

17.06.2021, 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 concerned issues raised are the following:

1. The order regarding the withdrawal of nodal officers from LSGs with TPR less than 20% will be issued by tomorrow. CRD informed that instructions had been issued with respect to officers of rural development in concerned LSGs.
2. The ACS proposed a suggestion to request Dr. Vijayakumar, Former HoD, community medicine, to join the war room as a public health expert.
3. LSGs with high number of hospital admissions:
 - Neyyattinkara
 - Kottarakkara
 - Pandalam
 - Pathanamthitta
 - Thiruvalla
 - Kottayam
 - Palai
 - Maradu
 - Thrissur
 - Ottappalam
 - Palakkad
 - Kozhikode
 - Koduvally
 - Thalassery

The challenge was to know the number of persons from a specific LSG who required hospital admission, and not the number of patients being treated by the hospitals in the jurisdiction. The first was required to get a sense of the prevalence of disease in the area. It was observed by members that this could be information kept track of by the ward level committees and reported on a daily basis to the LSG war room.

4. An effort should be made by LSGs through clusters and ward level samitis to collect information on how many people from that LSG are admitted in hospitals, identify where they are, whether they are in ICU or not, etc. Based on the above mentioned exercise, decisions can be made on further interventions and updates in that matter. The data collected should be on how many people are admitted in the hospitals from each LSG and not admission to the hospitals belonging to the LSG.
5. Identify LSGs with TPR below 10% but active caseload above 100. It could be sorted district wise from the already presented data. Accordingly LSGs with TPR less than 10% , but active caseload above 100 are noted below:

District	LSG	TPR	Active caseload
Alappuzha	Aryad	9.42	136
	Mavelikkara-Thekkekara	9.09	111
	Cherthala South	8.92	197
	Cherthala	8.4	221
	Pattanakkad	8.28	159
	Mannanchery	6.57	215

	Thycattusery	6.45	145
	Mulakuzha	6.41	151
	Arattupuzha	6.12	118
	Punnapra North	4.89	242
	Chettikulangara	3.56	106
	Panavally	3	116
	Nooranad	1.27	112
Ernakulam	Edavanakkad	9.71	232
	Chengamanad	8.71	115
	Ayavana*	8.37	1636
Idukki	Upputhara	9.98	233
	Marayoor	9.95	116
	Vandiperiyar	9.79	178
	Kanthalloor	9.14	222
	Adimali	8.74	219
	Udumbanchola	7.88	165
	Munnar	7.56	103
Kannur	Thalassery municipality	8.76	401

	Kannur Corporation	7	609
	Pallikara	8.81	159
Kasaragod	Kasargod	4.74	228
	Mangalpady	7.99	131
Kollam	Sasthamcotta	9.43	132
	Vettikavala	8.73	102
Kottayam	Mundakayam	9.62	139
	Ettumanoor	7.87	125
	Kanirappally	7.38	191
	Kottayam	5.68	203
	TV Puram	5.5	135
	Vaikom	4.66	194
Trivandrum	Anchuthengu	9.86	112
Thrissur	Kadangode	2.56	244
	Mattathur	8.48	244
	Muriyad	8.25	179
	Parappukkara	8.93	164
	Kaiparambu	9.8	162

	Chowannur	0	157
	Engandiyur	3.13	156
	Madakkathara	4.88	139
	Chavakkad	6.03	134
Palakkad	Puthusseri	6.78	539
	Kappoor	7.92	161
	Nellaya	9.09	120
Pathanamthitta	Pathanamthitta Municipality	8.2	147
	Pallickal	9.3	108
	Adoor	6.5	100
Wayanad	Kalpetta Municipality	8.64	769
	Mananthavady Municipality	9.49	559

* Ayavana figures are to be immediately corrected and incorporated.

The RJDs and DDPs concerned should keep watch on all these cases and ensure that the LSG does not drop its state of alert and response until both the caseload and the TPR are seen to have come down. This shall be reviewed in the next meeting.

6. Larger number of LSGs in Alappuzha with low TPR are showing high active caseloads. This needs to be examined. This should also be brought under the attention of the District Collector.

7. The following LSGS where the TPR stands lower and high caseload are to be specifically watched:

Kanjirappally

Pananchery

Upputhara

Kanthalloor

Udumbanchola

Pudusseri

Pulamanthole

8. The Secretary of Trivandrum Corporation will be included in the next meeting to get a better picture of the situation in Trivandrum city, which has the largest active caseload now. The ACS raised concerns over the ULBs of Alappuzha, Kozhikode, Kannur, Manjeri, Palakkad and Thiruvalla. All these ULBs will be tracked and examined in the next meeting.

9. ACS reiterated that Executive Director KILA and Mr. Jagjeevan in consultation with capacity building groups and public health experts should think of developing a strategy to address the attempts that could be made intentionally to bring down the TPR by increasing the number of non-sentinel and non-contact tests.

10. Kudumbasree's report on the interventions to strengthen awareness activities was noted. ACS suggested that the CDS themselves should take the initiative of coming up with a local response strategy, rather than merely execute a district level strategy. The intention is also to understand how a community group like CDS can take initiatives in these situations. Kudumbasree could ask the CDS on the initiatives they would take integrating the activities of ADS, the human resources they will make use of, etc.

11. Also, Kudumbashree to identify the areas where Kudumbashree IEC campaign has not been able to ensure good outreach and response as well

as where they have delivered well. The first to take the necessary steps to strengthen the IEC intervention, the second to showcase good interventions and innovation arising out of the outreach programme.

12.The Executive Director, MGNREGS has presented the assessment made on the functioning of ward level samithis. Innovative practices by the LSGs for prevention and management are noted:

Edamulackal- war room Bulletin

Kummil- daily monitoring of Covid patients by NSS Volunteers

Sasthamcotta- Music Therapy

Kumali- Vaccination drive in ST colonies

Vengara- Doctor@ door- Telemedicine

Chemmanad- Ward swab collection

Muliyar- Covehicle, Cobattin (Karadka block panchayat)

13.DDP Idukki, should make interventions regarding the issues with vaccination in Kanchiyar and report.

Sarada Muraleedharan

ACS LSGD

18.6.2021