Government of Jammu & Kashmir Directorate of Rural Development Kashmir

rddkashmir@gmail.com website drdk.nic.in

The District Panchayat Officer, (all).	
No:-DRDK/Estt/ 3370-721	Dated: - 24 -06-2021
Subject:- Spread of Covid-19 Pandemic in different parts of the country.	
Sir,	
Do find enclosed herewith the co	mmunication No. RDD-Panch/15/2021-1
dated 03-06-2021, alongwith its enclosures rece	eived from Administrative Department fo
favour of information and necessary action.	
Encl:- A/A	Joint Director (Adm)
	Rural Development Department Kashmir
Copy to the:- 1. Project Officer Wage Employment (ACD), 2. Private Secretary to Principal Secretary Development & PR for information.	(all) for information. to Government Department of Rura

GOVERNMENT OF JAMMU & KASHMIR Department of Rural Development and Panchayati Raj Civil Secretariat, J&K, Jammu. ******

The Director, Rural Development, Kashmir/Jammu

No: RDD-Pnch/15/2021 -12

Dated:- 03 - 06-2021

Spread of Covid-19 Pandemic in different parts of the country. Subject:-

Sir,

I am directed to forward herewith copies of D.O No M-11015/141/2020-FD dated 28.04.2020, D.O No Z. 28015/66/2021-DMC Cell dated 05.04.2021 and D.O M011015/141-FD dated 24.05.2021 regarding the subject cited above and request you to kindly take further appropriate action in the matter under an intimation to this department. Yours faithfully.

(Subash Chander Koul)

Under Secretary to the Government

From: Received Lease

Receipt

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3676/2021/O/o Per sec of Sectry RDD ्रील कुमार, आई.ए.एस. JUN! KUMAR, IAS



भारत सरकार पंचायती राज मंत्रालय SECRETARY GOVERNMENT OF INDIA MINISTRY OF PANCHAYATI RAJ Dated: 28th April, 2021

DO No. M-11015/141/2020-FD

As you are aware, the spread of Covid-19 pandemic in different parts of the country has recently assumed serious proportions. While, various agencies are actively engaged to combat the Dear situation, it is envisaged that the vulnerabilities of the rural communities need to be especially addressed. Comparatively low level of awareness amongst the rural population coupled Within adequate support systems in villages may create a constraining situation in dealing with the pandemic in an effective manner. Hence, it is felt that the Panchayats/Rural Local Bodies are properly sensitized and facilitated towards meeting the challenge and provide leadership, as they have done last year and have received appreciation at the highest level, for various measures to be taken in the short to medium term.

- It is accordingly suggested for the following actions to be carried out in the rural areas on urgent basis:
 - An intensive communication campaign maybe undertaken for the awareness of rural communities on the nature of the Covid infection, and preventive and mitigation measures, in accordance with the advice of Ministry of Health and Family Welfare (MoHFW), doctors and medical institutions etc, while especially taking care to dispel false notions and beliefs. The background material and creatives for this awareness campaign may be drawn suitably from the digital repository of MoHFW, Govt of India. (https://drive.google.com/folderview?id=1bXkzSNRKF8-4KTAkYXA0J7sfVUR1eFm) Their leaflet on "Clinical Guidance for Management of Adult Covid Patients" is also enclosed herewith which would prove handy for the awareness campaign.
 - The frontline volunteers for the campaign may be drawn from the local community viz. elected panchayat representatives, teachers, ASHA workers etc. and they may also to be suitably facilitated with necessary protective systems, like finger oxy-meters, N-95 masks, infrared thermal scanning instruments, sanitisers etc. In case these are to be procured by the GPs, suitable advisory regarding technical specifications, GST registered suppliers and price range determined by a Committee set up by the concerned State / District Administration may be issued to the Gram Panchayats so as to ensure quality of product, transparency in procurement and optimal utilization of public
 - The information on availability of testing / vaccination centers, doctors, hospital beds etc. should be tracked and displayed digitally on real-time basis to facilitate effective utilization of available infrastructure by the rural citizens. The available IT infrastructure iii. in the Panchayat offices, Schools, Common Service Centers etc. may be leveraged for
 - The Panchayats may be activated to provide the necessary institutional village level support catering to their respective locations. Wherever possible, they may improvise households as home quarantine locations, where maximum of the asymptomatic Covid iv. positive cases can be managed. Additionally they may also set up specific quarantine/isolation centers for the needy and returning migrant laborers. In consultation with the Health Dept, the Panchayats may be designated to facilitate vaccination drives to ensure maximum coverage of eligible population.

- Considering the distress and livelihood hindrances that are likely to arise due to the spread of the virus, appropriate relief and rehabilitation measures will need to be provided at the village level. For this purpose, various Central and State Government welfare schemes may be leveraged towards provision of rations, drinking water supply, sanitation, MGNREGS employment etc so that these reach the right beneficiaries. The Panchayats should be directly involved in dispensation of such relief, including to all vulnerable sections viz. senior citizens, women, children, differently abled etc.
- A proper inter-linkage may also be established with the medical facilities at the nearby District and Sub-Districts so that emergency requirements like ambulances, advanced Vİ. testing and treatment facilities, multi-speciality care etc. are provided to those in need without much loss of time.
- In this regard, the elected representatives of Panchayats may take the lead with cooperation of various other service volunteers in their areas. In this regard, Gram Panchayat Health Committee/ Ward level committees / Nigrani Samith may be activated / created, if not already done, to spearhead the movement by undertaking extensive mitigation activities. Apart from advising the Panchayats to utilize the available XIV / XV FC /SFC grants as per guidelines, the possibility of provision of additional funds to them from the NDRF/SDRF may also be considered.
- I request you to accordingly issue necessary directions to the Panchayats/ Rural Local Bodies in your State/UT to combat the high levels of the pandemic. A suitable inter-departmental Monitoring mechanism comprising of officers of Panchayati Raj, Rural Development, Health, Revenue, Women & Child Development, Education Departments may be set up at Block, District and State level to regularly monitor the functioning of the Gram Panchayats and their Committees in respect of tackling the Covid pandemic and related public health issues. This Ministry may be kept informed regarding action taken in this connection and necessary follow up.

Yours sincerely, -Sd/-(Sunil Kumar)

27

All Chief Secretaries (Separate Letters)

- 1. Shri Amarjeet Sinha, Adviser to PM, South Block, New Delhi 110001. Copy to:
 - 2. Shri Rajesh Bhushan, Secretary, M/o Health and Family Welfare
 - 3. Shri Ram Mohan Mishra, Secretary, M/o Women and Child Development
 - 4. Ms. Anita Karwal, Secretary, D/o School Education and Literacy, M/o of
 - 5. Shri Nagendra N. Sinha, Secretary, D/o Rural Development
 - 6. Additional Chief Secretaries/Principal Secretaries/Secretaries Department of Panchayati Raj, All States/ UTs

(Sunil Kumar)







AIIMS/ ICMR-COVID-19 National Task Force/Joint Monitoring Group (Dte.GHS)

Ministry of Health & Family Welfare, Government of India

CLINICAL GUIDANCE FOR MANAGEMENT OF ADULT COVID-19 PATIENTS

COVID-19 patient

Mild disease

Upper respiratory tract symptoms (&/or fever) WITHOUT shortness of breath or hypoxia

Home Isolation & Care

- Physical distancing, indoor mask use, strict hand hygiene.
- Symptomatic management (hydration, anti-pyretics, antitussive, multivitamins).
- Stay in contact with treating physician.
- Monitor temperature and oxygen saturation (by applying a SpO2 probe to fingers).

Seek immediate medical attention if:

- Difficulty in breathing
- High grade fever/severe cough, particularly if lasting for >5 days
- A low threshold to be kept for those with any of the high-risk features*

MAY DOS

Therapies based on low certainty of evidence

- Tab Ivermectin (200 mcg/kg once a day for 3 days). Avoid in pregnant and lactating women. OR
- Tab HCQ (400 mg BD for 1 day f/b 400 mg OD for 4 days) unless contraindicated.
- Inhalational Budesonide (given via Metered dose inhaler/ Dry powder inhaler) at a dose of 800 mcg BD for 5 days) to be given if symptoms (fever and/or cough) are persistent beyond 5 days of disease onset.

Moderate disease

Any one of:

- Respiratory rate ≥ 24/min, breathlessness
- 2. SpO2: 90% to ≤ 93% on room air

Severe disease

- 1. Respiratory rate >30/min, breathlessness
- 2. SpO2 < 90% on room air

ADMIT IN WARD

- Target SpO₂: 92-96% (88-92% in patients with COPD).
- Preferred devices for oxygenation: non-rebreathing face
- Awake proning encouraged in all patients requiring supplemental oxygen therapy (sequential position changes every 2 hours).

Anti-Inflammatory or immunomodulatory therapy

- Inj. Methylprednisolone 0.5 to 1 mg/kg in 2 divided doses (or an equivalent dose of dexamethasone) usually for a duration of 5 to 10 days.
- Patients may be initiated or switched to oral route if stable and/or improving.

Anticoagulation

Conventional dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (weight based e.g., enoxaparin 0.5mg/kg per day SC). There should be no contraindication or high risk of bleeding.

- Clinical Monitoring: Work of breathing, Hemodynamic Monitoring instability, Change in oxygen requirement.
- Serial CXR; HRCT chest to be done ONLY if there is
- Lab monitoring: CRP and D-dimer 48 to 72 hrly; CBC, KFT, LFT 24 to 48 hrly; IL-6 levels to be done if deteriorating (subject to availability).

ADMIT IN ICU

Respiratory support

- Consider use of NIV (Helmet or face mask interface depending on availability) in patients with increasing oxygen requirement, if work of breathing is LOW.
- Consider use of HFNC in patients with increasing oxygen
- Intubation should be prioritized in patients with high work of breathing /if NIV is not tolerated.
- Use conventional ARDSnet protocol for ventilatory

Anti-inflammatory or immunomodulatory therapy

Inj Methylprednisolone 1 to 2mg/kg IV in 2 divided doses (or an equivalent dose of dexamethasone) usually for a duration 5 to 10 days.

Anticcagulation

Weight based intermediate dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (e.g., Enoxaparin 0.5mg/kg per dose SC BD). There should be no contraindication or high risk of bleeding.

Supportive measures

- Maintain euvolemiz (if available, use dynamic measures for assessing fluid responsiveness).
- If sepsis/septic shock: manage as per existing protocol and local antibiogram.

- Serial CXR; HRCT chest to be done ONLY if there is
- Lab monitoring: CRP and D-dimer 24-48 hourly; CBC, KFT, LFT daily; IL-6 to be done if deteriorating (subject to

After clinical improvement, discharge as per revised discharge criteria.

*High-risk for severe disease or mortality

- Cardiovascular disease, hypertension, and CAD DM (Diabetes mellitus) and other immunocompromised
 - Chronic lung/kidney/liver disease
- Cerebrovascular disease
- Obesity

EUA/Of rabel use (based on limited available evidence and only in specific circumstances):

- Remdesivir (EUA) may be considered ONLY in patients with
 - Moderate to severe disease (requiring SUPPLEMENTAL OXYGEN), AND
 - No renal or hepatic dysfunction (eGFR <30 ml/min/m2; AST/ALT >5 times ULN (Not an absolute contradiction), AND
 - Who are within 10 days of onset of symp.um/s.
 - Recommended dose: 200 mg IV on day 1 f/b 100 mg IV OD for next 4 days.
 - Not to be used in patients who are NOT on oxygen support or in home settings
- Tocilizumab (Off-label) may be considered when ALL OF THE BELOW CRITERIA ARE MET Presence of severe disease (preferably within 24 to 48 hours of onset of severe
 - Significantly raised inflammatory markers (CRP &/or IL-6). disease/ICU admission).
 - Not improving despite use of steroids.
 - No active bacterial/fungal/tubercular infection.
 - Recommended single dose: 4 to 6 mg/kg (400 mg in 60kg adult) in 100 ml NS over 1
 - Convalescent plasma (Off label) may be considered ONLY WHEN FOLLOWING CRITERIA ARE MET Early moderate disease (preferably within 7 days of symptom onset, no use after 7 days).
 - Availability of high titre donor plasma (Signal to cut-off ratio (S/O) ≥3.5 or equivalent
 - depending on the test kit being used).





राजेश भूषण, आईएएस RAJESH BHUSHAN, IAS BECRETARY

भारत सरकार स्वास्थ्य एवं परिवार कल्याण विभाग स्वास्थ्य एवं परिवार कल्याण मंत्रालय Government of India Department of Health and Family Welfare Ministry of Health and Family Welfare D.O No. Z.28015/66/2021-DMCell 5th April 2021

India is currently witnessing a rapid surge in cases which has the potential for overwhelming the healthcare systems in some States. This in turn can lead to increased mortality unless checked urgently. High growth rates are being reported from new districts (in tier 2 & 3 towns) that had shown limited spread of COVID-19 earlier.

- Almost all districts in the country are witnessing clusters of cases emerging because of increased intermingling, especially in scenarios where large number of people are in close physical contact in closed spaces. The problem is aggravated due to lack of implementation and follow up of COVID appropriate behavior. The same has also been repeatedly highlighted by various Central Teams sent to states in last few months.
- It is accordingly important to renew and revitalize the campaign for COVID appropriate behavior involving the community so as to check this unbridled spread of infection, both in districts reporting higher cases and positivity as well as those where the current cases are low but have the potential of spreading.
- All States/UTs are accordingly requested to undertake a mission mode approach towards implementation of COVID appropriate behavior across all districts. The campaign should be held from 6th April to 14th April, 2021, with focus on awareness creation on critical elements of COVID Appropriate Behavior such as physical distancing ('2 gaj ki doori'), appropriate use of masks/face covers, respiratory hygiene (avoiding spitting in public places, use of tissue/handkerchief while coughing or coughing in a flexed elbow) and hand hygiene (by repeated hand washing using soap or through use of hand sanitizers). There is ample evidence to support the focus on COVID Appropriate Behavior as a mainstay of COVID-19 management and hence the need for not only this mission mode approach during the period but a sustained campaign on a regular basis subsequently.
 - All mediums of communication, such as TV/Radio/Print/Government websites, use of social media, besides interpersonal communication strategies should be utilized for the same. Further States/Districts should explore the feasibility of roping in elected representatives, local influencers, celebrities, religious leaders etc. to create public awareness on criticality of these measures.
 - Urban local bodies, their elected leaders and functionaries, Panchayati Raj Institutions, elected representatives and functionaries, Self Help Groups of women, Indian Medical Association, Nursing Association, Trade Unions, Trade Bodies, Farmer's Cooperatives, Dairy Cooperatives, NSS volunteers, NCC Cadets, ANMs and ASHA's must all be optimally utilized to spread awareness about COVID appropriate behavior in the community.

....contd/-

18819/2021/O/o Per sec of Sectry RDD

: 2 :

- While focusing on awareness creation, States/Districts may ensure adherence to COVID appropriate behavior using Police Act or powers delegated under DM Act, 2005 as applicable.
- We have collectively taken up this battle against COVID-19 over last year and with new challenge it is imperative that we collectively undertake efforts with renewed vigour for managing the situation.

Yours sincerely

(Rajesh Bhushan)

Chief Secretary / Administrator - All States / UTs

Copy to (with the request to kindly mobilize their field network to disseminate COVID Appropriate behavior):

Secretary, Ministry of Housing and Urban Affairs

2. Secretary, Ministry of Panchayati Raj

3. Secretary, Ministry of Rural Development

(Rajesh Bhushan)

श्रामवंत सिंह सेठी संध्वत सचिव (S. SETHI Joint Secretary



11वीं मंजिल, जीवन प्रकाश बिल्डिंग 25, के.जी. मार्ग, नई दिल्ली-11000 MINISTRY OF PANCHAYATI RA GOVERNMENT OF INDIA 11" Floor, Jeevan Prakash Building 25, K.G. Marg, New Delhi-11000 24th May, 2021

DO No. M-11015/141/2020-FD

Dear Madam Sir,

Please refer to DO letter of even no. dated 17th May, 2021 from Secretary, Panchayati Raj regarding Standard Operating Procedure (SOP) on COVID-19 Containment & Management in Peri-urban, Rural and Tribal areas, which contains various guidelines on Covid-19 pandemic containment and management to be implemented by the Rural Local Bodies in the States.

The SOP has advocated for a multi-pronged approach, ied by Gram Panchayat(GP) and engaging health sector, ICDS, School teachers, Self-help group (SHG) of women and other community-based organizations, should be utilized towards mobilizing the community in the fight against COVID-19 pandemic. Gram Panchayats will play the prime responsibility of coordinating community action and awareness creation at village level. In this regard, it may be ensured that the Village Health, Sanitation and Nutrition Committee (VHSNC) is constituted at all GPs if not already done, for taking various initiatives required for awareness creation, preventive measures for control of the pandemic, facilitation of all necessary supports to the affected people etc at GP level. The efforts in the medical care of Covid cases will be coordinated by VHSNC along with the PHC/Sub Centre. The VHSNC's major tasks will include preventive measures for the control of pandemic, help in surveillance activities, support quarantine and isolation facilities, availabilityof items of daily needs including food items, ensure continued provision of essential health services including referral transport, as well as to support needy families. The committee will also help in promoting COVID-appropriate behaviour and for limiting community rumours /fake news at village level.

As monitoring of oxygen saturation is important for monitoring of COVID patients, the SOP recommends that it is desirable for each village to have adequate number of pulse oximeters and thermometers. The VHSNC through local GP administration should mobilize resources to make provisions for these equipments. Towards management of Covid affected citizens, Home Isolation for asymptomatic/ mildly symptomatic cases has been suggested. A Home Isolation kit shall be provided to all such cases identified for home isolation which should include required medicines besides a detailed pamphlet indicating the precautions to be taken, medication details, monitoring proforma for patient condition during the homeisolation, contact details in case of any major symptoms or deterioration of health condition and the discharge criteria. ...2 It has also been suggested that the rural areas may plan for a Covid Care Centre (CCC) to offer care for asymptomatic cases with comorbidities or mild cases where home (solation is not feasible. The CCCs may be prepared as makeshift facilities under the supervision of nearest PHC/CHC. These may be set up in schools, community halls, marriage halls, panchayat buildings in close proximity of hospitals/healthcare facilities, or tentage facilities in Panchayat land, school ground, etc. The various facilities and equipment / medicines/ consumables to be provided to the CCCs also have been prescribed in the SOP.

It is requested that necessary instructions/ assistance may be provided immediately to the Panchayats in your State to implement the above suggestions towards effective management of the Covid Pandemic. Towards meeting the expenditure for the above requirements of Community Awareness Generation, Home Isolation and establishment of Covid Care Centres, the Panchayats may utilize the various funds provided by the Central / State Government Schemes, State Health Department assistance, Own Source Resources (OSR) etc. In addition, vide letter No. G39011/2/2017 dated 5th August, 2020, (copy enclosed), this Ministry has already communicated to the States that the Fifteenth Finance Commission (XV FC) Basic (Untied) Grants can be utilized for immediate relief works in the event of natural disasters/ pandemic by the Panchayats/ Traditional Bodies. Hence, these expenditures to the extent of over and above the available resources may also be met from the XV FC Basic (Untied) Grants for effective Covid containment & management activities in the rural and tribal areas.

This Ministry may be kept informed about the various actions taken in your State by the Panchayats on the above, for our records and compilation.

With warm regards,

Yours sincerely,

(K. S. Sethi) 24 05 202

Addl. Chief Secretary/Principal Secretary/ Secretary Panchayati Raj Department, All States/UTs. THE WYPACKON FROM SECTIONS LECTRY RDD

F.No.G-39011/2/2017-FD Government of India Ministry of Panchayati Raj

Jeevan Prekash Building, 11th Floor, 25 Kasturba Gandhi Marg, New Delhi - 110001

Dated5Aug, 2620

To

The Principal Secretary / Secretary, Panchayati Raj Departments,

Subject: Clarifications sought by the States regarding utilization of Basic (Untied) Grants for items of works/activities under Fifteenth Finance Commission (XV FC) for Rural Local Bodies (RLBs)

Madam / Sir,

I am directed to say that the Ministry of Panchayati Raj has received references from various States seeking clarification regarding items of works / activities that may be taken up by the Rural Local Bodies with the utilization of Basic (Untied) Grants under XV FC. In this connection, it is intimated that Basic (Untied) Grants under XV FC can be utilized by the local bodies for location-specific felt needs, except for salary or other establishment expenditure, in terms of the Operational Guidelines issued by the Ministry of Finance vide their Letter No. 15(2)FC-XV/FCD/2020-25 dated 1.06.2020. Further, the indicative items of works / activities that may be taken up by the RLBs by utilizing Basic (Untied) Grants for location-specific felt needs has been mentioned at Annexure for guidance.

2. This clarification is being issued to facilitate Rural Local Bodies (RLBs) to prioritise their activities to be taken up with the XV FC Basic (untied) grants and prevent their possible misutilisation on undesirable and extraneous items.

V18my 15. 8.2020

(Vijay Kumar)

Deputy Secretary to Government of India Tel. No. 1335 6350 (0)1

Utilization of the XV FC Basic (Untied) Grants recommended to Rural Local Bodies Hasic (Untied) Grants:

The XV FC has recommended 50% of the allocation as Basic Grants (Untied). The items of works / netivities that may be taken up with the Basic Grants (Untied) include:

"Storm Water Drainage and water logging management, immunization of children, prevention of malnutrition of children, construction and repair and maintenance of roads within Gram Panchayat (GP) and inter GP, construction and repair of foot paths within GP and inter GP, construction and repair and maintenance of LED street lights and solar lighting as applicable (solar street light may be individual poles or centralized solar panel system) within GP and inter GP; construction, repair and maintenance of crematorium and acquisition of land for crematorium and cremation grounds; acquisition of land & maintenance and upkeep of dead body burial ground; providing sufficient and high bandwidth Wi-Fi digital network services within GP; public library; recreation facilities including children's park; playground; rural haat; sports & physical fitness equipment, etc. and any other basic improved/enhanced service mandated by State Government under relevant State legislations; recurring expenditure for electricity, water, collection and disposal & recycling waste, liquid/solid waste management equipments, manpower on outsourcing basis and other administrative expenses as essential, immediate relief works in the event of natural disasters/pandemic; discharge of responsibilities specifically mandated to Panchayats under various Acts/Laws e.g. preparation and updation of People's Biodiversity Register (PBR) under Biodiversity Act, 2002"

The XV FC has not distinguished between O&M and capital expenditure within the component of locally felt needs. GPs can enter into Annual Maintenance Contracts/Service contracts for providing the services to rural inhabitants. However, expenditure from the Grants on the negative list namely expenditure on items already being funded from other schemes, felicitation/cultural functions/ decorations/inauguration, Honorarium, TA/DA of elected representatives and salaries / honorarium of existing employees/permanent, doles / awards, entertainment, purchase of vehicles and air-conditioners are not allowed under this component.

It may also be mentioned that the above items of expenditure are indicative. The Basic (Untied) Grants under XV FC can be utilized by the local bodies for location-specific felt needs, except for salary or other establishment expenditure, in terms of the Operational Guidelines issued by the Ministry of Finance vide their Letter No. 15(2)FC-XV/FCD/2020-25 dated 1.06.2020.

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