

T-11017/38/2012-NACO (F)  
Government of India  
Ministry of Health & Family Welfare  
Department of AIDS Control

6<sup>th</sup> Floor, Chandralok Building,  
36, Janpath, New Delhi-110001  
Dated:25<sup>th</sup> March 2013.

To,

The Project Director,  
West Bengal State AIDS Prevention & Control Society,  
Swasthya Bhawan Salt Lake  
KOLCATA 700091

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 21/2/2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of ₹4955.39Lakhs (₹ Four Thousand Nine Hundred Fifty five Lakh and Thirty nine Thousand Only)) as per detailed break-up given below:

Component	Allocation (Rs. in Lakh)			Total
	DBS	Pool fund	GF	
Prevention				1369.39
TI		1369.39		128.8
STI	128.8			871.39
BTS	871.39			486.54
IEC	486.54			318.94
LWS	186.05		132.89	1300.42
ICTC	390.13		910.29	4475.48
	2062.90	1369.39	1043.19	392.44
CST	381.44		11.00	59.58
ISTM	59.58			27.89
SIMS	27.89			4955.39
GT	2531.81	1369.39	1054.19	


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

Yours faithfully,

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

**Copy to:**

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

Targeted Interventions  
 West Bengal  
 YEAR 2013-14

S.No.	Sub-Component	Cost Head	Unit cost in Lakh (Range)	Number Activities	T1 Achievement (2013-14)		T1 Target (2013-14)		Total
					Target	Achievement during the year	Excluding as per T1 (2013-14)	Target	
1.1	ESW	Grant to T1 Projects	8 to 24 lakhs based on coverage	Cost for travel: Instruction, human resources, management and service delivery	12	22	12	34	
1.1.1	ESW				22	22	22	44	
1.1.2	ESW				0	0	0	0	
1.1.3	ESW				0	0	0	0	
1.1.4	ESW				0	0	0	0	
1.1.5	ESW				0	0	0	0	
1.1.6	ESW				0	0	0	0	
1.1.7	ESW				0	0	0	0	
1.1.8	ESW				0	0	0	0	
1.1.9	ESW				0	0	0	0	
1.1.10	ESW				0	0	0	0	
1.1.11	ESW				0	0	0	0	
1.1.12	ESW				0	0	0	0	
1.1.13	ESW				0	0	0	0	
1.1.14	ESW				0	0	0	0	
1.1.15	ESW				0	0	0	0	
1.1.16	ESW				0	0	0	0	
1.1.17	ESW				0	0	0	0	
1.1.18	ESW				0	0	0	0	
1.1.19	ESW				0	0	0	0	
1.1.20	ESW				0	0	0	0	
1.1.21	ESW				0	0	0	0	
1.1.22	ESW				0	0	0	0	
1.1.23	ESW				0	0	0	0	
1.1.24	ESW				0	0	0	0	
1.1.25	ESW				0	0	0	0	
1.1.26	ESW				0	0	0	0	
1.1.27	ESW				0	0	0	0	
1.1.28	ESW				0	0	0	0	
1.1.29	ESW				0	0	0	0	
1.1.30	ESW				0	0	0	0	
1.1.31	ESW				0	0	0	0	
1.1.32	ESW				0	0	0	0	
1.1.33	ESW				0	0	0	0	
1.1.34	ESW				0	0	0	0	
1.1.35	ESW				0	0	0	0	
1.1.36	ESW				0	0	0	0	
1.1.37	ESW				0	0	0	0	
1.1.38	ESW				0	0	0	0	
1.1.39	ESW				0	0	0	0	
1.1.40	ESW				0	0	0	0	
1.1.41	ESW				0	0	0	0	
1.1.42	ESW				0	0	0	0	
1.1.43	ESW				0	0	0	0	
1.1.44	ESW				0	0	0	0	
1.1.45	ESW				0	0	0	0	
1.1.46	ESW				0	0	0	0	
1.1.47	ESW				0	0	0	0	
1.1.48	ESW				0	0	0	0	
1.1.49	ESW				0	0	0	0	
1.1.50	ESW				0	0	0	0	
1.1.51	ESW				0	0	0	0	
1.1.52	ESW				0	0	0	0	
1.1.53	ESW				0	0	0	0	
1.1.54	ESW				0	0	0	0	
1.1.55	ESW				0	0	0	0	
1.1.56	ESW				0	0	0	0	
1.1.57	ESW				0	0	0	0	
1.1.58	ESW				0	0	0	0	
1.1.59	ESW				0	0	0	0	
1.1.60	ESW				0	0	0	0	
1.1.61	ESW				0	0	0	0	
1.1.62	ESW				0	0	0	0	
1.1.63	ESW				0	0	0	0	
1.1.64	ESW				0	0	0	0	
1.1.65	ESW				0	0	0	0	
1.1.66	ESW				0	0	0	0	
1.1.67	ESW				0	0	0	0	
1.1.68	ESW				0	0	0	0	
1.1.69	ESW				0	0	0	0	
1.1.70	ESW				0	0	0	0	
1.1.71	ESW				0	0	0	0	
1.1.72	ESW				0	0	0	0	
1.1.73	ESW				0	0	0	0	
1.1.74	ESW				0	0	0	0	
1.1.75	ESW				0	0	0	0	
1.1.76	ESW				0	0	0	0	
1.1.77	ESW				0	0	0	0	
1.1.78	ESW				0	0	0	0	
1.1.79	ESW				0	0	0	0	
1.1.80	ESW				0	0	0	0	
1.1.81	ESW				0	0	0	0	
1.1.82	ESW				0	0	0	0	
1.1.83	ESW				0	0	0	0	
1.1.84	ESW				0	0	0	0	
1.1.85	ESW				0	0	0	0	
1.1.86	ESW				0	0	0	0	
1.1.87	ESW				0	0	0	0	
1.1.88	ESW				0	0	0	0	
1.1.89	ESW				0	0	0	0	
1.1.90	ESW				0	0	0	0	
1.1.91	ESW				0	0	0	0	
1.1.92	ESW				0	0	0	0	
1.1.93	ESW				0	0	0	0	
1.1.94	ESW				0	0	0	0	
1.1.95	ESW				0	0	0	0	
1.1.96	ESW				0	0	0	0	
1.1.97	ESW				0	0	0	0	
1.1.98	ESW				0	0	0	0	
1.1.99	ESW				0	0	0	0	
1.1.100	ESW				0	0	0	0	
1.2	JNT/ Evaluation	Professional services	25,000/4,000 per unit	Cost for T.V, DA and consumables	0	0	0	0	
1.2.1	JNT/ Evaluation				0	0	0	0	
1.2.2	JNT/ Evaluation				0	0	0	0	
1.2.3	JNT/ Evaluation				0	0	0	0	
1.2.4	JNT/ Evaluation				0	0	0	0	
1.2.5	JNT/ Evaluation				0	0	0	0	
1.2.6	JNT/ Evaluation				0	0	0	0	
1.2.7	JNT/ Evaluation				0	0	0	0	
1.2.8	JNT/ Evaluation				0	0	0	0	
1.2.9	JNT/ Evaluation				0	0	0	0	
1.2.10	JNT/ Evaluation				0	0	0	0	
1.2.11	JNT/ Evaluation				0	0	0	0	
1.2.12	JNT/ Evaluation				0	0	0	0	
1.2.13	JNT/ Evaluation				0	0	0	0	
1.2.14	JNT/ Evaluation				0	0	0	0	
1.2.15	JNT/ Evaluation				0	0	0	0	
1.2.16	JNT/ Evaluation				0	0	0	0	
1.2.17	JNT/ Evaluation				0	0	0	0	
1.2.18	JNT/ Evaluation				0	0	0	0	
1.2.19	JNT/ Evaluation				0	0	0	0	
1.2.20	JNT/ Evaluation				0	0	0	0	
1.2.21	JNT/ Evaluation				0	0	0	0	
1.2.22	JNT/ Evaluation				0	0	0	0	
1.2.23	JNT/ Evaluation				0	0	0	0	
1.2.24	JNT/ Evaluation				0	0	0	0	
1.2.25	JNT/ Evaluation				0	0	0	0	
1.2.26	JNT/ Evaluation				0	0	0	0	
1.2.27	JNT/ Evaluation				0	0	0	0	
1.2.28	JNT/ Evaluation				0	0	0	0	
1.2.29	JNT/ Evaluation				0	0	0	0	
1.2.30	JNT/ Evaluation				0	0	0	0	
1.2.31	JNT/ Evaluation				0	0	0	0	
1.2.32	JNT/ Evaluation				0	0	0	0	
1.2.33	JNT/ Evaluation				0	0	0	0	
1.2.34	JNT/ Evaluation				0	0	0	0	
1.2.35	JNT/ Evaluation				0	0	0	0	
1.2.36	JNT/ Evaluation				0	0	0	0	
1.2.37	JNT/ Evaluation				0	0	0	0	
1.2.38	JNT/ Evaluation				0	0	0	0	
1.2.39	JNT/ Evaluation				0	0	0	0	
1.2.40	JNT/ Evaluation				0	0	0	0	
1.2.41	JNT/ Evaluation				0	0	0	0	
1.2.42	JNT/ Evaluation				0	0	0	0	
1.2.43	JNT/ Evaluation				0	0	0	0	
1.2.44	JNT/ Evaluation				0	0	0	0	
1.2.45	JNT/ Evaluation				0	0	0	0	
1.2.46	JNT/ Evaluation				0	0	0	0	
1.2.47	JNT/ Evaluation				0	0	0	0	
1.2.48	JNT/ Evaluation				0	0	0	0	
1.2.49	JNT/ Evaluation				0	0	0	0	
1.2.50	JNT/ Evaluation				0	0	0	0	
1.2.51	JNT/ Evaluation				0	0	0	0	
1.2.52	JNT/ Evaluation				0	0	0	0	
1.2.53	JNT/ Evaluation				0	0	0	0	
1.2.54	JNT/ Evaluation				0	0	0	0	
1.2.55	JNT/ Evaluation				0	0	0	0	
1.2.56	JNT/ Evaluation				0	0	0	0	
1.2.57	JNT/ Evaluation				0	0	0	0	
1.2.58	JNT/ Evaluation				0	0	0	0	
1.2.59	JNT/ Evaluation				0	0	0	0	
1.2.60	JNT/ Evaluation				0	0	0	0	
1.2.61	JNT/ Evaluation				0	0	0	0	
1.2.62	JNT/ Evaluation				0	0	0	0	
1.2.63	JNT/ Evaluation				0	0	0	0	
1.2.64	JNT/ Evaluation				0	0	0	0	
1.2.65	JNT/ Evaluation				0	0	0	0	
1.2.66	JNT/ Evaluation				0	0	0	0	
1.2.67	JNT/ Evaluation				0	0	0	0	
1.2.68	JNT/ Evaluation				0	0	0	0	
1.2.69	JNT/ Evaluation				0	0	0	0	
1.2.70	JNT/ Evaluation</								

Typical Observations

West Bengal

1948

000-24

	100 and Above	100 and Below	100 and Above	100 and Below
FSW				
MSM				
TGM				
DU				
<b>OST CENTER (COM)</b>				
Cost Control				
Stocks				
Trucks				
Tractor				
Migrant (Source) per district				

The GSO and TS in case of FSW, MSM and DU in the above are approximate figures.

Unit cost for training per season per day (Rs. in Lakhs)	0.01
Unit cost per TI for education (Rs. in Lakhs)	0.20
Unit cost per TI for JAT (Rs. in Lakhs)	0.30
Unit cost per OST (Monthly Assessment)	0.30

*Das*

7	7	7	7
7	7	7	7
7	7	7	7

**8. Total Budget for STI/RTI services for WEST BENGAL SACS FY 2013-14**

1.4 Sexually Transmitted Infection/ Reproductive tract Infection Services						
No.	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. in Lakhs)
1.4.1	Establishment of New Facilities (One Time Grant)	One time cost	1,50,000	0	Minor Refurbishment for Audiovisual privacy, Computer	Pool Fund 0
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	51	Counselor salary	67.32
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	45 centers, 19 districts	Training of trainers, Induction or Refresher training for DSRC service providers, TI STI doctors as per operational guidelines	18.25
1.4.4	Procurement	Recurring	25000 per centre	45	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	11.25
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	45	TA/DA/ documentation and communication cost to supervisory team, review meetings, TA/DA for outreach by DSRC counselors	9
1.4.6	Private sector partnership	Recurring				
1.4.7	Regional STD labs Existing	Recurring		0	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				
1.4	<b>Sexually Transmitted Disease / Infections Services (Total Allocation)</b>					<b>128.8</b>
1.4.a	<b>Physical Targets to the State under the STI/RTI services</b>					
1	STI/RTI episodes to be managed by Designated STI clinics					
2	STI/RTI episodes to be managed by TI-NGOs					354886
3	STI/RTI episodes to be managed by Private sector					45577
4	Total target of STI/RTI episodes for SACS					106517
5	STI/RTI episodes to be managed by NRHM					506980
						506980
1.4.b	<b>STI/RTI facilities</b>					
		Existing No.	Proposed new during FY 2012-13			
1	Designated STI/RTI Clinics	45				
2	TI STI providers	35		0	45	
3	sector	0			35	
4	NRHM health facilities upto PHC	1359			0	
5	PPP ICTC	4			1359	
6	Regional STI Centres	1		0	4	
7	State Reference Centres	2			1	
					2	
1.4.c	<b>Commodity Assistance provided by GOI to the State</b>					
1	Colour coded drug kits for Designated STI clinics and TI NGO					-92317
2	RPR Test kits					13215

*Dras*

**STI/RTI Review of Annual Action Plan 2012-13 and Proposal 2013-14**  
**Process Indicators 2013-14**

Name of State/ West BENGAL

Sl No	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target in DSBC	1. Establish good linkages with Gynae and STD clinic, ICTC and ART centre. Counsellor to sit in Gynae OPD. 2. Ensure collocation of facilities so that there is minimum loss for treatment and testing. 3. All patients to be treated for Syphilis and HIV testing. 4. Referral linkages with TI to be established. 5. All DSBC to report on STI in CIMS/SIMS. 6. Post of counsellor vacant in 7 DSBC hence all DSBC are not reporting regularly.	Counsellor of STI Clinic, Incharge of DSBC, and DO STI	Ongoing
2	Low Physical Target in TI	1. Outreach to be oriented on STI symptoms and outreach to encourage HBG to avail STI services from STI providers. 2. All TI to appoint STI providers and ensure easy accessibility to services to HBG. 3. All HBG to be individually tracked for STI episodes of STI and Multiple STI to be tracked. 4. STI services to be delivered at the convenient location of HBG and by establishing linkages with government facilities. 4. Coordination meeting to review the targets achievement with TI and TI division.	DO STI, JD TI and PM of TI	Ongoing
3	Partnering with Private Sector	1. All PSU and leading private sector to be enlisted in all the districts. At least 15 units to be identified and enlisted. 2. Meeting with State focal person of the PSU. 3. The doctors for STI to be trained. 4. All facility to report in SIMS format.	DO STI and State PSU Focal Person	Enlisting of PSU to be completed by March 30 2013. Training to be completed by July 2013
4	Training	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.	DO STI and STI Resource Facilities	Incomplete training of current year to be finished by 15th March. Training for 2013-14 to be completed by June 2013.
5	Supportive Supervision	At least 60% of poor performing STI facilities to be visited by SACS Focal Person 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.	DO STI, PO STI and STI Mentors	Ongoing
6	Supply chain Management	All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. All commodities supplied by the programme must be monitored regularly. All drugs with earlier expiry should be used first and if excess should be indicated. Review your programme data with consumption of commodities. Ensure there is no stock out and expiry of drugs.	DO STI STI Counsellor at DSBC, STI Clinic Incharge and PM of TI	Periodic review of commodity at least once a quarter from all facilities
7	Quality of Services	1. All Patients to be provided with internal exam, multiple STI in patients to be tracked. 2. All STI patients to undergo syphilis and HIV testing. 3. All patients to receive drug and test regularly.	STI Clinic Incharge and TI STI Providers, DO STI	Ongoing
8	Vacancy	14 post of counsellor to be filled, advertisement to be made and interview to be conducted and counsellor to be positioned in DSBC	AO STI, Chief Surgeon of districts and PO SACS	By June 2013
9	NHRA Convergence	1. Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and training of atleast 1 MO to be done. 3. Budget of STI to be corrected NHRA PIP. 4. Joint review of programme to be done at least once a quarter.	DO STI and State RCH officer	One joint meeting once a quarter
10	Regional Centre	1. The Regional centre to function as per TOR. 2. Referral linkages between SHS and VO Gynae and TI to be established to ensure continuous supply of sample to the centre. 3. All four facilities to meet at least once in a quarter to review the functioning of the centre. 4. Operator Research Personnel to be completed as per standard. 5. Recruitment of Research Officer to be done and placed in Regional Centre.	DO STI, Incharge of Regional Centre and Dean of Kolkata Medical College and Institute of Serology.	Ongoing

*DRa*



Blood banks supported by NACO	62
Target for Total Collection	900000
Target for NACO supported blood banks	600000
Target for VBD	90%
VBD Camps	5760
% Component prepared by NACO supported BCSU	60%
Commodity Items to be provided by NACO	Items need to be indicated as per the actuals, at the facility level on the date of AAP
<i>Blood bags</i>	in lakhs
Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadruple 450 ml	
<i>Testing Kits</i>	in lakh tests
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

*Das*



BLOOD SAFETY AAP 2013-14

State WEST BENGAL

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								
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			8	4	48
		Salary	2.4	Salary of 1 LT & 1 Counsellor			8	4	28.8
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			22	6	21
		Salary	2.4	Salary of 1 LT & 1 Counsellor			22	6	67.2
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			31	-10	6.51
		Salary	1.2	Salary of 1 LT			31	-10	25.2
1.5.1.5	RBTC	Consumables	0	NIL			8		0
		Salary	2.4	Salary of 2 LT			8		19.2
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			23		33.12
1.5.1.8	Maintenance of BT Vans in	Recurring	0.7				23		16.1
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contingency			1		6
1.5.2	Training	Recurring	0.35	Training of one 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			62		21.7
1.5.3	Supportive Supervision	Recurring	0.1	TA/DA for visit to the NACO supported blood banks, Monitoring visits to VBD camps, Core Committee supervisory visits			62		6.2
1.5.4	Procurement								0
1.5.4.1	Equipments for new BCSU	Non-recurring	18	List of Equipments as per NACO guidelines			2		36
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/ CMC and calibration of essential blood bank equipments supplied by NACO					160
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				5760	144
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					22
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			62		6.2
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				600000	150
1.5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms				1	2.88
1.5.6	External Quality Assurance								0
1.5.6.1	NRL		6.54				2		13.08
1.5.6.2	SRL		4.44				5		22.2
1.5.7	Any Other Activity								0
	Contingency								5
									871.39

Total licensed blood banks in the state 109

*DDas*

*ST*

Blood banks supported by NACO	62
Target for Total Collection	900000
Target for NACO supported blood banks	600000
Target for VBD	90%
VBD Camps	5760
% Component prepared by NACO supported BCSU	60%
Commodity Items to be provided by NACO	
<i>Blood bags</i>	
Single	in lakhs
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadruple 450 ml	
<i>Testing Kits</i>	
HIV ELISA	in lakh tests
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

d

l

Das

1	Establishment of facilities / interventions	NACO support for existing in 2012-13*	NACO support for new in 2013-14*	Proposed facilities 2013-14
a	Total Blood Banks	109		109
b	NACO Supported Blood Banks	62		62
b1	Model Blood Bank	1	0	1
b2	Major with BCSU	8	4	12
b3	Major without BCSU	22	6	28
b4	District Level Blood Bank	31	-10	21
c	RBTC	8	0	8
d	Blood Mobile Van	1	0	1
e	Blood Transportation Van	23	0	23
f	SBTC	1	0	1
2	<b>Blood Collection</b>			<b>Proposed target 2013-14</b>
a	Total Collection for the state			900000
a1	NACO supported blood collection			600000
b	Percentage VBD for NACO supported BB			90%
c	Voluntary Blood Collection in NACO supported BB			540000
c1	Through Static			108000
c2	Through Camps			432000
c3	Through Blood Mobile Vans			9000
d	No of Camps to be conducted			5760
d1	Camp Collection			75 units
3	<b>Component Separation</b>			<b>Proposed target 2013-14</b>
a	Blood collection in NACO supported BCSU			360000
b	Percentage component separation in NACO supported BCSU			60%
4	<b>Training</b>			<b>Proposed target 2013-14</b>
a	Training of BBO			62
b	Training of Staff Nurse			62
c	Training of LTs			124
d	Training of Donor Motivators			600
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			1080
f	Blood Bank counselor			31
5	<b>Supervision, Monitoring and Evaluation</b>			<b>Proposed target 2013-14</b>
a	Field visits to be conducted			62
b	Review meetings to be conducted			4
6	<b>EQAS</b>			
a	NRL			2
b	SRL			5
* Provision of NACO assistance to existing and new facilities is subject to meeting the norms for NACO support and approval of NACO. All NACO supported blood banks must possess a valid licence issued by state Drug Control Department				
4 Major Blood Bank upgraded to BCSU, 6 DLBB upgraded to Major Blood Bank				

*Dhas*

Process Indicators for Blood Safety 2013-14			
Indicator and Recommended course of Action	Timeline	Person Responsible	
<b>1 Inclusion of Blood Banks under NACO support</b>			
1.1 Identification of facilities which meet the norms for NACO support as BCSU, MBB, DLBB.	By April 2013	JD BS SACS	
1.2 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	
1.3 Constitution and notification of core committee	By first week April 2013	JD BS SACS, Quality Manager	
1.4 Scheduling of core committee inspection visits	By April 2013	JD BS SACS, Quality Manager	
1.5 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	
1.6 Communication of letter of approval of NACO support to SACS	Within first quarter	NACO Blood Safety division JD BS SACS, Admin division SACS	
1.7 Recruitment of manpower as per pattern of assistance	Within first quarter	JD BS SACS	
1.8 Deputation of staff for training and provision of kits, consumables and other support as per pattern of assistance	Within first quarter	JD BS SACS	
<b>2 Regular reporting in SIMS</b>			
2.1 Need assessment for computers in NACO supported blood banks	By April 2013	JD BS SACS, M&EO SACS	
2.2 Procurement and supply of computers of appropriate configuration for NACO supported blood banks	Within first quarter	JD BS SACS, Procurement division SACS	
2.3 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	
2.4 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	
2.5 Quarterly analysis of SIMS report from blood banks	July, October, January and April	JD BS SACS, M&EO SACS	
2.6 Communication of feedback on correctness of data to concerned blood banks	By the end of first month of the quarter	JD BS SACS	
<b>3 Blood Requirement and Collection</b>			
3.1 District wise mapping of licensed and NACO supported blood banks in state	By April 2013	JD BS SACS	
3.2 District wise mapping of the estimated numbers of hospital beds in primary, secondary and tertiary health care facilities	By April 2013	JD BS SACS	
3.3 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	
3.4 Giving targets to NACO supported blood banks to meet atleast 80% of total requirement of the region being catered by them	By April 2013	JD BS SACS	
<b>4 Voluntary Blood Donation</b>			
4.1 Conduction of voluntary blood donation camps as per need of the NACO supported blood banks	Ongoing	VBD consultant SACS	
4.2 Identification and retention of cohort of donor motivators among the youth through Red Ribbon Clubs, NSS, corporate work places	Ongoing	VBD consultant SACS	
4.3 Conduction of trainings on blood donor motivation for blood bank counselors	Ongoing	VBD consultant SACS	
4.4 Creating blood bank wise database of repeat voluntary blood donors classified according to blood groups	Ongoing	Counselor at blood banks	
4.5 Stepping up static voluntary blood donation by holding fortnightly/ monthly blood donation day or alternate innovative strategies	Every month	Counselor at blood banks	
4.6 Counselor in Blood Bank to send reminders to the repeat donors	Every month	Counselor at blood banks	
4.7 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	
4.8 Development and replication of IEC material pertaining to promotion of voluntary blood donation	Within first quarter	VBD consultant SACS, IEC division SACS	
<b>5 Optimum utilization of Blood Mobile</b>			
5.1 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	
5.2 Preparation and submission of quarterly route plan for the blood mobile	In beginning of every quarter	Incharge Model Blood bank	

*DR*

	Monitoring visit of SACS officers to the mobile camp	As per route plan	SACS officers
18	Blood donation camps		
19	Listing of organizations conducting blood donation camps in the state	In beginning of every quarter	VBD consultant SACS
20	Listing of colleges, universities, workplaces where camps can be organized along with suitable time	In beginning of every quarter	VBD consultant SACS
21	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
22	Release of budget for conduction of blood donation camps	In beginning of every quarter	VBD consultants SACS, Finance division SACS
23	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
24	Conduction of camps by organizers and concerned blood bank	On day of the camp	Organizers, Staff of concerned blood bank
25	Monitoring visit of SACS officers to the blood donation camp	On day of the camp	SACS officers
26	Transport of collected blood units to the blood bank	Within six hours of holding the camp in cold chain	Staff of concerned blood bank
27	Submission of report of blood donation camps	Within 2 weeks of conduction of camp	Camp Organizers
28	7 Component separation		
29	Review of availability and functional status of equipments for component separation	By April 2013	JD BS SACS
30	Review of availability of requisite manpower at BCSU	By April 2013	JD BS SACS
31	Review of availability of licence at BCSU	By April 2013	JD BS SACS
32	Review and identify BCSU wise reasons for sub-optimal component separation	By April 2013	JD BS SACS
33	Taking appropriate corrective measures to address the reasons	Within first quarter	JD BS SACS
34	Stepping up blood collection at BCSU	Ongoing	Incharge BCSU
35	Stepping up component separation at BCSU	Ongoing	Incharge BCSU
36	Enhancing demand for components through trainings on rational blood use	Ongoing	JD BS SACS, Training institutes, Professional Associations
37	8 Trends in prevalence of TTI in blood units		
38	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
39	Quarterly monitor the trends through SIMS data analysis	Ongoing	
40	Identify blood banks showing high prevalence for TTI	Ongoing	
41	Review whether quality standards are in place in the blood banks	Every quarter	
42	Review whether reactive donor is being notified and referred for treatment	Every quarter	
43	Identify possible reasons for high TTI positivity (replacement donation, poor donor selection and screening, high prevalence in general population in the area, etc)	Ongoing	
44	Preparation of training curriculum on donor counseling, screening and retention for blood bank counselors	By September 2013	NACO blood safety division
45	9 Procurement and Supply Chain management		
46	Preparation of indent for items to be procured at SACS level and approval by PD SACS	By April 2013	JD BS SACS, Quality Manager
47	Processing and completion of procurement of indent given	Within first quarter	Procurement division SACS
48	Dispatch and receipt at concerned facilities	Within two weeks of supply at SACS	Quality Manager, Store officer SACS
49	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
50	Procurement of AMC/CMC services for the functional equipments	Before September 2013	Quality Manager, Procurement division SACS
51	Issuance of orders for AMC/CMC services	Before September 2013	Quality Manager, Procurement division SACS
52	Supply schedule for centrally supplied commodities to be shared with SACS	Within one month of issuance of notification of award	NACO blood safety division
53	Timely receipt and Storage of centrally supplied commodities under proper storage conditions	One same day as receipt	Quality Manager, Store officer SACS
54	Physical verification of stock and cold chain status and issuance of Consignee receipt certificate	Within one week of receipt	

*Deo*

74	Issue of centrally supplied commodities to NACO supported blood banks as per indent and pattern of consumption over last three months	First issue within 2 weeks of receipt of commodity, thenceforth 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	

*DD*







WEST BENGAL				
Sl. No.	Component	Physical targets 13-14	Time line	Process Indicators
	TV Spots	600	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk1</li> <li>3. April Wk2</li> <li>4. April Wk2</li> <li>5. April Wk2</li> <li>6. Implementation Q 2 &amp; Q3 (July, August, September, October, November &amp; December)</li> </ol>	<ol style="list-style-type: none"> <li>1. Finalization of themes, spots and channels.</li> <li>2. Collect DAVP rates</li> <li>3. Negotiation on best rates</li> <li>4. Decision on timing &amp; frequency</li> <li>5. Issue release order</li> </ol>
	Long format TV Programs (30/15 minutes duration)	1	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk1</li> <li>3. April Wk2</li> <li>4. April Wk2</li> <li>5. April Wk2</li> </ol> Implementation Q 2- 4 (July, August, September January February, March)	<ol style="list-style-type: none"> <li>1. Finalization of themes, spots and channels.</li> <li>2. Collect DAVP rates</li> <li>3. Decision on timing &amp; frequency</li> <li>4. Preparation of list of participants</li> <li>5. Issue release order to Doordarshan</li> </ol>
	Radio spots	800	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk1</li> <li>3. April Wk2</li> <li>4. April Wk2</li> <li>5. April Wk2</li> </ol> Implementation Q 2 & Q3 (July, August, September, October, November & December)	<ol style="list-style-type: none"> <li>1. Finalization of themes, spots and channels.</li> <li>2. Collect DAVP rates</li> <li>3. Negotiation on best rates</li> <li>4. Decision on timing &amp; frequency</li> <li>5. Issue release order</li> </ol>
	Long format Radio programme (30/15 minutes)	1	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk1</li> <li>3. April Wk2</li> <li>4. April Wk2</li> <li>5. April Wk2</li> </ol> Implementation Q 1- 4	<ol style="list-style-type: none"> <li>1. Finalization of themes, spots and channels.</li> <li>2. Collect DAVP rates</li> <li>3. Decision on timing &amp; frequency</li> <li>4. Preparation of list of participants</li> <li>5. Issue release order to Doordarshan</li> </ol>
	Advertisement publication in Newspapers	20	<ol style="list-style-type: none"> <li>1. May Wk1</li> <li>2. May Wk1</li> <li>3. May Wk2</li> <li>4. May Wk2</li> <li>5. After the activity</li> </ol> Implementation Q 2- 4 (July, August, September January February, March)	<ol style="list-style-type: none"> <li>1. Decision on events, no. of ads per event and no. of newspapers</li> <li>2. Collect I&amp;CA rates</li> <li>3. Prototype development and obtain approval for the same</li> <li>4. Issue release order</li> <li>5. Tracking of releases, obtain copies containing Advt.</li> </ol>

*Das*

	<b>Website Maintenance</b>	1	1. April Wk1 2. April Wk1 3. April Wk2 Implementation Q 1- 4	1. Invite tender from external agencies for website maintenance. 2. Release Work order. 3. Monitoring
	<b>Sending of Bulk SMS</b>	1 crore	1. April Wk1 2. April Wk1 3. April Wk 2 onwards Implementation Q 1- 4	1. Contract with BSNL. 2. Release of Work order. 3. Following up for dissemination of messages during events.
	<b>Help Line (1097)</b>	1	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk2 onwards Implementation Q 1- 4	1. Invite tender for restoration of Helpline. 2. Comprehensive Maintenance Contract (CMC) with an external agency. 3. Release of work order. 4. Monthly reporting and monitoring. 5. Following up with the tele-counselors.
2	<b>Printing of IEC material &amp; Newsletter</b>	As per printing plan	1. April Wk1 2. April Wk1 3. April Wk2 4. May Wk3 5. Staggered 6. May Wk3 7. May Wk3-4 8. Periodic Q 1- 2 Q 3 (April, May June, July, August, September, October, November & December	1. Requisition from programme divisions 2. Assessment of stock 3. Assessment of IEC printed materials required to be printed 4. Draw up a distribution plan 5. Draw up a delivery plan 6. Carry out Tender process. 7. Release of work order to the selected bidder. 8. Sensitize field-level functionaries on the effective use of IEC printed materials, wherever necessary.
	<b>Newsletter</b>	1	1. April Wk2 2. April Wk2 for issue 1 & subsequently 3. April Wk2-3 4. April-May 5&6. June for issue 1 Q 4 (January, February, March)	1. Approval of the theme/content 2. Compilation of articles. 3. Circulation plan 4. Carry out tender process 5. Printing 6. Dispatch

*Da*

Permanent Hoarding	72 (AMC only)	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk3</li> <li>4. April Wk2-4</li> <li>5. Staggered</li> <li>6. Ongoing</li> <li>6. Periodic</li> <li>7. Q1-Q4</li> </ol>	<ol style="list-style-type: none"> <li>1. Fund disbursement to Dy. CMOH IIs.</li> <li>2. Supply soft copies of approved materials for display on Hoardings.</li> <li>3. Monitoring &amp; Reporting</li> </ol>
Display of messages on Government Buses (Bus Branding)	100 for 3 months	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. April Wk3</li> <li>4. April Wk2-4</li> <li>5. May Wk - 1</li> <li>6. May Wk 1</li> <li>7. Q2 (June, July &amp; August)</li> <li>8. Ongoing during activity</li> <li>9. September Wk 1</li> </ol>	<ol style="list-style-type: none"> <li>1. Identification of bus routes for display</li> <li>2. Negotiation with Transport Authorities on routes and rates</li> <li>3. Development of prototypes, size and message content and obtain approval thereof.</li> <li>4. Prepare list of buses with their registration nos.</li> <li>5. Carry out Tender Process.</li> <li>6. Release of Work order</li> <li>7. Implementation</li> <li>8. Monitoring.</li> <li>9. Photo documentation &amp; Reporting</li> </ol>
Branding of Auto rickshaws/ similar vehicle	100 autos x 14 migrants districts x 3 months	<ol style="list-style-type: none"> <li>1. June Wk1</li> <li>2. June Wk2</li> <li>3. June Wk3</li> <li>4. June Wk2-4</li> <li>5. July Wk - 1</li> <li>6. August Wk 1</li> <li>7. Ongoing during activity Q3/4 (October, November &amp; December January, February, March)</li> </ol>	<ol style="list-style-type: none"> <li>1. Finalization of the number of available autos for display.</li> <li>2. Negotiation with Transport Authorities on routes and rates</li> <li>3. Development of prototypes, size and message content and Obtain approval thereof.</li> <li>4. Prepare list of auto-rickshaws with their registration nos.</li> <li>5. Carry ou Tender Process.</li> <li>6. Release of Work order</li> <li>7. Implementation</li> <li>8. Monitoring.</li> <li>9. Photo documentation &amp; Reporting</li> </ol>
Hiring of IEC vans incl. branding	6	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk1</li> <li>3. April Wk2</li> <li>4. As scheduled</li> <li>5. Regular</li> <li>6. Daily</li> <li>7. Immediate on completion Q 1-3 April, May June, July, August, September, October, November, December)</li> </ol>	<ol style="list-style-type: none"> <li>1. Development of activity plan</li> <li>2. Decision on occasions and periods of utilization</li> <li>3. Development of route plan in consultation with districts</li> <li>4. Roll out according to route plan</li> <li>5. Monitoring of activities by DST and SACS officers</li> <li>6. Reporting (on uniform format) and analysis of reports</li> <li>7. Documentation &amp; Reporting</li> </ol>
Hiring of Folk troupes & folk roll out	3500	<ol style="list-style-type: none"> <li>1. April wk 1</li> <li>2. April Wk 1</li> <li>3. April Wk2</li> </ol>	<ol style="list-style-type: none"> <li>1. Invite applications from folk troupes for their empanelment under SACS, as per NACO guidelines</li> </ol>

*Dha*

			<ol style="list-style-type: none"> <li>4. April Wk 2</li> <li>5. Ongoing</li> <li>6. Ongoing</li> <li>7. After completion of the performance</li> </ol>	<ol style="list-style-type: none"> <li>2. Screening of folk troupes by Experts in different folk forms and Government Health Officials.</li> <li>3. Training of folk troupes in Folk Media Workshop.</li> <li>4. Release work orders for Phase-1 folk roll out</li> <li>5. Implementation &amp; Monitoring</li> <li>6. Release work orders for Phase-2 folk roll out</li> <li>7. Implementation &amp; Monitoring</li> <li>8. Review of performances.</li> <li>9. Preparation of consolidated reports</li> <li>10. Impact Assessment.</li> </ol>
	Folk Media workshop & Review workshop	5	Q 1 & Q 3- 4 (April October, , January.)	<ol style="list-style-type: none"> <li>1. Workshop with the shortlisted folk troupes.</li> <li>2. Review 1<sup>st</sup> phase of folk roll out.</li> <li>3. Review 2<sup>nd</sup> phase roll out.</li> <li>4. Reporting.</li> <li>5. Evaluation.</li> </ol>
	Events at State	10	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. April Wk2</li> <li>3. Depending on calendar</li> <li>4. As per calendar</li> <li>5. As per calendar</li> </ol> <p style="text-align: right;">Q 1 - 4</p>	<ol style="list-style-type: none"> <li>1. Preparation of calendar of events and decision on the proposed activities</li> <li>2. Plan of activities (event-wise) and sharing the same with the Districts and other stakeholders</li> <li>3. Organization of different programmes at the State level by SACS</li> <li>4. Enable TI participation</li> <li>5. Disbursement of necessary funds to the districts for implementing district-wise plan</li> <li>6. Monitoring of activities</li> <li>5. Documentation</li> <li>6. Ensure submission of SOE-s.</li> </ol>
	District specific IEC Campaigns	14		
	M&E, Documentation, evaluation	All IEC Events & Cross-visit of IEC officials to other states	<ol style="list-style-type: none"> <li>1. April Wk1</li> <li>2. As per activity plan</li> <li>3. Depending on calendar</li> <li>4. April Wk2-4</li> <li>5. As per plan</li> </ol> <p style="text-align: center;">As per plan Q 3 - 4 (October, November &amp; December January, February, March)</p>	<ol style="list-style-type: none"> <li>1. Prepare list of activities for monitoring - by SACS officials, DST members and other agencies where necessary.</li> <li>2. Documentation of all field level activities, and sharing the same with NACO.</li> <li>3. Evaluation of selected activities.</li> <li>4. Reporting.</li> </ol>
	Hiring of Communication Agency	1	Q 1 ( April, May June )	<ol style="list-style-type: none"> <li>1. Invite Tender</li> <li>2. Release of work order to the bidder selected in the Tender</li> </ol>

*Das*

	RRC	400	Q 1 - 4	<ol style="list-style-type: none"> <li>1. Invite from NSS, list of colleges where new RRC-s will be set up.</li> <li>2. Training of Coordinators/Nodal officers</li> <li>3. Disbursement of fund to NSS along with guideline</li> <li>4. Draw up a plan of activities</li> <li>5. Monitoring of activities</li> <li>6. Documentation</li> </ol>
	AEP	6148	Q 1/2 & Q 2/3 (April, May, June, July, August, September, October, November & December)	<ol style="list-style-type: none"> <li>1. Advocacy with the Education department to settle the issues.</li> <li>2. Starting to roll out the program by 2<sup>nd</sup> quarter</li> <li>3. Listing of all Govt Sr. Secondary schools</li> <li>4. Listing of schools targeted in FY 13-14 Training of teachers</li> <li>5. Disbursement of funds along with guidelines</li> <li>6. Implementation of AEP</li> <li>7. Monitoring of activities carried by schools</li> <li>8. Documentation</li> </ol>
	Training & advocacy	22310 trainees	<ol style="list-style-type: none"> <li>1. April Wk 1</li> <li>2. April Wk1</li> <li>3. April Wk 1</li> <li>4. April Wk 2</li> <li>5. April Wk 2</li> <li>6. April wk 3</li> <li>7. Ongoing</li> <li>8. Ongoing</li> <li>9. Ongoing</li> <li>10. Every training programme will be documented</li> </ol>	<ol style="list-style-type: none"> <li>1. Development of training calendar</li> <li>2. Frame training modules, if not available</li> <li>3. Ascertain the universe of the groups proposed to be trained during 2013-14.</li> <li>4. Selection of Agencies for training</li> <li>5. Preparation of IEC materials to be used/distributed during training sessions.</li> <li>6. Training of trainers.</li> <li>7. Organization of training sessions</li> <li>8. Carry out follow up activities</li> <li>9. Monitoring &amp; Evaluation</li> <li>10. Documentation of training programmes.</li> </ol>
	Other Mainstreaming activities (advocacy with line Departments)	5 meet-ings	Q 2 - 3 (July, August, September, October, November & December)	<ol style="list-style-type: none"> <li>1. Prepare a timeline of activities</li> <li>2. Organize Mainstreaming Sessions</li> <li>3. Liaison with State Govt. Departments</li> <li>4. Organize Inter-departmental meetings.</li> </ol>
7	DIC	8	Q 1 (April, May June)	<ol style="list-style-type: none"> <li>1. Provide the DIC-s with a guideline for action.</li> <li>2. Disbursement of fund to the DIC-s</li> <li>3. Preparation of list of PLHIV-s in each district</li> <li>4. Monitoring of activities</li> <li>5. Documentation</li> </ol>

*DLav*

**ANNUAL ACTION PLAN OF LINK WORKER SCHEME (FY 2013-14)**

STATE: West Bengal

Total No of District	Phase 1	Phase 2	Lead Agency
11	2	9	CINI

1. SACS					Remarks
Item	Description	Unit Cost per annum	Number	Allocation	
1.1 NGO Evaluation Phase I Districts	Evaluation of NGO	135500	1	135500	
1.2 Communication kit	Communication kit would be procured by SACS @ 800/ per Districts for Phase II Districts. Each Phase II District would get 60 kits.	48000	9	432000	
<b>Sub Total 1</b>				<b>567500</b>	

2. LEAD AGENCY					Remarks
Item	Description	Unit Cost	Number	Allocation	
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	170000	1	170000	
2.3 Travel	Travel of go 70 days (2 POs) IO 4 days M&I 4 days Accounts 4 days 4 days total 32 days per month	384000	1	384000	
2.3 One time Cost		202000	0	0	
2.4 M&I Cost		300000	1	300000	
2.5 Training Cost	Module 1	31750	0	0	
	Module 2	31750	0	0	
	Refresher	20460	11	225060	
<b>Sub Total II</b>				<b>2,193,060.00</b>	

3. DISTRICT IMPLEMENTING AGENCY					Remarks
Item	Description	Unit Cost per annum	Number	Allocation	
3.1 Salary Cost	(2 DRPs, 1 M&I cum Accounts Officer, 4 Supervisors & 40 Link Workers)	1,602,000	11	1,672,000	
3.2 Administrative cost		468000	11	5,148,000	
3.3 One time Cost		205500	0	0	
3.4. Community Outreach		57875	11	6,366,250	
3.5. Mid Media		300000	11	3,300,000	
3.6 Training Cost	Module 1	1,76250	3	5,28750	
	Module 2	1,76250	3	5,28750	
	Refresher	113750	11	1,251,250	
	Volunteers training	39250	3	1,17750	
3.7 Mapping		80,000	0	0	
<b>Sub Total III</b>				<b>29,133,125.00</b>	

**GRAND TOTAL**

31,893,685

**4. PHYSICAL TARGETS**

Indicators	Targets 2013-14 (to be achieved till August 2013)		Remarks
	Number	Percentage	
4.1 Number of District Implementing Link Worker Scheme	11		
4.2. Total Number of DRPs recruited (2)	22		
4.3. No of Link Workers Recruited (40)	440		
4.4. % of HRG Population covered		85% of SNA	Vulnerable bridge population
4.5. % of Vulnerable population covered		85% of SNA	
4.6. % of PIHIVs covered		85% of SNA	
4.7. % of HRG referred to ICIC		80% of SNA	
4.8. % of HRG tested for HIV		80% of SNA	
4.9. % of HRG referred for STI		80% of SNA	
4.10. Number of Village Information Centre formed ( 100/dist)	1100		
4.11. Number of Red Ribbon Clubs formed ( 50 per Dist)	550		
4.12 Number of Condom Depots established (100 per Dist)	1100		
4.13 Village volunteers	11000		

*DRAs*

S.No.	Sub-Component 1	Cost Head	Unit	Item/activities	Remarks
1.3.1	HR for Counsellors and LTs	Recurring	24	HR for Counsellors and LTs at an average cost of Rs.10,000 per month per staff (Unit cost = 10,000*24)	Additional allocation of 100 units as average salary of counsellors is 12000 per month per staff
1.3.1.2	HR for Supervisors	Recurring	1.98	Salary including TADA for Supervisor at Rs. 14,000 per month for 12 months	
1.3.1.3	Mobile ICTC	Recurring	5.95	Running cost of vehicle unit including salary of counsellors and lab both at Rs 9000 average per month for 12 months	
1.3.1.4	HR for SACs team for Basic Services	Recurring		Salary & TADA for SACs staff under RCC Round 2 (Staff in High Prevalence States: HV-TB Consultant, M&E PPTCT, Data Analyst, Supervisory Assistant, Finance Officer)	
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 6000 per new stand alone ICTC	
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & maintaining	
1.3.2.3	Facility Renewed ICTC	Non recurring	0	None	
1.3.2.4	PPP ICTCs	Non recurring	0	None	
				<b>Sub Total</b>	
1.3.3.1	Training	Recurring	1.75	1) ICTC: Counsellors, LTs: Inclusion, Refresher, HIV/TB & team training and PPTCT skills training 2) ICTC: Training of M&O ICTC / M&O / ART M&O / District Supervisor ICTC / District TB-MW & DOTS Plus Supervisor (NHTCP) in HIV-TB package 3) F-ICTC: AMM, Nurse, LT, HIV/TB & team training, All site sensitization 4) WHOE blood: Training of AMM and NHTCP LT and STLS in whole blood screening 5) Any other training	As per Training Plan, 75% allocation made and additional funds will be considered at the end of 6 months based on expenditure and completion of training
				<b>Sub Total</b>	
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6	Computer, centrifuge, needle cutter, refrigerator, TADA, colour coded bins etc	As per procurement plan based on justification, additional allocation of 10 units for replacement and maintenance of equipment, centrifuge machines, needle cutter, refrigerators
1.3.4.2	Procurement of equipment	Recurring	0.06	Equipmental maintenance/AMC/Insurance of equipment bikes etc	
				<b>Sub Total</b>	
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Salt delivery bin, magnets and syringe needles, printing of reporting forms, printer and other misc exp	As per procurement plan based on justification, No procurement for PPP ICTC
1.3.5.2	Procurement of Consumables for Facility upgraded and PPP ICTCs	Recurring	0.1	F-ICTC: Salt delivery bin, printing of forms and other misc exp at the center	
				<b>Sub Total</b>	
1.3.6.1	Regular meetings for Supervisors (monthly) & Regular meetings for Counsellors (weekly)	Recurring	0.07	Travel meetings	
1.3.6.2	State and District level-7B Coordination meetings (Quarterly @ Rs 2000/person)	Recurring	0.025	Quarterly State and District level Coordination committee meetings / State Technical Working Group meeting	
				<b>Sub Total</b>	
1.3.7.1	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	
1.3.8.1	For Co-location of facilities	Non recurring	Lumpsum	Budget allocation for minor refurbishment that may be encountered in physically co-locating facilities in AIT/ICTC/STI	
1.3.8.2	For PPP ICTC involvement	Non recurring	Lumpsum	A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector hospitals in Nucleic Home, Composite Hospital into NHTCP B) For PPP ICTC: Training of AMM, Nurse, LT, HIV/TB & team training, All site sensitization C) For PPP ICTC: Training of AMM and NHTCP LT and STLS in whole blood screening which represent budgetary allocation in value	
				<b>Sub Total</b>	

*[Handwritten signature]*

Physical Targets for West Bengal 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	252	0	56	56
2	Mobile ICTCs	4	0	0	0
3	Facility Integrated ICTCs	12	198	36	234
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	4	0	10	10
5	PPP ICTCs in Private Sector Industries	0	0	15	15
6	PPP ICTCs in Public Sector Industries	0	0	2	2
<b>Colocation of Facilities</b>		<b>Baseline as on 31.03.2013</b>	<b>Carry Forward from 2012-13</b>	<b>New Proposed target for 2013-14</b>	<b>Total target for 2013-14</b>
1	Medical College Level	4 out of 7	0	3	7 out of 7
2	District Hospital Level	3 out of 3	0	0	3 out of 3
3	Sub District Level	0 out of 0	0	0	0
<b>Physical Coverage Targets</b>		<b>Target 2012-13</b>	<b>Actn 2012-13*</b>	<b>Proposed Target 2013-14</b>	<b>Base of Target</b>
1	Testing for General Clients	500000	235666	450000	
2	HRG testing	43014	22167	90732	Two times testing in 100% of HRG covered by TI
3	Bridge population testing	NA	NA	39750	30% migrants and 15% truckers
4	STI Clinic In-referrals testing	63000	16336	40000	100% @SRC attendees
5	Out Referrals from to STI			3720	
6	HIV-TB Cross referral	80000	58757	80000	70% of TB patients and 5% of ICTC clients (Non-ANC)
7	HIV/TB coinfection to be detected	1400	455	1770	70% of HIV infected TB notified cases
8	Testing for ANC	700000	346559	700000	40% of the estimated pregnancies
9	Detection of HIV+ve pregnant women	850	361	850	40% of estimated positive pregnancies
<b>* Achievement upto December 2012</b>					
<b>Linkage Targets</b>		<b>Target 2012-13</b>	<b>Actn 2012-13*</b>	<b>Proposed Target 2013-14</b>	<b>Definition</b>
1	ICTC to ART (GC)	NA	NA	80%	HIV+ve general clients to be linked to ART centres
2	PPTCT to ART	NA	80%	80%	HIV+ve pregnant women to be linked to ART centres
3	TI to ICTC	NA	NA	75%	HIV+ve referred from TI reaching ICTC
4	STI to ICTC	NA	26%	100%	STI clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics
5	TB to ICTC	NA	55%	70%	Notified TB cases reaching ICTC
6	HIV/TB to ART	NA	80%	90%	HIV infected TB notified cases reaching ART

*Das*







Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
Linkages of General Clients with ART	1) Trading system for General Clients	Monthly	ICTC Counsellor
	2) Monthly performance of ART for General Clients by ICTC	Every 15 days	ICTC Counsellor / ART Counsellor
	3) Monthly performance of ART for ART centers by small every 15 day	Every 15 days	ICTC Counsellor / ART Counsellor
	4) Monthly performance of ART for ART centers by small every 15 day	Every 15 days	ICTC Counsellor
	5) Completion of line list at the ICTC level by Counsellor at 15 days and at the end of the month	Monthly	DAPCU, Dist ICTC Sup, MO/ART, ART Counsellor, all concerned ICTC Counsellors
	6) Starting completed / compiled line list with full details to DAPCU / SACS BS: _____	Monthly	DAPCU, Dist ICTC Sup
	7) Monthly meeting between ICTC and concerned ART at district / regional level to be conducted in 1st week of every month for verifying data	Monthly	SACS BS0, CST
	8) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BS0 every month	Quarterly	Direct: SACS BS0, CST
	9) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Monitoring: DO/ART/ SACS
	10) Where there is no DAPCU, SACS BS0 will directly verify / analyze line list every month after analysis of data.	Monthly	Monitoring: DO/ART/ SACS
	11) SACS Intra-district meeting with CST to be conducted in the 2nd week of every month	Monthly	Direct: SACS BS0, CST
	12) After due verification by CST at SACS, BS0 to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Monitoring: DO/ART/ SACS
13) SACS BS0 / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	Direct: SACS BS0, CST	
14) The SACS BS0 / ITI / BS0 should analyze the positions held out of the clients tested at ARTs as compared to the state / national average, prevalence rates for HIV, Hepatitis B, etc. STI prevalence, etc and focused visits to the low performing districts / facilities should be made to find out the reasons and provide solutions	Monthly	Direct: SACS BS0 Monitoring: PD / APD SACS	

Indicators	Recommended Action - HIG linkages	Timeline	Person Responsible
	*The programme will ensure monitoring of individual HIGs and HIGs are tested twice in the year; 30% of migrants are tested once in a year and 15% of migrants are tested once in a year. Coordination and Tracking system for TI Clients a) Referral of TI clients by TI case-load system using referral slip. b) Completion of referrals made to CTC with Unique ID of TI against each referral every 15 days	Entry referral Every 15 days	TI OMM, PE, TI Counsellor TI OMM, TI Counsellor, PM
	c) Meeting of TI with concerned CTC and Sharing of the compiled list of referrals with CTC every 15 days d) During this meeting, the CTC counsellor will share the PID numbers of all those clients referred from TI. e) Once both CTC and TI have reconciled / compiled the list, then both CTC and TI will report the same in their respective CMIS/SIMS on a monthly basis.	Every 15 days Every 15 days	Direct: TI OMM, TI Counsellor, PM / CTC Counsellor, Monitoring, Dist CTC Sup, PO-TI TSU ICTC Counsellor,
	f) The same should be verified / validated by DAPCU / PO - TI TSU on a monthly basis. g) Individual HIGs tested has to be extracted from the complete line list generated from the referrals with UID and the reached with PID. h) This individual testing and reconciliation of CTC and TI CMIS/SIMS data should be done by DAPCU every month during review meeting between TI / CTC and in states with no DAPCU, this has to be done by SACS BSO / SACS TI / PO-TSU in the 1st week of every month. i) SACS /TSU officers to participate in district level review meetings at least once in quarter every district.	Monthly Monthly Monthly Monthly	Direct: TI Counsellor, M&E, PM Monitoring, PO-TI TSU Dist: CTC Sup, DAPCU, PO-TI TSU Monitoring, PO-TI TSU
	j) After the district level review meeting, a state level coordination meeting between SACS BSO / SACS TI / SACS TSU has to be conducted in 2nd week of every month. k) After data verification by at SACS, TI and BSO to share analysis / verified / completed line list with M&CD by 15th of every month. l) SACS BSO / TI / TSU to plan visits to CTC / TI based on problem districts / facilities identified every month for hand-holding and monitoring. m) The SACS BSO / 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 focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions.	Quarterly Monthly Monthly Monthly Monthly	SACS BSO / SACS TI / TSU Direct: SACS BSO / SACS TI / TSU / Monitoring, APD/PO SACS Monitoring, APD/PO SACS SACS BSO / SACS TI
	n) SACS BSO / 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 focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions.	Monthly	Direct: SACS BSO / SACS TI / TSU Monitoring, APD / PO SACS
		Monthly	Monitoring, APD / PO SACS

*Done*



Indicators	Recommended Action - HIV-TB Collaborative activities	Timeline	Person Responsible
HIV/TB coordination	HIV/TB coordination Meeting group meetings at State level	Every quarter	Direct: SACS BSO, State TB officer, State TB/HIV Monitoring, PD /APD SACS
	HIV/TB coordination meetings at District level	Every quarter	Direct: DAPCU officer/DNO and District TB Officer Monitoring: State TB Officer, State TB/HIV Supervisor, SACS BSO
Early detection of HIV infected TB patients	Monthly meeting between the staff of MACP and NITCP	Every month	Direct: DAPCU officer/DNO and District TB Officer Monitoring: State TB Officer, State TB/HIV Supervisor, SACS BSO
	Establishment of F/GCTC /HIV screening facilities at >80% NITCP DMU	2nd quarter 2013	DAPCU officer/DNO and District TB Officer
	Implementation and reporting of ICF activities at 100% Stand Alone ICF	Every month	DAPCU officer/DNO and District TB Officer
	Implementation and reporting of ICF activities at 100% ART centres	Every month	DAPCU officer/DNO and District TB Officer
	TB-SPRt case monitoring of HIV testing of TB patients	Every month	DAPCU officer/DNO and District TB Officer
	SPRt case monitoring of HIV testing of TB patients	Every month	DAPCU officer/DNO and District TB Officer
	SPRt case monitoring of HIV testing of TB patients	Every month	DAPCU officer/DNO and District TB Officer
	SPRt case monitoring of HIV testing of TB patients	Every month	DAPCU officer/DNO and District TB Officer
	SPRt case monitoring of HIV testing of TB patients	Every month	DAPCU officer/DNO and District TB Officer
	SPRt case monitoring of HIV testing of TB patients	Every month	DAPCU officer/DNO and District TB Officer
Linkage of HIV infected TB patients to ART	Feedback on enrollment at ART centres by ART centre staff in monthly HIV/TB coordination meeting	Every month	Direct: ART Centre Staff Nurse / MO Monitoring: DAPCU officer/DNO and District TB Officer / District DMTB/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 MACP and NITCP 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 DMTB/HIV supervisors

*Das*

*W*

Indicators	Recommended Action - Co-location of Facilities	Timeline	Person Responsible
	Co-location of HIV facilities to be ensured to bridge linkage gaps between service components		
	Requirements for establishing co-location of facilities:		
	a) Assessment of existing ART Centers, HTC and STI Clinics in health care facilities on the premises	April	Direct: DAPCU, SACS BSO, CST, STI Monitoring: RC - CST, APD, PO SACS
	b) Identification of facilities to use ART center for co-location	April	SACS BSO, CST, STI, RC - CST
	c) Meeting to be conducted between SACS BSO/CST/STI with health facility (Bany, Mad Snp, CHGO, ART, Ndeal Officer, DAPCU, DAGO, Facility staff and other stakeholders) for development of time bound road map for co-location	April	Direct: SACS BSO, CST, STI Monitoring: RC - CST, APD, PO
	d) Issuing of necessary Govt Orders by DHS, DWER, PO SACS, etc	May	Direct: DAPCU, MO-C/TC, MO-STI, MO-ART Monitoring: SACS BSO, CST, STI
	e) Ensuring action on office orders issued and processing plan for relocation of facilities	May	Direct: SACS BSO, CST, STI
	f) Monitoring visit by SACS/DHS/DWER for timely follow-up and timely completion of re location plan	May	Monitoring: APD / PO SACS
	g) Review meeting to be conducted by PO SACS, DWER, DHS on progress in June	June	Direct: SACS BSO, CST, STI, RC - CST, Monitoring: APD / PO SACS
	h) Follow -up visits by SACS	June / July	SACS BSO, CST, STI
	i) Progress of Activities to be reported to MCO every month	Monthly	

Indicators	Recommended Action - Supply Chain Management	Timeline	Person Responsible
Supply Chain Management	<b>Receipt of Supplies by SACS</b>		
	a) Keep storage space available for receipt of supplies 1 week prior to schedule date for arrival of supplies	Ongoing	Direct: SACS BSO, Store Officer Monitoring: APD / PD SACS
	b) Receive stocks on the same day as arrival of supplies and store in walk in coolers	Ongoing	Direct: SACS BSO, Quality Manager, Store Officer Monitoring: APD / PD SACS
	c) Physical verification of stock and cold chain status before issuing CTCs	Every supply	Direct: SACS BSO, Quality Manager, Store Officer Monitoring: APD / PD SACS
	d) CTC should be issued within 7 days of receipt of supplies	Every supply	Direct: SACS BSO, Quality Manager, Store Officer Monitoring: APD / PD SACS
	e) Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	Every supply	Direct: SACS BSO, Quality Manager Monitoring: APD / PD SACS
	f) Dispatch plan should be based on pattern of consumption for last 3 months for the sake of commodity	Every supply	Direct: SACS BSO, Quality Manager Monitoring: APD / PD SACS
	g) Option 1: Supplier should be made to ICTG through cold chain vehicle in collaboration with the animal health system		
	h) Option 2: Supplier should be made to ICTG through physical collection by ICTG staff while attending regular meeting using cold boxes		
	i) Option 3: Hiring of cold chain vehicle / courier to dispatch supplies directly to ICTG		
j) 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 ICTG by using health system cold chain vehicle or physical pick up by ICTG staff using cold boxes	Ongoing	Direct: SACS BSO, Quality Manager, Store Officer Monitoring: APD, PD SACS	
k) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities			
<b>Physical Verification and Accounting</b>			
a) MO-CTC to physically verify stocks daily and consumption in stock register for all commodities and continue till to stock register	Daily	MO-CTC, ICTC LT	
b) All supervisory cadres during field visits to facilities to physically verify stocks at ICTG	Ongoing	DAFCU, Dist ICTC Sup, TO-SIL, SACS BSO	
c) ICTCs to physically verify stocks available, stock register, this register for tests performed and then prepare monthly CMRS/MSR report for the component of CTC	Monthly	ICTC LT, MO-CTC	
d) TO-SIL and District ICTC Supervisors / DAFCU to physically verify stocks for all commodities at ICTG during supervisory visits	Monthly	TO-SIL, Dist ICTC Sup, DAFCU	
e) Variation in stock performed and stock consumption to be analysed facility visit by DAFCU / CTC Supervisor and reasons for variance submitted to SACS for necessary action	Monthly	Dist ICTC Sup, DAFCU	
f) Based on reports from DAFCU / SACS BSO 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	Ongoing	SACS BSO / SACS CST, APD / PD SACS	
g) Appropriate administrative action should be taken by APD/PD SACS based on reports			
h) 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 / analysed	Monthly	PD SACS, BSO, Store Officer, Quality Manager	
i) During this review meeting, - Assessment of stock positions at Facility level / SACS level stock position for every commodity should be done based on stock available and consumption in stock register. - Action should be taken if more than permissible variances reported in pattern. - Reconciliation between districts / facilities, Dispatch plan, Transportation plan should be made. - Assessment of near expiry drugs/stocks should be made and submitted to MACCO if required for re-rotation to other states, atleast 3 months in advance. - If some commodities have expired, then reasons for the same should be analysed and administrative actions taken if required	Monthly	Direct: PD / APD SACS	
j) Facility level / SACS level stock position for every commodity should be reported to MACCO by the 15th of every month.	Monthly	Direct: SACS BSO, Quality Manager, Store Officer Monitoring: APD / PD SACS	

*Handwritten signature*



Indicators	Recommended Action - PPTCT	Timeline	Person Responsible
Linkage of Pregnant women with ART centre and follow-up	1) Maintenance of PPTCT line list by ICTC	Monthly	ICTC counsellor
	2) Sharing of line list and concerned ART centres by email every 15 days	Every 15 days	ICTC Counsellor
	3) Opening feedback of telephone referral and line list by concerned ART centre / s every 15 days	Every 15 days	ICTC Counsellor
	4) Completion of line list at the ICTC level by Counsellor at 15 days and at the end of the month	Monthly	ICTC Counsellor / ART Counsellor
	5) Sharing completed / compiled line list with full details to DAPCU / SACS BSC	Monthly	ICTC Counsellor / DPM/DSE/Direct Medical Officer
	6) Monthly meeting between ICTC and concerned ART centre and other stakeholder/NHBM at district / regional level to be conducted in 1st week of every month for cross verifying data	Monthly	DAPCU, Dist ICTC Sup, MOCART, ART Counsellor, all concerned ICTC Counsellor
	7) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSC every month by 10th	Monthly	Direct: SACS BSC, CST
	8) SACS officers to participate in district level review meetings at least once in quarter every district	Quarterly	Monitoring: PG/APD SACS
	9) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Monthly	Monitoring: PG/APD SACS
	10) BSO at SACS to share analyzed / verified / completed line list with MACO by 15th of every month	Monthly	Direct: SACS BSC, CST Monitoring: PG/APD SACS
Roll-out of Rapid Ring regimen (Applicable Only where the new regimen program is rolled out by MACO)	1) Co-location of testing sites (ICTC-2) and Obaid Ghouse 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 qr	SACS BSC
	2) Review at SACS level, identification of priority districts/sites and specific action plan	Quarterly basis	PD SACS, APD, JD (BSC), Consultant PPTCT, DD/AD (BSC/CST), JD (M&E), KC (CST)
	3) Induction training for all MACO-NHBM functionaries involved in PPTCT service delivery and program monitoring	As per roll-out plan	PD SACS, APD (SACS), JD (BSC), Consultant PPTCT, DD/AD (BSC/CST), JD (M&E), KC (CST)
	4) Refresher training for the providers as well as outreach workers involved in PPTCT client follow-up under MACP & NHBM	From second year of roll out	DDM/District Medical Officer for HIV, counsellor at ICTC and ART centre, MDO at ART centre
	5) On-going sensitization during monthly meeting	On going	DDM/District Medical Officer for HIV, counsellor at ICTC and ART centre, MDO at ART centre
	6) Inclusion of PPTCT new regimen component under basic training module for counsellor/SVM/AC in MACP & NHBM and LIS OPIWS	In process	DDM (BSC), APD (PPTCT), PO (Counseling), Training APD (SACS), JD (BSC), Consultant PPTCT, DD/AD (BSC/CST)
	7) Visits to high load sites and on-site mentoring	On monthly basis	DDM/District Medical Officer for HIV, counsellor at ICTC and ART centre, MDO at ART centre
	8) Line list compilation and validation at district level	Monthly	ART centre MDO/counsellor and ICTC counsellor/LIS OPIWS
	9) Outreach and Client tracking	On-going	

*Mao*

Template for AAP for Care, Support & Treatment : 2013-14

State: West Bengal													
S.No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14				
					Target	Achievement	Financial allocation	Expenditure as on 31.03.13	Existing on 1.4.12	Proposed	Allocation Rs. Lakh	Remarks	
2.1.1	GIA for ART Centres	Recurring	For low load centres-13.5, medium load-15.	Salary	13	10	155.25	127.5	13	2	203.50	(6*5+2)	
2.1.2			0.50	Universal Work Precautions	13	10	5.75	3.93	13	2	7.00	2 ART centers proposed at Bahampur & Coochbhar DH There is a backlog of 3 ART centres (Darjeeling, Chinsurah, Ghatal) in the state.	
2.1.3			1.50	Operational Costs	13	10	17.25	1.09	13	2	21.00	Items for upgradation/ replacement/ additional requirement for existing ART centers to be procured out of operational cost of the concerned Darjeeling DH, Bangur MR	
2.1.3			0.9 for callbar, 0.3 for count & 0.25 for Partec	Operational cost for CD4 testing	7	7	2.5	2.9	7		3.40		
2.1.4		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD	3	0	13.5	0		2	9.00		
2.1.4			1.00	Infrastructure development installation of CD4 machine	0	0	0	0		2	2.00		
2.2.1		GIA to SACS for various activities	IEC	0.50	Registers & Cards, Signages, Flip Charts, Posters	13	10	6.5	2.88	13	2	7.00	
2.2.2				0.5	Trg. of MOs, Counselors, Nurses, Pharmacists, Data Managers, LAC staff, etc.	13	10	30	28.02	13	2	40.00	STM, Kolkata caters for training the other states also. Allocation based on the 2012-2013 expenditure
2.2.3			Treatment of OI	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode	15000	7950	18	6.82	7950	15000	16.00	Funds given only for 8000 OI episodes including CPT
2.2.4			LAC	0.18	One-time cost for infrastructure development	33	26	0.8	0.3	26	4	0.60	SDH Contal, SDH Brulia, SDH Bhanupore, SDH Bareghpur
2.2.4	0.378			Rec. for TA/DA & oper. Costs, Stationery etc.	33	26	10.58	1.97	26	4	10.58	7 LACs from previous year need to be made functional	
2.2.4	0.96			HR for LAC Plus	4	2	2.88	0.32	4	2	4.80		
2.2.5	EID		3.84	HR for EID	0	0	3.84	1.87	1	0	3.84		
2.2.5			1.00	Cost for EID lab (Operational Cost, Infrastructure development)	0	0	1	0	1	0	1.00		
2.2.6	Viral load testing		1.10	Salary of LT	0	0	1	0	1	0	1.10		
2.2.7			SCM of ARV drugs	As per requirement	One time cost for refurbishment	0	0	0	0	0	0	0.00	
2.2.7			Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for smaller states	Hiring of space & for drug transfers	0	0	0	0	0	0	5.00		
2.2.7		Regional coordinator	11.00	Remuneration & TA/DA	0	0	11	7.46	1	0	11.00	RC monitors multiple states	
2.2.7.4		PPP	0.26	For contingency & miscellaneous expenses						4	1.00		
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs	0	0	0	0	1	0	23.42		
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs	0	0	0	0	1	0	21.20		
Total GIA to SACS for CBT											382.44	✓	
Commodity Assistance													
No.	Sub-component-II	2012-13		2013-14		Remarks							
		Target	Achievement	Target	Achievement								
2.5.1	PLHA on ART	Registered	46000	37150	50000	Pregnant positive women: 100% HIV-TB coinfected 100% General clients 90%. No of PLHIV registered will reach 39000 by March 2013. Detection during 2012-13 has been 5609 (3 quarters). Target is based on expected new detection & backlog of previous year.							
2.5.2		Alive & on ART	12900	14023	20000	The target is based on new patients put on ART during 2012-13 which is nearly 210 patients / month. Additionally all PLHIV eligible for ART should be put on ART.							
2.6.1	OI Treated		15000	7960	15000	Funds given only for 8000 OI episodes including CPT. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines							
2.7.1	CD4 Count Tests	CD-Machines	7	7	2	CD4 machine to be supplied by NACO. ART centres at Darjeeling DH, Bangur MR							
2.7.2		CD4-Tests	38400	24202	60000	Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new cases to be tested on registration							

*Handwritten signatures and initials.*

WISAPCS CST - 2013-14						
Sr Indicator	Target Cumulative 2012-13	Target Achieved	Gap	Gap-Analysis	Proposed target for 13-14	Remarks
1 ART Centres	13	10	3	Issues on Recruitment process which has to be cleared by DoH/FW that got delayed. Centres will start from in March 2013 as files got cleared. Advt for the post will be issued by next week until the training gets completed the centre will be made functional through ART core team which was already trained.	2	2 ART centres proposed at 1. Bahampur (MCH) No. of positives 418. Distance from nearest ART center - 190 KM. 2. Coobhilar DH No. of positives 1238. Distance from nearest ART center - 145 KM. Will cater for Jalpaigudi district.
2 IAC	4	3	1	No counsellor at the CTC till Dec 12. As now the counsellor has been appointed and will be trained soon and will be made functional by 3rd week of March.	4	New centres Gorai SDH, Brulai SDH, Birapora SDH, Baraigpur SDH
3 IAC Plus	4	2	2	Staff nurses were interviewed and selected but they did not join. Fresh interview will be conducted for the Jalpaigudi centre (DH) and the Bahampur (MC) is proposed for upgrading into an ART centre.	2	New centres proposed for BSMC and Aansole. Aansole (SDH) has less than 70 patient as it is an industrial belt expecting more migrants, HRGs in the locality
4 PUHV registration in HIV care	45000	37150	82.56%	Target attained	50,000	No will reach around 39000 by March 2013. Detection during 2012-13 has been 5609 (3 quarters). Target is based on expected new detection & budding of previous year.
5 Alive and on ART	12800	14023	110%	Currently 64% of target are achieved on CMV testing. It is expected that more than 90% target will achieve till the end of March 2013	20000	The target is based on new patients put on ART during 2012-13 which is nearly 210 patients / month. Additionally all PUHV eligible for ART should be put on ART
6 CMV testing	38400	24202	1	4 machines are FACS count, 2 Part Tec and 1 FACS calibur	60000	2 Test per year for all PUHV in active care
7 CMV Machine	7	7	0	53% as of Dec 12. No option for OI drug procurement at the 6/10 ART centres located at Medical college	2	Disrupting OI and other at proc. STM, Kolkata
8 OI treated	15000	7950	70%	As of now, 4/7 centres are co located at MC 3/3 are collected at OH	15000	As per the current pattern of OI target is calculated
9 CTC ART packages	45000	37150	83%	Pregnant positive women: 100% HIV - TB coinfected 100% General clients 90%. System for tracking all HIV positive General clients need to be developed through the Biting and ensuring atleast target 90% will be attained Efforts will be made to co-locate the remaining 3 in this year.		
10 PEP ART	RSU					
11 PEP ART Centres	Corporate					
12 Sensitisation of Private practitioners on national prescription of ART			50 % of practitioners practicing ART			Potential partners : Railways, Coal India. SACS is reluctant to take these targets
13 Sensitisation of NCP on UWP/PEP			300			Data will be collected on the GP and HIV consultants with the help of IMA and training will be organised
14 Financial Status	364.2	189.23		47% 53% has been spent.		5 trainings comprising 60 participants each held so far

*Ma*

## Processes for implementation of 2013-14 activities

WEST BENGAL				
Baseline: 1 <sup>st</sup> 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

*Dras*

	Progress of Activities to be reported to NACO every month	SACS, CST, JD, SACS, BSD	Monthly
3.	Setting up PPP model ART centre		
	New model to be developed for PPP	NACO ADG, CST, JD, CST, RC	April (first fortnight)
	Enlisting of potential partners	NACO, CST, JD, CST, RC	Already done in AAP
	SACS has expressed unwillingness/ inability to take up PPP model		
4.	ICTC-ART Linkages		
	Receiving line list from concerned ICTC by e-mail	ART centre counsellor	Every 15 days
	Sending feedback to ICTC centre by ART centre	ART centre counsellor	Every 15 days
	Monthly meeting between ICTC and concerned ART at district / regional level to be conducted for verifying data	DAPCU to co-ordinate, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors	1st week of every month
	SACS inter-divisional meeting with CST and BSD to be conducted every month after data analysis by BSD division of SACS	SACS CST, BSD	2nd week of every month
	Due verification of data sent by ART centres to ICTCs by CST at SACS	SACS CST	Monthly
	District level review meetings to be held at least once in a quarter	SACS CST, BSD	Quarterly
	SACS CST/ BSD to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring	SACS CST, BSD	Monthly
	ART centres with poor feedback to ICTCs to be identified and focused visits conducted to evaluate reasons for the same. Solutions to be provided.	RC RC, SMO/ MO - ART	Quarterly
5.	Gap in those eligible & initiated on ART		
	Emphasis on adequate and regular counseling, both for checkups/ follow ups with investigations and ART preparedness	ART centre Counsellor	Ongoing
	Preparation of line list of patients eligible for ART but not started on it to be followed on phone & outreach visits	Line list prepared by Counsellor, Phone calls by Care Co-ordinator, passed on to ORW at CCQ	Ongoing
	Analyse reasons for the gap in performance of the ART Centre and to be investigated for further follow up during quarterly ART centre review meeting	RC, JD, CST	Quarterly
	Mentoring and Monitoring visits by SACS CST officials /RC to ARTC centres with high gaps	SACS CST, RC	Quarterly
6.	Training of Health care providers in UWP		
	Number to be identified for never trained, refresher training and type of health care provider	SACS CST, RC	May 2013 (second fortnight)

	& PEP	Number of batches to be trained to be finalized once total numbers are identified	SACS CST (JD), RC	June
		Curriculum to be standardized	NACO CST	May (first fortnight)
		Training of Health care providers (Expected Target= 300)	ART Nodal Officer & SMO, Co-ordinated by SACS CST	Once every Quarter
7.	Training of private providers on National ART regimen	Number of private providers to be identified	SACS CST, RC, DAPCU	May' 13(Second Fortnight)
		Target for 2013-14 = 50% of PPs (Exact numbers to be worked out)	DAPCU, JD CST	2nd Quarter
		Modalities to be worked by SACS on logistics of training & involvement of IMA& or other professional organizations	SACS CST, RC, DAPCU	July
		Master trainers to be identified & trained in each state	SACS CST, CoE	July
		<b>Forecasting -</b>		
		Requirement of drugs and CD4 kits for next FY to be assessed based on previous consumption, rise in number of patients in current year (and thus expected rise in next FY) and assessed previous backlog	RC, JD CST, APD, PD	3 <sup>rd</sup> Quarter
		Above assessment to be done based both drug wise and ART centre wise		
		Send above information to ADG CST by January		January
		<b>Storage Space-</b>		
		Quantify amount of storage space required	Store Officer	April
		Identify current storage options – rental, possible NRHM warehouse, common facility storage	RC, JD CST	April
		Negotiate with health facility/ NRHM officials for common storage	JD CST, APD, PD, RC	May/ June
		Keep storage space available for receipt of supplies 4 days prior to schedule date for arrival of supplies	Store Officer	Ongoing
		<b>Receipt &amp; Dispatch -</b>		
		CRC should be issued within 7 days of receipt of supplies	Store Officer	Ongoing
		Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	SACS CST	Ongoing
		Dispatch plan should be based on pattern of consumption for last 3 months	SACS CST	Ongoing
		<b>Transportation – Most cost effective and efficient means of transportation to be adopted</b>		
		Option 1: Supplies should be made to ART centres in collaboration with the general health system		
		Option 2: Supplies should be made to ART centres through physical collection by staff while attending review meetings		
		Option 3: Hiring of courier to dispatch supplies co-ordinating with BSD supplies		
8.	SCM			

DRas

<b>Mechanism of reviewing transportation options-</b>	SACS CST, Store Officer / APD, PD SACS	April
Review the logistics of the above 3 options		
Compare the costs of the options, (by comparison of previous expenditures incurred)		May (first fortnight)
Tendering to select the most cost effective mode of transport	JD CST, APD, PD	May
<b>Physical Verification and Reporting -</b>		
MO-ART to physically verify stocks weekly and countersign in stock register	MO- ART	Weekly
All supervisory cadres during field visits to facilities to physically verify stocks and countersign in stock register	RC, APD	Monthly
Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected /analyzed	PD SACS, JD CST, Store Officer	Monthly
Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month	SACS CST, Store Officer	Monthly
Variance of more than 5% in drugs dispensed and stock consumption to be analyzed facility wise by DAPCU / RC – 1. On 1 <sup>st</sup> report of such variance, reasons for variance to be submitted to SACS for necessary action 2. If variance on more than one occasion, Enquiry should be done by a committee formed by PD for providing a report to NACO for necessary action which should include persons identified responsible for the variance and recommendations	1. DAPCU, RC, JD CST 2. PD, APD	Monthly
Based on reports from DAPCU / SACS analysis, visits to facilities reporting stock excess/ shortage to be conducted and analysis done. Actions to be recommended- • If drugs near expiry found – Immediate relocation within state with co-ordination by SACS CST or between states with co-ordination by NACO CST (Logistics co-ordinator) • If shortage of drugs found (less than 3 months supply)– Immediate information to be given to NACO CST (LC) for further supply	JD CST, RC (visits)  SACS CST, NACO CST  SACS CST, NACO CST	Monthly

COMPONENT III

YEAR :

2	Operational Cost	AAP 12-13)	Expenditure UP TO 31st January, 2013	Likely expenditure during Feb & March, 13	Total Expenditure during 12-13	Rs. in Lakhs	
						Proposal for 2013-14(	Approved
1	Training SACS /DAPCU	4.00	0.12	3.88	4.00	3.00	3.00
2	Equipment Maintenance	2.00	0.00	2.00	2.00	3.00	2.00
3	Building Maintenance	8.00	5.62	2.38	8.00	10.00	10.00
4	Vehicle Maintenance	0.00	0.70	-0.70	0.00	0.00	0.00
5	Travel Expenses	20.00	14.76	5.24	20.00	25.00	25.00
6	Rent, Rates and Taxes	53.00	48.75	4.25	53.00	6.00	6.00
7	Telephone/Communication Expenses	3.00	0.90	2.10	3.00	3.00	3.00
8	Bank Charges	0.00	0.00	0.00	0.00	0.00	0.00
9	Miscellaneous Expenses	2.00	5.27	-3.27	2.00	2.00	2.00
10	Printing and Stationery	3.00	1.22	1.78	3.00	5.00	5.00
11	Advertisement (Other than IEC)	2.00	0.35	1.65	2.00	3.00	3.00
12	Water and Electricity	0.00	0.00	0.00	0.00	0.00	0.00
13	Audit Fees	7.00	5.46	1.54	7.00	10.00	7.00
14	Legal Expenses	0.00	0.00	0.00	0.00	5.00	0.00
15	Postage / Courier	5.00	4.16	0.84	5.00	5.00	5.00
16	Other Administration Cost	5.00	0.75	4.25	5.00	5.00	3.00
17	Review Meeting Expenses	2.00	0.50	1.50	2.00	4.00	3.00
18	Office Equipments(see next sheet)	5.00	1.65	3.35	5.00	5.00	3.00
19	Furniture (see next sheet)	1.00	0.00	1.00	1.00	4.00	2.00
20	Transportation						2.59
	<b>Total</b>	<b>122.00</b>	<b>90.20</b>	<b>31.80</b>	<b>122.00</b>	<b>98.00</b>	<b>84.59</b>

Notes

Give details of equipment purchases if proposed  
DAPCU SALARY

S.No.	Name of the position	Type of Position	Number	Annual Salary	Approved
		Regular			
	District Programme Manager		8	28.8	26.10
2	M & E Assistant		8	11.5	10.45
3	Accountant		8	11.5	10.45
	<b>Total</b>	<b>0</b>	<b>24</b>	<b>51.84</b>	<b>47.00</b>

Note: Prov. For 3 months for Darjeeling

b. Operation Cost (DAPCU)			nacco	
	Unit cost	Total Cost		
1	Office Equipment*	0.4	3	0.00
2	Communication expenses	0.6	5	3.17
	Stationery	0.6	5	2.64
	Postage	0.6	5	1.66
	Travel	0.5	4	4.00
	Contingency	0.5	4	2.11
	Renovation Cost	0.2	1.36	0.80
	<b>Total</b>	<b>3.4</b>	<b>27.38</b>	<b>12.98</b>

West Bengal

Total Cost:	Required by SACS	Proposed 13-14
(i) Salary SACS	358.28	260.00
(ii) Operation Cost	98.00	84.59
(B) DAPCU Salary	51.84	47.00
(ii) Operation Cost DAAPCU	27.36	12.58
Total (B)	79.20	59.58
G. Total (A) + (B)		

*Das*



COMPONENT III

YEAR :

Rs. In Lak

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	4.00	0.12	3.88	4.00	3.00	3.00
2	Equipment Maintenance	2.00	0.00	2.00	2.00	3.00	2.00
3	Building Maintenance	8.00	5.62	2.38	8.00	10.00	10.00
4	Vehicle Maintenance	0.00	0.70	-0.70	0.00	0.00	0.00
5	Travel Expenses	20.00	14.76	5.24	20.00	25.00	25.00
6	Rent, Rates and Taxes	53.00	48.75	4.25	53.00	6.00	6.00
7	Telephone/Communication Expenses	3.00	0.90	2.10	3.00	3.00	3.00
8	Bank Charges	0.00	0.00	0.00	0.00	0.00	0.00
9	Miscellaneous Expenses	2.00	5.27	-3.27	2.00	2.00	2.00
10	Printing and Stationery	3.00	1.22	1.78	3.00	5.00	5.00
11	Advertisement (Other than IEC)	2.00	0.35	1.65	2.00	3.00	3.00
12	Water and Electricity	0.00	0.00	0.00	0.00	0.00	0.00
13	Audit Fees	7.00	5.46	1.54	7.00	10.00	7.00
14	Legal Expenses	0.00	0.00	0.00	0.00	5.00	0.00
15	Postage / Courier	5.00	4.18	0.84	5.00	5.00	5.00
16	Other Administration Cost	5.00	0.75	4.25	5.00	5.00	3.00
17	Review Meeting Expenses	2.00	0.50	1.50	2.00	4.00	3.00
18	Office Equipments(see next sheet)	5.00	1.65	3.35	5.00	5.00	3.00
19	Furniture (see next sheet)	1.00	0.00	1.00	1.00	4.00	2.00
20	Transportation						2.59
	<b>Total</b>	<b>122.00</b>	<b>90.20</b>	<b>31.80</b>	<b>122.00</b>	<b>98.00</b>	<b>84.59</b>

Notes  
Give details of equipment purchases if proposed

3 DAPCU

1. Administrative Cost

a. Salary

S.No.	Name of the position	Type of Position	Number	Annual Salary	Approved
		Regular			
	District Programme Manager		8	28.8	26.10
2	M & E Assistant		8	11.5	10.45
3	Accountant		8	11.5	10.45
	<b>Total</b>	<b>0</b>	<b>24</b>	<b>51.84</b>	<b>47.00</b>

Note: Prov. For 3 months for Darjeeling

Murshidabad, Jalpaiguri, Darjeeling & Purba Medinipur

b. Operation Cost (DAPCU)				
	Unit cost	Total Cost	nacco	
1	Office Equipment*	0.4	3	0.00
2	Communication expenses	0.6	5	3.17
	Stationery	0.6	5	2.84
	Postage	0.6	5	1.06
	Travel	0.5	4	4.00
	Contingency	0.5	4	2.11
	Renovation Cost	0.2	1.36	0.00
	<b>Total</b>	<b>3.4</b>	<b>27.36</b>	<b>12.98</b>

*Dea*



West Bengal Annual Action Plan- 2013-14 : Strategic Information Management Unit								
Sl. No.	Budget Head(Description)	Sub-Head (Description)	Unit cost (Rs)	Induction	Refresher	Total	Estimated budget	
1	a. SIMS Training*	CCTC (Stand Alone)	1500	90	300	390	585,000	
		FICTC	1500	50	12	62	93,000	
		STI	1500	16	78	94	141,000	
		TI	1500	52	70	122	183,000	
		BB	1500	78	42	120	180,000	
		DIC	1500	0	19	19	28,500	
		CCC	1500	0	13	13	19,500	
		Lab Services	1500	5	0	5	7,500	
		DAPCU(DPM/DIS/M&E)	1500	24	0	24	36,000	
		Total						1,273,500
			b. Other Trainings( DQA/DAPCU review cum training) \$		2500			30
2	Reports publication (Surveillance, estimations report and SIMS report)		Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	265,000	
			2 Data Analysis Report	1 Surveillance Bulletin 2012-13	1 Semi Annual Report 2013-14	1 Annual Report 2013		
3	Monitoring & Supervision visits (10 days/month)#							
4	HIV Sentinel Surveillance**						1,175,520	
<b>Total Budget</b>							<b>2,789,020</b>	

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

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

*Wao*



