



Early Insights
from Haryana

COMBATING COVID-19

compiled by HIPA

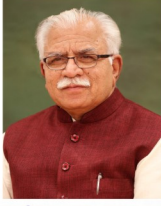
COMBATING COVID-19

Early Insights from Haryana

Documented by



Haryana Institute of Public Administration



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मुख्य मन्त्री, हरियाणा,
चण्डीगढ़।

CHIEF MINISTER, HARYANA,
CHANDIGARH.

Dated 28-9-2020

Message

It gives me immense pleasure to know that Haryana Institute of Public Administration, Gurugram has come out with special document '**COMBATING COVID-19 Early Insights from Haryana**'. It captures the initial strategy and responses of the State Government on the challenges and crisis unfolding during the lockdown and spread of the pandemic due to Covid-19.

I am pleased to notice that when physical contacts and meetings were not possible during the crisis, HIPA team arranged virtual meetings with concerned Administrative Secretaries, Divisional Commissioners and Deputy Commissioners. The team gathered real time information on the challenges faced by field managers and state leadership in the unprecedented situation and initiatives taken by them to mitigate the impact of the crisis before penning down this document.

The document has adeptly listed the strategic planning made by the various departments, be it Health, Agriculture, Food & Supplies, Labour, Industries, Education, IT etc. and implantation of such plans in their respective sectors to provide adequate relief to the general public of the State. Since the predicaments varied from district to district at micro level, the responses of all the district administrations and the large scale cooperation and assistance offered by the civil society has been included in this compendium.

Although the pandemic is still unfolding and assuming newer dimensions, and we are still in the midst of the crisis, yet it is important that the people are made aware of the efforts made by the State Government to combat the pandemic and its allied impacts up till now. The book shows the humanistic approach followed by the Government in its fight against the ongoing crisis. It would prove a source of inspiration and guidance for the posterity in similar situations.

I complement and congratulate Chief Secretary Mrs. Keshni Anand Arora, Ms. Surina Rajan, Director General, HIPA and the team to bring out this impressive book.

(Manohar Lal)

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PROLOGUE

**A Journey through Pandemic Times – Reflections**

Keshni Anand Arora, IAS

Chief Secretary, Government of Haryana

When COVID-19 Pandemic struck, one thing that appeared certain amidst the enormous uncertainties was the fact that it was an unknown phenomenon, which had no historical precedence and it was a challenge of multiple dimensions. The information space was abuzz with speculations and often incongruous conjectures. Each situation and possible solution was fraught with its own challenges. Lockdown as the initial response strategy went far beyond initial expectations. It immensely affected people, economy, governance and an innocuous yet essential activity like examinations. In the conundrum of obtaining situation, a multi-disciplinary approach with both short and long-term strategies was needed to plan and implement counter measures and no one could afford luxury of time to realize and analyze impact of each decision, venturing into unknown territory each day. The constancy and the priority all along has been to keep the decision making inclusive and practicable keeping in mind the diverse geographical factors, demographic realities and resource availability.

Initial directives under the Epidemic Act gave an impression of it being only a public health issue. As the crisis unfolded and subsequent orders were issued under the Disaster Management Act under the administration of Home Ministry at GOI level it changed the management perspective; converting it from an issue of Health administration to a full-fledged crisis requiring a multi-disciplinary approach, a team of multiple actors and a massive coordination requirement both at bureaucratic and political levels at each layer of administration be it a sub-district, a district or a state. The Government of Haryana, unlike some neighboring states where it was made a police dominion, looked at it as a human disaster where citizens are themselves victims and not the culprits to be booked. The non-compliance to an enforcement has to be seen and understood in its causality and those issues need to be patiently settled be it an enforcement of a curfew or mandatory closure of commercial establishments. We were perhaps the first state to manage it as the coordinated issue in revenue administration's territory and this first step gave the state a consistent policy direction and perspective making the objectives and responsibilities clear. This role clarity emerged as the mainstay of the mitigation and management strategy through the gamut of challenges. Starting from the Chief Secretary, as chairperson of the Crisis Management Group reporting to the Chief Minister, down to the core teams and incident Commanders in the field, each role was made absolutely clear. The emphasis was

on institutionalizing services and their standards to handle such unprecedented crisis. Gradually each of our verticals shaped up as an institutional matrix.

Utmost sensitivity was observed in reaching out to people to garner their support by emphasizing the difference between pandemic and law and order measures, with no room for excess police presence and highhandedness. Police personnel were more meaningfully engaged in facilitating essential supply, monitoring containment zones, contact tracing and managing migrant transportation, etc. Similarly, personnel from health department were instructed to put their house in order up to remote areas with full freedom to employ resources under the local administration. Support from the municipal corporations in sanitization and local distribution effort is another example of role and responsibility clarity.

The different phases of crisis had unique challenges that started with health set up in public sector gearing up for the big challenge by making adequate provisions of the scarce medical and protective equipment and other hospital supplies. It required some tough talking to raise local manufacturers and our own regulating agencies from inertia to start production of items like masks, PPE kits and other common equipment. Timely intervention and changes in procurement norms resulted in abundant availability within a short time. Testing capacity was another major issue which was addressed earnestly right from the beginning. Measly availability of testing kits coupled with the delay and mismanagement of testing results created undue scare and uncertainty while losing critical time in coming to grips with the threatening spread of contagion. A bold decision, which was open to criticism at that time, was taken to accredit private testing labs in the state, a decision which was to be followed later in other states. We could hoist one of the best testing graphs in whole of the north India much early. The unsavory situation created by retraction of private hospitals and doctors was more a challenge than void in the circumstances. However, it mainstreamed the government healthcare capacity as an institutional facility to sustain public health and battle against COVID-19. The district civil hospitals were not yet fully prepared for clinical management of pandemic, leaving us with a major decision to entrust the onus of treatment with the medical colleges across the state with Rohtak Medical College as the hub for this grim tussle. Putting civil hospitals as second line of defence also ensured their services for general treatment and ailments. The administration and doctors at the medical colleges, with their expertise and better observance of protocols, vindicated our stand and have relentlessly borne the brunt of this battle. The low fatality rate in the state is direct outcome of concentrating treatment facilities at the well-provided colleges.

Reaching out to people for their cooperation while facing shortage of ambulances, non-availability of OPDs and lockdown restrictions confronted us as major challenges. Introduction of the state help line was a much needed succor not only for the citizens but also for the government and administration. I personally took daily feedback on the issues and the problems being reported at the help line, tracked the action taken logs and guided the departments and district authorities to acclimatize and adopt required corrective measures. Many a directives and guidelines stemmed from the help line response. Keeping

on board various stakeholders is important to make this an inclusive exercise. Two meetings were held with the people representing industry in the state, besides a meeting held by the CM himself with industry associations.

Years of experience and interpersonal skills were at play to keep the frontline warriors inspired and motivated. Efforts of the doctors are appreciated and supported through visits by experts, webinars, daily discussions and experience sharing. It kept these hospitals ahead in the race with pandemic. The goodwill generated through these discussions and feedback from the field was used for ensuring accountability of senior doctors. All the government tourist complexes, private lodges and even dharamshalas are thrown open for lodging and boarding of our on-duty doctors. Facility of e-ICUs was made available to senior doctors for regular monitoring and close observation of the procedures being followed there. Even minor detail of a day's figure and particularly botched up scenarios were bluntly pointed out, discussed at the length in audit sessions each evening. However, amidst the daily discussions and frequent appraisals, one has to very sensitively steer through the dichotomy of motivation and accountability.

There is enough room for skepticism about administrative decisions in a situation being handled by the domain professionals. We addressed this by involving epidemiologists in decisions about protocols and course corrections based on their observations and deductions from emerging scenarios. The positive effect of advice from experts like epidemiologist was perceptible in persuasive compliance with each change in directives. Personal consultations with the national level think-tanks, bodies like ICMR, various ministries and organizations were used to fine-tune policies and critical decisions in preventive procedures and clinical management. Better compliance and adoption was made possible by translating GOI communications into simple, easy to understand implementable action points.

Communicate, communicate and communicate!! to get feedback from all formal and informal channels, use that information for improving quality of governance and crisis response. It was indeed an enlightening experience to put in place a very strong and valuable network that included functionaries, citizens, patients and even media persons besides official agencies, for gathering feedback. Personally it was rewarding and highly gratifying to reach out even to the junior functionaries in administration and health department, often cajoling them to speak their mind frankly in total confidence. They relied as much on my word as I did on theirs. The satisfaction of arriving at informed decision-making gave strength to personal convictions in choosing judiciously from available policy options each day. We did reasonably well during various phases of this catastrophe, yet good sense prevailed that in such a fluid and uncertain situation that one never spoke of any success models and did the job diligently and silently. For us no news was good news.

Use of WhatsApp has become new normal for quick, easy and group updates. Our IT teams with their amazing data capturing and analyzing support made several decisions easy for us. Their support is critical in providing online school education and e-skill training. They put their best technological effort to facilitate complete shift to digital mode

of governance. This also helped citizens through the portal based Saral services and a number of utility mobile apps for seeking help, managing their needs and approaching administration. The data collected from HARSAC helped in identifying and monitoring containment zones.

Every time we thought thus far we have done good, a new crisis and challenge appeared. It was very excruciating to see the migrant labour situation getting worse each day. More agonizing it was to hold our decisions amidst ambiguity and uncertain policy for days together. The setting was perfect to create cynicism among the governments and officials across the affected and neighbouring states. With a lot of energy, resources, logistics and exertion it took more than a month to transport those hapless souls. On our part we handled the issue with utmost empathy always mindful of smallest detail that could ensure migrants' safety, comfort and dignity. This also gave an opportunity to strike an informal rapport with the counterparts in other states which eventually included several areas of cooperation and mutual understanding in crisis management. Being senior-most among the Chief Secretaries, I obsequiously shared experiences with my colleagues in other states based on overall performance of our state, these counsels were well-taken and often appreciated.

Many a lesson came along this journey from our own sphere and other regions. A tough decision, open to much criticism at that time was taken about home-quarantining asymptomatic and low-symptom patients to reduce the load on our hospitals. The grim lesson was learnt from states like Maharashtra and NCR which scampered for hospital and ICU beds when the case load of serious patients increased. It served us well within our strained capacities. There was little option other than a very strong and strict monitoring and surveillance procedure for quarantined people—often chasing them, persuading them and comforting them with care and courtesy. At the outset we had set for ourselves a target of 10,000 tests per day which seemed pretentious at a time when our existing capacity was for a few hundred tests only. But the arduous effort of all concerned made it happen. Authorizing private labs helped in this endeavor but gradually serious complaints started pouring in about their malpractices and this imperiousness could not escape our strong feedback network. In the thick of testing predicament strong action was taken to warn and chastise the erring labs. This castigation, of course, had a telling effect all over the country in regulating private labs. A compliment from the Union Home Minister himself on this action was worth all the grind and toil we underwent.

Sometimes decisions are taken with full awareness of the uncertainties about their efficacy. Come the directive of introducing rapid testing and we were caught in the predicament. The experience with earlier round of rapid testing by flawed kits and the possible outcome of its re-introduction on the positivity rate and resource scrambling were startling. Yet we could cross this bar too. Gradually dentists, Ayush and Homoeopathy practitioners with their medical experience augmented our testing teams.

A situation perfect for turning into crisis awaited us with each passing day to the approaching harvest season. What saved us was two years of agricultural and farm data

collection to manage Rabi procurement and electronic database of holdings created meticulously by the Revenue department which I had personally handled and supervised. The e-procurement techniques based on a visionary *Meri Fasal Mera Byora* module allayed our worst fears. The state registered a record procurement with high safety standards. Deploying a large number of officials and increase in the number of procurement centres, etc. are just a matter of detail in the overall ambience of consummation over this achievement.

In the hindsight it may all look like a professional bureaucratic handling of the disaster according to set procedural norms and policymaking directives. To be honest, this is not even the proverbial half-truth. The realities needed an approach which is collaborative, multi-disciplinary and inclusive. It is a huge team-work drawing strength from the daily discussion with the deputy commissioners, state department heads, political hierarchy and the field feedback. Communication channels are always kept open for each and every officer heading the district administration. Knowledge about the talent and capability of each of our colleagues and officer in the field helped in utilizing their potential optimally. Appointment of senior officers as Nodal officers in districts and handling of situations by these Nodal Officers ensured efficiency and better field presence.

Each individual's strength used properly added immensely to our administrative capability. Whether it is big or small, every crisis needed to be addressed with focused coordination up to the unit level team. There is no scope for one-upmanship or isolated thinking and all decisions emanate from a rational prioritization based on the SWOT analysis of various verticals and regional realities. It was fortunate to have a consensual approach on most of the issues that motivated the colleagues to come forward competitively in resolving crisis situations. This approach could bring all stakeholders including political executive on the same page. It is the single hierarchical command, backed by the government what vindicates our judgement in such situations. A lot of sharing and confidence building goes into developing this hierarchical command.

As important as all these factors is the steadfast political leadership to steer through the welter of emergency decision-making. The mutual faith between executive and leadership in the purpose and wisdom remains the mainstay of administrative efficiency, efficacy and effectiveness. We are fortunate to have a visionary Chief Minister to guide us through this crisis, who is always forthcoming and open to suggestions on tricky issues. With him around we are never constrained for funds, resources or political support. I personally, am fortunate to have his abiding trust which made it easier for me and the whole team to face and handle the present crisis with whatever measure of success we could. I also had the fortune of steering a team comprising of very competent, enthusiastic, diligent and cooperative officers. During the last seven months we grew together as a strong and effective crisis management team. As the challenges became complex, our resolve to handle too became stronger and our mutual bonds deepened. At this juncture it is critical to handle fatigue by changing the visible nature of challenge and making it a new initiative

every time so that there is satisfaction of task accomplishment. The crisis is not yet over and so are the strategies to counter it. We only hope to always put our best foot forward so that humanity wins this fight with minimum loss. Haryana bureaucracy has indeed put up a strong joint front to successfully combat Covid-19 and I trust this to remain the hallmark of our performance in times to come.

AN OVERVIEW

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organisation declared the outbreak of the respiratory disease caused by a new coronavirus, known as COVID-19, a “public health emergency of international concern.”

On the 8th of March it was declared as pandemic. The uniqueness of this pandemic can be understood by the fact that the existing legislations on Disaster Management in the country could not envisage such crisis and therefore have no mention of public health emergencies or pandemics. It was a century ago in 1919 that a similarly widespread pandemic “Spanish Flu” affected nearly fifty crore people and resulted in five crore deaths. Today in 213 countries more than 19.5 million persons have been affected and more than seven lakh persons have succumbed to COVID-19.

India is, at present, past the fourth phase of the national “Lockdown”. Up to phase three there was a near-complete restriction upon movement of people, the closure of all establishments except those providing essential services, and the regular sealing of neighborhoods and areas that are suspected to be COVID-19 hotspots. Things had changed in phase four and the present Unlock-2 may be a prelude to normal functioning. The lockdown was the major strategy adopted to contain the disease along with seeking active public cooperation for adherence to lockdown and other social distancing protocols from a level no less than the Prime Minister himself in direct nationwide periodic communications.

Haryana, under dynamic leadership of Hon’ble CM has followed Government of India mandates to the core. Entire administrative machinery at state and district levels has been in extreme preparedness to ensure that the disease is contained and people at large do not suffer. Many innovative practices have been tried at state and district levels which have been successful in coping up with the crisis. Many of these initiatives deserve to be documented for benefit of future generations. The crisis is not yet over and as new challenges appear, there would be new responses for handling the same. In that respect, it is a dynamic document which will continue to evolve as the crisis unfolds itself and we finally move to the post-crisis phase. However, it is an experiential learning of great significance and extremely useful for practitioners even as it exists on date. It is therefore considered appropriate to have preliminary documentation at this stage and share it with stakeholders.

The challenges posed by COVID19 in Haryana have been unique and this is primarily because of the massive diversity in our demographics across the state. Though Haryana is primarily a rural state, it has large urban centres like Gurugram and Faridabad which are part of the larger Delhi urban conglomeration along with few industrial towns like Panipat where a large migrant population is employed. With the Rabi harvesting season, falling during the lockdown period, it is but natural for the farming communities to have high level of anxiety about the harvesting, procurement and payment of their agricultural

produce The state borders NCT of Delhi from three sides and is home to huge size of floating population to and from Delhi /NCR which is a hotspot of COVID-19 disease. Moreover, the country's the most active highways also pass through the state creating additional challenges of managing permissible and non-permissible vehicular traffic during lockdown.

This once in a century pandemic has exposed the gaps in our response structures. We were unable to comprehend the scale of its impact when the first cases were being reported. However, this challenging period has also brought to light the resilience, the pro-activism and the resourcefulness of our field administrators. It has also brought to the fore the significant role of state and public sector in management of a crisis. Interestingly, it has also highlighted how the private sector is shy of shouldering responsibility in a high risk environment. The risk taking capability of private sector, which is very high in conditions of expected high rate of return on investment, becomes zero or actually negative when the infrastructure has to be put to use for managing a crisis which may not yield any profits. This is being said in context of private hospitals and clinics where patients suspected of being Corona positive were not entertained even when the disease was yet to be established. Many corporate hospitals had virtually total absence of senior consultants and plainly refused to offer their infrastructure. This actually is an important fact which should be taken into account when planning is done for universal health infrastructure. Availability of services in corporate hospitals can be assured only in a risk free scenario and for any community disease burden the public health infrastructure should be well equipped to bear the load.

HIPA has also undertaken an initiative to document 37 best practices adopted by the state government and different districts of the state. In these study of best practices, we have examined a series of issues and innovations implemented in Haryana that would help us document and understand how these initiatives were implemented in Haryana and what are the learning take homes from these initiatives.

First and foremost principle for managing any crisis—personal or professional—is to maintain calm and composure, exude confidence that the problem has solutions and that solutions are within control. One needs to look at all the dimensions of a problem, map all the stakeholders and logically identify the strategy to be followed. In a provincial or national context the crisis management team should also inspire confidence among people, to retain their trust in state capabilities. The crisis manager (the state/district leadership team) needs to retain their calm, communicate a lot and communicate truth with people. An effort should be made to minimize the damage, pain and suffering with respect to maximum number of stakeholders during the crisis period and post-crisis phase. It should also simultaneously focus on turnaround strategy post the crisis. In nutshell, the areas where active government intervention is required for crisis management are linked to good and responsive governance which ensures that disruption to routine life of a citizen is kept to the minimum possible extent and for a minimum period of time. It also means that citizens remain in anticipation of returning to the normal soon.

In the context of COVID-crisis management activities in Haryana, if we map various practices carried out by the state through its state level and district level agencies, we find that it is reflective of ability to provide leadership from the front, direct and frequent communication with people and avoiding any conflicting message from those at national level. There have also been efforts to address all issues of physical provisioning, psychological support, motivating the frontline workers, building civil society partnerships and giving sufficient liberty for leadership at district levels or below to innovate and upscale the successful innovations. As a result, today a large number of initiatives are available which are either unique or implemented in a unique manner.

- a) Basic logistics for uninterrupted supply of food and other essential commodities to all, especially to vulnerable categories—poor and aged, are managed efficiently.
- b) Mental & Psychological support systems are available to all in need including and especially for the vulnerable, the aged, the diseased and migrants.
- c) Availability of infrastructure to handle the crisis, e.g. the quarantine facilities, the protective equipments especially for people on crisis management duties including police, hospital staff, other essential services' staff, etc. and availability of testing and treatment facilities including medicines and life support system.
- d) Making people adhere to established protocols of social distancing, stay at home, wearing protective equipment, social greetings and hygiene issues with external pressure and finally building local ownership/local leadership in small communities like a village panchayat or RWAs, etc.
- e) Availability of un-interrupted digital support systems—broadband connectivity, telephone, TV, etc. for professional and entertainment purposes.
- f) Adopting non-conventional measures to maintain livelihood support services to citizens with use of technology as intermediary, wherever possible, for quick and efficient delivery of services.

With large number of migrant labour being stranded bringing them to safety was the primary concern. Initiatives to provide relief to these migrant population and the poor has been a key focus area for the Haryana government and therefore relief camps and community kitchens were set up across the state to provide food security. 'Feeding The Need' in Gurugram, 'Feeding the old and the Poor' in Hisar, 'Adopt a family' campaign in Karnal, 'Unit Level Panel To Identify Needy Families' in Kurukshetra and home delivery of PDS ration in Bhiwani are some of the key initiatives in this area.

A Portal for Welfare and Management of Migrant Labour has also been developed by Department of Information and Technology, Haryana. The portal has been appreciated and selected by Ministry of Labour and Employment, Government of India for all India implementation. Further, Yamunanagar administration initiative to strengthen the immune system against corona at relief camps, counselling for migrant labour initiated by

Government of Haryana for ensuring wellbeing of this marginalised class are some other good practices we study in detail.

Technology has played a pivotal role in Haryana's response to COVID-19 as real time data and feedback helps in increasing the responsive capacities of the system. It enables organisations to streamline their operations and make more efficient use of their resources. We look at Bhiwani Bazar Application developed by Bhiwani administration, Jan Sahayak App or Help Me developed by Department of Information and Technology Faridabad Administration, Live Tracker App for quarantined families developed by Karnal Administration, IT Initiatives adopted by Sonapat Administration and Drone based deliveries for Covid patients developed by panipat administration. Such initiatives are going to define our response to pandemics of the future.

We also examined the impact of the pandemic on agriculture, more so because the lockdown came at the time of Rabi harvest. Looking at a decentralised model of procurement of harvest from farmers by Agriculture Department as also the helpline for farmers by Haryana State Agricultural Marketing Board building on the solid e-governance initiative of 'Meri Fasal, Mera Byora' which was started by Haryana Revenue department a year back, confirms opportune administrative response.

Students are another community who have been hit hard by the lockdown as their academic schedules have been disrupted. This document also looks at the initiatives taken to ensure that students continue with their learning schedules. We also evaluate Helpline for students started by the Department of Higher Education to guide and provide counselling to the students, e-Skilling programmes started by the Department of Skill Development and Industrial Training (SDIT), Haryana besides broader E-education initiatives started by the Government of Haryana. In addition to this, we also look at the Online Revenue Training for HCS officers by Haryana Institute of Public Administration as model case of online training for public services. Whether the adoption of online learning continue to persist post-pandemic or whether a new hybrid model of education will emerge will be interesting to watch.

We need to now take measures to identify and implement policies and programmes which address the issues of these six areas in a systemic fashion on the basis of learning from these innovative practices during crisis period. In the process, the economic activity of the state would also get boosted. One of the basic activities which has taken a huge amount of time and effort of district administration is food and essential commodities procurement and distribution. It also highlights that the state does not have a regular reliable system of such distribution which is operationally independent but bound by state policy and requirements in such a fashion that they become an integral part of state mechanism in case of need. A parallel can be drawn with the Mother Dairy Milk & Vegetable Booth or Nafed Store/Kendriya Bhandar system in Delhi. All are linked to cooperative institutional structure. This retail chain of stores became an efficient, reliable and non-exploitative distribution network for essential commodities in such a fashion that no external intervention was necessitated at these places. If only such a network existed in all villages and wards of Haryana, any relief distribution or consumer supplies could have been routed

through this chain by field administration with minimal effort and without any worry for malpractices on price or quality side. It may be useful for the state to review if a cadre of young entrepreneurs could be created for provisions of such services in similar fashion as individual enterprises which have a common procedure and standard in procurement, pricing, quality and distribution. Alternatively, it can be structured on cooperative society model. The state can also consider upgrading existing PDS depot holders into these types of distribution outlets. While they may be a good set up for handling crisis of any nature, they would serve well the consumers in their catchment areas efficiently in normal times.

The second big area for policy thinking and analysis relates to the state health infrastructure. It is not sure as to how the post COVID scenario will unfold. There is a lot of apprehension in global consultations that COVID infections may have recurrent peaks with communities getting affected at different times. Since no preventive vaccines are today available, the state needs to be in a state of preparedness at all its districts to be able to handle few or many cases of the disease. It requires a separate dedicated section in all hospitals to be always ready to handle such patients with trained staff, protective gear, and advanced treatment facilities. There is also a learning that public health system should be sufficiently strengthened by enhanced investments in hospital infrastructure, provisions, lab facilities and skill-set of human resources. If the state does not wish to invest in public health infrastructure, it needs to have appropriate regulatory provisions to use private infrastructure and manpower in case of need at par with its own resources.

Challenges, however, go beyond medicines as the task of the governments and its agencies multiply manifolds during the time of a crisis of this magnitude. They not only have to manage the health infrastructure and delivery, but also have to provide, shelter and mandatory minimums of life for the most vulnerable sections of the society. This becomes a challenge more so in urban areas where a pandemic can find ideal conditions of outbreak in areas inhabited by the economically under-privileged sections who lack basic economic and social security. This indicates the need to upgrade basic public health infrastructure in the state and also urban planning for the poor. It cannot simply be a token provision for EWS along with planning for high-end apartment living. It has to be ab-initio well thought out projects for urban poor where a large segment belongs to migrant labour. When the planning is done for urban poor and migrant the entire perspective will change and we will see unique and pioneering work in housing sector which in itself can become a major engine of growth in post corona Haryana.

In a post-Corona world, people would have realized the benefits of digital infrastructure. The state should offer best in class, efficient and optimally priced digital infrastructure. In order to create a digitally literate workforce the state can provide monitored online open education facility to the youth. The state is paying nearly 400 crores as stipends to its unemployed youth. This kitty can be enhanced and on payment skill up-gradation could be offered to this group so that they are fully equipped for a world looking for digitally skilled workforce

It is also an opportunity to give a strong push to e-governance in the state. E-office is the minimum which should be made fully functional in the State. In addition, technology

intermediation should be introduced where it is possible to find solutions of remote inspections and monitoring. The available data on river pollution reveals dramatic reductions as the industrial activity came to a halt in the state. This is an evidence that the industry is discharging untreated effluents in drains and rivers. The pollution control systems like water treatment plants are either not installed or not working and the departmental supervisory systems are nearly dysfunctional. A technology monitoring solution is feasible today which can completely replace the physical inspections. It would indeed be a great intervention. If state can create its image as a clean state with clear air, water and effective solid waste management, it would be a strong selling point.

This is also an opportunity to think of new development models in the state where the growth and employment is led by small entrepreneurs who establish units to fulfil unserved needs of the state. When we take an objective view of the situation, we realize that the gap in quality and service assurance is phenomenally wide in many areas. If the focussed attention is given to some of these areas they have capacity to generate large employment. Two cadres of youth should be identified for becoming employers (entrepreneurs) and those who would be able to become skilled workers. The areas having potential for growth can become focus areas, e.g. in agriculture – it could be micro-irrigation, new high value crops with related related grading and storage systems, it could be small food processing units or systems for organic agriculture which is also linked to environmental sustainability of the state.

Districts have taken a fairly proactive stand and swung into action as per government directives quickly. A morale booster for them has perhaps been effective containment of the disease. It can not be said for sure that the spread could be controlled on account of these measures alone but such actions would have surely contributed to controlling the spread of disease. District leadership under the DC has been seen as a functional and effective response to crisis by all citizens. As a long term crisis response mechanism, it should be consolidated and strengthened at least in Haryana. The issues which have emerged as challenges to effective coordination and leadership of DC need to be examined in details for any policy measures for future. At par with conduct of elections, the DC has to be in command for any disaster management situation. While protocols and SOPs might have been developed in past, these need to be refreshed and reviewed in light of COVID-19 experience.

It is clear that good crisis management is linked directly to quality of existing governance capabilities or quality of personnel, governance structure and infrastructural facilities. Better crisis management requires certain policy measures to be put in place during non-crisis period to facilitate quick response time in case of need. If we analyse the major issues faced during current crisis, these could be classified into few categories where a regular interventions now would reduce this load of crisis management in future.

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ABBREVIATIONS USED

AAY	Antyodaya Anna Yojana
ADC	Additional Deputy Commissioner
ANM	Auxiliary Nurse-Midwife
APL	Above Poverty Line
ASHA	Accredited Social Health Activist
AUA	Authentication User Agency
BCC	Behaviour Change Communication
B&R	Building And Roads
BOCW	Building and Other Construction Workers
BPL	Below Poverty Line
BSF	Border Security Force
CBNAAT	Cartridge-Based Nucleic Acid Amplification Test
CCU	Critical Care Unit
CFR	Case Fatality Rate
CHC	Community Health Centre
CLU	Change of Land Use
CMO	Chief Medical Officer
CMO	Chief Medical Officer
CRI	Citizen Resource Information
DBT	Direct Benefit Transfer
DC	Deputy Commissioner
DDPO	District Development and Panchayat Office
DFSC	Director of Food and Civil Supplies
DMA	Disaster Management Act
DOB	Date of Birth
DRT	Distress Ration Token
DTH	Direct to Home
ECs	Essential Commodities
EPF	Employees Provident Fund
ESI	Employees State Insurance

FAQ	Frequently Asked Questions
FPO	Farmer Producers Organization
FPS	Fair Price Shop
FPS	Fair Price Shop
GMCBL	Gurugram Metropolitan City Bus Limited
GMDA	Gurugram Metropolitan Development Authority
GST	Goods and Services Tax
HAFED	Haryana State Cooperative Supply & Marketing Federation
HCS	Haryana Civil Services
HMSCL	Haryana Medical Services Corporation Ltd.
HQ	Head Quarters
HSIDC	Haryana State Industrial Development Corporation
HSWC	Haryana State Warehousing Corporation
ICE	Information and Content Exchange
ICMR	Indian Council of Medical Research
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDSP	Integrated Disease Surveillance Programme
IEC	Information Exchange Content
ILI	Influenza Like Illness
IMA	Indian Medical Association
IMA	Indian Medical Association
IPC	Indian Penal Code
ITBP	Indo Tibetan Border Police
ITI	Industrial Training Institute
LIC	Life Insurance Corporation
LMT	Lakh Metric Tonne
MCG	Municipal Corporation of Gurugram
MNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MoHFW	Ministry of Health and Family Welfare
MPLAD	Members of Parliament Local Area Development
MS	Medical Superintendent
MSME	Micro Small and Medium Enterprises
MSP	Minimum Support Price

NABL	National Accreditation Board for Testing and Calibration Laboratories.
NCC	National Cadet Corps
NCDC	National Centre for Disease Control
NEFT	National Electronic Funds Transfer
NGO	Non-Government Organization
NHAI	National Highways Authority of India
NHM	National Health Mission
NIC	National Informatics Centre
NIMI	National Instructional Media Institute,
NIV	National Institute of Virology
OPD	Out Patients Department
OPH	Other Priority Households
PGIMS	Post Graduate Institute of Medical Sciences
PHC	Primary Health Centre
PMGKAY	Pradhan Mantri Gramin Kalyan Ahar Yojna
PMO	Principal Medical Officer
PoS	Point of Sale
PPE	Personal Protective Equipment
PRI	Panchayat Raj Institution
PWD	Public Works Department
QR	Quick Response
RRT	Rapid Response Team
Rt-PCR	Reverse Transcription-Polymerase Chain Reaction
RTGS	Real Time Gross Settlement
RWA	Residents Welfare Association
RWAs	Resident Welfare Association
SARI	Severe Acute Respiratory Infection
SCERT	State Council of Educational Research and Training
SDIT	Skill Development and Industrial Training
SHG	Self Help Group
SHO	Station House Officer (Police)
SIT	Satellite Interactive Terminal
SOP	Standard Operating Procedure
UIDAI	Unique Identification Authority of India

ULB	Urban Local Body
UPI	Unified Payments Interface
VC	Video Conferencing
VPN	Virtual Private Network
WFH	Work from Home
WHO	World Health Organization

EXECUTIVE SUMMARY

This document captures the strengths, gaps, inventiveness and resilience of the state government agencies in management of once in a century pandemic and related crises. It features situation and department-specific responses and their impact on overall mitigation endeavor, highlighting the pro-activism and resourcefulness of the administrators. Sections in the summary have been arranged as they appear in the document.

BACKGROUND AND EARLY PERCEPTIONS

The Ministry of Health and Family Welfare, Government of India issued a Situation Update on 25 January, 2020, after closely monitoring the outbreak of what it called, ‘respiratory illness caused by a novel (new) coronavirus’ (termed “2019-nCoV”). The Guidance Document for POEs, States and UTs for surveillance of novel coronavirus affirmed that limited information is available to characterize the spectrum of clinical illness, however modes of transmission, incubation period and period of communicability is yet unknown. Government of India declared the pandemic a notified disaster on March 14. In many states and Union Territories provisions of Epidemic Diseases Act 1897 were invoked.

Response by the Union Government

Among the early steps a meeting of the Health Crisis Management Group was organized on January 8 and a Group of Ministers (GOM) was formed to regularly plan, monitor and review the situation and ensure coordination among ministries. States and Union Territories were provided with guidelines for surveillance and contact tracing, sample collection, clinical management protocol, prevention and control in healthcare facilities and discharge guideline. All hospitals were urged to mobilize additional resources including masks, gloves and personal protection equipment. All doctors, nurses and support staff in different specialties, including pre and para clinical departments, should be mobilized and trained in infection prevention and control practices. This was followed, on March 24, by a twenty-one day nation-wide lockdown. An announcement of relief measures came soon to provide free food grain to poor households and fund transfer through DBT schemes.

Pandemic: An Overwhelming Challenge for Public Administration

This disaster is a test for administrative as well as organizational capacities for adopting heuristics and rational response strategies, not certain to be optimal or perfect, yet sufficient for the immediate goals. The major challenges include geographical pervasiveness, fallouts of lockdown, strains on economy and productivity, risk of community spread, and preparedness of healthcare sector, etc.

Preventive Measures by Government of Haryana

Haryana is the first state to pass an order under Epidemic Act on March 11, declaring the COVID-19 an epidemic. Soon, all orders were to be passed under Disaster Management Act, which changed the perception about policy formation and follow-up. The crisis

management group (CMG) under the Chief Secretary issued unambiguous instructions. Haryana proclaimed partial lockdown on March 22 in seven districts.

Preparations on Ground

Major departments and agencies of the government swung into action to usher effective administrative measures and controls needing a high degree of coordination and synergy among the various functional verticals, supported by a quick political and executive authorization. Suspension of activities that involved crowding of premises like offices, schools and colleges involved the law enforcing agencies, labour and education department, etc. Preparations for addressing essential needs of people, confined in their homes. Essential services and activities to carry out this obligation are to be maintained with all safety precautions. Situations like huge interstate movement of migrant labour compounded the issue and it proved to be an unforeseen drain on resources and preparations.

RESPONSE STRATEGY OF GOVERNMENT OF HARYANA FOR COVID-19

Novel Coronavirus (COVID-19) Guidelines issued by the Government of Haryana in March 2020 spelled response strategies for rapidly establishing departmental coordination to deliver strategic, technical, and operational support through existing mechanisms and partnerships. Due emphasis is laid on preparedness and response operations, including strengthening readiness to rapidly identify, diagnose and treat cases; identification and follow-up of contacts when feasible; infection prevention and control in healthcare settings; implementation of health measures for travelers; and awareness raising in the population through risk communication and community engagement.

LEGAL FRAMEWORK FOR DISASTER MANAGEMENT

On March 14, the COVID Pandemic outbreak was declared a "notified disaster" invoking the relevant provisions of Disaster Management Act. The state-level Framework included a 'State Disaster Management Authority' under the chairmanship of the Chief Minister of the State, assisted by a State Executive Committee headed by the Chief Secretary of the State to prepare the State Disaster Management Plan spelling out measures to be adopted for prevention and mitigation of disasters and the roles and responsibilities of different departments of the government. At the cutting edge level, the District Disaster Management Authority, with the Deputy Commissioner as Chairperson draws the District Plan to formulate response plans and procedures, allocation of responsibilities to the various departments and local authorities besides making provision for essential resources, establishment of communication links and the dissemination of information to the public.

ADMINISTRATIVE RESPONSE

Micro Level Structure/ Administrative Unit at District

As per the instructions from the Chief Secretary Haryana, four levels of committees were formed at field level. The District administration, in turn, assigned key responsibilities to several teams for critical functions. The Core Team at the district headed by the Deputy Commissioner-cum-Chairperson, is the ultimate decision-making authority at the district

level and meet as frequently as required to review reports from all other teams, discuss and modify plans of action, proceed against any non-compliant department, entity, or person. The Incident Commander for each sector are responsible for the overall implementation of control and mitigation measures in their respective jurisdictions. All other line department officials in the specified area will work under the directions of such Incident Commander.

Coordination for Crisis management

In addition to their regular duties, 22 senior officers were deputed to each of the districts of the state for planning, coordination and monitoring implementation of all the activities for the prevention and control of pandemic. Ministers and MPs from Haryana were designated as District In-charge for monitoring of containment measures.

Role of Deputy Commissioner

Under the overall framework of District Authority, as specified in the Disaster Management Act, the Government of Haryana assigned a comprehensive charter of roles to the Deputy Commissioners. The response mechanism required multi-sectoral involvement in joint prevention and control measures. Deputy Commissioner will be overall in charge and responsible officer for response preparedness in the District.

IMPLEMENTATION STRATEGIES

A Department-wise charter of roles and responsibilities was defined for all the 18 key departments of the government. At the state level, implementation of COVID-19 management strategy needed to be integrated with existing disaster management structures and the standard operating procedures (SOPs). Many a policy guideline were left to be implemented according to the situation on ground. The core implementation strategy depended upon the synergy and support of the other key departments and agencies of the state government.

Department of Health was designated as the nodal department and will prepare the protocols for COVID-19 diagnosis and treatment, surveillance, epidemiological investigation, management of close contacts, and laboratory testing and relevant surveillance activities and epidemiological investigations etc.

ROLLING OUT MITIGATION AND MANAGEMENT

The Chief Minister Leads from the Front

March 20, 2020, the Chief Minister requested the government employees to be vigilant 24x7 in the time of need and directed the concerned authorities to ensure availability of sufficient stock of essential commodities and assured the people that there would be no shortage of essential commodities. He urged the people not to fear and panic rather strongly adhere to the guidelines issued from time to time. He appealed the people to stay at home for their own safety as well as for the safety of their family, community, State, and Nation and making the lockdown a complete success by maintaining social distance.

Awareness and Information

On March 21 itself, a helpline at the state level was started. The Government of Haryana

launched a dedicated portal for COVID-19 <http://haraadesh.nic.in/> for end to end management and access of all COVID-19 related advisories, instructions, notifications, government orders, awareness material, etc. issued by Government of India and Government of Haryana.

Information Technology (IT) initiatives undertaken by the state government, played a pivotal role in enabling assistance and procurement services during the COVID-19 pandemic. By April 13, three web portals were operational to help people in the crisis of corona pandemic which could be used by voluntary organizations and district administration across the state. Among these, the first portal was trackpds.edisha.gov.in. It enabled the district administration to check whether delivery through the Public Distribution System (PDS) reached the person concerned.

The second portal poorpreg.haryana.gov.in, is beneficial in checking if a person is eligible for financial assistance and whether the financial assistance has been given or not. And the third portal covidunit.edisha.gov.in, was meant for the local committee for recording information about a family, including the details of those requiring ration assistance.

HEALTH CARE AND MEDICAL

At the time of initial reporting of Corona cases in India, the public health care delivery system of Haryana state had a total capacity of 6808 beds. A number of private and super specialty hospitals and government as well as private medical colleges supplemented the state health care infrastructure. It was sufficient for the normal requirements of the state, including critical care segment.

Early Preparations

Director Health Services, Haryana on March 3, 2020 itself sent a circular to all the Civil Surgeons in the state for preparing cluster containment strategy in district to contain the disease within defined geographic area by early detection, breaking the chain of transmission and preventing spread to new areas. It advised all to make and activate Crisis Management Plan under the chairmanship of the respective District Deputy Commissioner and review the public health preparedness with regard to isolation facilities, case management and logistics. Authorization was given to district administration to take containment measures for cases of COVID-19 from a particular geographic area like, village, town, ward, colony, settlement, etc.

Focus Areas

Major areas under focus included: i) Hospital Preparedness and Infrastructure, ii) Medical Supplies and Safety Equipment, iii) Detection, Tracing and Quarantine, and iv) Surveillance

Containment Micro-plan

The micro-plan is mainly focused on the areas that need constant attention including active house-to-house survey for timely detection, augmentation of the survey teams, efficient ambulance management, efficient triaging of patients at the hospitals and bed management

and clinical management of the hospitalised cases. The plan works on the strength of extension services including ASHA/ ANM/ Anganwadi workers.

Testing and Sampling

Testing of Corona cases was started with capacity constraints. Working with a limited availability of testing kits was a challenge further compounded by late availability of test results from NIV Pune with a time lag of up to forty-eight hours. Which proved critical in many an instance.

Timeline of Progress in Sampling and Testing

Faster and local testing could be started when ICMR allowed two new laboratories in medical colleges in Rothak and Khanpur Kalan. Later similar labs were approved in Nuh, Karnal and Agroha. By the March 26, Haryana had one of the highest testing capacities among north Indian states. Random sampling was started on April 9, to have an accurate insight. The frequency of sample tests was increased to 125 samples per district in non-affected districts and 450 samples per district in affected districts like Gurugram, Palwal, Faridabad, and Nuh. Rapid diagnostic kits became available for hot spots which had 15 or more positive cases.

By April 22, the doubling rate of cases was 14 days compared to national figure of seven days. In the next four months Haryana emerged as the leading state in the country in terms of Covid-19 testing. Compared to the national per million average of tests at around 5,500, Haryana has tested 9,646 persons for every one million people. From 1,325 tests in first week of April it has been scaled up to 2,72,120 July. By the last week of July, the testing facilities improved from two laboratories in March to twelve government-run and six private laboratories.

Treatment and Medical Facilities

The state government has lived up to its commitment to provide healthcare to each one of its citizens, in spite of shortage of doctors and technical staff and regular infrastructure constraints. Across the twenty-two district of the state, a little over 600 facilities of various categories are functional. In all categories 40,000 beds are available against a possible projection of 14,000 bed requirement. Government facilities have emerged as the mainstay of the medical strategy in this disaster.

Capacity Reinforcement

In an important decision, 447 doctors were added to the medical workforce of the state. The government also decided to re-employ the retired government doctors below the age of 69 years on contractual basis against vacant posts and granted permission to the Directors of Government Medical Colleges to fill up vacant posts of faculty on contractual basis on similar lines.

Regulatory Measures

State Government on June 19, decided to bring down the rates for testing from Rs. 4500 in private labs and capped the rates for RT-PCR test at Rs. 2,400. Private Laboratories are

asked to share data pertaining to the results of these tests for COVID- 19 with the state government and ICMR on a real time basis through ICMR portal and <https://covidsample.haryana.gov.in>

Package Rates of COVID-19 treatment in Private Medical Colleges and Hospitals of Haryana were fixed. Financially viable rates were fixed for private hospitals for life-saving tertiary care services, isolation facilities and basic quarantine. No private hospital can charge for treatment of COVID-19, more than the rates/packages fixed under Ayushman Bharat Scheme, Haryana.

It is incumbent upon the hospital/medical college to provide seamless and hassle free services to the patients suffering from COVID-19, and extend all normal courtesies and facilitate admission/ treatment/ counselling of relatives/ discharge, etc. without delay.

Incentive to Medical and Frontline Staff

As a token of state's gratitude towards the medical staff who are risking their lives, and for ensuring welfare of their families, the government enhanced the ex-gratia amount for the employees, whether working in the isolated wards made for Corona patients or deputed in the COVID testing laboratories and the employees involved in other such works. Announcement was made to double monthly salary for doctors, nurses, paramedical staff, testing staff, class IV employees, and all those who come in direct contact with COVID-19 patients.

Vital Statistics

In the last week of July, Haryana's positivity rate is 5.8 per cent in per million per day testing against the national average of 8.43 per cent; fatality rate 1.23 per cent against the national average of 2.34 per cent and recovery rate over 80 per cent. The state recorded the recovery percentage of 81.97 per cent, as on August 4, against a national average of 65.4 per cent. Owing to increased surveillance, patients are being brought well in time and it has resulted in reduction of case fatality rate from 1.61 per cent to 1.23 per cent.

FOOD AND CIVIL SUPPLIES

As the first step district officials were instructed to control any kind of hoarding and price-spiral. On March 21, all Deputy Commissioners ensured that there is no shortage of any essential commodities and no undue profiteering in wholesale and retail rates of essential commodities. Nodal officers kept a close watch on the prices, stock and availability.

Sustaining Essential Supplies

During the lockdown, shops related to food items like grocery, fruit and vegetable shops, milk produce shops, animal feed, fertilizers, seeds and pesticides etc. were allowed to remain open and the district administration allowed such shopkeepers to also ensure home delivery. A new website covidssharyana.in was launched for the registration of any shop, store owner to offer home delivery. Food and Supplies Department formed a supply chain and the DCs kept the supply chains operational with a primary unit size of 200 to 250 families.

Supply Chain

The biggest challenge to maintain availability of essential commodities at the consumption level was to revive and maintain the supply chain particularly inter-state wholesale goods movement. Any break in wholesale supply chain could create panic at the retail level. At various levels, the officials were burdened with this problem for ensuring a seamless supply of essential goods and services during the lockdown and handled the heavy demand for passes to ensure movement of personnel and vehicles on case to case basis.

COPASS Initiative: A Best Practice in Crisis

The Ministry of Food and Consumer Affairs, in collaboration with the e-governance Foundation started a trust-based application for issuance of passes. Haryana being the hub of supply chain operations in NCR, was the first state to join this initiative. Within 36 hours of its launch close to hundred firms joined this facility. Within two days 5,000 passes were downloaded ensuring inter-state movement of 4000 trucks. Movement of goods vehicles was monitored by GIS systems.

Public Distribution System

Government announced free ration supply to non-ration card holders also. Bio-metric verification system in all the fair price shops was initially suspended. Public was assured of adequate stock of commodities like moong dal, chana dal, rice and wheat floor. Ration availability was ensured at FPS on first day of distribution month. All the BPL/ AAY families are provided free ration through FPS.

Distribution through PDS was done under PMGKAY and Atmanirbhar Bharat Schemes. Further, the Government of India issued a relief package for stranded migrants, who are not covered under NFSA or State scheme PDS @ 5 kg wheat per person and 1 kg Dal per family under Atmanirbhar Bharat scheme.

Distress Ration Token

Distress ration token were distributed among the migrant labourers and other who have been stuck in the state. Five kg. wheat per person and one kg. dal per family is to be given free per month. Other beneficiaries of the scheme are those BPL families whose application for Ration card (Yellow) is pending after district level committee.

Free Ration Distribution for Poor

Free ration for three months of April, May, and June was distributed to the needy families. The total assistance provided by the state government under this category is to the tune of Rs. 154 crores. Similarly, other essential commodities like wheat or fortified flour, two litres of mustard oil, one kilogram of sugar and one kilogram of salt were also provided by the state government. In the first 20 days of lockdown 90 lakh food packets and 4.80 lakh dry ration packets had been distributed to the needy by the Administration in respective district of the state in collaboration with various social organizations.

Monitoring

Aadhar Enabled Public Distribution System (AePDS) sale transactions were monitored for all the commodities with details on total ration cards, total beneficiaries, total FPS, number of PoS transactions in the month, ration cards to which commodities have been distributed, including details of cash and cashless transactions on daily basis with percentage of ration cards to which commodities have been distributed. Status of supply chain activities of various commodities captured details godown-wise lifting, receipt at godown, delivery order, stock received at FPS.

AGRICULTURE AND RABI PROCUREMENT

The farm sector activities faced unprecedented problems due to lockdown. Serious concerns surfaced about rural livelihoods, supply chain and general food security. A bumper crop was awaiting timely harvest and procurement.

Rabi Procurement: Policy Rejig

Adequate measures were announced to prevent crowding in the grain markets, and for making staggering arrangement for the arrival of wheat. Number of procurement centres/mandis was increased from 389 mandis to 1895 mandis/purchase centers by adding 1506 temporary purchase. For Mustard, 71 mandis were enhanced to 182 mandis/purchase centers and for procurement of chana (Gram) mandis were enhanced from 11 to 29. Increase in number of purchase centres ensured decentralised procurement and better value for the farmer's produce.

The DCs coordinated and supervised all the procurement related activities in the district and facilitated setting up new purchase centres and depute adequate number of officials. Norms of social distancing and mask wearing were strictly observed at the procurement centres.

IT-based Facilitation

Both the e-governance portals, *Meri Fasal Mera Byora* and e-Kharid are important tools for planning and management of every procurement season to bring transparency in food grain procurement process and to enable ease of doing business to the traders. Registration of more than nine lakh farmers and about 25,000 thousand commission agents/traders throughout Haryana on "e-kharid" portal was a highly enabling factor to support the new initiative. This ensured that there was no overcrowding and delays at the procurement centres.

Haryana recorded maximum procurement of wheat in northern India to the tune of 71.94 LMT on Minimum Support Price up to May 27, 2020.

Kharif Season

The lockdown may impact the sowing of Kharif crops and cropping practices and cause shortage in fertilizer availability due to global supply chains disruption and migration of farm labour may hamper paddy sowing. The state government has suggested crop diversification to address this eventuality and also for the bigger objective of water

conservation by launching *Mera Pani Meri Virasat Yojana*. Under this scheme, small farmers having one to two acres of land would also get some concessions and diversified crops would be procured on the Minimum Support Price (MSP) by the State Government and a grant of Rs. 7000 per acre would also be given for sowing maize.

LABOUR AND EMPLOYMENT

Lockdown Advisory

The Department of Labour, Government of Haryana issued its first advisory on March 17, for companies to allow maximum work from home and observance of social distancing in workplaces. Another detailed order on March 23 advised owners of private establishments in the state of Haryana against terminating the services of their employees or reduce their wages in lockdown period. Further, the employees/workers of such units may be treated as 'On duty and be paid in full', if the place of employment has been made non-operational by any Order /Advisory of the Government

Employees' Welfare Enforcement

Trade and manufacturing associations were asked to ensure welfare of its employees and provide proper food and shelter to those who were stranded in their premises due to sudden declaration of lockdown. Factory sites and particularly brick kilns were monitored for this purpose. Zero tolerance policy is being observed on any labour related complaints. Other relief measures, which included, *inter alia*, waving off ESI and deferring payment of EPF. Further, relaxations have been given to make payment of wages in instalments.

Relief to Unorganized Sector

Important measures were taken to help workers and labourers from unorganized sector comprising almost 90 percent of the total workforce. The government offered cash assistance of Rs. 1000 per month to out of job workers in construction sector. Cash assistance is also provided under the Mukhyamantri Parivar Smridhi Yojna, and those who were not covered under any scheme could get themselves registered for financial assistance. During the lockdown period over eight lakh people living in slums were given cooked food and provision.

MIGRANT LABOUR CRISIS

State governments and disaster management strategists were caught unawares by the massive migration of a large working population from their place of work to native state or villages after announcement of lockdown. The Government of Haryana responded promptly first by trying to contain and comfort them in the relief camps and later by assisting in their homewards journey as caringly as possible in the given circumstances.

Providing Shelter to Homeless

As an immediate response, the government instructed the district administration to extend protection and safety to hordes of poor people facing deprivation and hunger. Measures were put in place to arrange community shelter homes for their stay with necessary

amenities, ensuring hygiene nutritious meals and other relief material. By March 31, as many as 467 relief camps were set up in the state with a capacity of 70,000 people to provide facilities of food and shelter to migrant labourers and homeless. At the peak of this crisis, more than 50,000 people had taken shelter in these camps and they were being provided adequate food and other necessary facilities. Poor or migrant labourer without ration cards were given dry provision.

Web Portal -- Search for Stranded People

A web portal *Search for Stranded People*, a relief management system for welfare and management of migrant labourers was prepared to get relevant data to monitor and supervise the management against COVID-19 from local to state level. The portal is used for capturing, displaying and analyzing the migrant labourers data living in shelters across various districts of the state, like Name, Aadhaar number, Mobile number, City/ Village/ District and State of origin. It is a locator-cum-ready reckoner for their kin and relatives, anywhere in the world seeking their whereabouts.

Migrants' Information Database

The National Disaster Management Authority (NDMA) developed an online Dashboard namely, National Migrant Information System to maintain a central repository and help the sending as well as receiving State/ district to ask for and give their acceptance in an online format seamlessly. This system aimed at speedy communication between states without creating additional work at the level of the field officers. The unique ID generated for each migrant could be used for all transactions. Keeping in mind that many of the workers may undertake reverse journeys in the near future the database can be of help in planning such return journeys in a systematic manner

Massive Logistics Exercise

There were a large number of labourers working in unorganized sector, without family and living in groups in hired accommodation, they were not in any data maintained by the department of Labour or Social Welfare. A massive exercise to seek confirmation from the registrants was undertaken through 1200 NCC cadets in the state, each of them calling about 100 people every day. Only about forty percent of the people from over a million who registered came forward for journey. The relief camps across the states offered a capacity for over 50,000 people.

Up to May 26, more than 2,90,000 stranded migrant labourers and agricultural labourers were sent back from Haryana through 49 Special Shramik Trains and 3276 buses to their home states, mainly U.P., Bihar, Jharkhand, Chhatisgarh, West Bengal, M.P., H.P. and J&K, etc. The entire expenditure of trains and buses to send migrant is being borne by the Haryana Government. The Government of Haryana has set a unique example by sending them home safely.

Reverse Migration

Even during the huge homewards migration across the country, as many as 1.09 lakh people from Bihar and Uttar Pradesh have applied on the Haryana government web portal

to come to the state. Data showed that 79.29% have applied to come to Gurgaon, Faridabad, Panipat, Sonapat, Jhajjar, Yamunanagar and Rewari, the districts with maximum industrial activities and business establishments in the state.

REVIVING ECONOMY AND INDUSTRY

Amidst the challenge to contain the spread of virus, the Government of India and state government started efforts to mitigate impact of the lockdown on economic activity, by relaxing norms for resumption of industrial activity. The Ministry of Home Affairs (MHA) announced detailed guidelines for restarting of business operations in certain segments with advisories to adopt comprehensive safety protocol by middle of April. The measures were a beginning to stabilize industrial and business operations and to save the economic from further contraction. On May 4, revised guidelines were issued for reviving industrial activities, the units were allowed on the automatic route after submitting an online self-declaration for complying with the Standard Operating Procedures (SOPs) in force.

Construction Sites

Owners of the construction sites were instructed to provide accommodation, food, water, sanitation, health care and all possible help to the whole *in situ* labour in their projects. After many of these workers opted to go home, by June 15, as many as 15,671 construction workers were still working in these sites.

Resumption and Rehabilitation

The industries lying closed because of the nationwide lockdown were gradually allowed to revive through permission and passes started from Saral Haryana portal saralharyana.gov.in. More than fifty per cent of the 1,16,700 Micro, Small, and Medium, industries applied on this portal for permission to operate by May end, both in urban areas as well as rural areas. Over 24 lakh laborers work in about 35,000 factories in Haryana, out of which 14 lakh industrial workers had returned to work by that time.

Industrial Revival: Relief and Strategies

The revenue generation and electricity consumption in the state indicated signs of revival and near normal working of the industrial sector.

As an initiative Haryana Udhyam Memorandum (HUM) portal has been launched to bring all types of enterprises registered in the state on a single platform and assign a unique identification number to all enterprises - shops, MSMEs, large and mega industries. The benefit of any commercial or industrial policy in the future would be given on the basis of the HUM ID. By middle of June a total of 215 industries have registered themselves on this portal.

STATE CONTROL ROOM HELPLINE

Working of a round the clock help-line is the key hand-holding exercise that offers a reliable and authentic communication channel with the government to provide information, guidance, and support as well as listen to their essential needs and necessities.

Haryana state control room was setup on March 24, for surveillance and control measures and to assist needy persons.

Human and Technical Resources

A modest beginning was made with about 55 lines which were shared between secretariat staff and the agency. Operators were trained and guided through FAQs by the officials from the key departments who were available in the control room for responding to specific queries and for logging as well as activating remedial measures.

High Call Volume and Redressal

On an average 4000 calls were received every day from the citizens seeking clarity, assurance or redressal to their problems. The calls were mainly related to health and corona, requirement for food grains/cooked food, quality of food, FPS irregularity, price escalation, availability of essential services/goods, non-receipt of financial assistance or wages, needing medicine, violation of lockdown, etc.

Monitoring and Control through Data

A GIS enabled map on each district's facilities and shelter homes was available in the control room with a very strict compliance protocol in all aspects. Till July 19, total number of calls received at the call center stood at 554640. Total health related calls are 176894, non-health related queries 3,39,468, and 38162 calls for Tele consultation. The callers included senior citizens, people with psychiatric conditions, students stranded in the state, financially vulnerable citizens subsisting on meager income, people without any family support and out of job migrant labour staying in temporary camps.

Telemedicine

Through the tele-consultation service, people were able to speak to doctors for proper medical advice or prescription. For anxiety related and psychiatric help, those callers who could not be comforted by help-line counselors, several professional psychologists and psychiatrists offered their voluntary services through this help-line.

ICT INITIATIVES BY NIC HARYANA

The Government of Haryana used its vast IT resource to provide multiple and comprehensive services for crisis management. The web-technology was extensively used to provide assistance in maintaining disease outbreak monitoring call centers. Timely information about latest guidelines, policies, welfare programmes, etc. could be provided on government web portal for public use. This situation has necessitated work from home, timely assistance to the citizen and migrant labourers under distress, facilitating and carrying out all government activities with minimum possible manpower, facilitating contribution to the state COVID-19 fund etc.

Portals and Mobile Apps

Haraadesh Portal uploaded and provided access to all COVID-19 related advisories, instructions, notifications, Government orders and awareness material etc. issued by various departments of Haryana Government as well as various Ministries of Government

of India. Important services were available through mobile Apps like TRACKPDS, A Unified Platform to capture the Food grains requests during Lockdown, Connect Plus Haryana, e-Market Kurukshetra APP.

Several state-wide critical services provided through portal and Dashboards include: Covid19 Drug Procurement and distribution, Information Collection Module for State COVID control room, Mobile Health Team Information System, Facilitation of Industrial/ Commercial Establishment Operations during Lockdown/Curfew by Industries department, Financial support to unorganized workers, Covid-19 District Level Management Dashboard, Relief camp management system, and Thematic Maps Service.

Arogya Setu Dashboard Access and Support

Arogya Setu App access with the WebVPN accounts was created by NIC Haryana for Arogya Setu App usage and analytics through Dashboards supports. The Dashboard data helped the district administration and health authorities in area-wise assessment and response.

EDUCATION

The April 15, 2020 notification by the Ministry of Home Affairs laid down guidelines for various departments to be followed during the lockdown period and directed institutions to adhere to the academic calendar through online education and encouraged the use of Doordarshan and educational channels for teaching purposes.

Online School and Technical Education

It is a major challenge for government's organizing and adapting capacities. The challenge is at two fronts--academic and structural. Mainly, because the education system was not yet fully prepared with systems and procedures for e-delivery of courseware, and this shift in delivery mode employing internet and multimedia technologies was to be effected within an unrealistic timeline.

To begin with, a portal www.haryanaedusat.com has been created to support e-Learning. The complete audio/ video content which is generally used for telecast on Haryana EDUSAT Network has been made available on the portal to help the students continue their academic learning. The portal offers links to several other initiatives of the education department like DIKSHA and ChalkLit. In addition to the above, a testing platform (objective type question bank) is being added to the above portal which will enable students to keep track of their daily learning/ progress.

The Saksham Advantage

Over the past 2 years, Saksham Haryana has established extensive WhatsApp group networks to deliver key academic content on ground with more than 50 WhatsApp groups for District and Block officers and mentors. This network of WhatsApp groups was repurposed to support learning from home *Saksham Ghoshna* question banks made available on WhatsApp.

According to Saksham cell, which is monitoring this campaign, 8.5 lakh students from 1 to 12 standard are being engaged daily. Some mobile based applications for smart teaching have also been developed. The 'Sampark Baithak' for classes I to V has been well received and appreciated by all the stakeholders. The 'ChalkLit' and 'Diksha' apps are also being widely used for the convenience of providing e-Learning platforms.

e-Skilling: ITI Online Technical Training

There are 172 government ITIs in the state which provide skill training across 75 trades. Enrolment figure for these ITIs is more than 65,000 all over Haryana. State's Skill Development and Industrial Training Department launched the ambitious e-Skilling project for technology enabled skill-training of the ITI students to engage them with pertinent learning material. This ensured that the process of learning for students largely remained uninterrupted and the trainees could be kept engaged during lockdown. About 2400 plus trade instructors could reach these trainees. As many as 75 trades are being taught at these institutions, each ITI was assigned to prepare relevant content for one trade. A comprehensive topic-wise plan was prepared by instructors from all the ITIs and the whole content is hosted on the department portal.

CIVIL SOCIETY

As per the reports received from the various districts more than 39,000 volunteers were empanelled by the district administration to assist in the implementation of state guidelines and helping out the affected persons. These volunteers helped in: preparation of food and its distribution to the needy; helping administration in maintaining social distancing, sanitization, hygiene and ensuring other guide lines; informing administration about the arrival of the outsiders with travel history; augmenting financial resources through public donations; I.E.C. activities in the district; and, maintaining supplies of essentials through door step delivery, relief material distribution and managing shelter homes arranging accommodation and infrastructure for quarantine and isolation of the suspected ones. Since the lockdown around 2.7 crores cooked food packets have been distributed across all districts of Haryana.

Crowd funding/sourcing

More than 80,000 volunteers registered to serve under the programme 'COVID -- Sangharsh Senani'. Similarly, over 76,000 grocery and chemist shop owners registered online to deliver goods to the residences of people and to keep shops open.

The Government set up the Haryana COVID-19 Relief Fund to which any person can make a contribution. With the valuable contributions made by every section of society, including farmers and students, till July-end over Rs. 290 crore has been donated to the Haryana Corona Relief Fund.

Red Cross Society

Haryana Branch of the Indian Red Cross Society has designed its Special Relief Programme to help the needy persons in the times of Covid-10 pandemic. The society had arranged 7809 volunteers, 1072 NGOs and 33 ambulances for supplementing government's efforts during the

Pandemic. Its volunteers had distributed food packets, dry rations bags, face masks, N-95 Masks, hand gloves, hand sanitizers, strips of respiratory medicines, and vitamin tablets. The Society provided shelter for migrant workers and organized Voluntary Blood Donation Camps and awareness campaigns.

RELIEF FOR POOR AND DEPRIVED

Arrangements were initiated in the first week itself to provide financial assistance to laborers and BPL families including daily wagers, laborers and construction workers. Under Mukhyamantri Parivar Samridhi Yojana, 2.76 lakh families were given a lump sum assistance of Rs 4,0000 in two installments. An assistance of Rs. 1,000 per week to workers registered with the Construction Workers Board and the BPL families with separate arrangements for families not in the BPL list. Further, the Bhavantar Bharpai Yojana is being implemented by the state government and benefit of the scheme is being given to the farmers who are registering for the scheme.

MANAGEMENT AND RESPONSE STRATEGIES AT DISTRICT LEVEL

This section briefly records management strategies and innovative responses adopted in the districts of Haryana.

Starting from the administrative secretaries in state capital to municipal commissioners, district officials heading various departments, and the district magistrate as head of the local disaster management authority, each one of these officials has gone beyond the call of duty, putting their own lives at risk to serve people.

Once the state government was prompt to formulate policies and orders, release funds and guidelines, the district level functionaries and civil servants are engrossed to take this fight further by commanding the efforts on ground. In almost all the districts the DMs/DCs have taken charge of the situation from an early stage and could mobilize personnel from other departments, volunteers, and private medical practitioners and create temporary medical facilities. At the ground level such proactive work plan also enhanced and strengthened manifold capacity of the health system and gave the civil society and religious and charitable organizations a new purpose and identity. Starting from setting up of a control room to operationalizing the task force and response teams up to booth level, it was a test of district administration's perspicacity amidst a plethora of other issues at play.

Various districts individually adopted innovative measures to address piquant issues during this crisis. 'Feeding The Need' in Gurugram, 'Feeding the old and the Poor' in Hisar, 'Adopt a family' campaign in Karnal, 'Unit Level Panel to Identify Needy Families' in Kurukshetra and home delivery of PDS ration in Bhiwani are some of the key initiatives in this area.

Yamunanagar administration initiative to strengthen the immune system relief camps, Bhiwani Bazar Application developed by Bhiwani administration, Jan Sahayak App or Help Me developed by Faridabad Administration, Live Tracker App for quarantined families developed by Karnal Administration, and similar Initiatives adopted by Sonapat

Administration and Drone based deliveries for Covid patients developed by Panipat administration define innovative response in crisis management.

Ingenuity in social responses underlined Hisar administration's efforts to take care of families of frontline Corona warriors, *Theekri Pehra* as community vigil, and 'Adopt a Family' Campaign started in Karnal are noticeable community initiatives.

PART I

APPROACH AND STRATEGIES

1.

BACKGROUND AND EARLY PERCEPTIONS

Every disaster shows us how wrong we were to ignore our vulnerability. Very few among the living generations had ever heard about a pandemic or a lockdown. It all started on January 30, 2020 when India reported its first case of COVID-19 in Kerala, which went up to three cases by February 3, 2020. Then the big flare came in first week of March with twenty-two new cases coming to light, including an Italian tourist group. A number of cases were reported all over the country, mostly related to people who had returned from affected countries in Europe and Middle-east.

As early as January 2020, the world was still learning about the virus which was being called 2019-nCoV. Strategies were still to be chalked out about containing it. On January 25, the World Health Organization issued Interim Guidance on the basis of existing experience of the situation in China and other countries where cases were identified. The generic guidance emphasized that risk assessment is critical. It called for promotion of a safety climate as a cornerstone of prevention of transmission of pathogens in health care. It was significant to note that the standard precautions should be the minimum level of precautions used when providing care for all patients.

When the virus kept on spreading throughout the world, on February 11, 2020 the WHO named the novel coronavirus disease COVID-19. It took WHO exactly a month to declare Corona virus a pandemic on March 11, when concerns were expressed about the alarming levels of spread and severity. With it came the warning that Pandemic is not a word to be used lightly or carelessly. If misused, it can cause unreasonable fear or unjustified acceptance that the fight is over, leading to unnecessary suffering and death.

Alarmed by the sporadic yet steady spread of cases and taking the warning earnestly, the Government of India declared the pandemic a notified disaster on March 11.¹ In many states and Union Territories provisions of Epidemic Diseases Act 1897 were invoked. Closure of educational institutions and some commercial establishments followed. To check the spread by people coming from other countries, all tourist visas were suspended by the Government of India.

1.1 Response by the Union Government

To ensure that India stayed ahead of the curve as the Corona crisis evolved, the Government of India started taking several proactive measures since January in view of the alarming information from all over the world. Among the early steps a meeting of the Health Crisis Management Group was organized on January 8 and a Group of Ministers

(GOM) was formed to regularly plan, monitor and review the situation and ensure coordination among ministries.

The Central Government initially responded with travel restrictions to and fro China. Travel advisory was issued to travelers visiting China on January 11, 2020 which was revised two weeks later. On February 26, a revised advisory to Indian citizens further advised them to refrain from non-essential travel to Singapore, Republic of Korea, Islamic Republic of Iran and Italy. The March 2, advisory added Japan to the list and all existing visas (including e-Visa already issued) were no longer valid for any foreign national travelling from these countries. On March 11, all existing visas, except diplomatic, official, UN/International Organizations, employment, project visas, were suspendedⁱⁱ till 15th April 2020. States and Union Territories were provided with guidelinesⁱⁱⁱ for surveillance and contact tracing, laboratory sample collection, packaging and transport, clinical management protocol, prevention and control in healthcare facilities and discharge guideline for passengers under quarantine.

The Ministry of Health and Family Welfare, Government of India issued a Situation Update^{iv} on 25 January, 2020, after closely monitoring the outbreak of what it called, 'respiratory illness caused by a novel (new) coronavirus' (termed "2019-nCoV"). The Guidance Document for POEs, States and UTs for surveillance of novel coronavirus affirmed that limited information is available to characterize the spectrum of clinical illness, however modes of transmission, incubation period and period of communicability is yet unknown. No vaccine or specific treatment for 2019-nCoV infection is available; supportive care is recommended. Further, this is a rapidly evolving situation and information will be updated as it becomes available. These guidelines have been developed based on what currently is known about the disease and guidance from WHO.

The Interim Guidelines for community based Tracing and Management of Contacts for 2019- nCoV Case defined what is a contact in this context and gave details about the process of contact tracing. It included Community based Contact Tracing Implementation Guidelines, Advisory for Symptomatic contacts, Advisory for Asymptomatic Contacts, and Health and safety precautions for the contact tracing official.

On March 3, 2020 an Advisory issued for Hospitals and Medical Education Institutions said that the medical infrastructure in the country needs to be prepared for any possible influx of patients on account of COVID 19. Interventions were proposed up to March 31, 2020 about Indoor Facilities, including postponement of non-essential elective surgeries, setting apart some beds for creating isolation facilities in every public and private hospital^v. All hospitals were urged to mobilize additional resources including masks, gloves and personal protection equipment. All doctors, nurses and support staff in different specialties, including pre and para clinical departments, should be mobilized and trained in infection prevention and control practices.

Hospitals were asked to procure sufficient numbers of ventilators and high flow oxygen masks in preparation for future requirements. Hospitals should put up posters, etc. to increase awareness amongst patients on Do's and Don'ts regarding COVID 19. Even at that early stage it advised that patients must be counselled against attaching any kind of

stigma to Corona virus patients or to facilities where such patients are admitted. All hospitals were asked to carry out a preparedness drill on Sunday, March 22, 2020.

In view of the public health situation of this scale, on March 8, 2020 the Union Government called for a concerted approach from whole of the Government in order to prevent further importation of cases and to build up a comprehensive and robust response system^{vi}. All Central Ministries/ departments were required to step up their efforts and fully mobilize their resources to support the efforts of Ministry of Health & Family Welfare in preparedness, control and containment measures.

On March 24, came an unprecedented yet expected step when Prime Minister Shri Narendra Modi announced a twenty-one day total lockdown up to April 15.^{vii} For the first time in the history of Independent India over 13,000 passenger trains stopped in their tracks, most of the public transport including flight services came to a grinding halt. All out efforts were afoot to maintain essential services and supply chain of essential goods. An announcement of relief measures came soon to provide free food grain to 800 million people, free LPG cylinders for 80 million poor households and fund transfer through DBT schemes to women and other deprived sections.

Earlier that day, the Union Cabinet Secretary in a letter to the state Chief Secretaries requested them to suitably supplement State and District Surveillance Teams as well as the Rapid Response Team^{viii}. The letter said:

It is absolutely essential that surveillance and contact tracing of all positive cases is taken up and no suspected or high risk person is left out. It is important that while these tasks are being monitored at the State level by the State Health Secretaries, this activity is directly and regularly monitored at the district level by the District Magistrates, involving the official machinery available in the district.

Further, all states were advised to immediately identify and earmark hospitals dedicated for management of COVID-19 cases and ensure that they are in a state of full readiness to deal with the situation, in the event of a further spike in number of confirmed cases.

A long and tough battle had begun!

1.2 Pandemic: An Overwhelming Challenge for Public Administration

People in the government faced clarity predicament about the nature of alarming scenario. A lot of discussion was going on whether it will only be a health related problem and how to cope with it. In spite of the ambiguity about emerging situation there was an urgency to take strategic action with ample sensitivity towards citizens' apprehensions, anxieties and aspirations. It involved a critical challenge for informed decision making and an extraordinary coordination and synergy among government agencies at all levels. This was a test for administrative as well as organizational capacities for adopting heuristics and rational response strategies, not certain to be optimal or perfect, yet sufficient for the immediate goals.

Disaster managers and policy makers were not left with much option to prioritize between quelling the COVID-19 and mitigating its effect. Quickly some major challenges became obvious in the emerging situation:

- a) The risk is not limited to any geographical area but widely pervasive through the state
- b) Lockdown as a preventive measure has unescapable fallouts
- c) Restricted mobility may hamper organizational measures too
- d) Collateral damage to various sectors like economy and productivity
- e) Revenues nosedive because of economic slowdown
- f) Disruptions in supply chain
- g) Asymmetric pattern in contagion and its spread
- h) Hazard of 'exponential' community spread
- i) Uneven distribution of healthcare infrastructure
- j) Issues with health care sector's preparedness

There were apprehensions that the impending crisis is not confined to being a medical emergency. As it soon turned out, the problem had to be viewed from two angles, one was focused on health and the other on cascading effect of the measures to enforce containment and mitigation. The contextual conditions of lockdown, like supply crunch of essential items for citizens, food and nutrition for vulnerable population, enforcement of public order and logistic operationalization of basic services put enormous strain on man and material resources at government's disposal. It involved a host of issues which lay beyond the hallowed procedures in disaster manuals. A lot depended upon state's ability to quickly understand and address complexity of threatening situation. Arriving at a strategic approach in initial days was critical also because of the permeating ambiguity regarding volume and magnitude of the impending hazard. Ultimately, health as well as law and order issues took primacy in choosing the containment strategy.

1.3 Preventive Measures by Government of Haryana

Health related issues involved establishing proper ways of screening, scrutinizing, ramping up hospital facilities, and providing testing kits, etc. besides availability of hospitals, medical staff and their training. In the beginning, some orders were issued under Section 144, which is basically a law and order procedure. This was mainly because of swelling number of arrivals from abroad and the related screening, confinement and quarantine imperatives. Once the lockdown was announced, its implementation and essential supplies were being handled by police. The law and order perception emerged because Punjab took it initially as law and order issue. Things started taking shape with Janata curfew for which no formal orders were issued and it was more a precursor or drill for the proper lock down.

In the meantime, higher authorities started planning and clarifying the ensuing arrangements and actions. ICMR came into picture and health related issues were being addressed as per their advice. Although health is a state subject yet in the obtaining situation it was found difficult to liaise and interact with Central government agencies on many an issue.

Haryana was the first state to pass an order under Epidemic Act on March 11, declaring the COVID-19 an epidemic^{ix}. Soon, all orders were to be passed under Disaster Management Act, which changed the perception about policy formation and follow-up. But Haryana, from the beginning took a very clear approach that it is a health related disaster and soon this turned out to be a critical tactic in state's favour. The crisis management group (CMG) came into central role when, gradually, the health issues were getting clarified and the CMG under the Chief Secretary issued unambiguous instructions. There was advantage of guidelines being prepared early. Particularly, regarding essential supplies, etc. The word was conveyed to officers in the district about this approach. Policies were always open to mid-course correction and lessons were learnt from mistakes.

Simultaneously, the Department of Home swung into action after the realization that suspected cases of infection were coming from abroad and as immediate measure screening, tracking and isolating of passengers and eventually stopping all flights was taken. Even before the nationwide lockdown was announced, Haryana proclaimed partial lockdown on March 22 in seven districts^x. During the Lockdown it was impressed upon the citizens that all measures are being taken for their safety, security and comfort. As a result, citizens' full support was available and corporates as well as NGOs could be mobilized from the early stages. Even after emergence of Tablighi issue, the iniquitous social perception was immediately corrected.

1.3.1 Preparations on Ground

On the health and medical care front, the state started with a low number of testing but sensing the pace of spread it was enhanced to beyond ICMR guidelines. Over two hundred doctors who were selected just before onset of this emergency were immediately asked to join. They were even allowed to join at the place of their preference for the time being. Small tenders with two day notices helped in procuring kits, PPE, etc. by modifying the process because of disaster. Every order of essential medical supplies was re-tendered weekly to take advantage of improving supply positions. Also, the Deputy Commissioners' purchase limit was enhanced to Rs. 15 lakhs. Even with a rather smaller funding from Central government, Haryana developed a self-sustaining model up to district level.

Even before lockdown was formally announced in a limited area, government was aware of its all-round repercussions on citizens' life and activities. The main fight was against pandemic as the unfolding medical emergency for which necessary infrastructure and amenities needed overnight preparation and consolidation. Government health care facilities have to be the mainstay of the medical strategy in this disaster. The second and equally tricky dimension of this battle lied in containing possible spread of contagion by a comprehensive locking down of all but a few human activities. The major impact of lockdown involved ban on traffic movement of all kinds bringing normal everyday life to a grinding halt in offices, markets, educational institutions, trade, commerce, industry, farms and fields, etc. The very first implication of such a scenario was food and daily necessities of population across the state. People needed to be assured against any chaos, scarcity or deficiency in governance.

Major departments and agencies of the government swung into action to usher effective administrative measures and controls. It also needed a very high degree of coordination and networking among the various functional verticals to be supported by a forthright political sanction and swift executive authorization.

Suspension of activities that involved crowding of premises like offices, schools and colleges involved the law enforcing agencies, labour and education department, etc. Initial lockdown was anticipated to last a few weeks and the first concern was about the daily wage-earners, labourers, workers in unorganized sectors, roadside and pavement sellers. Loss of even a day's earning may result in starvation for them. Various essential needs of people at large, confined in their homes were to be addressed by the state machinery. Educational outreach needed to be made available for students. Regulatory framework for trade, commerce and industry had to be kept compliance ready. Essential services and activities to carry out this obligation are to be maintained with all safety precautions. Situations like huge interstate movement of migrant labour compounded the issue and it proved to be an unforeseen drain on resources and preparations.

Strategies are evolved for mounting a tactical structure at the district and sub-district levels for addressing vulnerability of all kinds. These vulnerability, mainly social and economic, pertain to food, safety, healthcare, occupation and psychosomatic security, etc. All efforts are made to chart a people-centric, scientific and technology enabled disaster response. Public spirited citizens, civil society, community level workers and philanthropists lent valuable round the clock support to proficient administrative machinery of the state.

While countering an unprecedented medical disaster of this magnitude, state will find it difficult to unfold a perfect response system. Governments can be adaptable and innovative within their limitations only and keep an eye for the practices which have proven effective. Intra-crisis learning kept on modifying the guidelines and strategies. The pandemic is a big lesson for continuous course correction and policy review as soon as new facts and issues come to surface.

2.

RESPONSE STRATEGY OF GOVERNMENT OF HARYANA FOR COVID-19

Novel Coronavirus (COVID-19) Guidelines issued by the Government of Haryana on March 19, 2020 spelled following Response Strategies^{xi}. These guidelines were based on the following principles:

1. **Situation Awareness** at all levels (global, national and sub-national) for risk assessment for allowing informed and timely decision making.
2. **Inter-Sectoral Coordination** at all levels.
3. **Adherence to Core Capacities** for disease preparedness and response:
 - Surveillance;
 - Laboratory Diagnosis;
 - Hospital Preparedness;
 - Logistic Management;
 - Capacity Building;
 - Risk Communication

It was anticipated that the Need, Scale and Extent of Each will increase exponentially as per Evolving Scenario.

2.1 Response Strategy

At the time of issuance of this document, many of the crucial epidemiological information particularly source of infection, mode of transmission, period of infectivity, etc. were still under investigation. Hence the initial response and overall goal of the strategic preparedness was to take necessary precautions for preventing the occurrence of these cases and mitigate the impact of possible outbreak in the State.

Taking the above into account, the following strategic objectives of the plan were spelled out:

- Limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, preventing transmission amplification events,
- Identify, isolate, and care for patients early, including providing optimized care for infected patients;
- Communicate critical risk and event information to all communities, and

counter misinformation;

- Minimize social and economic impact through multi sectoral partnerships.

The implementation strategy to achieve these objectives included:

- a) Rapidly establishing departmental coordination to deliver strategic, technical, and operational support through existing mechanisms and partnerships;
- b) Scaling up State preparedness and response operations, including strengthening readiness to rapidly identify, diagnose and treat cases; identification and follow-up of contacts when feasible (with priority given to high-risk settings such as healthcare facilities); infection prevention and control in healthcare settings; implementation of health measures for travelers; and awareness raising in the population through risk communication and community engagement.
- c) Contingency plans.

In exercise of the powers conferred under Section 2, 3 & 4 of Epidemic Disease Act, 1897, Department of Health and Family Welfare Haryana has issued “The Haryana Epidemic Disease, COVID-19 Regulations 2020” vide notification no. 46/4/2020-5HB-II dated 11.03.2020. The Disaster Management Act (DM Act), 2005, provides for the effective management of disasters and for all matters connected therewith or incidental thereto. Department of Revenue and Disaster Management constituted District Disaster Management Authority vide notification No. 1576-ER-6-2007/15911 dated 09.10.2017.

ⁱ https://www.ndmindia.nic.in/images/gallery/New%20Doc%202020-03-28%2017.56.35_2.pdf

ⁱⁱ <https://www.mohfw.gov.in/pdf/HFWnCoVGoM11March2020II.pdf>

ⁱⁱⁱ <http://nhmharyana.gov.in/WriteReadData/userfiles/file/CoronaVirus/Guidelines> on laboraty.pdf

^{iv} https://prsindia.org/files/covid19/notifications/5.IND_new_virus_Jan25.pdf

^v <https://www.mohfw.gov.in/pdf/AdvisoryforHospitalsandMedicalInstitutions.pdf>

^{vi} <https://www.mohfw.gov.in/pdf/COVIDCabSecLetterGuidelines.pdf>

^{vii} [https://www.ndmindia.nic.in/images/gallery/Advisor%20\(final\).pdf](https://www.ndmindia.nic.in/images/gallery/Advisor%20(final).pdf)

^{viii} <https://www.mohfw.gov.in/pdf/doletter24032020.pdf>

^{ix} https://prsindia.org/files/covid19/notifications/388.HR_Epidemic_Disease_Covid19_regulations_Mar_11.pdf

^x https://prsindia.org/files/covid19/notifications/401.HR_Lockdown_in_seven_districts_Mar_22.pdf

^{xi} https://prsindia.org/files/covid19/notifications/393.HR_responsibilities_all_depatments_Mar_19.pdf

3.

LEGAL FRAMEWORK FOR DISASTER MANAGEMENT

On March 14, the home ministry declared the COVID Pandemic outbreak as a "notified disaster", invoking the provisions of the Disaster Management Act.

Section 62 of the Act grants extraordinary powers to the Union Government that empower the Government to issue direction in writing to the Ministries or Departments of the Government of India, or the National Executive Committee or the State Government, State Authority, State Executive Committee, statutory bodies or any of its officers or employees, as the case may be, to facilitate or assist in the disaster management.

3.1 State-level Framework

The Act further stipulates that at the state level under Section 14, a 'State Disaster Management Authority' is required under the chairmanship of the Chief Minister of the State. This authority is assisted by a State Executive Committee headed by the Chief Secretary of the State. The committee prepares the State Disaster Management Plan after following the guidelines of the National Authority and a select consultation with the district and local authorities.

3.1.1 State Disaster Management Plan

The State Plan includes,

- a) the vulnerability of different parts of the State to different forms of disasters;
- b) the measures to be adopted for prevention and mitigation of disasters;
- c) the manner in which the mitigation measures shall be integrated with the development plans and projects;
- d) the capacity-building and preparedness measures to be taken;
- e) the roles and responsibilities of each Department of the Government of the State in relation to the measures specified in clauses (b), (c) and (d) above;
- f) the roles and responsibilities of different Departments of the Government of the State in responding to any threatening disaster situation or disaster.

Appropriate provisions are made by the State Government for financing for the measures to be carried out under the State Plan. Various Departments of the state Government draw up their own plans in accordance with the State Plan.

3.1.2 State Executive Committee

The State Executive Committee is endowed with Powers and functions for assisting and protecting the community affected by disaster or providing relief to such community or, preventing or combating disruption or dealing with the effects of any threatening disaster situation. The Committee is authorized to control and restrict the entry of any person into, his movement within and departure from, a vulnerable or affected area; conduct search and rescue operations; and to provide shelter, food, drinking water, essential provisions, healthcare and services in accordance with the standards laid down by the National Authority and State Authority.

3.1.3 District Disaster Management Authority

Article 25 of the Act specifies constitution of a District Disaster Management Authority with a Chairperson and such number of other members, not exceeding seven, as may be prescribed by the State Government consisting of the following *ex officio* members:

- i. The Collector or District Magistrate or Deputy Commissioner, as Chairperson
- ii. The elected representative of the local authority as the co-Chairperson
- iii. The Chief Executive Officer of the District Authority
- iv. The Superintendent of Police, and
- v. The Chief Medical Officer of the district.

Besides, a maximum of two other district level officers are to be appointed by the State Government. An officer not below the rank of Additional Collector or Additional District Magistrate or Additional Deputy Commissioner, of the district to be designated as the Chief Executive Officer of the District Authority to exercise powers and perform functions prescribed by the State Government and the District Authority.

The Chairperson of the District Authority shall exercise and discharge powers and functions delegated to him by the District Authority. The Chairperson of the District Authority shall, in the case of an emergency, have power to exercise all or any of the powers of the District Authority. The District Authority or the Chairperson of the District Authority may, by general or special order, in writing, delegate its or his powers and functions to the Chief Executive Officer of the District Authority.

3.1.4 Powers and functions of District Authority

The District Authority shall act as the district planning, coordinating and implementing body for disaster management and take all measures for the purposes of disaster management in the district in accordance with the guidelines laid down by the National Authority and the State Authority.

District Authority may prepare a disaster management plan including district response plan for the district to coordinate and monitor the implementation of the National Policy, State Policy, National Plan, State Plan and District Plan and to ensure that the areas in the district vulnerable to disasters are identified and measures for the prevention of disasters

and the mitigation of its effects are undertaken by the departments of the Government at the district level as well as by the local authorities.

The District Authority shall further ensure that the guidelines for prevention of disasters, mitigation of its effects, preparedness and response measures as laid down by the National Authority and the State Authority are followed by all departments of the Government at the district level and the local authorities in the district. It may give directions to different authorities at the district level and local authorities to take such other measures for the prevention or mitigation of disasters as may be necessary, as well as monitor the implementation of disaster management plans prepared by the Departments of the Government at the district level.

3.2 District Plan

The District Plan shall be prepared by the District Authority, after consultation with the local authorities and having regard to the National Plan and the State Plan, to be approved by the State Authority.

Ideally, the District Plan shall include, (a) the areas in the district vulnerable to different forms of disasters; (b) the measures to be taken, for prevention and mitigation of disaster, by the Departments of the Government at the district level and local authorities in the district. The District Plan includes the response plans and procedures, in the event of a disaster, providing for allocation of responsibilities to the various departments and local authorities at the district level. The Plan makes provision for procurement of essential resources, establishment of communication links and the dissemination of information to the public.

4.

ADMINISTRATIVE RESPONSE

4.1 Micro Level Structure/ Administrative Unit at District

Disaster management often tests the efficacy of our structures of multi-level governance. Particularly, when it became imperative to handle the situation at the micro level to combat the crisis arising out of spread/possible spread of COVID-19. As per the instructions from the Chief Secretary Haryana, four levels of committees were formed at field level. Further, there were many NGOs/voluntary organizations/social workers who wished to contribute to these activities, and utmost synergy between the Government officials and them was required at this hour. To achieve the above objectives, it was decided that following administrative structure may be formed for every district.

1. Unit Committee
2. Sector Committee
3. Zonal Committee
- 4 . District Committee

The Deputy Commissioners, as Chairperson of the District Committee were directed to ensure that the monitoring and supervisory structure as outlined above is put in place at the earliest. They were also directed to provide details of the committees constituted to the Government for ensuring compliance of these directions. The Deputy Commissioners would also ensure that a coordinated and integrated response of the government and welfare organisations reaches out to the all the needy and poor families whose daily lives have been adversely affected due to the COVID-19 lockdown. It was further directed that the Deputy Commissioners should ensure that relief and food distribution measures, as announced by the Government are streamlined through this administrative structure and the efforts be reported in a format which will be circulated later for this purpose.

Further, the Local Unit committee would be assigned 250-300 household to whom they can visit and survey whether family requires ration card/financial assistance. All local committees at field level have been mapped with polling booth as it is lowest and easy to identify unit with 250-300 households. A local committee contains 4-5 members headed by a government employee and will also have social worker/volunteers from public who can assist committee in reaching out to people. This committee will act as an interface between Government and citizen. They will reach out to family to find out whether they need any ration assistance, financial assistance, etc. and whether Family wants to donate to Corona Relief Fund. The team leader of local committee would assess the family condition and fill aforesaid details along with family's annual approximate income.

4.2 Teamwork at District

The District administration assigned key responsibilities to several teams for critical functions. Typically following teams were functional at the unit level to help the Core Team.

The Core Team at the district is headed by the Deputy Commissioner-cum-Chairperson, District Disaster Management Authority. The other officials of the core team include:

- i. Commissioner/Deputy Commissioner of Police
- ii. Commissioner, Municipal Corporation
- iii. Additional Deputy Commissioner
- iv. Sub-Divisionaal Magistrates
- v. City Magistrate
- vi. Civil Surgeon-cum-Chief Medical Officer, and any other medical specialist

The control team is the ultimate decision-making authority at the district level. The members formulate the overall district plans and issue orders, in consultation with relevant stakeholders. The members shall meet as frequently as required to review reports from all other teams, discuss and modify plans of action, proceed against any non-compliant department, entity, or person.

4.2.1 Functional Teams

Helpline Team

The team is responsible to keep call center to be operational 24*7, documentation of all the activities happening in the call center and prepare daily consolidation report at 4.30 pm.

The helpline is to respond to medical queries, logistics and administrative issues regarding health and health related problem and provide information on preventive measures, nearest laboratory testing facilities and prescribed procedure. It records complaint regarding fake news/ rumors, profiteering in notified essential commodities.

Public Awareness and Media Management team

The team is responsible for sensitizing and generating awareness among the public at large, and training professionals and frontline workers for COVID-19 preparedness, standard operating procedure, and treatment. It may create posters, banners, audio-video (including those from officers), SMS content on the basis of advisories and IEC/ BCC material authorized by the MoHFW or District Administration.

Surveillance teams

This team shall collect daily reports from the railway station, buses at transport checkpoints and any other check-post created at the border or in the interior of the district.

Material & Facility Management

The team is entrusted with procurement of thermal scanners, masks, sanitizers, medicated liquid soap, etc. To arrange PPE and medicated soaps/ sanitizers for healthcare/ frontline/ field/ paramedical/ sanitation/ security workers as well as procurement of advanced life support ambulances as necessary. The team dealt with other works, as required, for isolation wards at Civil hospital and various quarantine centres (including ventilators, life support equipment, etc.)

Healthcare training & Surveillance team

It is responsible for training of doctors (especially those deputed to COVID-19 screening, isolation wards, and treatment centres), nurses, laboratory technicians, ambulance personnel on latest SoP (usage of personal protective equipment, testing, specimen collection and transport, ambulance use, biomedical waste management, isolation and quarantine, dead body management, etc.). The frontline workers also needed training on identification and reporting of suspected cases (symptoms, timelines, vulnerable groups – elderly, pregnant women, etc.). There was also need for Focused training on healthcare personnel working with patients with tuberculosis, HIV-AIDS, cancer, sickle cell anemia, and other immunosuppressive conditions.

The hospital surveillance team keeps an eye on the condition of the symptomatic patients admitted at isolation wards of hospitals will be closely scrutinized and reports will be updated to surveillance team. Besides this several other teams worked for field surveillance, private hospital surveillance, transportation and ambulance management and general troubleshooting.

4.3 Coordination for Crisis management

The Chief Secretary's control room was set up in SCO-6. First Floor, Sector 16, Panchkula to complete and submit the situation report/information to the respective authorities regarding implementation of all activities regarding prevention and control pandemic. A roster of duties with names, designation and contact number of officials was notified for the duration of lockdown. It worked in two shifts from 8 a.m. to 10 p.m.

On 22 March through an order 1/47/2020-1 SII, in addition to their regular duties, 22 senior officers were deputed to each of the districts of the state for planning, coordination and monitoring implementation of all the activities for the prevention and control of pandemic^{xi}.

Ministers and MPs from Haryana were designated as District In-charge for monitoring of containment measures being taken by the district administration to prevent the spread of pandemic through an order notified on On March 27.

In order to implement the containment measures, Political & Parliamentary Affairs Department of the Chief Secretary's office Vide letter No41/14/2016-5Pol dated March 28, 2020 issued revised consolidated guidelines which instructed the District Magistrate to deploy Executive Magistrates as Incident Commanders in the respective local jurisdictions^{xi}. The Incident Commander will be responsible for the overall

implementation of these measures in their respective jurisdictions. All other line department officials in the specified area will work under the directions of such Incident Commander. They will issue passes for enabling essential movements as explained. The Incident Commanders will also, in particular, ensure that all efforts for mobilization of resources, workers and material for augmentation and expansion of hospital infrastructure shall continue without any hindrance.

4.4 Role of Deputy Commissioner

Under the overall framework of District Authority, as specified in the Disaster Management Act, the Government of Haryana assigned a comprehensive charter of roles to the Deputy Commissioners.

During the early stage of the outbreak, the main strategy focused on preventive measures with overall aim to control the source of infection, block transmission and prevent further spread. The response mechanism will require multi-sectoral involvement in joint prevention and control measures. Deputy Commissioner will be overall in charge and responsible officer for response preparedness in the District.

- To ensure that the quarantine and isolation facilities and ventilator facilities are available in order to isolate / admit Corona cases or suspected cases. Also they should have contingency plan ready to expand the isolation/quarantine facilities in case of an emergency.
- Coordinate with IMA and Major hospitals for urgent admission/ isolation of cases and management, if required.
- Arrange the requisite bed capacity in every District Civil Hospital/ Government Medical Colleges ready for isolation and the preparedness to expand the facility immediately with ventilator support in case of an emergency.
- Ensure that adequate logistics arrangement has been made.
- Monitor the activities of all the line departments.
- To ensure that there is no escalation of prices of essential commodities in the district/containment area.
- To coordinate with Army, Air-force, ITBP, BSF or any other hospitals in the district.
- To make sure that district disaster management plan is activated and a district level control room is operational.
- An awareness programme against the Corona virus should be imparted to each and every individual of the state through Munadi in the villages, loud speakers, newspaper, social media, etc. by district administration.
- Issue necessary directions regarding maintaining of hygiene and cleanliness in educational institutes, work places etc. in the district.
- To make arrangements to sensitize the PRIs and ULBs w.r.t Corona virus.
- Sensitization/advisory to all RWAs of their respective areas not to have large gatherings.

- To give Press/Media briefings regularly and in case DC is not available, then a nominated senior officer not below the rank of ADC shall do so.
- Protocols for COVID-19 diagnosis and treatment, surveillance, epidemiological investigation, management of close contacts, and laboratory testing and relevant surveillance activities and epidemiological investigations shall be followed as issued by State Health Department and Ministry of Health & Family Welfare.
- Ensure that all hotels/dharmshalas, etc. will inform about each and every visitor from the affected countries / areas. Further in case of containment no one from outside will come and stay in the containment zone and if the person is already staying in the hotel in the containment zone he will not go outside till 28 days of positive case of that area.
- Maintain a list of all travelers (with phone, photograph, email IDs and address) who have a travel history of traveling in the n-Corona affected countries arriving in the district in the Hotel/resort/home stays/ lodge.
- Any staff or other guests with no symptoms but with history of close contact with confirmed corona confirmed traveler or affected countries returnee after 15th February should be kept in isolation for a period of 28 Days. If symptoms develop prompt actions shall be taken.
- Rooms, Vehicle used by the guests with symptoms should be disinfected.
- Ensure capacity building of all Resort, Hotels, and Restaurant associations.
- Cleanliness and disinfection shall be ensured. Adequate arrangements for the same shall be made.

In case of containment:

- In case any local cluster is found in the district then Deputy Commissioner shall be available 24x7 in the district and shall not leave HQ without prior permission. He shall coordinate with all senior functionaries at HQ for any funding or other help needed in that situation and shall not leave to his CMO.
- To decide the perimeter of the containment zone as per the containment plan guidelines of GoI and as per the situation in the district.
- To direct the police and provide duty magistrates at all nakas of the containment area and make sure that entry and exit of containment area is restricted. All the vehicles/ persons entering or exiting the containment area in case of extreme emergency are duly noted in a register. To assess the network of private hospitals of the containment area.
- Coordinate with prosecution department and judiciary in case of any legal matters or complaint cases w.r.t containment area.
- To make sure that all educational institutions, Markets, Malls, Public places where a gathering usually happens in the containment area are closed.
- To promote the activities like Hand Hygiene and Respiratory practice (how to cough, etc.) and other protocols required in case of containment.

This framework brought into focus the role and responsibility of the Deputy Commissioner in the response mechanism which requires multi-sectoral involvement in joint prevention and control measures. Deputy Commissioner (DC) will be overall in-charge and responsible officer, *inter alia*, for response preparedness in the district and to make sure that District Disaster Management Plan is activated and a district level control room is operational. Besides monitoring the activities of all the line departments, the DC is to ensure Protocols, as issued by State Health Department and Ministry of Health & Family Welfare, are followed for COVID-19 diagnosis and treatment, surveillance, epidemiological investigation, management of close contacts, and laboratory testing and relevant surveillance activities and epidemiological investigations. This is in addition to maintaining law and order and to ensure that there is no escalation of prices of essential commodities in the district/containment area.

5.

IMPLEMENTATION STRATEGIES

As a first step to implement strategies, a Department-wise charter of roles and responsibilities was defined for all the 18 key departments of the government. At the state level implementation of response strategy for Covid-19 pandemic needed to be integrated with existing disaster management structures and the standard operating procedures (SOPs). Many a policy guideline were left to be implemented according to the situation on ground. The core implementation strategy depended upon the synergy and support of the other key departments and agencies of the state government. In the initial assessment, besides creating awareness among the population and healthcare staff, following areas required immediate intervention at the district and sub-district level:

- Maintenance of food and essential supplies was a major concern in the wake of impending lockdown. The department of Food and Supplies had a critical responsibility in this regard. First and foremost, it was to ensure that there is no escalation of prices of essential commodities anywhere, particularly in the containment area. The strategy handed in to the department included preparation of a database of godowns and cold chain facilities in the district along with a database of catering services providers. Out-movement of food grains to a pre-decided safer location was to be ensured for adequate food grains storage in godowns in view of the scarcity or emergency period. This is to be supplemented by preparation of database of private retailers and wholesalers of edible food items, providers of refrigerated vehicles for transportation of perishable food items. Preparations are also to be made for large scale movement of food grains, their transportation, expeditious unloading, proper storage and prompt distribution through fair price shops, if required. Local offices of the department are to prepare a database of private providers of tents, tarpaulin sheets, poles, kanats, cooking utensils, polythene bags, shrouds and other essential items that could be used for community kitchen and cremation and burial.
- Department of Industries and Commerce and the Department of Labour are assigned to prepare a database of medical equipment manufacturer such as masks, boots, goggles, PPE, etc. and direct the management of industries and units to prepare health check-up plan in case of emergency for their units. A list of manufacturers of essential logistics required for the containment is to be kept ready and an evaluation is to be made about the capacity and timelines of the manufacturers to provide the said logistics. The departments have to ensure that there is no escalation of prices of essential commodities.
- Department of Urban Local Bodies will ensure support to health officials in the containment zone and to make sure that Mayors/ Councillors/ Municipal

Commissioners / EO's/ Secretaries/ are sensitized that in case of containment in urban area for Corona Virus they need to facilitate the house to house visit of health professionals like ASHA / ANM etc. The department and all its agencies shall sensitize the community about the need of containment and other concerns related to it.

- Department of Information, Public Relations shall prepare and maintain proper public relation system, media management and rebut any rumour-mongering promptly. It will publicize the information in the interest of public awareness through booklets, pamphlets, radio, television, film shows, newspapers, documentary films, door to door campaign, meetings, etc. Time to time announcement and pamphlet distribution is to be ensured in the population of containment area as per the contents of the message provided by the Health Department.
- In the light of Corona virus outbreak, there may be possibility that people who returned from Corona virus affected countries may be having domestic and pet animals. As a matter of abundant precaution it is necessary to have a system to provide care to the animals as their owners are on home isolation and they are not expected to come out of their homes and remain in isolation. Animal Husbandry and Dairying Department, Haryana is responsible for all actions to be taken for prevention of Corona virus outbreak in animals and livestock.
- Department of Education is advised to initiate awareness generation programs in educational institutes for students, teachers, administrative staff and other helpers. These programs should focus on do's and don'ts for Corona virus focusing on simple public health measures of hand and respiratory hygiene. Educational institutes are advised to avoid any large gatherings of students during the course of the day. Efforts were to be made for initiating online teaching through all available media.
- Department of Information Technology had a key role to provide technologies with use of artificial intelligence (AI) to strengthen contact tracing and the management of priority populations, assistance in maintaining disease outbreak monitoring cells and other related portals on government websites.
- The key role assigned to department of Development and Panchayats included support to district administration and health department officials in containment area and to ensure that all Zila Parishad/ Block Samiti/ Panchayat members are sensitized. They will assist and facilitate the house to house visit of health professionals like ASHA / ANM etc. Another major role for PRIs is to sensitize the community about the need of containment and other concerns related to it by organizing gram sabha.

Department of Health was designated as the nodal department and will prepare the protocols for COVID-19 diagnosis and treatment, surveillance, epidemiological investigation, management of close contacts, and laboratory testing and relevant surveillance activities and epidemiological investigations etc.

- 1) To ensure that the isolation wards and ventilator facilities are available in order to isolate and admit cases if an emergency arrives and should have contingency plan ready to expand the isolation facility in case of an emergency.
- 2) Chalkout the requisite bed capacity in every District Civil Hospital/ Government Medical College ready for isolation and the preparedness to expand the facility immediately with ventilator support in case of an emergency.
- 3) Screening of the patients at dispensaries and at hospitals.
- 4) Prepare trained team of paramedics.
- 5) Develop dos and don'ts and IEC materials regarding health and hygiene.
- 6) Organise awareness camps with help of CHC/ PHCs and Development and Panchayat Department for hygiene promotion and public health issues.
- 7) Ensure proper functioning of District Control Room, if required.
- 8) Ensure availability of trained mobile medical teams at disposal.
- 9) Prepare psychological and psychosocial care teams.
- 10) Ensure availability of generator sets and buffer stock of fuel at disposal.
- 11) Ensure availability of adequate supply of life saving equipment and stock of medicines, portable supplies including portable oxygen cylinders, portable X-ray machine, portable ultrasound machines, triage tags, PPE/N-95 masks, etc.
- 12) Ensure availability of adequate space with suitable facilities for storage of medicines.
- 13) Prepare a database of private hospitals and nursing homes with services and facilities available.
- 14) Prepare a database of doctors registered with Indian Medical Association (IMA).
- 15) Prepare a database of available ambulance services from government, private agencies and District Red Cross Society, if any.
- 16) To train drivers and attendants of ambulance and mobile medical units in first-aid and basic life saving techniques.
- 17) Prepare a de-contamination ward in view of any possible chemical or industrial hazard.
- 18) Prepare for prompt establishment of temporary hospital, mobile surgical unit, etc. at short notice, near the affected area.
- 19) Ensure proper and safe mechanism for medical waste disposal.
- 20) Prepare for proper disease surveillance system.
- 21) Make proper arrangement and mechanism for mass casualty management.

PART II



Haryana Chief Minister, Mr. Manohar Lal during a video conferencing of Chief Minister's of States addressed by Prime Minister, Mr. Narendra Modi from New Delhi, regarding COVID-19, (Corona-virus) at Chandigarh on April 2, 2020. Deputy Chief Minister, Mr. Dushyant Chautala, Health Minister Mr. Anil Vij and Chief Secretary, Mrs. Keshni Anand Arora are also seen in the picture.

ROLLING OUT MITIGATION AND MANAGEMENT



6.

LEADERSHIP AND COLLABORATION

6.1 The Chief Minister Leads from the Front



March 20, 2020, the Chief Minister requested the government employees to be vigilant 24x7 in the time of need and said that they would have to play an important role in dealing with this epidemic. He said that in this situation the role of the employees should be to help create an awareness among the people and help in maintaining social distances. He directed the concerned authorities to ensure availability of sufficient stock of essential commodities and assured the people that there would be no shortage of essential goods. He urged the people not to fear and panic, rather strongly adhere to the guidelines issued from time to time.

Chief Minister held a review meeting on March 21, with all Deputy Commissioners, District Food and Supplies Controllers and grocery wholesalers, retailers and vendors through video conferencing. During the meeting, Chief Minister issued various directions in view of the need to meet the potential challenges posed by the Corona virus. On March 26 he urged the people of the state to adhere to the lockdown. He appealed to the people to stay at home for their own safety as well as for the safety of their family, community, state, and nation and making the lockdown a complete success by maintaining social distancing.



On April 8, the Chief Minister appealed to the religious leaders that if any person has symptoms of COVID-19, then they should convince him/her to come forward and undergo necessary tests as this is the only way to break the chain of Corona virus spread. He patiently heard the suggestions of religious leaders and assured them that their sentiments would be duly taken care of.

6.2 Awareness and Information

On 21 March itself, a helpline number 855 889 39 11 was started at the state level. On 26 March Chief Minister, while informing the people about the steps being taken by the State Government to fight against the Corona virus, appealed to the people not to believe the rumors being circulated on social media or through any other medium. The Government of Haryana launched a dedicated portal for COVID-19 <http://haraadesh.nic.in/> for end to end management and access of all COVID-19 related advisories, instructions, notifications, government orders, awareness material, etc. issued by respective Ministries under Government of India and by respective departments of Government of Haryana. One Nodal Officer along with Assistant Nodal Officer was deputed in each concerned department. All the Administrative Secretaries/HODs of concerned departments were required to ensure that all COVID-19 related advisories, instructions, notifications and government orders, awareness material, etc. issued by their department as well as related communication received from corresponding ministries shall be made available to their designated Nodal Officer for uploading on this portal.

Information Technology (IT) initiatives undertaken by the state government, have played a pivotal role in enabling assistance and procurement services during the COVID-19 pandemic. By April 13, three web portals were operational to help people in the crisis of Corona pandemic which could be used by voluntary organizations and district administration across the state. Among these, the first portal was trackpds.edisha.gov.in. It

can be used to check whether the ration being provided by the district administration or voluntary organizations through the Public Distribution System (PDS) reached the person concerned. It also made possible to know when and how much ration the person took through Aadhar card or mobile.

The second portal poorpreg.haryana.gov.in, is designed to check if a person is eligible for financial assistance and whether the financial assistance has been given or not. And the third portal covidunit.edisha.gov.in, was meant for the local committee for recording information about a family, including the details of those requiring ration assistance.

Taking Haryana further on the Digital track to help fight COVID-19 Pandemic, a mobile application 'HelpMe' was launched on April 25. It aims to provide all the necessary services including telemedicine, movement passes, assistance in procurement, delivery of dry ration and cooked food, education material, etc. in a single application. The mobile application, which has been especially designed to help the needy during the on-going Corona crisis, works on Android Osis available on Android Play Store compatible with any android based Smartphone, and aims to facilitate people of the state with just a click.

This application enables citizens to make request for dry ration, cooked food, LPG cylinders, ambulance, doctor, movement pass, bank appointments, etc. as per the need. The moment any citizen fills the options as per his or her requirement on the application, his request would immediately be forwarded to the concerned officer of the relevant district to take necessary action. Further the officer will inform about the completion of the task to the citizen. The app also helps the farmers in obtaining the gate pass to sell their crops in the Mandi. Citizens seeking financial aid are also provided with the option to check their eligibility and status of their application in real time.

7.

HEALTH CARE AND MEDICAL

At the time of initial reporting of Corona cases in India, the public health care delivery system of Haryana state operated through a robust infrastructure which includes 68 Civil Hospitals, 128 Community Health Centres, 531 Primary Health Centres, 2650 Health Sub-Centres, eleven Polyclinics, four Dispensaries and eleven Urban Health Centres with a total capacity of 6808 beds. A number of private and super specialty hospitals and government as well as private medical colleges supplemented the state health care infrastructure. It was sufficient for the normal requirements of the state including critical care segment. The information available about the pandemic since early March sent the Department of Health scrambling for equipment, as well as competence and capacity of support staff.



Haryana Health Minister, Mr. Anil Vij presiding over review meeting of Health Department, regarding COVID-19, (Corona-virus) at Chandigarh on April 4, 2020.

7.1 Early Preparations

As early as March 6, an official from BCC division of state's National Health Mission was sent to one-day national training of trainers (nToT) for Corona Virus case management which was held in New Delhi. It aimed at further dissemination and training of state functionaries in risk management in communication area. The other priorities included procurement of essential safety equipment, medical supplies, testing kits, sampling and contact tracing, etc. The priority was to identify and contain source of possible contagion. For this, surveillance and in particular, the timely detection and early warning of disease outbreaks are key strength and capacity of the health system. There was an onerous task at hand with almost a non-existent deadline.

Director Health Services, Haryana on March 3, 2020 itself sent a circular to all the Civil

Surgeons in the state for planning cluster containment strategy in district for preparedness for Covid-19 cases. The letter emphasized the need to change the strategy from surveillance of travelers to containment. Hence a cluster containment strategy at the district level was required to contain the disease within defined geographic area by early detection, breaking the chain of transmission and preventing spread to new areas. It advised all to prepare and activate Crisis Management Plan under the chairmanship of the respective district's Deputy Commissioner and review the public health preparedness with regard to isolation facilities, case management and logistics. Further, it requested to make Covid-19 specific response/containment plan or a Generic Crisis Management Plan, so that situation can be handled in emergency conditions.

The Checklist for assessment of Public Health Safety in district included:

- ✓ Activation of integrated disease surveillance programme
- ✓ Set up Control room.
- ✓ Plan on identification, treatment screening, follow-up, contact tracing and isolation of cases if arises.
- ✓ Hospital Isolation and quarantine capacity.
- ✓ Surge capacity estimated, ventilator stockpile.
- ✓ Deployment of Rapid Response Teams, Lab devices sampling collection and sending mechanism
- ✓ Media interaction strategy and Extensive campaigning.
- ✓ Involvement of ASHA and Aanganwari works.
- ✓ Status of PHC and CHC in dealing with patients for identification and referral.
- ✓ Emergency Medical Services, Ambulances
- ✓ Training and awareness among healthcare officials
- ✓ Mechanism to deal with Foreign Nations of found positive.
- ✓ Strategy of social distancing and personal hygiene awareness campaigns for public.
- ✓ Circulation of public hygiene and awareness etiquette as well as Do's and Don'ts on social media outreach.
- ✓ Awareness about the travel & Other Health advisory being constantly updated.
- ✓ Planning and discussion and exercise on isolation, quarantine, infection control, confinement measure, risk communication, surge capacity and networking as well as inter
- ✓ Sectoral coordination involving all stakeholders.

7.2 Notification for Isolation, Quarantine and Testing

The Notification No. 46/4/2020-SHB-II dated March 11, 2020 issued regulations called 'The Haryana Epidemic Disease, COVID-19 Regulations, 2020'. Where "Epidemic Disease" in these regulations meant COVID-19 (Corona Virus Disease 2019)^{xi}. Authorized persons under this Act were identified as the Director Health Services, Director Medical Education and Research at state-level, Deputy Commissioner, Civil Surgeon, SDM and Senior Medical Officer in the Districts and other officers as authorized by Department of Health Services.

It specified that all hospitals (Government and Private) should have Flu sensors for screening of suspected cases of COVID-19. All these hospitals during screening of such cases shall record the travel history of the person, whether he/she travelled to any country or area where COVID-19 has been reported. In addition, the history of coming in contact with a suspected or confirmed case of Covid-19 shall be recorded.

In case the person has any such history in last 14 days and the person is asymptomatic then the person must be kept in home quarantine for the next 14 days from the day of exposure.^{xi} In case the person has had any such history in the last 14 days and the person is symptomatic as per case definition of COVID-19, the person must be isolated and tested in a hospital for COVID-19 as per the protocol. Information of all such case should be given to office of Civil Surgeon of the district immediately.

Further, any person with a history of travel in last 14 days to a country or area from where COVID-19 has been reported must on his/her own report to nearest Government Hospital or call at the designated toll-free helpline number 108, so that necessary measures if required may be intimated by Health Department.

All person with a history of travel to the above country or area from where COVID-19 has been reported in last 14 days, but who do not have any symptoms of cough, fever, difficulty in breathing, should isolate themselves at home and cover their mouth and nose with a mask. Such persons must take precautions to avoid contact with any person including family members for 14 days from the date of arrival from such areas.

If case of COVID-19 being reported from a defined geographic area such as village, town, ward, colony, settlement, the District Administration of the concerned district shall have the right to implement following containment measures, but not limited to these, in order to prevent spread of the disease.

- Sealing of the geographical area.
- Barring entry and exit of population from the containment area.
- Closure of schools, offices and banning public gatherings, banning vehicular movement in the area.
- Initiating active and passive surveillance of COVID-19 cases.
- Hospital isolation of all suspected cases.

- Designating any government building as containment unit for such cases

It was also notified that no person /Institution/Organization will use any print or electronic media for information regarding COVID-19 without prior permission of Health Department, Haryana.^{xi} This was to avoid spread of any rumour or unauthenticated information regarding COVID-19; in case, any person/Institution /Organization is found indulging in such activity, it will be treated as a punishable offence under these regulations.

7.3 Focus Areas

7.3.1 Prevention and Containment

On the basis of experience worldwide, and as per the advisory of WHO, the first step towards Covid prevention was containment. In the circumstances a lockdown of all activities for certain period seemed imminent and advisable. Enforcing a complete lockdown has its implications in terms of law and order, essential goods and services, large scale loss of livelihoods (particularly in unorganized sector) which needed to be addressed by the concerned department under local/ state administration. The procedures to conduct contact tracing for prevention of human to human transmission, also had potential for resistance from concerned groups.

7.3.1.1 Containment Micro-plan

The micro-plan is mainly focused on the areas that need constant attention including active house-to-house survey for timely detection, augmentation of the survey teams, well-organized ambulance management, efficient triaging of patients at the hospitals as well as bed management and clinical management of the hospitalized cases. The plan works on the strength of extension services including ASHA/ANM/Anganwadi workers. It assigned duties for the grassroots level workforce in identification, testing, monitoring and contact tracing, besides counselling and awareness.

Such teams undertake daily house to house visit to:

- (i) Search clinically suspect cases.
- (ii) Identify contacts of confirmed and suspect cases
- (iii) Maintain line list of suspect/ confirmed cases and contacts,
- (iv) Monitor contacts daily,
- (v) Inform Supervisory Medical Officer about suspect cases and their contacts, and
- (vi) Create awareness among community about disease prevention, home quarantine, common signs and symptoms and need for reporting suspect cases by distributing fliers, pamphlets and also by inter-personal communication.

Norms for deployment of human resource suggests that one health care worker (ANM/ASHA/Anganwadi Worker) will be able to visit 50 houses in a day (30 in difficult areas). A supervisory Medical Officer shall be deployed to cover 1000 population.

People are advised to take precautions to avoid contact with those with symptoms suggestive of Covid-19. The surveillance teams ensure that contacts are on home quarantine, and wear a three-layered surgical masks at all times. They are to be educated on proper use and disposal of masks. The team will also educate the family members about precautions to be taken while taking care of persons under home quarantine.

If there is human resource constraint to engage as many ASHA/AWW/ANMs, then Indian Red Cross society/NDRF/Civil Defence/NSS/NCC volunteers available in the district shall be engaged after proper briefing on roles and responsibilities and infection, prevention and control practices^{xi}.

7.3.2 Hospital Preparedness and Infrastructure

There was a felt need to address possible shortage of medical staff, equipment and amenities like ICU beds, ventilators, ambulances, oxygen cylinders, etc. besides, capacity building for healthcare workers at various levels. The hospitals needed to focus upon identifying and improving quarantining facilities and isolation capacities. Testing and sampling were perceived to be key factors and an evaluation of available testing facilities and implements.

7.3.3 Medical Supplies and Safety Equipment

The battle against Covid-19 began with an acute shortage of essential items like masks, sanitizers and PPE, kits etc. besides other day to day supplies which were experiencing sluggish movement due to various restrictions. The state authorities could find only one bidder in the first tender for hand sanitizers, same was the case with triple-ply masks. N95 masks were sourced from the only available Mumbai based supplier but lockdown hampered transportation from there. Personal Protective Equipment (PPE) were also hard to get even at a price as high as Rs. 1300 apiece for non-certified units. There was no room for negotiation. It took some time before supplies were eased and prices mollified. As a strategy these items were re-tendered every week to take advantage of reducing prices. By the third week, the prices of PPE came a little under Rs. 1000. Purchase authorization of Civil Surgeons in districts was also enhanced to five lakh rupees till such time supply positions became stable. In the month of April, when requirement of ventilators went up, the delivery time was almost two months. The urgent need forced these to be ordered sidestepping tendering norms and only 40 ventilators could be procured by May against 136 ordered units. In the meantime, some units received in CSR support from some corporates saved the day. However, disinfectants, sanitizers and medicines like Hydroxychloroquine were procured and stored in sufficient quantities. The Health Department ensured that funds do not constrain such procurement.

7.3.4 Gaps in Detection and Tracing

In other states, cases of Corona infection were being reported from amongst the people returning from abroad. Fourteen such cases of Italian tourists were sent to Gurgaon's Medanta hospital for treatment. For checking of international travelers at airports Haryana was dependent on the sketchy thermal screening. The state had no control over the delayed and incomplete data from two airports which are beyond its jurisdiction. The teams at airports were inadequate, ill-equipped and lacked proper sensitization about checking protocols. Passengers too had a casual attitude and tried to walk away with with doubtful medical condition. The first Corona infection case in Panchkula came due to carelessness of a traveler from UK.

7.3.5 Surveillance

Considering the complexity of COVID-19 pandemic, the standard operating procedures issued by the state government find it imperative that all health agencies (both Government and Private) should join hands together for supporting public health measures being implemented. Hence, the role of State/District Surveillance Unit become very critical to ensure proper contact tracing and epidemiological analysis of distribution of cases in time, place and person.^{xi} This will help in interpretation of impact of surveillance strategy and plan necessary interventions for interruption of transmission. In this regard a Rapid Response Team (RRT) consisting of officers from Community Medicine, Medicine Department and Microbiology/ Pathology Department assumed the key role. The local RRTs have been entrusted the responsibility of providing support to District RRT particularly for strengthening contact tracing and planning the strategy for containment in hot spot/cluster zones.

A total of 20,792 teams with Asha workers, Anganwadi workers, etc. were formed for this purpose. The target of screening of 100 per cent families across the State was pursued tenaciously while carrying out the surveys. Samples were being taken of all those who may have possibly been infected with Corona.

7.4 Testing and Sampling

Testing of Corona cases was started with enervating limitations. Working with an inadequate availability of testing kits was all the more challenging because the results of samples were to come from NIV Pune with a time lag of up to forty-eight hours. In many instances this loss of time proved to be critical. Faster and local testing could be started when ICMR allowed two new laboratories in PGIMS Rothak and Bhagat Phool Singh Medical College (Women), Khanpur Kalan. Initially there was shortage of testing machines too. In the initial days, private laboratories were authorized only to take or test samples for Covid-19 in the state. All such samples will be collected as per guidelines of Government of India and these were sent to designated labs by the District Nodal Officer appointed by the Health Department, Haryana^{xi}. Shortly thereafter, new labs were started in Shaheed Hasan Khan Mewati Government Medical College-Nalhar, Nuh; Kalpana Chawla Government Medical College, Karnal and Maharaja Agarsen Medical College

Agroha. Approval was given to hire research scientist (medical), research scientist (non-medical), research assistant, lab technician, data entry operator and multi-tasking staff to run these labs round the clock. By the March 26, five dedicated laboratories were available in the state for the testing cases of Corona virus besides preparing two more testing labs. Even at that time, this was one of the highest testing capacities in whole of north India.

Random sampling was started on April 9, so that the state government can have an accurate insight on the pattern of spread. The personnel working directly with Covid-19 patients were assured that the state was well-endowed with the necessary equipment and medicines to fight this pandemic and that the government was doing everything in its power to ensure their safety. Some problems were faced initially, but state increased the frequency of sample testing to 125 samples per district in non-affected districts and 450 samples per district in affected districts like Gurugram, Palwal, Faridabad, and Nuh over the next four to five days. Orders were already placed for rapid diagnostic kits which were to be used in hot spots where 15 or more positive cases have been reported.

7.4.1 Timeline of Progress in Sampling and Testing

By this time the Central Government had taken 1 lakh samples and 2.5 lakh samples were expected to be taken by April 14, whereas in Haryana 2500 samples had been sent for testing till then and 6500 samples were expected to be ready for testing by April 14.

By April 22, Haryana was in a better position to tackle the COVID-19 crisis. The recovery rate of the State was 59.84 percent. At that time number of corona infection patients at national level the was doubling every 7 days whereas in Haryana the number of patients was doubling in 14 days.

On April 25, doubling of cases was recorded in 18 days and the state was able to flatten the graph of Corona to a horizontal position.

In the next two days, across the state 3115 samples were being tested every day. Out of the total 22, 243 tests conducted till April 27, only 299 had been found positive. By April-end, the rapid diagnostic kits and RTPC machines were sufficiently available. Recently imported Korean testing kits had supplemented the existing capacity. Machine testing had made results possible in two and a half hours only. In some labs Elisa type tests were also made available. Optimum testing capacity was being used in the state. As a surveillance procedure, Pool testing is being done in negative history areas.

In the next four months Haryana emerged as the leading state in the country for volume of Covid-19 testing. Compared to the national per million average of tests at around 5,500, Haryana has tested 9,646 persons for every one million people. Haryana started testing on April 3, with 1,325 persons checked for the virus presence. Thereafter, in the next 30 days till May 3, the state had conducted 33,953 tests, with an average of around 1,132 tests every day. However, the state imparted thrust to its testing capacity in the days to follow. In May 2020, Haryana conducted 90,928 tests, with an average of 2,933 tests per day. From June 3 to 27, in a period of around 24 days, the state conducted 1,16,639 tests. This

has been scaled up to 2,72,120 tests in July, with an average tests of around 10,885 daily. So, as compared to May, around 1,81,000 tests have been added till last week of July. More than 1 lakh antigen testing has been done and is being scaled up.

Till the last week of July, the state has vastly improved its testing facilities from two laboratories in March to 12 government-run and six private laboratories with a total daily testing capacity of over 15,000.

Per day Testing capacity of the 12 government labs:

• GIMS, Rohtak	1500
• BPS Khanpur Kalan	1500
• ESIC Medical College, Faridabad	500
• Kalpana Chawla Medical College, Karnal	500
• Shaheed Hassan Khan Mewati Government Medical College, Nalhar	500
• NRCE Hisar	500
• Civil Hospital at Gurgaon and Panchkula	100
• PGIMER, Chandigarh	50
• CSIR, Mohali	200
• Translational Health Science and Technology Institute (THSTI), Faridabad	250
• Civil Hospita, Ambala	180

7.4.2 Regulatory Procedures

Initially, adhering to the ICMR guidelines, the COVID-19 RT-PCR testing was made available through private laboratories at Rs. 4500 and the laboratories have also been directed to display rates in a visible manner. State Government on June 19, decided to cap the rates for COVID-19 RT-PCR test at Rs. 2,400 with immediate effect. State Government issued directions that no private laboratory should charge any amount more than Rs. 2400 for RT-PCR test for COVID-19, inclusive of GST/Taxes, if any, and cost involved in pick up, packing and transportation of samples, documentation and reporting in Haryana. Private Laboratories are asked to share data pertaining to the results of these tests for COVID- 19 with the State Government and ICMR on a real time basis through ICMR portal and <https://covidsample.haryana.gov.in>

At the time of sampling, the identification, address and verified mobile number of the person, who is being tested, must be noted for record, as per the sample referral form (SRF). The data should be uploaded on the RT-PCR app at the time of taking the sample. The test report should be communicated to the patient immediately after the testing is complete and a positive test report should be immediately communicated to the Civil Surgeon of the concerned district through e-mail. All Deputy Commissioners and Civil Surgeons in the state shall monitor the above laboratories closely, enforce the rates strictly

by giving wide publicity on the issue of COVID-19 tests by the Private NABL and ICMR approved labs in the state. The State Government is providing free testing and treatment in government hospitals across the state.

7.5 Treatment and Medical Facilities

The government healthcare system in the country has taken the phenomenal responsibility to fight the pandemic. It has also shattered the common misconception that better care and treatment is available in private hospitals. K Srinath Reddy, President, Public Health Foundation of India has rightly observed, “The public sector remains the mainstay of the Covid response”. The case is no different in Haryana. The state government has lived up to its commitment to provide healthcare to each one of its citizens. Government hospitals, in spite of grappling with doctor and technical staff shortages and regular infrastructure constraints have commendably responded in the present situation. Although the patient care and bed availability between government and private hospitals is shared equally, private hospitals were reluctant and ill-prepared to take the calamity head on.

By March 31, comprehensive medical system for the treatment of the people suffering from COVID-19 was in place in the state, which included arrangement of 6500 beds for quarantine and 4000 beds for isolation in hospitals. Apart from this, separate COVID-19 hospitals were set up in the districts so that if there is any sudden appearance of new cases, patients can be treated separately in these hospitals to prevent the disease from spreading further. Adequate arrangements were in place by this time for equipment, medicines, bleaching powder, PPE kits, masks, and sanitizer, etc.

By April 7, separate isolation wards were set up in government and government-aided medical colleges of the state, whereas 7344-bed isolation wards were set up in 14 blocks. Similarly, arrangement was made for 3696 rooms and dormitories for quarantining. Around that time of crisis, 13396 people were being kept under quarantine. Arrangements were in place to quarantine 26,000 people in the state.

Three categories of hospitals and quarantine centres, as per the guidelines^{xi} are available for suspected, moderate and severe cases. Across the twenty-two district of the state, a little over 600 facilities of various categories are functional. In all categories 4000 beds are available against a possible projection of 14000 bed requirement. Government facilities have emerged as the quintessence of the medical strategy in this disaster. On all the six parameters set by the Central Government, Haryana’s performance is below cut off.

7.5.1 Capacity Reinforcement

In an important decision, 447 doctors were added to the medical workforce of the state to fight the COVID-19 pandemic. Ten other hospitals were designated special COVID-19 hospital and testing was being carried in two government and six private labs as on April 6.

Private hospitals were roped in to deal with COVID-19 and 25 percent of the beds in these hospitals were ordered to be kept for COVID-19 patients on the basis of guidelines issued on march 23. The patients with COVID-19 may be referred by CMO/PMO/MS of any government health facility across the state.

7.5.2 Treatment Costs and Services Regulations

Package Rates of COVID-19 treatment in Private Medical Colleges and Hospitals of Haryana were fixed in order to help general public and to provide facilities to COVID-19 patients at minimal out of pocket expenditure and at the same time at financially viable rates for private hospitals for providing the life-saving tertiary care services, isolation facilities and basic quarantine. The guidelines issued under the Haryana Epidemic Disease, COVID-19 Regulations, 2020 dated 11.03.2020 instructed that no private medical college/hospital shall charge for treatment of COVID-19 patients, more than the rates/packages fixed for various treatment modalities under Ayushman Bharat Scheme, Haryana. However, in all cases if the actual rates are lower than the proposed package rates, i.e. rates fixed under Ayushman Bharat Scheme, Haryana, then the hospital shall charge the lower rates. These rates will not influence the insurance packages.^{xi}

These guidelines are made applicable to all Clinical/Non-Clinical establishments, wherever the COVID-19 patients (Suspected/ Confirmed case) and their contacts would be provided care (Medical/Non-Medical). The COVID-19 patients (Suspected/ Confirmed case) may require quarantine (at home or government/private facility), treatment in isolation room and treatment in ICU/CCU setup depending on the condition of the patient.

Rates for fully, partially and without insurance general public were fixed category-wise. The private hospitals, which have been allotted land at subsidised rates by State/Centre Government shall provide free services to 20 per cent of the total Outdoor patients being attended by them, on first come first served basis to the poor people. The beneficiaries under this scheme are from weaker section of the society, i.e. BPL card holders, Class IV employees of Haryana Government and others having income less than 5000/- per month. These patients may be referred by the District Monitoring Committee under Deputy Commissioner and Civil Surgeon as member among others. The upper limit of capped rates of treatment shall be as per this policy, but if, in any case, charges for services are lower than upper limit of proposed rates, then the lower (as per actual billing) rates should be charged.

It is incumbent upon the hospital/medical college to provide seamless and hassle free services to the patients suffering from COVID-19, and extend all normal courtesies and facilitate admission/ treatment/ counselling of relatives/ discharge, etc. to beneficiaries without delay and denial of medical facilities. The hospital shall intimate every case of COVID-19 presented/admitted in their hospital, with complete details to concerned Civil Surgeon and not to overcharge the patients over and above the fixed package rates for various treatment modalities, defined under Ayushman Bharat Scheme, Haryana without compromising in any case on the standards of treatment of the patients with COVID-19.

Non-implementation of these guidelines such as overcharging, etc. may invoke penalty under Section 188 of Indian Penal Code (45 of 1860).

7.5.3 Medical and Health Staff: Capacity Enhancement

Sensing that the fight against Corona could get prolonged, on April 15, approval was also accorded to fill up 1584 posts of Staff Nurse, 92 posts of Pharmacist, 307 posts of Laboratory Technician and 197 posts of Radiographer. It was decided that the posts would be filled up under Part-II of the Chief Secretary Outsourcing Policy. The government also decided to re-employ the retired government doctors below the age of 69 years on contractual basis for one year against vacant posts. The maximum age for applying was fixed at 69 years so that the doctors could serve the department up to 70 years. The respective Civil Surgeons were to be authorized to engage these doctors at their level.

The Government also granted permission to the Directors of Government Medical Colleges to fill up 197 vacant posts of faculty on contractual basis from the retired doctors up to the age of 70 years for one year or till the regular incumbent joins, whichever is earlier for the effective management of COVID-19 Pandemic in the State. By this decision, 13 posts of Professor, 29 posts of Associate Professor and 54 posts of Assistant Professor were to be filled up in Kalpana Chawla Government Medical College, Karnal; eight posts of Professor Super Specialty, seven posts of Associate Professor Super Specialty, eight posts of Assistant Professor Super Specialty, nine posts of Professor Specialty, 15 posts of Associate Professor Specialty and 10 posts of Assistant Professor Specialty to be filled up in BPS Government Medical College, Khanpur Kalan, Sonipat. Apart from this, 10 posts of Professor, 19 posts of Associate Professor and 15 posts of Assistant Professor would be filled up in Shaheed Hasan Khan Mewati, Government Medical College, Nalhar, Nuh. The Director, PGIMS, Rohtak has also been permitted to fill up posts on contractual basis as per the approval of the State Government. Their remuneration was fixed as last pay drawn minus pension.

7.6 Incentive to Medical and Frontline Staff

As a token of state's gratitude towards the medical staff who are risking their lives, and for ensuring welfare of their families, the government increased the ex-gratia amount for the employees, whether working in the isolated wards made for Corona patients or deputed in the COVID testing laboratories or the employees involved in such works to be paid ex gratia amount of Rs 50 lakh for doctors, Rs 30 lakh for nurses and Rs 20 lakh for other employees in case of death after being infected with COVID-19. Medical and paramedical staffs who were retiring on March 31 were given extension in service.

In a great humane gesture on April 9, monthly salary was doubled for doctors, nurses, paramedical staff, testing staff, class IV employees, and all those who come in direct contact with COVID-19 patients.

7.7 Vital Statistics

A total of 1,200 ventilators are available in various dedicated Covid hospitals/health centres and 200 are in the pipeline. There are 2,216 ICU beds and 11 laboratories for RT-PCR testing in government health institutions. More labs are in the process of being set up shortly. This is in addition to the private labs in the state. Plasma banks have been established in Faridabad, Gurgaon, Rohtak and Panchkula.

In the last week of July, Haryana's positivity rate is 5.8 per cent in per million per day testing against the national average of 8.43 per cent; fatality rate 1.23 per cent against the national average of 2.34 per cent and recovery rate over 80 per cent, much better than the national average. Haryana's recovery rate had been on a constant rise during Unlock 1.0 and from July 12 onwards, the recovery rate had been consistently above 75 per cent and increasing. Haryana has emerged as the only state with maximum recovery rate above 80 per cent. On July 30, 2020 the recovery rate in the state stood at 78.56 per cent, much above the national average.

Owing to increased surveillance, patients are being brought well in time and it has resulted in reduction of case fatality rate from 1.61 per cent to 1.23 per cent. The state recorded the recovery percentage of 81.97 per cent, as on August 4, against the national average of 65.4 per cent.

7.8 Precautionary Regulations

In order to regulate the interstate movement of persons, protocols are to be observed by persons entering into Haryana from other States from April 6, 2020.

- Mandatory self-registration on www.saralharyana.gov.in portal and download Aarogya Setu App by all travelers entering Haryana for stay of more than 3-day (72 hours). Details like, Name, address and mobile number are to be entered on the www.saralharyana.gov.in portal
- Business visitors to give details (name, mobile and address of persons in Haryana they intend to meet) and date of return.
- Visitors might be visiting Haryana and staying as house guests with friends/relatives etc. In such an eventuality it shall be mandatory for the person hosting the visitors to register their details on the www.saralharyana.gov portal immediately, on the same day of their arrival.

Similar guidelines are issued for the management of Hotels/guesthouses/Corporate guest houses/ govt. rest houses/dharamshalas, etc.

- Transit traveler need to provide address at which he/she intends to stay and indicate entry check post in Haryana; giving details, of his/her COVID History and family members, if any.

- After completing the registration formalities, he/she shall receive an ID number to be used by him/her as proof of registration as and when required.
- Proof regarding installation of the Aarogya Setu App on compatible mobile phones and regularly update their health status on the same by person entering Haryana.
- Health Screening to be done at border check-posts, railway stations and bus stands;
- At the entry point of district/city or village, as the case may be, where the person intends to visit.
- It is the responsibility of the District Administration, Business Administration, Mayors, MCs and of Sarpanches and Panches to intimate the police at telephone number 100 about the violations of these guidelines. General public and resident welfare associations are advised to report any non-registration of any individual(s) in their neighborhood to the police at telephone number 100.

7.9 Leveraging ICT

Covid19 Drug Procurement and Distribution (www.dpmuhry.gov.in)

This Application plays an important role in managing procurement and distribution of Covid-19 supplies, tracks the donor supplies and assists district administration in planning need based distribution. All logistics, procurement and distribution by HMSCL are captured on this portal.

Mobile Health Team Information System (<http://www.dpmuhry.gov.in/>)

This application captures details about the mobile teams, area of their visit, screened resident, suspected Covid patient. Based on the data captured, attempt is made by District administration to manage medical logistics for timely treatment of the patient and containment of disease.

Arogya Setu Dashboard access and Reports Support

Arogya Setu App access with the WebVPN accounts provides analytics and various other Dashboards supports. The raw data of the persons on Unwell, Bluetooth Contacts, Quarantine (travel), Healthy & Proximity, Quarantine due to Proximity and test, Unwell & Travel, etc. helps DCs and health department to initiate appropriate actions.

Covid-Care Workers Management System

A dedicated web portal for collecting information related to health workers providing services in COVID-19 pandemic, including daily duty attendance report. A dashboard gives latest count of registered health facilities, doctors, lab technicians, ICU technicians and other staff.

7.10 Post-Lockdown

On June 23, in view of continuing pandemic threat, yet another step towards further improving health care facilities in the state was taken. The Chief Minister has accorded administrative approval for engaging 110 Technical Apprentices for Pharmacists' job at all the twenty-two District Civil Hospitals in the state. Five Technical Apprentice Pharmacists per district hospital would be engaged under the Apprentices Act 1961 from the National Apprenticeship Training Program (NATP). Under the Act, a monthly stipend of Rs. 8000 per technical apprentice is given, out of which reimbursement at the rate of Rs. 1500 per month per apprentice is made by the Central Government.

Financial approval was also accorded for the procurement of 27 Advanced Live Support Ambulances and 47 Medical Mobile Units through Haryana Medical Services Corporation Limited from the funds approved under the State Budget for the financial year 2020-21.

8.

FOOD AND CIVIL SUPPLIES

By the third week of March restrictions on movement of all kinds had become imminent. In anticipation of possible lockdown all round panic buying by the people was being reported. When the Prime Minister gave call for Janata Curfew and sensing the overall sentiment, department of Food and Civil supplies swung into action. As the first step, district officials were instructed to control any kind of hoarding and price-spiral. On March 21, all Deputy Commissioners were directed to ensure in their respective districts that there is no shortage of any essential commodities and there is no unnecessary increase in wholesale and retail rates of essential commodities and all necessary steps should be taken to stop profiteering and amassing. Apart from this, if necessary, all the Deputy Commissioners can take necessary action in their districts to close such establishments which are not connected with essential goods and services. Deputy Commissioners were instructed to discourage 'panic buying' in their respective areas so that people do not buy excess goods and apart from this, they should also make the public aware that the normal supply of essential goods will continue.

In view of the initial health advisories prices of Masks and sanitizers were fixed and the word was sent out through official channels that any mark up in these and other pharmaceutical items would be viewed seriously. Prices of 25 other food items of daily consumptions were fixed and announced. Nodal officers in the districts were urged to keep a close watch on the prices, stock and availability of these commodities.

8.1 Sustaining Essential Supplies

During the lockdown, shops related to food items like grocery, fruit and vegetable shops, milk produce shops, animal feed, fertilizers, seeds and pesticides, etc. were allowed to remain open and the district administration was instructed to permit such shopkeepers to also ensure home delivery at the doorstep of consumers so that the social distancing is maintained. During this period, delivery of all essential items such as pharmaceuticals, medical devices through e-commerce was also exempted. Besides, print and electronic media, banks, insurance offices, ATMs, banking operations, banking correspondence and cash management agencies along with petrol pumps, LPG, storage outlets of gas agency, etc. were also to be exempted. Repairing shops for trucks, etc. on highways, especially fuel pumps were allowed to keep open.ⁱ

On March 26, the State Government launched a new website covidssharyana.in for the registration of any shop, store owner (kiryana, vegetable, milk and chemist, etc.) who desired to register for offering services by home delivering items and help the people of the state fight against the spread of Corona virus could register themselves on this website.

This website was started to help people get in touch with the local shops for their daily necessities. E-passes were to be issued to those who got registered on this website.

In the first four days 33,000 people registered themselves as volunteers, which included 546 Doctors, 255 Nurses, 1108 paramedical, 4700 home delivery assistants, and 6200 people for supporting the efforts of district administration. Food and Supplies Department had formed a supply chain and the Deputy Commissioners were directed to make the supply chains smaller to serve a primary unit of 200 to 250 families. For this supply chain, a team of 4 to 5 members including government employees and members of social organizations, were to be deployed to ensure supply of essential commodities and medicines at the neighbourhood level.

8.2 Enforcement

The government announced at every forum and opportunity that there is no shortage of food grain or other commodities in the state and all efforts are afoot to keep the supply lines efficient. However, going by the experience of erratic market behavior in times of crisis, there was an apprehension that hoarding or artificial price escalation may hit the citizens during the lockdown. With the notified prices of atta, dal, potato, onion, cooking oil and tea, etc. retailers, wholesalers and even farmers were advised to ensure that availability is maintained at these prices. Implementation of price control was the first priority for the district level Food Supplies Controllers and District Excise and Taxation officials and other administrative officers. A total of 1418 inspection were done on drug wholesaler, 11,871 on chemist shops, 21 FIRs were filed for overpricing and profiteering, etc. and 765 challans were issued to drug wholesalers, chemists and retailers, etc. Besides, in the first two months 5529 enforcement actions were done for checking price rise of ECs, vegetables, milk, etc.

8.3 Essential Services

When nation-wide lockdown was announced retail shops were allowed to function from 7 a.m. to 7 p.m. Officials were in direct contact with the wholesalers individually and through their trade associations that retail supplies are not to be dried out under any circumstances. Officers were authorized to verify the declared stocks with purchase bills and transportation payments. Passes were issued on priority to their workers, staff and vehicles. Dal and rice mills on the outskirts of cities were facilitated for movement of their products. Government had sufficient buffer stock of dal (pulses) to meet unforeseen demand or to supplement the regular market supplies. The price of pulses was approved by NAFED and the officials from Food and Supplies Department held meetings with mill owners and trader associations for its compliance..

8.4 Supply Chain

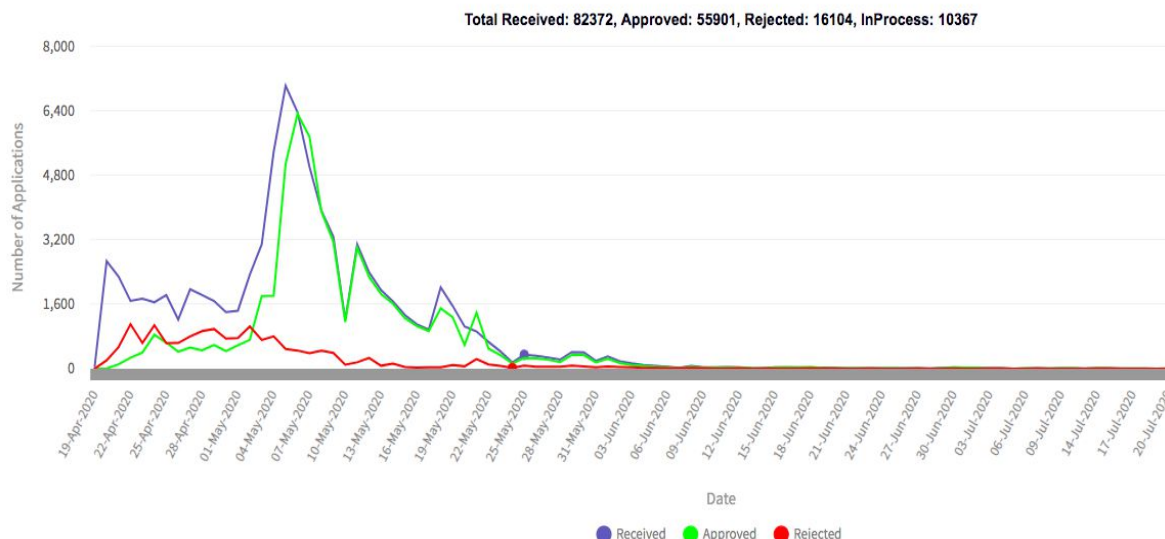
The biggest challenge to maintain availability of essential commodities at the consumption level was to revive and maintain the supply chain, particularly interstate wholesale goods movement. Any break in wholesale supply chain could create panic at the retail level.

Initially about 100 players in supply chain were identified and major players like Reliance were contacted. UDAN, one of the largest national distribution platform, enabling retailers and businesses to source merchandise from manufacturers through its Business-to-Business (B2B) ecommerce platform, wanted passes for transportation to and from its depots. At various levels, the officials were burdened with this problem for ensuring a seamless supply of essential goods and services during the lockdown and handled the heavy demand for passes to ensure movement of personnel and vehicles on a case-to-case basis. Till such time an online pass issuing system started these were issued to companies, particularly telecom staff on officers' letterheads like a D.O.

8.4.1 COPASS Initiative: A Best Practice in Crisis

The Ministry of Food and Consumer Affairs, in collaboration with the e-governance Foundation started a trust-based application for issuance of passes. The portal brings one designated representative of each company on board to generate bulk passes for their employees with tacit approval of the district administration. A nodal officer appointed by the state handling the application received the request and gave online permission to supply chain companies/firms to register themselves on the App and designate an authorised signatory as their representative. The application operates on a twin dashboard. On the first dashboard the firm uploads the details of employees who are allowed to operate during lockdown period, and on the second dashboard the appointed approvers accept the requests of firms. As an important regulatory feature, the approver can allocate the quota for each company based on the nature of operations. The major transporter like Rivigo were provided 100% quota, whereas the pharma and research companies were restricted to 35-40% quota of employees. The designated authority from the company could generate bulk passes on their own for company employees/partners, within the set quota, without having to every time apply for inter-city movement. The pass is delivered to the applicant in pdf and SMS with an instruction to carry a valid photo ID.

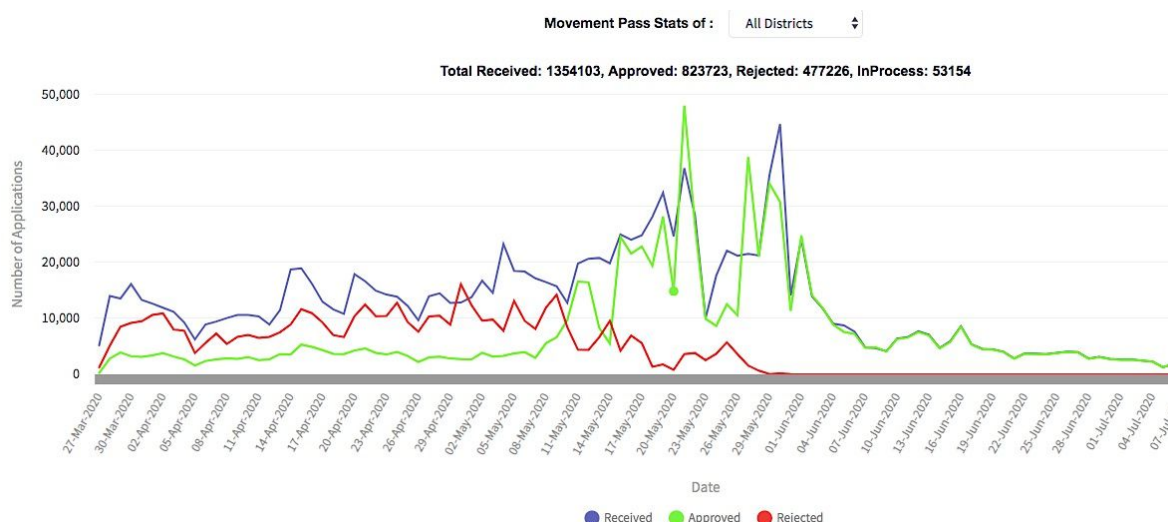
Haryana being the hub of supply chain operations in NCR, was the first state to join this initiative. Other e-commerce majors like Flipkart used the portal to resume their operations. In the first 36 hours of its launch close to hundred firms including Dabur, P&G, Lenskart, Shopclues, Amazon joined this facility. Within two days 5,000 passes were downloaded and this ensured that as many as 4000 trucks could move inter-state. The two major godowns of Reliance in Gurugram and Sonapat were emptied in four days flat.



Industry Pass Status for all districts

Procurement lines through Sonipat from neighbouring godown of Delhi merchants were kept open. Even the fruit and vegetable supplies from Delhi were facilitated to reach various districts and towns of the state. Sufficient stocks of vegetables in districts with high yield were ensured so that supplies can be made to any area those facing shortage. The government ensured that supplies of essential commodities to towns and villages should not be interrupted at any cost. It should also be ensured that all sabji mandis remain open for long hours in such a way that farmers from towns/villages don't feel any restriction and supply their produce to the mandi. The help of Rickshaw pullers was also obtained for distribution of vegetables in some cities to avoid congestion due to light and medium transport vehicles.

The officials were also directed to ensure availability of sufficient number of vehicles for transportation of essential commodities in tandem with Deputy Commissioners concerned, police and transport department officers. Movement of goods vehicles was being constantly monitored by GIS systems. As an exigency, multiple sources of supplies for essential items were tapped and kept in readiness. Major players in each district were identified items-wise. Complaints from citizens, directly or through state help-line, were immediately resolved and if there was a bona fide reason for shortage retailers and traders were helped to sort out the issue.



Although the industrial establishments were closed during the lockdown period but manufacturing units of essential commodities including medicine, medical devices, their raw materials and intermediates manufacturing units, which have the necessary permission from the state government and which are in constant need were exempted. Packaging manufacturing units for foods, medicines, and medical equipment, including manufacturing and packaging units of fertilizers, pesticides and seeds, were also allowed to function.

Officials were asked to ensure sufficient forage for milch cattle, as well as sufficient stocks of milk and its powder at processing plants. They have been directed to keep the headquarters informed in this regard. There is no scarcity of LPG in the districts and home delivery of LPG is being made. Petrol and diesel is available in sufficient quantity.

8.5 Leveraging Technology

TrackPDS, a unified platform for capturing the requests for food by the residents was used during the lockdown period. This platform is integrated with State Help Lines, District Headquarters and Unorganised Labour Portal and provides facility to manage the beneficiaries. This portal is also seamlessly integrated with Public Distribution System for checking beneficiary's presence on PDS System and for issuing Distress Ration Token to the identified beneficiaries. It is also integrated through Web APIs with the PDS, Relief Camps, Jan Sahayak Mobile App, Help Me Mobile App, Unorganised Labor Portal, etc. More than 66,793 Requests were registered with the *TrackPDS* till May 5, 2020.

8.6 Public Distribution System

Then, there was another major issue of supply through public distribution system (PDS) to card holders of various kinds. Government in the meantime had announced free ration supply to non-ration card holders also. The government took upon itself to supply ration and other essential commodities under the PDS at the doorsteps of people during the lockdown. Officials from the department were instructed to ensure distribution of PDS

items in coordination with district administrations. Bio-metric verification system in all the fair price shops was initially suspended and the beneficiaries under the Public Distribution System could take ration without biometric authentication. Public was informed that the state has adequate stock of commodities like moong dal, chana dal, rice and wheat flour.

On 26 March itself it was notified that all the DFSCs will gear up the distribution of essential commodities (EC) for the month of March, 2020 and also ensure that lifting of all ECs for the month of April, 2020 be also completed immediately so that all the ECs are available on all the Fair Price Shops before April 5, 2020 for further distribution to the beneficiaries. The notification further mandated that all the Fair Price Shops (FPS) will remain open for longer hours for distribution of ECs. There will be no gathering at the FPS and it will be ensured that the distribution is done in staggered manner at FPS by maintaining social distance. Under the PDS, flour is supplied by different mills. But later it was decided to issue wheat under the PDS. It was also ensured that all the essential commodities are available at FPSs from 1st day of distribution month. All the BPL/ AAY families will be provided free ration through FPS.

Distribution through PDS is being done while implementing PMGKAY and Aatmanirbhar Bharat Scheme and monitoring of essential commodities. In view of the pandemic and food security, the State Government has decided to distribute the essential commodities as under:

Wheat (MT):

AAY	35 kg per family,
BPL	5 kg per Member
OPH	5 kg per member

Fortified Atta:

AAY	35 kg per family,
BPL	5 kg per Member
OPH	5 kg per member

Mustard Oil: 2 Lt to AAY+BPL

Sugar: 1 Kg per family of AAY+BPL

Salt: 1 Kg per family of AAY+BPL

Additional Allocation was made under Pradhan Mantri Gramin Kalyan Ahar Yojna (PMGKAY)

Wheat	5 kg per member of AAY+BPL+OPH
Chana Dal	1 kg per family for AAY+BPL+OPH

Further, the Government of India issued a relief package for stranded migrants, who are not covered under NFSA or State scheme PDS @ 5 kg wheat per person and 1 kg Dal per family under Aatmanirbhar Bharat scheme. An allocation of wheat (4658.57 MT) and Dal (370.93 MT) under Aatmanirbhar Bharat scheme was made for the month of May, 2020 which was issued immediately and distribution was completed in the month of May itself.

8.6.1 Distress Ration Token

Distress ration token were being distributed among the migrant labourers and others who have been stuck in the state. Five kg. wheat per person and one kg. dal per family is to be given free per month. Other beneficiaries of the scheme are those BPL families whose application for Ration card (Yellow) is pending after district level committee. People who were issued APL card earlier under the Mukhya Mantri Parivar Smridhi Yojna but they have declared their annual income to be less than 1.80 lakh per annum, were also covered under the scheme.

8.7 Free Distribution

Free ration for three months, i.e. April, May, and June was distributed to the needy families. In the month of April, 98 per cent wheat and 93 per cent pulses were distributed. Thus, under this scheme, 1.20 crores members of 27 lakh families of the above three categories were provided 58,062 metric tonnes of wheat and 2,512 metric tonnes of pulses. The total assistance provided by the state government under this category is to the tune of Rs. 154 crores. Similarly, other essential commodities like wheat or fortified flour, two litres of mustard oil, one kilogram of sugar and one kilogram of salt were also provided by the state government.

Quantities distributed in the month of April itself under the scheme include 44,456 MT of wheat, 16,839 MT of fortified flour, 1060 MT of sugar, 213600 litres of mustard oil and 1065 MT of salt. Under the National Food Security Act, the Central Government allocated 35-kg of wheat per family to AAY families and for the BPL and OPH families 5-kg wheat per person has been given at a much cheaper rate of Rs 2 per kg. The state government decided to bear the cost of the ration given in the month of April.

In the first 20 days of lockdown, 90 lakh food packets and 4.80 lakh dry ration packets had been distributed to the needy by the Administration in respective District of the state in collaboration with various social organizations

Dry ration is distributed to the beneficiaries of Angwanwadi Centres at their doorstep.

8.8 Monitoring

District-wise monitoring was done closely for daily wholesale rate of commodities (Tudi and hara chara) and commodity-wise distribution for the month of May 2020 as on May

28, 2020 (Regular + PMGKAY) wheat (Regular), wheat (PMGKAY), sugar (Regular), mustard oil (Regular), Dal (PMGKAY), wheat Atta (Regular), Iodised salt (Regular), Dal (DRT), and wheat (DRT).

Aadhar Enabled Public Distribution System (AePDS) sale transactions were monitored for all the commodities with details on total ration cards, total beneficiaries, total FPS, number of PoSs transacted in the month, ration cards to which commodities have been distributed, including details of cash and cashless transactions on daily basis with percentage of ration cards to which commodities have been distributed

Status of supply chain activities of various commodities captured details like, total allocation, extra allocation, allocation, indents, release order, state godown-wise lifting, receipt at godown, payment form FPS dealer, delivery order, truck challan and stock received at FPS, etc.

9.

AGRICULTURE AND RABI PROCUREMENT

Agriculture is an important sector for Indian economy, which provides livelihood to almost 52 per cent of the working population and contributes 11 percent to her GDP. April-May is a crucial period for agriculture particularly in north India. However, this year various farm sector activities faced unprecedented problems due to lockdown. Serious concerns surfaced about rural livelihoods, supply chain and general food security. Besides harvesting of Rabi crop, farmers start working for next sowing season for which supply of seeds and fertilizers as well as sufficient labour is required. This situation arising out of unavailability of labour and agricultural inputs portends reduction in cropping area for the next season.

Disruptions started in supply chains because of transportation restrictions and general mobility. Farmers' access to markets was hampered with serious implications for fragile rural economy. Poultry farmers faced twin challenge, misinformation about chicken as possible health hazard and interruptions in availability of poultry feed. To counter these challenges and keep the agricultural sector and supply chains working, the government issued guidelines to exempt farm operations and rural supply chain and ensure that farmers have continued access to markets. Markets needed to reorient to meet demand for home delivery of groceries and E-commerce.

The first shock of lockdown in the rural sector was experienced by the vegetable growers who faced a glut for their produce. The farmers, particularly small and marginal, have a



Social distancing at Fatehabad wheat procurement centre

limited storage capacity for perishable crops such as potato and tomato. The limited facility they may have is not secure also for prolonged storage. This year, the problem was

compounded due to intermittent rains and hailstorm across large parts of north India during March and April. Unable to stock for an extended period, in some areas farmers were forced to destroy vegetables. When the prices of tomato, which have a short shelf life, crashed the state agriculture department came to tomato growers rescue by facilitating procurement by food processing units. Negotiations were held with these units to start functioning in safe mode. Benefit of a small subsidy was also extended to save the situation.

Many farmers in Haryana sow jowar and bajra as intermediate crop between Rabi and Kharif. They found it difficult to get seeds for these crops. This was likely to cause a shortage of fodder for livestock in the coming months. The agriculture department proactively helped the seed merchants and farmers both to overcome this possible repercussion for the coming months.

9.1 Rabi Procurement

Haryana is an agricultural state and plays a major role as producer and contributor to the Central food grains pool. This year north Indian states, including Haryana reported record harvest after a good monsoon. Amid rising Corona virus crisis and the nationwide lockdown to deal with the pandemic, the agriculture sector suddenly found itself in an uncertainty about procurement of Rabi crop. By early April, most of the Rabi crop was harvested in Haryana and farmers were anxious about procurement of crops. Timely procurement was also essential to maintain food grain stocks in readiness. On March 26, the Chief Minister announced that there is no need for the farmers to worry as each and every grain will be bought. He said that though there might be a delay in the procurement, and if it is not possible to start procurements till April 14, arrangements are in place for the procurement of Mustard and Wheat to start on April 15 and April 20, respectively. He appealed to the farmers to stock the grain in their homes. In case any farmer is having trouble doing the same, the Marketing Board has been directed to look into the matter, he added. He further assured that to make up for the loss that the farmers will face due to delay in procurement and the lockdown, a new scheme will soon be announced by the State Government.

The major challenge for farmers was availability of harvesters and labour. For wheat, combined harvester-thrashers usually come from Punjab and Madhya Pradesh. Border restrictions hampered their movement into the state. Timely and adequate arrangements were made for movement and sanitization of these machines and various departments working in rural sector put in concerted efforts to arrange adequate labour for timely harvestingⁱⁱ.

9.2 Policy Rejig for Procurement

In order to facilitate the farmers during lockdown, the Haryana government introduced new procurement facilities nearest to the farm gate so that farmers can sell their produce at their door step or at a point nearest to their produce so that more and more buyers can reach to the farmers for purchase of their produce. Adequate measures were announced to

prevent big gathering and crowding of people in the grain markets, and for making staggering arrangement for arrival of wheat.

The wheat procurement was scheduled to start from April 1, 2020, but it was postponed and rescheduled to April 20. The Government of Haryana announced its plan to procure wheat in staggered manner from April 20 to June 30, 2020 with all precautions including social distancing. Initially there were 389 mandis but as a pragmatic measure 1506 new additional purchase centers have been opened and now there are total 1895 mandis/purchase centers for procurement of wheat on Minimum Support Price.

For Mustard, initially there were 71 mandis and thereafter 111 new additional purchase centers have been opened and now there are 182 mandis/purchase centers for procurement. Similarly, for procurement of chana (Gram) there were 11 mandis and thereafter 18 new additional purchase centers have been opened and now there are 29 mandis/purchase centers.

Mustard is being purchased by HAFED and HSWC in 182 mandis at Minimum Support Price (MSP) of Rs. 4425/- per quintal and till now a total quantity of 7,45,679 MT Mustard has been purchased. A total of 29 mandis have been opened for procurement of Gram on MSP of Rs. 4875/- and up to May 26, a total quantity of 5377 MT chana has been purchased by HAFED and HSWC. Direct online payment is being made to the arhtias in their accounts for further online payment to the farmers through e-kharid portal.

The protocol/procedure for procurement defined the role of the Deputy Commissioner, who were required to create awareness among farmers and other stakeholders about the new procurement system. The DCs coordinated and supervised all works in the district in connection with conduct of procurement. They have to facilitate setting up new purchase centres to ensure equitable distribution of procurement in the district. To ensure the good quality and accurate quality of grain procurement, an Officer not below the rank of class II officer: (preferably from the department of Agriculture, Irrigation, PWD B&R and Education) was posted at each procurement centre. Ten per cent strength of the officers was maintained in reserve to take care of contingencies.

The Superintendent of Police were instructed to ensure norms of social distancing at the procurement centres and setting up of Naka and check post to make certain that only scheduled farmer reaches the procurement centre. The nakas were be set up at an adequate distance from the purchase centre so that there is no chaos at the gate of purchase centre. All the traffic coming to purchase centers was to be meticulously planned so that non-essential persons do not enter the purchase centre.

It has been made mandatory for the transporters to install GPS on the vehicles and tractor trolleys that have been allowed for the lifting of food grains. Social distancing is being maintained in all the mandis and purchase centers. Vehicles coming in the mandis/purchase centers are being sanitized properly and hand washing arrangements have been made in all mandis and purchase centers. Sanitizers and masks are being distributed to farmers and labours in the mandis/ purchase centers.

9.3 IT-based Facilitation

Information Technology (IT) initiatives undertaken by the state government over the years, proved very useful in enabling a hassle-free procurement process during the COVID-19 pandemic. Both the e-governance portals, *Meri Fasal Mera Byora* and e-Kharid have been important tools for planning and management in every procurement season to bring transparency in food grain procurement process and to support ease of doing business for the traders as well as empower the farmers by providing real time information and timely payment. Farmers are being called by SMS from ‘Meri Fasal Mera Byora’ portal for offering their produce in the mandis to ensure social distancing. This application also warranted that there was no overcrowding at the procurement centres and the farmers are not faced with long delays waiting for their turn.

Right since the start of procurement of wheat in the state from April 20, procurement agencies have procured 71.94 LMT wheat on Minimum Support Price up to May 27, 2020. The pro-active policy of the government ensured that procurement process of Rabi crop for 2020 is done in timely manner and without much trouble. Increase in number of purchase centres ensured decentralised procurement and it professionalized delivery of agricultural services and better value for the farmer’s produce. Registration of more than nine lakh farmers and about 25,000 thousand commission agents/traders on “e-kharid” portal throughout Haryana was a highly enabling factor to support the new initiative. Social distancing measures for the containment of COVID-19 undertaken by the administration ensured that no Covid transmission case was reported from anywhere during the procurement process. Because of the elaborate arrangements made by the State Government for wheat procurement, in spite of Nationwide lockdown, Haryana recorded maximum procurement of wheat in northern India.

9.4 Kharif Season

When other engines of economy have been badly affected due to pandemic, it is important to keep the rural agricultural economy in good shape. The lockdown may impact the sowing of Kharif crops and cropping practices. The Kharif season may also face scarcities in fertilizer availability due to global supply chains disruptions. The labor-intensive paddy rice sowing may be delayed or abandoned to some extent. The farmers may shift to less labour-intensive maize and cotton crops. The state government has also suggested crop diversification to address this eventuality and also for the bigger objective of water conservation. At present, the ground water level has reached below 40 meters in many blocks in the state, which is a matter of concern. To tackle this situation, the government has formulated *Mera Pani Meri Virasat Yojana*. Central Groundwater Board has conducted a pilot study for this purpose and subsidy has been announced on installing reverse recharge aquifers in the state.

Last year, after a lot of brainstorming with farmers, scientists, MLA and other stakeholders, the government had launched *Jal Hi Jeevan Yojana*. This year, while improving upon this scheme further, *Mera Pani Meri Virasat Yojana* has been launched. Under this scheme, small farmers having one to two acres of land would also get some concessions and diversified crops would be procured on the Minimum Support Price (MSP) by the State Government and a grant of Rs. 7000 per acre would also be given for

sowing maize. At the time of sowing the crop, an amount of Rs. 2000 would be released as the first installment and, later, another installment of Rs. 5000 would be given to the farmers. The farmers are being advised that for the bigger goal of water conservation, they should replace paddy with other alternative crops such as maize, millet, pulses and to grow vegetables and fruits.

10.

LABOUR AND EMPLOYMENT

The proffer of pandemic was looming large since the beginning of march 2020. Its nature and damage was unravelling by each passing day. Government of Haryana and its key departments started early to assess and estimate its eventual human and economic impact. An unprecedented scenario of lockdowns was emerging from all over the world. In India also, several states took the early precaution by closing down schools, colleges, malls, theatres, hotels and restaurants, etc. Major annual sporting events like IPL were called off. Screening and medical check-ups of travelers from abroad was followed by suspension of visas leaving empty airports, hotels and tourist destinations. It was apparent that no sector of economy will be spared to function in the days to come. Remote working and social distancing are the new norms as workplaces struggle to carry on business. Within a matter of few days manufacturing, large and small came to a grinding halt. Work from home was announced by major IT companies, particularly, after an employee of the e-payments major PayTM was found Corona positive in Gurgaon. Busy roads started to have deserted look and workplaces were struggling to carry on the usual business. Amidst this, there was a big concern about the large workforce employed in various sectors who may face challenge of deferred wages and retrenchment. A huge number of smalltime self-employed people in urban areas and daily wage-earners faced an ominous crisis of bread and butter in the lockdown situation.

10.1 Lockdown Advisory

The Department of Labour, Government of Haryana issued its first advisory on March 17, for companies to allow maximum work from home and observance of social distancing in workplaces. This was followed by another advisory on March 21, which required following steps to be taken by all factories / establishments in respect of their employees.

All the factories / establishments will allow their workers / employees to work from home wherever possible so as to avoid the spread of Corona Virus. All the factories/ establishments shall ensure the safety and vulnerable employees including employees above the age of 50 years, employees with underlying medical conditions, pregnant workmen, etc. and may allow them to work from home.

To ensure that the employees' interests and wage security is maintained another detailed order was passed on March 23 by the Labour Department to the employers / owners of private establishments in the state of Haryana for not terminating the services of their employees or reduce their wages in view of the COVID-19 pandemic outbreak.

The advisory reiterated that Government of Haryana has issued various orders restricting the movement of Public and has notified the state wide lock-down.ⁱⁱⁱ This catastrophic

situation due to outbreak of COVID-19 is a challenge to the society and the same can be neutralized only by the coordinated joint efforts of one and all in the society. In view of the pandemic the government has consistently requested the citizens to remain at home and consistently gave a call to not venture out, it will constraint the workers/employees in reporting for work. There may be instances that on this pretext, the employers may dispense with the services of the workers or may force the workers/ employees to go on leave without wages/salaries. In the backdrop of such challenging situation, all the employers/owners of Industries, Factories, Shop and Commercial Establishments, etc. were advised not to terminate their employees/workers particularly casual/contractual workers from their jobs and not to deduct their wages/salary. Further, the employees/workers of such unit may be treated as 'On duty and be paid in full', if the place of employment has been made non-operational due to COVID-19 by any Order/Advisory of the government

10.2 Employees' Welfare Measures

The termination of employee from the job or deduction in wages in this scenario would further deepen the crises and will not only weaken the financial condition of employees/workers, but also hamper their moral to stand their ground against this epidemic. In view of this, all the employer/owners of industries, factories, shop and commercial establishments, etc. were called upon to render their cooperation to their employees/worker as well the government by adhering to the Advisory.

It was only on March 29, that the Union Ministry of Home issued orders empowering state governments to act against wage deduction of employees. Haryana was the first state to safeguard the large workforce in the state from any victimization. The officials of Labour Department and designated district authorities started monitoring against any termination or wage deduction. Meetings were held in all districts and industrial townships with trade and manufacturing associations to ensure welfare of its employees and provide adequate food and shelter to those who were stranded in their premises due to abrupt declaration of lockdown. Factory sites and particularly brick kilns were monitored for this purpose. The earnestness of government's efforts in this direction was visible at every level. The Chief Minister, Deputy Chief Minister, Chief Secretary, Principal Secretary and other higher authorities had meetings with representatives of the chambers of commerce and industry through video-conferencing. Meetings via video conferencing were regularly held with labour unions as well.

Control rooms were set up in each district and officials from the department were closely monitoring the situation in each phase of lockdown. Zero tolerance policy is being observed on any labour related complaints. Price coordination committees are in constant touch with the exempted units manufacturing or producing essential items. Simultaneously, all out efforts were made to help the establishments and regular meetings with various associations were held to ensure this. To lighten their financial burden a slew of measures was announced, which included, *inter alia*, waving off ESI payments from March to May 2020 and deferring payment of EPF. The government offered to pay both parts of the EPF contribution for the next three months. This is for establishments that

have 100 employees or less and in which 90 per cent of those employees are earning less than Rs. 15,000 per month. This scheme has since been extended till August 2020. The ESI contribution for the month of February 2020 and March 2020 can now be filed and paid up to April 15, 2020 and May 15, 2020 instead of March 15, 2020 and April 15, 2020 respectively. Further, relaxations have been given to make payment of wages in instalments.

10.3 Relief to Unorganized Sector

Important measures were taken to help workers and labourers from unorganized sector who make almost 90 percent of the total workforce. The government offered cash assistance of Rs. 1000 per month to out of job workers in construction sector. Besides, under the Mukhyamantri Parivar Smridhi Yojna, 6.25 lakh families were give Rs. 4000 per month. Still there were over 60,000 people, mostly construction workers, who were not covered in this scheme owing to single living at sites were also extended this benefit. DOCW data was obtained to solve such anomalies. Still, the government announced that those who were not covered under any scheme could get themselves registered for financial assistance. After a due scrutiny and verification about 75,000 people were added to the list of beneficiaries. During the lockdown period over eight lakh people living in slums were given cooked food and provision. Over 2.11 crore such packets were distributed.

At the lifting phase of lockdown the state is all prepared to facilitate the business and industry while keeping the interests of workforce uppermost in scheme of things. Timely SOPs have been announced for business enterprises like, shops, establishment and offices for day to day operating procedures. Banks have been advised to extend interest free loan for six months up to Rs. 20,000 per person depending upon their wages.

11.

MIGRANT LABOUR CRISIS

State governments and disaster management strategists were caught unawares by the massive migration of a large working population from their place of work to native state or villages right after the first announcement of lockdown. Hordes of these workers found themselves suddenly out of work and wages, insecure about their health and well-being, such an uncertainty about post-lockdown scenario prompted them to return even to their impoverished villages in the hope of uniting with their families. The governments' attempts to help them through free food and various other supporting actions could not deter from hazarding the arduous journey back home even on foot or whatever means of transport they could get. The phenomenon was not limited to any particular region or state and it challenged most of the states both as recipient as well as source of this migration. The conceivable measures to protect and facilitate these migrants were fraught with further risks and uncertainties in the times when authorities were engaged in a grim battle against the pandemic. They became stranded on various stretches across the country and state governments came under tremendous pressure to see them reach their destinations safely.

11.1 Human Misery on Roads

These migrant labourers coming on foot, as well as some covert means, from various state needed to be handled with empathy and compassion. Faced with loss of employment and wages, concerns about the family and fraught with anxiety and fear they were left to fend for themselves. They needed food, shelter, healthcare, and safety from getting infected or being a carrier of virus. Along the routes they also faced harassment and apathy of the local people. This situation called for a strong social protection of these hapless families.^{iv}

The Government of Haryana responded promptly first by trying to contain and comfort them in the relief camps and later by assisting in their homewards journey as caringly as possible in the given circumstances. In a bid to control and stop the movement of migrant labourers in a large number across the state, Deputy Commissioners were initially directed to completely seal the inter and intra-state borders and were told that the migrants should be stopped in their tracks places and no one should be allowed to move from the current locations.

11.2 Providing Shelter to Homeless

As an immediate response, the government instructed the district administration to extend protection and safety to these groups of poor people facing deprivation and hunger. Measures were put in place to arrange community shelter homes for their stay with necessary amenities, ensuring hygiene nutritious meals and other relief material.^v The state guidelines required proper compliance of social distancing norms, regular health check-up

and testing of suspected cases of infection and adherence to protocols for management of such cases. As far as possible, arrangements may be made to enable connectivity with the family members through telephone, video calls, etc. while ensuring their physical safety.



It was decided as early as March 29, to set up 'Shelter or Relief camps' and ensure that proper food and staying arrangements are made for the migrant labourers staying in such camps and strict action should be taken against those resisting and flouting this arrangement. A nodal officer was appointed for every camp in each district to ensure accommodation, food and medical facilities to these migrants while observing social distancing. Special 'Shelter or Relief camps' were set up along the National Highways for the migrants walking on foot so that they can be halted in these camps and no one is allowed to stray around on roads. Health and sanitation facilities at every shelter would be managed by the state government. Apart from this district-level call centers were to be set up for assisting them.

By March 31, as many as 467 relief camps were set up in the state, with a capacity of 70,000 people, in order to provide facilities of food and shelter to migrants and homeless. At the peak of this crisis, more than 50,000 people had taken shelter in various camps across the state and they were being provided adequate food and other necessary facilities. A large number of volunteers and NGOs worked day and night shoulder to shoulder with authorities. Those local or migrant labourers who did not have any ration cards were distributed packed ration so that they do not go without food during the lockdown period. Apart from this, food packets were distributed to the poor especially those living in the urban slums.

11.3 Web Portal -- Search for Stranded People

A web portal *Search for Stranded People*, a relief management system for welfare and management of migrant labourers was prepared by HARTRON under the leadership of the Secretary, General Administration, Shri Vijayendra Kumar IAS, to get relevant data to monitor and supervise the management against COVID-19 from local to state level. The

portal is used for capturing, displaying and analyzing the migrant labourers' data living in shelters across various districts of the state. The portal has following salient features:

- a) Contains origin domicile state-wise data of migrant labourers from cities both in and outside Haryana.
- b) District-wise data of migrant labourers in the state.
- c) Camp-wise data of migrant living in various shelters in different districts.
- d) Total number of camps in Haryana with capacity and persons residing in each shelter.
- e) Data of male and female migrants in shelter homes in different districts who are stranded in Haryana due to lockdown.
- f) Map of Haryana displaying the standard data of people living in shelters with color coding of different districts based on number of migrants.
- g) It uses Red, Yellow and Green colour coding for areas with more than 500 people, 101-500 people and 1-100 people respectively.

Category of migrants both district and tehsil wise is recorded on a the sheet which identifies and also displays whether the relief-camp is organized by NGOs or the government. It captures the registration number of each migrant and other details, like gender, Covid test status, and the category of migrant's employment or livelihood, i.e. unorganized sector employee, business employee or self-employed along with presents reason for migration, viz. loss of job, work-problem, food, etc. As an important statistical application it captured data about the people stranded in various districts of Haryana. The vital information like Name, Aadhaar number, Mobile number, City/ Village/ District and State of origin can be used for further projections and planning for their welfare and potential employment. Besides, it is a locator-cum-ready reckoner for their kin and relatives, anywhere in the world seeking their whereabouts. In addition, each district of Haryana has its own login access by which information of camps as well as people can always be modified, deleted or added.

11.4 Planning for Migrants' Transportation

However, by May 16, the Central government conveyed its decision to send eager migrant and agricultural labourers to their home states free of cost by the state government. It was also a challenge to ensure safety for lakhs of migrants through a state-wide procedural framework. To begin with, data-driven assessments were needed to be made for arranging their safe transportation to different states. Some critical planning was essential to mount logistic arrangements for the enormous scale of migration. The Union Home Ministry and Ministry of Labour had asked the state governments to prepare a comprehensive database of all the migrant workers by April 11. The data were to be collected from three sources primarily: relief camps / shelter homes, employers whose labour is *in-situ* at workplaces and from localities where migrant workers generally reside. A large number of migrants in transit were lodged in relief camps operated by non-government organizations and private companies as well. A portal was overnight made operational to register all the people

wanting to return. To everyone's surprise the figure of applicants jumped by thousands each hour and within a week almost a million people registered on this portal in spite of not so easy availability of means and tools for App-based registration. This included the people living and working in various districts of Haryana as well as the stranded migrants from outside.

11.5 Migrants' Information Database

By this time the Haryana Government had already launched the web portal edisha.gov.in/eForms/MigrantService for online registration of the migrant workers who wished to return to their home states, as well as for the people of Haryana who desire to return from other states. The registration could be done through App also on 'Jan Sahayak Helpme' by providing necessary information. Meanwhile, if any migrant workers did not have access to the above two, they could seek assistance from district administration helpline by dialing 1950 or call center number 1100.

The key data pertaining to the migrating persons was to be standardized for uploading details such as name, age, mobile no, Aadhar number, originating and destination district, persons accompanying, date of travel, etc. A unique ID was assigned to each registrant. To take it further, the National Disaster Management Authority (NDMA) developed an online Dashboard namely, National Migrant Information System to maintain a central repository and help the sending as well as receiving state/ district to seek for and grant their acceptance in an online format seamlessly. This system aimed at speedy communication between states without creating additional work at the field officers' level. States were asked to upload the batch file of individual data on the portal. It was suggested to depute a nodal officer for this purpose at state and district level. Through the portal, the states could keep track of the movement of people till they reach their destination. The unique ID generated for each migrant could be used for all transactions. Keeping in mind that many of the workers may undertake reverse journeys in the near future the database can be of help in planning such return journeys in a systematic manner. Origin states will also have all the data at one place for transportation as well as future planning.

11.5.1 Expected Outcomes

The following outcomes are expected with the National Migration Information System:

1. Standardized National-level Migration Information System
2. Centralized system for facilitating the transportation of stranded people
3. Seamless communication between states through the portal
4. Transmission of NOC from destination states through the portal
5. Availability of the database on the single platform for effective utilization by various stakeholders

6. Easy availability and accessibility of data through login credentials at centralized location for planning such as logistics arrangements, contacts tracing, isolation/quarantine facilities' management, etc.
7. Easy accessibility of the database to the railways and other transportation management system to plan the movement of the stranded people

11.6 A Massive Logistics Exercise

When actual operations for transportation began, the number and spread of people wanting to migrate back from state baffled all estimates. There were a large number of labourers working in unorganized sector, without family and living in groups in hired accommodation, they were not in any data maintained by the department of Labour or Social Welfare. A massive exercise to seek confirmation from the registrants was undertaken through 1200 NCC cadets in the state, each of them calling about 100 people every day. Only about forty per cent of the people from over a million who had registered finally came forward for journey.

Initially, people travelling or stranded on the roads and highways were taken to shelter homes. The migrants' portal offered tracking mechanism for each one of them and data were maintained according to destination state, district-wise location in camps. Since a sizeable number of them were likely to originate from districts in red zones an intense sampling and checking was done before boarding them to buses or trains. The relief camps across the states offered a capacity for over 50,000 people. Proper arrangements were made for their food, shelter, health and hygiene. The guidelines from Union Government suggested that at least 2400 calories were ensured to each person in the day's meals. Suitable arrangements were made for infants and children's food, women were given dignity kits for person hygiene and other needs.

Before being sent out of Haryana the migrants were screened for health conditions and especially for COVID-19, ILI and SARI symptoms. After the health screening, authorities provided a health certificate to the stranded persons/migrants. Only those who tested negative for the above symptoms were allowed to proceed.

11.6.1 A Job Well Done

Up to May 26, more than 2,90,000 stranded migrant labourers and agricultural labourers were transported to their destination from Haryana through Special Shramik Trains and buses to their home states at the expenditure of Haryana Government. These migrant have been sent to various states through more than 3276 buses, out of which 781 buses have been sent to Ghaziabad and Uttar Pradesh. A total of 13,279 migrant labourers were sent to Uttar Pradesh and other states by three trains and 254 buses. Similarly, as many as 49 Special Shramik Trains carrying migrant labourers have been sent to Bihar and Madhya Pradesh, out of which 35 trains have been sent to Bihar and 14 trains to Madhya Pradesh.

Put together, 1,08,728 migrant labourers have been sent to Uttar Pradesh while 47,530 migrant labourers have been sent to Bihar from Haryana. Similarly, 14,940 migrant labourers have been sent to Uttarakhand, while 23,293 migrant labourers have been sent to Madhya Pradesh. Apart from this, 1,231 migrant labourers were sent to Jammu and Kashmir, 950 migrant labourers to Rajasthan, 336 migrant labourers to Maharashtra, 223 migrant labourers to Punjab, 81 migrant labourers to Himachal Pradesh, 204 migrant labourers to Gujarat, 174 migrant labourers to Delhi, 63 migrant labourers to Assam, 40 migrant labourers to Tamil Nadu, 57 migrant labourers to West Bengal and 41 migrant laborers to Andhra Pradesh.



Food, water and other provision for migrant labour leaving by train ready for distribution at Faridabad Railway station.

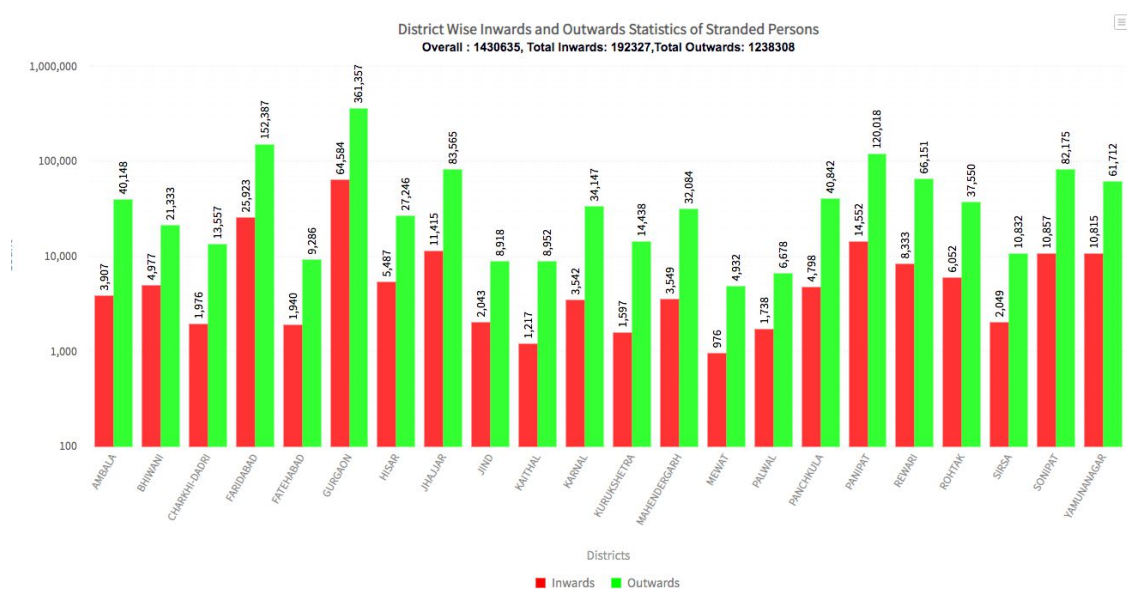
The entire expenditure of trains and buses being run to send migrant is being borne by the Haryana Government. Free of cost arrangements are being made by the state government to keep these migrant labourers in more 600 relief centres spread across the state and to ferry them to railway stations and bus stands. The state government provided them with food packets, masks, bottles of water and biscuits and toys to children for their journey. The returnees were quite satisfied with the arrangements and said that they will also inform others about the work being done by the Haryana Government for helping them return to their home states in this hour of crisis. The Government of Haryana has set a unique example by sending them home safely.

Not a single person among such a large number of travelling migrants tested positive for Corona symptoms. There was a demand to return home from Haryana's people working in other states. Arrangements were made to transport back about 11,000 Haryana residents stranded in other states.

11.7 Reverse Migration

Even during the huge homewards migration across the country, as many as 1.09 lakh people from Bihar and Uttar Pradesh have applied on the Haryana government web portal to return to the state. Data showed that 79.29% have applied for returning to Gurgaon, Faridabad, Panipat, Sonapat, Jhajjar, Yamunanagar and Rewari—the districts with maximum industrial units and business establishments in the state. Over 50,000 migrants want to return to Gurgaon district alone.

This can largely be attributed to the labour-friendly environment, standard wages and stable industrial ecosystem. District officials have very moving stories of departing migrant workers getting sentimental while boarding train and raising slogans like DC Sahab zindabad, Haryana Police zindabad, Jai Haryana, etc. Many among them called back after reaching their homes and promised to come back at an early date. Low Covid-19 case load in various districts and a positive recovery rate also led them to return to their second home.



ⁱ https://www.mohfw.gov.in/pdf/Annexure_MHA.pdf

ⁱⁱ <https://haraadesh.nic.in/WriteReadData/Agriculture and Farmer Welfare/COVID 19/768.PDF>

ⁱⁱⁱ http://storage.hrylabour.gov.in/uploads/labour_laws/Y2020/March/W4/D27/1585310517.pdf

^{iv} <https://www.mohfw.gov.in/pdf/SupremeCourtOrderonmigrants.pdf>

^v <https://haraadesh.nic.in/WriteReadData/Social Justice and Empowerment/COVID19/833.PDF>

12.

REVIVING ECONOMY AND INDUSTRY

The lockdown affected trade and industry in two ways. First, the workers could not go to work, and secondly, the input availability were disrupted, bringing production to a halt. So, in spite of intact workforce and capital there is no output. The disruptions in supply chains have impacted revival time for key ancillaries. Micro, medium and small scale enterprises found it difficult to stay operational due to listless demand and mounting inventory.

With reduced or no movement of manufactured goods these units found it very difficult to sustain regular expenses on salaries and essential maintenances. Sooner than later loss of jobs would have been a direct and unpleasant outcome of this impasse. Amidst the challenge to contain the spread of virus, the Government of India and state government started efforts to mitigate impact of the lockdown on economic activity, by relaxing norms for resumption of industrial sector. The Ministry of Home Affairs (MHA) announced detailed guidelines for restarting of business operations in certain segments with advisories to adopt comprehensive safety protocol by middle of April. The guidelines covered all essential goods and services and also provided flexibility to resume operations even in certain non-essential items. The measures aimed at beginning to stabilize industrial and business operations and save the economy from further contraction. On May 4, revised guidelines were issued for reviving industrial activities, the units were allowed on the automatic route after obtaining an online self-declaration from the industrial units, commercial establishments and construction projects, for complying with the Standard Operating Procedures (SOPs) as provided by the Ministry of Home Affairs.

12.1 Construction Sites

At the time of lockdown, 217 licensed construction sites were operational in the states. These employed a little over 22,000 workers and with their dependents the number was around 28,840. Instructions were given to all the site owners to provide accommodation, food, water, sanitation, health care and all possible help to the whole *in situ* labour in their projects. Gradually, after the first phase of lockdown construction activities were allowed and by that time construction material like cement and steel had also started arriving. After many of these workers opted to go home, by June 15, as many as 15,671 construction workers were still working in these sites.

In the 116 individual construction projects operational in first week of April, 4449 labourer were engaged. They were also helped as per the state government policy for construction labour. There was hardly any migration from this segment and on June 15, the number was almost same.



The Minister of State for Labour and Employment Shri Anup Dhanak visited the shelter homes at the construction sites and reassured the construction workers of full government support

12.1 Resumption and Rehabilitation

A look at the business and industry scenario will unfold the mammoth task that the state has at hand to facilitate resumption and rehabilitation. The industries lying closed because of the nationwide lockdown were gradually allowed to revive. For this, the work of granting permission and passes started on May 9, on Saral Haryana portal saralharyana.gov.in.

All industries were advised to register themselves and make their data available to the State Government so that it can be used while formulating policies in the future. There are about 1,16,700 Micro, Small, and Medium, industries established presently in the state and by middle of May, 55,935 industries had applied on this portal for permission to operate. These include 35,572 industries in urban areas and 20,246 industries in rural areas. Apart from this, there are 608 in-situ industries. With the reopening of these industries, 21,86,098 workers will get work again. Over 24 lakh labourers work in about 35,000 factories in Haryana, out of which 14 lakh industrial workers have returned to work.

There are 43,653 industries with the strength of up to 25 workers. The number of industries having 25 to 200 workers stands at 10,186, whereas the number of industries with more than 200 workers is 1979. In the first two weeks 34,375 industries were allowed to operate. Of these, 18,816 industries are in urban areas and 11, 842 industries are located in rural areas. With the opening of these industries, a total of 15,48,574 workers have been employed, including 8,02,825 workers in urban areas and 4,97,828 workers in rural areas. Similarly, 558 in-situ industries have also been allowed to operate. With this, a total of 26,546 personnel were employed. Of these, 13,574 in 294 industries in urban areas and

12,972 in 264 industries in rural areas have been employed. Similarly, the operation of 1448 brick kilns has also been allowed in the state, in which 2,08,046 workers have returned to work.

In response to the appeal from Government, the labourers have been paid their salaries even for the period they haven't worked. As a balancing act the government has suggested to employers to negotiate with labourers for giving single salary for working overtime for the same period. To overcome the mental stress in the people arising due to lockdown, AYUSH Department has prepared products to increase immunity and these are being distributed free to everyone.

12.2 Industrial Revival: Relief and Strategies

With the gradual easing of lockdown, industrial operation resumed in the state from early June. As many as 38.13 lakh workers have returned to work in 56,000 industrial units of the State. Similarly, the revenue generation of the state has also increased in the last couple of months. The amount of GST received in the state in the month of June 2020 is equal to the amount received in the corresponding period in 2019. Apart from this, the electricity consumption also reached 80 per cent in June 2020 and was expected to regain 100 per cent level in the month of July, 2020, showing signs of resumption of normal working of the industrial sector. In August this number rose to 579 for industries and 553 for other units.

In another facilitating initiative Haryana Udhyaam Memorandum (HUM) portal has been launched to bring all types of enterprises registered in the state on a single platform. This will assign a unique identification number to all enterprises—shops, MSMEs, large and mega industries to streamline permissions and services needed from the government in a seamless and integrated manner. The benefit of any commercial or industrial policy in the future would be given on the basis of the HUM ID. By middle of June a total of 215 industries had registered themselves on this portal.

As a revival strategy, and to address the working capital requirements, the entrepreneurs are encouraged to avail the benefit of loan up to a maximum of Rs 50,000 under the Mudra Yojna (Shishu Category). This loan would be provided on nominal interest of five per cent to the five lakh beneficiaries who would be covered under this scheme. In another relief to the small units aimed at revival of MSMEs, the state government also started the scheme to offer a loan of Rs 20,000 per worker. The interest on this amount up to 8 per cent would be paid by the state government for six months.

13.

STATE CONTROL ROOM HELPLINE

The corona pandemic is not confined to being only a health or medical emergency. It has caused widespread disruptions in social, personal, financial and professional lives of almost all sections of society. Yet the government has to stand its ground not only to sustain the systems of governance and administration as also to reassure the citizens by its presence and support in every situation. This brings into focus the role of a help-line. It is the hand-holding gesture amidst the advice for isolation and distancing.

People found it very hard to cope with unprecedented stresses and challenges in their lives at the onset of Corona disaster. In this crisis they needed a reliable and authentic communication channel with the government which could provide information, guidance, and support as well as listen to their essential needs and necessities. The most important among these is the support aspect which involves administrative response, action and correctives. In a moment of crisis, the role of a government run help-line is far beyond the grievance redressal or guiding functions. It is succor to people when they feel insecure and unsafe, incessantly looking for help.

13.1 Human and Technical Resources

It was in such challenging contexts that a dedicated help-line needed to be made operational within a short time. On March 21 itself, a helpline number 855 889 39 11 at the State Level was started which was later ported to the universal Corona help-line number 1075. To avoid the problem of manpower and technological support, the same agency that runs state's flagship CM-Window help-line was roped in. There were further challenges to have experienced operators who possess some communicative proficiency and counseling skills. A modest beginning was made with about 55 lines which were shared between secretariat staff and the agency. Scaling up of operations was done as the lockdown advanced and people started needing more material and demonstrative support. Guidelines were frequently being issued by ICMR, Central Government and state administration. The response strategies and FAQs needed to be updated several times in a day and the counselors/operators were sensitized regularly.

On the demand side, on an average 4000 calls were received every day from the citizens needing clarity, assurance or redressal to their problems. The calls were mainly related to health and Corona, requirement for food grains/cooked food, quality of food, FPS irregularity, price escalation, availability of essential services/goods, non-receipt of financial assistance or wages, needing medicine, violation of lockdown, etc. As per the standard procedures for a call centre, on each and every issue detailed FAQs were prepared and given to call operators, the list and nature of issues covered by FAQs kept on

swelling each day. Officials from concerned departments and agencies were available in the control room for responding to specific queries and for logging as well as activating remedial measures.

MAJOR FAQS IN HEALTH CATEGORY	MAJOR FAQS IN NON-HEALTH CATEGORY
Basic Information of Symptoms/General Health Related Query	Related to Movement of People
Tele-Consultancy	Assistance for Food Grain and Cooked Food
Enquiring about Health Due to Feeling Unwell	Related to Status of Opening of Private and Public Essential Services
Guided to Hospital	Financial Assistance
Mask Availability	Law & Order/Lockdown Not Followed

On the supply side, the help-line needed adequately informed manpower, officials and quick follow-up. A close monitoring of help-line operations was done by an official randomly accessing the interaction for quality and nature of response. Each case of complaint was forwarded to nodal officer of the concerned district with instructions to revert back with action taken report, both of which were entered in help-line's operational database. A GIS enabled map on each district's facilities and shelter homes was available in the control room. Many a time follow-up calls were made to confirm the resolution with the callers or to inform them about any specific requirement. A very strict compliance protocol was in operation to make the help-line live up to its purpose in all dimensions.

13.2 Timeline

Haryana state control room was setup in March 2020 for the surveillance and control measures against the spread of covid-19 and to assist needy persons. Phone numbers of Control room are 1075, 8558893911. The timeline is as follows:

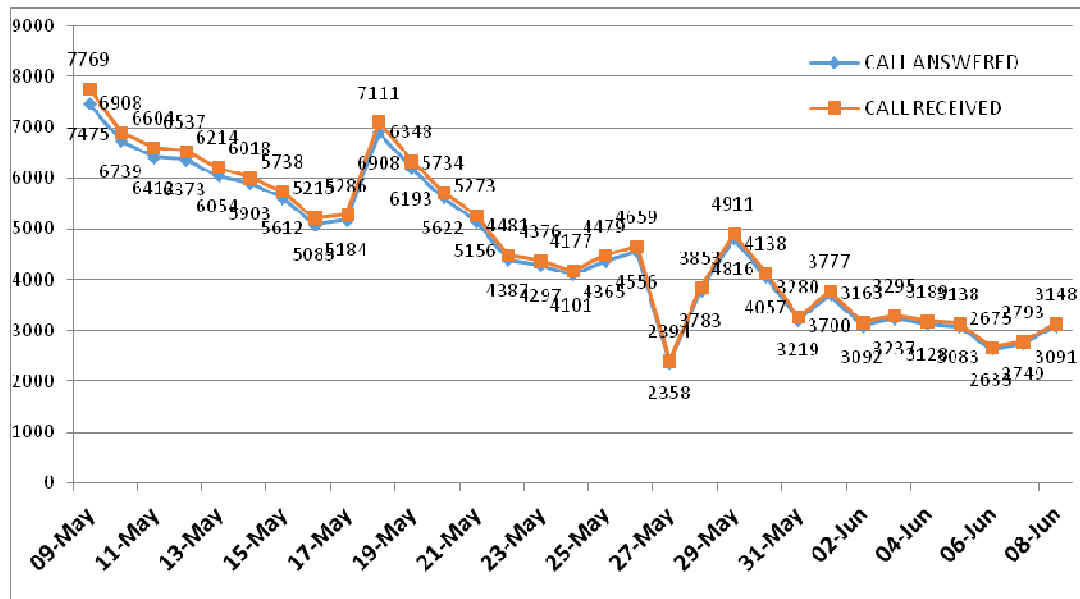
Date	Event
07.03.20	Setup of health call center by NHM with 3 operational seats
20.03.20	Increase of health seats by NHM to 20 for call center
22.03.20	Order of officials for setting up of control room under the chairmanship of Sh. T.C. Gupta, ACS TO Govt. Haryana, Power Department
24.03.20	Initial Set up of disaster management call center in FCR office
24.03.20	Increase of health seats by NHM to 50 for call center
25.03.20	Control room from FCR office and established as Chief Secretary Control room in call center, Sector 16 Panchkula, with 35 seats

25.03.20	Nodal officers of 7 departments were stationed at control room for instant issue resolution
02.04.20	Tele Medicine was started
23.04.20	As the call volumes stabilized, health related seats were reduced to 35 from 50 by NHM
24.05.20	As the call volumes stabilized, health related seats were reduced to 25 from 35 by NHM
24.05.20	As the call volumes stabilized, disaster management seats were reduced to 17 from 35 by revenue management

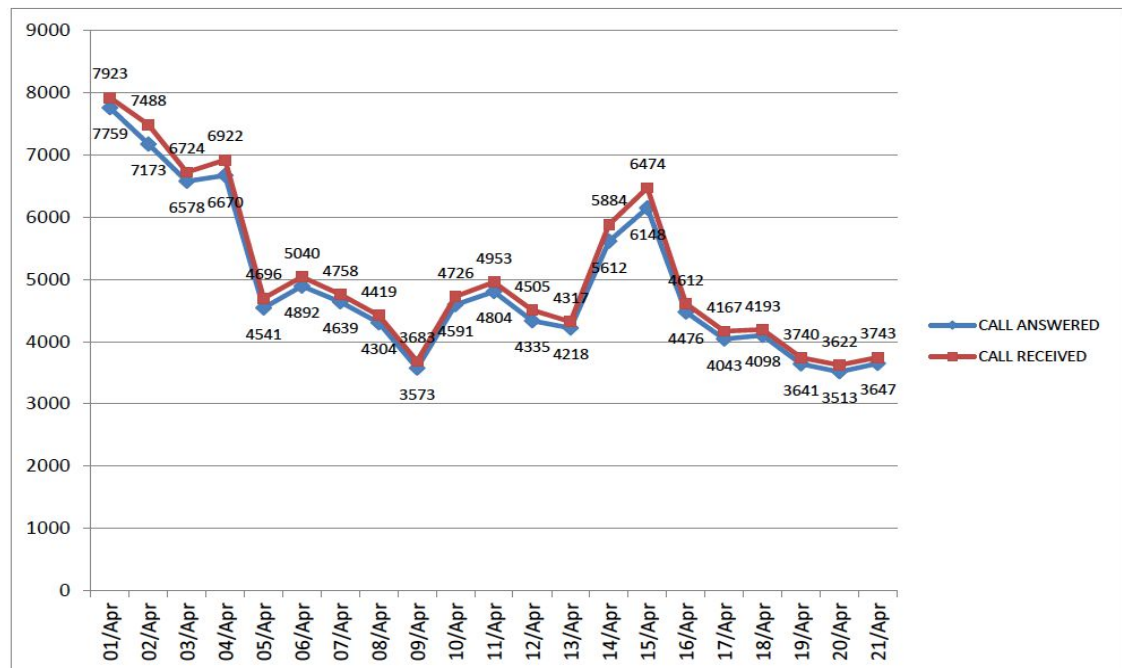
1. IVR for 1075 was created and separate options were made available on IVR for citizens to opt for speaking; 1 for Health related queries, 2 for Non-Health related queries and 3 for Tele Medicine.
2. Agents were segregated based on skill set and trained separately for relevant option
3. Nodal officers of concerned departments were stationed and trained in control room
4. For food supplies, Nodal officers of each district were coordinated with, call details were shared daily and compliance was monitored daily at control room
5. Analysis of control room was discussed in Crisis Management Meeting for further necessary actions. Geographical mapping is done for major issues. Analysis report is prepared daily.
6. Guidelines related to SOP for lockdown and unlockdown were briefed to agents on real time basis and FAQs were prepared for agents to handle queries in an efficient manner.

13.3 Call Analysis

Till 19th July 2020, total calls received at the call center are 5,54,640, out of which 5,29,040 have been answered. Total calls handled for health are 1,76,894, for non-health related queries are 3,39,468 and for tele-consultation 38,162.

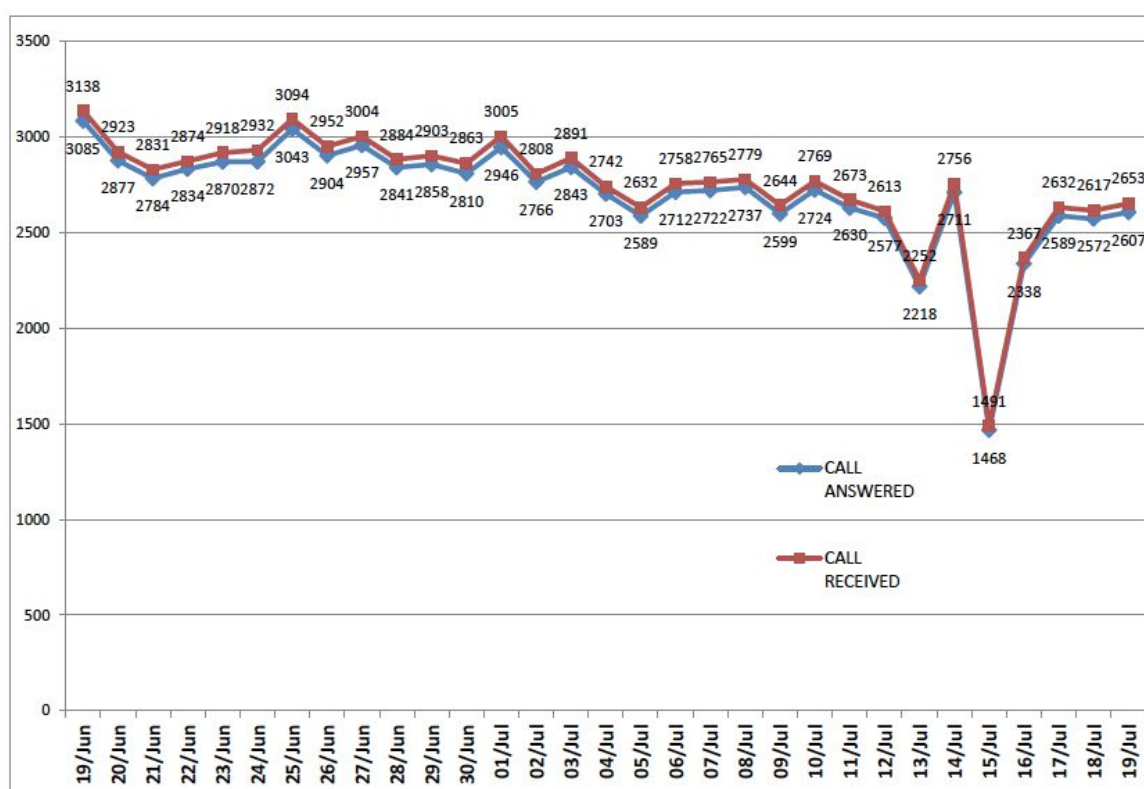


Analysis of calls between May 9 and June 8, 2020



- ANALYSIS OF CALLS OF 20.04.2020 AND 21.04.2020

• LINE GRAPH



Analysis of call between June 19 and July 19, 2020

	20.04.2020	21.04.2020
TOTAL CALLS ANSWERED	3513	3647
TOTAL CALLS WHEREIN DISTRICT CAPTURED	3304	3591
TOTAL CALLS DISTRICT WISE WHEREIN ATTRIBUTES CAPTURED (REMOVAL OF MULTIPLE CALLS)	2195	2356
TOTAL CALLS WITHOUT DISTRICT	77	93
TOTAL CALLS CLASSIFIED AS MISCELLANEOUS	72	105
TOP ISSUES OF THE DAY	Food Supply (49%), Health (12%), Transport(9%)	Food Supply (54%), Health (11%), Transport(7%)

13.4 Monitoring and Control

The control room Helpline maintained data pertaining to:

- Total calls wherein district captured
- Total calls district wise wherein attributes captured (removal of multiple calls)
- Total calls without district

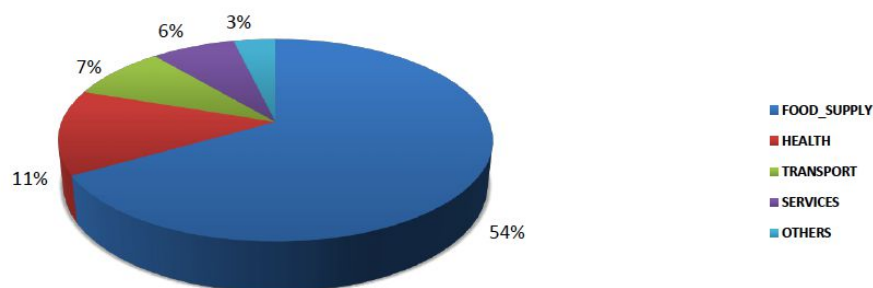
- d) Total calls classified as miscellaneous
- e) Top issues of the day

A progressive analysis of calls received at the control room showed steady resolution of citizens' queries.

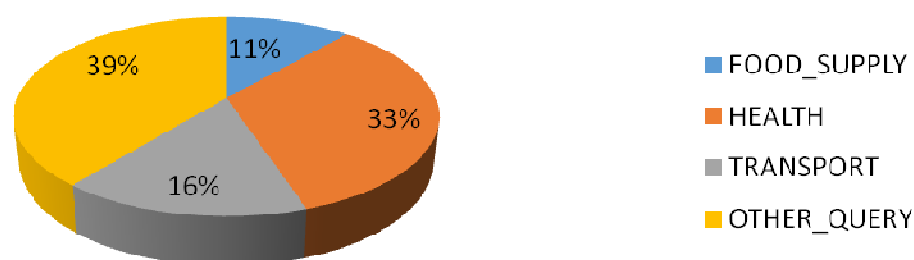
Major Issues	Action By CS Control Room	Analysis
Queries Related to Health and Corona	Information is Shared	Number of Calls came down
Requirement for Food Grains/Cooked Food	Information Shared by WhatsApp with <ul style="list-style-type: none"> Nodal Officer of Food Department at District Level Nodal Officer of Revenue Department at District Level Representatives Appointed by Deputy Commissioners 	Number of Calls for Food Grains and Cooked Foods Increased 03.06.2020 - 28 Pending Cases 04.06.2020 - 30 Pending Cases
Interstate/Inter-district /Intrastate Movement	<ul style="list-style-type: none"> Caller is Conveyed to Stay Home During Lockdown and Maintain Social Distancing Awareness about Movement Pass is Also Shared 	Number of Calls has Decreased
Lack of Information about Availability of Essential Services/Goods	Information is Shared	Number of Calls has Decreased
Financial Assistance has not been Transferred/Wages not Received	Information is Shared	Number of Calls has Increased
Law & Order/Lockdown not Followed	DSP Ranked Nodal Officer of Police Department Coordinates with District Officials of Police Department	Number of Calls has Increased

13.5 Major Issues Handled

A look at the issues raised by the helpline callers show the changing nature of problems faced by citizens from April 21 to June 4, 2020. This time span represents Lockdown 2.0 to Unlocking on May 30, 2020. Initially the major issue was food supply (54%) which came down considerably to 11 per cent by first week of June. Whereas, the health issues jumped from 11 per cent to 33 per cent during this period. However, several other issues, categorized as other queries went up from a small three per cent to 39 per cent. This shows the proliferating nature of problems and piquant situations faced by people during long lockdown period.



Major issues reported to Helpline on April 21, 2020



Major issues reported to Helpline on June 4, 2020

Besides common people, the callers included senior citizens, people with psychiatric conditions, students stranded in the state, financially vulnerable citizens subsisting on meager income, people without any family support and out of job migrant labour staying in temporary camps. Although driven by the robust and advanced information technology, the help-line is more of an altruistic and humane concern by the government.

Name of The Specialty	Number of Specialists Available
Physician MD/DNB/Comm. Med.	64
Physician MBBS	133
ENT	14
Orthopaedician	21
Paediatrician	40
Paediatrician Surgeon	1
Gynaecologist	21
Anaesthetist	20
Psychiatrist	4

Psychologist	29
Dental Surgeon	105
Ayush Doctors	479
Surgeon	28
Cardiologist	3
Ophthalmologist (Eye)	16
Dermatologist (Skin)	2
Radiologist	5
Physiotherapist	2
Pathologist	7
Microbiologist	6
Gastroenterologist	1
Forensic Medicine	1
Chest And TB	4
Total	1006

13.6 Telemedicine

In the later days, help-line also included tele-medicine in its ambit. The Callers experiencing abysmal distress were referred to physicians who had volunteered to help. This was not exactly a full-fledged tele-medicine, rather a tele-consultation service, through which people were able to speak to doctors for proper medical advice or prescription. For anxiety related and psychiatric help, those callers who could not be comforted by help-line counselors, several professional psychologists and psychiatrists offered their voluntary services through this help-line.

14.

ICT INITIATIVES BY NIC HARYANA

All over the world, unprecedented measures and tools are being used in the rare fight against COVID-19 pandemic for the urgency of life saving situations and reasons of providing data assisted response and large community-centered communications. For these reasons the governments put technologies at the forefront of strategies to combat the permeating hazard of medical disaster. In this times of crisis, the tremendous social and financial investments in internet technologies have paid rich dividends in management and mitigation of various unforeseen issues.

The Government of Haryana used its vast IT resource to avail services of this sector for awareness generation and provide technologies using artificial intelligence (AI) to strengthen contact tracing and the management of priority populations. The web-technology was extensively used to provide assistance in maintaining disease outbreak monitoring call centers. Timely information about latest guidelines, policies, welfare programmes, etc. could be provided on government web portals for public access. This situation has necessitated work from home, timely assistance to the citizen and migrant labourers under distress, facilitating and carrying out all government activities with minimum possible manpower, facilitating contribution to the state COVID-19 fund etc.

NIC Haryana is at the forefront to facilitate the State Government in carrying out all these activities and has developed and implemented many ICT applications in record time. Following ICT applications turned out to be game changers during this period.

Video Conferencing (VC) services: VC services have become the core of government functioning during this time. All meeting of the State Governor, Chief Minister, the Speaker



of Vidhan Sabha, Deputy Chief Minister and meetings of senior government officers have been carried out using NIC VC services including web VC setup. Covid Core Group, including All Administrative Secretaries, HoDs and Nodal officers in the Districts have extensively used these services. Technical support has also been provided for conducting desktop based VCs through VidyoApp at the residences of Leader of Opposition, other political leader of the state including MPs. A total of 1621 VCs have been conducted with 2476 VC hours during this period. Two new VC studios were created on urgent basis, one at the residence of Deputy Chief Minister and the other at Vidhan Sabha Secretariat.

State Government extensively used the NIC SMS gateway services also in delivering urgent messages to the citizen, employees and pensioners, etc. SMS and OTP services have also been extensively integrated with various ICT applications developed during this period.

Haraadesh Portal (<http://haraadesh.nic.in>)

The portal provides one stop information on COVID-19 related information with links to the various online services launched for the benefit of the citizen during this period. This portal has provisions to upload and access all COVID-19 related advisories, instructions, notifications, government orders and IEC material, etc. issued by various departments of Haryana Government as well as various ministries of the Government of India. The nodal officers and assistant nodal officers for various departments have been given login credentials for uploading their respective documents on the portal. As on August 14, the portal houses 5593 documents.

Online consent for contribution to Haryana Corona Relief Fund (<http://hrmshry.nic.in/adminlogin.aspx>)

Web application for getting consent for donation amount to be deducted from the salary of the employees of Haryana Government for 'Haryana Corona Relief Fund' has been developed on the direction of Hon'ble Chief Minister Haryana. Employees can opt 0-100% of their basic pay. Same is deducted from their salary and deposited in the Haryana Corona Relief Fund. As many as 1.95 lakh out of 2.8 lakh employees have donated about Rs 71.48 Crore through this link. Same process is replicated for pensioners of state Government and employees of Board/ corporations/universities. Ex MLAs can also donate here from their pension.

TRACKPDS (A Unified Platform to capture the Food grains requests during Lockdown) (<http://trackpds.edisha.gov.in>)

TrackPDS is a unified platform for capturing the requests for food by the residents during the lockdown period. This platform is integrated with State Help lines, District Headquarters and Unorganised Labour Portal and provides facility to manage the beneficiaries. This portal is seamlessly integrated with Public Distribution System for checking beneficiary's presence on PDS System and for issuing Distress Ration Token Portal to the identified beneficiaries. It is also integrated through Web APIs with the PDS, Relief Camps, Jan Sahayak Mobile App, Help Me Mobile App, Unorganised Labor Portal, etc. More than 66793 Requests were registered with the TrackPDS till May 05, 2020.

Covid-Care Workers Management System

A dedicated web portal has been launched for collecting information related to health workers in state of Haryana who are providing services in COVID-19 pandemic, for paying double salary to them as announced by CM Haryana. It is an OTP based login system where all health facilities treating COVID related patients are registered along with a nodal officer. Daily duty attendance is input into the system. The system is integrated with HRMS for fetching basic details of all regular health workers. Data entry of contractual and outsource employees is to be done once at the portal to prepare master data record. One click reports for getting master data and daily duty attendance report, health facility wise as well as for admin are available at the portal. At the landing page a dashboard gives latest count of registered health facilities, doctors, lab technicians, ICU technicians and other staff.

Covid19 Drug Procurement and Distribution (www.dpmuhry.gov.in)

The application is customized to handle the cargo received at Delhi and Chandigarh airport with Covid related supplies. This Application played an important role in managing procurement and distribution of Covid-19 supplies. It is also tracking the donor supplies and helping the district administration in planning need based distribution. It covered all the institution including the user departments. All logistics, procurement and distribution by HMSCL are captured on this portal. All the 478 locations including 7 warehouses are using this portal.

Information Collection Module for State COVID control room

(<http://demo1.medleaprhry.gov.in/covid19>)

State Control Room requires various information on daily basis for administrative reasons, importance of timely availability plays a vital role in managing crisis situation. Email trigger is integrated with application for defaulter district of not reporting information timely. Analysis Dashboard is also under development. As per the new information requirement of State, forms are added with application as and when required on short notice. This portal is monitored by multiply agencies of the administration for better coordination among themselves. In all eleven modules were developed to collect COVID related information from all 22 Districts.

Mobile Health Team Information System (<http://www.dpmuhry.gov.in/>)

The Government of Haryana constituted mobile Health Teams to visit rural as well urban area to screen all the residents for suspected Covid-19 symptoms. This application captures details about the mobile teams, area of their visit, screened resident and suspected cases. Based on the data captured, attempt is made by District administration to manage medical logistics for timely treatment of the patient and containment of disease. State-wide, 475 teams visited, 140364 citizens screened, 2509 detected with severe acute respiratory illness as on April 24, 2020.

Connect Plus Haryana – Mobile App

The android based mobile App for the establishing connectivity between the various services providers/ vendors including enterprises, shops, essential commodities suppliers and the utility service providers with the intended consumers. The App facilitates the customer to find ward wise or Gram Panchayat-wise vendors for calling and placing the orders using WhatsApp. On-board vendors may authenticate on the App and new vendors may register for on-boarding. Authentication process is OTP based. There are two components – Vendors and Customers

e-Market Kurukshetra APP

Keeping in view the need of providing essential products and services at home for the needy an initiatives were taken at Kurukshetra to have a common platform where the service provider and seeker can meet and exchange their requirements for home delivery of essential items and services. The local administration used it for providing essential services like medical and health, grocery, vegetable, dairy and bakery products, stationary, animal husbandry, etc. at the door step. It acts as an aggregator for vendors from different categories and connects citizens with those vendors. It had a total 3300+ downloads with 326 Shop/Service Registrations. Within first two weeks it handled 3643 requests/orders.

Financial support to unorganized workers (<http://poorpreg.haryana.gov.in>)

This portal was started to ameliorate financial hardships of most vulnerable and unorganized workers like street vendors, rickshaw puller, domestic helper, street vendors, etc. who are not registered with government for getting any benefit. Basic details such as Aadhaar, Name, DOB, Address, Account details and Occupation are being captured at

time of registration. Aadhaar and Name are getting checked in real time from UIDAI through AUA. Rickshaw Puller, Labour in Restaurant/Dhabas and Auto Rickshaw with valid registration number were auto-included in eligible list. As many as 34,470 eligible beneficiaries have been paid 1000 per week through this initiative.

Covid-19 District Level Management Dashboard (<http://covidunit.edisha.gov.in>)

Dashboard has been provided at district level and state level. It helps to reach various verticals of local committees in the district. Unit committees used it to survey more than 10 lacs families across state. 1,78,498 families requiring ration assistance details are being pushed regularly to track PDS application.

Facilitation of Industrial/ Commercial Establishment Operations during Lockdown / Curfew by Industries department (<https://saralharyana.gov.in>)

Industrial units in Haryana can apply through this portal to resume operations automatically without any manual intervention. The name of the online service is “Application to resume operations of Industrial/Commercial Establishment during Lockdown/Curfew (service)”. It has been ported on <https://saralharyana.gov.in>, the state-wide Service Delivery portal -- Antodaya Saral. It also enables Industrial/Commercial Establishment approved for resumption to print passes for their employees, subject to approved restricted strength.

Relief camp management system (<https://haryanareliefcamps.edisha.gov.in>)

This system proved to be great help for management of relief camps and stranded persons during lockdown. A free text search facility has been provided at the portal to locate the stranded persons by their near and dear ones. It has feature to maintain the relief camps facilities along with photographs of stranded persons.

Thematic Maps Service

Thematic Maps created for COVID-19 State Control Centre to log and classify calls under 11 different categories, like Food & Supplies, Health, Labour, Transport, etc. A provision for uploading the daily number of calls district-wise for these 11 categories was made. The four thematic maps display total number of calls under each category.

ArogyaSetu Dashboard access and Reports Support:

Arogya Setu App access with the WebVPN accounts got created by NIC Haryana for required officers of Haryana so that the Arogya Setu App usage, Analytics and various other Dashboards support has been provided. The access to all the Deputy Commissioners of Haryana has also been provided along with the raw data of the persons on Unwell, Bluetooth Contacts, Quarantine (travel), Healthy & Proximity, Quarantine due to Proximity and test, Unwell & Travel, etc. It helps DCs and health department to initiate appropriate actions. The Dashboard data figures are for Total Users, Bluetooth Contacts, Positive Arogya Setu users, Surveillance Arogya Setu users, total positive ICMR, Bluetooth Proximity users, Self-Assessment and NCDC Surveillance.

Work from Home (WFH) Support: Work from Home support to Additional Secretary & FA, MeitY, has been provided with the <https://saccess.nic.in> WebVPN and e-office for Files Management System along with the Video Conferencing sessions are available at residence of the officers. Haryana Corona relief fund banner and hyper-link to the SBI collect funds portal for the people were added to CM Window Portal. Several Excel based Charts were designed and prepared as required by senior officers for the benefit of people of Haryana.

14.1 Issues with Internet-based Apps

A number of technical innovations in form of Apps have supplemented measures for mitigation from the Covid disaster. These have enhanced reach of public services while simultaneously trying to control and manage the spread of epidemic. However, many of these smartphone-based interventions have raised privacy concerns in the absence of legal protection against misuse of personal data. Particularly the third-party Apps created for administration.

There are a sizeable population without smartphones to use these Apps. Similarly, ability of a number of people to use features for purposes like registration, etc. poses doubts about exhaustive reliance upon data thus collected. Unless complementary and alternative means are used, it leaves a question about available information regarding persons who do not own a smartphone or an Internet connection or may have run out of mobile Internet plan.

Several instances of leaks and abuse of photos and vital information such as addresses have been reported from some parts of the country. There are major concerns about technological and usability beyond specific contexts, particularly when used for recording data about people identified at risk and those in quarantine. The major issues include:

- For how long the information for the purpose of tracing, preventing and mitigating coronavirus cases will be stored
- Who will or can have post-disaster access to information gathered for the specific purpose
- Safeguards against possible abuse and disclosure of this information
- During the crisis whether the use of personal information be limited to the intended purpose.

15.

EDUCATION

The menace of pandemic and country-wide lockdown has also badly impacted the education sector. Several areas of activity have gradually been opened by loosening rigidities of lockdown, yet no government can hazard the risk of opening educational institutions. The uncertainties surrounding the situation have forced the education providers in India to look for other viable alternatives to minimize the loss for the world's largest youth population. The April 15, 2020 notification by the Ministry of Home Affairs laid down guidelines for various departments to be followed during the lockdown period. The Ministry has directed institutions to adhere to the academic calendar through online education and encouraged the use of Doordarshan and educational channels for teaching purposes. This has prompted the schools and colleges to adopt an e-learning



experimentation at an unprecedented scale and extent. The real challenge in the new dispensation lies for the students from lower and lower middle class who mostly get enrolled in the state-run schools.

15.1 Online School and Technical Education

The scary environment caused by Covid-19 has triggered interruptions which may be of far-reaching consequence, especially for an activity like education. Whole future and life prospects of one generation can be impaired if valuable time and learning opportunity is lost due to lockdown. It is a major challenge for government's organizing and adapting capacities. The challenge is at two fronts—academic and structural. Mainly, because the education system was not yet fully prepared with systems and procedures for e-delivery of courseware, and this shift in delivery mode, employing internet and multimedia technologies, was to be effected within an unrealistic timeline. There are 8,686

government-run primary, 2,423 middle and 1,154 high schools, spread across 22 districts of Haryana. Other than reaching the students through on-line teaching and instructions, areas like mentoring, problem solving and assessments were equally challenging.

Fortunately, the state had a functional EDUSAT project UTKARSH, with four DTH channels, one each for Elementary, Secondary, Technical and Higher Education and one SIT (Satellite Interactive Terminal) channel. The project is providing quality education for upgradation in the general standard of learning, cutting across the economic and social boundaries. The department of education responded proactively with a number of innovative and dynamic steps to safeguard interest and valuable time of students. On April 7, 2020 the Director General Secondary Education-cum-Vice-President, UTKARSH Society announced creation of various e-Learning platforms for students of government schools all over Haryana.



Mid-day meal and books are being made available to school children at their homes only

To begin with, a portal www.haryanaedusat.com has been created to support e-Learning. The complete audio/ video content which is generally used for telecast on Haryana EDUSAT Network has been made available on the portal to help the students continue their academic learning. A general time table/schedule has been created which will be available on the above link. Every day the students with the support of their parents/elders at home and teachers through phone/ WhatsApp will receive lessons. The portal offers links to several other initiatives of the education department like DIKSHA and ChalkLit. In addition to the above, a testing platform (objective type question bank) is being added to the above portal which will enable students to keep track of their daily learning/ progress.

The e-Learning platform requires internet service along with gadgets like computer/ laptop, tablets, smart mobile phones or smart TV, etc. It is anticipated that through the internet supported platforms, a maximum of only 35 per cent students of Haryana can take advantage of e-Learning. Thus, a large segment of around 65 per cent students will be left out, considering that Haryana has more than 52 lakh students enrolled during an academic year. The most pragmatic strategy in this milieu was that Haryana should take advantage of almost universal penetration of TV transmission and the extant EDUSAT Network should be utilized for the benefit of majority of students in the state. To further facilitate the students of government/ private schools in Haryana, it was made mandatory for the Cable/ DTH operators offering their services in Haryana to include the Haryana EDUSAT in their bouquet of free channels.

15.1.1 The Saksham Advantage

Over the past two years, Saksham Haryana has established extensive WhatsApp group networks to deliver key academic content on ground. It has:

- More than 50 WhatsApp groups for District and Block officers and mentors
Teacher training conducted through WhatsApp under DigiLEP Program
- 380 WhatsApp groups for Teachers

Board Exam pattern documents and last year papers shared through WhatsApp

- 56100 Teachers present on these WhatsApp groups

Saksham Ghoshna question banks made available on WhatsApp

This network of WhatsApp groups was re-purposed to support learning from home. Using this existing network the “Ghar se padhao” WhatsApp campaign was launched to facilitate direct teacher-student interaction.

- a) Saksham WhatsApp groups are used to share competency linked

material with teachers

- b) Teachers set up class WhatsApp groups with Parents
- c) Teachers share homework and study material with students each day
- d) Students share homework through WhatsApp photos and phone calls to their teacher

15.2 Ghar Se Padhao

The Campaign has five components of implementation

Awareness and Momentum

- VC with 250+ district and block officers for launch
- WhatsApp infographics with detailed actions for Parents, Teachers, and Officers
- Extensive media coverage

Academic Content

- Videos and worksheets covering Maths, Hindi, and Science/EVS
- High quality content from SCERT, Avanti, Pratham, and TicTac

Reviews and Monitoring

- Tracking of content uptake through weekly google forms
- Regular State, District, Block, and Cluster level reviews on VC

Appreciation

- State level weekly appreciation certificates for Teachers and Officers
- District and block level recognition

Online assessment

- Weekly online quizzes for Classes 5th – 12th
- Recognition of blocks and districts for participation and student performance

While the on-ground momentum for learning through WhatsApp is high, it cannot reach all students. Still, more than 46,000 teachers are sharing content regularly and almost 50 per cent students are connected through WhatsApp.

SCERT partnered with Pratham Foundation to create SMS activities for elementary students. These messages have seen some initial traction among teachers, with mechanisms needed to involve parents directly. As a result:

- 5 lakh students are connected with Teachers on SMS
- 11% of the elementary Student population reached
- 70% of students receiving regular SMSs complete activities

15.2.1 Impact

According to Saksham cell, which is monitoring this campaign, over 8.5 lakh students from class 1 to 12 are being engaged daily. At the end of the week, 1800 mentors call 15 parents each for feedback. It is estimated that the distance/ e-Learning initiative had reached the households of more than 85 per cent of the school going students of Haryana. The students have been provided helpline numbers to interact with the panel of subject-experts to solve their queries. Since the content is coming from multiple sources, it is being evaluated and monitored for relevance and quality at the state level before being sent to the teachers. Some mobile based applications for smart teaching have also been developed. The recently launched ‘Sampark Baithak’ for class 1 to 5 has been well received and appreciated by all the stakeholders in the state. The ‘ChalkLit’ and ‘Diksha’ apps are also being widely used for the convenience of providing e-Learning platforms to the students.

The new chalk-talk teaching model in the state is driven by technology, yet upholds the pivotal role of a teacher. A daily timetable is prepared by the Academic Cell of the department and widely communicated to all stakeholders. The teachers also share it with the students either by telephone or through WhatsApp. Teachers remain in direct contact with parents over phone also to share homework and ensure that students maintain a record of their learning activities at home. The telecast of lessons is repeated to enable those who may miss it in the first instance. It has been decided by the government that until the schools re-open in July, teachers will not only continue to engage the students in academic activities but they are also expected to raise the level of students who are weak in Mathematics and Science and need hand-holding.

15.3 e-Skilling: ITI Online Technical Training

There are 172 government ITIs in the state which provide skill training across 75 trades. During the 2019-20 session more than 65,000 trainees were enrolled in the ITIs all over Haryana. During the first phase of lockdown itself, more than 30 academic days or 240 training hours have been lost. This phase was also crucial for being the concluding period just before the examination, resulting in loss of opportunity to cover crucial sections of the syllabus, having repercussion on the performance grade in the final examinations. In the given circumstances only workable option was to start online skill training programme for the students of these institutes. This was an enormous task to reach 65 thousand trainees in their homes after identifying quality online content and adopting appropriate tools for delivery of relevant content.

State’s Skill Development and Industrial Training Department launched the ambitious e-Skilling project for technology enabled skill-training of the ITI students to engage them with pertinent learning material. Dr. Rakesh Gupta, Director General, SDIT through a live stream communicated the objectives of the programme to more than 3500 stakeholders at one go and urged the ITI staff to play an active role in training ITI students from their homes. Its launching event was attended live by more than 2200 viewers, including department officials, ITI staff and others. Owing to this innovative implementation, the

process of learning for students largely remained uninterrupted and the trainees could be kept engaged throughout the period of lockdown. The SDIT has also partnered with Medha and Udhya Foundations to train employability skills instructors and they have played a major role in content creation too. Additionally, Quest Alliance, an organization specializing in creating digital interactive employability skills training modules was also roped in to train students on employability skills and English communication.

Most of the trainees are from low-income families and may not have access to laptops/desktops. However, a quick survey revealed that more than 80 per cent ITI trainees had access to smart phones and social media platform 'WhatsApp' which could be the possible delivery platform. It was realized that the backbone of e-Skilling communication has to rely on WhatsApp, the most popular messaging platform in India. To facilitate delivery of right kind of curated content, in a timely manner, a three-level structure over WhatsApp was proposed. The First level contained Master Trainers of all trades who joined with State HQ Examination Cell. The Master Trainers were responsible to curate contents on a daily basis. They decided which topic was to be taught on a particular day and the information was sent to the Trade Instructors in the ITIs. The Second level consisted of 80 WhatsApp groups where all the Master Trainers and the Trade Instructors have been brought together. The Third level consisted of 1870 WhatsApp groups where the Trade Instructors joined their trainees. Thus about 2400 plus trade instructors could reach 45,000 trainees.

As many as 75 trades are being taught at these institutions, each ITI was assigned to prepare relevant content for one trade. In order to develop quality content, relevant material was sourced from various online platforms and the resources were catalogued according to the learning outcome. In case of non-availability of relevant material, the trainers and instructors created the content themselves. They created worksheets and demo lessons using their mobile devices. A comprehensive topic-wise plan was prepared by instructors from all the ITIs and the relevant content was compiled. The whole content was hosted at the department portal.

15.3.1 Focus Areas of e-Skilling Programme

- Collating content
- Onboarding Trainees
- Assessment and Analysis
- Delivering Content

A structured timetable was proposed with a streamlined content dissemination mechanism in place. It was important to relay the content at three different periods of the day to ensure that the trainees stay actively engaged and prepared for the sessions. More than one slot in a day would keep them alert and not leave any excuse to miss a lecture. Weekly Assessments were convened by SDIT every Friday and Saturday to the Trade Instructors who further administered the same to the trainees. The Assessment was administered using Google forms. There were minimal resource implications as the teachers in the ITIs were

utilized, in the form of the Master Trainers, who were not preoccupied with their regular curriculum. Easily and freely available technologies like WhatsApp and YouTube were used for the program.

More than 2000 content modules across the trades were curated within a fortnight by more than a hundred trade instructors. This list is only growing bigger. To ensure communication and delivery right from the State HQ to the field trade instructors, 1950 WhatsApp groups were created to bring together instructors and the trainees. Curated content is also available on the departmental portal. Within just one day 45,000 trainees were added to these groups, creating a three-level hierarchy to engage them on a regular basis. The very first online assessment witnessed 65 per cent attendance. All 45,000 trainees attempted the first weekly test. The program ran swiftly and successfully throughout the period. Impact assessment will be initiated once the program gets rid of all the small shortcomings. Anticipating a long gap between now and going back to the regular way of studying, trade instructors at SDIT have begun assembling and organizing trade-related content through various channels and resources such as Bharat Skills portal, You Tube, NIMI Online resources, etc. to create a massive pool of online content.

15.4 Highlights of the e-Learning Initiative

Quest App content is being used for employability skills, in addition to content developed in-house. In order to bring all the content to a common repository for dissemination, trades were distributed among ITIs. Responsibilities for creating WhatsApp groups and guidelines for creating groups were clearly spelt out. The creation of WhatsApp groups for each unit is being tracked through a Google sheet. Trade Masters plan for the content to be sent everyday on a Google Sheet. They also send messages everyday on WhatsApp groups as per the schedule.

E-Skilling Officers have been appointed in SDIT Department to keep track of content delivery. Regular and timely content delivery was ensured by leveraging the complete ITI ecosystem. Weekly Assessments are conducted on WhatsApp using a common answer sheet on Google Form. Answer key is updated by the Assessment Cell every week. Attendance of trainees in the examination and results are displayed on ITI website by Monday. More than 80% of the trainees are participating in e-skilling and taking up weekly assessments. Only practical component of ITI training would need to be covered once ITIs reopen.

15.5 The way Forward

The crisis has awakened us to a bigger question. How can the important part of the life of future generations be saved from an irreparable damage? Can the curtailed syllabus, due to readiness limitations of electronic courseware and e-learning, address the needs of education sector? State governments, who are the largest providers of education are beset with several challenges including large student-teacher ratios, infrastructure and lack of quality training amongst teachers. There is a huge digital divide in urban and rural schools.

The shift to distance learning has many challenges for employing new techniques and resources with tools and courseware customized for diverse requirements. The alternative methods of teaching and learning have also highlighted the need for freeing the classroom syllabi from outdated curricula and a misplaced prominence to information transfer. The 2011 project to distribute cheap 'Akash' tablets to promote e-learning in villages was unsuccessful due to quality and procurement issues. The scheme can be revived in rural areas by the state governments.

16.

CIVIL SOCIETY

In the fight against the pandemic in these troubled times it was decided to encourage participation of NGOs and social organizations. Officers at the district level were asked to coordinate with such organizations to use their buildings and Bhawans as shelters for providing accommodation to the needy people. As far as possible, the hot meals were to be provided with the help of local non-governmental organizations (NGOs).

According to the reports received from the various districts, more than 39,000 volunteers were empaneled by the district administration to assist in the implementation of state guidelines and helping out the affected persons. These volunteers included members of various NGOs, religious and charitable organizations, trusts, clubs, employees of industrial houses, doctors, paramedical staff, self-help groups and people from civil society. District-wise detail of volunteer participation is as follows:

Yamuna Nagar	5043	Bhiwani	1000+	Faridabad	5851
Kurukshetra	5050	Jind	750	Rohtak	126
Fatehabad	9000	Hisar	140	Panchkula	100
Panipat	3303	Ambala	275	Sonepat	210
Palwal	2774	Nuh	265	Sirsa	200
Gurugram	1214	Mahendra Garh	250	Jhajjar	27
Charkhi Dadri	1100	Karnal	1000	Rewari	700

Duties of these volunteers included:

- Preparation of food and its distribution to the needy.
- Helping administration in maintaining social distancing, sanitization, hygiene and ensuring compliance with other guidelines.
- Informing administration about the arrival of the outsiders with travel history.
- Augmenting financial resources through public donations.
- IEC activities in the district.
- Maintaining supplies of essentials through doorstep delivery.

- Relief material distribution and managing shelter homes.
- Arranging accommodation and infrastructure for quarantine and isolation of the suspected cases.

During the lockdown around 2.7 crores cooked food packets have been distributed across all districts of Haryana at an estimated cost of Rs.70 crores, out of which 96 per cent were distributed by NGO's. Around 10.5 lakh dry ration packets at an estimated cost of Rs.25 crores were also distributed by them. Over 20,000 migrants were accommodated in 225 shelter homes across the districts during lockdown. Almost all the migrants from shelter homes have been sent to their home states. All this shows that the people of the state have been very magnanimous and generous in helping the people in distress during the lockdown.

16.1 Crowd funding/sourcing

On March 24, a voluntary programme was launched to enlist provide public support in combating coronavirus. The programme named 'COVID -- Sangharsh Senani' was launched to enroll people to voluntarily render their services in hospitals -- both paramedics and doctors -- and in district administration. Interested people could register themselves on haryana.mygov.in and covidharyana.in. More than 80,000 volunteers registered to serve under this programme. Similarly, more than 76,000 grocery and chemist shop owners registered online to deliver various commodities and services to the homes of people and keep their shops open.

In this hour of COVID-19 crisis, the State Government made an appeal to the society to come forward and help the unprivileged. The government set up the Haryana COVID-19 Relief Fund to which any person could make a contribution through e-banking or RTGS or QR code, UPI, or NEFT. As a result, around 1.90 lakh employees contributed to the Haryana Corona Relief Fund. Over 300 people pledged one month's entire salary to this cause. Even many Group-D employees donated their one-month salary to the Haryana Corona Relief Fund. Initially, more than 2000 people voluntarily contributed by donation to this fund and within a few days, by March 26, an amount of Rs. 5.84 core was donated. With the valuable contributions made by every section of society, including farmers and students, and till July-end, around Rs. 290 crore has been donated to the Haryana Corona Relief Fund.

16.2 Red Cross Society

Red Cross Society has always remained at the forefront of social service. The mission of the Indian Red Cross is to inspire, encourage and initiate at all times all forms of humanitarian activities so that human suffering can be minimized and even prevented and thus contribute to creating more congenial climate for peace. The society wholeheartedly provides relief in times of disasters/emergencies and promoting health and care of vulnerable people and communities.

Haryana Branch of the Indian Red Cross Society has designed its Special Relief Programme to help the needy persons in the times of Covid-10 pandemic. The society had arranged 7809 volunteers, 1072 NGOs and 33 ambulances for supplementing government's efforts during the Pandemic. Its volunteers had distributed 1,44,15,020 food packets, 2,91,103 dry rations bags, 6,59,709 face masks, 20,000 N-95 Masks, 1,54,629 hand gloves, 68,259 hand sanitizers, 2,50,000 strips of respiratory medicines, and 50,000 Vitamin - C tablets. In addition to this, 2,47,500 packets of food supplements were distributed for the children. The Society provided shelter for 10000 to 12000 migrant workers. About 26,752 units of blood were collected from Voluntary Blood Donors by arranging 560 Voluntary Blood Donation Camps during the lockdown period. Its awareness campaigns for social distancing sensitized a total of 17,92,576 persons. As many as 8,76,892 persons were motivated for health and hygiene by various means of communication. Its volunteers worked extensively to sanitize 41362 buildings. During the awareness drive 1,80,000 leaflets have also been distributed up to the end of May 2020. Besides this, special services were provided to senior citizens as they are more prone to the contagion.

17.

RELIEF FOR POOR AND DEPRIVED

The state government, on March 21, urged the people associated with all types of business located in the state to take special care of their employees in this need of the hour. Unable to report for their duty in the lockdown period, these people should be treated as their own families by adopting a humanitarian approach and providing them full support by not deducting their salary or wages.

Arrangements were initiated in the first week of lockdown to provide financial assistance to laborers and BPL families including daily wagers, laborers and construction workersⁱ. There were a total number of 12.56 lakh registered families under Mukhyamantri Parivar Samridhi Yojana, Out of this, 2.76 lakh families were given a lump sum assistance of Rs 84.46 crore in two installments of Rs 4,000. Similarly, it was decided to give Rs. 1,000 per week to 3.85 lakh workers registered with the Construction Workers' Board. Apart from this, it was decided that BPL families will also be given Rs 1,000 per week and separate arrangements will be made for families who are not in the BPL list. Needy persons in all the districts were identified under the Parivar Pehchan Patra programme of the state government and financial assistance was provided to themⁱⁱ.

There are a large number of families which are not covered under the categories of BPL, MMPSY and construction workers but still are very poor. All such families were also to be provided financial assistance of Rs 1000 per week. A SMS based unique system was evolved for the verification of such families who have land holding of less than five acre and annual income of less than Rs 1.80 lakh and are not getting financial assistance under any other category.

By March 31, all the Pink, Yellow and Khaki ration card holder families in the State were being provided ration for the month of April 2020, free of cost. This benefitted more than 27 lakh beneficiaries and a sum of Rs 48 crore was spent on it. It was ensured that ration is distributed to these families by April 5, 2020. In addition, Yellow and Pink ration card holders were given two litre mustard oil, one kg sugar, one kg Dal and 10 kg wheat per member. Apart from this, the Khakhi ration card holders were given 10 kg wheat per member and one kg Dal.

The State Government has collected complete data about each family for Mukhyamantri Parivar Samridhi Yojana, and according to the eligibility, benefits of welfare schemes will be provided to the concerned families. Further, the Bhavantar Bharpai Yojana is being implemented by the state government and benefit of the scheme is being given to the farmers who are registering for the scheme. An amount of Rs 35 crores has been spent for the welfare of workers of the unorganized sector and Rs 6.72 crores has been spent under

the AYUSH mission and an amount of Rs 10 crores has been reserved for Ex-gratia payment.

ⁱ <https://www.mohfw.gov.in/pdf/MoFPMGaribKalyanYojanaPackage.pdf>

ⁱⁱ <https://haraadesh.nic.in/WriteReadData/Finance%20Department/COVID%2019/203.pdf>

PART III

MANAGEMENT AND RESPONSE STRATEGIES AT DISTRICT LEVEL

The Covid-19 pandemic and the battle to contain its spread has brought into sharp focus the acumen, dedication and capacity to motivate and innovate among the officers at various levels. Starting from the administrative secretaries in state capital to municipal commissioners, district officials heading various departments, and the district magistrate as head of the local disaster management authority, each one of these officials has gone beyond the call of duty, putting their own lives at risk to serve people. The crisis was multifold including lockdown enforcement, maintenance of essential services and supply chain up to citizens' doorstep, caring for poor and hungry and an unexpected challenge like huge movement of migrant labour. Creating a formidable infrastructure to counter the massive medical crisis from the existing and often inadequate facilities was the bigger challenge.

After initial national and state level broad strategy, management of Covid-19 now depends upon the crisis management capability of the top district officials. After the state government was prompt to formulate policies and orders, release funds and guidelines, the district level functionaries and civil servants are engrossed to take this fight further by commanding efforts on the ground. In almost all the districts, the DMs/DCs have taken charge of the situation from an early stage and could mobilise personnel from other departments, volunteers, and private medical practitioners and create temporary medical facilities. At the ground level such proactive work plan also enhanced and strengthened capacity of the health system and gave the civil society and religious and charitable organizations a new purpose and identity.

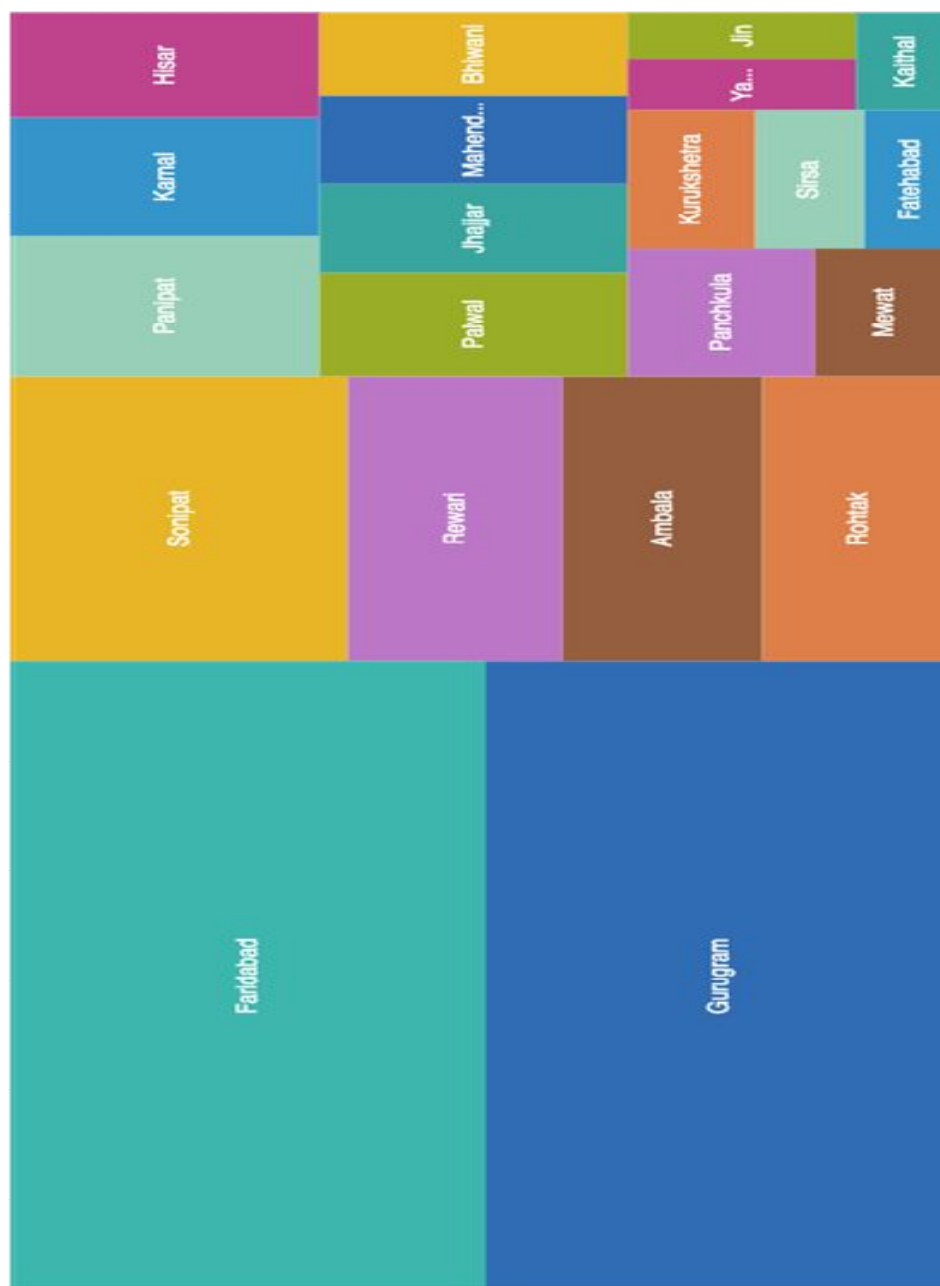
Hardly any formal groundwork or opportunity existed to understand and roll-out an emergency action plan for a crisis of this dimension. District administration across the country were guided, time to time, by the Union Ministry of Health and Family welfare on preparation of district level micro-plan. Starting from setting up of a control room to operationalizing the task force and response teams up to booth level, it was a test of district administration's perspicacity amidst a plethora of other issues at play.

This section briefly records management strategies and innovative responses adopted in the districts of Haryana.

District-wise Status August 2, 2020

DISTRICT	CONFIRMED	ACTIVE	RECOVERED	FATALITIES
FARIDABAD	9,510	968 (10.18%)	8,405 (88.38%)	137 (1.44%)
GURUGRAM	9,412	724 (7.69%)	8,563 (90.98%)	125 (1.33%)
SONIPAT	3,045	301 (9.89%)	2,711 (89.03%)	33 (1.08%)
REWARI	1,949	412 (21.14%)	1,529 (78.45%)	8 (0.41%)
AMBALA	1,810	298 (16.46%)	1,495 (82.60%)	17 (0.94%)
ROHTAK	1,740	458 (26.32%)	1,258 (72.30%)	24 (1.38%)
PANIPAT	1,376	509 (36.99%)	848 (61.63%)	19 (1.38%)
KARNAL	1,155	273 (23.64%)	870 (75.32%)	12 (1.04%)
HISAR	1,029	284 (27.60%)	735 (71.43%)	10 (0.97%)
PALWAL	1,016	171 (16.83%)	836 (82.28%)	9 (0.89%)
JHAJJAR	873	83 (9.51%)	778 (89.12%)	12 (1.37%)
MAHENDRAGARH	867	181 (20.88%)	685 (79.01%)	1 (0.12%)
BHIWANI	808	40 (4.95%)	762 (94.31%)	6 (0.74%)
PANCHKULA	762	349 (45.80%)	410 (53.81%)	3 (0.39%)
MEWAT	567	51 (8.99%)	504 (88.89%)	12 (2.12%)
KURUKSHETRA	562	216 (38.43%)	338 (60.14%)	8 (1.42%)
SIRSA	478	199 (41.63%)	272 (56.90%)	7 (1.46%)
FATEHABAD	396	140 (35.35%)	253 (63.89%)	3 (0.76%)
YAMUNANAGAR	377	184 (48.81%)	190 (50.40%)	3 (0.80%)
JIND	333	137 (41.14%)	191 (57.36%)	5 (1.50%)
KAITHAL	306	86 (28.10%)	220 (71.90%)	-

A graphic comparative representation of number of Corona cases in the districts of Haryana



DISTRICT KARNAL

District administration Karnal initially concentrated its efforts on strict compliance of lockdown by activating ward-wise enforcement teams under a duty magistrate and the local SHO. Authorities were alert about the critical importance of sampling and testing for arresting possible spread of COVID cases. Sensing the shortage of lab technicians, twelve microbiologists were hired on temporary basis for this purpose, besides roping in local chapter of IMA to register about 150 doctors and specialists to voluntarily address people's medical concerns through the telemedicine helpline. Efforts to fabricate mask and PPE kits locally were successful and medically approved kits were available here for Rs. 350 against the prevailing rate of Rupees one thousand.

Testing and Sampling

In the initial phases samples were sent to BPS Medical College, Kahnpur Kalan till such time the local Kalpana Chawla Medical College was approved for Corona testing by ICMR. At present, the district has a per day capacity for 1500 tests. For the suspected Corona cases a quarantine facility was created at the Sanik School and the staff deputed there were given adequate health checkup, training and full protective kit including PPE meant for frontline workers. Checking facilities were started at the 20-odd entries to city along the full length of NH-1 to detect Corona positive cases entering the city. These efforts kept the city safe for the initial fortnight of lockdown.



COVID-19 Testing at Kalpana Chawla Medical College Hospital

When Covid cases started surfacing, the administration responded with full protocol compliance and daily health checkups were conducted in the containment zones. Contact tracing is done strictly under the duty magistrate's supervision. RRTs keep a close watch on the reported contact in isolation for four days, sometimes with the help of volunteers also, before they undergo RT-PCR tests. A fully air-conditioned isolation centre for 600 people is set up for asymptomatic and mild cases. In the

isolation centre daily health checkup, Yoga and psychological counselling is provided. Now RT-PCR results are available within eight hours and Antigen tests are also available for faster preventive testing. Thirty Haryana Roadways buses have been converted into mobile OPDs manned by medical staff from PHCs which reach out to rural areas of the district in such a schedule that every village has a mobile OPD once in three days.

An intensive awareness campaign is undertaken through various modes for wearing mask, social distancing and other preventive measures. Pamphlets along with four masks were distributed along with newspapers in residential colonies. People who are issued challan for not wearing mask are also given four masks free for the entire family.

Leveraging Technology

Once quarantined, it becomes a challenge for the agencies who are involved in the prevention of COVID-19 to monitor whether the quarantined persons adhere to the guidelines of quarantine process. Karnal developed its own mobile Application for tracking of quarantined and corona positive cases which effectively monitors and tracks patients on real time basis. The App uses GPS and Geo-referencing techniques to track the position. A Patient reports on App by clicking his latest photo along with body temperature. Latitude and longitude are being captured automatically at backend of system which shows his current location. It is mandatory for him to report six times with a gap of two hours in a day starting from 10:00 am to 10:00 pm.

To help people during the lockdown period restricted mobility, Karnal Online Grocery Shopping App was another initiative which offered grocery shopping app in Karnal. Using the App people can buy fruits, vegetables & all grocery items Online in Karnal. Several other items of daily need were added to the app and with a click of button citizens could get them delivered at doorstep. Later, local dhabas and hotels also joined it for home delivery of food and confectionary.

Another mobile App registered repair and utility services like plumbers, electricians, AC and fridge mechanics, etc. Trained and experienced service providers were allowed after rigorous health checkup to attend to citizens' call

Civil society Initiatives

NGOs, volunteers, RWAs and community at large emerged as the greatest strength in ameliorating hardships faced by people during lockdown and for helping the needy and vulnerable sections. Total lockdown meant a lot of hardship for migrant labourers as well as other vulnerable people like daily wage workers, homeless people, construction workers, rickshaw pullers, rag pickers, pavement sellers, beggars, etc. To mitigate their plight, the District Commissioner, Karnal responded through an initiative called 'Adopt A Family' right from the first phase of lockdown.



Per week essential requirement of a typical family of five members was estimated to be 2kg atta, 2 kg rice, one kg dal, one litre cooking oil, dry milk packet, one kg sugar, soap and detergent. This provision can be met by a donation of Rupees 500 for one week. A doner could adopt any number of families. More than 500 organizations/ good Samaritans made contribution for this scheme and some have even adopted more than 100 families. One team each for all the 20 wards has been deployed to identify the vulnerable households. A helpline number 1950 has been started at the district level. The vulnerable and needy families were identified by a screening method, including self-reporting at district– and they were provided a packet of dry ration: rice, atta, cooking oil, pulses, sugar, salt, cooking masala, haldi, soap. Supervision was done by a team of / officials, who visit these place to ensure that the provision reaches the needy persons.

DISTRICT REWARI

Early call

On January 30, 2020 when the first case of Corona was reported from Kerala, the district administration in Rewari district became alert. It was the first district to take an early call and convened a meeting of key officials on February 2, to prepare for the emergent challenge. Apprehensive of a possible funds crunch at some critical juncture, an emergency fund was created through voluntary donations from salary of DC himself and his colleagues, then donations started pouring in from general public officials. According to the district authorities, however, the need to use this money did not arise owing to timely disbursal of funds from the state government to the tune of Rs. 1.50 crore.

Vulnerability Factors

Rewari is the last district of Haryana towards Rajasthan. The district share boundaries with Rajasthan which had several hotspots right from the beginning. A large number of people from district working with Delhi police also kept commuting to their homes. Manesar, Bhiwadi and other nearby industrial clusters generate a lot of commuting worker population. People from Pataudi sub-division of Gurgaon come to Rewari because of its proximity for their various day to day needs. Several check-posts were set up to monitor the movement of suspected positive cases.



Rural people have several social traditions sharing the *hukka* and playing cards in groups. announcement in villages by way of *munadi* and other means were made to sensitize people for their protection.

People from abroad arriving under Vande Bharat scheme, landing at Jaipur airport also came to Rewari. Adequate arrangement for their quarantine and other facilities including medical and health checkup, isolation, etc. were made according to prescribed protocol.

Micro-Plan

A posse of Aasha workers led the teams of health checking of 100 percent population. A total of about 1100 people with ILI and other health issues were identified by these teams and kept them under regular monitoring. Wherever a containment zone was

created a nodal officer is deputed to take care of their needs like, vegetable milk etc. Special attention is paid to senior citizens' needs by ensuring doorstep delivery of essential items. Campaigns are launched to create proper awareness.

Health Care facilities

The district has a total of 115 beds in government facilities for treatment of Covid cases and 120 beds available in private hospitals and facilities. Initially the private hospitals and local physicians were reluctant to share their facilities. But they gradually complied with administration's requests after several rounds of meetings. Ten doctors gave services through telemedicine. Requisitioned 25 percent beds and facilities. Final year students from PGI Rohtak and Nursing college Hisar are also helping in healthcare services. Their lodging and boarding is taken care of by the administration.

Private hospitals have been instructed to inform names, address and contacts no. on a Google form of any any ILI patients under their treatment.

IEC

Has flashed detailed information about Covid-19 testing and treatment facilities at various centres. Including the names and contact numbers of the incharge and sampling teams, along with areas under each team. phone numbers are provided here for availing various facilities. Detailed information is provided on the district website about Kiryana/Milk/Chemist Shops.



Leveraging Technology

Through CSR funding an App was developed locally. The App will be helpful in diagnosis of asymptomatic positive cases, particularly the upper middle class people who want to stay home instead of a government isolation facility. It has a self-monitoring feature for body vitals with the help of the oximeter and thermometer used by a person. An alarming variation in the body vitals will give a beep in control room which is alerted to instantly arrange for medical help and ambulance. The App gives details of nearest facilities. Option is also for psychological counselling as well.

The App gives comprehensive information about containment zones, their boundaries, number of patients and effective dates. To meet the challenge of meeting daily needs and grocery requirements of people confined in containment zones calls can be made through this App go to nearest grocery shop for delivery. Gives instructions about hand washing. Separate isolation and quarantine facilities were created for male and females

Migrants

Almost 25,000 distressed migrants transiting from Gujrat, Maharashtra, Rajasthan landed in Rewari. They were housed in a private school with best facilities including toilets. They were provided with new bedsheet, towel, tooth paste, brush toilet soap, etc. besides freshly cooked meals. Religious leaders were called to address them and comfort them in this hour of crisis by discourses. A gazetted officer worked round the clock as shelter home manager. Provision was coming through donations by social and religious organizations to run a round the clock kitchen.

Procurement

Mustard procurement was a big challenge during the lockdown period. The number of mandis was increased to 20 from the earlier 3 mandis. Equally challenging issue was shortage of manpower, especially the people trained in procurement process. Mera Fasal Mera Byora portal was used for systematic procurement process that lasted a longer than normal duration of procurement. Wheat procurement was also smooth and registered a higher and seamless operation than earlier years.

The district maintained round the clock 1950 helpline under the charge of a Nayab Tehsildar, who ensured call back to verify resolution of citizens' needs. Proper call log and data maintenance was done to analyse the patterns of citizens' requirements for assistance.

Civil Society and NGOs

Local NGO extended great help in the thick of crisis. To keep its machinery in perfect fettle, the district administration took over from NGOs to handle the food distribution by rotation to be ready for withdrawal of voluntary services. By way of recognition of their services, the administration also issued commendations certificates to them. CSR help poured in profusely from Bawal and Dharuhera industrial Area.

DISTRICT AMBALA

Vulnerability Factors

Being a bordering district to Punjab substantial movement from Punjab side was noticed in the initial period of lockdown. Just before that 379 people from abroad also landed in the district, all were identified and quarantined. Many people from Punjab come to Ambala for medical and other services, which had to be tackled by sealing the boundary with Punjab. There is a porous and long border with the Punjab state and the district administration found it very difficult to control movement through hundreds of contact points. During lockdown, the stray dogs were becoming violent due to shortage of food, Radha Swami Satsang people fed the stray dogs two times a day to keep them pacified. The local cloth market turned out to be a hotspot after multiple Covid positive cases were found here.

Ambala was the first district to start Theekri Pehra in the villages which was very successful in monitoring and checking entry to the rural areas. Persons coming from outside to villages were reported to health and civil authorities through panchayats. This community policing tradition saved the rural areas from Corona. In the urban areas also RWAs and other community organizations kept the vigil wherever it was feasible.



Doctors interacting with patients at Covid Care Centre, Bhurewala

With the 1950 helpline a close contact is being maintained with the medically vulnerable people like those with comorbidities, TB, patients needing dialysis or with cancer and heart ailments, and senior citizens etc. On an average 200 calls are made each day to this group to ascertain their wellbeing and needs. Those who need isolation are facilitated as per the protocol.

Over 2280 Saksham Yuva young women are working round the clock to assist and comfort the pregnant ladies who were under tremendous stress and anxiety due to

lockdown. Nursing homes and hospitals with maternity facilities are identified and made safely functional after sanitization etc. to help the expectant mothers and their families.

Migrant Labourer

Migrant labourers heading to UP and Bihar coming from Punjab towns also landed in large numbers. As per the advisory proper arrangements were made for their stay in Shelter homes with three meals, health checkups, etc. Anganwadi workers took care of the ladies and children in these camps. On an average 4000 migrants were housed in various shelter homes before these migrants were transported to their home towns by trains and buses. Till the time they boarded trains or buses all their needs were well taken care of.

On their return these buses were sanitized and the deployed staff was medically examined and sent in quarantine.

For local population ward-wise arrangements were made for free distribution of cooked food to the poor and needy. The contract labour was provided the food cooked and supplied by NGOs and charitable organizations through their contractors.



Distribution of food items and children's kits to departing migrants at Ambala Cantt. station

Testing and Surveillance

Extensive testing is being done in the district for those who have travel history and contacting is being done of their contacts. By middle of July about 450 such cases came into notice. More than 20,000 samples have been tested in congested and contagion prone areas like subzi mandi and local cloth market where quite a few cases were detected. By this time quantum of tests had reached 16000 per million. Police assistance and mobile locations are being used for the purpose of contact tracing of positive cases. The contact tracing team comprises of a Aasha Worker, ANM, local police and a health worker.

SoPs were devised in cooperation with the military authorities regarding defence personnel's movement into the cantonment area and their quarantine procedures.

Medical Facilities

The Civil Hospital, main government hospital in the district is open for non-Covid and general ailments. The local MM Mullana Medical College hospital, Mission Hospital and Rotary Club hospitals are being used as Covid hospitals. One hundred OPD teams are functional in district to take care of health care needs of citizens.

At present there is provision for 545 beds in the dedicated Covid facilities. Over 2000 Covid care and 15,000 quarantine beds are available for any surge in cases. Final year students of MBBS and Nursing courses are helping in maintaining these facilities.

Till the first week of July, the number of positive cases was under 450. However, at the time of writing this report the total cases were 1195, with ten deaths and 946 recoveries leaving 239 active cases.

Community Endeavour

Local gurudwaras and Radha Swami Satsang Beas were frontrunners in providing food in this hour of crisis. For about a month more than 4000 migrants in camps as well as needy people in various parts of the district were given cooked meals by their volunteers ungrudgingly. Even a common citizen came out with whatever help he could to save migrants from hunger and deprivation.

Industry

There are a number of units in the district specializing in manufacture of hospital beds, especially ICU beds. Efforts were made to keep them running and functional during lockdown. These units could meet their orders from different parts of the country in time. The other indigenous industry mainly employs local labour and as such not much dependent on the workforce from other states. They could revive most of their operations with the help of industries department and administration.

DISTRICT JHAJJAR

The district has an area of 1834 Sq Km and a population of 958,405, of which 45 per cent is urban and 55 per cent live in rural area. It has six blocks and three municipalities. Jhajjar has Asia's biggest footwear park employing almost two lakh migrant labour. A total of 368 brick kiln employ about 70000 labourers, the largest number in Haryana. Forty percent of district's enterprises are in rural areas.

Health Care

According to the Deputy Commissioner there is an attacking strategy instead of wait and watch policy to fight Covid-19. Among the 22 districts of state, the first Covid positive case appeared in Jhajjar after 18 district had already reported positive cases. Number of positive cases in the district remained comparatively low, in spite of its proximity to Delhi with more than a hundred hotspots.

The district has one main civil hospital in Jhajjar and two hospitals in each sub-division. Dedicated Covid facilities already in place include 1400 beds, 12 Covid Care facilities are ready and five more are under preparation with approved tenders. Food and other supplies' tenders are approved and ready. Even preparation for availability wood for cremation in monsoon days have been made. The district has reported 3.44 per cent test positivity, and a fatality rate of 0.7 per cent. Doctors are working day and night. When five medical personnel were found positive, hundred percent testing was done in hospitals which restricted the spread and saved patients and other workers in hospitals.



Newly acquired ambulance waved off by the Deputy Commissioner Jhajjar

Micro-Plan

For testing facility purposes the whole district, including urban or rural areas, is divided into 41 zones according to health facility distribution in the district with 41 incident commanders.. As and when cases will come these will be open till now only 16 zones have been activated. Health facility doctor was in charge of testing. Area information was given to respective duty magistrates and doctor. Three-member team including doctor, police and magistrate. Home isolation or government facility. Contact zone was decided accordingly. Within two hours, containment zone was announced. Time is critical for making containment zone. Surveillance teams are deputed. Each zone has an Ayush team also. Each SDM is aware of teams under him. They have made their groups and keep on communication.

Awareness, proper utilization of facilities and strict adherence to guidelines in containment zones has proved to be of paramount importance. Two centralized helpline work round the clock, calls are regularly made to each patient for ascertaining any problems, ensuring supply of medicine and and whom to contact in emergence. Deputy Commissioner himself, as also the ADC and CMO keep on randomly calling these people to test reliability of helpline.

Containment zones are monitored by control room for situations and facilities. Preparations are in place to tackle up to 200 cases per day. Chain teams are to be activated as per the need and emerging situation. Existing resources have been mapped according to any alarming future scenario. By middle of July 800-1000 cases are being tested each day. Both RTPCR and antigen tests are being done. Preparations for Pool testing are in place.

Community Endeavour

Theekri Pehra, round the clock community vigil was very effectively implemented. Not even a single person anywhere in any village was allowed to enter from outside. One person coming from Telangana, when refused entry to his village, went to the nearby town. Incidentally, during the testing in the local Mandi he was also tested and found positive. This tradition and the villagers' alertness saved the day for several villages.

Essential Supplies

No reliable data about local shopkeepers was available either in city or villages. Even milk supply system had no data. It took just one week for the administration to collect data about milk producers and sellers from villages and their target markets were identified along with address and contact number of city bulk supplier.

Similarly, vegetable growers list was prepared village-wise, information about volume of their produce and markets was also gathered. On the same lines, all grocery

shops in rural as well as urban areas were enumerated. All data was properly collected and catalogued. The strategy behind this move was to restrict movement and ensure supply. One person from the group of 6-10 shop owners was allowed passes to purchase stocks from other places for the whole group.

Delhi's Azadpur sabzi mandi was a potential Corona hotspot area. On 22 April as soon as first case was reported there, an alert was sounded in the local sabzi mandis. On April 25, Bahadurgarh and on 28th Jhajjar reported their first positive cases, these mandis were closed down. A total of 73 case were detected in time.

The data of vegetable growers was used to mobilize SHGs for distribution of vegetables. Over 25000 ladies from these groups started distribution of green vegetable in 30 wards of Bahadurgarh and other areas of district through 60 teams. For 28 days mandi was closed but home delivery of fresh vegetables was smooth. The data of wholesalers, distributors, and retailer came to rescue.

Local and Migrant Labour

Almost 90 per cent of the labourers working in unorganized sector and seasonal as well as daily wage workers were rendered jobless. Here again the administration had no data about each category of labourers. A quick survey was conducted. The main area housing this workforce was divided into 18 sectors and separate teams, comprising of one NGO representative, one volunteer and three officials were made to register almost 40000 identifiable families with about two lakh population engaged in about 2800 small and medium establishments. Each of the 200 teams deployed for this purpose did registration for 50 families day per and completed this mammoth task in four days flat.



Morning Yoga at the Migrant Shelter camp in Jhajjar

Another problem was the influx of migrant labour from other states, when tried to stop them through nakas, they starting moving along railway line and agricultural fields or trying to escape in containers with Delhi as their destination. Their movement was controlled in time and outstation labour was put in shelter houses. As many as 85000 migrant people were registered in district and transported as per the protocol. Before transportation each one of them was called to inform their pickup and assembly location.

The large number of Brick kilns were instructed to keep their labourers at locations only and provide for their food and other needs. When the lockdown was opened they were sent back to their homes on the employers' expense.

The key strategy adopted by the district authorities was proper utilization of resources and decentralization of mitigation and management.

DISTRICT YAMUNANAGAR

The district, after promulgation of lockdown, was doing well on the course of restraining any untoward spread of pandemic till April 9, 2020 when the first positive case of Corona came to light. In the meantime, the authorities struck close coordination with the local IMA and were assured all help and cooperation by the local medical community. The available government health care facility in the district was also organized for any emergency. Since the district was relatively free from Covid scare in the initial almost one month the local sugar mill was running to full capacity. Sugarcane farmers and mill workers adopted full protective measures like masks and sanitizers against Corona.

Innovation

The district administration brought self-help groups and local administration together with the objective of ensuring regular production and supply of face masks, the essential means of protection from COVID-19. Yamunanagar was the first district in Haryana to encourage SHGs to produce masks. 2 lakh masks produced. It was reported that 50 such groups involving 192 members produced over 90,000 masks in a day. To highlight the endeavor of SHGs a kiosk was put up at the DC office for distribution of masks.

Health and Covid Care

The district has three Dedicated Covid hospital for severe patients, six Covid care centers for mild or very mild or suspected cases, and 21 Covid health centers for patients who are clinically assigned as moderate. It is ready with 500 beds and adequate oxygen supply. For recruitment of medical officers and other hospital technical staff, 23 post were advertised in the last week of March. DPS school hostel is requisitioned for final year MBBS doctors from Mullana medical college in village Gangoli. All health care facilities have sufficient medical supplies, staff and medicines to face the pandemic.

Projection estimated a doubling rate of 21 days and 2500 active cases by end of July but the curve fattened earlier. The Deputy Commissioner along with Superintendent of Police tried to visit every containment zones to encourage the frontline health workers and as confidence building measure for general public. At one time there were 73 active containment zone, it opens in almost 36-40 days, on an average 10-11 cases were trickling in and almost equal numbers were recovering. By third week July a total of 185 cases were reported, of which 132 had recovered and after 3 deaths, 50 active cases were still there.

Migrant Labourers

Yamunanagar is gateway to Bihar and UP for migrant labourers coming from Punjab and Himachal. First major brush with crisis occurred when a heavy influx of migrant

workers started. They were put up in shelter homes at Radhaswami Satsang Bhawan, and many among them reported positive impact on their personality and as a result habits and abandoned minor vices like drinking and smoking. Inmates at the shelter camps were provided hygienic ambience, food and other amenities. A baby boy was delivered at the migrant camp, in the typical Haryana tradition gifts were given by the administration to the newly born.

Arrangement were made for spiritual discourses, yoga and entertainment. Mr. Sukhvinder, the finalist from Zee TV's Voice of India reality show enthralled them with Bihari and Bhojpuri folk songs. Enormous and systematic arrangement was made to transport them back to their native places. A large group of 5000 migrants was sent from Jagadhri to Bihar in a single day.

Awareness and Voluntary Participation

Civil society and NGOs were actively engaged in works like food distribution. Teams were deployed to ensure timely distribution of PDS ration individual FPs shops were opening as late as 9 p.m. in the night. Community organizations including Red Cross helped enormously initially for food and essential supplies' distribution. These organizations sent counsellors to shelter camps, in containment zones, carried out IEC campaign petrol pumps put up big sixes hoardings for creating awareness. Garbage pickup vans carrying message for safeguarding against Corona, did rounds of cities.

Revival of Industry

Plywood industry starting working to almost 40-45% to its capacity by second week of July while other industries were limping back to normalcy. Administration is constantly in touch with industrial associations and whatever help and facility they needed were provided. Issues regarding supply of raw material from Saharanpur district was sorted with the cooperation of UP authorities. Most of the labour employed in plywood industry is from Odisha, West Bengal and Bihar. Full production is expected to start after their return by middle of August.

DISTRICT HISAR

District Administration Hisar has been actively working to deal with the COVID-19 crisis management. In order to take control of the prevailing COVID-19 global pandemic, it took stringent measures to create awareness, providing interim safety and precaution by making relief camps, following up with individuals for home quarantine, sanitizing the colonies, public places, RWAs and providing facilities like mobile grocery shops and came up with innovative ideas to tackle the situation and keep it under control.



The DC Hisar, Dr. Priyanka Soni launched the mobile App developed by the NIC

Health Infrastructure

For a population of 19,73,736, the district has three government civil hospitals at Hisar, Hansi and Adampur, has one Maulana Azad Medical College, Agroha, ten CHCs, thirty-one PHCs and 16 private hospitals.

The district is working with adequate testing infrastructure for conducting RTPCR, Rapid Antigen Test, CBNAAT tests, which includes two COVID Lab, two Private Collection Centre and five Fixed Site for Collection of Sample at Hisar, Hansi, Adampur, Barwala

and Medical College. The district has a per million test count of 10,820 and a case fatality rate of 1.32 with sample positivity of 2.6%.

Covid Management Strategy

Includes public awareness, contact tracing and strict enforcement. A total of 1206 RRT functional teams have already surveyed 79769 out of an estimated 327696 total houses. These teams have scanned these households for various type of vulnerabilities like, old and very old persons, pregnant and maternity cases, children below 10 years, persons with pre-existing diseases like HIV, TB and Cancer as well as other chronic cases.

For 139 Active Containment Zone by the middle of July, 174 Team have been constituted who daily screen 1966 houses screened for ILI Symptoms, 140 sample were taken in containment areas. The district is prepared for the peak management planning with 296 critical care beds, 691 oxygen beds and 3947 isolation beds. Doctors and staff nurses are available in sufficient numbers, tenders have been done

for outsourcing catering, laundry and sanitation services and mapping has been done with Government CHC/PHC for drugs and ambulance. The authorities have ensured availability of over 250 ventilators, if need arises.

Community Mobilisation & Awareness

To ensure the timely response and support to the residents, dedicated helpline numbers are issued for information of symptoms, precautions, testing, quarantine and to file complaints. These include two medical helplines, one essential supplies helpline, two volunteers and NGO helplines, Kisan Bandhu Helpline, besides District Call Center, Ambulance and police helpline. Areas of potential sources of contagion are sanitized by the field staff and the Civil Defence team is conducting awareness amongst unorganized sectors and lower income group areas.



Citizens and NGOs generously donated food and provision for the needy. Mayor of Hisar Shri Gautam Sardana is seen supervising on such depot

Compliance of Orders and Advisories

Instruction for precaution measures to be taken by the individuals along with Do's and Don'ts were issued and displayed at all public places, government office, bus-stand, railway stations, RWAs gate etc. Special team was appointed and all instructions were displayed within single day time at all locations. Necessary direction for action against the violators of lockdown was issued and published on all social media platforms. The district administration passed an order for restriction of all movements except the essential services and started online services for the issue of passes. Citizens can apply for 'Movement Pass' through the 'Saral Antyodaya Portal'. Individuals with travel history and asymptomatic and symptomatic conditions were identified and necessary arrangements have been made for quarantine purposes.

Essential Supplies

To ensure the protocol of lockdown and less movement of people on streets without suffering or loss of daily essential items, Hisar Administration started doorstep delivery services via Zomato and other dealers. A Control Room setup to monitor

essential supplies facilitated doorstep deliveries of essential commodities through Zomato, Hisar Fresh, various Kirana Stores and other dealers. Rates were fixed for essential commodities and ward-wise vendor contact details were released for the provision of all essential supplies across all wards

Hisar Administration has developed facility for providing food for poor. It also requested leading hotels, restaurants, food chain supply and volunteers for preparation of food packets to the poor, homeless and in slum sections. Community kitchen have been set-up to feed approximately 8000 people while maintaining all norms of social distancing. Organized under 'Feed the Poor Challenge', meals and dry ration were distributed in the slums. Free home delivery of meals was arranged for elderly, differently-abled, students in PGs, and other people in need.

Migrant Movement

Hisar Administration set up relief centers/ shelters for homeless with optimum capacity of beds along with volunteers' team in different locations of city with food and medical facilities. Doctors and Yoga Trainers are also available at these centers for meeting medical requirements and maintaining a healthy, safe and secure environment. As many as 37 shelter homes with capacity to house 5062 persons were set up by district administration. Volunteers made food, shelter and medical facilities available at these homes, women inmates were given special women kits having masks and sanitary napkins. Daily visits by the Commissioner, DC, SDM and other Officers to ensure health, hygiene, cleanliness and ration supplies at all shelter homes. After taking due approvals these labourers were sent to home districts by Shramik Trains.

Leveraging Technology

Connect Plus App was introduced for connecting community to shopkeepers, electricians and other utility service providers. Essential supplies delivered at doorstep through Zomato App. Hisar Fresh is another local app that is delivering essential services.

The Connect Plus, prepared by the district administration and NIC, facilitated the common man to get essential goods and services at home, and also connected to those engaged in self-employed work such as electricians and plumbers will pave the way for work between lockdowns. Details of about two and a half thousand vendors are available on this app in Hisar district. Any new vendor or service provider can install this app on their mobile, only through phone OTP or call 1950 number and get their registration done for delivery of goods and services.

After installing, as soon as a person selects the district and area, he/she gets information about all the vendors around him for commonly required items like grocery items, medicines, grocery, milk, packaged food, vegetables, fruits, soaps and bathroom products. Apart from this, if anyone needing services of an electrician,

plumber, carpenter, CCTV mechanic, DTH mechanic, telecom mechanic, IT mechanic at home, can contact through the list available on this app. This also made it easier for these self-employed entrepreneurs to run their services in lockdown.

Effective Communication

Flag Marches were conducted to create awareness among the citizens and monitor the areas by the administration. For this purpose, 54 cars were prepared for awareness, to deliver food, medicine and other essential items in the rural as well as urban areas.

Special home delivery service was ensured for all healthcare workers and their families through District Administration and Red Cross Society through its Dhanvantri Sewa programme.



Dr. Priyanka Soni, DC Hisar flagged off the Corona awareness campaign conducted by the DPRO

DISTRICT PANIPAT

The historic city Panipat, also known as City of Weavers and Textile City covers a geographical area of 1268 sq. km. Handloom weaving and foundry of agriculture instruments are the main industries.

Public Information Strategy

As an important institutional initiative the district adopted a strong communication strategy for handling the situations arising due to Covid-19. The IEC instrument, besides the contact numbers of district control room and police control room, provided telephone numbers and names of grocery store, medical store, Sector Officers, Municipal Councilors for all of the 26 wards. Unit level teams were activated to reach out to people. Over 750 volunteers participated in administration's social reach out programme. A WhatsApp group was created to ascertain needs of people. This initiative was appreciated by many people who wanted to travel back to other countries even by chartered flight but needed administration's support. This was particularly helpful for the senior citizens.

Health and Covid Care

First case of Corona Positive patient was noticed on March 19, and active surveillance and sampling was triggered immediately through teams comprising of health and extension workers and police. To save maximum population from hazards of Corona,



Municipal staff worked round the clock sanitizing Panipat city and adjoining towns

hospitals and physicians were instructed to report each and every case of ILI and use Google form for registering and reporting related cases. The health department was experiencing shortage of trained lab technicians, pathologists and other related staff at

that time. This hampered testing also to some extent, although 200-300 samples were being taken daily and sent to Khanpur Kalan Medical College lab. Later, these posts were advertised and the recruitment process is on. To avoid any delays and smoothen health care management an HCS officer was assigned to coordinate with activities and requirements of health department.

However, the IMA extended its full support during the crisis and 22 of its member physicians volunteered to work in shifts for treatment of Corona cases. The Dental Association also lent its support in testing and sampling work along with primary as well as secondary contact tracing. Ayush and homeopathy practitioners worked wholeheartedly in dispensing immunity booster formulae. Retired government doctors aged above sixty years also joined in supervision and counselling of home isolated and quarantined patients over mobile phone and Apps.

Health department has made preparations to introduce plasma therapy and a plasma bank is shortly going to be set up in the district. Rotary and Red Cross volunteers also came forward for crisis management. Fund raising was done through CSR activity which yielded a contribution of more than one crore rupees. This fund and contribution from MPLAD was used to bolster medical facilities.

At present Panipat has two category I dedicated Covid hospitals, four Covid health centres and eight Covid centres for asymptomatic and suspected cases. Till last week of July a total of 854 cases were reported, of which 435 had recovered and after 11 deaths there are 408 active cases.

Community Endeavour

RWAs and volunteers helped the administration in tiding over the crisis for essential supplies once the lockdown was enforced. A large number of poor and daily wage earners were saved from starvation by this army of volunteers who distributed sixty to eighty thousand cooked food packets in the thick of crisis across several colonies. Dry provision and ration was saved for distribution later. Enormous help poured in from citizens and social and religious organizations in the form of cooked food and dry ration throughout the district, and no government funds had to be spent on this count. Local gurudwaras and Radha Swami Satsang led from the front in feeding the migrants in shelter camps and free distribution of meals and provision to poor elsewhere.

Migrant Labour

The district witnessed a huge movement of migrant labour from the local industry as well as from other states. The district administration has special word of praise for SDMs of Panipat and Samalkha for deftly handling the huge number of migrant workers first in the shelter camps and later in arranging transportation by trains for over one lakh people to various destinations in UP, Bihar, Jharkhand and West Bengal.



Emotional scenes were witnessed at the warm send-off to the migrants at railway station by the district officials including the Deputy Commissioner

Revival of Economic Activities

Handloom industry has started operations and is functioning up to 50-60% of its capacity. Initially a large number of migrant workers employed in the local industry had registered for returning back. But they later preferred to stay back and that has helped in early revival of manufacturing. The farm labour had migrated in large numbers and they are also slowly returning for paddy sowing season. Farmers have also made their own arrangements to ferry back farm labour. Labour with MNREGA entitlement is also being used for paddy cultivation.

DISTRICT NUH

Averting the Social Crisis

The district experienced a different crisis with influx of people on March 30 and 31 from Tablighi Jamaat who had returned from congregation at Nizamuddin Markaz Delhi, through different routes. Concerted efforts were made to identify almost 700 of them in various localities including mosques and *madarsas*. They had to be convinced hard for shifting to government quarantine facilities. An arduous contact tracing process, also using mobile locations, led to identification of other people also. To ward off the misinformation doing rounds and avoid the eventuality of this turning into an ugly communal issue, religious and community leaders extended full cooperation and helped the administration in settling this situation peacefully. They circulated recorded messages to community followers and accompanied the medical teams as volunteers. Initially only nine people from Jamaat had symptoms, but when all were tested within two days 37 people tested positive. Three villages were completely isolated and all essential supplies including cooking gas, water tankers and vegetables were ensured.

Thereafter everybody fell in line and with adequate medical assistance, food and medicines, etc. they were all convinced to abide with administration's guidance. By middle of May zero active cases were reported.



Medical team for testing and surveillance at work

Vulnerabilities

The district witnesses a large number of daily commuters from other states. Many local residents are working as heavy vehicle drivers who travel across the country before returning home. Strict theekri pehra was conducted by village panchayats and

in urban areas also people were vigilant about movement from outside. Being a largely rural district there was no noticeable shortage of food items and the local FPOs ensured regular supplies. Village sarpanches also ensured movement of food grain and vegetables. There was a massive community solidarity and participation during lockdown. The local MLA led from front in helping people.



Mobile testing facility at Nuh.

Health and Covid Care

The district has G H Mandikhera Hospital as the main health facility along with Shaheed Hasan Khan Mewati Government Medical College and Nalhar Hospital. It took just five days for the health department and administration for medical checkup of five lakh people through 289 teams. Quarantine centres setup initially were converted into Covid care centres. Enough supplies of protective gears with sufficient medical and paramedical personnel ensured regular testing and surveillance of containment zones.

In the last week of July, a total of 487 cases were reported, of which 408 had recovered and after 10 deaths there were 69 active cases.

DISTRICT BHIWANI

The district authorities started planning for the crisis in the third week of March to ensure essential services and supplies. Supply of food and ration was ensured to slum dwellers and unorganized labourers. Doorstep delivery of ration was ensured to PDS beneficiaries by bringing the FPS owners on board who volunteered to bear the cost doorstep delivery of ration. In the first week of April itself 90 per cent ration was so delivered.



Vulnerability

The district had its initial brush with pandemic in the first week of May only when two cases were identified with travel history to Nizamuddin Markaz. Two villages were isolated and aggressive sampling, testing and contact tracing was undertaken. Fifty teams were mobilized to do sampling and testing in nearby villages which prevented further spread of virus. Containment restrictions were applied wherever all contacts were not traceable. In case of small number of cases surveillance was done without containing the area.

The number of positive cases started increasing only after May 30, when lockdown was lifted. Cases came mainly from other places like Gurgaon and Delhi. An App was introduced new cases on the basis of feedback from panchayats and police department. On June 2, the local Grasim textile mill reported two fresh cases of Corona and as a precautionary measure the mill was asked to shut down operations. It was a difficult decision in the circumstances. By that time cases had increased to 150. After intensive testing and checkup the surge was abated in two weeks. In spite of restrictions on social gatherings, a marriage function saw appearance of more than 50 cases in the first week of July.

Health and Covid Care

Three general hospitals in Devarala, Siwani and Bhiwani, latter has a government hospital as well. Besides there are seven CHC hospitals in the district. Yet the administration finds the facilities inadequate for the present crisis. In view of availability of only ten ventilators in government hospitals, private hospitals were roped in to shift five ventilators there. These hospitals also offered services of their doctors in government hospitals. At present the district has a total of 1000-bed capacity which can be used for Covid centres. But most of the cases appearing there are mild and asymptomatic, there was not much pressure on these limited facilities. Several house to house surveys were conducted to identify vulnerable people and over 79,000 such cases were noticed. Primarily, it was surveillance, sampling and tracing of contacts that has saved the situation till now. In last week of July a total of 746 cases were reported, of which 689 had recovered and after 5 deaths (all with comorbidities) there were 52 active cases.



Leveraging ICT

To streamline and ease the process of ordering groceries, medicine and other essentials, District Administration came up with Bhiwani Bazaar App to provide an option to the citizen to order essential goods from their home. The App was formally launched on April 3, 2020. It is basically a tech-driven *Parchi* system—listing required items and their quantity. The overall idea was to keep this platform simple as it is a non-commercial application but very convenient to use by virtue of its design. It works as an aggregator where the vendors are connected to the customers. Almost 2000 Apps were downloaded in the first couple of days. District administration has also encouraged the vendors to deliver the goods with no delivery charge and laudably, some of the vendors have willingly decided for free delivery as their contribution to management of this pandemic.



Deputy Commissioner Bhiwani is seen addressing Migrant labour at a shelter camp

Other Issues

There were some glitches in the harvest procurement when the local arthiyas showed their reluctance to participate in the new procedures. As an alternative, gram panchayats were involved to work as handling agents with payment of usual handling charges. Gram panchayats were happy with this arrangement and although the arthiyas came around to participate after some time, four centres were allowed to be handled by the panchayats. To overcome labour shortage, MNREGA labourers were also used for procurement process.

Information Dissemination

Multiple awareness campaigns about the pandemics and safety and prevention guidelines were organized by the district administration with the active involvement of panchayats and municipalities. People were sensitized through flexi boards, pamphlets and announcements from utility vehicles. The local NGOs sponsored jagrukta rath (awareness chariot) for doing city rounds for this purpose.

DISTRICT JIND

Covid Management

Compared to overall situation in Haryana state, the district had lower Corona case load. This continued till last week of July when a total of 203 cases were reported, of which 69 had recovered and after 5 deaths there are 31 active cases. However, the administration showed no complacency. By middle of July it had tested a total of 10,761 samples and determined a low 1.4 per cent positivity rate. No Antigen tests were conducted in view of the low positivity outcome.

At the peak of crisis there were 41 containment zones which came down to 18 by July 14, on account of better recovery rate. This was supplemented by door to door survey by the teams comprising of Aasha worker, ANM staff and a healthcare worker. Vigorous contact tracing is being done for each case and technology is being leveraged to ascertain movement of patients through mobile location tracking. Positive cases in containment zones are also monitored for any outside movement through GPS technology with the police department.

Data from Arogya Setu App is observed daily to ascertain any new ILI reported in the containment zones. Immediately the surveillance protocol is activated and all precautions to ascertain exact nature of health issue are taken.

More than 200 pulse Oximeters are purchased for the people in isolation who cannot afford to buy their own. Each patient is called four times a day to ascertain his health, provide any guidance, counselling or medicine by the respective teams. The DC himself makes it a point to make such random calls to verify efficacy of the system.



Officials distributed masks at the Sabji Mandi, Jind

Preventive Measures

The surveyed showed that 84 per cent cases were reported among the people commuting from Gurgaon or Delhi. In the situation administration asked Roadways to maintain record of each passenger travelling in their buses, to make contact tracing easier in case any traveler is tested Corona positive. Two such cases of people having

travelled in roadways bus were detected and this precautionary measure was of great help in tracing and checking all the co-passengers. Check post nakas put up at district borders had strong tent like structures to protect the staff from heat and rough weather. Every contact tracing team is provided with N-95 Masks and PPE kits.

Community Participation

As a special initiative the administration activated and mobilized local community under the CRI (Citizen Resource Information) policy of the state government. A strong structure of local committees was created. These committees kept in close communication with each other and abreast of the ground situation through a mobile App. The control room set up for helping migrant labour is converted to Covid control room to centralize information about facilities, requirements and new alerts about containment zones.



Cooked food distribution by NGOs at the migrant shelter camp Jind

Mobile awareness vans were put up in association with directorate of public relations using Rs. Five lakh fund received for IEC activities. These vans are deployed in containment and hotspot areas.

Health Infrastructure

At present the district has 27 bed capacity for Covid treatment with Oxygen and ventilators, which can be increased to 150 on two-day notice. The newly inaugurated wing of civil hospital has an oxygen tank of 10,000 lt. capacity. For category two cases 377 bed capacity is available and Covid care centres set up in dharamshalas and community halls house 870 beds.

A total of 18 ventilators are available in the health facilities in the district. Funds from local parliamentarians MPLAD funds were made available to supplement the number of available ventilators.

Livelihood Revival

The district has a large number of poultry farms and hatcheries which were facing acute shortage of poultry feed due to lockdown. The administration coordinated with the HAFED for making available the feed available through e-auction. A large number of workers are employed in the three NHAI projects in the district which were revived and facilitated after the lockdown was lifted.

DISTRICT CHARKHI DADRI

Strategic Clarity

Right from beginning of this crisis, the district administration adopted information and awareness creation as the main strategy to contain the spread of pandemic. Intensive sampling and contact tracing was the next in strategic approach in this regard. A team of twenty key officials led by the DC, including the medical team, counsellors and a representative of voluntary organizations had a regular meeting schedule of 9.30 a.m. daily to review and chalk out the strategy and priorities for the day. All verticals worked with perfect role clarity and absolute synergy.

It was perceived that awareness about the manner of Corona spread and its prevention will save people and this message was repeatedly and regularly sent to the community through audio and visual media like banners, stickers and jingles, etc. The recovered patients were requested to talk to other positive patients to allay the fear of Corona and for waging an effective fight against it. Information about the adequate health care facility was widely spread to reassure people.



Officials at Charkhi Dadri hold meeting to take stock of the arrangements during lockdown

Vigil-based Prevention

All along the district has had a low case load and till last week of July a total of 132 cases were reported, of which 88 had recovered and after one death there are 43 active cases. A close watch was kept on the people coming from outside. People themselves, their family, neighbours or panchayat functionaries inform the authorities and they were allowed to settle only after testing positive otherwise arrangements were made for their isolation and quarantine as the case may be according to protocol.

Home cooked, nutritious and fresh food prepared by the SHGs was provided to inmates at a subsidized rate. Senior medical staff and district officials, including the DC himself make it a point to personally visit the containment areas as a confidence building measure among the anxious inhabitants. Ayush medicines and other immunity building formulae are distributed freely in these areas to prevent the spread.



Fodder was provided to animals by Charkhi Dadri administration during lockdown

For the sake of better compliance and management small sized containment zones were set up. Emphasis was on proper enforcement and round the clock monitoring and deep contact tracing. A number of mobile sampling labs were deployed for time-efficient and wider coverage. Testing was not done randomly, but the focus was on identifying the pattern of vulnerability to contagion like contact with infected person, group or crowded activity or a travel history. Spread was checked in the local LIC unit by intensive testing after a couple of staff were found positive. All bank staff were tested and market associations were involved for testing of business and shop owners and their staff.

Health Infrastructure

A new and separate entry was created in the district Civil Hospital so that Covid and non-Covid treatment can be done simultaneously without any disruption. Enough bed capacity has been created in the existing healthcare facilities in the district which includes ten ventilator beds and adequate supply of oxygen cylinders. Plans have been chalked out to tackle any sudden surge in cases. The large government school, Sarvodaya School and two halls of local Radha Swami Satsang's building have been prepared for creating isolation and treatment facilities. The administration is hopeful that going by the trend thus far, such an eventuality may not arise.

DISTRICT SIRSA

Preparation

Sirsa has one Civil hospital at district headquarters and two other civil hospitals at Dabwali and Ellenabad besides seven CHCs. Learning from the sudden surge in other pandemic struck countries and in view of the limited specialized health care facilities the district administration had its first meeting to review the situation in first week of January itself. This was followed by three meetings with the local chapter of IMA to involve private medical facilities and doctors. The IMA agreed to spare 25 per cent of its facilities for pandemic related cases. Final year students of MBBS and nurses from nearby colleges joined the fight against Corona. After another meeting for stocktaking of situation on March 10, to identify the available facilities ventilators. Dera hospital also pledged hundred bed facility for quarantine purpose.

In the beginning even masks were not available, help was sought from the social and voluntary organizations to procure masks and sanitizers in bulk. Initially for about a fortnight PPE kits were not available, fortunately no positive case appeared in that period. Gradually all supplies became normal and oxygen supply was available aplenty.



Deputy Commissioner and SP Sirsa keeping night vigil

Prevention Strategy

The district had its first Covid case on March 30. As a preventive follow up 25 teams were deployed for door to door screening and sampling. When cases increased the focus of monitoring and contact tracing shifted to containment zones. For every positive case 20-22 contacts were traced. After 25 people from a Mumbai based group

of 35 tested positive all entry points were sealed and 100 per cent thermal checking was started. The staff at the toll-plazas were trained for checking travelers. Theekri pehra was strictly enforced through panchayats, Sarpanches and Numberdars. Cent per cent checking was started if any doubtful cases were reported from an area. As a result, till last week of July a total of 290 cases were reported, of which 200 had recovered and after two fatalities there are 88 active cases. One of these cases was being treated in Hisar and expired there only. One 90-year old lady in the district recovered from Covid.



Theekri Pehra for surveillance in rural areas

Essential Supplies

Dynamic response strategy was devised to negotiate the situation after lockdown. Area-wise list of vendors with their names and phone numbers were circulated, prices of food and other essential items were fixed and strictly monitored throughout the district. Home delivery of daily needs was ensured through volunteers for the families confined in containment areas. This was a big confidence building measure for the citizens and ensured their full cooperation with the administration.

DISTRICT PANCHKULA

Challenge

Panchkula, the satellite city of the Union Territory of Chandigarh city is also district headquarter. Four other towns in the district are, Barwala, Pinjore, Kalka, and Raipur Rani. The first case was reported from the densely populated Kharak Mangoli, where a 38-year old woman tested positive for covid-19 and the area was contained as a containment cluster. In addition to this, ten people tested positive from a group of about 80 persons with travel history to Nizamuddin Markaz, Delhi. A number of returnees from US were reported who needed to be monitored, tested and isolated if need be. A close watch was maintained upon other slums and infection prone areas like Rajeev Colony bordering Chandigarh. Besides the nine positive cases from a single family in Sector 15, a rising number of cases were being reported from bordering areas of Mohali and Chandigarh. The administration responded promptly by restricting entry from the two cities and from Himachal side.

Health Care and Covid management

On medical side, a strict sampling and contact tracing campaign was launched. With



the help of extension workers of health department door to door surveys were conducted to identify people with ILI and SARI symptoms along with other vulnerabilities. Ten teams of Anganwadi workers, ANMs and health department worked long hours for sampling, testing and contact tracing. Haryana Roadways buses were deployed as mobile OPDs and test labs.

Panchkula has three major hospitals including the well-appointed government Civil Hospital with two CHCs, eight PHCs and five dispensaries. Availability of Dental Surgeon was ensured in civil hospital for any Emergency during lockdown period. For attending to health related calls from senior citizens a helpline and eight mobile units were pressed into service. Intensive monitoring, containment, sampling and

testing saved the district to a large extent from any big spread like other adjoining cities.

The temporary infrastructure to manage the pandemic, include three Dedicated COVID hospital for severe patients, five COVID care center (CCC) for very mild or suspected cases, and two COVID health center (CHC) for patients with moderate symptoms. As per the official reports, in the last week of July a total of 452 cases were reported of whom 247 people were discharged after recovery and 203 active cases were being treated in various facilities after two fatalities. Present facilities are enough to treat up to 500 cases and arrangements are in place to increase this capacity at a short notice.



Felicitation of frontline warriors

Helping Migrants and Poor

Migrant labour came mainly from industrial town of Baddi in Himachal and were lodged in shelter homes in Kalka and Pinjore. Other than these twelve shelter homes were set up in Barwala, Raipur Rani, Mouli and outskirts of Panchkula. Local NGOs and volunteers helped the administration to meet the food and other requirements of people in shelter camps and the impoverished population who needed immediate support. After mapping needs of slum and informal habitats, one NGO was assigned to distribute food and dry ration for each cluster.

DISTRICT FARIDABAD

Due to widespread industrial and commercial activity and a porous border with NCT Delhi, Faridabad, the north-west district of Haryana is at high risk potential for spread of COVID-19. Faridabad district administration has taken its Covid management strategy as a lesson in planning and mobilization. All long, there has been due emphasis on spreading awareness and wide dissemination of authentic and official information. It has documented every detail and made it as an important resource for regular training of workers engaged in various activities. Over 400 officials have been imparted refresher training, with due observance of safety protocol in July.

Micro-management

With cooperation of IMA and wholehearted support of private health care providers, the administration assured people about adequacy of the available medical facilities in the district. In a major initiative, help was taken from Dr. Ramesh, the Pulse Polio drive expert in the district. His team of 1800 health workers helped in surveying five lakh households in two days flat and gather data about vulnerable population.

Surveillance and monitoring was entrusted to 327 booth level units. Besides Aasha worker, medical personnel and police these teams were supported by over 15000 volunteers. The target was to have a monitoring unit for every 10-15 households. The incident commanders were told to flash a local helpline to facilitate inhabitants. Each sector level committee was aligned to to near CHC/PHC and an ambulance. Nearest government isolation facility and hospital were earmarked to avoid any confusion in this regard. A Plasma Bank has also been established in the district. Covid treatment and care facilities include:

1. Four Dedicated COVID hospital for severe patients,
2. Nineteen COVID care center (CCC) for mild or very mild or suspected cases, and
3. Twenty COVID health center (CHC) for patients who are clinically assigned as moderate.

In the third week of July a total of 7911 positive cases were reported out of whom, after 120 fatalities, 6337 persons were discharged and 1574 patients were recouping in various facilities.

Food Distribution Action Plan

The administration planned the requirement of food for its all citizens of all ages in the District. In consultation with DFSC, DM-HAFED, Red Cross Society, SDM, Faridabad, a plan with a strategy was worked out under the

guidance of Nodal Officer. Details of Migrant labour/ unorganized sector labour/people in-distress were collected from all government agencies. With requirement for 14,000 families (each family consisting five members) and



Social distancing at Faridabad shelter home

50% as extra reserve, Government assistance during said period is estimated for 21,000 families. Volunteers from local community were engaged in all the 40 municipal wards of Faridabad along with ward councilors for helping the District administration in distribution of food to needy persons. Funds and other resources were managed through contributions from civic society, semi-government and non-government organisations, CSR funds, Red Cross, Disaster Management funds, Municipal Corporation funds, food items available in mid-day meal scheme, Anganwadi ration, PDS and other government schemes.

Leveraging Technology

The manual system of logging and responding to citizens calls was time consuming and lack any reliable procedure to take feedback. Also there were no tools for real-time monitoring and reporting. In view of such issues, IT supported procedures were devised to provide one stop solution by inducting a digital platform and an automated process to streamline the process. It was a great challenge as well as opportunity to apply knowledge of computer science to make the control room of Faridabad a model for e-governance. **Jan Sahayak App** and admin website is an initiative in the same direction. It employs Web and App tools to transform the service delivery by removing the redundant layers between the citizen and the goods/services that he/she is entitled to. It was also able to keep track of the requests and assign responsibility to administrative personnel.

The website interface is shared with health department control room to register complaints regarding health issues. The other source of requests is the Jan Sahayak App which is available to citizens with OTP based login, the App

detects GPS location of the request. The various categories of requests include those pertaining to food, health, law and order, shelter, and much more. The user can also see all his requests at one place along with action taken on each one. Both the App as well as website are managed through a centralized database. Depending on the type of request and its location (ward-wise in Faridabad), the request is automatically forwarded to the concerned official (Health request to health officer, food request to ward officers, and so on) with a notification on their App, along with an SMS alert.



Faridabad DC office: Hub of e-conferencing and monitoring

Use of Technology for spreading awareness

1. From Smart City ICCC control centre police personnel are using Public Address System (PA), to spread awareness of COVID19 protection guidelines to the citizen.
2. Variable Message Sign (VMS) Boards are used to spread awareness of COVID19 protection by showing government message and displays
3. Faridabad Smart City uses digital social media platforms like WhatsApp to spread awareness, district help desk information and positivity in the time of such crises.
4. Through this campaign Smart City reaches 5 lakh citizens of Faridabad.

Documentation

Concerted efforts were made to revisit and revise existing administrative and disaster management structures and approach. A comprehensive documentation of initiatives and management strategy has been done to serve as guide for the officials, health workers and volunteers for consistency and uniformity of activities in all sectors. They may also serve as guiding detail for replication elsewhere.

DISTRICT KURUKSHETRA

Preparation

Since the first reported case in first week of May Kurukshetra has had 65 containment zones. Before that the administration advised all the hospitals to carry out a preparedness drill on Sunday, March 22 according to guidelines of the Health Ministry. Further all hospitals must provide treatment free of cost to any medical personnel who pick up infection while treating patients and no suspected Covid patient should be turned away from any hospital and the admission of any such patient should be notified to NCDC or IDSP immediately. All hospitals were to organize OPDs in such a manner that patients exhibiting flu like symptoms are attended separately from other patients and spaced out so as to avoid overcrowding and the patients suffering from chronic diseases and minor elements may be advised to utilize OPDs in primary/ secondary care facilities rather than crowding tertiary care centres.



Alert and dedicated Kurukshetra medical teams at work

Health and Covid Management

Private medical service providers were initially skeptical about their role in disease management, several rounds of meeting they agreed to put their facilities at the administration's disposal and discretion, if the need arises. The health department mandated that some beds should be prepared for creating isolation facilities in every

public and private hospital and hospitals should mobilize additional resources including masks, gloves and personal protection equipment. Healthcare personnel should be trained for dealing with any foreseeable emergencies and infection prevention and control practices. In the sampling and testing procedures effort was made to engage technicians and health workers and keep the doctors focused on the treatment aspect. By third week of July the district had registered 366 confirmed cases out of whom 218 recovered and two people succumbed to contagion.

Community Reach Out

In order to elicit positive response and cooperation from people information dissemination was undertaken in a big way. This was further augmented by curbing of fake news and misinformation. Existing media groups in the district were also advised to cooperate by bringing any issue to authorities notice in time for satisfactory redressal. Setting up of a district helpline with ten landline numbers and a control room to coordinate various departments activities set clarity and transparency in operations. Elected representatives and voluntary organizations were effectively involved. MLAs and Councilors ensured social audit of the welfare measures by the administration. Decentralization of management activities was enforced through Incident Commanders to save time and fine-tune decision making. Such steps helped in commanding people's trust in crisis management by the government.



Ration kit donations by the staff of Power Grid Corporation of India Ltd. Kurulshetra

The district administration experienced bigger challenge in managing huge influx of migrant labourers. Local Radha Swami Satsang Bhawan provided shelter and food before guidelines were issued by the state government. Large number of voluntary organizations came forward to support migrants in the shelter camps. Instead of cash donation through CSR, all help was sought in kind. Collection was mainly mobilized by people's representatives. Food was distributed through decentralized depots and to avoid overcrowding at the distribution centres, cooked food packets were given instead of dry ration. Over 400 volunteers from Red Cross took part in various

activities. Many children and pregnant or lactating women among the migrants were taken care of personally by the Anganwadi workers.

Lessons Learnt and Suggestions

In an informal interaction with the district authorities, following takeaways and suggestions were noted:

5. There should be a database of staff at the district level, including semi-government and autonomous entities for entrusting responsibilities in emergencies. There are a number of departments and agencies which have adequate man and material resources, vehicles, logistics, etc. Their utilization can reduce the load on core officials and facilities to concentrate on issues central to the situation.
6. The HRMS data being inadequate in this respect, an employees' database system should be developed locally for functions like census and election duty besides crisis management.
7. Disaster management guidelines in financial matters should be more flexible. Some financial autonomy may be accorded to SDM level officers in emergencies. Instead of fast changing guidelines in a crisis of this unprecedented nature, authorities should issue standard guiding principles.
8. Seeking NGO support every time, leaves an unwanted impression. Instead, expenses from the DC's discretionary fund should be allowed till such time voluntary support comes from civil society and community.
9. Provision of food for staff and workers engaged in shelter homes and surveillance duties was a major embarrassment at times. It big was a dampener on the enthusiasm of these people. Provisions in audit for such expenses may be relooked at.

DISTRICT KAITHAL

Kaithal was made a district in 1989 including some part of Kurukshetra and Jind district. In 2011, Civil Hospital, Kaithal was upgraded to Newly Indira Gandhi Multi Specialty 100-bed Hospital over an area of around 15.5 acres. Now there are six CHC, 17 PHCs and 143 Sub-centres in the District. However, in a review meeting on March 4, the district authorities found the available resources and facilities very inadequate. The government hospital had no ventilator, only two ventilators were available in the private hospitals. Even thermal scanners, PPE kits, N-95 masks and sanitizers, etc. were scarce. Gracefully, the first case in the district was reported on April 1, that allowed time to acquire necessary medical equipment and resources. As a major preventive exercise extensive information and awareness campaign was launched throughout the district. Private hospitals' facilities have been booked as contingency in the event of any spike in cases. In anticipation of rush at the wheat and gram procurement, a quarantine facility of up to 6000 capacity was readied.

Testing and Detection

Almost all of the cases in the district were reported from the people coming from outside. Initially it was four members of the Tabligi Jamat, which led to testing of 25 children in the local madarsa. Later people coming from Gujrat, Maharashtra, Delhi and Gurgaon led to surge in cases May onwards. This necessitated strict vigil and checking on the state borders. In all 30 teams for sampling were working in the district.



Regular thermal scanning and surveillance in the containment zones of Kaithal

As a precaution, harvesting machines coming from the adjoining Patiala district of Punjab and the accompanying workers were thoroughly tested for any signs of Corona. Yet after returning to Sangrur (Punjab) one of the workers called the Kaithal authorities to inform about his testing positive for Covid. Immediately three villages, where he worked, were sealed and 272 persons were tested. None was found Positive.

A total of four category-II Covid care centres, two each in government hospitals and private hospitals, and six category-III Covid health centres are functional in the district.

This approach has yielded very encouraging results. By July end 244 Corona positive cases were reported. 172 persons have been discharged. No fatalities are reported from the district and 72 patients are undergoing being treated.



Shri Sujan Singh, DC Kaithal motivating his team of officials

Community Endeavour

Enormous community support and help poured in since the lockdown day. NGOs were allotted sectors as per their convenience by rotation to rationalize the food supply to needy. One official and police personnel helped NGOs in each sector to prevent overcrowding disorder of any kind. Any need including food and ration for families of frontline workers were promptly taken care of by volunteers. Twenty-nine NGOs were active in various areas. Out of about five lakh ration packets over 3.5 lakh were arranged by them.

There was heavy influx of migrant labour from Punjab side. Six shelter homes were set up to accommodate and comfort them, only three such homes were needed to house and feed 2753 migrants in several phases.



Voluntary organizations at Kaithal arranged donation of large quantities of ration and provision for the poor

Self-help Groups' Initiative

District administration brought the self-help groups and local administration together with the objective of ensuring regular production and supply of masks, the essential means of protection from COVID-19. SHGs were trained on February 25, 2020 through video conferencing. Approximately 15 members of six Gram Panchayats were trained in the skill of mask tailoring. As many as 178 self-help groups involving 381 rural women in the district Kaithal have supplied masks to the various Sarpanches of the villages through the administration. This move has not only empowered them in contributing to the social cause, but also has given livelihood to several women during the difficult period.



Shri S.S. Kundu, ADC Kaithal inaugurated sales counter of masks produced by self-help groups

Online Education

The authorities that online classes are regularly held for school going students and the District Education Officer ensured that the syllabus is adequately covered and periodical test are held online. Home delivery of textbooks and midday meal were ensured in most of the areas. In case of non-availability of gadgets for online classes, arrangements were made to facilitate learning in groups.

DISTRICT ROHTAK

The administration started with awareness creation right from the day Janata curfew was declared. Immediately, 62 vehicles of municipal committee were pressed into service for this purpose and all the urban and rural local bodies were involved in this exercise. Village sarpanches were asked to approach people through munadis and other means of communications. Surveillance teams were constituted in every village of the district to prevent measures to contain the spread of Corona and awareness of public in this regard. The teams were made fully responsible to provide all the essential/required commodities to the villagers.

The control room, equipped with ten phone lines, took stock of available resources including manpower, officers, medical facilities and vehicles and create category-wise inventory. NGOs were mobilized and sounded about their anticipated role in the days to come. Training was provided to personnel from various government agencies according to the guidelines. A role clarity interaction was held with duty magistrates and incident commanders. A meeting is held with all of them every alternate day for review and planning. Advance preparations were made to quarantine 600 people in two local colleges and adequate supply of oxygen and medicines was ensured. Local manufacturers were sourced for making masks and PPE kits.



Deputy Commissioner Rohtak himself distributed masks among labourers

Medical and Covid Care

The district has 11 major private hospitals besides a civil hospital and a post graduate institute of Medical sciences. At every stage the Deputy Commissioner checked emergency preparedness. Most of the persons who tested positive for Corona virus in the initial days were coming after visit or treatment at the Delhi/New Delhi hospitals.

By the time they were identified with the symptoms several other people in their family or contacts caught the infection. In absence of patients' record sharing by Delhi hospitals the administration took upon itself vigorous sampling, testing and contact tracing. In one of the instances the whole village of about 3500 was screened. Services of Cyber cell were taken in contact tracing

Three hospitals, including Civil Hospital and PGIMS are functioning as dedicated Covid Hospitals, with ten Covid health centres and two Covid centres. After 22 fatalities, 1118 people have been discharged and 192 patients from the total 1132 cases are being treated. Department of Ayush is actively helping people in isolation centres with immunity building formulae.



Medical teams active for testing in the rural areas of Rohtak

The administration had to tactfully handle the volatile situation arising out of cremation of dead from PGIMS in local cremation grounds. A site was designated outside city for this purpose and the issue was settled amicably.

During Unlock I and II overcrowding in the markets was controlled with strict enforcement, particularly in wholesale markets which attract merchants from adjoining district which were hazardous for maintaining social distance. To decongest the markets all encroachments by shopkeepers were removed. Temporary parking places were designated in schools and other open areas. Entry of tractor-trolleys and goods vehicles was during market hours.

Helping Poor and Migrants

There was a heavy NGO turnout to take care of the food requirements of the vulnerable across the district. As many as 27,000 people generously donated for this purpose. Local committees did computerized verification of eligible beneficiaries. Thirty-six shelter homes were setup across the district to house as many as 14000 migrant labour and arrange for their meals and other needs. However, a maximum of 3300 migrants availed these facilities. The onerous task was handled by NGOs and

charitable organization with dedication. They collected almost 25 lakh food packets from community and distributed among the needy.



Migrant Labourers from Rohtak leave by train

Reviving local industry and Economy

There are over 2600 industrial units in Rohtak district including HSIDC estates, other than brick kilns and construction projects. Over 66,000 people including BOCW are engaged these units. registered with the. Resumption of industrial activity was facilitated as and when government allowed and concerned officers ensured compliance with the SOP. Relief amount of Rs. 1000 per week, as per the government decision was distributed among 11,000 people found eligible under scheme after due data verification.

DISTRICT PALWAL

Early Scare

The district faced the crisis of pandemic with a very active and organized village community. Learning that without timely control there is a possibility of community spread of the malaise in the villages. The first case was reported of a person who returned from Dubai. It was followed by detection of 310 people who had attended Tablighi congregation at Nizamuddin. This triggered extensive tracing and sampling. Eleven teams were formed to identify and test each one of them.

A massive containment exercise was undertaken to contain geographical areas of 15 villages and isolate 36 villages as buffer zone, according to the instant protocol. At least five teams comprising of Asha Workers and ANMs for conducting door to door screening/thermal scanning of each and every person of the entire house holds falling in the containment zone were set up to visit 50 households per team. Among other measures, gates and door Knobs of each and every household were properly sanitized. The data so collected was recorded in register for further reference. Supply of essential and food items was ensured according to the procedure. A 300-bed quarantine facility was created in local schools and college.

The Sarpanches, Numberdars in the rural areas and councilors in urban were responsible to ensure that any any person entering their areas from outside is instantly reported. Five Sarpanches were suspended for dereliction in this regard. A sensitive handling of the matter avoided any discord. They was no resistance from community, who cooperated by locking down the mosques, closing madarsas and celebrating Eid at home.

Health and Covid Care

The facilities to handle the pandemic in the district included one Civil hospital, four CHCs and 24 PHCs. Only fifty per cent of the sanctioned staff strength was available and there was just one Deputy CMO. Only three ventilators were available and there was no dedicated Covid hospital initially. The district authorities faced this challenge by a three-pronged strategy that included intensive testing and tracing, identifying potential threats and boosting immunity among people.

The CMO was extended all possible resources. The health department was given five IT personnel and a programmer to create and maintain data and information through its dedicated portal. It recorded vital details of a person coming for test and his/her contact history for last 15 days to initiate prompt tracing. An amount of Rs. 15 lakh was sanctioned the CMO for local purchases of medical needs. A local unit was sourced for producing masks, PPE and other protective gear which could later be supplied to other district also.

Testing capacity was built up as and when available from state government, later Antigen testing was also added bringing the daily capacity to 500 tests.



Blood donation camp, Civil Hospital Palwal

Another pro-active initiative was adopted in developing one hundred master trainers for training para-medical staff and extension workers. Five village level functionaries from each village were trained on a 3-day training capsule, full record is kept of such trained persons for calling their services in any emergency.

Mobile testing labs were commissioned for handicapped or comorbid people. With the increasing number of cases now there are two dedicated Covid hospital, nine Covid health centres and five hospital and 29 non-hospital facilities as Covid centres.

Pre-emptive Measures

After Unlock I there was a sudden spike in the number of people testing positive. Proximity to Faridabad, Delhi, U.P. and Gurgaon and a large number of locals commuting there also led to increase in number of cases. Measures were taken to identify these frequent commuters and people coming regularly to Palwal. Weekly health check routine was started for 2000 such people and a close vigil on people coming here was done. After a house-to-house survey about 6400 people with comorbidity and ILI symptoms were identified.

With the help of department of Ayush and local university a campaign was launched for immunity boosting in the district. Kadhas and concoction provided by the Ayush department were freely distributed to about two lakh households in all parts of the district, particularly in the rural areas. People in quarantine and isolation and those with mild symptoms are also taking these medicines. It is estimated that about 10 quintals of kadhas and immunity improving potions have been distributed till July.

Awareness creation, preventive measures and immunity have emerged as a coherent strategy for maintaining a better case record than adjoining districts.



Since the first week of July, full preparations are afoot to handle any exponential spread in the district. Besides training a large band of health and community workers, a 25,000 bed capacity can be created at a short notice to address any crisis situation.

DISTRICT MAHENDRAGARH

A rural district bordering with Rajasthan, it is situated at the south-west end of Haryana state with large areas bordering with Rajasthan. Its geographical boundaries have been changed many times due to reconstruction and formation of new districts. Right from the beginning of present crisis, local authorities were determined to save its people from spread due to interstate movement of people. It was a challenge to pinpoint the sizable number of people travelling for livelihood as far as Gurugram and Delhi. A large number of workers in the two NHAI projects, particularly drivers and loaders were to be kept safe and in-situ.



Three-pronged Strategy

The district administration leant its campaign against Covid on sensitization of population, segregation of threats and consolidation of health care facility. The team responsible for sensitizing and generating awareness through audio-visual and other IECs among the public also trained professionals and frontline for preparedness, standard operating procedures and treatment. All the 789 booth-level units worked vigilantly for identifying, checking and reporting any inward movement. People were advised to avoid organizing even a function like Kuan Poojan, which has lot of sentimental appeal. District officials are all praise for the pre-emptive role played by the community particularly in rural areas. IEC campaign was spearheaded by the local Aravali Radio.

An intensive contact tracing helped the administration in containing spread of cases towards rural areas. This alertness helped in controlling the sudden emergence of hotspot in Dhauri Ahir area. Ten mobile teams and three mobile cabs were employed

to cover maximum area for sampling. The Deputy Commissioner and CMO personally took stock of the situation in the field.

Medical and Covid Care

Five rounds of survey by dedicated Aasha teams for vulnerabilities for all kinds were conducted in each of the booth-level units. This helped keep the containment zones to a minimum level. The CMO of district led his team, up to village level worker, front. It kept the whole medical apparatus live and available round the clock. This was supplemented by vigorous sampling and testing. Starting at a moderate level testing has reached up to 300 tests per day. By middle of July over 10,650 tests were conducted. This helped the authorities in keeping down the projected figure of 725 positive cases to only 592 on 15 July, with a positivity rate of 5.69. Out of 287 cases that day only 56 people needed hospitalization. People with mild symptoms are being given supplementary Ayush medications.



Ayush formulations were distributed among vendors and shopkeepers

The district hospitals did not have modern and advanced diagnostic and treatment facilities. Yet the health department mustered all the resources at its command very efficiently to raise a competent and robust structure to face the Covid challenge.

Major medical facilities in the district include the Civil Hospital in Narnaul and sub-divisional Civil hospital in Mahendragarh along with three CHCs. Ayurvedic Medical college was upgraded for Covid treatment of up to 150 people. Ten ICU beds were added to existing facility and an advanced life support ambulance was procured besides ventilators. Close circuit TVs were installed in all Covid care facilities for close monitoring. Another facility with 325 bed capacity is available. There is one Dedicated Covid Hospital, ten category II Covid Health Centres and as many Dedicated Covid Centres in the district.

By August 2, only isolated new cases were coming and a total of 820 cases were reported out of whom 617 had recovered. There was only one death from the district and that too of an 80-year-old person who was under treatment in PGI Rohtak and breathed his last there.

In the thick of crisis, the district administration efficiently handled transportation of about 20,000 labourers both migrants and from the district. In this endeavor too, the local community and NGOs lent massive support to the authorities.

DISTRICT FATEHABAD

Fatehabad is one of the smallest districts in Haryana covering only 5.69 per cent area of the state. Its border on north side is shared with Punjab and it is through this route that most of the migrant labourers entered. Combined with a small number of local migrant farm labour, the district made arrangements for lodging and boarding of over 12,000 people.



NAM workers helped in installing and use of Arogyasetu App

Migrant Labour Management: A Lesson in Empathy

The officials in Fatehabad treated the hapless migrants with a lot of empathy and compassion. Among the migrant labour there were several people who sought to engage in some work. After health check, administration helped them find some occupation according to their skill and capability. Two educated young boys from Bihar did a commendable job in helping authorities in transportation of migrants. They not only worked hard to prepare the list of people waiting to be transported but also kept record of related arrangements. About 500 cobblers belonging to various local villages landed here from Mumbai. Those willing among them were helped in finding employment after they were medically examined and quarantined. A circus with its troupe of artists was also stuck there and the owner was in dire financial straits. Many among the workers refused to leave their employer in lurch. They were also helped by the officials in finding some gainful occupation.

The officials were motivated to extend out of the way help to any one in need. Like there was this young girl from Assam trapped in the district, who could speak and understand only Assamese language. Efforts were made to ascertain her native place

even by hiring an interpreter. Finally, to everyone's relief she was escorted back all the way to her home.

Dynamism of Self-help Groups

The migrants belonging to UP, Bihar, Chhattisgarh and Jharkhand, etc. were lodged mainly in the local Deras and Bhawans of religious organizations. The administration engaged the self-help groups (SHGs) from the nearby villages in preparation of food for these people. This food arrangement was much to the liking of the inmates for its home food like quality. Later on, these SHGs were aligned with the Atal Seva Kendra canteens and the volunteers made sure that no one even living outside the shelter camps goes without food.



Ladies from self-help groups put up sales counter for masks near Fatehabad bus station

The women's groups came forward in this hour of crisis by making protective masks, a proven defence against Corona. Initially there was some constraints in getting raw material but it was resolved by sourcing cloth from Panipat. The administration could profusely distribute these masks to people in the interior villages, to migrants, MNREGA workers and its own officials. An estimated three lakh masks produced by the SHGs were sold and the distribution of profit among members could bring smile to many a face in such difficult times.

Grassroots Level Vigil and Monitoring

It was a daunting task to collect data about the sick, people with comorbidity, those coming from outside and with travel history. Booth level and other telephone operators were tasked to call in the morning from 8 to 10 a.m. at least 50 people from their list in each ward and every village Panches, Sarpanches, prominent people, members of committees, Numberdars, former councilors, etc. to ascertain any movement or any Corona symptomatic person, sick and above 80-years old people. Information thus collected was shared through area Asha worker team to nearest health officials. By this process the whole district was covered in a week. Next week

calls were made to another set of people in wards and villages to cross-check and update information. Information was simultaneously gathered about drinking water supply, electricity supply, availability of water in ponds for animals, etc. According to the Deputy Commissioner at any given time the administration has information for each village and colony up to the last lane. Around 250-300 tests were being conducted by the middle of July.

A sudden surge of Corona positive cases came after one confectionary owner and a government school employee caught the infection around July 12. Before containment measures could be enforced about 40 people tested positive. The district, till then had reported only 187 cases of whom only there were 59 active cases. However, by early August the number of positive cases rose to 339 and after two deaths active cases had risen to 135.

Community Endeavour

The administration is all praise for the generous community and local NGOs. Their humanitarian deeds saved a lot of resources. It is estimated that over eighty percent of the 3,70,000 food packets distributed during the lockdown crisis came from donations.



Shri Gyanchand Langyan, Dy. Director Industries Fatehabad distributed ration to the labour in factories during lockdown ration

DISTRICT SONIPAT

Sonipat shares its borders Delhi and Uttar Pradesh as well as Rohtak, Jind and Panipat districts of Haryana. Proximity to Delhi is considered to be the main reason for large number COVID cases here, third highest in the state after Gurugram and Faridabad. Initial scare of cases came with Tablighi Jamat people and they were all identified and quarantined.

Challenges

More than 7000 industrial units and thousands of daily commuters from various areas put enormous strain on the testing and surveillance capacity of the district. Industrial workers work in close premises, share slum like habitations leaving hardly any room for social distancing. A large number of local people are employed in Delhi Police, DTC and several other public and private enterprises commute by various means of transport. Traders and workers, especially from Kundli, Kharkhauda and Rai areas associated with Azadpur Sabzi Mandi were also at the risk of Corona transmission.

The administration applied all available options of search and restraint at its disposal. Initially the industrial units were closed down two industrial units for a week. Meetings with industry associations were held to keep their workers under observation for any symptoms. Teams of more than 4000 volunteers, Asha and Anganwadi workers were employed along with functionaries from panchayatraj bodies to identify people with travel. Numberdars, Sarpanches and other village level workers actively helped the administration in surveillance and testing of doubtful cases. Since the frequency of commuting was almost daily for this large population it was difficult to keep track of their movement and test history.

Testing and Treatment

Surveillance efforts were followed by intensive testing drives. Eighteen testing teams, nine each for RT-PCR and Antigen types were mobilized. Twelve possible hotspot areas in Rai and Kundli were identified for invasive sampling. Industrial owners were requested to get as many among their workers as possible and ensure thrice a day health check for them for body temperature and other symptoms. An aggressive awareness drive was launched to sensitize people about the innocuous nature of virus transmission, its repercussions and safeguards. Very active booth level team of over 1300 Asha workers along with mobile sampling and testing facility increased the daily testing to 500 plus RT-PCR tests per day which was enhanced to 1000 tests. The testing labs at district's own BPS Medical College helped in getting timely reports for the tests undertaken.

These teams also helped in identifying other vulnerable groups like old and people with ILI symptoms and comorbidities. Such cases were kept under daily observation by BLUs and panchayats. Initially contact tracing was up to 30 people but with faster availability of test results it was reduced to 8-10 persons. GPS and cyber technology

is also being used in contact identification and commuting record. The residential areas in urban centres were saved from spread by control and sensitizing methods. Effective regulations on markets and movement kept things in check.



A view of the Covid control room Sonipat

Sensing the unwillingness of private institutions in extending their facilities, the administration used government facilities including PWD Rest House, Rai and the BPS University adjacent to Medical College for setting up care centres. The district has a total 600-bed capacity of various categories for health care and treatment. The administration took it upon itself to solve the issues like shortage of nursing staff and equipment at the medical college. Presently Dayanand Hospital and the Medical College are two category I COVID hospitals besides eight health centres and three dedicated COVID centres. It claims that adequate capacity and medical preparations are in place to handle any unforeseen surge in the cases.

Those in isolation centres are being taken care of strictly as per the health department's SOP and Ayush medicines are given for fighting the mild symptoms. Extensive sampling and testing have been able to beat the projection about cases till the end of July and the administration hopes to maintain this trend. All these efforts kept the positivity rate to 6.8 and fatalities to 33 in the total 3,013 reported cases.

Leveraging Technology

Supply and distribution of food was the biggest problem faced by the administration during the lockdown period. The problem was compounded with a large number of labourers and industrial workers going out of work for almost a month. In order to assess the imminent demand and plan supply mechanism a door to door survey, using GPS enabled devices was completed in a short period of just four days to collect data

regarding the number of households requiring ration or cooked food or both. The devices used an App developed by the administration.

At the frontend of the App, the operators at the Control Room fed the details like name of the family head, contact number, Aadhar number, age, number of family members, gender, ration card if issued, request for any special care, whether getting financial benefit from the government, any suspected case of corona in the family.



A huge number of migrants were registered and accommodated in shelter home at Sonipat

At the backend, the data filled by the operators gets reflected on the version of the App developed for the BLOs. The BLOs verified the requests and distributed the ration to the genuine households. A total of 72,772 families were surveyed, out of which 31,054 families demanded ration. A total of 11084 families were identified as ration card holders whereas 19970 families did not have ration cards. Dry ration was demanded by 27,836 families once a week whereas 5894 families needed cooked food. Medicines were demanded by 1205 families and 788 families needed physiotherapy. Twenty-three families were found to have come in contact with the COVID symptomatic persons. This App based management ensured efficiency of food distribution by the NGOs and volunteers involved in the task.

DISTRICT GURUGRAM

The district headquarter is one of Delhi's major satellite cities and is part of the National Capital Region, within a commuting distance from Delhi. It is a major industrial and financial centre of Haryana and the third highest per capita income city in India after Chandigarh and Mumbai. As per the 2011 Census it has a population of 15,14,085, which is estimated now to be over 20 lakh.



Over the years, Gurugram has grown to be a cosmopolitan city and like other major metros in the country, it also fell prey to the pandemic in larger proportions. Gurugram reported its first COVID-19 death on May 21. Having managed the initial phase of crisis effectively, Gurugram slipped on health parameter as the most affected district in the state. With the surge in the Corona cases in the neighbouring Delhi, the healthcare infrastructure suddenly appeared too ill-equipped to stand up to it.

Mitigation Measures

The district administration had prepared its Mitigation Plan for COVID-19 by March 22 itself. Following the plan, it could manage the critical issues during the crisis period of lockdown.

Migrants

A total capacity for 6660 people was created in the shelter homes across the District. As many as 19 trains were deployed for transporting 27,465 migrants to MP, Bihar, North East, West Bengal, Jharkhand and Odisha. A total of 369 buses transported 11,664 migrants to HP, UP, MP, Bihar, North East, West Bengal, Jharkhand, Karnataka, Odisha.

Information and Awareness

IEC material prepared for awareness have been classified into categories and compiled in a repository. District Administration issued FAQs and SOPs with clearly demarcated guidelines for transparency and awareness to citizens about all relevant COVID-19 processes. Daily appreciation of Departments for notable contributions was put on record, thereby spreading awareness and encouraging good work.

SHG Mobilization

From Gurugram, 168 SHGs were engaged in making face masks and in the process an earning of Rs. 5 rupees per cloth mask accrued. The initiative was supported by RKM Foundation (Hero). One lakh cloth masks were distributed free through DDPO office.

Labour and Industry

In compliance with the MHA guidelines, economic activity was resumed in phases for in-situ construction & labour intensive activities, essential commodities, and others.

A total of 12020 units (8997 in urban and 3,023 in rural) employing 17,07,760 workforce permitted by last week of June.

Community Support

Gurugram raised massive support of over 7700 volunteers, who fed more than one lakh people for almost a month.

Ayush

Over 50,720 kits distributed to Police, MCG, Health, CDPO, DDPO, DC Office, and nearly 30 containment zones to senior citizens and persons having co-morbidities.



The women's self-help groups in Gurugrams put up kiosks to make available masks, sanitizers, Ayush medicines etc. at fair and affordable price.

Integrated Command Operations for Food Distribution

In the testing times of crisis an inventive approach was adopted by the Gurugram administration to ensure availability of essential commodities like grocery, fruits & vegetables, dairy and milk products, meat, animal feed and fodder and medicines.

A multi-pronged strategy was needed for:

- Category-wise identification of areas/clusters that need supplies
- To mobilize food preparation for free distribution
- Distribution of cooked food to poor, casual and migrant labour
- Distribution of free dry ration kits in slums
- Supply of essential and grocery items to households
- Maintaining supply chain
- Coordination among government agencies, volunteers, NGOs and traders

This challenge was overcome by an integrated command centre in Gurgaon which coordinated collection and distribution of thousands of cooked meals and dry ration kits every day. Tehsildar, Wazirabad ran the centre as the commander of relief operations. Different teams were dedicated for Motor Transport Pool Management, Distribution of Relief Material, Resident Welfare Associations

Management, Communications Strategy, Relief Intelligence Gathering, Volunteer Management, GIS Mapping and Tracking, Stray Animal Population Management and Mental Health Challenges.

The key players included MCG, DFSC, Volunteers, Red Cross, GMCBL and Haryana Roadways, NGOs like I Am Gurgaon, Gurugram Nagrik Ekta Manch, Agrasar, Janata Rasoi (a community kitchen being run in DLF-III), Rasoi on the Wheels, several small initiatives at a neighbourhood level by citizens; city's civil defence personnel, who have taken the reigns on distribution efforts and local panchayats in rural areas. Food Delivery was operated by Zomato, Flipkart, Amazon, Big Bazaar, Swiggy, Grofers, Big Basket and Milk basket.

Integrated Command and Control Centre (ICCC)

The Centre was designed to serve as nodal point for all online data related to Smart City applications. During the pandemic crisis it is working as a nerve centre on 24x7 basis for operations to contain the spread of the Covid19 pandemic in the city. The ICCC, GMDA is also equipped with a mobile App. The App provides prolific information related to COVID-19 for Gurugram, as well as other parts of the country. The App offers access to advisory, notification issued by Government, help line number, hospitals, Isolation Wards, Pharmacy and test centres. It facilitated daily video interaction with the Deputy Commissioner, Gurugram where he addressed pertinent issues as raised by citizens over social media and other platform. Further, the initiative helps to appreciate good performing departments by bringing to light such work, and also to promote community engagement through the art-appreciation initiative.

Leveraging Technology

OneMapGGM by GMDA provides an overview of all relevant information with regard to COVID-19 – Health Department statistics, health infrastructure status, essential services, shelter data, HR information, inventory, etc. It is a central and robust GIS integrated Decision Support System with spatial information as well as citizen engagement for various departments and district authority of Gurugram. Its COVID-19 Dashboard provides information about various categories of COVID-19 cases like, containment zones, beds and hospitals, and case visualization on several parameters through HrHeal mobile App. The App has interface for Doctors, Labs, Hospitals and administration.

Helpline and Colour-Coding

Gurugram Administration set up a 24x7 Helpline, 1950 for addressing all the queries related to Corona Virus. Anyone may call on the helpline for any complaints and queries related to food and relief centers, precautions and symptoms, testing and quarantine facilities, etc. For better management and keeping in mind the future volumes of complaints/queries expected to arise, the Gurugram Administration came up with a simple yet highly effective way of categorizing the complaints using color code. A

Color Code is a system for displaying categorized information by using different colors. In this scenario it means marking of same set of complaints with same color for better visibility and easy accessibility of solutions. This exercise helps to move in the right direction of systematizing the complaints received so far and hence, quick actions can be taken. This classification helped to identify the areas from where largest volumes of complaints are coming.

Chinks in the Health Care Infrastructure

Initial response was based on hit and trial, according to available guidelines and controlling protocols. May be there was some complacency too about it, since January, in chalking out appropriate strategies. For example, the initial concept of hotspots, containment and buffer zone of about 3 km. and 2 km. was far too big and engaged more man and material resources that bigger cities could spare. Contact tracing fifty houses left and right put a lot of stress at the very fragile health infrastructure which was dependent on PHCs with one medical officer, certain Asha worker and ANM. This was later converted into RRTs, that too without an accompanying lab technician. The Civil Surgeon in the district was assisted by one deputy and 8-9 deputy CMOs and a Principal Medical Officer (PMO). There are 20 urban and 14 rural PHCs in the district, yet the deprivation of resources in the health system became obvious.

Initial Gaps in Testing and Follow-up

Surprisingly, for a city known as the medical tourism hub, there was no accredited lab in Gurugram for COVID-19 testing. Samples were being sent to AIIMS or PGIMS Rohtak. It took almost a month to have the first lab in the district. Such initial gaps and a lull in emergence of new cases in the first month, officials too agree, did the damage that the district is experiencing up to the month of August.

Initially, according to the protocol for RT-PCR tests report was coming in as late as seven days, but four days was the minimum. It was reported that 200 people even did not get test results, which were supposed to be uploaded to ICMR portal. The ICMR Unit number assigned to the test was not accessible to the district within line listing till quite late, information about the outcome of tests used to come from state capital to district. PHCs activated the RRTs, which in turn interview the patients, gather information and do isolation followed by contact tracing. It is followed by documentation and then interaction with the contacts, visiting each and every household. So much critical and valuable time was lost in this exercise leaving enough time for contagion to spread unabated. Level of literacy, experience and motivation of these people was hardly up to the task assigned to them. Moreover, many a time they had no transport, working with a laminated PPE in 44 degrees, during the month of May and June.

In stark contrast to the overwhelming support by the community at large for other issues in the crisis, the community of private doctors did not engage themselves with the government's efforts. There were huge number of cases of private

hospitals refusing to admit patients or over-charging. Quite a few orders had to be passed under the penal provisions of Disaster Management Act. Irregularities by the testing labs including overcharging were also being reported.



Intensive Testing drives and contact tracing conducted in Gurugram by the Health Department

Micro-management

With the increasing number of cases, uncooperative private health care, and stagnant sampling and tracing, it was no more purely a health issue, rather it had become a logistics and administrative concern which called for administrative intervention, which was done in the last week of June. Micro-management of health facilities was part of the intervention. Five teams under supervision of IAS and HCS officers were activated for supervision of government health facilities for bed and ventilator management as well as bed management in private requisitioned hospitals. The contract tracing team was assigned to monitor all PHCs, facilitation of RRTs, compilation of contact tracing data and sampling of high risk contact. PHC in-charges were provided transport and RRTs were allowed to hire auto or other locally available means. Data entry operators from HUDA and DC office were deputed to streamline data and record keeping. Lab technicians were hired and trained. An official was deputed to handle and monitor ICMR list, and after every positive report each patient was called, ensured availability of ambulance and hospitalization requirements. Single incoming phone ambulance helpline was expanded to 14-line facility and 12 operators with control room infrastructure to capture data for analytics on calls and ambulance utilization, etc. A total of 17 ambulances are made available with four COVID dedicated ambulances.

Private Medical and Testing Support

1. GMCBL+Pathkind innovation: Mobile sample collection bus shuttling between Tau Devi Lal Stadium, Rajiv Chowk, and Sheetla Mata Mandir road with a capacity to test 300+ patients in a day

2. Healthiens: Two drive-through sample collection centres at Tau Devi Lal Stadium & Sheetla Mata Mandir Ground. Collected a total of 157 samples, 37 in Drive-Through.
3. Mobile Medical Units: Organized by Smile Foundation comprising a doctor + ANM + pharmacist caters to patients in an area. On day 1 of operations, 45 patients with problems of skin disease, mild fever, and joint pains were identified.
4. Blood Donation Camps: Blood donations camps are organized by Red Cross Society, Gurugram. This is to ensure sufficient blood supply during these times. Several camps were held at Gurugram in this regard.
5. Dedicated telemedicine Helpline had 2996 registered private doctors

The six private labs at Gurgaon conducting COVID-19 tests are: SRL (800 samples per day); CORE Diagnostics(1,600 samples per day); Modern Diagnostic & Research Centre Lab (1,500 tests per day); Path Kind Lab (1,000 samples per day); MolQ-A unit of Molecular Quest Healthcare P Ltd (500 samples per day); and Strand Life Science (220 samples per day).

Things Look-up After Administrative Intervention

Most of the COVID cases emerged after Unlock-1 and mainly from the areas with high population density. For example, the Gurugram Municipal Corporation area accounted for almost 80 per cent cases. The informal housing clusters and old colonies with congested and overcrowded habitations reported 75 per cent cases in contrast to 25 per cent from HUDA sectors and high rise housing societies.

The transmission has been controlled by July 2, in some of these areas through increased testing and Large Outbreak Areas (LORs) had reduced. The focus is upon containment zones now. Testing was increased in those areas/lanes where 10 positive cases are reported in a single day. On an average 10-11 testing camps are being held in the areas notified as containment zones by the district administration.

Antigen testing began in the district on June 24. Till then, around 350-400 samples per day were being collected. While the number of samples collected daily between June 24 and June 29 hovered between 900 and 1,400, this figure has remained above 1,600 since June 30. Testing peaked on August 1, with 2,640 samples.

With the increasing number of cases, the health department of the district intensified testing campaigns and isolating Covid positive patients to contain the spread of the virus, the target is revised to collecting 2,800 samples per day. A detailed management plan has been prepared by first week of August to identify infected patients and to prevent further spread.



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