

1	2	3	4	5	6	7
19.	Madhya Pradesh	14.19	8.17	54	679	679
20.	Maharashtra	29.51	12.83	97.2	4434	4427
21.	Manipur	2.02	0.79	5.7	97	97
22.	Meghalaya	1.45	0.52	4.75	54	54
23.	Mizoram	1.36	0.31	4.2	115	115
24.	Nagaland	1.35	0.25	3.75	120	120
25.	Odisha	8.50	2.53	13.5	567	567
26.	Puducherry	3.19	1.56	4.7	107	107
27.	Punjab	5.82	3.13	20.7	510	509
28.	Rajasthan	16.05	7.43	63	1700	1500
29.	Sikkim	1.50	0.52	3.25	10	0
30.	Tamil Nadu	17.96	5.39	72.3	1450	1445
31.	Telangana	13.85	2.41	42.5	1400	1400
32.	Tripura	3.01	1.43	5.5	92	92
33.	Uttarakhand	3.36	1.89	8	700	700
34.	Uttar Pradesh	21.26	12.82	89.4	2000	1988
35.	West Bengal	17.68	4.85	43.5	1120	1001
36.	Lakshadweep	0.42	0.20	2.25	7	0
37.	Central Institutions	38.28	19.50	102.516	2894	1951
TOTAL		344.78	141.46	1083.77	32,109	30,796

Impact of pandemic on child immunisation programmes

1078. SHRIMATI PRIYANKA CHATURVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the child immunisation programmes have been the worst hit in the pandemic;

(b) if so, the plan of Government to restore them as soon as possible;

(c) whether it is also a fact that the children living in the rural areas with lack of access to healthcare are the most impacted; and

(d) whether Government is planning a targeted drive, if so, the outcome thereof and, if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The utilization of immunization services slowed down at the beginning of COVID-19 pandemic in April 2020, but coverage has improved subsequently because of series of measures been taken as outline in part (b) of the reply.

(b) To restore universal immunization, following steps were taken by the Ministry of Health and Family Welfare (MoHFW) during COVID-19 pandemic:—

- States/UTs have been provided with a series of guidelines for delivering immunization services as well as Reproductive, Maternal, New born, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services in the midst of COVID 19 pandemic. The same have also been reiterated in video conferences with the States/UTs. Guidelines are also uploaded on Ministry of Health and Family Welfare (MoHFW) website for wider dissemination.
- Regular reviews are being held with the States/UTs to discuss challenges being faced during the pandemic and the necessary measures taken to ensure immunization services.
- Appropriate communication material has been developed and shared with the States and UTs for addressing vaccine hesitancy and strengthening routine immunization during COVID-19 pandemic.
- Supply chain of vaccines and other logistics has been ensured during COVID-19 pandemic.

(c) As per Health Management Information System (HMIS) 37,49,939 children were fully immunized in rural areas from April- June 2020 whereas 46,75,437 children have been fully immunized in rural areas during same period last year.

(d) After each immunization session, due list of beneficiaries is prepared to track and trace individuals who have missed their regular vaccine including individual, who have missed vaccination due to COVID-19 pandemic.

New hospitals to face COVID situation

1079. SHRI B. LINGAIAH YADAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the details of COVID-19 cases reported, people died and recovered, State-wise;
- (b) the steps being taken to help COVID patients in hospitals; and
- (c) the steps being taken to open more hospitals in the States and provision of additional beds along with posting of doctors and other required staff to face COVID situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) State/UT-wise details of COVID-19 cases, deaths and number of recovered patients are given in the Statement (*See below*).

(b) and (c) For appropriate management of COVID-19 cases, Government of India has advised State governments to setup a three-tier arrangement of health facilities exclusively for COVID. These are (i) COVID Care Center with isolation beds for mild or pre-symptomatic cases; (ii) Dedicated COVID Health Centre (DCHC) with oxygen supported isolation beds for moderate cases and (iii) Dedicated COVID Hospital (DCH) with ICU beds for severe cases. Tertiary care hospitals under ESIC, Defence, Railways, paramilitary forces. Steel Ministry etc. have been leveraged for case management. In addition, Defence Research and Development Organization (DRDO) has set up large field hospitals with capacities ranging from 1000 to 10,000 isolation beds.

The patients admitted to government hospitals are provided free treatment in government hospitals. Further, those admitted are also monitored for their oxygen saturation and other vital parameters. Patients showing signs of deterioration are moved to the next higher level through an established referral system involving 104/108 national ambulance service.