



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

Dear

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 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.

2. It is accordingly suggested for the following actions to be carried out in the rural areas on urgent basis:

- i. 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/folder?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.
- ii. 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 resources.
- iii. 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 in the Panchayat offices, Schools, Common Service Centers etc. may be leveraged for the same.
- iv. 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 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.

- v. 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.
- vi. 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 testing and treatment facilities, multi-speciality care etc. are provided to those in need without much loss of time.

3. 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.

4. 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)

All Chief Secretaries (Separate Letters)

Copy to :

1. Shri Amarjeet Sinha, Adviser to PM, South Block, New Delhi – 110001.
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 Education
5. Shri Nagendra N. Sinha, Secretary, D/o Rural Development
6. Additional Chief Secretaries/Principal Secretaries/Secretaries Department of Panchayati Raj, All States/ UTs


26.4.21
(Sunil Kumar)

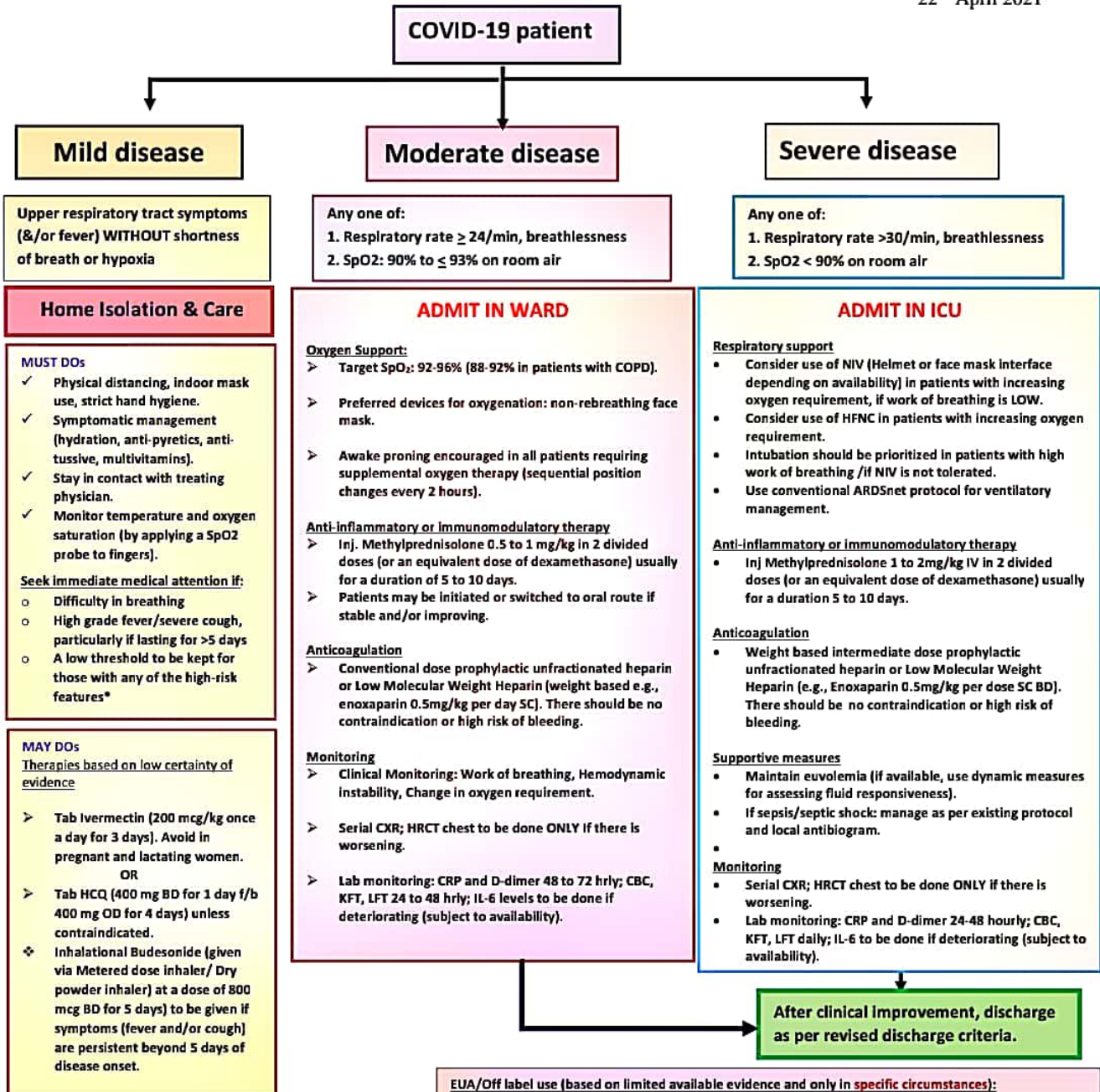


**AIIMS/ ICMR-COVID-19 National Task Force/Joint
Monitoring Group (Dte.GHS)**

Ministry of Health & Family Welfare, Government of India

CLINICAL GUIDANCE FOR MANAGEMENT OF ADULT COVID-19 PATIENTS

22nd April 2021



- *High-risk for severe disease or mortality**
- ✓ Age > 60 years
 - ✓ Cardiovascular disease, hypertension, and CAD
 - ✓ DM (Diabetes mellitus) and other immunocompromised states
 - ✓ Chronic lung/kidney/liver disease
 - ✓ Cerebrovascular disease
 - ✓ Obesity

- EUA/Off label 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 symptom/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 disease/ICU admission).
 - Significantly raised inflammatory markers (CRP &/or IL-6).
 - 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 hour.
 - **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).