

T-11017/20/2012-NACO (F)
Government of India
Ministry of Health & Family Welfare
Department of AIDS Control

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

To,

The Project Director,
Karnataka State AIDS Control Society

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

Sir/Madam,

Please refer to your proposal regarding approval of Annual Action Plan for the year **2013-14** and further discussions held in Department of AIDS Control (DAC) on 7th February, 2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs 8374.40 lakh (Rupees Eighty crore Seventy Four y lakh and Forty thousand only.) as per detailed break-up given below:

(Rs. in lakhs)

Component	DBS	Pool fund	GF	Total
Prevention				
TI		2463.64		2463.64
STI	115.36			115.36
BTS	513.10			513.10
IEC	722.68			722.68
LWS	130.90		93.50	224.40
ICTC	596.83		1392.60	1989.43
	2078.87	2463.64	1486.10	6028.61
CST	1459.84		18.00	1477.84
ISTM	812.96			812.96
SIMS	54.99			54.99
GT	4406.66	2463.64	1504.10	8374.40

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

The above approval is subject to the following conditions:

1. The overall allocation indicated above is subject to the condition that the outstanding cash balance and advance as on 1.4.2013 is part of the approval. In other words, further releases will be made only after deducting the advance and cash available with the state as opening balance.
2. SACS should carry out the activities as shown above without waiting for approvals of Executive Committee and ratification of Executive Committee may be obtained.
3. Inordinate delay is observed in placing orders for equipment / supplies. These should be done within a week of receiving approvals of DAC. Procurements should be initiated and finalized, as per the procurement plan prepared and approved.

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

Yours faithfully,



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

Copy to:

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

Targeted Interventions

Karnataka

YEAR

2013-14

S.No.	Sub-Component	cost Head	Unit cost in Lakh (Range)	Items/ Activities	TI Achievement (2012-13)			TI Targets (2013-14)				Allocation (Rs. in Lakhs)
					Target	Achievement during the year	Existing as on 01.04.2013	Transition from Partners	New TIs additions	Total		Pool Fund
1.1.1 FSW		Grant to TI Projects	8 to 24 lakhs based on coverage	cost for basic infrastructure, human resources, programme management and service delivery		64	64		2	66		1262.90
1.1.2 MSM						31	31		0	31		443.21
1.1.3 IDU						4	4		0	4		68.97
1.1.4 TG/Hira						2	2		0	2		28.11
1.1.5 Core Composite*						4	4		0	4		79.74
1.1.6 Migrants (Source)									0	0		0.00
1.1.7 Migrants (Transit)									0	0		0.00
1.1.8 Migrants (Destination)						19	19		2	21		244.53
1.1.9 Truckers						5	5		2	7		112.73
				Total	0	129	129	0	6	135		2240.20
1.1.9 Training of State TOTs/ STRC Refresher training		Grants to agencies	8 to 40 lakhs	Cost for training as per norms and management cost of documentation								141.18
1.2.0 JAT / Evaluation		Professional services	25,000-40,000 per unit	Cost for TA, DA and documentation						0		28.80
1.2.1 OST centres							1		4	5		40.96
1.2.2 Employer led models				As per guidelines					25	25		12.50
1.2.3 Any other												
Detailed guidelines on Employer Led Models would be issued by NAGO												2463.64

(Number of TIs proposed under each category)												
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	1	4	0	4	1	11	1			20	80879	2213
MSM	2	5	0	5	0	5	0			16	0	25206
	Less than 150		150-249		250-399		400-599		600 and above			
TG/Hira	0	0	0	0	0	0	0			0	0	0
	150-299		300-499		500-699		700 and above					
IDU	1	3	0	3	0	0	0			4	0	1556
OST												
	Less than 400		400-699		700-999		1000 and above					
Core Composite	0	1	0	0	0	3	0			4	0	4601
Bridge Population	5000		5001-9999		10000 and above							
Migrant (Dest.)	0	19	0	2	0	0	0			19	2	190000
	5000-9999		10000-29999		30000 and above							
Trucker	2	2	0	2	0	1	0			5	2	60000
Migrant (Source)	No. of districts	0	Migrants (Transit)	No. of sites	0	0	0					

Deo

V

Karnataka

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

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

Training load of T1s (enter manually based on the number of staff to be trained in individual thematic sheet)

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

Annual Action Plan 2013-14 (Karnataka State AIDS Control Societies)															
(Rs. in lakhs)															
S.No.	1.2 Information, Education & Communication Sub-Component	Cost Head	Unit Cost **	Items/activities	Achievement (2012-13)		Targets (2013-14)		Allocation in Rs. (In lakhs)	Source of funding					
					Target	Acheivement	Existing as on Date	New							
1.2.1	Information Education Communication Mass Media	TV	Spots on Private Channels/cable	5000	Spots during WAD, IVD, VBD and IWD, each 10 Second duration in 7 Private channels. (4 events X 4 Channels X 2 days) per day 5 spots	120	271	0	160	8.00					
						Spots on Doordarshan Long format TV Programs (15/30 mts duration)	4	4		20	10.00				
							Radio	Audio Spots/10 seconds	375	375	0	192	3.84		
									Spots on AIR Long format Radio programs (30 mts/15 mts duration)	32	61	0	52	14.56	
										Newspaper Adverts.	24	45	0	24	6.00
	Community Radio	1,00,000	Dissemination of information to various sections of population / stakeholders through community radio.	0	1	0	5	5.00							
	Newsletter	90	Newsletter: Once in two months Production on different subjects matters of KSAPS and relevant issues 1000 copies	6000	6000	0	6000	5.40							
	Development of Resource Pool	150000	Consultation workshop with Creative writers, artists, anchors, columnists, freelancers for developing resource pool	2	1	1	1	1.50							
Sub-total					6557	8758	1	8464	54.30						
1.2.2	ICT														
	Website		100000	Maintenance and updating of Website	1	1	0	1	1.00						
	SMS		0.1	As part of event WAD, IWD and youth day SMS will be sent to youth 1 Crore subscribers can be reached, using major telecom service providers in Karnataka. Section will be done on basis of mobile	0	40000000	0	10000000	10.00						
	Helpline		900000	Salary of six counselors (10000X6X12), phone bills Rs 10000 per month for 12 months and Maintenance of Rs 60000 year	1	1	0	1	9.00						
Sub-total					2	40000002	0	10000002	20						
1.2.3	IEC material production, replication & newsletter	Printing / replication of IEC Materials		Detailed list with costing to be attached. Rs 243411 for Truckers IEC											
					118000	826000	0	2067005.00	75.05						
Sub-total					118000	826000	0	2067006	75.05						
1.2.4	Outdoor	Permanent Hoardings at Strategic locations	25	Permanent Hoardings at Strategic locations(KSAPS currently have 310 (10' X 20' Total 90nos and 6' X 12 total 220)) Total 33840 sqft at the rate of Rs 25 sqft for three times (Three events)	33840	33840	0	101520	25.38						
		Rented Hoarding at Strategic locations	AS per DAVP rates	Total 50, 5 per 10 high prevalence dist. (Belgaum, Bagaikot, Bijapur, Gulbarga, Bellary, Raichur, Koppal, Udipi, Mysore, Dharwad) 10X20 feet. Negotiation with oil companies for erecting hoardings at petrol banks	0	3	0	50	50.00						

DR

	Cost Head	Unit Cost **	Items/activities	Target	Achievement	Existing as on Date	New	
	Display of messages on govt. Buses	5600	Branding Buses with HIV messages. panels in 300 KSRTC Buses at cost of Rs. 5600 per bus per month. Rates as per KSRTC	300	300	0	300	16.80
	Messages on Auto hoods	700	Celebrities endorsed HIV message in 100 auto hoods in 10 high prevalence districts at the cost of Rs. 700 per auto, during the campaigns and events (Cost includes one time new rexin, printing and installation)	0	0	0	1000	7.00
	Outdoor activities at Railway station	100	18 big railway terminals: Posters at strategic locations within railway station, leaflet at general booking window and announcement through railway public address system with recorded HIV messages	0	0	0	1000	1.00
			100 CD/DVD with pre recorded HIV message for railway public announcement system at the cost of Rs. 100					
	Dissemination at Newly built bus stations at District and taluka headquarters	2,40,000	10 New bus stations in Karnataka (package includes renting hoardings (2 per bus station * 10), festivals/jathras/market days banners around the bus terminals(10*4 times), video spots on special events(4 spots per day for 7 days for four events)	0	0	0	10	24.00
	Display at Railway reservation Counters during campaigns and announcements	0.6	Using display in Railway reservation Counters during campaigns in 174 screens covering 18 big railway stations for 7 seconds. 72 spots per day running 40 days (174 x72x40)	1044000	501120	542880	542880	3.26
			Folk troupes in 30 districts for a period of 120 days. (Total 30 district, 100 shows per district at the average Rs 4000 (as per song and drama division, who are registered under Information Dept, Karnataka and culture dept Rs. 4000/- per show as per the folk form)	2400	2525	0	3000	120.00
	Hiring of folk troupes	4000	3 days workshops (Two days refresher workshop for troupes, one day planning meeting with DST, 150 members (120 folk team members, 5 master trainers, 5 resource person, 10 SACS officials and 10 technical support members)	2	2	0	2	4.00
	Branding of 2 IEC bus for various district level campaigns	500000	Red Ribbon Bus (RRB) travels across 11 high prevalence districts during folk campaign and special events. The cost include drivers salary and fuel, Audio and video, power	4	2	2	2	10.00
	IPC Migrant Camps Exhibitions							
				2406	2529	2	3004	134
1.2.6	WAD	1725000	WAD state level program Rs.7 Lakh and for every districts Rs.15000 (29 dist.)	1	1	0	1	11.35
	IWD	300000	State Level programme IYD	1	1	0	1	3.00
	IYD	300000	State Level programme IWD	1	1	0	1	3.00
	Piggy bags events (Collaborative activities)	50000	In popular events to be identifies like Marathon, MTV events or any mass events where youth take part in large numbers. During such event distributing of red ribbons paper hats and banners at strategic locations at the cost as a package of Rs. 50000 per event X 5 events	0	0	0	5	2.50
				3	3	0	8	19.85
1.2.7	Monitoring, Documentation	500000	Monitoring of Door to Door campaign by SACS officers, visit to service centers by sacs officers. Documenting the best practices and other activities like mainstreaming activities, RRC programme, DIC, AEP etc and IEC intervention impact in Bagalkot district by external resources	2	2	0	3	5.00

Dras

	Cost Head	Unit Cost **	Items/activities	Target	Acheivement	Existing as on Date	New	
	Impact Evaluation	500000	Documentation Door to Door campaign and other campaigns				1	5.00
				2	2	0	4	10.00
								2.00
	Sub total							
1.2.8	Hiring of Communication of Agency	Rs 2 lakhs	Designing Adaptation and translation					
1.2.9	Youth Intervention							
1.2.9.1	Adolescence Education Programme	Rs 1000		3000	3000	0	6510	65.10
1.2.9.2	RRCs in colleges and University	Rs 9000 for new and Rs 4000 for existing RRC	Peer Educator training programs and orientation for the newly recruited NSS officers and College level activities	732	732	732	537	77.61
1.2.9.3	Out of school Youth							7761000
	Sub-Total			3732	3732	732	7047	142.71
1.2.10	Drop in Centre	137000	Existing DICs will continue and no new DICs will be budgeted Salary of Coordinator Rs 8000/-, Rs. 1500 for TA and ORW 4000/- and 1000 for TA	30	30	30	30	41.1
	DLN staff development cost	0	To strengthen capacities of the DLN staff and improve performance of the DLN	0	0		4	0.00
	Services cost for high prevalence district legal cell centres for 12 months(working in ART Centres)	0	Services cost for 20 centres for 12 months(legal cell working in ART Centres)			20	0	0.00
	DIC performance review and planning meeting	100000	To Increase performance of 30 existing DICs	0	0	0	1	1.00
	Sub-Total			30	30	50	35	42.1
1.2.11	Advocacy							6.01
1.2.11.1	Mainstreaming 2 training	Training as per (NACO) Norms	Based on the requirement of the State	32880	36000	0	42472	89.22
	Sub-Total							95.23
	Grand Total					542933		722.68

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

Shri. Rajesh Rana

K. S. Yama Prasad

JD/IEC

DR

KARNATAKA

Sr. No.	Component	Physical targets 13-14	Time line	Process Indicators
1.	Mass media			
a.	TV spots	160	1. April Wk 2 2. April Wk 3 3. April Wk 3 4. April Wk 4 5. Ongoing On going	1. Finalization of themes, spots and channels. 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet on weekly basis
b.	Long format TV, Talk Shows	20	1. April Wk 2 2. April Wk 2 3. April Wk 3 4. April Wk 4 5. April Wk 4 6. Ongoing	1. Finalization of themes, and programme 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast
c.	Radio spots in Private channels	192	1. April Wk 2 2. April Wk 3 3. April Wk 4 4. April Wk 4 Ongoing	1. Finalization of themes, spots and channels and events. 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast
d.	Long format Radio	52	1. April Wk 2 2. April Wk 3 3. April Wk 4 4. April Wk 4 Ongoing	1. Finalization of themes, and programme 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast
i.	News paper advt	24	1. April Wk 2 2. April Wk 3 3. April Wk 3 4. / 5. / 6. Staggered every quarter	1. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 2. Decision on theme/content 3. Circulation plan 4. Compilation of articles 5. Printing 6. Dispatch
e.	Community Radio	5	1. May Wk 1 2. May Wk 2 3. May Wk 3 4. June Wk 1	1. Finalization of themes, and programme 2. Training the staffs on community radio 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast
f.	Newsletter	6	1. April Wk 2 2. April Wk 3 3. April Wk 3 4. / 5. / 6. Staggered every quarter	1. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 2. Decision on theme/content 3. Circulation plan 4. Compilation of articles 5. Printing 6. Dispatch

g.	Development of Resource Pool	1	June Wk3	1. Planning 2. Organization of workshop 3. Documentation
2	ICT			
a)	SMS/OBD	10000000	1. April Wk 2 2. April Wk 2 3. April Wk 3 4. April Wk 4 5. Ongoing (during identified events)	6. Discussion with service providers 7. Identify the events 8. Finalize the message 9. Issue work orders 10. Tracking
b)	Website	1	1. April Wk 3 2. Ongoing	3. Agreement with web management agency 4. Update the information on regular basis
c)	Helpline	1	1. Ongoing 2. Ongoing 3. Ongoing	1. Record keeping 2. Analysis of monthly record 3. Documentation & reporting
3.	IEC material production & replication			
a.	Printing of IEC material		1. April Wk 2 2. April Wk 3 3. April Wk 4 4. May Wk 1 5. May Wk 1 6. Staggered (June, Sept, Dec) 7. June 8. ongoing	1. Requisition from prog divisions 2. Assessment of stock 3. Tender process: Publish notice, short-listing, approval of selection of vendor(s) 4. Work order released 5. Delivery plan 6. Distribution plan 7. Training on material use to end users (Service centres/NGOs) Monitoring of use by service centres/NGOs
4.	Outdoor & Mld media			
a)	Permanent Hoardings	101520 sq ft	1. April Wk 2 2. April Wk 3 3. April Wk 4 4. May Wk 1 5. May Wk 2 6. May Wk 2 7. Ongoing 8. June, Sept, Dec, March	1. Assessment of current status 2. Tender process 3. Development of prototypes, size and message content 4. Sharing with NACO 5. Selection of vendor 6. Work order 7. Monitoring 8. Periodic reporting
b)	Hoardings at District/taluk level	50	1. April Wk 2 2. April Wk 2 3. April Wk 3	1. Identify appropriate locations 2. Tender process 3. Development of prototypes, size and message content

			4. Ongoing 5. June, Sept, Dec, March	4. Issue work order 5. Monitoring 6. Periodic reporting
c)	Display on bus panels	300	1. April Wk 2 2. April Wk 3 - 4 3. April Wk 3 - 4 4. April Wk 2 5. April Wk 4 6. May Wk 1 7. May Wk 2 8. Ongoing 9. June, Sept, Dec, March	1. Identification of bus routes for display 2. Development of prototypes, size and message content 3. Sharing with NACO 4. Listing of buses according to registration no. 5. Tendering process 6. Selection of vendor 7. Work order 8. Monitoring plan 9. Documentation & Reporting
d)	Auto -top/hood display	1000	1. April Wk 2 2. April Wk 3 3. April Wk 4 4. May Wk 1 5. May Wk 2 6. May Wk 2 7. Ongoing 8. June, Sept, Dec, March	1. Assessment of current status 2. Tender process 3. Development of prototypes, size and message content 4. Sharing with NACO 5. Selection of vendor 6. Work order 7. Monitoring 8. Periodic reporting
e)	Outdoor activities at Railway Station	1000	1. May Wk 1 2. May Wk 2 3. May Wk 3 4. May Wk 3 5. May Wk 4	1. Selection of material 2. Selection of vendor 3. Replication 4. Distribution/use plan 5. Dispatch
f)	Display at Railway station	542880	1. May Wk 1 2. May Wk 2 3. May Wk 3 4. May Wk 3 5. May Wk 4 6. Ongoing	1. Decision on display material 2. Identification of locations for display 3. selecting theme alongside of other campaign 4. Plan for executing the activities 5. Monitoring plan 6. Reporting and documentation
g)	Dissemination at Newly built bus stations at District and taluka headquarters	10	1. April Wk 1 2. April Wk 2 3. April Wk 2 4. April Wk 2 5. April Wk 2 6. April Wk 2 7. May Wk 1 8. Ongoing from May Wk 1	1. Decision on display material 2. Identification of towns and no. of bus terminals for display 3. Development of prototypes, size and message content 4. Sharing prototype with NACO 5. Tendering process 6. Selection of vendor 7. Work order 8. Monitoring plan 9. Documentation & reporting

	h)	Display at railway reservation counters during campaigns and announcements	5,42,880	7. May Wk 1 8. May Wk 2 9. May Wk 3 10. May Wk 3 11. May Wk 4 12. Ongoing	1. Decision on display material 2. Identification of locations for display 3. selecting theme alongside of other campaign 4. Plan for executing the activities 5. Monitoring plan 6. Reporting and documentation
5.	Mid-media				
	a)	Folk-performances, state level w/shop, review meetings, monitoring etc	3000	1. April Wk 1 2. April Wk 1 3. April Wk 3 4. April Wk 3 5. April Wk 4 6. Ongoing 7. Ongoing 8. June, Sept, Dec, March (First Wk) 9. June, Sept, Dec, March (3 rd Wk)	1. Selection of troupes as per guideline 2. State level workshop 3. Planning meeting with DST 4. Route plan , Phase-wise 5. Troupe deployment 6. Monitoring of performances 7. Analysis of monitoring reports 8. Review meeting with troupes & DST 9. Reporting to NACO
	b)	Branding of 2 IEC vans for various district level campaigns	2	1. April Wk 2 2. April Wk 3 3. April wk 3 4. April Wk 4 5. May Wk 1 6. Ongoing June, Sept, Dec, March	1. Develop plan of activity 2. Selection of occasions and periods of utilization 3. 3. Development of route plan 4. Procurement of IEC van 5. Monitoring 6. Reporting 7. Documentation
6	Events				
	a.	WAD,IYD, IWD,NYD & other dist level events	3	1. April wk 3 2. April Wk 4 3. May Wk 1 4. / 5. As per calendar	1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (event-wise) and sharing 3. Disbursement of funds to districts 4. Monitoring 5. Documentation

b.	Piggy bag events	5	1. April wk 3 2. April Wk 4 3. May Wk 1 4. Ongoing	1. Decision on theme of event 2. Development of prototypes and messages 3. Listing of activities 4. Deployment of manpower 5. Record keeping 6. Monitoring 7. Documentation
6.	M&E, Documentation	3	1. April 2. Ongoing	1. Listing of activities for monitoring - by SACS officers, external resource, etc. 2. Documentation of all field level activities 3. Documents shared with NACO
7.	Hiring of Communication of Agency		On going	
8.	Youth			
a.	AEP	6510	1. April Wk3 2. May - June 3. August Wk 2 4. Sept Wk 2 – Oct Wk2 5. As per training schedule	1. Listing of teachers from all Govt. Sr. Secondary targeted in FY 13-14 2. Identification of agency for ToT, Issue of work order 3. Training of trainers 4. Training of teachers 5. Monitoring of Trainings 6. Documentation, shared with NACO
b.	RRC	886	1. May Wk 2 2. May Wk 3 3. July Wk 4 4. July Wk 4 5. Ongoing 6. Ongoing 7. Ongoing	1. Listing of all Colleges - graduate, technical & Universities 2. Listing of colleges targeted in FY 13-14 3. Identify the management agency 4. Training of Coordinators 5. Disbursement of funds along with guidelines 6. Training of peer educators/student leaders 7. Calendar of activities 8. Monitoring of activities 9. Documentation
9	Mainstreaming training			
a	Advocacy		1. April Wk 2 2. April Wk 3 3. April Wk 3 4. April Wk 4 5. April Wk 4 6. May Wk 1 - 3 7. Ongoing 8. Ongoing 9. Ongoing 10. Ongoing	1. Listing of categories of trainees 2. Gathering universe of trainees 3. Information of coverage so far 4. Development of training calendar 5. Decision on training agencies 6. Training of trainers 7. Execution of trainings 8. Detailing of follow up activities 9. Developing training modules for integrating in the ongoing trainings of Depts. 10. Monitoring 11. Documentation
b	Mainstreaming	42474	1. April Wk 2	1. Listing of departments/ organizations 2. Development of advocacy tools and agenda

	training		2. April Wk 3 3. April Wk 3 4. April Wk 4 5. May Wk 4 – June Wk 1 - 2 6. Ongoing 7. Ongoing 8. Ongoing 9. Ongoing	3. Identifying key areas of collaboration 4. Listing no. of beneficiaries 5. Conduct of meetings 6. Directives/orders issues 7. Conduct of Inter-departmental meetings 8. Ensure social support programs for PLHIVs 9. Documentation
c	DIC	30	1. April Wk 3 2. April Wk 4 3. April Wk 4 Ongoing	1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of beneficiaries 4. Monitoring of activities 5. Documentation
	Total			

	Submission of visit report by core committee	Within two weeks of conduction of visit	Core committee members
	Issuance of communications regarding visit observations and recommendations	Within two weeks of conduction of visit	JD BS SACS, Quality Manager
	Submission of action taken reports	Within two weeks of receipt of communication from SACS	Incharge of concerned blood banks
12	Convergence with NRHM		
	Quarterly meetings with the RCH officer	In April, July, October, January	JD BS SACS, Director SBTC, RCH officer
	Listing of functional FRU with and without Blood Storage Centres	Within first quarter, review every quarter	
	Preparation of linkage plan to cater to blood requirement of the FRU without Blood Storage Centres	Within first quarter, review every quarter	
	Identification of underserved regions/ districts without blood banks and jointly plan for catering to the blood needs of the region	Within first quarter	
13	Meetings		
	Quarterly coordination meetings of SACS/ SBTC with Drug Control Department	In May, August, November and February	SACS blood safety officers
	Quarterly meetings with the RCH officer	In April, July, October, January	
	Meetings of governing body/ EC of SBTC	Atleast two meetings every year	
	Meetings with trainers and training institutes	Atleast two meetings every year	
	Meetings with blood bank incharges	Atleast two meetings every year	
	Meetings with camp organizers	Atleast two meetings every year	

AAP 2013-14 Integrated Counseling and Testing Centre KARNATAKA SACS									
S.No.	Sub-Component 1	Cost head	Unit Cost (lakhs)	Items/ activities	Targets 2013-14	As on 01.04.2013	New	RCC Round 2	Remarks
1.3	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)		449		1199.60	Additional allocation of 122 lakhs since average cost of 122 lakhs is 11200. Additional 92 ICTCs are funded out of which 6 SA (1 coun & 1 LT each) will be placed to NRHM in 13-14
1.3.1.2	HR for Supervisors	Recurring	1.88	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)		42.5		102.00	Additional 68 counselors & 17 LTs in place
1.3.1.3	Mobile ICTC	Recurring	5.55	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months		34		57.12	
1.3.1.4	HR for SACS team for Basic Services	Recurring		Running cost of whole unit including salary of counselors and lab tech at Rs 9000 average per month for 12 months		12		66.60	
1.3.2	Establishment of New ICTCs			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)				10.00	
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 60000 per new stand alone ICTC				1435.32	
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing		449	0	0.00	
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none		12	0	0.00	
1.3.2.4	PPP ICTCs	Non recurring	0	none		825	466	0.00	
1.3.3	Trainings			Sub Total		130	100	0.00	
1.3.3.1	Training	Recurring		1) ICTC: Counselors, LTs: Induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) ICTC: Training of MO ICTC / MOTC / ART MO / District Supervisor ICTC / District TB-HIV & DOTS Plus Supervisor (RNTCP) in HIV-TB package 3) F-ICTC: ANM, Nurse, LT, HIV/TB & team training, full site sensitization 4) Whole blood: Training of ANM and RNTCP LT and STLS in whole blood screening 5) Any other training				162.255	50% of the existing training budget as per training plan. Additional allocation will be considered on completion of trainings at the end of 6 months
1.3.4	Procurement of Equipment			Sub Total				162.26	
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6	Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc		0	0	0.00	
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipment/maintenance/AMCs/ Insurance of equipment/bikes etc		541	0	27.05	As per procurement plan based on justification
1.3.5	Consumables			Sub Total				27.05	
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Safe delivery kits, reagents and syringe needles, printing of reporting formats, internet and other misc exp		553		276.50	
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		955	564	0.00	As per procurement plan based on justification.
1.3.6	Monitoring and Supervision / Review meetings			Sub Total				276.50	
1.3.6.1	Review meeting for Supervisors (monthly @ Rs 1000/person)	Recurring	0.01	review meetings					
1.3.6.2	Review meeting for counselors/MO (Quarterly @ Rs 1500/person)	Recurring	0.015	review meetings		34		4.08	
1.3.6.3	State and District HIV-TB Coordination meetings (Quarterly @ Rs 2500/person)	Recurring	0.025	Quarterly State and District level Coordination committee meetings / State Technical Working Group meeting		517		31.02	
1.3.7	SRL			Sub Total		32		3.20	
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		10	0	30.00	
1.3.8	Additional Allocation							30.00	
1.3.8.1	For Co-location of facilities	Non recurring		Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities i.e ART/ICTC/SIT			38	10.00	
1.3.8.2	For PPP ICTC Involvement	Non recurring		A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals i.e Nursing Homes, Corporate Hospitals into NACP. B) Involvement of professional bodies like FOGSI, IMA, IADVL, IAP, etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employer model meetings for which separate budgetary allocation is made			85	10.00	
1.3	Grand Total			Sub Total				20.00	
								1989.43	

DRa

Physical Targets for Karnataka 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	449	0	0	0	
2	Mobile ICTCs	12	0	0	0	
3	Facility Integrated ICTCs	825	486	0	466	
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	130	83	2	85	
5	PPP ICTCs in Private Sector Industries	0	0	5	5	
6	PPP ICTCs in Public Sector Industries	0	0	10	10	
	Colocation of Facilities	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14	
1	Medical College Level	2 out of 17	0	3	5 out of 17	
2	District Hospital Level	5 out of 25	0	20	25 out of 25	
3	Sub District Level	3 out of 18	0	15	18 out of 18	
	Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target	
1	Testing for General clients	1491400	842408	1467137	Two time testing in 100% of HRG covered by TI	
2	HRG testing	206746	89332	228704	30% migrants and 15% truckers	
3	Bridge population testing	NA	NA	75000	100% DSRC attendees	
4	STI Clinic In-referrals testing	100616	39624	100000	100% of TB patients and 10% of ICTC clients (Non-ANC)	
5	Out Referrals from ICTC to STI			34140	100% of HIV infected TB notified cases	
6	HIV-TB Cross referral	219736	108553	223476	100% of the estimated pregnancies	
7	HIV/TB coinfection to be detected	9000	6203	12794	100% of estimated positive pregnancies	
8	Testing for ANC	1187882	759366	1290000		
9	Detection of HIV+ve pregnant women	4392	1397	2508		
* Achievement upto December 2012						
	Linkage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition	
1	ICTC to ART (GC)	NA	70%	85%	HIV +ve general clients to be linked to ART centres	
2	PPTCT to ART	NA	81%	100%	HIV +ve pregnant women to be linked to ART centres	
3	TI to ICTC	NA	NA	90%	HRGs referred from TI reaching ICTC	
4	STI to ICTC	NA	39%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics	
5	TB to ICTC	NA	90%	100%	Notified TB cases reaching ICTC	
6	HIV/TB to ART	NA	96%	90%	HIV infected TB notified cases reaching ART	

DRaw

1.3.3 Training Under ICTC (Provide separate tables for Stand alone, F ICTC, Mobile ICTC, PPP ICTC and one consolidated sheet)										
S.No	Type of Training	Category of Participant	Number of persons to	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	40	12	800.00	384,000.00				
		Lab-Tech	10	5	800.00	40,000.00				
2	Refresher (Stand alone (Inc. Mobile)	Counselor	483	5	800.00	1,932,000.00				
		Lab-Tech	461	5	800.00	1,844,000.00				
3	Induction (FI- ICTC +PPP)	Staff nurse (FI ICTC)	500	5	800.00	2,000,000.00				
		Lab Technician	500	5	800.00	2,000,000.00				
4	Refresher (FI- ICTC +PPP)	Staff nurse (FI ICTC)	825	3	800.00	1,980,000.00				
		Lab Technician	825	5	800.00	3,300,000.00				
5	Induction/ Refresher	District supervisor	34	5	800.00	136,000.00				
	Sensitization (No facilities to be mentioned)	Full site Senstn. Dist. Hosp	30	1	10,000.00	300,000.00				
6		Full site Senstn SDH/RH	177	1	5,000.00	885,000.00				
		ICTC Counselor	200	2	800.00	320,000.00				
		MO-ICTC	30	2	800.00	48,000.00				
		District ICTC supervisor	34	2	800.00	54,400.00				
		MO-TC	30	2	800.00	48,000.00				
		ART MO	50	1	400.00	20,000.00				
		RNTCP STS/STLS	100	2	800.00	160,000.00				
7	HIV-TB training	District TB-HIV & DOTS Plus Supervisor (RNTCP)	34	2	800.00	54,400.00				
		on IPT, Counselors*	553	1	800.00	442,400.00				
		on IPT, ART staff*	467	1	800.00	373,600.00				
		Counselor/ staff nurse	10000	1	800.00	8,000,000.00				
8	Multi Drug Regimen Training for PPTCT	Medical Officer	1050	2	800.00	1,680,000.00				
		District supervisor	34	1	800.00	27,200.00				
		MO ARTCs	50	2	800.00	80,000.00				
		Others (Medical 2 days / Para medical 1 days)	460	1	800.00	368,000.00				
9	Training on whole blood screening	ANM	3000	2	400.00	2,400,000.00				
		Labour Room Nurse	825	2	400.00	660,000.00				
		DMC LT (RNTCP)	150	2	400.00	120,000.00				
		STLS	122	2	400.00	97,600.00				
		MO	449	3	800.00	1,077,600.00				
10	ICTC Team Training	Lab-Tech	465	3	800.00	1,116,000.00				
		Nurse	465	3	800.00	1,116,000.00				
		Counselor	517	3	800.00	1,240,800.00				
11	Other (Specify)				400.00					
Total						34,305,000.00				

Dea

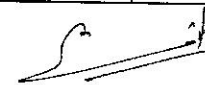
S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. In Lakhs)
						Pool Fund
1.4.1	Establishment of New Facilities (One Time Grant)	One time cost	1,50,000	no of centres	Minor Refurbishment for Audiovisual privacy, Computer	0
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	no. of counsellor	Counselor salary	69.96
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	no. of DSRC and no of districts	Training of trainers, Induction or Refresher training for DSRC service providers, TI STI doctors as per operational guidelines	21.55
1.4.4	Procurement	Recurring	25000 per centre	no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	13.25
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	no. of DSRC and no. of districts	TA/DA/ documentation and communication cost to supervisory team, review meetings, TA/DA for outreach by DSRC counselors	10.6
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)					115.36

1.4.a	Physical Targets to the State under the STI/RTI services	
1	STI/RTI episodes to be managed by Designated STI clinics	237493
2	STI/RTI episodes to be managed by TI-NGOs	75430
3	STI/RTI episodes to be managed by Private sector	26353
4	Total target of STI/RTI episodes for SACS	339275
5	STI/RTI episodes to be managed by NRHM	339275

1.4.b	STI/RTI facilities	Existing No.	Proposed new during FY 2012-13
1	Designated STI/RTI Clinics	53	0
2	TI STI providers	888	53
3	sector	24	888
4	NRHM health facilities upto PHC	2251	24
5	PPP ICTC	131	2251
6	Regional STI Centres	0	100
7	State Reference Centres	2	231
			0
			2

1.4.c	Commodity Assistance provided by GOI to the State	
1	Colour coded drug kits for Designated STI clinics and TI NGO	119171
2	RPR Test kits	8953

DDa



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

Process Indicators 2013-14

Sr No	Issues	Name of State: Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target	1. Establish good linkages with Gyne and obs clinic, ICTC and ART centre. Counsellor to sit in Gyne OPD. 2. Ensure collocation of facilities so that there is minimum loss for treatment and testing. 3. All patients to be tracked for Syphilis and HIV testing. 4. Referral linkages with TI to be established. 5. All DSRC to report on STI in CMI/SMS.	Counsellor of STI Clinic, Incharge of DSRC, DD STI and PO STI	Ongoing
2	Partnering with Private Sector	1. All PSU and leading private sector to be enlisted in all the districts. At least 22 units to be identified and enlisted. 2. Meeting with State focal person of the PSU. 3. The doctors for STI to be trained. 4. All facility to report in SIMS format	DD STI, PO STI and State PSU Focal Person	Enlisting of PSU to be completed by March 30 2013. Training to be completed by July 2013
3	Training	Training plan to be made and shared with other division. All participants to be informed in advance about venue and dates of training. All Training to be completed by first quarter.	DD STI and PO STI and STI Resource Facilities	Incomplete training of current year to be finished by 15th March. Training for 2013-14 to be completed by June 2013.
4	Supportive Supervision	At least 60% of poor performing STI facilities to be visited by SACS Focal Person and PO STI at least once in a quarter. All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visit.	DD STI, PO STI and STI Mentors	Ongoing
5	Supply chain Management	All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. All commodities supplied by the programme must be monitored regularly. All drugs with earlier expiry should be used first and if excess should be relocated. Review your programme data with consumption of commodities. Ensure there is no stock out and expiry of drugs.	DD STI, PO STI, STI Counsellor at DSRC, STI Clinic Incharge and PM of TI	Periodic Review of commodity at least once a quarter from all facilities
6	Quality of Services	1. All Patients to be provided with internal exam, multiple STI in patients to be tracked, 2. All STI patients to undergo syphilis and HIV testing. 3. All patients to receive drug and test regularly.	STI Clinic Incharge and TI STI Providers. DD and Po STI.	Ongoing
7	Vacancy	Offer Letter to be sent and counsellor to be placed at earliest. AD STI to be positioned.	DD STI and PO SACS	By June 2013
8	NRHM Convergence	1. Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and training of atleast 1 MO to be done. 3. Joint review of programme to be done at least once a quarter.	DD STI, PO STI State RCH officer	One joint meeting once a quarter

DDao

Process Indicators - BSD			
Indicators	Recommended Action - Establishment of facilities	Timeline	Person Responsible
Establishment of facilities	Stand Alone ICTCs / Mobile ICTC		
	Identification of health facilities for establishment	1st week of April 2013	
	Recruitment of new staff	1st week of May 2013	
	Induction Training of new staff	May - June 2013	
	Procurement of equipments: computers, etc		
	Preparation of indent and approval by PD SACS	2nd week of April 2013	Direct: SACS BSD, Procurement Officer, Finance Officer Monitoring: JD Finance /APD / PD SACS
	Processing and completion of procurement of indent giver	2nd week of May 2013	
	Dispatch and receipt at concerned facilities	3rd week of May 2013	
	Refurbishment of identified facilities		
	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	
	Functionality and Reporting of new Stand Alone ICTC	1st week of June 2013	
	Facility Integrated ICTC / MMU		
	Sensitization of CMHO / CMO / CDMO / DHO / Civil Surgeon / ADMO	2nd / 3rd week April 2013	Direct: SACS BSD, M&E Officer, State RCH officer / NPHM Nodal Officer Monitoring: APD / PD SACS
	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	
	PPP ICTC in Nursing Homes / Corporate Hospitals		
	Enlisting and identification of potential partners:	1st week of April 2013	Direct: SACS BSD / STI, DAPCU Monitoring: APD / PD SACS
	Meeting with associations and partners	2nd / 3rd week of April 2013	
	Training of staff	2nd / 3rd week of May 2013	
	Functionality and Reporting	1st week of July 2013	
	PPP-ICTC in Private Sector Industries		
	Enlisting and identification of potential industries:	1st week of April 2013	Direct: SACS BSD, IEC / Mainstreaming, DAPCU Monitoring: APD / PD SACS
	Meeting with industry stakeholders	2nd / 3rd week of April 2013	
	Training of staff	2nd / 3rd week of May 2013	
	Functionality and Reporting	1st week of July 2013	
	PPP-ICTC in Public Sector Undertakings		
	Enlisting and identification of PSU to partner with:	1st week of April 2013	Direct: SACS BSD, IEC / Mainstreaming, DAPCU Monitoring: APD / PD SACS
	Meeting with industry stakeholders	2nd / 3rd week of April 2013	
	Training of staff	2nd / 3rd week of May 2013	
	Functionality and Reporting	1st week of July 2013	

Das

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 ICTC: b) Sharing of line list with concerned ART centre / s by email every 15 day: c) Obtaining feedback by concerned ART centre / s every 15 days: d) Completion of line list at the ICTC level by Counselor at 15 days and at the end of the month e) Sharing completed / compiled line list with full details to DAPCU / SACS BSD f) Monthly meeting between ICTC and concerned ART at district / regional level to be conducted in 1st week of every month for verifying data g) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSD every month h) SACS officers to participate in district level review meetings at least once in quarter every district i) Where there is no DAPCU, SACS BSD will directly verify / analyze line list every month j) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data. k) After due verification by CST at SACS, BSD to share analyzed / verified / completed line list with NACO by 15th of every month l) SACS BSD / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring 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 HRGs typology wise, STI prevalence, etc and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solution:	Monthly Every 15 days Every 15 days Every 15 days Monthly Monthly Monthly Quarterly Monthly Monthly Monthly Monthly Monthly Monthly Monthly	ICTC Counselor ICTC Counselor / ART Counselor ICTC Counselor DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors DAPCU, Dist ICTC Sup SACS BSD, CST Direct: SACS BSD, CST Monitoring: PD/APD SACS SACS BSD Direct: SACS BSD, CST Monitoring: PD/APD SACS Direct: SACS BSD Monitoring: PD / APD SACS

DD

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

Dea

Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
STI Linkages	- The programme will ensure, tracking of individual STI DSRC Clinic attendees and ensure 100% of STI DSRC Clinic attendees are tested for HIV in the year - Ensure accompanied referrals from STI to ICTC and also ensure single window approach for HIV and Syphilis testing - Reconciliation of reporting to be done between ICTC and STI		
	Co-ordination and Tracking system for STI DSRC Clients		
	a) SACS BSD/STI to issue office order to all ICTCs and DSRCs for single window approach for HIV testing and Syphilis testing	1st Qtr - April 2013	Direct: SACS BSD / STI, Monitoring: APD / PD SACS
	b) SACS BSD/STI to ensure trainings for STI testing is included in all ICTC LT trainings	Ongoing	SACS BSD / STI
	c) Referral of STI clients by DSRC using referral slips / accompanied referrals to ICTC	Every Referral	STI Counselor
	d) Compilation of referrals made to ICTC against each referral every 15 days	Every 15 days	
	e) Meeting of DSRC Counselor with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	
	f) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from DSRC. Also the ICTC counselor will share the list of ICTC clients referred to STI DSRC with PID numbers	Monthly	STI Counselor / ICTC Counselor
	g) Once both ICTC and DSRC STI have reconciled / compiled the list, then both ICTC and STI will report the same in their respective CMIS/SIMS on a monthly basis		Direct: STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU
	ICTC: In-referrals from STI and out referrals from ICTC to STI	Monthly	
STI Linkages	STI: In-referrals from ICTC and out referrals from STI to ICTC	Monthly	
	h) The same should be verified / validated by DAPCU on a monthly basis	Monthly	
	i) Individual STI Clients tested has to be extracted from the compiled line list generated from the referrals with STI-ID and the reached with PID	Monthly	
	j) This individual tracking and reconciliation of ICTC and STI CMIS/SIMS data should be done by DAPCU every month during review meeting between STI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS STI in the 1st week of every month	Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
	k) SACS officers to participate in district level review meetings at least once in quarter every district	Quarterly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	l) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS STI has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / STI, Monitoring: APD / PD SACS
	m) After due verification by at SACS, STI and BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	
	n) SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	
	o) The SACS BSD / STI should analyze the positivity yield out of the referrals made by STI as compared to prevalence rates for the group / state average and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
		Monthly	

DPas

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
	Establishment of F-ICTC/HIV screening facilities at >80% RNTCP DMC Implementation and reporting of ICF activities at 100% Stand Alone ICTC TB-Unit wise monitoring of HIV testing of TB patients Enlisting of all HIV infected TB patients TB-Unit wise tracking of HIV infected TB patients in monthly coordination meeting Feedback on enrollment at ART centres by ART centre staff in monthly HIV/TB coordination meeting	2nd quarter 2013 Every month Every month Every month Every month Every month	DAPCU officer/DNO and District TB Officer DAPCU officer/DNO and District TB Officer DAPCU officer/DNO and District TB Officer DAPCU officer/DNO and District TB Officer Direct: ICTC Counselor / RNTCP STS Monitoring: DAPCU officer/DNO and District TB Officer, ART Centre Staff Nurse / MO
Linkage of HIV infected TB patients to ART	Monitoring of completeness of HIV/TB register at ART centre including HIV/TB cases detected both by NACP and RNTCP	Every month	Monitoring: DAPCU officer/DNO and District TB Officer / District DRTB/HIV supervisors
	Monitoring of ART Initiation in all HIV infected TB cases enrolled in HIV/TB register at ART centre	Every month	Direct: ART Centre Staff Nurse / MO Monitoring: DAPCU officer/DNO and District TB Officer / District DRTB/HIV supervisors

DDa

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-location	April	SACS BSD, CST, STI, RC-CST
	c) Meetings to be conducted between SACS BSD/CST/STI with Health Facility (Dean, Med Sup, CMHO, ART Nodal Officer, DAPCU, DACO, Facility staff and other stakeholders) for development of time bound road map for co-location	April	Direct: SACS BSD, CST, STI, Monitoring: RC - CST, APD, PD
	d) Issuing of necessary Govt Orders by DHS, DMER, PD SACS, etc	May	
	e) Ensuring action on office orders issued and processing plan for relocation of facility	May	Direct: DAPCU, MO-ICTC, MO-STI, MO-ART
	f) Monitoring visit by SACS/DHS/DMER for timely follow-up and timely completion of relocation plan	May	Monitoring: SACS BSD, CST, STI Direct: SACS BSD, CST, STI
	g) Review meeting to be conducted by PD SACS, DMER, DHS on progress in June	June	Monitoring: APD / PD SACS
	h) Follow-up visits by SACS	June / July	Direct: SACS BSD, CST, STI, RC - CST, Monitoring: APD / PD SACS
	i) Progress of Activities to be reported to NACO every month	Monthly	SACS BSD, CST, STI

DDas

Indicators	Recommended Action - Supply Chain Management	Timeline	Person Responsible
Supply Chain Management	Receipt of Supplies by SACS a) Keep storage space available for receipt of supplies 1 week prior to schedule date for arrival of supplies	Ongoing	Direct: SACS BSD, Store Officer Monitoring: APD / PD SACS
	b) Receive stocks on the same day as arrival of supplies and store in walk in coolers	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	c) Physical verification of stock and cold chain status before issuing CRCs	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	d) CRC should be issued within 7 days of receipt of supplies	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	e) Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	f) Dispatch plan should be based on pattern of consumption for last 3 months for the said commodity	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	Dispatch of supplies a) Option 1: Supplies should be made to ICTCs through cold chain vehicle in collaboration with the general health system	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	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		
	e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system.		
	PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities		
	Physical Verification and Reporting a) MO-ICTC to physically verify stocks daily and 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 Supervisors / 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 Analysis, if there is more than 10% variance in any centre / facility reported, then visits to facilities reporting variances to be conducted by a team constituted by PD / APD SACS.	Ongoing	SACS BSD / SACS CST, APD / PD SACS
	Appropriate administrative action should be taken by APD/PD SACS based on reports		
	f) Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected / analyzed	Monthly	PD SACS, BSD, Stores Officer, Quality Manager
	g) During this review meeting. - Assessment of stock positions at Facility level / SACS level stock position for every commodity should be done based on stock available and consumption pattern - Action should be taken if more than permissible variances reported by any facilities - Relocation between districts / facilities, Dispatch plan, Transportation plan should be made - Assessment of near expiry drugs/kits should be made and submitted to NACO if required for relocation to other states, atleast 3 months in advance - If some commodities have expired, then reasons for the same should be analyzed and administrative actions taken if required	Monthly	Direct: PD / APD SACS
	h) Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month.	Monthly	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS

DRao

Indicators	Recommended Action - PPTCT	Timeline	Person Responsible
Linkage of Pregnant women with ART centre and follow-up	a) Maintenance of PPTCT Line list by ICTCs	Monthly	ICTC counsellor
	b) Sharing of line list with concerned ART centre/s by email every 15 days	Every 15 days	ICTC Counsellor
	c) Obtaining feedback of triplicate referral and Line list by concerned ART centre / s every 15 days	Every 15 days	
	c) Compilation of line list at the ICTC level by Counsellor at 15 days and at the end of the month	Every 15 days	ICTC Counsellor / ART Counsellor
	d) Sharing completed / compiled line list with full details to DAPCU / SACS BSC	Monthly	ICTC Counsellor/ DPM/DIS/District Nodal Officer
	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	
	f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSC every month by 10th	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counsellor, all concerned ICTC Counsellors
	g) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Direct: SACS BSC, CST Monitoring: PD/APD SACS
	h) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Quarterly	Direct: SACS BSC, CST Monitoring: PD/APD SACS
	i) BSD at SACS to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSC, CST 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 Obs& Gynae OPD . It should be operationally co-located, with system of a single prick for HIV testing and other ANC blood tests, common registration for ANC check-ups & HIV testing.	3rd qtr	SACS BSC
	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 (M&E), RC (CST)
	Induction training for All NACP-NRHM functionaries involved in PPTCT service delivery and program monitoring	As per roll-out plan	PD SACS, APD (SACS), JD (BSD), Consultant PPTCT, DD/AD (BSD/CST), JD (M&E), RC (CST)
	Refresher training for service providers as well out reach worker involved in PPTCT client follow-up under NACP & NRHM	From second year of roll out	
	On-going sensitization during monthly meeting	On going	DPM/District Nodal Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	Inclusion of PPTCT new regimen component under basic training module for counsellor/SN/MO in NACP & NRHM and ILFS ORWs	In process	DDG (BSD) , NPO (PPTCT), PO (Counselling) , 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, counsellor at ICTC and ART centre, MO at ART centre
	Out-reach and Client tracking	On-going	ART centre MO/counsellor and ICTC counsellor/ILFS ORWs

State Karnataka		Blood Safety							
S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Achievement (2010-		Targets		Allocation (Rs. In Lakhs)
					Target	Achievement	Existing as 1st January 2013	New for 2013-14	
1.5	Modernisation of Blood								
1.5.1.1	Model Blood Banks	Consumables	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1		4.76
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendant, Security, Housekeeping, Data Entry Operator			1		6.24
1.5.1.2	MBB with BCSU	Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines			8	1	36
		Salary	2.4	Salary of 1 LT & 1 Counsellor			8	1	21.6
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			7	4	8.25
		Salary	2.4	Salary of 1 LT & 1 Counsellor			7	4	26.4
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			50	-5	13.95
		Salary	1.2	Salary of 1 LT			50	-5	54
1.5.1.5	RBTC	Consumables	0	NIL			7		0
		Salary	2.4	Salary of 2 LT			7		16.8
1.5.1.6	Blood Storage Centers	Consumables	0	Glasswares, plastic wares, Reagents and chemicals					0
		Salary	0	NIL					0
1.5.1.7	Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendant			9		12.96
1.5.1.8	Maintenance of BT Vans	Recurring	0.7				9		6.3
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			66		23.1
1.5.3	Supportive Supervision	Recurring	0.1	TA/DA for visit to the NACO supported blood banks, Monitoring visits to VBD camps, Core Committee supervisory visits			66		6.6
1.5.4	Procurement								0
1.5.4.1	Equipments for new BCSU	Non-recurring	18	List of Equipments as per NACO guidelines					0
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/ CMC and calibration of essential blood bank equipments supplied by NACO					25
1.5.5	Grant for SBTB								0
1.5.5.1	Voluntary Blood Donation Camps	Recurring	0.025	Hiring of Vehicle, Printing of banner, POL, TA/DA to staff				2641	66.025
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					23
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			66		6.6
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				366784	91.696
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				1		6.54
1.5.6.2	SRL		4.44				10		44.4
	contingency*								4
1.5.7	contingency								0
1.5	Blood Safety (Sub Total)								
1.5	Blood Safety (Allocation)								513.101

Increment as per NACO norms*

Total licensed blood banks in the state	170
Blood banks supported by NACO	66
Target for Total Collection	611307
Target for NACO supported blood banks	366784
Target for VBD	90%
VBD Camps	2641

[Handwritten signature]

[Handwritten signature]

Commodity Items to be provided by NACO	
Blood bags	in lakhs
Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadruple 450 ml	
Testing Kits	in lakh tests
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

Draw

21

2

Blood safety Facilities and Targets AAP 2013-14

1	Establishment of facilities / interventions	NACO support for existing in 2013-14*	NACO support for new in 2013-14*	Proposed facilities 2013-14
a	Total Blood Banks			170
b	NACO Supported Blood Banks	66	66	66
b1	Model Blood Bank	1	0	1
b2	Major with BCSU	8	1	9
b3	Major without BCSU	7	4	11
b4	District Level Blood Bank	50	-5	45
c	RBTC	14	0	14
d	Blood Mobile Van	1	0	1
e	Blood Transportation Van	9	0	9
f	SBTC	1	0	1
2	Blood Collection			Proposed target 2013-14
a	Total Collection for the state			611307
a1	NACO supported blood collection			366784
b	Percentage VBD for NACO supported BB			90%
c	Voluntary Blood Collection in NACO supported BB			330106
c1	Through Static			123042
c2	Through Camps			198063
c3	Through Blood Mobile Vans			9000
d	No of Camps to be conducted			2641
d1	Camp Collection			75 units
3	Component Separation			Proposed target 2013-14
a	Blood collection in NACO supported BCSU			220071
b	Percentage component separation in NACO supported BCSU			80%
4	Training			Proposed target 2013-14
a	Training of BBO			66
b	Training of Staff Nurse			66
c	Training of LTs			132
d	Training of Donor Motivators			1260
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			1200
f	Blood Bank counselor			27
5	Supervision, Monitoring and Evaluation			Proposed target 2013-14
a	Field visits to be conducted			66
b	Review meetings to be conducted			4
6	EQAS			
a	NRL			1
b	SRL			10

* 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 DLBB upgraded as BCSU and 4 DLBB upgraded as Major blood bank

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

37	6	Blood Donation Camps	SACS officers
38		Listing of organizations conducting blood donation camps in the state	In beginning of every quarter
			VBD consultant SACS
39		Listing of colleges, universities, workplaces where camps can be organized along with suitable time	In beginning of every quarter
			VBD consultant SACS
40		Preparation of quarterly camp schedule in consultation with blood bank incharges and organizers	In beginning of every quarter
			VBD consultant SACS, Incharges of NACO supported BB, Organizers, Donor motivators, Blood Bank counselors
41		Release of budget for conduction of blood donation camps	In beginning of every quarter
			VBD consultants SACS, Finance division SACS
42		Pre camp motivation talk and distribution of IEC material to ensure that there is good turnout for the camps	Two days before each camp
			Donor motivators, Organizers
43		Conduction of camps by organizers and concerned blood bank	On day of the camp
			Organizers, Staff of concerned blood bank
44		Monitoring visit of SACS officers to the blood donation camp	On day of the camp
			SACS officers
45		Transport of collected blood units to the blood bank	Within six hours of holding the camp in cold chain
			Staff of concerned blood bank
46		Submission of report of blood donation camps	Within 2 weeks of conduction of camp
			Camp Organizers
47	7	Component separation	
48		Review of availability and functional status of equipments for component separation	By April 2013
			JD BS SACS
49		Review of availability of requisite manpower at BCSU	By April 2013
			JD BS SACS
50		Review of availability of licence at BCSU	By April 2013
			JD BS SACS
51		Review and identify BCSU wise reasons for sub-optimal component separation	By April 2013
			JD BS SACS
52		Taking appropriate corrective measures to address the reasons	Within first quarter
			JD BS SACS
53		Stepping up blood collection at BCSU	Ongoing
			Incharge BCSU
54		Stepping up component separation at BCSU	Ongoing
			Incharge BCSU
55		Enhancing demand for components through trainings on rational blood use	Ongoing
			JD BS SACS, Training institutes, Professional Associations
56	8	Trends in prevalence of TTI in blood units	
57		Capture blood bank wise baseline data of HIV, HBV, HCV, Syphilis and malaria positivity in donated blood	By April 2013
			JD BS SACS, Quality Manager
58		Quarterly monitor the trends through SIMS data analysis	Ongoing
59		Identify blood banks showing high prevalence for TTI	Ongoing
60		Review whether quality standards are in place in the blood banks	Every quarter
61		Review whether reactive donor is being notified and referred for treatment	Every quarter
62		Identify possible reasons for high TTI positivity (replacement donation, poor donor selection and screening, high prevalence in general population in the area, etc)	Ongoing
63		Preparation of training curriculum on donor counseling, screening and retention for blood bank counselors	By September 2013
			NACO blood safety division
64	9	Procurement and Supply Chain management	
65		Preparation of Indent for items to be procured at SACS level and approval by PD SACS	By April 2013
			JD BS SACS, Quality Manager
66		Processing and completion of procurement of indent given	Within first quarter
			Procurement division SACS
67		Dispatch and receipt at concerned facilities	Within two weeks of supply at SACS
			Quality Manager, Store officer SACS
68		Preparation of database of equipments supplied under NACP I, II and III in NACO supported blood banks along with functional status	Within first quarter
			Quality Manager, Store officer SACS
69		Procurement of AMC/CMC services for the functional equipments	Before September 2013
			Quality Manager, Procurement division SACS
70		Issuance of orders for AMC/CMC services	Before September 2013
			Quality Manager, Procurement division SACS
71		Supply schedule for centrally supplied commodities to be shared with SACS	Within one month of issuance of notification of award
			NACO blood safety division
72		Timely receipt and Storage of centrally supplied commodities under proper storage conditions	One same day as receipt
			Quality Manager, Store officer SACS
73		Physical verification of stock and cold chain status and issuance of Consignee receipt certificate	Within one week of receipt

5	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	
10	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
	Training		
	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
	Engagement with professional associations for training of clinicians in private sector on rational blood use	Within first quarter	JD BS SACS
	Creating a database of national and state level trainers for each type of training	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
	Preparation and dissemination of standardized training curricula	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
	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
	Approval of training plan and release of budget for training to the institutes	By second week of July 2013	SACS blood safety officers
	Issuance of communications to all concerned for deputing trainees	By third week of July 2013	SACS blood safety officers
	Translation and replication of training modules and related materials	By end of July 2013	SACS blood safety officers, IEC division SACS
	Training roll out for blood bank staff, donor motivators and rational blood use for clinicians	August to December 2013	Training institutes, trainers
	Monitoring of trainings by experts/ SACS officers/ NACO officers	During trainings	Experts, SACS officers/ NACO officers
11	Monitoring and Supervision		
	Preparation and dissemination of standardized tool for supervision	By April 2013	NACO Blood Safety division
	Preparation of Quarterly schedule for visits of core committee	By April 2013	SACS Blood Safety officers
	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
	Quarterly review meetings of the blood bank officers/ counselors of NACO supported blood banks	July, October, January and April	SACS Blood Safety officers
	Submission of visit report by core committee	Within two weeks of conduction of visit	Core committee members
	Issuance of communications regarding visit observations and recommendations	Within two weeks of conduction of visit	JD BS SACS, Quality Manager
	Submission of action taken reports	Within two weeks of receipt of communication	Incharge of concerned blood banks
12	Convergence with NRHM		
	Quarterly meetings with the RCH officer	In April, July, October, January	JD BS SACS, Director SBTC, RCH officer
	Listing of functional FRU with and without Blood Storage Centres	Within first quarter, review every quarter	
	Preparation of linkage plan to cater to blood requirement of the FRU without Blood Storage Centres	Within first quarter, review every quarter	
	Identification of underserved regions/ districts without blood banks and jointly plan for catering to the blood needs of the region	Within first quarter	
13	Meetings		
	Quarterly coordination meetings of SACS/ SBTC with Drug Control Department	In May, August, November and February	SACS blood safety officers
	Quarterly meetings with the RCH officer	In April, July, October, January	
	Meetings of governing body/ EC of SBTC	Atleast two meetings every year	
	Meetings with trainers and training institutes	Atleast two meetings every year	
	Meetings with blood bank incharges	Atleast two meetings every year	
	Meetings with camp organizers	Atleast two meetings every year	

Total No. of District		Phase 1		Phase 2		Lead Agency	
8		8		0		KHPT	
1. SACS							
Item	Description	Unit Cost per annum	Number	Allocation	Remarks		
1.1 NGO Evaluation Phase I Districts	Evaluation of the NGOs	395300	1	395300			
Sub Total 1				395300			
2. LEAD AGENCY							
Item	Description	Unit Cost	Number	Allocation	Remarks		
2.1 Salary Cost	Salary Cost(Project officer, 1 Training officer, 1M&I Officer, 1 Accounts Officer)	864000	1	864000			
2.2 Administrative cost	Admin	120000	1	120000			
2.3 Travel	Travel of po 20 days (2 POs) IO 4 days M&I 4 days Accounts 4 days 4 days total 32 days per month	264000	1	264000			
2.3 One-time Cost		202000	0	0			
2.4 M&I Cost		300000	1	300000			
2.5 Training Cost	Module 1	31750	0	0			
	Module 2	31750	0	0			
	Refresher	20460	8	163680			
Sub Total II				1,711,680.00			
3. DISTRICT IMPLEMENTING AGENCY							
Item	Description	Unit Cost per annum	Number	Allocation	Remarks		
3.1 Salary Cost	(2 DRPs, 1 M&I cum Accounts Officer, 4 Supervisors&40 Link Workers)	1,602,000	8	12816000			
3.2 Administrative cost		468000	8	3744000			
3.3 One-time Cost		205500	0	0			
3.4. Community Outreach		57875	8	463000			
3.5. Mid Media		300000	8	2400000			
3.6 Training Cost	Module 1	176250	0	0			
	Module 2	176250	0	0			
	Refresher	113750	8	910000			
	Volunteers training	39250	0	0			
3.7 Mapping		80,000	0	0			
Sub Total III				20,333,000.00			
GRAND TOTAL					22,439,980.00		
4. PHYSICAL TARGETS							
Indicators		Targets 2013-14(to be achieved till August 2013)			Remarks		
4.1 Number of District Implementing Link Worker Scheme		8					
4.2. Total Number of DRPs recruited (2)		16					
4.3. No of Link Workers Recruited(40)		320					
4.4. % of HRG Population covered		85% of SNA					
4.5. % of Vulnerable population covered		85% of SNA			Vulnerable + Bridge population		
4.6. % of PIHIVs covered		85% of SNA					
4.7. % of HRG referred to ICIC		80% of SNA					
4.8. % of HRG tested for HIV		80% of SNA					
4.9. % of HRG referred for SH		80% of SNA					
4.10. Number of Village Information Centre formed (100/dist)		800					
4.11. Number of Red Ribbon Clubs formed(50 per Dist)		400					
4.12 Number of Condom Depots established(100 per Dist)		800					
4.13 Village volunteers		8000					

DD

S.No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14			
					Target	Achievement	Financial allocation	Expenditure as on	Existing on 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-17	Salary	55	50	627.75	541.79	55	6	892.00	(13+19+23)
2.1.2			0.50	Univocal Work Procautions	55	50	23.25	26.00	55	6	29.00	New ART Centers are proposed at Jayanagar GH in Bangalore district, GH Doddaballapur in Bangalore Rural district, CH Indi in Bijapur district, CH Rayabagh in Belgaum district, GH Jewargi in Gulbarga district, GH Kundapur in Udupi district. Items for upgradation/replacement/additional requirement for existing ART centers to be procured out of operational grant of the concerned center
2.1.3.1			1.50	Operational Costs	55	50	69.75	68.78	55	6	87.00	
2.1.3.2			0.9 for caliber, 0.5 for count & 0.25 for Parted	Operational cost for CD4 testing	34	34	14.00	0.81	34		13.75	
2.1.4.1		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD	13	13	22.50	21.65		6	27.00	
2.1.4.2			1.00	Infrastructure development installation of CD4 machine	0	0	0.00	0.00		4	4.00	Ramnagar, Chikballapur, Yadgir, Kodagu
2.2.1	GIA to SACS for various activities	Printing	0.50	Registers , formats & Cards, Signages	55	50	27.00	18.00	55	6	29.00	to be completed by 30th Sept 2013
2.2.2		Training	1.00/ART (for states where more trainings are conducted 0.50 in other states)	Trg. of MOs, Counselors, Nurses, Pharmacists, Data Managers, LAC staff, Workshops etc.	55	50	54.00	4.54	55		61.00	As per pproved training plan
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guideleins @ Rs. 200/- episode			100.00	98.51			90.00	including CPT. OI drugs to be procured as per propcurement plan
2.2.4.1		LAC	0.15	One-time cost for infrastructure development	140	44	6.60	1.57	184	21	3.15	
2.2.4.2			0.378	Rec.- for TA/DA & oper. Costs, Stationery etc.	140	44	61.61	41.44	184	21	73.52	21 new LAC's are proposed
2.2.4.3			0.96	HR for LAC Plus	66	61	91.20	33.63	66	50	87.36	
2.2.5.1		EID	3.84	HR for EID	1	1	3.84	3.84	1	0	3.84	
2.2.5.2			1.00	Cost for EID lab (Operational Cost, Infrastructure development)	1	1	1.00	1.00	1	0	1.00	
2.2.6		Viral load testing	1.10	Salary of LT	1	1	1.10	1.10	1	0	1.10	
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment	0	0	0.00	0.00	0	0	0.00	
2.2.7.2	Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for smaller states		Hiring of space & for drug transfers	1	1	10.00	15.71	1	1	10.00		
2.2.7.3	Regional coordinator	9.00	Remuneration & TA/DA	1	1	11.00	1.00	1	1	18.00		
2.2.7.4	PPP	0.25	For contingency & miscellaneous expenditures						10	2.50		
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs	1	1	23.42	8.15	1	0	23.42	
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs	1	1	21.20	8.00	1	0	21.20	
Total GIA to SACS for CST							1169.22	895.52			1477.84	

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	238299	280000	100 % registration for pregnant women, 100% registration for HIV -TB coinfected . 90% for general clients. Detection during 2012 has been 30000. considering the same trends target has been fixed for new detection & backlog which is not known. Therefore additional target of 40000 registration has been set up
2.5.2		Alive & on ART	88758	120000	
2.6.1	OI episodes		33910	60000	The target is based on reporting during last year. funds being allocated for 45000 OIs only. Rest to be treated through health systems Efforts should be made to
2.7.1	CD4 Count	CD-Machines	34	4	CD4 machine to be supplied by NACO. 4 new CD4 machines are proposed.
2.7.2	Tests	CD4-testing	146084	360000	Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new cases to be tested on registration. Kits will be provided as per consumption

Name of State:Karnataka		CST Component				Physical Indicators		Financial Indicators		Comments	
Sr No	Name of Division	Baseline	Target 2012-13	Achievement till Dec 2012-13	%	Proposed 2013-14	Target 2012-13	Achievement till Dec 2012-13	Proposed 2013-14		
1	Establishment of facilities ART Centres (cumulative)	49	55	55	100%	6					
a	Setting up of new ART Centres		5	5	100%	6	22.50	21.65	27.00	New ART Centers are proposed at Jayanagar GH in Bangalore district, GH Doddaballapur in Bangalore Rural district, GH Indi in Bijapur district, GH Rayabagh in Belgaum district, GH Jewargi in Gulburga district, GH Kundapur in Udupi district, Ramnagar, Chikballapur, Yadgir, Kodagu	
	Infrastructure development for CD4 machines		0	0		4			4.00		
b	Recurring Cost (salary, UWP, operational cost)						734.75	637.39	912.75	1. Items for upgradation/replacement/additional requirement for existing ART centers to be procured out of operational grant of the concerned center	
c	Setting up ART Centres under PPP										
	Corporate Sector			1		5				No budgetary implications on NACO	
	PSU			4 in NGO sector		5					
d	Colocation of ICTC-ART			2/17(Medical colleges)+5/22(DH)+3/11(SDH)		10				At present, there are 11 ART centres in the State co-located with ICTCs(Gadag, Koppal, Shimoga, Yadgir, Tumkur, Belgaum, Hunagund, Hubli, Uttarkannada, & Mysore). Among 50 ART Centres, 17 centers are at Medical College, 22 Centres are at District Level and remaining 11 Centres are at Sub-District Level. There is a plan to co-locate 10 more ART Centres with ICTCs in the year 2013-14 mostly at Dist. Level.	
ii	Link ART Centres	140	184	184	100%	21					
a	One-time cost for infrastructure development		44	44		21	6.60	1.57	3.15		
b	Rec.- for TA/DA & oper. Costs, Stationery etc.		184	184		21	61.61	41.44	73.52	Recruitment should be done during 1st quarter	
iii	LAC Plus - HR for LAC Plus	40	66	61	92%	50	91.20	33.63	87.36		
iv	CoE	1	1	1		0					
a	Recurring cost						23.42	8.15	23.42		
iv	PCoE	1	1	1		0					
	Recurring cost						21.20	8.00	21.20		
v	EID	1	1	1		0					
	HR for EID					0					
	Cost for EID Lab	1	1	1		0	1.00	1.00	1.00		
vi	Viral Load testing	1	1	1		0					
	Salary of LT	1	1	1		0	1.10	1.10	1.10		
2	Training										
	For ART/ LAC staff				86 % of ART staff trained					As per training plan based on prescribed curriculum	

2

CSI 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	
	Sensitisation of Private practitioners on rational prescription of ART					50% of the doctors practicing ART needs to be trained			No of private providers practising ART needs to be worked out
						1600	54.00	4.54	61.00
									32 Batches of health care providers is proposed to be organized in ART center, in each batch 30 participants. Additionally during review meeting of LACs UWP and PEP will cover through special session. In addition, training of all health Care providers working in facilities where ART centres/LACS are located.
3	Sensitisation of HCP on UWP/PEP OI Treatment (inc CPT)								
	OI episodes treated	27288	40000	33910	85%	45000	100.00	98.51	90.00
									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 (Rs.40,23,983.7 - For CPT at @ 0.89 / tablet) (45213- OI Episode Target for 2013-14)
4	Operational Cost for SACS								
	SCM of ARV drugs: Drug Transfers						10.00	15.71	10.00
	Printing of registers, formats & Cards signages						27.00	18.00	29.00
	Remuneration & TA/DA of Regional coordinator	1	1	1		1	11.00	1.00	18.00
	Total Funds						1204.20	755.02	1366.34
5	Coverage and Linkage Targets								
a	PLHIV Registered in HIV care (cumulative)	209508	240000	238299	99%	280000			100 % registration for pregnant women, 100% registration for HIV -TB coinfectd . 90% for general clients. Detection during 2012 has been 30000, considering the same trends target has been fixed for new detection & backlog which is not known. Therefore additional target of 40000 registration has been set up
b	PLHIV alive & on ART(cumulative)	74821	90000	88758	99%	120000			100 % of those registered should undergo baseline CD4 testing. 100% of those eligible to be initiated on ART. There has been increase of nearly 1600 patients per month on ART during 12-13 . in addition there is 8% gap of those eligible but not initiated on ART . Accordingly additional target of 30,000 during the year has been set
c	OI episodes treated (annual)	27288	40000	33910	85%	45000			The target is based on reporting during last year. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines.
d	CD4Testing (annual)	176048	270000	146084	54%	360000			2 tests /year for all PLHIV in care. However Kits will be provided based on consumption pattern

DR

Processes for implementation of 2013-14 activities

KARNATAKA

Baseline: 1st April 2013

S.No.	Activity	Processes	Responsibilities	Timeline
1.	Setting up ART Centre	Issue of provisional administrative sanction.	NACO CST	Apr' 13 (First Fortnight)
		Meeting between SACS, Dean/Med. Supdt. of Hospital, HOD Med. of ART centre and Regional Coordinator to identify the space for centre and to constitute ART team.	SACS - CST in-charge, RC	Apr' 13 (Second Fortnight)
		Constitution of Panel of Experts	NACO CST	Apr' 13 (Second Fortnight)
		Visits by Expert Team to assess feasibility especially with respect to the availability space and willingness.	RC/ JD CST	May' 13 (Second Fortnight)
		Issue of final sanction	NACO CST	June' 13 (Second Fortnight)
		Training of ART team (faculty).	NACO CST	June' 13
		Recruitment of Contractual Staff at ART centre	ART centre Nodal Officer, RC, JD CST	July' 13 (Second Fortnight)
		Training of all contractual staff. Modules & curriculum available. Training institutes identified, Training plan developed state wise.	NACO	Aug' 13 (Second Fortnight)
		Supply of CD4 Machine/Linkage plan with CD4 lab for conducting CD4 tests.	NACO CST, Joint Director (Lab Services)	Aug' 13 (Second Fortnight)
		NACO CMIS Code provided & supply of M&E tools	NACO CST TO (M&E)	Aug' 13 (Second Fortnight)
		Procurement /Supply of ARV drugs for new centers	NACO	Aug' 13 (Second Fortnight)
2.	Co-location of ICTC/ART	Assessment of existing ART Centres and ICTC Clinics in health care facilities on physical locations and service linkages status	DAPCU, SACS CST (JD), SACS BSD, RC	April
		Identification of facilities as per AAP target for co-location	SACS CST (JD), SACS BSD, RC	April
		Meetings to be conducted between SACS BSD/CST with Health Facility (Dean, Med Sup, CMHO, ART Nodal Officer, DAPCU, Facility staff and other stakeholders) for development of time bound road map for co-location	SACS CST (JD), SACS BSD, RC, APD, PD	April
		Issuing of necessary Govt Orders by DHS, DMER, PD SACS, etc	SACS CST (JD), SACS BSD, RC, APD, PD	May
		Ensuring action on office orders issued and processing plan for relocation of facilities	DAPCU, SACS CST (JD), SACS BSD	May
		Monitoring visit by SACS/DHS/DMER for timely follow-up and timely completion of re-location plan	SACS CST (JD), SACS BSD, APD / PD	May
		Review meeting to be conducted by PD SACS, DMER, DHS on progress in June	SACS CST (JD), SACS BSD, RC - CST, APD, PD	June
		Follow-up visits by SACS	SACS CST (JD), SACS BSD	June / July

DRS

		Progress of Activities to be reported to NACO every month	SACS CST (JD), SACS BSD	Monthly
<u>3.</u>	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)
<u>4.</u>	ICTC-ART Linkages	Receiving line list from concerned ICTC by e-mail	ART centre counsellor	Every 15 days
		Sending feedback to ICTC centre by ART centre	ART centre counsellor	Every 15 days
		Monthly meeting between ICTC and concerned ART at district / regional level to be conducted for verifying data	DAPCU to co-ordinate, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors	1st week of every month
		SACS inter-divisional meeting with CST and BSD to be conducted every month after data analysis by BSD division of SACS	SACS CST, BSD	2nd week of every month
		Due verification of data sent by ART centres to ICTCs by CST at SACS	SACS CST	Monthly
		District level review meetings to be held at least once in a quarter	SACS CST, BSD	Quarterly
		SACS CST/ BSD to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring	SACS CST, BSD	Monthly
		ART centres with poor feedback to ICTCs to be identified and focused visits conducted to evaluate reasons for the same. Solutions to be provided.	RC RC, SMO/ MO - ART	Quarterly
<u>5.</u>	Gap in those eligible & initiated on ART	Emphasis on adequate and regular counseling, both for checkups/ follow ups with investigations and ART preparedness	ART centre Counsellor	Ongoing
		Preparation of line list of patients eligible for ART but not started on it to be followed on phone & outreach visits	Line list prepared by Counsellor, Phone calls by Care Co-ordinator, passed on to ORW at CCC	Ongoing
		Analyse reasons for the gap in performance of the ART Centre and to be investigated for further follow up during quarterly ART centre review meeting	RC, JD CST	Quarterly

DRa

		Mentoring and Monitoring visits by SACS CST officials /RC to ARTC centres with high gaps	SACS CST, RC	Quarterly
6.	Training of Health care providers in UWP & PEP	Number to be identified for never trained, refresher training and type of health care provider	SACS CST, RC	May 2013 (second fortnight)
		Number of batches to be trained to be finalized once total numbers are identified	SACS CST (JD), RC	June
		Curriculum to be standardized	NACO CST	May (first fortnight)
		Training of Health care providers	ART Nodal Officer & SMO, Co-ordinated by SACS CST	Once every Quarter
7.	Training of private providers on National ART regimen			
		Number of private providers to be identified	SACS CST, RC, DAPCU	May'13(Second Fortnight)
		Target for 2013-14 = 50% of PPs (Exact numbers to be worked out)	DAPCU, JD CST	2nd Quarter
		Modalities to be worked by SACS on logistics of training & involvement of IMA& or other professional organizations	SACS CST, RC, DAPCU	July
		Master trainers to be identified & trained in each state	SACS CST, CoE	July
8.	SCM	Forecasting -		
		Requirement of drugs and CD4 kits for next FY to be assessed based on previous consumption, rise in number of patients in current year (and thus expected rise in next FY) and assessed previous backlog	RC, JD CST, APD, PD	3 rd Quarter
		Above assessment to be done based both drug wise and ART centre wise		
		Send above information to ADG CST by January		January
		Storage Space-		
		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
		Receipt & Dispatch -		
		CRC should be issued within 7 days of receipt of supplies	Store Officer	Ongoing
		Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	SACS CST	Ongoing
		Dispatch plan should be based on pattern of consumption for last 3 months	SACS CST	Ongoing
		Transportation – Most cost effective and efficient means of transportation to be adopted		

DDao

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

DD

Statement showing the Institutional Strengthening budget for the year 2013 - 2014 (Karnataka SACS) (Rs. In Lakhs)

Sl. No.	Operational Cost	AAP 12-13	Expenditure As on		Total Expenditure e01.04.2012 to 31.03.13 (Col. 4 + 5)	Proposal 2013-14	Recommended	Remarks
			Actual Expenditure as on 31.01.2013	Anticipated Expenditure (01.02.13 to 31.03.13)				
1	Training SACS/DAPCU	2.00	0.07	1.93	2.00	5.00	2.00	
2	Equipment Maintenance	4.00	0.89	3.11	4.00	6.00	4.00	The AMC for the equipment and systems is under process, hence additional budget is required
3	Building Maintenance	0.00	0.00	0.00	0.00	5.00	0.00	
4	Vehicle Maintenance	6.00	14.96	4.76	19.72	32.47	15.00	The POL Charges & Hiring Charges of vehicles provided to programme officers will be Rs.2.00Lakhs per Month hence additional Budget required. Rs 8 lakhs has been proposed for purchase of a new vehicle.
5	Travel Expenses	30.00	18.52	11.48	30.00	40.00	33.00	Additional budget is required due to Hike in train and air fares during 2013-2014
6	Rent, Rates and Taxes	55.00	37.05	17.95	55.00	66.00	63.00	Due to enhancement of Rent as per the agreement additional budget is required
7	Telephone/Communication Expenses	9.00	5.81	3.19	9.00	10.80	9.00	Due to Hike in tariff of Telephone and Mobile Charges, additional budget is required
8	Bank Charges	0.00	0.00	0.00	0.00	0.00	0.00	
9	Miscellaneous Expenses	7.00	3.04	3.96	7.00	8.40	8.00	As per actual expenditure required for logistic arrangement
10	Printing and Stationery	4.00	2.76	1.24	4.00	4.80	4.00	
11	Advertisement (Other than IEC)	4.00	2.56	1.44	4.00	4.80	4.00	As per actual cost required for publication of tender Notification and Notification of recruitment for filling of the vacant post
12	Water and Electricity	8.00	5.68	2.32	8.00	9.60	10.00	Anticipated Hike in Water and electricity charges in due course
13	Audit Fees	10.00	8.33	1.67	10.00	14.00	7.00	The appointment of internal auditor and statutory auditor for 2013-2014 is under process
14	Legal Expenses	0.00	0.00	0.00	0.00	1.00	1.00	
15	Postage/Courier	6.00	1.16	4.84	6.00	6.00	6.00	
16	Other Administration Cost	2.00	1.11	0.89	2.00	2.00	2.00	
17	Review Meeting Expenses	2.00	0.00	2.00	2.00	2.00	2.00	
18	Office Equipments	4.00	0.00	4.00	4.00	4.00	1.00	
19	Furniture	0.00	0.00	0.00	0.00	5.00	0.00	
20	Transportation						9.77	
21	Travel for STI Doctors (STD)	0.00	0.00	0.00	0.00	0.00	0.00	
	Total SACS	153.00	101.94	64.78	166.72	226.87	180.77	
	Operational Cost DAPCU	85.50	27.23	58.27	85.50	102.60	96.80	For 26 DAPCU's Rs.102.60 Lakhs and for 4 New DAPCU's additional grant is required Rs.9.10 Lakhs (Total 111.70 Lakhs)
	Total	238.50	129.17	148.05	277.22	354.47	277.57	
23	Salary SACS	185.00	153.04	31.96	185.00	246.00	246.04	
24	Salary DAPCU	298.00	176.06	121.94	298.00	345.00	325.94	Approved Scale as per NACO norms for 26 DAPCU's is Rs. 345.00 Lakhs and for New 4 DAPCU's additional grant is required Rs. 53.00 Lakhs (Total 398.00 Lakhs)
	Grand Total	721.50	458.27	301.95	760.22	945.47	849.55	

Dea

KARNATAKA	
SUMMARY	
Salary Regular staff	133.93
Salary contractual staff	112.11
Operation cost KSAPS	180.77
Total (A)	426.81
DAPCU Salary	297.73
Operation cost DAPCU	88.42
Total (B)	386.15
Grant Total(A) + (B)	812.96

Noter: Prov. For 3 months for Gadag, Haveri, & Raichur.

DAPCU Salary Details	(Rs. In lakhs)
Salary regular staff	166.99
DA	13.94
Medical re-imbursement	6.50
LS & * Pension cont.	29.78
Conataractual staff:	
Administrative Asstt.	36.62
Assistant Accountants	36.49
M&E Assistant	35.62

DRa

Karnataka: Annual Action Plan- 2013-14 : Strategic Information Management Unit											
SL.No.	Budget Head(Discription)	Sub-Head (Discription)	Duration	Unit cost (Rs)	No. of persons to be trained	Estimated budget	CPIMS Head	Time line			
								Q1	Q2	Q3	Q4
1	Training*	a. SIMS Induction/Refresher training	1 day	2500	980	2450000	M&E-Trainings				
		b. Other Trainings(DQA/DAPCU review cum training, etc.)	1 day				M&E-Review meetings/workshops				
2	Reports publication and dissemination of Annual bulletin, Estimation report and Surveillance bulletin					350000	M&E-Printing of reports & bulletin				
3	Monitoring & Supervision visits (10 days/month)#		10 days per month			180000	To be Booked under "IS" in appropriate head				
4	HIV Sentinel Surveillance** (30 % of total Surveillance budget)						Surveillance:Honorarium to sentinel site personnel, Surveillance Honorarium to testing lab personnel, Surveillance - Supervision and field visits at SACs, Surveillance -Other Contingencies				
Total Budget						2519580					
						5499580					

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

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

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

Handwritten signature

Handwritten signature

Karnataka Annual Action Plan- 2013-14 : Strategic Information Management Unit					
SL.No.	Budget Head(Discipation)	Sub-Head (Discription)	Unit cost (Rs)	No. of persons to be trained	Estimated budget
1	Training*	a. SIMS Induction/Refresher training	2500	980	2450000
		b. Other Trainings(DQA/DAPCU review cum training, etc.)	2500	140	350000
2	Reports publication and dissemination of Annual bulletin, Estimation report and Surveillance bulletin				180000
3	Monitoring & Supervision visits (10 days/month)#				
4	HIV Sentinel Surveillance** (30 % of total Surveillance budget)				2519580
Total Budget					5499580

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

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

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

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

DDar