

T-11017/13/2013-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,
Gujarat 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 7th February, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs. 6208 52 Lakh .(Rupees Sixty Two Crores Eight Lakh and Fifty Two Thousand only) as per table given below:

Component	DBS	Pool fund	Global Fund	Total
Prevention				
Targeted Intervention		2258.81		2258.81
Sexually Transmitted Infections	162.84			162.84
Blood Transfusion Services	648.11			648.11
IEC	456.33			456.33
LWS	204.24		145.89	350.13
ICTC	369.52		862.20	1231.72
Sub Total	1841.04	2258.81	1008.09	5107.94
CST	608.17			608.17
ISTM	427.38			427.38
SIMS	65.03			65.03
Grand Total	2941.62	2258.81	1008.09	6208.52

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

The above approval is subject to the following conditions:

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

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

Yours faithfully,



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

Copy to:

- All Divisional Heads
- M & E Division
- Sr. PS to Secretary
- PS to AS
- PA to Director (Finance)
- All Officers of Finance Division

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

Details of the process will be shared with SACS latter.

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

S.No.	Sub-Component	Cost Head	Unit Cost **	Items/activities	Achievement (2012-13)		Existing as on Date	Targets (2013-14)		Allocation in Rs. (in lakhs)	Source of funding
					Target	Achievement		New			
1.2	Information, Education & Communication										
1.2.1	Information Education Communication Mass Media	Cost Head									
		TV									
		Spots on Private Channels/cable/scroll MSG	55000	7 Days scroll on DD. (5 Events)	5	5		5		2.75	
		Spots on Doordarshan									
		Long format TV Programs (15/30 mts duration)	65000	per 26 Episode "Jindgi Ek Sata" On private Channel E TV	39	39		26		16.9	
		Radio									
		Audio Spots/10 seconds									
		Spots on AIR									
		Long format Radio programs (30 mts/15 mts duration)									
		DIP/RD/AVP rates		Half page coloured ads on WAD and VBD. 10 BMW 3X10cc size ads for service promotions.							15
		Newspaper Advt			5	5					
		Newsletter							12		
1.2.2	ICT									34.66	
		Website	0		0	0		0		0.00	
		SMS	0		0	0		0		0.00	
		Helpline	0		0	0		0		0.00	
1.2.3	IEC material production, replication & newsletter									52.46	
		Printing / replication of IEC Materials		Annexure = "A" Attachment sheet Rs 217136/- for Truckers IEC Material						52.46	
		Sub-total								52.46	
1.2.4	Outdoor									14.25	
		Permanent Hoardings at Strategic locations	7500	permanent Hoardings maintenance cost & Flyer changin 3 times 190 Hoardings (Backlit LED Hoardings in District level/ high priority district) for 6 Months	145	145		190		14.25	
		Backlit, Public utilities	30000	per Month/Hoardings Rented hoardings on highway & Districts & Block level; 60 Hoardings for 2 Months	2	3		7		14.4	
			15000	per Month/Hoardings On railway platform, premises, in all districts & block, 60 hoardings for 2 Months				60		18	
			10000	35 Highway & Railway for 6 Months				60		12	
		Rented Hoarding at Strategic locations	10000	73 On Highway for 3 Months & 216 boards on railway platform from 5 Months				60		12	
			10000	per Month/Hoardings, ST Depo, Pick up stand, Bus stand in all districts & block, 60 hoardings for 2 Months				60		12	

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Approved - 511

	Cost Head	Unit Cost **	Items/activities	Target	Achievement	Existing as on Date	New		
	Display of messages on Govt. Buses Panels								
	Display of messages on Train Panels	1100	As per DAVP Back & Side per Panels/month Bus Panels for 4 Months	750 Bus Panels for 6 Months	1050 Back Panel for 2 Months & 550 Side Panels for 2 Months		900	39.6	
	Auto Top displays	900	As per DAVP Interior & Exterior Panels/month, 800 Panels for 3 Months	600 Display for 3 Months	965 Panels for 3 Months		800	21.6	
	Bus Shelters (BRTS)	80000	per bus shelter as per DAVP, 10 Bus Shelter for 1 Month	0	0		0	0	
1.2.5	Mid Media	3000	3000 folk show	500	450		1000	139.85	
	Hiring of folk troupes.	200000	For planning				2	30	
	2. state level Folk workshop	150000	For review				4	4	
	4 quarterly Folk review meeting	100000	Travel for District Monitoring sheet				1	1	
	Folk monitoring.		Maintenance and Audio Visual Creatives				1	1	
	Exhibitions	1000000		1	1		1	10	
1.2.6	Events	500000	per event State level function, WAD, NVD, IVD and IWD	5	5		5	\$1	
	State and District level events							25	
	All activities to be documented.								
	Mention the activities whose evaluation to be conducted	65000	Best Practices (5 Documents)	4	5		5	3.25	
1.2.7	M & E, Documentation								
1.2.8	Hiring of Communication of Agency	0		0	0		0	0.00	
1.2.9	Youth Intervention		GCERT						
	Adolescence Education Programme (Total Universe of Govt. & Granted Sec & Higher Secondary Schools : 5582 comprising 3226 Secondary & 2626 Higher Secondary Schools in Gujarat)							63.65	
1.2.9.1		Rs 1000 per school		3500	3500		2865		
	TRCs in colleges and University/Universe 827 Colleges. Government 71, Grant in Aid, 196, Dell College 215, GBTC 3, Gram V/dhyapith 15)	4000	for New TRCs for existing TRCs,	535	485		50	4.5	
1.2.9.3	Out of school Youth							19.4	
	Sub-Total							87.55	
1.2.10	Drop In Centre		Existing DICs will continue and no new DICs will be budgeted	14	14		14	19.18	
1.2.11	Advocacy	137000	Separate sheet to be attached					1.30	
	Only for three months @ 1.37 lakh per DIC		Training as per NAAC Norms. Based on the requirement of the State	49120	41279		12070	42.09	
1.2.11.12	Mainstreaming training		Annexure = "E" Attachment sheet					43.38	
	Sub-Total							456.33	
	Grand Total							456.33	

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GUJARAT				
Sr. No.	Component	Physical targets 13-14	Time line	Process Indicators
	Spots on Private TV Channels/Scroll MSG on DD	5	1. April Wk2 2. April Wk2 3. April Wk 3 4. April Wk4 5. April Wk4 6. May wk1 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 Share feedback and improvisation if needed 7. Tracking of log sheet on weekly basis
	Long format TV Programs (30 mts duration)	26	1. April Wk2 2. April Wk2 3. April Wk3 4. April Wk3 5. April Wk3 6. Ongoing	1. Finalization of themes, and prog 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast
	Newspaper	5	1. May1 Wk1 2. May Wk1 3. May wk3 4 May Wk4 4. Staggered as per plan 6. After the event	1. Decision on events, no. of ads per event and no. of newspapers 2. Gathering rates (DAVP/DIPR) 3. Prototype development 4 Release of placement schedule along with work order 5. Tracking of releases, obtaining copies containing Advt.
2	Printing of IEC material & Newsletter	As per requisition from Prog. Divisions	1. April Wk2 2. April Wk2 for issue I & subsequently 3. April Wk2-3 4. April-May 5&6. June for issue I	1. Requisition from prog divisions 2. Assessment of stock 3. Tender process: Publish notice, short listing, 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 centers/NGOs 8. Monitoring of use by service centers/NGOs
	Newsletter			0
3	Outdoor & Mid media			

Permanent Hoarding/Retro reflective boards	190	<ol style="list-style-type: none"> 1. May Wk1 2. May Wk1 3. May Wk2 4. May Wk3 5. Staggered 6. May Wk3 7. May Wk3-4 8. 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, short listing, approval of selection of vendor(s) 5. Work order 6. Monitoring according to location and condition (Photographs for all locations) 7. Periodic reporting
Rented Hoarding	180	<ol style="list-style-type: none"> 1. May Wk1 2. May Wk2 3. May Wk3 4. May Wk2-4 5. Staggered 6. Ongoing 7. Periodic 	<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. approval of selection as per DAVP/State RC vendor(s) 7. Work order 8. Monitoring plan 9. Implementation
Backlit, Public utilities	7	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk1 3. April Wk2 4. As scheduled 5. Regular 6. Daily 7. Immediate on completion 	<ol style="list-style-type: none"> 1. Identification of sites for display 2. Negotiation with Municipal Authorities o 3. Development of prototypes, size and message content 4. Sharing with NACO 5. Listing of sites according to registration no. 6. approval of selection as per DAVP/State RC vendor(s) 7. Work order 8. Monitoring plan 9. Implementation
Hiring of IEC vans	0		0
Display of messages on govt./pvt. Buses/auto rickshaws etc.	900	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2 3. April Wk 3/4 4. May Wk1 5. May-June 6. July – Feb 14 7. Ongoing 8. As per plan 9. Regular 	<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. approval of selection as per DAVP vendor(s) 7. Work order 8. Monitoring 9. Implementation

	Display of messages on Train panels	800	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. 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. approval of selection as per DAVP vendor(s) 7. Work order 8. Monitoring plan 9. Implementation
	Bus Shelters (BRTS)	10	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. 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. approval of selection as per DAVP vendor(s) 7. Work order 8. Monitoring plan 9. Implementation
	Hiring of Folk troupes	1000	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk1 3. April 2-3 4. As planned 5. As per plan 6. Ongoing (Q1, 3&4) 7. End of campaign 	<ol style="list-style-type: none"> 1 Contact Existing folk troops 2. identify new folk troops 3. Orientation workshop 4 prepare time line for folk performances, 5sharing of time line with folk troops and district team. 6Conduct performances and 7 Monitoring
4	Other/Events/M&E			
	Events at state & districts	5	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2 3. Depending on calendar 4. As per calendar 5. As per calendar Soon after events 	<ol style="list-style-type: none"> 1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (event-wise) and sharing with districts 3. Disbursement of funds to districts 4. Monitoring of activities at districts 5. Documentation, district-wise 6. Gathering of SOE

	M&E, Documentation, evaluation	5	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2 3. Depending on calendar 4. As per calendar 5. As per calendar 	<ol style="list-style-type: none"> 1. Listing of activities for monitoring - by SACS officers, external resource, etc. 2. Documentation of all field level activities, and shared with NACO 3. Activities proposed for evaluation & time line 4. Bidding process: Publish notice, short-listing, approval of selection of agency(s) 5. Work order 6. Conduct of studies according to time line 7. Sharing of reports with NACO
	Helpline			0
5	Youth			
	AEP : School level Activities	3500 existing	<ol style="list-style-type: none"> 1. April Wk3 2. May - June 3. August Wk 2 4. Sept Wk 2 – Oct Wk2 5. As per training schedule 	<ol style="list-style-type: none"> 1. Fund release to GCERT 2. School Level Activities start 3. School level Activities
	RRC	485 existing; 50 New RRC	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk1 3. July Wk2 4. August Wk2 5. July Wk1 6. Regular 7. Ongoing 	<ol style="list-style-type: none"> 1. Listing of all Colleges - graduate, PG & technical 2. Listing of colleges targeted in FY 13-14 3. Training of Coordinators/Nodal officers 4. Disbursement of funds along with guidelines 5. Calendar of activities 6. Monitoring of activities 7. Documentation
6	Mainstreaming			
	Training & advocacy		<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2 3. April Wk2 4. April Wk3 5. April Wk4 6. May Wk2 7. May Wk4 onwards 8. Along trainings 9. All trainings 10. All trainings 	<ol style="list-style-type: none"> 1. Listing of categories of trainees 2. Gathering the universe of trainees 3. Information of coverage so far 4. Development of training calendar 5. Identification of training agencies 6. Training of trainers 7. Execution of trainings 8. Detailing of follow up activities 9. Monitoring 10. Documentation of All trainings as per calendar
7	DIC	14	<ol style="list-style-type: none"> April Wk1 April Wk1 April Wk1 Regular June-July 	<ol style="list-style-type: none"> 1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of PLHIVs 4. Monitoring of activities 5. Documentation

1.3	S.No.	Sub-Component	Cost head	Unit Cost (lakhs)	Items/ activities	Targets 2013-14		RCC Round 2	Allocation (Rs. In Lakhs)	Remarks
						As on 01.04.2013	New			
1.3.1		Existing Facilities								
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) Salary including TA/DA for Additional Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	281	3	814.10	New 1 - Govt (Med College) and 1 - Govt (Somnath and 1 - Mahibagan (New Districts) Additional allocation of Rs 132.50 lakhs as average salary is 11000 per staff per month	
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	10	0	16.80		
1.3.1.3		Mobile ICTC	Recurring	5.55	Running cost of whole unit including salary of counselors and lab tech at Rs 9000 average per month for 12 months 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)	2	0	11.10		
1.3.1.4		HR for SACS team for Basic Services	Recurring			0	0	0.00		
1.3.2		Establishment of New ICTCs						842.00		
1.3.2.1		ICTC	Non recurring	0.6	Minor refurbishment at Rs 60000 per new stand alone ICTC	281	3	1.80		
1.3.2.2		Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	2	0	0.00		
1.3.2.3		Facility Integrated ICTCs	Non recurring	0	none	837	379	0.00		
1.3.2.4		PPP ICTCs	Non recurring	0	none	143	140	0.00		
		Sub Total						1.80		
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 / MO/CTC / 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			51.71	As per Training Plan approved 50% allocation made and additional allocation will be made based on performance and expenditure	
		Sub Total						51.71		
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	0	3	1.80		
1.3.4.2		Procurement of equipment	Recurring	0.05	Equipments/ maintenance/ AMCS/ Insurance of equipment bikes etc	283	0	14.15	As per procurement plan based on justification	
		Sub Total						15.95		
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	283	3	143.00	As per procurement plan based on justification	
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	0	0	121.60	As per procurement plan based on justification	
		Sub Total						264.60		
1.3.6		Monitoring and Supervision / Review meetings								
1.3.6.1		Review meeting for Supervisors (monthly) &	Recurring	0.01	review meetings	10	0	1.20		
1.3.6.2		Review meeting for counselors/AMC	Recurring	0.015	review meetings	283	3	17.16		
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	33		3.30		
		Sub Total						21.66		
1.3.7		SRIL								
1.3.7.1		HR for Technical Officer in SRIL	Recurring	3	Salary for TO in SRIL including TA/DA at average Rs 25,000/- per TO per month for 12 months	5	0	15.00		
		Sub-Total						15.00		
1.3.8		Additional Allocation								
1.3.8.1		For Co-location of facilities	Non recurring		Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities, i.e. ART/ICTC/STI		8	4.00		
1.3.8.2		For PPP ICTC Involvement	Non recurring		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		110	15.00		
		Sub Total						19.00		
1.3		Grand Total						1231.72		

Physical Targets for Gujarat 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	281	0	3	3
2	Mobile ICTCS	2	0	0	0
3	Facility Integrated ICTCS	837	131	248	379
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	143	0	110	110
5	PPP ICTCs in Private Sector Industries	0	0	10	10
6	PPP ICTCs in Public Sector Industries	0	0	20	20
Collocation 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	6 out of 12	6	3	9 out of 12
2	District Hospital Level	4 out of 13	0	5	9 out of 13
3	Sub District Level	0/00	0	0	0
Physical Coverage Targets		Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target
1	Testing for General clients	1077848	472980	1000000	
2	HRG testing	71000	24002	152212	Two time testing in 100% of HRG covered by TI
3	Bridge population testing	NA	NA	141150	30% migrants and 15% truckers
4	STI Clinic In-referrals testing	180970	53608	82033	100% DSRC attendees
5	Out Referrals from ICTC to STI			20000	
6	HIV-TB Cross referral	89104	50118	172554	100% of TB patients and 10% of ICTC clients (Non-ANC)
7	HIV/TB coinfection to be detected	NA	3200	3500	100% of HIV infected TB notified cases
8	Testing for ANC	802694	386896	994000	80% of the estimated pregnancies
9	Detection of HIV+ve pregnant women	NA	506	2400	80% of estimated positive pregnancies
* Achievement upto December 2012					
Linkage Targets		Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition
1	ICTC to ART (GC)	NA	70%	85%	HIV +ve general clients to be linked to ART centres
2	PPTCT to ART	NA	80%	100%	HIV +ve pregnant women to be linked to ART centres
3	TI to ICTC	NA	NA	90%	HRGs referred from TI reaching ICTC
4	STI to ICTC	NA	48%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics
5	TB to ICTC	NA	70%	100%	Notified TB cases reaching ICTC
6	HIV/TB to ART	NA	70%	90%	HIV infected TB notified cases reaching ART

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

S.No	Type of Training	Category of Participant	Number of persons 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	30	12	800.00	288,000.00	30			
		Lab-Tech	25	5	800.00	100,000.00	25			
2	Refresher (Stand alone (Inc. Mobile)	Counselor	324	5	800.00	1,296,000.00	162	162		
		Lab-Tech	244	5	800.00	976,000.00	122	122		
3	Induction (FI- ICTC +PPP)	Staff nurse (FI ICTC)	0	5	800.00	-				
		Lab Technician	100	5	800.00	400,000.00	100			
4	Refresher (FI- ICTC +PPP)	Staff nurse (FI ICTC)	0	3	800.00	-				
		Lab Technician	1100	5	800.00	4,400,000.00				
5	Induction/ Refresher	District supervisor	33	5	800.00	132,000.00				
		Full site Sensn. Dist Hosp	0	1	10,000.00	-			500	
6	Sensitization (No facilities to be mentioned)	Full site Sensn SDH/RH	0	1	5,000.00	-				600
		ICTC Counselor	30	2	800.00	48,000.00				
7	HIV-TB training	Medical Officer	30	1	400.00	12,000.00				30
		District ICTC supervisor	10	2	800.00	16,000.00				30
8	Multi Drug Regimen Training for PPTCT	MO-TC/MO-ICTC	100	2	800.00	160,000.00				10
		ART MO	26	2	800.00	41,600.00				100
9	Training on whole blood screening	RNTCP STS/STLS	50	2	800.00	80,000.00				26
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	30	2	800.00	48,000.00				50
10	ICTC Team Training	Counselor	324	2	800.00	518,400.00				324
		Medical Officer	100	3	800.00	240,000.00				100
11	Other (Specify)	District supervisor	10	2	800.00	16,000.00				10
		MO ARTCs	26	3	800.00	62,400.00				10
Total		Others (Medical 3 days / Para medical 2 days)	500	3	800.00	1,200,000.00				26
		ANM	283	2	400.00	226,400.00				500
Total		Labour Room Nurse	100	2	400.00	80,000.00				283
		DMC LT (RNTCP)	0	2	400.00	-				100
Total		STLS	0	2	400.00	-				
		MO	0	3	800.00	-				
Total		Lab-Tech	0	3	800.00	-				
		Nurse	0	3	800.00	-				
Total		Counselor	0	3	800.00	-				
					400.00	-				
Total						10,340,800.00				

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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	2nd week of April 2013	
	Preparation of indent and approval by PD SACS	2nd week of May 2013	Direct: SACS BSD, Procurement Officer, Finance Officer
	Dispatch and receipt at concerned facilities	3rd week of May 2013	
	Refurbishment of identified facilities	2nd week of April 2013	Monitoring: JD Finance /APD / PD SACS
	Preparation of indent and approval by PD SACS	2nd week of April 2013	
	If decentralized, release of grants to district	3rd week of April 2013	
	Completion of refurbishment	2nd week of April 2013	
	Functionality and Reporting of new Stand Alone ICTC	3rd week of May 2013	
		1st week of June 2013	
	Facility Integrated ICTC / MMU		
Sensitization of CMHO / CMO / CMMO / DHO / Civil Surgeon / ADO	2nd / 3rd week April 2013		
Sensitization meeting with DTG	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	2nd / 3rd week April 2013		
Route plan for MMU one month in advance	1st week of May 2013		
Training of staff & functionality	Monthly	Direct: SACS BSD, M&E Officer, State RCH officer / NRHM Nodal Officer	
Issuing of directives by MD-NRHM for FICTC 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			
Training of staff	2nd / 3rd week of April 2013	Direct: SACS BSD / STI, DAPCU	
Functionality and Reporting	2nd / 3rd week of May 2013	Monitoring: APD / PD SACS	
PPP-ICTC in Private Sector Industries			
Enlisting and identification of potential industries	1st week of July 2013		
Meeting with industry stakeholders	1st week of April 2013		
Training of staff	2nd / 3rd week of April 2013	Direct: SACS BSD, IEC / Mainstreaming, DAPCU	
Functionality and Reporting	2nd / 3rd week of May 2013	Monitoring: APD / PD SACS	
PPP-ICTC in Public Sector Undertakings			
Enlisting and identification of PSU to partner with	1st week of July 2013		
Meeting with industry stakeholders	1st week of April 2013		
Training of staff	2nd / 3rd week of April 2013	Direct: SACS BSD, IEC / Mainstreaming, DAPCU	
Functionality and Reporting	2nd / 3rd week of May 2013	Monitoring: APD / PD SACS	

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Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
	• Tracking system for General Clients:		
	a) Monthly maintenance of Line list of HIV +ve General Clients by ICTC.	Monthly	ICTC Counselor
	b) Sharing of line list with concerned ART center/s by email every 15 days.	Every 15 days	ICTC Counselor / ART Counselor
	c) Obtaining feedback by concerned ART center / s every 15 days.	Every 15 days	ICTC Counselor
	d) Completion of line list at the ICTC level by Counselor at 15 days and at the end of the month.	Every 15 days	ICTC Counselor
	e) Sharing completed / compiled line list with full details to DAPCU / SACS BSD.	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors
	f) Monthly meeting between ICTC and concerned ART at district / regional level to be conducted in 1st week of every month for verifying 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 NACD by 15th of every month.	Monthly	SACS BSD
	l) SACS BSD / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring.	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	m) The SACS BSD / TI / TSU should analyze the positivity yield out of the clients tested at ICTCs as compared to the state / national average, prevalence rates for HIGS typology wise, STI prevalence, etc and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions.	Monthly	Direct: SACS BSD Monitoring: PD / APD SACS

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Indicators	Recommended Action - HRG linkages	Timeline	Person Responsible
Linkage with HRGs	<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, 50% 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 a) Referral of TI clients by TI outreach system using referral slip b) Compilation of referrals made to ICTC with Unique ID of TI against each referral every 15 days c) Meeting of TI with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI. 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 f) The same should be verified / validated by DAPCU / PO - TI /TSU on a monthly basis g) Individual HRGs tested has to be extracted from the compile line list generated from the referrals with UID and the reached with PID 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 i) SACS /TSU officers to participate in district level review meetings at least once in quarter every district 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 k) After due verification by at SACS TI and BSD to share analyzed / verified / completed line list with NACD by 15th of every month l) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for hand-holding and mentoring 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 	<ul style="list-style-type: none"> Every referral Every 15 days Every 15 days Every 15 days Every 15 days Monthly Monthly Monthly Monthly Monthly Quarterly Monthly Monthly Monthly Monthly Monthly Monthly Monthly 	<ul style="list-style-type: none"> TI ORWs, PE, TI Counselor TI ORWs, TI Counselor, PM Direct: TI ORWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC Sup, PO-TI TSU ICTC Counselor, Direct: ICTC Counselor, TI Counselor, TI M&E Monitoring: Dist ICTC Sup, PO-TI TSU Dist ICTC Sup, DAPCU, PO TI TSU Direct: TI Counselor, M&E, PM, Monitoring: PO TI TSU Direct: Dist ICTC Sup, DAPCU, Monitoring: PO TI TSU, SACS TI, SACS BSD SACS BSD / SACS TI / TSU Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PO SACS SACS BSD / SACS TI Direct: SACS BSD / SACS TI / TSU Monitoring: APD /PO SACS

DP

Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
	<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	1st Qtr - April 2013	Direct: SACS BSD / STI, Monitoring: APD / PD SACS
	b) SACS BSD/STI to ensure trainings for STI testing is included in all ICTC LT training.	Ongoing	SACS BSD / STI
	c) Referral of STI clients by DSRC using referral slips / accompanied referrals to ICTC	Every Referral	STI Counselor
	d) Compilation of referrals made to ICTC against each referral every 15 days.	Every 15 days	
	e) Meeting of DSRC Counselor with concerned ICTC and sharing of the compiled list of referrals with ICTC every 15 days.	Every 15 days	
	f) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from DSRC. Also the ICTC counselor will share the list of ICTC clients referred to STI DSRC with PID numbers	Monthly	STI Counselor / ICTC Counselor
	g) Once both ICTC and DSRC STI have reconciled / compiled the list, then both ICTC and STI will report the same in their respective CMIS/SIMS on a monthly basis	Monthly	Direct: STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU
	ICTC: In-referrals from STI and out referrals from ICTC to STI	Monthly	
	STI: In-referrals from ICTC and out referrals from STI to ICTC	Monthly	
	h) The same should be verified / validated by DAPCU on a monthly basis.	Monthly	
	i) Individual STI Clients tested has to be extracted from the compiled list generated from the referrals with STD and the reached with PID	Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
	j) This individual tracking and reconciliation of ICTC and STI CMIS/SIMS data should be done by DAPCU every month during review meeting between STI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS STI in the 1st week of every month	Monthly	
	k) SACS officers to participate in district level review meetings at least once in quarter every district	Quarterly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	l) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS STI, has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / STI, Monitoring: APD / PD SACS
	m) After due verification by at SACS, STI and BSD to share analyzed / verified / completed line list with NAACD by 15th of every month	Monthly	
	n) SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	o) The SACS BSD / STI should analyze the positivity yield out of the referrals made by STI as compared to prevalence rates for the group / state average and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	

STI Linkages

DBR

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

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

Indicators	Recommended Action - Supply Chain Management	Timeline	Person Responsible
	Receipt of Supplies by SACS		
	a) Keep storage space available for receipt of supplies 1 week prior to schedule date for arrival of supplies	Ongoing	Direct: SACS BSD, Store Officer Monitoring: APD / PD SACS
	b) Receive stocks on the same day as arrival of supplies and store in walk-in coolers	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	c) Physical verification of stock and cold chain status before issuing CRCS	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	d) CRCS should be issued within 7 days of receipt of supplies	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	e) Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	f) Dispatch plan should be based on pattern of consumption for last 3 months for the said commodity	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	Dispatch of supplies		
	a) Option 1: Supplies should be made to ICTCs through cold chain vehicle in collaboration with the general health system		
	b) Option 2: Supplies should be made to ICTCs through physical collection by ICTC staff while attending review meetings using cold boxes		
	c) Option 3: Hiring of cold chain vehicle / courier to dispatch supplies directly to ICTCs		
	d) Regional / District level walk-in coolers to be used for storing stocks for the respective region and further distribution should be made to the linked ICTCs by using health system cold chain vehicle or physical pick-up by ICTC staff using cold boxes	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities		
	Physical Verification and Reporting		
	a) MO-ICTC to physically verify stocks daily and 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 CMI/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-SRL, 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. Appropriate administrative 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
	g) During this review meeting, - Assessment of stock positions at Facility level / SACS level stock position for every commodity should be done based on stock available and consumption pattern - Action should be taken if more than permissible variances reported by any facilities - Relocation between districts / facilities, Dispatch plan, Transportation plan should be made - Assessment of near expiry drugs/kits should be made and submitted to NACCO if required for relocation to other states, atleast 3 months in advance - If some commodities have expired, then reasons for the same should be analyzed and administrative actions taken if required	Monthly	Direct: PD / APD SACS
	h) Facility level / SACS level stock position for every commodity should be reported to NACCO by the 15th of every month	Monthly	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS

Supply Chain Management

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

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1.4 Sexually Transmitted Infection/ Reproductive tract Infection Services						
S.No.	Sub-Component	Cost Head	Unit cost in Rs.	Units	Items/ Activities	Allocation (Rs. In Lakhs)
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	3
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	no. of counsellor	Counselor salary	83.16
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	no. of DSRC and no of districts	Training of trainers, Induction or Refresher training for DSRC service providers, TI STI doctors and doctors and paramedical staffs of private sector as per operational guidelines	25.35
1.4.4	Procurement	Recurring	25000 per centre	no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	15.75
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	no. of DSRC and no. of districts	TA/DA/ documentation and communication cost to supervisory team, review meetings, TA/DA for outreach by DSRC counselors	12.6
1.4.6	Private sector partnership	Recurring				
1.4.7	Regional STD labs Existing	Recurring	As per last year	no of Regional centres	Grant for existing Regional Centers (Human Resource, Training, Kits and consumables, Stationery and Contingency, Supportive Supervision and Operational Research)	22.98
1.4.8	State Reference Centres	Recurring				
1.4 Sexually Transmitted Disease / Infections Services (Total Allocation)						162.84 ✓
1.4.a Physical Targets to the State under the STI/RTI services						
1	STI/RTI episodes to be managed by Designated STI clinics					
2	STI/RTI episodes to be managed by TI-NGOs					234590
3	STI/RTI episodes to be managed by Private sector					72371
4	Total target of STI/RTI episodes for SACS					28168
5	STI/RTI episodes to be managed by NRHM					335129
						335129
1.4.b STI/RTI facilities						
		Existing No.		Proposed new during FY 2012-13		
1	Designated STI/RTI Clinics	61		2		
2	TI STI providers	311				63
3	Facilities in organized public and private	0				311
4	NRHM health facilities upto PHC	1549				0
5	PPP ICTC	0				1549
6	Regional STI Centres	1		0		0
7	State Reference Centres	2				1
						2
1.4.c Commodity Assistance provided by GOI to the State						
1	Colour coded drug kits for Designated STI clinics and TI NGO					162120
2	RPR Test kits					9000

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

Name of State: GUJARAT

Sr. No	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target	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 CIMS/SIMS.	Counsellor of STI Clinic, Incharge of DSRC, DD STI and AD 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 HRG to be individually tracked for STI episodes of STI and multiple STI to be tracked. 3. 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, TSU and TI division.	DD STI, AD STI, JO TI, TL TSU, PO TI and PM of TI	Ongoing
3	Partnering with Private Sector	1. All PSU and leading private sector to be enlisted in all the districts. At least 50 units to be identified and enlisted. 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, AD 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	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 first quarter.	DD STI and AD STI and STI Resource Facilities	Incomplete training of current year to be finished by 15th March. Training for 2013-14 to be completed by June
5	Supportive Supervision	At least 60% of poor performing STI facilities to be visited by SACS Focal Person and PO STI at least once in a quarter. All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visit.	DD STI, PO 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, PO 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 internal exam, multiple STI in patients to be tracked. 2. All STI patients to undergo syphilis and HIV testing. 3. All patients to receive drug and test regularly.	STI Clinic Incharge and TI STI Providers. DD and PO STI.	Ongoing
8	Vacancy	5 post of counsellor to be filled, advertisement to be made and interview to be conducted	DD STI, AD STI and PD SACS	By June 2013
9	NRHM Convergence	1. Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and training of atleast 1 MO to be done. 3. Budget of STI to be corrected NRHM PIP. 4. Joint review of programme to be done at least once a quarter.	DD STI, PO STI, State RCH officer	One joint meeting once a quarter
10	Regional Centre	1. The Regional centre to function as per TOR. 2. Referral linkages between SKM and VD, Gyne and TI to be established to ensure continuous supply of sample to the centre. 3. All four facilities to meet at least once in a quarter to review the functioning of the centre. 4. Operations Research Planned to be completed as per scheduled.	DD STI, Incharge of Regional centre and Dean of the Baroda Medical College.	Ongoing

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BLOOD SAFETY AAP 2013-14

13/01/2014

State		Gujarat								
1.5 Blood Safety										
S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Acheivement (2010-		Targets		Allocation (Rs. In Lakhs)	
					Target	Acheivement	Existing as 1st January 2013	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			8	26	136	
		Salary	2.4	Salary of 1 LT & 1 Counsellor			8	26	81.6	
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			11	-9	1.5	
		Salary	2.4	Salary of 1 LT & 1 Counsellor			11	-9	4.8	
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			53	-11	13.02	
		Salary	1.2	Salary of 1 LT			53	-11	50.4	
1.5.1.5	RBTC	Consumables	0	NIL			6		0	
		Salary	2.4	Salary of 2 LT			6		14.4	
1.5.1.6	Blood Storage Centers	Consumables	0	Glasswares, plastic wares, Reagents and chemicals			42		0	
		Salary	0	NIL			42		0	
1.5.1.7	Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendant			13		18.72	
1.5.1.8	Maintenance of BT Vans in form of POL for logistics	Recurring	0.7				13		9.1	
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contingency			1		6	
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			79		27.65	
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			79		7.9	
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					8	
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				2560	64	
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					29.5	
1.5.5.3	Development of IEC material	Recurring	0.1	Design, development, translation and replication of IEC material for promotion of Voluntary blood donation including thank you cards, certificates of appreciation, pins, badges, hoardings			79		7.9	
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				480000	120	

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5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms				1	2.88
1.5.6	External Quality								0
1.5.6.1	NRL		6.54				1		6.54
1.5.6.2	SRL		4.44				5		22.2
1.5.7	Any Other Activity Contingency*								0
1.5	Blood Safety (Sub Total)								5
1.5	Blood Safety (Allocation)								648.11

*Increment as per NACO norms

Total licensed blood banks in the state	142
Blood banks supported by NACO	83
Target for Total Collection	850000
Target for NACO supported blood banks	480000
Target for VBD	95%
VBD Camps	2560
% Component prepared by NACO supported BCSU	80%
Commodity Items to be provided by NACO	
Blood bags	in lakhs
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	

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Name of State: Gujarat

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			142
b	NACO Supported Blood Banks	80	3	83
b1	Model Blood Bank	1	0	1
b2	Major with BCSU	12	23	35
b3	Major without BCSU	11	-9	2
b4	District Level Blood Bank	56	-11	45
c	RBTC	6	6	2
d	Blood Mobile Van	1	0	1
e	Blood Transportation Van	13	0	13
f	SBTC	1	0	1
2	Blood Collection			Proposed target 2013-14
a	Total Collection for the state			807800
a1	NACO supported blood collection			480000
b	Percentage VBD for NACO supported BB			95%
c	Voluntary Blood Collection in NACO supported BB			456000
c1	Through Static			255000
c2	Through Camps			192000
c3	Through Blood Mobile Vans			9000
d	No of Camps to be conducted			2560
d1	Camp Collection			75 units
3	Component Separation			Proposed target 2013-14
a	Blood collection in NACO supported BCSU			384000
b	Percentage component separation in NACO supported BCSU			80%
4	Training			Proposed target 2013-14
a	Training of BBO			83
b	Training of Staff Nurse			83
c	Training of LTs			166
d	Training of Donor Motivators			4200
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			2280
f	Blood Bank counselor			38
5	Supervision, Monitoring and Evaluation			Proposed target 2013-14
a	Field visits to be conducted			83
b	Review meetings to be conducted			4
6	EQAS			
a	NRL			1
b	SRL			5

* 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

9 Major blood banks and 11 DLBB upgraded as BCSU ,3 new added as BCSU.

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
10		Recruitment of manpower as per pattern of assistance	Within first quarter	JD BS SACS, Admin division SACS
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

67	Listing of organizations conducting blood donation camps in the state	In beginning of every quarter	VBD consultant SACS
68	Listing of colleges, universities, workplaces where camps can be organized along with suitable time	In beginning of every quarter	VBD consultant SACS
69	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
70	Release of budget for conduction of blood donation camps	In beginning of every quarter	VBD consultants SACS, Finance division SACS
71	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
72	Conduction of camps by organizers and concerned blood bank	On day of the camp	Organizers, Staff of concerned blood bank
73	Monitoring visit of SACS officers to the blood donation camp	On day of the camp	SACS officers
74	Transport of collected blood units to the blood bank	Within six hours of holding the camp in cold chain	Staff of concerned blood bank
75	Submission of report of blood donation camps	Within 2 weeks of conduction of camp	Camp Organizers
76	7 Component separation		
77	Review of availability and functional status of equipments for component separation	By April 2013	JD BS SACS
78	Review of availability of requisite manpower at BCSU	By April 2013	JD BS SACS
79	Review of availability of licence at BCSU	By April 2013	JD BS SACS
80	Review and identify BCSU wise reasons for sub-optimal component separation	By April 2013	JD BS SACS
81	Taking appropriate corrective measures to address the reasons	Within first quarter	JD BS SACS
82	Stepping up blood collection at BCSU	Ongoing	Incharge BCSU
83	Stepping up component separation at BCSU	Ongoing	Incharge BCSU
84	Enhancing demand for components through trainings on rational blood use	Ongoing	JD BS SACS, Training institutes, Professional Associations
85	8 Trends in prevalence of TTI in blood units		
86	Capture blood bank wise baseline data of HIV, HBV, HCV, Syphilis and malarial positivity in donated blood	By April 2013	JD BS SACS, Quality Manager
87	Quarterly monitor the trends through SIMS data analysis	Ongoing	
88	Identify blood banks showing high prevalence for TTI	Ongoing	
89	Review whether quality standards are in place in the blood banks	Every quarter	
90	Review whether reactive donor is being notified and referred for treatment	Every quarter	
91	Identify possible reasons for high TTI positivity (replacement donation, poor donor selection and screening, high prevalence in general population in the area, etc)	Ongoing	
92	Preparation of training curriculum on donor counseling, screening and retention for blood bank counselors	By September 2013	NACO blood safety division
93	9 Procurement and Supply Chain management		
94	Preparation of Indent for items to be procured at SACS level and approval by PD SACS	By April 2013	JD BS SACS, Quality Manager
95	Processing and completion of procurement of indent given	Within first quarter	Procurement division SACS
96	Dispatch and receipt at concerned facilities	Within two weeks of supply at SACS	Quality Manager, Store officer SACS
97	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
98	Procurement of AMC/CMC services for the functional equipments	Before September 2013	Quality Manager, Procurement division SACS
99	Issuance of orders for AMC/CMC services	Before September 2013	Quality Manager, Procurement division SACS
100	Supply schedule for centrally supplied commodities to be shared with SACS	Within one month of issuance of notification of award	NACO blood safety division
101	Timely receipt and Storage of centrally supplied commodities under proper storage conditions	One same day as receipt	Quality Manager, Store officer SACS
102	Physical verification of stock and cold chain status and issuance of Consignee receipt certificate	Within one week of receipt	

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	

Total No. District		STATE Budget				Lead Agency
Phase 1		Phase 2				CARITAS
		3. SACS				
Item	Description	Unit Cost per annum	Number	Allocation	Remarks	
1.1 NGO Evaluation - Phase 1 District	Evaluation of NGOs	222100	1	222100		
1.2 Communication kit	Communications kit should be provided by SAC/ B/ RWS/ per District for Phase II Districts. Each Phase II District would get 130 kits.	48000	3	144000		
Sub Total 1				606100		
2. LEAD AGENCY						
Item	Description	Unit Cost	Number	Allocation	Remarks	
2.1 Salary Cost	Salary Cost of Project Officer, 2 Training Officer, 1M&E Officer, 1 (Assistant) Officer	150000	1	150000		
2.2 Administrative cost	Admin	17500	1	17500		
2.3 Travel	Travel of per 20 days (7 PCS) to 8 days M&E, 4 days Accounts & 4 days total 27 days per month.	60000	1	60000		
2.4 One time Cost		207500	0	0		
2.4 M&E Cost		30000	5	30000		
2.5 Training cost	Module 1	21750	0	0		
	Module 2	21750	4	17500		
	Refresher	7440	10	24500		
Sub Total 2				2,340,500.00		
3. DISTRICT IMPLEMENTING AGENCY						
Item	Description	Unit Cost per annum	Number	Allocation	Remarks	
3.1 Salary Cost	17 OPIs, 1 DAW (one Accounts Officer, 1 Supervisor & 11 Link Workers)	1,207,000	17	1,001,000		
3.2 Administrative cost		40000	10	361000		
3.3 One time Cost		305000	0	0		
3.4 Community Outreach		12675	12	60400		
3.5 Mkt Mailing		30000	12	300000		
3.6 Training Cost	Module 1	142750	4	30000		
	Module 2	78750	4	37500		
	Refresher	111750	12	136500		
	Volunteer training	39750	4	15000		
3.7 Mapping		80,000	0	0		
Sub Total 3				32,048,500.00		
GRAND TOTAL				35,013,120.00		
4. PHYSICAL TARGETS						
Indicators	Targets 2023-24 (to be achieved till August 2023)				Remarks	
4.1 Number of District implementing Link Worker Scheme	12					
4.2 Total Number of OPIs recruited (2)	24					
4.3 No of Link Workers recruited (80)	800					
4.4 % of HMG population covered	85% of SAs					
4.5 % of vulnerable population covered	85% of SAs					
4.6 % of PHVs covered	85% of SAs				Minimum budget provision	
4.7 % of HMG referred to HCC	85% of SAs					
4.8 % of HMG referred for IIV	85% of SAs					
4.9 % of HMG referred for ST	85% of SAs					
4.10 Number of Village Information Centre formed (105/10)	1200					
4.11 Number of HIV High Risk Clubs formed (50 per dist)	600					
4.12 Number of Gender Groups established (100 per dist)	1200					
4.13 Village committees	1200					

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I. Grant-in-aid to SACS

S.No.	Component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14			
					Target	Achievement	Financial allocation	Expenditure as on 31st	Existing on 1.4.12	Proposed	Allocation Rs. Lakh	Remarks
2.1.1	GIA for ART Centres	Recurring	For low load	Salary	24	24	317.25	186.47	25	2	365.50	In addition to 24 (12+7+5) ARTC. 1 in PPP model
2.1.2			0.50	Universal Work Precautions	24	24	11.75	1.8	25	2	12.50	
2.1.3.1			1.50	Operational Costs	24	24	35.25	11.04	25	2	37.50	Items for upgradation/replacement/additional
2.1.3.2			0.9 for caliber, 0.5 for count & 0.25 for Partec	Operational cost for CD4 testing			6.4	1.22	14			6.65
2.1.4.1		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD	1	1	4.5	0	25	2	9.00	
2.1.4.2			1.00	Infrastructure development installation of CD4 machine			1	0.62		3		3.00
2.2.1	GIA to SACS for various activities	Printing	0.50	Registers & Cards, Signages			12.5	7.63	25	2	13.00	To be done by 30th sep 2013
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, Data Managers, LAC staff, Workshops etc.			35	5.47	25	2	40.00	As per approved training plan during AAP
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode			40	24.79		30000	60.00	including CPT
2.2.4.1		LAC	0.15	One-time cost for infrastructure development			1.05	1.84	46	10	1.50	viramgam, Karamsad, Khambat, Dwarka, Visavadar, Rapar, Matar, Olpad, Chhattauidapur, Danta
2.2.4.2			0.378	Rec.- for TA/DA & oper. Costs, Stationery etc.			16.44		46	10	19.28	
2.2.4.3			0.96	HR for LAC Plus			3.36	0.96	2	5	4.32	
2.2.5.1		EID	3.84	HR for EID			0				0.00	
2.2.5.2			1.00	Cost for EID lab (Operational Cost, Infrastructure development)			0				0.00	
2.2.6		Viral load testing	1.10	Salary of LT			0				0.00	
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment							0.00	
2.2.7.2	Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for smaller		Hiring of space & for drug transfers.			10	2.41				10.00	
2.2.7.3	Regional coordinator	9.00	Remuneration & TA/DA			0				0.00		
2.2.7.4	PPP	0.25	For contingency & miscellaneous expenditures						10	2.50		
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs			23.42	9.74	1		23.42	
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs			0				0.00	
Total GIA to SACS for CST											608.17	

II. Programme Targets and Commodity Assistance provided by Govt. of India to the State

.No.	Sub-component-II	2012-13		2013-14	Commodity Assistance	
		Target	Achievement*	Target		
2.5.1	PLHA on ART	Registered	90000	85141	105000	100 % registration for pregnant women, 100% registration for HIV -TB coinfected . 90% for general clients. Detection from Apr-Dec 2012 has been 7074, considering the same trends target has been fixed 100 % of those registered should undergo baseline CD4 testing. 100% of those eligible to be initiated on ART. There has been increase of nearly 510 patients per month on ART during 12-13. accordingly
2.5.2		Alive & on ART	33000	30936	40000	
2.6.1	OI episodes	25000	23027	40000	The target is based on reporting during last year. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of	
2.7.1	CD4 Testing	CD-Machines	1	1	15	CD4 machine to be supplied by NACO.
2.7.2	CD4-	99000	59324	120000	2 tests /year for all PLHIV in care> However Kits will be provided based on consumption pattern	

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

Sr No	Name of Division	Baseline	Physical Indicators			Financial Indicators			Comments
			Target 2012-13	Achievement till Dec 2012-13	%	Proposed 2013-14	Target 2012-13	Achievement till Dec 12	
1	Establishment of facilities								
I	ART Centres	24	25	25	100%	2	4.50	0.00	9.00
a	Setting up of new ART Centres	1	1		100%	2			3.00
b	Infrastructure development for CDA machines	0	0			3			3.00
c	Recurring Cost (salary, UWP, operational cost)								
	Setting up ART Centres under PPP						370.65	200.53	394.15
	Corporatæ Sector								
	PSU					5			
	Colocation of ICTC & ART Centres					5			
d									No budgetary implications on NACO No budgetary implications on NACO
II	Link ART Centres	33	7	7	100%	10			
a	One-time cost for Infrastructure development	7	7		100%	10	1.05		1.50
b	Rec- for TA/DA & oper. Costs, Stationery etc.	46	46		100%	10	16.44	1.84	19.28
iii	LAC Plus - HR for LAC Plus	5	2		40%	5 from 2012-13 + 2	3.36	0.96	4.32
iv	CoE	1							4.32 Recruitment should be done during 1st quarter
a	Recurring cost								
2	Training						23.42	9.74	23.42
	For ART/ LAC staff								
	Sensitisation of Private practitioners on rational prescription of ART								
	Sensitisation of HGP on UWP/PEP.				68%		35.00	5.47	40.00
4	OI Treatment (inc CPT)								As per training curriculum worked out
	OI episodes treated	25000	16827		67%	30000	40.00	24.79	60.00
5	Operational cost for								
	SCM of ARV drugs: Drug Transfers						10.00	2.41	10.00
	Printing Registers, formats, Cards, Signages						12.50	7.63	13.00
	Total Funds						516.92	253.37	577.67

6. Coverage and Linkage Targets

a	PLHIV Registered in HIV care (cumulative)	73895	90000	85141	95%	105000	100% registration for pregnant women, 100% registration for HIV -TB coinfectd, 90% for general clients. Detection from Apr-Dec 2012 has been 7074, considering the same trends target has been fixed for new detection & backlog which is not known. Therefore additional target of 150000 registration has been set up		
b	PLHIV alive & on ART (cumulative)	26522	33000	30936	94%	40000	100% of those registered should undergo baseline CD4 testing. 100% of those eligible to be initiated on ART. There has been increase of nearly 510 patients per month on ART during 12-13, accordingly additional target of 7000 during the year has been set.		
c	OI episodes treated (annual)	13672	25000	23027	92%	40000	The target is based on reporting during last year. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in stat list of essential medicines		
d	CD4 Testing (annual)	-	99000	59324	60%	120000	2 tests /year for all PLHIV in care> However Kits will be provided, based on consumption patte		

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Processes for implementation of 2013-14 activities

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Baseline: 1 st April'2013				
S.No.	Activity	Processes	Responsibilities	Timeline
1.	Setting up ART Centre	Issue of provisional administrative sanction.	NACO CST	Apr'13(First Fortnight)
		Meeting between SACS, Dean/Med. Supdt. of Hospital, HOD Med. of ART centre and Regional Coordinator to identify the space for centre and to constitute ART team.	SACS - CST in-charge, RC	Apr'13(Second Fortnight)
		Constitution of Panel of Experts	NACO CST	Apr'13(Second Fortnight)
		Visits by Expert Team to assess feasibility especially with respect to the availability space and willingness.	RC/ JD CST	May'13 (Second Fortnight)
		Issue of final sanction	NACO CST	June'13 (Second Fortnight)
		Training of ART team (faculty).	NACO CST	June'13
		Recruitment of Contractual Staff at ART centre	ART centre Nodal Officer, RC, JD CST	July'13 (Second Fortnight)
		Training of all contractual staff. Modules & curriculum available. Training institutes identified. Training plan developed state wise.	NACO	Aug'13(Second Fortnight)
		Supply of CD4 Machine/Linkage plan with CD4 lab for conducting CD4 tests.	NACO CST, Joint Director (Lab Services)	Aug'13(Second Fortnight)
		NACO CMIS Code provided & supply of M&E tools	NACO CST TO (M&E)	Aug'13(Second Fortnight)
		Procurement /Supply of ARV drugs for new centers	NACO	Aug'13(Second Fortnight)
2.	Co-location of ICTC/ART	Assessment of existing ART Centres and ICTC Clinics in health care facilities on physical locations and service linkages status	DAPCU, SACS CST (JD), SACS BSD, RC	April
		Identification of facilities as per AAP target for co-location	SACS CST (JD), SACS BSD, RC	April
		Meetings to be conducted between SACS BSD/CST with Health Facility (Dean, Med Sup, CMHO, ART Nodal Officer, DAPCU, Facility staff and other stakeholders) for development of time bound road map for co-location	SACS CST (JD), SACS BSD, RC, APD, PD	April
		Issuing of necessary Govt Orders by DHS, DMER, PD SACS, etc	SACS CST (JD), SACS BSD, RC, APD, PD	May
		Ensuring action on office orders issued and processing plan for relocation of facilities	DAPCU, SACS CST (JD), SACS BSD	May
		Monitoring visit by SACS/DHS/DMER for timely follow-up and timely completion of re-location plan	SACS CST (JD), SACS BSD, APD / PD	May
		Review meeting to be conducted by PD SACS, DMER, DHS on progress in June	SACS CST (JD), SACS BSD, RC - CST, APD, PD	June
		Follow -up visits by SACS	SACS CST (JD), SACS BSD	June / July

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3.	Setting up PPP model ART centre	Progress of Activities to be reported to NACO every month	SACS, CST (JD), SACS BSD	Monthly
		New model to be developed for PPP	NACO/ADG, CST, JD, CST, RC	April (first fortnight)
		Enlisting of potential partners	NACO, CST, JD, CST, RC	Already done in AAP
		Meeting with industries associations, corporate, PSU executives and health facility representatives	JD, CST & RC	May '13 (Second Fortnight)
		MOUs	PD SACS	June '13 (Second Fortnight)
		Operationalization- <ul style="list-style-type: none"> Setting up of facilities Training at CoE 	<ul style="list-style-type: none"> Provider of facility, Overseen by RC Nodal Officer CoE 	July '13 (Second Fortnight)
4.	ICTC-ART Linkages	Receiving line list from concerned ICTC by e-mail	ART centre counsellor	Every 15 days
		Sending feedback to ICTC centre by ART centre	ART centre counsellor	Every 15 days
		Monthly meeting between ICTC and concerned ART at district / regional level to be conducted for verifying data	DAPCU to co-ordinate, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors	1st week of every month
		SACS inter-divisional meeting with CST and BSD to be conducted every month after data analysis by BSD division of SACS	SACS CST, BSD	2nd week of every month
		Due verification of data sent by ART centres to ICTCs by CST at SACS	SACS CST	Monthly
		District level review meetings to be held at least once in a quarter	SACS CST, BSD	Quarterly
		SACS CST/ BSD to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring	SACS CST, BSD	Monthly
		ART centres with poor feedback to ICTCs to be identified and focused visits conducted to evaluate reasons for the same. Solutions to be provided.	RC RC, SMO/ MO - ART	Quarterly
5.	Gap in those eligible & initiated on ART	Emphasis on adequate and regular counseling, both for checkups/ follow ups with investigations and ART preparedness.	ART centre Counsellor	Ongoing
		Preparation of line list of patients eligible for ART but not started on it to be followed on phone & outreach visits	Line list prepared by Counsellor, Phone calls by Care Co-ordinator, passed on to ORW at CCC	Ongoing
		Analyse reasons for the gap in performance of the ART Centre and to be investigated for further follow up during quarterly ART centre review meeting	RC, JD CST	Quarterly

	regimen			Fortnight)
		Target for 2013-14 = 5	DAPCU, JD CST	2nd Quarter
		Modalities to be worked by SACS on logistics of training & involvement of IMA& or other professional organizations	SACS CST, RC	July
		Master trainers to be identified & trained in each state	SACS CST, CoE	July
8.	SCM	Forecasting -		
		Requirement of drugs and CD4 kits for next FY to be assessed based on previous consumption, rise in number of patients in current year (and thus expected rise in next FY) and assessed previous backlog	RC, JD CST, APD, PD	3 rd Quarter
		Above assessment to be done based both drug wise and ART centre wise		
		Send above information to ADG CST by January		January
		Storage Space-		
		Storage is being done currently at the centre/ facility itself		
		Keep storage space available for receipt of supplies 4 days prior to schedule date for arrival of supplies	Store Officer	Ongoing
		Receipt & Dispatch -		
		CRC should be issued within 7 days of receipt of supplies	Store Officer	Ongoing
		Transportation		
		Drugs not being transported elsewhere since only single centre		
		Physical Verification and Reporting -		
		MO-ART to physically verify stocks weekly and countersign in stock register	MO- ART	Weekly
		All supervisory cadres during field visits to facility to physically verify stocks and countersign in stock register	RC, APD	Monthly
		Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position is collected /analyzed	PD SACS, JD CST, Store Officer	Monthly
		Facility level stock position should be reported to NACO 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 facility wise by RC - 1. On 1 st report of such variance, reasons for variance to be submitted to SACS 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, JD CST 2. PD, APD	Monthly		

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	<p>Based on reports from DAPCU / SACS analysis, visits to facilities reporting stock excess/ shortage to be conducted and analysis done.</p> <p>Actions to be recommended-</p> <ul style="list-style-type: none">• If drugs near expiry found – Immediate relocation within state with co-ordination by SACS CST or between states with co-ordination by NACO CST (Logistics co-ordinator)• If shortage of drugs found (less than 3 months supply)– Immediate information to be given to NACO CST (LC) for further supply	<p>JD CST, RC (visits)</p> <p>SACS CST, NACO CST</p> <p>SACS CST, NACO CST</p>	<p>Monthly</p>
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GUJARAT AAP 13-14

(Rs. in lakhs)

Operational Cost	AAP 12-13	Exp. UP TO 7.2.13	Expected during Feb; & March, 13	Total Exp. (2012-13)	Proposal for 2013-14(Add 10% of 12-13) for op.cost only	Approved
1 Training SACS /DAPCU	1.00	0.05	0	0.05	2.00	1.00
2 Equipment Maintenance	1.50	0.69	0.81	1.50	2.00	2.00
3 Building Maintenance*	0.00	0	0	0.00	40.00	0.00
4 Vehicle Maintenance	10.00	5.65	4.35	10.00	10.00	10
5 Travel Expenses	12.00	9.54	2.46	12.00	15.00	15
6 Rent, Rates and Taxes**	3.00	1.26	1.74	3.00	28.00	3.00
7 Telephone/Communication Expenses	5.00	3.44	1.56	5.00	6.00	6.00
8 Bank Charges	0.00	0.02	0	0.02	0.00	0.00
9 Miscellaneous Expenses	9.00	10.42	3.58	14.00	14.00	4.00
10 Printing and Stationery	3.00	2.74	1	3.74	5.00	5.00
11 Advertisement (Other than IEC)	2.00	0.32	0	0.32	2.00	2.00
12 Water and Electricity	5.00	5.05	1	6.05	7.00	7.00
13 Audit Fees	12.00	1.25	10.75	12.00	14.00	7.00
14 Legal Expenses	0.00	0	0	0.00	1.00	1.00
15 Postage / Courier	6.00	1.2	0.5	1.70	6.00	3.00
16 Other Administration Cost (outsourcing @ Rs. 200 per person per	0.00	0	0	0.00	2.00	2.00
17 Review Meeting Expenses	0.00	0	0	0.00	1.00	1.00
18 Office Equipments (OS &MS Office) (Website) (HI Speed Internet) (External Harddisk)	0.10	0	0	0.00	1.00	1.00
19 Furniture	1.00	0	0	0.00	2.00	1.00
Total	70.60	41.63	27.75	69.38	158.00	75.08

In Building maintenance we have asked for Rs. 40 Lacs for refurbishing of this new space

GSACS is to vacate current space & go for rental; 12000 sq feet @ 15 per month per sqfeet for 12 months,hence Total Rent comes Rs.21.60 Lacs per Year

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SUMMARY	SACS	NACO
Salary HQ.	271.48	271.48
Operational cost	158	75.08
Salary DAPCU	46.62	46.62
Operation cost DAPCU	34.20	34.20
Total	510.3	427.38

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Annexure VIII

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Annexure-15

Gujarat Annual Action Plan- 2013-14 : Strategic Information Management Unit																
Sl. No.	Budget Head(Discipline)	Sub-Head (Discipline)	Duration	Unit cost (RS)	No. of persons to be trained			Estimated budget	CPFMS Head	Time line						
					Induction	Refresher	Total			Q1	Q2	Q3	Q			
1	Training*															
				ICTC		2500	28	283	311	778250						
				FICTC		2500	1200		1200	3000000						
				BB		2500	14	141	155	387750						
				STI	1 Day	2500	6	61	67	167750						
				NGO-TI		2500	10	95	105	261250	M&E-Trainings					
				DIC		2500	3	28	31	77000						
				CCC		2500	1	10	11	27500						
				Hq. Staff		1000	3	30	33	33000						
				Total			1265	648	1913	4732500						
			1 Day	2500				100000	M&E-Review meetings/workshops							
2	Reports publication (Surveillance, estimations report and SIMS report)			75000				425000	M&E-Printing of reports & bulletin							
3	Monitoring & Supervision visits (10 days/month)*#								To be Booked under "IS" in appropriate head							
4	HIV Sentinel Surveillance ** (30% of the budget of HSS 2012-13)								Surveillance-Honorarium to sentinel site personnel, Surveillance-Honorarium to testing lab personnel, Surveillance-Supervision and field visits at SACS, Surveillance-Other Contingencies							
Total Budget																
									1,245,480							
									6,502,980							

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

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Gujarat Annual Action Plan- 2013-14 : Strategic Information Management Unit

Sl. No.	Budget Head(Discription)	Sub-Head (Discription)	Unit cost (Rs)	No. of persons to be trained			Estimated budget
				Induction	Refresher	Total	
1	Training*	ICTC	2500	28	283	311	77825
		FICTC	2500	1200	1200	300000	
		BB	2500	14	141	38775	
		STI	2500	6	61	16775	
		NGO-TI	2500	10	95	105	26125
		DIC	2500	3	28	31	7700
		CCC	2500	1	10	11	2750
		Hq. Staff	1000	3	30	33	3300
		Total		1265	648	1913	473250
			b. Other Trainings(DQA/DAPCU review cum training) : 2 staff from 10 DAPCU bi annually		2500		
2	Reports publication (Surveillance, estimations report and SIMS report)		75000			42500	
3	Monitoring & Supervision visits (10 days/month)#						
4	HIV Sentinel Surveillance** (30% of the budget of HSS 2012-13)					1,245,48	
Total Budget							6,502,98

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 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 Incident support to IBBS activities.

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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 Quareter 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	By August 2013	DD (MES)/SE/MEO
	iii) Sharing of district wise HRG Information with Hot spots	By April 2013	DD (MES)/SE/MEO
IBBS-PSA	iv) Facilitation, Monitoring and Supervision of IBBS PSA in select domain	June-August 2013	DD (MES)/SE/MEO
Roll out of IBBS	v) Monitoring and Supervision of IBBS Field Work	September'13-January 2014	DD (MES)/SE/MEO

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