

T-111025/27/2008- NACO (NACP-III)
Government of India
Ministry of Health and Family Welfare
Department of AIDS Control
(National AIDS Control Organisation)

6th & 9th Floor, Chandralok Building
36, Janpath, New Delhi -110001
30th April, 2009

To

The Project Directors,
All SACS/DACS/MACS

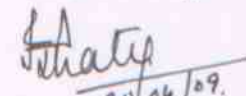
Sub: Revised costing guidelines for Targeted Interventions working with HRGs under NACP-III

Sir/Madam,

NACO has taken a review of the activities carried out by the Targeted Interventions working with HRGs under the budget allocated under NACP-III. Based on the feedback from experts, NACO and SACS officers, the existing costing for NGO led interventions are revised to ensure optimization of resources. This will be with effect from 1st May, 2009 onwards for any contracts/ extension of any existing contracts. There is no change in costing of Migrants and Truckers Interventions.

The revised costing for TIs including costing for STI programme under TI is enclosed.

Yours faithfully,



(Mr. Amardeep S Bhatia)
Director (Finance)

Copy to:

PPS to Secretary and DG, NACO
PPS to Joint Secretary (Admin.)
ADG (AKK)
NPO (NACP-III) and Accounts Officers
TO/PO s of TI division

Revised costing for FSW and MSM Targeted Interventions							
Number of peers	7	10	13	17	Calculation based on TI size (Annual cost in Rupees)		
Number of ORWs	2	2	3	4			
Population size	400	600	800	1,000			
Programme management, delivery and service costs are mandatorily required to be costed by all Tis							
Sl. No.	Line item	Unit cost	400	600	800	1,000	Norm/requirements
1. INFRASTRUCTURE and ADMINISTRATION COST							
1.1	Rent for office -cum-DIC		96,000	120,000	120,000	144,000	The rent should be graded according to the city/ town size and the target population. The maximum rent is: Rs. 8000 for category C cities, Rs 10000 for B, Rs 12000 for A (for 1000 and above), Rs. 6000 for C, Rs. 8000 for B, Rs. 10000 for A (for 600 & 800 population), Rs. 4000 for C, Rs. 6000 for B, Rs. 8000 for A (for 400 population). The rent is for both DIC and office. The DIC should be located at/near the hotspot. The DIC should contain a large room for rest with recreational materials and space for conducting group discussions, a room for counselling, a room for STI and IDU Care, a bathroom/toilet facility. The office should contain rooms for the staff to work, conduct staff meetings, a space for record maintenance, and a space for stock keeping. Rent agreement, updated project documents, SOEs, CMIS reports and payment receipt should be available in the project office.
1.2	Computer peripherals for office		40,000	40,000	40,000	40,000	One-time cost for new Tis during first year of contract and should be used for purchasing Computer, Printer, UPS etc.. The computer should have a configuration supporting the CMIS, and related software. Procurement procedures to be followed and documents should be available in the project office.
1.3	Furniture for office		20,000	20,000	20,000	20,000	This is a one-time cost for new Tis during first year of contract and should be used for purchasing furniture fixtures, etc. Applicable only to new Tis as one time cost. Procurement procedures to be followed and documents should be available in the project office.
1.4	Equipment for DIC		20,000	20,000	20,000	20,000	This would be used for purchase of audio-visual equipments for DIC (e.g. TV, DVD player). The same may be used for educating the community through recreational activities. Other items may be any recreational materials which can benefit the community and this should be decided by the SACS. Procurement procedures to be followed and relevant documents must be available in the project office. One time grant.
1.5	AMC		6,000	6,000	6,000	6,000	AMC for computer, printer, TV etc... Procurement procedures to be followed and documents should be available in the project office. Yearly one time cost during one FY.
1.6	Office expenses	4350	52,200	52,200	52,200	52,200	Payment related to use of Telephone, internet, Electricity, stationery, photocopying, documentation for the TI activities. Bills and receipt should be available in the project office.
1.7	Insurance to staff	500	3,000	3,500	4,000	5,000	All the staff to be provided Bima yojana at the rate of Rs. 500 per staff per year (except PD and PEs) during one FY.
1.8	Travel cost for admin purposes	500	6,000	6,000	6,000	6,000	Travel cost is meant for administration activities i.e. travel to bank, SACS office (If the same is not provided as T.A. by SACS) etc.
1.9	Recruitment cost		5,000	5,000	5,000	5,000	Recruitment related cost for key staff. Like advertisement, interview etc. Only once to be costed during one FY.
Sub Total			248,200	272,700	273,200	298,200	

Handwritten signature

Revised costing for FSW and MSM Targeted Interventions

		7	10	13	17	Calculation based on TI size (Annual cost in Rupees)	
Number of peers							
Number of ORWs							
Population size		400	600	800	1,000		
Programme management, delivery and service costs are mandatorily required to be costed by all Tis							
Sl. No.	Line item	Unit cost	400	600	800	1,000	Norm/requirements
2. HUMAN RESOURCE COST							
2.1	Honorarium to Project Director		40,000	40,000	40,000	40,000	The PD is expected to do the following: 1) attend at least one project review meeting each month, 2) Attend SACS meetings as required; 3) Network with key district level officials such as DM, SP and DAPCU to sensitize them about HIV/AIDS, 4) ensure financial integrity of the project.
2.2	Salary - Project Manager		96,000	120,000	132,000	144,000	The programme manager is the overall in-charge of the TI. S/he should be a Post graduate in Social science or graduate with minimum three experience with Social development. This position can be combined with the M&E officer post and can be paid a maximum of Rs. 15000 per month if both roles can be fulfilled by a higher level PM.
2.3	M&E officer	6000	-	-	72,000	72,000	This post is recommended for Tis with 800/1000 target population (not applicable if PM is sharing this responsibility, and paid a higher salary as stated above). The staff is responsible for documentation and sending the project level MIS update to SACS. s/he should have a Bachelor degree with computer knowledge. For Tis with 400/600 population, this responsibility should be fulfilled by the Accountant
2.4	Accountant	5000	60,000	60,000	60,000	60,000	In charge of all the accounts related work. Qualification: B com graduate. In Case of projects working with less than 600 population, the Accountant will be in-charge of CMIS also.
2.5	ANM /Counselor	7000	84,000	84,000	84,000	84,000	ANM - In-charge of the following activities - counselling of HRG, primary examination, preliminary screening for STI, referral, follow-up and record maintenance. Qualification: Qualified ANM from any recognized by Government institution. Must have minimum three years experience. In case ANMs are not available in the state, SACS can suggest counsellor - Counselling of HRG, ensure the screening for STI, referral, follow up, record maintenance, referral to ICTC, TB clinic etc. Preferably post graduate in Psychology, MSW or Graduate with minimum two years experience in counselling or working with HRG.
2.6	ORW	5500	132,000	132,000	176,000	264,000	In-charge of Out reach and supervision of PEs, counselling, linkages etc. Ensure at least 4 days field visits in a week to assigned areas, ensure microplans and line listing are updated, ensure FGDs are conducted, prepare monthly action plan for each hotspot, ensure supply of medicines, condoms, lubes, BCC materials adequately for each hotspot. Should ensure weekly peer diaries are maintained, ensure monthly report collection from PEs, submission of own reports to the project office. Should facilitate the crisis response activities. Should be literate, with good knowledge of the local community, should preferably be from the HRG community that s/he intends to work with and have an experience of having worked as peer educator. Ensure all new contacts of each peers should be covered by the ORW.
2.7	Honorarium to GIPA		6,000	6,000	6,000	6,000	This can be used for conducting meetings/ talks on Positive Prevention, Linkages to Care and Support services. This is applicable to PLHAs from Positive Network/TI project who closely work with the TI / their positive people to ensure above objectives.
Sub Total			418,000	442,000	570,000	670,000	

Handwritten signature

Revised costing for FSW and MSM Targeted Interventions							
Number of peers		7	10	13	17	Calculation based on TI size (Annual cost in Rupees)	
Number of ORWs		2	2	3	4		
Population size		400	600	800	1,000		
Programme management, delivery and service costs are mandatorily required to be costed by all Tis							
Sl. No.	Line item	Unit cost	400	600	800	1,000	Norm/requirements
3. PROGRAMME DELIVERY							
3.1	Honorarium to PEs	1500	120000	180,000	240,000	300,000	The PE should be from the HRG community (active FSW, MSM and for IDU it may be a combination of current and ex user). s/he will be incharge of the HRGs and hotspots assigned to her / him to ensure the service uptake and community mobilizing activities, ensure hospot wise line listing, updating the same month wise with ORW, ensure preparation of microplans, power analysis, stakeholder analysis in coordination with ORW and Programme Manager, ensure maintenance of peer diaries, peer cards, condom /lubes stock register, ensure tracking of registered target population in ensuring regular check ups, ICTC visits, syphilis screening, ART referrals, Positive Network referrals.
3.2	Travel for programme	500	6,000	6,000	6,000		This budget is for the programme managers and accountant to travel to the project area for programme/ admin purposes related to TI programme. PM should be in the field for 10-15 days in a month.
3.3	Travel for ANM/Counselor	400	4,800	4,800	4,800	4,800	This budget is for the ANM to travel to the project area for providing services
3.4	Travel for ORWs	400	9,600	9,600	12,800	19,200	This budget is for the ORWs for travelling to the outreach sites and conduct oureach activities, supervise the work, network with other stake holders.
3.5	Travel for peer educators	200	16,000	24,000	32,000	40,000	This budget is for the PEs to travel to outreach sites and conduct oureach activities, accompany needy target population to service points i.e. ICTC, ART, CCC etc.
3.6	COMMUNITY BASED ACTIVITIES		44,500	52,000	52,500	61,500	<p>1. DIC level meetings (Rs. 7500/- per year.) Meeting with HRGs twice in a month in DIC. A group meeting may have 30- 40 participants including PEs and ORWs. Meeting reports should have details like, date, names of participants, topics discussed, decisions taken, follow up plan etc. vouchers, bills should be avaiable in the project office.</p> <p>2. Meeting at Hotspot level (Rs.17000/- per year) - Meeting to be organised at each hotspot with 15-20 HRGs by each PE supported by ORW, minimum once in month. Make sure that all the HRGs are covered through these meetings. Meeting reports should have details like, date, names of participants, topics discussed, decisions taken, follow up plan etc. vouchers, bills should be avaiable in the project office.</p> <p>3. Review Meetings (Rs. 6000/- per year) - Conduct weekly review meetings with PEs and all staff. Meeting reports should have details like, date, names of participants, topics discussed, decisions taken, follow up plan etc. vouchers, bills should be avaiable in the project office.</p> <p>4. Community Events (RS. 20000/- for two events in a year) -To mobilize the community in special occassions/regional festivals twice in year. During such occassions, other stakeholders of the general community should be invited for interaction on various topics and cultural events may be organised.</p> <p>5. Stakeholders' level meetings (Rs. 1000/- per year) - PM/ORW/ANM should carry out regular meetings with the referral agencies to ensure smooth provision of referral services (ICTC, STI providers, ART centres, CCC, Government hospitals, etc.) to the HRGs need based meetings with the other stakeholders (such as local police officers, religious leaders, community leaders, PRI, social welfare department, etc.) to ensure smooth uptake of services by the HRGs and to remove the stigma-discrimination of the HRGs by the general community.</p> <p>6. Development of BCC materials (Rs: 10000/- per year) - Development of IEC materials or folk arts which support to BCC. Can develop penis models, flipcharts for PEs, producing learning materials, Advocay materials, games or folk arts to support BCC activities, producing programatic Identity materials like, Badges, head hands, bangies etc. to give visibility of the programme.</p>
3.7	Crisis response	1,000	12,000	12,000	24,000	24,000	Budgeted to cover legal fees, reimbursement for expenditure incurred like conveyance during crisis. The TI should identify a consortium of lawyers for fighting the legal case
Sub Total			212900	288,400	372,100	449,500	

Handwritten signature

Revised costing for FSW and MSM Targeted Interventions

Number of peers	7	10	13	17	Calculation based on TI size (Annual cost in Rupees)		
Number of ORWs	2	2	3	4			
Population size	400	600	800	1,000			
Programme management, delivery and service costs are mandatorily required to be costed by all Tis							
Sl. No.	Line item	Unit cost	400	600	800	1,000	Norm/requirements
4. SERVICES and COMMODITIES							
4.1	Health Camps		5,000	5,000	5,000	5,000	One time annualised cost. To be used for organising health camps (fixed day/ fixed time) in a dispersed settings of a TI. Not applicable to Tis which has planned for out reach fixed day/ fixed time clinic in collaboration with PPP doctors/ identified and trained doctor.
4.2	STI clinic (Annexure 1)		64,400	96,600	128,800	191,200	Project based clinic is applicable to Tis covering minimum 1000 population. One time cost for infrastructure will be given at the start of the project. Part time doctor with a salary of Rs.9000/- month can be appointed for the clinic (part time-minimum 3 days a week for 3 hours per day atleast). For other population cost will be budgeted for drug, consultation fee @50/- per case. Projects not having clinics, have to identify referral doctors and consultation fee @ Rs. 50/- per visit can be given. (please see the STI costing guideline in annexure-I).
4.3	Lubes	1,800	8,640	12,960	17,280	21,600	Applicable only to MSM Tis only (calculation to be based on Rs. 1800/- per 1000 MSMs per year). Procurement procedures to be followed and relevant documents to be made available in the project office.
Sub Total			78,040	114,560	151,080	217,800	
5. MISCELLANEOUS							
5.1	Incentives for Positive HRG referrals	50	1,500	2,750	3,000	3,750	One time incentive to peers to bring positive HRGs to ART centers. Assumes 10% of HRGs are HIV+; 75% of these are brought by peers to ART centers
5.2	Social Marketing - condoms		10,000	10,000	15,000	15,000	Applicable only to new projects.
	Needs assessment		20,000	20,000	20,000	20,000	Conduct needs assessment study to develop an evidence based activity plan for Tis. It should be completed by 6 weeks and report should be shared to TSU and SACS. A separate plan should be worked out with TSU/SACS for base line needs assessment. Only for new Tis
5.3	Documentation		2,000	2,000	2,000	2,000	Documentation of project activities (physical and financial) in terms of printing of vouchers, procurement of registers, preparation of annual reports etc.
Sub Total			33,500	34,750	40,000	40,750	
Grand Total for MSM Tis			990,640	1,152,410	1,406,380	1,676,250	
Grand Total for FSW Tis			982,000	1,139,450	1,389,100	1,654,650	

Handwritten signature

Revised costing for IDU Targeted Interventions

SI. No.	Line item	Unit cost	400	Norm/requirements
Number of peers		10		Calculation based on TI size (Annual cost in Rupees)
Number of ORWs		2		
Population size		400		
Programme management, delivery and service costs are mandatorily required to be costed by all Tis				
1. INFRASTRUCTURE and ADMINISTRATION COST				
1.1	Rent for office -cum-DIC		96,000	The rent should be graded according to the city/ town size and the target population. The maximum rent is: Rs. 8000 for category C cities, Rs 10000 for B, Rs 12000 for A (for 1000 and above), Rs. 6000 for C, Rs. 8000 for B, Rs. 10000 for A (for 600 & 800 population), Rs. 4000 for C, Rs. 6000 for B, Rs. 8000 for A (for 400 population). The rent is for both DIC and office. The DIC should be located at/near the hotspot. The DIC should contain a large room for rest with recreational materials and space for conducting group discussions, a room for counselling, a room for STI and IDU Care, a bathroom/toilet facility. The office should contain rooms for the staff to work, conduct staff meetings, a space for record maintenance, and a space for stock keeping. Rent agreement, updated project documents, SOEs, CMIS reports and payment receipt should be available in the project office.
1.2	Computer peripherals for office		40,000	One-time cost for new Tis during first year of contract and should be used for purchasing Computer, Printer, UPS etc.. The computer should have a configuration supporting the CMIS, and related software. Procurement procedures to be followed and documents should be available in the project office.
1.3	Furniture for office		20,000	This is a one-time cost for new Tis during first year of contract and should be used for purchasing furniture fixtures, etc. Applicable only to new Tis as one time cost. Procurement procedures to be followed and documents should be available in the project office.
1.4	Equipment for DIC		20,000	This would be used for purchase of audio-visual equipments for DIC (e.g. TV, DVD player). The same may be used for educating the community through recreational activities. Other items may be any recreational materials which can benefit the community and this should be decided by the SACS. Procurement procedures to be followed and relevant documents must be available in the project office. One time grant.
1.5	AMC		6,000	AMC for computer, printer, TV etc... Procurement procedures to be followed and documents should be available in the project office. Yearly one time cost during one FY.
1.6	Office expenses	4350	52,200	Payment related to use of Telephone, internet, Electricity, stationery, photocopying, documentation for the TI activities. Bills and receipt should be available in the project office.
1.7	Insurance to staff	500	3,000	All the staff to be provided Bima yojana at the rate of Rs. 500 per staff per year (except PD and PEs) during one FY.
1.8	Travel cost for admin purposes	500	6,000	Travel cost is meant for administration activities i.e. travel to bank, SACS office (if the same is not provided as T.A. by SACS) etc.
1.9	Recruitment cost		5,000	Recruitment related cost for key staff. Like advertisement, interview etc. Only once to be costed during one FY.
Sub Total			248,200	

Handwritten signature

Revised costing for IDU Targeted Interventions

Number of peers		10	Calculation based on TI size (Annual cost in Rupees)	
Number of ORWs		2		
Population size		400		
Programme management, delivery and service costs are mandatorily required to be costed by all Tis				
Sl. No.	Line item	Unit cost	400	Norm/requirements
2. HUMAN RESOURCE COST				
2.1	Honorarium to Project Director		40,000	The PD is expected to do the following: 1) attend at least one project review meeting each month, 2) Attend SACS meetings as required; 3) Network with key district level officials such as DM, SP and DAPCU to sensitize them about HIV/AIDS, 4) ensure financial integrity of the project.
2.2	Salary - Project Manager		96,000	The programme manager is the overall in-charge of the TI. S/he should be a Post graduate in Social science or graduate with minimum three experience with Social development. This position can be combined with the M&E officer post and can be paid a maximum of Rs. 15000 per month if both roles can be fulfilled by a higher level PM.
2.3	Accountant	5000	60,000	In charge of all the accounts related work. Qualification: B com graduate. In Case of projects working with less than 600 population, the Accountant will be in-charge of CMIS also.
2.4	ANM / Counselor	7000	84,000	ANM - In-charge of the following activities - counselling of HRG, primary examination, preliminary screening for STI, referral, follow-up and record maintenance. Qualification: Qualified ANM from any recognized by Government institution. Must have minimum three years experience. In case ANMs are not available in the state, SACS can suggest counsellor - Counselling of HRG, ensure the screening for STI, referral, follow up, record maintenance, referral to ICTC, TB clinic etc... Preferably post graduate in Psychology, MSW or Graduate with minimum two years experience in counselling or working with HRG.
2.5	Nurse/ANM for OST	7,000	84,000	In-charge of the following activities - counselling of HRG, primary examination, administration of OST, maintaining stocks at DIC, follow-up and record maintenance. Qualification: Minimum ANM recognized by Government body.
2.6	ORW	5500	132,000	In-charge of Out reach and supervision of PEs, counselling, linkages etc. Ensure at least 4 days field visits in a week to assigned areas, ensure microplans and line listing are updated, ensure FGDs are conducted, prepare monthly action plan for each hotspot, ensure supply of medicines, condoms, needles/syringes, BCC materials adequately for each hotspot. Should ensure weekly peer diaries are maintained, ensure monthly report collection from PEs, submission of own reports to the project office. Should facilitate the crisis response activities. Should be literate, with good knowledge of the local community, should preferably be from the HRG community that s/he intends to work with and have an experience of having worked as peer educator. Ensure all new contacts of each peers should be covered by the ORW.
2.7	Honorarium to GIPA		6,000	This can be used for conducting meetings/ talks on Positive Prevention, Linkages to Care and Support services. This is applicable to PLHAs from Positive Network/TI project who closely work with the TI / their positive people to ensure above objectives.
Sub Total			502,000	

Handwritten signature

Revised costing for IDU Targeted Interventions

		10	Calculation based on TI size (Annual cost in Rupees)		
Number of peers		2			
Number of ORWs		400			
Population size		Programme management, delivery and service costs are mandatorily required to be costed by all Tis			
Sl. No.	Line item	Unit cost	400	Norm/requirements	
3. PROGRAMME DELIVERY					
3.1	Honorarium to PEs	1500	180,000	The PE should be from the HRG community (active FSW, MSM and for IDU it may be a combination of current and ex user). s/he will be incharge of the HRGs and hotspots assigned to her / him to ensure the service uptake and community mobilizing activities. Ensure hospot wise line listing, updating the same month wise with ORW. Ensure preparation of microplans, power analysis, stakeholder analysis in coordination with ORW and Programme Manager. Ensure maintenance of peer diaries, peer cards, condom /needles & syringes stock register. Ensure tracking of registered target population in ensuring regular check ups, ICTC visits, syphilis screening, ART referrals, Positive Network referrals, De-tox referrals.	
3.2	Travel for programme	500	6,000	This budget is for the programme managers and accountant to travel to the project area for programme/ admin purposes related to TI programme. PM should be in the field for 10-15 days in a month.	
3.3	Travel for ANM/Counselor	400	4,800	This budget is for the ANM to travel to the project area for providing services	
3.4	Travel for ORWs	400	9,600	This budget is for the ORWs for travelling to the outreach sites and conduct oureach activities, supervise the work, network with other stake holders.	
3.5	Travel for peer educators	200	24,000	This budget is for the PEs to travel to outreach sites and conduct oureach activities, accompany needy target population to service points i.e. ICTC, ART, CCC, Detox-centre etc.	
3.6	COMMUNITY BASED ACTIVITIES		44,500	<p>1. DIC level meetings (Rs. 7500/- per year.) Meeting with HRGs twice in a month in DIC. A group meeting may have 30-40 participants including PEs and ORWs. Meeting reports should have details like, date, names of participants, topics discussed, decisions taken, follow up plan etc..vouchers, bills should be avaialbe in the project office.</p> <p>2. Meeting at Hotspot level (Rs.17000/- per year) - Meeting to be organised at each hotspot with 15-20 HRGs by each PE supported by ORW, minimum once in month. Make sure that all the HRGs are covered through these meetings. Meeting reports should have details like, date, names of participants, topics discussed, decisions taken, follow up plan etc..vouchers, bills should be avaialbe in the project office.</p> <p>3. Review Meetings (Rs. 6000/- per year) - Conduct weekly review meetings with PEs and all staff. Meeting reports should have details like, date, names of participants, topics discussed, decisions taken, follow up plan etc..vouchers, bills should be avaialbe in the project office.</p> <p>4. Community Events (RS. 20000/- for two events in a year) -To mobilize the communy in special occassions/regional festivals twice in year. During such occassions, other stakeholders of the general community should be invited for interaction on various topics and cultural events may be organised.</p> <p>5. Stakeholders' level meetingsd (Rs. 1000/- per year) - PM/ORW/ANM should carry out regular meetings with the referral agencies to ensure smooth provision of referral services (ICTC, STI providers, ART centres, CCC, Government hospitals, etc.) to the HRGs need based meetings with the other stakeholders (such as local police officers, religious leaders, community leaders, PRI, social welfare department, etc.) to ensure smooth uptake of services by the HRGs and to remove the stigma-discrimination of the HRGs by the general community;</p> <p>6. Development of BCC materials (Rs: 10000/- per year) - Development of IEC materials or folk arts which support to BCC. Can develop penis models, flipcharts for PEs, producing learning materials, Advocay materials, games or folk arts to support BCC activities, producing programatic Identity materials like, Badges, head hands, bangles etc. to give visibility of the programme.</p>	
3.7	Crisis response	1,000	12,000	Budgeted to cover legal fees, reimbursement for expendiure incurred like conveyance during crisis. The TI should identify a consortium of lawyers for fighting the legal case	
Sub Total			280,900		

Handwritten signature

Revised costing for IDU Targeted Interventions

Number of peers			10	Calculation based on TI size (Annual cost in Rupees)
Number of ORWs			2	
Population size			400	
Programme management, delivery and service costs are mandatorily required to be costed by all Tis				
Sl. No.	Line Item	Unit cost	400	Norm/requirements
4. SERVICES and COMMODITIES				
4.1	Health Camps		5,000	One time annualised cost. To be used for organising health camps (fixed day/fixed time) in a dispersed settings of a TI. Not applicable to Tis which has planned for out reach fixed day/ fixed time clinic in collaboration with PPP doctors/ identified and trained doctor.
4.2	Clinical Services for STI care/ Abscess Management (Annexure 1)		145,000	Budgeted for the following: 1. cost of drugs for Rs. 4,800/- (at rate of Rs. 30 per case for 40% of the population, including spouses of IDUs), 2. start up cost of Rs. 15,000/- (one-time); 3. recurring cost of Rs. 7200/- for gloves, speculum, safe disposal mechanism, etc. 4. syphilis testing and confirmatory tests by TPHA (Rs. 10,000/- per annum), 5. Salary of Doctor (part time-5 days a week for 3 hours per day atleast) for Rs. 1,08,000/- (at the rate of Rs. 9000/- per month)
4.3	Needle and syringes	900	288,000	limited to 80% of the target group.however, this should be costed depending on the number of regular and irregular users (budget for providing needles/syringes, and for safe disposal of used needles/syringes)
4.4	Abscess prevention and Management		60,000	Abscess prevention is limited to 80% of the target population (budget for providing spirit swabs); abscess management is limited to 5 - 10% of the target population (budget for providing medicines, necessary investigations, etc.)
Sub Total			498,000	
5. MISCELLANEOUS				
5.1	Incentives for Positive HRG referrals	50	1,500	One time incentive to peers to bring positive HRGs to ART centers. Assumes 10% of HRGs are HIV+, 75% of these are brought by peers to ART centers
5.2	Social Marketing - condoms		10,000	Applicable only to new projects .
5.3	Needs assessment		20,000	Conduct needs assessment study to develop an evidence based activity plan for Tis. It should be completed by 6 weeks and report should be shared to TSU and SACS in case of new Tis . A separate plan should be worked out with TSU/SACS for base line needs assessment.
5.4	Documentation		2,000	Documentation of project activities (physical and financial) in terms of printing of vouchers, procurement of registers, preparation of annual reports etc.
Sub Total			33,500	
Grand Total			1,562,600	

Handwritten signature

ANNEXURE - 1 (STI costing under Targeted Interventions)

Particulars	Population Size (for FSW & MSM)				for IDU
	400	600	800	1000	400
Start up Cost				15000	15000
Recurring cost				7200	7200
Consultation Fee @ Rs 50/- for 100% population 2 times	40,000	60,000	80,000		
Doctors Honorarium @ 9,000 PM				108000	108000
Target Group drug cost @30 for 20% for 2 times	4,800	7,200	9,600	12,000	4,800
Presmptive @ 20 for 80%	6,400	9,600	12,800	16,000	
2nd time presmptive @ 20 for 40%	3,200	4,800	6,400	8,000	
Syphilis testing for 50% at least 2 times @Rs. 25/-	10,000	15,000	20,000	25,000	10,000
Total	64400	96600	128800	191200	145000

NOTE

1. Every IDU TI shall have a project based clinic; the clinic shall have a doctor for STI as well as IDU
2. For Tis covering <1000 population, referrals to existing STI providers is recommended

LA
Therapist