

T-11017/33/2012-NACO (F)
Government of India
Ministry of Health & Family Welfare
Department of AIDS Control

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

To,

The Project Director,
Sikkim State AIDS Control Society
Gangtok

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 6/3/2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of **₹578.91 Lakhs** (₹Five Hundred Seventy eight Lakh and Ninety one Thousand Only) as per detailed break-up given below:

Allocation (Rs. in Lakh)				
Component	DBS	Pool fund	GF	Total
Prevention				
TI		127.7		127.7
STI	13.12			13.12
BTS	27.63			27.63
IEC	125.14			125.14
LWS	0.00		0.00	0.00
ICTC	20.48		47.80	68.28
	186.37	127.70	47.80	361.87
CST	17.56		0.00	17.56
ISTM	192.75			192.75
SIMS	6.73			6.73
GT	403.41	127.70	47.80	578.91

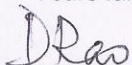
Component/sub-component/activity wise budgets along with process indicators are attached (Annexure ...I... to...X.....).

The above approval is subject to the following conditions:

1. The overall allocation indicated above is subject to the condition that the outstanding cash balance and advance as on 1.4.2013 is part of the approval. In other words, further releases will be made only after deducting the advance and cash available with the state as opening balance.
2. SACS should carry out the activities as shown above without waiting for approvals of Executive Committee and ratification of Executive Committee may be obtained.
3. Inordinate delay is observed in placing orders for equipment / supplies. These should be done within a week of receiving approvals of DAC. Procurements should be initiated and finalized, as per the procurement plan prepared and approved.
4. The above figures represent ceilings beyond which expenditure should not be incurred on any activity. Actual fund will, however, be provided by DAC as per availability.

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

Sikkim

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	
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	2	2	2		1	3	19.42
1.1.2	MSM								4	0.00	
1.1.3	IDU				4	4				69.34	
1.1.4	TG/Hija								0.00	0.00	
1.1.5	Core Composite*									0.00	
1.1.6	Migrants (Source)									0.00	
1.1.7	Migrants (Transit)									0.00	
1.1.8	Migrants (Destination)									0.00	
1.1.9	Truckers									88.76	
Total					6	6	6		1	7	
1.1.9	Training of State TOTs/ STFC Refresher training	Grants to agencies	8 to 40 lakhs	Cost for training as per norms and management cost of association.							6.27
1.2.0	JAT / Evaluation	Professional services	50,000 per unit	Cost for TA, DA and documentation						0	2.70
1.2.1	OST centre maintenance									3	27.61
1.2.2	OST centre Feasibility assessment	Professional services	50,000 per unit	Cost for Centre feasibility						5	1.36
1.2.3	Employer led models (includes interventions for hydroelectric power plants, commercial taxi drivers)			As per guidelines						5	1.00
1.2.4											
TOTAL (Rs. in Lakhs)											127.70

Detailed guidelines on Employer Led Models would be issued by NACO

	Core Population	(Number of TIs proposed under each category)						Total TIs		Target coverage	
		Less than 500	500-799	800-999	1000 and above	Old	New	Old	New	Old	New
FSW	2	1	0	0	0	0	0	2	1	530	220
MSM	0	0	0	0	0	0	0	0	0	0	0
TG/Hija	Less than 150	150-249	250-399	400-599	600 and above	0	0	0	0	0	0
IDU	150-299	300-499	500-699	700 and above	0	0	0	3	1	1250	200
OST	1	2	0	0	0	0	0	0	0	0	0
Core Composite	Less than 400	400-699	700-999	1000 and above	0	0	0	0	0	0	0
Bridge Population	5000	5001-9999	10000 and above	0	0	0	0	0	0	0	0
Migrant (Dest.)	5000-9999	0	0	30000 and above	0	0	0	0	0	0	0
Trucker	0	0	0	0	0	0	0	0	0	0	0
Migrant (Source)	No. of districts	Migrants (Transit)	No. of sites								

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Targeted Interventions

Sikkim

YEAR

2013-14

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

NGO/CBO led Interventions

Core Population	Less than 500		500-799		800-999		1000-1499		1500 and above	
	Old	New	Old	New	Old	New	Old	New	Old	New
FSW	9.82	8.97	11.39	10.54	13.89	13.04	16.54	15.69	18.52	17.67
MSM	9.9	9.05	11.52	10.67	14.06	13.21	16.76	15.91	18.9	18.05
TG/Hijra			200-399	11.52	10.67	14.06	13.21	16.76	15.91	18.05
IDU	150-299	13.72	300-499	15.62	14.72	500-699	17.00	16.10	700 and above	
OST CENTER (GOVT.)	9.85	8.57	400-699	13.45	13.00	700-999	15.45	15.00	1000-1499	16.55
Core Composite	11.24	10.78	10000-11999	12.87	12.32	15.95	15.30			
Bridge Population	8.77	8.22	5000-9999	16.57	15.17	30.99	29.59			
Migrant (Destl)	9.13	7.73								
Trucker	13.67	13.05								
Migrant (Source) per district										

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

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

NGO and CBO Led	FSW		MSM		TG/Hijra		Truckers		Migrants (Source)	
	PM and PD	Accountant cum M&E	PM and PD	Accountant cum M&E	PM and PD	Accountant cum M&E	PM and PD	Accountant cum M&E	PM and PD	Accountant cum M&E
NGO and CBO Led	6	3	4	19	7	0	0	0	0	0
NGO and CBO Led	PM and PD	Accountant cum M&E	PM and PD	Accountant cum M&E	PM and PD	Accountant cum M&E	PM and PD	Accountant cum M&E	PM and PD	Accountant cum M&E
NGO and CBO Led	10	5	5	49	12	6	0	0	0	0
NGO and CBO Led	PM and PD	Accountant cum M&E	PM and PD	Accountant cum M&E	PM and PD	Accountant cum M&E	PM and PD	Accountant cum M&E	PM and PD	Accountant cum M&E
NGO and CBO Led	0	0	0	0	0	0	0	0	0	0

Unit cost for training per person per day (Rs. in Lakh)	0.015
Unit cost per TI for evaluation (Rs. in Lakh)	0.20
Unit cost per TI for JAT visit (Rs. in Lakh)	0.50
Unit cost per OST feasibility assessment	0.50

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Targeted Interventions

Sikkim

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		
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	2	2	2		1	3	19.42	
1.1.2	MSM									0.00		
1.1.3	IDU				4	4	4			69.34		
1.1.4	TG/Hija									0.00		
1.1.5	Core Composite*									0.00		
1.1.6	Migrants (Source)									0.00		
1.1.7	Migrants (Transit)									0.00		
1.1.8	Migrants (Destination)									0.00		
1.1.9	Truckers									0.00		
Total					6	6	6	1	7	88.76		
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							6.27	
1.2.0	JAT / Evaluation	Professional services	50,000 per unit	Cost for TA, DA and documentation							2.70	
1.2.1	OST centre maintenance										27.61	
1.2.2	OST centre Feasibility assessment	Professional services	50,000 per unit	Cost for Centre feasibility As per guidelines							1.36	
1.2.3	Employer led models (includes interventions for hydroelectric power plants, commercial taxi drivers)										1.00	
1.2.4												
Detailed guidelines on Employer Led Models would be issued by NACO												
TOTAL (Rs. in Lakhs)												127.70
Core Population												
(Number of TIs proposed under each category)												
Less than 500		500-799		800-999		1000 and above				Total TIs		
FSW	Old New	Old New	Old New	Old New	Old New	Old New	Old New	Old New	Old New	Old New	Target coverage	
MSM	2 0	1 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	530 220	
TG/Hija	Less than 150	150-249	250-399	400-599	600 and above						0 0	
IDU	0	0	0	0	0						0 0	
OST	1 1	3 3	2 2	0 0	0 0						0 0	
Core Composite	Less than 400	400-599	500-699	700-999	1000 and above						3 1	
Bridge Population	0	0	0	0	0						0 0	
Migrant (Dest.)	5000	5001-9999	10000 and above								0 0	
Trucker	50000-99999	100000-299999	300000 and above								0 0	
Migrant (Source)	0	0	0	0	0						0 0	

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Targeted Interventions

Sikim

YEAR

2013-14

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

NGO/CBO LED Interventions

Core Population	Less than 500		500-799		800-999		1000-1499		1500 and above	
	Old	New	Old	New	Old	New	Old	New	Old	New
FSW	9.82	8.97	11.39	10.54	13.89	13.04	16.54	15.69	18.52	17.67
MSM	9.9	9.05	11.52	10.67	14.06	13.21	16.76	15.91	18.91	18.05
TG/Hjira			200-399		400-599		600-799		800 and above	
			11.52	10.67	14.06	13.21	16.76	15.91	18.91	18.05
IDU	150-299	13.72	300-499	14.72	500-699	17.00	700 and above			
	14.62		15.62		16.10					
OST CENTER (GOVT.)	9.85	8.57	400-699		700-999		1000-1499		1500 and above	
	Less than 400		13.45	13.00	15.45	15.00	17.00	16.55		
Core Composite	11.24	10.78	5001-9999		10000-11999		12000 and above			
	8.77	8.22	12.87	12.32	15.95	15.30				
Migrant (Dest.)	5000-9999		10000-29999		30000 and above					
	9.13	7.73	16.57	15.17	30.99	29.59				
Trucker										
Migrant (Source) per district	13.67	13.05								
					1.62	1.07				

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

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

	FSW				MSM				Core Composite				Migrants (Source)			
	PM and PD	Accountant cum M&E	Counselor	Peers	PM and PD	Accountant cum M&E	Counselor	Peers	PM and PD	Accountant cum M&E	Counselor	Peers	District Coordinator or	Block M&E Supervi	Accoun ts & Admin	
NGO and CBO led		6	3	4		0	0	0		0	0	0		0	0	
NGO and CBO led																
	PM and PD	Accountant cum M&E	Counselor	Peers	PM and PD	Accountant cum M&E	Counselor	Peers	PM and PD	Accountant cum M&E	Counselor	Peers				
		10	5	5		0	0	0		0	0	0				
NGO and CBO led																
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8. Total Budget for STI/RTI services for Sikkim SACS FY 2013-14

1.4 Sexually Transmitted Infection/ Reproductive tract infection Services						
No.	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. In Lakhs)
						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	7.92
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	2.5
1.4.4	Procurement	Recurring	25000 per centre	no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	1.5
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	no. of DSRC and no. of districts	TA/DA/ documentation and communication cost to supervisory team, review meetings, TA/DA for outreach by DSRC counselors	1.2
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)					13.12

1.4.a Physical Targets to the State under the STI/RTI services		
1	STI/RTI episodes to be managed by Designated STI clinics	2361
2	STI/RTI episodes to be managed by TI-NGOs	545
3	STI/RTI episodes to be managed by Private sector	467
4	Total target of STI/RTI episodes for SACS	3373
5	STI/RTI episodes to be managed by NRHM	3373

1.4.b STI/RTI facilities		Existing No.	Proposed new during FY 2012-13
1	Designated STI/RTI Clinics	6	0
2	TI STI providers	8	
3	sector	0	
4	NRHM health facilities upto PHC	26	
5	PPP ICTC	0	0
6	Regional STI Centres	0	
7	State Reference Centres	1	

1.4.c Commodity Assistance provided by GOI to the State		
1	Colour coded drug kits for Designated STI clinics and TI NGO	1203
2	RPR Test kits	417

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Review of Annual Action Plan 2012-13 and Proposal 2013-14 DRAFT as on 7th March 2013.

**Process Indicators 2013-14
Name of State: Sikkim SACS**

Sr No	Issues	Recommended course of Action	Person Responsible	Timelines
1	low Physical Target achievement at TI NGOs (18%)& DSRC (69%)	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. Microplanning skills of outreach teams to be strengthened, identify the missing HRGs and ensure their accessing services through individual HRG tracking tool. 6. track individual DSRC attendee to measure the episodes and linkages at all DSRCs. 7. motivate HRGs to seek services from public health facilities and link MVUs to provide services after training the staff.	Counsellor of STI Clinic, Incharge of DSRC, DD STI	Ongoing. The STI service to HRG to improve by 50% by end of 2nd quarter and achieve 80% by end of year.
2	Partnering with PSU	1. All 5 health units of PSU (NHPQ) and 15 private providers offering services to employees of Pharma and distilleries industries to be enlisted. 2. Meeting with State focal person of the PSU and Industries association 3. One doctors from each of the 5 units of PSU and all 15 doctors to be trained on syndromic case management 4. All units to report in SIMS format	DD STI, and State PSU Focal Person .	Enlisting of PSU & private providers to be completed by March 30 2013. Training to be completed by June 2013
3	Training	1. All pending trainings should be completed by March end 2013. 2. Training plan to be made and shared with other division. All participants to be informed in advance about venue and dates of training. All training to be completed by end of 2nd quarter. 3. All doctors to be trained on Anaphylaxis and rational use of penicillin. The training should incorporate on dispelling myths related to penicillin. 4. All commodities supplied by the programme must be monitored regularly and compared with consumption pattern.	DD STI and STI Resource Facilities	Incomplete training of current year to be finished by end March. Training for 2013-14 to be completed by June 2013.
4	Supportive Supervision	1. All the DSRCs to be visited by SACS Focal Person at least once in a quarter. 2. All facilities to be visited twice a year. 3. Need to strengthen STI services to HRGs. 3. SACS to facilitate supportive	DD STI, and STI Mentors	Ongoing
5	Supply chain Management	1. All drugs with earlier expiry should be used first and if excess should be relocated. 2. Monthly review of programme data with consumption of commodities. 3. Ensure there is no stock out and expiry of drugs. 4. The excess kit 3 and kit 5 drug kits beyond consumption of DSRC are to be allocated to NRHM and to be received back once their drugs supply arrives.	DD STI, STI Counsellor at DSRC, STI Clinic Incharge and PM of TI	Review of commodity every month at all facilities and comparison of program performance with drug kit consumption.
6	Quality of Services (currently 15% of DSRC and >95% of HRG missing syphilis and HIV screening)	1. All Patients to be provided with internal exam, STI in patients to be tracked. 2. 100% of DSRC attendees and ANC attendees to undergo syphilis and HIV testing. 3. All ICTC collocated at hospitals where DSRC are located to practice single prick withdrawal of blood for syphilis and HIV testing 4. All patients to receive appropriate drug kits and Syphilis and HIV tests regularly. 5. All syphilis reactive patients are to be treated and all HIV positive patients to be linked with ART centre and the Pre ART registration number to be documented in patient register and individual patient wise card. 6. All RPR positive patient to be retested six months after treatment	STI Clinic Incharge and TI STI Providers. DD STI.	Ongoing. By end of 1st quarter 100% of DSRC, ANC attendees are screened for syphilis and HIV. 80% of core group HRG are screened for syphilis and HIV twice a year
8	NRHM Convergence	1. Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and timing of atleast 1 MO per NRHM facility to be done. 3. Joint (SACS and RCH) review of programme to be done at least once a quarter.	DD STI, and State RCH officer	One joint meeting once a quarter

BLOOD SAFETY AAP 2013-14

State **Mizoram**

1.5 Blood Safety									
S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Achievement (2010-11)		Targets		Allocation (Rs. In Lakhs)
					Target	Achievement	Existing as 1st January 2013	New for 2013-14	
1.5.1	Modernisation of Blood Bank (Recurring Cost)								
1.5.1.1	Model Blood Banks	Consumables	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines			0		0
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendant, Security, Housekeeping, Data Entry Operator			0		0
1.5.1.2	MBB with BCSU	Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines			0		0
		Salary	2.4	Salary of 1 LT & 1 Counsellor			0		0
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1		0.75
		Salary	2.4	Salary of 1 LT & 1 Counsellor			1		2.4
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1		0.31
		Salary	1.2	Salary of 1 LT			1		1.2
1.5.1.5	RBTC	Consumables	0	NIL					0
		Salary	2.4	Salary of 2 LT			1		2.4
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			1		1.44
1.5.1.8	Maintenance of BT Vans in form of POL	Recurring	0.7				1		0.7
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contingency			0		0
1.5.2	Training	Recurring	0.35	Training of one BB-MO, two LT, one Nurses per NACO supported Blood Bank, One BSC-MO & One BSC LT, Clinicians on rational use of blood, Training of Donor Motivators			2		0.7

1.5.3	Supportive supervision	Recurring	0.1	TA/DA for visit to the NACO supported blood banks, Monitoring visits to VBD camps, Core Committee supervisory visits			2		0.2
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					2
1.5.5	Grant for SBTC								0
1.5.5.1	Voluntary Blood Donation Camps	Recurring	0.025	Hiring of Vehicle, Printing of banner, POL, TA/DA to staff			30		0.75
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					10
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			2		0.2
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				2800	0.7
1.5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms				1	2.88
1.5.6	External Quality								0
1.5.6.1	NRL		6.54					0	0
1.5.6.2	SRL		4.44						0
	contingency*								1
1.5.7									
1.5	Blood Safety (Sub								
1.5	Blood Safety								27.63

Increment as per NACO norms*

Total licensed blood banks in the	3
Blood banks supported by NACO	2
Target for Total Collection	2800
Target for NACO supported	2800
Target for VBD	90%
VBD Camps	30
% Component prepared by NACO	0%
Commodity Items to be provided by	
Blood bags	in lakhs
Single	
Double 350 ml	

Handwritten signature/initials

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	

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Name of State: SIKKIM

Blood safety Facilities and Targets AAP 2013-14

1	Establishment of facilities / interventions	NACO support for existing in 2012-13*	NACO support for new in 2013-14*	Proposed facilities 2013-14
a	Total Blood Banks	3		3
b	NACO Supported Blood Banks	2	0	2
b1	Model Blood Bank	0	0	0
b2	Major with BCSU	0	0	0
b3	Major without BCSU	1	0	1
b4	District Level Blood Bank	1	0	1
c	RBTC	1	0	1
d	Blood Mobile Van	0	0	0
e	Blood Transportation Van	1	0	1
f	SBTC	1	0	1
2	Blood Collection			Proposed target 2013-14
a	Total Collection for the state			3500
a1	NACO supported blood collection			2800
b	Percentage VBD for NACO supported BB			90%
c	Voluntary Blood Collection in NACO supported BB			2520
c1	Through Static			1000
c2	Through Camps			1520
c3	Through Blood Mobile Vans			0
d	No of Camps to be conducted			30
d1	Camp Collection			50 units
3	Component Separation			Proposed target 2013-14
a	Blood collection in NACO supported BCSU			0
b	Percentage component separation in NACO supported BCSU			0%
4	Training			Proposed target 2013-14
a	Training of BBO			2
b	Training of Staff Nurse			2
c	Training of LTs			4
d	Training of Donor Motivators			120
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			0
f	Blood Bank counselor			1
5	Supervision, Monitoring and Evaluation			Proposed target 2013-14
a	Field visits to be conducted			2
b	Review meetings to be conducted			4
6	EQAS			
a	NRL			0
b	SRL			1

* Provision of NACO assistance to existing and new facilities is subject to meeting the norms for NACO support and approval of NACO. All NACO supported blood banks must possess a valid licence issued by state Drug Control Department

Process Indicators for Blood Safety 2013-14

S No	Indicator and Recommended course of Action	Timelines	Person Responsible
1	Inclusion of Blood Banks under NACO support		
	Identification of facilities which meet the norms for NACO support as BCSU, MBB, DLBB.	By April 2013	JD BS SACS
	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
	Constitution and notification of core committee	By first week April 2013	JD BS SACS, Quality Manager
	Scheduling of core committee inspection visits	By April 2013	JD BS SACS, Quality Manager
	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
	Communication of letter of approval of NACO support to SACS	Within first quarter	NACO Blood Safety division
	Recruitment of manpower as per pattern of assistance	Within first quarter	JD BS SACS, Admin division SACS
	Deputation of staff for training and provision of kits, consumables and other support as per pattern of assistance	Within first quarter	JD BS SACS
2	Regular reporting in SIMS		
	Need assessment for computers in NACO supported blood banks	By April 2013	JD BS SACS, M&EO SACS
	Procurement and supply of computers of appropriate configuration for NACO supported blood banks	Within first quarter	JD BS SACS, Procurement division SACS
	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
	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
	Quarterly analysis of SIMS report from blood banks	July, October, January and April	JD BS SACS, M&EO SACS
	Communication of feedback on correctness of data to concerned blood banks	By the end of first month of the quarter	JD BS SACS
3	Blood Requirement and Collection		
	District wise mapping of licensed and NACO supported blood banks in state	By April 2013	JD BS SACS
	District wise mapping of the estimated numbers of hospital beds in primary, secondary and tertiary health care facilities	By April 2013	JD BS SACS
	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
	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
4	Voluntary Blood Donation		
	Conduction of voluntary blood donation camps as per need of the NACO supported blood banks	Ongoing	VBD consultant SACS
	Identification and retention of cohort of donor motivators among the youth through Red Ribbon Clubs, NSS, corporate work places	Ongoing	VBD consultant SACS
	Conduction of trainings on blood donor motivation for blood bank counselors	Ongoing	VBD consultant SACS
	Creating blood bank wise database of repeat voluntary blood donors classified according to blood groups	Ongoing	Counselor at blood banks
	Stepping up static voluntary blood donation by holding fortnightly/ monthly blood donation day or alternate innovative strategies	Every month	Counselor at blood banks
	Counselor in Blood Bank to send reminders to the repeat donors	Every month	Counselor at blood banks
	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
	Development and replication of IEC material pertaining to promotion of voluntary blood donation	Within first quarter	VBD consultant SACS, IEC division SACS
5	Optimum utilization of Blood Mobile		
	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
	Preparation and submission of quarterly route plan for the blood mobile	In beginning of every quarter	Incharge Model Blood bank

36		Monitoring visit of SACS officers to the mobile camp	As per route plan	SACS officers
37	6	Blood Donation Camps		
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	

74		Issue of centrally supplied commodities to NACO supported blood banks as per indent and pattern of consumption over last three months	First issue within 2 weeks of receipt of commodity, thenceforth every quarter	
75		Dispatch should be done once in a quarter preferably and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities	Every quarter	
76		Monitoring of stock status of blood bags and kits supplied through central procurement at SACS and facility level (similar to ICTC)	Daily at facility level, Monthly at SACS	JD BS SACS, Quality Manager, Blood bank incharge, TO SRL, LT blood bank
77	10	Training		
78		Identification of training institutes for blood bank staff, donor motivators, rational use of blood and blood bank counselors	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
79		Engagement with professional associations for training of clinicians in private sector on rational blood use	Within first quarter	JD BS SACS
80		Creating a database of national and state level trainers for each type of training	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
81		Preparation and dissemination of standardized training curricula	Within first quarter	NACO blood safety division with inputs from SACS blood safety officers
82		Organization of meeting of training institute and trainers at SACS for preparation of training plan	By first week of July 2013	SACS blood safety officers, Training institutes, Trainers
83		Approval of training plan and release of budget for training to the institutes	By second week of July 2013	SACS blood safety officers
84		Issuance of communications to all concerned for deputing trainees	By third week of July 2013	SACS blood safety officers
85		Translation and replication of training modules and related materials	By end of July 2013	SACS blood safety officers, IEC division SACS
86		Training roll out for blood bank staff, donor motivators and rational blood use for clinicians	August to December 2013	Training institutes, trainers
87		Monitoring of trainings by experts/ SACS officers/ NACO officers	During trainings	Experts, SACS officers/ NACO officers
88	11	Monitoring and Supervision		
89		Preparation and dissemination of standardized tool for supervision	By April 2013	NACO Blood Safety division
90		Preparation of Quarterly schedule for visits of core committee	By April 2013	SACS Blood Safety officers
91		Conduction of core committee visits to every NACO supported blood bank atleast once in the year	Ongoing	JD BS SACS, Quality Manager, Core committee members
92		Quarterly review meetings of the blood bank officers/ counselors of NACO supported blood banks	July, October, January and April	SACS Blood Safety officers
93		Submission of visit report by core committee	Within two weeks of conduction of visit	Core committee members
94		Issuance of communications regarding visit observations and recommendations	Within two weeks of conduction of visit	JD BS SACS, Quality Manager
95		Submission of action taken reports	Within two weeks of receipt of communication	Incharge of concerned blood banks
96	12	Convergence with NRHM		
97		Quarterly meetings with the RCH officer	In April, July, October, January	JD BS SACS, Director SBTC, RCH officer
98		Listing of functional FRU with and without Blood Storage Centres	Within first quarter, review every quarter	
99		Preparation of linkage plan to cater to blood requirement of the FRU without Blood Storage Centres	Within first quarter, review every quarter	
100		Identification of underserved regions/ districts without blood banks and jointly plan for catering to the blood needs of the region	Within first quarter	
101	13	Meetings		
102		Quarterly coordination meetings of SACS/ SBTC with Drug Control Department	In May, August, November and February	SACS blood safety officers
103		Quarterly meetings with the RCH officer	In April, July, October, January	
104		Meetings of governing body/ EC of SBTC	Atleast two meetings every year	
105		Meetings with trainers and training institutes	Atleast two meetings every year	
106		Meetings with blood bank incharges	Atleast two meetings every year	
107		Meetings with camp organizers	Atleast two meetings every year	

Annual Action Plan 2013-14 (State AIDS Control Societies SIKKIM)									
(Rs. in lakhs)									
S.No.	1.2 Information, Education & Communication Sub-Component	Cost Head	Unit Cost **	Items/activities	Achievement (2012-13)		Existing as on Date	Targets (2013-14) New	Allocation in Rs. (In lakhs)
					Target	Achievement			
1.2.1	Information Education Communication								
	Maass Media	TV							
		Spots on Private Channels/cable	450/30 sec	4 Special events IDADA, NVBDD, WAD, IYD	20	20	0	30	2.24
		Spots on Doordarshan	NA						
		Long format TV Programs (15/30 mts duration)	27,000/30 mins	talk show, panel discussion on Special events and during	9	9	0	12	3.24
		Radio							
		Audio Spots/10 seconds	350/ 30 sec	Special events. Prepublicity for MMC & Mid Media Campaign	0	0	0	60	1
		Spots on AIR		Jingles on condom use, referral services, RRCs, Special Events, MMC, Mid Media Campaign etc.	30	30	0	50	1.5
		Long format Radio programs (30 mts/15 mts duration)	3000 (airing & production)	Women, rural & youth programmes, talk show on MMC & Mid Media Campaign	40	40	0	60	3.00
		Newspaper Advs.	10000 (half b/w as per IPR rate)	release of advertisement during Special events, MMC and Mid Media Campaign.	40	40	0	50	5.0
		Newsletter	120/ copy	Half Yearly				2000	2.2
Sub-total									
1.2.2	ICT								18.18
		Website							
		SMS							
		Helpline						1	1.00
Sub-total									1.00
1.2.3	IEC material production, replication & newsletter								
		Printing / replication of IEC Materials		Detailed list with costing to be attached.					17.20
Sub-total									17.20
1.2.4	Outdoor								
		Permanent Hoardings at Strategic locations	8000/ hoarding for maintenance		28	28	0	28	2.24
		Rented Information Panels		30 new panels will be installed at 2 major taxi stands Namchi & Jorehang, South Sikkim.	30	30	0	30	5
		Sub Total							7.24
1.2.5	Mid Media								
		Hiring of folk troupes	3000/ performance	300 performances in 4 districts. The Campaign will be delivered in 2 Phases. Phase I will be focussed on East & West and in Phase II North & South will be focussed.	200	200	0	300	9.00

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	Cost Head	Unit Cost **	Items/activities	Target	Acheivement	Existing as on Date	New	
	Fabricating IEC vans, branding IEC vans	50,000/ month (bus) and 75,000/ month (small vehicle)	In 2 districts, East & South 16 seater Mobile IEC van will be used and in the remaining other districts small vehicle will be used because of the hilly terrain.	3	3	0	2	6.00
	State Level Folk Workshop		Two days workshop for the troupes	1	1	0	2 days	1.50
1.2.6	Events							16.50
	State and District level events	75,000/ event	WAD, NYD, IYD and IWD	4	4	0	4	3.00
	Multimedia Campaign only in NE states		3 major events will be focussed: Football Competition, School Intervention & Folk Music Competition.					
	Piggy Back events in NE states	30000/ event	All India Governors Gold Cup Football tournament, Maghe Sakranti, Jorehand, Namsoong Music Festival, Rorathang Maghey Mela, Hee-Bermiok kalej tourism festival, Winter Fest & Spring Carnival	6	6	0	7	2.10
	Other state specific events							
1.2.7	M & E, Documentation		All activities to be documented. Mention the activities whose evaluation to be conducted					27.10
1.2.8	Hiring of Communication of Agency Youth Intervention		The Agency will be hired for 3 quarters.	1	1	0	1	1.50
1.2.9	Adolescence Education Programme		Inculcating of AEP in school text books. Drafting of AEP (syllabus, reviewing & finalization)					
1.2.9.1	RRCs in colleges and University							1.35
1.2.9.2	Out of school Youth			90	90	0	50 old + 40 new	5.6
Sub-Total								
1.2.10	Drop in Centre	Only for three months @ 1.37 lakh per DIC						6.95
1.2.11	Advocacy		Separate sheet to be attached					1.37
1.2.11.1	Mainstreaming training		Separate sheet to be attached					1.20
Sub-total				1669	1719		4034	26
Grand Total								27.20
								125.14

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20/03/13

SIKKIM				
Sr. No.	Component	Physical targets 13-14	Time line	Process Indicators
1	Mass media			
	Spots on Private TV Channels	30	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk3 5. April Wk4 6. Ongoing	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
	Long format TV Programs (30 mts duration)	12	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk3 5. April Wk4 6. Ongoing	1. Finalization of themes, and prog 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 7. Analysis of audience feedback
	Radio spots on AIR & Private FM	110 (50 AIR + 60 Pvt FM)	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk3 5. April Wk4 6. Ongoing	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 depending on frequency of telecast 7. Analysis of audience feedback
	Long format Radio programme (15 min.)	60	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk3 5. April Wk4 6. Ongoing	1. Finalization of themes, and episodes 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 7. Analysis of audience feedback
	Newspaper Advt	50	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk4 5. Staggered as per plan 6. Ongoing	1. Decision on events, no. of ads per event and no. of newspapers 2. Gathering rates (DAVP/DIPR) 3. Prototype development & sharing with NACO 4. Approval from NACO 5. Release of placement schedule along with work order 6. Tracking of releases, obtaining copies containing Advt.

	Newsletter	2	<ol style="list-style-type: none"> 1. June Wk2 & subsequent period 2. July-Aug 3. July Wk2 4. August Wk4/Feb Wk4 5. August Wk4 6. Aug Wk4/ Feb Wk4 7. Sept Wk2/March Wk2 8. Sept Wk2/March Wk2 	<ol style="list-style-type: none"> 1. Decision on themes for issues 2. Gathering of reports and stories 3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 4. Work order released 5. Circulation plan 6. Compilation of articles 7. Printing 8. Despatch
	Printing of IEC material			
2	Printing of IEC material	As per requisition from Prog. Divisions	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk1 3. April Wk2 4. May Wk3 5. Staggered 6. May Wk3 7. May Wk3-4 8. Periodic 	<ol style="list-style-type: none"> 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) 8. Monitoring of use by service centres/NGOs
3	Outdoor & Mid media			
	Permanent Hoarding (Maintenance)	28	<ol style="list-style-type: none"> 1. April 3rd Wk. 2. April Wk2 3. April Wk4 4. April Wk2 5. May Wk4 6. Ongoing 7. Ongoing 	<ol style="list-style-type: none"> 1. Selection of sites (prominent & frequented by target audience) 2. Development of prototypes, size and message content 3. Sharing prototype details with NACO 4. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 5. Work order 6. Monitoring according to location and condition (Photographs for all locations) 7. Periodic reporting
	Rented Information Panels	30 new + 30 old (maintenance)	<ol style="list-style-type: none"> 1. April 3rd Wk. 2. April Wk2 3. April Wk4 4. April Wk2 5. May Wk4 6. Ongoing 7. Ongoing 	As above
	Hiring of IEC vans	3	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk1 3. April Wk2 4. As scheduled 5. Regular 6. Daily 7. Immediate on completion 	<ol style="list-style-type: none"> 1. Development of activity plan 2. Decision on occasions and periods of utilization 3. Development of route plan in consultation with districts 4. Roll out according to route plan 5. Monitoring of activities by DST and SACS officers 6. Reporting (on uniform format) and analysis of reports 7. Documentation, sharing with NACO
	Hiring of Folk troupes	300	<ol style="list-style-type: none"> 1. April Wk3 2. May Wk2 3. Sept Wk2 4. Regular 	<ol style="list-style-type: none"> 1. Orientation of Folk troupes in 3rd wk April 2. Phase I to be conducted in the month of May-June in East & West Districts simultaneously. 3. Phase II to be conducted in the month of

			5. End of every phase	September- October in North & South District. 4. Monitoring by DST and SACS officers 5. Analysis of monitoring reports & sharing with NACO
	Orientation of folk troupes	1	July Wk1 July Wk2 July Wk2 Aug Wk1 Aug Wk2	1. Agenda based on analysis of monitoring reports 2. Advance intimation to troupes 3. Intimation to NACO on date of review 4. Conduct of review meeting 5. Documentation & sharing with NACO
	Multi-Media campaign	10	1. May Wk1 2. May Wk3 3. As per plan 4. June onwards 5. Ongoing (Q1, 3&4) 6. Ongoing 7. End of campaign	1. Decision on activities, stand alone and piggy back along with locations 2. Drawing the activity plan with time line and indicators 3. If agency engaged, tendering process (as above) 4. Implementation as per activity plan 5. Monitoring of campaigns 6. Reporting by District team and SACS officers, Analysis & sharing with NACO 7. Documentation, shared with NACO
4	Other/Events/M&E			
	Special Events	4	1. April Wk2 2. April Wk4 3. As per calendar 4. As per calendar 5. As per calendar 6. Ongoing 7. Within 1 month of completion	1. Drawing calendar of events 2. Listing of activities 3. Issue of guidelines and fund release to districts 4. Implementation of activities 5. Monitoring of activities at districts 6. Documentation 7. Gathering of SOEs
	Piggy Back events	7	1. April Wk2 2. April Wk2 3. As per time line of events 4. Prior to event 5. Prior to event 6. As per calendar 7. Ongoing 8. After every event	1. Drawing event calendar 2. Listing of activities 3. Collaboration with event organizing Depts 4. Procurement of material 5. Distribution of material 6. Implementation of activities 7. Monitoring 8. Documentation and sharing with NACO
	Hiring of communication agency	1	1. April Wk2 2. April Wk3-May Wk2 3. May Wk3 4. As per requirement	1. Development of ToR for agency 2. Tender process: Publish notice, shortlisting, approval of selection of agency 3. Work Order 4. Completion of work

	M&E, Documentation, evaluation	1	<ol style="list-style-type: none"> 1. April Wk1 2. As per activity plan 3. Depending on calendar 4. April Wk2-4 5. As per plan 6. As per plan 7. As & when ready 	<ol style="list-style-type: none"> 1. Listing of activities for monitoring - by SACS officers, external resource, etc. 2. Documentation of all field level activities, and shared with NACO 3. Activities proposed for evaluation along with time line 4. Bidding process: Publish notice, short-listing, approval of selection of agency(s) 5. Work order 6. Conduct of studies according to time line 7. Sharing of reports with NACO
	Helpline		April Wk1	AMC
5	Youth			
	Adolescent Education Programme	3	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk4 3. May Wk1 4. May Wk2 onwards 	<ol style="list-style-type: none"> 1. Focus on Graduate teachers, DIET & TTI (State Level TOT) 2. English GTs, Science GTs NSS Coordinators will be trained as TOTs. 3. Sensitization for teaching & non teaching staff. 4. Implementation as per SCERT time line.
	RRC	50 old + 40 new	<ol style="list-style-type: none"> 1. April Wk 2 2. April Wk 2 3. May Wk 1 4. May Wk 3 5. June Wk 2 6. Regular 7. Ongoing 	<ol style="list-style-type: none"> 1. Listing of all Colleges/ schools/ community PG & technical 2. Listing of colleges targeted in FY 13-14 3. Training of Coordinators/Nodal officers 4. Disbursement of funds along with guidelines 5. Calendar of activities 6. Monitoring of activities 7. Documentation
6	Mainstreaming			
	Training & advocacy	52	<ol style="list-style-type: none"> 1. April Wk3 2. April Wk3 3. April Wk3 4. April Wk4 5. April Wk4 6. May Wk1 7. May Wk3 onwards 8. Along trainings (May 3rd Wk onwards) 9. Regular 10. Ongoing 	<ol style="list-style-type: none"> 1. Listing of categories of trainees & advocacy actions 2. Gathering the 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. Monitoring 10. Documentation of All trainings & outcome of advocacy
	Drop in Centre			
7	DIC	1	<ol style="list-style-type: none"> April Wk1 April Wk1 April Wk1 Regular June-July 	<ol style="list-style-type: none"> 1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of PLHIVs 4. Monitoring of activities 5. Documentation
	TOTAL			

AAP 2013-14 Integrated Counseling and Testing Centre Sikkim SACS									
1.3	Sub-component 1		Cost head	Unit Cost (lakhs)	Items/ activities	Targets 2013-14		Allocation (Rs. in Lakhs)	
S.No.	Sub-component 1		Cost head	Unit Cost (lakhs)	Items/ activities	As on 01.04.2013	New	RCC Round 2	Remarks
1.3.1	Existing Facilities								
1.3.1.1	HR for Counselors and LTs	Recurring	2.4		Salary including TA/DA for Existing/In-place Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	12	1	37.99	Additional allocation of 6.79 Lac considering higher salary and increments
1.3.1.2	HR for Supervisors	Recurring	1.68		Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months	0	0	0.00	
1.3.1.3	Mobile ICTC	Recurring	5.55		Running cost of whole unit including salary of counselors and lab tech at Rs 9000 average per month for 12 months	1	0	5.55	
1.3.1.4	HR for SACS team for Basic Services	Recurring			Salary & TA/DA for SACS staff under RCC Round 2 (Staff in High Prevalence States: HIV-TB Consultant, M&E PPTCT, Data Analyst, Secretarial Assistant, Finance Officer)	0	0	0.00	
1.3.2	Establishment of New ICTCs							43.24	
1.3.2.1	ICTC	Non recurring	0.6		Minor refurbishment at Rs 60000 per new stand alone ICTC	12	1	0.60	
1.3.2.2	Mobile ICTC	Non recurring	12		Cost of vehicle purchase & refurbishing	1	0	0.00	
1.3.2.3	Facility Integrated ICTCs	Non recurring	0		none	16	14	0.00	
1.3.2.4	PPP ICTCs	Non recurring	0		none	0	1	0.00	
					Sub Total			0.60	
1.3.3	Trainings								
1.3.3.1	Training	Recurring			1) ICTC: Counselors, LTs: Induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) 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 Sub Total			7.36	as per training plan
1.3.4	Procurement of Equipment							7.36	
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6		Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc	0	1	0.60	
1.3.4.2	Procurement of equipment	Recurring	0.05		Equipments/ maintenance/ AMCs/ Insurance of equipment bikes etc	13	0	0.65	
					Sub Total			1.25	
1.3.5	Consumables								
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5		SA and Mobile ICTC: Safe delivery kits, reagents and syringe needles, printing of reporting formats, internet and other misc exp	13	1	7.00	
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1		F-ICTC and PPP-ICTC Safe delivery kits, printing of formats and other misc exp at the center			3.00	
					Sub Total			10.00	
1.3.6	Monitoring and Supervision / Review meetings								
1.3.6.1	Review meeting for Supervisors (monthly @ Rs 1000/person)	Recurring	0.01		review meetings	0		0.00	
1.3.6.2	Review meeting for counselors/MO (Quarterly @ Rs 1500/person)	Recurring	0.015		review meetings	13		0.78	
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	5		0.50	
					Sub Total			1.28	
1.3.7	SRL								
1.3.7.1	HR for Technical Officer in SRL	Recurring	3		Salary for TO in SRL, including TA/DA, at average Rs 25,000/- per TO per month for 12 months	1	0	3.00	
					Sub Total			3.00	
1.3.8	Additional Allocation								
1.3.8.1	For Co-location of facilities	Non recurring	Lumpsum		Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities i.e ART/ICTC/STI		1	0.75	
1.3.8.2	For PPP ICTC Involvement	Non recurring	Lumpsum		A) Budget allocation for sensitization meetings/ workshops etc for involving Private Sector Hospitals i.e Nursing Homes, Corporate Hospitals into NACP. B) Involvement of professional bodies like FOGSI, IMA, IADVL, IAP etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employer model meetings for which separate budgetary allocation is made		1	0.50	
					Sub Total			1.25	
1.3	Grand Total							66.28	

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14/04/2013

Physical Targets for Sikkim 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	12	0	1	1
2	Mobile ICTCs	1	0	0	0
3	Facility Integrated ICTCs	16	0	14	14
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	0	0	1	1
5	PPP ICTCs in Private Sector Industries	0	0	0	0
6	PPP ICTCs in Public Sector Industries	0	0	0	0
	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	0 out of 0	0	0	0
2	District Hospital Level	0 out of 1	0	1	1 out of 1
3	Sub District Level	0 out of 0	0	0	0
	Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target
1	Testing for General clients	20000	14913	20000	
2	HRG testing	2352	2972	4428	Two time testing in 100% of HRG covered by TI
3	Bridge population testing	NA	NA	0	30% migrants and 15% truckers
4	STI Clinic In-referrals testing			1500	
5	Out Referrals from to STI	3833	1076	500	100% DSRC attendees
6	HIV-TB Cross referral	1000	484	1000	70% of TB patients and 5% of ICTC clients (Non-ANC)
7	HIV/TB coinfection to be detected	10	6	10	70% of HIV infected TB notified cases
8	Testing for ANC	12000	6298	12000	100% of the estimated pregnancies
9	Detection of HIV+ve pregnant women	10	5	10	100% of estimated positive pregnancies
* Achievement upto December 2012					
	Linkage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition
1	ICTC to ART (GC)	NA	NA	90%	HIV +ve general clients to be linked to ART centres
2	PPTCT to ART	NA	0%	100%	HIV +ve pregnant women to be linked to ART centres
3	TI to ICTC	NA	95%	90%	HRGs referred from TI reaching ICTC
4	STI to ICTC	NA	28%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics
5	TB to ICTC	NA	26%	70%	Notified TB cases reaching ICTC
6	HIV/TB to ART	NA	0%	90%	HIV infected TB notified cases reaching ART

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

S.No	Type of Training	Category of Participant	Number of persons/ba	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	4	12	800.00	38,400	4	0	0	0
		Lab-Tech	1	5	800.00	4,000	0	0	0	0
2	Refresher (Stand alone (Inc. Mobile)	Counselor	13	5	800.00	52,000	13	0	0	0
		Lab-Tech	13	5	800.00	52,000	13	0	0	0
3	Induction (FI- ICTC +PPP)	Staff nurse (FI ICTC)	14	5	800.00	56,000	0	0	16	0
		Lab Technician	14	5	800.00	56,000	0	0	0	0
4	Refresher (FI- ICTC +PPP)	Staff nurse (FI ICTC)	16	3	800.00	38,400	0	0	0	16
		Lab Technician	16	5	800.00	64,000	0	0	0	16
5	Induction/ Refresher	District supervisor	0	5	800.00	-	0	0	0	0
		Full site Sensn. Dist. Hosp	14	1	10,000.00	140,000	1	2	3	0
6	Sensitization (No facilities to be mentioned)	Full site Sensn SDH/RH	0	1	5,000.00	-				
		ICTC Counselor	29	2	800.00	46,400	0	29	0	0
		Medical Officer	33	1	800.00	26,400				0
		District ICTC supervisor	0	2	800.00	-				0
7	HIV-TB training	MO-TG/MO-ICTC	15	2	800.00	24,000	0	32	0	0
		ART MO	1	2	800.00	1,600	0	1	0	0
		RNTCP STS/STLS	35	2	800.00	56,000	0	35	0	0
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	5	2	800.00	8,000	0	6	0	0
		Counselor	13	2	800.00	20,800	6	0	0	0
		Medical Officer	13	3	800.00	31,200	6	0	0	0
8	Multi Drug Regimen Training for PPTCT	District supervisor	0	2	800.00	-	0	0	0	0
		MO ARTCs	1	3	800.00	2,400	1	0	0	0
		Others (Medical 3 days / Para medical 2 days)	15	1	800.00	12,000	8	0	0	0
		ANM	4	2	400.00	3,200	4	0	0	0
9	Training on whole blood screening	Labour Room Nurse	4	2	400.00	3,200	4	0	0	0
		DMC LT (RNTCP)	0	2	400.00	-	2	0	0	0
		STLS	0	2	400.00	-	2	0	0	0
		MO	0	3	800.00	-	0	24	0	0
		Lab-Tech	0	3	800.00	-	0	0	13	0
10	ICTC Team Training	Nurse	0	3	800.00	-	0	0	12	0
		Counselor	0	3	800.00	-	0	0	13	0
11	Other (Specify)				400.00	-				
Total						736,000				

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Process Indicators - BSD		
Indicators	Recommended Action - Establishment of facilities	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	2nd week of April 2013
	Preparation of indent and approval by PD SACS	2nd week of May 2013
	Processing and completion of procurement of indent giver	3rd week of May 2013
	Dispatch and receipt at concerned facilities	
	Refurbishment of identified facilities	2nd week of April 2013
	Preparation of indent and approval by PD SACS	3rd week of April 2013
	If decentralized, release of grants to districts	2nd week of April 2013
	If central, processing of indent and refurbishment	3rd week of May 2013
	Completion of refurbishment	1st week of June 2013
	Functionality and Reporting of new Stand Alone ICTC	
	Facility Integrated ICTC / MMU	
	Sensitization of CMHO / CMO / CDMO / DHO / Civil Surgeon / ADMO	2nd / 3rd week April 2013
	Sensitization meeting with DTO	2nd / 3rd week April 2013
	Sensitization of NRHM DPM	2nd / 3rd week April 2013
	Directive from MD-NRHM regarding use of MMU for HIV testing	2nd / 3rd week April 2013
	Functionality of MMU	1st week of May 2013
	Route plan for MMU one month in advance	Monthly
	Training of staff & functionality	2nd / 3rd week May 2013
	Issuing of directives by MD-NRHM for F-ICTC data entry in SIMS by Block Data Manager (NRHM)	1st week of April 2013
	Training of Block Data Manager (NRHM) in SIMS	3rd week of April 2013
	Ensure availability of testing kits and logistics to new facilities:	4th week of April 2013
	100% reporting of existing facilities in SIMS	1st week of May 2013
	100% reporting of new facilities in SIMS	1st week of August 2013
	PPP ICTC in Nursing Homes / Corporate Hospitals	
	Enlisting and identification of potential partner:	1st week of April 2013
	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
	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
	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

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Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
Linkage of General Clients with ART	• Tracking system for General Clients:		
	a) Monthly maintenance of Line list of HIV +ve General Clients by ICTCs	Monthly	ICTC Counselor
	b) Sharing of line list with concerned ART centre/s by email every 15 day:	Every 15 days	ICTC Counselor / ART Counselor
	c) Obtaining feedback by concerned ART centre / s every 15 days:	Every 15 days	ICTC Counselor
	c) Completion of line list at the ICTC level by Counselor at 15 days and at the end of the month	Every 15 days	ICTC Counselor
	d) Sharing completed / compiled line list with full details to DAPCU / SACS BSD	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors
	e) Monthly meeting between ICTC and concerned ART at district / regional level to be conducted in 1st week of every month for verifying data	Monthly	DAPCU, Dist ICTC Sup
	f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSD every month	Monthly	
	g) SACS officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD, CST
	h) Where there is no DAPCU, SACS BSD will directly verify / analyze line list every month	Monthly	
	i) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	j) After due verification by CST at SACS, BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	SACS BSD
	k) SACS BSD / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand holding and mentoring	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	l) 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	Direct: SACS BSD Monitoring: PD / APD SACS

DB

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	Every referral	TI ORWs, PE, TI Counselor
	a) Referral of TI clients by TI out-reach system using referral slips:		TI ORWs, TI Counselor, PM
	b) Compilation of referrals made to ICTC with Unique ID of TI against each referral every 15 days	Every 15 days	
	c) Meeting of TI with concerned ICTC and sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	Direct: TI ORWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC Sup, PO-TI TSU
	d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI.	Every 15 days	ICTC Counselor,
	e) Once both ICTC and TI have reconciled / compiled the list, then both ICTC and TI will report the same in thier respective CMIS/SIMS on a monthly basis	Monthly	Direct: ICTC Counselor, TI Counselor, TI M&E, Monitoring: Dist ICTC Sup, PO-TI TSU
	f) The same should be verified / validated by DAPCU / PO - TI TSU on a monthly basis:	Monthly	Dist ICTC Sup, DAPCU, PO TI TSU
	g) Individual HRGs tested has to be extracted from the compile line list generated from the referrals with UID and the reached with PID	Monthly	Direct: TI Counselor, M&E, PM, Monitoring: PO TI TSU
	h) This individual tracking and reconciliation of ICTC and TI CMIS/SIMS data should be done by DAPCU every month during review meeting between TI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS TI / PO-TSU in the 1st week of every month	Monthly	Direct: Dist ICTC Sup, DAPCU, Monitoring: PO TI TSU, SACS TI, SACS BSD
Linkage with HRGs	i) SACS /TSU officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD / SACS TI / TSU
	j) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS TI / SACS TSU has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PD SACS
	k) After due verification by at SACS, TI and BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	SACS BSD / SACS TI
	l) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	
	m) The SACS BSD / TI / TSU should analyze the positivity yield out of the referrals made by TI as compared to prevalence rates for the individual typology / state average and focused visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	Direct: SACS BSD / SACS TI / TSU Monitoring: APD /PD SACS
		Monthly	

DB

Indicators	Recommended Action - STI Linkages	Timeline	Person Responsible
STI Linkages	<ul style="list-style-type: none"> The programme will ensure, tracking of individual STI DSRC Clinic attendees and ensure 100% of STI DSRC Clinic attendees are tested for HIV in the year Ensure accompanied referrals from STI to ICTC and also ensure single window approach for HIV and Syphilis testing Reconciliation of reporting to be done between ICTC and STI Co-ordination and Tracking system for STI DSRC Clients. 		
	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 training:	Ongoing	SACS BSD / STI
	c) Referral of STI clients by DSRC using referral slips / accompanied referrals to ICTC	Every Referral	STI Counselor
	d) Completion 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	STI Counselor / ICTC Counselor
	f) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from DSRC. Also the ICTC counselor will share the list of ICTC clients referred to STI DSRC with PID numbers	Monthly	
	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 ICTC: In-referrals from STI and out referrals from ICTC to STI STI: In-referrals from ICTC and out referrals from STI to ICTC	Monthly	Direct: STI Counselor / ICTC Counselor Monitoring: Dist ICTC Sup / DAPCU
	h) The same should be verified / validated by DAPCU on a monthly basis: 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	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
	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	
	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	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	o) The SACS BSD / STI should analyze the positivity yield out of the referrals made by STI as compared to prevalence rates for the group / state average and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	

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

Das

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

Das

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 CRGs	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	d) CRC should be issued within 7 days of receipt of supplies	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	e) Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	f) Dispatch plan should be based on pattern of consumption for last 3 months for the said commodity	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	Dispatch of supplies a) Option 1: Supplies should be made to ICTCs through cold chain vehicle in collaboration with the general health system		
	b) Option 2: Supplies should be made to ICTCs through physical collection by ICTC staff while attending review meetings using cold boxes		
	c) Option 3: Hiring of cold chain vehicle / courier to dispatch supplies directly to ICTCs		
	d) Regional / District level walk in coolers to be used for storing stocks for the respective region and further distribution should be made to the linked ICTCs by using health system cold chain vehicle or physical pick up by ICTC staff using cold boxes	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities		
	Physical Verification and Reporting a) MO-ICTC to physically verify stocks daily and 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 in 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 CMS/SIMS report for lab component of ICTC	Monthly	ICTC LT, MO-ICTC
	c) TO-SRLs and District ICTC Superiors / 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. Appropriate administrative action should be taken by APD/PD SACS based on reports	Ongoing	SACS BSD / SACS CST, APD / PD SACS
	f) Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected /analyzed	Monthly	PD SACS, BSD, Stores Officer, Quality Manager
	g) During this review meeting, - Assessment of stock positions at Facility level / SACS level stock position for every commodity should be done based on stock available and consumption pattern - Action should be taken if more than permissible variances reported by any facilities - Relocation between districts / facilities, Dispatch plan, Transportation plan should be made - Assessment of near expiry drugs/kits should be made and submitted to NACO if required for relocation to other states, atleast 3 months in advance - If some commodities have expired, then reasons for the same should be analysed and administrative actions taken if required	Monthly	Direct: PD / APD SACS
	h) Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month.	Monthly	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS

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) Completion of line list at the ICTC level by Counselor 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 BSD 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 BSD, CST Monitoring: PD/APD SACS
	i) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data.	Quarterly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	j) BSD at SACS to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSD, 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 BSD
	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

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

State:SIKKIM

I. Grant-in-aid to SACS

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	13.50	Salary	1	1	15.5	6.12		1	13.50	
2.1.2			0.50	Universal Work Precautions						0.5	0.50	
2.1.3.1			1.50	Operational Costs			1.5	0.26		1.5	1.50	
2.1.3.2			0.9 for caliber.0.5 for count & 0.25 for Partec	Operational cost for CD4 testing							0.00	
2.1.4.1		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD							0.00	
2.1.4.2			1.00	Infrastructure development installation							0.00	
2.2.1	GIA to SACS for various activities	IEC	0.50	Registers & Cards, Signages, Flip Charts, Posters			0.5	0.58			0.50	
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.							1.00	As per training plan with AAP
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode			0.2			110	0.22	
2.2.4.1		LAC	0.15	One-time cost for infrastructure development						1	0.15	At South district - Namchi, DH
2.2.4.2			0.378	Rec.- for TA/DA & oper. Costs, Stationery etc.						1	0.19	
2.2.4.3			0.96	HR for LAC Plus							0.00	
2.2.5.1		EID	3.84	HR for EID							0.00	
2.2.5.2			1.00	Cost for EID lab (Operational Cost, Infrastructure development)							0.00	
2.2.6		Viral load testing	1.10	Salary of LT							0.00	
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment							0.00	
2.2.7.2			Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for low load	Hiring of space & for drug transfers							0.00	
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs							0.00	
2.3.2		Regional coordinator	9.00	Remuneration & TA/DA							0.00	
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs							0.00	
Total GIA to SACS for CST											17.56	

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	250	216	320	ICT-ART linkage: Pregnant positive women: 100% HIV -TB co infected 100% General clients 90%.
2.5.2		Alive & on ART	100	73	110	
2.6.1	OI episodes		100	67	110	Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines
2.7.1	CD4 Count Tests	CD-Machines				CD4 machine to be supplied by NACO.
2.7.2		CD4-Kits	300	98	350	

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

Sikkim SACs CST : 2013-14

Sino	Indicator	Target Cumulative 2012-13	Target Achieved	Gap	Gap-Analysis	Proposed target for 13-14	Remarks
1	ART Centres	1	1		No gap found.		
2	LAC	0	0			1	At South district - Nanchi, DH, it takes 3 hrs to reach Gangtok ART center. More accessible to Pts of south & west district, as Gangtok gets cut off during rainy season due to landslides
3	LAC Plus	0	0				
4	PLHIV registration in HIV care	250	216	86.40%	86.4% registered. Data compiled until Dec 12. 72.7% of the registered found to be eligible for ART, shows that late detection and late referrals. Needs sensitization on early detection and immediate referrals	320	New detection is 30 during 2012
5	Alive and on ART	100	73	73%	Data compiled till Dec 2012. May reach the target by March 2013.	110	100 % of the eligible should be initiated on ART
6	CD4 testing	300	128	43%	Data compiled till Dec 2012. May reach 60% by March 2013. No CD4 Machine in Sikkim. Samples are sent to Siliguri by road which is 4hrs drive, thrice a month	350	tests to be done twice a year for PLHIV registered in HIV care. All PLHIV registered in HIV care should undergo baseline CD4 testing
7	CD4 Machine	0	0	0			Only 60 % are tested for CD4. No CD4 Machine in Sikkim. Samples are sent to Siliguri which is 4hrs by road, thrice a month
8	OI treated	100	67	67%	Remaining 33 % would be accomplished before March 2013.	110	
9	ICTC ART linkages				No mechanism of sharing of line list between ICTC and ART center		Pregnant positive women: 100% HIV -TB co infected 100% General clients 90%. System for tracking all hiv positive general clients need to be developed through line listing and ensuring at least target 90% will be attained
10	Co-location of ICTC ART				1/1 ART center in Gangtok district hospital not co-located	1	Efforts will be made to co-locate the same 1in this year.
11	PPP - ART Centres					No possibility of PPP model ART center	No PSUs
12	Sensitisation of Private practitioners on rational prescription of ART				As per SACs no pvt doctor is practising HIV medicine		Data will be collected on the GP and HIV consultants with the help of IMA.
13	Sensitisation of HCP on UWP/PEP					total 200 HCP to be trained in 4 batches	4 trainings comprising 50 participants will be held.
14	Financial Status	34.78	19.39				17.56

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Processes for implementation of 2013-14 activities

SIKKIM				
Baseline: 1 st 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 Centre and ICTC Clinic physical locations and service linkages status	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	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
		Progress of Activities to be reported to NACO every month	SACS CST (JD), SACS BSD	Monthly

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3.	Setting up PPP model ART centre	New model to be developed for PPP	NACO ADG CST, JD CST, RC	April (first fortnight)
		Enlisting of potential partners	NACO CST, JD CST, RC	Already done in AAP
		Meeting with industries associations, corporate, PSU executives and health facility representatives	JD CST & RC	May'13(Second Fortnight)
		MOUs	PD SACS	June'13(Second Fortnight)
		Operationalization- <ul style="list-style-type: none"> Setting up of facilities Training at CoE 	<ul style="list-style-type: none"> Provider of facility, Overseen by RC Nodal Officer CoE 	July'13(Second Fortnight)
4.	ICTC-ART Linkages	Receiving line list from concerned ICTC by e-mail	ART centre counsellor	Every 15 days
		Sending feedback to ICTC centre by ART centre	ART centre counsellor	Every 15 days
		Monthly meeting between ICTC and concerned ART at district / regional level to be conducted for verifying data	Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors	1st week of every month
		SACS inter-divisional meeting with CST and BSD to be conducted every month after data analysis by BSD division of SACS	SACS CST, BSD	2nd week of every month
		Due verification of data sent by ART centres to ICTCs by CST at SACS	SACS CST	Monthly
		District level review meetings to be held at least once in a quarter	SACS CST, BSD	Quarterly
		SACS CST/ BSD to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring	SACS CST, BSD	Monthly
		ART centres with poor feedback to ICTCs to be identified and focused visits conducted to evaluate reasons for the same. Solutions to be provided.	RC RC, SMO/ MO - ART	Quarterly
5.	Gap in those eligible & initiated on ART	Emphasis on adequate and regular counseling, both for checkups/ follow ups with investigations and ART preparedness	ART centre Counsellor	Ongoing
		Preparation of line list of patients eligible for ART but not started on it to be followed on phone & outreach visits	Line list prepared by Counsellor, Phone calls by Care Co-ordinator, passed on to ORW at 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
		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 (Expected Target= 200)	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)
		Exact Target for 2013-14 to be worked out	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
		Send above information to ADG CST by January		January
		Storage Space-		
		Storage is being done currently at the centre/ facility itself		
		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
		Transportation – Most cost effective and efficient means of transportation to be adopted		
		Drugs not being transported elsewhere since only single centre		
		Physical Verification and Reporting -		
		MO-ART to physically verify stocks weekly and countersign in stock register	MO- ART	Weekly
		All supervisory cadres during field visits to facilities to physically verify stocks and countersign in stock register	RC, APD	Monthly
		Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected /analyzed	PD SACS, JD CST, Store Officer	Monthly

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Institutional Strengthening AAP13-14

SIKKIM

2 (a)	Operational Cost	Total Cost (2012-13)	Proposal for 2013-14	Approved
1	Training SACS /DAPCU	1	1.5	1.00
2	Equipment Maintenance	2.5	5	2.00
*3	Building Maintenance	0	9.84	1.00
4	Vehicle Maintenance	4	6	5.00
5	Travel Expanses	12	13	13.00
6	Rent, Rates and Taxes	0	0	0.00
7	Telephone/Communication Ex	3	3.5	3.50
8	Bank Charges	0	0.05	0.00
9	Miscellaneous Expenses	6	7	7.00
10	Printing and Stationery	4	4	4.00
11	Advertisement (Other than IE)	0.5	1	1.00
12	Water and Electricity	0	2	1.00
13	Audit Fees	1	1	1.00
14	Legal Expenses	0	0	0.00
15	Postage / Courier	0.5	0.5	0.5
16	Other Administration Cost	1	1	1.00
17	Review Meeting Expenses	0.5	1	1.00
18	Office Equipments & Furniture	2	22.5	10.50
19	Furniture	1	2	2.00
20	Transportation			0.25
	Total Operational Expenses	39	78.89	54.25

SUMMARY: SIKKIM	By SACS	Approved
Salary (HO)	138.5	138.499
Operational Cost (HO)	78.89	54.25
Grand Total	217.39	192.749
Total	217.39	192.749

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Sikkim Annual Action Plan- 2013-14 : Strategic Information Management Unit														
Sl.No.	Head/Disc	Sub-Head (Discription)	Type of Unit	Unit cost (Rs)	No. of persons to be trained			Estimated budget	CPFMS Head	Time line				
					Induction	Refresher	Total			Q1	Q2	Q3	Q4	
1	Training*	a. SIMS induction/Refresher training	ICTC FICTC DSHC/STI TI BB CCC IEC DIC Total	2500 2500 2500 2500 2500 2500 2500 2500	2 3 1 3 0 0 1 1	14 26 12 8 3 1 2 2	16 29 13 11 3 1 3 3	40000 72500 32500 27500 7500 2500 7500 7500	M&E-Trainings					
2	Reports publication (4 quarterly CMIS bulletin, 1 surveillance report, annual report & district data triangulation report)				11	68	79	197500	M&E-Review meetings/workshops					
3	Monitoring & Supervision visits (10 days/month)#							350000	M&E-Printing of reports & bulletin					
4	HIV Sentinel Surveillance**							125000	To be Booked under "IS" in appropriate head					
Total Budget									672500	Contingencies				

Harvard

A hand-drawn diagram of a flower. It shows a central vertical line representing the style, with a small circle at the top representing the stigma. At the base of the style is a larger, rounded structure representing the ovary. A curved line extends from the side of the ovary, representing a petal or sepal.

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

Budget Head(Discription)	Sub-Head (Discription)	Type of Unit	Unit cost (Rs)	No. of persons to be trained			Estimated budget
				Induction	Refresher	Total	
1	Training*						
		ICTC	2500	2	14	16	40,000
		FICTC	2500	3	26	29	72,500
		DSRC/STI	2500	1	12	13	32,500
		TI	2500	3	8	11	27,500
		BB	2500	0	3	3	7,500
		CCC	2500	0	1	1	2,500
		IEC	2500	1	2	3	7,500
		DIC	2500	1	2	3	7,500
		Total		11	68	79	197,500
2	Reports publication (4 quarterly CIMS bulletin, 1 surveillance report, annual report &district data triangulation report)						350,000
3	Monitoring & Supervision visits (10 days/month)#						
4	HIV Sentinel Surveillance**						125,000
Total Budget							672,500

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

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

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

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

DDP