

19.05.2021, 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 above decisions were taken in the meeting:

1. The issue of lack of availability of test kits and vaccines in tribal panchayats of Ernakulam should be brought to the attention of the District Collector.
2. A note should be issued from the LSGD to the Health department indicating that based on an assessment done on tribal areas, it is identified that vaccination is not effectively done due to insufficient IEC and shortage of vials. Action may be taken to see that tribal areas are vaccinated on priority.
3. It was noted that the trainings organized by KILA emphasized the distinction in role between LSG help desk and war room, and helped clear the confusion in this regard.
4. Thiruvananthapuram DDP should take up issue with the DC to resolve the issue with the Cooperative Society in setting up of DCC in Nanniyode.
5. The information put together by the war room was contradicted by the DDPs and the RJDs in respect of whether there was spread, whether separate DCC for tribals was functional or not. Information to be cleaned up so that the discrepancies were corrected and interpretation of the columns was aligned.
6. DPPs and RJDs were asked to note that the LSGs where Tribals display unwillingness to go to DCC are in high need of focused IEC interventions that targeted removing myths and misconceptions about COVID in areas where the social messaging for COVID had not penetrated. The Mattoli programme highlighted the need for communication materials in local dialects. KILA to help in this regard in the LSGs where reluctance to go to DCC or take vaccines was noted.

7. ACS highlighted certain issues in the meeting to which special attention has to be paid to:

From health statistics, it was seen that the proportion of covid positive patients who went to the CFLTCs on an average in the State was around 5%. It was a matter of concern that those districts with the highest active caseload – Ernakulam and Malappuram, were reporting among the lowest level of patient admission in the CFLTCs. In Malappuram it was seen that the number of CFLTC beds available was also on the lower side. In Malappuram, 80% is the ICU occupancy and 45% ventilator occupancy. However, only below 2% of patients go to CFLTCs. In Ernakulam as well, only 2.78% of patients go to CFLTCs. This could primarily be due to three reasons:

1. Insufficient number of CFLTCs.
2. A general trend of unwillingness among people to go to CFLTCs.
3. Health dept. is not ordering CFLTC admissions.

The argument that people were reluctant to go to CFLTCs exposed a critical flaw in the social messaging and in the urgency with which efforts were being made to bring people to the CFLTC. It could also perhaps be a reason for Malappuram having the highest TPR of the State - since the DCCs and CFLTCs were critical to containing the spread, poor occupancy meant that this gap was not plugged allowing infections to grow.

The ACS pointed out that the CM has specifically instructed to increase the number of admissions into CFLTCs of both Ernakulam and Malappuram where the highest number of active cases are reported. IEC activities in these districts needed to be streamlined. KILA to support.

8. DDPs pointed out that issues were being raised by panchayats that the DCC admissions were not picking up because there was delay at the district level in taking decision to move people to DCCs and that the timespan of delay

could be reduced if LSGs were empowered to admit people into DCCs on the basis of recommendation of the local MO. LSGD will bring the matter of delay to the attention of DDMA and will ask the Health Department to issue instructions reducing the delay and ensuring there is greater admission to DCCs as well as CFLTCs.

9. The ACS expressed disappointment in the fact that the information on TPR was collected by DUA and DoP from the LSG secretaries when the information was already available to the war room by way of daily TPR bulletins of each district. Not only was the exercise redundant, but it also threw up incongruous data which was unreliable, as was evidenced in the discussion on the pattern of TPRs and deaths in the LSGs juxtaposed to the functioning of ward level committees. As it was turning out to be an infructuous exercise, the review was concluded unable to draw any inferences.
10. Henceforth the war room meeting would be held once in two days. The next meeting was tentatively scheduled for 21.5.21.

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