

مولانا آزاد نیشنل اردو یونیورسٹی  
MAULANA AZAD NATIONAL URDU UNIVERSITY  
(A Central University established by an Act of Parliament in 1998)  
(Accredited "A" Grade by NAAC)



ADMINISTRATION – SECTION / प्रशासन अनुभाग

सं.No. MANUU/Admn /F.61/2021-22/ 14

दिनांक: 7<sup>th</sup> September, 2021

OFFICE ORDER / कार्यालय आदेश

Sub/ विष: MANUU-COVID19- Guidelines for Surveillance, Containment and caution till 30<sup>th</sup> September, 2021-Office orders- Reg.

Ref./ संदर्भ:

1. MHA orders No.40-3/2020-DM-I(A) GOI, dated 28<sup>th</sup> August, 2021
2. No. MANUU/Admn /F.06/2020-21/04 dated 11.08.2021
3. Approval of the Vice Chancellor dated: 07.09.2021.

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The Government of India, Ministry of Home Affairs, vide orders No.40-3/2020-DM-I(A), dated 28<sup>th</sup> August, 2021 has directed that the guidelines for surveillance, containment and caution in connection with COVID-19 order as annexed, will be in force upto 30<sup>th</sup> September, 2021.

In view of the above, it shall be noted that the University shall function in accordance with the Orders and the Guidelines and directives referred above issued by the Ministry of Home Affairs. (Copy enclosed). However, National directives for COVID-19 Management as annexed, in the referred order are also to be followed strictly.

- a. The Deans of Schools, Directorates and Centres, Heads of Departments, Principals/Incharges of Off Campuses/CTE's/Polytechnics/Model Schools and Regional Directors/Asst. Regional Directors of Regional Centres shall also attend the office regularly.
- b. Further, online teaching in the University shall continue until further orders. However the teaching staff are supposed to be available during office hours to their respective Heads/Deans/Directors.
- c. The University shall function with 100% attendance of Nonteaching Staff. Hence all the Non-Teaching staff of the University shall attend the office with 100% attendance.

मौलाना आज़ाद नेशनल उर्दू यूनिवर्सिटी  
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- d. All Off-Campuses shall also follow the specific guidelines received by the respective States/UT's wherein they are situated.

*[Handwritten Signature]*  
Registrar I/c  
प्रभारी कुलसचिव

All Deans of Schools of Studies/ Heads of Departments/Directors of the Centres and Directorates/Principals/ Incharges / Central Library and Heads of Sections (Teaching and Non-Teaching) Headquarters and Satellite Campuses, Regional Centres, Sub-Regional Centres, DSW, Proctor & Incharge Security, Provost (Boys&Girls)

Copy to:

1. Offices of Vice-Chancellor / Registrar /FO
2. Director, CIT for uploading on University Website
3. Concerned file

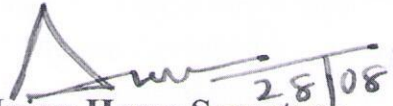
**No. 40-3/2020-DM-I(A)**  
**Government of India**  
**Ministry of Home Affairs**

North Block, New Delhi-110001

Dated 28<sup>th</sup> August, 2021

**ORDER**

In exercise of the powers, conferred under Section 10(2)(1) of the Disaster Management Act 2005, the undersigned hereby directs that the Order of Ministry of Home Affairs of even number dated 29<sup>th</sup> June, 2021, to ensure compliance to the containment measures for COVID-19, as conveyed vide Ministry of Health & Family Welfare (MoHFW) DO No. Z.28015/85/2021-DM Cell dated 28<sup>th</sup> June 2021, will remain in force upto 30<sup>th</sup> September, 2021.

  
Union Home Secretary

**and, Chairman, National Executive Committee (NEC)**

**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

*Sally 19/21*

*JK, Admin*

*S.O.  
Pl. put up  
W/Sec  
02/9/21*

Registrar's Office  
No. 1339

Received Date  
29/21  
Inward No.  
256



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India

Department of Health and Family Welfare  
Ministry of Health and Family Welfare  
D.O No. Z.28015/85/2021-DM Cell  
28<sup>th</sup> June 2021

राजेश भूषण, आईएएस  
सचिव

**RAJESH BHUSHAN, IAS**  
SECRETARY

This is in reference to my earlier DO letter of even number dated 25<sup>th</sup> April, 2021 wherein Ministry of Health and Family Welfare had shared with all States/UTs an implementation framework for intensive action and local containment in specific and well defined geographic units, to break and suppress the chain of transmission of SARS COV-2. This was also later reiterated by the Ministry of Home Affairs and orders regarding the same were issued under the DM Act 205 vide letter no. 40-3/2020-DM-I(A) dated 29<sup>th</sup> April 2021.

2. With a rise in COVID 19 trajectory across the country in April and May 2021, many States and UTs have undertaken restrictions and containment measures as per the aforesaid implementation framework. As a result, the trajectory of COVID 19 pandemic in the country is presently showing a steady decline.

3. In view of the declining number of cases being reported many States have initiated the implementation of relaxation measures. In this context it is critical that the lifting of restrictions/providing relaxations be carefully calibrated with continued focus on containment efforts to curb the spread of infection.

4. In order to bring uniformity in implementing graded restriction/relaxation measures for COVID 19, the need for following the framework earlier shared with the States for either imposition of restrictions or allowing relaxations based on the burden of disease and strain on healthcare infrastructure still remain important. Prompt and targeted actions need to be implemented by the States as detailed below:

#### **A. Guiding Principles**

- Monitoring of cases with districts as administrative units be done on a regular basis. Necessary action for containment and health infrastructure upgradation be done, by further micro analysis based on clusters of cases at the district level
- Case positivity calculated based on total positive cases vis-a-vis samples tested during the week is one of the prime indicators of the spread of infection in a district. Higher case positivity would imply the need for stringent containment and restrictions so as to control the spread of infection
- Similarly, each district needs to analyze bed occupancy (oxygen and ICU beds) vis-a-vis the available health infrastructure to ensure that it doesn't get overwhelmed and seamless patient admission and follow up can be done. Higher bed occupancy is an indicator that the district needs to undertake specific measures to upgrade the available beds while focusing on containment activities equally vigorously. It is important to emphasize that a lead time is required to upgrade health infrastructure (a month or more) and hence districts need to plan such upgrades after having duly analyzed the case trajectory on a regular basis



- In view of the above, for prioritizing districts which need intensive follow up, States may continue to utilize the classification of risk profile of districts as already communicated by Ministry of Health and Family Welfare on 25<sup>th</sup> April 2021. Accordingly:
  - i) States/UTs may identify districts which require highest level of restrictions
  - ii) Remaining districts may be allowed higher degree of relaxations based on **lower weekly case positivity or a relatively low Bed occupancy (Oxygen and ICU beds) rates.**
  - iii) District with **high weekly case positivity or a high Bed occupancy (Oxygen and ICU beds)** as detailed above, would need intensive monitoring and hence State may consider appointing a senior officer from State headquarter as the Nodal Officer for these districts.
  - iv) **District Nodal Officer** will work in coordination with District Collector /Municipal Commissioner to identify cluster of new cases and ensure implementation of required containment activities including intensive action in areas reporting higher cases
  - v) Restrictions once imposed will remain in force for a minimum period of 14 days
  - vi) In remaining areas of the district not under containment action, clearly defined relaxations/restrictions may be provided.

#### **B. Monitoring mechanism**

- State government may consider monitoring the status of classification parameters on a weekly basis and ensure their wide publicity so as to inform community at large and obtain their support in management of Covid-19 while restrictions are imposed or relaxations are allowed.
- While positivity rates and bed occupancy rates are vital criteria that need to be monitored for selection of high focus districts requiring intensive public health action, States/UTs shall also regularly monitor districts with higher numbers of active cases per million population as it is an important indicator to predict need for upgrading health infrastructure and logistics so as to manage the cases.

#### **C. Continued focus on 5-fold strategy for effective management of COVID-19**

- COVID-19 is an ongoing challenge and hence it is important that States continue working on five pillars of COVID-19 Management i.e. **“Test-Track-Treat-Vaccinate and adherence to COVID Appropriate Behavior”**.
- Early identification of cases is important for curbing the spread, and for this **adequate testing is crucial**. RT-PCR machines and sufficient kits to ensure required level of testing should accordingly be maintained (both RT-PCR and RAT) in all districts.

- **Tracking and tracing** through active case search by special teams and contact tracing and screening should be undertaken proactively.
- In addition to **following Clinical Management Protocol**, States should focus on **upgradation of health infrastructure, timely commissioning of PSA Plants in hospitals, adequate planning for availability of medical oxygen, availability of logistics, maintaining buffer stock of drugs** and taking up necessary action for **creation /redesigning of appropriate COVID dedicated healthcare infrastructure**, especially in peri-urban, rural, and tribal areas.
- There is need for **upskilling/reskilling of human resources** on latest Clinical Management Protocol.
- Furthermore, **effective planning for vaccination focusing on prompt coverage of priority groups and hubs of economic activity should be prioritized.**
- COVID-19 management can succeed only through a whole of government & whole of society approach. Community engagement is critical & **adherence to Covid appropriate behavior** is crucial to guard against any surge in infection. This involves diligent use of masks/face covers, following physical distancing (2 gaj ki doori) and practicing respiratory & hand hygiene.

5. This normative advisory will aid the States/UTs to clearly define their policies and streamline their approaches for implementing graded restrictions/calibrated relaxation for management of Covid-19.

6. States/UTs can also plan additional public health measures as deemed necessary, based on their local context and situational analysis at the field level.

7. I am sure under your able leadership; we will be able to keep the momentum going and build on the progress made so far to bring the pandemic situation under control. Ministry of Health & Family Welfare will continue to provide requisite support to the States/UTs in this ongoing and collective effort

Yours sincerely

(Rajesh Bhushan)

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

Copy to : Chief Secretary/Administrator of all States and UTs

(Rajesh Bhushan)

✓ Copy for information to : Cabinet Secretary, Cabinet Secretariat, New Delhi  
Home Secretary, Ministry of Home Affairs, New Delhi

(Rajesh Bhushan)

**NATIONAL DIRECTIVES FOR COVID-19 MANAGEMENT**

1. **Face coverings:** Wearing of face cover is compulsory in public places; in workplaces; and during transport.
2. **Social distancing:** Individuals must maintain a minimum distance of 6 feet (2 gaz ki doori) in public places.  
Shops will ensure physical distancing among customers.
3. **Spitting in public places** will be punishable with fine, as may be prescribed by the State/ UT local authority in accordance with its laws, rules or regulations.

*Additional directives for Work Places*

4. **Work from home (WfH):** As far as possible the practice of WfH should be followed.
  5. **Staggering of work/ business hours** will be followed in offices, work places, shops, markets and industrial & commercial establishments.
  6. **Screening & hygiene:** Provision for thermal scanning, hand wash or sanitizer will be made at all entry points and of hand wash or sanitizer at exit points and common areas.
  7. **Frequent sanitization** of entire workplace, common facilities and all points which come into human contact e.g. door handles etc., will be ensured, including between shifts.
  8. **Social distancing:** All persons in charge of work places will ensure adequate distance between workers and other staff.
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