

Guidelines for Involvement of ASHAs in VBDs

1. Involvement of ASHAs in Malaria

The ASHA will be involved in diagnosis and treatment of malaria cases on a day to day basis. She will screen fever cases suspected to be suffering from malaria, using RDTs and blood slides and administer anti-malarial treatment to positive cases.

i. Selection of ASHAs: ASHAs have been selected and are functional under NRHM

ii. Training of ASHAs: ASHAs are trained under NRHM on vector borne diseases; in addition special training is imparted to ASHAs in high malaria endemic areas by NVBDCP. The skill based training lays special focus on correct use of RDT, preparation of quality blood slides and treatment of positive cases with appropriate treatment as per the drug policy. Besides continuous development of skills is to be undertaken by onsite visits conducted by MPW and MTS.

iii. Diagnosis and treatment: The ASHA is resident of the village and there needs to be awareness generation in the community on the availability of free of cost diagnostic and treatment services for malaria with her. All PHCs and ASHAs are to be given a unique code for identification as follows:

1. **PHC Code:** is given by first and last alphabet of the name of PHC where blood slides are collected eg. The code of Sundargarh PHC in Orissa will be SH.
2. **ASHA Code:** all the ASHAs in the PHC area are to be serialized like 01,02,03.....the code of the ASHAs will therefore be, PHC cd./ ASHA serial no. eg ASHA no. 10 in Sundergarh PHC will be given the code SH/ 10.
3. **Serial no. of blood slides:** all the slides collected by the ASHA should be given serial no. which will run serially through the calendar year. It is used in identification as well as labeling of slides. This serial number is written after the PHC and ASHA code on the slide. Eg. Slide number 35 of ASHA number 10 in PHC Sundergarh will be written as SH/ 10/ 35.
4. **RDT Code:** The RDT which is done along the slide will also have the same code as is given to the blood slide

All fever cases which approach the ASHA will be screened using RDT and blood slides. Fever cases which turn out to be RDT positive will be provided treatment immediately and the positive RDT along with the blood slide is to be stored by ASHA for Quality Assurance (QA) at a later date. For cases which are RDT negative, the ASHA will send blood slides to laboratory and upon receipt of result, positive cases will be treated by ASHA as per the drug regimen.

- iv. Quality Assurance:** the quality assurance of slides will continue through cross checking mechanism already existing at the PHC. The quality assurance of RDT lots is being conducted by NIMR. The quality assurance of RDTs performed by ASHA will be conducted by sending the positive RDTs and the accompanying slides at the end of the month to the PHC lab. These slides will be crosschecked by the LT and feedback will be provided to the ASHA through sub-centre.
- v. Transport of slides & result of slides:** the slides collected by ASHAs will be delivered at subcentre by ASHA or by any of her representative on day to day basis which shall be transported to the PHC lab preferable biweekly, by MPW (M) and MPW (F). The results will be conveyed back by MPW (M) and MPW (F) in subsequent visit to ASHA .
- vi. Records and Reports:** the ASHA will maintain the record of all fever cases in the Malaria (M) Register format (**Annexure 1**). At the end of the month, the MPW (M)/ MPW (F) will prepare an M1 based on the M register and compile the report of all ASHAs in monthly M4 report and transmit it to PHC.
- vii. Monitoring of ASHA:** the ASHAs are to be monitored regularly for the blood slides made, RDTs performed and treatment of positive cases detected by RDT/ slide. During the visit the MPW (M)/ MPW (F) will verify the RDTs and blood slides done between the current and previous visit. This is done by checking the positive RDT retained by ASHA and verifying the slides prepared for fever cases mentioned in M Register. She/ he will also verify, by making household visit, the completion of radical treatment (including 14 day PQ for Pv cases.) of positive cases. Subsequent to the verification she/ he will submit the information on slides prepared, RDT positive cases completed treatment and slide positive cases completed treatment and put his/ her remarks & signature in the remarks column of M Register. Beside MTS, MO PHC and other visiting officers will also monitor the performance of ASHA during their visit. All these functionaries will provide supportive supervision to ASHA i.e. training and retraining her on spot to improve her skills for carrying her work in prevention & control of malaria and other vector borne diseases.
- viii. Payment of incentive to ASHA:** the ASHA is to be given incentive as per following approved rates.

S. No.	Activity	Rate of incentive (Rs)	Source document for verification
1	Prepare blood slide	5/-	M Register of ASHA (Column 1))
2	Provide complete treatment to RDT Positive Pf case	20/-	M Register (Column 19 based on positive detected in column 8)
3	Provide complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regimen	50/-	M Register (Column 19 based on positives in columns 9 & 10)

The performance incentive is to be paid at the end of the month during the monthly review meeting convened by MO PHC or it should be synchronized with the payment of incentives under NRHM for other activities in order to avoid visiting PHC, just for such payments. The payment shall be made on the basis of M Register for ASHA. At the end of each month, the information on slides prepared, treatment completed of RDT positive and slide positive cases, will be verified and transmitted by MPW (M)/ MPW (F) from M register to the PHC MO. The ASHA will bring the M Register at the monthly meeting for verification of incentive payment. The mechanism of payment will be similar to what has been adopted under NRHM. The incentive will be paid together with other monthly incentives under NRHM. The monthly record of payment is to be maintained in the Payment Register (**Annexure 2**) at the PHC level by the accountant.

ix. Filling of Malaria (M) Register: the format for M Register is given at Annexure 1. The columns of M Register are to be filled as described below.

Use of Malaria (M) Register of ASHA

Whenever an ASHA/ FTD holder sees a patient having fever, the details of the patient should be recorded in M Register of ASHA.

Which cases should be recorded in this form?

All new cases of fever coming to ASHA/ FTD are recorded in Malaria (M) Register for ASHA: Both, positive and negatively tested cases should be recorded. Even if the patient is not tested for any reason, the details of the patient should be recorded in M Register. Even those cases where the patient does not belong to her village, but may only be a visitor, should be recorded in M Register. Any patient, with fever suspected to be suffering from malaria is to be entered in M Register. At the end of the month, ASHA will provide the total of column numbers 5&6 for total suspected cases, column number 8 for RDT positive, column numbers 8,9&10 for Total positive (RDT& slide)

How are cases to be recorded in each M Register?

M Register is meant for recording patients of fever seen in one reporting year. Serial numbers of Patients begin fresh each year and continue over following months. For each month a new page in M Register is started.

Filling of the M Register form:

When starting to use a fresh page at the beginning of the month, first fill out the name of the block, subcentre & Village, name of ASHA, her code and the name of the reporting month and year at the top of the form.

When a patient of fever comes the form is filled up in the following manner:

Column 1: S. No./ Slide No. : is the serial number of the patient. The serial numbers begin fresh each year and continue over the months till the end of the year. This number is also applicable when labeling the sides/ RDTs. On the thin film of slide and RDT the unique identification number is to be written. This is PHC code/ ASHA Code/ S. No. With this unique identification number it is possible to ascertain precisely which ASHA prepared a particular slide/ RDT.

Column2: Name of the Head of family: This is the name of the person by whom the family is known in the village.

Column 3: Name of the Patient: This is the name by which the patient is known in the village, and it may include the name of the patient's father or husband, and the family name or surname.

Columns 4: Age, in completed Days, Months or Years: Write the age in completed months or years:

- If the patient is less than one month old, write the number of completed days in the column and put a D along side. (such situations will be very rare)
- If the patient is more than one month old but less than one year old, write the number of completed months and put an M
- If the patient is more than one year old, write the number of completed years.

Column 5 and 6: Sex and pregnancy status: Tick the appropriate column - "M" or "F" for sex of the patient. If the woman is pregnant, write P after ticking in the F column.

Column 7: Date of RDT/ slide: All patients of fever should have a blood test as soon as possible. ASHAs would need to perform an RDT and/or slide test. The date on which the test was performed needs to be recorded in column 7. Usually, this is the date on which the patient first came. Record the date, month and year, for example, "23.09.09" or "23.09.2009". In areas where RDTs are supplied, an RDT is done and slide is made at the same time.

Column 8: RDT Positive: If you have performed an RDT, and it is positive, put a plus (+) in red; if negative, put a dash (-). If you have not performed an RDT, put a cross "X" in this column. In case the RDT is positive, the side is not sent to the lab immediately. The RDT and slide are, however, preserved for quality assurance.

Column 9 & 10: Result of slide testing (Pv and Pf +ve/-ve): The report of the slide examination that is received from the lab should be entered in these columns. If it is positive for P falciparum write +; if negative, write - in column 9; if positive for P vivax write +, if negative, write - in column 10.

Columns 11: Date of starting treatment: the date of initiation of treatment is to be recorded like date, month and year, for example, “25.09.09” or “25.09.2009”.

Columns 12, 13, 14, 15, 16, 17, 18: Treatment Given Pf/ Pv: medicines are administered according to the test result and according to the age of the patient, referring to the dosage chart in the Register. In these columns, tick mark (v) the day for which dose has been administered.

Column 19: Date of completion of treatment: the date of completion of treatment is to be recorded like date, month and year, for example, “27.09.09” or “27.09.2009” for a 3 day treatment for Pf which started on 25.09.09. The date of completion of treatment in Pv cases should be the date on which the last dose of PQ was administered.

Column 20: Date of Referral: If the patient is pregnant, or exhibits signs of severe malaria, refer the patient and mention the date of referral. Write R for referred cases.

Column 21: if died, date/ place: in case of death of patient the Date/ Place of death is to be mentioned.

Reporting at the end of the Month.

1. **Add columns 5 and 6 to find the total suspected cases (M and F).** Fill this figure in the box indicated
2. **Add column 8 and write down the total RDT positive cases.**
3. **Add positive cases (from columns 8, 9 and 10) to find the total number of confirmed cases.**

Stock Position:

Whenever medicines are received or supplied from the MPW or from the PHC, enter the number of tablets or blisters received in the relevant columns in the row “Received during the month” in the page on Stock Keeping given at the end of M Register.

At the end of the month, count the number of tables or blisters of each type remaining and enter these numbers in the relevant columns in the row “In stock at end of the month”.

The stock at the ‘end of the month’ becomes the ‘opening balance at the beginning’ of the following month.