

Date: 07.05.2020

Note for record of State Response Team review meeting held at NHM Conference Room. Chaired by Shri. Sampath Kumar, Commissioner & Secretary, Department of Health and Family Welfare

Discussion on the key decisions taken in the previous meeting held on the 05.05.2020

Decision 1: It was decided that Rapid Test Kits can be used on 10% of the people arriving from outside the state whereas RT-PCR test will be used for symptomatic patients.

A proposal for mandatory testing for all individuals coming from outside North East, after 7 days of their arrival, was discussed. The team deliberated on this and came up with a conclusion that instead of mandatory testing after 7 days for people arriving from outside the state, they would be advised to follow the quarantine rules strictly and to be monitored daily for 14 days. And those persons reported with symptoms would be tested with RT-PCR test.

Decision 2: Surveillance and status of entry data to be shared with all districts by 11 P.M. on 5th May 2020. New data received post 5th May 2020 to be shared twice on a daily basis at 5a.m and 5p.m respectively.

On further discussion, it was decided that access to the dashboard needs to be decentralised to the PHCs and CHCs so that they are alerted on time and actions can be taken immediately.

Decision 3: Selecting one pilot village with no contact or travel history to check on false positive case needs to be identified.

It was informed that for validation of RTK testing, 5 villages were selected in SWKH district with sample size of 20 in each village. This is to test the false positives if any. Dr. Andreas, MD, from Civil Hospital, Shillong has already tested the RTK to check for false negatives.

Decision 4: Village Headman should be given full power to restrict movement of people under home quarantine.

Regarding the above decision, it was decided that people along with the village headmen needs to be provided with a clear understanding of the 'Dos and Don'ts' while under quarantine. Stress was laid on the importance of physically monitoring people who are under home quarantine on a daily basis for a period of 14 days in order to be able to break any possible transmission chain.

Decision 5: It was decided that training for sample collection and ECG tests can be done starting with ANM level while training of ASHAs to be encouraged at a late stage.

Based on the above decision taken during the previous meeting, it was stated that ASHA workers are great support systems in the villages and their role needs to be more defined. An example of the ASHA worker in Pomlakrai village who had shown great sense of responsibility and leadership while taking care of the positive patient and the family in the village was shared with everyone.

Some Members of the meeting and the DHS (MI) had shared their concern for utilising the services of ASHA for providing ECG since they don't possess sufficient qualification. The Chair of the meeting had reflected on the discussion held on this matter in the previous meetings. There is an urgent need for thinking on these lines to build the community capacity for meeting any surge in the cases of COVID-19 in the next three months, as anticipated by various predictive studies.

Commissioner has cited the examples of Village Level Health workers initiated by Dr. Abhay Bhang (Home Based Neonatal Care) in Gadchiroli District of Maharashtra and in Jamkhed model of Comprehensive Rural Health Project by Dr Arole. These models were effectively used to bring basic healthcare services to remote areas where there was dearth of medical personnel or services. This had revolutionised in to the system of ASHA at every village level almost across the country.

He also mentioned that there are different schools of thought/practice for providing healthcare services. He mentioned about the model of Arvind Eye Care, where many medical procedures/sub-tasks that need not be done by ophthalmologists, are being done by trained health workers. This helped in providing eye-care to millions of people with less cost and in less time. This is a new school of thought advocated for providing primary health care and other important services that might require a large number of medical personnel on the ground and this has gained momentum in the last two decades. This was also reiterated by Dr. Nandi, an expert member appointed by High Court of Meghalaya on Health Systems strengthening in the State.

The Commissioner has also cited the example of engaging ASHAs as barefoot doctors for treating malaria cases in the high endemic areas of Meghalaya since the year 2007. As high as 70% of malaria cases are now being tested and treated by ASHAs in Garo hills region of the State when there were apprehensions of their capacity to do it. The number of Malarial deaths has come down significantly due to this intervention and hundreds of lives were saved in the last decade due to this grassroots level intervention. Similarly, during this time of COVID19 pandemic situation, when there is a prediction of extremely higher number of cases in the country, it is important to train the community level health workers like ASHAs and frontline staff ANMs to meet any unprecedented requirement foreseen in the future.

At the end he has also expressed concern that the person handling this community work under NHM should have articulated the issue in a proper perspective as explained and discussed in the previous meeting.

Other Discussion Points:

1. It was brought to notice that the Chief Secretary had sent a note stating that CB NAAT test should be placed at all districts which will also be useful for testing of Tuberculosis.
2. The importance of maintaining an HR database was reminded with emphasis on the data of trainings received by the medical staff. In terms of the training report format, a systematic checklist with regards to number of training received, type of training, curriculum, method of training needs to be included. Decision was made that training consultant, NHM will prepare the training report format for training with systematic checklist.
3. It was informed that participants will have to download the App Diksha in order to avail trainings from iGOT and it was decided that training consultant, NHM was to prepare a presentation on the same and share it with all concerned. Also Dr. Wanswet, DHS MCH and Dr. Giri, Addl DHS were given the responsibility of strengthening the training system.
4. Concern was raised on illegal immigrants that may be taking advantage of the current situation through infiltration. It was assured that the issue raised will be taken up with the Political Department.
5. It was shared that EKHD has issued an order for people to maintain the three non-negotiable and a fine has been imposed on those who disobey. It was suggested that all districts should follow the same.

Key decisions Taken:

1. It was decided that people along with the village headmen needs to be provided with a clear understanding of the 'Dos and Don'ts' while under quarantine. It was also decided that monitoring of people under home quarantine through home visits needs to be conducted on a daily basis for a period of 14 days.
2. It was decided that Training Consultant-NHM will have to prepare the reporting format for training with systematic checklist and also to prepare a presentation on the steps that would be required to take in order to avail trainings through iGOT (Diksha APP).

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

Memo No.Health.94/2020/Pt./68-A,

Dated Shillong,the 9th 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 Mission Director,National Health Mission,Meghalaya,Shillong.
6. The Director of Health Services (MI)/(MCH & FW)/(Research),Meghalaya,Shillong.
7. Joint Director of Health Services (MCH & FW) I/c IDSP,Meghalaya,Shillong.
8. 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.,

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