



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011

Government of India
Department of Health and Family Welfare
Nirman Bhavan, New Delhi - 110011

वन्दना गुरनानी, भा.प्र.से.

Vandana Gurnani, I.A.S.

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

D.O. No.-Z-18015/19/2020-NHM-II-Part(1)
Dated 6th August 2020

Dear Colleagues,

As the COVID 19 pandemic continues to evolve, the Ministry is striving to support the States/UTs through several mechanisms including by providing additional resources to manage the pandemic as well as to develop strong and resilient public health systems to deal with such situations in future. You may recall that the first tranche of resources under the India COVID-19 Emergency Response and Health Systems Preparedness Package (COVID Package) was released to the States/UTs in April, 2020. The indicative Resource Envelope for the COVID Package for your State and the details of amount released under first tranche and second tranche (where applicable) is given in Table-I attached to this letter.

A brief guidance note, supplementing the guidance note issued vide letter dated 23.04.20, is enclosed for your kind reference and necessary action. It is requested that a revised Emergency COVID-19 Response Plan (ECRP) for FY 2020-21 may be prepared in the template enclosed herewith at Annexure I for the total resource envelope indicated above. A summary of financial proposal may also be sent in Annexure II.

The ECRP as approved by the Executive Committee of the State Health Society may be forwarded to the Ministry as soon as it may be possible, but not later than 17.08.20 to facilitate requisite approvals. A copy of the plan approved by the Governing Body of the SHS may also be shared with the Ministry, preferably by 31st August 2020. It may also be ensured that the States/UTs adopt efficacious expenditure measures while utilizing the funds released under the COVID Package.

Please feel free to reach out to us in case of any query.

with warm regards

Yours' sincerely


(Vandana Gurnani)

To

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

स्वच्छ भारत-स्वस्थ भारत

Tele : 011-23063693, Telefax : 011-23063687 E-mail : vandana.g@ias.nic.in

-2-

D.O. No.-Z-18015/19/2020-NHM-II-Part(1)

Dated 6th August 2020

Copy to:

- Mission Director, NHM- all States/UTs
- PPS to Secretary/ OSD, DoHFW /AS&FA/ AS&MD (NHM), MoHFW
- DDG (CTD), MoHFW
- ED, NHSRC
- Director (NHM-I/II/III/IV)



(Vandana Gurnani)

**Supplementary Guidance note for States/UTs for preparing ECRP under
India COVID-19 Emergency Response and Health Systems Preparedness Package**

1. The emergency component of the COVID Package is extended from 30th June 2020 to 31st March 2021.
2. A revised ECRP may be prepared according to the guidelines contained in this document apart from those included in the guidance note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-Part(1) dated 23rd April, 2020 and subsequent clarification issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-Part(1) dated 9th May, 2020. While preparing the ECRP, following may be ensured –
 - 2.1. The revised ECRP should be prepared for the full resource envelope of the State/UT including the amount released in first tranche in April 2020. The amount released in 2019-20 under the NHM may not be included in the ECRP.
 - 2.2. The total amount of the ECRP 2020-21 should not exceed more than 20% above the total resource envelope indicated for the State/UT.
 - 2.3. The revised ECRP may be prepared in the format enclosed at Annexure – I. The format is indicative and additional activities, wherever necessary, may be added. However, in such cases full details and justification for the estimates must be provided in the ECRP (Annexures may be attached for this purpose).
 - 2.4. State/UT must ensure that funds made available under COVID Package are not used for any activity included in the negative list of items/activities communicated vide letter dated 09.05.2020. A copy of the said letter is annexed herewith for ready reference.

Negative list of items/activities

- a. Construction of the office buildings.
- b. Purchase of vehicles.
- c. Capital costs on any buildings belonging to private, commercial organisation or NGOs.
- d. Capital expenditure for development of private facilities.
- e. Purchase of any services for COVID patients availing services in private in private facilities.
- f. Rental expenditure for quarantine facilities.

- g. Expenditure on migrant labour camps.
- h. Expenditure on Transport for migrants.
- i. Expenses related to regular maintenance services, for which a fund or budget is available
- j. Expenditure on flight costs for patients or residents of the districts brought from other countries or states.
- k. Expenditure on Air ambulances.

2.5. State/UT must ensure that the ECRP contains only such deliverables/activities which can be fully implemented by 31st March, 2021.

2.6. While preparing the revised ECRP the State/UT may prioritise following activities–

- 2.6.1. Strengthening of public health facilities infrastructure for testing including procurement and installation of RT-PCR machines, RNA extraction kits, TRUNAT & CBNAAT machines and BSL-II cabinets etc.
- 2.6.2. Strengthening of public health facilities infrastructure for treatment and development of ICU beds.
- 2.6.3. Installation of oxygen generators, cryogenic oxygen tanks and medical gas pipelines in public health facilities and procurement of bed side oxygen concentrators and arrangements for sufficient oxygen supplies.
- 2.6.4. Engagement, training and capacity building of necessary HR and incentives to healthcare workforce and volunteers, including ASHAs, on COVID duties. Wherever necessary, volunteers registered on the COVID Warriors portal may also be engaged for COVID duties.

2.7. Normative average ceiling unit costs for a few activities are mentioned in column 9 of Annexure – I. These unit costs are average unit costs and may vary from site to site depending on the gaps in infrastructure that need to be bridged. Also, these unit costs are only normative and actuals are subject to price discovery through transparent and open bidding processes as per the relevant and extant rules. States/UTs may work out their unit costs as per local contexts while preparing the proposals. However, support under this Package shall be limited to the average ceiling cost as indicated in column no. - 9 of Annexure I. States/UTs will have to bear the expenditure from their own resources in case their average unit cost is above the average ceiling cost (upper limit) indicated for that particular item/activity. Para 7 of the Guidance note issued vide AS&MD's DO

letter no.-Z-18015/19/2020-NHM-II-Part(1) dated 23rd April, 2020, stands modified accordingly.

- 2.8. Lumpsum provisions may not be made unless so indicated in the Annexure - I. Clear physical deliverables and unit costs may be mentioned in the ERCP at appropriate places. Additional working sheets for working out the estimates may be annexed with the ERCP for record and reference.
 - 2.9. Additional incentives to HR, ASHAs, ASHA Facilitators and other community health volunteers may be budgeted and paid only for the period of their engagement for COVID related duties.
 - 2.10. Baseline values for each activity should be entered in column (3) of the ECRP (Annexure – I) to bring clarity on deliverable and estimates and to enable monitoring of progress under the Package. It may be noted that baseline value for an activity is status for that activity as on 31st December 2019.
3. **Procurement**: Due care must be taken to assess the needs for procurement of goods and services. Following precautions may be taken –
- 3.1. Physical targets for procurement and acquisition may continuously be reviewed on the basis of actual data to ensure that excess capacities are not created as a result.
 - 3.2. Since sufficient ventilators for meeting the needs posed by the States/UTs in full, are already being procured and supplied by the Ministry, States/UTs must not undertake further procurement of ventilators at the State/UT level from the resources made available under the COVID Package or under the National Health Mission. Existing purchase orders, if any, may also be suitably reviewed. A copy of the letter no. A-45013/50/2020/HPE, dated 17th July 2020, is also enclosed in this regard.
 - 3.3. Careful assessment of availability and the measures for engaging additional HR, wherever necessary, must be done before procuring any equipment so that procured equipment do not remain unutilized. Suitable training, if required, must also be arranged in this regard. It may be ensured that all equipment procured are put to use and are prudently used.

- 3.4. States/UTs must ensure a suitable mechanism for asset accounting, verification and monitoring.
- 3.5. States/UTs must ensure that provisions of Revised Procurement Annexures issued vide DO letter no.-Z-18015/19/2020-NHM-II-Part(1) dated 8th July 2020 from JS (P) are adhered to any necessary documentation is maintain for all procurements under COVID Package for claiming reimbursement of expenditure from the World Bank and the AIIB.. A copy of the said letter along with the revised Annexures (refer to para 10.4, 10.5, 10.6 and 10.7 of the Guidance Note dated 23.04.20), is attached.
- 3.6. As communicated vide JS(P)'s DO letter no. Z-18015/19/2020-NHM-II-Part(1) dated 9th July 2020, States/UTs must ensure that no preferential clauses are kept in the tender documents for procurements done under the COVID package in any tender issued beyond 20th July 2020. A copy of the letter is attached.
4. The FMR code-wise financial summary of the ERCP may be prepared in Annexure – II.
5. States/UTs must ensure that Monthly Expenditure and the physical progress report for COVID-19 Package is reported to the Ministry by 5th of every month in the prescribed formats as per Annexure-III and Annexure IV respectively. Para- 11 of the guidance note dated 23.04.20 accordingly stands modified.
6. State/UT must ensure that the auditor engaged for concurrent audit of NHM also conducts concurrent audit of expenditure under the COVID-19 Package.
7. Further releases will be made on receipt of the Utilization Certificate as per the prescribed format at Annexure-V.
8. These instructions supplement the guidance note for the India COVID-19 Emergency Response and Health Systems Preparedness Package issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-Part(1) dated 23rd April, 2020. In case further clarity is required, the matter must be referred to the Ministry.

Annexure I

ECRP 2020-21 under India COVID-19 on Emergency Response and Health Systems Preparedness Package (ER&HSPP)

Sl. No	Head / Activity	Baseline value as on 31.12.19	Physical deliverables planned out of COVID Package (Both Tranches)	Progress up to June 2020*	Balance Target up to March 2021	Average Unit Cost		Total Amount Proposed for the Activity (Rs. Lakhs)	Remarks
						Unit of measure	Unit Cost (In Rs./unit)		
(1)	(2)	(3)	(4)	(5)	(6)=(4-5)	(7)	(8)	(9)=(4) * (8)	(10)
Testing and Lab Strengthening (FMR-B.31.1)									
1.	No. of RTPCR platform								
2.	No. of RNA extraction kits								
3.	No. of RTPCR test Kits (Tests)								
4.	No. of Rapid Antigen Test Kits (Tests)								
5.	No. of Rapid Antibody Test Kits (Tests)								
6.	No. of TRUNAAT Machines								
7.	No. of TRUNAAT Chips (Tests)								
8.	No. of CBNAAT Machines								
9.	No. of CBNAAT Cartridges (Tests)								
10.	Value of Consumables and reagents (Lumpsum)					Lumpsum			
11.	No. of Viral Transport Media (VTM) procured								
12.	No. of BSL2 cabinets								
13.	Other non-COVID Diagnostics equipment (Specify)								
14.	Sample Transport								
15.	Others (Specify)								
Procurement (Excluding central Supplies)- (FMR-B.31.2)									
1	No. of Personal Protection Equipment (PPEs)								
2.	No. of N95 Masks								
3.	Mask other than N95								
4	Alcohol Rub								

Sl. No	Head / Activity	Baseline value as on 31.12.19	Physical deliverables planned out of COVID Package (Both Tranches)	Progress up to June 2020*	Balance Target up to March 2021	Average Unit Cost		Total Amount Proposed for the Activity (Rs. Lakhs)	Remarks
						Unit of measure	Unit Cost (In Rs./unit)		
(1)	(2)	(3)	(4)	(5)	(6)=(4-5)	(7)	(8)	(9)=(4) * (8)	(10)
5.	Gloves								
6.	Drugs								
7.	Disinfectant-Sodium Hypochlorite/ Hydrogen Peroxide/ Glutaraldehyde								
7.	Other (Specify)								
Health Facilities (FMR .31.3)									
1	No. of isolation Beds	30000*	2000*	1200*	800*	Rs./Bed	33,000 #	660.00*	
2.	No. of oxygen generators positioned					Costs of these activities should be aggregated to derive the average cost per oxygen supported bed. Accordingly, funds to be budgeted under S.No. 6			
3.	No. of facilities where manifold with cryogenic/cylinder source installed								
4.	No. of facilities supported for medical gas pipeline								
5.	No. of oxygen concentrators added								
6.	No. of Oxygen supported beds (Unit Cost should include Sl. No. 2/3/4/5)					Rs./Bed	81,400 ##		
7.	No. of ICU Beds					Rs./Bed	3,60,000 ###		
8.	No. of negative pressure isolation rooms								
9.	Transient makeshift hospital								
10	No. of Dialysis machines								
11	Operational and maintenance expenses for equipment /facilities					Lumpsum			
Additional Human Resources engaged for COVID-19 (FMR-B.31.4)									
1.	Physicians								
2.	Anaesthetists								
3.	Other Specialists as required for clinical Management								
4.	Medical Officers [GDMOs]								
5.	Staff Nurses								
6.	Community Health Officers (CHOs)								

Sl. No	Head / Activity	Baseline value as on 31.12.19	Physical deliverables planned out of COVID Package (Both Tranches)	Progress up to June 2020*	Balance Target up to March 2021	Average Unit Cost		Total Amount Proposed for the Activity (Rs. Lakhs)	Remarks
						Unit of measure	Unit Cost (In Rs./unit)		
(1)	(2)	(3)	(4)	(5)	(6)=(4-5)	(7)	(8)	(9)=(4) * (8)	(10)
7.	Multipurpose Health Workers [Male]								
8.	Multipurpose Health Workers [Female]								
9.	ASHAs					Rs./ASHA/ month	Rs. 1000		
10.	ASHA facilitators and other community volunteers					Rs./ASHA facilitator /month	Rs. 500/		
11.	Laboratory Technicians								
12.	Psychiatric Social Worker								
13.	Epidemiologist at District level IDSP Unit								
14.	Microbiologist at District level IDSP Unit								
15.	Data Manager at District level IDSP Unit								
16.	Data Entry Operators								
17.	Support Staff								
18.	Others (specify)								
Incentive to Human Resources (FMR-B.31.4)									
1.	Specialists								
2.	Medical Officers								
3.	Staff Nurses								
4.	CHOs								
5.	MPWs / ANMs								
6.	ASHAs (excluding S.No. 9 of B31.4)					Rs./ASHA/ month	Rs. 1000		
7.	ASHA facilitators and other community volunteers (excluding S.No. 10 of B31.4)					Rs. / ASHA facilitator /month	Rs. 500		
8.	Other regular staff								
9.	Other contractual staff								
10.	Others (Specify)								
Monitoring & Surveillance related (FMR-B.31.5)									
1.	Outreach/Surveillance surveys					Lumpsum			
2.	Monitoring & Facility Readiness visits					Lumpsum			

Sl. No	Head / Activity	Baseline value as on 31.12.19	Physical deliverables planned out of COVID Package (Both Tranches)	Progress up to June 2020*	Balance Target up to March 2021	Average Unit Cost		Total Amount Proposed for the Activity (Rs. Lakhs)	Remarks
						Unit of measure	Unit Cost (In Rs./unit)		
(1)	(2)	(3)	(4)	(5)	(6)=(4-5)	(7)	(8)	(9)=(4) * (8)	(10)
3.	Mobility Support for hospital Staff					Lumpsum			
4	Referral transport					Lumpsum			
5.	Any Other (Specify)								
IT systems (FMR B.31.6)									
1.	Hardware equipment including power back and connectivity, support of software at State Data centre								
2.	Human resource at state level								
3.	No. of facilities to be equipped with Hardware for Telemedicine								
4.	No. of facilities to be equipped with software Telemedicine								
5.	Data entry expenses					Lumpsum			
6.	Any Other (Specify)								
IEC/BCC (FMR 31.7)									
1	COVID/Health Helpline					Rs. per seat per month			
2.	Any other (Specify)								
Training – No. of personnel (31.8)									
1.	Physicians								
2.	Anaesthetists								
3.	Other Specialists as required for clinical Management								
4.	Medical Officers [GDMOs]								
5.	Staff Nurses								
6.	Community Health Officers (CHOs)								
7.	Multipurpose Health Workers [Male]								
8.	Multipurpose Health Workers [Female]								
9.	ASHAs								
10.	ASHA facilitators and other community volunteers								
11.	Laboratory Technicians								

Sl. No	Head / Activity	Baseline value as on 31.12.19	Physical deliverables planned out of COVID Package (Both Tranches)	Progress up to June 2020*	Balance Target up to March 2021	Average Unit Cost		Total Amount Proposed for the Activity (Rs. Lakhs)	Remarks
						Unit of measure	Unit Cost (In Rs./unit)		
(1)	(2)	(3)	(4)	(5)	(6)=(4-5)	(7)	(8)	(9)=(4) * (8)	(10)
12.	Psychiatric Social Worker								
13.	Epidemiologist at District level IDSP Unit								
14.	Microbiologist at District level IDSP Unit								
15.	Data Manager at District level IDSP Unit								
16.	Data Entry Operators								
17.	Support Staff								
18.	Others (specify)								
Miscellaneous (FMR – 31.9)									
1	United Fund to Districts								
2	Any Other (Specify)								

*Value shown as example

#Average unit cost for isolation beds:

- Includes cost of furniture, equipment & necessary civil work etc., excluding recurring costs and costs on HR.
- Unit costs of HR to be budgeted separately (B31.4). Recurring costs should be indicated in S.No. 11 of B31.3.
- Should be derived by calculating total costs and by dividing the total cost by the target indicated in column (4).
- Actual worked out average unit cost should be used (and not the normative value shown in the format)

Average unit cost for oxygen beds:

- Includes cost of oxygen generators, cryogenic tanks, oxygen generators/concentrators, medical gas pipelines, furniture, equipment & necessary civil work etc., excluding recurring costs and costs on HR.
- Unit costs of HR to be budgeted separately (B31.4). Recurring costs should be indicated in S.No. 11 of B31.3.
- Should be derived by calculating total costs and by dividing the total cost by the target indicated in column (4).
- Actual worked out average unit cost should be used (and not the normative value shown in the format).

###Average unit cost for ICU beds:

- Includes cost of furniture, equipment & necessary civil work etc., excluding recurring costs and costs on HR.
- Unit costs of HR to be budgeted separately (B31.4). Recurring costs should be indicated in S.No. 11 of B31.3.
- Should be derived by calculating total costs and by dividing the total cost by the target indicated in column (4).
- Actual worked out average unit cost should be used (and not the normative value shown in the format)

Financial Reporting format on India COVID-19 on Emergency Response and Health Systems Preparedness Package (ER&HSPP)

(Amount in Rs. Crore)

Sl. No.	FMR Code	Approval of EC of SHS on the approved 1st tranche of ER&HSPP	Additional amount Approved by EC	Total Approval
(1)	(2)	(3)	(4)	(5)=(3+4)
B.31	COVID 19 (Grand Total)			
B.31.1	Diagnostics including sample transport (Total)			
B.31.2	Drugs and supplies including PPE and masks (Total)			
B.31.3	Equipment/ facilities for patient-care including support for ventilators etc. (Total)			
B.31.4	HR (Existing and Additional) including incentives for Community Health Volunteers (Total)			
B.31.5	Surveillance & Mobility Support (Total)			
B.31.6	IT systems including Hardware and software, etc. (Total)			
B.31.7	IEC/BCC (Total)			
B.31.8	Training (Total)			
B.31.9	Miscellaneous (Total)			
	Total			

Annexure-III

**Monthly Expenditure format on India COVID-19 Emergency Response and Health
Systems Preparedness Package (ER&HSPP)**

For the month of 2020/2021

(Rs. in lakhs)						
Sl. No.	FMR Code	Total Approval	Amount Released	Expenditure during the month ----- , 2020	Progressive Expenditure up to month -- -----2020	Balance
(1)	(2)	(3)	(4)	(5)	(6)	(7)= (4)- (6)
B.31	COVID 19 (Grand Total)					
B.31.1	Diagnostics including sample transport (Total)					
B.31.2	Drugs and supplies including PPE and masks (Total)					
B.31.3	Equipment/ facilities for patient-care including support for ventilators etc. (Total)					
B.31.4	HR (Existing and Additional) including incentives for Community Health Volunteers (Total)					
B.31.5	Surveillance & Mobility Support (Total)					
B.31.6	IT systems including Hardware and software, etc. (Total)					
B.31.7	IEC/BCC (Total)					
B.31.8	Training (Total)					
B.31.9	Miscellaneous (Total)					
	Total					

(Director, Finance)
Date :

(Mission Director, NHM)
Date :

**Monthly progress report on Emergency Response and Health Systems Preparedness
Package on Phase I COVID-19**

[January to 2020] (cumulative)

A. Health Facilities augmented by States/UTs

Sl. No.	Particulars	Upto Month..... 2020
1	No. of isolation Beds added	
2	No. of Oxygen supported beds added	
3	No. of ICU Beds added	
4	No. of negative pressure isolation rooms prepared	
5	Transient makeshift hospitals	
6.	No. of Dialysis machines installed	

B. Procurement (By States/UTs)

S. No.	Name of the item	Upto Month..... 2020
1	N 95 Masks	
2.	Mask other than N95	
3.	No. of Personal Protection Equipment (PPEs)	
4.	Alcohol Rub (Litres)	
5.	No. of Gloves	
6.	Vol. of Disinfectant-Sodium Hypochlorite/ Hydrogen Peroxide/ Glutaraldehyde	
7.	Value of Drugs	

C. Testing and Lab Strengthening (By States/UTs)

Sl. No.	Particulars	Upto Month..... 2020
1.	No. of RTPCR platform	
2.	No. of RNA extraction kits	
3.	No. of RTPCR test Kits (Tests)	
4.	No. of Rapid Antigen Test Kits (Tests)	
5.	No. of Rapid Antibody Test Kits (Tests)	
6.	No. of TRUNAAT Machines	
7.	No. of TRUNAAT Chips (Tests)	
8.	No. of CBNAAT Machines	
9.	No. of CBNAAT Cartridges (Tests)	

Sl. No.	Particulars	Upto Month..... 2020
10.	Value of Consumables and reagents (Lumpsum)	
11.	No. of Viral Transport Media (VTM) procured	
12.	No. of BSL2 cabinets	
13.	Other non-COVID Diagnostics equipment (Specify)	

D. Additional Human Resources engaged by States/UTs

Sl. No.	Particulars	Upto Month..... 2020
1.	Physicians	
2.	Anaesthetists	
3.	Other Specialists as required for clinical Management	
4.	Medical Officers [GDMOs]	
5.	Staff Nurses	
6.	Community Health Officers (CHOs)	
7.	Multipurpose Health Workers [Male]	
8.	Multipurpose Health Workers [Female]	
9.	ASHAs	
10.	ASHA facilitators and other community volunteers	
11.	Laboratory Technicians	
12.	Psychiatric Social Worker	
13.	Epidemiologist at District level IDSP Unit	
14.	Microbiologist at District level IDSP Unit	
15.	Data Manager at District level IDSP Unit	
16.	Data Entry Operators	
17.	Support Staff	
18.	Others (specify)	

E. Incentive to Human Resources provided by States/UTs

Sl. No.	Particulars	Upto Month..... 2020 - No. of personnel
1.	Specialists	
2.	Medical Officers	
3.	Staff Nurses	
4.	CHOs	
5.	MPWs / ANMs	
6.	ASHAs (excluding S.No. 9 of Table D)	
7.	ASHA facilitators and other community volunteers (excluding S.No. 10 of Table D)	
8.	Other regular staff	
9.	Other contractual staff	
10.	Others (Specify)	

F. Surveillance related (from States/UTs)

Sl. No.	Particulars	Upto Month..... 2020
1	Mobility support provided to the surveillance staff (No of staff)	
2.	Additional HR deployed for surveillance at State level and in districts and at Central Surveillance Unit (CSU) and other units of NCDC	
3.	Monitoring & Facility Readiness visits (No of staff)	
4.	Mobility Support for hospital Staff (No of staff)	
5.	Referral transport (No of trips)	
6.	Any Other (Specify)	

G. IT systems

Sl. No.	Particulars	Upto Month..... 2020
1	Hardware equipment including power back and connectivity, support of software at State Data centre (Available-Yes/No)	
2.	No. of Human resource at state level	
3.	No. of facilities to be equipped with Hardware for Telemedicine	
4.	No. of facilities to be equipped with software Telemedicine	

H. Training – No. of personnel

Sl. No.	Particulars	Upto Month..... 2020
1.	Field surveillance, contact tracing, data management and reporting	
2.	Sampling, packaging and shipment of specimen	
3.	Hospital infection prevention and control including use of appropriate PPEs and biomedical waste management	
4.	Clinical case management including ventilator management, critical care management	
5.	Dialysis	
6.	Training of managers on managing quarantine and isolation facilities	
7.	Community based training in Psycho –social care.	
8.	Capacity building for VHSNC, RKS and MAS members- Preparedness, Mitigation and Response	
9.	Any Other (Specify)	

FORM OF UTILIZATION CERTIFICATE (FOR STATE GOVERNMENTS)
(Where expenditure incurred by Govt. bodies only)
India COVID-19 Emergency Response and Health System Preparedness Package

Sl. No.	Letter No. and date	Amount	Certified that out of Rs..... of grants-in-aid sanctioned during the year.....in favour of under the Ministry/Department Letter No. given in the margin and Rs. on account of unspent balance of the previous year, a sum of Rs. has been utilized for the purpose of for which it was sanctioned and that the balance of Rs. remaining unutilized at the end of the year has been surrendered to Government (vide No.dated) / will be adjusted towards the grants payable during the next year.
	Total		

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled/ are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the propose for which it was sanctioned.
3. Certified that all the conditionalities of the Ministry's Guidance Note issued vide D.O. letter No.-Z-18015/19/2020-NHM-II-Part(1)dated 23rd April,2020 and subsequent clarification issued vide D.O. letter of even no. dated 9th May, 2020 have been duly complied with by the State/UT while reporting the expenditure on COVID.
4. Anti-Corruption Guidelines and Procurement Guidelines of the World Bank and Asian Infrastructure Investment Bank (AIIB) are being duly complied with and all documentation with respect to these is being maintained.

Kinds of checks exercised:

1. Ledgers
2. Monthly / Quarterly Statement of Expenditure
3. Fund Position Reports
4. Others (pl specify)

(Pr. Secretary)
Date:



वन्दना गुरनानी, भा.प्र.से.
Vandana Gurnani, I.A.S.

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
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

DO. No. Z-18015/19/2020-NHM-II-Part(1)

Dated the 23rd April 2020

Dear Colleagues,

Subject: Guidance Note on India COVID-19 Emergency Response and Health System Preparedness Package

Reference:

- (1) Letter No. Z-18-10/NHM-1/Part dated 15th March 2020 and Letter no. DO No Z-18-10/NHM-1/Part dated 21st March 2020 from JS (Policy)
- (2) Letter No. V.14013/01/2020-B(NHM)-Part V dated 7th April 2020 from AS&MD

This is in continuation to the earlier communication about centrally funded 'India COVID-19 Emergency Response and Health System Preparedness Package'. We have released funds under immediate response of this package which is for phase 1 up to June 2020.

The India COVID 19 Emergency Response and Health Systems Preparedness Financial Package (hereafter referred as COVID package) 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 future outbreaks in our country. The interventions in this package will be implemented under the National Health Mission, thereby leveraging the existing resources for health systems strengthening to further strengthen and develop health systems, thereby ensuring complementarity. The States/UTs should prioritize resource allocation appropriately to districts and medical colleges based on the stage of the outbreak in a particular district, at the same time, taking into consideration the resources that will be required in the future to tackle COVID-19.

In this regard, the "NHM Guidance Note on India COVID-19 Emergency Response and Health Systems Preparedness Package" is attached herewith. This document enumerates key activities which relates to screening, testing, undertaking community surveillance, strengthening /establishing Dedicated COVID-19 treatment and isolation facilities, creating infrastructure and provision of supplies for infection control, engaging additional HR, and capacity building which can be undertaken with the help of this package. The note also has a section on the fund flow mechanism, approval and procurement process and audit. It is important to note that an untied fund for Rs. 1 Crore is provided for per district to enable district to undertake emergency activities related to COVID response.

Contd..

The attached guidance note and annexures will help you to plan and enhance your preparedness for tackling the COVID pandemic. In case you have any query, please feel free to write to me. The States/UTs need to fully utilize the funds available and implement all the required activities with regular booking of expenditure. Let me assure you that our team is available whenever you require any support.

with warm regards

Yours' sincerely,


(Vandana Gurnani)

To,

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

Copy submitted for necessary information to:

- Secretary, MOHFW, Govt. of India
- Secretary, DEA, Govt. of India
- SS and DG, MOHFW, Govt. of India
- SS (Health), MOHFW ,Govt. of India
- AS & FA, MOHFW, Govt. of India
- All JSs and EAs,MOHFW,Govt. of India
- ED,NHSRC
- DDG(NTEP), MOHFW, Govt. of India

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 1st January 2020 to 31st 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 30th 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 1st January 2020 to 3rd 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 4th 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 7th 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 1st 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: 2nd 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. Z-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...

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

D. O No. M-11011/17/2020 - NHM II
Date the: 2nd 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 2nd 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



वन्दना गुरनानी, आ.स.से.
Vandana Gurnani, I.A.S.
अपर सचिव एवं मिशन निदेशक (रा.स्व.मि.)
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.31	COVID 19 (Grand Total)			
B.31.1	Diagnostics including sample transport (Total)			
	Equipment for molecular tests			
	Equipment for Other Diagnostics			
	Reagent/ Diagnostic Kits including provision for sero-surveillance,			
	VTMs			
	Any Other			
B.31.2	Drugs and supplies including PPE and masks (Total)			
	Essential drugs including for COVID			
	Oxygen			
	PPE			
	N 95/Triple Layer Mask, Gloves			
	Alcohol Rub			
	Any Other			
B.31.3	Equipment/ facilities for patient-care including support for ventilators etc. (Total)			
	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.31.4	HR (Existing and Additional) including incentives for Community Health Volunteers (Total)			
	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.31.5	Mobility Support (Total)			
	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.31.6	IT systems including Hardware and software, etc. (Total)			
	Hardware			
	Telemedicine/Tele-radiology facility			
	Strengthening IDSP/HMIS/RCH/ COVID Portal			
	Any Other			
B.31.7	IEC/BCC (Total)			
	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.31.8	Training (Total)			
	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	Miscellaneous (Total)			
	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



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: 15th 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 5th 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 4th 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

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

(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.31.4	HR (Existing and Additional) including incentives for Community Health Volunteers				
	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.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.31.8	Training				
	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	United 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							
NOTE: Only COVID-19 response related expenditures to be considered from the existing FMR codes for this project.									

(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 is 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;^[5] (ii) to be a nominated^[6] 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^[7] 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 is 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;^[2] (ii) to be a nominated^[3] 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^[4] 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."

Annexure-6.3

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

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.*

1.	General Obligations of the Contractor
	<ul style="list-style-type: none"> ▪ To take all necessary precautions to maintain the health and safety of the Contractor's personnel. ▪ 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. ▪ 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.
2.	Labor
	<ul style="list-style-type: none"> ▪ No child labor and/or forced labor at construction site for all works. ▪ Equal pay/wage for men and women labors. ▪ 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). ▪ 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. ▪ All laborers to be provided with photo ID cards for accessing the construction site. ▪ 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. ▪ In relation to COVID19, adequate hand washing/ sanitization, clean drinking water and sanitation facilities to be provided at construction site. ▪ All workers/labor to be regularly checked for symptoms before allowing entry to the work site. ▪ 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. ▪ Steps necessary to prevent labor harassment, including sexual harassment, gender-based

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.

^[1]https://doe.gov.in/sites/default/files/GFR2017_0.pdf

^[2] 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.

^[3] 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.

^[4] 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.

^[5] 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.

^[6] 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.

^[7] 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.



वन्दना गुरनानी, भा.प्र.से.
Vandana Gurnani, I.A.S.

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
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

D.O. Z-18015/19/2020-NHM-II-Part(1)

Dated: 09th May, 2020

Dear Colleagues,

This is in continuation to my D.O. letter no. Z-18015/19/2020-NHM-II-Part (1), dated 23.04.2020, regarding Guidance Note on India COVID-19 Emergency Response and Health System Preparedness Package. Please find the following clarifications and amendments made to the said Guidance note as under –

1. Para 6 – Preparation of plan and Para 8 – approval process

1.1. Since the allocation issued in 2019-20 is part of NHM allocation, in line with the prevailing process under the NHM, it has been decided that the Emergency COVID Response Plan (ECRP) prepared and approved by EC of SHS, will be treated as Supplementary PIP. Therefore, separate plan may be prepared for 2019-20 in the template provided in Annexure 3 (ref. Para 6.1) of Guidance Note dated 23.04.2020.

1.2. It may be noted that activities under the ECRP for 2019-20 as approved by the EC may be carried out as continued activities with funds treated as committed liabilities.

1.3. The ECRP for 2019-20 so prepared should be shared by States\UTs with the Ministry by 15.05.2020 and will be further processed by Ministry. It is clarified that, as intimated vide the Guidance note earlier, approval of EC of SHS will be sufficient for undertaking implementation of the Plan.

2. Para 6.6 – Untied funds –Based on the feedback and suggestions received from the states/UTs, para 6.6 is amended as under –

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 must be provided to each district. The States\UTs may provision 20% of the total central share made available to the State\UT; or funds at the rate of Rs 1 crore per district, whichever is less. Inter-district distribution of funds may be done based on

: 2 :

population or on the basis of burden and trend of COVID cases or a combination of both. Untied funds to districts may also be provided in installments. The ECRP should factor-in these untied funds to be made available to districts.

3. Negative list of items/activities -

The Guidance note and the FMR structure provide enough flexibility to states to plan and implement various activities suited to their context. However, it may be noted that the funds made available for COVID response may not be used for following purposes\activities -

- a. Construction of the office buildings.
- b. Purchase of vehicles.
- c. Capital costs on any buildings belonging to private, commercial organizations or NGOs.
- d. Capital expenditure for development of private facilities
- e. Purchase of any services for COVID patients availing services in private facilities.
- f. Rental expenditure for quarantine facilities.
- g. Expenditure on migrant labour camps
- h. Expenditure on Transport for migrants.
- i. Expenses related to regular maintenance services, for which a fund or budget is available
- j. Expenditure on Flight costs for patients or residents of the district brought from other countries or states.
- k. Expenditure on Air ambulances.

You may reach out to us for any further clarifications.

with warm regards

Yours sincerely


(Vandana Gurnani)

1. Additional Chief Secretary/Principal Secretary/Secretary, Health - All States/UTs
2. Mission Director, National Health Mission - All States/UTs

D.O. Z-18015/19/2020-NHM-II-Part(1)

: 3 :

Copy submitted for necessary information to:

- PPS to Secretary, MOHFW, Govt. of India
- PPS to OSD, MOHFW, Govt. of India
- JS(P)
- EA(PN)
- Directors, NHM(1,2,3,4)
- DDG(NTEP)
- ED, NHSRC


(Vandana Gurnani)

1815480/2020/NHM-I



विकास शील
संयुक्त सचिव
VIKAS SHEEL
Joint Secretary



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

D.O. No.- Z-18015/19/2020-NHM-II-Part(1)
Dated: 8th July 2020

Dear *Madam/Sir,*

This is with reference to the AS&MD's letter communicated to you vide D.O. No. - 18015/19/2020-NHM-II-Part(1) dated 23rd April 2020 regarding the Guidance Note on India COVID-19 Emergency Response and Health System Preparedness Package.

In this regard, it is informed that as part of co-financing the COVID Package, Asian Infrastructure Investment Bank AIIB has shared their institutional requirements to borrowers related to necessary documentation. Hence, revised World Bank-AIIB procurement annexure now need to be followed by the implementation agencies in the States/UTs as per details below:

1. **Annexure-A-I:** Amendment to be signed where Contract is already signed.
2. **Annexure-A-II:** Provisions to be added in Bidding/RFP/Tender Documents; as well as in Contract/Agreement formats, where the bidding/selection process is yet to begin or bidding process ongoing.
3. **Annexure-A-III:** List of Procurements done during Period.
4. **Annexure-A-IV:** Clauses for Inclusion in Civil Works Contracts.
5. **Annexure-A-V:** Circular Audit of WB Projects by CAG.

Accordingly, the Annexures A of the guidance note referred to above, stands amended. For procurement activities and expenditure under India COVID-19 Emergency Response and Health System Preparedness Package, the revised Annexures enclosed herewith may only be used henceforth. This will be important to ensure complete reimbursement of expenditures incurred under this package from WB and AIIB. I am confident that the States\UTs will strive hard for timely utilization of resources after following due procedures and norms and submit regular expenditure reports on the same.

warm regards

Yours' sincerely

(Signature)
(Vikas Sheel)

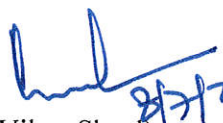
Enclosure: As above

To,

- Additional Chief Secretary/ Principal Secretary/ Secretary (Health and /or Medical Education)- all States/UTs
- MD, NHM- all States/UTs

Copy to:

- Secretary, MoHFW, Govt. of India
- OSD, DoHFW / AS&FA/ AS&MD (NHM), MoHFW, Govt. of India
- DDG (CTD), MoHFW, Govt. of India
- ED, NHSRC
- Director (NHM-I/II/III/IV)


(Vikas Sheel) 27/20.

Annexure A

(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)

Revised Annexure A-I: Amendment to be signed where Contract is already signed

AMENDMENT TO THE CONTRACT

Supply of <name of item>

Signed between

<name & address of Purchaser>

and

<name & address of Supplier> on

<date of signing the original contract>

Further to the contract executed as said above, an amendment to the contract is made on the ____ day of <month>, 2020.

Article 1 – Purpose

As this Contract is to be co-financed by the World Bank and Asian Infrastructure Investment Bank (AIIB), the present amendment has the purpose to add the provisions (attachment 1 and 2) required by World Bank and AIIB.

Article 2 - Validity of Contract clauses

All other clauses of the original contract including all the Appendices remain unchanged

Article 3 – Effectiveness of this Amendment

The present Amendment will be effective retrospectively from the date of signing of original contract.

Read and Agreed

Place: _____

Dated: _____

**For and on behalf of <Purchaser>
(Name and Designation)**

**For and on behalf of <Supplier>
(Name and Designation)**

Attachment 1: Provisions added in the Contract through present Amendment to meet World Bank Requirements

Annexure A

(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-Part(1) dated 23rd April, 2020)

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 Bank's Sanctions Framework, as set forth in following paragraphs. In further pursuance of this policy, the Contractor/Supplier/Service Provider and its 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 attachment apply with respect to current procurement.

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 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

Annexure A

(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-Part(1) dated 23rd April, 2020)

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;¹ (ii) to be a nominated² 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 inspect³ 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.*

¹ 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.

²A 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.

³ 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.

Annexure A

(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)

**Attachment 2: Provisions being added in the Contract through present Amendment to meet AIIB
Requirements**

1. Purpose

AIIB's Policy on Prohibited Practices and this attachment also applies with respect to current procurement.

2. Requirements

In addition to compliance to provisions listed in Attachment 1 , AIIB also requires compliance to additional aspects of "AIIB's Policy on Prohibited Practices" namely (a) "misuse of resources", which means improper use of the AIIB's resources, carried out either intentionally or through reckless disregard; and (b)"theft" which means the misappropriation of property belonging to another party. In case of occurrence of misuse of resources and theft, AIIB will take remedial actions as per its policy as well as may sanction a firm or individual as per its Sanction Framework.

Annexure A

(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-Part(1) dated 23rd April, 2020)

Revised Annexure-A-II : Provisions to be added in Bidding/RFP/Tender Documents; as well as in Contract/Agreement format, where bidding/selection process in yet to begin or bidding process ongoing⁴

A) Provisions of the World Bank

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 Bank's Sanctions Framework, as set forth in following paragraphs. In further pursuance of this policy, bidders/contractors 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 attachment apply with respect to current procurement.*

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 2.2 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*

¹ If bidding process is ongoing, this undertaking has to be issued as amendment to bidding documents

Annexure A

(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-Part(1) dated 23rd April, 2020)

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 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;*
- 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;⁵ (ii) to be a nominated⁶ 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 inspect⁷ 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. Provisions of AIIB

3. Purpose

This Procurement is co-financed by the Asian Infrastructure Investment Bank (AIIB). AIIB's Policy on Prohibited Practices and this attachment also applies with respect to current procurement.

4. Requirements

² 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.

³ 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.

⁴ 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.

Annexure A

(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)

In addition to compliance to provisions listed in previous section (Provisions of the World Bank), AIIB also requires compliance to additional aspects of "AIIB's Policy on Prohibited Practices" namely (a) "misuse of resources", which means improper use of the AIIB's resources, carried out either intentionally or through reckless disregard; and (b) "theft" which means the misappropriation of property belonging to another party. In case of occurrence of misuse of resources and theft, AIIB will take remedial actions as per its policy as well as may sanction a firm or individual as per its Sanction Framework.

Annexure A

(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)

Revised Annexure-A-III

List of Procurements done during Period (.....)

No.	Name of Package	Mode of Tendering (Open / Limited / Single source)	Name of the supplier / contractor	Date of signing of contract / LOA	Value of contract (INR)	Date of completion / scheduled completion of contract	Undertaking to comply with WB and AIB requirements signed by the supplier/contractor Yes/No

Annexure A

(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)

Revised Annexure-A-IV**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.*

1.	General Obligations of the Contractor
	<ul style="list-style-type: none"> ▪ To take all necessary precautions to maintain the health and safety of the Contractor's personnel. ▪ 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. ▪ 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.
2.	Labor
	<ul style="list-style-type: none"> ▪ No child labor and/or forced labor at construction site for all works. ▪ Equal pay/wage for men and women labors. ▪ 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). ▪ 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. ▪ All laborers to be provided with photo ID cards for accessing the construction site. ▪ All laborers engaged at construction site to be provided with the required Personal Protection Gear (PPG) – 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. ▪ In relation to COVID19, adequate hand washing/ sanitization, clean drinking water and sanitation facilities to be provided at construction site. ▪ All workers/labor to be regularly checked for symptoms before allowing entry to the work site. ▪ 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. ▪ Steps necessary to prevent labor harassment, including sexual harassment, gender-based violence and any discrimination based on religious, political and/or sexual orientation.
3.	Labor Camps (only when labor camps are established)
	<ul style="list-style-type: none"> ▪ 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)
	<ul style="list-style-type: none"> ▪ 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)

Annexure A

**(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)**

	<ul style="list-style-type: none"> ▪ 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
	<ul style="list-style-type: none"> ▪ 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)
	<ul style="list-style-type: none"> ▪ 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.

Annexure A

(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)

Revised Annexure A-V

Circular No.02-Audit (EAP)/1-2009

No.167-Audit (EAP)/1-2007

भारत के नियंत्रक-महालेखा परीक्षक का कार्यालय

**OFFICE OF THE COMPTROLLER
AND AUDITOR GENERAL OF INDIA**

दिनांक
Date

April 28, 2009

To,

All Principal Accountants General/ Accountants General (Audit),
Directors General (Audit)/ Pr. Director (Audit).

Sub: Standardization of Terms of Reference (TOR) for audit of the World Bank assisted Projects.

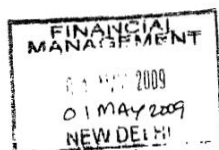
Sir/Madam

The issue of standardization of Terms of Reference (TOR) for audit of the World Bank assisted projects has been under consideration for quite some time. The draft TOR prepared by the World Bank and forwarded by Ministry of Finance (Department of Economic Affairs) was examined in consultation with the World Bank Team. The TOR has been revised to make it more integrated with the existing procedure applicable to audit of Externally Assisted Projects (EAPs).

2. The TOR was approved by C&AG. Ministry of Finance (Department of Economic Affairs) was apprised of this decision under intimation to the World Bank. Ministry of Finance, Department of Economic Affairs have now circulated the standardized TOR to all Ministries, States, UTs, etc. for information and necessary action vide their F. No. 17/7/2006-FB-II dated March 20, 2009. *(copy enclosed)*

3. Therefore, audit certification of all new World Bank assisted projects may be undertaken keeping in view the provisions contained in the standardized TOR. In this context, a copy of DG (Audit)'s D.O. letter dated March 5, 2008, addressed to Ministry of Finance, alongwith a copy of the standardized TOR is enclosed for information and guidance. The points highlighted under para 4 of the D.O. letter dated March 5, 2008 clarify the issues relating to format for Audit certification/Report and requirement of Management Letter.

Encl: As stated.



Yours faithfully,

(B.B. PANDIT)
Director General (Audit)

1R15

Annexure A

(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)

258


F. No. 17/7/2006-FB.II
Government of India
Ministry of Finance
Department of Economic Affairs

New Delhi, March 20, 2009

Office Memorandum

Subject: Terms of Reference for CAG Audit of World Bank Assisted Projects in India

The undersigned is directed to enclose herewith 'Terms of Reference' for CAG Audit of all World Bank Assisted Projects in India for information and necessary action.


(Soumya Chattopadhyay)
Under Secretary to the Government of India
Tel: 2309 3182

1. O/o Comptroller and Auditor General of India, New Delhi
2. All Secretaries of Union Ministries/ Departments
3. All Chief Secretaries of States
4. All Administrators of Union Territories
5. World Bank Office, New Delhi

CD'S Incoming Mail	
Date:	April 9, 2009
For action	Manoj Jain
cc:	R. Bannard
CD's file	



Annexure A

**(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)**

213

**TERMS OF REFERENCE FOR THE AUDIT OF PROJECT FINANCIAL
STATEMENTS OF [PROJECT NAME] (For audits conducted by CAG)**

Background

[Project Aims, Timelines and Objectives]¹

Objective

The essence of the World Bank² audit policy is to ensure that the Bank receives adequate independent, professional audit assurance that the proceeds of World Bank loans were used for the purposes intended,³ that the annual project financial statements are free from material misstatement, and that the terms of the loan agreement were complied with in all material respects.

The objective of the audit of the Project Financial Statement (PFS) is to enable the auditor to express a professional opinion as to whether (1) the PFS present fairly, in all material respects, the sources and applications of project funds for the period under audit examination, (2) the funds were utilized for the purposes for which they were provided, and (3) expenditures shown in the PFS are eligible for financing under the relevant loan or credit agreement. In addition, where applicable, the auditor will express a professional opinion as to whether the Financial Management Reports submitted by project management may be relied upon to support any applications for withdrawal, and whether adequate supporting documentation has been maintained to support claims made by project management for reimbursement of expenditures incurred under the Statement of Expenditure method of reimbursement.

The books of account that provide the basis for preparation of the PFS are established to reflect the financial transactions of the project and are maintained by the project implementation agency- [] Project Implementation Unit and the participating divisions.

Standards

The audit will be carried out in accordance with the Auditing Standards promulgated by the Comptroller and Auditor General of India. The auditor should accordingly consider materiality when planning and performing the audit to reduce audit risk to an acceptable level that is consistent with the objective of the audit. Although the responsibility for preventing irregularity, fraud, or the use of loan proceeds for purposes other than as defined in the legal agreement remains with the borrower, the

¹ The background should normally include a detailed description of the project including information on project sources of funding; the purposes for which the funds are intended; and a general description of implementation arrangements, including the organizational structure of all implementing entities.

² "World Bank" includes the International Development Agency and the International Bank for Reconstruction and Development. "Loans" includes credits and grants to which the TORs would apply; and "borrower" includes recipients of such loans.

³ The Bank's charter [Article III Section V(b) of IBRD's Articles of Agreement and Article V Section I(g) of IDA's Articles of Agreement] specify that: "The Bank shall make arrangements to ensure that the proceeds of any loan are used only for the purposes for which the loan was granted, with due attention to considerations of economy and efficiency and without regard to political or other non-economic influences or considerations."

Annexure A

**(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)**

2

212

audit should be planned so as to have a reasonable expectation of detecting material misstatements in the project financial statements.

Scope⁴

In conducting the audit, special attention should be paid to the following:

- (a) All external funds have been used in accordance with the conditions of the relevant legal agreements and only for the purposes for which the financing was provided. Relevant legal agreements include the Financing Agreement, the Project Agreement, and the Minutes of Negotiations;
- (b) Counterpart funds have been provided and used in accordance with the relevant legal agreements and only for the purposes for which they were provided;
- (c) All necessary supporting documents, records, and accounts have been kept in respect of all project transactions including expenditures reported via SOEs/ SAs/ or FMRs where applicable. Clear linkages should exist between the books of account and reports presented to the Bank; and
- (d) The project accounts have been prepared in accordance with consistently applied Government Accounting Standards⁵ and present fairly, in all material respects, the financial situation of the project at the year end and of resources and expenditures for the year ended on that date.

Project Financial Statements

The Project Financial Statements should include-

- A. Statement of Sources and Applications of Funds: The contents of Project Financial Statements (PFS) are specific to the sector, the project design and the type of implementing entity. These formats therefore vary from one Project to another. The formats of PFS are prepared in consultation with the implementing entity during the preparation of the Project. See Annexure 1 for an example of a Statement of Sources and Applications of Funds that could be prepared for a project implemented by core government departments.
- B. Reconciliation of Claims to Total Applications of Funds. The PFS include a reconciliation between expenditure reported as per the Statement of Sources and Applications of Funds and expenditure claimed from the World Bank through Statements of Expenditures (SOE), documented claims or report based methods of reimbursement. An example is shown at Annexure 2.
- C. Other Statements or Schedules as may be applicable in particular circumstances and as specified in the relevant legal agreements, such as:
 - A statement showing appropriate major heads of expenditure. (say by Project Component/Sub-components)

⁴ In response to identified project risks, the scope may be expanded to include a report or the expression of an opinion on specific aspects of the operation such as internal controls, compliance with Bank procurement policies, or efficiency and effectiveness in the use of loan proceeds.

⁵ Until such time as the pronouncements of the Government Accounting Standards Advisory Board are accepted and prescribed by the Ministry of Finance, the accounting standards followed by the Government of India will be defined by the General Financial Rules, PWD codes, Treasury codes and similar financial rules and codes as are in effect and applicable to the operations of the project.

Annexure A

**(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)**

3

- A summary of cumulative expenditures by category of expenditure such as buildings, equipment, furniture, vehicles, major rehabilitation of canals etc
- D. Management Assertion: Management should sign the project financial statements and provide a written acknowledgement of its responsibility for the preparation and fair presentation of the financial statements and an assertion that project funds have been expended in accordance with the intended purposes as reflected in the financial statements. An example of a Management Assertion Letter is shown at Annexure 3.

Statements of Expenditures and Financial Management Reports

In addition to the audit of the PFS, the auditor is required to audit all Statements of Expenditures (SOEs) and/or Financial Management Reports (FMRs) for withdrawal applications made during the period under audit examination. The auditor should apply such tests as the auditor considers necessary under the circumstances to satisfy the audit objective. In particular, these expenditures should be carefully examined for project eligibility by reference to the relevant financing agreements. Where ineligible expenditures are identified as having been included in withdrawal applications and reimbursed against, these should be separately noted by the auditor.

Audit Report

An audit report on the project financial statements should be prepared in accordance with the Auditing Standards promulgated by the Comptroller and Auditor General of India. Those standards require an audit opinion to be rendered related to the financial statements taken as a whole, indicating "unambiguously whether it is unqualified or qualified and, if the latter, whether it is qualified in certain respects or is adverse or a disclaimer of opinion."⁶ In addition, the audit opinion paragraph will specify whether, in the auditor's opinion, (a) with respect to SOEs, adequate supporting documentation has been maintained to support claims to the World Bank for reimbursements of expenditures incurred; and (b) except for ineligible expenditures as detailed in the audit observations, if any, appended to the audit report, expenditures are eligible for financing under the Loan/Credit Agreement. Relevant CAG Auditing Standards are reproduced in Annexure 5. A sample audit report wordings for unqualified opinion is shown at Annexure 4.

The project financial statements and the audit report should be received by the Bank not later than 6 months after the end of the fiscal year. The auditor should also submit two copies of the audited accounts and audit report to the Implementing Agency.

The audit report is issued without prejudice to CAG's right to incorporate the audit observations in the Report of CAG of India for being laid before Parliament/State or UT Legislature.

Management Letter

In addition to the audit report on the project financial statements, the auditor may prepare a management letter containing recommendations for improvements in internal control and other matters coming to the attention of the auditor during the audit examination.

⁶ See relevant portions of Auditing Standards of the Comptroller and Auditor General of India as applicable from time to time.

Annexure A

**(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)**

4

216

Where such a management letter is prepared by the auditor, a copy of the same will be supplied to the Bank. Else, a written advice may be made that no management letter was prepared together with the audit report on the project financial statements.

General

The auditor should be given access to any information relevant for the purposes of conducting the audit. This would normally include all legal documents, correspondence, and any other information associated with the project and deemed necessary by the auditor. The information made available to the auditor should include, but not be limited to, copies of the Bank's Project Appraisal Document, the relevant Legal Agreements, a copy of these Guidelines, and a copy of the Bank's Financial Management Assessment of the project entity. It is highly desirable that the auditor become familiar with other Bank policy documents, such as OP/BP 10.02, the Bank's internal guidelines on Financial Management that include financial reporting and auditing requirements for projects financed by the World Bank. The auditor should also be familiar with the Bank's Disbursement Manual. Both documents will be provided by the Project staff to the auditor.

Annexure A

**(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)**

5

20

Annexure 1

**Example of a Statement of Sources and Application of Funds
(projects implemented by core government departments)**

Name of the Project

Loan/Credit/Grant No.

Statement of Sources and Applications of Funds

Report for the year ended _____

In Rs. '000

Particulars	Current Year	Previous Year	Project to date
Opening Balance, (if cash balances are controlled by the entity) (A)			
Receipts			
Funds received from Government through Budget (These will include external assistance received by Government for the project.)			
Funds received directly by Project Implementing Authority through external assistance			
Beneficiary Contribution (if any)			
Total Receipts (B)			
Total Sources (C = A + B)			
Expenditures by Component			
A.			
B.			
C.			
Total Expenditures (D)			
Closing Balance, (if cash balances are controlled by the entity) (C-D)			

Notes:

1. Information about the basis of preparation of the financial statements with regard to the Financial Rules and Codes applicable.
2. The above figures will be based on monthly/quarterly abstract accounts prepared by the accounts compiling offices, duly reconciled by the respective DDOs, with details of unreconciled amounts to be furnished.
3. Names of accounting units whose financial statements are aggregated to prepare the consolidated accounts.
4. Any other project specific Note.

Annexure A

**(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)**

6

Annexure 2**Sample Reconciliation of Claims to Total Applications of Funds**

Name of the Project _____
Loan / Credit / Grant No. _____
Reconciliation of Claims to Total Applications of Funds
Report for the year ended _____

Schedules	Amt (Rs. '000)		
	Current Year	Previous Year	Project to date
Bank Funds claimed during the year (A)			
Total Expenditure made during the year (B)			
Less: Outstanding AC Bills (C)			
Ineligible expenditures (D)			
Expenditures not claimed (E)			
Total Eligible Expenditures Claimed (F)=(B)-(C)-(D)-(E)			
World Bank Share @ x% of (F) above (G)			

CFAO

Project Director

Date

Date

Notes:

1. Total expenditure made during the year (B above) must be the same as as the Total Expenditures shown on the Statement of Sources and Applications of Funds (D on the Statement of Sources and Applications of Funds)
2. Outstanding AC Bills (C above) reflect funds drawn against AC bills that have been booked as expenditure but not settled by the end of the year (ie, unsettled advances). The project should show in Schedule II the opening balance of unsettled AC bills, AC bills drawn during the year, AC bills settled during the year, and AC bills unsettled at the end of the year.
3. Expenditures not claimed (E above) may reflect timing differences for eligible expenditures incurred during the year but claimed after the year end.
4. Amounts A and G above must be equal.

Annexure A

**(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)**

7

Annexure 3**Example of a Management Assertion Letter⁷**

(Project Letterhead)

(To Auditor)

(Date)

This assertion letter is provided in connection with your audit of the financial statements of the _____ Project for the year ended _____. We acknowledge our responsibility for the fair presentation of the financial statements in accordance with the cash basis of accounting followed by the Government of India, and we confirm, to the best of our knowledge and belief, the following representations made to you during your audit:

- The project financial statements are free of material misstatements, including omissions.
- Project funds have been used for the purposes for which they were provided.
- Project expenditures are eligible for financing under the Loan/Credit agreement.
- There have been no irregularities involving management or employees who have a significant role in internal control or that could have a material effect on the project financial statements.
- We have made available to you all books of account and supporting documentation relating to the project.
- The project has complied with the conditions of all relevant legal agreements, including the Financing Agreement, the Project Agreement, the Project Appraisal Document, the Minutes of Negotiations; and the Borrower's Project Implementation Plan.

 (Senior Executive Officer)

 (Senior Financial Officer)

⁷ This sample management assertion letter is based on ISA 580, "Management Representations," *Handbook of International Auditing, Assurance and Ethics Pronouncements*, International Federation of Accountants, 2007

Annexure A

**(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)**

8

Annexure 4**Sample Audit Report—Unqualified Opinion⁸****Report of the Comptroller and Auditor General of India**Addressee⁹**Report on the Project Financial Statements**

We have audited the accompanying financial statements of the _____ Project financed under World Bank Loan No. _____/IDA, which comprise the Statement of Sources and Applications of Funds and the Reconciliation of Claims to Total Applications of Funds¹⁰ for the year ended _____, These statements are the responsibility of the Project's management. Our responsibility is to express an opinion on the accompanying financial statements based on our audit.

We conducted our audit in accordance with the Auditing Standards promulgated by the Comptroller and Auditor General of India. Those Standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. Our audit examines, on a test basis, evidence supporting the amounts and disclosures in the financial statements. It also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements present fairly, in all material respects, the sources and applications of funds of _____ Project for the year ended _____ in accordance with Government of India accounting standards.¹¹

In addition, in our opinion, (a) with respect to SOEs, adequate supporting documentation has been maintained to support claims to the World Bank for reimbursements of expenditures incurred; and (b) except for ineligible expenditures as detailed in the audit observations, if any, appended to this audit report, expenditures are eligible for financing under the Loan/Credit Agreement. During the course of the audit, SOEs/FFPs (each application no. and amount to be indicated) and the connected

⁸ See relevant portion of Auditing Standards of the Comptroller and Auditor General of India as applicable from time to time for conditions where unqualified, qualified, adverse or disclaimers of opinion may appropriately be rendered.

⁹ The auditor's report should be addressed to the person stipulated in the underlying loan agreement as responsible for providing audited project financial statements.

¹⁰ Insert titles of other required statements and schedules included in or annexed to the project financial statements, if any.

¹¹ Until the Ministry of Finance prescribes adoption of the accounting standards pronounced by GASAB or other body such as IPSAS, the accounting standards followed by the Government of India shall be the cash basis of accounting applied with due regard to the General Financial Rules, PWD codes, Treasury codes and similar financial rules and codes as are in effect and applicable to the operations of the project.

Annexure A

(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)

9

documents were examined and these can be relied upon to support reimbursement under the Loan/Credit Agreement.

This report is issued without prejudice to CAG's right to incorporate the audit observations in the Report of CAG of India for being laid before Parliament/State or UT Legislature.

[Auditor's Signature]

[Auditor's Address]

[Date¹²]

¹² The report should be dated as of the date to which the auditor has become aware of and considered the effects of events and transactions. This is generally the final date of fieldwork, as opposed to the date of signing the audit report.

Annexure A

**(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)**

10

Annexure 5

**Excerpt from CAG Auditing Standards (2nd Edition, 2002) Chapter IV,
Reporting Standards**

11. The form and content of audit opinion and report.

11.1 The form and content of all audit opinions and reports are founded on the following general principles:

- (a) **Title.** The opinion or report should be preceded by a suitable title or heading, helping the reader to distinguish it from statements and information issued by others.
- (b) **Signature and date.** The opinion or report should be properly signed. The inclusion of a date informs the reader that consideration has been given to the effect of events or transactions about which the auditor became aware up to that date (which, in the case of regularity (financial) audits, may be beyond the period of the financial statements).
- (c) **Objectives and scope.** The opinion or report should include reference to the objectives and scope of the audit. This information establishes the purpose and boundaries of the audit.
- (d) **Completeness.** Opinions should be appended to and published with the financial statements to which they relate, but performance reports may be free standing. The auditor's opinions and reports should be presented as prepared by the auditor. In exercising its independence CAG may acquire information from time to time, which in the national interest cannot be freely disclosed. This can affect the completeness of the audit report. In this situation the auditor should consider the need to make a report, possibly including confidential or sensitive material in a separate, unpublished report.
- (e) **Addressee.** The opinion or report should identify those to whom it is addressed, as required by the circumstances of the audit engagement and local regulations or practice. This is unnecessary where formal procedures exist for its delivery.
- (f) **Identification of subject matter.** The opinion or report should identify the financial statements (in the case of regularity (financial) audits) or area (in the case of performance audits) to which it relates. This includes information such as the name of the audited entity, the date and period covered by the financial statements and the subject matter that has been audited.
- (g) **Legal basis.** Audit opinions and reports should identify the legislation or other authority providing for the audit.
- (h) **Compliance with standards.** Audit opinions and reports should indicate the auditing standards or practices followed in conducting the audit, thus providing the reader with an assurance that the audit has been carried out in accordance with generally accepted procedures.
- (i) **Timeliness.** The audit opinion or report should be available promptly to be of greatest use to readers and users, particularly those who have to take necessary action.

11.2 An audit opinion is normally in a standard format, relating to the financial statements as a whole, thus avoiding the need to state at length what lies behind it but conveying by its nature a general understanding among readers as to its

Annexure A

**(Ref: Guidance Note issued vide AS&MD's DO letter no.-Z-18015/19/2020-NHM-II-
Part(1) dated 23rd April, 2020)**

11

14/20
17

meaning. The nature of these words will be influenced by the legal framework for the audit, but the content of the opinion will need to indicate unambiguously whether it is unqualified or qualified and, if the latter, whether it is qualified in certain respects or is adverse or a disclaimer of opinion.

- 11.3 An unqualified opinion is given when the auditor is satisfied in all material respects that:
- (a) The financial statements have been prepared using acceptable accounting bases and policies which have been consistently applied;
 - (b) The statements comply with statutory requirements and relevant regulations;
 - (c) The view presented by the financial statements is consistent with the auditor's knowledge of the audited entity; and
 - (d) There is adequate disclosure of all material matters relevant to the financial statements.
- 11.4 **Emphasis of Matter.** In certain circumstances the auditor may consider that the reader will not obtain a proper understanding of the financial statements unless attention is drawn to unusual or important matters. As a general principle the auditor issuing an unqualified opinion does not make reference to specific aspects of the financial statements in the opinion in case this should be misconstrued as being a qualification. In order to avoid giving that impression, references that are meant as "emphases of matter" are contained in a separate paragraph from the opinion. However, the auditor should not make use of an emphasis of matter to rectify a lack of appropriate disclosure in the financial statements, nor as an alternative to, or a substitute for, qualifying the opinion.
- 11.5 **Adverse Opinion.** Where the auditor is unable to form an opinion on the financial statements taken as a whole due to disagreement which is so fundamental that it undermines the position presented to the extent that an opinion which is qualified in certain respects would not be adequate, an adverse opinion is given. The wording of such an opinion makes clear that the financial statements are not fairly stated, specifying clearly and concisely all the matters of disagreement. Again, it is helpful if the financial effect on the financial statements is quantified where relevant and practicable.
- 11.6 **Disclaimer of Opinion.** Where the auditor is unable to arrive at an opinion regarding the financial statements taken as a whole due to an uncertainty or scope restriction that is so fundamental that an opinion, which is qualified in certain respects, would not be adequate, a disclaimer is given. The wording of such a disclaimer makes clear that an opinion cannot be given, specifying clearly and concisely all matters of uncertainty.
- 11.7 It is customary to provide a detailed report amplifying the opinion in circumstances in which it has been unable to give an unqualified opinion.

1815454/2020/NHM-I



विकास शील
संयुक्त सचिव
VIKAS SHEEL
Joint Secretary



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-18015/19/2020/NHM-II-(Part-1)

Dated the 09th of July, 2020

Dear Sir,

This is with reference to the D.O. Z-18015/19/2020-NHM-II-Part(1) dated 8th July, 2020 by JS(Policy) regarding amendments in the Annexure A of the "Guidance Note on India COVID-19 Emergency Response and Health Systems Preparedness Package" issued vide D.O. Z-18015/19/2020-NHM-II-Part(1) dated 23rd April, 2020 by AS&MD(NHM).

In this regard, the World Bank has provided one time authorization for accepting clauses in procurement for which reimbursement claims are to be made, which provide preferences to Micro and Small Enterprises (MSEs), Make in India, Start-ups and Public Sector Units (PSUs). Such authorization would be valid for procurements for which tenders are issued **on or before 20th July, 2020 only** under the 'India COVID19 Emergency Response and Health Systems Preparedness Package'.

The flexibilities made available by the World Bank are also enclosed at Annexure-1

Encl: As above

एक कदम स्वच्छता की ओर
warm regards

Yours Sincerely,


(Vikas Sheel)

To

- 1) The Additional Chief Secretary/Principal Secretary/ Secretary (Health and/or Medical Education)-all States/UTs.
- 2) The Mission Director (National Health Mission)-all States/UTs.

Copy for information to

- 1) PPS to Secretary, HFW
- 2) PPS to OSD, MoHFW
- 3) PPS to AS&FA/PPS to AS&MD(NHM)/PPS to AS(H)


(Vikas Sheel)

Flexibilities offered for procurement under India COVID-19 Emergency Response and Health Systems Preparedness Project (P173836)

Purpose of this Note: The purpose of this note is to explain the flexibilities which have been agreed for above Project, so that there is common understanding of applicable procurement procedures by all the implementing agencies.

A. Flexibilities on procurement to address emergency under India COVID-19 Project, applicable to all the components during emergency response period:

I. Increased Thresholds:

1. National competitive procurement threshold increased from US\$ 10 M to US\$ 25 M for Goods
2. Request for Quotation (RFQ/Shopping) threshold increased from US\$ 0.1 M to US\$ 1 M for Goods, Non-Consulting Services and Works

II. Flexible Procurement Processes:

1. No Prior Review by the Bank¹
2. Option of Shorter bidding times
3. No Standstill Period
4. Option of not taking Bid Securities, instead to use alternatives such as Bid security Declaration
5. Higher advance payments
6. Direct payments by the Bank to Suppliers (if requested by Government)
7. Procurement Strategy (PPSD) to be prepared during implementation
8. Option of using UN Agencies
9. Enhanced use of Force Account
10. Flexibility on use of Direct contracting (including extensions of existing contracts)
11. Use of statutory auditors for procurement post review of decentralized procurement in states and UTs
12. Exemption from use of STEP for decentralized procurements up to US\$ 25,000. A simplified format provided for reporting and monitoring of small value procurements
13. Flexible contracting approaches for Works and Non-Consulting services
14. Performance security: Not Mandatory for goods contracts and for small works contracts
15. Retroactive Financing and Advance Procurement are allowed up to 40% of the loan

III. Bank's Enhanced Implementation Support:

1. Use of Hands-on Expanded Implementation Support (HEIS) to support implementing agencies on procurement (including support for using STEP)
2. Bank Facilitated Procurement (BFP) for procurement of medical supplies and medical equipment

¹ Only the procurement plan will be submitted for prior review of the Bank through STEP.

B. Additional Flexibilities vis-à-vis Regular Procedures under Bank's Procurement Regulations:

Item	Conditions applicable for Component 1 under India COVID-19 project
Bidding Documents: Standard Procurement Documents (for international bidding) or model bidding documents (for national bidding) are to be used.	Government may use its bidding documents subject to compliance to other provisions (such as universal eligibility and anticorruption guidelines) for all the procurement.
Publication of NIT: Invitations to bid shall be advertised on UNDB online (for international bidding) and a widely used website or electronic portal with free open access (for national bidding) at least 45 days (for international bidding) or 30 days (for national bidding) prior to the deadline for the submission of bids.	Government may use its provisions for advertisement and number of days given for bid submission
Price Negotiations: There shall be no negotiation of price with the bidders, even with the lowest evaluated bidder.	To meet high and urgent demand, total quantities of goods can be divided into percentages to award contracts to multiple suppliers and price matching is acceptable, provided that the process is pre-disclosed in the bidding documents.
Use of e-Procurement System: At the Borrower's request, the Bank may agree to the Borrower's use, in whole or in part, of its electronic procurement system, provided that the Bank is satisfied with the adequacy of such system.	Government may use its e-procurement systems, which are regularly audited about system security. Prior assessment by the Bank not required.

C. What is not changed:

Item	Conditions applicable for Component 1 under India COVID-19 project
<p>Universal Eligibility and same treatment of all the Bidders: Procurement will be open to eligible firms from any country. This eligibility shall be as defined under Section III of the Procurement Regulations². Accordingly, no bidder or potential bidder shall be declared ineligible for contracts financed by the Bank for reasons other than those provided in Section III of the Procurement Regulations. No special preference will be accorded to any bidder either for price or for other terms and conditions when competing with foreign bidders, state-owned enterprises, small-scale enterprises or enterprises from any given State.</p>	<p>No change. Accordingly, Public Procurement (Preference to Make in India)³, MSME Public Procurement Preference⁴, Start-up preference policy⁵, preference to PSU, or any other similar policy shall not be used. All the bidders will be given same treatment during the procurement process.</p>
<p>Anti-corruption Guidelines: The request for bids/request for proposals document shall require that Bidders/Proposers submitting Bids/Proposals include a signed acceptance in the bid, to be incorporated in any resulting contracts, confirming application of, and compliance with, the Bank's Anti-Corruption Guidelines, including without limitation the Bank's right to sanction and the Bank's inspection and audit rights.</p>	<p>No change (except that for retroactive financing, the undertaking to comply with these provisions is to be obtain only from Supplier/Contractor)</p>
<p>Complaints: The Borrower shall use an effective complaints mechanism for handling procurement related complaints in a timely manner.</p>	<p>No change (except that there will be no prior review by the Bank of resolution of complaints). Complaints received by MOHFW and other implementing agencies will be uploaded on STEP with resolution; which will be post reviewed by the Bank. In case a complaint is directly received by the Bank, it will be referred to implementing agencies and a draft response will be requested.</p>
<p>Environment and Social Issues: Procurement Documents will include provisions, as agreed with the Bank, intended to adequately mitigate against environmental, social (including sexual exploitation and abuse and gender-based violence), health and safety ("ESHS") risks and impacts.</p>	<p>No change (these are separately communicated by Bank environment and social teams). These are mostly applicable to civil works.</p>

² <http://pubdocs.worldbank.org/en/178331433065871195/Procurement-Regulations.pdf>

³ <https://dipp.gov.in/sites/default/files/PPP%20MIP%20Order%20dated%204th%20June%202020.pdf>

⁴ <https://msme.gov.in/public-procurement-policy>

⁵ https://www.startupindia.gov.in/content/sih/en/public_procurement.html

A-45013/50/2020-HPE

Government of India

Ministry of Health and Family Welfare

Nirman Bhavan, New Delhi

Dated 17th July 2020

To

The Principal Secretary (HFW)
All States/Union Territory Administrations.

Subject: Requirement of Ventilators – reg.

Sir/Madam,

I am directed to refer to the Ministry of Health and Family Welfare (MoHFW) letter of even number dated 26th June 2020 on the above mentioned subject. In this regard attention is also invited to the letter of even number dated 14th July 2020 (copy enclosed) requesting States/UTs regarding monitoring mechanism for prudent use of resources and equipments.

2. As per the projections made by the States/UTs, this Ministry is allocating ventilators for the management of Covid-19. In this regard, this Ministry had requested State/UTs to furnish revised projection of ventilators if any, by 26.6.2020. The revised projection as on date available with the Ministry is enclosed.

3. In addition to supplying medical equipment, this Ministry is providing funds to States/UTs under Covid Emergency Response Package through National Health Mission for managing COVID. It has been given to understand that in addition to the central supply of ventilators being made by MoHFW, a few States/ UTs are planning to procure ventilators at their level as well.

4. In view of the above, States/UTs are advised that no ventilators should be purchased by them out of the funds being provided centrally under Covid Emergency Response Package. In case more ventilators for the Covid management are required, their requirement may be indicated to the Ministry by 21st July, 2020, and the same will be provided by the Ministry.

Yours faithfully,

Digitally signed by G K
PILLAI
Date: Fri Jul 17 20 24 55 IST
2020
Reason: Approved

(G.K. Pillai)

Under Secretary to the Govt. of India

Tel: 23061213

Requirement of Ventilators as informed by States/UTs		
S.No	Name of the State/UTs	Projected requirement of Ventilators.
1	Andhra Pradesh	2000
2	Andaman & Nicobar Island	14
3	Arunachal Pradesh	13
4	Assam	1000
5	Bihar	500
6	Chandigarh	25
7	Chattisgarh	230
8	Delhi	575
9	Goa	200
10	Gujarat	2500
11	Haryana	220
12	Himachal Pradesh	500
13	Jammu and Kashmir	698
14	Jharkhand	460
15	Karnataka	2025
16	Kerala	480
17	Ladakh	130
18	Madhya Pradesh	650
19	Maharashtra	4047
20	Manipur	97
21	Mizoram	115
22	Odisha	567
23	Puducherry	107
24	Punjab	310
25	Rajasthan	1500
26	Tamil Nadu	1450
27	Telangana	1400
28	Tripura	20
29	Uttarakhand	250
30	Uttar Pradesh	1000
31	West Bengal	320
32	Meghalaya	44
33	Nagaland	120
34	Sikkim	NIL
35	Dadra and Nagar Haveli and Daman and Diu	20
36	Lakshadweep	7
Total		23594

Signature
17/7/2020

New Delhi, the 26th June, 2020

To

Principal Secretaries (H&FW)
All States/UTs

Subject: - Revised projected requirement of ventilators-reg.

Sir/Ma'am,

I am directed to refer to the projected requirement/demand of ventilators as received from various States/UTs in April, 2020. The complied status of the same is at Annexure "A".

It is requested that the State/UTs may kindly share their revised requirement which is based on the experience they would have gained so far in handling COVID-19.

All States/UTs are requested to send their revised projected requirement of ventilators by 02:00 PM today (26.06.2020) by e-mail to the following:-

1. rsmhllhites@gmail.com
2. gk.pillai61@gov.in
3. rajendras.meena@nic.in



(G.K. Pillai)

Under Secretary to the Government of India

Tel:011- 2306 1213

No.A-45013/50/2020-HPE
Government of India
Ministry of Health and Family Welfare
HPE Section

Nirman Bhavan, New Delhi

Dated 14th July 2020

To

The Principal Secretaries (HFW)

All States/Union Territory Administrations.

Sub:- Monitoring mechanism for prudent use of resources and equipment.

.....

Sir,

The Ministry of Health and Family Welfare has been supplying resources and equipment, including ventilators to the States out of Central Government funds. Proper receipt, installation and use of the expensive equipment like ventilators is of utmost importance.

2. Also, given the dynamic and evolving nature of the COVID pandemic, it is requested that States may put in place a suitable monitoring mechanism to ensure that the resources and equipment such as ventilators being made available free of cost in large numbers to the States/ UTs by the Ministry of Health, Government of India are put to optimum use in the field. It is requested that their inventory should be scrupulously maintained, so that these serve as assets in the augmentation of hospital and ICU infrastructure for future as well.

3. The Ministry of health and Family Welfare will continue to engage with the States/ UTs in this respect.

Yours faithfully,
Digitally signed by G K
PILLAI
Date: Tue Jul 14 15:45:49 IST
2020
Reason: Approved

(G.K.Pillai)
Under Secretary to the Government of India
Tel: 23061213