



GOVERNMENT OF ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT

File No. HFW-SCH-I-MISC-0023-2020 - 18042 /H Dated, 24-06-2021

From

Shri P.K. Mohapatra, IAS,
Additional Chief Secretary to Government.

To

All Collector & District Magistrates
The Commissioner, Municipal Corporation
Bhubaneswar, Cuttack, Berhampur, Sambalpur and Rourkela
All CDM & PHOs

Sub:- Aggregation of COVID 19 Vaccine demands by Private Hospitals – Reg.

Ref:- Minutes of meeting on review of COVID 19 vaccination by Govt. of India, MoHFW

Madam/Sir,

With reference to the subject cited above, I am to say that as per the revised guideline for National Covid-19 vaccination plan, domestic vaccine manufacturers may provide 25% of their monthly production of vaccines directly to Private Hospitals as per following steps mentioned below: -

- Each State will aggregate hospital wise demand of vaccine for every month for all Private Hospitals
- This demand generation is from Private Hospitals including large, small, corporate hospitals and stand alone clinics as well as who fulfill the prescribed conditions for COVID Vaccination Centre (CVC).
- Priority may be given to CGHS / State empanelled Hospitals i.e. BSKY
- Govt. of India will facilitate the procurement and payment for doses mentioned for each Private Hospital by utilizing the electronic platform of National Health Authority (NHA).
- After the payment is made, Government of India will facilitate supply of Vaccines against the payments made by the Private Hospitals to them through respective State.

It is informed that there is allocation of 8,43,930 doses of Covishield and 1,73,040 doses of Covaxin for procurement by Private Hospitals in Odisha for the month of July, 2021 and Ministry will be sharing allocation for each month henceforth in advance.

In this context, all districts & MCs shall conduct a meeting with Private Hospitals within 2 days and sensitize them on the process of vaccine procurement for vaccination of citizens in their health facility. Secondly, district to compile the demand of each Private Hospital in the format enclosed and submit to the State by 30th June, 2021 positively for submission to MoHFW. **Dr. Prativa Pradhan, Jt. Director I/C, Immunization (Mob: 9439991223)** is declared as Nodal Officer for co-ordinating with districts for said activity at State level.

Yours faithfully,


Additional Chief Secretary to Government

Memo No. 18043 /H

Dated, 24-06-2021

Copy forwarded to the Mission Director, NHM, Odisha for kind information.

Memo No. 18044 /H


Deputy Secretary to Government

Dated, 24-06-2021

Copy forwarded to DFW, Odisha for information & necessary action.


Deputy Secretary to Government

Format for Vaccine demand aggregation from Private Hospital for the Month _____, 2021

Sl No	District / MC Name	Name of Private Hospital	Postal Address	Contact Number of Nodal Person	Email details	Type of Vaccine required (Covishield / Covaxin)	Doses of Vaccine required for the month	Remarks
TOTAL								

Minutes of Meeting on 'Review of COVID-19 Vaccination'
15th June 2021, 03:00 PM onwards

Summary record of Discussions:

A meeting was held under the chairmanship of Secretary (H&FW), Govt of India with the Addl Chief Secretaries/ Principal Secretaries/ Secretary (Health) of 14 States/UTs on 15th June 2021 at 3:00 PM to 'Review the COVID-19 Vaccination'. The list of participants is annexed.

Secretary (H&FW) welcomed all the participants and highlighted following two main points:

1. Private sector procurement in the month of June 2021 and going forward:

As per the revised guidelines for National Covid-19 Vaccination Plan, domestic vaccine manufacturers may provide 25% of their monthly production of vaccines directly to private hospitals. This will be a two-step process.

Step 1:

- i. Each State/UT has already been informed about the total quantum of doses available for private sector (i.e. private hospitals) in the month of June 2021.
- ii. Every State/UT will aggregate the hospital wise demand of vaccine doses for all private hospitals for this period.
- iii. This demand aggregation is for the entire universe of private hospitals including large, small, corporate hospitals and stand-alone clinics as well who fulfill the prescribed conditions for a Covid Vaccination Centre (CVC).
- iv. Priority may be given to AB-PMJAY/ CGHS/ State Health Insurance empanelled hospitals.
- v. This aggregated demand list to be shared with MoHFW by 17th June 2021.
- vi. It is desirable that there is a Nodal Officer/group of Officials to be designated for this task in each State/UT and for regular liasoning with private hospitals at state level and aggregate the demand of vaccines and facilitate uninterrupted supply chain.

Step 2:

- i. Government of India will facilitate the procurement and payment for the doses mentioned for each private hospital by utilizing the electronic platform of National Health Authority (NHA).
- ii. After the payment is made, Government of India will facilitate supply of Vaccines against the payments made by the private hospitals to them through respective States/UTs.

The chairperson also mentioned that Hospitals who have already made payments to the manufacturer as per previous guidelines for the month of June 2021 and are yet to receive their vaccine supplies will receive the entire corresponding vaccine doses, and this needs to be factored in by each State/UT while preparing their hospital wise aggregated demand list.

2. Further ramping up of the pace of the vaccination:

- i. Secretary (H&FW) commended the efforts of five states (Tamil Nadu, Maharashtra, Madhya Pradesh, Uttar Pradesh and Assam) who recently made a presentation in front of NEGVAC regarding 'how they will be exponentially increasing the pace and coverage of vaccination'.

- ii. These states have prepared detailed plans regarding utilization of logistics, HR and other resources so as to administer around 10-19 Lakh Covid-19 Vaccine doses per day without affecting the Routine Immunization program. These plans specially of UP, which is detailed one is being shared with all States/UTs.
- iii. Secretary (H&FW) advised other States/UTs to also quickly prepare similar plans for exponential increase in pace of vaccination. These plans should be made without losing the sight of the due 2nd doses and must indicate second dose plan.
- iv. These States may utilize the period of 21st June to 30th June 2021 for conducting a dry run of the implementation of these plans. This will also enable the States/UTs to assess if they really can ramp up coverage as per their expectations.
- v. Government of India will be providing adequate quantity of doses as required by each State/UT during this dry run period.

Additional Secretary (MA) made a presentation on 'COVID-19 Vaccination Drive'. Following were the salient points:

- Highlighted the coverage among different priority groups. The States/UTs performing below National average in each of these categories were asked to improve their performance.
- It was informed that the states who have made the payment to manufacturers before 9th June 2021 for direct procurement of vaccines as per previous guidelines, will be receiving their vaccine supplies before 21st June 2021.

Additional Secretary (MA) re-emphasised that State/UT wise aggregated list of private Hospitals has to be submitted by 16th June 2021 after due consideration with Private sector.

Secretary (H&FW) mentioned that Additional Chief Secretary/Principal Secretary/Secretary (Health) may attend the meetings with private sector to instil a sense of confidence in them that State is involved in the process of vaccine supply to private hospitals. The presence of Additional Chief Secretary/Principal Secretary/Secretary (Health) will make a huge difference

Additional Secretary (VS) made a presentation regarding recent features that have been included in Co-WIN. The presentation mentioned the following:

- i. Facility for reduction in 2nd dose period of Covishield for those going for international travel. Secretary (H&FW) mentioned that this is a time bound activity as those going abroad for education or employment will have a fixed timeline, hence specific CVCs may be designated for this purpose in each State/UT and the same must be adequately publicized.
- ii. Facility for self-correction in certificates has been provided in Co-WIN. To expand this facility further for those who do not have access to Internet, such requests can be aggregated through telephonic helplines or village level Health Workers as well.
- iii. Rural/Urban tagging of CVCs for creation of vaccination centres. Currently around 69,995 centres have been tagged, while tagging for 71,950 CVCs is still pending. States/UTs should review the matter and complete this activity at the earliest.
- iv. Facility to edit the Vaccine Utilisation Report (VUR) at District Immunization Officer (DIO) level. States/UTs should ensure correction of all historical data from 1st May to 12th June 2021, by 18th June 2021. For further sessions, DIOs will get 7 days after every session to make corrections in the report and finalise the report, else the report will be deemed to have been finalised by the DIO.

- v. Unique Disability ID (UDID) and Government issued Ration Cards have been included as admissible proof of identity for availing vaccination.
- vi. Classification of State Government CVCs in terms of their location (MC/ DH/ SDH/ CHC/ PHC/ HSC etc). In this exercise, 11,199 CVCs have not been tagged as yet while 21,137 sites have been tagged as others. States/UTs are requested to complete this task at the earliest.
- vii. Facility to merge two separate records of a person in Co-WIN portal. In many cases, people have completed vaccination by registering for two first doses. This merger facility will be used to merge the records of all such beneficiaries after due confirmation.
- viii. Facility to record details of Passport while receiving 2nd dose of vaccine. Those who have already received their 2nd dose will be able to enter the passport details if all other information remains same.
- ix. Vaccinators will be tagged with the vaccination centres rather than vaccination sessions.

Apart from these new changes, Additional Secretary (VS) also discussed some important points related to Co-WIN portal.

- x. Facility for archival of Duplicate data in Co-WIN shall be opened from tonight (15th June 2021) for all districts so that concerned DIOs can archive dubious/duplicate/wrong entries of HCW/FLW in their district. States/UTs should direct all DIOs to complete this archival of data before 20th June 2021 so that all issues regarding HCW/ FLW denominators can be resolved.
- xi. Secretary (H&FW) mentioned that with addition of UDID and Ration Card as admissible proof of identity in Co-WIN, we now have 9 permissible proofs of identity. This along with previously shared SOP for vaccination of people without ID cards, should largely address all issues regarding vaccination of every eligible beneficiary; with or without ID cards.
- xii. The issue regarding lack of visibility for CVCs providing 100% on-site vaccination in Co-WIN was also highlighted as their schedules are not being published on portal. Due to this opacity of information, many people are not aware about existence of such centres and their location. Secretary (H&FW) mentioned that 100% on-site vaccination may be required only in some of the rural areas. It was also pointed out that under the Revised Guidelines, it is envisaged that on-site registration and vaccination facility shall be made available at all the government and private vaccination centers.
- xiii. People are not fully aware about State-specific prioritization for vaccination in 18-44 year age group. These prioritization criteria should be publicized and published on Co-WIN portal as well so that they can be linked with the process of registration and scheduling of vaccines. All State-specific prioritization can be continued post 21st June as well, except the criteria for State domicile in some states, which must be discontinued.
- xiv. Some states like Chhattisgarh and Punjab are using their own portals for recording vaccination data. They are requested to integrate their vaccination program with Co-WIN, at the earliest or start using Co-WIN. **Secretary (H&FW) mentioned that from 21st June onwards, all vaccination events must be recorded on Co-WIN and all digital certificates must also be generated only through Co-WIN.**
- xv. Additional Secretary (VS) mentioned some suggestions to improve visibility of vaccination slots. He proposed the implementation of the following:

- On-site slots at all CVCs
- At least 50% online slots in urban and private CVCs
- At least 25% online slots in rural CVCs. This will make these sites visible on Co-WIN with flexibility to increase the on-site slots in case of non-utilization.
- Wherever on-site slots are available, visibility can be provided by displaying "Walk-in-Yes" for the session with a disclaimer – Starts at 3:00 PM if partly on-site and at 9:00 AM if fully on-site.

Discussion with States/UTs:

Gujarat

- The review of COVID vaccination is regularly by the CM, ACS to scale up the vaccination. Around 3 lakh vaccine doses are administered per day and has planned to conduct dry run for ramping up the pace of vaccination from 21st to 30th June 2021.
- State is planning to engage as many private hospitals as possible and the aggregated list will be shared with MoHFW by 16th June 2021.
- Secretary (H&FW) appreciated the progress in pace of vaccination and assured continuous supply of vaccines. He advised that States/UTs should not restrict the pace of vaccination based on the physical availability of vaccine doses. State should conduct optimal planning according to their capacity for vaccination. He also suggested the utilization of vast number of thriving private hospitals in the State.

Madhya Pradesh:

- Scaling up the pace of vaccination is currently in progress as the State administered 5 lakh vaccine doses yesterday. Detailed road map for further scale up has been prepared involving political leadership and other stakeholders.
- State is compiling the list of Private Hospitals and their vaccine requirements. Due to availability of free vaccines in government facilities, private hospitals have shown limited response only.
- Secretary (H&FW) assured that there is no ceiling regarding minimum number of doses to be provided to a Hospital. States/UTs may also consider Private Hospitals who have participated in the vaccination program earlier.

Uttar Pradesh:

- State is in process of aggregating the demand from private hospitals. Due to significant price difference between Government and Private sector, the demand from private sector in many districts is limited. The State requested guidance in this regard as they didn't want to lose their pro rata share of vaccines as available for private hospitals.
- State has already issued orders to all concerned regarding conduct of the dry run for stepping up the pace of vaccination from 21st June 2021.
- Regarding international travellers, DIOs in all districts have been notified to make a specific counter in every District Hospital for this purpose. This facility will be further publicized in coming days for public awareness.

- State enquired about the possibility of one vaccination centre may conduct vaccination for both above 45 and 18-44 years age group at a single session site in a village through the same vaccinator. It was clarified that this facility is already available in Co-WIN. The vaccinators are assigned to CVCs and any vaccinator can operate any or multiple parallel sessions at the CVC.
- Secretary (H&FW) mentioned that UP already has 1500 odd AB-PMJAY empanelled hospitals, possibilities of such hospitals along with other smaller hospitals, stand-alone clinics should be explored. The State should conduct vaccination as per its capacity and not as per doses in hand. Additional doses will be provided by centre to replenish the stocks.

Chhattisgarh:

- Nodal officer for liasoning with private hospitals has been appointed and the compilation of aggregated list is in process.
- Lockdown affected the momentum of vaccination in the State but efforts are being made to increase the pace of vaccination.
- Decision regarding shifting from State portal to CoWIN will be taken at the top most level and a final decision in this regard will be made soon.
- Secretary (H&FW) commented that decision regarding shifting to CoWIN should be expedited so that it doesn't affect the supply of vaccine doses to State.

Rajasthan:

- State assured that scaling up of vaccination is underway and attributed the recent decrease in pace of vaccination to irregular supply of vaccines. State also informed that they have some vaccine supplies pending under direct procurement for which payment has already been made.
- Secretary (H&FW) pointed out the sharp decrease in pace and coverage by the State since May 2021. Regarding supply, Additional Secretary (MA) clarified that vaccines have been provided to State as per their consumption pattern and further supplies are in pipeline.

Bihar:

- State is making all efforts to ramp up the vaccination coverage. Special Vaccination camps are being organized to boost coverage. CVC-level micro-plan has been prepared for ramping up the vaccination.
- Meetings with private hospitals have been conducted but only 4-5 private hospitals have agreed to conduct Covid vaccination. Nodal officer has been appointed for engagement with private sector and process is underway to encourage engagement of private hospitals.
- AS&MD-NHM suggested inclusion of private hospitals earlier involved in the vaccination campaign apart from those already empanelled under AB-PMJAY /CGHS etc.

Karnataka:

- State informed that they have prepared a consolidated list with demand of vaccines from private hospitals and will share the same with MoHFW. State is making all efforts to ramp up the pace of vaccination.
- State requested for department-wise list of FLWs in Co-WIN for analysis of FLW coverage and taking a corrective action.

- Additional Secretary (VS) assured that department wise list of FLWs (those not vaccinated and those due for 2nd dose) will be provided.

Tamil Nadu:

- State has more than 400 private hospitals registered on Co-WIN and requested for a facility to record the vaccine demand by these hospitals on Co-WIN.
- Secretary (H&FW) suggested manual aggregation of vaccine demand by private hospitals till the facility may be made available on Co-WIN.

West Bengal:

- State informed that efforts are being made to increase the pace of vaccination.
- First aggregated list of private hospitals has already been shared and another list is being prepared and will be shared with MoHFW by 16th June 2021.

Odisha:

- Efforts are being made to increase the pace of vaccination in the State.
- Regarding private sector engagement, only 6 hospitals have shown their willingness for conducting vaccination.
- Secretary (H&FW) suggested that State may enlist the smaller hospitals or standalone clinics who might utilize less number of doses per day. State can also involve hospitals of FICCI/CII, Missionary hospitals or other NGO run hospitals.

Haryana:

- Requested to increase the allocated quota of vaccine supply to increase the pace of vaccination. Video Conferences with private hospitals are ongoing. Some Corporate Hospitals have mentioned that they may utilize the vaccines across their chain of hospitals, some of whom may be outside the State as well.
- Secretary (H&FW) commented that Private hospitals are free to utilize the procured vaccines across their chain of hospitals. Demand aggregation has to be done by the State keeping in mind the number of hospitals under the chain that are in the State. Government of India will be guided by that information only for providing supplies.
- AS&MD (NHM) commented that apart from large corporate hospitals, State also needs to engage with smaller hospitals and those hospitals already empanelled with different schemes.

Punjab:

- Requested for increase in Government of India supply of vaccine doses.
- Aggregation of demand from private hospitals is in process and State will be sharing the list with MoHFW tomorrow.
- Additional Secretary (MA) assured that vaccines will be allocated to each State on pro-rata basis.
- Additional Secretary (VS) commented that Punjab is still using COVA application for vaccination of 18-44 year age group. He requested that State should begin the use of Co-WIN application for 18-44 year age group. Moreover, a dedicated official should be designated for coordinating with MoHFW regarding rectification of the data.

AS&MD (NHM) concluded while emphasizing following points:

- Private sector list of hospitals with the aggregate demand has to be shared by all States/UTs by 17th June 2021. This list will include smaller hospitals in small towns/cities/rural hospitals with a capacity to conduct Covid vaccination apart from larger Hospitals of the state. States/UTs should conduct meetings with private hospitals and also reach out to all hospitals involved in the earlier phases of vaccination campaign.

The meeting concluded with a thanks to the chair.

List of Participants:

1. Sh Rajesh Bhushan, Secretary (H&FW) – Chair
2. Ms Vandana Gurnani, Additional Secretary & Mission Director (NHM), MoHFW
3. Dr Manohar Agnani , Additional Secretary, MoHFW
4. Sh. Vikas Sheel, Additional Secretary, MoHFW
5. Additional Chief Secretary/Secretary/Principal Secretary (H&FW)- Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Punjab, Jammu & Kashmir, Karnataka, Madhya Pradesh, Odisha, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal
6. Mission Director (NHM) – Above mentioned 14 States/UTs
7. State Immunization Officers - Above mentioned 14 States/UTs
8. Dr Pradeep Haldar, Advisor (RCH), MoHFW
9. Dr Veena Dhawan, Joint Commissioner (Immu), MoHFW
10. Dr Indu Grewal, CMO (SAG), MoHFW
11. Members of COVID-19 Vaccine Cell, Immunization Division, MoHFW