

T-11017/34/2012-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,
Tripura State AIDS Control Society

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

Sir/Madam,

Please refer to your proposal regarding approval of Annual Action Plan for the year **2013-14** and further discussions held in Department of AIDS Control (DAC) on 6/3/2013. The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of **₹821.90 Lakhs (₹Eight Hundred Twenty one Lakh and ninety Thousand Only)** as per detailed break-up given below:

Allocation (Rs. in Lakh)				
Component	DBS	Pool fund	GF	Total
Prevention				
TI		245.82		245.82
STI	36.22			36.22
BTS	86.87			86.87
IEC	143.16			143.16
LWS	30.19		21.56	51.75
ICTC	29.50		68.84	98.34
	325.94	245.82	90.40	662.16
CST	18.90		0.00	18.90
ISTM	135.19			135.19
SIMS	5.65			5.65
GT	485.68	245.82	90.40	821.90

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

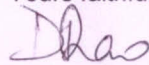
The above approval is subject to the following conditions:

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

TRIPURA STATE AIDS CONTROL SOCIETY

YEAR 2013-14

S.No.	Sub-Component	cost Head	Unit cost in Lakh (Range)	Items/ Activities	TI Achievement (2012-13)		TI Targets (2013-14)				Allocation (Rs. In Lakhs)
					Target	Achievement during the year	Existing as on 01.04.2013	Transition from Partners	New TIs additions	Total	Pool Fund
1.1.1	FSW	Grant to TI Projects	8 to 24 lakhs based on coverage	cost for basic infrastructure, human resources, programme management and service delivery	8	8	8	0	0	8	112.54
1.1.2	MSM				0	0	0	0	0	0	0.00
1.1.3	IDU				2	2	2	0	0	2	25.38
1.1.4	TG/Hijra				0	0	0	0	0	0	0.00
1.1.5	Core Composite*				2	2	2	0	0	2	13.52
1.1.6	Migrants (Source)				0	0	0	0	0	0	0.00
1.1.7	Migrants (Transit)				0	0	0	0	0	0	0.00
1.1.8	Migrants (Destination)				2	2	2	0	1	3	25.76
1.1.9	Truckers					0	0	0	0	0	0.00
Total					14	14	14	0	3	15	177.21
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 agencies							39.62
1.2.0	JAT / Evaluation	Professional services	25,000-40,000 per unit	Cost for TA, DA and documentation						0	6.70
1.2.1	OST centre maintenance						3		0	3	21.30
1.2.2	Employer led models (includes interventions at tea estate, commercial drivers)			As per guidelines					5	5	1.00
1.2.3	Any other										
TOTAL (Rs. In Lakhs)											245.82 ✓

Detailed guidelines on Employer Led Models would be issued by NACO

(Number of TIs proposed under each category)														
Core Population	Less than 500		500-799		800-999		1000 and above				Total TIs		Target coverage	
	Old	New	Old	New	Old	New	Old	New			Old	New	Old	New
FSW			3		5	0	0	0			8	0	6300	0
MSM	0	0	0	0	0	0	0	0			0	0	0	0
	Less than 150		150-249		250-399		400-599		600 and above					
TG/Hijra	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	150-299		300-499		500-699		700 and above							
IDU			2	0	0	0	0	0			2	0	650	0
OST														
	Less than 400		400-699		700-999		1000 and above							
Core Composite	0	0	1	0	1	0	1	0			2	0	1700	0
Bridge Population	5000		5001-9999		10000 and above									
Migrant (Dest.)		3		0	2	0					2	3	10000	5000
	5000-9999		10000-29999		30000 and above									
Trucker	0	0	0	0	0	0					0	0	0	0
Migrant (Source)	No. of districts		0		Migrants (Transit)	No. of sites	0	0			0	0	0	0

Targeted Interventions

TRIPURA STATE AIDS CONTROL SOCIETY

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)

Core Population	NGO /CBO LED Interventions									
	Less than 500		500-799		800-999		1000-1499		1500 and above	
	Old	New	Old	New	Old	New	Old	New	Old	New
FSW	9.82	8.97	11.39	10.54	13.89	13.04	16.54	15.69	18.52	17.67
MSM	9.9	9.05	11.52	10.67	14.06	13.21	16.76	15.91	18.9	18.05
TG/Hijra	200-399		400-599		600-799		800 and above			
	11.52	10.67	14.06	13.21	16.76	15.91	18.9	18.05		
IDU	150-299		300-499		500-699		700 and above			
	14.62	13.72	15.62	14.72	17.00	16.10				
OST CENTER (GOVT.)										
	9.85	8.57								
Core Composite	Less than 400		400-699		700-999		1000-1499		1500 and above	
	11.24	10.78	13.45	13.00	15.45	15.00	17.00	16.55		
Bridge	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										
	13.67	13.05								
Migrant (Source) per district										
	13.67	13.05								

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					
	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members
NGO and CBO Led	12	8	8	126	32	0	1	0	0	0	2	0
	IDU						Core Composite					
	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	Doctor and Nurse	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members
NGO and CBO Led	2	2	2	20	4	2	1	2	2	34	9	0
	TG/ Hijra						Migrants (Destination)					
	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	
NGO and CBO Led						0	6	3	3	33	11	
	Truckers						Migrants (Source)					
	PM and PD	Accountant cum M&E	Counselor	Peers	ORW		District Coordinator	Block Supervisor	M&E officer	Accounts & Admin		
	1	0	0	0	0	0	0	0	0	0	0	0
	Migrants (Transit)						Truckers					
	PM and PD	Accountant cum M&E	Counselor	Peers	ORW		PM	ORW				
	1	0	0	0	0	0	0	0				

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

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Sexually Transmitted Infection/ Reproductive tract infection Services

Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. In Lakhs)
					Pool Fund
Establishment of New Facilities (One Time Grant)	One time cost	1,50,000	no of centres	Minor Refurbishment for Audiovisual privacy, Computer	1.5
1.4.2 Salary of Counselor	Fixed	11000 per month per centre	no. of counsellor	Counselor salary	21.12
1.4.3 Training	Recurring	35000 per centre & 10000 per district for PPP doctors	no. of DSRC and no of districts	Training of trainers, Induction or Refresher training for DSRC service providers, TI STI doctors as per operational guidelines	6.4
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	4
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	3.2
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)				36.22

1.4.a	Physical Targets to the State under the STI/RTI services	
1	STI/RTI episodes to be managed by Designated STI clinics	14309
2	STI/RTI episodes to be managed by TI-NGOs	5934
3	STI/RTI episodes to be managed by Private sector	1000
4	Total target of STI/RTI episodes for SACS	21243
5	STI/RTI episodes to be managed by NRHM	20441

1.4.b	STI/RTI facilities	Existing No.	Proposed new during FY 2012-13
1	Designated STI/RTI Clinics	15	3 18
2	TI STI providers	43	43
3	sector	#REF!	#REF!
4	NRHM health facilities upto PHC	90	90
5	PPP ICTC	1	1 2
6	Regional STI Centres	0	0
7	State Reference Centres	0	0

1.4.c	Commodity Assistance provided by GOI to the State	
1	Colour coded drug kits for Designated STI clinics and TI NGO	13150
2	RPR Test-kits	450 kits of 100 tests each

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Process Indicators 2013-14				
Name of State: Tripura SACS				
Sr No	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target achievement at TI NGOs	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.	Counsellor of STI Clinic, Incharge of DSRC, DD STI	Ongoing
2	Non reporting and under reporting of DSRC	1. the DSRC at SDH Kanchanpur in Dhalai district should be made functional and start reporting. It is also learned that this DSRC is not located in Dhalai district and wrongly placed. hence, DD STI and M&E officer should revisit the entire DSRC and TI data base in both CIMS and SIMS and verify that every unit is correctly labelled and the same corrected sheet should be sent to NACO STI and M&E Division for perusal. 2. the reasons for five DSRCs not having computers should be explored in terms of since when these DSRCs are in existences, whether funds given for procuring computers were spent or not, if yes, then what happened to those computers are to be looked into. the results of the same to be communicated to DDG STI & BS NACO for approval to purchase five computers.	DD STI, JD/DD TI & ME Officer of SACS	By end of March 2013.
2	Partnering with PSU	1. All 4 health units of PSU (ESIC 1, ITBP 1, Air Force 1, Railways 1) and 30 providers offering services to employees of industries to be enlisted. 2. Meeting with State focal person of the PSU and Industries association 3. Two doctors from each of the 4 units of PSU and all 30 doctors to be trained on syndromic case management 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. Training plan to be made and shared with other division. All participants to be informed in advance about venue and dates of training. All Training to be completed by end of 2nd quarter. 2. Training load to be calculated both for induction and refresher, batch size, number of batches, where it will be done to be specified. 3. All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. 4. All commodities supplied by the programme must be monitored regularly and compared with consumption pattern.	DD STI and STI Resource Faculties	Incomplete training of current year to be finished by 15th March. Training for 2013-14 to be completed by June 2013.
4	Supportive Supervision	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. SACS to facilitate supportive supervisory visit. UT is reporting high syphilis positivity and high UD cases at DSRC than at HRG. 4. Need to strengthen STI services to HRGs.	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 week in 1st quarter then every month at all facilities and comparison of program performance with drug kit consumption.
6	Quality of Services	1. All Patients to be provided with internal exam, STI in patients to be tracked, 2. 100% of DSRC attendees and ANC attendees to undergo syphilis and HIV testing, 3. all DSRC to practice single prick withdrawal of blood for syphilis and HIV testing 4. All patients to receive appropriate drug kits and Syphilis and HIV tests regularly. 5. All syphilis reactive patients are to be treated and all HIV positive patients to be linked with ART centre and the Pre ART registration number to be documented in patient register and individual patient wise card.	STI Clinic Incharge and TI STI Providers. DD STI.	Ongoing
8	NRHM Convergence	1. Monthly coordination meeting with State RCH officer. officers and training of atleast 1 MO per NRHM facility to be done. and RCH) review of programme to be done at least once a quarter. 2. Training details to be obtained from RCH 3. Joint (SACS	DD STI, and State RCH officer	One joint meeting once a quarter
9	Vacancy	the four vacant posts of counsellor to be filled .	DD STI and PD SACS	By the end of May 2013-14.

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BLOOD SAFETY AAP 2013-14

Blood Safety

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	
1.1 Modernisation of Blood Bank (Recurring Cost)								
1 Model Blood Banks	Consumables	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines			1		4.76
	Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendant, Security, Housekeeping, Data Entry Operator			1		6.24
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
MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			2		1.5
	Salary	2.4	Salary of 1 LT & 1 Counsellor			2		4.8
DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			3		0.93
	Salary	1.2	Salary of 1 LT			3		3.6
RBTC	Consumables	0	NIL					0
	Salary	2.4	Salary of 2 LT			0		0
Blood Storage Centers	Consumables	0	Glasswares, plastic wares, Reagents and chemicals					0
	Salary	0	NIL					0
Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendant			3		4.32
Maintenance of BT Vans in form of POL	Recurring	0.7				3		2.1
Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contingency			0		0
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			6		2.1

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BLOOD SAFETY AAP 2013-14

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Blood Safety									
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	DBS	
1.5.1	Modernisation of Blood Bank (Recurring Cost)								
1.5.1.1	Model Blood Banks	Consumables	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines		1		4.76	
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendent, Security, Housekeeping, Data Entry Operator		1		6.24	
1.5.1.2	MBB with BCSU	Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines		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		2		1.5	
		Salary	2.4	Salary of 1 LT & 1 Counsellor		2		4.8	
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines		3		0.93	
		Salary	1.2	Salary of 1 LT		3		3.6	
1.5.1.5	RBTC	Consumables	0	NIL				0	
		Salary	2.4	Salary of 2 LT		0		0	
1.5.1.6	Blood Storage Centers	Consumables	0	Glasswares, plastic wares, Reagents and chemicals				0	
		Salary	0	NIL				0	
5.1.7	Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendent		3		4.32	
1.5.1.8	Maintenance of BT Vans in form of POL	Recurring	0.7			3		2.1	
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		6		2.1	

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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			6		0.6
1.5.4	Procurement								0
1.5.4.1	Equipments for new BCSU	Non-recurring	18	List of Equipments as per NACO guidelines					0
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/ CMC and calibration of essential blood bank equipments supplied by NACO					6
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				740	18.5
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					15
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			6		0.6
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				30000	7.5
1.5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms				1	2.88
1.5.6	External Quality								0
1.5.6.1	NRL		6.54					0	0
1.5.6.2	SRL		4.44				1		4.44
	contingency*								1
1.5.7									
1.5	Blood Safety (Sub								✓
1.5	Blood Safety								86.87

Increment as per NACO norms*

Total licensed blood banks in the	8
Blood banks supported by NACO	6
Target for Total Collection	30000
Target for NACO supported	30000
Target for VBD	95%
VBD Camps	740
% Component prepared by NACO	60%
Commodity Items to be provided by	
Blood bags	in lakhs

Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
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: Tripura

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			8
b	NACO Supported Blood Banks	6	0	6
b1	Model Blood Bank	1	0	1
b2	Major with BCSU	0	0	0
b3	Major without BCSU	2	0	2
b4	District Level Blood Bank	3	0	3
c	RBTC	0	0	0
d	Blood Mobile Van	0	0	0
e	Blood Transportation Van	3	0	3
f	SBTC	1	0	1
2	Blood Collection			Proposed target 2013-14
a	Total Collection for the state			30000
a1	NACO supported blood collection			28000
b	Percentage VBD for NACO supported BB			95%
c	Voluntary Blood Collection in NACO supported BB			26600
c1	Through Static			1500
c2	Through Camps			23700
c3	Through Blood Mobile Vans			0
d	No of Camps to be conducted			740
d1	Camp Collection			50 units
3	Component Separation			Proposed target 2013-14
a	Blood collection in NACO supported BCSU			14000
b	Percentage component separation in NACO supported BCSU			60%
4	Training			Proposed target 2013-14
a	Training of BBO			6
b	Training of Staff Nurse			6
c	Training of LTs			12
d	Training of Donor Motivators			1100
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			50
f	Blood Bank counselor			1
5	Supervision, Monitoring and Evaluation			Proposed target 2013-14
a	Field visits to be conducted			6
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

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Process Indicators for Blood Safety 2013-14

	Indicator and Recommended course of Action	Timelines	Person Responsible
	Division 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

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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	

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centrally supplied commodities to NACO supported blood bank indent and pattern of consumption over last three

First issue within 2 weeks of receipt of commodity, thenceforth every quarter

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

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

10 Training

Identification of training institutes for blood bank staff, donor motivators, rational use of blood and blood bank counselors

Within first quarter

NACO blood safety division with inputs from SACS blood safety officers

Engagement with professional associations for training of clinicians in private sector on rational blood use

Within first quarter

JD BS SACS

Creating a database of national and state level trainers for each type of training

Within first quarter

NACO blood safety division with inputs from SACS blood safety officers

Preparation and dissemination of standardized training curricula

Within first quarter

NACO blood safety division with inputs from SACS blood safety officers

Organization of meeting of training institute and trainers at SACS for preparation of training plan

By first week of July 2013

SACS blood safety officers, Training institutes, Trainers

Approval of training plan and release of budget for training to the institutes

By second week of July 2013

SACS blood safety officers

Issuance of communications to all concerned for deputing trainees

By third week of July 2013

SACS blood safety officers

Translation and replication of training modules and related materials

By end of July 2013

SACS blood safety officers, IEC division SACS

Training roll out for blood bank staff, donor motivators and rational blood use for clinicians

August to December 2013

Training institutes, trainers

Monitoring of trainings by experts/ SACS officers/ NACO officers

During trainings

Experts, SACS officers/ NACO officers

11 Monitoring and Supervision

Preparation and dissemination of standardized tool for supervision

By April 2013

NACO Blood Safety division

Preparation of Quarterly schedule for visits of core committee

By April 2013

SACS Blood Safety officers

Conduction of core committee visits to every NACO supported blood bank atleast once in the year

Ongoing

JD BS SACS, Quality Manager, Core committee members

Quarterly review meetings of the blood bank officers/ counselors of NACO supported blood banks

July, October, January and April

SACS Blood Safety officers

Submission of visit report by core committee

Within two weeks of conduction of visit

Core committee members

Issuance of communications regarding visit observations and recommendations

Within two weeks of conduction of visit

JD BS SACS, Quality Manager

Submission of action taken reports

Within two weeks of receipt of communication

Incharge of concerned blood banks

12 Convergence with NRHM

Quarterly meetings with the RCH officer

In April, July, October, January

JD BS SACS, Director SBTC, RCH officer

Listing of functional FRU with and without Blood Storage Centres

Within first quarter, review every quarter

Preparation of linkage plan to cater to blood requirement of the FRU without Blood Storage Centres

Within first quarter, review every quarter

Identification of underserved regions/ districts without blood banks and jointly plan for catering to the blood needs of the region

Within first quarter

13 Meetings

Quarterly coordination meetings of SACS/ SBTC with Drug Control Department

In May, August, November and February

SACS blood safety officers

Quarterly meetings with the RCH officer

In April, July, October, January

Meetings of governing body/ EC of SBTC

Atleast two meetings every year

Meetings with trainers and training institutes

Atleast two meetings every year

Meetings with blood bank incharges

Atleast two meetings every year

Meetings with camp organizers

Atleast two meetings every year

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Annual Action Plan 2013-14 (Tripura State AIDS Control Society)

(Rs. in lakhs)

S.No.	Sub-Component Information, Education & Communication	Cost Head	Unit Cost **	Items/activities (Number)	Achievement (2012-13)		Targets (2013-2014)		Allocation in Rs. (In lakhs)
					Target	Achievement	Existing as on 01.04.2013	New	
	Mass Media	TV							
		Spots on Private Channels (preference to be given to the Information & Cultural Affairs Department (ICA) enlisted channels and also to those which are popular due to specific reasons :- 11 nos of Channels	Rs. 245/- X 4 days per month X 9 Months X 11 Channels for 30 sec. (May, 2013 to January, 2014)	MMC events, Blood Donation, WAD, IYD, general information, service center issues, IDDA, IWD in Bangla, Hindi & Kokborak languages.	0	0	0	396	0.97
		Long format Cable TV programme:- 11 nos. of Channels	Rs. 4000/- X 4 programme for 11 nos. of Channels (Duration 30 mts)	Blood Donation, WAD, IYD, MMC event, Service centre	0	0	0	44	1.76
		Radio							
		Long format Radio programs (30 mts)	Rs. 3,860/- for 30 min. as per AIR rate in North East	On HIV/AIDS awareness Campaign Basic Prevention, Blood Donation, Stigma, Drugs & Needle, Youth, Testing & Counselling, Migration, Women, STI. (Detail given in the write-up)	30	30	0	30	1.158
		Newspaper Advt.	@ Rs. 5,000/- per Advt. for Half page in each A Category NP. @ Rs. 2,000/- per Advt. for half page in each B Category NP. @ Rs. 1,400/- per Advt. for half Page in each C category NP.	6 Advt. X 4 newspaper for A Category), 6 Advt. X 13 NP (for B Category), 6 Advt. X 10 NP (C Category) on WAD, IDDA, IVBDD, NVBDD, IYD, IWD, MMC events (as per Govt. publicity dept. rate)	90	120	0	162	3.6
		AMC for TSACS website	@ Rs. 1,000/- for 12 months	AMC for TSACS website	1	0	1	1	0.12
		Any other Mass Media Activity	4 nos. of website Advt. @ 2,000/- X 5 months	Message on HIV/AIDS/ Message by PLHIV/ Service Center etc.	0	0	0	4	0.4
	Sub-total								8.01
1.2.1.2	IEC material production, replication & newsletter	Printing / replication of IEC Materials							
	Leaflets	HRG	FSW - 10000, MSM- 2000, IDU- 2000, Migrants- 20000, Truckers- 3000 i.e. total 37000 @ Rs. 2/- per leaflets	Basic information about ST/HIV/AIDS/Safe Sex/ Condom Uses etc	0	0	0	37000	0.74
		Facilities	Blood Safety/ Healthy Nutrition 1500, ICTC/ Condom Demo/ STI Treatment -2000 i.e. total 3500 @ Rs. 2/- per leaflets	Leaflets with message on HIV/AIDS	0	0	0	3500	0.07

Posters	HRG	FSW- 2000, MSM- 500, IDU- 500, Migrants- 2000, Truckers - 1500 i.e. total 6500 nos. @ Rs. 25/- per poster	Basic information about STI/HIV/AIDS/ICTC	0	0	0	6500	1.625
	Facilities	Blood Safety- 1000 nos., ICTC - 1000 nos., Youths- 500, General Message - 1000 i.e. total 3500 nos. @ Rs. 25/- per Poster	Poster message on HIV/AIDS	5000	0	5000	3500	0.875
Flipcharts	HRG	FSW- 150, MSM- 50, IDU - 50, Migrants - 100, Truckers - 50 i.e. total 400 nos. @ Rs. 250/- per Flipcharts	Basic information about ST/HIV/AIDS/Safe Sex/ Condom Uses etc	0	0	0	400	1
	Facilities	STI - 10 for Counsellors @ Rs. 250/- x 10 nos.	Basic information & guideline of STI	0	0	0	10	0.025
Register	Patient PID, General register, ANC register, TB/HIV register	50 items each i.e. 100 nos. @ Rs. 1,500/- x 100 nos.	Patient PID, General register, ANC register, TB/HIV register	0	0	0	100	1.5
Display materials	Laminated glowsign Board/ Foam Board etc	18 ICTC , 5 STI, 2 Private Hospitals & 20 of RRCs i.e. total 45 @ 9500/- per glowsign board	Display message on HIV/AIDS	0	0	0	45	4.275
	5000 (approx) nos. of message bearing admit cards for HS/University students	Rs. 4/- per admit card for 5000 admit cards	Message on HIV/AIDS	0	0	0	5000	0.2
	Desk Calendar	Desk Calendar - 500 copies Rs. 125/- per copies for 500 copies	Message on HIV/AIDS	0	0	0	500	0.625
	Message bearing Key Ring	2000 nos. @ 10/- per key	message in the key and distributed among RRC/ ICTC/STD/ART/Blood Bank/Various Stakeholders etc	0	0		2000	0.2
	Newsletter	Rs. 100 X 500 nos.	Printing of News letter in a year	500	500	0	500	0.5
	Translation & adaption of IEC materials		TSACS use various IEC material as given in the website of NACO. Few of them require translation in Bengali & Kokborak. Moreover TSACS also prepare IEC materials by their own which require translation into Kokbarak, Mizo, Reang, Hindi.					0.12
Sub-total								11.76
1.2.1.3	Outdoor & Mid Media	Outdoor & Mid Media						

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	Rented Hoardings (at Strategic locations)	1) Rs. 10,000/- as per AMC rent for each hoardings 2) Rs. 5,100/- for fitting & fixing of flex in each hoardings 3) Rs. 55,000/- each per new rented hoardings 4) Rs. 31,000/- for maintenance of 3 condemned hoardings	1) Rent cost for existing 25 nos. of rented hoarding Detail:- yearly rent for 14 nos. at AMC area, 11 nos. out of AMC area 2) fixing charge for 40 nos. of existing + new hoardings 3) Printing through flex for 40 ns. of existing + new hoardings 4) 15 nos. new Permanent/ rented hoardings throughout the State 5) maintenance of 3 no. of hoardings at IGM Hospital, GB Bazar, AGMC Hoapital Compound	1) 25 Rented Hoardings	25	25	15	12
	Hiring of IEC Vans	1) Rs. 75000/- per month x 6 month x 2 van with Branding & maintenance etc.	Two Van for out door & media Media for 6 months with Decoration, Panel, Instrument, sound System etc.	0	0	0	2	9
	Hiring of folk troupes	Rs. 3000 per performance	A mix of folk performance through Patha Natika, Puppet Show etc. through registered cultural troupes. 500 performance in 8 districts	250	140	110	500	15
		1) One training Rs. 2200 X 64 person for 2 days training 2) one review meeting Rs. 30,000	Training of Folk troupes on scripts on HIV/AIDS vetted by NACO	1	1	0	1	1.708
	Display of messages on govt./ pvt. Buses/Auto rikshaws/Railway Coaches etc.	Rs. 100/ Sq. ft. X 120 sq. ft. x 10 buses x 8 months on messages on HIV/AIDS (as per rate of TRTC/ rate that NRHM adopted to do the same)	Display of messages on Buses 8 month	0	0	0	10	9.6
	Exhibition & events	Rs. 20000/- per exhibition	Display of HIV messages, puppet performances, IEC stall, quiz competition etc will be excuted during the fair/Programme in State/district/Block level	10	8	2	20	4
	Multi Media Campaign	1) Rs. 1,06,250/- x 8 District/block, Rs. 1,00,000/- for semi-final & Rs. 1,50,000/- for state level Competition for Football Tournament among Youths 2) Rs. 50,000 X 8 District level Marathon Rally	1) State/District/Block Level Football Tournament 2) District Level Marathon Rally	1	1		2	15
	Celebrity endorsement	Rs. 1 lakh per event	Involvement of Celebrity in Mass Awareness in various Programme	0	0	0	2	2

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1.2.4	Events	WAD, NVBDD, WBDD, Intl. Day against Drug Abuse, IYD & IWD	Rs. 1 lakh per event	Various activities will be carry out in different events such as cultural programme, Rallies, Tableau, Donation camps, Cycle Caraban etc.	6	6	0	6	6
		Piggy Back Activity Note-List to be Attached as per Annexure-A	Rs. 10,360/- per activity	HIV/AIDS programme to be attached in the popular programme/ Festival in the State	0	0	0	25	2.59
1.2.1.5	Help line		1) Rs. 2,98,000/- for new IVRS at TSACS Office with PC 2) Rs. 12,000/- for Phone rent for 2 nos. of IVRS in a year 3) Rs. 18,000 for AMC for 3 nos. of IVRS	Ultimate solution/Agency will visit and repair and chek the technicality and make it functional for the existing 3 help line	3	0	0	3	3.4
1.2.1.6	M & E, Documentation		Rs. 5000 per visit per head for Resource Person/ DST, Documentation of IEC activities etc	Supervisory visit and provide monitoring support to service centres, RRC, Folk Performance, departments, ensuring IEC implementation, AEP Programmes & GIPA activity	0	0	0	20	1
1.2.1.7	Hiring of Communication of Agency via bidding process		Rs. 1 lakh for each documantary film	Documentary 30 minutes to 1.30 hours for 2 nos. of film 2 nos. of Documentary Film (1 for TSACS activity for the last 10 Years & 1 for service available in Tripura)	0	0	0	2	2
		Replication of DVD/CD for Service Centers	Rs. 500/- per DVD/CD	Replication of DVD/CD for ICTC/STD/ART/Link ART/ Blood Banks/ RRC etc	0	0	0	100	0.5
	Sub-total								83.798
1.2.2	Mainstreaming and Youth Programme								
1.2.2.1	Adolescence Education Programme	Adolesence Education Programme	Rs. 1000 for 100 schools to sensitize thorough cocurricular activities	Awareness/sensitization programme on AEP among school teachers and students, state level advocacy meeting, training for Teachers	200	0	0	100	1
1.2.2.3	RRCs in colleges and University	RRC in Colleges and University	Rs. 9,000 per college for new RRCs and Rs.4000 for existing ones.	Formation of 2 Nos. of New RRCs at colleges and Institutions	20	20	20	2	0.98
1.2.2.4	Intervention with Out of School Youths		Rs. 8000/- per programme per youth Clubs to do 5 nos. of Outreach programme in the	24 Youth Clubs under NYK/Registered Club to do 5 nos. of outreach programme	0	0	0	24	9.6
1.2.2.5	Advocacy								

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Mainstreaming Plan Note : list attached at annex. B)	Mainstreaming Plan	Mainstreaming training plan. The Unit Cost for trainings, advocacy meetings, tribal action plan etc. is given in the training plan sheet, which is attached.	Capacity Building, Trainings and Advocacy Meetings of various Govt. and Non-Govt. Departments and organisations, tribal action plan (tribal Villagers- Tribal leaders, school teachers, faith healers, Men and women and youths) , GIPA, and other stake-holders.	15 different categories	15 different categories	0	4184	28.02
Sub-total								39.6
Grand Total								143.161

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Sr. No.	Component	Physical targets 13-14	Time line	Process Indicators
1	Mass media			
	Spots on Private TV Channels	396	1. April Wk1 2. April Wk2 3. April Wk3 4. April Wk3 5. May 6. Ongoing	1. Finalization of themes, spots and channels. 2. Gathering ICA 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)	44	1. April Wk1 2. April Wk2 3. April Wk3 4. April Wk3 5. May 6. Ongoing	1. Finalization of themes, and prog 2. Gathering ICA 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
	Long format Radio programme (30 min.)	30	1. April Wk1 2. April Wk2 3. April Wk3 4. April Wk3 5. May 6. Ongoing	1. Finalization of themes, and prog 2. Gathering NE 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
	Newspaper	162	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk4 5. Depending as per plan 6. Ongoing	1. Decision on events, no. of ads per event and no. of newspapers 2. Gathering rates (As per ICA) 3. As per Campaign Calendar 6. Tracking of releases, obtaining copies containing Advt.
	AMC for TSACS Website	1	1. April Wk1 On going 2. March	1. Up loading the content of the SACS 2. After completion of the FY 2013-14
	Any other Mass Media Activity (Website Advt.)	4	1. May – Sept.	1. As per the Campaign Calendar
	Newsletter (1 issue Yearly)	1	1. April Wk2 2. Ongoing 3. Nov Wk4 4. Jan Wk4 5. Dec Wk4 6. March Wk1 7. March Wk2	1. Decision on themes for newsletter 2. Gathering of reports and stories 3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 4. Work order released 5. Distribution plan 6. Printing of newsletter 7. Circulation
2	Printing of IEC Material			

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	Printing of IEC material & Newsletter	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, shortlisting, approval of selection of vendor(s) 4. Work order released 5. Delivery plan 6. Distribution plan 7. Training on material use to end users (Service centres/NGOs) 8. Monitoring of use by service centres/NGOs
3	Outdoor & Mid media			
	Rented Hoarding	40	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2 3. April Wk3 4. April Wk2-4 5. Staggered 6. Ongoing 7. Periodic 	<ol style="list-style-type: none"> 1. Selection of 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
	Hiring of IEC vans	2	<ol style="list-style-type: none"> 1. August Wk1 2. August Wk1 3. August 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
	Display of messages on Buses/Rail/Auto etc.	10	<ol style="list-style-type: none"> 1. April Wk1 2. April Wk2-3 3. April Wk2-3 4. April Wk4 5. May Wk1 6. April Wk2-4 7. May Wk1 8. May Wk 1 9. Nov 13 – Jan 14 10. Ongoing 	<ol style="list-style-type: none"> 1. Identification of routes & locations for display 2. Negotiation with Transport Authorities on routes and rates 3. Development of prototypes, size and message content 4. Listing of buses according to registration no. 6. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 7. Work order 8. Monitoring plan 9. Implementation 10. Documentation (photographs) & Reporting
	Hiring of Folk troupes	500	<ol style="list-style-type: none"> 1. May Wk3 2. May 3. May 4. As scheduled 5. Regular 6. Daily 7. Immediate on completion 	<ol style="list-style-type: none"> 1. Development of activity plan 2. Tender process: Publish notice, shortlisting, approval of selection of Troupes(s) 3. Development of route plan in consultation with DST 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

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	2 days training on folk performance	1	1. April Wk3 2. As scheduled	1. File to be placed before the Authority 2. Schedule to be planned as per consultation with NACO
	Multi-media campaign	27	1. June Wk1 2. June Wk1 3. June 2-3 4. As planned 5. As per plan 6. Ongoing (Q1, 3&4) 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
	Exhibition & Events	20	As per event Calendar	As per event Calendar
	Celebrity endorsement	2	As per event Calendar	As per event Calendar
4	Other/Events/M&E			
	Events	6	1. April Wk1 2. April Wk2 3. Depending on calendar 4. As per calendar 5. As per calendar 6. Soon after events	1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (event-wise) and sharing with districts 3. Disbursement of funds to districts 4. Monitoring of activities at districts 5. Documentation, district-wise 6. Gathering of SOE
	Piggy back events	25	1. April Wk1 2. As per activity plan 3. Depending on calendar 4. Ongoing 5. Event-wise	1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (event-wise) and sharing with districts 3. Briefing meeting with agency 4. Monitoring of activities at districts 5. Documentation, district-wise.
	M&E, Documentation, evaluation	1	1. April Wk1 2. As per activity plan 3. Depending on calendar 4. April Wk2-4 5. As per plan 6. As per plan	1. Listing of activities for monitoring - by SACS officers, DST, etc. 2. Documentation of all field level activities/events, and shared with NACO 3. Conduct of studies according to time line 4. Sharing of reports with NACO
	Helpline	3	1. April Wk1 2. April Wk1 3. Ongoing 4. Every month 5. Half yearly	1. Repairs and making the system functional 2. AMC executed 3. Maintenance of daily record of calls received 4. Monthly analysis of calls according to demography, geography & content 5. Documentation & sharing with NACO
	Hiring of Communication Agency	2	1. May Wk1 2. May Wk3 3. June Wk2 4. August	1. Development of Theme & Concept of film 2. Tender process: Publish notice, shortlisting, approval of selection of agency 3. Work Order 4. Completion of work
	Replication of DVD/CD for service centres	100	1. April Wk4 2. May Wk2 3. As distributed	1. Duplication of material 2. Distribution to service centres 3. Maintenance of records

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5	Youth			
	AEP: Training of teachers	100	1. June 2. July- September 3. July- September	1. Listing of Schools as per districts & approval taken from the Authority 2. Fund placed to the Education Deptt. to conduct the programme 3. Monitoring of the Programme
	RRC	20 existing; 2 new	1. April Wk1 2. April Wk1 3. July Wk2 4. August Wk2 5. July Wk1 6. Regular 7. Ongoing	1. Listing of all Colleges - graduate, PG & technical 2. Listing of colleges targeted in FY 13-14 3. Training of Coordinators/Nodal officers 4. Disbursement of funds alongwith guidelines 5. Calendar of activities 6. Monitoring of activities 7. Documentation
	Intervention with Out of School Youths	24 Youth Clubs	1. April Wk2 2. May Wk2 3. June Wk1 4. June Wk1 5. As per Calendar	1. Selection of Youth Clubs as per the enlisted by NYK 2. Approval 3. Training of Youth Club Members 4. Calendar of activities drawn 5. Monitoring of the Programme
6	Mainstreaming			
	Mainstreaming Plan	14	1. April Wk2 2. April Wk4 3. April Wk4 4. April Wk4 5. May Wk1 6. May Wk4 7. June onwards 8. Along trainings 9. All trainings 10. As per calendar	1. Listing of categories of trainees & advocacy action plan 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
	TOTAL			

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ANNUAL ACTION PLAN OF LINK WORKER SCHEME (FY 2013-14)

STATE- Tripura

District	Phase1	Phase 2	Lead Agency
2	1	1	Not Applicable

1. SACS

Item	Description	Unit Cost per annum	Number	Allocation	Remarks
1.1 NGO Evaluation - Phase I Districts	Evaluation of NGO	43300	1	43300	
1.2 Communication kit	Communication kit would be procured by SACS @ 800/- per Districts for Phase II Districts. Each Phase II District would get 60 kits.	48000	1	48000	

Sub Total 1

91300

2. DISTRICT IMPLEMENTING AGENCY

Item	Description	Unit Cost per annum	Number	Allocation	Remarks
2.1 Training	Module 1	31750	0	0	
	Module II	31750	0	0	
	Refresher	20460	2	40920	
2.2 Salary Cost	(2 DRPs, 1 M&E cum Accounts Officer, 4 Supervisors&40 Link Workers)	1,602,000	2	3204000	
2.3 Administrative cost		468000	2	936000	
2.4 One time Cost		205500	0	0	
2.5 Community Outreach		57875	2	115750	
2.6 Mid Media		300000	2	600000	
2.7 Training Cost	Module-1	176250	0	0	
	Module-2	176250	0	0	
	Refresher	113750	2	227500	
	Volunteers training	39250	0	0	
2.8 Mapping		80,000	0	0	
Sub Total II				5,083,250.00	

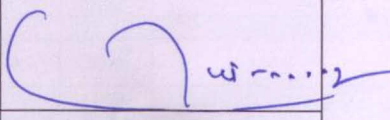
GRAND TOTAL

5,174,550.00

3. PHYSICAL TARGETS

Indicators	Targets 2013-14(to be achieved till August 2013)	Remarks
3.1 Number of District Implementing Link Worker Scheme	2	
3.2. Total Number of DRPs recruited (2)	4	
3.3. No of Link Workers Recruited(40)	80	
3.4. % of HRG Population covered	85% of SNA	
3.5. % of Vulnerable poulation covered	85% of SNA	Vulnerable+Bridge population
3.6. % of PLHIVs covered	85% of SNA	
3.7. % of HRG referred to ICTC	80% of SNA	
3.8. % of HRG tested for HIV	80% of SNA	
3.9. % of HRG referred for STI	80% of SNA	
3.10. Number of Village Information Centre formed (100/dist)	200	
3.11. Number of Red Ribbon Clubs formed(50 per Dist)	100	
3.12 Number of Condom Depots established(100 per Dist)	200	
3.13 Village volunteers	2000	

AAP 2013-14 Integrated Counseling and Testing Centre...TRIPURA SACS

S.No.	Sub-Component 1	Cost head	Unit Cost (lakhs)	Items/ activities	Targets 2013-14		Allocation (Rs. In Lakhs)	
					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)	18	1	45.60	
				Salary including TA/DA for Additional Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	2		4.80	
1.3.1.2	HR for Supervisors	Recurring	1.68	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months	1		1.68	
1.3.1.3	Mobile ICTC	Recurring	5.55	Running cost of whole unit including salary of counselors and lab tech at Rs 9000 average per month for 12 months	0	1	2.78	50% Allocation made keeping in mind lead time for procurement
1.3.1.4	HR for SACS team for Basic Services	Recurring		Salary & TA/DA for SACS staff under RCC Round 2 (Staff in High Prevalence States: HIV-TB Consultant, M&E PPTCT, Data Analyst, Secretarial Assistant, Finance Officer)				
				Sub Total			54.86	
1.3.2	Establishment of New ICTCs							
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 60000 per new stand alone ICTC	18	1	0.60	1 New Mobile ICTC and 1 New Stand Alone ICTC
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	0	1	12.00	
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none	43	6	0.00	
1.3.2.4	PPP ICTCs	Non recurring	0	none	1	3	0.00	
				Sub Total			12.60	
1.3.3	Trainings							
1.3.3.1	Training	Recurring	1.75	1) ICTC: Counselors, LTs: Induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) ICTC: Training of MO ICTC / 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			4.765	As per training plan, 50% allocation made and additional allocation may be considered based on performance and expenditure at the end of 6 months
				Sub Total			4.77	
1.3.4	Procurement of Equipment							
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6	Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc	18	1	4.48	Carry forward of allocation of 3.88 lac for 13 computers for ICTC from previous year
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipments/ maintenance/ AMCs/ Insurance of equipment bikes etc	18	1	0.90	
				Sub Total			5.38	
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	18	2	10.00	No procurement for PPP ICTC
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC: Safe delivery kits, printing of formats and other misc exp at the center	44	6	4.90	
				Sub Total			14.90	
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	1		0.12	
1.3.6.2	Review meeting for counselors/MO (Quarterly @ Rs 1500/person)	Recurring	0.015	review meetings	20	2	1.32	
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	9		0.90	
				Sub Total			2.34	
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/CTC/STI	-	-	0.00	
1.3.8.2	For PPP ICTC Involvement	Non recurring	Lumpsum	A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals i.e Nursing Homes, Corporate Hospitals into NACP. B) Involvement of professional bodies like FOGSI, IMA, IADVL, IAP, etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employer model meetings for which separate budgetary allocation is made	-	2	0.50	
				Sub Total			0.50	
1.3	Grand Total						98.34	

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AAP 2013-14 Integrated Counseling and Testing Centre...TRIPURA SACS

AAP 2013-14 Integrated Counseling and Testing Centre...TRIPURA SACS									
S.No.	Sub-Component 1	Cost head	Unit Cost (lakhs)	Items/ activities	Targets 2013-14		Allocation (Rs. In Lakhs)		
					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)	18	1	45.60		
				Salary including TA/DA for Additional Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	2		4.80		
1.3.1.2	HR for Supervisors	Recurring	1.68	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months	1		1.68		
1.3.1.3	Mobile ICTC	Recurring	5.55	Running cost of whole unit including salary of counselors and lab tech at Rs 9000 average per month for 12 months	0	1	2.78	50% Allocation made keeping in mind lead time for procurement	
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, Secreterarial Assistant, Finance Officer)					
				Sub Total			54.86		
1.3.2	Establishment of New ICTCs								
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 60000 per new stand alone ICTC	18	1	0.60	1 New Mobile ICTC and 1 New Stand Alone ICTC	
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	0	1	12.00		
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none	43	6	0.00		
1.3.2.4	PPP ICTCs	Non recurring	0	none	1	3	0.00		
				Sub Total			12.60		
1.3.3	Trainings								
1.3.3.1	Training	Recurring	1.75	1) ICTC: Counselors, LTs: Induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) ICTC: Training of MO ICTC / 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			4.765	As per training plan. 50% allocation made and additional allocation may be considered based on performance and expenditure at the end of 6 months	
				Sub Total			4.77		
1.3.4	Procurement of Equipment								
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6	Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc	18	1	4.48	Carry forward of allocation of 3.88 lac for 13 computers for ICTC from previous year	
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipments/ maintainance/ AMCs/ Insurance of equipment bikes etc	18	1	0.90		
				Sub Total			5.38		
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	18	2	10.00	No procurement for PPP ICTC	
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC:Safe delivery kits, printing of formats and other misc exp at the center	44	6	4.90		
				Sub Total			14.90		
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	1		0.12		
1.3.6.2	Review meeting for counselors/MO (Quarterly @ Rs 1500/person)	Recurring	0.015	review meetings	20	2	1.32		
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	9		0.90		
				Sub Total			2.34		
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	Grand Total							97.84	

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1.3	Physical Targets for Tripura for 2013-14				
	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	18	0	1	1
2	Mobile ICTCs	0	0	1	1
3	Facility Integrated ICTCs	43	0	6	6
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	1	0	2	2
5	PPP ICTCs in Private Sector Industries	0	0	0	0
6	PPP ICTCs in Public Sector Industries	0	0	1	1
	Colocation of Facilities	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14
1	Medical College Level	1 out of 1	0	0	1 out of 1
2	District Hospital Level	0 out of 0	0	0	0
3	Sub District Level	0 out of 0	0	0	0
	Physical Coverage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Basis of Target
1	Testing for General clients	45000	34039	62000	
2	HRG testing	8843	9538	17300	Two time testing in 100% of HRG covered by TI
3	Bridge population testing	NA	NA	7500	30% migrants and 15% truckers
4	STI Clinic In-referrals testing	10000	10092	20000	100% DSRC attendees
5	Out Referrals from to STI			2774	
6	HIV-TB Cross referral	4000	2037	5943	80% of TB patients and 5% of ICTC clients (Non-ANC)
7	HIV/TB coinfection to be detected	20	10	20	80% of HIV infected TB notified cases
8	Testing for ANC	25000	19769	28000	47% of the estimated pregnancies
9	Detection of HIV+ve pregnant women	30	13	30	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	100%	100%	HIV +ve pregnant women to be linked to ART centres
3	TI to ICTC	NA	90%	90%	HRGs referred from TI reaching ICTC
4	STI to ICTC	NA	101%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics
5	TB to ICTC	NA	58%	80%	Notified TB cases reaching ICTC
6	HIV/TB to ART	NA	90%	90%	HIV infected TB notified cases reaching ART

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

S.No	Type of Training	Category of Participant	Number of persons to be trained	Duration	Unit Cost	Training Cost	Training Plan (April 2013-March 2014)			
							Quarter 1	Quarter 2	Quarter 3	Quarter 4
1	Induction (Stand alone (Inc. Mobile)	Counselor	4	12	800	38,400		4		
		Lab-Tech	4	5	800	16,000		4		
2	Refresher (Stand alone (Inc. Mobile)	Counselor	18	5	800	72,000			18	
		Lab-Tech	16	5	800	64,000	16			
3	Induction (FI- ICTC +PPP)	Staff nurse (FI ICTC)	7	5	800	28,000	2			
		Lab Technician	6	5	800	24,000		1		
4	Refresher (FI- ICTC +PPP)	Staff nurse (FI ICTC)	43	3	800	103,200		23	20	
		Lab Technician	43	5	800	172,000	21	22		
5	Induction/ Refresher	District supervisor	1	5	800	4,000		1		
6	Sensitization (No.facilities to be mentioned)	Full site Senstn. Dist. Hosp	5	1	10,000	50,000	3	2		
		Full site Senstn SDH/RH	14	1	5,000	70,000	14			
7	HIV-TB training	ICTC Counselor	4	2	800	6,400		21		
		Medical Officer	55	1	400	22,000		55		
		District ICTC supervisor	1	2	800	1,600		1		
		MO-TC/MO-ICTC	10	2	800	16,000		29		
		ART MO	2	1	400	800		2		
		RNTCP STS/STLS	20	2	800	32,000	20			
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	8	2	800	12,800	8			
8	Multi Drug Regimen Training for PPTCT	Counselor	0	2	800	-			21	
		Medical Officer	0	3	800	-			19	
		District supervisor	0	2	800	-			1	
		MO ARTCs	0	3	800	-			2	
		Others (Medical 3 days / Para medical 2 days)	0	3	800	-				
9	Training on whole blood screening	ANM	0	2	400	-		32	32	
		Labour Room Nurse	64	2	400	51,200	32	32	38	
		DMC LT (RNTCP)	30	2	400	24,000	28	27		
		STLS	10	2	400	8,000			10	
10	ICTC Team Training	MO	57	3	800	136,800		27	30	
		Lab-Tech	0	3	800	-			19	
		Nurse	0	3	800	-			19	
		Counselor	0	3	800	-			21	
11	Other (Specify)	DMC LT for HIV Testing	0	2	400	-		25	30	
		ICTC LT for DOT	0	2	400	-				19
Total						953,200.00				

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

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Indicators	Recommended Action - HRG linkages	Timeline	Person Responsible
Linkage with HRGs	•The programme will ensure, tracking of individual HRGs and ensure 100% of core group HRGs are tested twice in the year, 30% of migrants are tested once in a year and 15% of truckers are tested once in a year		
	Co-ordination and Tracking system for TI Clients:		
	a) Referral of TI clients by TI out-reach system using referral slips	Every referral	TI ORWs, PE, TI Counselor
	b) Compilation of referrals made to ICTC with Unique ID of TI against each referral every 15 days	Every 15 days	TI ORWs, TI Counselor, PM
	c) Meeting of TI with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	Direct: TI ORWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC Sup, PO-TI TSU
	d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI.	Every 15 days	ICTC Counselor,
	e) Once both ICTC and TI have reconciled / compiled the list, then both ICTC and TI will report the same in 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 basi:	Monthly	Dist ICTC Sup, DAPCU, PO TI TSU
	g) Individual HRGs tested has to be extracted from the compile line list generated from the referrals with UID and the reached with PID	Monthly	Direct: TI Counselor, M&E, PM, Monitoring: PO TI TSU
	h) This individual tracking and reconciliation of ICTC and TI CMIS/SIMS data should be done by DAPCU every month during review meeting between TI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS TI / PO-TSU in the 1st week of every month	Monthly	Direct: Dist ICTC Sup, DAPCU, Monitoring: PO TI TSU, SACS TI, SACS BSD
	i) SACS /TSU officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD / SACS TI / TSU
	j) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS TI / SACS TSU has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PD SACS
	k) After due verification by at SACS, TI and BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	SACS BSD / SACS TI
	k) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	
	l) The SACS BSD / TI / TSU should analyze the positivity yield out of the referrals made by TI as compared to prevalence rates for the individual typology / state average and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	Direct: SACS BSD / SACS TI / TSU Monitoring: APD /PD SACS

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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 ST 		
	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) Compilation of referrals made to ICTC against each referral every 15 days	Every 15 days	
	e) Meeting of DSRC Counselor with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	
	f) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from DSRC. Also the ICTC counselor will share the list of ICTC clients referred to STI DSRC with PID numbers	Monthly	STI Counselor / ICTC Counselor
	g) Once both ICTC and DSRC STI have reconciled / compiled the list, then both ICTC and STI will report the same in their respective CMIS/SIMS on a monthly basis 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:	Monthly	
	i) Individual STI Clients tested has to be extracted from the compiled line list generated from the referrals with STI-ID and the reached with PID	Monthly	
	j) This individual tracking and reconciliation of ICTC and STI CMIS/SIMS data should be done by DAPCU every month during review meeting between STI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS STI in the 1st week of every month	Monthly	Direct: STI Counselor, Dist ICTC Sup, DAPCU Monitoring: SACS BSD / STI
	k) SACS officers to participate in district level review meetings at least once in quarter every district	Quarterly	Direct: SACS BSD / STI Monitoring: PD/APD SACS
	l) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS STI has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / STI, Monitoring: APD / PD SACS
	m) After due verification by at SACS, STI and BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	
	n) SACS BSD / STI to plan visits to ICTC / STI facilities based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	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 enrollment at ART centres by ART centre staff in monthly HIV/TB coordination meeting	Every month	Direct: ART Centre Staff Nurse / MO Monitoring: DAPCU officer/DNO and District TB Officer/ District DRTB/HIV supervisors
Early initiation of ART among HIV infected TB patients	Monitoring of completeness of HIV/TB register at ART centre including HIV/TB cases detected both by NACP and RNTCP	Every month	Direct: ART Centre Staff Nurse / MO
	Monitoring of ART initiation in all HIV infected TB cases enrolled in HIV/TB register at ART centre	Every month	Monitoring: DAPCU officer/DNO and District TB Officer/ District DRTB/HIV supervisors

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

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Indicators	Recommended Action - Supply Chain Management	Timeline	Person Responsible
Supply Chain Management	Receipt of Supplies by SACS		
	a) Keep storage space available for receipt of supplies 1 week prior to schedule date for arrival of supplies	Ongoing	Direct: SACS BSD, Store Officer Monitoring: APD / PD SACS
	b) Receive stocks on the same day as arrival of supplies and store in walk in coolers	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	c) Physical verification of stock and cold chain status before issuing CRCs	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	d) CRC should be issued within 7 days of receipt of supplies	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	e) Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	f) Dispatch plan should be based on pattern of consumption for last 3 months for the said commodity	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	Dispatch of supplies		
	a) Option 1: Supplies should be made to ICTCs through cold chain vehicle in collaboration with the general health system	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	b) Option 2: Supplies should be made to ICTCs through physical collection by ICTC staff while attending review meetings using cold boxes		
	c) Option 3: Hiring of cold chain vehicle / courier to dispatch supplies directly to ICTCs		
	d) Regional / District level walk in coolers to be used for storing stocks for the respective region and further distribution should be made to the linked ICTCs by using health system cold chain vehicle or physical pick up by ICTC staff using cold boxes		
	e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispatch of other cold chain commodities so as to rationalize the system. PD / APD SACS should ensure that the most cost effective and efficient means of transportation should be put in place for dispatch of commodities		
	Physical Verification and Reporting		
	a) MO-ICTC to physically verify stocks daily and countersign in stock register	Daily	MO-ICTC, ICTC LT
	b) All supervisory cadres during field visits to facilities to physically verify stocks at ICTCs for all commodities and countersign to stock register	Ongoing	DAPCU, Dist ICTC Sup, TO-SRL, SACS BSD
	a) ICTC LTs to physically verify stocks available, stock register, lab register for tests performed and then prepare monthly CMIS/SIMS report for lab component of ICTC	Monthly	ICTC LT, MO-ICTC
	c) TO-SRLs and District ICTC Supervisors / DAPCU to physically verify stocks for all commodities at ICTCs during supervisory visits	Monthly	TO-SRLs, Dist ICTC Sup/ DAPCU
	d) Variance in tests performed and stock consumption to be analyzed facility wise by DAPCU / ICTC Supervisor and reasons for variance submitted to SACS for necessary action	Monthly	Dist ICTC Sup/ DAPCU
	e) Based on reports from DAPCU / SACS BSD Analysis, if there is more than 10% variance in any centre / facility reported, then visits to facilities reporting variances to be conducted by a team constituted by PD / APD SACS. 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 Counselor
	c) Obtaining feedback of triplicate referral and Line list by concerned ART centre / s every 15 days	Every 15 days	
	c) Compilation of line list at the ICTC level by Counselor at 15 days and at the end of the month	Every 15 days	ICTC Counselor / ART Counselor
	d) Sharing completed / compiled line list with full details to DAPCU / SACS BSC	Monthly	ICTC Counselor/ 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 Counselor, all concerned ICTC Counselors
	g) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Direct: SACS BSD, CST 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 operatively 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

I. Grant-in-aid to SACS

Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13				2013-14			Remarks
				Target	Achievement	Financial allocation	Expenditure as on	Existing on 1.4.12	Proposed	Allocation Rs. Lakh	
GIA for ART Centres	Recurring	13.50	Salary	1	1			1	0	13.50	
		0.50	Universal Work Precautions					1	0	0.50	
		1.50	Operational Costs					1	0	1.50	Items for upgradation/ replacement/ additional requirement for existing ART centers to be procured out of operational grant of the concerned
		0.9 for caliber, 0.5 for count & 0.25 for Partec	Operational cost for CD4 testing					1	0	0.50	
2.1.3.1	Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD							0.00	
2.1.4.1		1.00	Infrastructure development installation of CD4 machine							0.00	
2.2.1	GIA to SACS for various activities	IEC	0.50	Registers & Cards, Signages, Flip Charts, Posters				1		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		1.00	
2.2.3		Treatment of OIs	0.0020	OI drugs & CPT as per guidelines @ Rs. 200/- episode				19	150	0.30	
2.2.4.1		LAC	0.15	One-time cost for infrastructure development					1	0.15	
2.2.4.2			0.378	Rec- for TA/DA & oper. Costs, Stationery etc.				2	1	0.95	
2.2.4.3			0.96	HR for LAC Plus				0	0	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)						0.00	
2.2.6		Viral load testing	1.10	Salary of LT						0.00	
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment						0.00	
2.2.7.2			Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for smaller states	Hiring of space & for drug transfers						0.00	
		Regional coordinator	9.00	Remuneration & TA/DA							
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs						0.00	
2.4.1	GIA for PCoE	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs						0.00	
Total GIA to SACS for CST										18.90	

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	700	812	1200	Annual detection is nearly 200in 2012. Accordingly target of 1200 has been set to clear backlog from previous year also. on an average 8-10 patients are initiated on ART every month. Target of 500 has been set based on current trends & to clear the backlog	
2.5.2		Alive & on ART	275	300	510		
2.6.1	OI drugs		200	388	1000	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	CD-	1	1	0	CD4 machine to be supplied by NACO.	
2.7.2	Tests	CD4-Kits	825	574	1250	Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new cases to be tested on registration	

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Tripura 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.	0	Unspent balances from operational cost for ART Centre from 2012 to be utilised for refurbishment of ART Centres
2	LAC	2	2		LAC MO need to be trained	1	District Hospital Dhalai
3	LAC Plus	0	0		No gap found.	0	
4	PLHIV registration in HIV care	700	772	110.29%		1,200	Annual detection is nearly 200 in 2012. Accordingly target of 1200 has been set to clear backlog from previous year also.
5	Alive and on ART	275	300	109%		450. All eligible PLHIV to be initiated on ART	on an average 8-10 patients are initiated on ART every month. Target of 500 has been set based on current trends & to clear the backlog
6	CD4 testing	825	510	315	Currently 61.8% of target are achieved on CD4 testing. It is expected that additional 38.2% would be achieved in 3 months. more than 90% target will be achieved at the end of March 2013	1350 100 % target for those newly registered in HIV care for baseline CD test	1. All PLHA registered in HIV care (Pre-ART & on ART) should undergo CD4 test every 6 months. 2. All new cases registered in HIV care should under Cd4 test
7	CD4 Machine	1	1		0	0	
8	OI treated	50	19	38%	Recording & reporting need to be improved	150	
9	ICTC ART linkages	147	140	5%	System for tracking all HIV positive general clients has been developed through line listing	Pregnant positive women: 100% co infected 90%	HIV -TB General clients 90%.
10	Co-location of ICTC ART				1 out of one		
11	PPP - ART Centres						No prospective partners were suggested by SACS
12	Sensitisation of Private practitioners on rational prescription of ART						As per information available with SACS , no private practitioners are providing ART
13	Sensitisation of HCP on UWP/PEP private sector					25	25 Health care providers to be trained. FOGSI/APDA & surgeons to be covered in four highly vulnerable districts (Lohit, Papumpare, W. Siang & E. Siang
	Sensitisation of HCP on UWP/PEP govt sector					25	
14	Financial Status	50.5	27.2			18.9	

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Processes for implementation of 2013-14 activities

TRIPURA				
Baseline: 1st April'2013				
<u>S.No.</u>	<u>Activity</u>	<u>Processes</u>	<u>Responsibilities</u>	<u>Timeline</u>
1.	Setting up ART Centre	Nil target		
2.	Co-location of ICTC/ART	Existing centre is co-located		
3.	Setting up PPP model ART centre	New model to be developed for PPP	NACO ADG CST, JD CST, RC	April (first fortnight)
		Enlisting of potential partners	NACO CST, JD CST, RC	Already done in AAP
		Meeting with industries associations, corporate, PSU executives and health facility representatives	JD CST & RC	May'13(Second Fortnight)
		MOUs	PD SACS	June'13(Second Fortnight)
		Operationalization- • Setting up of facilities • Training at CoE	• Provider of facility, Overseen by RC • Nodal Officer CoE	July'13(Second Fortnight)
4.	ICTC-ART Linkages	Receiving lipe list from concerned ICTC by e-mail	ART centre counsellor	Every 15 days
		Sending feedback to ICTC centre by ART centre	ART centre counsellor	Every 15 days
		Monthly meeting between ICTC and concerned ART at district / regional level to be conducted for verifying data	Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors	1st week of every month
		SACS inter-divisional meeting with CST and BSD to be conducted every month after data analysis by BSD division of SACS	SACS CST, BSD	2nd week of every month
		Due verification of data sent by ART centres to ICTCs by CST at SACS	SACS CST	Monthly
		District level review meetings to be held at least once in a quarter	SACS CST, BSD	Quarterly
		SACS CST/ BSD to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring	SACS CST, BSD	Monthly
		ART centres with poor feedback to ICTCs to be identified and focused visits conducted to evaluate reasons for the same. Solutions to be provided.	RC RC, SMO/ MO - ART	Quarterly

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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

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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
Facility level / SACS level stock position should be reported to NACO by the 15th of every month	SACS CST, Store Officer	Monthly
Variance of more than 5% in drugs dispensed and stock consumption to be analyzed by RC – 1. On 1 st report of such variance, reasons for variance to be submitted to SACS for necessary action 2. If variance on more than one occasion, Enquiry should be done by a committee formed by PD for providing a report to NACO for necessary action which should include persons identified responsible for the variance and recommendations	1. RC, JD CST 2. PD, APD	Monthly
Based on reports from SACS analysis, visits to facility reporting stock excess/ shortage to be conducted and analysis done. Actions to be recommended- <ul style="list-style-type: none"> If drugs near expiry found – Immediate relocation within state with co-ordination by SACS CST or between states with co-ordination by NACO CST (Logistics co-ordinator) If shortage of drugs found (less than 3 months supply)– Immediate information to be given to NACO CST (LC) for further supply 	JD CST, RC (visits) SACS CST, NACO CST SACS CST, NACO CST	Monthly

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Institutional Strengthening : Tripura SACS AAP 2013-14

	Operational Cost	AAP 12-13	Expenditure till 20.01.2013	Projected Cost upto March, 2013	Total	Proposal for 2013-14	Approved
1	Training of SACS/ DAPCU	1	0.18	0.08	0.26	-	0.00
2	Civil Works	0.00	-	-	-	2.02	0.00
3	Equipment Maintenance	0.50	0.38	0.80	1.18	2.50	1.00
4	Building Maintenance	0.00	-	-	-	5.00	5.00
5	Vehicle Maintenance	0.00	-	-	-	1.00	0.00
6	Travel Expenses (Including Hiring Charges of Vehicle)	8.00	6.54	2.00	8.54	9.40	9.50
7	Telephone/Communication Exp	2.00	1.08	0	1.30	1.44	1.50
8	Miscellaneous Expenses	5.00	4.51	1.00	5.51	6.06	6.00
9	Printing and Stationery	1.00	0.92	0.50	1.42	3.00	2.00
10	Advertisement (Other than IEC)	2.00	0.74	0	1.09	1.20	1.00
11	Water and Electricity	2.00	1.15	0	1.33	0.05	1.50
12	Audit Fees	4.00	1.69	0.97	2.66	1.46	3.00
13	Legal Expenses	0.00	-	0	0.46	4.25	0.50
14	Postage / Courier	0.75	-	0.50	0.50	0.80	0.50
15	Bank Charge	0.00	0.00	-	0.00	0.50	0.00
16	Other Administration Cost	1.00	0.72	0	0.97	1.10	1.00
17	Review Meeting Expenses	0.50	-	0.50	0.50	2.40	0.50
18	Office Equipments (See next sl)	1.00	0.30	1.69	1.99	4.90	2.00
19	Furniture	1.00	-	-	-	-	0.00
20	Transportation						1.87
	Total	28.75	18.21	9.50	27.71	47.08	36.87

a. Salary DAPCU				
S.No.	Name of the position	Type of Position	Monthly Salary	Yearly Total
1	District Programme Manager (for 9 months)	Contractual - 1(V)	225000	225000
2	M & E Assistant	Contractual -1	141000	141000
3	Accountant	Contractual -1	141000	141000
4	Assistant	Contractual -1	141000	141000
	Total			648000

Total (For 1 Districts, North Tripura, 'B' Category) as per enclosed list

b. Operation Cost (DAPCU)			No. of DAPCU	Total Cost
	Unit cost	Yearly cost		
1	Office Equipment*	0	1	0
2	Communication expenses	0.03	1	36000
3	Stationery	0.02	1	24000
4	Postage	0.015	1	18000
5	Travel	0.2	1	240000
6	Contingency	0.02	1	24000
7	Office Rent **	0.05	1	60000
	Total	0.335	402000	402000

a) ** The office rent @ Rs.3,500/- per month for hiring of accommodation of DAPCU, North Tripura District was approved by NACO vide NACO's letter No.Z-15012/28/2008-NACO dt.15th September, 2009. But as per local needs for rent of DAPCU Office along with a Store for IEC Materials and other Consumables are required for distribution to all implementing peripheral units under jurisdiction of DAPCU, Monthly Rent has been calculated @ Rs. 5,000/-p.m. proposed for approval of NACO.

SUMMARY: Tripura	By SACS	Approved
Salary (HO)	87.82	87.82
Operational Cost (HO)	47.08	36.87
Salary DAPCU	6.52	6.48
Operational Cost (DAPCU)	4.02	4.02
Grand Total	145.44	135.19

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Institutional Strengthening : Tripura SACS AAP 2013-14

	Operational Cost	AAP 12-13	Expenditure till 20.01.2013	Projected Cost upto March, 2013	Total	Proposal for 2013-14	Approved
1	Training of SACS/ DAPCU	1	0.18	0.08	0.26	-	0.00
2	Civil Works	0.00	-	-	-	2.02	0.00
3	Equipment Maintenance	0.50	0.38	0.80	1.18	2.50	1.00
4	Building Maintenance	0.00	-	-	-	5.00	5.00
5	Vehicle Maintenance	0.00	-	-	-	1.00	0.00
6	Travel Expenses (Including Hiring Charges of Vehicle)	8.00	6.54	2.00	8.54	9.40	9.50
7	Telephone/Communication Exp	2.00	1.08	0	1.30	1.44	1.50
8	Miscellaneous Expenses	5.00	4.51	1.00	5.51	6.06	6.00
9	Printing and Stationery	1.00	0.92	0.50	1.42	3.00	2.00
10	Advertisement (Other than IEC)	2.00	0.74	0	1.09	1.20	1.00
11	Water and Electricity	2.00	1.15	0	1.33	0.05	1.50
12	Audit Fees	4.00	1.69	0.97	2.66	1.46	3.00
13	Legal Expenses	0.00	-	0	0.46	4.25	0.50
14	Postage / Courier	0.75	-	0.50	0.50	0.80	0.50
15	Bank Charge	0.00	0.00	-	0.00	0.50	0.00
16	Other Administration Cost	1.00	0.72	0	0.97	1.10	1.00
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Tripura Annual Action Plan- 2013-14 : Strategic Information Management Unit												
L.Nudget Head(Discripti		Sub-Head (Discription)	Type of Unit	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	5	20	25	62500	M&E-Trainings				
			FICTC	9	48	29	72500					
			DSRC/STI	5	18	23	57500					
			TI	10	22	32	80000					
			BB	3	8	11	27500					
			CCC	0	2	2	5000					
			IEC	0	1	1	2500					
			ART	0	1	1	2500					
			LWS	0	2	2	5000					
			Total	32	122	126	315000					
		b. Other Trainings(DQA/DAPCU review cum training)4 staff, 1 DAPCU bi annually							M&E-Review meetings/workshops			
2	Reports publication (4 qartery CMIS bulletin, 1 surveillance report, annual report &district data triangulation report))						100000	M&E-Printing of reports & bulletin				
3	Monitoring & Supervision visits (10 days/month)#							To be Booked under "IS" in appropriate head				
4	HIV Sentinel Surveillance**						150000	Surveillance:Honorarium to sentinel site personnel, Surveillance -Honorarium to testing lab personnel, Surveillance - Supervision and field visits at SACS, Surveillance -Other Contingencies				
Total Budget							565000					
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												
** 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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Tripura Annual Action Plan- 2013-14 : Strategic Information Management Unit								
SL .No.	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*	a. SIMS Induction/Refresher training	ICTC	2500	5	20	25	62500
			FICTC	2500	9	48	29	72500
			DSRC/STI	2500	5	18	23	57500
			TI	2500	10	22	32	80000
			BB	2500	3	8	11	27500
			CCC	2500	0	2	2	5000
			IEC	2500	0	1	1	2500
			ART	2500	0	1	1	2500
			LWS	2500	0	2	2	5000
			Total		32	122	126	315000
2	Reports publication (4 quarterly CMIS bulletin, 1 surveillance report, annual report &district data triangulation report))							100000
3	Monitoring & Supervision visits (10 days/month)#							
4	HIV Sentinel Surveillance**							150000
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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
M&E visit	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
	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
IBBS-PSA	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
Roll out of IBBS	v) Monitoring and Supervision of IBBS Field Work	September'13-January 2014	DD (MES)/SE/MEO