

Resolutions of the RCH-PPTCT convergence meeting:

Date: 4/8/2015

Venue: WBSAP&CS Conference room

Agenda:

- Fund release for district level procurement of WBFPT kit
- Sorting out cold chain issues at the field level while implementing WBFPT at subcentre level.
- Streamlining report return
- Joint circular to complete district level training program on WBFPT and to implement the program
- Inclusion of district specific requirement while implementing WBFPT in PIP
- Syphilis screening of the pregnant mother and joint report sharing
- Miscellaneous

Participants:

1. Dr. Sikha Adhikari-State Family Welfare Officer
2. Dr. N.K. Halder-Joint Director-BSD, WBSAP&CS
3. Dr. Ajay Chakraborty-DDHS-Family Welfare
4. Dr. S. Soren -Deputy Director-STI, WBSAP&CS
5. Dr. Santosh Kr. Roy-ADHS-Maternal Health
6. Dr. Suman Ganguly-PPTCT Consultant, WBSAP&CS
7. Mr. Soumya Mondal-AD-ICTC and M&E, WBSAP&CS
8. Mr. Saibal Maity-AD-PPTCT, WBSAP&CS

Resolutions:

- It was decided that subcentre level HIV screening of pregnant women would be done during VHND and outreach VHND sessions. It should be tagged with Tetanus Toxoid (TT) immunization of pregnant women to ensure maximum coverage. All the kits are to be stored at refrigerator at the block level hospitals and delivery points.
- District will procure the necessary test kits from CMS approved vendor through SMIS based online procurement system as per load (ANC registration). Initially district will procure the same for four months out of NHM fund provided for the said purpose, then every quarterly as per need and consumption pattern. From district, the kit will be supplied to the Block and delivery points.
- For subcentre level screening, during VHND/outreach VHND sessions test kits are to be carried from block using cold chain in vaccine carrier. It is to be noted that entire box of the kits are not required to be transported at a go. Only approximate requisite number of tests (say for 4-5 tests per session as per ANC registration pattern) are to be taken out of the box and to be transported in pouches maintaining cold chain. The individual pouch for each test is to be opened just before testing. The unutilized tests devices in hitherto non opened pouches are to be sent back to the block maintaining cold chain along with vaccines and kept with same kit box for future sessions.

- Each test kit box is provided with test diluents or buffer solution in single vial. For transportation of the diluents/buffer solution, existing cold chain system must not be used (Non cold chain item). In case of shortage/scarcity of diluents normal saline solution may be used instead.
- For subcentre level screening it is to be emphasized that sample collection will be done in single prick along with sample collection for Haemoglobin testing i.e both the samples are to be collected out of same prick. After testing of individual pregnant woman, it is to be recorded in RCH register as well as MCPC cards.
- If a pregnant woman is detected reactive in HIV screening test, she is to be referred to nearest Stand alone ICTC for confirmation of the test result. The district has to prepare a referral mapping exercise (screening site with confirmation site linkage protocol) and this is to be widely circulated along with the name and contact number of stand-alone ICTC staff upto subcentre level with intimation to State RCH and basic service division of SACS.
- The report of subcentre level screening as well as screening for direct in labour cases in delivery points are to be sent to BPMU and BPMU will upload the compiled data in the SIMS (Strategic Information & Management System) software from block level. WBSAP&CS will provide user ID and password to the individual reporting Units (RU) i.e block.
- Regarding district level training, the necessary fund was given to the districts long ago. It was found that only Nadia could do district level ToT so far. It was decided that status of district level training status would be shown in upcoming CMOH review meeting along with salient points of the resolution of this convergence meeting. The same thing will be reiterated in RCH review meeting also.
- Regarding fund release to the districts for procurement of the WBFPT kit, ADHS-MH will follow it up with NHM. A brief guideline regarding this testing protocol is to be jointly developed in the light the resolution of this convergence meeting and it will preferably be circulated along with the AA&FS for district level procurement of WBFPT kit.
- It was flagged that a protocol for report return was developed for the same and was sent to RCH and NHM but till date no response was received. Therefore it was decided that the protocol should be resubmitted.
- It was decided that any logistic requirement for effective implementation of this program might be factored in District Health Action Plan.
- Regarding universal screening of pregnant women to eliminate congenital syphilis, state RCH has no specific instruction from National level how to implement the same. The issues who will procure the kit, how the kit will be procured, reporting mechanism etc remain to be addressed. It was informed from SACS end that simultaneous syphilis screening of pregnant women would be rolled out in all the standalone ICTCs.
- Regarding STI management outside DSRCs (Suraksha Clinic) and report return thereafter, DD-STI and ADHS-MH will sit separately to sort out the issue.


 Joint Director-BSD
 5/9/15