IN THE HIGH COURT OF DELHI AT NEW DELHI

EXTRAORDINARY WRIT JURISDICTION

WRIT PETITION (CIVIL) NO. _____ OF 2020

(In The Matter Of A Public Interest Litigation)

IN THE MATTER OF:

SAMA- Resource Group for Women and Health …PETITIONER

VERSUS

UNION OF INDIA AND OTHERS ...RESPONDENTS

COVER PAGE

[For Index See Inside[

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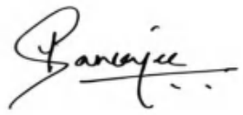
Filed through:



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NEW DELHI
20.04.2020

IN THE HIGH COURT OF DELHI AT NEW DELHI

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NOTICE OF MOTION

Dear Sir,

Please find enclosed herewith a copy of the captioned Petition. The same is likely to be listed before the Hon'ble High Court of Delhi on 21.04.2020 or on any day thereafter. You are being served a copy as Advance Notice, and are requested to appear before the Hon'ble Court when the case is listed, failing which *ex parte* orders may be passed if the Hon'ble Court deems fit.

Petitioner

Through:

VRINDA GROVER, RATNA APPNENDER, SOUTIK BANERJEE
ADVOCATES
N-14A, SAKET
NEW DELHI-110017
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NEW DELHI
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URGENT APPLICATION

To,

The Registrar,
Hon'ble High Court of Delhi
New Delhi

Respected Sir,

You are requested to kindly treat the accompanying Petition and the application contained therein as urgent. The grounds of urgency are that immediate and urgent orders are prayed for concerning the right to life and health of pregnant women who are facing barriers in accessing safe medical services for pregnancy and childbirth due to the imposition of the COVID-19 lockdown. Pregnant women are being rejected medical services by Hospitals and specific directions are urgently required to ensure access to safe medical services to protect the reproductive health of women and neonatal children.

Petitioner

Through:

VRINDA GROVER, RATNA APPNENDER, SOUTIK BANERJEE
ADVOCATES FOR PETITIONER
N-14A, SAKET
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MEMO OF PARTIES

1. **SAMA- Resource Group for Women and Health**
   Through
   Ms. N. Sarojini
   Founder and Managing Trustee of SAMA
   B-45, Second Floor,
   Shivalik Main Road Malviya Nagar
   New Delhi – 110017 …PETITIONER

VERSUS

1. Union of India
   Through the Ministry of Health and Family Welfare
   Government of India
   Nirman Bhawan, Maulana Azad Road,
   New Delhi - 110011 ...RESPONDENT No. 1

2. Ministry of Women and Child Development
   Government of India
   Shastri Bhawan, Central Secretariat,
   New Delhi - 110001 ...RESPONDENT No. 2

3. Ministry of Home Affairs
   Government of India
   North Block
   New Delhi - 110001 ...RESPONDENT No. 3

4. Government of NCT of Delhi
   Through the Department of Health & Family Welfare
   9th Level, A-Wing, IP Extension,
   Delhi Secretariat,

New Delhi - 110002 ...RESPONDENT No. 4

PETITIONER

Through

VRINDA GROVER, RATNA APPNENDER, SOUTIK BANERJEE
ADVOCATES
N-14A, SAKET
NEW DELHI-110017
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COURT FEES UNDERTAKING

The Counsel for the Petitioner, under instructions from the Petitioner, in view of the Office Order No. R-3/ RG/DHC/2020 dated 04.04.2020 passed by this Hon'ble Court, hereby undertakes to pay the requisite Court Fee for the present writ petition within 72 hours of the resumption of regular functioning by this Hon'ble Court.

VRINDA GROVER, RATNA APPNENDER, SOUTIK BANERJEE
ADVOCATES
N-14A, SAKET
NEW DELHI-110017
Phone-9810806181

NEW DELHI
20.04.2020

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CERTIFICATE OF MAINTAINABILITY

It is hereby certified that in view of the Grounds stated in the accompanying petition as well as the prayers sought in the same, the present petition is wholly maintainable before this Hon'ble Court. The Grounds are not being reproduced herein for the sake of brevity and the same may be read as part of the present certificate.

PETITIONER

Through

VRINDA GROVER, RATNA APPNENDER, SOUTIK BANERJEE
ADVOCATES
N-14A, SAKET
NEW DELHI-110017
Phone-9810806181

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SYNOPSIS

The present writ petition in public interest is being filed under Article 226 of the Constitution of India seeking the issuance of appropriate writ(s)/order(s)/direction(s) in the nature of Mandamus or any other appropriate writ, *inter-alia* for ensuring the provision of and unimpeded access to maternity and neonatal healthcare services for pregnant women and newborn children in the National Capital Territory of Delhi during the period of lockdown / restrictions due to COVID-19.

The Petitioner organization, Sama, is a Delhi based resource group, that since 1999 has been working on issues of public health, women's health and reproductive justice, including access to reproductive health for women. The Respondents to the present petition are the Union of India through the Ministry of Health and Family Welfare, the Ministry of Women and Child Development - Government of India, the Ministry of Home Affairs - Government of India, and the Government of the National Capital Territory of Delhi through the Department of Health and Family Welfare.

From 24.03.2020, as per the Orders passed by the Respondent No. 3 pursuant to the Prime Ministerial address dated 23.04.2020, India has been under a nationwide

lockdown. The lockdown was initially for a period of three weeks, however vide Order dt. 15.04.2020 passed by Respondent No. 3, it now stands extended to 03.05.2020. The said Order dt. 15.04.2020, recognizes the need to ensure that maternity and neonatal services are not disrupted due to the lockdown, and specifically mentions that all hospitals, nursing homes etc, are to remain functional and that inter and intra state movement of all medical personnel, including midwives be permitted.

Even during COVID19 lockdown, the cycle of life continues, with pregnant women having deliveries and childbirth. Recognising this, health care services required by pregnant women and neonates are exempt and listed under essential services by the Respondents. On 14.04.2020 itself, the Respondent No. 1 had issued a Guidance Note on 'Enabling Delivery of Essential Health Services during the COVID 19 Outbreak', which stipulates that, "*Focusing on COVID 19 related activities, and continuing to provide essential services, is important not only to maintain people's trust in the health system to deliver essential health services, but also to minimize an increase in morbidity and mortality from other health conditions."* **The Guidance Note lists as an essential non-COVID service: *"Services related to reproductive health, including care during pregnancy and childbirth;".***

The Hon'ble Supreme Court of India as well as this Hon'ble Court has in various judgments upheld that the right to health and reproductive healthcare constitute essential facets of the Right to Life under Article 21 of the Constitution. The Respondents have a constitutional obligation to guarantee the said reproductive rights of pregnant women and health care for newborn children; and this is further reinforced by India's obligations under international law flowing from the

Universal Declaration of Human Rights (UDHR), and United Nation Conventions to which India is a State Party through ratification, including the International Covenant on Economic, Social and Cultural Rights (ICESCR), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child (CRC), that have become part of India's domestic jurisprudence and state obligations. There is thus a legal, judicial as well as a policy recognition that maternity and neonatal healthcare services must be provided to pregnant women and newborn babies even as India is dealing with COVID19.

However, the lived experience of women from the ground shows that despite the existing Orders, pregnant women are experiencing substantial difficulties in accessing reproductive health services. The Petitioner has itself been contacted by pregnant women in distress, who have not been able to avail emergency medical care for childbirth. On 15th April, 2020, the Petitioner's assistance was sought on behalf of Ms. X, a 25 year old nine months pregnant woman from Delhi, who was residing at her natal home in South Delhi and who spent nearly 48 hours i.e. 2 days trying to access emergency services for her pregnancy and delivery. Ms. X was a patient of Safdarjung Hospital, Delhi, through her pregnancy, from where she had been regularly seeking antenatal services. Ms. X also suffers from cardiac and respiratory related complications. It is noteworthy that neither Ms.X nor any member of her family is affected by COVID19. On 15 and 16 April, 2020, she was denied services by hospitals both under Respondent No.1 and Respondent No.4, because her residential area had been designated as a "red zone" by the authorities. First, Safdarjung Hospital and thereafter Lok Nayak Jai Prakash Narayan (LNJP) Hospital both refused to admit her; the former because of her address, which had been designated as a "red zone" by the authorities (though she herself has not been

tested nor confirmed as COVID positive); and the latter because it was a COVID-only designated hospital. These were just two of the six public and private hospitals that she approached over the two days, in a situation where public transportation was completely suspended and mobility severely restricted. She repeatedly faced denials, exorbitant cost estimates from a private hospital, or facilities that lacked the necessary infrastructure to deal with her condition and medical history. Moreover, the lack of non COVID ambulance services at Safdarjung Hospital, as well as other government ambulance services substantially delayed her access to health care, heightening the risk to her health and life. Denial of maternity healthcare services for childbirth to Ms. X was on the grounds that she came from a "red zone" (though neither she nor any member of her household was affected by COVID-19);and some hospitals have become COVID-19 hospitals. It is pertinent to note that at present there are more than 70 "red zones" in New Delhi, with all 11 district having been reportedly declared as hotspots.

The above instance points to the gaps in the directives and guidelines issued by the Respondents and such instances are occuring due to the absence of clear, localized and specific directions and allocation of responsibilities to operationalize and enforce the Respondent No. 3's orders, and to that end additional directions need to be immediately issued. The health and life of pregnant women and their soon to be born child is placed at grave risk by the denial of access to proper and timely medical care and attention, putting their rights under Articles 14, 15 and 21 of the Constitution under jeopardy.

In view of the need to operationalize the Orders and Guidelines issued by Respondents No. 1 & 3, as well as to further facilitate access to timely, proper and affordable reproductive and neonatal healthcare services for all women and their newborn children, the present Petition is being filed in public

interest, seekingnecessary and appropriate additional directions.

LIST OF DATES

Date	Event
11.03.2020	The World Health Organization (WHO) declared the COVID-19 coronavirus outbreak a global pandemic.
23.03.2020	On the night of 23rd March, 2020, the Prime Minister of India declared a lockdown on movement in public spaces for a period of three weeks, until 14th April 2020, to safeguard the health of the people.
31.03.2020	On 31st March, 2020, the Government of NCT of Delhi (Respondent No.4) declared a list of dedicated government hospitals in Delhi for COVID-19 treatment. These hospitals include: Lok Nayak Jai Prakash Narayan Hospital, GB Pant Hospital; Rajiv Gandhi Super Speciality Hospital, Guru Tej Bahadur Hospital, Deen Dayal Upadhyay Hospital and Dr. Baba Saheb Ambedkar Hospital.
10.04.2020	On 10th April 2020, Respondent No. 3, directed the Health Secretaries of all States and Union Territories to continue providing essential health services in order to prevent increase in mortality and morbidity caused by health conditions other than COVID-19. Pertinently, the Union Health Minister Harsh Vardhan underscored the need to make provision for certain categories of

medical treatment during lockdown and stated: *"States need to be mindful that the treatment or medical needs of pregnant women, dialysis patients and those suffering from ailments such as Thalassemia are attended to."*

24.03.2020 Respondent No. 3, Ministry of Home Affairs, issued directions for enforcing the national lockdown.

14.04.2020 The Prime Minister of India announced that the lockdown was being further extended upto 03rd May, 2020.
The Respondent No. 1 issued a Guidance Note on 'Enabling Delivery of Essential Health Services during the COVID 19 Outbreak' dated 14th April 2020, which lays down that, "*Focusing on COVID 19 related activities, and continuing to provide essential services, is important not only to maintain people's trust in the health system to deliver essential health services1, but also to minimize an increase in morbidity and mortality from other health conditions."*

The Guidance note lists as an essential non-COVID service: *"Services related to reproductive health, including care during pregnancy and childbirth;".*

Also on 14.04.2020, the Respondent No. 3 declared COVID-19 to be a "notified disaster" under the National Disaster Management Act, 2005.

15.04.2020 Respondent No.3 issued an Order with directions on enforcing the nationwide lockdown. The said Order also states that from 20.04.2020, select additional activities would be allowed. It is

specifically mentioned that all hospitals, nursing homes etc, are to *remain* functional and that inter and intra state movement of all medical personnel, including midwives be permitted.

Also on 15.04.2020, the Petitioner was contacted to provide assistance to Ms. X, who was refused admission in both Safdarjung Hospital and LNJP Hospital on the ground that she lived in Nizamuddin West, which has been declared a COVID "red zone". After running from pillar to post for 48 hours, and being denied admission by 2 government hospitals she was finally admitted to AIIMS.

24.03.2020 - Present — There have been reports of multiple cases across India where pregnant women have been unable to access proper healthcare facilities due to the COVID-19 lockdown, seriously endangering their reproductive health and right to life. Media has also reported instances of death as the pregnant woman could not secure timely access to necessary and comprehensive medical care for child delivery.

20.04.2020 — Hence, the present writ petition in public interest.

PETITIONER

Through:

VRINDA GROVER, RATNA APPNENDER, SOUTIK BANERJEE
ADVOCATES
N-14A, SAKET
NEW DELHI-110017
Phone-9810806181

NEW DELHI
20.04.2020

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WRIT PETITION (CIVIL) NO. _____ OF 2020

IN THE MATTER OF:

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UNION OF INDIA AND OTHERS ...RESPONDENTS

WRIT PETITION UNDER ARTICLE 226 OF THE CONSTITUTION OF INDIA SEEKING *INTER-ALIA* ISSUANCE OF URGENT WRITS/ORDERS/DIRECTIONS FOR ENSURING TIMELY ACCESS TO SAFE, COMPREHENSIVE AND AFFORDABLE REPRODUCTIVE AND NEONATAL HEALTHCARE DURING THE COVID-19 LOCKDOWN

To,

The Hon'ble Chief Justice and

His Companion Justices of the Hon'ble High Court of Delhi

The humble Petition of

the Petitioner herein,

MOST RESPECTFULLY SHOWETH:

1. That the present writ petition in public interest is being filed seeking the issuance of appropriate writ(s)/order(s)/direction(s) in the nature of Mandamus or any other appropriate writ, *inter-alia* for ensuring the provision of and access to reproductive and neonatal healthcare services to pregnant women in the National Capital Territory of Delhi during the period of lockdown / restrictions due to Covid-19.

1A. That the present petitioner has no personal interest in the litigation and the petition is not guided by self-gain or for gain of any other person/institution/body and that there is no motive other than of public interest in filing the present writ petition.

2. That the Petitioner has personal knowledge of the facts averred in the writ petition and has taken personal steps to verify the veracity of facts stated herein, other than information that is publicly available and known to all from official and public records.

3. That the present Petition is being filed for the benefit of women, including pregnant women who are approaching their delivery date in order to enable timely access to safe and comprehensive medical facilities for childbirth and neonatal care. Despite being recognised and categorised as essential services, many pregnant women are being denied access and are experiencing hurdles to access and avail comprehensive medical facilities, due to the lockdown imposed to control the COVID-19 pandemic.

4. That the parties likely to be affected by the orders/directions sought in the present petition have been made parties as Respondents. To the best of the Petitioner's knowledge, no other party shall be affected by the prayers sought herein.

4.1. The Respondent No.1 is the Union of India through the Ministry of Health and Family Welfare, being the concerned authority responsible for taking all necessary measures to ensure the effective provision of emergency healthcare services to pregnant women.

4.2. The Respondent No. 2 is the Ministry of Women and Child Development, Government of India, being the authority concerned with taking steps for the better realization of rights by women, especially pregnant women. The said Ministry can provide expert inputs for the consideration of the prayers sought in the present petition and is thus a party Respondent.

4.3. The Respondent No. 3 is the Ministry of Home Affairs, Government of India, being the authority under whose Orders the nationwide lockdown is being enforced.

4.4. The Respondent No. 4 is the Government of the National Capital Territory of Delhi, through the Department of Health and Family Welfare, being the authority under whose control certain hospitals operate in New Delhi and the National Capital Region.

5. The Petitioner organization, Sama, is a Delhi based resource group working on the issues of women's health and rights, including in the field of sexual and reproductive health rights for two decades. Sama was registered in 1999 as a Public Charitable Trust under the Indian Trusts Act (1872). The Sama Board comprises members with expertise in public health, medicine (Gynaecology and Obstetrics), economics, reproductive and sexual health, occupational health issues, nutrition, bioethics, livelihoods and alternative systems of medicine. The Petitioner has made crucial contributions to the 2019 UN High Level Meeting in 2019 on universal, affordable and accessible and gender just health care. At the national level, Sama was

involved in processes towards the UN-HLM organized by WHO-UNAIDS to highlight the issues of gender, equity and health rights. The Managing Trustee of the Petitioner organisation represents the Petitioner as member of the Working Group on Health constituted by NITI Aayog, Government of India towards developing Vision 2022 in Health (2017); the Expert cum Monitoring Committee of the National Registry of ART Clinics and Banks in India, Indian Council for Medical Research (2017); the 9th Common Review Mission (CRM) under National Health Mission (NHM) held from 30th October 2015 to 6th November 2015 in 19 States; the reconstituted Central Ethics Committee on Human Research of the Indian Council of Medical Research (ICMR), to advise on research of national relevance, policy matters, ethical guidelines, with regard to biomedical/ health research in India; the ninth Common Review Mission (CRM) for Delhi State by the Ministry of Health and Family Welfare; the tenth CRM for Anantnag district of Jammu and Kashmir by Ministry of Health and Family Welfare (MoHFW); the Director of the Petitioner organisation is a Member of Core Group on Women at National Human Rights Commission. The Petitioner along with other public health organisations filed a PIL titled, *SAMA & Ors v. Union of India and Ors* (W.P No. 921 of 2013)] before the Hon'ble Supreme Court of India raising issues of unethical conduct of HPV clinical trials. The Petitioner organization's focus has been to carve a niche for women's health and wellbeing and has played an active role in initiating small but effective interventions. The Petitioner has brought out publications on women and reproductive health, including, '*An investigation of maternal deaths following public protests in a tribal district of Madhya Pradesh, central India', 2012;* and '*Maternal Deaths and denial of Maternal Care in Barwani District, Madhya Pradesh: Issues and concerns',* in 2011. Sama

works in collaboration with other coalitions both at the national and international level, to promote women's health. Similarly, the Petitioner in collaboration with statutory bodies like the National Human Rights Commission (NHRC) has worked towards achieving the Right to Healthcare for women. The Petitioner is now recognised as an important support and advocacy group on gender, health and rights, and in that capacity it is competent to file the present petition in public interest. The detailed list of objectives of the Petitioner organization can be viewed at: http://www.samawomenshealth.in/about-us/. Due to its experience and expertise, and further, in keeping with the spirit of the letter dated 31st March, 2020, of the National Disaster Management Authority, wherein it asked NGO's and Civil Society Organisations to contribute and participate in relief and alleviation of adverse circumstances resulting from COVID-19, the Petitioner is competent to offer suggestions on the issue of access to safe reproductive health services for pregnant women.

5.A. The present Petition is being filed by the Petitioner organization through its Founder and Managing Trustee Ms. N. Sarojini. The details of the representative of the Petitioner organisation are provided below in tabular form:

Name	N. Sarojini
Designation	Founder and Managing Trustee
Address	J 291, First Floor, Saket
Mobile No.	+919818664634
Income	Total annual income for FY 2019-20 is Rs. 22,75,000/-

5.B. The Petitioner has the necessary means to pay the costs imposed by this Hon'ble Court, if any, and undertakes to pay the same if so directed.

5.C. The Petitioner has not filed any similar petition before this Hon'ble Court or any other Court, and no similar case is pending for adjudication to the best of the Petitioner's knowledge and information.

6. That the Petitioner has made a written representation dated 18th April, 2020, to the Respondent No. 1 as well as Respondent No.4, bringing to their notice, the denial of health care, and more particularly the denial of delivery / childbirth services to pregnant women, and the barriers in accessing the same, that are being faced by pregnant women and their families during the COVID-19 pandemic and the consequent lockdown. To illustrate its concern the Petitioner's representation highlights the case of Ms. X, a 25 year old pregnant woman who was repeatedly denied treatment for her child's delivery both at Safdarjung Hospital, Lok Nayak Jai Prakash Narayan Hospital (LNJP) and four other public and private hospitals in Delhi, and was forced to wait nearly 48 hours, and finally rushed to All India Institute of Medical Sciences (AIIMS) in Delhi, bleeding and in a precarious health condition. Despite the fact that Ms. X is not a COVID-19 positive patient, she was denied essential medical services and was forced to run from pillar to post for the two days just prior to her child's delivery. In this regard, the representation has sought that certain further guidelines be issued to all medical centres, including public and private healthcare facilities, hospitals, nursing homes, daycare centres, etc. that no woman should be denied healthcare facilities, which include getting tests and examinations, as required during pregnancy, availing of timely abortion services, and delivery

/ childbirth services in the healthcare facilities. No reply has been received to the representations. [True Copy of Representations dated 18th April 2020 from the Petitioner to Respondent No.1 and Respondent No.4 are annexed as **ANNEXURE A-1 (Colly)**]

FACTS

7. That on 11th March, 2020, the World Health Organisation(WHO) declared COVID-19 a global pandemic. Subsequently on the night of 23rd March, 2020, the Prime Minister of India declared a lockdown on movement in public spaces for a period of three weeks, until 14th April 2020, and on 14th April 2020 the lockdown on movement was further extended upto 3rd May 2020 vide a Prime Ministerial address to the nation.

8. That, in 2018, the birth rate in Delhi was an average of 994 registered births per day. The Annual Report of Registration of Births and Deaths, Delhi, 2018, which is the latest published data available in the public domain, the birth rate in Delhi is 18.77 per 1000 people. The total number of births registered during 2018 was 3,62,803 as against 3,67,046 during 2017. Out of the total births 3,27,552 (90.28%) were institutional and 35,251 (9.72%) domiciliary in nature. Out of 3,27,552 institutional births, 2,21,931 (67.75%) births occurred in Govt. Hospitals. The detailed childbirth data for Delhi is available at:

http://des.delhigovt.nic.in/wps/wcm/connect/4b997b004d57156a84b1f7982ee7a5c7/vital_4320_new.pdf?MOD=AJPERES&lmod=-1539013530&CACHEID=4b997b004d57156a84b1f7982ee7a5c7

9. That on 31st March 2020, the Government of NCT of Delhi (Respondent No.4) declared a list of dedicated hospitals in Delhi for COVID-19

treatment. These hospitals include: Lok Nayak Jai Prakash Narayan (LNJP), GB Pant Hospital, Rajiv Gandhi Super Speciality Hospital, Guru Tej Bahadur Hospital, Deen Dayal Upadhyay Hospital, Dr. Baba Saheb Ambedkar Hospital. True Copy of Government of NCT of Delhi Order No.52/DGHS/PH-V/COVID-19/2020/prsecyhfw/3667-3716/ dated 31st March 2020 is annexed as **ANNEXURE A-2**.

10. That recognising the need for continuing access to medical services, including delivery services by pregnant women, during COVID-19 clockdown, on 10th April 2020, Union Health Minister Harsh Vardhan specifically mentioned that:

"States need to be mindful that the treatment or medical needs of pregnant women, dialysis patients and those suffering from ailments such as Thalassemia are attended to."

Pertinently, on 26th March 2020, Bangalore South MP, established a helpline for vulnerable sections during COVID-19, including pregnant women, recognizing the grave problems faced by them.

[True Copy of news report titled 'COVID-19: Bangalore South MP launches helpline' dated 26th March 2020 published in Economic Times and News report titled 'Ensure treatment of pregnant women, dialysis patients despite lockdown: Harsh Vardhan to states', dated 10th April 2020 published in Economic Times are annexed as **ANNEXURE A-3 (Colly)**]

11. That Respondent No. 3 on 10th April, 2020, directed the Health Secretaries of all States and Union Territories to continue providing essential health services in order to prevent increase in mortality and morbidity caused by health conditions other than COVID-19. The letter directed that

disruption to critical health services is to be minimized and particular attention should be paid to specific sub-population groups including, "Pregnant Women likely to deliver in the period of the lockdown with a particular focus on High Risk Pregnant Women", and also ensure in this regard, that "women are transported safely to facilities for delivery." The letter also mentioned that central funds have been released to State governments under "lndia COVID 19 Emergency Response and Health System Preparedness Package" on 6th April, 2020, and the same may be utilised for these purposes. [True Copy of Respondent No. 1 letter vide D.O. No. 7(23)-2O20-NHM-l dated 10th April 2020 to the Health Secretaries of all States and Union Territories is annexed as **ANNEXURE A-4**]

12. That the Standard Operating Procedures issued by Respondent No.3 for transportation of COVID-19 patients, envisioning a situation where patients suffering from non COVID-19 related medical conditions may be denied access to ambulance services, specifically directs that,

"However, please ensure that 102 ambulances should not be used for corona patients and should only be used for transporting pregnant women and sick infants."

[True Copy of Union Ministry of Health and Family Welfare, Directorate General of Health, Emergency Medical Relief, Coronavirus Disease 2019 (COVID-19): Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19, undated, available at:

https://www.mohfw.gov.in/pdf/StandardOperatingProcedureSOPfortransportingasuspectorconfirmedcaseofCOVID19.pdf

is annexed as **ANNEXURE A-5**]

13. That in order to ensure that there is no disruption in essential services, including essential health services, the Guidance Note on 'Enabling Delivery of Essential Health Services during the COVID 19 Outbreak' dated 14th April 2020, lays down that, "*Focusing on COVID 19 related activities, and continuing to provide essential services, is important not only to maintain people's trust in the health system to deliver essential health services1, but also to minimize an increase in morbidity and mortality from other health conditions."* The Guidance note lists as an essential non-COVID service: ***"Services related to reproductive health, including care during pregnancy and childbirth;".*** *(emphasis supplied)* To enable access to such services for people in need, the Guidance note provides that, *"All PHC-MOs should ensure that frontline workers of SHC/HWC maintain lists of key subpopulation groups in need of essential services, such as: pregnant women, recently delivered, infants and children under five, those on treatment for chronic diseases, requiring treatment for dialysis, cancer, blood transfusions, and other special needs. She/He should monitor regular follow up by ASHA/ANM/CHO of all such categories and ensure essential services as appropriate during the period of the lockdown/restriction."* The Guidance note specifically requires the relevant authorities to take steps to ensure safe deliveries, and to ensure ante-natal care, follow-up services etc. It states, *"I. Reproductive, Maternal, New Born, Child and Adolescent Health services Includes routine ante-natal care services, tracking and follow-up of high risk pregnancies, ensuring safe institutional delivery."*

It also directs that in order to ensure access, health service delivery should be reorganised, by facility mapping and planning, additional persons including retired nurses should be enlisted to aid/provide services, and that each State should have a team to manage, monitor and ensure continued

provision of non-COVID related essential medical services. It also refers to funds allocated for this purpose.

[True copy of Guidance Note on 'Enabling Delivery of Essential Health Services during the COVID 19 Outbreak' dated 14th April 2020 is marked and annexed herein as **ANNEXURE A-6**]

14. That the need to prevent disruption of non COVID related essential medical services including pregnancy related and delivery services, was reiterated in by the Union Home Ministry on 15th April, 2020, in its Order, wherein it is specifically mentioned that all hospitals, nursing homes etc, are to *remain* functional and that inter and intra state movement of all medical personnel, including midwives be permitted. [True Copy of Union Home Ministry Consolidated Revised Guidelines on the measures to be taken by Ministries/Departments of Government of India, State/UT Governments and State/UT authorities for containment of COVID-19 in the country vide Order No. 40-3/2020-DM-I-A dated 15th April 2020 is annexed as **ANNEXURE A-7]**

15. That on 14th April, 2020, the Respondent No. 3 declared COVID-19 to be a "notified disaster" under the National Disaster Management Act, 2005.

16. That on 15th April 2020 the Petitioner's assistance was sought on behalf of Ms. X, nine month pregnant, a 25 year old woman from Delhi, who was residing at her natal home in Nizamuddin West, Delhi, spent about 48 hours i.e. 2 days trying to access emergency services for her pregnancy and delivery. Ms. X was a patient of Safdarjung Hospital, Delhi,

through her pregnancy, from where she has been regularly seeking antenatal services. Ms. X is also a known patient of rheumatic heart disease, and underwent balloon mitral valvotomy during this pregnancy. On 15 and 16 April, she was denied health services by hospitals both under Respondent No.1 and Respondent No.4 because her address i.e. Nizamuddin West, had been designated as a "red zone" by the authorities. First, Safdarjung Hospital and thereafter LNJP Hospital, Delhi, both refused to admit her – the former because of her address – i.e. Nizamuddin West, which has been designated as a "red zone" by the authorities (though she herself was not COVID positive), and the latter because it was a COVID-only designated hospital. These were just two of the six public and private hospitals that she went to over the two days, in a situation where public transportation was completely suspended and mobility severely restricted. She repeatedly faced denials, exorbitant cost estimates from a private hospital, or facilities that lacked the necessary infrastructure to deal with her condition and medical history. Moreover, the lack of ambulance services at Safdarjung hospital, as well as other government ambulance services substantially delayed her access to health care, heightening the risk to her health and life. Denial of delivery service to her was on the grounds that she came from a "red zone" (though neither she nor any member of her household was affected by COVID-19); and some hospitals have been designated as COVID-19 hospitals.

17. That, due to the dynamic nature of the challenges posed by the COVID-19 pandemic, and due to circumstances inherent in public health emergencies, specific and localised guidelines and directions are required to ensure meaningful access to essential health services to pregnant women and for neonatal care.

18. That despite the aforesaid directions issued by the Respondents, experience from the ground shows that pregnant women continue to face many hardships and in view of the impediments in accessing right to comprehensive reproductive health care and neonatal care during the lockdown , the Petitioner herein has preferred the present petition in public interest on the following grounds:

GROUNDS

A. Because the present Petition in public interest seeks directions to safeguard and protect the Right to Life under Article 21 of the Constitution of all women residing in the National Capital Territory of Delhi that may at any time be in need of emergency medical care and attention for their reproductive health.

B. Because reproductive health and associated rights can be traced under Art. 21 of the Constitution of India as part of the right to life. The Hon'ble Supreme Court in a unanimous 9 Judge verdict in *KS Puttaswamy v Union of India* (2017) 10 SCC 1 specifically recognised the constitutional right of women to make reproductive choices, as a part of personal liberty under Article 21 of the Indian Constitution. The bench also reaffirmed the position adopted by a three-judge bench in *Suchita Srivastava v Chandigarh Administration* (2009), which held that reproductive rights include a woman's entitlement to carry a pregnancy to its full term, to give birth, and to subsequently raise children; and that these rights form part of a woman's right to privacy, dignity, and bodily integrity. These judgments reinforce the recognition of reproductive rights as an inalienable facet of a woman's right to life and personal liberty and any omission or failure on the part of

the State to protect and promote the same constitutes a grave infringement of Article 21 of the Constitution of India.

C. Because denial of emergency healthcare services to a pregnant woman and neonatal care can prove detrimental to and jeopardise the right to health of both the pregnant woman and the newborn baby. The right to health forming an inalienable component of the right to life under Article 21 of the Constitution has been settled in two important decisions of the Supreme Court viz *Pt. Parmanand Katara v. Union of India* (1989) 4 SCC 286 and *Paschim Banga Khet Majdoor Samiti v. State of West Bengal* (1996) 4 SCC 37.

D. Because Article 25 of the Universal Declaration of Human Rights, which is acknowledged as having the force of customary international law, declares:

Article 25 (1) *Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.*

(2) *Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.*

E. The International Covenant on Economic, Social and Cultural Rights (ICESCR), ratified by India in 1979, casts an obligation under international human rights law, to respect, protect and promote the right to health. Articles

10 and 12 of the ICESCR, detail the various facets of the right to health. The relevant extracts are reproduced herein:

Article 10

2. Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits.

3. Special measures of protection and assistance should be taken on behalf of all children and young persons without any discrimination for reasons of parentage or other conditions.

Article 12

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;

(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

F. The Committee on Economic Social and Cultural Rights has in its General Comment No. 14 of 2000 on the right to health under the ICESCR explained the scope of the rights as under:

"*8. The right to health is not to be understood as a right to be healthy. The right to health contains both freedoms and entitlements. The freedoms include the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation. By contrast, the entitlements include the right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health.*"

G. Because the reproductive rights of women have been accorded recognition, and the obligations of States have been spelt out in the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), 1981, which having been ratified by India in 1993, imposes an obligation to uphold the same. The relevant provisions of the CEDAW in this context are:

Article 12

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

2. Notwithstanding the provisions of paragraph I of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Article 14(2)

States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right:

(b) To have access to adequate health care facilities, including information, counselling and services in family planning;

H. Because the United Nations Convention on the Rights of the Child (UN CRC) which has also been ratified by India in 1992, delineates the rights of the newly born and the young child thus:

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

I. Because international human rights norms as contained in the Conventions which have been ratified by India are binding on India to the extent they are

not inconsistent with the domestic law norms. The Protection of Human Rights Act, 1993, (PHRA) recognises that the above Conventions are now part of the Indian human rights law. Section 2(d) PHRA defines "human rights" to mean, "*the rights relating to life, liberty, equality and dignity of the individual guaranteed by the Constitution or embodied in the International Covenants and enforceable by courts in India*" and under Section 2(f) PHRA "International Covenants" means "*the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights adopted by the General Assembly of the United Nations on the 16th December, 1966.*"

J. Because the absence of specific provisions for enabling access of pregnant women during COVID-19 amounts to discrimination under Article 15 of the Constitution, and is also a violation of the principle of equal protection envisaged by Article 14 of the Constitution. The restrictions imposed due to the lockdown disproportionately impact pregnant women, as their reproductive rights are infringed.

K. Because the denial of admission to a pregnant woman by a hospital based on her residential address, or the demand of exorbitant fees for delivery procedure, amounts to gross medical negligence besides the criminal culpability for putting the life of the pregnant woman and/or the newborn child at peril.

L. Because pregnant women are entitled to affordable and regular check ups and medical care as a right under Articles 14, 15 and 21 of the Constitution

of India, and the State is under a constitutional obligation to provide access to medical facilities for pregnant women.

M. Because private hospitals are prohibitively expensive for a majority of pregnant women and given the COVID-19 lockdown it may not be possible for women to secure access to and avail treatment from public hospitals, for themselves and the neonates. As such, the cost of admission, procedure including surgery where needed, room cost, medical equipment and medication expenses should be regulated by the concerned state or central government. In the interest of public welfare, a reasonable cap needs to be placed on the maximum amount chargeable for the entire procedure from admission of a pregnant woman till her discharge after childbirth. Similar directives need to be given to private health facilities for providing neonatal care.

N. Because the profitability of private players in a business or service can be restricted in the larger public interest to tackle the present crisis precipitated by COVID-19. The Indian Council of Medical Research (ICMR) has capped the price for COVID-19 testing by private laboratories, and this cap has been upheld by the Hon'ble Supreme Court, which further directed that the said tests were to be conducted free of cost for people who cannot afford it. While ordering so on 08 April 2020, the Hon'ble Supreme Court stated that private hospitals had "*an important role to play in containing the scale of the pandemic by extending philanthropic services in the hour of national crisis*".

O. Because private hospitals partner with the State in healthcare policy and play an important role in extending welfare to the society. To that end, the

State can enjoin a private hospital from making profits in certain situations in public interest. For instance, in order to ensure the access to healthcare for acid attack victims, the Hon'ble Supreme Court of India in *Laxmi vs Union of India* (2014) 4 SCC 427 and *Parivartan Kendra vs Union of India* (2016) 3 SCC 571 has held, "*full medical assistance should be provided to the victims of acid attack and that private hospitals should also provide free medical treatment to such victims. It is noted that there may perhaps be some reluctance on the part of some private hospitals to provide free medical treatment and, therefore, the concerned officers in the State Governments should take up the matter with the private hospitals so that they are also required to provide free medical treatment to the victims of acid attack.*"

P. Because the lived experience of women from the ground demonstrates that the mere existence of guidelines mandating that pregnant women must be provided medical services does not ensure and enable the access of these women to the services imperative for safeguarding their health. The restrictive circumstances consequent to the imposition of the lockdown following the outbreak of COVID19, requires additional and specific directions to safeguard the right to health of pregnant women and neonates. In ***Laxmi Mandal and Ors v. Deen Dayal Harinagar Hospital and Ors. 2010 SCC Online Del 2234***, this Hon'ble Court, recognising that the existence of schemes or guidelines for pregnant and lactating women do not automatically translate into effective and holistic implementation, issued detailed directions on the proper and complete implementation of various government schemes including the Janani Suraksha Yojana (JSY), the Integrated Child Development Scheme (ICDS), the National Maternity

Benefit Scheme (NMBS), the Integrated Child Development Scheme (ICDS), National Maternity Benefit Scheme (NMBS), the Antyodaya Anna Yojana (AAY), the National Family Benefit Scheme (NFBS).

Q. Because refusal by hospitals to treat pregnant women from COVID-19 hotspots or "Red Zones" will lead to unsupervised childbirth and this may lead to various health concerns for the pregnant woman and the newborn baby, and this may further lead to bad practices like seeking treatment from unskilled practitioners. Such a scenario may further worsen the COVID-19 scenario too, by bringing newborns or pregnant women in contact with the virus in unsanitized conditions. It is pertinent to note that at present there are more than 70 "red zones" in New Delhi, with all 11 district having been reportedly declared as hotspots.

R. Because the Respondent No. 3 has invoked the provisions of the National Disaster Management Act, 2005, by declaring COVID-19 to be a "notified disaster". With the NDMA in operation, under Section 35, the Central Government is authorized and required to pass such directions for access to healthcare by women, as has been prayed for in the present petition. Section 35 states, "*Subject to the provisions of this Act, the Central Government shall take all such measures as it deems necessary or expedient for the purpose of disaster management.*" (Emphasis supplied)

S. Because the Petitioner seeks leave to rely on additional grounds, and the aforesaid grounds are to be read individually and as a whole in considering the prayers sought by the Petitioner.

PRAYER

In view of the facts and averments made hereinabove, and the grounds cited by the Petitioner, it is most humbly prayed that this Hon'ble Court may be pleased to:

A. Pass an appropriate writ/order/direction to the Respondent No. 1 - 4 directing that all necessary and urgent steps be taken to ensure that the Order dated 15.04.2020 passed by the Respondent No. 3 as well as the Guidance Note dated 14.04.2020 issued by Respondent No. 1 are operationalized and given effect to by facilitating the access of pregnant women and neonates to healthcare services; and/or

B. Pass an appropriate writ/order/direction to the Respondents No. 1 - 4 directing them to ensure that in every COVID-19 hotspot or "Red Zone", a Nodal Officer is appointed whose contact number(s) is publicly made available for accessing non COVID-19 related health services, including reproductive health and ensure provision of ambulances which are not ferrying COVID-19 patients; and/or

C. Pass an appropriate writ/order/direction to Respondents No. 1 - 4 directing them to institute dedicated helplines for women seeking non COVID19 essential health services during the lockdown and make the numbers publicly available; and /or

D. Pass an appropriate writ/order/direction to the Respondent No. 1 - 4 directing them to ensure that pregnant women requiring medical facilities are taken safely and at the earliest to the nearest non COVID-19 designated ho spital;and/or

E. Pass an appropriate writ/order/direction to the Respondent No. 1 - 4 directing them to ensure that private vehicles carrying pregnant women are allowed to move freely and there should be no insistence on securing a Movement Pass for that purpose; and/or

F. Pass an appropriate writ/order/direction to the Respondent No. 1 - 4 directing them to pass appropriate orders to ensure that no pregnant woman is denied or discriminated against, in accessing essential health services or treatment, due to her caste, religion, poverty, ethnicity, disability, place of birth, nature of work, place of residence, or any other prohibited category of discrimination; and/or

G. Pass an appropriate writ/order/direction to the Respondent No. 1 - 4 to take action against hospitals that refuse access and/or admission to pregnant women seeking essential health services ; and/or

H. Pass an appropriate writ/order/direction to the Respondents No. 1 - 4 directing them to facilitate gynecological, pre natal or other reproductive care for pregnant women including safe abortion services and neonatal care for the new borns;

I. Pass an appropriate writ/order/direction to the Respondent No. 1 - 4 to direct the Head of Gynecology and Obstetrics in all hospitals to ensure that access to essential health services is not denied for pregnant women and neonates, and if required to ensure the same through necessary referral to other public

hospital facility, for the duration of COVID19 restrictions / lockdown; and/or

J. Pass an appropriate writ/order/direction to the Respondent No. 1 - 4 directing them to ensure adequate and complete care for pregnant women in COVID 19 designated hospitals, in case she is infected; and to ensure adequate provisions for newborns either in the COVID 19 hospitals and/or in regular newborn care units with special beds designated for these babies.

K. Pass an appropriate writ/order/direction to the Respondent No. 1 - 4 directing them to place a cap on the price/fees charged for medical services rendered by private hospitals / health facilities, relating to childbirth, maternity, neonatal care and abortion services for the duration of COVID19 restrictions / lockdown; and/or

L. Pass any other orders in the interests of justice, equity and good conscience.

AND FOR THIS ACT OF KINDNESS THE PETITIONER SHALL AS IN DUTY BOUND FOREVER PRAY.

PETITIONER

Through:

VRINDA GROVER, RATNA APPNENDER, SOUTIK BANERJEE
ADVOCATES
N-14A, SAKET
NEW DELHI-110017
Phone-9810806181

NEW DELHI
20.04.2020

IN THE HIGH COURT OF DELHI AT NEW DELHI

WRIT PETITION (CIVIL) NO. _____ OF 2020

C.M. NO. _____ OF 2020

IN THE MATTER OF:

SAMA- Resource Group for Women and Health …PETITIONER

VERSUS

UNION OF INDIA AND OTHERS ...RESPONDENTS

APPLICATION SEEKING EXEMPTION FROM FILING DULY AFFIRMED AFFIDAVIT(S)

MOST RESPECTFULLY SHEWETH:

1. That the accompanying writ petition and CM Applications have been drafted under instruction from the Petitioner organization, and the contents are thereof are believed to be true and correct.

2. That the accompanying petition and applications are *bonafide* and in public interest, meant to seek access to maternity and neonatal healthcare for women as a class, and also for newborn children. The Petitioner has no self gain in the petition.

3. That all the annexures to the Petition are true copies of their originals.

4. That in view of the existing lockdown due to COVID-19 and its impact on access to courts, the Petitioner is unable to file duly affirmed affidavits in support of the accompanying Petitions and Applications. As per this Hon'ble Court's Office Order No. R-3/ RG/DHC/2020 dated 04.04.2020, the

Petitioner's inability to file duly affirmed affidavits may be condoned in the interest of justice.

5. The present application is bonafide and it shall cause no prejudice to any party, if allowed. There is no deliberate concealment of any relevant or material facts.

PRAYER

In view of the facts and circumstances as averred hereinabove, it is most humbly prayed that this Hon'ble Court may be pleased to:

A. Exempt the Petitioner from filing duly affirmed affidavit(s); and/or

B. Pass any other order(s) that this Hon'ble Court may deem fit and necessary in the interest of justice.

AND FOR THIS ACT OF KINDNESS THE PETITIONER SHALL AS IN DUTY BOUND FOREVER PRAY

PETITIONER

Through:

VRINDA GROVER, RATNA APPNENDER, SOUTIK BANERJEE
ADVOCATES
N-14A, SAKET
NEW DELHI-110017
Phone-9810806181

NEW DELHI
20.04.2020

IN THE HIGH COURT OF DELHI AT NEW DELHI

WRIT PETITION (CIVIL) NO. _____ OF 2020

C.M. NO. _____ OF 2020

IN THE MATTER OF:

SAMA- Resource Group for Women and Health …PETITIONER

VERSUS

UNION OF INDIA AND OTHERS ...RESPONDENTS

APPLICATION SEEKING EXEMPTION FROM FILING THE ORIGINAL / FAIR TYPE / MARGIN COPIES OF ANNEXURES FILED WITH THE PETITION

MOST RESPECTFULLY SHEWETH:

1. That in view of the prevailing situation die to COVID19, and the urgency in seeking additional directions in order to ensure that women have access to reproductive and neonatal health care services, the accompanying Petition has been filed without the original / fair type / margin copies of the Annexures.

2. That all Annexures are true copies of their originals, and the Petitioner undertakes to provide fair typed copies if so directed by the Hon'ble Court.

3. That the facts and grounds stated in the accompanying petition may be treated as part of the present application.

4. That the present application is bonafide and is being filed in the interest of justice.

PRAYER

In view of the facts and circumstances stated above, it is most humbly prayed that the Hon'ble Court may be pleased to:

A. Exempt the Petitioner from filing the original / fair type / margin copies of the Annexures; and

B. Pass any other order(s) as this Hon'ble Court may deem fit.

AND FOR THIS ACT OF KINDNESS THE PETITIONER SHALL AS IN DUTY BOUND FOREVER PRAY

PETITIONER

Through:

VRINDA GROVER, RATNA APPNENDER, SOUTIK BANERJEE
ADVOCATES
N-14A, SAKET
NEW DELHI-110017
Phone-9810806181

NEW DELHI
20.04.2020

Annexure A-1 (Colly)

Sama

Resource Group for Women and Health

To
Shri Dr. Harsh Vardhan
Union Minister Health and Family Welfare
Government of India

18 April 2020

Subject: Denial of essential maternal and reproductive health care

Dear Sir,

We request your urgent attention to the appalling and worrisome situation of denial of health care services for maternal health / delivery services. Several women who are seeking services for maternal health care, including healthcare for delivery, are experiencing trauma and denial of care as is evident from reports emerging from across the country.

One such experience is of a nine month pregnant, 25 year old woman from Delhi, who was living at her natal home in Nizamuddin West, Delhi. She spent about 48 hours – 2 days trying to access emergency services for her pregnancy and delivery. She is a patient of Safdarjung Hospital, Delhi, from where she has been regularly seeking antenatal services throughout her pregnancy. She is also a known patient of rheumatic heart disease, and underwent balloon mitral valvotomy during this pregnancy at Safdarjung hospital.

On 15 and 16 April, she was denied services for childbirth by hospitals both under central and Delhi state governments when she approached them with labour pains. First Safdarjung Hospital and thereafter Lok Nayak Jaya Prakash (LNJP) Hospital, Delhi, both refused to admit her – the former because of her address – i.e. Nizamuddin West, which has been designated as a “red zone” by the authorities (though she herself has not been tested nor confirmed as COVID positive), and the latter because they are COVID-only designated hospitals. These are just two of the 6 public and private hospitals that she went to over the two days, with public transportation completely suspended, desperately seeking care for her delivery. She repeatedly faced denials, exorbitant estimates from private hospitals, or facilities that lack the necessary infrastructure to deal with her condition and medical history. Moreover, the lack of ambulance services at Safdarjung hospital as well as other government ambulance services substantially delayed her access to health care, heightening the risk to her health and life. It has been a traumatic and harrowing experience for her to go from one hospital to another with a hope of getting admitted for her delivery, with the added burden of lack of ambulances or any other transport.

In the end, she had to be rushed to AIIMS due to bleeding, although she was not a registered patient there, in a situation of emergency; we acknowledge and appreciate that AIIMS and health care providers there intervened in such a situation to provide her the necessary care, without which her health and life as well the outcome of the pregnancy could have been adverse.

Given that the lockdown is now completing almost 4 weeks, it is absolutely shocking that critical tertiary health facilities such as Safdarjung Hospital are using blanket geographical

categorizations such as “red zones” to deny essential services such maternal health without establishing preparedness to deal with the same. In any event, large tertiary hospitals, like Safdarjung Hospital, Delhi, should not deny healthcare facilities to any person in need of healthcare. Similarly, LNJP should have clear referral protocols even if they are designated as COVID hospitals.

Such stories of women being denied healthcare in government and private hospitals are emerging from all over the country. We are particularly concerned that if this is the situation in the capital of the country, which is a comparatively resourced city, and for a woman who would be classified as a high-risk pregnancy necessitating extra monitoring and care, the situation in other parts of the country is likely to be extremely challenging. We are concerned that many of these women who continue to need essential and emergency health services even in the current context of COVID-19 are enduring adverse consequences to their health and lives due to the apathy of the government and health facilities.

We appreciate the steps by the MOHFW in recognizing maternal and other reproductive health care as essential services and issuing guidance in this regard; however, in the absence of accountable implementation, they bear no significance, and result in denial of the right to life and healthcare to all women in need of it.

We demand the Union Ministry of Health and Family Welfare to take immediate steps to: -

1. Ensure all essential heath care services need to continue even as the health system combats COVID. It cannot be one or the other. This will ensure public trust in the health system and also avoid morbidity and mortality from other conditions due to absence of health care

2. Make all healthcare facilities accountable for providing healthcare; guarantee that there is no denial of health care especially for emergency services like childbirth through establishing necessary systems and protocols for referral, transportation, information, etc.

3. Issue a directive to all healthcare facilities NOT to deny healthcare services to women or adolescents who require reproductive healthcare, ensure women’s access to facilities for testing, services for abortion, for ante-natal care, safe delivery healthcare to prevent maternal and perinatal deaths, reproductive complications and morbidities and provide necessary health information and services.

4. Ensure restoration of regular antenatal care services. Currently, VHND and PMSMA services are banned. These need to be resumed with adequate norms for physical distancing and adequate protection for HCWs including PPE and transport arrangements.

5. Ensure that the onus of provision of reproductive healthcare for women and girls is with the health facilities; regardless of it being a central, state government or private or any other healthcare facility – hospital authorities and healthcare providers must coordinate amongst themselves to guarantee healthcare is provided without exception.

6. Health care facilities must be directed to bear the responsibility of arranging blood, medicines and other essential materials for safe delivery, safe abortion to the women and girls. Patients, families and care givers should not be burdened by this.

7. Make available free sanitized transport at health facilities to facilitate transport as required to referral health facilities as well as additional ambulance services that patients, care givers and families can access. This is particularly critical in the current lockdown situation with suspended public transport.

8. Provide detailed information about available services, referrals, through public media messages as well as dedicated helpline numbers to enable access to accurate information about available health care services, facilities and to redress any complaints, gaps in services.

9. Include protocols for prevention of added trauma and stress to patients and families through promotion of accountable, empathetic, non -discriminatory health care.

10. In case, women approaching the government facilities are denied healthcare facilities, and are forced to approach the private healthcare facilities for their health condition, the government should reimburse costs for the treatment that she was forced to access elsewhere.

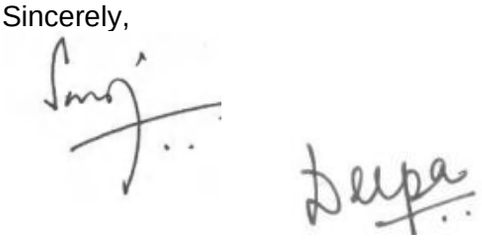
11. In case of any permanent negative health consequences to woman or child born due to denial of healthcare facility, compensation would have to be paid by the healthcare facility and the government jointly that would cover the mental and physical trauma that the person had to undergo, and that would take care of the life-long consequences for the child who has faced permanent damage due to such denial.

12. In case of death or complications due to denial of healthcare facility, the family of the person would have to be provided compensation by the healthcare facility.

13. Establish accessible help desks in all hospitals to help patients access accurate information, directions to intra-facility departments, referrals to hospitals, etc.

COVID-19 and the accompanying lockdown has precipitated various existing and new concerns with regard to health care access especially for patients from vulnerable socio-economic backgrounds. It is time to step up the healthcare services and ensure that all those who need healthcare are not denied those services, and adequate provisions are made especially for those approaching the government healthcare facilities. The MoHFW must proactively and regularly review health system preparedness, implementation of protocols so that the health and lives of patients are not compromised. The stated demands are urgent and of particular relevance in the current context but must be implemented even beyond the COVID-19 context. We urge you to take action urgently, as women in need of healthcare facilities, especially maternal, abortion and other reproductive healthcare, are being denied services in many places across the country.

Sincerely,



Sarojini N and Deepa V

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Website : www.samawomenshealth.in

Sama
Resource Group for Women and Health

To
Ms. Preeti Sudan
Secretary
Ministry of Health and Family Welfare
Nirman Bhawan
New Delhi

18 April 2020

Subject: Denial of essential maternal and reproductive health care

Respected Madam,

We request your urgent attention to the appalling and worrisome situation of denial of health care services for maternal health / delivery services. Several women who are seeking services for maternal health care, including healthcare for delivery, are experiencing trauma and denial of care as is evident from reports emerging from across the country.

One such experience is of a nine month pregnant, 25 year old woman from Delhi, who was living at her natal home in Nizamuddin West, Delhi. She spent about 48 hours – 2 days trying to access emergency services for her pregnancy and delivery. She is a patient of Safdarjung Hospital, Delhi, from where she has been regularly seeking antenatal services throughout her pregnancy. She is also a known patient of rheumatic heart disease, and underwent balloon mitral valvotomy during this pregnancy at Safdarjung hospital.

On 15 and 16 April, she was denied services for childbirth by hospitals both under central and Delhi state governments when she approached them with labour pains. First Safdarjung Hospital and thereafter Lok Nayak Jaya Prakash (LNJP) Hospital, Delhi, both refused to admit her – the former because of her address – i.e. Nizamuddin West, which has been designated as a “red zone” by the authorities (though she herself has not been tested nor confirmed as COVID positive), and the latter because they are COVID-only designated hospitals. These are just two of the 6 public and private hospitals that she went to over the two days, with public transportation completely suspended, desperately seeking care for her delivery. She repeatedly faced denials, exorbitant estimates from private hospitals, or facilities that lack the necessary infrastructure to deal with her condition and medical history. Moreover, the lack of ambulance services at Safdarjung hospital as well as other government ambulance services substantially delayed her access to health care, heightening the risk to her health and life. It has been a traumatic and harrowing experience for her to go from one hospital to another with a hope of getting admitted for her delivery, with the added burden of lack of ambulances or any other transport.

In the end, she had to be rushed to AIIMS due to bleeding, although she was not a registered patient there, in a situation of emergency; we acknowledge and appreciate that AIIMS and health care providers there intervened in such a situation to provide her the necessary care, without which her health and life as well the outcome of the pregnancy could have been adverse.

Given that the lockdown is now completing almost 4 weeks, it is absolutely shocking that critical tertiary health facilities such as Safdarjung Hospital are using blanket geographical categorizations such as “red zones” to deny essential services such maternal health without establishing preparedness to deal with the same. In any event, large tertiary hospitals, like Safdarjung Hospital, Delhi, should not deny healthcare facilities to any person in need of healthcare. Similarly, LNJP should have clear referral protocols even if they are designated as COVID hospitals.

Such stories of women being denied healthcare in government and private hospitals are emerging from all over the country. We are particularly concerned that if this is the situation in the capital of the country, which is a comparatively resourced city, and for a woman who would be classified as a high-risk pregnancy necessitating extra monitoring and care, the situation in other parts of the country is likely to be extremely challenging. We are concerned that many of these women who continue to need essential and emergency health services even in the current context of COVID-19 are enduring adverse consequences to their health and lives due to the apathy of the government and health facilities.

We appreciate the steps by the MOHFW in recognizing maternal and other reproductive health care as essential services and issuing guidance in this regard; however, in the absence of accountable implementation, they bear no significance, and result in denial of the right to life and healthcare to all women in need of it.

We demand the Union Ministry of Health and Family Welfare to take immediate steps to: -

1. Ensure all essential heath care services need to continue even as the health system combats COVID. It cannot be one or the other. This will ensure public trust in the health system and also avoid morbidity and mortality from other conditions due to absence of health care

2. Make all healthcare facilities accountable for providing healthcare; guarantee that there is no denial of health care especially for emergency services like childbirth through establishing necessary systems and protocols for referral, transportation, information, etc.

3. Issue a directive to all healthcare facilities NOT to deny healthcare services to women or adolescents who require reproductive healthcare, ensure women’s access to facilities for testing, services for abortion, for ante-natal care, safe delivery healthcare to prevent maternal and perinatal deaths, reproductive complications and morbidities and provide necessary health information and services.

4. Ensure restoration of regular antenatal care services. Currently, VHND and PMSMA services are banned. These need to be resumed with adequate norms for physical distancing and adequate protection for HCWs including PPE and transport arrangements.

5. Ensure that the onus of provision of reproductive healthcare for women and girls is with the health facilities; regardless of it being a central, state government or private or any other healthcare facility – hospital authorities and healthcare providers must coordinate amongst themselves to guarantee healthcare is provided without exception.

6. Health care facilities must be directed to bear the responsibility of arranging blood, medicines and other essential materials for safe delivery, safe abortion to the women and girls. Patients, families and care givers should not be burdened by this.

7. Make available free sanitized transport at health facilities to facilitate transport as required to referral health facilities as well as additional ambulance services that patients, care givers and families can access. This is particularly critical in the current lockdown situation with suspended public transport.

8. Provide detailed information about available services, referrals, through public media messages as well as dedicated helpline numbers to enable access to accurate information

about available health care services, facilities and to redress any complaints, gaps in services.

9. Include protocols for prevention of added trauma and stress to patients and families through promotion of accountable, empathetic, non -discriminatory health care.

10. In case, women approaching the government facilities are denied healthcare facilities, and are forced to approach the private healthcare facilities for their health condition, the government should reimburse costs for the treatment that she was forced to access elsewhere.

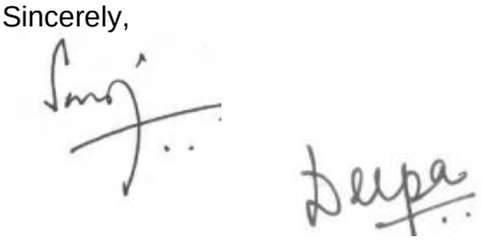
11. In case of any permanent negative health consequences to woman or child born due to denial of healthcare facility, compensation would have to be paid by the healthcare facility and the government jointly that would cover the mental and physical trauma that the person had to undergo, and that would take care of the life-long consequences for the child who has faced permanent damage due to such denial.

12. In case of death or complications due to denial of healthcare facility, the family of the person would have to be provided compensation by the healthcare facility.

13. Establish accessible help desks in all hospitals to help patients access accurate information, directions to intra-facility departments, referrals to hospitals, etc.

COVID-19 and the accompanying lockdown has precipitated various existing and new concerns with regard to health care access especially for patients from vulnerable socio-economic backgrounds. It is time to step up the healthcare services and ensure that all those who need healthcare are not denied those services, and adequate provisions are made especially for those approaching the government healthcare facilities. The MoHFW must proactively and regularly review health system preparedness, implementation of protocols so that the health and lives of patients are not compromised. The stated demands are urgent and of particular relevance in the current context but must be implemented even beyond the COVID-19 context. We urge you to take action urgently, as women in need of healthcare facilities, especially maternal, abortion and other reproductive healthcare, are being denied services in many places across the country.

Sincerely,



Sarojini N and Deepa V

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Sama

Resource Group for Women and Health

To
Shri Satyendar Jain
Minister, Health and Family Welfare
Government of NCT of Delhi

18 April 2020

Subject: Denial of essential maternal and reproductive health care

Dear Sir,

We request your urgent attention to the appalling and worrisome situation of denial of health care services for maternal health / delivery services. Several women who are seeking services for maternal health care, including healthcare for delivery, are experiencing trauma and denial of care in Delhi.

One such experience is of a nine month pregnant, 25 year old woman from Delhi, who was living at her natal home in Nizamuddin West, Delhi. She spent about 48 hours – 2 days trying to access emergency services for her pregnancy and delivery. She is a patient of Safdarjung Hospital, Delhi, from where she has been regularly seeking antenatal services throughout her pregnancy. She is also a known patient of rheumatic heart disease, and underwent balloon mitral valvotomy during this pregnancy at Safdarjung hospital.

On 15 and 16 April, she was denied services for childbirth by hospitals both under central and Delhi state governments when she approached them with labour pains. First Safdarjung Hospital and thereafter LNJP Hospital, Delhi, both refused to admit her – the former because of her address – i.e. Nizamuddin West, which has been designated as a “red zone” by the authorities (though she herself has not been tested nor confirmed as COVID positive), and the latter because they are COVID only designated hospital. LNJP did not facilitate referral nor transport and the woman thereafter with great difficulty managed to reach Kasturba Gandhi hospital, where again she was denied healthcare.
These are just three of the six public and private hospitals that she went to over the two days, with public transportation completely suspended, desperately seeking care for her delivery. She repeatedly faced denials, exorbitant estimates from private hospitals, or facilities that lack the necessary infrastructure to deal with her condition and medical history. Moreover, the lack of ambulance services at Safdarjung hospital, LNJP hospital as well as other Delhi government ambulance services substantially delayed her access to health care, heightening the risk to her health and life. It has been a traumatic and harrowing experience for her to go from one hospital to another with a hope of getting admitted for her delivery, with the added burden of lack of ambulances or any other

transport.
In the end, she had to be rushed to AIIMS due to bleeding although she was not a registered patient there in a situation of emergency; we acknowledge and appreciate that AIIMS and health care providers there intervened in such a situation to provide her the necessary care without which her health and life as well the outcome of the pregnancy could have been adverse.

Given that the lockdown is now completing almost 4 weeks, it is absolutely shocking that critical tertiary health facilities such as Safdarjung Hospital are using blanket geographical categorizations such as “red zones” to deny essential services such maternal health without establishing preparedness to deal with the same. In any event, large tertiary hospitals, like Safdarjung Hospital, Delhi, should not deny healthcare facilities to any person in need of healthcare. Similarly LNJP should have clear referral protocols even if they are designated as a COVID hospital.

We are particularly concerned that this is the situation for a woman who would be classified as a high risk pregnancy necessitating extra monitoring and care in the state of Delhi, which has a large network of health facilities. We are concerned that many of the women who continue to need essential and emergency health services even in the current context of COVID-19 are enduring adverse consequences to their health and lives due to the apathy of the government and health facilities.
We acknowledge the steps taken by the Delhi Government in responding to COVID19; however, the non-provision of essential services for other maternal and reproductive healthcare needs will result in denial of the right to life and healthcare to all women in need.

We demand that the Government of Delhi takes immediate steps to:-

1. Ensure all essential healthcare services need to continue even as the health system combats COVID. It cannot be one or the other. This will ensure public trust in the health system and also avoid morbidity and mortality from other conditions due to absence of health care.

2. Make all healthcare facilities accountable for providing healthcare; guarantee that there is no denial of health care especially for emergency services like childbirth through establishing necessary systems and protocols for referral, transportation, information, etc.

3. Issue a directive to all healthcare facilities NOT to deny healthcare services to women or adolescents who require reproductive healthcare, ensure women’s access to facilities for testing, services for abortion, for ante-natal care, safe delivery healthcare to prevent maternal and perinatal deaths, reproductive complications and morbidities and provide necessary health information and services.

4. Ensure restoration of regular antenatal care services. Currently, VHND and PMSMA services are banned. These need to be resumed with adequate norms for physical distancing and adequate protection for HCWs including PPE and transport arrangements.

5. Ensure that the onus of provision of reproductive healthcare for women and girls is with the health facilities; regardless of it being a central, state government or private or any other healthcare facility – hospital authorities and healthcare providers must coordinate amongst themselves to guarantee healthcare is provided without exception.

6. Healthcare facilities must be directed to bear the responsibility of arranging blood, medicines and other essential materials for safe delivery, safe abortion to the women and girls. Patients, families and care givers should not be burdened by this.

7. Make available free sanitized transport at health facilities to facilitate transport as required to referral health facilities as well as additional ambulance services that patients, care givers and families can access. This is particularly critical in the current lockdown situation with suspended public transport.

8. Provide detailed information about available services, referrals, through public media messages as well as dedicated helpline numbers to enable access to accurate information about available health care services, facilities and to redress any complaints, gaps in services.

9. Establish accessible help desks in all hospitals to help patients access accurate information, directions to intra-facility departments, referrals to hospitals, etc.

10. In case, women approaching the government facilities are denied healthcare services, and are forced to approach the private healthcare facilities for their health condition, the government should reimburse costs for the treatment that she was forced to access elsewhere.

11. In case of death or complications due to denial of healthcare, the family of the person would have to be provided compensation by the healthcare facility.

12. In case of any permanent negative health consequences to the patient, woman or child born due to denial of healthcare facility, compensation would have to be paid by the healthcare facility and the government jointly that would cover the mental and physical trauma that the person had to undergo, and that would take care of the life-long consequences for the child who has faced permanent damage due to such denial.

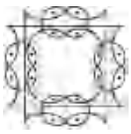
13. Include protocols for prevention of added trauma and stress to patients and families through promotion of accountable, empathetic, non-discriminatory health care.

COVID-19 and the accompanying lockdown have precipitated various existing and new concerns with regard to health care access especially for patients from vulnerable socio-economic backgrounds. It is time to step up the healthcare services and ensure that all those who need healthcare are not denied those services, and adequate provisions are made especially for those approaching the government healthcare facilities. The Government of Delhi must proactively and regularly review health system preparedness, implementation of protocols so that the health and lives of patients are not compromised. The stated demands are urgent and of particular relevance in the current context but must be implemented even beyond the COVID-19 context.

We urge you to take action urgently, as women in need of healthcare facilities, especially maternal, abortion and other reproductive healthcare, are being denied services in the state of Delhi.

Sincerely,

Sarojini N and Deepa V



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GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
HEALTH & FAMILY WELFARE DEPARTMENT
9th LEVEL, A-WING, DELHI SECRETARIAT, IP ESTATE, NEW DELHI - 110 002
Ph: 011-23392017, Fax: 011-23392464, email: pshealth@nic.in

No. 52/DGHS/PH-IV/COVID-19/2020/**prsecyhfw/**3667-3716 Date: **31/03/2020**

ORDER

In view of outbreak of pandemic COVID-19 and direction of Secretary (H & FW), GOI, the following Hospitals/Blocks of Government of NCT of Delhi are declared as dedicated Hospitals for treatment of COVID-19 cases;

1. Lok Nayak Hospital & G B Pant Hospital
2. Rajiv Gandhi Super Speciality Hospital
3. Guru Teg Bahadur Hospital
4. Deen Dayal Upadhyay Hospital
5. Dr Baba Saheb Ambedkar Hospital

This issues with the approval of Hon'ble Health Minister, Government of NCT of Delhi.

Padmini 31/3/20
(Padmini Singla)
Secretary (Health & FW)

All MSs/Directors of Hospitals under
H&FW Department, GNCT of Delhi

No. 52/DGHS/PH-IV/COVID-19/2020/**prsecyhfw/**3667-3716 Date: **31/03/2020**

Copy to:

1. Addl. CS (Home), Govt. of NCT of Delhi
2. Addl. Secretary to Hon'ble CM, Govt. of NCT of Delhi
3. Secretary to Hon'ble Minister of Health, GNCT of Delhi
4. OSD to CS, Govt. of NCT of Delhi
5. PA to Spl. Secretary (H&FW)

Padmini 31/3/2020
(Padmini Singla)
Secretary (Health & FW)

Covid-19: Bengaluru South MP launches helpline

BY ET BUREAU | MAR 26, 2020, 09.01 PM IST

Bengaluru: Bengaluru South MP Tejasvi Surya on Thursday launched a Bengaluru South Coronavirus Task Force, in association with Bengaluru South and Bengaluru South-East Division Police to respond to the needs of senior citizens and vulnerable sections of the constituency.

As part of the Task Force, he launched a helpline 99464 99464 for citizens to avail assistance. The helpline will be able to assist senior citizens and the economically weaker sections procure food, groceries and medicines. It will also provide emergency non-COVID-19 medical assistance to citizens, especially pregnant women, his office said in a press release.

His office has also created whatsapp groups based on the jurisdiction of the police stations of the constituency. About 1,500 volunteers have enrolled in the Task Force and they have been added as members to the WhatsApp group of their jurisdiction. Nodal officers of every police station, the BBMP zones and the health department are also members of these WhatsApp groups, the release said.

Nodal officers of every police station, the BBMP zones and the health department are also members of these WhatsApp groups, the release said.

The calls coming onto the helpline will be directed to a cloud-based call centre. The requirement will be redirected to the respective jurisdiction's WhatsApp group, where the police and the volunteers will coordinate to attend the grievance. Similarly, the police would also post the requirements of food packets and grocery kits for the economically weaker sections coming in their jurisdictions on the WhatsApp groups. The RSS will provide grocery kits while the Bengaluru Hoteliers' Association and Foundation India will assist in procuring food packets. The volunteers will then coordinate the delivery of such items with the police, the release said.

"The helpline will cater to problems faced by people during the lockdown," Surya said. "For example, if a person is mentally stressed during the lockdown and calls the helpline, the volunteer will redirect you to an online psychiatrist. Any person who is unable to find food in his/her PG can call the helpline for food. If there is any medical emergency for a pregnant woman, divyang or any other person, the helpline will alert the nearest ambulance available. Any animal on the streets which needs water or food may alert our dedicated team of animal volunteers for the provision of food supplies. This way, we want to address grievances that may arise in the next 20 days," he said.

Ensure treatment of pregnant women, dialysis patients despite lockdown: Harsh Vardhan to states

BY PTI | UPDATED: APR 10, 2020, 11.00 PM IST

New Delhi: States need to be mindful that treatment or medical needs of pregnant women, dialysis patients and those suffering from ailments such as thalassemia are attended to despite the lockdown imposed to control the spread of COVID-19, Union Health Minister Harsh Vardhan said on Friday.

Union health minister Harsh Vardhan (File Pic)

Vardhan made the suggestion during a meeting with health ministers of states and Union Territories through video conference to review actions and preparedness for mitigating COVID-19.

Reviewing the requirement and the adequacy of PPEs, N95 masks, testing kits, drugs and ventilators with each state, Vardhan said, "The government is trying its best to ensure there is no shortage of supplies of these critical items and orders for various requirements have already been placed.

"Partial requirements of states vis-a-vis the need indicated by them have been addressed," he said.

The death toll due to coronavirus rose to 206 and the number of cases in the country climbed to 6,761 on Friday, a record spike of 896 cases and 37 deaths in 24 hours since Thursday evening, according to the Union Health Ministry.

"States need to be mindful that the treatment or medical needs of pregnant women, dialysis patients and those suffering from ailments such as Thalassemia are attended to.

"States should also promote voluntary blood donation and arranging mobile units for safe blood donation for adequate supply of blood at any point of time," he said.

He said the fight against the pandemic is now more than three months old and the prevention, containment and management of COVID-19 in the country is being monitored at the highest level in collaboration with the states.

"The government has taken several pre-emptive, proactive, and effective measures. These timely steps have helped us mange the situation and be prepared for any eventuality," he added.

वन्दना गुरनानी, भा.प्र.से.
Vandana Gurnani, I.A.S.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.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

D.O.No. 7(23)/2020-NHM-I
Dated the: 10th April 2020

Dear All,

The COVID 19 outbreak has placed unprecedented demands on our health system. Our health workforce is inundated with a plethora of activities related to controlling the pandemic. While the State and district health teams are rendering exemplary service in the management of COVID, the continuity of certain essential health services is also to be ensured. This was also discussed during the Video Conference with States on 8.4.2020.

Focusing on COVID 19 related activities, and *continuing* to provide essential services, is important not only to maintain population trust in the health system to deliver essential health services but also to minimize increase in morbidity and mortality from other health conditions. All emergency and critical care need to be ensured during the period of the lockdown. As per MHA Order No.40-3/2020-DM-I(A) dated 24.3.2020 and further modified on 25.3.2020, 27.3.2020, 2.4.2020 and 3.4.2020 (https://mha.gov.in/sites/default/files/PR_Consolidated%20Guideline%20of%20MHA_28032020%20%281%29_0.PDF), Essential health services are exempted and the list is given in the annexure to this letter. Hence,

- We need to ensure that the disruption to critical essential health services is minimized. Particular attention needs to be paid to providing essential health care for specific sub-population groups. These include
    - Pregnant women likely to deliver in the period of the lockdown with a particular focus on High Risk Pregnant Women,
    - New-borns and young children,
    - patients on treatment for chronic communicable and non-communicable diseases,
    - elderly people, and

Contd...

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- patients needing dialysis, chemotherapy as well as
- Those requiring transfusion of blood and blood products.

- The lockdown places certain restrictions on movement and service delivery would need to be redesigned temporarily to suit the specific local context, be it urban or rural. In addition, transport, supplies of essential medicines and commodities for these population groups will need to be assured.
- States need to ensure access to care for such groups during the period of the lockdown through facilitating patient access to facilities as needed, using special passes/permits, if local administration warrant such passes and arranging transport, wherever required. This is to ensure that
  - women are transported safely to facilities for delivery,
  - birth doses of vaccines are administered in institutions,
  - new-borns and young children needing care are visited at home by ASHAs/ANMs,
  - Medicines for chronic diseases are delivered to patients who need them and ensuring adequate supplies to tide over the period of the lock down.
  - Volunteers such as local youth who can support medicine delivery or accompanying patients can be engaged.
- The protection of our health workers should be of paramount concern. All frontline workers, undertaking home visits and participating in community interactions, nurses, medical officers and other staff who encounter patients in facilities need to be trained in the use of preventive measures such as hand-washing, maintain physical distance and other protective measures, as advised by Ministry from time to time.

As you are aware, DoHFW has released additional funds under HSS pool of FY 19-20 on 30th March 2020. Besides, under "India COVID 19 Emergency Response and Health System Preparedness Package" which is 100% centrally funded release, funds have been released to the States on 6th April 2020. States may use these funds and other flexibility under NHM to hire additional human

Contd..

D.O.No. 7(23)/2020-NHM-I
Dated: 10th April 2020

resources and essential supplies that are required to ensure that COVID related activities are undertaken along with the existing essential services mentioned above.

Please let me know if you need any clarifications.

with warm regards

Yours sincerely

(Vandana Gurnani)

To
ACS / PSs / Secretary, Health of all the States/UTs

Copy to:-

- Mission Directors (NHM) of all the States/UTs

Annexure A-5

Annexure:

Health related services allowed under the MHA Order No.40-3/2020-DM-I(A) dated 24.3.2020 and further modified on 25.3.2020, 27.3.2020, 2.4.2020 and 3.4.2020

Point 2: O/o State/UTs, their autonomous bodies, corporations, etc

2(a) - Emergency Services

2(g) – Social Welfare Departmental Operations of homes for senior citizens

Point 3:

- Hospitals and al related medical establishments including their manufacturing and distribution units, both in public and private sector such as dispensaries, chemist, pharmacies (including Jan Aushadi Kendra) and medical equipment shops, laboratories, pharmaceutical research albs, clinics, nursing homes, ambulance, etc will continue to remain functional.
- The transportation for all medical personnel, nurses, para-medical staff, other hospital support services be permited.

Point 4:Commercial and private establishments

4(k) – Data and call centres for Government Activities only

Point 5: Industrial establishments

5(a) – Manufacturing units of drugs, pharmaceutical, medical devices, their raw materials and intermediaries

Point 7: Hospitality services

7(a) – Hotels, home stays, lodges and motels, for medical and emergency starr

7(b) – Establishments used/earmarked for quarantine facilities

Other relevant components

**

Ministry of Health and Family Welfare
Directorate General of Health Services
[Emergency Medical Relief]

Coronavirus Disease 2019 (COVID-19): Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19

1. About this SOP

This SOP is applicable to current phase of COVID-19 pandemic in India (local transmission and limited community transmission), wherein as per plan of action, all suspect cases are admitted to isolation facilities. These procedures are meant to guide and be used for training ambulance drivers and technicians in transporting COVID-19 patients. These also aim to support programme officers in monitoring functionality and infection prevention protocols of the ambulances.

2. Introduction

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. In humans, the transmission of COVID-19 can occur via respiratory droplets directly (through droplets from coughing or sneezing) or indirectly (through contaminated objects or surfaces). The people most at risk of COVID-19 infection are those who are in close contact with a suspect/confirmed COVID-19 patient and those who care for such patients.

3. Transportation of patients

Ideally, there should be ambulances identified specifically for transporting COVID suspect patients or those who have developed complications, to the health facilities. Currently, there are two types of ambulances – ALS (with ventilators) and BLS (without ventilators). States may empanel other ambulances having basic equipment like that of BLS and use it for COVID patients. However, this must be ensured that strict adherence to cleaning and decontamination protocols given here in the guidance note need to be followed. The fleet in - charge or person designated by CMO/CS, will supervise its adherence.

Call centres after receiving the call will try to triage the condition of the patient and accordingly dispatch either ALS, BLS or other registered ambulances. However, please ensure that 102 ambulances should not be used for corona patients and should only be used for transporting pregnant women and sick infants. Ambulance staff (technicians as well as drivers) should be trained and oriented about common signs and symptoms of COVID-19 (fever, cough and difficulty in breathing). A sample questionnaire to identify COVID-19 cases is placed at **Annexure I.** They should also be aware about common infection, prevention and control practices including use of Personal Protective Equipment (PPE). Both the EMT and driver of ambulance will wear PPE while handling, managing and transporting the COVID identified/ suspect patients. Similar use of PPE is to be ensured by the health personnel at receiving

health facility. Patient and attendant should be provided with triple layer mask and gloves. Simple public health measures like hand hygiene, respiratory etiquettes, etc. need to be adhered by all.

Augmenting the capacity of ambulances in districts

Local authorities should prepare a line list of all private ambulance service providers in their respective areas. These ambulances should be linked with centralized call centre so as to ensure adequate number of ambulances based on population and time to care approach (Avg. response time of 20 minutes). Orientation on Infection Prevention Protocols and protocols for transporting COVID patients should also be ensured for staff of these ambulances. To ensure response time of 20 minutes, ambulances should be strategically located at hospitals, police stations.

Only identified and designated ambulances should be used for transportation. People, health functionaries, nursing homes, private clinics, hospitals should be made aware to use ambulance services for COVID patients being provided through toll free numbers. Otherwise it might increase the chances of transmission of infection. Every district should facilitate empaneling of ambulances other than those in the public health system even if the present situation may not require using them. To minimize the risk of transmission, it is strongly recommended that if other than empaneled ambulances are bringing COVID or suspect patients, such vehicles need to be quarantined for thorough cleaning and disinfection and should only be released after certification by district administration/ district health official.

3.1 Call Centre: On receiving the call, the call centre needs to enquire following details:

a) Demographic details of the patient i.e. name, age, gender etc.
b) To ascertain whether the patient is suspect case of COVID-19
    i. Symptoms of patient: Ask whether the patient is suffering from fever, cough and difficulty in breathing
    ii. Whether patient has recently returned from a foreign country
    iii. Whether the patient was under home quarantine as directed by local health administration
c) Clinical condition of patient to be transported: whether stable or critical

3.2 In case of an inter-facility transfer, the casualty medical officer of the referring hospital has to ensure that bed is available in referral hospital with supporting equipment and needs to convey the same while making the call.

3.3 Assign the job to nearest ambulance with dedicated facility at strategic locations as mentioned in the box above.

3.3.1 Check for state of preparedness of ambulance: **Annexure II**
3.3.2 Ensure PPE for ambulance staff: **Annexure III**

3.4 Both call centre and ambulances should always keep the updated list of available hospitals and beds.

3.5 On receiving the call, from the call centre and prior to shifting the patient, EMT will perform following:

3.5.1 the EMT will seek the above mentioned details again to ensure whether the patient is a suspect case of COVID-19.

3.5.2 The EMT will wear the appropriate PPE.

3.5.3 The EMT shall assess the condition of the patient

3.5.4 If the patient is ambulatory and stable, he/she may be asked to board the ambulance otherwise the EMT (while using the prescribed PPE) may assist loading of patient.

3.5.5 Only one caregiver should be allowed to accompany the patient (while using the prescribed PPE).

3.5.6 EMT should also ensure availability and provision of adequate triple layered mask and gloves for patient and/or attendant.

3.5.7 The patient and the care giver will be provided with a triple layer medical mask.

3.5.8 EMT will contact the identified health facility for facility preparedness and readiness.

3.6 Management on board

3.6.1 Measure vitals of patient and ensure patient is stable.

3.6.2 If required, give supplementary O_2 therapy at 5 L/min and titrate flow rates to reach target $SpO_2 \geq 90\%$.

3.6.3 If patient is being transported on ventilator to a higher center, follow ventilator management protocols, provided the EMT is either trained or assisted by a doctor well versed in ventilator management.

3.7 Handing over the patient

3.7.1 On reaching the receiving hospital, the EMT will hand over the patient and details of medical interventions if any during transport. After handing over the patient, the PPEs will be taken off as per protocol followed by hand washing. Use Alcohol based rub /soap water for hand hygiene.

3.7.2 The biomedical waste generated (including PPE) to be disposed off in a bio-hazard bag (yellow bag). Inside would be sprayed with Sodium Hypochlorite (1%) and after tying the exterior will also be sprayed with the same. It would be disposed off at their destination hospital. This shall again be followed by hand washing.

3.8 Disinfection of ambulance

3.8.1 All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls and work surfaces) should be thoroughly cleaned and disinfected using 1% Sodium Hypochlorite solution. (see **Annexure – IV** for preparation of 1% Sodium hypochlorite solution)

3.8.2 Clean and disinfect reusable patient-care equipment before use on another patient with alcohol based rub.

3.8.3 Cleaning of all surfaces and equipment should be done morning, evening and after every use with soap/detergent and water.

3.9 Capacity building

District Authorities to ensure capacity building of EMT and driver on following areas:

3.9.1 Donning and doffing of PPE
3.9.2 Infection prevention protocols given in this guideline (**Annexure V**)
3.9.3 Triaging and identifying COVID-19 suspects based on their signs and symptoms.
3.9.4 Similarly, emergency staff of health facility should also be trained in segregation, isolation and management of COVID-19 patients. They should not be mixed with other patients.

3.10 Monitoring

A checklist for weekly monitoring by District Surgeon/ Anesthetist is at Annexure VI

Annexure I

Question	**Response**
Has someone in your close family returned from a foreign country	Yes/No
Is the patient under home quarantine as advised by local health authority?	Yes/No
Have you or someone in your family come in close contact with a confirmed COVID-19 patient in the last 14 days?	Yes/No
Do you have fever?	Yes/No
Do you have cough?	Yes/No
Do you have sore throat?	Yes/No
Do you feel shortness of breath?	Yes/No

Annexure II

Checklist for list of consumables, equipment

S. No.	Item	Available (Yes/No)	If yes, whether functional	Remarks: quantity, expiry, last inspection date etc.
1	Stretcher trolley (foldable)			
2	Vital sign monitor			
2.1	✓ NIBP			
2.2	✓ SPO_2			
2.3	✓ ECG			
3	Ventilator with O_2 Source			
4	Defibrillator with battery			
5	Syringe infusion pump			
6	Ventimask with O_2 flowmeter			
7	Ambu bag with face mask			
8	Laryngoscope with batteries			
9	ETT with oro-pharyngeal airway			
10	Suction apparatus with suction and catheter			
11	Emergency drug tray			
12	IV Fluids			
13	Nebulizer			
14	Any other items:			
14.1	✓ Foleys catheter			
14.2	✓ ECG Electrode			
14.3	✓ IV Cannula			

Annexure III

Rational use of PPE by ambulance staff*

Activity	Risk	Recommended PPE	Remarks
Transporting patients not on any assisted ventilation	Moderate risk	N-95 mask Gloves	
Management of SARI patient while transporting	High risk	Full complement of PPE	When aerosol generating procedures are anticipated
Driving the ambulance	Low risk	Triple layer medical mask Gloves	

* The training of EMTs on COVID-19 will strictly adhere to the above mentioned rational use of PPE (the above recommendation is by an expert group (including WHO) and recommended by Joint Monitoring Group under DGHS available at www.mohfw.gov.in)

Annexure IV

Guidelines for Preparation of 1% sodium hypochlorite solution

Product	Available chlorine	1percent
Sodium hypochlorite – liquid bleach	3.5%	1 part bleach to 2.5 parts water
Sodium hypochlorite – liquid	5%	1 part bleach to 4 parts water
NaDCC (sodium dichloro-isocyanurate) powder	60%	17 grams to 1 litre water
NaDCC (1.5 g/ tablet) – tablets	60%	11 tablets to 1 litre water
Chloramine – powder	25%	80 g to 1 litre water
Bleaching powder	70%	7g g to 1 litre water
Any other	As per manufacturer's Instructions	

Annexure V

Infection Prevention for Pre-hospital Care

1.1. General

Ambulance or emergency health care workers are exposed to many infectious agents during their work. Transmission of infectious disease can occur while providing emergency care, rescue and body recovery/removal. Effective infection prevention and control is central to providing high quality health care for patients and a safe working environment for those that work in healthcare settings. Implementation of good infection control practices help to minimize the risk of spread of infection to patients and staff.

Pre-hospital care need to have an infection prevention program to monitor for HAIs (Healthcare Associated Infections) and prevent the spread of diseases/infection.

1.2. Standard Precautions

Standard precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. These set of measures are intended to be applied to the care of all patients in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent. Standard precautions include:

- Hand hygiene
- Use of barrier precautions or personal protective equipment
- Safe injection practices

1.2.1. Hand Hygiene

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings. The term “hand hygiene” includes both hand washing with either soap and water, and use of alcohol-based products (gels, rinses, foams) that do not require the use of water. It is important to ensure the availability of hand rub products at all times in the ambulance to ensure hand hygiene compliance.

1.2.2. Use of barrier precautions or Personal Protective Equipment (PPE)

COVID-19 is primarily a droplet transmitted infection, with indirect transmission through fomites/contaminated surfaces/objects. The standard precautions on use of personal protective equipment, as per the risk profile are given in annexure III.

The Healthcare worker must possess knowledge and skill regarding use and removal of the PPE after its use.

1.3. **Equipment disinfection:**

Equipment and surfaces are contaminated if they have come in contact with patient's skin, blood or body fluids. These can spread infection. Therefore, it is mandatory that these are cleaned and disinfected using 1% sodium hypochlorite or alcohol based disinfectants at least once daily and after every patient contact. Patient care items and surfaces that can contribute to the spread of infection include:

- Stethoscopes
- Blood pressure cuffs

- Monitors
- Stretchers, backboards, and immobilization devices
- Laryngoscope blades
- Radios/mobiles
- Shelves
- Door handles
- Other items and surfaces in ambulance or transport vehicle

1.4. **Decontamination of ambulance:**

- Decontamination of ambulance needs to be performed every time a suspect/confirmed case is transported in the ambulance. The following procedure must be followed while decontaminating the ambulance:
- Gloves and N-95 masks are recommended for sanitation staff cleaning the ambulance.
- Disinfect (damp wipe) all horizontal, vertical and contact surfaces with a cotton cloth saturated (or microfiber) with a 1% sodium hypochlorite solution. These surfaces include, but are not limited to: stretcher, Bed rails, Infusion pumps, IV poles/Hanging IV poles, Monitor cables, telephone, Countertops, sharps container. Spot clean walls (when visually soiled) with disinfectant-detergent and windows with glass cleaner. Allow contact time of 30 minutes and allow air dry.
- Damp mop floor with 1% sodium hypochlorite disinfectant.
- Discard disposable items and Infectious waste in a Bio/Hazard bag. The interior is sprayed with 1% sodium hypochlorite. The bag is tied and exterior is also decontaminated with 1% sodium hypochlorite and should be given to the hospitals to dispose of according to their policy.
- Change cotton mop water containing disinfectant after each cleaning cycle.
- Do not place cleaning cloth back into the disinfectant solution after using it to wipe a surface.
- Remove gloves and wash hands.

Annexure VI

Checklist for Monitoring

Weekly monitoring by District Surgeon/ Anesthetist to be ensured. Following parameters to be monitored:

1. Daily stock-check & functionality test of critical equipment (Oxygen, Suction, etc.)
2. Decontamination & Disinfection Protocols – before and after transporting COVID patients
3. Waste Management – Segregation, General Waste, BMW, Liquid Waste, etc.
4. Spill Management
5. Linen Management
6. Patients' property
7. 'End of Life' care
8. Fire Safety
9. Outcome –
    1. Deaths while transporting
    2. Death after reaching the facility
    3. No. of successful resuscitation (return to spontaneous circulation after cardiac arrest)
    4. IV Fluid Usage Rate – Number of Units (1 unit = 500 ml) transfused/ Patients transported
    5. Percentage of cases, reporting more than 95% Oxygen Saturation level on arrival
    6. Incidence of Aspiration Pneumonia
    7. Service Experience (Feed-back Score on Likert scale 1-5)

Annexure A-6

Enabling Delivery of Essential Health Services during the COVID 19 Outbreak: Guidance note

Background

The COVID 19 outbreak has placed unprecedented demands on our health system. Our health facilities and workforce are currently inundated by a plethora of activities related to controlling the pandemic. In doing so, there is a risk that essential health services which communities expect from the health system, would be compromised. It is likely that health seeking may be deferred because of social/physical distancing requirements or community reluctance owing to perceptions that health facilities may be infected. *Focusing* on COVID 19 related activities, and *continuing* to provide essential services, is important not only to maintain people's trust in the health system to deliver essential health services[1], but also to minimize an increase in morbidity and mortality from other health conditions. Analyses from the 2014-2015 Ebola outbreak suggests that the increased number of deaths caused by measles, malaria, HIV/AIDS and tuberculosis attributable to health system failures exceeded deaths from Ebola[2]. Particular attention needs to be paid to the delivery of essential health care for specific population sub-groups, while ensuring the safety of health workers.

Essential services for all areas include reproductive, maternal, new-born and child health, prevention and management of communicable diseases, treatment for chronic diseases to avoid complications, and addressing emergencies. Non-Covid services such as health promotion activities, IEC campaigns, meetings of the Village Health Sanitation and Nutrition Committees/Mahila Arogya Samitis, community based screening for chronic conditions, other screening programmes, etc. could be deferred and undertaken after lockdown/restrictions are lifted. These services could be considered as **desirable**.

[1] https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak ; 25th Mar. 2020 (World Health Organization)

[2] Elston, J. W. T., Cartwright, C., Ndumbi, P., & Wright, J. (2017). The health impact of the 2014–15 Ebola outbreak. Public Health, 143, 60-70.

Parpia, A. S., Ndeffo-Mbah, M. L., Wenzel, N. S., & Galvani, A. P. (2016). Effects of response to 2014–2015 Ebola outbreak on deaths from malaria, HIV/AIDS, and tuberculosis, West Africa. Emerging infectious diseases, 22(3), 433.

This note is intended to guide states to deliver essential health services for the duration of the COVID 19 outbreak[3]. The structure of the document is as follows: Section 1 elucidates a set of basic principles categorized by health systems elements, and Section 2: provides guidance on the essential services. For some services, detailed guidance notes have been issued to states from the GOI/MOHFW separately and those have been referenced in this document. (Annexure 1). States may refer to these documents as needed.

Section 1: Health Systems Approach to Essential Services

1. Reorganization of service delivery

1.1 Facility Mapping and Planning

- Mapping of all existing heath facilities (city/ district/ block-wise) in the public, not for profit and private sectors to be undertaken.
- States would identify and designate facilities or separate block within existing facilities to provide COVID -19 related services (Fever clinics, COVID Care Centres (CCC) Dedicated COVID Health Centre (DCHC) and Dedicated COVID Hospital (DCH)) as per guidance issued for appropriate management of suspect/confirmed cases of COVID-19.
- Remaining facilities/ blocks of facilities will continue to provide essential non COVID-19 services.
- States could also involve not-for profit/private sector in the provision of non COVID essential services, particularly for secondary and tertiary care, where public sector capacity needs to be supplemented. Utilization of not-for profit/private sector facilities would be based on number and spread of COVID 19 positive cases in the area. States could develop a phased engagement with the not for profit and private sector if existing public health facilities are converted into fever clinic/ CCC/ DCHC and there is a shortfall in government health facilities. States already have **PMJAY empanelled hospitals**. It should be ensured that they function and continue to provide essential medical services.
- Dedicated first level 24*7 hospital emergency units, may be set up in suitable CHCs/ SDHs to provide non COVID acute care, including provision of emergency obstetric services.

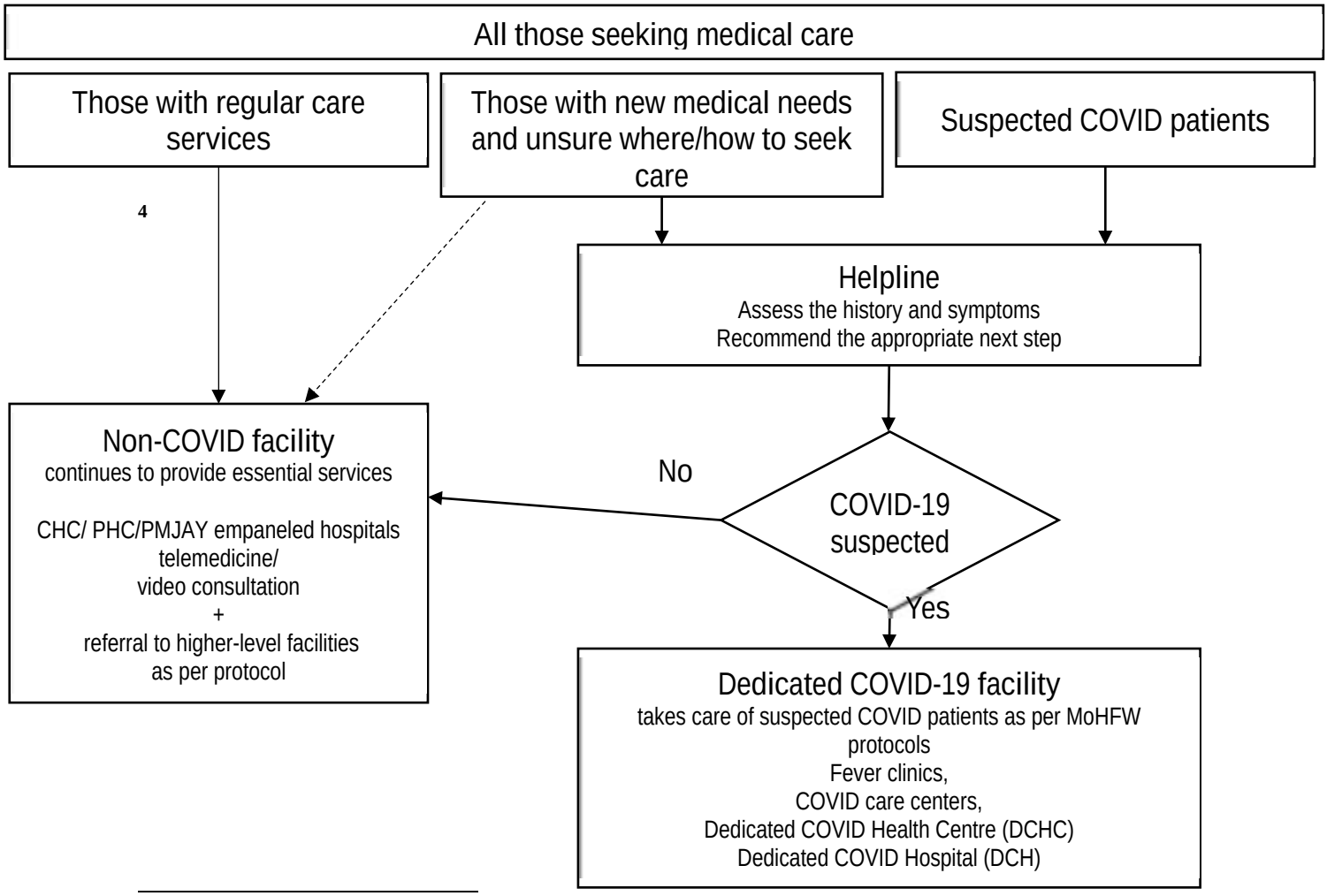
[3] Local orders issued under respective states' epidemic act will take precedence over any guidelines issued under this guidance document.

- Mobile Medical Units could be utilized for delivery of services, especially follow up care for Reproductive, Maternal, New-born & Child health services, chronic communicable and non-communicable diseases, duly following physical distance norms and appropriate protection measures for the health workforce after the lockdown.

1.2 Delivery of essential services maintaining physical distancing

1.2.1 Telehealth

Suspected COVID patients and other patients requiring ambulatory care, should be encouraged to utilise tele-platforms to determine the need to visit a health facility/ hospital/ Fever Centre. (as depicted in Figure 1). This will avoid overcrowding of hospitals and prevent transmission of SARS-CoV-2 virus during travel or in health facilities. Other mechanisms to minimize patient provider encounters, include self-monitoring through Apps, use of helpline, web-applications, video-calls, tele-medicine etc.



[4] States must use/expand existing helplines such as 104 and others.

This can be enabled through following options:

- Patients needing services for minor ailments would be encouraged to contact the MPW (M or F) via telephone, who would assess the situation and enable tele-consultation with a Medical Officer.
- All SHC/PHCs, including HWCs particularly in affected areas may be linked with a Telemedicine Hub via telephone/ video call to facilitate consultation between the patient and the provider, which will be guided by MoHFW Telemedicine Guidelines
- Private-for-profit and not-for-profit providers can also be engaged to provide these services particularly where a tele-medicine hub in government facilities does not exist. In such cases, the MoHFW Telemedicine guidelines on prescription generation will apply. Such providers should prescribe generic medicines.
- Investigations and medicines prescribed (particularly from within the Essential Medicine List and Essential Diagnostic List of the state) should be provided free of cost to all the patients seeking government facilitated care.

1.2.2 Alternate models for outreach services

- Services that are traditionally delivered through outreach such as immunization, antenatal care, screening for common NCDs/communicable diseases etc. would need to be re-organized during the period of lockdown/restriction. Where feasible, those due for any of these services, would be asked to come to peripheral facilities (SHCs/ PHCs/UPHCs, including HWCs/ Urban Health Posts) on particular dates/times, decided at local levels and informed telephonically or through ASHAs. This can be done by allocating fixed day services for each village / ward area, ensuring adherence to physical distancing and other IPC protocols.
- More number of immunization sessions/VHNDs/UHNDs/screening sessions could be organized at the village/ward level after the lockdown. ASHAs must create awareness in the community about change in schedule and mobilize beneficiaries in small batches of 4-5 per session to avoid crowding and ensure physical distancing norms.
- To undertake such multiple sessions, retired nurses, ANMs, LHVs could be engaged at local level through additional funding provided through NHM.

1.2.3 Home Visits

- Home-visits by ASHAs should be optimized to provide follow up care to all beneficiaries in a particular household/hamlet/mohalla during one visit and avoid making repetitive visits to the same house/mohalla. This may include beneficiaries like high risk pregnant women or new-born, elderly and disabled individuals etc.
- Primary healthcare team at SHC, including HWC must be encouraged to follow up with the specific sub-population groups such as- Pregnant women with EDD in current month, all High-risk pregnant (HRP) women, New-Borns, Children due for immunization, Children with SAM (severe or acute malnourishment), patients on treatment for TB, leprosy, HIV and viral hepatitis, patients with hypertension, diabetes, COPD, mental health, etc, patients undergoing planned procedures (dialysis, cancer treatment and scheduled blood transfusions, etc.)
- In case of any complications, SHC team should first contact the PHC – MO via phone or the tele-medicine or helpline, as appropriate and seek guidance about referring the patient. ***States should ensure that the communication costs paid to FLW continue to be paid.***
- During home visits, ASHAs should be alert to the possibility of increased gender based violence, inform the MO and support the victim to access appropriate health and social services.

1.3 Triaging

Despite encouraging patients with COVID like symptoms to use channels of telehealth, may individuals are likely to show up at those facilities providing non COVID essential services to seek care. Triaging is thus important in all facilities. The following should be ensured:

- At SHC and PHC including HWC, referral would be through helplines to higher level facilities. Entry point screening during triaging would help minimize contact between probable COVID and non COVID cases. If possible, temporary structures outside the building could be set up to facilitate triaging.
- All healthcare facilities should establish triaging mechanisms for beneficiaries/patients visiting the facility.
- All frontline health workers should be trained in protocols for COVID screening, isolation and triage which are to be followed for anyone arriving with acute onset of cough, fever, and breathlessness within the last 14 days. States should be aware that

protocols are evolving and therefore to use the most updated provided on websites of MoHFW/ICMR/ NCDC.

- All service providers at peripheral facilities and frontline workers need to be vigilant and to report rise in cases of not only severe acute respiratory infections (SARIs), including pneumonia and influenza-like illnesses (ILIs) but also all fever cases, including dengue, TB, malaria, JE, etc.
- MOHFW Guidelines for fever clinics suggest that these should be established at CHC/UCHC to which patients could be referred from peripheral facilities. The scheduling of visits to fever clinics could be managed through staggered appointments facilitated through telephone calls to the clinic or through centralized helplines.
- All frontline health care workers in these facilities should be trained in IPC and provided appropriate PPE for their protection as per the guidance. The PPE could be prioritised in areas/ clusters where suspected COVID patients are likely to report.

2. Human Resources

2.1 HR deployment and capacity building

Challenges of shortage, skewed distribution, and misalignment between health worker competencies and current/ future population health needs are likely to be faced in meeting the surge needs for COVID 19. Re-assignment of staff to treat COVID-19 patients and loss of staff who may be quarantined or infected is likely to pose further challenges. These predictable challenges could be offset through a combination of strategies. Guidance issued by MoHFW provides several strategies to augment health workforce availability. Some key strategies include:

- Expedite filling up existing vacancies
- Redeploy staff from non-affected areas and facilities.
- Utilize fit retirees for non-COVID services roles.
- Mobilise resources from Railways, PSUs, ESIC etc.
- Hire/ requisition non-governmental, and private sector health workforce capacity,
- Suitable draft orders may be kept ready for temporary engagement, without creating any long-term liability. Such hiring/ requisitioning can be beyond the sanctioned regular/ contractual strength.

- A Web portal can be created for empanelling Human Resources to provide essential non COVID-19 related services. These can include – Junior Residents, MD Residents, Retired professionals, private providers etc.
- Where appropriate, consider establishing pathways for accelerated training of medical, nursing, and other key trainee groups, and ensuring supportive supervision.
- Identify high-impact clinical interventions for which rapid training would facilitate safe task sharing,
- Utilize web-based platforms to provide key trainings (e.g., on management of time-sensitive conditions and common undifferentiated presentations in frontline care),
- Utilise AYUSH doctors in delivery of non COVID essential services.
- Train and repurpose government and other workers from non-health sectors to support functions in health facilities (administration, maintenance, catering/ diets, logistics etc.)
- Increase home-based service support by appropriately trained, remunerated and community health workers/ COVID volunteers
- The Empowered Group on human resources set up at the national level has also worked out various cadres of personnel and volunteers across sectors and departments that can also be involved in not only COVID related work but also for ensuring maintenance of other essential medical services. The respective roles of these cadres have also been mapped and a portal with data base of such cadres has been created. This data base and mapping will also be shared with the States to help them mobilise these cadres and volunteers for ensuring essential medical services are continued. Training programmes for these cadres and volunteers have also been worked out and are available on the iGoT platform.

2.2 Ensuring staff safety and security measures:

- All health care workers including frontline workers are to be trained in standard protocols for Infection Prevention Control and should adhere to advisories for infection prevention, personal protection and physical distancing norms, for facility level care, outreach visits or home-based care.
- Adequate and appropriate personal protective equipment (masks, gloves and other equipment) should be provided to health workers so that they can adhere to the

advisories and protect themselves at all facilities. This should also apply to health care workers in those private and not-for profit sector facilities that have been requisitioned/ mobilised to provide services.

- Universal precautions to be followed while dealing with all patients/their samples, irrespective of symptomatology.
- Hospital Infection Control Committees should be set up and a reporting mechanism for healthcare workers to report potential breach in PPEs and/or development of symptoms.
- Handwashing corners should be available and functional at all facilities.
- Dedicated helplines including existing helplines for providing psycho-social support for health care workers may be created by using suitable professionals including psychiatry department residents.
- Timely payment should be ensured for ASHAs, and other service providers including those requisitioned from outside of government sector.
- If necessary, additional incentives (financial and non-financial – e.g. accommodation particularly for those mobilised from other areas, certificate of appreciation, etc) could be considered.
- Transport, food and stay arrangements during lockdown period/restrictions should be facilitated.

3. Ensuring supplies of medicines and diagnostics

- The DVDMS, BMMP and similar portals should be regularly updated and monitored to ensure that there are no stock outs and availability of essential medicines, essential diagnostics services and functional medical devices should be ensured.
- Adequate funds may be made available, even over and above the stipulated untied funds to effectively respond to emerging needs
- States should make provision for additional free essential medicines and diagnostics in facilities with a higher caseload.
- States may consider approving the rates of medicines and equipment that have been discovered by neighbouring states following due process. The GOI will facilitate uploading the price lists of different medicines and formulations at the website to facilitate procurements at best possible rates.

- Patients on treatment for chronic diseases, both communicable and non-communicable, would be provided upto three months medicine supplies at a time as prescribed by medical officers. The medicines may be delivered at home through frontline workers/volunteers during the period of the lockdown/restricted movement, provided patients are stable. Patients may be advised to contact MPW/CHO where available or PHC-MO in case of any complications.
- In order to ensure uninterrupted supply of medicines, consumables and rapid diagnostic kits, alternate models may be explored. One option could be hiring of local youth by the district / block nodal officers as runners to pick up medicines from district drug ware-houses, CHCs or PHCs (as per the local context) and supply them to SHCs/ASHAs. The movement of such individuals during the period of restricted movement should be facilitated through ID cards and appropriate intimation to local authorities so that their movement between facilities is not hampered. Appropriate protective equipment (masks etc.) may be provided to runners.

4. Programme Management

- The state should establish dedicated teams within each state and each district to ensure the continuity of essential services and COVID 19 preparedness and response. These teams will assess and monitor the delivery of essential services, identify gaps and potential needs to re-organise the referral pathways. The teams should work in close coordination with other teams engaged for COVID -19 preparedness and response for planning and optimal use of existing resources to ensure that COVID -19 related response and essential services (non COVID -19) services are effectively delivered. The teams would jointly work on reallocation of HR and reorganization of service delivery.

5. Finance

- States should ensure that facilities have sufficient funding to continue the provision of essential services. Additional funds in the form of increased allocation of untied funds based on facility caseloads can be provided. Managers of public facilities should receive greater authority to use funds, balancing the increased flexibility with transparent reporting requirements.

- The additional funds made available should be utilised to operationalise the above guidance involving strengthening of the health systems and providing financial protection to patients particularly for essential services and COVID related testing, treatment and management.
- Existing entitlements related to essential health services as defined in this note should be provided free of cost to those seeking care in public health facilities. Beneficiaries should be fully aware of their entitlements, so that they do not delay the process of seeking care for fear of financial hardship.

6. Accountability

- Grievance redressal mechanisms for denial of entitlements for essential non-COVID and COVID-19-related services should be functional through existing channels in states with appropriate sensitization of call-centre agents.
- Routine disease surveillance, service delivery monitoring and reporting according to SHC/PHC requirements should continue uninterrupted to maintain accountability and continuously inform policy, local planning, and decision-making.

Section 2: Essential Non-COVID services

All states should identify essential services that will be prioritized in their efforts to maintain continuity of service delivery. High-priority services include:

• Essential prevention for communicable diseases, particularly vaccination;

• Services related to reproductive health, including care during pregnancy and childbirth;

• Care of vulnerable populations, such as young infants and older adults;

• Provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions;

• Continuity of critical inpatient therapies;

• Management of emergency health conditions and common acute presentations that require time-sensitive intervention;

• Auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services

All PHC-MOs should ensure that frontline workers of SHC/HWC maintain lists of key sub-population groups in need of essential services, such as: pregnant women, those recently

delivered, infants and children under five, those on treatment for chronic diseases, requiring treatment for dialysis, cancer, blood transfusions, and other special needs. She/He should monitor regular follow up by ASHA/ANM/CHO of all such categories and ensure essential services as appropriate during the period of the lockdown/restriction. The suggestive list of high priority essential services is listed below.

I. Reproductive, Maternal, New Born, Child and Adolescent Health services

1.Ante natal services

a. Routine Antenatal Care services

- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and Village Health, Sanitation and Nutrition Day (VHSND) activities, which involve large gathering of beneficiaries could be suspended in view of restricted movements and the need for physical distancing.
- However, ANC services are to be provided on walk in basis as per standard protocols at the SHC level following physical distancing norms.
- Availability of TD/ IFA/ Calcium during ANC period to be ensured

b. High-risk pregnancy (HRP) tracking and follow up

- ANMs and ASHAs to list and follow up HRPs to ensure early detection of complications, referral and follow up.
- ANCs during the last trimester should be prioritized. Telephonic contact should be made by ASHAs / ANMs to HRPs during last trimester to ascertain status and home based follow up to be provided if necessary. (ASHAs / ANMs to follow all precautions while visiting the household).

2. Intrapartum Services

- *Ensuring safe institutional delivery-*
  - The due list of all pregnant women with Expected Date of Delivery (EDD) up to next three months (last trimester) should be maintained at SHC level for active follow up. The district nodal officer should follow up with all peripheral centres to ensure that such lists are maintained, and women are followed up.

- Ensure availability of Misoprostol and disposable delivery kits for clean deliveries at home with ASHAs, if needed, but encourage appropriate referral as per MoHFW guidelines for institutional delivery.
- Each pregnant woman to be linked with the appropriate health facility for delivery (as per antenatal status and doctor's advice) by the ANM / CHO or PHC MO.
- All districts should identify and communicate to peripheral facilities a list of functional and adequately staffed CeMONC centres where HRP and women who develop complications are to be shifted.
- Availability of dedicated ambulances for COVID and non-COVID patients must be ensured at the district/ block level. Non-COVID patients must be transferred in non-COVID ambulances only.
- Ensure a BEmONC/CEmONC provider at appropriate facilities (Non-FRU and FRU respectively).
- All Blood banks/Blood Storage Units need to be kept functional.

3. Postpartum and new-born care

- Ensure availability of IFA and calcium tablets during PNC period.
- In case of home deliveries, immediate visits to be made by ANM or CHO (where available) to assess the health of the woman and new-born. Timely referral in case of any complication should be facilitated using the dedicated non-COVID ambulances (102/Janani Express).

4. Family Planning Services and Safe Abortion services

- Contraceptives (Condoms/ Oral Contraceptive Pills MALA/Chhaya, Injectable Contraceptive Antara /Emergency Contraceptives) are to be provided to eligible couples / others needing them through all Public Health Facilities, including through ASHA/SHC and PHC for easier access.
- Information about delayed availability of IUCDs and sterilization services until routine services resume should be displayed at all health facilities. Beneficiaries must be counselled for adoption of contraception and provided with temporary methods of other contraception methods like Condoms / OCP/ injectable etc. in the interim period.

- Medical and surgical abortion services should be ensured at appropriate facility level, with appropriate infection prevention measures including counselling for post abortion care and provision of contraception.

5. Child Health

a. Immunization services (including for pregnant women)

- Birth doses for institutional deliveries to continue uninterrupted as these beneficiaries are already in the health facilities.
- Immunization services are to be provided at facilities wherever feasible, for walk-in beneficiaries.
- Every opportunity is to be utilized for vaccinating beneficiaries if they have already reported at facilities. Subsequent vaccination could be provided at SHC or in additional outreach sessions.
- Where essential services are operational and restrictions allow, fixed site vaccination and VPD surveillance should be implemented while maintaining physical distancing measures and taking appropriate infection control precautions.
- Delivery of immunization services though outreach must be assessed in local context and should be undertaken only if safety of health workers and community is not compromised.
- Catch-up vaccination should be conducted as soon as the restriction is eased. This will require tracking and follow-up with individuals who missed vaccinations.
- Mass vaccinations should be avoided in areas where restrictions are in place.

b. ***New-born care and childhood illness management***

- Home-based new-born care visits are to be continued as per schedule by ASHAs. However, ASHAs would follow all precautions in case home visit is required to examine new-borns. Adequate and appropriate COVID protective equipment should be provided to ASHAs to protect themselves and to prevent infecting others. Breast feeding practices are to be promoted with early initiation of breast feeding and Kangaroo Mother Care as per MAA/KMC guidelines.
- Admission to SNCU and NBSU are to be continued as per existing guidelines.

- Instead of undertaking visits for Home Based Young Child Care, during the period of the lockdown/restriction, ASHAs may contact the family telephonically to assess health status of the child, especially for cough, cold, fever, breathlessness and diarrhoea. In case of any complication in new-born or young child, ASHAs should consult PHC MO for appropriate referral and management advice.
- In case of any childhood illnesses, ASHA/ANM should consult with PHC MO telephonically for appropriate referral and management advice.
- Adequate supply of ORS, Cotrimoxazole, Gentamycin, and Amoxicillin at the SHC, including HWCs should be made available.
- In case of suspected COVID-19 infection in children, they should be referred to the nearest COVID-19 management facility.

c. Management of SAM children

- During the period of restriction, new admissions may be allowed only in Nutrition Rehabilitation Centres (NRC), where adequate supervisory and medical staff are available. SAM children with medical complications should be referred to nearby health facility (PHC/CHC) for medical management. For secondary care, the PHC/CHC – Medical Officer may refer the sick SAM children to the DH/Medical college.
- Previously admitted children who are stable and have entered rehabilitation phase may be discharged early with appropriate feeding advice, and provided with oral antibiotics, and supplements except Potassium Chloride (Potklor) and Magnesium.
- For children who cannot be discharged, appropriate infection protocols to be maintained.
- List of SAM children (discharged from NRC) to be shared with Anganwadi centres for prioritizing home-based delivery of Take Home Ration.
- Follow up needs to be done telephonically and only children with medical complications should be called for physical follow up.

d. Adolescent Health

- Three month supply of weekly iron folic acid supplementation tablets may be dispensed by ASHAs /AWWs for community distribution to adolescent boys and girls.

II. Communicable Diseases

1. Vector Borne Diseases[5]

- Activities such as distribution of Insecticide Treated Nets (ITN) could be postponed till after the lockdown, Use of Long lasting Insecticidal Nets (LLIN) provided in high malaria endemic areas should be promoted.
- Targeted Indoor Residual Spraying (IRS) in high risk vector borne diseases endemic areas or wherever increase in cases is seen, may be undertaken, in targeted areas after the lockdown. IRS teams should use full personal protective equipment and use sanitizers/soap and water at all operation sites.
- Enhanced fever surveillance and use of rapid diagnostic kits for malaria diagnosis should be undertaken.
- Care should be taken to watch for rise in admissions in dengue cases especially in urban areas where antilarval measures can be undertaken and integrated with the COVID19 surveillance.

2. Tuberculosis

- List of all TB patients should be maintained at the PHC/ SHC level.
- Delivery of DOTS to TB patients through ASHAs/ ANM/ volunteers to be ensured, closer to the community, with minimum or no travel.
- Routine screening for presumptive TB cases to continue at primary level facilities with diagnostic services to be provided uninterrupted at designated facilities as per advisories issued by National Tuberculosis Elimination Programme.
- Screening for new onset fever/cough/breathlessness and risk communication on COVID-19

3. Leprosy

- Ensure that all Leprosy patients are with provided uninterrupted drug supplies through FLWs, (including ASHAs), to ensure continuity of treatment.

[5] *D.No. 7-71/2020/NVBDCP/Den/Advisory, & D. No. 5-42/2020/NVBDCP/I&E/Advisory, dated April 13, 2020*

4. Viral Hepatitis

- Patients on antiviral treatment for hepatitis to be dispensed with medicines for 3 months during the period of restriction.
- A list of patients undergoing treatment for Hepatitis C to be submitted to the district administration so that patients/attendants can collect the medicines during the time restrictions are in place or for the duration of the outbreak. States could alternatively make medicines available to the patients, through ASHAs, MPHWs, volunteers or courier/ postal services.

5. HIV

- The National AIDS Control Programme (NACP) has already issued a guidance note for frontline service providers and programme managers engaged in HIV/AIDS response, reinforcing adherence to national guidelines on infection prevention and control.
- ART centres are to be provided with sanitizers, masks and other protection Equipment for PLHIV and healthcare staff. Until the lockdown/restriction has been lifted, all large events to be deferred.
- States to ensure uninterrupted supply of Anti-retroviral drugs to PLHIV, through decentralized drug dispensation, online counselling, telemedicine guidance, information, education, and communication (IEC) material through social media apps, etc.
- Three month dispensation of ART could be provided through Anti-retroviral treatment (ART) centre, Link ART centre or facility-integrated ART centre.
- States to enable peer educators (PEs) and out-reach workers (ORWs) under NACP to provide multi-week (2-3 week) dispensation of commodities such as condom, needle and syringe, etc. to High Risk Groups during the period of lockdown/restrictions.
- Strategies like community dispensation of commodities (through Care and Support Centres, home delivery through out-reach workers, volunteers, PLHIV networks) and family dispensation, could also be allowed.
- In case of all PLHIV coming to ART centres, triage of symptomatic PLHIV (with fever/cough/shortness of breath/other respiratory symptoms) should be

prioritized while maintaining appropriate physical distancing and other protective measures.

- For patients stuck in other states/districts due to lockdown, the ART centres closest to place of stay could be authorised to dispense ARV drugs, to ensure uninterrupted treatment.

III. Non-Communicable Diseases

- *Hypertension, Diabetes and other NCDs like COPDs*- All known/ diagnosed patients of Hypertension, Diabetes, COPD and mental health to receive regular supply of medicines for upto three months through ASHAs or SHCs on prescription.
- *Dialysis and Cancer Treatment services* – States to ensure uninterrupted availability of dialysis and cancer treatment services. Health Department may issue directives to the district administration allowing easy movement of these patients to access care. In case of patients, who cannot afford private vehicles, RBSK vehicles can be used for facilitating transport of patients. This can be coordinated by the PHC team, who can prepare list of such patients and work with District hospitals to organize appointments via telephone for next two months.
- *Care for elderly/ disabled and palliative care patients* – List of patients/ individuals who need extended support to be maintained at the SHC level for regular follow up. ANMs or CHOs to undertake two visits per month to such households during the period of the outbreak, to assess for onset of complications and to monitor treatment adherence. ASHAs to maintain telephonic contact with these patients and their families. Screening for new onset fever/cough/breathlessness and risk communication on COVID-19 in this sub group should be undertaken.
- ***Blood disorders***

a. Services for patients with blood disorders- thalassemia, sickle cell diseases, and haemophilia need to be ensured.

b. Blood transfusion needs to take place at regular intervals and iron chelation should be continued, with ferritin level and CBC checked. The requisite units required for transfusion must be communicated to the blood bank in advance (preferably three days), and availability of blood verified.

c. Requests for scheduled patient transfusions should be sent early, to avoid long waiting periods. Thalassemia and sickle cell disease patients could enter their requirement of blood in e-raktkosh, specifying a particular blood unit and particular hospital blood bank.
d. So far as possible, two or more (depending upon the load) government health facilities, should be designated for blood disorder patients to receive services. These facilities should not be COVID 19 dedicated hospitals, given the immune suppressed status of these patients.
e. Patients requiring blood transfusion or (Anti haemophilic factor) infusion should be advised to also carry their identity cards, hospital approval, and outpatient cards to facilitate easy movement. Hospitals should issues passes for these patients.

IV. Emergency and Critical care Services

1. States need to dedicate 108 / ALS ambulance in every district for management of emergencies pertaining to cardiac / trauma / burn / medical and surgical emergencies etc.
2. Emergency Services (medical, surgical and trauma) and critical care services including ICU/ HDU; SNCU/ NBSU; BEmONC/CEmONC; Burn wards and Blood transfusion services to be maintained with adequate HR and equipment as per protocols.
3. Services to victims of sexual and physical violence should be ensured as per protocols. Information about support services under social welfare department, NGOs, One stop crisis centres and helplines should be provided to the victim.
4. Dedicated staff and physical space for handling patients presenting with SARI need to be in place.

Annexure 1:

1. Guidance document on appropriate management of suspect/confirmed cases of COVID-19, EMR Division, Director general of Health Services, MOHFW; accessed from https://www.mohfw.gov.in/pdf/FinalGuidanceonMangaementofCovidcasesversion2.pdf
2. Role of Frontline workers in Prevention and Management of CORONA Virus https://www.mohfw.gov.in/pdf/PreventionandManagementofCOVID19FLWEnglish.pdf
3. SOP for reallocation of residents/ PG students and nursing students as part of hospital management of COVID, MoHFW accessed from https://www.mohfw.gov.in/pdf/COVID19SOPfordoctorsandnurses.pdf
4. Telemedicine Practice Guidelines, MoHFW, accessed from https://www.mohfw.gov.in/pdf/Telemedicine.pdf
5. Revised Strategy of COVID19 testing in India (Version 3, dated 20/03/2020), Department of Health Research, ICMR, accessed from https://www.mohfw.gov.in/pdf/ICMRrevisedtestingstrategyforCOVID.pdf
6. Guidelines for rational use of Personal Protective Equipment, Directorate General of Health Services, MoHFW, 24th March 2019; accessed from https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf
7. Advisory issued by Ministry of Rural Development to the State Rural Livelihood Missions on actions to be taken to address the COVID-19 outbreak , accessed from https://www.mohfw.gov.in/pdf/advisoryMORD.pdf
8. National Guidance to Blood Transfusion Services In India in light of COVID 19, MOHFW, accessed from https://www.mohfw.gov.in/pdf/NBTCGUIDANCEFORCOVID19.pdf
9. DO letter from DDG(TB) on TB related services under NTEP during countrywide lockdown due to Covid19, Central TB Division, MoHFW; accessed from https://tbcindia.gov.in/WriteReadData/26032020DONTEPAdvisory.pdf
10. Guidelines for states regarding administration of Anti TB drugs to the patient during COVID outbreak, Central TB Division, MoHFW; accessed from https://tbcindia.gov.in/WriteReadData/765980432COVIDOutbreakLetterToStates.pdf\

Annexure A-7

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

North Block, New Delhi-110001
Dated 15th April, 2020

ORDER

Whereas, in exercise of the powers, conferred under Section 10(2)(l) of the Disaster Management Act 2005, the undersigned, in his capacity as Chairperson, National Executive Committee, has issued an Order dated 14th April, 2020 that the lockdown measures stipulated in the Consolidated Guidelines of Ministry of Home Affairs (MHA) for containment of COVID-19 epidemic in the country, will continue to remain in force upto 3rd May, 2020 to contain the spread of COVID-19 in the country;

Whereas, to mitigate hardship to the public, select additional activities will be allowed, which will come into effect from 20th April, 2020. However, these additional activities will be operationalized by States/ Union Territories (UTs)/ District Administrations based on strict compliance to the existing guidelines on lockdown measures. Before operating these relaxations, States/ UTs/ District Administrations shall ensure that all preparatory arrangements with regard to social distancing in offices, workplaces, factories and establishments, as also other sectoral requirements are in place. The consolidated revised guidelines incorporating these relaxations are enclosed;

Whereas, the consolidated revised guidelines will not apply in containment zones, as demarcated by States/ UTs/ District administrations. If any new area is included in the category of a containment zone, the activities allowed in that area till the time of its categorization as a containment zone, will be suspended except for those activities as are specifically permitted under the guidelines of Ministry of Health and Family Welfare (MoHFW), Government of India;

Whereas, in exercise of the powers, conferred under Section 10(2)(l) of the Disaster Management Act, 2005, the undersigned, in his capacity as Chairperson, National Executive Committee, hereby issues directions to all the all Ministries/ Departments of Government of India, State/Union Territory Governments and State/Union Territory Authorities for the strict implementation of enclosed consolidated revised guidelines.

15/04/2020
Union Home Secretary

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

Copy to:

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

Consolidated Revised Guidelines on the measures to be taken by Ministries/ Departments of Government of India, State/ UT Governments and State/ UT authorities for containment of COVID-19 in the country

[As per Ministry of Home Affairs (MHA) Order No. 40-3/2020-DM-I (A) dated 15th April, 2020]

1. **With the extension of the lockdown period, the following activities will continue to remain prohibited across the country until 3rd May, 2020:**

   i. All domestic and international air travel of passengers, except for purposes enumerated in para 4 (ix), and for security purposes.

   ii. All passenger movement by trains, except for security purposes.

   iii. Buses for public transport.

   iv. Metro rail services.

   v. Inter-district and inter-State movement of individuals except for medical reasons or for activities permitted under these guidelines.

   vi. All educational, training, coaching institutions etc. shall remain closed.

   vii. All industrial and commercial activities other than those specifically permitted under these guidelines.

   viii. Hospitality services other than those specifically permitted under these guidelines.

   ix. Taxis (including auto rickshaws and cycle rickshaws) and services of cab aggregators.

   x. All cinema halls, malls, shopping complexes, gymnasiums, sports complexes, swimming pools, entertainment parks, theatres, bars and auditoriums, assembly halls and similar places.

   xi. All social/ political/ sports/ entertainment/ academic/ cultural/ religious functions/ other gatherings.

   xii. All religious places/ places of worship shall be closed for public. Religious congregations are strictly prohibited.

   xiii. In case of funerals, congregation of more than twenty persons will not be permitted.

2. **Operation of guidelines in Hotspots and containment zones**

   i. 'Hotspots', i.e., areas of large COVID-19 outbreaks, or clusters with significant spread of COVID-19, will be determined as per the guidelines issued by Ministry of Health and Family Welfare (MoHFW), Government of India (GoI).

   ii. In these hotspots, containment zones will be demarcated by States/ UTs/ District administrations as per the guidelines of MoHFW.

   iii. In these containment zones, the activities allowed under these guidelines will not be permitted. There shall be strict perimeter control in the area of the containment zones to ensure that there is no unchecked inward/ outward movement of population from these zones except for maintaining essential services (including medical emergencies and law and order related duties) and Government business continuity. The guidelines issued in this regard by MoHFW will be strictly implemented by State/ UT Governments and the local district authorities.

3. Select permitted activities allowed with effect from 20th April, 2020:

i. To mitigate hardship to the public, select additional activities have been allowed which will come into effect from 20th April, 2020. These limited exemptions will be operationalized by States/ UTs/ district administrations based on strict compliance to the existing guidelines. Also, before allowing these select additional activities, States/ UTs/ district administrations shall ensure that all preparatory arrangements with regard to the Standard Operating Procedures (SOPs) for social distancing in offices, workplaces, factories and establishments, as also other sectoral requirements are in place.

ii. The consolidated revised guidelines incorporating these select permitted activities have been enumerated in paras 5-20 below.

4. Strict enforcement of the lockdown guidelines

i. State/ UT Governments shall not dilute these guidelines issued under the Disaster Management Act, 2005, in any manner, and shall strictly enforce the same.

ii. State/ UT Governments, may, however, impose stricter measures than these guidelines as per requirement of the local areas.

5. All health services (including AYUSH) to remain functional, such as:

i. Hospitals, nursing homes, clinics, telemedicine facilities.

ii. Dispensaries, chemists, pharmacies, all kinds of medicine shops including *Jan Aushadhi Kendras* and medical equipment shops.

iii. Medical laboratories and collection centres.

iv. Pharmaceutical and medical research labs, institutions carrying out COVID-19 related research.

v. Veterinary Hospitals, dispensaries, clinics, pathology labs, sale and supply of vaccine and medicine.

vi. Authorised private establishments, which support the provisioning of essential services, or efforts for containment of COVID-19, including home care providers, diagnostics, supply chain firms serving hospitals.

vii. Manufacturing units of drugs, pharmaceuticals, medical devices, medical oxygen, their packaging material, raw material and intermediates.

viii. Construction of medical/ health infrastructure including manufacture of ambulances.

ix. Movement (inter and intra State, including by air) of all medical and veterinary personnel, scientists, nurses, para-medical staff, lab technicians, mid-wives and other hospital support services, including ambulances.

6. Agricultural and related activities:

A. <u>All agricultural and horticultural activities to remain fully functional, such as</u>:

i. Farming operations by farmers and farm workers in field.

ii. Agencies engaged in procurement of agriculture products, including MSP operations.

iii. '*Mandis*' operated by the Agriculture Produce Market Committee (APMC) or as notified by the State/ UT Government (e.g., satellite *mandis*). Direct marketing operations by the State/ UT Government or by industry, directly

from farmers/ group of farmers, FPOs' co-operatives etc. States/ UTs may promote decentralized marketing and procurement at village level.

iv. Shops of agriculture machinery, its spare parts (including its supply chain) and repairs to remain open.

v. 'Custom Hiring Centres (CHC)' related to farm machinery.

vi. Manufacturing, distribution and retail of fertilizers, pesticides and seeds.

vii. Movement (inter and intra State) of harvesting and sowing related machines like combined harvester and other agriculture/ horticulture implements.

B. Fisheries - the following activities will be functional:

i. Operations of the fishing **(marine and inland)**/ aquaculture industry, including feeding & maintenance, harvesting, processing, packaging, cold chain, sale and marketing.

ii. Hatcheries, feed plants, commercial aquaria.

iii. Movement of fish/ shrimp and fish products, fish seed/ feed and workers for all these activities.

C. Plantations- the following activities will be functional:

i. Operations of tea, coffee and rubber plantations, with maximum of 50% workers.

ii. Processing, packaging, sale and marketing of tea, coffee, rubber and cashew, with maximum of 50% workers.

D. Animal husbandry – the following activities will be functional:

i. Collection, processing, distribution and sale of milk and milk products by milk processing plants, including transport and supply chain.

ii. Operation of animal husbandry farms including poultry farms & hatcheries and livestock farming activity.

iii. Animal feed manufacturing and feed plants, including supply of raw material, such as maize and soya.

iv. Operation of animal shelter homes, including *Gaushalas*.

7. **Financial sector: following to remain functional:**

i. Reserve Bank of India (RBI) and RBI regulated financial markets and entities like NPCI, CCIL, payment system operators and standalone primary dealers.

ii. Bank branches and ATMs, IT vendors for banking operations, Banking Correspondents (BCs), ATM operation and cash management agencies.

a. Bank branches be allowed to work as per normal working hours till disbursal of DBT cash transfers is complete.

b. Local administration to provide adequate security personnel at bank branches and BCs to maintain social distancing, law and order and staggering of account holders.

iii. SEBI, and capital and debt market services as notified by the Securities and Exchange Board of India (SEBI).

iv. IRDAI and Insurance companies.

8. **Social sector: following to remain functional:**

i. Operation of homes for children/ disabled/ mentally challenged/ senior citizens/ destitutes/ women/ widows.

ii. Observation homes, after care homes and places of safety for juveniles.

iii. Disbursement of social security pensions, e.g., old age/ widow/ freedom fighter pensions; pension and provident fund services provided by Employees Provident Fund Organisation (EPFO).

iv. Operation of *Anganwadis* – distribution of food items and nutrition once in 15 days at the doorsteps of beneficiaries, e.g., children, women and lactating mothers. Beneficiaries will not attend the *Anganwadis*.

9. **Online teaching/ distance learning to be encouraged:**

i. All educational, training, coaching institutions etc. shall remain closed.

ii. However, these establishments are expected to maintain the academic schedule through online teaching.

iii. Maximum use of Doordarshan (DD) and other educational channels may be made for teaching purposes.

10. **MNREGA works to be allowed:**

i. MNREGA works are allowed with strict implementation of social distancing and face mask.

ii. Priority to be given under MNREGA to irrigation and water conservation works.

iii. Other Central and State sector schemes in irrigation and water conservation sectors may also be allowed to be implemented and suitably dovetailed with MNREGA works.

11. **Public utilities: following to remain functional:**

i. Operations of Oil and Gas sector, including refining, transportation, distribution, storage and retail of products, e.g., petrol, diesel, kerosene, CNG, LPG, PNG etc.

ii. Generation, transmission and distribution of power at Central and State/ UT levels.

iii. Postal services, including post offices.

iv. Operations of utilities in water, sanitation and waste management sectors, at municipal/ local body levels in States and UTs.

v. Operation of utilities providing telecommunications and internet services.

12. **Movement, loading/ unloading of goods/ cargo (inter and intra State) is allowed, as under:**

i. All goods traffic will be allowed to ply.

ii. Operations of Railways: Transportation of goods and parcel trains.

iii. Operations of Airports and related facilities for air transport for cargo movement, relief and evacuation.

iv. Operations of Seaports and Inland Container Depots (ICDs) for cargo transport, including authorized custom clearing and forwarding agents.

v. Operations of Land Ports for cross land border transportation of essential goods, including petroleum products and LPG, food products, medical supplies.

vi. Movement of all trucks and other goods/ carrier vehicles with two drivers and one helper subject to the driver carrying a valid driving license; an empty truck/ vehicle will be allowed to ply after the delivery of goods, or for pick up of goods.

vii. Shops for truck repairs and dhabas on highways, with a stipulated minimum distance as prescribed by the State/ UT authorities.

viii. Movement of staff and contractual labour for operations of railways, airports/ air carriers, seaports/ ships/ vessels, landports and ICDs is allowed on passes being issued by the local authority on the basis of authorizations issued by the respective designated authority of the railways, airports, seaports, landports and ICDs.

13. Supply of essential goods is allowed, as under:

i. All facilities in the supply chain of essential goods, whether involved in manufacturing, wholesale or retail of such goods through local stores, large brick and mortar stores or e-Commerce companies should be allowed to operate, ensuring strict social distancing without any restriction on their timing of opening and closure.

ii. Shops (including *Kirana* and single shops selling essential goods) and carts, including ration shops (under PDS), dealing with food and groceries **(for daily use)**, hygiene items, fruits and vegetables, dairy and milk booths, poultry, meat and fish, animal feed and fodder etc, should be allowed to operate, ensuring strict social distancing without any restriction on their timing of opening and closure.

iii. District authorities may encourage and facilitate home delivery to minimize the movement of individuals outside their homes.

14. Commercial and private establishments, as listed below, will be allowed to operate:

i. Print and electronic media including broadcasting, DTH and cable services.

ii. IT and IT enabled Services, with upto 50% strength.

iii. Data and call centres for Government activities only.

iv. Government approved Common Service Centres (CSCs) at Gram Panchayat level.

v. E-commerce companies. Vehicles used by e-commerce operators will be allowed to ply with necessary permissions.

vi. Courier services.

vii. Cold storage and warehousing services, including at ports, airports, railway stations, container Depots, individual units and other links in the logistics chain.

viii. Private security services and facilities management services for maintenance and upkeep of office and residential complexes.

ix. Hotels, homestays, lodges and motels, which are accommodating tourists and persons stranded due to lockdown, medical and emergency staff, air and sea crew.

x. Establishments used/ earmarked for quarantine facilities.

xi. Services provided by self-employed persons, e.g., electrician, IT repairs, plumbers, motor mechanics, and carpenters.

15. Industries/ Industrial Establishments (both Government and private), as listed below, will be allowed to operate:

i. Industries operating in rural areas, i.e., outside the limits of municipal corporations and municipalities.

ii. Manufacturing and other industrial establishments with access control in Special Economic Zones (SEZs) and Export Oriented Units (EoUs), industrial estates, and industrial townships. These establishments shall make arrangements for stay of workers within their premises as far as possible and/ or adjacent buildings and for implementation of the Standard operating protocol (SOP) as referred to in para 21 (ii) below. The transportation of workers to work place shall be arranged by the employers in dedicated transport by ensuring social distancing.

iii. Manufacturing units of essential goods, including drugs, pharmaceuticals, medical devices, their raw material and intermediates.

iv. Food processing industries in rural areas, i.e., outside the limits of municipal corporations and municipalities.

v. Production units, which require continuous process, and their supply chain.

vi. Manufacturing of IT hardware.

vii. Coal production, mines and mineral production, their transportation, supply of explosives and activities incidental to mining operations.

viii. Manufacturing units of packaging material.

ix. Jute industries with staggered shifts and social distancing.

x. Oil and gas exploration/ refinery.

xi. Brick kilns in rural areas i.e., outside the limits of municipal corporations and municipalities.

16. Construction activities, listed as below, will be allowed to operate:

i. Construction of roads, irrigation projects, buildings and all kinds of industrial projects, including MSMEs, in rural areas, i.e., outside the limits of municipal corporations and municipalities; and all kinds of projects in industrial estates.

ii. Construction of renewable energy projects.

iii. Continuation of works in construction projects, within the limits of municipal corporations and municipalities, where workers are available on site and no workers are required to be brought in from outside (in situ construction).

17. Movement of persons is allowed in the following cases:

i. Private vehicles for emergency services, including medical and veterinary care, and for procuring essential commodities. In such cases, one passenger besides the private vehicle driver can be permitted in the backseat, in case of

four-wheelers; however, in case of two-wheelers, only the driver of the vehicle is to be permitted.

ii. All personnel travelling to place of work and back in the exempted categories, as per the instructions of the State/ UT local authority.

18. Offices of the Government of India, its Autonomous/ Subordinate Offices will remain open, as mentioned below:

i. Defence, Central Armed Police Forces, Health and Family Welfare, Disaster management and Early Warning Agencies (IMD, INCOIS, SASE and National Centre of Seismology, CWC), National Informatics Centre (NIC), Food Corporation of India (FCI), NCC, Nehru Yuva Kendras (NYKs) and Customs to function without any restriction.

ii. Other Ministries and Departments, and offices under their control, are to function with 100% attendance of Deputy Secretary and levels above that. Remaining officers and staff to attend upto 33% as per requirement.

19. Offices of the State/ Union Territory Governments, their Autonomous Bodies and Local Governments will remain open, as mentioned below:

i. Police, home guards, civil defence, fire and emergency services, disaster management, prisons and municipal services will function without any restrictions.

ii. All other Departments of State/ UT Governments to work with restricted staff. Group 'A' and 'B' officers may attend as required. Group 'C' and levels below that may attend upto 33% of strength, as per requirement to ensure social distancing. However, delivery of public services shall be ensured, and necessary staff will be deployed for such purpose.

iii. District administration and Treasury (including field offices of the Accountant General) will function with restricted staff. However, delivery of public services shall be ensured, and necessary staff will be deployed for such purpose.

iv. Resident Commissioner of States/ UTs, in New Delhi, only to the extent of coordinating COVID-19 related activities and internal kitchen operations.

v. Forest offices: staff/ workers required to operate and maintain zoo, nurseries, wildlife, fire-fighting in forests, watering plantations, patrolling and their necessary transport movement.

20. Persons to remain under mandatory quarantine, as under:

i. All such persons who have been directed by health care personnel to remain under strict home/ institutional quarantine for a period as decided by local Health Authorities.

ii. Persons violating quarantine will be liable to legal action under Section 188 of the IPC, 1860.

iii. Quarantined persons, who have arrived in India after 15.2.2020, after expiry of their quarantine period and being tested Covid-19 negative, will be released following the protocol prescribed in the SOP issued by MHA.

21. Instructions for enforcement of above lockdown measures:

i. All the district magistrates shall strictly enforce the National COVID 19 directives as specified in **Annexure I**. Penalties prescribed shall be levied and collected from all persons and entities violating these directives.

ii. All industrial and commercial establishments, work places, offices etc. shall put in place arrangements for implementation of SOP as in **Annexure II** before starting their functioning.

iii. In order to implement these containment measures, the District Magistrate will deploy Executive Magistrates as Incident Commanders in the respective local jurisdictions. The Incident Commander will be responsible for the overall implementation of these measures in their respective jurisdictions. All other line department officials in the specified area will work under the directions of such incident commander. The Incident Commander will issue passes for enabling essential movements as explained.

iv. The Incident Commanders will in particular ensure that all efforts for mobilization of resources, workers and material for augmentation and expansion of hospital infrastructure shall continue without any hindrance.

v. **Additional activities permitted in these guidelines shall be implemented in a phased manner, after making all arrangements necessary for strict implementation of the guidelines. These will come into force with effect from 20th April, 2020.**

22. Penal provisions

Any person violating these lockdown measures will be liable to be proceeded against as per the provisions of Section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Sec. 188 of the IPC, and other legal provisions as applicable. Extracts of these penal provisions are at **Annexure III**.

15/04/2020

Union Home Secretary

Annexure I

National Directives for COVID-19 Management

The National Directives shall be enforced by the District Magistrate through fines and penal action as prescribed in the Disaster Management Act 2005.

PUBLIC SPACES

1. Wearing of face cover is compulsory in all public places, work places.
2. All persons in charge of public places, work places and transport shall ensure social distancing as per the guidelines issued by Ministry of Health and Family Welfare.
3. No organization /manager of public place shall allow gathering of 5 or more persons
4. Gatherings such as marriages and funerals shall remain regulated by the District Magistrate.
5. Spitting in public spaces shall be punishable with fine.
6. There should be strict ban on sale of liquor, gutka, tobacco etc. and spitting should be strictly prohibited.

WORK SPACES

7. All work places shall have adequate arrangements for temperature screening and provide sanitizers at convenient places.
8. Work places shall have a gap of one hour between shifts and will stagger the lunch breaks of staff, to ensure social distancing.
9. Persons above 65 years of age and persons with co-morbidities and parents of children below the age of 5 may be encouraged to work from home.
10. Use of Arogya setu will be encouraged for all employees both private and public.
11. All organizations shall sanitize their work places between shifts.
12. Large meetings to be prohibited.

MANUFACTURING ESTABLISHMENTS

13. Frequent cleaning of common surfaces and mandatory hand washing shall be mandated.
14. No overlap of shifts and staggered lunch with social distancing in canteens shall be ensured.
15. Intensive communication and training on good hygiene practices shall be taken up.

Annexure II

Standard Operating Procedure for Social Distancing for Offices, Workplace, Factories and Establishments

The following measures shall be implemented by all offices, factories and other establishments:

1. All areas in the premises including the following shall be disinfected completely using user friendly disinfectant mediums:
   a. Entrance Gate of building, office etc.
   b. Cafeteria and canteens.
   c. Meeting room, Conference halls/ open areas available/ verandah/ entrance gate of site, bunkers, porta cabins, building etc.
   d. Equipment and lifts.
   e. Washroom, toilet, sink; water points etc.
   f. Walls/ all other surfaces
2. For workers coming from outside, special transportation facility will be arranged without any dependency on the public transport system. These vehicles should be allowed to work only with 30-40% passenger capacity.
3. All vehicles and machinery entering the premise should be disinfected by spray mandatorily.
4. Mandatory thermal scanning of everyone entering and exiting the work place to be done.
5. Medical insurance for the workers to be made mandatory.
6. Provision for hand wash & sanitizer preferably with touch free mechanism will be made at all entry and exit points and common areas. Sufficient quantities of all the items should be available.
7. Work places shall have a gap of one hour between shifts and will stagger the lunch breaks of staff, to ensure social distancing.
8. Large gatherings or meetings of 10 or more people to be discouraged. Seating at least 6 feet away from others on job sites and in gatherings, meetings and training sessions.
9. Not more than 2/4 persons (depending on size) will be allowed to travel in lifts or hoists.
10. Use of staircase for climbing should be encouraged.
11. There should be strict ban of gutka, tobacco etc. and spitting should be strictly prohibited.
12. There should be total ban on non-essential visitors at sites.
13. Hospitals/clinics in the nearby areas, which are authorized to treat COVID-19 patients, should be identified and list should be available at work place all the times.

Annexure III

Offences and Penalties for Violation of Lockdown Measures

A. Section 51 to 60 of the Disaster Management Act, 2005

51. Punishment for obstruction, etc.—Whoever, without reasonable cause —

(a) obstructs any officer or employee of the Central Government or the State Government, or a person authorised by the National Authority or State Authority or District Authority in the discharge of his functions under this Act; or

(b) refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act,

shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years.

52. Punishment for false claim.—Whoever knowingly makes a claim which he knows or has reason to believe to be false for obtaining any relief, assistance, repair, reconstruction or other benefits consequent to disaster from any officer of the Central Government, the State Government, the National Authority, the State Authority or the District Authority, shall, on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

53. Punishment for misappropriation of money or materials, etc.—Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

54. Punishment for false warning.—Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine.

55. Offences by Departments of the Government.—(1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

56. Failure of officer in duty or his connivance at the contravention of the provisions of this Act.—Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraws himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine.

57. Penalty for contravention of any order regarding requisitioning.—If any person contravenes any order made under section 65, he shall be punishable with imprisonment for a term which may extend to one year or with fine or with both.

58. Offence by companies.—(1) Where an offence under this Act has been committed by a company or body corporate, every person who at the time the offence was committed, was in charge of, and was responsible to, the company, for the conduct of the business of the company, as well as the company, 25 shall be deemed to be guilty of the contravention and shall be liable to be proceeded against and punished accordingly: Provided that nothing in this sub-section shall render any such person liable to any punishment provided in this Act, if he proves that the offence was committed without his knowledge or that he exercised due diligence to prevent the commission of such offence. (2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a company, and it is proved that the offence was committed with the consent or connivance of or is attributable to any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also, be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purpose of this section— (a) "company" means any body corporate and includes a firm or other association of individuals; and (b) "director", in relation to a firm, means a partner in the firm.

59. Previous sanction for prosecution.—No prosecution for offences punishable under sections 55 and 56 shall be instituted except with the previous sanction of the Central Government or the State Government, as the case may be, or of any officer authorised in this behalf, by general or special order, by such Government.

60. Cognizance of offences.—No court shall take cognizance of an offence under this Act except on a complaint made by— (a) the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised in this behalf by that Authority or Government, as the case may be; or (b) any person who has given notice of not less than thirty days in the manner prescribed, of the alleged offence and his intention to make a complaint to the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised as aforesaid.

B. Section 188 in the Indian Penal Code, 1860

188. Disobedience to order duly promulgated by public servant.—Whoever, knowing that, by an order promulgated by a public servant lawfully empowered to promulgate such order, he is directed to abstain from a certain act, or to take certain order with certain property in his possession or under his management, disobeys such direction, shall, if such disobedience causes or tends to cause obstruction, annoyance or injury, or risk of obstruction, annoyance or injury, to any person lawfully employed, be punished with simple imprisonment for a term which may extend to one month or with fine which may extend to two hundred rupees, or with both; and if such disobedience causes or trends to cause danger to human life, health or safety, or causes or tends to cause a riot or affray, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

Explanation.—It is not necessary that the offender should intend to produce harm, or contemplate his disobedience as likely to produce harm. It is sufficient that he knows of the order which he disobeys, and that his disobedience produces, or is likely to produce, harm.

Illustration

An order is promulgated by a public servant lawfully empowered to promulgate such order, directing that a religious procession shall not pass down a certain street. A knowingly disobeys the order, and thereby causes danger of riot. A has committed the offence defined in this section.

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VAKALATNAMA

IN THE HON'BLE HIGH COURT OF DELHI AT NEW DELHI

Suit /Appeal No./CWP _____JURISDICTION of 2020

In re: SAMA – Resource Group for Women and Health ...Petitioner

V E R S U S

Union of India & Ors. ...Respondents

KNOW ALL to whom these present shall come that I, Sarojini Nadimpally, Founder and Managing Trustee of SAMA – Resource Group for Women and Health, with its registered office at B-45, Second Floor, Shivalik Main Rd., Malviya Nagar, New Delhi - 110017

the above named PIL Petitioner do hereby appoint:

RATNA APPNENDER	VRINDA GROVER	SOUTIK BANERJEE
D/207/2014	D/42/89	D/3916/2017
9582486431	9810806181	8527075320

N-14 A, SAKET

NEW DELHI-110017

(herein after called the advocate/s) to be my/our Advocate in the above noted case authorizing them :-

To act, appear and plead in the above-noted case in this Court or in any other Court in which the same may be tried or heard and also in the appellate Court including High Court subject to payment of fees separately for each Court by me/ us.

To sign, file verify and present pleadings, appeals cross objections or petitions for execution review, revision, withdrawal, compromise or other petitions or affidavits or other documents as may be deemed necessary or proper for the prosecution of the said case in all its stages.

To file and take back documents to admit and/or deny the documents of opposite party.

To withdraw or compromise the said case or submit to arbitration any differences or disputes that may arise touching or in any manner relating to the said case.

To take execution proceedings.

The deposit, draw and receive money, cheques, cash and grant receipts thereof and to do all other acts and things which may be necessary to be done for the progress and in the course of the prosecution of the said case.

To appoint and instruct any other Legal Practioner, authorizing him to exercise the power and authority hereby conferred upon the Advocate whenever she may think it to do so and to sign the Power of Attorney on our behalf.

And I/We the undersigned do hereby agree to ratify and confirm all acts done by the Advocate or his substitute in the matter as my/our own acts, as if done by me/us to all intents and purposes.

And I/We undertake that I / we or my /our duly authorized agent would appear in the Court on all hearings and will inform the Advocates for appearance when the case is called.

And I /we undersigned do hereby agree not to hold the advocate or his substitute responsible for the result of the said case. The adjournment costs whenever ordered by the Court shall be of the Advocate which she shall receive and retain herself.

And I /we the undersigned do hereby agree that in the event of the whole or part of the fee agreed by me/us to be paid to the Advocate remaining unpaid she shall be entitled to withdraw from the prosecution of the said case until the same is paid up. The fee settled is only for the above case and above Court.

I/We hereby agree that once the fee is paid. I /we will not be entitled for the refund of the same in any case whatsoever. If the case lasts for more than three years, the advocate shall be entitled for additional fee equivalent to half of the agreed fee for every addition three years or part thereof.

IN WITNESS WHEREOF I/We do hereunto set my /our hand to these presents the contents of which have been understood by me/us on this 18th day of April, 2020.

Accepted subject to the terms of fees.

The Client's signature is identified by the advocates signing below:

Advocates Client