

INDIAN RESPONSE TO COVID 19: SOME OBSERVATIONS

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ABSTRACT

This research paper aims to describe India's response to deal with COVID 19 crisis. It provides a description of role played by and responses made by various stakeholders and players. India's response to combat COVID 19 upto 15th April have been covered. Data have been collected from news reports and websites. Role played by Government agencies, industries, NGOs, academic institutions, SMEs and retailers and communities have been described. Important features of Indian Response Model have been identified.

KEYWORDS: *Economic Response Task Force, Medial & Paramedical Staff, COVID 19 Warriors.*

Introduction

This is an era of a global war between intelligent social animal and biological weapons like, Corona Virus Disease – 2019 (COVID-19). COVID-19 is an infectious disease. It is caused by severe acute respiratory syndrome coronavirus. The first patient of this disease was identified in November 2019 from Wuhan, Capital of China's Hubei Province. After then this disease spread globally and become a pandemic. These disease symptoms are fever, cough, and shortness of breath. The time range of exposure to onset of symptoms ranges from two to fourteen days. This virus is mainly spread from close contact and small droplets of infected cough. It can survive on the surface for up to 72 hours. Recommended measures come from different countries to prevent infection include frequent hand washing, social distancing & quarantine. On 30th January 2020 the World Health Organization declared that the coronavirus outbreak is a public emergency at a global level. After 11th March, 2020 WHO declared it as a pandemic. COVID-19 caused severe social and economic effects. Several stakeholders took emergency measures to cope up with COVID 19 including Government in addition to other stakeholders. This paper attempts to provide description of the role of Government to fight against this pandemic. Indian Response Model have been identified. Actions taken by Government to fight against COVID-19 and their effects have been described. Gaps to fight against COVID-19 in the future have been identified.

Literature Review

Kakodkar, Kaka and Baig (2020) concluded that a vast amount of misinformation present due to the sourced manuscripts in the pandemic. They found that individual parameters have significant influence the clinical course and management of COVID-19. They further identified that indian response was delayed in taking measures of threat identification, travel restriction and self-quarantine. They recommended to increase investment in research and development in COVID-19.

Wilson and Jumbert (2018) studied the new informatics of pandemic responses of Norway and identified humanitarian technology, efficiency, and the subtle retreat of national agency. They found that digital communication tools are useful for diagnostic response. Based on Ebola 2014 response of Norway that was characterised by communication and technology, they identified the influx of novel actors and the efficiency of the technology as concomitant and mutually reinforcing elements essential for responding to the pandemic.

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Lai (2012) studied organizational collaborative capacity in fighting pandemic crises from the public management perspective. Interdependence, membership, resources, information, and learning were identified as significant attributes of collaborative capacity. Collaborative capacity is essential to fight against the pandemic because of competitive pressure from globalization.

Saunders P, et al (2017) assessed Canadian pandemic preparedness and identified high-risk areas for inter-wave vaccine distribution. Studying 33 Canadian metropolitan areas, a mathematical model was developed to assess the preparedness of Canadian health systems to accommodate pandemic-related increases in patient demand. They found that inter-wave vaccination provided adequate acute care resource protection under all scenarios. The study identified priority vaccine strategies for pandemic planning and emphasized the need for targeted early vaccine distribution to high-risk individual areas.

Shearer F et al (2020) studied infectious disease pandemic planning and response in context of decision analysis. Planning was found to be a critical variable to mitigating the sudden and potentially catastrophic impact of an infectious disease pandemic on society. During a pandemic, decisions are made under rapidly changing, uncertain conditions, with limited prior experience. They recommended use of mathematical and statistical models, as important tools for pandemic planning and response. They found that once an outbreak of pandemic potential has been identified, models have enormous potential to improve the effectiveness of our response. Under conditions of high stress and uncertainty, a pandemic response is more likely to succeed if responders have access to key information in a timely and coherent manner. Such a system will best support the making of robust and transparent decisions when developed through a decision science process, emphasizing the social and political needs of pandemic planning efforts.

Bults, M et. al. (2015) studied perceptions and behavioral responses of the general public during H1N1 pandemic. Role played by general public in controlling the spread of the virus by taking protective measures was identified as a critical factor. They found that availability of up-to-date information on virus and possible preventive measures lead to increase in perceived vulnerability and leads to decrease in perceived severity, anxiety, self-efficacy, and vaccination intention decrease.

Selvey, Antao and Hall (2015) studied entry screening for infectious diseases in humans in Australia. Their study indicated that border screening is likely to be unsuccessful in preventing or delaying the entry of such diseases into a country. They also said that border screening has high opportunity costs both financially and in terms of limited public health staff. After the research they conclude that border screening should not be used. They found that it is essential to provide less costly measures of information to arriving travellers & together with effective communication with local clinicians and take more effective disease control measures in the community.

Nsoesie et.al. (2013) studied the dynamics of Influenza outbreaks. Forecasting was identified as an essential element to the dynamics of influenza outbreaks that can be useful for decision-making regarding the allocation of public health resources. They found that typical measures predicted included peak timing, peak height, daily/weekly case counts, and outbreak magnitude.

Infanti et. al. (2013) identified effective communication as a significant for prevention and control of communicable diseases in Europe. Communication lies at the heart of public health and plays a pivotal role in promoting core public health objectives including disease prevention, health promotion, and quality of life. Risk communication provides to the public with meaningful, relevant, accurate, and timely information about health risks to influence the choice. Need for coordinated leadership at the European level to ensure structured and systematic approaches to risk communication planning, preparedness, and response was identified. Need for a more general shift from emergency response to communicable diseases towards effective risk communication long before any crisis event emerges.

Forecasting the dynamics of influenza outbreaks could be useful for decision-making regarding the allocation of public health resources.

However, forecasts must be interpretable to be useful. It is therefore important for studies to clearly define the predicted event, the temporal and spatial applicability of the approach, quantify the likelihood of the event either based on a probabilistic statement or relative to other similar events, and highlight the limitations. Lastly, several of the studies discussed in this review are retrospective. The challenge therefore remains in evaluating and quantifying the performance of these methods in real time. Nonetheless, several of these approaches need to be evaluated and their performance quantified in real-time predictions.

The writer Linda A.Selvey, Catarina Antao, and Robert Hall studied on entry screening for infectious diseases in humans in Australia. Their study indicated that border screening is likely to be unsuccessful in preventing or delaying the entry of such diseases into a country. They also said that border screening has high opportunity costs both financially & in terms of limited public health staff at a time of high need. After the research they conclude that border screening should not be used. They said that it is essential to provide less costly measures of information to arriving travelers & together with effective communication with local clinicians and take more effective disease control measures in the community. Linda A. Selvey, Catarina Antão, Robert Hal

Aoyagi et.al. (2015) examined Healthcare workers' willingness to work during an influenza pandemic. They analyzed that the proportion of healthcare workers (HCWs) willing to work during an influenza pandemic and identified associated risk factors.

Research Methodology

Objective of this work is to examine how India responded to the Covid 19 pandemic crisis and challenges it faced in responding to it. It also aimed at identifying significant features of Indian Response Model. Data of response upto April 2020 were taken into consideration. This work is based on qualitative data taken from the newspaper, research paper, magazines, print media, websites and other references. Content Analysis method was used to analyse data.

Discussion and Analysis

In India, the First case of COVID-19 was identified on 30th January, 2020. At that time in India, thousands of people were on the streets protesting against anti-Muslim citizenship laws and the nation looked set to face a challenge of 2020 that revolves around a contest over the future of its secular constitutional democracy. After three months, the equations have been changed totally as the COVID-19 pandemic has tightened its grip on the world. At that time, the number of cases increased and died as a result of the illness. Some countries like, China, Italy, Iran and the united States have more positive cases of COVID-19. But the prognosis for India doesn't look good. Some conservative forecasts that India will see approximately 10lacs confirmed positive cases and 30,000 deaths in May.

Response by Central government: After that, the Prime Minister of Narendra Modi And his party - the right Hindu nationalist Bharatiya Janata Party (BJP) takes some response steps to fight against COVID-19. Initially, Prime Minister pursued the optimistic approach and told that "Don't Panic" in this situation. Then after, the situation is not good than he declared a one-day JANATA CURFEW on 22nd March, 2020 Sunday. Narendra Modi encouraged Indian people to clap and pans from their balconies as an expression of appreciation and thanksgiving of their fellow citizens providing essential services at the time of 5 O'clock at the evening. After two days things changed and on 24th March Thursday at 8 p.m.Modiji declared 21 days lockdown in India from 25th March to 14th April, 2020. Narendra Modi said that there are some precautions to protect against COVID-19. Like, Hand washing, social distancing. Narendra Modi also made one team economic response task force. The India was issued travel history on 17th January before any positive case identified in India. At the 3 major airports was initiated screening of the travellers who arriving from China and Hong Kong from mid-January.

Indian government takes steps to protect the 130 crore people from this pandemic. Immediately, the government prepares the best response model to fight against COVID-19. The government prepares the rapid response team of the doctors, scientists, paramedical staff and nurses. The Government takes an action robust system of screening, quarantine, and surveillance as a part of the response to the COVID-19 crisis. In this robust system, the government covered every traveller, Indian returning from tour & business conference, students as well as foreigners. These types of whole passengers were screened at 30 airports in India. On 28th March, 2020, The Prime Minister create PM CARES Fund for Citizen Assistance and relief in emergencies Fund to fight against the COVID-19 pandemic in India. In this fund, individuals and organizations voluntarily donate money not compulsory. In a one week, 6000 crore was credit in the PM cares fund account.

The government also ensures to all migrant and poor people that don't worry about the food and shelter. We will be there for you. The Finance Minister Sitaraman announced the 170000 crore relief package. Under this relief package they provide some amount of fund to farmers, widows, account holder of the Pradhan Mantri Jan DhanYogna and also provide ration to ration holders. This all schemes are very useful for all poor people for their essential needs. Small business retailers providing essential goods to their customers without charge high amount in the pandemic

The Finance Minister also extend the financial year from 31st March to 30th June, 2020. The GST and Income Tax return date was also extend from 31st march to 30th June, 2020. It was also extend the time limit of to connect Aadhar card with PAN card till 30th June.

In India, All passenger train was stopped. India shut down whole network trains in the country with 23 million passengers a day boarding 13500 trains at more than 7000 stations. If any passenger cannot cancel his booking but voluntarily railway was cancelled whole bookings (Lockdown period: 25th March to 14th April, 2020) and to provide a refund against tickets bookings. The government of India also support swung into action and the around 500,000 migrants were safely transported to their home states. India is the world's second-most populous country. India has total 138 crore population in 2020. It is not easy to control during the lockdown. That is why the government tackle this pandemic with the help of Air force, Navy, Army, and NCC, police and RSS and other soldiers. "Operation Namaste" was launched by the army chief.

The government also announced that to cut off 30% salary of President, Vice President, Prime Minister and all members of parliament for 1 year. This decision is immediately taken because positive COVID-19 patients rising in India. Further this decision is followed by central and state governments to reduce their employee's salary to revise their pay scale like reverse from 7th to 6th pay scale for all government employees.

Central Government also provides sufficient PPE kit to the doctors and nurses & provides a mask to all soldiers. Central government also provide all state rapid test kit to identify the coronavirus patients. India also prepared with 100000 bed and more than 600 hospitals were especially work for COVID-19. Many Laboratories are also approved by the government to test of COVID-19. It was also developed the one mobile application to identified COVID-19 cases. Its application name is Aarogya Setu. It is useful for people.

The government also provides insurance cover to all soldiers of rupees 5lacs. The Aayush Mantralay also covers the free treatment of this disease under their scheme. Like, Aayushman Bharat. Some private insurance company also launches a new insurance policy and also to protect their existing customer through like, to pay extra in the current premium and take benefit against the coronavirus disease. The Insurance Regulatory and Development Authority also thinks about this disease.

The Indian government also permits some companies of the pharmaceutical sector & textile sector to produce medicine and PPE kit and sanitizer in the lockdown. For example, Nivea Company is the first time producing sanitizer for the heavy requirement. The government also permits the goods train for transportation of essential & primary goods like grains, etc...The railway also made history like, Goods train with 88 coaches passing 16132 kilometres in 50 hours.

Response by State Government: In the education sector, Central and state board announced that to close all schools and colleges from 15th march to 31st march. After the lockdown the both board announced the mass promotion for standard 1st to 9th and 11th. National Testing Agency is conducting all entrance exams. So, NTA announced that all exams will be taken after the lockdown. In colleges, internships and job placements were shut down.

In India, 28,000 relief camps and shelters have been set up, with relief being provided by state governments to 1.25 million people. Nationwide, 20,000 food camps are being run, with up to 7.5 million people being fed every day.

The Chief Minister of Uttar Pradesh Yogi Aadityanath does not attend the funeral ceremony of his father's death. He wants to serve the nation in this critical health crisis of COVID-19. He does not break the rules of lockdown. This is the best example of the stakeholder of the India. The Chief Minister of Arvind Kejriwal appeal to all coronavirus recovered patients to come forward and to donate their plasma for the plasma therapy on 24th April, 2020. The Gujarat government also transferring Rs.1000 in the 66 lakh ration card holding families under the act of the National Food Security Act from 20th April, 2020. It was ready with 9000 isolation bed hospitals for coronavirus & also preparing new 25000 isolation bed hospitals in Gujarat.

Television also run Indians Mahagranth old Ramayana and Mahabharata TV shows to engage the people invaluable source to share the importance of that. The government also take strict action on who share the rumours regarding the current situation and any community in social media. This is the best step to control over social media.

Response by Local Authorities: Police & all soldiers provide all securities during lockdown. They sealed hot spot areas with barricades and announced a curfew. They provide food and milk in the cluster quarantine area & also provide ATM service. The doctors and nurses visit the hot spot area and take a sample from them & checked. They use drones in all areas to identify the activities of the people. Every phone call had recorded and checked them. In phone records, if found that any person spread the rumours regarding Coronavirus than on immediate base the police punish them. Central and State both government provide free ration to BPL & APL cardholders families. The local authorities provide up to date information to the community that how coronavirus spread through local transmission. Press also announced the basic do's and don'ts in the pandemic crisis. Daily press releases the number case raised in a particular area. One of the best examples of responses against COVID 19 established by the migrant workers in Rajasthan. They are quarantine in the school and them showing their thanks feeling for food and shelter to the local authorities by colouring the walls of the school.

The municipal commissioner of Ahmedabad, IAS Vijay Nehra takes a proactive approach against the COVID – 19 pandemic crisis. Before the announcement of Janata Curfew he took some precautionary steps in Ahmedabad like, to stop the down public transport and also ensure the social distancing. AMC also enhanced their testing capacity, intensive surveillance, proactive detection, and corona check posts. They launched a new helpline number for taking compliant from the public and also provide service by 24*7. They also appointed new 100 doctors and 750 paramedical staff amid in the pandemic. Ahmedabad was one of the first cities in India to mark social distancing circles around open shops. They used the EPIC approach to fight against the pandemic crisis.

Response by Business Industries: Business industries has responsibility towards their customers, employees and the society. Industrialist of India Like, Ratan Tata, Mukesh Ambani, Narayan Murti and other personalities gave huge amount of fund in PM cares fund and also donate in other activities to fight against COVID-19 pandemic. Response by NGOs: Uday Foundation is also providing all necessary help and services to this vulnerable section of the society in the time of crisis by accepting donation material such as soap for hand wash, sanitizers, and one month's food supply to distribute. MCKS food foundation supports the community during the lockdown in New Delhi. They increased their kitchen's capacity by 6X and delivered more than 60,0000 nutritious cooked meals over the last 7 days. Zomato Feeding India started to feed daily wage earners in the pandemic crisis.

Give India providing donations for food parcels and also hygiene kits for those who are in high-risk areas. Seeds foundation is supporting and taking some burden off frontline health workers by supplementing hygiene kits. It is also supporting the establishment of temporary quarantine facilities. Goonj foundation is working under the Rahat Programme. Their volunteers aim to prepare kits with essentials such as dry rations and personal care products and also transport them to over a million people in an area with huge pockets of migrant labourers. Other NGOs are also providing essential services to the poor people.

Conclusion

Indian response model to fight against coronavirus disease-2019 received wider appreciation globally. The world health organization also appreciated the government's decision and precautionary steps to fight against the coronavirus pandemic crisis. India always takes the crisis as a challenge and makes it an opportunity and moves on with the victory. In the future, India will become the best example for the other nation that how to fight against the pandemic with a large population against limited available resources. Information and communication technology plays a vital role to connect the people & to share some trustworthy information by the government. Now, in today's time online and digital services has become an integral part of our life.

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