

Minutes of the State/UT Branch leadership review meeting held in online mode on 18.11.22

The meeting of the State/UT Branch leadership was held in virtual mode on 18.11.22. In the first physical meeting on 22nd -23rd September Hon'ble Chairman (Hon'ble HFM) had desired that regular meetings be held, both virtual and physical, with the branches. List of participating State/UTs is attached at Annexure 'A'.

Secretary General thanked all Branches for their active participation in the 2 day "Chintan Shivar" on 22nd & 23rd September 2022 at New Delhi. He expressed his pleasure as branches supported concrete decisions with timeline on various subjects. He appreciated the humanitarian work carried out by all branches and assured them, that as far as possible National headquarters would like to support them in their activities. He said that few branches have already sent the Action Taken Report and remaining branches should also send the same by early next week.

Thereafter, he discussed the ATR of those decisions where the actions were to be taken by the National headquarters, and informed the participants that Director (BC) has held meeting with DADG (Leprosy), MOHFW, Mr. N K Singh has drafted a chapter on Red Cross for inclusion in school syllabus which would be circulated among branches for comments, ICRC is shortlisting a vendor for single online platform, software adopted by Odisha may not be replicated in other branches, single online platform would be ready for use by Nhq. within a month and another 2-3 months would be required to link it with branches, the group to give recommendations on enhancing fund raising held a virtual meeting and circulated the proceedings and the new governance of Assam State Branch has acknowledged the receipt of audit report and are working on suggestions made in the report.

He further informed that Nhq. has some ventilators and oxygen concentrators in its stock. Any branch that requires these can send the requisition to Dr. Vanshree Singh. Also, Nhq. is purchasing Blood Centre equipment for setting up new blood centers. Few branches are now not starting a blood center, and few are not ready to receive equipment. The branches which have requisite infrastructure in ready stage or nearing completion may contact Director (Blood Centre) and equipment would be diverted to those branches. Requisition for blood center equipment be made before 30th November. All the branches were requested to obtain their own PAN no. and file their ITRs.

Discussion on TB Eradication Project

Secretary General initiated the discussion stating that TB eradication is one of the priority areas of GOI. Dr. Vanshree informed that as per information collected from branches currently 4000 TB patients have been adopted through IRCS intervention by 7 branches. Madhya Pradesh informed that 400 patients have been adopted in 18 districts, Andhra Pradesh informed adoption of 340 patients and Himachal Pradesh said that 7108 patients are adopted by donors and remaining TB patients in State would be adopted by State Red Cross, Maharashtra informed of having adopted 1043 patients and Telangana also informed of substantial adoptions. On this SG asked for consolidation of branch wise adoption numbers as the number appears to be much higher which may be uploaded on website and be also sent to MOHFW for their information.

SG informed that J&K Branch found it difficult to obtain patient details from district health office.

DDG, MOHFW responded that there are around 30,00,000 TB patients in India out of which 10 lakhs have given consent to share their personal details to receive kits. The details of those patients can be shared with IRCS based on availability of donor and assurance that details will be treated confidentially and used only for the purpose of distribution of kit and rations.

Discussion on Leprosy Eradication Project

Dr. Vanshree Singh, Director (Blood Centre) informed that she has met, DADG Incharge (Leprosy), MOHFW. MOHFW has central Leprosy division with DADG, DG, CMO and consultants. DADG informed that every year 1 lakh patients of Leprosy are added out of which 95000 are cured and 5000 cannot be fully cured due to advance stages of Leprosy with development of deformity. Currently there are 60,000 active lepers in India living in 700 colonies. Many patients cannot even go to disability centre to collect disability card which allows them to access certain government facilities free of cost. Red Cross volunteers can help in getting those cards. The high prevalence states are in central India. A patient is required to take medication for 6 months for 1st stage Leprosy and another 6 months for 2nd stage Leprosy. Therefore, early detection is important for recovery. Also, the awareness campaigns for prevention of Leprosy are also useful.

She further informed that in Odisha first aiders are doing ulcer dressing of Lepers and such ulcer dressing kits can also be given to Leper patients.

Recommendations of the core group have been to do prevention by spreading awareness and mass screening in slums. These activities can be integrated with existing programs. Volunteers can be trained in special dressing. Livelihood and rehabilitation are also required, and govt. support can be taken to facilitate livelihood for Lepers.

Mr. Homi Khusrookhan, Chairman, Maharashtra State branch, informed that he has also held meeting with Principal Secretary, Health who has advised on similar lines that early detection is key to cure, special dressing kits are available with govt. which can be distributed, patient is required to wear special slippers which are provided by government and can be distributed among patients. Also, there is huge backlog of patients requiring surgery owing to deformities of limbs.

Mr. SDS Dhillon, Secretary, Punjab mentioned that awareness campaign can be combined with HIV and TB prevention campaign. Red Cross organises medical camps and check up booths for Leprosy can be added to these medical camps.

Dr. Prakash Parmar, Secretary, Gujarat informed that they are maintaining skin bank in Rajkot district, so patients requiring surgery can be treated there.

Mr. Pradeep Tripathi, Secretary, Madhya Pradesh informed that they are treating Leprosy patients in Bhopal and Indore, and also conduct awareness campaigns.

Dr. Lily, CMO, Leprosy division, MOHFW informed that volunteers of Red Cross can be trained in early case detection. There are State Leprosy Officers and District Leprosy Officers who can be linked up with field Red Cross Branches.

Secretary General concluded the discussion by requesting branches to collect data on Lepers and provide to Nhq. so that data bank is created, and actions can be started. He desired that the branches may also add a capsule on 'Leper First Aid' in existing First Aid and SERV curriculum. The capsule be shared with Leprosy division, MOHFW for vetting by them. Trainers from Leprosy division of MOHFW be invited to impart training. Volunteers be involved in conducting awareness camps after training. Later trained volunteers can be involved in distribution of kits and slippers.

Concluding remarks

Secretary General asked the branches to check if the vehicles are BS-VI. If not Nhq. be informed. He also emphasized on the significance of maintaining utilisation report of vehicles given by Nhq. as well as installation of GPS on those vehicles. Branches were requested to send FC-4 report for FCRA compliance by 28th November 2022.

It was decided that next review meeting would be held after 20th December 2022 or during the first half of January 2023 with following agenda: -

1. Discussion on Action Taken Report with focus on branches who have not been able to send the report.
2. Status of TB and Leprosy eradication Projects.
3. Status of development of single online platform.
4. Utilization of vehicles and delivery of Blood Centre equipment.
5. Status of delivery of vehicles
6. Any other agenda suggested by states.

Annexure 'A'

1. Officials of IRCS, National headquarters. (Present physically)
2. Andhra Pradesh
3. Bihar
4. Delhi
5. Goa
6. Gujarat
7. Haryana
8. Himachal Pradesh
9. J&K
10. Jharkhand
11. Karnataka
12. Madhya Pradesh
13. Maharashtra
14. Manipur
15. Nagaland
16. Odisha
17. Punjab
18. Tamil Nadu
19. Telangana
20. Tripura
21. Uttar Pradesh
22. Uttarakhand
23. DDG, TB Division, MOHFW (Present Online)
24. CMO, Leprosy Division, MOHFW (Present Online)