

**11.05.2021,5:15 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.

Decisions were made based on the discussion on the War Room Bulletin and on the concerned issues raised.

1. The average number of volunteers in the districts of Pathanamthitta and Malappuram were seen to be quite low. The DDPs of Pathanamthitta and Malappuram should submit a report on the status of volunteers in each LSG in the common template tomorrow. In addition to this, MGNREGS Mission should do a random audit of a few panchayats of Pathanamthitta and Malappuram to cross check the figures reported by LSGs.
2. The updated list of volunteers in ULBs of all districts should also be submitted as per the given template by tomorrow.
3. A fair distribution of duties have to be assigned between nodal officers and secretaries. In panchayats where nodal officers have been assigned more than 5 duties, the DDP and war room needs to intervene and reduce the responsibilities to a manageable number – it would be otherwise offloading all COVID responsibilities on an officer not familiar with the LSG. The changes due to the intervention made have to be reported tomorrow and represented in the table in brackets along with the old data.
4. Provide the district wise information on the availability of oxygen beds in each CFLTC/CSLTC/DCC by tomorrow. Get the information template approved by ACS before 2 pm. Information on Institutions without oxygen beds needs to be captured immediately so that necessary interventions can be made.

Which are the LSGs where the CFLTC does not have an oxygen cylinder/bed?

Of these CFLTCs without oxygen cylinders/beds, has the concerned LSG taken action to set up oxygen beds?

Which are the LSGs where there are issues in taking the necessary action?

Which are the LSGs where no action been taken to supply oxygen cylinders/beds in the CFLTC?

We also need to discuss the CFLTCs staff availability and technical capability of oxygen management in all CFLTCs which have oxygen facility.

5. ACS sought the status of active caseload and TPR information available to each DDPs based on which the following table is prepared. The KS interns are to update the table with information on TPR – whether **weekly or daily** TPR report is provided by the DDMA/DMO to the DDP with the help of the war room by noon tomorrow and submit to the ACS. The status and nature of information flow to the ULBs is also to be understood.

<b>District</b>	<b>Status of reporting of active caseload as reported by DDPs and RJDs based on the discussion held.</b>
<b>Thiruvananthapuram</b>	Information on active caseload not received. Both weekly and daily TPR received, and active caseload of the last 4 days included.
<b>Kollam</b>	Data on active caseload is received panchayat-wise from DMO.
<b>Pathanamthitta</b>	Data on active caseload received panchayat-wise from DMO.
<b>Alappuzha</b>	A consolidated data on active caseload not received from DDMA. Collected directly from panchayats instead.
<b>Kottayam</b>	Information on active caseload daily is provided by DDMA (from DMO's presentation). Thereafter, the data is sorted

	and given to panchayats (may take 1-2 days delay sometimes).
<b>Idukki</b>	Data on active caseload not received panchayat-wise. It is collected from PHCs instead. Not invited to DDMA's meetings regularly.
<b>Ernakulam</b>	Data on active caseload received panchayat-wise. Only weekly TPR is received.
<b>Thrissur</b>	Data on active caseload not received. Instead received from PHCs similar to Idukki. TPR received daily.
<b>Palakkad</b>	Data on active caseload received. Information shared with panchayats but not to municipalities. TPR received only weekly. ACS instructed to share the received data regarding municipalities with the ULB secretaries.
<b>Malappuram</b>	Till yesterday, active caseload data was collected from PHCs. Now, after the issue was taken with the DDMA, data on active caseload is received. A system is in place.
<b>Wayanad</b>	Active caseload and TPR received daily. The municipalities are also receiving information on time. The DDP presents the situation to the DDMA.
<b>Kozhikode</b>	Daily TPR is available. Active caseload data not received.
<b>Kannur</b>	DMO shares the information on TPR and active cases.
<b>Kasaragod</b>	Active caseload and TPR received daily including the panchayats and municipalities.

As per the reports of DDP and RJD, a significant gap is noticed in the provision of data on active caseload by DDMA and the way in which this data is received. Therefore, in order to address this issue, the Health Department/ Disaster Management Authority is to be requested to streamline the system of information flow. The information shown above is

incomplete. Status of TPR reports received – do they have weekly information or daily information, or 3-4 moving average, or do they show all? This is to be updated by the War Room before noon today and submitted to ACS, so that the matter can be taken up with the health department.

KILA to discuss in the CB group regarding what would be the best format of information that would help LSGD to identify the most critical LSGs for focused intervention and follow up.

6. As part of creating awareness among the families through integrating the activities of Kudumbashree, a chain call system has been suggested where the instructions are passed down structurally from top to bottom. ***This was not in line with the instructions given in yesterday's meeting***, where it was instructed to mobilise all RPs available to Kudumbashree to facilitate, mentor and monitor. Kudumbashree to ensure the following:
  - a. There should be at least one RP to monitor and coordinate these activities at the panchayat and nagarasabha levels. It is advisable to have support RP teams at the block level as well.
  - b. A feedback system needs to be developed through the RP mechanism
  - c. Make use of the social capital from various sections by pooling in the Resource Persons from Haritha Keralam Mission, and KILA too. KAASS, Gender Resource persons, training teams, former CDS Presidents and members, former ERs, mentor RPs of the NRO, master farmers, Balasabha RPs and any other community resource pool of Kudumbashree is to be activated for the IEC programme immediately. A strategy to reach out to all of these people asap to be chalked out.
  - d. Material needs to be developed on what needs to be communicated for the last mile. The messaging has to be continuous and graded. It should include:
    - i. Assistance to be made available through ward samithis/help desk to people suffering from depression during this lockdown.

- ii. Communication with families without access to mainstream information to decrease the communication gap.
- iii. system to connect with help desk/ward samithis in case of any other issues faced such as individuals facing depression amidst lockdown.
- e. An orientation has to be provided by KILA
- f. Make sure that orientation and facilitation are done online.

Kudumbashree is to provide a concept note tomorrow on the social capital mobilisation strategy to be worked out to enable this, which will be discussed and finalised.

The engagement with IMA for information dissemination through the network was noted. It was decided to bring in the training team of the health department and KILA so as to ensure that the information shared on systems and management protocols were as per government instructions. IMA could provide technical understanding of the disease and its behaviour.

7. The intervention by the Panchayat Director, RJD and ADP in the matter of Ernakulam was appreciated. ACS will directly get in touch with the district collector to see whether new CFLTCs can be set up.
8. It was pointed out that those who tested positive and their families are to be monitored for at least for two weeks, and not just till they were discharged or 7 days were up.
9. ACS reminded all that the LSGs can meet the fuel expenses of the volunteers, in line with the instructions on GO projects. If any panchayat was refusing to do citing absence of government instructions, they were to be taken to task. SS will be issuing a circular reiterating this.
10. As the first installment of the basic grant of the CFC fund is going to be released, LSGD is going to issue an order to use this fund for covid prevention activities. All the activities that have been reflected under the

GO Projects can be supported with the CFC funds except the ones that pertaining to salary and establishment expenses.

Sarada Muraleedharan

ACS LSGD

12.5.2021