

17.05.2021, 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 briefed the war room on CM's directions: in respect of LSGs:

1. DCCs need to be set up in tribal areas where the clusters have developed. A vaccination drive should be initiated. The supply of medicines and the essentials should be ensured. Line houses or layams in the estates also need attention.
2. A steep fall in the milk consumption has been affecting the dairy farmers. Arrangements could be made to supply milk at the CFLTCs and DCCs. It should also be provided to the children. This could boost the consumption and help the farmers.

The ACS sought suggestions from the war room members regarding operationalizing the directions.

The following was decided :

1. War room to collate the TPRs and active caseloads of Tribal LSGs so that the LSGs needing interventions could be identified. The DDPs should help with the information. DCCs within the cluster in Tribal LSGs to be set up where not functional. DDPs and RJDs to coordinate
2. Supply of milk could be started in the DCCs and CFLTCs.
3. The scope of providing milk to children in tribal, SC and fisherfolk clusters or colonies where there were DCCs could be explored. The task could be fulfilled with the help of volunteers through ward level samiti or through tribal/SC promoters. The DoP to give a concept note on this which would be converted to an instruction by LSGD.

Following this agenda items were taken up.

Decisions:

4. People are to be informed that they should leave their valuables behind and that the administration would not be held responsible for loss of belongings, as it is impossible to have round the clock watch in these centres. The arrangement for safe keeping of ornaments and valuables needs to be facilitated only in CSLTCs, as these would be the only places requiring emergency admissions. The ward level samitis should be given proper training regarding this so that they could brief the people on things which can be brought to the Covid treatment centres and things that cannot. KILA should produce a note on this based on which LSGD can issue an order.
5. DOP reported on the pendency in issue of death certificates. It was decided to look at the Overall data of the death certificates in the months of April and May (both GPS and ULBs). DUA and DOP to instruct LSG secretaries so as to ensure the death certificates are processed and issued in time. Status to be reviewed on Tuesday.
6. The DDPs and RJDs should review the functioning of volunteers in all those LSGs with more than 10 number of volunteers on an average in each ward. The responsibilities assigned to these volunteers needs to be assessed. Get the information from the nodal officer or/and the secretary and submit report on how these volunteers are being utilised.
7. Access to the information on home isolation could be provided to the respective districts, war rooms and Disha so they can assess it and make use of it.
8. KILA should study the functioning of CDS chairpersons (in Kzd and Kannur districts) who have been assigned the responsibility of home isolation.
9. War room should complete the collection of information on home isolation by tomorrow. The data may be updated once again after 3 days to study whether weak LSGs have been able to improve on home surveillance.
10. An analysis of the data on Covid 19- Helpline and active caseload was done, based on which the following things need to be paid attention to and is asked to be reported:
 - (a) Deployment of locally resident officers in ward samithis: The districts of Kasaragod, Malappuram, Thrissur, Ernakulam,

Kottayam, Pathanamthitta, Kollam and Thiruvananthapuram should report tomorrow on the gaps noticed in the deployment and whether action has been initiated to deploy local officers.

- (b) The war room has to present data on LSGs with high TPR and with a percentage of 25 or below in contacting patients in home isolation. Every DDP has to identify and contact these LSGs to take note of the gaps identified. Feedback has to be given to these LSGs regarding the limited coverage of affected households. Find out the reason for this poor situation, and actions that can be undertaken to improve coverage of homes. The experiences of LSGs in the district that have done a good job of home surveillance could be shared to help streamline interventions.
- (c) The Data on urban local bodies was not in a format that captured the quality of home surveillance of rural local bodies. The rural data template to be used by DUA for the information. It was seen that the information provided by ULBs was statistically unlikely. It has to be cleaned and submitted afresh.

DDP Thrissur- Reported that based on a meeting convened to address the issue of low percentage in contacting patients in home isolation, it was understood that duties of volunteers and RRTs are getting linked up and the volunteers are being deployed for enforcement activities - blocking roads and for delivering food and other provisions – and not so much in home surveillance.

Therefore, ACS instructed to ask LSGs to redeploy volunteers into the work of home isolation with the ward samitis since it is of prime importance. For LSGs needing special attention, check whether volunteers have been given training by the

ASHA or local health authorities and if not, to arrange for training with the help of KILA. Action- DDP,RJDs

11. The War Room has to identify and report on the LSGs without 24/7 medical professional/service at helpline district-wise. It was felt that the information given was more of medical assistance available to the DCCs and the CFLTCs and not whether round the clock medical support was available to the helplines. This had to be ensured and reported. DDPs and RJDs to report on the specific cases without full medical back up for the helpline.
13. MGNREGS will rework on the independent assessment on the quality of support and monitoring of ward level committees. An analysis could be done with the state level data to figure out the weak spots so that issues there could be independently ascertained. Good practices that were unique to a particular LSG should also be highlighted.
14. The tabular Report on wards without ward level committees as per the Intelligence report will be provided to CM's office.

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18.5.21