

T-11017/30/2012-NACO (F)  
Government of India  
Ministry of Health & Family Welfare  
Department of AIDS Control

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

To,

**The Project Director,  
PUNJAB State AIDS Control Society  
Prayaas Building , 4<sup>th</sup> Level  
Sector38-B, Chandigarh**

**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 2<sup>nd</sup> February, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs 3019.76 lac (Rupees Three thousand nineteen lakhs and seventy six thousand only) as per detailed break-up given below:

					Allocation (Rs. in lac)	
S.N.	Component/Sub-component	DBS	Pool Fund Project	GF Projects	Total	
1	<b>Prevention</b>					
1.1	Targeted Interventions		1277.19		1277.19	
1.2	Sexually Transmitted Infections	67.62			67.62	
1.3	Blood Transfusion Services	347.86			347.86	
1.4	IEC	274.25			274.25	
1.5	Link Workers Scheme	30.22		21.58	51.80	
1.6	ICTC/PPTCT/HIV-TB	122.42		285.64	408.06	
	<b>Sub-total 1 (Prevention)</b>	<b>842.37</b>	<b>1277.19</b>	<b>307.22</b>	<b>2426.78</b>	
2	<b>Care, Support &amp; Treatment</b>	191.48		11.00	202.48	
3	<b>Institutional Strengthening &amp; Project Management</b>	357.78			357.78	
4	<b>Strategic Information Management System</b>	32.72			32.72	
	<b>Total (1 to 4)</b>	<b>1424.35</b>	<b>1277.19</b>	<b>318.22</b>	<b>3019.76</b>	

Component/sub-component/activity wise budgets are attached (Annexure ..... to.....)

The above approval is subject to the following conditions:

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

12. Till further orders, under Institutional strengthening, SACS may extend the service contracts of contractual posts sanctioned under NACP **initially for six months with effect from 1<sup>st</sup> April 2013**. Salaries expenditure under ISPM is to be incurred for sanctioned posts.
13. The Procurements under various Funds/Components are to be made as per details given below:
- i. Procurement under various Global Fund Rounds as per World Bank Procurement Guidelines;
  - ii. Procurement under DBS to be made as per General Financial Rules-2005 as amended from time to time;
  - iii. Procurement under TI component is to be made as per World Bank Procurement Guidelines for goods and services as this component is likely to be reimbursed retroactively by World Bank.

Yours faithfully,



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

**Copy to:**

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



Targeted Interventions  
Punjab

YEAR 2013-14

	Less than 400	400-799	800-999	1000-1499	1500 and above
FSW					
MSM					
TCH/IIA					
IDU					
OST CENTER (GOVT.)					
Care Composite	Less than 400	400-499	700-999	1000-1499	1500 and above
Bridge Population	1.234	16.78	18.99	12.45	15.20
Migrant (Cost)	5001-9999	10000-11999	12000 and above	13000 and above	14000 and above
Trucker	8.77	8.22	12.32	15.85	18.24
Migrant (Source) per district	5000-9999	10000-29999	30000 and above	30000 and above	30000 and above
	8.18	7.72	18.87	15.17	25.52
	13.67	13.05	Migrants (Transit) per site	1.92	1.07

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

	Less than 400	400-799	800-999	1000-1499	1500 and above
FSW					
MSM					
TCH/IIA					
IDU					
OST CENTER (GOVT.)					
Care Composite	Less than 400	400-499	700-999	1000-1499	1500 and above
Bridge Population	1.234	16.78	18.99	12.45	15.20
Migrant (Cost)	5001-9999	10000-11999	12000 and above	13000 and above	14000 and above
Trucker	8.77	8.22	12.32	15.85	18.24
Migrant (Source) per district	5000-9999	10000-29999	30000 and above	30000 and above	30000 and above
	8.18	7.72	18.87	15.17	25.52
	13.67	13.05	Migrants (Transit) per site	1.92	1.07

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

Das

States proposed for Piloting of Bio metric System under Targeted Intervention programme.

Details of the process will be shared with SACS latter.

S. No	DACS/ DACS and sites	Typology
1	Ahmadabad MACS - Ahmadabad	FSW – street based
2	Uttrakhand SACS	FSW – Home based
3	Chhattisgarh SACS	
4	Punjab	
5	Maharashtra - Pune	FSW – Brothel based
6	Gujarat – Surat	MSM
7	Assam – Guwahati	
8	Odisha – Ankul or Puri / to be decided	
9	Madhya Pradesh - Indore	
11	Delhi	TG - Hijra
12	Ahmadabad	
13	IDU/OST	Punjab, Haryana, Delhi, Chhattisgarh, Mizoram



5

		Cost Head	Unit Cost	Manufactures	Target	Achievement	Existing as on Date	New	
1.2.3	IEC material production, replication & newsletter	Printing / replication of IEC Materials	Rs per bundle	Detailed list with costing attached. Rs 94087 for Tractor IEC					36.84
1.2.4	Outdoor	Retirement Handings at strategic locations	Rs. 25000 per housing for change of fax 3	List of sites of proposed handings attached	25	0	25	28	8.5
		Rentals for printing	Rs. 1800 for 1st month and 1870 for remaining months	150 back pens by 8x2 sq feet	100	100	0	150	8.00
		Display of messages on govt. buses	Rs 25 per sq ft	At all service centres 8'x3 ft				285	0.88
		Signages for service centres	Rs 25 per sq ft					285	1.32
		Intermarked panels at service centres	Monthly charges Rs 780 per month, installation charges Rs 100, printing charges Rs 2 for 2.5					285	1.32
		Books	Rs 10 per book		0	0	0	100	8.67
1.2.5	IEC Media	Hiring of folk troupes	780 folk performances @ Rs. 3000/- per NACO guideline		540	540	NA	750	22.5
		Folk Media orientation, review meetings and Monitoring of folk performances	Two State level Workshops for trainings of folk troupes @ Rs. 2 Lakh = 4 lakh. State level two review meetings @ Rs. 1 Lakh = 2 lakh. Monitoring of in field roll out activities by STD and Other NGOs @ Rs. 1.5 Lakh = Rs. 1.5 lakh.						7.5
		Facilitating IEC van, handling IEC vans							
		IPC Migrant Camps Exhibitions							
1.2.8	Events	State and District level events	Rs. 10000 per event per district for 22 districts, 4 district level functions and 3 state level functions @ 2 lakh / function	Int youth day, Drug deaddiction day, WAAD, WVD	4	4	NA	4	14.80
		Madhya Pradesh Campaign only in NE							
		Pragati Back events in NE states							
		Other state specific events							
1.2.7	M & E Documentation	All activities to be documented. Mention the activities whose evaluation to be conducted		Documentation, evaluation and research activities related to field level activities	1	0	NA	1	
1.2.8	Hiring of Communication of Agency								
1.2.9	Youth Intervention								
1.2.8.1	Adolescence Education Programme and school level activities	Training of Teachers through SCERT	Refresher training for teachers and monitoring Existing schools Rs. 1000/-	State level meeting with DEO/DSS, advocacy workshop with principals, refresher training for model teachers, school level activities, monitoring etc.	4500 schools	4500 schools	4500 schools	500	50
1.2.8.2	RRCs in colleges and University	Trainings of Teachers and Principal. Other activities under RRCs	Rs. 8000/- for new RRCs and Rs. 4000 for existing RRCs.	State level workshop with Assistant Directors, district level workshop for model teachers, training of model teachers and peer educators, college level activities, monitoring etc.	300	340	340	180	28
1.2.8.3	Out of school Youth		Rs 8 lakh per district, IDU UK services	NACO will share the guidelines	100	123	NA	5	26
1.2.10	Drop in Centre	Only for three months @ 1.37 lakh per DC		2 Jalandhar and Amritsar	2	2	2	0	

*Handwritten signature*

*Handwritten signature*



6.

	Cost Head	Unit Cost "	Items/activities	Target	Achievement	Ending as on Date	New		
1.2.11									
	Advocacy Masterstraining Training plan		Separate sheet attached					1.3	
								25.07	
<b>Grand Total</b>								<b>274.28</b>	

After the AAB meeting, the IEC plans discussed there at for each state have been further discussed with the concerned SACs by concerned IEC officer of NACCO, who has been assigned to coordinate with the states. Shri. Rajesh Kumar, ACP(Medical) has also been coordinating the whole exercise with States for IEC and Ms. Elizabeth UMOJ and her team for the masterstraining. Further consultations have also been held with Additional Secretary, Department of AIDS Control on these issues. The finalized AAP for the state after the whole process is as above listed and they are to be either DAVY rates, Directorate of Information and Public Relations rates or those decided by due process under General financial rules.

*W.D.*

*[Signature]*  
K. Srinivas Prasad  
19/03/13  
JDL/ICJ

No.	Description	Quantity	Timeline	Activities
a.	Radio spots,	780	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. April Wk 4 7. June 13 to Feb 14	1. Finalization of themes, spots and channels. 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Theme specific campaigns
b.	News paper advt	4	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk4 5. Staggered as per plan 6. Ongoing	1. Decision on events, no. of ads per event and no. of newspapers 2. Gathering rates (DAVP/DIPR) 3. Prototype development for approval 4. Release of placement schedule along with work order 5. Tracking of releases, obtaining copies containing Advt.
	Helpline	1	1. April Wk1 2 Ongoing	1. Release of first instalment 2. Record keeping 3. Analysis of monthly record 4. Documentation & reporting
	IEC material production & replication	As per requisition from Prog. Divisions	1. April Wk1 2. April Wk1 3. April Wk2  4. May- WK 2 5. June Wk 2 6. Staggered 6. June Wk3 7. June Wk-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
a	Permanent Hoardings	25	1. April Wk1 2. April Wk2 3. April Wk3 4. April Wk2-4  5. Staggered 6. Ongoing  7. Periodic	1. Selection of sites (prominent & frequented by target audience) 2. Tender process 3. Development of prototypes, size and message content 5. Selection of vendor 6. Work order 7. Monitoring 8. Periodic reporting

*MD*

- 8 -

	Display on bus panels	150	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk3</li> <li>4. April Wk2-4</li> <li>5. May Wk 2</li> <li>6. Periodic</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification of bus routes for display</li> <li>2. Development of prototypes, size and message content</li> <li>3. selection of Depots</li> <li>4. Hiring of agency</li> <li>5. Work order</li> <li>6. Monitoring plan</li> <li>7. Documentation &amp; Reporting</li> </ol>
	Signage for service centre	295	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk3</li> <li>4. April Wk2-4</li> <li>5. June Wk 1</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification of service centre</li> <li>2. Development of prototypes, size and message content</li> <li>3. Hiring of agency &amp; work order</li> <li>4. printing of signage</li> <li>5. distribution of signage in all service centre</li> </ol>
	Information Panel at service centres	295	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk3</li> <li>4. April Wk2-4</li> <li>5. June Wk 1</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification of service centre</li> <li>2. Development of prototypes, size and message content</li> <li>3. Hiring of agency &amp; work order</li> <li>4. printing of signage</li> <li>5. distribution of signage in all service centre</li> </ol>
	kiosks	100 for 9 months at Amritsar( A category district)	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk3</li> <li>4. April Wk2-4</li> <li>5. May Wk 2</li> <li>6. Periodic</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification of sites</li> <li>2. Identification of routes</li> <li>3. Finalisation of messages</li> <li>3. Tendering process</li> <li>4. Selection of vendor</li> <li>5. Work order</li> <li>6. Monitoring plan</li> <li>7. Documentation &amp; Reporting</li> </ol>
c.	Hiring of folk troupes	750	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk3</li> <li>5. May Wk 4</li> </ol>	<ol style="list-style-type: none"> <li>1 Contact Existing folk troops</li> <li>2. identify new folk troops</li> <li>3. Orientation workshop</li> <li>2 prepare time line for folk performances, sharing of time line with folk troops and district team.</li> </ol>
	Folk Media orientation, review meetings and Monitoring of folk performances	2	<ol style="list-style-type: none"> <li>1. May Wk2</li> <li>2. May Wk2</li> <li>3. May Wk2</li> <li>4. May Wk2</li> <li>5. May Wk 3</li> <li>6. Periodic</li> </ol>	<ol style="list-style-type: none"> <li>1 State level workshop</li> <li>2. Planning meeting with DST</li> <li>3. Route plan , Phase-wise</li> <li>4. Selection of troupes as per guideline</li> <li>5. Troupe deployment</li> <li>6. Monitoring of performances</li> <li>7. Analysis of monitoring reports</li> <li>8. Review meeting with troupes &amp; DST</li> <li>9. Reporting to NACO</li> </ol>
1.2.6	Mid Media			
	Events	4	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. Depending on calendar</li> <li>4. As per calendar</li> <li>5. As per</li> </ol>	<ol style="list-style-type: none"> <li>1. Preparation of calendar of events and decision on areas for implementation</li> <li>2. Plans of activities (even-wise) and sharing</li> <li>3. Disbursement of funds to districts</li> <li>4. Monitoring</li> <li>5. Documentation</li> </ol>

			calendar 6. Soon after events	6. Gathering of SOE
1.2.7	M&E, Documentation,	1	1. April Wk1 2. As per activity plan 3. Depending on calendar 4. As per plan	1. Listing of activities for monitoring - by SACS officers, external resource, etc. 2. Documentation/research activities of all field level activities 3. Documents shared with NACO
a	AEP	5000	1. April Wk3 2. May - June 3. June Wk 2  4. 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
b	RRC	500	1. April Wk1 2. April Wk1 3. July Wk2 4. August Wk2 5. July Wk1 6. Regular Ongoing	1. Listing of all Colleges 2. Listing of colleges targeted in FY 13-14 3. Training of Coordinators 4. Disbursement of funds along with guidelines 5. Calendar of activities 6. Monitoring of activities 7. Documentation
c	Out of School youth	5	1. April Wk1 2. April Wk1 3. July Wk2 4. July Wk1 5. Regular Ongoing	1. Listing of Districts 2. Trainings PEs 3. Monitoring of activities 4. Documentation
	<b>Mainstreaming Training</b>	6161	1. April Wk1 2. April Wk2 3. April Wk2 4. April Wk3 5. April Wk4 6. May Wk2 7. May Wk4 onwards 8. Along trainings 9. All trainings All trainings	1. Listing of categories of trainees 2. Gathering universe of trainees 3. Information of coverage so far 4. Development of training calendar 5. Decision on training agencies 6. Training of trainers 7. Execution of trainings 6. Detailing of follow up activities 7. Monitoring 8. Documentation

b	<b>Drop in centre</b>	2	April Wk1 April Wk1 April Wk1 Regular June-July	1. Release of funds to DICs for activities 2. Quarterly review at state level 3. Detailing of follow up activities 4. Monitoring 5. Documentation
	<b>Total</b>			

*DDaw*

AAP 2013-14 Integrated Counseling and Testing Centre Punjab SACS

S.No.	Sub-Component 1	Cost head	Unit Cost (Rs)	Item/ activities	Targets 2013-14		RCC Round 2	Allocation (Rs. In Lakhs)	Remarks
					As on 01.04.2013	New			
1.3.1	Existing Facilities								
1.3.1.1	HR for Counselors and LTs	Recurring	2.4	Salary including TA/DA for 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)	72	20	220.00		
1.3.1.2	HR for Supervisors	Recurring	1.08	Salary including TA/DA for Additional Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff unit cost = 10000*2*12)	15	0	36.00	Additional 15 counselors and LTs in high load ICTCs	
1.3.1.3	Mobile ICTC	Recurring	5.55	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months Rising cost of whole unit including salary of counselors and lab tech at Rs 9000 average per month for 12 months	2	1	3.38		
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, PPCTC, Data Analyst, Secretarial Assistant, Finance Officer)	1		5.65		
1.3.2	Establishment of New ICTCs						265.71		
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 6000 per new stand alone ICTC	72	20	12.00		
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	1	0	0.00		
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none	144	100	0.00		
1.3.2.4	PPP ICTCs	Non recurring	0	none	3	24	0.00		
1.3.3	Trainings						12.00		
1.3.3.1	Training	Recurring	1.75	1) ICTC: Counselors, LTs: Induction, Refresher, HIV/TB & team training and PPCTC Multi drug regimen training 2) ICTC: Training of MO/CTC/MOTC/ART MO/District Supervisor ICTC/District TB-HIV & DOTS Plus Supervisor (RNICP) in HIV-TB package 3) F-ICTC: ANM, Nurse, LT, HIV/TB & team training, full site sensitization 4) Whole blood: Training of ANM and RNICP LT and STLS in whole blood screening 5) Any other training			26.14	50% allocation based on expenditure As per Training Plan	
1.3.4	Procurement of Equipment						26.14		
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6	Computer, cartridges, needle cutter, refrigerator, TV/DVD, colour coded bins etc	0	20	12.00	As per procurement plan based on justification	
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipment/maintenance/AMC/ Insurance of equipment bikes etc	72		3.60		
1.3.6	Consumables						15.50		
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 forms, internet and other misc exp	73	20	46.50	As per procurement 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 forms and other misc exp at the center	148	100	24.00		
1.3.8	Monitoring and Supervision / Review meetings						71.30		
1.3.8.1	Review meeting for Supervisors	Recurring	0.01	review meetings	2		0.24		
1.3.8.2	Review meeting for counselors/MO	Recurring	0.015	review meetings	82		5.52		
1.3.6.3	State and District HIV-TB Coordination meetings Quarterly @ Rs	Recurring	0.025	Quarterly State and District level Coordination committees meetings / State Technical Working Group meeting	23		2.30		
1.3.7	SRL						8.08		
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	2	0	6.00		
1.3.8	Additional Allocation						6.00		
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 (ie ART/ICTC/S1)		3	0.75		
1.3.8.2	For PPP ICTC involvement	Non recurring	Lumpsum	A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals ie Nursing Homes, Corporate Hospitals into NACP. B) Involvement of professional bodies like FOGSI, IMA, ADVL, IAP, etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employer model meetings for which separate budgetary allocation is made		14	2.50		
1.3	Grand Total						3.25		
							408.06		

Das

AAP 2013-14 Integrated Counselling and Training Centre Punjab SACS

1.3	Sub-Component 1	Cost head	Unit Cost (lakh)	Internal activities	Targets 2013-14		RCC Round 2	Allocation (Rs. in Lakhs)	Remarks
					As on 01.06.2013	New			
1.3.1	Existing Facilities								
1.3.1.1	HR for Counsellors and LTs	Recurring	2.4	Salary including TA/DA for Establishing/In-charge Stand Alone Counsellors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12) Salary including TA/DA for Additional Stand Alone Counsellors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	72	20	229.80		
1.3.1.2	HR for Supervisors	Recurring	1.58	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months	2		3.36		Additional 15 counsellors and LTs in high load ICTCs
1.3.1.3	Mobile ICTC	Recurring	5.55	Running cost of whole unit including salary of counsellors and lab tech at Rs 9000 average per month for 12 months	1		5.55		
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, Secretariat Assistant, Finance Officer)					
1.3.2	Establishment of New ICTCs			Sub Total			286.71		
1.3.2.1	ICTC	Non recurring	0.8	Minor establishment at Rs 8000 per new stand alone ICTC	72	20	12.80		
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	1	0	0.00		
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none	148	100	0.00		
1.3.2.4	PPP ICTCs	Non recurring	0	none	3	24	0.00		
1.3.3	Trainings			Sub Total			12.80		
1.3.3.1	Training	Recurring	1.75	1) ICTC: Counsellors, LTR, In-charge, 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 & DOT's 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			26.14		50% allocation based on expenditure. As per Training Plan
1.3.4	Procurement of Equipment			Sub Total			26.14		
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6	Computer, centrifuge, nasale cutter, refrigerator, TV/DVD, colour coded bins etc	0	20	12.00		
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipment/ maintenance/ AMC/ Insurance of equipment bikes etc	72		3.80		As per procurement plan based on justification
1.3.5	Consumables			Sub Total			15.80		
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 forms, internet and other misc exp	73	20	46.50		As per procurement plan based on justification.
1.3.5.2	Procurement of Consumables for Facility based stand alone ICTCs	Recurring	0.1	F-ICTC: Safe delivery kits, printing of forms and other misc exp at the center	148	100	24.80		No procurement for PPP ICTC
1.3.6	Meetings and Supervision / Review meetings			Sub Total			71.30		
1.3.6.1	Review meeting for Supervisors	Recurring	0.01	review meetings	2		0.24		
1.3.6.2	Review meeting for counsellors/MO	Recurring	0.015	review meetings	82		6.52		
1.3.6.3	State and District HIV-TB	Recurring	0.025	Quarterly State and District level Coordination committee meetings / State Technical Working Group meeting	23		2.39		
1.3.7	SR			Sub Total			8.96		
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	2	0	6.00		
1.3.8	Additional Allocation			Sub Total			6.00		
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 AN/ICTC/STI		3	0.75		
1.3.8.2	For PPP ICTC involvement	Non recurring	Lumpsum	A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals for Nursing Homes, Corporate Hospitals into NACP. B) Involvement of professional bodies like FOSSSI, IMA, IADVL, IAP, etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employer model meetings for which separate budgetary allocation is made		14	2.50		
1.3	Grand Total			Sub Total			3.25		
							408.06		

844  
D35

*[Handwritten signature]*

13

Physical Targets for Punjab 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	72	0	20	20	
2 Mobile ICTCs	1	0	0	0	
3 Facility Integrated ICTCs	148	0	100	100	
4 PPP ICTCs in Nursing Homes / Corporate Hospitals	3	2	12	14	
5 PPP ICTCs in Private Sector Industries	0	0	5	5	
6 PPP ICTCs in Public Sector Industries	0	0	5	5	
<b>Colocation of Facilities</b>					
1 Medical College Level	Baseline as on 31.03.2013 0 out of 2	Carry Forward from 2012-13 0	New Proposed target for 2013-14 2	Total target for 2013-14 2 out of 2	
2 District Hospital Level	4 out of 5	0	1	5 out of 5	
3 Sub District Level	0 out of 0	0	0	0	
<b>Physical Coverage Targets</b>					
1 Testing for General clients	Target 2012-13 263000	Ach 2012-13* 176134	Proposed Target 2013-14 400000	Basis of Target	
2 HRG testing	36000	30923	75900	Two time testing in 100% of HRG covered by TI	
3 Bridge population testing	NA	NA	24750	30% migrants and 15% truckers	
4 STI Clinic In-referrals testing	44000	30169	50000	100% DSRC attendees	
5 Out Referrals from to STI	58062	35384	68068	90% of TB patients and 5% of ICTC clients (Non-ANC)	
6 HIV-TB Cross referral	700	366	700	90% of HIV infected TB notified cases	
7 HIV/TB coinfection to be detected	268164	174266	300000	65% of the estimated pregnancies	
8 Testing for ANC	850	223	300	50% of estimated positive pregnancies	
9 Detection of HIV+ve pregnant women	* Achievement upto December 2012				
<b>Linkage Targets</b>					
1 ICTC to ART (GC)	Target 2012-13 NA	Ach 2012-13* 56%	Proposed Target 2013-14 90%	Definition HIV +ve general clients to be linked to ART centres	
2 PPTCT to ART	NA	91%	100%	HIV +ve pregnant women to be linked to ART centres	
3 TI to ICTC	NA	69%	90%	HRGs referred from TI reaching ICTC	
4 STI to ICTC	NA	69%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics	
5 TB to ICTC	NA	83%	90%	Notified TB cases reaching ICTC	
6 HIV/TB to ART	NA	76%	90%	HIV infected TB notified cases reaching ART	

*Man*



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

S.No	Type of Training	Category of Participant	Number of persons to be trained	Duration	Unit Cost	Training Cost	Training Plan ( April 2013-March 2014)				
							Quarter 1	Quarter 2	Quarter 3	Quarter 4	
1	Induction ( Stand alone ( Inc. Mobile)	Counselor	41	12	800	393,600		10			
		Lab-Tech	22	5	800	86,000		10			
2	Refresher ( Stand alone ( Inc. Mobile)	Counselor	72	5	800	288,000					78
		Lab-Tech	83	5	800	332,000					75
3	Induction (FI- ICTC +PPP )	Staff nurse (FI ICTC)	300	5	800	1,200,000	60		40		
		Lab Technician	100	5	800	400,000	25			25	
4	Refresher (FI- ICTC +PPP )	Staff nurse (FI ICTC)	148	3	800	355,200					
		Lab Technician	148	5	800	592,000					
5	Induction/ Refresher	District supervisor	2	5	800	8,000				2	
6	Sensitization (No facilities to be mentioned)	Full site Sensn. Dist. Hosp	0	1	10,000	-					
		Full site Sensn SDH/RH	0	1	5,000	-					
7	HIV-TB training	ICTC Counselor	60	2	800	96,000				40	
		Medical Officer	120	1	800	96,000					
8	Multi Drug Regiman Training for PPTCT	District ICTC supervisor	2	2	800	3,200				2	
		MO-TC/MO-ICTC	2	1	800	-					
9	Training on whole blood screening	ART MO	57	1	800	-				57	
		RNTCP STS/STLS	57	2	800	91,200					
10	ICTC Team Training	District TB-HIV & DOTS Plus Supervisor (RNTCP)	22	2	800	35,200					
		Counselor	108	2	800	172,800					
11	Other (Specify)	Medical Officer	241	3	800	578,400					
		District supervisor	2	2	800	3,200					
Total	Total	MO ARTCs	14	3	800	33,600					
		Others (Medical 3 days / Para medical 2 days)	40	3	800	96,000					
Total	Total	ANM	200	2	400	160,000	50		50		50
		Labour Room Nurse	200	2	400	160,000	50		50		50
Total	Total	DMCLT (RNTCP)	2	2	400	-					
		STLS	57	2	400	45,600	15		15		12
Total	Total	MO	0	3	800	-					
		Lab-Tech	0	3	800	-					
Total	Total	Nurse	0	3	800	-					
		Counselor	0	3	800	-					
Total						5,228,000					

57

- 15 -

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

*MS*

- 16 -

Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
Utilage of General Clients with ART	* Tracking system for General Clients:		
	a) Monthly maintenance of Line list of HIV +ve General Clients by ICTC	Monthly	ICTC Counselor
	b) Sharing of line list with concerned ART center/s by email every 15 days	Every 15 days	ICTC Counselor / ART Counselor
	c) Obtaining feedback by concerned ART center / s every 15 days	Every 15 days	ICTC Counselor
	d) Sharing completed / compiled line list with full details to DAPCU / SACS BSD	Every 15 days	ICTC Counselor
	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 is no DAPCU, SACS BSD will directly verify / analyze line list every month	Monthly	SACS BSD, CST
	i) SACS inter-directional meeting with CST to be 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	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	k) SACS BSD / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for handholding and mentoring	Monthly	Direct: SACS BSD 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, prevalence rates for HRGs (epidemiology, HIV, STI, prevalence, etc) and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	Direct: SACS BSD Monitoring: PD / APD SACS	

Das

Indicators	Recommended Action - HRIG linkages	Timeline	Person Responsible
Linkage with HRIGs	*The programme will ensure, tracking of individual HRIGs and ensure 100% of core group HRIGs are tested twice in the year, 50% of migrants are tested once in a year and 15% of leaders are tested once in a year		
	Co-ordination and Tracking system for TI Clients.	Every referral	TI ORWs, PE, TI Counselor
	a) Referral of TI clients by TI out-reach system using referral slip	Every 15 days	TI ORWs, TI Counselor, PM
	b) Completion of referrals made to ICTC with Unique ID of TI against each referral every 15 days	Every 15 days	Direct: TI ORWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC Sup, PO-TI TSU
	c) Meeting of TI with concerned ICTC and sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	ICTC Counselor,
	d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI.	Every 15 days	ICTC Counselor,
	e) Once both ICTC and TI have reconciled / compiled the list, from both ICTC and TI will report the same in their respective CMIS/SIMS on a monthly basis	Monthly	Direct: ICTC Counselor, TI Counselor, TI M&E, Monitoring: Dist ICTC Sup, PO-TI TSU
	f) The same should be verified / validated by DAPCU / PO - TI TSU on a monthly basis	Monthly	Dist ICTC Sup, DAPCU, PO-TI TSU
	g) Individual HRIG tested has to be extracted from the compile line list generated from the referral with UID and the reached with PID	Monthly	Direct: TI Counselor, M&E, PM, Monitoring: PO TI TSU
	h) This individual tracking and reconciliation of ICTC and TI CMIS/SIMS data should be done by DAPCU every month during review meeting between TI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS TI / PO-TSU in the 1st week of every month	Monthly	Direct: Dist ICTC Sup, DAPCU, Monitoring: PO-TI TSU, SACS TI, SACS BSD
	i) SACS / TSU officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD / SACS TI / TSU
	j) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS TI / SACS TSU has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PO SACS
k) After due verification by at SACS, TI and BSD to share analyzed / verified / completed line list with M&CO by 15th of every month	Monthly	SACS BSD / SACS TI	
l) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for hand-holding and mentorship	Monthly		
m) The SACS BSD / TI / TSU should analyze the passivity yield out of the referrals made by TI as compared to prevalence rates for the individual typology / state average and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	Direct: SACS BSD / SACS TI / TSU Monitoring: APD / PO SACS	

4

Das

also

18

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

Done

21

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

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	1 no of centres	Minor Refurbishment for Audiovisual privacy, Computer	1.8
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	31 no. of counsellor	Counselor salary	40.92
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	no. of DSRC and no of districts	Training of trainers, Induction or Refresher training for DSRC service providers, TI STI doctors as per operational guidelines	12.15
1.4.4	Procurement	Recurring	25000 per centre	no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	7.25
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	no. of DSRC and no. of districts	TADA/ documentation and communication cost to supervisory team, review meetings, TADA for outreach by DSRC counselors	5.8
1.4.6	Private sector partnership	Recurring				
1.4.7	Regional STD labs Existing	Recurring		no of Regional centres	Grant for existing Regional Centers ( Human Resource, Training, Kits and consumables, Stationery and Contingency, Supportive Supervision and Operational Research)	0
1.4.8	State Reference Centres	Recurring				57.62

1	STI/RTI episodes to be managed by Designated STI clinics	106132
2	STI/RTI episodes to be managed by TI-NGOs	26389
3	STI/RTI episodes to be managed by Private sector	18402
4	Total target of STI/RTI episodes for SACS	155903
5	STI/RTI episodes to be managed by NRHM	155903

1	Designated STI/RTI Clinics	28	1	29
2	TI STI providers	109		109
3	sector	30		30
4	NRHM health facilities upto PHC	618		618
5	PPP ICTC	3	0	3
6	Regional STI Centres	1		1
7	State Reference Centres	0		0

1	Colour coded drug kits for Designated STI clinics and TI NGO	50042
2	RPR Test kits	5109

*S. S. S.*

*Dr. Rao*

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

**Process Indicators 2013-14**

Name of State: PUNJAB

Sr No	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target in DSRC	1. Establish good linkages with Gyna and obs clinic, LCTC and ART centre. Counsellor to sit in Gyna OPD. 2. Ensure collocation of facilities so that there is minimum loss for treatment and testing. 3. All patients to be tracked for syphilis and HIV testing. 4. Referral linkages with TI to be established. 5. All DSRC to report on STI in KMS/SHMS. 6. Post of counsellor vacant in 2 DSRC hence all DSRC are not reporting regularly.	Counsellor of STI Clinic, Incharge of DSRC, and DD STI	Ongoing
2	Low Physical Target in TI	1. Outreach to be oriented on STI symptoms and outreach to encourage HRG to avail STI services from STI Providers. 2. All TI to appoint STI provider and ensure easy accessibility to services to HRG. 3. All HRG to be individually tracked for STI episodes and multiple STI to be tracked. 4. STI services to be delivered at the convenient location of HRG and by establishing linkages with government facilities. 5. Coordination meeting to review the targets achievement with TI and TI division.	DD STI, JD TI and PM of TI	Ongoing
3	Partnering with PSU	1. All PSU and leading private sector to be enlisted in all the districts. At least 6 units to be identified and enlisted. Coach Factory, defence, Railways, ESI, Electricity Board. 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 State PSU Focal Person	Enlisting of PSU to be completed by March 30 2013. Training to be completed by July 2013
4	Training	Pending training of Doctors in DSRC and PPP to be completed by March 13. Training plan to be made and shared with other division. Training calendar to be made. All participants to be informed in advance about venue and dates of training. All Training to be completed by first quarter.	DD STI and STI Resource Faculties	Incomplete training of current year to be finished by 15th March. 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 at least once in a quarter. All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visits by STI mentors.	DD STI and STI Mentors	Ongoing
6	Supply chain Management	All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. All commodities supplied by the programme must be monitored regularly. All drugs with earlier expiry should be used first and if excess should be redeposited. Review your programme data with consumption of commodities. Ensure there is no stock out and expiry of drugs.	DD STI STI Counsellor at DSRC, STI Clinic Incharge and PM of TI	Periodic Review of commodity at least once a quarter from all facilities
7	Quality of Services	1. All Patients to be provided with Internal exam, multiple STI in patients to be tracked. 2. All STI patients to undergo syphilis and HIV testing. 3. All patients to receive drug and test regularly.	STI Clinic Incharge and TI STI Providers and DD STI.	Ongoing
8	Vacancy	1 post of AD STI to be filled, advertisement to be made and interview to be conducted and to be positioned in SACS	APD SACS and PO SACS	By June 2013
9	NRRHM Convergence	1. Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and training of atleast 1 MO to be done. 3. Budget of STI to be corrected NRRHM PIP. 4. Joint review of programme to be done at least once a quarter.	DD STI and State RCH officer	One joint meeting once a quarter
10	Establishment of New Clinic	One Clinic to be set in Khanna Civil Hospital at Luhiana. Contact Superintendent, identify the space and complete Infrastructure. Select Counsellor and make clinic functional	DD STI and Superintendent of Khanna Civil Hospital	Jun-13



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

*Handwritten signature*

6	EQAS				1
a	NRL				2
b	SRL				0
					0
* Provision of NACO assistance to existing and new facilities is subject to meeting the norms for NACO support and approval of NACO. All NACO supported blood banks must possess a valid licence issued by state Drug Control Department					
3 MBB and 7 DLBB upgraded as BCSU					

1	1	<b>Inclusion of Blood Banks under NACO support</b>		
2		Identification of facilities which meet the norms for NACO support as BCSU, MBB, DLBB.	By April 2013	JD BS SACS
3		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
4		Constitution and notification of core committee	By first week April 2013	JD BS SACS, Quality Manager
5		Scheduling of core committee inspection visits	By April 2013	JD BS SACS, Quality Manager
6		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
7		Communication of letter of approval of NACO support to SACS	Within first quarter	NACO Blood Safety division
8		Recruitment of manpower as per pattern of assistance	Within first quarter	JD BS SACS, Admin division SACS
9		Deputation of staff for training and provision of kits, consumables and other support as per pattern of assistance	Within first quarter	JD BS SACS
10	2	Regular reporting in SIMS		
11		Need assessment for computers in NACO supported blood banks	By April 2013	JD BS SACS, M&EO SACS
12		Procurement and supply of computers of appropriate configuration for NACO supported blood banks	Within first quarter	JD BS SACS, Procurement division SACS
13		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
14		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
15		Quarterly analysis of SIMS report from blood banks	July, October, January and April	JD BS SACS, M&EO SACS
16		Communication of feedback on correctness of data to concerned blood banks	By the end of first month of the quarter	JD BS SACS
17	3	<b>Blood Requirement and Collection</b>		
18		District wise mapping of licensed and NACO supported blood banks in state	By April 2013	JD BS SACS
19		District wise mapping of the estimated numbers of hospital beds in primary, secondary and tertiary health care facilities	By April 2013	JD BS SACS
20		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
21		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
22	4	<b>Voluntary Blood Donation</b>		
23		Conduction of voluntary blood donation camps as per need of the NACO supported blood banks	Ongoing	VBD consultant SACS
24		Identification and retention of cohort of donor motivators among the youth through Red Ribbon Clubs, NSS, corporate work places	Ongoing	VBD consultant SACS
25		Conduction of trainings on blood donor motivation for blood bank counselors	Ongoing	VBD consultant SACS
26		Creating blood bank wise database of repeat voluntary blood donors classified according to blood groups	Ongoing	Counselor at blood banks
27		Stepping up static voluntary blood donation by holding fortnightly/ monthly blood donation day or alternate innovative strategies	Every month	Counselor at blood banks
28		Counselor in Blood Bank to send reminders to the repeat donors	Every month	Counselor at blood banks
29		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
30		Development and replication of IEC material pertaining to promotion of voluntary blood donation	Within first quarter	VBD consultant SACS, IEC division SACS
31	5	<b>Optimum utilization of Blood Mobile</b>		
32		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
33		Preparation and submission of quarterly route plan for the blood mobile	In beginning of every quarter	Incharge Model Blood bank

27

26	Listing of organizations conducting blood donation camps in the state	In beginning of every quarter	VBD consultant SACS
27	Listing of colleges, universities, workplaces where camps can be organized along with suitable time	In beginning of every quarter	VBD consultant SACS
28	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
29	Release of budget for conduction of blood donation camps	In beginning of every quarter	VBD consultants SACS, Finance division SACS
30	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
31	Conduction of camps by organizers and concerned blood bank	On day of the camp	Organizers, Staff of concerned blood bank
32	Monitoring visit of SACS officers to the blood donation camp	On day of the camp	SACS officers
33	Transport of collected blood units to the blood bank	Within six hours of holding the camp in cold chain	Staff of concerned blood bank
34	Submission of report of blood donation camps	Within 2 weeks of conduction of camp	Camp Organizers
35	<b>7</b> Component separation		
36	Review of availability and functional status of equipments for component separation	By April 2013	JD BS SACS
37	Review of availability of requisite manpower at BCSU	By April 2013	JD BS SACS
38	Review of availability of licence at BCSU	By April 2013	JD BS SACS
39	Review and identify BCSU wise reasons for sub-optimal component separation	By April 2013	JD BS SACS
40	Taking appropriate corrective measures to address the reasons	Within first quarter	JD BS SACS
41	Stepping up blood collection at BCSU	Ongoing	Incharge BCSU
42	Stepping up component separation at BCSU	Ongoing	Incharge BCSU
43	Enhancing demand for components through trainings on rational blood use	Ongoing	JD BS SACS, Training institutes, Professional Associations
44	<b>8</b> Trends in prevalence of TTI in blood units		
45	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
46	Quarterly monitor the trends through SIMS data analysis	Ongoing	
47	Identify blood banks showing high prevalence for TTI	Ongoing	
48	Review whether quality standards are in place in the blood banks	Every quarter	
49	Review whether reactive donor is being notified and referred for treatment	Every quarter	
50	Identify possible reasons for high TTI positivity (replacement donation, poor donor selection and screening, high prevalence in general population in the area, etc)	Ongoing	
51	Preparation of training curriculum on donor counseling, screening and retention for blood bank counselors	By September 2013	NACO blood safety division
52	<b>9</b> Procurement and Supply Chain management		
53	Preparation of Indent for items to be procured at SACS level and approval by PD SACS	By April 2013	JD BS SACS, Quality Manager
54	Processing and completion of procurement of indent given	Within first quarter	Procurement division SACS
55	Dispatch and receipt at concerned facilities	Within two weeks of supply at SACS	Quality Manager, Store officer SACS
56	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
57	Procurement of AMC/CMC services for the functional equipments	Before September 2013	Quality Manager, Procurement division SACS
58	Issuance of orders for AMC/CMC services	Before September 2013	Quality Manager, Procurement division SACS
59	Supply schedule for centrally supplied commodities to be shared with SACS	Within one month of issuance of notification of award	NACO blood safety division
60	Timely receipt and Storage of centrally supplied commodities under proper storage conditions	One same day as receipt	Quality Manager, Store officer SACS
61	Physical verification of stock and cold chain status and issuance of Consignee receipt certificate	Within one week of receipt	

S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Achievement (2010-11)		Targets		Allocation (Ru. In Lakhs)
					Target	Achievement	Existing as 1st January 2013	New for 2013-14	
1.5.1	Modernisation of Blood Bank								
1.5.1.1	Model Blood Banks	Consumables	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1		4.76
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendant, Security, Housekeeping, Data Entry Operator			1		6.24
1.5.1.2	MBB with BCSU	Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1	1.0	5.2
		Salary	2.4	Salary of 1 LT & 1 Counsellor			1	1.0	3.12
1.5.1.3	MBB without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			4	-3	0.75
		Salary	2.4	Salary of 1 LT & 1 Counsellor			4	-3	2.4
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			17	-7	9.3
		Salary	1.2	Salary of 1 LT			37	-7	3.6
1.5.1.5	RBTC	Consumables	0	Nil			3		0
		Salary	2.4	Salary of 2 LT			3		7.2
1.5.1.6	Blood Storage Centres	Consumables	0	Glasswares, plastic wares, Reagents and chemicals					0
		Salary	0	Nil					0
1.5.1.7	Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendant			8		11.52
1.5.1.8	Maintenance of BT Vans in form of	Recurring	6.7				8		3.6
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contingency			1		6
1.5.2	Training	Recurring	0.35	Training of one BA, MO, two LT, one Nurse per NACO supported Blood Bank, One BSC-MO & One BSC-LT, Clinicians on rational use of blood, Training of Donor Motivators			45		15.75

Das SL

Code	Description	Category	Actuals	Remarks	Amount	Unit	Value	Value
1.5.3	Supportive Supervision	Recurring	0.1	TA/DA for visit to the NACO supported blood banks. Monitoring visits to VBD camps. Core Committee supervisory visits		45		4.5
1.5.4	Procurement	Non-recurring	18	List of Equipments as per NACO guidelines				0
1.5.4.1	Equipments for new BCSU							
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/CMC and calibration of essential blood bank equipments supplied by NACO				29
1.5.5	Grant for SBTC	Recurring	0.025	Hiring of Vehicle, Printing of banner, P.O.L, TA/DA to staff			1255	0
1.5.5.1	Voluntary Blood Donation Camps	Recurring	Actuals	Advertisement, state level and district level activities for 12th January, 14th June and 1st October				31.375
1.5.5.2	Observance of Blood Donation Days	Recurring	0.1	Design, development, translation and replication of IEC material for promotion of Voluntary blood donation including thank you cards, certificates of appreciation, pins, badges, hoardings		45		4.5
1.5.5.3	Development of IEC material	Recurring	0.00025	Provision of post donation refreshment to blood donors			200000	50
1.5.5.4	Donor Refreshment	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms			1	2.88
1.5.6	External Quality Assurance Scheme		6.54					0
1.5.6.1	NRL		4.41					0
1.5.6.2	SRL							0
1.5.7	contingency*					0		0
1.5.8	Increment as per NACO norms*					2		8.88
						46		0
								347.86

Total licensed blood banks in the state	97
Blood banks supported by NACO	45
Target for Total Collection	375000
Target for NACO supported blood banks	200000
Target for VBD	90%
VBD Camps	1255
% Component prepared by NACO supported BCSU	80%
Commodity items to be provided by NACO	
Blood bags	In Packs

*[Handwritten signatures and initials]*

## ANNUAL ACTION PLAN

STATE- Punjab  
Phase 2

Lead Agency

Total No of District	Phase 1	Phase 2	Lead Agency
2	0	2	Not Applicable

## 1. SACS

Remarks

Item	Description	Unit Cost per annum	Number	Allocation	Remarks
1.1 Communication kit	Communication kit would be procured by SACS @ 800/- per Districts for Phase II Districts. Each Phase II District would get 60 kits.	48000	2	96000	
<b>Sub Total 1</b>				<b>96000</b>	

## 2. DISTRICT IMPLEMENTING AGENCY

Remarks

Item	Description	Unit Cost per annum	Number	Allocation	Remarks
2.1 Training	Module 1	31750	0	0	
	Module II	31750	0	0	
	Refresher	20460	2	40920	
2.2 Salary Cost	{ 2 DRPs, 1 M&E cum Accounts Officer, 4 Supervisors & 40 Link Workers}	1,602,000	2	3,204,000	
2.3 Administrative cost		468000	2	936000	
2.4 One time Cost		205500	0	0	
2.5 Community Outreach		57875	2	115750	
2.6 Mid Media		300000	2	600000	
2.7 Training Cost	Module 1	176250	0	0	
	Module 2	176250	0	0	
	Refresher	113750	2	227500	
	Volunteers training	39250	0	0	
2.8 Mapping		80,000	0	0	
<b>Sub Total II</b>				<b>5,083,250.00</b>	
<b>GRAND TOTAL</b>					<b>5,179,250.00</b>

## 3. PHYSICAL TARGETS

Targets 2013-14 (to be achieved till August 2013)

Remarks

Indicators	Targets 2013-14 (to be achieved till August 2013)	Remarks
3.1 Number of District Implementing Link Worker Scheme	2	
3.2. Total Number of DRPs recruited (2)	4	
3.3. No of Link Workers Recruited (40)	80	
3.4. % of HRG Population covered	85% of SNA	Vulnerable (bridge) population
3.5. % of Vulnerable population covered	85% of SNA	
3.6. % of PLHIVs covered	80% of SNA	
3.7. % of HRG referred to ICIC	80% of SNA	
3.8. % of HRG tested for HIV	80% of SNA	
3.9. % of HRG referred for STI	700	
3.10. Number of Village Information Centre formed (100/dist)	100	
3.11. Number of Red Ribbon Clubs formed (50 per Dist)	200	
3.12 Number of Condom Depots established (100 per Dist)	2000	
3.13 Village volunteers		

S.No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14					
					Target	Achievement	Financial Expenditure as on 31.12.13	Existing	Proposed	Allocation	Remarks			
2.11	ART Centres	Recurring	For low load centre-13.5, medium load-15, high load-17	Salary	9	7	108	85.56	9	0	135.00	Recruitment to be done immediately followed by training as per protocol immediately for Tam Tamun		
2.12			0.50	Universal Work Precautions	9	7	4	3.94	9	0	4.50	items for upgradation/replacement/additional requirement for existing ART centers to be procured out of operational grant of the concerned center		
2.13.1	ART Centres	Recurring	1.50	Operational Costs	9	7	12	10.18	9	0	13.50	Operational requirement for existing ART centers to be procured out of operational grant of the concerned center		
2.13.2					0.9 for caliber 0.5 for count 80.25 for Parler	Operational cost for CD4 testing	5	5	2.25	0.1	5	0	2.25	Partic-1 & Count-4
2.14.1	Centres	Non-recurring	1.00	development installation of CD4 machine	5	5	0	0	5	1	1.00	One new machine for ART centres which goes for repair and relocated to the other for Reinstated		
2.14.2					4.5	Renovation, Infrastructure, Furnishing	2	0	9	5.11	9	0	0.00	
2.21	SACS for various activities	GIA to SACS for LAC	0.50	Registers & Cards, Signages, Flip Charts, Posters	9	7	4.5	1.65	9	0	4.50			
2.22					1.00/ART for Trg of MAs, Counselors, Nurses, Pharmacists, Data Managers, LAC staff, Workshops etc.	9	7	4.5	3.47	7	2	4.50	As per tentative training plan with AAP	
2.23					0.0020	OT drugs & CPT as per guidelines @ Rs. 200/-	7000	5493	14	11.84	5493	7000	14.00	As per procurement plan for OI drugs
2.24.1					0.15	One-time cost for infrastructure development	2	0	0.3	0	6	4	0.60	13 and carry forward from 12
2.24.2					0.378	Rec. for TA/DA & oper. Costs, Stationery etc.	8	6	4.54	1.51	6	4	3.02	
2.24.3					0.96	HR for LAC Plus	5	2	3.36	2.21	2	3	3.36	
2.25.1					3.84	HR for EID	0	0	0	0	0	0	0.00	
2.25.2					1.00	Cost for EID lab (Operational Cost, Infrastructure development)	0	0	0	0	0	0	0.00	
2.26					1.10	Salary of LT	0	0	0	0	0	0	0.00	
2.27.1					As per SCM of ARV drugs	One time cost for refurnishing	0	0	0	0	0	0	0.00	
2.27.2	Regional coordinator	ppp	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	5	0.38	0	0	5.00			
2.27.3					11.00	Remuneration & TA/DA	0	0	7.83	0	0	0	11.00	
2.27.4			0.25	For contingency & miscellaneous expenditures					1	0.25				
2.31	GIA for CoE	Recurring	23.42	Personal, Research, Training, consumables, TA/DA & Oper. Costs	0	0	0	0	0	0.00				
2.41	GIA for PoE	Recurring	21.20	Personal, Research, Training, consumables, TA/DA & Oper. Costs	0	0	0	0	0	0.00				
Total GIA to SACS for CST				182.45	133.78	202.48								

II. Programme Targets and Commodity Assistance provided by Govt. of India to the State  
 2012-13  
 2013-14  
 Commodity Assistance  
 Sub-component-II  
 Target  
 Achievement till Jan. 13  
 2012-13  
 2013-14  
 No.  
 PLHA on ART  
 Registered  
 27000  
 26846  
 32000  
 ART Alive & on ART  
 11000  
 10473  
 14000  
 based on number of PLHA alive and on ART  
 ARV drugs ( adult, pediatric, secondline & alternate) will be supplied by NACO  
 Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines  
 OI drugs  
 7000  
 3291 OI + 2201 CPT  
 7000  
 CD4 Count  
 CD-Machines  
 5  
 5  
 42000  
 20288  
 42000  
 Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all Location & justification for proposed sites for establishment of new facilities should be provided in the AAP text.

*Handwritten signatures and initials.*

CST Component									
No	Name of Division	Baseline	Physical Indicators			Financial Indicators			Comments
			Target 2012-13	Achievement till Dec 2012-13	%	Proposed 2013-14	Target 2012-13	Achievement till Dec 2012-13	
1	Establishment of facilities ART Centres (cumulative)	6	7	78%					
a	Setting up of new ART Centres	2	0	0%	0	9.00	5.11	0.00	
	Infrastructure development for CD4 machines	0	0		1			1.00	One new machine for Amritsar will go for frequent breakdown that be repaired and relocated to the c for Pathankot
b	Recurring Cost ( salary, UWP, operational cost)					126.25	99.78	141.75	1. Items for upgradation/replacement/additic requirement for existing ART cent to be procured out of operational f of the concerned center
c	Setting up ART Centres under PPP				0				
	Corporate Sector		0						
	PSU		0		1				Prospective PPPs: ESI Hospital at Ludhiana, Rail Coach Factory at Kapurthala
d	Co location of ICTC-ART				1				No budgetary implications on NAC
e	ART Centres (cumulative)	6	6	100%					
a	One-time cost for infrastructure development	2	0		4	0.30	0.00	0.60	
b	Rec - for TA/DA & oper. Costs, Stationery etc.	12	6		4	4.54	1.51	3.02	4 are carry forwarded from 12-13
	HR for LAC Plus	2	0						
a	Recurring cost	0	0			0.00	0.00	0.00	
	Recurring cost	0	0			0.00	0.00	0.00	
	HR for EID	0	0		0	0.00	0.00	0.00	
	Cost for EID Lab	0	0		0	0.00	0.00	0.00	
	Salary of LT	0	0		0	0.00	0.00	0.00	
	For ART / LAC staff					0.00	0.00	0.00	
	Sensitisation of Private practitioners on rational prescription of ART								AS per training plan, based on prescribed curriculum
									No of private providers practicing ART needs to be worked out

*DLR*

*Amrinder VII*

*34*



Sr. No	Name of Division	Baseline	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
	Sensitisation of HCP on UWP/PEP					1845	4.50	3.47	4.50	61 Batches of health care providers proposed to be organized in ART center, in each batch 30 participar Additionally during review meetin LACs UWP and PEP will cover thrc special session. In addition, training of all health C providers working in facilities wh ART centres/LACS are located.
3	OI Treatment (line CPT)									
	OI episodes treated	2714	7000	5493	78%	7000	14.00	11.84	14.00	As per the current pattern of OI ta is calculated Efforts should be mad get OI drugs from Health systems. drugs should be included in state l Essential medicines
4	Operational Cost for SACS						5.00	0.38	5.00	
	SCM of ARV drugs: Drug Transfers									
	Printing of registers, formats & Cards, signages						4.50	1.65	4.50	To be done by Sep 2013
	Remuneration & TA/DA of Regional coordinator	0	0	0		0	11.00	7.83	11.00	
	<b>Total Funds</b>									
5	Coverage and linkage Targets									
a	PLHIV Registered in HIV care (cumulative)	23178	27000	26946	100%	32000				27000 PLHIV are expected to register at the end of March 2013. The target is based on new positives detected at ICTCs during 2013-14 which is around 5000 and additionally some backl of previous years also. Therefore total target of 32000 has been set up.
b	PLHIV alive & on ART (cumulative)	8179	11000	10473	95%	14000				Around 11000 PLHIV will be alive on ART at the end of March 2013 nearly 170 patients are ad every month additionally. All eligible should be put on ART.
c	OI episodes treated (annual)	2714	7000	5493	78%	7000				As per the current pattern of OI target is calculated Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines
d	CD4 Testing (annual)	22777	33000	20288	61%	42000				2 tests /year for all PLHIV in care. However Kits will be provided based on consumption patte

D Rao

**Processes for implementation of 2013-14 activities**

PUNJAB

Baseline: 1<sup>st</sup> April 2013

S.No.	Activity	Processes	Responsibilities	Timeline
1.	Setting up ART Centre	No new target	NACO CST	Apr 13 (First Fortnight)
2.	Co-location of ICTC/ART	Assessment of existing ART Centres and ICTC Clinics in health care facilities on physical locations and service linkages status	DAPCU, SACS CST (JD), SACS BSD, RC	April
		Identification of facilities as per AAP target for co-location	SACS CST (JD), SACS BSD, RC	April
		Meetings to be conducted between SACS BSD/CST with Health Facility (Dean, Med Sup, CMHO, ART Nodal Officer, DAPCU, Facility staff and other stakeholders) for development of time bound road map for co-location	SACS CST (JD), SACS BSD, RC, APD, PD	April
		Issuing of necessary Govt Orders by DHS, DMER, PD SACS, etc	SACS CST (JD), SACS BSD, RC, APD, PD	May
		Ensuring action on office orders issued and processing plan for relocation of facilities	DAPCU, SACS CST (JD), SACS BSD	May
		Monitoring visit by SACS/DHS/DMER for timely follow-up and timely completion of re-location plan	SACS CST (JD), SACS BSD, APD / PD	May
		Review meeting to be conducted by PD SACS, DMER, DHS on progress in June	SACS CST (JD), SACS BSD, RC - CST, APD, PD	June
		Follow-up visits by SACS	SACS CST (JD), SACS BSD	June / July
		Progress of Activities to be reported to NACO every month	SACS CST (JD), SACS BSD	Monthly
		3.	Setting up PPP model ART centre	New model to be developed for PPP
Enlisting of potential partners	NACO CST, JD CST, RC			Already done in AAP
Meeting with industries associations, corporate, PSU executives and health facility representatives	JD CST & RC			May 13 (Second Fortnight)
MOUs	PD SACS			June 13 (Second Fortnight)
Operationalization- • Setting up of facilities	• Provider of facility, Overseen			July 13 (Second Fortnight)

*Handwritten signature*



DD

private providers on National ART regimen		SCM		8.	
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, CoB	July			
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			
Quantity amount of storage space required	Store Officer	April			
Identify current storage options - rental, possible NRHM warehouse, common facility storage	RC, JD CST	April			
Negotiate with health facility/ NRHM officials for common storage	JD CST, APD, PD, RC	May/ June			
Keep storage space available for receipt of supplies 4 days prior to schedule date for arrival of supplies	Store Officer	Ongoing			
Receipt & Dispatch -					
CRC should be issued within 7 days of receipt of supplies	Store Officer	Ongoing			
Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	SACS CST	Ongoing			
Dispatch plan should be based on pattern of consumption for last 3 months	SACS CST	Ongoing			
Transportation - Most cost effective and efficient means of transportation to be adopted					
Option 1: Supplies should be made to ART centres in collaboration with the general health system					
Option 2: Supplies should be made to ART centres through physical collection by staff while attending review meetings					
Option 3: Hiring of courier to dispatch supplies co-ordinating with BSD supplies					
Mechanism of reviewing transportation options-	SACS CST, Store Officer / APD, PD SACS	April			
Review the logistics of the above 3 options					
Compare the costs of the options, (by comparison of previous expenditures incurred)					
Tendering to select the most cost effective mode of transport	JD CST, APD, PD	May (first fortnight)			
Physical Verification and Reporting -		May			

39

Draw

Weekly	MO-ART	MO-ART to physically verify stocks weekly and countersign in stock register
Monthly	RC, APD	All supervisory cadres during field visits to facilities to physically verify stocks and countersign in stock register
Monthly	PD SACS, JD CST, Store Officer	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	SACS CST, Store Officer	Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month
Monthly	1. DAPCU, RC, JD CST 2. PD, APD	Variance of more than 5% in drugs dispensed and stock consumption to be analyzed facility wise by DAPCU / RC - 1. On 1 <sup>st</sup> report of such variance, reasons for variance to be submitted to SACS for necessary action 2. If variance on more than one occasion, Enquiry should be done by a committee formed by PD for providing a report to NACO for necessary action which should include persons identified responsible for the variance and recommendations
Monthly	JD CST, RC (visas)	Based on reports from DAPCU / SACS analysis, visits to facilities reporting stock excess/ shortage to be conducted and analysis done. Actions to be recommended- • If drugs near expiry found - immediate relocation within state with co-ordination by SACS CST or (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
Monthly	SACS CST, NACO CST	
Monthly	SACS CST, NACO CST	

COMPONENT III  
Punjab

Insitutional Strengthening  
YEAR : 2013-14

S.No.	Name of the position	Position	Type of Position	Number	Annual Salary	Give details of equipment purchases if proposed				
						Rs in Lacs	Contractual	Contractual	Contractual	Contractual
2	Operational Cost					2.00	0.39	0.05	0.44	2.00
	1 Training SACS /DAPCU					2.00	0.39	0.05	0.44	2.00
	2 Equipment Maintenance					3.00	1.25	0.20	1.45	3.00
	3 Building Maintenance					0.50	0.00	0.00	0.00	1.00
	4 Vehicle Maintenance					5.00	4.85	0.20	5.05	8.00
	5 Travel Expenses					6.00	5.34	0.40	5.74	10.00
	6 Rent, Rates and Taxes					35.00	32.38	3.50	35.88	50.00
	7 Telephone/Communication Expenses					4.00	3.03	0.30	3.33	4.50
	8 Bank Charges					0.00	0.00	0.00	0.00	0.00
	9 Miscellaneous Expenses					14.00	16.76	1.50	18.26	20.00
	10 Printing and Stationery					4.00	1.68	0.15	1.83	4.00
	11 Advertisement (Other than IEC)					3.00	7.69	0.00	7.69	10.00
	12 Water and Electricity					4.00	2.88	0.74	3.62	5.00
	13 Audit Fees					3.00	2.10	0.50	2.60	3.00
	14 Legal Expenses					0.00	0.18	0.00	0.18	1.00
	15 Postage / Courier					1.50	0.90	0.24	1.14	1.50
	16 Other Administration Cost/ Recruitments					1.00	0.00	0.50	0.50	1.00
	17 Review Meeting Expenses					1.00	0.00	0.10	0.10	1.00
	18 Office Equipments(see next sheet)					1.00	0.09	0.00	0.09	2.00
	19 Transportation					0.00	0.00	0.00	0.00	3.50
	19 Furniture (see next sheet)					0.00	0.00	0.00	0.00	2.00
	Total					88.00	79.51	8.38	87.89	129.00

Rs. in Lakhs

Approved

Proposal

for 2013-

14)

Expendit

during 12-

13

Total

likely

Expenditure

UP TO

20.02.2013

8 March, 13

and March, 13

during 12-

13

Expendit

during 12-

14)

Proposal

for 2013-

14)

Approved

Total (For ---Districts) As per enclosed list

S.No.	Name of the position	Position	Type of Position	Number	Annual Salary	Rs in Lacs
	District Programme Manager		Contractual	573000	5.73	
	M & E Assistant		Contractual	310800	3.11	
	Accountant		Contractual	310800	3.11	
	Assistant		Contractual	310800	3.11	
	Total					15.05

b. Operation Cost (DAPCU)

NO. of DACU - 2

Unit cost

Total Cost

S.No.	Name of the position	Position	Type of Position	Number	Annual Salary	Rs in Lacs
2	Communication expenses			3000	72000	
	Stationery			2500	60000	
	Postage			1000	24000	
	Travel			20000	480000	
	Contingency			2000	48000	
	Renovation Cost				0	
	Total				684000	

SUMMARYS: PUNJAB

SACS

NACO

Salary Hq.

Operational cost

Salary DAPCU

Op. cost DAPCU

Total

357.78

379.48

7.04

15.05

107.5

228.39

7.04

6.84

Dr

40

Annexure VIII

1	Training*	Induction/Refresher				Total	M&E Trainings	Reporting													
		ICTC	FI/ICTC	BB	STI			NGG-TI	DIC	CCC	Hq. Staff	Q1	Q2	Q3	Q4						
	a. SIMS Induction/Refresher training*	2500	2500	2500	2500	2500	300000														
							1330000														
							267500														
							87500														
							192500														
							15000														
							2392500														
	b. Other Trainings (DOA/DAPCU review cum training) : 2 staff from 7 DAPCU bi annually					1000															
2	Reports publication ( Surveillance, estimations report and SIMS report)					75000															
3	Monitoring & supervision visits (10 days/month)																				
4	HIV Sentinel Surveillance** (50% of the budget of ANC sites and lab 2012-13)																				
<b>Total Budget</b>							<b>1,004,400</b>														
							<b>3271900</b>														

Note: \* Training includes TA/DA, Accommodation and Venue costs, training kits, AV aids as per Training Norms  
 & Monitoring & Supervision visits (10 days/month) should be included in institutional strengthening budget as per MACO norms

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

*Shanmugan*

*Das*

*Amma VIX*

*5)*

**Punjab Annual Action Plan- 2013-14 : Strategic Information Management Unit**

Sl. No.	Budget Head(Discipration)	Sub-Head (Discipration )	Unit cost (Rs)	No. of persons to be trained		Estimated budget	
				Induction	Refresher		
1	Training*						
		ICTC	2500	48	72	300,000	
		FI ICTC	2500	266	266	1,330,000	
		BB	2500	10	97	267,500	
		STI	2500	5	30	87,500	
		NGO-TI	2500	7	70	192,500	
		DIC	2500			-	
		CCC	2500		6	15,000	
		Hq. Staff	1000				
		Total					<b>2,192,500</b>
			b. Other Trainings( DQA/DAPCU review cum training) : 2 staff from 7 DAPCU bi annually		1000		
2	Reports publication ( Surveillance, estimations report and SIMS report)		75000			75,000	
3	Monitoring & Supervision visits (10 days/month)#						
4	HIV Sentinel Surveillance**					1,004,400	
<b>Total Budget</b>						<b>3,271,900</b>	

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

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

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

*Wao*



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

*Das*

*43*