

राजस्थान सरकार
निदेशालय चिकित्सा एवं स्वास्थ्य सेवायें, जयपुर

क्रमांक : एफ.()मले./निदे./2009/314

दिनांक:- 20/04/09

समस्त

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी

विषय:- कीटनाशक छिड़काव कार्यक्रम की गतिविधियां सुदृढ़ करने बाबत।

उपरोक्त विषयान्तर्गत प्रायः गत वर्षों के अनुभवों से यह देखा गया है कि कीटनाशक छिड़काव कार्यक्रम पूर्णतया गुणवत्ता एवं शत-प्रतिशत कवरेज के साथ सम्पादित नहीं होता रहा है। भारत सरकार द्वारा दिये गये दिशा-निर्देशानुसार कीटनाशक छिड़काव कार्यक्रम पूर्णतया गुणवत्ता के साथ 80 प्रतिशत से अधिक कवरेज के साथ सम्पादित किया जाना आवश्यक है। इस गतिविधि को पूर्ण करने हेतु निम्नलिखित दिशा-निर्देश पुनः पालनार्थ भेजे जा रहे हैं।

1. स्प्रे से संबंधित समस्त औजार एवं उपकरण चालू (कार्यशील) स्थिति में हो, यह सुनिश्चित कर इसका प्रमाण-पत्र आवश्यक रूप से निदेशालय को भेजा जावे।
2. जिले के कीटनाशक छिड़काव संबंधित माईक्रोएक्शन प्लान की तैयारी की जावे और तदनुसार स्प्रे दलों के सदस्यों को प्रशिक्षण दिया जावे।
3. छिड़काव कार्यक्रम का माईक्रोएक्शन प्लान समस्त बहुउद्देशीय कार्यकर्ता, ए.एन.एम., मलेरिया निरीक्षक, सहा. मलेरिया अधिकारी, एल.एच.वी., आशा, चिकित्सा अधिकारी, ब्लॉक चिकित्सा अधिकारी, एन्टोमोलोजिस्ट एवं सामुदायिक नेता जैसे जिला प्रमुख, प्रधान, सरपंच एवं पंच स्तर तक वितरित किया जावे ताकि स्प्रे जैसा महत्वपूर्ण कार्य पूर्णतया निगरानी के अन्तर्गत सम्पादित किया जा सके।
4. कीटनाशकों को समय पूर्व ही पीएचसी, सीएचसी एवं सब सेन्टर स्तर तक डम्पिंग किया जाकर उनका सुरक्षित भण्डारण सुनिश्चित किया जावे।
5. स्प्रे कार्यक्रम का निरीक्षण एवं निगरानी हेतु व्यक्तिशः नामजद जिम्मेदारी निर्धारित की जावे एवं प्रत्येक स्तर के सुपरवाइजर कम से कम 10 प्रतिशत कार्य का सत्यापन कर रिपोर्ट उच्चाधिकारी को प्रेषित करें।

संलग्न:- उपरोक्तानुसार

अति० निदेशक(ग्रा.स्वा.)
चिकित्सा एवं स्वास्थ्य सेवायें,
राजस्थान, जयपुर

क्रमांक : एफ.()मले./निदे./2009/
प्रतिलिपि निम्न को सूचनार्थ प्रेषित है:-

दिनांक:-

1. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राज., जयपुर।
2. निजी सहायक, निदेशक(जन०स्वा०), मुख्यालय।
3. समस्त, संयुक्त निदेशक, चिकित्सा एवं स्वास्थ्य सेवायें, जोन।

अति० निदेशक(ग्रा.स्वा.)
चिकित्सा एवं स्वास्थ्य सेवायें,
राजस्थान, जयपुर



सत्यमेव जयते
डॉ. जी. पी. एस. धिलॉ
निदेशक

Dr. G. P. S. Dhillon

Director
S. (B.E.)

addl. D: M. S. (B.E.)
OSDCP(H)
24/3

Dear Dr Meena

भारत सरकार
राष्ट्रीय वैक्टर जनित रोग नियंत्रण कार्यक्रम
(स्वास्थ्य सेवा महानिदेशालय)
स्वास्थ्य एवं परिवार कल्याण मन्त्रालय
22 शाम नाथ मार्ग, दिल्ली-110054

Government of India

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME
(Directorate General of Health Services)
Ministry of Health & Family Welfare
22 - SHAM NATH MARG, DELHI - 110054

D.O.letter No:-5-52/2008/NVBDCP (I&E) Supervision of Distt.
Dated: 18.03.2009

19 MAR 2009

As you are aware

We appreciate the efforts made by the majority of the States during the last transmission season which enabled in containing of malaria cases in the country during 2008, in spite of unusual and prolonged rains in many parts of the country. Further, during action plan meeting held in the month of December, 2008 to review action plans and to finalize, all the actions have been communicated during the discussion as well as in the minutes circulated to all States.

The State Action Plan proposed by your state in the PIP of NRHM has been discussed and finalized and very soon your state will be receiving the communication from NRHM of Ministry of Health & Family welfare, Government of India. Now state should immediately convene a meeting of District Malaria Officers in the month of April, where action plan for carrying out different activities by the district should be discussed and finalized based on the approved PIP. Districts should be persuaded for taking following actions as to intensify malaria control efforts for effective control and convey the date of meeting of district officers to this Directorate at least a week advance so that the concerned nodal officer would also participate from Directorate of NVBDCP.

1. Training :

a. Diagnosis & Treatment of cases: All programme personnel which include Medical Officer, Multi-purpose Health Worker of identified endemic district as well as identified Community Volunteers like ASHAs who are involved in carrying out diagnosis of malaria cases in endemic district need to be trained before ensuing transmission period. As discussed in the action plan meeting ASHAs may be trained/re-oriented in preparation of blood slides, performing Rapid Diagnostic Test (RDT) in areas where RDT is being supplied and administration of appropriate anti-malarials as per the National Drug Policy for treatment of malaria cases. ASHAs are also need to be trained in preventive activities like insecticide treatment of community owned bednets and supervision of IRS in their respective villages in identified areas.

Meeting of All
MHO for sensitization
about the contents
of the letter

b. Quality slide preparation and use of lancet pricking needle: It has been observed that in general the preparation of blood slides are of poor quality which could lead false negative. This year all the state should emphasize on preparation of good quality of blood slide. An special focus should be given to it during all trainings. Further all state should ensure that for preparation of blood slide only disposable lancet pricking needles are used.

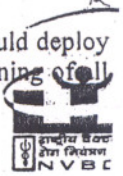
c. NAMMIS: As two persons from each State (except five States) have already been trained in operation of NAMMIS as trainers. These trainers should conduct training for all districts so that NAMMIS can be made functional at the earliest.

d. M&E: New monitoring & evaluation framework has been prepared and States have been oriented on the M&E. The Programme Officers should conduct training of districts officers who should train peripheral staff on M&E. The revised formats provided to the States should be printed and the information should be furnished on the revised formats initially by the sixteen identified States (covered under GFATM & World Bank supported Projects) along with the previous reporting formats for 4 to 6 months which will enable programme to implement the revised M&E formats subsequently.

2. Deployment of RD Kits and ACT: All the States who are receiving RDTs and ACTs should deploy these articles as per the guidelines before the peak transmission period after completing training of all

Tel. : 91(11) 23918576, EPABX : 91(11) 23967745, 23967780, Fax : 91(11) 23968329, 23972884

E-mail : namp@ndc.vsnl.net.in Website : www.nvbdc.gov.in

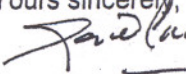


functionaries involved in RDTs performing and ACTs distribution alongwith other required articles (micro slides & lancets) and other anti-malarials.

3. **Preparation for Indoor Residual Spray:** As per our past experience, the coverage as well as quality of spray has been poor. It needs to be improved as this is resource intensive activity and desirable impact cannot be achieved until unless more than 80% quality coverage is achieved. All the States are requested to ensure following before initiation of IRS activities:
 - i. Check all spray equipments/repair/rectify and certify about its functional status;
 - ii. Engage requisite numbers of spray squads as per district micro action plan and train all spray squads;
 - iii. Disseminate the spray schedule to all concern including the Health Workers/ASHA as well as community leaders (PRI);
 - iv. Deployment of insecticides at PHC level by observing safety storage and distribution measures;
 - v. Prepare team of supervision and their deployment schedule
4. **GIS map:** 61 identified districts need to be monitored through GIS map. The concerned state should prepare fresh GIS map using epidemiological data of last 3 years. Those states for whom GIS map were prepared by Dte. of NVBDCP should send this date to Dte urgently to enable us to get it prepared. The concerned states need to furnish village-wise malaria epidemiological data. The GIS map will enable to assess the impact of control activities carried out during previous year and identify the focus areas for the current transmission period. These 61 districts would be monitored fortnightly during the current transmission period also. The concerned States may also please send fortnightly report of these districts from fortnight beginning from 1st April, 2009 without failing (list is enclosed).
5. **Special Central Team for Supervision:** Directorate of NVBDCP will depute a special teams consisting officers from Field Stations of National Institute of Malaria Research, RMRC Dibrugarh & Bhubaneswar and Regional offices for health & Family Welfare in identified 61 districts as was done during last transmission period. In this regard, the concerned State Programme Officers are requested to communicate the spray schedule for these identified districts so that the schedule for visit of central supervision team would be communicated.

Action taken report on the above points may please be communicated to this Directorate. I understand that the state will take these all points seriously and make all efforts to control malaria during ensuing transmission period. I would also like to extent my sincere thanks for all efforts and cooperation.

With regards,

Yours sincerely,

(GPS Dhillon)

Dr.B.R.Meena
Addl. Director,
Room No- 321,
Swasthya Bhawan, Tilak Marg,
C-Scheme, Jaipur.

Copy to :-

The CMO (NFSG), Regional Office for Health & F W, Kendriya Sadan, Blk B, 2nd Flr, Sector-10,
Vidyadhar Nagar, Jaipur-302023.