

11-5-2021

DSE

HVGHCS (Haryana Villagers General Health Checkup Scheme)

It is envisaged by Hon'ble CM that a campaign be launched in Haryana to go to the rural Haryana and check for the health of people by making interdepartmental teams. The covid scenario has made it mandatory to check for covid symptoms and adopt T3 policy (Talk, Test and Treat) but overall the check up should not only be limited to covid disease but to go for general health check up of all villagers.

Strategy

Assuming 6700 villages in Haryana, we need to have approximately 7400 teams (10% reserve). The teams will be dedicated for each village and no team will be assigned more than 2 villages at any cost so that a sense of ownership and bonding develops between the team members and villagers of those 1 or 2 villages. These teams will consist of Hq Team of a village and field team of the village.

Teams

Field team will consist of 4 members

1. ASHA of that village
2. Anganwadi worker of that village
3. School teacher of the village school
4. Lady Panchayat Member or Gram Sachiv or any other member nominated by BDPO

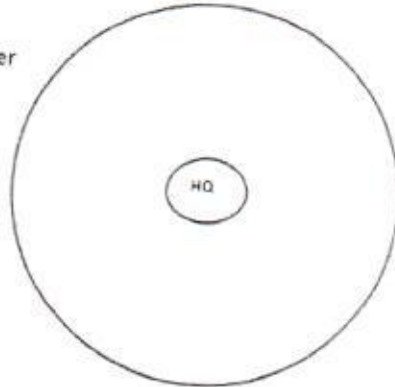
The HQ team will consist of 3 members

1. Health Member (ANM/LHV/ Pharmacist/ LT/CHO etc.)
As decided by CMO
2. Non Health member
3. Data Entry operator with a computer and printer

Non health member can be from any of these departments

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1. School education
2. Engineering departments
(PWD/Panchayati Raj/PHE/HSAMB/Power)
3. Technical education
4. Higher education
5. Skill development
6. Animal husbandry
7. Panchayat Department



HQ team will sit at a centrally located place such as a school/Sub centre/PHC/ Animal Husbandry centre/ Panchayat Ghar etc.

Field team will go around the village to do a house to house survey.

8. Revenue department
9. Agriculture and allied departments
10. Food supply and allied departments
11. Horticulture

Work assignment

The field teams will be given performa for asking queries about general health of people at home. The performa will be in addition to given to ASHAs for door to door survey during first wave of covid. The queries will be simple and related to general health and covid. The field team will send the people to the camp where HQ team will be stationed in a staggered way so that no crowding happens at that place.

The HQ team will be given equipments such as digital Thermometer, pulse oximeter, Weighing scale, BP apparatus, Steamer, Oxygen concentrator, RAT kit, medicines, booklet. The team will take health history, will do general health check up, will mandatorily do the rapid test assuming all to be latent covid positive and will take further necessary action. All the villagers visiting the camp will be given allopathic multi vitamins and AYUSH immunity boosters along with a hindi booklet on covid.

Duties of HQ Team:

1. Data Entry Operator (DEO):
 - He will record basic details of the person such as name, father's/Husband name, age etc.
 - He will record the previous medical history of the patient and comorbidity if any.
2. Non health Member:
 - He will check the parameters such as Spo2 level, BP, Weight, Temperature etc. and will be recorded by DEO
3. Health member:
 - He will test the person with RAT and if found positive, then take a decision to home isolate or isolate in village covid care centre (VCCC) or refer the patient. The entries to this effect will be done by DEO.
 - He will give the person home isolation kit if positive and general immunity booster medicines of AYSUH and Allopathy, if negative

Training

For performing these tasks, both field and HQ teams need proper training and hand holding. The SIHFW will design specific modules for both. The HQ team should be trained on use of pulse oximeter, BP apparatus, RAT test, weighing scale and oxygen concentrator.

All the departments mentioned above will give their list of employees to DGHS and they will be trained by SIHFW.

Team deployment

DCs will be responsible to make village wise teams of all such trained employees. DDPOs will be concerned nodal officers at the district level. CMOs will be member secretary of District HVGHCS scheme for which meeting will be conducted at least thrice in a week. Wider publicity of the scheme will be given by DPROs

Monitoring

The primary monitoring (PMT: Primary Monitoring Team) will be done at the block level by BDPO, SDO/JE and the doctor of CHC incharge concerned. They should see the patients admitted in home isolation/ village Covid care centre (VCCC) are getting all the care needed and all resources such as steamer or oxygen concentrator are utilized optimally.

Second level of the monitoring will be done at the subdivision level under the SDM along with SMO incharge. They will escalate the block demands to the district team of HVGHCS scheme. (SMT: Secondary Monitoring Team)

Further action

All villages where people will be found covid positive, special village isolation centers (VCCC) will be developed so that infected persons can be isolated. CMOs will depute doctors of concerned SC/PHC/CHC to those isolation centers to visit once daily along with required health staff. The BDPO will depute chowkidar/ Safai karmachari to see no one leaves isolation centers without doctor's permission. Mild and moderate patients will be kept in separate isolation centers in the village and serious patients will be referred to city designated hospitals.

Responsibilities at state level:

1. DGHS will coordinate with other departments for getting their manpower numbers for the training.
2. MD NHM will make IT platform for the program which will consist of both an app and a desktop based system. Both online and offline data entry will be provided.
3. MD HMSCL will provide all the equipment based on the demand of CMOs as collected by DGHS office.
4. Director SIHFW will provide all necessary training to both the teams. Modules will be developed for both HQ team and field team.

Overall, Director SIHFW will be the nodal officer from health department to run this scheme.