

## **Revised Operational Framework of the scheme ‘Financial Grant to the PLHIVs’ vide Order No. ACS/3D-01-2015/901 Dated:12.08.2016**

In continuation to the earlier guideline, operational framework has been modified and which is given below:

- To avail this benefit a prescribed requisition form (Annexure-A1 for general/non-ANC clients and/or A2 for pregnant mother – as the case may be) is to be filled up either by the beneficiary himself/herself or by the concerned ARTC staff. The form should be filled up in legible handwriting where the client’s name and ART registration number, name of the ART Centre, Name of the Bank, account number, type of the account, branch name, branch code, IFSC code, mobile number of beneficiary or his/her spouse or any adult member of his/her family, e-mail address, if available and Aadhaar number, if available are to be filled up properly. The form should be signed or verified thumb impression of the beneficiary in presence of ART staff as well as signature alongwith official seal of the ART Nodal Officer or Senior Medical Officer or Medical Officer of the said ART Centre.
- All the PLHIVs who are on ART will be provided with the said scheme benefit Subsequent release of fund however, will depend on PLHIVs’ eligibility for the same as per the inclusion criteria as already stated in the earlier guideline.
- For positive pregnant mother, upon completion of six week Nevirapine / ARV prophylaxis and after the first sample collection of the HIV exposed baby for HIV diagnosis under EID program, Medical Officer in Charge of the ICTC (Taking care for both the conditions) will issue a certificate in prescribed format (Annexure-B) in triplicate. One copy will be kept by the ICTC for future reference (for documentation purpose), two copies will be delivered to Client who will eventually submit one copy to the ART Centre from which she is collecting ART drugs. ART Centre will fill up the requisition form (Annexure-A1 and/or A2) and submit as stated before. In case the baby has completed Nevirapine / ARV prophylaxis from one ICTC and EID testing is performed from other ICTC, the later ICTC will provide the photocopy of TRRF form to the client or will issue a formal letter by Medical Officer in Charge of the ICTC to the former ICTC. The former ICTC will issue the certificate for the same which will be submitted to ART Centre by the client.
- Before receiving any application from the beneficiaries, ART staff must ensure that these patients hadn’t received the fund before from any other ART/FI-ART centre (specially for transferred in patients). If they already have received the same from other ART centre before getting transferred out, these patients must not submit another application form for financial benefit within one year.
- Nodal Officer/SMO/MO is requested to verify everything before signing the filled annexure form and ensure there is no duplication. After verification of application form along the annexures by Nodal Officer/SMO/MO, these have to be put up in a file with all those

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relevant documents (annexure form signed by beneficiaries and Nodal Officer/SMO/MO, photocopy of passbook of beneficiaries etc.) to concerned Accounts Officer/ Accounts personnel followed by Director/ Principal/ MSVP/ Superintendent of the specific institution for final approval and disbursement of grant-in-aid through e-transfer to the specific beneficiaries.

- Person not having bank account of his/her own and has given the account of any relative (e.g., husband has bank account, but wife does not have any), valid proof of relationship with the bank account holder (ration card/ voter card or any other document) must be produced, otherwise it will not be accepted.
- The name mentioned in the passbook must be exactly the same with the name registered in the ART centre. Any mismatch will not be accepted for financial benefit. If there is any mismatch this has to be corrected by obtaining valid documents along with notary affidavit.
- For the CLHIVs, additional proof of relation with the bank passbook holder (ration card, birth certificate, etc) must be collected before accepting it for the scheme concerned. Without this document, application will not be accepted for granting financial benefit.
- The data entry operator or counsellor of the ART Centre will maintain a database in excel format keeping all the details of the client like name, date of ART initiation, client’s ART registration number, name of the ART centre, Name of the Bank, account number, type of account, branch name, IFSC code, mobile number, e mail ID and Aadhaar number, date of 1st requisition, purpose of the requisition (For travel support to collect ART or for providing comprehensive prophylactic/ diagnostic facility to the HIV exposed baby) next date of requisition. Annexure-C will provide an idea on how to keep the record. At the start of each calendar month, ART staff has to check whom of the old beneficiaries are becoming eligible for next travel reimbursement during this month.
- Before requisition of next travel support, the ART staff has to see whether the client has taken ART for the last twelve months uninterruptedly and adherence rate was more than 95%. If a client has less than 95% adherence in any month, the next date for becoming eligible for next travel support requisition, will be twelve months after adherence resumed to be more than 95% for the client. If ART has to be stopped in between due to Medical indication, adherence criteria should not be taken into account for next requisition.
- ART Centre will make necessary communications – both verbal to each client as well as in form of poster(s) regarding the scheme and its benefits.
- Soft copy as well as hard copy of the list of beneficiaries who have been disbursed the financial benefit must be stored/preserved properly in the concerned ART/FI-ART centre.

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- All relevant documents received during fund disbursement from the beneficiaries have to be properly stored / preserved in the concerned ART/FI-ART centre.

### **Procedure for transfer out patients:**

All the transferred-In patient from the ART/FI ART Centre from other state(s) will be treated as new case and the first travel support benefit should be requisitioned on the first ARV collection date in new ART Centre after transferred-in. In case of intra state transfer, the transferring ART Centre will send a formal e-mail to the recipient ART Centre regarding the client’s transfer out mentioning the last date of receipt of travel support and whether the client has received any such support for her baby (For PPTCT purpose) and if so, then for how many times. The new ART Centre (to which the client got new enrolment after transfer out) will start doing requisition after completion of twelve months from the date of received of last financial benefit

- “Financial benefit availed” stamp will be compulsory for all patients who have received financial benefit and transferred to another centres. The stamp will be uniform for all ART /FI-ART Centres.
- During transferring out of any beneficiary, “**Financial Benefit Availed**” stamp should be marked on the green booklet and transfer out letter with mentioning date.
- The records of the transfer in patients must be properly maintained in the ART centres who receive it and applications of these patients must not be processed for further financial benefit scheme as they have already been received from their original ART centre from where they have been transferred.

### **Guideline for 2<sup>nd</sup> instalment:**

- All the relevant documents stored in the respective ART/FI-ART centre of those patients who have received 1<sup>st</sup> instalment(i.e name in the passbook and name registered in the ART centre-identical , in case of child whether valid relationship proof as mentioned earlier) should be verified. If all the valid documents are not available (as per guideline mentioned earlier for disbursement of 1<sup>st</sup> instalment of fund) then all documents must be collected again from the beneficiaries.
- Among those who have 95% or more drug/treatment adherence only will be considered as eligible for 2<sup>nd</sup> instalment. They will receive the monetary benefit after completing one year from the date of previous instalment.
- Nodal Officer/SMO / MO have to certify all these patients in the specific declaration form (as stated in page No.5) who will be eligible for 2nd instalment and have the requisite documents and sign the forwarding letter and send it to the Accounts personnel/ Accounts Officer followed by Superintendent/MSVP/ Principal of concerned ART/FI-ART centre for electronic transfer of grant-in-aid to specific beneficiaries.

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Funds sanctioned for the scheme “Financial Grant to the PLHIVs” to the ART/FI-ART centre must not be utilised in any other purpose and monthly Statement of Expenditure and Utilization Certificate have to be submitted to WBSAP&CS.

**All staff of ART Centre / FI-ART Centre should put their sincere most effort to ensure utilisation of the sanctioned fund for the Scheme ‘Financial Grant to the PLHIVs’ within the same financial year.**

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**DECLARATION FORM**

**TO WHOM IT MAY CONCERN**

This is to certify that \_\_\_\_\_ (Name of the client) beneficiary, ART registration No. \_\_\_\_\_ of ART Centre / FI – ART Centre \_\_\_\_\_ (Name of the ARTC/ FI-ARTC) has received financial benefit of Rs. 600/- (Rupees Six hundred) only on \_\_\_\_\_ (date) at S/B Account No. \_\_\_\_\_ of \_\_\_\_\_ Bank (Name of the bank), \_\_\_\_\_ Branch (Branch Name), \_\_\_\_\_ (IFSC). Her / His adherence was more than 95% during the last twelve months after receiving of last financial benefit.

Now, s/he is entitled to get another financial benefit under the "**Financial Grant to the PLHIVs**" scheme.

**Signature / Thumb impression of beneficiary**

**Signature and official seal**

**Nodal Officer / S.M.O. / M.O.**

**Date:**

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## Annexure C 1

Sl. No.	On-ART Registration No.(chronologically from 1 to.....)	Name	Address	Age	Sex	Name of the Bank	Branch Name /Branch Code	IFSC Code	Account No.	Type of Account (Current /Savings)	Mobile No. (Of Client or Spouse or any adult family member)	E-mail ID	Adhar No.	Purpose of Requisition (1. PPTCT/2. General)	Amount:1.P TCt-800,2. General-600	Date of 1st requisition	Date of 2nd requisition	Date of 3rd requisition	Date of 4th requisition	
1																				
2																				
3																				
4																				
5																				

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**(Annexure - A1)**

**Govt. Of West Bengal**  
**Department Of Health & Family Welfare**  
**West Bengal State AIDS Prevention and Control Society**  
Swasthya Bhavan, GN – 29, Sector – V, Salt Lake City, Kolkata–91  
Phone: 2333-0526, Fax: 2357-0122, Website: [www.wbhealth.gov.in/wbsapcs](http://www.wbhealth.gov.in/wbsapcs)

Fund Requisition Form (for General/Non-ANC Client)	
Name of the ART Centre :	
Name of the Client	
Relation with valid bank account holder	
Client's ART registration number :	
Name of the Bank :	
Branch name :	
Branch Code :	
IFSC code :	
Account number :	
Type of Account (Current/Savings) :	
Mobile number (Of Beneficiary or Spouse or any adult family member) :	
Email Address (If available) :	
Aadhaar number (If available) :	
Date of requisition :	
Remarks (If any):	

Signature or verified thumb impression of  
the Beneficiary

Signature and official seal of the Nodal  
Officer, ART Centre or Medical Officer

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**(ANNXURE - A2)**

**Govt. Of West Bengal  
Department Of Health & Family Welfare  
West Bengal State AIDS Prevention and Control Society**

Swasthya Bhavan, GN – 29, Sector – V, Salt Lake City, Kolkata–91  
Phone: 2333-0526, Fax: 2357-0122, Website: www.wbhealth.gov.in/wbsapcs

Fund Requisition Form for ANC Client	
Name of the ART Centre :	
Name of the client:	
Relation with valid bank account holder:	
Client’s ART registration number :	
Name of the Bank :	
Branch name :	
Branch Code :	
IFSC code :	
Account number :	
Type of Account (Current/Savings) :	
Mobile number (Beneficiary or Spouse or any adult family member) :	
Email Address (If available) :	
Aadhaar number (If available) :	
Date of requisition :	
Purpose of requisition : (Travel support for ARV Drugs collection or for PPTCT)	
If PPTCT purpose, whether availed such scheme earlier (Plz.specify):	
Amount to be requisitioned:	
Remarks (If any):	

Signature or verified thumb impression of  
the Beneficiary

Signature and official seal of the Nodal  
Officer, ART Centre or Medical Officer