GOVERNMENT OF ASSAM

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No. ASDMA. 20/2020/Pt. 2/17

Dated 28th March, 2020

From:

Shri M.S. Manivannan, IAS

Commissioner & Secretary to Govt. of Assam

Cum Chief Executive Officer

Assam State Disaster Management Authority

Janata Bhawan, Dispur, Guwahati-06

To

The Deputy Commissioner cum Chairperson, DDMA

All District of Assam

Sub

Strategic Response plan for COVID-19

Sir/Madam,

With reference to the subject cited above, I render my appreciation for the all the initiatives and actions taken by the DDMAs in Assam towards containment of COVID-19 in the state. While the overall technical response is led by the Health and family welfare department, the need for coordinated non-pharmaceutical response is the need of the hour. While the NDMA has issued instructions from time to time, ASDMA as per section 18 (1) of the Disaster Management Act 2005 and with technical support of UNICEF has developed a State Response Plan for non-pharmaceutical actions related to COVID-19 response in Assam. This plan aims to bring role clarity, coordination and effective sharing of responsibilities related to non-pharmaceutical response to COVID-19 in the state among different departments and stakeholders. The plan has been designed to be a dynamic document which will be updated from time to time to incorporate evolving situations and scenarios. The plan addresses the following components:

- The plan provides a succinct analysis of the risks related to COVID-19 spread and the various possible scenarios (worst case scenarios). This gives clarity on what we are preparing for.
- The plan defines the strategic response actions which are within the ambit and mandate of ASDMA and DDMAs and can help the Deputy Commissioners exercise appropriate powers under the Disaster Management Act, 2005
- The plan provides the framework of various preparedness actions that will help in delivering the strategic response as per evolving needs and scenarios.

All DDMAs are therefore requested to adhere to the plan enclosed herewith and initiate necessary action for implementation of the same.

This has the approval of the Chief Secretary, Govt. of Assam.

Enclosed: As stated

Yours faithfully,

(Shri M.S. Manivannan, IAS)

Commissioner & Secretary to Govt. of Assam cum CEO Assam State Disaster Management Authority, Dispur

Memo No. ASDMA. 20/2020/Pt. 2/17 (A)

Dated 28th March, 2020

Copy to:

- 1. The Staff Officer to the Chief Secretary to Govt. of Assam for kind appraisal of the Chief Secretary.
- 2. The Addl. Deputy Commissioner cum CEO, DDMA for information and necessary action.

(Shri Pankaj Chakravarty, ACS)

State Project Coordinator

Assam State Disaster Management Authority, Dispur

Strategic Response Plan for COVID-2019



Assam State Disaster Management Authority (ASDMA) Janata Bhawan, Dispur, Guwahati-781006

INTRODUCTION:

In exercise of the Power conferred under Section 69 of the Disaster Management Act, 2005, Union Home Secretary, the chairperson of the National Executive Committee has delegated its powers under Clause I and II of Section 10 of the Disaster Management Act, 2005 to Secretary, Ministry of Health and Family Welfare to enhance preparedness and containment of COVID-19 and other ani ancillary matters connected there to. Accordingly, actions were initiated by Ministry of Health and Family Welfare at national level and state health and family welfare departments at state level. Further, NDMA vide letter No.1-137/2018-Mit-II (FTS-10548) dated 5th March 2020 has send necessary directive to Chief Secretaries of all states and UTs highlighting and summerizing the various steps that are needed to be taken at state level by various departments which also includes a series of actions requiring coordination and non-medical/pharamaceutical response. The letter also refers to the important role SDMAs/DDMAs in coordination, risk communication and other aspects of non-medical response.

Govt. of Assam has issued a notification vide HLA 248/2020/6 dated 18th March 2020 called the 'Assam COVID-19 Regulations, 2020' citing the responsibilities of various stakeholders in management of COVID response under the Epedemic Diseases Act, 1897. This also reinforces the role of various departments and the including role of DDMAs as the responsible authorities in developing and carrying out structured and coordinated response actions to support heath and family welfare department led response to COVID-19 in the state. In view of the above, and to streamline and better structure the response actions of ASDMA and DDMAs to support various departments in ensuring response actions of non-medical and non-pharmaceutical nature toward prevention and containment of COVID-19 in the state of Assam, a response plan has been developed to multi-stakeholder coordinated response at state, district and local levels. The plan is based on a risk analysis and definition of certain possible worst case scenarios. It defines the various anticipated strategic response actions that will be needed (non-medical) and illucidates the preparedness actions to be taken up by various departments and coordinated by ASDMA/DDMAs to deliver the anticipated response at the situation unfolds.

RISK ANALYSIS AND SCENERIO DEFINITION:

COVID-19 is rapidly spreading across the globe including India. India has reported (as on 28-03-2020, 9.30 am) 775 active positive cases and 19 deaths while 78 were cured/discharged from hospitals¹. The situation is rapidly changing in the country with last few days witnessing the daily consistent increase in number of reported positive cases. Assam has approximately 3.65 Crore people (extrapulated considering decadal growth of 17% over census data of 2011). Though Assam has not seen any positive case till date (till 21st March, 2020), the rapidly changing scenario can grapple Assam and NE very soon.

Further, It has been observed that the elderly people are more vulnerable and susseptible to COVID-19². Besides,other groups such as children and people suffering from different other diseses are also vulnerable. If we consider the most vulnerable group of people in the state, Assam has approximately 21.88 lakh senior citizens/above 60 years (6%) and around 1.46 crore would children below 18 years of age (40% of the total). As per one of the estimates, the

¹ https://www.mohfw.gov.in/

² https://www.cebm.net/global-covid-19-case-fatality-rates/

moratality rate outside China due to COVID-19 could go upto $15.2~\%^3$ of positive cases. Given the rapidly changing scenario of the cases in India, the following scenarios (worst case other than clinical) are assumed for Assam.

- Mass spread- Given the potential of COVID and its transmission, in spite of best prevention measures, many positive cases may emerge in the state from people who have travelled from various COVID-19 affected places (within and outside the country).
- Need for additional infrastructure and supplies for quarantine- In a scenario of mass spread, the need and demand for quarantine facilities will increase manifold. There may emerge a situation to convert any available facility at district and sub-district level into quarantine facilities. This may increase the need for identifying and provisining manpower and supplies.
- Hospital preparedness, emergency surge and transitional health services- In such a
 mas spread situation, the demand for health services may increase manifold. This may
 create demand for transitional health facilities outside recognized health care facilities for
 which logistics, manpower and other resources will be required.
- Law and Order situation- In a situation of increased spread and quarantine, law and order situation may detariorate with requirement of stricter and extra ordinary arrangments in quarantine facilities, crowd management in hospitals, arrangement and transportation of logistics and similar places.
- Food security of marginalized families- In a lock down situation, the marginalized communities including the wage earners, workforce in the larger informal sector, farmers, household workers etc may be left with a situation of food insecurity.
- Shortage of essential commodities in a lock down scenario- To contain the spread further, lock down may become the only available option which may result in shortage of essential commodities for the masses.
- Exclusion and discrimination- In such scenario, chances of exclusion and social discrimination with families of COVID-19 affected persons during/post quarantine may also create an alarming situation limiting access to commons and community support systems.
- Dead Body Management- In the worst case scenario, the fatality rate may also increase leading the increased demand for land and resources to manage dead bodies giving respect to religious sentiments.
- Possible interaction of flood, erosion and COVID-19 response- Since Assam is approaching flood season, social distancing may become a challenging affair in a mass displacement scenario or in relief camp setting which may further aggravate the spread of infection.

Anticipated Strategic Response Actions of ASDMA

- Lead non-medical response coordination at state and district
- Support in limiting human-to-human transmission through appropriate adminsitrative procedures

³ Boud .D., Qi.x., saines.k.n., Musso.D., Pomar.L., Favre. L(2020). Real estimate of mortality following COVID-19 infection, Published by THE LENCET, 12th March 2020.

- Targeted and coordinated Risk Communication to avoid panic, rumor and to promote desirable behaviors
- Supporting reduction of secondary infections, preventing transmission and further spread by using all possible means.
- Hospital preparedness assessment, crowd management and logistics support to ensure optimum functioning and service continuity
- Quarantine facility management at all levels (State. District, Sub-Divsional and Revenue Circle level)
- Management of financial proposals as per modified SDRF norms issued by MHA, Gol with regard to COVID-19 resposne
- Effective management of volunteers and community surveillance.
- Logistic management for coordinated response including management of surge requirements and non-medical supply chain
- Dead body management as per national guidelines isssued by MoHFW, Gol

Preparedness Actions to deliver the strategic anticipated response

No	Action	Level of	Responsibility	Timeline	Relevent
1.000	I non-medical response coordination at stat	Action	•4		guidelines/documents
1	Identify potential stakeholders who can support in non-medical response including NGOs/CSOs/Unions/Associations/other bodies/volunteers	State and District	ASDMA/ DDMAs	Immediate (March 25)	
2	Conduct cooridnation meetings with relevent stakeholders in small groups (Following social distancing guidelines) and share relevent materials for conducting activities on the ground	State and District	ASDMA/ DDMAs	April 5, 2020	Social Distancing Guidelines by MoHFW https://www.mohfw.gov .in/pdf/SocialDistancing AdvisorybyMOHFW.pdf Preventive measures to be taken to contain the spread of Novel Coronavirus (COVID-1 9) — regarding. https://www.mohfw.g ov.in/pdf/Preventivem easuresDOPT.pdf
3	Map prevention/preparedness activities of these organizations for coordinated action	State and District	ASDMA/ DDMAs	April 10, 2020	
4	Inter-Deparmental coordination meetings to ensure coordinated actions, reducing overalaps and duplications	District	DDMAs	Once in a week or As per requirement	
5	Coordination with Micro-finance institutes, NBFC through RBI to ensure relaxation, interest subsidy and temporary suspension of weekly collections for next few months particularly for the marginalised workers/women SHGs.	State & District	ASDMA and Finance Deptt. CEO, DDMA with LDM	April 10, 2020	
6	Cooridnate with Social Sector departments (Education, Social Welfare etc.) to plan for transititional services toward	State & District	ASDMA and relevent departments	April 20	

	compensation/continuity particularly those related to children		CEO, DDMA with relevent departments		
7	Coordination with relevent departments regarding transportation and supply of essential response/other items in COVID affected districts	State and District	ASDMA and DDMAs with NFR, Transport Department, IWT and others	Regular	
	port in limiting human-to-human transmissi		<u> </u>	-	ires
8	Issuance of related notiofications and prohibitory orders by DDMA Chairperson	District	Chairperson, DDMA	As per requirement	
9	Mobilize additional manpower and create a surge roster for necessary support	District	Chairperson, DDMA	April 10	
10	Monitoring and real time corrective actions to ensure implementation of advisories and guidelines on maintianing social distancing, quarantine and isolation	District	Chairperson, DDMA	On regular basis	
11	Ensure availability of Personal Protective Equipments for non-medical support teams in critical locations (where chances of contact with the COVID-19 positive case exists)	District	Chairperson, DDMA	April 5	
Targ	eted and coordinated Risk Communication	to avoid par	nic, rumor and to p	promote desirable	e behaviors
12	Adapt/customize risk communication messages in local languages for different emerging situations (Following MoHFW, WHO, UNICEF guidelines/materials)	State	ASDMA	March 31	
13	Collaborate with relevent agencies/channels such as DIPR community radio, print and electronic media and various inter-faith groups for wider dissemination of key messages on desired behaviours for infection prevention, social distancing, reducing spread of rumours and promoting community surveilance including a communication feedback mechanism	State and District	ASDMA/DDMA	March 31	
14	Monitoring social media, print and electronic media and other sources of mass information to prevent and unauthenticated information from reaching masses	District	Chairperson, DDMA with DIPRO	On regular basis	Regulation, 2020 notified vide notification No. HLA 248/2020/6 dated 18 th March, 2020
Supp	porting reduction of secondary infections,	preventing	transmission and	d further spread	by using all possible
15	Assess and continuously monitor suspected cases placed in home quarantine/district run quarantine facilities in collaboration with Health department	District	Chairperson, DDMA with Jt.DHS and PO- DDMA	Routine	Guidelines for home quarantine by MoHFW, Gol https://www.mohfw.gov_in/pdf/Guidelinesforhomequarantine.pdf
16	Issue necessary orders/directives targeting different stakeholders for secondary infections, preventing transmission and	District	Chairperson, DDMA with Jt.DHS and PO-	Routine	

	further spread		DDMA		
17	Adopt strict actions against any violation of guidelines in line with provisions under the	District	Chairperson, DDMA with	Routine	
	Assam COVID-19 Regulation, 2020		Jt.DHS and PO- DDMA		
18	Develop a community surveilance mechanism through the existing network of	District	Chairperson, DDMA with	Routine	
	Gaon Burhas, Mondals, VDPs and other		Circle Officers		
	frontline workers to ensure monitoring of preventive actions				
	pital preparedness assessment, crow	/d manage	ment and logis	stics support	to ensure optimum
19	tioning and service continuity Develop checklists for assessing	State	ASDMA with	April 10, 2020	National Guidelines for
13	preparedness of hospitals, qurantine	Otate	health and	April 10, 2020	Infection Prevention
	facilities and others in collaboration with Health department		family Welfare department		and Control in Healthcare Facilities
	ricaiai deparament		doparament		https://www.mohfw.gov
					.in/pdf/National%20Guid
					elines%20for%20IPC%20 in%20HCF%20-
					%20final%281%29.pdf
20	Ensure each identified facility has provisions as per relevent government	District	Chairperson, DDMA with	Ongoing	
	guiidelines based on assessment of		Jt.DHS and PO-		
	preparendess		DDMA		
21	Assess logistic requirement for medical and non-medical care including those for	District	Chairperson, DDMA with	April 10, 2020	
	establishing temporary health facilities,		Jt.DHS and PO-		
22	mobilizing surge and others Map existing infrastructure which can	District	DDMA Chairperson,	April 10, 2020	
22	converted into makeshift	DISTRICT	DDMA with	April 10, 2020	
	hospitals/quarantine facilities if required		CEO, DDMA,		
	(beyond already identified places). The assumption should be 10% of the districts		Jt.DHS and PO- DDMA		
	population requiring quarantine				
23	Make preparatory arrangement for procuring materials to meet surge	District	Chairperson, DDMA with	April 20, 2020	
	requirement invoking section 50 of the DM		Nazarat branch		
24	Act, 2005	Diotrict	Chairnaraan	April E 2020	
24	Map requirement of major hospitals to manage crowds including an assumptive	District	Chairperson, DDMA, with SP	April 5, 2020	
	increase of case load and revised OPD		Jt.DHS and		
	procedures (for infection control) and ensure deployment of police/homeguard for		Revenue Circle Officers		
	supporting crowd management in hospitals		55515		
	rantine facility management at all levels		Ohaima	A	
25	Identification of the facilities for Quarantine centre in District, Sub-division and Revenue	District and Sub-	Chairperson, DDMA with	April 5, 2020	
	Circles (targeting 10% of the population of	divisions	SDO (Civil),		
	their respective city/towns)		Revenue Circle Officer, Field		
			Officer (DM)		
26	Ensure that each identified Quarantine	District	Chairperson,	April 5, 2020	
	centre are resilient to flood, storm, landslide, earthquake and fire.	and Sub- divisions	DDMA with SDO (Civil),		
<u> </u>		3	(),	I	ı

			Revenue Circle		
			Officer, Field		
27	Ensure that each identified quarantine	District	Officer (DM) Chairperson,	As and when	
	center has requisite provisions as mendated by GoI	District	DDMA with CEO, DDMA	required	
28	Ensure that identified quarantine facilities are separate from identified flood relief	District	Chairperson, DDMA with	As and when done	
	camps. The same infrastructure shall not be designated for both purposes		CEO, DDMA		
Man	agement of financial proposals as per r	nodified SE	ORF norms		
28	Identification and overall management needs of Quarantine centre in District, Subdivision and Revenue Circles		Chairperson, DDMA with CEO, DDMA	Togther with the above	Revised norms of Assistance for SDRF by MHA, Gol dated 14.03.2020 https://www.mohfw.g ov.in/pdf/RevisedItem &Normsforutilisationo fSDRFdt14032020.pdf
29	Procurement of essential equipments/labs for response to COVID-19 and requirements as mentioned in points above	District	Chairperson, DDMA with Jt. DHS, Nazarat branch etc.	As per requirement	
30	Ensure simplified and rapid office procedures for fastracking any procurement for COVID-19 response in line with Modified SDRF guidelines	District	Chairperson, DDMA with Jt. DHS, Nazarat branch etc.	April 5, 2020	
	ctive management of volunteers and co				
31	Identify voluinteers for non-medical response actions including awareness generation, community surveilance, crowd management in hospitals, logistic arrangment in quarantine facilities. This may Apada Mitra Volunteers, Civil Defence Volunteers, NGO/CSO volunteers and NYKS volunteers		CEO, DDMA with Jt. DHS	April 10, 2020	
32	Develop a plan for volunteer deployment with duty roster	District	CEO, DDMA with Jt. DHS	April 15, 2020	
33	Conduct short training/orientation of volunteers in collaboration with health and family welfare department		CEO, DDMA with Jt. DHS	April 20, 2020	
34	Identify School Safety Focal point Teachers and orient them for conducting targeted awareness drives	District	CEO, DDMA with IS/DEEO	April 20, 2020	
35	Conduct volunteer coordination and review meetings at regular intervels and address requirements/grievances	District	CEO, DDMA with Jt. DHS	At regular intervels	
	istic management for coordinated resp	onse inclu	ding manageme	ent of surge red	quirements and non-
36	ical supply chain Identification of local vendors and suppliers for food, transport and other logistics supplies	District	All concerned deptt (Food and CS, NFR, Transport, IWT, Police, F&ES,	April 5, 2020	

			-4-1			
			etc)			
37	Monitoring of local markets and ensuring non-inturrupted supply of essential commodities	District	Chairperson DDMA with Food and CS and relevant deptt.	On basis	regular	
38	Public announcements/messaging on situations related to availability and use of essential commodities		Chairperson DDMA with DIPR	On basis	regular	
Dea	d body management as per national gui	delines iss	sued by MoHFW	, Gol		
39	Identify spaces for performing last rites as per Gol guidelines on dead body management respecting relegious and ethnic sentiments	District	SP with Revenue Circle Officer, BDO and other forces (NDRF/BSF/CR PF)	April 1	15	Covid-19:Guidelines on Dead Body Management issued by MoHFW, GoI https://www.mohfw.gov in/pdf/1584423700568 COVID19GuidelinesonDe adbodymanagement.pdf
40	Map and arrangment all logistics including burial ground, crematory, transportation of dead bodies etc		Municipal bodies, T&CP and Panchayat Secretaries in consultation with Revenue Circle Officer/BDO & Transport Deptt.	April 1	15	