T-11017/25/2012-NACO (F)
Government of India
Ministry of Health & Family Welfare
Department of AIDS Control

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

To,

The Project Director,
Mumbai District AIDS Control Society

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

Sir/Madam,

Please refer to your proposal regarding approval of Annual Action Plan for the year ***2013-14*** and further discussions held in Department of AIDS Control (DAC) on 8th February, 2013 The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs 2504/58 lakh (Rupees Twenty five crore Four lakh and Fifty eight thousand only.) as per detailed break-up given below:

(Rs. in lakhs)

Component	DBS	Pool fund	GF	Total
Prevention				
TI		928.66		928.66
STI	57.34			57.34
BTS	346.31			346.31
IEC	262.24			262.24
LWS				
ICTC	108.52		253.22	361.74
Total	774.41	928.66	253.22	1956.29
CST	259.74			259.74
ISTM	275.85			275.85
SIMS	12.70			12.70
GT	**1322.70**	**928.66**	**253.22**	**2504.58**

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

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 level, to meet local needs. This should be informed to DAC well in advance. However, such re-appropriation should not adversely affect the physical targets indicated in the plan. Re-appropriation between implementation cost and operational expenses like salary should not be done at SACS level without the concurrence of DAC.

6. The process indicators may be followed for improvement of programme. The pattern of assistance and guidelines as already approved and conveyed from time to time by DAC should be followed.

7. SACS shall ensure that up to date information of the programme performance is sent through the CMIS package and the accounts are maintained through CPFMS. Reasons for variance shall have to be provided through the CPFMS.

8. The funds for SBTC activities will be released by State AIDS Control Societies after ensuring that the Audit statement and Utilization Certificates till 2011-12 for the funds provided by DAC and Provisional Utilization Certificates (based on statement of expenditure for the year 2012-13) have been submitted to DAC and their Annual Plan for 2013-14 has been approved by Governing Body.

9. The minimum quarterly target for expenditure has been earmarked at 19%, 24%, 24%, and 33% respectively for each quarter. This is as per requirement of the modified cash management system through which "quarterly targeted budget allocation" is to be maintained. The SACS not able to incur the minimum expenditure as per the fixed targets is likely to have their annual plan reduced and corresponding lesser releases in the subsequent quarter.

10. The Physical targets as indicated are as per baseline figures reported by SACS and targets for the year 2013-14 agreed with. The targets also correspond to the funds available for the current financial year. Changes if any will be only with concurrence of DAC.

11. No vehicle shall be purchased from NACP funds except for purchase of mobile ICTCs wherever approved in the action plans.

12. Till further orders, under Institutional strengthening, SACS may extend the service contracts of contractual posts sanctioned under NACP **initially for six months with effect from 1st April 2013.** Salaries expenditure under ISPM is to be incurred for sanctioned posts.

13. The Procurements under various Funds/Components are to be made as per details given below:

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

Yours faithfully,

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

Copy to:

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

Targeted Interventions

Mumbai | YEAR 2013-14

S.No.	Sub-Component	cost Head	Unit cost in Lakh (Range)	Items/ Activities	TI Achievement (2012-13) Target	TI Achievement (2012-13) Achievement during the year	TI Targets (2013-14) Existing as on 01.04.2013	TI Targets (2013-14) Transition from Partners	TI Targets (2013-14) New TIs additions	TI Targets (2013-14) Total		
1.1.1	FSW	Grant to TI Projects	8 to 24 lakhs based on coverage	cost for basic infrastructure,human resources, programme managemnt and service delivery		18	18		0	18		308.79
1.1.2	MSM					8	8		0	8		152.16
1.1.3	IDU					4	4	0	0	4		61.48
1.1.4	TG/Hijra					5	5		0	5		103.91
1.1.5	Core Composite*					0	0		0	0		0.00
1.1.6	Migrants (Source)								0	0		0.00
1.1.7	Migrants (Transit)					0			0	0		0.00
1.1.8	Migrants (Destination)					14	14		1	15		205.37
1.1.9	Truckers					2	2		0	2		25.70
									1			857.41
1.1.9	Training of State TOTs/ STRC Refresher training	Grants to agencies	8 to 40 lakhs	Cost for training as per norms and management cost of agencies								49.01
1.2.0	JAT / Evaluation	Professional services	25,000-40,000 per unit	Cost for TA, DA and documentation						0		10.40
1.2.1	OST centre maintanance						4		0	4		8.84
1.2.2	Employer led models			As per guidelines					10	10		3.00
1.2.3	Any other											0.00
										TOTAL (Rs. In Lakhs)		928.66

Detailed guidelines on Employer Led Models would be issued by NACO

Core Population	Less than 500		500-799		[illegible]		[illegible]							
	Old	New	Old	New										
FSW	0	0	1	0	2	0	15	0			18	0	22000	0
MSM	0	0	0	0	0	0	1	0			1	0	11100	0
	Less than 150		150-249		[illegible]		[illegible]							
TG/Hijra	0	0	0	0	0	0	1	0	1	0	2	0	4400	0
	150-299		300-499		[illegible]		[illegible]							
IDU	1	0	3	0	0	0	0	0			4	0	1400	0
OST														
	Less than 400		400-699		[illegible]		[illegible]							
Core Composite	0	0	0	0	0	0	0	0			0	0	0	0
Bridge Population	5000		[illegible]											
Migrant (Dest.)	0	0	14	1	0	0					14	1	150000	10000
	[illegible]		[illegible]											
Trucker	1	0	1	0	0	0					2	0	15000	0
Migrant (Source)	No. of districts	0	Migrants (Transit)	No. of sites	0	0								

Annexure.1

Targeted interventions

Mumbai

YEAR 2013-14

	Less than 500		500-799		800-999		1000-1499		1500 and above	
									Old	New
FSW	9.82	8.97	11.99	10.54	13.69	13.64	16.56	15.69	18.52	17.67
MSM	9.9	8.85	11.52	10.57	14.05	13.21	16.70	15.91	18.9	[illegible]
			200-399		400-599		600-799		800 and above	
TG/Hijra			12.52	10.67	14.08	13.31	16.70	15.91	[illegible]	[illegible]
	150-299		300-499		500-699		700 and above			
IDU	14.62	13.72	15.62	14.72	17.80	[illegible]	[illegible]	[illegible]		
OST CENTER (GOVT.)	9.86	8.57								
	Less than 400		400-699		700-999		1000-1499		1500 and above	
Core Composite	11.24	10.78	13.45	13.00	15.46	[illegible]	17.[illegible]	[illegible]		
Bridge Population	5001-9999		10000-11999		12000 and above					
Migrant (Dest.)	8.77	8.22	12.87	12.32	15.65	16.38				
	5000-9999		10000-29999		30000 and above					
Trucker	9.13	7.73	16.57	15.17	30.99	29.59				
Migrant (Source) per district	13.67	13.05	Migrants (Transit) per site		1.62	1.07				

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

Migrants (Source)			
0	0	0	0

Migrants (Transit)	
PM	ORW
0	0

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)	0.20
Unit cost per OST feasibility assessment	0.20

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Annual Action Plan 2013-14 (Mumbai Districts AIDS Control Society) (Rs. in lakhs)

1.2 Information, Education & Communication

S.No.	Sub-Component	Cost Head	Unit Cost **	Items/activities	Achelvement (2012-13) Target	Achelvement (2012-13) Achelvement	Existing as on Date	Targets (2013-14) New	Allocation in Rs. (In lakhs)	Source of funding
1.2.1	Information Education Communication									
	Meass Media	TV								
		Spots on Private Channels/cable			NA	NA				
		Spots on Doordarshan								
		Long format TV Programs (15/30 mts duration)								
		Radio								
		Audio Spots/10 seconds			3 campaigns	3 campaign		NA	0	
		Spots on AIR								
		Long format Radio rograms (30 mts/15 mts duration)								
		Newspaper Advts.	As per DAVP/DGIPR rate	Shakti, Condom Promotion & Stigma & Discrimination - 3 Campaign Service Ads: Strips at bottom of page every month	Shakti, Suraksha & Stigma & Discrimination	Shakti, Suraksha & Stigma & Discrimination		3 campaigns		
		Newsletter							20.0	
Sub-total								NA		
1.2.2	ICT								20.00	
		Website								
		SMS								
		Helpline		Helpline Manager, Counselor, Administrative Cost, maintenance of the equipments, Telephone charges etc.					15.69	
Sub-total										
1.2.3	IEC material production, replication & newsletter	Printing / replication of IEC Materials		IEC materials as per centers, TI NGOs requirement & General Materials Rs 102900 for Trucker IEC					15.69	
Sub-total									41.02	
1.2.4	Outdoor	Permanent Hoardings at Strategic locations	Rs. 3272.73 per hoarding i.e. Rs. 72000/- per campaign	3 campaigns (Shakti, Condom Promotion & Stigma & Discrimination) in a year : 22 hoardings per campaign	Shakti, Suraksha & Stigma & Discrimination	Shakti		66	41.02	
		Rented Hoarding at Strategic locations							2.16	
		Display of messages on govt. Buses			NA	NA				
		Auto Top displays								
		Bus Shelters (20)	35000 per Bus shelter	Shakti, Condom Promotion & Blood Donation 3 campaigns a year : 12 bus shelters per campaign	Shakti & Blood Donation	Shakti & Blood Donation		36	12.60	
		Display at Railway stations/Metro (Framed Banner)	900 per banner	3 campaigns a year (Shakti, Suraksha & Blood Donation) : 500 Banners per campaign	Shakti & Condom , Blood Donation	Shakti & Blood Donation		1500	13.50	

		Cost Head	Unit Cost **	Items/activities	Target	Achievement	Existing as on Date	New		
		Window Top Transfer	25000/- per Train - (72 window Top transfer per train)	3 campaigns a year (Shakti, Condom Promotion & Stigma & Discrimination) : 20 trains per campaign	3 Campaigns	Blood Donation & shakti		60		
		Railway outdoor display	13000/- per display	3 campaigns a year (Shakti, Suraksha & Blood Donation) : 30 displays per campaign	NA	NA		90 d	15.00	
		Bus Backs	8500/- per bus backs	3 campaigns a year (Shakti, Suraksha & Blood Donation) : 58 bus backs per campaign	4 Campaign	Shakti & Womens day		174	11.70	
1.2.5	Mid Media								14.80	
		Hiring of folk troupes	3000 per street play	900 street plays : as per NACO themes					69.76	
		Fabricating IEC vans, branding IEC vans			600	600		900	27.00	
		IPC Migrant Camps								
		Exhibitions								
		Sub Total								
1.2.6	Events								27.00	
		State and District level events		WAD, IYD and VBD						
		Multimedia Campaign only in NE							13.00	
		Piggy Back events in NE states								
		Other state specific events								
1.2.7	M & E, Documentation	All activities to be documented. Mention the activies whose evaluation to be conducted							13.09	
		Monitoring and Evaluation								
		Reporting and Documentation All activities of MDACS		reporting & documentation of Monthly IEC activities						
		Bulletin / Newsletter for MDACS		Qurter wise 4 Bulletin	4 Bulletin	2 Bulletin			5.00	
		Sub total							3.00	
1.2.8	Hiring of Communication of Agency								8.00	
1.2.9	Youth Intervention									
1.2.9.1	Adolescence Education Programme			Reworking the module and sensitisation fo teachers, pricipals						
1.2.9.2	RRCs in colleges and University		Rs. 9000 / - for each RRCs	Formation of RRCs, training & IEC materials. (112 old RRCs + 63 new				50	0.50	
1.2.9.3	Out of school Youth				150	112		175	10.15	
Sub-Total										
1.2.10	Drop in Centre	Only for three months @ 1.37 lakh per DIC							10.66	
1.2.11	Mainstreaming activities other than training and advocacy			Separate sheet to be attached	3 DICs	3 DICs			4.11	
1.2.11.12	Training plan			Separate sheet to be attached				10496	11.00	
									21.81	
	Strenthening of the PLHIV Redressal Cell for facilitating Social and legal protection			Honorarium to RC Coordinators & Volunteers, administrative expenses, Stationery & IEC materials (10 redressal cells)	10 Redressal Cell	9 Redressal Cell		10 Redressal Cell	20.20	
Grand Total									262.24	

		Cost Head	Unit Cost **	Items/activities	Target	Acheivement	Existing as on Date	New		

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

K.Syama Prasad
JD(IEC)

MUMBAI				
Sr. No.	Component	Physical targets [illegible]	Timeline	Process Indicators
1.2.1	**Mass media**			
	News paper advt and Press coverage	3 campaigns	1.& 2. AprilWk 1 3. April Wk 3 4. April Wk 4 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.
1.2.2	**ICT**			
	Web site			
	SMS			
	Helpline – Sadhan	1		1. Record keeping 2. Analysis of monthly record 3. Documentation & reporting
1.2.3	**IEC material production & replication**		1. & 2. April Wk 1 3. April Wk [illegible] 4. May Wk [illegible] 5. Staggered 6. May Wk 3-4 7. May Wk 3-4 8. Periodic	1. Requisition from prog divisions 2. Assessment of stock 3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 4. Work order released 5. Delivery plan 6. Distribution plan 7. Training on material use to end users (Service centres/NGOs 8. Monitoring of use by service centres/NGOs
3	**Outdoor**			
a	Permanent hoardings, only changing of flex	3 campaigns a year : 22 hoardings per campaign	1. April Wk 1 2. April Wk 3 3. April Wk 1 4. April Wk 4 5. May Wk 3 6. Ongoing 7. Periodic	1. Selection of sites (prominent & frequented by target audience) 2. Tender process 3. Development of prototypes, size and message content 4. Sharing with NACO 5. Selection of vendor 6. Work order 7. Monitoring 8. Periodic reporting
	Bus Backs	3 campaigns a year : 58 bus backs per campaign	1.& 2 April Wk 1 3. April Wk 3 4. April Wk 3 5. April Wk 4 6. May Wk 3 7.May Wk 4 8.Ongoing 9. Periodic	1. Decision on display material 2. Identification of towns and no. of shelters for display 3. Development of prototypes, size and message content 4. Sharing prototype with NACO 5. Tendering process 6. Selection of vendor 7. Work order

				8. Monitoring plan 9. Documentation & reporting
k.	Bus shelter	3 campaigns a year : 12 bus shelters per campaign	1.& 2 April Wk 1 3. April Wk 3 4. April Wk 3 5. April Wk 4 6. May Wk 3 7.May Wk 4 8.Ongoing 9. Periodic	1. Decision on display material 2. Identification of towns and no. of shelters for display 3. Development of prototypes, size and message content 4. Sharing prototype with NACO 5. Tendering process 6. Selection of vendor 7. Work order 8. Monitoring plan 9. Documentation & reporting
f.	Display at Railway station	3 campaigns a year : 30 displays per campaign	1.& 2 April Wk 1 3. April Wk 4 4. May Wk 1 5. Stagered as per plan 6. Ongoing 7.Periodic Activity will be done in Q 2, 3 & 4	1. Decision on display material 2. Identification of locations for display 3. Listing of activities 4. Plan for executing the activities 5.Display 6. Monitoring plan 7. Reporting and documentation
	Framed Banners at Railway Stations	3 campaigns a year : 500 Banners per campaign	1.& 2 April Wk 1 3. April Wk 4 4. May Wk 1 5. Stagered as per plan 6. Ongoing 7.Periodic Activity will be done in Q 2, 3 & 4	1. Decision on display material 2. Identification of locations for display 3. Listing of activities 4. Plan for executing the activities 5.Display 6. Monitoring plan 7. Reporting and documentation
	Window top stickers in trains	3 campaigns a year : 20 trains per campaign	1.& 2 April Wk 1 3. April Wk 4 4. May Wk 1 5. Stagered as per plan 6. Ongoing 7.Periodic Activity will be done in Q 2, 3 & 4	1. Decision on display material 2. Identification of locations for display 3. Listing of activities 4. Plan for executing the activities 5.Display 6. Monitoring plan 7. Reporting and documentation
1.2.5	**Mid media**			

h.	Folk-performances, state level w/shop, review meetings, monitoring etc	Rs. 3000 per street plays	1.April Wk 1 2.April Wk 2 3.April Wk 3 4.April Wk 3 5. April Wk 3 6.Periodic 7. After phase 1 8. June 9. After completion every phase Folk performances will be done in Q1,2, 3 & 4	1. Selection of troupes as per guideline 2.State level workshop 3. Planning meeting with DST 4. Route plan , Phase-wise 5. Troupe deployment 6. Monitoring of performances 7. Analysis of monitoring reports 8. Review meeting with troupes & DST 9. Reporting to NACO
1.2.6	**Events**	3 events		
	Youth Day (12 Aug)	1 event	1.April Wk 1 2.April Wk 4 3. Depending on Calendar 4.As per calendar 5. As per calendar 6. soon after events	1. Preparation of event and decision on areas for implementation 2. Plans of activities 3. Disbursement of funds to districts 5. Documentation 6. Foundation Day of MDACS
	VBD Day (Oct)	1 event	1.April Wk 1 2.April Wk 4 3. Depending on Calendar 4.As per calendar 5. As per calendar 6. soon after events	. Preparation of event and decision on areas for implementation 2. Plans of activities 3. Disbursement of funds to districts 5. Documentation 6. Foundation Day of MDACS
	World AIDS Day	1 event	1.April Wk 1 2.April Wk 4 3. Depending on Calendar 4.As per calendar 5. As per calendar 6. soon after	. Preparation of event and decision on areas for implementation 2. Plans of activities 3. Disbursement of funds to districts 5. Documentation 6. Foundation Day of MDACS

			events	
1.2.7	**M&E**		**Q 1-4**	
A	M & E, Reporting and Documentation All activities of MDACS	1	1.April Wk 1 2. As per calendar 3. soon after events	1. Listing of activities for monitoring - by SACS officers, external resource, etc. 2. Documentation of all field level activities 3. Documents shared with NACO
B	Bulletin / Newsletter for MDACS	4 Bulletin		1 bulletin per quarter
1.2.9	**Youth Intervention**			
1.2.9 .1	AEP	50 Junior Colleges	1.April Wk 4 2. May – June 3. August Wk 2 4. Sept Wk 2 – Oct Wk 2 5. As per training schedule	1. Listing of all Govt Sr. Secondary schools 2. Listing of schools targeted in FY 13-14 3. Training of teachers 4. Disbursement of funds along with guidelines 5. Implementation of AEP 6. Monitoring of activities carried by schools 7. Documentation
1.29. 2	RRC	Formation of RRCs, training & IEC materials. (112 old RRCs + 63 new RRCs=total 175 RRCs)	1.& 2. April Wk 1 3. July Wk 2 4. August Wk 2 5. As per training schedule 6.ongoing 7. Periodic	1. Listing of all Colleges - graduate, technical & Universities 2. Listing of colleges targetted in FY 13-14 3. Training of Coordinators 4. Disbursement of funds alongwith guidelines 5. Calendar of activities 6. Monitoring of activities 7. Documentation
1.2. 10	DIC	3 DIC	April Wk 1 2. April Wk 1 3. April Wk 1 4. Regular 5. June - July	1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of beneficiaries 4. Monitoring of activities 5. Documentation
1.2.1 1	**Mainstreaming training & advocacy**			

1.2.1 1.12	Training		1.April 3 2. April 3 3. April 3 4. April 3 5. April 4 6.May 1 7.May 3 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
[illegible]	Strengthening of the PLHIV Redressal Cell for facilitating Social and legal protection			Honorarium to RC Coordinators & Volunteers. administrative expenses, Stationery & IEC materials (10 Redressal cells)
	Total		[illegible]	

1.3	AAP 2013-14 Integrated Counseling and Testing Centre MUMBAI DACS							
					Targets 2013-14		Allocation (Rs. in Lakhs)	
S.No.	Sub-Component 1	Cost head	Unit Cost (lakhs)	Items/ activities	As on 01.04.2013	New	RCC Round 2	Remarks
1.3.1	Existing Facilities							
1.3.1.1	HR for Counselors and LTs	Recurring	2.4	Salary including TA/DA for Existing/In-place Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	69		165.6	
				Salary including TA/DA for Additional Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*1*12)	27.5		66	42 Counselors and 14 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	6		10.08	
1.3.1.3	Mobile ICTC	Recurring	5.55	Running cost of whole unit including salary of counselors and lab tech at Rs 9000 average per month for 12 months	3		16.65	
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, Secreterarial Assistant, Finance Officer)			18.00	
				Sub Total			276.33	
1.3.2	Establishment of New ICTCs							
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 60000 per new stand alone ICTC	69	0	0.00	
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	3	0	0.00	
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none	4	45	0.00	
1.3.2.4	PPP ICTCs	Non recurring	0	none	39	46	0.00	
				Sub Total	0	0	0.00	
1.3.3	Trainings							
1.3.3.1	Training	Recurring	1.75	1) ICTC: Counselors, LTs: Induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) ICTC: Training of MO ICTC / MOTC / ART MO / District Supervisor ICTC / District TB-HIV & DOTS Plus Supervisor (RNTCP) in HIV-TB package 3) F-ICTC: ANM, Nurse, LT, HIV/TB & team training, full site sensitization 4) Whole blood: Training of ANM and RNTCP LT and STLS in whole blood screening 5) Any other training			14.13	50% allocation made. Training Plan approved. Additional allocation will be made based on completion of training and expenditure
				Sub Total			14.13	
1.3.4	Procurement of Equipment							
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6	Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc	0	0	0.00	As per procuement plan based on justification
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipments/ maintainance/ AMCs/ Insurance of equipment bikes etc	72	0	3.60	
				Sub Total			3.60	
1.3.5	Consumables							
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Safe delivery kits, reagents and syringe needles, printing of reporting formats, internet and other misc exp	72	0	36.00	As per procuement plan based on justification. No procurement for PPP ICTC
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC:Safe delivery kits, printing of formats and other misc exp at the center	0	0	4.90	
				Sub Total			40.90	
1.3.6	Monitoring and Supervision / Review meetings							
1.3.6.1	Review meeting for Supervisors	Recurring	0.01	review meetings	12		1.44	
1.3.6.2	Review meeting for counselors/MO	Recurring	0.015	review meetings	69		4.14	
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	2		0.20	
				Sub Total			5.78	
1.3.7	SRL							
1.3.7.1	HR for Technical Officer in SRL	Recurring	3	Salary for TO in SRL, including TA/DA, at average Rs 25,000/- per TO per month for 12 months	4	0	12.00	
	Sub-Total						12.00	
1.3.8	Additional Allocation							
1.3.8.1	For Co-location of facilities	Non recurring	Lumpsum	Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities i.e ART/ICTC/STI	-	10	4.00	
1.3.8.2	For PPP ICTC Involvement	Non recurring	Lumpsum	A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals i.e Nursing Homes, Corporate Hospitals into NACP. B) Involvement of professional bodies like FOGSI, IMA, IADVL, IAP, etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employer model meetings for which seperate budgetary allocation is made	-	36	5.00	
				Sub Total			9.00	
1.3	Grand Total						381.74	

1.3	Physical Targets for Mumbai 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	69	0	0	0
2	Mobile ICTCs	3	0	0	0
3	Facility Integrated ICTCs	4	33	12	45
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	39	36	0	36
5	PPP ICTCs in Private Sector Industries	0	0	5	5
6	PPP ICTCs in Public Sector Industries	0	0	5	5
	Colocation of Facilities	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14
1	Medical College Level	0 out of 4	0	0	0 out of 4
2	District Hospital Level	0 out of 0	0	0	0
3	Sub District Level	0 out of 10	0	10	10 out of 10
	Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target
1	Testing for General clients	300000	181117	300000	
2	HRG testing	37811	27276	78746	Two time testing in 100% of HRG covered by TI
3	Bridge population testing	16500	11203	50250	30% migrants and 15% truckers
4	STI Clinic In-referrals testing	54047	24585	40000	100% DSRC attenddees
5	Out Referrals from ICTC to STI			14581	
6	HIV-TB Cross referral	45000	38073	60000	100% of TB patients and 10% of ICTC clients (Non-ANC)
7	HIV/TB coinfection to be detected	1300	975	1300	100% of HIV infected TB notified cases
8	Testing for ANC	150000	105296	170000	90% of the estimated pregnancies
9	Detection of HIV+ve pregnant women	1050	304	1035	90% 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	63%	85%	HIV +ve general clients to be linked to ART centres
2	PPTCT to ART	NA	90%	100%	HIV +ve pregnant women to be linked to ART centres
3	TI to ICTC	NA	NA	90%	HRGs referred from TI reaching ICTC
4	STI to ICTC	NA	45%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics
5	TB to ICTC	NA	78%	100%	Notified TB cases reaching ICTC
6	HIV/TB to ART	NA	60%	90%	HIV infected TB notified cases reaching ART

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

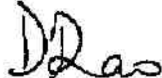
S.No	Type of Training	Category of Participant	Number of persons	Duration	Unit Cost	Training Cost	Training Plan (April 2013-March 2014) Quarter 1	Quarter 2	Quarter 3	Quarter 4	
1	Induction (Stand alone (Inc. Mobile)	Counselor	15	12	500.00	90,000.00		1			
		Lab-Tech	10	5	500.00	25,000.00		1			
2	Refresher (Stand alone (Inc. Mobile)	Counselor	100	5	500.00	250,000.00		2	2		
		Lab-Tech	83	5	500.00	207,500.00	5				
3	Induction (FI- ICTC +PPP)	Staff nurse (FI ICTC)	10	5	500.00	25,000.00		1			
		Lab Technician	10	5	500.00	25,000.00		1			
4	Refresher (FI- ICTC +PPP)	Staff nurse (FI ICTC)	10	3	500.00	15,000.00		1			
		Lab Technician	10	5	500.00	25,000.00		1			
5	Induction/ Refresher	District supervisor	6	5	500.00	15,000.00					
6	Sensitization (No.facilities to be mentioned)	Full site Senstn. Dist. Hosp	69	1	10,000.00	690,000.00	20	20	20	14	
		Full site Senstn SDH/RH	0	1	5,000.00	-					
7	HIV-TB training	ICTC Counselor	111	1	500.00	55,500.00		2	2		
		Medical Officer	0	1	500.00	-					
		District ICTC supervisor	6	1	500.00	3,000.00	1		1		
		MO-TC/MO-ICTC	69	1	500.00	34,500.00		1	2		69 ICTC MOs. Nil MO-TCs
		ART MO	14	1	500.00	7,000.00			1		
		RNTCP STS/STLS	54	1	500.00	27,000.00	2	3			27+27
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	24	1	500.00	12,000.00		1			
8	Isoniazid Prophylaxis Theraphy Training	SMO & MOs of ART Centre	14	1	400	5,600		14			
		ART Staff Nurse	9	1	400	3,600		9			
		ART Counselors	24	1	400	9,600		24			
		ART Data Managers	10	1	400	4,000		10			
		ART Pharmacists	8	1	400	3,200		8			
		Stand alone ICTC Counselors	111	1	400	44,400		111			
9	Multi Drug Regimen Training for PPTCT	Counselor	111	3	500.00	166,500.00	2	1	1		
		Medical Officer	46	3	500.00	69,000.00	1	1	1		
		District supervisor	6	3	500.00	9,000.00		1			
		MO ARTCs	14	3	500.00	21,000.00	1			3	
		Others (Medical 3 days / Para medical 2 days)	134	3	500.00	201,000.00	5				
10	Training on whole blood screening	ANM	0	2	500.00	-					
		Labour Room Nurse	46	2	500.00	46,000.00	3				
		DMC LT (RNTCP)	116	2	500.00	116,000.00		2	2		
		STLS	27	2	500.00	27,000.00		3			
11	ICTC Team Training	MO	69	3	500.00	103,500.00	3	3	3		
		Lab-Tech	83	3	500.00	124,500.00					
		Nurse	69	3	500.00	103,500.00					
		Counselor	111	3	500.00	166,500.00					
12	Other (Specify)		193	1	500.00	96,500.00	4	3			
Total						2,826,900.00					

Process Indicators - BSD

Indicators	Recommended Action -Establishment of facilities	Timeline	Person Responsible
Establishment of facilities	**Stand Alone ICTCs / Mobile ICTC**		
	Identification of health facilities for establishment	1st week of April 2013	Direct: SACS BSD, Procurement Officer, Finance Officer Monitoring: JD Finance /APD / PD SACS
	Recruitment of new staff	1st week of May 2013	
	Induction Training of new staff	May - June 2013	
	Procurement of equipments, computers, etc		
	Preperation of Indent and approval by PD SACS	2nd week of April 2013	
	Processing and completion of procurement of indent given	2nd week of May 2013	
	Dispatch and reciept at concerned facilities	3rd week of May 2013	
	Refurbishment of identified facilities		
	Preperation of Indent and approval by PD SACS	2nd week of April 2013	
	If decentralized, release of grants to districts	3rd week of April 2013	
	If central, processing of indent and refurbishment	2nd week of April 2013	
	Completion of refurbishment	3rd week of May 2013	
	Functionality and Reporting of new Stand Alone ICTC	1st week of June 2013	
	Facility Integrated ICTC / MMU		
	Sensitization of CMHO / CMO / CDMO / DHO / Civil Surgeon / ADMO	2nd / 3rd week April 2013	Direct: SACS BSD, M&E Officer, State RCH officer / NRHM Nodal Officer Monitoring: APD / PD SACS
	Sensitization meeting with DTO	2nd / 3rd week April 2013	
	Sensitization of NRHM DPM	2nd / 3rd week April 2013	
	Directive from MD-NRHM regarding use of MMU for HIV testing	2nd / 3rd week April 2013	
	Functionality of MMU	1st week of May 2013	
	Route plan for MMU one month in advance	Monthly	
	Training of staff & functionality	2nd / 3rd week May2013	
	Issuing of directives by MD-NRHM for F-ICTC data entry in SIMS by Block Data Manager (NRHM)	1st week of April 2013	
	Training of Block Data Manager (NRHM) in SIMS	3rd week of April 2013	
	Ensure availability of testing kits and logistics to new facilities	4th week of April 2013	
	100% reporting of existing facilities in SIMS	1st week of May 2013	
	100% reporting of new facilities in SIMS	1st week of August 2013	
	PPP ICTC in Nursing Homes / Corporate Hospitals		
	Enlisting and identification of potential partners	1st week of April 2013	Direct: SACS BSD / STI, DAPCU Monitoring: APD / PD SACS
	Meeting with associations and partners	2nd / 3rd week of April 2013	
	Training of staff	2nd / 3rd week of May 2013	
	Functionality and Reporting	1st week of July 2013	
	PPP-ICTC in Private Sector Industries		
	Enlisting and identification of potential industries	1st week of April 2013	Direct: SACS BSD, IEC / Mainstreaming, DAPCU Monitoring: APD / PD SACS
	Meeting with industry stakeholders	2nd / 3rd week of April 2013	
	Training of staff	2nd / 3rd week of May 2013	
	Functionality and Reporting	1st week of July 2013	
	PPP-ICTC in Public Sector Undertakings		
	Enlisting and identification of PSU to partner with	1st week of April 2013	Direct: SACS BSD, IEC / Mainstreaming, DAPCU Monitoring: APD / PD SACS
	Meeting with industry stakeholders	2nd / 3rd week of April 2013	
	Training of staff	2nd / 3rd week of May 2013	
	Functionality and Reporting	1st week of July 2013	

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

Indicators	Recommended Action - HRG linkages	Timeline	Person Responsible
Linkage with HRGs	•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 thier 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 reconcilation of ICTC and TI CMIS/SIMS data should be done by DAPCU every month during review meeting between TI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS TI / PO-TSU in the 1st week of every month	Monthly	Direct: Dist ICTC Sup, DAPCU, Monitoring: PO TI TSU, SACS TI, SACS BSD
	i) SACS /TSU officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD / SACS TI / TSU
	j) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS TI / SACS TSU has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PD SACS
	k) After due verification by at SACS, TI and BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	SACS BSD / SACS TI
	k) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	Direct: SACS BSD / SACS TI / TSU Monitoring: APD /PD SACS
	l) The SACS BSD / TI / TSU should analyze the positivity yield out of the referrals made by TI as compared to prevelance rates for the individual typology / state average and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	



Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
STI Linkages	•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		
	• Ensure accompanied referrals from STI to ICTC and also ensure single window approach for HIV and Syphilis testing		
	• Reconciliation of reporting to be done between ICTC and ST		
	Co-ordination and Tracking system for STI DSRC Clients		
	a) SACS BSD/STI to issue office order to all ICTCs and DSRCs for single window approach for HIV testing and Syphylis testing	1st Qtr - April 2013	Direct: SACS BSD / STI, Monitoring: APD / PD SACS
	b) SACS BSD/STI to ensure trainings for STI testing is included in all ICTC LT training	Ongoing	SACS BSD / STI
	c) Referral of STI clients by DSRC using referral slips / accompanied referrals to ICTC	Every Referral	STI Counselor
	d) Compilation of referrals made to ICTC against each referral every 15 days	Every 15 days	
	e) Meeting of DSRC Counselor with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	STI Counselor / ICTC Counselor
	f) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from DSRC. Also the ICTC counselor will share the list of ICTC clients referred to STI DSRC with PID numbers	Monthly	
	g) Once both ICTC and DSRC STI have reconciled / compiled the list, then both ICTC and STI will report the same in thier respective CMIS/SIMS on a monthly basis ICTC: In-referrals from STI and out referrals from ICTC to STI STI: In-referrals from ICTC and out referrals from STI to ICTC	Monthly	Direct: STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU
	h) The same should be verified / validated by DAPCU on a monthly basis	Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
	i) Individual STI Clients tested has to be extracted from the compiled line list generated from the referrals with STI-ID and the reached with PID	Monthly	
	j) This individual tracking and reconcilation 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	
	k) SACS officers to participate in district level review meetings at least once in quarter every district	Quarterly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	l) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS STI has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / STI, Monitoring: APD / PD SACS
	m) After due verification by at SACS, STI and BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	n) SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	
	o) The SACS BSD / STI should analyze the positivity yield out of the referrals made by STI as compared to prevelence 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	

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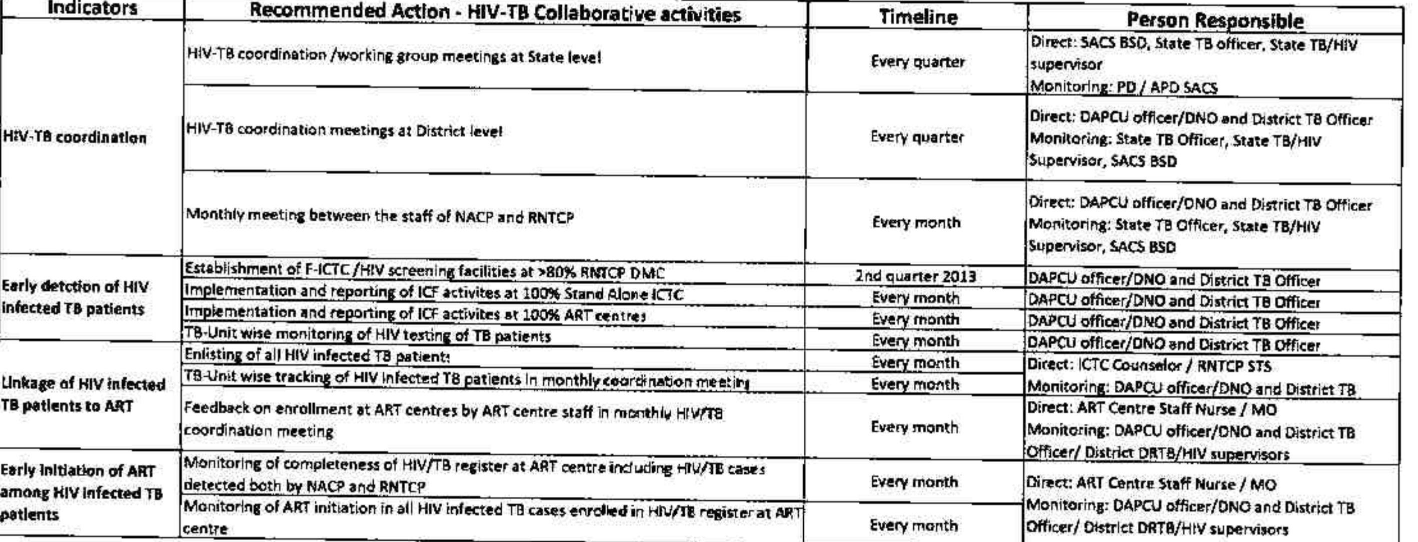
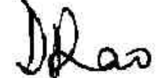


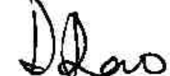
Indicators	Recommended Action - HIV-TB Collaborative activities	Timeline	Person Responsible
HIV-TB coordination	HIV-TB coordination /working group meetings at State level	Every quarter	Direct: SACS BSD, State TB officer, State TB/HIV supervisor Monitoring: PD / APD SACS
	HIV-TB coordination meetings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

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



Indicators	Recommended Action - Supply Chain Management	Timeline	Person Responsible
	Reciept of Supplies by SACS		
	a) Keep storage space available for reciept of supplies 1 week prior to schedule date for arrival of supplies	Ongoing	Direct: SACS BSD, Store Officer Monitoring: APD / PD SACS
	b) Recieve 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 reciept 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 reciept of supplies	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	f) Dispatch plan should be based on pattern of consumption for last 3 months for the said commodity	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	Dispatch of supplies		
	a) Option 1: Supplies should be made to ICTCs through cold chain vehicle in collaboration with the general health system	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	b) Option 2: Supplies should be made to ICTCs through physical collection by ICTC staff while attending review meetings using cold boxes		
	c) Option 3: Hiring of cold chain vehicle / courier to dispatch supplies directly to ICTCs		
	d) Regional / District level walk in coolers to be used for storing stocks for the respective region and further distribution should be made to the linked ICTCs by using health system cold chain vehicle or physical pick up by ICTC staff using cold boxes		
	e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispacth of other cold chain commodities so as to rationalize the system. **PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities**		
	Physical Verification and Reporting		
Supply Chain Management	a) MO-ICTC to physically verify stocks daily and countersign in stock register	Daily	MO-ICTC, ICTC LT
	b) All supervisory cadres during field visits to facilities to physically verify stocks at ICTCs for all commodities and coutnersign to stock register	Ongoing	DAPCU, Dist ICTC Sup, TO-SRL, SACS BSD
	a) ICTC LTs to physically verify stocks available, stock register, lab register for tests performed and then prepare monthly CMIS/SIMS report for lab component of ICTC	Monthly	ICTC LT, MO-ICTC
	c) TO-SRLs and District ICTC Superciosrs / 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
	g) During this review meeting, - Assessment of stock positions at Facility level / SACS level stock position for every commodity should be done based on stock available and consumption pattern - Action should be taken if more than permissible variances reported by any facilities - Relocation between districts / facilities, Dispatch plan, Transportation plan should be made - Assessment of near expiry drugs/kits should be made and submitted to 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

Indicators	Recommended Action - PPTCT	Timeline	Person Responsible
Linkage of Pregnant women with ART centre and follow-up	a) Maintainance of PPTCT Line list by ICTCs	Monthly	ICTC counsellor
	b) Sharing of line list with concerned ART centre/s by email every 15 day:	Every 15 days	ICTC Counselor
	c) Obtaining feedback of triplicate referral and Line list by concerned ART centre / s every 15 days	Every 15 days	
	c) Compilation of line list at the ICTC level by Counselor at 15 days and at the end of the month	Every 15 days	ICTC Counselor / ART Counselor
	d) Sharing completed / compiled line list with full details to DAPCU / SACS BSD	Monthly	ICTC Counselor/ DPM/DIS/District Nodal Officer
	e) Monthly meeting between ICTC and concerned ART centre and other stakeholder/NRHM at district / regional level to be conducted in 1st week of every month for cross verifying data	Monthly	
	f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSD every month by 10th	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors
	g) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	i) SACS inter-divisional meeting with CST to by conducted in the 2nd week of every month after analysis of data.	Quarterly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	j) BSD at SACS to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	Co-location of Testing sites (ICTC-2) and Obs& Gynae OPD . It should be operatinally co-located, with system of a single prick for HIV testing and other ANC blood tests, common registration for ANC check-ups & HIV testing.	3rd qtr	SACS BSD
	Review at SACS level, identification of priority districts/sites and specific action plan	Quarterly basis	PD SACS, APD, JD (BSD), Consultant PPTCT, DD/AD (BSD/CST),JD (M&E), RC (CST)
Roll-out of Multi drug regimen (Applicable Only where the new regimen program is rolled out by NACO)	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)
	Refresher training for service providers as well out reach worker involved in PPTCT client follow-up under NACP & NRHM	From second year of roll out	
	On-going sensitization during monthly meeting	On going	DPM/Distric 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 (Counelling) , Training Institutes
	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/Distric 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



S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. In Lakhs)
						Pool Fund
1.4.1	Establishment of New Facilities (One Time Grant)	One time cost	1,50,000	no of centres	Minor Refurbishment for Audiovisual privacy, Computer	0
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	no. of counsellor	Counselor salary	35.64
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	no. of DSRC and no of districts	Training of trainers, Induction or Refresher training for DSRC service providers, TI STI doctors as per operational guidelines	9.55
1.4.4	Procurement	Recurring	25000 per centre	no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	6.75
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	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	5.4
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				
						57.34

1	STI/RTI episodes to be managed by Designated STI clinics	41844
2	STI/RTI episodes to be managed by TI-NGOs	20458
3	STI/RTI episodes to be managed by Private sector	7438
4	Total target of STI/RTI episodes for SACS	69740
5	STI/RTI episodes to be managed by NRHM	69740

1	Designated STI/RTI Clinics	27		0	27
2	TI STI providers	36			36
3	sector	0			0
4	NRHM health facilities upto PHC	0			0
5	PPP ICTC	39		0	39
6	Regional STI Centres	0			0
7	State Reference Centres	1			1

1	Colour coded drug kits for Designated STI clinics and TI NGO	9256
2	RPR Test kits	3089

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

Process Indicators 2013-14

Name of State:MUMBAI

Sr No	Issues	Recommended course of Action	Person Responsible	Timelines
1	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 HRG to be individually tracked for STI episodes of STI and multiple STI to be tracked. 3.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, TSU and TI division.	DD STI, AD STI, JD TI, TL TSU, PO TI and PM of TI	Ongoing
2	Parterning with Private Sector	1. All PSU and leading private sector to be enlisted in all the districts. At least 8 units to be identified and enlisted. 2. Meeting with State focal person of the PSU. 3. The doctors for STI to be trained 4.All facility to report in SIMS format	DD STI and AD STI and State PSU Focal Person	Enlisting of PSU to be completed by March 30 2013. Training to be completed by July 2013
3	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 Proiders. DD and Po STI.	Ongoing
4	Training	Training plan to be made and shared with other division. All participants to be informed in advance about venue and dates of training. All Training to be completed by first quarter.	DD STI and PO STI and STI Resource Faculties	Training for 2013-14 to be completed by June 2013.
5	Supportive Supervision	At least 60% of poor performing STI facilities to be visited by SACS Focal Person and PO STI at least once in a quarter . All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visit.	DD STI, PO 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 , PO 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	Vacancy	Post of PO STI vacant, PO in TSU to be selected and poisitioned.	DD STI and TL TSU	By June 2013
8	NRHM Convergence	1.Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and trining of atelast 1 MO to be done. 3.Budget of STI to be corrected NRHM PIP.4. Joint review of programme to be done at least once a quarter.	DD STI, AD STI State RCH officer	One joint meeting once a quarter

-26- Annexure-V

BLOOD SAFETY AAP 2013-14

State Mumbai

S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Acheivement (2010-		Targets		Allocation (Rs. In Lakhs)
1.5					Target	Acheivem ent	Existing as 1st January 2013	New for 2013-14	DBS
1.5.1	**Modernisation of Blood**								
1.5.1.1	Model Blood Banks	Consumabl es	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines			0		0
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendent, Security, Housekeeping, Data Entry Operator			0		0
1.5.1.2	MBB with BCSU	Consumabl es	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines			11	2	52
		Salary	2.4	Salary of 1 LT & 1 Counsellor			11	2	31.2
1.5.1.3	MBB Without BCSU	Consumabl es	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			6	-1	3.75
		Salary	2.4	Salary of 1 LT & 1 Counsellor			6	-1	12
1.5.1.4	DLBB	Consumabl es	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			3	-1	0.62
		Salary	1.2	Salary of 1 LT			3	-1	2.4
1.5.1.5	RBTC	Consumabl es	0	NIL			6		0
		Salary	2.4	Salary of 2 LT			6		14.4
1.5.1.6	Blood Storage Centers	Consumabl es	0	Glasswares, plastic wares, Reagents and chemicals					0
		Salary	0	NIL					0
1.5.1.7	Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendent			8		11.52
1.5.1.8	Maintenance of BT Vans	Recurring	0.7				8		5.6
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contigency			1		6
1.5.2	**Training**	Recurring	0.35	Training of one BB-MO, two LT, one Nurses per NACO supported Blood Bank, One BSC-MO & One BSC LT. Clinicians on rational use of blood, Training of Donor Motivators			20		7
1.5.3	**Supportive Supervision**	Recurring	0.1	TA/DA for visit to the NACO supported blood banks, Monitoring visits to VBD camps, Core Committee supervisory visits			20		2
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					32
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				1425	35.625
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					17
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			20		2
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				225000	56.25
1.5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms					
1.5.6	**External Quality**								0
1.5.6.1	NRL		6.54				1		6.54
1.5.6.2	SRL		4.44				10		44.4
	contigency*								4
1.5.7	**contigency**								
1.5	**Blood Safety (Sub Total)**								346.31
1.5	**Blood Safety (Allocation)**								

Increment as per NACO norms*

Total licensed blood banks in the state	63
Blood banks supported by NACO	21

Sd/-

DRao

-15-

Target for Total Collection	300000
Target for NACO supported blood banks	225000
Target for VBD	95%
VBD Camps	1425
% Component prepared by NACO supported BCSU	80%
Commodity Items to be provided by NACO	
Blood bags	in lakhs
Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadraple 450 ml	
Testing Kits	in lakh tests
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

1	Establishment of facilities / interventions	NACO support for existing in 2012-13*	NACO support for new in 2013-14*	Proposed facilities 2013-14
a	Total Blood Banks	63		63
b	NACO Supported Blood Banks	21		22
b1	Model Blood Bank	1	0	1
b2	Major with BCSU	11	2	13
b3	Major without BCSU	6	-1	5
b4	District Level Blood Bank	3	-1	2
c	RBTC	6	0	6
d	Blood Mobile Van	1	0	1
e	Blood Transportation Van	8	0	3
f	SBTC	1	0	1
2	**Blood Collection**			**Proposed target 2013-14**
a	Total Collection for the state			300000
a1	NACO supported blood collection			200000
b	Percentage VBD for NACO supported BB			90%
c	Voluntary Blood Collection in NACO supported BB			180000
c1	Through Static			58000
c2	Through Camps			41000
c3	Through Blood Mobile Vans			9000
d	No of Camps to be conducted			547
d1	Camp Collection			75 units
3	**Component Separation**			**Proposed target 2013-14**
a	Blood collection in NACO supported BCSU			
b	Percentage component separation in NACO supported BCSU			
4	**Training**			**Proposed target 2013-14**
a	Training of BBO			24
b	Training of Staff Nurse			24
c	Training of LTs			22
d	Training of Donor Motivators			810
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			660
f	Blood Bank counselor			18
5	**Supervision, Monitoring and Evaluation**			**Proposed target 2013-14**
a	Field visits to be conducted			22
b	Review meetings to be conducted			4
6	**EQAS**			
a	NRL	1		0
b	SRL	4		3

** Provisionof 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*

1Major blood bank upgraded to BCSU , one new added as BCSU and 1 District level blood bank delisted from NACO support as it is converted into blood storage centre

3	1	Inclusion of Blood Banks under NACO support		
4		Identification of facilities which meet the norms for NACO support as BCSU, MBB, DLBB.	By April 2013	JD BS SACS
5		Review of existing facilities already under NACO support as BCSU, MBB, DLBB as to whether they meet the norms for NACO support	By April 2013	JD BS SACS
6		Constitution and notification of core committee	By first week April 2013	JD BS SACS, Quality Manager
7		Scheduling of core committee inspection visits	By April 2013	JD BS SACS, Quality Manager
8		Sending proposal to NACO for approval of inclusion/ exclusion of facility under NACO support based on core committee recommendation	Within first quarter	JD BS SACS
9		Communication of letter of approval of NACO support to SACS	Within first quarter	NACO Blood Safety division
10		Recruitment of manpower as per pattern of assistance	Within first quarter	JD BS SACS, Admin division SACS
11		Deputation of staff for training and provision of kits, consumables and other support as per pattern of assistance	Within first quarter	JD BS SACS
12	2	Regular reporting in SIMS		
13		Need assessment for computers in NACO supported blood banks	By April 2013	JD BS SACS, M&EO SACS
14		Procurement and supply of computers of appropriate configuration for NACO supported blood banks	Within first quarter	JD BS SACS, Procurement division SACS
15		Registration and regular reporting of NACO supported blood banks in SIMS	All units to be registered within first quarter, Monthly reporting by 5th of each month	JD BS SACS, M&EO SACS
16		Registration and regular reporting of non NACO supported blood banks in SIMS	All units to be registered by September 2013. Monthly reporting by the 5th of each month	JD BS SACS, M&EO SACS
17		Quarterly analysis of SIMS report from blood banks	July, October, January and April	JD BS SACS, M&EO SACS
18		Communication of feedback on correctness of data to concerned blood banks	By the end of first month of the quarter	JD BS SACS
19	3	Blood Requirement and Collection		
20		District wise mapping of licensed and NACO supported blood banks in state	By April 2013	JD BS SACS
21		District wise mapping of the estimated numbers of hospital beds in primary, secondary and tertiary health care facilities	By April 2013	JD BS SACS
22		Estimation of blood demand of the state based on population norms and rationalizing the same according to bed strength	By April 2013	JD BS SACS
23		Giving targets to NACO supported blood banks to meet atleast 60% of total requirement of the region being catered by them	By April 2013	JD BS SACS
24	4	Voluntary Blood Donation		
25		Conduction of voluntary blood donation camps as per need of the NACO supported blood banks	Ongoing	VBD consultant SACS
26		Identification and retention of cohort of donor motivators among the youth through Red Ribbon Clubs, NSS, corporate work places	Ongoing	VBD consultant SACS
27		Conduction of trainings on blood donor motivation for blood bank counselors	Ongoing	VBD consultant SACS
28		Creating blood bank wise database of repeat voluntary blood donors classified according to blood groups	Ongoing	Counselor at blood banks
29		Stepping up static voluntary blood donation by holding fortnightly/ monthly blood donation day or alternate innovative strategies	Every month	Counselor at blood banks
30		Counselor in Blood Bank to send reminders to the repeat donors	Every month	Counselor at blood banks
31		Observance of VBD days on 14th June and 1st October through release of advertisement and conduction of state/ blood bank level programmes	May, June and September, October 2013	JD BS, Director SBTC, VBD consultant, IEC division SACS
32		Development and replication of IEC material pertaining to promotion of voluntary blood donation	Within first quarter	VBD consultant SACS, IEC division SACS
33	5	Optimum utilization of Blood Mobile		
34		Organize quarterly meeting of incharges of Model Blood Bank and RBTC incharges/ counselors	In beginning of every quarter	Incharge Model Blood bank, JD BS SACS, Director SBTC
35		Preparation and submission of quarterly route plan for the blood mobile	In beginning of every quarter	Incharge Model Blood bank

		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 organized along with suitable time	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 camps	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 cold chain	Staff of concerned blood bank
		Submission of report of blood donation camps	Within 2 weeks of conduction of camp	Camp Organizers
	7	Component separation		
		Review of availability and functional status of equipments for component separation	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 BCSU	By April 2013	JD BS SACS
		Review and identify BCSU wise reasons for sub-optimal component separation	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	Inchage BCSU
		Stepping up component separation at BCSU	Ongoing	Incharge BCSU
		Enhancing demand for components through trainings on rational blood use	Ongoing	JD BS SACS, Training institutes, Professional Associations
	8	Trends in prevalence of TTI in blood units		
		Capture blood bank wise baseline data of HIV, HBV, HCV, Syphilis and malaria positivity in donated blood	By April 2013	JD BS SACS, Quality Manager
		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 treatment	Every quarter	
		Identify possible reasons for high TTI positivity (replacement donation, poor donor selection and screening, high prevalence in general population in the area, etc)	Ongoing	
		Preparation of training curriculum on donor counseling, screening and retention for blood bank counselors	By September 2013	NACO blood safety division
	9	Procurement and Supply Chain management		
		Preparation of indent for items to be procured at SACS level and approval by PD SACS	By April 2013	JD BS SACS, Quality Manager
		Processing and completion of procurement of indent given	Within first quarter	Procurement division SACS
		Dispatch and reciept 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 banks along with functional status	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 notification of award	NACO blood safety division
		Timely receipt and Storage of centrally supplied commodities under proper storage conditions	One same day as receipt	Quality Manager, Store officer SACS
		Physical verification of stock and cold chain status and issuance of Consignee receipt certificate	Within one week of receipt	

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

[illegible] to SACS

S.No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13 Target	2012-13 Achievement	2012-13 Financiial allocation	2012-13 Expenditure as on Dec 2012	2013-14 Existing on 1.4.13	2013-14 Proposed	2013-14 Allocation Rs. Lakh	Remarks
2.1.1	GIA for ART Centres	Recurring	For low load centres-13.5, medium load-15, high load-17	Salary	11	10	108	77.49	10+1	2	179.00	(5+2+4)
2.1.2			0.50	Universal Work Precautions	11	10	4	2	10+1	2	6.00	Centenary Hospital and Dr R N Cooper hospital are proposed.
2.1.3.1			1.50	Operational Costs	11	10	12	6	10+1	2	18.00	
2.1.3.2			0.9 for caliber,0 .5 for count &0.25 for Partec	Operational cost for CD4 testing	4	4	2.8	2.8	4	0	2.80	Items for upgradation/replacement/additional requirement for existing ART centers tobe
2.1.4.1		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD	0	0	0	0		3	13.50	Allocation for 2 new centres proposed and for JJ hospital centre for which grant was not released last year
2.1.4.2			1.00	Infrastructure development installation of CD4 machine	0	0	0	0	0	0	0.00	
2.2.1	GIA to SACS for various activities	Printing	0.50	Registers & Cards, Signages			4	3.63	10	3	6.50	
2.2.2		Training	1.00/ART (for states where more trinings are conducted 0.50 in other states	Trg. of MOs, Counselors, Nurses, Pharmacists, Data Managers, LAC staff, Workshops etc.			4	0.41	10	3	6.50	Training as per plan submitted in AAP
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode			26	24.52		15000	20.00	Includes allocation for 8000 OI episodes and CPT for 2000 HIV-TB co-infection also.
2.2.4.1		LAC	0.15	One -time cost for infrastructure development				0		0	0.00	
2.2.4.2			0.378	Rec.- for TA/DA & oper. Costs, Stationery etc.							0.00	
2.2.4.3			0.96	HR for LAC Plus	0	0					0.00	
2.2.5.1		EID	3.84	HR for EID	1	1			1	0	3.84	
2.2.5.2			1.00	Cost for EID lab (Operational Cost, Infrastructure development)	1	1			1	0	1.00	
2.2.6		Viral load testing	1.10	Salary of LT	1	1			1	0	1.10	
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment	0	0						
2.2.7.2			Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for smaller states	Hiring of space & for drug transfers	0	0	1	0.45	1	0	1.00	
2.3.2		Regional coordinator	9.00	Remuneration & TA/DA			0	0			0.00	
2.2.7.4		PPP	0.25	For contingency & miscellaneous expenditures						2	0.50	
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs			0			0	0.00	
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs			0			0	0.00	
								Total GIA to SACS for CST			259.74	

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

.No.	Sub-component-II		2012-13 Target	2012-13 Achievement*	2013-14 Target	Commodity Assistance
2.5.1	PLHA on ART	Registered	85000	75570	110000	100 % registration for pregnant women, 100% registration for HIV -TB coinfected . 85% for general clients. Detection from Apr-Dec 2012 has been 7531. Considering the same trends target has been fixed for new detection & backlog which is not known. Therefore additional target of 25000 registarion has been set up
2.5.2		Alive & on ART	25000	24018	35000	100 % of those registered should undergo baseline CD4 testing. 100% of those eligible to be initiated on ART. There has been increase of nearly 550 patients per month on ART during 12-13. The backlog for those eligible & initiated on ART also needs to be bridged up. Accordingly additional target of 10000 during the year has been set.
2.6.1	OI episodes treated		13000	8463	15000	Targets are based on episodes reported in last year. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines
2.7.1	CD4 Count Tests	CD-Machines			0	
2.7.2		CD4-Tests	75000	37403	105000	2 tests /year for all PLHIV in care. However Kits will be provided based on consumption

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

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

Name of State: Mumbai **CST Component**

Sr No	Name of Division	Physical Indicators			Financial Indicators			Comments
		Target 2012-13	Achievement till Dec 2012-13	Proposed 2013-14	Target 2012-13	Achievement till Dec 2012-13	Proposed 2013-14	
1	**ART Centres**	11	10	3				Mumbai port trust Hospital couldn't be operationalised
a	Setting up of new ART Centers	0	0	3	0	0	13.5	8 MCGM ART Centers + 2 PPP Center (L & T AND Godrej). Funds for additional ART centre at JJ Hospital were not released in the AAP of 2012-13 - Two New center for Kandivali Centenary Hospital & Dr. R.N. Cooper Hospital.(Total cost for 8 old centers + 3 new proposed centers = Total 11 centers)
	Infrastructure development for CD4 machines			0			0	
b	Recurring Cost							
	Salary	8	8	3	108	77.49	128.25	(Total cost for 8 old centers + 3 new proposed centers = Total 11 centers)
	Universal Work Precautions			3	4	2	4.75	
	Operational Costs			3	12	6	14.25	FACS Calibur: 2 (ARTC JJH & KEM) FACS Count: 2 (ARTC Nair & Sion)
	Operational cost for CD4 testing	4	4	0	2.8	2.8	2.8	Refurbishment of ART Centers @ 1Lakh per centre
c	Setting up ART Centres under PPP	2	2	2	0	0	0	
	Corporate Sector	0	0	1				No budgetary implications on NACO
	PSU	0	0	1				No budgetary implications on NACO
d	Collocation of ICTC & ART Centres		So far no such collocation exists.	4 Hospitals,2 PPP				
2	**Link ART Centres**	0	0					
a	One -time cost for infrastructure development	0	0	0	0	0	0	
b	Rec.- for TA/DA & operationalised. Costs, Stationery etc.	0	0	0	0		0	
c	LAC Plus - HR for LAC Plus	0	0	0	0	0	0	
3	**CoE**							
a	Recurring cost				0	0	0	
4	**Printing**							
	Registers ,formats , Cards, Signages	10	10	3	5	3.63	4.75	10 Existing ART Centre + 3 new proposed centre
5	**Training**							As per approved training plan
	As per training plan for ART/ LAC staff	10	10	3	10	0.41	4.75	10 Existing ART Centre + 3 new proposed centre
	Sensitization of Private practioners on rational prescription of ART			50%private provisers practising ART, needs to be worked out				No of private providers practising ART needs to be worked out
	Sensitization of HCP on UWP/PEP			100				1 batch/ district (2*50)
6	**OI Treatment (inc CPT)**							
	OI episodes treated	13000	12038	15000	26	24.52	30	including CPT for 5000 patients . Efforts should be made to make OI drugs available through health systems
7	**EID (HR)**	1	1	0	3.84	2.54	3.84	

	EID - Operational Cost	1	1	0	1	1	1	
8	Viral Load Testing	1	1	0	1.1	0.6	1.1	
9	**SCM of ARV drugs**							
	Drug Transfers				2	0	2	
					175.74	**120.99**	**210.99**	

Coverage Targets

.No.	Sub-component-II		2012-13		2013-14	
			Target	Achievement*	Target	
2.5.1	PLHIV	Registered	85000	75570	120000	100 % registration for pregnant women, 100% registration for HIV -TB coinfected , 90% for general clients. Detection during 2012 has been 12038. Considering the same trends target has been fixed for new detection & backlog which is not known. Therefore additional target of 40000 registarion has been set up
2.5.2		Alive & on ART	25000	24018	35000	100 % of those registered should undergo baseline CD4 testing. 100% of those eligible to be initiated on ART. There has been increase of nearly 1600 patients per month on ART during 12-13 . In addition there is 8% gap of those elligible but not initiated on ART . Accordingly additional target of 35,000 during the year has been set.
2.6.1	OI episodes treated		13000	12038	15000	The target is based on reporting during last year. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines
2.7.2	CD4Testing		75000	37403	105000	2 tests /year for all PLHIV in care> However Kits will be provided based on consumption pattern

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Processes for implementation of 2013-14 activities

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

3	Setting up PPP model ART centre	Progress of Activities to be reported to NACO every month	SACS CST (JD), SACS BSD	Monthly
		New model to be developed for PPP	NACO ADG CST, JD CST, RC	April (first fortnight)
		Enlisting of potential partners	NACO CST, JD CST, RC	Already done in AAP
		Meeting with industries associations, corporate, PSU executives and health facility representatives	JD CST & RC	May'13(Second Fortnight)
		MOUs	PD SACS	June'13(Second Fortnight)
		Operationalization- • Setting up of facilities • Training at CoE	• Provider of facility, Overseen by RC • Nodal Officer CoE	July'13(Second Fortnight)
4	ICTC-ART Linkages	Receiving line list from concerned ICTC by e-mail	ART centre counsellor	Every 15 days
		Sending feedback to ICTC centre by ART centre	ART centre counsellor	Every 15 days
		Monthly meeting between ICTC and concerned ART at district / regional level to be conducted for verifying data	DAPCU to co-ordinate, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors	1st week of every month
		SACS inter-divisional meeting with CST and BSD to by conducted every month after data analysis by BSD division of SACS	SACS CST, BSD	2nd week of every month
		Due verification of data sent by ART centres to ICTCs by CST at SACS	SACS CST	Monthly
		District level review meetings to be held at least once in a quarter	SACS CST, BSD	Quarterly
		SACS CST/ BSD to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring	SACS CST, BSD	Monthly
		ART centres with poor feedback to ICTCs to be identified and focused visits conducted to evaluate reasons for the same. Solutions to be provided.	RC RC, SMO/ MO - ART	Quarterly
5	Gap in those eligible & initiated on ART	Emphasis on adequate and regular counseling, both for checkups/ follow ups with investigations and ART preparedness	ART centre Counsellor	Ongoing
		Preparation of line list of patients eligible for ART but not started on it to be followed on phone & outreach visits	Line list prepared by Counsellor, Phone calls by Care Co-ordinator, passed on to ORW at CCC	Ongoing
		Analyse reasons for the gap in performance of the ART Centre and to be investigated for further follow up during quarterly ART centre review meeting	RC, JD CST	Quarterly

		Mentoring and Monitoring visits by SACS CST officials /RC to ARTC centres with high gaps	SACS CST, RC	Quarterly
6.	Training of Health care providers in UWP & PEP	Number to be identified for never trained, refresher training and type of health care provider	SACS CST, RC	May 2013 (second fortnight)
		Number of batches to be trained to be finalized once total numbers are identified	SACS CST (JD), RC	June
		Curriculum to be standardized	NACO CST	May (first fortnight)
		Training of Health care providers (Expected total target= 100)	ART Nodal Officer & SMO, Co-ordinated by SACS CST	Once every Quarter
7.	Training of private providers on National ART regimen			
		Number of private providers to be identified	SACS CST, RC, DAPCU	May'13(Second Fortnight)
		Target for 2013-14 = 50% of PPs (Exact numbers to be worked out)	DAPCU, JD CST	2nd Quarter
		Modalities to be worked by SACS on logistics of training & involvement of IMA& or other professional organizations	SACS CST, RC, DAPCU	July
		Master trainers to be identified & trained in each state	SACS CST, CoE	July
8.	SCM	**Forecasting -**		
		Requirement of drugs and CD4 kits for next FY to be assessed based on previous consumption, rise in number of patients in current year (and thus expected rise in next FY) and assessed previous backlog	RC, JD CST, APD, PD	3rd Quarter
		Above assessment to be done based both drug wise and ART centre wise		
		Send above information to ADG CST by January		January
		Storage Space-		
		Quantify amount of storage space required	Store Officer	April
		Identify current storage options – rental, possible NRHM warehouse, common facility storage	RC, JD CST	April
		Negotiate with health facility/ NRHM officials for common storage	JD CST, APD, PD, RC	May/ June
		Keep storage space available for reciept of supplies 4 days prior to schedule date for arrival of supplies	Store Officer	Ongoing
		Receipt & Dispatch -		
		CRC should be issued within 7 days of reciept of supplies	Store Officer	Ongoing
		Dispatch plan should be made ready by programme division 1 week prior to reciept of supplies	SACS CST	Ongoing
		Dispatch plan should be based on pattern of consumption for last 3 months	SACS CST	Ongoing
		Transportation – Most cost effective and efficient means of transportation to be adopted		

Option 1: Supplies should be made to ART centres in collaboration with the general health system Option 2: Supplies should be made to ART centres through physical collection by staff while attending review meetings Option 3: Hiring of courier to dispatch supplies co-ordinating with BSD supplies		
Mechanism of reviewing transportation options-	SACS CST, Store Officer / APD, PD SACS	April
Review the logistics of the above 3 options		
Compare the costs of the options. (by comparison of previous expenditures incurred)		May (first fortnight)
Tendering to select the most cost effective mode of transport	JD CST, APD, PD	May
Physical Verification and Reporting -		
MO-ART to physically verify stocks weekly and countersign in stock register	MO- ART	Weekly
All supervisory cadres during field visits to facilities to physically verify stocks and countersign in stock register	RC, APD	Monthly
Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected /analyzed	PD SACS, JD CST, Store Officer	Monthly
Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month	SACS CST, Store Officer	Monthly
Variance of more than 5% in drugs dispensed and stock consumption to be analyzed faciltiy wise by DAPCU / RC - 1. On 1st 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	JD CST, RC (visits)	Monthly
Actions to be recommended- • If drugs near expiry found - Immediate relocation within state with co-ordination by SACS CST or between states with co-ordination by NACO CST (Logistics co-ordinator) • If shortage of drugs found (less than 3 months supply)- Immediate information to be given to NACO CST (LC) for further supply	SACS CST, NACO CST SACS CST, NACO CST	

MUMBAI DISTRICTS AIDS CONTROL SOCIETY

ANNUAL ACTION PLAN 2013 - 2014

(Rs. In lakhs)

Sr. No.	Operational Cost	Allocation 12-13	Amount Spent 24.01.2013	Proposed AAP for 13-14	Remarks
1	Training SACS /DAPCU	0.50	0.00	0.50	
2	Equipment Maintenance	5.00	4.45	6.00	We expect to incurr around Rs. 6.90 lakhs towards AMCs upto 31.03.2013 (AC Plant, walk-in-Coolers, Xeros Machines, laptops,computers,internets, 2 EPBAX sys. Including spare parts.
3	Building Maintenance	1.00	1.06	2.00	Old Electrification has wornout, requiring rewiring of Store room, office rooms. The security cabin (chowki) needs to be repaired as there are heavy leakages.
4	Vehicle Maintenance	2.50	2.14	3.00	Hike in petrolium products.
5	Travel Expanses	5.00	4.20	6.00	Rates of Air tickets, local travel i.e. taxis, autos, trains have increased considerely due to hike in rates of petroleum products
6	Rent, Rates and Taxes Ground Rent	6.00	2.50	8.00	In the process of rationalization of taxes, the assessment tax is going to be revised considerably by MCGM with effect from 01.01.13.
7	Telephone/Communication Expenses	4.00	3.21	5.00	
8	Bank Charges	0.00	-	0.00	
9	Miscellaneous Expenses	0.50	0.24	0.50	
10	Printing and Stationery	2.00	0.75	2.00	
11	Advertisement (Other than IEC)	2.00	1.12	2.00	
12	Water and Electricity	20.00	14.71	22.00	Water charges & Electricity rates have been revised by MCGM/ BEST respectivrly, requiring additional funds in this component.
13	Audit Fees	2.50	0.14	3.00	N ew tenders have been invited for 13-14 and the cost is calculated considering 15-20 % hike in the present rates which were static for last 3 years.
14	Legal Expenses	0.00	-	0.50	
15	Postage / Courier	1.00	0.35	1.00	
16	Other Administration Cost	20.00	15.25	16.00	The security charges have been revised by Maharashtra Security Board requiring additional funds.
17	Review Meeting Expenses	0.00	-	0.50	
18	Office Equipments	1.00	0.00	2.50	some of the computers which were purchased 5- 6 years back have started giving recurring problems necessitating replacement with the expenditure of 2 lakhs. Similarly the AC Units of the Walk in Coolers are creating problem on and offen as the same are around 10 to 12 years old, it is therefore necessary to install New AC Units each at the cost of Rs. 1.5 Lakhs in AAP 13-14.

19	Furniture	0.00	0.00	1.00	Files and important documents are required to be stored in safe custody. Therefore steel cupboards and cabinets are proposed to purchase.
20	Web Site	0.00	0.00	1.50	Approximately Rs.12500/- per month is required to be incurr on maintainance of MDACS Web Site
21	Antarang	0.00	0.00	0.00	Proposal in under process
	Total	**73.00**	**50.12**	**83.00**	
**	Amount received from MSACS on acount water & electricity arrears	7.39			
	Grand Total	**80.39**			

SUMMARY MDACS	SACS	NACO
Salary	198.85	192.85
OperationalAcost	175.5	83.00
TOTAL	374.35	**275.85**

Mumbai Annual Action Plan- 2013-14 Strategic Information Management Unit (SIMU)

SL .No.	Budget Head (Discripation)	Unit cost (Rs)	No. of persons to be trained	Nos.	Estimated budget
	Training*				
1	a. SIMS Induction/Refresher training	2500	ICTCs - 111 STI DSRCS - 27 NGOs - 51 Blood Banks - 59 IEC - 5 **Total = 253 persons to be trained (refresher)**	253	**632,500.00**
	b. Other Trainings(DQA/DAPCU review cum training)	NA	NA	NA	**NA**
2	Reports publication (Surveillence, estimations report and SIMS report)	200	CMIS Half yearly report (100 copies , each costing Approximately Rs. 200)	2	**40,000.00**
			Surveillence Report (100 copies , each costing Approximately Rs. 200)	1	**20,000.00**
			Analytical Reports (100 copies , each costing Approximately Rs. 200)	4	**80,000.00**
3	Monitoring & Supervision visits (10 days/month)#	0	0		**0**
4	HIV Sentinel Surveillance**		30% of AAP 2012-13 (Rs. 1657600/-) is towards spillover /follow-up actions of HSS 2012-13	-	**497,280.00**
	Total Budget				**1,269,780**

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

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

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

Sl .No.	Budget Head(Discripation)	Sub-Head (Discription)	Duration	[illegible] (Rs)	Total	[illegible] Budget	CMIS Head	[illegible]			
								Q1	Q2	Q3	Q4
1	Training*										
	a. SIMS Induction/Refresher training*	ICTC	1 Day	2500	111	277500	M&E-Trainings				
		SB		2500	59	147500					
		STI		2500	27	67500					
		NGO-TI		2500	51	127500					
		IEC		2500	5	12500					
		Total			253	632500					
2	Reports publication (Surveillence, estimations report and SIMS report)					140000	M&E-Printing of reports & bulletin				
3	Monitoring & Supervision visits (10 days/month)#		10 days per month				To be Booked under "IS" in appropriate head				
4	HIV Sentinel Surveillance** (30% of the budget of ANC sites and lab 2012-13)					497,280	Surveillance:Honorarium to sentinel site personnel, Surveillance -Honorarium to testing lab personnel, Surveillance -Supervision and field visits at SACS, Surveillance -Other Contigencies				
	Total Budget					1,269,780					

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