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Report No:

RESTRUCTURING PAPER

ON A

PROPOSED PROJECT RESTRUCTURING

OF

INTEGRATED DISEASE SURVEILLANCE PROJECT

(IDA CREDIT NO: IDA-39520)

IN THE INITIAL AMOUNT OF
46.9 MILLION
(US$68 MILLION EQUIVALENT)

AND

A RESTRUCTURED AMOUNT OF
41.7 MILLION
(US$60 MILLION EQUIVALENT)

TO

THE REPUBLIC OF INDIA

MARCH 11, 2010

ABBREVIATIONS AND ACRONYMS

AI	Avian Influenza
AMC	Annual Maintenance Contract
ASHAs	Accredited Social Health Activists
BFC	Bird Flu Cell
BL	Baseline
BSL	Bio-safety laboratory
CPDS	Community Participation in Disease Surveillance
CSU	Central Surveillance Unit
DADF	Department of Animal Husbandry, Dairy and Fisheries
DSU	District Surveillance Unit
ELISA	Enzyme Linked Immunosorbant Assay
EQAS	External Quality Assessment Scheme
FETP	Field Epidemiology Training Program
FIR	First Case Information
FM	Financial Management
FMR	Financial Management Report
GOI	Government of India
HPAI	Highly Pathogenic Avian Influenza Infection
HSADL	High Security Animal Disease Laboratory
ICT	Information and Communications Technology
IEC	Information, Education, Communication
IDSP	Integrated Disease Surveillance Project
MOHFW	Ministry of Health and Family Welfare
MOU	Memorandum of Understanding
MV	Means of Verification
NCB	National Competitive Bidding
NCDC	National Communicable Disease Center
NRL	National Reference Laboratory
PAD	Project Appraisal Document
PCR	Polymerase Chain Reaction
PDO	Project Development Objectives
PHC	Primary Health Care Center
SDR	Special Drawing Rights
SHOC	Strategic Health Operations Center
SSU	State Surveillance Unit

Vice President:	Isabel M. Guerrero
Country Director:	N. Roberto Zagha
Sector Manager:	Julie McLaughlin
Task Team Leader:	Emanuele Capobianco

INDIA

INTEGRATED DISEASE SURVEILLANCE PROJECT

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PROJECT DATA SHEET

Restructuring	**Status: Draft**
Restructuring Type: Board Approval	
Last modified on date : 03/11/2010	
1. Basic Information	
Project ID & Name	P073651: DISEASE SURVEILLANCE
Country	India
Task Team Leader	Emanuele Capobianco
Sector Manager/Director	Julie McLaughlin
Country Director	N. Roberto Zagha
Original Board Approval Date	07/08/2004
Original Closing Date:	03/31/2010
Current Closing Date	03/31/2010
Proposed Closing Date [if applicable]	03/31/2012
EA Category	B-Partial Assessment
Revised EA Category	B-Partial Assessment
EA Completion Date	12/15/2001
Revised EA Completion Date	

2. Revised Financing Plan (US$)

Source	**Original**	**Revised**
BORR	20.64	32.00
IDA	68.00	60.00
Total	88.64	92.00

3. Borrower

Organization	**Department**	**Location**
Department of Economic Affairs, Ministry of Finance, Government of India		India

4. Implementing Agency

Organization	**Department**	**Location**
Ministry of Health and Family Welfare		India
Department of Animal Husbandry, Dairy and Fisheries		India

5. Disbursement Estimates (US$m)

Actual amount disbursed as of 02/19/2010 **22.51**

Fiscal Year	**Annual**	**Cumulative**
2009		22.51
2010	3.65	26.16
2011	14.35	40.51
2012	17.49	60.00
	Total	**60.00**

6. Policy Exceptions and Safeguard Policies

Does the restructured project require any exceptions to Bank policies?	No
Does the scale-up of restructured projects trigger any new safeguard policies? If yes, please select from the check list below.	No

7a. Project Development Objectives/Outcomes

Original/Current Project Development Objectives/Outcomes

To improve the information available to the government health services and private health care providers on a set of high-priority diseases and risk factors, with a view to improving the on-the-ground responses to such diseases and risk factors.

7b. Revised Project Development Objectives/Outcomes
To support the Government of India (GOI) to strengthen the integrated disease surveillance system for epidemic-prone diseases by (i) enhancing central level monitoring and coordination functions, and (ii) improving state/district surveillance and response capacity with emphasis on selected (nine) states. Additionally, the project will support GOI efforts to timely prepare for, detect and respond to influenza outbreaks in humans and animals.

ANNEX 1:
Proposed Changes

a. What are the proposed changes, as applicable, in the project's development objectives (PDO), outcomes, design, and/or scope?

- **Revision of PDO**: The original PDO was *"to improve the information available to the government health services and private health care providers on a set of high-priority diseases and risk factors, with a view to improving the on-the-ground responses to such diseases and risk factors"*.

  In the 2007 restructuring, a supporting PDO was included: "*to minimize the threat in India posed to humans by Highly Pathogenic Avian Influenza infection and other zoonoses from domestic poultry and prepare for the prevention, control and response to an influenza pandemic in humans"*.

  As a result of the proposed restructuring, the PDO would be revised to better align it with the activities financed by the restructured project. The proposed revised PDO is:*"To support the Government of India (GOI) to strengthen the integrated disease surveillance system for epidemic-prone diseases by (i) enhancing central level monitoring and coordination functions, and (ii) improving state/district surveillance and response capacity with emphasis on selected (nine) states. Additionally, the project will support GOI efforts to timely prepare for, detect and respond to influenza outbreaks in humans and animals."*

- **Revision of outcomes:** The original project included a high number of outcome indicators for improved surveillance across the country, though no baselines and only few targets were included in the Project Appraisal Document. The restructured project reduces the number of outcome indicators, primarily focusing on nine selected states. The PDO outcomes and indicators are: (i) to increase the percentage of districts providing timely and consistent surveillance reports in nine selected states from 25% to 70%; (ii) to increase the percentage of adequate responses to disease specific outbreaks in nine selected states from 45% to 75%; and (iii) to establish a functional network of 12 regional laboratories for routine surveillance of H5N1 and H1N1 in humans and 6 BSL3 laboratories for surveillance in animals.

- **Revision of scope:** The original scope of the project was to assist the central and state governments to shift from a centrally driven, vertically organized disease surveillance system to one which is coordinated by the center and implemented by states, districts and communities. The project was supposed to be implemented in three phases, to eventually cover the entire country (35 states). During implementation, it became clear that due to limited capacity both at central and state levels, it would be impossible to establish an effective surveillance system across the entire country. Therefore, the proposed restructuring focuses on proving the effectiveness of a surveillance and outbreak response system in nine states only[1]. At the same time, the proposed restructuring puts more emphasis on the Central Surveillance Unit (CSU) as it tries to increase its capacity for technical leadership and the coordination of states. With regard to avian flu preparedness and response, the scope has also been narrowed: priority will be given to strengthen laboratories for detection of outbreaks in humans and animals. The establishment of a Biosafety Level 4 laboratory (BSL4), a prominent feature of the 2007 restructuring, has been removed from the project based on the realization that this high tech laboratory could not be designed and constructed within the project period.

- **Revision of design:** The original project had four components: (i) Establish and operate a central-level disease surveillance unit; (ii) Integrate and strengthen disease surveillance at the state and district levels; (iii) Improve laboratory support; and (iv) Training for disease surveillance and action. The 2007 restructuring added a fifth component: (v) Support to India's country program for preparedness, control and containment of Avian Influenza.

[1] Gujarat, Tamil Nadu, Karnataka, Maharashtra, Uttarakhand , Punjab, West Bengal, Andhra Pradesh and Rajasthan.

The proposed restructuring rationalizes and simplifies the component structure, with a stronger focus on outcomes and a clearer division of responsibilities between center and state for project implementation. The proposed components are: (i) Central surveillance monitoring and oversight; (ii) Improving state/district surveillance and response capacity; and (iii) Influenza surveillance and response.

b. What are the other complementary changes, as applicable:

Institutional arrangements **X Yes ___No**

Institutional arrangements for the Human Health part of the project would remain unchanged except that implementation at the state level would be reduced to only nine selected states. The project would continue to be managed by the Ministry of Health and Family Welfare (MOHFW), with the CSU responsible for the implementation of Components 1 and 3a. The CSU would also ensure the overall coordination of project implementation with the selected states (Component 2), and the monitoring of project outcomes. Under the restructured project, the CSU would be further strengthened with 12 additional staff which would improve the overall technical capacity at the central level, allow more regular monitoring of surveillance activities at state/district level, and facilitate faster response in the event of outbreaks. The additional staff includes two senior advisors for epidemiology and laboratory, one management expert, one communication officer, three epidemiologists, one microbiologist, one documentation officer, two media scanning assistants, one information technology officer and one human resources officer.

The Department of Animal Husbandry, Dairy and Fisheries (DADF) would remain responsible for the implementation of the proposed restructured activities under the Animal Health part of the project (Component 3b), as it has been since this component was added in April 2007. Given implementation difficulties and delays in the past two years, the DADF has agreed to make provisions for and to strengthen the following aspects of implementation arrangements:

- **Full staffing and maintenance of the Bird Flu cell:** The bird flu cell (BFC), which is responsible for coordination of implementation under the overall supervision of the DADF Joint Secretary, will be further strengthened. By March 31, 2010, five additional staff would be hired, including a project coordinator, a financial management specialist, a procurement specialist and three technical experts.

- **Financing of Centralized Activities:** During the proposed restructuring and extension of the project, the focus will be on implementing activities which will be directly managed by the DADF. The implementation of decentralized activities (at state and district levels) has been dropped. The majority of funds over the two-year period would be spent on the design and construction of four BSL 3 laboratories (2 prefab and 2 new construction) for which a design consultant has already been selected. As mentioned above, the design and construction of the BSL4 laboratory has been dropped. This will significantly reduce the risks of delays in implementation.

Financing mechanism/Conduit **___Yes** **X No**

Outputs **X Yes** **___No**

The following activities and outputs are expected under each project component (Detailed component description is attached in Annex 5):

- **Component 1 Central surveillance monitoring and oversight**: This component would support the CSU in three areas: (i) the financing of CSU operations; (ii) induction training of epidemiologists, microbiologists and entomologists; and (iii) operation and maintenance of information and communication network. The above activities were included in the original project, but the restructuring strengthens the CSU by increasing the number and refining the qualifications of its staff. The restructuring also adds the creation of a Strategic Health Operation Center for CSU's better handling of emergency responses.

- **Component 2 Improving state/district surveillance and response capacity**: This component narrows the focus of the project by supporting surveillance response in nine states only (against the original scope of 35). The component would finance (i) salaries of health and administrative staff; (ii) operating costs for surveillance and outbreaks investigation; (iii) training of doctors, nurses, pharmacists and administrative staff; and (iv) the establishment of a referral laboratory network, as well as laboratory operating costs.

- **Component 3 Influenza surveillance and response**: This component would support flu surveillance and response activities for both humans and animals.
    - **Sub-component 3a:** The Human Health part of this component finances upgrading and running costs of the national reference laboratory in Delhi, and of 11 regional laboratories. It will also finance emergency procurement of drugs, and vaccines in case of outbreaks.
    - **Sub-component 3b:** The Animal Health part of this component would finance pre-fabricated BSL-3 laboratories, the design and construction of BSL-3 laboratories, salaries and operating cost of a bird flu cell in DADF, training activities for disease surveillance/response; and equipment for response to outbreaks. Compared to the 2007 restructuring, decentralized activities for the animal health part have been dropped and construction of the BSL-4 laboratory has also been dropped.

Project Costs and financing plan (detailed costs are attached in Annex 6)_____X_Yes ___No

The total original costs of the project, actual disbursements/projected expenditures up to the current Closing Date, and expected expenditures until March 31, 2012 are detailed in the table below. As a result of downsizing of project activities to only nine selected states as well as a consolidation and rationalization of other activities, the total expected cost of the project is estimated at US$60 million against the original project cost of US$68 million. This includes an estimated US$0.8 million of contingencies to allow for any changes in estimated costs as a result of exchange rate fluctuations. The GOI has officially requested on March 11, 2010 that US$8 million equivalent of unprogrammed funds to be cancelled from the Credit, including US$6 million from the Health part of the project and US$2 million from the Animal Health part of the project.

Total:	**68.00**	**23.56**		**36.44**	**60.00**
Original Components	***Original Bank financing***	***Actual Costs up to March 31, 2010)***	***Revised Components & Sub-components***	***Estimated costs (April 1, 2010-March 31, 2012)***	***Total project costs***
Component 1: Establish and Operate a Central-level disease surveillance unit	**2.02**	0.80	**Component 1: Central surveillance monitoring and oversight (training of trainers, CSU support and ICT support)**	**5.21**	**6.01**
Component 2: Integrate and strengthen disease surveillance at the state and district levels	**40.54**	7.65	**Component 2: Improving state/district surveillance and response capacity**	**9.51**	**17.16**
Component 3: Improve Laboratory Support	**22.67**	2.94	Laboratory Support	***	2.94
Component 4: Training for Disease Surveillance and Action	**2.77**	2.56	Training	***	2.56
			Support for Human Resources	***	
Component 5: (added in 2007 in the amount of US$32.63 million)- Support to India's Program for Preparedness, Control and Containment of Avian Influenza			**Component 3: Influenza surveillance and response (total cost US$20.92 million)**		
Human health (US$4.63 million)		1.90	Human health	**2.63**	**4.53**
Animal Health (US$28 million)		7.71	Animal Health	**18.29**	**26.00**
			Contingencies	**0.80**	**0.80**

Note: *** Estimated costs for these sub-components are included in the total Component 2 cost (US$9.51 million).

Financial management **X Yes ___No**

- **Number of states and reporting:** Bank financing, effective April 1, 2010, will be limited to nine selected states. The FMR to be submitted by the project from starting April 1, 2010 will henceforth include the expenditure incurred at the CSU and in the nine selected states.

- **Financial management cell:** The project will ensure the maintenance of a financial management cell in CSU (with two qualified financial staff) and in DADF (with one qualified financial staff) throughout the life of the project. This would be reflected in the Financing Agreement as a legal covenant.

- **Decentralized expenditures**: The restructured project will finance central and state level expenditures for the MOHFW and central level expenditures incurred by the DADF.

Disbursement arrangements **_X_Yes__No**

- **Disbursement Procedures:** The reimbursement for the project that has so far been SOE based will be changed to FMR based disbursement (on semi-annual basis) effective April 1, 2010. This will streamline reimbursements and ease reconciliation with the audited financial statements.

- **Auditing and disbursement arrangements:** Starting 2009-10, the audit for CSU and the nine states will be conducted as per earlier agreed arrangements. However, as an amendment from the existing procedure, the project shall furnish to the Association no later than six months after the end of each fiscal year, a consolidated report on audits from CSU and state surveillance units containing consolidated expenditure statements and audit observations from audit reports along with actions taken. The project shall also furnish the reconciliation of audited expenditure with the amount reimbursed on the basis of Interim-Unaudited Financial Reports (IUFRs).

Procurement **X_Yes___No**

- **Procurement agent:** In order to avoid procurement delays experienced during implementation of IDSP, it has been agreed with both MOHFW and DADF that they will hire a procurement agent throughout the life of the restructured project. This will be reflected in the Financing Agreement as a legal covenant.

- **Procurement guidelines:** Procurement will be carried out in accordance with the World Bank's "Guidelines: Procurement under IBRD Loans and IDA Credits" dated May 2004, revised October, 2006; and "Guidelines: Selection and Employment of Consultants by World Bank Borrowers" dated May 2004, revised October 2006.

- **Procurement plans:** Procurement plans have been revised and updated (see Annex 7).

Closing date **X_Yes___No**

The Closing Date of the restructured project would be extended for two additional years from the current Closing Date of March 31, 2010 to a revised date of March 31, 2012.

Implementation schedule **X_Yes___No**

The implementation of the restructured project is estimated to take two years. A detailed set of cost tables (with detailed breakdown by year) and detailed procurement plans are attached in Annexes 6 and 7.

ANNEX 2:
Appraisal Summary Update

Do the proposed changes result in significant change of impact (from original Appraisal Summary of the PAD) in the following:

Economic and financial analysis ___Yes X_No

Technical X_Yes ___No

Background: The original project has been instrumental in creating surveillance awareness in India and in establishing the basis for an effective surveillance system countrywide. The project set up a basic outbreak detection and response reporting system; it recruited and trained more than 700 epidemiologists, microbiologists and entomologists; and it launched a nation-wide ICT network with enabled web-based data entry. As a result, more than 500 outbreaks were investigated; around a third of the reported outbreaks now have etiological confirmation and local response is continuously improving. Notable contributions have been made by the project to contain the H5N1 outbreaks and the H1N1 pandemic. The IDSP infrastructure was effectively used for contact tracking, providing information to suspects and medical professionals though a toll-free call center, and for laboratory confirmation of suspected cases.

Notwithstanding these achievements, implementation was negatively affected by several factors: weak technical leadership at central level, limited availability of specialized human resources (especially epidemiologists and microbiologists), procurement delays, and serious difficulties in meeting Bank financial management requirements. Fiduciary problems slowed down disbursement, and led to the progressive crowding out of technical dialogue.

As a result of the above challenges, the project has been in problem status for more than 13 months with its overall Implementation Progress (IP) rated as "Moderately Unsatisfactory" and disbursements have reached only 31% of the original credit amount in 5.5 years. The project has 3 risk flags in financial management, procurement problem and slow disbursement.

Proposed restructuring: The proposed restructuring builds on the achievements of the past five years; at the same time, it addresses the bottlenecks which emerged during implementation. Continuing support to IDSP is a top priority for both GOI and the Bank. Surveillance is a core public health function that has received high political attention following the H1N1 pandemic and the serious H5N1 outbreaks that hit India in recent past. At a time when diseases can travel fast around the globe threatening economy and security worldwide, India cannot afford to scale down its surveillance network. Therefore, the proposed restructuring aims at maintaining and further strengthening capacity at central and state/district level, by adding qualified human resources, by improving the communication capability through the IT network and by strengthening the laboratory system, both for human and animal pathogens. In addition, the new focus on nine selected states will allow India to establish a platform of excellence that could later serve to improve capacity in lagging states. On the negative side, the project will not be able to completely resolve the problem of specialized human resources, as the recruitment and posting of epidemiologists and microbiologists will continue to be affected by limited number of graduates in these areas and by the high competition with the private sector.

On the fiduciary side, the proposed restructuring addresses the majority of problems experienced in the past. Important agreements with GOI have been made with respect to key fiduciary concerns, including: (i) MOHFW and DADF will outsource procurement activities to procurement agents; (ii) financial management cells are being set up in both MOHFW and DADF; and (iii) the Bank will only reimburse central and state level expenditures for the MOHFW and central level expenditures incurred by the DADF. The upgrading of project ratings will be considered following a good track record in the implementation of the restructured project.

Social **_X_ Yes** **__No**

- ***Community Participation in Disease Surveillance (CPDS)***: The project originally envisaged a detailed strategy for promoting community participation in disease surveillance (CPDS) through information, education, communication (IEC) activities. Community participation will continue to be an integral part of the project, with support for community-based surveillance training and payments of community volunteers.

- ***Tribal Action Plan***: The project did not succeed in planning and implementing the Tribal Action Plan as outlined in the PAD due to several constraints including the pressure to focus on key project activities. Following stakeholder consultations held in 2009, under the proposed restructuring, the Government will implement the Tribal Action Plan in six pilot blocks in three of the nine selected states. The aim is to strengthen community participation in disease surveillance through community level workers and health volunteers.

- ***Communication Strategy***: As part of CSU strengthening, a communications expert will be hired as soon as the restructuring is approved. He/she will assist in developing and implementing an IEC strategy in order to (a) compile knowledge and information on disease surveillance from various sources including public health programs for community level dissemination; (b) promote visibility of IDSP through advocacy including documentation and dissemination of innovations, successes, and challenges; and (c) build partnership and collaboration with other public health programs, important academic and media organizations, and corporate houses for advocacy and knowledge dissemination for strengthening disease surveillance.

Environment **___Yes** **_X_ No**

Exceptions to Bank Policy **___Yes** **_X_ No**

ANNEX 3: Updated Critical Risk Framework

Risks	Risk Rating	Risk Mitigation Measures	Residual Risk after mitigation
Weak project management at the CSU level: Slow decision making process Weak coordination with states Lack of qualified staff	S	Twelve additional technical human resources will be hired to allow better overall coordination and management of the project. Additional staff will include two advisors who would closely work with the CSU Director. The reduction in the number of states participating in the project would facilitate more effective implementation and monitoring of the project. In addition, the CSU will hold monthly videoconferences with each state, will conduct regular state visits (at least one visit per state every three months); and will organize review meetings involving all states on a quarterly basis.	M
Weak capacity at the state level: Lack of qualified staff at the state level Delays in hiring/posting of epidemiologists and microbiologists	S	The nine selected states that will participate in the restructured project have been selected based on good past performance, as well as the availability of dedicated staff to work on the project. In addition, these states will benefit from increased supervision from the central level. The problem of hiring/posting epidemiologists and microbiologists is slowly being addressed, but it is likely to remain an implementation constraint which is why the risk rating remains at S.	S
Financial Management: Lack of qualified staff Delayed submission of FM documents Weak follow-up by CSU	S	FM cells are being strengthened in both MOHFW (2 staff) and DADF (1 staff). For MOHFW, the focus on nine states only will greatly reduce FM transactions. Increased monitoring by the CSU as a result of agreed monitoring steps (quarterly meetings, monthly videoconferences, and regular field visits) is also expected to improve overall FM compliance.	M
Procurement: Lack of qualified staff Delays in procurement actions	S	MOHFW and DADF will hire procurement agents which are expected to significantly reduce previous procurement delays.	M
Implementation delays by DADF	S	DADF has gained substantial experience in controlling outbreaks in H5N1 in the last 3 years. DADF has also gained experience in implementing Bank-financed projects. The construction of BSL4 laboratory has been dropped. The design and supervision consultant for BSL3 labs has already been selected. Bird Flu Cell is being strengthened with additional 5 staff.	M
Overall Risk Rating	S	Intensive Bank implementation support will be required to improve likelihood of achieving the PDO and to further mitigate the above risks.	M

Risk Rating: H (High); S (Substantial); M (Modest); N (Negligible)

ANNEX 4: Results Framework and Monitoring

PDO		Project Outcome Indicators		Use of Project Outcome Information	
Current	Proposed	Current	Proposed	Current	Proposed
To improve the information available to the government health services and private health care providers on a set of high-priority diseases and risk factors, with a view to improving the on-the-ground responses to such diseases and risk factors AND To minimize the threat in India posed to humans by Highly Pathogenic Avian Influenza infection and other zoonoses from domestic poultry and prepare for the prevention, control and response to an influenza pandemic in humans.	To support the Government of India (GOI) to strengthen the integrated disease surveillance system for epidemic-prone diseases by (i) enhancing central level monitoring and coordination functions, and (ii) improving state/district surveillance and response capacity with emphasis on selected (nine) states. Additionally, the project will support GOI efforts to timely prepare for, detect and respond to influenza outbreaks in humans and animals."	All indicators are by state & Over all 1.Number and % of districts providing monthly surveillance reports on time 2.Number and % responses to disease-specific triggers on time 3. Number and % of laboratories providing adequate quality information 4. Number & % of districts in which private providers are contributing information 5. Number & % of states in which surveillance information of vertical diseases control programs have been integrated. 6. Number & % of project districts states and CSU publishing annual surveillance reports within 3 months of the	1.% of districts providing surveillance reports timely and consistently in 9 priority states 2. % of responses to disease specific outbreaks assessed to be adequate as measured by 4 essential criteria in 9 priority states 3. Improved diagnostic capacity for H5N1 and H1N1 as measured by: (i) Number of functional diagnostic laboratories for human influenza established (ii) Number of functional BSL3 laboratories for animal influenza established	Institute disease specific control activities at community level timely Timely outbreak investigation through district/state rapid response teams. Use routine surveillance data for identifying outbreaks Confirmed case count through biological samples collection and testing in laboratories. Coordinate external quality assurance activities. Provide coordination to inter district and inter - state outbreak response activities Identify uncontrolled multifocal outbreaks / pandemic and international threat	Strategic focus on building the technical capacities of the CSU for effective oversight of disease surveillance activities in accordance with the International Health Regulations (2005) Promote disease specific control activities at community level timely Monitor timely outbreak investigation through district/state rapid response teams. Establish and Use routine surveillance (P &L) data from hospitals for identifying outbreaks Reach near 100% confirmed case count through biological samples collection and testing in laboratories. Identify uncontrolled

PDO		Project Outcome Indicators		Use of Project Outcome Information	
Current	Proposed	Current	Proposed	Current	Proposed
		end of fiscal year and Publication of CSU consolidated report 7. Non communicable diseases information (life styles & behavior) collected through surveys done once in 3 years 8. Evidence of improved public awareness and widespread adoption of recommended practices for the prevention and control of HPAI by poultry producers, distributors, and retail vendors; medical practitioners and the general public.		affecting India Notify international health agencies and coordinate international assistance if necessary.	multifocal outbreaks / pandemic and international threat affecting India Notify international health agencies and seek and coordinate international assistance if necessary. Use the project learning for planning strengthening and stabilizing IDSP in all States in next five to ten year s time Establish routine surveillance for Avian flu

Intermediate Outcomes		Intermediate Outcome Indicators		Use of Intermediate Outcome Monitoring	
Current	Proposed	Current	Proposed	Current	Proposed
Establish and Operate a Central-level Disease Surveillance Unit.	Building the technical capacities of the CSU for effective oversight of disease surveillance activities in accordance with the International Health Regulations	Central surveillance unit established and functioning with adequate staff and hardware. IT software developed and national network established Central reports on national disease situation produced on time. Avian flu testing laboratories established & routine surveillance initiated	% of districts with IT network for on portal data entry, software for data analysis, videoconferencing and inter-voice connection between states and access to toll free 1075. Twelve AI testing laboratories established & routine surveillance from sentinel hospitals established	Advise State surveillance units on disease control measures Continuously Monitor disease situation and response Notify international Public Health agencies Seek and coordinate international assistance if necessary.	Experiment new strategies to overcome implementation challenges and improve project's effectiveness. Document operational challenges from project states/districts and disseminate to other states Continuously monitor disease situation and response Notify international public health agencies Seek and coordinate international assistance if necessary
Integrate and Strengthen Disease Surveillance at the State and District Levels. throughout the country in a phased manner	Demonstrate the improvement in state /district surveillance and response capacity in 9 states of the country. viz. Gujarat, Tamil Nadu, Karnataka, Maharashtra Uttarakhand , Punjab, West Bengal, Andhra Pradesh and Rajasthan	Number of State and District Surveillance units established with adequate staff, IT hardware /software linked to State/ National network Number and % of responses to disease specific triggers assessed to be adequate Number of private health providers contributing to	% of districts IT linked to the SSU/ CSU No of states providing monthly feedback on surveillance data to the districts % of responses to disease specific triggers assessed to be adequate by SSU % of Major hospitals enrolled,	Advise DSU's and sub-units on disease control measures Continuously Monitor disease situation and response Notify CSU Deploy State/district rapid response team if	Document operational challenges of hospital based P & L surveillance system in project districts. Monitor establishment of systems to analyze routine surveillance data , identify outbreaks and initiate public health action Notify CSU

Intermediate Outcomes		Intermediate Outcome Indicators		Use of Intermediate Outcome Monitoring	
Current	Proposed	Current	Proposed	Current	Proposed
		surveillance reports. Number of villages/urban wards reporting occurrence of health events.	doing IP , OP & Lab Surveillance , and sharing P & L forms % of Blocks in which At least 1 private provider shares weekly to surveillance reports Community Based Surveillance established and % villages reporting to Call Center No **1075** or nearest PHC Annual Documentation of best practices & Progress Reports	necessary	Deploy State/district rapid response team if necessary
Improve Laboratory Capacity	Develop district Public Health Laboratory models and establish referral lab networks utilizing the existing Medical College and private laboratories in identified states	Number and % of district /State and national laboratories providing adequate quality of information in a timely manner. Number of reports derive from private laboratories Number of quality assurance surveys completed	Number of referral lab network & district labs established in nine states Number of referral and district labs who underwent EQAS	Improve the laboratory confirmation of diseases	Optimal use of the existing lab. facilities for public health good Document networking challenges of the existing functional laboratories
Training for Disease Surveillance	Induction training for the newly recruited dedicated staff	% of targeted category -wise personnel oriented, trained in disease surveillance epidemiology and outbreak investigation, use of software and specific lab assays, and	% Induction training completed for Epidemiologists /Microbiologists and Entomologists in position	Equip and empower different categories of the staff , private facilities and community in disease surveillance	Build capacities for quality outbreak investigation and analysis and use of routine surveillance data for Public health action.

Intermediate Outcomes		Intermediate Outcome Indicators		Use of Intermediate Outcome Monitoring	
Current	Proposed	Current	Proposed	Current	Proposed
		quality control methods % of favorable reports of third party assessment on quality of training			
Influenza <u>Human Health</u> Strengthening public health surveillance and laboratory response Improvement of laboratory network Health information and communication Strengthening capacity for rapid response <u>Animal Health</u> Strengthening disease surveillance and diagnostic capacity Outbreak containment and control	<u>Human Health</u> Establish 12 laboratories and initiate routine flu surveillance in sentinel hospitals. Ensure availability of vaccines, diagnostic kits, reagents as required. <u>Animal Health</u> Strengthen disease surveillance and diagnostic capacity Improve outbreak containment and control	<u>Human Health</u> At least 90% of suspected AI outbreaks investigated within 24 hrs by the district authorities At least ten L4 public health laboratories strengthened under the project at BSL 3 level are able to undertake (a) preliminary reporting of AI outbreaks within 4 days; (b) test ten samples for viral etiology per month (c) able to test proficiency panels correctly and (d) follow required biomedical waste management procedures; Two L5 public health laboratories qualify as National reference laboratories with BSL 3 practices and are able to undertake virus isolation following standard international protocols; Number of sentinel sites complying with bi-weekly (winter) and monthly (summer) reporting on seasonal influenza occurrence; National Reference Laboratories through MOH share monthly reports with state health departments summarizing compiled results of national influenza surveillance. India establishes an effective seasonal influenza surveillance	<u>Human Health</u> Number of Influenza testing facilities established No of sentinel hospitals sending samples of routine surveillance to Influenza laboratories. <u>Animal Health</u> Epidemiological survey to detect causes and spread of HPAI outbreak National surveillance system with adequate coverage Lead time for availability of diagnostic results significantly reduced Emergency supplies available at strategic field locations Regular meetings between health officials and animal husbandry officials	Routine surveillance for AI established in sentinel facilities and having access to adequate referral lab. Support	Detect human influenza outbreaks to initiate appropriate public health action. To verify satisfactory and timely progress in minimizing the time required for (i) confirmation of outbreaks, (ii) outbreak containment and (iii) coordination across sectors.

Intermediate Outcomes		Intermediate Outcome Indicators		Use of Intermediate Outcome Monitoring	
Current	Proposed	Current	Proposed	Current	Proposed
		system as per flu-net standards <u>Animal Health</u> Results of epidemiological survey of all future major outbreaks are available; Surveillance system in place covering backyard poultry, commercial poultry farms and nesting/breeding habitats of migratory birds. Community involvement in surveillance activities is increased. At least 90% of suspected AI outbreaks are investigated within 24 hours by district authorities. Diagnosis is decentralized as reflected in the percentage of samples handled by laboratories other than HSADL-Bhopal. Proportion of district rapid response teams that have participated in simulation exercises. Improved responsiveness as indicated by required time for completion of culling and cleaning operations after confirmation of an HPAI outbreak.			

Arrangements for Results Monitoring

Original Indicators (from PAD)	Revised or New Indicators (in Project Paper)	Proposed Changes	Revised Target & means of verification (MV)
1.Number and % of districts providing monthly surveillance reports on time **Base line:** 93/606 districts as of 10/26/2004	% of districts providing surveillance reports timely and consistently in 9 priority states* **BL:** (30/9/09) 25% of Priority state districts	This indicator is revised to add: a) Focus on 9 priority states b) Desegregated data for varieties of P and L reporting units only c) Addition of criteria to define "timely" and "consistently"	70 % of the districts@ in priority 9 states, **MV: Weekly data analysis report by CSU based on data entry on portal / Excel sheets shared**
2.Number and % responses to disease-specific triggers assessed to be adequate **Baseline**: Not Available (NA) as of 10/24/2004	3. % of responses to disease specific outbreaks assessed to be adequate as measured by 3 essential criteria in 9 priority states ^ **BL:** (30/9/09) over all 45% of outbreaks Range : T& K-66, UK, WB, M=50%, AP-20% Rajasthan 10%P=0	a) Revised to include use of an assessment tool, to evaluate outbreak response b) Focus on 9 priority states	At least 75% outbreaks in each of the 9 states **MV: Monthly outbreak investigation analysis by CSU**
3. Influenza Evidence of improved public awareness and widespread adoption of recommended practices for the prevention and control of HPAI by poultry producers, distributors, and retail vendors; medical practitioners and the general public.	3. Improved diagnostic capacity for H5N1 and H1N1 as measured by: (i) Number of functional diagnostic laboratories for human influenza established **BL:** (30/9/09): 7/12 (ii) Number of functional BSL3 laboratories for animal influenza established **BL**: (30/9/09): 2/6	Outcome of influenza component is narrowly focused on establishment of laboratories for detection of influenza viruses in both humans and animals	(i) 12 (ii) 6

* ***Timely & consistently*** *= Within one week after the last date of every reporting week for at least 40 weeks* ***(80% of week at any given time)*** *each year. Reports should have desegregated collated forms of P {i. PHCs, ii Other Govt. Hospitals and iii) Private hospitals separately}, L (PHC labs, district Public Health lab and referral laboratories) and S reporting units.*

^= *The three essential criteria of outbreak investigations are i) Timeliness of investigation i.e. within48 hours of first case information (FIR) ii) adequate human samples were sent for laboratory confirmation early in the outbreak (within 4 days) and iii) Availability of a final outbreak investigation report.*

@= *i. A district with a minimum of 80% of reporting from primary health care institutions and ii a minimum of 50% reporting from hospitals with OPD and inpatients surveillance; iii) laboratory confirmation of at least 70 % of outbreaks and at least 50% district priority labs and referral laboratories network reporting regularly*

.

Table1. Outcome Indicators by Components

No	Indicator	Baseline as of 30/9/09	Target for 31/3/2012 & Source of Verification
1	**Component 1: Central Surveillance Monitoring and Oversight**		
i)	Induction training completed Epidemiologists /Microbiologists and Entomologists in position	40%	90% CSU Report
ii)	Number of quarterly review meetings of Priority states	quarterly	8 meetings in 2 Years Minutes of the Meeting
iii)	Number of on site visit for supportive supervision, for states by CSU	2/state/year	4/state/year Field visit reports shared to WB monthly
iv)	Number of videoconferences held to give feedback on outbreak response assessed using the tool	NA	Once every month VC documentations
v)	SHOC functional and being used	Nil	At least one outbreak investigation review per month in 2012
vi)	Number of referral lab network & district labs established	4 Network negotiated	One networks & 1 dist lab in each of 9 states. Site visits & Reports
vii)	Number of referral and district who underwent EQAS		1 EQAS/ lab/in 2011012. Site visits & Reports
viii)	% of districts with IT network for on portal data entry, videoconferencing and inter-voice connection between states & have access to toll free 1075	Portal =40% VCF =50% TFA= 25%	80% for all 3 facilities throughout the year IT logbook
2	**Component 2: Improving state/district surveillance and response capacity**		
ix)	% of districts IT linked to the SSU/ CSU	<50%	90% IT logbook
x)	No of states providing feedback monthly to the districts	5/9 states	9/9
xi)	% of responses to disease specific triggers assessed to be adequate by SSU	5 0-66%	>80% States to post assessment on portal
xii)	% of major hospitals enrolled, doing IP , OP & Lab Surveillance , and sharing P & L forms	<20%	50% Desegregated by facilities on Portal
xiii)	% of blocks in which at least 1 private provider shares weekly to surveillance reports	<20%	60%
xiv)	CBS established and % villages reporting to Call Center No **1075** or nearest PHC	Nil	50% villages in Pilot blocks
3	**Component 3: Influenza surveillance and response**		
xv)	Number of sentinel hospitals with routine surveillance for human influenza	Nil	10 CSU reports
xvi)	Epidemiological survey to detect causes and spread of HPAI outbreak	Nil	Final Survey Report DADF
xvii)	National surveillance system with adequate coverage	Not in place	20,000 samples/year BSL3 labs reports
xviii)	Lead time for availability of diagnostic results significantly reduced	Nil	3 days BSL3 labs reports
xix)	Emergency supplies available at strategic field locations	Limited	Adequate supplies of PPE kits and disinfectants
xx)	Regular meetings between health officials and animal husbandry officials	Regular	Regular (at least one/6 months)

ANNEX 5: Detailed Project Description

Component 1: Central Surveillance Monitoring and Oversight

CSU Support sub-component: Under the restructured project, the CSU would continue to provide overall disease surveillance leadership and basic surveillance preparedness support to all states. The primary aim of the restructured project is to demonstrate in nine selected states the operational feasibility of establishing the full range of core surveillance activities. These include effective use of IT infrastructure, regular data entry, adequate data analysis to ensure high quality outbreak detection and timely response; and data sharing with all key stakeholders including the Prime Minister's Office. To this aim, the CSU would expand its capacity in three ways: (i) enhance its technical capacity for surveillance; (ii) enhance management capacity; and (iii) improve coordination and monitoring. To augment the existing CSU team, two senior advisors (epidemiology and laboratory specialists), a communications officer, a documentation officer, a management specialist, a human resource specialist, an IT specialist, three epidemiologists, a microbiologist, and two media scanning assistants will be appointed.

IT Support sub-component: As part of the surveillance infrastructure established in all 35 states, a nation-wide IT network has been set up. This includes video-conferencing facilities, a project portal for on-line data entry, analysis and e-learning; and a national toll-free call center for SOS reporting. The restructured project would continue to support the maintenance of the IT hardware/software, the portal (including any necessary software/portal up gradation), connectivity and VSNL satellite network; and the toll-free number call center with universal access. The restructured project would also support an innovative SMS-based reporting system developed in one state and its evaluation. A Strategic Health Operations Center (SHOC) would be set up as a resource for ongoing training/knowledge sharing, and as a key communication center for emergency epidemic response.

Training sub-component: Having completed the basic disease surveillance training for core primary health care staff across the country, CSU's training strategy would now focus on staff of medical colleges, district and sub-district hospital doctors and administrative/support staff. This would strengthen hospital base surveillance being promoted since 2009. Training under this sub-component would also include induction training of epidemiologists, microbiologists and entomologists. Additional activities include orientation training for additional master trainers, field epidemiology training of district surveillance officers, and developing e-learning modules, training manuals and guidelines.

Component 2: Improving State/district Surveillance and Response Capacity

The component would focus on improving surveillance preparedness in nine states only. These states were selected using agreed criteria (provision of trained staff dedicated to IDSP, establishment of surveillance mechanisms, reporting coverage and effective outbreak response).

Human Resources sub-component: This sub-component would finance salaries of key surveillance staff, including epidemiologists, microbiologists, entomologists, data managers, data entry operators and insect collectors. It would also support the operating costs for state surveillance and outbreak investigations. Additional surveillance support would include incentive payments for Accredited Social Health Activists (ASHAs) and medical college staff for outbreak investigations. Involvement of ASHAs and medical colleges is expected to further strengthen the surveillance capacity of the state/district health system.

Training Sub-component**:** This sub-component would support training of hospital based doctors, nurses, pharmacists and administrative staff, field epidemiology (FETP) training of district surveillance officers, induction training of professional staff recently recruited, including data managers and data entry operators. The orientation of community volunteers (village leaders, youths, women's group etc) identified under community based surveillance, and their periodical refresher meetings have also been budgeted for one block in each state.

Laboratory sub-component: This sub-component would: (i) support 17 district level priority public health laboratories for investigation of outbreak prone diseases[2]; and (ii) establish a referral network (on a pilot basis) through partnering with 63 existing and functioning private laboratories. Memoranda of Understanding (MOUs) will be signed between each of the nine state surveillance units and the respective laboratories. Laboratories will be contracted using a performance-based mechanism to compensate for laboratory services rendered. This sub-component will finance an initial assessment of this scheme, as well as a final evaluation of the referral network pilot.

Component 3: Influenza surveillance and response.

Human Health: During the first two years of implementation of this component, a network of influenza reference laboratories was established by providing specialized equipment and training to 10 existing high level laboratories. The network was successfully used for H1N1 surveillance in 2009.

Under the restructuring, the project would continue to strengthen the existing influenza laboratory network, expanding it further with two additional high level laboratories. The influenza laboratory surveillance network will be further supported and developed to ensure confirmation and monitoring of human seasonal influenza, avian influenza and pandemic influenza in humans as well as of any other emerging infectious diseases. The sub-component would: (i) provide specialized additional equipment and finance operating costs for the existing 10 laboratories as well as for the two additional laboratories; (ii) strengthen the quality assurance system through the hiring of specialized laboratory technicians for each of the 12 laboratories; and (iii) ensure rapid access to drugs, vaccines, kits or training necessary to control and respond to serious influenza epidemics in humans.

Animal Health: This sub-component would finance pre-fabricated BSL-3 laboratories, the design and construction of BSL-3 laboratories, salaries and operating cost of a bird flu cell in DADF, training activities for disease surveillance/response; and equipment for response to outbreaks. Compared to the 2007 restructuring, decentralized activities for the animal health part have been dropped and construction of the BSL-4 laboratory has also been dropped.

[2] District priority laboratories will be able to perform the following tests: Serological tests for Typhoid (Typhi dot/ Widal) , Stool culture for cholera , Ig M ELISA for Dengue and Rapid dot test for Leptospirosis

ANNEX 6: PROJECT COSTS

Estimated project costs (2010-2012)			
	Bank financing (in USD)	**Govt financing (in USD)**	**Total (in USD)**
COMPONENT 1: Central Surveillance Monitoring and Oversight	5,204,938.44		5,204,938.44
COMPONENT 2: Improving State/district Surveillance and Response Capacity	9,513,836.15	12,323,786.46	21,837,622.60
COMPONENT 3: Influenza surveillance and response			
Human Health	2,629,333.33		2,629,333.33
Total Human Health Part	**17,348,107.92**	**12,323,786.46**	**29,671,894.38**
Total Animal Health Part	**18,290,000.00**	**1,474,468.09**	**19,764,468.09**
TOTAL:	**35,638,107.92**	**13,798,254.54**	**49,436,362.46**

Total estimated project costs (2004-2012) - Bank financing					
	2004-2008	**2008-2009**	**2009-2010**	**2010-2012**	**TOTAL Bank financing**
Human Health Part	**8,629,802.31**	**2,641,408.19**	**4,583,333.33**	**17,348,107.92**	**33,202,651.75**
Animal Health Part		**7,710,000.00**		**18,290,000.00**	**26,000,000.00**
Total:					**59,202,651.75**
contingencies					797,348.25
GRAND TOTAL:					**60,000,000.00**
Credit available					**68,000,000.00**
unprogrammed funds					8,000,000.00

Note: Expenditures (US$7.71 million) by DADF for 2007-2009 for the Animal Health part have not been reimbursed yet.

Activities	**US$ (million)**
1. Virtual vaccine bank	0.78
2. PPE kits/disinfactants	0.33
3. Training/capacity building (subject to audit)	4.62
4. Two BSL3 pre-fab labs	1.12
5. Bird flu cell	0.01
6. Expenditure Sep 2009-March 31, 2010	0.85
Total:	**7.71**

COMPONENT 1: Central Surveillance Monitoring and Oversight

Sub-activity		2010 - 11	2011 - 12	Total Rs. (in lakhs)	Total US$
1. Training of Trainers					
	Induction training for Epidemiologists, Microbiologist, Entomologist (for new staff - 523 epid.; 60 micro; 25 entom)				
	Epidemiologists: goal is to hire 646 of which 491 have been selected and 261 in position (123 trained) - 2 week training	125.52	31.38	156.90	326,875.00
	Microbiologists: goal is to hire 85, selected 85 and hired 29 (25 trained) - 1 week training	21.60	5.40	27.00	56,250.00
	Entomologists: goal is to hire 35 of which 23 selected and 10 in position and trained - 1 week	6.00	1.50	7.50	15,625.00
	Total induction training	**153.12**	**38.28**	**191.40**	**398,750.00**
	Orientation for trainers regarding IDSP (roughly 150 trainers from 35 states)	10.00	10.00	20.00	41,666.67
	Microbiologists (Skill upgrade training following induction) - 1 week	10.63	31.88	42.50	88,541.67
	Field Epidemiology Training of District Surveillance Officers (300) - 228 already trained out of 646 (expected to train 300 of the remaining)	37.50	37.50	75.00	156,250.00
	Development and use of E-learning (medical officers at district/state levels) - RFP under preparation	50.00	140.00	190.00	395,833.33
	Printing of Training Manuals for Epidemiologists / Microbiologists	5.00	5.00	10.00	20,833.33
	SUB TOTAL	**266.25**	**262.66**	**528.90**	**1,101,875.00**
2. CSU Support	**Salaries (24 months)**				
	Existing staff				
	Epidemiologists (7)	42.00	44.10	86.10	179,375.00
	Microbiologists (2)	12.00	12.60	24.60	51,250.00
	Consultants				
	FM (2)	8.40	8.82	17.22	35,875.00
	Procurement (1)	4.20	4.41	8.61	17,937.50
	IT (1)	4.20	4.41	8.61	17,937.50
	Training manager (1)	4.20	4.41	8.61	17,937.50
	Data Managers (5)	12.60	13.23	25.83	53,812.50
	Data Entry operators (7)	11.76	12.35	24.11	50,225.00
	Office Assistants (3)	3.24	3.40	6.64	13,837.50
	Helper (1)	0.72	0.76	1.48	3,075.00
	New				
	Advisor GDD (2) - epidemiology & laboratory spec.	24.00	25.20	49.20	102,500.00
	Communications officer	9.00	9.45	18.45	38,437.50
	Epidemiologists (3)	18.00	18.90	36.90	76,875.00
	Microbiologists (1)	6.00	6.30	12.30	25,625.00
	Management Expert (1)	5.40	5.67	11.07	23,062.50
	Consultants IT1/ HR1 - total 2	8.40	8.82	17.22	35,875.00
	Documentation officer	5.40	5.67	11.07	23,062.50
	Media Scanning Assistant (2)	3.60	3.78	7.38	15,375.00

	Procurement agent	20.70	20.70	41.40	86,240.00
	Travel costs & other expenses				
	Domestic Travel Expenses	74.52	78.25	152.77	318,262.50
-	Annual Review Meeting of all SSOs	1.60	1.68	3.28	6,833.33
	Quarterly Review Meetings	3.50	3.50	7.00	14,583.33
	Annual Urban/ IDH/ Community based surveillance review	0.65	0.65	1.29	2,694.28
	Other administrative-logistical expenses	75.00	78.75	153.75	320,312.50
	Innovation (SMS study, Epi-conference)	25.00	25.00	50.00	104,166.67
	Annual Epidemiologist Conference	2.10	2.21	4.31	8,968.75
	Annual Microbiologist Conference	2.10	2.21	4.31	8,968.75
	Annual Entomologist Conference	2.10	2.21	4.31	8,968.75
-	business processes assessment of CSU		10.00	10.00	20,833.33
-	**SUB TOTAL**	**390.38**	**417.41**	**807.80**	**1,682,907.19**
ICT Support	Upscaling the SMS based reporting (for 9 states)	75.00	75.00	150.00	312,500.00
	Portal Cost	22.00	23.10	45.10	93,958.33
	Call Center (Toll - free 1075) - single source	68.00	68.00	136.00	283,333.33
	Broadband + Two Lease Lines (rental)	5.00	5.00	10.00	20,833.33
	Country wide Annual Maintainence Contract (AMC) of IT equipment - for 800 sites (training center and data center) @4000 INR/month	320.00	336.00	656.00	1,366,666.67
	Maintenance of V-SAT network	31.50	33.08	64.58	134,531.25
	Set up of Strategic Health Operations Centre (SHOC)	100.00		100.00	208,333.33
	visual system (LCD screens - 6)				
	audio system				
	integrated touch control system (wireless touch panel)				
	DVD recorder				
	SUB TOTAL	**621.50**	**540.18**	**1,161.68**	**2,420,156.25**
	GRAND TOTAL	**1,278.13**	**1,220.24**	**2,498.37**	**5,204,938.44**

COMPONENT 2: Improving state/district surveillance and response capacity in 9 selected states

Sub-activity		**2010 - 11**	**2011 -12**	**Total Rs. (in lakhs)**	**Total US$**
1. Training	Training of Hospital Doctors	34.65	14.85	49.50	103,125.00
	Training of Hospital Pharmasist / Nurses	47.25	20.25	67.50	140,625.00
	Training of Medical College Doctors	18.06	7.74	25.80	53,750.00
	Training of Medical College Pharmacist/ Nurses/ Medical Record Technicians	5.36	2.30	7.65	15,937.50
	Data entry and Analysis training (for block level health personnel)	31.50	13.50	45.00	93,750.00
	DM & DEO training	2.00	1.06	3.06	6,375.00
	Community based surveillance (orientation expenses for local volunteers & monthly refreshers meeting at block level)	11.46	12.03	23.49	48,930.94
	SUB TOTAL	**150.27**	**71.72**	**222.00**	**462,493.44**
2. Human Resources	**Salaries and operating costs**				
	State/district Epidemiologists 1 @district (225 in all 9 states) and 1 @state headquarter unit at 9 states (total of 234)	631.8	663.39	1295.19	2,698,312.50
	State/ district Microbiologists (26) 3X8 states and 2 in Punjab	46.80	49.14	95.94	199,875.00

	Entomologists (9) @ 1 per state	16.20	17.01	33.21	69,187.50
	Consultants (Finance) (9)	11.34	11.91	23.25	48,431.25
	Consultants (Technical support) (9)	22.68	23.81	46.49	96,862.50
	Data Managers (234) - 225 districts and 1 in each state unit (9)	284.31	298.53	582.84	1,214,240.63
	Data Entry Operators (308) - 225 districts and 74 medical colleges and 9 states	235.62	247.40	483.02	1,006,293.75
	Insect collectors (in support of entomologists) (2 per each of 9 states)	17.28	18.14	35.42	73,800.00
	Transport within districts	280.80	294.84	575.64	1,199,250.00
	Office Expenses @ Rs.2000 P.M.	59.40	62.37	121.77	253,687.50
	State IDSP Weekly Alert Bulletin	2.70	2.84	5.54	11,531.25
	Annual IDSP report	1.80	1.89	3.69	7,687.50
	Printing of Reporting Forms (states)	23.98		23.98	49,958.33
	Broadband Expenses	36.96	38.81	75.77	157,850.00
	Quarterly review Meetings of Epidemiologists and Microbiologists at state level	4.50	4.73	9.23	19,218.75
	Community based evaluation @ 25000@block	2.25	2.36	4.61	9,609.38
	Additional support for surveillance & outbreak investigation				
	Accredited Social Health Activists -incentive payments for outbreak reporting	27.00	20.40	47.40	98,750.00
	Medical college/Institute incentive payments for participation in outbreak investigation	22.50	23.63	46.13	96,093.75
-	Annual state level meeting of referral network participants	13.50	14.18	27.68	57,656.25
	SUB TOTAL	**1,741.42**	**1,795.36**	**3,536.78**	**7,368,295.83**
3. Laboratory support	Consumables and kits for district labs (17 total - 2 labs in 8 states + 1 lab in Punjab)	34.00	35.70	69.70	145,208.33
	culture-media & reagents				
	diagnostic kits				
	glass ware				
	miscellanious required items				
	Collection costs for district labs (225)	11.25	11.81	23.06	48,046.88
	Transportation of samples from 225 districts to referral labs	13.50	14.18	27.68	57,656.25
-	**Referral lab network services (7 labs in each state = 63 total) - includes consumables**				
-	output-based payments for tests (10 categories of tests with each category priced individually)	189.00	198.45	387.45	807,187.50
-	Serological tests for typhoid				
-	ELISA /rapid test for leptospirosis				
-	ELISA for Dengue				
-	ELISA for Viral Hepatitis				
-	ELISA for Measles				
-	Rapid test for Meningococci				
-	Blood culture for Typhoid				
-	Diptheria culture				
-	Cholerae culture				
-	other (state specific diseases)				

-	Minor operating expenses (consumables, reagents, kits, office expenses, part-time staff costs, transport costs, minor repairs, etc)	126.00	132.30	258.30	538,125.00
-	Initial assessment (by state level experts - 3 people visiting 7 labs (30 days work for each person) - total of 27 people)	13.50	14.18	27.68	57,656.25
CSU level	External quality assessment scheme (EQAS) for referral (63) & priority labs (17)	-	4.00	4.00	8,333.33
CSU level	Evaluation of referral lab pilot		10.00	10.00	20,833.33
	SUB TOTAL	**387.25**	**420.61**	**807.86**	**1,683,046.88**
GRAND TOTAL FOR 9 STATES:		**2,278.94**	**2,287.70**	**4,566.64**	**9,513,836.15**

COMPONENT 3: Influenza surveillance and response

Sub-activity		2010 - 11	2011 - 12	Total Rs. (in lakhs)	Total US$
1.Human Health					
	Strengthening of Laboratory Surveillance				
	Upgrading the National Centre for Disease Control, Delhi (referral central)	300.00		300.00	625,000.00
	high-precision micropipettes				
	high-speed refrigerated centrifuge				
	automated GEL documentation system				
	UV - visible spectrophotometer				
	electronic microscopes				
	refrigerator				
	fully automated TC glass washing machine				
	Fast PCR machine				
	computerized invertoscope				
	12 regional Laboratories (10+2 new)				
	2 new labs	20.00	61.20	81.20	169,166.67
	minus 20 degree deep freezer				
	lab type refrigerator				
	minus 85 degree deep freezer				
	biosafety cabinet class 2				
	Real time PCR system				
	high-capacity UPS system				
	high speed refrigerated micro centrifuge				
	water purification system				
	CO2 incubator				
	micropipettes				
	10 labs upgrade	14.00	14.00	28.00	58,333.33
	minus 20 degree deep freezer				
	lab type refrigerator				
	high speed refrigerated micro centrifuge				

	Recurring Costs of Laboratories Services				
	National Centre for Disease Control, Delhi including supplies to all 12 labs	239.00	239.00	478.00	995,833.33
	Hiring 12 specialized lab technicians@ Rs 15000/- per month	21.60	22.68	44.28	92,250.00
	required operating expenses for labs functioning @ Rs 9.4 lakhs (approx) per lab.	112.80	112.80	225.60	470,000.00
	Drugs, vaccines, kits, training	50.00	55.00	105.00	218,750.00
	SUB-TOTAL:	**757.40**	**504.68**	**1,262.08**	**2,629,333.33**
2. Animal Health					
	Pre-Outbreak Preparedness, Planning & Coordination				
	Capacity Building: Veterinary Personnel (Vets & Paravets)	50.00	73.60	123.60	262,978.72
	Epidemiological Survey	50.00		50.00	106,382.98
	Pre-fabricated BSL 3 labs (2)	430.00		430.00	914,893.62
	Constructed BSL3 labs (2)				
	Consultancy	300.00	310.00	610.00	1,297,872.34
	Construction	900.00	5,443.80	6,343.80	13,497,446.81
	Surveillance of Poultry	100.00	100.00	200.00	425,531.91
	Supporting an Outbreak Containing Plan				
	Strategic Reserves of PPE, N-95 Masks, vaccines, etc.	300.00	318.90	618.90	1,316,808.51
	Bird Flu Cell				
	Salaries	50.00	60.00	110.00	234,042.55
	Furniture, Office Equipment & Office Running Costs	7.50	7.50	15.00	31,914.89
	Field Travel Costs	7.50	7.50	15.00	31,914.89
	Contingencies	40.00	40.00	80.00	170,212.77
	SUB-TOTAL:	**2,235.00**	**6,361.30**	**8,596.30**	**18,290,000.00**
GRAND TOTAL:		**2,992.40**	**6,865.98**	**9,858.38**	**20,919,333.33**

Annex 7: Procurement Plan

I. General

1. **Project information**: Integrated Disease Surveillance Project (IDSP), NCDC, MOHFW, GOI

2. **Bank's approval Date of the procurement Plan**: Finalized in discussion with World Bank on Feb. 4, 2010

3. **Date of General Procurement Notice**: Published in UNDB online on March 8, 2005; revised GPN was published on July 14, 2007

4. **Period covered by this procurement plan**: 2 years

5. **Guidelines:** Procurement during the extension period of 2 years will be carried out in accordance with the World Bank's "Guidelines: Procurement under IBRD Loans and IDA Credits" dated May 2004, revised October, 2006 (Procurement Guidelines); and "Guidelines: Selection and Employment of Consultants by World Bank Borrowers" dated May 2004, revised October 2006 (Consultant Guidelines).

6. **Procurement Agent**: Contract between MOHFW and RITES signed for procurement against externally funded projects. Hence, services of RITES as a Procurement Agent will be used for IDSP procurement.

II. Goods and Works and non-consulting services.

1. **Procurement Method and Prior Review Threshold**: Procurement Decisions subject to Prior Review by the Bank shall be as stated in Appendix 1 to the Guidelines for Procurement.

	Procurement Method	**Contract Value to which this method applies (in US$)**	**Prior Review Threshold (in US$)**
1.	ICB (Goods)	Above 500,000	All ICB contracts
2.	LIB (Goods)	Above 500,000	All LIB Contracts
3.	NCB (Goods)	Below 500,000	First NCB Contract to be prior reviewed
4.	ICB (Works)	Above 1,000,000	All ICB contracts
5.	NCB (Works)	Below 1,000,000	First NCB Contract and all contracts costing the equivalent of US $500,000 or more
6.	NCB (Non - Consulting Services)	Above 30,000	First NCB Contract and all contracts costing the equivalent of US$ 500,000 or more.

Direct Contracting: This method will be followed by the Project after the proposal for procurements of goods, works and non-consultancy services under this method has been reviewed and agreed with the IDA.

Shopping (Goods, works, and non consulting services): Applicable for items costing less than US$30,000 per contract

2. Reference to (if any) Project Operational/Procurement Manual: NA

3. Any Other Special Procurement Arrangements:

Procurement through National Competitive Bidding (NCB) method shall be carried out in accordance with paragraph 3.3 and 3.4 of the Guidelines and the following provisions shall additionally apply:

- Only the model bidding documents for NCB agreed with the GOI Task Force (and as amended from time to time) shall be used for bidding;
- Invitations to bid shall be advertised in at least one widely circulated national daily newspaper, at least 30 days prior to the deadline for the submission of bids;
- No special preference will be accorded to any bidder either for price or for other terms and conditions when competing with foreign bidders, state-owned enterprises, small-scale enterprises or enterprises from any given State;
- Except with the prior concurrence of the Bank, there shall be no negotiation of price with the bidders, even with the lowest evaluated bidder;
- Extension of bid validity shall not be allowed without the prior concurrence of the Bank (a) for the first request for extension if it is longer than four weeks; and (b) for all subsequent requests for extension irrespective of the period;
- Re-bidding shall not be carried out without the prior concurrence of the Bank. The system of rejecting bids outside a margin or "bracket" of prices shall not be used in the project;
- Rate contracts entered into by Directorate General of Supplies & Disposals will not be acceptable as a substitute for NCB procedures. Such contracts will however be acceptable for any procurement under shopping procedures; and two or three envelope system will not be used.
- Two or three envelope system will not be used.

4. *Procurement Packages with Methods and Time Schedule*

Please see the attached Procurement Schedule.

III. Selection of Consultants

1. Method of Selection and Prior Review Threshold: Selection decisions subject to Prior Review by Bank shall be as stated in Appendix 1 to the Guidelines Selection and Employment of Consultants:

	Selection Method	Prior Review Threshold (in US$)
1.	Competitive Methods (Firms)	100,000
2.	Selection of Consultant based on Qualification (CQS)	100,000*
3.	Single Source (Firms)	50,000
4.	Individual Consultant	50,000

* All proposals requiring CQS will be prior reviewed and agreed with the Bank.

2. **Short list comprising entirely of national consultants**: Short list of consultants for services, estimated to cost less than US$ 5,00,000 USD equivalent per contract, may comprise entirely of national consultants in accordance with the provisions of paragraph 2.7 of the Consultant Guidelines.

3. **Consultancy Assignments with Selection Methods and Time Schedule**

Please see the attached Procurement Schedule.

PROJECT PROCUREMENT PLAN

PROCUREMENT OF GOODS AND NON CONSULTANCY SERVICES UNDER IDSP - Human Health: 2010-12

Package No	Description	Method of Selection	Prior/ Post review	Est.Cost (lakhs Rs)	Submission of Bid Document to the Bank	No Objection of Bid documents by the world Bank	Publication of IFB in Newspapers and beginning of sale of bid document	Receipt and opening of Bids	Submission of BER to Bank for No Objection	Receipt of No Objection of Bank for BER	Signing of the contract	Completion of services	Responsibility
	Contracts												
NC1	Country wide Annual Maintainance Contract (AMC) of IT equipment - for 800 sites (Training centre and data centre)	NCB	Prior	656.00	Apr-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Aug-10	Mar-12	CSU/PA
NC2	Maintainance of V-SAT network	NCB	*	65.00	NA	NA	Apr-10	May-10	NA	NA	Jul-10	Mar-12	CSU/PA
NC3	Broadband + two Lease Lines (rental)	Shopping/ DC	Post	10.00	NA	NA	NA	Apr-10	NA	NA	May-10	Mar-12	CSU/PA
NC4	Portal Cost (Website Maintainance)	NCB	*	45.00	NA	NA	Apr-10	May-10	NA	NA	Jul-10	Mar-12	CSU/PA
G1	Printing of Training Manuals for Epidemiologists/ Microbiologists	Shopping	Post	10.00	NA	NA	NA	May-10	NA	NA	Jul-10	Feb-11	CSU/PA
G2	SHOC equipment (Visual and audio system, integrated touch control system, DVD recorder,	NCB	*	100.00	NA	NA	May-10	Jul-10	NA	NA	Sep-10	Mar-11	CSU/PA
	TOTAL			**886.00**									

* Only first NCB contract for non-consulting services to be prior reviewed by the Bank.

SELECTION OF CONSULTANCY SERVICES UNDER IDSP - Human Health: 2009-10

Package No.	Description	Method of Selection	Prior/ Post review	Est.Cost (lakhs Rs)	TOI, EOI, notice drafted	Publication of EOI notice in UNDB and newspapers	No Objection of Bank for Shortlist and RFP document	Issue RFP to short listed consultants	Receipt of proposals and opening technical proposals	Evaluation of technical proposals and submission of report to the Bank	Bank's no objection to technical evaluation report	Opening of financial proposals and financial evaluation	Bank's no objection to draft contract	Contract signed	Contract completed
CS-1 (FY	Laboratory Post Procurement	QCBS	Prior	34	28/2/2008	2/8/2008	2/2/2009	3/6/2009	2/7/2009	12/1/2010	28/01/2010	3/2/2010	22/02/2010	15/03/2010	31/08/2010
CS-2 (FY	Media Scan	QCBS	Prior	72	21/04/2008	17/06/2008	25/02/2009	9/7/2009	10/8/2009	13/01/2010	15/02/2010	25/02/2010	17/03/2010	31/03/2010	31/03/2012
	TOTAL			**106**											

SELECTION OF CONSULTANCY SERVICES UNDER IDSP - Human Health: 2010-12

Package No	Description	Method of Selection	Prior/ Post review	Est.Cost (lakhs Rs)	EOI, notice drafted	Publication of EOI notice in UNDB and newspapers	No Objection of Bank for Shortlist and RFP document	Issue RFP to short listed consultants	Receipt of proposals and opening technical proposals	Evaluation of technical proposals and submission of report to the Bank	Bank's no objection to technical evaluation report	Opening of financial proposals and financial evaluation	Bank's no objection to draft contract	Contract signed	Contract completed
CS-1	E-Learning	QCBS	Prior	190.00	Apr-08	Jun-08	Apr-10	May-10	Jun-10	Sep-10	Sep-10	Oct-10	Nov-10	Nov-10	Mar-12
CS-2	Call Centre - Operations	SSS	Prior	136.00	NA	NA	NA	NA	NA	NA	Sep-10	NA	Mar-10	Mar-10	Mar-12
CS-3	CSU	CQS*	Post	10.00	Dec-10	Dec-10	NA	Feb-11	Mar-11	NA	NA	Apr-11	NA	Apr-11	Aug-11
CS-4	Community based evaluation (9 consultants)	Individual Consultant	Post	5.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	Sep-10	Mar-11
CS-5	Evaluation of referral lab pilot	CQS*	Post	10.00	Jun-11	Jun-11	NA	Jul-11	Aug-11	NA	NA	Sep-11	NA	Sep-11	Dec-11
CS-6	Procurement Agent	SSS	Prior	45.00	NA	NA	NA	NA	NA	NA	NA	Mar-10	Mar-10	Apr-10	Mar-12
	TOTAL			**396.00**											

PROCUREMENT OF GOODS, Avian Influenza Lab Network (IDSP - Human Health) - 2010-2012

Upgrading the National Centre for Disease Control, Delhi (Referral Central)

Package No.	Description	Method of procurement	Qty.	Category	Est.Cost (lakhs Rs)	Prior/ Post review	Submission of Bid Document to the Bank	No objection of bid documents by the Bank	Publication of IFB in newspaper and beginning of sale of bid document	Receipt and opening of Bids/ invitation of quotation	Submission of BER to Bank for no objection	Receipt of no objection of bank for BER	Signing of the contract	Completion of supplies - Subject to approval	Responsibility
PR-1	High Precision Micropipettes (Electronic digital) - 0.2 - 10 µ l; 2-20µl; 20-200µl; 100-1000µl	Shopping	4 each	Lab. Equip.	12	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Sep-10	CSU/PA
PR-2	High speed refrigerated centrifuge	NCB	2	Lab. Equip.	15	Post	NA	NA	Jun-10	Jul-10	NA	NA	Sep-10	Mar-11	CSU/PA
PR-3	Fully automated gel documentation system backed by cool CCD camera with complete software	Shopping	1	Lab. Equip.	10	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Jan-11	CSU/PA
PR-4	UV-Visible Spectrophotometer (For analysis of Protein, DNA / RNA & Enzyme kinetics etc)	Shopping	1	Lab. Equip.	10	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Jan-11	CSU/PA
PR-5	TEM Electron Microscope	ICB	1	Lab.	225	Prior	Jan-10	Feb-10	Apr-10	Jun-10	Sep-10	Sep-10	Oct-10	Jun-10	CSU/PA
PR-6	Laboratory type refrigerator	Shopping	4	Lab.	2	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Aug-10	CSU/PA
PR-7	Fully automated TC glassware washing system	Shopping	1	Lab. Equip.	5	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Jan-11	CSU/PA
PR-8	Fast PCR Machine	NCB	1	Lab. Equip.	15	Post	NA	NA	Jun-10	Jul-10	NA	NA	Sep-10	Mar-11	CSU/PA
PR-9	Computerized invert scope	Shopping	1	Lab. Equip.	6	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Jan-11	CSU/PA
	Total				**300**										

Non-Recurring Cost for AI lab network (10 +2) under IDSP - Human Health: 2010-2011

Package No.	Description	Method of procurement	Qty.	Category	Est.Cost (lakhs Rs)	Prior/ Post review	Submission of Bid Document to the Bank	No objection of bid documents by the Bank	Publication of IFB in newspaper and beginning of sale of bid document	Receipt and opening of Bids/ invitation of quotation	Submission of BER to Bank for no objection	Receipt of no objection of bank for BER	Signing of the contract	Completion of supplies - Subject to approval	Responsibility
NR-1	-20^{0}C Deep Freezer	NCB	12	Lab.	24	Post	NA	NA	Jun-10	Aug-10	NA	NA	Oct-10	Mar-11	CSU/PA
NR-2	Laboratory type refrigerator	Shopping	12	Lab.	7	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Dec-10	CSU/PA
NR - 3	-85^{0}C Deep freezer	Shopping	2	Lab.	8	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Dec-10	CSU/PA
NR - 4	Biosafety cabinet Class II a	Shopping	2	Lab.	8	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Dec-10	CSU/PA
NR - 5	Real-Time RT-PCR system	NCB	2	Lab.	30	Post	NA	NA	Jun-10	Aug-10	NA	NA	Oct-10	Mar-11	CSU/PA
NR - 6	High capacity UPS system 10	Shopping	2	Lab.	4	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Dec-10	CSU/PA
NR - 7	High speed refrigerated/ Micro centrifuge	Shopping	4	Lab. Equip.	4	Post	NA	NA	NA	Apr-10	NA	NA	May-10	Dec-10	CSU/PA
NR - 8	Mili Q or equipment water purification system	Shopping	2	Lab. Equip.	12	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Dec-10	CSU/PA
NR - 9	CO_2 incubator	Shopping	2	Lab.	8	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Dec-10	CSU/PA
NR - 10	Micropipettes	Shopping	48 (4	Lab.	4	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Dec-10	CSU/PA
	Total				**109**										

List of Kits and Consumables for 12 AI Labs for (Human Health) 2010-11

Package No.	Description	Method of procurement	Category	Est.Cost (lakhs Rs)	Prior/ Post review	Submission of Bid Document to the Bank	No objection of bid documents by the World Bank	Publication of IFB in newspaper and beginning of sale of bid document	Receipt and opening of Bids/ invitation of quotation	Submission of BER to Bank for no objection	Receipt of no objection of bank for BER	Signing of the contract	Completion of supplies (Subject to approval)	Responsibility
KC-1	Viral RNA Extraction Kits	NCB	Reagents	50	Post	NA	NA	.	Aug-10	Sep-10	Sep-10	Oct-10	Mar-11	CSU/PA
KC-2	Taqman One step Real-Time PCR Kit for Sw H1N1	DC*	Reagents	50	Post	NA	NA	NA	Jun-10	NA	NA	Jul-10	Oct-10	CSU/PA
KC-3	rRT-PCR Rxn Strips & caps *for Step-One Real-Time PCR*	DC*	Reagents	24	Post	NA	NA	NA	Jun-10	NA	NA	Jul-10	Oct-10	CSU/PA
KC-4	Other Regents and Consumables (Each item costing less than Rs.12 Lakhs)	Shopping	Reagents	115	Post	NA	NA	NA	May-10	NA	NA	Jun-10	Mar2011-April 2011	CSU/PA
	Total			**239**										

List of Kits and Consumables for 12 AI Labs for (Human Health) 2011-12

KC-5	Viral RNA Extraction Kits	NCB	Reagents	50	Post	NA	NA	Apr-11	May-11	NA	NA	Jul-11	Oct-11	CSU/PA
KC-6	Taqman One step Real-Time PCR Kit for Sw H1N1	DC*	Reagents	50	Post	NA	NA	NA	May-11	NA	NA	Jun-11	Oct-11	CSU/PA
KC-7	rRT-PCR Rxn Strips & caps *for Step-One Real-Time PCR machine*	DC*	Reagents	24	Post	NA	NA	NA	May-11	NA	NA	Jun-11	Oct-11	CSU/PA
KC-8	Other Regents and Consumables (Each item costing less than Rs.12 Lakhs)	Shopping	Reagents	115	Post	NA	NA	NA	Apr-11	NA	NA	Mar-11	Mar-12	CSU/PA
	Total			**239**										

* Project would obtain Bank's prior no objection for procurement of these items on proprietary basis before inviting bids

PROCUREMENT PLAN FOR WORKS / GOODS FOR YEARS 2010-12

Animal Health Part

Sl. No.	Package No.	Description of Works / Goods	Estimated Cost (Rs. Millions)	Method of Procurement	Prior Review / Post Review	Whether Margin of Domestic Preference Applicable (Yes / No)	Estimate Prepared & Sanctioned (Date and Value)	Preparation of Bid Document (Date)	Bank's No Objection to Bidding Document (Date)	Bids Invitation (Date)	Bids Opened on (Date)	Contract Award decided (Date / Value/ Currency)	Bank's No Objection to Contract Award (Date)	Contract Signed (Date / Value / Currency)	Contract No.	Name of Contractor / Nationality & ZIP Code	WBR No.	Date of completion of contract
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1	WB-3	Pre-fabricated BSL-III labs (2 Nos.at SRDDL Bangalore & CDDL Bareilly)	43	ICB	Prior Review	Yes	-	23.2.09	24.2.09	25.2.09	25.3.09	Decision with DADF; extension of bid validity till March 2010 being sought	04.09.09	31.03.10	-	M/s Techcomp Ltd. Hong Kong	-	August, 2010
2	WB-1	Constructed BSL-III labs (2 Nos.at WRDDL, Pune & NERDDL, Guwahati)	550	ICB	Prior Review	-	Revised estimate in Jan 2010	Aug-10	Aug-10	Sep-10	Mid Oct-10	Dec-10	Jan-11	Mar-11	-	-	-	Oct-11
3	WB-4	Equipments for collection and dispatch of samples for testing of Avian Influenza (Year 2010-11) - each item costing less than INR 1.2 million	4	Shopping	Post Review			Jan-11	NA	NA	NA	NA	NA	-	-	-	-	Mar-11
	WB-5	Equipments for collection and dispatch of samples for testing of Avian Influenza (Year 2011-12) - each item costing less than INR 1.2 million	4	Shopping	Post Review			Jan-12	NA	NA	NA	NA	NA	-	-	-	-	Mar-12
4	WB-6	ELISA Kits for testing of Avian Influenza	2	ICB	Post Review	Jan-10	Jan-10	Completed	Jan-10	Mar-10	May-10	Jul-10	Jul-10	Jul-10	-	-	-	Sep-10
5	WB-7	PPE kits & N-95 masks	15	NCB	Post Review			Mar-10	NA	Mar-10	Apr-10	May-10	N.A.		-	-	-	Jul-10

Note:

1 Estimated costs include UNOPS fee

2 Design for BSL III Labs will be completed by July 2010

3 The items no 4 and 5 are part of the strategic reserves of PPE, N-95 masks, vaccines etc

PROCUREMENT PLAN FOR CONSULTANCY FOR YEARS 2010-12

Animal Health Part

S.No	Package No.	Description of Services	Estimated Cost (Rs. Millions)	Methods of Selection	Prior Review / Post Review	Advertising for Shortlisting (Date)	TOR/Shortlist to be finalised (Date)	RFP Final Draft to be forwarded to the Bank (Date)	No Objection from Bank for TOR/Shortlist /Final RFP (Date)	RFP Issued (Date)	Proposals to be received by the Project Authorities (Date)	Evaluation to be finalised (Technical / Combined/ Draft Contract / Final Contract (Date)	No Objection by the Bank (Technical / Combined Draft Contract / Final Contract) (Date)	Contract Number, Value and Currency	Contract to be signed on	Name of Consultant / Nationality & Zip Code, if USA	Services to be Completed (Date)	WBR No.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1	WB-1	Design Consultant for constructed BSL-III labs (2 Nos.) at WRDDL, Pune & NERDDL, Guwahati	76	QCBS	Prior Review	19.3.2009	10.04.2009	27.04.2009	29.04.2009	01.05.2009	22.06.2009	20.07.2009/31.07.2009	17.12.2009 (No Objection Letter for draft contract)	INR 76 million	March, 2010	World BioHazTec + Mukesh + BioZEEN Consortium/ Indian + U.S.A. 87144	Oct-11	
2	WB-2	Epidemio-logical Studies on Avian Influenza	5	QCBS	Prior Review	15.04.2010	15.05.2010	30.05.2010	15.06.2010	20.06.2010	15.07.2010	30.07.2010	Aug/Sept/Oct 2010		October, 2010		Mar-11	