



GOVERNMENT OF ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT

Letter No. 15158 /H&F.W. Dated 19-05-2021
HFV-SCH-I-EMER-0001-2020

From

Shri P .K. Mohapatra, IAS
Additional Chief Secretary to Government

To

All Collectors/Municipal Commissioners
All CDM&PHOs-cum-District Mission Directors

Sub: State wide three months house to house survey by ASHAs & AWWs for monitoring of Covid symptoms and co-morbid conditions from 24th May 2021 to 23rd August 2021.

Madam/Sir,

With reference to the subject cited above, I am to inform that as per the announcements made by Hon'ble Chief Minister, Odisha on 17th May 2021, it has been planned to conduct a State wide 3 months house to house survey by ASHAs & AWWs for monitoring of Covid symptoms and co-morbid conditions from 24th May 2021 to 23rd August 2021 in all rural areas and urban slums in the State.

The detailed action plan for undertaking 3 months house to house survey by ASHAs & AWWs for Covid symptoms and co-morbid conditions in rural areas and urban slums is given below:

- a. **House to house survey for monitoring for Covid:**
 - **Fever surveillance:** Conduct regular fever surveillance at household level
 - **Facilitation for Covid testing:** Counsel symptomatic cases to undergo early testing for COVID-19 at nearest facilities
 - **Follow up of COVID positive cases:** Facilitate for arranging medicines through RRTs & facilitate referral for treatment at appropriate facilities if required.
 - **Promotion of Covid appropriate behavior:** Improve awareness on COVID appropriate behavior through writing messages on Swasthya Kantha and distribution of leaflets during home visits and demonstration on proper use of mask & right procedure of hand washing.
 - **Improve Covid Vaccination Coverage:** Mobilise eligible persons for Covid vaccination, particularly for 2nd dose within the due window period.
 - **Record maintenance:** Record details (date of onset of symptoms, date of swab collection, date of report, date of initiation of medication, whether in home isolation / referred to facilities/ outcome etc.) of individual positive cases in the ASHA diary.

- b. **House to house survey for taking up of other COVID management initiatives and non-COVID essential healthcare services :**
 - **Identification and management of existing patients with co-morbid conditions:** Identify Patients with co-morbid conditions such as Diabetes,

Hypertension, malnutrition etc. at household level and counsel them for continuing prescribed medicines and guide them to attend nearest health centers for availing medicines, if any.

- **NCD Screening:** Screening of household members using revised CBAC format and refer persons with risk factor for further screening at Sub Centre if required.
- **Prevention & management of Diarrhea at household level:** Prepositioning of one packet of ORS at all households and additional one packet of ORS for each under five child of household. Distribution of two packets of ORS & 14 tablets of Zinc to each under five child having diarrhea. Referral of severe dehydration cases to facility after administration of ORS.
- **Screening of presumptive TB cases:** Screen the presumptive cases for basic signs & symptoms of TB like cough for 2 weeks or more, fever for 2 weeks or more, significant weight loss, haemoptysis. If all/ any of the symptoms found, then ASHA will give a sputum cup and Laboratory Form for referral of the sputum to nearest DMC. Counseling of TB cases for continuance of medicine if any.
- **Diagnosis and management of Malaria:** Diagnosis for malaria through RDT for COVID negative fever cases. Treatment of malaria positive cases and follow up for ensuring complete radical treatment, if required.
- **Mobilization of critical patients for continuance of medication:** mobilize registered patients of non communicable diseases for continuance of chemotherapy & dialysis at facilities for appropriate treatment and sensitize them on precautions to be taken for COVID-19.
- **Promotion of Covid appropriate behavior among vulnerable groups:** Sensitize patients with co-morbid conditions and elderly persons to strictly follow high risk group precautions for COVID-19 like wearing mask, maintain social distance, proper hand wash at regular interval, remain at home etc.

c. **Other activities:**

- **Facilitation for safe delivery and referral of sick infants:** Accompany pregnant women for delivery, refer sick children for treatment as per HBYC protocol and ensure other essential RMNCH+A services as per mandate.
- **Promotion of hand washing practices:** Demonstration of hand washing with soap and water at VHND & FID sites
- **Vector control measures:** Educate people on identification and elimination of vector (Aedes mosquito) breeding sites in and around the houses & use of LLINs /ITN / bed net through educational sessions at VHND & FID sites and display in writing at Swasthya Kantha.

Guidance note for ASHAs during home visits:


- All field level activities will be taken up by ASHAs under the guidance of HW(F)/ HW(M) / Supervisor.
- ASHA has to cover at least 20 households in a day and at least touch each household minimum twice in a month. But wherever required (especially houses with positive cases), she shall visit on daily basis.
- During home visit, ASHA has to take all precautions like wearing mask & gloves, use sanitizer and maintaining social distance etc. District administration must provide adequate personal protective kits and logistic to ANMs, ASHAs and AWWs for self protection during house to house survey.
- ASHA/AWW may use the booklet on Home Isolation and Self-care during covid , communicated vide letter No: 14253 dated 13.5.2021 and other IEC materials developed at the district level,

To sustain motivation of ASHAs, incentives shall be paid to ASHAs as per details given below:

Activities	Incentive amount	Remarks
House to House Survey	Rs. 1,000/- per month per ASHA	ECRP 2021-22 supported under NHM PIP Incentive will be paid based on Self certification in prescribed format duly signed by ASHA, mentioning that she has worked as per the TOR.
NCD Screening	Rs.500/- per ASHA per month	NHM PIP 2021-22 Payment based on regular voucher
Prophylactic distribution of ORS packets to family with under 5 children	Rs. 1/- per under 5 children	NHM PIP 2021-22 Payment based on regular voucher
Active case findings for TB	Rs. 100/- per ASHA	NHM PIP 2021-22 Payment based on regular voucher
Early detection & complete treatment of Malaria cases	Rs. 150/- PM for 0 to 10 cases & Rs.75/- per each case for ensuring treatment compliance	NHM PIP 2021-22 Payment based on regular voucher

You are therefore requested to ensure effective implementation & monitoring of all activities outlined above.

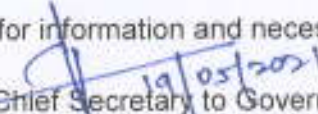
Yours faithfully,


Additional Chief Secretary to Government

Memo No. 15159/H

Date. 19-05-2021

Copy forwarded to All Directors of H & FW Department for information and necessary action.


Additional Chief Secretary to Government

Memo No. 15160/H

Date. 19-05-2021

Copy forwarded to All ADU&PHOs, Odisha for information and necessary action.


Additional Chief Secretary to Government

Memo No. 15161/H

Date. 19-05-2021

Copy forwarded to All DPMs, NHM Odisha for information and necessary action.


Additional Chief Secretary to Government

Memo No. 15180/H

Date 19-05-2021

Copy forwarded to Principal Secretary to Government, Women & Child Development for information and necessary action.


19/05/2021
Additional Chief Secretary to Government