संख्या–861/पॉच–5–2020

प्रेषक,

शत्रुन्जय कुमार सिंह,
विशेष सचिव,
उत्तर प्रदेश शासन।

सेवा में,

1. **मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, उत्तर प्रदेश, लखनऊ।**
2. **महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवायें, उत्तर प्रदेश, लखनऊ।**
3. **महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण, उत्तर प्रदेश, लखनऊ।**

चिकित्सा अनुभाग–5 लखनऊ; दिनांकः **14 अप्रैल, 2020**

विषयः–कोरोना वायरस (कोविड–19) से बचाव एवं उसकी रोकथाम के संबंध में भारत सरकार द्वारा प्रेषित पत्रों पर कार्यवाही।

महोदय,

कृपया उपर्युक्त विषय के संबंध में अवगत कराना है कि (कोविड–19) से बचाव एवं उसकी रोकथाम के संबंध में भारत सरकार द्वारा निम्नलिखित पत्रों के माध्यम से कतिपय दिशा–निर्देश उपलब्ध कराये गये हैं। उक्त पत्रों की छायाप्रतियां संलग्न कर प्रेषित करते हुए अनुरोध है कि कृपया उक्त पत्रों अपने से संबंधित बिन्दुओं पर आवश्यक कार्यवाही सुनिश्चित करने का कष्ट करें :–

क्रं सं0	प्रेषक एवं पत्र दिनांक	विषय
1.	अपर सचिव एवं मिशन निदेशक (रा0स्व0मि0), स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार का पत्रांक–जेड 18016/1/2020, दिनांक 10.04.2020।	कोविड–19 के रोगियों के उपचार में कार्यरत स्वास्थ्य कर्मियों हेतु ''प्रधानमंत्री गरीब कल्याण बीमा योजना'' के संबंध में स्पष्टीकरण।
2.	सचिव, पर्यावरण, वन एवं जलवायु परिवर्तन मंत्रालय, भारत सरकार का पत्रांक–07 कोविड/ईजी–2/2020, दिनांक 12.04.2020।	कोविड–19 के दृष्टिगत चिकित्सालयों की चिन्हित पैथालॉजी लैब को 24 घण्टे संचालित करने हेतु अतिरिक्त मानव संसाधन की व्यवस्था किय जाने के संबंध में।
3.	सचिव, समाजिक न्याय एवं सशक्तिकरण मंत्रालय, भारत सरकार का पत्रांक–..... /214513, दिनांक 12.04.2020।	60 वर्ष के ऊपर के वरिष्ठ नागरिकों की सुरक्षा हेतु एडवाइजरी।
4.	Enabling Delivery of Essential Health Services during the COVID-19 Outbreak: Guidance note.	कोविड–19 के दृष्टिगत आवश्यक चिकित्सा सुविधाओं की उपलब्धता के संबध में दिशा–निर्देश।

संलग्नक–यथोक्त।

भवदीय,
14/4/2020
(शत्रुन्जय कुमार सिंह)
विशेष सचिव।

संख्या–861(1)/पांच–5–2020, तद्दिनांक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषितः–

1. प्रमुख सचिव, चिकित्सा शिक्षा विभाग, उ0प्र0 शासन।
2. निदेशक, संचारी, स्वास्थ्य भवन, लखनऊ।
3. गार्ड फाइल।

संलग्नक–यथोक्त।

आज्ञा से,
14/4/2020
(शत्रुन्जय कुमार सिंह)
विशेष सचिव।

14/4/20
14/4/2020

Pankaj/GO/COME-3

रैप - 813/414-5-88

R. Subrahmanyam, IAS
Secretary

सत्यमेव जयते

Ministry of Social Justice and Empowerment
Department of Social Justice & Empowerment
Government of India

D.O. No.Secy(SJE)/SD/2020/214513
Date: 13.4.2020

Subject: Advisory for protection of senior citizens aged above 60 years.

Dear Chief Secretary,

The Senior Citizens who are aged above 60 years and especially those with medical conditions are particularly susceptible to infections during the COVID times. MSJE alongwith Ministry of Health & Family Welfare and Department of Geriatric Medicine, AIIMS Delhi has prepared an Advisory to be followed by all the senior citizens and their care givers during these times.

I would request that this Advisory is widely publicised in all the districts, in all institutions working for senior citizens and through NGOs who are working in this area.

With regards,

Yours sincerely,

13/4

(R. Subrahmanyam)

Encl: As above

Chief Secretary of States/UTs

8/4 तक

14/4/2020

Room No. 604, 'A' Wing, Shastri Bhavan, New Delhi-110 115 E-mail : subrahyd@gmail.com

Advisory for caregivers of dependent senior citizens

Do's	Don'ts
• Wash your hands before helping the older individual • Cover nose and mouth adequately using a tissue or cloth while attending on the senior citizen • Clean the surfaces which are frequently used. These include a walking cane, walker, wheel-chair, bedpan etc • Assist the older individual and help her/him in washing hands • Ensure proper food and water intake by senior citizens • Monitor his/her health	• Go near senior citizens if suffering from fever/cough/breathing difficulty • Keep senior citizens completely bed-bound • Touch the Senior Citizen without washing hands ☐
• Contact help-line if the older adult has the following symptoms: o Fever, with or without body ache o New-onset, continuous cough, shortness of breath o Unusually poor appetite, inability to feed	

Advisory for senior citizens on mental well-being

Do's	Don'ts
• Communicate with relatives at home • Communicate with neighbours, provided social distancing is followed, and gathering of people is avoided • Provide a peaceful environment • Rediscover old hobbies like painting, listening to music, reading • Make sure to access and believe only the most reliable sources of information • Avoid tobacco, alocohol and other drugs to avoid loneliness or boredom • If you have an already existing mental illness, call helpline (08046110007)	• Isolate yourself • Confine oneself in a room • Follow any sensational news or social media posts. • Spread or share any unverified news or information further
• Contact helpline in case of o Change in mental status, such as excessively drowsy during the day, not responding, speaking inappropriately o New onset of inability to recognise relative which he/she could do before	

*****

संख्या 2670(स)/पी०एस०एम०एच०/2020

रो० - 861/सोच- 5- 2020

वन्दना गुरनानी, भा.प्र.से.
Vandana Gurnani, I.A.S.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)

सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

Dear Sir,

D. O No. Z.18016/1/2020-PMGKP/NHM-II(Pt File)
Dated the: 10.04.2020

Kindly recall the conversation we had earlier today regarding the applicability of the insurance cover under the 'Pradhan MantriGaribKalyan Package: Insurance Scheme for Health Workers Fighting COVID-19'.

2. In this context it is clarified that w.e.f. 30.03.2020, Pradhan MantriGaribKalyan Package: Insurance Scheme for Health Workers Fighting COVID-19 has been launched for a period of 90 days.

3. It provides a comprehensive personal accident cover of Rs. 50 lakh for ninety (90) days to a total of around 22.12 lakh public healthcare providers, including community health workers, who may have to be in direct contact and care of COVID-19 patients and who may be at risk of being impacted by this.

4. Further, private hospital staff and retired/volunteer/ local urban bodies/contract/daily wage/ ad-hoc/outsourced staff requisitioned by States/ Central hospitals/autonomous hospitals of Central/States/UTs, AIIMS & INIs/ hospitals of Central Ministries can also be drafted for COVID19 related responsibilities. These cases will also be covered under the Scheme.

5. It also provides coveragefor accidentalloss of life on account of Covid19 related duty.

Contd..

6. Therefore, as the Scheme covers all the healthcare providers who have been drafted for COVID related duties, who may have to be in direct contact of COVID-19 patients and who may be at risk of being impacted by this, it is clarified that all such healthcare providers are covered under the scheme, which, by implication, includes AYUSH doctors too.

with warm regards

Yours sincerely

(Vandana Gurnani)

Vaidya Rajesh Kotecha,
Secretary,
Ministry of Ayush
Ayush Bhawan , New Delhi

Copy to:

i. **ACS / PSs / Secretary, Health of all the States/UTs**

ii. **Mission Directors (NHM) of all the States/UTs**

संख्या 2669 (E) /पी०एस०एम०एच०/2020

सचिव
भारत सरकार
पर्यावरण, वन एवं जलवायु परिवर्तन मंत्रालय
SECRETARY
GOVERNMENT OF INDIA
MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE

सत्यमेव जयते

सी.के.मिश्रा
C.K.Mishra

D.O.07/COVID/EG-2/2020

12th April 2020

Dear Chief Secretary / Administrator,

I write to you as Chairman of the Empowered Group-2.

Let me express my gratitude to all of you for having worked really hard to ensure that we scale up testing. One of the critical factors in this exercise of scaling up is increasing the number of testing laboratories, which we are continuously doing. The effort is to use every possible resource to collectively ensure that we are able to reach out. If we want to be successful in this effort, we will have to ensure that every laboratory is used to its full capacity.

You would appreciate that if we want to use the capacity of the lab round-the-clock, we will need additional manpower. ICMR has worked out the requirement of State-wise additional manpower that needs to be made available to run these laboratories round-the-clock. I do appreciate that this is a daunting task, but, given the current situation that we are in, we have no option and we have to rise to the occasion to face this challenge.

Such manpower and resources will be available in Medical Colleges, etc. Many public labs that are co-located in Medical Colleges and Research Institutes, can redeploy technical lab staff from other departments for COVID-19 testing. These can be trained internally and deployed quickly. Apart from this, you may also like to consider getting the services of trained personnel who may have retired.

I am enclosing the letter from Secretary, DHR / DG, ICMR along with the list of the required manpower and a list of such laboratories, which are operational across the States. I would suggest that we pick up each of these laboratories, assess the gap and then put them to full capacity.

I seek your support in trying to explore every possible source of such manpower and attach them to these laboratories so that we can get the best results out of them.

With regards,

Yours sincerely

(C. K. Mishra)

Encl: As above

To

सत्यमेव जयते

प्रोफेसर (डा.) बलराम भार्गव, पदम श्री
एमडी, डीएम, एफआरसीपी (जी.), एफआरसीपी (ई.), एफएसीसी,
एफएएचए, एफएएमएस, एफएनएएस, एफएएससी, एफ.एन.ए., डी.एस.सी.
सचिव, भारत सरकार
स्वास्थ्य अनुसंधान विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय एवं
महानिदेशक, आई सी एम आर

Prof. (Dr.) Balram Bhargava, Padma Shri
MD, DM, FRCP (Glasg.), FRCP (Edin.),
FACC, FAHA, FAMS, FNASc, FASc, FNA, DSc
Secretary to the Government of India
Department of Health Research
Ministry of Health & Family Welfare &
Director-General, ICMR

भारतीय आयुर्विज्ञान अनुसंधान परिषद
स्वास्थ्य अनुसंधान विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार
वी. रामलिंगस्वामी भवन, अंसारी नगर
नई दिल्ली - 110 029

Indian Council of Medical Research
Department of Health Research
Ministry of Health & Family Welfare
Government of India
V. Ramalingaswami Bhawan, Ansari Nagar
New Delhi - 110 029

D.O. No.ECD/COVID-19/Misc./2020
Dated: 12th April 2020

Dear Sir,

This is with reference to scaling up laboratory capacity for COVID-19 testing within the operational network of Government laboratories.

As mentioned in a recent meeting held at PMO, additional manpower needs to be placed within the existing laboratories (N=150) to operationalize them on a 24 X 7 basis.

The estimated manpower requirements have been worked out by ICMR. Assuming manual RNA extraction procedure followed by all laboratories, the estimated total staff requirement for the network of 150 labs will be 3248 people. The calculated shortfall of staff in all categories is 1918 people. This includes 150 Lab in-charges (senior Microbiologists); 226Lab supervisors (scientists / Microbiologists); 1257 Lab Technicians and 285 Data entry operators. Detailed breakup of the shortfall in each category of staff is depicted in Table 1 of the enclosed document.

List of operational Government laboratories is also included in the **enclosed** document.

I request you to kindly direct the concerned States to deploy additional staff within the functioning COVID-19 testing Government laboratories, for making them operational round the clock. Kindly note that the additional staff should be deployed as per the projected requirements in each category.

With kind regards,

Yours sincerely,

Balram Bhargava

(Balram Bhargava)

Shri Amarjeet Sinha,
Advisor to Hon'ble Prime Minister of India
South Block,
New Delhi.

Enclosed as above

Copy to:

1. **Dr. Shrikar K. Pardeshi, *IAS,*** Joint Secretary, PMO, South Block, New Delhi.
2. **Shri C.K. Mishra**, Secretary, Ministry of Environment, Forest & Climate Change
3. **Principal Secretaries (Health) – All States**

Manpower Requirement for Labs engaged in COVID-Testing

The testing capacity of public labs will need to be enhanced as the number of cases increase and strategy for testing changes. There is a need to optimize the utilization of the existing installed base of manual RT-PCR platforms through multiple shifts across labs. In order to run multiple shifts, trained manpower in adequate numbers needs to be deployed across all labs.

In order to ramp up utilization of existing manual RT-PCR machines and run tests in labs for 24 hrs daily, 3248 personnel (estimated) are required across all current public sector labs. It is estimated that there may be a **deficit of 1918 (~60%)** in the as is scenario of primarily manual RT-PCR based testing. **The number of deficit personnel need to be identified and deployed at relevant labs and necessary training & logistics arrangements need to be made for them.**

Based on discussions with a sample of public labs, the following is the **estimated requirement & deficit in manpower** across labs.

For 151 public labs		**Total Manpower Requirement**	**Manpower Deficit (Estimated)**
Personnel Required	**Per Shift/Lab**	**24 hrs (A)**	**Assuming Manual RNA Extraction**
Lab In-charge/Owner	1	302	**150**
Shift Supervisor/Shift	1	453	**226**
Lab Technicians/Shift	4	2040	**1257**
DEO/Shift	1	453	**285**
Total	**7 to 10**	**3248**	**1918**

Table 1

For every 2nd manual RT-PCR instrument, two more technicians are required in every shift
Lab technicians are deputed to dirty or clean room, and work simultaneously to modularize components of testing process and increase efficiency
A lab in-charge is assumed for every 12 hours
Requirement is based on manual RT-PCR capacity including 29 labs with automated RNA extraction capabilities
[+]Current estimated HR is equivalent to one shift for 151 labs

Key Measures

- As manual RNA extraction processes take up a large portion of lab technician time, automated RNA extraction platforms and associated kits can be provided to more labs undertaking manual RNA extraction
- Many public labs that are co-located in medical colleges and research institutes, can redeploy technical lab staff from other departments for COVID-19 testing. These can be trained internally and deployed quickly.
- For data entry operators, many labs have started deploying the CSC personnel allotted to them.

Annexures

A. State wise Total Manpower Requirement in 24-hour shift scenario for Government Labs

State	Lab In-charge	Shift Supervisor	Lab Technician	Data Entry Operator	Total
Maharashtra	34	51	243	51	**379**
Tamil Nadu	24	36	156	36	**252**
Uttar Pradesh	24	36	147	36	**243**
Karnataka	22	33	138	33	**226**
Kerala	20	30	135	30	**215**
Gujarat	14	21	132	21	**188**
Rajasthan	16	24	129	24	**193**
West Bengal	12	18	84	18	**132**
Telangana	12	18	81	18	**129**
Andhra Pradesh	12	18	78	18	**126**
Delhi	14	21	75	21	**131**
Madhya Pradesh	12	18	75	18	**123**
Bihar	10	15	63	15	**103**
Odisha	8	12	60	12	**92**
Assam	10	15	60	15	**100**
Jammu and Kashmir	8	12	54	12	**86**
Jharkhand	6	9	42	9	**66**
Uttarakhand	4	6	36	6	**52**
Punjab	6	9	36	9	**60**
Himachal Pradesh	4	6	30	6	**46**
Chhattisgarh	4	6	30	6	**46**
Manipur	4	6	24	6	**40**
Haryana	4	6	21	6	**37**
Chandigarh	4	6	18	6	**34**
Andaman & Nicobar Islands	2	3	18	3	**26**
Mizoram	2	3	18	3	**26**
Goa	2	3	12	3	**20**
Dadra & Nagar Haveli	2	3	12	3	**20**
Meghalaya	2	3	12	3	**20**
Puducherry	2	3	12	3	**20**
Tripura	2	3	9	3	**17**
Grand Total	**302**	**453**	**2040**	**453**	**3248**

**Date entry operators are being provided through CSCs*

INDIAN COUNCIL OF MEDICAL RESEARCH
DEPARTMENT OF HEALTH RESEARCH

Date: 11/04/2020

Total Operational (initiated independent testing) Government Laboratories reporting to ICMR 151 + 3 collection sites:

S. No.	Names of States	Names of Medical Colleges
1.	Andhra Pradesh (6)	1. Sri Venkateswara Institute of Medical Sciences, Tirupati 2. Rangaraya Medical College, Kakinada 3. Sidhartha Medical College, Vijaywada 4. Govt. Medical College, Ananthpur 5. Guntur Medical College, Guntur 6. Rajiv Gandhi Institute of Medical Sciences, Kadapa
2.	Assam (5)	7. Gauhati Medical College, Guwahati 8. Regional Medical Research Center, Dibrugarh 9. Jorhat Medical College, Jorhat 10. Silchar Medical College, Silchar 11. Fakkhruddin Ali Ahmed Medical College, Barpeta
3.	Bihar (5)	12. Rajendra Memorial Research Institute of Medical Sciences, Patna 13. Indira Gandhi Institute Medical Sciences, Patna 14. Patna Medical College, Patna 15. Darbhanga Medical College, Darbhanga 16. SKMCH, Muzaffarpur
4.	Chandigarh (2)	17. Post Graduate Institute of Medical Education & Research, Chandigarh 18. Govt. Medical College, Chandigarh
5.	Chhattisgarh (2)	19. All India Institute of Medical Sciences, Raipur 20. Late Baliram Kashyap M Govt. Medical College, Jagdalpur
6.	Delhi (7)	21. All India Institute Medical Sciences 22. Lady Hardinge Medical College 23. National Centre for Disease Control 24. Ram Manohar Lohia Hospital 25. Institute of Liver & Biliary Sciences 26. Army Hospital Research & Referral 27. Maulana Azad Medical College
7.	Gujarat (7)	28. BJ Medical College, Ahmedabad 29. MP Shah Govt Medical College, Jamnagar 30. Govt. Medical College, Surat 31. Govt. Medical College, Bhavnagar 32. Govt. Medical College, Vadodara 33. Govt. Medical College, Rajkot 34. NHL Medical College, Ahmedabad
8.	Goa (1)	35. Goa Medical College, Goa
9.	Haryana (2)	36. Pt. B.D. Sharma Post Graduate Inst. Of Med. Sciences, Rohtak, Haryana 37. BPS Govt. Medical College, Sonipat
10.	Himachal Pradesh (2)	38. Indira Gandhi Medical College, Shimla 39. Dr. Rajendra Prasad Govt. Medical College, Tanda

S. No.	Names of States	Names of Medical Colleges
11.	Jammu & Kashmir (4)	40. Govt. Medical College, Jammu 41. Command Hospital (NC) Udhampur 42. Sher-i-Kashmir Institute of Medical Sciences, Srinagar 43. Govt. Medical College, Srinagar
12.	Jharkhand (3)	44. MGM Medical College & Hospital, Jamshedpur 45. Rajendra Institute of Medical Sciences, Ranchi 46. Patliputra Medical College & Hospital, Dhanbad
13.	Karnataka (11)	47. Hassan Inst. Of Med. Sciences, Hassan 48. Mysore Medical College & Research Institute, Mysore 49. Shivamogga Institute of Medical Sciences, Shivamogga 50. Command Hospital (Air Force), Bengaluru 51. Bangalore Medical College & Research Institute, Bengaluru 52. National Institute of Virology, Bangalore Field Unit, Bengaluru 53. Gulbarga Institute of Medical Sciences, Gulbarga 54. Vijaynagar Institute of Medical Sciences, Bellary 55. National Institute of Mental Health and Neuro-Sciences, Bangalore 56. Wenlock District Hospital, Mangalore 57. Karnataka Institute of Medical Sciences, Hubli
14.	Kerala (10)	58. National Institute of Virology, Field Unit, Allapuzzha 59. Govt. Medical College, Thiruvanathapuram 60. Govt. Medical College, Kozhikode 61. Govt. Medical College, Thrissur 62. Rajiv Gandhi Center for Biotechnology, Thiruvanathapuram 63. Sree Chitra Tirunal Institute of Medical Sciences, Thiruvanathapuram 64. State Public Health Laboratory, Trivandrum 65. Inter University, Kottayam 66. Malabar Cancer Center, Thalassery 67. Central University of Kerala, Periye, Kasaragod
15.	Maharashtra (17)	68. National Institute of Virology, Pune 69. Seth GS Medical College & KEM Hospital, Mumbai 70. Kasturba Hospital for Infectious Diseases, Mumbai 71. National Institute of Virology Field Unit, Mumbai 72. Armed Forces Medical College, Pune 73. BJ Medical College, Pune 74. Indira Gandhi Govt. Medical College, Nagpur 75. Grant Medical College & Sir JJ Hospital, Mumbai 76. Govt. Medical College, Aurangabad 77. V. M. Government Medical College, Solapur 78. Haffkine Institute, Mumbai 79. Shree Bhausaheb Hire Govt. Medical College, Dhule 80. Government Medical College, Miraj 81. All India Institute of Medical Sciences, Nagpur 82. Nagpur Veterinary College, MAFSU, Nagpur 83. *Tata Memorial Centre ACTREC, Mumbai

S. No.	Names of States	Names of Medical Colleges
		84. Govt. Medical College, Akola
16.	Madhya Pradesh (6)	85. All India Institute of Medical Sciences, Bhopal 86. National Institute for Research on Tribal Health, Jabalpur 87. Mahatma Gandhi Memorial Medical College, Indore 88. Gandhi Medical College, Bhopal 89. Bhopal Memorial Hospital & research Centre, Bhopal 90. Gajra Raja Medical College, Gwalior
17.	Manipur (2)	91. Jawaharlal Nehru Institute of Med. Sciences, Imphal-East, Manipur 92. Regional Institute of Medical Sciences, Imphal
18.	Meghalaya (1)	93. North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong, Meghalaya
19.	Mizoram (1)	94. Zoram Medical College
20.	Odisha (4)	95. Regional Medical Research Centre, Bhubaneshwar 96. All India Institute of Medical Sciences, Bhubaneshwar 97. SCB Medical College and Hospital, Cuttack 98. MKCG Medical College, Berhampur
21.	Puducherry (1)	99. Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry
22.	Punjab (3)	100. Govt. Medical College, Amritsar 101. Govt. Medical College, Patiala 102. Guru Gobind Singh Medical University, Faridkot
23.	Rajasthan (8)	103. Sawai Man Singh Medical College, Jaipur 104. Dr. Sampurnan and Medical College, Jodhpur 105. Jhalawar Medical College, Jhalawar 106. RNT Medical College, Udaipur 107. SP Medical College, Bikaner 108. All India Institute of Medical Sciences, Jodhpur 109. JLN Medical College, Ajmer 110. Govt. Medical College, Kota
24.	Tamil Nadu (12)	111. King Institute of Preventive Medicine & Research, Chennai 112. Madras Medical College, Chennai 113. Govt. Theni Medical College, Theni 114. Tirunelveli Medical College, Tirunelveli 115. Govt. Medical College, Thiruvarur 116. Kumar Mangalam Govt. Medical College, Salem 117. Coimbatore Medical College, Coimbatore 118. Govt. Medical College, Villupuram 119. Madurai Medical College, Madurai 120. K A P Viswanatham Govt. Medical College, Trichy 121. Perundurai Medical College, Perundurai 122. Govt. Dharmapuri Medical College, Dharmapuri
25.	Telangana (6)	123. Gandhi Medical College, Secunderabad 124. Osmania Medical College, Hyderabad 125. Sir Ronald Ross of Tropical & Communicable Diseases, Hyderabad. 126. Nizam's Institute of Medical Sciences, Hyderabad

S. No.	Names of States	Names of Medical Colleges
		127. Institute of Preventive Medicine, Hyderabad 128. Centre for Cellular & Molecular Biology, Hyderabad
26.	Tripura (1)	129. Government Medical College, Agartala
27.	Uttar Pradesh (12)	130. King George Medical University, Lucknow 131. Institute of Medical Sciences, Banaras Hindu University, Varanasi 132. Jawaharlal Nehru Medical College, Aligarh 133. Command Hospital, Lucknow 134. Lala Lajpat Rai Memorial Medical College, Meerut 135. Sanjay Gandhi Post Graduate Institute, Lucknow 136. MLN Medical College, Allahabad 137. Uttar Pradesh University of Medical Sciences (Formerly Uttar Pradesh RIMS), Saifai 138. MLB Medical College, Jhansi 139. Regional Medical Research Centre, Gorakhpur 140. SN Medical College, Agra 141. RML Hospital, Lucknow
28.	Uttarakhand (2)	142. Govt. Medical College, Haldwani 143. All India Institute of Medical Sciences, Rishikesh
29.	West Bengal (6)	144. National Institute of Cholera & Enteric Diseases, Kolkata 145. Institute of Post Graduate Medical Education & Research, Kolkata 146. Midnapore Medical College, Midnapore 147. North Bengal Medical College, Darjeeling 148. School of Tropical Medicine, Kolkata 149. Malda Medical College & Hospital, Malda
30.	Andaman & Nicobar Islands (1)	150. Regional Medical Research Centre, Port Blair
31.	Dadra & Nagar Haveli (1)	151. Shri Vonoba Bhave Civil Hospital, Silvassa
		Collection sites only
31.	Sikkim (1)	152. Sir Thutob Namgyal Memorial (STNM), Gangtok
32.	Ladakh (1)	153. Sonam Norboo Memorial Hospital (SNMH), Leh
33.	Arunachal Pradesh (1)	154. Tomo Riba Institute of Health & Medical Sciences (TRIHMS), Naharlagun

*CSIR/DBT/DST/DAE/ICAR/DRDO Labs. No support is sought from ICMR/ State Govt.

Enabling Delivery of Essential Health Services during the COVID 19 Outbreak: Guidance note

Background

The COVID 19 outbreak has placed unprecedented demands on our health system, Our health facilities and workforce are currently inundated by a plethora of activities related to controlling the pandemic. In doing so, there is a risk that essential health services which communities expect from the health system, would be compromised. It is likely that health seeking may be deferred because of social/physical distancing requirements or community reluctance owing to perceptions that health facilities may be infected. *Focusing* on COVID 19 related activities, and *continuing* to provide essential services, is important not only to maintain people's trust in the health system to deliver essential health services[1], but also to minimize an increase in morbidity and mortality from other health conditions. Analyses from the 2014-2015 Ebola outbreak suggests that the increased number of deaths caused by measles, malaria, HIV/AIDS and tuberculosis attributable to health system failures exceeded deaths from Ebola[2]. Particular attention needs to be paid to the delivery of essential health care for specific population sub-groups, while ensuring the safety of health workers.

Essential services for all areas include maternal, new born and child health, prevention and management of communicable diseases, treatment for chronic diseases to avoid complications, and addressing emergencies. Non-Covid services such as health promotion activities, IEC campaigns, meetings of the Village Health Sanitation and Nutrition Committees/Mahila Arogya Samitis, community based screening for chronic conditions, other screening programmes, etc. could be deferred and undertaken after lockdown/restrictions are lifted. These services could be considered as **desirable**.

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[1] https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak ; 25th Mar. 2020 (World Health Organization)

[2] Elston, J. W. T., Cartwright, C., Ndumbi, P., & Wright, J. (2017). The health impact of the 2014–15 Ebola outbreak. Public Health, 143, 60-70.

Parpia, A. S., Ndeffo-Mbah, M. L., Wenzel, N. S., & Galvani, A. P. (2016). Effects of response to 2014–2015 Ebola outbreak on deaths from malaria, HIV/AIDS, and tuberculosis, West Africa. Emerging infectious diseases, 22(3), 433.

This note is intended to guide states to deliver essential health services for the duration of the COVID 19 outbreak[3]. The structure of the document is as follows: Section 1 elucidates a set of basic principles categorized by health systems elements, and Section 2: provides guidance on the essential services with details annexed. For some services, detailed guidance notes have been issued to states from the GOI/MOHFW separately and those have been referenced in this document. (Annexure 1). States may refer to these documents as needed.

Section 1: Health system approach to essential services

1. Reorganization of service delivery

1.1 Facility Mapping and Planning

- States would undertake mapping of all existing heath facilities (city/ district/ block-wise) in the public and not for profit and private sectors.
- Identify and designate facilities or separate block within existing facilities to provide COVID -19 related services (Fever clinics, COVID Care Centre (CCC) Dedicated COVID Health Centre (DCHC) and Dedicated COVID Hospital (DCH)) as per guidance issued for appropriate management of suspect/confirmed cases of COVID-19.
- Remaining facilities/ blocks of facilities will continue to provide essential non COVID-19 services. States could also involve not-for profit/private sector in the provision of non COVID essential services, particularly for secondary and tertiary care, where public sector capacity needs to be supplemented. Utilization of not-for profit/private sector facilities would be based on number and spread of COVID 19 positive cases in the area. States could develop a phased engagement with the not for profit and private sector if existing public health facilities are converted into fever clinic/ CCC/ DCHC and there is a shortfall in government health facilities. States already have **PMJAY empanelled hospitals**. It should be ensured that they function to provide normal essential medical services.
- Dedicated first level 24*7 hospital emergency units, may be set up in suitable CHCs/ SDHs to provide non COVID acute care, including provision of emergency obstetric services.
- Mobile Medical Units could be utilized for delivery of services, especially follow up care for RMNCAH, chronic communicable and non-communicable diseases duly following physical

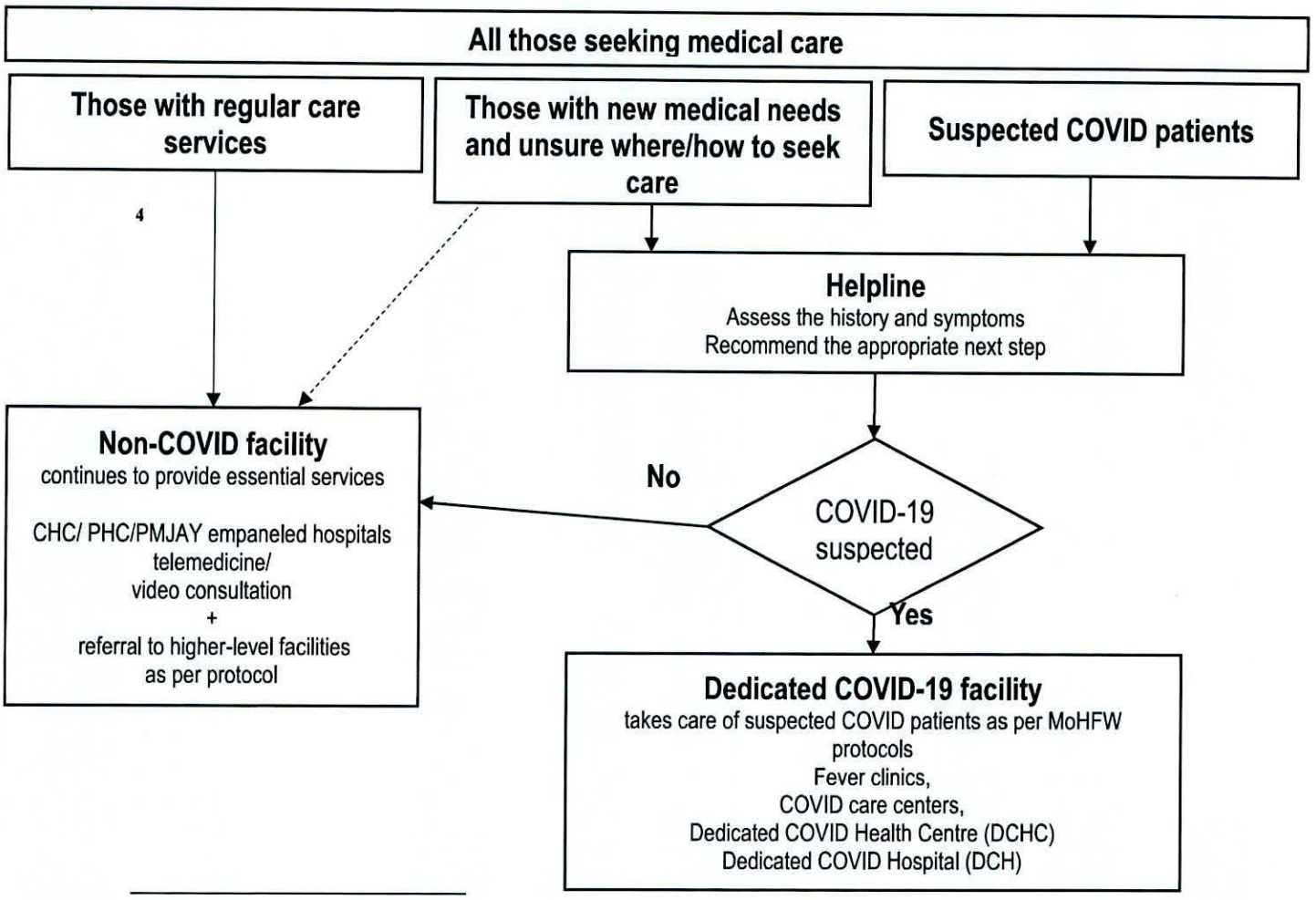
[3] Local orders issued under respective states' epidemic act will take precedence over any guidelines issued under this guidance document.

distance norms and appropriate protection measures for the health workforce after the lockdown.

1.2 Delivery of essential services maintaining physical distancing

1.2.1 Telehealth-

Suspected COVID patients and other patients requiring ambulatory care, should be encouraged to utilise tele-platforms to determine the need to visit a health facility/ hospital/ fever centre. (as depicted in Figure 1). This will avoid overcrowding of hospitals and prevent transmission of SARS-CoV-2 virus during travel or in health facilities. Other mechanisms to minimize patient provider encounters, include self-monitoring through App, use of helpline, web-applications, video-calls, tele-medicine etc.



[4] States must use/expand existing helplines such as 104 and others.

This can be enabled through following options –

- Patients needing services for minor ailments would be encouraged to contact the MPW (M or F) via telephone, who would assess the situation and enable tele-consultation with a Medical Officer.
- All SHC/PHCs, including HWCs particularly in affected areas may be linked with a Telemedicine Hub via telephone/ video call to facilitate consultation between the patient and the provider, which will be guided by Telemedicine Guidelines
- Private-for-profit and not-for-profit providers can also be engaged to provide these services particularly where a tele-medicine hub in government facilities does not exist. In such cases, the MoHFW Telemedicine guidelines on prescription generation will apply. Such providers should prescribe generic medicines.

  The investigations and medicines prescribed (particularly from within the EML and EDL of the state) should be provided free of cost to all the patients seeking government facilitated care.

1.2.2 Alternate models for outreach services

- Services that are traditionally delivered through outreach such as immunization, antenatal care, screening for common NCDs/communicable diseases etc. would need to be re-organized during the period of lockdown/restriction. Where feasible, those due for any of these services, would be asked to come to peripheral facilities (SHCs/ PHCs/UPHCs, including HWCs/ Urban Health Posts) on particular dates/times, decided at local levels and informed telephonically or through ASHAs. This can be done by allocating fixed day services for each village / ward area, ensuring adherence to physical distancing and other IP protocols.
- More number of immunization sessions/VHNDs/UHNDs/screening sessions could be organized at the village/ward level after the lockdown. ASHAs must create awareness in the community about change in schedule and mobilize beneficiaries in small batches of 4-5 per session to avoid crowding and ensure physical distancing norms.
- To undertake such multiple sessions, retired nurses, ANMs, LHVs could be engaged at local level through additional funding provided through NHM.

1.2.3 Home Visits

- Home-visits by ASHAs should be optimized to provide follow up care to all beneficiaries in a particular household/hamlet/mohalla during one visit and avoid making repetitive visits to the same house/mohalla. This may include beneficiaries like high risk pregnant women or new-born, elderly and disabled individuals etc.
- Primary healthcare team at SHC, including HWC must be encouraged to follow up with the specific sub-population groups such as- Pregnant women with EDD in current month, all High-risk pregnant (HRP) women, Newborns, Children due for immunization, Children with SAM (severe or acute malnourishment), patients on treatment for TB, leprosy, HIV and viral hepatitis, patients with hypertension, diabetes, COPD, mental health, etc, patients undergoing planned procedures (dialysis, cancer treatment and scheduled blood transfusions, etc.)
- In case of any complications, SHC team should first contact the PHC – MO via phone or the tele-medicine or helpline, as appropriate and seek guidance about referring the patient. ***States should ensure that the communication costs paid to FLW continue to be paid.***
- During home visits, ASHAs should be alert to the possibility of increased gender based violence and inform MO and support the victim to access appropriate health and social services.

1.3 Triaging

Despite encouraging patients with COVID like symptoms to use channels of telehealth, may individuals are likely to show up at those facilities providing non COVID essential services to seek care. Triaging is thus important in all facilities. At SHC and PHC including HWC, referral would be through helplines to higher level facilities. Entry point screening during triaging would help minimize contact between probable COVID and non COVID cases. If possible temporary structures outside the building could be set up to facilitate triaging.

1. All the healthcare facilities to establish triaging mechanisms for beneficiaries/patients visiting the facility.
2. All frontline health workers should be trained in protocols for COVID screening, isolation and triage to be followed for anyone arriving with acute onset of cough, fever and breathlessness within last 14 days. States to be aware that protocols are

evolving and therefore to use the most updated provided on websites of MoHFW/ICMR/ NCDC

3. All service providers at peripheral facilities and frontline workers need to be vigilant and to report rise in cases of not only severe acute respiratory infections (SARIs), including pneumonia and influenza-like illnesses (ILIs) but also all fever cases, including dengue, TB, malaria, JE, etc.
4. MOHFW Guidelines for fever clinics also suggest that these be established at CHC/UCHC tor helplines to which patients could be referred form peripheral facilities.
5. All frontline health care workers in these facilities to be trained in IPC and provided appropriate PPE for their protection as per the guidance. The PPE could be prioritised in areas/ clusters where suspected COVID patients are likely to report.

2. Human Resources-

2.1 HR deployment and capacity building

Challenges of shortage, skewed distribution, and misalignment between health worker competencies and current/ likely population health needs are likely to be faced, in meeting the surge needs for COVID 19. Re-assignment of staff to treat COVID-19 patients and loss of staff who may be quarantined or infected is likely to pose further challenges. These predictable challenges could be offset through a combination of strategies. Guidance issued by MoHFW provides several strategies to augment health workforce availability. Some key strategies include:

- Expedite filling up existing vacancies
- Redeploy staff from non-affected areas and facilities;
- Utilize fit retirees for non-COVID services roles;
- Mobilise resources from Military, Railways, PSUs, ESIC etc.
- Hire/ requisition non-governmental, and private sector health workforce capacity, Suitable draft orders may be kept ready for temporary engagement, without creating any long term liability. Such hiring/ requisitioning can be beyond the sanctioned regular/ contractual strength

- Web portal can be created for empanelling Human Resources to provide essential non COVID-19 related services. These can include – Junior Residents, MD residents, Retired professionals and private providers etc.
- Where appropriate, consider establishing pathways for accelerated training of medical, nursing, and other key trainee groups, and ensuring supportive supervision;
- Identify high-impact clinical interventions for which rapid training would facilitate safe task sharing,
- Utilize web-based platforms to provide key trainings (e.g., on management of time-sensitive conditions and common undifferentiated presentations in frontline care),
- Utilise AYUSH doctors in delivery of non COVID essential services.
- Train and repurpose government and other workers from non-health sectors to support functions in health facilities (administration, maintenance, catering/ diets, logistics etc.)
- Increase home-based service support by appropriately trained, remunerated and supplied community health workers/ COVID volunteers
- The Empowered Group on human resources set up at the national level has also worked out various cadres of personnel and volunteers across sectors and departments that can also be involved in not only COVID related work but also for ensuring maintenance of other essential medical services. The respective roles of these cadres have also been mapped and a portal with data base of such cadres has been created. This data base and mapping will also be shared with the States to help them mobilise these cadres and volunteers for ensuring essential medical services are continued. Training programmes for these cadres and volunteers have also been worked out and are available on the iGoT platform.

2.2 Ensuring staff safety and security measures:

- All health care workers including frontline workers are to be trained in standard protocols for Infection Prevention Control and should adhere to advisories for infection prevention, personal protection and physical distancing norms, for facility level care, outreach visits or home-based care. Adequate and appropriate personal protective

equipment (masks, gloves and other equipment) should be provided to health workers so that they can adhere to the advisories and protect themselves at all facilities. This should also apply to health care workers in those private and not-for profit sector facilities that have been requisitioned/ mobilised to provide services.

- Handwashing corners should be available and functional at all facilities.
- Dedicated helplines including existing helplines for providing psycho-social support for health care workers may be created by using suitable professionals including psychiatry department residents.
- Timely payment should be ensured for ASHAs, and service providers including those requisitioned from outside of government sector.
- If necessary, additional incentives (financial and non-financial – e.g. accommodation particularly for those mobilised from other areas, certificate of appreciation) could be considered.
- Transport and stay arrangements during lockdown period/restrictions should be facilitated.

3. Ensuring supplies of medicines and diagnostics

- The DVDMS, BMMP portals and similar portals should be regularly updated and monitored to ensure that there are no stock outs and essential medicines, and essential diagnostics services and functional medical devices are available.
- Adequate funds may be made available, even over and above the stipulated untied funds to effectively respond to the needs and provide free essential medicines and diagnostics in case of higher caseload.
- States may consider approving the rates of medicines and equipment that have been discovered by neighbouring states following due process. The GOI will facilitate uploading the price lists of different medicines and formulations at the website to facilitate procurements at best possible rates.
- Patients on treatment for chronic diseases, both communicable and non-communicable, would be provided upto three months medicine supplies at a time as prescribed by medical officers. The medicines may be delivered at home through frontline workers/volunteers during the period of the restricted movement, provided

patients are stable. Patients may be advised to contact MPW/CHO where available or PHC-MO in case of any complications.

- In order to ensure uninterrupted supply of medicines, consumables and rapid diagnostic kits, alternate models may be explored. One option could be hiring of local youth by the district / block nodal officers as runners to pick up medicines from district drug ware-houses, CHCs or PHCs (as per the local context) and supply them to SHCs/ASHAs. The movement of such individuals during the period of restricted movement should be facilitated through ID cards and appropriate intimation to local authorities so that their movement between facilities is not hampered. Appropriate protective equipment (masks etc.) may be provided to runners.

4. Programme Management

- The state should establish dedicated teams within each state and each district to ensure the continuity of essential services and COVID 19 preparedness and response. These teams will assess and monitor the delivery of essential services, identify gaps and potential needs to re-organise the referral pathways. The teams should work in close coordination with other teams engaged for COVID -19 preparedness and response for planning and optimal use of existing resources to ensure that COVID -19 related response and essential services (non COVID -19) services are effectively delivered. The teams would jointly work on reallocation of HR and reorganization of service delivery.

5. Finance

- Ensure that facilities have sufficient funding to continue the provision of essential services. Additional funds in the form of increased allocation of untied funds based on facility caseloads can be provided. Managers of public facilities should receive greater authority to use funds, balancing the increased flexibility with transparent reporting requirements.
- The additional funds made available should be utilised to operationalise the above guidance involving strengthening of the health systems and providing financial

protection to the patients particularly for the essential services and COVID related testing, treatment and management.

- Ensure that existing entitlements related to essential health services as defined in this note are provided free of cost to those seeking care in public health facilities. Beneficiaries should be fully aware of their entitlements, so that they do not delay the process of seeking care for fear of financial hardship.

6. Accountability

6.1 Grievance redressal mechanisms for denial of entitlements for essential non-COVID and COVID-19-related services should be functional through existing channels in states with appropriate sensitization of callers.

6.2 Routine disease surveillance, service delivery monitoring and reporting according to SHC/PHC requirements should continue uninterrupted to maintain accountability and continuously inform policy, local planning ,and decision-making.

Section 2: Essential Non-COVID services:

All states should identify essential services that will be prioritized in their efforts to maintain continuity of service delivery. High-priority services include:

• Essential prevention for communicable diseases, particularly vaccination;

• Services related to reproductive health, including care during pregnancy and childbirth;

• Care of vulnerable populations, such as young infants and older adults;

• Provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions;

• Continuity of critical inpatient therapies;

• Management of emergency health conditions and common acute presentations that require time-sensitive intervention;

• Auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services

The suggestive list of high priority essential services is listed below.

All PHC-MOs should ensure that frontline workers of SHC/HWC maintain lists of key sub-population groups in need of essential services, such as: pregnant women, recently delivered, infants and children under five, those on treatment for chronic diseases, requiring treatment for dialysis, cancer, blood transfusions, and other special needs. She/He should monitor regular follow up by ASHA/ANM/CHO of all such categories and ensure essential services as appropriate during the period of the lockdown/restriction.

I. Reproductive, Maternal, New Born, Child and Adolescent Health services

1.Ante natal services

a. Routine Antenatal Care services

- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and Village Health, Sanitation and Nutrition Day (VHSND) activities, which involve large gathering of beneficiaries could be suspended in view of restricted movements and the need for physical distancing.
- However, ANC services to be provided on walk in basis as per standard protocols at the SHC level following physical distancing norms.
- Ensure availability of TD/ IFA/ Calcium during ANC period.

b. High-risk pregnancy (HRP) tracking and follow up

- ANMs and ASHAs to list and follow up HRPs to ensure early detection of complications, referral and follow up.
- ANCs during the last trimester should be prioritized. Telephonic contact to be made by ASHAs / ANMs to HRPs during last trimester to ascertain status and home based follow up to be provided if necessary. (ASHAs / ANMs to follow all precautions while visiting the household).

1. Intrapartum Services

- *Ensuring safe institutional delivery-*

- Maintain due list of all pregnant women with Expected Date of Delivery (EDD) up to next three months (last trimester) at SHC level for active follow up. The district nodal officer should follow up with all peripheral centres to ensure that such lists are maintained.
- Ensure availability of Misoprostol and disposable delivery kits for clean deliveries at home with ASHAs if needed but encourage appropriate referral as per MoHFW guidelines for institutional delivery.
- Each pregnant woman to be linked with the appropriate health facility for delivery (as per antenatal status and doctor's advice) by the ANM / CHO or PHC MO.
- All districts should identify and communicate to peripheral facilities a list of functional and staffed CeMONC centres where HRP and women who develop complications are to be shifted.
- Availability of dedicated ambulances for COVID and non-COVID patients must be ensured at the district/ block level. Non-COVID patients must be transferred in non-COVID ambulances only.
- Ensure a BEmONC/CEmONC provider at appropriate facilities (Non-FRU and FRU respectively) by redeployment if necessary.
- All Blood banks/Blood Storage Units need to be kept functional.

2. Postpartum and new-born care

- Ensure availability of IFA and calcium tablets during PNC period.
- In case of home deliveries, immediate visits to be made by ANM or CHO (where available) to assess the health of the woman and new-born. Facilitate timely referral in case of any complication using the dedicated non-COVID ambulances (102/Janani Express).

3. Family Planning Services and Safe Abortion services

- Contraceptives (Condoms/ Oral Contraceptive Pills MALA/Chhaya, Injectable Contraceptive Antara /Emergency Contraceptives) to be provided to eligible couples / others needing them through all Public Health Facilities, including ASHA/SHC and PHC for easier access.
- Information about delayed availability of IUCDs and sterilization services until routine services resume should be displayed at all health facilities. Beneficiaries must be

counselled for adoption of and provided with temporary methods of other contraception methods like Condoms / OCP/ injectable etc. in the interim period.

- Medical and surgical abortion services to be ensured at appropriate facility level, with appropriate infection prevention measures including counselling for post abortion care and provision of contraception.

4. Child Health

a. Immunization services (including for pregnant women)

- Birth doses for institutional deliveries to continue uninterrupted as these beneficiaries are already in the health facilities.
- Immunization services are to be provided at facilities wherever feasible, for walk-in beneficiaries.
- Every opportunity is to be utilized for vaccinating beneficiaries if they have already reported for at facilities. Subsequent vaccination could be provided at SHC or additional outreach sessions.
- Where essential services are operational and restrictions allow, fixed site vaccination and VPD surveillance should be implemented while maintaining physical distancing measures and appropriate infection control precautions.
- Delivery of immunization services though outreach must be assessed in local context and should be undertaken only if safety of health workers and community is not compromised.
- Catch-up vaccination should be conducted as soon as the restriction is eased. This will require tracking and follow-up with individuals who missed vaccinations.
- Mass vaccinations should not be undertaken until restriction in lifted.

b. ***New-born care and childhood illness management***

- Home-based new-born care visits are to be continued as per schedule by ASHAs. However, ASHAs to follow all precautions in case home visit is required to examine new-borns. Adequate and appropriate COVID protective equipment should be provided to ASHAs to protect themselves and to prevent infecting others. Breast feeding practices to be promoted with early initiation of breast feeding and Kangaroo Mother Care as per MAA/KMC guidelines.
- Admission to SNCU and NBSU to be continued as per existing guidelines.

- Instead of undertaking visits for Home Based Young Child Care, during the period of the lockdown/restriction, ASHAs may contact the family telephonically to assess health status of the child, especially for cough, cold, fever, breathlessness and diarrhoea. In case of any complication in new-born or young child, ASHAs to consult PHC MO for appropriate referral and management advice.
- In case of any childhood illnesses, ASHA/ANM should consult with PHC MO telephonically for appropriate referral and management advice
- Ensure adequate supply of ORS, Cotrimoxazole, Gentamycin, and Amoxicillin at the SHC, including HWCs.
- In case of suspected COVID-19 infection in children refer to nearest COVID-19 management facility and arrange for referral transport.

c. Management of SAM children

- During period of restriction, new admissions may be allowed only in Nutritional Rehabilitation Centres (NRC), where adequate supervisory and medical staff are available. SAM children with medical complications to be referred to nearby health facility (PHC/CHC) for medical management. For secondary care, the PHC/CHC – Medical Officer may refer the sick SAM children to the DH/Medical college.
- Previously admitted children who are stable and entered rehabilitation phase may be discharged early with appropriate feeding advice, and provided oral antibiotics, supplements except Potassium Chloride (Potklor) and Magnesium.
- For children who cannot be discharged, appropriate infection protocols to be maintained.
- List of SAM children (discharged from NRC) to be shared with Anganwadi centres for prioritizing home-based delivery of Take Home Ration.
- Follow up to be done telephonically and only children with medical complications to be called for physical follow up.

d. Adolescent health:

- Three months' supply of weekly iron folic acid supplementation tablets may be dispensed by ASHAs /AWWs for community distribution to adolescent boys and girls.

II. Communicable Diseases

1. Vector Borne Diseases

- Activities such as distribution of Insecticide Treated Nets (ITN) and indoor residual spraying (IRS) in targeted areas should be resumed after the lockdown. IRS teams should ensure supply of sanitizers/soap and water at all operations sites, enable health checks for all team members, and use personal protective equipment.
- Care should be taken to watch for admissions in dengue cases and other vector borne diseases undertake antilarval and anti-fogging measure after the lockdown.

2. Tuberculosis

- List of all TB patients to be maintained at the PHC/ SHC level.
- Delivery of DOTS to TB patients to be ensured, closer to the community, with minimum or no travel – can be done through ASHAs/ ANM/ volunteers
- Routine screening for presumptive TB cases to continue at primary level facilities with diagnostic services to be provided uninterrupted at designated facilities as per advisories issued by National Tuberculosis Elimination Programme.

3. Leprosy

- Ensure that all Leprosy patients are provided through FLWs, including ASHAs with uninterrupted drug supplies, to ensure continuity of treatment.

4. Viral Hepatitis:

- For patients on antiviral treatment for hepatitis at Model Treatment Centres and Treatment Centres to dispense medicines for 3 months during the period of restrictions.
- A list of patients undergoing treatment for Hepatitis C to be submitted to the district administration so that patients/attendants can collect the medicines during the time restrictions are in place or duration of the outbreak. States could alternatively make medicines available to the patients, through ASHAs, MPHWs, volunteers or courier/ postal services.

5. HIV

- The National AIDS Control Programme (NACP) has already issued a guidance note for frontline service providers and programme managers engaged in HIV/AIDS response, reinforcing adherence to national guidelines on infection prevention and control
- ART centres are to be provided with sanitizers, masks and other protection Equipment for PLHIV and healthcare staff. Until the lockdown has been lifted, all large events have been deferred.
- States to ensure uninterrupted supply of Anti-retroviral drugs to PLHIV, through decentralized drug dispensation, online counseling, telemedicine guidance, information, education and communication (IEC) material through social media apps, etc.
- Three month long multi-month dispensation could be provided through Anti-retroviral treatment (ART) center, Link ART center and facility-integrated ART center.
- States to enable peer educators (PEs) and out-reach workers (ORWs) under NACP to provide multi-week (2-3 week) dispensation of commodities such as condom, needle and syringe, etc. to HRGs during the period of lockdown/restrictions.
- Strategies like community dispensation of commodities (through Care and Support Centers, home delivery through out-reach workers, volunteers, PLHIV networks) and family dispensation, could also be allowed.
- In case of all PLHIV coming to ART centers, triage of symptomatic PLHIV (with fever/cough/shortness of breath/other respiratory symptoms) should be done be prioritized while maintaining appropriate physical distancing and other protective measures.
- For patients stuck in other states/districts due to lockdown, the ART centres closest to place of stay could be authorised to dispense ARV drugs, to ensure uninterrupted treatment.

III. Non-Communicable Diseases

1. ***Hypertension, Diabetes and other NCDs like COPDs-*** All known/ diagnosed patients of Hypertension, Diabetes and COPD to receive regular supply of medicines for upto three months through ASHAs or SHCs on prescription.

2. ***Dialysis and Cancer Treatment services*** – Ensure uninterrupted availability of dialysis, and cancer treatment services. Health Department may issue directives to the district administration allowing easy movement of these patients to access care.

3. In case of patients, who cannot afford private vehicles, RBSK vehicles can be used for facilitating transport of patients. This can be coordinated by the PHC team, who can prepare list of such patients and work with District hospitals to organize appointments via telephone for next two months.

4. ***Care for elderly/ disabled and palliative care patients*** – List of patients/ individuals who need extended support to be maintained at the SHC level for regular follow up. ANMs or CHOs to undertake two visits per month to such households during the period of the outbreak, to assess for onset of complications and to monitor treatment adherence. ASHAs to maintain telephonic contact with these patients and their families.

5. ***Blood disorders***
   a. Services for patients with blood disorders- thalassemia, sickle cell diseases, and haemophilia need to be ensured.
   b. Blood transfusion needs to take place at regular intervals and iron chelation should be continued, with ferritin level and CBC being checked at that time only. The requisite units required for transfusion must be communicated to the blood bank in advance (preferably three days), and availability of blood verified.
   c. Request for scheduled patient transfusions should be sent early, to avoid long waiting periods. Thalassemia and sickle cell disease patients could enter their requirement of blood in e-raktkosh, specifying a particular blood unit and particular hospital blood bank.
   d. So far as possible, two or more (depending upon the load) government health facilities, should be designated for blood disorder patients to receive services. These facilities should

not be COVID 19 dedicated hospitals, given the immune suppressed status of these patients.

e. Patients requiring blood transfusion or (Anti haemophilic factor) infusion should be advised to also carry their identity cards and the hospital approval, outpatient cards to facilitate easy movement. The hospitals are requested to issues passes for these patients as well.

IV. Emergency and Critical care Services

1. Dedicated 108 / ALS ambulance in every district for management of emergencies pertaining to cardiac / trauma / burn / medical and surgical emergencies etc.
2. Emergency (medical, surgical and trauma) and critical care services including ICU/ HDU; SNCU/ NBSU; BEmONC/CEmONC; Burn wards and Blood transfusion services – Regular functioning to be maintained with adequate HR and equipment as per protocols and availability of resources at the facility.
3. Services to victims of sexual and physical violence should be ensured as per protocols. Information about support services under social welfare departments, NGOs, One stop crisis centres and helplines should be provided to the victim for long term support.

Annexure 1:

1. Guidance document on appropriate management of suspect/confirmed cases of COVID-19, EMR Division, Director general of Health Services, MOHFW; accessed from https://www.mohfw.gov.in/pdf/FinalGuidanceonMangaementofCovidcasesversion2.pdf
2. Role of Frontline workers in Prevention and Management of CORONA Virus https://www.mohfw.gov.in/pdf/PreventionandManagementofCOVID19FLWEnglish.pdf
3. SOP for reallocation of residents/ PG students and nursing students as part of hospital management of COVID, MoHFW accessed from https://www.mohfw.gov.in/pdf/COVID19SOPfordoctorsandnurses.pdf
4. Telemedicine Practice Guidelines, MoHFW, accessed from https://www.mohfw.gov.in/pdf/Telemedicine.pdf
5. Revised Strategy of COVID19 testing in India (Version 3, dated 20/03/2020), Department of Health Research, ICMR, accessed from https://www.mohfw.gov.in/pdf/ICMRrevisedtestingstrategyforCOVID.pdf
6. Guidelines for rational use of Personal Protective Equipment, Directorate General of Health Services, MoHFW, 24th March 2019; accessed from https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf
7. Advisory issued by Ministry of Rural Development to the State Rural Livelihood Missions on actions to be taken to address the COVID-19 outbreak , accessed from https://www.mohfw.gov.in/pdf/advisoryMORD.pdf
8. National Guidance to Blood Transfusion Services In India in light of COVID 19, MOHFW, accessed from https://www.mohfw.gov.in/pdf/NBTCGUIDANCEFORCOVID19.pdf
9. DO letter from DDG(TB) on TB related services under NTEP during countrywide lockdown due to Covid19, Central TB Division, MoHFW; accessed from https://tbcindia.gov.in/WriteReadData/26032020DONTEPAdvisory.pdf
10. Guidelines for states regarding administration of Anti TB drugs to the patient during COVID outbreak, Central TB Division, MoHFW; accessed from https://tbcindia.gov.in/WriteReadData/765980432COVIDOutbreakLetterToStates.pdf\

Ministry of Social Justice and Empowerment, Government of India	**Department of Geriatric Medicine AIIMS, New Delhi**

Advisory for Senior Citizens during COVID-19

Based on the Census 2011 age-cohort data, it is projected that there would be approximately 16 Crore Senior citizens (aged above 60 yrs) in the Country.

Sr Citizens between age group 60-69 yrs	8.8cr
Sr Citizens between age group 70-79 yrs	6.4cr
Assisted elders (above 80 years or people who require medical assistance)	2.8cr
Indigent elders (destitute who are homeless or deserted by the families)	0.18cr

Senior citizens above the age of 60 years face an increased risk in COVID times. This is an advisory for Senior Citizens and their caregivers on how to protect them from increased health risk during this period.

For whom is this?

- Aged 60 and above particularly those with following medical conditions
    - Chronic (long-term) respiratory disease, such as asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis, post tuberculous sequelae, interstitial lung disease
    - Chronic heart disease, such as heart failure
    - Chronic kidney disease
    - Chronic liver disease, such as alcoholic, and viral hepatitis
    - Chronic neurologic conditions, such as Parkinson's disease, stroke
    - Diabetes
    - Hypertension
    - Cancer

Advisory for Senior Citizens who are mobile:

Do's	Don'ts
• Stay within the house all the time • Avoid having visitors at home • If meeting is essential, maintain a distance of 1 meter • If living alone, one can consider depending on healthy neighbours for acquiring essentials for home • Avoid small and large gatherings at all cost • Remain actively mobile within the house • consider doing light exercise and yoga at home • Maintain hygiene by washing hands. Especially before having meals and after using the washroom. This can be done by washing hands with soap and water for at least 20 seconds • Clean frequently touched objects such as spectacles • Sneeze and cough into tissue paper/handkerchief. After coughing or sneezing dispose of the tissue paper in a closed bin/wash your handkerchief and hands • Ensure proper nutrition through home cooked fresh hot meals, hydrate frequently and take fresh juices to boost immunity • Take your daily prescribed medicines regularly. • Monitor your health. If you develop fever, cough and/or breathing difficulty or any other health issue, immediately contact nearest health care facility and follow the medical advice • Talk to your family members (not staying with you), relatives, friends via call or video conferencing, take help from family members if needed	• Come in close contact with someone who is displaying symptoms of coronavirus disease (fever/cough/breathing difficulty). • Shake hands or hug your friends and near ones • Go to crowded places like parks, markets and religious places • Cough or sneeze into your bare hands • Touch your eyes, face and nose • self-medicate • Go to hospital for routine checkup or follow up. As far as possible make tele-consultation with your healthcare provider • Invite family members and friends at home
• Due to Summer, avoid dehydration. Consume an adequate amount of water. (Caution for individuals with pre-existing Heart and Kidney disease)	