

# **NHM Guidance Note on India COVID 19 Emergency Response and Health Systems Preparedness Package**

## **1. Background\Introduction:**

The India COVID 19 Emergency Response and Health Systems Preparedness Package (hereafter referred to as COVID Package) is a Central Sector Scheme and is intended to build resilient health systems to support preparedness and prevention related functions that would address not only the current COVID-19 outbreak but also such outbreaks in future in our country. The interventions in this package would be implemented under the National Health Mission, supplementing the available resources for health systems strengthening and ensuring complementarity. Allocation of resources to districts should be based on the stages/severity of the COVID-19 outbreak in districts.

The period for implementation of the COVID Package is from 1<sup>st</sup> January 2020 to 31<sup>st</sup> March 2024. **This guidance note provides the framework for preparation and implementation of Emergency COVID Response Plan (ECRP) with details of activities necessary for effective emergency response (up to 30<sup>th</sup> June 2020).** The note also has a section on financing, planning, the fund flow mechanism applicable to NHM for funds released to States/UTs, process for approval, necessary processes to be followed for procurement and audit. A Project Implementation Manual (PIM) is under preparation which provides “How-to-Guidance” on the above project and will be circulated in due course. Meanwhile, this Guidance note serves as guidance to enable utilization of this funding from the World Bank to respond to the COVID-19 pandemic.

## **2. Objectives:** The objectives of the Package are –

1. Emergency COVID-19 Response – To slow and limit as much as possible, the spread of COVID-19 in India.
2. Strengthening National and State Health Systems to support Prevention and Preparedness.
3. Strengthening of Surveillance activities including setting up of Laboratories.

## **3. Components of the Package:**

Following are the components of the proposed Package –

a) Emergency COVID -19 Response – This component includes development of diagnostics and treatment facilities, including development of Dedicated COVID-Hospitals (DCH), Dedicated COVID Health Centres (DCHC), Dedicated COVID Care Centres (DCCC), support for human resources, training and capacity building, IEC and risk communication, measures for protection of healthcare professionals, workers and volunteers, surveillance including community outreach, disease surveillance and other emergent measures as detailed in para 4.1.

b) Strengthening National and State Health Systems to support Prevention and Preparedness– This component will support the States\UTs to build resilient health systems to provide core public health, prevention, and patient management functions to manage COVID-19 and future disease outbreaks.

c) Community engagement and Risk communication.

d) Implementation, Management, Capacity Building, Monitoring and Evaluation.

#### **4. Timelines and activities that may be undertaken by States\UTs:**

##### **4.1. Emergency response (Activities up to June 30, 2020):**

##### **4.1.1. Treatment of COVID patients:**

1. Establishment\Development of the Dedicated Covid Hospitals (DCHs) , Dedicated Covid Health Centre (DCHCs) and Dedicated Covid Care Centres (DCCCs) by strengthening public health facilities which inter alia include government medical college hospitals, District Hospitals and other designated hospitals, identified by the States/UTs, with provision for –

- Required ICU\HDU beds for critical care
- Isolation units\wards with reliable oxygen support and supplies
- Negative pressure ICUs, rooms and wards,
- Infection prevention and control
- Screening and triaging Facilities for managing Delivery & other reproductive child health services and care of Covid positive Pregnant Women.
- Facilities for other lifesaving procedures like Dialysis, Cardiac care etc. for confirmed Covid cases.
- Arrangements for reliable oxygen supplies including installation and maintenance of :
  - Oxygen generators
  - Manifolds with cryogenic\cylinder source
  - Medical gas pipelines
  - Concentrators
  - Other necessary accessory equipment and consumables.

- Procurement by States/UTs of PPEs, masks, Ventilators, pulse oximeters, flow meters, catheters, cannulas and other necessary equipment and consumables, reagents etc.,
  - Necessary arrangements for residential accommodation for staff deputed in COVID Dedicated facilities.
  - Other facilities as specified by MoHFW\ICMR from time to time.
2. Setting up and operationalization of the DCCCs as per MoHFW norms.
  3. Expansion of public health facilities by setting up of pre-fabricated\temporary structures or constructing enough structures for DCH or DCHC or blocks preferably within DCH or DCHC premises, as and when required.

#### **4.1.2. Testing:**

1. Expansion of diagnostics facilities and strengthening of public laboratories, inter alia including –
  - Procurement of diagnostic equipment, testing kits, Viral Transport Media (VTM) and other consumables and reagents both for COVID-19 and other routine pathological examinations.
  - Additional HR, including lab technicians, data entry operators and other necessary personnel.
  - Setting up of BSL2 facilities in laboratories
  - Facilities for radiology including x-rays (both static and mobile), CT-scan etc.
  - Mobility support for sample transport.
2. Wherever new facilities are proposed to be set up, norms prescribed by the ICMR must be followed.
3. Mechanisms available under the Free Diagnostics Initiative may be used for Non-COVID related diagnostics.

**4.1.3. Referral Transport:** Deployment of existing ambulances and hiring of additional ambulances, wherever necessary to provide reliable referral linkages between the DCHCs\DCCCs and the DCHs.

#### **4.1.4. Engagement of Human Resources:**

1. Existing HR supported under the NHM, both service delivery and programme management may be deployed\redeployed. Additional incentives may be given to existing HR for COVID related work.

2. Additional HR may be engaged to meet the needs for increased services in view of COVID-19 including Specialists, Doctors, Nurses, Pharmacists, ANMs, sanitation staff, data entry operators and other health workers.
3. Additional incentives may be paid to ASHAs and other volunteers, for the period of their engagement during the emergency response period i.e. up to 30.06.2020.

**4.1.5. Containment, Community Outreach and Risk Communication:** Following activities may be undertaken –

1. All activities necessary to be undertaken for implementation of the Containment Plan for hotspots, clusters or outbreak areas.
2. Outreach, survey and community surveillance activities including mobility support for the same.
3. Setting up and operationalization of help lines.
4. Telemedicine and teleconsultation initiatives.
5. Training and orientation of health workers and volunteers.
6. IEC and awareness creation activities.
7. Disinfection of hospital, government offices, public utilities, ambulances, etc.
8. Programme management including monitoring and evaluation.

**4.1.6. Any other activity:** The list of activities mentioned from para 4.1.1 to 4.1.5 is only indicative. A suggestive list is also included in the planning template at Appendix 1. The states may take up any other activity that may need to be financed for addressing the challenges posed by the emerging and evolving situation. In such cases the details of such activities must be recorded at the appropriate place in the planning template.

## **5. Financing and fund flow mechanism:**

**5.1.** The Package is a Central Sector Scheme and is financed through support from the World Bank and other Financial Institutions. The Package was sanctioned on 05.04.2020.

### **5.2. Resource envelope for COVID-19:**

5.2.1. Funds have been released exclusively for Emergency COVID-19 Response in two installments.

5.2.2. The first installment was released prior to the sanction of the Package conveyed vide AS&MD's D.O. letter number M-11011/17/2020-NHM-II, dated: 02/04/2020 **Annexure-1** (copy enclosed), supplementing the resources under the Mission Flexipool for Health Systems Strengthening in the financial year 2019-20. State share is applicable on the first installment of funds.

5.2.3. No state share is applicable on the funds of the second installment under the Package released for FY 2020-21 conveyed vide AS&MD's D.O. letter number V.14013/01/2020-B(NHM) part V, dated 07/04/2020 **Annexure-2** (copy enclosed).

5.2.4. Total funds released by the GoI constitute the central share of resources for States\UTs' Emergency COVID Response Plan.

**5.3.** Resources made available under the Package supplement the resources indicated for the Health Systems Strengthening Pool under the National Health Mission and are in addition to the resource envelope indicated to states for FY 2019-20 & 2020-21. However, the additionality is limited to the extent of expenditure up to 30.06.2020.

**5.4.** The funds under 'COVID Package' will flow through the usual NHM route. i.e. from MoHFW to State Treasury and from State Treasury to State Health Society (SHS). The SHS then would spend the necessary funds as per the action-plan. Because of the urgency of the situation, it is expected that the State Government would transfer the funds under the COVID Package to SHS within 7 working days from the date of release of allocation from the Central Government.

## **6. Preparation of Plan:**

6.1. Templates for preparation of the Emergency COVID Response Plan (ECRP) are given in **Annexure-3**. The activities include strengthening of public health facilities for screening, testing, undertaking community surveillance, strengthening /establishing Dedicated COVID treatment and isolation facilities, creating infrastructure and provision of supplies for infection control, engaging additional HR, and capacity building etc.

6.2. The activities enumerated in the template are only indicative and states may take up other activities too based on their local context.

6.3. The format of template is designed to enable planning and monitoring of the activities undertaken under the ECRP.

6.4. There are only 9 line items in the ECRP (from B.31.1 to B.31.9). The sub-activities listed under a line item are only indicative (& not exhaustive) and are only mentioned for the purpose of clear planning and identification of physical deliverables.

6.5. Financial reporting will only be for the 9 pre-defined line item FMR codes.

6.6. It may be noted that since a lot of actions, especially during the emergency phase, will have to be undertaken at the district level, it is provisioned in the Package that untied funds to the tune of Rs. 70 lakh per district must be issued to each district. An additional pool @ Rs. 30 lakh per district will be available at the state level to supplement the need for funds for high COVID-19 burden districts, wherever necessary. The ECRP should factor-in these untied funds to be made available to districts.

6.7. The ECRP must also contain the details of activities carried out and funds spent since 01.01.2020 till date. The reappropriation orders issued in consequence of JS Policy's letter no. Z-18-10/NHM-I/Part, dated 15/03/2020 **Annexure-4** (copy enclosed) should also be subsumed in the ECRP.

## **7. Norms:**

As the Package has been approved for supporting States to effectively respond to the challenges posed by the COVID-19, and as it is an emergency situation, the unit costs/ceilings etc. are not being prescribed from MoHFW. However, the State must follow the due process and apply the relevant prevailing financial norms of the State while undertaking all the activities, including for procurements. While the focus is on combating the current emergency, the larger goal of strengthening the Public Health system for epidemic preparedness should also be kept in mind. Efforts should be made to prioritize such activities that not only facilitate effective COVID-19 response but also strengthen public health facilities to respond to any similar outbreaks in future.

## **8. Approval Process:**

In view of the urgent nature of the COVID response, the process to be followed for approval of the ECRP (PIP) for the COVID Package will be as follows:

- 8.1.** The SHS will prepare the ECRP as per the State/ local requirement and context and put it up for approval to its Executive Committee (EC). As intimated to States\UTs earlier, approval of EC will be sufficient to undertake implementation of the ECRP.
- 8.2.** After the Approval of EC, the approved Plan along with the minutes of EC must be placed before the Governing Board (GB) of the SHS for ratification.
- 8.3.** A copy of the approved Plan along with the minutes of the relevant meetings of the EC and GB shall be sent to MoHFW for information.

## **9. Expenditure:**

- 9.1.** It may be noted that for the period from 1<sup>st</sup> January 2020 to 3<sup>rd</sup> April 2020, the amount of expenditure already incurred for COVID-19 response has to be claimed under the mechanism of retroactive financing from the World Bank. The States\UTs shall submit a consolidated expenditure report on monthly basis as per Annexure-5.
- 9.2.** The expenditure on all the activities undertaken since 4<sup>th</sup> April 2020 on COVID-19 are to be booked under the relevant FMR codes, preferably through PFMS.

## **10. Procurement:**

The funds released under of this package shall be utilized as per the prevailing procurement rules and processes in States. For Union Territories the General Financial Rules and instructions issued by Department of Expenditure, Government of India will be applicable. However, please take note that following procedure **must be followed for procurement**

**activities wherever the procurement is proposed to be financed and for expenditures under the package –**

- 10.1.** Procurement can be undertaken as per the prevailing procurement rules\GFRs respectively in States\UTs.
- 10.2.** Appropriate specifications are important for ensuring the quality of procurement, MOHFW/ICMR specifications wherever specified may be adhered to. For items for which specifications are not fixed by MoHFW\ICMR, the State\UT may do so by following due process as prescribed by the respective State\UT Government.
- 10.3.** Clear documentation must be maintained for all activities related to procurement of both goods and services. Full justification for the proposals should be recorded in the file and approval of the competent authority obtained for all procurement.
- 10.4.** It may be noted that for the period of retroactive-financing (as mentioned in para 9.1), where contracts have already been issued, the requisite World Bank form of Anti-corruption guidelines (**Annexure-6.1**) is to be signed by contractor/ supplier/ service provider and same is to be kept as record in procurement files.
- 10.5.** In case of the procurement process is yet to start or bidding is ongoing, provisions listed in requisite World Bank form (**Annexure-6.2**) are to be enclosed with both bidding/tender/RFP documents as well as contract forms.
- 10.6.** Details related to all the contracts/procurement issued/made by implementing agencies (and their sub-ordinate agencies/hospitals etc.) should be maintained at State/UT level, which would include name of item procured, name of supplier/contractors/service provider, date of contract signing, value of contract and date of completion of contract etc. as per **Annexure -6.3**.
- 10.7.** In case of civil works if the procurement process is yet to start and/or underway but the contract is not yet signed provisions listed in requisite World Bank form as per **Annexure - 6.4** are to be enclosed with both bidding/tender/RFP documents as well as signed contracts. For contracts which are signed and where civil works have already started, the contractor is to be encouraged to comply with the provisions.
- 10.8.** Documentation for all these procurements will be maintained by the respective implementing agencies (and their sub-ordinate agencies/hospitals etc.) to allow the World Bank (or an agency appointed by WB) to review these documents in future, if necessary.

## **11. Monitoring and Reporting:**

Urgency of the situation makes close monitoring imperative. The State will send the progress reports as per Annexure-5 on monthly basis by 7<sup>th</sup> of the each month to the Ministry of Health and Family Welfare, Govt. of India.

## **12. Audit:**

The general process of annual audit undertaken by the Chartered Accountant (CA) under NHM for its programmes will also be applicable to COVID Package.

There is no need for any separate audit. However, in the audit report of the SHS by CA, there should be a separate chapter on COVID package and separate reporting on COVID expenditure so that if need be it could be shared with relevant institutions and statutory bodies.



**Release of 1<sup>st</sup> installment prior to the sanction of the Package**  
vide AS&MD's D.O. letter number M-11011/17/2020-NHM-II, dated :02/04/2020



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



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 All,

D. O No. M-11011/17/2020 - NHM II  
Date the: 2<sup>nd</sup> April, 2020

I am pleased to share with you that the Central Govt. has increased the current financial year resource envelope for every state/UT on account of the greater requirement of financial resources by each state/UT to tide over the exigencies because of COVID-19 pandemic and to strengthen the health systems to tackle this situation.

In this regard, the details of additional resources over and above the NHM resource envelope for the FY 2019-20 allocated and released to your State/UT for the containment, management and treatment of COVID-19 cases under Health System Strengthening (HSS) pool of National Health Mission is attached herewith. Copies of the release orders may be accessed from the NHM website. I request you to make sure that the funds so allocated are provided to the State Health Society along with the commensurate state share.

As you are aware, the Ministry has already authorized the Executive Committee of the State Health Society to re-appropriate available resources to meet the need for funds for implementation of COVID-19 control and management activities vide Joint Secretary (Policy)'s letter numbered D.O. NO. 2-18-10/NHM-I/Part. dated 15th March 2020, with details of new FMR codes for COVID-19 management. In view of the urgency in this matter, and in order to maintain uniformity, the following procedure may be followed by the states for utilizing these additional funds available under the NHM for COVID-19 management :

1. The additional resources provided in FY 2019-20 (as per annexure enclosed) may only be used for undertaking activities for management of COVID.
2. The States/UTs may prepare an action plan for management of COVID -19 for utilizing these funds including all the activities approved by re-appropriation of funds by the Executive Committee of State Health Society for management of COVID-19. The action plan would include the provisions for development of COVID-dedicated facilities, development of ICUs/HDUs and isolation facilities, hiring of additional HR, incentives to Community Health Volunteers and ASHAs, procurement of essential items such as ventilators, PPEs and masks, training and capacity building, provision of oxygen supplies, IEC, strengthening of help lines, hiring and operation of additional ambulance, contact tracing, surveillance and community outreach, and any other activity/task/item that may be necessary.

Contd...

D. O No. M-11011/17/2020 - NHM II  
Date the: 2<sup>nd</sup> April, 2020

3. Based on this action plan, given that the NHM framework provides the flexibility to allocate state share to initiatives depending on priority, the states may allocate funds from state share for meeting the financing needs of the action plan for COVID-19 management to the extent possible.
4. It may be noted that all the financing needs for COVID-19 management may be appropriately reflected under the relevant COVID FMR code communicated vide letter of JS(Policy) referred to above.
5. The action plan for these additional funds so prepared may be approved by the Executive Committee of the State Health Society and implementation of various activities may be taken up. The approval of Executive Committee of the State Health Society will be sufficient for the purpose of implementation and no confirmation from NHM shall be necessary for the same. It may be noted that -
  - i. This dispensation is available only for approval of the COVID management plan and re-appropriation of funds wherever necessary for COVID-19 management.
  - ii. A copy of the plan so approved by the Executive Committee should be sent to MOHFW, Govt. of India within next 15 days.
6. Any expenditure on account of implementation of activities under the COVID-19 Action Plan may only be made under the designated FMR code as approved under the plan.

*with warm regards*

Encl: As stated

Yours sincerely,

  
(Vandana Gurnani)


To,


Mission Directors, NHM-all states/UTs

Copy submitted for necessary information to:

- i. ACS/PS/Secretaries (Health,Medical Education)- all states/UTs
- ii. JS (Policy), MOHFW, Govt. of India
- iii. EA (PN), MOHFW, Govt. of India
- iv. PPS to Secretary, MOHFW, Govt. of India

**Release of 2<sup>nd</sup> installment under the Package released for FY 2020**  
vide AS&MD's D.O. letter number V.14013/01/2020-B(NHM) part V, dated: 07/04/2020

  
यन्दना गुरनानी, आ.प्र.सं.  
**Vandana Gurnani, I.A.S.**  
अपर सचिव एवं मिशन निदेशक (रा.स्वा.वि.)  
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 Colleagues,*

**D. O. No V.14013/01/2020-B (NHM) part V**  
**Dated the : 07.04.2020**

I am pleased to inform that the Government of India (GoI) has approved the India COVID-19 Emergency Response and Health System Preparedness Package. It may be noted that this package is fully (100%) Centrally funded.

2. The project will be implemented in three phases during the period January 2020 to March 2024 (Phase - 1 from January 2020 to June 2020, Phase - 2 from July 2020 to March 2021, Phase - 3 from April 2021 to March 2024) with the objectives of emergency COVID-19 Response, Strengthening National and State Health Systems to support Prevention and Preparedness, procurement of essential medical equipment, consumables and drugs, strengthening of surveillance activities including setting up of laboratories and Bio-security preparedness.

3. The MoHFW is releasing funds (as indicated in annexure) under the immediate response of this Package for your States/UT under National Health Mission for implementation of phase 1 up to June 2020. The key activities to be implemented under the Phase - 1 are as below: -

- Support to States/UTs for development of dedicated COVID hospitals and other hospitals, isolation blocks, negative pressure isolation rooms, ICUs with ventilators, oxygen supply in hospitals, strengthening of laboratories in hospitals, hiring of additional human resources and incentives to human resource and community health volunteers;
- Procurement of Personal Protection Equipment (PPE), N95 masks and ventilators, over and above what is being procured and supplied by the Govt. of India;
- Strengthening of identified laboratories and expansion of diagnostics capacities, including procurement of diagnostic equipment, testing kits and other reagents and mobility support for sample transport, over and above what is being procured by the Govt. of India;
- Outreach, survey and community surveillance activities including mobility support for the same and training and orientation of health workers and volunteers, Information Education & Communication and awareness creation activities.

Contd....

---

स्वास्थ्य भारत-स्वास्थ्य भारत  
Tel. : 011-23063693 Telefax : 011-23061398 E-mail : vandana.g@ias.nic.in

**D.O.No V.14013/01/2020-B (NHM) part V**

: 2 :

- Disinfection of hospitals, government offices, public utilities and ambulances etc.

4. The detailed instructions and guidance in this regard is being issued separately.

*with warm regards*

Yours sincerely,

  
(Vandana Gurnani)

To

Additional Chief Secretary / Principal Secretary / Commissioner (Health) of all State/UTs in India

**D.O.No V.14013/01/2020-B (NHM) part V**

: 3 :

Copy for Information to:

1. PPS to Secretary, MoHFW, GoI
2. PPS to Special Secretary (H), MoHFW, GOI, New Delhi
3. PPS to Special Secretary (AS), MoHFW, GOI, New Delhi
4. Additional Secretary & Financial Advisor, MoHFW, GoI
5. Mission Director (NHM) of all State/UTs in India

  
(Vandana Gurnani)

**Template for Emergency COVID Response Plan (ECRP)**  
**India COVID 19 Emergency Responses and Health Systems Preparedness Package**

New FMR	Particulars	Planning		Monitoring
		Expected Physical Deliverables	Budget as Approved by EC (in Rs. lakhs)	Physical Progress
<b>B.31</b>	<b>COVID 19 (Grand Total)</b>			
<b>B.31.1</b>	<b>Diagnostics including sample transport (Total)</b>			
	Equipment for molecular tests			
	Equipment for Other Diagnostics			
	Reagent/ Diagnostic Kits including provision for sero-surveillance,			
	VTMs			
	Any Other			
<b>B.31.2</b>	<b>Drugs and supplies including PPE and masks (Total)</b>			
	Essential drugs including for COVID			
	Oxygen			
	PPE			
	N 95/Triple Layer Mask, Gloves			
	Alcohol Rub			
	Any Other			
<b>B.31.3</b>	<b>Equipment/ facilities for patient-care including support for ventilators etc. (Total)</b>			
	ICU Bed			

New FMR	Particulars	Planning		Monitoring
		Expected Physical Deliverables	Budget as Approved by EC (in Rs. lakhs)	Physical Progress
	Ventilators (Fixed / Portable)			
	Dialysis machines (Haemodialysis and Portable dialysis machines)			
	Patient monitor/Multipara monitor with provision of invasive parameter measurements			
	Defibrillator / AED			
	Mobile X-ray with CR system			
	CT Scan			
	USG (Portable)			
	AHU including Ductless			
	Flash Sterilizers			
	Pulse Oximeter			
	Flow meter			
	ABG			
	ECMO			
	Equipment Maintenance/AMC etc.			
	Autoclave and consumables, (e.g. biological indicators, tape indicators, etc.)			
	Water Storage Capacity for storing water requirement for 48 hours			
	Waste Storage Facility for Biomedical Waste, Covered Trolleys, Consumables for Bio-medical Waste Management, etc.			

New FMR	Particulars	Planning		Monitoring
		Expected Physical Deliverables	Budget as Approved by EC (in Rs. lakhs)	Physical Progress
	Waste storage facility for general waste and consumables			
	Consumables for on-site disinfection of patients' linen			
	Equipment for on-site disinfection of waste (Microwave or Autoclave)			
	Creating adequate Hand-washing facilities at all facilities (sub-centre upwards)			
	Disinfectant-Sodium Hypochlorite/Hydrogen Peroxide/Glutaraldehyde			
	Isolation ward with Oxygen			
	Isolation Room with Negative Pressure – 40 psi			
	Holding & Screening in Emergency and OPD			
	CSSD			
	Mechanized Laundry			
	Medical Gas Pipeline System/ Manifold/Other Infrastructure			
	Infrastructure including residential, quarantine/isolation facilities			
	Residential Facility for Hospital Staff			
	Drainage System with ETP			
	Kitchen			
	Ambulance Parking and			



New FMR	Particulars	Planning		Monitoring
		Expected Physical Deliverables	Budget as Approved by EC (in Rs. lakhs)	Physical Progress
	Decontamination Area			
	Mortuary			
	New Construction (If any, please specify)			
	Temporary construction (If any, please specify)			
	Any other equipment			
	Any other furniture			
<b>B.31.4</b>	<b>HR (Existing and Additional) including incentives for Community Health Volunteers (Total)</b>			
	Physician			
	Anaesthetists			
	Other specialists as required for clinical management			
	GDMOs			
	Nurses/ANMs			
	Laboratory Technicians			
	Radiology Technician			
	Dialysis Technician			
	Any other paramedic as per requirement			
	CSSD Technician			
	Laundry Technician			
	Psychiatric Social Worker			

New FMR	Particulars	Planning		Monitoring
		Expected Physical Deliverables	Budget as Approved by EC (in Rs. lakhs)	Physical Progress
	Clinical Psychologist			
	Counsellor			
	Dietician			
	Epidemiological Unit at District level- Epidemiologist, Microbiologist, Data Manager			
	Support Staff			
	Program Management including program management support to Medical College @ 1% of COVID Package			
	Incentives for Front Line Workers-ASHA, ASHA facilitators, MPW (M/F), LHV, MPS, CHOs where available			
	Incentives for Any Other Hospital Staff			
	Data Entry Operation			
	Any Other			
<b>B.31.5</b>	<b>Mobility Support (Total)</b>			
	Mobility Support for front line workers for active surveillance			
	Mobility Support for hospital staff			
	Mobility support for Monitoring & Facility Readiness			
	Mobility/Courier Services for Diagnostics including Sample Collection and drugs			

New FMR	Particulars	Planning		Monitoring
		Expected Physical Deliverables	Budget as Approved by EC (in Rs. lakhs)	Physical Progress
	Referral Transport			
	Ambulance services			
	Hearse Van			
	Any Other			
<b>B.31.6</b>	<b>IT systems including Hardware and software, etc. (Total)</b>			
	Hardware			
	Telemedicine/Tele-radiology facility			
	Strengthening IDSP/HMIS/RCH/ COVID Portal			
	Any Other			
<b>B.31.7</b>	<b>IEC/BCC (Total)</b>			
	COVID/Health Helpline – 1075/104			
	Print/ Mass Media/Digital, etc.			
	Community Radio			
	Social Media interventions			
	Printing: SOPs, Protocols, Posters, etc.			
	Community Based Interventions			
	Any Other			
<b>B.31.8</b>	<b>Training (Total)</b>			
	Field surveillance, contact tracing, data management and reporting			
	Sampling, packaging and shipment of specimen			

New FMR	Particulars	Planning		Monitoring
		Expected Physical Deliverables	Budget as Approved by EC (in Rs. lakhs)	Physical Progress
	Hospital infection prevention and control including use of appropriate PPEs and biomedical waste management			
	Clinical case management including ventilator management, critical care management			
	Dialysis			
	Training of managers on managing quarantine and isolation facilities			
	Community based training in Psycho –social care.			
	Capacity building for VHSNC, RKS and MAS members- Preparedness, Mitigation and Response			
	Infrastructure for Capacity Building			
	Teaching and Training Aids including videos			
	Any Other			
B.31.9	<b>Miscellaneous (Total)</b>			
	Untied Funds to the Districts @1 Crore per district with 30% funds retained at State level for increased allocation to the needy district			
	Any Other			

Reappropriation orders issued in consequence of JS Policy's  
letter number Z-18-10/NHM-I/Part, dated :15/03/2020



विकास शील  
संयुक्त सचिव  
VIKAS SHEEL  
Joint Secretary



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  
Tel. : 011-23063506  
: 011-23061481 (T/F)  
E-mail : sheelv@nic.in

D.O. No. Z-18-10/NHM-I/Part  
Dated: 15<sup>th</sup> March, 2020

Dear Colleagues,

As we are aware, the entire India Health Team is leaving no stone unturned in efforts for management of Novel Corona Virus Disease (COVID-19) across the country. As communicated to all the States/UTs vide my D.O. letter even No., dated 5<sup>th</sup> March 2020, States/UTs have started 104 or similar help lines, development of isolation facilities using untied funds and other IEC support under the National Health Mission (NHM), for management of Covid-19. In this regard, to give further flexibility to the States/UTs to utilize the resources available under NHM for the management of COVID-19, following instructions are issued –

1. Following separate Financial Management Report (FMR) codes are created under the Health Systems Strengthening (HSS) Pool for management of COVID-19, namely –  
B.31 COVID-19
  - B.31.1. Diagnostics including sample transport
  - B.31.2. Drugs and supplies including PPE and masks
  - B.31.3. Equipment/facilities for patient-care including support for ventilators etc.
  - B.31.4. Temporary HR including incentives for Community Health Volunteers
  - B.31.5. Mobility support
  - B.31.6. IT systems including Hardware and software, etc.
  - B.31.7. IEC/ BCC
  - B.31.8. Training
  - B.31.9. Miscellaneous (which could not be accounted for in B.31.1 to B.31.7)
2. States/UTs are requested to re-appropriate resources from corresponding FMR codes under the HSS pool as approved under the NHM in 2019-20, to the above mentioned FMR codes, to meet the financial needs for undertaking activities for effective management and control of COVID-19.

3. The usual upper limit of 10%, applicable for re-appropriation of resources between activities in the same Pool, is hereby relaxed for this purpose.
4. It is clarified that, given the urgent nature of the COVID-19 challenge, the states\UTs may go ahead with implementation and utilization of resources so appropriated and the states\UTs do not have to wait for confirmation from the Ministry regarding appropriation of funds. However, a copy of the appropriation order(s) so issued may necessarily be shared with the Ministry.
5. Resources available in Pools other than HSS, may also be utilised on loan basis, if there is shortfall of resources in HSS Pool.
6. Further, the Ministry vide its email dated 4<sup>th</sup> March, 2020 had forwarded the details of the Manufacturers of N95 masks, PPE equipment and triple layer masks, as received from Ministry of Textiles. Minutes of the meeting of the Technical Committee under DGHS of this Ministry held on 26/02/2020 and O.M. No. Z-28015/17/2020-EMR dated 02/03/2020, regarding specifications of PPE equipment were also shared. The same are again enclosed herewith for your ready reference.

These provisions are given to provide the necessary support to the States/UTs in these testing times, with the required flexibility. The Ministry is also taking steps to enhance the resources under NHM for this purpose. I hope that this support will help the States/UTs in efficient management of COVID-19.

Encl: As above

*Best wishes*

Yours sincerely

  
(Vikas Sheel) 15/3/20

To,

1. Additional Chief Secretary/Principle Secretary/Secretary, Health – all States/UTs
2. Mission Directors – National Health Mission – all States/UTs

<b>Annexure-5</b>
<b>India COVID 19 Emergency Response and Health System Strengthening Preparedness Package</b>
<b>Cumulative Monthly Expenditure Statement</b>
<b>Month..... 2020</b>
<b>Name of the State / UT : .....</b>

(Rs.in Lakhs)

Sl. No	As per the Existing FMR used for COVID			As per New COVID FMR Codes				Total Cumulative Expenditure	Amount approved by Executive Committee
	FMR Code that can also be linked for COVID-19	FMR activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	FMR Codes assigned for COVID-19 (vide letter of JS P dated 15.03.2020)	FMR Activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	Expenditure after 03.04.2020 *		
1	2	3	4	5	6	7	8	9=4+7+8	10
1	E.3 (IDSP)	Laboratory Support		B.31.1	Diagnostics including sample transport				
2	B.16.2	Procurement of Drugs and Supplies		B.31.2	Drugs and supplies including PPE and masks				
	B.16.2.10	Procurement of ASHA Drug Kit							
	U.6.2.1	Drugs and supplies for UPHC							
	U.6.2.2	Drugs and supplies for UCHC							
	U.6.2.4.3	Any other drugs & supplies (please specify)							
3	B.13.4	Procurement of Bio Medical Equipments		B.31.3	Equipments /facilities for patient care including support for ventilators etc.				
	B.25.2.1.a	Procurement of Equipment for District Hospital							
	B.4.1.	Up gradation of CHCs, PHCs,							

Sl. No.	As per the Existing FMR used for COVID			As per New COVID FMR Codes				Total Cumulative Expenditure	Amount approved by Executive Committee	
	FMR Code that can also be linked for COVID-19	FMR activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	FMR Codes assigned for COVID-19 (vide letter of JS P dated 15.03.2020)	FMR Activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	Expenditure after 03.04.2020 *			
1	2	3	4	5	6	7	8	9=4+7+8	10	
		Dist. Hospitals under Hospital strengthening such as creation of Isolation Centers								
4	A.10.1.10.a	Programme Management Staff Salary: State level HR under RMNCH+A & HSS		<b>B.31.4</b>	<b>HR (Existing and Additional) including incentives for Community Health Volunteers</b>					
	A.10.2.a	Programme Management Staff Salary: District level HR under RMNCH+A & HSS								
	A.10.3.a	Programme Management Staff Salary: Block level HR under RMNCH+A & HSS								
	B.30.1	Salary of HR staff: Nurses and Paramedical staff								
	B.30.2	Salary of HR staff: Specialists								
	B.30.3	Salary of HR staff: Other Specialists								
	B.30.5	Salary of HR staff: Medical Officers								
	B.30.6	Salary of HR staff: AYUSH staff								



Sl. No.	As per the Existing FMR used for COVID			As per New COVID FMR Codes				Total Cumulative Expenditure	Amount approved by Executive Committee
	FMR Code that can also be linked for COVID-19	FMR activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	FMR Codes assigned for COVID-19 (vide letter of JS P dated 15.03.2020)	FMR Activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	Expenditure after 03.04.2020 *		
1	2	3	4	5	6	7	8	9=4+7+8	10
	B.30.10	Salary of HR staff: Staff for MMU/MNV							
	B.30.11	Salary of HR staff: Other Staff							
	B.30.13	Salary of HR staff: Administrative staff							
	B.30.14	Salary of HR staff: Support staff for Health facilities							
	B.30.15	Salary of HR staff: Additional allowance/ incentives to M.O.s							
	B1.1.1.4.2	Monthly Review meeting of ASHA facilitators with BCM at block level-Meeting Expenses							
	B1.1.1.4.2	Monthly Review meeting of ASHA facilitators with BCM at block level-cost of travel and meeting expenses							
	B1.1.3.7	Other (support provisions to ASHA such as uniform, diary, ASHA Ghar etc.)							
	U.16.8.1	State PMU under NUHM							

Sl. No	As per the Existing FMR used for COVID			As per New COVID FMR Codes				Total Cumulative Expenditure	Amount approved by Executive Committee	
	FMR Code that can also be linked for COVID-19	FMR activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	FMR Codes assigned for COVID-19 (vide letter of JS P dated 15.03.2020)	FMR Activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	Expenditure after 03.04.2020 *			
1	2	3	4	5	6	7	8	9=4+7+8	10	
	U.16.8.2	District PMU under NUHM								
	U.16.8.3	City PMU								
	U.8.1.1	ANMs/LHVs								
	U.8.1.2	Staff nurse								
	U.8.1.8.1	MO at UPHC								
	U.8.1.8.3	MO at UCHC								
	U.8.1.6.7	Other Specialists								
	U.8.1.3	Lab Technicians								
	U.8.1.4	Pharmacists								
	U.8.1.5	Other staff								
	U.8.1.9.1	Public Health Manager/Facility Manager								
	U.3.1.1	Performance Incentive/Other Incentive to ASHAs (if any)								
	U.8.4	Incentives/ Allowances/ Awards								
5	B.11	National Mobility Medical Units		<b>B.31.5</b>	<b>Mobility Support</b>					
	B.12	National Ambulance Scheme								
	A.10.7	Prog.Management Support, Field Visits								
	B.16.1.3.1.4	Mobility Costs for ASHA Resource Centre/ASHA Mentoring Group								
	U.2.2.1	Mobility support for ANM/LHV								
	U.14.2.1	Logistic support								

Sl. No.	As per the Existing FMR used for COVID			As per New COVID FMR Codes				Total Cumulative Expenditure	Amount approved by Executive Committee
	FMR Code that can also be linked for COVID-19	FMR activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	FMR Codes assigned for COVID-19 (vide letter of JS P dated 15.03.2020)	FMR Activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	Expenditure after 03.04.2020 *		
1	2	3	4	5	6	7	8	9=4+7+8	10
		for Urban Health Facilities							
	E.4.1 (IDSP)	Mobility: Travel Cost, POL, etc. during outbreak investigations and field visits for monitoring programme activities at SSU and DSU on need basis under IDSP							
6	B.15.3.2.10/ B.15.3.2.11	Call centre (capex/opex)		B.31.6	IT systems including Hardware and software, etc.				
	B.15.2.6.d	Telemedicine/teleconsultation facility under Ayushman Bharat H&WC							
	B.15.2.6.e	Other IT Initiatives (please specify)							
	B15.3.1	Monitoring and Evaluation (HMIS)							
	U.17.1	IT Support							
7	B.10.1	Strengthening of BCC/IEC Bureaus (state and district levels)		B.31.7	IEC/BCC				
	B.10.2	Development of State Communication							

Sl. No	As per the Existing FMR used for COVID			As per New COVID FMR Codes				Total Cumulative Expenditure	Amount approved by Executive Committee
	FMR Code that can also be linked for COVID-19	FMR activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	FMR Codes assigned for COVID-19 (vide letter of JS P dated 15.03.2020)	FMR Activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	Expenditure after 03.04.2020 *		
1	2	3	4	5	6	7	8	9=4+7+8	10
		strategy (comprising of district plans)							
	B.10.4	Interpersonal Communication Tools for the frontline health workers							
	B.10.6.1	Innovative IEC/ BCC Strategies including mobile based solutions, social media and engagement of youth							
	B.10.6.4	Monitoring of IEC/ BCC Activities							
	U.11.1	Print Media							
	U.11.2	Electronic Media							
	U.11.3	IPC							
	U.11.4	Other Media							
	U.11.5	Others							
8	B1.1.1.3	Supplementary training for ASHAs		<b>B.31.8</b>	<b>Training</b>				
	U.9.5	Training / orientation of service providers							
	E.2	Trainings under IDSP							
	A.9.8	Programme Management Training (e.g. M&E, logistics management,							

Sl. No	As per the Existing FMR used for COVID			As per New COVID FMR Codes				Total Cumulative Expenditure	Amount approved by Executive Committee	
	FMR Code that can also be linked for COVID-19	FMR activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	FMR Codes assigned for COVID-19 (vide letter of JS P dated 15.03.2020)	FMR Activity	Expenditure for the Retroactive Period (01.01.2020 to 03.04.2020) *	Expenditure after 03.04.2020 *			
1	2	3	4	5	6	7	8	9=4+7+8	10	
		HRD etc.)								
9	B 2.1	Untied funds for DHs		B.31.9	Miscellaneous (which could not be accounted for in B31.1 to B31.7) including Untied Funds					
	B 2.2	Untied funds for SDHs								
	E.4	Operational Costs under IDSP								
	U.5.1.4	Operational Expenses (rent, telephone, electricity etc.)								
	U.4.1.1	Untied grants to UPHCs								
<b>NOTE: Only COVID-19 response related expenditures to be considered from the existing FMR codes for this project.</b>										

(Signature of Director-Finance)      (Signature of Mission Director)      (Signature of Principal Secretary)

**\*Note:**

1. For Expenditure during 01.01.2020 to 03.04.2020 (Period of Retroactive Financing) -please fill the information in Column 4 as per FMR codes shown in column 2 or in Column 7 as per new FMR codes created for COVID (column 5)
2. For Expenditure from 03.04.2020 onwards - Expenditure should be booked in column 8 as per New FMR Codes.

**Undertaking to be signed by Contractor/Supplier/Service Provider, where Contract is already signed or where Bidding Process in ongoing**

***“Fraud and Corruption:*** *This Procurement is financed by the World Bank (the “Bank”). The Bank requires compliance with the Bank’s Anti-Corruption Guidelines and its prevailing sanctions policies and procedures as set forth in the WBG’s Sanctions Framework, as set forth in following paragraphs. In further pursuance of this policy, we <name of Contractor/Supplier/Service Provider> and our subcontractors and personnel agree to permit the Bank to inspect all accounts, records and other documents relating to bid/proposal submission and contract performance, and to have them audited by auditors appointed by the Bank; and also agree with the following provisions.*

**1. Purpose**

*1.1 The Bank’s Anti-Corruption Guidelines and this annexure apply with respect to procurement under Bank Investment Project Financing operations.*

**2. Requirements**

*2.3 The Bank requires that Borrowers (including beneficiaries of Bank financing); bidders, (applicants/proposers), consultants, contractors and suppliers; any sub-contractors, sub-consultants, service providers or suppliers; any agents (whether declared or not); and any of their personnel, observe the highest standard of ethics during the procurement process, selection and contract execution of Bank-financed contracts, and refrain from Fraud and Corruption.*

*2.4 To this end, the Bank:*

*f. Defines, for the purposes of this provision, the terms set forth below as follows:*

*vi. “corrupt practice” is the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party;*

*vii. “fraudulent practice” is any act or omission, including misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain financial or other benefit or to avoid an obligation;*

*viii. “collusive practice” is an arrangement between two or more parties designed to achieve an improper purpose, including to influence improperly the actions of another party;*

*ix. “coercive practice” is impairing or harming, or threatening to impair or harm, directly or indirectly, any party or the property of the party to influence improperly the actions of a party;*

*x. “obstructive practice” is:*

*(c) deliberately destroying, falsifying, altering, or concealing of evidence material to the investigation or making false statements to investigators in*

*order to materially impede a Bank investigation into allegations of a corrupt, fraudulent, coercive, or collusive practice; and/or threatening, harassing, or intimidating any party to prevent it from disclosing its knowledge of matters relevant to the investigation or from pursuing the investigation; or*

*(d) acts intended to materially impede the exercise of the Bank's inspection and audit rights provided for under paragraph e. below.*

*g. Rejects a proposal for award if the Bank determines that the firm or individual recommended for award, any of its personnel, or its agents, or its sub-consultants, sub-contractors, service providers, suppliers and/ or their employees, has, directly or indirectly, engaged in corrupt, fraudulent, collusive, coercive, or obstructive practices in competing for the contract in question;*

*h. In addition to the legal remedies set out in the relevant Legal Agreement, may take other appropriate actions, including declaring mis-procurement, if the Bank determines at any time that representatives of the Borrower or of a recipient of any part of the proceeds of the loan engaged in corrupt, fraudulent, collusive, coercive, or obstructive practices during the procurement process, selection and/or execution of the contract in question, without the Borrower having taken timely and appropriate action satisfactory to the Bank to address such practices when they occur, including by failing to inform the Bank in a timely manner at the time they knew of the practices;*

*i. Pursuant to the Bank's Anti- Corruption Guidelines and in accordance with the Bank's prevailing sanctions policies and procedures, may sanction a firm or individual, either indefinitely or for a stated period of time, including by publicly declaring such firm or individual ineligible (i) to be awarded or otherwise benefit from a Bank-financed contract, financially or in any other manner;<sup>[5]</sup> (ii) to be a nominated<sup>[6]</sup> sub-contractor, consultant, manufacturer or supplier, or service provider of an otherwise eligible firm being awarded a Bank-financed contract; and (iii) to receive the proceeds of any loan made by the Bank or otherwise to participate further in the preparation or implementation of any Bank-financed project;*

*j. Requires that a clause be included in bidding/request for proposals documents and in contracts financed by a Bank loan, requiring (i) bidders (applicants/proposers), consultants, contractors, and suppliers, and their sub-contractors, sub-consultants, service providers, suppliers, agents personnel, permit the Bank to inspect<sup>[7]</sup> all accounts, records and other documents relating to the procurement process, selection and/or contract execution, and to have them audited by auditors appointed by the Bank."*

**Provisions to be added in Bidding/RFP/Tender Documents; as well as in Contract/Agreement, where bidding/selection process in yet to begin**

*“Fraud and Corruption: This Procurement is financed by the World Bank (the “Bank”). The Bank requires compliance with the Bank’s Anti-Corruption Guidelines and its prevailing sanctions policies and procedures as set forth in the WBG’s Sanctions Framework, as set forth in following paragraphs. In further pursuance of this policy, bidders shall permit and shall cause their agents (whether declared or not), subcontractors, sub-consultants, service providers, suppliers, and personnel, to permit the Bank to inspect all accounts, records and other documents relating to any initial selection process, prequalification process, bid submission, proposal submission, and contract performance (in the case of award), and to have them audited by auditors appointed by the Bank.*

**1. Purpose**

*1.1 The Bank’s Anti-Corruption Guidelines and this annexure apply with respect to procurement under Bank Investment Project Financing operations.*

**2. Requirements**

*2.1 The Bank requires that Borrowers (including beneficiaries of Bank financing); bidders, (applicants/proposers), consultants, contractors and suppliers; any sub-contractors, sub-consultants, service providers or suppliers; any agents (whether declared or not); and any of their personnel, observe the highest standard of ethics during the procurement process, selection and contract execution of Bank-financed contracts, and refrain from Fraud and Corruption.*

*2.2 To this end, the Bank:*

- a. Defines, for the purposes of this provision, the terms set forth below as follows:*
  - i. “corrupt practice” is the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party;*
  - ii. “fraudulent practice” is any act or omission, including misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain financial or other benefit or to avoid an obligation;*
  - iii. “collusive practice” is an arrangement between two or more parties designed to achieve an improper purpose, including to influence improperly the actions of another party;*
  - iv. “coercive practice” is impairing or harming, or threatening to impair or harm, directly or indirectly, any party or the property of the party to influence improperly the actions of a party;*
  - v. “obstructive practice” is:*



*(a) deliberately destroying, falsifying, altering, or concealing of evidence material to the investigation or making false statements to investigators in order to materially impede a Bank investigation into allegations of a corrupt, fraudulent, coercive, or collusive practice; and/or threatening, harassing, or intimidating any party to prevent it from disclosing its knowledge of matters relevant to the investigation or from pursuing the investigation; or*

*(b) acts intended to materially impede the exercise of the Bank's inspection and audit rights provided for under paragraph 2.2 e. below.*

*b. Rejects a proposal for award if the Bank determines that the firm or individual recommended for award, any of its personnel, or its agents, or its sub-consultants, sub-contractors, service providers, suppliers and/ or their employees, has, directly or indirectly, engaged in corrupt, fraudulent, collusive, coercive, or obstructive practices in competing for the contract in question;*

*c. In addition to the legal remedies set out in the relevant Legal Agreement, may take other appropriate actions, including declaring misprocurement, if the Bank determines at any time that representatives of the Borrower or of a recipient of any part of the proceeds of the loan engaged in corrupt, fraudulent, collusive, coercive, or obstructive practices during the procurement process, selection and/or execution of the contract in question, without the Borrower having taken timely and appropriate action satisfactory to the Bank to address such practices when they occur, including by failing to inform the Bank in a timely manner at the time they knew of the practices;*

*d. Pursuant to the Bank's Anti- Corruption Guidelines and in accordance with the Bank's prevailing sanctions policies and procedures, may sanction a firm or individual, either indefinitely or for a stated period of time, including by publicly declaring such firm or individual ineligible (i) to be awarded or otherwise benefit from a Bank-financed contract, financially or in any other manner;<sup>[2]</sup> (ii) to be a nominated<sup>[3]</sup> sub-contractor, consultant, manufacturer or supplier, or service provider of an otherwise eligible firm being awarded a Bank-financed contract; and (iii) to receive the proceeds of any loan made by the Bank or otherwise to participate further in the preparation or implementation of any Bank-financed project;*

*e. Requires that a clause be included in bidding/request for proposals documents and in contracts financed by a Bank loan, requiring (i) bidders (applicants/proposers), consultants, contractors, and suppliers, and their sub-contractors, sub-consultants, service providers, suppliers, agents personnel, permit the Bank to inspect<sup>[4]</sup> all accounts, records and other documents relating to the procurement process, selection and/or contract execution, and to have them audited by auditors appointed by the Bank."*

<b>Annexure-6.3 : Statement on Procurement to be maintained at State level</b>					
<b>Name of the State/UT.....</b>					
<b>Period: .....2020</b>					
<b>Sl No</b>	<b>Name of the item Procured</b>	<b>Name of supplier/Contractors/service providers</b>	<b>Date of contract signing</b>	<b>Value of contract (INR)</b>	<b>Date of completion of contract</b>

### Clauses for Inclusion in Civil Works Contracts

- *Clauses already part of contract/bidding documents being used need not be duplicated.*
- *The primary/main contractor will be responsible for ensuring these, even if one or more sub-contractors are used for completing the civil works.*
- *The contractor to put in place measures to avoid or minimize the spread of the transmission of COVID-19 and/or any communicable diseases that may be associated with the influx of temporary or permanent contract-related labor.*
- *Any suspect case of COVID19 should be tested as per the national/state guidelines issued by the Health and Family Welfare Ministry/Departments and precautions/protocol to be followed for the infected worker and his/her co-workers.*

<b>1.</b>	<b>General Obligations of the Contractor</b>
	<ul style="list-style-type: none"> <li>▪ To take all necessary precautions to maintain the health and safety of the Contractor’s personnel.</li> <li>▪ To depute a health and safety officer at site, who will have the authority to issue directives for the purpose of maintaining the health and safety of all personnel authorized to enter and or work on the site and to take protective measures to prevent accidents, including spread of COVID19.</li> <li>▪ To ensure, in collaboration with local health authorities, access to medical services, first aid and ambulance services are available for workers/labors, as and when needed.</li> </ul>
<b>2.</b>	<b>Labor</b>
	<ul style="list-style-type: none"> <li>▪ No child labor and/or forced labor at construction site for all works.</li> <li>▪ Equal pay/wage for men and women labors.</li> <li>▪ Provide health and safety training/orientation on COVID19 to all workers and staff and other employees of the sub-contractor (tips on cough etiquette, hand hygiene and social distancing).</li> <li>▪ Prepare a detailed profile of the project work force, key work activities, schedule for carrying out such activities, different durations of contract and rotations, confirmed addresses of the labor and any underlying health conditions that increases the risk of severe infection, to facilitate tracking of workers in case of COVID-19 exposure.</li> <li>▪ All laborers to be provided with photo ID cards for accessing the construction site.</li> <li>▪ All laborers engaged at construction site to be provided with the required safetyequipment such as – safety helmet and shoes, secured harness when working at heights, electrical gloves, eye protection for welding etc., without which entry to the construction site shall not be allowed.</li> <li>▪ In relation to COVID19, adequate hand washing/ sanitization, clean drinking water and sanitation facilities to be provided at construction site.</li> <li>▪ All workers/labor to be regularly checked for symptoms before allowing entry to the work site.</li> <li>▪ Paid leave to be mandatorily given if labor contacts COVID-19 and/or any other contagious disease while working at the construction site or in the labor camp.</li> <li>▪ Steps necessary to prevent labor harassment, including sexual harassment, gender-based</li> </ul>

violence and any discrimination based on religious, political and/or sexual orientation.

**3. Labor Camps (only when labor camps are established)**

- Contractor to provide hygienic living conditions and safe drinking water.
- Separate toilets for male and females and adequate hand washing/sanitization facilities.
- Small creche and/or play areas for children with helper, when labor is away at work.
- Fireproof wiring and good quality electricals to be used inside the camp.
- Cooking gas and/or electric/induction plate to be provided for each labor household.
- Monthly/weekly health check up to be organized at the camp for all labors/family.
- Organize awareness campaign for social distancing and general health and hygiene.

**4. Involuntary Resettlement Related (Only When Relevant)**

- No forced eviction of any squatter and/or encroacher at the construction site.
- Such matter to be informed in writing to the concerned authorities and the World Bank for appropriate action as per the environment and social standard (ESS5).

**5. Greenfield/New Constructions – Permits / Environment and Social Management Plan (ESMP)**

- No use of Asbestos or components/fixtures having asbestos.
- Comply with all applicable national/state permits.
- For greenfield projects involving construction of new buildings and/or adding new floors and/or constructing a new section/wing in an existing building (hospitals, laboratories, isolation wards and quarantine facilities), an ESMP to be prepared by the contractor, as per works specifications.

**6. Construction Management in Upgrading of Existing Buildings**

- For all contracts involving upgrading of existing buildings (adding rooms, wards, halls, treatment and isolation areas, medication rooms, operation theaters, intensive care units, laboratories etc.), follow the Construction Management Framework prepared for the India COVID-19 Project and included in the project's Environmental and Social Management Framework (ESMF), along with following various guidelines issued by the Government of India, WHO best practices etc.
- Maintain a roster of workers/staff at work site indicating their health condition and symptoms and ensure screening procedures (non-physical temperature measurement) at work sites.
- Depute and assign monitoring and reporting responsibilities on environmental management, health and personnel safety.
- Preventing a worker from an affected area or who has been in contact with an infected person from returning to the site for 14 days or (if that is not possible) isolating such worker for 14 days.
- Place posters and signages at/around the site, with images and text in local languages relating to personal safety, hygiene and on COVID-19 symptoms and guidelines.
- Ensuring handwashing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces.

- Segregate lunch hours at worksite of workers to maintain social distancing.
- Designated separate space for storing construction material.
- Securing the construction site with entry only for authorized personnel and disinfecting of the worksite to be undertaken at close of work every day or as may be required.
- Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., Biomedical Waste Rules-2018, WHO).

**7. Grievance Redress Mechanism (GRM)**

- Contractor to establish and widely advertise (within labor camps and at construction site) a GRM. Workers to be informed of their rights for reporting a workplace condition that is not safe or healthy for them and poses imminent risk of contracting COVID-19 without any reprisal/penalty.
- GRM to have provisions for receiving, registering, following up and resolution system for any complaint/grievance received during the construction period.
- A complaints register will always be maintained at the site office and responsibilities allotted to a sufficiently senior official for complaint redress.

<sup>[1]</sup>[https://doe.gov.in/sites/default/files/GFR2017\\_0.pdf](https://doe.gov.in/sites/default/files/GFR2017_0.pdf)

<sup>[2]</sup> For the avoidance of doubt, a sanctioned party's ineligibility to be awarded a contract shall include, without limitation, (i) applying for pre-qualification, expressing interest in a consultancy, and bidding, either directly or as a nominated sub-contractor, nominated consultant, nominated manufacturer or supplier, or nominated service provider, in respect of such contract, and (ii) entering into an addendum or amendment introducing a material modification to any existing contract.

<sup>[3]</sup> A nominated sub-contractor, nominated consultant, nominated manufacturer or supplier, or nominated service provider (different names are used depending on the particular bidding document) is one which has been: (i) included by the bidder in its pre-qualification application or bid because it brings specific and critical experience and know-how that allow the bidder to meet the qualification requirements for the particular bid; or (ii) appointed by the Borrower.

<sup>[4]</sup> Inspections in this context usually are investigative (i.e., forensic) in nature. They involve fact-finding activities undertaken by the Bank or persons appointed by the Bank to address specific matters related to investigations/audits, such as evaluating the veracity of an allegation of possible Fraud and Corruption, through the appropriate mechanisms. Such activity includes but is not limited to: accessing and examining a firm's or individual's financial records and information, and making copies thereof as relevant; accessing and examining any other documents, data and information (whether in hard copy or electronic format) deemed relevant for the investigation/audit, and making copies thereof as relevant; interviewing staff and other relevant individuals; performing physical inspections and site visits; and obtaining third party verification of information.

<sup>[5]</sup> For the avoidance of doubt, a sanctioned party's ineligibility to be awarded a contract shall include, without limitation, (i) applying for pre-qualification, expressing interest in a consultancy, and bidding, either directly or as a nominated sub-contractor, nominated consultant, nominated manufacturer or supplier, or nominated service provider, in respect of such contract, and (ii) entering into an addendum or amendment introducing a material modification to any existing contract.

<sup>[6]</sup> A nominated sub-contractor, nominated consultant, nominated manufacturer or supplier, or nominated service provider (different names are used depending on the particular bidding document) is one which has been: (i) included by the bidder in its pre-qualification application or bid because it brings specific and critical experience and know-how that allow the bidder to meet the qualification requirements for the particular bid; or (ii) appointed by the Borrower.

<sup>[7]</sup> Inspections in this context usually are investigative (i.e., forensic) in nature. They involve fact-finding activities undertaken by the Bank or persons appointed by the Bank to address specific matters related to investigations/audits, such as evaluating the veracity of an allegation of possible Fraud and Corruption, through the appropriate mechanisms. Such activity includes but is not limited to: accessing and examining a firm's or individual's financial records and information, and making copies thereof as relevant; accessing and examining any other documents, data and information (whether in hard copy or electronic format) deemed relevant for the investigation/audit, and making copies thereof as relevant; interviewing staff and other relevant individuals; performing physical inspections and site visits; and obtaining third party verification of information.