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Integrated HQ of MoD (Army)
Adjutant General's Branch
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Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS/Med/2021

04 Jun 2021

IHQ of MoD (Navy)/Dir, ECHS (IN)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA, ECHS, Embassy of India, Nepal
All Regional Centres

**ADVISORY REGARDING ADMINISTRATION OF COVID VACCINE
TO THE ECHS BENEFICIARIES AT POLYCLINICS**

1. Sanction has been received from MoD/ Do ESW for ECHS PCs to be utilized as GCVCs (Govt COVID Vaccination Centres vide letter No. 18(20)/2021-D(WE/Res-1) dated 03 Jun 2021 (copy att).
2. The planning and operational aspects for COVID-19 vaccination are in the domain of the State Govts. The District health auth of the State Govt are making arrangement for listing of the health facilities, for providing training, logistics, vaccination and the vaccine to the identified facilities where COVID-19 vaccination centers are being planned and started.
3. Roles & Responsibilities at Stn HQ Level & Regional Centres
 - (a) To co-ordinate various arrangements.
 - (b) Logistics in resp of stores, med, furniture, refrigerator, manpower (placed at Appx 'A').
 - (c) Provision of vaccines from DIO to PC.
 - (d) Cold chain mapping.
 - (e) Site insp of polyclinic.
 - (f) Geographical location attribute sharing.
 - (g) Training and deployment of manpower.
 - (h) Record keeping.
 - (j) Report and Returns.

4. **Roles and Responsibilities of CVC Manager (OI/C Polyclinic)**. Each GCVC will have a CVC Manager who will be the Oi/C Polyclinic. The CVC Manager will be registered by the DIO. He will be responsible for all operations at the GCVC, as per the Operational Guidelines and this Document. The key roles and responsibilities of the CVC Manager are as follows :-

- (a) He will have access to the COWIN and will be able to view and download the list of beneficiaries allotted and vaccinated at her/his site.
 - (b) He will also be responsible for deployment of adequate number of trained vaccinators and verifiers for a date, based on the doses to be administered on that date.
 - (c) He will ensure adequate logistic arrangements like internet connectivity, enough computers/smart phones/tablets, printers etc.
 - (d) He will ensure adequate mechanisms for queuing, verification, vaccination, observation, AEFI reporting etc at the CVC.
 - (e) He will also receive and return vaccine stocks and will ensure that all vaccinations are recorded in COWIN in real time and that beneficiaries are verified for eligibility and then vaccinated.
 - (f) He will also ensure for display of suitable signages for guiding the movement of the beneficiaries at the CVC.
 - (g) Will ensure that all the protocols as per the Operational Guidelines are followed in terms of AEFI management, waiting room, observation room, etc
5. Guidance Note for COWIN 2.0 with the annexures is attached as Appx B.
6. This is for you info and necessary action pl.

SK
(SK Gupta)
Col
Jt Dir (Med)
for Dir Med

Copy to :-

MoD (DoESW)
CGDA
O/o DGAFMS
AG Branch (Coord)
DG DC&W Sectt
DGMS (Army)
DGMS (Navy)
DGMS (Air)
DGDS
UTI-BPA

} for info pl.

Internal

Ops & Coord, Claim Sec - for info
P &FC Sec, C&L Sec

Stats & Automation Sec - for uploading the letter on ECHS website and issue necessary dirn to UTI-ITSL.

No 18(20)/2021-D(WE/Res-I)
Government of India
Ministry of Defence
Department of Ex-Servicemen Welfare
Sena Bhawan, New Delhi-11

Dated the 3rd June, 2021

To,
The Managing Director,
Central Organisation
Ex Servicemen Contributory Health Scheme
Thimayya Marg,
Gopinath Circle,
Delhi Cantt.

**Subject: GOVERNMENT COVID VACCINATION CENTRES (GCVCs) AT ECHS
POLYCLINICS (PCs)**

Sir,

1. Please refer to CO ECHS note no B/49761/AG/ECHS/202 dated 01.06.2021 and teleconversation of the undersigned with DC(Imm-I/UIP-I) , MoHFW and Member National Technical Advisory Group on Immunization on the subject.
2. To augment and simplify the process of registration vaccination, the Ministry of Health and Family Welfare (MoHFW) has issued a detailed **Guidance Note COWIN 2.0** on 28.02.2021 (<https://www.mohfw.gov.in/pdf/GuidancedocCOWIN2.pdf>), wherein the provision for registration of all Government run Health facilities to function as Govt COVID Vaccination Centres (GCVCs) has been laid out. **A copy of the same is attached as annexure for ready reference .**
3. In an effort to augment the vaccination efforts of the Government, the ECHS polyclinics located at various parts of the country may be utilised to have the vaccination facility for the citizens including ECHS beneficiaries and their dependents. Necessary liaison with State authorities like District Immunisation Officers (DIOs) may be carried out by the Station HQ in conjunction with Regional Centre (RC) to coordinate various arrangements to include logistics for provision of vaccines, cold chain mapping, site inspection, geographical location attributes sharing, training and deployment of manpower, record keeping etc. The detailed procedure for pre-registering on COWIN is also given in Annexure 2 of the ibid Guidance Note for COWIN 2.0.

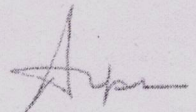
...Contd-/-2

4. CO ECHS is therefore requested to take necessary action as per the laid down guidelines issued in this regard to pre-register maximum number of ECHS PCs as GCVC.

5. This has the approval of JS (ESW).

Encl : As above

Yours faithfully,



(Dr. PP Sharma)
OSD (WE & IC)

Copy to :

1. SO to Chief of Army Staff
2. SO to Chief of Naval Staff
3. SO to Chief of Air Staff
4. Sr PPS to Secy ESW
5. PPS to JS (ESW)
6. DGAFMS
7. CGDA, New Delhi
8. All Command HQs
9. Navy HQ (PS Dte)
10. AG Branch/CW-3
11. Secy KSB – For necessary assistance and coordination by RSBs/ZSBs.

Annexure 1(A): List of specified Comorbidities for determination of eligibility of citizens in age group 45 to 59 years

SN	Criterion
1	Heart Failure with hospital admission in past one year
2	Post Cardiac Transplant/Left Ventricular Assist Device (LVAD)
3	Significant Left ventricular systolic dysfunction (LVEF <40%)
4	Moderate or Severe Valvular Heart Disease
5	Congenital heart disease with severe PAH or Idiopathic PAH
6	Coronary Artery Disease with past CABG/PTCA/MI AND Hypertension/Diabetes on treatment
7	Angina AND Hypertension/Diabetes on treatment
8	CT/MRI documented stroke AND Hypertension/Diabetes on treatment
9	Pulmonary artery hypertension AND Hypertension/Diabetes on treatment
10	Diabetes (> 10 years OR with complications) AND Hypertension on treatment
11	Kidney/ Liver/ Hematopoietic stem cell transplant: Recipient/On wait-list
12	End Stage Kidney Disease on haemodialysis/ CAPD
13	Current prolonged use of oral corticosteroids/ immunosuppressant medications
14	Decompensated cirrhosis
15	Severe respiratory disease with hospitalizations in last two years/FEV1 <50%
16	Lymphoma/ Leukaemia/ Myeloma
17	Diagnosis of any solid cancer on or after 1st July 2020 OR currently on any cancer therapy
18	Sickle Cell Disease/ Bone marrow failure/ Aplastic Anemia/ Thalassemia Major
19	Primary Immunodeficiency Diseases/ HIV infection
20	Persons with disabilities due to Intellectual disabilities/ Muscular Dystrophy/ Acid attack with involvement of respiratory system/ Persons with disabilities having high support needs/ Multiple disabilities including deaf-blindness

Annexure 1(B): Certificate to identify individuals with co-morbidities that enhance the risk of mortality in COVID-19 disease for priority vaccination
(To be filled by a Registered Medical Practitioner)

Name of beneficiary: _____

Age: _____

Gender: _____

Address: _____

Mobile phone _____

number: Identification _____

document: _____

I, Dr. _____, working as _____ have reviewed the above named individual and certify that he/she has the below mentioned conditions based on the records presented to me. A copy of the records on which this certificate is based is attached.

Presence of ANY ONE of the following criteria will prioritize the individual for vaccination

SN	Criterion	Yes/No
1.	Heart Failure with hospital admission in past one year	
2.	Post Cardiac Transplant/Left Ventricular Assist Device (LVAD)	
3.	Significant Left ventricular systolic dysfunction (LVEF <40%)	
4.	Moderate or Severe Valvular Heart Disease	
5.	Congenital heart disease with severe PAH or Idiopathic PAH	
6.	Coronary Artery Disease with past CABG/PTCA/MI AND Hypertension/Diabetes on treatment	
7.	Angina AND Hypertension/Diabetes on treatment	
8.	CT/MRI documented stroke AND Hypertension/Diabetes on treatment	
9.	Pulmonary artery hypertension AND Hypertension/Diabetes on treatment	
10.	Diabetes (> 10 years OR with complications) AND Hypertension on treatment	
11.	Kidney/ Liver/ Hematopoietic stem cell transplant: Recipient/On wait-list	
12.	End Stage Kidney Disease on haemodialysis/ CAPD	
13.	Current prolonged use of oral corticosteroids/ immunosuppressant medications	
14.	Decompensated cirrhosis	
15.	Severe respiratory disease with hospitalizations in last two years/FEV1 <50%	
16.	Lymphoma/ Leukaemia/ Myeloma	
17.	Diagnosis of any solid cancer on or after 1st July 2020 Or currently on any cancer therapy	
18.	Sickle Cell Disease/ Bone marrow failure/ Aplastic Anemia/ Thalassemia Major	
19.	Primary Immunodeficiency Diseases/ HIV infection	
20.	Persons with disabilities due to Intellectual disabilities/ Muscular Dystrophy/ Acid attack with involvement of respiratory system/ Persons with disabilities having high support needs/ Multiple disabilities including deaf-blindness	

I am aware that providing false information is an offence.

Name of RMP: _____

Medical Council registration number of RMP: _____

Date of issuing the certificate: _____

Place of issue: _____.

(Signature of RMP)

Annexure 2 - Registration of Vaccination Centers – COWIN 2.0

1. The Central org and Regional centres will be required to pre-register the Polyclinics as GCVCs in COWIN portal before the registration is opened for ESM and beneficiaries. The list of these GCVCs will be available to the ESM and beneficiaries at time of registration wherein s/he can choose the GCVC of his/her choice and book an appointment based on the slots available.

2. A CVCs **must be a health facility**. Various classifications of GCVC Types such as Government/Private, Free/Paid and type of health facility such as MC/DH/SDH/CHC/PHC/SHC/Central or PMJAY/CGHS/Other etc. will be captured on COWIN at the time of CVC Registration.

The key principles to be followed for identification of a CVC is as follows :-

The Central org and Regional Centers shall decide the district-wise number of PCs as CVC and indicate the numbers to the districts.

The list of CVCs in a district will be decided by the respective District Task Force (DTF).

All **CVCs** will be operated under the supervision of Station headquarters. The Station headquarters Task Force will ensure that requisite arrangements are made at the CVCs at all stages viz. Planning, Preparation, Logistics and Operations, as prescribed in Operational Guidelines and hereinafter.

All Private CVCs must be registered on COWIN by the DIO concerned. These will also be operated under the supervision of District Administration. Registration may be done suo-moto.

A **CVC** will be Registered by the District Admin on COWIN. through a “Manage **Vaccination Centers**” feature provided on COWIN to District Admin. This can be done by editing the details of existing Session Sites or by adding new Vaccination Centers.

The option for activating/inactivating a Vaccination Center will also be available.

All such **CVCs** where vaccination slots for online appointments have been kept, shall be declared on COWIN along with such number of slots, well in advance, to provide options to the ESM and beneficiaries for Registration and Appointment.

A **CVC, when opened as per para 3.5 above**, will be available to any ESM and beneficiaries for appointment regardless of his\her location n. The Central Org may, however, decide to limit the open appointment slots.

The number of **CVCs** in a RC would be worked out on the basis of estimated number of beneficiaries to be covered, the period in which coverage is targeted, and number of available vaccine doses and vaccinators/verifiers. The DIO should ensure that sufficient **CVCs** are registered on COWIN to ensure full coverage within the targeted period.

3. Every CVC will be mapped to a Cold Chain Point (CCP). The details of CCPs must be updated by the DIOs for ensuring correct mapping.
4. A CVC shall usually have only one type of vaccine throughout the vaccination drive. This is necessary to avoid mixing of vaccine types in 1st and 2nd dose of a beneficiary.
5. Each CVC will have a designated CVC Manager (Oi/C Polyclinic) who will be responsible for overall planning, implementation, and grievance redressal at the CVC. (*Annexure 2(B) – Roles and Responsibilities of CVC Manager*)r (Oi/C Polyclinic).
6. The DIO will designate the vaccinators and verifiers for each session at a GCVC. If a CVC Manager is created by the DIO, the GCVC Manager will also be able to add vaccinators and verifiers. However, the GCVC Manager should only add the staff of his/her own institution only.
7. The standard data attributes for a **CVC** to be Registered on COWIN are given in Table 1. Initially, all the **CVC** will be registered by the District Admin.

Table 1: Attributes of COVID-19 Vaccination Centers (CVC)

S. No.	Attribute	Data specification	Precautions
CVC Location Attributes			
1	CVC ID – Polyclinic	Numeric	The correct ID must be entered.
2	CVC Name	Alphanumeric (Max 30 characters)	The Name should be the name by which the institution/facility, it is commonly known among citizens.
3	CVC Category	Government / Private	This will be the key attribute for registration. In case of private, it should only be a health facility

			empanelled under the PMJAY or CGHS.
4	Address	Existing masters of COWIN shall be used. All selections through drop down boxes	
a)	State		
b)	District		
c)	Block		
d)	Pin Code		
e)	Locality/village		
5	Location	1. Location to be captured through vaccinator module or	Location should be captured through any GPS devise on site or by other means; and the values must be entered correctly.
a)	Latitude		
b)	Longitude		
		2. The system will also provide option for user inputs on latitude and longitude	
CVC Logistics Attributes			
6	Cold Chain Point	Selection from Drop down box within district	At any point of time, a CVC must be mapped to any one CCP in the district. Will be editable as per the logistics plan.
7	Vaccine Type	COVI-SHIELD/ COVAXINE – Select from drop down box	Correct mapping should be done
CVC – Site Management attributes			
8	CVC Manager details		
a)	Name	Alphanumeric	Should be same as in Official Records
b)	Mobile number	Numeric (10 digits)	Validations to be kept. This will also be the user ID for the CVC Manager.

9	Verifiers	To be updated by DIO/CVC Manager as per need	<ul style="list-style-type: none"> • The verifiers will be assigned through the “user management” section. • Every CVC should have sufficient number of verifiers designated (at least 1 per 120 slots), for any day. • Mobile numbers of the verifiers must be correct and kept up to date. • A verifier may discharge the role of a vaccinator also but not vice versa.
10	Vaccinators	To be assigned by the DIO/CVC Manager	<ul style="list-style-type: none"> • The vaccinators will be assigned through the “user management” section. • Every CVC should have sufficient number of vaccinators designated (at least 1 per 120 slots), for any day. • Mobile numbers of the vaccinators must be correct and kept up to date.

Annexure 3 - Creation of Timetable and Appointment Slots in COWIN 2.0

The Regional Centres will prepare a Vaccination Time Table for each CVC for the period of Vaccination Cycle. The date-wise schedule for the days/dates on which the vaccination is to be organized a CVC along with necessary inputs in terms of various types of slots, will be prepared and populated on COWIN by the Regional Centres. The Time Table so prepared will then be declared for the ESM and beneficiaries to enable them to choose the CVC and date from among the CVCs where open vaccination slots are still available. The timetable will be worked out by the respective Central Org and Regional Centres, based on target and number of days identified for vaccination. The key principles and steps to be followed for creation of timetable and appointment slots are as follows:-

1. There will be only one session in a day at each CVC. All vaccinators and verifiers will work on the same and full list of beneficiaries for a session.

2. Appointment slots will be of 2 types –

Reserved Slots – These can be further classified as:

(a) **Mobilization slots** - Slots for which respective Central Org and Regional Centers shall mobilize beneficiaries for Facilitated Cohort Registration for on-site registration, appointment, verification and vaccination (all on-site on the same day). There will not be any need for pre-registering beneficiaries through online interface for this.

(b) Slots reserved for 2nd dose for beneficiaries who have already received 1st dose, including HCWs, FLWs and citizens, at a CVC. These slots will be filled by the COWIN system based on data available in the system regarding vaccination details of beneficiaries (such as CVC, Vaccine Type and Vaccination Status (Not/Partly/Fully vaccinated) and Vaccination Date).

Open slots – Open for online appointments by general ESM and beneficiaries. The number of Open Slots for a session will be worked out by subtracting the number of Reserved Slots from the CVC Session Capacity.

3. The number of open slots, for a day (session), to be populated in Vaccination Time Table for the Vaccination center, will be worked out by subtracting the total number of reserved slots (mobilization slots + 2nd dose slots) from the total session capacity specified by DIO while preparing the Vaccination Time Table.

4. Sessions will be pre-scheduled by only filling the timetable for a CVC at the COWIN Portal and identifying the number of Total Slots, Reserved Slots and Open Slots.

2. **Timetable** entries for a GCVC would be done by the DIO. This would include:
Selection of session-date.

The total number of vaccination slots for the selected date. This will also be the session size (or CVC capacity) for the selected date.

%age of open slots will be entered by the DIO.

For a particular date, the system will automatically reserve as many slots for 2nd dose as the number of 1st doses administered on the date that is 28th day before the session-date (the date for which the DIO is planning the session).

Based on the CVC capacity and the %age specified (para 5.3), the system will calculate the number of Open Slots and Mobilization Slots (See example in para 4.5(d)(2))

The Mobilization Slots, will be for such beneficiaries who do not have access to internet/ smart phones and thus will be mobilized for onsite registration, and slots for 1st dose vaccination of HCWs and FLWs, wherever so planned, if necessary.

Balance number of slots will be classified as “**Open Slots**” for online booking and appointment and the vacancies therein will be visible to ESM and beneficiaries.

For a completely new CVC, since there are no slots to be reserved for 2nd dose, all slots can be classified as Reserved or Open, in the initial period up to 28 days from the date of first session at such a facility.

3. While declaring the schedule, the COWIN system would also declare the number of slots available for appointments to beneficiaries through COWIN platform. Depending on the local context and strategy, for any CVC, Central Org may decide to.

Declare full capacity as open (Open Slots) for online appointments; or

Do not open the CVC for open appointments and keep the full capacity as reserved capacity for Mobilization slots and 2nd dose reserve slots; or

Declare partial capacity as open for appointments and retain the balance capacity as reserve capacity for Reserve Slots.

4. **It is recommended that, to begin with, one particular CVC may be either fully reserved or their full capacity is opened for online self-appointment, to avoid the confusion and problems in physical queue management on site at the CVC.**
5. If Mobilization slots are kept or some of the CVCs are fully reserved for Mobilization, then the respective Central Org and Regional Centres shall ensure mobilization of sufficient number of beneficiaries for on-site registration and vaccination.
6. The beneficiaries mobilized for the Mobilization slots shall be registered on-site through the Vaccinator module.
7. No lists need to be pre-populated (by the DIO/SIO etc.). The due list will get filled up as ECHS Beneficiaries schedule their appointments for 1st dose (and automatic second dose) on open-slots, through on-site registration for reserved slots and through 2nd dose appointments of HCWs/FLWs that are already partially vaccinated.
8. The Regional Centres and CVC Manager(Oi/C Polyclinics) will ensure that Sufficient number of vaccinators and verifiers are designated as per the total number of vaccination slots. (at least 1 vaccinator per 120 and at least 1 verifier per 120).
9. **Efforts should be made by the Central Org and Regional Centres administration to register as many eligible beneficiaries as possible by facilitating registration through the Common Service Centers or through Arogya Setu App, so as to reduce the need for reserved slots.**
10. Vaccine type available at a CVC will not be displayed to the ECHS beneficiaries at the time of online registration.
11. Appointments will close for a day for a site, at 3:00 pm on day for which the slots were opened. Based on the planned beneficiary load at a CVC including both Reserved and Mobilisation slots, the DIO must ensure adequate availability of vaccine at the CVC, while simultaneously ensuring that vaccine wastage is minimized.
12. Vaccine batch number will have to be assigned by the DIO for each session before the session plan is finalized.

Annexure 4 – Online Registration and Appointments for ECHS Beneficiaries

Registration:

1. ECHS beneficiaries will be able to register and book an appointment for vaccination using the COWIN 2.0 portal or through other IT applications such as Arogya Setu etc. The various steps for successful registration and appointment booking are as follows:

Any person will be able to register at the COWIN portal through their mobile number.

OTP verification will be done prior to registration to ensure veracity of the mobile number

After registration, an account will be created on COWIN for the person. The person can access (login) his/her account on COWIN using the mobile phone number used at the time of registration. Features for adding beneficiaries, editing their details and for booking appointment(s) will be available in the ECHS beneficiaries account. The ECHS beneficiaries can delete only beneficiaries as have been added by him/her.

With one mobile number, a person can register as many as **four beneficiaries**. However, all those registered on one mobile number will have nothing in common except the mobile number. The ID Card Number for each such beneficiary **must** be different.

A mobile number cannot be used for making more than four registrations. If one out of the four beneficiaries registered in an account is vaccinated, only three registrations are left, and so on.

Till the time of vaccination, all the records of registration and appointment can be edited/deleted by the person making the registration/appointment. Only when a person gets vaccinated, the record is locked and cannot be edited/deleted.

Beneficiary then selects the ID card type and provides ID Card number. In case Aadhar is being used, consent will be **obtained and recorded**.

Following basic demographic details will be captured at the time of registration –

- a) ID Card Type - one of the cards as prescribed in para 1.9.
- b) ID card Number - As recorded in the ID Card selected.
- c) Name - As recorded in the ID Card selected.
- d) Year of Birth - As recorded in the ID Card selected.
- e) Gender - M/F/O

The user will be advised to enter the details of (c), (d) and (e) of para 1.8, as recorded in the ID Card selected by the user.

Following Photo Identity Documents can be used by ECHS beneficiaries for availing online registration–

- a) Aadhar Card/Letter
- b) Electoral Photo Identity Card (EPIC)
- c) Passport
- d) Driving License
- e) PAN Card
- f) NPR Smart Card
- g) Pension Document with photograph

If age of the beneficiary is from 45 years to 59 years, the beneficiary will be prompted to confirm if he/she has any specified comorbidity. In such cases, the beneficiary will also be advised to bring the comorbidity certificate signed by a Registered Medical Practitioner, as prescribed in annexure 1(B).

Once all the necessary details are recorded by the beneficiary, registration is completed and following actions will be taken –

- a) An acknowledgement (Registration Slip/Token) will be sent to beneficiary on his registered mobile number.
- b) Facility for downloading and printing etc. will also be available.

Appointments:

1. A COVID-19 Vaccination Time Table (VTT) (for each Vaccination Center) will be published by the Central Org and Regional Centres, on COWIN.
2. Any beneficiary will be able to choose and book a slot for vaccination at the VCs declared in the VTT, anytime and anywhere, based on his/her preference and convenience.
3. There will be only one live appointment for a beneficiary at any point of time for each dose.
4. The COWIN portal will provide the facility for booking an appointment based on the Vaccination Centers declared by the Central Org and Regional Centres, with their location, the dates on which appointment slots are provided and the capacity declared as Open Slots and the vacancies available at the time of booking.
5. Vaccine type will not be disclosed at the time of appointment.

6. The list of sites and availability of open slots for each site will be displayed. The beneficiary will select the Vaccination Center of his/her choice and the date where vacant slots are available. Subsequent to which, an Appointment Ticket will be generated.
7. Second dose will also be scheduled at the same CVC on 29th day of the date of appointment of the 1st dose, at the time of appointment for 1st dose.
8. The beneficiary will have the option to change the slot for 2nd dose in the period 29th day to 42nd day of the first dose. Such an option, however, will only be available –
 - a) Only when the 1st dose has already been administered, and if so –
 - b) Only for such CVCs where the vaccine type is the same as the vaccine type of the 1st dose appointment.
9. Special reserved 2nd dose slots will be kept by the system to offer alternatives to such beneficiaries who are not able to avail vaccination for 2nd dose in the period of 29th day to 42nd day of administration of first dose.
10. If a beneficiary cancels a 1st dose appointment, then appointment of both doses will be cancelled.
11. Option for cancellation of second dose appointment will not be available.
12. Appointments for any date for a Vaccination Center will be closed at 3:00 pm on the day for which the slots were opened for the date. (for logistics arrangements)
13. A disclaimer will be included in the Appointment Slip to the effect that –
 - a) “This appointment does not create any entitlement to COVID-19 vaccination and that vaccination will be provided subject to verification of the identity of the person for whom the slot has been booked”; and that,
 - b) “In the event of cancellation of the session on the booked date due to any reason, beneficiary will have to reschedule an appointment”
14. The beneficiary will be advised that he\she should carry –
 - a) The Aadhar Card (if available); and
 - b) The Photo ID Card of which the details have been provided by him; and
 - c) Mobile phone through which he\she has registered;

Annexure – 5 – SOPs For coverage of HCWs and FLWs through COWIN 2.0

- COWIN 2.0 will have flexible provisions to manage COVID Vaccination of Health Care Workers and Front-Line Workers.
- Scheduling will only be done by the system for 2nd dose of partly vaccinated beneficiaries on the 29th day from the date of administration of the 1st dose.
- Facility for “On site allotment” will be available both for 1st dose and 2nd dose.
- Facility will also be available for onsite registration, verification and vaccination of unregistered beneficiaries in the vaccinator module.

The process flow for various use cases is as follow:

1. Registered HCW/FLWs –

HCWs & FLWs Registered on COWIN but Not Vaccinated:

1. Those HCWs and FLWs who are registered on COWIN but not yet Vaccinated may visit CVC (COVID Vaccination Centre) and Vaccinator can use the existing “Allot Beneficiary” feature to pull the data of beneficiary.
2. This process can be executed by inter-district by selecting “All” District in filter as well as inter-state by selecting “All” States in filter.
3. Beneficiary can be vaccinated after following due verification process.

HCWs & FLWs Registered on COWIN and Partially Vaccinated

1. DIO will create sessions at all the CVCs where the 2nd dose is due from 1st March onwards. Such non-health facilities which were operated as a CVC for 1st dose vaccination of HCWs/FLWs, will have to also be operated for the 2nd dose at least once on the 29th day from the date of administration of the 1st dose. In such cases, fresh 1st doses may not be administered at these sites.
2. Such HCWs and FLWs who are registered on COWIN and are partially vaccinated and are due on the date (29th day only) will be automatically slotted for 2nd dose at the CVC where these were administered the first dose, based on date of first dose of Vaccination.
3. The number of such beneficiaries for any day will be considered at reserved slots for 2nd dose of HCWs/FLWs and will be subtracted from session capacity to determine open slots for that day at that CVC.

4. On-site Allotment feature will also be available for such HCWs/FLWs.
5. In case of any inter-state or inter-district transfer, Vaccinator can use “Allot Beneficiary” feature to pull the data of beneficiary. This process can be executed by inter-district by selecting “All” District in filter as well as inter-state by selecting “All” States in filter.
6. Allot Beneficiary feature will work only if Type of Vaccine for Dose 1 is same as Type of Vaccine for dose 2.
7. If the beneficiary is partly vaccinated but his vaccination details could not be recorded in the system for any reason (backlog cases), details of first dose vaccinations will be captured and 2nd dose will be administered.
 - a) Following details of 1st dose will be captured –
 - Date of First Vaccination
 - Type of First Vaccine (COVISHIELD OR COVAXIN)
 - State and District of First Vaccination
 - b) Certificate for first dose will not be generated in such cases.
8. Beneficiary can be vaccinated after following due verification process.

HCWs & FLWs Registered on COWIN and Fully Vaccinated – No action required.

2. Unregistered HCWs & FLWs:

Since, unregistered beneficiaries will interact with the system for the first time, it would be important to ensure that eligibility of beneficiaries in terms of their actually being HCWs/FLWs will be important. The plan for onsite registration must be prepared in close coordination with the concerned health facility in-charge or the head of the office, as the case may be. Health Facilities or offices may be mapped (not on COWIN) to the Vaccination Centers and a sufficiently senior official, from the concerned health facility (for HCWs) and office (for FLWs), must be deputed at the Vaccination Center to verify the employment credentials of the HCWs/FLWs of their health facility/office.

It may be noted that in an office not all FLWs may be eligible. For example, not all the revenue staff may have been deputed for COVID containment duties or not all the officials may be deputed on poll duty etc. While planning for such offices, it must be ensured that officials of the concerned department do make sure that 1) ineligible persons are not sent for vaccination and 2) An official may be present at the

Vaccination Center for verification of employment credentials and COVID duties etc., for those who do walk in for on-site registration.

A close watch must be kept on the process and any attempts by ineligible persons for availing this facility may be viewed seriously.

Following processes will be followed –

1. The HCW/FLW can visit identified CVC (COVID Vaccination Centre) for on- spot registration.
2. Beneficiary to provide relevant Identity card or Authentication document to confirm that beneficiary is serving as FLW and HCW. Concerned facility/office in-charge re confirm the credentials of the HCW/FLW.
3. Once eligibility is established, the verifier to ascertain and record is the beneficiary has come for 1st dose or is due for Second dose vaccination.
4. If the beneficiary has come for first dose then it's a case of new registration. If second dose is due then it's a case of new registration and backlog data entry of 1st dose.
5. **HCW and FLWs Not Registered on COWIN and not vaccinated – New registration**

a) Following details will be captured to register the beneficiary –

- Name
- Mobile Number
- Type of Beneficiary (HCW/FLW)
- Sub Category:
 - a. HCW- State, Central, Private.
 - b. FLW- MHA-CAPF, MHA-State Home Department, MoHUA, Revenue, PRI, RPF, Polling officials, Kumbh Mela.
- Photo ID type
- Photo ID Number

b) After registering the beneficiary and Beneficiary can be vaccinated by following due verification process

6. **HCW and FLWs Not Registered on COWIN – Partially Vaccinated (backlog cases)**

a) Beneficiary will first be registered with the details as in para 2.4(5)(a) above.

- b) Following details of 1st dose will be captured –
- Date of First Vaccination
 - Type of First Vaccine (COVISHIELD OR COVAXIN)
 - State and District of First Vaccination
- c) After registering beneficiary can be vaccinated with 2nd dose by following due verification process.
- d) Certificate for first dose will not be generated in such cases.

**Appx A (Refer para 3(b) of CO ECHS letter
No. B/49761/AG/ECHS/Med/2021 dated
04 Jun 2021**

Stores

- (a) Ice Box – for carriage of vaccines from DIO.
- (b) Refrigerator for storage of vaccine.
- (c) Internet connection and O2 computers with printers.
- (d) Basic Furniture for waiting area & AEFI.
- (e) Emergency kit with all injections, med eqpt.
- (f) Banners, Posters.
- (g) Sanitizers with stand, dustbin, BMW Polybags, N-95 masks, cotton, sprits, syringe, gloves etc.
- (h) Generator Back up.

Space

- (a) Registration Room
- (b) Waiting area
- (c) Vaccination Room
- (d) AEFI Room
- (e) Emergency Management Room

Manpower

- (a) 2 x DEO for Registration and Report>Returns.
- (b) 2 x Sol GD for covid centres.
- (c) 01-02-NA for vaccination
- (d) 01 x Sol GD for Tab Dolo distribution in AEFI.
- (e) 01 x NA for AEFI and emergency Room.
- (f) 01 x Veh with Dvr and Sol GD for carriage of vaccines from DIO to PC.
- (g) 01 x Contractual Doctor at PC managing emergencies.
- (h) 01 x Amb with Dvr.

GUIDANCE NOTE FOR COWIN 2.0

Background

1. To reduce the burden of the COVID-19 pandemic in the country, India started the COVID-19 vaccination programme on 16th January 2021 targeting 30 crore beneficiaries based on priority groups identified by NEGVAC. A detailed guideline for planning (including training, logistics & vaccine management), implementation, tracking and management of AEFIs, monitoring and evaluation of the COVID vaccination programme at the National, State and District level was released on 28th Dec 2020 (<https://www.mohfw.gov.in/pdf/COVID19VaccineOG111Chapter16.pdf>).

One of the key aspects of the COVID Vaccination programme in India has been the roll out of COWIN portal. COWIN is an end to end solution that has utilities for the entire public health system from national up to the vaccinator level. The COWIN 1.0 system allowed for creation of users (admins, supervisors, vaccinators), registration of beneficiaries (bulk upload and individual registration), facilities/planning unit and session sites followed by planning and scheduling sessions and implementation of vaccination process.

As on 24th February 2021, more than 1.23 crore (~1.09 crore 1st dose and ~14 lakh 2nd dose) doses have already administered through more than 263,000 session at more than 45,000 sites targeting the health care workers and frontline workers.

In accordance with the prioritization as guided by the NEGVAC, the next phase of vaccination is due for citizens of age appropriate categories, including initially the people above 60 years of age and those aged from 45 years to 60 years and have the co- morbidities. To augment and simplify the process of registration vaccination, the MoHFW is coming with COWIN 2.0, based on the feedbacks received during the implementation of Phase 1 of Covid-19 vaccination drive.

(a) **Purpose of document.** This guidance note is intended to specify the underlying principles that guide the design of COWIN 2.0, for vaccination of eligible citizens. This document also defines key roles, responsibilities, and SOPs for various modules of COWIN2.0. The document also highlights the key features/modules and relevant of the COWIN 2.0 intended to be used by programme manages at the state/district and facility level. Further guidance will also be issued from time to time whenever necessary.

(i) Terms and their meaning:

(aa) Eligible Beneficiary – Following persons are eligible for coverage :-

(aaa) All Health Care Workers and Frontline Workers as specified by the MoHFW.

(aab) All citizens that are aged, or will attain the age of, 60 years or more as on 1st January 2022.

(aac) All such citizens that are aged, or will attain the age of, 45 years to 59 years as on 1st January 2022, and have any of the specified comorbidities, which have been recommended by National Expert Group on Vaccine Administration for COVID-19 (NEGVAC) and approved by Government of India from time to time, subject to certification to that effect by a Registered Medical Practitioner. The list of specified co-morbidities (20) and the form for comorbidity certificate are annexed at Annexure 1(A) and 1(B) respectively.

(b) COVID Vaccination Centers (CVCs) – Is a health center where COVID vaccines will be administered. **Types of CVCs are detailed para 4.2.**

(c) Government COVID Vaccination Center (GCVC) – Is a Government Health Facility being operated as a COVID Vaccination Center.

(d) Private COVID Vaccination Center (PCVC) – Is a Private Health Facility which complies with the requirements as specified in para 4.2(c).

(e) Vaccinator (Vaccination Officer 1 (VO1)) – A trained health care worker who will provide the vaccination services at the CVC. Vaccinator Officers could be from public health facilities or private health facilities. Their roles and responsibilities are already detailed in the Operational Guidelines.

(f) Verifier (Vaccination Officer 2 (VO2))– Verifier Officer will be the person responsible for verifying the identity of the beneficiaries at the time of vaccination before a vaccine dose is administered. Verifier will also be responsible for on-site registration and verification and of HCWs, FLWs and citizens, at the CVC.

(g) CVC Manager – The CVC Manager will be responsible for overall planning, implementation, and grievance redressal at the CVC. He will also be responsible for maintaining stocks and accounts & safekeeping of vaccines supplied to the CVC.

(h) CVC Location – The geo location of the CVC as identified by any GIS software using latitudes and longitudes.

(j) Vaccination Cycle – A period of not more than 28 days for which a Target Number of Doses are planned.

(k) Target Number of Doses – The number of doses planned to be administered decided by respective State/UT Government for a Vaccination Cycle. Total vaccination slots for a vaccination cycle should not exceed the Target Number of Doses. The Targets should further be decided district-wise and within a district Vaccination Center-wise for preparing and entering the Vaccination Time Tables for Vaccination Centers in COWIN.

(l) Vaccination Time Table – The date-wise schedule to be populated in COWIN for each Vaccination Center with details of various types of Vaccination Slots.

(m) CVC Session Capacity - The total number of Vaccination Slots for a CVC for a day. This would be decided based on operational capacity for a CVC in day. The CVC Session Capacity is variable and is an input to the system by the District Admin at the time of creation of a session.

(n) Vaccination Slots – The number of doses to be administered at a CVC in a day including all types of Vaccination Slots. Following types of vaccination slots will be available –

(i) Reserved Slots – These can be further classified as:

(aa) Mobilization slots - Slots for which respective Central Org and Regional Centres shall mobilize beneficiaries for on-site registration, appointment, verification and vaccination (all on-site on the same day). There will not be any need for pre-registering beneficiaries through online interface for this. **Proportion of such slots will be decided by respective Central Org and Regional Centres.**

(ab) Slots reserved for 2nd dose for beneficiaries who have already received 1st dose, including HCWs, FLWs and citizens, at a CVC. These slots will be filled by the COWIN system based on data available in the system regarding vaccination details of partly vaccinated beneficiaries (such as CVC, Vaccine Type and Vaccination Date).

(ii) Open slots – Open for online appointments by general citizens. The number of Open Slots for a session will be worked out by subtracting the number of Reserved Slots from the CVC Session Capacity.

(o) The Framework and underlying Principles:

(i) Determination of Target Number of Doses for a Vaccination Cycle –

(aa) The schedule of vaccination of Eligible Beneficiaries, is closely linked with availability of vaccine doses. The States/UTs will decide the target number of doses to be administered in a Vaccination Cycle, based on already available vaccine doses and additional doses like to be available in a Vaccination Cycle.

(ab) Since, when a beneficiary is being vaccinated with 1st dose, COWIN will automatically confirm the appointment of the beneficiary for the 2nd dose at the same Vaccination Center, the target number of doses should be decided with careful consideration of available stocks and requirement of vaccine stocks for 2nd dose vaccinations for the already partly vaccinated beneficiaries.

(ac) The Ministry will, from time to time, indicate the state-wise allocation of vaccine doses to the States/UTs.

(p) **Vaccination Centers**: A CVC must be a health facility and can be one of the following types:

1. **Government Health Facilities (GCVC)** – These include all Government Medical Colleges, District Hospitals, Sub-District Hospitals, Community Health Centers, Primary Health Centers and Sub-Health Center. Government Health Facilities also include Central Institutions, Health Facilities of other Ministries such as Railways, ESIC, Home etc. and all CGHS Dispensaries.
2. **Private Health Facilities (PCVC)** – For a Private Health Facility to be operated as a PCVC, it would be necessary for such a facility to be empaneled either under the PMJAY or under the CGHS or under any health insurance scheme of the state/UT government. Hence, the private facilities will include –
 - (a) All Hospitals empaneled under the PMJAY.
 - (b) All Hospitals empaneled under the CGHS.
 - (c) All Hospitals empaneled under the health insurance scheme(s) of any state/UT government.
3. For any Private Health Facility to be operated as a PCVC, the facility must have the following –
 - (a) Sufficient Cold Chain equipment and capacity.
 - (b) Sufficient rooms/space for waiting area, vaccination and observation post vaccination.
 - (c) Sufficient number of trained vaccinators and verifiers
 - (b) Ability to manage the Adverse Events Following Immunization (AEFI), as per the norms and guidelines of the Ministry.

(q) **Free & Paid services** – Vaccination will be provided free of charge at the Government Health Facilities and will be on payment basis in the Private Health Facilities, at a rate as may be decided by the Government of India from time to time.

(r) **Determination of the number and list of CVCs to be operated:**

(aa) States will be required to plan adequate number of sites (COVID Vaccination Centers) along with appropriate geographical spread, for achieving the Target as decided by the State/UT for a period. The

State and districts will be required to pre-register these CVCs in COWIN portal before the registration is opened for Citizens (*Annexure 2 (A) - Registration of CVCs*).

(ab) States must ensure that all PMJAY/CGHS empaneled facilities are registered on COWIN with correct details.

(ac) Although, the list of CVCs with Open Slots will be available in public domain through COWIN or other COWIN compliant applications, the list of CVCs must also be adequately publicized by the concerned State/UT using all necessary mediums for informing the citizens.

(s) **Vaccination Time Table for a CVC:**

(aa) The District Administrator will create a Vaccination Time Table (using COWIN 2.0) for vaccination at each CVC based on the target doses to be administered and the number of days in which the coverage is planned.

(ab) The number of days or dates may be decided by the respective State/UT Government.

(ac) Determination of the session capacity for a day: The CVC Capacity for a day will be an input to the system. The minimum capacity for a day will be equal to the number of 2nd doses due at a CVC for that day.

(t) **Determination of Open Slots:**

(aa) Apart from the CVC Capacity, the District Admin will also specify the percentage of remaining capacity (CVC Capacity – 2nd dose reserve) to be opened for online appointments by citizens.

(ab) The number of open slots for a session will then be calculated by the system by subtracting total reserve slots from the CVC capacity.

Example: If the specified CVC capacity for a session on 5th March is 200, the 2nd doses due on 5th March at that CVC is 50 and the specified %age of open

slots is 40%, then – (a) the remaining capacity is 150 (200 – 50 2nd dose slots),

The number of online open slots is $150 \times 40\% = 60$ and c) the number of reserved slots for on-site registration = $200 - 50 - 60 = 90$.

(ac) If the specified %age is zero, then the whole session will be for reserved slots. There will not be any open slots and such sessions will not be visible to the citizens for online appointment.

(ad) If the specified %age is 100%, then there will not be any mobilization slots and all the remaining capacity (after subtracting the

2nd dose capacity from Session Capacity), will be classified as open slots, which will be available to the citizens for online appointment.

(u) Following **precautions** are suggested –

(aa) It is recommended that, to begin with, based on local context and plan, one particular CVC may be either fully reserved or their full capacity is opened for online self-appointment, to avoid the confusion and problems in physical queue management on site at the CVC.

(ab) If it is so decided that a CVC will have both the reserved and the open slots, **session timings for open slots may be carefully selected** to avoid overlap of beneficiaries between the ones coming through online appointment and the ones being mobilized for mobilization slots. The timings for on-site registrations in such a case should also be carefully publicized.

(ac) Session capacities for a CVC and the number of CVCs should be increased incrementally to leave the room for new mobilization slots/ open slots, as in the later period, the number of 2nd doses due will progressively increase.

(v) Further details of creation of Vaccination Time Table are given in Annexure 3. (*Annexure 3 – Creation of Vaccination Timetable and Vaccination Slots in COWIN 2.0*)

(w) Access to ECHS Beneficiaries –

(aa) Advance Self Registration (Online Registration and Appointment):

(aaa) Registration and appointment will be available to citizens through the COWIN Portal or through other IT Applications such as Arogya Setu etc.

(aab) Basic demographic details of beneficiaries and details of the photo ID Card to be used by the beneficiary at the time of vaccination will be captured at the time of registration.

(aac) The list of the CVCs along with date and time of availability of vacant slots will be available to the citizens at time of registration and appointments wherein he/she would be able to choose the CVC of his/her choice and book an appointment based on the slots available.

(aad) The details of the process for Online Registration and Appointment for Citizens is at Annexure 4 (*Annexure 4 – Online Registration for Citizens*).

(ab) Facilitated Cohort Registration (Mobilization of

Beneficiaries): The States/UTs may plan to fully reserve identified CVCs for some sessions at a CVC for on-site registration of beneficiaries. In such cases State/UT/District teams should make all necessary efforts and arrangements to mobilize sufficient number of beneficiaries so as to utilize full planned capacity.

(ac) 2nd dose appointments will be automatically scheduled by the System.

(ad) On-site Registration of eligible beneficiaries will also be possible. However, this must be planned carefully so as to avoid overcrowding of willing beneficiaries.

(ae) All beneficiaries, regardless of the mode of access, i.e. through online registration or mobilization through on-site registration, must be advised to carry the following for verification at the time of vaccination

- (i) Aadhar Card; and
- (ii) Electoral Photo Identity Card (EPIC); and
- (iii) The Photo ID card specified at the time of registration in case of online registration.
- (iv) Certificate of comorbidity for citizens in age group of 45 years to 59 years.
- (v) Employment certificate/ Official Identity Card – (either but with photo) for HCWs and FLWs.

(x) Coverage of HCWs and FLWs: The vaccination of HCWs and FLWs will also happen using the new utility. The detailed SOPs for coverage of HCWs/FLWs are at Annexure 5. (*Annexure 5 – Registration and Vaccination of HCWs and FLWs using COWIN 2.0*)

(z) Verification, vaccination and certification of beneficiaries at the time of vaccination:

(a) Multiple Verifiers and Vaccinators can be assigned for a session at the CVC.

(b) The full list of beneficiaries, as available in COWIN, will be visible to all verifiers and vaccinators designated for a session, i.e. all verifiers and vaccinators will work on the same full list.

(c) Verification will be done by Verifier (Vaccination Officer 2). Verification will preferably be done using Aadhar.

(d) In case Aadhar authentication is not possible at a CVC for any reason, the Verifier will verify the identity and eligibility of the beneficiary from the photo ID Card indicated by the beneficiary at the time of registration.

(e) If the identity and eligibility of a beneficiary is established upon verification, the beneficiary will be vaccinated and his/her vaccination status will be updated, else the beneficiary will not be vaccinated.

(f) All Vaccination Events must be recorded in real time through the COWIN Vaccinator Module.

(g) The process for certification and AEFI reporting remain the same as in the current version of COWIN.

(z) The COWIN system will transition to Version 2.0 from 27th February. The system will be run in test mode on 27th and 28th February. Once the transition is done from the backend, which is planned on the night of 26th February, all sessions planned after 26th February will be deleted. The states must finalize their data for sessions held on February 26th by 9:00 pm. It is therefore advised that the sessions for 26th of February may be closed by 9:00 pm and no sessions be scheduled for 27th and 28th of February. This period will be utilized for registration of CVCs, planning and population of sessions, populating the due lists for 2nd doses and preparing the system for providing access to citizens.