

GOVERNMENT OF INDIA  
MINISTRY OF HOME AFFAIRS  
DIRECTORATE GENERAL, SASHASTRA SEEMA BAL  
EAST BLOCK-V, R.K. PURAM  
NEW DELHI - 110066

NO.1/SSB/MED/MPR/2(32)/2016 3169-72

DATED THE 16<sup>TH</sup> AUGUST, 2016

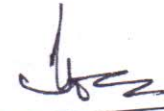
**OFFICE MEMORANDUM**

Sub: - **Reg. Vector Borne Diseases**

In reference to National Vector Borne Disease control programme, Delhi vide their letter No.5-86/2015/NVBDCP(I&E)/Organized Sector dated 27.07.2016 vide which a Minutes of meeting with Organized sector was held on 5<sup>th</sup> July, 2016 at CAPF Command Hospital, ITBP New Delhi and it was decided to nominate a Nodal Officer from each organization for easy communication on the matter.

Therefore, Dr. Vinod Kumari, Deputy Commandant (Medical) of M.I. Room, FHQ SSB is hereby detailed as Nodal Officer for SSB. Her Mobile number is 9999367121.

This has the approval of I.G./Director (Medical).

  
16, 08-2016  
(Dr. Pradeep Joshi)  
Commandant (Medical)  
SO to Director (Medical)

**Distribution:**

1. The Deputy Director, National Vector Borne Disease Control programme, (Directorate General of Health Services) Ministry of Health & Family Welfare, DMRC Building, Block Number-III, Ground Floor, Delhi IT Park, Shastri Park, Delhi - 110053 - w.r. to their letter referred to above - for kind information please.
2. The Staff Officer to ADG (Medical) CAPFs & AR (MHA) Tigri Camp, New Delhi - for kind information please.
3. Dr. Vinod Kumari, Deputy Commandant (Medical) M.I. Room, FHQ SSB New Delhi along with a copy of above letter for information and necessary action please.
4. The Senior Field Officer (CC) FHQ SSB New Delhi - with the request to upload the Name of Dr. Vinod Kumari, Deputy Commandant (Medical) on the SSB website as a Nodal officer of SSB for Vector Borne Diseases please.

Dfoc - MY

Computer Cipher Branch	
Dy. No. & Date	2456 17/08/16
Deputy Director (CC)	
Commandant (Comm.)	
Assistant Director	
Senior (CC)	
Assistant	

File No. 5-86/2015/NVBDCP (I&E)/Organised Govt. Sector  
NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME  
(Directorate General of Health Services)

Ministry of Health & Family Welfare  
DMRC Building, Block Number-III, Ground Floor, Delhi IT Park,  
Shastri Park, Delhi-110053

Telephone No. 011-22185949, Mobile: 9968283266 Fax No. 22185935  
Website: [www.nvbdc.gov.in](http://www.nvbdc.gov.in), E-mail: [nvbdc.sher1@gmail.com](mailto:nvbdc.sher1@gmail.com)

Dated:- 27/07/2016

To,

The Director (Medical),  
Ministry of Home Affairs, Govt of India,  
Sashastra Seema Bal (SSB), Force Headquarters,  
East Block-V, R.K Puram,  
New Delhi-110066.

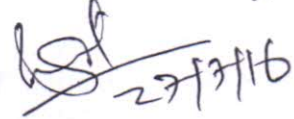
**Sub: Minutes of the meeting with Organised Government Sector held  
on 5<sup>th</sup> July, 2016**

Sir/Madam,

The Minutes of the meeting with Organized Government Sector held  
at CAPF Command Hospital, ITBP Police Campus, New Delhi on 5<sup>th</sup> July,  
2016 are enclosed.

Action taken on the minutes may please be sent to this office at the  
earliest.

Yours faithfully,



(Dr. Sher Singh Kashyotia)  
Deputy Director

*ATR might be prepared  
on the agenda enumerated in  
the letter of the subject*

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## Minutes of the meeting with Organised Government Sector held on 5<sup>th</sup> July, 2016

1. The meeting was held on 5<sup>th</sup> July, 2016 at 15.00 hours at the CAPF Command Hospital, ITBP Police Campus, Tigris camp, New Delhi on role of Organised Government Sector in prevention and control of Vector Borne Diseases. It was attended by representatives from Armed Forces (Army, Navy and Airforce), Central Armed Police Forces (CAPF, CRPF, BSF, SSB, ITBP, Assam rifles, NSG and CISF), Railways, ONGC and NVBDCP. There were no representatives from Ayush, ESI, CGHS and SAIL. The list of participants is enclosed. The Participants were welcomed by Dr S Chakraborty, DIG(Medical), CAPF.
2. Dr Sher Singh, Dy Director, NVBDCP explained the objective of the meeting. He desired review and progress on discussions on the last meeting. He desired discussions on what can be done collectively by all stake holders. This is more relevant in view of the target of malaria Elimination.
3. Dr Mukesh Saxena, Addl. DG(Medical), CAPF addressed the participants. He informed that CAPF was specially affected from malaria. Fight against malaria is a challenge since their jawans are posted in disturbed left wing extremist affected areas which are forest and tribal areas. CAPF has taken effective steps. Resources have to be mobilized well. BSF and CRPF were the first to establish Malaria cells for its control.
4. Dr G S Sonal, Addl. Director and HOD (Malaria), NVBDCP conveyed the message of Director, NVBDCP on importance of this meeting. Outlining the role of Organised Government Sector, he gave example of outbreak of Tripura. He also gave the overview of VBDS.
5. Ms Saloni Mehra, Consultant(M&E) explained the goals and strategies of malaria Elimination by 2027. Dr Disha Agarwal, Consultant(public Health) gave details of the National Policy on diagnosis and treatment of malaria. Details are available on the website of NVBDCP ([www.nvbdc.gov.in](http://www.nvbdc.gov.in)).
6. Dr Avdhesh Kumar, Addl Director, NVBDCP discussed the expectations from the Organised Government Sector. He said that partnership with all stakeholders was necessary for complete coverage of population to achieve the objective of Malaria Elimination. Railways and Defence have the largest workforce in the country and they work in high endemic, disturbed and hard to reach areas.

Emphasizing early diagnosis and complete treatment, he said all fever cases without any other obvious cause should be tested for malaria by bivalent, antigen based RDT or microscopy. Species specific, complete treatment as per National guidelines should be given to all malaria positive cases. Zero deaths should be aimed by timely referral of severe/ complicated cases to well equipped hospital. Quality Assurance of



diagnostics and drugs is important. Integrated vector management is advised. Regular reporting of cases is necessary.

Extending Health Services for Malaria and other VBDs to general, civilian, migrant and mobile populations in adjoining areas to interrupt transmission is also requested. Advocacy with Policy makers, Management, Opinion makers, etc of the organization would be of help. The instructions on diagnosis & treatment guidelines, reporting formats, etc should percolate down the line for implementation.

**(Action: All Organisations)**

7. CRPF and Assam Rifles wanted to know the duration for which chemoprophylaxis can be continued. Dr Sonal said that Chloroquine can be given maximum for cumulative 3 years while Mefloquine cannot be given more than 2 years. The personnel on prophylaxis should be rotated from endemic to non endemic areas after a gap of 2 years. It was decided that NIMR can be requested to study the issue with inputs from CAPF and Armed Forces and make recommendations. The matter can also be taken up as a research study. BSF said they have done some study in 6 locations in Mizoram and Tripura. They were requested to share the data.

**(Action: NVBDCP, NIMR, BSF)**

8. It was decided that there should be a nominated nodal officer from each organization for easy communication. All organizations may send the name and contact details of their coordinating officers. In case of an outbreak of any VBD, district VBD officer should be contacted. His contact details are available on NVBDCP website.

**(Action: NVBDCP, All Organisations)**

9. Dr Wattal, Dy Director, NVBDCP offered that training can be organized for Lab technicians in Microscopy for Malaria Parasite for participating organisations. Dr Sonal said that whenever there is doubt on quality of RDT, the kit can be tested at NIMR. Technical specifications of diagnostics are available on NVBDCP website. Direct communications with NVBDCP is also welcome.

**(Action: All Organisations, NVBDCP, NIMR)**

10. Dr Avdhesh Kumar informed availability of funds for undertaking Research Studies. Interested organization can submit a proposal with study protocol. Innovations being undertaken by any organization should be shared.

**(Action: All Organisations)**

11. In the last meeting it was decided that all organizations would submit monthly reports at district level. However, it is not being done at all places. It was decided that the organizations will now submit reports at central level to NVBDCP giving State-wise breakup of cases. Those organizations who can ensure the data is given at district level, they will send consolidated report to NVBDCP and indicate as footnote that the report has also been given to district to avoid duplication. Dr Sonal Pointed out that