Chapter 01
About the Study

This chapter delineates the objective of the documentation of COVID-19 in India – starting with a brief introduction to the study, the chapter then moves on to defining the need, scope and objective of the study, as well as the assessment and framework methodology for the same. The study is further divided into seven chapters consisting of - Introduction to the Study, Pandemic and Covid-19 in India, Role of MHA during COVID-19, Survey Analysis, Inter State Comparison, Similar Global Initiative and Observation & Recommendations based on the six verticals namely – Economy, Health, Social (Mental Health), Transportation (Railways and Civil Aviation), Education and Agriculture.

1.1Introduction to the Study

Certain years in the history have gone down as great wars against the mankind and its society. While some wars were within human kind some on the other hand were against nature and its elements. From fiction to history, there is enough proof that whenever humans have meddled with the elements of nature it has resulted in some or other disasters. Such actions against the law of nature have thus, been a cradle to epidemics and pandemics. The year 2020 has been etched in history as one of the wars against mankind with the outspread of COVID-19. The onset of COVID-19 was a sudden change in the human ecosystem. Much similar to the *Black Swan Concept* the COVID-19 for our society was something that was unimaginable and came as a surprise. The world on one hand knew what it felt like to have human touch and live freely. However, because of the virus the sense of living freely in the society; breathing without a mask, meeting one's friends and family, being able to share the human touch has been restricted. The first case of the virus was quite an uncertain event without any prior predictions and probability of such an event. The case was first registered at Wuhan, China and since then it has spread like wildfire across the world resulting in more than 1 million deaths[1] As a result, organizations and the governments across the world started taking strict actions to restrict the effects of the virus. In India, strict regulatory guidelines and actions were implemented to contain the virus and its spread Issued by the Ministry of Home Affairs, Government of India the aim was to control the spread of virus. With around than seven million COVID cases in India and more than forty million cases around the world, COVID has been classified as one the hard-hitting pandemic of mankind.

An Oxford Journal Press attempts to delineate the difference between epidemic and a pandemic. While both the terms epidemic and pandemic are still used interchangeably in current scenario, however, the level of the outbreak of the infection determines whether one should be categorized as an epidemic or a pandemic[2]. The authors therefore try to explain that when infection due to a bacterium or a virus becomes capable of spreading widely is called as an epidemic[3]. Similarly, when the same epidemic affects a global population and structure on a rapid scale is denoted as a pandemic[4]. In the current world order, there are World Health Organization (WHO) guidelines as to how to define a pandemic. According to which, an influenza pandemic occurs when a new influence virus emerges and spreads across the world to which most people shall not have an immunity. Thus, viruses that have caused past pandemics originate from animal influenza viruses[5].

Writing this in the year 2020, a whole year was a stay-in lockdown for the whole word because of the spread of novel Corona virus disease or the COVID-19. Corona virus disease 2019 (COVID-19) is

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[1] *WHO Coronavirus Disease (COVID-19) Dashboard*. https://covid19.who.int/.

[2]Morens, D., Folkers, G., & Fauci, A. (2009). What Is a Pandemic? *The Journal of Infectious Diseases, 200*(7), 1018-1021. Retrieved October 21, 2020, from http://www.jstor.org/stable/27794175

[3] Morens, D., Folkers, G., & Fauci, A. (2009). What Is a Pandemic? *The Journal of Infectious Diseases, 200*(7), 1018-1021. Retrieved October 21, 2020, from http://www.jstor.org/stable/27794175

[4] Morens, D., Folkers, G., & Fauci, A. (2009). What Is a Pandemic? *The Journal of Infectious Diseases, 200*(7), 1018-1021. Retrieved October 21, 2020, from http://www.jstor.org/stable/27794175

[5] World Health Organization. (2010, February 24). *What is a pandemic?* Retrieved October 21, 2020, from https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/.

defined as an illness caused by a novel corona virus now called severe acute respiratory syndrome corona virus 2 (SARS-CoV-2; formerly called 2019-nCoV), which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China[6]. India reported the first confirmed case of the corona virus infection on 30th January 2020 in the state of Kerala. Since then, the positive cases in India have been increasing and have crossed over seven million by October 2020.

Central government and state government has enforced various measures for minimizing the repercussions of this outbreak and strengthen the country's economy. As it is widely known that there is no vaccine available for its cure as of now and it will take some more months to develop. Till then as rightly said by Hon'ble Prime Minister Shri. Narendra Modi that "*Jab tak dawai nahi, tab tak dhilai nahi"* translating to the understanding that until the vaccine is made there should be no gaps in the measures and precautions, the citizens were taking against COVID. The impacts of corona virus are however are going to stay for long. As former Chicago mayor Rahm Emanuel famously stated, it should "never let a good crisis go to waste". Much similar to the *Antifragilty* as stated by Nassim Taleb, "*Some things benefit from shocks; they thrive and grow when exposed to volatility, randomness, disorder, and stressors and love adventure, risk, and uncertainty.*". We humans are a part of the anti-fragile group, we need random surprises and challenges to make us feel alive and fill in the gap between the evolution and steadiness. COVID-19 therefore has established itself as the sudden shock to the society, a space to evolve and learn from it. As past is no longer a good guide for future, there is a dire need to highlight the major initiatives, take learning and provide opportunities to address challenges.

Therefore, it is proposed to document the government initiatives in respective sectors- Economy, Health, Social (Mental Health), Transportation (Railways and Civil Aviation), Education and Agriculture, highlighting the challenges and potential opportunities arise from the situation. This will be helpful to have an overview about the situation and strengthened the preparedness for such pandemic which may arise in future due to anthropogenic activities, natural disasters or Climate Change.

1.2Need of the Study

As of October 2020, the total number of cases of COVID-19 has crossed the forty million mark. Furthermore, the virus has resulted in more than one million deaths across the world. India currently constitutes for seven million cases with a very steady recovery rate. The governing authorities in India, especially the Ministry of Home Affairs have accordingly rolled out guidelines to contain the effects of COVID on Indian citizens and its subsequent impact. This study therefore, tries to navigate and understand the emergence of such pandemic situations across the world and in India.

The first case recorded was in Wuhan, China and then the onset of global pandemic situation. Based on which, WHO recommended a more than one-third of the population on lockdown[7]. Countries

[6] CDC. 2019 Novel Coronavirus, Wuhan, China. CDC. Available at https://www.cdc.gov/coronavirus/2019-ncov/about/index.html. January 26, 2020

[7] World Health Organization. *Advice for the public on COVID-19*. World Health Organization. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public.

including the United States, United Kingdom, India, and China therefore closed their borders to safeguard themselves from the pandemic. COVID-19 was not just an attack on the healthcare industry of the world but a war against mankind and its society affecting various verticals such as the commercial industry (economic market), social industry (general public and citizens) and organizational industry (governing bodies of the country). Apart from being affected by the virus directly a major chunk of the population also incurred an indirect hit because of resulting in loss of employment and livelihood. The pandemic therefore created a room of terror and pressure on the healthcare system around the world and various other sectors.

The study presents a timeline focused on understanding a pandemic and its impact across different communities. In this particular report the focus shall be on studying the spread of COVID-19 around the world, especially in India and its impact. Later, in the stages the emphasis shall be levied on the various actions taken by different organizations in the world such WHO for world guidelines and Ministry of Home Affairs in India to help contain the virus and its effects. Through this study, the aim is to understand the direct and indirect impact of a pandemic in a country, in this case that of COVID19 in India. Following which the study shall also evaluate the need of the country during this pandemic and the subsequent steps taken by authorities from the local governing body, non-profit organizations, district level and state level stakeholders to the centre authority. The idea is to conduct an in-depth analysis of these guidelines and the measures to understand gaps that may have been present and how they can be better prepared for such pandemics in the near future.

While the major focus of the report shall be on the impact of COVID-19 in India, the study shall also try to engage in the impact of COVID-19 and its impact on the environment and its natural flow i.e. the impact of effects of COVID-19 on the change in natural habitat like the weather, air, temperature, pollution levels and other species. The biggest effect of COVID-19 on human society was the offline pause it had put on all of the citizens. Where meeting somebody and going outdoors was a norm, on the contrary this was restricted and shifted to online presence, resulting in limiting our physical presence and creating changes in the flow of nature. The report at the end summarizes the impact of COVID-19 on human civilization and on nature and assessing the guidelines of the governing authorities to help control the pandemic.

1.3Objectives of the Study

- Documentation of COVID-19 pandemic situation in India and subsequent measures taken by the Ministry of Home Affairs, Government of India
- Assessing the major challenges faced in implementation of the policies and guidelines
- Centre-State Interface: Issues, Challenges, Strengths
- Analysis of potential opportunities for respective sectors in post-COVID situation
- Way forward and an analysis for the lessons of future

1.4Methodology and Framework

The documentation study revolves around the general principles of reviewing the work that has been done by the Ministry of Home Affairs, Government of India during the course of the pandemic. Using an assessment tool, the research team at IIPA has tried to understand the direct and indirect impact of the COVID-19 virus on the different verticals of the society namely; health and medical infrastructure, agriculture, railways, aviation, education (schooling and professional training), social and mental health etc. In order to understand the impact of COVID-19 on these different verticals the pedagogy which is to be followed is based upon analysis of primary data collection and secondary data collection. (figure-1)

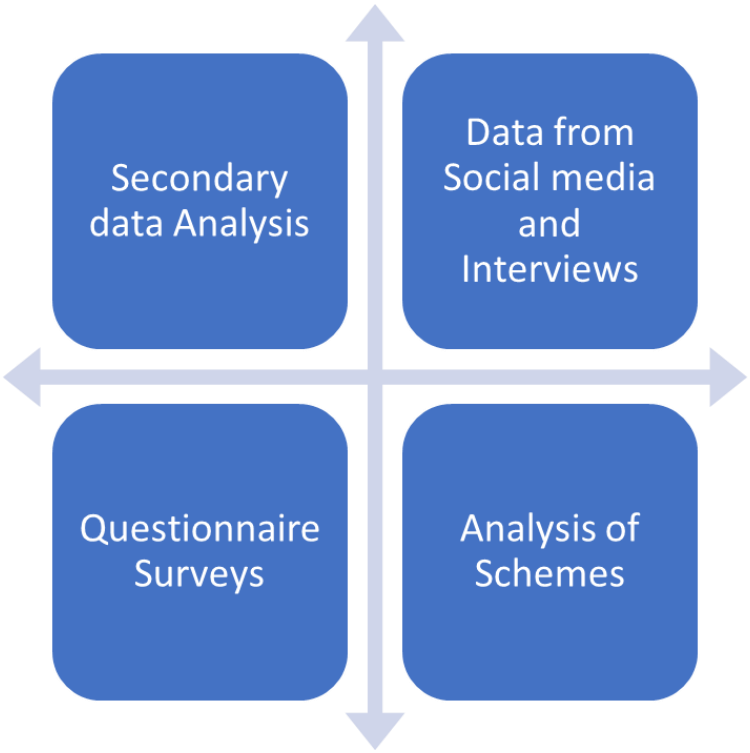

Figure 1 Methodology of the Study

First, a questionnaire-based survey tool shall be used to gauge the key positives, recommendations and concerns regarding the measures taken by the Ministry of Home Affairs, Government of India. The questions shall contain a mixture of close and open-ended questions to understand the implementation process of guidelines from the stakeholder's perspective, in this case, the Ministry of Home Affairs. Once the data is collected, the same shall be analyzed to understand the strengths and weaknesses of these guidelines and policies to interpret certain observations.

Thereafter, a secondary data collection and analysis is conducted of measures as issued primarily by the Ministry of Home Affairs, State based individual actions, Local Bodies and authorities at individual levels. All these data are based upon the information available in the public domain as accessed from media and government reports of the same.

1.5Structure of the Report

The report is an outcome and an overview of the results attained through review and primary and secondary research analysis undertaken in the study. The deliverables of the study have been represented herein:

Chapter One: **Introduction to the Study** – This presents the need and the background of the study and further gives a scope of work along with an overview of methodology and framework used to pursue the proposed impact study.

Chapter Two: Pandemic and COVID-19 in India – This presents a historical perspective of the pandemics that have been there in the past, thus, creating a timeline till the present Covid-19 situation. The study shall also give a basic structure to Covid-19 in the world and its impact.

Chapter Three: Role of MHA during COVID-19 – The chapter shall focus upon the role and organizational structure of the Ministry of Home Affairs, Government of India pre-COVID-19 pandemic and during the pandemic. A special focus shall be levied upon the 11-committee framework that was constituted. Furthermore, we introduce the various measures and steps taken by the Government of India in this chapter.

Chapter Four: Survey Analysis – The chapter shall focus upon the data analysis based on the collection of data through primary and secondary sources. First the study shall present an impact of COVID-19 on six different verticals as proposed (health, social, transportation, education, economy and agriculture) and accordingly analyzing the various steps taken by the MHA and their role. Based on the analysis further observations for shall be formulated for the study.

Chapter Five: Inter State Comparison of different models in India – This chapter is culmination of secondary data analysis wherein the aim is to compare interstate models that were executed in India and accordingly formulating observations for subsequent chapters.

Chapter Six: Global Comparison – This chapter looks into similar global initiatives in the same field of policy and measures to help curb Covid-19 on certain indicators.

Chapter Seven: Observations and Recommendations – This chapter integrates all the findings collected through review and primary research conducted in the study. Based on the evaluation of

observations, several relevant recommendations and suggestions have been put forth to help stabilize in this current pandemic.

Chapter 02 Pandemic and COVID-19 in India

The chapter is a brief introduction to the understanding of 'Pandemics'. The aim of the chapter is to understand what is meant by a pandemic through a review of literature and the current structure of COVID-19 pandemic around the world. The main focus of the study shall be understanding COVID-19 in India and the already set action plan by Government of India for such disaster and pandemic situation i.e. introduction to the National Disaster Management Act, 2005.

The word 'pandemic' has created a confusion among the experts and therefore at times difficult to define. However, because of the recent tragedies and up rise in the number of viruses around the world such as HIV/AIDS, Cholera, Influenza, Smallpox, Typhus, Yellow fever, Malaria etc. it has been rather easier to define and understand what a pandemic shall look like. Today the word 'pandemic' is defined as an epidemic that takes place over a wide area to which people don't have an immunity and thus affecting a large number of populations[8].

One of the biggest questions that have been posed the world of academic, health practitioners and experts is as to how and why these pandemic takes place? The ultimate solution to such pandemic isn't just making of the vaccine but understanding how to protect oneself from such health crisis in the near future. Therefore, it essential to understand how these situations arose and what led to the subsequent spread of such viruses at such a huge scale.

2.1COVID-19 in the Current World Structure

2.1.1. Overview of COVID-19

Coronavirus disease 2019 (COVID-19) is defined as an illness caused by a novel coronavirus now called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly called 2019-nCoV). The virus that causes COVID-19 is transmitted through droplets generated when an infected person coughs sneezes or exhales. People who experience COVID-19 or fall sick because of it shall experience mild to moderate symptoms and recover without special treatment.

The first case to be identified was in Wuhan City, Hubei Province, China[9]. Wuhan an emerging business hub experienced an outbreak that resulted in killing more than eighteen hundred and infected over seventy thousand individuals within the first fifty days of the epidemic. It was initially reported to the WHO on December 31, 2019. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency[10][11] On March 11, 2020, the WHO declared COVID-19 a global pandemic, its first such designation since declaring H1N1 influenza a pandemic in 2009[12].

2.1.2. Impact of COVID-19

According to World Health Organization data, at present there are 48.1 million total cases resulting in 1.3 million deaths worldwide[13]. Not only a direct hit at citizens but the pandemic has also resulted

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[8] Morens, D., Folkers, G., & Fauci, A. (2009). What Is a Pandemic? *The Journal of Infectious Diseases, 200*(7), 1018-1021. Retrieved October 21, 2020, from http://www.jstor.org/stable/27794175

[9] CDC. 2019 Novel Coronavirus, Wuhan, China. CDC. Available at https://www.cdc.gov/coronavirus/2019-ncov/about/index.html. January 26, 2020

[10] Gallegos A. WHO Declares Public Health Emergency for Novel Coronavirus. Medscape Medical News. Available at https://www.medscape.com/viewarticle/924596. January 30,2020.

[11] Ramzy A, Mcneil DG. W.H.O. Declares Global Emergency as Wuhan Coronavirus Spreads. The New York Times. Available at https://nyti.ms/2RER70M. January 30,2020

[12] The New York Times. Coronavirus Live Updates: W.H.O. Declares Pandemic as Number of Infected Countries Grows. The New York Times. Available at https://www.nytimes.com/2020/03/11/world/coronavirus-news.html#link-682e5b06. March 11, 2020

[13] *WHO Coronavirus Disease (COVID-19) Dashboard*. https://covid19.who.int/.

into various indirect challenges. The current pandemic has led to a dramatic loss of human life worldwide and has presented itself as a challenge to public health, food systems and the world of work[14].

In order to deal with the current pandemic and spread of novel coronavirus governments across the world have taken initiatives to safeguard its citizens against its direct and indirect effects. A major emphasis as has been on the implementation of a lockdown across the country i.e. banning any public gatherings and issuing guidelines for social etiquettes while coughing or sneezing. The intent of the lockdown was to contain the spread of virus however as a result it has impacted in the downside of the societal structure and economy.

The economic and social disruption caused by the pandemic is devastating as result tens of millions of people are at risk of failing into extreme poverty[15]. Because of lack of vaccines and medical treatment available for COVID-19 as result authorities around the world has restored themselves to NPIs or a lockdown situation wherein public gatherings have been banned resulting in closure of schools, workspaces and organizations. The idea is to halt the normal daily lifestyle and not only limiting to intra-spaces but most of the countries have also implemented trade closures and international borders to be sealed leaving no room for transportation and aviation of any individual in order to contain the virus from spreading. At present nearly half of the global workforce is at risk of losing their livelihoods especially with lack of social protection and access to quality health care. As a result of the lockdown, there has been border closure, trade restrictions and confinement measures that has prevented individuals from accessing markets, purchase and selling of inputs, impact on agricultural workers and migrant workers etc. The pandemic has contributed in decline of jobs and a severe impact on low-income countries with small-scale farmers and indigenous people[16].

Countries while on one hand are battling the ill effects of COVID-19 with the effects of strengthening their healthcare on the contrary there also has been initiatives to uplift the citizens against the ill effects of a lockdown. A heavy emphasis has been levied on issuing guidelines by various governments across the world in order to create awareness against coronavirus. In order to contain the virus not only measures for safeguarding the citizens like social distancing and social etiquettes were practiced but also role of ICT and technology wherein Government made apps were launched to trace the spread of virus. Apart from that a heavy emphasis was also levied upon environment protection and its cleanliness to stop the spread of virus from one place to another. In this fight against the virus one of the biggest challenges were of disinformation, misinformation and sudden rise in crimes. Since there was a sudden shift of lifestyle from offline mode to online means, there was certain unpreparedness which led to a number of causalities such as cyber crimes against workspaces and educational institutions and cases of abuse. Therefore, authorities not only had to

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[14] World Health Organization. (2020, October 13). *Impact of COVID-19 on people's livelihoods, their health and our food systems*. World Health Organization. https://www.who.int/news/item/13-10-2020-impact-of-covid-19-on-people's-livelihoods-their-health-and-our-food-systems.

[15] World Health Organization. (2020, October 13). *Impact of COVID-19 on people's livelihoods, their health and our food systems*. World Health Organization. https://www.who.int/news/item/13-10-2020-impact-of-covid-19-on-people's-livelihoods-their-health-and-our-food-systems.

[16] World Health Organization. (2020, October 13). *Impact of COVID-19 on people's livelihoods, their health and our food systems*. World Health Organization. https://www.who.int/news/item/13-10-2020-impact-of-covid-19-on-people's-livelihoods-their-health-and-our-food-systems.

issued guidelines of smooth functioning of workforce and education system through online means but also focus upon the internal security system of the country.

2.1.3. WHO Guidelines for COVID-19

As a part of the global spectrum, WHO have taken multiple initiatives to guide the citizens through this testing pandemic situation. Until the vaccine is made the only possible solution as proposed by WHO is to be precise and cautious in one's actions. Following which they have issue guidelines in areas regarding to creating awareness for public and citizens, reporting misinformation against COVID-19, mythbusters – which aims to provide correct information by eradicating the problematic takes on coronavirus, guidelines of public gatherings, advocacy and general question and answers[17].

WHO has been using multiple streaming platforms and options to create awareness on a larger scale. Rather than just publishing content online the organization has taken initiatives in making the content available in country specific languages and local languages wherever possible[18]. Apart from that it provides resources and regular updates for people working in professional sectors. The team furthermore also monitors social media and work with technology companies to get a hold of misinformation[19].

WHO has been holding regular virtual press conferences from Geneva, headquarters and its regional offices to spread information regarding the ongoing pandemic. Currently, in July 2020 more than 3.7 million people had enrolled in OpenWHO platform which provides more than 100 free online courses on COVID-19 in 31 languages[20]. The course also includes a special reference for health care workers and other frontline responders. Various other guidelines also include handbooks on "Preparing for an outbreak", "Living through an outbreak", "Managing and ending an outbreak" and "Resuming activities during and after an outbreak"[21].

While WHO as an international organization have taken multiple steps, in the subsequent study the focus shall be levied upon the guidelines and measures taken by individual government authorities across the world. The study shall put a major emphasis upon the measures taken by Ministry of Home Affairs, Government of India followed by certain international models and a comparison between the two.

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[17] *Advice for the public on COVID-19*. (n.d.). Retrieved November 06, 2020, from https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

[18] *A guide to WHO's guidance on COVID-19*. (n.d.). Retrieved November 06, 2020, from https://www.who.int/news-room/feature-stories/detail/a-guide-to-who-s-guidance

[19] *A guide to WHO's guidance on COVID-19*. (n.d.). Retrieved November 06, 2020, from https://www.who.int/news-room/feature-stories/detail/a-guide-to-who-s-guidance

[20] *A guide to WHO's guidance on COVID-19*. (n.d.). Retrieved November 06, 2020, from https://www.who.int/news-room/feature-stories/detail/a-guide-to-who-s-guidance

[21] *A guide to WHO's guidance on COVID-19*. (n.d.). Retrieved November 06, 2020, from https://www.who.int/news-room/feature-stories/detail/a-guide-to-who-s-guidance

2.2COVID-19 in India: National Disaster Management Act 2005

The National Disaster Management Act (NDMA), 2005 act as an intermedium for the Government of India, to facilitate the functioning during a situation of natural disaster. As per the central government the current COVID-19 pandemic has therefore been labeled as a "Notified Disaster" of a "critical medical condition or pandemic situation". In the past seven months the Ministry of Home affairs issued multiple orders pertaining to the nationwide lockdown and unlock procedures all of which were issued under the NDMA 2005.

The act delineates the functioning of the state and district authorities claiming that one can frame their own rules and regulations on the basis of broad guidelines issued by the Ministry. Under the Act, there are the following working bodies namely:

- **National Authority**

Under the NDM Act 2005 there is a need to establish a National Disaster Management Authority (NDMA) responsible for laying down the policies, plans and guidelines for disaster management. Furthermore, the authority is responsible to ensure the timely and effective response to any disaster. As stated under Section 6 of the Act the NDMA is therefore, also responsible to lay down guidelines that are supposed to be followed by the State Authorities in making up of subsequent State Plans.

- **National Executive Committee**

Similarly, under section 8 of the act it is the responsibility of the Central Government to constitute a National Executive Committee (NEC). The role is to ensure and assist the National Authority in the implementation of the policies laid down to contain the disaster. The NEC under the section Act is therefore responsible for the preparation of the National Disaster Management Plan for the country with the focus to review and update it annually.

- **State Disaster Management Authority**

Section 14 of the NDM Act establishes a State Disaster Management Authority (SDMA). The state executives is responsible (under section 22) for drawing up the state disaster management plan and implement the National Plan as rolled out by the National Authority. As per Section 28 the SDMA is mandated to ensure that all state departments prepare disaster management plans as prescribed by the National and State Authorities.

- **District Disaster Management Authority**

To ensure the implementation of the disaster management plan down till the grassroot level special District Disaster Management Authority under Section 25 is put in place. Their role is to ensure the steady implementation of the national guidelines during a disaster in their respective districts.

- **National Disaster Response Force**

A special response force under the Section 44-45 of the act is put in place known as the National Disaster Response Force. The role of the force is to implement a special timely response to a threatening disaster situation and act under a director general directly as appointed by the Central Government.

- **Other Provisions**

Other provisions apart from the organizational structure as prescribed under the NDM Act 2005 also include the funds for the Disaster Management at various levels. Moreover, the act also delineates into provisions as that of penalties, offences and annual report upgradation.

Chapter 3
Role of MHA during COVID-19 Pandemic

The World Health Organization (WHO) based on its recommendation of emergency meeting, officially declared the COVID-19 pandemic as a Public Health Emergency of International Concern (PHEIC) on January 30, 2020[22]. On the same say India reported its first case in Kerala; the patient had a travel history to Wuhan, China – where the first case across the world was reported[23]. Following which the disease spread like a wildfire across the world. The virus being first of its kind, therefore, proposed itself as a unique challenge in front of health workers, government, and organizations. With no prior information on how to control the spread of the virus there was no readymade action plan to act upon. Not only it created a situation of distress but also of extreme urgency as organizations did not have statements ready, hospitals with less or any equipment, lack of PPE Kits, shortage of facemasks and covers was faced upon.

Considering such an emergent situation the Government of India and its subsequent bodies started to roll out action plans to contain the virus. Ministry of Health and Family Welfare (MoHFW) gave

[22] IHR Emergency Committee on Novel Coronavirus (2019-nCoV). (n.d.). Retrieved December 10, 2020, from https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov)

[23] Andrews M A, Areekal B, Rajesh K R, Krishnan J, Suryakala R, Krishnan B, Muraly C P, Santhosh P V. First confirmed case of COVID-19 infection in India: A case report. Indian J Med Res 2020;151:490-2

out alert on January 17, 2020 to all the states/UTs to review the preparedness of the upcoming COVID-19 situation. The Ministry of Home Affairs (MHA) in the subsequent days then rolled out a nation-wide alert to state/UTs on February 04, 2020 to take major steps against the global health emergency. A lockdown was therefore proposed by the Government of India, changing the dynamics of an offline world to a virtual space. In view of the coming risks and challenges, the Hon'ble Prime Minister addressed the nation and appealed for *"Janta Curfew"* which helped in setting the tone of forthcoming lockdown. Due to the threats of the COVID-19 pandemic, National Disaster Management Authority (NDMA) exercised the powers under section 6(2)(i) of the Disaster Management Act, 2005. The Chairperson, National Executive Committee exercised the power under section 10(2)(i) and passed the order of lockdown of 21 days for all parts of the country. Disaster Management comes under the Ministry of Home Affairs. India already had the "National Disaster Management Plan 2019" which has provisions to deal with biological emergencies. The challenge was indeed big, and the Ministry of Home Affairs waded through the rough waters.

3.1 About the Ministry of Home Affairs

Ministry of Home Affairs (गृह मंत्रालय), is one of the pivotal ministries of the Government of India which deals with internal security, border management, Centre-State relations, administration of Union Territories, management of Central Armed Police Forces, Disaster management, etc. The headquarter of the Ministry is located at North Block, Cabinet Secretariat, Raisina Hill, New Delhi. The Ministry consists of six departments viz Department of Border Management (BM), Department of Internal security (IS), Department of Jammu, Kashmir, and Ladakh Affairs (JK L), Department of Home (H), Department of Official Language, and Department of States. They all function under the Union Home Secretary and are inter-linked. The organizational structure of the MHA is shown in figure 3.1.

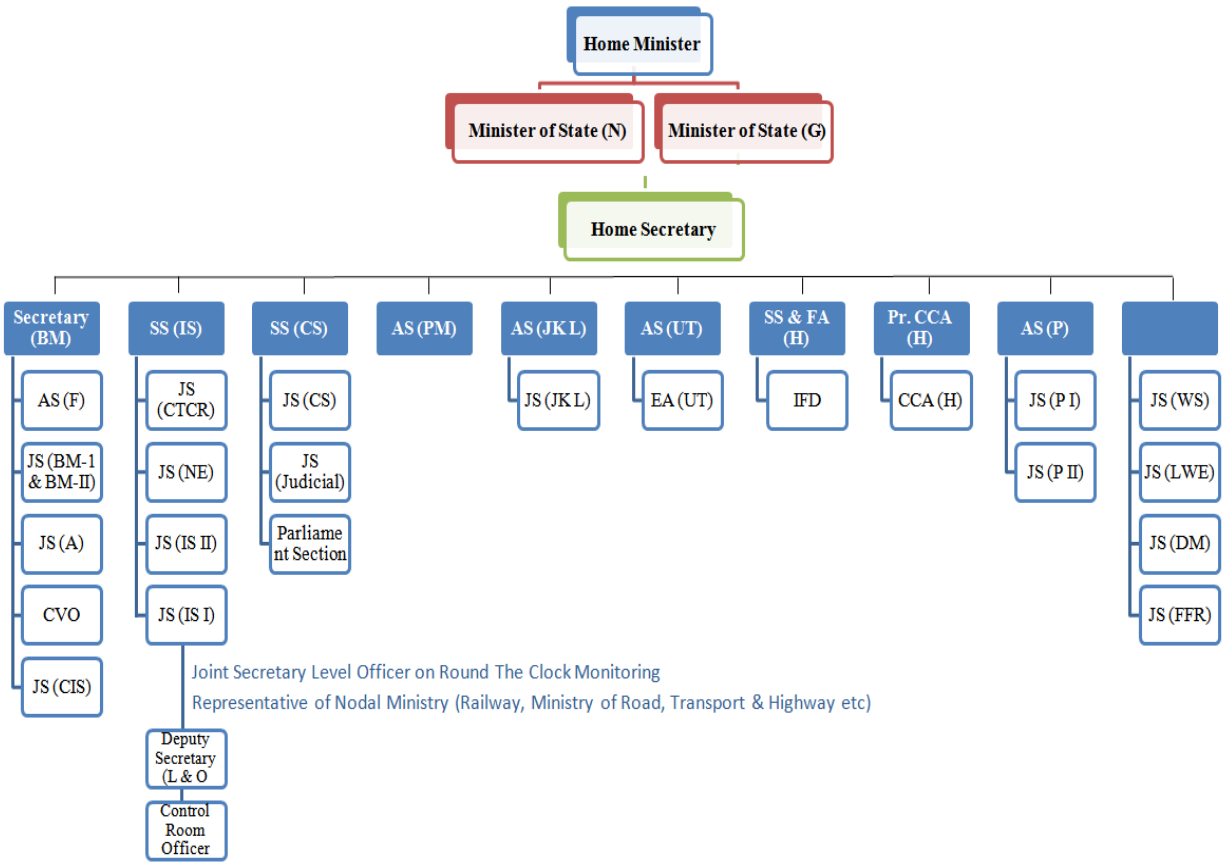


Figure 3. 1 Organizational Structure of MHA and its Control Room

There are 21 divisions of MHA viz Administration, Disaster management, Foreigners, Finance, Freedom fighter and rehabilitation, Internal security I, Internal security II, Left-wing extremism, Women safety, Union Territory, North East, Police I, Police II, Police modernization, Cyber & information security, Counterterrorism and counter-radicalization, Coordination & International cooperation, Center-state, Border management I, Border management II and Jammu Kashmir and Ladakh affairs.

3.2 MHA Control Room: The Nationwide Lockdown Monitor

Control Room is a nodal control center of MHA for pan India. This became first operational in 1981 on 24 X 7 bases and was earlier manned by the staff of MHA only. It comes under the Joint Secretary (Internal Security Division). It dealt with the internal security and disaster management. As of now, the Control Room is dealing with only the internal security as disaster management branch is a separate entity. The Mumbai Attack of 2008 made changes in the structure of the Control Room. It was from then onwards manned by an official from Central Armed Police Force (CAPF) on a deputation basis. Its officers comprise of Constable, Head Constable, Assistant Sub Inspector,

Inspector, Assistant Commandant, Deputy Commandant, and Second in Command Officer. It acts as a bridge between Centre and State. Some images of the MHA Control Room are shown in figure 3.2.

Figure 3. 2 MHA Control Room

During the time of COVID-19, four additional Control Rooms were made to deal with the situation, increasing the total count to five Control Rooms. These rooms were equipped with sixty-five non-chargeable landlines with over two hundred staff from NDRF and CRPF. Normally, the head of the control room is a Duty Officer and is from the background of CAPF of 2nd in Command/Deputy Commissioner or DIG Level. But at the time of COVID, this post was handled by an officer of Joint Secretary Level. A three-week induction training is being provided to the new trainee in every field before recruiting him/her for Control Room functions. The standard operating procedure opted by the control room during the pandemic is shown in figure 3.3.

When a call was received in the Control Room from a distressed person for COVID-19 issues, the following steps were taken:

1. Control Room shared State/UT helpline number and advised the caller to speak with state helplines. However, in urgent cases, the Control Room directly contacted the concerned Ministry/ State/ UT.
2. Call back to the caller by Control Room in one hour to check if resolved. If not resolved, then Control Room called the designated State/UT Helplines.
3. Call back to the caller again in another 30 minutes. If not resolved, then Control Room calls DM / SP concerned in the District. Often in the context of the migrant worker, they were referred to other District /Taluka officials, NGOs, etc. with whom they follow up the request.
4. Call back to the caller again to confirm relief received. If not resolved, the State Nodal Officer was informed about the issue.
5. Confirm action from the distressed person. If not resolved escalate to Joint Secretary in MHA (as per roster duty).

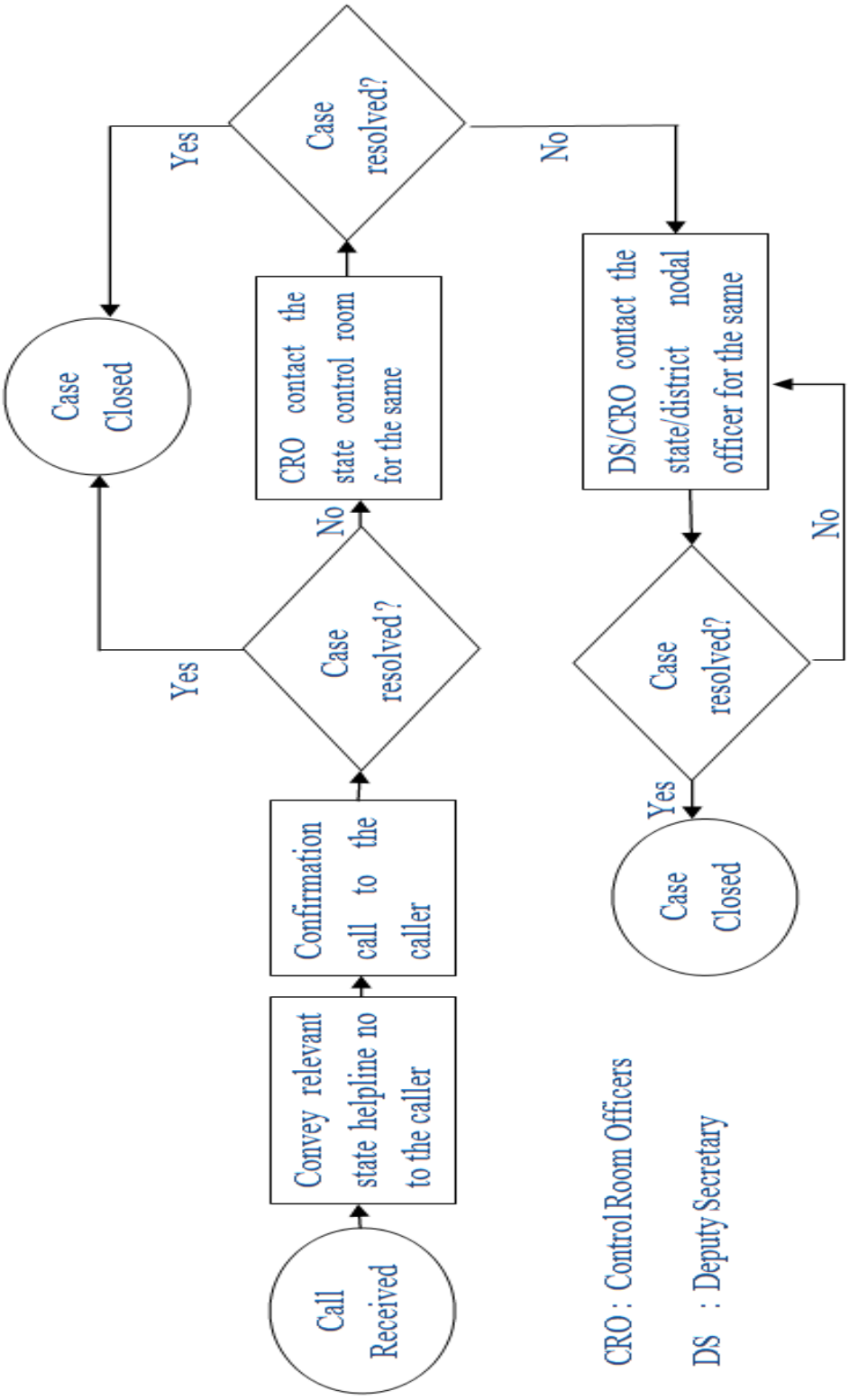


Figure 3. 3 Protocols followed in MHA Control Room

Since March 25, 2020, the Central Control Room received a total of 13034 comprehensive requests (excluding calls received for movement by *Shramik* Special Trains), out of which 11377 calls were for food & shelter by poor, destitute, and migrant workers, 854 calls related to the movement of Essential Goods and Services, 129 complaints related to North-East Region, and rest complaints were related to other matters on facilitating of local services from police, etc. Percentage-wise distribution is shown in figure 3.4.

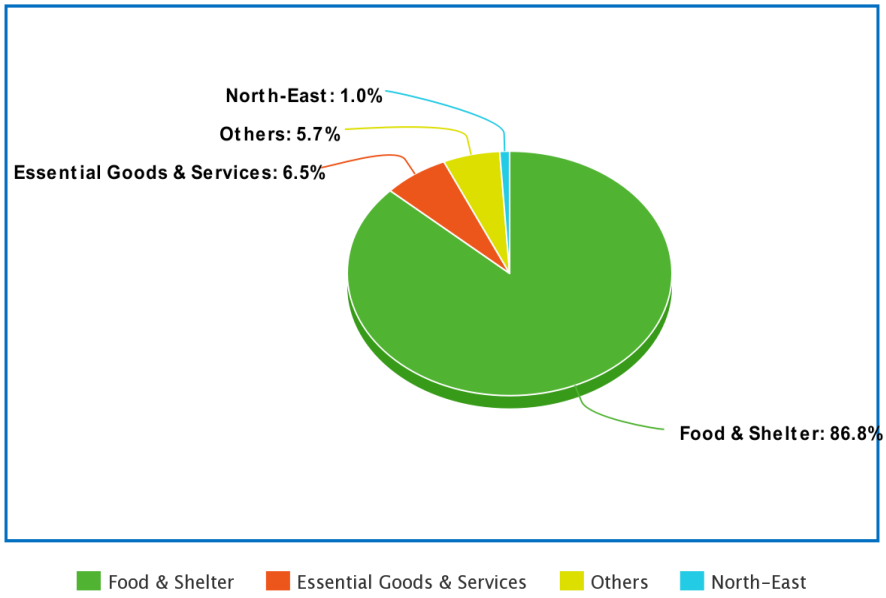


Figure 3. 4 Details of complaints dealt in MHA Control Room (excluding *Shramik* Special Calls)

In addition to it, Control Room also received 32,986 calls from stranded persons for movement by *Shramik* Special trains. The calls were for the 2,95,327 stranded persons, out of which 2,71,219 were laborers, 5,388 were students and 1,539 were tourists. Percentage-wise distribution is shown in figure 3.5.

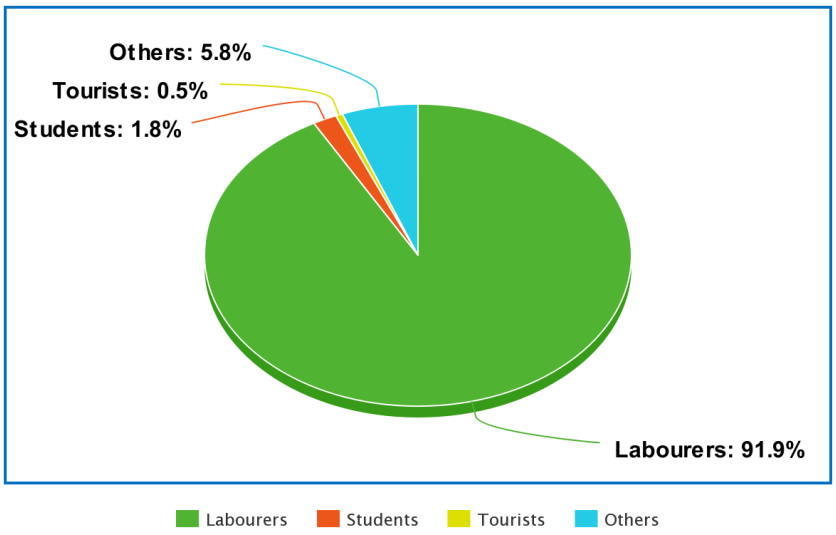


Figure 3. 5 Details of stranded persons who wanted to move by Shramik Special Trains in MHA Control Room

Some occurrences of the contribution made by the Control Room in handling the public grievances at MHA-CR are as follows:

- Immediate supply of life-saving drugs to patients.

While there are several instances of Control Room intervention, in a particular instance, during phase-I of lockdown, a call was received in Control Room from a cancer patient in Auraiya district in Uttar Pradesh requesting for the immediate supply of life-saving medicines from Mumbai. In normal circumstances, this medicine would have come through courier services. The Control Room coordinated with nodal officers in Maharashtra and Uttar Pradesh to arrange permission for airlifting of medicines by a courier agency to Lucknow, and from there on by road to Auraiya. The task was accomplished with regular and persistent follow-up by the officers from various Ministries in the MHA Control Room in close coordination with the State Government.

- Timely provisioning of food and ration to stranded workers, especially with low-income and daily wagers.

The Control Room directly intervened with the State agencies in more than 13000 calls received from distressed individuals or groups of persons requesting for provisioning of Food and Ration during the lockdown period. Control Room Officer would take down the details of the distressed person along with location and contact phone number. Along with this, the State helpline number was shared with the distressed person also. Control Room would continuously follow up with the distressed person till the requisite assistance reaches them from the State Government. In some serious cases requiring immediate assistance, the Control Room officers have intervened directly with the field agencies. To facilitate early resolution, the Control Room Officers did not hesitate to

escalate the grievance to senior officers in State headquarters, this approach effectively enabled timely assistance.

- Assistance to the public in procuring e-pass for movement for permissible reasons during the lockdown.

Several distressed calls were received from the public on MHA Helpline numbers and through emails for the issue of movement passes for medical emergencies of children, pregnant ladies, old age parents, the person with disabilities; death in the family and persons delivering essential services like medical professionals, etc. Control Room assisted such persons in applying online on the respective State Government websites along with the necessary documents. Control Room then further facilitated and followed up with the local authorities, considering the seriousness of the situation for facilitating movement passes for such persons. The Control Room also counseled several persons, who did not have emergencies, to stay at home.

- Interventions of Control Room to assist citizens to retain their rental homes subsequent to lockdown.

In several instances, Control Room Officers took up the cause of persons affected by the closure, especially those who did not have money to pay home rentals and facing eviction. Complaints received of such nature were followed up by politely talking to the owners to persuade them not to pressurize the tenants, considering the difficult times of COVID-19 to help persons in distress in the crisis. The Control Room also shared the information with the State Government to provide follow-up counseling to house owners not to insist on rents.

- Non-COVID Emergency calls were also handled by the Control Room.

Several cases of non-COVID medical emergencies were facilitated for emergency admission in hospitals. Distressed medical cases were facilitated by flagging the issues to the local authorities in the States/UTs. For instance, there was a case of Golu, a resident of Uttar Pradesh stranded in Andhra Pradesh, who complained of chest pain at MHA-CR, mid-night. The call was immediately followed up and he was traced by the Head Constable in AP lying on a road and emergency medical assistance was given.

- Facilitation of movement of essential supplies on call from vehicle drivers.

The Control Room also received emergency calls from truck drivers and their owners on restrictions on the movement of essential supplies, especially perishable. These issues were immediately

brought to the notice of State Nodal officers, and sometimes information was shared with the district officials for early resolution. A total of 850 calls were received by Control Room.

- Interventions to prevent biased action against North East citizens.

Instances of citizens from the North East States facing racial bias were reported to Control Room. In such cases, the matter was immediately escalated to senior officers in the State as well as police action was requested.

- Movement of essential items through the train.

The Control Room played an important role in facilitating the availability of labor for loading and unloading of goods from rakes to ensure that train movement does not get stalled and cause a pileup. The 24x7 presence of officers from Railways greatly facilitated this process. There are thousands of people who are thankful to the MHA Officers who went above and beyond the call of duty.

3.3 Actions and Interventions by MHA

As the key nodal functioning organization, it is MHA's responsibility to facilitate channels for smooth and easy communication from the national to the grassroot level. As a response the Ministry issued a series of notices and memorandums to the state authorities regarding social distancing norms, sensitization training to the citizens and first responders, coverage of protocols to be followed by common citizens through print and digital media in various vernacular languages. Apart from it several office memorandums were also issued for state governments to follow such as capacity building, facilitating isolation or quarantine spaces and media management to avoid the spread of fake news. Understanding the sudden distress and panic among the citizens, MHA as the governing body also picked up the role of a grievance and redressal body. To facilitate the citizens directly and with easy communication a 24x7 functioning Control Room was set up by the MHA. The already existing control room which was effective for internal security of the country was in place and was further expanded to a bigger functioning body looking at the need and demand of the society during the COVID-19 pandemic.

3.3.1 Lockdown

According to WHO the implementation of lockdown in India is termed as *'timely, comprehensive and robust'.* In order to contain the spread of the virus a timely lockdown and execution of plan was therefore the need of the hour. On one hand an early lockdown did help a populous country like India to contain the virus however, in the long run the lockdown had serious implications over the country's economy, health, education, agriculture, transportation and social aspects.

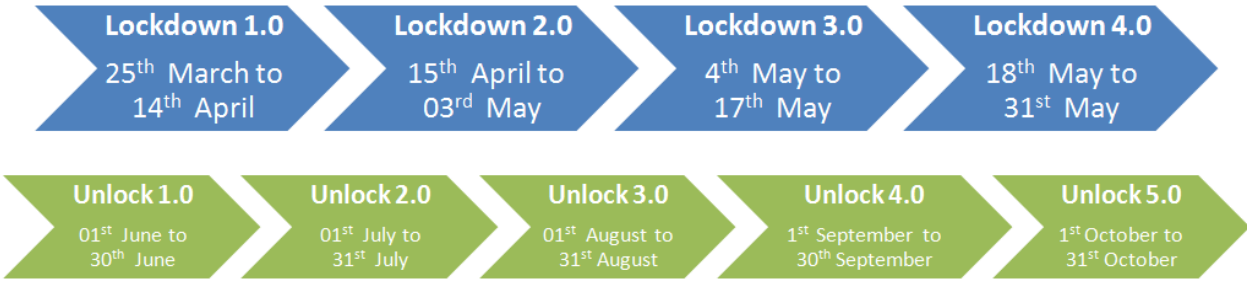


Figure 3. 6 Phase-wise Lockdown and unlock sequences

The first major step in managing the pandemic was the introduction and implementation of the lockdown – a nation-wide shutdown protocol to contain the spread of virus. As a result, the first lockdown was executed from March 25 to April 14 2020, further extending to May 03 then May 17, and lastly ending on May 31, 2020 (See figure 3.6). As per the MHA orders, nearly all services were suspended except for essential and emergency services. From government bodies to educational institutions and corporate bodies – every working organization was put on hold and transferred into to a new space for working i.e. through virtual communication. Along with the nation-wide lockdown scheme the MHA also issued protocols for work-from-home for offices and online-classes for schools and colleges.

Various religious gatherings, social parties, sports, entertainment, cultural and all other political gatherings were suspended until further orders. Further protocols included of shutting down of non-essential commercial, industrial, and private establishments, followed by constraints on transportation and inter-state border travel. The *Incident Commander* deployed by district administrations was authorized for issuing passes for inter-state border travels for emergent cases and people stranded away from home wishing to go back. Exceptions were granted to health workers going for work, essential good transportation, and emergency transport services for certain essentials such as banking services.

In terms of gathering, only funerals were granted the exemption, wherein only twenty people were permitted to attend the funeral. Any person who was found violating the lockdown protocols was charged under the violations of the provisions of the Disaster Management Act, 2005.

As per the new phases of lockdown MHA released Addendums pertaining to newer requirements and priorities. In addendums, many essential institutions were exempted from restrictions but were directed to work with bare minimum staff. With the addendums, transportation of all goods, without distinction of essential and non-essential, had been allowed. For instance, the entire supply chain of newspaper delivery and milk collection and distribution were allowed.

3.3.2 Allocation of Fund

The MHA also allowed states/UTs to spend up to fifty percent of the money from the State Disaster Response Fund (SDRF) for homeless people, including migrant laborers, stranded due to lockdown measures, and sheltered in the relief camps and other places for providing them food, etc.

3.3.3 Formation of Empowered Groups

Figure 3. 7 Eleven Empowered Groups formed by MHA

MHA constituted the **empowered groups** under the Disaster Management Act 2005 which was comprised of inter ministries officials for the planning and emergency response. The groups were empowered to identify the problems and provide time-bound effective solutions in the respective areas. Details of eleven empowered groups formed are listed in figure 3.7.

These empowered groups were responsible for the sole facilitation of services and essential items required during the pandemic. From medical to human resources, strategic planning, and welfare measures to facilitating the supply chain, everything was taken care of by these empowered groups. Based on the functioning of these empowered groups the study then further elaborates their role and policies on the following variables – Social, Health, Agriculture, Transportation, Economy and Education figure 3.8.

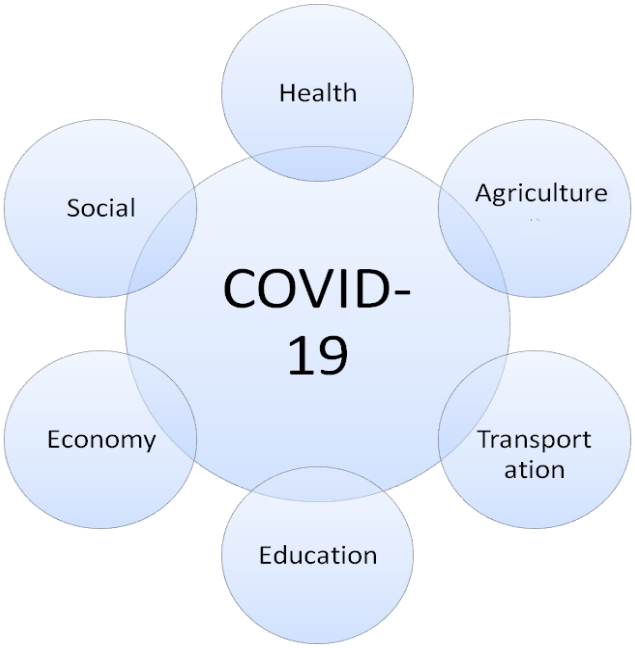


Figure 3. 8 Six Pillars

- ## Social

An early and sudden lockdown had put a pressure on people leading them to hoard and prepare for the lockdown, as a result government came out with daily announcements of not stocking up essential items and goods unnecessarily to lower the panic among common citizens. MHA issued a standard operating procedure (SOP) for maintaining the supply of **essential goods**. The SOP was for three types of operators: i) small local retail shops (ii) large, organized retail stores and (iii) e-commerce companies. The suppliers, storage facilities, transporters (including inter-state, inter-city, and intra-city), and manufacturing units of all types of essential goods were permitted to operate, ensuring strict social distancing. State/UT government was empowered to randomly verify the veracity of documents. A warehouse that also had non-essential items could open, but the retail end of the supply chain was restricted only for essential items. All persons engaged in such chain were

allowed subject to permission from local authorities and a valid photo identification card. MHA also sent a clarification to states that the operations of e-commerce companies for non-essential goods were prohibited.

The lockdown had invoked a sudden fear within the minds of the citizens. It was natural for them to feel being locked-down in their hometowns than stranded in a different city as a result thousands of people especially the migrant laborers had started moving back to their home towns on foot. MHA issued an order for strict implementation of additional measures for the issue of movement of migrants. The states were directed to ensure adequate arrangements of temporary shelters and provision of food etc. The migrants who had moved out to reach home states were kept in the nearest shelter for fourteen days.

To ensure safety and security to the citizens several other provisions such as security of wages of the workers, – the employers of the workers were directed to make payment of wages of their workers for the period their establishments are under closure. Further, for people living in rented spaces especially students and working officials the landlords were directed that they shall neither demand rent for a month nor force them to vacate their premises. Later, MHA also released SOP for the movement of stranded labor. As additional new activities were permitted, the laborers were allowed to engage in industrial, construction, manufacturing, farming, and MNREGA works. However, no inter-state movement of labor was allowed.

The **Supreme Court of India**, expressed satisfaction with the timely and proactive actions of prevention, taken by the Central Government. The Hon'ble court took serious note of the issue of fake news, which results in migrant laborers suffering. Hon'ble Apex court quoted *"we trust and expect that all concerned viz., State Governments, Public Authorities and Citizens of the country with faithfully comply with the directives, advisories, and orders issued by Union of India in letter and spirit in the interest of public safety".* In view of directions made by the Apex Court, MHA requested State/ UT Governments for taking necessary action on the circulation of fake news. MHA also informed the public about a web-portal where people can verify the facts promptly. While disposing of the petition, the Apex Court directed to ensure adequate medical facilities for migrant workers, visit of a trained counselor to the relief camps, engagement of volunteers for welfare of migrants, and to treat migrants with kindness. MHA and MOHFW, both the ministries informed all states/UTs to take necessary action expeditiously and efficaciously at the ground level.

MHA also requested the Director-General of Police (DGP) of all states/UTs, **before festivals**, for ensuring strict compliance with lockdown measures and not allow any social/religious gatherings.

The authorities were directed for the appropriate vigilance on social media platforms. MHA also released INR 11,092 crores for states under the State Disaster Risk Management Fund (SDRMF). The fund could use for setting up quarantine facilities, screening, sample collections, laboratory set up, consumables, purchase of personal protection equipment (PPE) for corona warriors, purchase of ventilators, thermal scanners for the government hospitals.

To ensure social distancing at workplaces, MHA released national directives for **COVID-19 management** and SOP for social distancing for offices, workplaces, factories, and establishment. The focus areas were compulsory wearing of face masks, social distancing, restrictions over gatherings, action against spitting, temperature screening, gaps between shifts, frequent sanitization of common surfaces, and good hygiene practices. MHA also released the SOP for sign-on and sign-off of Indian seafarers at Indian Ports and their movement for the aforesaid purpose. Seafarers had to give information on the last twenty-eight days contact history. They were also tested for COVID-19 and if the test were negative only then could sign-on and sign-off.

Some State /UT Governments allowed **exceptions beyond the MHA guidelines**, which lead to violation of the lockdown measures. It was hampering the objectives of containing the spread of COVID-19. MHA requested to concerned state/UT to strictly implement the lockdown measures adhere to MHA guidelines in letter and spirit. States/UTs could impose stricter measures than the guidelines as per the requirement of the local areas. MHA also requested the states/UTs to widely publicize the penal provisions under the Disaster Management Act, 2005. In various orders, MHA mentioned that *"any person violating these containment measures will be liable to be proceeded against as per the provisions of section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Section 188 of the IPC".* The bilingual version of the extract of penal provisions was attached with MHA Order. Some offenses were punishable with a maximum of two years imprisonment or with a fine.

- ## Economy

The decision of an early lockdown was very crucial for India to control the COVID-19 spread, although it affected economy by a large ratio. For smooth functioning of financial services across India, MHA enlisted RBI regulated financial markets, payment system operators, bank branches, ATMs, IT vendors for the banking system, cash management agencies, SEBI, Insurance companies as exceptions to the lockdown. The Government of India announced a financial package ***Pradhan Mantri Garib Kalyan Yojna (PM-GKY)*** under which INR 27,500 crores to be disbursed to the targeted public through their bank accounts. In view of the above, MHA directed states/UTs to ensure smooth banking operations. The state governments had to ensure the functioning of bank branches, cash

management, ATM maintenance agencies. Local police administrations were directed to coordinate with banks during money disbursement at branches. Banks were permitted to remain functional for extended working hours. MHA also directed states/UTs for compliance of Department of Financial Services guidelines for the disbursement of DBT money for women account holders of *Pradhan Mantri Jan Dhan Yojana* (PM-JDY) under PM-GKY.

- ## Agriculture

In India, the month of March and April are known for harvesting the Rabi crops and cultivating the Zaid crops. Crop harvesting is essential for meeting out the food security of the country. Because of the above, MHA allowed **agricultural operations** as an exception to lockdown measures. Farming operations by farmers and farm workers, operation of *Mandis*, procurement of agricultural productions, and movement of harvesting and sowing related machinery were allowed. Manufacturing and selling of fertilizers, pesticides, and seeds were allowed. Operations, processing, sale and marketing of rubber, coffee, and tea were allowed with a maximum of 50% workers. Collection, processing, distribution, and sale of milk and milk products were allowed. Operation of animal husbandry, animal feed manufacturing, and aquaculture was allowed. MHA also advised states/UTs to take steps to ensure the availability of essential goods. Due to a reduction in labor supply and other reasons, there were reports of loss of production. MHA requested State/UTs to take urgent steps for measures such as fixing of stock limits, capping of prices, enhancing production, and inspection of accounts of dealers.

- ## Transportation

All types of goods whether they were essential or non-essential could be transported. All the parcel trains, air cargo movements, Seaport cargo movement, good carrying trucks, *Dhabas* near highways were enlisted as an exception to lockdown effects. Even empty trucks were also allowed to move after the delivery of goods or for pickup of goods.

Many **foreign nationals** were stranded in different parts of the country. Earlier in March, MHA provided consular services to foreign nationals on a *Gratis* basis. Expired Visa of such foreign nationals was extended without levy of overstay penalty. Many foreign governments requested the evacuation of their nationals from India. Later in April, MHA issued an SOP for the transit arrangements for foreign nationals in India. Ministry of External Affairs (MEA) examined the request on case-to-case basis. In the case of endorsement, the MHA protocol was in execution. Chartered flights were arranged by the concerned foreign government. Only those foreign nationals who were asymptomatic for COVID-19 were allowed to leave. Local transportation was arranged by the local Embassy and the transit passes were issued by the respective State/UT governments.

Many Indian citizens were in foreign countries for their employment, business, studies, etc. They were stranded abroad due to COVID-19 effects over the world. MHA in consultation with MEA, the Ministry of Civil Aviation (MoCA), and the Department of Military Affairs (DMA) conducted the ***"Vande Bharat Mission"***. Several SOPs were released for movement of Indian Nationals stranded outside the country. As per the protocols, each crew and staff member had to go through the COVID-19 test and only those who were negative were allowed to operate the flights/ships. Priority was given to the short-term visa holders, medical emergency, elders, and pregnant women. Only asymptomatic travelers could board. State/UT governments had the responsibility to arrange institutional quarantine facilities for the coming passengers. As of now, more than two million passengers had arrived in India through this mission[24].

Numerous migrant laborers, tourists, students, and pilgrims who were stranded in different states of India. MHA released SOP for the movement of persons by train. Ministry of Railways (MoR), in consultation with MHA and MoHFW, started ***"Shramik Special Trains".*** MHA also issued SOP for the **release of quarantined persons** who returned from foreign countries, after the expiry of the quarantine period and tested COVID-19 negative. As per guidelines, persons tested negative were released from the quarantine center. This did not apply to the groups, where even a single person was tested positive. A released person has to arrange their transport arrangement for which State/UT governments had issued transit passes. After reaching their destination, they had to quarantine themselves for further fourteen days.

- ## Health

The health sector is the most vulnerable sector affected by COVID-19. India's expenditure on public healthcare is already among the lowest in the world[25]. The decision of lockdown was very crucial for mock drills of hospitals, improving infrastructure, and providing the required training. In view of COVID-19 pandemic, MHA allowed all hospitals, clinics, nursing homes, telemedicine facilities to operate. All types of pharmacies including *Jan Aushadhi Kendra,* collection centers, medical

[24] Vande Bharat Mission: Numbers behind the largest civilian evacuation in history. Business Line. 28 October 2020.

https://www.thehindubusinessline.com/news/vande-bharat-mission-numbers-behind-the-largest-civilian-evacuation-in-history/article32965828.ece

[25] India's per capita expenditure on healthcare among lowest in the world; govt spends as little as Rs 3 per day on each citizen. Firstpost. 21 June 2018. Retrieved from: https://www.firstpost.com/india/indias-per-capita-expenditure-on-healthcare-among-lowest-in-the-world-govt-spends-as-little-as-rs-3-per-day-on-each-citizen-4559761.html#:~:text=New%20Delhi%3A%20The%20amount%20India,or%20Rs%203%20per%20day.

laboratories, the supply of medicines were allowed to operate. MHA permitted the movement of all medical personnel, nurses, Para-medical staff, and scientists in pan India. MHA also allowed the construction of health infrastructure, ambulance manufacturing, medical devices manufacturing and medical oxygen manufacturing.

Availability of an adequate and uninterrupted supply of medical oxygen is important for severe COVID-19 cases. Some states tried to restrict the inter-state movement of medical oxygen for the manufacturers located in their State. MHA requested them to not impose such restrictions on manufactures and their inter-state or inter-city movements.

The entire medical fraternity has enabled the country to combat the COVID-19 virus. But there were many reports of violence against healthcare professionals. At some places, the family of deceased healthcare professionals was prevented from performing the last rites of the deceased. In view of the above, MHA wrote to states/UTs administrations to ensure adequate **protection to healthcare professionals** and frontline workers. MHA also requested the states to appoint nodal officers at the district level who will be available 24x7 to healthcare professionals and take immediate strict action in case of violence.

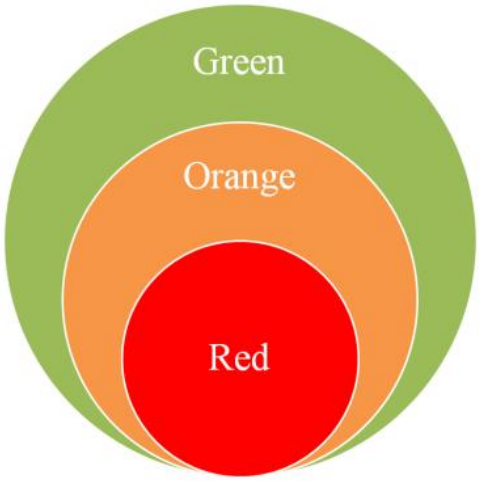


Figure 3. 9 Classification of Zones for COVID-19 Management

Because of the number of cases, MoHFW and MHA issued guidelines for the identification of **Green, Orange, and Red zones**. Green zones were the zones with zero confirmed cases. Red (Hotspot) zones were declared by the MoHFW on basis of the total number of cases, doubling rate, and surveillance feedback. Orange zones were the regions where cases were present but not at the level of red zones. MHA also focused on the containment zone, where maximum precaution is required. It may lie in the Red or Orange zone as demarcated by the state/UT government. MHA also provided details of activities taken by local authorities in the containment zones and the activities permitted

in Green zones, Red zones, and Orange Zones. One more zone i.e Buffer Zone was delineated by the local administration to ensure that infection does not spread to adjoining areas.

- ## Education

All the educational centers, coaching institutions, training centers remained closed as per directions of MHA. However, those higher educational institutes where regular research was conducted in science and technology could operate with minimum staff. Closed institutions were directed to maintain academic schedule through online teaching. Among the online platforms of meeting, Zoom App was extremely popular and very much in use among Indians. MHA had released an advisory on the security of Zoom App and restricted the use of Zoom application for the government officials. However, MHA released a guideline for the individuals who were willing to use it.

There were many students whose **10th and 12th board exams** were suspended. Taking into consideration the academic interest and the requests from state governments and CBSE, MHA granted exemption from the lockdown measures to conduct board examinations for classes 10th and 12th. No examination center was permitted in the containment zone. It was advised to the boards that their examination schedules should be staggered.

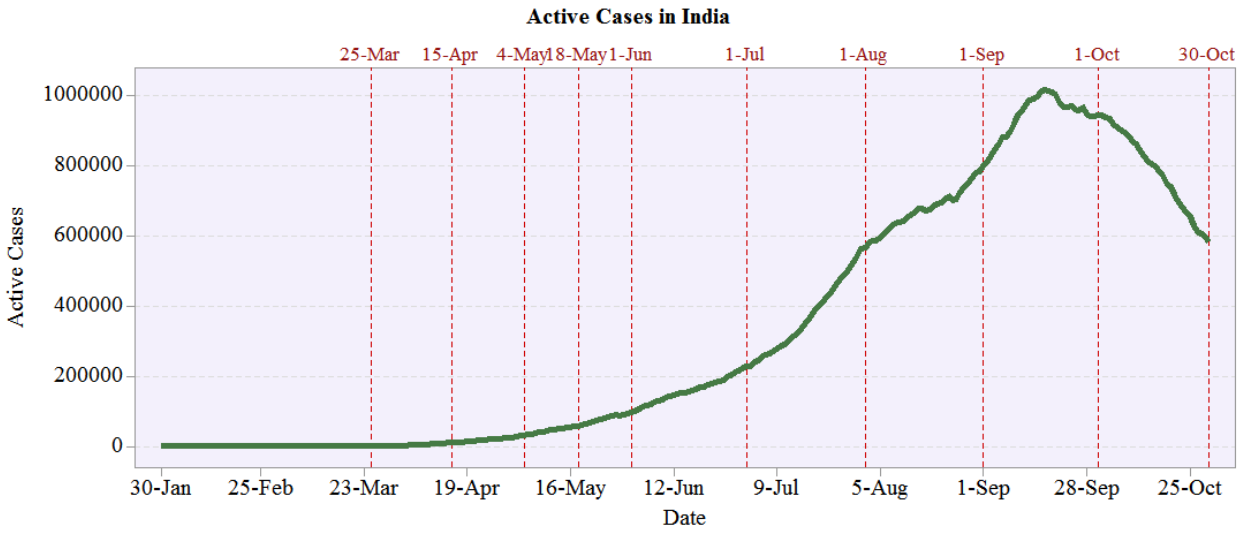


Figure 3. 10 Active Cases in India till 30.10.2020 (data source: https://api.covid19india.org/ documentation/csv/)

MHA also constituted six *Inter-Ministerial Central Teams (IMCTs)*for the districts from where the number of violations to the lockdown measures was reported. There were reports of violence on frontline healthcare professionals, violations of social distancing norms outside banks, PDS shops, and in marketplaces. The ICMTs had a focus on situation assessment for the supply of essential commodities, social distancing, hospital facilities, the safety of health professionals, availability of test kits, PPEs and masks, and conditions of relief camps.

The time-frame graph (shown in figure 3.10) of active cases in India shows the impact of MHA ordered lockdown in controlling the spread of the COVID-19 cases. Till May 31, the last day of lockdown, active cases were very much in control. The exponential growth of the active cases was observed from June to Mid-September. Active cases are continuously decreasing after Mid-September which is a good indication for India. A comparison was assessed for the cumulative cases and deaths per million populations of those countries who had cases more than 1 million as of 30.10.2020. Figure 3.11 shows the good effect of lockdown impact on cases in India. Cumulative cases per million population are lowest among the compared countries. According to the statistics, the total death per million population of India was only 89 (see figure 3.12). However, in comparison to other countries like Spain, Brazil, USA, UK, Argentina, and Colombia had 757, 751, 689, 688, 669, and 611, cases of death per million, respectively.

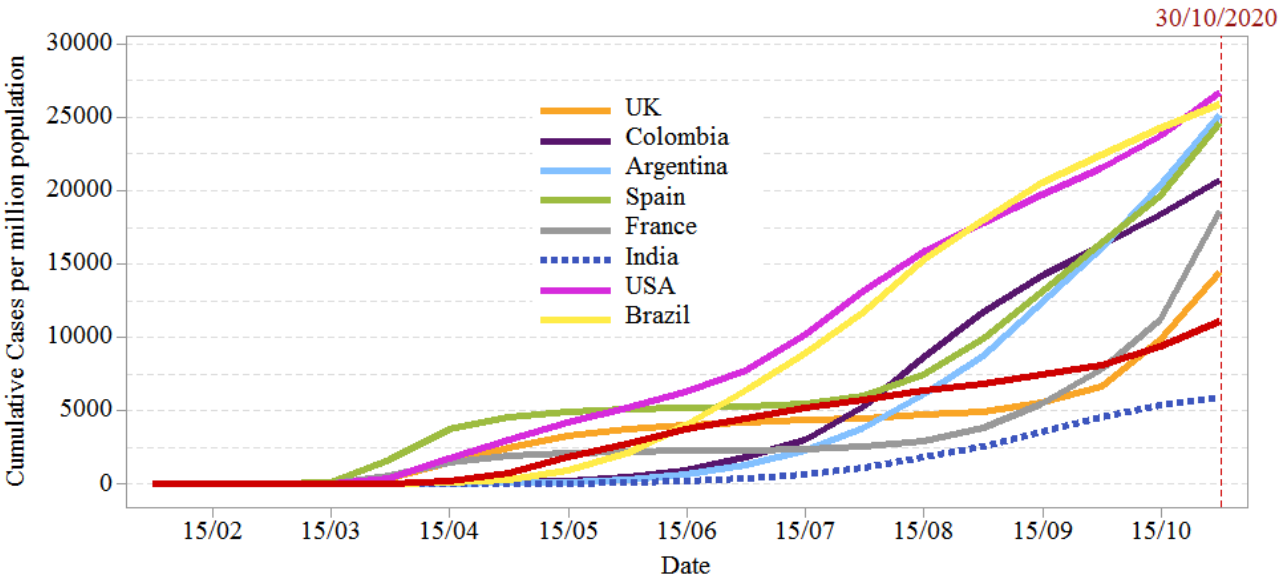


Figure 3. 11 Cumulative cases per million population of countries who have cases more than 1 million as of 30.10.2020 (data source: https://covid19.who.int/WHO-COVID-19-global-data.csv).

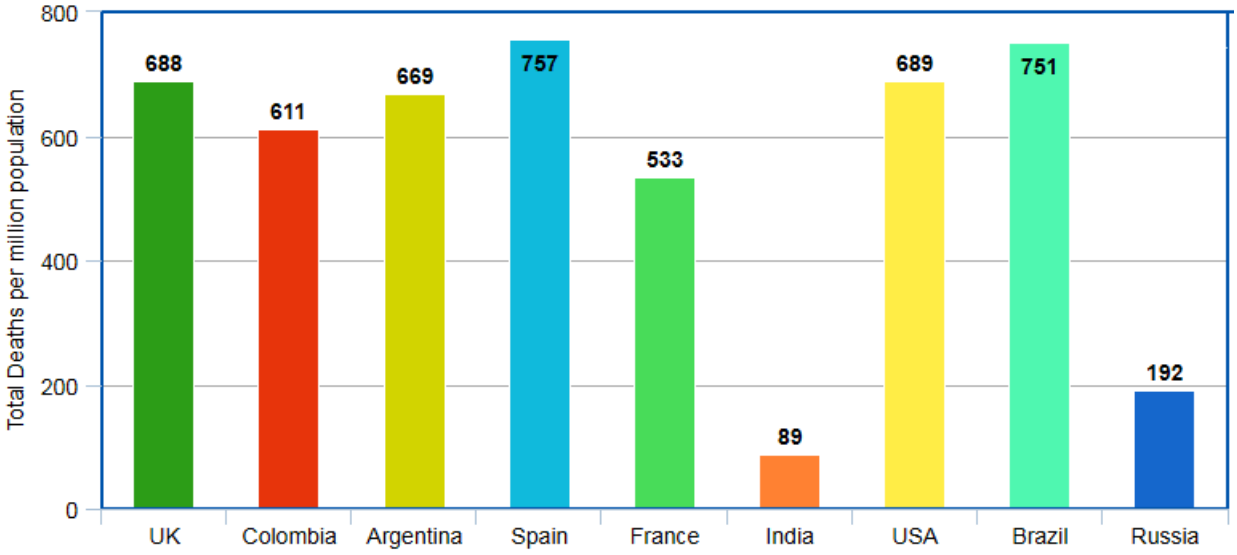


Figure 3. 12 Death cases per million population of countries who have cases more than 1 million as of 30.10.2020 (data source: https://covid19.who.int/WHO-COVID-19-global-data.csv)

India has gone through the lockdown for 68 days since March 25, 2020. As on June 01, 2020, people were aware of the do's and don’ts. All central/state government organizations have their SOPs. All hospitals know what to do and have experience in mock drills or handling cases. There were sufficient number of masks, sanitizers, disinfectants across the country. With the vision *"Getting Growth Back"* of Hon'ble Prime Minister, India started unlocking process from June 01, 2020.

Chapter 04
Survey Analysis

The effects of the COVID-19 pandemic are visible throughout the Globe – to an announced health disaster to an indirect impact on the world economy and social structure, COVID-19 is termed as one of the dangerous pandemics to effect the mankind. India as a populous country was more prone to such disadvantages in a far worse way than other countries around the world. Ministry of Home Affairs (MHA), the body of Government of India is the key nodal Ministry that played a pivotal role in combating the COVID-19 virus. The coordination of the MHA with the State and District administration has been phenomenal as the responsibility of execution rested with the state and district administrations which is eventually the key for successful implementation. District administrations were the authorities who were issuing the passes, ensuring Corona protocol, delivering the food and essential items to the disadvantaged, besides the execution of state and central government orders and a lot more. To analyze the issues and challenges faced by the authorities, a survey was conducted through the Google Questionnaire (annexure no. I) to the various district administration and nodal officers; this would be referred to as the ***target group*** henceforth in the chapter. A total of 96 officers participated in the survey and shared their valuable suggestions. Intending to analyze the situation, the chapter is a Report card of the efforts taken up at the Centre, State, and District Level.

4.1 Survey Report

"Decision of lockdown was taken on time"

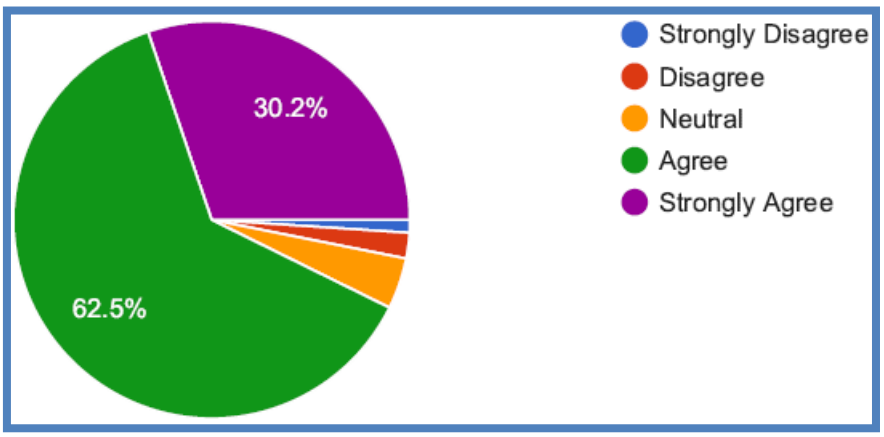


Figure 4. 1 Decision on lockdown timing

One of the most effective and early stage to contain the virus was best believed to be in the complete stage of lockdown. In the past as well through different pandemics authorities around the world had declared a complete stage of lockdown such as in the case of spread of H1N1 influenza virus. Similarly, in the case of COVID-19 pandemic the WHO and governing bodies of the various countries decided to implement an early stage of lockdown. India having only 564 cases during the month of March planned to roll out a nation-wide lockdown scheme to contain the spread of virus.

The decision of lockdown was taken when there were only 564 cases in India. 92.7 % of the target group agrees with the statement and only 3.1 % disagreed. It was suggested that there could have been at least three days window prior to the announcement of lockdown to meet the logistics effectively. The percentage of distribution is shown in figure 4.1.

"Lockdown was helpful for meetinglogistics ."

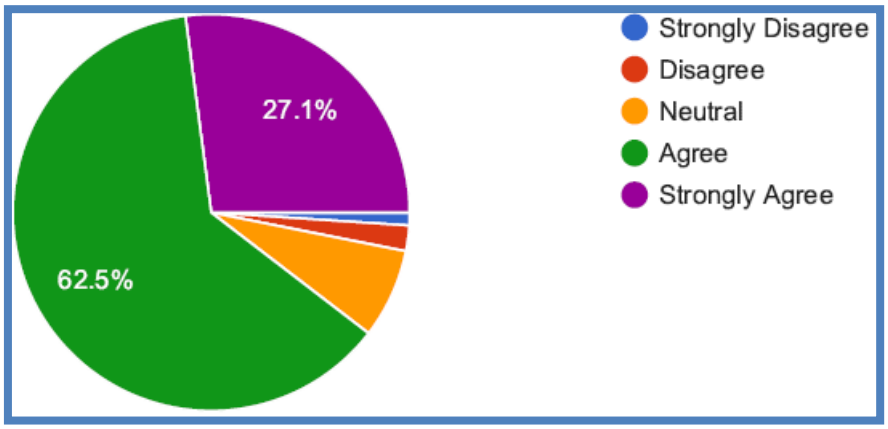


Figure 4. 2 Lockdown facilitated for meeting requirements of PPE kits, sanitizers, and masks

Owing to the unprecedented effects and containment of the virus, "breaking the chain" was the only valid way to check the spread of the virus. While social-distancing was the norm, it was noted that COVID-19 was highly contagious and could be contained through regular sanitization and usage of masks and PPE kits. All of which supports the breaking the contact from one person to another. At the onset of COVID-19, India's market did not have sufficient masks and sanitizers.. Most of the hospitals did not had sufficient PPE kits. The second question targeted this very dimension. According to the data collected and analyzed 62.5% of participants agreed to this, 27.1% strongly agreed, and only 3.1% disagreed with the same. The rate of spread of the virus was slow during the lockdown, which helped the administration in fast manufacturing of masks, sanitizers, and PPE Kits, and to ensure its sufficient availabilities in the markets for the future course. As the whole country was under lockdown it was taken as an opportunity by the administration to appeal and engage different people/SHGs into manufacturing masks at home. As observed in the case of Goa, the liquor manufacturing units were requested to convert their processes of liquor manufacturing into the making of sanitizers. The units started manufacturing the sanitizers for Goa which gave them the economic edge by distributing the same to nearby states in a noticeably short span. The percentage of distribution is shown in figure 4.2.

"People were aware of COVID-19 before lockdown"

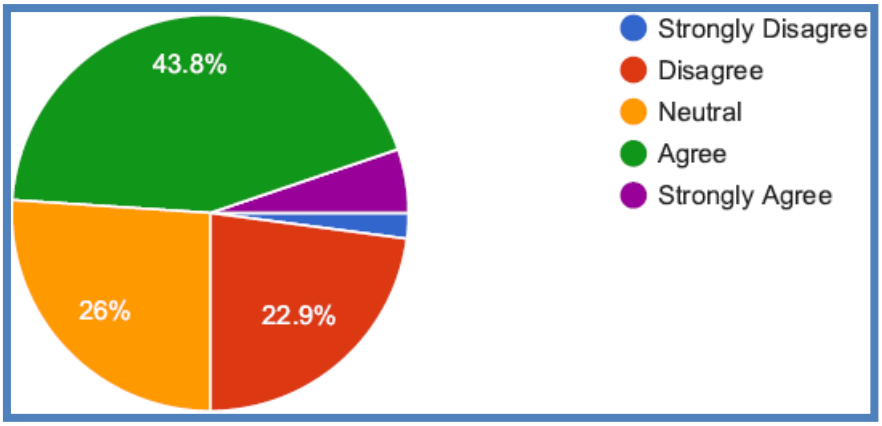


Figure 4. 3 People were aware of COVID-19 a known fact amongst masses

Awareness of the masses plays an important role in any pandemic. As it was seen that the administration has taken various initiatives to sensitize citizens about the virus epidemiology from distributing a helpline number, caller tune describing the precautions to be taken during the outbreak, state advertisements in their respective local languages showing the impact of COVID, and other collaborative initiatives with organizations to avoid the spread of the virus. The exercise was an initiative to reach the masses at the grassroot level through print and digital media. The aim was to curb the spread of fake news and provide people with authentic information in their local languages.

The question was proposed to gauge the awareness about COVID-19 among citizens from the authority's perspectives. According to the analysis 43.8% of participants agreed to this, 5.2% strongly agreed, 22.9% disagreed, 2.1% strongly disagreed while 26% of participants remained neutral to the same. One of the reasons for such stark difference in opinion could be attributed to different demographical and literacy quotient in different districts.

The results are shown in figure 4.3.

"District Administration / State Government Officials / Central Government Officials were aware of their respective SOPs"

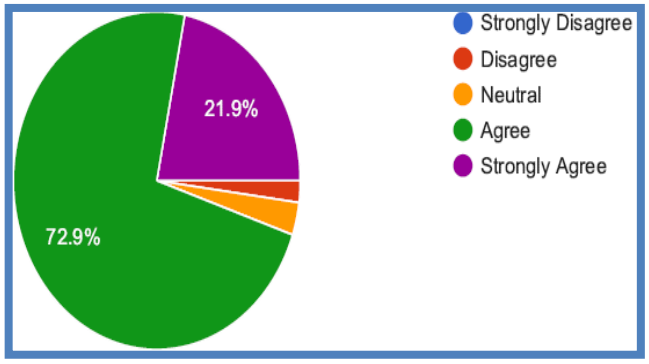


Figure 4. 4 District

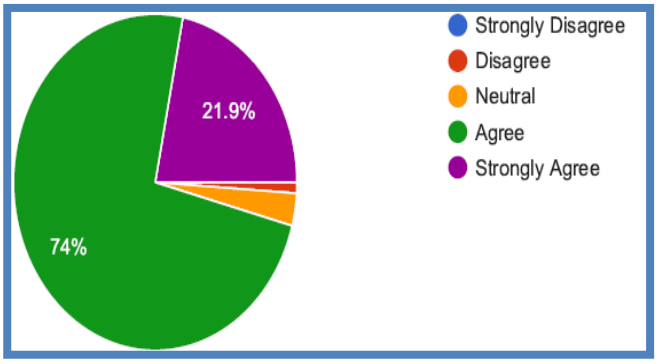


Figure 4. 4 State

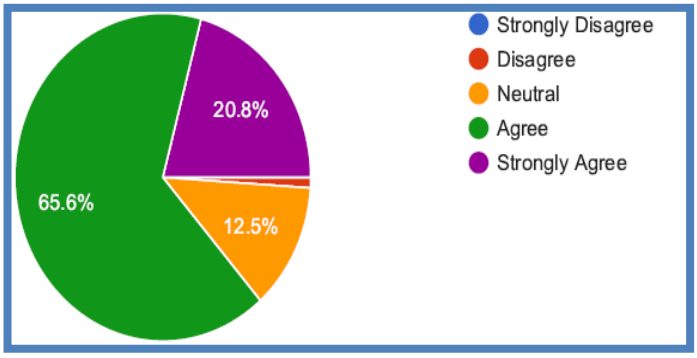


Figure 4. 6 Central

Figure 4.4-4.6 Level of awareness of different tiers of Government

An SOP (Standard Operating Procedure) is a useful tool for any administration and governance. It provides consistency, 360-degree communication, and less scope for errors. During the lockdown, almost all the central and state government ministries had released SOPs for their sectors which were in concurrence with MHA and MoHFW guidelines. During the execution of lockdown, District Collectors were frequently in touch with the district administration officers, state government officials, and central government officials for several issues ranging from quarantine centers, to food and essential commodity supply, issues pertaining to pass, testing facilities, transportation, and the like.

a) District: 72.9% of participants agreed to this, 21.9% strongly agreed, 2.1% disagreed, while 3.1% of participants remained neutral to the same.

b) States: 74% of participants agreed to this, 21.9% strongly agreed, 1% disagreed, while 3.1% of participants remained neutral to the same.

c) Central: 65.6% of participants agreed to this, 20.8% strongly agreed, 1% disagreed, while 12.5% of participants remained neutral to the same.

"There was no shortage of essential goods in the district"

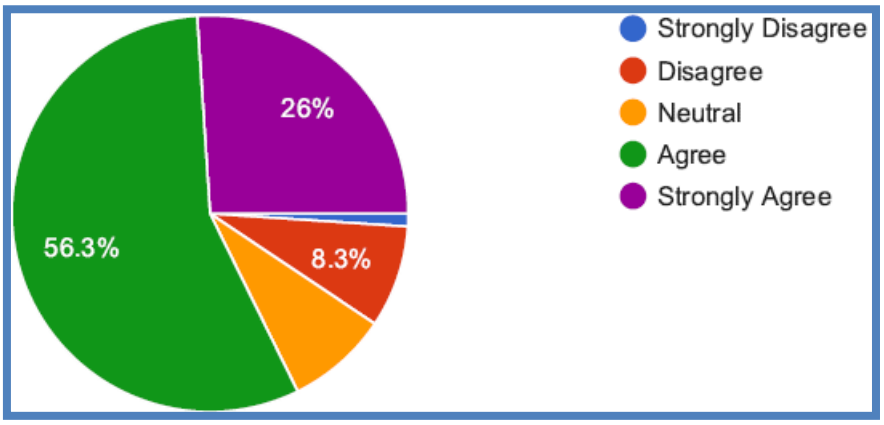


Figure 4. 7 District level availability of essential goods

56.3% of participants agreed to this, 26% strongly agreed, 8.3% disagreed, 1% strongly disagreed while 8.3% of participants remained neutral to the same. During the lockdown, the central government allowed activities of manufacturing, production, transport, and others in the chain of essential goods supply. But due to strictness over inter-state travel and transportation, essential goods supplies got affected in many states/UTs. The central government had also advised the state/UT governments to take urgent steps to ensure the availability of essential goods, by invoking provisions of the Essential Commodities (EC) Act 1955. These measures include the capping of prices, fixing of stock limits, enhancing production, an inspection of accounts of dealers, etc. There is a long chain between production and retail of essential goods. If at any step any blockage occurs it will lead to a delay in delivery of goods. Due to this, there is more probability of shortage of goods in remote areas. There were few reports that some areas have a shortage of goods during the lockdown period. Most of the shortages were of a small level for a small-time duration. Most of the districts did not have any shortage of essential goods. The majority of participants also agreed with this statement. It is a big achievement for our government authorities that they ensured no major shortage of any essential good for 130 billion people across the country. The percentage of distribution is shown in figure 4.5.

"Wide publicity and implementation of the penal provision were adhered to by states"

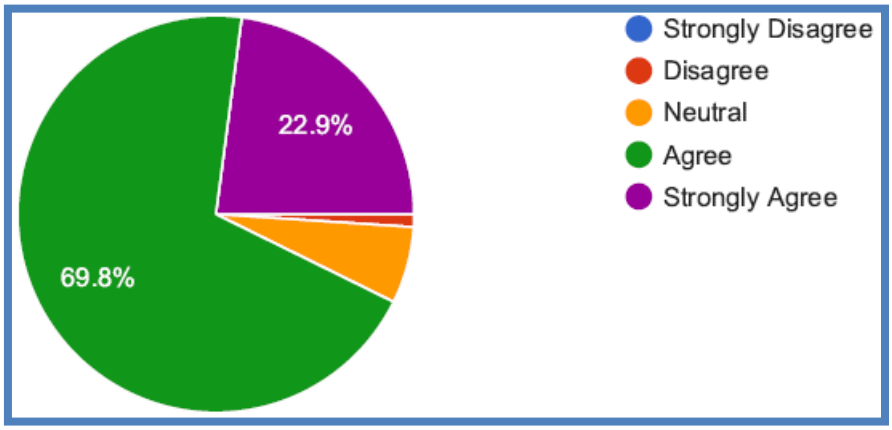


Figure 4. 8 Adherence by states

69.8% of participants agreed to this, 22.9% strongly agreed, 1% disagreed, while 6.3% of participants remained neutral to the same. There were various instances of lockdown violations in many parts of the country. In some places, people clashed with police and health workers also. Assessing the situation, the central government requested the states to do the wide publicity of penal provisions. Any person violating the containment measures was liable to proceed against the provisions of Section 51 to 60 of the Disaster Management Act, 2005, and under Section 188 of the IPC. It included punishment for up to two years for the one who will obstruct lockdown enforcement. The percentage of distribution is shown in figure 4.6.

"State Government efforts to curb the fake news spread was effective"

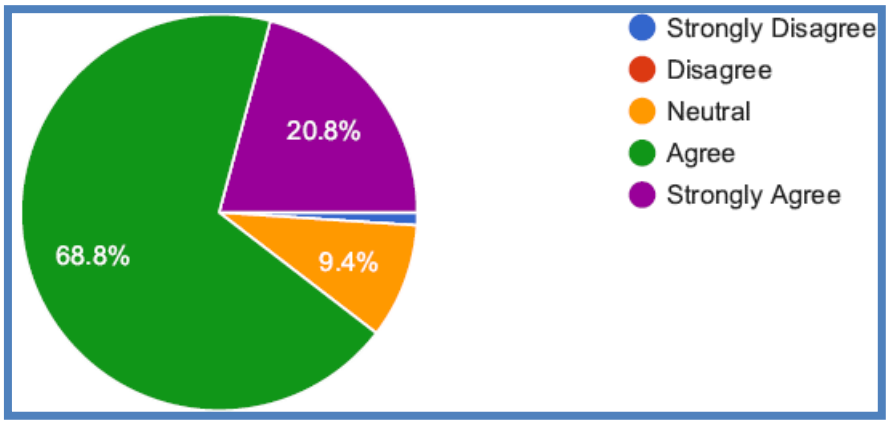


Figure 4. 9 Efforts to curb the fake news spread

68.8% of participants agreed to this, 20.8% strongly agreed, 1% strongly disagreed, while 9.4% of participants remained neutral to the same. There are 376.1 million users on social networking sites from India in 2020[2]. The social networking sites were flooded with fake news, unproven remedies, and conspiracy theories, unauthentic analysis claims, etc. from the beginning of the COVID-19 pandemic. It was not the only pandemic it was also an "infodemic".

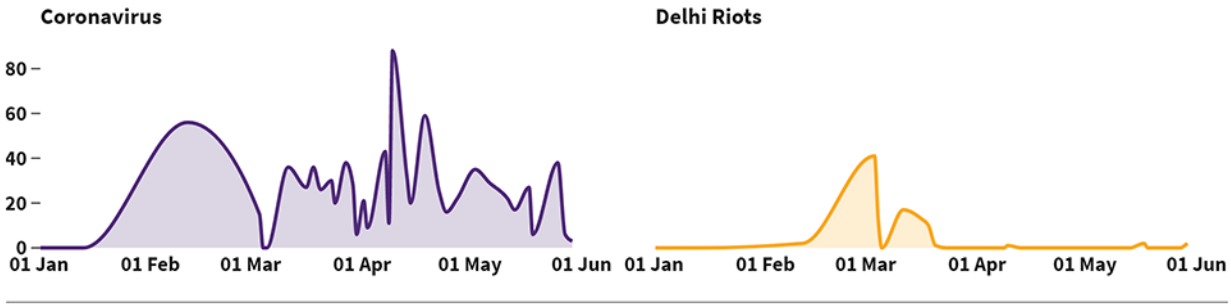


Figure 4. 10 Misinformation debunked over time (source: BBC3)

The above graph shown in figure 4.8 shows the difference between the magnitude of fake news spread over time in the case of Delhi Riots and Coronavirus. At the initial stage of lockdown during COVID-19, the spread of fake news results in the mass movement of migrant laborers, their plight, and untold sufferings. The Hon'ble Supreme Court of India also took serious note of the issue of fake news and at the same time, the Central Government also advised states to take serious action against fake news or misinformation.

"There were problems for the district administration to flash the announcements among residents"

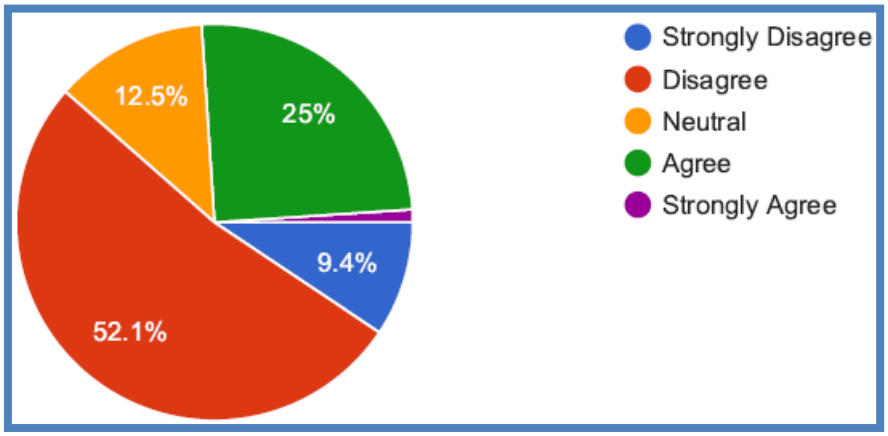


Figure 4. 11 Challenges to flash announcements

25% of participants agreed to this, 1% strongly agreed, 52.1% disagreed, 9.4 % strongly disagreed, while 12.5% of participants remained neutral to the same. It is unchallenging for central government and state governments to flash the announcements as they receive wide coverage in electronic media and social media. But for district administrations, it is not the same. There are social media pages of district administration but the number of followers of those pages varies highly from district to district. Moreover, the usage of digital media plays a key factor in addressing this situation. A large population in India especially rural India is still dependent on print media and radio, therefore, usage of social media in such an instance is a waste. Furthermore, social media in large parts of India is still available predominantly in English only, which isn't the first language of majority of the citizens in India, therefore, imposing a language barrier. The districts have lots of dissimilarities based on their locations, literacy, economy, agricultural aspects, and demography. Official webpage of Twitter, Facebook, or any other social media application of urban district has a high number of viewers in comparison to a rural or remotely located district. The percentage of distribution is shown in figure 4.9.

"There were problems for the district administration to verify the passes"

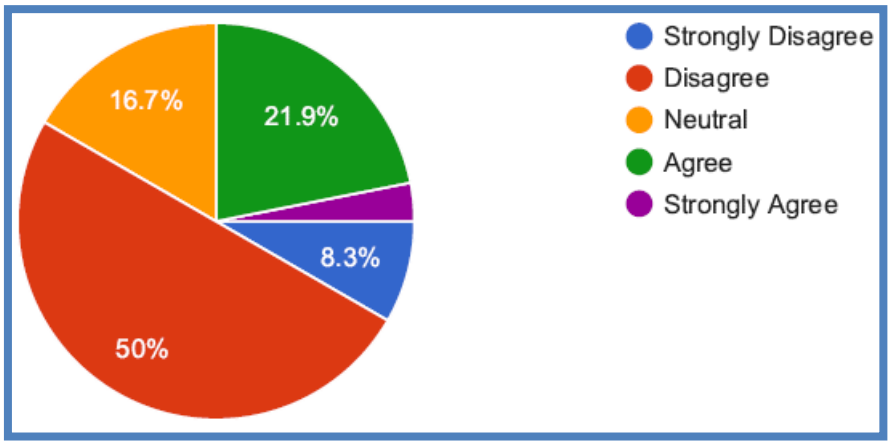


Figure 4. 12 Verification of Passes

21.9 % of participants agreed to this, 3.1% strongly agreed, 50% disagreed, 8.3 % strongly disagreed, while 16.7% of participants remained neutral to the same. During the lockdown, restrictions were imposed on the movement of people to control the virus spread. However, to meet out the essential services, essential movements were allowed based on passes. Different States/UTs were issuing the passes for the movements in their format. The centralized framework (available on https://serviceonline.gov.in/epass/) was used by only 17 states. There were huge scopes of alterations in passes that cannot be easily verified by a low-rank police officer of other states. The percentage of distribution is shown in figure 4.10.

"There are problems for the district administration to maintaining social distance in markets and public transports"

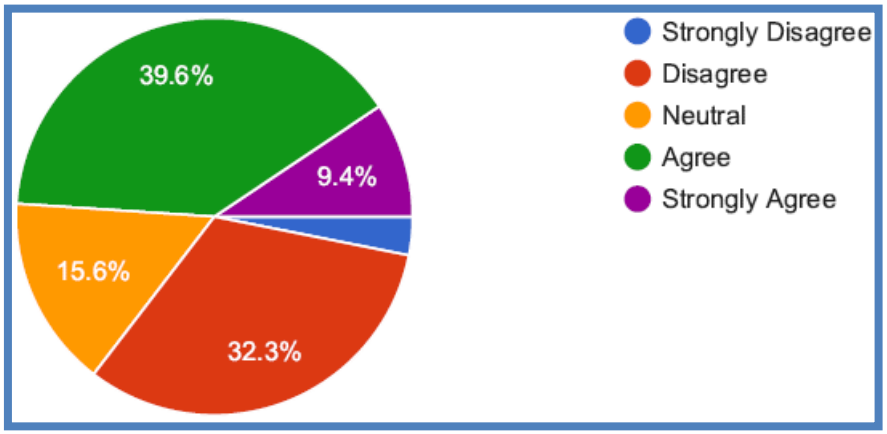


Figure 4. 13 Challenges in maintaining COVID Protocol

39.6 % of participants agreed to this, 9.4% strongly agreed, 32.3% disagreed, 3.1 % strongly disagreed, while 15.6% of participants remained neutral to the same. Presently, it is observed that there is a huge rush in markets and public transportation. In urban areas, it is quite common to see the violation of social distancing in public transports especially during office hours. Violation of social distancing is also visible in markets especially in evening hours in both urban as well as rural districts. Our Hon'ble Prime Minister Sri Narendra Modi had given the mantra of "***Do Gaj Doori"*** (two yards of separation) for the prevention, as no real cure for COVID-19 exists till now but at the same time, there is an urgent need for strict actions or arrangements to maintain social distance by people in marketplaces. The percentage of distribution is shown in figure 4.11.

"Strict actions were taken against the violation of Social/Religious gatherings"

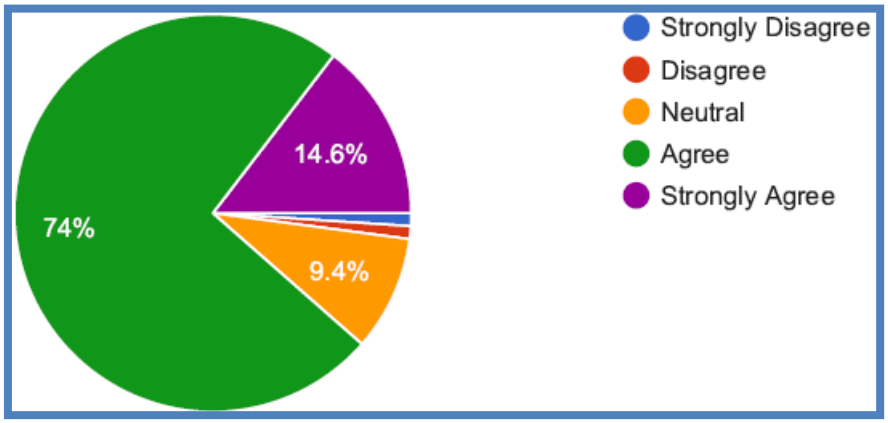


Figure 4. 14 Actions against the violation of Social/Religious gatherings

74 % of participants agreed to this, 14.6% strongly agreed, 1% disagreed, 1% strongly disagreed, while 9.4% of participants remained neutral to the same. Social, cultural, political, academic, sports, entertainment, and religious functions or gatherings were restricted in the lockdown period. However, during the unlock phase, these were allowed with mandatory social distancing, wearing of face masks, provision for hand wash and sanitization, and ceiling of maximum attendees. Many State/UT governments had released strict orders in pursuance of MHA directives. Electronic, print and social media played an important role to aware the people about strict actions against violation of social gathering rules. The percentage of distribution is shown in figure 4.12.

"Security to Doctors and Medical Staff fighting COVID-19 was ensured by the State Government"

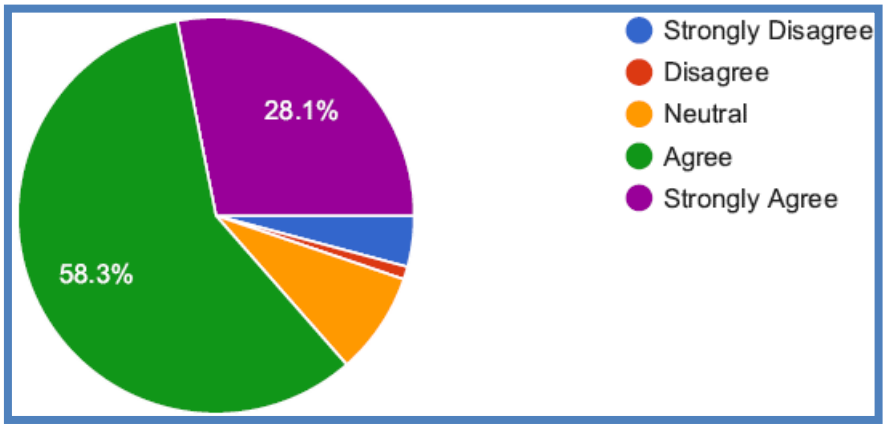


Figure 4. 15 Provisioning of safety to Health warriors

58.3% of participants agreed to this, 28.1% strongly agreed, 1% disagreed, 4.2% strongly disagreed, while 8.3% of participants remained neutral to the same. Doctors and Medical Staff are at the forefront of the fight against COVID-19. The Central Government had directed all States/UTs to ensure adequate security to healthcare professionals fighting the COVID-19 to prevent violence against them. The Central government also requested strict action against those who obstruct the performance of last rites of medical professionals succumbing to COVID-19 while discharging their services. The above graphical representation shows that the security of Doctors and Medical Staff was ensured by the State Government. It was noted that life insurance was provided to them but at the same time, there were instances of these COVID warriors being not paid their salaries for the long term. The distribution is shown in figure 4.13.

"Sufficient Arrangements were made in the Quarantine Centers"

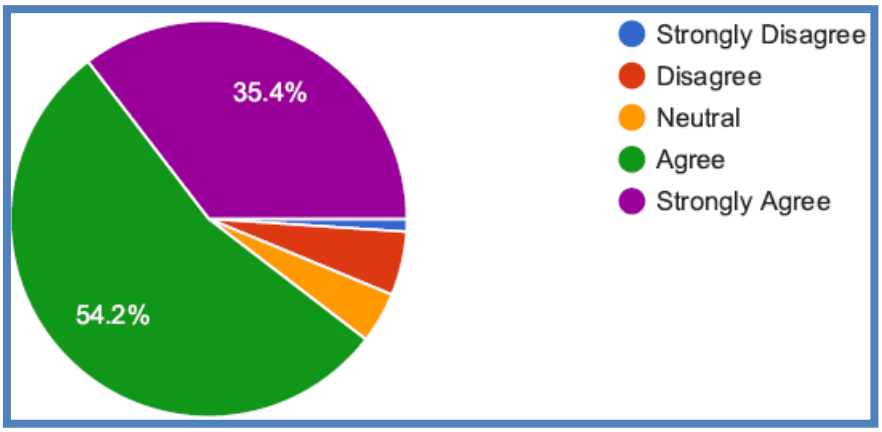


Figure 4. 16 Provisioning of arrangements n Quarantine centers

54.2% of participants agreed to this, 35.4% strongly agreed, 5.2% disagreed, 1% strongly disagreed, while 4.2% of participants remained neutral to the same. Quarantine centers were the need of time for breaking the chain. They were put up in schools, colleges, hotels, and other feasible places. Central Government issued guidelines for the quarantine facilities which included basic infrastructure, ventilation, space requirements, social resources, etc. The majority of people got the facilities of quarantine centers nearby of their location where an adequate supply of essential commodities was ensured but there were few instances occurred where it was seen that social distancing inside the quarantine camps was neglected which may have spread the virus unknowingly. The summary is shown in figure 4.14.

"Classification of the Green Zone, Orange Zone, and Red Zone helped in the clustering of corona cases"

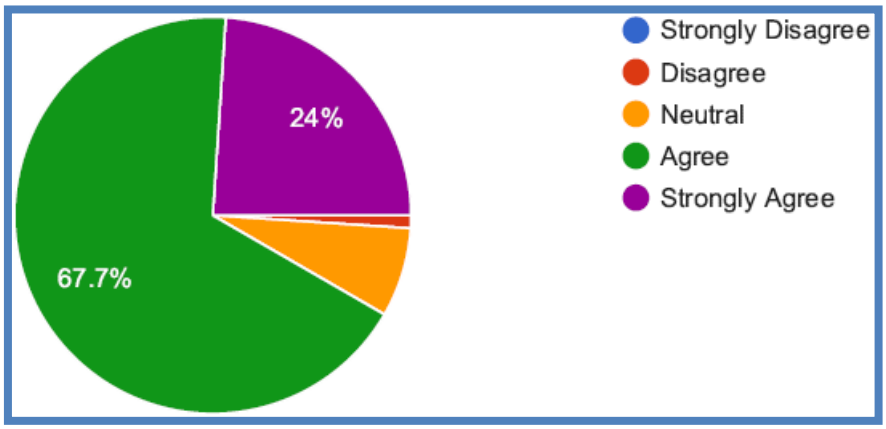


Figure 4. 17 Corona Zonation

67.7% of participants agreed to this, 24% strongly agreed, 1% disagreed, while 7.3% of participants remained neutral to the same. The Central government had divided the entire country into three zones – Red, Orange, and Green. In Orange and Red zones, there were demarcated hotspots and buffer zones. MHA and MoHFW, from time to time, directed States/UTs for Do's and Don'ts in the different zones for containment of the spread. The entire classification and demarcation were based on the number of positive cases in a particular area at the same time. The above graphical representation received from the District Administrations shows that the action of demarcating hotspot areas helped in controlling the spread of the virus to large extent. The percentage of distribution is shown in figure 4.15.

"Shramik Special was adequately planned and executed"

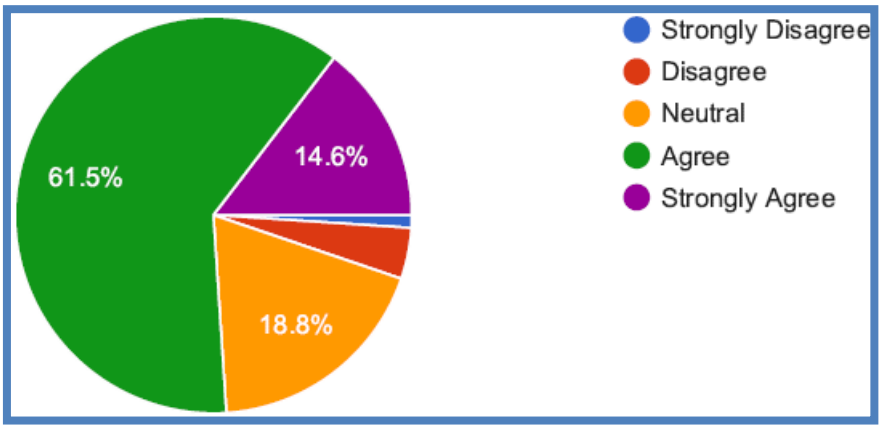


Figure 4. 18 Shramik Special

61.5% of participants agreed to this, 14.6% strongly agreed, 4.2% disagreed, and 1% strongly disagreed while 18.8% of participants remained neutral to the same. *"Shramik Special"* was the operation of Indian Railways on the line of directions of MHA to transport stranded migrant workers, students, pilgrims, and tourists to their native states. They operated as "Trains on Demand". There was no known magnitude of stranded persons throughout India. The issue of migrant labor was in the knowledge of the Central Government since March 2020 but the Shramik Special trains were started on 1st May. 2020. There were many reports which show the instances of unavailability of food and other essential items during the journey, issues of non-awareness among the people related to the schedule of trains, low capacity of intake of receiving states, etc. During the Lockdown whole of the Railway Infrastructure was put on halt, this opportunity could have been used by the Administration by using the Voluminous infrastructure of Railways for better management.

"District administrations had sufficient mechanisms to identify, test, and quarantine infected patients"

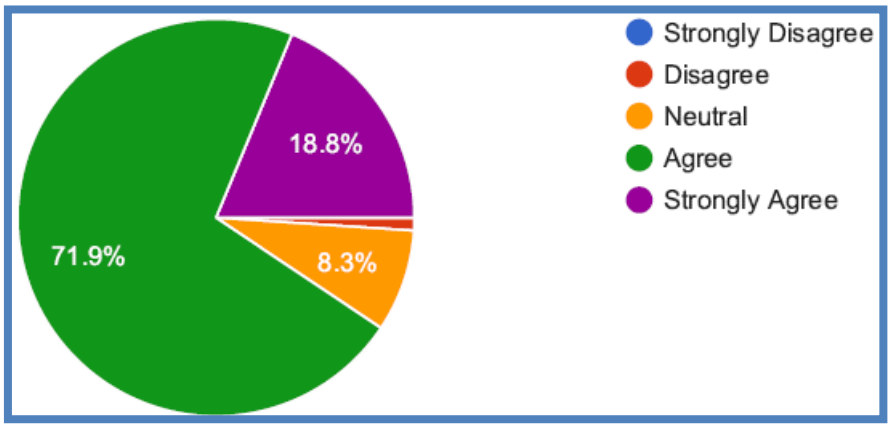


Figure 4. 19 District level mechanism

71.9% of participants agreed to this, 18.8% strongly agreed, 1% disagreed, while 8.3% of participants remained neutral to the same. To restrict the spread of COVID19 cases, testing of the persons who were in contact with the positive case was essential. *Aarogya Setu* and ITIHAS app played an important role in contact tracing. Most of the districts have a testing facility in their own or nearby district. Most of the administrators used schools, colleges, hotels of their district as the quarantine centers. It is seen from the above graph that the District Administration has sufficient mechanisms to counter the virus, although it was suggested that there is a need for more testing to effectively curb the spread. The percentage of distribution is shown in figure 4.17.

"State Government has taken Adequate Steps to Restrain COVID 19"

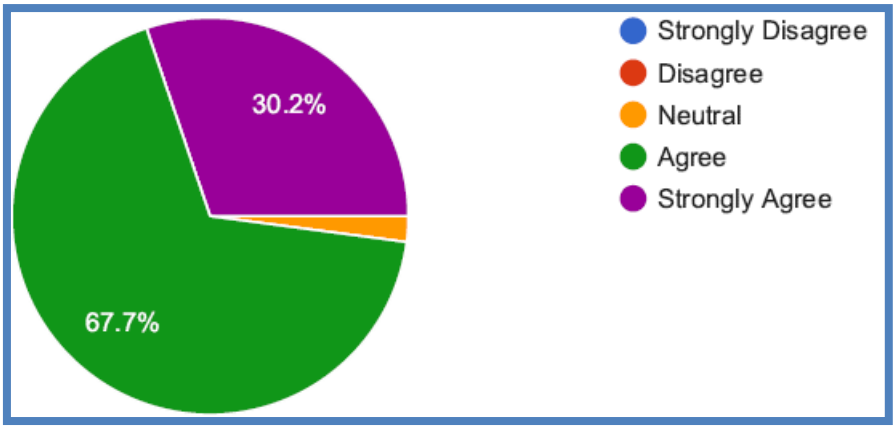


Figure 4. 20 Steps to restrain COVID 19_ State level

67.7% of participants agreed to this, 30.2% strongly agreed while 2.1% of participants remained neutral to the same. There were Inter-State differences in containment efforts being put in by different states. States which responded to the management of COVID-19 outbreaks with rapid identification, delineation, and strict enforcement of adequately sized containment and buffer zones, rapid deployment of surveillance team to ensure early detection, rapid isolation and testing of cases, and rigorous contact tracing have fared well in the management of COVID-19. The percentage of distribution is shown in figure 4.18.

"Central Government has taken Adequate Steps to Restrain COVID 19"

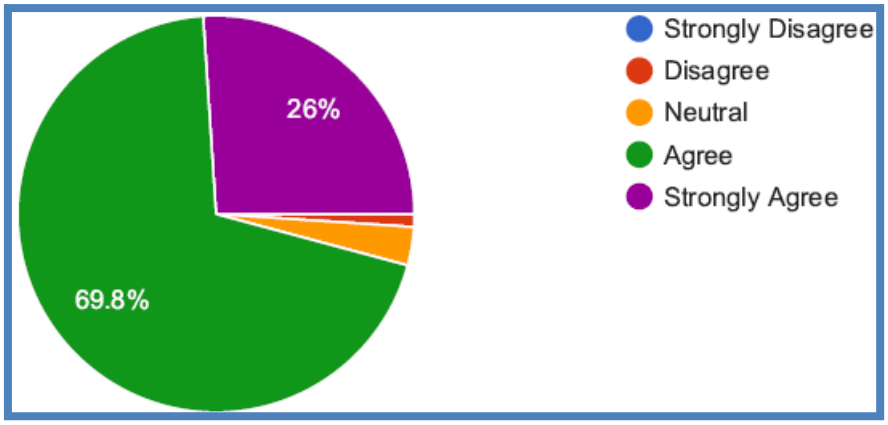


Figure 4. 21 Steps to restrain COVID 19_ Central Level

69.8% of participants agreed to this, 26% strongly agreed and 1% disagreed while 3.1% of participants remained neutral to the same. The Central Government had undertaken several steps to restrain the COVID-19 which includes lockdown, manufacturing, and purchasing of testing kits, PPE kits, masks, etc. The central government has also developed the *Aarogya Setu* app and ITIHAS app for contact tracing and warnings. The caller tunes were used for public awareness. Daily press briefings were done to curb fake news. From time to time the center advises the states for necessary actions. The Central government also deployed the Indian Air Force to supply essential medicines and PPE kits throughout India. The percentage of distribution is shown in figure 4.19.

"The efforts of the Center and States show the Spirit of Federalism"

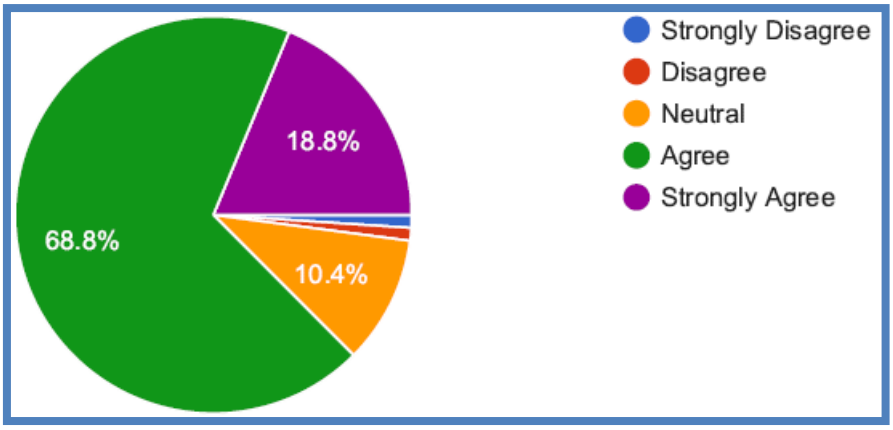


Figure 4. 22 Cooperative Federalism

68.8% of participants agreed to this, 18.8% strongly agreed, 1% disagreed and 1% strongly disagreed while 10.4% of participants remained neutral to the same. The Constitution of India has provided the federal spirit. During COVID-19 the Centre issued several guidelines from time to time under the Disaster Management Act of 2005, containing varying restrictions on public activity and commerce which the States are expected to enforce. As a result, the States were only being allowed to increase and not dilute the restrictions. Almost all states followed central guidelines in letter and spirit and cooperated with Central Government agencies to fight against COVID-19. There have been instances when the State Government accused the Centre of violating the federal spirit through economic means, and vice versa when the Centre alleged that the State regimes did not adhere to it. In the COVID-19 scenario, all States got sufficient funds from the Centre without any discrimination and mutual harmony was seen between Center-States and the Inter States which shows a true federal structure of our country. The percentage of distribution is shown in figure 4.20. To better understand the experience of collaboration and cooperation between ministries, the IIPA research team took a step further to conduct one-on-one interview with the Ministry of Railways and their work during COVID-19 especially in regards to the issue of the migrant laborers (Box 1). A further case study of educational institute such as that of Indian Institute of Public Administration (IIPA), New Delhi was also taken up to elaborate more on the functioning of other institutes under the guidelines of MHA. (Box 2)

MINISTRY OF RAILWAYS DURING COVID-19

It was the first time in India when whole Railways was put at halt both passengers and goods services as government was unaware of the virus epidemiology and can't take the risk of spreading. Railways by assessing the ongoing situation during the pandemic devised its own SOPs to keep running the trains for essential goods and deployed emergency staffs too in order to run the goods trains for medical services. Road Transport was also put on halt which made the burden of Road Transport shifted to Railways for supplying of essential goods and services like petrol, food grains, animal fodder etc. Special Trains were run on priority basis to deal with this situations. . Passenger's trains were not running during the pandemic which railways took as an opportunity and it helped in the movement of goods trains due to availability of free tracks.

There are 16 zones and 64 divisions under the railways for which every day twice the report was submitted regarding the real time status of terminal blockage. The report was generated in railway format which was then converted into state format. The report was used to send to Area Convenor (MHA), Control Room Officers and Nodal Officers for State to take appropriate actions. When it comes to loading and unloading of trains at the origin and destination states it was a huge challenge as labours and transport were not available in the market. It collaborated with the District Magistrate Office and arranged the labours and transport on a higher pay basis to get the work done. All facilities of food and quarantine was available for the labours who were working in loading and unloading of the trains.

Shramik Special Trains were officially sounded by MHA to the Railways. It was the railways which collaborated with States & UTs and developed a SOP for the movement of stranded people. It also managed to provide food and water for the passengers boarded the *shramik* special trains thought it commercial arm IRCTC. It was a challenge to provide food to all the individuals as the food distribution was supposed to take place at dedicated station enroute but when the trains got diverted due to unavailability of state to intake the migrants then it becomes a challenge to provide food to the individuals. Railways also run the intra state trains for migrants as it was hard to migrate the people from station to other part of the state through local transport. When there was a shortage of isolation wards for people Railways helped in augmenting the medical facilities with collaboration of District Administration by identifying the hospitals for COVID in their jurisdiction. It also converted its coaches as quarantine facilities which again helped the Health Infrastructure in combatting the shortage of beds for quarantine.

Strength:

Railways is one of the largest employing sectors in India and has a large volume of working staffs within its jurisdiction. All of the officers of Railways were approachable all the time during pandemic either physically or digitally. It has a large and voluminous infrastructure spreading from north to south and west to east in India and almost cover every possible reachable destination in India which made it a good transportation system for delivery of essential goods and services. As it deals with lacs of passengers every day it has converted itself more in the digital space and upgraded its web availability on internet which made it easy for it and other to communicate with using modern communication units. Resident Commissioners also played an important role in facilitation among states which made the work easier and faster.

Weakness:

Indian Railways was never prepared for such situation as it was the first time since 1857 when whole of the infrastructure was put at halt. Railway was able to master his own staffs but other sectors matching capability was not up to the mark which was affecting the work and efficiency of progress of work. Unavailability of other sector staffs during the pandemic also acted as a weakness for Railways as it was hampering with the work to be done after the train reaches destination like loading and unloading.

Threat:

Due to its widely spread network throughout India, Maintenance of railway tracks in initial phase of lockdown was difficult due to non-availability of workers which could be a seen as a threat as it may act as a reason for train accidents.

Opportunity:

As most of the trains were not running on the track and the tracks were free of any traffic this opportunity was taken care of by the Railways in Overhauling of tracks. Deployment of Manpower and Machines etc which were not engaged in their regular duty during the time pandemic.

Educational Institution during COVID-19: Indian Institute of Public Administration Case Study

The year of 2020 – humankind living in pandemic: A whole year of fighting against the novel coronavirus by staying at home in quarantine, looking at the rapid spread of the virus, WHO after assessing the situation and emergency meetings declared COVID-19 as a global health emergency. Following the protocols and need of the hour countries around the world took certain initiatives to contain the spread of the virus. Closing down of border, mandatory stay-in-home guidelines and a complete nation-wide lockdown were some of the on-ground practices that were implemented across the globe. India too took the necessary steps, fearing the contagious virus and population of India, Government of India took the decision of an early lockdown. Except essential goods everything was shut down from offices, educational institutions and government bodies. Only transportation of essential goods and frontline health workers were allowed their necessary movement.

Suddenly the offline-online world switched to a completely virtual space. While the earlier days were in confusion and panic, but soon citizens adapted to the home quarantine situation and started taking proper precautionary steps. Work-from-home and Online Classes became a norm. Such an example of work-from-home and online classes is the functioning of Indian Institute of Public Administration (IIPA), New Delhi. Understanding the need of hour, IIPA was quick to respond with the nature's demand and ensured safety of its workers. With the onset of the lockdown, IIPA was agile to implement the policies and without any loss of time rapidly converted it functions to the virtual space. Zoom meetings and online seminars were now a common area of work. As a result, IIPA launched its one-of-a-kind, Digital 46th - Advanced Professional Programme in Public Administration (APPPA) – a combination of series of online lectures and virtual interaction. The program officially started during the first unlock process, however, before that itself the virtual preparations have had begun from formulating the course structure, to recording lectures into video format and course registration. Everything was picked by the APPPA management team, professors at IIPA and technical support with ease. An online e-moodle was established for such a purpose wherein, professors can upload their recorded lecture, reading material and presentation for the participants to download and study from it. Even after the unlock process and not taking any due chances only maximum of 8 participants were allowed to attend the offline lecture and other could sit from home to attend those same lectures online. With such facility it was difficult to distinguish the classes as an offline or an online class. The APPPA classrooms were also supported by guest lecturers through Zoom Meetings and calls, thus, making online classes available for all.

Chapter 05

Inter State Comparison Model of India: A step towards Cooperative Federalism

India, a country of great diversity in terms of socio-economic and geographical background varies from state to state. One of the biggest hurdles for a country like India during COVID-19 pandemic was the vastness of population and geographical area. Therefore, it was a herculean task for the concerned authorities to contain the spread of the virus. As a result, its effects could be loosely gauged upon various sectors such as health, education, employment, aviation and railway, women, and mental health. In the subsequent chapter, the study shall elaborate upon the inter-state comparison of India and observe certain practices as implemented by various state authorities under the guidance of MHA in response of the pandemic. .

5.1 Back Drop

COVID-19 is regarded as one of highly contagious virus to be observed by human-kind – its spread across the world has been rapid and therefore, requires extreme protection by the people in terms of hygiene and social distancing. The prime characteristics of the disease and

principal mode of transmission have been similar across the world, however local factors such as population density, patterns of social interaction and the capability of local public health system are the core values that determine the course of the disease and its spread.

The chapter focuses on the studying individual state and UT model based upon the number of active, recovered and fatality cases. First the research team at IIPA observed the statistics based on three factors i.e., active, recovered and fatality cases as of October 2020. Names of states and UTs with highest and lowest rates were then analyzed. A detailed study of these models was conducted based upon three pillars – **strategy planning and management**, **awareness programs and surveillance and health facilities**. The prime focus was upon the unique implementation process the respective states and UTs had followed.

Figure 5. 1 Pillars to assess states and UTs

Before delineating in depth study of the individual state model, an overview of the state wise distribution of Active, Recovered and Fatality cases until October 2020 was observed as seen in the figure 5.1 to figure 5.3. As of October 2020, the total number of active cases in India stood at more than six lakh cases (6,10,794). [(3)] For the ease of calculation and unifying the value these numbers were then converted to Active Cases per Million. .

5.2 Active Cases per million across India

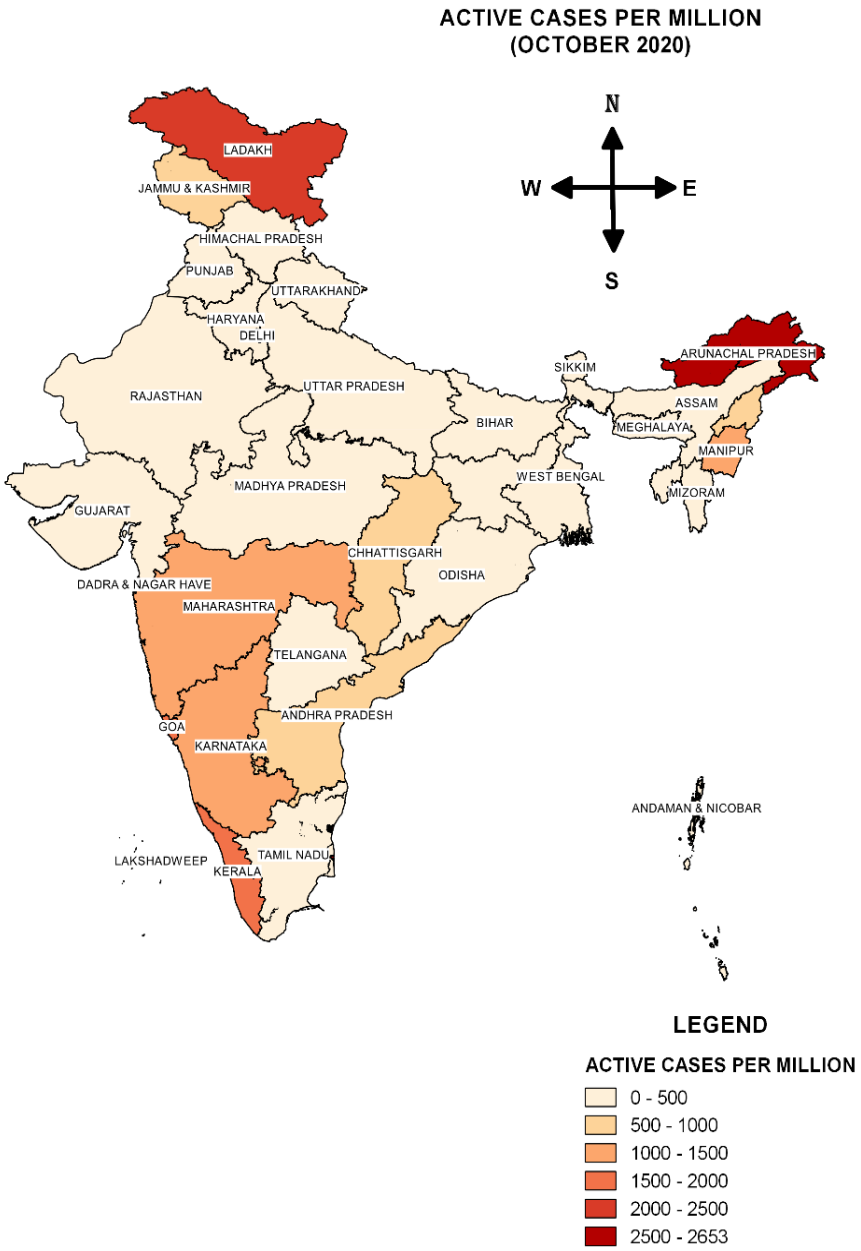


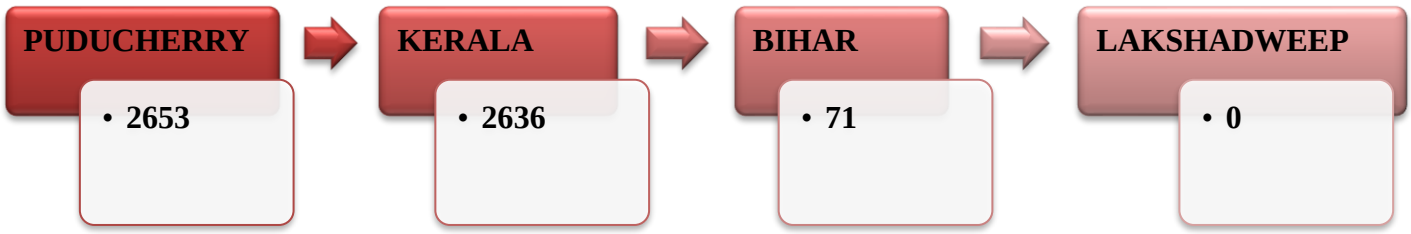
Figure 5. 2 Active Cases Per Million
(Source: https://www.covid19india.org/)

The above map therefore, depicts the various states on the basis of Active Cases per Million ranging from zero to two thousand six hundred and fifty-three active cases per million. As a response to MHA guidelines and strict lockdown implementation policy it is evident from the map that majority of States and UTs were able to control the spread of virus within their

territories. Certain states and UTs needed better precautions and policy approach to counter the COVID-19 outbreak.

According to figure 5.1, the lowest active case per million is observed in the Union Territory of Lakshadweep marking a count of zero active cases. The same could have been possible because of the lack of accessibility, low population and early lockdown decision resulting in closure of inter-state borders therefore debarring anyone from entering the union territory. In the category of states, Bihar has a count of seventy-one active cases per million which is lowest among all the Indian states. On the contrary when observing the highest active cases per million – in respect to union territories Pondicherry had the count of two thousand six hundred and fifty-three active cases per million (the highest count ever). On the other hand, states like Kerala made a count of two thousand six hundred and thirty-six active cases per million.

Active cases per million



5.3 Recovered Cases per Million

India globally has been rewarded for its one of the highest recovery rates in the world. As a result, the performance of various and state and union territories in this domain have been quite commendable. It has been observed that recovery cases in India are far more than the number of active cases; moreover, the former rate has also been increasing day by day.

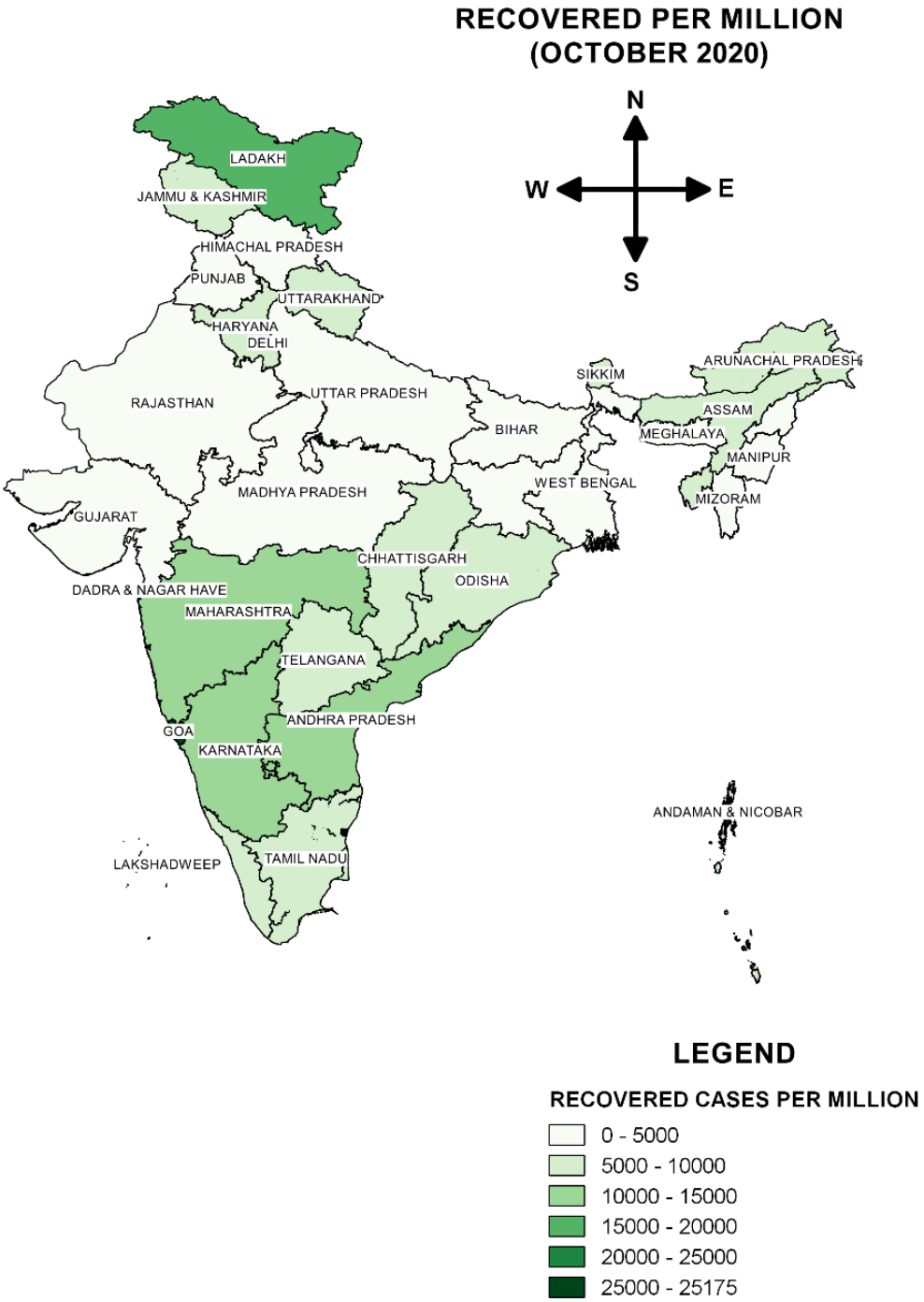


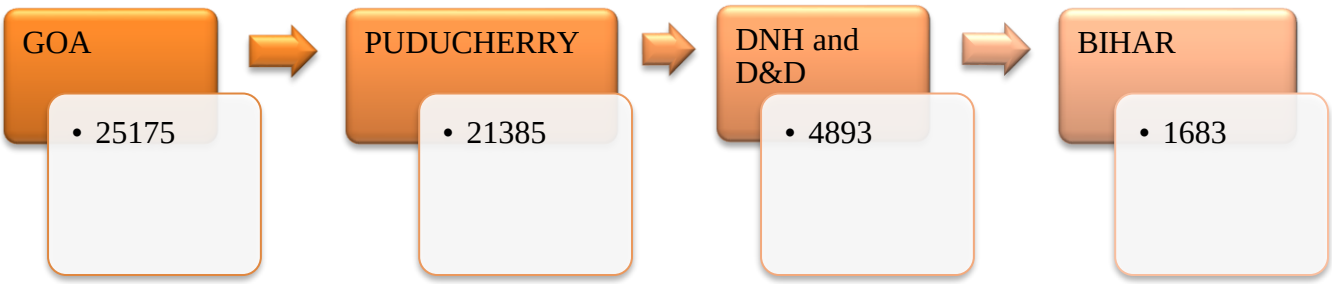
Figure 5. 3 Recovered Per Million
(Source: https://www.covid19india.org/)

According to the study in figure 5.2 the lowest recovered case per million respect of Union Territory is observed in Dadar & Nagar Haveli marking a count of four thousand eight hundred and ninety-three per million. When the actual values of recovered cases were observed it had three thousand one hundred and eighty-one recovered cases out of a total of

three thousand two hundred and thirty-one cases. On the contrary, when it comes to States, Bihar has a count of one thousand six hundred and eighty-three recovered cases per million – which is the lowest among all the Indian states.

The highest Recovered per million cases in respect to Union Territory were in Pondicherry having a count of twenty-one thousand three hundred and eighty-five cases per million. Whereas in States the highest number of Recovered cases per million is with Goa marking a count of twenty-five thousand one hundred and seventy-five cases per million.

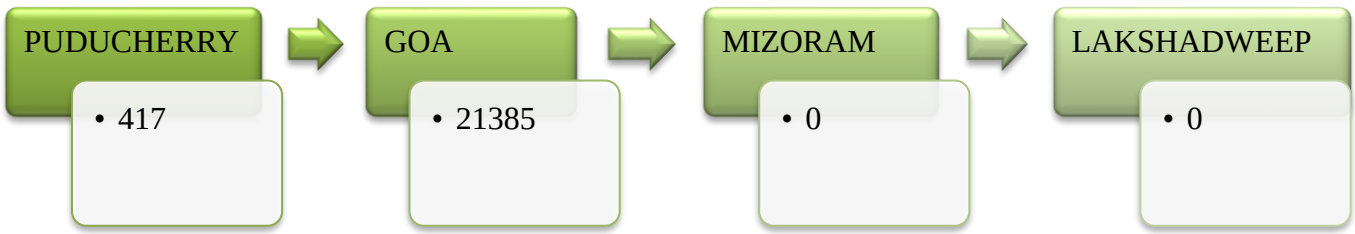
Recovered cases per million



5.4 Death/Fatality Cases per Million

India has one of highest recovery rates in the world, as a result the fatality rate in India and the cases are observed to less in comparison to other countries. The Fatality cases among all Indian States & Union Territories (UTs) ranges from zero to four hundred seventeen cases per million which are very less as compared to other countries.

Fatality cases per million



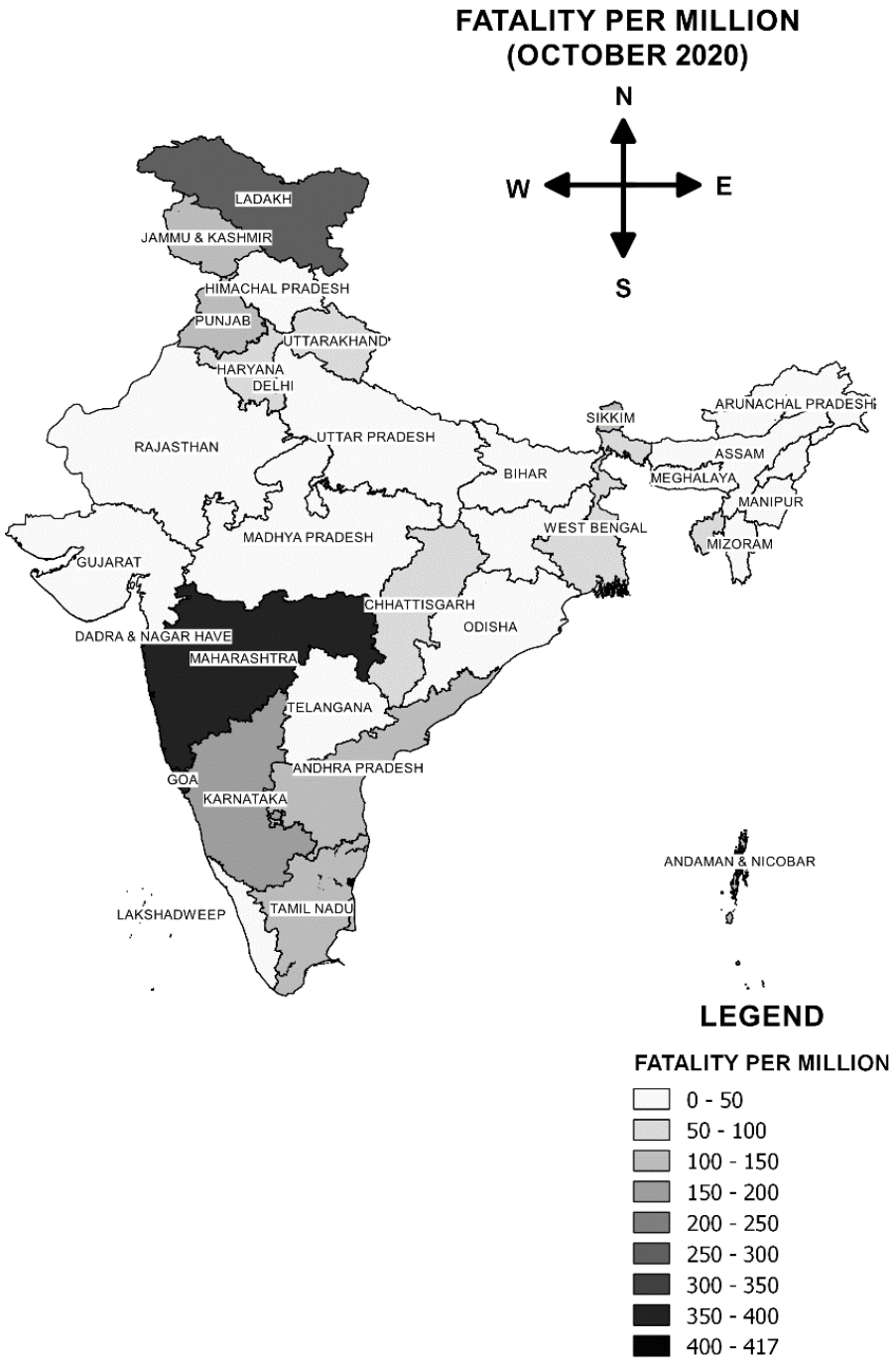


Figure 5. 4 Fatality Per Million

(Source: https://www.covid19india.org/)

The lowest Fatality Case per Million in respect of Union Territory is observed in Dadara & Nagar Haveli and Daman & Diu marking a count of per million. Mizoram has a count of zero fatality cases per million which is lowest among all the Indian states. On the contrary, the highest fatality cases per million in respect to Union Territory are in Pondicherry having a

count of four hundred seventeen cases per million. Goa has three hundred and seventy fatality cases per million, making it the highest among all States.

5.5 STATE MODELS

Looking at their own socio-economic characteristics, different state governments working under the guidelines of MHA had taken up different initiatives in order to curb the spread of COVID-19. Various determinants like Literacy, Health Infrastructure, ICT, Law and Order played an important role in innovating and implementing initiatives. IIPA has assessed various initiatives and steps taken up by different States and UTs based on which the below mentioned territories have been elaborated.

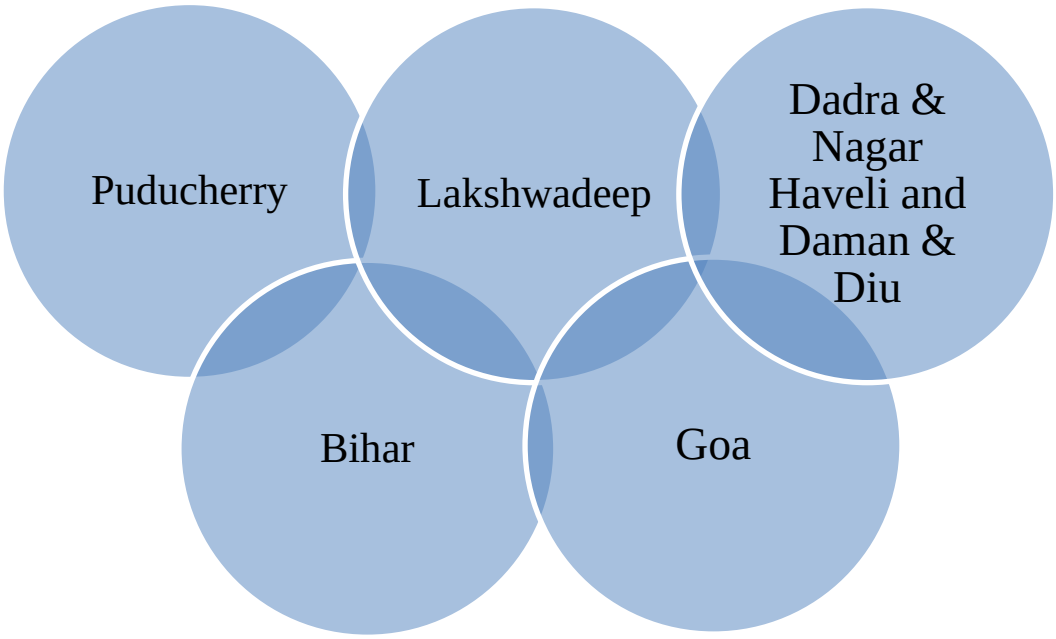
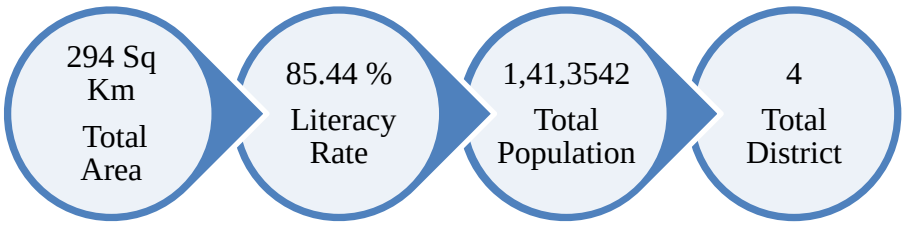


Figure 5. 4 State Models

5.5.1 PUDUCHERRY

Overview



The Union Territory of Puducherry comprises the former French establishments of Puducherry, Karaikal, Mahe and Yanam, which lie scattered in South India. It has a population of 1,41,3542 and a literacy rate of 85.44%.Puducherry observed a spike in the number of cases and according to the above mentioned map the per million active cases of Puducherry are two thousand six hundred and fifty-three cases but at the same time the recovered cases per million observed is second highest with twenty-one thousand three hundred and eighty-five cases. With such high number of active cases the recovery rates came into help and stabilize the situation at Puducherry by a lot. COVID-19 being regarded to hamper the normalcy had its significant impact on UT like Puducherry as well. Apart from

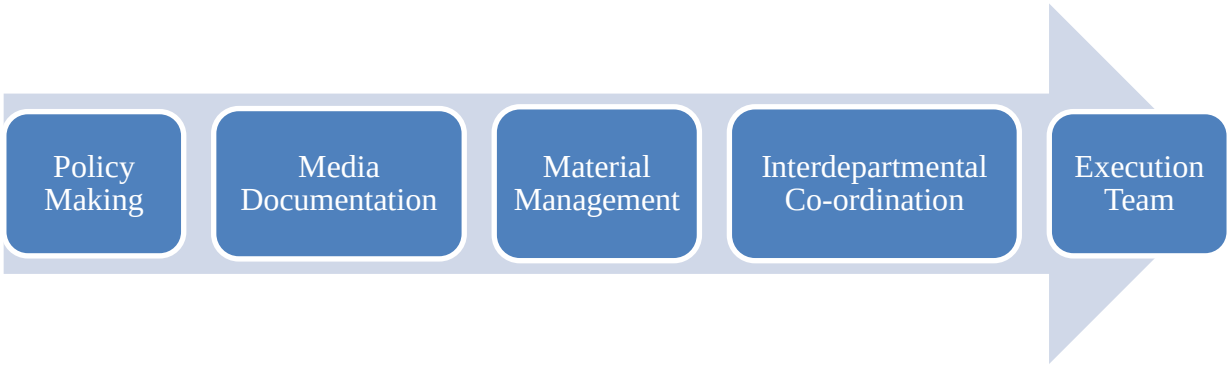
high number of active cases the union territory saw a major decline of fifty-five percent in magnitude of production through agriculture and fisheries. Since there was a nation-wide lockdown and sealed inter-state borders there was a major decline or to say zero tourist attraction. Considering the geographical location and lack of resources in terms of connectivity there were issues especially for students willing to attend online classes. Reduction in agriculture, fisheries and tourist attraction hard hit the economy of Puducherry by a large proportion. With the on-going pandemic, rise in number cases, loss of job opportunities and sudden change of shifting to virtual learning had made a grave impact on people's mental health condition.

Cases Statistics of Puducherry as on 28.10.2020

Total Cases	Active Cases	Recovered Cases	Fatality Cases
34,482	3,741	30,513	588

STRATEGY PLANNING & MANAGEMENT

In wake of the spread of the novel corona virus disease, the district administration had taken several measures to ensure the safety of the common public by forming the different cells to manage the crisis within its territory. **Inter districts cells** were formed to sort out issues related to smooth passage of essential commodities and services between the districts. Different teams of officials were formed for smooth functioning and to avoid hassle.



- **Policy Making Team:** To deal with all policy matter, putting up of proposal.

- **Media & Documentation Team:** To deal with media, press release, documentation and liaisoning.

- **Material Management Team:** To look after supply of manpower and material, vehicle management.

- **Interdepartmental Co-ordination Team:** To deal with interdepartmental coordination, preparation of minutes and conduct of meetings.

- **Execution Team:** To issue of all orders relating to prevention and enforcement.

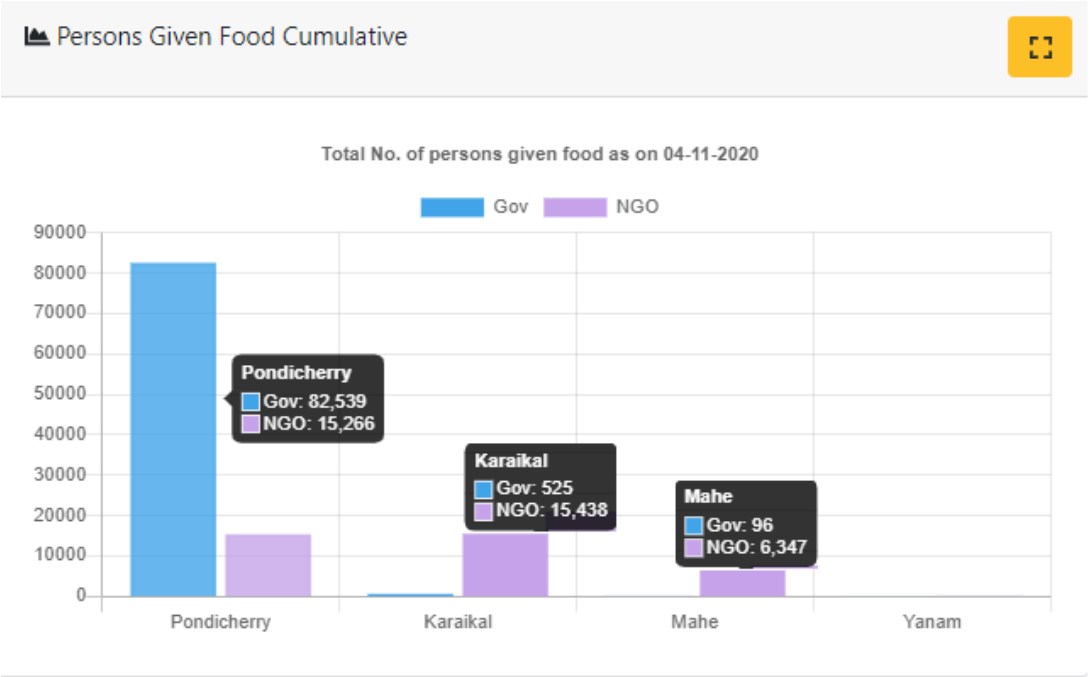


Figure 5. 5 Food Distribution Dashboard (Source: https://covid19dashboard.py.gov.in/FoodDistributionDashboard)

As providing food to the people during the time of lockdown was a huge challenge for the administration due to lack of availability of labour for distribution of food and shortage of essential goods and services at some point. The above mentioned figure shows the number of people provided with the food as on 04.11.2020 by a good blend of governmental organisations and NGOs.

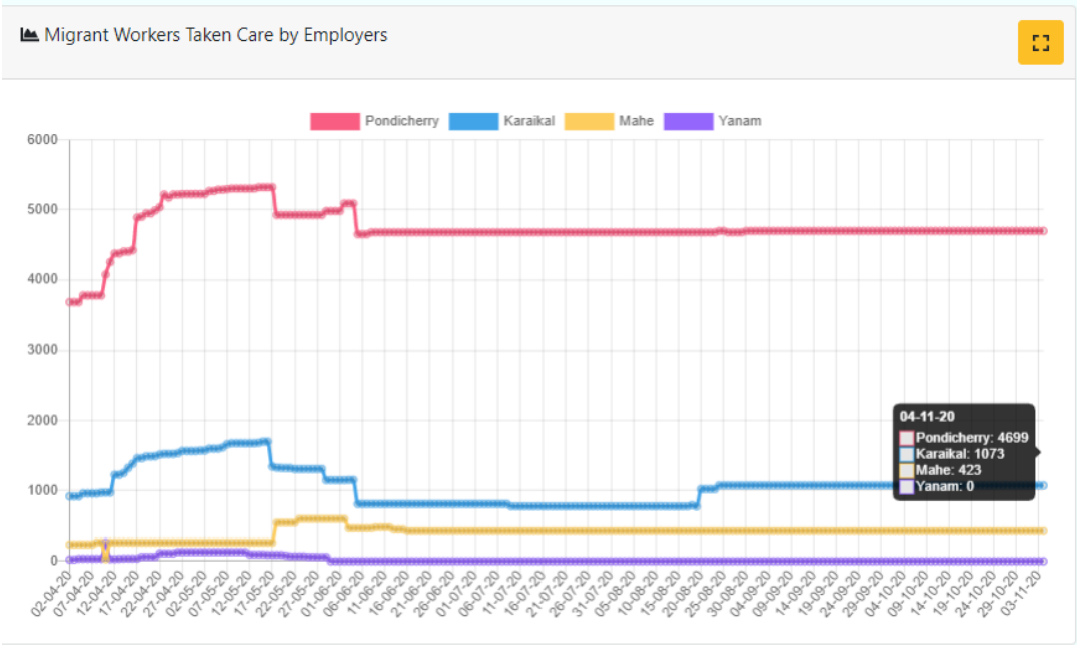


Figure 5. 6 Migrant Workers

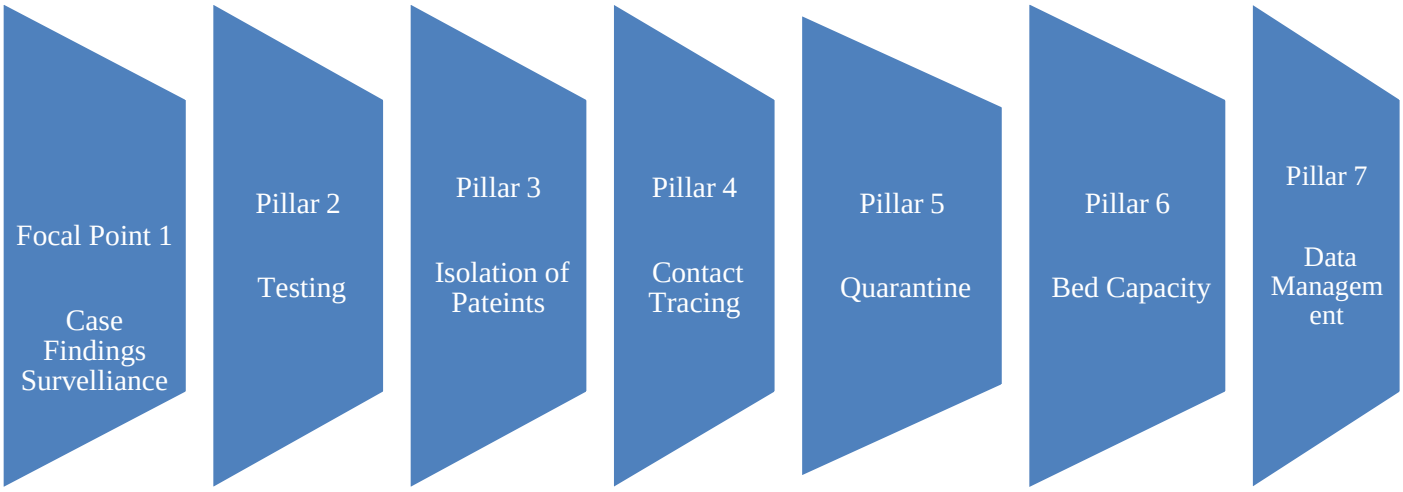
(Source: https://covid19dashboard.py.gov.in/FoodDistributionDashboard)

The above mentioned figure shows the number of people/workers taken care of by the employers as on 04.11.2020. The restriction of movement in the lockdown was a big hurdle for the migrant workers who lost their jobs at the time of pandemic. Puducherry administration has managed to solve this problem by taking the employers of the workers into the loop as the above mentioned figure depict that almost 6195 number of workers were provided with adequate support by the employers in the time of stress.

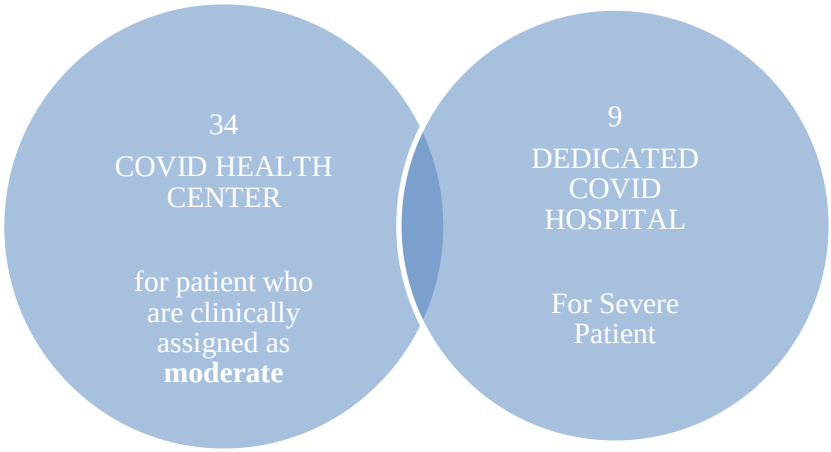
Surveillance and Health Care Facilities

Puducherry had done an **effective tracing** to curb the spread of virus. Even before the lockdown, Puducherry in its order dated March 17, 2020 had given special focus on the tracing of general public/ foreigners who have arrived Puducherry from January 01, 2020 onwards. **Intensive Preliminary screening** of all in bound passengers at the entry point at Airport, Railway Station, Bus Stand and also at the four major Road entry points leading to Puducherry had been done.

Health Department Puducherry along with Central Team of MoHFW looked after the various pillars for effective tracing and management of COVID-19 patients in the union territory. Different teams were entrusted with various responsibilities based on the seven focal points identified.

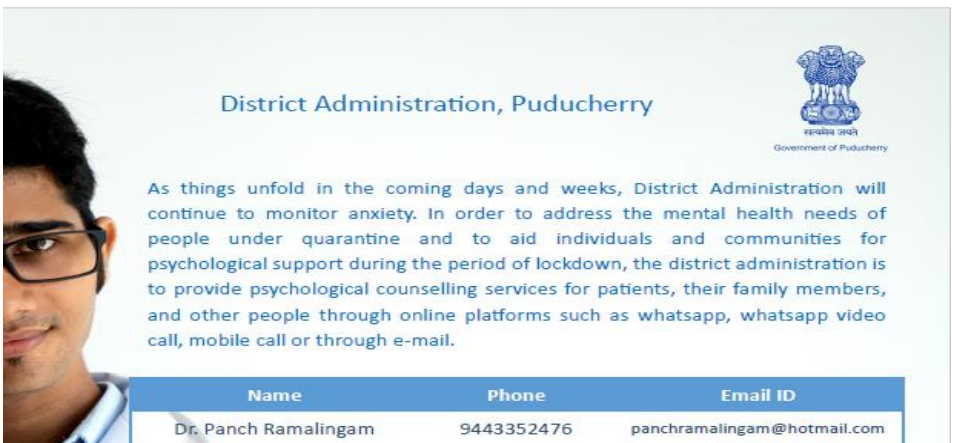


Special clinics (Corona Clinics) has been setup at the Govt. General Hospitals/JUPMER/ All Medical Colleges/Chest Clinics at Gorimedu. There were total **Forty-three Health Care Facilities** dedicated to take care of COVID-19 patients. The Health care facilities are divided into two categories:



Special focus was given to **Foster/Old age homes** to avoid the contamination reach there. It was ensured that proper food and drinking water & other necessities are available with them. Proper counselling was also provided with a monitoring system to control violence, abuse and neglect which was exacerbated during this pandemic.

ASHAs/ Anganwadi workers/ANMs also joined hands with Health workers as a team under the supervision of Primary Health Care (PHC)/ Community Health Care (CHC) doctors for carrying out IEC and contact tracing. The **Psychological Counselling service** was also provided by District Administration to the patient and their family member to ensure that this pandemic would not affect their mental health.



- Awareness Programmes

Different Awareness Programmes were executed to make people aware about the effect of COVID on health and the precaution to be taken care of during the time of pandemic.

The NCC volunteers were engaged for COVID-19 preventive related awareness activities. Before the deployment all the volunteers were given robust training and were educated about their personal safety and their role and responsibilities in creating field level corona preventive activities among public after following all safety and precautionary measures. Department of Sainik Welfare, Puducherry also came forward and deputed 10 Ex-service men as volunteers for deployment at ATMs.

LAKSHWADEEP

Total Area
32 Sq Km

Total No. of Islands
36

Total Population
64000

Literacy Rate
91.85

An Overview

Lakshadweep an archipelago consisting of coral islands and reefs, is the smallest Union Territory of India. Lakshadweep is known for its only coral islands chain. These beautiful and unpolluted Islands comprising of total land mass area of 32 Sq. Kms, are surrounded by around 4,200 Sq. territorial sea area. There are 36 islands (3 reefs and 6 submerged sandy banks) in all, of which, ten are inhabited and scattered in the Arabian Sea at distance of 220 to 440 Kms. of the west coast of Kerala. The entire indigenous population has been classified as Scheduled Tribe. The main occupation of the people is fishing, coconut cultivation and coir twisting. The islands are designated as restricted area and permit from the UT Administration is required to visit the islands. Kavaratti is the Administrative headquarter of the Union Territory. It has a population of 64000 and the Literacy Rate of 91.85%.

Cases Statistics of Lakshadweep as on 28.10.2020

Total Cases	Active Cases	Recovered Cases	Fatality Cases

0	0	0	0

Strategy Planning and Management

- **Early Preparedness for the Crisis**

The Administration of Lakshadweep took various timely decisions to avoid the spread of COVID-19 into its territory. Lakshadweep is among the one which have taken the strictest measures to prevent the spread of COVID-19. Despite Tourism one of the main economic sector of the UT, it closed the boundaries for tourist and passengers by passing an order on March 22, 2020 to suspend the Passengers & High Speed Crafts sailing from islands to mainland and mainland to islands. Section 144 of Cr.PC 1973 was also imposed on by District Magistrate to avoid gathering of people in order to prevent the spread of contagious virus.

- **Maintaining Flow of Essential Good & Services**

While most of the Territory was locked down in order to curb the spread of virus, District Disaster Management Authority of Lakshadweep in its order dated March 25, 2020appointed Executive magistrate in all the islands (DCs/SDOs) as Incident Commander in who was responsible for overall implementation of the precaution measures respect of their local jurisdiction. All private and commercial establishment were closed except Essential Good & Services. It included shops dealing with food, ration (PDS), groceries, fruits and vegetables and milk booth, meat and fish, animal fodder between 10:00 AM to 05:00 PM only. Delivery of essential goods including food, pharmaceutical, medical equipment through E-Commerce.

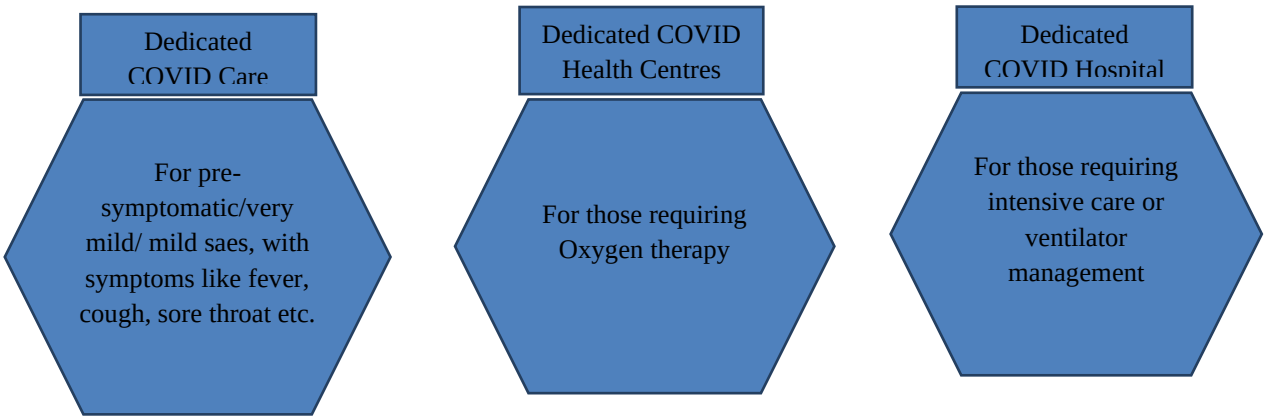
All industrial establishment was closed except manufacturing units of essential commodities. Hospitality services were also suspended except accommodating person stranded due to lockdown, medical and emergency staff, air and sea crew and establishment used/earmarked for quarantine facilities. All educational institutes were closed and were directed to take online classes so that student would not get affected academically during this pandemic.

The administration has taken various welfare measures to minimize the effect of lockdown on workers like free supply of 15 kg of rice to every ration card holder, free food for stranded persons including migrant labourers, free supply of 5 kg rice and 1 kg pulses per person per

month for three months to AAY & PHH families. Additional amount of INR 1000/- per months for three months to all NSAP/ UT Pension beneficiaries were paid for hassle free living during the time of pandemic. An additional amount of INR 9,50,000/- was released to Administrative Officer, Kochi and DCs/SDOs as in islands for providing timely assistance to migrant labourers, stranded due to lockdown measures and other needy persons.

Testing and Hospital Management

The hospitals are operationalising through a three-tier system namely Dedicated COVID Care Centres which are five in numbers having thirty-eight total isolation beds, five Dedicated COVID Health Centres with thirty-seven total isolation beds and one Dedicated COVID Hospitals with twenty-seven total isolated beds.



Awareness Programs

Awareness and campaigning programs were one the necessities during the outbreak of COVID-19. It was essential to provide people with the basic awareness against the novel coronavirus. As an initiative the authorities as Lakshwadeep issued public notices (as available on their website) regarding protocols to be followed during lockdown, regulations for home-based quarantine and other relevant information for general public. Apart from that Nodal Officers were appointed to look after the facilitation of grievance and redressal system,

followed by conducting basic counselling sessions, ensuring cleanliness on the premises and creating awareness on social distancing and preventive measures.

UT of DADAR & NAGAR HAVELI AND DAMAN & DIU

Total Area

603 Sq Km

Total Population

6,15,724

Literacy Rate

76.2 %

An Overview:

Dadra & Nagar Haveli and Daman & Diu is a Union Territory towards the western zone of the Union of India with the city of Daman serving as its capital. For the purpose of easier administration, Dadra and Nagar Haveli and Daman and Diu have been divided into three districts/administrative region

The active cases per million status Daman & Diu shows that it has only seventy-three cases per million (forty-eight active cases out of total cases of three thousand two hundred and thirty-one) out as on October 28, 2020 which is quite good as compared to the other UTs,

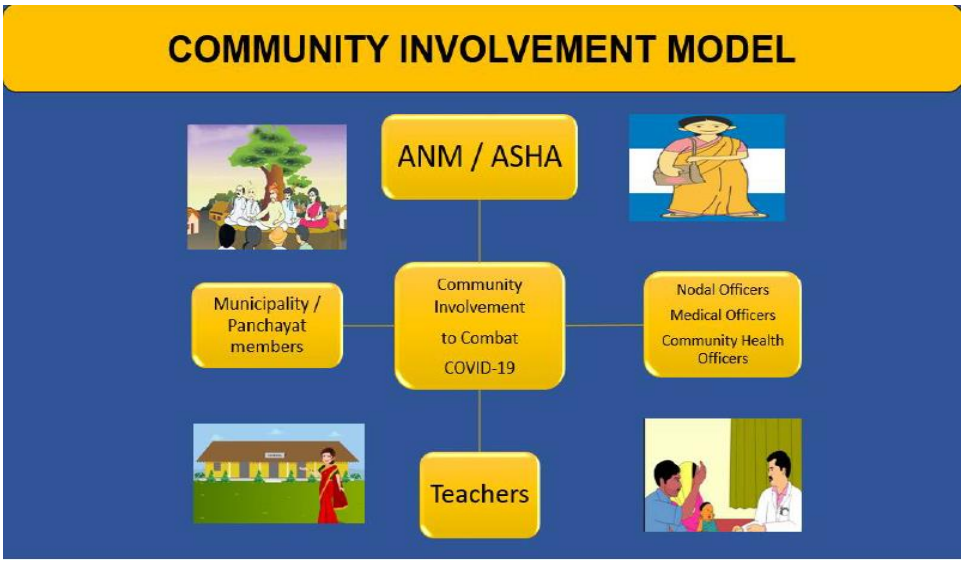
while at the same time it lacks in recovered cases per million status. The count of Daman & Diu's recovered cases per million stands at four thousand eight hundred and ninety-three which is among the bottom in India.

Cases Statistics of Dadra & Nagar Haveli and Daman & Diu as on 28.10.2020

Total Cases	Active Cases	Recovered Cases	Fatality Cases
3,231	48	3,181	2

Strategy Planning and Management

Community Development Model is a nexus of elected member of panchayat and municipality, teachers, housing society secretaries and other public representatives who worked in coordination with the administration of the UTs to facilitate the surveillance, contact tracing and monitoring home isolated people etc. It helped a lot to the administration of the UT due to the engagement of the local people and the grass root management. The social distancing norms were followed strictly as eight hundred corona warriors were deployed at grass root level to ensure social distancing at public places and at the same time the mass awareness was also created by these members of community model.



Surveillance and Health Care Facilities

The administration of the UT was able to establish quarantine and isolation facilities for whole UT.

Quarantine Facilities

District	Beds
DNH	417
Daman	344
Diu	140
Total	**901**

Isolation Facilities

District	TIER I	TIER II	TIER III
DNH	697 Beds	120 Beds	100 Beds
Daman	600 Beds	150 Beds	112 Beds
Diu	200 Beds	50 Beds	30 Beds
Total	**1497 Beds**	**320 Beds**	**242 Beds**

A joint team of Public Health Specialist, Epidemiologist, Physician, Intensivists, Microbiologist and Nursing Personnel was also constituted to train manpower as per the standard guidelines released by MoHFW, WHO & ICMR.

- Intensified Testing

Looking at the spread of virus in India, the administration of Dadra & Nagar Haveli and Daman & Diu intensified its testing process. The Department of Health & Family Welfare worked on the guidelines provided by ICMR for testing. The testing was done for All Arrivals from Outside of UT; All High- Risk contacts of laboratory confirmed cases; All Low-Risk contact of laboratory conformed cases who turned out to be symptomatic; All ILI & SARI cases; All preoperative and labor cases; Random Sampling (shopkeepers, vegetable, fruit & other vendors, hotel staff, industrial workers, building & construction workers, government offices, policemen and as per the need arises)

The Union Territory established its laboratory with nearly 103330.2 tests per million population and test positivity rate of 3.75%.

- Free Distribution of Sanitizers

A unique initiative of free distribution of alcohol-based hand sanitizers to all the 1.45 lakh household and all the shops selling essential commodities is being done in the U.T.

Apart from that Disinfection and Sanitization was also conducted with 5% sodium hypochlorite at all public places, government office (92), public streets (50 kms approx.), all vehicles (4500), chawls (1200) on daily basis.

Awareness Programmes

Preparedness and response activities was conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concern, rumours and misinformation.

The Community Awareness was managed through responsive, transparent and continuous information, education, communication and social & behavioural change communication in

local languages with the help of Community Health Workers; ANMs and ASHAs and authentic media of communication.

S.No	Communication Channels
1.	Information Leaflets/ Handbills, Booklets, Posters
2.	Display of Banners/Hoardings at Strategic Points
3.	Mass SMS
4.	Press Notes, Media Briefing & Sensitization
5.	Daily Bulleting
6.	Dedicated COVID-19 Helpline
7.	House to House IEC
8.	Scroll on Television
9.	IEC through Social Media
10.	IEC Rath
11.	Dissemination of awareness through All India Radio, Daman
12.	Awareness through Digital Information Network in Health facilities
13.	Documentary videos: i. Appeal by Higher Officials & Doctors ii. Recovered Patients for Community Confidence build up iii. IEC & BCC on various preventive measures

GOA

Total Area

3702 Sq Km

Total Population

15,86,250

Literacy Rate

88.70%

An Overview:

Goa is a tiny emerald land on the western coast of the Indian peninsula with a population of 1.5 million. On its north runs the Terekhol River, which separates Goa from Maharashtra, and on the south lies the state of Karnataka. The state has a history of Portuguese rule and the plush beaches, remnants of Portuguese culture and architecture as well as the numerous churches, cathedrals and the famous Basilica, make Goa a favorite destination for national and international tourists.

First case relating to the COVID-19 pandemic was confirmed in Goa on March 25 2020. The active cases per million status of Goa shows that it has 1508 active cases per million (2384 active cases out of total cases of 42,747) as on October 28, 2020 which is quite high as compared to the other states, while at the same time it shows a tremendous jump in recovered

cases per million status. The count of Goa's recovered cases per million stands at 39,778 which is among the highest in India. This could be attributed to grass-root policies and implementation done by Goa.

Cases Statistics of Goa as on 28.10.2020

Total Cases	Active Cases	Recovered Cases	Fatality Cases
42,747	2,384	39,778	585

Strategy Planning and Management

Goa Administration during the time of need has transformed the Alcohol based industries to Sanitizer industries for availability of sanitizers to all individual in the state. This initiative benefited the state a lot as it was able to control the spread of virus in the starting and was seen as one of the states with very less cases. As on now also the total active cases are about 2384 which could be result of the availability of hand sanitizers to the people. This can be seen as a good initiative in terms of economy also as the manufacturers after fulfilling the demand of locals starting exporting these sanitizers to the other states where the quantity was not sufficient. This tackled two problem at same time first of availability of sanitizers in the areas where there was a shortage and second was the revival of business for the alcohol-based industries.

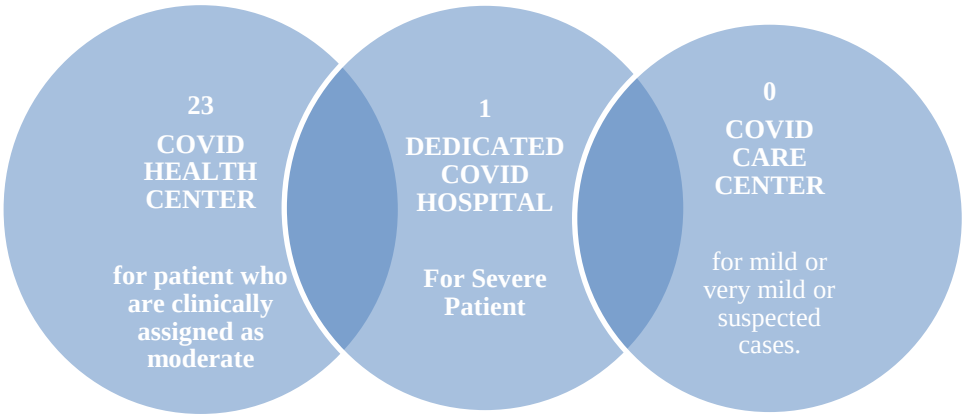
Surveillance and Health Care Facilities

- **COVID Testing Labs**

On the onset of COVID-19 in Goa, there was not a single testing lab in Goa and the samples have to be sent to Pune to get tested which requires more time and money. By looking at the severeness of the disease and need of the hour Goa administration ramp up the setting up of testing facilities in their territory and within a month it was able to setup four COVID Testing Lab in Goa. As of now there are total seven COVID Testing labs available in Goa.

- **Medical Support**

The twenty-four COVID facilities have been categorized into three types to treat COVID patients namely COVID care center (CCC), COVID health center (CHC), Dedicated COVID hospital are all government.



Goa administration formulated a separate SOP for working of frontline workers like Doctors, Nurses and Paramedic staffs. They were given a separate residential accommodation during the time of pandemic. They are supposed to stay at the house provided by administration near the hospitals only to avoid large number of contacts as this virus is contagious in nature and could be transmitted to their families or other persons coming in contact of the Health Staffs.

The Capacity of Health sector was enhanced to cope up with the load of new cases in Goa. At the same time the Doctors were in regular touch with the patient at home isolation through ICT application.

Awareness Programme

Public Awareness played an important role in containing the spread of virus. Goa police has played an active role in awareness programmes. There was a daily patrolling of police personnel's in every taluk, village of the states where they use to create awareness in Vernacular language among people about the virus and how to avoid from being getting affected from it.

Police Department was also working as a supplement arm of Health Department and is being accompanying the doctors and other paramedical staffs to the places needed.

As the movements were not allowed during the lockdown and there was shortage of food and essential items. Police department of Goa ensured that each household get the sufficient ration during lockdown.

BIHAR

Population 12.4 Cr	Total Area 99,200 Sq.Km
Total Districts 38	Literacy Rate 63.82%

Bihar is located in the eastern part of the country (between 83°-30' to 88°-00' longitude). It is an entirely land–locked state, although the outlet to the sea through the port of Kolkata is not too far away. Bihar lies mid-way between the humid West Bengal in the east and the sub humid Uttar Pradesh in the west which provides it with a transitional position in respect of climate, economy and culture. It is bounded by Nepal in the north and by Jharkhand in the

south. The Bihar plain is divided into two unequal halves by the river Ganga which flows through the middle from west to east.

The active cases per million status of Bihar shows that it has only 72 cases per million (8846 active cases out of total cases of 2,13,085) out as on 28.10.2020 which is quite good as compared to the other states, while at the same time it lacks in recovered cases per million status. The count of Bihar's recovered cases per million stands at 1683 which is among the bottom states in India. This could be attributed to gap in the policies and implementation done by Bihar.

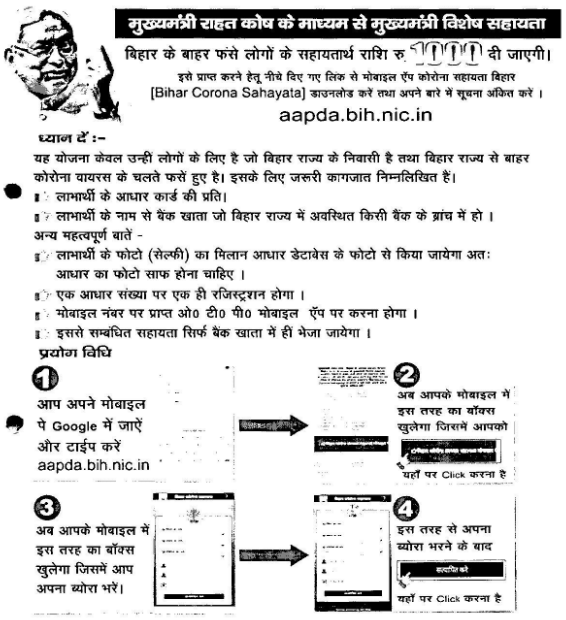
Cases Statistics of Bihar as on 28.10.2020

Total Cases	Active Cases	Recovered Cases	Fatality Cases
2,13,085	8,846	2,03,174	1,065

Strategy Planning and Management

The first case in Bihar was reported in Munger district on March 22, 2020 and as of now the total active case per million in Bihar stands about seventy-one. Based upon the increasing number of cases in State, Government has adopted various strategies to curb its spread.

Looking at the effect of lockdown on people of Bihar, the administration initiated a step called **CORONA SHAYATA** which provided Rs. 1000/- per person trapped outside Bihar through PFMS in their bank account number, the amount was released from Chief Minister's Relief Fund. This scheme is only for those people who are resident of Bihar state and are out of Bihar due to Corona virus. This step helped majority of people in getting necessities which are required during lockdown.



Surveillance and Health Care Facilities

Bihar Administration in its letter dated January 27, 2020 took a serious step in terms of the health alert regarding inter-sectoral coordination for prevention of outbreak due to COVID-19. To prevent any possible outbreak in the state due to Inbound Passengers coming from outside **Isolation Room and Health Counter** was provided for screening of passengers. Daily Reporting of the passengers screened at the Airport of Gaya and Patna was done and provided to **District Surveillance Unit (DSU)** of respective districts. **Integrated Disease Surveillance Programme (IDSP)** of Patna and Gaya districts also use to provide the details to State Surveillance Unit for better data management. Hoarding and Banners were put at the Airport for display of novel-CoV. In order to avoid the movement of poor people for bread and butter, the Administration set up a **Community Kitchen** for the needy people by its order dated January 27, 2020. This initiative helped in curbing the excess and unwanted movement of the people.

Another Step taken by the Administration to curb the spread of virus into the territory of Bihar was setting up of different cells at district level to deal with the pandemic. The following cells were being formed:

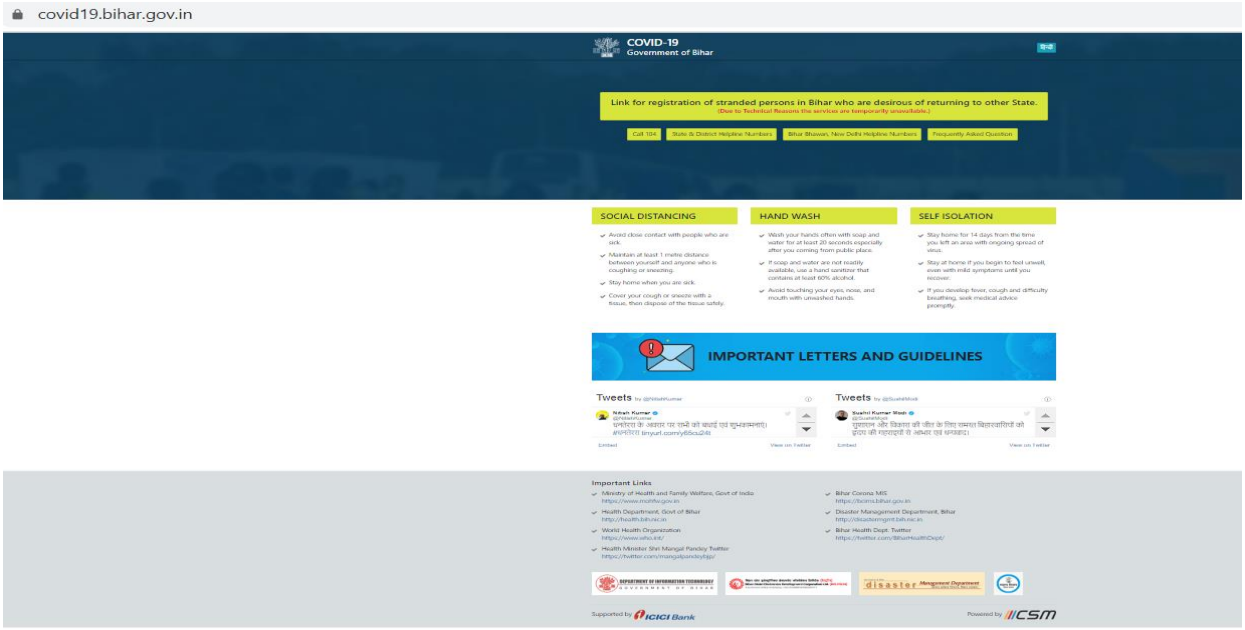
- Home Quarantine Cell
- Tracking & Monitoring Cell
- Isolation Centre Monitoring Cell

- Confirmed Cases Cell
- 104 – Doctors on Call Monitoring Cell
- Lockdown Enforcement Cell

Bihar Administration converted many of hospitals and medical colleges into COVID Dedicated hospitals and COVID care centers in order to provide the necessary support to the patient who was suffering from the virus.

Awareness Programmes

Various measures have been taken by the administration to promote the awareness about the COVID-19 among peoples of Bihar to avoid unnecessary hassle. Department of Disaster Management, Govt. of Bihar and Health Department, Govt. of Bihar developed a **web application** (www.covid19.bihar.gov.in) for effective monitoring of their preparedness and responses. The application worked as a unified portal for information related to COVID for citizen and other stake holders. It gathered the information about the Infrastructure and Centres being developed. It also monitors the COVID sample collection, positive cases, contact tracing of positive cases etc. With the help of this web application citizens can registers a suspected COVID-19 cases also which helped the government in reaching the suspected cases more timely or precisely.



OBSERVATIONS

Based upon the analysis done in the chapter above certain observations were levied down as follows:

- The inter district cell coordination in Puducherry played an important role in implementation of various guidelines of MHA in a hassle free manner. Various civil bodies like NCC and NSS had also done a great job in awareness.
- Lakshadweep lies in the ocean out of the mainland and is one of less visited place in the country has performed really good as compared to its counterpart Andaman & Nicobar Island which is having 480 Active case per million whereas Lakshadweep has 0 Active cases till date.
- Union Territory of Dadra & Nagar Haveli and Daman & Diu performed very well in containing the spread of virus within its territory through various programmes and effective administration.
- Less population as compared to the other UTs can be seen as the strength of Dadra & Nagar and Daman & Diu. The community participation seen during the pandemic shows the integrity of local people and willingness to help the UT for smooth functioning.
- Goa took innovative steps in order to tackle the COVID-19 and to some extent able to avoid the large spread of the virus. Its efficiency in terms of recovered people from COVID is remarkable and have one of the highest recovered people per million among the states.
- Pharmaceutical Industry of Goa is 2nd largest in India which was real useful during the time of this pandemic by converting their manufacturing of Alcohol to Sanitizers.
- Bihar is already a state prone to floods and natural disaster occurring from the foothills of Nepal. This makes it more prone to the pandemic like this as it has to deal with both natural disaster and pandemic at the same time with limited resources which could be a threat to the state.
- One of the key observations that were noted among all the states and UTs was the effective measures for creating awareness at all the levels of the society. From ensuring there isn't any language barrier to taking care of minute details – such an information on quarantine, using alcohol based sanitizers and face masks, all of the details were taken care of.
- There was definitely lack of usage of ICT applications especially in the case of disseminating awareness and information about COVID-19. Furthermore, lack of connectivity and internet issues were observed variedly among these states especially for work-from-home employees and students attending online classes.