

-11017/ 35 /2012-NACO (F)
Government of India
Ministry of Health & Family Welfare
Department of AIDS Control

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

To,

The Project Director,
Tamil Nadu State AIDS Control Society

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

Sir/Madam,

Please refer to your proposal regarding approval of Annual Action Plan for the year **2013-14** and further discussions held in Department of AIDS Control (DAC) on 22nd February, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs 7527.67lakh (Rupees Seventy five crore Twenty seven lakh and Sixty seven thousand only.) as per detailed break-up given below:

(Rs. in lakhs)

Component	DBS	Pool fund	GF	Total
Prevention				
TI		1438.36		1438.36
STI	290.9			290.9
BTS	557.89			557.89
IEC	1019.67			1019.67
LWS	331.12		236.51	567.63
ICTC	517.49		1207.47	1724.96
	2717.07	1438.36	1443.98	5599.41
CST	1082.14		22.00	1104.14
ISTM	732.58			732.58
SIMS	91.54			91.54
GT	4623.33	1438.36	1465.98	7527.67

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

The above approval is subject to the following conditions:

1. The overall allocation indicated above is subject to the condition that the outstanding cash balance and advance as on 1.4.2013 is part of the approval. In other words, further releases will be made only after deducting the advance and cash available with the state as opening balance.
2. SACS should carry out the activities as shown above without waiting for approvals of Executive Committee and ratification of Executive Committee may be obtained.
3. Inordinate delay is observed in placing orders for equipment / supplies. These should be done within a week of receiving approvals of DAC. Procurements should be initiated and finalized, as per the procurement plan prepared and approved.
4. The above figures represent ceilings beyond which expenditure should not be incurred on any activity. Actual fund will, however, be provided by DAC as per availability.

5. No change in allocation among different components shall be made without DAC's approval. Re-appropriation between activities within a component can be approved at Project Director, SACS level, to meet local needs. This should be informed to DAC well in advance. However, such re-appropriation should not adversely affect the physical targets indicated in the plan. Re-appropriation between implementation cost and operational expenses like salary should not be done at SACS level without the concurrence of DAC.
6. The process indicators may be followed for improvement of programme. The pattern of assistance and guidelines as already approved and conveyed from time to time by DAC should be followed.
7. SACS shall ensure that up to date information of the programme performance is sent through the CMIS package and the accounts are maintained through CPFMS. Reasons for variance shall have to be provided through the CPFMS.
8. The funds for SBTC activities will be released by State AIDS Control Societies after ensuring that the Audit statement and Utilization Certificates till 2011-12 for the funds provided by DAC and Provisional Utilization Certificates (based on statement of expenditure for the year 2012-13) have been submitted to DAC and their Annual Plan for 2013-14 has been approved by Governing Body.
9. The minimum quarterly target for expenditure has been earmarked at 19%, 24%, 24%, and 33% respectively for each quarter. This is as per requirement of the modified cash management system through which "quarterly targeted budget allocation" is to be maintained. The SACS not able to incur the minimum expenditure as per the fixed targets is likely to have their annual plan reduced and corresponding lesser releases in the subsequent quarter.
10. The Physical targets as indicated are as per baseline figures reported by SACS and targets for the year 2013-14 agreed with. The targets also correspond to the funds available for the current financial year. Changes if any will be only with concurrence of DAC.
11. No vehicle shall be purchased from NACP funds except for purchase of mobile ICTCs wherever approved in the action plans.
12. Till further orders, under Institutional strengthening, SACS may extend the service contracts of contractual posts sanctioned under NACP **initially for six months with effect from 1st April 2013.** Salaries expenditure under ISPM is to be incurred for sanctioned posts.
13. The Procurements under various Funds/Components are to be made as per details given below:
 - i. Procurement under various Global Fund Rounds as per World Bank Procurement Guidelines;
 - ii. Procurement under DBS to be made as per General Financial Rules-2005 as amended from time to time;
 - iii. Procurement under TI component is to be made as per World Bank Procurement Guidelines for goods and services as this component is likely to be reimbursed retroactively by World Bank.

Yours faithfully,



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

Copy to:

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

Targeted Interventions
Tamil Nadu

S.No.	Sub-Component	Coat Head	Unit cost in Lakh (Range)	Item/ Activities	TI Achievement (2012-13)		TI Targets (2013-14)			
					Target	Achievement during the year	Existing as on 01.04.2013	Transition from Partners	New Tis additons	Total
1.1.1	FSW	Grant to TI Projects	8 to 24 lakhs based on coverage	cost for basic infrastructure, human resources, programme management and service delivery	14905	18	0	18	0	18
1.1.2	MSM				14456	14	0	14	0	14
1.1.3	IDU				244	1	0	0	2	
1.1.4	TG/Hire				0	2	0	0	2	
1.1.5	Core Composite*				45676	43	0	0	43	
1.1.6	Migrants (Source)				0	0	0	0	0	
1.1.7	Migrants (Transit)				9	0	0	0	7	
1.1.8	Migrants (Destination)				21611	7	0	0	7	
1.1.9	Truckers				202292	5	0	0	5	
TOTAL							1	0	15	15

Detailed guidelines on Employer Led Models would be issued by NACO

				TOTAL (Rs. in Lakhs)	
1.2.0	JAT / Evaluation	Professional services	25,000-40,000 per unit		0
1.2.1	OST cell/maintenance				1
1.2.2	Employer led models				0
1.2.3	Any other				0

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YEAR 2013-14

Targeted Interventions
Tamil Nadu

	Less than 400	400-799	800-999	1000-1499	1500 and above
OST CENTER (GOVT.)	9.95	8.57	700-999	1000-1499	1500 and above
Core Composite	11.24	10.78	400-999	1000-1499	1500 and above
Bridge Population	8.77	8.22	10000-11999	12000 and above	15.8
Migrant (Dest.)	9.13	7.73	5000-9999	30000 and above	29.59
Trucker					
Migrant (Source) per district	13.67	13.05	Migrants (Transit) per site		1.62

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

	Migrants (Source)	Migrants (Transit)	PMR	CRW
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0

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

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1 Annexure II

Information Education & Communication (IEC)											
S.No.	Sub-Component	Cost Head	Unit Cost	Item/activities	Achievement (2012-13)			Targets (2013-2014)			Amount In Lakh
					Target	Achievement	Exceeding	New	Total		
1.2.1											
1.2.1.1											
TV											
Spots on Private Channels											
Spots on DD											
			Rs.11,481 (10 sec)	10 spots per day for five events (5 days X 10 spots at the cost of 11481) (30 second bonus 50 more spots)	NA	NA	NA	NA	NA	NA	17.19
			Rs. 62000	Five events based each 30 min time duration on theme based. Two programmes per event	0	0	0	10	10	10	6.2
Radio											
Audio Spots (10 seconds) at 7 AIR Stations during four events (WAD,VBDD,IWD,NYD): 7 spots X 3 days X 7 stations X 4 events at the cost of Rs. 500 each (30sec spots)											
			Rs.500 (10 Sec)	Spots Broadcasting on 7 AIR Stations during four events (WAD,VBDD,IWD,NYD): 7 spots X 3 days X 7 stations X 4 events at the cost of Rs. 500 each (30sec spots)	NA	NA	0	588	588	588	9.82
			Rs. 700 (10 Sec)	Spots Broadcasting on 7 Rainbow FM Stations during four events (WAD,VBDD,IWD,NYD). Spots X 3 days X 7 stations X 4 events at the cost of Rs. 700 each (spot duration 30 sec)	NA	NA	0	672	672	672	14.11
			Rs. 2500 (10 sec)	10 Spots for one day - for 3 days during WAD, VBDD, IWD, NYD at the cost of Rs. 2500 10 spots X 3 days X 4 events at the cost of Rs. 500 each.	NA	NA	0	120	120	120	9.00
			Rs.6500 per programme of 30 mins	For 30 mins live phone in programme at 7 AIR Stations for WAD,VBDD, IWD,NYD. Two programmes per event	4	4	0	56	56	56	3.64
			Rs. 1,75,000 @ 10 ads	2 half page coloured ads on WAD and VBDD. 10 ADS(33X10) 8WV on service centres promotion across the state.	10	10	0	12	12	12	37.5
			Rs. 5 lakh	News Letter per quarter- 4 Issues	Nil	Nil	0	1	1	1	5.00
Sub-Total											
1.2.2 ICT											
				website maintenance	NA	NA	0	1	1	1	1.00
				Help Line				88	88	88	6.8
				Salary for 8 counselors : Rs. 10,000/- per counselor							
				Call Charges: Rs. 1.20 X 800 calls per day X 360 days	1	1		288000	288000	288000	3.48
12.3 Printing of IEC material											
a) Materials to be used for all events, general awareness campaigns, MS workshops & trainings											
				Detail description is attached in IEC printing	Rs. 65.37	Rs. 65.37	0	As per requirement	As per requirement	112.61	
b) IEC for service centers : ICT, ART, CCC, LAC, LMS, DIC, TI, NGO's Mainstreaming training/activities, IEC/JPC for Campaigns and Events - In the state and in the districts.											
c) Posters, Pamphlets, Flipcharts, Cards, booklet(service center) badges on: PPFTCT, Youth and Women (GP), HIV - TB : (all PHC, CHC, DIC, ICTC and ART), CST, TI, Blood Safety(RRC and blood banks), Basics services(service centers on Counseling and services) and for Railway station. (Detail description is attached in IEC printing)											
d) Training Kit for all the Training programme and											
Rs. 181811 for Truckers IEC											
				Printing of IEC materials for Chennai PSACS as per their requisitions- FY 2013-14	0	0	0	0	0	0	23.00
				Replicating Video & Audio messages which is produced by SACS on various thematic areas for ICTC, STI, ART, DIC, TI, IEC Van and other service centers	NA	NA	0	2500	2500	2500	1.26
Sub-total											
138.78											

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S. No.	Sub-Component	Cost Head	Unit Cost	Remarks/Activities	Achievements (2012-13)		Targets (2013-2014)		Amount In Lakh	
					Target	Achievement	Existing	New		Total
1.2.4	Outdoor									
		Permanent Hoardings at strategic locations	For old Rs 2000/- for flex change For new Rs 2000/-	Flex change 4 times for old -57 One time Rs 20000 for 23 new Rs 2000 for message change 4 times new 23, 4 times	180	0	57	23	80	11.00
		Name boards for service centers	Rs. 600	Rs. 600/- for name board (including delivery, wall mounting / fixing charges) 1000 centres (ART-49, TANSACS ICTC-753, DIC-38, CCC-30, LAC-20, STP-158, dist. HQs-32)	NA	NA	0	1078	1078	6.47
		Signages for Service centers Display at Railway Stations	Rs. 200 Rs 8000 per station	2000 signage board including delivery & fixing charges Display at Railway stations in 12 High Prevalent districts and Chennai railway terminals with HIV thematic messages at strategic locations. (within railway station.) display at tea & book stalls (total booking counters, distribution of IEC take away materials through existing stalls, announcement of recorded HIV messages through public address system and insertion of HIV spots through platform televisions. Timeline- During Dwell and pongal (Sept to Feb) 25 (Two per station) PE from LY team will be trained to monitor the activities at all railway stations for referral services etc. Display at 13 railway station (one time cost) at rate of Rs. 8000 per station. Total 39000 i) Rent for TV spots x 13 at 45 months ii) Announcement cost x 13 x 6 months iii) space booking cost at railway platforms - tea & book stalls x 6 months	NA	NA	0	13	13	6.24
		Bus Panels Display of HIV Messages	Rs. 3350 as per DAVP rate	Display of Bus Panels in 12 High prevalent districts, 10 intra district buses in each district for 3 months, during Pongal festival season. (Buses of HIV, Signia and Helping) on Govt buses in 6 zones of State Transport Corporation at the Bus stand, petrol, diesel, Bock	500	500	0	120	120	12.06
		Auto Top displays	Rs 200/-	Display of HIV messages auto tops 12 High Prevalent districts. 20 slots in each district at the cost Rs. 200 each (one time installation charges) for six month duration (Three month during Pongal and three during Dwell)	NA	NA	0	240	240	2.88
		Bus Shelters	As per DAVP rate	Display at bus shelters at high prevalent districts. 4 bus shelters at each district as per DAVP rates	NA	NA	0	375	375	75
1.2.5	Mid Media									
		Branding of 2 IEC & 17 ICTC mobile vans; maintenance & running cost of 2 IEC vans	Rs. 8000 per van x 19 vans Rs. 5.55 x 2 IEC vans running cost	Branding IEC vans (17-ICTC, 2 IEC) during campaign	17	17	0	19	19	12.82
		Hiring of folk troupes	Rs 3000	Roll out of folk campaign in 32 districts 2/3 troupes per dist Per day 2 shows at pre fixed approved route plans in the villages	3800	3140	460	3600	3600	108
		State level planning meeting with DST & Resource persons- 1 day Training of folk artists-3 days	4 lakh	State level planning meeting with DST of all 32 districts in 2 batches Training of folk troupes from all 32 districts in 2 batches	2	2	0	2	2	8.00
		State level Review meeting of folk campaign-	Rs. 1 lakh	4 State level Review meeting of folk research activity and folk campaign - Country, base - 4 meetings with DST , Folk troupe leaders, State resource persons and folk troupe leaders	NA	NA	0	4	4	4.00
										132.82
1.2.6	Events									
		State and District Level events	Rs 7lakh for state level WAD Rs 3 lakh each for IYD AND IWD For district level Rs 20000 per event per district	WAD,IYD ,IWD	33	33	0	3	3	31.80
		State level Trade Fair- 1 time	Rs. 50000 per event	State level Trade fair	NA	NA	0	10	10	5.00

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Information Education, & Communication (IEC)									
S.No.	Sub-Component	Cost Head	Unit Cost **	Items/activities	Achievement (2012-13)		Targets (2013-2014)		Amount in Lakh
					Target	Achievement	Existing	New	
1.2.7	M&E	Monitoring and Evaluation/travel etc	Rs. 5 Lakh	M&E for IEC materials, TV and Radio programme, Folk performance/trouping etc.	NA	NA	0	10	5.00
1.2.8	Hiring of Communication agency	Hiring of Communication agency	Rs. 2 Lakh for agency and Rs 90000 for TRG		NA	NA	0	1	2.60
Sub-Total									
1.2.9	Youth Programmes	Training of Teachers through District Project Officers & SCERT for school level activities	Rs. 8000/- for new RRCs and Rs. 4000/- for existing RRCs and Rs. 83.86/-	Retraining training for teachers and monitoring. Existing schools	10,000	10,000	0	100	101.06
	Adolescence Education Programme	Rs. 9000/- for new RRCs and Rs. 4000/- for existing RRCs and Rs. 83.86/-	1) Existing 2387 colleges* 4000 = Rs.83.86/- 2) New 200 colleges *9000=Rs.180/-lks Total number of colleges in TN- 3086	Totals in school will be conducted by trained DPOs in all schools and Training of Peer Educators will be done by DPOs	2387	2387	0	708	158.2
	Red Ribbon Clubs	Out of school activities		Existing 2387 colleges will be sensitised through training and FGDs by the DPOs New 200 RRCs will be formed and activities will be done by all DPOs Training PEs will be conducted in both , new and old RRCs ((2387*4000)+(200*9000))					
Sub Total									
1.2.10	Drop in Centre	Rs. 5.33	Rs 1.37 lakhs per DIC for 3 months (up to June 2013)	For Existing 38 DICs upto June , 2013/3 months @ Rs. 1.37 per DIC	38	38	0	38	52.06
1.2.11	Mainstreaming and Advocacy			Details Enriched					
1.2.11	Mainstreaming Advocacy			Based on the requirement of the State					
1.2.12	Mainstreaming Training	Front line health workers, Govt departments, youth, industrial workers, Unemployed personnel etc	Training as per NACO Norms		NA	NA		NA	107.21
Sub total									
	Legal Aid Clinic	1.75 per LAC	Rs. 28,00,000 For the Existing 18 LAC		18	16	16	0	28.00
Grand Total									
									286.00
									1019.67

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

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

19/03/13
K. Rama Prasad
JD(IEC)

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TAMIL NADU						
Sr. No.	Component	Physical targets	Process Indicators	Time Line Month & week wise		
a.	TV spots	50	1. Finalization of themes, spots and channels. 2. Compilation of DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet on weekly basis			
b.	Long format TV, Talk Shows	10	1. Finalization of themes, and programme 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast	1	April	Wk-1-2
				2	April	Wk- 1- 3
				3	April	Wk 4-
				4	May	Wk- 1-2
				5	May	Wk - 2- 4
				6	Ongoing	
c.	Radio spots(10 seconds) at 7 AIR stations during 4 events	588	1. Finalization of themes, spots and channels. 2. Compilation of DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast		April	Wk-1-2
					April	Wk- 1- 3
					April	Wk 4-
				4	May	Wk- 1-2
					May	Wk - 2- 4
					Ongoing	
	Spots in FM Rainbow Rs.700/10 Sec Private FM Channel Rs.2500/10sec	672	1. Finalization of themes, spots and channels. 2. Compilation of DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast	1	April	Wk-1-2
				2	April	Wk- 1- 3
				3	April	Wk 4-
				4	May	Wk- 1-2
				5	May	Wk - 2- 4
					Ongoing	

			4. Circulation plan 5. Compilation of articles 6. Printing 7. Dispatch 8. Maintenance of dispatch records	4	May	Wk- 1
				5	May	Wk- 3-4
				6	July	Wk-1
				7	July	Wk- 1-3
				8	Ongoing	
	Sub-Total					
e.	Website	1	Maintenance, Redesign and up-date of SACS web-site			
	Sub-Total					
a.	Printing of IEC material		1. Call for requisitions from SACS program divisions 2. Gather requisition from Chennai & Pondicherry <i>-immediate for 1st 2 quarters</i> 3. Assessment of TANSACS stock in hand 4. Tender process: Publish notice, short-listing, approval of selection of vendor(s) (Sharing of info with NACO) 5... Release of work order including the delivery plans 6. . Sharing of Delivery plan/ supply chain with other divisions for necessary actions 7. Sharing of delivery plans with district level service centers to avert the courier service strategies 8.. Training on material use to end users (Service centers/NGOs/ PE & Out/R-workers) 9. . Monitoring of use by service centers/NGOs 10.. Sharing of details with IEC -TRGs & obtain their inputs	1	April	Wk- 1-2
				2	April	Wk- 1-2
				3	April	Wk- 2
				4	April	Wk- 3
				5	April	Wk- 3
				6	April	Wk- 3-4
				7	April	Wk- 3-4
				8	May	Wk- 2
				9	Ongoing	
				10	Ongoing	
						TANSACS has to follow this immediately.
						Through Friday meeting at the SAC level
b.	Printing of IEC materials for Chennai & Pondicherry	As per requisition	As above			Ongoing process. Printing & supply "bi-monthly" basis
c.	Replicating DVD	2500	1. Selection of material	1	April	Wk-1

	(Video & Audio messaging)		<ol style="list-style-type: none"> 2. Selection of vendor 3. Replication 4. Distribution/use plan with service centers 5. Maintenance of dispatch records 6. Monitoring of usage by service centers/NGOs/ legal aid centers 			
	Sub-Total					
	Outdoor -Media					
a	Permanent Hoardings	80	<ol style="list-style-type: none"> 1. Selection of sites (prominent & frequented by target audience) and 2. Preparation of location wise hoarding installation maps 3. Tender process <ol style="list-style-type: none"> 4. Development of prototypes, size and message content 5. Sharing with NACO 6. Selection of vendor 7. Work order 8. Installations of hoardings 9. Monitoring through site visits 10. Periodic reporting 			
c	Name boards for service centers	1078	<ol style="list-style-type: none"> 1. Listing of service centres 2. Development of design, size and content 3. Obtain approval of SACS division heads 4. Tendering process 5. Selection of vendors 6. Work order 7. Physical Monitoring 8. Maintenance & reporting 	1	April	Wk- 1-2
				2	April	Wk- 4
				3	April	Wk- 4
				4	May	Wk- 1
				5	May	Wk- 1
				6	May	Wk- 2
				7	May	Wk- 2
				8	On going	

d	Signage for Service centers	2000	<ol style="list-style-type: none"> 1. Listing of service centres 2. Development of design, size and content 3. Tendering process 4. Selection of vendors 5. Work order 6. Physical Monitoring 7. Maintenance & reporting 			
E	Display at Railway station	13	<ol style="list-style-type: none"> 1. Selection of & decision on display material 2. Identification of locations for display 3. Listing of activities 4. Plan for executing the activities 5. Monitoring plan 6. Reporting and documentation 	1	July	Wk- 1
				2	June	Wk -1
				3	June	Wk -4
				4	July	Wk- 1
				5	August	Wk- 1
				6	Ongoing	
	Display on bus panels	120	<ol style="list-style-type: none"> 1. Identification of bus routes for display in AAP approved districts 2. Development of prototypes, size and message content 3. Sharing with NACO 4. Listing of buses according to registration no. 5. Tendering process 6. Selection of vendor 7. Work order 8. Monitoring plan 9. Documentation & Reporting 		August	Wk- 1
					August	Wk- 1
					August	Wk- 1
					July	Wk- 2-3
					July	Wk- 2
					July	Wk- 4
					July	Wk- 4
					August	Wk-2
					Ongoing	
	Auto -top/hood display	240	<ol style="list-style-type: none"> 1. Identification of Auto routes in AAP approved districts 2. Development of prototypes, size and message content 3. Sharing with NACO 4. Listing of autos according to registration no. 5. Tendering process 	1	August	Wk- 1
				2	August	Wk- 1
				3	August	Wk- 1
				4	July	Wk- 2-3

			<ol style="list-style-type: none"> 6. Selection of vendor 7. Work order 8. Monitoring plan 9. Documentation & Reporting 			
	Bus shelter	375	<ol style="list-style-type: none"> 1. Decision on display material 2. Identification of towns and no. of shelters for display 3. Development of prototypes, size and message content 4. Sharing prototype with NACO 5. Tendering process 6. Selection of vendor only DAVP approved 7. Work order 8. Monitoring plan 9. Documentation & reporting 	1	August	Wk- 1
				2	August	Wk -1
				3	August	Wk -1
				4	July	Wk- 2-3
				5	July	Wk -2
				6	July	Wk -4
				7	July	Wk -4
				8	August	Wk-2
				9	Ongoing	
	Sub-Total					
Mid - Media	Branding 2-IEC & 17 ICTC mobile vans; maintenance & running cost of 2 IEC vans	19	<ol style="list-style-type: none"> 1. Develop plan of activity 2. Selection of route plans / utilization 3. Development of route plan 4. Monitoring 5. Reporting 6. Documentation 		April	Wk-1
					April	Wk- 4
					April	Wk- 4
					May	Wk- 1- 4
					June	Wk- 1- 3
				5	June	Wk- 4
				6	On going	
G	Folk-performances, state level w/shop, review meetings etc	3600	<ol style="list-style-type: none"> 1. Selection of troupes as per guideline 2. State level workshop 3. Planning meeting with DST 4. Route plan , Phase-wise 5. Troupe deployment 6. Monitoring of performances 	1	April	Wk- 1
				2	April May Oct	Wk -4 Wk- 1 Wk- 2
				3	April	Wk- 4

7. Analysis of monitoring reports
 8. Review meeting with troupes & DST
 9. Reporting to NACO

4	April – Oct -	Wk- 4 Wk- 2
5	May Oct	Wk – 1 Wk- 2
6	May June Nov -Jan	Wk- 3 Wk – 3 ongoing
7	June January	Wk- 4 Wk- 2
8	August Oct-Dec- Feb	Wk- 3 All in wk- 3
9	Completion of each phase & Feb: wk- 1	

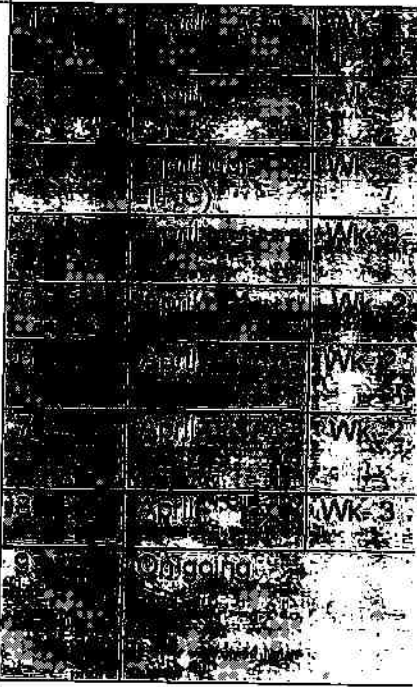
H	State level 2 workshop for folk troupes & DST	2		As mentioned above
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i	State level 4 review meeting and monitoring of campaign	4		As mentioned above on a quarterly basis- 3 rd week of August, Oct, Dec & Feb
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j	Sub-Total			
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4	Events	33	<ol style="list-style-type: none"> 1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (even-wise) and sharing 3. Disbursement of funds to districts 4. Monitoring 5. Documentation 	<table border="1"> <tr> <td>April</td> <td>Wk- 1</td> </tr> <tr> <td>May</td> <td>Wk- 2</td> </tr> <tr> <td>June</td> <td>Wk- 3</td> </tr> <tr> <td>July</td> <td>Wk- 4</td> </tr> <tr> <td>August</td> <td>Wk- 1</td> </tr> <tr> <td>September</td> <td>Wk- 2</td> </tr> <tr> <td>October</td> <td>Wk- 3</td> </tr> <tr> <td>November</td> <td>Wk- 4</td> </tr> <tr> <td>December</td> <td>Wk- 1</td> </tr> <tr> <td>January</td> <td>Wk- 2</td> </tr> <tr> <td>February</td> <td>Wk- 3</td> </tr> <tr> <td>March</td> <td>Wk- 4</td> </tr> </table>	April	Wk- 1	May	Wk- 2	June	Wk- 3	July	Wk- 4	August	Wk- 1	September	Wk- 2	October	Wk- 3	November	Wk- 4	December	Wk- 1	January	Wk- 2	February	Wk- 3	March	Wk- 4
April	Wk- 1																											
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November	Wk- 4																											
December	Wk- 1																											
January	Wk- 2																											
February	Wk- 3																											
March	Wk- 4																											

b	State level Trade fair (Piggy back events)	10	<ol style="list-style-type: none"> 1. Decision on theme of event 2. Development of prototypes and messages 3. Listing of activities 4. Deployment of manpower 5. Record keeping 6. Monitoring 7. Documentation 	<table border="1"> <tr> <td>1</td> <td>May</td> <td>Wk- 2</td> </tr> <tr> <td>2</td> <td>July</td> <td>Wk- 3-4</td> </tr> <tr> <td>3</td> <td>July</td> <td>Wk- 2</td> </tr> <tr> <td>4</td> <td>November</td> <td>Wk- 4</td> </tr> <tr> <td>5</td> <td>Dec Jan</td> <td>Wk- 1 Wk- 4</td> </tr> <tr> <td>6</td> <td colspan="2">Immediate post show</td> </tr> <tr> <td>7</td> <td colspan="2">January – wk- 4</td> </tr> </table>	1	May	Wk- 2	2	July	Wk- 3-4	3	July	Wk- 2	4	November	Wk- 4	5	Dec Jan	Wk- 1 Wk- 4	6	Immediate post show		7	January – wk- 4	
1	May	Wk- 2																							
2	July	Wk- 3-4																							
3	July	Wk- 2																							
4	November	Wk- 4																							
5	Dec Jan	Wk- 1 Wk- 4																							
6	Immediate post show																								
7	January – wk- 4																								

5	Sub-Total			
6	M&E, Documentation,	6	1. Listing of activities for monitoring - by SACS officers, external resource, etc. 2. Documentation of selected field level activities 3. Documents shared with NACO	As per Activity plan
				As per ongoing activities
				Immediate post compilation of reports
a	i) Hiring of com agency and ii) IEC- Technical Resource Group (TRG)	1	1. Development of TOR 2. Selection process 3. Selection of agency 4. List of deliverables 5. Formation of TRG for TNSACS 6. Sharing of IEC activity & implementation plans with TSG 7. Implementation of program activities involving TSGs 8. Plan for effective monitoring by TSG 9. SACS to obtain support from TSG in documentation of various program activities and Newsletters etc	
	Sub-Total			
7	Youth			
a	AEP	10106	1. Listing of all Govt Sr. Secondary schools 2. Selection & Listing of schools targeted for AEP FY 13-14 3. Training of teachers 4. Disbursement of funds as per approved AAP 5. Implementation of AEP 6. Monitoring of activities carried by schools 7. Documentation	1 April Wk-1 2 April Wk-2 & 3 3 As per schedule 4 As per plan 5 As per plan 6 On going 7 Bi-monthly for sharing
b	RRC	3095	1. Listing of all Colleges - graduate, PG & technical 2. Listing of colleges targeted in FY 13-14 3. Training of Coordinators/Nodal officers 4. Disbursement of funds along with guidelines 5. Calendar of activities	1 April Wk-1 2 April Wk-1 & 2 3 July Wk-2

		6. Monitoring of activities 7. Documentation	4	August	Wk- 3
			5	July	Wk- 2 & 3
			6	Regular basis	
			7	Ongoing	
Sub-Total					
Drop In Centre (DIC)	38	1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of PLHIVs 4. Monitoring of activities 5. Documentation			
a.	Mainstreaming Advocacy & Training	1. Listing of categories of trainees and the advocacy actions 2. Gathering the universe of trainees and targets for advocacy 3. Information of coverage so far 4. Development of training calendar 5. Decision on training agencies 6. Training of trainers 7. Execution of trainings 8. Detailing of follow up activities 9. Monitoring 10. Documentation of All trainings as per calendar	11	April	Wk- 1
			12	April	Wk- 2
			13	April	Wk- 3
			14	April	Wk- 4
			15	May	Wk- 1
			16	Along with training	
			17	For all trainings	
			18	On going	
			19	For all trainings	
b.	Mainstreaming Training	1. Listing of departments/ organizations 2. Development of advocacy tools and agenda 3. Identifying key areas of collaboration 4. Listing no. of beneficiaries 5. Conduct of meetings 6. Directives/orders issues 7. Conduct of Inter-departmental meetings 8. Documentation	As mentioned above		
Sub-Total					
	Legal aid center	1. Advocacy with state AIDS legal authority 2. Advocacy with District AIDS legal authority 3. Identifying and listing of lawyers 4. Sensitization of lawyers 5. Sensitization of PLHIVs/MARPs	1	Ongoing	
			2		
			3		
			4		Wk-2

- 15 -

		6. Facilitation of legal support 7. Documentation of cases.	
	Total		

AAP 2013-14 Integrated Counseling and Testing Centre, Tamil Nadu SACS									
S.No.	Sub-Component 1	Cost head	Unit Cost (lakhs)	Items/ activities	As on 01.04.2013	New	RCC Round 2	Allocation (Rs. in Lakhs)	Remarks
1.3.1	Existing Facilities								
1.3.1.1	HR for Counselors and LTs	Recurring	2.4	Salary including TADA 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)	374		902.48		
1.3.1.2	HR for Supervisors	Recurring	1.68	Salary including TADA for Additional Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	73		187.20		
1.3.1.3	Mobile ICTC	Recurring	5.55	Salary including TADA for Supervisor at Rs 14,000 per month for 12 months	33		88.76		
1.3.1.4	HR for SACS team for Basic Services	Recurring		Running cost of whole unit including salary of counselors and lab tech at Rs 9000 average per month for 12 months	17		94.26		
				Salary & TADA for SACS staff under RCC Round 2 (Staff in High Prevalence States: HIV-TB Consultant, M&E PPTCT, Data Analyst, Secretarial Assistant, Finance Officer)			7.00		To be recruited by April 2013
1.3.2	Procurement of Consumables								
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 80000 per new stand alone ICTC					
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing					
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none					
1.3.2.4	PPP ICTCs	Non recurring	0	none					
1.3.3	Training								
1.3.3.1	Training	Recurring	1.75	1) ICTC: Counselors, LTs: Induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) ICTC: Training of MO ICTC / MOTC / ART MO / District Supervisor ICTC / District TB-HIV & DOTs Plus Supervisor (RNTCP) in HIV-TB package 3) F-ICTC: ANM, Nurse, LT, HIV/TB & team training, full site sensitization 4) Whole blood: Training of ANM and RNTCP LT and STLS in whole blood screening 5) Any other training			113.375		As per Training Plan. 50% allocation made and additional allocation will be considered on completion of training and booking of expenditure after 6 months.
1.3.4	Procurement of Equipment								
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6	Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc			6.00		As per procurement plan based on justification
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipments/ maintenance/ AMC/ Insurance of equipment bikes etc			10.00		
1.3.5	Procurement of Consumables for Stand alone and Mobile ICTCs								
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Safe delivery kits, resgenate and syringe needles, printing of reporting formats, internet and other misc exp			10.00		As per procurement plan based on justification. No procurement for PPP ICTCs
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC: Safe delivery kits, printing of formats and other misc exp at the center			20.00		
1.3.6	Meetings								
1.3.6.1	Review meeting for Supervisors (monthly @ Rs 2500/person)	Recurring	0.01	review meetings			2.00		
1.3.6.2	Review meeting for counselors/MO (Quarterly @ Rs 2500/person)	Recurring	0.015	review meetings			3.00		
1.3.6.3	State and District HIV-TB Coordination meetings (Quarterly @ Rs 2500/person)	Recurring	0.025	Quarterly State and District level Coordination committee meetings / State Technical Working Group meeting			3.00		
1.3.7	HR for Technical Officer in SRL	Recurring	3	Salary for TO in SRL, including TADA, at average Rs 25,000/- per TO per month for 12 months			36.00		
1.3.8	For Co-location of facilities	Non recurring		Budget allocation for minor refurbishments that may be encountered in physically co-					
1.3.8.1	For Co-location of facilities	Non recurring		A) Budget allocation for sensitization meetings / workshops, etc for Inviting Private Sector Hospitals i.e Nursing Homes, Corporate Hospitals into NACP. B) Involvement of professional bodies like FOGSI, IMA, IADVL, IAP, etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employer model meetings for which separate budgetary allocation is made			18.00		
				Sub Total			28.00		
				Sub Total			1794.60		

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Physical Targets for Tamilnadu for 2013-14

1.3	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	376	0	0	0
2	Mobile ICTCs	17	0	0	0
3	Facility Integrated ICTCs	600	502	0	502
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	104	224	0	224
5	PPP ICTCs in Private Sector Industries	0	0	5	5
6	PPP ICTCs in Public Sector Industries	0	0	10	10
	Colocation of Facilities	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14
1	Medical College Level	0 out of 23	0	10	10 out of 14
2	District Hospital Level	2 out of 18	0	17	19 out of 19
3	Sub District Level	0 out of 3	0	3	3 out of 3
	Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target
1	Testing for General clients	2200000	725641	1400000	
2	HRG testing	151546	42761	19340	Two time testing in 100% of HRG covered by TI
3	Bridge population testing	NA	NA	31800	30% migrants and 15% truckers
4	STI Clinic In-referrals testing	260000	56994	100000	100% DSRC attendees
5	Out Referrals from ICTC to STI	200000	83376	200000	90% of TB patients and 10% of ICTC clients (Non-ANC)
6	HIV-TB Cross referral	6000	4772	8000	75% of HIV infected TB notified cases
7	HIV/TB coinfection to be detected	1100000	446889	1100000	90% of the estimated pregnancies
8	Testing for ANC	1456	458	1400	95% of estimated positive pregnancies
9	Detection of HIV+vs pregnant women				
* Achievement upto December 2012					
	Linkage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition
1	ICTC to ART (GC)	NA	81%	85%	HIV +ve general clients to be linked to ART centres
2	PPTCT to ART	NA	94%	100%	HIV +ve pregnant women to be linked to ART centres
3	TI to ICTC	NA	NA	90%	HRGs referred from TI reaching ICTC
4	STI to ICTC	NA	22%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics
5	TB to ICTC	NA	85%	100%	Notified TB cases reaching ICTC
6	HIV/TB to ART	NA	65%	90%	HIV infected TB notified cases reaching ART

Physical Targets for Tamilnadu for 2013-14

1.3	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	376	0	0	0
2	Mobile ICTCs	17	0	0	0
3	Facility Integrated ICTCs	600	502	0	502
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5	PPP ICTCs in Private Sector Industries	0	0	5	5
6	PPP ICTCs in Public Sector Industries	0	0	10	10
	Colocation of Facilities	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14
1	Medical College Level	0 out of 23	0	10	10 out of 14
2	District Hospital Level	2 out of 19	0	17	19 out of 19
3	Sub District Level	0 out of 2	0	2	2 out of 2
	Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target
1	Testing for General clients	2200000	725541	1400000	
2	HRG testing	151548	42781	183340	Two time testing in 100% of HRG covered by TI
3	Bridge population testing	NA	NA	31800	30% migrants and 15% truckers
4	STI Clinic In-referrals testing	260000	56994	100000	100% DSRC attendees
5	Out Referrals from to STI			34140	
6	HIV-TB Cross referral	200000	83376	200000	90% of TB patients and 10% of ICTC clients (Non-ANC)
7	HIV/TB coinfection to be detected	6000	4772	6000	75% of HIV infected TB notified cases
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3	TI to ICTC	NA	NA	90%	HRGs referred from TI reaching ICTC
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5	TB to ICTC	NA	85%	100%	Notified TB cases reaching ICTC
6	HIV/TB to ART	NA	55%	90%	HIV infected TB notified cases reaching ART

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

S.No	Type of Training	Category of Participant	Number of persons to be trained	Duration	Unit Cost	Training Cost	Training Plan (April 2013-March 2014)			
							Quarter 1	Quarter 2	Quarter 3	Quarter 4
1	Induction (Stand alone (Inc. Mobile)	Counselor	25	12	800	240,000				
2	Refresher (Stand alone (Inc. Mobile)	Lab-Tech Counselor	30 422	5	800	120,000				
3	Induction (FI- ICTC +PPP)	Lab-Tech Staff nurse (FI ICTC) Lab Technician	389 605 605	5	800	1,888,000				
4	Refresher (FI- ICTC +PPP)	Staff nurse (FI ICTC) Lab Technician	1002 1002	3	800	2,420,000				
5	Induction/ Refresher	District supervisor	32	5	800	2,404,800				
6	Sensitization (No. facilities to be mentioned)	Full site Sensin. Dist. Hosp Full site Sensin SDH/RH	0	1	10,000	4,008,000				
7	HIV-TB training	ICTC Counselor Medical Officer TB District ICTC supervisor MO-TG/MO-ICTC ART MO RNTCP STS/STLS District TB-HIV & DOTS Plus Supervisor (RNTCP)	50 100 32 142 95 150 32	2	800	128,000				
8	Multi Drug Regimen Training for PPTCT	SMO & MOs of ART Centre ART Staff Nurse ART Counselors ART Data Managers ART Pharmacists Stand alone ICTC Counselors Counselor Medical Officer	95 65 150 69 50 795 0 1850	2	800	51,200				
9	Training on whole blood screening	District supervisor / DAPCU M&E MO ARTCs Others (Medical 3 days / Para medical 2 days) ANM Labour Room Nurse DMC LT (RNTCP) STLS MO	50 95 500 2000 1000 100 139 0	1 2 2 2 2 2 3	800	38,800				
10	ICTC Team Training	Lab-Tech Nurse Counselor	0 0 0	3 3 3	800	26,800				
11	Other (Specify)		0	3	800	60,000				
Total						22,745,200				

Unit Cost is calculated for budgeting. Expenditure to be incurred based on Training Costing Guidelines of NACO

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

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Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
Linkage of General Clients with ART	<ul style="list-style-type: none"> a) Tracking system for General Clients: a) Monthly maintenance of line list of HIV +ve General Clients by ICTC. b) Sharing of line list with concerned ART centre/s by email every 15 day. c) Obtaining feedback by concerned ART centre /s every 15 day. e) Completion of line list at the ICTC level by Counselor at 15 days and at the end of the month d) Sharing completed / compiled line list with full details to DAPCU / SACS BSD e) Monthly meeting between ICTC and concerned ART at district / regional level to be conducted in 1st week of every month for verifying date f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSD every month g) SACS officers to participate in district level review meetings at least once in quarter every district h) Where there is no DAPCU, SACS BSD will directly verify / analyze line list every month i) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data. j) After due verification by CST at SACS, BSD to share analyzed / verified / completed line list with NACO by 15th of every month. k) SACS BSD / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring 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 HIRGs typology wise, STI prevalence, etc and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions. 	<ul style="list-style-type: none"> Monthly Every 15 days Every 15 days Every 15 days Monthly Monthly Monthly Quarterly Monthly Monthly Monthly Monthly Monthly 	<ul style="list-style-type: none"> ICTC Counselor ICTC Counselor / ART Counselor ICTC Counselor DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors DAPCU, Dist ICTC Sup SACS BSD, CST Direct: SACS BSD, CST Monitoring: PD/APD SACS SACS BSD Direct: SACS BSD, CST Monitoring: PD/APD SACS Direct: SACS BSD Monitoring: PD / APD SACS

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Indicators	Recommended Action - HRG linkages	Timeline	Person Responsible
<p>a) The programme will ensure, tracking of individual HRGs and ensure 100% of core group HRGs are tested twice in the year, 30% of migrants are tested once in a year and 15% of truckers are tested once in a year.</p> <p>Co-ordination and Tracking system for TI Clients</p> <p>a) Referral of TI clients by TI outreach system using referral slip.</p> <p>b) Compilation of referrals made to ICTC with Unique ID of TI against each referral every 15 days</p> <p>c) Meeting of TI with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days</p> <p>d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI.</p> <p>e) Once both ICTC and TI have reconciled / compiled the list, then both ICTC and TI will report the same in their respective CMIS/SIMS on a monthly basis</p> <p>f) The same should be verified / validated by DAPCU / PO - TI TSU on a monthly basis.</p> <p>g) Individual HRGs tested has to be extracted from the compile line list generated from the referrals with UID and the reached with PID.</p> <p>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</p> <p>i) SACS /TSU officers to participate in district level review meetings at least once in quarter every district</p> <p>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.</p> <p>k) After due verification by at SACS, TI and BSD to share analyzed / verified / completed line list with MACO by 15th of every month.</p> <p>l) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for hand-holding and mentoring.</p> <p>m) The SACS BSD / TI / TSU should analyze the positivity yield out of the referrals made by TI as compared to prevalence rates for the individual typology / state average and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions</p>	<p>Every referral</p> <p>Every 15 days</p> <p>Every 15 days</p> <p>Every 15 days</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Quarterly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p>	<p>TI ORWs, PE, TI Counselor</p> <p>TI ORWs, TI Counselor, PM</p> <p>Direct: TI ORWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC sup, PO-TI TSU</p> <p>ICTC Counselor,</p> <p>Direct: ICTC Counselor, TI Counselor, TI M&E, Monitoring: Dist ICTC Sup, PO-TI TSU</p> <p>Dist ICTC Sup, DAPCU, PO TI TSU</p> <p>Direct: TI Counselor, M&E, PM, Monitoring: PO TI TSU</p> <p>Direct: Dist ICTC Sup, DAPCU, Monitoring: PO TI TSU, SACS TI, SACS BSD</p> <p>SACS BSD / SACS TI / TSU</p> <p>Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PD SACS</p> <p>SACS BSD / SACS TI</p> <p>Direct: SACS BSD / SACS TI / TSU Monitoring: APD /PD SACS</p>	
Linkage with HRGs			

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Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
<p>STI Linkages</p>	<ul style="list-style-type: none"> The programme will ensure, tracking of individual STI DSRC clinic attendees and ensure 100% of STI DSRC Clinic attendees are tested for HIV in the year. Ensure accompanied referrals from STI to ICTC and also ensure single window approach for HIV and Syphilis testing Reconciliation of reporting to be done between ICTC and STI Co-ordination and Tracking system for STI DSRC Clients. SACS BSD/STI to issue office order to all ICTCs and DSRCs for single window approach for HIV testing and Syphilis testing SACS BSD/STI to ensure trainings for STI testing is included in all ICTC IT training. Referral of STI clients by DSRC using referral slips / accompanied referrals to ICTC Compilation of referrals made to ICTC against each referral every 15 days. Meeting of DSRC Counselor with concerned ICTC and sharing of the compiled list of referrals with ICTC every 15 days During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from DSRC. Also the ICTC counselor will share the list of ICTC clients referred to STI DSRC with PID numbers Once both ICTC and DSRC STI have reconciled / compiled the list, then both ICTC and STI will report the same in their respective CMIS/SIMS on a monthly basis. ICTC: In-referrals from STI and out referrals from ICTC to STI STI: In-referrals from ICTC and out referrals from STI to ICTC The same should be verified / validated by DAPCU on a monthly basis. Individual STI Clients tested has to be extracted from the compiled list generated from the referrals with STI-ID and the reached with PID This individual tracking and reconciliation of ICTC and STI 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 SACS officers to participate in district level review meetings at least once in quarter every district After the district level review meetings, a state level coordination meeting between SACS BSD / SACS STI has to be conducted in 2nd week of every month After due verification by at SACS STI and BSD to share analyzed / verified / completed line list with NACD by 15th of every month SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for hand-holding and mentoring The SACS BSD / STI should analyze the positivity yield out of the referrals made by STI as compared to prevalence rates for the group / state average and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions 	<p>1st Qtr - April 2013</p> <p>Ongoing</p> <p>Every Referral</p> <p>Every 15 days</p> <p>Every 15 days</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Quarterly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p>	<p>Direct: SACS BSD / STI, Monitoring: APD / PD SACS SACS BSD / STI</p> <p>STI Counselor</p> <p>STI Counselor / ICTC Counselor</p> <p>Direct: STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU</p> <p>Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI</p> <p>Direct: SACS BSD / STI Monitoring: PD/APD SACS</p> <p>Direct: SACS BSD / STI, Monitoring: APD / PD SACS</p> <p>Direct: SACS BSD / STI Monitoring: PD/APD SACS</p>

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

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

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Indicators	Recommended Action - Supply Chain Management	Timeline	Person Responsible
Receipt of Supplies by SACS	<ul style="list-style-type: none"> a) Keep storage space available for receipt of supplies 1 week prior to schedule date for arrival of supplies. b) Receive stocks on the same day as arrival of supplies and store in walk in coolers c) Physical verification of stock and cold chain status before issuing CRCS. d) CRC should be issued within 7 days of receipt of supplies e) Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies f) Dispatch plan should be based on pattern of consumption for last 3 months for the said commodity 	Ongoing	Direct: SACS BSD, Store Officer Monitoring: APD / PD SACS
Dispatch of supplies	<ul style="list-style-type: none"> 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 	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
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	<ul style="list-style-type: none"> e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities 	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
Physical Verification and Reporting	<ul style="list-style-type: none"> a) MO-ICTC to physically verify stocks daily and counter sign in stock register b) All supervisory cadres during field visits to facilities to physically verify stocks at ICTCs for all commodities and counter sign to stock register 	Daily	MO-ICTC, ICTC LT
ICTC LTs to physically verify stocks available, stock register, is a register for tests performed and then prepare monthly CMIS/SIMS report for lab component of ICTC	<ul style="list-style-type: none"> c) TO-SRLs and District ICTC Supervisors / DAPCU to physically verify stocks for all commodities at ICTCs during supervisory visits 	Monthly	ICTC LT, MO-ICTC
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	<ul style="list-style-type: none"> d) 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. 	Monthly	TO-SRLs, Dist ICTC Sup/ DAPCU
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	<ul style="list-style-type: none"> e) During this review meeting, <ul style="list-style-type: none"> - 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 MACG 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 	Ongoing	SACS BSD / SACS CST, APD / PD SACS
Facility level / SACS level stock position for every commodity should be reported to MACG by the 15th of every month.	<ul style="list-style-type: none"> f) Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected / analyzed 	Monthly	PD SACS, BSD, Stores Officer, Quality Manager
Supply Chain Management		Monthly	Direct: PD / APD SACS Monitoring: APD / PD SACS

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Indicators	Recommended Action - PPTCT	Timeline	Person Responsible
Linkage of Pregnant women with ART centre and follow-up	a) Maintenance of PPTCT Line list by ICTCs	Monthly	ICTC counsellor
	b) Sharing of line list with concerned ART centre/s by email every 15 days	Every 15 days	ICTC Counsellor
	c) Obtaining feedback of triplicate referral and Line list by concerned ART centre / s every 15 days	Every 15 days	
	d) Compilation of line list at the ICTC level by Counsellor at 15 days and at the end of the month	Every 15 days	ICTC Counsellor / ART Counsellor
	e) Sharing completed / compiled line list with full details to DAPCU / SACS BSE stakeholder/NRHM at district / regional level to be conducted in 1st week of every month for cross verifying data	Monthly	ICTC Counsellor/ DPM/Dis/District Nodal Officer
	f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSE every month by 10th	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counsellor, all concerned ICTC Counsellors
	g) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Direct: SACS BSE, CST Monitoring: PD/APD SACS
	h) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data	Quarterly	Direct: SACS BSE, CST Monitoring: PD/APD SACS
	i) BSE at SACS to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSE, CST Monitoring: PD/APD SACS
	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 BSE
	Review at SACS level, identification of priority districts/sites and specific action plan	Quarterly basis	PD SACS, APD, ID (BSE), Consultant PPTCT, DD/AD (BSE/CST), ID (M&E), RC (CST)
	Induction training for All NACP-NRHM functionaries involved in PPTCT service delivery and program monitoring	As per roll-out plan	PD SACS, APD (SACS), ID (BSE), Consultant PPTCT, DD/AD (BSE/CST), ID (M&E), RC (CST)
	Refresher training for service providers as well out reach worker involved in PPTCT client follow-up under NACP & NRHM	From second year of roll out	
On-going sensitization during monthly meeting	On going	DPM/District Nodal Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre	
Inclusion of PPTCT new regimen component under basic training module for counsellor/Su/MO in NACP & NRHM and ILFS DRWs	In process	DDG (BSE), NPO (PPTCT), PO (Counselling), Training Institutes	
Visits to high load sites and on-site mentoring	On monthly basis	APD (SACS), ID (BSE), Consultant PPTCT, DD/AD (BSE/CST)	
Line list compilation and validation at district level	Monthly	DPM/District Nodal Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre	
Out-reach and Client tracking	On-going	ART centre MO/counsellor and ICTC counsellor/ILFS DRWs	

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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	0	Minor Refurbishment for Audiovisual privacy, Computer	0
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	106	Counselor salary	139.92
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	156	Training of trainers, Induction or Refresher training for DSRC service providers, TI STI doctors as per operational guidelines	57.8
1.4.4	Procurement	Recurring	25000 per centre	156	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	39
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	156 DSRC, NRHM facilities, TI facilities, private sector	TA/DA/ documentation and communication cost to supervisory team, review meetings, TA/DA for outreach by DSRC counselors	31.2
1.4.6	Private sector partnership	Recurring				
1.4.7	Regional STD labs Existing	Recurring		1	Grant for existing Regional Centers (Human Resource, Training, Kits and consumables, Stationery and Contingency, Supportive Supervision and Operational Research)	22.98
1.4.8	State Reference Centres	Recurring				290.9

1	STI/RTI episodes to be managed by Designated STI clinics	308286
2	STI/RTI episodes to be managed by TI-NGOs	66452
3	STI/RTI episodes to be managed by Private sector	65870
4	Total target of STI/RTI episodes for SACS	440408
5	STI/RTI episodes to be managed by NRHM	440408

1	Designated STI/RTI Clinics	156	0	156
2	TI STI providers	0		0
3	sector	0		0
4	NRHM health facilities upto PHC	0		0
5	PPP ICTC	76	60	136
6	Regional STI Centres	1		1
7	State Reference Centres	5		5

1	Colour coded drug kits for Designated STI clinics and TI NGO	262870
2	RPR Test kits	26543

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

Process Indicators 2013-14

Name of State: Tamil Nadu

Sr No	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target	1. Establish good linkages with Gyne and obs clinic, ICTC and ART centre. Counsellor to sit in Gyne OPD. 2. Ensure collocation of facilities so that there is minimum loss for treatment and testing. 3. All patients to be tracked for Syphilis and HIV testing. 4. Referral linkages with TI to be established. 5. All DSRC to report on STI in CMIS/SMIS.	Counsellor of STI Clinic, Incharge of DSRC, DD STI and PO STI	Ongoing
2	Partnering with Private Sector	1. All PSU and leading private sector to be enlisted in all the districts. At least 52 units to be identified and enlisted. 2. Meeting with State focal person of the PSU. 3. The doctors for STI to be trained. 4. All facility to report in SIVS format	DD STI, PO STI and State PSU Focal Person	Existing of PSU to be completed by March 30 2013. Training to be completed by July 2013
3	Training	Training plan to be made and shared with other division. All participants to be informed in advance about venue and dates of training. All Training to be completed by first quarter.	DD STI and PO STI and STI Resource Faculties	Incomplete training of current year to be finished by 15th March. Training for 2013-14 to be completed by June 2013.
4	Supportive Supervision	At least 50% of poor performing STI facilities to be visited by SACS Focal Person and PO STI at least once in a quarter. All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visit.	DD STI, PO STI and STI Mentors	Ongoing
5	Supply chain Management	All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. All commodities supplied by the programme must be monitored regularly. All drugs with earlier expiry should be used first and if excess should be relocated. Review your programme data with consumption of commodities. Ensure there is no stock out and expiry of drugs.	DD STI, PO STI, STI Counsellor at DSRC, STI Clinic Incharge and PM of TI	Periodic Review of commodity at least once a quarter from all facilities
6	Quality of Services	1. All Patients to be provided with Internal exam, multiple STI in patients to be tracked. 2. All STI patients to undergo syphilis and HIV testing. 3. All patients to receive drug and test regularly.	STI Clinic Incharge and TI STI Providers, DD and PO STI.	Ongoing
7	Vacancy	Offer Letter to be sent and counselor to be placed at earliest. AD STI to be positioned.	DD STI and PD SACS	By June 2013
8	NRHM Convergence	1. Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and training of atleast 1 MG to be done. 3. Budget of STI to be corrected NRHM PIP 4. Joint review of programme to be done atleast once a quarter.	DD STI, PO STI State RCH officer	One joint meeting once a quarter
9	Regional Centre	Linkages with all TI NGOs, other Public Health facilities in the area. PNC attached to medical college, private sector facilities which has good case load are to be established for either sample or patient referral. The utilization of centre should enhance to 12000 samples from current 6000 samples per annum. Should initiate the OR activity after getting all the approvals. every month SACS to review the centre's performance.	DD STI and all four nodal officers of RSTRL	monthly review- ongoing activity. Samples screened to be 100% more than current level.

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BLOOD SAFETY AAP 2013-14

State Tamilnadu

1.5									
S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Achievement (2010-		Targets		Allocation (Rs. In Lakhs) DBS
					Target	Achievement	Existing as 1st January 2013	New for 2013-14	
1.5.1	Modernisation of Blood Bank (Recurring Cost)								
1.5.1.1	Model Blood Banks	Consumables	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1		4.76
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendant, Security, Housekeeping, Data Entry Operator			1		6.24
1.5.1.2	MBB with BCSU	Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines			4		16
		Salary	2.4	Salary of 1 LT & 1 Counsellor			4		9.6
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			6		4.5
		Salary	2.4	Salary of 1 LT & 1 Counsellor			6		14.4
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			62		19.22
		Salary	1.2	Salary of 1 LT			62		74.4
1.5.1.5	RBIC	Consumables	0	NIL			12		0
		Salary	2.4	Salary of 2 LT			12		28.8
1.5.1.6	Blood Storage Centers	Consumables	0	Glasswares, plastic wares, Reagents and chemicals					0
		Salary	0	NIL					0
1.5.1.7	Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendant			20		28.8
1.5.1.8	Maintenance of BT Vans in form of POL for logistics	Recurring	0.7				20		14
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contingency			2		12
1.5.2	Training	Recurring	0.35	Training of one BB-MO, two LT, one Nurses per NACO supported Blood Bank, One BSC-MO & One BSC LT, Clinicians on rational use of blood, Training of Donor Motivators			73		25.55
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			73		7.3
1.5.4	Procurement								0
1.5.4.1	Equipments for new BCSU	Non-recurring	18	List of Equipments as per NACO guidelines			0		0
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/ CMC and calibration of essential blood bank equipments supplied by NACO					35
1.5.5	Grant for SBTC								0
1.5.5.1	Voluntary Blood Donation Camps	Recurring	0.025	Hiring of Vehicle, Printing of banner, POL, TA/DA to staff				2438	60.95
1.5.5.2	Observance of Blood Donation Days	Recurring	Actuals	Advertisement, state level and district level activities for 12th January, 14th June and 1st October					33
1.5.5.3	Development of IEC material	Recurring	0.1	Design, development, translation and replication of IEC material for promotion of Voluntary blood donation including thank you cards, certificates of appreciation, pins, badges, boardings			73		7.3
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				385000	96.25




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1.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms				1		2.88
1.5.6	External Quality									0
1.5.6.1	NRL		6.54							6.54
1.5.6.2	SRL		4.44				10			44.4
1.5.7	Any Other Activity									0
	contingency*									6
1.5	Blood Safety (Sub Total)									
1.5	Blood Safety Allocation									557.89

Total licensed blood banks in the state	272
Blood banks supported by NACO	94
Target for Total Collection	770000
Target for NACO supported blood banks	385000
Target for VBD	95%
VBD Camps	2438
% Component prepared by NACO supported BCSU	80%
Commodity Items to be provided by NACO	
Blood bags	in lakhs
Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadruple 450 ml	
Testing Kits	in lakh tests
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

1	Establishment of facilities / interventions	NACO support for existing in 2013-14*	NACO support for new in 2013-14*	Proposed facilities 2013-14
a	Total Blood Banks			272
b	NACO Supported Blood Banks	94	94	94
b1	Model Blood Bank	1	0	1
b2	Major with BCSU	11	0	11
b3	Major without BCSU	12	0	12
b4	District Level Blood Bank	70	0	70
c	RBTC	12	0	12
d	Blood Mobile Van	2	0	2
e	Blood Transportation Van	20	0	20
f	SBTC	1	0	1
2	Blood Collection			Proposed target 2013-14
a	Total Collection for the state			770000
a1	NACO supported blood collection			385000
b	Percentage VBD for NACO supported BB			95%
c	Voluntary Blood Collection in NACO supported BB			365750
c1	Through Static			164875
c2	Through Camps			182875
c3	Through Blood Mobile Vans			18000
d	No of Camps to be conducted			2438
d1	Camp Collection			75 units
3	Component Separation			Proposed target 2013-14
a	Blood collection in NACO supported BCSU			269500
b	Percentage component separation in NACO supported BCSU			80%
4	Training			Proposed target 2013-14
a	Training of BBO			94
b	Training of Staff Nurse			94
c	Training of LTs			188
d	Training of Donor Motivators			1440
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			1080
f	Blood Bank counselor			24
5	Supervision, Monitoring and Evaluation			Proposed target 2013-14
a	Field visits to be conducted			94
b	Review meetings to be conducted			4
6	EQAS			
a	NRL			1
b	SRL			10

and approval of NACO. All NACO supported blood banks must possess a valid licence issued by state Drug Control Department

Sl. No.	Activity	Frequency	VBD Consultant/ SACS
39	Listing of colleges, universities, workplaces where camps can be organized along with suitable time	In beginning of every quarter	VBD consultant SACS
40	Preparation of quarterly camp schedule in consultation with blood bank incharges and organizers	In beginning of every quarter	VBD consultant SACS, Incharges of NACO supported BB, Organizers, Donor motivators, Blood Bank counselors
41	Release of budget for conduction of blood donation camps	In beginning of every quarter	VBD consultants SACS, Finance division SACS
42	Pre camp motivation talk and distribution of IEC material to ensure that there is good turnout for the camps	Two days before each camp	Donor motivators, Organizers
43	Conduction of camps by organizers and concerned blood bank	On day of the camp	Organizers, Staff of concerned blood bank
44	Monitoring visit of SACS officers to the blood donation camp	On day of the camp	SACS officers
45	Transport of collected blood units to the blood bank	Within six hours of holding the camp in cold chain	Staff of concerned blood bank
46	Submission of report of blood donation camps	Within 2 weeks of conduction of camp	Camp Organizers
47	7 Component separation		
48	Review of availability and functional status of equipments for component separation	By April 2013	JD BS SACS
49	Review of availability of requisite manpower at BCSU	By April 2013	JD BS SACS
50	Review of availability of licence at BCSU	By April 2013	JD BS SACS
51	Review and identify BCSU wise reasons for sub-optimal component separation	By April 2013	JD BS SACS
52	Taking appropriate corrective measures to address the reasons	Within first quarter	JD BS SACS
53	Stepping up blood collection at BCSU	Ongoing	Incharge BCSU
54	Stepping up component separation at BCSU	Ongoing	Incharge BCSU
55	Enhancing demand for components through trainings on rational blood use	Ongoing	JD BS SACS, Training institutes, Professional Associations
56	8 Trends in prevalence of TTI in blood units		
57	Capture blood bank wise baseline data of HIV, HBV, HCV, Syphilis and malaria positivity in donated blood	By April 2013	JD BS SACS, Quality Manager
58	Quarterly monitor the trends through SIMS data analysis	Ongoing	
59	Identify blood banks showing high prevalence for TTI	Ongoing	
60	Review whether quality standards are in place in the blood banks	Every quarter	
61	Review whether reactive donor is being notified and referred for treatment	Every quarter	
62	Identify possible reasons for high TTI positivity (replacement donation, poor donor selection and screening, high prevalence in general population in the area, etc)	Ongoing	
63	Preparation of training curriculum on donor counseling, screening and retention for blood bank counselors	By September 2013	NACO blood safety division
64	9 Procurement and Supply Chain management		
65	Preparation of indent for items to be procured at SACS level and approval by PD SACS	By April 2013	JD BS SACS, Quality Manager
66	Processing and completion of procurement of indent given	Within first quarter	Procurement division SACS
67	Dispatch and receipt at concerned facilities	Within two weeks of supply at SACS	Quality Manager, Store officer SACS
68	Preparation of database of equipments supplied under NACP I, II and III in NACO supported blood banks along with functional status	Within first quarter	Quality Manager, Store officer SACS
69	Procurement of AMC/CMC services for the functional equipments	Before September 2013	Quality Manager, Procurement division SACS
70	Issuance of orders for AMC/CMC services	Before September 2013	Quality Manager, Procurement division SACS
71	Supply schedule for centrally supplied commodities to be shared with SACS	Within one month of issuance of notification of award	NACO blood safety division
72	Timely receipt and Storage of centrally supplied commodities under proper storage conditions	One same day as receipt	Quality Manager, Store officer SACS
73	Physical verification of stock and cold chain status and issuance of Consignee receipt certificate	Within one week of receipt	

1	Inclusion of Blood Banks under NACO support		
	Identification of facilities which meet the norms for NACO support as BCSU, MBB, DLBB	By April 2013	JD BS SACS
	Review of existing facilities already under NACO support as BCSU, MBB, DLBB as to whether they meet the norms for NACO support	By April 2013	JD BS SACS
	Constitution and notification of core committee	By first week April 2013	JD BS SACS, Quality Manager
	Scheduling of core committee inspection visits	By April 2013	JD BS SACS, Quality Manager
	Sending proposal to NACO for approval of inclusion/ exclusion of facility under NACO support based on core committee recommendation	Within first quarter	JD BS SACS
	Communication of letter of approval of NACO support to SACS	Within first quarter	NACO Blood Safety division
	Recruitment of manpower as per pattern of assistance	Within first quarter	JD BS SACS, Admin division SACS
	Deputation of staff for training and provision of kits, consumables and other support as per pattern of assistance	Within first quarter	JD BS SACS
2	Regular reporting in SIMS		
	Need assessment for computers in NACO supported blood banks	By April 2013	JD BS SACS, M&EO SACS
	Procurement and supply of computers of appropriate configuration for NACO supported blood banks	Within first quarter	JD BS SACS, Procurement division SACS
	Registration and regular reporting of NACO supported blood banks in SIMS	All units to be registered within first quarter Monthly reporting by 5th of each month	JD BS SACS, M&EO SACS
	Registration and regular reporting of non NACO supported blood banks in SIMS	All units to be registered by September 2013 Monthly reporting by the 5th of each month	JD BS SACS, M&EO SACS
	Quarterly analysis of SIMS report from blood banks	July, October, January and April	JD BS SACS, M&EO SACS
	Communication of feedback on correctness of data to concerned blood banks	By the end of first month of the quarter	JD BS SACS
3	Blood Requirement and Collection		
	District wise mapping of licensed and NACO supported blood banks in state	By April 2013	JD BS SACS
	District wise mapping of the estimated numbers of hospital beds in primary, secondary and tertiary health care facilities	By April 2013	JD BS SACS
	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
	Giving targets to NACO supported blood banks to meet atleast 150% of total requirement of the region being catered by them	By April 2013	JD BS SACS
4	Voluntary Blood Donation		
	Conduction of voluntary blood donation camps as per need of the NACO supported blood banks	Ongoing	VBD consultant SACS
	Identification and retention of cohort of donor motivators among the youth through Red Ribbon Clubs, NSS, corporate work places	Ongoing	VBD consultant SACS
	Conduction of trainings on blood donor motivation for blood bank counselors	Ongoing	VBD consultant SACS
	Creating blood bank wise database of repeat voluntary blood donors classified according to blood groups	Ongoing	Counselor at blood banks
	Stepping up static voluntary blood donation by holding fortnightly/ monthly blood donation day or alternate innovative strategies	Every month	Counselor at blood banks
	Counselor in Blood Bank to send reminders to the repeat donors	Every month	Counselor at blood banks
	Observance of VBD days on 14th June and 1st October through release of advertisement and conduction of state/ blood bank level programmes	May, June and September, October 2013	JD BS, Director SBTC, VBD consultant, IEC division SACS
	Development and replication of IEC material pertaining to promotion of voluntary blood donation	Within first quarter	VBD consultant SACS IEC division SACS
5	Optimum utilization of Blood Mobile		
	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
	Preparation and submission of quarterly route plan for the blood mobile	In beginning of every quarter	Incharge Model Blood bank

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

ANNUAL BUDGET FOR STATE - Tamil Nadu

Total No of District		Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Lead Agency
71			14					7	Voluntary Health Society
1. SACS									
Item	Description	Unit Cost per annum	Number	Allocation	Remarks				
1.1 NGO Evaluation - Phase I Districts		655100	1	655100					
1.2 Communication kit	Communication kit would be procured by SACS @ 800/- per Districts for Phase II Districts. Each Phase II District would get 60 kits.	48000	7	336000					
Sub Total I				991100					
2. LEAD AGENCY									
Item	Description	Unit Cost	Number	Allocation	Remarks				
2.1 Salary Cost	Salary Cost (2 Project officer, 1 Training officer, 1M&I Officer, 1 Accounts Officer)	1164000	1	1164000					
2.2 Administrative cost	Admin	120000	1	120000					
2.3 Travel	Travel of pro. 20 days (2 PCS) IO - 4 days M&I - 4 days Accounts 4 days - 4 days - total 32 days per month	384000		384000					
2.4 One time Cost		202000	0	0					
2.5 M&I Cost		300000	1	300000					
2.6 Training Cost	Module 1	31750	0	0					
	Module 2	37250	0	0					
	Refresher	70460	71	429560					
Sub Total II				7,397,660.00					
3. DISTRICT IMPLEMENTING AGENCY									
Item	Description	Unit Cost per annum	Number	Allocation	Remarks				
3.1 Salary Cost	12 DRPs, 1 M&I cum Accounts Officer, 4 Supervisors & 60 Link Workers	1,602,000	21	33647000					
3.2 Administrative Cost		468000	71	9828000					
3.3 One time Cost		204500	0	0					
3.4 Community Outreach		57875	21	1215175					
3.5 Mid Media		300000	21	6300000					
3.6 Training Cost	Module 1	176250	0	0					
	Module 2	176250	0	0					
	Refresher	113750	71	2388750					
	Volunteers training	39250	0	0					
3.7 Mapping		80,000	0	0					
Sub Total III				53,974,125.00					
GRAND TOTAL					56,762,885.00				

4. PHYSICAL TARGETS

Indicators	Targets 2013-14 (to be achieved till August 2013)	Remarks
4.1 Number of District Implementing Link Worker Scheme	71	
4.2 Total Number of DRPs recruited (2)	42	
4.3 No of Link Workers Recruited (40)	840	
4.4 % of HRG Population covered	85% of SNA	Vulnerable/high population
4.5 % of Vulnerable population covered	85% of SNA	
4.6 % of PHIVs covered	80% of SNA	
4.7 % of HRG referred to ICLC	80% of SNA	
4.8 % of HRG tested for HIV	80% of SNA	
4.9 % of HRG referred for STI	2100	
4.10 Number of Village Information Centre formed (100/dist)	1050	
4.11 Number of Red Ribbon Clubs formed (50 per Dist)	7100	
4.12 Number of Condom Depots established (100 per Dist)	7100	
4.13 Village volunteers	21000	

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S.No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14				
					Target	Achievement	Financial allocation	Expenditure as on	Existing on 31.3.13	Proposed	Allocation Rs. Lakh	Remarks	
2.1.1	GIA for ART Centres	Recurring	For low load centres-13.5, medium load-16, high load-17	Salary	49	44	607.50	433.50	49	3	736.25	(18+27+4)	
2.1.2			0.50	Universal Work Precautions	49	44	22.50	9.00	49	3	25.25		
2.1.3.1			1.50	Operational Costs	49	44	67.50	40.13	49	3	75.75		Items for upgradation/replacement/additional requirement for existing ART centers to be procured out of operational grant of the concerned center
2.1.3.2			0.9 for center & 5 for center 60.26 for Patient	Operational cost for CD4 testing	32	32	14.95	10.80	32		14.95		
2.1.4.1			Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD	6	1	27.00	27.00		3	13.50	New ART Centres proposed at Omalur (Salem), Tirumangalam (Medur), Turayur(Trichy)
2.1.4.2				1.00	Infrastructure development installation of CD4 machine	1	1	0.00	0.00		2	2.00	
2.2.1	GIA to SACS for various activities	Printing	0.50	Registers & Cards, Signages	49	44	24.50	0.00	49	3	25.25	Requirement for IEC material to be given to IEC division	
2.2.2		Training	1.00/ART (for states where more trainings are conducted 0.50)	Trg. of MOs, Counselors, Nurses, Pharmacists, Data	49	44	49.00	30.16	49	3	52.00	To be done as per approved training plan	
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode	49	44	50.00	0.00	44	0	0.00	As discussed with SACS currently sufficient OI drugs are available to cater for 6 months. After that OI drugs to be provided through health systems	
2.2.4.1		LAC	0.15	One-time cost for infrastructure development	106	98	2.70	1.35		50	7.50	8 LAC from previous year to be operationalised	
2.2.4.2			0.378	Rec.- for TA/DA & oper. Costs, Stationery etc.	108	98	37.42	11.55	98+8	50	50.27		
2.2.4.3			0.96	HR for LAC Plus	27	9	25.92	4.94	9	6	11.52		
2.2.5.1		EID	3.64	HR for EID	2	2	7.68	7.68	2	0	7.68		
2.2.5.2			1.00	Cost for EID lab (Operational Cost, Infrastructure development)	2	2	2.00	2.00	2	0	2.00		
2.2.6		Viral load testing	1.10	Salary of LT	1	1	1.10	1.10	1	0	1.10		
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment	-	-					0.00		
2.2.7.2	Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for smaller states		Hiring of space & for drug transfers			10.00	4.08				10.00		
2.2.7.3	Regional coordinat or	11.00	Remuneration & TA/DA	2	2	22.00	14.41	2	0	22.00			
2.2.7.4	PPP	0.25	For contingency & miscellaneous expenditures						10	2.50			
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs	1	1	23.42	11.88	1	0	23.42		
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs	1	1	21.20	20.06	1	0	21.20		
Total GIA to SACS for CST										1104.14			

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

.No.	Sub-component-II	2012-13		2013-14	Commodity Assistance	
		Target	Achievement*(dec12)	Target		
2.5.1	PLHA on ART	Registered	218500	212600	235000	100% registration for pregnant women, 100% registration for HIV-TB coinfected, 90% for general clients. Detection during 2012 has been 15000, considering the same trends target has been fixed for new detection & backlog which is not known. Therefore additional target of 16500 registration has been set up
2.5.2		Alive & on ART	72000	67143	82000	100% of those registered should undergo baseline CD4 testing, 100% of those eligible to be initiated on ART. There has been increase of nearly 600 patients per month on ART during 12-13. In addition there is 20% gap of those eligible but not initiated on ART. Accordingly additional target of 30,000 during the year has been set. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines.
2.6.1	OI drugs		100000	62463	100000	The target is based on reporting during last year. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines
2.7.1	CD4 Count	CD-Machines	32	32	32+2	One in KMC Chennai, Tirupur
2.7.2	Tests	CD4-Kits	218000	125279	246000	Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new cases to be tested on registration. However kits to be provided as per consumption pattern

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

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Sr No	Name of Division	CST Component				Physical Indicators			Financial Indicators			Comments
		Baseline	Target 2012-13	Achievement till Dec-12-13	%	Proposed 2013-14	Target 2012-13	Achievement till Dec 2012-13	Proposed 2013-14			
a	Setting up of new ART Centres		6	1	17	3	27.00	27.00	13.50	New ART Centres proposed at Omalur (Salem), Tirumangalam (Meduraj), Turayur (Tirchi)		
	Infrastructure development for CD4 machines		0	0		2			2.00			
b	Recurring Cost (salary, UWP, operational cost)						71245	49343	79770			
c	Setting up ART Centres under PPP									No budgetary implications on NACC		
	Corporate Sector			1		10						
	PSU											
d.	Colocation of ICTC & ART centres			2						10 (Medical colleges) + 16 (DH) + 2 (SDH)		
a	Setting up of new LAC		18	9		50	2.70	1.35	7.50			
b	Recurring Cost					50	37.42	11.55	50.27	8 LAC from previous year to be operationalised		
a	Recurring cost						23.42	11.88	23.42			
	Recurring cost											
	Recurring cost						21.20	20.88	21.20			
	HR for EID		2	2		0	7.68	7.68	7.68			
	Cost for EID Lab		2	2		0	2.00	2.00	2.00			
	Salary of LT		1	1		0	1.10	1.10	1.10			
	Training of ART/ LAC staff						49.00	30.16	52.00	As per Training plan, based on prescribed curriculum		
	Sensitisation of Private practitioners on rational prescription of ART					50%				No of private providers practising ART needs to be worked out		
	Sensitisation of HCP on UWP/PEP					1600				1 batch / district (32*50)		
	OI episodes treated	52198	100000	62463		100000	50.00	0.90	0.00	To be provided through health systems		
	Drug Transfers						10.00	4.08	10.00			
	Printing of registers & cards, Signages						24.50	0.00	25.25	To be done by Sep 2013		
	Remuneration & TA/DA		2	2		0	22.00	14.41	22.00			
	Total Budget						1594.00	1265.09	1047.14			
a	PLHIV Registered in HIV care (cumulative)	196478	218900	212600	97	235000				100% registration for pregnant women, 100% registration for HIV -1B co infected, 90% for general clients. Detection during 2012 has been 15000, considering the same trends target has been fixed for new detection & backlog which is not known. Therefore additional target of 16500 registration has been set up		
b	PLHIV alive & on ART (cumulative)	61473	72000	67143	93	80000				100% of those registered should undergo baseline CD4 testing, 100% of those eligible to be initiated on ART. There has been increase of nearly 650 patients per month on ART during 12-13. In addition there is 20% gap of those eligible but not initiated on ART. Accordingly additional target of 30,000 during the year has been set. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines		
c	OI episodes treated	52198	100000	62463	62	100000				The target is based on reporting during last year. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines		
d	CD4 testing	160215	216000	125279	58	240000				Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new cases to be tested on registration. However kits to be provided as per consumption pattern		

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Processes for implementation of 2013-14 activities

TAMIL NADU				
Baseline: 1 st April'2013				
S.No.	Activity	Processes	Responsibilities	Timeline
1.	Setting up ART Centre	Issue of provisional administrative sanction.	NACO CST	Apr'13(First Fortnight)
		Meeting between SACS, Dean/Med. Supdt. of Hospital, HOD Med. of ART centre and Regional Coordinator to identify the space for centre and to constitute ART team.	SACS - CST in-charge, RC	Apr'13(Second Fortnight)
		Constitution of Panel of Experts	NACO CST	Apr'13(Second Fortnight)
		Visits by Expert Team to assess feasibility especially with respect to the availability space and willingness.	RC/ JD CST	May'13 (Second Fortnight)
		Issue of final sanction	NACO CST	June'13 (Second Fortnight)
		Training of ART team (faculty).	NACO CST	June'13
		Recruitment of Contractual Staff at ART centre	ART centre Nodal Officer, RC. JD CST	July'13 (Second Fortnight)
		Training of all contractual staff. Modules & curriculum available, Training institutes identified. Training plan developed state wise.	NACO	Aug'13(Second Fortnight)
		Supply of CD4 Machine/Linkage plan with CD4 lab for conducting CD4 tests.	NACO CST, Joint Director (Lab Services)	Aug'13(Second Fortnight)
		NACO CMIS Code provided & supply of M&E tools	NACO CST TO (M&E)	Aug'13(Second Fortnight)
		Procurement /Supply of ARV drugs for new centers	NACO	Aug'13(Second Fortnight)
2.	Co-location of ICTC/ART	Assessment of existing ART Centres and ICTC Clinics in health care 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

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		Progress of Activities to be reported to NACO every month	SACS, CSI (JD), SACS BSD	Monthly
3	Setting up PPP model ART centre	New model to be developed for PPP	NACO, ADG, CSI, JD, CSI, RC	April (first fortnight)
		Enlisting of potential partners	NACO, CSI, JD, CSI, RC	Already done in AAP
		Meeting with industries associations, corporates, PSU executives and health facility representatives	JD, CSI & RC	May '13 (Second Fortnight)
		MOUs	PD SACS	June '13 (Second Fortnight)
		Operationalization- • Setting up of facilities • Training at CoE	<ul style="list-style-type: none"> • Provider of facility, Overseen by RC • Nodal Officer CoE 	July '13 (Second Fortnight)
		Receiving line list from concerned ICTC by e-mail	ART centre counsellor	Every 15 days
		Sending feedback to ICTC centre by ART centre	ART centre counsellor	Every 15 days
4	ICTC-ART linkages	Monthly meeting between ICTC and concerned ART at district / regional level to be conducted for verifying data	DAPCI to co-ordinate, Dist ICTC Sup, MO-ART, ART Counsellor, all concerned ICTC Counsellors	1st week of every month
		SACS inter-divisional meeting with CSI and BSD to be conducted every month after data analysis by BSD division of SACS	SACS, CSI, BSD	2nd week of every month
		Due verification of data sent by ART centres to ICTCs by CSI at SACS	SACS, CSI	Monthly
		District level review meetings to be held at least once in a quarter	SACS, CSI, BSD	Quarterly
		SACS, CSI, BSD to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring	SACS, CSI, BSD	Monthly
		ART centres with poor feedback to ICTCs to be identified and focused visits conducted to evaluate reasons for the same. Solutions to be provided.	RC RC, SMO, MO-ART	Quarterly
		Emphasis on adequate and regular counseling, both for checkups/ follow ups with investigations and ART preparedness	ART centre Counsellor	Ongoing
5	Gap in those eligible & initiated on ART	Preparation of line list of patients eligible for ART but not started on it to be followed on phone & outreach visits	Line list prepared by Counsellor, Phone calls by Care Co-ordinator, passed on to ORW at CCC	Ongoing
		Analyse reasons for the gap in performance of the ART Centre and to be investigated for further follow up during quarterly ART centre review meeting	RC, JD, CSI	Quarterly

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		Mentoring and Monitoring visits by SACS CST officials /RC to ARTC centres with high gaps	SACS CST, RC	Quarterly
6.	Training of Health care providers in UWP & PEP	Number to be identified for never trained, refresher training and type of health care provider	SACS CST, RC	May 2013 (second fortnight)
		Number of batches to be trained to be finalized once total numbers are identified	SACS CST (JD), RC	June
		Curriculum to be standardized	NACO CST	May (first fortnight)
		Training of Health care providers	ART Nodal Officer & SMO, Co-ordinated by SACS CST	Once every Quarter
7.	Training of private providers on National ART regimen	Number of private providers to be identified	SACS CST, RC, DAPCU	May'13(Second Fortnight)
		Expected Target for 2013-14 = 50% (Exact numbers to be worked out))	DAPCU, JD CST	2nd Quarter
		Modalities to be worked by SACS on logistics of training & involvement of IMA& or other professional organizations	SACS CST, RC, DAPCU	July
		Master trainers to be identified & trained in each state	SACS CST, CoE	July
8.	SCM	Forecasting -		
		Requirement of drugs and CD4 kits for next FY to be assessed based on previous consumption, rise in number of patients in current year (and thus expected rise in next FY) and assessed previous backlog	RC, JD CST, APD, PD	3 rd Quarter
		Above assessment to be done both drug wise and ART centre wise		
		Send above information to ADG CST, NACO by January		January
		Storage Space-		
		Quantify amount of storage space required	Store Officer	April
		Identify current storage options - rental, possible NRHM warehouse, continue with TNMSC warehouse (which SACS has been asked to vacate)	RC, JD CST	April
		Negotiate with health facility/ NRHM officials/ TNMSC 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		

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

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TAMIL NADU Institutional Strengthening AAP 2013-14

Annexure VII

		Rs. In Lakhs					
2	Operational Cost	AAP 12-13)	Expenditure UP TO 31st January, 2013	Likely expenditure during Feb & March, 13	Total Expenditure during 12-13	Proposal for 2013-14	Approved
1	Training SACS /DAPCU	2.00	0.00	0.00	0.00	9.81	4.00
2	Equipment Maintenance	3.00	4.10	1.37	5.47	6.02	5.00
3	Building Maintenance	1.00	0.40	0.50	0.90	2.00	2.00
4	Vehicle Maintenance	10.00	12.26	4.08	16.34	17.97	15.00
5	Travel Expenses	50.00	27.04	9.01	36.05	50.00	40.00
6	Rent, Rates and Taxes	0.00	0.00	0.00	0.00	0.00	0.00
7	Telephone/Communication Expenses	20.00	9.64	3.22	12.86	18.15	15.00
8	Bank Charges	0.10	0.04	0.01	0.05	0.10	0.00
9	Miscellaneous Expenses	20.00	20.66	6.88	27.54	30.30	15.00
10	Printing and Stationery	7.00	5.06	2.50	7.56	7.42	7.00
11	Advertisement (Other than IEC)	5.00	3.09	1.50	4.59	4.53	5.00
12	Water and Electricity	7.00	8.09	2.70	10.79	15.00	15.00
13	Audit Fees	20.00	0.70	10.00	10.70	25.00	15.00
14	Legal Expenses	2.00	13.35	4.45	17.80	9.60	2.00
15	Postage / Courier	3.00	3.67	1.50	5.17	5.38	5.00
16	Other Administration Cost	25.00	39.50	13.17	52.67	57.94	10.00
17	Review Meeting Expenses	5.00	1.78	1.00	2.78	35.58	4.00
18	Office Equipments(see next sheet)	4.00	4.44	0.00	4.44	11.30	4.00
19	Furniture (see next sheet)		0.00	0.00	0.00	0.00	0.00
20	Transportation cost						
	Total	184.10	163.83	61.88	215.71	306.10	175.95

a. Salary DAPCU

S.No.	Name of the position	Number Contractual	Annual Salary
	District Programme Manager	27	104.4
2	M & E Assistant	27	41.76
3	Accountant	27	41.76
4	Assistant (Admn)	27	41.76
	Total		229.68

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

b. Operation Cost (DAPCU)

		29	
	Unit cost	No of DAPCUs	
1	Office Equipment*		0
2	Communication expenses	0.36	27
	Stationery	0.3	27
	Postage	0.12	27
	Travel	2.4	27
	Contingency	0.24	27
	Renovation Cost (Rent & Electricity)	1.2	2
	Total		94.74

Rs. In lakh

SUMMARY	SACS	NACO
(i) Salary SACS	278.22	232.21
(ii) Operation Cost SACS	306.00	175.95
(i) Salary DAPCU	256.65	229.68
(ii) Operation Cost DAPCU	101.58	94.74
Total	942.45	732.58

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Annexure IX

20/10/13

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Tamil Nadu Annual Action Plan- 2013-14 : Strategic Information Management Unit													
Budget Head (Description)	Sub-Head (Description)	Sub-Head (Description)	Duration	Unit cost (Rs)	No. of persons to be benefited		Total	Estimated Budget	Wise Year				
					Induction	Refresher			Q1	Q2	Q3	Q4	
Training*	a. SIMS Induction/Refresher training	ICTC		2000	70	800	870	1740000					
		FICTC		2000	500	1100	1100	2200000					
		STI		2000	50	156	206	412000					
		BB	1 Day	2000	50	272	322	644000					
		SACS and DAPCU		2000	100	150	250	500000					
		TI		2000	20	100	120	240000					
		Sub Total				720	2278	1998	5736000				
		b. Other Trainings(DQA/DAPCU review cum training)		1 Day	2000			250	500000				
		Reports publication (Surveillance, estimations report and SIMS report)							145000				
		Monitoring & Supervision visits (10 days/month)*		10 days per month									
	HIV Sentinel Surveillance**												
Total Budget								2773,020					
Total Budget								91,54,020					

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

Tamil Nadu Annual Action Plan- 2013-14 : Strategic Information Management Unit							
Budget Head(Discription)	Sub-Head (Discription)	Unit cost (Rs)	No. of persons to be trained		Total	Estimated budget	
			Induction	Refresher			
Training*	FICTC	2000	500	600	1100	2200000	
	ICTC	2000	70	800	870	1740000	
	STI	2000	50	156	206	412000	
	BB	2000	50	272	322	644000	
	SACS and DAPCU	2000	100	150	250	500000	
	Ti	2000	20	300	320	640000	
	Sub Total		790	2078	2868	5736000	
	b. Other Trainings(DQA/DAPCU review cum training)						
	Reports publication (Surveillance, estimations report and SIMS report)		2000			250	500000
	Monitoring & Supervision visits (10 days/month)#						145000
HIV Sentinel Surveillance**							
Total Budget						2,773,020	
						9154020	

Note: * Training includes TA/DA, Accommodation 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.

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

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