

21.05.2021, 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 taken based on the discussion on the War Room Bulletin and on the issues raised are the following:

1. It was noted that various parameters regarding COVID response in Malappuram including CFLTC admissions remained weak. This was a major concern, particularly as the disease was taking such a high toll in the district. ACS instructed Malappuram district to strengthen IEC activities, prioritising the age group of 18-45, creating awareness such as need for regular checking of oxygen level, nature of progressing symptoms and when to seek medical attention, promoting moving to CFLTCs (and DCCs if asymptomatic) etc.
2. KILA to organise an online interaction between public health experts and LSGs, for sharing different experiences and challenges faced in tackling the disease and helping to identify bottlenecks in the efficient functioning at LSG level. These issues can be drawn together and raised on different platforms that cater to solutions. ACS asked KILA and Jagajeevan to coordinate and work out a strategy urgently for the same.
3. The RJD was directed to provide an additional column showing remarks on the status of starting CFLTCs in the ULBs of Malappuram and the reasons why some of them still had zero admissions **on the 21st evening after the meeting** to the ACS.
4. The LSGD was yet to raise the issue of poor occupancy of CFLTCs and DCCs with the Health department as instructed in the previous meeting. To be expedited.

5. Availability of medical professionals at help desk- Concerned DDP and RJD should check Annexure 3, Resolution 10 in the War Room bulletin of 19th May and contact the LSGs identified. Share the information with the district level IMA on the unavailability of medical professionals at helpdesks in these LSGs and follow-up on the LSGs where the IMA provides HR for help desk.
6. In the LSGs where IMA is unable to provide medical HR for the help desk, the DDMA and LSG should work to find doctors or nurses (including retired or private) to support the help desk and handle health related queries. This could be done by either consulting the President and Standing Committee of LSGs and seeking out a solution or by contacting the concerned DDMA so that medical support is always available at these services. This is important/urgent as wrong information should not be shared with the public through helplines. DDPs and RJDs to report on status.
7. An instruction should be given from LSGD regarding optimal use of pulse oximeters. A drive could be initiated to collect pulse oximeters from those people who have already turned negative in the second wave, on condition that they will be given back when needed by the donor/sponsor.
8. MGNREGS Mission director presented the random assessment done by the MGNREGS in respect of 4 districts – Alappuzha, Kannur, Kottayam and Palakkad. The ACS instructed KILA to study and document more deeply the best practices and innovative ideas arising out of these assessments. The Following Panchayats need to be specially noted:
 - Mararikulam South- Projects initiated for mental health and differently abled.
 - Chembilode- Call centre facilities
 - Thillankeri- Sneha vandi, home visits.

- Ezhome- Shraddha project to supply a medical kit with mask, sanitizer and vitamin tablets to households with covid patients.
- Kathiroor- Doctor's pool- numbers of doctors living nearby - collected and popularised.
- Elikkulam- Tele counselling, announcements and two way communication through Whatsapp groups.
- Kuravilangad- oxygen challenge
- Vadakkanchery- ward thala samitis further divided into squads(clusters)
- Sreekrishnapuram- Doctors team visiting households; multiple level checks on activities undertaken.

9. DDP Kottayam should contact the Panchayat President and the standing committee to increase the home surveillance in Puthuppally. Lack of sufficient testing facilities should be brought to the attention of DDMA. Meenachal panchayat should also be given attention.

10. The financial challenges of LSGs in responding to the COVID pandemic are to be understood, and areas where injection of resources could make a substantial change to the quality of disease management are to be identified. Feedback can be sought from the local leadership on suggestions on how the health fund of the CFC could be utilised for activities related to health care at the local level in the light of these. The inputs obtained will be put to discussion in the coming meetings.

11. All the DDPs must check if there is a local lack of availability of PPE kits impeding ward level activities in any LSG, and report if any shortages were found that the LSG was unable to resolve.

12. Kudumbashree should enquire with the Perumatty panchayath and see why the community counseling services offered by Snehitha are not utilized by the public.

13. All the concerned DDPs and RJDs should submit a report by Monday on the updated status of the community kitchens in the 161 LSGs without the Janakeeya hotels. Has a proper category wise list of people eligible to receive food been prepared? Have the concerned LSGs set up community kitchens? Are these adequate to meeting the requirements of the needy eligible people?

14. The ACS asked for details of the action points of the previous minutes from the start of the functioning of the war room that were not completely completed and closed. List of such points was to be presented in the next meeting by the War room.

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ACS LSGD

22.5.21