

T-11017/24/2013-NACO (F)  
Government of India  
Ministry of Health & Family Welfare  
Department of AIDS Control

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

To,

**The Project Director,  
Manipur 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 7<sup>th</sup> February, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs. 2853.85 Lakh (Rupees Twenty Eight Crores Fifty Three Lakh and Eighty Five Thousand only) as per table given below:

Component	DBS	Pool fund	GF	Total
<b>Prevention</b>				
		1300.51		1300.51
Targeted Intervention				
Sexually Transmitted Infections	23.10			23.10
Blood Transfusion Services	70.98			70.98
Information, Education & Communication	174.89			174.89
Link Workers Scheme	188.78		134.84	323.62
ICTC/PPTCT/HIV-TB	98.37		229.53	327.90
	556.12	1300.51	364.37	2221.00
	267.77			267.77
<b>Care, Support &amp; Treatment</b>				
Institutional Strengthening & Project Management	347.11			347.11
Strategic Information Management System	17.97			17.97
<b>Grand Total</b>	1188.97	1300.51	364.37	2853.85

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

The above approval is subject to the following conditions:

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

10. The Physical targets as indicated are as per baseline figures reported by SACS and targets for the year 2013-14 agreed with. The targets also correspond to the funds available for the current financial year. Changes if any will be only with concurrence of DAC. The approval of Budget may also 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 1<sup>st</sup> April 2013**. Salaries expenditure under ISPM is to be incurred for sanctioned posts.
13. The Procurements under various Funds/Components are to be made as per details given below:
  - i. Procurement under various Global Fund Rounds as per World Bank Procurement Guidelines;
  - ii. Procurement under DBS to be made as per General Financial Rules-2005 as amended from time to time;
  - iii. Procurement under TI component is to be made as per World Bank Procurement Guidelines for goods and services as this component is likely to be reimbursed retroactively by World Bank.

Yours faithfully,



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

**Copy to:**

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

S.No.	Sub-Component	Cost Head	Unit cost in Lakh (Range)	Kernal Activities	TI Achievement (2012-13)		TI Targets (2013-14)		Total
					Target	Achievement during the year	Existing as on 01.04.2013	Transition from Partners	
1.1.1	FSW	Grant to TI Projects	8 to 24 lakhs based on coverage	Cost for basic infrastructure human resource programme and service delivery	4	4	0	0	4
1.1.2	MSM				47	47	0	0	53
1.1.3	IDU				0	0	0	0	0
1.1.4	TG/HIra				1	1	0	0	1
1.1.5	Core Composite				0	0	0	0	0
1.1.6	Migrants (Source)				0	0	0	0	0
1.1.7	Migrants (Transit)				2	2	0	0	2
1.1.8	Migrants (Destination)				0	0	0	0	0
1.1.9	Truckers				0	0	0	0	0
1.1.9	Training of State TOT/STTC Refresh training	Grants to agencies	8 to 40 lakhs	Cost for training as per norms and management cost of 25,000/- per norms and Cost for TA, DA and documentation	0	20	0	0	20
1.2.0	JAT/ Evaluation	Professional services	25,000-40,000 per unit		0	0	0	0	0
1.2.1	OST centre maintenance				0	0	0	0	0
1.2.2	Any other				0	0	0	0	0
1.2.3	Any other				0	0	0	0	0
<b>Detailed guidelines on Employer Led Models would be issued by NACO</b>					<b>TOTAL (Rs. in Lakhs)</b>				<b>1300.51</b>

Category	No. of districts	Migrants (Transit)	No. of sites	Cost (Rs. in Lakhs)
FSW	1	0	2	0
MSM	3	0	1	0
TG/HIra	0	0	0	0
IDU	16	6	24	0
OST	0	0	0	0
Core Composite	0	0	0	0
Migrant (Dest.)	1	0	1	0
Trucker	0	0	0	0
Migrant (Source)	0	0	0	0

W  
 DR

Targeted Interventions

Member

YEAR

2013-14

	Less than 400	400-799	800-999	1000-1499	1500 and above	Old	New
FSW							
MSM							
TG/Hypa							
IDU							
OST CENTER (GOVT.)	Less than 400	400-499	700-999	1000-1499	1500 and above		
Core Composite	11.341	18.78	18.68	18.67	18.67		
Bridge Population	5001-8999	10000-11999	12000 and above				
Migrant (Dist.)	8.77	12.87	12.32	15.26	15.26		
Trucker	6000-9999	10000-29999	30000 and above				
Migrant (Source) per district	9.13	16.57	15.17	39.99	39.99		
	13.87	13.05		1.92	1.07		

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

	Less than 400	400-799	800-999	1000-1499	1500 and above	Migrants (Source)	Migrants (Treaty)
Unit cost for training per person per day (Rs. In Lakh)							
Unit cost per TI for evaluation (Rs. In Lakh)							
Unit cost per TI for JAT visit (Rs. In Lakh)							
Unit cost per OST feasibility assessment							
						PM	ORW
						0	0

*Dee*

Maintur SACS IEC & MS Annual Action Plan 2013-14

Annexure III 3

Information Education & Communication (IEC)											
1.2	5.No.	Sub-Component	Cost Head	Unit Cost **	Items/activities	Achievement (2012)	Target	Achievement	Target (13-14)	Amount in Lakh	Source of funding
								Carried forward	Carried forward		
	1.2.1	Mass Media	Spots on AIR Imphal	1852/10 sec as per AIR, Imphal rate.	Radio spots/jingles on Primary and FM channel of AIR Imphal, before news bulletin, during news bulletin, youth programme and rural programme.	14	14		14	2.48	NACO
			Spots on local Cable TV Network	150/10 seconds on ISTV Network.	This is local cable TV with news and entertainment programmes. They give 6 frequency per day per spot and charged a fixed price of Rs.450 per day. Spots on various topics of HIV and AIDS will be telecast.	100	600		400	1.80	NACO
			TV								
			Spots on AIR Imphal	1. 15050/- as production cost per episode and 20220 as broadcast fee for 10 episodes of 15 min radio drama as per AIR, Imphal rate. 2. 19435/episode/production and broadcast of 1 episode of 30 min live-phone-in programme as per AIR, Imphal rate.	Production & broadcast of 10 episode radio drama and 4 live-phone-in programme.	14	14		14	2.48	NACO
			Long format Radio programs (30 mts./15 mts duration)								
			*** Newspaper Adverts	Rs 100 per col/cm for B/w publication and 400 per col/cm for colour publication.	20 publication during special events- WAD, IWD, IVD, IACMD and WAOD (size 4 col x 20 cm colour 4 insertions each) and 10 publication of list of service centres, ART centres and other HIV/AIDS themes (size 3 col x 15 cm B/w)	12	9 (3 to publish during IWD)		30	3.00	NACO
			Sending of Bulk SMS	10 Paise per sms for BSNL and other private mobile service providers like AIRTEL, AIRCEL, IDEA, RELIANCE, VODAFONE etc.	Sending of SMS carrying information on HIV and AIDS to mobile customers. 3 lakh each for each mobile service provider in the state.	3 lakh	3 lakh		10 lakh	1.00	NACO
			Printing / replication of IEC Materials	1. Rs 12 for poster; 2. 0.8p for leaflet; 3 Rs 4/- for booklets; 4. Rs 20 for donor badges; 5. Rs 7 for donor certificate; 6. Rs 450 for penis model.	1. 900 flipcharts on 4 themes; 2. 750 information panels on 6 themes; 3. 21,500 posters on 13 themes & 7,31,000 pamphlets on 12 themes.			3.5		8.00	NACO
	1.2.2	Printing of material	Newletter	Rs. 4000 per issue	500 copies each	2	0	2	Carried forward	0.08	NACO
		Sub-head								8.08	
				38 permanent hoardings erected at 25 petrol pumps, 10 STI Clinics and 3 at ISBT		38	Carried Forward	38	Carried over	7.20	NACO
				AMC for 69 permanent hoardings erected at Service centres, CCC		69	Carried Forward	69	Carried over	5.00	NACO
				Rented Hoarding at Strategic locations	Rs 8500 per hoarding for 1 months including flex printing	22	Carried Forward		Carried over	5.00	NACO
					4 each at Senapati, Ukhrul & Thoubal; 3 each at Chandrad and Bishnupur; 2 each at Tamenglang and Churachandpur; 5 at Imphal East and 6 at Imphal West						

DDao

1.2.3	Outdoor & Mid Media	Hiring of IEC vans, branding IEC vans	Vans hired on State Govt.'s Gazette rate (2008). Rs 2776 inclusive of fuel for 1 day in valley districts; Rs 3192 inclusive of fuel for 1 day in hill districts alongwith holding charge of Rs 1174 in hill districts	2	Carried Forward	2	Carried over	6.00	NACO
		Hiring of folk troupes	Rs 4000/- per performance as per S&DD approved rate.	150	Carried Forward	150	Carried over	4.50	NACO
		Training of folk troops & Review meeting	Training: Rs 800 x 80 participants Review: Rs. 800 x 30 participants	1	1	1	0.88	NACO	
		Display of messages on auto rikshaws etc.	DPR has not formulated any rates for display of messages in autos	1000	Carried Forward	1000	Carried over	1.00	NACO
		Wall writings of size 3 ft x 6 ft	0.01	1000	850		0.00	NACO	
		Roadside information panels (2ft X 3ft)	0.009	200	Carried Forward	To be carried over	1.00	NACO	
		Special Intensified Campaign in 1 high prevalence uncovered districts	1	Rs 100000 per block per district		3	1.00	NACO	
		Exhibition & other activities like CME etc	0.2	20	18	20	4.00	NACO	
		Sub total					35.58		
		1.2.4	other	Events	WAD State level event Rs 5.22 lakhs and Rs 50000/- for district observance; Rs 30,000/- each for State level ICAMD and WAOB observance; Rs 10,000/- each for district level events for IACMD, IVD, IDADA & IWD; Rs 1,50,000/- for construction of Republic Day 2014 parade tableau/gate	14	21	48	15.42
Help line	Rs 4 lakhs per Helpline			4	4	0	16.00	NACO	
M & E, Documentation	1. 1.2 lakh for printing of 500 copies of Annual Report; 2. Rs 1000/- for supervisory visit; 3. Rs 400/- for monitoring visit for folk performance by DST						182	2.52	NACO
Sub total							33.94		
1.2.5 Youth Programmes									
1.2.5	Youth Programmes	Adolescence Education Programme	Refresher training for teachers and monitoring Rs 600 and Rs 400 for school level activities.	300	Carried Forward	300	Carried over	3	NACO
		RRCs in colleges and University	Rs. 9000/- each for new RRCs and Rs 4000 each for existing 40 RRCs.	11	Carried Forward	5	Carried over	2.05	NACO

DRao

	Sensitisation of new College Principals and NSS programme Officers	Rs 800								
	Out of School Youth	Rs. 5000 per youth club	20 youth clubs formed in rural areas under NYKS	0	0			1	0.24	NACO
		1. Piggy back events to concentrate on district specific traditional & cultural festival, seasonal festival, sports. Rs. 1 lakh for 3 state level events, Rs. 70000 for 3 festivals and Rs. 50000 for 5 festivals.	1. Piggyback events - Orange Festival, Kadhal Lemon Festival, Lull-Ngal-Nil, Chakkam Gaan Ngal, Manipur Sangal Festival, Kut Festival, Chayan Kuminrin Fest, Miss Transgender Beauty Contest, Sir Churachand Singh Memorial Football Tournament.	7	7			8	7.60	NACO
	Multi-Media Campaign	2. Stand-Alone activities to concentrate on Choir competition, Inter-School Quiz Competition. Rs. 4.5 lakh for 1 event, Rs. 50000 each for 5 district level events, Rs. Inter-school Quiz Competition for Rs. 10 lakh	2. Stand-Alone: Choir competition in 5 hill districts, Modern Song competition in 4 valley districts; Inter-School (Cl. IX-XII) Quiz Competition.	2	2			2	17.50	NACO
	Sub-Total								31.39	
	Mainstreaming Training and Advocacy etc	Front line health workers, Govt departments, youth, industrial workers, Uniformed personnel etc	FBDS, tribal leaders, women leaders, CSOs, brick kiln owners, bankers, private bus operators, Autonomous District Council members, PRIs, State Academy of Training, film makers and scriptwriters etc	1107	3297			6746	47.24	NACO
	Sub-Total								47.14	
1.2.7	Drop in Centre & GIPA	Rs. 137 lakhs per DIC for 3 months	Existing DICs at Imphal West, Imphal East, Ukhrul and Thoubal districts		4			4	5.48	NACO
									5.48	

\*\* Attached are Annexures A, B & C  
 \*\* For radio and TV spots, unit cost may be calculated and indicated in the plan for every 10 second spot wise  
 For unit costs under outdoor, folk, printing etc, reference rates of DAVP/State Departments of Information and Public Relations/SACS Procurement rates may be taken

*DR*  
*22/3/13*



MANIPUR				
Sr. No.	Component	Physical Targets 2013-14	Timeline	Process Indicators
1	<b>Mass media</b>			
	Spots on Local Cable TV Channels	400	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 5. May Wk2	1. Finalization of themes, spots and channels. 2. Gathering DAVP/DIPR rates 3. Negotiation on best rates 4. Release of work order, time slots for telecast and frequency. 5. Start of telecast of spots on daily basis 6. Tracking through log sheet
	Radio spots on AIR	200	1. April Wk1 2. April Wk1 3. April Wk2 4. May Wk1 5. May Wk2	1. Finalization of themes. 2. Negotiation on best rates 3. Decision on timing & frequency 4. Release of placement schedule along with work order 5. Start of broadcast of spots on daily basis 6. Tracking through log sheet
	Long format Radio programme (15 and 30 min.)	14	1. April Wk12. April Wk1 3. April Wk2 4. May Wk1 5. May Wk2-4 6. June Wk1	1. Finalization of themes, and programme 2. Negotiation 2. Negotiation on best rates 3. Decision on timing & frequency 4. Release of placement schedule along with work order 5. Production of the programmes 6. Start of broadcast of the programme 7. Tracking through log sheet
	Newspaper	20	1. April Wk1 2. April Wk1 3. April Wk4 4. May onwards	1. Decision on events, no. of ads per event and no. of newspapers 2. Gathering rates (DAVP/DIPR) 3. Release of placement schedule along with work order 4. Tracking of releases, obtaining copies containing Advt.
	Sending of Bulk SMS	3 lakh	1. April Wk1 2. April Wk1 3. April Wk2 4. May Wk2 5. As per schedule of events	1. Finalisation of messages and identification of mobile service providers. 2. Communication with service providers. 3. Messages shared with NACO 4. Finalization of schedule of sending the sms. 5. Release of work order and start of sending sms 6. Tracking report
2	<b>IEC material &amp; Newsletter</b>			
	Printing of IEC material	Based on requisition by prog divisions	1. April Wk 2 2. April Wk 3 3. May Wk1 4. May Wk 5 5. Periodic 6. As per demand 7. Ongoing	1. Requisition from program divisions. 2. Assessment of present stock. 3. Tender process – short-listing by tender opening committee through technical & financial bids 4. Selection of firm. 5. Issue of work order with delivery timeline. 6. Distribution plan through prepared matrix plan for TIs and service centres. 7. Monitoring of IEC materials which are used by

	Newsletter	2 issues	1. June Wk1 2. June Wk 2 3. June Wk 3 4. July Wk 1 5. July Wk 2 6. June Wk4	end-users. 1. Invitation of write-ups from program divisions 2. Compilation of write-ups 3. Tender process – short-listing by tender opening committee through technical & financial bids 4. Selection of firm. 5. Issue of work order with delivery timeline 6. Distribution plan
3	Outdoor & Mid media			
	Permanent Hoarding			Processed complemented, implementation awaited
	AMC for permanent hoardings		1. April Wk 3 2. May Wk 1 3. May WK 3 4. May Wk 4 5. June Wk 1	1. Identification of sites 2. Assessment done through respective DAPCUs through a common format. 3. Tender process – short-listing by tender opening committee through technical & financial bids 4. Selection of firm 5. Issue of work order along-with completion time-line.
	Rented Hoarding		Processes completed, carried forward activity	1. Tender process completed. 2. Work order issued. 3. 22 hoardings in place; will complete one month in April. 4. Theme as per NACO campaign calendar. 5. Theme to be changed in May 2013.
	Fabricating IEC vans, branding IEC vans		Some Processes completed, carried forward activity 3. April Wk1 4. April Wk1	1. Two IEC vans selected through EOI. 2. MoU signed. 3. Route plan developed 4. Commencement of roll out
	Hiring of folk troupes		1. April Wk 2 2. April – June 3. Ongoing 4. July Wk 1 5. July Wk4	1. Route plan prepared in consultation with DST and in place. 2. Roll out as per the route plan. 3. Monitoring of performance by DST and SACS officials. 4. Reporting by performing troupes on NACO format. 5. Report sharing with NACO. 6. To target 80% of the performance during Qtr 1.
	Training of folk troupes and Review meeting		1.	1.
	Display of messages on auto rickshaws etc.		2. April Wk 2 3. April Wk 4 4. May Wk 1 5. May Wk 2	2. Identification of intra-district and inter district routes 3. Finalisation of messages and creative 4. Creatives and messages shared with NACO

			6. June Wk 2 7. July Wk1 8. Sept Wk1 9. Sept onwards	5. Tender process – short-listing by tender opening committee through technical & financial bids 6. Selection of firm 7. Issue of work order along-with completion time-line. 8. Implementation 9. Monitoring & documentation
	Roadside information panels (2ft X 3ft)		1. Apr Wk 2 2. Apr Wk 3 3. May Wk 1 4. May wk 2 5. May Wk 3	1. Finalisation of messages and creatives 2. Invitation of rate quotations from registered & reputed firms. 3. Tender process – short-listing by tender opening committee through technical & financial bids 4. Selection of firm 5. Issue of work order along-with completion time-line.
	Exhibition & other activities like CME etc	20	Throughout the year	1. Identification of need based activities. 2. Development of activity plans 3. Implementation according to the schedule 4. Documentation, and sharing with NACO
	Special Intensified campaign in 3 high prevalence districts	1	1. June Wk1-2 2. July WK1-2 3. July Wk 3 4. July Wk 4 5. Aug Wk 1 6. Aug Wk 1 7. Oct Wk 1 8. Oct Wk 2	1. Consultation meeting with respective DAPCUs. 2. To identify media dark & uncovered areas in the districts 3. Meeting with youth clubs and women societies of the identified areas. 4. Chalking out of methodology 5. Selection of implementing youth clubs and women societies. 6. Signing of ToR with selected YCs and women societies. 7. Submission of reports 8. Analysis of report and sharing with NACO.
	<b>Events &amp; other</b>			
	Events	48	As per event calendar	1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (event-wise) and sharing with districts 3. Disbursement of funds to districts 4. Monitoring of activities at districts 5. Documentation, district-wise 6. Gathering of SOE
	Help line	4	1. Quarterly basis	1. Supportive Supervisory visit to Helplines 2. Cross-checking of calls record maintained by respective Helplines with the records of service provider (BSNL).

	M & E, Documentation	182	1. April Wk 2 2. April Wk 4 3. May Wk 1 4. May Wk 2 5. May Wk 3	1. Invitation of write-ups from program divisions 2. Compilation of write-ups 3. Tender process – short-listing by tender opening committee through technical & financial bids 4. Selection of firm. 5. Issue of work order with delivery timeline 6. Distribution plan. 7. Identification of activities for monitoring by SACS officials. 8. Documentation of all field level activities, and shared with NACO 9. Monitoring of folk performance by DST
4	<b>Youth Programme</b>			
	<b>Adolescence Education Programme</b>		1. May Wk2-4 2. June Wk 2	1. List of teachers along with names of schools identified. 2. Resource pool for AEP identified 3. Training of teachers 4. Monitoring of its implementation. 5. Sharing of reports with NACO
	<b>RRCs in colleges and University</b>	5	1. May Wk2 2. May Wk3 3. June Wk1 4. July Wk 2	1. Listing of all technical colleges. 2. Sensitisation of college principals and NSS coordinator. 3. Disbursement of funds along with list of activities to be taken up. 5. Calendar of activities 6. Monitoring of activities 7. Documentation
	<b>Sensitisation of new College Principals and NSS programme Officers</b>	1	1.	1.
	<b>Out of School Youth</b>	0	2. Apr Wk 4 3. June Wk1 4. June Wk1 5. Periodic 6. End line	2. Listing of all Youth clubs 3. Disbursement of funds along with list of activities to be taken up. 4. Calendar of activities 5. Monitoring of activities 6. Documentation
	<b>Multi-Media Campaign</b>			1.
	<b>Multi-Media Campaign</b>	10	As per MMC activity plan	2. Listing of piggyback events focusing on district based festivals & major events. 3. Drawing of activity plan with time-line. 4. Implementation as per activity plan. 5. Monitoring of campaigns by SACS officials and DAPCUs. 6. Documentation and sharing with NACO.

<b>5</b>	<b>Mainstreaming &amp; Advocacy</b>			
	Training	<b>136</b>	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk2</li> <li>4. April Wk3</li> <li>5. April Wk4</li> <li>6. May Wk2</li> <li>7. May Wk4 onwards</li> <li>8. Along trainings</li> <li>9. All trainings</li> <li>10. All trainings</li> </ol>	<ol style="list-style-type: none"> <li>1. Listing of categories of trainees</li> <li>2. Gathering the universe of trainees</li> <li>3. Information of coverage so far</li> <li>4. Development of training calendar</li> <li>5. Decision on training agencies</li> <li>6. Training of trainers</li> <li>7. Execution of trainings</li> <li>8. Detailing of follow up activities</li> <li>9. Monitoring</li> <li>10. Documentation of all trainings as per calendar</li> </ol>
	Mainstreaming Training and Advocacy			
<b>6</b>	<b>DIC &amp; GIPA</b>			
	DIC for PLHA	<b>4</b>	<ol style="list-style-type: none"> <li>1. April</li> <li>2. June-July</li> </ol>	<ol style="list-style-type: none"> <li>1. Listing of activities &amp; guidelines</li> <li>2. Disbursement of funds</li> <li>3. Listing of PLHIVs</li> <li>4. Monitoring of activities</li> <li>5. Documentation</li> </ol>
<b>Total</b>				



1.3		Physical Targets for Manipur 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	54	0	0	0	
2	Mobile ICTCs	6	0	0	0	
3	Facility Integrated ICTCs	18	10	4	14	
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	8	0	1	1	
5	PPP ICTCs in Private Sector Industries	0	0	0	0	
6	PPP ICTCs in Public Sector Industries	0	0	3	3	
<b>Colocation of Facilities</b>		Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14	
1	Medical College Level	2 out of 2	0	0	2 out of 2	
2	District Hospital Level	0 out of 7	0	7	7 out of 7	
3	Sub District Level	0 out of 0	0	0	0	
<b>Physical Coverage Targets</b>		Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target	
1	Testing for General clients	50000	44910	66728		
2	HRG testing	54444	24360	51400	Two time testing in 100% of HRG covered by TI	
3	Bridge population testing	NA	NA	4500	30% migrants and 15% truckers	
4	STI Clinic In-referrals testing	NA	NA	2000	100% DSRC attendees	
5	Out Referrals from ICTC to STI	1003	1120	675	100% DSRC attendees	
6	HIV-TB Cross referral	5000	2170	5000	80% of TB patients and 5% of ICTC clients (Non-ANC)	
7	HIV/TB coinfection to be detected	150	55	150	90% of HIV infected TB notified cases	
8	Testing for ANC	45000	35722	45569	50% of the estimated pregnancies	
9	Detection of HIV+ve pregnant women	247	125	250	50% of estimated positive pregnancies	
* Achievement upto December 2012						
<b>Linkage Targets</b>		Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition	
1	ICTC to ART (GC)	NA	NA	85%	HIV +ve general clients to be linked to ART centres	
2	PPTCT to ART	NA	NA	100%	HIV +ve pregnant women to be linked to ART centres	
3	TI to ICTC	NA	95%	90%	HRGs referred from TI reaching ICTC	
4	STI to ICTC	NA	112%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics	
5	TB to ICTC	NA	59%	90%	Notified TB cases reaching ICTC	
6	HIV/TB to ART	NA	55%	90%	HIV infected TB notified cases reaching ART	

*DR*

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

S.No	Type of Training	Category of Participant	Number of persons to be trained	Duration	Unit Cost	Training Cost	Training Plan ( April 2013-March 2014)			
							Quarter 1	Quarter 2	Quarter 3	Quarter 4
1	Induction ( Stand alone ( Inc. Mobile)	Counselor Lab-Tech	0 0	12 5	800 800	-				
2	Refresher ( Stand alone ( Inc. Mobile)	Counselor Lab-Tech	65 66	5 5	800 800	260,000 264,000		2	1	1
3	Induction (FI- ICTC +PPP )	Staff nurse (FI ICTC) Lab Technician	15 15	5 5	800 800	60,000 60,000			1	1
4	Refresher (FI- ICTC +PPP )	Staff nurse (FI ICTC) Lab Technician	18 18	3 5	800 800	43,200 72,000			1	2
5	Induction/ Refresher	District supervisor Full site Sensn. Dist. Hosp	9 18	5 1	800 10,000	36,000 180,000			1	8
6	Sensitization (No. facilities to be mentioned)	Full site Sensn SDH/RH ICTC Counselor	65 80	1 2	5,000 800	325,000 128,000	10	25	25	5
7	HIV-TB training	Medical Officer District ICTC supervisor MO-TC/MO-ICTC ART MO RNTCP STS/STLS District TB-HIV & DOTS Plus Supervisor (RNTCP)	70 9 13 9 29 9	1 2 2 1 2 2	400 800 800 400 800 800	28,000 14,400 20,800 3,500 46,400 14,400		1	1	1
8	Multi Drug Regimen Training for PPTCT	Medical Officer District supervisor MO ARTCs Others (Medical 3 days / Para medical 2 days) ANM	54 9 20 35	3 2 3 3	800 800 800 800	104,000 129,600 14,400 84,000	2	1	1	1
9	Training on whole blood screening	Labour Room Nurse DMC LT (RNTCP) STLS MO	200 0 0 20	2 2 2 3	400 400 400 800	160,000 - - 48,000		3	1	3
10	ICTC Team Training	Lab-Tech Nurse Counselor	20 20 20	3 3 3	800 800 800	48,000 48,000 48,000		2	2	2
10	Training of ASHA facilitator & Community Mobiliser	ASHA Facilitator & Community Mobiliser	203	2	800	324,800		3	3	3
12	NACP/NRHM convergence training	CMO/DFWO/DTO/DACO/DIS/ DPM	54	1	1,000	54,000			1	
Total						2,666,600				

D Ra



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

*DBA*



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

DRas

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

*DBao*

14

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

DDas



S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. in Lakhs)
1.4.1	Establishment of New Facilities (One Time Grant)	One time cost	50,000	2 no of centres	for procurement of 2 computers at Senapati and Imphal West DSRC	Pool Fund 1
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	10 no. of counsellor	Counselor salary	13.2
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	10 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	4.4
1.4.4	Procurement	Recurring	25000 per centre	10 no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC and VDRL/RPR Rotator	2.5
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	10 no. of DSRC and no. of districts	TA/DA documentation and communication cost to supervisory team, review meetings, TA/DA for outreach by DSRC counselors	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				
						<b>23.1</b>

1	STI/RTI episodes to be managed by Designated STI clinics	
2	STI/RTI episodes to be managed by TI-NGOs	10802
3	STI/RTI episodes to be managed by Private sector	10183
4	Total target of STI/RTI episodes for SACS	619
5	STI/RTI episodes to be managed by NRHM	21603
		15431

1	Designated STI/RTI Clinics	10			
2	TI STI providers	65		0	10
3	sector	0			65
4	NRHM health facilities upto PHC	88			0
5	PPP ICTC	4			88
6	Regional STI Centres	0		0	4
7	State Reference Centres	0			0
					0

1	Colour coded drug kits for Designated STI clinics and TI NGO	
2	RPR Test kits	28188
		454

*DDaw*

*S. S. S. S.*

BLOOD SAFETY AAP 2013-14

Annexure - V

State Manipur

S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Acheivement (2010-11)		Targets		Allocation (Rs. In Lakhs)
					Target	Acheivement	Existing as 1st January 2013	New for 2013-14	DBS
1.5.1	Modernisation of Blood Bank (Recurring Cost)								
1.5.1.1	Model Blood Banks	Consumables	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1		4.76
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendent, Security, Housekeeping, Data Entry Operator			1		6.24
1.5.1.2	MBB with BCSU	Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines			0		0
		Salary	2.4	Salary of 1 LT & 1 Counsellor			0		0
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1		0.75
		Salary	2.4	Salary of 1 LT & 1 Counsellor			1		2.4
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1		0.31
		Salary	1.2	Salary of 1 LT			1		1.2
1.5.1.5	RBTC	Consumables	0	NIL					0
		Salary	2.4	Salary of 2 LT			1		2.4
1.5.1.6	Blood Storage Centers	Consumables	0	Glasswares, plastic wares, Reagents and chemicals					0
		Salary	0	NIL					0
1.5.1.7	Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendent			2		2.88
1.5.1.8	Maintenance of BT Vans in form of POL	Recurring	0.7				2		1.4
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contingency			0		0
1.5.2	Training	Recurring	0.35	Training of one BB-MO, two LT, one Nurses per NACO supported Blood Bank, One BSC-MO & One BSC LT, Clinicians on rational use of blood, Training of Donor Motivators			3		1.05

f

SA

DR



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

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	50,000	2 no of centres	for procurement of 2 computers at Senapati and Imphal West DSRC	1
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	10 no. of counsellor	Counselor salary	13.2
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	10 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	4.4
1.4.4	Procurement	Recurring	25000 per centre	10 no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC and VDRL/RPR Rotator	2.5
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	10 no. of DSRC and no. of districts	TA/DA documentation and communication cost to supervisory team, review meetings, TA/DA for outreach by DSRC counselors	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				23.1
1 STI/RTI episodes to be managed by Designated STI clinics						10802
2 STI/RTI episodes to be managed by TI-NGOs						10183
3 STI/RTI episodes to be managed by Private sector						619
4 Total target of STI/RTI episodes for SACS						21603
5 STI/RTI episodes to be managed by NRHM						15431
1	Designated STI/RTI Clinics		10			10
2	TI STI providers		65			65
3	sector		0			0
4	NRHM health facilities upto PHC		88			88
5	PPP ICTC		4			4
6	Regional STI Centres		0			0
7	State Reference Centres		0			0
1 Colour coded drug kits for Designated STI clinics and TI NGO						28188
2 RPR Test kits						454

D. D. D.

1.5.3	Supportive Supervision	Recurring	0.1	T/DA for visit to the NACO supported blood banks, Monitoring visits to VBD camps, Core Committee supervisory visits			3		0.3
1.5.4	Procurement								0
1.5.4.1	Equipments for new BCSU	Non-recurring	18	List of Equipments as per NACO guidelines					0
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/ CMC and calibration of essential blood bank equipments supplied by NACO					4
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, T/DA to staff				47	1.175
1.5.5.2	Observance of Blood Donation Days	Recurring	Actuals	Advertisement, state level and district level activities for 12th January, 14th June and 1st October					20
1.5.5.3	Development of IEC material	Recurring	0.1	Design, development, translation and replication of IEC material for promotion of Voluntary blood donation including thank you cards, certificates of appreciation, pins, badges, hoardings			3		0.3
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				27800	7.0
1.5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms				1	2.88
1.5.6	External Quality								0
1.5.6.1	NRL		6.54				1		6.54
1.5.6.2	SRL		4.44				1		4.44
	contingency*								1
1.5.7									
									70.98

Increment as per NACO norms\*

Total licensed blood banks in the	4
Blood banks supported by NACO	4
Target for Total Collection	27800
Target for NACO supported blood	27800
Target for VBD	70%
VBD Camps	47
% Component prepared by NACO	80%
Commodity Items to be provided by NACO	
<b>Blood bags</b>	in lakhs
Single	
Double 350 ml	

*SL*

*DR*

Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadruple 450 ml	
<b>Testing Kits</b>	<b>in lakh tests</b>
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

f

Ddas

1	Establishment of facilities / interventions	NACO support for existing in 2012-13*	NACO support for new in 2013-14*	Proposed facilities 2013-14
a	Total Blood Banks			4
b	NACO Supported Blood Banks	3	0	3
b1	Model Blood Bank	1	0	1
b2	Major with BCSU	0	0	0
b3	Major without BCSU	1	0	1
b4	District Level Blood Bank	1	0	1
c	RBTC	1	0	1
d	Blood Mobile Van	0	0	0
e	Blood Transportation Van	2	0	2
f	SBTC	1	0	1
<b>2</b>	<b>Blood Collection</b>			<b>Proposed target 2013-14</b>
a	Total Collection for the state			27800
a1	NACO supported blood collection			27800
b	Percentage VBD for NACO supported BB			70%
c	Voluntary Blood Collection in NACO supported BB			19460
c1	Through Static			15960
c2	Through Camps			3500
c3	Through Blood Mobile Vans			0
d	No of Camps to be conducted			47
d1	Camp Collection			50 units
<b>3</b>	<b>Component Separation</b>			<b>Proposed target 2013-14</b>
a	Blood collection in NACO supported BCSU			22240
b	Percentage component separation in NACO supported BCSU			80%
<b>4</b>	<b>Training</b>			<b>Proposed target 2013-14</b>
a	Training of BBO			3
b	Training of Staff Nurse			3
c	Training of LTs			6
d	Training of Donor Motivators			150
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			60
f	Blood Bank counselor			2
<b>5</b>	<b>Supervision, Monitoring and Evaluation</b>			<b>Proposed target 2013-14</b>
a	Field visits to be conducted			3
b	Review meetings to be conducted			2
<b>6</b>	<b>EQAS</b>			
a	NRL			1
b	SRL			1

\* Provision of NACO assistance to existing and new facilities is subject to meeting the norms for NACO support and approval of NACO. All NACO supported blood banks must possess a valid licence issued by state Drug Control Department

*DLA*

1	1	Inclusion of Blood Banks under NACO support	
4		Identification of facilities which meet the norms for NACO support as BCSU, MBB, DLBB.	By April 2013 JD BS SACS
5		Review of existing facilities already under NACO support as BCSU, MBB, DLBB as to whether they meet the norms for NACO support	By April 2013 JD BS SACS
6		Constitution and notification of core committee	By first week April 2013 JD BS SACS, Quality Manager
7		Scheduling of core committee inspection visits	By April 2013 JD BS SACS, Quality Manager
8		Sending proposal to NACO for approval of inclusion/ exclusion of facility under NACO support based on core committee recommendation	Within first quarter JD BS SACS
9		Communication of letter of approval of NACO support to SACS	Within first quarter NACO Blood Safety division
10		Recruitment of manpower as per pattern of assistance	Within first quarter JD BS SACS, Admin division SACS
11		Deputation of staff for training and provision of kits, consumables and other support as per pattern of assistance	Within first quarter JD BS SACS
12	2	Regular reporting in SIMS	
13		Need assessment for computers in NACO supported blood banks	By April 2013 JD BS SACS, M&EO SACS
14		Procurement and supply of computers of appropriate configuration for NACO supported blood banks	Within first quarter JD BS SACS, Procurement division SACS
15		Registration and regular reporting of NACO supported blood banks in SIMS	All units to be registered within first quarter, Monthly reporting by 5th of each month JD BS SACS, M&EO SACS
16		Registration and regular reporting of non NACO supported blood banks in SIMS	All units to be registered by September 2013, Monthly reporting by the 5th of each month JD BS SACS, M&EO SACS
17		Quarterly analysis of SIMS report from blood banks	July, October, January and April JD BS SACS, M&EO SACS
18		Communication of feedback on correctness of data to concerned blood banks	By the end of first month of the quarter JD BS SACS
19	3	Blood Requirement and Collection	
20		District wise mapping of licensed and NACO supported blood banks in state	By April 2013 JD BS SACS
21		District wise mapping of the estimated numbers of hospital beds in primary, secondary and tertiary health care facilities	By April 2013 JD BS SACS
22		Estimation of blood demand of the state based on population norms and rationalizing the same according to bed strength	By April 2013 JD BS SACS
23		Giving targets to NACO supported blood banks to meet atleast 80% of total requirement of the region being catered by them	By April 2013 JD BS SACS
24	4	Voluntary Blood Donation	
25		Conduction of voluntary blood donation camps as per need of the NACO supported blood banks	Ongoing VBD consultant SACS
26		Identification and retention of cohort of donor motivators among the youth through Red Ribbon Clubs, NSS, corporate work places	Ongoing VBD consultant SACS
27		Conduction of trainings on blood donor motivation for blood bank counselors	Ongoing VBD consultant SACS
28		Creating blood bank wise database of repeat voluntary blood donors classified according to blood groups	Ongoing Counselor at blood banks
29		Stepping up static voluntary blood donation by holding fortnightly/ monthly blood donation day or alternate innovative strategies	Every month Counselor at blood banks
30		Counselor in Blood Bank to send reminders to the repeat donors	Every month Counselor at blood banks
31		Observance of VBD days on 14th June and 1st October through release of advertisement and conduction of state/ blood bank level programmes	May, June and September, October 2013 JD BS, Director SBTC, VBD consultant, IEC division SACS
32		Development and replication of IEC material pertaining to promotion of voluntary blood donation	Within first quarter VBD consultant SACS, IEC division SACS
33	5	Optimum utilization of Blood Mobile	
34		Organize quarterly meeting of incharges of Model Blood Bank and RBTC incharges/ counselors	In beginning of every quarter Incharge Model Blood bank, JD BS SACS, Director SBTC
35		Preparation and submission of quarterly route plan for the blood mobile	In beginning of every quarter Incharge Model Blood bank

DRa

75		Dispatch should be done once in a quarter preferably and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities	Every quarter	
76		Monitoring of stock status of blood bags and kits supplied through central procurement at SACS and facility level (similar to ICTC)	Daily at facility level, Monthly at SACS	JD BS SACS, Quality Manager, Blood bank Incharge, TO SRL, LT blood bank
77	10	Training		
78		Identification of training institutes for blood bank staff, donor motivators, rational use of blood and blood bank counselors	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
79		Engagement with professional associations for training of clinicians in private sector on rational blood use	Within first quarter	JD BS SACS
80		Creating a database of national and state level trainers for each type of training	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
81		Preparation and dissemination of standardized training curricula	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
82		Organization of meeting of training institute and trainers at SACS for preparation of training plan	By first week of July 2013	SACS blood safety officers, Training institutes, Trainers
83		Approval of training plan and release of budget for training to the institutes	By second week of July 2013	SACS blood safety officers
84		Issuance of communications to all concerned for deputing trainees	By third week of July 2013	SACS blood safety officers
85		Translation and replication of training modules and related materials	By end of July 2013	SACS blood safety officers, IEC division SACS
86		Training roll out for blood bank staff, donor motivators and rational blood use for clinicians	August to December 2013	Training institutes, trainers
87		Monitoring of trainings by experts/ SACS officers/ NACO officers	During trainings	Experts, SACS officers/ NACO officers
88	11	Monitoring and Supervision		
89		Preparation and dissemination of standardized tool for supervision	By April 2013	NACO Blood Safety division
90		Preparation of Quarterly schedule for visits of core committee	By April 2013	SACS Blood Safety officers
91		Conduction of core committee visits to every NACO supported blood bank atleast once in the year	Ongoing	JD BS SACS, Quality Manager, Core committee members
92		Quarterly review meetings of the blood bank officers/ counselors of NACO supported blood banks	July, October, January and April	SACS Blood Safety officers
93		Submission of visit report by core committee	Within two weeks of conduction of visit	Core committee members
94		Issuance of communications regarding visit observations and recommendations	Within two weeks of conduction of visit	JD BS SACS, Quality Manager
95		Submission of action taken reports	Within two weeks of receipt of communication	Incharge of concerned blood banks
96	12	Convergence with NRHM		
97		Quarterly meetings with the RCH officer	In April, July, October, January	JD BS SACS, Director SBTC, RCH officer
98		Listing of functional FRU with and without Blood Storage Centres	Within first quarter, review every quarter	
99		Preparation of linkage plan to cater to blood requirement of the FRU without Blood Storage Centres	Within first quarter, review every quarter	
100		Identification of underserved regions/ districts without blood banks and jointly plan for catering to the blood needs of the region	Within first quarter	
101	13	Meetings		
102		Quarterly coordination meetings of SACS/ SBTC with Drug Control Department	In May, August, November and February	SACS blood safety officers
103		Quarterly meetings with the RCH officer	In April, July, October, January	
104		Meetings of governing body/ EC of SBTC	Atleast two meetings every year	
105		Meetings with trainers and training institutes	Atleast two meetings every year	
106		Meetings with blood bank incharges	Atleast two meetings every year	
107		Meetings with camp organizers	Atleast two meetings every year	

**STATE- Manipur**

Total	District	Phase I	Phase 2	Lead Agency	
<b>1. SACS</b>					
Item	Description	Unit Cost per annum	Number	Allocation	Remarks
1.1 NGO Evaluation (Phase I) Districts	Evaluation of NGO	135500	1	135500	
1.2 Communication kit	Communication kit would be procured by SACS @ 800/ per Districts for Phase II Districts. Each Phase II District would get 60 kits.	48000	7	336000	
<b>Sub Total 1</b>				<b>471500</b>	
<b>2. LEAD AGENCY</b>					
Item	Description	Unit Cost	Number	Allocation	Remarks
2.1 Salary Cost	Salary Cost(2 Project officer, 1 training officer, 1M&I Officer, 1 Accounts Officer)	864000	1	864000	
2.2 Administrative cost	Admin	120000	1	120000	
2.3 Travel	Travel of po 20 days (2 POs) IO 4 days M&I 4 days Accounts 4 days 4 days total 32 days per month	264000	1	264000	
2.3 One time Cost		202000	0	0	
2.4 M&I Cost		300000	1	300000	
2.5 Training Cost	Module 1	31750	0	0	
	Module 2	31750	0	0	
	Refresher	20460	9	184140	
<b>Sub Total II</b>				<b>1,732,140.00</b>	
<b>3. DISTRICT IMPLEMENTING AGENCY</b>					
Item	Description	Unit Cost per annum	Number	Allocation	Remarks
3.1 Salary Cost	( 2 DRPs, 1 M&I cum Accounts Officer, 4 Supervisors&40 Link Workers)	1,602,000	12	19224000	
3.2 Administrative cost		468000	12	5616000	
3.3 One time Cost		205500	0	0	
3.4 Community Outreach		57875	12	694500	
3.5. Mod Media		300000	12	3600000	
3.6 Training Cost	Module 1	176750	0	0	
	Module 2	176750	0	0	
	Refresher	113750	9	1023750	
	Volunteers training	39750	0	0	
3.7 Mapping		80,000	0	0	
<b>Sub Total III</b>				<b>30,158,250.00</b>	
<b>GRAND TOTAL</b>				<b>32,361,890.</b>	

**4. PHYSICAL TARGETS**

Indicators	Targets 2013-14(to be achieved till August 2013)	Remarks
4.1 Number of District Implementing Link Worker Scheme	9	
4.2. Total Number of DRPs recruited (2)	18	
4.3. No of Link Workers Recruited( 40)	360	
4.4. % of IIRG Population covered	85% of SNA	
4.5. % of Vulnerable population covered	85% of SNA	Vulnerable/Bridge population
4.6. % of PLHIVs covered	85% of SNA	
4.7. % of IIRG referred to ICIC	80% of SNA	
4.8. % of IIRG tested for HIV	80% of SNA	
4.9. % of IIRG referred for SII	80% of SNA	
4.10. Number of Village Information Centre (formed) ( 100/dist)	900	
4.11. Number of Red Ribbon Clubs (formed) ( 50 per Dist)	450	
4.12. Number of Condom Depots established( 100 per Dist)	900	
4.13. Village volunteers	9000	

*Deo*

S.No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14			
					Target	Achievement	Financial allocation	Expenditure as on	Existing on 1.4.12	Proposed	Allocation Rs. Lakh	Remarks
2.1.1	GIA for ART Centres	Recurring	For low load centres-13.5, medium load-15, high load-17	Salary	11	9	162.75		9+2		157.00	(8+1+2)
2.1.2			0.50	Universal Work Precautions	11	9	5.25		9+2		5.50	
2.1.3.1			1.50	Operational Costs	11	9	15.75		9+2		16.50	Items for upgradation/replacement/additional requirement for existing ART centers to be procured out of operational grant of the concerned center
2.1.3.2			0.9 for ealder, 0.5 for count, 0.35 for Perked	Operational cost for CD4 testing	6	6	2.9		6		2.90	
2.1.4.1		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD	1	1	4.5				0.00	Unspent funds from AAP 2012-13 to be utilized for refurbishment of Tamenglong ART centre
2.1.4.2			1.00	Infrastructure development installation of CD4 machine	6	6	4		6	0	0.00	
2.2.1	GIA to SACS for various activities	Printing	0.50	Registers & Cards, Signages, Flip Charts, Posters	11	11	5.5		11		5.50	
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	11	11	11		11		11.00	As per training plan submitted with AAP
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode	7000	1977	7			3000	4.00	For 2000 OI episodes and CPT, rest to be procured from general health system
2.2.4.1		LAC	0.15	One-time cost for infrastructure development	11	11	0		11	1	0.15	
2.2.4.2			0.378	Rec.- for TA/DA & oper. Costs, Stationary etc.	11	11	4.16		11	1	4.35	
2.2.4.3			0.96	HR for LAC Plus	3	0	1.44		0	0	0.00	Target of 3 carried over
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		0.00	
2.2.6		Viral load testing	1.10	Salary of LT	0	0	0		0	0	0.00	
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment					0	0	0.00	
2.2.7.2	Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for smaller states		Hiring of space & for drug transfers								2.00	
2.2.7.4	PPP	0.25	For contingency & miscellaneous expenditures						1	0.25		
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs							23.42	
2.3.2		Non recurring	14.00	Infrastructure development installation of CD4 machine							14.00	
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs							21.20	
<b>Total Budget</b>							<b>481.75</b>	<b>265.41</b>			<b>267.77</b>	

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

No.	Sub-component-II	2012-13		2013-14	Commodity Assistance	
		Target	Achievement*	Target		
2.5.1	PLHA on ART	Registered	30000	20170	30000	About 22000 PLHIV are expected to register by the end of March 2013. The target is based on new positives detected at ICTCs during 2012-13 which is around 1500 till Dec and additionally some backlog of previous years also. Therefore total target of 30000 has been set up.
2.5.2		Alive & on ART	11000	8150	11000	Around 8300 PLHIV will be alive on ART at the end of March 2013, nearly 85 patients are added every month. All eligible should be put on ART
2.6.1	OI episodes treated	7000	1977	3000	As per the current pattern of OI target is calculated. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines	
2.7.1	CD4 Count Tests	CD-Machines	6	6	0	
2.7.2		CD4-Tests	33000	8293	33000	2 tests /year for all PLHIV in care. However Kits will be provided based on consumption pattern

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

*Am* *DRao*



Sr No	Name of Division	Baseline	Physical Indicators			Proposed 2013-14	Target 2012-13	Financial Indicators		Comments
			Target 2012-13	Achievement till Dec 2012-13	%			Achievement till Dec 2012-13	Proposed 2013-14	
1	Establishment of facilities									
a	Setting up of new ART Centres	9	1	0	0	0%	0	0.00	0.00	Unspent funds from AAP 2012-13 to be utilized for refurbishment of Tamenglong ART centre
	Infrastructure development for CD4 machines	6	0	0	0		0	0.00	0.00	
b	Recurring Cost (salary, UWP, operational cost)	9			0			173.40		
c	Setting up ART Centres under PPP									
	Corporate Sector								0.00	No financial implications for NACO
	PSU								0.00	
d	Colocation of ICTC-ART	9 / 9			2				0.00	
a	One-time cost for infrastructure development				0				0.15	
b	Rec- for TA/DA & oper. Costs, Stationery etc.		11	11	0				4.35	
a	Recurring cost								23.42	
b	Non-recurring								14.00	
	Recurring cost								21.20	
	HR for EID				0				0.00	
	Cost for EID Lab				0				0.00	
	Salary of LT				0				0.00	
	For ART staff					97% of ART staff trained				
	Sensitisation of Private practitioners on rational prescription of ART					50 doctors practicing ART need to be trained			11.00	
	Sensitisation of HCP on IWPV/PPV				500					
3	Operational Cost for SACS	1352			7000	28%	3000		4.00	20 trainings of 25 participants to be organised
4	Operational Cost for SACS								2.00	
	Printing of registers, formats & Cards, signages								5.50	To be done by Sep 2013

DRs

Name of State: **MANIPUR**

**CST Component**

Sr No	Name of Division	Baseline	Physical Indicators			Financial Indicators			Comments
			Target 2012-13	Achievement 2012-13	%	Proposed 2013-14	Target 2012-13	Achievement 2012-13	
	Remuneration & TA/DA of Regional Coordinator		0	0		0		0.00	
a	PLHIV Registered in HIV care (cumulative)	18705	30000	20170	67%	30000			About 22000 PLHIV are expected to register by the end of March 2013. The target is based on new positives detected at ICTCs during 2012-13 which is around 1500 till Dec and additionally some backlog of previous years also. Therefore total target of 30000 has been set up.
b	PLHIV alive & on ART (cumulative)	7377	11000	8180	74%	11000			Around 8380 PLHIV will be alive on ART at the end of March 2013, nearly 85 patients are added every month. All eligible should be put on ART
c	OI episodes treated (annual)	1352	7000	1977	28%	3000			As per the current pattern of OI target is calculated. 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)	10343	33000	8293	25%	33000			2 tests /year for all PLHIV in care. However Kits will be provided based on consumption pattern

*Das*



	<ul style="list-style-type: none"> <li>Training at CoE</li> </ul>	<ul style="list-style-type: none"> <li>by RC</li> <li>Nodal Officer CoE</li> </ul>	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
ICTC-ART Linkages	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
	Preparation of line list of patients eligible for ART but not started on it to be followed on phone & outreach visits	Line list prepared by Counsellor, Phone calls by Care Co-ordinator, passed on to ORW at CCC	Ongoing
Gap in those eligible & initiated on ART	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)
Training of Health care providers in UWP & PLP	Number of batches to be trained to be finalized once total numbers are identified	SACS CST (JD), RC	June
	Curriculum to be standardized	NACO CST	May (first fortnight)
Training of	Training of Health care providers (Expected Target= 500)	ART Nodal Officer & SMO, Co-ordinated by SACS CST	Once every Quarter

*DDa*

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

*DLA*

MO-ART to physically verify stocks weekly and countersign in stock register	MO- ART	Weekly
All supervisory cadres during field visits to facilities to physically verify stocks and countersign in stock register	RC, APD	Monthly
Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected /analyzed	PD SACS, JD CST, Store Officer	Monthly
Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month	SACS CST, Store Officer	Monthly
Variance of more than 5% in drugs dispensed and stock consumption to be analyzed facility wise by DAPCU / RC - 1. On 1 <sup>st</sup> report of such variance, reasons for variance to be submitted to SACS for necessary action 2. If variance on more than one occasion, Enquiry should be done by a committee formed by PD for providing a report to NACO for necessary action which should include persons identified responsible for the variance and recommendations	1. DAPCU, RC, JD CST 2. PD, APD	Monthly
Based on reports from DAPCU / SACS analysis, visits to facilities reporting stock excess/ shortage to be conducted and analysis done. Actions to be recommended- <ul style="list-style-type: none"> <li>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)</li> <li>If shortage of drugs found (less than 3 months supply) Immediate information to be given to NACO CST (LC) for further supply</li> </ul>	JD CST, RC (visits)  SACS CST, NACO CST  SACS CST, NACO CST	Monthly

*DD*

**MANIPUR 2013-14 Insatitutional Strengthening**

2	Operational Cost	Total Cost (2012-13)	Proposal for 2013-14(Add 10% of 12-13)	Accepted
1	Training SACS /DAPCU	5,00,000	15,00,000	15.00
2	Equipment Maintenance	2,00,000	2,00,000	2.00
3	Building Maintenance	-	-	0.00
4	Vehicle Maintenance/Hiring	12,00,000	15,00,000	12.00
5	Travel Expenses	15,00,000	16,00,000	15.00
6	Rent, Rates and Taxes	-	-	0.00
7	Telephone/Communication Expenses	2,00,000	3,00,000	3.00
8	Bank Charges	-	-	0.00
9	Miscellaneous Expenses	7,00,000	12,00,000	7.00
10	Printing and Stationery	2,00,000	3,00,000	2.00
11	Advertisement (Other than IEC)	2,00,000	1,00,000	1.00
12	Water and Electricity	50,000	1,00,000	0.50
13	Audit Fees	15,00,000	19,00,000	17.00
14	Legal Expenses	-	-	
15	Postage / Courier	1,00,000	50,000	0.50
16	Other Administration Cost	-	-	0.50
17	Review Meeting Expenses	1,00,000	1,00,000	1.00
18	Office Equipments(see next sheet)	2,00,000	17,23,000	10.50
19	Furniture	1,00,000	3,75,000	3.00
20	Transportation	-	-	1.97
	<b>Total</b>	<b>67,50,000</b>	<b>1,09,48,000</b>	<b>91.97</b>

**a. Salary DAPCU**

S.No.	Name of the position	Type of Position		No. of DAPC	Monthly Salary	Yearly Total	Approved
		Regular	Contractual				
1	District Programme Manager(DACO)	9	-	9	0	21.60	19.80
2	M & E Assistant	-	9	9	0	12.42	11.38
3	Accountant (1) & Programme Assistant (1)	-	9	18	0	24.84	23.81
4	Assistant	-	9	9	0	8.37	8.30
<b>Total (For 9 Districts) As per enclosed list</b>						<b>67.23</b>	<b>63.29</b>

Note: Prov. For 3 months in r/o Tamenglong

**b. Operation Cost (DAPCU)**

	Unit cost	Yearly cost	No. of DAPC	Total Cost
1	Office Equipment*	0	9	-
2	Communication expenses	0.03	9	3.24
3	Stationery	0.025	9	2.70
4	Postage	0.01	9	1.08
5	Travel	0.2	9	21.60
6	Contingency	0.02	9	2.16
7	DAPCC Meeting at DAPCU Level	0.03	9	3.24
8	DAPCC Meeting at State Level	0.05	9	1.80
	<b>Total</b>	<b>0.285</b>	<b>9</b>	<b>35.82</b>

\*if applicable to be filled in

**Manipur**

Grand Total	By SACS	Approved
Salary (HO)	156.13	156.13
Salary DAPCU	67.23	63.29
Operational expenses SACS	109.48	91.87
Operational expenses DAPCU	36.00	35.82
<b>Grand Total</b>	<b>368.84</b>	<b>347.11</b>

*DR*

COMPONENT III

INSTITUTIONAL STRENGTHENING

12

NAME OF THE STATE:

MANIPUR

YEAR :

2013-14

1 Salary		Type of Position		Funding Source	Yearly Salary	Pension Contribution	Leave Encashment	Medical Expenses (In case of Regular)	Total
S.No.	Name of the position.	Regular	Contractual						
1	Project Director	Regular - 1	Contractual	DBS					
2	Additional Project Director	Regular - 1		DBS					
3	Joint Director (Basic Services)	Regular - 1		DBS					
4	Deputy Director (ICIC)	Regular - 1		DBS					970
5	Assistant Director (STD)	Regular - 1		DBS					
6	Deputy Director (ICIC)	Contractual - 1		DBS					
7	Assistant Director (ICIC)	Contractual - 1		DBS					
8	Joint Director (Blood Safety & Quality Assurance)	Regular - 1		DBS					
9	Deputy Director (Quality Assurance)	Regular - 1		DBS					
10	Deputy Director (Quality Assurance)	Regular - 1		DBS					
11	Deputy Director (Quality Assurance)	Regular - 1		DBS					
12	Quality Manager	Regular - 2 (V)		DBS					
13	Joint Director (CCC)	Regular - 1		RCC Rd. IV	180,000				180,000
14	Deputy Director (CCC)	Contractual - 1		RCC Rd. IV	450,000				450,000
15	Assistant Director (Nursing)	Contractual - 1		DBS					
16	Consultant (CST)	Contractual - 1 (V)		DBS					
17	Deputy Director (Quality Assurance)	Contractual - 1 (V)		DBS					
18	Epidemiologist	Regular - 1 (V)		GFATM RCC Rd. II					
19	Statistical Officer	Regular - 1		GFATM RCC Rd. II					
20	Statistical Assistant / Computer Programmer	Regular - 1		DBS					
21	Statistical Assistant / Computer Programmer	Regular - 1		DBS					
22	Assistant Director (TI)	Contractual - 1 (NA)		DBS					
23	Assistant Director (TI)	Contractual - 1		DBS					
24	Joint Director (EC)	Contractual - 1		DBS					
25	Assistant Director (Doc. Publicity)	Contractual - 1		DBS	234,000				234,000
26	Assistant Director (Doc. Publicity)	Contractual - 1		DBS					
27	Assistant Director (Doc. Publicity)	Contractual - 1 (V)		DBS	135,000				135,000
28	Consultant (Youth Affairs)	Contractual - 1 (V)		DBS					
29	Assistant Director (Procurement)	Regular - 1 (V)		DBS					
30	Store Officer	Regular - 1 (V)		DBS	135,000				135,000
31	Assistant Director (Finance)	Regular - 1		DBS					
32	Assistant Director (Finance)	Regular - 1		DBS					
33	Assistant Director (Finance)	Regular - 1 (V)		DBS	180,000				180,000
34	Assistant Director (Finance)	Regular - 1 (V)		DBS					
35	Assistant Director (Finance)	Regular - 1 (V)		DBS					
<b>Total</b>									<b>15,613,737</b>

DBS



counted for

	Total Cost (2012-13)	Expenditure as of 28-02-2013	Proposal for 2013-14(Add 10% of 12-13) for op.coet only	Grand Total
2 Operational Cost				
1 Training SACS /DAPCU	550,000	250,420.00	250,000	
2 Equipment Maintenance	300,000	280,000	280,000	
3 Building Maintenance				
4 Vehicle Maintenance/Hiring				
5 Travel Expenses				
6 Rent, Rates and Taxes				
7 Telephone/Communication Expenses				
8 Bank Charges				
9 Miscellaneous Expenses				
10 Printing and Stationery				
11 Advertisement (Other than IEC)				
12 Water and Electricity				
13 Audit Fees				
14 Legal Expenses				
15 Postage / Courier				
16 Other Administration Cost				
17 Review Meeting Expenses				
18 Office Equipments(see next sheet)				
19 Furniture				

3 DAPCU

1. Administrative Cost

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	Director, Programme Management(DACO)							
2	Asst. Director, Programme Management(DACO)							
3	Asst. Director, Programme Management(DACO)							
4	Asst. Director, Programme Management(DACO)							
Total (For 9 Districts) As per enclosed list								

b. Operation Cost (DAPCU)

	Unit cost	Yearly cost	No. of DAPCUs	Total Cost
1 Office Equipment*	0	0	9	-
2 Communication expenses	0.03	0.36	9	3
3 Stationery	0.025	0.3	9	3
4 Postage	0.01	0.12	9	1
5 Travel	0.2	2.4	9	22
6 Contingency	0.02	0.24	9	2
7 DAPCC Meeting at DAPCU Level	0.03	0.36	9	3
8 DAPCC Meeting at State Level	0.05	0.2	9	2
Total	0.285	3.42	9	36

\*if applicable to be filled in

DDao

## Calculation Sheet of Operational Cost

Description	Unit	No.	(Amount in Rs.in lakhs)	Total
<b>Office Equipment</b>				
External Hard Drive	0.06	5		0.30
Cyber Shot Digital Camera	0.15	2		0.30
Laptop with Software	0.6	11		6.60
Computer (Desk Top)	0.55	13		7.15
Printer	0.12	24		2.88
<b>Subtotal</b>				<b>17.23</b>
<b>Other Equipment (Furniture)</b>				
Table, Chair, Computer Table	0.25	15		3.75
<b>Subtotal</b>				<b>3.75</b>
<b>Total cost for Equipment</b>	<b>0.25</b>	<b>15</b>		<b>20.98</b>

## Note

Add any other items which is of immediate necessity of the office

The above list is only illustrative in nature and should be projected only in case of necessity

DDA

Manipur - Annual Action Plan - 2013-14 : Strategic Information Management Unit													
Sl. No.	Budget Head (Classification)	Sub-Head (Classification)	Duration	Unit Cost (Rs)	No. of persons to be trained		Administrative Staff	Time line					
					Sub-head Restructured	Total		Q1	Q2	Q3	Q4		
1	Training	a. SIMS Induction/Refresher training	one day	1. (ICTC-stand alone-54 & Mobile-6)	2500	7	64	71	177500				
				2. FKTC-41	2500	61	41	82	205000				
				3. CCC-12 (including new proposal-2)	2500	3	12	15	37500				
				4. BB-4 (including 1 private)	2500	2	4	6	15000				
				5. TI-82 (including new proposal-13)	2500	20	87	107	267500				
				6. DIC-4	2500	3	4	7	17500				
				7. STI(DSAC)-20	2500	3	10	13	37500				
				8. DAPCU-27	2500	5	27	32	80000				
				10. IEC/Mianstreaming-3	1000	1	3	4	4000				
				11. SACS staff	1000	3	7	10	10000				
						<b>Total</b>			<b>88</b>	<b>259</b>	<b>347</b>	<b>846500</b>	
2	b. Other Trainings ( DQA/DAPCU review cum training) 3/6 staff		one day	1000					72000				
										145000			
3	Reports publication ( Surveillance, estimations report and SIMS report)												
3	Monitoring & Supervision visits (10 days/month)*												
4	HIV Sentinel Surveillance**												
<b>Total Budget:</b>									<b>733740</b>				
									<b>1797240</b>				

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

*Handwritten signature*

*DKR*

Manipur- Annual Action Plan- 2013-14 : Strategic Information Management Unit							
SL .No.	Budget Head(Discription)	Sub-Head (Discription)	Unit cost (Rs)	No. of persons to be trained			Estimated budget
				Induction	Refresher	Total	
1	a. SIMS Induction/Refresher training	1. (ICTC-Stand alone-54 & Mobile-6)	2500	7	64	71	177,500
		2. FICTC-41	2500	41	41	82	205,000
		3. CCC-12( including new proposal-2)	2500	3	12	15	37,500
		4. BB-4 (including 1 private)	2500	2	4	6	15,000
		5. TI-82(including new proposal-13)	2500	20	87	107	267,500
		6. DIC-4	2500	3	4	7	17,500
		7. STI(DSRC)-10	2500	3	10	13	32,500
		8. DAPCU-27	2500	5	27	32	80,000
		10.IEC/Mianstreaming-3	1000	1	3	4	4,000
		11. SACS staff	1000	3	7	10	10,000
			<b>Total</b>			<b>88</b>	<b>259</b>
	b. Other Trainings( DQA/DAPCU review cum training)36 staff		1000		72		72,000
2	Reports publication ( Surveillance, estimations report and SIMS report)						145,000
3	Monitoring & Supervision visits (10 days/month)#						
4	HIV Sentinel Surveillance**						733,740
	<b>Total Budget</b>						<b>1,797,240</b>

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

DLao

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

*Das*