

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

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

To,

The Project Director,  
Jharkhand District AIDS Control Society

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

Sir/Madam,

Please refer to your proposal regarding approval of Annual Action Plan for the year **2013-14** and further discussions held in Department of AIDS Control (DAC) on 22<sup>nd</sup> February, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs 2060.60 lakh (Rupees Twenty crore Sixty lakh and Sixty thousand only.) as per detailed break-up given below:

(Rs. in lakhs)

Component	DBS	Pool fund	GF	Total
<b>Prevention</b>				
TI		663.78		663.78
STI	63.26			63.26
BTS	219.89			219.89
IEC	308.69			308.69
LWS	43.33		30.95	74.28
ICTC	100.42		234.32	334.74
Total	735.59	663.78	265.27	1664.64
CST	150.64			150.64
ISTM	229.22			229.22
SIMS	16.10			16.10
<b>Grand Total</b>	<b>1131.55</b>	<b>663.78</b>	<b>265.27</b>	<b>2060.60</b>

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

The above approval is subject to the following conditions:

1. The overall allocation indicated above is subject to the condition that the outstanding cash balance and advance as on 1.4.2013 is part of the approval. In other words, further releases will be made only after deducting the advance and cash available with the state as opening balance.
2. SACS should carry out the activities as shown above without waiting for approvals of Executive Committee and ratification of Executive Committee may be obtained.
3. Inordinate delay is observed in placing orders for equipment / supplies. These should be done within a week of receiving approvals of DAC. Procurements should be initiated and finalized, as per the procurement plan prepared and approved.  
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4. The above figures represent ceilings beyond which expenditure should not be incurred on any activity. Actual fund will, however, be provided by DAC as per availability.

5. No change in allocation among different components shall be made without DAC's approval. Re-appropriation between activities within a component can be approved at Project Director, SACS level, to meet local needs. This should be informed to DAC well in advance. However, such re-appropriation should not adversely affect the physical targets indicated in the plan. Re-appropriation between implementation cost and operational expenses like salary should not be done at SACS level without the concurrence of DAC.
6. The process indicators may be followed for improvement of programme. The pattern of assistance and guidelines as already approved and conveyed from time to time by DAC should be followed.
7. SACS shall ensure that up to date information of the programme performance is sent through the CMIS package and the accounts are maintained through CPFMS. Reasons for variance shall have to be provided through the CPFMS.
8. The funds for SBTC activities will be released by State AIDS Control Societies after ensuring that the Audit statement and Utilization Certificates till 2011-12 for the funds provided by DAC and Provisional Utilization Certificates (based on statement of expenditure for the year 2012-13 ) have been submitted to DAC and their Annual Plan for 2013-14 has been approved by Governing Body.
9. The minimum quarterly target for expenditure has been earmarked at 19%, 24%, 24%, and 33% respectively for each quarter. This is as per requirement of the modified cash management system through which "quarterly targeted budget allocation" is to be maintained. The SACS not able to incur the minimum expenditure as per the fixed targets is likely to have their annual plan reduced and corresponding lesser releases in the subsequent quarter.
10. The Physical targets as indicated are as per baseline figures reported by SACS and targets for the year 2013-14 agreed with. The targets also correspond to the funds available for the current financial year. Changes if any will be only with concurrence of DAC.
11. No vehicle shall be purchased from NACP funds except for purchase of mobile ICTCs wherever approved in the action plans.
12. Till further orders, under Institutional strengthening, SACS may extend the service contracts of contractual posts sanctioned under NACP **initially for six months with effect from 1<sup>st</sup> April 2013.** Salaries expenditure under ISPM is to be incurred for sanctioned posts.
13. The Procurements under various Funds/Components are to be made as per details given below:
  - 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

S.No.	Sub-Component	cost Head	Unit cost in Lakh (Range)	Rema Activities	TI Achievement (2012-13)		TI Targets (2013-14)				YEAR	2013-14
					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	27	17	17	8	25			
1.1.2	MSM				4	3	3	1	4			
1.1.3	IDU				4	3	3	1	4			
1.1.4	TG/Hija				0	0	0	0	0			
1.1.5	Core Composite				0	0	0	0	0			
1.1.6	Migrants (Source)				3	0	0	2	2			
1.1.7	Migrants (Transit)				5	5	5	6	6			
1.1.8	Migrants (Destination)				1	0	0	0	2			
1.1.9	Trainers				4	3	3	2	5			
1.1.9	Training of State TOs/ STRC Refresher training	Grants to agencies	8 to 40 lakhs	Cost for training as per norms and management cost of agencies								
1.2.0	JAT / Evaluation	Professional services	25,000-40,000 per unit	Cost for TA, DA and documentation		1		10	10			
1.2.1	OST centre maintenance			As per guidelines				3	4			
1.2.2	Employer led models			As per guidelines				1	1			
1.2.3	Management cost of agency for Source interventions			As per guidelines				290	290			
1.2.4	Health camps in source districts			As per guidelines								
Detailed guidelines on Employer Led Models would be issued by NACO											TOTAL (Rs. in Lakhs)	883.78

	No. of districts	6 Migrants (Transit)	No. of Jites
FSW	5	8	27
MSM	0	3	3
TG/Hija	0	0	1
IDU	0	0	0
OST	1	3	0
Core Composite	0	0	1
Migrant (Dest.)	0	0	0
Trucker	1	2	0
Migrant (Source)	2	6	2
			3
			2
			45000
			10000

83.9623

9 p.m. 24/8/13

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Targeted Interventions

YEAR 2013-14

harkhand

	Less than 500	500-799	800-999	1000-1499	1500 and above
FSW	9.82	11.99	38.46	35.04	18.58
MSM	9.93	13.92	38.00	35.72	18.51
TG/Hijra	15.62	11.62	14.63	18.78	15.94
IDU	14.62	13.72	13.20	14.72	15.30
OST CENTER (GOVT.)	9.85	8.57			
Core Composite	11.24	13.45	18.45	15.02	15.00
Bridge Population	5001-9999	10000-19999	12000 and above	1000-1499	1500 and above
Migrant (Dest.)	8.77	12.87	18.55	15.30	
Trucker	9.13	18.57	39.99		
Migrant (Source) per district	13.87	35.17	29.99		

The CBO led TI in case of FSW, MSM and TG is based on standardised coding

	Migrants (Source)	Migrants (Transit)	Migrants (Source)
	6	6	6
	PM	ORW	
	5	15	

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

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Annual Action Plan 2013-14 (State AIDS Control Societies, MARIKAND)										
(Rs. in lakhs)										
S.No.	Sub-Component	Cost Head	Unit Cost **	Items/activities	Target	Achievement (2013-13)	Ranking as on Date	Targets (2013-14)	Allocation in Rs. (in lakhs)	Source of funding
1.2.1	Information Education & Communication	Cost Head	Unit Cost **							
1.2.1.1	Mass Media	Spots on Private Channels								
1.2.1.2		Spots on Doordarshan								
1.2.1.3		Long format Prog								
1.2.1.4		Long format Radio Prog								
1.2.1.5		Spot on FM channels for awareness among youth & women								
1.2.1.6		Newspapers								
1.2.2	ICT	Newsletter								
1.2.2.1		Helpline								
1.2.2.2		Website								
1.2.2.3		PA system at bus stands (new activity)								
1.2.3	IEC material	Printing / replication of IEC Materials developed by MACO/ JACS/ Other HIV AIDS organizations in Himl								
1.2.4	Outdoor									
1.2.4.1		1) Permanent Hoarding for 25 Strategic Locations in state								
1.2.4.2		Rented Hoarding at Strategic locations								
1.2.4.3		signage/display board								
1.2.5	Wild Media									
1.2.5.1		IEC Vans campaign								
1.2.5.2		Hiring of Folk Troupes								

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1.2.5.3	Exhibitions & various activities /others /-ec staff	Rs. 10,000 per stall/day (size 10' x 10') or any other activities for generating awareness during health fairs/traditional fairs, etc.	awareness generated through IEC stalls in various occasion shrawanmela Mela, JAISOWA, Jagarnatpur mela, or any other activities				48	4.8
1.2.5.4	Migrant health camps- Pre-publicity in each district	Rs. 1000 per camp for source	For tent, miking, chairs, banners etc.				250	2.5
1.2.6	Events							
1.2.6.1	State & District level events	*Rs 5 lakh for WAD AND Rs 2 lakh each for other 3 events at state level. *Rs. 1,00,000 per district per event *Rs. 20,000 per 11 district Network of PLHIV 1-2,20	WAD, IVD, IWD, IWD and district network of PUHV	6	6		4	22.8
1.2.7	M & E, Documentation		*Documentation, monitoring and evaluation of fdlr performances, RRC, Radio programmes and outdoor activities.				1	4
1.2.8	Youth intervention							
1.2.8.1	AAP	Rs. 1000 per school	*Trough HRD * Training of coordinators and staff in each district on HW under ARSH programme * Sabla Scheme (7 district)- Training of staff on HIV/AIDS. *SACS to provide IEC material and resource persons on HIV/AIDS.	1362	1362	1362	1362	13.62
1.2.8.2	RRC	Rs 4000 per RRC existing one	Activities to be undertaken in RRC 1. Blood Donation camps on VBD, IVD and IWD 2. Outreach activity with NSS 3. Competitions/discussions/quiz / slogan writing/rallies on WAD, Youth days	127	127	127	127	5.08
1.2.8.3	Out of school Youth	Rs 5 lakh per district	Guidelines will be shared by NACO				5	25.00
1.2.4	Drop in Centre	Rs 1.37 lakh per centre	Psychosocial support to PLHA, legal aid, information and guidance on nutrition, adherence and enhancing their self employment.	4	4		4	5.48
1.2.3	Advocacy	mainstreaming Advocacy/orientation with different dept. Programme	mainstreaming Advocacy/orientation with different dept. Programme					2.44
	mainstreaming training	Media trainings (6.35) DIC Capacity Building Training (3.95) Mainstreaming training(10.25) 19 lakhs to be spent by NHRM in training of Sahiyas	Media trainings (6.35) DIC Capacity Building Training (3.95) Mainstreaming training(10.25) 19 lakhs to be spent by NHRM in training of Sahiyas				30265	27.51
<b>Grand Total</b>							<b>total</b>	<b>308.69</b>

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 state. Shri. Rajesh Rana, AD (Media) has also been coordinating the whole exercise with States for IEC and Ms Elizabeth T. (NS) 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. Rates for various items have also been indicated and they are to be either DAVP rates, Directorate of Information and Public Relations rates or those decided by due process under General Financial rules.

*Dr Rao*  
K. Syama Prasad  
17/03/13

JHARKHAND				
Sr. No.	Component	Physical targets 13-14	Time line	Process Indicators
	Spots on Private TV Channels			
	Long format TV Programs (30 mts duration)	4 long format and 12 documentary	<ol style="list-style-type: none"> <li>1. April</li> <li>2. April</li> <li>3. April</li> <li>4. April</li> <li>5. May</li> <li>6. May-March</li> </ol>	<ol style="list-style-type: none"> <li>1. Finalization of themes,</li> <li>2. Gathering DAVP rates</li> <li>3. Negotiation on best rates</li> <li>4. Decision on timing &amp; frequency</li> <li>5. Release of placement schedule along with work order</li> <li>6. Tracking of log sheet</li> </ol>
	Radio spots on FM Channel	150	<ol style="list-style-type: none"> <li>1. July</li> <li>2. August</li> <li>3. August</li> <li>4. September</li> <li>5. October - February</li> <li>6. October - February</li> </ol>	<ol style="list-style-type: none"> <li>1. Finalization of themes, spots and channels.</li> <li>2. Gathering DAVP rates</li> <li>3. Negotiation on best rates</li> <li>4. Decision on timing &amp; frequency</li> <li>5. Release of placement schedule along with work order</li> <li>6. Tracking of log sheet depending on frequency of telecast</li> </ol>
	Long format Radio programme	30	<ol style="list-style-type: none"> <li>1. April</li> <li>2. April</li> <li>3. April</li> <li>4. April</li> <li>5. April</li> <li>6. Broadcasting from May onwards</li> </ol>	<ol style="list-style-type: none"> <li>1. Finalization of themes</li> <li>2. Gathering DAVP rates</li> <li>3. Negotiation on best rates</li> <li>4. Decision on timing &amp; frequency</li> <li>5. Release of placement schedule along with work order</li> <li>6. Tracking of log sheet depending on frequency of telecast</li> </ol>
	Newspaper	12	<ol style="list-style-type: none"> <li>1. April</li> <li>2. April</li> <li>3. April</li> <li>4. April</li> <li>5. May onwards</li> </ol>	<ol style="list-style-type: none"> <li>1. Gathering rates (DAVP/DIPR)</li> <li>2. Prototype development &amp; sharing with NACO</li> <li>3. Approval from NACO</li> <li>4. Release of placement schedule along with work order</li> <li>5. Tracking of releases, obtaining copies containing Advt.</li> </ol>
2	ICT		1.	1.
	Helpline	1	<ol style="list-style-type: none"> <li>2. April</li> <li>3. April</li> </ol>	<ol style="list-style-type: none"> <li>2. Renewal of contract</li> <li>3. Disbursement of funds</li> </ol>
	Website	1	<ol style="list-style-type: none"> <li>1. April</li> <li>2. May</li> <li>3. Throughout the year</li> <li>4. March - 14</li> </ol>	<ol style="list-style-type: none"> <li>1. Quotation/ Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>2. Work Order</li> <li>3. Implementation</li> <li>4. Report</li> </ol>

	PA system at bus stands (new activity)		<ol style="list-style-type: none"> <li>1. August</li> <li>2. September</li> <li>3. October-February</li> <li>4. March</li> </ol>	<ol style="list-style-type: none"> <li>1. Quotation/Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>2. Work Order</li> <li>3. Implementation</li> <li>4. Report and documentation</li> </ol>
3	Printing of IEC material	Details attached separately	<ol style="list-style-type: none"> <li>1. April</li> <li>2. April</li> <li>3. April</li> <li>4. May</li> <li>5. Staggered</li> <li>6. Coinciding with printing plan</li> <li>7. Periodic</li> </ol>	<ol style="list-style-type: none"> <li>1. Requisition from program divisions</li> <li>2. Assessment of stock</li> <li>3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>4. Work order released</li> <li>5. Delivery plan</li> <li>6. Distribution plan</li> <li>7. Monitoring of use by service centres/NGOs</li> </ol>
	Newsletter / Annual Report	4	<ol style="list-style-type: none"> <li>1. April</li> <li>2. April for issue 1 &amp; subsequently</li> <li>3. May, July, October, January</li> <li>4. April-May</li> <li>5. May, July, October, January</li> </ol>	<ol style="list-style-type: none"> <li>1. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>2. Decision on theme/content</li> <li>3. Circulation plan</li> <li>4. Printing</li> <li>5. Despatch</li> </ol>
4	Outdoor & Mid media			
	Permanent Hoarding at strategic locations	25	<ol style="list-style-type: none"> <li>1. May</li> <li>2. May</li> <li>3. May</li> <li>4. May</li> <li>5. June</li> <li>6. July</li> <li>7. July &amp; September</li> </ol>	<ol style="list-style-type: none"> <li>1. Selection of sites (prominent &amp; frequented by target audience)</li> <li>2. Development of prototypes, size and message content</li> <li>3. Sharing prototype details with NACO</li> <li>4. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>5. Work order</li> <li>6. Implementation</li> <li>7. Monitoring according to location and condition (Photographs for all locations)</li> </ol>
	Rented Hoarding	20	<ol style="list-style-type: none"> <li>1. April</li> <li>2. April</li> <li>3. April</li> <li>4. May</li> <li>5. May</li> <li>6. June</li> <li>7. June &amp; September</li> </ol>	<ol style="list-style-type: none"> <li>1. Selection of sites (prominent &amp; frequented by target audience)</li> <li>2. Development of prototypes, size and message content</li> <li>3. Sharing prototype details with NACO</li> <li>4. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>5. Work order</li> <li>6. Implementation</li> <li>7. Monitoring according to location and condition (Photographs for all locations)</li> </ol>



	Hiring of IEC vans	5	<ol style="list-style-type: none"> <li>1. July</li> <li>2. July</li> <li>3. August</li> <li>4. September</li> <li>5. October – February</li> <li>6. Coinciding with the activity</li> <li>7. January</li> <li>8. January</li> </ol>	<ol style="list-style-type: none"> <li>1. Development of activity plan</li> <li>2. Development of route plan in consultation with districts</li> <li>3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>4. Work order</li> <li>5. Roll out according to route plan</li> <li>6. Monitoring of activities</li> <li>7. Reporting</li> <li>8. Documentation, sharing with NACO</li> </ol>
	Hiring of Folk troupes	2000	<ol style="list-style-type: none"> <li>1. April</li> <li>2. April 4<sup>th</sup> wk</li> <li>3. May</li> <li>4. June</li> <li>5. June</li> <li>6. July</li> <li>7. July</li> <li>8. August</li> <li>9. October – February</li> <li>10. January</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification of troupes</li> <li>2. Training of troupes</li> <li>3. Content and scripting</li> <li>4. Preparation of route plan</li> <li>5. Sharing with NACO</li> <li>6. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>7. Work Order</li> <li>8. Monitoring Plan</li> <li>9. Implementation</li> <li>10. Documentation ( photographs ) &amp; Reporting</li> </ol>
	Exhibitions & various activities /others	48	<ol style="list-style-type: none"> <li>1. April</li> <li>2. May</li> <li>3. As per occasion</li> <li>4. As per occasion</li> <li>5. As per occasion</li> <li>6. Regular</li> <li>7. January-February</li> </ol>	<ol style="list-style-type: none"> <li>1. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>2. Work Order</li> <li>3. Designing of flex</li> <li>4. Fabrication of stall</li> <li>5. IEC material distribution</li> <li>6. Monitoring</li> <li>7. Reporting and Documentation</li> </ol>
	Migrant health camps- Pre-publicity in each district	250	<ol style="list-style-type: none"> <li>1. August</li> <li>2. September</li> <li>3. August</li> <li>4. September</li> <li>5. October</li> <li>6. October - February</li> <li>7. December</li> </ol>	<ol style="list-style-type: none"> <li>1. Route plan for miking</li> <li>2. Printing &amp; Distribution of IEC material</li> <li>3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>4. Work order</li> <li>5. Implementation</li> <li>6. Monitoring</li> <li>7. Report finalization &amp; documentation</li> </ol>
	Signage / display board	586	<ol style="list-style-type: none"> <li>1. April</li> <li>2. April</li> <li>3. May</li> <li>4. June</li> </ol>	<ol style="list-style-type: none"> <li>1. Quotation/Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>2. Work Order</li> <li>3. Implementation</li> <li>4. Report and documentation</li> </ol>
5	Events at state & districts	4	<ol style="list-style-type: none"> <li>1. April</li> <li>2. May</li> <li>3. As per calendar</li> <li>4. As per calendar</li> </ol>	<ol style="list-style-type: none"> <li>1. Preparation of calendar of events and decision on areas for implementation</li> <li>2. Plans of activities (event-wise)</li> <li>3. Monitoring of activities at districts</li> <li>4. Documentation, district-wise</li> </ol>

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6	<b>M&amp;E, Documentation, Evaluation</b>	1	<ol style="list-style-type: none"> <li>1. April</li> <li>2. May</li> <li>3. May</li> <li>4. May</li> <li>5. October-January</li> <li>6. February</li> <li>7. March</li> <li>8. March</li> <li>9. April</li> <li>10. Ongoing - As per activity</li> </ol>	<ol style="list-style-type: none"> <li>1. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>2. Work Order</li> <li>3. Finalization of content and methodology with agency</li> <li>4. Sharing with NACO</li> <li>5. Field visit</li> <li>6. Implementation</li> <li>7. Submission of draft report</li> <li>8. Finalization of report</li> <li>9. Listing of activities for monitoring - by SACS officers, external resource, etc.</li> <li>10. Documentation of all field level activities</li> </ol>
7	<b>Youth</b>			
	AEP: Training of teachers	1362	<ol style="list-style-type: none"> <li>1. April</li> <li>2. May – June</li> <li>3. June</li> <li>4. July-October</li> <li>5. July-October</li> <li>6. November</li> </ol>	<ol style="list-style-type: none"> <li>1. Listing of teachers from all Govt. Sr. Secondary targeted in FY 13-14</li> <li>2. Identification of agency for ToT, Issue of work order</li> <li>3. Training of trainers</li> <li>4. Training of teachers</li> <li>5. Monitoring of Trainings</li> <li>6. Documentation, shared with NACO</li> </ol>
	RRC	127	<ol style="list-style-type: none"> <li>1. April</li> <li>2. April</li> <li>3. May</li> <li>4. April</li> <li>5. Ongoing</li> <li>6. Regular – as per activity</li> </ol>	<ol style="list-style-type: none"> <li>1. Training of Coordinators/Nodal officers</li> <li>2. Disbursement of funds along with guidelines</li> <li>3. Calendar of activities</li> <li>4. Monitoring of activities / review of RRCs</li> <li>5. Documentation</li> </ol>
	Out of School Youth	5 districts	<ol style="list-style-type: none"> <li>1. April</li> <li>2. April</li> <li>3. April</li> <li>4. May</li> <li>5. May-August</li> <li>6. September onwards</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification of Out of School Youth with NYKs</li> <li>2. Training &amp; activity Calendar</li> <li>3. Approval from NACO</li> <li>4. Disbursement of funds through NYKs</li> <li>5. Training of Out of School Youth</li> <li>6. UC collection</li> </ol>
8	<b>Mainstreaming</b>			
	Training & advocacy		<ol style="list-style-type: none"> <li>1. April</li> <li>2. April</li> <li>3. April</li> <li>4. April</li> <li>5. April</li> <li>6. May</li> <li>7. May - December</li> <li>8. Along trainings</li> <li>9. All trainings</li> <li>10. All trainings</li> </ol>	<ol style="list-style-type: none"> <li>1. Listing of categories of trainees</li> <li>2. Gathering the universe of trainees</li> <li>3. Information of coverage so far</li> <li>4. Development of training calendar</li> <li>5. Decision on training agencies</li> <li>6. Training of trainers</li> <li>7. Execution of trainings</li> <li>8. Detailing of follow up activities</li> <li>9. Monitoring</li> <li>10. Documentation of All trainings as per calendar</li> </ol>

AAP 2013-14 Integrated Counseling and Testing Centre Allocations

S.No.	Sub-Component 1	Cost head	Unit Cost (Rs)	Item/ activities	Figures 2013-14		RCC Round 2	Allocation (Rs. in Lakhs)	Remarks
					As on 01.04.2013	New			
1.3.1	Existing Facilities								
1.3.1.1	HR for Counselors and LTs	Recurring	2.4	Salary including TA/DA for Additional Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12) Salary including TA/DA for Additional Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	64	12	182.40		4 additional(2nd) counselors & 1 LT
1.3.1.2	HR for Supervisors	Recurring	1.68	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months	0	0	0.00		
1.3.1.3	Mobile ICTC	Recurring	5.55	Running cost of vehicle unit including salary of counselors and lab tech at Rs 9000 average per month for 12 months. Salary & TA/DA for SACS staff under RCC Round 2 (Staff in High Prevalence States: HIV-TB Consultant, M&E PPTCT, Data Analyst, Secretarial Assistant, Finance Officer)	3	3	18.65		
1.3.1.4	HR for SACS team for Basic Services	Recurring			0	0	0.00		
				Sub Total			205.05		
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	84	12	7.20		
1.3.2.2	Mobile ICTC	Non recurring	1.2	Cost of vehicle purchase & refurbishing	3	0	0.00		
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none	40	150	0.00		
1.3.2.4	PPP ICTCs	Non recurring	0	none	3	28	0.00		
				Sub Total			7.20		
1.3.3	Trainings								
1.3.3.1	Training	Recurring		1) ICTC: Counselors, LTs: Induction, Refresher, HIV/TB & ICM training and PPTCT Multi drug regimen training 2) ICTC: Training of MO ICTC /MOTC / ART MO / District Supervisor ICTC / District TB-HIV & DOTs Plus Supervisor /RNTCP in HIV-TB package 3) F-ICTC: ANM, Nurse, LT, HIV/TB & ICM training, full site sensitization 4) Whole blood: Training of ANM and RNTCP LT and STLS in whole blood screening 5) Any other training			33.95		As per Training Plan, 50% allocation made, and additional allocation would be considered based on expenditure and completion of trainings
				Sub Total			33.95		
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	67	12	7.20		As per procurement plan based on justification
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipment/maintenance/ AMC/ Insurance of equipment bikes etc	67		3.35		
				Sub Total			10.55		
1.3.5	Consumables								
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Safe delivery kits, reagents and syringe needles, printing of reporting formats, internet and other misc exp	87	12	39.50		As per procurement plan based on justification
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC: Safe delivery kits, printing of formats and other misc exp at the center	103	50	19.00		No procurement for PPP ICTC
				Sub Total			58.50		
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	0		0.00		
1.3.6.2	Review meeting for counselors/MO (Quarterly @ Rs 1500/person)	Recurring	0.015	review meetings	87	12	4.74		
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	25		2.50		24 District & 1 state capital
				Sub Total			7.24		
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	3	0	8.00		
				Sub Total			8.00		
1.3.8	Additional Allocation								
1.3.8.1	For Co-location of facilities	Non recurring		Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities i.e ART/ICTC/SIT		2	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		7	2.50		
				Sub Total			3.25		
1.3	Grand Total						334.74		

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Physical Targets for Uthmaniyah for 2013-14					
1.3	Establishment of New ICTC in the year 2012-13	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14
1	Stand Alone ICTCs	64	0	12	12
2	Mobile ICTCs	3	0	0	0
3	Facility Integrated ICTCs	40	103	47	150
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	3	0	7	7
5	PPP ICTCs in Private Sector Industries	0	0	5	5
6	PPP ICTCs in Public Sector Industries	0	0	16	16
	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	2 out of 3	0	1	3 out of 3
2	District Hospital Level	2 out of 3	0	1	3 out of 3
3	Sub District Level	0 out of 0	0	0	0
	Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basie of Target
1	Testing for General clients	200000	150922	200000	
2	HRG testing	30000	12285	39260	Two time testing in 100% of HRG covered by TI
3	Bridge population testing	NA	NA	14250	30% migrants and 15% truckers
4	STI Clinic In-referrals testing			50000	100% DSRC attendees
5	Out Referrals from ICTC to STI	42000	24076	8549	
6	HIV-TB Cross referral	20000	17261	30000	60% of TB patients and 5% of ICTC clients (Non-ANC)
7	HIV/TB coinfection to be detected	500	169	500	60% of HIV infected TB notified cases
8	Testing for ANC	134000	88976	225000	25% of the estimated pregnancies
9	Detection of HIV+ve pregnant women	250	58	250	50% of estimated positive pregnancies
* Achievement upto December 2012					
	Linkage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition
1	ICTC to ART (GC)	NA	89%	90%	HIV +ve general clients to be linked to ART centres
2	PPTCT to ART	NA	91%	100%	HIV +ve pregnant women to be linked to ART centres
3	TI to ICTC	NA	73%	80%	HRGs referred from TI reaching ICTC
4	STI to ICTC	NA	57%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics
5	TB to ICTC	NA	35%	60%	Notified TB cases reaching ICTC
6	HIV/TB to ART	NA	80%	90%	HIV infected TB notified cases reaching ART

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	25	12	800.00	240,000.00	25			
		Lab-Tech	15	5	800.00	60,000.00	15			
2	Refresher ( Stand alone ( Inc. Mobile)	Counselor	57	5	800.00	228,000.00		57		
		Lab-Tech	60	5	800.00	240,000.00		60		
3	Induction (F-I- ICTC +PPP )	Staff nurse (F/I ICTC)	100	5	800.00	400,000.00	0	50	50	
		Lab Technician	100	5	800.00	400,000.00	50	50		
4	Refresher (F-I- ICTC +PPP )	Staff nurse (F/I ICTC)	50	3	800.00	120,000.00			50	50
		Lab Technician	50	5	800.00	200,000.00				50
5	Induction/ Refresher	District supervisor	0	5	800.00	-				
		Full site Sensn. Dist. Hosp	27	1	10,000.00	270,000.00				24
6	Sensitization (No facilities to be mentioned)	Full site Sensn SDH/RH	0	1	5,000.00	-				
		ICTC Counselor	67	2	300.00	40,200.00		67		
7	HIV-TB training	Medical Officer	2000	1	400.00	800,000.00		2000		
		District ICTC supervisor	0	2	300.00	-				
8	Multi Drug Regimen Training for PPTCT	MO-TC/MO-ICTC	50	2	300.00	30,000.00		50		
		ART MO	7	2	300.00	4,200.00		7		
9	Training on whole blood screening	RNTCP ST/STLS	0	2	300.00	-				
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	0	1	300.00	-				
10	ICTC Team Training	Counselor	67	2	800.00	107,200.00		67		
		Medical Officer	64	3	800.00	153,600.00		67		
11	Other (Specify )	District supervisor	0	2	800.00	-				
		MO ARTCs	7	3	800.00	16,800.00		7		
Total		Others (Medical 3 days / Para medical 2 days)	100	3	800.00	240,000.00			100	
		ANM	3500	2	400.00	2,800,000.00		1000	1500	1000
9	Training on whole blood screening	Labour Room Nurse	500	2	400.00	400,000.00			250	250
		DMCLT (RNTCP)	50	2	400.00	40,000.00		50		
10	ICTC Team Training	STLS	0	2	400.00	-				
		MO	0	3	800.00	-			64	
11	Other (Specify )	Lab-Tech	0	3	800.00	-			64	
		Nurse	0	3	800.00	-			64	
Total		Counselor	0	3	800.00	-			67	
					400.00	-	6,790,000.00			

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S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. in Lakhs)
1.4.1	Establishment of New Facilities (One Time Grant)	One time cost	1,50,000	no of centres	Minor Refurbishment for Audiovisual privacy, Computer	1.5
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	no. of counsellor	Counselor salary	36.96
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	no. of DSRC and no of districts	Training of trainers, Induction or Refresher training for DSRC service providers, TI STI doctors as per operational guidelines	12.2
1.4.4	Procurement	Recurring	25000 per centre	no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	7
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	no. of DSRC and no. of districts	TADA/ documentation and communication cost to supervisory team review meetings, TADA for outreach by DSRC counsellors	5.6
1.4.6	Private sector partnership	Recurring				
1.4.7	Regional STD labs Existing	Recurring		no of Regional centres	Grant for existing Regional Centers ( Human Resource, Training, Kits and consumables, Stationery and Contingency, Supportive Supervision and Operational Research)	0
1.4.8	State Reference Centres	Recurring				
<b>63.26</b>						
1	ST/RTI episodes to be managed by Designated STI clinics					136667
2	ST/RTI episodes to be managed by TI-NGOs					37331
3	ST/RTI episodes to be managed by Private sector					21241
4	Total target of ST/RTI episodes for SACS					195239
5	ST/RTI episodes to be managed by NRHM					195239

1	Designated ST/RTI Clinics	27	69	28	
2	TI STI providers	69	69		
3	sector	0	0	0	
4	NRHM health facilities upto PHC	172	172	172	
5	PPP ICTC	0	0	0	
6	Regional STI Centres	0	0	0	
7	State Reference Centres	0	0	0	

1	Colour coded drug kits for Designated STI clinics and TI NGO	49757
2	RPR Test kits	6180

*Dr. ...*

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

**Process Indicators 2013-14**

Name of State: HARYANA		
Sr No	Recommended course of Action	
	<p align="center"><b>Issues</b></p> <p align="center"><b>Person Responsible</b></p> <p align="center"><b>Timelines</b></p>	
1	<p><b>Low Physical Target in DSRC</b></p> <p>1. Establish good linkages with Gyne and obs clinic, ICTC and ART centre. Counsellor to sit in Gyne OPD. 2. Ensure collocation of facilities so that there is minimum loss for treatment and testing. 3. All patients to be tracked for Syphilis and HIV testing. 4. Referral linkages with TI to be established. 5. All DSRC to report on STI in CMIS/SMS. 6. Post of counsellor vacant in 7 DSRC hence all DSRC are not reporting regularly.</p>	<p>Counsellor of STI Clinic, Incharge of DSRC, and DD STI</p> <p>Ongoing</p>
2	<p><b>Low Physical Target in TI</b></p> <p>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 of STI 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.</p>	<p>DD STI, JD TI and PM of TI</p> <p>Ongoing</p>
3	<p><b>Partnering with PSU</b></p> <p>1. All PSU and leading private sector to be enlisted in all the districts. At least 15 units to be identified and enlisted. Coal India, TISCO, TELCO, DVC Jindal Steel etc.. 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</p>	<p>DD STI and State PSU Focal Person</p> <p>Enlisting of PSU to be completed by March 30 2013. Training to be completed by July 2013</p>
4	<p><b>Training</b></p> <p>Pending training of Doctors, Nurse and LT to be completed by March 13. Training plan to be made and shared with other division. All participants to be informed in advance about venue and dates of training. All Training to be completed by first quarter.</p>	<p>DD STI and STI Resource Facilities</p> <p>Incomplete training of current year to be finished by 15th March. Training for 2013-14 to be completed by June 2013.</p>
5	<p><b>Supportive Supervision</b></p> <p>At least 60% of poor performing STI facilities to be visited by SACS Focal Person and PO STI at least once in a quarter. All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visit.</p>	<p>DD STI and STI Mentors</p> <p>Ongoing</p>
6	<p><b>Supply chain Management</b></p> <p>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.</p>	<p>DD STI STI Counsellor at DSRC, STI Clinic Incharge and PM of TI</p> <p>Periodic Review of commodity at least once a quarter from all facilities</p>
7	<p><b>Quality of Services</b></p> <p>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.</p>	<p>STI Clinic Incharge and TI STI Providers. DD STI.</p> <p>Ongoing</p>
8	<p><b>Vacancy</b></p> <p>1. post AD STI, 1 Post of PO STI and 1 post of counsellor to be filled, advertisement to be made and interview to be conducted and counsellor to be positioned in DSRC</p>	<p>AD STI, Civil Surgeon of districts and PD SACS</p> <p>By June 2013</p>
9	<p><b>NRHM Convergence</b></p> <p>1. Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and timing of atleast 1 MO to be done. 3. Budget of STI to be corrected NRHM PIP. 4. Joint review of programme to be done at least once a quarter.</p>	<p>DD STI and State RCH officer</p> <p>One joint meeting once a quarter</p>
10	<p><b>Establishment of New Clinic</b></p> <p>One Clinic to be set in East Simbhum District Hospital, Contact Superintendent, identify the space and complete infrastructure. Select Counsellor</p>	<p>DD STI and Superintendent of Simbhum District Hospital</p> <p>Jun-13</p>

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BLOOD SAFETY AAP 2013-14

State Jharkhand

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								
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 Attendent, 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			2		8
		Salary	2.4	Salary of 1 LT & 1 Counsellor			2		4.8
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			2		1.5
		Salary	2.4	Salary of 1 LT & 1 Counsellor			2		4.8
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			19		5.89
		Salary	1.2	Salary of 1 LT			19		22.8
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			8		0
1.5.1.7	Blood Transportation	Salary	1.44	Salary of 1 Driver & 1 Attendent			3		4.32
1.5.1.8	Maintenance of BT	Recurring	0.7				3		2.1
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contingency			1		6
1.5.2	Training	Recurring	0.35	Training of one BB-MO, two LT, one Nurses per NACO supported Blood Bank, One BSC-MO & One BSC LT, Clinicians on rational use of blood, Training of Donor Motivators			24		8.4
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			24		2.4
1.5.4	Procurement								0
1.5.4.1	Equipments for new BCSU	Non-recurring	18	List of Equipments as per NACO guidelines					36
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/ CMC and calibration of essential blood bank equipments supplied by NACO					10
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					13
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					20
1.5.5.3	Development of IEC material	Recurring	0.1	Design, development, translation and replication of IEC material for promotion of Voluntary blood donation including thank you cards, certificates of appreciation, pins, badges, hoardings			24		2.4
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors					28.6875

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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			3			13.32
1.5.7	Any Other Activity								0
	Contingency*								2
1.5	Blood								219.8975

\* increment as per NACO norms.

Two major blood bank were upgraded to BCSU in the year 2009-10 ,equipments need to be procured for the same. Rs 36 lakhs has been given for the purchase of BCSU equipments and 20 lakhs for the purchase of two DLBB equipments Godda and Jamtara which were targetted under modernisation

Total licensed blood banks in the state	49
Blood banks supported by NACO	24
Target for Total Collection	135000
Target for NACO supported blood banks	114750
Target for VBD	18500
VBD Camps	520
% Component prepared by NACO supported	80%
Commodity Items to be provided by NACO	
<b>Blood bags</b>	in lakhs
Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadruple 450 ml	
<b>Testing Kits</b>	in lakh tests
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

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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			43
b	NACO Supported Blood Banks	24	0	24
b1	Model Blood Bank	1	0	1
b2	Major with BCSU	2	0	2
b3	Major without BCSU	2	0	2
b4	District Level Blood Bank	19	0	19
c	RBTC	4	0	4
d	Blood Mobile Van	1	0	1
e	Blood Transportation Van	3	0	3
f	SBTC	1	0	1
<b>2</b>	<b>Blood Collection</b>			<b>Proposed target 2013-14</b>
a	Total Collection for the state			135000
a1	NACO supported blood collection			120000
b	Percentage VBD for NACO supported BB			90%
c	Voluntary Blood Collection in NACO supported BB			108000
c1	Through Static			21600
c2	Through Camps			86400
c3	Through Blood Mobile Vans			9000
d	No of Camps to be conducted			1152
d1	Camp Collection			75 units
<b>3</b>	<b>Component Separation</b>			<b>Proposed target 2013-14</b>
a	Blood collection in NACO supported BCSU			72000
b	Percentage component separation in NACO supported BCSU			60%
<b>4</b>	<b>Training</b>			<b>Proposed target 2013-14</b>
a	Training of BBO			24
b	Training of Staff Nurse			24
c	Training of LTs			48
d	Training of Donor Motivators			300
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			150
f	Blood Bank counselor			5
<b>5</b>	<b>Supervision, Monitoring and Evaluation</b>			<b>Proposed target 2013-14</b>
a	Field visits to be conducted			24
b	Review meetings to be conducted			4
<b>6</b>	<b>EQAS</b>			
a	NRL			0
b	SRL			3
* 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				

Sl. No.	Item	Timeline	Responsible Person/Division
3	<b>1</b>		
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	<b>2</b>		
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	<b>3</b>		
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 80% of total requirement of the region being catered by them	By April 2013	JD BS SACS
24	<b>4</b>		
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	<b>5</b>		
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

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	

STATE- Jharkhand					
Total No of District	Phase 1	Phase 2			Lead Agency
3	0			3	Not Applicable
1. SACS					
Item	Description	Unit Cost per annum	Number	Allocation	Remarks
1.1 Communication kit	Communication kit would be procured by SACS @ 800/- per Districts for Phase II Districts. Each Phase II District would get 60 kits.	48000	3	144000	
<b>Sub Total 1</b>				<b>144000</b>	
2. DISTRICT IMPLEMENTING AGENCY					
Item	Description	Unit Cost per annum	Number	Allocation	Remarks
2.1 Training	Module 1	31750	0	0	
	Module II	31750	0	0	
	Refresher	20460	0	0	
2.2 Salary Cost	(2 DRPs, 1 M&I cum Accounts Officer, 4 Supervisors & 40 Link Workers)	1,607,000	3	4806000	
2.3 Administrative cost		468000	3	1404000	
2.4 One time Cost		705500	0	0	
2.5 Community Outreach		57875	3	173625	
2.6 Mid Media		300000	3	900000	
2.7 Training Cost	Module 1	176250	0	0	
	Module 2	176250	0	0	
	Refresher	113750	0	0	
	Volunteers training	39750	0	0	
2.8 Mapping		80,000	0	0	
<b>Sub Total II</b>				<b>7,283,625.00</b>	
<b>GRAND TOTAL</b>					<b>7,427,625.00</b>

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S.No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14			
					Target	Achievement	Financial allocation	Expenditure as on .....	Existing on 1.4.13	Proposed	Allocation Rs. Lakh	Remarks
2.1.1	GIA for ART Centres	Recurring	For low load centres-13.5, medium load-15, high load-17	Salary			87.75	73.85	7	1	107.25	(3+4+0). New ARTC proposed for Koderma
2.1.2			0.50	Universal Work Precautions	1	1	3.25	3.00	7	1	3.75	There are 650 PLHIV in Koderma district.
2.1.3.1			1.50	Operational Costs			9.75	8.06	7	1	11.25	Items for upgradation of ARTC centers for requirement for existing ART centers to be procured out of operational grant of the concerned center
2.1.3.2			0.9 for caliber 0.5 for count & 0.25 for Partec	Operational cost for CD4 testing			1.5	1.5	4	1	1.50	1-2 Nos. Partec (ATRC Ranchi and Jamshed pur) 2- 2 Nos. B.D Count (ATRC HZB and Dhanbad) 3- Needs one more BD count machine for Dallanganj.
2.1.4.1		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD	1	1	4.5	4.5		1	4.50	For Koderma
2.1.4.2	Non-recurring	1.00	Infrastructure development installation of CD4 machine				0		1	1.00	For Koderma	
2.2.1	GIA to SACS for various activities	IEC	0.50	Registers & Cards, Signages, Flip Charts, Posters			3.5	0.84	7	1	3.75	
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.			3.5	2.54	7	1	4.00	training calendar attached
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode			4	0.49		1540	4.00	PI submit procurement plan for OI drugs
2.2.4.1		LAC	0.15	One-time cost for infrastructure development			0.15	0		1	0.15	Behrāgora (Jamshed), there are 40 PLHIV on ARTC
2.2.4.2			0.378	Rec. - for TA/DA & oper. Costs, Stationery etc.			8.82	0	16	1	6.99	
2.2.4.3			0.98	HR for LAC Plus			0.98	0		0	0.00	
2.2.5.1		EID	3.84	HR for EID			0		0		0.00	
2.2.5.2			1.00	Cost for EID lab (Operational Cost, Infrastructure development)			0		0		0.00	
2.2.6		Viral load testing	1.10	Salary of LT			0				0.00	
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment							0.00	
2.2.7.2		Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for smaller states	Hiring of space & for drug transfers			2				2.00		
2.3.2	Regional coordinator PPP	9.00	Remuneration & TA/DA							0.00		
2.2.7.4		0.25	For contingency & miscellaneous expenditures						2	0.50		
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs							0.00	
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs							0.00	
<b>Total GIA to SACS for CST</b>											<b>150.64</b>	

No.	Sub-component-II	2012-13			2013-14		Commodity Assistance
		Target	Achievement	Target	Achievement		
2.5.1	PLHA on ART	Registered	12000	10941	15000	11000	11000 PLHIV are expected to register at the end of March 2013. The target is based on new positives detected at ICTCs during 2013 which is 2167. In addition, there is backlog from previous years. Therefore total target of 52000 has been set up
2.5.2		Alive & on ART	4200	3866	5200	4200	Around 4200 PLHIV will be alive on ART at the end of March 2013. Nearly 85 patients are added every month. Additionally, all eligible should be put on ART
2.6.1	OI drugs		3000	770	2000		Based on current reporting pattern plus new patients to be enrolled in ART centres. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines
2.7.1	CD4 Count Tests	CD-Machines	0	0	1		One CD4 Machine at ARTC, Dallanganj
2.7.2		CD4-Kits	12600	7258	15800		Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new cases to be tested on registration

  


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

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

Name of State: ..... JHARKHAND		CST Component					Financial Indicators (Rs lacs)		Comments
Sr No	Name of Division	Baseline	Target 2012-13	Achievement till Dec 2012-13	%	Proposed 2013-14	Target 2012-13	Proposed 2013-14	
1	Establishment of facilities ART Centres (cumulative)	10	13	13	100%	2			Proposed at Samastipur and Gopalganj
a	Setting up of new ART Centres		3	3	100%	2	13.90	9.00	Proposed at Sitamarhi
	Infrastructure development for CD4 machines	8	-	-		1		220.90	
b	Recurring Cost ( salary, UWP, operational cost for ART & CD4)					2	182.15	105.71	No financial implications for NACO
c	Setting up ART Centres under PPP					2			No budgetary implications on NACO
	Corporatae Sector					2			
	PSU								
d	Colocation of ICTC-ART			1/6( Medical college)-1/7( District Hospital)		6( District Hospital)			
e	26 (2) upstate ART centres		26	24		1			
	ART Centres (Cumulative)					1		0.15	
a	One-time cost for infrastructure development		2	0		1			
b	Rec- for TA/DA & oper. Costs, Stationery etc.		26	24		1	10.26	1.50	2 LACS from previous year's target and 1 new LAC to be made functional
	HR for LAC Plus								
a	Recurring cost								
	Recurring cost					0			
	HR for EID					0			
	Cost for EID Lab					0			
	Salary of LT					0			
	For ART/ LAC staff				52 % of ART staff trained	20	6.50	2.36	As per training plan ,based on prescribed curriculum
	Sensitisation of Private practitioners on rational prescription of ART					390			About 50 private providers are practising ART 1 Batch of 30 per district with ART centre (30*13)
3	Sensitisation of HCP on UWP/PEP								
	Outreach (inc ART)								

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Sr No	Name of Division	Baseline	CST Component			Financial Indicators (Rs lacs)			Comments	
			Physical Indicators		Proposed 2013-14	Target 2012-13	Achievement till Dec 2012-13	Proposed 2013-14		
			Target 2012-13	Achievement till Dec 2012-13						%
		6451 (figures from ART centres and CCCs)	10000	8693	87%	10000	12.00	0.00	14.00	including 5000 OI episodes and CPT for 2000 patients. Efforts should be made to make OI drugs available through health systems. To be procure as per OI drug procurement plan
4	<b>Operational Cost for SACS</b>								5.00	
	SCM of ARV drugs: Drug Transfers						6.50	7.07	7.25	To be done by Sep 2013
	Printing of registers, formats & Cards, signages						12.00	2.03	0.00	
	Remuneration & TA/DA of Regional coordinator						12.45	1.17	277.74	
	<b>Total Funds</b>									
5	<b>Coverage and Linkage Targets</b>									
a	PLHIV Registered in HIV care (cumulative)	33265	40000	41545	104%	54000				100 % registration for pregnant women, 90% registration for HIV-TB coinfectd . 85% for general clients. Detection from Apr-Dec 2012 has been 7616. Considering the same trends target has been fixed for new detection & backlog which is not known. Therefore additional target of 1000 registration has been set up
b	PLHIV alive & on ART (cumulative)	10791	14000	14125	101%	24000				100 % of those registered should undergo baseline CD4 testing. 100% of those eligible to be initiated on ART. There has been increase of nearly 650 patients per month on ART during 12-13. The gaps between those eligible & initiated on ART also needs to be bridged up. Accordingly additional target of 1000 during the year has been set.
c	OI episodes treated ( annual)	6451	10000	8693	87%	10000				5000 through programme & 5000 through Health systems. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines
d	CD4 Testing ( annual)	24876	42000	22503	54%	72000				2 tests /year for all PLHIV in care. However Kits will be provided based on consumption pattern

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## Processes for implementation of 2013-14 activities

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

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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"> <li>• Setting up of facilities</li> <li>• Training at CoE</li> </ul>	<ul style="list-style-type: none"> <li>• Provider of facility, Overseen by RC</li> <li>• Nodal Officer CoE</li> </ul>	July '13 (Second Fortnight)
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
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

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		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= 390)	ART Nodal Officer & SMO. Co-ordinated by SACS CST	Once every Quarter
7.	Training of private providers on National ART regimen	Exact Number of private providers to be identified (estimates= 50)	SACS CST, RC, DAPCU	May '13(Second Fortnight)
		Target for 2013-14 = 20	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	<b>Forecasting -</b>		
		Requirement of drugs and CD4 kits for next FY to be assessed based on previous consumption, rise in number of patients in current year (and thus expected rise in next FY) and assessed previous backlog	RC, JD CST, APD, PD	3 <sup>rd</sup> Quarter
		Above assessment to be done based both drug wise and ART centre wise		
		Send above information to ADG CST by January		January
		<b>Storage Space-</b>		
		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
		<b>Receipt &amp; Dispatch -</b>		
		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
<b>Transportation – Most cost effective and efficient means of transportation to be adopted</b>				

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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		
<b>Mechanism of reviewing transportation options-</b>	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
<b>Physical Verification and Reporting -</b>		
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 <sup>st</sup> 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 (L.C) for further supply	JD CST, RC (visits)  SACS CST, NACO CST  SACS CST, NACO CST	Monthly

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COMPONENT III

JHARKHAND

YEAR :

2013-14

Rs. in Lakhs

Operational Cost	AAP 12-13)	Expenditure UP TO 13.02.2013	Likely expenditure during Feb & March, 13	Total Expenditure during 12-13	Proposal for 2013-14)	Recommended	Remarks
1 Training SACS /DAPCU	1.00	0.63	0.27	0.90	2.00	2.00	
2 Equipment Maintenance	2.00	0.18	0.98	1.16	4.50	3.50	AMC for Computers, Printers, Generator, Xerox done.
3 Building Maintenance	1.00	0.01	0.85	0.86	5.00	5.00	An amount of Rs.5.00 Lakh is required for wiring and minor repair of 1st floor of the SACS. The Wiring & Minor damage occurred during fire broke down at 1st Floor in May 2012. The 1st Floor is now unutilized and urgently require repairing for smooth runni
4 Vehicle Maintenance	2.00	1.49	0.45	1.94	3.50	2.50	
5 Travel Expenses	15.00	11.04	3.95	14.99	17.00	16.50	
6 Rent, Rates and Taxes	0.00	0.00	0.00	0.00	0.00	0.00	
7 Telephone/Communication Expenses	5.00	3.42	1.00	4.42	7.00	6.00	
8 Bank Charges	0.00	0.00	0.00	0.00	0.00	0.00	
9 Miscellaneous Expenses	5.00	2.02	1.25	3.27	5.00	4.50	
10 Printing and Stationery	4.00	1.57	1.25	2.82	4.00	3.50	
11 Advertisement (Other than IEC)	3.00	1.25	1.00	2.25	4.00	3.00	
12 Water and Electricity	3.00	0.99	1.25	2.24	4.00	3.50	
13 Audit Fees	5.00	2.28	1.75	4.04	5.00	5.00	
14 Legal Expenses	0.00	0.00	0.00	0.00	0.00	0.00	
15 Postage / Courier	2.00	0.78	0.35	1.13	3.00	2.50	
16 Other Administration Cost	1.00	0.00	0.00	0.00	1.00	1.00	
17 Review Meeting Expenses	0.00	0.00	0.00	0.00	0.00	0.00	
18 Office Equipment's(see next sheet)	2.00	0.09	1.90	1.99	2.00	1.00	
19 Furniture (see next sheet)	0.00	0.00	0.00	0.00	2.00	1.00	
20 Transportation							
Total	51.00	25.76	16.25	42.01	68.00	62.36	
Total Cost: Jharkhand							
(A) SACS:	By SACS	Recommended					
(i) Salary	166.86	166.86					
(ii) Operation Cost	69.00	62.36					
Total (A)	235.86	229.22					

J.Rao

15-11-2013

Sl. No.	Activity	Budget Head (Description)		2012-13		2013-14			
		ICTC	Other	Q1	Q2	Q3	Q4		
1	Training*	2500	0	68	170000				
	ICTC								
	Mobile ICTC	2500	0	121	302500				
	BB (NACO Supported)	2500	0	3	7500				
	STI	2500	24	24	60000				
	NSG - TI	2500	27	28	70000				
	CCC	2500	12	40	100000				
	Sub Total	2500	2	2	5000				
	Total				722500				
2	Other Trainings( DQA/DAPCU review cum training, etc)								
	Reports publication and dissemination of Annual bulletin,			0					
3	Monitoring & Supervision visits (10 days/month)#			included in IEC					
4	HIV Sentinel Surveillance**								
					888,360				
					1,610,860				
	Total Budget								

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

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D Rao

Jharkhand: Annual Action Plan- 2013-14 : Strategic Information Management Unit								
SL .No.	Budget Head(Discription)	Sub-Head (Discription)	Unit cost (Rs)	No. of persons to be trained		Estimated budget		
				Induction	Refresher		Total	
1	a. SIMS Induction/ Refresher Training	ICTC	2500	0	68	170000		
		FICTC	2500	121	0	302500		
		Mobile ICTC	2500	3	0	7500		
		BB (NACO Supported)	2500	0	24	60000		
		STI	2500	1	27	70000		
		NGO - TI	2500	12	28	100000		
		CCC	2500	0	2	5000		
		Sub Total					722500	
		2	Reports publication and dissemination of Annual bulletin, Estimation report and Surveillance bulletin(1 Surveillance Report, 4 quarterly CMIS Bulletin and 8 Analytical Reports)					included in IEC
		3	Monitoring & Supervision visits (10 days/month)#					
4	HIV Sentinel Surveillance**					888,360		
<b>Total Budget</b>						<b>1,610,860</b>		

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

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

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

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Process Indicator	As per timeline prescribed in AAP	MES/SE/MEO/SO
Monitoring and Evaluation		
SIMS training	As per the quarterly plan. All personnel should be trained	MEO
SIMS reporting	90% or more in all component	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	DD (MES)/SE/MEO/SO DD (MES)/SE/MEO/SO
M&E visit	All non-reporting/laggard reporting units to be visited	DD (MES)/SE/MEO
Filling up Vacancy posts	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
Surveillance	Onsite Training to be provided during field visits Filling up of all vacancy position in SIMU	DD (MES)/SE/MEO Project Director
HSS 2010-11 Publications	i) In-depth analysis and state report for HSS 2010-11	DD (MES)/SE/MEO
HSS 2012-13 Publications	ii) Preliminary analysis and state bulletin for HSS 2012-13 iii) Sharing of district wise HRG Information with Hot spots iv) Facilitation, Monitoring and Supervision of IBBS PSA in select domain	DD (MES)/SE/MEO DD (MES)/SE/MEO DD (MES)/SE/MEO
IBBS-PSA	v) Monitoring and Supervision of IBBS Field Work	DD (MES)/SE/MEO
Roll out of IBBS		DD (MES)/SE/MEO

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Annexure 1

Process Indicators - BSD		
Indicators	Recommended Action - Establishment of facilities	Timeline
Establishment of facilities	Stand Alone ICTCs / Mobile ICTC	1st week of April 2013
	Identification of health facilities for establishment	1st week of May 2013
	Recruitment of new staff	May - June 2013
	Induction Training of new staff	2nd week of April 2013
	Procurement of equipments, computers, etc	2nd week of May 2013
	Preparation of indent and approval by PD SACS	3rd week of May 2013
	Processing and completion of procurement of indent gliver	2nd week of April 2013
	Dispatch and receipt at concerned facilities	2nd week of April 2013
	Refurbishment of identified facilities	3rd week of May 2013
	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	2nd / 3rd week April 2013
	Sensitisation of CMH-IG / SMO / CDMO / DHO / Civil Surgeon / ADMO	2nd / 3rd week April 2013
	Sensitisation meeting with DTO	2nd / 3rd week April 2013
	Sensitisation of NRHM DPM	2nd / 3rd week April 2013
	Directive from MD-NRHM regarding use of MMU for HIV testing	2nd / 3rd week April 2013
	Functionality of MMU	1st week of May 2013
	Route plan for MMU one month in advance	Monthly
	Training of staff & functionality	2nd / 3rd week May 2013
	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	1st week of April 2013	
Enlisting and identification of potential partner:	2nd / 3rd week of April 2013	
Meeting with associations and partners	2nd / 3rd week of May 2013	
Training of staff	1st week of July 2013	
Functionality and Reporting		
PPP-ICTC in Private Sector Industries	1st week of April 2013	
Enlisting and identification of potential industries:		
Meeting with industry stakeholders	2nd / 3rd week of April 2013	
Training of staff	2nd / 3rd week of May 2013	
Functionality and Reporting	1st week of July 2013	
PPP-ICTC in Public Sector Undertakings	1st week of April 2013	
Enlisting and identification of PSU to partner with		
Meeting with industry stakeholders	2nd / 3rd week of April 2013	
Training of staff	2nd / 3rd week of May 2013	
Functionality and Reporting	1st week of July 2013	

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Direct: SACS BSD, Procurement Officer, Finance Officer  
Monitoring: ID Finance /APD / PD SACS

Direct: SACS BSD, M&E Officer, State RCH officer / NRHM Nodal Officer  
Monitoring: APD / PD SACS

Direct: SACS BSD / STI, DAPCU  
Monitoring: APD / PD SACS

Direct: SACS BSD, IEC / Mainstreaming, DAPCU  
Monitoring: APD / PD SACS

Direct: SACS BSD, IEC / Mainstreaming, DAPCU  
Monitoring: APD / PD SACS

Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
Unlage of General Clients with ART	*Tracking system for General Clients: a) Monthly maintenance of line list of HIV +ve General Clients by ICTCs b) Sharing of line list with concerned ART centers by email every 15 day. c) Obtaining feedback by concerned ART centre / s every 15 days c) Completion of line list at the ICTC level by Counselor at 15 days and at the end of the month d) Sharing completed / compiled line list with full details to DAPCU / SACS BSC e) Monthly meeting between ICTC and concerned ART at district / regional level to be conducted in 1st week of every month for verifying data f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSD every month g) SACS officers to participate in district level review meetings at least once in quarter every district. h) Where there is no DAPCU, SACS BSD will directly verify / analyze line list every month i) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data. j) After due verification by CST at SACS, BSD to share analyzed / verified / completed line list with NACO by 15th of every month k) SACS BSD / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring l) The SACS BSD / TI / TSU should analyze the positivity yield out of the clients tested at ICTCs as compared to the state / national average, prevalence rates for HRIGs typology wise, STI prevalence, etc and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solution.	Monthly Every 15 days Every 15 days Every 15 days Monthly Monthly Monthly Quarterly Monthly Monthly Monthly Monthly Monthly Monthly	ICTC Counselor ICTC Counselor / ART Counselor ICTC Counselor DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors DAPCU, Dist ICTC Sup SACS BSD, CST Direct: SACS BSD, CST Monitoring: PD/APD SACS SACS BSD Direct: SACS BSD, CST Monitoring: PD/APD SACS Direct: SACS BSD Monitoring: PD / APD SACS

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

Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
<p>a) The programme will ensure, tracking of individual STI DSRC Clinic attendees and ensure 100% of STI DSRC Clinic attendees are tested for HIV in the year.</p> <p>* Ensure accompanied referrals from STI to ICTC and also ensure single window approach for HIV and Syphilis testing.</p> <p>* Reconciliation of reporting to be done between ICTC and STI</p> <p>Co-ordination and Tracking system for STI DSRC Clients.</p> <p>a) SACS BSD/STI to issue office order to all ICTCs and DSRCs for single window approach for HIV testing and Syphilis testing</p> <p>b) SACS BSD/STI to ensure trainings for STI testing is included in all ICTC LT training.</p> <p>c) Referral of STI clients by DSRC using referral slips / accompanied referrals to ICTC</p> <p>d) Completion of referrals made to ICTC against each referral every 15 day.</p> <p>e) Meeting of DSRC Counselor with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days</p> <p>f) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from DSRC. Also the ICTC counselor will share the list of ICTC clients referred to STI DSRC with PID numbers</p>	<p>g) Once both ICTC and DSRC STI have reconciled / compiled the list, then both ICTC and STI will report the same in their respective CMIS/SIMS on a monthly basis</p> <p>ICTC: In-referrals from STI and out referrals from ICTC to STI</p> <p>STI: In-referrals from ICTC and out referrals from STI to ICTC</p> <p>h) The same should be verified / validated by DAPCU on a monthly basis</p> <p>i) Individual STI Clients tested has to be extracted from the compiled line list generated from the referrals with STI-ID and the resched with PID</p> <p>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</p> <p>k) SACS officers to participate in district level review meetings at least once in quarter every district</p> <p>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</p> <p>m) After due verification by at SACS, STI and BSD to share analyzed / completed line list with NAACO by 15th of every month</p> <p>n) SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for hand-holding and mentoring</p> <p>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</p>	<p>1st Qtr - April 2013</p> <p>Ongoing</p> <p>Every Referral</p> <p>Every 15 days</p> <p>Every 15 days</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Quarterly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p>	<p>SACS BSD / STI, Monitoring: APD / PD SACS</p> <p>SACS BSD / STI</p> <p>STI Counselor</p> <p>STI Counselor / ICTC Counselor</p> <p>Direct: STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU</p> <p>Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI</p> <p>Direct: SACS BSD / STI Monitoring: PD/APD SACS Direct: SACS BSD / STI, Monitoring: APD / PD SACS</p> <p>Direct: SACS BSD / STI Monitoring: PD/APD SACS</p>
<p><b>STI Linkages</b></p>			

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

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

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

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Indicators	Recommended Action - PPTCT	Timeline	Person Responsible
Linkage of Pregnant women with ART centre and follow-up	a) Maintenance of PPTCT Line list by ICTCs	Monthly	ICTC counsellor
	b) Sharing of line list with concerned ART centre/s by email every 15 days	Every 15 days	ICTC Counsellor
	c) Obtaining feedback of triplicate referral and Line list by concerned ART centre / s every 15 days	Every 15 days	
	c) Completion of line list at the ICTC level by Counsellor at 15 days and at the end of the month	Every 15 days	ICTC Counsellor / ART Counsellor
	d) Sharing completed / compiled line list with full details to DAPCU / SACS BSC	Monthly	ICTC Counsellor/ DPM/DIS/District Nodal Officer
	e) Monthly meeting between ICTC and concerned ART centre and other stakeholder/NRHM at district / regional level to be conducted in 1st week of every month for cross verifying data	Monthly	
	f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSC every month by 10th	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counsellor, all concerned ICTC Counsellors
	g) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Direct: SACS BSC, CST
	h) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Quarterly	Direct: SACS BSC, CST
	i) BSC at SACS to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Monitoring: PD/APD SACS
Roll-out of Multi drug regimen (Applicable Only where the new regimen program is rolled out by NACO)	Co-location of Testing sites (ICTC-2) and Obs& Gynae OPD . It should be operationally co-located, with system of a single prick for HIV testing and other ANC blood tests, common registration for ANC, check-ups & HIV testing.	3rd qtr	Monitoring: PD/APD SACS SACS BSC
	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)
	Inclusion 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 compilation and validation at district level	Monthly	DPM/District Nodal Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	Out-reach and Client tracking	On-going	ART centre MO/counsellor and ICTC counsellor/LFS ORWs

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