ pvt. Buses/ etc.	30	<ol style="list-style-type: none"> 1. April Wk 1 2. April Wk 1 3. April Wk 3 4. April Wk 4 5. April Wk 4 6. May Wk 1 - Wk 3 7. May Wk 4 8. Periodic 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
4	Other/Events/M&E			
	Events at state & districts	4	1. April Wk 1 2. April Wk 4 3. Depending on Calendar 4. As per calendar 5. As per calendar 6. 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 / Disbursement of funds to DHS 4. Monitoring of activities at districts 5. Documentation, district-wise 6. Gathering of SOE
	M&E, Documentation, evaluation		1. & 2. April Wk 1 3. Depending on Calendar 4. April Wk 4 5. As per plan 6. As per plan 7. immediately after completion of the activity	1. Listing of activities for monitoring - by SACS officers, external resource, etc. 2. Documentation of all field level activities, and shared with NACO 3. Activities proposed for evaluation along with time line 4. Bidding process: Publish notice, short-listing, approval of selection of agency(s) 5. Work order 6. Conduct of studies according to time line 7. Sharing of reports with NACO
5	Youth			
	Adolescence Education Program	420	1. April Wk 4 2. May – June 3. August Wk 2 4. Sept Wk 2 – Oct Wk 2 5. As per training schedule	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	20 new 124 existing	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	2,320	1. April 3 2. April 3 3. April 3 4. April 3 5. April 4 6. May 1 7. May 3 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
7	DIC	2	1. April Wk 1 2. April Wk 1 3. April Wk 1 4. Regular 5. June - July	1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of PLHIVs 4. Monitoring of activities 5. Documentation
	TOTAL			

AAP 2013-14 Integrated Counseling and Testing Centre Geos SACS

-9- Annexure III

S.No.	Sub-Component 1	Cost head	Unit Cost (lakhs)	Items/ activities	Targets 2013-14		RCC Round 2	Allocation (Rs. in Lakhs)	Remarks
					As on 01.04.2013	New			
1.3	Existing Facilities				14	0	34.08		
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	2.40		One counselor and one LT additional at high load ICTCs
1.3.1.2	HR for Supervisors	Recurring	1.68	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months	2	0	1.68		50% allocation made due to vacancy
1.3.1.3	Mobile ICTC	Recurring	5.55	Running cost of whole unit including salary of counselors and lab tech at Rs 3000 average per month for 12 months	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, Data Analyst, Secretarial Assistant, Finance Officer)	0	0	0.00		
				Sub Total			38.15		
1.3.2	Establishment of New ICTCs				14	0	0.00		
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 60000 per new stand alone ICTC	14	0	0.00		
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	0	0	0.00		
1.3.2.3	Facility integrated ICTCs	Non recurring	0	none	19	10	0.00		
1.3.2.4	PPP ICTCs	Non recurring	0	none	8	5	0.00		
				Sub Total			0.00		
1.3.3	Trainings								
1.3.3.1	Training	Recurring	1.75	1) ICTC: Counselors, LTs: Induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) ICTC: Training of MO ICTC / MOTC / ART MO / District Supervisor 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			4.00		As per Training Plan, 50% allocation made and additional allocation will be made based on completion of trainings and booking of expenditure at the end of 6 months
				Sub Total			4.00		
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	14	0	0.00		
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipments/maintenance/AMCs/ Insurance of equipment bikes etc	14	0	0.70		
				Sub Total			0.70		
1.3.5	Consumables								
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Safe delivery kits, reagents and syringe needles, printing of reporting formats, internet and other misc exp	14	0	7.00		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 formats and other misc exp at the center	27	15	2.90		
				Sub Total			9.90		
1.3.6	Monitoring and Supervision / Review meetings								
1.3.6.1	Review meeting for Supervisors (monthly @ Rs-1000/person)	Recurring	0.01	review meetings	2	0	0.24		
1.3.6.2	Review meeting for counselors/MO (Quarterly @ Rs 1500/person)	Recurring	0.015	review meetings	1	0	0.06		
1.3.6.3	State and District HIV-TB Coordination meetings (Quarterly @ Rs	Recurring	0.025	Quarterly State and District level Coordination committee meetings / State Technical Working Group meeting	1	0	0.10		
				Sub Total			0.40		
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	1	0	3.00		
				Sub Total			3.00		
1.3.8	Additional Allocation								
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	-	1	0.75		
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	-	3	0.50		
				Sub Total			1.25		
1.3	Grand Total						57.41		

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Physical Targets for Goa 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	14	0	0	0	
2	Mobile ICTCs	0	0	0	0	
3	Facility Integrated ICTCs	19	0	10	10	
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	8	3	0	3	
5	PPP ICTCs in Private Sector Industries	0	0	2	2	
6	PPP ICTCs in Public Sector Industries	0	0	1	1	
	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 1	0	1	1 out of 1	
2	District Hospital Level	0 out of 0	0	0	0	
3	Sub District Level	0 out of 0	0	0	0	
	Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target	
1	Testing for General clients	35000	23262	40000		
2	HRG testing	5700	11242	13200	Two time testing in 100% of HRG covered by TI	
3	Bridge population testing	NA	NA	7500	30% migrants and 15% truckers	
4	STI Clinic In-referrals testing	2000	1021	1500	100% DSRC attendees	
5	Out Referrals from to STI			500		
6	HIV-TB Cross referral	4000	2257	5000	100% of TB patients and 5% of ICTC clients (Non-ANC)	
7	HIV/TB coinfection to be detected	150	66	80	100% of HIV infected TB notified cases	
8	Testing for ANC	21000	10350	21000	100% of the estimated pregnancies	
9	Detection of HIV+ve pregnant women	64	17	49	50% of estimated positive pregnancies	
* Achievement upto December 2012						
	Linkage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition	
1	ICTC to ART (GC)	NA	95%	95%	HIV +ve general clients to be linked to ART centres	
2	PPTCT to ART	NA	91%	100%	HIV +ve pregnant women to be linked to ART centres	
3	TI to ICTC	NA	NA	100%	HRGs referred from TI reaching ICTC	
4	STI to ICTC	NA	51%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics	
5	TB to ICTC	NA	96%	100%	Notified TB cases reaching ICTC	
6	HIV/TB to ART	NA	84%	90%	HIV infected TB notified cases reaching ART	

DDa

2. 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	No of batches	Unit Cost	Training Cost	Training Plan (April 2013-March 2014)(No. of personnel)			
								Quarter 1	Quarter 2	Quarter 3	Quarter 4
1	Induction (Stand alone (Inc. Mobile)	Counselor	3	12	1	800.00	28,800.00	0	3	0	0
2	Refresher (Stand alone (Inc. Mobile)	Counselor	13	5	0	800.00	-				3
3	Induction (FI- ICTC +PPP)	Lab-Tech	16	5	1	800.00	52,000.00	3	5	5	5
4	Refresher (FI- ICTC +PPP)	Staff nurse (F ICTC)	0	5	0	800.00	64,000.00		16		
5	Induction/ Refresher	Lab Technician	5	5	1	800.00	20,000.00			5	
6	Sensitization(No.facilities)	Staff nurse (F ICTC)	53	5	2	800.00	212,000.00	25	28		
7		Lab Technician	52	5	2	800.00	208,000.00	25	27		
		District supervisor	2	5	1	800.00	8,000.00	2			
		Full site Senstrn. Dist. Hosp	3	1	3	10,000.00	30,000.00	1	1	1	1
		Full site Senstrn SDH/RH	34	1	34	8,000.00	272,000.00	8	8	10	8
		ICTC Counselor	17	2	1	500.00	17,000.00		17		
		Medical Officer	25	1	2	500.00	12,500.00	12			13
		District ICTC supervisor	2	2	1	800.00	3,200.00	2			
	HIV-TB training	MO-Tc/MO-ICTC	25	1	2	500.00	12,500.00	12	0	13	
		ART MO	1	1	1	500.00	500.00	1			
		RNTCP STS/STLS	8	2	1	500.00	8,000.00			1	
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	2	2	1	500.00	2,000.00	1			
		Counselor	17	2	1	500.00	17,000.00				
8	Multi Drug Regimen Training for PPTCT	Medical Officer	16	3	1	500.00	24,000.00	16	17		
		District supervisor	2	2	1	500.00	2,000.00	2			
		MO ARTCs	1	3	1	500.00	1,500.00	1			
		Others	50	2	1	500.00	50,000.00				
		ANM	150	5	11	500.00	375,000.00	150			
9	Training on whole blood screening	Labour Room Nurse	29	5	2	500.00	72,500.00	14			
		DMC LT (RNTCP)	4	2	1	500.00	4,000.00			15	
		STLS	4	2	1	500.00	4,000.00				1
		MO	0	3	2	500.00	-				1
10	ICTC Team Training	Lab-Tech	0	3	2	500.00	-			16	16
		Nurse	0	3	2	500.00	-			16	16
		Counselor	0	3	2	500.00	-			16	16
11	Other (Specify)		0	3	2	500.00	-			16	16
			534	103	82	36000	1,500,500.00	275	191	125	10
	Total										

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Process Indicators - BSD

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

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Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
<p>Indicators</p> <p>Linkage of General Clients with ART</p>	<ul style="list-style-type: none"> * Tracking system for General Clients: a) Monthly maintenance of Line list of HIV +ve General Clients by ICTCs b) Sharing of line list with concerned ART centre/s by email every 15 day c) Obtaining feedback by concerned ART centre / s every 15 day c) Completion of line list at the ICTC level by Counselor at 15 days and at the end of the month d) Sharing completed / compiled line list with full details to DAPCU / SACS BSD e) Monthly meeting between ICTC and concerned ART at district / regional level to be conducted in 1st week of every month for verifying data f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSD every month g) SACS officers to participate in district level review meetings at least once in quarter every district h) Where there is no DAPCU, SACS BSD will directly verify / analyze line list every month. i) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data. j) After due verification by CST at SACS, BSD to share analyzed / verified / completed line list with NACO by 15th of every month k) SACS BSD / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring 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 HRGs, typology wise, STI prevalence, etc and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions. 	<p>Monthly</p> <p>Every 15 days</p> <p>Every 15 days</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Quarterly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p>	<p>ICTC Counselor</p> <p>ICTC Counselor / ART Counselor</p> <p>ICTC Counselor</p> <p>DAPCU, Dist ICTC Sup, MD-ART, ART Counselor, all concerned ICTC Counselors</p> <p>DAPCU, Dist ICTC Sup</p> <p>SACS BSD, CST</p> <p>Direct: SACS BSD, CST Monitoring: PD/APD SACS</p> <p>SACS BSD</p> <p>Direct: SACS BSD, CST Monitoring: PD/APD SACS</p> <p>Direct: SACS BSD Monitoring: PD / APD SACS</p>

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

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Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
<p>STI Linkages</p>	<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 ST 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 trainings for STI testing is included in all ICTC LT training. c) Referral of STI clients by DSRC using referral slips / accompanied referrals to ICTC d) Compilation 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 ICTC: In-referrals from STI and out referrals from ICTC to STI STI: 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 NACO 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 hand-holding 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 	<p>1st Qtr - April 2013</p> <p>Ongoing</p> <p>Every Referral Every 15 days</p> <p>Every 15 days</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Quarterly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p>	<p>Direct: SACS BSD / STI, Monitoring: APD / PD SACS</p> <p>SACS BSD / STI</p> <p>STI Counselor</p> <p>STI Counselor / ICTC Counselor</p> <p>Direct: STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU</p> <p>Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI</p> <p>Direct: SACS BSD / STI Monitoring: PD/APD SACS</p> <p>Direct: SACS BSD / STI, Monitoring: APD / PD SACS</p> <p>Direct: SACS BSD / STI Monitoring: PD/APD SACS</p>

Das

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

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Indicators	Recommended Action - Co-location of Facilities	Timeline	Person Responsible
Colocation of facilities	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-locator c) Meetings to be conducted between SACS BSS/CS/STI with Health Facility (Dean, Med Sup, CMHO, ART Nodal 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 e) Ensuring action on office orders issued and processing plan for relocation of facilities 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 Jun h) Follow-up visits by SACS i) Progress of Activities to be reported to NACO every month	April April April May May May June June / July Monthly	Direct: DAPCU, SACS BSS, CST, STI, Monitoring: RC - CST, APD, PD SACS SACS BSS, CST, STI, RC-CST Direct: SACS BSS, CST, STI, Monitoring: RC - CST, APD, PD Direct: DAPCU, MO-ICTC, MO-STI, MO-ART Monitoring: SACS BSS, CST, STI Direct: SACS BSS, CST, STI Monitoring: APD / PD SACS Direct: SACS BSS, CST, STI, RC - CST, Monitoring: APD / PD SACS SACS BSS, CST, STI

Das

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 CRGs	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
d)	CRG 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, Store Officer 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)	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.	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
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		Daily	MO-ICTC, ICTC LT
a)	MO-ICTC to physically verify stocks daily and countersign 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 countersign to stock register	Ongoing	DAPCU, Dist ICTC Sup, TO-SRL, SACS BSD
a)	ICTC LTs to physically verify stocks available, stock register, lab register for tests performed and then prepare monthly CMS/SIMS report for lab component of ICTC	Monthly	ICTC LT, MO-ICTC
c)	TO-SRLs and District ICTC 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
f)	Appropriate administrative action should be taken by APD/PD SACS based on reports	Ongoing	SACS BSD / SACS CST, APD / PD SACS
g)	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/bits should be made and submitted to NACO if required for relocation to other states, atleast 3 months in advance - If some commodities have expired, then reasons for the same should be analysed and administrative actions taken if required	Monthly	Direct: PD / APD SACS
h)	Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month.	Monthly	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS

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Indicators	Recommended Action - PPTCT	Timeline	Person Responsible
<p>Linkage of Pregnant women with ART centre and follow-up</p>	<p>a) Maintenance of PPTCT Line list by ICTCs b) Sharing of line list with concerned ART centres by email every 15 days c) Obtaining feedback of tripartite (referral) and Line list by concerned ART centre / s every 15 days d) Compilation of line list at the ICTC level by Counselor at 15 days and at the end of the month e) Sharing completed / compiled line list with full details to DAPCU / SACS BSC stakeholder/NRHM at district / regional level to be conducted in 1st week of every month for cross verifying data f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS every month by 10th g) SACS officers to participate in district level review meetings at least once in quarter every district h) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data i) BSD at SACS to share analyzed / verified / completed line list with NACO by 15th of every month j) Co-location of Testing sites (ICTC-2) and Obs& Gynaec OPD. It should be operationally co-located, with system of a single prick for HIV testing and other ANC blood tests, common registration for ANC check-ups & HIV testing. Review at SACS level, identification of priority districts/sites and specific action plan</p>	<p>Monthly Every 15 days Every 15 days Every 15 days Monthly Monthly Monthly Monthly Quarterly Monthly 3rd qtr Quarterly basis As per roll-out plan</p>	<p>ICTC counselor ICTC Counselor ICTC Counselor / ART Counselor ICTC Counselor/ DPM/DIS/District Nodal Officer DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors Direct: SACS BSD, CST Monitoring: PD/APD SACS Direct: SACS BSD, CST Monitoring: PD/APD SACS Direct: SACS BSD, CST Monitoring: PD/APD SACS SACS BSD PD SACS, APD, JD (BSD), Consultant PPTCT, DD/AD (BSD/CST), JD (M&E), RC (CST) PD SACS, APD (SACS), JD (BSD), Consultant PPTCT, DD/AD (BSD/CST), JD (M&E), RC (CST)</p>
<p>Roll-out of Multi drug regimen (Applicable Only where the new regimen program is rolled out by NACO)</p>	<p>Induction training for All NACP-NRHM functionaries involved in PPTCT service delivery and program monitoring Refresher training for service providers as well out reach worker involved in PPTCT client follow-up under NACP & NRHM On-going sensitization during monthly meeting Inclusion of PPTCT new regimen component under basic training module for Counselor/SN/MD in NACP & NRHM and ILFS ORWS Visits to high load sites and on-site mentoring Line list compilation and validation at district level. Out-reach and Client tracking</p>	<p>From second year of roll out On going In process On monthly basis Monthly On-going</p>	<p>DPM/District Nodal Officer for HIV, counselor at ICTC and ART centre, MO at ART centre DDG (BSD), NPO (PPTCT), PO (Counselling), Training Institutes APD (SACS), JD (BSD), Consultant PPTCT, DD/AD (BSD/CST) DPM/District Nodal Officer for HIV, counselor at ICTC and ART centre, MO at ART centre ART centre MO/counselor and ICTC counselor/ILFS ORWS</p>

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8. Total Budget for STI/RTI services for GOA SACS FY 2013-14

Annexure IV

Sexually Transmitted Infection/ Reproductive tract infection Services						
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	4 no. of counsellor	Counselor salary	5.28
1.4.3	Training	Recurring	35000 per centre and for training of PPP, private doctors	4 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	1.4
1.4.4	Procurement	Recurring	25000 per centre	4 no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	1
1.4.5	Supportive Supervision and review meeting	Recurring	10000 per centre	4 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	0.4
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				0
1.4	Sexually Transmitted Disease / Infections Services (Total Allocation)					8.08

1.4.a Physical Targets to the State under the STI/RTI services		
1	STI/RTI episodes to be managed by Designated STI clinics	5756
2	STI/RTI episodes to be managed by TI-NGOs	5135
3	STI/RTI episodes to be managed by Private sector	1443
4	Total target of STI/RTI episodes for SACS	12334
5	STI/RTI episodes to be managed by NRHM	8325

1.4.b STI/RTI facilities		Existing No.	Proposed new during FY 2012-13
1	Designated STI/RTI Clinics	4	0
2	TI STI providers	25	4
3	sector	15	25
4	NRHM health facilities upto PHC	29	15
5	PPP ICTC	7	29
6	Regional STI Centres	0	0
7	State Reference Centres	1	7

1.4.c Commodity Assistance provided by GOI to the State		
1	Colour coded drug kits for Designated STI clinics and TI NGO	4350
2	RPR Test kits	170 boxes

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STI/RTI Review of Annual Action Plan 2012-13 and Proposal 2013-14
Process Indicators 2013-14

Name of State: GOA

Sr No	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target in DSRC	1. Establish good linkages with Gyne and obs clinic, ICTC and ART centre. Counsellor to sit in Gyne OPD. 2. Ensure collocation of facilities so that there is minimum loss for treatment and testing. 3. All patients to be tracked for Syphilis and HIV testing. 4. Referral linkages with TI to be established. 5. All DSRC to report on STI in CMIS/SMIS. 6. Post of counsellor vacant in 2 DSRC hence all DSRC are not reporting regularly.	Counsellor of STI Clinic, Incharge of DSRC, and DD STI	Ongoing
2	Low Physical Target in TI	1. Outreach to be oriented on STI symptoms and outreach to encourage HRG to avail STI services from STI Providers. 2. All TI to appoint STI providers and ensure easy accessibility to services to HRG. 3. All HRG to be individually tracked for STI episodes and multiple STI to be tracked. 4. STI services to be delivered at the convenient location of HRG and by establishing linkages with government facilities. 4. Coordination meeting to review the targets achievement with TI and TI division.	DD STI, JO TI and PM of TI	Ongoing
3	Partnering with PSU	1. All PSU and leading private sector to be enlisted in all the districts. At least 8 units to be identified and enlisted, Konkan Railways, Sesa Goa, Defence, Ciba Geigy, MPT, FOGSI, IADVL and other public health facilities. 2. Meeting with State focal person of the PSU. 3. The doctors for STI to be trained. 4. All facility to report in SIMS format	DD STI and State PSU Focal Person	Enlisting of PSU to be completed by March 30 2013. Training to be completed by July 2013
4	Training	Pending training of Doctors in DSRC and PPP to be completed by March 13. Training plan to be made and shared with other division. Training calendar to be made. All participants to be informed in advance about venue and dates of training. All Training to be completed by first quarter.	DD STI and STI Resource Facilities	Training for 2013-14 to be completed by June 2013.
5	Supportive Supervision	At least 60% of poor performing STI facilities to be visited by SACS Focal Person at least once in a quarter. All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visits by STI mentors.	DD STI and STI Mentors	Ongoing
6	Supply chain Management	All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. All commodities supplied by the programme must be monitored regularly. All drugs with earlier expiry should be used first and if excess should be relocated. Review your programme data with consumption of commodities. Ensure there is no stock out and expiry of drugs.	DD STI STI Counsellor at DSRC, STI Clinic Incharge and PM of TI	Periodic Review of commodity at least once a quarter from all facilities
7	Quality of Services	1. All Patients to be provided with intertrial exam, multiple STI in patients to be tracked, 2. All STI patients to undergo syphilis and HIV testing. 3. All patients to receive drug and test regularly.	STI Clinic Incharge and TI STI Providers, DD STI,	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 to be done. 3. Budget of STI to be corrected NRHM PIP. 4. Joint review of programme to be done at least once a quarter.	DD STI and State RCH officer	One joint meeting once a quarter

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Annexure-V

BLOOD SAFETY AAP 2013-14

State GOA

Blood Safety									
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	New for 2013-14	
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			1		4.76
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendant, Security, Housekeeping, Data Entry Operator			1		6.24
1.5.1.2	MBB with BCSU	Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines			0		0
		Salary	2.4	Salary of 1 LT & 1 Counsellor			0		0
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1		0.75
		Salary	2.4	Salary of 1 LT & 1 Counsellor			1		2.4
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			3		0.31
		Salary	1.2	Salary of 3 LT			0		1.2
1.5.1.5	RBTC	Consumables	0	NIL			2		0
		Salary	2.4	Salary of 2 LT			2		4.8
1.5.1.6	Blood Storage Centers	Consumables	0	Glasswares, plastic wares, Reagents and chemicals			0		0
		Salary	0	NIL			0		0
1.5.1.7	Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendant			2		2.88
1.5.1.8	Maintenance of BT Vans in form of POI, for logistics	Recurring	0.7				2		1.4
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 Nurse per NACO supported Blood Bank, One BSC-MO & One				3	1.05
1.5.3	Supportive Supervision	Recurring	0.3	TA/DA for visit to the NACO supported blood banks, Monitoring visits to VBD camps, Core Committee				3	0.9
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					5

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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				122	3.05
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					5
1.5.5.3	Development of IEC material	Recurring	0.1	Design, development, translation and replication of IEC material for promotion of Voluntary blood				3	0.3
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				13500	3.375
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 Assurance Scheme								0
1.5.6.1	NRL		6.54					0	0
1.5.6.2	SRL		4.44					1	4.44
1.5.7	Any Other Activity (Specify)								0
	Contingency*								1
1.5	Blood Safety (Sub Total)								
1.5	Blood Safety (Allocation)								48.26

Increment as per NACO norms*

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Total licensed blood banks in the state	5
Blood banks supported by NACO	3
Target for Total Collection	15000
Target for NACO supported blood banks	13500
Target for VBD	90%
VBD Camps	122
% Component prepared by NACO supported BCSU	80%
Commodity Items to be provided by NACO	
<i>Blood bags</i>	in lakhs
Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadruple 450 ml	
<i>Testing Kits</i>	in lakh tests
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

Name of State: Goa

Blood safety Facilities and Targets AAP 2013-14

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	5		3
b	NACO Supported Blood Banks	3		3
b1	Model Blood Bank	1	0	1
b2	Major with BCSU	0	0	0
b3	Major without BCSU	1	0	1
b4	District Level Blood Bank	1	0	1
c	RBTC	2	0	2
d	Blood Mobile Van	1	0	1
e	Blood Transportation Van	2	0	2
f	SBTC	0	0	1
2	Blood Collection			Proposed target 2013-14
a	Total Collection for the state			14000
a1	NACO supported blood collection			13500
b	Percentage VBD for NACO supported BB			90%
c	Voluntary Blood Collection in NACO supported BB			12150
c1	Through Static			430
c2	Through Camps			9720
c3	Through Blood Mobile Vans			9000
d	No of Camps to be conducted			130
d1	Camp Collection			75 units
3	Component Separation			Proposed target 2013-14
a	Blood collection in NACO supported BCSU			10800
b	Percentage component separation in NACO supported BCSU			80%
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			60
f	Blood Bank counselor			2
5	Supervision, Monitoring and Evaluation			Proposed target 2013-14
a	Field visits to be conducted			3
b	Review meetings to be conducted			2
6	EQAS			
a	NRL			0
b	SRL			1
* Provision of NACO assistance to existing and new facilities is subject to meeting the norms for NACO support and approval of NACO. All NACO supported blood banks must possess a valid licence issued by state Drug Control Department				

Process Indicators for Blood Safety 2013-14

S No	Indicator and Recommended course of Action	Timelines	Person Responsible
1	1 Inclusion of Blood Banks under NACO support		
4	Identification of facilities which meet the norms for NACO support as BCSU, MBB, DLBB.	By April 2013	JD BS SACS
5	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
6	Constitution and notification of core committee	By first week April 2013	JD BS SACS, Quality Manager
7	Scheduling of core committee inspection visits	By April 2013	JD BS SACS, Quality Manager
8	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
9	Communication of letter of approval of NACO support to SACS	Within first quarter	NACO Blood Safety division JD BS SACS, Admin division SACS
10	Recruitment of manpower as per pattern of assistance	Within first quarter	
11	Deputation of staff for training and provision of kits, consumables and other support as per pattern of assistance	Within first quarter	JD BS SACS
12	2 Regular reporting in SIMS		
13	Need assessment for computers in NACO supported blood banks	By April 2013	JD BS SACS, M&EO SACS
14	Procurement and supply of computers of appropriate configuration for NACO supported blood banks	Within first quarter	JD BS SACS, Procurement division SACS
15	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
16	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
17	Quarterly analysis of SIMS report from blood banks	July, October, January and April	JD BS SACS, M&EO SACS
18	Communication of feedback on correctness of data to concerned blood banks	By the end of first month of the quarter	JD BS SACS
19	3 Blood Requirement and Collection		
20	District wise mapping of licensed and NACO supported blood banks in state	By April 2013	JD BS SACS
21	District wise mapping of the estimated numbers of hospital beds in primary, secondary and tertiary health care facilities	By April 2013	JD BS SACS
22	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
23	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
24	4 Voluntary Blood Donation		
25	Conduction of voluntary blood donation camps as per need of the NACO supported blood banks	Ongoing	VBD consultant SACS
26	Identification and retention of cohort of donor motivators among the youth through Red Ribbon Clubs, NSS, corporate work places	Ongoing	VBD consultant SACS
27	Conduction of trainings on blood donor motivation for blood bank counselors	Ongoing	VBD consultant SACS
28	Creating blood bank wise database of repeat voluntary blood donors classified according to blood groups	Ongoing	Counselor at blood banks
29	Stepping up static voluntary blood donation by holding fortnightly/ monthly blood donation day or alternate innovative strategies	Every month	Counselor at blood banks
30	Counselor in Blood Bank to send reminders to the repeat donors	Every month	Counselor at blood banks
31	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
32	Development and replication of IEC material pertaining to promotion of voluntary blood donation	Within first quarter	VBD consultant SACS, IEC division SACS
33	5 Optimum utilization of Blood Mobile		
34	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
35	Preparation and submission of quarterly route plan for the blood mobile	In beginning of every quarter	Incharge Model Blood bank

36		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 the blood donation camp	On day of the camp	SACS officers
45		Transport of collected blood units to the 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 SIMS 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 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
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	

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	- 22-
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	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	

COMPONENT III

Institutional Strengthening

Goa YEAR : 2013-14

2	Operational Cost	AAP 12-13)	Expenditure UP TO 31st January, 2013	Likely expenditure during Feb & March, 13	Total Expenditure during 12-13	Proposal for 2013-14(Approved
1	Training SACS /DAPCU	0.50	0.50	0.00	0.00	1.00	0.50
2	Equipment Maintenance	1.00	1.37	0.25	-0.62	2.00	1.50
3	Building Maintenance	0.00	0.00	0.00	0.00	0.00	0.00
4	Vehicle Maintenance	1.50	1.03	0.47	0.00	2.00	2.00
5	Travel Expenses	4.00	5.41	1.00	-2.41	8.00	6.00
6	Rent, Rates and Taxes	8.00	6.50	1.30	0.20	10.00	10.00
7	Telephone/Communication Expenses	1.00	0.99	0.01	0.00	1.20	1.00
8	Bank Charges	0.00	0.00	0.00	0.00	0.00	0.00
9	Miscellaneous Expenses	1.00	0.90	0.10	0.00	2.00	2.00
10	Printing and Stationery	1.50	1.14	0.37	-0.01	2.50	2.50
11	Advertisement (Other than IEC)	1.00	5.21	0.00	-4.21	2.00	2.00
12	Water and Electricity	1.00	1.35	0.50	-0.85	2.00	2.00
13	Audit Fees	2.50	2.10	0.00	0.40	3.00	3.00
14	Legal Expenses	0.00	0.00	0.00	0.00	0.00	0.00
15	Postage / Courier	0.20	0.15	0.05	0.00	0.30	0.50
16	Other Administration Cost@	0.00	0.00	0.00	0.00	10.50	6.00
17	Meeting Expenses	0.50	0.00	0.00	0.50	0.50	0.50
18	Office Equipments(see next sheet)	2.00	0.76	1.24	0.00	6.80	6.00
19	Furniture (see next sheet)	0.50	0.00	0.00	0.50	0.50	0.50
	Total	26.20	27.41	5.29	-6.50	54.30	46.00

For hiring of godown and vehicles under administrative cost

For computers ,laptop and projector SAC And ICTC.

Notes

Give details of equipment purchases if proposed

Total Cost: GOA

	Amount required by SACS	Amount recommended
(A) SACS:		
(i) Salary	136.78	117.50
(ii) Operation Cost	54.30	46.00
Total	191.08	163.50

Goa: Annual Action Plan- 2013-14 : Strategic Information Management Unit														
Sl. No.	Budget Head (Discription)	Sub-Head (Discription)	Duration	Unit cost (Rs)	Total Rus	Induction	Refresher	Total	Estimated budget	CPFMS Head	Time line			
											Q1	Q2	Q3	Q4
		ICTC		400	14	1	14	15	6160	M&E-Trainings				
		FICTC		400	19	2	19	21	8360					
		STI		400	20	2	20	22	8800					
	SIMS Induction and Refresher Training	Ti	1 Day	400	16	2	16	18	7040					
		CCC		400	2	0	2	2	880					
		BB		400	5	1	5	6	2200					
		SACS staff		300	20	2	20	22	6600					
		Total			96	10		106	40040					
2	Reports publication (Surveillance and Annual report)			150				300	90000	M&E-Printing of reports & bulletin				
3	Monitoring & Supervision visits (10 days/month) 10 days per month								0	To be Booked under "IS" in appropriate head				
4	HIV Sentinel Surveillance**			561600				30% of the Unit cost		Surveillance-Honorarium to sentinel site personnel, Surveillance-Honorarium to testing lab personnel, Surveillance-Supervision and field visits at SACS, Surveillance-Other Contingencies				
Total Budget									168480					
									298520					

Note: * Training includes TA/DA, Accomodation 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 Honorium, post-round meetings, site visits, report publication and dissemination and incidental support to IBBS activities.

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Goa: Annual Action Plan- 2013-14 : Strategic Information Management Unit									
SL .No.	Budget Head(Discription)	Sub-Head (Discription)	Unit cost (Rs)	Total Rus	Induction	Refresher	Total	Estimated budget	
		ICTC	400	14	1	14	15	6,160	
		FICTC	400	19	2	19	21	8,360	
		STI	400	20	2	20	22	8,800	
		TI	400	16	2	16	18	7,040	
		CCC	400	2	0	2	2	880	
		BB	400	5	1	5	6	2,200	
		SACS staff	300	20	2	20	22	6,600	
		Total		96	10		106	40,040	
2	Reports publication (Surveillance and Annual report)		150				300	90,000	
3	Monitoring & Supervision visits (10 days/month)#							-	
4	HIV Sentinel Surveillance**							168,480	
Total Budget								298,520	

Note: * Training includes TA/DA, Accomodation and Venue costs, traing 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 Surveilance, 30% of HSS 2012-13 is towards spillover /follow-up actions of HSS 2012-13 such as: Payment of Honorium, post-round meetings, site visits, report publication and dissemination and Incidental support to IBBS activities.

Process Indicator	Activities	Time Line	Responsible Person
Monitoring and Evaluation			
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 Annual SIMS Report	By end of every Quarter In Fourth Quarter	DD (MES)/SE/MEO/SO 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 iii) Sharing of district wise HRG Information with Hot spots iv) Facilitation, Monitoring and Supervision of IBBS PSA in select domain	By August 2013 By April 2013	DD (MES)/SE/MEO DD (MES)/SE/MEO
IBBS-PSA		June-August 2013	DD (MES)/SE/MEO
Roll out of IBBS	v) Monitoring and Supervision of IBBS Field Work	September'13-January 2014	DD (MES)/SE/MEO

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