GOVERNMENT OF ASSAM
HEALTH & FAMILY WELFARE (A) DEPARTMENT
DISPUR, GUWAHATI-6

Orders by the Governor of Assam

HLA 74/2020/104 Dated Dispur, the 4th May, 2020

SOP for Assam Community Surveillance Plan (ACSP) for COVID-19

1. Background

The state of Assam has been successful in breaking the chain of transmission and containment of COVID-19 epidemic in the state in first phase. In order to strengthen the response mechanism going forward, the surveillance system has to be strengthened further.

It has been increasingly felt that with the increase in the testing capacity, the surveillance mechanism should be enhanced to cover all *SARI* (Severe Acute Respiratory Infections) and *ILI* (Influenza like Illness) cases so that they are identified from the hospitals and the community respectively and tested.

2. Objective

The main objectives of the ACSP are as follows:

- To identify the COVID-19 transmission (if any).
- To find unreported cases of SARI (Severe Acute Respiratory Infections) and ILI (Influenza like Illness) from every village of Assam.
- To look for any clustering of SARI/ILI cases in a specific locality.
- To treat the symptomatic minor flu cases at their homes.
- To create a database of such persons along with that of migrant population having symptoms of ILI and SARI, coming into the state in the days to come.
- To strengthen the surveillance for other diseases associated with fever like JE, Malaria, Dengue, Measles/Rubella etc.
- To ensure all SARI/ILI cases are tested for COVID by RTPCR of throat swab and entry is made in the RTPCR app.
- Mapping & linking village and block, CCC/DCHC/DCH wise and accordingly plan for adequate beds & ICU facilities.

3. Scope

Many districts have already initiated village wise surveillance programs utilising the services of ASHAs, ANMs, etc as part of containment measures of COVID-19.

To further strengthen the existing system of surveillance and in order to have uniformity in all the districts of the state, it is decided by the Government of Assam to undertake structured Community Surveillance Programme with the help of Medical Officers, frontline workers, Gaonburahs, Block/ Panchayat level functionaries so that every village can be covered within a definite timeframe.

[Signature]
04/05/20
regarding *ILI or *SARI cases in the village. ASHA will inform the surveillance team about the number of suspected ILI/SARI cases in the village beforehand, so that the surveillance team is equipped with adequate equipment for testing.

(Note * SARI symptoms - Fever+ cough + shortness of breath
*ILI symptoms - Fever and any of the following: cough, sore throat, runny nose, any other symptom of URI within last 10-15 days).

- The Community surveillance team will visit the villages on the selected day. With the assistance of the Ward Member/Gaonburas, ASHAs and AWWs, the surveillance team shall visit the households of the suspected SARI/ILI cases to meet the suspected person and every other member of the household of such suspected person, to counsel the family and the community around them. The surveillance team shall further advise home quarantine to the suspected person and his family members till the results of the sample are declared.

- Further, the laboratory technician shall collect the sample of the suspected SARI/ILI person as may be required and recommended by Medical Officer leading the team the very next day. Since there will be lesser number of people needing throat swabs next day in every village compared to the number of people examined by the visiting medical team, the lab tech team will be able to cover more than 2-3 villages in a specially dedicated vehicle with cold chain facility so that the same night, the sample so collected can be forwarded to the linked testing facility.

- It is also important to ensure that, each such throat swab sample taken from the SARI/ILI patient, while being sent for testing, should be entered in the mobile application available in the smart phone of the authorized lab tech visiting these villages.

- The ASHA/AWW who had attended the people along with the medical team in the previous day, shall maintain the list of the people whose throat swabs are to be collected and co-ordinate with the lab tech team for smooth completion of the process.

- The Community surveillance team will decide on further collection & testing of samples for JE/Malaria/Dengue/Measles-Rubella & others (if respective case definition is fulfilled as per guideline).

- The team will handover triple layer mask to the suspected patient and the caregiver/s.

- After the surveillance during the day, the MO concerned shall ensure data entry regarding the surveillance activity in the format as per software/ Web based tool every evening so that the surveillance data is available with both the district authority as well as the state headquarter.

- The Community surveillance Team will sensitize the Ward member/village heads/families regarding social distancing, respiratory etiquette, personal hygiene etc and flagging similar cases to the HCP in future.

\[\text{\textcopyright 4/5/20}\]
• The Additional CM&HOs/ DIOs will guide/mentor the ANMs & the District & Block Community mobilizers will guide the ASHAs.

• In urban areas, similar teams will be formed with the support of available HCPs, AWWs, Mahila Arogya Samiti (MAS) and the local influencers/opinion leaders can support the community surveillance team.

7. Deployment of medical officers in the Surveillance Team

As a large number of teams will be required to complete the surveillance within a fixed timeline, in each district around 30-50 medical officers will be required, whereas, the same may not be readily available as doctors are already detailed for COVID and other non-COVID duties.

Approximately, 1000 numbers of doctors will be required for the operation in the entire state and to meet the requirement, we shall need to mobilize the same from different sources viz. from RBSK (ED, NHM will coordinate with concerned DCs), from Volunteers/private hospitals (DCs to organize locally), from existing PHCs /CHCs/DHs (DHS & JDHS to coordinate), from Medical Colleges (DME will liaise with districts to provide doctors including PG students, Registrars and Demonstrators from Medical Colleges).

8. Training of the Surveillance Team

Deputy Commissioners shall organize one day training along-with hands-on for the entire team in order to ensure filling up of the questionnaire (as Annexure) at the household level as well as entry into the software/ Web based tool. The lab technicians also need to be trained regarding the collection of oro-pharyngeal and naso-pharyngeal swab.

9. Preparation of Block and District micro plans

A detailed micro-plan for each block of a district shall be prepared with minute details about each sub-centre, including villages to be covered, manpower deployed etc. The block plans shall be dovetailed into a district micro-plan. It has to be kept in mind that some of the teams will be utilizing available government vehicles while some vehicles may be taken on rental basis. Additionally, the next day visit by the lab tech team will also require some vehicles as per the daily plan for the villages where medical team has visited on the previous day. Another important point is to ensure that lab tech vehicle is having sufficient cold boxes to ensure cold chain for transfer of samples in the VTM.

10. Sample collection & shipment

The samples should be collected by trained laboratory technicians as per protocol (both oropharyngeal & nasopharyngeal swab should be taken). As per pooling methodology shared by ICMR dated 13th April’20, samples to be collected from 5 suspects & sent in individual VTMs for pooling the same in the laboratory & further investigation as per protocol. The sample reference number is to be given as per protocol & to be mentioned in the questionnaire also. It is to be ensured that the samples so taken for SARI/ILI are properly entered in the mobile App in the smart phone of the lab tech who is authorized by the Deputy Commissioner of the district in this regard.
11. Mass Awareness about the ACSP:
Wide publicity through different media (print electronic, social media) about this planned activity in the state, so that FLWs gets due support from the community members when they make house visit to list out SARI/ILI cases, else they might miss out potential cases (because of concealing of facts by family members) and this might lead non-fulfilment of the objectives of the model.

12. Execution along with Monitoring & Supervision of ACSP
- All Deputy Commissioners shall be responsible for implementation and execution of ACSP at the district level.
- It has to be ensured that data entry of the households’ questionnaire is entered on a daily basis and uploaded in the web based tool.
- The surveillance plan is likely to commence in all the districts of the State from the 7th of May, 2020. However, in the districts of Kokrajhar, Kamrup (M), Jorhat, Sonitpur and Cachar, the Surveillance shall commence from 16th May, 2020.
- During execution of the programme, the following may also be ensured:
  - The activity will not be done in the containment zones, as active surveillance is ongoing in these areas.
  - The buffer zones & red zone districts will be included along with other districts as per the protocol.
  - The district control room will be set up with dedicated phone & manpower. The data team/the Community mobilizers from district/blocks to be incorporated along with other relevant members.
  - The existing laboratories in medical colleges/ RMRC to be used for sending samples against the allocated districts.
  - The district task force under the chairmanship of DC will review the progress and will try to sort out the bottlenecks (if any).
  - Social distancing should be maintained by the community surveillance team as per protocol.

Monitoring
- The DC will form Monitoring Teams at the district & blocks where personnel from various departments including health department are to be included. The Surveillance Medical Officer (SMO) of WHO at the district level as well as the medical college mentoring the district shall monitor this activity in regional basis.
- The Monitoring teams are to be trained & the process to be monitored intensively.
- The Monitoring teams will share feedback to the districts for identifying the bottlenecks & mid-course correction.

\[\text{Signature}\]
4/5/20
13. Reporting:
Surveillance Team MO shall be responsible for filling up of the questionnaire. He/she shall submit data to PHC/MPHC i/c MO in the format as per software/ Web based tool every evening. PHC/MPHC/CHC i/c MO with the help of Block coordinator of RBSK and Block Data Manager, NHM, will ensure compilation of the PHC/MPHC/CHC data in the software/ Web based tool and submit it to the District within 6.00 PM on the same day. The DPMU in turn will compile Block Data and share the data to the Deputy Commissioner and the State HQ within 7.00 PM of the same day.

14. Financial Guideline:
The detailed expenditure related to Surveillance activity across the state upto Frontline Surveillance team are to be prepared by Pomi Boruah, ACS, Deputy Secretary, HFW & OSD to NHM. The Frontline Surveillance team consists of ASHA, ANM, Gaon Bura/WM, AWWs. Main Surveillance team will consists of MO, Lab Tech & one member of Frontline Surveillance team. Also one day training of all members of Surveillance team at District/Block level including refreshment at the activity days as well.
Transport – Vehicle Hiring & POL
1. Vehicles for Surveillance Team, Sample Shipment & Monitoring
Refreshment – During training and Field Activity
DA to Team members
IEC, Logistics –Mask, VTM etc & Misc.
The detail expenditure/budget requirement is to be submitted to MD, NHM within 4th May, 2020.

15. Roles and responsibilities

<table>
<thead>
<tr>
<th>SI No</th>
<th>Designation</th>
<th>Roles and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ASHA, ANM, AWW</td>
<td>Field Level Mobilization, surveillance, Data collection</td>
</tr>
<tr>
<td>2</td>
<td>Lab Technician</td>
<td>Collection of oro and naso pharyngeal swab for RTPCR testing and data entry in the RTPCR app.</td>
</tr>
<tr>
<td>3</td>
<td>Block PHC MO</td>
<td>Preparation of Micro Plan, Deputing lab tech etc, Data entry, daily supervision, Compiling of Data at Block level through Block Data Manager</td>
</tr>
<tr>
<td>4</td>
<td>District Program management Unit, NHM</td>
<td>Coordination at all levels, IEC campaigning, providing medicine, raising indents for all essential items including COVID related equipments. Ensure availability of ASHA/ASHA Supervisor in each health institutes.</td>
</tr>
<tr>
<td>5</td>
<td>Joint DHS</td>
<td>Supervision and vetting of Micro plan, Ensuring logistics like VTM, Lab technicians etc, Maintaining financial records, Upload of district Data</td>
</tr>
<tr>
<td></td>
<td>District Administration</td>
<td>Overall supervision, coordination with medical teams from Medical Colleges and Private Hospitals, logistic assistance—especially vehicles etc. The DC shall also involve PRI and public representatives to mobilize the community.</td>
</tr>
<tr>
<td>---</td>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>Director of Health Services</td>
<td>Supervision at the State level for the ACSP, Coordinating with Private/Volunteer Doctors at the state level, coordinate LT/MPW/SW/VTM movement including general doctors</td>
</tr>
<tr>
<td>8</td>
<td>Director of Health Services (FW)</td>
<td>Coordinate at the district level regarding availability of HR etc. at the sub-centres (ANM etc.).</td>
</tr>
<tr>
<td>9</td>
<td>Director of Medical Education</td>
<td>Identifying spare-able Doctors including PG doctors zone wise and deputing them, ensuring timely receipt of samples and release of results, maintenance of Supply for viral testing</td>
</tr>
<tr>
<td>10</td>
<td>NHM SPMU</td>
<td>Logistic Support, Maintenance of Data, Analysis and Interpretation, Assistance in HR mobilization etc.</td>
</tr>
<tr>
<td>11</td>
<td>State IEC &amp; CP Cell, NHM</td>
<td>Developing, printing &amp; distribution of IEC materials. The CP cell should be mentoring the DCMs, BCMs &amp; FLWs.</td>
</tr>
<tr>
<td>12</td>
<td>State MIS Manager, NHM</td>
<td>Data compilation</td>
</tr>
<tr>
<td>13</td>
<td>Financial Advisor/Finance Manager, NHM</td>
<td>Financial requirement of districts to be processed through MD, NHM</td>
</tr>
<tr>
<td>14</td>
<td>SRTL, WHO, NE</td>
<td>Designing and guiding the Health Administration in training module through SMOs/Consultants. Tracking &amp; monitoring the activity.</td>
</tr>
<tr>
<td>15</td>
<td>Ms. Pomi Baruah, Dy Secretary, HFW</td>
<td>Compilation and presentation of daily reporting, laisoning for logistics with DCS, Administrative and Financial matters.</td>
</tr>
<tr>
<td>16</td>
<td>Mukut Phukan, Joint Secretary, HFW</td>
<td>Medicines and equipment supply in districts, in liaison with State Drugs Manager</td>
</tr>
<tr>
<td>17</td>
<td>Commissioner &amp; Secretary, HFW</td>
<td>Overall supervision of the Programme and Coordination for COVID treatment wherever applicable</td>
</tr>
</tbody>
</table>
16. State Level Task Force

A State Level Task Force is constituted for ACSP as following:

a) Principal Secretary, Health & Family Welfare --- Chairperson.
b) Commissioner & Secretary, Health & Family Welfare--- Member.
c) Director of Medical Education, Assam--- Member
d) Director of Health Services, Assam---- Member
e) Director of Health Services(FW), Assam---- Member
f) Director, AYUSH, Assam--- Member
g) Mission Director, NHM, Assam---- Member Secretary.
h) Executive Director, NHM, Assam---- Member
i) Dr. Subhajit Bhattacharjee, Sub-Regional Team Leader (SRTL), NE, WHO
j) OSD, NHM, Assam (Ms. Pomi Baruah, ACS)--- Member
k) Director of Finance, NHM, Assam--- Member

The role of the Task Force is to guide and review the programme and issue necessary policy directions from time to time.

17. State Level Coordination Committee

A State Level Coordination Committee is constituted for ACSP with the following members—

a) Commissioner & Secretary, Health & Family Welfare--- Chairperson.
b) Director of Medical Education, Assam--- Member.
c) Director of Health Services, Assam--- Member.
d) Director of Health Services(FW), Assam---- Member
e) Director, AYUSH, Assam--- Member
f) Mission Director, NHM, Assam---- Member.
g) Executive Director, NHM, Assam---- Member.
h) Dr. Subhajit Bhattacharjee, Sub-Regional Team Leader (SRTL), NE, WHO
i) Joint Secretary, Health & Family Welfare, Assam--- Member
j) Dr. Joydeep Das, Consultant JAPAIGO — Member
k) Dr. B.K. Shome, Consultant WHO — Member
l) Deputy Secy, HFW Department (Abul L Choudhury)--- Member Secretary
m) OSD, NHM, Assam (Ms. Pomi Baruah, ACS)--- Member
n) Director of Finance, NHM, Assam--- Member
o) State Programme Manager, NHM, Assam—— Member
p) State MIS Manager, NHM, Assam—— Member
q) Finance Manager, NHM, Assam—— Member
r) Financial Advisor, NHM, Assam—— Member

The purpose of the Committee is to look after the day to day affairs of the programme and to provide all necessary directions to the Deputy Commissioners to make the programme successful.

(Samir K. Sinha, IAS)
Principal Secretary to the Govt. of Assam
Health & Family Welfare Department

No. HLA 74/2020/114 – B

Dated Dispur, the 3rd May, 2020

Copy forwarded to:
1. The Chairman, Assam Administrative Tribunal, Assam
2. The Chairman, Assam Board of Revenue, Assam
3. The Chief Secretary, Assam for favour of kind information.
4. The Principal Secretary to the Hon’ble Chief Minister
5. The Project Director, Assam State AIDS Control Society, Khanapara
6. MD, National Health Mission, Assam
7. The Director of Health Services, Assam
8. The Director of Health Services(FW), Assam
9. The Director of Medical Education, Assam
10. The Director of Ayush, Assam
11. The ED, NHM, Assam
12. The SSO IDSP/ all DSOs IDSP
13. The PPS to Hon’ble Chief Minister, Assam
14. The SO to Chief Secretary, Assam
15. All Deputy Commissioners
16. All Superintendents of Police
17. The Joint Director of Health Services (All)
18. All Principal cum Chief Supdts. of Medical Colleges and Hospitals of Assam
19. PS to Hon’ble Minister, Health and FW, Assam
20. PS to Hon’ble Minister of State, Health and FW, Assam
21. PS to Principal Secretary, Health & FW Dept.
22. PS to Commissioner & Secretary, Health & FW Dept
23. The DPM NHM, Assam for information and necessary action
24. Members concerned.

By orders etc.

Deputy Secretary to the Govt. of Assam
Health & Family Welfare (A) Department