

T-11017/19/2013-NACO (F)
Government of India
Ministry of Health & Family Welfare
Department of AIDS Control

6th Floor, Chandralok Building,
36, Janpath, New Delhi-110001
Dated: 20 March 2013.

To,
The Project Director,
Kerala State AIDS Control Society

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

Sir/Madam,

Please refer to your proposal regarding approval of Annual Action Plan for the year **2013-14** and further discussions held in Department of AIDS Control (DAC) on 7th February, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs.2903.70 Lakh (Rupees Twenty Nine Crores, Three lakh & Seventy Thousand only) as per detailed break-up given below:

S.N.	Component/Sub-component	DBS	Pool Fund Project	Allocation (Rs. in lac)	
				GF Projects	Total
1	Prevention				
1.1	Targeted Interventions		998.70		998.70
1.2	Sexually Transmitted Infections	45.92			45.92
1.3	Blood Transfusion Services	431.84			431.84
1.4	IEC	331.69			331.69
1.5	Link Workers Scheme	0.00			0.00
1.6	ICTC/PPTCT/HIV-TB	182.40		425.61	608.01
	Sub-total 1 (Prevention)	991.85	998.70	425.61	2416.16
2	Care, Support & Treatment	160.00			160.00
3	Institutional Strengthening & Project Management	305.64			305.64
4	Strategic Information Management System	21.90			21.90
	Total (1 to 4)	1479.39	998.70	425.61	2903.70

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

The above approval is subject to the following conditions:

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

11. No vehicle shall be purchased from NACP funds except for purchase of mobile ICTCs wherever approved in the action plans.
12. Till further orders, under Institutional strengthening, SACS may extend the service contracts of contractual posts sanctioned under NACP **initially for six months with effect from 1st April 2013**. Salaries expenditure under ISPM is to be incurred for sanctioned posts.
13. The Procurements under various Funds/Components are to be made as per details given below:
 - i. Procurement under various Global Fund Rounds as per World Bank Procurement Guidelines;
 - ii. Procurement under DBS to be made as per General Financial Rules-2005 as amended from time to time;
 - iii. Procurement under TI component is to be made as per World Bank Procurement Guidelines for goods and services as this component is likely to be reimbursed retroactively by World Bank.

Yours faithfully,



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

Copy to:

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



Targeted Interventions

Kerala

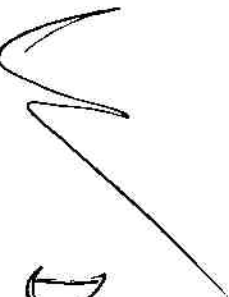

YEAR

2013-14

Sub-Component	Cost Head	Unit cost in Lakh (Range)	Items/Activities	TI Achievement (2012-13)	TI Targets (2013-14)	Allocation (Rs. in Lakhs)				
				Target	Achievement during the year	Existing as on 01.04.2013	Transition from Partners	New TIs additions	Total	Pool Fund
1.1.1.1.1.1.1.1	500-599	500-599	Cost for basic health care	23988	20	20	0	20	374.78	
1.1.1.1.1.1.1.2	600-699	600-699	Cost for health care	19398	14	14	0	14	288.48	
1.1.1.1.1.1.1.3	700-799	700-799	Cost for health care	5915	8	8	0	8	54.98	
1.1.1.1.1.1.1.4	800-899	800-899	Cost for health care	0	0	0	0	0	0.00	
1.1.1.1.1.1.1.5	900-999	900-999	Cost for health care	0	0	0	0	0	0.00	
1.1.1.1.1.1.1.6	1000-1099	1000-1099	Cost for health care	100000	8	8	0	8	127.60	
1.1.1.1.1.1.1.7	1100-1199	1100-1199	Cost for health care	80000	2	2	0	2	41.43	
1.1.1.1.1.1.1.8	1200-1299	1200-1299	Cost for health care	234301	52	52	0	52	867.27	
TOTAL									54.83	

Guidelines on Employer Led Models would be issued by NACO

Population	Less than 500		500-799		800-999		1000 and above		1500 and above		Total TIs		Target coverage	
	New	Old	New	Old	New	Old	New	Old	New	Old	New	Old	New	Old
	(Source)	No. of districts	(Source)	No. of districts	(Source)	No. of sites	(Source)	No. of sites	(Source)	No. of sites	(Source)	No. of sites	(Source)	No. of sites
Less than 400	0	0	0	0	0	0	0	0	0	0	0	0	0	0
400-499	0	0	0	0	0	0	0	0	0	0	0	0	0	0
500-599	0	0	0	0	0	0	0	0	0	0	0	0	0	0
600-699	0	0	0	0	0	0	0	0	0	0	0	0	0	0
700-799	0	0	0	0	0	0	0	0	0	0	0	0	0	0
800-899	0	0	0	0	0	0	0	0	0	0	0	0	0	0
900-999	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1000 and above	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Targeted Interventions

Kerala

YEAR 2013-14

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

Care Station	Less than 500		500-799		800-999		1000-1499		1500 and above	
	Old	New	Old	New	Old	New	Old	New	Old	New
N	9.82	8.97	11.39	10.54	13.89	13.04	16.54	15.69	19.52	17.67
M	9.9	9.05	11.52	10.67	14.06	13.21	16.76	15.91	18.9	18.05
H/In			200-399		400-599		600-799		800 and above	
			150-299	11.52	14.06	13.21	16.76	15.91	18.9	18.05
			14.62	13.72	16.82	14.72	17.80	15.91	18.9	18.05
CENTER (GOVT.)	9.89	8.57	13.45	13.00	15.45	15.00	17.00	16.55	18.00	17.55
Composite	Less than 400	400-699	700-999	1000-1499	1500 and above					
Age Population	11.24	10.78	13.45	13.00	15.45	15.00	17.00	16.55	18.00	17.55
Ant (Dest)	5001-9999	10000-19999	20000 and above							
	8.77	8.22	12.87	12.32	15.95	15.30				
per	5000-9999	10000-29999	30000 and above							
	9.13	7.73	16.57	15.17	30.91	29.59				
Ant (Source) per			16.57	15.17	30.91	29.59				
ict	13.67	13.05			1.82	1.07				

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

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

Station	FSW			MSM			TG/H/In			Truckers		
	PM and PD	Accountant cum M&E	Counselor	PM and PD	Accountant cum M&E	Counselor	PM and PD	Accountant cum M&E	Counselor	PM and PD	Accountant cum M&E	Counselor
and CBO Led	46	20	20	28	14	14	4	2	4	40	8	
nd CBO Led	PM and PD	Accountant cum M&E	Counselor	PM and PD	Accountant cum M&E	Counselor	PM and PD	Accountant cum M&E	Counselor	PM and PD	Accountant cum M&E	Counselor
	0	8	8	0	0	0	0	0	0	0	0	0
nd CBO Led	0	0	0	0	0	0	0	0	0	0	0	0

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

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Annual Action Plan 2013-14 (State AIDS Control Society Kerala)

(Rs. in lakhs)

Annexure II

3

S.No.	Sub-Component	Unit Cost **	Items/activities	Achievement (2012-13)		Existing as on Date	Targets (2013-14)	Allocation in Rs. (in lakhs)	Source of funding
				Target	Achievement				
1.2 Information, Education & Communication									
1.2.1	Information Communication								
	Masses Media								
	TV								
	Spots on Private Channels/cable	4000	4 campaigns, 4 channels, 2 days @ 2 spots per day. Average cost for major priv channels for 10 sec. spots	0	0		64	2.56	
	Screening of Documentary in DD	15000	One documentary on ART and other on positive living	0	0		2	0.30	
	Long format TV Programme (15/30 mins duration)	50000	Use phone in program - 'Veenudhanam' for various thematic areas	18	18		12	6.00	
	Radio								
	Audio Spots/10 seconds	820	4 campaigns, 3 days @ 6 spots per day.	0	0		72	0.59	
	Spots on AIR	12500	12 episodes on youth and 9 episode on women.	21	21		21	2.63	
	Long format Radio programs (30 mins/15 mins duration)	35000	Half page colour ad on WARD and VBD, 10 B/W ads 33x10 size on services promotion.	10	14		12	4.20	
	Newspaper Advs.	50000	Proposed only quarterly newsletters (4 Nos) and half yearly journal	8	2		8	3.00	
	Newsletter								
1.2.2									
	ICT								
	Website	100000	Target fixed for 4 events covering 7.5 lakhs youth in each event.	1	1		1	1.00	
	SMS	0.1	Helpline operated by SACS. Two counsellors will be in place.	0	0		3000000	3.00	
	Helpline			1	1		1	2.05	
1.2.3									
	IEC material production, replication & newsletter								
	Printing / replication of IEC Materials		Detailed list with costing to be attached. Re 108339 for Truckee IEC	20 type	23 type		18 type	20.04	
1.2.4									
	Outdoor	8000	Total 2011 hoardings exists. The target includes maintenance and fix change of existing hoardings. No new permanent hoarding is proposed.	10	5	201	201	16.08	

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	Cost Head	Unit Cost **	Items/activities	Target	Achievement	Expiring as on Date	New		
	Rented Hoarding at Strategic locations	123000	Hoardings at high prevalent and highly vulnerable areas, including migrant sites. As there is no new permanent hoarding proposed, it is proposed to have more rented hoardings.	12	4	4	20		25.00
	Display of messages on private/govt. Buses	7500	Bus panels in Pw/Govt buses in high prevalent areas.				150		11.25
	Information panels at service centres	1500	Display boards at ICTCs, Ts, LACs, and STT Clinics.	300	200	300	200		3.00
	Outdoor display at Pilgrim Centers	10000	Information boards will be placed at major pilgrim centers like Sabarwalda, Attikel, Thirissur, Pooneri, Meerkkadu, Malayattoor, Beernapalli in market, near bus and railway terminals	0	0	0	80		6.00
	Wall writings	15	20000 sq ft wall writings	0	0	0	20000		3.00
	Road side boards	7000		0	0	0	70		4.50
1.2.5	Mid Media								
	Hiring of folk troupes	4500	Hiring of folk troupe- Rs.3750x1200=45 lakhs	1000	1007		1200		54.00
	Fabricating IEC vans, branding IEC vans	490000	Workshop- Rs.4 lakhsx 2=8 lakhs Planning & review meetings- Rs.50000x2=1 lakh	3	3		3		13.50
	Exhibitions	10000		40	40		20		2.00
1.2.8	Events								
	State and District level events		WAD,NVD,VO and IWD	6	5		5		7.95
	Other state specific events	50000	Festivals like oxam, mela/abhar mela	0	0		2		1.00
1.2.7	M & E Documentation		Monitoring AHER, Folk campaign documentation of 15 key achievements	20	12		15		8.50
1.2.9	Youth Intervention								
1.2.9.1	Adolescence Education Programme	1000	Total 4722 Govt/aided schools. It is proposed to cover 3500 this year and the entire school will be covered within a period of 3 years.	2500	2500	2500	2212		22.12
1.2.9.2	RRCs in colleges and University	Rs 8000 for new and Rs 4000 for existing	Total 731 colleges and out of which 500 will be covered this year and the total colleges in the state will be covered within 3 years.	400	400	400	344		46.96
1.2.9.3	Out of school Youth								
1.2.10	Drop In Centre	Only for three months @ 1.37 lakh per DIC	SCA and interdepartment coordination meeting	14	14	14	14		19.18
1.2.11	Advocacy								1.00

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				5. Printing 6. Dispatch
h.	Website	1	1. April Wk 3 2. Ongoing	3. Agreement with web management agency- CDit. 4. Update the information on regular basis
	SMS	3000000	1. April Wk 2 2. April Wk 2 3. April Wk 3 4. April Wk 4 5. Ongoing (during identified events)	6. Discussion with service providers 7. Identify the events 8. Finalize the message 9. Issue work orders 10. Tracking
	Helpline	1	1. Ongoing 2. Ongoing 3. Ongoing	1. Record keeping 2. Analysis of monthly record 3. Documentation & reporting
a.	Printing of IEC material	16 type	1. April Wk 2 2. April Wk 3 3. April Wk 4 4. May Wk 1 5. May Wk 1 6. Staggered (June, Sept, Dec) 7. June 8. ongoing	9. Requisition from prog divisions 2. Assessment of stock 3. Tender process: Publish notice, short-listing, approval of selection of vendor(s) 4. Work order released 5. Delivery plan 6. Distribution plan 7. Training on material use to end users (Service centres/NGOs) 8. Monitoring of use by service centres/NGOs
a	Permanent Hoardings-maintenance and flex change	201	1. April Wk 2 2. April Wk 3 3. April Wk 4 4. May Wk 1 5. May Wk 2 6. May Wk 2 7. Ongoing 8. June, Sept, Dec, March	1. Assessment of current status 2. Tender process 3. Development of prototypes, size and message content 4. Sharing with NACO 5. Selection of vendor 6. Work order 7. Monitoring 8. Periodic reporting
b	Rented Hoardings	20	1. April Wk 2 2. April Wk 2 3. April Wk 3 4. Ongoing 5. June, Sept, Dec, March	1. Identify appropriate locations 2. Tender process 3. Development of prototypes, size and message content 4. Issue work order 5. Monitoring 6. Periodic reporting

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c.	Display on bus panels	150	<ol style="list-style-type: none"> 1. April Wk 2 2. April Wk 3 - 4 3. April Wk 3 - 4 4. April Wk 2 5. April Wk 4 6. May Wk 1 7. May Wk 2 8. Ongoing 9. June, Sept, Dec, March 	<ol style="list-style-type: none"> 1. Identification of bus routes for display 2. Development of prototypes, size and message content 3. Sharing with NACO 4. Listing of buses according to registration no. 5. Tendering process 6. Selection of vendor 7. Work order 8. Monitoring plan 9. Documentation & Reporting
d.	Information boards (wayside board, signage, info board, status report board) for service centers	200	<ol style="list-style-type: none"> 1. April Wk 2 2. April Wk 3 3. April wk 3 4. April Wk 4 5. May Wk 1 6. Ongoing 7. June, Sept, Dec, March 	<ol style="list-style-type: none"> 1. Listing of service centres 2. Development of design, size and content 3. Tendering process 4. Selection of vendors 5. Work order 6. Physical Monitoring 7. Maintenance & reporting
e.	Outdoor display at Pilgrim Centers	60	<ol style="list-style-type: none"> 1. April Wk 2 2. April Wk 3 3. April wk 3 4. April Wk 4 5. May Wk 1 6. Ongoing 7. June, Sept, Dec, March 	<ol style="list-style-type: none"> 1. Identify the locations 2. Development of design, size and content 3. Tendering process 4. Selection of vendors 5. Work order 6. Physical Monitoring 7. Maintenance & reporting
f.	Wall paintings	20000 sq.ft	<ol style="list-style-type: none"> 1. April Wk 2 2. April Wk 3 3. April wk 3 4. April Wk 4 5. May Wk 1 6. Ongoing 7. June, Sept, Dec, March 	<ol style="list-style-type: none"> 1. Identify the locations 2. Development of design. 3. Tendering process 4. Selection of vendors 5. Work order 6. Physical Monitoring 7. Maintenance & reporting
g.	Road side board	70	<ol style="list-style-type: none"> 1. April Wk 2 2. April Wk 3 3. April wk 3 4. April Wk 4 5. May Wk 1 6. Ongoing 7. June, Sept, Dec, March 	<ol style="list-style-type: none"> 1. Identify the locations 2. Development of design and content 3. Tendering process 4. Selection of vendors 5. Work order 6. Physical Monitoring 7. Maintenance & reporting

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h.	Folk-performances, state level w/shop, review meetings, monitoring etc	1200	<ol style="list-style-type: none"> 1. April Wk 1 2. April Wk 1 3. April 4. April 5. April 6. May 7. Ongoing 8. June, Sept, Dec, March (First Wk) 9. June, Sept, Dec, March (3rd Wk) 	<ol style="list-style-type: none"> 1. Selection of troupes as per guideline 2. State level workshop 3. Planning meeting with DST 4. Route plan , Phase-wise 5. Troupe deployment 6. Monitoring of performances 7. Analysis of monitoring reports 8. Review meeting with troupes & DST 9. Reporting to NACO
i.	Branding IEC vans	3	<ol style="list-style-type: none"> 1. April Wk 2 2. April Wk 3 3. April wk 3 4. April Wk 4 5. May Wk 1 6. Ongoing June, Sept, Dec, March 	<ol style="list-style-type: none"> 1. Develop plan of activity 2. Selection of occasions and periods of utilization 3. 3. Development of route plan 4. Procurement of IEC van 5. Monitoring 6. Reporting 7. Documentation
j.	Exhibitions in connection with various events and festivals	20	<ol style="list-style-type: none"> 1. April wk 3 2. April Wk 4 3. May Wk 1 4. Ongoing 5. June, Sept, Dec, March 	<ol style="list-style-type: none"> 1. List out the various events and festivals 2. Identify the district level teams 3. Issue work order 4. Monitoring 5. Reporting
a	WAD,IYD, IWD,NYD & other dist level events	5	<ol style="list-style-type: none"> 1. April wk 3 2. April Wk 4 3. May Wk 1 4. / 5. As per calendar 	<ol style="list-style-type: none"> 1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (event-wise) and sharing 3. Disbursement of funds to districts 4. Monitoring 5. Documentation
b	State specific events like Onam and Malabar fest	2	<ol style="list-style-type: none"> 1. April Wk 2 2. April Wk 3 - 4 3. April wk 2 4. April Wk 4 5. Ongoing 6. Ongoing 7. Ongoing 	<ol style="list-style-type: none"> 1. Decision on theme of event 2. Development of prototypes and messages 3. Listing of activities 4. Deployment of manpower 5. Record keeping 6. Monitoring 7. Documentation

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a.	Monitoring of various IEC activities and campaigns and document the key achievements	15	<ol style="list-style-type: none"> 1. April 2. Ongoing 	<ol style="list-style-type: none"> 1. Listing of activities for monitoring - by SACS officers, external resource, etc. 2. Documentation of all field level activities 3. Documents shared with NACO
2. Health				
a.	AEP	4712	<ol style="list-style-type: none"> 1. April Wk 2 2. April Wk 2 3. May Wk 2 4. May Wk 3 5. Ongoing 6. Ongoing 7. Ongoing 	<ol style="list-style-type: none"> 1. Listing of all Govt and aided High schools and higher Secondary schools 2. Listing of schools targeted in FY 13-14 3. Training of teachers 4. Disbursement of funds along with guidelines 5. Implementation of AEP 6. Monitoring of activities carried by schools 7. Documentation
b.	RRC	744	<ol style="list-style-type: none"> 1. May Wk 2 2. May Wk 3 3. July Wk 4 4. July Wk 4 5. Ongoing 6. Ongoing 7. Ongoing 	<ol style="list-style-type: none"> 1. Listing of all Colleges - graduate, technical & Universities 2. Listing of colleges targeted in FY 13-14 3. Identify the management agency 4. Training of Coordinators 5. Disbursement of funds along with guidelines 6. Training of peer educators/student leaders 7. Calendar of activities 8. Monitoring of activities 9. Documentation
3. Other				
a.	Management of Drop-in Centers	14	<ol style="list-style-type: none"> 1. April Wk 3 2. April Wk 4 3. April Wk 4 4. Ongoing 5. Ongoing 	<ol style="list-style-type: none"> 1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of beneficiaries 4. Monitoring of activities 5. Documentation
4. Finance, Planning & Administration				
a.	Training	5758	<ol style="list-style-type: none"> 1. April Wk 2 2. April Wk 3 3. April Wk 3 4. April Wk 4 5. April Wk 4 6. May Wk 1 - 3 7. Ongoing 8. Ongoing 9. Ongoing 10. Ongoing 	<ol style="list-style-type: none"> 1. Listing of categories of trainees 2. Gathering universe of trainees 3. Information of coverage so far 4. Development of training calendar 5. Decision on training agencies 6. Training of trainers 7. Execution of trainings 8. Detailing of follow up activities 9. Developing training modules for integrating in the ongoing trainings of Depts. 10. Monitoring 11. Documentation

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b.	Advocacy		<ol style="list-style-type: none">1. April Wk 22. April Wk 33. April Wk 34. April Wk 45. May Wk 4 – June Wk 1 - 26. Ongoing7. Ongoing8. Ongoing9. Ongoing	<ol style="list-style-type: none">1. Listing of departments/ organizations2. Development of advocacy tools and agenda3. Identifying key areas of collaboration4. Listing no. of beneficiaries5. Conduct of meetings6. Directives/orders issues7. Conduct of Inter-departmental meetings8. Ensure social support programs for PLHIVs9. Documentation
Total				

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S.No.	Sub-Component 1	Cost head	Unit Cost (Lakhs)	Internal activities	As on 01.04.2013	New	RCC Round 2	Allocation (Rs. in Lakhs)	Remarks
1.3.1	Existing Facilities				162	0	388.80		
1.3.1.1	HR for Counsellors and LTs	Recurring	2.4	Salary including TA/DA for Existing/in-piece Stand Alone Counsellors 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 Counsellors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	11	0	28.80		12 counsellors and 10 lab technicians
1.3.1.2	HR for Supervisors	Recurring	1.88	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months	2	0	3.36		
1.3.1.3	Mobile ICTC	Recurring	5.55	Running cost of whole unit including salary of counsellors and lab tech at Rs 8000 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)	4	0	22.20		
1.3.1.4	HR for SACS team for Basic Services	Recurring			0	0	0.00		
				Sub Total			469.78		
1.3.2	Establishment of New ICTCs				182	0	0.00		
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 80000 per new stand alone ICTC	4	0	0.00		
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	4	0	0.00		
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	None	95	114	0.00		
1.3.2.4	PPP ICTCs	Non recurring	0	None	80	100	0.00		
				Sub Total			0.00		
1.3.3	Trainings								
1.3.3.1	Training	Recurring	1.75	1) ICTC, Counsellors, LTs: Induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) ICTC: Training of MO ICTC / MOIC / ART MO / District Supervisor ICTC / District TB-HIV & DOTS Plus Supervisor (SINTCP) in HIV-TB package 3) F-ICTC: ANM, Nurse, LT, HIV/TB & team training, full site sensitization 4) Whole blood: Training of ANM and RNITCP LT and STLS in whole blood screening 5) Any other training			25.48		As per Training Plan
				Sub Total			25.48		
1.3.4	Procurement of Equipment								
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6	Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc		0	0.00		As per procurement plan based on justification - Annexure 1
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipment/maintenance/AMCs/Insurance of equipment bikes etc. Expenditure should be based on actuals	188		8.30		
				Sub Total			8.30		
1.3.5	Consumables								
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Site delivery kits, reagents and syringe needles, printing of reporting forms, referral and other misc exp	168		83.08		As per procurement plan based on justification - in Annexure 2. No procurement for PPP ICTC
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC: Site delivery kits, printing of forms and other misc exp at the center			0.00		
				Sub Total			83.08		
1.3.6	Monitoring and Supervision / Review meetings								
1.3.6.1	Review meeting for Supervisors (Monthly)	Recurring	0.01	review meetings	2		0.24		
1.3.6.2	Review meeting for Counsellors/MO	Recurring	0.015	review meetings	162		8.72		
1.3.6.3	State and District HIV-TB Coordination meeting (Quarterly @ Rs 2500/person)	Recurring	0.025	Quarterly State and District level Coordination committee meetings / State Technical Working Group meeting	15		1.80		
				Sub Total			11.46		
1.3.7	SRL								
1.3.7.1	HR for Technical Officer in SRL	Recurring	5	Salary for TO in SRL, including TA/DA, at average Rs 25,000/- per TO per month for 12 months	5	0	26.00		
				Sub Total			26.00		
1.3.8	Additional Allocation								
1.3.8.1	For Co-location of facilities	Non recurring	Lumpsum	Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities i.e ART/ICTC/STI		5	4.00		
1.3.8.2	For PPP ICTC Involvement	Non recurring	Lumpsum	A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals i.e Nursing Homes, Corporate Hospitals into NACP. B) Involvement of professional bodies like FOGSI, IMA, IADVL, IAP, etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, Integrate with TI employer model meetings for which separate budgetary allocation is made		85	10.00		
				Sub Total			14.00		
1.3	Grand Total						808.01		

Sum
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Physical Targets for Kerala for 2013-14

	Establishment of New ICTC in the year 2012-13	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14
1	Stand Alone ICTCs	182	0	0	0
2	Mobile ICTCs	4	0	0	0
3	Facility Integrated ICTCs	95	114	0	114
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	50	20	65	85
5	PPP ICTCs in Private Sector Industries	0	0	5	5
6	PPP ICTCs in Public Sector Industries	0	0	10	10
Colocation of Facilities:		Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14
1	Medical College Level	0 out of 5	0	5	5 out of 5
2	District Hospital Level	3 out of 3	0	0	0
3	Sub District Level	0 out of 0	0	0	0
Physical Coverage Targets		Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target
1	Testing for General clients	357814	233487	400000	
2	HRG testing	55883	58520	108728	Two time testing in 100% of HRG covered by TI
3	Bridge population testing	NA	NA	34500	30% migrants and 15% truckers
4	STI Clinic In-referrals testing	NA	NA	10000	
5	Out Referrals from to STI	12688	2998	2126	100% DSRC attendees
6	HIV-TB Cross referral	27658	15404	57388	100% of TB patients and 10% of ICTC clients (Non-ANC)
7	HIV/TB coinfection to be detected	300	144		100% of HIV infected TB notified cases
8	Testing for ANC	280176	99501	382000	70% of the estimated pregnancies
9	Detection of HIV+ve pregnant women	350	53	718	70% of estimated positive pregnancies

* Achievement upto December 2012

	Linkage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition
1	ICTC to ART (GC)	NA	70%	85%	HIV +ve general clients to be linked to ART centres
2	PPTCT to ART	NA	90%	100%	HIV +ve pregnant women to be linked to ART centres
3	TI to ICTC	NA	NA	90%	HRGs referred from TI reaching ICTC
4	STI to ICTC	NA	24%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics
5	TB to ICTC	NA	80%	100%	Notified TB cases reaching ICTC
6	HIV/TB to ART	NA	90%	90%	HIV infected TB notified cases reaching ART

DRs

1.3.3 Training Under ICTC (Provide separate tables for Stand alone, F ICTC, Mobile ICTC, PPP ICTC and one consolidated sheet)							Training Plan (April 2013-March 2014)			
S.No	Type of Training	Category of Participant	Number of persons to be trained	Duration	Unit Cost	Training Cost	Quarter 1	Quarter 2	Quarter 3	Quarter 4
1	Induction (Stand alone (Inc. Mobile)	Counselor	25	12	800.00	240,000.00				
		Lab-Tech	25	5	800.00	100,000.00				
2	Refresher (Stand alone (Inc. Mobile)	Counselor	50	5	800.00	200,000.00	1			
		Lab-Tech	50	5	800.00	200,000.00	1			
3	Induction (FI- ICTC +PPP)	Staff nurse (FI ICTC)	50	5	800.00	200,000.00	1			
		Lab Technician	50	5	800.00	200,000.00	1			
4	Refresher (FI- ICTC +PPP)	Staff nurse (FI ICTC)	50	3	800.00	120,000.00	1			
		Lab Technician	50	5	800.00	200,000.00	1			
5	Induction/ Refresher	District supervisor	2	5	800.00	8,000.00				
		Full site Sensn. Dist. Hosp	41	1	10,000.00	410,000.00				
6	Sensitization (No facilities to be mentioned)	Full site Sensn SDH/RH	70	1	5,000.00	350,000.00				
		ICTC Counselor	50	1	300.00	15,000.00				
7	HIV-TB training	Medical Officer	50	2	400.00	40,000.00				
		District ICTC supervisor	2	1	300.00	600.00				
8	Multi Drug Regimen Training for PPTCT	MO-TC/MO-ICTC	50	1	300.00	15,000.00				
		ART MO	13	1	300.00	3,900.00				
9	Training on whole blood screening	RNTCP STS/STLS	77	1	300.00	23,100.00				
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	14	1	300.00	4,200.00				
10	ICTC Team Training	Counselor		2	800.00	-				
		Medical Officer		3	800.00	-				
11	Other (Specify)	District supervisor		2	800.00	-				
		MO ARTCs		3	800.00	-				
Total		Others (Medical 3 days / Para medical 2 days)		3	800.00	-				
		ANM		0	400.00	-				
9	Training on whole blood screening	Labour Room Nurse		0	400.00	-				
		DMC LT (RNTCP)		0	400.00	-				
10	ICTC Team Training	STLS		0	400.00	-				
		MO		25	800.00	60,000.00				
11	Other (Specify)	Lab-Tech		25	800.00	60,000.00				
		Nurse		25	800.00	60,000.00				
Total		Counselor		0	800.00	-				
		SAV/ICTC MOs		50	400.00	20,000.00				
Total		Gynecologist/MO /lc		50	400.00	20,000.00				
						2,549,800.00				

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

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

Das

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

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Linkage with HRGs

Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible	
STI Linkages	<ul style="list-style-type: none"> The programme will ensure, teaching of individual STI DSRC Clinic attendees and ensure 100% of STI DSRC Clinic attendees are tested for HIV in the year Ensure accompanied referrals from STI to ICTC and also ensure single window approach for HIV and Syphilis testing Reconciliation of reporting to be done between ICTC and STI Co-ordination and Tracking system for STI DSRC Clients SACS BSD/STI to issue office order to all ICTCs and DSRCs for single window approach for HIV testing and Syphilis testing SACS BSD/STI to ensure trainings for STI testing is included in all ICTC LT training Referral of STI clients by DSRC using referral slips / accompanied referrals to ICTC Compilation of referrals made to ICTC against each referral every 15 days Meeting of DSRC Counselor with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days 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 Once both ICTC and DSRC STI have reconciled / compiled the list, then both ICTC and STI will report the same in their respective CHS/SIMS on a monthly basis ICTC: In-referrals from STI and out referrals from ICTC to STI STI: In-referrals from ICTC and out referrals from STI to ICTC The same should be verified / validated by DAPCU on a monthly basis Individual STI Clients tested has to be extracted from the compiled list generated from the referrals with STI-ID and the reached with PID This individual tracking and reconciliation of ICTC and STI CHS/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 SACS officers to participate in district level review meetings at least once in quarter every district 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 After due verification by at SACS, STI and BSD to share analyzed / verified / completed line list with MACO by 15th of every month SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for hand holding and mentoring 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 			
			1st Qtr - April 2013	Direct: SACS BSD / STI Monitoring: APD / PD SACS
			Ongoing	SACS BSD / STI
			Every Halfyear	STI Counselor
			Every 15 days	STI Counselor / ICTC Counselor
			Monthly	STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU
			Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
			Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
			Quarterly	Direct: SACS BSD / STI, Monitoring: APD / PD SACS
			Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS

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

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Indicators	Recommended Action - Co-location of Facilities	Timeline	Person Responsible
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
Colocation of facilities	b) Identification of facilities as per AAP target for co-locator c) Meetings to be conducted between SACS BSD/CST/STI with Health Facility (Dean, Med Sup, CHMO, ART Nodal Officer, DAPCU, DACO, Facility staff and other stakeholders) for development of time bound road map for co-locator d) Issuing of necessary Govt Orders by DHS, DMER, PD SACS, etc	April May	Direct: SACS BSD, CST, STI, Monitoring: RC - CST, APD, PD
	e) Ensuring action on office orders issued and processing plan for relocation of facility f) Monitoring visit by SACS/DHS/DMER for timely follow-up and time by completion of relocation plan	May May	Direct: DAPCU, MO-CTC, MO-STI, MO-ART Monitoring: SACS BSD, CST, STI
	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 MACO every month	Monthly	SACS BSD, CST, STI

Done

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 b) Review stocks on the same day as arrival of supplies and store in walk in coolers c) Physical verification of stock and cold chain status before issuing CRCS d) CRCS should be issued within 7 days of receipt of supplies e) Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies f) Dispatch plan should be based on pattern of consumption for last 3 months for the said commodity 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 e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities	Ongoing	Direct: SACS BSD, Store Officer Monitoring: APD, PD SACS
	Physical Verification and Reporting a) MO-ICTC to physically verify stocks daily and countersign in stock register b) All supervisory cadres during field visits to facilities to physically verify stocks at ICTC for all commodities and countersign to stock register c) ICTC LTs to physically verify stocks available, stock register, lab register for tests performed and then prepare monthly CIMS/SIMS report for lab component of ICTC d) TO-SRLs and District ICT Supervisors / DAPCU to physically verify stocks for all commodities at ICTCs during supervisory visits e) Variance in tests performed and stock consumption to be analysed facility wise by DAPCU / ICTC Supervisor and reasons for variance submitted to SACS for necessary action f) 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 g) Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected / analysed h) 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/MTs 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 i) Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month.	Ongoing Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly Monthly	MO-ICTC, ICTC LT DAPCU, Dist ICTC Sup, TO-SRL, SACS BSD ICTC LT, MO-ICTC TO-SRLs, Dist ICTC Sup/ DAPCU Dist ICTC Sup/ DAPCU SACS BSD / SACS CST, APD / PD SACS PD SACS, BSD, Stores Officer, Quality Manager Direct: PD / APD SACS Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS

Supply Chain Management

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

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Sexually Transmitted Infection/ Reproductive tract infection Services						
S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. in Lakhs)
						Pool Fund
1.4.1	Establishment of New Facilities (One Time Grant)	One time cost	1,50,000	no of centres		0
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	no. of counsellor	Counselor salary	27.72
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	8.75
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	5.25
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 counselors	4.2
1.4.6	Private sector partnership	Recurring				
1.4.7	Regional STD labs Existing	Recurring		no of Regional centres	Grant for existing Regional Centers (Human Resource, Training, Kits and consumables, Stationery and Contingency, Supportive Supervision and Operational Research)	0
1.4.8	State Reference Centres	Recurring				
1.4	Sexually Transmitted Disease / Infections Services (Total Allocation)					45.92 ✓
1.4.a Physical Targets to the State under the STI/RTI services						
1	STI/RTI episodes to be managed by Designated STI clinics					129711
2	STI/RTI episodes to be managed by TI-NGOs					37458
3	STI/RTI episodes to be managed by Private sector					18133
4	Total target of STI/RTI episodes for SACS					185302
5	STI/RTI episodes to be managed by NRHM					185302
1.4.b STI/RTI facilities						
		Existing No.		Proposed new during FY 2012-13		
1	Designated STI/RTI Clinics	21		0		21
2	TI STI providers	251				251
3	sector	41				41
4	NRHM health facilities upto PHC	1234				1234
5	PPP ICTC	39		30		69
6	Regional STI Centres	0				0
7	State Reference Centres	1				1
1.4.c Commodity Assistance provided by GOI to the State						
1	Colour coded drug kits for Designated STI clinics and TI NGO					-80793
2	RPR Test kits of 100 tests per kit					1845

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Review of Annual Action Plan 2013-14 and Progress Report 2013-14

Process Indicators 2013-14

Name of State: Kerala

Sr No	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target	1. Establish good linkages with Gynec and obs clinic, KTC and ART centre. Counselor to sit in Gynec OPD. 2. Ensure co-location 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/SWIS	Counselor of STI Clinic, Incharge of DSRC, DD STI and PO SN	Ongoing
2	Partnering with Private Sector	1. All PSU and leading private sector to be enlisted in all the districts. All the private medical colleges and half of PSU units to be identified and enlisted. 2. Meeting with State focal person of the PSU. 3. The doctors for STI to be trained. 4. All facility to report in SACS format.	DD STI, PO STI and State PSU Focal Person	Enlisting of PSU to be completed by March 30 2013. Training to be completed by July 2013
3	Training	Training plan to be made and shared with other division. All participants to be informed in advance about venue and date of training. All Training to be completed by end of September.	DD STI and PO STI and STI Resource Faculties	Incomplete training of current year to be finished by 15th March. Training for 2013-14 to be completed by June 2013.
4	Supervisory Supervision	All least 60% of poor performing STI facilities to be visited by SACS Focal Person and PO STI at least once in a quarter. All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visit.	DD STI, PO STI and STI Mentors	Ongoing
5	Supply chain Management	All doctors to be trained on Ampiclox and ribavirin 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 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. Relocate excess drug kits to NREHM facilities and seek them back once their supplies arrives	DD STI, PO STI, STI Counselor at DSRC, STI Clinic Incharge and PM of TI	Periodic Review of commodity at least once a quarter from all facilities
6	Quality of Services	1. All Patients to be provided with internal exam, multiple STI, in patients to be tracked. 2. All STI patients to undergo syphilis and HIV testing. 3. All patients to receive drug and test regularly. 4. regular prescription audit to be conducted	STI Clinic Incharge and STI STI Promoter, DD and PO STI	Ongoing
7	Vacancy	Offer Letter to be sent and counselor to be placed at earliest. DD & AD and PO STI to be positioned.	DD STI and PO SACS	By June 2013
8	NREHM Coverage	1. Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and timing of at least 1 MO to be done. 3. Budget of STI to be corrected NREHM PIP. 4. Joint review of programme to be done at least once a quarter	DD STI, PO STI State RCH officer	One joint meeting once a quarter

BLOOD SAFETY AAP 2013-14

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1.5						Acheivement (2010-		Targets		Allocation (Rs. In Lakhs)	
No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Target	Acheivement	Existing as 1st January 2013	New for 2013-14	DBS		
1.5.1	Modernisation of Blood Bank (Recurring Cost)										
		Consumables	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1				4.76
1.5.1.1	Model Blood Banks	Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendant, Security, Housekeeping, Data Entry Operator			1				6.24
		Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines			7	13			80
1.5.1.2	MBB with BCSU	Salary	2.4	Salary of 1 LT & 1 Counsellor			7	13			48
		Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			10	-6			3
1.5.1.3	MBB Without BCSU	Salary	2.4	Salary of 1 LT & 1 Counsellor			10	-6			9.6
		Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			27	-7			6.2
1.5.1.4	DLBB	Salary	1.2	Salary of 1 LT			27	-7			24
		Consumables	0	NIL			5				0
1.5.1.5	RBTC	Salary	2.4	Salary of 2 LT			5				12
		Consumables	0	Glasswares, plastic wares, Reagents and chemicals							0
1.5.1.6	Blood Storage Centers	Salary	0	NIL							0
		Salary	1.44	Salary of 1 Driver & 1 Attendant			17				24.48
1.5.1.7	Blood Transportation Vans	Recurring	0.7				17				11.9
1.5.1.8	Maintenance of BT Vans in form of POL for logistics										
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			45				15.75
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			45				4.5
1.5.4	Procurement										0
1.5.4.1	Equipments for new BCSU	Non-recurring	18	List of Equipments as per NACO guidelines			0				0
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/ CMC and calibration of essential blood bank equipments supplied by NACO							25
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				1345			33.625
1.5.5.2	Observance of Blood Donaton Days	Recurring	Actuals	Advertisement, state level and district level activities for 12th January, 14th June and 1st October							14.2
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			45				4.5
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors						280000	70

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1.5.5.5	Salary 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			5		22.2
1.5.7	Any Other Activity Contingency*							0
1.5	Blood Safety (Sub Total)							3
1.5	Blood Safety (Allocation)							431.84

*Increment as Per NACO norms

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Total licensed blood banks in the state	170
Blood banks supported by NACO	45
Target for Total Collection	350000
Target for NACO supported blood banks	280000
Target for VBD	90%
VBD Camps	1345
% Component prepared by NACO supported BCSU	80%
Commodity Items to be provided by NACO	
Blood bags	in lakhs
Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadruple 450 ml	
Testing Kits	in lakh tests
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

1	Establishment of facilities / interventions	NACO support for existing In 2012-13*	NACO support for new In 2013-14*	Proposed facilities 2013-14
				173
a	Total Blood Banks	170		45
b	NACO Supported Blood Banks	45	0	1
b1	Model Blood Bank	1	0	20
b2	Major with BCSU	7	13	4
b3	Major without BCSU	10	-6	20
b4	District Level Blood Bank	27	-7	5
c	RBTC	5	0	1
d	Blood Mobile Van	1	0	17
e	Blood Transportation Van	17	0	1
f	SBTC	1	0	
2	Blood Collection			Proposed target 2013-14
a	Total Collection for the state			350000
a1	NACO supported blood collection			280000
b	Percentage VBD for NACO supported BB			90%
c	Voluntary Blood Collection in NACO supported BB			252000
c1	Through Static			142200
c2	Through Camps			10800
c3	Through Blood Mobile Vans			9000
d	No of Camps to be conducted			1344
d1	Camp Collection			7500%
3	Component Separation			Proposed target 2013-14
a	Blood collection in NACO supported BCSU			224000
b	Percentage component separation in NACO supported BCSU			80%
4	Training			Proposed target 2013-14
a	Training of BBO			45
b	Training of Staff Nurse			45
c	Training of LTs			90
d	Training of Donor Motivators			1260
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			1260
f	Blood Bank counselor			25
5	Supervision, Monitoring and Evaluation			Proposed target 2013-14
a	Field visits to be conducted			45
b	Review meetings to be conducted			4
6	EQAS			
a	NRL			0
b	SRL			5
* Provision of NACO assistance to existing and new facilities is subject to meeting the norms for NACO support and approval of NACO. All NACO supported blood banks must possess a valid licence issued by state Drug Control Department				
6 MBB and 7 DLBB upgraded to BCSU				

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

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	

S.No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14			Remarks
					Target	Achievement	Financial allocation	Expenditure as on Dec 2012	Existing on 1.4.13	Proposed	Allocation Rs. Lakh	
2.1.1	GIA for ART Centres	Recurring	For low load centres-13.5, medium load-15, high load-17	Salary	8	8	124	82.94	8	0	112.50	(5+3)
2.1.2			0.50	Universal Work Precautions	8	8	4	0.26	8	0	4.00	
2.1.3.1			1.50	Operational Costs	8	8	12	2.43	8	0	12.00	
2.1.3.2			0.9 for caliber, 0.5 for count, 0.25 for Partac	Operational cost for CD4 testing	6	6	2.5	0.35	6	0	2.50	upgradation/replacement/additional requirement for existing
2.1.4.1		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD	0	0	0	0	0	0	0.00	
2.1.4.2			1.00	Infrastructure development Installation of CD4 machine	0	0	0	0	0	0	0.00	
2.2.1	GIA to SACS for various activities	Printing	0.50	Registers & Cards, Signages	8	8	4	4.42		0	4.00	
2.2.2		Training	1.00/ART (for states where more trainings are conducted 0.50 in other states)	Trg. of MOs, Counselors, Nurses, Pharmacists, Data Managers, LAC staff, Workshops etc.	8	8	4	2.29		0	4.00	Training as per plan submitted in AAP
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode	8	8	12	8.39		12000	14.00	includes provision for 5000 OI episodes and CPT for 2000 HIV-TB co-infection also.
2.2.4.1		LAC	0.15	One-time cost for infrastructure development	13	13	0.6	0		0	0.00	
2.2.4.2			0.378	Rec.- for TA/DA & oper. Costs, Stationery etc.	13	13	4.54	0.45	13	0	4.54	
2.2.4.3			0.96	HR for LAC Plus	0	0	0.96	0.96	1	0	0.96	
2.2.5.1		EID	3.84	HR for EID	0	0			0	0	0.00	
2.2.5.2			1.00	Cost for EID lab (Operational Cost, Infrastructure development)	0	0			0	0	0.00	
2.2.6		Viral load testing	1.10	Salary of LT	0	0				0	0.00	
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment	0	0				1		
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	0	0	1	0.45	1	0	1.00		
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs			0			0	0.00	
2.2.7.4		PPP	0.25	For contingency & miscellaneous expenditures						2	0.50	
2.3.2		Regional coordinator	9.00	Remuneration & TA/DA			0	0			0.00	
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs			0			0	0.00	
Total GIA to SACS for CST											160.00	✓

.No.	Sub-component-II	2012-13		2013-14	Commodity Assistance	
		Target	Achievement*	Target		
2.5.1	PLHA on ART	Registered	18900	17971	23000	100 % registration for positive pregnant women, 100% registration for HIV-TB coinfected. 85% for general clients. Detection during 2012-13 (April-Dec) has been approximately 1500. Thus state expected to achieve target of approximately 18500 by March end. Considering same trends and backlog which is not known, an additional target of 4500 registration has been set up
2.5.2		Alive & on ART	9040	7871	12000	100 % of those registered should undergo baseline CD4 testing. 100% of those eligible to be initiated on ART. There has been increase of nearly 105 patients per month on ART during 2012-13. Thus state expected to achieve target of about 8000 by March end. In addition there is a gap of those eligible but not initiated on ART which is not known. Assuming same trends, an additional target of 4000 during the year has been set.
2.6.1	OI episodes treated	12000	5552	12000	Targets are based on episodes reported in last year. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines.	
2.7.1	CD4 Count	CD-Machines	6	6	0	
2.7.2	Tests	CD4-Tests	27120	10752	36000	Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new cases to be




Name of State:KERALA		CST Component		Physical Indicators			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	Achievement till Dec 2012-13	Proposed 2013-14	
1	Re-establishment of facilities									
a	Setting up of new ART Centres		0	0		0	0.00	0.00	0.00	
	Infrastructure development for CD4 machines	6				0			0.00	
b	Recurring Cost (salary, WWP, operational cost for ART & CD4)	8				2	142.50	85.98	126.50	No financial implications for NACO
c	Setting up ART Centres under PPP Corporate Sector					1				No financial implications for NACO
d	Colocation of ICTC-ART PSU					1				No budgetary/implications on NACO
						5 (Medical College)				
						0				
a	One-time cost for infrastructure development					0			0.00	
b	Rec. for TA/DA & oper. Costs, Stationery etc.		13	13			4.54	0.45	4.54	
									0.96	
1	Recurring cost									
2	Recurring cost									
	Recurring cost									
	HR for EID					0				
	Cost for EID Lab					0				
	Salary of LT					0				
2	For ART/LAC staff				50 % of ART staff trained	50% of private practitioners Numbers need to be worked out	4.00	2.29	4.00	As per training plan submitted in AAP
3	Sensitisation of Private practitioners on rational prescription of ART									
	Sensitisation of HCP on WWP/PEP					240				Batch of 30 per district with ART centre (30*8)
3	Operational Cost for SACS	8099	12000	5552	46%	12000	1200	6.39	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	SCM of ARV drugs: Drug Transfers						1.00	0.45	1.00	

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Name of State:KERALA		CST Component					Physical Indicators			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	Achievement till Dec 2012-13	Proposed 2013-14				
	Printing of registers, formats & Cards, signages Remuneration & TA/DA of Regional coordinator						4.00	4.42	4.00	To be done by Sep 2013			
							0.00	0.00	0.00				
							16.00	15.90					
	Coverage and Average Target												
a	PLHIV Registered in HIV care (cumulative)	16305	18900	17971	95%	23000				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)	6536	9040	7671	85%	12000				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)	8099	12000	5552	46%	12000				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)	10433	27120	10752	40%	36000				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

KERALA				
Baseline: 1 st April 2013				
S.No.	Activity	Processes	Responsibilities	Timeline
1.	Setting up ART Centre	Nil Target		
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
		Progress of Activities to be reported to NACO every month	SACS CST (JD), SACS BSD	Monthly
3.	Setting up PPP model ART centre	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- • Setting up of facilities	• Provider of facility, Overseen	July'13(Second

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	<ul style="list-style-type: none"> • Training at CoE 	<ul style="list-style-type: none"> • by RC • Nodal Officer CoE 	Fortnightly
	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
1	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
	Emphasis on adequate and regular counseling, both for checkups/ follow ups with investigations and ART preparedness	ART centre Counsellor	Ongoing
5	Gap in those eligible & initiated on ART	Line list prepared by Counsellor, Phone calls by Care Co-ordinator, passed on to ORW at CCC	Ongoing
	Analyse reasons for the gap in performance of the ART Centre and to be investigated for further follow up during quarterly ART centre review meeting	RC, JD CST	Quarterly
	Mentoring and Monitoring visits by SACS CST officials /RC to ARTC centres with high gaps	SACS CST, RC	Quarterly
	Number to be identified for never trained, refresher training and type of health care provider	SACS CST, RC	May 2013 (second fortnight)
6	Training of Health care providers in UWP & PLP	SACS CST (JD), RC	June
	Number of batches to be trained to be finalized once total numbers are identified	NACO CST	May (first fortnight)
	Curriculum to be standardized		
	Training of Health care providers	ART Nodal Officer & SMO, Co-ordinated by SACS CST	Once every Quarter
7	Training of		

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	private providers on National ART regimen	Number of private providers to be identified	SACS CST, RC, DAPCU	May'13(Second Fortnight)
		Target for 2013-14 = 50% of PPs (Exact numbers to be worked out)	DAPCU, JD CST	2nd Quarter
		Modalities to be worked by SACS on logistics of training & involvement of IMA& or other professional organizations	SACS CST, RC, DAPCU	July
		Master trainers to be identified & trained in each state	SACS CST, CoE	July
8.	SCM	Forecasting -		
		Requirement of drugs and CD4 kits for next FY to be assessed based on previous consumption, rise in number of patients in current year (and thus expected rise in next FY) and assessed previous backlog	RC, JD CST, APD, PD	3 rd Quarter
		Above assessment to be done based both drug wise and ART centre wise		
		Send above information to ADG CST by January		January
		Storage Space-		
		Quantify amount of storage space required	Store Officer	April
		Identify current storage options - rental, possible NRHM warehouse, common facility storage	RC, JD CST	April
		Negotiate with health facility/ NRHM officials for common storage	JD CST, APD, PD, RC	May/ June
		Keep storage space available for receipt of supplies 4 days prior to schedule date for arrival of supplies	Store Officer	Ongoing
		Receipt & Dispatch -		
		CRC should be issued within 7 days of receipt of supplies	Store Officer	Ongoing
		Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	SACS CST	Ongoing
		Dispatch plan should be based on pattern of consumption for last 3 months	SACS CST	Ongoing
		Transportation – Most cost effective and efficient means of transportation to be adopted		
		Option 1: Supplies should be made to ART centres in collaboration with the general health system		
		Option 2: Supplies should be made to ART centres through physical collection by staff while attending review meetings		
		Option 3: Hiring of courier to dispatch supplies co-ordinating with BSD supplies		
		Mechanism of reviewing transportation options-	SACS CST, Store Officer / APD, PD SACS	April
		Review the logistics of the above 3 options		
		Compare the costs of the options, (by comparison of previous expenditures incurred)		May (first fortnight)
Tendering to select the most cost effective mode of transport	JD CST, APD, PD	May		
Physical Verification and Reporting -				

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279

MO-ART to physically verify stocks weekly and countersign in stock register	MO- ART	Weekly
All supervisory cadres during field visits to facilities to physically verify stocks and countersign in stock register	RC, APD	Monthly
Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected /analyzed	PD SACS, JD CST, Store Officer	Monthly
Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month	SACS CST, Store Officer	Monthly
Variance of more than 5% in drugs dispensed and stock consumption to be analyzed facility wise by DAPCU / RC - 1. On 1 st report of such variance, reasons for variance to be submitted to SACS for necessary action 2. If variance on more than one occasion, Enquiry should be done by a committee formed by PD for providing a report to NACO for necessary action which should include persons identified responsible for the variance and recommendations	1. DAPCU, RC, JD CST 2. PD, APD	Monthly
Based on reports from DAPCU / SACS analysis, visits to facilities reporting stock excess/ shortage to be conducted and analysis done. Actions to be recommended- • If drugs near expiry found - Immediate relocation within state with co-ordination by SACS CST or between states with co-ordination by NACO CST (Logistics co-ordinator) • If shortage of drugs found (less than 3 months supply) - Immediate information to be given to NACO CST (I.C) for further supply	JD CST, RC (visits) SACS CST, NACO CST SACS CST, NACO CST	Monthly

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177/2013/VII

Kerala Institutional Strengthening 2013-14				
Operational Cost	Proposal Accepted for 2012-13	Expenditure as on date	Proposal for 2013-14	Proposal Accepted for 2013-14
1 Training SACS /DAPCU	200000	0	250000	1.50
2 Equipment Maintenance	150000	68771	406000	2.00
3 Building Maintenance	100000	0	250000	1.50
4 Vehicle Maintenance	100000	22422	984000	2.00
5 Travel Expenses	1500000	1546828	1100000	11.00
6 Rent, Rates and Taxes	0			
7 Telephone/Communication Expenses	500000	284536	449195	4.00
8 Bank Charges	0			0.00
9 Miscellaneous Expenses	500000	417985	288480	2.80
10 Printing and Stationery	200000	331834	400000	4.00
11 Advertisement (Other than IEC)	400000	185152	300000	3.00
12 Water and Electricity	900000	872877	1020000	10.20
13 Medical Expenses	0	0	100000	1.00
14 Audit Fees	700000	948000	1000000	7.00
15 Legal Expenses	0		100000	1.00
16 Postage / Courier	400000	140690	180000	1.80
17 Other Administration Cost	400000	67369	400000	2.20
18 Review Meeting & Monitoring Expenses KSACS/DAPCU	200000	0		0.00
19 Office Equipments(see next sheet)	200000	85965	2290000	10.00
20 Furniture maintenance	0		125000	1.50
21 Transportaion				4.11
Total operational Cost of SACS	6450000	4972429	9842676	70.61

a. Salary

S.No	Name of the position	Type of Position	No. of DAPCUs	Monthly Salary	Pension Contribution	Leave Encashment	Yearly Total	
		Regular	Contractual					
1	District Programme Manager	2	2	49500	89100	49500	1098900	274725
2	M & E Assistant		2	12000			576000	144000
3	Accountant		2	12000			576000	144000
4	Assistant-- Vacant							
Total (For ---Districts) As per enclosed list							2250900	562725
b.	Operation Cost (DAPCU)		2				684000	171000

Note: Salary & Operatin cost of DAPCU for 3 months only.

SUMMARY: KERALA

	SACS	NACCO
Salary SACS	205.88	205.88
Operation cost SACS Sheet -1	96.43	70.61
Salary DAPCU	22.51	5.63
Operational Copst DAPCU	6.84	1.71
Total	331.46	305.84

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Answer-VII

		1 day		539*		1347500		M&E- Trainings		Q1	Q2	Q3	Q4
1	Training*	a. SIMS Induction/Refresher training	2500					M&E-Review meetings/workshops					
		b. Other Trainings/ DQA/DAPCU review cum training)	508	200 (50 * 4) * 2			2000000	M&E-Printing of reports & bulletin					
2	Reports publication (Surveillance, estimations report and SIMS report)		300	(100*200 +100*100+100*150)		45000	To be booked under "IS" in appropriate head						
3	Monitoring & Supervision visits (10 days/month)#	days per mor	2000	10days/month *12			Surveillance; Honorarium to sentinel site personnel, Surveillance -Honorarium to testing lab personnel, Surveillance -Supervision and field visits at SACs, Surveillance - Other Condtgencies						
4	HIV Sentinel Surveillance**		597600			597600							
Total Budget*						2190100							

* Under SIMS Induction / Refresher training we have included FICTCs in ICTC services. Blood Banks include Private also.

* The computers in the division are non-compatible for doing SIMS. The division requires six computers, a Laptop and a data card.

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

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

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

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

Sl. No.	Budget Head (Description)	Sub-Head (Description)	Unit cost (Rs)	No. of persons to be trained	Estimated budget
1	Training*	a. SIMS Induction/Refresher training b. Other Trainings(DOA/DAPCU review cum training)	2500 500	539* 200 (50 *4) * 2	1347500 200000
2	Reports publication (Surveillance, estimations report and SIMS report)		300	(100*200 +100*100+100*150)	45000
3	Monitoring & Supervision visits (10 days/month)#		2000	10days/month *12	
4	HIV Sentinel Surveillance**		597600		597600
Total Budget					2190100

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

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

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

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Monitoring and Evaluation				
SIMS training	As per the quarterly plan. All personnel should be trained	As per timeline prescribed in AAP	MEO	
SIMS reporting	90% or more in all component	By end of 1st Quarter	MEO	
Data quality	Aggregated monthly data from reporting units, district and state level should be verified by cross-checking three months data of Key Indicators (2-5 indicators) of each component		SE/MEO	
Data analysis and Report publication	Quarterly SIMS bulletin/factsheet	By end of every Quarter	DD (MES)/SE/MEO/SO	
	Annual SIMS Report	In Fourth Quarter	DD (MES)/SE/MEO/SO	
M&E visit	All non-reporting/laggard reporting units to be visited	In First Quarter	DD (MES)/SE/MEO	
	All other reporting units to be visited in Subsequent quarters (15 RU's per month by SIMU Team @ 2 RU's per visit day)		DD (MES)/SE/MEO	
Filling up Vacancy posts	Onsite Training to be provided during field visits	Every Field Visit	DD (MES)/SE/MEO	
Surveillance	Filling up of all vacancy position In SIMU	In First Quarter	Project Director	
HSS 2010-11 Publications	i) In-depth analysis and state report for HSS 2010-11	April- June 2013	DD (MES)/SE/MEO	
HSS 2012-13 Publications	ii) Preliminary analysis and state bulletin for HSS 2012-13	By August 2013	DD (MES)/SE/MEO	
IBBS-PSA	iii) Sharing of district wise HRG Information with Hot spots	By April 2013	DD (MES)/SE/MEO	
	iv) Facilitation, Monitoring and Supervision of IBBS PSA in select domain	June-August 2013	DD (MES)/SE/MEO	
Roll out of IBBS	v) Monitoring and Supervision of IBBS Field Work	September'13-January 2014	DD (MES)/SE/MEO	

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