

10.05.2021,5:30 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 War Room bulletin was discussed and analysed with specific focus on issues faced in Ernakulam. ACS sought inputs from the health experts in the war room to tackle the severe surge in cases.

Decisions taken:

1. BDOs are Secretaries to the Block Panchayat and cannot be made nodal officers to GPs or ULBs. The CRD needs to issue an order for replacement of Block Development Officers posted as nodal officers in Alappuzha immediately. The nodal officer appointed in Manjeri Municipality needs to be replaced as well. Henceforth, issues related to the appointment and replacement of nodal officers will be handled by the CRD.
2. DDPs have to intervene to ensure that all nodal officers who are in position are assigned duties. Where the nodal officer has been given too many responsibilities, the DDP/RJD is to intervene with the concerned LSG to ensure that it is a reasonable load – not more than 2-3. The discrepancy between the information reported by the DDPs and the war room in this template is to be reconciled and presented tomorrow.
3. ACS will ask the District Collectors to communicate active caseload and TPR to DDPs on a daily basis. The war room would inform the ACS as to which districts were providing daily TPR and which were providing 2-3 days or weekly TPR.
4. The health worker/volunteer appointed in CFLTC/DCC responsible for oxygen management should be given sufficient training and they should use the oxygen only as per the instruction of a doctor. Instructions to that effect were to be issued by LSGD.
5. LSGD would verify if there were already instructions issued regarding meeting the fuel expenses of volunteers – if so, these were to reiterated. If not, urgent instructions were to be issued by LSGD.

6. The ACS mentioned that in the CM's review it was instructed that there should be at least one institutional structure – DCC, CFLTC or CSLTC - in every LSG. As the numbers and location of the CFLTCs and CSLTCs were determined by DDMA in consultation with health department, it should be followed up from the war room and LSGD that every LSG that did not have a CFLTC or CSLTC initiated action to set up a DCC.
7. The Report on Oxygen in CFLTCs was not ready. To be discussed tomorrow. Information to be put together by then. **The War Room is to prioritise and ensure this.**
8. The report on LSGs with issues in testing also had not been collated. The report was to be ready by 12.5.21 and presented in the meeting on the 12th.
9. The role of Kudumbashree in reaching out to its own constituency was discussed. A concerted effort was to be made to bring in Kudumbashree's considerable wealth of resource persons – the KAASS, the training groups, the NRO mentor RPs, the Gender Resource persons, former CDS chairpersons etc to ensure that there was last mile delivery of the messaging on covid. A small team of RPs could be identified to facilitate each CDS and to ensure that the information was received and assimilated by all NHGs. Sri Jagajeevan and the Kudumbashree State Mission would together work out a plan of action to be put into operation immediately.
10. Interventions to be made on an urgent basis with special attention in those panchayats of Ernakulam district with high TPR (above 50% or active case load above 500) are mentioned below:
 - a. Better home surveillance. This should be done by ensuring home isolation protocol (complete isolation, wearing double-layered mask, gloves should be worn while handling food, rooms are well ventilated). Oxygen levels of all people in quarantine or in home isolation to be regularly checked.
 - b. ADP and RJD have to check whether CFLTC/CSLTC/DCC are present in these LSGs and ensure urgent functioning of DCC if no CFLTC present.
 - c. Assess arrangements for supply of oxygen cylinders in the CFLTC, DCC, PHC.
 - d. Inventory of health workers including retired medical doctors and nurses, who can be pressed to work with the helplines or to provide tele counselling for the CFLTCs and DCCs is to be made immediately and persons willing to support identified. The persons assigned charge of these centres should contact these persons on a regular basis.

- e. Urgently ensure the availability of help desk and phone numbers in line with the GO in these LSGs.
- f. Ensure all the helplines are functional and availability of doctors or nurses for service. If remuneration has to be provided for these services, it should be done.
- g. Check whether Janakeeya Hotels are operational in these panchayats. If not, then community kitchens have to be activated. In all cases the category wise list of vulnerable persons (please refer to earlier minutes) is to be put together urgently.
- h. LSGs have to take care of the accommodation and food of health workers as needed.
- i. Ensure adequate availability of pulse oximeters in these high risk areas.
- j. A clear strategy can be developed for a campaign programme among domestic helpers and street vendors with the help of Kudumbasree, flat committees, residence associations, sannadha sena and street vendor associations to create awareness, step up home surveillance and reduce the spread. This is to be coordinated by the RJD. The DMC Kudumbashree Ernakulam, City Mission managers of Kudumbashree and the Corporation and ULB Secretaries will assist. RJD will brief the DC Ernakulam on action in this regard and take his assistance.

ACS LSGD, 11.5.2021