

**No. T. 11012/2/2012-NACO (Finance)  
Ministry Health & Family Welfare  
Department of AIDS Control**

**6<sup>th</sup> Floor, Chandralok Building  
36 Janpath, New Delhi -110001  
Dated: 31<sup>st</sup> October 2013**

**To**

**Project Director,  
SACS as per list enclosed**

**Subject: Implementation of National AIDS Control Programme Phase – IV (NACP IV)**

**Sir/Madam,**

Sanction of the President is hereby conveyed for implementation of National AIDS Control Programme IV (NACP IV) by Ministry of Health & Family Welfare, Department of AIDS Control at a cost of Rs. 8632.77 crore. This is in addition to an amount of Rs.2973.68 approved earlier. The project would be jointly funded by Government of India, World Bank and Global Fund. The project period would be from 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2017.

**2. The main objectives of the NACP IV are as follows:**

**Objective 1: Reduce new infections by 50% (2007 Baseline of NACP III)**

**Objective 2: Comprehensive care, support and treatment to all persons living with HIV/AIDS**

**3. The Project has the following five components that include implementation at the national, state and district levels:**

**Component 1: Intensifying and Consolidating Prevention services with a focus on HRG and vulnerable populations**

This component will support the scaling up of TIs with the aim of reaching out to the hard to reach population groups who do not yet access and use the prevention services of the program, and saturate coverage among the HRGs. In addition, this component will support the bridge population, i.e. migrants and truckers. Component 1 includes the following two subcomponents:

**1.1 Scaling up coverage of TIs among HRG**

The interventions under this sub-component will include: (i) the provision of behavior change interventions to increase safe practices, testing and counseling, and adherence to treatment, and demand for other services;(ii) the promotion and provision of condoms to HRG to promote their use in each sexual encounter; (iii) provision or referral for STI services including counseling at service provision

centers to increase compliance of patients with treatment, risk reduction counseling with focus on partner referral and management; (iv) needle and syringe exchange for IDUs as well as scaling up of Opioid Substitution Therapy (OST) provision. This sub-component also includes the financing of operating costs for about 25 State Training Resource Centers as well as participant training costs over a period of 5 years.

#### 1.2 Scaling up of interventions among other vulnerable populations

The activities under this subcomponent will include: (i) risk assessment and size estimation of migrant population groups and truckers at transit points and at workplaces; (ii) behavior change communications (BCC) for creating awareness about risk and vulnerability, prevention methods, availability and location of services, increase safe behavior and demand for services as well as reduce stigma; (iii) promotion and provisioning of condoms through different channels including social marketing; (iv) development of linkages with local institutions, both public and NGO owned, for testing, counseling and STI treatment services; (v) creation of "peer support groups" and "safe spaces" for migrants at destination; (vi) establishment of need-based and gender-sensitive services for partners of IDUs; and (vii) strengthening networks of vulnerable populations with enhanced linkages to service centers and risk reduction interventions, specifically condom use.

Component 2: Expanding IEC services for (a) general population and (b) high risk groups with a focus on behavior change and demand generation

IEC has been an important component of the NACP. With the expansion of services for counseling and testing, ART, STI treatment and condom promotion, the demand generation campaigns will continue to be the focus of the NACP-IV communication strategy. IEC will remain an important component of all prevention efforts and will include:

- Behavior change communication strategies for HRGs, vulnerable groups and hard to reach populations
- Increasing awareness among general population, particularly women and youth

#### Component 3: Comprehensive Care, Support and Treatment

NACP IV will implement comprehensive HIV care for all those who are in need of such services and facilitate additional support systems for women and children affected and infected with HIV / AIDS. It is envisaged that greater adherence and compliance would be possible with wide network of treatment facilities and collaborative support from PLHIV and civil society groups. Additional Centers of Excellence (CoEs) and upgraded ART Plus centers will be established to provide high-quality treatment and follow-up services, positive prevention and better linkages with health care providers in the periphery.

With increasing maturity of the epidemic, it is very likely that there will be greater demand for 2nd line ART, OI management. NACP IV will address these needs adequately. It is proposed that the comprehensive care, support and treatment of HIV/AIDS will *inter alia* include: (i) anti-retroviral treatment (ART) including second line (ii) management of opportunistic infections and (iii) facilitating social protection



through linkages with concerned Departments/Ministries. The program will explore avenues of public-private partnerships. The program will enhance activities to reduce stigma and discrimination at all levels particularly at health care settings.

#### Component 4: Strengthening institutional capacities

The objective of NACP IV will be to consolidate the trend of reversal of the epidemic seen at the national level to all the key districts in India. Programme planning and management responsibilities will be strengthened at state and district levels to ensure high quality, timely and effective implementation of field level activities and desired programmatic outcomes.

The planning processes and systems will be further strengthened to ensure that the annual action plans are based on evidence, local priorities and in alignment with NACP IV objectives. Sustaining the epidemic response through increased collaboration and convergence, where feasible, with other departments will be given a high priority during NACP IV. This will involve phased integration of the HIV services with the routine public sector health delivery systems, streamlining the supply chain mechanisms and quality control mechanisms and building capacities of governmental and non-governmental institutions and networks.

#### Component 5: Strategic Information Management Systems (SIMS)

The roll-out of SIMS is ongoing and will be firmly established at all levels to support evidence based planning, program monitoring and measuring of programmatic impacts. The surveillance system will be further strengthened with focus on tracking the epidemic, incidence analysis, identifying pockets of infection and estimating the burden of infection. Research priorities will also be customized to the emerging needs of the program. NACP IV will also document, manage and disseminate evidence and effective utilization of programmatic and research data. The relevant, measurable and verifiable indicators will be identified and used appropriately.

#### 4. Funding resources in NACP IV would be as under:

Particulars	Amount (Rs. In crore)
<b>Gross Budgetary Support</b>	
III. General Component (GC) Rs.8,505.20 crore	
IV. Externally Aided Component (EAC) Rs.3,101.25 crore (IDA Rs 1275 Cr.+ GF Rs.1826.25 Cr.)	11,606.45
Extra Budgetary Support for programme to be implemented directly by other Development Partners	1808.60
<b>Total</b>	<b>13,415.05</b>

#### 5. Year-wise details of targets and component wise expenditure for NACP IV is annexed at Annexure 1 and 2 respectively

6. The implementation structures and institutional arrangements of NACP III will remain the same with the project being managed by DAC at the central level and the State AIDS Control Societies (SACS) at state level.

7. At central level project's funding requirements will be provided within the budget of the DAC and budget will be prepared and managed by DAC. The annual budgets for the Project would be allocated as per national project implementation plan and the actual pace of implementation. For state level the budget would be allocated to each state based on the approved state Annual Work Plan (AWP). DAC will carry out a mid-year review of AWP and implementation performance of the SACS and accordingly increase or decrease the allocations for that year. The annual budget allocated to each state would be released in installments during the fiscal year. Funds required to implement the Project will be released by DAC to the SACS. The SACS in turn would release necessary funds to various implementing units (NGOs, district units, etc.) based either on contractual obligations under a specific TI Grant Agreement with NGOs or sanctioned amount for the specific activity. The release of the first installment by DAC/NACO to the SACS would be determined on the basis of the approved AWP and will be in compliance of General Financial Rules (GFR) of the Government of India.

8. Within the CPFMS accounting processes, the following general principles apply:

- I. SACS will be responsible for accounting for expenditures reported by NGO's peripheral units and DAPCUs. The accounting for advances and expenditures will be as per the accounting policies of the program;
- II. Fund releases to NGOs/CBOs and peripheral units will be treated as advances and accounted for as expenditures on receipt of detailed statements of expenditures and supporting documentation. Similarly, funds transferred to procurement and IEC agencies will be treated as advances;
- III. At the DAPCU level, the district officers are authorized to open and operate a bank account to meet the day-to-day expenses of the unit. For the purpose, DAPCU will be provided with imprest advances to be accounted for in the SACS books of accounts on receipt of monthly statement of accounts along with vouchers and supporting documents to SACS
- IV. NGOs and peripheral units will be required to maintain the required books of account to report on the expenditures incurred under the program, detailed instructions are contained in Finance and Administration Procedure Manual for NGOs/CBOs funded by SACS.

9. Audit arrangements under the project will be as follows:

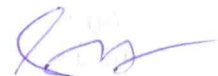
- I. Statutory Audit of SACS will be done by firms of Chartered Accountants (CA) empanelled by C&AG as per TORs approved by DAC.



- II. Statutory Audit of DAC will be carried out by the C&AG. The audit will be conducted as per the terms of reference agreed by the C&AG, wherein an opinion on the project financial statements (sources and uses of funds) will be given by the C&AG.
- III. Six monthly or quarterly Internal Audits of SACS will be conducted by CA firms empanelled by C&AG and engaged directly by DAC. Internal auditors selected shall not be the external auditors also for any individual SACS. Responsibilities of the internal auditor will include reporting on the adequacy of internal controls, the accuracy and propriety of transactions, the extent to which assets are accounted for and safeguarded, and the level of compliance with financial norms and procedures. DAC would (a) use a regional hub approach to the selection of internal auditors; (b) use the 'fixed budget selection' method for the selection of internal auditors; and (c) revise the TORs to include thematic focused reviews selected on the basis of risk assessment.
- IV. As significant portion of the project activities are carried out by NGOs and Periphery Units out of funds advanced by the SACS, the SACS will put in place adequate internal audit arrangements. The scope of the audit will cover certification of the quarterly financial statements for correctness and eligibility of all NGOs.

This issues with the approval of Secretary, DAC

Yours faithfully,



(S.N.Naskar)

Under Secretary (Finance)

Copies to:

1. AS&FA, Ministry of Health & Family Welfare
2. Director (Cabinet), Cabinet Secretariat. This is with reference to approval accorded by CCEA for implementation of National AIDS Control Programme Phase IV in meeting held on 3<sup>rd</sup> October 2013
3. Director (MI), Department of Economic Affairs
4. All DDGs, ADGs, Director (A), US (F) of DAC
5. PPS to Secretary, Health, Ministry of Health & Family Welfare
6. PPS To Secretary, DAC
7. PS to AS, NACO

## Annexure-1

		Year-wise Targets - NACP IV				
S.N.	Programme Components	2012-13	2013-14	2014-15	2015-16	2016-17
	Prevention					
A	Targeted Interventions among High Risk Groups and Bridge Populations					
1	Number of FSW covered	7,74,000	8,34,300	8,82,000	9,00,000	9,00,000
2	Number of MSM covered	2,76,000	3,60,800	4,11,400	4,18,000	4,40,000
3	Number of IDU covered	1,50,000	1,55,000	1,58,000	1,60,000	1,62,000
4	Number of Truckers covered	9,40,000	11,20,000	11,20,000	16,00,000	16,00,000
5	Number of High Risk Migrants covered	28,80,000	44,80,000	51,52,000	56,00,000	56,00,000
6	Number of TIs	1867	2256	2459	2605	2703
B	Link Worker					
1	Number of HRGs covered	1,40,000	1,60,000	1,80,000	2,00,000	2,20,000
C	Integrated Counseling and Testing					
1	Number of vulnerable population accessing ICTC services /annum	1,68,00,000	2,24,00,000	2,36,60,000	2,64,60,000	2,80,00,000
2	Number of pregnant mothers tested under	84,00,000	1,12,00,000	1,18,30,000	1,32,30,000	1,40,00,000
3	Number of PPTCT/ICTC centers	11369	12019	12889	14029	14769
4	No. of HIV +ve mother and child pair receiving Prophylaxis	18,060	24,080	25,435	28,445	30,100
D	Sexually Transmitted Infections					
1	No. of adults with STI symptoms accessing syndromic management/ annum	56,00,000	67,50,000	76,50,000	85,50,000	90,00,000
2	Number of designated STI /RTI clinics	1,150	1,200	1,250	1,250	1,250
E	Blood Transfusion Services					
1	No. of Blood Banks supported under NACP	1,170	1,170	1,235	1,235	1,300
2	No. of units of blood collected in DAC supported Blood	56,00,000	67,50,000	76,50,000	85,50,000	90,00,000
3	Percentage of Voluntary blood donation in DAC supported Blood Banks	80%	80%	85%	90%	95%
F	Condom Promotion					
1	No. of condoms distributed (Free + Social + Commercial)	1,09,20,00,000	1,16,10,00,000	1,23,30,00,000	1,29,70,00,000	1,36,40,00,000
G	Comprehensive Care, Support and Treatment					
1	Number of ART Centres	400	450	500	550	600
2	Number of PLHIV provided free ART (includes First line, Second line &	6,42,400	7,51,400	8,40,200	9,40,000	10,05,000

Annexure 2

The year wise and component wise cost (Rs. in crore)

Programme Components	2012-13	2013-14	2014-15	2015-16	2016-17	Total
Prevention						
Targeted Interventions (TIs)						
FSW	151.34	158.37	175.69	187.36	191.06	863.82
MSM/TG	55.21	59.95	70.23	75.92	78.63	339.94
IDU	71.70	87.05	94.12	105.62	122.08	480.57
Migrants	35.50	56.09	65.01	72.02	78.02	306.64
Truckers	13.42	16.08	20.03	23.43	26.66	99.62
STRCs and TSUs	40.17	44.03	46.42	47.61	48.87	227.10
Sub-total TIs	367.34	421.57	471.50	511.96	545.32	2317.69
Link Worker Scheme	32.00	47.00	30.00	30.00	30.00	169.00
ICTC/PPTCT	305.00	281.00	286.00	355.80	357.33	1585.13
STI	32.99	68.49	76.39	86.18	92.49	356.54
IEC	172.14	201.52	256.89	284.58	314.55	1229.68
Mainstreaming	10.00	18.84	21.84	23.84	24.84	99.36
Condom Promotion	260.46	318.82	359.34	426.07	436.71	1801.40
Blood Transfusion Services	166.00	159.52	153.46	172.76	167.06	818.80
Lab Services	20.06	21.30	23.55	25.80	27.49	118.20
Prevention Total	1365.99	1538.06	1678.97	1916.99	1995.79	8495.80
Care, Support and Treatment	599.72	710.44	797.32	885.37	968.30	3961.15
Institutional Strengthening & Project Management	92.27	103.45	113.62	124.02	136.34	569.70
SIMS	14.00	21.00	107.50	115.90	130.00	388.40
Total Budget	2071.98	2372.95	2697.41	3042.28	3230.43	13415.05

