

T-11017/07/2012-NACO (F)
Government of India
Ministry of Health & Family Welfare
Department of AIDS Control

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

To,

**The Project Director,
Chandigarh State AIDS Control Society,
Union Territory of Chandigarh
International Hostel Madhya Marg, (PGIMER)
Sector-15, Chandigarh**

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

Sir/Madam,

Please refer to your proposal regarding approval of Annual Action Plan for the year **2013-14** and further discussions held in Department of AIDS Control (DAC) on March 05, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs 603.50 lac (Rupees Six hundred three lacs and fifty thousand only) as per detailed break-up given below:

S.N.	Component/Sub-component	Allocation (Rs. in lac)			
		DBS	Pool Fund Project	GF Projects	Total
1	Prevention				
1.1	Targeted Interventions		202.14		202.14
1.2	Sexually Transmitted Infections	14.72			14.72
1.3	Blood Transfusion Services	12.45			12.45
1.4	IEC	53.45			53.45
1.5	Link Workers Scheme				-----
1.6	ICTC/PPTCT/HIV-TB	19.48		45.47	64.95
	Sub-total 1 (Prevention)	100.10	202.14	45.47	347.71
2	Care, Support & Treatment	70.57			70.57
3	Institutional Strengthening & Project Management	182.66			182.66
4	Strategic Information Management System	2.56			2.56
	Total (1 to 4)	355.89	202.14	45.47	603.50

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

The above approval is subject to the following conditions:

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

12. Till further orders, under Institutional strengthening, SACS may extend the service contracts of contractual posts sanctioned under NACP **initially for six months with effect from 1st April 2013**. Salaries expenditure under ISPM is to be incurred for sanctioned posts.
13. The Procurements under various Funds/Components are to be made as per details given below:
- i. Procurement under various Global Fund Rounds as per World Bank Procurement Guidelines;
 - ii. Procurement under DBS to be made as per General Financial Rules-2005 as amended from time to time;
 - iii. Procurement under T1 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
Chandigarh

YEAR 2013-14

S.No.	Sub-Component	cost Head	Unit cost in Lakh (Range)	Items/ Activities	TI Achievement (2012-13)		TI Targets (2013-14)			Allocation (Rs. in Lakhs)	
					Target	Achievement during the year	Existing as on 01.04.2013	Transition from Partners	New TIs additions		Total
11.1	FSW	Grant to TI Projects	8 to 24 lakhs	cost for basic infrastructure, human resources, programme management and service delivery	4	4	4	0	0	4	58.16
11.2	M&M				2	2	2	0	0	2	35.20
11.3	IDU				2	2	2	0	0	2	29.94
11.4	TGH/Jira				0	0	0	0	0	0	0.00
11.5	Core Composite*				1	1	1	0	0	1	15.35
11.6	Migrants (Source)				0	0	0	0	0	0	0.00
11.7	Migrants (Transit)				3	3	3	0	0	3	0.00
11.8	Migrants (Destination)				1	1	1	0	0	1	9.13
11.9	Truckers				0	0	0	0	0	0	186.59
Total					0	13	13	0	0	13	186.59
1.1.9	Training of State TOTs/ STFC Refresher training	Grants to agencies	8 to 40 lakhs	Cost for training as per norms and management cost of agencies							9.00
1.2.0	UAT / Evaluation	Professional services	25,000-40,000 per unit	Cost for TA, DA and documentation					2	0	3.20
1.2.1	OST centre maintenance										3.36
1.2.2											
1.2.3											
Brief Comments: TOTAL (Rs. in Lakhs) 202.14											

Core Population	Less than 500		500-799		800-999		1000 and above		Total TIs		Target coverage	
	Old	New	Old	New	Old	New	Old	New	Old	New	Old	New
FSW	0	0	0	4	0	0	0	0	4	0	3350	0
M&M	0	0	0	0	0	2	0	0	2	0	2100	0
TGH/Jira	0	0	150-249	0	250-399	0	400-599	0	0	0	0	0
IDU	0	0	150-299	0	300-499	0	500-699	0	0	0	0	0
OST	0	0	0	0	0	2	700 and above	0	0	0	1150	0
Core Composite	0	0	Less than 400	0	400-999	0	700-999	0	0	0	0	0
Bridge Population	5000	0	5001-9999	0	10000 and above	0	10000 and above	0	0	0	805	0
Migrant (Dest)	5000-9999	0	10000-29999	3	30000 and above	0	30000 and above	0	0	0	30000	0
Trucker	1	0	0	0	0	0	0	0	0	0	5000	0
Migrant (Source)	No. of districts	0	Migrants (Transit)	No. of sites	0	0	0	0	0	0	0	0

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Targeted Interventions

Change#

YEAR

2013-14

Unit costing for TIs (in case of new TIs there is standardised deduction on specific heads, please refer to the costing annexure)

NGO /CBO led interventions

Core Population	Less than 500		500-799		800-999		1000-1499		1500 and above	
	Old	New	Old	New	Old	New	Old	New	Old	New
FSW	9.82	8.97	11.39	10.54	13.89	13.04	16.54	15.69	18.52	17.67
MSM	9.9	9.05	11.52	10.67	14.06	13.21	16.76	15.91	18.9	18.05
TG/Hijra			200-399	400-599	600-799	800 and above	16.76	15.91	18.9	18.05
IDU			150-299	300-499	500-699	700 and above				
	14.62	13.72	15.62	14.72	17.00	15.10				
OST CENTER (GOVT.)	9.85	8.57	400-699	700-999	1000-1499	1500 and above				
Core Composite	Less than 400	11.24	13.45	13.00	15.45	15.00	17.00	16.55		
Bridge Population	5001-9999	8.77	12.87	12.32	15.95	15.30				
Migrant (Dest.)	5000-9999	9.13	16.57	15.17	30.99	29.59				
Trucker										
Migrant (Source) per district	13.67	13.05			1.62	1.67				

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

Training load of TIs (center mutually based on the number of staff to be trained in individual thematic sheet)

NGO and CBO led	FSW				MSM				Core Composite				Migrants (Destination)				Migrants (Source)			
	PM and PD	Accountant cum M&E	Counselor	Peers	PM and PD	Accountant cum M&E	Counselor	Peers	PM and PD	Accountant cum M&E	Counselor	Peers	PM and PD	Accountant cum M&E	Counselor	Peers	PM and PD	Accountant cum M&E	Counselor	Peers
	8	4	4	67	4	2	2	42	4	2	2	4	2	1	1	16	4	0	0	0
	0	2	0	38	2	1	1	4	2	1	1	4	2	1	1	13	0	0	0	0
	0	0	0	0	6	3	3	40	3	3	3	13	0	0	0	0	0	0	0	0

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

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S.No.	1.2 Information, Education & Communication Sub-Component	Unit Cost ^{1*}	Items/activities	Achievement (2012-13)		Existing as on Date	Targets (2013-14)		Allocation in Rs. (in lakhs)	Source of funding
				Target	Achievement		New			
	1.2.1 Information Communication	Cost Head								
	Mass Media	TV	Spots on Private Channels/Cable Spots on Doodhshan					400	2.76 NACO	
		Long format TV Programs (15/30 min duration)	Radio	Audio Spots/10 seconds				400	2.1 NACO	
			Spots on AIR							
		Long format Radio programs (30 min/15 mins duration)	Community Radio					20	3.00 NACO	
		Newspaper Advs.						308	0.62 NACO	
			DAVP rate through DPR, Rs. 50,000/- per event i.e. Rs. 25,000/- for each advt. Two advertisement per event.					16	3.5 NACO	
		Newspaper Advs.	DAVP rate through DPR, Rs. 50,000/- per event i.e. Rs. 25,000/- for each advt. Two advertisement per event.							
		Newsletter	Rs. 100/- each newsletter.					1000	1.0 NACO	
		Website								
		SMS								
		Helpline								
		Printing / replication of IEC Materials						1	4.07 NACO	
		Permanent Hoardings at Strategic locations	Reflexing Rs 20/ per sq ft. (12x8 and 8x6 ft. both side)	24	under process	0		50	3.42 NACO	
		Display at railway stations/Metro	DAVP rates (Rs 77,210 per month including taxis for 10 months) including 1 tower and 3 trans-late	240	240	0		300	6.4 NACO 7.72 NACO	
		Hiring of folk troupes	Rs 3000/ performance	100	110	0		70	2.10 NACO	
		Fabricating IEC vans, branding IEC vans		0	1	0		0	0.00 NACO	
		IPC/Migrant Camps	Rs 20,000/- each	0	0	0		0	0.60 NACO	
		Exhibitions	Rs 40,000 each for state level workshop and review meeting and Rs 20000 for monitoring	30	0	0		3	1.00 NACO	
		Orientation & Review meeting with Folk Troupes		0	0	0			3.70	
		Events								

Signature

Signature

	Cost Head	Unit Cost **	Items/activities	Target	Achievement	Existing as on Date	New		
	State and District level events	UT Level (National Youth Day in January & International Women's Day in March @ Rs. 50,000/- each and 2 events (WAD & IYD) @ Rs. 80,000/- each)	WAD, NYD, IYD and IWD	8	8	0	4		2.60 NACO
		Multi-media Campaign only in NE Piggy Back events in NE states AIDSCON -3							
		Rs 2.0 Lakh for two day conference	Two days conference on HIV/AIDS	0	0	0	1		2.00 NACO
Sub-Total				0	0	0	1		4.60 NACO
1.2.7	M & E, Documentation	All activities to be documented. Mention the activities whose evaluation to be conducted	Evaluation for AEP, RRC and monitoring and evaluation of folk performance	1	0	0	1		3.00 NACO
1.2.8	Hiring of Agency			1	0	0	1		0.06
1.2.9	Youth Intervention Programme			1	0	0	0		0.06
1.2.9.1	Adolescence Education Programme	Rs 1000 per school	1 Nodal Teachers training, 2 AEP Orientation programmes for school principals, Universe of Government school/ senior secondary schools= 36, Secondary School= 43, Aided school (secondary school =1 and senior secondary-9), Public school (secondary - 18, senior secondary- 22, others (Kendriya -3 and Novadaya - 1) Total universe of schools in Chandigarh is 133- covered till 2012 is 119 and proposed for 2013-14 is 133 (119+ 14)	136	85	0	126		1.26 NACO
1.2.9.2	RRCs in colleges and University	25 RRCs (22 old RRC @ Rs. 4000/- + 3 new RRC @ Rs. 9000/-)	Workshop for 75 Peer educator under RRC and 50 Red Ribbon Club cum NSS Incharges meeting and Maintenance (activities) of 28 RRCs. Details of colleges (Government Colleges- 11, Aided colleges - 11 and others- 3(Pharmacy, nursing and dental)). Total universe is 25	20	22	0	25(22+3)		1.15 NACO
Sub-Total				20	22	0	25		1.15 NACO
1.2.10	Drop in Centre	Only for three months @ 1.37 lakh per DIC							2.41
1.2.11	Advocacy		Separate sheet to be attached	1	1	0	1		1.37 NACO
1.2.11.1	Mainstreaming		Separate sheet to be attached	0	0	0			0.24 NACO
2	Training		Separate sheet to be attached	0	0	0			0.24 NACO
Sub-Total				4800	4500	0	6755		3.84 NACO
Grand Total									4.08
									53.45

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

K. Syama Prasad
JD(IEC)

CHANDIGARH

Sr. No.	Component	Physical targets : 13-14	Time line	Process Indicators
1.2.1 Mass media				
1.	Radio spots, FM	400	April 13- Wk 1 April 13- Wk 2 April 13- Wk 3 April 13- Wk 4	<ol style="list-style-type: none"> 1. Preparation of an annual plan of radio spots specifying the month wise detail of themes and spots (9 campaigns on special events and 2 campaigns for general service awareness on HIV/AIDS). 2. Gathering DAVP rates and negotiation on best rates 3. Finalization of monthly schedule of spots. 4. Development of theme specific spots and its review by the committee (as per theme) and airing of spots. 5. Release of work order 6. Tracking through log sheet depending on frequency of telecast
	Radio spots, AIR	400	April 13- Wk 1 April 13- Wk 2 April 13- Wk 3 April 13- Wk 4	<ol style="list-style-type: none"> 1. Preparation of an annual plan of radio spots specifying the month wise detail of themes and spots (9 campaigns on special events and 2 campaigns for general service awareness on HIV/AIDS). 2. Gathering DAVP rates and negotiation on best rates 3. Finalization of monthly schedule of spots. 4. Developed theme specific spots will be aired. 5. Release of work order 6. Tracking through log sheet depending on frequency of telecast
	Long format Radio	20	April 13- Wk 1 April 13- Wk 2 April 13- Wk 3 April 13- Wk 4	<ol style="list-style-type: none"> 1. Preparation of annual schedule for Long format Phone in Programme specifying the month wise details. 2. Gathering DAVP rates and negotiation on best rates 3. Month wise production of theme specific programmes and its airing. 4. Release of work order 5. Tracking through log sheet depending on frequency of telecast
			Monthwise spots as per schedule	

Community Radio	308	<p>April 13- Wk 1 April 13- Wk 2 April 13- Wk 3 April 13- Wk 4</p> <p>Monthwise spots as per schedule</p>	<p>1. Preparation of an annual plan of radio spots specifying the month wise detail of themes and spots (9 campaigns on special events and 2 campaigns for general service awareness on HIV/AIDS). 2. Gathering DAVP rates and negotiation on best rates 3. Finalization of monthly schedule of spots. 4. Developed theme specific spots will be aired. 5. Release of work order 6. Tracking through log sheet depending on frequency of telecast</p>
News paper advt	16	<p>1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk4 5. Staggered as per plan 6. Ongoing</p>	<p>Decision on events, no. of ads per event and no. of newspapers Gathering rates (DAVP/DIPR) Prototype development & sharing with NACCO Approval from NACCO Release of placement schedule along with work order Tracking of releases, obtaining copies containing Advt.</p>
Newsletter	500	<p>1. April Wk2 2. April Wk2 for issue 1 & subsequently 3. April Wk2-3 4. April-May for issue 1 5&6. June for issue 1</p>	<p>1. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 2. Decision on theme/content 3. Circulation plan 4. Compilation of articles 5. Printing 6. Dispatch</p>
2.2 Information Communication Technology Helpline	1	<p>1. April Wk1 2. Ongoing</p>	<p>1. Record keeping 2. Analysis of monthly record 3. Documentation & reporting</p>
2.3 IEC material production & replication			

Printing of IEC material		<ol style="list-style-type: none"> 1. April WK1 2. April WK1 3. April WK2 4. May- WK 2 5. June WK 2 6. Staggered 6. June WK3 7. June WK-4 8. Periodic 	<p>Requisition from prog divisions</p> <ol style="list-style-type: none"> 2. Assessment of stock 3. Tender process: Publish notice, short-listing, approval of selection of vendor(s) 4. Work order released 5. Delivery plan 6. Distribution plan 7. Training on material use to end users (Service centres/NGOs 8. Monitoring of use by service centres/NGOs
<p>2.4</p> <p>Outdoor</p> <p>Permanent Hoardings</p>	<p>50 (Refabrication of hoardings)</p>	<ol style="list-style-type: none"> 1. April WK1 2. April WK2 3. April WK3 4. April WK2-4 5. Staggered 6. Ongoing 7. Periodic 	<ol style="list-style-type: none"> 1. Selection of hoardings for reflexing (prominent to target audience) 2. Tender process 3. Development of prototypes, size and message content 4. Sharing with NACO 5. Selection of vendor 6. Work order 7. Monitoring 8. Periodic reporting
<p>Display at Railway station</p>	<p>For 10 months (300 days) message will be changes as per theme of the campaign</p>	<ol style="list-style-type: none"> 1. April WK1 2. April WK2 3. April WK3 4. April WK2-4 5. Staggered 6. Ongoing 7. Periodic 	<ol style="list-style-type: none"> 1. Identification of agency through procurement procedures 2. Finalization of month wise themes and development of creatives for display. 3. Work order to be issued 4. Monitoring plan 5. Reporting and documentation
<p>2.5</p> <p>Mid Media</p> <p>Folk- performances, state level w/shop, review meetings, monitoring etc</p>	<p>70</p>	<ol style="list-style-type: none"> 1. May WK2 2. May WK2 3. May WK2 4. May WK2 5. May Wk 3 6. Periodic 	<ol style="list-style-type: none"> 1. Selection of troupes as per guideline 2. State level workshop in collaboration with Punjab. 3. Planning meeting with DST 4. Route plan , Phase-wise 5. Troupe deployment 6. Monitoring of performances 7. Analysis of monitoring reports 8. Review meeting with troupes & DST 9. Reporting to NACO

Exhibitions	3	1. April Wk1-2 2. Ongoing	Contact with the department for putting up the stall of HIV/AIDS awareness on International Day against drug abuse in June, Chandigarh Carnival and Rose Festival. Development of IEC Materials, Banners, Stickers, Standee, Etc.
Orientation & Review meeting with Folk troupes	2	July Wk 1	One day meeting, at the Launch of campaign and one at the end of the Folk campaign with folk troupe members and DST.
2.6 Events			
WAD, IYD, IWD, NYD & other dist level events	4	1. April Wk1 2. April Wk2 3. Depending on calendar 4. As per calendar 5. As per calendar Soon after events	1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (even-wise) and sharing 3. Disbursement of funds to districts 4. Monitoring 5. Documentation 6. Gathering of SOE
AIDSCON-3	1	1 Oct Wk -2 2 Oct Wk 3 3 Oct Wk-4 4. Oct Wk 4 5. Nov Wk 2 6. Nov Wk 2 7 Nov Wk 2 8 Nov Wk 2 9 Nov Wk 3	1. Internal planning meetings with the staff of CSACS. 2. Meetings with other involved departments. 3. Seeking participation through wide pre publicity (Radio campaign, Newspaper advertisement and Word to mouth publicity) 4. Printing of materials related to this conference. 5. Invitation of Key speakers for the conference. 6. All procurement procedures. 7. Work orders to be issued 8. Press invitation and press coverage
2.7 M&E, Documentation			
M&E, Documentation,	1	1. April Wk1 2. As per activity plan 3. Depending on calendar 4. As per plan	Listing of activities for monitoring - by SACS officers, external resource, etc. Hiring of external agency for evaluation Regular meetings as per decided timeline with the agencies to assess the progress. Final report submission to the agency Documentation of all field level activities Documents shared with NACO

1.2.9	Youth				
A	AEP	126 (Teachers and Principals)	<ol style="list-style-type: none"> 1. April Wk3 2. May - June 3. June Wk 2 4. As per training schedule 	<ol style="list-style-type: none"> 1. Listing of all Govt Sr. Secondary schools 2. Listing of schools targeted in FY 13-14 3. Training of teachers and principals 4. Disbursement of funds along with guidelines 5. Implementation of AEP 6. Monitoring of activities carried by schools 7. Documentation 	
3	RRC	25 (22+3)	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk1 3. July Wk2 4. August Wk2 5. July Wk1 6. Regular Ongoing 	<ol style="list-style-type: none"> 1. Listing of all Colleges - graduate, technical & Universities 2. Listing of colleges targeted in FY 13-14 3. Training of Coordinators 4. Disbursement of funds alongwith guidelines 5. Calendar of activities 6. Monitoring of activities 7. Documentation 	
	Out of School youth	500 Youth	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk1 3. July Wk2 4. July Wk1 5. Regular Ongoing 	<p>External agency will be hired in the beginning of the year</p> <p>Training of Resource Persons</p> <p>Training of Youth in Field in batches</p> <p>Purchase of Kits for the training sessions</p> <p>Monitoring and documentation</p> <p>Final Share of reports to NACCO.</p>	
2.1	DIC				
	DIC	1	<ol style="list-style-type: none"> April Wk1 April Wk1 April Wk1 Regular June-July 	<ol style="list-style-type: none"> 1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of beneficiaries 4. Monitoring of activities 5. Documentation 	
	Mainstreaming training & advocacy				

<p>a.</p> <p>Training</p>	<p>6755</p>	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2 3. April Wk2 4. April Wk3 5. April Wk4 6. May Wk2 7. May Wk4 onwards 8. Along trainings 9. All trainings 	<ol style="list-style-type: none"> 1. Listing of categories of trainees 2. Gathering universe of trainees 3. Information of coverage so far 4. Development of training calendar 5. Decision on training agencies 6. Training of trainers 7. Execution of trainings 6. Detailing of follow up activities 7. Monitoring 8. Documentation
<p>Advocacy</p>		<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2 3. April Wk2 4. April Wk3 5. April Wk4 6. May Wk2 7. May Wk4 onwards 	<ol style="list-style-type: none"> 1. Listing of departments/ organizations 2. Development of advocacy tools and agenda 3. Identifying key areas of collaboration 4. Listing no. of beneficiaries 5. Conduct of meetings 6. Directives/orders issues 7. Conduct of Inter-departmental meetings 8. Documentation
<p>Total</p>			

AAP 2013-14 Integrated Counseling and Testing Centre Chandigarh SACS

S.No.	Sub-Component 1	Cost head	Unit Cost (lakhs)	Items/ activities	Targets 2013-14		RCC Round 2	Allocation (Rs. In Lakhs)	Remarks
					As on 01.04.2013	New			
1.3	Existing Facilities								
1.3.1.1	HR for Counselors and LTs	Recurring	2.16	Salary including TA/DA for Existing in-place Stand Alone Counselors and LTs at an average cost of Rs 12,000 per month per staff (unit cost = 10000*2*12) Salary including TA/DA for Additional Stand Alone Counselors and LTs at an average cost of Rs 120,000 per month per staff (unit cost = 10000*2*12)	11	1	34.16	Additional allocation of 8.24 Lakh made as average salary is 12000 per month per staff	
1.3.1.2	HR for Supervisors	Recurring	1.68	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months	1		1.68		
1.3.1.3	Mobile ICTC	Recurring	5.55	Running cost of vehicle unit including salary of counselors and lab tech at Rs 9000 average per month for 12 months	1		5.55		
1.3.1.4	HR for SACS team for Basic Services	Recurring		Salary & TA/DA for SACS staff under RCC Round 2 (Staff in High Prevalence States: HIV-TB Consultant, M&E PPTCT, Data Analyst, Secretarial Assistant, Finance Officer) Sub Total	0		47.15		
1.3.2	Establishment of New ICTCs								
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 60000 per new stand alone ICTC	11	1	0.60		
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	1	0	0.00		
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none	4	4	0.00		
1.3.2.4	PPP ICTCs	Non recurring	0	none	0	2	0.00		
1.3.3	Trainings								
1.3.3.1	Training	Recurring		1) ICTC: Counselors, LTs: Induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) CTC: Training of MO ICTC / MOTC / ART MO / District Supervisor / CTC / District TB-HIV & DOTS Plus Supervisor (RN/CP) in HIV-TB package 3) F-CTC: ANM, Nurse, LT, HIV/TB & team training, full site sensitization 4) Whole blood: Training of ANM and RNTCP LT and STLS in whole blood screening 5) Any other training Sub Total	11	1	2.26	As per Training Plan, Unit cost has been taken @ 300/- as Chandigarh participants are not eligible for TA/DA.	
1.3.4	Procurement of Equipment								
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6	Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc	0	1	0.78	Additional allocation of 0.18 lakhs for procurement of 4 needle cutters and 2 micro pipette	
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipments/ maintenance/ AMCS/ Insurance of equipment bikes etc	11		0.55		
1.3.5	Consumables								
1.3.5.1	Procurement of Consumables for Stand Alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Safe delivery kits, reagents and syringe needles, printing of reporting forms, internet and other misc exp	11	1	7.90	additional allocation of 1.9 lakhs made as per procurement plan based on justification. No procurement for PPP ICTC	
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC: Safe delivery kits, printing of forms and other misc exp at the center			0.80		
1.3.6	Monitoring and Supervision / Review meetings								
1.3.6.1	Review meeting for Supervisors (monthly @)	Recurring	0.01	review meetings	1	0	0.12		
1.3.6.2	Review meeting for counselors/MO	Recurring	0.015	review meetings	14	0	0.84		
1.3.6.3	State and District HIV-TB Coordination meetings (Quarterly @ Rs 2500/person)	Recurring	0.025	Quarterly State and District level Coordination committee meetings / State Technical Working Group meeting	2	0	0.20		
1.3.7	SRL								
1.3.7.1	HR for Technical Officer in SRL	Recurring	3	Salary for TO in SRL, including TA/DA, at average Rs 25,000/- per TO per month for 12 months	1	0	3.25	additional allocation of 0.25 Lac considering increment and TA/DA	
1.3.8	Additional Allocation								
1.3.8.1	For Co-location of facilities	Non recurring		Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities i.e AR/ICTC/STI			0.00		
1.3.8.2	For PPP ICTC Involvement	Non recurring		A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals i.e Nursing Homes, Corporate Hospitals into NACP B) Involvement of professional bodies like FOGSI, IMA, IADVL, IAP, etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employer model meetings for which separate budgetary allocation is made		1	0.50		
1.3	Grand Total			Sub Total			64.95		

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Physical Targets for Chandigarh 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	11	0	1	1
2	Mobile ICTCs	1	0	0	0
3	Facility Integrated ICTCs	4	1	3	4
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	0	1	0	1
5	PPP ICTCs in Private Sector Industries	0	0	0	0
6	PPP ICTCs in Public Sector Industries	0	0	1	1
	Colocation of Facilities	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14
1	Medical College Level	1 out of 1	0	0	1 out of 1
2	District Hospital Level	0 out of 0	0	0	0
3	Sub District Level	0 out of 0	0	0	0
	Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target
1	Testing for General clients	35000	30194	40000	
2	HRG testing	10245	9389	14810	Two time testing in 100% of HRG covered by TI
3	Bridge population testing	NA	NA	9750	30% migrants and 15% truckers
4	STI Clinic In-referrals testing			3000	
5	Out Referrals from to STI	4000	3258	1000	100% DSRC attendees
6	HIV-TB Cross referral	4000	3217	4000	90% of TB patients and 5% of ICTC clients (Non-ANC)
7	HIV/TB coinfection to be detected	100	15	50	90% of HIV infected TB notified cases
8	Testing for ANC	21000	16140	21000	100% of the estimated pregnancies
9	Detection of HIV+ve pregnant women	50	35	50	50% of estimated positive pregnancies

* Achievement upto December 2012

	Linkage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition
1	ICTC to ART (GC)	NA	66%	90%	HIV +ve general clients to be linked to ART centres
2	PPTCT to ART	NA	98%	100%	HIV +ve pregnant women to be linked to ART centres
3	TI to ICTC	NA	51%	80%	HRGs referred from TI reaching ICTC
4	STI to ICTC	NA	81%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics
5	TB to ICTC	NA	95%	90%	Notified TB cases reaching ICTC
6	HIV/TB to ART	NA	55%	90%	HIV infected TB notified cases reaching ART

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

S.No	Type of Training	Category of Participant	Number of persons to be trained	Duration	Unit Cost**	Training Cost	Training Plan (April 2013-March 2014)			
							Quarter 1	Quarter 2	Quarter 3	Quarter 4
1	Induction (Stand alone (Inc. Mobile)	Counselor Lab-Tech	3 1	12 5	300 300	10,800 1,500	✓			
2	Refresher (Stand alone (Inc. Mobile)	Counselor Lab-Tech	14 14	5 5	300 300	21,000 21,000		✓		
3	Induction (FI- ICTC +PPP)	Staff nurse (FI ICTC) Lab Technician	4 4	5 5	300 300	6,000 6,000	✓			
4	Refresher (FI- ICTC +PPP)	Staff nurse (FI ICTC) Lab Technician	5 5	3 5	300 300	4,500 7,500		✓		
5	Induction/ Refresher	District supervisor Full site Sensin. Dist. Hosp	1 3	5 1	300 10,000	1,500 30,000	✓			
6	Sensitization (No facilities to be mentioned)	Full site Sensin SDH/RH ICTC Counselor Medical Officer	5 14 30	1 2 1	5,000 300 300	25,000 8,400 9,000		✓		✓
7	HIV-TB training	District ICTC supervisor MO-TC/MO-ICTC ART MO RNTCP STS/STLS District TB-HIV & DOTS Plus Supervisor (RNTCP)	1 3 3 5	2 2 2 2	300 300 300 300	600 1,800 1,800 3,000	✓			
8	Multi Drug Regimen Training for PPTCT	Counselor Medical Officer District supervisor MO ARTCs Others (Medical 3 days / Para medical 2 days)	14 14 1 3	2 3 2 3	300 300 300 300	8,400 12,600 600 2,700				✓
9	Training on whole blood screening	ANM Labour Room Nurse DMC LT (RNTCP) STLS MO	10 10 0 0	1 2 2 2	300 300 300 300	30,000 6,000 6,000 -				✓
10	ICTC Team Training	Lab-Tech Nurse Counselor	0 0 0	3 3 3	300 300 300	- - -				✓
11	Other (Specify)		0	3	300	-				✓
Total						226,300.00				

** Unit cost is taken @ Rs. 300/- as Chadigarh is a Union Territory with a area of 144 sq. kms. Considering the short distances, the participants are not eligible for TA/DA.

Process Indicators - BSD

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

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Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
	<ul style="list-style-type: none"> Tracking system for General Clients: 		
	a) Monthly maintenance of line list of HIV +ve General Clients by ICTC.	Monthly	ICTC Counselor
	b) Sharing of line list with concerned ART centre/s by email every 15 days.	Every 15 days	ICTC Counselor / ART Counselor
	c) Obtaining feedback by concerned ART centre / s every 15 days.	Every 15 days	ICTC Counselor
	d) Completion of line list at the ICTC level by Counselor at :5 days and at the end of the month.	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors
	e) Monthly meeting between ICTC and concerned ART at district / regional level to be conducted in 1st week of every month for verifying date.	Monthly	DAPCU, Dist ICTC Sup
	f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSD every month.	Quarterly	SACS BSD, CST
Linkage of General Clients with ART	g) Where there is no DAPCU, SACS BSD will directly verify / analyze line list every month.	Monthly	Direct: SACS BSD, CST
	h) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Monthly	Monitoring: PD/APD SACS
	i) After due verification by CST at SACS, BSD to share analyzed / verified / completed line list with NACO by 15th of every month.	Monthly	Direct: SACS BSD, CST
	j) SACS BSD / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for handholding and mentoring.	Monthly	Monitoring: PD/APD SACS
	k) The SACS BSD / TT / TSU should analyze the positivity yield out of the clients tested at ICTCs as compared to the state / national average, prevalence rates for HRGs typology wise, STI prevalence, etc and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions.	Monthly	Direct: SACS BSD Monitoring: PD / APD SACS

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Indicators	Recommended Action - HRG Linkages	Timeline	Person Responsible
	<ul style="list-style-type: none"> The programme will ensure, tracking of individual HRGs and ensure 100% of core group HRGs are tested twice in the year, 30% of migrants are tested once in a year and 15% of truckers are tested once in a year 		
	Co-ordination and Tracking system for TI Clients:	Every referral	TI ORWs, PE, TI Counselor
	a) Referral of TI clients by TI out-reach system using referral slips	Every 15 days	TI ORWs, TI Counselor, PM
	b) Compilation of referrals made to ICTC with Unique ID of TI against each referral every 15 days	Every 15 days	Direct: TI ORWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC Sup, PO-TI TSU
	c) Meeting of TI with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	ICTC Counselor,
	d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI.	Every 15 days	Direct: ICTC Counselor, TI Counselor, TI M&E, Monitoring: Dist ICTC Sup, PO-TI TSU
	e) Once both ICTC and TI have reconciled / completed the list, then both ICTC and TI will report the same in their respective CMIS/SIMS on a monthly basis	Monthly	Dist ICTC Sup, DAPCU, PO TI TSU
	f) The same should be verified / validated by DAPCU / PO - TI TSU on a monthly basis:	Monthly	Direct: TI Counselor, M&E, PM, Monitoring: PO TI TSU
	g) Individual HRGs tested has to be extracted from the compile line list generated from the referrals with UID and the reached with PID	Monthly	Direct: Dist ICTC sup, DAPCU, Monitoring: PO TI TSU, SACS TI, SACS BSD
	h) This individual tracking and reconciliation of ICTC and TI CMIS/SIMS data should be done by DAPCU every month during review meeting between TI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS TI / PO-TSU in the 1st week of every month	Monthly	SACS BSD / SACS TI / TSU
	i) SACS /TSU officers to participate in district level review meetings at least once in quarter every district	Quarterly	Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PD SACS
	j) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS TI / SACS TSU has to be conducted in 2nd week of every month	Monthly	SACS BSD / SACS TI
	k) After due verification by at SACS, TI and BSD to share analyzed / verified / completed line list with NAOCO by 15th of every month	Monthly	
	l) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	Direct: SACS BSD / SACS TI / TSU Monitoring: APD / PD SACS
	m) The SACS BSD / TI / TSU should analyze the positivity yield out of the referrals made by TI as compared to prevalence rates for the individual typology / state average and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	

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Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
	<ul style="list-style-type: none"> The programme will ensure, tracking of individual STI DSRC Clinic attendees and ensure 100% of STI DSRC Clinic attendees are tested for HIV in the year Ensure accompanied referrals from STI to ICTC and also ensure single window approach for HIV and Syphilis testing Reconciliation of reporting to be done between ICTC and STI Co-ordination and Tracking system for STI DSRC clients 	1st Qtr - April 2013	Direct: SACS BSD / STI, Monitoring: APD / PD SACS
	a) SACS BSD/STI to issue office order to all ICTCs and DSRCs for single window approach for HIV testing and Syphilis testing	Ongoing	SACS BSD / STI
	b) SACS BSD/STI to ensure trainings for STI testing is included in all ICTC LT training:	Every Referral	STI Counselor
	c) Referral of STI clients by DSRC using referral slips / accompanied referrals to ICTC	Every 15 days	STI Counselor / ICTC Counselor
	d) Completion of referrals made to ICTC against each referral every 15 days	Every 15 days	STI Counselor / ICTC Counselor
	e) Meeting of DSRC Counselor with concerned ICTC and sharing of the compiled list of referrals with ICTC every 15 days	Monthly	STI Counselor / ICTC Counselor
	f) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from DSRC. Also the ICTC counselor will share the list of ICTC clients referred to STI DSRC with PID numbers	Monthly	STI Counselor / ICTC Counselor
	g) Once both ICTC and DSRC STI have reconciled / compiled the list, then both ICTC and STI will report the same in their respective CMIS/SIMS on a monthly basis	Monthly	Direct: STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU
	ICTC: In-referrals from STI and out referrals from ICTC to STI STI: In-referrals from ICTC and out referrals from STI to ICTC	Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
	h) The same should be verified / validated by DAPCU on a monthly basis:	Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
	i) Individual STI Clients tested has to be extracted from the compiled line list generated from the referrals with STI-ID and the reached with PID	Quarterly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	j) This individual tracking and reconciliation of ICTC and STI CMIS/SIMS data should be done by DAPCU every month during review meeting between STI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS STI in the 1st week of every month	Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	k) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Direct: SACS BSD / STI Monitoring: APD / PD SACS
	l) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS STI has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	m) After due verification by at SACS, STI and BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	n) SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	o) The SACS BSD / STI should analyze the positivity yield out of the referrals made by STI as compared to prevalence rates for the group / state average and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS

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

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

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

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



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S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. In Lakhs)
						Pool Fund
1.4.1	Establishment of New Facilities (One Time Grant)	One time cost	1,50,000	no of centres	Minor Refurbishment for Audiovisual privacy, Computer	1.5
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	no. of counsellor	Counselor salary	9.12
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	no. of DSRC and no of districts	Training of trainers, Induction or Refresher training for DSRC service providers, TI STI doctors as per operational guidelines	1.85
1.4.4	Procurement	Recurring	25000 per centre.	no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	1.25
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	no. of DSRC and no. of districts	TA/DA/ documentation and communication cost to supervisory team, review meetings, TA/DA for outreach by DSRC counselors	1
1.4.6	Private sector partnership	Recurring				
1.4.7	Regional STD labs Existing	Recurring		no of Regional centres	Grant for existing Regional Centers (Human Resource, Training, Kits and consumables, Stationery and Contingency, Supportive Supervision and Operational Research)	0
1.4.8	State Reference Centres	Recurring				
1.4	Sexually Transmitted Disease / Infections Services (Total Allocation)					14.72

1.4.a	Physical Targets to the State under the STI/RTI services	
1	STI/RTI episodes to be managed by Designated STI clinics	4684
2	STI/RTI episodes to be managed by TI-NGOs	6023
3	STI/RTI episodes to be managed by Private sector	1000
4	Total target of STI/RTI episodes for SACS	11707
5	STI/RTI episodes to be managed by NRHM	5854

1.4.b	STI/RTI facilities	Existing No.	Proposed new during FY 2012-13
1	Designated STI/RTI Clinics	4	1
2	TI STI providers	21	5
3	sector	3	21
4	NRHM health facilities upto PHC	29	3
5	PPP ICTC	0	29
6	Regional STI Centres	0	1
7	State Reference Centres	1	0
			1

1.4.c	Commodity Assistance provided by GOI to the State	
1	Colour coded drug kits for Designated STI clinics and TI NGO	8450
2	RPR Test kits	350 boxes with each box having * 100 tests

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

Name of State: Chandigarh SACS

S/No	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target achievement at TI NGOs	<ol style="list-style-type: none"> 1. Establish good linkages with Gyne and obs clinic, CTC and ART centre. Counsellor to sit in Gyne OPD. 2. Ensure collocation of facilities so that there is minimum loss for treatment and testing. 3. All patients to be tracked for Syphilis and HIV testing with TI to be established. 4. Referral linkages 	Counsellor of STI Clinic, Incharge of DSRC, DD STI	Ongoing
2	Partnering with PSU	<ol style="list-style-type: none"> 1. All 4 health units of PSU (ESIC 1, TBE 1, Air Force 1, Railways 1) and 30 providers offering services to employees of Industries to be enlisted. 2. Meeting with State focal person of the PSU and Industries association 3. Two doctors from each of the 4 units of PSU and all 30 doctors to be trained on syndromic case management 	DD STI, and State PSU Focal Person	Enlisting of PSU & private providers to be completed by March 30 2013. Training to be completed by June 2013
3	Training	<ol style="list-style-type: none"> 1. 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 end of 2nd quarter. 2. Training load to be calculated both for induction and refresher, batch size, number of batches, where it will be done to be specified. 3. All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. 4. All commodities supplied by the programme must be monitored regularly and compared with consumption pattern. 	DD STI and STI Resource Faculties	Incomplete training of current year to be finished by 15th March. Training for 2013-14 to be completed by June 2013.
4	Supportive Supervision	<ol style="list-style-type: none"> 1. All the DSRCs to be visited by SACS Focal Person atleast once in a quarter. 2. All facilities to be visited twice a year. 3. SACS to facilitate supportive supervisory visit. UT is reporting high syphilis positivity and high UD cases at DSRC than at HRG. 3. Need to strengthen STI services to HRGS 	DD STI, and STI Mentors	Ongoing
5	Supply chain Management	<ol style="list-style-type: none"> 1. All drugs with earlier expiry should be used first and if excess should be relocated. 2. Monthly review of programme data with consumption of commodities. 3. Ensure there is no stock out and expiry of drugs. 4. The excess kit 3 and kit 5 drug kits beyond consumption of DSRC are to be allocated to NRHM and to be received back once their drugs supply arrives. 	DD STI, STI Counsellor at DSRC, STI Clinic Incharge and PM of TI	Review of commodity every month at all facilities and comparison of program performance with drug kit consumption.
6	Quality of Services	<ol style="list-style-type: none"> 1. All Patients to be provided with internal exam, STI in patients to be tracked. 2. 100% of DSRC attendees and ANC attendees to undergo syphilis and HIV testing. 3. all DSRC to practice single prick withdrawal of blood for syphilis and HIV testing 4. All patients to receive appropriate drug kits and Syphilis and HIV tests regularly. 5. All syphilis reactive patients are to be treated and all HIV positive patients to be linked with ART centre and the Pre ART registration number to be documented in patient register and individual patient wise card. 	STI Clinic Incharge and TI STI Providers. DD STI.	Ongoing
8	NRHM Convergence	<ol style="list-style-type: none"> 1. Monthly coordination meeting with State RCH officer details to be obtained from RCH officers and trining of atleast 1 MO per NRHM facility to be done. 2. Training programme to be done at least once a quarter. 3. Joint (SACS and RCH) review of 	DD STI, and State RCH officer	One joint meeting once a quarter

1.5 Blood Safety									
S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Acheivement (2010-11)		Targets		Allocation (Rs. In Lakhs)
					Target	Acheivement	Existing as 1st January 2013	New for 2013-14	DBS
1.5.1	Modernisation of Blood Bank (Recurring Cost)								
1.5.1.1	Model Blood Banks	Consumables	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines			0		0
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendant, Security, Housekeeping, Data Entry Operator			0		0
1.5.1.2	MBB with BCSU	Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1		4
		Salary	2.4	Salary of 1 LT & 1 Counsellor			1		2.4
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			0		0
		Salary	2.4	Salary of 1 LT & 1 Counsellor			0		0
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			0		0
		Salary	1.2	Salary of 1 LT					0
1.5.1.5	RBTC	Consumables	0	NIL					0
		Salary	2.4	Salary of 2 LT					0
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					0
1.5.1.8	Maintenance of BT	Recurring	0.7						0
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contingency					0
1.5.2	Training	Recurring	0.35	Training of one BB-MO, two LT, one Nurses per NACO supported Blood Bank, One BSC-MO & One BSC LT, Clinicians on rational use of blood, Training of Donor Motivators			1		0.35
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			1		0.1

1.5.4.1	Equipments for new BCSU	Non-recurring	18	List of Equipments as per NACO guidelines					0
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/ CMC and calibration of essential blood bank equipments supplied by NACO					1
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			55		1.375
1.5.5.2	Observance of Blood Donation Days	Recurring	Actuals	Advertisement, state level and district level activities for 12th January, 14th June and 1st October					1
1.5.5.3	Development of IEC material	Recurring	0.1	Design, development, translation and replication of IEC material for promotion of Voluntary blood donation including thank you cards, certificates of appreciation, pins, badges, hoardings			1		0.1
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors			6500		2
1.5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms					0
1.5.6	External Quality								0
1.5.6.1	NRL		6.54				0		0
1.5.6.2	SRL		4.44				0		0
	contingency*								0.5
1.5.7									
1.5	Blood Safety (Sub								
1.5	Blood Safety								12.45

Increment as per NACO norms*

Total licensed blood banks in the	1
Blood banks supported by NACO	1
Target for Total Collection	6500
Target for NACO supported	6500
Target for VBD	90%
VBD Camps	55
% Component prepared by NACO	50%
Commodity Items to be provided by	
Blood bags	in lakhs
Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	

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Testing Kits	in lakh tests
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

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1	Establishment of facilities / interventions	NACO support for existing in 2012-13*	NACO support for new in 2013-14*	Proposed facilities 2013-14
a	Total Blood Banks	4		4
b	NACO Supported Blood Banks	4	0	4
b1	Model Blood Bank	1	0	1
b2	Major with BCSU	2	0	2
b3	Major without BCSU	1	0	1
b4	District Level Blood Bank	0	0	0
c	RBTC	1	0	1
d	Blood Mobile Van	1	0	1
e	Blood Transportation Van	1	0	1
f	SBTC	1	0	1

2	Blood Collection	Proposed target 2013-14
a	Total Collection for the state	84000
a1	NACO supported blood collection	84000
b	Percentage VBD for NACO supported BB	90%
c	Voluntary Blood Collection in NACO supported BB	75600
c1	Through Static	30600
c2	Through Camps	45000
c3	Through Blood Mobile Vans	9000
d	No of Camps to be conducted	600
d1	Camp Collection	75 units

3	Component Separation	Proposed target 2013-14
a	Blood collection in NACO supported BCSU	67200
b	Percentage component separation in NACO supported BCSU	80%

4	Training	Proposed target 2013-14
a	Training of BBO	4
b	Training of Staff Nurse	4
c	Training of LTs	4
d	Training of Donor Motivators	4
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use	4
f	Blood Bank counselor	4

5	Supervision, Monitoring and Evaluation	Proposed target 2013-14
a	Field visits to be conducted	4
b	Review meetings to be conducted	4

6	EQAS			
a	NRL			0
b	SRL			1

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

38	state	quarter	VBD consultant SACS
39	Listing of colleges, universities, workplaces where camps can be organized along with suitable time	In beginning of every quarter	VBD consultant SACS
40	Preparation of quarterly camp schedule in consultation with blood bank incharges and organizers	In beginning of every quarter	VBD consultant SACS, Incharges of NACO supported BB, Organizers, Donor motivators, Blood Bank counselors
41	Release of budget for conduction of blood donation camps	In beginning of every quarter	VBD consultants SACS, Finance division SACS
42	Pre camp motivation talk and distribution of IEC material to ensure that there is good turnout for the camps	Two days before each camp	Donor motivators, Organizers
43	Conduction of camps by organizers and concerned blood bank	On day of the camp	Organizers, Staff of concerned blood bank
44	Monitoring visit of SACS officers to the blood donation camp	On day of the camp	SACS officers
45	Transport of collected blood units to the blood bank	Within six hours of holding the camp in cold chain	Staff of concerned blood bank
46	Submission of report of blood donation camps	Within 2 weeks of conduction of camp	Camp Organizers
47	7 Component separation		
48	Review of availability and functional status of equipments for component separation	By April 2013	JD BS SACS
49	Review of availability of requisite manpower at BCSU	By April 2013	JD BS SACS
50	Review of availability of licence at BCSU	By April 2013	JD BS SACS
51	Review and identify BCSU wise reasons for sub-optimal component separation	By April 2013	JD BS SACS
52	Taking appropriate corrective measures to address the reasons	Within first quarter	JD BS SACS
53	Stepping up blood collection at BCSU	Ongoing	Incharge BCSU
54	Stepping up component separation at BCSU	Ongoing	Incharge BCSU
55	Enhancing demand for components through trainings on rational blood use	Ongoing	JD BS SACS, Training institutes, Professional Associations
56	8 Trends in prevalence of TTI in blood units		
57	Capture blood bank wise baseline data of HIV, HBV, HCV, Syphilis and malaria positivity in donated blood	By April 2013	JD BS SACS, Quality Manager
58	Quarterly monitor the trends through SIMS data analysis	Ongoing	
59	Identify blood banks showing high prevalence for TTI	Ongoing	
60	Review whether quality standards are in place in the blood banks	Every quarter	
61	Review whether reactive donor is being notified and referred for treatment	Every quarter	
62	Identify possible reasons for high TTI positivity (replacement donation, poor donor selection and screening, high prevalence in general population in the area, etc)	Ongoing	
63	Preparation of training curriculum on donor counseling, screening and retention for blood bank counselors	By September 2013	NACO blood safety division
64	9 Procurement and Supply Chain management		
65	Preparation of Indent for items to be procured at SACS level and approval by PD SACS	By April 2013	JD BS SACS, Quality Manager
66	Processing and completion of procurement of indent given	Within first quarter	Procurement division SACS
67	Dispatch and receipt at concerned facilities	Within two weeks of supply at SACS	Quality Manager, Store officer SACS
68	Preparation of database of equipments supplied under NACP I, II and III in NACO supported blood banks along with functional status	Within first quarter	Quality Manager, Store officer SACS
69	Procurement of AMC/CMC services for the functional equipments	Before September 2013	Quality Manager, Procurement division SACS
70	Issuance of orders for AMC/CMC services	Before September 2013	Quality Manager, Procurement division SACS
71	Supply schedule for centrally supplied commodities to be shared with SACS	Within one month of issuance of notification of award	NACO blood safety division
72	Timely receipt and Storage of centrally supplied commodities under proper storage conditions	One same day as receipt	Quality Manager, Store officer SACS
73	Physical verification of stock and cold chain status and issuance of Consignee receipt certificate	Within one week of receipt	

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	
87		Monitoring of trainings by experts/ SACS officers/ NACO officers	During trainings	Training institutes, trainers 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	

S.No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14				Remarks
					Target	Achievement	Financial allocation	Expenditure as on 31st Dec. 12	Existing on 1.4.12	Proposed	Allocation Rs. Lakh		
2.1.1	GIA for ART Centres	Recurring	13.50	Salary	1	1	13.5	13.05	1	0	23.00	Being a high load centre there are additional staff members provided to the ART Centre. Details of salary are mentioned at Annexure 'A'.	
2.1.2			0.50	Universal Work Precautions			0.5	0.5	1	0	0.50		
2.1.3.1			1.50	Operational Costs			1.5	1.358	1	0	1.50		
2.1.3.2			0.9	Operational cost for CD4 testing			0.9	0.755	1	0	0.90		
2.1.4.1		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD							0.00		
2.1.4.2			1.00	Infrastructure development installation of CD4 machine							0.00		
2.2.1	GIA to SACS for various activities	IEC	0.50	Registers & Cards, Signages, Flip Charts, Posters			0.5	0.314	1	0	1.00	Since there is a COE in PGIMER, Chandigarh, more IEC material is required in the form of registers and cards.	
2.2.2		Training	1.00/ART (for states where more trainings are conducted 0.50 in other states)	Trg. of MOs, Counselors, Nurses, Pharmacists, Data Managers, LAC staff, Workshops etc.			11	2.5			11.00	As per trainings planned by NACO	
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode	7500	10468	8	6.33		4500	9.00		
2.2.4.1		LAC	0.15	One-time cost for infrastructure development							0.00		
2.2.4.2			0.378	Rec. for TA/DA & oper. Costs, Stationery etc.							0.00		
2.2.4.3			0.96	HR for LAC Plus								0.00	
2.2.5.1		EID	3.84	HR for EID								0.00	
2.2.5.2			1.00	Cost for EID lab (Operational Cost, Infrastructure development)								0.00	
2.2.6			Viral load testing	1.10	Salary of LT								Grant is required for Operational cost for Viral load testing.
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment									
2.2.7.2		Rs 10 lakh for high load sites, 5 lakh for mid load & 1 lakh for smaller	Hiring of space & for drug transfers										
2.2.7.3	Regional coordinator	9.00	Remuneration & TA/DA										
2.2.7.4	PPP	0.25	For contingency & miscellaneous expenditures						1	0.25			
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs							23.42		
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs					1	0			
Total GIA to SACS for CST											70.57		

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

.No.	Sub-component-II	2012-13		2013-14		Commodity Assistance
		Target	Achievement*	Target	Achievement*	
2.5.1	PLHA on ART	7000	7815	9000		No of PLHIV registered will reach 8000 by March 2013. Annual detection is nearly 700 in 2012.. Therefore , target of 9000 has been set to cover all positives detected in ICTC and backlog from previous years.
2.5.2	Alive & on ART	2500	2802	3600		No of PLHIV registered will reach 3000 by March 2013The target is based on new patients put on ART during 2012-13 which is nearly 50 patients / month . Additionally all PLHIV eligible for ART should be put on ART
2.6.1	OI drugs	7500	10905	15000		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	0	1	0		CD4 machine to be supplied by NACO.
2.7.2	CD4-Kits	6000	6986	10800		2 Test per year for all PLHIV in active care. However kits will be provided as per consumption pattern

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

Chandigarh CST : 2013-14							
Sno	Indicator	Target Cumulative 2012-13	Target Achieved	Gap	Gap Analysis	Proposed target for 13-14	Remarks
1	ART Centres	1	1	0		0	
2	LAC	0	0	0		0	
3	LAC Plus	0	0	0		0	
4	PLHIV registration in HIV care	7000	7744	0		9,500	No of PLHIV registered will reach 8000 by March 2013. Annual detection is nearly 700 in 2012.. Therefore, target of 9000 has been set to cover all positives detected in ICTC and backlog from previous years.
5	Alive and on ART	2500	2769	111%		3600	No of PLHIV registered will reach 3000 by March 2013. The target is based on new patients put on ART during 2012-13 which is nearly 50 patients / month. Additionally all PLHIV eligible for ART should be put on ART
6	CD4 testing	6000	6343	106%		10800	2 Test per year for all PLHIV in active care. However kits will be provided as per consumption pattern
7	CD4 Machine	1	1	0		0	
8	OI treated	7500	10826	0		15000	As per the current pattern of OI target is calculated
9	ICTC ART linkages	611	402	34%		Pregnant positive women: 100% HIV -1B coinfectd 100% General clients Efforts will be made to co-locate the remaining 3 in this year.	
9	Colocation of ICTC ART		ICTC-ART co-located			0	
10	PPP ART Centres		PSU			1	Potential partners : Air Force Station
			Corporate				
12	Sensitisation of Private practitioners on rational prescription of ART					0	Data on private practitioners practising ART is not available with SACS. Further there are no reported cases on treatment in private sector
13	Sensitisation of HCP on UWP/PEP					200	2 trainings comprising 100 participants each will be organised through IMA/API/FOCSI
14	Financial Status	59.3	56.5	95%		70.32	

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Processes for implementation of 2013-14 activities

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Baseline: 1st April'2013

S.No.	Activity	Processes	Responsibilities	Timeline
1.	Setting up ART Centre	No new target		
2.	Co-location of ICTC/ART	Existing facility is already co-located		
3.	Setting up PPP model ART centre	New model to be developed for PPP	NACO ADG CST, JD CST, RC	April (first fortnight)
		Enlisting of potential partners	NACO CST, JD CST, RC	Already done in AAP
		Meeting with industries associations, corporate, PSU executives and health facility representatives	JD CST & RC	May '13 (Second Fortnight)
		MOUs	PD SACS	June '13 (Second Fortnight)
		Operationalization- <ul style="list-style-type: none"> • Setting up of facilities • Training at CoE 	<ul style="list-style-type: none"> • Provider of facility, Overseen by RC • Nodal Officer CoE 	July '13 (Second Fortnight)
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	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

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Transportation		
Drugs not being transported elsewhere since only single centre		
Physical Verification and Reporting -		
MO-ART to physically verify stocks weekly and countersign in stock register	MO- ART	Weekly
All supervisory cadres during field visits to facilities to physically verify stocks and countersign in stock register	RC, APD	Monthly
Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected /analyzed	PD SACS, JD CST, Store Officer	Monthly
Facility level / SACS level stock position 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 by RC – 1. On 1 st 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. RC, JD CST 2. PD, APD	Monthly
Based on reports from SACS analysis, visits to facility reporting stock excess/ shortage to be conducted and analysis done. Actions to be recommended- <ul style="list-style-type: none"> 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

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Institutional Strengthen Chanddigarh 2013-14

2	Operational Cost	AAP (2012-13)	Expenditure upto 31.01.2013	Likely expenditure during Feb & March,13	Total Expenditure during 12-13	Proposal for 2013-14 (add 10% of 12-13 for op.cost only)	Accepted
1	Training SACS/ DAPCU	50,000	-	50,000	50,000	50,000	0.50
2	Equipment Maintenance	2,50,000	1,61,380	73,432	2,34,812	2,75,000	2.50
3	Building Maintenance	50,000	12,542	37,458	50,000	4,50,000	3.50
4	Vehicle Maintenance	3,00,000	1,00,886	40,000	1,40,886	2,00,000	2.00
5	Travel Expenses	1,50,000	1,07,225	42,775	1,50,000	4,40,000	4.00
6	Rent, Rates and Taxes	-	-	-	-	-	
7	Telephone/ Communication Expenses	2,00,000	85,429	25,000	1,10,429	2,00,000	2.00
8	Bank Charges	-	-	-	-	-	
9	Miscellaneous Expenses	6,00,000	4,12,908	2,13,722	6,26,630	8,00,000	6.50
10	Printing & Stationery	1,00,000	1,33,936	1,10,000	2,43,936	3,50,000	3.00
11	Advertisement (other than IEC)	1,00,000	1,53,937	50,000	2,03,937	2,10,000	2.00
12	Water and Electricity	2,00,000	1,42,690	57,310	2,00,000	2,20,000	2.00
13	Audit Fees	1,50,000	1,06,506	43,494	1,50,000	2,00,000	2.00
14	Legal Expenses	-	-	-	-	2,00,000	0.50
15	Postage & courier	30,000	21,441	12,000	33,441	50,000	0.50
16	Other Administration Cost	-	-	-	-	-	
17	Review Meeting Expenses	25,000	-	25,000	25,000	25,000	0.25
18	Office Equipment (see next sheet)	1,00,000	16,255	1,10,000	1,26,255	3,50,000	2.00
19	Furniture (see next sheet)	1,00,000	14,674	45,000	59,674	5,50,000	4.25
	Total	24,05,000	14,69,809	9,35,191	24,05,000	45,70,000	37.50

Summary CHD		As per SACS	Accepted
3.1	Salary	145.89	145.16
3.2	Operational Cost	45.70	37.50
	Sub total	191.59	182.66

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

S.No	Budget Head(Description)	Sub-Head (Description)	Duration	Unit cost (RS)	Total Reporting Units	No. of persons to be trained	Estimated Budget	CP:MS Head	Time line						
									Q1	Q2	Q3	Q4			
1	a. SIMS Induction/Refresher training*	ICTC		1000	11	22	22000								
		FI/CTC		1000	3	6	6000	M&E-Trainings							
		BB		1000	4	8	8000								
		STI		1000	4	8	8000								
		NCO-TI		1000	12	24	24000								
		CCC		1000	1	1	1000								
		Hq. Staff		500	13	13	6500								
		Total			1 Day		13	82							
			b. Other Trainings (Excel analysis and data quality)		1 Day				75500	M&E-Review meetings/workshops					
		2	Reports publication (Surveillance, estimations report and SIMS report)						55000	M&E-Printing of reports & bulletin					
3	Monitoring & Supervision visits (10 days/month)#		10 days per month				75000	To be Booked under "IS" in appropriate head							
4	HIV Sentinel Surveillance** (30% of the budget of ANC sites and lab 2012-13)						50000	Surveillance-Honorarium to sentinel site personnel, Surveillance -Honorarium to testing lab personnel, surveillance -Supervision and field visits at SACS, Surveillance - Other Contingencies							
Total Budget							255500								

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

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

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

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

SL No.	Budget Head(Description)	Sub-Head (Description)	Unit cost (Rs)	Total Reporting Units	No. of persons to be trained	Estimated budget
1	a. SIMS Induction/Refresher training*	ICTC	1000	11	22	22,000
		FI/ICTC	1000	3	6	6,000
		BB	1000	4	8	8,000
		STI	1000	4	8	8,000
		NGO-TI	1000	12	24	24,000
		CCC	1000	1	1	1,000
		Hq. Staff	500	13	13	6,500
	Total				82	75,500
	b. Other Trainings (Excel analysis and data quality)					55,000
2	Reports publication (Surveillance, estimations report and SIMS report)					75,000
3	Monitoring & Supervision visits (10 days/month)#					
4	HIV Sentinel Surveillance**					50,000
Total Budget						255,500

Note: * Training includes TA/DA, Accommodation and Venue costs, training kits, AV aids as per Training Norms

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

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

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Process Indicator	Activities	Time Line	Responsible Person
Monitoring and Evaluation			
SIMS training	As per the quarterly plan. All personnel should be trained	As per timeline prescribed in AAP	MEO
SIMS reporting	90% or more in all component	By end of 1st Quarter	MEO
Data quality	Aggregated monthly data from reporting units, district and state level should be verified by cross-checking three months data of Key Indicators (2-5 indicators) of each component		SE/MEO
Data analysis and Report publication	Quarterly SIMS bulletin/factsheet Annual SIMS Report	By end of every Quareter In Fourth Quarter	DD (MES)/SE/MEO/50 DD (MES)/SE/MEO/50
	All non-reporting/laggard reporting units to be visited	In First Quarter	DD (MES)/SE/MEO
	All other reporting units to be visited in Subsequent quarters (15 RU's per month by SIMU Team @ 2 RU's per visit day)		DD (MES)/SE/MEO
M&E visit	Onsite Training to be provided during field visits	Every Field Visit	DD (MES)/SE/MEO
Filling up Vacancy posts	Filling up of all vacancy position in SIMU	In First Quarter	Project Director
Surveillance			
HSS 2010-11 Publications	i) In-depth analysis and state report for HSS 2010-11	April - June 2013	DD (MES)/SE/MEO
HSS 2012-13 Publications	ii) Preliminary analysis and state bulletin for HSS 2012-13	By August 2013	DD (MES)/SE/MEO
	iii) Sharing of district wise HRG Information with Hot spots	By April 2013	DD (MES)/SE/MEO
IBBS-PSA	iv) Facilitation, Monitoring and Supervision of IBBS PSA in select domain	June-August 2013	DD (MES)/SE/MEO
Roll out of IBBS	v) Monitoring and Supervision of IBBS Field Work	September '13-January 2014	DD (MES)/SE/MEO

DD