



DISTRICT DISASTER MANAGEMENT AUTHORITY
CACHAR

**A CHRONICLE OF COVID-19 RISK
PREVENTION, RESPONSE AND MITIGATION
IN CACHAR DISTRICT, ASSAM
(2020-22)**



not and lashing



“ Imbibing resilience,
sustainability and inclusivity ”

- DDMA CACHAR

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FROM DEPUTY COMMISSIONER'S DESK

MESSAGE



Two years of Covid 19 journey exposed us to various unknown and uncertain situations from which many lessons were learnt. Experiences of Covid 19 management are worth documenting for generations to come. Local level innovative interventions for Covid management within the regulatory framework were necessary as DDMA, Cachar moved through this pandemic to touch lives of every single individual of this district.

The COVID-19 Pandemic in India caused an unprecedented magnitude of loss and disruption leaving no aspect of our lives untouched. Cachar District of Assam was no exception and went through episodes of unimaginable levels of grief, misery, panic and sorrow, effects of which would be seen for many years to come.

District Disaster Management Authority (DDMA), Cachar worked tirelessly in the facilitation of preventive and mitigatory measures. Not only in the realm of tracking, testing and treating DDMA, Cachar proactively contributed to all non-medical aspects of COVID Management in this district.

DDMA, Cachar played leadership in the management of quarantine centres/Isolation centres/COVID care centres, logistic support, oxygen and essential medicine management, issue of thousands of permissions/passes for the general public, resource management, vaccination support, sanitization, patrolling drives, migrant management, mask distribution, awareness generation on maintenance of COVID protocols, arrangement of Green corridor for serious patients, screening of passengers at airport-railway station-ISBT, dead body management, price control, media management many other aspects.

Many committees/teams/groups were constituted by DDMA, and Cachar to plan, control, monitor and implement COVID-19 strategies. Apart from these inter-agency and inter-state coordination were also established along with constant liaisoning with the state.

This book is a gist of such experiences and hardships, which the entire district was into, through the eyes of DDMA, Cachar. It is a summary of the efforts, initiatives, actions & dedication that had been put into by DDMA, Cachar to tackle the COVID-19 pandemic risk.

SMTI. KEERTHI JALLI, IAS
DEPUTY COMMISSIONER CUM CHAIRPERSON
DISTRICT DISASTER MANAGEMENT AUTHORITY, SILCHAR, CACHAR.

FROM CEO'S DESK

Over the past several months, the world faced an immense public health crisis in the form of COVID-19. Assam state along with India adopted a proactive and graded response for mitigating COVID risk which includes imposing a timely lockdown, ramping the health system, managing necessary medical supplies as well as catalyzing large-scale behaviour change by making citizens conscious of personal and public hygiene.

Based on broad protocols and guidelines put in place by the Central and State Government, Cachar District implemented several practices to enhance the effectiveness of COVID prevention and management initiatives in the local context. For instance, comprehensive route maps were prepared for contact tracing, operationalizing mobile vans for testing and providing essential health services to the doorsteps of people. Technology had been leveraged extensively in the fight against COVID-19.

Cachar District had also been at the forefront of innovation in these trying times. For instance, the district ran a Psychosocial and Tele-medicine platform to deal with all in distress proactively using a virtual platform. Mobile handwashing facilities were arranged at various places in the district.

Documentation of initiatives and practices implemented in various sectors and their subsequent sharing through this publication is another step in that direction. I hope readers will find this collection of practices to be a vital source of organic innovation which had been enabled by the tireless efforts of the entire team of DDMA, Cachar along with various unnamed health professionals, police personnel, district officials, sanitation workers, innovators and members of the civil society, all of whom are COVID warriors and worthy of our collective appreciation.

**J.R LALSIM, ACS
CHIEF EXECUTIVE OFFICER
DISTRICT DISASTER MANAGEMENT AUTHORITY
SILCHAR, CACHAR.**



There is much to be gained by learning from global practices for tackling COVID-19. It is equally important to take note of practices that are grounded in our realities. Instead of expecting every district to reinvent the wheel, the dissemination of such practices allows them to learn from each other and help find solutions to common problems.

MESSAGE



DDMA CACHAR

OUR VISION

Ensuring safety and enhancing resilience amongst people by leveraging institutional and community-based process, strategy, leadership and technology by functional integration of Government and other stakeholders.

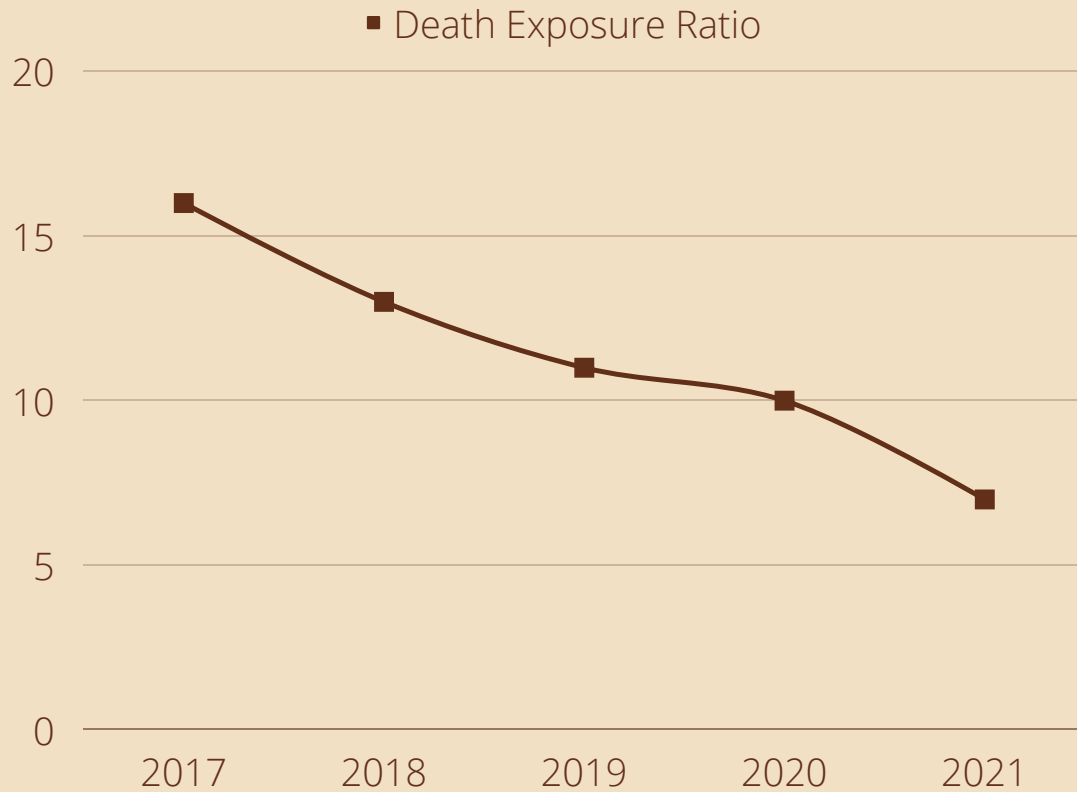
OBJECTIVE

- Operationalize a unified command, control and coordination structure for Disaster Management in Cachar District involving Government departments, agencies and communities for risk prevention, preparedness, mitigation, response and rehabilitation.
- Multi-Hazard Risk Assessment with Mitigation and Response Action Plans.
- Capacity building and training of stakeholders and vulnerable communities.
- Relief, rehabilitation of victims and recovery of loss.

MILESTONE ACHIEVED

District Administration with DDMA, Cachar achieved unmatched performance in Disaster Risk Reduction

DECLINE IN DEATH TO EXPOSURE TREND OF NOTIFIED HAZARDS EXCLUDING COVID-19



90% +

**REDUCTION IN
INJURY TO
EXPOSURE RATIO
OVER 5 YEARS**



60% +

**REDUCTION IN
DEATH TO
EXPOSURE RATIO
OVER 5 YEARS**

PREPAREDNESS & PREVENTION

TRAINING & CAPACITY BUILDING

Capacity is the combination of all resources, strengths and attributes within institutions, society and communities needed to manage and mitigate risks and build resilience.

- Various multi-hazard training and capacity building exercises for responders and vulnerable communities are conducted throughout the year by DDMA Cachar.
- Institutional and community-level preparedness drives for risk awareness, prevention and adaptation.

RESPONSE & MITIGATION

Response activities of DDMA involve reaction to occurrence of a hazard or emergency. It consists of activities during emergency period to manage loss.

- Riverine flood
- Storm & Lightning
- Landslide
- Earthquake
- Urban Flood
- Road Accident
- Fire
- Drowning
- Biological Hazards

Mitigation purports to manage, eliminate, or reduce risk to an acceptable level. It is continuously monitored to assess its efficacy with the intent of revising the course-of-action if needed.



181

TOTAL TRAINING & AWARENESS PROGRAM

17,960

TRAINEES TRAINED

32%

IMPROVEMENT IN RISK MITIGATION & ADAPTATION INDEX

31%

IMPROVEMENT IN PREPAREDNESS INDEX

22%

IMPROVEMENT IN IMPACT TO LOSS RATIO

RELIEF

Relief activities of DDMA involve responding to hazardous situations and providing humanitarian aid to victims.



REHABILITATION

DDMA provides rehabilitation to victims by minimising mortality & injury by repairing physical damage, restoring community facilities, reviving economic activities and facilitating support for the psychological and social well-being of the survivors.



RECONSTRUCTION

Through reconstruction DDMA rebuilds essential infrastructure, institutions and services to restore the means of production destroyed or made non-operational by any disaster



19%

DECLINE IN VULNERABILITY INDEX

24%

IMPROVEMENT IN RESILIENT INDEX

95% +

ACHIEVEMENT IN RELIEF, REHABILITATION & RECONSTRUCTION TARGET

RISK MANAGEMENT PROCESS

01

Preparation of Disaster Risk Management Plan



02

Preparedness and Capacity-building



03

Risk Prevention and Adaptation



04

Response and Mitigation



05

Relief, Rehabilitation and Reconstruction



06

Coordination amongst stakeholders, local authorities and at-risk communities.



07

Feedback, Review and Updation



COVID RESPONSE

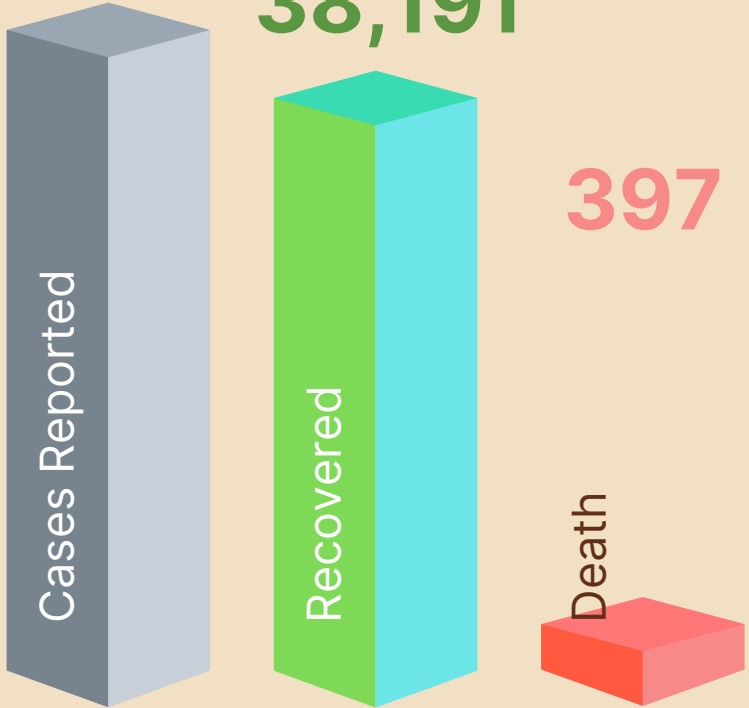
COVID-19 pandemic caused unparalleled disruptions that entire humanity suffered. Numbers of infected people were on the rise in the country, so also in the Cachar District of Assam. The agony of rising COVID-19 cases and the impact of disruptions in civic life bred fear, anxiety and myth among people.



38,487

38,191

397





THE BEGINNING

DECLARATION OF LOCKDOWN

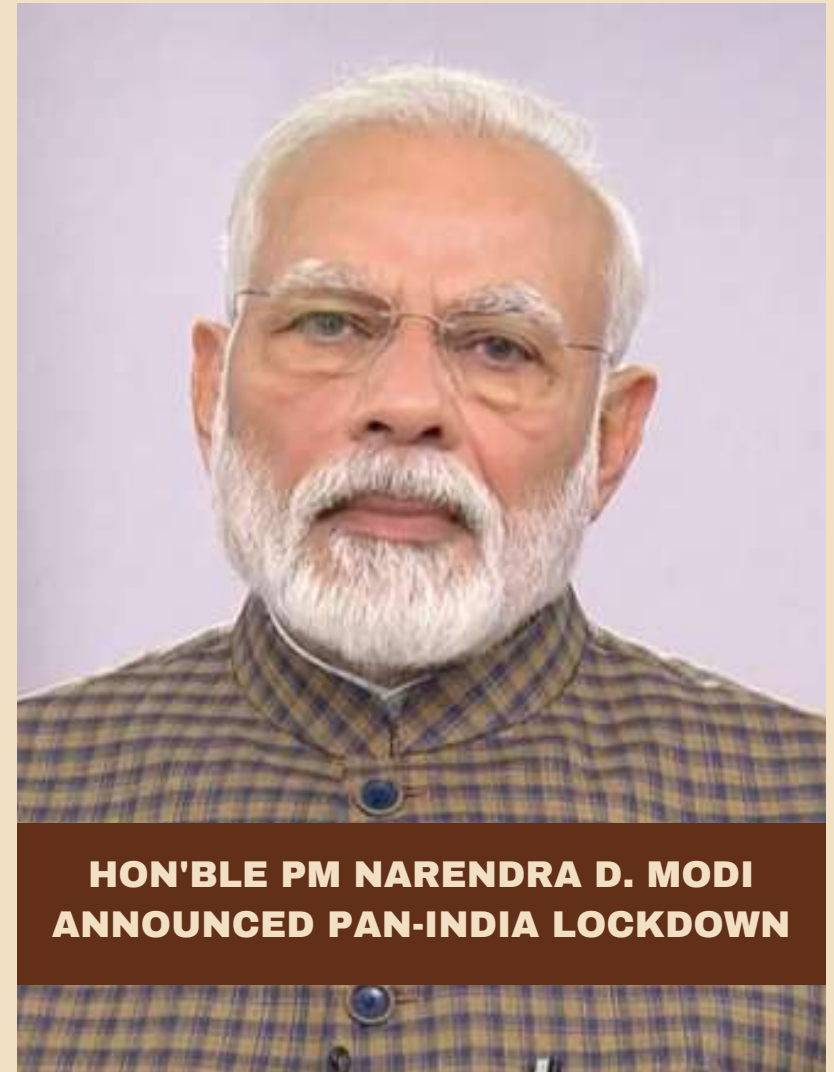
The Government of India imposed a 21-day lockdown, which came into effect from midnight on the 24th of March, 2020. It came into being after it was urged by the World Health Organisation (WHO) to take aggressive action to contain the spread of COVID-19. These sudden and drastic measures came as a great shock to citizens across the country.

INITIATION

In February 2020 when the Nation started worrying about the unknown entity named Novel Corona Virus, alerts were issued. The DDMA, Cachar, issued the first advisory requesting all to be cautious about this unknown evil and also directing all concerned to immediately cut down activities that could trigger the spread of the virus.

Clauses that were bought into affect:

- National lockdown- Section 10(2)(l) of DM Act, 2005
- Section 32 in the Disaster Management Act, 2005
- Section 30. Sub-section (2) (iv), (v), (vi), (viii), (ix), (xi), (xviii), (xix), (xx), (xxiv),(xxv), (xxvii), (xxviii), (xxix) of DM Act, 2005
- Section 33
- Section 34- Sub-section (a),(b),(c),(e),(f), (g),(j),(l),(m) of DM Act, 2005
- Section 188 of IPC.



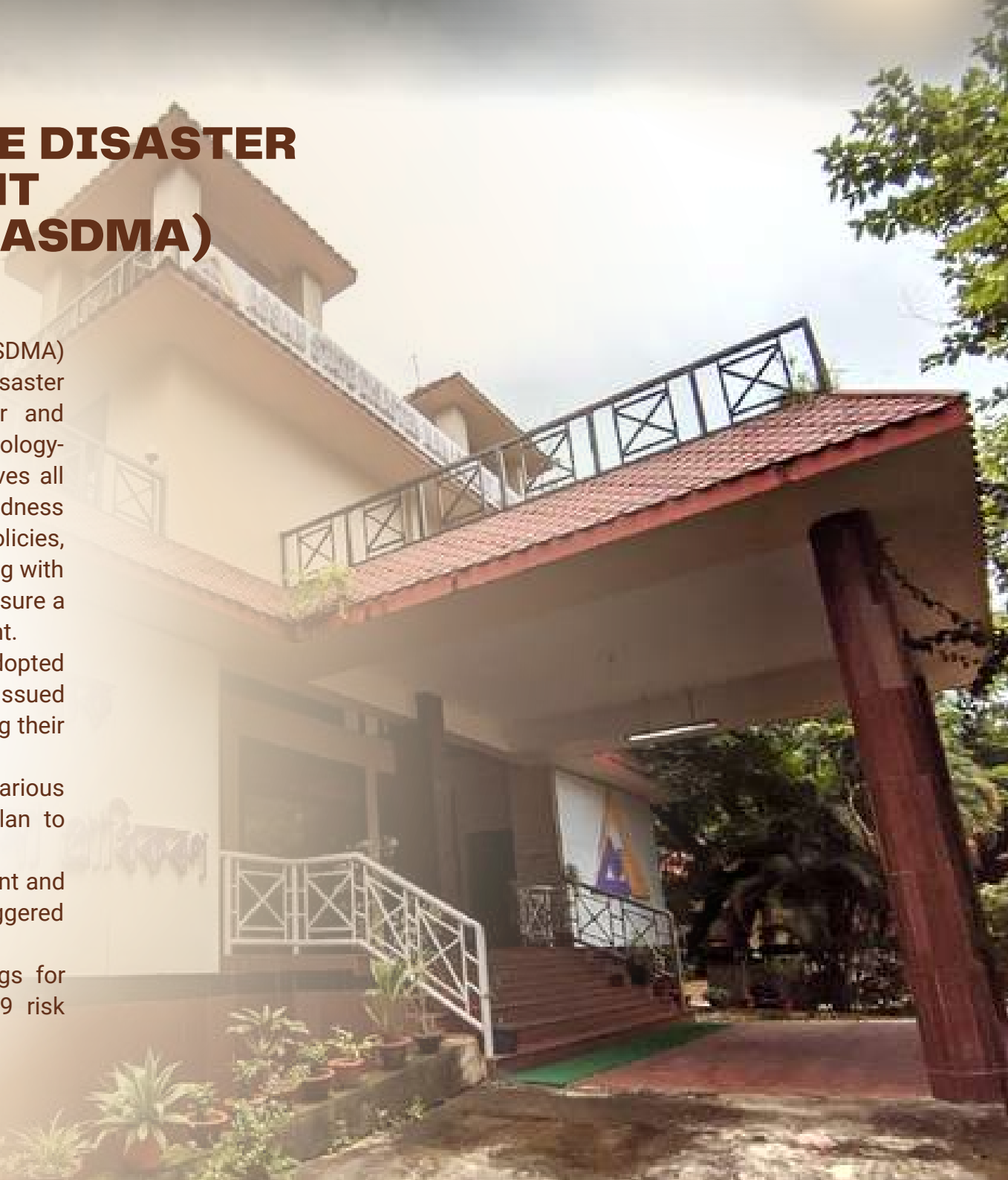
**HON'BLE PM NARENDRA D. MODI
ANNOUNCED PAN-INDIA LOCKDOWN**



ROLE OF ASSAM STATE DISASTER MANAGEMENT AUTHORITY (ASDMA)

The Assam State Disaster Management Authority (ASDMA) was notified and established in the year 2007 vide Disaster Management Act 2005 envisioned to "build a safer and disaster resilient Assam by a holistic, pro-active, technology-driven and sustainable development strategy that involves all stakeholders and fosters a culture of prevention, preparedness and mitigation". ASDMA is responsible for framing policies, laying down guidelines and best practices for coordinating with District Disaster Management Authorities (DDMAs) to ensure a holistic and distributed approach to Disaster Management. To prevent and mitigate COVID-19 risk, ASDMA adopted effective measures as per guidelines laid by NDMA and issued various orders/directives for all stakeholders enumerating their functionalities.

- Multi stakeholders meetings for adopting various prevention and mitigatory strategies and action plan to contain COVID-19 community spread.
- Meetings regarding COVID-19 health risk management and the disruption caused due to lockdown and its staggered withdrawal across the State
- State Level Empowered Committee review meetings for updated status with necessary SOPs for Covid 19 risk management across the State





ROLE OF DISTRICT DISASTER MANAGEMENT AUTHORITY (DDMA, CACHAR)

The nationwide lockdown was imposed as per the Disaster Management Act of 2005, under which the pandemic was declared a notified disaster. This was important from the point of view of governance as the process of disaster management in India extends from the national to local level, with interactions among multiple institutions and actors, since the act also lays out a legal foundation for district and local-level planning. India has a tiered public administration structure comprising central and state governments. The state is further divided into districts which are the nodal units for administration.

At that critical juncture, an immediate, robust and professional response to the grave public health and socio-economic crisis caused by the coronavirus (COVID-19) outbreak was necessary. The State and the Centre wanted the Administration to act swiftly and aggressively to help protect, safeguard and support families, small businesses, frontline responders, caregivers and others. The frontline responders in health-related aspects of this pandemic were tirelessly looked after by the Health Department while Law & Order was maintained by the Police Administration. But this disaster had many more aspects to be looked after and catered to properly, which if left untouched could entirely affect the total system. It was then, that the District Disaster Management Authority(DDMA), Cachar which came into full force and took the unknown into its hand with a pledge to serve the people of this district no matter what came up in the way ahead.

The COVID-19 crisis had led DDMA, Cachar to play a vital role in both disease control and social protection in close coordination with grass-root level governing bodies & functionaries. A dedicated task force was configured comprising officials from several line departments responsible for infrastructure and utilities like water supply, roads, drainage, health, power, land revenue and telecommunications. The task forces were in charge of situation monitoring, executing state directives, and coordinating efforts with state-level authorities and village-level functionaries.



PREPAREDNESS

Circle Level Monitoring Team had been constituted and directed for proper monitoring of the overall situation of the District. Task Force meetings were conducted regularly for monitoring the overall preparedness and response plan of the District for Coronavirus. A Whatsapp group for District Level Task Force for COVID-19 Cachar involving concerned members of the Task Force were formed. District Level and Block Level Task Force & Monitoring Team were constituted for proper monitoring.

REGULAR MEETINGS FOR SITUATION ANALYSIS

Regular review meetings were conducted by the DDMA Cachar for the next course of action if anything is needed. The House directs all Heads of Offices and concerned Invitee members to keep strict Vigil of the situation and take immediate action as per the resolution of the meeting and report compliance.



URGENT MOBILISATION FOR COVID-19

In the initial days of the lockdown, there was an urgent need to control the pandemic while also ensuring basic welfare and food security for citizens. Under NDMA, the Central Government issued guidelines to the states and district administrations for concrete actions to be undertaken, for health care and community workers. Of paramount urgency was to control the spread of infection from returning migrant labourers. To do so, all were instructed to work together with frontline health workers like the Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwives (ANM), women SHGs and local community members. This was done through the formation of a committee at the district and circle level by DOECC supported Rapid Response Team and Covid Management Team.

INITIATIVES TAKEN

24*7 Control Room

Declaration of Containment zone

Screening Center Management

Migrant Management

Quarantine Center Management

CCC Management

Ration Distribution

Food Management

Essentials Management

Deployment of teachers for Contact Tracing

Green Corridor

Facilitating WFH for Employees

Setting of War Room

Coordination with NGOs



24*7 CONTROL ROOM

DDMA, Cachar dealt with queries, worries, questions, issues, etc from the general public. DDMA, Cachar already had a regular Control Room number which remained functional round the clock. Two more numbers were added to attend to more and more queries. The notification of the COVID Control Room was done on 6th March 2020. All of these calling/WhatsApp numbers were made known to the general public through miking/social media so that for any sort of help they could contact them directly.



Assisting migrant labourers



Arrangement of ambulances



Arrangement of food for families



Psychological counselling



Immediate action taken against all queries/ issues

ON AVERAGE, DDMA CACHAR RECEIVED AROUND 500-600 CALLS PER DAY.



6753

calls/messages from within the district, outside the district, other states, etc were managed.

DECLARATION OF CONTAINMENT ZONE

Containment zones were declared to contain the spread of this deadly virus. Required assistance were provided to the people residing in those areas by the administration and local bodies.

248

Total Containment Zone in Cachar district

SCREENING CENTER MANAGEMENT

- Staff were engaged on a 24 X 7 basis for screening and other activities.
- 108 Ambulances were kept at all Screening Points
- Tents, temporary toilets, sanitization facilities, etc. were put in Screening Points.
- Proper PPE Kits donning and all COVID guidelines were followed.
- Police and Para Military Personnel were put to manage law and order.
- Data Entry Operators & other officials were placed by DDMA, Cachar. These methodologies helped to refine positive cases.
- Strict actions had to be taken under DM Act against passengers. In extreme cases, FIRs were said to be filed against them, to get them tested.

CACHAR WAS AMONGST SUCH DISTRICTS WHICH RECORDED HIGH NUMBERS OF SCREENINGS ON A SINGLE DAY

SCREENING AT ENTRY POINT

Screening at entry points was important, to ensure that no new transmitter enters the district. Screening Centres were set up at Silchar Airport, Railway Station, ISBT & other road-rail entry points. viz. Lailapur, Jirighat and Digorkhal. All the people entering Cachar District through the aforesaid gates were properly screened. Each passenger was motivated to get themselves tested and not end up becoming carriers.

Airport Management

Airport Authority of India, Kumbhirgram ensured Disinfection of Airport Premises, Luggages, Luggage Bay, Aircraft on the arrival of every new Flight.

ISBT management

Superintendent of ASTC in Collaboration with Joint Director of Health Services created Screening Zones at ISBT for Smooth and orderly screening purposes

Railway management

Station Superintendent Silchar Railway Station created Screening Zones at the Railway Station for Smooth and orderly Screening purposes. Order was issued to shut down all other exit gates



MIGRANT MANAGEMENT

Stranded migrant labours list was prepared Revenue Circle wise

Action plan was also prepared to address their needs

Arrangements to stay in relief camps

Food relief through NGOs/ CBOs/ Organisations, etc.

Daily status review and monitoring



Many migrant labourers were stuck in various places in Cachar, District during the lockdown and were initially going through various issues related to food, shelter, clothes, transportation, testing etc. To help these migrant labourers, DDMA, Cachar took various steps from time to time.

- **Not a single migrant was left unattended.**
- **No stranded migrants were found walking in Cachar District to reach their destination.**

8224

Stranded migrants handled

- **Government buses were arranged for plying all of them.**
- **Utmost care was taken so that the migrants faced no problems.**



With the start of inter-district and inter-state movement, all stranded migrant labourers were safely transported to ISBT & Railway stations for onward travel by vehicles arranged by DDMA, Cachar. It was also taken care that these people face no shortage of food and water during their travel period. In cases where migrants faced difficulty in registration of tickets to their native places due to the non-availability of smartphones and not being able to comply with procedures, it was also handled by DDMA.

QUARANTINE CENTER MANAGEMENT



Hotel Association provided 100 Nos. of Rooms to create Quarantine Zones.

Isolation Centers/Quarantine Centre/COVID Care Centers -

Identification - DDMA, Cachar started identifying Isolation Centers & Quarantine Centers in the district much before Nationwide Lockdown was laid.

Set up - On 6th March 2020, the first isolation/quarantine centre was requisitioned by DDMA, Cachar under the DM Act, 2005 which was almost 25 days before the first COVID positive case was identified in the district.

Subsequently, more buildings/ infrastructures were requisitioned as and when required under DM Act and the district was never short of space to handle the isolated/quarantined mass.

A total of 82 numbers of Isolation Centers/Quarantine Centers were requisitioned by DDMA.

Management - For each of the Centres, several dedicated teams of Officers/Officials were deputed and every single requirement of the centre (such as food /water supply /medicines /counselling /logistics, etc) was looked after by them.

Challenges -

1. Cachar District also had the additional load of handling issues of the nearby districts i.e. Karimganj & Hailakandi which was also undertaken smoothly.
2. Daily, 2-3 new centres needed to be opened and getting things ready (placing beds/ pillows/ etc, setting up toilets & bathrooms/ procuring and placing daily essentials/ placing medicines and other medical aids) was a challenge. But through a systematic approach, this was successfully undertaken by DDMA, Cachar.

27

Quarantine Centre

30

Hotel Requisition for Quarantine Center

COVID CARE CENTER (CCC) ARRANGEMENT

CCC's were elevated facilities that were converted from QC's. The CCC's had better isolation facilities where only COVID-positive patients were kept and treated.

- Assisting migrant labourers
- Immediate actions were taken against all queries/ issues.
- Arrangement of ambulances
- Arrangement of food for families
- Psychological counselling

Attachment of Nodal Officer in each QC/CCC - Many teams involving Officers/Officials from various line departments were constituted, but it was a challenge to get everyone to work as the fear of getting infected was constantly refraining them from delivering allotted duties. Thus, meetings had to be organised with each team before allocating responsibilities so that they could safely discharge their duties despite risks.

AROUND 450-500 OFFICIALS WERE DEPUTED UNDER DM ACT AT VARIOUS PLACES AND WORKED IN TEAMS TO MITIGATE COVID-19 RISK IN THE DISTRICT.

- Isolation Centres/Quarantine Centres Management Team
- Flying Squad Team
- Media Addressing Team
- Report Preparation Team
- Control Room Management Team
- Rapid Response Team
- Hospital Management Team
- Home Quarantine Management Team
- Resource Management Team
- Sanitization Team
- Pass Issuing Team
- Oxygen Management Team
- Dead Body Management Team, etc.



OXYGEN MANAGEMENT

With the increase in COVID cases at all hospitals in the district, the need for oxygen cylinders in the district started rising. At that juncture by invoking DM Act 2005, oxygen cylinders were managed directly by DDMA, Cachar. Officers were deputed on a shift basis to monitor production/supply/logistics/refill etc round the clock. Moreover, in case of emergency, a separate transportation mechanism was adopted to provide hassle-free service.

- Basic Science Building set up at SMCH, Silchar to build up an additional 300 oxygen-supported beds.
- Oxygen on Wheels
- Procurement of Oxygen Cylinders on Emergency Basis

DESPITE HAVING A HUGE NUMBER OF POSITIVE CASES, CACHAR DISTRICT WAS NEVER SHORT OF MEDICAL-GRADE OXYGEN BECAUSE OF EFFICIENT MANAGEMENT.



RATION DISTRIBUTION

- Ration kits to home quarantined people
- Ration to Non-NFSA Card Holders through the PM Fund.
- Ration to Sex Workers of the district through NGOs
- Daily food distribution to migrant labour and needy people through NGO
- Door-to-Door distribution of Medicine and Food items to needy people

- Ration kits and essentials were distributed to home quarantined people, Non-NFSA Card Holders from PM Fund. Sex Workers & migrant workers were provided ration kits by coordinating with NGOs. Door-to-Door distribution of Medicine and Food items were also given to needy people.
- Ration distribution - People staying in-home quarantine were provided rations as per the Government Order Issued by Health & Family Welfare Department, Dispur. Food items were provided to the family of four members in home quarantine covering a period of 710 days. Quantity of food items of value of approximately Rs. 2000/-. However, the number of food items were proportionately increased depending on (a) Number of family members in home quarantine and (b) Duration of home quarantine.
- For distribution of this package to people's homes under quarantine, all suppliers were asked to participate based on their own willingness. On receipt of the list of families to whom this facility needs to be provided and after figuring out the necessary procedure, a supply order for the same was prepared. The ration was provided as per the list of Health Department and by Govt. functionaries.

Ration Kit distributed to

2869

**Sex
Workers**

5000

**Home
Quarantined**

2778

**Containment
Zone**



FOOD MANAGEMENT

Finalising vendors for food supply

A tender was called for finalising the lowest rates of various items to be supplied during emergency situations/relief operations/disasters. The notified rate was shared with identified suppliers. Suppliers or individuals having valid GST registrations were eligible to supply items.

Issue of pass for movement of grocery vehicles

The Superintendent of Police, Cachar was requested to issue instructions to all outposts in the district in order to issue passes to the retailers along with vehicles (by involving the least possible number of persons) to circulate within the district for collecting grocery items.

Mid-day meal distribution

Mid-day meal was distributed properly as per Government guidelines.

Food was provided as per directions received from the State Government ASDMA. Clear instructions were given to the vendors regarding the maintenance of the quality of food.

**FOOD MANAGEMENT POSED A SERIOUS THREAT IN LOCKDOWN
DUE TO RESTRICTIONS.**

ESSENTIALS MANAGEMENT

An MOU was executed between the Government of Assam and Private hospitals of the District on 29/03/2020, according to which these hospitals were to provide normal health care facilities to the general public. Maintenance of Supply Chain was emphasised and in case of difficulties, necessary instructions to seek information from DDMA Control Room numbers (1) 1077 (Toll-Free) (2) 03842 - 239249 were issued

Issue of pass to employees working in health-sector

The proprietors of medicine distributors/ wholesalers/ retailers/ agents were requested to issue Photo Identity Cards to their employees, so that they may move freely without facing any infringement and a copy of the same was forwarded to the Offices of the Deputy Commissioner, Cachar and Superintendent of Police, Cachar. Proprietors were asked to ensure that only a minimum number of staff are issued Photo Identity Cards. Transport Agencies engaged in the transportation of medicines and other essential pharmaceutical products were requested to obtain requisite permission from District Administration.

Coordination with Southern Assam Drug Dealers Association

The Southern Assam Drug Dealers Association (SADDA) had been requested to furnish their requirement of medicines etc. which require urgent Cold Chain Transportation, so that the matter may be taken up with the concerned higher authorities.

**EMERGENCY SUPPLIES AND SERVICES IN THE ENTIRE DISTRICT
WERE FACILITATED & COORDINATED.**



SETTING UP OF WAR ROOM

Control Room was set up by DDMA, Cachar and the main function of this Control Room was to undertake & implement the Testing-Tracing-Treatment process. It was run under the supervision of the Health Department, while thoroughly facilitated and monitored by DDMA, Cachar.

DEPLOYMENT OF TEACHERS FOR CONTACT TRACING

Contact Tracing Team was set up by DDMA, Cachar in coordination with Health Department. With rising in number of cases Tracing also had to be increased. The staff limit available at Health Department was simply not enough for this purpose and so additional staff had to be deputed for this. Contact tracing team had around 300 number of staffs who were working on a shift basis to deal with the direct case-to-case basis. These staffs were deputed from Education Department mainly and all deputed staffs were also given training before involving them in the system. On average, the Contact Tracing Team made nearly about 700-750 calls on a daily basis. each of the cases were addressed, reported and necessary steps were taken accordingly. A helpline number was also introduced so that the general public could directly reach the Contact Tracing Team if required.



GREEN CORRIDOR

Many patients who were seriously & adversely affected by the virus and needed urgent treatment outside the district were provided fast transportation from the district by creating "Green Corridors", which were facilitated directly by DDMA, Cachar in coordination with Police Department.

FACILITATING WORK FROM HOME FOR EMPLOYEES

The fear of the virus here also posed a challenge for DDMA, Cachar as nobody was willing to work during that emergency period, as the fear of getting infected was high. DDMA Cachar had facilitated work from home for various departments of Cachar/branches of DC Office as many of the staff were not able to attend office on grounds of any of their family members being COVID positive, their house being located within Containment Zones, etc.

DDMA Cachar with its limited workforce remained vigilant throughout, it encouraged other departments to work from home and run their office with minimum efficient facilities.

Even when the entire DDMA, Cachar (most of the staffs) were COVID affected, steps were taken so that the work did not stop and covid management of the district do not come to standstill.

CO-ORDINATION WITH NGO

DDMA, Cachar was successful in generating a wave of awareness where every segment of the society was reached and they were made aware of the fact that this pandemic can only be handled with the use of masks and hand washing/sanitising. A total of around 50-60 such awareness programs were conducted all over the district.

Involvement of NGOs through GO-NGO Protocol

DDMA, Cachar established a platform of GO-NGO aspect and utilised a collaborative effort of around 60-70 NGOs. A WhatsApp group "GO-NGO Group" with NGOs willing to work was formed. Whatever help was needed, it was shared in the group and the nearest available NGO completed it successfully. Various tasks like relief distribution, lockdown maintenance, COVID-19 Norms maintenance, awareness generation and many other things were looked after by them.

Engagement of NYK volunteers

Where the entire district was in a state of multiple crises of resources and commodities, DDMA, Cachar was even then able to utilise the NYK Volunteers that were available to maintain social distancing in various banks and shops which were the only functional areas during the lockdown (1.0 & 2.0)

DDMA WITH GOOD NETWORK OF NGOS HELPED IN CONTROLLING PANDEMIC.

ROLE OF NGOS

Conducting various awareness programs in different Gaon Panchayat, Revenue Circle wise regarding do & don'ts on Coronavirus.

Dead Body Management of covid deaths.

Implementation of Social Distancing Norms in various public places like shops of essential commodities, medicines, etc.



Social distancing along with restrictions on mass movement, crowding etc were being used as the most widely adopted strategy for mitigating the spread of infection.

VOICE OF PEOPLE

“ Our livelihood is dependent on agriculture. My everyday activity is farming and growing vegetables. After the first Covid-19 case in our village, all the roads were blocked in every way. At that time whatever vegetables were produced got wasted as people couldn't sell them. We are dependent on vegetables only for income, we manage our household somehow, the flood also hits us several times, and we get some assistance from Agriculture Department. We are grateful to DDMA Cachar for the assistance provided for damaged vegetables through Agriculture Department.

”



**FAKRUL ISLAM,
FARMER
RAIPUR VILLAGE, CACHAR**

“ At the time of COVID-19, we used to be informed about death cases via Whatsapp group. Our field officer used to brief us about the procedures of cremation by adopting safety measures wearing PPE Kits. We have cremated many dead bodies of Covid victims during that period with full dignity and complying rituals. It so happened that we had to go to places at night and travel a few kilometres for cremating the dead body. We faced problems regarding mobility as there was none to carry the dead body. So most of the times 4-5 of us would carry the bodies. Throughout the COVID-19 phase, we the AAPDA MITRA volunteers have always worked with humanity, utmost bravery and didn't lose our motivation.

”



**SALMAN JAVED HUSSAIN
CHOUDHURY,
AAPDA MITRA VOLUNTEER
SONAI CIRCLE**

MAINSTREAMING COMMUNITY VOLUNTEERS (AAPDA MITRA)



AAPDA MITRA Volunteers - A Torch Bearer for Community on DRR

Aapda Mitra volunteers generated awareness amongst the community regarding COVID-19, risks narrated by a case of a helpless lady where 3 (three) of her family members tested positive for COVID-19. The house of Sonai's Shantibala Nath in Sonai, Assam, was declared a containment zone by Dist. Administration. As she breathed her last on July 11, there was nobody to conduct the last rites. Biprajit Paul Choudhary, Field Officer, Sonai Revenue Circle informed the Aapda Mitra Volunteers. Nazom Uddin Choudhary, Sohid Ahmed Choudhary and Rosid Ahmed Choudhary who knew how to handle the burial as per the Standard Operating Procedure and volunteered to enter the containment zone to conduct the last rites.



AWARENESS DRIVES AND MOCK DRILLS

Even in situations where fear and worries were affecting each individual, DDMA Cachar came forward and undertaken various awareness programs involving line departments & external agencies. Door to Door awareness drive was undertaken by DDMA, Cachar involving various NGOs/CBOs/Volunteers/ members who were working with DDMA, Cachar under Go-NGO Protocol. Some special awareness programs were also undertaken by the 1st Bn NDRF, Doctors from Health Department. DDMA, Cachar conducted Mock Drills on COVID-19 management in collaboration with Health & other line Departments at Green Heals Hospitals/ South City Hospital/ SM Dev Civil Hospital, which was the first of its kind in the entire State. Awareness campaigns were conducted in all Tea-Garden areas of this district. Hand wash programs were conducted at all Revenue Circles of this district by mobilising the PHE Department.



An Awareness drive on “Wearing of Face mask & Sensitisation among people on COVID 19 appropriate behaviour” was conducted in Silchar Municipal Area & other Revenue Towns of the district. The drive was conducted in collaboration with Police, NDRF & AAPDA MITRA volunteers



Community Awareness program on Disaster Management & COVID appropriate behaviour was conducted at different Schools in association with NDRF Team & AAPDA Mitra/ Protirodhi Bondhu volunteers.



practical demonstration on First aid, advanced rescue techniques, fire safety, improvised floating devices etc by the Aapda Mitra Volunteers/NDRF team. Moreover, masks were also distributed by DDMA, Cachar to all the participants present there to motivate them to follow COVID appropriate behaviour.

AWARENESS GENERATION



Red-Cross Society and Lions Club Silchar were involved for awareness purposes. Office of Jt. Director of Health Services was entrusted to fix Hoardings & Banners in each Tea Estate in Cachar District. DIPR BV Region entrusted for Miking/Announcement twice a day on Do's and Don'ts in Connection to COVID19 throughout the District. Jt Director of Health Services ensured Miking & Distribution Of IEC Materials in connection to COVID19 in the entire District, especially in the rural areas. All COs were directed to ensure the installation of Hoardings & Banners on Do's and Don'ts in connection to COVID-19 in collaboration with Jt. Director of Health Services. All Heads of Departments ensured Cleanliness/Sanitization of respective office premises on a regular interval

Distribution of sanitization Items/masks & awareness of the use of handmade masks DDMA Cachar took the initiative of distributing Handmade Masks among poor and vulnerable communities through NGOs. DDMA, Cachar created awareness on how to make handmade masks so that everyone could use it.

Emphasising on wearing of masks & use of sanitisers- With the size of the pandemic turning robust with each passing day, it was very essential to ensure that hand wash/hand sanitization & wearing of mask were made compulsory. Fines were imposed, small roadshows were organised and many other drives were adopted to motivate people to follow COVID protocols.

DEAD BODY MANAGEMENT



DDMA pioneered proper and dignified dead body management so well in all places of the district including Silchar town by dispelling the myth and resistance of people that prevailed in the society regarding COVID 19 deaths and ensuring respectful conduct of last rites.

CHALLENGES

- There was fear and myth among people that COVID 19 spreads through dead bodies
- Local people did not allow the cremation/burial in designated cremation/burial grounds.

For sensitizing and convincing local people on dispelling the myths owing from COVID 19 death mass awareness was done involving public representatives, ex-Commissioners of SMB, and local renowned personalities.

MEETING WITH CREMATION/BURIAL GROUND BODIES

Meetings were conducted with the President/Secretaries of Cremation & Burial Grounds of Cachar District. The SOP of Dead Body Management of Govt of India was explained to all members of the committees to gain confidence and sought help from members to perform respectful cremation of the deceased. In meetings, eminent persons from the society, press, and other influencers were also invited so that the intended message could reach rank and file.

MEASURES TAKEN TO PREVENT CROSS-CONTAMINATION

Health Department explained in detail the management of dead bodies, medical ways of dealing with a dead body and government-issued guidelines for cremation. Emphasis was given to proper sanitization, packaging and handling so that there were no chances of biological fluids coming out. After a 3-tier plastic packaging, disinfection was done leaving negligible chances of cross-contamination from dead bodies of COVID deceased.





DDMA trained volunteers performed cremation/burial of 397 Covid-19 deceased with full respect & religious rituals in the District. Right from transportation of the corpse from hospital to cremation/burial ground, communication with relatives and friends of the deceased, arranging cremation/burial essentials, conducting last rites, etc were completely looked after by DDMA, Cachar on daily basis.

FOLLOWING STANDARD PRECAUTIONS

Standard infection prevention control practices were followed at all times. These include Hand hygiene, use of PPE, disinfecting the bag housing the dead body; disinfecting instruments and devices used on the deceased and disinfecting linen and environmental surfaces.

TRAINING IN INFECTION PREVENTION AND CONTROL PRACTICES

Dedicated staff were trained to handle dead bodies in isolation area, mortuary vans, and ambulances. Casual workers in the crematorium/burial ground were also trained in infection prevention and control practices.

DEAD BODY MANAGEMENT

Removal of body from isolation room

The Health workers attending to corpses were made to wear N95 masks and Govt. prescribed gloves. Catheters, plug oral, and nasal orifices are removed and disinfected with 1% hypochlorite to prevent leakage of body fluids. All medical waste was handled and disposed in accordance with Bio-medical waste management rules.

Environmental cleaning & disinfection

All surfaces of the isolation area (floors, bed, railings, side tables, IV stand, etc.) were cleaned with 1% Sodium Hypochlorite solution; allowing a contact time of 30min and then air dried.

Handling of dead body in Mortuary

Mortuary staff handling COVID dead bodies observed standard precautions. Dead bodies were stored in cold chambers. The mortuary van was kept clean. Environmental surfaces, instruments and transport trolleys were properly disinfected with a 1% Hypochlorite solution.

Handover of dead body to family members

Body of the deceased was handed over to the relatives. Psychological training and support were provided to the family of the deceased respecting their religious sentiments. Test of family members of COVID-positive patients family members was done immediately to contain the spread of the virus and to decide who amongst the family member be included in the last rites of the deceased.

Transportation

After proper sealing and disinfection, dead bodies were transported in vans. The vehicles, after the transfer of the bodies to cremation/ burial staff, were again decontaminated with 1% Sodium Hypochlorite. The Deputy Commissioner earmarked dead bodies carrying van(S) in the districts specifically for COVID-19-related deaths.

At the crematorium/ Burial Ground

The Crematorium/ burial Ground staff practised standard precautions and viewed the dead body by unzipping the face end of the body bag. Religious rituals that required touching of the body were not allowed. Bathing, hugging, etc. of the dead body were prohibited. Ash of mortal remain was handed to family members as part of the last rituals. Large gatherings at crematorium/ burial ground were restricted as close family contacts might be symptomatic.

HIGHLIGHTS

72ND REPUBLIC DAY CELEBRATION

On the occasion of 72nd Republic Day, DDMA Cachar participated in the Tableau Competition organized by District Administration, Cachar. The theme for this year's Tableau Competition was Relief Camp Management. DDMA Cachar also launched calendar for awareness the year 2021.

FELICITATION OF FRONTLINE WORKERS

DDMA Cachar felicitated Frontline workers engaged in Covid related Dead Body Management of Cachar District. These Frontline workers were Aapdamitra Volunteers, supervisor of Silchar Samshan Ghat, workers/labourers engaged for covid dead body cremation, dead body carrying vehicle drivers and workers/labours of Silchar Medical College & Hospital engaged in Covid Dead Management work in the morgue.

VACCINATION AWARENESS

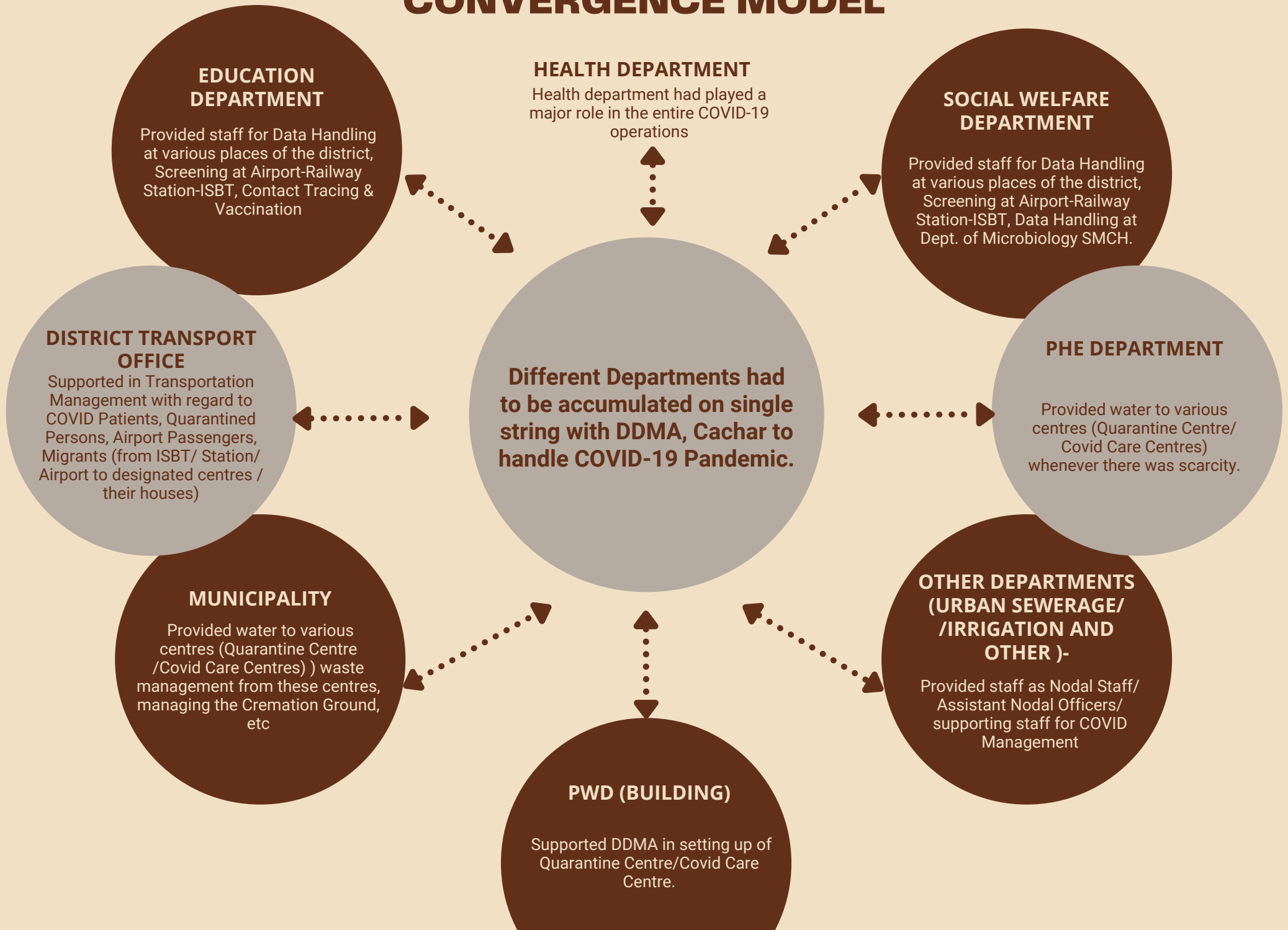
Human Resource support for vaccination and awareness programs were provided by DDMA, Cachar. Around 1200-1500 staff were deputed and placed at various centres. Awareness messages focused on the importance of getting vaccinated and were shared through all Mass Media channels.

PROVISION FOR EX-GRATIA

Ex-Gratia provided as per SDRF Norms to all the Next of Kin of Covid-19 deceased of the District and apart from that the State Govt. initiative regarding financial assistance to the NoKs of deceased viz. CM Covid-19 Widow Support Scheme, Sishu Sewa Scheme & Prarthana Scheme.

Ex-Gratia @ 50K	CM Covid Widow @ 2.5L	Prarthana @ 1L
407	73	20

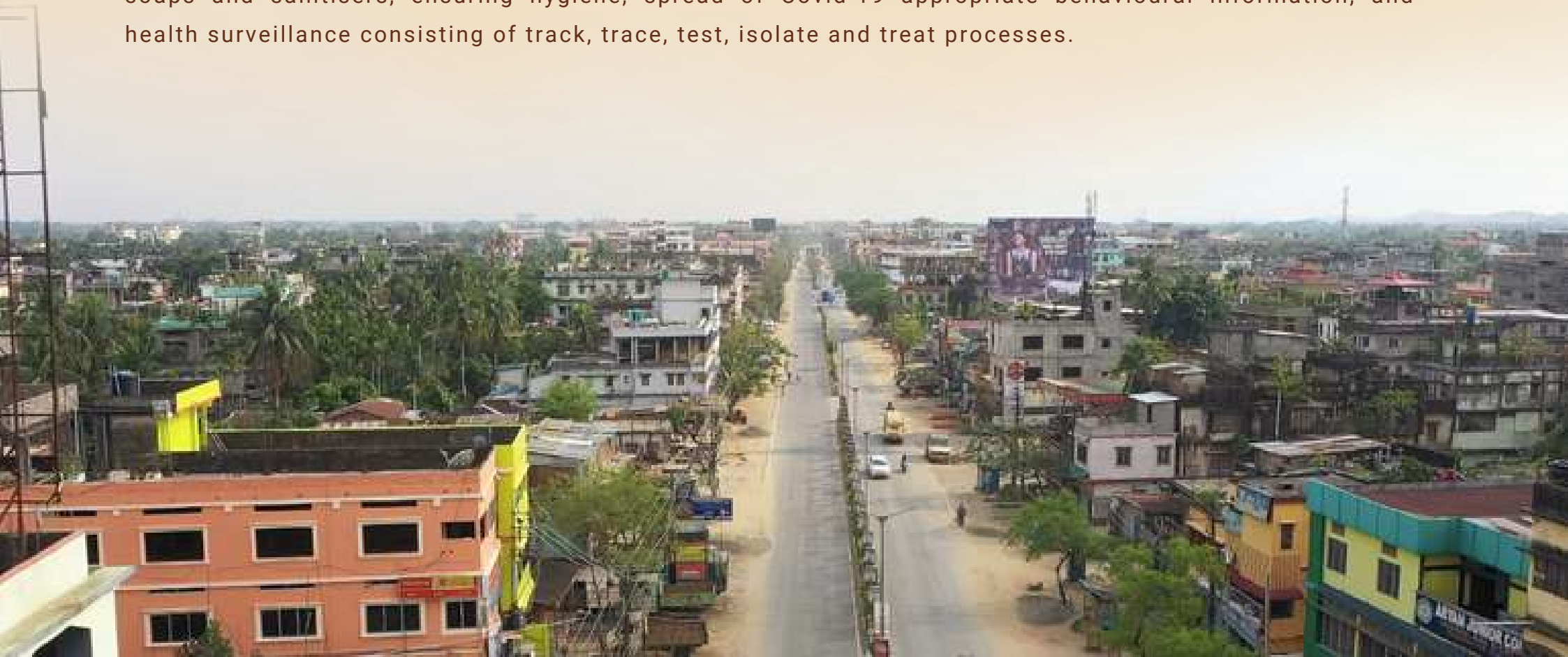
CONVERGENCE MODEL



CONCLUSION

DDMA fosters a unique case study with a blend of innovative best practices in the realm of administrative, professional, community involvement and humanitarian DRR practices with exemplary acumen in the implementation of Government policies and programs with perfect teamwork through able leadership and guidance.

Policies for response to COVID-19 had focused on the combination of infection prevention, control and social security measures. Infection control was implemented through physical distancing, distribution of soaps and sanitisers, ensuring hygiene, spread of Covid-19 appropriate behavioural information, and health surveillance consisting of track, trace, test, isolate and treat processes.







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