T-11017/01/2012-NACO (F)
Government of India
Ministry of Health & Family Welfare
Department of AIDS Control

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

To,

The Project Director,
Andhra Pradesh State AIDS Control Society

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

Sir/Madam,

Please refer to your proposal regarding approval of Annual Action Plan for the year ***2013-14*** and further discussions held in Department of AIDS Control (DAC) on 5th February, 2013 The Annual Action Plan has been further scrutinized and Department's administrative approval is hereby conveyed for an amount of Rs 10260.62 lakh (Rupees One hundred and two crore sixty lakh and ninety two thousand only .) as per detailed break-up given below:

(Rs. in lakhs)

Component	DBS	Pool fund	Global Fund	Total
Prevention				
TI		3473.97		**3473.97**
STI	247.88			**247.88**
BTS	747.76			**747.76**
IEC	915.47			**915.47**
LWS	296.49		211.77	**508.26**
ICTC	653.41		1524.63	**2178.04**
Total	**2861.01**	**3473.97**	**1736.40**	**8071.38**
CST	1312.09		22.00	**1334.09**
ISTM	750.92			**750.92**
SIMS	104.53			**104.53**
GT	**5028.55**	**3473.97**	**1758.40**	**10260.62**

Component/sub-component/activity wise budgets along-with process indicators are attached (Annexure ..1... 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 and ratification of Executive Committee may be obtained.

3. Inordinate delay is observed in placing orders for equipment / supplies. These should be done within a week of receiving approvals of DAC. Procurements should be initiated and finalized, as per the procurement plan prepared and approved.

4. The above figures represent ceilings beyond which expenditure should not be incurred on any activity. Actual fund will, however, be provided by DAC as per availability.

5. No change in allocation among different components shall be made without DAC's approval. Re-appropriation between activities within a component can be approved at Project Director, SACS y level, to meet local needs. This should be informed to DAC well in advance. However, such re-appropriation should not adversely affect the physical targets indicated in the plan. Re-appropriation between implementation cost and operational expenses like salary should not be done at SACS level without the concurrence of DAC.

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

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

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

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

10. The Physical targets as indicated are as per baseline figures reported by SACS and targets for the year 2013-14 agreed with. The targets also correspond to the funds available for the current financial year. Changes if any will be only with concurrence of DAC.

11. No vehicle shall be purchased from NACP funds except for purchase of mobile ICTCs wherever approved in the action plans.

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

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

    i. Procurement under various Global Fund Rounds as per World Bank Procurement Guidelines;

    ii. Procurement under DBS to be made as per General Financial Rules-2005 as amended from time to time;

    iii. Procurement under TI component is to be made as per World Bank Procurement Guidelines for goods and services as this component is likely to be reimbursed retroactively by World Bank.

Yours faithfully,

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

Copy to:

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

Targeted Interventions

Andhra Pradesh — YEAR 2013-14

S.No.	Sub-Component	cost Head	Unit cost in Lakh (Range)	Items/ Activities	TI Acheivement (2012-13)		TI Targets (2013-14)				Allocation (Rs. In Lakhs)
					Target	Acheivement during the year	Existing as on 01.04.2013	Transition from Partners	New TIs additions	Total	Pool Fund
1.1.1	FSW	Grant to TI Projects	8 to 24 lakhs based on coverage	cost for basic infrastructure,human resources, programme managemnt and service delivery	41	41	41		0	41	815.88
1.1.2	MSM				8	8	8		0	8	166.16
1.1.3	IDU				6	6	6		0	6	85.40
1.1.4	TG/Hijra				1	0			0	0	0.00
1.1.5	Core Composite*				88	92	88	4	0	92	1808.76
1.1.6	Migrants (Source)								0	0	0.00
1.1.7	Migrants (Transit)					0			0	0	0.00
1.1.8	Migrants (Destination)				18	18	18		1	19	250.69
1.1.9	Truckers				5	5	5		1	6	101.99
				Total	167	170	166	4	2	172	3228.88
1.1.9	Training of State TOTs/ STRC Refresher training	Grants to agencies	8 to 40 lakhs	Cost for training as per norms and management cost of agencies							157.01
1.2.0	JAT / Evaluation	Professional services	25,000-40,000 per unit	Cost for TA, DA and documentation						0	35.80
1.2.1	OST centre maintenance						2		4	6	47.28
1.2.2	Employer led models			As per guidelines					16	16	5.00
1.2.3	Any other										
1.2.4	Any other										
										TOTAL (Rs. In Lakhs)	3473.97

Detailed guidelines on Employer Led Models would be issued by NACO

(Number of TIs proposed under each category)

Core Population	Less than 500		500-799		800-999		1000 and above				Total TIs		Target coverage	
	Old	New	Old	New	Old	New	Old	New			Old	New	Old	New
FSW	0	0	1	0	5	0	24	0			30	0	52575	0
MSM	0	0	0	0	2	0	3	0			5	0	10666	0
	Less than 150		150-249		250-399		400-599		600 and above					
TG/Hijra	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	150-299		300-499		500-699		700 and above							
IDU	2	0	3	0	1	0	0	0			6	0	2055	0
OST														
	Less than 400		400-699		700-999		1000 and above							
Core Composite	0	0	0	0	9	0	83	0			92	0	124589	0
Bridge Population	**5000**		**5001-9999**		**10000 and above**									
Migrant (Dest.)	0	0	16	1	2	0					18	1	200000	10000
	5000-9999		10000-29999		30000 and above									
Trucker	1	1	3	0	1	0					5	1	75000	5000
Migrant (Source)	No. of districts	0	**Migrants (Transit)**	No. of sites	0	0								

Annexure-I

Targeted Interventions

Andhra Pradesh — YEAR 2013-14

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

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

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

	FSW						MSM					
	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members
NGO and CBO Led	82	41	41	1052	263	16	16	8	8	213	53	8
	IDU						Core Composite					
	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	Doctor and Nurse	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members
NGO and CBO Led	0	6	0	69	17	12	184	92	92	2494	623	0
	TG/ Hijra						Migrants (Destination)					Migrants (Source)			
	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	CBO members	PM and PD	Accountant cum M&E	Counselor	Peers	ORW	District Coordinator	Block Supervisor	M&E officer	Accounts & Admin
NGO and CBO Led	0	0	0	0	0	0	38	19	19	287	96	0	0	0	0
							Truckers					Migrants (Transit)		
							PM and PD	Accountant cum M&E	Counselor	Peers	ORW	PM	ORW	
							12	1	1	160	41	0	0	

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

IEC

Annual Action Plan 2013-14 (State AIDS Control Societies Andhra Pradesh)				(Rs.791.30 in lakhs)						
1.2	Information, Education & Communication									
S.No.	Sub-Component				Acheivement (2012-13)			Targets (2013-14)	Allocation in Rs. (In lakhs)	Source of funding
		Cost Head	Unit Cost **	Items/activities	Target	Acheivement	Existing as on Date	New		
1.2.1	Information Education Communicatio								0	
	Maass Media	TV								
		Spots on Private Channels/cable	0	0	0	0	0	0	0	NACO, New Delhi
		Spots on Doordarshan	0	0	0	0	0	0	0	NACO, New Delhi
		Long format TV Programs (15/30 mts duration)	Rs.62000	36 programs on DD @ 3 episodes per month in the financial year	36	36		36	22.32	NACO, New Delhi
		Radio								
		Audio Spots/10 seconds	Rs.400 per 10 secondsand Rs 1000 per 30 seconds	1307 spots on AIR and also by commercial FM channels throughout the year	0	0	0	1307	13.07	NACO, New Delhi
		Spots on AIR	0	0	0	0	0	0	0	NACO, New Delhi
		Long format Radio rograms (30 mts/15 mts duration)	Rs.18500 per program of 15 minute duration	2 programmes per week focussing on youth and women & 8 programmes on 4 events (WAD,VBD,NBD,NYD)	104	104	0	112	20.72	NACO, New Delhi
		Newspaper Advts.	DIPR/DAVP rates	Half page coloured ads on WAD and VBD. 10 B/W 33x10cc size ads for service promotions.	15	15	0	25	25.00	NACO, New Delhi
		Newsletter	0	0	0	0	0	0	0.0	
Sub-total									81.11	
1.2.2	ICT									
		Website	One lakh per year		0	0	0	1	1.00	NACO, New Delhi
		SMS	0	0	0	0	0	0	0.00	
		Helpline	Rs.2-5 lakh per IVRS Rs.10-15 lakh for manual	Helpline needs 4 Telephone connections, 4 trained Counselors to work on 16 hours 7 days basis. And Telephone bill Charges and 12 months salaries for 4 Trained Counselors are to be met from this budget head.	0	0	0	4	8.26	NACO, New Delhi
Sub-total									9.26	

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Annexure-II

		Cost Head	Unit Cost **	Items/activities	Target	Acheivement	Existing as on Date	New		
1.2.3	IEC material production, replication & newsletter	Printing / replication of IEC Materials		Replication of Materials, Posters , Leaflets, Flip Charts, Banners , Information Pannels , CDs, Stickers, Other leaflets for the Local fares and Festivals , Translation, adoptation and designings , Training Modules for Youth, Para Medicals, Elected Representatives, Women SHG and all line departments. For many years IEC wing did not procure penis models and condome outlet boxes. These have to be procured this time. It was a practice to print IEC Material by other components like STD,CST, Blood Safety etc. IEC wing would like to take up the assignment of replication of IEC material pertaining to other components. There is a court case with HLFPPT in regards to condom vending machines. This has to be settled this year. Hence budget raised. Truckers IEC budget - Rs 260339/-	52.41	52.41	0	135.62	142.62	NACO, New Delhi
Sub-total									142.62	
1.2.4	Outdoor	Permanent Hoardings at Strategic locations	Rs.25000 (20X10SQFT) Flex change Rs.25 - 30 per sqft	Changing of Flex for four times in year. Rs. 1000 per hoarding which inculdes mintanence of 300 hoarding erected in previous financial years and repair of Infra structure, change Messages besed theme of the campaign 3 times in a year.	230	230	0	583	23.32	NACO, New Delhi
		Rented Hoarding at Strategic locations	Rs.4000 to 6000 per hoarding per month	Important railways stations and Important Bus stations with an agreement hoardings for six months, during peak seasons	12	12	0	20	25.2	NACO, New Delhi
		Display of messages on govt. Buses	Rs.750/- per pannel per bus per month. 3 X 2 sqft. Rs.1670 per pannel per month. 5X2 sqft.	Display of messages on government buses commuting in most high prevalence areas at the time of pongal and Dasar Celebrations	440	440	0	440	35.20	NACO, New Delhi
		Any other outdoor (IEC messages on Tirupathi entry tickets)	Rs.1.01 per ticket	The access card facilitate the entry of piligrim in to the shrine. The card will be there for more than 6-8 hours in their hands and the the individual observes the content for many time.	0	0	0	2475247.525	25.00	NACO, New Delhi
									108.72	
1.2.5	Mid Media									
		Hiring of folk troupes	Rs.3000/- per performance	All the 23 districts in Andhra pradesh belong to category A with high prevalence. 120 programmes in each district in two phases (Premonson and Pre Summer) The Proposed budget per performance is Rs.3,000/-. 80 programmes in are performed in two phases at the rate 40 per spell of 30 days. Remaining 40 Performances are allotted to special accassions like local jatra, and other days of importance.	2160	2160	0	2300	79.00	NACO, New Delhi
		Fabricating IEC vans, branding IEC vans	0	0	0	0	0	0	0	
		IPC Migrant Camps	0	0	0	0	0	0	0	
		Exhibitions	Rs.50000/- per district	To carryout, organizing exhbitions, events at the local festivals/fairs district level sensitization workshops at district level	23	23	0	23	11.5	NACO, New Delhi
									90.50	
1.2.6	Events									
		State and District level events	for WAD 7 lakhs rest of the events 3lakhs	WAD,NYD,IYD and IWD	4	4	0	4	16.00	NACO, New Delhi
		Multimedia Campaign only in NE	0	0	0	0	0	0	0	
		Piggy Back events in NE states	0	0	0	0	0	0	0	
		Other state specific events	0	0	0	0	0	0	0	
									16.00	

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		Cost Head	Unit Cost **	Items/activities	Target	Acheivement	Existing as on Date	New		
1.2.7	M & E, Documentation	All activities to be documented. Mention the activties whose evaluation to be conducted	Rs.3 lakh per activity	A. **Monitoring:** The Monitoring is very vital to assess the success of any activity. The SACS officials will monitor the activities like folk media campaigns, service centers and other activities. **B. Documentation** of Folk Media, IEC Vans, Mainstreaming Workshops and other events. **C.Evaluation :** The programmes like Hoardings, IEC Vans, RRCs and OSY are to evaluated.	4	4	0	4	12.00	NACO, New Delhi
1.2.8	Hiring of Communicatio n of Agency								0.00	
1.2.9	Youth Intervention									
1.2.9.1	Adolescence Education Programme	Adolescence Education Programme	Rs.1000/- per school	Refresher Training of pre servisce teachers and secondary school teachers and monitoring in 20% schools @1000 Total schools 19000 (approx)	6,296	6,296	0	8777	150.7	NACO, New Delhi
1.2.9.2	RRCs in colleges and University	RRCs in Colleges	Rs.9,000/- per new RRC and Rs.4,000/- per existing RRC	The RRCs will be implemented through Board of Intermediate and Collegeiate Education.	1900	1900	0	100	85	NACO, New Delhi
1.2.9.3	Out of school Youth	Out of youth School component	5 high priority districts	Strategy to be shared by NACO	0	0	0	5	25	NACO, New Delhi
Sub-Total									260.7	
1.2.10	Drop in Centre	Only for three months @ 1.37 lakh per DIC	Rs. 137000	DICs for the 3 months only	24	24	0	24	31.98	NACO, New Delhi
1.2.11	Advocacy			Separate sheet to be attached					6.70	
1.2.11.12	Mainstreaming activities other than training and advocacy	Mainstreaming training plan with Other Departmetns, Out of School Interventions		Training plan with Other Departmetns (RD, Tribal Welfare, Legislative forums,media workshop)	0	0	0	25430	109.88	NACO, New Delhi
		Support social and legal protection and promotion of access various welfare schemes	Rs 2 lakh for per district	Stenghtening DLNs and legal support for PLHIV DLNs/ DLSA/ Govt.Departments	23	23	0	23	46	NACO, New Delhi
Sub-total									162.68	
Grand Total									915.47	

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

19/03/12

K. Syama Prasad
Joint Director (IEC)

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ANDHRA PRADESH			
Cost Head	**Targets (2013-14)**	**Time Line**	**Process Indicators**
Mass Media			
TV			
Spots on Private Channels/cable	0	1. April Wk2 2. April Wk2 3. April Wk 3 4. April Wk4 5. April Wk4 6. May wk1 6. Ongoing	1. Finalization of themes, spots and channels. 2. Compilation of 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
Spots on Doordarshan	0	1. April Wk2 2. April Wk2 3. April Wk3 4. April Wk3 5. April Wk3 6. Ongoing	1. Finalization of themes, and programme 2. Gathering DAVP rates 3. Negotiation on best rates 4. Decision on timing & frequency 5. Release of placement schedule along with work order 6. Tracking of log sheet depending on frequency of telecast
Long format TV Programs (15/30 mts duration) 36 programs on DD @ 3 episodes per month in the financial year	36	1. April Wk2 2. April Wk2 3. April Wk3 4. April Wk3 5. April Wk3 6. Ongoing	1. Finalization of themes, spots and channels. 2. Compilation of 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			
1307 spots on AIR and also by commercial FM channels throughout the year	1307	1. May Wk1 2. May Wk1 3. May Wk3 4 May Wk4 4. Staggered as per plan 6. After the event	1. Finalization of themes, spots and channels. 2. Compilation of 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
Spots on AIR	0		
Long format Radio rograms (30 mts/15 mts duration) 2 programmes per week focussing on youth and women & 8 programmes on 4 events (WAD,VBD,NBD,NYD)	112	1. May Wk1 2. May Wk1 3. May Wk2 4. May Wk3 5, Staggered 6. May Wk3 7. May Wk3-4 8. Periodic	1. Finalization of themes, spots and channels. 2. Compilation of 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 Advts. Half page coloured ads on WAD and VBD.	25	May Wk1 2. May Wk2 3. May Wk3 4. May Wk2-4	1. Decision on events, no. of ads per event and no. of newspapers 2. Compilation of DAVP rates 3. Prototype development & sharing with NACO

10 B/W 33x10cc size ads for service promotions.		5. Staggered 6. Ongoing 7. Periodic	4. Approval from NACO 5. Release of placement schedule along with work order 6. Tracking of releases, obtaining copies containing Advt.
Newsletter	0	1. April Wk2 2. April Wk2 for issue I & subsequently 3. April Wk2-3 4. April-May 5&6. June for issue	
ICT			
Website	1	1. April Wk1 2. April Wk1 3. April Wk2 4. As scheduled 5. Regular 6. Daily 7. Immediate on completion	Hiring of agency, Consultant/ Sharing content Improvisation and finalization Maintenance, Redesign and up-date of SACS web-site
SMS	0		
Helpline	4	1. April Wk 3/4 2. May Wk1 3. May-June 4. July – Feb 14 5. Ongoing 6. As per plan 7. Regular	1. Invitation for agencies for initiation of helpline 2. Identification of agency 3. Selection and training of Counselors 4. Initiation and monitoring
IEC material production, replication & newsletter	135.62	1. April Wk 3 2. April Wk4 3. May Wk2 4. April Wk2 5. April Wk3 6. Ongoing	1. Tender process: Publish notice, short-listing, approval of selection of vendor(s) (Sharing of info with NACO) 4. Release of Work order 4. Release of work order including the delivery plans 5. Sharing of Delivery plan/ supply chain with other divisions for necessary actions 6. Sharing of delivery plans with district level service Selection of Content/ designs
Outdoor			

Permanent Hoardings at Strategic locations Changing of Flex for four times in year.Rs. 1000 per hoarding which includesmaintenance of 300 hoarding	583	1. April Wk1 2. April Wk1 3. April 2-3 4. As planned 5. As per plan 6. Ongoing (Q1, 3&4) 7. End of campaign	. Selection of sites (prominent & frequented by target audience) and Preparation of location wise hoarding installation maps 2. Tender process 3. Development of prototypes, size and message content 4. Sharing with NACO 5. Selection of vendor 6. Work order 7. Monitoring through site visits 8. Periodic reporting
Rented Hoarding at Strategic locations railways stations and Important Bus stations	20	1. April Wk1 2. April Wk1 3. April Wk2 4. April Wk2 5. April Wk3 6. Ongoing	Selection of sites (prominent & frequented by target audience) and Preparation of location wise hoarding installation maps 2. Tender process 3. Development of prototypes, size and message content 4. Sharing with NACO 5. Selection of vendor 6. Work order 7. Monitoring through site visits 8. Periodic reporting
Display of messages on govt. Buses commuting in most high prevalence areas at the time of pongal and Dasar Celebrations	440	1. April Wk1 2.April Wk1 3.July Wk2 4.August Wk2 5.July Wk1 6.Regular Ongoing	1, Identification of prominent routes 2. Development of prototypes, size and message content 3. Sharing with NACO 4. Listing of buses according to registration no. 5. Tendering process 6. Selection of vendor 7. Work order 8. Monitoring plan 9. Documentation & Reporting
Any other outdoor (IEC messages on Tirupathi entry tickets)	2475247.52	1. May wk 3 2. May wk 4 3. June wk 1 4. June wk2 5. Perk period(July –sep) 6. After each peak period	1. Discussion of Tirupati authority 2. Identification of agency 3. Development of prototypes, size and message content 4. Printing on tickets 5. Monitoring
Mid Media			
Hiring of folk troupes120 programmes in each 23 districts in two phases (Premonson and Pre Summer)	2300	1. April Wk1 2. April Wk1 3. April Wk2 4. As scheduled 5. Regular 6. Daily 7. Immediate on completion	1. Selection of troupes as per guideline 2. State level workshop 3. Planning meeting with DST 4. Route plan , Phase-wise 5. Troupe deployment 6. Monitoring of performances 7. Analysis of monitoring reports 8. Review meeting with troupes & DST 9. Reporting to NACO

Fabricating IEC vans, branding IEC vans	0		
IPC Migrant Camps	0		
Exhibitions events at the local festivals/fairs district level	23	1.April Wk3 2.May wk 3 3.May wk 3 4. As per events at the local fairs /festivals 5. After event	1.Listing of events at the local festivals/fairs district level 2.Preparation of exhibitions material 3.Sharing with DAPCU 4.Coordination of the event 5.Reporting and document
Events			
State and District level events WAD,NYD,IYD and IWD	4	1. April Wk3 2 May wk 3 3May wk 3 4 As per events at the local fairs /festivals. 5 After event	Planning of activities to be organized on events of WAD,NYD,IYD and IWD at state / districts levels Building capacity of DAPCUS for activities to be organized on events of WAD,NYD,IYD and IWD at districts levels Coordination
M & E, Documentation	4	1. Dec 13 2. Jan –Mar 14 3. March 14	1. Listing of activities for monitoring - by SACS officers, external resource, etc. 2. Documentation of selected field level activities 3. Documents shared with NACO
Hiring of Communication of Agency			
Youth Intervention			
Adolescence Education Programme Refresher Training of pre service teachers and secondary school teachers and monitoring in 20% schools @1000 Total schools 19000 (approx)	8777	April Wk1 April Wk1 April Wk1 Regular June-July	1. Listing of all Govt Sr. Secondary schools 2. Selection &Listing of schools targeted for AEP FY 13-14 3. Training of teachers 4. Disbursement of funds as per approved AAP 5. Implementation of AEP 6. Monitoring of activities carried by schools 7. Documentation
RRCs in Colleges Board of Intermediate and Collegiate Education	100	1. April Wk1 2. April Wk1 3. July Wk2 4. August Wk2 5. July Wk1 6. Regular 7. Ongoing	1. Selection &Listing of all Colleges - graduate, technical & Universities 2. Listing of colleges targeted in FY 13-14 3. Training of Coordinators 4. Disbursement of funds as per approved AAP & NACO norms 5. Calendar of activities 6. Monitoring of activities &Documentation

Out of youth School component	5		As per NACO guidelines
Drop in Centrethe 3 months only	24	April Wk1 April Wk1 April Wk1 Regular June-July	1. Listing of activities & guidelines 2. Disbursement of funds 3. Listing of beneficiaries 4. Monitoring of activities 5. Documentation
Advocacy		April Wk1 April Wk1 April Wk1 Regular Q4	1. Listing of departments/ organizations 2. Development of advocacy tools and agenda 3. Identifying key areas of collaboration 4. Listing no. of beneficiaries 5. Conduct of meetings 6. Directives/orders issues 7. Conduct of Inter-departmental meetings 8. Documentation
Mainstreaming training with Other Departments (RD, Tribal Welfare, Legislative forums,media workshop)	25430	1.April Wk 2 2.April Wk2 3.April Wk2 4.April Wk3 5.April Wk4 6.May Wk2 7.May Wk4 onwards 8.Along trainings 9.All trainings 10. All trainings	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 institutions/ faculties 6. Training of trainers 7. Implementation of trainings 6. Detailing of follow up activities 7. Monitoring 8. Documentation
Support social and legal protection and promotion of access various welfare schemes	23	1. April Wk4 2. May Wk 2 3. June wk 3 4. April wk 3 5. Ongoing 6. Ongoing	1.Advocacy with state AIDS legal authority 2.Advocacy with District AIDS legal authority 3.Identifying and listing of lawyers 4.Sensitization of lawyers at districts level 5.Sensitization of PLHIVs/MARPs 6.Facilitation of legal support 7.Documentation of cases.

1.3	AAP 2013-14 Integrated Counseling and Testing Centre Andhran Pradesh SACS							
S.No.	Sub-Component 1	Cost head	Unit Cost (lakhs)	Items/ activities	Targets 2013-14		Allocation (Rs. In Lakhs)	
					As on 01.04.2013	New	RCC Round 2	Remarks
1.3.1	**Existing Facilities**							
1.3.1.1	HR for Counselors and LTs	Recurring	2.4	Salary including TA/DA for **Existing/In-place** Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	379		1275.60	Additional allocation of 366 lakhs considering average salary of 12000 per person and additional TA/DA for counsellor and LT
				Salary including TA/DA for **Additional** Stand Alone Counselors and LTs at an average cost of Rs 10,000 per month per staff (unit cost = 10000*2*12)	45		108.00	
1.3.1.2	HR for Supervisors	Recurring	1.68	Salary including TA/DA for Supervisor at Rs 14,000 per month for 12 months	23		38.64	
1.3.1.3	Mobile ICTC	Recurring	5.55	Running cost of whole unit including salary of counselors and lab tech at Rs 9000 average per month for 12 months	26		144.30	
1.3.1.4	HR for SACS team for Basic Services	Recurring		Salary & TA/DA for SACS staff under RCC Round 2 (Staff in High Prevalence States: HIV-TB Consultant, M&E PPTCT, Data Analyst, Secreterarial Assistant, Finance Officer)			26.61	As per actuals
				Sub Total			1593.15	
1.3.2	**Establishment of New ICTCs**							
1.3.2.1	ICTC	Non recurring	0.6	Minor refurbishment at Rs 60000 per new stand alone ICTC	379	0	0.00	
1.3.2.2	Mobile ICTC	Non recurring	12	Cost of vehicle purchase & refurbishing	26	0	0.00	
1.3.2.3	Facility Integrated ICTCs	Non recurring	0	none	1653	86	0.00	
1.3.2.4	PPP ICTCs	Non recurring	0	none	263	93	0.00	
				Sub Total			0.00	
1.3.3	**Trainings**							
1.3.3.1	Training	Recurring	1.75	1) ICTC: Counselors, LTs: Induction, Refresher, HIV/TB & team training and PPTCT Multi drug regimen training 2) ICTC: Training of MO ICTC / MOTC / ART MO / District Supervisor ICTC / District TB-HIV & DOTS Plus Supervisor (RNTCP) in HIV-TB package 3) F-ICTC: ANM, Nurse, LT, HIV/TB & team training, full site sensitization 4) Whole blood: Training of ANM and RNTCP LT and STLS in whole blood screening			107.03	As per Training Plan. 50% allocation made and additional allocation will be considered on completion of training and booking of expenditure after 6 months.
				Sub Total			107.03	
1.3.4	**Procurement of Equipment**							
1.3.4.1	Procurement of equipment for new centers	Non recurring	0.6	Computer, centrifuge, needle cutter, refrigerator, TV/DVD, colour coded bins etc	0	0	0.00	
1.3.4.2	Procurement of equipment	Recurring	0.05	Equipments/ maintainance/ AMCs/ Insurance of equipment bikes etc	380		19.00	
				Sub Total			19.00	
1.3.5	**Consumables**							
1.3.5.1	Procurement of Consumables for Stand alone and Mobile ICTCs	Recurring	0.5	SA and Mobile ICTC: Safe delivery kits, reagents and syringe needles, printing of reporting formats, internet and other misc exp	405	0	202.50	
1.3.5.2	Procurement of Consumables for Facility Integrated and PPP ICTCs	Recurring	0.1	F-ICTC:Safe delivery kits, printing of formats and other misc exp at the center	1624		173.90	
				Sub Total			376.40	
1.3.6	**Monitoring and Supervision / Review meetings**							
1.3.6.1	Review meeting for Supervisors (monthly @ Rs 1000/person)	Recurring	0.01	review meetings	23		2.76	
1.3.6.2	Review meeting for counselors/MO (Quarterly @ Rs 1500/person)	Recurring	0.015	review meetings	405		24.30	
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	24		2.40	
				Sub Total			29.46	
1.3.7	**SRL**							
1.3.7.1	HR for Technical Officer in SRL	Recurring	3	Salary for TO in SRL, including TA/DA, at average Rs 25,000/- per TO per month for 12 months	10	0	33.00	Additional allocation of 3 lakhs as average salary is 27000 as of now
	Sub-Total						33.00	
1.3.8	**Additional Allocation**							
1.3.8.1	For Co-location of facilities	Non recurring	Lumpsum	Budget allocation for minor refurbishments that may be encountered in physically co-locating facilties i.e ART/ICTC/STI	-	30	10.00	
1.3.8.2	For PPP ICTC Involvement	Non recurring	Lumpsum	A) Budget allocation for sensitization meetings / workshops, etc for involving Private Sector Hospitals i.e Nursing Homes, Corporate Hospitals into NACP. B) Involvement of professional bodies like FOGSI, IMA, IADVL, IAP, etc in these meetings C) For PPP ICTCs in Private Industries / PSUs, integrate with TI employer model meetings for which seperate budgetary allocation is made	-	79	10.00	
				Sub Total			20.00	
1.3	**Grand Total**						2178.04	

1.3	Physical Targets for Andhra Pradesh (State) for 2013-14				
	Establishment of New ICTC in the year 2012-13	**Baseline as on 31.03.2013**	**Carry Forward from 2012-13**	**New Proposed target for 2013-14**	**Total target for 2013-14**
1	Stand Alone ICTCs	379	0	0	0
2	Mobile ICTCs	26	0	0	0
3	Facility Integrated ICTCs	1653	19	67	86
4	PPP ICTCs in Nursing Homes / Corporate Hospitals	263	49	30	79
5	PPP ICTCs in Private Sector Industries	0	0	5	5
6	PPP ICTCs in Public Sector Industries	0	0	8	9
	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 14	0	4	6 out of 14
2	District Hospital Level	4 out of 14	0	10	14 out of 14
3	Sub District Level	3 out of 23	0	16	19 out of 23
	Physical Coverage Targets	**Target 2012-13**	**Ach 2012-13***	**Proposed Target 2013-14**	**Basis of Target**
1	Testing for General clients	2000000	925185	1700000	
2	HRG testing	200000	144478	365866	Two time testing in 100% of HRG covered by TI
3	Bridge population testing	NA	NA	200000	10% of 2000000 covered by the TI
4	STI Clinic In-referrals testing	133000	80710	200000	100% DSRC attenddees
5	Out Referrals from ICTC to STI			49309	
6	HIV-TB Cross referral	300000	144517	303778	100% of TB patients and 10% of ICTC clients (Non-ANC)
7	HIV/TB coinfection to be detected	14000	9796	14000	100% of HIV infected TB notified cases
8	Testing for ANC	1500000	709294	1600000	90% of the estimated pregnancies
9	Detection of HIV+ve pregnant women	5430	2014	4800	100% of estimated positive pregnancies based on programme

** Achievement upto December 2012*

	Linkage Targets	**Target 2012-13**	**Ach 2012-13***	**Proposed Target 2013-14**	**Definition**
1	ICTC to ART (GC)	NA	70%	85%	HIV +ve general clients to be linked to ART centres
2	PPTCT to ART	NA	80%	100%	HIV +ve pregnant women to be linked to ART centres
3	TI to ICTC	NA	NA	90%	HRGs referred from TI reaching ICTC
4	STI to ICTC	NA	61%	100%	STI Clinic attendees reaching ICTC or ICTC referrals to STI reaching STI Clinics
5	TB to ICTC	NA	87%	100%	Notified TB cases reaching ICTC
6	HIV/TB to ART	NA	63%	90%	HIV infected TB notified cases reaching ART

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

S.No	Type of Training	Category of Participant	Number of persons to	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	120	12	800	**1,152,000**			20	
		Lab-Tech	120	5	800	**480,000**			20	
2	Refresher (Stand alone (Inc. Mobile)	Counselor	450	5	800	**1,800,000**	150	150	150	
		Lab-Tech	450	5	800	**1,800,000**	150	150	150	
3	Induction (FI- ICTC +PPP)	Staff nurse (FI ICTC)	1000	5	800	**4,000,000**	360	360	280	
		Lab Technician	170	5	800	**680,000**	250	250		
4	Refresher (FI- ICTC +PPP)	Staff nurse (FI ICTC)	880	3	800	**2,112,000**		250	250	380
		Lab Technician	880	5	800	**3,520,000**		250	250	380
5	Induction/ Refresher	District supervisor	23	5	800	**92,000**				
6	Sensitization (No.facilities to be mentioned)	Full site Senstn. Dist. Hosp	23	1	10,000	**230,000**	23			
		Full site Senstn SDH/RH	500	1	5,000	**2,500,000**	500			
7	HIV-TB training	ICTC Counselor	20	2	800	**32,000**	20			
		Medical Officer (PITC of TB suspects)	1354	1	400	**541,600**	300	400	400	254
		District ICTC supervisor	0	2	800	-				
		MO-TC/MO-ICTC	538	1	800	**430,400**	250	288		
		ART MO	98	1	400	**39,200**	98			
		RNTCP STS/STLS	30	2	800	**48,000**		30		
		District TB-HIV & DOTS Plus Supervisor (RNTCP)	23	2	800	**36,800**		23		
8	Isoniazid Prophylaxis Theraphy Training	SMO & MOs of ART Centre	144	1	400	**57,600**	144			
		ART Staff Nurse	85	1	400	**34,000**	85			
		ART Counselors	152	1	400	**60,800**	152			
		ART Data Managers	85	1	400	**34,000**	85			
		ART Pharmacists	51	1	400	**20,400**	51			
		Stand alone ICTC Counselors	452	1	400	**180,800**	To be incorporated in routine trainings			
9	Multi Drug Regimen Training for PPTCT	Counselor		2	800	-				
		Medical Officer	380	3	800	**912,000**	380			
		District supervisor		2	800	-				
		MO ARTCs	30	3	800	**72,000**	30			
		Others (Medical 3 days / Para medical 2 days)(PHC supervisors)	3400	1	100	**340,000**	1500	1500	400	
10	Training on whole blood screening	ANM	0	2	400	-				
		Labour Room Nurse	250	2	400	**200,000**		100		150
		DMC LT (RNTCP)	0	2	400	-				
		STLS	0	2	400	-				
10	ICTC Team Training	MO	0	3	800	-				
		Lab-Tech	0	3	800	-				
		Nurse	0	3	800	-				
		Counselor	0	3	800	-				
11	Other (*Specify*)				400	-				
Total						**21,405,600**				

Note: the unit cost above is for calculation only. Actual expenditure to be done as per NACO training guidelines

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Process Indicators - BSD			
Indicators	**Recommended Action -Establishment of facilities**	**Timeline**	**Person Responsible**
Establishment of facilities	**Stand Alone ICTCs / Mobile ICTC**		
	Identification of health facilities for establishment	1st week of April 2013	Direct: SACS BSD, Procurement Officer, Finance Officer Monitoring: JD Finance /APD / PD SACS
	Recruitment of new staff	1st week of May 2013	
	Induction Training of new staff	May - June 2013	
	Procurement of equipments, computers, etc		
	Preperation of Indent and approval by PD SACS	2nd week of April 2013	
	Processing and completion of procurement of indent given	2nd week of May 2013	
	Dispatch and reciept at concerned facilities	3rd week of May 2013	
	Refurbishment of identified facilities		
	Preperation of Indent and approval by PD SACS	2nd week of April 2013	
	If decentralized, release of grants to districts	3rd week of April 2013	
	If central, processing of indent and refurbishment	2nd week of April 2013	
	Completion of refurbishment	3rd week of May 2013	
	Functionality and Reporting of new Stand Alone ICTC	1st week of June 2013	
	Facility Integrated ICTC / MMU		
	Sensitization of CMHO / CMO / CDMO / DHO / Civil Surgeon / ADMO	2nd / 3rd week April 2013	Direct: SACS BSD, M&E Officer, State RCH officer / NRHM Nodal Officer Monitoring: APD / PD SACS
	Sensitization meeting with DTO	2nd / 3rd week April 2013	
	Sensitization of NRHM DPM	2nd / 3rd week April 2013	
	Directive from MD-NRHM regarding use of MMU for HIV testing	2nd / 3rd week April 2013	
	Functionality of MMU	1st week of May 2013	
	Route plan for MMU one month in advance	Monthly	
	Training of staff & functionality	2nd / 3rd week May2013	
	Issuing of directives by MD-NRHM for F-ICTC data entry in SIMS by Block Data Manager (NRHM)	1st week of April 2013	
	Training of Block Data Manager (NRHM) in SIMS	3rd week of April 2013	
	Ensure availability of testing kits and logistics to new facilities	4th week of April 2013	
	100% reporting of existing facilities in SIMS	1st week of May 2013	
	100% reporting of new facilities in SIMS	1st week of August 2013	
	PPP ICTC in Nursing Homes / Corporate Hospitals		Direct: SACS BSD / STI, DAPCU Monitoring: APD / PD SACS
	Enlisting and identification of potential partners	1st week of April 2013	
	Meeting with associations and partners	2nd / 3rd week of April 2013	
	Training of staff	2nd / 3rd week of May 2013	
	Functionality and Reporting	1st week of July 2013	
	PPP-ICTC in Private Sector Industries		Direct: SACS BSD, IEC / Mainstreaming, DAPCU Monitoring: APD / PD SACS
	Enlisting and identification of potential industries	1st week of April 2013	
	Meeting with industry stakeholders	2nd / 3rd week of April 2013	
	Training of staff	2nd / 3rd week of May 2013	
	Functionality and Reporting	1st week of July 2013	
	PPP-ICTC in Public Sector Undertakings		Direct: SACS BSD, IEC / Mainstreaming, DAPCU Monitoring: APD / PD SACS
	Enlisting and identification of PSU to partner with	1st week of April 2013	
	Meeting with industry stakeholders	2nd / 3rd week of April 2013	
	Training of staff	2nd / 3rd week of May 2013	
	Functionality and Reporting	1st week of July 2013	

Indicators	Recommended Action - General Clients Linkages	Timeline	Person Responsible
Linkage of General Clients with ART	•Tracking system for General Clients:		
	a) Monthly maintainance of Line list of HIV +ve General Clients by ICTCs	Monthly	ICTC Counselor
	b) Sharing of line list with concerned ART centre/s by email every 15 days	Every 15 days	
	c) Obtaining feedback by concerned ART centre / s every 15 days	Every 15 days	ICTC Counselor / ART Counselor
	c) Compilation of line list at the ICTC level by Counselor at 15 days and at the end of the month	Every 15 days	ICTC Counselor
	d) Sharing completed / compiled line list with full details to DAPCU / SACS BSD	Monthly	
	e) Monthly meeting between ICTC and concerned ART at district / regional level to be conducted in 1st week of every month for verifying data	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors
	f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSD every month	Monthly	DAPCU, Dist ICTC Sup
	g) SACS officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD, CST
	h) Where there in no DAPCU, SACS BSD will directly verify / analyze line list every month	Monthly	
	i) SACS inter-divisional meeting with CST to by conducted in the 2nd week of every month after analysis of data.	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	j) After due verification by CST at SACS, BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	SACS BSD
	k) SACS BSD / CST to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	l) The SACS BSD / TI / TSU should analyze the positivity yield out of the clients tested at ICTCs as compared to the state / national average, prevelance rates for HRGs typology wise, STI prevelance, etc and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	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:		
	a) Referral of TI clients by TI out-reach system using referral slips	Every referral	TI ORWs, PE, TI Counselor
	b) Compilation of referrals made to ICTC with Unique ID of TI against each referral every 15 days	Every 15 days	TI ORWs, TI Counselor, PM
	c) Meeting of TI with concerned ICTC and Sharing of the compiled list of referrals with ICTC every 15 days	Every 15 days	Direct: TI ORWs, TI Counselor, PM / ICTC Counselor, Monitoring: Dist ICTC Sup, PO-TI TSU
	d) During this meeting, the ICTC counselor will share the PID numbers of all those clients referred from TI.	Every 15 days	ICTC Counselor,
	e) Once both ICTC and TI have reconciled / compiled the list, then both ICTC and TI will report the same in thier respective CMIS/SIMS on a monthly basis	Monthly	Direct: ICTC Counselor, TI Counselor, TI M&E, Monitoring: Dist ICTC Sup, PO-TI TSU
	f) The same should be verified / validated by DAPCU / PO - TI TSU on a monthly basis	Monthly	Dist ICTC Sup, DAPCU, PO TI TSU
	g) Individual HRGs tested has to be extracted from the compile line list generated from the referrals with UID and the reached with PID	Monthly	Direct: TI Counselor, M&E, PM, Monitoring: PO TI TSU
	h) This individual tracking and reconcilation of ICTC and TI CMIS/SIMS data should be done by DAPCU every month during review meeting between TI / ICTC and in states with no DAPCU, this has to be done by SACS BSD / SACS TI / PO-TSU in the 1st week of every month	Monthly	Direct: Dist ICTC Sup, DAPCU, Monitoring: PO TI TSU, SACS TI, SACS BSD
	i) SACS /TSU officers to participate in district level review meetings at least once in quarter every district	Quarterly	SACS BSD / SACS TI / TSU
	j) After the district level review meetings, a state level coordination meeting between SACS BSD / SACS TI / SACS TSU has to be conducted in 2nd week of every month	Monthly	Direct: SACS BSD / SACS TI / TSU / Monitoring: APD/PD SACS
	k) After due verification by at SACS, TI and BSD to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	SACS BSD / SACS TI
	k) SACS BSD / TI / TSU to plan visits to ICTC / TI based on problem districts / facilities identified every month for hand-holding and mentoring	Monthly	Direct: SACS BSD / SACS TI / TSU Monitoring: APD /PD SACS
	l) The SACS BSD / TI / TSU should analyze the positivity yield out of the referrals made by TI as compared to prevelance rates for the individual typology / state average and focussed visits to the low yielding districts / facilities should be made to find out the reasons and provide solutions	Monthly	

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

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

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

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Indicators	Recommended Action - Supply Chain Management	Timeline	Person Responsible
	Reciept of Supplies by SACS		
	a) Keep storage space available for reciept of supplies 1 week prior to schedule date for arrival of supplies	Ongoing	Direct: SACS BSD, Store Officer Monitoring: APD / PD SACS
	b) Recieve stocks on the same day as arrival of supplies and store in walk in coolers	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	c) Physical verification of stock and cold chain status before issuing CRCs	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	d) CRC should be issued within 7 days of reciept of supplies	Every supply	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS
	e) Dispatch plan should be made ready by programme division 1 week prior to reciept of supplies	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	f) Dispatch plan should be based on pattern of consumption for last 3 months for the said commodity	Every supply	Direct: SACS BSD, Quality Manager Monitoring: APD / PD SACS
	Dispatch of supplies		
	a) Option 1: Supplies should be made to ICTCs through cold chain vehicle in collaboration with the general health system	Ongoing	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD, PD SACS
	b) Option 2: Supplies should be made to ICTCs through physical collection by ICTC staff while attending review meetings using cold boxes		
	c) Option 3: Hiring of cold chain vehicle / courier to dispatch supplies directly to ICTCs		
	d) Regional / District level walk in coolers to be used for storing stocks for the respective region and further distribution should be made to the linked ICTCs by using health system cold chain vehicle or physical pick up by ICTC staff using cold boxes		
	e) As far as possible dispatch should be done once in a quarter only and dispatch should be linked with dispacth 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**		
Supply Chain Management	**Physical Verification and Reporting**		
	a) MO-ICTC to physically verify stocks daily and countersign in stock register	Daily	MO-ICTC, ICTC LT
	b) All supervisory cadres during field visits to facilities to physically verify stocks at ICTCs for all commodities and coutnersign to stock register	Ongoing	DAPCU, Dist ICTC Sup, TO-SRL, SACS BSD
	a) ICTC LTs to physically verify stocks available, stock register, lab register for tests performed and then prepare monthly CMIS/SIMS report for lab component of ICTC	Monthly	ICTC LT, MO-ICTC
	c) TO-SRLs and District ICTC Superciosrs / DAPCU to physically verify stocks for all commodities at ICTCs during supervisory visits	Monthly	TO-SRLs, Dist ICTC Sup/ DAPCU
	d) Variance in tests performed and stock consumption to be analyzed faciltiy wise by DAPCU / ICTC Supervisor and reasons for variance submitted to SACS for necessary action	Monthly	Dist ICTC Sup/ DAPCU
	e) Based on reports from DAPCU / SACS BSD Analysis, if there is more than 10% variance in any centre / facility reported, then visits to facilities reporting variances to be conducted by a team constituted by PD / APD SACS. Appropriate administrative action should be taken by APD/PD SACS based on reports	Ongoing	SACS BSD / SACS CST, APD / PD SACS
	f) Review meeting to be conducted by PD SACS in the 2nd week of every month after facility level information on stock position of all commodities is collected /analyzed	Monthly	PD SACS, BSD, Stores Officer, Quality Manager
	g) During this review meeting, - Assessment of stock positions at Facility level / SACS level stock position for every commodity should be done based on stock available and consumption pattern - Action should be taken if more than permissible variances reported by any facilities - Relocation between districts / facilities, Dispatch plan, Transportation plan should be made - Assessment of near expiry drugs/kits should be made and submitted to NACO if required for relocation to other states, atleast 3 months in advance - If some commodities have expired, then reasons for the same should be analysed and administrative actions taken if required	Monthly	Direct: PD / APD SACS
	h) Facility level / SACS level stock position for every commodity should be reported to NACO by the 15th of every month.	Monthly	Direct: SACS BSD, Quality Manager, Store Officer Monitoring: APD / PD SACS

Indicators	Recommended Action - PPTCT	Timeline	Person Responsible
Linkage of Pregnant women with ART centre and follow-up	a) Maintainance of PPTCT Line list by ICTCs	Monthly	ICTC counsellor
	b) Sharing of line list with concerned ART centre/s by email every 15 days	Every 15 days	ICTC Counselor
	c) Obtaining feedback of triplicate referral and Line list by concerned ART centre / s every 15 days	Every 15 days	
	c) Compilation of line list at the ICTC level by Counselor at 15 days and at the end of the month	Every 15 days	ICTC Counselor / ART Counselor
	d) Sharing completed / compiled line list with full details to DAPCU / SACS BSD	Monthly	ICTC Counselor/ DPM/DIS/District Nodal Officer
	e) Monthly meeting between ICTC and concerned ART centre and other stakeholder/NRHM at district / regional level to be conducted in 1st week of every month for cross verifying data	Monthly	
	f) After the monthly meeting, DAPCU to analyze and share completed line list with SACS BSD every month by 10th	Monthly	DAPCU, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors
	g) SACS officers to participate in district level review meetings at least once in quarter every district	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	i) SACS inter-divisional meeting with CST to by conducted in the 2nd week of every month after analysis of data.	Quarterly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	j) BSD at SACS to share analyzed / verified / completed line list with NACO by 15th of every month	Monthly	Direct: SACS BSD, CST Monitoring: PD/APD SACS
	Co-location of Testing sites (ICTC-2) and Obs& Gynae OPD . It should be operatinally co-located, with system of a single prick for HIV testing and other ANC blood tests, common registration for ANC check-ups & HIV testing.	3rd qtr	SACS BSD
	Review at SACS level, identification of priority districts/sites and specific action plan	Quarterly basis	PD SACS, APD, JD (BSD), Consultant PPTCT, DD/AD (BSD/CST),JD (M&E), RC (CST)
Roll-out of Multi drug regimen (Applicable Only where the new regimen program is rolled out by NACO)	Induction training for All NACP-NRHM functionaries involved in PPTCT service delivery and program monitoring	As per roll-out plan	PD SACS), APD (SACS), JD (BSD), Consultant PPTCT, DD/AD (BSD/CST),JD (M&E), RC (CST)
	Refresher training for service providers as well out reach worker involved in PPTCT client follow-up under NACP & NRHM	From second year of roll out	
	On-going sensitization during monthly meeting	On going	DPM/Distric Nodal Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	Inclusion of PPTCT new regimen component under basic training module for counsellor/SN/MO in NACP & NRHM and ILFS ORWs	In process	DDG (BSD) , NPO (PPTCT), PO (Counelling) , 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/Distric Nodal Officer for HIV, counsellor at ICTC and ART centre, MO at ART centre
	Out-reach and Client tracking	On-going	ART centre MO/counsellor and ICTC counsellor/ILFS ORWs

Annexure IV

8. Total Budget for STI/RTI services for APSACS FY 2013-14

1.4	Sexually Transmitted Infection/ Reproductive tract infection Services					
S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Units	Items/ Activities	Allocation (Rs. In Lakhs)
						Pool Fund
1.4.1	Establishment of New Facilities (One Time Grant)	One time cost	1,50,000	no of centres	Minor Refurbishment for Audiovisual privacy, Computer	0
1.4.2	Salary of Counselor	Fixed	11000 per month per centre	no. of counsellor	Counselor salary	138.6
1.4.3	Training	Recurring	35000 per centre & 10000 per district for PPP doctors	no. of DSRC and no of districts	Training of trainers, Induction or Refresher training for DSRC service providers, TI STI doctors as per operational guidelines	39.05
1.4.4	Procurement	Recurring	25000 per centre	no. of DSRC	Consumables as per list in operational guidelines, Printing of registers and IEC material, Job aids, Contingency, Internet, AMC	26.25
1.4.5	Supportive Supervision and review meeting	Recurring	20000 per centre	no. of DSRC and no. of districts	TA/DA/ documentation and communication cost to supervisory team, review meetings, TA/DA for outreach by DSRC counselors	21
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)	22.98
1.4.8	State Reference Centres	Recurring				
1.4	Sexually Transmitted Disease / Infections Services (Total Allocation)					247.88

1.4.a	Physical Targets to the State under the STI/RTI services	
1	STI/RTI episodes to be managed by Designated STI clinics	335921
2	STI/RTI episodes to be managed by TI-NGOs	114913
3	STI/RTI episodes to be managed by Private sector	29053
4	Total target of STI/RTI episodes for SACS	479887
5	STI/RTI episodes to be managed by NRHM	479887

1.4.b	STI/RTI facilities	Existing No.		Proposed new during FY 2012-13	
1	Designated STI/RTI Clinics	105		0	105
2	TI STI providers	316			316
3	sector	34			34
4	NRHM health facilities upto PHC	1739			1739
5	PPP ICTC	264		0	264
6	Regional STI Centres	1			1
7	State Reference Centres	4			4

1.4.c	Commodity Assistance provided by GOI to the State	
1	Colour coded drug kits for Designated STI clinics and TI NGO	156500
2	RPR Test kits of 100 tests per kit	10000

Process Indicators 2013-14

Name of State: Andhra Pradesh

Sr	Issues	Recommended course of Action	Person Responsible	Timelines
1	Low Physical Target	1. Orient out reach team on exploring STI symptoms and mobilizing the HRG community for clinical services. 2. Establish good linkages with Gyne and obs clinic, ICTC , DSRC . Counsellor to do weekly outreach and mobilize HRG to avail services from DSRC/ICTC. 2. Ensure collocation of facilities so that there is minimum loss for treatment and testing. 3. All patients to be tracked for Syphilis and HIV testing. 4. All DSRC to report on STI in CMIS/SMIS .	Counsellor of STI Clinic, Incharge of DSRC, DD STI and PO Sti	Ongoing
2	Parterning with Private Sector	1. All PSU and leading private sector to be enlisted in all the districts. At least 22 units to be identified and enlisted. 2. Meeting with State focal person of the PSU. 3. The doctors for STI to be trained 4.All facility to report in SIMS format	DD STI, PO STI and State PSU Focal Person	Enlisting of PSU to be completed by March 30 2013. Training to be completed by July 2013
3	Training	Training plan to be made and shared with other division. All participants to be informed in advance about venue and dates of training. All Training to be completed by first quarter.	DD STI and PO STI and STI Resource Faculties	Incomplete training of current year to be finished by 15th March. Training for 2013-14 to be completed by June 2013.
4	Supportive Supervision	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. Relocate the excess drug kits to NRHM to ensure their utilization and take back the drugs once NRHM supplies arrives.	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 Proiders. DD and Po STI.	Ongoing
7	Vacancy	Offer Letter to be sent and counsellor to be placed at earliest. AD STI and PO STI posts to be filled.	DD STI and PD SACS	By June 2013
8	NRHM Convergenc	1.Monthly coordination meeting with State RCH officer. 2. Training details to be obtained from RCH officers and trining of atelast 1 MO to be done. 3. Joint review of programme to be done at least once a quarter.	DD STI, PO STI State RCH officer	One joint meeting once a quarter
9	Regional Centre	Linkages with all TI NGOs, other Public Health facilities in the area, PHC attached to medical college, private sector facilities which has good case load are to be established for either sample or patient referral. The utilization of centre should enhance to 12000 samples from current 6000 samples per anum. should initiate the OR activity after getting all the approvals. every month SACS to review the centre's performance.	DD STI, PO-STI, all the four Nodal Officers of RSTRL	Monthly review meetings

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Annexure-V

BLOOD SAFETY AAP 2013-14

State: AP

1.5 Blood Safety

S.No.	Sub-Component	Cost Head	Unit cost in Lakh	Items/ Activities	Acheivement (2010-Target	Acheivement	Targets: Existing as 1st January 2013	Targets: New for 2013-14	Allocation (Rs. In Lakhs) DBS
1.5.1	**Modernisation of Blood Bank (Recurring Cost)**								
1.5.1.1	Model Blood Banks	Consumables	4.76	Glasswares, plastic wares, instruments, chemicals and emergency medicines			2		9.5
		Salary	6.24	Salary of 1 LT, 1 Counsellor, Lab Attendent, Security, Housekeeping, Data Entry Operator			2		12.4
1.5.1.2	MBB with BCSU	Consumables	4.00	Glasswares, plastic wares, instruments, chemicals and emergency medicines			10	10	8
		Salary	2.4	Salary of 1 LT & 1 Counsellor			10	10	4
1.5.1.3	MBB Without BCSU	Consumables	0.75	Glasswares, plastic wares, instruments, chemicals and emergency medicines			15	-3	
		Salary	2.4	Salary of 1 LT & 1 Counsellor			15	-3	28.8
1.5.1.4	DLBB	Consumables	0.31	Glasswares, plastic wares, instruments, chemicals and emergency medicines			85	-7	24.18
		Salary	1.2	Salary of 1 LT			85	-7	93.6
1.5.1.5	RBTC	Consumables	0	NIL			12		
		Salary	2.4	Salary of 2 LT			12		28.8
1.5.1.6	Blood Storage Centers	Consumables	0	Glasswares, plastic wares, Reagents and chemicals					
		Salary	0	NIL					
1.5.1.7	Blood Transportation Vans	Salary	1.44	Salary of 1 Driver & 1 Attendent			20		28.8
1.5.1.8	Maintenance of BT Vans in form of POL for logistics	Recurring	0.7				20		14
1.5.1.9	Blood Mobile	Recurring	6	Salary for 1 Driver, Attendant, 1 Cleaner, Expenditure for Diesel and Contigency			2		12
1.5.2	**Training**	Recurring	0.35	Training of one BB-MO, two LT, one Nurses per NACO supported Blood Bank, One BSC-MO & One BSC LT, Clinicians on rational use of blood, Training of Donor Motivators			112		39.2
1.5.3	**Supportive Supervision**	Recurring	0.1	TA/DA for visit to the NACO supported blood banks, Monitoring visits to VBD camps, Core Committee supervisory visits			112		11.2
1.5.4	**Procurement**								0
1.5.4.1	Equipments for new BCSU	Non-recurring	18	List of Equipments as per NACO guidelines			0		0
1.5.4.2	Grants for AMC and Calibration	Recurring	Actuals	AMC/ CMC and calibration of essential blood bank equipments supplied by NACO					35
1.5.5	**Grant for SBTC**								0
1.5.5.1	Voluntary Blood Donation Camps	Recurring	0.025	Hiring of Vehicle, Printing of banner, POL, TA/DA to staff				2880	72
1.5.5.2	Observance of Blood Donation Days	Recurring	Actuals	Advertisement, state level and district level activities for 12th January, 14th June and 1st October					17.7
1.5.5.3	Development of IEC material	Recurring	0.1	Design, development, translation and replication of IEC material for promotion of Voluntary blood donation including thank you cards, certificates of appreciation, pins, badges,hoardings			112		11.2
1.5.5.4	Donor Refreshment	Recurring	0.00025	Provision of post donation refreshment to blood donors				480000	120

-30- Annexure VI

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

STATE- Andhra Pradesh

Total No. of District	Phase1	Phase 2		Lead Agency
19	3		16	ChildFund India

1. SACS

Item	Description	Unit Cost per annum	Number	Allocation	Remarks
1.1 NGO Evaluation - Phase I Districts	Evaluation of NGO	178800	1	178800	
Sub Total 1				178800	

2. LEAD AGENCY

Item	Description	Unit Cost	Number	Allocation	Remarks
2.1 Salary Cost	Salary Cost(2 Project officer, 1 Training officer, 1M&E Officer, 1 Accounts Officer)	1164000	1	1164000	
2.2 Administrative cost	Admin	120000	1	120000	
2.3 Travel	Travel of po 20 days (2 POs) TO- 4 days M&E-4 days Acoounts 4 days -4 days- total 32 days per month	384000	1	384000	
2.3 One time Cost		202000	0	0	
2.4 M&E Cost		300000	1	300000	
2.5Training Cost	Module-1	31750	0	0	
	Module-2	31750	0	0	
	Refresher	20460	19	388740	
Sub Total II				2,356,740.00	

3. DISTRICT IMPLEMENTING AGENCY

Item	Description	Unit Cost per annum	Number	Allocation	Remarks
3.1 Salary Cost	(2 DRPs, 1 M&E cum Accounts Officer, 4 Supervisors&40 Link Workers)	1,602,000	19	30438000	
3.2 Administrative cost		468000	19	8892000	
3.3 One time Cost		205500	0	0	
3.4. Community Outreach		57875	19	1099625	
3.5. Mid Media		300000	19	5700000	
3.6 Training Cost	Module-1	176250	0	0	
	Module-2	176250	0	0	
	Refresher	113750	19	2161250	
	Volunteers training	39250	0	0	
3.7 Mapping		80,000	0	0	
Sub Total III				48,290,875.00	
GRAND TOTAL					50,826,415.00

4. PHYSICAL TARGETS

Indicators	Targets 2013-14(to be achieved till August 2013)	Remarks
4.1 Number of District Implementing Link Worker Scheme	19	
4.2. Total Number of DRPs recruited (?)	38	
4.3. No of Link Workers Recruited(40)	760	
4.4. % of HRG Population covered	85% of SNA	
4.5. % of Vulnerable poulation covered	85% of SNA	Vulnerable+Bridge population
4.6. % of PLHIVs covered	85% of SNA	
4.7. % of HRG referred to ICTC	80% of SNA	
4.8. % of HRG tested for HIV	80% of SNA	
4.9. % of HRG referred for STI	80% of SNA	
4.10. Number of Village Information Centre formed (100/dist)	1900	
4.11. Number of Red Ribbion Clubs formed(50 per Dist)	950	
4.12 Number of Condom Depots established(100 per Dist)	1900	
4.13 Village volunteers	19000	

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

Name of State: .....Andhra Pradesh — CST Component

Sr No	Name of Division	Physical Indicators					Financial Indicators			Comments
		Baseline	Target 2012-13	Achievement till Dec 2012-13	%	Proposed 2013-14	Target 2012-13	Achievement till Dec 2012-13	Proposed 2013-14	
1	**Establishment of ART Centres**									
i	**ART Centres (Cumulative)**	**45**	**51**	**51**	**100%**	**6**				
a	Setting up of new ART Cenbtres		6	6	100%	6	27.00	14.25	27.00	
	Infrastructure development for CD4 machines	37	0	0		9			9.00	
b	Recurring Cost						723.00	648.78	853.75	
c	Setting up ART Centres under PPP									No budgetary implications on NACO
	Corportae Sector			2		10				
	PSU									
d	Co-location of ICTC & ART Centres			2/14(Medical colleges)+4/14(DH)+3/20 (AH/CHC)		4(Medical colleges)+11(DH)+ 13(AH/CHC)				
ii	**Link ART Centres (Cumulative)**	**89**	**115**	**101**	**88%**	**100**				
a	One -time cost for infrastructure development		18	16	89%	100	2.70	31.73	15.00	8 from previous year to be made functional. All CHCs to be covered with LACS in 2 years time
b	Rec.- for TA/DA & oper. Costs, Stationery etc.		109	101	93%	100	37.04		60.10	
iii	**LAC Plus** - HR for LAC Plus	47	17	1	6%	3	61.44	21.53	57.12	Recruiment should be done during 1st quarter
iv	**CoE**	1	0	0						
a	Recurring cost						23.42	8.90	23.42	
v	**PCoE**	1	0	0						
	Recurring cost						21.20	6.48	21.20	
2	**Training**									
	As per training plan for ART/ LAC staff						51.00	16.42	31.50	As per training plan ,based on prescribed curriculum
	Sensitisation of Private practioners on rational prescription of ART					300				No of private providers practising ART needs to be worked out
	Sensitisation of HCP on UWP/PEP					1150				1Batch/district (50*23)
3	**OI Treatment (inc CPT)**									
	OI episodes treated	49114	100000	33042		100000	120.00	97.07	100.00	including CPT for 10000 patients . Efforts should be made to make OI drugs available through health systems. OI drugs to be procure as per submitted procurement plan
4	**Operational Cost for SACS**									
	SCM of ARV drugs: Drug						10.00	10.00	10.00	
	Printing of registers, formats &						25.50	18.29	27.00	To be done by Sep 2013
	Remuneration & TA/DA of	2				0	22.00	13.30	22.00	
	Total Funds						**1801.28**	**1245.19**	**1257.09**	

5	**Coverage and Linkage Targets**						
a	PLHIV Registered in HIV care (cumulative)	377317	475000	420148	88%	525000	100 % registration for pregnant women, 100% registration for HIV -TB coinfected . 85% for general clients. Detection from Apr-Dec 2012 has been 43708. considering the same trends target has been fixed for new detection & backlog which is not known. Therefore additional target of 50000 registarion has been set up
b	PLHIV alive & on ART(cumulative)	113106	160000	129410	81%	175000	100 % of those registered should undergo baseline CD4 testing. 100% of those eligible to be initiated on ART. By March 2013, 135000 PLHIV will be on ART. There has been increase of nearly 1900 patients per month on ART during 12-13 . accordingly additional target of 15000 during the year has been set.
c	OI episodes treated (annual)	49114	100000	33042	33%	100000	The target is based on reporting during last year. However there ois need to improve reporting . Efforts should be made to get OI drugs from Health systems. OI drugs should be included in state list of Essential medicines
d	CD4Testing (annual)	255085	480000	201267	42%	504699	2 tests /year for all PLHIV in care> However Kits will be provided based on consumption pattern

Processes for implementation of 2013-14 activities

ANDHRA PRADESH

Baseline: 1st April'2013

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

		Progress of Activities to be reported to NACO every month	SACS CST (JD), SACS BSD	Monthly
3.	Setting up PPP model ART centre	New model to be developed for PPP	NACO ADG CST, JD CST, RC	April (first fortnight)
		Enlisting of potential partners	NACO CST, JD CST, RC	Already done in AAP
		Meeting with industries associations, corporate, PSU execuitves and health facility representatives	JD CST & RC	May'13(Second Fortnight)
		MOUs	PD SACS	June'13(Second Fortnight)
		Operationalization- • Setting up of facilities • Training at CoE	• Provider of facility, Overseen by RC • Nodal Officer CoE	July'13(Second Fortnight)
4.	ICTC-ART Linkages	Receiving line list from concerned ICTC by e-mail	ART centre counsellor	Every 15 days
		Sending feedback to ICTC centre by ART centre	ART centre counsellor	Every 15 days
		Monthly meeting between ICTC and concerned ART at district / regional level to be conducted for verifying data	DAPCU to co-ordinate, Dist ICTC Sup, MO-ART, ART Counselor, all concerned ICTC Counselors	1st week of every month
		SACS inter-divisional meeting with CST and BSD to by conducted every month after data analysis by BSD division of SACS	SACS CST, BSD	2nd week of every month
		Due verification of data sent by ART centres to ICTCs by CST at SACS	SACS CST	Monthly
		District level review meetings to be held at least once in a quarter	SACS CST, BSD	Quarterly
		SACS CST/ BSD to plan visits to ICTC / ART based on problem districts / facilities identified every month for hand-holding and mentoring	SACS CST, BSD	Monthly
		ART centres with poor feedback to ICTCs to be identified and focused visits conducted to evaluate reasons for the same. Solutions to be provided.	RC RC, SMO/ MO - ART	Quarterly
5.	Gap in those eligible & initiated on ART	Emphasis on adequate and regular counseling, both for checkups/ follow ups with investigations and ART preparedness	ART centre Counsellor	Ongoing
		Preparation of line list of patients eligible for ART but not started on it to be followed on phone & outreach visits	Line list prepared by Counsellor, Phone calls by Care Co-ordinator, passed on to ORW at CCC	Ongoing
		Analyse reasons for the gap in performance of the ART Centre and to be investigated for further follow up during quarterly ART centre review meeting	RC, JD CST	Quarterly

		Mentoring and Monitoring visits by SACS CST officials /RC to ARTC centres with high gaps	SACS CST, RC	Quarterly
6.	Training of Health care providers in UWP & PEP	Number to be identified for never trained, refresher training and type of health care provider	SACS CST, RC	May 2013 (second fortnight)
		Number of batches to be trained to be finalized once total numbers are identified	SACS CST (JD), RC	June
		Curriculum to be standardized	NACO CST	May (first fortnight)
		Training of Health care providers	ART Nodal Officer & SMO, Co-ordinated by SACS CST	Once every Quarter
7.	Training of private providers on National ART regimen			
		Number of private providers to be identified	SACS CST, RC, DAPCU	May'13(Second Fortnight)
		Target for 2013-14 = 300 (10 - 15 PPs / district)	DAPCU, JD CST	2nd Quarter
		Modalities to be worked by SACS on logistics of training & involvement of IMA& or other professional organizations	SACS CST, RC, DAPCU	July
		Master trainers to be identified & trained in each state	SACS CST, CoE	July
8.	SCM	**Forecasting -**		
		Requirement of drugs and CD4 kits for next FY to be assessed based on previous consumption, rise in number of patients in current year (and thus expected rise in next FY) and assessed previous backlog	RC, JD CST, APD, PD	3rd Quarter
		Above assessment to be done based both drug wise and ART centre wise		
		Send above information to ADG CST by January		January
		Storage Space-		
		Quantify amount of storage space required	Store Officer	April
		Identify current storage options – rental, possible NRHM warehouse, common facility storage	RC, JD CST	April
		Negotiate with health facility/ NRHM officials for common storage	JD CST, APD, PD, RC	May/ June
		Keep storage space available for reciept 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 reciept of supplies	Store Officer	Ongoing
		Dispatch plan should be made ready by programme division 1 week prior to reciept of supplies	SACS CST	Ongoing
		Dispatch plan should be based on pattern of consumption for last 3 months	SACS CST	Ongoing
		Transportation – Most cost effective and efficient means of transportation to be adopted		

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

Annexure. VIII

Name of Stare: Andhra Pradesh

Operational Epenses for 2013-14

Rs. In lakhs

	Activities	AAP for 2012-13 (a)	Expenditure upto 28-1-13 (b)	Projected Expenditure from 29.01.2013 to 31st March 2013,	Total expenditure after Projection upto 31.03.2013	Projected Budget for 2013-14	Recommended
1	Office Equipment	4.00	0.00	4.00	4.00	8.81	200000
2	Furniture & Fixtures	0.00	0.00	0.00	0.00	0.25	25000
3	Equipment Maintenance under IS	6.00	5.46	0.54	6.00	6.61	600000
4	Building Maintenance under IS	1.00	0.28	1.22	1.50	2.00	200000
5	Vehicle Maintenance under IS	10.00	8.52	2.98	11.50	13.23	1100000
6	Travelling Expenses	25.00	25.46	0.00	25.46	28.01	2800000
7	Rent, Rates & Taxes	12.00	11.01	5.79	16.80	13.33	1320000
8	Telephone/Communication Expenses	12.00	9.09	2.91	12.30	13.50	1350000
9	Bank Charges	0.00	0.05	-0.05	0.00	0.00	0
10	Miscellaneous Expenses	4.00	2.51	1.49	4.00	4.00	400000
11	Printing & Stationery	6.00	2.29	4.71	7.00	7.00	700000
12	Advertisement (Other than IEC)	1.00	0.32	0.68	1.00	1.00	100000
13	Water and Electricity Charges	10.00	8.19	3.11	11.30	12.00	1200000
14	Audit Fees	10.00	9.72	0.28	10.00	13.00	600000
15	Legal Expenses	0.00	0.00	0.00	0.00	0.00	
16	Postage/Courier	2.00	0.41	1.59	2.00	2.00	200000
17	Transportation cost						4620300
18	Training/ Review meeting of DAPCU Staff	4.00	1.30	2.70	4.00	4.00	200000
		107.00	**84.61**	**31.95**	**116.86**	**128.73**	**15615300.00**

3 DAPCU

1. Administrative Cost **Andhra Pradesh**

S.No.	Name of the position	Type of Position		Salary drawn in Dec 2012	Increment	Total Salary per month per staff	Yearly salary for 2013-14
		Contractual	No. of DAPCUs				
1	District Programme Manager	Contractual		28000	1500	29500	8142000
2	M & E Assistant	Contractual	23	12000	1250	13250	3657000
3	Accountant	Contractual	23	12000	1250	13250	3657000
4	Programme Assistant	Contractual	23	10450	1250	11700	3229200
	Total (For 23 Districts)					**67700**	**18685200**

b. Operation Cost (DAPCU) 23

	Head	Unit cost	Yeraly cost	No. of DAPCUs	Total Cost for 2013-14
1	Communication expenses	3300	39600	23	910800
2	Stationery	2750	33000	23	759000
3	Postage	1100	13200	23	303600
4	Travel	22000	264000	23	6072000
5	Contigency	2200	26400	23	607200
	Total	**31350**	**376200**	**23**	**8652600**

Grand Total		2012-13	SACS	naco
Salary of SACS		302.50	321.39	321.39
Operational Cost of SACS		107.00	128.73	156.15
Salary of DAPCU		163.81	186.85	186.85
Operational Cost of DAPCU		78.66	86.53	86.53
Grand Total		**651.97**	**723.50**	**750.92**

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

SL .No.	Budget Head(Discripation)	Sub-Head (Discripation)		Duration	Unit cost (Rs)	No. of persons to be trained	Estimated budget	CPFMS Head	Time line			
									Q1	Q2	Q3	Q4
1	Training*	a. SIMS Induction/Refresher training	BB ' NACO	1 day	2500	240	600,000	M&E-Trainings				
			CCC		2500	34	85,000					
			ICTC		2500	500	1,250,000					
			FI ICTC		2500	1800	4,500,000					
			TI		2500	175	437,500					
			DSRC		2500	105	262,500					
			DIC		2500	23	57,500					
			Total			2877	7,192,500					
		b. Other Trainings(DQA/DAPCU M&E review cum training - 4)		1 day	2500	23	230,000	M&E-Review meetings/workshops				
2	Reports publication (Surveillence, estimations report and SIMS report)						400,000	M&E-Printing of reports & bullettin				
3	Monitoring & Supervision visits (10 days/month)#			10 days per month				To be Booked under "IS" in appropriate head				
4	HIV Sentinel Surveillance**						2,631,000	Surveillance:Honorarium to sentinel site personnel, Surveillance -Honorarium to testing lab personnel, Surveillance -Supervision and field visits at SACS, Surveillance -Other Contigencies				
Total Budget							10,453,500					

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.

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

SL .No.	Budget Head(Discripation)	Sub-Head (Discripation)		Unit cost (Rs)	No. of persons to be trained	Estimated budget
1	Training*	a. SIMS Induction/Refresher training	BB ' NACO	2500	240	**600,000**
			CCC	2500	34	**85,000**
			ICTC	2500	500	**1,250,000**
			FI ICTC	2500	1800	**4,500,000**
			TI	2500	175	**437,500**
			DSRC	2500	105	**262,500**
			DIC	2500	23	**57,500**
			Total		2877	**7,192,500**
		b. Other Trainings(DQA/DAPCU M&E review cum training - 4)		2500	23	**230,000**
2	Reports publication (Surveillence, estimations report and SIMS report)					**400,000**
3	Monitoring & Supervision visits (10 days/month)#					
4	HIV Sentinel Surveillance**					**2,631,000**
Total Budget						**10,453,500**

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.

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

Name of State: Andhra Pradesh

Blood safety Facilities and Targets AAP 2013-14

1	Establishment of facilities / interventions	NACO support for existing in 2012-13*	NACO support for new in 2013-14*	Proposed facilities 2013-14
a	Total Blood Banks			244
b	NACO Supported Blood Banks	112	0	112
b1	Model Blood Bank	2	0	2
b2	Major with BCSU	10	10	20
b3	Major without BCSU	15	-3	12
b4	District Level Blood Bank	85	-7	78
c	RBTC	12	0	12
d	Blood Mobile Van	2	0	2
e	Blood Transportation Van	20	0	20
f	SBTC	1	0	1

2	Blood Collection	Proposed target 2013-14
a	Total Collection for the state	800000
a1	NACO supported blood collection	480000
b	Percentage VBD for NACO supported BB	90%
c	Voluntary Blood Collection in NACO supported BB	432000
c1	Through Static	198000
c2	Through Camps	216000
c3	Through Blood Mobile Vans	18000
d	No of Camps to be conducted	2880
d1	Camp Collection	75 units

3	Component Separation	Proposed target 2013-14
a	Blood collection in NACO supported BCSU	384000
b	Percentage component separation in NACO supported BCSU	60%

4	Training	Proposed target 2013-14
a	Training of BBO	112
b	Training of Staff Nurse	112
c	Training of LTs	224
d	Training of Donor Motivators	1800
e	Training of surgeons, gynaecologist, critical care physicians on rational blood use	1320
f	Blood Bank counselor	34

5	Supervision, Monitoring and Evaluation	Proposed target 2013-14
a	Field visits to be conducted	112
b	Review meetings to be conducted	4

6	EQAS			
a	NRL			1
b	SRL			5

** Provisionof 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*

3 MBB and 7 DLBB to be upgraded to BCSU

1.5.5.5	Salary of Staff	Fixed	2.88	Salary for one Junior accountant and one Office assistant as per NACO norms				1	2.
1.5.6	**External Quality Assurance**								
1.5.6.1	NRL		6.54				0		
1.5.6.2	SRL		4.44				10		4
1.5.7	**Any Other Activity**								
	contigency*								
1.5	**Blood Safety (Sub Total)**								
1.5	**Blood Safety (Allocation)**								**747.**

***Increment as per NACO norms**

Total licensed blood banks in the state	244
Blood banks supported by NACO	112
Target for Total Collection	800000
Target for NACO supported blood banks	480000
Target for VBD	90%
VBD Camps	2880
% Component prepared by NACO supported BCSU	60%
Commodity Items to be provided by NACO	
Blood bags	in lakhs
Single	
Double 350 ml	
Double 450 ml	
Triple 350 ml	
Triple 450 ml	
Quadruple 350 ml	
Quadraple 450 ml	
Testing Kits	in lakh tests
HIV ELISA	
HIV Rapid	
HCV ELISA	
HCV Rapid	
HBV ELISA	
HBV Rapid	
TPHA /RPR	

Process Indicators for Blood Safety 2013-14

S No.	Indicator and Recommended course of Action	Timelines	Person Responsible
1	Inclusion of Blood Banks under NACO support		
	Identification of facilities which meet the norms for NACO support as BCSU, MBB, DLBB.	By April 2013	JD BS SACS
	Review of existing facilities already under NACO support as BCSU, MBB, DLBB as to whether they meet the norms for NACO support	By April 2013	JD BS SACS
	Constitution and notification of core committee	By first week April 2013	JD BS SACS, Quality Manager
	Scheduling of core committee inspection visits	By April 2013	JD BS SACS, Quality Manager
	Sending proposal to NACO for approval of inclusion/ exclusion of facility under NACO support based on core committee recommendation	Within first quarter	JD BS SACS
	Communication of letter of approval of NACO support to SACS	Within first quarter	NACO Blood Safety division
	Recruitment of manpower as per pattern of assistance	Within first quarter	JD BS SACS, Admin division SACS
	Deputation of staff for training and provision of kits, consumables and other support as per pattern of assistance	Within first quarter	JD BS SACS
2	Regular reporting in SIMS		
	Need assessment for computers in NACO supported blood banks	By April 2013	JD BS SACS, M&EO SACS
	Procurement and supply of computers of appropriate configuration for NACO supported blood banks	Within first quarter	JD BS SACS, Procurement division SACS
	Registration and regular reporting of NACO supported blood banks in SIMS	All units to be registered within first quarter, Monthly reporting by 5th of each month	JD BS SACS, M&EO SACS
	Registration and regular reporting of non NACO supported blood banks in SIMS	All units to be registered by September 2013. Monthly reporting by the 5th of each month	JD BS SACS, M&EO SACS
	Quarterly analysis of SIMS report from blood banks	July, October, January and April	JD BS SACS, M&EO SACS
	Communication of feedback on correctness of data to concerned blood banks	By the end of first month of the quarter	JD BS SACS
3	Blood Requirement and Collection		
	District wise mapping of licensed and NACO supported blood banks in state	By April 2013	JD BS SACS
	District wise mapping of the estimated numbers of hospital beds in primary, secondary and tertiary health care facilities	By April 2013	JD BS SACS
	Estimation of blood demand of the state based on population norms and rationalizing the same according to bed strength	By April 2013	JD BS SACS
	Giving targets to NACO supported blood banks to meet atleast 60% of total requirement of the region being catered by them	By April 2013	JD BS SACS
4	Voluntary Blood Donation		
	Conduction of voluntary blood donation camps as per need of the NACO supported blood banks	Ongoing	VBD consultant SACS
	Identification and retention of cohort of donor motivators among the youth through Red Ribbon Clubs, NSS, corporate work places	Ongoing	VBD consultant SACS
	Conduction of trainings on blood donor motivation for blood bank counselors	Ongoing	VBD consultant SACS
	Creating blood bank wise database of repeat voluntary blood donors classified according to blood groups	Ongoing	Counselor at blood banks
	Stepping up static voluntary blood donation by holding fortnightly/ monthly blood donation day or alternate innovative strategies	Every month	Counselor at blood banks
	Counselor in Blood Bank to send reminders to the repeat donors	Every month	Counselor at blood banks
	Observance of VBD days on 14th June and 1st October through release of advertisement and conduction of state/ blood bank level programmes	May, June and September, October 2013	JD BS, Director SBTC, VBD consultant, IEC division SACS
	Development and replication of IEC material pertaining to promotion of voluntary blood donation	Within first quarter	VBD consultant SACS, IEC division SACS
5	Optimum utilization of Blood Mobile		
	Organize quarterly meeting of incharges of Model Blood Bank and RBTC incharges/ counselors	In beginning of every quarter	Incharge Model Blood bank, JD BS SACS,Director SBTC
	Preparation and submission of quarterly route plan for the blood mobile	In beginning of every quarter	Incharge Model Blood bank

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

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

Annexure-VI

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

State: Andhra Pradesh

I. Grant-in-aid to SACS

S.No.	Sub-component	Cost Head	Unit Cost (Rs. Lakh)	Items/Activities	2012-13 Target	2012-13 Achievement	2012-13 Financial allocation	2012-13 Expenditure as on 21st Jan 2013	2013-14 Existing on 1.4.13	2013-14 Proposed	2013-14 Allocation Rs. Lakh	Remarks
2.1.1	GIA for ART Centres	Recurring	For Low load centres-13.5, medium load-15, high load-17	Salary	45	6	614.25	592	51	6	803.50	(20+17+14)
2.1.2			0.50	Universal Work Precautions	45	6	23.00	5.33	51	6	27.00	Proposed ART Centres at Madanapalli (Chittoor), Tuni (E.Godawari), Suryapet(Nalgonda), Narsipattam (Vizag), Kanduku (Prakasam), Ilenoor (Warangal)
2.1.3.1			1.50	Operational Costs	45	6	69.00	51.45	51	6	81.00	items for upgradation/replacement/additional requirement for existing ART centers tobe procured out of operational grant of the concerned center
2.1.3.2			0.9 for caliber,0 .5 for count &0.25 for Partec	Operational cost for CD4 testing	38	0	16.75	0	38	0	16.75	
2.1.4.1		Non-recurring	4.5	Renovation, Furnishing, Computer, TV, DVD		6	27.00	14.25		6	27.00	
2.1.4.2			1.00	Infrastructure development installation of CD4 machine		0			51	9	9.00	
2.2.1	GIA to SACS for various activities	Printing	0.50	Registers, formats & Cards, Signages,	45	6	25.50	18.29	51	6	27.00	to be done by Sep 2013
2.2.2		Training	1.00/ART (for states where more trinings are conducted 0.50 in other states	Trg. of MOs, Counselors, Nurses, Pharmacists, Data Managers, LAC staff, Workshops etc.	45	6	51.00	16.42	51	6	31.50	As per training plan for facility staff & private providers
2.2.3		Treatment of OIs	0.002	OI drugs & CPT as per guidleines @ Rs. 200/- episode		97.07	120.00	97.07	51	9	100.00	including CPT for 10000 PLHIV. To be procured as per OI drug procurement plan
2.2.4.1		LAC	0.15	One -time cost for infrastructure development	109	101	2.70	0		100	15.00	8 from previous year to be made functional. All CHCs to be covered with LACS in 2 years time
2.2.4.2			0.378	Rec.- for TA/DA & oper. Costs, Stationery etc.			37.04	31.73	109	100	60.10	
2.2.4.3			0.96	HR for LAC Plus	17	1	61.44	21.53	58	3	57.12	
2.2.5.1		EID	3.84	HR for EID							0.00	
2.2.5.2			1.00	Cost for EID lab (Operational Cost, Infrastructure development)							0.00	
2.2.6		Viral load testing	1.10	Salary of LT							0.00	
2.2.7.1		SCM of ARV drugs	As per requirement	One time cost for refurbishment			10.00	0				
2.2.7.2			Rs 10 lakh for high load states, 5 lakh for mid load & 1 lakh for smaller states	Hiring of space & for drug transfers			10.00	10			10.00	
2.2.7.3		Regional coordinator	9.00	Remuneration & TA/DA			22.00	13.3	2		22.00	
2.2.7.4		PPP	0.25	For contingency & miscellaneous expenditures						10	2.50	
2.3.1	GIA for CoE	Recurring	23.42	Personnel, Research, Training, consumables, TA/DA & Oper. Costs			23.42	8.9	1		23.42	
2.4.1	GIA for PCo	Recurring	21.20	Personnel, Research, Training, consumables, TA/DA & Oper. Costs			21.20	6.48	1		21.20	
	Total GIA to SACS for CST						**1801.28**	**1245.19**			**1334.09**	

II. Programme Targets and Commodity Assistance provided by Govt. of India to the State

.No.	Sub-component-II		2012-13 Target	2012-13 Achievement*	2013-14 Target	Commodity Assistance
2.5.1	PLHA on ART	Registered	475000	420148	525000	100 % registration for pregnant women, 100% registration for HIV -TB coinfected . 85%
2.5.2		Alive & on	160000	129410 * As on Dec; 12	175000	100 % of those registered should undergo baseline CD4 testing. 100% of those eligible to
2.6.1	OI drugs		100000	33042 at ART Centres	100000	50000 in ART centre + 50000 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
2.7.1	CD4 Count Tests	CD-	36	36	5	CD4 machine to be supplied by NACO.
2.7.2		CD4-Kits	480000	201267 as Dec 12	504699	Each PLHA on ART & old registered PLHA require CD4 test every 6 months; all new cases to be tested on registration

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

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