

Date: 12.05.2020

Notes for Record on the State Response Team Meeting at NHM and DHS Conference Hall chaired by the Commissioner & Secretary of the Health & Family Welfare Department

Agenda of the meeting:

1. Home visits of the returnees under home quarantine
2. Presentation on data collection by NHM
3. Presentation on preparation for setting up of ICUs at districts by NHM
4. Discussion on other health-related matters

Home visits of the returnees under home quarantine

- As per the data recorded on the Sankalp App, the total number of home visits completed showed 670 houses. While this reflected as a very low number as compared to the target, it was explained by Mission Director, NHM that one of the reasons was that home visits from areas where cellular network connectivity is not good could not be recorded on the spot and data were generally entered towards the evening by the DME in such cases. As correction measures, it was also informed that respective DCs have been urged to speed up home visits accordingly and that IVRS calls will be made from the next day to all those under home quarantine.
- Data also showed that through geo-fencing it was found that there were around 2581 people who broke the home quarantine protocol.
- From the home visits conducted, 6 people were found to be symptomatic after quarantine. Further tracking through the app showed that 3 of them had cough, 2 had fever and 1 showed difficulty in breathing. It was advised by the Commissioner & Secretary, Health that the location of these people should be traced right from the entry point and that they should be tested.
- A question was raised concerning follow-up of those who show symptoms after home visits by the Commissioner & Secretary, Health. It was informed that the IDSP is following up on the same and that the samples of those showing symptoms were taken. Concern regarding this was shown as the IDSP team is overwhelmed with work and that there are chances that they may miss out on monitoring. Another concern shown was with regard to the monitoring of home visits in rural areas.

Presentation on data collection by NHM

- While the data collection process was applauded by the Commissioner & Secretary, Health, it was recommended that data on home visit completed versus home visit not done and people showing symptoms on home visits may be consolidated in one chart for quick reference.

- It was highlighted that data collected with regard to entrants from the Bajengdoba entry point showed quite a huge number of people entering the State from that entry point, which on analysis was found that those were workers from the Garo Hills Region working outside the State, particularly in Assam.

Presentation on preparation for setting up of ICUs at districts by NHM

- Proposal was made that 5 bedded ICUs would be set up in 6 districts, namely, Mawkyrwat CHC (SWKH), Resubelpara CHC (NGH), Phulbari CHC (WGH), Khliehriat CHC (EJH), Jowai Civil Hospital (WJH), and Baghmara Civil Hospital (SGH). Estimation on HR requirements and infrastructure for the same was presented.
- It was pointed out by Dr. Aman War, DHS (MI) that getting fresh medical officers for handling these ICUs would be difficult. Suggestions were put forward that existing doctors could be trained so that they are conversant with handling ICUs.

Discussion on other health-related matters

- It was informed that a review meeting with the DPMs was held where reports on institutional deliveries, home deliveries, number of maternal deaths, neonatal deaths, and immunization were discussed. It was informed that reports were not received from NGH and SGH.
- It was highlighted that two maternal deaths were recorded – one in Jowai and one in Nongstoin. Also highlighted was the fact that people were not coming forward for immunization of their children, and that this issue was more prominent in urban areas and semi-urban areas like Myllem.
- An issue was highlighted in which entries could not be entered in HMIS for the Measles Rubella Mumps vaccination. The reason being that HMIS has an option only for MR (measles- rubella) vaccine. Solution with regard to the same was sought. It was recommended that the MRM vaccine given in private hospitals should be consider as MR vaccines under Full Immunization Projects. HMIS is directed to make necessary changes to reflect this in their reporting.
- It was informed by Dr Roy that the Truenaat machine has been installed in Pasteur Institute, Shillong but it is not operational due to non-availability of the biosafety cabinet. However, it was pointed out that as per the manufacturer's instruction, operationalization of Truenaat does not need to require a biosafety cabinet.

Key Decisions

1. It was decided that from the next day, data on house visits not completed on a particular day should be reflected on the dashboard of the app. This would be done to ensure strict monitoring on house visits.

2. It was decided that the names and details of the 6 people found to exhibit symptoms after home visits would be shared and the districts administration will be alerted.
3. It was recommended by the Commissioner & Secretary, Health that home visit monitoring should be very precise and that it should be taken with utmost seriousness, so that no suspected case is missed out. It was stressed that this is the most important step that needs to be ensured from the surveillance point of view. It was also suggested that a letter should be sent from NHM/DHS to ensure that strict monitoring of home visits is done and that any lapse in going for home visits would be considered as negligence. Furthermore, it was said that while the Health Department has the support of the village Headmen, care should be taken that this primary responsibility of health care workers should be highlighted for putting this surveillance system meticulously.
4. It was recommended that requirement for the post of doctors for ICUs to be set up may be put in advertisement. However, if response is not received, an alternative for the same should be in place by the next day. Dr Phira was requested to discuss about the ways and means to train the existing doctors to be stationed at ICUs. The training budget and the training plan prepared by WHO may then be sent to DHS for review and next steps.
5. It was advised that the list of available facilities that the State has pertaining to Covid-19 should be revised and be made available in the public domain. This would be done so as to build the confidence of the people.
6. It was recommended that the two maternal deaths reported need to be reviewed quickly and steps should be taken to avoid such incidents in the future. In addition, it was also stressed that immunization programme is very important and any non-focus on this would lead to increase in mortality. Hence VHND should take place every month in every village.
7. It was recommended that initiation of discussion regarding the requirements for converting Pasteur Institute into a society/State VRDL should be initiated.
8. Since there were reports that there were many instances where the movement of Health Officials and Health Workers has been interrupted by the Police, it was recommended that SPs would be invited to the next VC meeting with DCs to discuss on the issue.

(Sd/-Sampath Kumar, IAS)
Commissioner & Secretary to the Government of Meghalaya,
Health & Family Welfare Department

Memo No.Health.94/2020/Pt./77-A,

Dated Shillong,the 13th May,2020.

Copy to :-

- 1.Private Secretary to Chief Secretary for kind information of the Chief Secretary.
- 2.The Commissioner & Secretary, Health & F.W.Department.
- 3.The Secretary to the Govt. of Meghalaya, Health & Family Welfare Department.
4. The Deputy Commissioners,East Khasi Hills, Shillong/West Khasi Hills, Nongstoin/Ri Bhoi District, Nongpoh/ West Jaintia Hills District,Jowai/West Garo Hills District, Tura / East Garo Hills District,Williamnagar/South Garo Hills District, Baghmara/North Garo Hills, Resubelpara/South West Garo Hills, Ampati/East Jaintia Hills, Khliehriat/South West Khasi Hills, Mawkyrwat.
5. The Director of Health Services (MI)/(MCH & FW)/(Research),Meghalaya,Shillong.
6. Joint Director of Health Services (MCH & FW) I/c IDSP,Meghalaya,Shillong.
7. District Medical & Health Officer, East Khasi Hills, Shillong/West Khasi Hills, Nongstoin/Ri Bhoi District, Nongpoh/ West Jaintia Hills District,Jowai/West Garo Hills District, Tura / East Garo Hills District,Williamnagar/South Garo Hills District, Baghmara/North Garo Hills, Resubelpara/South West Garo Hills, Ampati/East Jaintia Hills, Khliehriat/South West Khasi Hills, Mawkyrwat.

By Order etc.,



Joint Secretary to the Government of Meghalaya,
Health & Family Welfare Department