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## DO letter dated 14.07.21 from Secretary, MoHFW on Guidance note to States/UTs for Preparation of Proposals for "India COVID 19 Emergency Response and Health Systems Preparedness Package: Phase II" - Meeting by Secretary, MoHFW on 15.07.21 by 11:30 AM- reg.

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Thu, Jul 15, 2021 at 6:49 PM

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Dear Sir/Madam,

With reference to today's meeting on ECRP-Phase II Package, please find attached the **Annexure A and B template in excel format** for your kind perusal and necessary action.

Clarification is also issued w.r.t. ECRP Phase-2 Guidance Note at **Page no.-7 under Section- a.7** as below:

**a.7. Support for Liquid Medical Oxygen (LMO) tank of 10 KL Capacity with Medical Gas Pipeline System (MGPS) in the public healthcare facilities @ at least one LMO facility per district.**

The guidance note related to installation of MGPS in public health facilities is provided in **Annexure H. The unit cost of the LMO is approximately Rs. 20 Lakhs per unit and the Unit cost of MGPS (Locally manufactured) is approximately Rs.60 lakhs per unit depending on the existing infrastructure in the Hospitals. States may prioritize to provide MGPS system to the Hospitals, where PSA plants have been sanctioned under PM-CARES or State Resources or other sources so that the Oxygen availability may be ensured to all the beds ear-marked for oxygen supply at the earliest. After appropriate gap analysis, the State may propose, under this component, both LMO Plants with MGPS system and MGPS systems to the public healthcare facilities where Oxygen source is tied-up or available through PSA Plants.**

Further, **Para 1 at Page no.-36** may be read as below:

**Augmentation of ICU bed facilities in the States**

The second wave demonstrates the acute need for augmenting the ICU beds. The Empowered Group-I set up by the Government of India has also highlighted the need to augment the ICU beds in the Country. ECRP-II provisions for augmentation of 20,000 ICU beds (including 20% paediatric beds) @Rs. 16.85 lakhs per bed where critically ill patients requiring highly skilled lifesaving medical aid and nursing care can be admitted. These beds can be augmented at either district hospitals or medical colleges. However, district hospitals with existing ICU set-ups should be prioritized. For calculation purposes, 25% augmentation of available ICU beds as on April 2021 has been assumed. Patients requiring mechanical/invasive ventilation or intensive monitoring may be admitted here.

Best Regards

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**ECRP-2 Template Annexure A&B.xlsx**

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