

**08.05.2021,5:15 pm**

**Minutes of the daily meeting of the Covid LSGD war room held online.**

HODs, Covid war room members, Mission Heads and senior field officers of LSGD participated in the meeting.

The ACS sought the updates regarding the actions taken based on the decisions taken in the last meeting. A district wise review on status of caseloads and functioning of ward level samithis was also done by the ACS.

Decisions taken:

1. The issues regarding the deployment of AEs in Thodupuzha and Kattappana municipality as nodal officers needs to be rectified **today** itself. They need to be replaced and a compliance report given.
2. The DUA should ensure that the city mission managers deployed to other LSGs (mentioned in the case of Pathanamthitta, Thiruvananthapuram, Kottayam and Alappuzha) are brought back to their respective LSGs tomorrow itself.
3. The respective HODs/Mission heads should be informed by the concerned war room officer of the details of the nodal officers who have not joined as of yet. It is the responsibility of the HoD to see that they join the duty on time.
4. HODs should make a reserve list of nodal officers to be drawn for covid management. SS Kannan will coordinate.
5. The responsibility matrix of nodal officers mentioned in point 3c of the minutes of 7.5.21 was to be presented tomorrow by the War room.
6. It was noted as point 4 in the bulletin that 6 districts- Kottayam, Idukki, Thrissur, Ernakulam, Thiruvananthapuram and Kollam - had not reported on the ward level samitis. Their report was to be discussed tomorrow. In respect of the districts that reported, it was seen that in some cases, the

ward level committees were not seen functional. The DDPs/ RJDs concerned were to enquire and activate those LSGs for ward level committees. The CM in his review had named certain panchayats where the ward level committees were held to be inactive. It was noted that the DUA, DDPs and RJDs had already looked into the functioning of ward level committees of these LSGs. However the ACS pointed out that they every fact that most of these panchayats/municipalities had high caseload meant that at some level the COVID management interventions were inadequate and it is our responsibility to find where the lacunae are so that the management can be improved. Cross checking with the minutes of the ward samithis should be done. Delay in the formation of ward samithis in the name of “restructuring” was unwarranted. The ward member was an ex officio member, so re constitution was not needed. Existing members if they had dropped out could be substituted with additional volunteers or officers – as augmentation of already existing committees, not as restructuring. The DDP/RJD has to intervene to ensure that there are no further delays in the name of restructuring.

7. The concerned DDPs and RJDs were to give a detailed report by Monday on status and action taken to rectify the poor functioning of ward committees in the above LSGs. The report should contain the details of the active caseload, prevention activities undertaken, functioning of ward level samithi and war rooms, whether meetings conducted in the Panchayat level samithis and responsibilities given to the officers (to be produced as per the template already provided). The actions taken concerning the prevention activities could also be included.
8. If high TPR was being blamed on inadequate testing facilities within the LSG, the LSG should make arrangements for testing in the nearby testing centres- and ensure that there are enough vehicles to take people for testing.
9. As per the intimation from the CM, it has been decided that ward level samithis are to be considered as frontline workers. LSGD will write to the Health department to prioritize these officers for vaccination. Along with them, details of drivers of vehicles assigned covid duty, sannadha sena and

volunteers, sanitation workers, HKS and local officers working on the ground as front line workers who have missed vaccination to be listed by the LSG and submitted to the respective DDMA for prioritisation as FLW for vaccination.

10. LSGD will contact the DDMA of Ernakulam and Malappuram suggesting to increase the number of CFLTCs/DCC in the districts as well as increase CSLTCs in Kozhikode. The status of oxygen beds in CFLTCs will be reviewed tomorrow. DUA and DP to be ready with action being taken in each district for creating oxygen beds in CFLTCs, where there are none at the moment. The war room bulletin will have a table on CFLTCs LSG wise in each district with no oxygen bed for the discussion. This will be a daily review point.
11. In view of the CM's directions regarding community kitchen, a clear set of directives was to be issued, based on what has already been given. Kudumbashree to submit detailed proposal in this regard, including fund requirements, on the pattern of Janakeeya hotels already sanctioned.
12. The LSGs would have to prepare a list of vulnerable categories and indicate **category wise** the exact number of people who need food delivered. The categories may include the list of covid patients who are in need, welfare pensioners (old age, widow and disability), people who are bedridden or in palliative care, fisher hamlets, SC/ST colonies, guest workers camps, etc. The details of Ashraya and BUDS beneficiaries was also to be taken.
13. Review of those 161 LSGs with no Janakeeya hotels was done, and it was seen that in most of them, the TPR was high, or the active caseload was high (200 and above), or both. Kudumbashree mission and the RJD/DDPs were asked to work with these LSGs on priority for setting up community kitchens. Action on this front was to be reported on Monday.
14. DDPs and RJDs may also prepare an LSG wise assessment report of all other LSGs with active caseload of more than 200. Check whether the Janakeeya Hotel would be adequate to cater to requirement in these LSGs.
15. MGNREGA should come out with a clear proposal on the continuation of MGNREGS work in the event of the lockdown, based on assessment of the ground situation, need and challenges in working within the framework of prescribed restrictions.

16. There should be an independent assessment report on the status of COVID management in Nelliampathy, as previous reports submitted by the Secretary have been found to be unreliable.
17. The nodal officers are required to submit the list of volunteers who have been identified to deliver the food and medicines to households. LSGD will issue an order to facilitate passes for them (in all cases where necessary arrangements have not already been made)
18. Issue with the appointment of Panchayat Secretaries as Sectoral magistrates should be taken up with the district collector Trivandrum for rectification. If not rectified, the matter will be escalated.

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