

Ministry of Health and Family Welfare

**Standard Operating Procedure (SOP) for receiving
Donations/gifts from Governments abroad**

2nd May, 2021

Background:

Many offers of help are coming from foreign countries as a friendly gesture of help to the Government of India in dealing with the Covid 19 pandemic. These offers are received by the Government through MEA. These are primarily Government to Government offers, meant as a relief aid and for distribution by Government of India to augment its Covid response in areas and items requiring supplementation. MoHFW is the nodal Ministry for the Government to Government offers. These activities are facilitated through a Cell set up at MOHFW comprising of nodal officers from MEA, Customs, MOCA, HLL, IRCS, NDRF, DMA etc.

Responsibilities of stakeholders:

The process flow chart for this outlines the responsibilities of different ministries/agencies and is as attached.

- **The Ministry of External Affairs** is the nodal agency for channeling offers of help from foreign countries and coordinates with Missions abroad. The MEA has issued its own SOPs which are applicable across board.
- **Indian Red Cross Society**

For all consignments received via MEA and coming as donations from foreign countries; the consignee is the Indian Red Cross Society. Upon receipt of the papers outlined in the process flow chart, IRCS shall issue the necessary certificates immediately to HLL for processing customs and regulatory clearances at Airports. IRCS shall also ensure liaison with MoHFW and HLL so that delays are reduced and quick turnarounds are achieved.

- **HLL/DMA**

HLL is the customs agent for IRCS, and the distribution manager for MoHFW. The consignments shall be processed at airport and transported for distribution by HLL. HLL is responsible for ensuring a seamless flow of goods from airport to destination, including coordinating with receiving agencies, whether institutions or states/UTs or their Resident Commissioners as the case may be.

In case of consignments arriving at military airports, DMA will perform the same role as HLL.

- **Recipient states/ agencies/ institutions shall**

- ensure that there is seamless transition from transporters to the receiving agency and also ensure that all the items are put to immediate use without any delay.
- ensure that necessary arrangements are made at the receiving institution, the place is kept ready, the technicians etc are in readiness to make the equipment functional and all other preparatory actions are done before the materials reach.
- ensure pre-installation preparation In some cases such as PSA oxygen plants and other large equipment.
- convey to all institutions that these materials are gifts from other countries and are precious national resources being shared with us. All institutions must immediately receive the items, inventorize them and start utilizing them effectively and efficiently for patient care. Any delay or dereliction on this account should be viewed very seriously.

Vetting Technical Specifications of items proposed to be sent

A group of technical experts has been constituted by DGHS. They go over the technical specifications of items proposed to be sent by countries, get them vetted from user experts/specialists and convey their views on whether the items can be used in Indian hospital settings.

In order to ensure quick clearances:

- The priority requirements have been communicated to MEA along with the minimum threshold quantity and are broadly : oxygen concentrators, oxygen cylinders, ventilators, drugs like Remdesivir and Tocilizumab etc. The following table details this:

Item Category	Minimum Threshold Quantity	Minimum expected specifications
Ventilators	15	Should have NIV facility & inbuilt compressor
Oxygen Cylinders	100	Minimum 10 liter
Oxygen Concentrators	30	5 LPM and 220 volt
Bipap/NIV	30	
PSA Oxygen Generation Plants	1	At least 500 LPM capacity

- Besides, the technical specifications already approved for countries are communicated to Indian missions via MEA to ensure that repeat approvals for same products need not be sought when offered by other countries.

Criteria for distribution:

The materials are being given by countries due to the immediate and urgent requirements in different parts of the country. This help it is over and above what Government of India is already providing, and is thus an additionality for the states and UTs.

In order to utilize the aid expeditiously, and to ensure that larger numbers of facilities needing oxygen beds, ventilators, etc. are helped in the first instance, the states with higher active cases, will be covered on priority. Based on the descending order of active cases, the list will be drawn up. This will help in meeting the immediate needs, which is also the intent of the foreign offers of help.

Accessibility and the immediate use of resources to save the lives drives the need for immediate allocation of short-notice incoming consignments. The materials from abroad are currently coming in different numbers, specifications and at different times. Hence there is a need to reconcile the distribution logistics with the need to reach the materials as expeditiously as possible to the states. Thus, the criteria of allocation will also take into consideration this fact as well.

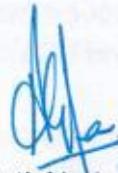
Accordingly, a priority list of states/UTs based on the current active cases will be drawn up. The distribution plan will consider their current active cases, and distribution will be made so as to cover 3-4 states in one go. This would imply that each consignment would not be spread across all identified states, but rather each consignment would be divided into 3-4 states initially, and as more items come in, the next states in order of priority will be added and so on. This will help facilitate quicker turnaround times at airports and also ensure more streamlined transport so as to reach the destination quickly.

Rationale:

1. Since such grant in aid would be limited in quantity, therefore it has to be optimally utilized by allocating it to high burden states [states with higher number of active cases], where the requirement for such equipment/medicines is more.
2. Spreading such grant in aid thinly over a large number of states without any specific empirical criteria [such as number of active cases] may not bring forth

- the desired results. It will also lead to small packages travelling large distances, high turnaround times and possible wastage of resources
3. The requirement of the high burden states in the context of number of persons admitted in hospitals as well as prior distribution done from GOI resources would also be considered. Special focus can also be on states considered as medical hubs of the region, which have a patient in-flow from neighbouring states/cities. In some cases, resource low states such as North Eastern and hill states where tankers etc. don't reach, can also be covered to shore up their needs.

This issues with the approval of the competent authority.



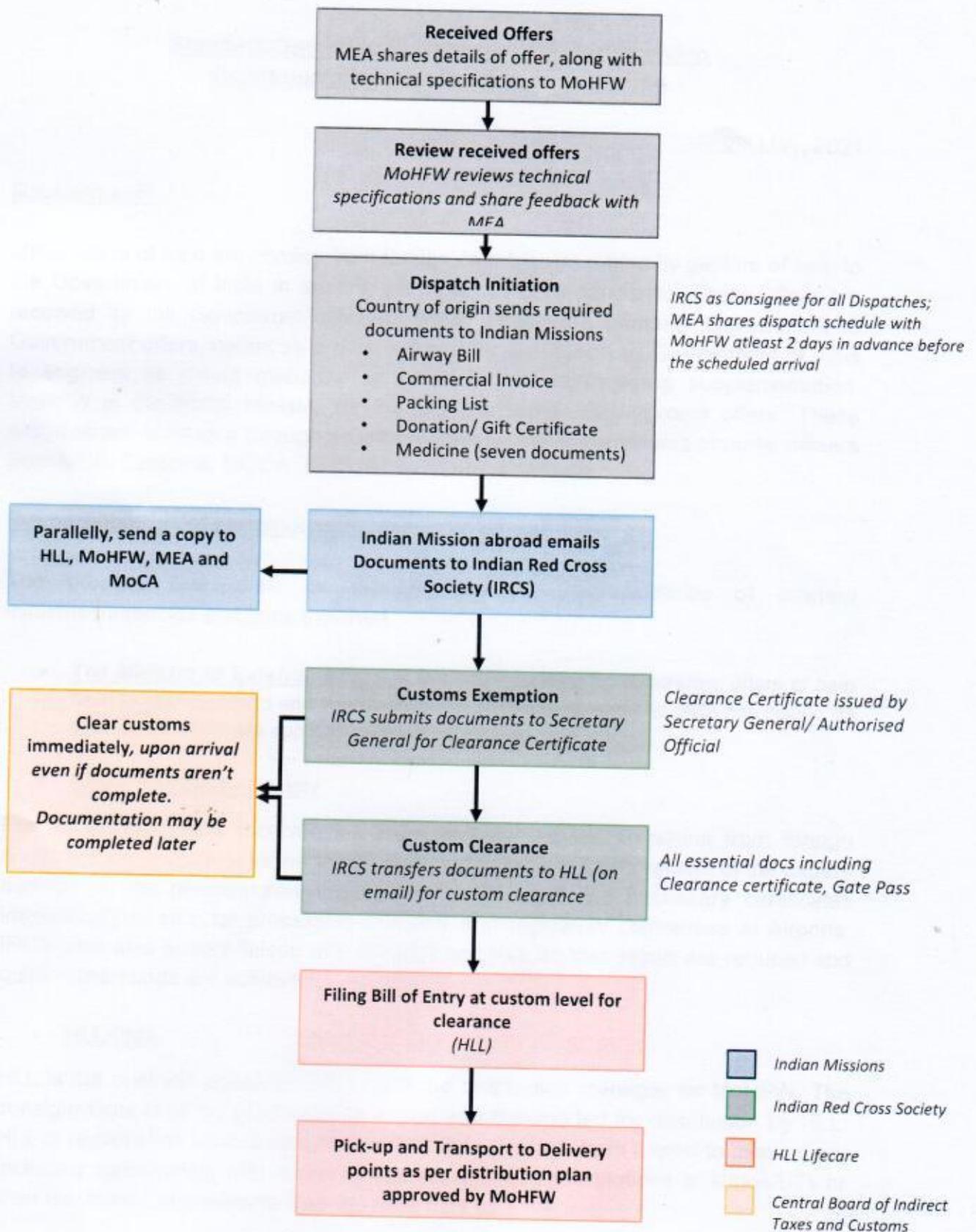
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(Arti Ahuja)

Additional Secretary

Ministry of Health and Family Welfare

Annexure: Process Flow for government to Government consignments



Note: Preferred mode of Communication & Documents Transfers is Email – Considering time sensitivity of this activity