

T-11017/15/2012-NACO (F)
Government of India
Ministry of Health & Family Welfare
Department of AIDS Control

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

To,

**The Project Director,
Haryana State AIDS Control society
C-15, Awas Bhawan,
Panchkula, Haryana**

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 February 27, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs 2450.50 lac (Rupees Two thousand four hundred fifty lacs and fifty thousand only) as per detailed break-up given below:

Allocation (Rs. in lac)					
S.N.	Component/Sub-component	DBS	Pool Fund Project	GF Projects	Total
1	Prevention				
1.1	Targeted Interventions		1140.76		1140.76
1.2	Sexually Transmitted Infections	66.40			66.40
1.3	Blood Transfusion Services	201.32			201.32
1.4	IEC	287.91			287.91
1.5	Link Workers Scheme				-----
1.6	ICTC/PPTCT/HIV-TB	105.51		246.20	351.71
	Sub-total 1 (Prevention)	661.41	1140.76	246.20	2048.10
2	Care, Support & Treatment	77.26			77.26
3	Institutional Strengthening & Project Management	305.13			305.13
4	Strategic Information Management System	20.01			20.01
	Total (1 to 4)	1063.54	1140.76	246.20	2450.50

Component/sub-component/activity wise budgets are attached (Annexure ... to... [1/1])

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:
- i. Procurement under various Global Fund Rounds as per World Bank Procurement Guidelines;
 - ii. Procurement under DBS to be made as per General Financial Rules-2005 as amended from time to time;
 - iii. Procurement under TI component is to be made as per World Bank Procurement Guidelines for goods and services as this component is likely to be reimbursed retroactively by World Bank.

Yours faithfully,



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

Copy to:

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

Targeted Interventions
Haryana

YEAR 2013-14

Annexure - I

S.No.	Sub-Component	cost Head	Unit cost in Lakh (Range)	Items/Activities	TI Achievement (2012-13)		TI Targets (2013-14)			Allocation (Rs. in Lakhs)	
					Target	Achievement during the year	Existing as on 01.04.2013	Transition from Partners	New TIs additions		Total
1.1.1	FSW	Grant to TI Projects	8 to 24 lakhs based on coverage	cost for basic infrastructure human resources, programme management and service delivery	13	13	13	0	0	13	191.47
1.1.2	MSM				9	9	9	1	10	130.80	
1.1.3	IDU				16	16	16	1	17	220.46	
1.1.4	TG/Hija				0	0	0	0	0	0.00	
1.1.5	Core Composite*				7	7	0	0	7	99.54	
1.1.6	Migrants (Source)				0	0	0	0	0	0.00	
1.1.7	Migrants (Transit)				20	17	17	6	23	269.50	
1.1.8	Migrants (Destination)				2	2	2	1	3	33.43	
1.1.9	Truckers				0	67	64	0	9	73	945.00
Total					0	67	64	0	9	73	1440.76
1.1.9	Training of State TOTs/STRC Refreshers training	Grants to agencies	8 to 40 lakhs	Cost for training as per norms and management cost of agencies							52.35
1.2.0	JAT / Evaluation	Professional services	25,000-40,000 per unit	Cost for TA, DA and documentation					6	0	17.90
1.2.1	OST centre maintenance								10	16	124.51
1.2.2	Employer led models			As per guidelines					5	5	1.00
1.2.3	Any other										
Detailed guidelines on Employer Led Models would be issued by NACO											
TOTAL (Rs. in Lakhs)											

Core Population	Less than 500		500-799		800-999		1000 and above		TOTAL TIs		Target coverage	
	Old	New	Old	New	Old	New	Old	New	Old	New	Old	New
FSW	0	0	2	0	5	0	6	0	13	0	11200	0
MSM	6	1	1	0	0	0	2	0	9	1	5600	500
	Less than 150		150-249	0	250-399	0	400-599	0	600 and above	0	0	0
TG/Hija	0	0	0	0	0	0	0	0	0	0	0	0
IDU	0	0	15	1	1	0	700 and above	0	15	1	5500	300
OST							1000 and above					
Core Composite	0	0	2	0	3	0	2	0	7	0	5400	0
Bridge Population	5000	0	5001-9999	6	10000 and above	0			14	6	165000	60000
Migrant (Dest)	0	0	9	6	5	0						
Trucker	5000-9999	1	10000-29999	0	30000 and above	0			2	1	15000	5000
Migrant (Source)	0	0	1	0	0	0						

W

Das

Targeted Interventions
Haridra

YEAR 2013-14

Unit costing for TIs (in case of new TIs there is standardised deduction on specific heads, please refer to the costing annexures)
NGO/CBO LED Interventions

Core Population	Less than 500		500-799		800-999		1000-1499		1500 and above		
	Old	New	Old	New	Old	New	Old	New	Old	New	
FSW	9.82	8.97	11.39	10.54	13.89	13.04	16.54	15.69	18.52	17.67	
MSM	9.9	9.05	11.52	10.67	14.06	13.21	16.76	15.91	18.9	18.05	
TG/Hira			200-399	11.52	10.67	14.06	13.21	16.76	15.91	18.9	18.05
IDU		150-299	300-499	14.62	13.72	15.62	14.72	17.00	16.10		
OST CENTER (GOVT)		9.85		8.57							
Core Composite		Less than 400		400-699		700-999		1000-1499		1500 and above	
Bridge Population		11.24		13.45		15.45		17.00		16.55	
Migrant (Dest.)		5001-9999		10000-11999		12000 and above					
Trucker		8.77		12.87		15.95					
Migrant (Source) per district		5000-9999		10000-29999		30000 and above					
		9.13		16.57		30.99					
		13.67		13.05		1.62				1.07	

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

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

NGO and CBO Led	FSW					MSM					Core Composite			Migrants (Source)				
	PM and PD	Accountant cum M&E	Counselor	GRW	CBO members	PM and PD	Accountant cum M&E	Counselor	GRW	CBO members	PM and PD	Accountant cum M&E	Counselor	GRW	CBO members	District Coordinat or	Block Supervi or	M&E officer
NGO and CBO Led	26	13	13	224	56	20	10	10	122	6								
NGO and CBO Led	PM and PD	Accountant cum M&E	Counselor	GRW	Doctor and Nurse	PM and PD	Accountant cum M&E	Counselor	GRW	CBO members								
NGO and CBO Led	2	17	1	193	48	14	7	7	108	27								
			TG/Hira				Migrants (Destination)											
			Peers	Peers			Peers	Peers										
			0	0	0		40	20		20				340	113			
			Truckers				Migrants (Source)											
			PM and PD	Accountant cum M&E	Counselor	GRW	PM and PD	Accountant cum M&E	Counselor	GRW	CBO members	District Coordinat or	Block Supervi or	M&E officer				
			6	1	1	40	11					PM	ORW					

Unit cost for training per person per day (Rs. In Lakh) 0.01
 Unit cost per TI for evaluation (Rs. In Lakh) 0.20
 Unit cost per TI for JAT visit (Rs. In Lakh) 0.30
 Unit cost per OST feasibility assessment 0.30

Das

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.	1.2 Information, Education & Communication	Unit Cost**	Items/activities	Target	Achievement	Existing as on Date	Targets (2013-14)	Allocation in Rs. (in)	Source of funding
					2012-13		New		
1.2.1	Information Education Communication Mass Media	TV Spots on Private Channels/cable Spots on Doordarshan Long format TV Programs (15/30 mins duration) Radio Audio Spots/10 seconds Spots on AIR	Chandigarh (Cat-I) Rs. 350, II Rs. 300, III Rs. 250, Rohak (Cat-I) Rs. 500, II Rs. 300 & III Rs. 250, Kurukshetra (Cat-I) Rs. 300, II Rs. 200 & III Rs. 100 / Pt. FM on DAVP rates Chandigarh (Cat-I) Rs. 350, II Rs. 300, III Rs. 250, Rohak (Cat-I) Rs. 500, II Rs. 300 & III Rs. 250, Kurukshetra (Cat-I) Rs. 300, II Rs. 200 & III Rs. 100 / Pt. FM on DAVP rates 30 Secs Radio spots on All India Radio/5 stations Chandigarh, Rohak & Kurukshetra, Hisar & FM Rainbow Delhi) and Pt. Channels to cover the entire state. 2 spots daily including Production charges of spots @ 4500/- per spot	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0	10 3000	280 NACO 12.5 NACO	
	Long format Radio programs (30 mins/15 mins duration)	Rs. 28000/- per 15 minutes including recording, editing, per event. All topics will be covered	1 programmes per month - 10 including all events, awareness among youth will be created. 28000 x 10= 2.8 lakh including production charges Rs. 7500 per lakh	20	20	0	10	280 NACO	
	Newspaper Advs	DIPR/DAVP rates	Half page coloured ads on WAO and VED	4	5		12	12.5 NACO	
	Newsletter	Timetable cost of newsletter @ 25/- each for 24 pages	Development, designing and printing of quarterly newsletter. Expenditure will be booked under printing head. These newsletters may be distributed to all facilities, Institutions of Health dept.	2500 per quarter			1000 per quarter	2.0 NACO	
Sub-total	ICT	Website SMS Helpline		1	1			0.00	
Sub-total	1.2.3	Printing / replication of IEC Materials	Material for HRCS (OST) are required. HSACS has sufficient quantity of printing material for ICTC, HICTC, TA etc.	List enclosed				39.15 NACO	
Sub-total	1.2.4	Outdoor	Rs. 25000 per hoarding for new including AMC for message change for entire year atleast 4 times Rs. 2500 per hoarding for fix change Rs. 0.25 lakh per media (Navratra, Manas, Sanhooi Devi, Sheela Devi, Beri Mehl, Kashi/Noon) during winter & summer, Rs. 5 lakh for Surajkund Craft Mela, Rs. 0.60 Lakh for Melega Mela, Rs. 0.80 Lakh for Pujipe Heritage Kisan Mela at Hissar.	2 permanent hoardings in each 21 districts of Haryana with AMC for change of messages atleast 4 times in a year Primarily location in dhabsipatrol pumps and tourist complex These rented hoardings can be displayed in Manas-Festival Navratra Manas Devi mela, Sheela Devi, Mela Bannohri Devi, Beri Mehl, Kashi/Noon, Melega Mela, Surya Gauran Mela, Geeta Jayanti including IEC material during mela etc.	105 50	50 48	0 50	4.20 12 NACO	
Sub Total		Display of messages on govt. buses Spikes for service centres Information panels at service centres	As per DIPR/DAVP or DIPR rate Rs. 25 /sq ft Rs. 25 /sq ft	265	0		105	6.30	
			As per DIPR/DAVP (Approx. Rs. 2000/-) per bus per month including rent, fabrication etc @ 5 buses per district for 3 all ICTCs & STI clinics/ART/CRCS etc in 3-2sq ft at all district hospitals @ 3sq ft				400 3000	0.60 13.30	
								36.90	

Dee

SP

Annexure-D

52

	Cost Head	Unit Cost **	Item/activities	Target	Achievement	Existing as on Date	New	
1.2.5	Mid Media	Hiring of folk troupes	1600 performances @ Rs. 3000/- as per NACO guidelines	1600	1600		1600	48.00 NACO
		Folk Media orientation, review meetings and Monitoring of folk performances	Two State level Workshop for trainings of folk troupes @ Rs. 2 Lakh = 4 Lakh. State level two review meetings @ Rs. 1 Lakh = 2 Lakh monitoring of in field roll out activities by STD and Other NGOs @ Rs. 1.5 Lakh = Rs. 1.5 Lakh Rs. 70000/- per van per district vans					
		Fabricating IEC van, handling IEC vans	All 21 districts of Haryana (Mini Bus of Health Department will be branded). Tentative Rs. 60000/- per district will be required for PDL, branding, display boards, fabrication & Maintenance, TADA, of Drivers & honorarium to Positive Speakers @ Rs. 200 per day and printed material for distribution	21	21		21	7.5 14.70 NACO
		IPC, Migrant Camps Exhibitions						0.00 0.00
1.2.6	Events	State and District level events	Rs. 10000/- per event per district at PHC/CHC level for each activity for all major 4 events	4	4		5	14.50 NACO 79.29
	Sub Total							
		Multimedia Campaign only in NE	Rs. 10000/- to each district for filed level activity on event WAD Youth Day, International Day against Drug Abuse & illicit trafficking National and International Youth Day (2) and State level function. The amount of state level function may be utilized in a mass event at State level					0.00
		Piggy Back events in NE states	Kishan Mele at HAU Hisar/Migrant					0.00
		Other state specific events	Evaluation of folk campaign/ Documentation of Folk, RRC, AEP, Outdoor activities					0.50 13.05
	Sub Total							2
1.2.7	M & E, Documentation	All activities to be documented. Mention the activities whose evaluation to be conducted						
			Approx Rs. 3500/- for designing of advertisement or as per DIPR rates. For Adv/Documentation	0	0		1	2.00 NACO
	Sub Total							4.50
1.2.8	Youth Intervention							
1.2.8.1	Adolescence Education Programme	Training of Teachers through SCERT and school level activities	Refresher training for teachers and monitoring Existing schools	3329		3329	1168	44.97 NACO
			Rs. 1000/- Event based WAD/YO activity in each school					
1.2.8.2	RRCs in colleges and University	Training of Teachers and Principal	171 Colleges are covered which will be continue. Formation of new RRCs in colleges, linking them with services, skill building workshops, promotion of VED	171		171	55	14.78 NACO
			Rs. 9000 /- for new RRCs and Rs. 4000 for existing RRCs. & Rs. 25000 / university for 12 colleges					
1.2.8.3	Out of school Youth							
	Sub-Total							69.76
1.2.10	Drop in Centre	Only for three months @ 1.37 lakh (1.37 per DIC for per quarter for 2 per DIC	Existing DICs will continue. Psychological support to PLHR, legal aid, information and guidance on nutrition and adherence	2		2	0	3.74 NACO
			Based on the requirement of the State					
1.2.11	Advocacy	Training as per NACO Norms						2.95 NACO
1.2.11.1	Mainstreaming	1 SCIA, 4 interdepartmental meetings					20302	27.71 NACO
	Sub-Total							36.85
	Grand Total							287.91

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

K. S. Yadav
13/12

Das

HARYANA				
Sr. No.	Component	Physical targets 13-14	Time line	Process Indicators
1	Mass media			
a.	Radio spots,	3040	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. Ongoing	1. Finalization of themes, spots and channels. 2. Gathering DAVP rates 4. Decision on timing & frequency 5. Placement of orders for broadcasting of spots on special days during the year.
B	Long format Radio	10	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. Ongoing	1. Finalization of themes, and programme 2. Gathering DAVP rates 3. Decision on timing & frequency Order placed
c.	News paper advt	5	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk4 5. Staggered as per plan 6. Ongoing	1. Adv on events, no. of ads per event and no. of newspapers 2. Gathering rates (DAVP/DIPR) 3. Prototype development & approval 4. Release of order
d	Newsletter	4	1. July Wk 2 2. Oct WK 2 3. Dec Wk 4 4. March Wk 4	1. Tender process: Publish notice, short listing, approval of selection of vendor(s) 2. Decision on theme/content 3. Compilation of articles 4. Circulation plan 5. Printing 6. Dispatch
2	IEC material production & replication			
a.	Printing of IEC material		1. April Wk1 2. April Wk1 3. April Wk2 4. May Wk3 5. Staggered 6. May Wk3 7. May Wk3-4 8. Periodic	1. Approval of competent authority 2. Prototype finalization & approval 2. Assessment of requirement as per mela/event 3. Tender process: Newspaper publication, short-listing, approval of selection of vendor(s) 4. Work order released 5. Distribution & Delivery plan 7. Training on proper use of material 8. Monitoring of use by service centres/NGOs
3	Outdoor			
a.	Permanent Hoardings			1. Identify hoarding for message change 2. Prototype prepared 3. Identify agency for change of message 4. Work order 5. Monitoring

b.	Rented Hoardings	50		<ol style="list-style-type: none"> 1. Programme of various activities 2. Planning according to schedule of other deptt. & festival 3. finalization of schedule as per agenda
C	Display on bus panels	105	May Wk 1 May Wk 2 May Wk 3 May Wk 4 June Wk 1-4 July Wk 1-4	<ol style="list-style-type: none"> 1. Identification of bus routes for display 2. Development of prototypes, size and message content 3. Listing of buses according to registration no. 4. Selection of approved agency 6. Work order 7. Monitoring plan 8. Documentation & Reporting
D	Signages for Service centers	400	May Wk 1 May Wk 2 May Wk 3 May Wk4 Ongoing	<ol style="list-style-type: none"> 1. Listing of service centres 2. Development of design, size and content 3. Tendering process 4. Selection of vendors 5. Work order 6. Physical Monitoring 7. Maintenance & reporting
e.	Name boards for service centers	3000	May Wk 1 May Wk 2 May Wk 3 May Wk4 Ongoing	<ol style="list-style-type: none"> 1. Listing of service centres 2. Development of design, size and content 3. Tendering process 4. Selection of vendors 5. Work order 6. Physical Monitoring 7. Maintenance & reporting
Mid Media				
a.	Folk-performances,	1600	As per calendar shared by NACO	<ol style="list-style-type: none"> 1. Application invitation through newspaper 2. Shortlisting of folk troupes 3. Selection of troupes as per guideline 4. State level workshop 5. Planning meeting with DST 6. Route plan , Phase-wise 7. Troupe deployment 8. Monitoring of performances 9. Analysis of monitoring reports 10. Review meeting with troupes & DST 11. Reporting to NACO
g.	Fabricating of IEC Vans	21	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk4 Ongoing	
4	Events			

a.	WAD,IYD, IWD,NYD & other dist level events	5	June Wk 4, Oct Wk 1, Dec Wk 1, Jan Wk 2 & March Wk 4	1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (event-wise) and sharing 3. Disbursement of funds to districts 4. Monitoring 5. Documentation 6. Collection of SOE/UC
b.	State Specific event	1		1 Identify state specific event. 2 make plan for IEC intervention 3 monitoring 4 documentation
	M&E			
c.	M&E, Documentation,			
d.	Hiring of com agency	1	May Wk 1	1. Development of ToR 2. Selection process 3. Selection of agency 4. List of deliverables 5. Identification of job required
5	Youth			
a.	AEP	4497	1. April Wk1 2. April Wk2 3. April Wk3 . Ongoing	1. Listing of all Govt Sr. Secondary schools 2. Listing of schools targetted in FY 13-14 3. Disbursement of funds alongwith guidelines 4. Activity in schools 5. Monitoring of activities carried out by schools 6. Documentation 7. Collection of UCs
b.	RRC	226	1. April Wk1 2. April Wk2 3. April Wk3 . Ongoing	1. Listing of all Colleges - graduate, technical & Universities 2. Listing of colleges targetted in FY 13-14 3. Disbursement of funds alongwith guidelines 4. Calendar of activities 5. Monitoring of activities 6. Documentation
6	Mainstreaming training, advocacy			
a.	Training		1. April Wk1 2. April Wk2 3. April Wk3 . Ongoing	1. Listing of categories of trainees 2. Gathering universe of trainees 3. Information of coverage so far 4. Development of training calendar 5. Decision on training agencies 6. Training of trainers 7. Execution of trainings 6. Detailing of follow up activities 7. Monitoring 8. Documentation

b.	Advocacy		<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2 3. April Wk3 . Ongoing 	<ol style="list-style-type: none"> 1. Listing of departments/ organizations 2. Development of advocacy tools and agenda 3. Identifying key areas of collaboration 4. Listing no. of beneficiaries 5. Conduct of meetings 6. Directives/orders issues 7. Conduct of Inter-departmental meetings 8. Documentation
7	DIC	2	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2 3. April Wk3 . Ongoing upto June Wk 4 	<ol style="list-style-type: none"> 1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of beneficiaries 4. Monitoring of activities 5. Documentation
	Total			

S.No.	Component 1	Cost head	Unit Cost (lakhs)	Items/ activities	Targets 2013-14		RCC Round 2	Remarks
					As on 01.04.2013	New		
1.3.1	Existing Facilities							
1.3.1.1	HR for Counsellors and LTs	Recurring	2.4	Salary including TA/DA for Existing in-place Stand Alone Counsellors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	88	10	176.40	75% allocation made due to vacancy. In case additional allocation is required, it will be considered at the end of 6 months
1.3.1.2	HR for Supervisors	Recurring	1.68	Salary including TA/DA for Supervisors at Rs 14,000 per month for 12 months cost of Rs 10,000 per month per staff (unit cost = 10000*2*12) Running cost of whole unit including salary of counsellors and lab tech at Rs 9000 average per month for 12 months	1	0	1.68	Additional Counsellors 25 and 21 LTs for high load ICTCs
1.3.1.3	Mobile ICTC	Recurring	5.55		0	0	0.00	
1.3.1.4	HR for SACS team for Basic Services	Recurring		Salary & TA/DA for SACS staff under RCC Round 2 (Staff in High Prevalence States: HIV/TB Consultant, M&E PRTCT, Data Analyst, Secretarial Assistant, Finance Officer)	0	0		
				Sub Total			233.28	
1.3.2	Establishment of New ICTCs							
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 60000 per new stand alone ICTC	88	10	6.00	
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	0	0	0.00	
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none	56	21	0.00	
1.3.2.4	PPP ICTCs	Non recurring	0	none	19	19	0.00	
				Sub Total			6.00	
1.3.3	Trainings							
1.3.3.1	Training	Recurring		1) ICTC: Counsellors, LTs, induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) ICTC: Training of MO ICTC / MOIC / 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			27.23	As per Training Plan
				Sub Total			27.23	
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	88	10	6.00	Additional 8.75 lakhs for replacing old equipments (more than 8 years old)/25 new Refrigerator & centrifuge, 5 new computers / TV/DVD, & repair/upgrade of equipment/computers
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipments/ maintenance/ AMCS/ Insurance of equipment bikes etc	88	0	13.15	
				Sub Total			16.15	
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 forms, internet and other misc. exp. e.g. TA/DA for transporting EQAS (samples)	88	10	49.00	As per procurement plan based on justification. No procurement for PPP ICTC
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC: Safe delivery kits, printing of forms and other misc. exp. at the center/ internet expenses, TA/DA for transportation of +ve samples, coordination etc with mother ICTC)	75	21	7.76	
				Sub Total			56.76	
1.3.6	Monitoring and Supervision / Review meetings							
1.3.6.1	Review meeting for Supervisors (Monthly @ Rs 1000/person)	Recurring	0.01	review meetings	1		0.12	
1.3.6.2	Review meeting for counsellors/MO (Quarterly @ Rs 1500/person)	Recurring	0.015	review meetings	88	10	5.88	One counsellor per ICTC
1.3.6.3	State and District HIV/TB Coordination meetings (Quarterly @ Rs 2500/person)	Recurring	0.025	Quarterly State and District level Coordination committee meetings / State Technical Working Group meeting	1		0.10	RNTCP is providing running expenses for the HIV/TB meetings at District level. Budgeted for back up, in case required
				Sub Total			6.10	
1.3.7	SRL							
1.3.7.1	HR for Technical Officer in SRL	Recurring	3	Salary for TO in SRL, including TA/DA, at average Rs 25,000/- per TO per month for 12 months	1	0	3.00	
				Sub Total			3.00	
1.3.8	Additional Allocation							
1.3.8.1	For Co-location of facilities	Non recurring		Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities. Le ART/CTC/STI	-	1	0.75	
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 made	-	9	2.50	
				Sub Total			3.25	
1.3	Grand Total						351.71	

[Signature]

[Signature]

1.3 Physical Targets for Haryana for 2013-14						
Establishment of New ICTC in the year 2012-13	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14		
1 Stand Alone ICTCs	88	0	10	10		
2 Mobile ICTCs	0	0	0	0		
3 Facility Integrated ICTCs	56	0	21	21		
4 PPP ICTCs in Nursing Homes / Corporate Hospitals	19	1	8	9		
5 PPP ICTCs in Private Sector Industries	0	0	5	5		
6 PPP ICTCs in Public Sector Industries	0	0	5	5		
Colocation of Facilities	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14		
1 Medical College Level	0 out of 1	0	1	1 out of 1		
2 District Hospital Level	0 out of 0	0	0	0		
3 Sub District Level	0 out of 0	0	0	0		
Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target		
1 Testing for General clients	300000	194549	275000			
2 HRG testing	25000	19452	56900	Two time testing in 100% of HRG covered by TI		
3 Bridge population testing	NA	NA	70500	30% migrants and 15% truckers		
4 STI Clinic In-referrals testing	40000	24105	30000	100% DSRC attendees		
5 Out Referrals from to STI	40000	24105	10000			
6 HIV-TB Cross referral	30000	24288	35000	75% of TB patients and 5% of ICTC clients (Non-ANC)		
7 HIV/TB coinfection to be detected	400	317	450	75% of HIV infected TB notified cases		
8 Testing for ANC	225000	134024	250000	50% of the estimated pregnancies		
9 Detection of HIV+ve pregnant women	296	178	300	75% of estimated positive pregnancies		
* Achievement upto December 2012						
Linkage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition		
1 ICTC to ART (GC)	NA	NA	90%	HIV +ve general clients to be linked to ART centres		
2 PPTCT to ART	NA	NA	100%	HIV +ve pregnant women to be linked to ART centres		
3 TI to ICTC	NA	53%	90%	HRGs referred from TI reaching ICTC		
4 STI to ICTC	NA	60%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics		
5 TB to ICTC	NA	63%	75%	Notified TB cases reaching ICTC		
6 HIV/TB to ART	NA	61%	80%	HIV infected TB notified cases reaching ART		

Das

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	50	12	800.00	480,000.00				
		Lab-Tech	50	5	800.00	200,000.00				
2	Refresher (Stand alone (Inc. Mobile)	Counselor	96	5	800.00	384,000.00				
		Lab-Tech	85	5	800.00	340,000.00				
3	Induction (FI- ICTC +PPP)	Staff nurse (FI ICTC)		5	800.00	-				
		Lab Technician		5	800.00	-				
4	Refresher (FI- ICTC +PPP)	Staff nurse (FI ICTC)	75	3	800.00	180,000.00				
		Lab Technician	75	5	800.00	300,000.00				
5	Induction/ Refresher	District supervisor	1	5	800.00	4,000.00				
		Full site Sensn. Dist. Hosp	30	1	10,000.00	300,000.00				
6	Sensitization (No facilities to be mentioned)	Full site Sensn SDH/RH	63	1	5,000.00	315,000.00				
		ICTC Counselor	119	1	300.00	35,700.00				
		Medical Officer	30	2	400.00	24,000.00				
		District ICTC supervisor	1	1	300.00	300.00				
7	HIV-TB training	MO-TC/MO-ICTC	150	1	300.00	45,000.00				
		ART MO	2	1	300.00	600.00				
		RNTCP STS/STLS	42	1	300.00	12,600.00				
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	21	1	300.00	6,300.00				
		Counselor		2	800.00	-				
		Medical Officer		3	800.00	-				
		District supervisor		2	800.00	-				
8	Multi Drug Regimen Training for PPTCT	MO ARTCs		3	800.00	-				
		Others (Medical 3 days / Para medical 2 days)		3	800.00	-				
		ANM	30	2	400.00	24,000.00				
		Labour Room Nurse	30	2	400.00	24,000.00				
9	Training on whole blood screening	DMCLT (RNTCP)	30	2	400.00	24,000.00				
		STLS	30	2	400.00	24,000.00				
		MO		3	800.00	-				
		Lab-Tech		3	800.00	-				
10	ICTC Team Training	Nurse		3	800.00	-				
		Counselor		3	800.00	-				
11	Other (Specify)				400.00	-				
Total						2,723,500.00				

DP

Process Indicators - BSD

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

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 centre/s by email every 15 days	Every 15 days	ICTC Counselor / ART Counselor
	c) Obtaining feedback by concerned ART centre / s every 15 days	Every 15 days	ICTC Counselor
	d) Completion of line list at the ICTC level by Counselor at 15 days and at the end of the month	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) After the monthly meeting between ICTC and concerned ART at district / regional level to be conducted in 1st week of every month for verifying date	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 MACO 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 HIV, Syphilis, 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

W

Indicators	Recommended Action - HRG linkages	Timeline	Person Responsible
	<ul style="list-style-type: none"> The programme will ensure, tracking of individual HRGs and ensure 100% of core group HRGs are visited twice in the year, 30% of migrants are tested once in a year and 15% of truckers are tested once in a year 		
	Co-ordination and Tracking system for TI Clients	Every referral	TI ORWs, PE, TI Counselor
	a) Referral of TI clients by TI out-reach system using referral slips	Every 15 days	TI ORWs, TI Counselor, PM
	b) Completion of referrals made to ICTC with Unique ID of TI against each referral every 15 days	Every 15 days	Direct: TI ORWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC Sup, PO-TI TSU
	c) Meeting of TI with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	ICTC Counselor,
	d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI.	Every 15 days	ICTC Counselor,
	e) Once both ICTC and TI have reconciled / compiled the list, then both ICTC and TI will report the same in their respective CMIS/SIMS on a monthly basis	Monthly	Direct: ICTC Counselor, TI Counselor, TI M&E, Monitoring: Dist ICTC Sup, PO-TI TSU
	f) The same should be verified / validated by DAPCU / PO - TI TSU on a monthly basis.	Monthly	Dist ICTC Sup, DAPCU, PO TI TSU
	g) Individual HRGs tested has to be extracted from the compile line list generated from the referrals with UID and the reached with PID	Monthly	Direct: TI Counselor, M&E, PM, Monitoring: PO TI TSU
	h) This individual tracking and reconciliation of ICTC and TI CMIS/SIMS data should be done by DAPCU every month during review meeting between TI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS TI / PO-TSU in the 1st week of every month	Monthly	Direct: Dist ICTC Sup, DAPCU, Monitoring: PO TI TSU, SACS TI, SACS BSD
	i) SACS /TSU officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD / SACS TI / TSU
	j) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS TI / SACS TSU has to be conducted in 2nd week of every month.	Monthly	Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PD SACS
	k) After due verification by at SACS, TI and BSD to share analyzed / verified / completed line list with NACO by 15th of every month.	Monthly	SACS BSD / SACS TI
	l) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for handholding and mentoring.	Monthly	Direct: SACS BSD / SACS TI / TSU
	m) The SACS BSD / TI / TSU should analyze the positivity yield out of the referral made by TI as compared to prevalence rates for the individual typology / state average and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions.	Monthly	Monitoring: APD / PD SACS

Linkage with HRGs

Das

Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
	<ul style="list-style-type: none"> The programme will ensure, tracking of individual STI DSRIC Clinic attendees and ensure 100% of STI DSRIC 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 DSRIC Clients 	1st Qtr - April 2013	Direct: SACS BSD / STI, Monitoring: APD / PD SACS
	<ul style="list-style-type: none"> a) SACS BSD/STI to issue office order to all ICTCS and DSRICs for single window approach for HIV testing and Syphilis testing 	Ongoing	SACS BSD / STI
	<ul style="list-style-type: none"> b) SACS BSD/STI to ensure training for STI testing is included in all ICTC LT training 	Every Referral	STI Counselor
	<ul style="list-style-type: none"> c) Referral of STI clients by DSRIC using referral slips/ accompanied referrals to ICTC d) Completion of referrals made to ICTC against each referral every 15 days 	Every 15 days	STI Counselor
	<ul style="list-style-type: none"> e) Meeting of DSRIC Counselor with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days f) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from DSRIC. Also the ICTC counselor will share the list of ICTC clients referred to STI DSRIC with PID numbers 	Every 15 days	STI Counselor / ICTC Counselor
	<ul style="list-style-type: none"> g) Once both ICTC and DSRIC STI have reconciled / compiled the list, then both ICTC and STI will report the same in their respective CMIS/SIMS on a monthly basis ICTC: In-referrals from STI and out referrals from ICTC to STI STI: In-referrals from ICTC and out referrals from STI to ICTC 	Monthly	Direct: STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU
	<ul style="list-style-type: none"> h) The same should be verified / validated by DAPCU on a monthly basis i) Individual STI clients tested has to be extracted from the compiled list generated from the referrals with STI-ID and the reached with PID j) This individual tracking and reconciliation of ICTC and STI CMIS/SIMS data should be done by DAPCU every month during review meeting between STI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS STI in the 1st week of every month 	Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
	<ul style="list-style-type: none"> k) SACS officers to participate in district level review meetings at least once in quarter every district 	Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	<ul style="list-style-type: none"> l) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS STI has to be conducted in 2nd week of every month m) After due verification by at SACS STI and BSD to share analyzed / verified / completed line list with NACD by 15th of every month n) SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for handholding and mentoring o) The SACS BSD / STI should analyze the positivity yield out of the referrals made by STI as compared to prevalence rates for the group / state average and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions 	Quarterly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
		Monthly	Direct: SACS BSD / STI Monitoring: APD / PD SACS
		Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
		Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
		Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
		Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
		Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
		Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
		Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
		Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS

Das

1/2

Indicators	Recommended Action - HIV-TB Collaborative activities	Timeline	Person Responsible
HIV-TB coordination	HIV-TB coordination /working group meetings at State level	Every quarter	Direct: SACS BSD, State TB officer, State TB/HIV supervisor Monitoring: PD / APD SACS
	HIV-TB coordination meetings at District level	Every quarter	Direct: DAPCU officer/DNO and District TB Officer Monitoring: State TB Officer, State TB/HIV Supervisor, SACS BSD
	Monthly meeting between the staff of MACP and RNTCP	Every month	Direct: DAPCU officer/DNO and District TB Officer Monitoring: State TB Officer, State TB/HIV Supervisor, SACS BSD
Early detection of HIV infected TB patients	Establishment of F-ICTC /HIV screening facilities at >80% RNTCP DMC	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
Linkage of HIV infected TB patients to ART	Enlisting of all HIV infected TB patients	Every month	Direct: ICTC Counselor / RNTCP STS
	TB-Unit wise tracking of HIV infected TB patients in monthly coordination meeting	Every month	Monitoring: DAPCU officer/DNO and District TB Officer
Early initiation of ART among HIV infected TB patients	Feedback on enrollment at ART centres by ART centre staff in monthly HIV/TB coordination meeting	Every month	Direct: ART Centre Staff Nurse / MO
	Monitoring of completeness of HIV/TB register at ART centre including HIV/TB cases detected both by MACP and RNTCP	Every month	Monitoring: DAPCU officer/DNO and District TB Officer
	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

Blaw

22

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 ART 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, CMHO, ART Model Officer, DAPCU, DACO, Facility staff and other stakeholders) for development of time bound road map for co-locator	April	Direct: SACS BSD, CST, STI, Monitoring: RC - CST, APD, PD
	d) Issuing of necessary Govt Orders by DHS, DMER, PD SACS, etc	May	Direct: DAPCU, MO-ICTC, MO-STI, MO-ART Monitoring: SACS BSD, CST, STI
	e) Ensuring action on office orders issued and processing plan for relocation of facility	May	Direct: SACS BSD, CST, STI Monitoring: APD / PD SACS
	f) Monitoring visit by SACS/DHS/DMER for timely follow-up and timely completion of relocation plan	May	Direct: SACS BSD, CST, STI, RC - CST Monitoring: APD / PD SACS
	g) Review meeting to be conducted by PD SACS, DMER, DHS on progress in June	June	Direct: SACS BSD, CST, STI, RC - CST Monitoring: APD / PD SACS
	h) Follow-up visits by SACS	June / July	
	i) Progress of Activities to be reported to MACO every month	Monthly	SACS BSD, CST, STI

Done

20

Indicators	Recommended Action - Supply Chain Management	Timeline	Person Responsible
Supply Chain Management	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	Monitoring: APD / PD SACS Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	c) Physical verification of stock and cold chain status before issuing CRCs	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	d) CRC should be issued within 7 days of receipt of supplies	Every supply	Monitoring: APD / PD SACS Direct: SACS BSD, Quality Manager
	e) Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	Every supply	Monitoring: APD / PD SACS Direct: SACS BSD, Quality Manager
	f) Dispatch plan should be based on pattern of consumption for last 3 months for the said commodity	Every supply	Monitoring: APD / PD SACS
	Dispatch of supplies		
	a) Option 1: Supplies should be made to ICTCs through cold chain vehicle in collaboration with the general health system	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	b) Option 2: Supplies should be made to ICTCs through physical collection by ICTC staff while attending review meetings using cold boxes	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	c) Option 3: Hiring of cold chain vehicle / courier to dispatch supplies directly to ICTCs	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	d) Regional / District level walk in coolers to be used for storing stocks for the respective region and further distribution should be made to the linked ICTCs by using health system cold chain vehicle or physical pick up by ICTC staff using cold boxes	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispatch of other cold chain commodities so as to rationalise 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 counter sign in stock register	Daily	MO-ICTC, ICTC LT	
b) All supervisory cadres during field visits to facilities to physically verify stocks at ICTCs for all commodities and counter sign to stock register	Ongoing	DAPCU, Dist ICTC Sup, TO-SRL, SACS BSD	
a) ICTC LTs to physically verify stocks available, stock register, lab register for tests performed and then prepare monthly CMIS/SIMS report for lab component of ICTC commodities at ICTCs during supervisory visit	Monthly	ICTC LT, MO-ICTC	
c) TO-SRLs and District ICTC Superclass / DAPCU to physically verify stocks for all commodities at ICTCs during supervisory visit	Monthly	TO-SRLs, Dist ICTC Sup/ DAPCU	
d) Variance in tests performed and stock consumption to be analyzed facility wise by DAPCU / ICTC Supervisor and reasons for variance submitted to SACS for necessary action	Monthly	Dist ICTC Sup/ DAPCU	
e) Based on reports from DAPCU / SACS BSD Analysis, if there is more than 10% variance in any centre / facility reported, then visits to facilities reporting variances to be conducted by a team constituted by PD / APD SACS. 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 NACD if required for relocation to other states, atleast 3 months in advance - If some commodities have expired, then reasons for the same should be analysed and administrative actions taken if required	Monthly	Direct: PD / APD SACS	
h) Facility level / SACS level stock position for every commodity should be reported to NACD by the 15th of every month	Monthly	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS	

19

[Signature]

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	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 systems	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	b) Option 2: Supplies should be made to ICTCs through physical collection by ICTC staff while attending review meetings using cold boxes	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	c) Option 3: Hiring of cold chain vehicle / courier to dispatch supplies directly to ICTCs.	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	d) Regional / District level walk in coolers to be used for storing stocks for the respective region and further distribution should be made to the linked ICTCs by using health system cold chain vehicle or physical pick up by ICTC staff using cold boxes	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. 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 registers for tests performed and then prepare monthly CMIS/SIMS report for lab component of ICTC	Monthly	ICTC LT, MO-ICTC
	c) TO-SRLs and District ICTC Supervisors / DAPCU to physically verify stocks for all commodities at ICTCs during supervisory visits.	Monthly	TO-SRLs, Dist ICTC Sup/ DAPCU
	d) Variance in tests performed and stock consumption to be analyzed facility wise by DAPCU / ICTC Supervisor and reasons for variance submitted to SACS for necessary action	Monthly	Dist ICTC Sup/ DAPCU
	e) Based on reports from DAPCU / SACS BSD Analysts, if there is more than 10% variance in any centre / facility reported, then visits to facilities reporting variances to be conducted by a team constituted by PD / APD SACS.	Ongoing	SACS BSD / SACS CST, APD / PD SACS
	Appropriate administrative action should be taken by APD/ PD SACS based on reports		
	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	Monthly	Direct: PD / APD SACS
	- Assessment of near expiry drugs/kits should be made and submitted to NACO if required for relocation to other states, atleast 3 months in advance		
	- If some commodities have expired, then reasons for the same should be analysed and administrative actions taken, if required		
	h) Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month	Monthly	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS

Dr

Indicators	Recommended Action - PPTCT	Timeline	Person Responsible
Linkage of Pregnant women with ART centre and follow-up	a) Maintenance of PPTCT Line list by ICTC.	Monthly	ICTC counsellor
	b) Sharing of line list with concerned ART centre/s by email every 15 days.	Every 15 days	ICTC Counsellor
	c) Obtaining feedback of triplicate referral and line list by concerned ART centre / s every 15 days	Every 15 days	
	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 Counsellor / ART Counsellor
	e) Sharing completed/ compiled line list with full details to DAPCU / SACS BSC	Monthly	ICTC Counsellor/ DPM/DIS/District Nodal Officer
	f) Monthly meeting between ICTC and concerned ART centre and other stakeholder/NRHM at district / regional level to be conducted in 1st week of every month for cross verifying data	Monthly	
	g) 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
	h) SACS officers to participate in district level review meetings at least once in quarter every district.	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	i) 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 Monitoring: PD/APD SACS
	j) BSD at SACS to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
Roll-out of Multi drug regimen (Applicable Only where the new regimen program is rolled out by NACO)	Co-location of Training 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, DO/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, DO/AD (BSD/CST), JD (M&E), RC (CST)
	Refresher training for service providers as well out reach worker involved in PPTCT client follow-up under NACP & NRHM	From second year of roll out	
	On-going sensitization during monthly meeting	On going	DPM/District Nodal Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	Inclusion of PPTCT new regimen component under basic training module for counsellor/SN/MO in NACP & NRHM and 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, DO/AD (BSD/CST)
	Line list completion 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

Sexually Transmitted Infection/ Reproductive tract infection Services						
No.	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. In Lakhs)
						Pool Fund
1.4.1	Establishment of New Facilities (One Time Grant)	One time cost	1,50,000	1	Minor Refurbishment for Audiovisual privacy, Computer	1.5
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	30	Counselor salary	39.6
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	28,21	Training of trainers, Induction or Refresher training for DSRC service providers, TI STI doctors as per operational guidelines	12.25
1.4.4	Procurement	Recurring	25000 per centre	28	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	7.25
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	28,21	TA/DA/ documentation and communication cost to supervisory team, review meetings, TA/DA for outreach by DSRC counselors	5.8
1.4.6	Private sector partnership	Recurring				
1.4.7	Regional STD labs Existing	Recurring		no of Regional centres	Grant for existing Regional Centers (Human Resource, Training, Kits and consumables, Stationery and Contingency, Supportive Supervision and Operational Research)	0
1.4.8	State Reference Centres	Recurring				
1.4	Sexually Transmitted Disease / Infections Services (Total Allocation)					66.4

1.4.a	Physical Targets to the State under the STI/RTI services	
1	STI/RTI episodes to be managed by Designated STI clinics	93297
2	STI/RTI episodes to be managed by TI-NGOs	38443
3	STI/RTI episodes to be managed by Private sector	14037
4	Total target of STI/RTI episodes for SACS	145776
5	STI/RTI episodes to be managed by NRHM	145776

1.4.b	STI/RTI facilities	Existing No.	Proposed new during FY 2012-13
1	Designated STI/RTI Clinics	28	1 29
2	TI STI providers	53	25 78
3	sector	0	71 71
4	NRHM health facilities upto PHC	467	467
5	PPP ICTC	19	0 19
6	Regional STI Centres	1	1
7	State Reference Centres	0	0

1.4.c	Commodity Assistance provided by GOI to the State	
1	Colour coded drug kits for Designated STI clinics and TI NGO	57450
2	RPR Test kits	5360

DRs

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

Process Indicators 2013-14

Name of State: HARYANA

Sl No	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target In DSRC	1. Establish good linkages with Gyne and obs clinic, ICTG 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 GMS/SMIS. 6. Post of counsellor vacant in 2 DSRC hence all DSRC are not reporting regularly.	Counsellor of STI Clinic, Incharge of DSRC, and DD 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 TI to appoint STI providers and ensure easy accessibility to services to HRG. 3. All HRG to be individually tracked for STI episodes and multiple STI to be tracked. 4. STI services to be delivered at the convenient location of HRG and by establishing linkages with government facilities. 4. Coordination meeting to review the targets achievement with TI and TI division.	DD STI and AD STI, JD TI and PM of TI	Ongoing
3	Partnering with PSU	1. All PSU and leading private sector to be enlisted in all the districts. At least 12 units to be identified and enlisted, Jindal Hospital, Railways, ESI, Electricity Board. 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	Pending training of Doctors in DSRC and PPP to be completed by March 13 Training plan to be made and shared with other division. Training calendar to be made. All participants to be informed in advance about venue and dates of training. All Training to be completed by first quarter.	DD STI and AD STI and STI Resource Facilities	Incomplete training of current year to be finished by 15th March Training for 2013-14 to be
5	Supportive Supervision	At least 60% of poor performing STI facilities to be visited by SACS Focal Person at least once in a quarter. All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visits by STI mentors.	DD STI and AD STI and STI Mentors	Ongoing
6	Supply chain Management	All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. All commodities supplied by the programme must be monitored regularly. All drugs with earlier expiry should be used first and if excess should be relocated. Review your programme data with consumption of commodities. Ensure there is no stock out and expiry of drugs.	DD STI STI Counsellor at DSRC, STI Clinic Incharge and PM of TI	Periodic Review of commodity at least once a quarter from all facilities
7	Quality of Services	1. All Patients to be provided with internal exam, multiple STI in patients to be tracked. 2. All STI patients to undergo syphilis and HIV testing. 3. All patients to receive drug and test regularly.	STI Clinic Incharge and TI STI Providers, DD STI and AD STI, Civil Surgeon of districts, DD and AD STI and PD SACS	Ongoing By March 2013
8	Vacancy	2. Post of counsellor to be filled, advertisement to be made and interview to be conducted and counsellor to be positioned in DSRC	DD STI, AD STI and State RCH officer	One joint meeting once a quarter
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 PPP. 4. Joint review of programme to be done at least once a quarter.	DD STI and AD STI Superintendent of Mewat Medical College	Jun-13
10	Establishment of New Clinic	One Clinic to be set in Mewat Government Medical College. Contact Superintendent, identify the space and complete infrastructure. Select Counsellor and make clinic functional		

BLOOD SAFETY AAP 2013-14

State: Haryana

S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Achievement (2010-11)		Targets		Allocation (Rs. In Lakhs)
					Target	Achievement	Existing as 1st January 2013	New for 2013-14	
1.5.1	Modernisation of Blood								
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			1		4
		Salary	2.4	Salary of 1 LT & 1 Counsellor			1		2.4
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			2	5	5.25
		Salary	2.4	Salary of 1 LT & 1 Counsellor			2	5	16.8
1.5.1.4	DLBB	Consumables	0.71	Glasswares, plastic wares, instruments, chemicals and emergency medicines			16	4	3.72
		Salary	1.2	Salary of 1 LT			16	4	14.4
1.5.1.5	RBTC	Consumables	0	NIL			4		0
		Salary	2.4	Salary of 2 LT			4		9.6
1.5.1.6	Blood Storage Centers	Consumables	0	Glasswares, plastic wares, Reagents and chemicals					0
		Salary	0	NIL					0
1.5.1.7	Blood Transportation	Salary	1.44	Salary of 1 Driver & 1 Attendant			5		7.2
1.5.1.8	Maintenance of BT Vans	Recurring	0.7				5		3.5
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			21		7.35
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			21		2.1
1.5.4	Procurement								0
1.5.4.1	Equipments for new BCSU	Non-recurring	18	List of Equipments as per NACO guideline					
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/ CMC and calibration of essential blood bank equipments supplied by NACO					12
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			1113		27825
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					25.5
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, boardings			21		2.1
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				125000	31.25
1.5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms				1	2.88
1.5.6	External Quality								0
1.5.6.1	NRL		6.54				0		0
1.5.6.2	SRL		4.44				1		4.44
	contingency*								4
1.5.7									0
1.5	Blood Safety (Sub Total)								201.32
1.5	Blood Safety								

Increment as per NACO norms*

Total licensed blood banks in the state	69
Blood banks supported by NACO	21
Target for Total Collection	200000
Target for NACO supported blood banks	125000
Target for VBD	90%
VBD Camps	1113
% Component prepared by NACO supported BCSU	85%

SS

Dr

24

Commodity Items to be provided by NACO	
	in lakhs
<i>Blood bags</i>	
Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadruple 450 ml	
<i>Testing Kits</i>	in lakh tests
HBV ELISA	
HBV Rapid	
HCV ELISA	
HCV Rapid	
HRV ELISA	
HRV Rapid	
TPHA/RPR	

[Handwritten mark]

[Handwritten signature]

[Handwritten signature]

Name of State: Haryana

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			69
b	NACO Supported Blood Banks	20	1	21
b1	Model Blood Bank	1	0	1
b2	Major with BCSU	1	0	1
b3	Major without BCSU	2	5	7
b4	District Level Blood Bank	16	-4	12
c	RBTC	4	0	4
d	Blood Mobile Van	1	0	1
e	Blood Transportation Van	5	0	5
f	SBTC	1	0	1
2	Blood Collection			Proposed target 2013-14
a	Total Collection for the state			300000
a1	NACO supported blood collection			125000
b	Percentage VBD for NACO supported BB			90%
c	Voluntary Blood Collection in NACO supported BB			112500
c1	Through Static			20000
c2	Through Camps			92500
c3	Through Blood Mobile Vans			9000
d	No of Camps to be conducted			1233
d1	Camp Collection			75 units
3	Component Separation			Proposed target 2013-14
a	Blood collection in NACO supported BCSU			50000
b	Percentage component separation in NACO supported BCSU			80%
4	Training			Proposed target 2013-14
a	Training of BBO			21
b	Training of Staff Nurse			21
c	Training of LTs			42
d	Training of Donor Motivators			600
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			120
f	Blood Bank counselor			8
5	Supervision, Monitoring and Evaluation			Proposed target 2013-14
a	Field visits to be conducted			21
b	Review meetings to be conducted			4
6	EQAS			
a	NRL			0
b	SRL			1
* Provision of NACO assistance to existing and new facilities is subject to meeting the norms for NACO support and approval of NACO. All NACO supported blood banks must possess a valid licence issued by state Drug Control Department				
5 DLBB upgraded as Major blood bank ,1 DLBB added				

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

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

I. G: In-aid to SACS

S.No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14			Remarks
					Target	Achievement	Financial allocation	Expenditure as on Dec 2012	Existing on 1.4.13	Proposed	Allocation Rs. Lakh	
2.1.1	GIA for ART Centres	Recurring	For low load centres- 13.5, medium load-15, high load-	Salary	1	1	13.5	15.97	1	3	37.25	3 new centres proposed at medical college Hisar, Jind / Ambala and Gurgaon
2.1.2			0.50	Universal Work Precautions	1	1	2.5	0.4	1	3	1.25	
2.1.3.1			1.50	Operational Costs	1	1	1.5		1	3	3.75	upgradation/replacement/additional requirement for existing ART centers to be procured out of operational grant of the concerned center
2.1.3.2			0.5 for caliber 0.5 for count & 0.25 for Partec	Operational cost for CD4 testing	1	1	0.5	0.5	1	0	0.50	one FACS count
2.1.4.1		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD	1	1	0	0	1	3	13.50	
2.1.4.2			1.00	Infrastructure development installation of CD4 machine	1	1	0	0	1	0	0.00	
2.2.1	GIA to SACS for various activities	Printing	0.50	Registers & Cards, Signages, Flip Charts, Posters	1	1	0.5	0.10	1	3	1.25	
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.	1	1	1	0.4	1	3	2.00	
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode	7000	3056	14	0.5	3056	6000	8.00	Funds for 4000 OI and CPT episodes, rest to be obtained from general health system
2.2.4.1		LAC	0.15	One-time cost for infrastructure development	17	15	0.75	0	15	0	0.00	
2.2.4.2			0.378	Rec. for TA/DA & oper. Costs, Stationery etc.	17	15	5.48	0.52	15	0	5.67	
2.2.4.3			0.96	HR for LAC Plus	5	5	4.32	3.35	4	0	3.84	
2.2.5.1		EID	3.84	HR for EID	0	0	0	0	0	0	0.00	
2.2.5.2			1.00	Cost for EID lab (Operational Cost, Infrastructure development)	0	0	0	0	0	0	0.00	
2.2.6		Viral load testing	1.10	Salary of LT	0	0	0	0	0	0	0.00	
2.2.7.1		SCM of ARV drugs	As per requirement	One-time cost for refurbishment	0	0	0	0	0	0	0.00	
2.2.7.2			Rs 10 lakh for high load states, 5 lakh for mid load &	Hiring of space & for drug transfers	0	0	0	0	0	0	0.00	
		Regional coordinator	9.00	Remuneration & TA/DA	0	0	0	0	0	0	0.00	
2.2.7.4		PPP	0.25	For contingency & miscellaneous expenditures						1	0.25	
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs	0	0	0	0	0	0	0.00	
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs	0	0	0	0	0	0	0.00	
Total GIA to SACS for CST											77.26	

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	11500	11273	16000	About 12000 PLHIV are expected to register at the end of March 2013. The target is based on new positives detected at ICTCs during 2013-14 which is around 4032 and additionally some backlog of previous years also. Therefore total target of 16000 has been set up.
2.5.2		Alive & on ART	4000	3235	4500	Around 3400 PLHIV will be alive on ART at the end of March 2013, nearly 60 patients are added every month. All eligible should be put on ART
2.6.1	OI episodes treated	5000	3091	6000	Target is calculated as per the current pattern of OI. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines	
2.7.1	CD4 Count	CD-Machines	1	1	0	CD4 reagents to be supplied by NACO.
2.7.2	Tests	CD4-Tests	12000	7286	13500	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 2012-13		Proposed 2013-14
1	Establishment of facilities ART Centres (cumulative)	1	0			3				
a	Setting up of new ART Centres		0	0		3			13.50	To decongest ART Rohtak (3235 Alive and on ART), to improve early registration and reduce LFTU rates. Med College Agroha at Hissar and Jind / Ambala, and Gurgaon are the proposed new centres
	Infrastructure development for CD4 machines	1	0	0		0			0.00	
b	Recurring Cost (salary, UWP, operational cost)	1				3	18.00	16.87	39.25	
c	Setting up ART Centres under PPP Corporate Sector					1			0.00	Potential partners: Maruti Udyog/ Refinery Panipat
	PSU								0.00	
d	Colocation of ICTC-ART	0 / 1				1			0.00	
ii	Link ART Centres (cumulative)	11	17	15	88%	0				2 LACs are under process
a	One-time cost for Infrastructure development						0.75	0.00	0.00	
b	Rec- for TA/DA & oper. Costs, Stationery etc		17	15		0	5.48	0.52	5.67	
iii	LAC Plus- HR for LAC Plus	4	1	1	100%	0	4.32	3.35	3.84	
iv	CoE	0	0	0		0			0.00	
a	Recurring cost						0.00	0.00	0.00	
iv	PCoE	0	0	0		0			0.00	
v	Recurring cost						0.00	0.00	0.00	
v	EID	0	0	0		0	0.00	0.00	0.00	
	HR for EID						0.00	0.00	0.00	
	Cost for EID/Tab						0.00	0.00	0.00	
vi	Viral Load testing					0	0.00	0.00	0.00	
	Salary of LT					0	0.00	0.00	0.00	
2	Training									
	For ART staff				85% of ART staff trained					As per training plan, based on prescribed curriculum
	Sensitisation of Private practitioners on rational prescription of ART				50% of the doctors practicing ART needs to be trained		1.00	0.40	2.00	No of private providers practising ART needs to be worked out
3	Sensitisation of HCP on UWP/PEP			200		200				5 trainings of 40 participants to be organised
3	OI Treatment (inc CPT)									
	OI episodes treated	6102	5000	3091	62%	6000	14.00	0.50	8.00	
4	Operational Cost for SACS									
	SCM of ARV drugs; Drug Transfers						0.00	0.00	0.00	
	Printing of registers, formats & Cards, signages						0.50	0.10	1.25	To be done by Sep 2013

Processes for implementation of 2013-14 activities

HARYANA				
Baseline: 1st 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

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

		Mentoring and Monitoring visits by SACS CST officials /RC to ARTC centres with high gaps	SACS CST, RC	Quarterly
6.	Training of Health care providers in UWP & PEP	Number to be identified for never trained, refresher training and type of health care provider	SACS CST, RC	May 2013 (second fortnight)
		Number of batches to be trained to be finalized once total numbers are identified	SACS CST (JD), RC	June
		Curriculum to be standardized.	NACO CST	May (first fortnight)
		Training of Health care providers (Expected Target= 200)	ART Nodal Officer & SMO, Co-ordinated by SACS CST	Once every Quarter
7.	Training of private providers on National ART regimen	Number of private providers to be identified	SACS CST, RC, DAPCU	May'13(Second Fortnight)
		Target for 2013-14 = 50% of PPs (Exact numbers to be worked out)	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, DAPCU	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-		
		Quantify amount of storage space required	Store Officer	April
		Identify current storage options – rental, possible NRHM warehouse, common facility storage	RC, JD CST	April
		Negotiate with health facility/ NRHM officials for common storage	JD CST, APD, PD, RC	May/ June
		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
		Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	SACS CST	Ongoing
		Dispatch plan should be based on pattern of consumption for last 3 months	SACS CST	Ongoing
Transportation – Most cost effective and efficient means of transportation to be adopted				

Option 1: Supplies should be made to ART centres in collaboration with the general health system		
Option 2: Supplies should be made to ART centres through physical collection by staff while attending review meetings		
Option 3: Hiring of courier to dispatch supplies co-ordinating with BSD supplies		
Mechanism of reviewing transportation options-	SACS CST, Store Officer / APD, PD SACS	April
Review the logistics of the above 3 options		
Compare the costs of the options. (by comparison of previous expenditures incurred)		May (first fortnight)
Tendering to select the most cost effective mode of transport	JD CST, APD, PD	May
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 facilities 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 of all commodities is collected /analyzed	PD SACS, JD CST, Store Officer	Monthly
Facility level / SACS level stock position for every commodity 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 DAPCU / 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. DAPCU, RC, JD CST 2. PD, APD	Monthly
Based on reports from DAPCU / SACS analysis, visits to facilities reporting stock excess/ shortage to be conducted and analysis done. Actions to be recommended- • 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	JD CST, RC (visits) SACS CST, NACO CST SACS CST, NACO CST	Monthly

HARYANA STATE AIDS CONTROL SOCIETY
C-15, AWAS BHAWAN, SEC-6, PANCHKULA

OPERATIONAL COST FOR THE YEAR 2013-14

(Rs. In lakhs)

SR.NO	HEAD	AAP 2012-13	Exp. UP TO 13th Feb 2013	Likely Exp. During Feb & March'13	Total Expenditure during 2012-13	Proposed for 2013-14	Recommended
1	Quarterly Review Meeting Training	2.00	1.69	0.31	2.00	3.00	2.50
2	Equipment Maintenance	1.00	0.80	0.20	1.00	2.00	1.50
3	Store Building Maintenance	0.00		0.00	0.00	2.00	1.00
4	Vehicle Maintenance	5.00	3.02	1.98	5.00	5.00	5.00
5	Travel Expenses	5.00	3.08	1.92	5.00	5.00	5.00
6	Rent, Rate & Taxes,	5.00	4.79	0.21	5.00	24.00	5.00
7	Telephone/Communication	4.00	2.93	1.07	4.00	4.00	4.00
8	Bank Charges	0.20	0.06	0.14	0.20	0.20	0.00
9	Misc. Expenses	7.00	4.59	2.41	7.00	8.00	8.00
10	Printing and Stationery	3.00	1.11	1.89	3.00	4.00	4.00
11	Advertisement Other than IEC	4.00	1.45	2.55	4.00	4.00	3.00
12	Water and Electricity	3.00	1.85	1.15	3.00	4.50	4.00
13	Audit Fees	3.00	1.75	1.25	3.00	3.00	3.00
14	Legal Expenses	0.50	0.00	0.50	0.50	0.50	0.50
15	Postage/Courier/Transportation of material to Peripheral Units	1.50	0.56	0.94	1.50	4.00	2.50
16	Other Administrative Cost	1.00	0.46	0.54	1.00	1.00	1.00
17	Review Meeting Expenses	1.00	0.00	1.00	1.00	1.00	1.00
18	Office Equipment	2.00	1.33	0.67	2.00	5.00	2.00
19	Furniture	2.00	0.06	1.94	2.00	5.00	5.00
20	Furninshing of new office	0.00	0.00	0.00	0.00	20.00	0.00
21	Renovation of new Store building/fixing store racks, ACs, Fans etc.	0.00	0.00	0.00	0.00	15.00	10.00
22	New Vehicle	0.00	0.00	0.00	0.00	6.00	0.00
23	Transportation						2.33
	TOTAL	50.20	29.53	20.67	50.20	126.20	70.33
TOTAL COST OF INSTITUTIONAL		HARYANA					
(Rs. In lakhs)							
(A) SACS		AAP 2012-13		SAACS	Approved		
	(i) Salary			226.41	226.41		
	(ii) Operational Cost			126.20	68.00		
	Total (A)			352.61	294.41		
(B) DAPCU				1			
	(i) Salary			7.30	7.3		
	(ii) Operational Cost			3.42	3.42		
	Total (B)			10.72	10.72		
G.Total (A+B)				363.33	305.13		

256
Annexure - VII

Har yana - Annual Action Plan - 2013-14 : Strategic Information Management Unit

Sl. No.	Budget Head (Description)	Sub-Head (Description)	Unit cost (Rs)	Duration	No. of persons to be trained			Estimated budget	CPFRs Head	Time line						
					Induction	Refresher	Total			Q1	Q2	Q3	Q4			
1	Training*	LTC	2500	1 day	8	80	88	220000	M&E Trainings							
		FICTC/PPP	2500		36	40	76	190000								
		BB	2500		4	60	64	160000								
		STI	2500		10	20	30	75000								
		NGO-TI	2500		14	52	66	165000								
		DIC	2500		0	2	2	5000								
		CFC	2500		0	1	1	2500								
		Hq. Staff	1000		1	10	11	11000								
		Total			73	265	338	828500								
			b. Other Trainings(DQA/DAPCU review cum training) : 2 staff from 1 DAPCU biannually.			1000	1 day				4000	M&E Review meetings/workshops.				
		2.	Reports publication (Surveillance, estimations report and SIMS report)								170000	M&E Printing of reports & bulletin				
3.	Monitoring & Supervision visits			10 days per month				To be Booked under "IS" in appropriate head								
4.	HIV Sentinel Surveillance**						998915	Surveillance-Honorarium to sentinel site personnel, Surveillance -Honorarium to testing lab personnel, Surveillance -Supervision and field visits at SACS, Surveillance -Other Contingencies								
Total Budget								2001415								

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 NACG norms

** For HIV sentinel surveillance, 30% of HSS 2012-13 is towards spillover /follow-up actions of HSS 2012-13 such as: Payment of Honorarium, post-round meetings, site visits, report publication and dissemination and incidental support to IBBS activities.

Handwritten signature

25

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

SL.No.	Budget Head(Discraption)	Sub-Head (Discraption)	Unit cost (Rs)	No. of persons to be trained			Estimated budget
				Induction	Refresher	Total	
1	Training*						
		ICTC	2500	8	80	88	220000
		FICTC/PPP	2500	36	40	76	190000
		BB	2500	4	60	64	160000
		STI	2500	10	20	30	75000
		NGO-TI	2500	14	52	66	165000
		DIC	2500	0	2	2	5000
		CCC	2500	0	1	1	2500
		Hq. Staff	1000	1	10	11	11000
		Total		73	265	338	828500
	b. Other Trainings(DQA/DAPCU review cum training) : 2 staff from 1 DAPCU bi annually		1000				4000
2	Reports publication (Surveillance, estimations report and SIMS report)						170000
3	Monitoring & Supervision visits						
4	HIV Sentinel Surveillance**						998915
Total Budget							2001415

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

Monitoring & Supervision visits (10 days/month) should be included in institutional strengthening budget as per NACO norms

** For HIV sentinel Surveillance, 30% of HSS 2012-13 is towards spillover /follow-up actions of HSS 2012-13 such as: Payment of Honorium, post-round meetings, site visits, report publication and dissemination and Incidental support to IBBS activities.

290

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
	iv) Facilitation, Monitoring and Supervision of IBBS PSA in select domain	June-August 2013	DD (MES)/SE/MEO
IBBS-PSA			
Roll out of IBBS	v) Monitoring and Supervision of IBBS Field Work	September'13-January 2014	DD (MES)/SE/MEO