महाराष्ट्र शासन
सार्वजनिक आरोग्य विभाग
१०वा मजला, गोकुळदास तेजपाल रुग्णालय कॉम्प्लेक्स बिल्डींग,
नविन मंत्रालय, मुंबई- ४०० ००१
दुरध्वनी : कार्यालय - ०२२-२२६१७३८८ फॅक्स : २२६१७९९९

GOVERNMENT OF MAHARASHTRA
Public Health Department
10th Floor, G.T. Hospital Complex Building,
New Mantralaya, Mumbai- 400 001.
Phone : 022-22617388 Fax : 022-22617999
E-mail : psec.pubhealth@maharashtra.gov.in

No. CORONA-2020/CR-58/A5
Date :   23.10.2020

To,

District Collectors......................All
Munciplal Commissioners........All
Divisional Commissioners........All

Subject: Health Care workers database for Covid 19 Vaccination.

Reference Government of India guidelines dtd. 16th October 2020

Dear Colleagues,

Ministry of Health and Family Welfare has started preparatory activities for introduction of Covid-19 vaccines whenever they become available. As part of this effort, MOHFW is preparing database of health care workers in a prescribed excel template. Important guidelines received earlier from Government of India have already been shared with you and again enclosed with this letter. Some of the important issues are as below:-

1. District Collector is nodal officer and will be supported by Municipal Commissioner along with Civil Surgeon.

2. The facility I/C of both Government and PrivateHealth Care facilities in the district will be responsible for collecting the data of HCW (Health Care Workers) in their respective facilities.

3. A standard Excel based template is developed by GOI for data collection and guidelines and link to download is already shared with district and also enclosed herewith. Each template will take upto 1000 Names and if there are more than 1000 Healthcare Workers in a single Health facility, then additional template to be used.

4. Details of template, editable and not editable fields, mandatory fields, etc. are available in the enclosed guidelines.

5. Health Care facilities would send these details in template to District over email.

6. All this data in form of individual Excel Sheet (template) need to be stored in a protected environment at District level.

7. This data base will be uploaded subsequently on Covid 19 Vaccine Beneficiary Management System for individualised tracking.

8. Health Care workers are defined for this purpose as, "health care service providers and other workers in health care settings, both Government and private", list is available in the Guidelines.

a. Government Facilities:-

- Health facilites owned by State/UTs Govenrment Hospitals (at all levels), Medical Colleges, Super Sepciality Hospitals, Community Health Centers, Primary Health Centres, Health and Wellness centres, clinics, dispensaris, tribal health facilities etc.
- AYUSH Hospital & dispensaries
- Health facilites under the Municipalities/ Corporations/ Mahanagar Palikas: Municipal Hosptial, Mother and child-care centers., Urban Primary Health Centres, Urban Health Posts, etc.
- Health faicilites owend by Zila Parishad/Panchayat.
- Any other State Government Health facilities not listed above.

b. Private Facilities (Registered with the District)

- Corporate Hospitals, Private Medical Colleges, Nursing Homes, Clinics / Day OPDs, Polyclinics, NGO facilities etc.

9. It is expected by GOI that, facilities should complete the database by 25th Oct and send to district by email and whole task need to be completed by 31st Oct.

You are requested to take help of IMA, IAP, FOGSI and also development partners line UNICEF, UNDP and complete the task.

Government of India guidelines along with one powerpoint presentation prepared by Government of India for Video Conference dated 23rd October 2020 is also enclosed herewith.

Chief Secretary would review preperations and progress in the matter at 12.30PM on 26.10.2020 over a Video Conference, details of which are being shared with you separately.

With best wishes.

(**Dr.Pradeep Vyas**)
Principal Secretary
Government of Maharashtra

Copy to:-
Principal Secretary, Urban Development Department-2, Mantralaya, Mumbai
Secretary, Medical Education and Drugs Department, Mantralaya, Mumbai.
Secretary, Woman and Child Development Department, Mantralaya, Mumbai
Commissioner Health Services, Mumbai.
Director Health Services Mumbai / Pune.
All Circle Deputy Director
All Civil Surgeon
All District Health Officers0

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

राजेश भूषण, आईएएस
सचिव

RAJESH BHUSHAN, IAS
SECRETARY

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

DO No.1920764/2020/IMMUNIZATION
16th October, 2020

Dear Colleague,

As you are aware, numerous efforts are underway to develop multiple COVID-19 vaccines. This Ministry has started the preparatory activities for introduction of COVID-19 vaccines whenever they become available.

2.   As part of these efforts, MoH&FW is preparing a database of Health Care Workers (HCWs), defined as, health care service providers and other workers in health care settings, (both government and private), who may be prioritized for receiving the COVID-19 vaccine, for which the State/UTs are expected to create a database of the Health Care Workers in a prescribed excel template.

3.   It is requested that the State MD, NHM may be designated as the Nodal Officer at State level and DM/DCs be made in-charge of this activity at District level. Districts need to ensure that every facility within the district fills up the details of all HCWs associated with it in the standard template and submits it back to the District. A detailed guideline for States and Districts on filling the template is enclosed herewith and the template is available for download at the following web-link: https://hmis.nhp.gov.in/#!/

4.   Subsequently, after receiving the completed datasets from the facilities, the Districts will upload the templates on COVID-19 Vaccination Beneficiary Management System (CVBMS) which is under development of E-Vin Digital Platform. The guidelines for uploading the data on CVBMS will be shared shortly. The COVID-19 vaccination drive of HCWs will utilize this database to identify the beneficiaries, hence, completeness of this database and its timely submission is vital.

5.   You are requested to kindly initiate the activities as outlined above with immediate effect. MoH&FW has identified UNDP as the coordinating agency for this drive. In case of any queries or clarifications, the designated team members from MoH&FW and UNDP can be contacted at National/State level, the details of which is at Annexure 5 of the Guidelines.

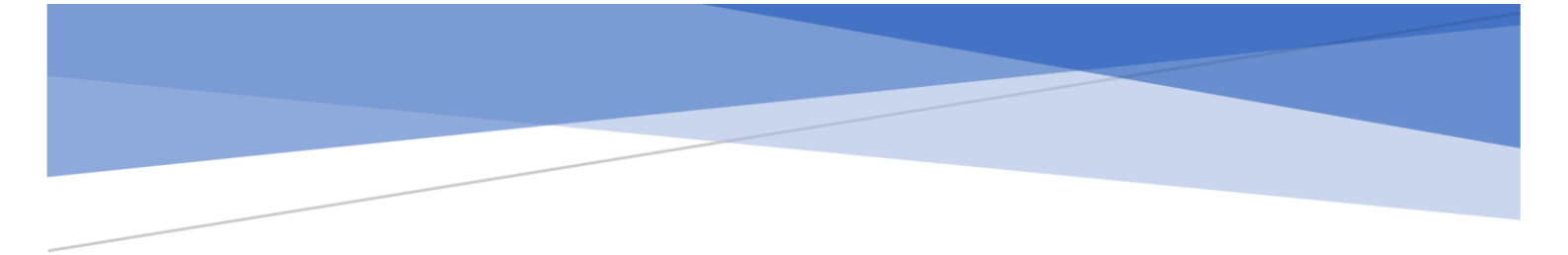6.   I look forward to your unstinted support for this important and critical initiative.

Regards

Yours sincerely,

(Rajesh Bhushan)

Encl : as above

Additional Chief Secretary / Principal Secretary / Secretary (Health)
All States/UTs

GUIDELINES FOR HEALTH CARE WORKERS DATABASE

FOR COVID-19 VACCINATION

FOR HEALTH FACILITIES IN STATE/UTs

October 2020

Disclaimer

This is a process of compilation of Health Care Workers list, does not give any right for the vaccination. The same will be decided by the National Expert Group on COVID -19 Vaccine (NEGVAC)

Introduction

The response to the COVID-19 pandemic by Government of India (GoI) is characterised by a comprehensive whole of government approach to prevent and control the pandemic. Globally, the scientific community, researchers, academic institutions and pharmaceutical industries are making unprecedented efforts to rapidly develop a COVID-19 vaccine.

Anticipating that COVID-19 vaccine may soon be available, GoI is preparing for its introduction in the country so that it can be expeditiously rolled out when available. One of the milestones in this direction has been the constitution of a National Expert Group on Vaccine Administration for COVID-19 (NEGVAC). The NEGVAC is guiding GoI on: prioritization of population groups for vaccination; vaccine inventory management and tracking; monitoring of implementation processes; identification of vaccine delivery platforms, etc.

COVID-19 Vaccination Beneficiary Management system (CVBMS) is being created as an extension of existing electronic Vaccine Intelligence Network (eVIN) module for individualised tracking of all beneficiaries receiving COVID-19 vaccine. This will require creation of beneficiary databases within the CVBMS which in turn will streamline the process of tracking them for vaccination. The CVBMS is under development and details of its functionalities and utilities will be shared separately once the development is complete.

Scope

This document describes in the detail the mechanisms for collecting data of **Health Care Workers (HCWs), defined as, health care service providers and other workers in health care settings, both government and private,** who will be prioritized for vaccination once the vaccine is available.

Objective

The objective of this document is to orient the States/UTs, Districts and Health Facilities regarding the processes to be followed for collection, compilation, verification and upload of the HCWs data in CVBMS.

Coordination Mechanisms

1. **State/UTs**
   - The States'/UTs' Mission Directors of National Health Mission (MDs, NHM) will be the Nodal Officer to coordinate this exercise, supported by the State Immunization Officers (SIOs). The roles and responsibilities of the Nodal Officer are attached as Annexure 1.
   - The MDs and SIOs will deploy enough staff to ensure timely data entry of HCWs data. Existing staff may be utilised for this purpose and wherever required additional staff may be engaged using the funds available under the Emergency Response COVID-19 Package.
2. **Districts**
   - At the district level, the District Magistrate (DM)/ Deputy Commissioner supported by the Chief Medical Officer (CMO) will be responsible for completing all data collection activities within the specified timelines.

3. **Health Facilities**
   - The Facility In-charges of both government and private facilities in the District will be responsible for collecting the data of the HCWs in their respective facilities.

Data Collection Template

A standard Excel based template, hereinafter referred to as the Template, has been developed for data collection. This Template can be downloaded from the link https://hmis.nhp.gov.in/#!/ and is compatible with all versions of Microsoft Office software. The Template will have the filename of **COVID VACC_IMPORT BENEFICIARIES_STATE UT.XLSX.** A snapshot of the template is available in Annexure 2 for reference only. The following points need to be noted while filling data into the Template:

- A separate Template needs to be filled for each health facility (government and private) within the district.
- The district after downloading the Template from the link above will add the district name at the end of the existing filename after placing an underscore (_). The rest of the filename (i.e. **COVID VACC_IMPORT BENEFICIARIES_STATE UT.XLSX**)is a fixed component and should not be changed.
- The district will email the downloaded sheet with the district added in the filename (as

> For example District Pune in Maharashtra will save the file as **COVID VACC_IMPORT BENEFICIARIES_STATE UT_PUNE.XLSX**

  above) to the facilities for data collection.
- The Template will be shared with both government as well as private facilities **by email only**.
- Detailed instructions table for filling data in each field of the Template are provided in Annexure 3.
- The Template has dropdowns in relevant fields to allow ease of data entry and to minimise data entry errors.
- Various fields in the Template have built in validations which need to be strictly adhered to, else data compilation will be hindered. The field wise validations are listed in Annexure 4 of this document.
- There should be no attempt to change the Template structure (in terms of addition, deletion of new columns, field changes etc) as this will prevent the compilation in CVBMS.
- The Template will allow a maximum of only 1000 entries of HCWs. In case a facility has more than 1000 HCWs whose data needs to be filled, the 1001st entry should be started in a new Template. Thus, for every 1000 HCWs in the facility a separate Template will be required to be filled by the facility.
- After the data of HCWs is filled, the facility should save the Template with the following filename **COVID VACC_IMPORT BENEFICIARIES_STATE UT_DISTRICT_FACILITY.XLSX**

- In the scenario where a facility requires more than one Template (for more than 1000 HCWs), the Templates should be saved by adding numbers at the end of the filenames like, **COVID VACC_IMPORT BENEFICIARIES_STATE UT_DISTRICT_FACILITY1.XLSX, COVID VACC_IMPORT BENEFICIARIES_STATE UT_DISTRICT_FACILITY2.XLSX,** so on and so forth.

> For example, if RH Ambegaon in Pune district has 1500 HCWs then the Template with the first 1000 HCWs data will be save as **COVID VACC_IMPORT BENEFICIARIES_STATE UT_PUNE_RHAMBEGAON1.XLSX** and the Template with the remaining 500 HCWs will be saved as **COVID VACC_IMPORT BENEFICIARIES_STATE UT_PUNE_RHAMBEGAON2.XLSX**

- Primary health centres (both rural & urban) will be considered as a unit for the collection and compilation of data base for HCWs who report to the PHC and also those who are posted in the community (example CHOs ANMs, ASHAs, MPW male, LHV etc). The data of these HCWs will be in the excel sheet of that PHC.
- Sub centres will not be included as a separate facility, they will be considered under the PHCs.
- The facility in-charges will send the filled Template with the above prescribed filename to the District **by email only**.
- The data of the Central Government Health facilities located in the District need not be collected at the District level as the same is being collected through the concerned central ministries.

Data Compilation and Template Uploading

The data will be compiled at the District level only. The District is advised to create a master COVID-19 HCWs folder in the computer. This master folder should have facility wise folders where all filled in Templates sent by the respective facilities will be saved. These facility wise folders will allow the Districts to save multiple Templates sent by facilities having more than 1000 HCWs in one folder, thus preventing data loss. The District will be responsible to ensure the correctness and completeness of HCWs data provided by the facilities.

The data compiled by the district will be uploaded in the CVBMS, the link to which will be communicated separately after its development is complete. Within the CVBMS, user ids and passwords will be created for each State/UT at the National level and sent by email to the respective Nodal Officer. The States/UTs can then create user ids and passwords for each District themselves.

Once the filled Templates received from the facilities are compiled at the District level, the DM/CMO will ensure that the data is uploaded into the CVBMS. The District need to ensure the following before uploading the Templates:

- The Template for each facility should be uploaded separately.
- Please ensure that all Templates sent by a single facility that has more than 1000 HCWs are uploaded.
- The CVBMS will check each entry in the Template for errors. The correct entries will be uploaded in the system and wrong entries will be rejected.

- A separate Excel sheet listing the rejected entries along with the reasons for rejection will be generated.
- The District will send the Excel sheet with the rejected entries back to the respective facilities for correction. The corrected sheet received from the facility will be again uploaded into the CVBMS.
- The Districts will upload the Template after proper verification,
- **Please do not email the sheets to the National Level** – data will not be uploaded at the national level and there will be chances of data loss
- Ministry of Health and Family Welfare (MoH&FW) will not authenticate the data but in some exceptional cases will have the power to override the information.
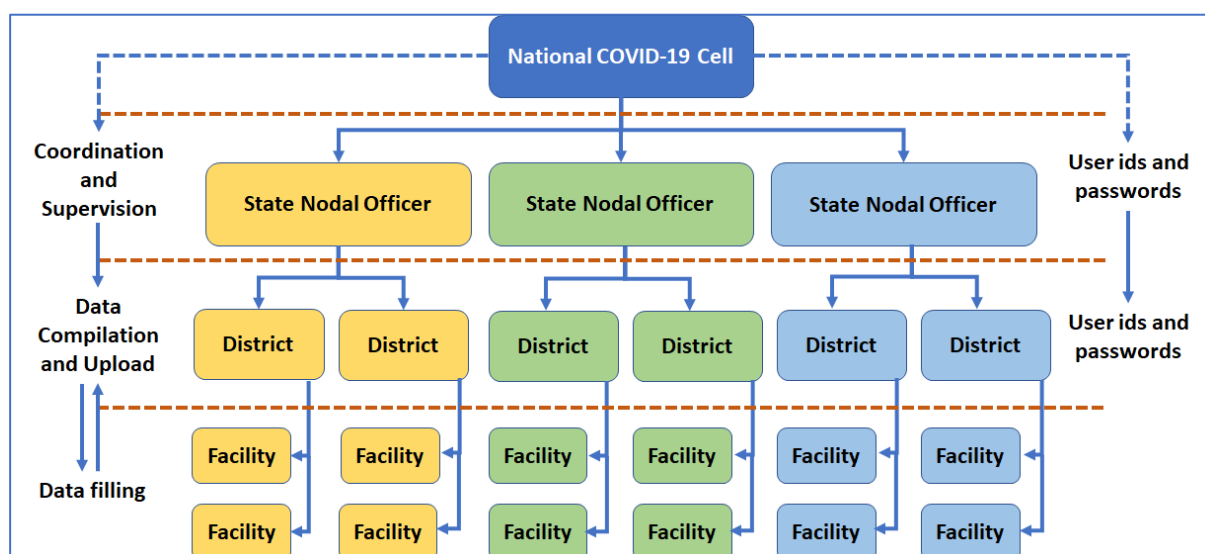
Primary health centres (both rural & urban) will be considered as a unit for the collection and compilation of data base for workers who report to the PHC (LHVs, MPWs etc) and are posted in the community (ASHAs, ANMs, AWWs etc.).

Facilities having HCWs(list is suggestive)

The data of all the HCWs working in the following facilities will be required to be entered in the Template. This database is only for the HCWs and not their families.

    a. Public facilities
- i. Medical Colleges, Super speciality hospitals, Hospitals (at all levels), Community Health Centres, Primary Health Centres, Urban Primary Health Centres, Health and Wellness centres, Cancer institutes and hospitals, TB hospitals and clinics, dispensaries, tribal health facilities, etc
- ii. AYUSH hospitals & dispensaries
- iii. Hospitals/ facilities under the Municipalities/ Corporations/ Mahanagar Palikas: Municipal hospitals, Maternity homes, Mother and Child-care centres, Urban Primary Health Centres, Urban Health Posts, Urban Community health centres, etc.
- iv. Health facilities owned by Zila parishad/ Panchayat
- v. Any other state government facilities not listed above

b. Private facilities – Corporate Hospitals, Private Medical Colleges, Nursing Homes, Clinics /Day OPDs, Polyclinics, NGO facilities, etc

The categories of HCWs (list is suggestive)

The following HCWs working in the health facilities is envisaged to be prioritized for the immunization drive (including HCWs working in community under their geographical jurisdiction):

1. Front line health workers- ANM, MPW (Male & female), ASHA, ASHA supervisors/ facilitators
2. Nurses & Supervisors- Staff Nurse, PHN, LHV, CHO, Health Supervisors, Block extension educators
3. Medical Officers - Allopathic Doctors (MBBS and/or post graduates, Teaching & non-teaching and doctors on administrative posts), AYUSH Doctors (both in AYUSH dispensaries & other PHCs, hospitals, etc.), Dentist, etc.
4. Paramedical Staff- All technicians (Lab, OT, etc.), pharmacist, physiotherapist, radiographer, ward boys, Other paramedical staff.
5. Scientist & Research Staff
6. Students – Medical, Dentist, AYUSH, Nursing and paramedical students working in the facility
7. Support Staff- dietary staff, CSSD staff, BMW staff, Sanitation worker, ambulance drivers, security staff, outsource agency staff and other support staff,
8. Clerical & administrative staff- Data entry operator, engineers, clerical staff in hospital
9. Other health staff working in the facility (not covered in above list)

Monitoring and Tracking Progress

MoH&FW has established a National COVID-19 vaccine cell with support of development partners to plan, implement and monitor the progress of the COVID-19 vaccination programme and CVBMS. Being a time bound activity, MoH&FW has identified UNDP to develop and maintain a monitoring dashboard to track progress of data collection process detailed above through predefined process & output indicators. The data for this dashboard will be collected in an online data collection tool. The link for accessing the tool for Nodal officers is https://ee.humanitarianresponse.info/x/f3CwFHoo wherein they will enter the data specific to their roles and responsibilities. The link for accessing the tool for Districts is https://ee.humanitarianresponse.info/x/vPDLIXJF wherein they will enter the data regarding the progress at Districts' as well as facilities' levels. The Nodal Officers and the districts will ensure the timely data entry in their respective survey tools as the resultant dashboard will also allow them to track the progress at their districts and facilities respectively.

Key Indicators for Dashboard:

S No	Indicator	Responsibility	Frequency	Source of Information
1	Number of State/UTs who have shared guidelines and	States	Initially (one time)	State letters and dashboard

	download link of the Template with districts			
2	Number of Health facilities identified by each district for recording HCWs information	States/ Districts	Bi -weekly basis	Dashboard
3	Number of facilities who have filled the complete HCWs data	State/ Districts	Bi-weekly basis	Dashboard
4	Total HCWs expected to be registered under the system	States/ districts	Bi-weekly basis	Dashboard
5	Total number of HCWs registered under the system	States/ districts	Bi-weekly basis	Dashboard

Separate dashboards for government & private health facilities will be monitored

Queries and Clarifications

For any queries or clarifications, the Nodal Officer may contact their respective UNDP SPOs or the National COVID-19 Cell. The contact details of the SPOs and National COVID-19 Cell are mentioned in Annexure 5.

Annexure 1

Roles and Responsibilities of the Nodal Officer

- The MD, NHM of state will be the Nodal Officer and will coordinate and supervise the activity of HCWs database compilation.
- Nodal Officer will communicate the information and guidelines with all the districts and will ensure that the districts share the same will all the government and private facilities.
- S/he will ensure that the facilities create the database of HCWs by 25th October 2020. The district will then ensure that Templates received from all the facilities are saved in the dedicated folders as described above by 31stOctober 2020. The district will then upload the facility wise Templates thereafter.
- S/he will direct the districts to ensure completeness, quality and authentication of the HCWs data before uploading in the CVBMS.
- S/he will coordinate with MoH&FW, National COVID Vaccine Cell and UNDP for the timely implementation.
- S/he will ensure the data for the monitoring dashboard is submitted as per the prescribed timelines and will track the progress in the districts based on predefined indicators.

Annexure 2

HCW Template for Health Facility																							
State / UTs	District	Block	Category of Facility (Government/ Private)	Name of Facility	Location of the Facility Rural/ Urban	Address of the facility	Facility Postal Code	Type of Facility	Others for Type of Facility	Category of HCW	Others for Category of HCW	HCW Name	Photo ID type	Photo ID number	Gender	Date of Birth Date	Month	Year	Mobile number	Mobile number belongs to	Postal code	Employment ID (If Any)	HCW can be a potential vaccinator- Yes/ No

Annexure 3

Part 1- Facility details to be filled by the Facility

S No	Field Name	Standard Operating Procedures (SOPs)
1	States/ UTs	Please select State/UTs name where facility is based. The state name will be selected from the dropdown menu
2	District	Please select District name from the dropdown menu Drop down menu will show the districts options for the Selected state/UTs only
3	Block	Write the name of the Block in which the HCWs is present
4	Category of facility	Please select the appropriate option for category of facility from the drop-down menu. • Government facilities • Private Facilities
5	Name of the facility	Please mention the name of the facility where the HCW works/reports. Complete name should be entered in the template. Please don't write short names or abbreviations
6	Location of the facility Rural/ Urban	Please select whether facility is a rural or urban facility from the dropdown.
7	Address of facility	Please mention the address of the facility where the HCW works/reports.
8	Facility Postal code	Please enter the facility postal code number
9	Type of facility	Please select the Type of facility from the following from the following dropdowns If Government facilities is selected under category (refer to point no. 4) then select the following: • Primary Health Centre (including Sub centre/ village level workers) • Health and Wellness centre

		• Community Health Centre
		• Rural Hospital
		• Taluka Hospital
		• District Hospital
		• Urban Health Centre
		• Urban family and welfare centre
		• Maternity Homes
		• Urban Health Posts
		• Municipal Hospitals
		• Super speciality Hospitals
		• Sub District Hospitals
		• Nursing training institutes
		• Medical, Dental & AYUSH Colleges
		• Post-Partum Centres
		• Adolescent Health Clinics
		• State & District Health Headquarters
		• Maternal & Child Health centres
		• Dispensaries
		• State Hospitals
		• Health facility owned by panchayat/ zila parishad
		• Trauma centre
		• Others (**specify in the next column**)
		If Private facilities is selected under category (refer to point no. 4) then select the following: • Corporate Hospitals • Nursing Homes • Medical Colleges • Polyclinics • OPD Clinics • **Others (Specify in the next column)**

Part 2 – HCWs details to be filled by the Facility

S No	Field Name	Standard Operating Procedures (SOPs)
10	Category of Health Worker	Please select the category of the beneficiary working in the facility from the dropdown • For Auxiliary Nurse Midwives (ANMs), Multipurpose Health Workers (MPWs), Accredited Social Health Activists (ASHAs), ASHA

		supervisors select **Field level Health workers** • For Staff Nurses, Lady Health Visitors (LHVs), Health supervisors select **Nurses & Supervisors** • For Allopathic doctors/ AYUSH practitioners/ Dentists select **Medical Officers** • For Medical, Nursing, Paramedical and other students select **Students** • For Scientists and Research Staff select **Scientist & Research staff** • For pharmacists, technicians, etc. select **Para medical staff** • For Health facility drivers, Sanitary, Security, etc. select **Support Staff** • For clerical and administrative staff select - **Clerical/ Administrative staff** • For others staff not covered above select **Others and Specify in the next column**
11	HCWs Name	Name of the HCW will be entered in the template (as per Aadhaar). Name should be entered in First Name, Middle Name and Last name format.
12	Photo ID Type (Aadhaar details will not be recorded but will be required/ mandatory at the time of vaccination)	Select the type of Photo ID from the dropdown • Service Identity Cards with photograph issued to employees by Central/State Govt./PSUs/Public Limited Companies, • Passport, • Driving License, • Passbooks with photograph issued by Bank/Post Office, • PAN Card, • Smart Card issued by RGI under NPR, • MNREGA Job Card, • Health Insurance Smart Card issued under the scheme of Ministry of Labour, • Pension document with photograph,

		• Official identity cards issued to MPs/MLAs/MLCs, (Source: https://eci.gov.in/files/file/9367-photo-voter-slips-not-to-be-valid-as-stand-alone-identification-document-for-voting/) The Photo ID provided during the registration will be required to be presented at time of vaccination.
13	Photo ID number	Enter the Photo ID number provided on the Photo ID
14	Gender	Select the Gender of the beneficiary from the dropdowns • Male • Female • Others
15	Date of Birth	Date of birth in DD/MM/YYYY. Minimum entry is year of birth.
16	Mobile Number	Provide the mobile number of the HCW (Preferably number linked to Aadhaar). The mobile number provided during the registration will be used to give updates to the beneficiaries regarding the vaccination sessions and date. Please try to capture the Mobile number which is not expected to change in future.
17	Mobile Number Belongs to	If the mobile number belongs to the HCW then select "Self" from the dropdown. If the HCW does not have a Mobile phone then select "Family" or "Others" whichever is applicable 1. Self 2. Family 3. Others Others This is important to know to whom the relevant information will be communicated to instead of the HCW himself/herself.
18	Postal Code	Mention the postal code of HCW's present residential address. As this is the postal code of current residence it may not be same as that in Aadhaar card.
19	Employee ID	Please write employee Id number, if any

		The Employee ID provided during the registration will be required to be presented at time of vaccination.
20	Health worker can be a potential vaccinator?	Please select Yes from the dropdown if health worker can be a potential vaccinator else select No. *Suggestive list- ANM, Health Supervisor, Nurses, Medical Officers and Medical & Nursing Students.*

The excel sheet will have some compulsory field and data entry will not be allowed to move forward to next field if they are empty.

Annexure 4

S No	Field Name	Validations
1	States/ UTs	1. This is a Mandatory field and cannot be left blank 2. The State/UT name cannot have special characters 3. A Maximum of 50 characters are allowed
2	District	1. This is a Mandatory field and cannot be left blank 2. The District name cannot have special characters 3. A Maximum of 50 characters are allowed
3	Block	1. This is a Mandatory field and cannot be left blank 2. The Block name cannot have special characters 3. A Maximum of 50 characters are allowed
4	Category of facility	1. This is a Mandatory field and cannot be left blank
5	Name of the facility	1. This is a Mandatory field and cannot be left blank
6	Location of the facility	1. This is a Mandatory field and cannot be left blank
7	Address of facility	1. This is a Mandatory field and cannot be left blank
8	Facility Postal code	1. This is a Mandatory field and cannot be left blank 2. Postal Code should be a valid 6-digit number
9	Type of facility	1. This is a Mandatory field and cannot be left blank
10	Category of HCW	1. This is a Mandatory field and cannot be left blank
11	HCW Name	1. This is a Mandatory field and cannot be left blank 2. Only alphabets are allowed
13	ID number	1. This is a Mandatory field and cannot be left blank
14	Gender	1. This is a Mandatory field and cannot be left blank
15	Date of Birth	1. This is a Mandatory field and cannot be left blank 2. This can only be a number
16	Mobile Number	1. This is a Mandatory field and cannot be left blank 2. Mobile number should be of 10 digits 3. Alphabets are not allowed
17	Mobile Number Belongs to	1. This is a Mandatory field and cannot be left blank
18	Postal Code	1. This is a Mandatory field and cannot be left blank 2. Postal Code should be a valid 6-digit number
19	Employee ID	1. This is not a mandatory field
20	HCW can be a potential vaccinator	1. This is a mandatory field and cannot be left blank

Annexure 5

S.no	State	Name of UNDP Senior Project Officer	Email ID	Phone Number
1	Andhra Pradesh	Dr. Joshua Abhishek	joshua.abhishek@undp.org	9036603299
2	Arunachal Pradesh	Dr. Dipak Mili	evinspo.arunachalpradesh@undp.org	9773494380
3	Assam	Dr. Sukamal	sukamal.basumatary@undp.org	9436766826
4	Bihar	Dr. Kunal Prasad	kunal.prasad@undp.org	7004307287
5	Chhattisgarh	Mr. Angshuman Moitra	angshuman.moitra@undp.org	7440411986
6	Dadar and Nagar Haveli, Daman and Diu	Dr. Dharmesh	dharmesh.domadiya@undp.org	9601015956
7	Delhi	Dr. Anshul	evinspo.delhi@undp.org	9818735415
8	Goa	Dr. Amit Lokhande	amit.lokhande@undp.org	8007699399
9	Gujarat	Dr. Dharmesh	dharmesh.domadiya@undp.org	9601015956
10	Haryana	Dr. Ajai Verma	ajai.verma@undp.org	9412740306
11	Himachal Pradesh	Dr. Sonika	sonika.badalia@undp.org	9418008259
12	Jammu and Kashmir	Dr. Rashmi	evinspo.jammukashmir@undp.org	9731475317
13	Jharkhand	Mr. Prem Kamal	prem.kamal@undp.org	9799910811
14	Karnataka	Dr. Anjana	evinspo.karnataka@undp.org	6366400323
15	Kerala	Dr. Rosin George Varghese	rosingeorge.varghese@undp.org	7736153385
16	Madhya Pradesh	Dr. Kapil Singh	evinspo.madhyapradesh@undp.org	7440411954
17	Maharashtra	Dr. Amit Lokhande	amit.lokhande@undp.org	8007699399
18	Manipur	Dr. Juju Rani	jujurani.asem@undp.org	9892117706
19	Meghalaya	Dr. Egum	evinspo.meghalaya@undp.org	6909358601
20	Mizoram	Dr. Zohlupuii	evinspo.mizoram@undp.org	7022132067
21	Nagaland	Mr. Kingson	kingson.shimray@undp.org	8415944903
22	Odisha	Dr. Ajit Basantray	ajit.basantaray@undp.org	9439855200
23	Puducherry	Dr. Hariharan.S,	evinspo.puducherry@undp.org	9489477398
24	Punjab	Dr. Manisha Mandal	manisha.mandal@undp.org	8447798480
25	Rajasthan	Dr. Abhay Bohara	abhay.bohara@undp.org	9982170008
26	Tamil Nadu	Dr. Sathish	evinspo.tamilnadu@gmail.com	9944161501
27	Telangana	Dr. Sujata Rao	sujata.rao@undp.org	7989673382
28	Tripura	Dr. Supratim Biswas	evinspo.tripura@undp.org	9862029049
29	Uttar Pradesh	Dr. Ahmad Abbas	ahmad.agha@undp.org	9412757117

30	Uttarakhand	Dr. Ajitendra Kumar	ajitendra.kumar@undp.org	9424166056
31	West Bengal	Dr. Dipannita Kaushik	evinspo.westbengal@undp.org	7605037891
32	Chandigarh	Dr. Manisha Mandal	manisha.mandal@undp.org	8447798480
33	Ladakh	Dr. Rashmi	evinspo.jammukashmir@undp.org	9731475317
34	Lakshadweep	Dr. Rosin George Varghese	rosingeorge.varghese@undp.org	7736153385

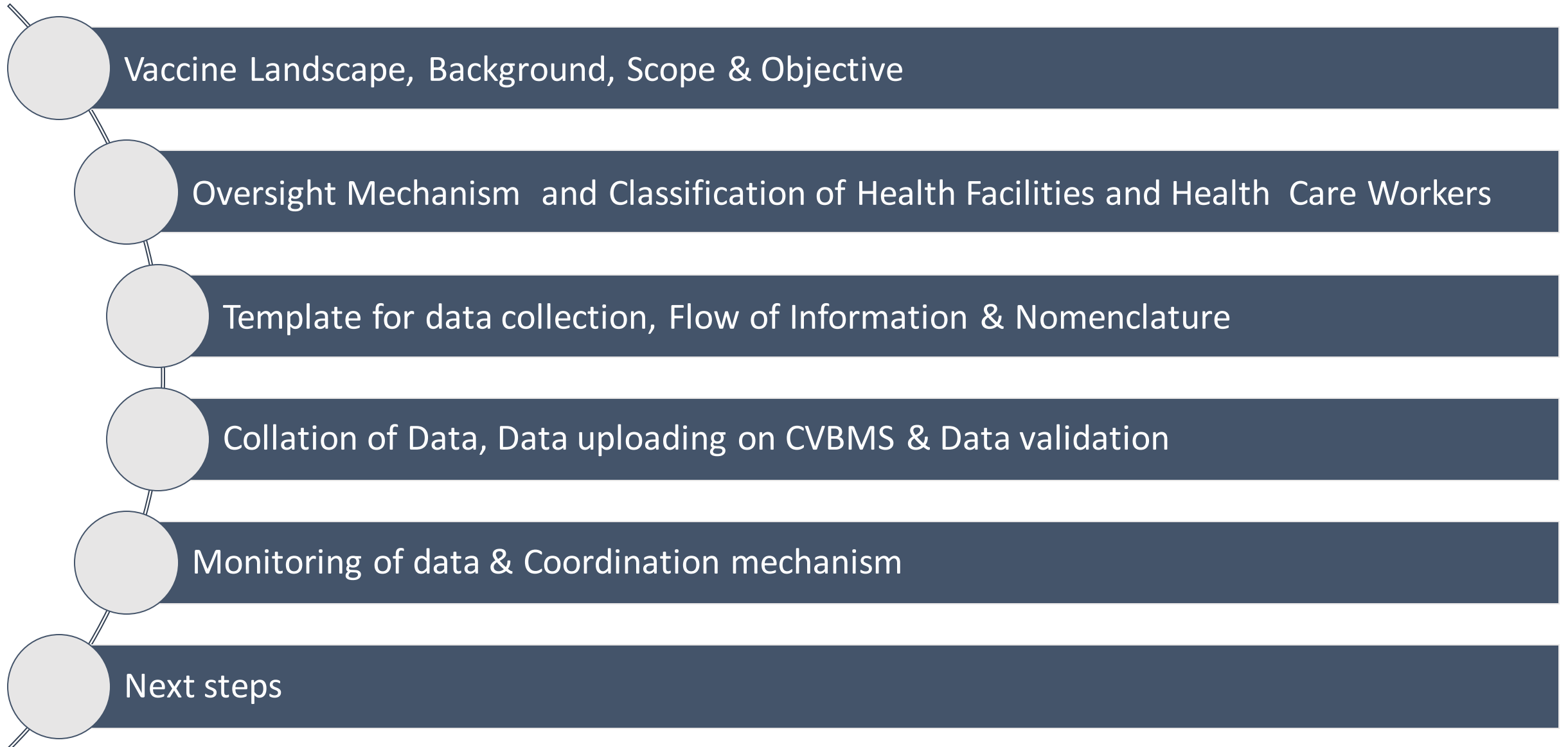Ministries can also contact National COVID-19 Vaccine Cell

- Mr. Abhimanyu Saxena, NPO UNDP, abhimanyu.saxena@undp.org, Ph. 9599185315
- Dr. Akash Malik, NPO, UNDP, akash.malik@undp.org, Ph. 9953419276
- Dr Veena Dhawan, Joint Commissioner, (Imm), MoHFW, riindia2015@gmail.com, Ph. 011 23062126, 011 23062728
- Dr Prem Singh, National COVID Cell, MoHFW, riindia2015@gmail.com, Ph. 011 23062126, 011 23062728

Guidelines for Creation of Health Care Workers Database for COVID-19 Vaccination

Video Conference Meeting with States/UTs

23rd October 2020

Outline of the presentation

Vaccine Landscape, Background, Scope & Objective

Oversight Mechanism and Classification of Health Facilities and Health Care Workers

Template for data collection, Flow of Information & Nomenclature

Collation of Data, Data uploading on CVBMS & Data validation

Monitoring of data & Coordination mechanism

Next steps

Types of Vaccines and stages of development

Four types of vaccines are under development

Virus Vaccine	Viral vector vaccine
Nucleic acid vaccines	**Protein based vaccine**

These different types of vaccines are not inter-changeable for use

Stage of vaccine development/trial	Purpose
Pre-clinical	Vaccine development in lab
Phase 1 trial (8-10 participants)	For testing vaccine safety
Phase 2 trial (50-100 participants)	For testing vaccine immunogenicity i.e. production of antibodies against virus
Phase 3 trial (30,000-50,000 participants)	For testing actual protection offered by vaccine

Landscape of various COVID-19 vaccine under development

	Total	Pre-clinical	Phase I	Phase I/II	Phase II	Phase III	Licensed
India[1]	9	4	-	-	2	3	-
Global[2,3]	248	199	22	15	2	10	-

1. Indian Vaccines include 2 indigenous vaccines (both in Ph-2) & 7 vaccines in collaboration with global R&D institutes
2. Global scenario includes Indian vaccine candidates
3. Source: Vaccine Centre of London School of Tropical Medicine, as on 22 October 2020

National Expert Group on Vaccine Administration for COVID 19 (NEGVAC)

- NEGVAC constituted under chairpersonship of Dr. V K Paul, Member NITI Aayog and Secretary, H&FW

- Representation of:

  - Secretaries from MEA, DBT, DHR, Foreign affairs, Biotechnology, Health Research, Pharmaceuticals, MeitY, Finance and State governments

  - Director General Health Services (DGHS), Directors of AIIMS, National AIDS Research Institute (NARI) and experts from National Technical Advisory Group on Immunization (NTAGI)

- NEGVAC aims to guide the prioritization of population groups, inventory management, vaccine selection deployment and delivery mechanism including delivery platforms and tracking mechanisms etc.

Disclaimer

This is a process of compilation of Health Care Workers list, does not give any right for the vaccination. The same will be decided by the National Expert Group on COVID -19 Vaccine (NEGVAC)

Background

- States/UTs have been informed regarding preparation of Health Care Workers (HCW) database for COVID 19 vaccination

- **Health Care Workers (HCW)** defined as 'health care service providers and other workers in health care settings, both government and private'

- A standard Excel based **Template** developed for data collection.

- Guidelines and link to download **Template** already shared with States/UTs

- Database of beneficiaries to be created.

- Subsequently uploaded on **COVID-19 Vaccine Beneficiary Management System (CVBMS)** for individualized tracking of all beneficiaries receiving COVID-19 vaccine.

Oversight Mechanism

State/UTs

- State Nodal Officer- Mission Directors of National Health Mission (MDs, NHM) will be the **Nodal Officer** supported by the State Immunization Officers (SIOs)

  - S/he will ensure overall coordination & supervision of the HCWs database collection & compilation.

  - S/he will disseminate guidelines and Template link with all the districts & follow-up for its onward dissemination to government & private facilities.

  - S/he will ensure biweekly feedback from districts on status of completion of activity and track the monitoring indicators as per timeline

  - S/he will coordinate with MoHFW, National COVID Vaccine Cell for timely implementation.

Oversight Mechanism (Contd.)

Districts

- District Nodal Officer- The District Magistrate (DM)/ Municipal Commissioner supported by the Chief Medical Officer (CMO)

  - S/he will ensure the Template is disseminated to all the health facilities within districts along with guidelines for filling the Template

  - S/he will be responsible for collation of Templates from all health facilities by 31st October 2020

  - Submit data on progress on the monitoring dashboard regularly.

Health Facilities

- The Facility In-charges of both government and private facilities in the District will be responsible for collecting the data of the HCWs in their respective facilities

- Ensure that the facilities complete the database of HCWs by 25th October 2020 and send it by email to the district.

Classification of Facilities in States/UTs

- **Government Facilities**

  - Health facilities owned by State/ UTs government- Hospitals (at all levels), Medical Colleges, Super specialty hospitals, Community Health Centres, Primary Health Centres, Health and Wellness centres, clinics, dispensaries, tribal health facilities, etc.

  - AYUSH hospitals & dispensaries

  - Health facilities under the Municipalities/ Corporations/ Mahanagar Palikas: Municipal hospitals, Mother and Child-care centres, Urban Primary Health Centres, Urban Health Posts, etc.

  - Health facilities owned by Zila parishad/ Panchayat.

  - Any other state government health facilities not listed above

- **Private Facilities (Registered with the District)**

  - Corporate Hospitals, Private Medical Colleges, Nursing Homes, Clinics /Day OPDs, Polyclinics, NGO facilities, etc.

Classification of Facilities in States/UTs (contd.)

For public healthcare infrastructure:

- Sub-centres will not be included as a separate facility, they will be considered under the PHCs

- Data of HCWs at Sub-centres & community (ASHA, AWW, etc.) to be collated by PHC

- The data of the Central Government Health facilities located in the District need not be collected at the District level as the same is being collected through the concerned Central Ministries.

For private healthcare infrastructure:

- Every establishment will be considered a separate health facility

Potential vaccinators (both in Government & Private health facilities) will be flagged in the template

Health worker categories
(Grouped in nine Categories)

Front line health workers

- ANMs
- ASHA
- ASHA supervisors/ facilitators,
- MPW (Male & female)
- **AWW**

Nurses & Supervisors

- Staff Nurse
- PHN
- LHV
- CHO
- Health Supervisors
- **CDPO**

Medical Officers

- Allopathic Doctors
- AYUSH Doctors
- Dentist
- including Administrative posts those posted in Health facilities/institution

Paramedical Staff

- Lab Technicians
- OT Technicians
- Pharmacist
- Physiotherapist
- Radiographer
- Nursing orderlies
- Ward boys

Support Staff

- Drivers & Security staff
- Sanitation workers
- Other paramedical staff

Students

- Medical
- Dental
- Nursing
- Other paramedical

Scientist & Research Staff

Clerical & Administrative staff

Other health staff

Data Collection Process

Step	Level	Activity
1	State	Communicate the guidelines for creation of database to the districts
2	District	District to download the template from following web-link: https://hmis.nhp.gov.in/#!/
3	District	Suffix name of district to the file
4	District	Share the file with all health facilities within the district (Both state government & private)
5	Health Facility	Suffix name of health facility to the file received from district
6	Health Facility	Add details of all HCWs associated with Health Facility
7	Health Facility	Submit the filled template back to District by email only
8	District	Create a folder of filled template received from health facilities & store for uploading on CVBMS on receipt of user id and password

Guiding Principles for Naming the Template at District Level

COVID VACC_IMPORT BENEFICIARIES_STATE UT_DISTRICT_FACILITY

**The name of the downloaded template District/ facilities should not delete any letter in this file name**

District upon download will add the name of district
E.g. Pune district in Maharashtra will name the file as: COVID VACC_IMPORT BENEFICIARIES_STATE UT_PUNE
Subsequently this file will be shared with health facilities for filling details of HCWs

Health facility will add its name to the file
E.g. Chatrapati Shivaji Maharaj Hospital in Pune will add its name in template as:
COVID VACC_IMPORT BENEFICIARIES_STATE UT_PUNE_Chatrapati_Shivaji_Maharaj_Hospital

If the health facility has more than 1000 HCWs then two templates will be saved by adding numeric suffix to the names
For 1st 1000 HCWs: COVID VACC_IMPORT BENEFICIARIES_STATE UT_PUNE_Chatrapati_Shivaji_Maharaj_Hospital
For remaining 500 HCWs: COVID VACC_IMPORT BENEFICIARIES_STATE UT_PUNE_Chatrapati_Shivaji_Maharaj_Hospital2

Collation of Data

- Collation of data will be done at District level only.

- District nodal officer is advised to create a master COVID-19 HCWs folder in the computer. Within this master folder, create facility wise sub folders to minimize the risk of overwriting any file.

- S/he will save the filled templates received from the facilities inside the respective facility sub folder
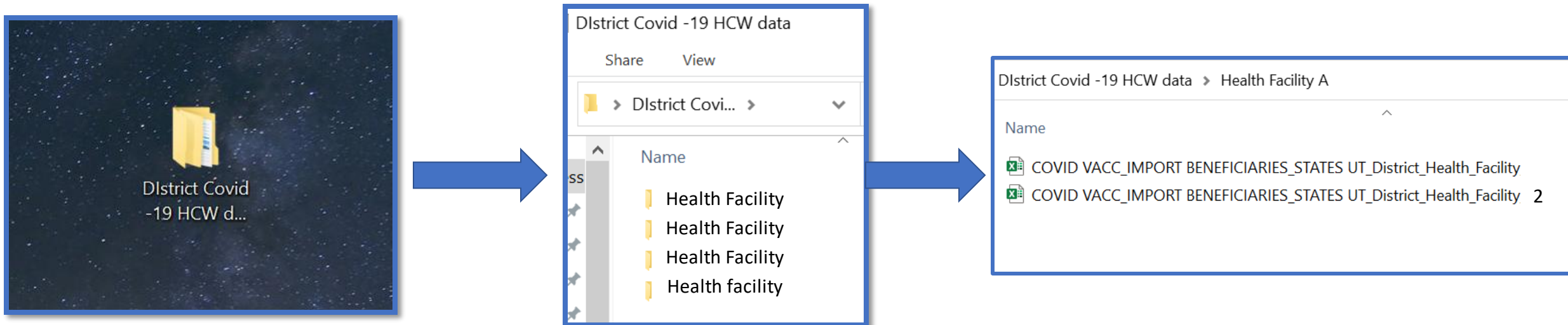
Uploading Templates on CVBMS

- The CVBMS is under development. Link along with User Ids & Passwords (for each State/ UT) will be communicated separately after its development is complete.

- The States/UTs should then create district specific user ids and passwords and share them along with link to respective District for data uploading.

- District Nodal Officer will ensure that the Templates received from health facilities are uploaded into the CVBMS (using this link and User Id & Password).

Uploading Templates on CVBMS (contd.)

Districts Nodal Officer need to ensure the following while uploading the templates:

- The Template should be uploaded after proper verification
- The Template for each facility should be uploaded one by one.
- For health facilities with >1000 HCWs, multiple Templates are filled and uploaded.
- The CVBMS will check each entry in the Template for errors. The correct entries will be uploaded in the system.
- The rejected wrong entries along with the reasons for rejection will be generated in a separate Excel sheet (Template 2).
- The District will send the Template 2 with the rejected entries back to the respective facilities for correction.
- The corrected sheet received from the facility will be again uploaded into the CVBMS without changing the file name.

Note: Please do not email the sheets to the National Level – data will not be uploaded at the national level and there will be chances of data loss

Template for Data Collection

- A standard excel based template is available for download at https://hmis.nhp.gov.in/#!/

| HCW Template for Health Facility																					
State / UTs (Select from Dropdown menu)	District (Select from Dropdown menu)	Block	Category of Facility (Government/ Private)	Name of Facility	Location of the Facility (Rural/ Urban)	Address of the facility	Facility Postal Code	Type of Facility (Select from Dropdown menu)	Others for Type of Facility (Please specify)	Category of HCW (Select from Dropdown menu)	Others for Category of HCW (Please specify)	HCW /Beneficiary Name	Photo ID type	Photo ID number	Gender	Date of Birth (Date/Month/Year)	Mobile number	Mobile number belongs to	Postal code	Employment ID (If Any)	HCW can be a potential vaccinator-Y/N
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

Monitoring and Tracking Progress

- For monitoring the data collection process, a weblink is created for online entry of key monitoring indicators.

  - The link for accessing the tool for State Nodal officers is: https://ee.humanitarianresponse.info/x/f3CwFHoo

  - The link for accessing the tool for District Nodal Officers is: https://ee.humanitarianresponse.info/x/vPDLIXJF

- The State & District Nodal Officers will ensure that data entry in their respective survey tools are done regularly.

Key Indicators for Monitoring Dashboard

S No	Indicator	Responsibility	Frequency	Data type
1	States/ UTs received guidelines and Template link from MoHFW	States	Initially (one time)	Yes/ No
2	Total number of Districts in the state/UT	State	Initially (one time)	Numbers
3	State/UTs shared guidelines and the download link of the Template with districts	States	Initially (one time)	Yes/ No
4	a) Number of Govt Health facilities in the district b) Number of Private Health facilities in the district c) Number of Govt Health facilities received Template from the district d) Number of Private Health facilities received Template from the district	Districts	Bi -weekly basis	Numbers
5	a) Number of Govt health facilities submitted the filled template to the district b) Number of Private health facilities submitted the filled template to the district	Districts	Bi-weekly basis	Numbers
6	Total number of Govt HCWs registered under the system Total number of Private HCWs registered under the system	Auto generated	Real time	Numbers

Coordination Mechanism
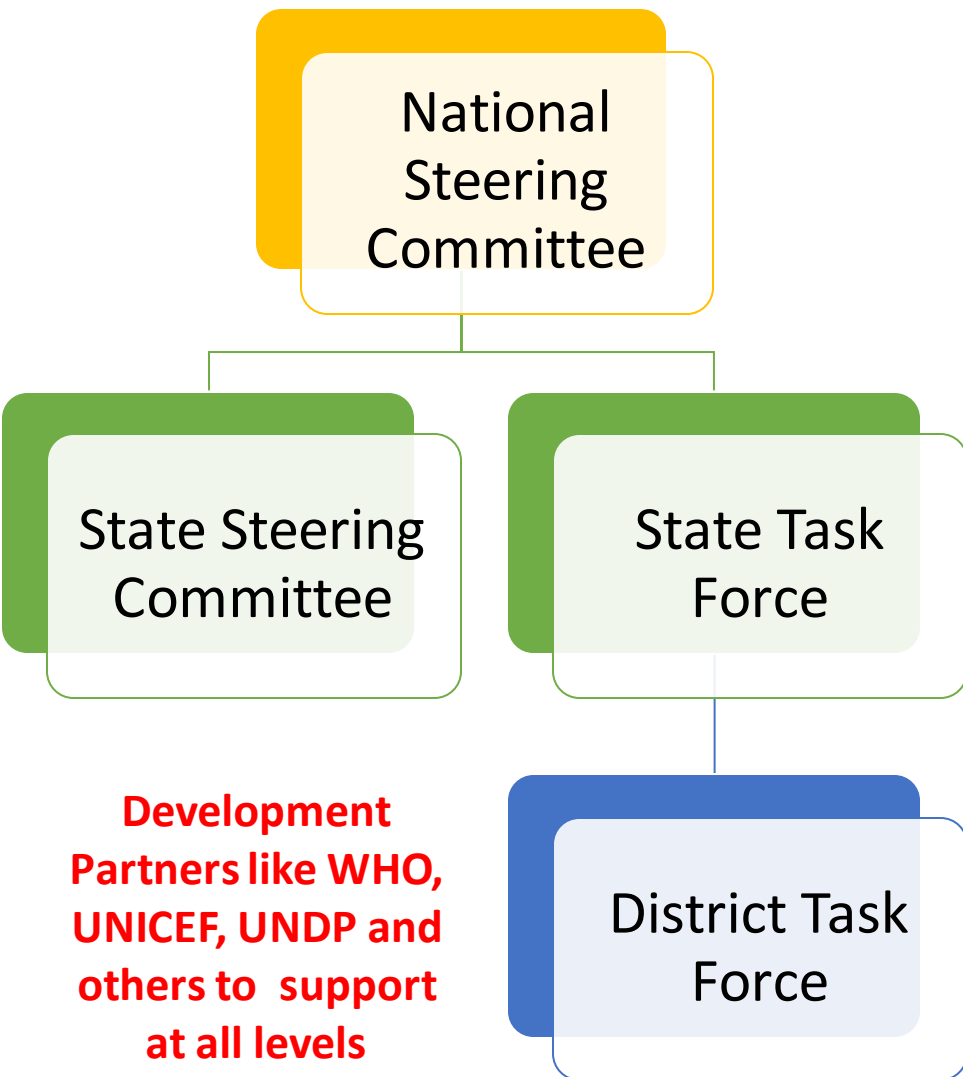
National Steering Committee – Under the Chairmanship of Secretary of Health and Family Welfare
- coordinate activities among government ministries /departments/ institutions

State Steering Committee – Under the Chairmanship of Chief Secretary State
- mobilize human / other resources
- coordinate planning implementation of activities
- coordinate with other government departments and partner agencies
- feedback to the National Steering Committee

State Task Force – Under the Chairmanship of Principal Secretary, Health and co-chaired by MD NHM, State
- provide technical and logistic support to plan, implement, monitor and evaluate
- provide oversight to ensure proper planning and implementation
- ensure interdepartmental coordination with donor coordination division, SBCC

District Task Force– Under the Chairmanship of District Magistrate
- Stocktaking of entire implementation processes.

Possible Integration of Other Health Services with COVID 19 Vaccination

For Discussion:

IEC activities related to government initiatives and schemes like:

- Health & wellness centres

- Non-communicable Diseases screening

- PM-JAY

Inter-personal communication about preventive measures for COVID-19

Thank You