

T-11017/16//2012-NACO (F)  
Government of India  
Ministry of Health & Family Welfare  
Department of AIDS Control

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

To,

**The Project Director,**  
**Himachal Pradesh State AIDS Control Society,**  
**Hari Villa Khalini,**  
**(Near Forest House )**  
**Shimla-171002**

**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 01, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs 1649.71 lac (Rupees One thousand six hundred fourty nine lacs and seventy one 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
<b>1</b>	<b>Prevention</b>				
1.1	Targeted Interventions		<b>443.60</b>		<b>443.60</b>
1.2	Sexually Transmitted Infections	<b>48.10</b>			<b>48.10</b>
1.3	Blood Transfusion Services	<b>124.46</b>			<b>124.46</b>
1.4	IEC	<b>329.89</b>			<b>329.89</b>
1.5	Link Workers Scheme				
1.6	ICTC/PPTCT/HIV-TB	<b>113.48</b>		<b>264.80</b>	<b>378.28</b>
	<b>Sub-total 1 (Prevention)</b>	<b>615.93</b>	<b>443.60</b>	<b>264.80</b>	<b>1324.33</b>
<b>2</b>	<b>Care, Support &amp; Treatment</b>	<b>75.97</b>			<b>75.97</b>
<b>3</b>	<b>Institutional Strengthening &amp; Project Management</b>	<b>243.71</b>			<b>243.71</b>
<b>4</b>	<b>Strategic Information Management System</b>	<b>5.70</b>			<b>5.70</b>
	<b>Total (1 to 4)</b>	<b>941.31</b>	<b>443.60</b>	<b>264.80</b>	<b>1649.71</b>

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

The above approval is subject to the following conditions:

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

12. Till further orders, under Institutional strengthening, SACS may extend the service contracts of contractual posts sanctioned under NACP **initially for six months with effect from 1<sup>st</sup> April 2013**. Salaries expenditure under ISPM is to be incurred for sanctioned posts.

13. The Procurements under various Funds/Components are to be made as per details given below:

- i. Procurement under various Global Fund Rounds as per World Bank Procurement Guidelines;
- ii. Procurement under DBS to be made as per General Financial Rules-2005 as amended from time to time;
- iii. Procurement under TI component is to be made as per World Bank Procurement Guidelines for goods and services as this component is likely to be reimbursed retroactively by World Bank.

Yours faithfully,



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

**Copy to:**

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

# Targeted Interventions

Himachal Pradesh

YEAR

2013-14

S.No.	Sub Component	Cost Head	Unit cost in Lakh (Range)	Items/ Activities	T1 Achievement (2012-13)			T1 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	
1.1	FSW	Grant to TI Projects	8 to 24 lakhs based on coverage	cost for basic infrastructure, human resources, programme management and service delivery	1	15	15		2	17	174.62
1.1.1	MSM					0	0		1	1	0.00
1.1.2	MSM					2	2		1	3	47.72
1.1.3	IDU					0	0		0	0	0.00
1.1.4	TGH/Hra					4	3		0	3	66.13
1.1.5	Core Composite*					0	0		0	0	0.00
1.1.6	Migrants (Source)					0	0		0	0	0.00
1.1.7	Migrants (Transit)					5	5		3	8	95.14
1.1.8	Migrants (Destination)					1	1		1	2	21.47
1.1.9	Truckers					27	26	0	8	34	398.08
1.1.9	Training of State TOT/ ST/RC	Grants to agencies	8 to 40 lakhs	Cost for training as per norms and management Cost for TA, DA and documentation							25.95
1.2	JAT / Evaluation	Professional services	25,000-40,000 per unit	As per guidelines					2	2	8.55
1.2.1	OST centre maintenance								10	10	3.00
1.2.2	Employer led models (includes interventions for commercial taxi drivers, apple orchards, tourist operators hydroelectric power plants)										
1.2.3	Any other										
TOTAL (Rs. in Lakhs)											443.60

Detailed guidelines on Employer Led Models would be issued by NACO

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	10	2	2	0	2	0	0	0	14	2	7100	800
MSM	0	1	0	0	0	0	0	0	0	1	0	300
Less than 150			150-249		250-399		400-599					
TGH/Hra	0	0	0	0	0	0	0	0	0	0	0	0
IDU	0	1	2	0	0	0	0	0	2	1	800	200
OST												
Core Composite	1	0	0	0	3	0	0	0	4	0	2650	0
Migrant (Dest.)	0	2	5001-9999	1	10000 and above	0			4	3	60000	21000
Trucker	5000-9999	1	10000-29999	0	30000 and above	0			1	1	7000	7000
Migrant (Source)	No. of districts	1	Migrants (Transit)	No. of sites	0	0						

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## Himachal Pradesh

YEAR	2013-14
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Unit costing for Tis (In case of new Tis there is standardised deduction on specific heads, please refer to the costing annexures)

1000-1499		1500 and above	
Old	New	Old	New
16.54	15.69	18.52	17.67
16.76	15.91	18.91	18.05
600-799		800 and above	
16.76	15.91	18.9	18.05
700 and above			
1000-1499		1500 and above	
17.00	16.55		

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

**Training load of IIS (enter manually based on the number of staff to be trained in individual thematic sheet)**

NGO and CBO Led	ISW					MSM					Accounts & Admin		
	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	PM and PD	Accountant cum M&E	Counselor	Peers		ORW	CBO members
		34	37	37	158	40	0	2	1	1	6	5	0
NGO and CBO Led	IDU					Core Composite					Migrants (Source)		
PM and PD	Accountant cum M&E	Counselor	Peers	ORW	Doctor and Nurse	PM and PD	Accountant cum M&E	Counselor	Peers	ORW		CBO members	
	2	3	1	33	8	5	8	4	4	55	14	0	
NGO and CBO Led	TG/HIra					Migrants (Destination)					Migrants (Transit)		
PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	PM and PD	Accountant cum M&E	Counselor	Peers	ORW		District Block Supervisor	W&E officer
	0	0	0	0	0	0	14	7	7	140	47	0	0
NGO and CBO Led	Truckers					Migrants (Transit)					Accounts & Admin		
PM and PD	Accountant cum M&E	Counselor	Peers	ORW		PM	ORW						
	4	1	1	28	8		0	0					

Unit cost for training per person per day (Rs. in Lakh)

Unit cost per TI for evaluation (Rs. in Lakh)

Unit cost per 11 tor JAI visit (RS. in Lakh)

Unit cost per OST feasibility assessment	0.30
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HIMACHAL PRADESH

	Cost Head	Unit Cost **	Items/activities	Target	Achievement	Existing as on Date	New		
1.2.3	IEC material production, replication & newsletter	Printing / replication of IEC Materials	Detailed list with costing to be attached. Rs 33300/- for Trucks IEC material	340000 Booklets, 735000 pamphlets, 300 flipcharts, 300 Info. Panel, 19000 Posters, 4400 Banners, 4000 AEP Modules, 4000 Calendars, 3900 service charts, 650 replication CDs, 10000 caps & 1000 t-shirt	340000 Booklets, 735000 pamphlets, 300 Info. Panel, 19000 Posters, 4400 Banners, 4000 AEP Modules, 3900 service charts, 10000 caps & 1000 t-shirt			47.68	
Sub-total								47.68	
1.2.4	Outdoor	Permanent Hearings at Strategic locations	List of existing is enclosed	20	20	20	40	10.00	
	Rented Hearings at Strategic locations	14000 for 6 months DPR rates	Bus Panels on 250 State Road Transportation buses for 6 months and 150 private buses for six months 1300/- per bus panel per month/HRTC rates) i.e. Rs.1300 X 400 buses X 6 months	20	20	20	50	7.00	
	Display of messages on how Ns. 1300/- per bus (HRTC rate)		Cost include rental and printing & fixing of Panels	250 for 5 months	250 for 2 months & 400 for 2 months	250 for 2 months & 400 for 2 months	400 for 6 months	31.40	
	Auto Top displays								
	Bus Shelters (20)	20000 each as per DAVP/DPR rates	6 bus shelters for 4 months (Shirua - 2, Kulru-1, Manali-1, Baddi-1, Dharamshala-1)	6 for 4 months	10 for one month	10 for one month	6 for 4 months	4.80	
	Door to door campaign through Indian Postal Dept	Rs 1.50/- per delivery of Kit in four vulnerable district	Distribution of IEC kit through postmen in four vulnerable districts covering 1.5 lac household	0	0	0	150000	2.25	
	Messages on Big LED Screen on The Ridge Shimla	100/- per min	Messages on Big LED Screen on The Ridge Shimla 30 hrs. Screen installed at key point at The Ridge	50 hrs	54 hrs	54 hrs	50 hrs	3.00	
Sub-total								38.25	
1.2.5	Mid Media								
	Hiring of folk troupes	Rs. 3000/- per performance Rs 3 lakhs for per training and Rs 1.5 lakhs for monitoring and Rs 1 lakh mid term in review	1500 performances 2 state level workshop	1500	1020	1020	750	31.00	22.50
	Promoting IEC vans, branding IEC vans	450000 (DOL/POL cost of drivers)	IEC Vans for IEC activities 28 Pats	5	5	5	5	22.50	
	Exhibitions during fairs & f		For 2 fairs i.e. Dussehra & Shivratri Rs. 80000/- per fair and others of 25000 per fair for 26 fairs	15	10	10	28	8.10	
			Still will be hired in these fairs and messages will be disseminated through Exhibition, Quiz and other innovative methods						
Sub-total								61.60	
1.2.6	Events								
	State and District level events		15 days campaign during national youth day/ international women's day, 20 days campaign on international youth day and one month campaign during WAD	5	5	5	4	22.00	
			10 000 lacs for World AIDS Day Campaign, 8 000 lacs for 20-20 Campaign on International Youth Day, 2 000 lacs for International Women's Day and 2 000 lacs each for Campaign on National Youth Day						

		Cost Head	Unit Cost **	Items/activities	Target	Achievement	Existing as on Date	New		
		Multimedia Campaign								
		work in NE states								
		Peggy Beck events in NE states								
		Other state specific events								
Sub-total									52,490	
1.2.7	M & E, Documentation	All activities to be documented. Mention the activities whose evaluation to be conducted		Impact assessment of Red Ribbon Clubs and baseline and endline evaluation of door to door campaign	Impact Assessment of Radio/ TV Programmes / Fair Exhibitions / Folk	Impact Assessment of Radio/ TV Programmes / Fair Exhibitions / Folk			5.00	
1.2.8	Hiring of Communication of Agency									
1.2.9	Youth Intervention									
1.2.9.1	Adolescence Education Programme	Training of Teachers through SCERT and school level activities	Refresher training for teachers and monitoring and monitoring of programme. Existing schools Rs.1000/-	Total schools to be covered 2127	3000 teachers training, one state and 12 district level workshops	Module being finalized		2127	21.27	
1.2.9.2	RRCs in colleges and University	RRC activities in colleges	Rs. 9000 for new RRCs and Rs.4000 for existing RRCs	03 old & 30 new	40	40	303	30	14.82	
1.2.9.3	Out of school Youth									
Sub-Total									36.09	
1.2.10	Drop in Centre	Only for three months	2.74 lacs for three months	Existing DICs will continue and no new DICs will be budgeted	2	2	2	2	2.74	
1.2.11	Advocacy			Separate sheet to be attached					4.85	
1.2.11.12	Training plan			Separate sheet to be attached				17563	46.58	
Sub-total									51.43	
Grand Total									329.89	

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*Joseph David*

## HIMACHAL PRADESH

Sr. No.	Component	Physical targets 13-14	Time line	Process Indicators
<b>1. MASS MEDIA</b>				
	Spots on Private TV Channels	4080	1. April Wk. 1 2. April Wk. 2 3. April Wk. 3 4. May - Dec 5. April - Dec	1. Finalization of themes & spots 2. Finalizing rates & proposal 3. Release of placement schedule along with work order 4. Telecast of spots 5. Tracking of telecast sheet on weekly basis
	Spots on Doordarshan	182	1. May Wk. 1 2. May Wk. 2 3. June Wk. 1 4. June 13-March 14 5. June 13-March 14	1. Finalization of themes & spots 2. Finalizing proposal 3. Release of placement schedule along with work order 4. Telecast of spots 5. Tracking of telecast sheet on weekly basis
	Live Phone-in-Programme	24	1. April Wk. 1 & 2 2. April Wk. 2 3. April Wk. 3 4. April 13- March 14	1. Calling Proposals & Finalizing (along with dates) 2. Finalizing date wise issues and issue wise panel of experts for live phone 3. Issuing Work awarding 4. Monitoring of Programme
	Ridge Show	12	1. April Wk. 1 & 2 2. April Wk. 2 3. April Wk. 3 4. April 13- March 14	1. Calling Proposals & Finalizing (along with dates) 2. Finalizing date wise issues and issue wise panel of experts and districts for programme 3. Issuing Work awarding 4. Monitoring of Programme
	Long Format	6	1. April Wk. 1 & 2 2. April Wk. 2 3. April Wk. 3 4. April 13- March 14	1. Calling Proposals & Finalizing (along with dates) 2. Finalizing date wise issues and issue wise panel of experts and districts for programme 3. Issuing Work awarding 4. Monitoring of Programme
	30 sec spots Local FM during Campaigns	192	1. May Wk. 1 2. May Wk. 2 & 3 3. June Wk. 1 4. June 13-March 14 5. June 13-March 14	1. Finalization of themes, spots and stations 2. Finalizing rates & proposal 3. Release of placement schedule along with work order 4. Broadcast of spots 5. Tracking of telecast sheet on weekly basis
	Spots on AIR - Sponsorship /weekly programme Hello Hamirpur, Hello Dharmasala covers High positivity districts	96	1. April Wk. 1 2. April Wk. 2 & 3 3. April Wk. 3 4. April 13- March 14 5. April 13- March 14	1. Finalization of themes & spots 2. Finalizing rates & proposal 3. Release of placement schedule along with work order 4. Broadcast of spots 5. Tracking of Broadcast sheet on weekly basis

	Live Phone-in	34	1. April Wk. 1 & 2 2. April Wk. 2 3. April Wk. 3 4. April 13- March 14	1. Calling Proposals & Finalizing (along with dates) 2. Finalizing date wise issues and issue wise panel of experts for live phone 3. Issuing Work awarding 4. Monitoring of Programme
	Long Format	30	1. April Wk.1 & 2 2. April Wk. 2 3. April Wk. 3 4. April 13- March 14	1. Calling Proposals & Finalizing (along with dates) 2. Finalizing date wise issues and issue wise scripts 3. Issuing Work awarding 4. Monitoring of Programme
	Newspaper	4	1. April Wk. 1 2. April Wk. 2 3. April Wk. 3 4. April 13- March 14	1. Decision on events, no. of ads per event and no. of newspapers 2. Prototype development 3. Issuing of Release Order 4. Tracking of releases, obtaining copies containing Advt.
	Newsletter	4	1. April Wk.1 & 2 2. Apr Wk.2, Jul Wk.2, Oct Wk.2 & Jan Wk.2 3. April Wk. 3 4. April-May 5&6. June, Sept., Dec. & March	1. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 2. Decision on theme/ Compilation & articles content 3. Circulation plan 4. Compilation of articles 5. Printing 6. Dispatch

2	ICT			
	Website	1	1. April Wk. 1&2 2. April Wk. 3 3. April 13- March 14	1. Calling Proposals & finalizing 2. Issuing Work awarding 3. Providing of updated information
	Helpline	1	1. April Wk. 1 2. April 13-March 14 3. April 13-March 14	1. Issuing of AMC 2. Reporting of Calls 3. Monthly monitoring of Calls
3	Printing of IEC material (also included is Truckers IEC material, budget = Rs. 33,300) & Newsletter	As per requisition from Prog. Divisions	1. April Wk. 1 2. April Wk. 1 3. April Wk. 2  4. May Wk. 3 5. April Wk. 3 6. May Wk. 3 7. May Wk. 3 & 4  8. Periodic	1. Requisition from prog. divisions/districts 2. Assessment of stock 3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 4. Work order released 5. Delivery plan 6. Distribution plan 7. Training on material use to end users (Service centres/NGOs/Campaign/RRCs) 8. Monitoring of use by service centres/NGOs/Campaigns/RRCs

4	Outdoor			
	Permanent Hoarding	40	1. April Wk. 1 2. April Wk. 2 3. April Wk. 3 & 4 4. May Wk. 1 5. May Wk. 2 6. Jul, Sept, Nov & Jan 7. Periodic	1. Finalizing spot of hoarding at identified location 2. Preparing location specific messages/designs 3. Calling & Finalizing Quotations 4. Awarding contract 5. Procuring certificates of satisfactory installation 6. Change of flex and design once in a quarter 7. Periodic Monitoring
	Rented Hoarding	50	1. April Wk. 1 2. April Wk. 2 3. April Wk. 2 & 3 4. April Wk. 3 5. May to Dec	Finalizing spot of hoarding at identified location Preparing location specific messages/designs Calling & Finalizing Quotations Awarding contract Procuring certificates of satisfactory installation on monthly basis
	Display of messages on govt. / pvt. Buses/auto rikshaws etc.	400 buses for six months	1. April Wk. 1 2. April Wk. 2 3. April Wk. 2 & 3 4. April Wk. 3 5. April & October 6. May & Nov 7. April to Dec 8. July 13 & Jan 14	1. Identification of bus routes/depot for display 2. Finalization of Designs 3. Calling & Finalizing Proposals 4. Awarding contract 5. Fixing of panels 6. Certificates of satisfactory installation 7. Regular monitoring of panels 8. Documentation ( photographs ) & Reporting
	Bus Shelters	6 for 4 months	1. April Wk. 1 2. April Wk. 2 3. April Wk. 2 & 3 4. April 3 5. May to Dec	1. Finalizing spot of shelters at identified location 2. Preparing location specific messages/designs 3. Calling & Finalizing Quotations 4. Awarding contract 5. Procuring certificates of satisfactory installation on monthly basis
	Door to door campaign through Indian Postal Dept	150000	1. April Wk. 1 & 2 2. April Wk. 3 3. April Wk 3 & 4 4. May Wk. 1 5. April Wk. 4 6. February Wk. 4	1. Preparation of kits 2. Finalizing of date 3. Finalizing Proposal 4. Organizing of Campaign 5. Evaluation of Campaign - Baseline 6. Evaluation of Campaign - Endline
	Messages on Big LED Screen on The Ridge Shimla	50 hours	1. April Wk. 1 2. April Wk. 2 & 3 3. April Wk. 3 4. April 13- March 14 5. April 13- March 14	1. Finalization of themes & spots 2. Finalizing rates & proposal 3. Release of placement schedule along with work order 4. Telecast of spots 5. Tracking of telecast sheet on weekly basis
	Auto rickshaw display			
	Red Ribbon Express			
	Multi-media camp			

5	Mid Media			
	Hiring of Folk troupes	750	1. April Wk. 1 & 2 2. April Wk. 3 3. April 13- March 14 4. April 13- March 14	1. Identification of troupes 2. Finalizing Folk Campaign Route Plan 3. Organizing of Performances 4. Monitoring of Campaign
	Hiring of IEC vans	5	1. April Wk. 1 2. April Wk. 2 3. April Wk. 3 4. April Wk. 3	1. Development of activity plan 2. Decision on occasions and periods of utilization 3. Development of route plan in consultation with districts 4. Finalization of Designs

			5. April Wk. 3 & 4 6. April Wk. 4 7. April Wk. 4 8. April 13- March 14 9. April 13- March 14 10. April 13- March 14	5. Calling & Finalizing Quotations 6. Awarding contract 7. Roll out according to route plan 8. Monitoring of activities by DST and SACS officers 9. Reporting (on uniform format) and analysis of reports 10. Documentation
	Training of Folk Troupes	2	1. April Wk. 1 2. April Wk. 2 3. April Wk. 2 4. April Wk. 3	Finalizing participants Finalizing date & venue Request to NACO for representation Organizing Training
	Monitoring of Folk Campaign by DST & resource persons	1	1. April Wk. 1 2. April Wk. 2 3. April Wk. 3 4. April Wk. 4 5. April 13 -March 14	Providing Monitoring Formats Providing Scripts Providing Route plan along with Troup-wise Schedule Providing Funds to District Monitoring by DST
	Mid Term Review of Folk Campaign	1	August Wk. 2	
	Exhibitions during fairs & festivals	28	1. April Wk. 1 2. April Wk. 2 3. April Wk. 3 4. April 13-March 14 5. April 13-March 14 6. April 13-March 14	Finalizing of date for Exhibitions Fairs-wise Briefing of teams about activity Release of advances to Districts Providing IEC Material for Exhibitions Organizing of activity Monitoring of Exhibitions Getting SOE

Other/Events/ M&E			
Events at state & districts	4 (15 days campaign during national youth day/ international women's day, 20 days campaign on International youth day and one month campaign during WAD	1. June, Oct, Dec & Jan 2. June Wk. 1 & 2 3. July Wk. 1 4. June Wk. 3 5. Aug, Dec, Jan & Mar 6. Aug, Dec, Jan & Mar 7. Oct, Jan, Feb, Mar	1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (event-wise) and sharing with districts 3. Preparing of Micro Plans by Districts 4. Disbursement of funds to districts 4. Monitoring of activities at districts 5. Documentation, district-wise 6. Gathering of SOE
M&E, Documentation, evaluation	Impact assessment of Red Ribbon Clubs and baseline and endline evaluation of door to door campaign	1. April Wk. 1 2. Apr 13-Mar 14 3. June Wk. 1 & 2 4. July Wk. 1 5. July Wk. 2 6. Aug to Nov 7. Dec Wk. 3	1. Listing of activities for monitoring - by SACS officers, external resource, etc. 2. Documentation of all field level activities 3. Activities proposed for evaluation along with time line 4. Selection of agency(s) & calling & finalizing proposal 5. Work order 6. Conduct of studies according to time line 7. Sharing of reports with NACO

Youth			
AEP: Training of teachers	1500	1. April-May 2. May Wk. 1 3. May Wk. 2 4. June-Aug 5. June-Aug 6. Aug-Dec	1. Getting approval (follow-up) from SCERT on the AEP module 2. Listing of teachers from all Govt. Sr. Secondary targeted in FY 13-14 3. Identification of agency for ToT, Issue of work order 4. Training of trainers 5. Training of teachers 6. Monitoring of Trainings 7. Implementation of AEP in schools
RRC	333	1. April Wk. 1 & 2 2. April Wk. 1 & 2 3. Aug. Wk. 2 4. Sept. Wk. 2 5. July. Wk. 2 6. Sept-Jan 7. Sept-Jan 8. Sept-Jan	1. Listing of all Colleges - graduate, PG & technical 2. Listing of colleges targeted in FY 13-14 3. Training of Coordinators/Nodal officers 4. Training of Peers 5. Disbursement of funds along with guidelines 6. Calendar of activities 7. Monitoring of activities 8. Documentation
Mainstreaming Advocacy			
Training		1. April Wk. 1 & 2 2. April Wk. 2 & 3 3. April Wk. 3 4. April Wk. 3 & 4 5. April Wk. 4 6. May Wk. 1 7. May-Nov 8. May-Nov 9. May-Nov 10. May - Nov	1. Listing of categories of trainees 2. Gathering the universe of trainees 3. Information of coverage so far 4. Development of training calendar 5. Decision on training agencies 6. Release of funds to agencies 7. Execution of trainings 8. Detailing of follow up activities 9. Monitoring 10. Documentation of All trainings as per calendar
DIC	2	April Wk. 1 April Wk. 1 April Wk. 2 April-June June-July	1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of PLHIVs 4. Monitoring of activities 5. Documentation
TOTAL			

**AAP 2013-14 Integrated Counseling and Testing Centre: Himachal 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 Existing Facilities									
1.3.1.1	HR for Counselors and LTs	Recurring	2.4	Salary including TA/DA for Existing In-Place Stand Alone Counselors and LTs at an average cost of Rs. 10,000 per month per staff (unit cost = 10000*2*12)	46	18	153.60		
				Salary including TA/DA for Additional Stand Alone Counselors and LTs at an average cost of Rs. 10,000 per month per staff (unit cost = 10000*2*12)	46	0	110.40		
1.3.1.2	HR for Supervisors	Recurring	1.66	Salary including TA/DA for Supervisor at Rs. 14,000 per month for 12 months	0	0	0.00		
1.3.1.3	Mobile ICTC	Recurring	5.55	Running cost of whole unit including salary of counselors and lab tech at Rs. 9000 average per month for 12 months	2	0	13.98		An additional allocation of Rs. 288000/- for TA/DA on account of difficult terrain of the state
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)			277.98		
				Sub Total					
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	46	18	10.80		
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	2	0	0.00		
1.3.2.3	Facility integrated ICTCs	Non recurring	0		19	47	0.00		
1.3.2.4	PPP ICTCs	Non recurring	0		2	15	0.00		
				Sub Total			10.80		
1.3.3	Trainings								
1.3.3.1	Training	Recurring	1.75	1) ICTC: Counselors, LTs, Induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) ICTC: Training of MO/ICTC /ART MO / District Supervisor ICTC / District TB-HIV & DOTs Plus Supervisor (RNTCP) in HIV-TB package 3) F-ICTC: ANM, Nurse, LT, HIV/TB & team training, full site sensitization 4) Whole blood: Training of ANM and RNTCP LT and STLS in whole blood screening 5) Any other training			25.94		As per Training Plan attached
				Sub Total			25.94		
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	46	18	10.80		As per procurement plan based on justification
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipment/ maintenance/ AMCs/ Insurance of equipment bikes etc	48	0	2.40		
				Sub Total			13.20		
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 syringa needles, printing of reporting formats, internet and other misc exp	48	18	33.00		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 formats and other misc exp at the center	0	0	6.60		
				Sub Total			39.60		
1.3.6	Monitoring and Supervision / Review meetings								
1.3.6.1	Review meeting for Supervisors (monthly @ Rs.1000/person)	Recurring	0.01	review meetings	0	0	0.00		
1.3.6.2	Review meeting for counselor/s/MO (Quarterly @ Rs.1500/person)	Recurring	0.015	review meetings	48	18	3.96		
1.3.6.3	State and District HIV-TB Coordination meetings (Quarterly @ Rs)	Recurring	0.025	Quarterly State and District level Coordination committee meetings / State Technical Working Group meeting	13	0	1.30		
				Sub Total			5.26		
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	3.00		
				Sub-Total			3.00		
1.3.8	Additional Allocation								
1.3.8.1	For Co-location of facilities	Non recurring	Lumpsum	Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities i.e ART/ICTC/STI	-	-	0.00		
1.3.8.2	For PPP ICTC Involvement	Non recurring	Lumpsum	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	-	7	2.50		
				Sub Total			2.50		
1.3	Grand Total						378.28		

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*2013-14*

Physical Targets for Himachal Pradesh 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	46	0	18	18
2	Mobile ICTCs	2	0	0	0
3	Facility Integrated ICTCs	19	47	0	47
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	2	0	7	7
5	PPP ICTCs in Private Sector Industries	0	0	5	5
6	PPP ICTCs in Public Sector Industries	0	0	3	3
	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	2 out of 3	0	0	2 out of 3
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	120000	93225	150000	
2	HRG testing	25000	9244	21200	Two time testing in 100% of HRG covered by TI
3	Bridge population testing	NA	NA	27300	30% migrants and 15% truckers
4	STI Clinic In-referrals testing			18000	
5	Out Referrals from to STI	20000	3090	2000	100% DSRC attendees
6	HIV-TB Cross referral	10000	7132	15000	75% of TB patients and 5% of ICTC clients (Non-ANC)
7	HIV/TB coinfection to be detected	150	30	150	75% of HIV infected TB notified cases
8	Testing for ANC	50000	38950	60000	50% of the estimated pregnancies
9	Detection of HIV+ve pregnant women	60	7	30	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	NA	90%	HIV +ve general clients to be linked to ART centres
2	PPTCT to ART	NA	NA	100%	HIV +ve pregnant women to be linked to ART centres
3	TI to ICTC	NA	NA	80%	HRGs referred from TI reaching ICTC
4	STI to ICTC	NA	60%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics
5	TB to ICTC	NA	63%	75%	Notified TB cases reaching ICTC
6	HIV/TB to ART	NA	61%	80%	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	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	0	12	800.00	-				
		Lab-Tech	0	5	800.00	-				
2	Refresher (Stand alone Inc. Mobile)	Counselor	48	5	800.00	192,000.00		Sept.		
		Lab-Tech	47	5	800.00	188,000.00			Oct.	
3	Induction (FI-ICTC+PPP)	Staff nurse (FI ICTC)	35	5	800.00	140,000.00	June			
		Lab Technician	35	5	800.00	140,000.00	June			
4	Refresher (FI-ICTC+PPP)	Staff nurse (FI ICTC)	58	3	800.00	139,200.00				Nov
		Lab Technician	58	5	800.00	232,000.00				Dec.
5	Induction/ Refresher	District supervisor	0	5	800.00	-				
6	Sensitization (No facilities to be mentioned)	Full site Sensit. Dist. Hosp	12	1	10,000.00	120,000.00		July		
		Full site Sensit. SDH/RH	34	1	5,000.00	170,000.00		August		
		ICTC Counselor	0	2	300.00	-				
		Medical Officer	1100	1	400.00	440,000.00			Sept.	Oct-Dec.
		District ICTC supervisor	0	2	300.00	-				
		MO-TC/MO-ICTC	0	1	300.00	-				
		ART MO	0	1	300.00	-				
7	HIV-TB training	RNTCP STS/STLS	0	2	300.00	-				
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	12	2	300.00	7,200.00	June			
		Counselor	48	2	800.00	76,800.00		Sept.		
		Medical Officer	48	3	800.00	115,200.00		Sept.		
		District supervisor	0	2	800.00	-		Sept.		
8	Multi Drug Regimen Training for PPTCT	MO ARTCs	5	3	800.00	12,000.00		Sept.		
		Others (Medical 3 days / Para medical 2 days)	50	3	800.00	120,000.00		Sept.		
		ANM	95	2	400.00	76,000.00		August		
9	Training on whole blood screening	Labour Room Nurse	95	2	400.00	76,000.00	June			
		DMC LT (RNTCP)	44	2	400.00	35,200.00	June			
		STLS	44	2	400.00	35,200.00	June			
		MO	0	3	800.00	-				
10	ICTC Team Training	Lab-Tech	0	3	800.00	-				
		Nurse	0	3	800.00	-				
		Counselor	0	3	800.00	-				
		Dental MOs training on HIV	400	1	400.00	160,000.00				
11	Other (Specify)	Ayurvedic Doctors trg. on HIV	300	1	400.00	120,000.00				Jan-Feb.
Total						2,594,800.00				

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Process Indicators - BSD		
Indicators	Recommended Action - Establishment of facilities	Person Responsible
Establishment of facilities	<b>Stand Alone ICTCs / Mobile ICTC</b>	
	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
	<b>Procurement of equipments, computers, etc</b>	
	Preparation of indent and approval by PD SACS	2nd week of April 2013
	Processing and completion of procurement of indent given	2nd week of May 2013
	Dispatch and receipt at concerned facilities	3rd week of May 2013
	<b>Refurbishment of identified facilities</b>	
	Preparation of indent and approval by PD SACS	2nd week of April 2013
	If decentralized, release of grants to districts	3rd week of April 2013
	If central, processing of indent and refurbishment	2nd week of April 2013
	Completion of refurbishment	3rd week of May 2013
	<b>Functionality and Reporting of new Stand Alone ICTC</b>	
	1st week of June 2013	
	<b>Facility Integrated ICTC / MMU</b>	
	Sensitization of CMO / CMO / CMO / DHO / Civil Surgeon / ADMO	2nd / 3rd week April 2013
	Sensitization meeting with DTO	2nd / 3rd week April 2013
	Sensitization of NRHM DPM	2nd / 3rd week April 2013
	Directive from MD-NRHM regarding use of MMU for HIV testing	2nd / 3rd week April 2013
	Functionality of MMU	1st week of May 2013
	Route plan for MMU one month in advance	Monthly
	Training of staff & functionality	2nd / 3rd week May 2013
	Issuing of directives by MD-NRHM for F-ICTC data entry in SIMS by Block Data Manager (NRHM)	1st week of April 2013
	Training of Block Data Manager (NRHM) in SIMS	3rd week of April 2013
	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
	<b>PPP ICTC in Nursing Homes / Corporate Hospitals</b>	
	Enlisting and identification of potential partner:	1st week of April 2013
	Meeting with associations and partners	2nd / 3rd week of April 2013
	<b>Training of staff</b>	
	Functionality and Reporting	2nd / 3rd week of May 2013
	<b>PPP ICTC in Private Sector Industries</b>	
	Enlisting and identification of potential industries:	1st week of July 2013
	Meeting with industry stakeholders	1st week of April 2013
	<b>Training of staff</b>	
	Functionality and Reporting	2nd / 3rd week of April 2013
	<b>PPP ICTC in Public Sector Undertakings</b>	
	Enlisting and identification of PSU to partner with:	1st week of July 2013
	Meeting with industry stakeholders	1st week of April 2013
	<b>Training of staff</b>	
	Functionality and Reporting	2nd / 3rd week of April 2013
	<b>Monitoring and Reporting</b>	
	1st week of July 2013	

Direct: SACS BSD, M&E Officer, State RCH officer / NRHM Nodal Officer  
Monitoring: APD / PD SACS

Direct: SACS BSD / STI, DAPCU  
Monitoring: APD / PD SACS

Direct: SACS BSD, IEC / Mainstreaming, DAPCU  
Monitoring: APD / PD SACS

Direct: SACS BSD, IEC / Mainstreaming, DAPCU  
Monitoring: APD / PD SACS

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Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
Linkage of General Clients with ART	• Tracking system for General Clients:		
	a) Monthly maintenance of line list of HIV +ve General Clients 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 / 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 15 days and at the end of the month	Every 15 days	ICTC Counselor
	e) Sharing completed / compiled line list with full details to DAPCU / SACS BSD	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors
	f) Monthly meeting between ICTC and concerned ART at district / regional level to be conducted in 1st week of every month for verifying data	Monthly	DAPCU, Dist ICTC sup
	g) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSD every month	Monthly	SACS BSD, CST
	h) SACS officers to participate in district level review meetings at least once in quarter every district	Quarterly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	i) Where there is no DAPCU, SACS BSD will directly verify / analyze line list every month	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	j) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	k) After due verification by CST at SACS, BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	l) SACS BSD / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand holding and mentoring	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	m) The SACS BSD / TI / TSU should analyze the positivity yield out of the clients tested at ICTCs as compared to the state / national average, prevalence rates for HIGs typology wise, STI prevalence, etc and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solution.	Monthly	Direct: SACS BSD Monitoring: PD / APD SACS

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

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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-CTC /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 CTC	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: CTC 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 of ART initiation in all HIV infected TB cases enrolled in HIV/TB register at ART centre	Every month	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
Colocation of facilities	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 Model 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 Monitoring: SACS BSD, CST, STI
	e) Ensuring action on office orders issued and processing plan for relocation of facility	May	Direct: SACS BSD, CST, STI
	f) Monitoring visit by SACS/DHS/DMER for timely follow-up and timely completion of relocation plan	May	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	SACS BSD, CST, STI
	i) Progress of Activities to be reported to NACO every month	Monthly	

Indicators	Recommended Action - Supply Chain Management	Timeline	Person Responsible
<b>Receipt of Supplies by SACS</b>			
a) Keep storage space available for receipt of supplies 1 week prior to schedule date for arrival of supplies		Ongoing	Direct: SACS 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
<b>Dispatch of supplies</b>			
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			
<b>Physical Verification and Reporting</b>			
a) MO-ICTC to physically verify stocks daily and countersign 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 countersign to stock register	Ongoing		DAPCU, Dist ICTC Sup, TO-SRL, SACS BSD
a) ICTC 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 Superclerks / DAPCU to physically verify stocks for all commodities at ICTCs during supervisory visits	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 Analysts, 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
<b>g) During this review meeting</b>			
- 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	Monthly		Direct: PD / APD SACS
- 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			
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 ICTC	Monthly	ICTC counsellor
	b) Sharing of line list with concerned ART centre/s by email every 15 days	Every 15 days	ICTC Counsellor
	c) Obtaining feedback of triplicate referral and Line list by concerned ART centre / s every 15 days	Every 15 days	
	d) Compilation of line list at the ICTC level by Counselor at 15 days and at the end of the month	Every 15 days	ICTC Counselor / ART Counselor
	e) 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	ICTC Counselor/ DPM/DIS/District Nodal Officer
	f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSD every month by 10th	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors
	g) SACS officers to participate in district level review meetings at least once in quarter every district	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	Quarterly	Monitoring: PD/APD SACS
	i) SACS to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSD, CST
	j) BSD at SACS to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Monitoring: PD/APD SACS
Roll-out of Multi drug regimen (Applicable Only where the new regimen program is rolled out by NACO)	Co-location of Testing sites (ICTC-2) and Obsd 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	Monitoring: PD/APD SACS
	Review at SACS level, identification of priority districts/sites and specific action plan	Quarterly basis	PD SACS, APD, JD (BSD), Consultant PPTCT, DD/AD (BSD/CST), JD (W&E), RC (CST)
	Induction training for All NACP-NRHM functionaries involved in PPTCT service delivery and program monitoring	As per roll-out plan	PD SACS, APD (SACS), JD (BSD), Consultant PPTCT, DD/AD (BSD/CST), JD (W&E), RC (CST)
	Refresher training for service providers as well out reach worker involved in PPTCT client follow-up under NACP & NRHM	From second year of roll out	
	On-going sensitization during monthly meeting	On going	DPM/District Nodal Officer for HIV, counselor at ICTC and ART centre, MO at ART centre
	Inclusion of PPTCT new regimen component under basic training module for counsellor/SN/MO in NACP & NRHM and ILFS CRWs	In process	DDE (BSD), NPO (PPTCT), PO (Counseling), Training Institutes
	Visits to high load sites and on-site mentoring	On monthly basis	APD (SACS), JD (BSD), Consultant PPTCT, DD/AD (BSD/CST)
	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
	Out-reach and Client tracking	On-going	ART centre MO/counselor and ICTC counselor/ILFS CRWs

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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	3 no of centres	Minor Refurbishment for Audiovisual privacy, Computer	4.5
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	20 no. of counsellor	Counselor salary	26.4
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	20 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	8.2
1.4.4	Procurement	Recurring	25000 per centre	20 no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	5
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	20 no. of DSRC and no. of districts	TADA/ documentation and communication cost to supervisory team, review meetings, TADA for outreach by DSRC counselors	4
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)					48.1
1.4.a	Physical Targets to the State under the STI/RTI services					
1	STI/RTI episodes to be managed by Designated STI clinics					22832
2	STI/RTI episodes to be managed by TI-NGOs					15358
3	STI/RTI episodes to be managed by Private sector					3669
4	Total target of STI/RTI episodes for SACS					41859
5	STI/RTI episodes to be managed by NRHM					38054
1.4.b	STI/RTI facilities	Existing No.		Proposed new during FY 2013-14		
1	Designated STI/RTI Clinics	17		3	20	
2	TI STI providers	43			43	
3	Facilities in organized public and private sector	1			1	
4	NRHM health facilities upto PHC	545			545	
5	PPP ICTC	2		20	22	
6	Regional STI Centres	0			0	
7	State Reference Centres	0			0	
1.4.c	Commodity Assistance provided by GOI to the State					
1	Colour coded drug kits for Designated STI clinics and TI-NGO					35661
2	RPR Test kits					1120

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STI/RTI Review of Annual Action Plan 2012-13 and Proposal 2013-14				
Process Indicators 2013-14				
Name of State: HIMACHAL PRADESH				
Sr No	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target in DSRC	1. Establish good linkages with Gyne and obs clinic, ICTC and ART centre. Counsellor to sit in Gyne OPD. 2. Ensure collocation of facilities so that there is minimum loss for treatment and testing. 3. All patients to be tracked for Syphilis and HIV testing. 4. Referral linkages with TI to be established. 5. All DSRC to report on STI in CIMS/SIMS. 6. Post of counsellor vacant in 3 DSRC hence all DSRC are not reporting regularly.	Counsellor of STI Clinic, Incharge of DSRC, DD STI	Ongoing
2	Low Physical Target in TI	1. Outreach to be oriented on STI symptoms and outreach to encourage HRG to avail STI services from STI Providers. 2. All TI to appoint STI providers and ensure easy accessibility to services to HRG. 3. All HRG to be individually tracked for STI episodes and multiple STI to be tracked. 4. STI services to be delivered at the convenient location of HRG and by establishing linkages with government facilities. 4. Coordination meeting to review the targets achievement with TI and TI division.	DD STI, JD TI and PM of TI	Ongoing
3	Partnering with PSU	1. All PSU and leading private sector to be enlisted in all the districts. At least 5 units to be identified and enlisted, Defence, Railways, ISI and other large public health facilities 2. Meeting with State focal person of the PSU. 3. The doctors for STI to be trained 4. All facility to report in SIMS format	DD STI and State PSU Focal Person	Enlisting of PSU to be completed by March 30 2013. Training to be completed by July 2013
4	Training	Pending training of Doctors and Nurses in DSRC and PPP to be completed by March 13. Training plan to be made and shared with other division. Training calendar to be made. All participants to be informed in advance about venue and dates of training. All Training to be completed by first quarter.	DD STI and STI Resource Faculties	Incomplete training of current year to be finished by 15th March. Training for 2013-14 to be completed by June 2013.
5	Supportive Supervision	At least 60% of poor performing STI facilities to be visited by SACS Focal Person at least once in a quarter. All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visits by STI mentors.	DD STI and STI Mentors	Ongoing
6	Supply chain Management	All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. All commodities supplied by the programme must be monitored regularly. All drugs with earlier expiry should be used first and if excess should be relocated. Review your programme data with consumption of commodities. Ensure there is no stock out and expiry of drugs.	AD STI STI Counsellor at DSRC, STI Clinic Incharge and PM of TI	Periodic Review of commodity at least once a quarter from all facilities
7	Quality of Services	1. All Patients to be provided with internal examination, multiple STI in patients to be tracked. 2. All STI patients to undergo syphilis and HIV testing. 3. All patients to receive drug and test regularly.	STI Clinic Incharge and TI STI Providers, DD STI	Ongoing
8	NRHM Convergence	1. Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and training of atleast 1 MO to be done. 3. Budget of STI to be corrected NRHM PIP 4. Joint review of programme to be done at least once a quarter.	DD STI and State RCH officer	One joint meeting once a quarter
9	Establishment of New clinic	3 new clinic to be set up in Civil hospital at Rampur, Rohra and Palampur. Space for the new clinic to be identified, infrastructure upgradation to be done, counsellor to be selected	DD STI and Superintendent of respective hospital	Jun-13

Blood Safety									
S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Acheivement (2010-11)		Targets		Allocation (Rs. In Lakhs)
					Target	Achei vement t	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			1		4.76
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendent, Security, Housekeeping, Data Entry Operator			1		6.24
1.5.1.2	MBB with BCSU	Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines			2		8
		Salary	2.4	Salary of 1 LT & 1 Counsellor			2		4.8
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			2		1.5
		Salary	2.4	Salary of 1 LT & 1 Counsellor			2		4.8
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			9	1	3.1
		Salary	1.2	Salary of 1 LT			9	1	12
1.5.1.5	RBTC	Consumables	0	NIL			2		0
		Salary	2.4	Salary of 2 LT			2		4.8
1.5.1.6	Blood Storage Centers	Consumables	0	Glasswares, plastic wares, Reagents and chemicals					0
		Salary	0	NIL					0
1.5.1.7	Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendent			4		5.76
1.5.1.8	Maintenance of BT	Recurring	0.7				4		2.8
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contingency			1		6
1.5.2	Training	Recurring	0.35	Training of one BB-MO, two LT, one Nurses per NACO supported Blood Bank, One BSC-MO & One BSC LT, Clinicians on rational use of blood, Training of Donor Motivators			15		5.25

1.5.3	Sup vision	Recurring	0.1	TADA for visit to the NACO supported blood banks, Monitoring visits to VBD camps, Core Committee supervisory visits			15		1.5
1.5.4	Procurement								0
1.5.4.1	Equipments for new BCSU	Non-recurring	18	List of Equipments as per NACO guidelines					
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/ CMC and calibration of essential blood bank equipments supplied by NACO					10
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			178		4.45
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					20
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			15		1.5
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				31500	7.875
1.5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms				1	2.88
1.5.6	External Quality								0
1.5.6.1	NRL		6.54				0		0
1.5.6.2	SRL		4.44				1		4.44
	contingency*								2
1.5.7									0
1.5	Blood Safety (Sub								
1.5	Blood Safety								124.46

Increment as per NACO norms\*

Total licensed blood banks in the	27
Blood banks supported by NACO	15
Target for Total Collection	35000
Target for NACO supported	31500
Target for VBD	90%
VBD Camps	178
% Component prepared by NACO	50%
Commodity Items to be provided by	
<b>Blood bags</b>	in lakhs
Single	
Double 350 ml	
Double 450 ml	

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Triple 450 ml	
Quadruple 350 ml	
Quadruple 450 ml	
<b>Testing Kits</b>	<b>in lakh tests</b>
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

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# Blood Bank Capacity 2013-14

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		0	27
b	NACO Supported Blood Banks	14	0	15
b1	Model Blood Bank	1	0	1
b2	Major with BCSU	2	0	2
b3	Major without BCSU	2	0	2
b4	District Level Blood Bank	9	1	10
c	RBTC	2	0	2
d	Blood Mobile Van	1	0	1
e	Blood Transportation Van	4	0	4
f	SBTC	1	0	1

2	Blood Collection	Proposed target 2013-14
a	Total Collection for the state	35000
a1	NACO supported blood collection	32000
b	Percentage VBD for NACO supported BB	90%
c	Voluntary Blood Collection in NACO supported BB	28800
c1	Through Static	6000
c2	Through Camps	22800
c3	Through Blood Mobile Vans	9000
d	No of Camps to be conducted	304
d1	Camp Collection	75units

3	Component Separation	Proposed target 2013-14
a	Blood collection in NACO supported BCSU	14000
b	Percentage component separation in NACO supported BCSU	50%

4	Training	Proposed target 2013-14
a	Training of BBO	15
b	Training of Staff Nurse	15
c	Training of LTs	30
d	Training of Donor Motivators	300
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use	90
f	Blood Bank counselor	5

5	Supervision, Monitoring and Evaluation	Proposed target 2013-14
a	Field visits to be conducted	15
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

1 District level blood bank is added

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	<b>2</b> 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	<b>3</b> 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 80% of total requirement of the region being catered by them	By April 2013		JD BS SACS
24	<b>4</b> 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	<b>5</b> 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

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	
80	Creating a database of national and state level trainers for each type of training	Within first quarter	JD BS SACS NACO blood safety division with inputs from SACS blood safety officers
81	Preparation and dissemination of standardized training curricula	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
82	Organization of meeting of training institute and trainers at SACS for preparation of training plan	By first week of July 2013	SACS blood safety officers, Training institutes, Trainers
83	Approval of training plan and release of budget for training to the institutes	By second week of July 2013	SACS blood safety officers
84	Issuance of communications to all concerned for deputing trainees	By third week of July 2013	SACS blood safety officers
85	Translation and replication of training modules and related materials	By end of July 2013	SACS blood safety officers, IEC division SACS
86	Training roll out for blood bank staff, donor motivators and rational blood use for clinicians	August to December 2013	Training institutes, trainers
87	Monitoring of trainings by experts/ SACS officers/ NACO officers	During trainings	Experts, SACS officers/ NACO officers
88	11 Monitoring and Supervision		
89	Preparation and dissemination of standardized tool for supervision	By April 2013	NACO Blood Safety division
90	Preparation of Quarterly schedule for visits of core committee	By April 2013	SACS Blood Safety officers
91	Conduction of core committee visits to every NACO supported blood bank atleast once in the year	Ongoing	JD BS SACS, Quality Manager, Core committee members
92	Quarterly review meetings of the blood bank officers/ counselors of NACO supported blood banks	July, October, January and April	SACS Blood Safety officers
93	Submission of visit report by core committee	Within two weeks of conduction of visit	Core committee members
94	Issuance of communications regarding visit observations and recommendations	Within two weeks of conduction of visit	JD BS SACS, Quality Manager
95	Submission of action taken reports	Within two weeks of receipt of communication	Incharge of concerned blood banks
96	12 Convergence with NRHM		
97	Quarterly meetings with the RCH officer	In April, July, October, January	JD BS SACS, Director SBTC, RCH officer
98	Listing of functional FRU with and without Blood Storage Centres	Within first quarter, review every quarter	
99	Preparation of linkage plan to cater to blood requirement of the FRU without Blood Storage Centres	Within first quarter, review every quarter	
100	Identification of underserved regions/ districts without blood banks and jointly plan for catering to the blood needs of the region	Within first quarter	
101	13 Meetings		
102	Quarterly coordination meetings of SACS/ SBTC with Drug Control Department	In May, August, November and February	SACS blood safety officers
103	Quarterly meetings with the RCH officer	In April, July, October, January	
104	Meetings of governing body/ EC of SBTC	Atleast two meetings every year	
105	Meetings with trainers and training institutes	Atleast two meetings every year	
106	Meetings with blood bank incharges	Atleast two meetings every year	
107	Meetings with camp organizers	Atleast two meetings every year	

S.No.	S. component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14			
					Target	Achievement	Financial allocation	Expenditure as on 31.1.13	Existing on 1.4.12	Proposed	Allocation Rs. Lakh	Remarks
2.1.1	GIA for ART Centres	Recurring	For low load centres-13.5, medium load-15, high load-	Salary	3	3	46.5	23.88	3	1	48.75	(2+1+0) Mandi proposed as New ARTC
2.1.2			0.50	Universal Work Precautions	3	3	1.5	1.5	3	1	1.75	
2.1.3.1			1.50	Operational Costs	3	3	4.5	4.5	3	1	5.25	Items for upgradation/replacement/additional requirement for existing ART centers to be procured out of operational grant of the concerned center
2.1.3.2			0.9 for caliber, 0.5 for count & 0.25 for Partec	Operational cost for CD4 testing	3	2	1.00	1.00	2	0	1.00	
2.1.4.1		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD	0	0	0	0	0	1	4.50	Mandi proposed as New ARTC
2.1.4.2			1.00	Infrastructure development installation of CD4 machine	0	0	0	0	0	1	1.00	For ARTC Tanda
2.2.1	GIA to SACS for various activities	Printing	0.50	Registers & Cards, Signages, Flip Charts, Posters	3	3	1.5	0.5	3	1	1.75	
2.2.2		Training	1.00/ART (for states where more trainings are conducted 0.50 in other)	Trg. of MOs, Counselors, Nurses, Pharmacists, Data Managers, LAC staff, Workshops etc.	3	3	1.5	0.5	3	1	3.00	As per the proposed tentative training plan with AAP
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode	1000	481	2.00	2.00	481	1200	2.40	As per the proposed procurement plan for OI drugs & 200 for CPT
2.2.4.1		LAC	0.15	One-time cost for infrastructure development	0	0	0	0	10	0	0.00	Carry forwarded two LACs Nahan and Chamba to be made functional
2.2.4.2			0.378	Rec.- for TA/DA & oper. Costs, Stationery etc.	10	8	3.02	1.75	10	0	3.40	Mandi to be upgraded as ART centre
2.2.4.3			0.96	HR for LAC Plus	3	2	2.55	1.49	2	0	1.92	
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							0.00	
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment							0.00	
2.2.7.2			Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for smaller	Hiring of space & for drug transfers			2.00	2.00			1.00	For transferring and transporting of drugs to ARTCs
2.2.7.3		Regional coordinator	9.00	Remuneration & TA/DA							0.00	
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							0.00	
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs							0.00	
Total GIA to SACS for CST							114.31	87.36			75.97	

## 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	
2.5.1	PLHA on ART	Registered	5600	5255	6300	ARV drugs ( adult, pediatric, secondline & alternate) will be supplied by NACO based on number of PLHA alive and on ART
2.5.2		Alive & on ART	2550	2117	3000	
2.6.1	OI drugs		1000	481	1200	Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines
2.7.1	CD4 Count Tests	CD-Machines	2	2	1	CD4 machine to be supplied by NACO.
2.7.2		CD4-Kits	7000	4048	9000	Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new cases to be tested on registration

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

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

Name of State: Himachal Pradesh		CST Component						
Sr No	Name of Division	Baseline	Physical Indicators			Financial Indicators		
			Target 2012-13	Achievement till Dec 2012-13	%	Proposed 2013-14	Target 2012-13	Achievement till Dec 2012-13
1	Establishment of facilities		13					
i	ART Centres (cumulative)	3	3	3	100%	1		
a	Setting up of new ART Centres		0	0	0%	1	0.00	0.00
	Infrastructure development for CD4 machines		0	0		1		1.00
b	Recurring Cost ( salary, UWP, operational cost)						53.50	30.88
c	Setting up ART Centres under PPP		0	0		1		
	Corporate Sector		0	0		1		
	PSU		0	0				
d	Colocation of ICTC-ART			2/3 collocated ( Shimla, Hamirpur)				
ii	Link ART Centres (cumulative)	4	10	8	80%	0		
a	One-time cost for infrastructure development		0	0		0	0.00	0.00
b	Rec- for TA/DA & oper. Costs, Stationery etc.		10	8		0	3.02	1.75
iii	LAC Plus - HR for LAC Plus	0	3	2	67%	0	2.55	1.49
iv	CoE	0	0	0		0	0.00	0.00
a	Recurring cost						0.00	0.00
iv	PCoE	0	0	0		0	0.00	0.00
	Recurring cost						0.00	0.00
v	EID	0	0	0			0.00	0.00
	HR for EID					0	0.00	0.00
	Cost for EID Lab					0	0.00	0.00
vi	Viral Load testing							
	Salary of LT					0	0.00	0.00
2	Training							
	For ART/ LAC staff				89 % of ART staff trained			
	Sensitisation of Private practitioners on rational prescription of ART				50% of the doctors practicing ART needs to be trained		1.50	0.50
					100			3.00
3	OT Treatment ( inc CPT)							

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Name of State: Himachal Pradesh									
CST Component									
Sr No	Name of Division	Baseline	Physical Indicators			Financial Indicators			Comments
			Target 2012-13	Achievement till Dec 2012-13	%	Proposed 2013-14	Target 2012-13	Achievement till Dec 2012-13	Proposed 2013-14
	OI episodes treated	207	1000	481	48%	1200	2.00	2.00	2.40
									1. As per the current pattern of OI target is calculated Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines. 2. Including 200 for CPT
4	Operational Cost for SACS								
	SCM of ARV drugs: Drug Transfers						2.00	2.00	1.00
	Printing of registers, forms & Cards, signages						1.50	0.50	1.75
	Remuneration & TA/DA of Regional coordinator	0	0	0		0	0.00	0.00	0.00
	Total Funds						114.31	87.36	74.22
5	Coverage and Linkage Targets								
a	PLHIV Registered in HIV care (cumulative)	4594	5600	5255	94%	6300	5400 PLHIV are expected to register at the end of March 2013. The target is based on new positives detected at ICTCs during 2013-14 which is around 550 and additionally some backlog of previous years also. Therefore total target of 6300 has been set up.		
b	PLHIV alive & on ART (cumulative)	1795	2550	2117	83%	3000			
							Around 2450 PLHIV will be alive on ART at the end of March 2013 nearly 45 patients are added every month additionally. All eligible should be put on ART.		
c	OI episodes treated (annual)	207	1000	481	48%	1200	As per the current pattern of OI target is calculated Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines		
d	CD4 Testing (annual)	3979	7000	4048	58%	9000			
							2 tests /year for all PLHIV in care. However Kits will be provided based on consumption pattern		

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# Processes for implementation of 2013-14 activities

HIMACHAL PRADESH				
Baseline: 1 <sup>st</sup> April'2013				
S.No.	Activity	Processes	Responsibilities	Timeline
1.	Setting up ART Centre	Issue of provisional administrative sanction.	NACO CST	Apr'13(First Fortnight)
		Meeting between SACS, Dean/Med. Supdt. of Hospital, HOD Med. of ART centre and Regional Coordinator to identify the space for centre and to constitute ART team.	SACS - CST in-charge, RC	Apr'13(Second Fortnight)
		Constitution of Panel of Experts	NACO CST	Apr'13(Second Fortnight)
		Visits by Expert Team to assess feasibility especially with respect to the availability space and willingness.	RC/ JD CST	May'13 (Second Fortnight)
		Issue of final sanction	NACO CST	June'13 (Second Fortnight)
		Training of ART team (faculty).	NACO CST	June'13
		Recruitment of Contractual Staff at ART centre	ART centre Nodal Officer, RC, JD CST	July'13 (Second Fortnight)
		Training of all contractual staff. Modules & curriculum available. Training institutes identified. Training plan developed state wise.	NACO	Aug'13(Second Fortnight)
		Supply of CD4 Machine/Linkage plan with CD4 lab for conducting CD4 tests.	NACO CST, Joint Director (Lab Services)	Aug'13(Second Fortnight)
		NACO CMIS Code provided & supply of M&E tools	NACO CST TO (M&E)	Aug'13(Second Fortnight)
		Procurement /Supply of ARV drugs for new centers	NACO	Aug'13(Second Fortnight)
2.	Co-location of ICTC/ART	2 of the 3 centres are already co-located. Since the third centre is in a separate building SACS has expressed its inability to have it 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- • Setting up of facilities • Training at CoE	• 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

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	<b>Forecasting -</b>		
	Requirement of drugs and CD4 kits for next FY to be assessed based on previous consumption, rise in number of patients in current year (and thus expected rise in next FY) and assessed previous backlog	RC, JD CST, APD, PD	3 <sup>rd</sup> Quarter
	Above assessment to be done based both drug wise and ART centre wise		
	Send above information to ADG CST by January		January
	<b>Storage Space-</b>		
	Quantify amount of storage space required	Store Officer	April
	Identify current storage options – rental, possible NRHM warehouse, common facility storage	RC, JD CST	April
	Negotiate with health facility/ NRHM officials for common storage	JD CST, APD, PD, RC	May/ June
	Keep storage space available for receipt of supplies 4 days prior to schedule date for arrival of supplies	Store Officer	Ongoing
	<b>Receipt &amp; Dispatch -</b>		
	CRC should be issued within 7 days of receipt of supplies	Store Officer	Ongoing
	Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	SACS CST	Ongoing
	Dispatch plan should be based on pattern of consumption for last 3 months	SACS CST	Ongoing
	<b>Transportation – Most cost effective and efficient means of transportation to be adopted</b>		
	Option 1: Supplies should be made to ART centres in collaboration with the general health system		
	Option 2: Supplies should be made to ART centres through physical collection by staff while attending review meetings		
	Option 3: Hiring of courier to dispatch supplies co-ordinating with BSD supplies		
	<b>Mechanism of reviewing transportation options-</b>	SACS CST, Store Officer / APD, PD SACS	April
	Review the logistics of the above 3 options		
	Compare the costs of the options, (by comparison of previous expenditures incurred)		May (first fortnight)
	Tendering to select the most cost effective mode of transport	JD CST, APD, PD	May
	<b>Physical Verification and Reporting -</b>		
	MO-ART to physically verify stocks weekly and countersign in stock register	MO- ART	Weekly
	All supervisory cadres during field visits to facilities to physically verify stocks and countersign in stock register	RC, APD	Monthly
	Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected /analyzed	PD SACS, JD CST, Store Officer	Monthly

COMPONENT III

HIMACHAL PRADESH

YEAR :

2013-14

YEAR :

2013-14

	AAP 12-13)	Expenditure UP TO 31st January, 2013	Likely expenditure during Feb & March, 13	Total Expenditure during 12-13	Proposal for 2013- 14) in (lacs)	Recommen- ded	
2 Operational Cost							
1 Training SACS /DAPCU	2.00	0.23	1.70	1.93	6.00	2.00	Bills are pending for payment and monthly review meeting of DAPCUs/NGOs
2 Equipment Maintenance	1.00	1.39	0.60	1.99	3.00	2.00	Bills are pending for payment
3 Building Maintenance		0.05		0.05		0.00	
4 Vehicle Maintenance	2.50	1.78	0.72	2.50	4.00	4.00	
5 Travel Expenses	6.00	8.64	1.00	9.64	12.00	8.00	Travel of the staff and hiring of contracted taxi on monthly basis
6 Rent, Rates and Taxes	12.00	7.98	4.00	11.98	15.00	15.00	RENTED BUILDING NOW REVISED AGREEMENT
7 Telephone/Communication Exp	3.00	1.36	0.80	2.16	4.00	3.00	
8 Bank Charges				0.00			
9 Miscellaneous Expenses	5.00	5.19	1.50	6.69	15.00	5.00	
10 Printing and Stationery	1.00	0.39	0.74	1.13	3.00	2.00	
11 Advertisement (Other than IEC)	1.00	0.91	0.20	1.11	2.00	1.50	
12 Water and Electricity	1.50	1.05	0.40	1.45	2.25	2.00	
13 Audit Fees	1.50	1.33	0.30	1.63	2.00	2.00	
14 Legal Expenses		0.47		0.47	1.00	0.50	
15 Postage / Courier	1.00	1.20		1.20	3.00	2.00	
16 Other Administration Cost	1.00		1.00	1.00	2.25	2.00	
17 Review Meeting Expenses	1.00		1.00	1.00	3.00	2.00	Bills are pending for payment
18 Office Equipments(see next she	1.00		1.00	1.00	7.00	1.00	Replenishment of old computers and purchase of lap tops, Printer with spiral
19 Furniture (see next sheet)	0.50		0.50	0.50	1.00	0.50	
Total	41.00	31.97	15.46	47.43	85.50	54.50	
Notes							
Give details of equipment purchases if proposed							

SUMMARY

Total Cost: HIMACHAL

(A) SACS:	By SACS	Approved
(i) Salary	189.21	189.21
(ii) Operation Cost	85.5	54.50
Total (A)		243.71

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Himachal Pradesh: Annual Action Plan- 2013-14 : Strategic Information Management Unit															
Sl. No	Description	Reporting Unit Type	Unit cost	Duration	No. of Reporting Unit users	Induction	Refresher	total	Estimated Budget	CPFMS Head	Time line				
1	SIMS Induction/ Refresher Training	ICTC	2500	1 day	47	5	47	52	129250	M&E Trainings	Q1	Q2	Q3		
		FICTC	2500		66	66	66	165000	Q4						
		TI	2500		23	2	23	25	63250						
		CCC	2500		3	0	3	3	8250						
		STI	2500		17	2	17	19	46750						
		District Programme officer	2500		12	1	12	13	33000						
	IEC/ Mainstreaming		2500	1	0	1	1	2750							
			2500	18	2	18	20	49500							
			2500	187	78.1	121	199	497750							
2	Reports publication ( Surveillance, estimations report and SIMS report)						6		145000	M&E-Printing of reports & bulletin To be Booked under "IS" in appropriate head					
3	Monitoring & Supervision visits (10 days/month)#			10 days per month	2500		120			Surveillance: Honorarium to sentinel site personnel, Surveillance - Honorarium to testing lab personnel, Surveillance - Supervision and field visits at SACS, Surveillance -Other Contingencies					
4	HIV Sentinel Surveillance**														
5	Total Budget (M&E and Surveillance)										1068030				
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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Himachal Pradesh: Annual Action Plan- 2013-14 : Strategic Information Management Unit							
Sl. No	Description	Reporting Unit Type	Unit cost	No. of Reporting Unit users	Induction	Refresher	total Estimated Budget
1	SIMS Refresher Training completed	ICTC	2500	47	5	47	52
		FICTC	2500	66	66		66
		TI	2500	23	2	23	25
		CCC	2500	3	0	3	3
		STI	2500	17	2	17	19
		District Programme officer	2500	12	1	12	13
		IEC /Mainstreaming	2500	1	0	1	1
		BB	2500	18	2	18	20
		total		187	78.1	121	199
							0
2	Reports publication ( Surveillance, estimations report and SIMS report)						
3	Monitoring & Supervision visits (10 days/month)#					6	145000
4	HIV Sentinel Surveillance**						425280
5	Total Budget (M&E and Surveillance)						570280

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.

Process Indicator	Activities	Time line	Responsible Person
<b>Monitoring and Evaluation</b>			
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
	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 quality	Quarterly SIMS bulletin/factsheet	By end of every Quarter	DD (MES)/SE/MEO/SO
Data analysis and Report publication	Annual SIMS Report	In Fourth Quarter	DD (MES)/SE/MEO/SO
	All non-reporting/laggard reporting units to be visited	In First Quarter	DD (MES)/SE/MEO
	All other reporting units to be visited in Subsequent quarters (15 RU's per month by SIMU Team @ 2 RU's per visit day)		DD (MES)/SE/MEO
M&E visit	Onsite Training to be provided during field visits	Every Field Visit	DD (MES)/SE/MEO
Filling up Vacancy posts	Filling up of all vacancy position in SIMU	In First Quarter	Project Director
<b>Surveillance</b>			
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

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