

No. 40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

North Block, New Delhi-110001
Dated 29th June, 2021

ORDER

Whereas, an Order of even number dated 29th April 2021, was issued to ensure compliance to the containment measures for COVID-19, as conveyed vide Ministry of Health & Family Welfare (MoHFW) DO No. Z.28015/85/2021-DM Cell dated 25th April 2021, which was further extended for a period upto 30.06.2021 vide an Order of even number dated 27.05.2021;

And whereas, considering the need for containment of COVID-19 cases across the country, MoHFW vide DO No. Z.28015/85/2021-DM Cell dated 28th June 2021, has issued an advisory to all States and Union Territories (UTs), for implementing targeted and prompt actions for bringing the pandemic under control;

Whereas, in exercise of the powers under section 6(2)(i) of the Disaster Management Act, 2005, National Disaster Management Authority (NDMA) has directed the undersigned to issue an order, for containment of COVID-19 in the country;

Now therefore, in exercise of the powers, conferred under Section 10(2)(1) of the Disaster Management Act 2005, the undersigned, hereby directs the State/ Union Territory Governments and State/ Union Territory Authorities to consider implementation of targeted and prompt actions for COVID-19 management, as conveyed vide aforesaid MoHFW advisory dated 28.06.2021, as per **Annexure-I**, until 31.07.2021. States/ UTs, will take the necessary measures, under the relevant provisions of the Disaster Management Act 2005. It is further directed that:

- (i) The National Directives for COVID-19 Management, as specified in **Annexure II**, shall continue to be strictly followed throughout the country.
- (ii) All the District Magistrates shall strictly enforce the above measures. For the enforcement of social distancing, State/ UT Governments may, as far as possible, use the provisions of Section 144 of the Criminal Procedure Code (CrPC) of 1973.
- (iii) Any person violating these measures will be liable to be proceeded against as per the provisions of Section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Section 188 of the IPC, and other legal provisions as applicable.


Union Home Secretary

and, Chairman, National Executive Committee (NEC)

To:

1. The Secretaries of Ministries/ Departments of Government of India
2. The Chief Secretaries/Administrators of States/Union Territories

(As per list attached)



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.28015/85/2021-DM Cell

28th June 2021

राजेश भूषण, आईएएस
सचिव

RAJESH BHUSHAN, IAS

SECRETARY

This is in reference to my earlier DO letter of even number dated 25th April, 2021 wherein Ministry of Health and Family Welfare had shared with all States/UTs an implementation framework for intensive action and local containment in specific and well defined geographic units, to break and suppress the chain of transmission of SARS COV-2. This was also later reiterated by the Ministry of Home Affairs and orders regarding the same were issued under the DM Act 205 vide letter no. 40-3/2020-DM-I(A) dated 29th April 2021.

2. With a rise in COVID 19 trajectory across the country in April and May 2021, many States and UTs have undertaken restrictions and containment measures as per the aforesaid implementation framework. As a result, the trajectory of COVID 19 pandemic in the country is presently showing a steady decline.

3. In view of the declining number of cases being reported many States have initiated the implementation of relaxation measures. In this context it is critical that the lifting of restrictions/providing relaxations be carefully calibrated with continued focus on containment efforts to curb the spread of infection.

4. In order to bring uniformity in implementing graded restriction/relaxation measures for COVID 19, the need for following the framework earlier shared with the States for either imposition of restrictions or allowing relaxations based on the burden of disease and strain on healthcare infrastructure still remain important. Prompt and targeted actions need to be implemented by the States as detailed below:

A. Guiding Principles

- Monitoring of cases with districts as administrative units be done on a regular basis. Necessary action for containment and health infrastructure upgradation be done, by further micro analysis based on clusters of cases at the district level
- Case positivity calculated based on total positive cases vis-a-vis samples tested during the week is one of the prime indicators of the spread of infection in a district. Higher case positivity would imply the need for stringent containment and restrictions so as to control the spread of infection
- Similarly, each district needs to analyze bed occupancy (oxygen and ICU beds) vis-a-vis the available health infrastructure to ensure that it doesn't get overwhelmed and seamless patient admission and follow up can be done. Higher bed occupancy is an indicator that the district needs to undertake specific measures to upgrade the available beds while focusing on containment activities equally vigorously. It is important to emphasize that a lead time is required to upgrade health infrastructure (a month or more) and hence districts need to plan such upgrades after having duly analyzed the case trajectory on a regular basis

- In view of the above, for prioritizing districts which need intensive follow up, States may continue to utilize the classification of risk profile of districts as already communicated by Ministry of Health and Family Welfare on 25th April 2021. Accordingly:
 - i) States/UTs may identify districts which require highest level of restrictions
 - ii) Remaining districts may be allowed higher degree of relaxations based on **lower weekly case positivity or a relatively low Bed occupancy (Oxygen and ICU beds) rates.**
 - iii) District with **high weekly case positivity or a high Bed occupancy (Oxygen and ICU beds) as detailed above**, would need intensive monitoring and hence State may consider appointing a senior officer from State headquarter as the Nodal Officer for these districts.
 - iv) **District Nodal Officer** will work in coordination with District Collector /Municipal Commissioner to identify cluster of new cases and ensure implementation of required containment activities including intensive action in areas reporting higher cases
 - v) Restrictions once imposed will remain in force for a minimum period of 14 days
 - vi) In remaining areas of the district not under containment action, clearly defined relaxations/restrictions may be provided.

B. Monitoring mechanism

- State government may consider monitoring the status of classification parameters on a weekly basis and ensure their wide publicity so as to inform community at large and obtain their support in management of Covid-19 while restrictions are imposed or relaxations are allowed.
- While positivity rates and bed occupancy rates are vital criteria that need to be monitored for selection of high focus districts requiring intensive public health action, States/UTs shall also regularly monitor districts with higher numbers of active cases per million population as it is an important indicator to predict need for upgrading health infrastructure and logistics so as to manage the cases.

C. Continued focus on 5-fold strategy for effective management of COVID-19

- COVID-19 is an ongoing challenge and hence it is important that States continue working on five pillars of COVID-19 Management i.e. **“Test-Track-Treat-Vaccinate and adherence to COVID Appropriate Behavior”**.
- Early identification of cases is important for curbing the spread, and for this **adequate testing is crucial**. RT-PCR machines and sufficient kits to ensure required level of testing should accordingly be maintained (both RT-PCR and RAT) in all districts.

- **Tracking and tracing** through active case search by special teams and contact tracing and screening should be undertaken proactively.
- In addition to **following Clinical Management Protocol**, States should focus on **upgradation of health infrastructure, timely commissioning of PSA Plants in hospitals, adequate planning for availability of medical oxygen, availability of logistics, maintaining buffer stock of drugs** and taking up necessary action for **creation /redesigning of appropriate COVID dedicated healthcare infrastructure**, especially in peri-urban, rural, and tribal areas.
- There is need for **upskilling/reskilling of human resources** on latest Clinical Management Protocol.
- Furthermore, **effective planning for vaccination focusing on prompt coverage of priority groups and hubs of economic activity should be prioritized.**
- COVID-19 management can succeed only through a whole of government & whole of society approach. Community engagement is critical & **adherence to Covid appropriate behavior** is crucial to guard against any surge in infection. This involves diligent use of masks/face covers, following physical distancing (2 gaj ki doori) and practicing respiratory & hand hygiene.

5. This normative advisory will aid the States/UTs to clearly define their policies and streamline their approaches for implementing graded restrictions/calibrated relaxation for management of Covid-19.

6. States/UTs can also plan additional public health measures as deemed necessary, based on their local context and situational analysis at the field level.

7. I am sure under your able leadership; we will be able to keep the momentum going and build on the progress made so far to bring the pandemic situation under control. Ministry of Health & Family Welfare will continue to provide requisite support to the States/UTs in this ongoing and collective effort

Yours sincerely

(Rajesh Bhushan)

Additional Chief Secretary/Principal Secretary/Secretary (Health) of all States/UTs

Copy to : Chief Secretary/Administrator of all States and UTs

(Rajesh Bhushan)

✓ Copy for information to : Cabinet Secretary, Cabinet Secretariat, New Delhi
Home Secretary, Ministry of Home Affairs, New Delhi

(Rajesh Bhushan)

NATIONAL DIRECTIVES FOR COVID-19 MANAGEMENT

1. **Face coverings:** Wearing of face cover is compulsory in public places; in workplaces; and during transport.
2. **Social distancing:** Individuals must maintain a minimum distance of 6 feet (2 gaz ki doori) in public places.

Shops will ensure physical distancing among customers.

3. **Spitting in public places** will be punishable with fine, as may be prescribed by the State/ UT local authority in accordance with its laws, rules or regulations.

Additional directives for Work Places

4. **Work from home (WfH):** As far as possible the practice of WfH should be followed.
 5. **Staggering of work/ business hours** will be followed in offices, work places, shops, markets and industrial & commercial establishments.
 6. **Screening & hygiene:** Provision for thermal scanning, hand wash or sanitizer will be made at all entry points and of hand wash or sanitizer at exit points and common areas.
 7. **Frequent sanitization** of entire workplace, common facilities and all points which come into human contact e.g. door handles etc., will be ensured, including between shifts.
 8. **Social distancing:** All persons in charge of work places will ensure adequate distance between workers and other staff.
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No. 40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

North Block, New Delhi-110001

Dated 27th May, 2021

ORDER

In exercise of the powers, conferred under Section 10(2)(1) of the Disaster Management Act 2005, the undersigned hereby directs that Ministry of Home Affairs' Order of even number dated 29th April 2021, to ensure compliance to the containment measures for COVID-19, as conveyed vide Ministry of Health & Family Welfare (MoHFW) DO No. Z.28015/85/2021-DM Cell dated 25th April 2021, will remain in force upto 30th June 2021.


Union Home Secretary

and, Chairman, National Executive Committee (NEC)

To:

1. The Secretaries of Ministries/ Departments of Government of India
2. The Chief Secretaries/Administrators of States/Union Territories
(As per list attached)

Copy to:

- i. All Members of the National Executive Committee
- ii. Member Secretary, National Disaster Management Authority

No. 40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

North Block, New Delhi-110001

Dated 29th April, 2021

ORDER

Whereas, an Order of even number dated 23.03.2021 was issued for effective control of COVID-19 in the country, for a period upto 30.04.2021;

And whereas, considering the unprecedented surge in COVID-19 cases across the country, Ministry of Health & Family Welfare (MoHFW) vide DO No. Z.28015/85/2021-DM Cell dated 25th April 2021, has issued an advisory to all States and Union Territories (UTs), for implementing intensive, local and focused containment framework, in specific districts/ cities/ areas, identified based on a prescribed criterion;

Whereas, in exercise of the powers under section 6(2)(i) of the Disaster Management Act, 2005, National Disaster Management Authority (NDMA) has directed the undersigned to issue an order, for ensuring compliance on the focused containment measures, as mentioned in the aforesaid MoHFW letter dated 25.04.2021, for containment of COVID-19 in the country;

Now, therefore, in exercise of the powers, conferred under Section 10(2)(l) of the Disaster Management Act 2005, the undersigned, hereby directs the State/ Union Territory Governments and State/ Union Territory Authorities to consider the containment measures for COVID-19, as conveyed vide aforesaid MoHFW advisory dated 25.04.2021, as per **Annexure-I**, for immediate implementation in their State/ UT, based on the assessment of the situation, until 31.05.2021. States/ UTs, will take the necessary containment measures, under the relevant provisions of the Disaster Management Act 2005. It is further directed that:

- (i) The National Directives for COVID-19 Management, as specified in **Annexure-II**, shall continue to be strictly followed throughout the country.
- (ii) All the District Magistrates shall strictly enforce the containment measures taken by States/ UTs and the National Directives.
- (iii) Any person violating these measures will be liable to be proceeded against as per the provisions of Section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Section 188 of the IPC, and other legal provisions as applicable.


Union Home Secretary

and, Chairman, National Executive Committee (NEC)

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Containment framework, as mentioned in Ministry of Health & Family Welfare (MoHFW), DO no. Z.28015/85/2021-DM Cell dated 25th April 2021

Annexure – A

Implementation Framework for community containment/large containment areas

Understanding the virus transmission dynamics:

The virus transmits through the human host. It is imperative to understand that in order to contain the transmission of the virus, the strategies involve not just containing the virus but also the human host.

Broadly, the **strategies** are:

1. **Individual actions** such as wearing of masks, maintaining a distance of 6 feet from others, sanitizing one's hands frequently and not attending any mass gathering; and
2. **Public Health measures** to contain the virus by:
 - **quarantining** and testing individuals suspected to be positive including contacts of SARS-CoV-2 positive persons, SARI cases, persons with flu like symptoms etc. and ensuring that they are not mobile and thus able to spread the infection
 - **isolating** all those who are positive, tracing their contacts, quarantining and testing them.
 - where there are clusters of cases, simply quarantining individuals or families will not help. In that case, **containment zones** with clear boundaries and stringent controls will be required to ensure that the infection does not spread outside. This is in line with the containment strategy followed worldwide and also already enumerated in SOPs of the Ministry of Health. This would mean a large geographical area like a city or district or well defined parts thereof, where cases are high and spiraling up, gets contained physically, However, regulated movement of public transport would be permitted.
3. **Evidence Based Decision:** The decision on where and when to go for large Containment Zone (CZ) has to be evidence based and done at the State/UT level after proper analysis of the situation, such as; the population affected, the geographical spread, the hospital infrastructure, manpower, the ease of enforcing boundaries etc.
4. However, in order to facilitate objective, transparent, and epidemiologically sound decision making, the following broad-based framework is provided to aid States UTs in selection of districts/areas:

S. No.	Parameter	Thresholds
1	Test positivity	Test positivity of 10% or more in the last one week
<i>OR</i>		
2	Bed occupancy	Bed occupancy of more than 60% on either oxygen supported or ICU beds

.....contd/-

5. The areas requiring **Intensive action and local containment** connotes specific and well defined geographical units such as cities/town/part of the towns/district headquarters/semi-urban localities/municipal wards/*panchayat areas* etc.
6. The areas so identified for intensive action and local containment will primarily focus on **the following strategic areas of intervention:**

A. Containment

- i. Focus will be on **containment as a major approach to flatten the current curve** of the epidemic.
- ii. **Night curfew:** Movement of individuals shall be strictly prohibited during night hours, except for essential activities. Local administration shall decide the duration of the night curfew hours and issue orders, in the entire area of their jurisdiction, under appropriate provisions of law, such as under Section 144 of CrPC, and ensure strict compliance.
- iii. The spread of the infection has to be controlled through **restricting the intermingling amongst people**, the only known host for the COVID-19 virus.
- iv. Social/ political / sports / entertainment / academic / cultural / religious / festival-related and other **gathering and congregations shall be prohibited.**
- v. **Marriages (attended by up to 50 persons) and funerals/ last rites (attended by up to 20 persons) may be allowed.**
- vi. All shopping complexes, cinema halls, restaurants & bars, sports complexes, gym, spas, swimming pool and religious places should remain closed.
- vii. **Essential services and activities** such as **healthcare services, police, fire, banks, electricity, water and sanitation, regulated movement of public transport** including all **incidental services and activities** needed for a smooth functioning of these activities **shall continue.** Such services shall continue in **both public and private sector.**
- viii. **Public transport** (railways, metros, buses, cabs) **to operate at a maximum capacity of 50%.**
- ix. There shall be **no restrictions on inter-state and intra-state movement including transportation of essential goods.**
- x. All **offices**, both government and private, to function with a **maximum staff strength of 50%.**
- xi. **All industrial and scientific establishments**, both government and private may be **allowed subject to the workforce following physical distancing norms.** They shall also be tested through RAT (in case of individuals identified with flu like symptoms) from time to time.
- xii. The SOPs already issued by MoHFW, including training manuals for surveillance teams and supervisors are available on the website & must be followed.
- xiii. **However, these are indicative activities, and States/ UTs should make a careful analysis of the local situation, areas to be covered, and probability of transmission and then take a decision.**

- xiv. The restrictions as above shall continue for a period of 14 days.
- xv. **Before declaring a containment area, make a public announcement, outlining the rationale for the same and the kind of restrictions that will be in place (a leaflet in local language may be distributed highlighting the gravity of the situation and restrictions to be followed)**
- xvi. **Community volunteers, civil society organizations, ex- servicemen, and members of the local NYK/NSS centers etc. should be involved for sustainable management of containment activities, translating the aforementioned leaflets and for encouraging people in the community for sustained behavior change as well as vaccination.**

B. Testing and Surveillance

Districts will continue with the strategy of **'Test-Track-Treat-Vaccinate'** and **implementation of Covid Appropriate Behavior across the district** as the ongoing strategy for the management of COVID-19.

- i. **Ensure adequate testing and door to door case search** in the area through adequate number of teams formed for such purpose.
- ii. **Plan for testing of all clinically resembling cases** of Influenza like illness (ILI) & SARI through **RAT**. All symptomatic individuals turning out to be negative for SARS-CoV-2 infection with **RAT** need to be **retested through RT PCR**.
- iii. **Ensuring compliance of COVID Appropriate Behaviour** aggressively both through creation of awareness through involvement of the community based organizations and through stringent regulatory framework.

C. Clinical Management

- i. Analysis to be undertaken with respect to **requirement of health infrastructure** so as to **manage the present and projected cases (next one month)** and necessary action initiated to ensure sufficient oxygen-supported beds, ICU beds, ventilators, ambulances including creation of makeshift hospitals, as needed. Sufficient quarantine facilities shall also be re-activated.
- ii. Leverage **government, private health facilities** including hospital facilities available with **central ministries, railway coaches, temporary field hospitals etc.**
- iii. Ensure that people satisfying protocol for home isolation only are allowed under **home isolation**. Create a **mechanism for their regular monitoring** through Call Centres along with **regular visit of surveillance teams** to such houses.
- iv. Provision of a **customized kit** for all patients under home isolation, **including detailed dos and don'ts** to be followed by them.
- v. **Specific monitoring** shall be done for **high risk cases** and their timely shifting to the health facility. Similarly, **elderly and co-morbid contacts** of positive cases shall be **shifted to quarantine centres** and monitored.

.....contd/-

- vi. Appoint **senior district officials as In-charge** for all Covid dedicated hospitals and create a **mechanism for seamless shifting** of patients (including home isolation cases) as per their symptom to the relevant facilities.
- vii. Ensure availability of **sufficient ambulances** for such purpose.
- viii. Coordinate **availability of oxygen, other related logistics, drugs** etc. in collaboration with state officials and ensure their rational use.
- ix. **Oxygen therapy** for the admitted cases shall follow the **guidelines issued by Ministry of Health** on the **rational use** of oxygen
- x. Use of **investigative drugs** (Remdesivir / Tocilizumab etc.) shall also **strictly follow the clinical management protocol/advisories issued by Ministry of Health.**
- xi. **Facility wise cases and deaths** shall be analyzed on **daily basis** by the **Incident Commander/District Collector/Municipal Commissioner. Death-audit** shall be undertaken for **all deaths** in the hospitals and in the community to provide supportive supervision to field staff/hospitals.

D. Vaccination

100% vaccination for the eligible age-groups shall be undertaken duly **creating additional vaccination centres and optimal capacity utilization of existing Centres.**

E. Community Engagement

- i. Ensure **adequate advance information to community**, also highlighting the need for stringent containment actions so as to win their involvement and support.
- ii. Provide enough time for people movement for essential requirements etc. before announcing the large scale containment
- iii. Take necessary actions to **avoid misinformation & panic** in the community.
- iv. **Involve local level NGOs/CBOs/CSOs, Opinion Makers and subject experts** to create a positive environment and for sustained dialogue with the community.
- v. **Create wide publicity on early warning signals** and self-reporting so as to identify cases early and to prevent avoidable deaths among home isolation patients.
- vi. Give **wide publicity on the mechanism** whereby people can get themselves tested, details of available health facilities, requisitioning an ambulance etc (community based organizations should be encouraged to create WhatsApp groups for quick dissemination of information so that the individuals in need of prevention and/or care services do not suffer delay).
- vii. Ensure that **details of hospital beds and their vacancy status is made available on-line and also released to media on a daily basis.**
- viii. Details on **availability of oxygen, drugs, vaccine and vaccination centres;** including the guidelines related with use of Remdesivir/Tocilizumab etc. be also widely publicized so as to create confidence in the community.

- ix. Community should be oriented about the feasibility of managing mild COVID-19 cases at home with appropriate monitoring of vital parameters such as temperature and oxygen saturation with the help of pulse oxymeter.
- x. **Need for COVID Appropriate Behaviour** including **regulatory framework for enforcement** should be **widely publicized**.
- xi. **Build confidence** in community duly highlighting the nature of disease, the fact **that early identification** helps in early recovery and more than 98% people recover to **remove fear as well as stigma** related with Covid-19. Involvement of civil society organizations to hold such orientations go a long way in this regard.

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