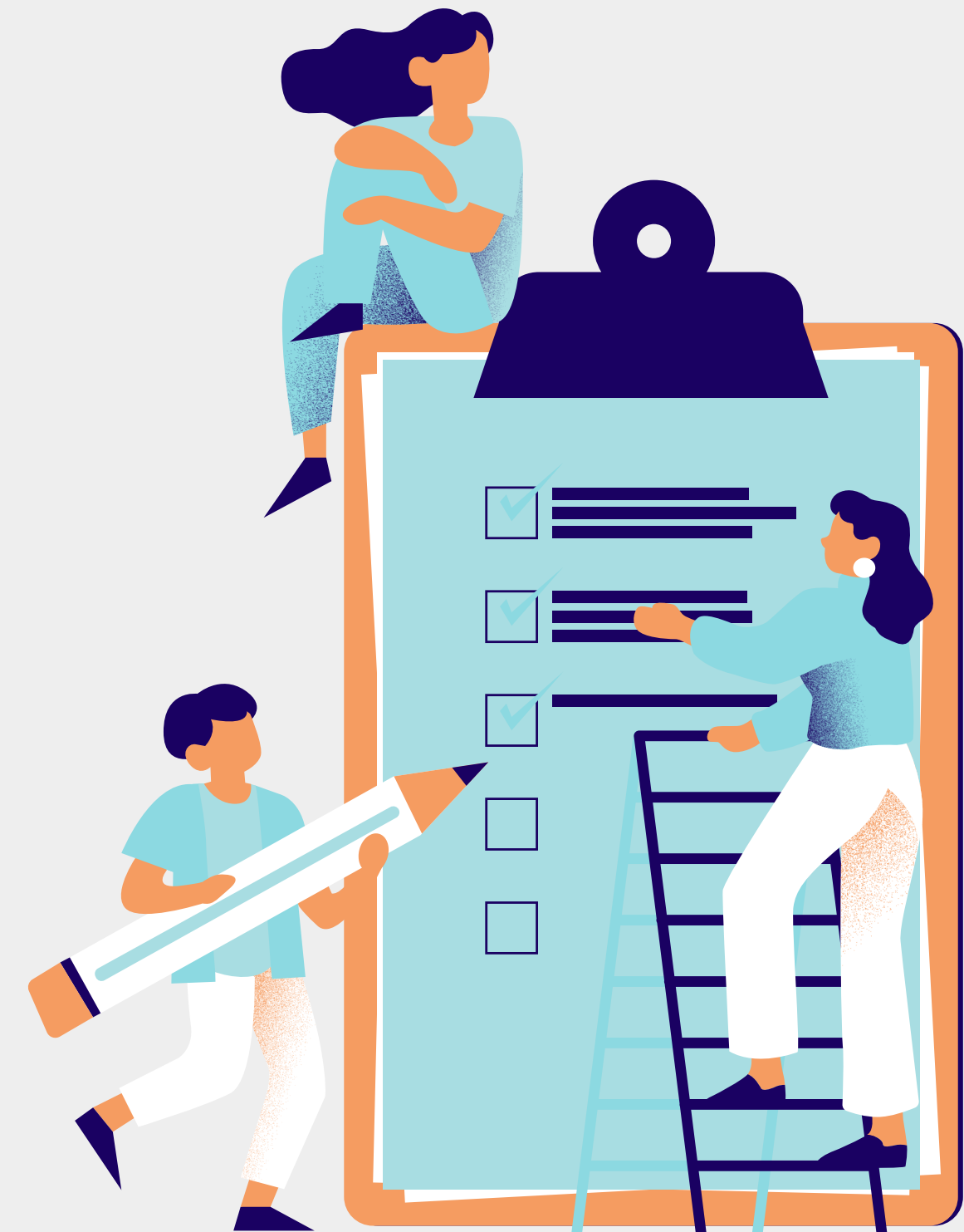# Resilience and Response: COVID-19 Policy Making in Indian States

FOCUSING ON ECONOMIC IMPACT AND HEALTHCARE

KERELA.MAHARASHTRA.UTTAR PRADESH

Presented by: Samriddhi Raj Singh (2022BB11415)

SITUATION IN DIFFERENT STATES

KERELA	MAHARASHTRA	UTTAR PRADESH
• tourism, agriculture, remittances, and services,education. • Experienced economic growth despite challenges such as floods in 2018.	• Mumbai, the financial capital, has a large informal economy. - • Informal sector constitutes a significant portion of the workforce. - • Presence of advanced medical facilities.	• One of the most populous states in India with a diverse economy. - • Economic growth uneven, disparities between urban and rural areas and regions. • Significant reliance on agriculture, manufacturing, and services
• Well-developed healthcare • Strong network of public and private hospitals, primary health centers. • Experience with past health crises like Nipah(2018) outbreaks led to robust healthcare infrastructure	Healthcare inequality :Disparities between urban and rural areas, and socioeconomic groups. • Overburdened public healthcare system with overcrowding and resource constraints. • Challenges in managing densely populated urban areas.	• Vast and diverse healthcare system with a mix of public and private facilities. • Services are often inadequate, especially in rural areas. • Struggles with economic disparities, particularly between urban and rural areas.

COVID-19 Challenges - Kingdon's Multiple Streams Framework

PROBLEM STREAM

- Kerala: High population density, large proportion of elderly people, and prevalence of cardiovascular diseases.
- Maharashtra: Rapid spread in urban areas due to high population density.
- Uttar Pradesh: Large population and inadequate healthcare infrastructure, especially in rural areas.Reverse Migration and Crisis Management

POLICY STREAM

- Kerala: : Kerala established special task forces ,and designated COVID-19 hospitals early on. It also implemented schemes like the "Ayyankali Urban EmploymentandGuarantee Scheme" for the urban poor affected by the pandemic.
- Maharashtra: set up dedicated COVID-19 hospitals, and increased testing capacity, criticisms about the adequacy of measures
- Uttar Pradesh: improving healthcare facilities, increasing testing, and enforcing public health measures..especially for returning migrant workers.

POLICY STREAM

- kerela :Chief Minister widespread support for its proactive approach. There was political consensus in favor of the government's measures,
- Maharashtra :   faced scrutiny for the state's response, especially regarding Mumbai's slums,opposition party vocal in their criticism .
- Uttar Pradesh : CM faced the challenge of balancing economic recovery with public health safety, and opposition parties criticized the government's handling of the crisis.

Policy mix- healthcare & economic aspect

- Kerala:
- "Break the Chain" Campaign, "Kerala COVID-19
- Response Strategy."
- "COVID First-Line Treatment Centers (CFLTCs)," "COVID-19 Jagratha Portal."
- Kerala Welfare Fund for COVID-19," "Free Food Kit Distribution Scheme."
- "Agrarian Employment Guarantee Scheme," "Job Placement Support Scheme."

- Maharashtra:
- "Mission Begin Again," "My Family, My Responsibility."
- "MahaVitaran," "Project PLATINA."
- "Mahatma Jyotiba Phule Jan Arogya Yojana," "Startup Maharashtra."

- UP:
- "UP COVID Care Fund," "UP COVID-19 Help App."
- "Operation Kayakalp," "UP Swasthya Kosh."
- Mukhya Mantri Samagra Gram Vikas Yojana," "Skill Development

Final comparision
Kerala successfully achieved its goals by using innovative measures, efficient organizational development, and flexible decision-making.
 The state's proactive approach and well-coordinated strategies effectively controlled the spread of the virus and managed the crisis. In contrast, while Maharashtra's policy mix aligned with central guidelines and improved healthcare infrastructure, it faced challenges in organizational efficiency and decision-making flexibility.
Uttar Pradesh's policy mix addressed healthcare infrastructure needs, but encountered challenges in implementation and decision-making flexibility. Although the means used were relevant, improvements in implementation efficiency and flexibility were necessary for greater effectiveness.

Historical Policy Layering -

The national average per capita health expenditure in India, as per the National Health Profile of 2019, was approximately ₹1,657.

1. Uttar Pradesh (UP): Per capita health expenditure was ₹436.
2. Kerala: Per capita health expenditure was ₹1,825.
3. Maharashtra: Per capita health expenditure was ₹1,519.

1. **Uttar Pradesh (UP):** Per capita health expenditure was ₹568.
2. **Kerala:** Per capita health expenditure was ₹2,704.
3. **Maharashtra:** Per capita health expenditure was ₹1,690.

the **national per capita health expenditure for India was approximately ₹1,944.**

state	Per capita health expenditure(2019) rs	Unemployment rate (2019)	GDP Growth rate (2019)	Unemployment rate (2020)	GDP Growth rate (2020)
kerala	1120	7%	6%	9%	5.5%
maharashtra	767	5.5%	6.1%	11%	-8%
Uttar pradesh	436	9.6%	5.5%	13%	-4%

- **Healthcare:**
- Kerala's well-funded healthcare system adapt their strategies quickly and effectively to the new challenge.
- Maharashtra, although facing challenges, managed to cope but crowded cities where there weren't enough hospital beds or medical staff
- UP:leading to a moderate fatality rate, but still faredy hadn't spent much on healthcare at all. fewer hospitals and staff, which made managing the pandemic harder.

- **Economy:**
- Kerala's diversified economy and effective utilization of social welfare schemes resulted in a minimal decline in GDP growth.
- Maharashtra faced a severe economic downturn due to challenges in infrastructure and industries, resulting in negative GDP growth.
- Uttar Pradesh, tried to help financially and support agriculture, but it didn't have much impact due to underlying issues and lack of infrastructure.

- **conclusion:**
- kerala's proactive approach and strong healthcare system allowed it to effectively manage the pandemic's impact on both health and economy.
- Maharashtra faced challenges in healthcare and economic sectors, leading to a higher fatality rate and a severe economic downturn.
- Uttar Pradesh struggled with limited resources and infrastructure, resulting in moderate impacts on health and economy.

Policy Alternatives

Healthcare Policy Alternatives:

1. **Telemedicine and Remote Healthcare:**
   - Alternative: Increase investment in telemedicine for remote consultations.
   - Reasons for Not Chosen: Technical challenges, limited awareness(kerela,maharashtra), and digital divide(UP).

1. **Mobile Testing Units and Rapid Testing Kits:**
   - Alternative: Deploy mobile units with rapid testing kits for mass testing.
   - Reasons for Not Chosen: Logistics challenges, training requirements, and concerns over accuracy.
   -

2. **Public-Private Partnerships in Healthcare:**
   - Alternative: Partner with private healthcare providers for infrastructure expansion.
   - Reasons for Not Chosen: Affordability concerns,Bureaucratic hurdles, such as negotiating terms of partnership and ensuring regulatory compliance.

Policy Alternatives

Economic Policy Alternatives:

1. **Universal Basic Income (UBI) or Direct Cash Transfers:**
   - Alternative: Implement UBI or direct cash transfers for financial stability.
   - Reasons for Not Chosen: high population size, administrative costs, potential impact on other programs,
2. **Sector-Specific Stimulus Packages:-**Giving special help to specific industries that were hit hardest by the pandemic, like tourism or hospitality.
   - Alternative: Offer sector-specific incentives to industries affected by the pandemic.
   - Reasons for Not Chosen: Limited fiscal space, broader focus on economic recovery.
3. **Tax Incentives for Job Creation:**Giving tax breaks to companies that hired more people
   - Alternative: Provide tax incentives for job creation and business expansion.
   - Reasons for Not Chosen: Concerns over revenue loss, political priorities.
   - Uttar Pradesh, where there's not a lot of money coming in from taxes, giving these breaks could make the government even more short on cashPolitical priorities may have focused on short-term measures to address immediate challenges .

Comparing Implementation tools and barriers faced
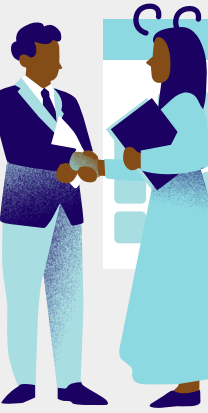
Job Creation Programs:

- **Kerala:**
  - Implemented the "Ayyankali Urban Employment Guarantee Scheme".
  - challenges in funding due to the strain on the state's finances
- **Maharashtra:**
  - Implemented the "Maharashtra State Rural Livelihood Mission (MSRLM)".
  - Faced challenges in coordinating with stakeholders.Limited access to training facilities and resources in remote areas
- **Uttar Pradesh:**
  - Implemented the "Mukhya Mantri Yuva Swavalamban Yojana".
  - Struggled with providing adequate training and infrastructure.

Digital Tools for Pandemic Response:

- **Kerala:**
  - Launched the "COVID-19 Jagratha" portal and mobile application.
  - Faced challenges in ensuring universal access and cybersecurity.
- **Maharashtra:**
  - Utilized the "MahaKavach" mobile application.-testing registrationa and vaccination
  - Encountered technical glitches and limited digital literacy.
- **Uttar Pradesh:**
  - Utilized the "UP COVID-19 Help App" and "e-Sanjeevani" for teleconsultation.
  - Faced issues of connectivity and cybersecurity threats.

Comparing Implementation tools and barriers faced

Community Engagement:

- **Kerala:**
  - Established "COVID-19 Community Kitchen" initiatives.
  - Kerala encountered resistance and misinformation from certain segments of the population.Overcoming language and cultural barriers to effectively communicate with migrant workers a
- **Maharashtra:**
  - Engaged communities through local self-help groups (SHGs) and NGOs.
  - Faced resistance due to cultural beliefs.
- **Uttar Pradesh:**
  - Engaged through local panchayats and community health workers.
  - Faced skepticism and misinformation.

Implementation Capacity Comparison:

- **Kerala:**
  - High implementation capacity due to a strong healthcare system and proactive policies.
  - Leveraged existing infrastructure and experienc from past outbreaks like Nipah virus.
- **Maharashtra:**
  - Moderate implementation capacity.
  - Faced challenges in coordination and technical issues but managed to adapt existing policies.
- **Uttar Pradesh:**
  - Low implementation capacity.
  - Struggled due to poor healthcare infrastructure and administrative bottlenecks.

Policy learning

Economic Diversification:
- **Kerala:** Diversify economy into healthcare, tech, agriculture.
- **Maharashtra:** Support business growth, attract investment.
- **Uttar Pradesh:** Create diverse job opportunities, modernize agriculture.

Strengthening Healthcare Infrastructure:
- **Kerala:** Invest more in healthcare, collaborate for accessibility.
- **Maharashtra:** Enhance urban healthcare, streamline response.
- **Uttar Pradesh:** Develop rural healthcare, ensure access.

Early Detection and Preparedness:
- **Kerala:** Maintain testing, tracing, and community engagement.
- **Maharashtra:** Improve surveillance and readiness.
- **Uttar Pradesh:** Strengthen early detection, swift response.

Policy learning

- **Strengthening Social Safety Nets:**
- **Kerala:** Expand social welfare for vulnerable populations.
- **Maharashtra:** Improve safety nets for those in need.
- **Uttar Pradesh:** Enhance social support systems.

- **Improving Governance and Coordination:**
- **Kerala:** Enhance coordination, promote participatory governance.
- **Maharashtra:** Establish transparent governance mechanisms.
- **Uttar Pradesh:** Improve administrative efficiency, involve communities.
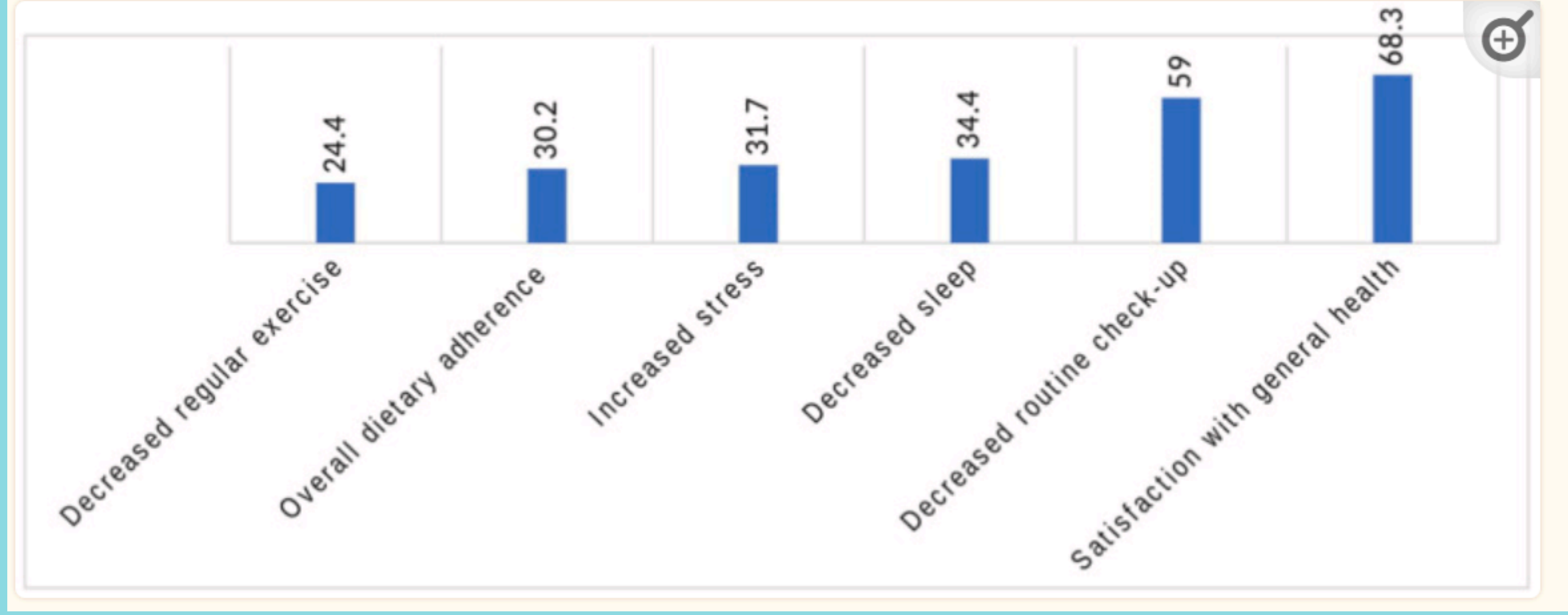
Conclusion:
Lessons from COVID-19 for Kerala, Maharashtra, and Uttar Pradesh focus on healthcare, early detection, economic diversification, social safety nets, and governance improvements. Implementing these lessons will better address future challenges and promote citizen well-being.
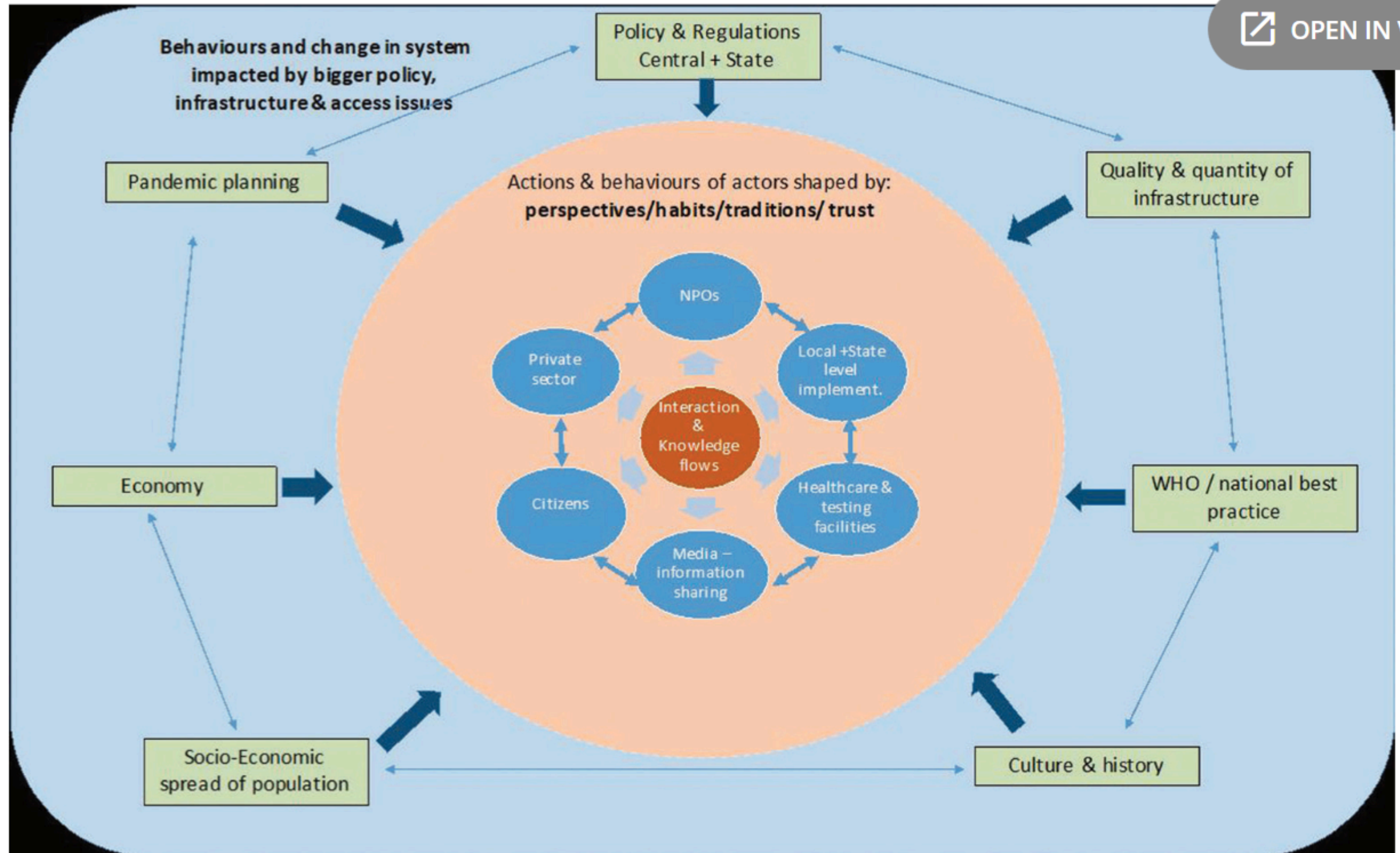
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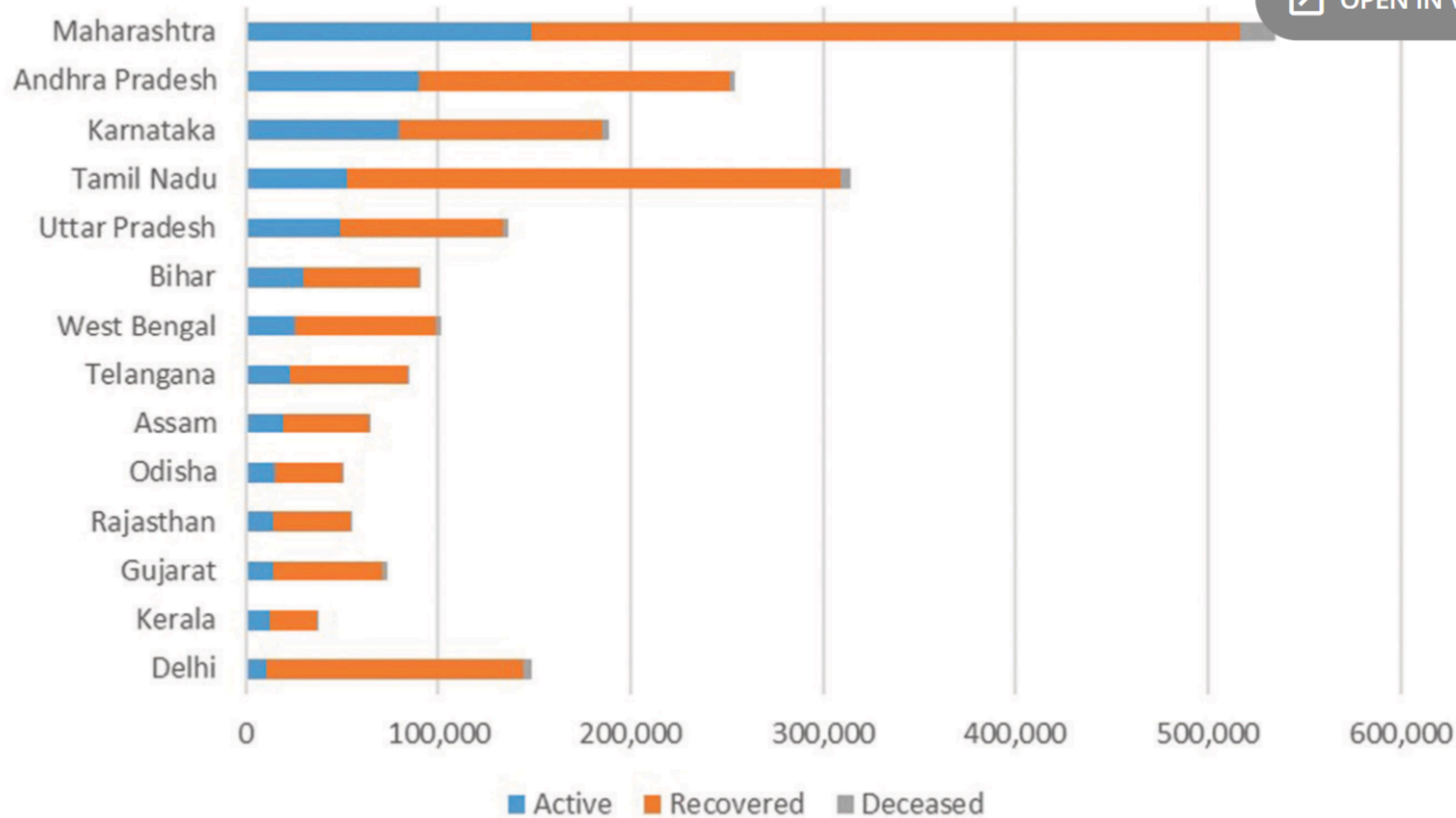1122421.pdhttps://journals.sagepub.com/doi/full/10.1177
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Thank you!

Chart showing COVID-19 cases by Indian state with Active, Recovered, and Deceased categories:

State	Active	Recovered	Deceased

States (top to bottom): Maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu, Uttar Pradesh, Bihar, West Bengal, Telangana, Assam, Odisha, Rajasthan, Gujarat, Kerala, Delhi

X-axis scale: 0, 100,000, 200,000, 300,000, 400,000, 500,000, 600,000

Legend: ■ Active ■ Recovered ■ Deceased

Table 1. Statistics of Migrants in India (2001–2011 Census Data).

Description	2001[*] (in Million)	As Percentage of Total Migrants	2011[#] (in Million)	As Percentage of Total Migrants	Growth Rate in 10 Years
Total population	1,028.60	NA	1,210.90	NA	17.72%
Total no. of migrants	314.50	100%	455.80	100%	44.92%
Total no. of internal migrants	309.40	98.40%	449.9	98.70%	45.40%
Intra-state	268.20	85.30%	395.70	86.80%	47.50%
Inter-state	41.20	13.10%	54.30	11.90%	31.80%
From other countries (Immigrants)	5.10	1.60%	5.90	1.30%	15.68%

Source: Authors' computation using census data.

2 June 2020	In order to offer a systematic and result-oriented solution, a survey based on telephonic interactions was conducted to identify the core skills of the returning workers under 94 labour categories. The objective was to ensure and offer the employment opportunity by connecting them with the micro, small and medium enterprises (MSME) sector. Number of migrant workers whose skill mapping is completed by the state government with the objective of preparing a database related to the skillsets of migrant workers returning: 23.5 lakh migrant workers.
14 June 2020	Ration kits distributed to 35 lakh migrant workers along with ₹1,000 each.
26 June 2020	The Prime Minister of India launched 'Aatmnirbhar Uttar Pradesh Rojgar Abhiyaan' in the presence of the Chief Minister of Uttar Pradesh. This scheme was focused on creating job opportunities for returnee migrant workers.
26 June 2020	Government of Uttar Pradesh approved the constitution of a Migrant Commission.
16 December 2020	Millions of new jobs created through MSMEs. Uttar Pradesh government's 'One District One Product' scheme, which is for the production and promotion of famous items, proved to be the best option for workers in their native districts based on their skillsets.
February 2021	Rate of unemployment in the state came down to 4.1% vis-à-vis national unemployment rate of 6.5% (CMIE, 2021)

Source: Authors' compilation from different published sources.