

उत्तर प्रदेश शासन
चिकित्सा अनुभाग-5
संख्या-877/पांच-5-2020
लखनऊ: दिनांक: 20 अप्रैल, 2020

कार्यालय-ज्ञाप

अपर सचिव एवं मिशन निदेशक (रा0स्वा0मि0), भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, नई दिल्ली के पत्र संख्या-जेड0-18015/19/2020-NHM-II दिनांक 15.04.2020 के क्रम में नेशनल हेल्थ इनोवेशन पोर्टल पर नेशनल हेल्थ सिस्टम रिसोर्स सेन्टर द्वारा तैयार किए गए लिंक पर निर्धारित टैब में डाक्यूमेंट्स को अपलोड किए जाने हेतु एतद्द्वारा श्रीमती पूजा पाण्डेय, निदेशक (प्रशासन)/निदेशक, राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान, लखनऊ को नोडल अधिकारी नामित किया जाता है। डाक्यूमेंटेशन की कार्यवाही परिवार कल्याण, संस्थान के विशेषज्ञों के सहयोग से की जाएगी।

वी0 हेकाली झिमोमी
सचिव।

संख्या-877 (1)/पांच-5-2020 तददिनांक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1. सुश्री वन्दना गुरनानी, अपर सचिव एवं मिशन निदेशक, (एन0एच0एम0) भारत सरकार के पत्र संख्या-जे0-18015/19/2020-NHM-II दिनांक 15.04.2020 के संदर्भ में।
2. मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, उत्तर प्रदेश लखनऊ।
3. श्रीमती पूजा पाण्डेय, निदेशक (प्रशासन)/निदेशक, राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान को अपर सचिव एवं मिशन निदेशक (रा0स्वा0मि0), भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, नई दिल्ली के पत्र संख्या-जेड0-18015/19/2020-NHM-II दिनांक 15.04.2020 की छायाप्रति संलग्न।
4. महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं/परिवार कल्याण, उ0प्र0, लखनऊ।
5. निदेशक, परिवार कल्याण संस्थान, उत्तर प्रदेश, लखनऊ।
6. गार्ड फाइल।

संलग्नक : यथोक्त।

आज्ञा से
(वेद प्रकाश राय)
अनु सचिव।



संख्या 2691 (सं) / पी०एस०एम०एच० / 2020



877/हिंन.स. 2020

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

वन्दना गुरनानी, भा.प्र.से.

Vandana Gurnani, I.A.S.

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)

DO. No. Z-18015/19/2020-NHM-II
Dated the 15th April 2020

Dear Colleagues,

In the last eight to ten weeks, we have been hearing from you over the VCs, whatsapp messages and in person calls, about the incredible number and range of Guidelines, Standard Operating Protocols, Advisories and Best Practices related to various aspects of health systems attempted within states/UTs to address the multiple challenges that COVID 19 has thrown up.

It is important for us to share these SoPs/ guidelines/ products/innovations/practices with each other, as the current COVID 19 pandemic is an evolving outbreak. It will facilitate cross learning across states/UTs and districts to expedite COVID 19 responses and also build a repository of best practices and guidance documents for the future.

On the National Health innovation Portal (<http://www.nhinp.org/>), with which you are all familiar, the National Health Systems Resource Centre team is creating a link for you to upload any Guidelines, Standard Operating Protocols, Advisory notes and Good Practices. The COVID-19 repository is created with the heads as shown in the enclosed attachment. We have tried to make it easy to navigate, by introducing a few comprehensive tabs and a few prompts. We request you to upload your documents within the tab if any tab captures the broad area of the intervention. For those interventions that do not fit into these tabs, please use the tab titled "Other"

While guidelines, advisory notes and SOPs can be uploaded as such, for Good practices please provide a brief description of the intervention.

We are mindful that your staff is already overburdened, hence NHSRC team will reach out to the State/UT for any additional information required to complete the documentation of the best practice.

We request you to nominate a nodal person in this regard. NHSRC team will be in touch with you shortly with details of the web portal link and process.

12/04.2020

: 2 :

For any questions or clarifications you may contact the NHSRC team
Dr. Binita Priyambada jha.binita@gmail.com or Mr Padam
Khanna padamkhanna@rediffmail.com.

with warm regards

Yours' sincerely,



(Vandana Gurnani)

1. Additional Chief Secretary/Principal Secretary/ Secretary (Health and /or Medical Education) of all States/UT
2. MD,NHM-all states/UTs
3. Directors,Medical Education-all states/UTs

Copy submitted for necessary information to :

1. Secretary, MOHFW, Govt. of India
2. Secretary, DHR and DG, ICMR
3. DGHS
4. SS and DG, MOHFW
5. SS (Health), MOHFW
6. AS and FA, MOHFW
7. All JSs, MOHFW
8. All Directors, NHM

COVID-19 Repository

I. Service Delivery

- **Surveillance** community, case contact, migrants, helplines, involvement of other agencies , IT systems
- **Triage** segregating COVID suspected and other patients at health facilities
- **Testing** kiosks, sample transfer, quality control in testing
- **Referral linkages and Transport** of suspected cases. E.g.- RBSK vans, ambulance, empanelment of private ambulances
- **Facility preparedness** dedicated facilities including building infrastructure in short time, isolation beds, emergency and screening services, fever clinics, availability of required equipment including ventilators etc., risk profiling for COVID 19 and segregation of patients in other health facilities
- **Quality of services** SOPs for clinical protocols and for PPE, oxygen therapy, ventilator use optimization and infection control/contamination prevention, protocols for use of drugs such as HCQ and Bio Medical Waste Management etc.
- **Reporting and Monitoring** facility level compilation and analysis of surveillance reports for the catchment areas and real time updates on suspected/ positive cases.

II. Health workforce

- **Redeployment** short term engagements (retired professionals, Medicine and Nursing students), volunteer recruitment and payment mechanisms
- **Capacity building** of health workers (including programme managers, Medical Officers, Nurses, paramedics and FLWs) in COVID management, safety/infection control measures, use of IT platforms such as VC
- **Role played by ASHAs** in awareness creation, tracing and follow up
- **Health worker safety** family support and psychosocial support (including ASHAs)

III. Health information/IT Systems

- **Resource Planning** estimating case load, no. of beds, ICU, quarantine beds,
- **Geographical planning** identifying hot spots, planning for containment, zonation
- **Telemedicine and telehealth** training, capacity building and providing medical advice

IV. Access to essential medicines & consumables

- **Forecasting requirements** PPE, Medicines, Consumables, Disinfectants etc.
- **Logistics** streamlining supply/distribution management

V. Health system Financing

- **Private sector involvement** areas of support (Supply of Medical Goods/Products, testing and treatment), contracting and payment mechanisms.
- **Resource pooling from other sectors** Border area, Tribal/ Minority areas funds, District Mineral funds, CSR etc.
- **Government fund transfer** Insurance coverage for Health workers, Expenditure for health infrastructure including testing facilities.

VI. Leadership and Governance

- **Programme Management** for state and district coordination, creating dedicated teams
- **District level surveillance** teams and functioning
- **Clear plan documents and SOPS** for short term, medium term and long-term plan for outbreak management
- **Convergence with non- health departments:** Police, WCD, RD, PRI, etc.

VII. Community Participation

- **Stakeholder participation** (SHG, VHSNC, MAS) for infection control measures in community- making of masks, sanitizers, spraying of public places, distancing protocols IEC etc.
- **Coordination with non-health departments** for hot spot management: delivery of medicine, grocery and other essential supplies.
- **Use of innovative mediums for IEC** and community mental health

VIII. Non COVID -19 Essential Services

- **RMNCH services delivery**
- **NCD and communicable diseases** availability of care and delivery of medicines
- **Continuity of critical services** such as dialysis, cancer care, requiring blood transfusions etc.
- **Emergency care**

IX. Others