

T-11017/26/2013-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,**  
**Mizoram 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. 1602.61 Lakh (Rupees Sixteen Crores Two Lakh and Sixty One Thousand only) as per table given below:

S.N.	Component/Sub-component	Allocation (Rs. in lac)			
		DBS	Pool Fund Project	GF Projects	Total
1	<b>Prevention</b>				
1.1	Targeted Interventions		<b>647.72</b>		<b>647.72</b>
1.2	Sexually Transmitted Infections	<b>19.88</b>			<b>19.88</b>
1.3	Blood Transfusion Services	<b>77.63</b>			<b>77.63</b>
1.4	IEC	<b>190.28</b>			<b>190.28</b>
1.5	Link Workers Scheme	<b>54.68</b>		<b>39.06</b>	<b>93.74</b>
1.6	ICTC/PPTCT/HIV-TB	<b>56.87</b>		<b>132.70</b>	<b>189.57</b>
	<b>Sub-total 1 (Prevention)</b>	<b>399.34</b>	<b>647.72</b>	<b>171.76</b>	<b>1218.82</b>
2	<b>Care, Support &amp; Treatment</b>	<b>62.78</b>			<b>62.78</b>
3	<b>Institutional Strengthening &amp; Project Management</b>	<b>308.93</b>			<b>308.93</b>
4	<b>Strategic Information Management System</b>	<b>12.08</b>			<b>12.08</b>
	<b>Total (1 to 4)</b>	<b>783.13</b>	<b>647.72</b>	<b>171.76</b>	<b>1602.61</b>

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

The above approval is subject to the following conditions:

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

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

Yours faithfully,



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

**Copy to:**

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



Targeted Interventions

Mission

YEAR 2013-14

	Less than 400	400-799	800-999	1000-1499	1500 and above	Old	New
FSW							
MSM							
TGH/IGs							
IDU							
OST CENTER (GOVT.)							
Cops Composite	Less than 400	400-999	700-999	1000-1499	1500 and above		
Bridge Population	71,824	18,477	18,481	18,481	18,481		
Migrant (Deat.)	5001-9999	10000-19999	12000 and above				
	8.77	12.871	15.951	15.30			
Trucker	8000-9999	10000-29999	30000 and above				
Migrant (Source) per district	8.13	18.57	20.99	20.99	20.99		
	19.87	19.05	1.82	1.07			

The CBO led the In case of FSW, MSM and TG is based on standardised costing

	Less than 400	400-799	800-999	1000-1499	1500 and above	Old	New
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							

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

Migrants (Source)	0	0	0	0
Migrants (Trainee)	0	0	0	0
PM	0	0	0	0
ORW	0	0	0	0

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1.2	1.2.1	1.2.2	1.2.3	1.2.4	1.2.5	1.2.6	1.2.7	1.2.8	1.2.9	1.2.10	1.2.11	1.2.12	1.2.13	1.2.14	1.2.15	1.2.16	1.2.17	1.2.18		
Sub-Plan	Sub-Component	Activity	Target	Estimated cost	Source of funding	Remarks	Target	Actual	Expenditure	Target	Actual	Expenditure	Target	Actual	Expenditure	Target	Actual	Expenditure		
1.2.1	Information, Education & Communication	Printed / replication of IEC materials developed by MACO/ other HIV organizations		Rs. 34.05	MACO															
		Display of messages on govt buses and other vehicles (Laxi/Simoi)	Free of cost plan to achieve through collaborating with concerned deptt & organizations/associations	34.05	MACO															
		Hoarding at strategic locations both in urban & rural areas		0.35	MACO															
		Display of messages at service centres		0.2	MACO															
		Mass mobilization of rural areas on HIV/AIDS in selected pockets of 8 districts	Rs. 0.06 per campaign	284	MACO															
		Direct Multi-media campaign at high prevalence districts	Rs. 2.5 lakhs per district for Champai & Kishin districts.	5	MACO															
		Direct Multi-media campaign at Champai & Kishin districts.																		
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		1.2.2	TV	Spots on Preeti Chandrahali	Rs. 0.00450 per 30 sec at Zone I & LPS channels.	1104	2628	MACO												
Spots on Doordarshan	Rs. 0.00634 per 30 sec (Rs. 0.00955 x 12.36 % service tax)			276	183	MACO														
Long format TV Programs at DCK	Rs. 0.244684 (Rs. 0.04000 x 12.36 % service tax)			40	124	MACO														
Long format TV Programs (1530 min duration)	Rs. 500 per film/documentary			80	270	MACO														
Audio Spots/30 seconds on FM Radio	Rs. 0.0033728 (Rs. 0.00300 + 12.36 % service tax) spots specific to youth audience will be broadcasted 2 times a day (MAZQAM) at AIR, Allahabad Station.			69	624	MACO														
Spots on AIR	Rs. 0.0033728 x 1216 times (304 days i.e. from May, 2013-Feb, 2014) x 2 (i.e. twice daily) x 2 stations (Rs. 0.00300 + 12.36 % service tax)			1216	1008	MACO														
Long format Radio programs (30 min/15 min duration)	Rs. 0.026 per DAVP rates			10	8	MACO														
Memorand. Advn.				342	111	MACO														
Workshop																				
SMB																				
Highline																				
1.2.3	ICT			Two Highline are currently undertaken by NCC's and will be completed.		1														
1.2.4	Outdoor	Printing / replication of IEC materials developed by MACO/ other HIV organizations		5.00	MACO															
		Display of messages on govt buses and other vehicles (Laxi/Simoi)	Free of cost plan to achieve through collaborating with concerned deptt & organizations/associations	5.00	MACO															
		Hoarding at strategic locations both in urban & rural areas																		
		Display of messages at service centres																		
		Mass mobilization of rural areas on HIV/AIDS in selected pockets of 8 districts	Rs. 0.06 per campaign	284	17.04	MACO														
		Direct Multi-media campaign at high prevalence districts	Rs. 2.5 lakhs per district for Champai & Kishin districts.	5	5.00	MACO														
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Code	Activity	Cost Head	Unit Cost	Remarks	Target	Achievement	Existing as on Date	New			
1.2.5	Events	Events	0.03 for 3 events other than World AIDS Day; Ra. 3 lakhs for World AIDS Day	International Day Against Drug Abuse, World AIDS Opinions Day, International Youth Day, World AIDS Day	4	4		4	3.09		NACO
1.2.7	M & E, Documentation	M & E, Documentation & Communication need assessments		World Mental Health Day to address adolescence on life skill issues preparing them to take right decisions. Programs will be held at high schools and higher secondary schools	1			1	2.00		NACO
1.2.8	Staffing of Communication of Agency			Monitoring of mass mobilization programs in rural areas, MNC, outdoor media activities, AEP implementation at school awareness campaigns at remote villages etc. DAPCU's & DAPCCs will be involved	20	20		20	3.00		NACO
1.2.9	Youth Intervention										
1.2.9.1	Adolescence Education Programme	Training of Trainers for each district through Education Dept. A	Ra. 0.324 per village	3 trainings will be conducted at the state level for districts under the Zaidichas as TOT for the state. Training of 1892 Principals/ Teachers of HSS in their respective districts on AEP is envisaged		1		3.00	0.87		NACO
		Training of Principals/teachers	Ra. 0.300 per training					50	15.45		NACO
		Disbursement of fund at schools for AEP	Ra. 0.01 per school as per NACO norms	Implementation of AEP at 735 schools				735.00	7.35		NACO
1.2.9.2	RRCs in colleges and University	Review meeting of Model Officers under RRCs	Ra. 0.9 for one program	A review meeting of model officers under RRC will be conducted on June, 2013 at Azamkul	1	1		1	0.9		NACO
		Training of PEs under RRC	Ra. 0.346 per training	Training with field visits at service centers will be conducted for 750 PEs of all 38 existing RRCs & 1 new				13	4.5		NACO
1.2.9.3	Out of school Youth	Disbursement of fund for all college/technical institutions for	Ra. 0.05 per new RRC; Ra. 0.045 per existing RRCs		4 new (35 existing)	38 (35 older & 4 new)		1 new + (35 existing)	1.85		NACO
1.2.10	State Total	Drop in Centre	1.37 lakhs per DIC till June 2013	Existing DICs will continue and no new DICs will be suggested	7	7		7	9.58		NACO
		GIYA	0.15 per program	Capacity Building for PLHW in districts & Training of positive speakers of network at 4 districts during 1st & 2nd quarters where DIC for PLHWs are functioning				4	0.60		NACO
1.2.11	Advocacy	Advocacy with FBO		Intervisitation programs with field visits & interaction with PLHWs for FBO Leaders		10		10	0.82		NACO
1.2.12	Masterstreaming training			Separate sheet to be attached							
Sub-Total								3478	24.98		
1.2	Intervention among Commercial Drivers	As a pilot commercial drivers intervention program will be	Ra. 3.51 lakh	191 busdrivers drivers tested during Jan-Dec, 2012 at ICTC, Civil Hospital, Azamkul, 78.32 % were positive.					23.78		NACO
Grand Total									3.51		NACO
									180.28		

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MIZORAM				
Sr. No.	Component	Physical target	Timeline	Process Indicators
1	Mass media			
	Spots on Private TV Channels	1261	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. Ongoing	1. Finalization of themes, spots and channels. 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet on weekly basis
	Spots on Doordarshan	304	1. April Wk1 2. April Wk1 3. April Wk2 4. On Going	1. Finalization of themes, spots and channels. 2. Decision on timing & frequency 3. Release of placement schedule along with work order 4. Tracking of log sheet on weekly basis
	Long format TV Programs (30 mts duration)	78	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. Ongoing	1. Finalization of themes, and prog 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast
	Radio spots on AIR	1216	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. Ongoing	1. Finalization of themes, spots and channels. 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast
	Radio spots on FM Radio	608	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. Ongoing	1. Finalization of themes, spots and channels. 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast
	Long format Radio programme (30 min.)	7	1. April Wk1 2. April Wk2 3. Ongoing	1. Finalization of themes, and prog 2. Decision on timing & frequency 3. Tracking of log sheet depending on frequency of telecast
	Newspaper	90	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk4 5. Staggered as per plan 6. Ongoing	1. Decision on events, no. of ads per event and no. of newspapers 2. Gathering rates (DAVP/DIPR) 3. Prototype development & sharing with NACO 4. Approval from NACO 5. Release of placement schedule along with work order 6. Tracking of releases, obtaining copies containing Advt.

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2	Printing of IEC material & Newsletter	As per requisition from Prog. Divisions	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk1</li> <li>3. April Wk2</li> <li>4. May Wk3</li> <li>5. Staggered</li> <li>6. May Wk3</li> <li>7. May Wk3-4</li> <li>8. Periodic</li> </ol>	<ol style="list-style-type: none"> <li>1. Requisition from prog divisions</li> <li>2. Assessment of stock</li> <li>3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>4. Work order released</li> <li>5. Delivery plan</li> <li>6. Distribution plan</li> <li>7. Training on material use to end users (Service centres/NGOs)</li> <li>8. Monitoring of use by service centres/NGOs</li> </ol>
3	Outdoor & Mid media			
	Permanent Hoarding/Retro reflective boards	50	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk3</li> <li>4. April Wk2-4</li> <li>5. Staggered</li> <li>6. Ongoing</li> <li>7. Periodic</li> </ol>	<ol style="list-style-type: none"> <li>1. Selection of sites (prominent &amp; frequented by target audience)</li> <li>2. Development of prototypes, size and message content</li> <li>3. Sharing prototype details with NACO</li> <li>4. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>5. Work order</li> <li>6. Monitoring according to location and condition (Photographs for all locations)</li> <li>7. Periodic reporting</li> </ol>
	Repair of existing hoardings	10	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk3</li> <li>4. April Wk2-4</li> <li>5. Staggered</li> <li>6. Ongoing</li> <li>7. Periodic</li> </ol>	<ol style="list-style-type: none"> <li>1. Selection of sites (prominent &amp; frequented by target audience)</li> <li>2. Development of prototypes, size and message content</li> <li>3. Sharing prototype details with NACO</li> <li>4. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>5. Work order</li> <li>6. Monitoring according to location and condition (Photographs for all locations)</li> <li>7. Periodic reporting</li> </ol>
	Signage's for service centers	60	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk3</li> <li>4. April Wk2-4</li> </ol>	<ol style="list-style-type: none"> <li>1. Selection of service centers</li> <li>2. Development of prototypes, sizes and messages</li> <li>3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s)</li> <li>5. Work order</li> <li>6. Monitoring according to location and condition (Photographs for all locations)</li> <li>7. Periodic reporting</li> </ol>
	Display of messages on govt./pvt. Buses/Taxis/Sumo's etc.(Free of cost through mainstreaming)	0	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2-3</li> <li>3. April Wk2-3</li> <li>4. April Wk4</li> <li>5. May Wk1</li> <li>6. April Wk2-4</li> <li>7. May Wk1</li> <li>8. May Wk 1</li> <li>9. Nov 13 – Jan 14</li> <li>10. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification of bus routes for display</li> <li>2. Negotiation with Transport Authorities on routes</li> <li>3. Development of prototypes, size and message content</li> <li>4. Sharing with NACO</li> <li>5. Listing of buses/vehicles according to registration no. with transport and association authorities.</li> <li>6. Drafting of contracts with transport and association authorities</li> <li>7. Work order</li> <li>8. Monitoring plan</li> <li>9. Implementation</li> <li>10. Documentation ( photographs) &amp; Reporting</li> </ol>

	Mass mobilization of rural areas on HIV/AIDS in selected pockets	284	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2-3</li> <li>3. April Wk 4</li> <li>4. May Wk 1</li> <li>5. May Wk3</li> <li>6. June Wk 1</li> <li>7. June wk 2</li> <li>8. Ongoing</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification and selection of vulnerable remote villages with other divisions at SACS.</li> <li>2. Finalization of villages</li> <li>3. Build linkages with other service providers at the remote areas (Sub- Centers/PHC's/CHC's)</li> <li>4. Training of service providers for mass mobilization in rural pockets</li> <li>5. Actual implementation in villages</li> <li>6. Monitoring Plan</li> <li>7. Monitoring of the program</li> <li>8. Documentation of program</li> </ol>
4.	Multi-media campaign in Champhai&Kolasib districts	2	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk1</li> <li>3. April 2-3</li> <li>4. As planned</li> <li>5. As per plan</li> <li>6. Ongoing (Q1, 3&amp;4)</li> <li>7. End of campaign</li> </ol>	<ol style="list-style-type: none"> <li>1. Decision on activities, stand alone and piggy back along with locations</li> <li>2. Drawing the activity plan with time line and indicators</li> <li>3. If agency engaged, tendering process (as above)</li> <li>4. Implementation as per activity plan</li> <li>5. Monitoring of campaigns</li> <li>6. Reporting by District team and SACS officers, Analysis &amp; sharing with NACO</li> <li>7. Documentation, shared with NACO</li> </ol>
5.	Other/Events/M&E			
	Events at state	4	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. Depending on calendar</li> <li>4. As per calendar</li> <li>5. As per calendar</li> <li>6. Soon after events within a month</li> </ol>	<ol style="list-style-type: none"> <li>1. Preparation of calendar of events and decision on areas for implementation</li> <li>2. Plans of activities (event-wise) with other departments</li> <li>3. Monitoring of activities at districts</li> <li>4. Documentation</li> <li>5. Gathering of SOE</li> </ol>
	World mental health day for adolescents	1	<ol style="list-style-type: none"> <li>1. April Wk2</li> <li>2. April Wk3</li> <li>3. Regular &amp; ongoing</li> <li>4. Ongoing</li> <li>5. End of activities</li> </ol>	<ol style="list-style-type: none"> <li>1. Preparation of calendar and decision on areas for implementation</li> <li>2. Plans of activities with concerned departments/schools</li> <li>3. Monitoring of activities at districts</li> <li>4. Documentation</li> <li>5. Gathering of SOE</li> </ol>
	M&E, Documentation, evaluation	1	<ol style="list-style-type: none"> <li>2. April Wk1</li> <li>3. As per activity plan</li> <li>4. Depending on calendar</li> <li>5. April Wk2-4</li> <li>6. As per plan</li> <li>7. As per plan</li> </ol>	<ol style="list-style-type: none"> <li>1. Listing of activities for monitoring - by SACS officers, external resource, etc.</li> <li>2. Documentation of all field level activities, and shared with NACO</li> <li>3. Activities proposed for evaluation along with time line</li> <li>4. Bidding process: Publish notice, short-listing, approval of selection of agency(s)</li> <li>5. Work order</li> <li>6. Conduct of studies according to time line</li> <li>7. Sharing of reports with NACO</li> </ol>
	Helpline	2		<ol style="list-style-type: none"> <li>1. Operating staff in place</li> <li>2. Details call records maintained</li> <li>3. Monthly analysis of call records by demography &amp; queries</li> <li>4. Documentation of records and analyses</li> </ol>

				5. Reporting quarterly to NACO
5	Intervention among commercial drivers	1	1. April Wk1 2. April Wk4 3. April Wk3-4 4. May Wk1 5. May Wk3 6. June Wk2 7. Regular 8. August Wk2 9. Ongoing 10. At the end of implementation	1. Decision of activities & time line in consultation with TI Div 2. Development of protocols, materials and outcome indicator 3. Advocacy with Associations/operators 4. MoU with unions/operators 5. ToT for drivers union leaders 6. Implementation of activities in collaboration with associations 7. Monitoring 8. Review of activities for change in strategy, if necessary 9. Process Documentation 10. Impact assessment
6	Youth			
	AEP: Training of district Trainers	56	1. April Wk 1 2. April Wk 2 3. April Wk 3 4. April Wk 4 5. May Wk 3 6. May Wk 4	1. Listing/selection of trainers from districts with education department 2. Finalization of dates 3. Finalization of venue 4. Notification to all selected trainers with education department 5. Training of District Trainers 6. Monitoring
	Training of Principals/Teachers	50	1. May Wk1 2. May Wk2 3. May Wk3 4. May Wk3-Wk4 5. June Wk2-Wk3 6. At the training 7. Ongoing 8. At the completion	1. Advocacy with Education Department 2. Identification of schools 3. Listing of Principals & teachers 4. Identification of master trainers &ToT 5. Conduct of training 6. Follow up activities at schools decided 7. Monitoring of trainings & follow up activities 8. Documentation
	AEP: Implementation at schools	735	1. July Wk 4 2. Ongoing	1. Implementation of AEP at 735 HS/HSS by trained teachers 2. Monitoring of AEP by DAPCC/DEO and SACS 3. Documentation
	Review meeting of Nodal Officers under RRCs	1	1. June Wk1 2. June Wk4 3. June Wk4	1. Drawing of agenda of the meeting & sharing with colleges 2. Conduct of the review meeting 3. Record of proceedings and follow up action
	Training of PE's under RRC	13	1. June Wk2 2. June Wk3 3. July Wk2 4. At the training 5. Oct Wk2	6. Identification of PEs 7. Identification of master trainers 8. Conduct of training 9. Decision on follow up activities along with responsibilities of peer educators 10. Review and assessment of impact
	Disbursement of fund at colleges/ technical institutions for RRC	39 Existing + 1 new	1. April Wk1 2. April Wk1 3. July Wk2 4. August Wk2 5. July Wk1 6. Regular 7. Ongoing	1. Listing of all Colleges - graduate, PG & technical 2. Listing of colleges targeted in FY 13-14 3. Training of Coordinators/Nodal officers 4. Disbursement of funds alongwith guidelines 5. Calendar of activities 6. Monitoring of activities 7. Documentation
7	Mainstreaming			

	Training/ advocacy & inter departmental meetings	84	1. April 2. April 3. April 4. April 5. April 6. May 7. May 8. Along trainings 9. All trainings 10. All trainings	1. Listing of categories of trainees 2. Gathering the 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. Monitoring 10. Documentation of All trainings as per calendar
8	DIC & GIPA			
	DIC	7	April Wk1 April Wk1 April Wk1 Regular June-July	1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of PLHIVs 4. Monitoring of activities 5. Documentation
	GIPA	4	April Wk3 May Wk 3 June Wk2 At trainings	Identification of trainers Training of trainers Training of positive speakers of network at 4 districts Follow up action plan
	TOTAL			

AAP 2013-14 Integrated Counseling and Testing Centre MIZORAM SACS

S.No.	Sub-Component 1	Cost head	Unit Cost (Rupees)	Item/ activities	Target 2013-14		RCC Round 2	Allocation (Rs. in Lakhs)	Remarks
					As on 01.04.2013	New			
1.3.1	Existing Facilities								
1.3.1.1	HR for Counsellors and LTs	Recurring	24	Salary including TA/DA for 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)	27	1	67.20	15 additional counsellors and LTs	
1.3.1.2	HR for Supervisors	Recurring	1.68	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months	3	0	6.04		
1.3.1.3	Mobile CTC	Recurring	5.55	Running cost of whole unit including salary of counsellors and lab tech at Rs 6000 average per month for 12 months	9	0	48.84		
1.3.1.4	HR for SACS team for Basic Services	Recurring		Salary & TA/DA for SACS staff under RCC Round 2 (Staff in High Prevalence States: HIV/TB Consultant, M&E PPTCT, Data Analyst, Secretarial Assistant, Finance Officer)	0	0	0.00		
1.3.2	Establishment of New ICTCs						140.19		
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 6000 per new stand alone ICTC	27	1	0.60		
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	9	0	0.90		
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	None	27	38	0.00		
1.3.2.4	PPP ICTCs	Non recurring	0	None	5	10	0.00		
				Sub Total			0.89		
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/CTC/MOTC/ART MO/District Supervisor (CTC/District TB-HIV & DOTs Plus Supervisor (HIV/TB) in HIV-TB package 3) F-ICTC: ANM, Nurse, LT, HIV/TB & team training, full site sensitization 4) Whole blood: Training of ANM and RNTCP LT and STLS in whole blood screening 5) Any other training Sub Total			12.45	As per Training plan, 75% is made, further allocation will be made at the end of 6 months based on the performance and expenditure	
1.3.4	Procurement of Equipment						12.45		
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.8	Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc	27	1	0.68		
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipment/maintenance/AMC/ Insurance of equipment bikes etc	38	0	1.80	As per procurement plan based on justification	
				Sub Total			2.40		
1.3.5	Consumables								
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Safe delivery kit, reagents and syringe needles, printing of F-ICTC: Safe delivery kit, printing of forms and other mlac exp at the center	36	1	18.60	As per procurement plan based on justification. No procurement for PPP ICTC	
1.3.5.2	PPP ICTCs	Recurring	0.1				6.70		
				Sub Total			24.20		
1.3.6	Monitor and Supervision / Review meetings								
1.3.6.1	Review meeting for Supervision (Monthly @ Rs	Recurring	0.01	review meetings	3	0	0.36		
1.3.6.2	Review meeting for counsellors/MO (Quarterly @ Rs	Recurring	0.015	review meetings	37	0	2.22		
1.3.6.3	State and District HIV-TB Coordination meetings (Quarterly @ Rs 2500/person)	Recurring	0.025	Quarterly State and District level Coordination committee meetings / State Technical Working Group meeting	9	0	0.90		
				Sub Total			3.48		
1.3.7	SRIL								
1.3.7.1	HR for Technical Officer in SRL	Recurring	3	Salary for TO in SRL including TA/DA, at average Rs 25,000/- per TO per month for 12 months	1	0	3.00		
1.3.8	Additional Allocation						3.00		
1.3.8.1	For Co-location of facilities	Non recurring		Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities like ART/CTC/STI		1	0.75		
1.3.8.2	For PPP ICTC Involvement	Non recurring		A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals like 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		10	2.50		
1.3	Grand Total			Sub Total			3.25		
							189.67		

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1.3		Physical Targets for Mizoram 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	27	0	1	1	
2 Mobile ICTCs	9	0	0	0	
3 Facility Integrated ICTCs	27	10	20	30	
4 PPP ICTCs in Nursing Homes / Corporate Hospitals	5	8	4	10	
5 PPP ICTCs in Private Sector Industries	0	0	0	0	
6 PPP ICTCs in Public Sector Industries	0	0	0	0	
Colocation of Facilities					
1 Medical College Level	0 out of 0	0	0	0	
2 District Hospital Level	2 out of 3	0	1	3 out of 3	
3 Sub District Level	0 out of 0	0	0	0	
Physical Coverage Targets					
1 Testing for General clients	75000	28850	Proposed Target 2013-14 60000	Base of Target	
2 HRG testing	14221	11795	25200	Two time testing in 100% of HRG covered by TI	
3 Bridge population testing	NA	NA	7500	30% migrants and 15% truckers	
4 STI Clinic In-referrals testing	2500	4430	3000	100% DSRC attendees	
5 Out Referrals from to STI			1430		
6 HIV-TB Cross referral	4000	2629	4000	75% of TB patients and 5% of ICTC clients (Non-ANC)	
7 HIV/TB coinfection to be detected	200	218	250	75% of HIV infected TB notified cases	
8 Testing for ANC	26000	14919	26000	100% of the estimated pregnancies	
9 Detection of HIV+ve pregnant women	208	91	175	100% 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	77%	90%	HIV +ve general clients to be linked to ART centres	
2 PPTCT to ART	NA	82%	100%	HIV +ve pregnant woman to be linked to ART centres	
3 TI to ICTC	NA	NA	90%	HRGs referred from TI reaching ICTC	
4 STI to ICTC	NA	177%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics	
5 TB to ICTC	NA	73%	75%	Notified TB cases reaching ICTC	
6 HIV/TB to ART	NA	36%	80%	HIV infected TB notified cases reaching ART	

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

S.No	Type of Training	Category of Participant	Number of persons to be trained	Duration	Unit Cost	Training Cost	Training Plan ( April 2013-March 2014)			
							Quarter 1	Quarter 2	Quarter 3	Quarter 4
1	Induction ( Stand alone ( Inc. Mobile)	Counselor	2	12	800	19,200	0	0	0	0
		Lab-Tech	2	5	800	8,000	0	0	0	0
2	Refresher ( Stand alone ( Inc. Mobile)	Counselor	43	5	800	172,000	22	0	21	0
		Lab-Tech	38	5	800	152,000	19	0	19	0
3	Induction (Ft- ICTC +PPP )	Staff nurse (Ft ICTC)	60	5	800	240,000	0	9	0	9
		Lab Technician	33	5	800	132,000	0	16	0	17
4	Refresher (Ft- ICTC +PPP )	Staff nurse (Ft ICTC)	27	3	800	64,800	15	0	0	0
		Lab Technician	27	5	800	108,000	0	0	0	0
5	Induction/ Refresher	District supervisor	3	5	800	12,000	0	0	3	0
		Full site Sensit. Dist. Hosp	8	1	10,000	80,000	2	2	2	2
6	Sensitization (No. facilities to be mentioned)	Full site Sensit SDH/RH	2	1	5,000	10,000	6	6	7	7
		ICTC Counselor	20	2	800	32,000	0	22	0	21
		Medical Officer	27	1	400	10,800	0	13	0	14
7	HIV-TB training	District ICTC supervisor	3	2	800	4,800	0	3	0	0
		MO-TC/MO-ICTC	4	2	800	6,400	0	2	0	2
		ART MO	4	2	800	6,400	0	2	0	2
		RNTCP STS/STLS	8	2	800	12,800	0	4	0	4
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	8	2	800	12,800	0	8	0	8
		Counselor	44	2	800	70,400	22	0	21	0
		Medical Officer	80	3	800	192,000	14	0	13	0
8	Multi Drug Regimen Training for PPTCT	District supervisor	3	2	800	4,800	2	0	1	0
		MO ARTCs	4	3	800	9,600	2	0	2	0
		Others (Medical 3 days / Para medical 2 days)	30	1	800	24,000	0	0	0	0
		ANM	200	2	400	160,000	0	0	0	8
9	Training on whole blood screening	Labour Room Nurse	20	2	400	16,000	0	0	0	8
		DMCLT (RNTCP)	0	2	400	400	0	0	0	8
		STLS	0	2	400	400	0	0	0	8
		MO	11	3	800	26,400	0	9	9	9
		Lab-Tech	11	3	800	26,400	0	12	12	14
10	ICTC Team Training	Nurse	11	3	800	26,400	0	12	12	12
		Counselor	11	3	800	26,400	0	15	15	13
11	Other (Specify)				400	-	0			
	<b>Total</b>					<b>1,660,000</b>				

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

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Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
Linkage of General Clients with ART	Tracking system for General Clients:	Monthly	ICTC Counselor
	a) Monthly maintenance of Line list of HIV +ve General Clients by ICTCs	Every 15 days	ICTC Counselor / ART Counselor
	b) Sharing of line list with concerned ART centre/s by email every 15 days	Every 15 days	ICTC Counselor / ART Counselor
	c) Obtaining feedback by concerned ART centre / s every 15 days	Every 15 days	ICTC Counselor
	d) Completion of line list at the ICTC level by Counselor at 15 days and at the end of the month	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors
	e) Sharing completed / compiled line list with full details to DAPCU / SACS BSD	Monthly	DAPCU, Dist ICTC Sup
	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	Quarterly	SACS BSD, CST
	h) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	i) Where there is no DAPCU, SACS BSD will directly verify / analyze line list every month	Monthly	Monitoring: PD/APD SACS
j) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Monthly	SACS BSD	
k) After due verification by CST at SACS, BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS	
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 Monitoring: PD / APD SACS	
m) This SACS BSD / TT / TSU should analyze the positivity yield out of the clients tested at ICTCs as compared to the state / national average, prevalence rates for HRGs, 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	Monitoring: PD / APD SACS	

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Indicators	Recommended Action - HRG linkages	Timeline	Person Responsible
	*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		
	a) Referral of TI clients by TI out-reach system using referral slips	Every referral	TI ORWs, PE, TI Counselor
	b) Compilation of referrals made to ICTC with Unique ID of TI against each referral every 15 days	Every 15 days	TI ORWs, TI Counselor, PM
	c) Meeting of TI with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	Direct: TI ORWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC Sup, PO-TI TSU
	d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI.	Every 15 days	ICTC Counselor,
	e) Once both ICTC and TI have reconciled / compiled the list, then both ICTC and TI will report the same in their respective CMIS/SIMS on a monthly basis	Monthly	Direct: ICTC Counselor, TI Counselor, TI M&E, Monitoring: Dist ICTC Sup, PO-TI TSU
	f) The same should be verified / validated by DAPCU / PO - TI TSU on a monthly basis	Monthly	Dist: ICTC Sup, DAPCU, PO TI TSU
	g) Individual HRGs tested has to be extracted from the compile line list generated from the referrals with UID and the reached with PID	Monthly	Direct: TI Counselor, M&E, PM, Monitoring: PO TI TSU
	h) This individual tracking and reconciliation of ICTC and TI CMIS/SIMS data should be done by DAPCU every month during review meeting between TI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS TI / PO-TSU in the 1st week of every month	Monthly	Direct: Dist ICTC Sup, DAPCU, Monitoring: PO TI TSU, SACS TI, SACS BSD
	i) SACS / TSU officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD / SACS TI / TSU
	j) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS TI / SACS TSU has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PD SACS
	k) After due verification by at SACS, TI and BSD to share analyzed / verified / completed line list with MACD 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 hypothesis / state average and focused 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 / PD SACS

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Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
	<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 STI</li> <li>Co-ordination and Tracking system for STI DSRC Clients</li> <li>SACS BSD/STI to issue office order to all ICTCs and DSRCs for single window approach for HIV testing and Syphilis testing</li> </ul>	1st Qtr - April 2013	Direct: SACS BSD / STI, Monitoring: APD / PD SACS
	SACS BSD/STI to ensure trainings for STI testing is included in all ICTC LT training:	Ongoing	SACS BSD / STI
	Referral of STI clients by DSRC using referral slip / accompanied referrals to ICTC	Every Referral	STI Counselor
	Compilation of referrals made to ICTC against each referral every 15 days:	Every 15 days	STI Counselor / ICTC Counselor
	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
	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
STI Linkages	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
	In-referrals from STI and out referrals from ICTC to STI	Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
	The same should be verified / validated by DAPCU on a monthly basis:	Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	Individual STI clients tested has to be extracted from the compiled 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
	This individual tracking and reconciliation of ICTC and STI CMIS/SIMS data should be done by DAPCU every month during review meeting between STI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS STI in the 1st week of every month	Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	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
	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
	After due verification by at SACS, STI and BSD to share analyzed / verified / completed line list with MACO by 15th of every month	Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	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
	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

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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 / 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
Early detection of HIV infected TB patients	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
	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 ICT activities at 100% Stand Alone ICTC	Every month	DAPCU officer/DNO and District TB Officer
	Implementation and reporting of ICT 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	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
	b) Identification of facilities as per AAP target for co-location	April	SACS BSD, CST, STI, RC-CST
	c) Meetings to be conducted between SACS BSD/CST/STI with Health Facility (Dean, Med Sup, CMHO, ART Model Officer, DAPCU, DACO, facility staff and other stakeholders) for development of time bound road map for co-location	April	Direct: SACS BSD, CST, STI, Monitoring: RC - CST, APD, PD
	d) Issuing of necessary Govt Orders by DHS, DMER, PD SACS, etc	May	
	e) Ensuring action on office orders issued and processing plan for relocation of facilities	May	Direct: DAPCU, MO-ICTC, MO-STI, MO-ART Monitoring: SACS BSD, CST, STI
	f) Monitoring visit by SACS/DHS/DMER for timely follow-up and timely completion of relocation plan	May	Direct: SACS BSD, CST, STI Monitoring: APD / PD SACS
	g) Review meeting to be conducted by PD SACS, DMER, DHS on progress in June	June	Direct: SACS BSD, CST, STI, RC - CST, Monitoring: APD / PD SACS
	h) Follow-up visits by SACS	June / July	
	i) Progress of Activities to be reported to NACO every month	Monthly	SACS BSD, CST, STI

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Indicators	Recommended Action - Supply Chain Management	Timeline	Person Responsible
	<b>Receipt of Supplies by SACS</b> a) Keep storage space available for receipt of supplies 1 week prior to schedule date for arrival of supplies	Ongoing	Direct: SACS BSD, Store Officer Monitoring: APD / PD SACS
	b) Receive stocks on the same day as arrival of supplies and store in walk in coolers	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	c) Physical verification of stock and cold chain status before issuing CRCS	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	d) CRC should be issued within 7 days of receipt of supplies	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	e) Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	f) Dispatch plan should be based on pattern of consumption for last 3 months for the said commodity	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	<b>Dispatch of supplies</b> 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 meeting using cold boxes c) Option 3: Hiring of cold chain vehicle / courier to dispatch supplies directly to ICTCs		
	d) Regional / District level walk in coolers to be used for storing stocks for the respective region and further distribution should be made to the linked ICTCs by using health system cold chain vehicle or physical pick up by ICTC staff using cold boxes	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities		
	<b>Physical Verification and Reporting</b> a) MO-ICTC to physically verify stocks daily and counter-sign in stock register b) All supervisory cadres during field visits to facilities to physically verify stocks at ICTCs for all commodities and counter-sign in stock register	Daily	MO-ICTC, ICTC LT
	a) 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 commodities at ICTCs during supervisory visits	Ongoing	DAPCU, Dist ICTC Sup, TO-SRL, SACS BSD
	b) Variance in tests performed and stock consumption to be analyzed facility wise by DAPCU / ICTC Supervisor and reasons for variance submitted to SACS for necessary action	Monthly	ICTC LT, MO-ICTC
	c) TO-SRLs and District ICTC Supervisors / DAPCU to physically verify stocks for all commodities at ICTCs during supervisory visits	Monthly	TO-SRLs, Dist ICTC Sup/ DAPCU
	d) Variance in tests performed and stock consumption to be analyzed facility wise by DAPCU / ICTC Supervisor and reasons for variance submitted to SACS for necessary action	Monthly	Dist ICTC Sup/ DAPCU
	e) Based on reports from DAPCU / SACS BSD Analysis, if there is more than 10% variance in any centre / facility reported, then visits to facilities reporting variances to be conducted by a team constituted by PD / APD SACS. Appropriate administrative action should be taken by APD/PD SACS based on reports	Ongoing	SACS BSD / SACS CST, APD / PD SACS
	f) Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected /analyzed	Monthly	PD SACS, BSD, Stores Officer, Quality Manager
	<b>g) During this review meeting,</b> - Assessment of stock positions at facility level / SACS level stock position for every commodity should be done based on stock available and consumption pattern - Action should be taken if more than permissible variances reported by any facilities. - Relocation between districts / facilities, Dispatch plan, Transportation plan should be made - Assessment of near expiry drugs/kits should be made and submitted to NACO if required for relocation to other states, atleast 3 months in advance - If some commodities have expired, then reasons for the same should be analysed and administrative actions taken if required	Monthly	Direct: PD / APD SACS
	h) Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month.	Monthly	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS

Supply Chain Management

S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. In Lakhs)
						<b>Pool Fund</b>
1.4.1	Establishment of New Facilities (One Time Grant)	One time cost	1,50,000	no of centres	Minor Refurbishment for Audiovisual privacy, Computer	0
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	9 no. of counsellor	Counselor salary	11.88
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	9 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	3.95
1.4.4	Procurement	Recurring	25000 per centre	9 no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	2.25
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	9. 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	1.8
1.4.6	Private sector partnership	Recurring				
1.4.7	Regional STD labs Existing	Recurring		no of Regional centres	Grant for existing Regional Centers ( Human Resource, Training, Kits and consumables, Stationery and Contingency, Supportive Supervision and Operational Research)	0
1.4.8	State Reference Centres	Recurring				
						<b>19.88</b>

1	STI/RTI episodes to be managed by Designated STI clinics	4416
2	STI/RTI episodes to be managed by TI-NGOs	7984
3	STI/RTI episodes to be managed by Private sector	500
4	Total target of STI/RTI episodes for SACS	12900
5	STI/RTI episodes to be managed by NRHM	6309

1	Designated STI/RTI Clinics	9	0	9
2	TI STI providers	37		37
3	sector	0		0
4	NRHM health facilities upto PHC	69		69
5	PPP ICTC	5	0	5
6	Regional STI Centres	0		0
7	State Reference Centres	1		1

1	Colour coded drug kits for Designated STI clinics and TI NGO	9391
2	RPR Test kits	178

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

Process Indicators 2013-14

Name of State: NIZO&AM

Sr No.	Issues	Recommended course of Action	Person Responsible	Timeliness
1	Low Physical Target In DSRC	1. Establish good linkages with Gyne and obs clinic, CTC and ART centre. Counsellor to sit in Gyne OPD. 2. Ensure collocation of facilities so that there is minimum loss for treatment and testing. 3. All patients to be tracked for Syphilis and HIV testing. 4. Referral linkages with TI to be established. 5. All DSRC to report on STI in CHS/SMS. 6. Post of counsellor vacant in 2 DSRC hence all DSRC are not reporting regularly.	Counsellor of STI Clinic, Incharge of DSRC, and DD STI	Ongoing
2	Low Physical Target In TI	1. Outreach to be oriented on STI symptoms and outreach to encourage HRG to avail STI services from STI Providers. 2. All TI to appoint STI providers and ensure easy accessibility to services to HRG. 3. All HRG to be individually tracked for STI episodes and multiple STI to be tracked. 4. STI services to be delivered at the convenient location of HRG and by establishing linkages with government facilities. 4. Coordination meeting to review the targets achievement with TI and TI division.	DD STI, JD TI and PM of TI	Ongoing
3	Partnering with PSU	1. All PSU and leading private sector to be enlisted in all the districts. At least 3 units to be identified and enlisted, Perdylian Church, Serkewan and LCMC Hospital and other public health facilities. 2. Meeting with State focal person of the PSU. 3. The doctors for STI to be trained. 4. All facility to report in SIVS format	DD STI and State PSU Focal Person	Enlisting of PSU to be completed by March 30 2013. Training to be completed by July 2013
4	Training	Pending training of Doctors in DSRC and PPP to be completed by March 13. Training plan to be made and shared with other division. Training calendar to be made. All participants to be informed in advance about venue and dates of training. All Training to be completed by first quarter.	DD STI and STI Resource Facilities	Training for 2013-14 to be completed by June 2013.
5	Supportive Supervision	At least 50% of poor performing STI facilities to be visited by SACS Focal Person at least once in a quarter. All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visits by STI mentors.	DD STI and STI Mentors	Ongoing
6	Supply chain Management	All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. All commodities supplied by the programme must be monitored regularly. All drugs with earlier expiry should be used first and if excess should be relocated. Review your programme data with consumption of commodities. Ensure there is no stock out and expiry of drugs.	DD STI STI Counsellor at DSRC, STI Clinic Incharge and PM of TI	Periodic Review of commodity at least once a quarter from all facilities
7	Quality of Services	1. All Patients to be provided with internal exam, multiple STI in patients to be tracked. 2. All STI patients to undergo syphilis and HIV testing. 3. All patients to receive drug and test regularly.	STI Clinic Incharge and TI STI Providers, DD STI.	Ongoing
8	NRRHM Convergence	1. Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and training of atleast 1 MO to be done. 3. Budget of STI to be corrected NRRHM PIP 4. Joint review of programme to be done at least once a quarter.	DD STI and State RCH officer	One joint meeting once a quarter

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

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S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Achievement (2010-11)		Targets		Allocation (Rs. In Lakhs)
					Target	Achievement	Existing as 1st January 2013	New for 2013-14	
1.5.1	Modernisation of Blood Bank (Recurring Cost)								
1.5.1.1	Model Blood Banks	Consumables	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1		4.76
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendant, Security, Housekeeping, Data Entry Operator			1		6.24
1.5.1.2	MBB with BCSU	Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines			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			8		2.48
		Salary	1.2	Salary of 1 LT			8		9.6
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 Attendant			1		1.44
1.5.1.8	Maintenance of BT Vans in form of POL	Recurring	0.7				1		0.7
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			10		3.5

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1.5.3	Supervision	Recurring	0.1	TA/DA for visit to the NACO supported blood banks, Monitoring visits to VBD camps, Core Committee supervisory visits			10		1
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					
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			270		6.75
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					
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			10		1
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors			22930		6.7
1.5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms			1		2.88
1.5.6	External Quality								0
1.5.6.1	NRL		6.54				0		0
1.5.6.2	SRL		4.44				0		0
	contingency*								1
1.5.7									
									<b>77.63</b>

Increment as per NACO norms\*

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Total licensed blood banks in the	10
Blood banks supported by NACO	10
Target for Total Collection	22930
Target for NACO supported	22930
Target for VBD	90%
VBD Camps	270
% Component prepared by NACO	80%
Commodity Items to be provided by	
<b>Blood bags</b>	in lakhs

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1	Establishment of facilities / interventions	NACO support for existing in 2012-13*	NACO support for new in 2013-14*	Proposed facilities 2013-14
a	Total Blood Banks	10	0	10
b	NACO Supported Blood Banks	10	0	10
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	8	0	8
c	RBTC	1	0	1
d	Blood Mobile Van	0	0	0
e	Blood Transportation Van	1	0	1
f	SBTC	0	0	0
2	<b>Blood Collection</b>			<b>Proposed target 2013-14</b>
a	Total Collection for the state			14
a1	NACO supported blood collection			22930
b	Percentage VBD for NACO supported BB			22930
c	Voluntary Blood Collection in NACO supported BB			90%
c1	Through Static			20637
c2	Through Camps			8989
c3	Through Blood Mobile Vans			11648
d	No of Camps to be conducted			0
d1	Camp Collection			270
				50
3	<b>Component Separation</b>			<b>Proposed target 2013-14</b>
a	Blood collection in NACO supported BCSU			14
b	Percentage component separation in NACO supported BCSU			13758
				80%
4	<b>Training</b>			<b>Proposed target 2013-14</b>
a	Training of BBO			14
b	Training of Staff Nurse			10
c	Training of LTs			10
d	Training of Donor Motivators			20
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			220
f	Blood Bank counselor			150
				2
5	<b>Supervision, Monitoring and Evaluation</b>			<b>Proposed target 2013-14</b>
a	Field visits to be conducted			14
b	Review meetings to be conducted			10
				4

21

Double 350 ml	
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	

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6	EQAS			
a	NRL			
b	SRL			0
				1
<i>* 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</i>				

<b>Process Indicators for Blood Safety 2013-14</b>			
<b>S No</b>	<b>Indicator and Recommended course</b>	<b>Timelines</b>	<b>Person Responsible</b>
<b>1</b>	<b>Inclusion of Blood Banks under NACO</b>		
	Identification of facilities which meet the norms for NACO support as BCSU, MBB,	By April 2013	JD BS SACS
	Review of existing facilities already under NACO support as BCSU, MBB, DLBB as to whether they meet the norms for NACO	By April 2013	JD BS SACS
	committee	By first week April 2013	JD BS SACS, Quality Manager
	visits	By April 2013	JD BS SACS, Quality Manager
	Sending proposal to NACO for approval of inclusion/ exclusion of facility under NACO support based on core committee	Within first quarter	JD BS SACS
	Communication of letter of approval of NACO support to SACS	Within first quarter	NACO Blood Safety division
	Recruitment of manpower as per pattern of assistance	Within first quarter	JD BS SACS, Admin division SACS
	Deputation of staff for training and provision of kits, consumables and other support as per pattern of	Within first quarter	JD BS SACS
<b>2</b>	<b>Regular reporting in SIMS</b>		
	Need assessment for computers in NACO supported blood banks	By April 2013	JD BS SACS, M&EO SACS
	Procurement and supply of computers of appropriate configuration for NACO supported blood banks	Within first quarter	JD BS SACS, Procurement division SACS
	Registration and regular reporting of NACO supported blood banks in SIMS	All units to be registered within first quarter, Monthly	JD BS SACS, M&EO SACS
	Registration and regular reporting of non NACO supported blood banks in SIMS	All units to be registered by September 2013. Monthly reporting by	JD BS SACS, M&EO SACS
	Quarterly analysis of SIMS report from blood banks	July, October, January and April	JD BS SACS, M&EO SACS
	Communication of feedback on correctness of data to concerned	By the end of first month of the quarter	JD BS SACS
<b>3</b>	<b>Blood Requirement and Collection</b>		
	District wise mapping of licensed and NACO supported blood banks in state	By April 2013	JD BS SACS
	District wise mapping of the estimated numbers of hospital beds in primary, secondary and tertiary health care	By April 2013	JD BS SACS

	Estimation of blood demand of the state based on population norms and rationalizing the same according to	By April 2013	JD BS SACS
	Giving targets to NACO supported blood banks to meet atleast 60% of total requirement of the region being	By April 2013	JD BS SACS
<b>4</b>	<b>Voluntary Blood Donation</b>		
	Conduction of voluntary blood donation camps as per need of the	Ongoing	VBD consultant SACS
	Identification and retention of cohort of donor motivators among the youth through Red Ribbon Clubs, NSS, etc	Ongoing	VBD consultant SACS
	Conduction of trainings on blood donor motivation for blood bank	Ongoing	VBD consultant SACS
	Creating blood bank wise database of repeat voluntary blood donors classified according to blood groups	Ongoing	Counselor at blood banks
	Stepping up static voluntary blood donation by holding fortnightly/ monthly blood donation day or	Every month	Counselor at blood banks
	Counselor in Blood Bank to send reminders to the repeat donors	Every month	Counselor at blood banks
	Observance of VBD days on 14th June and 1st October through release of advertisement and conduction of	May, June and September, October 2013	JD BS, Director SBTC, VBD consultant, IEC division SACS
	Development and replication of IEC material pertaining to promotion of voluntary blood donation	Within first quarter	VBD consultant SACS, IEC division SACS
<b>5</b>	<b>Optimum utilization of Blood Mobile</b>		
	Organize quarterly meeting of incharges of Model Blood Bank and	In beginning of every quarter	Incharge Model Blood bank, JD BS SACS, Director SBTC
	Preparation and submission of quarterly route plan for the blood	In beginning of every quarter	Incharge Model Blood bank
	Monitoring visit of SACS officers to the mobile camp	As per route plan	SACS officers
<b>6</b>	<b>Blood Donation Camps</b>		
	Listing of organizations conducting blood donation camps in the state	In beginning of every quarter	VBD consultant SACS
	Listing of colleges, universities, workplaces where camps can be	In beginning of every quarter	VBD consultant SACS
	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



	Release of budget for conduction of blood donation camps	In beginning of every quarter	VBD consultants SACS, Finance division SACS
	Pre camp motivation talk and distribution of IEC material to ensure that there is good turnout for the	Two days before each camp	Donor motivators, Organizers
	Conduction of camps by organizers and concerned blood bank	On day of the camp	Organizers, Staff of concerned blood bank
	Monitoring visit of SACS officers to the blood donation camp	On day of the camp	SACS officers
	Transport of collected blood units to the blood bank	Within six hours of holding the camp in	Staff of concerned blood bank
	Submission of report of blood donation camps	Within 2 weeks of conduction of camp	Camp Organizers
<b>7</b>	<b>Component separation</b>		
	Review of availability and functional status of equipments for component	By April 2013	JD BS SACS
	Review of availability of requisite manpower at BCSU	By April 2013	JD BS SACS
	Review of availability of licence at	By April 2013	JD BS SACS
	Review and identify BCSU wise reasons for sub-optimal component	By April 2013	JD BS SACS
	Taking appropriate corrective measures to address the reasons	Within first quarter	JD BS SACS
	Stepping up blood collection at BCSU	Ongoing	Incharge BCSU
	Stepping up component separation at	Ongoing	Incharge BCSU
	Enhancing demand for components through trainings on rational blood	Ongoing	JD BS SACS, Training institutes, Professional Associations
<b>8</b>	<b>Trends in prevalence of TTI in blood</b>		
	Capture blood bank wise baseline data of HIV, HBV, HCV, Syphilis and malaria positivity in donated blood	By April 2013	
	Quarterly monitor the trends through SIMS data analysis	Ongoing	
	Identify blood banks showing high prevalence for TTI	Ongoing	
	Review whether quality standards are in place in the blood banks	Every quarter	
	Review whether reactive donor is being notified and referred for	Every quarter	
	Identify possible reasons for high TTI positivity (replacement donation, poor donor selection and screening, high prevalence in general population in	Ongoing	JD BS SACS, Quality Manager

	Preparation of training curriculum on donor counseling, screening and retention for blood bank counselors	By September 2013	NACO blood safety division
<b>9</b>	<b>Procurement and Supply Chain</b>		
	Preparation of Indent for items to be procured at SACS level and approval	By April 2013	JD BS SACS, Quality Manager
	Processing and completion of procurement of indent given	Within first quarter	Procurement division SACS
	Dispatch and receipt at concerned facilities	Within two weeks of supply at SACS	Quality Manager, Store officer SACS
	Preparation of database of equipments supplied under NACP I, II and III in NACO supported blood	Within first quarter	Quality Manager, Store officer SACS
	Procurement of AMC/CMC services for the functional equipments	Before September 2013	Quality Manager, Procurement division SACS
	Issuance of orders for AMC/CMC services	Before September 2013	Quality Manager, Procurement division SACS
	Supply schedule for centrally supplied commodities to be shared with SACS	Within one month of issuance of	NACO blood safety division
	Timely receipt and Storage of centrally supplied commodities under proper	One same day as receipt	
	Physical verification of stock and cold chain status and issuance of	Within one week of receipt	
	Issue of centrally supplied commodities to NACO supported blood banks as per indent and pattern	First issue within 2 weeks of receipt of commodity,	
	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	Every quarter	Quality Manager, Store officer SACS
	Monitoring of stock status of blood bags and kits supplied through central procurement at SACS and facility level	Daily at facility level, Monthly at SACS	JD BS SACS, Quality Manager, Blood bank incharge, TO SRL, LT blood bank
<b>10</b>	<b>Training</b>		
	Identification of training institutes for blood bank staff, donor motivators, rational use of blood and blood bank	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
	Engagement with professional associations for training of clinicians in private sector on rational blood use	Within first quarter	JD BS SACS

	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
	Preparation and dissemination of standardized training curricula	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
	Organization of meeting of training institute and trainers at SACS for	By first week of July 2013	SACS blood safety officers, Training institutes, Trainers
	Approval of training plan and release of budget for training to the institutes	By second week of July 2013	SACS blood safety officers
	Issuance of communications to all concerned for deputing trainees	By third week of July 2013	SACS blood safety officers
	Translation and replication of training modules and related materials	By end of July 2013	SACS blood safety officers, IEC division SACS
	Training roll out for blood bank staff, donor motivators and rational blood	August to December 2013	Training institutes, trainers
	Monitoring of trainings by experts/ SACS officers/ NACO officers	During trainings	Experts, SACS officers/ NACO officers
<b>11</b>	<b>Monitoring and Supervision</b>		
	Preparation and dissemination of standardized tool for supervision	By April 2013	NACO Blood Safety division
	Preparation of Quarterly schedule for visits of core committee	By April 2013	SACS Blood Safety officers
	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
	Quarterly review meetings of the blood bank officers/ counselors of NACO supported blood banks	July, October, January and April	SACS Blood Safety officers
	Submission of visit report by core committee	Within two weeks of conduction of visit	Core committee members
	Issuance of communications regarding visit observations and	Within two weeks of conduction of visit	JD BS SACS, Quality Manager
	Submission of action taken reports	Within two weeks of receipt of	Incharge of concerned blood banks
<b>12</b>	<b>Convergence with NRHM</b>		
	Quarterly meetings with the RCH officer	In April, July, October, January	
	Listing of functional FRU with and without Blood Storage Centres	Within first quarter, review every quarter	
	Preparation of linkage plan to cater to blood requirement of the FRU without Blood Storage Centres	Within first quarter, review every quarter	

	Identification of underserved regions/ districts without blood banks and jointly plan for catering to the blood	Within first quarter	JD BS SACS, Director SBTC, RCH officer
13	<b>Meetings</b>		
	Quarterly coordination meetings of SACS/ SBTC with Drug Control	In May, August, November and	SACS blood safety officers
	Quarterly meetings with the RCH	In April, July,	
	Meetings of governing body/ EC of	Atleast two meetings ev	
	Meetings with trainers and training	Atleast two meetings ev	
	Meetings with blood bank incharges	Atleast two meetings ev	
	Meetings with camp organizers	Atleast two meetings ev	

ANNUAL ACTION PLAN OF STATE- Mizoram

Total No of District	STATE- Mizoram		Lead Agency
	Phase 1	Phase 2	
3	1	2	SPYM

1. SACS					
Item	Description	Unit Cost per annum	Number	Allocation	Remarks
1.1 NGO Evaluation - Phase I Districts	Evaluation of NGOs	43300	1	43300	
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	2	96000	
<b>Sub Total I</b>				<b>139300</b>	

2. LEAD AGENCY					
Item	Description	Unit Cost	Number	Allocation	Remarks
2.1 Salary Cost	Salary Cost(1 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 10 days(1 PO) 10: 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	3	61380	
<b>Sub Total II</b>				<b>1,609,380.00</b>	

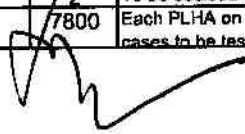

3. DISTRICT IMPLEMENTING AGENCY					
Item	Description	Unit Cost per annum	Number	Allocation	Remarks
3.1 Salary Cost	(2 DRPs, 1 M&I cum Accounts Officer, 4 Supervisors & 40 Link Workers)	1,607,000	3	4806000	
3.2 Administrative cost		468000	3	1404000	
3.3 One time Cost		205500	0	0	
3.4 Community Outreach		57875	3	173625	
3.5. Mid Media		300000	3	900000	
3.6 Training Cost	Module 1	176750	0	0	
	Module 2	176750	0	0	
	Refresher	113750	3	341250	
	Volunteers Training	39750	0	0	
3.7 Mapping		80,000	0	0	
<b>Sub Total III</b>				<b>7,624,875.00</b>	
<b>GRAND TOTAL</b>				<b>9,373,555.00</b>	

4. PHYSICAL TARGETS		Targets 2013-14 (to be achieved till August 2013)	Remarks
Indicators			
4.1 Number of District Implementing Link Worker Scheme		3	
4.2. Total Number of DRPs recruited (7)		6	
4.3. No of Link Workers Recruited( 40)		120	
4.4. % of IIRG Population covered		85% of SNA	Vulnerable (large population)
4.5. % of Vulnerable population covered		85% of SNA	
4.6. % of IIRGs covered		80% of SNA	
4.7. % of IIRG referred to IIC		80% of SNA	
4.8. % of IIRG tested for HIV		80% of SNA	
4.9. % of IIRG referred for STI		300	
4.10. Number of Village Information Centre formed ( 100/dist)		150	
4.11. Number of Red Ribbon Clubs formed( 50 per Dist)		300	
4.12. Number of Condom Dispns established( 100 per Dist)		3500	
4.13. Village volunteers			
4.14. Innovative Challenge Fund			

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S.No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14			
					Target	Achievement	Financial allocation	Expenditure as on	Existing on 1.4.12	Proposed	Allocation Rs. Lakh	Remarks
2.1.1	GIA for ART Centres	Recurring	For low load centres-13.5, medium load-15, high load-12	Salary	0	0	46.5	29.21	3	0	42.00	
2.1.2			0.50	Universal Work Precautions	0	0	1.5	1.67	3	0	1.50	
2.1.3.1			1.50	Operational Costs	0	0	4.5	4.84	3	0	4.50	Items for upgradation/replacement/additional requirement for existing ART centers to be procured out of operational grant of the concerned
2.1.3.2			0.9 for caliber, 0.5 for count & 0.25 for Partec	Operational cost for CD4 testing	0	0	0.5	0.5	1		0.50	
2.1.4.1		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD	0	0	0	0	3	0	0.00	
2.1.4.2			1.00	Infrastructure development installation	0	0	0	0	3	0	0.00	
2.2.1	GIA to SACS for various activities	Printing	0.50	Registers & Cards, Signages, Flip Charts, Posters, Life skills education programme	0	0	1.5	1.48	3	0	1.50	
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			3	3.82	3	12	3.00	training plan with AAP
2.2.3		Treatment of Ots	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode			2	2.03		2500	5.00	
2.2.4.1		LAC	0.15	One-time cost for infrastructure development	0	0	0	0	0	2	0.30	Khawzawl CHC is 4 hrs from nearest ART center Aizawl and Champai. 128 positive registered from the area. Sakawrdai is a CHC 37 KM, 9hrs drive from nearest ART center Aizawl. 79 patients are registered at ART centers
2.2.4.2			0.378	Rec.- for TA/DA & oper. Costs, Stationery etc.	0	0	2.85	0.95	5	2	2.27	2 new LACs proposed
2.2.4.3			0.96	HR for LAC Plus	1	0	0.96		0	1	0.96	
2.2.5.1		EID	3.84	HR for EID	0	0	0		0	0	0.00	
2.2.5.2			1.00	Cost for EID lab (Operational Cost, Infrastructure)	0	0	0	0	0	0	0.00	
2.2.6		Viral load testing	1.10	Salary of LT	0	0	0	0	0	1	0.00	
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment	0	0	0	0	0	0	0.00	
2.2.7.2	Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for		Hiring of space & for drug transfers	1	0	1	0	0	1	1.00		
2.2.7.3	Regional coordinator	9.00	Remuneration & TA/DA	0	0	0	0	0	0	0.00		
2.2.7.4	PPP	0.25	For contingency & miscellaneous						1	0.25		
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs	0	0	0	0	0	0	0.00	
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs	0	0	0	0	0	0	0.00	
<b>Total GIA to SACS for CST</b>											<b>62.78</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	6000	5765	7000	Detection during 2012 has been 900. Targets have been set to cover backlog from previous year also
2.5.2		Alive & on ART	2600	1917	2600	Nearly 25 patients are initiated per month. In addition, there is back from previous year
2.6.1	OI episodes		2000	933	2500	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-	0	0	2	To be decided later
2.7.2		CD4-Kits	7800	3842	7800	Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new cases to be tested on registration

Misoram SACS CST : 2013-14

Sino	Indicator	Target Cumulative 2012-13	Target Achieved	Gap	Gap-Analysis	Proposed target for 13-14	Remarks
1	ART Centres	3	3		No gap found.	0	
2	LAC	5	5	0		2	Khawzawl CHC is 4 hrs from nearest ART center Aizawal and Champai. 128 positive registered from the area. Sakawdai is a CHC 37 KM , 8hrs drive from nearest ART center Aizawal. 79 patients are registered at ART centers from the area
3	LAC Plus	1	0	1	Kolasib LAC is being upgraded to LAC Plus . Post of staff nurse adv . Meanwhile can start functioning as LAC + by training staff nurse from general health system	0	
4	PLHIV registration in HIV care	6000	5716	95.27%	95.3% registered. Data compiled until Dec 12. 63.9% of the registered found to be eligible for ART . shows that late detection and late referrals. Needs sensitization on early detection and immediate referrals	7,000	Detection during 2012 has been 900. Targets have been set to cover backlog from previous year also
5	Alive and on ART	2600	1918	74%	Data till December 2012.	2600 of the eligible should be initiated on ART	Nearly 25 patients are initiated per month. In addition , there is back from previous year
6	CDA testing	7800	3852	49%	Currently 49.4% of target are achieved on CDA testing. It is expected that a 64.6% would be achieved in 3months.	7800 All PLHIV registered in HIV care should undergo baseline CDA testing	tests to be done twice a year for PLHIV registered in HIV care
7	CDA Machine	1	1	0		2	Champai - 247 PLHIV registered. 8hrs drive from Aizawal and Lunglei is around 6 hrs drive. 129 pts are registered for HIV Care. No courier services to send the samples. Cost of travelling to Aizawal for pts very high as no proper transportation available. Landslide problem in rainy season
8	DI treated	2000	1225	61%	Remaining 26 % would be accomplished before March 2013.	2500	
9	ICTC ART linkages						Pregnant positive women: 100% HIV - TB co infected 100% General clients 90%. System for tracking all HIV positive general clients need to be strengthened through line listing and ensuring at least target 90% will be attained
10	Co-location of ICTC ART				As of now, 2/3 centres are co-located.	1	Aizawal center is not co-located . Efforts will be made to co-locate the same in this year.
11	PPP - ART Centres					1	Potential partner : Christian Hospital
12	Sensitization of Private practitioners on rational prescription of ART				only 1-2 Drs in Aizawal are doing in HIV practice		The same need be sensitized on rational prescription
13	Sensitisation of HCP on UWP/PEP of private HCP				total 225 HCP trained in 5 batches	500 HCP	10 trainings comprising 50 participants will be held. (Aizawal, Champai & lunglei). FOGSI/ IMA / Surgeon to be involved
	Sensitisation of HCP on UWP/PEP of HCP					150	(Aizawal, Champai & lunglei). Sensitisation to be done by ART centres once/twice a year/ preferably quarter 1
14	Financial Status	117.9	74			72.03	

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## Processes for implementation of 2013-14 activities

MIZORAM				
Baseline: 1 <sup>st</sup> April 2013				
S.No.	Activity	Processes	Responsibilities	Timeline
1.	Setting up ART Centre	No new 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"> <li>Training at CoE</li> </ul>	<ul style="list-style-type: none"> <li>by RC</li> <li>Nodal Officer CoE</li> </ul>	Fortnightly
ICTC-ART Linkages	Receiving line list from concerned ICTC by e-mail	ART centre counsellor	Every 15 days
	Sending feedback to ICTC centre by ART centre	ART centre counsellor	Every 15 days
	Monthly meeting between ICTC and concerned ART at district / regional level to be conducted for verifying data	DAPCU to co-ordinate, Dist ICTC Sup. MO-ART, ART Counselor, all concerned ICTC Counselors	1st week of every month
	SACS inter-divisional meeting with CST and BSD to be conducted every month after data analysis by BSD division of SACS	SACS CST, BSD	2nd week of every month
	Due verification of data sent by ART centres to ICTCs by CST at SACS	SACS CST	Monthly
	District level review meetings to be held at least once in a quarter	SACS CST, BSD	Quarterly
	SACS CST/ BSD to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring	SACS CST, BSD	Monthly
	ART centres with poor feedback to ICTCs to be identified and focused visits conducted to evaluate reasons for the same. Solutions to be provided.	RC RC, SMO/ MO - ART	Quarterly
	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
5 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)
	Number of batches to be trained to be finalized once total numbers are identified	SACS CST (JD), RC	June
6 Training of Health care providers in UWP & TTP	Curriculum to be standardized	NACO CST	May (first fortnight)
	Training of Health care providers (Expected Target- 150)	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 (estimates = 1 or 2)	SACS CST, RC, DAPCU	May'13(Second Fortnight)
	Estimated Target needs 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
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>			

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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

Mizoram Institutional Strengthening AAP 2013-14

2	Operational Cost	Total Cost 2012	Expenditure upto 228.2.2013	Proposal for 2012-13	Recommended
1	Training SACS/DAPCU	4,00,000.00	1,43,825.00	3,00,000.00	2.50
2	Equipment Maintenance	2,00,000.00	2,75,566.00	3,00,000.00	3.00
3	Building Maintenance	-	-	-	-
4	Vehicle Maintenance	9,00,000.00	5,59,000.00	9,00,000.00	7.00
5	Travel Expenses	20,00,000.00	22,71,345.00	25,00,000.00	25.00
6	Rent, Rates and Taxes	6,00,000.00	6,00,000.00	6,00,000.00	6.50
7	Telephone/Communication Expenses	3,00,000.00	2,41,048.00	3,00,000.00	3.00
8	Bank Charges	-	4,551.00	10,000.00	0.00
9	Miscellaneous Expenses	4,00,000.00	66,827.00	4,00,000.00	4.00
10	Printing and Stationery	2,00,000.00	3,94,961.00	3,60,000.00	3.50
11	Advertisement (Other than IEC)	2,00,000.00	1,04,200.00	3,00,000.00	3.00
12	Water and Electricity	1,00,000.00	1,18,754.00	1,00,000.00	2.00
13	Audit Fees	8,00,000.00	8,63,701.00	9,00,000.00	9.00
14	Legal Expenses	-	-	-	-
15	Postage / Courier	-	2,55,558.00	3,00,000.00	3.00
16	Other Administration Cost	2,00,000.00	1,82,002.00	2,00,000.00	2.00
17	Review Meeting Expenses	-	-	-	0.00
18	Office Equipments (see next sheet)	2,00,000.00	21,640.00	7,10,000.00	4.00
19	Furniture	2,00,000.00	15,965.00	2,00,000.00	2.00
	<b>Total</b>	<b>67,00,000.00</b>	<b>60,20,694.00</b>	<b>84,30,000.00</b>	<b>79.50</b>

a. Salary DAPCU

S.No	Name of the position	Type of Position	No. of DAPCUs	Monthly Salary	Total for the year
		Regular			
		Contractual			
1	District Programme Manager	Regular	3	28,500.00	1,02,600.00
2	IM & E Assistant	Regular	3	13,700.00	49,320.00
3	Accountant	Regular	3	13,700.00	49,320.00
4	Assistant	Regular	3	13,700.00	49,320.00
	<b>Total (For — Districts) As per enclosed list</b>				<b>2,50,560.00</b>

b. Operation Cost (DAPCU)

	Unit cost	Yearly cost	No. of DAPCUs	Total Cost
1	Office Equipment	0	0	0.00
2	Communication expenses	39,000.00	3	1,08,000.00
	Stationery	30,000.00	3	90,000.00
	Postage	12,000.00	3	36,000.00
	Travel	2,40,000.00	3	7,20,000.00
	Contingency	24,000.00	3	72,000.00
	<b>Total</b>	<b>3,42,000.00</b>	<b>3</b>	<b>10,26,000.00</b>
<b>SUMMARY Mizoram</b>				
	<b>By SACS</b>	<b>Recommended</b>		
3	Salary	196.45		196.45
3	Operational Cost	84.30		79.50
3	Salary DAPCU	25.06		25.06
3	Administratives Cost of DAPCU	10.26		10.26
	<b>Grand total</b>	<b>316.07</b>		<b>308.93</b>

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

		Induction				Total	Budget	Remarks	Quarterly			
		Induction	Refresher	Total	Q1				Q2	Q3	Q4	
1	Training*	a. SIMS Induction/Refresher training						M&E-Trainings				
		ICTC	2500	5	44	49	122500					
		DSRC/STI	2500	4	9	13	32500					
		TI	2500	1	37	38	95000					
		BS	2500	1	10	11	27500					
		LWS	2500	1	3	4	10000					
		DAPCU	2500	0	9	9	22500					
		CCC	2500	0	3	3	7500					
		IEC	2500	0	3	3	7500					
		DPO	2500	0	4	4	10000					
Total			12	122	134	335000						
b. Other Trainings/ DAPCU review cum training						275000	M&E-Review meetings/workshops					
2	Reports publication ( 4 quarterly CMIS bulletin, 1 surveillance report, annual report & district date triangulation report )					397500	M&E-Printing of reports & bulletin					
3	Monitoring & Supervision visits (10 days/month)#						To be Booked under "S" in appropriate head					
4	HIV Sentinel Surveillance**					200000	Surveillance:Honorarium to sentinel site personnel, Surveillance-Honorarium to testing lab personnel, Surveillance - Supervision and field visits at SACS, Surveillance -Other Contingencies					
Total Budget						1207500						

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

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

SL.No.	Budget Head(Discription)	Sub-Head (Discription)	Type of Unit	Unit cost (Rs)	No. of persons to be trained			Estimated budget
					Induction	Refresher	Total	
1	Training*	a. SIMS Induction/Refresher training	ICTC	2500	5	44	49	122,500
			DSRC/STI	2500	4	9	13	32,500
			TI	2500	1	37	38	95,000
			BB	2500	1	10	11	27,500
			LWS	2500	1	3	4	10,000
			DAPCU	2500	0	9	9	22,500
			CCC	2500	0	3	3	7,500
			IEC	2500	0	3	3	7,500
			DPO	2500	0	4	4	10,000
			<b>Total</b>			<b>12</b>	<b>122</b>	<b>134</b>
2	Reports publication ( 4 quarterly CMIS bulletin, 1 surveillance report, annual report & district data triangulation report)	b. Other Trainings( DAPCU review cum training)						275,000
3	Monitoring & Supervision visits (10 days/month)#							397,500
4	HIV Sentinel Surveillance**							200,000
<b>Total Budget</b>								<b>1,207,500</b>

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.

Monitoring and Evaluation		Timeline	
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

*DR*