

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

RAJYA SABHA
UNSTARRED QUESTION NO. 258
TO BE ANSWERED ON 30th NOVEMBER, 2021

“DEATHS CAUSED DUE TO COVID-19”

258: SHRI KUMAR KETKAR

:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state-

- (a) the number of people who died due to covid-19 in the country;
- (b) whether Government has maintained a record of deaths caused due to lack of oxygen in India;
- (c) if so, the number of deaths caused due to lack of oxygen during March 1, 2021 to November 2021; and
- (d) if not, the reasons for the same, and
- (e) whether Government intends to build such a database, if not, the reasons therefor?

ANSWER
MINISTER OF STATE FOR HEALTH & FAMILY WELFARE
(DR BHARATI PRAVIN PAWAR)

(a) to (e):

As on 25th November 2021, a total of 4,66,980 deaths due to COVID-19 have been reported by States/UTs and the total number of deaths due to COVID-19 reported from March 1, 2021 to November 26, 2021 is 3,10,417. Detailed guidelines for reporting of deaths have been issued by Union Health Ministry to all States/UTs. ICMR on 10th May 2020 issued ‘Guidance for appropriate recording of COVID-19 related deaths in India’

(Available at: https://www.icmr.gov.in/pdf/covid/techdoc/Guidance_appropriate_recording_of_related_deaths_India.pdf). This was widely disseminated among States/UTs.

MoHFW vide letter dated 9th October 2020 has conveyed to States/UTs, WHO and ICMR guidelines on correct recording of COVID-19 related deaths in accordance with globally

accepted ICD-10 classification and also urged states to undertake periodic death audits with the aim to improve quality of healthcare services by suitable corrective measures.

The COVID-19 management toolkit for District Collectors shared by Ministry of Health & Family Welfare on 2nd April 2021 with states, also highlighted the need for deaths audits and follow up action as one of the key monitoring parameters. 170 Central teams deployed to 33 states/UTs have also reiterated need for correct recording of deaths and to undertake periodic death audits.

Health is a state subject. Government of India has provided the required technical support and has also supported the states through logistic and financial support to further strengthen the existing health infrastructure to tackle COVID-19 pandemic. Some of the major areas of intervention include:

- Ministry of Health & Family Welfare continues to provide technical guidance for managing various aspects of COVID-19. So far more than 150 guidelines/advisories/SoPs/plans have been provided to States/UTs.
- Guidelines on Clinical management of COVID-19 continues to be updated with emerging scientific evidence. The treatment protocol for adults was last updated on 24.05.2021 and has been widely circulated.
- Guidelines for management of COVID-19 in children was issued on 18th June 2021. The guideline covers guidance on management of acute presentation of COVID-19 as well as Multisystem Inflammatory Syndrome (MIS-C) in children and adolescents found temporally related to COVID-19.
- Guidelines and checklists on prevention and clinical management of Mucormycosis was disseminated to all States/UTs.
- A Comprehensive Guidelines for Management of Post-Covid Sequelae was issued by MoHFW on 21st October 2021 after expert consultations to guide doctors on post-COVID-19 complications and their management.
- States are supported in terms of supply of logistics which includes PPE Kits, N-95 masks, ventilators and drugs like Hydroxychloroquine, Remdesivir etc.
- States have been supported with supply of oxygen cylinders and oxygen concentrators. States are also being supported in terms of installation of Oxygen concentrator plants/ PSA (Pressure Swing Adsorption plants) plants. All the States have been advised rational use of oxygen and to prohibit the wasteful usage by strict monitoring. States have also been advised to undertake oxygen consumption audit in hospitals including private hospitals and to undertake facility-wise/hospital-wise oxygen inventory mapping and advance planning for timely replenishment so that there is no stock out.
- COVID-19 vaccine is being made available free of cost for all citizens of the country aged 18 years and above, irrespective of their socio-economic status, at all Government COVID-19 Vaccination Centres (CVCs). Provisions have been made to improve access for elderly,

specially-abled citizens, vaccination of persons in Mental Health Institutions, destitute & vagabonds etc. Under the 'Har Ghar Dastak' campaign for improving COVID-19 vaccination rate, various initiatives including community awareness campaigning in collaboration with local religious and community leaders, CSOs, NGOs, NSS, NYK etc. is being taken to ensure mobilisation and counselling of the eligible population.

Funding support is also being provided to States/UTs through various avenues:

- During the F.Y. 2019-20. funds to the tune of Rs.1113.21 crore was released to the States/UTs under NHM towards management and containment of COVID-19 pandemic.
- Since September 2020, the Union Government has allowed use of State Disaster Response Funds (SDRF) for various COVID-19 related activities.
- During the FY 2020-21, funds to the tune of Rs. 8257.88 crore has been released to the States/UTs towards the India COVID-19 Emergency Response and Health System Preparedness Package. This provided support to States for health infrastructure strengthening, expansion of laboratory network, surveillance and contact tracing, procurement of PPEs, N-95 masks, ventilators etc.
- In addition, 'India COVID-19 Emergency Response & Health System Preparedness Package: Phase-II' has also been approved by the Cabinet with Rs 23,123 crores (with Rs. 15,000 Cr as Central Component & Rs 8,123 Cr as State component) and is being implemented from 1st July 2021. This includes support to State/UT level for ramping up health infrastructure including those in rural, tribal and peri-urban areas closer to the community, providing support for procurement of drugs and diagnostics to enhance service delivery at district and sub district levels for management of COVID-19 cases (including pediatric care) and for maintaining a buffer of drugs, support for IT Interventions such as implementation of Hospital Management Information System (HMIS) and expanding access to tele-consultations in all districts, and support for capacity building and training for all aspects of management of COVID-19.