12.05.2021,5:15 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. On the basis of the presentations by Pathanamthitta and Malappuram districts, the following was observed:
    a. In Pathanamthitta, DDP to engage with panchayats with an average of only one volunteer to increase the number per ward to at least 2. These were Chittar, Elanthur and Koipuram.
    b. In Mallappuram, as the active caseload was among the heaviest in the state, there should be at least two volunteers per LSG ward. Edakkara, Edappal, Edayoor, Kalady and Kavanoor panchayats would have to increase the average to 3 per ward, which the DDP should ensure.
    c. Vazhakkad and Vazhayoor were seen to have an average of 20-25 volunteers in the ward level samithis, which would be justified only if these are high COVID incidence areas, with heavy active caseload and high TPR. The war room should report on the caseload and TPR of these panchayats in the past one week. DDP to report on why these panchayats took so many volunteers and what the volunteer responsibilities were.
2. It was seen that overall numbers given by the MGNREGS mission and the War room by and large corresponded. However to check whether any particular panchayat had severely over reported the volunteer number, Mr Balachandran of MGNREGS Mission would compare the data provided by

the war room and the data obtained through the audit done by MGNREGS Mission, and report on the same in the next meeting.

3. The number of volunteers in city corporations seem to be insufficient except in Kochi and Thiruvananthapuram. The DUA should should report on how exactly volunteering work is carried out in each ward and in the ULB detailing the responsibilities assigned, CFLTC linked activities if any, ward level follow up of caseload, coordination of testing, vaccination, work in the LSG war room or help desk etc. This will be reviewed on Friday.
    a. Tvm district – Attingal, Nedumangad and Neyyattinkara had only 1 volunteer per ward. The number of volunteers needed to at least double.
    b. Kottayam district – Vaikom had the least number of volunteers per ward, and was a high incidence Municipality. Therefore the number should be increased to average at least 3 per ward.
    c. Ekm district – Eloor, Maradu, Moovattupuzha, N. Parur, Perumbavoor, Piravom, Thrikkakkara municipalities should increase their volunteer size to at least average 3-4 per ward. It was seen that despite having some of the highest active caseloads in the State, these municipalities did not appear to have strong local engagement. RJD to specially intervene in these municipalities.
    d. Thrissur – Kodungalloor needed to double its number of volunteers.
    e. Palakkad district – with the active caseload going up, the volunteer strength was to be doubled in Ottapalam and Shornur and in Palakkad made to increase to an average of at least 5 volunteers per ward.
    f. Kozhikode – Koduvally and Payyoli did not have adequate no. of volunteers . Had to be trebled.
    g. Wayanad – Kalpetta municipality had to double the number of volunteers.

    In all the other districts the ULBs seemed to have gotten their house in order as far as volunteers was concerned. The DUA may follow up with the ULBs listed above to ensure that the outreach of these ULBs improved significantly.

4. Changes to be made in the data presented on the availability of CFLTCs and oxygen beds.

District	Instructions by ACS
Thiruvananthapuram	1.DUA has to check what actions have been taken by Neyyattinkara municipality to resolve the issue of no oxygen beds in their CFLTC and this has to be followed up and necessary action ensured - To be reviewed on Friday. 2. Discrepancy in data regarding number of CFLTCs and no of beds in the district needs to be understood – the two lists compared, variations identified and reasons for the discrepancy explained by the DDP/RJD concerned.
Kollam	1.CRD needs to intervene in Nedumpana, DUA in Punalur, and DoP in Ummannoor and Kadakkal for ensuring oxygen beds in the concerned CFLTCs. 2. Discrepancy in data regarding number of CFLTCs and no of beds in the district needs to be understood – the two lists compared, variations identified and reasons for the discrepancy explained by the DDP/RJD concerned.
Pathanamthitta	Intervention required by DDP at Ranni-Perunad, Ranni and Anicadu for ensuring oxygen beds at CFLTCs. These were meant to be in addition to the stock available to the DDMA and not part of it.
Alappuzha	No instructions. CFLTC numbers and oxygen availability seen to have been catered to.
Kottayam	Intervention needed by DDP and DoP at Nattakom, Pampadi, Vaikom, Kottayam,

	Manarcadu, Ramapuram, Athirampuzha, Akalakunnam, Puthupally, Nedumkunnam, and Madappally for ensuring oxygen beds.
Idukki	Nedumkandam needs intervention.
Ernakulam	The variation in the reports were too big to be reconciled – which needed to be addressed first. Authoritative report on the functioning of the CFLTCs identified by the DC Ernakulam was to be given by RJD and DDP in coordination: ⇒ Which of the CFLTCs in the list had medical personnel appointed, and patients referred to by the health department? ⇒ Which of the CFLTCs were ready to occupy, but had not got the medical personnel yet? ⇒ Which of the CFLTCs were DCCs earlier and have just now been upgraded, and medical personnel yet to be posted? ⇒ Which of the taluks do not have CFLTCs? RJD and DDP need to coordinate and a report needed on the total number of CFLTCs- their actual status needs confirmation (upgraded or downgraded).
Thrissur	Meloor, Koratty, Nattika, and Veloor need intervention for procuring oxygen cylinders. Find out the need of 60 cylinders at Kodungallur CFLTC and what type of cylinder it is. Are there plans to upgrade to CSLTC?
Palakkad	It is problematic that only two CFLTCs are functional in Palakkad as of now. The issue of no CFLTC in three taluks will be raised by ACS with the District Collector separately.

Malappuram	Number of CFLTCs is very low. Only three out of seven taluks have CFLTCs now. Thirurangadi and Tirur municipalities need intervention in the case of oxygen beds- DUA has to follow up. ACS will raise the issue of missing CFLTC in four taluks with the District Collector.
Kozhikode	DUA may ascertain from Koduvally action for the arrangement of oxygen beds in CFLTC.
Wayanad	CFLTC started recently at Sulthan Bathery has to be included in the data
Kannur	Engage with Thavakkara for oxygen cylinders
Kasaragod	Intervention in Manjeswaram and Kanhangad ULBs needed to

The War Room and DDPs need to look into the gap/discrepancy noticed in the data of Thiruvananthapuram, Kollam and Ernakulam. DoP has to report for rural areas and DUA has to report for urban areas. Following has to be checked for these districts:

a. Is there any order issued as CFLTC?
b. Is the CFLTC functional?
c. Are medical staff appointed at the CFLTC?
d. Bed strength?
e. Any case where the district administration decided to start CFLTC, but not yet functional like in the case of Palakkad should also be reported.

1-2 oxygen beds on an average per hundred beds should be the arrangement to be pushed for in CFLTCs without oxygen facility.

It is enough to provide oxygen cylinders or oxygen concentrators – it is not intended to provide dedicated pipeline for oxygen in the facility. The intent is to help any patient in the CFLTC or in nearby home isolation who has a

sudden drop in oxygen saturation as an interim measure till medical help is available or till they are shifted to a medical facility.

In respect of all CFLTCs identified above where there is no arrangement for oxygen either by way of cylinder or concentrator, the follow up expected from the war room and the DDP/RJD is to learn

- ⇒ Whether the concerned LSG intends to take action for providing oxygen
- ⇒ Whether action has been initiated and is expected to be completed soon
- ⇒ Whether there are any bottlenecks that require our intervention

The position will be reviewed again on Friday. The war room may also ascertain as to how many CFLTCs have been provided access to an ambulance that can provide oxygen to the patient in transit, and the names and details of the ones without such arrangement.

5. Kudumbasree- A concept note is prepared on the strategy to deploy the resource persons. A brief, as presented by Kudumbasree: (i) IMA training- includes health staff and KILA.

   (ii) Brainstorming discussion to bring in the possibilities of other innovative ideas.

   (iii) Development of quality content. Thereafter, monitoring, delivery and communication of content through RPs at panchayat level. A resource pool can be formed at the block level.

   Suggestions made:

   a. The resource team that developed Gender Resource material can be brought in for developing innovative content at the state level.

   b.Feedback mechanism – Community RP based feedback mechanism to be incorporated into the architecture of the campaign to track any block in the flow or any non-cooperation if any, until the system is streamlined.

   c. Support and content to any specific target groups like BUDS families or balasabhas can be developed.

d. The campaign should support the agenda of both an immediate intervention as well as building resilience to face a possible third wave.

6. Kudumbasree needs to do a feasibility assessment for another round of the CM's "Sahayahastham programme" based on the current debt burden and financial need in the network. Kudumbasree informed that feedback from districts will be taken and reported.
7. Number of active caseloads should be included along with TPR in the statewide data presented in the war room bulletin.
8. DDPs, RJDs, DoP and DUA should examine and understand the situation in Malappuram, which has the highest TPR in the State currently – district review of Malappuram will be done on Friday.
9. As intimated by CS, an instruction will be issued for helplines where doctors are unavailable to approach IMA for positioning of doctor with the helpdesk. The nodal officers may report all cases where the help desk currently does not have medical professionals attached to it for 24/7 service. This needs to be represented district-wise. This will help in seeking support from IMA.
10. Training to help desks and war room is to be organised by KILA on Monday and Tuesday. A training session for RRTs/ward level committees also needs to be organised, taking one district at a time and including 1-2 members (including a panchayat member) from each ward.

Sarada Muraleedharan
ACS LSGD
13.5.2021