

OPERATIONAL GUIDELINES

DISTRICT AIDS PREVENTION AND CONTROL UNITS (DAPCU)

November 2012



National AIDS Control Organisation

India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India
www.nacoonline.org

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ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
ANC	Ante Natal Clinic/Cases
AMC	Annual Maintenance Contract
ANM	Auxiliary Nurse Midwife
ART	Antiretroviral Therapy
ARV	Anti-Retro Viral
ASHA	Accredited Social Health Activist
AWW	Aaganwadi Worker
CBO	Community Based Organisation
CCC	Community Care Centres
CDC	Centers for Disease Control & Prevention
CEO	Chief Executive Officer
CHC	Community Health Centres
CII	Confederation of Indian Industries
CMHO	Chief Medical and Health Officer
CST	Care, Support and Treatment
DACO	District AIDS Control Officer
DAPCC	District AIDS Prevention & Control Committee
DAPCU	District AIDS Prevention and Control Unit
DBS	Dried Blood Spot
DC	District Collector/ Deputy Commissioner
DIS	District ICTC Supervisor
DH	District Hospital
DHS	District Health Society
DPM	District Program Manager
DSRC	Designated STI/RTI Clinic
DNRT	DAPCU National Resource Team
FSW	Female Sex Worker
HIV	Human Immuno-deficiency Virus
HRG	High Risk Group
HSS	HIV Sentinel Surveillance
ICDS	Integrated Child Development Services
ICT	Integrated Counselling& Testing

ACRONYMS

ICTC	Integrated Counselling& Testing Centre
IDU	Intravenous Drug User
IEC	Information, Education and Communication
LAC	Link ART Centre
LFU	Lost to Follow up
LWS	Link Worker Scheme
M&E	Monitoring & Evaluation
MSM	Men having Sex with Men
MOs	Medical Officers
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NERO	North East Regional Office
NGO	Non-Governmental Organization
NRHM	National Rural Health Mission
OI	Opportunistic Infection
PD	Project Director
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PLHIV	People Living with HIV / AIDS
PPTCT	Prevention of Parent to Child Transmission
PRI	Panchayat Raj Institutions
RCH	Reproductive & Child Health
RNTCP	Revised National TB Control Programme
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
SBS	Social Benefit Schemes
SHG	Self Help Group
SIMU	Strategic Information & Monitoring Unit
SIMS	Strategic Information & Management Systems
SoE	Statement of Expenditure
STI	Sexually Transmitted Infection
TI	Targeted Intervention
TSU	Technical Support Unit
ToR	Terms of Reference

Establishment of DAPCUs

1.1 Background

The National AIDS Control Programme (NACP), launched in 1992, is being implemented as a comprehensive programme for prevention and control of HIV/AIDS epidemic in India. Over time, the focus has been shifted from raising awareness to behaviour change, from a national response to a more decentralised response and to increasing involvement of NGOs and networks of people living with HIV/AIDS (PLHIV). NACP's Phase-III has the overall goal of halting and reversing the epidemic in India over the five-year period (2007-2012). NACP-III has placed the highest priority on preventive efforts. At the same time, it seeks to integrate prevention with care, support and treatment through a four pronged strategy which focuses on saturated coverage of high risk groups, scaling up HIV/AIDS related services for care, support and treatment, strengthen infrastructure and monitoring and reporting system.

National AIDS Control Organisation (NACO) recognized that the response to HIV epidemic in India under NACP cannot be managed centrally. While in NACP-II, programme management was decentralized to State AIDS Control Societies (SACS), under NACP-III, programme implementation was further decentralized to district and sub district levels. Based on vulnerability and magnitude of HIV burden, 611 districts in the country have been divided into four categories viz. A, B, C and D. This categorisation was done in 2006 based on HIV Sentinel Surveillance (HSS) data and is currently under revision. As part of this decentralisation, District AIDS Prevention and Control Units (DAPCU) have been established in all the A and B category districts across 22 states in the country to coordinate the response and monitor HIV activities at the district level.

In July 2010, Government of India has issued a joint directive from NACO and National Rural Health Mission (NRHM), regarding convergence of the programme components, wherein, it has delineated several steps for convergence of NACP activities with general health system for delivery of seamless services to people at the sub district level onwards. These services include, universal screening of pregnant women for HIV, provision of Sexually Transmitted / Reproductive Tract Infections (STI/RTI) services at Primary Health Centres (PHCs), Integrated Counselling & Testing (ICTC) services at 24x7 PHCs, Opportunistic Infections (OIs) treatment, care and support services to the PLHIV at the Community Health Centres (CHCs), area hospitals and district hospitals, referrals and provision of ART services at the sub district level, condom promotion, Information, Education and Communication (IEC). In addition, NACP also aims at several measures for mainstreaming HIV/AIDS in to the line departments like, Panchayat Raj, Women and Child Welfare, Rural Development, Tribal Welfare etc., to enhance the coverage of HIV/AIDS related services as well as extension of social benefits and schemes of these departments without stigma and discrimination to PLHIV to improve the quality of life.

Therefore, the DAPCUs were envisaged to provide not only a programmatic oversight to the HIV/AIDS programme implementation at the district level, but also focus on mainstreaming and convergence with NRHM.

1.2 District level institutional framework for implementation of NACP activities

Under the NRHM framework, different societies running National programmes such as Reproductive and Child Health (RCH) programme, Malaria, TB, Leprosy and National Blindness Control programme, have been merged into a common State Health Society chaired by the Chief Minister/ Health Minister of the State. Similarly, at the district level, all Programme societies have been merged into the District Health Society (DHS). Funds from Government of India come to the State Health Society in a funnel mode and are passed on to the DHS. The governing body of the DHS is chaired by the District Collector (DC)/ Chairperson of the ZillaParishad. The executive body is chaired by the District Collector/Deputy Commissioner (subject to state specific variations). The Chief Medical and Health Officer (CMHO) in the district, is the Member Secretary of the DHS. Different Programmes operate through programme specific committees constituted at state and district level and also maintain separate bank accounts at each level. Funds coming to DHS are transferred to the bank accounts of the programme committee after requisite approvals at appropriate stages. This system ensures both convergence as well as independence in achieving programme goals through specific interventions. District officials of related departments supporting the health, family welfare and sanitation activities in the district are represented in the DHS and issues of programme implementation and convergence are discussed at the monthly meeting under the guidance of the DC.

Though it has been envisaged to merge the DAPCU into the DHS, the integration requires further process at national and state level before the financial and administrative structures are integrated. Therefore, in order to ensure sustaining the current momentum and continued focus, the state may direct that District AIDS Prevention and Control Committee (DAPCC) meetings may be convened along with the regular DHS meetings at the district level to monitor the implementation of the NACP activities. Districts have to constitute the DAPCC which is expected to meet at least once in a quarter to review and take steps for the NACP activities at the district level.

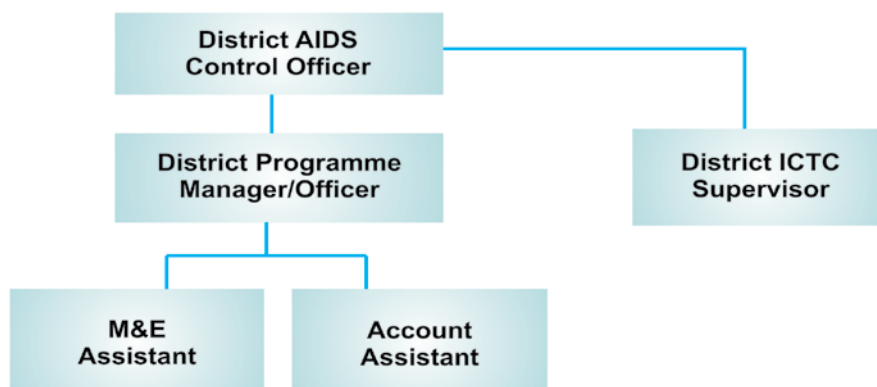
District AIDS Prevention and Control Committee (DAPCC): Analogous to the presence of district programme committees for all national programmes under the NRHM framework, DAPCC will be constituted for effective ownership, implementation supervision and mainstreaming of the NACP activities at the district level. The Committee will oversee the planning and monitoring of the physical and financial activities planned in the district HIV/AIDS action plan. It will ensure appropriate management of the funds coming to DAPCU for project activities. The committee ideally, should not have more than 25 members. The suggested membership of this committee is given below though Chairperson of the DAPCC may add more persons as per the need, as special invitees:

1. District Collector/Deputy Commissioner –Chairperson (Annexure-1)
2. CEO ZillaParishad – Vice Chairperson
3. Chief Medical & Health Officer (CMHO) -DMHO/CDMO
4. Medical Superintendent, District Hospital
5. District AIDS Control Officer – Member- Secretary
6. District Programme Manager/Officer (HIV and AIDS)
7. District Programme Manager (NRHM)
8. District level officers for TB and RCH

9. District IEC officer
10. Medical Officers in rotations – In-charge of one ICTC, ART centre and DSRC (Designated STI/RTI Clinic) in the district (3 in all)
11. One representative each of Targeted Interventions (TI) programme, CCCs and PLHIV networks (3)
12. Representatives of related departments identified by DAPCU for convergence, viz. Women & Child Development , Panchayati Raj, Labour, Mines, Tribal, Industry, Tourism, Urban Local Bodies (Municipal Corporation), Nehru Yuva Kendra/ Youth, etc. (5)
13. Representative of marginalised community (FSW/ MSM/ IDU) on a rotation basis

District AIDS Prevention and Control Unit (DAPCU)

District AIDS Control Officer (DACO) is the nodal officer for all HIV/AIDS programme activities in DAPCU at district level. DACO may be appointed from among the available Additional District Medical Officer/Dy. Chief Medical and Health Officer (CMHO) or the District officer for Leprosy or District TB officer or other medical officers as In-charge of NACP activities in the district, as per the State Government notification. The DAPCU headed by DACO will be assisted by the District Programme Manager/Officer (DPM). The DAPCU team further consists of District ICTC Supervisor (DIS), Monitoring & Evaluation Assistant (M&E Assistant) and Accounts Assistant. DAPCU staff shall report to the DACO and function as a unit at the district level.



The DACO will be facilitating the implementation of strategy for prevention and control of HIV/AIDS in the district. S/He would assist the district administration to put up a unified action plan for HIV/AIDS programme in the district by building convergence within the health & family welfare sector and also with the different stakeholders present in the district. S/He would ensure the continuity of the supply chain, service delivery and implementation of directions of SACS in the district.

Further, roles and responsibilities of each DAPCU team member are elaborated in the next section.

1.3 Recruitment and Terms of References of individual team members

The staff of DAPCU could be selected on Deputation/Contract basis as per the guidelines issued by NACO in this regard (Annexure-2). The selection will be made by the SACS/DHS as per the state specific policy. The suggested Terms of Reference (ToR) of the DAPCU staffs are as follows:

District AIDS Control Officer (DACO)

1. Overall in-charge for HIV/AIDS in the district and responsible for DAPCU and its function.
2. S/he will be facilitating the implementation of the district level strategy for prevention and control of HIV/AIDS in the district under the supervision and guidance from Chairperson of the DAPCC.
3. Development of Annual Action Plan and provide inputs into the Programme Implementation Plan (PIP) on convergence
4. Ensure the continuity of the supply chain, service delivery and implementation of directions of SACS.
5. Regularly report to District collector on the dash board indicators, submit DAPCU monthly report to PD-SACS on physical, financial, epidemiological progress of the programme including spatial maps in the district.
6. Coordinate for condom promotion and district specific service demand generation campaigns with the support of district health and other line department machinery along with programme partners/ components.
7. Undertake field visits to peripheral units.
8. Review DAPCU team work and provide guidance based on reports and field visit observations.
9. Conduct review meetings with all HIV facilities in the district.

District Programme Manager / Officer (DPM/ DPO)

1. Provide techno-managerial support for training, reporting, monitoring, and supervision of HIV/AIDS related activities assigned to the districts according to policy and guidelines of NACO and SACS.
2. Assist DACO to put up a unified action plan for stabilizing and reversing the HIV/AIDS epidemic in the district by building convergence within the Health and Family Welfare and also with the different stakeholders present in the district.
3. Assist DACO to ensure the continuity of the supply chain, service delivery and implementation of directions of SACS.
4. Assist DACO to regularly report to District collector on the dash board indicators, also in submission of DAPCU monthly report to PD - SACS on physical, financial, epidemiological progress of the programme.
5. Undertake field visits (at least 15 days a month) to identify and verify programme related issues.
6. Ensure linkages of HIV patients to various care and support services and social welfare schemes.
7. Based on field visits identify gaps/needs in the capacities of various facility personnel and communicate to SACS through DACO on capacity building needs.

8. Ensure district level support for training of staff as per guidance from SACS.
9. Assist DACO to engage in stakeholder consultation with administration, NGO/CBO, PLHIV, etc.
10. Plan and coordinate IEC campaigns especially for condom promotion, service demand generation and voluntary blood Donation.
11. Coordinate and monitor the functions of HIV/AIDS facilities.
12. Coordinate with DACO in conducting review meetings with all HIV facilities.
13. Follow any other programmatic direction as instructed by DACO.

District ICTC Supervisor (DIS)

DIS will assist the DACO and DPM in monitoring of ICTC programme (including PPTCT) and HIV-TB coordination in accordance with the NACO operational guidelines. The roles and responsibilities of DIS are as follows:

1. Assist DACO and DPM in the overall DAPCU functioning including district level counselling and testing related activities.
2. Undertake field visits (at least 15 days in a month) to identify and verify programme related issues and address them.
3. Based on the field visits identify gaps / needs in the capacities of the various facility personnel and communicate to DACO / DPM.
4. Coordinate with DACO / DPM and Identify capacity building organisation to ensure the training (Induction/refresher) to build capacities of the personnel based on the needs.
5. Coordinate along with DPM and plan the IEC campaigns for the NACP activities- especially for condom promotion and demand generation for services in the district.
6. Assist the DACO in trouble shooting of the ICTC, HIV-TB, PPTCT activities in the district and ensure proper referral linkages with other HIV/AIDS facilities with ICTC.
7. Coordinate with the NRHM – RCH district unit to ensure HIV testing is done as part of ANC during MCH sessions at sub centre / village level.
8. Identify gaps in the ANC HIV testing and address them with support of NRHM-RCH personnel in the district.
9. Ensure HIV testing of all STI clinic attendees at district and sub district level in coordination with RCH-NRHM.
10. Ensure HIV testing for all TB notified cases in the district in coordination with RNTCP.
11. Ensure HIV testing of HRG (Core and Bridge population) as per NACO guidelines in coordination with TI-NGOs and Programme Officer of Technical Support Unit (TSU).
12. Prepare line listing of all HIV positive clients (General, Pregnant Women and DBS reactive infants) and ensure linkages with CST services.
13. Ensure functioning of cold storage facility for testing kits, if any, at the DAPCU office.

14. Ensure and guide DACO and DPM in establishment of new HIV testing facilities based on the need and as per guidelines. (E.g. Delivery points, Designated Microscopic Centres, presence of key population, Link Worker Scheme (LWS) villages, etc.)

Monitoring & Evaluation Assistant (M&E assistant)

The role of M&E Assistant is to strengthen the DAPCU team by monitoring all the HIV/ AIDS related data/ activities in the district and provide timely feedback to the district team for better execution of HIV/ AIDS plans.

The responsibilities of M&E Assistant are as follows:

1. Enter the data and send the completed record and reports to SACS/NACO and partner NGOs on time.
2. Monitor submission of reports by various facility centres, review them and provide feedback to ensure that reports submitted are filled completely, correctly and submitted on time.
3. Undertake field visits to verify the records, reports and registers, (content and quality of information) in the centres.
4. Maintain the district dashboard and update it regularly.
5. Update the team members about the district situation of HIV in the monthly team meetings.
6. Prepare and update spatial maps with the help of DIS and DPM.
7. Compilation of data on extension of benefits of social welfare schemes to PLHIV and HRG and submit it regularly to SACS and NACO.
8. Assist other team members in developing district epidemiological profile.
9. Assume Strategic Information & Monitoring Unit (SIMU) responsibilities as assigned by SACS.

Accounts Assistant

The roles and responsibilities of Accounts Assistant are as follows:

1. Accounts Assistant will maintain the accounts of the DAPCC/DAPCU and will facilitate audit of the DAPCC/DAPCU accounts for submission to the SACS.
2. Maintain financial records of DAPCU such as Cash book, Petty cash book etc.
3. Prepare Statement of Expenditure (SOE) for the expenditure incurred at DAPCU and send the same to SACS along with original bills/ vouchers . for accounting and adjustment of advances.
4. Prepare the budget for the activities as per the guidelines given by SACS.
5. Ensure fund flow for various activities under the District Action Plan and proper monitoring and report of fund utilization to DACO.
6. Maintain asset register for the district (containing asset details from all facilities - sample template Annexure-3).
7. Support SACS in financial management at respective facility centres in the district. Also follow up regarding funds transferred, utilised and balance available.

8. Follow up with the in-charges of various facility centres for timely submission of statement of accounts /expenditure and utilization certificate (UC).
9. Follow up with various facility centers in-charge for timely submission of audited statements and compliance report to SACS.
10. Undertake field visits for facilitating accounts/ finance related issues as guided by DACO or DPM.
11. S/he should carry out any other responsibility as assigned by DACO, DPM and SACS for programme purpose.

There is no provision for support staff (Peon, Guard, Messenger etc.) from NACP funds to DAPCU. The district health system may provide the existing support staff to DAPCU.

1.4 Capacity Building

The SACS shall be responsible for undertaking the following trainings of DAPCU staff:

1. Induction training of new staff and
2. Refresher trainings for old staff

The induction training modules developed by NACO may be used as a base module for these trainings and it may be further modified as per the State context. The training modules and resource material are available on the NACO website. Additionally, capacity building sessions should be included during the DAPCU review meetings as per the need.

1.5 Infrastructure

The following basic infrastructure is expected to be provided to the DAPCU by SACS and the district administration. Further information regarding budgets is provided as Annexure-4 and 5

1. **Office space:** The district administration and health society is expected to identify an office space for the DAPCU. The office space must be located within the district level health facilities or district administration office and no rent will be paid for the same.
2. **Storage:** DAPCU's play a key role in supply chain management. Storage space for the IEC material and items may be organized by the district administration while SACS in coordination with health department may provide cold storage facility (refrigerator, Ice lined refrigerator (ILR) or walk in cooler (WIC) for storage of testing kits, drugs and other consumable at DAPCU office as required by the supply chain management design of the state.
3. **Furniture:** A minimum of four tables and eight chairs, two small almirah (or one big almirah) should be procured for the DAPCU. Funds for one time expenditure towards the same has been provided in the annual budget of SACS and procurement of the same will be undertaken as per guidelines of NACO/ SACS.
4. **Equipment:** DAPCU team will be provided with minimum two computers excluding one laptop given to DIS, besides one laser printer, internet facility and a landline telephone.

In addition, it is expected that the district administration/SACS will also provide other necessary infrastructure (water, electricity, fax and others.) to the DAPCU as necessary from their own funds.

1.6 Administration and Finance Management

Administration

The DAPCU functions under the administrative control of the DACO and the staff of DAPCU will follow the administrative procedures as specified by their respective SACS. SACS are expected to provide guidelines on the administrative procedures for the DAPCUs. The list of records and forms of communication to be maintained shall be made available to the DAPCU. DAPCU teams are expected to maintain the same. Suggested list of records is as under:

1. Attendance register
2. Inward and outward register
3. Subject wise files and records
4. Movement registers
5. File for tour approval and tour reports
6. Meeting register along with their minutes and action points

Finance management

A separate account shall be maintained at the district level as per the guidelines of NACO for managing NACP funds. This account will be operated by the DACO and DPM jointly. The funds to be released to the DAPCU will be for the activities such as: Funds for operational expenses, IEC and other activities depending on the district specific needs of respective SACS. The salary of DAPCU staff shall be distributed through Electronic Clearance System (ECS) by SACS. The Budget for DAPCUs is provided as Annexure-4 and 5

A list of registers to be maintained:

- Cash/bank book
- Petty cash book
- Journal register
- Ledgers
- Cheque issue register
- Cheque receipt register
- Asset register for DAPCU
- District asset register (containing all facilities asset details- sample template Annexure-3)
- Stock register

Facility advance details and liquidation

Along with their own financial records, DAPCUs are also expected to facilitate facility level SOEs and UCs. DAPCU is not an accounting unit therefore all the bills and vouchers will be submitted to SACS for further settlement of advances given to DAPCU/facilities. The records to be maintained are:

- Facility wise details of advance release
- Facility wise details of SOE and UC submissions
- Facility wise asset details

Commodities

DAPCUs will receive supplies like condoms, drugs, ,testing kits, consumables etc. These will be supplied by SACS as indented by DAPCU. DAPCU is expected to consult the facilities to prepare this indent and organise for the distribution of the same to the facilities as per requirement.

DAPCUs willbe responsible to ensure that there are no stock outs at the facilities and facilitate timely reallocation of commodity within the district.

Roles and Responsibilities of DAPCUs

As a co-ordination and monitoring unit of NACP at the district level, the roles and responsibilities of DAPCUs cover a wide spectrum. This section provides an overview of these roles and responsibilities. In addition to these, the DAPCUs may perform additional responsibilities as assigned by DHS.

2.1 Institutionalizing District Level Review Meetings

In order to undertake periodic planning, monitoring and review of the NACP programme at the district level, DAPCUs need to institutionalise district level review meetings as well as participate/ facilitate in the ones already established.

1. Monthly programme review meeting with all HIV/AIDS facilities: The DAPCU is expected to convene a joint review meeting of all NACP facilities (TI NGO, ICTC, DSRC, CCC, ART Centre, LAC, RNTCP centre, Link Worker Scheme, Blood bank, etc.) in the district. The broad objectives of this district level review meeting are to:
 - Ensure 100% reporting from all NACP facilities in the district
 - Review and validate monthly reports (SIMS) submitted by the facilities
 - Review of facility performance
 - Review of referrals and linkages between facilities
 - Review status on benefits of social benefit schemes to PLHIV and HRG
2. Coordination meeting with NRHM and other line departments
 - In order to achieve effective convergence between NACP and other district level health programmes, the DAPCU is required to interact with relevant stakeholders periodically. DACO and/or DPM from DAPCU are expected to participate in the DHS meetings, facilitate HIV TB coordination meetings and convene such forums and meetings as per requirements of SACS and district priorities.

These meetings will be in addition to the periodic meeting of DAPCC which are expected to be held every quarter.

2.2 Institutionalising DAPCC meetings

DAPCCs should be constituted in all category A and B districts for effective ownership, implementation, supervision and mainstreaming of the NACP activities at the district level. The Committee will oversee the planning and monitoring of the physical and financial activities planned in the District HIV and AIDS Action Plan. It will ensure appropriate management of the funds coming to DAPCU for project activities. In order to ensure sustained programme review, convergence and mainstreaming, the DAPCC meetings must be convened a minimum of once in a quarter.

The DAPCUs are expected to take lead in scheduling these meetings and ensuring smooth follow up. A phase wise checklist for activities to be undertaken by DAPCUs is depicted in the figure (1). Format for documenting DAPCC minutes is provided as Annexure 6

Fig.1 DAPCC checklist for DAPCUs	
Preparatory Activities	<ul style="list-style-type: none"> • Compile status of follow-up on decisions of previous meeting • Prepare and circulate draft agenda and notes on agenda for approval of the District collector/Deputy Commissioner (DC) • Identify Issues to be discussed in the DAPCC based on the previous meeting minutes and inputs from the field. • Intimate members of meeting date and time along with approved agenda and agenda notes • Brief District collector/Deputy commissioner regarding the agenda
Conducting the meeting	<ul style="list-style-type: none"> • Make presentations to DC as per agenda • Support DC in facilitating the meeting • Document key decisions • Present challenges faced by programme and support required from district administration
Post meeting activities	<ul style="list-style-type: none"> • Document and circulate minutes of the meeting (format in annexure 6) to all members • Obtain signatures of members on the same • Follow up and track progress of decisions taken during the meeting

2.3 Field visits to facilities

All DAPCU team members are expected to conduct field visits to NACP facilities. These visits are intended to extend support to NACP facilities and to ensure coordination and monitoring of services. In order to effectively undertake field visits, the DAPCUs are expected to prepare advance tour plan for each month. A few aspects, which the DAPCU is expected to review during field visits to NACP facilities, are enumerated below:

- Staffing status
- Staff training status

- Key performance indicators
- Status of records and reports
- Status of equipment- AMC and calibration
- Status of stock including physical verification
- Status of SoEs and UCs

Sample checklists for visiting few facilities are provided as Annexure-7. Team members are also expected to submit a field visit report capturing major observations, action taken/suggestions by DAPCU as well as follow up action points for facility and the DAPCU team. A sample template for facility visit reporting is provided as Annexure-8.

2.4 Human Resources

As a monitoring and coordination unit, DAPCUs are expected to provide oversight to ensure that the facilities are having the requisite number of staff. Additionally, the DAPCUs are also required to understand the status of training of these staff. The staffing structure of NACP facilities is available on the NACO website (http://nacoonline.org/upload/DAPCU/DAPCU%20Series%20on%20NACO%20Website/Theme-%20DAPCU%20Capacity%20Building%20by%20DNRT/Staffing%20Structures%20at%20various%20HIV%20Facilities_Final.pdf)

Recruitment

1. Identify human resources (staff) status / needs / vacancies at various facilities through field visits and review meetings and communicate to SACS.
2. Participate in district level recruitment of staff for facilities as stipulated in the respective OGs and as per SACS instructions.
3. In coordination with SACS and NRHM, DAPCUs may explore deputation of trained staff to NACP facilities as a stop gap measure to address vacancies.

Training

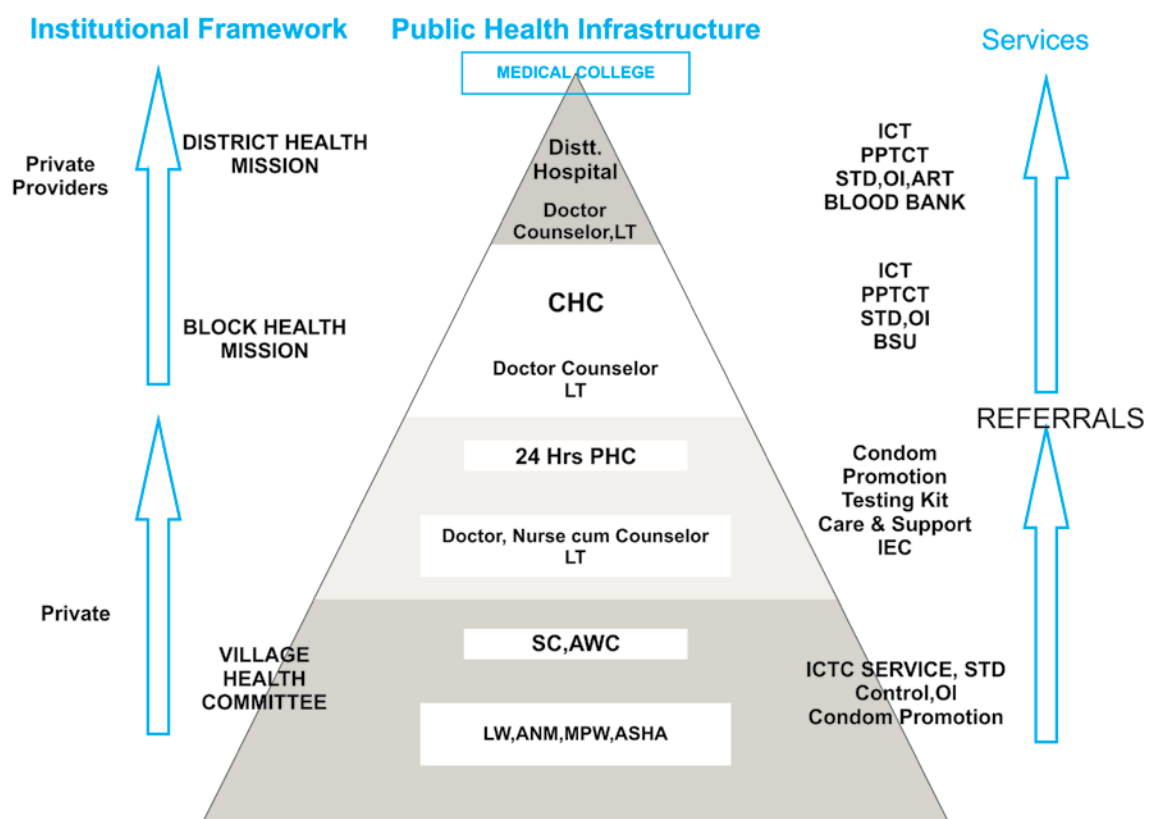
Training of staff is the responsibility of SACS. DAPCU may assist in identifying the training needs and coordinate in organizing the trainings either by SACS or by training institutes and thus:

- Will maintain a record of the training status of all staff working at NACP facilities and will facilitate deputation of appropriate staff for HIV/AIDS related trainings.
- Coordinate with SACS / identified capacity building organisation (E.g. State Training and Resource Centre (STRC) for TIs) to ensure induction / refresher training of staff for building capacities of the personnel based on the needs.
- The DAPCU through field visits and review meetings will seek to identify specific training requirements

of NACP human resources and with SACS, organise local capacity strengthening activities such as cross learning visits to other facilities, onsite hand holding to meet training demand.

2.5 Coordination and Integration with NRHM

The objective of NACP and NRHM convergence is to provide seamless services of HIV/AIDS to all vulnerable population. It includes improving access to HIV counselling & screening, Prevention of Parent To Child Transmission (PPTCT) services, detecting HIV infection in the vulnerable population on the first contact with the health system, reduce missed opportunities of early detection of infection, promote birth and survival



of HIV free child, improving longevity with quality of life of PLHIV with supportive environment. As per the guidelines issued by NACO and MOHFW on NACP and NRHM convergence, the following would be major areas of convergence:

1. Utilisation of existing NACP resources for strengthening RCH services
2. Training of all ASHAs/ANMs/Supervisors on NACO training module “ Shaping our Lives” for grass root workers
3. Universal HIV and Syphilis screening as part of routine ANC
4. Expansion of ICTC & PPTCT services to all 24 X7 health facilities,
5. Condom management
6. STI/RTI service delivery in CHC/PHC (drugs, training, reporting)

7. Functioning of blood storage centres and linkages with mother blood banks
8. Effective management of blood donation camps
9. IEC and mainstreaming
10. Supply chain management.

The district level roll out of convergence activities will be ensured through

1. Inclusion of specific convergence activities in district NACP and NRHM annual action plans. To facilitate this, it is expected that NRHM and DAPCU are part of each other's annual action planning process.
2. Routine coordination and information sharing between DAPCU and NRHM.
3. Ensure participation of NRHM point person (DMHO/CDMO) in DAPCC meeting.
4. Participation of DAPCU in DHS meetings and district medical officers review meeting.

Suggested list of NACP-NRHM Convergence activities at the district level:

1. For integration of counselling and testing services:

- Prepare the list of ICTC facilities with sub optimal case load to provide the above services and send the list to SACS who would in turn send it to Mission Director, NRHM. Additional work can be assigned to these facilities.
- Utilize existing NACP resources (counsellors, lab technicians, outreach workers, etc.) for strengthening RCH activities for counselling, testing and outreach of pregnant women on nutrition, health, birth spacing, STI and RTI services and institutional delivery and other RCH related services. All facilities below sub- district level should ensure counselling needs for all national health programmes.
- Counselling of pregnant women on nutrition, birth spacing and breast feeding practices at the ICTCs.
- ASHA to be trained on “Shaping our lives” module and they provide ANC and STI counselling, referral, pre and post natal care for mother and child.
- Inclusion of HIV screening in ANM module in routine ANC check-up.
- Train the ANMs on the whole blood screening test and ensure that they maintain confidentiality and refer the reactive cases to the ICTCs without declaring the results.
- Disclosure of the HIV status to be done only at the ICTCs after pre and post counselling and confirmatory testing as per NACO testing protocols.
- Coordinate with NRHM and seek support to utilise the medical health units available in the district to render HIV testing services in the hard to reach areas/pockets of the district.
- To maintain/review the positive ANC as well as general client's line list at the district level and ensure all ANCs and general clients identified sero-positives for HIV are linked to the CST services.
- To review the HIV activity during the monthly review meeting of the MOs.
- All symptomatic clients to be referred to RNTCP and all TB positive cases to be referred to ICTCs for HIV testing.
- Ensure that PEP drugs are available at the health facilities either through NACO or through NRHM.
- Ensure that 24x7 PHCs have refrigerators and other equipment's are supplied by NRHM required for storing HIV test kits and drugs for PPTCT.
- Link workers and outreach workers to prepare line listing of all pregnant women and positive general clients.

- Coordinate with ASHA through DPO- NRHM to train ASHAs to include HIV agenda in the Village Health and Sanitation Committee (VHSC) meetings and ensure that HIV staff attend these meetings for referrals and linkages.
 - Arrange transport support for HIV +ve ANCs for ICTC testing, ART treatment and PPTCT through Janani Suraksha Yojana (JSY) or untied funds of VHSCs.
 - Incentives to health care providers for conducting deliveries of HIV +ve women.
 - Training of counsellors from NRHM (like Family planning, Adolescent Reproductive and Sexual Health (ARSH) etc. on PPTCT of HIV/AIDS, ANC, STI and nutrition.
 - Review the progress and functioning of all the facilities (including FICTCs) every month.
- 2. For integration of STI services:**
- Ensure all the PHC MOs are trained on STI syndromic case management.
 - Coordinate with the DHO and the RCH officer and ensure availability of STI drug kits at all the PHCs.
 - Monthly review of STI services at the PHCs-DAPCUs to coordinate with the DHOs/RCHO and review the STI services during the MOs review meeting under NRHM.
 - For tracking the quality, access, progress in the implementation of STI/RTI programme, implementation, common Management Information Systems (MIS) developed by NACO and NRHM to be followed.
- 3. For integration of HIV-TB services:**
- To review the HIV-TB activity in the district jointly with the DTO.
 - Organise regular HIV-TB coordination meetings and review the programme under the chairpersonship of the District Collector.
- 4. For integration of Blood safety services:**
- Establishment of district level blood banks.
 - Districts without blood banks should send proposal to NACO for equipment through SACS, once infrastructure and manpower is in place.
 - Strengthen blood storage centres at upgraded First Referral Units (FRUs).
 - Promote voluntary blood donation through camps and joint IEC campaigns.
- 5. For integration of TI and Opioid Substitution Therapy (OST):**
- Identify facility to be upgraded with OST based on instructions from SACS.
 - NRHM to provide infrastructure including HR and SACS will provide training and logistics for OST.
 - HRG to be referred to the PHCs, Area Hospitals and DSRCs for STI/RTI treatment and biannual syphilis testing, regular medical check- up and OI treatment after sensitising the staff at these facilities on HRG.
- 6. For Integration of IEC activities:**
- DPM Units of NRHM at the district to develop communication take away materials on RCH activities and provide them to the counsellors in ICTCs.
- 7. For integration of Care Support and Treatment services:**
- To facilitate ownership of Link ART Centre (LAC) by health system.
 - To review functioning of LAC during monthly review meeting.
 - Coordinate with the RCH and ensure that ASHAs/ANMs are being utilised to refer/link all the PLHIV to

various services at the district.

- ORW and Link Worker to be involved in follow up of Pre-ART and on ART patients.
- Coordinate with other departments for extension of social welfare schemes' benefit to PLHIV.

Others:

- Design district specific initiatives in coordination with all the departments based on the need and gaps identified through the programmatic data and indicators.
- Plan for joint field visits with the DTO/RCHO/DPM and jointly review the HIV activities/programme in the district/facility.

2.6 Mainstreaming with Line Departments

NACP envisages expansion in outreach activities and effectiveness of the prevention and support strategies through wider convergence with different departments' functioning at the district level. HIV/AIDS is to be seen not only as a medical issue but also as a manifestation of the socio- economic issues in the district. It is the responsibility of the health department to formulate effective strategies for prevention and support activities at the district level, which are possible only through creation of a wider support system under the leadership of the District Collector. The table below, attempts an indicative menu of suggested activities that can be incorporated in the District Action Plan.

Suggested activities with some departments

Department	Nodal Officer at the District	Point Person at the village Level	Activities
Police	Superintendent of Police	SHO	Advocacy with Police and regular meeting during the visit to TI Trouble shooting
Women and Child Department	District Programme Officer , Integrated Child Development Services (ICDS)	Anganwadi Worker	Counsel pregnant women for PPTCT
		Self Help Groups	SHGs to involve PLHIV in their activities (Micro Credit) Other activities: SHGs to motivate Pregnant mothers for PPTCT
Panchayat Raj	Chief Executive Officer-Zilla Parishad	Sarpanch, Dy. Sarpanch, Ward members	Fight against Stigma and Discrimination against PLHIV
			Advocacy with Community members
			Protecting affected/infected persons (Widows and Orphans)
Rural Development	Project Director - District Rural Development Agency	Village/Block Development Officer	Include HIV related messages in the regular IEC activities
Youth Affairs and Sports	District Sports Officer	Youth Associations/ clubs	Voluntary Blood Donations
		Youth Associations/ clubs	Registering for Voluntary Blood Donations
			Others: Condom promotion and Social Marketing of condoms through Youth clubs
			Include HIV related topics in campaigns/ events

Department	Nodal Officer at the District	Point Person at the village Level	Activities
SC/ST Welfare	District Social Welfare Officer	Gram Panchayat	Support awareness drives on HIV/AIDS
		Registered Medical Practitioners and Traditional Healers	STI and ICTC referrals
Tourism	District Tourism Officer	Taxi drivers, Travel agents, Tour operators, Shop owners near tourist spots, Hotel –Resort staff	Awareness about High Risk activities and promote safe sex (Condom outlets)
			Others: Coordinate with TI NGOs
Fisheries/ Labour Department	District Industry Officer, CII/ FICCI District Coordinator	Trade Unions, Community Bodies(Fishermen , Workers), Governing Bodies	<ol style="list-style-type: none"> 1. Avoid Stigma and Discrimination of infected workers and their families 2. Awareness about High Risk activities and promote safe sex (Condom outlets)
Social Welfare	District Social Welfare Officer	-	Linkage with social welfare schemes
Education	District Education Officer	Village Literacy Workers	Include HIV awareness in Adult Education Programme
		Government School Teachers	<ol style="list-style-type: none"> 1. Retention of HIV affected children in schools 2. School AIDS Education Programme
Health	District Health and Medical Officer	ANM/MPW and ASHA Worker	PPTCT Programme actively
		ANM/Staff Nurse/ Medical Officer	Institutional delivery of HIV positive women Promote STI, RTI, HIV counselling and testing referrals and Condom depots
	District Health and Medical Officer	PHC/CHC Lab Technician and Nurses	Counselling and Testing
	Primary Health Centre Medical Officer	Village Level Sanitation Committee	Ensure access (No denial) of Services for HRG/ PLHIV

The list is indicative. DAPCU must take initiatives to build linkages with various departments and social organisation. The other mainstreaming responsibilities for DAPCU includes providing technical support to district level organisations/Departments to integrate HIV in their functions as well as other mainstreaming responsibilities as directed by SACS.

2.7 IEC and Campaigns

The DAPCU team is expected to conduct district specific campaigns in coordination with the line departments.

- Coordinate for condom promotion campaign in identified areas / villages with the support of district health authorities and other line department along with programme partners / components.
- Coordinate service demand generation campaign for ICTC, STI, HIV and TB involving health and other line departments (http://nacoonline.org/Quick_Links/DAPCU).
- Work with the tribal department wherever present to address HIV related issues in the campaigns organized by Integrated Tribal Development Agency (ITDA).

- Include HIV in campaigns and IEC activities of other programmes. E.g., Condom promotion and Family Planning campaigns of NRHM to include HIV messages in their campaigns.
- Work with PRIs and local CSOs for social mobilization for HIV prevention and management.
- Coordinate with grass root workers like ASHAs, ANMs, AWWs, MPH workers, PRI members, self-help groups, elected representatives, media, schools, etc., for addressing the issues of stigma and discrimination at the community or institutional levels for PLHIV.
- At district and sub-district level, IEC mid-media and below the line activities should be facilitated by DAPCUs. DAPCUs may identify strategic locations and points for such IEC activities.

Prior to identifying campaign themes, DAPCU is expected to arrive at a fair understanding of the epidemic in the district based on spatial mapping and epidemiological profiles. With respect to campaigns designed by the DAPCU, it is expected that the processes and expected outputs are clearly outlined and documented.

DAPCU is expected to send a brief note to SACS on whether awareness generation efforts in the district are working well or not. If not, what is lacking particularly in terms of hoardings, bus back panels, lamp posts, kiosks and printed publicity material in the district.

2.8 Social Benefit Schemes (SBS)

In order to provide social security to disadvantaged citizens, the State and Central Governments have initiated various schemes. Many PLHIV and HRG require such support and are also eligible for it. However, factors like inadequate mechanisms to disseminate information, lack of single window approach and low literacy levels of the intended recipients limit smooth access. The DAPCUs are expected to play a critical role of facilitating PLHIV and HRG access to social benefit schemes.

Role of DAPCUs and facilities in facilitating Social Benefit Schemes	
DAPCU	<ul style="list-style-type: none"> • Collate information on eligibility, benefits, process and point persons/departments for different Social Benefit Schemes • Disseminate above information to all NACP facilities. • Orient facilities on process for availing Social Benefit Schemes • Advocate for PLHIV access to Social Benefit Schemes with District administration and private donors • Collect and compile information on PLHIV and HRG eligible for different Social Benefit Schemes, application and access status • Update tracking summary
Facility	<ul style="list-style-type: none"> • Display prominently information about Social Benefit Schemes • Provide information to PLHIV and HRG during outreach • Support the drafting and submission of applications • Track eligibility, applications and benefits status • Report monthly to DAPCUs

- Through review meetings and field visits, DAPCUs will develop an understanding of the nature of support required by the PLHIV.
- The needs of the PLHIV will be periodically presented to the DC through DAPCC.
- Avenues for provision of support /schemes will be identified in the DAPCC in consultation with the line

departments.

- The DAPCU will ensure that information about eligibility and process of availing SBS is displayed at the ICTCs, ART Centres, TIs and DICs. This information should also be routinely updated and provided to staff of other facilities also.
- The DAPCU in coordination with the concerned departments and facilities will develop a routine mechanism for linking PLHIV and HRG to SBS.
- The DAPCUs are expected to develop mechanisms for tracking and reporting of PLHIV and HRGs' eligibility, application and receipt of various SBS.
 - The DAPCUs will guide facilities in maintaining this record. A summary report of the same will be provided monthly by DAPCU to SACS and quarterly to NACO. A suggested template for the same is provided as Annexure-9.
- DAPCU is expected to send a brief to SACS whether state departments are extending benefits and also undertaking trainings on HIV/AIDS as envisaged, if not, what are the shortcomings in implementation of such programme.

A few initiatives of DAPCUs regarding SBS have been documented and are available in the DAPCU section of the NACO website.

2.9 Addressing socio-legal issues and stigma and discrimination of PLHIV in the district:

DAPCU teams are expected to facilitate PLHIVs in the district to access social and legal provisions and services for psychosocial support, care, support and treatment as well as their rights for education, employment/wage earning, property, health, etc., this includes access to various social benefits extended by the Government and society. Infringement or disturbances in accessing and utilizing their rights due to stigma and discrimination has to be tackled to help them to lead a quality life.

For this purpose, DAPCU team would be responsible to ensure the following:

- Place suggestion boxes/complaint boxes at all NACP facilities in the district.
- Ensure that the suggestions/complaints are reviewed periodically (monthly/quarterly) as directed by SACS or by the facility in-charge and address the same.
- List the issues which need attention at the district/state/national levels as the case may be and place them in the DAPCC and take support from the district administration and the issues which need attention at the state/national level should be forwarded to SACS.
- Follow up with SACS on the issues submitted for State/National level interventions so as to bring them to a logical conclusion.
- Coordinate with the District Level Network of PLHIV and facilitate identification of issues relating to stigma and discrimination, socio-legal issues and help them through regular meetings with concerned departments/institutions for their redressal.

DAPCU teams may also help the institutions to adopt policies or charters on HIV/AIDS at workplace, education institutions and health care settings.

2.10 District Annual Action Plan (DAAP)

The upcoming phase (NACP IV) will build on the successes of NACP III and ensure accelerated reversal of

the epidemic. NACO has placed due emphasis on decentralized bottom-up planning processes and has encouraged states to develop district action plans in tune with the current NACP priorities. Along with providing a basis for state action plans, it is envisaged that the district plans will respond to local priorities. This process of decentralised planning at the district level has led to scientific and more realistic state action plan. To bring in a scientific methodology and practice of evidence based decentralised programme planning and designing, it becomes imperative for states to carry out a district level action planning exercise to feed into the state action plan. DAAP also helps in providing evidence and justification for the budgets when submitted to NACO. The process of District Annual Action Planning also invites participation and consultation with the involvement of a wide range of stakeholders. Unlike the traditional top-down approach in preparation of action plans, it is now well established that participatory plan development is a process which enables those facing problems / issues to be more directly involved in designing the plan / solution. Involvement of stakeholders ensures that weaknesses are identified and addressed to make the plan robust and effective. In addition, it also increases the accountability. In accomplishment of the above mentioned goal, DAPCUs play an important role. The roles and responsibilities of DAPCUs in DAAP are as follows:

Preparation

- Compilation of data for the district from various sources. This includes:
 - a) District epidemiological profile
 - b) District resources profile of all the health facilities
 - c) District specific programme data for a year (January to January or as required) of all the components
 - d) Data triangulation reports,(If available)
 - e) HSS report / data,(If available)
 - f) Other sources NFHS for the state, DLHS for the district, any research studies or reports,(If available)
- Hold preparatory meetings with various stakeholders at district level that include
 - a) Briefing with the DC
 - b) Meeting with the CMO / DMO
 - c) Meeting for inviting key stakeholders for the workshop
 - d) Meetings for inviting line department representatives e.g. NRHM, WCD, Tribal, Forest, NGO/FBO, private sector, etc.
- Invitation from DAPCU to all the stake holders with information on venue and time of workshop.
- Organise the workshop and facilitate the focussed discussion among stakeholders of the programme.

Compilation

- Compilation of the first draft of the DAAP presentation
- Organise meeting with the DC after the district action planning workshop to make a presentation of preliminary draft plan by the DACO to share the findings/ observations, district priorities and inform the next steps in this process.
- Make changes to the Draft of Annual Action Plan as suggested by the district authority (If any), finalize the draft DAAP document and submit it to SACS with signature of DC.

Monitor and Review Progress

- Obtain final approved DAAP from SACS
- Derive district level and facility level targets based on approved plan
- Routinely review programme based on the approved plan and targets
- Plan activities based on gaps identified

2.11 Supporting Supply Chain Management

Supply chain management refers to the links and inter-coordination among all the stakeholders of HIV/AIDS programme such as NACO, SACS, DAPCU and facilities. Details regarding supply of stock from the national to state, district levels are provided in the DAPCU training module, Session-6 Supply Chain Management System. This session also provides details regarding calculation of stock requirement for different commodities. DAPCUs are expected to be conversant with them.

The roles and responsibilities of DAPCU team include:

- Review of stock and logistics related to supply chain management during field visits to facilities.
- Assist the facilities in quantifying their stock requirements based on the data and help them in preparation and placement of indent.
- Coordinate with concerned section in SACS or at district level to ensure uninterrupted supplies to the facilities.
- Regular check should be kept on the proper storage of testing kits and other consumables as per the manufacturer's guidelines at facility level.
- Periodic reporting on availability of supplies (HIV test kits, reagents, lab consumables, blood bags, condoms, drugs, formats and registers, IEC material etc.) at facility level.
- Encourage the facility to follow the principle of First Expiry- First Out in storage and consumption of supplies.
- Check for the expired stocks at facility level and ensure that guidelines for disposal and discarding are followed.
- In case of stock outs at any of the facilities, inform the point person at SACS immediately and organise temporary re-allocation of stocks from facilities where stock is available.

2.12 Finance

DAPCU team is expected to perform the following responsibilities to support financial processes at the district.

1. Maintain records of advances released from SACS to facilities

- DAPCU team is expected to maintain facility wise advances released by SACS. SACS is expected to share this information with DAPCU teams- (Annexure-10).

2. Follow up with various facility centres for submission of Statement of Expenditure (SoE), Utilisation certificates (UC) and Audited Statement and compliance report.

- DAPCU team must follow up with all HIV facilities in the district to ensure that all SOEs and UCs are submitted as per the requirement of SACS.
- If any facility has not submitted the above, DAPCU should enquire about the reasons for the same and

support them in completion of the same. Accounts Assistant may offer hands on support wherever required.

- The DAPCU team is expected to inform the facility in charge of lapses in SOE, UCs and Audits.
- The DAPCU can also raise related concerns in the DAPCC meeting and request support in resolution of issues.
- DAPCU is expected to routinely update the SACS finance division on the SOE, UC status and their efforts in facilitating the same.

3. Equipment and Fixed Asset Register

- The DAPCU is expected to have updated records of all equipment and assets purchased through NACP funds. They are expected to:
- Prepare and update (twice a year) the district asset register for all equipment including AMC and calibration status with time line. The details required in the asset register are
 - Name and description of the item
 - Date of receipt
 - Supplier's name
 - Cost of item
 - Guarantee period, if any, and its details
 - Assets identification number
 - Location
 - Functional status
 - Power back ups
 - AMC status
 - Remarks with regard to disposal/write-off etc.
 - Undertake annual physical verification of all NACP assets in the district.
 - Coordinate with the appointed agency to get the AMC and calibration of all equipment.
 - In case of unsatisfactory services by agency contracted for AMC, DAPCUs must inform SACS of the same and make recommendations as necessary.

2.13 Reporting (MIS and SIMS) and Documentation

Data Quality

DAPCUs are expected to ensure that data quality is maintained in reporting from all the NACP facilities in the district. Quality of data collected poses a major challenge to M&E system which needs to be addressed carefully. The data flow for collecting data involves multiple points where data quality can be verified and improved by DAPCU. The process begins in using standardised formats and extends to conducting site visits of reporting units to verify the quality of data reported.

Data quality includes:

- Timeliness
- Consistency
- Completeness
- Correctness

Reporting

- DAPCU needs to ensure timely and correct reporting from all the HIV/AIDS related facilities in the district regularly every month to SACS.
- DAPCU should ensure programme and financial reporting from reporting units.
- DAPCU should maintain a copy of the all monthly reports.
- DAPCU should provide feedback to all the facilities.
- DAPCU will help the reporting units in reporting/preparing reports in time.
- DAPCU shall validate the data reported by all the facilities. If any error is noticed in the data reported by facilities, then immediately the error shall be corrected by the facility and conveyed to SACS for related correction.

In addition to the above, DAPCUs should also submit their monthly report to SACS every month as per the timeline. A copy of DAPCU monthly report is enclosed in Annexures-11,

District Dashboard: DAPCUs need to update DC on progress of NACP through district dash board every month, a copy of district dash board is enclosed in Annexures-12.

Strategic Information Management System (SIMS): SIMS is a single internet based tool (software) to manage the entire data system of NACO, where data can be entered, monitored, analysed and reports can be generated. Data entry, monitoring of entries, analysis of the data entered and customised report generation can be done through this system. Once data is entered at the reporting unit level, all subsequent higher levels can view the data in real time.

- DAPCUs need to ensure timely reporting from all reporting units.
- Once data is entered at reporting unit level it should be forwarded to DAPCU.
- The DAPCU is expected to validate the data and forward it to SACS.
- DAPCU will be required to create reporting units and user ID in SIMS as per the instructions of SACS.
- DAPCUs are expected to refer to SIMS guidelines for further details on DAPCU role in SIMS.

Documentation: In addition to the above reporting responsibilities, DAPCUs shall maintain detailed documentation of their activities. DAPCU programme documentation includes the following:

- DAPCC meeting minutes to be documented with basic minimum information as provided in Annexure-7
- Minutes of the meetings to be shared with participants, SACS and filed at the DAPCU.
- District level review meeting minutes in formats prescribed by SACS
- Report of field visits to facilities - to be prepared and submitted within 2 days of the visit. The report must capture highlights of observations, challenges and troubleshooting measures suggested/undertaken by DAPCU.
- Summary of tracking of PLHIV and HRG linked with social welfare schemes.
- Documentation of district specific initiatives, success stories and new strategies.
- Periodic (monthly/quarterly) case studies on DAPCU initiative along with achievements must be submitted to SACS and NACO.
- DAPCU should maintain District epidemiological profile.
- Update district spatial maps in every six months.

State Level Monitoring and Review of DAPCUs

3.1 Roles and Responsibilities of the DAPCU Nodal Officer

To facilitate capacity building of the DAPCU staff, each state with DAPCUs, is expected to identify one SACS officer to act as a Nodal Officer for DAPCUs in the SACS to coordinate DAPCU related activities. It is envisaged that DAPCU Nodal Officer shall perform the following roles and responsibilities.

- Liaise between DAPCU, NACO and other officers in SACS and function as a point person for all DAPCU related issues.
- Brief Project Director- SACS for strengthening programme implementation based on DAPCU monthly report (DMR), Field visits, and Quarterly Progress Reports.
- Ensure review of DAPCUs on a quarterly basis.
- Provide monthly feedback to DAPCUs and compile quarterly reports
- Coordinate with various component officers of SACS to address the field level issues identified by the DAPCU team in the programme implementation and communicate to DAPCU teams on the actions to be initiated.
- Facilitate training programmes for the DAPCU staff as deemed necessary at SACS/NACO level.
- Identify the vacancies in DAPCUs in the state and facilitate in the process of the recruitment of staff.
- Resolve the administrative issues related to DAPCUs.
- Undertake field visits to DAPCUs for on-field mentoring. All DAPCU districts to be visited at least once in every quarter in smaller states and once in 6 months in large states. Nodal Officer to do joint field visits with the DNRT member/ NACO members whenever the visits are planned.
- Annual performance appraisal of the DAPCU staff.
- Oversee the assessment of DAPCUs.
- Facilitate involvement of district administration in HIV programme at district level.
- Ensure that DAPCC meetings are being conducted every quarter in the DAPCU districts and minutes are shared with SACS.
- Facilitate collation of information through DAPCUs as and when required.
- Ensure that all DAPCUs in the state conduct monthly coordination meeting with representatives from all HIV facilities.

3.2 State level review meetings

State AIDS Control Societies are expected to conduct review meetings of DAPCUs every quarter. Detailed planning and preparation for these meetings can ensure focussed and productive discussions as well as capacity building of DAPCU staff. A process for conducting streamlined DAPCU reviews combined with capacity building may lead to optimal utilisation of resources. Broadly the review should ensure:

1. Component wise review of key indicators,
2. Review of planning/ requirement / progress of district specific initiatives/ campaigns,
3. Opportunities for sharing successes and achievements,
4. Settlement of advances at the district level,
5. Discussion on referral and linkages amongst various facilities in the district
6. Capacity building of DAPCUs based on identified needs
7. Status of extending benefits of Social welfare schemes and social entitlements to HRG and PLHIV in the district
8. Timely and complete reporting from HIV facilities in the district
9. Inter DAPCU coordination on issues like inter district migration, LFU, positive pregnant mothers.

3.3 DAPCU assessment

Different strategies of mentoring such as regular feedback on each and every DAPCU monthly report, field visits to the districts, video conference, Skype call, DAPCU review meetings, phone calls, publishing and sharing case studies through DAPCU series, discussions on different themes through DAPCU speak, instructive videos and screencasts on spatial maps and SIMS, survey monkey tool, on-line Google doc for efficient supply chain management, etc. are being implemented to strengthen the DAPCUs across the country. Based on mentoring experiences, review of data from DAPCU Monthly Report and field level interaction with the DAPCU staff as well as DAPCU Nodal person in SACS, DAPCU assessment tool has been developed. This tool has been developed keeping in view of the overall functioning of the DAPCUs.

This is a self-administering tool which will reflect the areas that performing well and the areas that needed strengthening. At SACS and NACO level, one will be able to see at a glance the overall performance of DAPCUs. This will enable them to prioritise their mentoring efforts to improve efficiencies in functioning and performance.

It is expected that the DAPCUs undergo this self-assessment once a quarter. The tool for assessing DAPCU progress and their definition is provided as Annexure-13.

Stakeholder Roles and Responsibilities

4.1 Roles and Responsibilities of NACO

- Approve and allocate funds for DAPCUs as per Annual Action Plan (AAP) .
- Issue Operational Guidelines and training curriculum for induction training of DAPCUs.
- Information regarding re-categorisation of districts shall be intimated by NACO and will inform SACS for establishment of DAPCUs in those districts, if any.
- NACO in association with other resource agencies will develop a mentoring system to support DAPCUs which will be handed over to SACS.
- NACO to periodically review the performance of DAPCUs through SACS.

4.2 Roles and Responsibilities of SACS

- Recruit human resource for DAPCU as per the Operational Guideline.
- Provide infrastructure and office equipment to DAPCU teams as per Operational Guidelines.
- Identify a Nodal Officer for DAPCUs.
- Identify District AIDS Control Officer (DACO) in consultation with DC.
- Conduct decentralised annual action planning processes.
- Conduct periodic review meetings of DAPCUs.
- Review the monthly reports of DAPCUs and provide feedback.
- Ensure visits to districts in coordination with DAPCU teams.
- Ensure induction training of all DAPCU team members.
- Ensure refresher training on need basis.
- Ensure timely release of grants for DAPCU expenses.
- Ensure timely provision of information regarding financial releases to facilities.

4.3 Roles and Responsibilities of the district administration

- Review monthly district dashboard indicators.
- Convene quarterly DAPCC meetings. Facilitate mainstreaming of HIV in Line departments.
- Facilitate PLHIV and HRG access to social benefit schemes through DAPCUs.
- Support troubleshooting for programme implementation of NACP at the facility/district level.
- Leverage resources for district specific activities of prevention, care, support and treatment services of HIV/AIDS.

ANNEXURES

ANNEXURE 1: Letter for DAPCC-Dir. Finance



Kanwaldeep Singh
Director (Finance)

Department of AIDS Control, NACO, Ministry of Health and Family Welfare, Government of India

X-19014/310/2010 NACO (NTSU)

Date: 22-03-2012

Dear *Project Director,*

You are aware that DAPCUs have been established in category A and B districts across the country. A District AIDS Prevention and Control Committee (DAPCC) was also to be constituted in these districts and meetings held on a quarterly basis to review and monitor all NACP activities in the district. It has been observed that some states have appointed District Collector as chairpersons and few others have appointed DHO/ CMHO/ CMOs.

It was emphasized during the national level training of DAPCU staff, that District Collector/ Deputy Commissioners should be the chairpersons and District AIDS Control Officer (DACO) should be appointed the member secretary of DAPCC (please refer to page no. 7 of 38, Session-1 of DAPCU training module-I).

It is requested that you may take appropriate steps to ensure that District Collector/ Deputy Commissioners as functioning as chairpersons and DAPCC meetings are conducted regularly in the DAPCU districts of your state.

This issues with the concurrence of Secretary and DG-NACO.

Yours sincerely,


(Kanwaldeep Singh)

To: The Project Directors- Andhra Pradesh SACS, Assam SACS, Arunachal SACS, Bihar SACS, Chhattisgarh SACS, Delhi SACS, Gujarat SACS, Haryana SACS, Karnataka SA&PS, Kerala SACS, Madhya Pradesh SACS, Maharashtra SACS, Manipur SACS, Mizoram SACS, Nagaland SACS, Odisha SACS, Punjab SACS, Rajasthan SACS, Tamil Nadu SACS, Tripura SACS, Uttar Pradesh SACS and West Bengal SAP&CS

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अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ
Know Your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing

Staff Structure, Qualification, Remuneration Range and Roles and Responsibilities of DAPCUs

Sl. No.	Name of the Post	Educational Qualification	Experience	Remuneration Range	Mode of Recruitment	Brief Roles & Responsibilities	Remark
1.	District AIDS Control Officer	(A) Medical Officer from State Cadre from the district entrusted with AIDS Control Program	Nodal Officer for AIDS Prevention and Control Program at district level may be appointed from among the available Additional District Medical officer/ Dy. CMHO (Health), or the district officer for Leprosy as In-charge of NACP activities in the district, as per the State Government notification.	Ex-Officio non-remunerative with additional charge		<ul style="list-style-type: none"> S/He would be overall in-charge and responsible for DAPCU and its functions. S/he would be central to framing and implementing the district level strategy for prevention and control of HIV / AIDS in the district under the supervision and guidance from District Collector, Chairman of DAPCC. S/He would assist the District Administration to put up a unified action plan for stabilizing and reversing the HIV/AIDS epidemic in the district by building convergence within the HFV sector and also with the different stakeholders present in the district. S/He would ensure the continuity of the supply chain, service delivery and implementation of directions of SACS. S/He would regularly report to District collector on the dash board, Submit monthly report to PD-SACS on physical, financial, epidemiological progress of the program. 	Wherever DPOs/DPMs are from Govt. Health Department on deputation there will not be a position of District AIDS Control Officer.


 District AIDS Control Officer
 District AIDS Control Program

Sl. No.	Name of the Post	Educational Qualification	Experience	Remuneration Range	Mode of Recruitment	Brief Roles & Responsibilities	Remark
2.	District Program Officer or District Program Manager (1)	(A) Asst. Director Officer from State Centre Cadre with sufficient administrative experience OR (B) Medical professional in modern medicine with 2 years of experience in health programme implementation OR (C) Post graduate degree in Management with 3 years experience in health	Experience in Health Sector in Government service 2 years of field experience in HIV/AIDS Program or Health Program 3 years of field experience in HIV/AIDS Program or Health Program	As per the government rates applicable ₹22000/- – ₹30,000/- per month	Deputation On Contract	<ul style="list-style-type: none"> S/He would also coordinate condom promotion, Service demand generation campaigns with the support of district health and other department machinery. Undertake field visits <p>A Nodal Officer for AIDS Prevention and Control Program at district level may be appointed from among the available Additional District Medical officer/ Dy. CMHO (Health), or the district officer for Leprosy as In-charge of NACP activities in the district, as per the State Government notification.</p> <ul style="list-style-type: none"> S/He would be the overall in charge and responsible for the DAPCU and its functions. S/He will provide techno managerial support for training, reporting, monitoring, supervision of HIV/AIDS related activity assigned to the districts according to policy and guidelines of NACO and SACS S/he would be central to framing and implementing the district level strategy for prevention and control of HIV / AIDS in the district under the supervision and guidance from District Collector, Chairman of 	In case the states find it difficult to get people on deputation they should follow the option available at B to D

Sl. No.	Name of the Post	Educational Qualification	Experience	Remuneration Range	Mode of Recruitment	Brief Roles & Responsibilities	Remark
		<p>programme implementation</p> <p>OR</p> <p>(D) Master Degree in Social Science or Life Science with 4 years field experience in HIV/AIDS or health</p>	<p>4 years of field experience in HIV/AIDS Program or Health Program</p>			<p>DAPCC.</p> <ul style="list-style-type: none"> S/He would assist the District Administration to put up a unified action plan for stabilizing and reversing the HIV/AIDS epidemic in the district by building convergence within the HFW sector and also with the different stakeholders present in the district. S/He would ensure the continuity of the supply chain, service delivery and implementation of directions of SACS. S/He would regularly report to District collector on the dash board, Submit monthly report on physical, financial, epidemiological progress of the program to PD-SACS and NACO S/He would coordinate for Condom promotion and service demand generation campaigns with the support of district health and other line department machinery along with program partners / components. Undertake field visits (at least 15 days a month) to identify and verify program related issues Coordinate preparation and implementation of District Action 	

Sl. No.	Name of the Post	Educational Qualification	Experience	Remuneration Range	Mode of Recruitment	Brief Roles & Responsibilities	Remark
3	M & E Assistant (1)	Graduate with computer knowledge Writing and Reading skill in English and Hindi (or local language) is compulsory	Experience candidates preferred	₹ 9200/- – ₹ 12000/-	Contractual	<p>Plan emphasizing implementation of NACP strategies and mainstreaming with NRHM.</p> <ul style="list-style-type: none"> Based on the field visits identify gaps/needs in the capacities of various facility personnel and communicate to SACS. Ensure district level support for training of staff as per guidance from SACS. Engage stakeholder consultation with govt. departments, NGO/CBO, PLHA. Coordinate IEC campaign especially for condom promotions, demand general and VBD. Institutionalized system of convergence with NRHM. Supervise the functions of HIV/AIDS facility centres <p>The role of M&E Assistant is to strengthen the DAPCU and assisting the DACO and DPM by monitoring all the HIV/AIDS related activities in the district and provide timely feedback to the District team for better execution of HIV/AIDS plans. The responsibilities of M&E Assistant are as follows:</p> <ul style="list-style-type: none"> Enter the data and send the completed reports to SACS/NACO on time. 	

Sl. No.	Name of the Post	Educational Qualification	Experience	Remuneration Range	Mode of Recruitment	Brief Roles & Responsibilities	Remark
4.	Account Assistant (1)	Graduate with computer knowledge. Preference to candidates with B.Com Writing and Reading skill in English and Hindi (or local language) is compulsory	Experience candidates preferred	₹ 9200/- ₹ 12000/-	Contractual	<ul style="list-style-type: none"> Monitor submission of reports by various facility centers, review them and provide feedback to ensure that the reports submitted are filled correctly and completely and submitted on time Undertake field visits to verify the records, reports and registers (content and quality of information) in the centers Maintain the district dashboard and update it regularly. Update the team members about the district situation in the monthly team meetings S/He should carry out any other responsibility as assigned by DACO, DPO and SACS for programmatic purpose. 	

Sl. No.	Name of the Post	Educational Qualification	Experience	Remuneration Range	Mode of Recruitment	Brief Roles & Responsibilities	Remark
						<p>activities as per the given guidelines by SACS.</p> <ul style="list-style-type: none"> S/He will ensure fund flow for various activities under the District Action Plan and proper monitoring and report of fund utilization to DACO. Se/He will facilitate audit of the funds utilized by DAPCU through SACS. S/He shall facilitate SACS for financial management at respective facility centres in the district. Also follow up regarding funds devolved, utilised and balance available. S/He shall follow up with various Facility Centres in charge for timely submission of statement of accounts/expenditure and utilization certificate. S/He shall also follow up various Facility Centres in-charge for timely submission of Audited statement and compliance report to SACS. S/He shall make field visits for smooth function of the program as guided by DACO or DPO S/He should carry out any other responsibility as assigned by DACO, DPO and SACS for programmatic purpose. 	

Signature

Sl. No.	Name of the Post	Educational Qualification	Experience	Remuneration Range	Mode of Recruitment	Brief Roles & Responsibilities	Remark
5.	Program Assistant (1)	Graduate with computer knowledge		₹ 9200/- – ₹12000/-	Contractual	<ul style="list-style-type: none"> Supporting the DACO and DPO in maintenance of files, records and coordination other day to day activities S/He shall make field visits for smooth function of the program as guided by DACO or DPO S/He should carry out any other responsibility as assigned by DACO, DPO and SACS for programmatic purpose. 	

Total Positions – 5 (Five Only)

Notes:

- The emoluments should be fixed only at the minimum indicated in the remuneration range when appointed.
- The annual increase in the remuneration should be given as follows:
 - DPM /DPO – ₹ 1000/-
 - M & E Assistant – ₹ 750/-
 - Accounts Assistant – ₹ 750/-
 - Program Assistant - ₹ 750/-
- The contract should initially be for one year and revised on annual basis. The above increases should be given after assessing their performance (format enclosed) and the contract for the subsequent years should be done with stipulated annual increases in remuneration.

(Signature)

Part I

NATIONAL AIDS CONTROL ORGANIZATION

Performance Appraisal to be filled by DPM, M&E Asst, Account Assistant, Admin Asst., etc

<i>Name:</i>
<i>Current Designation:</i>
<i>Organization:</i>
<i>Monthly Remuneration:</i>
<i>Joining Date:</i>
<i>Period of Contract:</i>
<i>Current Assessment period : (Last 11 months).</i>
<i>Educational Qualifications:</i>
<i>Experience:</i>
<i>Job Responsibilities(as per ToR's and Orders):</i>

Part II

SELF APPRAISAL

(To be filled by the DPM, M&E Asst, Account Assistant, Admin Asst., etc reported upon)

OVERALL SUMMARY OF PERFORMANCE:

Resume of work done during the period under report in line with job responsibilities contained in the appointment letter: (please be brief and to the point)

What are the activities which you carried out, which were outside the scope of your key responsibilities:

Factors which hinder your performance during the reporting period:

Please mention any special achievements or outstanding work done during the current appraisal period:

Part III

Remarks from DACO on overall performance:

Recommends for: *(tick on one)*

A: Extension of Contract

B: Extension of Contract for 3 months with an instruction to improve performance (without increase in emoluments)

C: Termination of Contract

ANNEXURE 3: Sample format for District Asset Register

State	District	Type of Facility	Name of the Facility	Name of the Asset/ Equipment	Quantity	Name & Address of the supplier	Bill Number	Date of procurement/ Purchase	Cost of the Equipment	Asset Number	Current Warranty status Yes/No/ NA	Functional status		AMC Status		Remarks	
												Working	Not working	Completed	Not completed		Not Applicable

Instructions

Instructions for filling Asset Register format

DAPCUs are required to maintain a record of assets of the DAPCU office as well as other HIV facilities of the district. These details have to be updated periodically (as required by SACS) and submitted to SACS. (Please refer DAPCU operational guidelines (finance section) for asset register format and steps involved in collection of asset details from facilities)

Instructions for filling the asset register format:

- State:** Write the name of your state
- District:** Write the name of your district
- Type of facility:** Write type of facility (example: ICTC or ART or STI clinic etc.)
- Name of the facility:** Please write facility name: i.e. Type of facility followed by name of the place where it is located (example: ICTC – CHC Barapani , or PHC Musheerabad)
- Name of the asset/equipment:** Ensure that you write the complete name of the asset. A few points to keep in mind
 - Computer includes - CPU, Monitor, Key board, mouse and mother board. Please don't write them separately- Just write computer.
 - Write printer and UPS separately
 - If the same item is having different cost please mentions separately

6. **Quantity:** Please write total number of equipments/assets

Example: If there are 10 chairs of the same cost, don't give individual information of the each chair i.e. don't put 10 rows. Instead write the total number of chairs (10) under this column
7. **Name and address of the supplier:** Write the name and address of the supplier of the equipment/asset (example: SBS enterprises, Hyderabad)
8. **Bill number:** Write bill number of the equipment/asset
9. **Date:** Write procurement date
10. **Cost of the asset/equipment:** Write cost of the asset (if you are writing cost of the 10 chairs and each chair cost is 400 please write as $10 \times 400 = 4000$)
11. **Asset number:** Write asset number (as you know that each asset has to have unique number on it, if you don't know how to number the assets please contact your SACS finance division)
12. **Warranty details:** Write warranty status of the asset if it is under warranty write as "Yes" otherwise "No".
13. **Functional status:**
 - a. **Working:** Write number of equipment which are functional
 - b. **Not Working:** Write number of equipment which are not functional
14. **AMC status:** Write AMC status of the asset (as you know that there should be some agency which is given the maintenance contract for equipment. If there is any such agency for maintenance of the specific assets write "Yes" otherwise write as "No").
 - a. Completed: Write the number of assets with AMC
 - b. Not Completed: Write the number of assets without AMC
 - c. Not Applicable: Write the number of assets where AMC is not required

ANNEXURE 4: Order for establishment cost for DAPCU

Kanwaldeep Singh, IDAS



Director (Finance)
National AIDS Control Organisation
Ministry of Health & Family Welfare
9th Floor, Chandralok Building, 36 Janpath,
New Delhi - 110001
☎ : 011-23731780
Fax : 011-43509938
No. T. 11025/28/2009-NACO
Dated 20th April 2010

Subject: Operational Expenses for DAPCUs

Dear Sir/Madam,

Operational Expenses for DAPCUs were fixed at Rs. 40000 p.a. earlier and the same was taken in to account for costing of this element in the AAP for 2010-11. However, NACO has been receiving reports from various quarters about the inadequacy of this amount. In view of this, operational expenses for DAPCUs are revised as follows:-

1. Recurring Expenses

a. Communication Expenses (Telephone and internet)	Rs. 2500 pm
b. Stationary	Rs. 2000 pm
c. Postage	Rs. 1000 pm
d. Travel	Rs. 10,000 pm
e. Contingency	Rs. 2000 pm

It had originally been envisaged that DAPCUs would be located in government premises. In case this has not been feasible for some compelling reason and permission has been obtained to locate the DAPCU elsewhere, case for payment of Rent along with Electricity & Water charges would be considered on a case to case basis.. For this purpose a self contained proposal may be sent to NACO for prior approval.

2. One Time Cost (only for newly established DAPCUs)

- Furniture and refurbishment upto a maximum ceiling of Rs. 1 lac.
- Computer/ UPS/Printer upto Rs. 50,000/-

SACS can rework the DAPCU annual budget as per the above norms. It would not be necessary to restrict monthly expenditure to the limits indicated above. However, they would be used to calculate the annual budget ceiling. Additional fund requirement will be considered after considering the pattern of expenditure of the first quarter. This communication constitutes approval to incur expenditure as per budgets worked out on the above norms.

It is reiterated that DAPCUs are not accounting units and SACS should not transfer bulk money to the DAPCU for any purpose. The releases for operational expenses above should be treated as advance and settled on monthly basis. In this connection please refer to this officer letter of even no. dated 26th November 2009.

It is also emphasis that states are not authorized to add more DAPCUs for the time being until further orders.

This is issued with the concurrence of Secretary & DG, NACO

Yours faithfully,


(Kanwaldeep Singh)

To

Project Directors
All SACS

ANNEXURE 5: Order for Operational expenses for DAPCU

Kanwaldeep Singh, IDAS



Director (Finance)
National AIDS Control Organisation
Ministry of Health & Family Welfare
6th Floor, Chandralok Building, 36 Janpath,
New Delhi - 110001
☎ : 011-23731780
Fax : 011-43509938

No. T. 11025/28/2009-NACO (FIN)
Dated 3rd November 2010

Subject: Operational Expenses for DAPCUs
Ref: This office letter of even no dated 20th April 2010

Dear Sir/Madam,

The operational expenses for DAPCUs were revised and communicated vide this office letter of even no dated 20th April 2010. Subsequently, to this, there have been representations from the states on this. These aspects have been considered and the following revision of rates is approved:

1. Recurring expenses

Sl. No.	Item of expenses	Existing Rate	Revised Rate	Remarks
a.	Communication Expenses (Telephone and Internet)	Rs 2500 Per Month	Rs 3000 Per Month	
b.	Stationary	Rs 2000 Per Month	Rs. 2500 Per Month	
c.	Postage	Rs.1000 Per Month	No change	
d.	Travel	Rs.10000 Per Month	Rs20000 Per Month	See notes below
e.	Contingency	Rs2000 Per Month	No change	

2. One time cost

- Furniture and refurbishment – no change in the ceiling.
- Computer, UPS and Printer - one more PC and UPS may be purchased limiting the expenditure to Rs. 40000. The printer should be shared

Notes

1. Travel cost at 1 (d)

- The provision for travel is meant for all Officers and staff of DAPCU who are required to travel for official purpose.
- The provision is in the nature of reimbursement of actual expenses incurred in travelling and not for activities like routine hiring of vehicles.
- This provision is not a perk, or an allowance attached to any post and should not be disbursed as such

2. Postage at 1 (c)

- This includes cost for courier charges if any.

3. All supporting vouchers in original should be submitted to SACS on periodical basis along with SOE and UC.

4. SACS can re-work the annual budget as per the above norms. However, for the current year the increase will be proportionate from December onwards in case of recurring cost.

This issues with the concurrence of Secretary & DG, NACO.

Yours sincerely,


(Kanwaldeep Singh)

To

The Project Director
All State AIDS Control Societies/UTs

ANNEXURE 6: Format for DAPCC minutes



DAPCU Series XIX - DAPCC Minutes Outline

District AIDS Prevention and Control Committees (DAPCC) have been formed in 156 DAPCUs districts across the country. DAPCC meetings bring together various stakeholders at the district level to provide support to the HIV programme. The meetings usually take place only once a quarter and many DAPCUs have been sharing DAPCC meeting minutes along with their DAPCU monthly reports. It is observed that critical discussions are undertaken in these meetings; however, often the minutes do not capture decisions and follow up actions.

To support the DAPCC members in effectively reviewing the programme and supporting its activities, the DAPCUs must maintain minutes including action steps as well as decisions taken. Based on these minutes, all decisions and actions proposed must be reviewed in subsequent DAPCC meetings. The note below is provided to help DAPCUs in documenting these minutes. DAPCUs teams are expected to prepare the minutes obtain signatures of Chairperson and Secretary and circulate the signed minutes to all members. The minutes must be filed and made available for all DAPCC meetings.

DISTRICT AIDS PREVENTION AND CONTROL COMMITTEE – (1st /2nd /3rd) MEETING MINUTES

- I. DATE: _____ VENUE: _____ CHAIRPERSON: _____
 II. AGENDA

- a. **First agenda item must always be review of the last meeting:** At the end of each meeting it is expected that the DAPCUs document key decisions with details provided in Table 2 of this outline. Before the next meeting the Status/Progress on decisions must be collated by DAPCUs and reviewed by the DAPCC members in the meeting.

Table 1- Review of decisions taken in previous meeting

S.no	Issue	Decision/Task to be undertaken	Person Responsible	Timeline	Status/Progress
1					
2					

- b. List all other agenda items

- III. **DETAILS OF DISCUSSIONS:** Please provide highlights of the presentations and discussions as well as suggestions/opinions of various members in this section. : eg., issue was discussed and Dr.Mr.Ms.....(designation) suggested ----. After detailed discussions it has been resolved that(resolution/decision made)

- IV. **KEY DECISIONS:**

Table 2- Key decisions taken

S.no	Issue	Decision/Task to be undertaken	Person Responsible	Timeline
1				
2				

Status of these must specifically be reviewed in the next DAPCC meeting.

- V. **PARTICIPANTS:**

Table 3- List of DAPCC members and special invitees if any

S.no	Name	Designation and Department	Present for the meeting? Y/N
1			
2			

Signatures

Chairperson

Member Secretary

ANNEXURE 7: Facility review checklists

Targeted Intervention:

Name of TI:

Date of visit:

Staff visiting:

Designation	Name	Positions sanctioned	In Place	Trained & When	Remarks (also if staffing as per norms)
PM					
ORW					
Counsellor					
PE					
M&E					

Key Indicators for last quarter (these may be obtained and reviewed before visiting facility)

Key Indicators						
Registration (target vs. Achievement)						
Monthly contacts (target Vs. Achievement)						
Monthly condom distribution (target vs. achievement)						
RMC (target vs. Achievement)						
HIV testing (target vs. achievement)						

Records and Registers

Registers	Status	Remarks
Movement register		
Stock register		
Meeting registers		
Submission of SoE UCs		

Identify issues requiring DAPCU facilitation and support

Integrated Counselling and Testing Centre

Name of ICTC:

Date of visit:

Staff visiting:

I. Staff met (names and designation and their training status):

Staff	Name	Positions sanctioned	In place	Trained & When	Remarks (also if staffing as per norms)
MO-in-charge					
Counsellor					
LT					
Outreach worker					
Other staff					

II. Key indicators for last 4-5 months (these may be obtained before visiting facility)

Key indicators					
Total tested (all)					
HIV positive					
ANC tested					
HIV positive					
Positive deliveries in month					
MB pair received NVP					
Referred to ART for registration					
In referrals from TI to ICTC					
In referral from STI Clinic					
Out referral from STI Clinic					
ICTC to RNTCP referrals					
TB patients tested for HIV					
TB-HIV patients					

III. Equipment and registers

Equipment and registers	No in place	Working	AMC (Y/N)	Calibration (Y/N)	Remarks
Centrifuge					
Micro pipettes			NA		
Needle destroyer			NA		
Refrigerator					
Thermometer					
Colour coded waste disposal bins					
Computer				NA	
Internet connection			NA	NA	
Sample transport box					
Condom outlet					

Equipment and registers	No in place	Working	AMC (Y/N)	Calibration (Y/N)	Remarks
Complaint box					
IEC material displayed					
Registers					

IV. Stock and consumable status as on date _____ :

Stock	Average Consumption/ month	Available stock	Expiry date	Remarks (excess/ shortage/ storage)
HIV Test Kit 1 (Name: _____)				
HIV Test Kit 2 (Name: _____)				
HIV Test Kit 3 (Name: _____)				
HIV Test Kit 4 (Name: _____)				
PEP Drug				
Nevirapinetablet				
Nevirapinesyrup				
Syringes and needles				
Safe delivery kits				
Condoms				
Others specify				

V. General Observations (besides above indicators):

- Counselling room (Audio Visual privacy and space)
- Universal precautions and waste disposal mechanism
- EQAS mechanism
- Lab (is it within ICTC or in General Lab)
- Submission of SOE and UC
- Other

VI. Recommendations (for facility, DAPCU, SACS if any):

Designated STI/RTI Clinic (DSRC)

Name of DSRC:

Date of visit:

Staff visiting:

I. Staff met (names and designation and their training status)

Staff	Name	Positions sanctioned	In place	Trained & when	Remarks (also if staffing as per norms)
MO-in-charge					
Counsellor					
LT					

II. Key Indicators at DSRC over last 4-5 months (these may be compiled from CMIS before facility visit)

Indicators					
Total Clients Visited – New					
Total Clients Visited STD- Old					
Total Treated-Old and New					
Total tested for RPR					
No. found RPR Positive					
Referred to ICTC from STI					
Referral from ICTC to STI					
HRG referred from TI					
Condoms issued					

III. Stock status as on date _____

Kits or consumables	Average consumption per month	Stock position	Expiry date	Remarks (including shortage/ excess/ storage)
Kit 1 (Grey) UD, ARD, cervicitis				
Kit 2 (Green) Vaginitis				
Kit 3 (White) GUD				
Kit 4 (Blue) GUD				
Kit 5 (Red) GUD				
Kit 6 (Yellow) LAP				
Kit 7 (Black) IB				
RPR Test Kit/TPHA				
Condoms				

IV. Equipment and Registers

Equipment and registers	No in place	Working	AMC (Y/N)	Calibration (Y/N)	Remarks
Speculum			NA	NA	
Proctoscope			NA	NA	
Condom outlet			NA	NA	
Micro Pipettes					
Refrigerator					
Computer				NA	
Internet Connection			NA	NA	
Complaint box			NA	NA	
IEC material displayed			NA	NA	
Colour coded bins present			NA	NA	
Registers			NA	NA	

V. General Observations

- Counselling room (Audio Visual privacy and space)
- Orientation of DSRC with respect to ICTC
- Universal precautions and waste disposal mechanism and lab (is it within DSRC or in general lab)
- Submission of SOE and UC
- Other

VI. Recommendations (for Facility, DAPCU, SACS if any)

Anti-Retroviral Therapy Centre (ART)

Name of the ART Centre:

Date of visit:

Staff visiting:

I. Staff met (names and designation and their training status):

Staff	Name	Positions sanctioned	In place	Trained & When	Remarks (also if staffing as per norms)
Nodal Officer					
SMO					
MO					
Counsellor					
Data Manager					
Pharmacist					
Staff Nurse					
LT					
Care Coordinator					

II. Key Indicators for last 4-5 months

Key Indicators					
Pre-ART (new)					
Pre ART Total					
Alive and on ART					
MIS					
LFU					
LFU Re-entered					
Patients on ART and ATT					

III. Stock status as on (date) _____

Stock	Consumption (avg/ month)	Available stock	Expiry date	Remarks (shortage or excess stock)
d4T30+3TC (tab) –SL 30				
AZT+3TC (tab) –ZL				
d4T30+3TC+NVP (tab) –SLN				
AZT+3TC+NVP (tab)- ZLN				
NVP 200 (tab)				
EFV 600 (tab)				
d4T6+3TC (disp.tab)- SL6				
d4T10+3TC (disp.tab)				
d4T6+3TC+ NVP (disp.tab)- SLN6				
d4T10+3TC+ NVP (disp.tab)				
EFV 200 (Tab)				
EFV Syrup /EFV 50 mg				

Stock	Consumption (avg/ month)	Available stock	Expiry date	Remarks (shortage or excess stock)
AZT+3TC+ NVP (Ped) ZLN-P				
AZT+3TC (Ped) ZL-P				
Cotrimoxazole (DS)				
Cotrimoxazole (SS)				
CD4 reagent (Kits)				
Condoms				

IV. Equipment

Equipment	No in place	Working	AMC (Y/N)	Calibration (Y/N)	Remarks
CD4 test machine					
Micro Pipettes					
Refrigerator					
Computer					
Internet Connect					

V. Key observations in the facility:

- Flow of patients in the ART Center
- Availability of safe drinking water within ART Center-
- IEC display
- Distance between HIV and TB OPD
- Air circulation
- Privacy in counselling
- Pharmacy- check for storage facility and mechanism for disposal of expired drugs
- Gap between PLHIV eligible for ART and on ART (check for last month- from CD4 test done in last month)
- Submission of SOE and UC
- Management of Follow up and inter linkages (including ART CCC coordination meeting)
- Supply of drugs to LAC and their monitoring
- Other issues

VI. Recommendations (for Facility, DAPCU, SACS if any):

Blood Bank

Name of the Blood Bank:

Date of visit:

Staff visiting:

Staff met (names and designation and their training status)

Staff	Name	Positions sanctioned	In place	Trained & when	Remarks (also if staffing as per norms)
Nodal Officer					
Counsellor					
LTS					

VII. Key Indicators for last 4-5 months

Key Indicators					
Total blood units collected (Target Vs. Achievement)					
Total VBDs					
Number of positives					
Number referred to ICTCs					

VIII. Stock status as on (date) _____

Stock	Consumption (avg/ month)	Available stock	Expiry date	Remarks (shortage or excess stock)

IX. Equipment

Equipment	No in place	Working	AMC (Y/N)	Calibration (Y/N)	Remarks

X. Key observations in the facility:

XI. Recommendations (for facility, DAPCU, SACS if any):

Annexure 8: Field Visit Reporting Format

1. Name of the Facility
2. Name and Designation of The DAPCU team member visiting
3. People Met

Major Observations

1. ...
2. ...
3. ...

Issues requiring DAPCU facilitation

1. ...
2. ...
3. ...

Support Provided by DAPCU

1. ...
2. ...
3. ...
4. ...

Follow up action points for Facility

- 1.

Follow up action points for DAPCU

1. ...
2. ...
3. ...

Annexure 9A: Social Benefit Schemes reporting format for HRGs

State	District	Name of TI NGO	HRG Line list number	Age	Sex	Entitlements						Food Security and Nutrition Schemes								
						Ration card	Bank Account	Voter ID	Insurance	Antyodaya Anna Yojana	Nutrition support from Government Department	Nutrition support from Private Institutions/NGOs	Annapurna card	Other	Ration card	Bank Account	Voter ID	Insurance	Antyodaya Anna Yojana	Nutrition support from Government Department
						1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	
Schemes for Children/Student																				
ART pension 1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	Indira Gandhi National Pension Scheme (IGNWPS)	Indira Gandhi National Disable Pension Scheme (IGNDPS)	Other	Travel schemes				Schemes for Children/Student				Other							
					Bus fare concession in APSRTC	Other	Girl Child protection scheme	Girl Child protection scheme	Merit Scholarship from Private institutions/NGOs	School education support from Government Departments	School education support from Private Institutions/NGOs	Other								
	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	

Employment and entrepreneurship support schemes						Health Related schemes	Social Security scheme	Housing schemes	Others
Loans from Government Department for Income generation 1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	Loans from Private Institutions/NGOs Department for Income generation 1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	Economic assistance to the disable person 1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	Financial assistance to poor and young widow 1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	Unemployment allowance 1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible	Job cards under NREGA 1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible		National Family Benefit Scheme 1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible		
							Other		

Category of the scheme	Scheme Name	No of HRGs eligible (To fill this column please add 2nd and 3rd option from HRG Individual Scheme sheet)	No of HRGs applied for the Scheme	No of HRG receiving Scheme (to fill this column please use option 2 from HRG Individual Scheme sheet)
Entitlements	Ration card			
	Bank Account			
	Voter ID			
	Insurance			
Food Security and Nutrition Schemes	Antyodaya Anna Yojana			
	Nutrition support from Government Department			
	Nutrition support from Private Institutions/ NGOs			
	Annapurna card			
	Other			
Pension Schemes	ART pension			
	Indira Gandhi National Old Age Pension Scheme (IGNOAPS)			
	Indira Gandhi National Widow Pension Scheme (IGNWPS)			
	Indira Gandhi National Disable Pension Scheme (IGNDPS)			
	Other			
Travel schemes	Bus fare concession			
	Other			
Schemes for Children/Student	Girl Child protection scheme			
	Merit Scholarship from Government Departments			
	Merit Scholarship from Private institutions/ NGOs			
	School education support from Government Departments			
	School education support from Private Institutions/NGOs			
	Other			

Category of the scheme	Scheme Name	No of HRGs eligible (To fill this column please add 2nd and 3rd option from HRG Individual Scheme sheet)	No of HRGs applied for the Scheme	No of HRG receiving Scheme (to fill this column please use option 2 from HRG Individual Scheme sheet)
Employment and entrepreneurship support schemes	Loans from Government Department for Income generation			
	Loans from Private Institutions/NGOs Department for Income generation			
	Economic assistance to the disable person			
	Financial assistance to poor and young widow			
	Unemployment allowance			
	Job cards under NREGS			
Health Related schemes				
Social Security scheme	National Family Benefit Scheme			
	Other			
Housing schemes				
Others				

Annexure 9B: Social Benefit Schemes reporting format for PLHV

State	District	Name of the ART centre	Pre ART Number	ART number	Age	Sex	Food Security and Nutrition Schemes						Pension Schemes							
							Antyodaya Anna Yojana 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible	Nutrition support from Government Department 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible	Nutrition support from Private Institutions/NGOs 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible	Annapurna card 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible	Other	ART pension 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible	Indira Gandhi National Old Age Pension Scheme (IGNOAPS) 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible	Indira Gandhi National Widow Pension Scheme (IGNWPS) 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible	Indira Gandhi National Disable Pension Scheme (IGNDPS) 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible	Other				

Travel schemes	Schemes for Children/Student				Employment and entrepreneurship support schemes															
	"Girl Child protection scheme 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible"	"Merit Scholarship from Government Departments 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible"	"Merit Scholarship from Private institutions/NGOs 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible"	"School education support from Government Departments 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible"	Other	"Loans from Government Department for Income generation 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible"	"Loans from Private Institutions/NGOs Department for Income generation 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible"	"Economic assistance to the disable person 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible"	"Financial assistance to poor and young widow 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible"	"Unemployment allowance 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible"	"Job cards under NREGA 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible"									
Bus fare concession to PLHA's in APSRTC 1. Eligible but Not Interested 2. Eligible and already receiving 3. Eligible but currently not receiving 4. Not Eligible																				

Health Related schemes	Social Security scheme	Housing schemes	Others
	Other		
	"National Family Benefit Scheme 1. Eligible but Not Interested 2. Eligible and already receiving scheme 3. Eligible but currently not receiving 4. Not Eligible"		

Category of the scheme	Scheme Name	No of PLHIV eligible (To fill this column please add 2nd and 3rd option from ART Individual Scheme sheet)	No of PLHIV applied for the Scheme	No of PLHIV receiving Scheme (to fill this column please use option 2 from ART Individual Scheme sheet)
Food Security and Nutrition Schemes	Antyodaya Anna Yojana			
	Nutrition support from Government Department			
	Nutrition support from Private Institutions/ NGOs			
	Annapurna card			
Pension Schemes	ART pension			
	Indira Gandhi National Old Age Pension Scheme (IGNOAPS)			
	Indira Gandhi National Widow Pension Scheme (IGNWPS)			
	Indira Gandhi National Disable Pension Scheme (IGNDPS)			
	Other			
Travel schemes	Bus fare concession to PLHA's in APSRTC			
	Other			
Schemes for Children/Student	Girl Child protection scheme			
	Merit Scholarship from Government Departments			
	Merit Scholarship from Private institutions/ NGOs			
	School education support from Government Departments			
	School education support from Private Institutions/NGOs			
	Other			

Category of the scheme	Scheme Name	No of PLHIV eligible (To fill this column please add 2nd and 3rd option from ART Individual Scheme sheet)	No of PLHIV applied for the Scheme	No of PLHIV receiving Scheme (to fill this column please use option 2 from ART Individual Scheme sheet)
Employment and entrepreneurship support schemes	Loans from Government Department for Income generation			
	Loans from Private Institutions/NGOs Department for Income generation			
	Economic assistance to the disable person			
	Financial assistance to poor and young widow			
	Unemployment allowance			
	Job cards under NREGS			
Health Related schemes				
Social Security scheme	National Family Benefit Scheme			
	Other			
Housing schemes				
Others				

Annexure 10: Instructions to SACS regarding orders to facilities

No. T. 11025/28/2009-NACO
Ministry of Health & Family Welfare
National AIDS Control Organization
(Department of AIDS Control)

6th Floor, Chandralok Building
36, Janpath, New Delhi - 110001
Dated 15th November 2010

To
The Project Directors
SACS/MACS

Sub:- Dissemination of important orders and instructions by NACO to DAPCUs

Dear Sir/ Madam

During the field visit of Officers it has been come to the notice that important orders/instructions issued by NACO are not communicated to the DAPCUs and Peripheral Units. Likewise, the details of releases made to the peripheral units/NGOs are also not regularly informed to the DAPCUs whereby the monitoring of advances of the implementing entities becomes difficult. Hence, it is decided that SACS should take the following steps immediately for dissemination of updated information to the DAPCUs to have a better monitoring of the activities.

1. Identify a person preferably from M & E Division who will be the nodal person to download all instructions issued by NACO and disseminate it to all Officers in SACS and DAPCUs.
2. Create an Email group of all DAPCUs in a state and disseminate all information on important orders and instructions issued by NACO and SACS from time to time.
3. When releases are made to NGOs and other implementing agencies, send a copy of the sanction to the concerned DAPCUs for their information and follow up action on implementation of activities and adjustments of advances.

During the training programme held for the DAPCUs, Officers and staff of DAPCUs have been oriented to monitor the activities and advances. The above steps will help the SACS in monitoring of activities as well as clearance of advances in better way. Similarly, DAPCUs may be advised to visit NACO web site www.nacoonline.org on regular basis and get themselves updated.

This issues with the concurrence of Secretary & DG NACO.


(Benoy Choudhury)

Under Secretary to the Govt. of India

Copy to,

1. All Divisional Heads of NACO
2. M&E Division for placing this in the website of NACO

Annexure 11: DAPCU Monthly Report Format

DAPCU staff details:

DAPCU email id: _____

Sl.No	Name	Designation	Post filled (Yes/No)	Contact number	Email	Attended (National training of DAPCU staff) (Yes/NO)	Training level
1		DACO					
2		DPM					
3		DIS					
4		M&E Assistant					
5		Account Assistant					
6		Program Assistant					

DAPCU MONTHLY REPORT

District:	State:	Category (A/B):_	ANC prevalence as per HIV Sentinel Surveillance (specify year)___/___	Month/Year:___
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I. HIV/AIDS related facilities in the district and their reporting for the month

Sl.No.	Description	DAPCU	TI NGOs	LWS NGO	Stand alone ICTCs	F-ICTCs	Blood Banks	Blood storage units	STI clinics	ART centre	Link ART centre	CCC	SRL	Others #
1.1	Number of facilities													
1.2	Number of facilities reporting													
1.3	Number of Facilities reporting Stock outs*													
1.4	Number of Staff Vacancies**													
1.5	Number of facilities needs new staff training													
1.6	AMC of all equipments done (Yes/No)													

II. Number of supportive supervision visits conducted														
Sl.No.	Description	DAPCU	TI NGOs	LWS NGO	Stand alone ICTCs	F-ICTCs	Blood Banks	Blood storage units	STI clinics	ART centre	Link ART centre	CCC	SRL	Others #
2.1	District AIDS Control Officer													
2.2	District Program Manager													
2.3	District ICTC Supervisor													
2.4	M & E Assistant													
2.5	Accounts Assistant													
2.6	Program Assistant													

III. Financial Reporting by facilities in the district						
Sl. No	Activity/ component	Budget for the Year (Rs)	Amount released (Cumulative) (Rs)	Expenditure (last month) (Rs)	Cumulative Expenditure (Rs)	Remarks (SoE and UCs submitted) (Rs)
Program						
3.1	TI NGOs					
3.2	Link Worker NGO					
3.3	IEC activities					
3.4	ICTC					
3.5	Blood Bank					
3.6	STI Clinics					
3.7	ART Centre					
3.8	Link ART Centre					
3.9	CCC					
3.10	DIC with DLN					
3.11	SRL					
3.12	Others (Specify)					
Institutional/ Operational Expenses						
3.13	DAPCU					
3.14	Others (Specify)					

IV. Key Programmatic Indicators - HRG intervention									
SI	FSW	MSM	IDUs	Core Composite	Truckers	Migrants			
4.1	No of Targeted Interventions								
	High Risk Groups								
4.2	Estimated number of HRGs/ Bridge Population based on mapping/SNA done.	Open	FSW	MSM	IDUs	Truckers			
4.3	Number of HRGs being Targeted through all interventions (As in TI contract)				Open	Open			
	High Risk Groups		FSW	MSM	IDUs	Truckers			
4.4	Number of HRGs registered in TI								
4.5	Number of HRGs regularly contacted by PEs (FSW, MSM, IDU), contacted (Truckers, Migrants)								
4.6	Number of HRGs attended at STI Clinic								
4.7	Number of STI cases treated in the month								
4.8	Total target of HRGs for testing at ICTCs (Annual-excluding positives)								
4.9	Number of HRGs tested at the ICTCs in the district (should be 1/6th of the total HRGs)								
4.10	Number of HRGs found HIV positive in the month								
4.11	Number of PLHA registered at the ART centres in the district in the month								
4.12	Total monthly demand for condoms by HRGs								
4.13	Total free condoms distributed to HRGs during the month								
4.14	Total monthly demand for Needles and Syringes among IDUs during the month			Needle=		'= Syringe			
4.15	Total Needles and syringes distributed among IDUs during the month			Needle=		'= Syringe			

IV a. Link worker Scheme		Estimated number as per mapping	Total contacted in the month	Tested at ICTC (HRGs)	Referral to STI (HRGs)	STI Treated (HRGs)
4a.1	FSW					
4a.2	MSM					
4a.3	IDU					
V -Key HIV counseling and Testing indicators		Target	No. tested	Positive	Percentage	
5.1	Total Number of clients tested for HIV (Male + Female + HRG + ANC) and positivity rate					
5.2	ANC tested in all the ICTCs and positivity rate					
VI - Other Key Programmatic Indicators for the month		Target	Achievement			
PPTCT Services						
6.1	No of Positive ANC delivered during the month					
6.2	No. of MB pair given Nevirapine in all the ICTCs					
6.3	No. of positives identified in 0-14 yrs (CLHIVs) age group in District					
Inter-linkages of ICTC with STI Clinics, TIs, RNTCP and Blood Banks						
6.4	In-Referral from STIs clinics to ICTCs					
6.5	In-Referral from TIs to ICTCs					
6.6	In-Referral from BBs to ICTC					
6.7	Out-referral from ICTCs to STIs					
6.8	Out-Referral from ICTCs to DMCs (RNTCP)					
6.9	In-Referral from DMCs (RNTCP) clinics to ICTCs					
6.10	Number of TB cases identified in the district					
6.11	Number of TB-HIV co-infected identified					
6.12	Death rate amongst HIV-TB patients on Anti-TB Treatment					
Blood Safety services						
6.13	Number of blood units collected through voluntary blood donation by Blood Bank					
6.14	Number of HIV Positive detected among Blood Donors from Blood Banks					

VI - Other Key Programmatic Indicators for the month			Target	Achievement
STI Services				
6.15	Total No of Clinic visits to Designated STI/RTI Clinic with STI/RTI complaints			
6.16	Number reactive to RPR test			
ART services & Social Benefit schemes				
6.17	Number of new Pre ART registrations in all ART centres			
6.18	Total number of PLHIVs alive and on ART in all ART centres			
6.19	Number of PLHIVs on ART who missed doses (MIS)			
6.20	Number of PLHIVs on ART who are Lost to Follow Up (LFU)			
6.21	Number of PLHIVs who re-entered into ART centre (after LFU)			
6.22	No. social benefit schemes available			
6.23	Number of PLHIV eligible for social benefit schemes (Cumulative)			
6.24	Number of PLHIV applied for Social benefit schemes (Cumulative)			
6.25	Number of PLHIV receiving the social benefit schemes (Cumulative)			
CCC Services				
6.25	Number of OI episode treated			
District Level Network				
6.26	Number of Positive Speakers			
6.27	Number of sessions taken for reduction of stigma and discrimination			
6.28	Number of Stigma & discrimination issues reported			
Referrals from LWS to ICTC, STI, DMC (RNTCP)			Referred	Tested
6.29	ICTC referral from LWS			
6.30	STI referral from LWS			
6.31	DMC (RNTCP) referral from LWS			

VII. DAPCC				
Sl.No	Status of DAPCC formation	Who is the Chairperson of DAPCC?	Date of DAPCC last meeting held(dd-mm-yyyy)	No. of DAPCC meetings held
7.1				
Spatial Maps				
7.2	Spatial Maps Prepared			
7.3	Presented to District Collector/Commissioner/Mejistrate			
7.4	Updated Maps for every six months			

VIII - Condom Promotion				
		Target	Supply / established	Distribution
1	Free Condom			
2	Number of condom outlets			
3	Social marketing of condoms			

IX - Campaign By DAPCU with NRHM		
	Campaign	Number
1	Condom promotion campaign	
2	ICTC Service demand generation campaign	
3	HIV/ AIDS awareness campaign	
4	Voluntary blood donation camps	
5	RTI/STI screening camps	
6	Health campaign for special groups like Tribals	
7	Special campaigns like World AIDS Day	

*Should mention the number of facilities with stock outs of important consumables. Important consumables would include: For TI NGOs: Free condoms, Lubricants, Needles/Syringe (IDU), STI Medicine; For LWS NGOs: Free condoms, Lubricants, Needles/Syringe (IDU); For ICTCs: HIV test Kits 1, 2 & 3, Needles/Syringe, Free condoms; For Blood Banks: All Test kits, Blood Grouping Sera; For Blood Storage centres: Blood Grouping Sera; For STI clinics: STI Colour coded kits, Free condom; For ART Centre: ART drugs, OI drugs, CD4 tests Reagent, Free Condoms; For Link Art Centre: ART Drugs, OI Drugs, Free condoms; For CCC: OI Drugs, Free Condoms; For SRL: HIV test kits 1, 2 & 3, ELISA kits

Facilities which report stock outs should prepare a detail report and send it to SACS. DAPCUs should follow up on these till resolved.

**Should write number of vacant positions and should describe details in qualitative section.

NOTE: DAPCU should prepare a detailed report wherever issues identified.

Note: The report is to be reported by 10th of every month to SACS by email as well as hard copy and to NACO by email to dapcunaco@gmail.com

Qualitative Portion of Monthly Program Management Report of the DAPCU

To be reported by 10th of every month to SACS and NACO (dapcunaco@gmail.com) by email as well as hard copy

Name of the District:- _____ State:- _____ Month: _____ Year: _____

I. Program review meetings held (Specify participants and Important issues discussed in the meeting)

Meetings	Total Number	No. of Participants	Peopole attended and Points discussed	key outputs/ follow-up activites
1. Program review meeting with HIV/ AIDS facilities				
2. Coordination meeting with Select HIV/AIDS facilities				
3. Coordination meeting with NRHM				
4. DAPCC meeting				
5. Meetings with other line departments for initiation or strengthening program				
6. Other meetings _____				

II. Sensitization workshops coordinated by DAPCU (Provide details of date of workshop, participants, purpose and outcome of workshop)

Workshop (Specify)	Total of work shops Number	No. of Participants	Objectives	key outcomes/ followup plans
1				
2				
3				

III. IEC Activities (including campaigns) coordinated and redressal of Social and Legal Issues by DAPCU (Provide write brief about activities undertaken and issues redressed)

--

IV. Major accomplishments/Initiatives/Best Practices during this month (including those of DAPCU activities as well as any major HIV/AIDS related activity in the district. It may also include successful resolution of major pending issues identified in the previous month):

1
2
3

IV. Major accomplishments/Initiatives/Best Practices during this month (including those of DAPCU activities as well as any major HIV/AIDS related activity in the district. It may also include successful resolution of major pending issues identified in the previous month):

4
5
6
7
8

V. Major Issues identified in the month

1	Vacancies and Training of DAPCU and HIV/AIDS related facility staff in the district (specify positions and name of the facility for each vacancy and Training requirements)						
	S No	Facility Name	Vacant Cadre	No of vacancy	Cadre in need of training	Training Type	Training Load
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						
2	Reporting (Names of Facilities from where reports have not been received)						

V. Major Issues identified in the month	
3	"Stock outs" reported and/or observed (Specify stocks, facilities, duration and efforts made for resolution)
4	Financial reporting and compliance (Specify facilities not submitted SoE, UC, audit report and/or its compliance)
5	AMC (and calibration) of equipments -specify equipments and facilities where issues identified reg. AMC / and / or calibration
6	Important issues identified in the program based on field visits and important programmatic indicators (give facility wise / indicator wise details; This section should also include issues identified related to IEC)

VI. Corrective Action Initiated at Facility level or District/DAPCU level:	
1	
2	
3	
4	
5	
6	

VII. Action requested at SACS/State level:	
1	
2	
3	
4	
5	
6	

VIII. Any other information:	
1	
2	
3	

VIII. Any other information:	
4	
5	
6	

Signature of the DACO

(This report is a compilation based on activities of DAPCU, reports received, meetings participated at district level/ state level and field visits done by DAPCU staff. DPM or DIS - in absence of DPM, to support DACO for preparation of report with assistance of M&E Assistant and Accounts Assistant)
 Use additional space as required while making the report

Annexure 12: District Dash Board Indicators

District _____, State _____, Category (A/B): _____ Month/Year -

I – HIV/AIDS related facilities in the district and their reporting for the month												
	Core and Bridge TI NGOs	Link workers Scheme NGO	PPTCT	ICTCs	Blood Banks (Including BSU,BCSU)	STI/RTI clinics	ART centre	Link ART centre	CCC	DIC	SRL	DAPCU
1.1	No. of facilities											
1.2	No of staff vacancies											

II - Program Strategies:										
SI No	Indicator	Estimate	Target	Clinic access by HRGs (30% unique HRGs per month)	No. treated for STI	Condom demand	Free Condom distributed	Number tested for HIV (1/6th every month)	Number detected HIV Positive	
1	Core population									
	FSW									
	MSM									
	IDU									
	Needle/Syringe demand and Distribution (mention under condom)									
2	Bridge population			Mention No. of individuals attended for STI				No. tested for HIV (All treated for STI be motivated and tested for HIV)		
	Truckers									
	Migrants									

III - Package of services:				
	Services	Indicator	Target	Achievement
1	STI	Total No of clinic visit to Designated STI/RTI clinic with STI/RTI complaint		
		Number of clients referred from STI clinic to ICTC		
2	Blood Safety	Voluntary Blood Donation- Number of Units (80% of total)		
3	ICTC	Total Number of people tested for HIV (Male+Female+HRG+ANC)		
		Number tested HIV Positive (Male+Female+HRG+ANC)		
		Number ANC tested for HIV		
		No of Positive ANC delivered during the month		
		Number of MB pair given Nevirapine		
		Number of referrals from ICTC to DMC (RNTCP)		
		Number of referrals from DMC (RNTCP) to ICTC		
		Number of TB-HIV co-infected persons		
4	ART	Death rate amongst HIV-TB patients on Anti-TB Treatment		
		Number of new registration (Pre ART) at ART Centre		
		Number of PLHIV alive and on ART		
		Number of PLHIV lost to follow up (LFU)		
5	CCC	Number of OI episode treated		
6	District Level Network	Number of Positive Speakers		
		Number of sessions taken for reduction of stigma and discrimination		
		Number of Stigma and discrimination issues reported		
7	Stock	Any Drug/consumable/condom/Needle-Syringe stock out in any of the Facility		
8	Other (Specify)			

IV - Condom Promotion				
		Target	Supply /established	Distribution
1	Free Condom			
2	Number of condom outlets			
3	Social marketing of condom			

V - Campaign By DAPCU		
	Campaign	Number
1	Condom promotion campaign	
2	ICTC Service demand generation campaign	
3	HIV/ AIDS awareness campaign, World AIDS day etc	
4	Voluntary blood donation camps	
5	RTI/STI screening Camps	
6	Health campaign for special groups like tribals	

VI – Financial Status:						
Sl. No	Activity/ component	Budget for the Year	Amount released (Cumulative)	Expenditure (last month)	Cumulative Expenditure	Remarks (SoE and UCs submitted)
Program						
1	TI NGOs					
2	Link Worker NGO					
3	IEC activities					
4	ICTC					
5	Blood Bank					
6	STI Clinics					
7	ART Centre					
8	Link ART Centre					
9	CCC					
10	DIC with DLN					
11	SRL					
12	Others (Specify)					
Institutional/ Operational Expenses						
1	DAPCU					
2	Others (Specify)					

Annexure 13: DAPCU Self Assessment Tool

Sl.No	Indicator	Assessment Scores			Score	Remarks
		1 (Poor)	2 (Average)	3 (Good)		
1	DAPCC meeting conducted along with District Health Society (DHS) meeting in the last quarter	No DAPCC meeting conducted with DHS	DAPCC Meeting conducted along with DHS and chaired by CMO/ CMHO/ DHO	DAPCC Meeting conducted along with DHS and chaired by DC		
2	District Level Campaign (for HIV related aspects either exclusively or integrated, based on evidence)	No	Planned and Implementation in Process	Outcomes of the district level campaign are measured		
3	% of positives detected in ICTCs linked to ART Centres in last one year.	<60%	60 to 80%	>80%		"Number of new positives detected in last 1 year _____ Number of Pre ART Registrations of the above _____"
4	% of Lost to follow ups (LFU) who were brought back to ART centre	<25%	25 to 50%	>50%		"Number of LFUs in last one year _____ Number of LFUs Re-Entered to ART of the above in last one year _____"
5	Status of Condom Stock out in TIs (Not applicable if there is no TI)	Stock out of condoms in any of the TI for more than a week in last quarter	Stock out of condoms for less than a week in any of the TI in last quarter	No stock out of condom in any of the TIs in the last Quarter		
6	Leveraging of resources from Govt. or non-Govt department (charitable societies/ trusts/ clubs, philanthropists, Private institutions or companies)	Attempted for Mobilizing funds	Mobilized limited funds for campaign	Mobilized sufficient funds for campaign		
7	% of Unique PLHIVs linked to Social Welfare Schemes	< 40%	40 to 60%	>60%		"Number of PLHIVs in the district _____ Number of unique PLHIVs linked to Social welfare schemes _____"

Sl.No	Indicator	Assessment Scores			Score	Remarks
		1 (Poor)	2 (Average)	3 (Good)		
8	% of unique HRGs linked to Social Welfare Schemes /entitlements	< 40%	40 to 60%	>60%		"Number of HRGs in the district as per TI contract _____ Number of unique HRGs linked to Social welfare schemes _____"
9	Any district level innovation or unique activity for the programme	No such unique activity	NA	Any activity with significant achievement and appraisal from District Administration		Mention innovation or unique activity achieved and appraised by district administration

Scoring pattern

Marks Scored	Grade	Result
Above 21	A+	Very Good
15-21	A	Average
< 15	B	Poor

Disclaimer

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National AIDS Control Organisation

India's voice against AIDS

Department of AIDS Control

Ministry of Health & Family Welfare, Government of India
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