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NOTIFICATION

No.J.11011/20/94-HFW/Pt, the 23rd September, 1998. The Governor of Mizoram is pleased to constitute Aizawl District Task Force Committee on HIV/AIDS and Drug De-addiction Programme to develop linkages between Drug De-addiction Programme with HIV/AIDS and other programmes of the Ministry of Welfare with the following members—

1)	Deputy Commissioner, Aizawl District		Chairman
2)	Medical Superintendent or representative, Civil Hospital (Azawl).		Member
3)	Chief Medical Officer, Aizawl East.		-do-
4)	Chief Medical Officer, Aizawl West.	_	-do-
5)	District Social Welfare Officer, Aizawl East.	_	-do-
6)	District Social Welfare Officer, Aizawl West.		-do-
7)	Director, Community Health Action Net Work.	_	-do-
8)	Youth Welfare Officer (Sport)		-do-
9)	Superintendent, Protective Home (Under Social Welfare Department).		-do-
10)	Dr John M. Ralte, Psychiatrist, Civil Hospital Aizawl.	-	Convener/ Secretary.

AIMS AND OBJECTIVE OF AIZAWL DISTRICT LEVEL TASK FORCE COMMITTEE.

- (i) Detailed mapping of existing centres/facilities of welfare and Health Department's.
- (ii) Local tagging of Centres to ensure linkages and access to facilities.
- (iii) Health Department to provide medical support services for detoxification, HIV/AIOS testing, STN treatment and Condom Supply.
- (iv) Welfare Department to support counselling pre and post detoxification.

 That Department to also refer cases to Medical centres for detoxification,

 HIV/AIDS testing and STD treatment. They may also take up marketing

 of Condoms.
- (v) NGOs will need training for the above activities.
- (vi) Action Plan for training of Medical personnel including that of PHC Centres.
- (vii) Identification of and linkage with programmes such as TRYSEM, IRDP for providing skill development and employment opportunities such as a part of rehabilitation.
- (2) STRATEGY FOR MAKING DRUG DE-ADDICTION CENTRES OPERATIVE
 - (1). Drug De-addiction centres of Ministry of Health & Family Welfare should tie up with counselling/Rehabilitation Centres of Ministry of Welfare.
 - Orug De-addiction centre should serve as referral treatment centre i.e. the patients be referred by the counselling centres for detoxification. etc.
 - (3) Follow up of each case may be done through post card and personal contact.
 - (4) Identification of Community Workers for counselling and support services. This would involve training of Community Workers. Welfare Ministry may consider dove tailing with their scheme to such community workers as it would be a low cost arrangement to provide services covering a large area.
 - (5) De-addiction centres need to chalkout a separate strategy to cover vulnerable groups particularly Women and Children through outreach programmes.
 - (6) The State Government may be advised to strengthen their departmental set up with more funds and posts. Ministry of H & F.W. Government of India may also take up this matter with the Planning Commission during State Plan discussions.

- (7) Training of medical personnel be planned in a phased manner.
- (8) Co-ordination mechanism be worked out with sectoral, Rural, and Urban training and employment programmes as a part of socio-economic rehabilitation.
- (9) State Government/Ministry of Welfare may dove tail in their existing schemes provision for additional space in the De-addiction centre for counselling and rehabilitation programmes in selected centres for providing comprehensive services.
- (10) Detailed guidelines may be issued about community Empowerment.

T. Sangkunga, Dy. Secretary to the Govt. of Mizoram, Health & Family Welfare Department.