

To,

The Project Director,
UP State AIDS Control Society,
Lucknow(UP)

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). The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of ₹6476.26 (₹ Sixty Four Core Seventy Six Lac and Twenty Six Thousand only) as per detailed break-up given below:

(Allocation-Rs. in Lac)					
Sr.No.	Component/Sub-component	DBS	Pool Fund	GF Project	Total
1	Prevention				
1.1	TI		1803.96		1803.96
1.2	STI	211.02			211.02
1.3	Blood Safety	756.55			756.55
1.4	IEC	858.66			858.66
1.5	LWS	202.48		144.63	347.11
1.6	ICTC	383.60		895.07	1278.67
	Sub-Total (Prevention)	2412.31	1803.96	1039.7	5255.97
2	CST	594.72		9.00	603.72
3	IS	580.14			580.14
4	SIMU	36.43			36.43
	Total(1to 4)	3623.60	1803.96	1048.7	6476.26

Component/sub-component/activity wise budgets along with social indicators are attached (Annexure I to IX)

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 subject to ratification of executive committee.
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.

between activities within a component can be approved at the society 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. However, re-appropriation between implementation cost and operational expenses like salary should not be done at SACS level without the concurrence of DAC.

6. The process indicators may be followed for improvement of programme. The pattern of assistance and guidelines as already approved and conveyed from time to time by DAC should be followed.

7. SACS shall ensure that up to date information of the programme performance is sent through the CMIS package and the accounts are maintained through CPFMS. Reasons for variance shall have to be provided through the CPFMS.

8. The funds for SBTC activities will be released by State AIDS Control Societies after ensuring that the Audit statement and Utilization Certificates till 2011-12 for the funds provided by DAC and Provisional Utilization Certificates (based on statement of expenditure for the year 2012-13) have been submitted to DAC and their Annual Plan for 2013-14 has been approved by Governing Body.

9. The minimum quarterly target for expenditure has been earmarked at 19%, 24%, 24%, and 33% respectively for each quarter. This is as per requirement of the modified cash management system wherein "quarterly targeted budget allocation" is to be maintained. The SACS not able to incur the minimum expenditure as per the fixed targets is likely to have their annual plan reduced and corresponding lesser releases in the subsequent quarter.

10. The Physical targets as indicated are as per baseline figures reported by SACS and targets for the year 2013-14 agreed with. The targets also correspond to the funds available for the current financial year. Changes if any will be only with concurrence of DAC. The approval of budget accorded now may be incorporated in your Annual Action Plan 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. Dharmarao)

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)

Annexure-1

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Targeted Interventions

Uttar Pradesh

YEAR

2013-14

S.No.	Sub-Component	Cost Head	Unit cost in Lakh (Range)	Items/ Activities	TI Achievement (2012-13)		TI Targets (2013-14)				Allocation (Rs. in Lakhs)
					Target	Achievement during the year	Existing as on 01.04.2013	Transition from Partners	New TIs additions	Total	
1.1.1	FSW	Grant to TI Projects	8 to 24 lakhs based on coverage	cost for basic infrastructure, human resources, programme management and service delivery	11	11	13		0	13	125.48
1.1.2	MSM				5	5	5		0	5	63.04
1.1.3	IDU				12	12	13		0	13	191.56
1.1.4	TG/Hijra				0	0	0		2	2	17.78
1.1.5	Core Composite*				52	52	50		4	54	616.87
1.1.6	Migrants (Source)				0	0	0		20	20	261.00
1.1.7	Migrants (Transit)				12	12	12		0	12	19.44
1.1.8	Migrants (Destination)				0	0	0		6	6	73.92
1.1.9	Truckers				8	8	8		0	8	139.08
				Total	100	100	101	0	32	133	1508.17
1.1.9	Training of State TOTs/ STRC Refresher training including exposure visit of TIs and TI review	Grants to agencies	8 to 40 lakhs	Cost for training as per norms and management cost of agencies							89.88
1.2.0	JAT / Evaluation	Professional services	25,000-40,000 per unit	Cost for TA, DA and documentation			10			0	28.20
1.2.1	OST centre maintenance			As per guidelines					14	24	151.63
1.2.2	Employer led models			As per guidelines					10	10	3.00
1.2.3	Management cost of agency for Source interventions			As per guidelines					1	1	19.88
1.2.4	Health camps in source districts			As per guidelines					400	400	4.00
										TOTAL (Rs. in Lakhs)	1803.96

Detailed guidelines on Employer Led Models would be issued by NACO

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Core Population	(Number of TIs proposed under each category)												Total TIs		Target coverage	
	Less than 500		500-799		800-999		1000 and above		Old	New	Old	New				
FSW	Old	New	Old	New	Old	New	Old	New	Old	New	Old	New	Old	New	Old	New
		7	0	0	6	0	0	0	0	0	13	0	5950	0		
MSM		1	0	0	2	1	0	0	0	1	5	0	3400	0		
TG/Hijra	Less than 150				150-249				250-399				400-599			
		0	0	0	0	0	2	0	0	0	0	0	500 and above			
IDU	150-299				300-499				500-699				700 and above			
	2	0	0	0	8	0	0	0	1	0	13	0	5650	0		
OST																
Core Composite	Less than 400				400-599				700-999				1000 and above			
	8	2	2	2	28	11	0	0	2	2	50	4	28500	1400		
Bridge Population	5000				5001-9999				10000 and above							
Migrant (Dest)	0	0	0	6	0	0	0	0	0	0	0	0	6	0	60000	
	5000-9999				10000-29999				30000 and above							
Trucker	3	0	0	0	3	0	0	2	0	0	8	0	105000	0		
Migrant (Source)	No. of districts				20	Migrants (Transit)	No. of sites		12	0						

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Targeted Interventions

2013-14

YEAR

Uttar Pradesh

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 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	19.00	18.10		
OST CENTER (GOVT.)		8.57								
	Less than 400		400-699		700-999		1000-1499		1500 and above	
Core Composite	11.24	10.78	13.45	13.00	15.45	15.00	17.00	16.55		
Bridge Population	5001-9999		10000-11999		12000 and above					
Migrant (Dest.)	8.77	8.22	12.87	12.32	15.95	15.30				
5000-9999			10000-29999		30000 and above					
Trucker	9.13	7.73	16.57	15.17	30.99	29.59				
Migrant (Source) per district	13.67	13.05	Migrants (Transit) per site							
					1.62	1.07				

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

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

	FSW				MSM				TG/ Hijra				Migrants (Source)				Migrants (Transit)					
	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	District Coordinator	Block Supervisor	M&E officer	Accounts & Admin
NGO and CBO Led	4	4	4	4	119	9	0	2	2	2	68	5	0						20	200	20	20
NGO and CBO Led																						
NGO and CBO Led	5	4	4	0	194	12	42	18	14	14	715	59	0									
NGO and CBO Led	4	2	2	2	10	4	0	12	6	6	120	40	0									
										</												

Unit cost for training per person per day (Rs. in Lakh)	0.007
Unit cost per TI for evaluation (Rs. in Lakh)	0.30
Unit cost per TI for JAT visit (Rs. in Lakh)	0.30

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1.4.c	Commodity Assistance provided by GOI to the State	
1	Colour coded drug kits for Designated STI clinics and TI NGO	224605
2	RPR Test kits	31451

1.4.b	STI/RTI facilities	Existing No.	Proposed new during FY 2012-13
1	Designated STI/RTI Clinics	96	0
2	TI STI providers	176	96
3	sector	0	176
4	NRHM health facilities upto PHC	0	0
5	PPP ICTC	55	0
6	Regional STI Centres	0	55
7	State Reference Centres	3	0

1.4.a	Physical Targets to the State under the STI/RTI services	
1	STI/RTI episodes to be managed by Designated STI clinics	791579
2	STI/RTI episodes to be managed by TI-NGOs	27148
3	STI/RTI episodes to be managed by Private sector	312101
4	Total target of STI/RTI episodes for SACS	1130828
5	STI/RTI episodes to be managed by NRHM	1130828

1.4	Sexually Transmitted Disease / Infections Services (Total Allocation)	211.02
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S.No	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. in Lakhs)
1.4.1	Establishment of New Facilities (One Time Grant)	One time cost	1,50,000	no of centres	Minor Refurbishment for Audiovisual privacy, Computer	0
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	no. of counsellor=9	Counselor salary	126.72
1.4.3	Training	Recurring	35000 per centre & 5000 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	41.1
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, procurement of equipment and infrastructure including replacement of computers.	24
1.4.5	Supportive Supervision and review meeting	Recurring	40000 per centre	no. of DSRC and no. of districts		19.2
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				

Review of Annual Action Plan 2012-13 and Proposal 2013-14				
Process Indicators 2013-14				
Name of State: Uttar Pradesh				
Sr No	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target	1. Establish good linkages with Gyne and obs clinic, ICTC and ART centre. Counsellor to sit in Gyne OPD. 2. Ensure collection of facilities so that there is minimum loss for treatment and testing. 3. All patients to be tracked for Syphilis and HIV testing. 4. Referral linkages with TI to be established. 5. All DSRC to report on STI in CMIS/SMS.	Counsellor of STI Clinic, Incharge of DSRC, DD STI and PO STI	Ongoing
2	Partnering with Private Sector	1. All PSU and leading private sector to be enlisted in all the districts. At least 10 units to be identified and enlisted. 2. Meeting with State focal person of the PSU. 3. The doctors for STI to be trained. 4. All facility to report in SMS format.	DD STI, PO STI and State PSU Focal Person	Enlisting of PSU to be completed by March 30 2013. Training to be completed by July 2013.
3	Training	Training plan to be made and shared with other division. All participants to be informed in advance about venue and dates of training. All Training to be completed by first quarter.	DD STI and PO STI and STI Resource Facilities	Incomplete training of current year to be finished by 15th March. Training for 2013-14 to be completed by June 2013.
4	Supportive Supervision	At least 60% of poor performing STI facilities to be visited by SACS Focal Person and PO STI at least once in a quarter. All facilities to be visited twice a year. SACS to provide all possible support to conduct supportive supervisory visit.	DD STI, PO STI and STI Mentors	Ongoing
5	Supply chain Management	All doctors to be trained on Anaphylaxis and rational use of Penicillin. The training should incorporate on dispelling myths related to penicillin. All commodities supplied by the programme must be monitored regularly. All drugs with earlier expiry should be used first and if excess should be relocated. Review your programme data with consumption of commodities. Ensure there is no stock out and expiry of drugs.	DD STI, PO STI, STI Counsellor at DSRC, STI Clinic Incharge and PM of TI	Periodic Review of commodity at least once a quarter from all facilities
6	Quality of Services	1. All Patients to be provided with internal exam, multiple STI in patients to be tracked, 2. All STI patients to undergo syphilis and HIV testing. 3. All patients to receive drug and test regularly.	STI Clinic Incharge and TI STI Providers, DD and PO STI.	Ongoing
7	Vacancy	Offer Letter to be sent and counsellor to be placed at earliest. DD STI, AD STI and PO STI to be positioned.	DD STI and PO SACS	By June 2013
8	NRHM Convergence	1. Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and training of atleast 1 MO per facility to be done. 3. Budget of STI to be corrected NRHM PIP 4. Joint review of programme to be done at least once a quarter.	DD STI, PO STI State RCH officer	One joint meeting once a quarter

3460

756924

1) oral recused blood banks in the state		
Blood banks signposted by MACO		
Target for Total Collection	87530	
Target for MACO signposted blood banks	41765	
Target for VBH	80%	
VBH Camps	1420	
% component prepared by MACO signposted BCSSU	80%	
Items need to be indicated as per the actuals in the facility level on the date of AAP		
in lakhs		
Double 350 ml		
Double 450 ml		
Triplic 350 ml		
Triplic 450 ml		
Quadruplic 350 ml		
Quadruplic 450 ml		
Testing Kits		
HIV ELISA		
HIV Rapid		
HCV ELISA		
HCV Rapid		
HBV ELISA		
HBV Rapid		
TPHA RPR		

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			226
b	NACO Supported Blood Banks	85	0	89
b1	Model Blood Bank	2	0	2
b2	Major with BCSU	30	5	35
b3	Major without BCSU	6	5	11
b4	District Level Blood Bank	47	-6	41
c	RBTC	10	0	10
d	Blood Mobile Van	23	0	23
e	Blood Transportation Van	2	0	2
f	SBTC	1	0	1
2 Blood Collection				
a	Total Collection for the state			887530
a1	NACO supported blood collection			443765
b	Percentage VBD for NACO supported BB			80%
c	Voluntary Blood Collection in NACO supported BB			355012
c1	Through Static			230508
c2	Through Camps			106504
c3	Through Blood Mobile Vans			18000
d	No of Camps to be conducted			1420
d1	Camp Collection			75 units
3 Component Separation				
a	Blood collection in NACO supported BCSU			310636
b	Percentage component separation in NACO supported BCSU			80%
4 Training				
a	Training of BBO			124
b	Training of Staff Nurse			89
c	Training of LTS			178
d	Training of Donor Motivators			1500
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use			3300
f	Blood Bank counselor			46
5 Supervision, Monitoring and Evaluation				
a	Field visits to be conducted			89
b	Review meetings to be conducted			4
6	EQAS			
a	NRL			1
b	SRL			9
* 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 2 MBB and 3 DLBB upgraded to BCSU, 5 DLBB upgraded to MBB, Four new DLBB added				

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

23	State	Listing of colleges, universities, workplaces where camps can be organized along with suitable time	in beginning of every quarter	VBD consultant SACS
24	60	Preparation of quarterly camp schedule in consultation with blood bank in charges and organizers	In beginning of every quarter	VBD consultant SACS, In charges of NACO supported BR, Organizers, Donor motivators, Blood Bank counselors
25	61	Release of budget for conduction of blood donation camps	In beginning of every quarter	VBD consultants SACS, Finance division SACS
26	62	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
27	63	Conduction of camps by organizers and concerned blood bank	On day of the camp	Organizers, Staff of concerned blood bank
28	64	Monitoring visit of SACS officers to the blood donation camp	On day of the camp	SACS officers
29	65	Transport of collected blood units to the blood bank	Within six hours of holding the camp in cold chain	Staff of concerned blood bank
30	66	Submission of report of blood donation camps	Within 2 weeks of conduction of camp	Camp Organizers
31	67	Component separation		
32	68	Review of availability and functional status of equipments for component separation	By April 2013	JD BS SACS
33	69	Review of availability of requisite manpower at BCSU	By April 2013	JD BS SACS
34	70	Review and identify BCSU wise reasons for sub-optimal component separation	By April 2013	JD BS SACS
35	71	Taking appropriate corrective measures to address the reasons	Within first quarter	JD BS SACS
36	72	Stepping up blood collection at BCSU	Ongoing	JD BS SACS
37	73	Stepping up component separation at BCSU	Ongoing	Incharge BCSU
38	74	Enhancing demand for components through trainings on rational blood use	Ongoing	Incharge BCSU
39	75	Trends in prevalence of TTI in blood units	Ongoing	JD BS SACS, Training institutes, Professional Associations
40	76	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
41	77	Quarterly monitor the trends through SIMS data analysis	Ongoing	
42	78	Identify blood banks showing high prevalence for TTI	Ongoing	
43	79	Review whether quality standards are in place in the blood banks	Every quarter	
44	80	Review whether reactive donor is being notified and referred for treatment	Every quarter	
45	81	Identify possible reasons for high TTI positivity (replacement donation, poor donor selection and screening, high prevalence in general population in the area, etc)	Ongoing	
46	82	Preparation of training curriculum on donor counseling, screening and retention for blood bank counselors	By September 2013	NACO blood safety division
47	83	Procurement and Supply Chain management		
48	84	Preparation of indent for items to be procured at SACS level and approval by PD SACS	By April 2013	JD BS SACS, Quality Manager
49	85	Processing and completion of procurement of indent given	Within first quarter	Procurement division SACS
50	86	Dispatch and receipt at concerned facilities	Within two weeks of supply at SACS	Quality Manager, Store officer SACS
51	87	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
52	88	Procurement of AMC/CMC services for the functional equipments	Before September 2013	Quality Manager, Procurement division SACS
53	89	Issuance of orders for AMC/CMC services	Before September 2013	Quality Manager, Procurement division SACS
54	90	Supply schedule for centrally supplied commodities to be shared with SACS	Within one month of issuance of notification of award	NACO blood safety division
55	91	Timely receipt and Storage of centrally supplied commodities under proper storage conditions	One same day as receipt	Quality Manager, Store officer SACS
56	92	Physical verification of stock and cold chain status and issuance of Consignee receipt certificate	Within one week of receipt	

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

Annual Action Plan 2013-14 (State AIDS Control SocietiesUP.....)									
(Rs. in lakhs)									
S.No.	Information, Education & Communication Sub-Component	Cost Head	Unit Cost **	Items/activities	Achievement (2012-13)	Existing as on Date	Targets (2013-14)	Allocation in Rs. (in lakhs)	Source of funding
1.2.1	Information Education Communication Mass Media	TV							
		Spots on Private Channels/cable	DAVP rate of different channels from Rs. 380.00 per 10 second to Rs. 150.00 per 10 second	4 campaigns on WBDD, VBD, WAD and NYD... at least 3 channels for total 20 days, daily 10 spots per channel.	NA		600	6.13	
		Spots on Doordarshan			NA				
		Long format TV Programs (15/30 mts duration)							
		Radio							
		Audio Spots/10 seconds	Audio spots on Private FM on existing DAVP/DPR rates. Rates from Rs. 240/- to Rs. 60/- to Rs. 150/- to Rs. 60/- to Rs. 60/- per 10 seconds each.	4 campaigns on WBDD, VBD, WAD and NYD PM FM Total 20 days with 30 spots per day of 30 secs in each of the 5 channels.	4 events		3000	11.53	
		Spots on AIR	Audio spots on AIR Primary Channel with 12 stars hook-up @ Rs 5000/- per 10 seconds. AIR FM Lucknow @Rs. 500/- per 10 seconds and Vividh Bharati at 4 stars @ Rs. 1400/- per 10 seconds. A discount of 50% on PC and PM and 15% on VB will be provided by AIR.	4 campaigns on WBDD, VBD, WAD and NYD on 3 channels of AIR Total 20 days with 30 spots per day of 30 secs each on the 4 channels.	NA		1800	47.81	
		Long format Radio programs (30 mts/15 mts duration)	Prediction cost of 30 minutes episodes is Rs. 15000/- per episode and broadcast cost is Rs. 157000/- per episode (15% discount on broadcast cost will be provided by AIR)	20 episodes of 30 minutes duration	40	0	20	14.26	
		Newspaper Advt.	Half page color/BW ads in at least 5 newspapers as per either DAVP or DPR rate	Ads on WBDD, VBD, WAD and NYD	4 events		20	15	
		Newsletter	4 Issues of quarterly newsletter of 1000 copies each @ Rs. 15/- per copy (inclusive of printing and designing)	4 issues 8 page newsletter of 1000 copies each	NA		4000	0.6	
Sub-total									
1.2.2	ICT	Website	Bulk SMSes on VBD/NYD/WAD/Media/Events through BSNL or Private operators/agencies @ Rs. 0.20/- (for at least 5 lakh SMSes per event)	Total 2 crore smses across events/campaigns	NA		2,00,00,000	95.33	
		SMS						20	
		Helpline							
Sub-total									
1.2.3	IEC material production, replication	Printing / replication of IEC Materials	Printing / replication of IEC Materials developed by NACO/ other HIV organizations	Mention tentative rate as quoted (lowest) for printing of each item in 2012-13 Rs 256574 FOR Truckers IEC	Provide complete list of the printing done in 2012-13			20.00	
					Provide itemised list separately for services: ICTC/PPTCT/ART, STI, BLOOD, HIV-TB, CONDOM, MIGRANT, HBV for each group.			62.56	
Sub-total									
1.2.4	Outdoor	Permanent Hoardings at Strategic locations	Rs 25,000 per hoarding for new including AMC for message change for entire year atleast 2 times at DPR/DAVP rates	All hoardings are in continuation of existing 3rd hoarding. Provide the list of existing hoarding along with locations in and outside Bus Stands, In and out-side Railway stations, highways, Main chauraha, market places etc.	300	300	300	62.56	
							300	75	

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Cost Head	Unit Cost **	Items/activities	Target	Achievement	Existing as on Date	New
Rented Hoarding at Strategic locations	Rs 7500 per hoarding for WAD	5 hoardings per districts in 65 districts and 10 hoardings per dist in 10 major dist. for three months	NA		0	425
Display of messages on govt. Buses	Rental of Rs. 1700/- per bus and printing/pasting cost on existing DAV/DPR rates	400 buses mainly focusing long distance and city buses of eastern UP	200	210	0	400
Auto Top displays	Rs. 200/- per auto per month and Rs. 60/- per auto for printing/pasting	A total of 5000 autos in the priority districts for a period of 6 months				5000
Bus Shelters (20)	At the rate of Rs. 15/- per sq. ft. for 200 sq. ft. each. As per either DAVP or DIPR or UPSRTC approved rates	50 bus shelters of at least 200 sq. ft. each stations/signage/unipole through empanelled vendors.				50
Display at Railway stations/Metro	Rs. 0.6 lakh/gentry/month x 3 stations. Rs. 1.8 lakh/month for Time & fare boards	Display on 1 gentry per station in 3 stations for 12 months; displays on 100 timetable/faretables for 12 months.				43.56
Sopts on TC at Railway/Bus station	Rs. 3000/Day for CCTV at 1 station	messages on CCTV for 365 days in 1 station				
Display on city bus	25500/month. DAVP or DIPR	20 buses in Lucknow and Allahabad				10.96
						30.60
						281.37
Hiring of folk troupes	2 programs per day in 22 districts by troupe trained by UPSACS. Campaigning duration 3 months. Total 3000 performances at S&DP approved rates.	at the rate of Rs. 3000 per performance	2200	2200	0	3000
	State level training workshop and planning meeting (one day) 10d term review meeting (one day)		2	1	0	2
						8
Fabricating ITC vans, branding IBC vans	Based on the cost as per quotation in 2012-13 @ Rs. 1.17 lakh per van per month	6 vans for 22 source migrant dist. For three months coordinated with IPC campaigning during migrant health camps.				6
IPC Migrant Camps Exhibitions	Rs. 1000 per camp	for Pre-publicity				400
						4
State and District level events		WAD NYD, IWD and IWD				123.06
Mela & Mahotsavs						43.30
Social Media Event						25.00
						10.00
						78.30
1.2.7 M & E, Documentation						
1.2.8 Hiring of Communication of Agency		Through IHBP				10.00
1.2.9 Youth Intervention						
1.2.9.1 Adolescence Education Programme	Rs 1000 per school	Training of teachers and roll out in schools				
1.2.9.2 RRCs in colleges and University	Rs. 9000/- each for new and Rs. 4000/- for old	290 Old, 150 New			50	0.5
1.2.9.3 Out of school Youth	Rs 5 lakh per district	Strategy to be shared by NACO			290	719
						5
						25
Sub-Total						101.31
1.2.10 Drop in Centre	Only for three months @ 1.37 lakh per DIC					9.89
1.2.11 advocacy		Separate sheet to be attached				15

UTAR PRADESH				
Sr. No.	Component	Physical targets 13-14	Time line	Process Indicators
1	Mass media			
	TV/Spots	600	1. April Wk1 2. April Wk2 3. April Wk2 4. April Wk2 5. Staggered as per plan 6. Ongoing	1. Finalization of themes, spots and channels. 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet on weekly basis
	TV : Long Format Programs episode on DD	0		
	Radio Spots on Pvt FM	4800	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. Staggered as per plan 6. Ongoing	1. Finalization of themes, and prog 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast
	Radio spots on AIR	1800		
	Long Format Radio programme	40	1. April Wk1 2. April Wk1 3. April Wk4 4. May Wk1 5. Staggered as per plan 6. Ongoing	1. Finalization of themes, and prog 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast
	Newspaper	20	1. April Wk1 2. April Wk1 3. April Wk4 4. May Wk1 5. Staggered as per plan 6. Ongoing	1. Decision on events, no. of ads per event and no. of newspapers 2. Gathering rates (DAVP/DIPR) 3. Prototype development & sharing with NACO 4. Approval from NACO 5. Release of placement schedule along with work order 6. Tracking of releases, obtaining copies containing Advt.
	Bulk sms	1 crore	1. April Wk2 2. April Wk2 3. April Wk3 & 4 4. May Wk1 5. As per plan 6. Ongoing	1. Category of districts intended to cover 2. Profiling of intended audience & selection of time 3. Development of messages 4. Tendering for selection of agency 5. Release of work order 6. Monitoring and feedback

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Newsletter		4 issues	1. April Wk1 2. Ongoing (quarterly) 3. April Wk2 4. Ongoing (quarterly) 5. Ongoing (quarterly) 6. Ongoing (quarterly)	1. Tender process: Publish notice, short-listing, approval of selection of vendor(s) 2. Decision on theme/content 3. Circulation plan 4. Compilation of articles 5. Printing 6. Despatch	
IEC material production, replication and Newsletter				1. Finalisation of the specifications and requirements 2. Finalisation of printing and delivery plan 3. Tendering for selection of agency 4. Release of work order 5. Delivery of materials 6. Monitoring	
Printing of IEC material			1. April Wk1 2. April Wk1 3. April Wk4 4. May Wk4 5. June Wk1 6. June Wk1 7. Ongoing 8. Ongoing	1. Requisition from prog divisions 2. Assessment of stock 3. Tender process: Publish notice, short-listing, approval of selection of vendor(s) 4. Work order released 5. Delivery plan 6. Distribution plan 7. Training on material use to end users (Service centres/NGOs 8. Monitoring of use by service centres/NGOs	
3	Outdoor & Mid media				
Permanent Hoarding	Hoarding	300	1. Done (ongoing activity) 2. Done & need based 3. Continuation of the present activity (through DIPR) 4. As per plan 5. Ongoing 6. Ongoing	1. Selection of sites (prominent & frequented by target audience) 2. Development of prototypes, size and message content 3. Tender process: Publish notice, short-listing, approval of selection of vendor(s) 4. Work order 5. Monitoring according to location and condition (Photographs for all locations) 6. Periodic reporting	
Rented Hoarding		425	1. April Wk1 2. Done & need based 3. Through DIPR 4. As per plan 5. Ongoing 6. Ongoing	1. Selection of sites (prominent & frequented by target audience) 2. Development of prototypes, size and message content 3. Tender process: Publish notice, short-listing, approval of selection of vendor(s) 4. Work order 5. Monitoring according to location and condition (Photographs for all locations) 6. Periodic reporting	

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Newsletter	4 issues	1. April WK1 2. Ongoing (quarterly) 3. April WK2 4. Ongoing (quarterly) 5. Ongoing (quarterly) 6. Ongoing (quarterly)	1. Tender process: Publish notice, short-listing, approval of selection of vendor(s) 2. Decision on theme/content 3. Circulation plan 4. Compilation of articles 5. Printing 6. Despatch	1. Finalisation of the specifications and requirements 2. Finalisation of printing and delivery plan 3. Tendering for selection of agency 4. Release of work order 5. Delivery of materials 6. Monitoring	1. Requisition from prog divisions 2. Assessment of stock 3. Tender process: Publish notice, short-listing, approval of selection of vendor(s) 4. Work order released 5. Delivery plan 6. Distribution plan 7. Training on material use to end users (Service centres/NGOs) 8. Monitoring of use by service centres/NGOs	3	Outdoor & Mid media	Permanent Hoarding	Rented Hoarding	425	1. April WK1 2. Done & need based 3. Through DIPR 4. As per plan 5. Ongoing 6. Ongoing	1. Selection of sites (prominent & frequented by target audience) 2. Development of prototypes, size and message content 3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 4. Work order 5. Monitoring according to location and condition (Photographs for all locations) 6. Periodic reporting	1. April WK1 2. Done & need based 3. Through DIPR 4. As per plan 5. Ongoing 6. Ongoing	1. Selection of sites (prominent & frequented by target audience) 2. Development of prototypes, size and message content 3. Tender process: Publish notice, shortlisting, approval of selection of vendor(s) 4. Work order 5. Monitoring according to location and condition (Photographs for all locations) 6. Periodic reporting
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AAP 2013-14 Integrated Counseling and Testing Centre UPSAGS									
S.No.	Sub-Component 1	Cost head	Unit Cost (lakhs)	Items/ activities	As on 01.04.2013	New	Allocation (Rs. In Lakhs)	Remarks	
1.3.1	Existing Facilities								
1.3.1.1	HR for Counselors and LTs	Recurring	3	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 = 12500*12)	217	92	856.00	Allocation for 217 existing SA ICTCs for 12 months and 92 new stand alone ICTCs for 9 months	
1.3.1.2	HR for Supervisors	Recurring	1.68	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 = 9000*12)	0	0			
1.3.1.3	Mobile ICTC	Recurring	5.55	Running cost of whole unit including salary of counselors and lab tech at Rs 5000 average per month for 12 months	5	0	8.40		
1.3.1.4	HR for SACS team for Basic Services	Recurring		Salary & TA/DA for SACS staff under RCC Round 2 (Staff in High Prevalence States: HIV-TB Consultant, M&E PPTCT, Data Analyst, Secretarial Assistant, Finance Officer)	0	0	0.00		
1.3.2	Establishment of New ICTCs						866.40		
1.3.2.1	ICTC	Non recurring	0.8	Minor refurbishment at Rs 60000 per new stand alone ICTC	217	92	55.20		
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	0	0	0.00		
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none	33	75	0.00		
1.3.2.4	PPP ICTCs	Non recurring	0	none	56	45	0.00		
1.3.3	Trainings						55.20		
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			62.98	As per Training Plan	
1.3.4	Procurement of Equipment						52.98		
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.8	Computer, centrifuge, needles cutter, refrigerator, TV/DVD, colour coded bins etc	0	92	55.20	As per procurement plan based on justification	
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipments/ maintenance/ AMC's/ Insurance of equipment bikes etc	217		10.85		
1.3.5	Consumables						66.05		
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Safe delivery kits, reagents and syringe needles, printing of reporting formats, internet and other misc exp	217	92	154.50	As per procurement plan based on justification, No procurement for PPP ICTC	
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC: Safe delivery kits, printing of formats and other misc exp at the center			10.80		
1.3.6	Monitoring and Supervision / Review meetings						185.30		
1.3.6.1	Review meeting for Supervisors (monthly @ Rs 1000/person)	Recurring	0.01	review meetings	5		0.60		
1.3.6.2	Review meeting for counselors/MO (Quarterly @ Rs 1500/person)	Recurring	0.015	review meetings	309		18.54		
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	76		7.60		
1.3.7	SRL						26.74		
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	9		27.00		
1.3.8	Additional Allocation						27.00		
1.3.8.1	For Co-location of facilities	Non recurring	Lumpsum	Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities i.e ART/ICTC/STI		15	4.00		
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 FOGS, IMA, IADV, 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		25	5.00		
1.3	Grand Total						9.00	1278.67	

			 4. April Wk4 5. April Wk2 6. May Wk1 7. On completion of activity as per plan	 selection of vendor(s) 4. Work order with deliverables 5. Monitoring plan 6. Implementation 7. Documentation (photographs) & Reporting
	Hiring of IEC Vans	6	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk3 5. May Wk1 6. As per plan 7. As per plan 8. At the end of phase 9. March 2014	1. Development of activity plan 2. Decision on occasions and periods of utilization 3. Tendering for selection of agency 4. Development of route plan in consultation with districts 5. Release of work order 6. Roll out according to route plan 7. Monitoring of activities by DST and SACS officers 8. Reporting (on uniform format) and analysis of reports 9. Documentation, sharing with NACO
	Bus shelter/ signages/unipoles	50	1. April Wk1 2. April Wk1 3. April Wk1 4. April Wk4 5. April Wk2 6. May Wk1 7. On completion of activity as per plan	1. Decision on display material 2. Identification of towns and no. of shelters/signages/unipoles for display 3. Development of prototypes, size and message content 4. Tendering process: Publish notice, short-listing, approval of selection of vendor(s) 5. Work order 6. Monitoring plan 7. Documentation & reporting
	IPC in 5 migration districts through MahilaSamakhya	5	1. April Wk1 2. April Wk1 3. May Wk 1 4. May Wk2 5. May-June 6. June-July 7. Ongoing 8. Ongoing 9. Jan 2014	1. Development of Activity plan and ToR for implementing agency 2. Briefing meeting with agency 3. MoU with the agency 4. Training of Trainers 5. Training of SHG members 6. Profiling of households 7. Records of referral & outcome 8. Monitoring 9. Documentation, sharing with NACO
	IPC at Migrant camp	400	1. April Wk1 2. April Wk1 3. Regular 4. End of campaign	1. Development of pre publicity plan 2. Synergy with health camp plan & route plan 3. Monitoring 4. Documentation & sharing with NACO
4	Other/Events/M&E			
	Events at state & districts	300	1. Done 2. May Wk1 3. May Wk2 4. As per plan 5. As per plan 6. Feb 2014	1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (even-wise) and sharing 3. Disbursement of funds to districts 4. Monitoring 5. Documentation 6. Gathering of SOE

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Physical Targets for Uttar Pradesh for 2013-14						
1.3	Establishment of New ICTC in the year 2012-13	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14	
1	Stand Alone ICTCs	217	0	92	92	
2	Mobile ICTCs	0	0	0	0	
3	Facility Integrated ICTCs	33	42	33	75	
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	56	0	25	25	
5	PPP ICTCs in Private Sector Industries	0	0	10	10	
6	PPP ICTCs in Public Sector Industries	0	0	10	10	
	Colocation of Facilities	Baseline as on 31.03.2013	Carry Forward from 2012-13	New Proposed target for 2013-14	Total target for 2013-14	
1	Medical College Level	2 out of 10	0	8	10 out of 10	
2	District Hospital Level	4 out of 12	0	8	12 out of 12	
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	665000	427978	750000	Two time testing in 100% of HRG covered by TI	
2	HRG testing	43000	32272	90800	30% migrants and 15% truckers	
3	Bridge population testing	NA	NA	24750	100% DSRC attendees	
4	STI Clinic In-referrals testing	130000	108277	123016	70% of TB patients and 5% of ICTC clients (Non-ANC)	
5	Out Referrals from to STI			50000	70% of HIV infected TB notified cases	
6	HIV-TB Cross referral	150000	56642	141428	12% of the estimated pregnancies	
7	HIV/TB coinfection to be detected	3700	729	2270	20% of estimated positive pregnancies	
8	Testing for ANC	658000	342528	771486		
9	Detection of HIV+ve pregnant women	3700	729	3075		
* Achievement upto December 2012						
	Linkage Targets	Target 2012-13	Ach 2012-13*	Proposed Target 2013-14	Definition	
1	ICTC to ART (GC)	NA	80%	85%	HIV +ve general clients to be linked to ART centres	
2	PPTCT to ART	NA	83%	100%	HIV +ve pregnant women to be linked to ART centres	
3	TI to ICTC	NA	NA	75%	HRGs referred from TI reaching ICTC	
4	STI to ICTC	NA	83%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics	
5	TB to ICTC	NA	28%	70%	Notified TB cases reaching ICTC	
6	HIV/TB to ART	NA	49%	80%	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	100	12	800.00	960,000.00	1			
		Lab-Tech	100	5	800.00	400,000.00		1		
2	Refresher (Stand alone (Inc. Mobile)	Counselor	217	5	800.00	868,000.00	2	3	1	1
		Lab-Tech	217	5	800.00	868,000.00	2	3	2	
3	Induction (FI-ICTC +PPP)	Staff nurse (FI ICTC)	75	5	800.00	300,000.00	1		1	
		Lab Technician	75	5	800.00	300,000.00	1		1	
4	Refresher (FI-ICTC +PPP)	Staff nurse (FI ICTC)	60	3	800.00	144,000.00	2		2	
		Lab Technician	60	5	800.00	240,000.00		2		2
5	Induction/ Refresher	District supervisor	5	5	800.00	20,000.00				
6	Sensitization (No facilities to be mentioned)	Full site Sensitn Dist. Hosp	10	1	10,000.00	100,000.00		1		
		Full site Sensitn SDH/RH	0	1	5,000.00	-				
7	HIV- TB training	ICTC Counselor	15	2	800.00	24,000.00	1			
		Medical Officer	21	1	400.00	8,400.00				
		District ICTC supervisor	5	2	800.00	8,000.00	1			
		MO-TC/MO-ICTC		2	800.00	-				
		ART MO	66	2	800.00	105,600.00		1		1
		RNTCP STS/STLS	210	2	800.00	336,000.00	3	2		3
8	Multi Drug Regimen Training for PPTCT	District TB-HIV & DOTS Plus Supervisor (RNTCP)	75	2	800.00	120,000.00				
		Counselor		2	800.00	-				
		Medical Officer		3	800.00	-				
		District supervisor		2	800.00	-				
		MO ARTCs		3	800.00	-				
		Others (Medical 3 days / Para medical 2 days)		3	800.00	-				
9	Training on whole blood screening	ANM		2	800.00	-				
		Labour Room Nurse	150	2	800.00	240,000.00				
		DMC LT (RNTCP)	660	2	800.00	1,056,000.00				
		STLS	125	2	800.00	200,000.00				
10	ICTC Team Training	MO	0	3	800.00	-				
		Lab-Tech	0	3	800.00	-				
		Nurse	0	3	800.00	-				
		Counselor	0	3	800.00	-				
11	Other (Specify)				800.00	-				
Total						6,298,000.00				

Note: The unit cost mentioned above is for costing purpose only the expenditure should done as per NACO training guidelines

Process Indicators - BSD			
Indicators	Recommended Action - Establishment of facilities	Timeline	Person Responsible
Establishment of facilities	Stand Alone ICTCs / Mobile ICTC		
	Identification of health facilities for establishment	1st week of April 2013	
	Recruitment of new staff	1st week of May 2013	
	Induction Training of new staff	May - June 2013	
	Procurement of equipments, computers, etc		
	Preparation and completion of procurement of indent giver	2nd week of April 2013	
	Dispatch and receipt at concerned facilities	2nd week of May 2013	
	Refurbishment of identified facilities	3rd week of May 2013	
	Preparation of indent and approval by PD SACS		
	If decentralized, release of grants to districts	2nd 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 / ADO	2nd / 3rd week April 2013	
	Sensitization meeting with DIO	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)		Direct: SACS BSD, M&E Officer, State RCH officer / NRHM Nodal Officer Monitoring: APD / PD SACS
	Training of Block Data Manager (NRHM) in SIMS	1st week of April 2013	
	Ensure availability of testing kits and logistics to new facilities	3rd week of April 2013	
	100% reporting of existing facilities in SIMS	4th week of April 2013	
	100% reporting of new facilities in SIMS	1st week of May 2013	
	100% reporting of new facilities in SIMS	1st week of August 2013	
	PPP ICTC in Nursing Homes / Corporate Hospitals		
	Enlisting and identification of potential partner:	1st week of April 2013	
	Meeting with associations and partners		Direct: SACS BSD / STI, DAPCU Monitoring: APD / PD SACS
	Training of staff	2nd / 3rd week of April 2013	
	Functionality and Reporting	2nd / 3rd week of May 2013	
	PPP-ICTC in Private Sector Industries	1st week of July 2013	
	Enlisting and identification of potential industries:		
	Meeting with industry stakeholders	1st week of April 2013	
	Training of staff		Direct: SACS BSD, IEC / Mainstreaming, DAPCU Monitoring: APD / PD SACS
	Functionality and Reporting	2nd / 3rd week of April 2013	
	PPP-ICTC in Public Sector Undertakings	2nd / 3rd week of May 2013	
	Enlisting and identification of PSU to partner with	1st week of July 2013	
	Meeting with industry stakeholders	1st week of April 2013	
	Training of staff	2nd / 3rd week of April 2013	Direct: SACS BSD, IEC / Mainstreaming, DAPCU Monitoring: APD / PD SACS
	Functionality and Reporting	2nd / 3rd week of May 2013	
	1st week of July 2013		

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

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

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

Indicators	Recommended Action - HIV-TB Collaborative activities	Timeline	Person Responsible
HIV-TB coordination	HIV-TB coordination /working group meetings at State level	Every quarter	Direct: SACS BSD, State TB officer, State TB/HIV supervisor Monitoring: PD / APD SACS
	HIV-TB coordination meetings at District level	Every quarter	Direct: DAPCU officer/DNO and District TB Officer Monitoring: State TB Officer, State TB/HIV Supervisor, SACS BSD
	Monthly meeting between the staff of NACP and RNTCP	Every month	Direct: DAPCU officer/DNO and District TB Officer Monitoring: State TB Officer, State TB/HIV Supervisor, SACS BSD
	Establishment of F-ICTC /HIV screening facilities at >80% RNTCP DMC	2nd quarter 2013	DAPCU officer/DNO and District TB Officer
Early detection of HIV infected TB patients	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
	Enlisting of all HIV infected TB patients	Every month	Direct: ICTC Counselor / RNTCP STS
Linkage of HIV infected TB patients to ART	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
	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

Indicators	Recommended Action - Co-location of Facilities	Timeline	Person Responsible
Colocation of facilities	Co-location of HIV facilities to be ensured to bridge linkage gaps between service components		
	Mechanisms for establishing co-location of facilities:		
	a) Assessment of existing ART Centres, ICTC and STI Clinics in health care facilities on physical locations and service linkages status	April	Direct: DAPCU, SACS BSD, CST, STI, Monitoring: RC - CST, APD, PD SACS
	b) Identification of facilities as per AAP target for co-locator	April	SACS BSD, CST, STI, RC-CST
	c) Meetings to be conducted between SACS BSD/CST/STI with Health Facility (Dean, Med Sup, CMHC, ART Nodal Officer, DAPCU, DACO, Facility staff and other stakeholders) for development of time bound road map for co-locator	April	Direct: SACS BSD, CST, 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 re location 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	
	i) Progress of Activities to be reported to NACO every month	Monthly	SACS BSD, CST, STI

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 b) Receive stocks on the same day as arrival of supplies and store in walk-in coolers c) Physical verification of stock and cold chain status before issuing CRCs d) CRC should be issued within 7 days of receipt of supplies e) Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies f) Dispatch plan should be based on pattern of consumption for last 3 months for the said commodity Dispatch of supplies a) Option 1: Supplies should be made to ICTCs through cold chain vehicle in collaboration with the general health system b) Option 2: Supplies should be made to ICTCs through physical collection by ICTC staff while attending review meetings using cold boxes c) Option 3: Hiring of cold chain vehicle / courier to dispatch supplies directly to ICTCs d) Regional / District level walk-in coolers to be used for storing stocks for the respective region and further distribution should be made to the linked ICTCs by using health system cold chain vehicle or physical pick up by ICTC staff using cold boxes 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	Ongoing Ongoing Every supply Every supply Every supply Every supply	Direct: SACS BSD, Store Officer Monitoring: APD / PD SACS Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	Physical Verification and Reporting a) MO-ICTC to physically verify stocks daily and countersign in stock register b) All supervisory cadres during field visits to facilities to physically verify stocks at ICTCs for all commodities and countersign to stock register c) TO-SRLs and District ICTC Superclerks / DAPCU to physically verify stocks for all commodities at ICTCs during supervisory visits 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 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 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 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 h) Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month.	Daily Ongoing Monthly Monthly Monthly Ongoing Monthly Monthly	MO-ICTC, ICTC LT DAPCU, Dist ICTC Sup, TO-SRL, SACS BSD ICTC LT, MO-ICTC TO-SRLs, Dist ICTC Sup/ DAPCU Dist ICTC Sup/ DAPCU SACS BSD / SACS CST, APD / PD SACS PD SACS, BSD, Stores Officer, Quality Manager Direct: PD / APD SACS 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 counselor
	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	
	d) Compilation of line list at the ICTC level by Counselor at 15 days and at the end of the month	Every 15 days	ICTC Counselor / ART Counselor
	e) Sharing completed / compiled line list with full details to DAPCU / SACS BST	Monthly	ICTC Counselor / DPM/DIS/District Nodal Officer
	f) 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	
	g) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BST every month by 10th	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors
	h) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Direct: SACS BSD, CST
	i) SACS inter-divisional meeting with CST to be conducted in the 2nd week of every month after analysis of data	Quarterly	Monitoring: PD/APD SACS
	j) BSD at SACS to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSD, CST
Roll-out of Multi drug regimen (Applicable Only where the new regimen program is rolled out by NACO)	Co-location of Testing sites (ICTC-2) and Obs&Gynae OPD. It should be operationally co-located, with system of a single prick for HIV testing and other ANC blood tests, common registration for ANC check-ups & HIV testing.	3rd qtr	Monitoring: PD/APD SACS
	Review at SACS level, identification of priority districts/sites and specific action plan	Quarterly basis	SACS BSD
	Induction training for All NACP-NRHM functionaries involved in PPTCT service delivery and program monitoring	As per roll-out plan	PD SACS, APD, 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	PD SACS, APD, JD (BSD), Consultant PPTCT, DD/AD (BSD/CST), JD (M&E), RC (CST)
	On-going sensitization during monthly meeting	On going	DPM/District Nodal Officer for HIV, counselor at ICTC and ART centre, MO at ART centre
	Inclusion of PPTCT new regimen component under basic training module for counselor/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, counselor at ICTC and ART centre, MO at ART centre
	Out-reach and Client tracking	On-going	ART centre MO/counselor and ICTC counselor/ILFS ORWs



S.No.	Component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	Target	Achievement allocation Jan., 2013	Expenditure on 1.4.12	Proposed	Allocation Rs. Lakh	Remarks									
2.1.1	Centres for ART	Recurring	For low load centres-13.5, medium load-15, high load-17	Salary	22	22	325.50	205.47	22	364.25									
2.1.2			Universal Work Precautions	0.50			10.50	22	7	12.75									
2.1.3			Operational Costs	1.50			31.50	22	7	38.25									
2.1.3.2			Operational cost for CD4 testing	4.5			4.65	10		6.40									
2.1.4.1	Non-recurring		0.9 for caller ID, 5 for computer, 2.5 for printer	Renovation, Furnishing, Computer, TV, DVD	22	9.00	9.00	7	31.50										
2.1.4.2			Infrastructure development	1.00				10		10.00									
2.2.1	Printing		1,000 ART for 100,000 tests	Signages	0.50			10	10.00										
2.2.2			Trng. of MOs, Counsellors, Nurses, Pharmacists, Data Managers, LAC staff, Workshops, review meetings etc.	0.50			11.00	7.05	22	14.50									
2.2.3			Treatment of OIs	0.0020	CI drugs & CPT as per guidelines @ Rs. 200/- episode			27.00	17.26	22	29.00								
2.2.4.1			One-time cost for infrastructure development	0.15				14.00	14.00	15000	30.00								
2.2.4.2	LAC for various activities		Rec.- for TA/DA & oper. Costs, Stationery etc.	HR for LAC Plus	0.96	4	0.84	4	4	18.52									
2.2.4.3																			
2.2.5.1																			
2.2.5.2																			
2.2.6	EID		Cost for EID lab (Operational Cost, Infrastructure development)	Salary of LT	1.10	-	-	0	0	0.00									
2.2.7.1																			
2.2.7.2																			
2.2.7.3																			
2.2.7.4	Regional coordinator	Remuneration & TA/DA	9.00	-	-	10.00	2.35	0	1	9.00									
2.2.7.5																			
2.2.7.6																			
2.2.7.7																			
2.2.7.8	Regional coordinator	Miscellaneous expenditures	0.25	For contingency & miscellaneous expenditures	23.42	-	23.42	17.62	1	23.42									
2.2.7.9																			
2.2.7.10																			
2.2.7.11																			
2.2.7.12	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.13																			
2.2.7.14																			
2.2.7.15																			
2.2.7.16	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.17																			
2.2.7.18																			
2.2.7.19																			
2.2.7.20	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.21																			
2.2.7.22																			
2.2.7.23																			
2.2.7.24	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.25																			
2.2.7.26																			
2.2.7.27																			
2.2.7.28	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.29																			
2.2.7.30																			
2.2.7.31																			
2.2.7.32	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.33																			
2.2.7.34																			
2.2.7.35																			
2.2.7.36	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.37																			
2.2.7.38																			
2.2.7.39																			
2.2.7.40	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.41																			
2.2.7.42																			
2.2.7.43																			
2.2.7.44	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.45																			
2.2.7.46																			
2.2.7.47																			
2.2.7.48	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.49																			
2.2.7.50																			
2.2.7.51																			
2.2.7.52	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.53																			
2.2.7.54																			
2.2.7.55																			
2.2.7.56	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.57																			
2.2.7.58																			
2.2.7.59																			
2.2.7.60	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.61																			
2.2.7.62																			
2.2.7.63																			
2.2.7.64	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.65																			
2.2.7.66																			
2.2.7.67																			
2.2.7.68	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.69																			
2.2.7.70																			
2.2.7.71																			
2.2.7.72	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.73																			
2.2.7.74																			
2.2.7.75																			
2.2.7.76	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.77																			
2.2.7.78																			
2.2.7.79																			
2.2.7.80	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.81																			
2.2.7.82																			
2.2.7.83																			
2.2.7.84	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.85																			
2.2.7.86																			
2.2.7.87																			
2.2.7.88	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.89																			
2.2.7.90																			
2.2.7.91																			
2.2.7.92	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.93																			
2.2.7.94																			
2.2.7.95																			
2.2.7.96	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.97																			
2.2.7.98																			
2.2.7.99																			
2.2.7.100	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.101																			
2.2.7.102																			
2.2.7.103																			
2.2.7.104	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.105																			
2.2.7.106																			
2.2.7.107																			
2.2.7.108	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.109																			
2.2.7.110																			
2.2.7.111																			
2.2.7.112	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.113																			
2.2.7.114																			
2.2.7.115																			
2.2.7.116	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.117																			
2.2.7.118																			
2.2.7.119																			
2.2.7.120	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.121																			
2.2.7.122																			
2.2.7.123																			
2.2.7.124	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.125																			
2.2.7.126																			
2.2.7.127																			
2.2.7.128	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.129																			
2.2.7.130																			
2.2.7.131																			
2.2.7.132	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.133																			
2.2.7.134																			
2.2.7.135																			
2.2.7.136	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.137																			
2.2.7.138																			
2.2.7.139																			
2.2.7.140	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.141																			
2.2.7.142																			
2.2.7.143																			
2.2.7.144	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.145																			
2.2.7.146																			
2.2.7.147																			
2.2.7.148	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.149																			
2.2.7.150																			
2.2.7.151																			
2.2.7.152	Regional coordinator	Recuring	Personnel, Research, Training, consumables, TA/DA	21.20	-	-	-	0	0	0.00									
2.2.7.153																			
2.2.7.154																			
2.2.																			

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

Name of State: Uttar Pradesh

CST Component

Sr No	Name of Division	Baseline	Physical Indicators			Financial Indicators			Comments
			Target 2012-13	Achievement till Dec 2012-13	%	Proposed 2013-14	Target 2012-13	Achievement till Dec 2012-13	Proposed 2013-14
1	Establishment of facilities								
a	ART Centres (cumulative)	20	22	22	100%	7			
	Setting up of new ART Centres		2	2	100%	7	9.00	9.00	31.50
	Infrastructure development for CD4 machines		0	0		10			10.00
b	Recurring Cost (salary, UWP, operational cost)						372.15	252.12	401.65
c	Setting up ART Centres under PPP								
	Corporate Sector					1			
	PSU					1			
	Colocation of ICTC-ART								
d									
ii	Link ART Centres	33	36	35	97%	13			
a	One -time cost for infrastructure development		5	4		13	0.75	0.60	1.95
b	Rec- for TA/DA & oper. Costs, Stationery etc.		36	35		13	12.66	12.66	18.52
iii	LAC Plus - HR for LAC Plus								
		0	4	1	25%	4	4.80	0.84	7.68
iv	CoE	1	0	0		0			
a	Recurring cost						23.42	17.62	23.42
iv	PCoE	0	0	0		0			
	Recurring cost						0.00	0.00	0.00
v	EID	0	0	0					
	HR for EID						0.00	0.00	0.00
	Cost for EID Lab					0	0.00	0.00	0.00
vi	Viral Load testing	1					0.00	0.00	0.00
	Salary of LT					0	0.00	0.00	0.00
2	Training								
	For ART/ LAC staff				70 % of ART staff trained				

As per training plan, based on prescribed curriculum

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Name of State:Uttar Pradesh									
Sr No	Name of Division	Baseline	CST Component			Physical Indicators			Comments
			Target 2012-13	Achievement till Dec 2012-13	%	Proposed 2013-14	Target 2012-13	Achievement till Dec 2012-13	
	Sensitisation of Private practitioners on rational prescription of ART					50% of the doctors practicing ART needs to be trained			No of private providers practising ART needs to be worked out
						1450	27.00	17.26	29.00
3	Sensitisation of HCP on UWP/PEP								
	OI Treatment (inc CPT)								
	OI episodes treated	9070	12000	13346	111%	25000	14.00	14.00	30.00
4	Operational Cost for SACS								10000 to be treated through health systems. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state lists of Essential medicines
	SCM of ARV drugs: Drug Transfers						10.00	2.35	6.00
	Printing of registers, formats & Cards, signages						11.00	7.05	14.50
	Remuneration & TA/DA of Regional coordinator	0	0	0		1	0.00	0.00	9.00
	Total Funds						484.78	333.50	563.22
5	Coverage and Linkage Targets								
a	PLHIV Registered in HIV care (cumulative)	57468	60000	70157	117%	90000			
b	PLHIV alive & on ART (cumulative)	20308	23000	25206	110%	40000			
c	OI episodes treated (annual)	9070	12000	13346	111%	25000			
d	CD4 Testing (annual)	43874	69000	43627	63%	120000			

The number of PLHIV registered will reach around 74 000 by March 13. Target has been fixed based on New positive detected at ICTC which is around 13 000 in 2012-13 and 40000 is considered out of unknown backlog.

Nearly 600 patients are added every month. Additionally all eligible should be put on ART therefore target of 40000 has been set.

10000 to be treated through health systems. Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines

2 tests /year for all PLHIV in care. However Kits will be provided based on consumption pattern

Das

UP SACS-AAP[2013-14]Institutional-Strengthening												
S.No	Sub-Component	Cost Head	Unit Cost in Lac	Items /Activities	Achievement(2011-12)	Targets	Allocation (Rs. in Lakh)					
3.1	Salary	Recurringcost of Salary of Regular and Contractual Staff	NA	NA	NA	NA	NA	326.63				
3.2	Training of SACS/DA PCU	As per Pattern						10				
3.3	Operational Cost							195.17				
3.4	DAPCU(salary-29.76,OC-18.58)							48.34				
Details of allocation under Operational Cost									Total			
									580.14			

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6.	Health care providers in UWP & PEP	Training of health care providers in UWP	Monitoring and Monitoring visits by SACS CST officials /RC to ARTC centres with high gaps	SACS CST, RC	Quarterly
			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= 1450)	ART Nodal Officer & SMO, Co-ordinated by SACS CST	Once every Quarter
			Number of private providers to be identified	SACS CST, RC, DAPCU	May 13(Second Fortnight)
			Target for 2013-14 = 50% of PPs (Exact numbers to be worked out)	DAPCU, JD CST	2nd Quarter
			Modalities to be worked by SACS on logistics of training & involvement of IMA& or other professional organizations	SACS CST, RC, DAPCU	July
			Master trainers to be identified & trained in each state	SACS CST, CoE	July
			Forecasting -	RC, JD CST, APD, PD	3rd Quarter
7.	Training of private providers on National ART regimen	Storage Space-	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		
			Above assessment to be done based both drug wise and ART centre wise		
			Send above information to ADG CST by January		January
			Quantity amount of storage space required	Store Officer	April
			Identify current storage options – rental, possible NRHM warehouse, common facility storage	RC, JD CST	April
			Negotiate with health facility/ NRHM officials for common storage	JD CST, APD, PD, RC	May/ June
			Keep storage space available for receipt of supplies 4 days prior to schedule date for arrival of supplies	Store Officer	Ongoing
			Receipt & Dispatch -		
			CRC should be issued within 7 days of receipt of supplies	Store Officer	Ongoing
			Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	SACS CST	Ongoing
8.	SCM	Transportation - Most cost effective and efficient means of Transportation to be adopted	Dispatch plan should be based on pattern of consumption for last 3 months	SACS CST	Ongoing
			Dispatch plan should be made ready by programme division 1 week prior to receipt of supplies	SACS CST	Ongoing
			CRC should be issued within 7 days of receipt of supplies	Store Officer	Ongoing
			Receipt & Dispatch -		
			Keep storage space available for receipt of supplies 4 days prior to schedule date for arrival of supplies	Store Officer	Ongoing
			Negotiate with health facility/ NRHM officials for common storage	JD CST, APD, PD, RC	May/ June
			Identify current storage options – rental, possible NRHM warehouse, common facility storage	RC, JD CST	April
			Quantity amount of storage space required	Store Officer	April
			Storage Space-		
			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	3rd Quarter

Progress of Activities to be reported to NACO every month	SACS CST (JD), SACS BSD	Monthly
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)
Receiving line list from concerned ICTC by e-mail	ART centre counsellor	Every 15 days
Sending feedback to ICTC centre by ART centre	ART centre counsellor	Every 15 days
Monthly meeting between ICTC and concerned ART at district / regional level to be conducted for verifying data	DAPCU to co-ordinate, Dist ICTC Sup, MO-ART, ART Counsellor, all concerned ICTC Counsellors	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
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
Gap in those eligible & initiated on ART		



Processes for implementation of 2013-14 activities

UTTAR PRADESH

Baseline: 1st April 2013

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

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NAME OF STATE : UPSACS						
COMPONENT III			INSTITUTIONAL STRENGTHENING			
S.No.	Operational	Budget Allocation 2012-13	Total Cost 2012-13 upto 31 jan 2013	Anticipated Exp. Jan to March 2013	Total Cost(2012-13 for operational cost only	NACO
1	Training SACS/DAPCU	10	2.24	7.76	10.00	10.00
2	Equipment Maint.	3	3.12	0.00	3.12	6.00
3	Building Maint.	4	2.26	1.74	4.00	5.00
4	Vehicle Main.***	4	0.35	0.65	1.00	2.00
5	Travel Exp.	40	25.01	14.99	40.00	50.00
6	Rent, Rates & Taxes	45	35.35	9.65	45.00	55.00
7	Telephone/Com. Exp	10	6.84	3.16	10.00	11.00
8	Bank Charges	0	0.28	0.00	0.28	0
9	Misc. Exp.	10	6.17	1.83	8.00	10.00
10	Printing & Stationary	5	3.60	1.40	5.00	6.00
11	Advertisement (other than IEC)	4	4.87	0.00	4.87	5.00
12	Water & Electricity	10	3.41	4.81	8.22	10.00
13	Audit Fees	7	7.05	0.00	7.05	8.00
14	Legal Exp.	0	3.80	0.50	4.30	4.00
15	Postage/Courier	10	6.87	3.13	10.00	11.00
16	Other Administration cost	2	0.00	2.00	2.00	3.00
17	Review Meet. Exp.	2	0.00	2.00	2.00	2.00
18	Office Equipment	4	1.04	2.96	4.00	3.00
19	Furniture	2	0.10	1.90	2.00	2.00
20	New Premies-Refurbishment	33.67	34.83	0.00	34.83	0.00
21	Transportaion					
	Total	205.67	147.17	58.49	205.67	205.17
	*** (Due to substansive increase in Number of peripheral units & proposed number of monitoring visits)					
	Summary	SACS	NACO			
1	Salary SACS	401.08	326.63			
2	Operationa cost SACS	250.00	205.17			
3	Salary DAPCU	29.76	29.76			
4	Operationa cost DAPCU	18.58	18.58			
	Total	699.42	580.14			

Uttar Pradesh - Annual Action Plan- 2013-14 : Strategic Information Management Unit

Annexure-VII

Sl. No.	Budget Head (Discription)	Sub-Head (Discription)	Duration	Unit cost (Rs.)	No. of persons to be trained			Estimated budget	CPIMS Head	Time line			
					Induction	Refresher	Total			Q1	Q2	Q3	Q4
1	Training *												
	a. SIMS Induction/Refresher training* (based on assessment of computer literacy)	ICTC FICTC BB STI NGO-TI CCC Total	1 Day	1500 2500 1500 1500 1500 1500	121 142 25 10 66 11	217 21 204 96 71	338 163 229 106 137 11	507000 407500 343500 159000 205500 16500	M&E-Trainings				
	b. Other Trainings(DQA/DAPCU review cum training) : 2 staff from 5 DA		1 Day	1500	375	609	984	1639000					
2	Reports publication (Surveillance Report, 2 Analysis Reports)								M&E-Review meetings/workshops				
3	Monitoring & Supervision visits (10 days/month)#		10 days per month					85000	M&E-Printing of reports & bulletin To be Booked under "IS" in appropriate head				
4	HIV Sentinel Surveillance** (30% of the budget of HSS 2012-13)							1,889,460	Surveillance-Honorarium to sentinel site personnel, Surveillance - Honorarium to testing lab personnel, Surveillance-Supervision and field visits at SACs, Surveillance - Other Contingencies				
								3,643,460					
		Total Budget											

Note: * Training includes TA/DA, Accommodation and Venue costs, training kits, AV aids as per Training Norms
Monitoring & Supervision visits (10 days/month) should be included in institutional strengthening budget as per NACO norms

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

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Uttar Pradesh - Annual Action Plan- 2013-14 : Strategic Information Management Unit

SL.No.	Budget Head(Discription)	Sub-Head (Discription)	Unit cost (Rs)	No. of persons to be trained			Estimated budget
1	Training*			Induction	Refresher	Total	
		ICTC	1500	121	217	338	
		FICTC	2500	142	21	163	507000
		BB	1500	25	204	229	407500
		STI	1500	10	96	106	343500
		NGO-TI	1500	66	71	137	159000
		CCC	1500	11		11	205500
		Total		375	609	984	1639000
	b. Other Trainings(DOA/DAPCU review cum training) : 2 staff from 5 DAPCU bi annually						
2	Reports publication (Surveillance Report, 2 Analysis Reports)		1500				30000
3	Monitoring & Supervision visits (10 days/month)#						85000
4	HIV Sentinel Surveillance** (30% of the budget of HSS 2012-13)						
Total Budget							1,889,460
							3,643,460

Note: * Training includes TA/DA, Accomodation and Venue costs, traing kits, AV aids as per Training Norms
 # Monitoring & Supervision visits (10 days/month) should be included in institutional strengthening budget as per NACO norms
 ** For HIV sentinel Surveillance, 30% of HSS 2012-13 is towards spillover /follow-up actions of HSS 2012-13 such as: Payment of Honorium, post-round meetings, site visits, report publication and dissemination and Incidental support to IBBS activities.

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

			present 3. April Wk1 4. April Wk4 5. April Wk2 6. May Wk1 7. On completion of activity as per plan	3. Selection process: Publish notice, short-listing, approval of selection of vendor(s) 4. Work order with deliverables 5. Monitoring plan 6. Implementation 7. Documentation (photographs) & Reporting
	Hiring of IEC Vans	6	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk3 5. May Wk1 6. As per plan 7. As per plan 8. At the end of phase 9. March 2014	1. Development of activity plan 2. Decision on occasions and periods of utilization 3. Tendering for selection of agency 4. Development of route plan in consultation with districts 5. Release of work order 6. Roll out according to route plan 7. Monitoring of activities by DST and SACS officers 8. Reporting (on uniform format) and analysis of reports 9. Documentation, sharing with NACO
	Bus shelter/ signages/unipoles	50	1. April Wk1 2. April Wk1 3. April Wk1 4. April Wk4 5. April Wk2 6. May Wk1 7. On completion of activity as per plan	1. Decision on display material 2. Identification of towns and no. of shelters/signages/unipoles for display 3. Development of prototypes, size and message content 4. Tendering process: Publish notice, short-listing, approval of selection of vendor(s) 5. Work order 6. Monitoring plan 7. Documentation & reporting
	IPC in 5 migration districts through MahilaSamakhya	5	1. April Wk1 2. April Wk1 3. May Wk 1 4. May Wk2 5. May-June 6. June-July 7. Ongoing 8. Ongoing 9. Jan 2014	1. Development of Activity plan and ToR for implementing agency 2. Briefing meeting with agency 3. MoU with the agency 4. Training of Trainers 5. Training of SHG members 6. Profiling of households 7. Records of referral & outcome 8. Monitoring 9. Documentation, sharing with NACO
	IPC at Migrant camp	400	1. April Wk1 2. April Wk1 3. Regular 4. End of campaign	1. Development of pre publicity plan 2. Synergy with health camp plan & route plan 3. Monitoring 4. Documentation & sharing with NACO
4	Other/Events/M&E			
	Events at state & districts	300	1. Done 2. May Wk1 3. May Wk2 4. As per plan 5. As per plan 6. Feb 2014	1. Preparation of calendar of events and decision on areas for implementation 2. Plans of activities (even-wise) and sharing 3. Disbursement of funds to districts 4. Monitoring 5. Documentation 6. Gathering of SOE

	Social media event	1	1. April Wk1 2. April Wk4 3. As per plan 4. As per plan 5. Ongoing 6. Feb 2014	1. Development of activity plan 2. Selection of agency through tender 3. Release of work order 4. Implementation 5. Analysis of responses 6. Documentation & Report
	Exhibition at Mela, Mahotsav and institutional events	10	1. May Wk4 2. May Wk4 3. As per plan 4. As per plan 5. Event based	1. Preparation of calendar of exhibition, etc. 2. Plans of activities (eventwise) 3. Execution of the activities 4. Monitoring 5. Documentation
	Hiring of communication agency	0	1. April Wk1 onwards	1. IHBP to provide support for creatives, documentation, media plan & media tracking etc.
	M&E, Documentation, evaluation		1. Done 2. As above 3. May Wk1 4. May Wk2 5. As per plan 6. As per plan 7. Feb 2014	1. Listing of activities for monitoring - by SACS officers, external resource, etc. 2. Documentation of all field level activities, and shared with NACO 3. Activities proposed for evaluation along with time line 4. Bidding process: Publish notice, short-listing, approval of selection of agency(s) 5. Work order 6. Conduct of studies according to time line 7. Sharing of reports with NACO
5	Youth			
	Adolescent Education Programme	50	1. April Wk3 2. May Wk2 3. June Wk2 4. July Wk2 – Aug Wk2 5. As per training schedule 6. End of activity	1. Listing of teachers from 50 Govt. Sr. Secondary targeted in FY 13-14 2. Advocacy with Education Dept 3. Training of trainers (TOT) 4. Training of teachers 5. Monitoring of school-level activities 6. Documentation, shared with NACO
	RRC	290 Old, 719 New	1. April Wk 4 2. April Wk4 3. June Wk1 4. June Wk2 5. Done 6. Ongoing 7. Feb 2014	1. Listing of all Colleges - graduate, technical & Universities 2. Listing of colleges targeted in FY 13-14 3. Training of Coordinators 4. Disbursement of funds along with guidelines 5. Calendar of activities 6. Monitoring of activities 7. Documentation
	Out of school	5 Districts	1. April Wk1 2. April Wk 3 3. May Wk1 4. As per plan 5. As per plan 6. Ongoing	1. Activities proposed 2. Development of ToR for implementation agency 3. MoU with agency 4. Implementation in the field 5. Monitoring 6. Documentation
6	Mainstreaming & GIPA			

	Training & advocacy		1. Done 2. Done 3. Done 4. April Wk2 5. April Wk4 6. May Wk2 7. Ongoing 8. Ongoing	1. Listing of categories of trainees 2. Gathering universe of trainees 3. Information of coverage so far 4. Development of training calendar 5. Decision on training agencies 6. Training of trainers 7. Execution of trainings 6. Detailing of follow up activities 7. Monitoring 8. Documentation
7	DIC	7 (for 3 months)	1. Done 2. April Wk1 3. Done 4. Ongoing 5. June Wk3	1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of PLHIVs 4. Monitoring of activities 5. Documentation
	TOTAL			

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AAP 2013-14 Integrated Counseling and Testing Centre UPSACS										Annexure - D	
S.No.		Sub-Component 1		Cost head	Unit Cost (Lakhs)	Items/ activities		Targets 2013-14		Allocation (Rs. in Lakhs)	
1.3.1		Existing Facilities						As on 01.04.2013	New	RCC Round 2	Remarks
1.3.1.1		HR for Counsellors and LTs		Recurring	3	Salary including TA/DA for Existing-In-place Stand Alone Counsellors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 12500*12)		217	92	858.00	Allocation for 217 existing SA ICTCs for 12 months and 92 new stand alone ICTCs for 9 months
1.3.1.2		HR for Supervisors		Recurring	1.88	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months		5	0	8.40	
1.3.1.3		Mobile ICTC		Recurring	5.55	Running cost of whole unit including salary of counsellors and lab tech at Rs 9000 average per month for 12 months		0	0	0.00	
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)					
1.3.2		Establishment of New ICTCs				Sub Total				866.40	
1.3.2.1		ICTC		Non recurring	0.6	Minor refurbishment at Rs 60000 per new stand alone ICTC		217	92	55.20	
1.3.2.2		Mobile ICTC		Non recurring	12	Cost of vehicle purchase & refurbishing		0	0	0.00	
1.3.2.3		Facility Integrated ICTCs		Non recurring	0	none		33	75	0.00	
1.3.2.4		PPP ICTCs		Non recurring	0	none		56	45	0.00	
1.3.3		Trainings				Sub Total				55.20	
1.3.3.1		Training		Recurring	1.75	1) ICTC: Counsellors, 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			62.98	As per Training Plan	
1.3.4		Procurement of Equipment				Sub Total				62.58	
1.3.4.1		Procurement of equipment for new centers		Non recurring	0.6	Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc		0	92	55.20	As per procurement plan based on justification
1.3.4.2		Procurement of equipment		Recurring	0.05	Equipment/ maintenance/ AMC/ Insurance of equipment bikes etc		217		10.35	
1.3.5		Consumables				Sub Total				66.05	
1.3.5.1		Procurement of Consumables for Stand alone and Mobile ICTCs		Recurring	0.5	SA and Mobile ICTC: Safe delivery kits, reagents and syringe needles, printing of reporting formats, internet and other misc exp		217	92	154.50	As per procurement plan based on justification
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				10.80	No procurement for PPP ICTC
1.3.6		Monitoring and Supervision / Review meetings				Sub Total				165.20	
1.3.6.1		Review meeting for Supervisors (monthly @ Rs 1000/person)		Recurring	0.01	review meetings		5		0.60	
1.3.6.2		Review meeting for counsellors/MO (Quarterly @ Rs 1500/person)		Recurring	0.015	review meetings		309		18.54	
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		76		7.60	
1.3.7		SRL				Sub Total				26.74	
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		9		27.00	
1.3.8		Additional Allocation								27.00	
1.3.8.1		For Co-location of facilities		Non recurring		Budget allocation for minor refurbishments that may be encountered in physically co-locating facilities i.e ART/ICTC/STI			16	4.00	
1.3.8.2		For PPP ICTC Involvement		Non recurring		A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals i.e Nursing Homes, Corporate Hospitals into NACP B) Involvement of professional bodies like FOGSI, IMA, IADVL, IAP etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employer model meetings for which separate budgetary allocation is			25	6.00	
1.3		Grand Total				Sub Total				9.00	
										1278.67	

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