

GOVERNMENT OF ARUNACHAL PRADESH
ARUNACHAL PRADESH STATE AIDS CONTROL SOCIETY
ARUNACHAL PRADESH: NAHARLAGUN.

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MAIDS- NO. FICTC/Corres/2012/985 - 1041

Dated the 16th August, 2012.

Minutes of Convergence Meeting of NRHM and APSACS

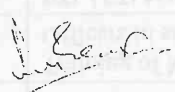
A meeting of Convergence between National Rural Health Mission, Arunachal Pradesh and Arunachal Pradesh State AIDS Control Society was held on 9th August, 2012 at Hotel Riverview, Naharlagun under the chairmanship of Shri Bidya Gadi, Mission Director (NRHM). The meeting was attended by:

1. Shri Bidya Gyadi, Mission Director (NRHM).
2. Dr. D. Duri, Project Director (APSACS),
3. Dr. D. Padung, Nodal officer (NRHM),
4. Dr. R. Rina, JD- BS (APSACS),
5. Dr. A. Borang, DD - M&F, ICTC and Surveillance (APSACS),
6. Dr. N. Budh, DD (Blood Safety) (APSACS),
7. Mr. Pankaj Choudhuri, RPO (FSW), NACO - NERO, Gol, Guwahati,
8. Mr. Rezaque Hussain, RTO (M&T) NACO - NERO, Gol, Guwahati,
9. Dr. Pranab Ranjan Nath, RPO (STI), NACO - NERO, Gol, Guwahati,
10. Dr. A. Perme Ete, SPO (M&E) cum-Nodal officer (Adolescent Health) and
11. Mrs. Hage Radha, DEE (FW).

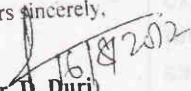
Inaugurating the meeting, PD (APSACS) referred to the letter sent by MD (NRHM) requesting for Convergence of APSACS run ICTC clinics with AFHC which is being responded by APSACS through this meeting.

Nodal Officer (NRHM) shared the Adolescent Health issues highlighted by the Gol and some suggestive measures as follows:

- Establishment of AFHC at 24 x 7 PHCs as per GoI Norms. However, as state specific, existing DHs including Hayuliang and Koloriang may be functionalized.
- 3 CHCs in sub-district level may be functionalized.
- Unavailability of manpower, proper office set up for AFHC. In this context, Gol assumes and expects APSACS and NRHM to converge in terms of merging AFHC with ICTC centres which will solve the said issue. Therefore it was requested to look into the possibility of convergence.
- An outreach session by both APSACS and NRHM was agreed to be conducted. It was therefore suggested for joint outreach session by the Counsellor covering the same outreach area of APSACS and NRHM.
- Acknowledging the difficulty in achieving the outreach session practically, it was suggested to plan at least 2 outreach sessions in a week in 3-6 months. Provision of an incentive for counsellors executing outreach sessions was also shared.



	<ul style="list-style-type: none"> • It was suggested to have joint visits by APSACS and AFHC to districts every quarterly/monthly. • An incentive for ICTC Counsellors identified as AFHC counsellors has been proposed however it is not finalised, he shared. • AFHC was expected to be functionalised from this year and maintain proper report, he shared 				
	<p>Dr. R. Rina, JD-BS (APSACS) sought clarification if any specification was laid down in identifying counsellor for AFHC. If not, he opined and suggested for STI counsellors to be identified for AFH clinics considering Adolescent Health mostly pertains to physiological problems. He expressed his apprehension over proposal of incentives for identified AFHC counsellors as it would invite disparity. Also queries by counsellors may be raised on APSACS and NACO for non-provision of such an incentive for dealing with HIV positive cases by them. It was therefore suggested for provision of incentive to be kept for performance based outreach sessions only. On the issue of establishment of AFH clinic, it was suggested the new created district of Longding to be also included as existing staff will be identified for it. Therefore, 16 DHS, Longding and 3 CHCs, a total of 20 AFHC can be established initially, he suggested. Also STI clinics in DHS can be renamed as AFHC as per suitability. As STI Clinics in DHS are already branded by NACO as "Suraksha Clinic" he rec it cannot be renamed is also shared.</p>				
	<p>The following discussions/recommendations/suggestions with mutual consent by NRHM, APSACS & NACO-NERO Officials further took turn during the meeting:</p> <ul style="list-style-type: none"> • On a query raised on non-identification of ICTC Counsellors as AFHC counsellor as originally requested by NRHM, it was reasoned that each client visiting ICTC clinic has to be tested and counselled for HIV by the counsellor and is a continuous process. • It was agreed that existing infrastructure set up of STI clinic will be utilized for AFH clinic. • Only identified and trained counsellors implementing outreach activities shall be provided incentive based on performance. • Designated STI AFH clinic will be under the control of NACO. • Since STI clinics are located only in DH, ICTC counsellors in sub-district will therefore be engaged at AFH clinic. • A combined letter from NRHM and APSACS to be sent to the districts in this regard. • Designated Suraksha clinics and AFH clinics will be one unit for providing both the services and will be under APSACS. 				
	<ul style="list-style-type: none"> • Report on services provided at AFH clinic, when sent to Mission Directorate, NRHM by DMO/DRCHO, a copy of it will always be enclosed to PD (APSACS). • AFHC must be open 6 days a week since adolescents need proper care and counseling, it was opined. • Provision of Rs 10,000/- (Rupees Ten thousand) only available per centre per year which will be released to the districts for maintenance of AFH clinic was shared by N.O. (NRHM). 				
	<ul style="list-style-type: none"> • Every clinic to have a fixed plan for outreach session was stressed for incentive will be calculated based on the plan prepared. • STI and AFHC reporting formats will be incorporated. • STI Drug kits / RPR for Syphilis testing will be procured by NRHM <u>from budget already allocated.</u> 				

			<ul style="list-style-type: none"> • Colour Coded Kits & RPR may be procured by NRHM to be distributed at sub-district level and by NACO at DH. <u>NACO NERO can channelize the procurement process to the suppliers of colour Code Kits already being dealt with by NACO.</u> • Half yearly joint monitoring in district and sub-district was agreed to be done. • MD (NRHM) and PD (APSACS) mutually decided to deliver the logistics to the sub-districts through DMO/DRCHO when they attend Quarterly NRHM Review Meeting at state. • While delivering Cold chain logistics to the districts by state NRHM through hired vehicle. APSACS may be informed in order to send their cold chain logistics too. • Latest manpower transfer/posting of FICTC may be acknowledged to APSACS by NRHM. • Status of Blood bank may be reported to NRHM by APSACS with a formal letter through NACO. GOI stating the requirements in Blood bank which may be looked into by NRHM in turn. • RPO HSW raised the issue of Non Functional of FICTC, JD Basic Service shared that they have identified 21 FICTC out of that 16 FICTC counselor and lab-technicians were trained and out of that only 11 FICTC were registered in the CMIS but none of them are properly functional. NRHM said that they will send a order to those centre to conduct HIV testing regularly and if any problem the centre are facing in term of infrastructure and logistic it will be take care by NRHM.
			<p>The meeting concluded with a vote of thanks by PD (APSACS).</p> <p style="text-align: right;">Yours sincerely,  (Dr. D. Duri) Project Director Arunachal Pradesh SACS Directorate of Health Services Naharlagun (A.P.).</p>
			<p>Copy to:-</p> <ol style="list-style-type: none"> 1. The Secretary & DG NACO, GoI, Ministry of H&FW, Deptt. Of AIDS, 6th floor Chandralok Building, 36-Janpath, New Delhi-110001 for information please. 2. Dr. Anjana Saxena Deputy Commissioner, Adolescent Health, Ministry of H&FW, 305-D, Nirman Bhawan Maulana Azad Road, New Delhi for information please. 3. The Commissioner (H&FW) Govt. of Arunachal Pradesh for information please. 4. The DHS. Govt. of Arunachal Pradesh for information please. 5. The MD NRHM. Govt. of Arunachal Pradesh for information and necessary action please. 6. The Project Director APSACS for information and necessary action please. 7. The Team Leader, NACO-NERO Office, Housefed, Beltola Road Guwahati for information please. 8. All the DMOs/DRCHO/DFWO for information and necessary action please. 9. Person concerned for information. 10. Office copy.