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Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

D.O. No. NHSRC/20-21/EDsectt/Covid19/04

Dated: 27th March, 2020

Dear All,

At the outset, I would like to acknowledge the huge and unprecedented efforts being made by all states/UTs to undertake preventive measures to contain the spread of COVID-19. While isolating, testing, contact tracing and treating of the affected people remain the mainstay of the strategy for containment, the role of increased community awareness on COVID-19 in the current scenario is also critical. This is the time to leverage NHM's investments in the health systems over the years, including the strength of a large workforce of frontline workers including multi-purpose health workers and ASHAs.

Please find enclosed a guidance note on operationalizing actions at outreach and community level and the role of FLW. This note is intended for programme managers at district and sub district levels for overall coordination and ensuring that even while COVID-19 related activities are underway, routine services such as ANCs, institutional deliveries specially for high risk pregnant women, immunization, newborn and child care and detection & treatment of communicable diseases such as Malaria and Tuberculosis are continued by the States/UTs.

Also attached is a brief brochure in English and Hindi for orientation of frontline workers on COVID-19, to enable them to create awareness in the community. NHSRC will also be sharing the print ready versions of the brochure in English to be used for translation into other local languages.

ASHAs, ASHA - Facilitators and MPWs can be oriented as depicted in the brochure. Given the urgency of the situation, all necessary information must be disseminated to all ASHAs and MPWs as soon as possible. It is important that appropriate social distancing norms are followed during any interaction with or by FLWs; and the FLWs are appropriately sensitized about the same. ECHO platform may also be utilized for further hand holding and resolution of queries from FLWs.

: 2 :

In view of the current situation, additional incentives for ASHAs and ASHA facilitators have been approved for three month from April to June, norms for the same are also included in the guidance note. The funds for these incentives can be met from unspent balance from ASHA incentives through re-appropriation of funds to the COVID-19 FMR code B. 31.4

Please let us know if you require any clarification.

with warm regards

Yours sincerely,


(Vandana Gurnani)

To,

1. **Additional Chief Secretary/Principle Secretary/Secretary - Health, All States\UTs**
2. **Mission Director, National Health Mission, All States\UTs**

D.O. No. NHSRC/20-21/EDsectt/Covid19/04

: 3 :

Copy submitted for necessary information to:

1. ACS/PS/Secretary(Heath)-all states/UTs
2. PPS to Secretary, MOHFW, Gov. of India
3. Shri Lav Aggarwal, Joint Secretary, MOHFW
4. PPS to JS(P)



(Vandana Gurnani)

Measures for containment of COVID-19 at Community and Outreach levels

In view of current situation in India, the Ministry of Health and Family Welfare has issued several advisories regarding COVID-19. These largely pertain to measures to limit the spread of infection in the country. Guidelines on personal protective measures, travel advisory, guidance on isolation and quarantine, protocol for testing individuals for COVID-19 and Standard Operating Procedure for treatment of COVID-19 infected patients have all been issued (available at <https://www.mohfw.gov.in/>).

However, efforts at community and outreach level need to be intensified to prevent the spread of the virus in the community. It is essential to involve frontline workers such as ASHA, ASHA Facilitators, Multipurpose workers (M/F) and active members of Village Health Sanitation and Nutrition Committee (VHSNC) and Mahila Arogya Samiti (MAS) in this endeavor.

This guidance note outlines measures to be undertaken at the community and outreach levels in order to limit community spread of infection. All PHC MOs must remain in touch with FLWs, to ensure the implementation of these strategies for a period as decided by the State Government.

Implementation of these strategies requires coordinated efforts of PHC MO to be guided by the district team. The MO-PHC would be responsible for overall coordination of the following activities for prevention of spread of COVID-19 at all SHCs and villages/ wards in the areas covered by the PHC both in rural and urban areas.

1. Home Visits by ASHAs –

The ASHA will undertake home visits in her coverage area such that they reach about 25 houses per day to cover the entire village in 8 days and ward/ urban area in 16 days.

Key roles of ASHAs include -

- Creating awareness on COVID-19 using the Brochure- Role of Frontline workers in Prevention and Management of Corona Virus. (copy enclosed).
- Early detection and timely referral of suspected cases
- Line listing of individuals with travel history within last 14 days and individuals in contact with suspected / positive cases
- Following up with individuals advised to follow home quarantine

During the home visit the ASHAs would -

- Share information about COVID-19 using the brochure
- Inquire about the health status of individuals and update the PHC MO on phone about any suspects
- Check if the individuals and family members are adhering to the instructions of home quarantine
- Follow up with the individuals who were referred for testing and update the MO on the status. Update the PHC MO immediately on phone in case the individual has not gone for testing.
- Check on the health status of elderly and people with existing illnesses

ASHAs to prioritize home visits to houses which have –

- Any person who has returned from travel in past 15 days
- People over the age of 60 and people with medical problems - diabetes, hypertension, heart disease and /or respiratory illness
- A confirmed patient with COVID 19
- An individual suspected to have COVID -19
- An individual who has returned from quarantine in a facility
- An individual who has been advised home quarantine

In case any individual develops symptoms of COVID-19, the ASHA will inform the MO-PHC telephonically about the details of the person and the symptoms. The decision regarding whether the person requires to be tested for COVID-19 will be made by the MO-PHC and appropriate referral will be made.

Each ASHA would be provided additional incentive of Rs. 1000 pm to undertake the above-mentioned activities during the month of April and May. The activities undertaken by ASHAs will be verified by the ASHA facilitators or by ANMs in cases where ASHA facilitators are not available.

2. Disseminate messages in the community:

District may use roving loudspeakers through hired vehicle/rickshaw to create awareness in the community. Messages regarding personal protection, symptoms of COVID-19 and other related health messages could be disseminated in this manner. However, the messages need to be screened by appropriate authority to eliminate the possibility of creating a panic situation. Information on these issues will also be given during house-to-house visit by ASHAs/active members of VHSNC/MAS. It is important that the State and National help line numbers are widely disseminated in the community.

VHSNCs and MAS can undertake wall writing in their areas, with prominent display of the key messages, using locally available material (to keep the costs low, and to ensure quick implementation). Rogi Kalyan Samities should be encouraged and enabled to use their untied funds for undertaking IEC and awareness building activities in their facilities and also in the areas falling under those facilities. Enabling quick release of resources from VHSNC, MAS and RKS funds to kickstart the IEC and Health Promotion activities can play a critical role at this juncture.

3. Availability of essential medicines at periphery: All essential medicines including treatment for NCDs like diabetes and hypertension are to be made available at the SHCs/SHC-HWC so that patients do not undertake un-necessary travel to the PHC for follow up. Medicines for NCDs may be dispensed for a period of 1 month so as to reduce visits to the health facility.

4. Infection control at SHC-HWC: Soap and water or Hand sanitizers are to be made available at the outreach /SHC level for use by health workers as well as patients visiting the facility. Posters and IEC material to be displayed in HWCs / PHCs and SHCs regarding hand hygiene and cough etiquette.

5. Orientation of ANM, ASHA Facilitators & dissemination of information to ASHA: ASHAs, ANM and ASHA Facilitators may be oriented on COVID-19 through social media tools such as Whats app. The ASHAs in turn will sensitize active members of

VHSNC/MAS regarding the same, so that they have additional support to disseminate key messages.

6. **Supportive supervision/Incentives** - ASHA facilitators will mentor and oversee the tasks undertaken by ASHAs. In addition to one monthly visit to ASHA's village, ASHA facilitator would undertake an additional visit to collect and share key information on COVID-19.

In States / areas where ASHAs are not available, Community Health Volunteers may discharge all the roles of ASHAs and would be entitled for the incentives too.

ASHA facilitators will verify the tasks undertaken by ASHAs. ASHA facilitators will update the PHC MO twice a week about the status reported by ASHAs.

Additional incentive of Rs. 500 may be provided to ASHA Facilitators for undertaking additional village visits @ Rs. 100 per additional visit.