TWO HUNDRED TWENTY NINTH REPORT
ON
MANAGEMENT OF COVID-19 PANDEMIC AND RELATED ISSUES

(Presented to the Chairman, Rajya Sabha on 21st December, 2020)
(Forwarded to the Speaker, Lok Sabha on 21st December, 2020)
PARLIAMENT OF INDIA
RAJYA SABHA

DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HOME AFFAIRS

TWO HUNDRED TWENTY NINTH REPORT

MANAGEMENT OF COVID-19 PANDEMIC AND RELATED ISSUES

(Presented to the Chairman, Rajya Sabha 21st December, 2020)

(Forwarded to the Speaker, Lok Sabha on 21st December, 2020)

Rajya Sabha Secretariat, New Delhi
December, 2020/ Agrahayana, 1942 (Saka)
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*to be appended at the printing stage
DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HOME AFFAIRS
(re-constituted w.e.f. 13th September, 2019)

1. Shri Anand Sharma - Chairman

RAJYA SABHA
2. Shri S. R. Balasubramoniyam
3. Shri P. Bhattacharyya
4. #Shri Dinesh Trivedi
5. Dr. Anil Jain
6. *Shri Neeraj Shekhar
7. Shri Satish Chandra Misra
8. Shri Ram Chandra Prasad Singh
9. Shri Rakesh Sinha
10. Shri Bhupender Yadav

LOK SABHA
11. Shri Sanjay Bhatia
12. Shri Adhir Ranjan Chowdhury
13. Dr. (Shrimati) Kakoli Ghosh Dastidar
14. Shri Dilip Ghosh
15. Shri Dulal Chandra Goswami
16. Shrimati Kirron Kher
17. Shri Gajanan Chandrakant Kirtikar
18. Shri Dayanidhi Maran
19. Shri Raja Amareshwar Naik
20. Shri Jamyang Tsering Namgyal
21. Shri Ranjeet Singh Hindurao Naik Nimbalkar
22. Shri Lalubhai Babubhai Patel
23. Shri R.K. Singh Patel
24. Shri Gajendra Singh Patel
25. Shri Vishnu Dayal Ram
26. Shri Pothuganti Ramulu
27. Shrimati Sarmistha Sethi
28. Shri Rajveer Singh (Raju Bhaiya)
29. Shri Ravneet Singh
30. Dr. Satya Pal Singh
31. Shrimati Geetha Viswanath Vanga

SECRETARIAT
Dr. P.P.K. Ramacharyulu, Secretary
Shri Vimal Kumar, Joint Secretary
Dr. (Smt.) Subhashree Panigrahi, Director
Shri Ashwani Kumar, Additional Director
Shri Pritam Kumar, Under Secretary

Ms. Naina Gupta, Assistant Research Officer
Shri Akshay Sharma, Assistant Committee Officer

* Shri Neeraj Shekhar, MP, Rajya Sabha nominated w.e.f. 4th February, 2020 to fill the vacancy caused by resignation of Shri Shamsher Singh Manhas, MP, Rajya Sabha from Committee w.e.f. 31st January, 2020.
# Shri Dinesh Trivedi nominated w.e.f. 22nd July, 2020 consequent upon the vacancy arose on the expiration of term of Shri Manish Gupta from the membership of Rajya Sabha on 2nd April, 2020.

(i)
DEPARTMENT-RELATED PARLIAMENTARY STANDING COMMITTEE ON HOME AFFAIRS
(re-constituted w.e.f. 13th September, 2020)

1. Shri Anand Sharma - Chairman

RAJYA SABHA

2. Shri S. R. Balasubramonian
3. Shri P. Bhattacharya
4. Dr. Anil Jain
5. Shri Satish Chandra Misra
6. @Vacant
7. Shri Ram Chandra Prasad Singh
8. Shri Rakesh Sinha
9. Shri Dinesh Trivedi
10. Shri Bhupender Yadav

LOK SABHA

11. Shri Sanjay Bhatia
12. Shri Adhir Ranjan Chowdhury
13. Dr. (Shrimati) Kakoli Ghosh Dastidar
14. Shri Dilip Ghosh
15. Shri Dulal Chandra Goswami
16. Shrimati Kirron Kher
17. Shri Gajanan Chandrakant Kirtikar
18. Shri Dayanidhi Maran
19. Shri Raja Amarendra Naik
20. Shri Jamyang Tsering Namgyal
21. Shri Ranjeetsingh Naik Nimbalkar
22. Shri Lalubhai Babubhai Patel
23. Shri Gajendra Singh Patel
24. Shri R.K. Singh Patel
25. Shri Vishnu Dayal Ram
26. Shri Pothuganti Ramulu
27. Shrimati Sarmishta Sethi
28. Dr. Satya Pal Singh
29. Shri Rajveer Singh (Raju Bhaiya)
30. Shri Ravneet Singh
31. Shrimati Geetha Viswanath Vanga

SECRETARIAT

Dr. P.P.K. Ramacharyulu, Secretary
Shri Vimal Kumar, Joint Secretary
Dr. (Smt.) Subhashree Panigrahi, Director
Shri Ashwani Kumar, Additional Director
Shri Pratim Kumar, Under Secretary
Shri Akshay Sharma, Assistant Committee Officer

@ Vacant on the expiration of term of Shri Neeraj Shekhar from the membership of Rajya Sabha on 25th November, 2020

(ii)
PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Home Affairs, having been authorized by the Committee to submit the Report on its behalf, do hereby present this Two Hundred Twentieth Ninth Report on ‘Management of COVID-19 Pandemic and Related Issues’.


3. The Committee, while making its observations/recommendations, has mainly relied upon the following documents:-

   (i) Background Notes furnished by the Departments/Ministries for various meetings;

   (ii) Presentations made by Home Secretary, Ministry of Health and Family Welfare, Ministry of Micro, Small and Medium Enterprises, Department Of Financial Services, Department of Food and Public Distribution and other officials during various meetings of the Committee;

   (iii) Replies received from the Ministry of Home Affairs, Ministry of Health and Family Welfare, Ministry of Labour & Employment, Ministry of Micro, Small and Medium Enterprises, Ministry of Education, Department of Health Research, CII, TISS, IRDAI, CMIE and various other stakeholders and experts to the questionnaires on the subject sent by the Secretariat; and

   (v) Replies to the queries/comments/suggestions of the Members, raised during the Committee's meetings, as furnished by the Departments/Ministries and other stakeholders during various meetings of the Committee.


4. The Committee considered the draft Report in its sitting held on 18th December, 2020 and adopted the same.

5. For the facility of reference and convenience, observations and recommendations of the Committee have been printed in bold letters in the body of the Report. For further convenience, abbreviations used in the report have been compiled in a table under the Acronyms section.

18th December, 2020
New Delhi
Agrahayana 27, 1942 (Saka)

Anand Sharma
Chairman
Department-related Parliamentary Standing Committee on Home Affairs
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<td>Udyog Aadhaar Memorandum</td>
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<tr>
<td>VTM</td>
<td>Viral Transport Media</td>
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<td>VLP</td>
<td>Virus Like Particles</td>
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<td>VRDLs</td>
<td>Virus Research &amp; Diagnostic Laboratories</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>XVFC</td>
<td>Fifteenth Finance Commission</td>
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<tr>
<td>YUKTI</td>
<td>Young India Combating COVID with Knowledge, Technology and Innovation</td>
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<td>YoY</td>
<td>Year over Year</td>
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</table>
CHAPTER I

INTRODUCTION

1.1 Brief about Corona viruses

1.1.1 Corona viruses are a large family of viruses that may cause illness in animals or humans. Rarely, animal Corona virus can evolve and infect people and then spread between people. In humans, several Corona viruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Corona viruses are named for the crown-like spikes on their surface. There are four main sub-groupings of Corona viruses, known as alpha, beta, gamma, and delta. Human Corona viruses were first identified in the mid-1960s. The seven Corona viruses that can infect people belong to alpha and beta groups and they are:

COMMON HUMAN CORONA VIRUSES

(i) 229E (alpha Corona virus)
(ii) NL63 (alpha Corona virus)
(iii) OC43 (beta Corona virus)
(iv) HKU1 (beta Corona virus)

OTHER HUMAN CORONA VIRUSES

(i) MERS-CoV (the beta Corona virus that causes Middle East Respiratory Syndrome, or MERS)
(ii) SARS-CoV-1 (the beta Corona virus that causes a severe acute respiratory syndrome, or SARS)
(iii) SARS-CoV-2 (the novel Corona virus that causes Corona virus disease 2019, or COVID-19)

1.1.2 People around the world commonly get infected with human Corona viruses 229E, NL63, OC43, and HKU1 that cause mild respiratory illness. Sometimes Corona viruses that infect animals can evolve and make people sick and become a new human Corona virus. Three recent examples of this are SARS-CoV-2, SARS-CoV-1, and MERS-CoV. The transmissibility of SARS-CoV-2 is higher than SARS-CoV-1, MERS-CoV and even H1N1 (2009). Case Fatality Rate is less than SARS-CoV-1, MERS-CoV and H1N1 (2009). India had managed to keep the country insulated from SARS Corona virus outbreaks in the past.

1.2 The Present outbreak of novel Corona virus and COVID-19
1.2.1 The outbreak of the Novel Corona virus disease was initially noticed in a sea food market in Wuhan City in Hubei Province of China in mid-December 2019. The Novel Corona virus — called severe acute respiratory syndrome Corona virus 2 (SARS-CoV-2) causes COVID-19.

1.2.2 COVID-19 Pandemic, detected as an outbreak of pneumonia of unknown etiology in China was notified to W.H.O. on 31st December, 2019. The outbreak was confirmed to be due to a novel Corona virus on 7th January, 2020. World Health Organisation (WHO) [under International Health Regulations] has declared this outbreak as a "Public Health Emergency of International Concern" (PHEIC) on 30th January 2020. The disease spread to all provinces of China and presently is being reported from countries/territories/areas worldwide. The COVID-19 was declared Pandemic by the World Health Organization on 11th March, 2020. The pandemic is still ongoing. As of 10th December, 2020, around 69.6 million cases and 1.58 million deaths due to COVID-19 have been reported globally (source: MoH&FW).

1.2.3 In India the first travel-related case was reported from Kerala (Cochin) on 30th January, 2020. Subsequently, the disease spread to almost all States/UTs. As of 10th December, 2020, a total of 97,67,371 cases and 1,41,772 deaths have been reported in India (source: MoH&FW).

1.2.4 The patients affected with COVID-19 have symptoms of fever, cough, breathing difficulty and other respiratory problems with wide variation from mild to severe (including the development of severe acute respiratory illness or SARI). But, there are large number of cases with no or minimum symptoms and are known as Asymptomatic patients.

1.2.5 The Committee was informed by the Ministry of Home Affairs in its background note dated 4th May, 2020 that the overall Case Fatality Ratio (CFR) is 6.8% globally, which is considerably lower than that was reported during SARS (15%) and MERS-outbreaks (37%). The CFR varies by location and intensity of transmission. The mortality is high among elderly persons, particularly those with co-morbid conditions like coronary artery disease, diabetes, hypertension, chronic respiratory diseases, etc.

1.2.6 The Committee was further informed by the Ministry of Home Affairs in its updated background note dated 13th July, 2020 that the proactive delineation of containment and buffer zones, aggressive testing, early and timely detection, adherence to clinical protocols & better ICU/hospital management helped India in having one of the lowest fatalities in the world. The present Case Fatality Ratio across the globe is. 2.27% whereas in India it is 1.45% (as on 10th December, 2020) (source: MoH&FW).

1.3 Impact and Management of ongoing Global Pandemic

1.3.1 COVID-19 Pandemic has created an unprecedented global crisis and the Government of India is treating the same as National Disaster. When the lockdown was imposed in March, 2020 no one was aware of the magnitude of this problem. Pandemic hit the country with devastating effect when the economy was already sliding. Reviving the economy is crucial for restoring the jobs both in the organized and informal sectors. The MSMEs are one of the worst-hit sectors of the economy due to the COVID-19 Pandemic and measures are needed for its restructuring and revival. More than 30% of the production comes from MSMEs, which employ a sizeable part of the Indian workforce. About 45% of exports also come from the MSME sector. Therefore, any sharp decline in this sector has an overall impact on the Indian economy.
1.3.2 Our country has the largest PDS network which is instrumental in meeting the objective of the National Food Security Act, 2013 in normal circumstances. However, the COVID-19 Pandemic has particularly affected the poor and the vulnerable sections, both in rural and urban areas, in the form of loss of livelihoods and incomes. A database of the numbers and demographic distribution of such sections will help in planning for the security of their livelihoods in case of a Pandemic like COVID-19.

1.3.3 The responsibility of the management of this unprecedented crisis has been on the Ministry of Home Affairs, including the phase-wise lockdown, unlocking, resumption of the economic activities, inter-State movement of people and goods, state of preparedness and coordination with the States. During the meeting of the Committee held on 15th July, 2020, the Home Secretary made a presentation before the Committee on the management of COVID-19 Pandemic. The Committee was informed that the national lockdown was imposed w.e.f. the 25th March, 2020 as large-scale restrictions imposed by various States had no uniformity in implementation. The Home Secretary apprised the Committee that the guideline issued during the first lockdown brought uniformity by stopping all inter-state movement except permissible activities covered under essential services. Later on, certain relaxations were also added to these guidelines. When the lockdown was extended, new guidelines were issued for opening up more activities in the rural economy. Many essential commercial activities were allowed that also provided employment opportunities to people who had suddenly lost their employment. In these guidelines, the concept of national directives was brought out. A few of the important points of these national directives were wearing masks, maintaining social distance, avoiding spitting in public, prohibition of liquor consumption in public, working from home, etc., as these were found to be effective in checking the spread of infection. In the third phase of lockdown, the concept of the negative list was introduced. There was a negative list of activities which were prohibited. All other activities were permissible except in containment zones and red zones. The Home Secretary also informed about Unlock 1.0 and 2.0 where most of the activities were relaxed in a graded manner except restrictions in certain zones. Further, the Committee observed that activities have been relaxed in a much calibrated manner during the different phases of lockdown and unlock to manage the crisis.

1.3.4 The Ministry of Health and Family Welfare has been involved in taking necessary actions to control the spread of COVID-19 and also in expanding testing facilities, laboratories, and in setting up the Core Group for COVID-19 vaccine candidates. The public health system has played a critical role in handling this Pandemic and infrastructural up-gradation along with the response mechanisms.

1.3.5 Although the Ministry of Home Affairs and Ministry of Health & Family Welfare has been at the forefront in coordinating the national response, the COVID-19 Pandemic has wider implications and adversely impacted various sections of the society. This unprecedented crisis was affecting people globally and was likely to stay for long. The Standing Committee was of the considered view that there was an urgent need to listen to everyone involved in the management of the crisis to deliberate and to learn from the experiences gained in better management of such crisis in the future. Therefore, the Committee, heard the views of various stakeholders in the Committee meetings held on 15th July, 2020, 19th August, 2020 and 27th August, 2020 to discuss and acquaint itself with the various aspects of the Pandemic situation, its impacts on various sectors and the assessment of the effort made by the Government of India to control the spread of this Pandemic. The Committee also consulted various experts to understand their perspectives about the causes and consequences of the Pandemic.
CHAPTER II

INDIA’S PREPAREDNESS TO TACKLE THE PANDEMIC

2.1 Early Measures taken by the Government before the declaration of the Pandemic by W.H.O.

2.1.1 The Ministry of Home Affairs in its background note apprised the Committee about the proactive steps taken by the Central Government before the first case was reported in India are as under-

(i) India adopted a proactive, pre-emptive and graded response to deal with the unprecedented global crisis declared as a "Pandemic" by the World Health Organization. The Government was proactive in regulating, restricting and even prohibiting in-coming international passenger traffic through immigration checks to contain the spread of COVID-19 in India.

(ii) The Government of India also managed and controlled the visa-issuance process and effective screening of passengers tested and traced for COVID-19 and had taken quick and timely measures in anticipation of the potential crises reaching our country even before India had the first confirmed case and geared up all its Ministries much before WHO declared COVID-19 to be a "Public Health Emergency of International Concern”.

(iii) On 17th January 2020, Union Health Secretary advised all State/UT authorities to examine and take necessary actions for adequate hospital preparedness to meet with any potential emergency.

(iv) First Travel Advisory was issued on 17th January, 2020 and additional advisories related to international travel were issued periodically. Travel restrictions were imposed and existing visas were suspended periodically to commensurate with the severity and spread of the disease from the countries which reported a high number of cases and deaths. Progressively, flights in India were restricted.

(v) On 18th January 2020, thermal screening was started for all passengers coming from China and Hong Kong at three international airports. From 4th March, 2020 thermal screening was initiated for all international flights and an advisory to follow standard health protocol for COVID-19 was issued by the Ministry of Health and Family Welfare (MoHFW). The thermal screening was progressively extended to seaports and land borders.

(vi) Central Government took all steps to protect the people of our country much ahead of what many other countries took subsequently. India started thermal screening of travellers/ passengers even before the first case was reported in India while as per WHO Situation Report No. 67 dated 27th March, 2020, most of the other countries initiated thermal screening in stage II and stage III of the infection in their respective countries.

2.2 Subsequent Measures
2.2.1 The Committee was also informed by the Ministry of Home Affairs in its background note about the continuous review, monitoring and evaluation of preparedness and response measures done at different levels which are as under-

(i) The Central Government constituted a Group of Ministers (GoM) on 3rd February, 2020 under the chairmanship of Dr. Harsh Vardhan, Union Minister of Health & Family Welfare and Ministers from other Ministries viz. M/o Civil Aviation, M/o External Affairs (MEA), M/o Home Affairs (MHA), M/o Shipping, M/o Chemical and Fertilizers as members, to review, monitor and evaluate the preparedness and response measures being taken regarding the management of COVID-19 in the country. The Committee of Secretaries under the Cabinet Secretary is reviewing the situation regularly.

(ii) The MHA under the Disaster Management Act, 2005 had constituted 11 Empowered Groups on different aspects of COVID-19 management in the country to make informed decisions on issues ranging from (i) medical emergency planning, (ii) availability of hospitals, isolation and quarantine facility, disease surveillance and testing, (iii) ensuring the availability of essential medical equipments, (iv) augmenting human resource and capacity building, (v) supply chain and logistics management, (vi) coordination with the private sector, (vii) economic and welfare measures, (viii) information, communications and public awareness, (ix) technology and data management, (x) public grievance and (xi) strategic issues related to lockdown.

(iii) The senior officers in the Ministry of Health & Family Welfare are constantly reviewing the evolving scenario. The Joint Monitoring Group (JMG) under the Chairmanship of Director General of Health Services (DGHS) advises MoHFW on technical matters. Meetings at regular intervals to review the COVID-19 situation in the country have been held under the Chairmanship of the Union Home Minister.

(iv) From 21st March, 2020 onwards, control room operations in MHA has been expanded by making its functioning 24X7 under the supervision of senior officers of the level of Joint Secretaries along with the representatives of key Central Ministries. A number of helplines were dedicated to the people of the North-Eastern Region. Control Rooms were opened to attend to the queries of States/UTs or other Ministries on lockdown measures, addresses inter-Ministry and inter-state coordination issues, etc.

(v) To contain the spread of COVID-19 in the community, on 22nd March, 2020 mass transportation services i.e. metro and rail traffic was suspended till 31st March, 2020. On 22nd March, 2020, all international flights coming to India were suspended and land borders were sealed for incoming persons. On 24th March, 2020, domestic air traffic was also suspended.

2.3 Coordination with the States/UTs and Other Stakeholders

2.3.1 The Ministry of Home Affairs was asked regarding the details of consultations/coordination with the State Governments before imposing nationwide lockdown w.e.f. 25th March, 2020.

2.3.2 The Ministry of Home Affairs in its response to the questionnaire stated that the Ministry of Health and Family Welfare had conducted regular video conferences with the State Health Departments. One such meeting took place on 27th January, 2020 in which the issues of contact tracing, availability of PPE kits, sanitizers, testing facilities and other related measures connected with surveillance of persons under quarantine were discussed. Members of the National Disaster
Management Authority (NDMA) had interaction by way of video conference with the SDMAs/Disaster Management Departments in February, 2020 on various aspects of the COVID-19 situation. In February and March, 2020 before the national lockdown, the members and officers of NDMA visited some states and interacted with the Chief Secretaries of states and other officers regarding the seriousness of the measures to be taken. On 20th March, 2020, the Prime Minister interacted with Chief Ministers of all the States via video conferencing to discuss measures to combat COVID-19. On 22nd March, 2020, Cabinet Secretary held a high-level meeting with Chief Secretaries of all the States/UTs via video conference. Given the need to contain the spread of COVID-19, it was agreed that there was an urgent need to extend the restrictions on the movement of non-essential passenger transport including inter-state transport buses. The Ministry also stated that before the declaration of national lockdown w.e.f. 25th March, 2020 most of the State Governments/UTs had already declared lockdown (fully and partially) in their respective State/UT based upon their assessment of the situations. Therefore, Nationwide Lockdown was announced considering the global experience and the need for consistency in the approach and implementation of various measures across the country.

2.3.3 The Committee was also informed by the Ministry of Home Affairs in its background note about the additional steps taken by the Central Government before imposing lockdown which are as under-

(i) To enable, Secretary, Ministry of Health & Family Welfare (MoH&FW) for taking effective measures for containment of COVID-19, on 11th March, 2020, Union Home Secretary, is the Chairperson of National Executive Committee (NEC), delegated power under Section 10(2)(i) & (i) of Disaster Management Act, 2005 to Secretary, MoHFW to enhance preparedness and containment of COVID-19 and other ancillary matters connected thereto. This enabled MoHFW to issue advisories on COVID-19 management. On 16th March, 2020, MoHFW issued an advisory to States/UTs on social distancing measures which were to remain in force till 31st March, 2020.

(ii) To augment the availability of funds with the State Governments, COVID-19 was declared as a notified disaster by Central Government on 14th March, 2020 to assist the State Disaster Response Fund (SDRF) placed at the disposal of respective State Governments. This allowed SDRF to be used to supplement the State resources for setting up quarantine facilities; sample collection and screening; setting up additional testing laboratories; cost of consumables; purchase of personal protection equipment (PPE) for healthcare, municipal, police and fire authorities; purchase of thermal scanners; ventilators, air purifiers, and consumables for Government hospitals.

(iii) The Prime Minister in his address to the nation on 19th March, 2020, appealed to everyone to observe "Janta Curfew" on 22nd March, 2020. The MHA also advised States and UTs to observe "Janta Curfew" across the country on 22nd March, 2020 to promote voluntary social distancing as a measure to control the COVID-19. All the citizens of the country voluntarily observed the "Janta Curfew" wholeheartedly and conveyed their strong determination to deal with this global crisis by rising to the occasion in a mature and determined manner.

(iv) To enforce social distancing, most of the States/UTs imposed restrictions on the movement of public transport, inter-state movement, closure of educational and coaching institute, schools, shops, commercial establishments, offices, factories, etc under the Epidemic Diseases Act, 1897, Disaster Management (DM) Act, 2005 and Criminal Procedure
By 24th March, 2020, most of the State and UT Governments issued complete/partial lockdown orders by invoking the provisions of the above-mentioned Acts. To bring uniformity across the country, DM Act, 2005 was invoked on 24th March, 2020 to take effective measures for ensuring social distancing and to contain the spread of COVID-19.

2.4 Impact assessment before announcing the nationwide lockdown and measures identified by the Governments to minimize various adverse impacts

2.4.1 The Ministry of Home Affairs in its response to the questionnaire stated that the COVID-19 has been a unique Pandemic wherein the nature of the disease, its short-term or long-term health and social impacts, disease dynamics, curative and preventive aspects were hardly known even as late as March, 2020. Understanding of the disease has evolved over the last few months and the lockdown strategies have also been fine-tuned based on improved understanding. Consequently, countries have adopted a variety of lockdown strategies based on their circumstances and understanding.

2.4.2 Several fiscal and monetary measures were taken by Governments and central banks across the world to contain the unprecedented health crisis caused by the COVID-19 Pandemic and its economic fallout. Similarly, measures have been taken by the Central and State Governments in India to minimize various adverse impacts. Accommodative policy stance from the Reserve Bank of India and the Government of India could be one of the reasons that the Indian economy has shown signs of normalcy responding to the staggering easing of restrictions. The fiscal measures have been in the form of free grain and cash transfers to the affected and partial loan guarantees for small firms, to begin with and several medium-term supply-side reform measures on land, labour and law. In combination with the support from RBI liquidity measures, the overall package was worth about 10 percent of GDP. A large part of the support has come from RBI liquidity measures, public sector enterprises, and future liabilities. The structural reforms are expected to improve the economy in the longer run.

2.4.3 The Ministry of Health & Family Welfare was closely monitoring the emerging situation in China right from the beginning in coordination with the World Health Organization. As a part of its pre-emptive, graded response to the evolving scenario, the Government of India took a series of steps much before the disease outbreak was declared a Pandemic, even before the outbreak was declared a public health emergency of international concern by the WHO (on 30th January, 2020) ranging from issuance of travel advisories, screening at points of entry, community-based surveillance, follow up of international travellers, building upon a network of laboratories for undertaking COVID-19 testing, development and dissemination of technical guidelines including those for social distancing, etc. The States were asked to assess preparedness and response measures against the possible spread of disease which were followed up.

2.5 The imposition of lockdowns, gradual relaxations leading to unlocking

2.5.1 To the reasons for announcing a nationwide lockdown on 24th March, 2020, the Ministry of Home Affairs in its response to the questionnaire stated that India was not the first country to impose a lockdown. Many countries had imposed a lockdown to fight COVID-19 Pandemic. Considering the success and experience of other countries to fight the COVID-19 Pandemic, the nationwide lockdown was announced to contain the spread of infection. Unlike the case of China, where the city of Wuhan in the province of Hubei was identified as the source of the virus, it was
not possible in India to earmark any particular place as the source. Therefore, firm measures were required to be imposed throughout the country, so that during the lockdown period, the capacities in terms of testing, quarantine, isolation and hospital beds, ICU beds, etc. could be enhanced. Though complete or partial lockdown imposed by the States/UTs were in the right direction, however, it was felt that there was a lack of uniformity in the measures adopted, as well as in their implementation that might not fully serve the objective of containing the spread of the virus.

### 2.5.2 The Ministry of Home Affairs in its background note apprised the Committee about the management of COVID-19 pandemic and co-ordination with State Governments, resumption of economic activities, inter-state movement of people, goods and persons and evacuation/transportation of Indians stranded outside India, state of preparedness and phased unlocking (guidelines issued by MHA for phased re-opening on 30th May, 29th June, 29th July, 29th August, 30th September, 27th October, 2020 and 25th November, 2020) that are given in detail as Annexure I.

### 2.6 Outcomes/Gains/Effectiveness of strategies adopted to manage the Pandemic

#### 2.6.1 The Committee was informed in the meeting held on 15th July, 2020 that the main purpose of implementing the lockdown measures was to contain/ slow down the spread of Coronavirus by breaking the chain of transmission and to provide additional time to ramp up capacities at all levels. The Ministry of Home Affairs in its background note dated 13th July, 2020 stated that during that period the capacities and health infrastructure were ramped up. There existed a total of 3914 facilities for COVID-19 patients in the country with 3,77,737 isolation beds (without ICU support), 39,820 ICU beds and 1,42,415 oxygen-supported beds along with 20,047 ventilators. In terms of healthcare logistics, cumulatively 213.55 lakh N95 masks, 120.94 lakh PPEs and 612.57 lakh HCQ tablets were distributed.

#### 2.6.2 Regarding gains of the lockdown, Home Secretary briefed the Committee in the meeting held on 15th July, 2020 that during the lockdown, a huge health infrastructure was created, capacities were put in hospitals and increased testing capacities were also made available. There was a massive increase in supplies of equipments, oxygen, issuance of guidelines and protocols; undertaking of research administering of medicines also showed some prophylactic effects.

#### 2.6.3 The Committee was also informed by the Ministry of Home Affairs in its background note that the laboratory network is continuously being strengthened. Adequate laboratory reagents are available with ICMR and the number of samples being tested for detection of COVID-19 has been substantially growing every day because of the sharply focused "Trace, Test, Treat" strategy in coordination with the States/UTs. The rate of recovery among COVID-19 patients has continuously improved over the days.

#### 2.6.4 As of 10th December, 2020 during last 24 hours, 801,081 samples have been tested taking the total number of samples tested up to 147,787,656.

#### 2.6.5 The Committee was further informed that as part of the strategy for COVID-19, to reduce Case Fatality Rate by ensuring effective clinical management of all COVID-19 positive patients, specialist doctors from AIIMS, New Delhi were providing expert guidance and knowledge support.
to doctors manning ICUs in state hospitals. This tele-consultation exercise was to be extended to another 61 hospitals which have bed capacity ranging from 500-1000 on a twice a week basis. Enhanced focus on "Test, Trace, Treat", further augmented with various measures has facilitated widespread COVID-19 testing by States/UTs.

2.6.6 The Ministry of Home Affairs apprised the Committee that the Union Health Ministry has issued several guidelines and the same have been made available on the website of the Ministry (www.mohfw.gov.in) targeting various groups/activities such as (i) Travel (ii) Behavioural Health, (iii) Citizens, (iv) Hospitals, (v) States / Departments / Ministries, (vi) Employees, etc.

2.6.7 Regarding community surveillance, the Ministry of Health and Family Welfare (MoH&FW) informed the Committee in its meeting held on that the Integrated Disease Surveillance Programme (IDSP) has followed up a cumulative total of 32,35,135 persons from 37 States/UTs. Of the total 32,35,135 persons enrolled for the community based follow up by IDSP, 11,31,852 persons have completed 28 days of the observation period. Guidelines on clinical management of COVID-19 was updated in July and widely circulated. These include case definition, prevention of infection control, laboratory diagnosis, early supporting therapy, management of severe cases and complications.

2.6.8 On Human Resource & Capacity Building front, the Committee was informed by the Ministry of Home Affairs that various cadres of personnel and volunteers across sectors and departments can be involved in not only COVID-19 related work but also to ensure the maintenance of other essential medical services. It has been worked out by pooling manpower resources from various institutions that *inter-alia* include Defence, Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH), National Cadet Corps (NCC), National Service Scheme (NSS), Nehru Yuva Kendra (NYK), and other public sectors, and private sector enterprises. To build the capacities of human resources to manage patients in hospitals; as well as non-medical personnel, front line workers, who may be involved in non-medical duties such as logistics, surveillance, etc., for COVID-19 management, training resources for medical and non-medical personnel have been made available on the website of Ministry of Health & Family Welfare. Online training programmes and webinars for physicians and nursing personnel are being conducted by AIIMS and training Modules have also been made available on iGOT (online platform) by DOPT (https://igot.gov.in/igot/). The training modules have been translated into different regional languages. The health infrastructure and other capacities are being expanded to reduce the case fatality ratio and COVID-19 effects.

**Recommendation**

2.6.9 The Committee observes that several steps were taken much ahead of what many other countries took subsequently for the screening of travelers and passengers coming from abroad into India. All international flights were also prohibited in a graded manner. While doing so, the Central Government was conscious of the need to bring back stranded Indian citizens abroad to the safety of their homes. The Committee, however, observes that incoming international passengers including those who entered throughout March, 2020 were screened only for high temperature and there was no testing facility established at the airports. Thus, asymptomatic patients as also those who travelled after taking medicines for controlling temperature could not be diagnosed at a time when they could practically be the only source of infections of COVID-19 in the country.

2.6.10 The Committee appreciates the efforts made by the Government for the management of COVID-19 Pandemic and understands that the primary effect of nationwide lockdown was
to have a uniform set of regulations, to delay peak infections and provide time to the health system to mop up adequate health care infrastructure, personnel and equipments. The lockdown gave the country time to ramp up its public health infrastructure, build the capacity of hospitals and health care workers. The Committee also understands that one of the key elements of the pandemic control strategies across the globe has been to shut down economic and social activities, and to impose social distancing with varying degrees of stringency.

2.6.11 The Committee notes that necessary measures were taken by the Government to minimize the severe impact of the lockdown. The Government ensured the availability of all essential commodities. The Government announced Pradhan Mantri Garib Kalyan Yojana (PMGKY), wherein targeted relief was for the most vulnerable sections of the society. The Ministry of Home Affairs also allowed flexibility in the State Disaster Relief Fund (SDRF) guidelines to cater to the requirement of setting up relief camps for migrant workers and other needy persons. Since the crisis was unprecedented, the overall plan for its management was coordinated through meetings of the Prime Minister with Chief Ministers/ Administrators and other high-level meetings involving Senior Officers of Centre and States. These meetings contributed towards effective coordination between the Central Government and all the States/ Union Territories to ensure efficacious implementation of the decision taken for mitigation of distress and distribution of relief by the civil administration at district and sub-divisional level. The steps were taken to ensure that the poor people in both urban and rural areas are not deprived of any benefit of social security, food and shelter as announced by the Government.

2.6.12 The Committee, however, observes that the sudden imposition of lockdown necessitated by the challenging situation and the fear of the rapid spread of the virus did result in unprecedented disruption. The lockdown led to the stoppage of Intra-State and Inter-State movement of people, goods, shutdown of factories, hotels, eateries, tourism, etc., and other economic activities that led to unprecedented disruption and severe social and economic fallouts. The migrant labourers, factory workers, daily wage earners were the worst affected. The civil administration in the States and the districts prepared to respond to the challenge and establish shelters and quarantine facilities. As there was no timely dissemination of the information in the district areas about the arrangements being made for food, shelter and other facilities, anxiety and uncertainty gripped the migrant labourers and workers and led to their movement in large number to their home States. This stopped only when effective mitigating measures were taken by Central and the State Governments.

2.6.13 From the benefit of the experience gained while addressing these challenges, the Committee recommends that the Government should draw up a national plan and guidelines under NDMA, 2005 and Epidemic Diseases Act, 1897. An effective functional institutional mechanism is needed for co-ordination between the Centre, states and Union Territories for quick response to such a crisis in future. This would ensure efficacious implementation of all decisions to contain pandemics and equitable/timely distribution of relief at district and sub-divisional levels to the intended beneficiaries in urban and rural areas.
CHAPTER III

AUGMENTATION OF HEALTH INFRASTRUCTURE

3.1 Management of COVID-19

3.1.1 The Ministry of Health and Family Welfare has raised awareness about the recent outbreak and has taken necessary actions to control the spread of COVID-19. Both the Departments i.e. the Department of Health and Family Welfare and the Department of Health Research along with the premier institutes under the Ministry like the Indian Council of Medical Research (ICMR) and the All India Institute of Medical Sciences (AIIMS), Delhi have been in the forefront in handling the COVID-19 Pandemic by putting together scientific and medical knowledge from time to time on various aspects including surveillance, clinical management, infection prevention and control, sample collections, upgrading and expanding testing capacities, transporting and discharging of the suspected or confirmed cases, issuing the treatment protocols and keeping the country informed about the progress that has been made.

3.2 Testing for COVID-19

3.2.1 From January 2020 up to December, 2020, there has been a calibrated and phased expansion of testing strategy based on evidence of the spread of the virus to avoid indiscriminate testing and conserve resources. Action was taken to increase the number of labs, streamline the supply of testing kits and include point of care devices in the testing arena. Regarding testing, the Joint Secretary, MoH&FW informed the Committee in the meeting held on 15th July, 2020 as under-

"In terms of testing, if you see, we started with one testing lab in January. Today, we have around 1,400-plus locations where testing takes place. We are able to do around 3,00,000-plus tests every day."

3.2.2 The details of the testing labs, total tests done and testing capacity per day from April to December, 2020 is given below-

<table>
<thead>
<tr>
<th>Date</th>
<th>Testing Labs</th>
<th>Total Tests done</th>
<th>Testing Capacity per day</th>
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<tbody>
<tr>
<td>1April</td>
<td>151</td>
<td>4208</td>
<td>30,000</td>
</tr>
<tr>
<td>1May</td>
<td>254</td>
<td>9,02,654</td>
<td>90,000</td>
</tr>
<tr>
<td>1June</td>
<td>676</td>
<td>38,37,207</td>
<td>1,65,000</td>
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<tr>
<td>10th December</td>
<td>2229</td>
<td>15,07,59,726</td>
<td>10,00,000</td>
</tr>
</tbody>
</table>

3.2.3 Total Operational (initiated independent testing) Laboratories reporting to ICMR as on 10th December, 2020 is as below:-

<table>
<thead>
<tr>
<th>Laboratories</th>
<th>Count</th>
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<tr>
<td>Government laboratories</td>
<td>1191</td>
</tr>
<tr>
<td>Private laboratories</td>
<td>1038</td>
</tr>
</tbody>
</table>
| Real-Time RT PCR for COVID-19           | 1227  (
Govt: 528 + Private: 699) |
<table>
<thead>
<tr>
<th>Test for COVID-19</th>
<th>Total No. of Labs</th>
</tr>
</thead>
<tbody>
<tr>
<td>TrueNat</td>
<td>874 (Govt: 624+ Private: 250)</td>
</tr>
<tr>
<td>CBNAAT</td>
<td>128 (Govt: 39 + Private: 89)</td>
</tr>
<tr>
<td>Total No. of Labs</td>
<td>2229</td>
</tr>
</tbody>
</table>

(Source: Indian Council for Medical Research)

3.2.4 The testing capacity has been scaled up from about 30,000 tests per day on 1st April, 2020 to more than 1 million tests per day on 10th December, 2020. In addition to RT-PCR, testing platforms have also been expanded to include TrueNat, CBNAAT and Rapid Antigen point-of-care test. After a steady increase in the number of COVID-19 cases across the country, now there has been a downtrend of cases. The daily new cases are now below 50,000 as depicted by the following graph:
3.2.5 The Committee notes that the daily new cases was 24,879 in July, 2020 and increased up to 97,894 in September and has now declined to 31,521 in December, 2020. The trajectory of daily COVID-19 cases in India from (July-December), 2020 is given below -

![Decline in daily new cases continues](image)

Source: Indian Council for Medical Research

3.2.6 The active COVID-19 cases in India have reduced to below 4 lakh in December, 2020 which is less than 4% of the total cases which also depicts a high recovery rate. The trajectory of both active and recovered cases from March to December, 2020 is as per the graph given below -

![India: Trajectory of active and recovered cases](image)

Recommendation

3.2.7 The Committee notes that the testing capacity has been expanded significantly since the imposition of the first lockdown in late March, 2020. The Committee appreciates that in
the management of the crisis, India demonstrated its capacity to scale up the responses as the situation evolved. The number of testing laboratories was only 1 in the month of January, 2020 which was increased to 151 on 1\(^{st}\) April, 2020 and as of 10\(^{th}\) December, 2020, the total number of labs approved for COVID-19 testing has increased to 2229. The number of isolation beds, ICU beds and PPE kits have also been increased from approximately 1.74 lakh, 22 thousand and 3.87 lakh in mid-April, 2020 to more than 15 lakh, 80 thousand and 6 crore respectively, as on 10\(^{th}\) December, 2020. There has also been a robust response from the Government in increasing the testing capacity per day from 30 thousand on 1\(^{st}\) April to 10 lakh as of 10\(^{th}\) December, 2020.

3.2.8 The Committee sought to know the hurdles faced in expanding the lab network and measures taken to address them. The Ministry of Health & Family Welfare in its response to the questionnaire stated that the Indian Council of Medical Research had initiated testing of COVID-19 with 13 testing laboratories and ICMR-NIV, Pune in January, 2020. The number of testing labs has been increased exponentially over the past months. Various hurdles were faced in expanding the lab network which are as follows-

(i) Lack of laboratories having facilities with molecular-based testing  
(ii) Trained manpower  
(iii) Lack of adequate equipment  
(iv) Understanding of Biomedical Waste Management  
(v) Availability of Lab Technicians, data entry operators and other staff  
(vi) Lack of diagnostic commodities - Viral Transport Media (VTM), RNA Extraction kits and RT-PCR kits.  
(vii) The Dependency of diagnostic commodities on international players

3.2.9 The following measures were taken to address the hurdles faced in expanding the lab capacity:

(i) The ICMR increased its efforts by adding private testing RT-PCR laboratories, expedited approval mechanisms by NABL and initiated TrueNat/ CBNAAT based testing in district-level hospitals and other testing facilities.  
(ii) The Government of India identified 14 Centre of Excellence Institutes as a Mentor Institute for mentoring all government and private medical colleges in their catchment area.  
(iii) The testing was increased by the introduction of rapid antigen -based testing.  
(iv) The ICMR purchased and deployed 57 RT-PCR machines and 125 RNA Extraction machines in various laboratories across the country. ICMR also supported the laboratory network w.r.t VTM, RNA Extraction kits and RT-PCR kits.  
(v) Data entry operators were deployed by the Ministry of Electronics and Information Technology through Common Service Centres in the States.  
(vi) Owing to the sudden and unprecedented nature of the Pandemic, initially, India completely relied on the import of testing kits and polymer swabs primarily from the United States, Germany, China and Italy to conduct COVID-19 tests.
3.3 Development / Validation of diagnostic kits

3.3.1 The ICMR instituted fast track mechanisms for the validation of RT-PCR diagnostic material (RT-PCR kits, antibody ELISAs/Rapid kits, RNA extraction kits and VTMs). A total of 24 Institutions have identified and designated to perform validation.

3.3.2 In case of sub-optimal proficiency, indigenous kit manufacturers were encouraged, advised and promoted to improvise their kits and re-submit for evaluation.

3.3.3 The ICMR-National Institute of Virology has very effectively used the SARS-CoV-2 virus isolated at the Institute to develop the IgG ELISA test. Technology transfers were effectively made to seven indigenous companies. The kits are available in the market. IgG ELISA is useful to conduct serosurveys in vulnerable populations and also understand the proportion of the population infected and recovered from COVID-19.

3.4 Commissioning alternate Testing Platforms

3.4.1 To facilitate testing at the district level, the ICMR also tapped the rich resource of available Truenat machines for TB diagnosis. The Truenat COVID-19 screening and the confirmatory test were quickly validated by ICMR and the machines were deployed to test even in district-level hospitals. Since the Truenat platform comes with an inbuilt sample collection in viral lysis buffer, the virus is inactivated and the bio-safety requirements are minimal while handling the sample. Similarly, alternate platforms working on GeneXpert and Abbott machines engaged in testing TB and HIV viral load testing respectively, were also mapped and operationalized.

3.4.2 The ICMR and the AIIMS, Delhi independently evaluated the stand-alone rapid point of care antigen detection assay which does not require a specialized machine and can be interpreted with a naked eye. A test is a promising tool for quick diagnosis of SARS-CoV-2 in field settings. On validation of Standard Q COVID-19 Ag kit the test has been found to have a very high specificity with moderate sensitivity. It is now being used as a point of care diagnostic assay for testing in the containment zones as well as hospitals in combination with the gold standard RT-PCR test. Following this, an Expression of Interest was displayed on the ICMR website inviting proposals from manufacturers of antigen test kits. A total of 11 antigen test kits were validated and three (including SD biosensor) were approved.

3.5 Clinical trials/ research studies

3.5.1 The ICMR convenes the National Task Force on COVID-19 Chaired by Member, Niti Aayog and co-chaired by Director, AIIMS, Delhi. Under the aegis of this Task Force, four research groups had been constituted: (i) Operational research; (ii) Epidemiology & surveillance; (iii) Clinical research; (iv) Diagnostics. Several research studies were planned and conceptualized. Major research studies are as follows:

(i) The ICMR-National AIDS Research Institute (NARI) has taken lead as the country coordinator for the WHO Solidarity Trial which was initiated to look at the beneficial effects of Hydroxychloroquine (HCQ), Lopinavir-Ritonavir combination therapy, Interferon beta-1a and Remdesivir. The trials were initiated on 30th April, 2020. Based on conflicting results, now HCQ and Lopinavir-Ritonavir arms were dropped.
(ii) To guide evidence-based policy decisions, an observational study was conducted to understand the benefits of using Hydroxyl-chloroquine in health-care workers.

(iii) The ICMR concluded the PLACID trial to understand the effect of convalescent sera in moderately ill COVID patients in 450 subjects at 60 sites.

(iv) A nation-wide COVID-19 clinical registry was launched by ICMR to systematically document the clinical signs and symptoms of COVID-19 patients in a uniform clinical proforma. So as to understand various disease presentations and plan treatment modalities accordingly.

(v) The ICMR also launched a network of National Bio-repositories for collecting and storing various samples of COVID-19 patients to aid in the development of diagnostics, studying various biomarkers of disease severity, etc.

3.5.2 Three special COVID supplements of ICMR's scientific journal – Indian Journal of Medical Research (IJMR) were released recently that included 24 editorials, perspectives, policy pieces, protocols, short commentaries, review articles and original research papers from ICMR and non-ICMR researchers. These supplements highlight the high quality of research conducted in India towards understanding COVID-19.

3.6 Epidemiological studies

3.6.1 The ICMR conducted a nation-wide serological survey to estimate the overall serological prevalence of SARS-CoV-2 infection. The serological survey was conducted in 71 districts of the country. The findings have been disseminated to the states as well as relevant departments of Central Govt.

3.7 Identifying treatment options

3.7.1 The ICMR partnered with Department of Biotechnology (DBT)/ Indian Centre for Genetic Engineering and Biotechnology (ICGEB) for the development of monoclonal antibodies for the treatment of COVID-19 patients. Technical mentorship is from Emory University, USA.

3.7.2 The ICMR-NIV evaluated more than 30 drug candidates / repurposed drugs for identifying promising treatment options for COVID-19.

3.8 Issuing timely advisories for public health action

3.8.1 Under the aegis of the National Task Force, The ICMR issued several pertinent advisories related to testing strategy including pregnant women, pooled testing, etc.; expanded platforms for testing, liberalization of testing, use of rapid antigen test for diagnosis, use of hydroxychloroquine prophylaxis in health care workers & close contacts; treatment protocols, use of IgG ELISA tests for serological surveys, etc.

3.8.2 The Committee sought to know the details of costs prescribed for testing and treatment and the extent of their compliance. The Ministry of Health & Family Welfare stated that the cost of the
first step screening assay is Rs. 1500/test and additional confirmatory assays are Rs. 3000/test. As of 10th December, 2020, the cost of the first step screening assay and additional confirmatory assays test have been reduced and are in the range of Rs. 800 to 1600 in majority of the States. However, the ICMR strongly appealed that those private laboratories should offer COVID-19 diagnosis at no cost. The ICMR Transfer of Technology to 7 companies for the development of anti-SARS CoV-2-IgG antibody detection ELISA for screening human serum samples - ICMR fixed up a Maximum Sale Price/Maximum Retail Price (excluding Taxes), an amount of Rs. 204/- (Rs. Two hundred and four only) per test kit, to all the companies with which such Transfer of Technology has been signed.

3.9 Details of financial and other material assistance provided to various States/UTs by the Government of India

3.9.1 The Ministry of Home Affairs stated that the Government of India (GOI) has continued its commitment to provide States its share of taxes, inspite of the poor collection of taxes. GOI's releases to State Governments of Central Share of Taxes and Duties (share as per recommendations of the XVFC) for April and May were as per BE 2020-21. Rs. 46,038 crore for each of the above months was released to the States. For June and July the releases were partially adjusted to tax collections and stood at Rs. 41,966 crore. In all, a total amount of Rs. 1,76,099 crore has been released to all states as states share in taxes and duties.

3.9.2 Depending on disease burden and request for financial assistance made by the States, the financial allocations to States were rationalized by the Ministry of Health and Family Welfare. The financial assistance was made to meet the expenditure incurred on-field surveillance requirements, laboratory strengthening, procurement of testing reagents and to meet other contingencies. The allocations made to the States are at Annexure-II. Certain critical items were procured centrally (including personal protective equipments, ventilators, drugs, testing equipments and reagents). The State-wise list of PPE, ventilators, drugs supplied has been given at Annexure-III.

3.10 Adequacy of such assistance to States/UTs

3.10.1 The Ministry of Home Affairs stated that the Government of India in order to augment the availability of funds with the State Governments, declared COVID-19 as a notified disaster on 14th March, 2020 to assist under the State Disaster Response Fund (SDRF) placed at the disposal of respective State Governments. This allowed SDRF to be used for supplementing the state resources in setting up of quarantine facilities; sample collection and screening; setting up additional testing laboratories within the Government; the cost of consumables; purchase of personal protection equipments (PPEs) for healthcare, municipal, police and fire authorities; purchase of thermal scanners; ventilators, air purifiers, and consumables for Government hospitals.

3.10.2 The Government of India, on 28th March, 2020, allowed the State Governments to use SDRF for providing food and shelter to homeless people including migrant laborers, who were stranded due to lockdown measures.

3.10.3 To make adequate funds available to the State Governments for effective response against COVID 19, as a special dispensation, the 1st instalment of Rs. 11,092 crore as Central Share of State Disaster Risk Mitigation Fund (SDRMF) for the financial year 2020-21 was released in advance to all States on 03rd April, 2020.
3.10.4 The Ministry of Health & Family Welfare has already approved the India COVID-19 Emergency Response and Health Systems Preparedness Package of Rs. 15,000 crore. The said package seeks to support States/UTs in various aspects of management of the COVID-19 Pandemic and provides support for the establishment of COVID dedicated facilities for treatment of COVID-19 cases including critical care, enhancement in testing capacities, engagement and training of necessary human resources and procurement of essential equipment and protective gear for the health care personnel engaged in COVID-19 duties, etc. In this regard, funds have already been made available to States/UTs under the said Package. Personal Protection Equipments (PPEs), N95 masks, ventilators and medicines have also been centrally procured and supplied to the States/UTs, supplementing the efforts being made by States/UTs.

Observation/Recommendation

3.10.5 The Committee notes with appreciation that the public health care system and Government hospitals rose to the occasion in bearing the unprecedented burden. The Committee is of the considered view that the Government responded to the challenging situation promptly and appreciates its quick adaptation to the emerging evidence about this highly contagious disease, though the country during the initial phase suffered from a shortage in medical supplies, availability of beds in hospitals, low level of testing and serious impact on other non-COVID health services. There has been a response to the situation by both Central and State Governments along with district administration in identifying the cases and reserving the required number of beds for COVID-19 patients as and where there was a need.

3.10.6 The Committee observes that the pandemic has pushed both Central and State Governments to incur heavy expenditure on COVID-19 treatment and related services. The Committee is of the view that the public sector healthcare delivery system needs to be further strengthened in all the States/UTs and a uniform healthcare system should be established across the country to deal with the Pandemic on a sustained basis in future. The Committee, therefore, recommends that in the long term, there should be more investments in health infrastructure for the rapid scaling up of public health services. A strong and effective public health infrastructure is necessary to respond to such a Pandemic due to which thousands of COVID-19 patients are getting admitted to hospitals in addition to the non-COVID-19 patients.

3.10.7 The Committee opines that the threat of COVID-19 has highlighted the huge disparity of infrastructure and services in public and private hospitals. There has to be sufficient capacity of beds available both in public/government and private hospitals. The Committee also observes the disproportionate availability of ICU beds in private and public sector hospitals. After the onset of the Pandemic, the largest share of the burden of extending comprehensive healthcare has been borne by the Government hospitals as private hospitals are either inaccessible or not affordable for everyone. Therefore, more allocation should be made for public hospitals to strengthen the Public Health Infrastructure so that they can equip themselves appropriately to handle such Pandemics in the future.

3.10.8 The Committee notes that in the initial phase of spread of the virus, Central and State Government along with the civil administration and health care workers co-ordinated the relief work and responded by creating bed facilities, opening laboratories, opening of railway...
coaches and health care centre for COVID-19 patients with a large number of beds to handle the Pandemic. However, it is vital to build up massive health care infrastructure, special protocols, etc. for the care of patients in these dedicated hospitals to manage the Pandemic like COVID-19 in the future.

3.10.9 The Committee opines that a precise study on test rate, recovery and fatality rate is important to discern the pattern. There is also a need to identify the States where the testing facilities need to be expanded as the testing facility is not the same across the States and Union Territories. Even within States also, districts should be identified and adequate health infrastructure should be made available there.

3.10.10 The Committee, further, recommends that relevant data should be made available for the research community duly following data anonymization, security and privacy laws which can provide required input for COVID-19 management and access, analyze and provide real-time context-specific solutions to control the COVID-19 Pandemic.

3.10.11 In the Committee Meeting held on 15th July, 2020 the representative of the Ministry of Health & Family Welfare stated that the whole country got engaged in managing the threat and cases of the unprecedented COVID-19 Pandemic. There is sufficient logistics availability in terms of PPE kits, N95 masks and ventilators; protective equipments, treatment-related materials and logistics are available now at the State level; hospital infrastructure has been upgraded and the primary focus has been not only on the estimations but also to track how the cases are happening.

3.10.12 He further stated that they came up with the concept of a dedicated hospital and it was classified into three aspects. First, the care center, where pre-symptomatic or mild patients can be housed; second, is the health centre where people who need oxygen support can be taken and, third is the hospital where the person who becomes critical can be taken. The Home Secretary also stated that in 12 days, a 1,000-bed hospital in Delhi was built with the efforts of DRDO and was supported by a private group. All beds have an oxygen facility and 250 ICU beds are with ventilator support. It is fully functional and is being operated by the Armed Force Medical Service (AFMS) people.

3.10.13 The Committee acknowledged the commendable work done by Centre and State Governments but at the same time raised concerns regarding the selling of beds by private hospitals, black-marketing and overpricing of some medicines like Remdesivir and Tocilizumab that was effective in the treatment of the virus. The Committee emphasized to include the use of other cost-effective and easily available medicines including AYUSH medicines in the advisories of the Ministry of Health and Family Welfare, steps should be taken to curb rumour-mongering related to the Pandemic and that only active cases should be highlighted instead of the total number of cases to prevent people from panicking.

3.10.14 One of the Members of the Committee in its meeting held on 15th July, 2020 raised a query regarding the selling of beds by private hospitals. He stated that-

"We have heard and there have been media reports that most of the private hospitals were selling beds. They were not admitting patients in the name of Corona. Somebody gave Rs.10 lakh to Rs.15 lakh for the package. There have been some viral reports. I have personal experience of one case. They told me that they cannot admit it. The victim was a doctor himself. I spoke to the Health Minister. Despite the instructions of the Health Minister, they did not admit that
doctor. Then, I again complained to the Health Minister. Ultimately, he was admitted. Earlier, they were not ready to admit him. Does the Ministry of Health have some checks and controls over these private hospitals? They were fleecing these patients."

3.10.15 In the Committee Meeting held on 19th August, 2020, Secretary, Department of Health Research stated that this is once in a century sort of an epidemic that the country is facing but there has been a very calibrated response from the Ministry of Health and the Department of Research and ICMR. Within the limited resources, the Ministry has worked hard and for the first five months, the ICMR and 26 Institutes have worked 24x7.

3.10.16 The Director, All India Institute of Medical Science (AIIMS), Delhi informed the Committee about the efforts made by AIIMS to handle COVID-19. He briefly outlined the steps taken in the development of infrastructure & capacity building including equipments, distribution of testing kits, mixed modes of testing, human resource management, etc. He added that 13,262 health personnel were trained on infection-related practices for COVID-19. The AIIMS has also provided teleconsultation facilities to 1,26,280 people on various issues related to COVID-19.

3.10.17 One of the Members of the Committee raised the issue of the use of Ayurveda medicines/ herbs in the treatment of COVID-19 as under:-

"The second important thing is about patients and public participation. This is a disease. Many dimensions of the disease are unknown to the people and even the doctors. We are learning, we are in the process of learning................. Many people who are not reporting to hospitals. They are Corona patients but they are treating themselves by the indigenous method and they are getting cured. Suppose, I am a Corona patient and I am admitted to a hospital, and I am getting treatment, according to your protocol, but I am not getting kaadha, I am not just having other things. So, my question is that what you are doing for the holistic approach to the patients who are already admitted. Are they getting other medicines, alternative medicines, along with the medicines or not"

3.10.18 The Director, AIIMS, Delhi replied that-
"as far as Ayurveda and Yoga are concerned. We have a centre in AIIMS, that is, the CIMR – the Centre for Integrated Medicine and Research. A large number of projects there are done on Ayurveda and Yoga. We have, at least, more than thirty projects on Yoga and have found it to be useful from migraine to strokes to broncho diseases and COPD. Also, several drug trials have been done with various companies, like, Maharishi Ayurveda and others, where we have shown that these drugs have utility, both, in lowering cholesterol and as hypertensive. I have done a study and we have found it to be useful in asthma also that you can reduce the requirement of an inhaler if you use certain ayurvedic drugs and do good yoga. So, we are moving in that direction too. But, I do agree that a lot more needs to be done. We have to lead in terms of showing its utility, as far as the whole world is concerned. So, a lot of work needs to be done there. We need to develop an integrated strategy of how we can get Ayurveda into allopathic and develop it as a holistic approach. That is something that we, in the AIIMS are trying to work on".

Observation/Recommendation
3.10.19 The Committee appreciates the commendable work that has been done by the AIIMS in helping the other institutions in the States, particularly, about the treatment protocols.

3.10.20 The Committee also appreciates the efforts of the Ministry of Health and Family Welfare and health workers who rose to the occasion in tackling this unprecedented health crisis and also expresses deep gratitude towards the frontline health workers and the Corona Warriors who have lost their lives on duty.

3.10.21 The Committee strongly recommends that there is a need for a comprehensive public health Act, preferably at the national level with suitable legal provisions to support the Government in keeping checks and controls over the private hospitals as there have been reports about the selling of hospital beds by them. Learning from the experience of this Pandemic, the Government should seriously examine it. The Act should also keep a check on the black marketing of medicines and product standardization. The Committee further recommends that the people should be made aware through awareness campaigns regarding cheaper and effective repurposed medicines to prevent them from panicking and spending a huge amount of money on expensive drugs. The Committee recommends that good quality and affordable medicines should be provided to everyone, especially at a cheaper/subsidized rate to the marginalized sections of the society specially at the time of Pandemic like COVID-19.

3.10.22 The Committee recommends that a holistic approach should be adopted to treat the patients who are already admitted to hospitals due to COVID-19. The Committee is of considered view that in the absence of certified vaccine/medicines, the Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) has huge potential in preventive and providing curative healthcare of this Pandemic. For immunity-boosting of both the patients and common people, kadha/ herbs/ spices as part of diet and Yoga may be suggested and promoted by the Ministry of Health and Family Welfare in coordination with the Ministry of AYUSH and AIIMS. As an alternate source of medicine to treat COVID-19, Ayurveda/traditional systems should be researched and awareness should be raised regarding their efficacy in the treatment of COVID-19.

3.10.23 The Committee observes that there is a need for sustained and focused efforts for managing the crisis as also creating awareness in the communities, ensuring testing infrastructure and upgrading health infrastructure particularly in remote and rural areas. The availability of pulse oximeter in the villages, remote and inaccessible areas as a cheap and effective way to detect silent hypoxia is important. The Committee, therefore, recommends that the remote rural areas should be specifically monitored by the States under the overall technical guidance from the Centre.

3.11 Vaccine for COVID-19

3.11.1 COVID-19 has emerged as a global Pandemic and has caused significant morbidity and mortality all over the world. There is no specific drug to treat or prevent the spread of this disease and few one repurposed drugs and broad-spectrum antiviral are being used for treatment which have shown varying benefits. The Development of effective vaccines appears to be a promising tool to help develop immunity and reduce disease transmission. As per WHO, there are currently more than 50 COVID-19 vaccine candidates in trials and is working in collaboration with scientists,
business and global health organisations through the ACT accelerator to speed up the Pandemic response.

### 3.12 Status of development of Indigenous vaccines

3.12.1 In the Committee Meeting held on 19\textsuperscript{th} August, 2020, Secretary, Department of Health Research informed the Committee about the National Taskforce to handle COVID-19, clinical trials of vaccines namely, Cadila Healthcare and Covaxin (Bharat Biotech Research Ltd.). He also informed that the phase III trials of Oxford-Astrazeneca's vaccine (partnered with Serum Institute of India) in India have commenced in August.

3.12.2 The Ministry of Health & Family Welfare has submitted an updated note on 8\textsuperscript{th} December, 2020 regarding progress made in development of indigenous vaccine that based on the evaluation of applications in consultation with the Subject Expert Committee (SEC), The Central Drugs Standard Control Organisation (CDSCO) has, so far, granted permission to conduct the clinical trial of Coronavirus vaccines as under:

(i) Permission to conduct phase I/II clinical trial with Inactivated Corona Virus vaccine (Intramuscular) on 29\textsuperscript{th} June, 2020 to M/s Bharat Biotech International Ltd., Hyderabad.

(ii) Permission to conduct Phase I/II clinical trial with Novel Corona Virus - 2019-nCov vaccine on 2\textsuperscript{nd} August, 2020 to M/s Cadila Healthcare Ltd., Ahmedabad.

(iii) Permission to conduct Phase II/III clinical trial with ChAdOx1-nCov-19 vaccine on 3\textsuperscript{rd} August, 2020 to M/s Serum Institute of India Pvt., Ltd., Pune

(iv) Permission to conduct Phase I/II clinical trial with Inactivated Corona virus vaccine (Intradermal) on 20\textsuperscript{th} August, 2020 to M/s Bharat Biotech International Ltd., Hyderabad

(v) Permission to conduct Phase II/III clinical trial with Gam-COVID Vac Combined vector vaccine (component one and component two) on 22.10.2020 to M/s Dr. Reddy's Laboratories Ltd., Hyderabad

(vi) Permission to conduct Phase III clinical trial with Inactivated Corona Virus vaccine (Intramuscular) on 23\textsuperscript{rd} October, 2020 to M/s Bharat Biotech International Ltd., Hyderabad

(vii) Permission to conduct Phase I/II clinical trial with Covid-19 vaccine containing SARS-CoV-2 Receptor Binding Domain of SARS-CoV-2 on 27\textsuperscript{th} October, 2020 to M/s Biological E Ltd. Hyderabad.

3.12.3 Further, the Ministry mentioned that no application has been received till date for the grant of Emergency Use Authorisation (EUA) of vaccine for prevention of COVID-19.

3.12.4 Regarding the action plan for ensuring universal coverage of anti-COVID vaccination in the country, ICMR informed that once efficacious vaccine/s against COVID become available, established channels of the Ministry of Health and Family Welfare will be engaged to ensure
universal coverage including the population of the country belonging to different age groups and genders.

3.12.5 The Committee sought to know the details regarding the Emergency Response system that has been placed across the country for COVID-19 tests and how does it function. The Ministry of Health and Family Welfare in its response stated that the Ministry of MoH&FW in partnership with the State Governments has an operational Integrated Disease Surveillance Program (IDSP). The IDSP is responsible for syndromic surveillance at the district level and above. The system is designed to detect outbreaks in an early stage so that effective public health interventions can be instituted. Each state has a multidisciplinary rapid response team for outbreak investigation. IDSP also has district level labs which perform ELISA based diagnosis of common bacterial and viral infections. Additionally, DHR/ICMR has commissioned 115 Virus Research & Diagnostic Laboratories (VRDLs) which are operational at tertiary level Medical Colleges of the country. The VRDLs are state-of-the-art facilities equipped with a serological and molecular diagnosis of 20-25 viral pathogens of public health importance as well as emerging/re-emerging and new viral pathogens. These labs are linked with ICMR-National Institute of Virology (NIV), Pune which is the apex virology institute in the country. Through NIV, the VRDLs are trained in biosecurity and biosafety practices for handling new/exotic pathogens. Additionally, the country has a network of one Biosafety Level 4 (BSL-4) lab at NIV and around 20 BSL3 labs in different Government Institutions which can be used for work on high-risk pathogens as per need.

3.12.6 The Committee further sought to know that whether any Pre-Clinical Work for the development of the vaccine by Bharat International Ltd (BBIL) and Cadila Healthcare has been done, whether any safety data in this regard has been published and the platform was established for the development of the vaccine in BBIL and Cadila Healthcare. The Ministry of Health and Family Welfare in its response stated that Bharat Biotech International Ltd. has conducted pre-clinical toxicity studies to establish the safety of the inactivated COVID-19 vaccine candidate which has been developed in partnership with ICMR-NIV, Pune.

3.12.7 These studies have been conducted in mice, rats and rabbits. The vaccine has been found to be safe. The data was submitted to DCGI/CDSCO for approval of human clinical trials. After obtaining due permissions, human trials are underway. Parallel pre-clinical toxicity studies in hamsters and monkeys have also been completed recently at ICMR-NIV. Following four manuscripts have been submitted in international peer-reviewed journals for publication:

   (i) Safety and dose-ranging studies of BBV152 (COVAXIN) in mice, rats and rabbits.

   (ii) Safety and protective efficacy of BBV152 in hamsters.

   (iii) Safety and protective efficacy of BBV152 in non-human primates

   (iv) Results of phase I clinical trial of BBV152.

3.12.8 All the above manuscripts are currently under review.

3.12.9 Similarly, Cadila Healthcare has developed a DNA vaccine candidate for COVID-19 which has been proven to be safe in mice, rats, guinea pigs and rabbits. The vaccine has been found to be safe. The data was submitted to DCGI/CDSCO for approval of human clinical trials. After due permissions, human trials are underway. Recruitment of participants for phase I/II clinical trials has been completed.
3.12.10 Regarding the platform that was established for the development of the vaccine in BBIL and Cadila Healthcare, the MoH&FW submitted that the vero cell line in which the SARS-CoV-2 virus is grown before inactivation and development of vaccine formulation is WHO prequalified and has been used previously for production of other vaccines like Japanese encephalitis, Chikungunya and Zika. ZydusCadila has developed a DNA vaccine candidate for SARS-CoV-2. The company has previously not developed such a vaccine. Information on the vaccine platforms with ZydusCadila is not available with ICMR.

3.12.11 The Committee sought to know whether the Drugs Controller General of India has done any emergency use authorization regarding any vaccine in the past and the details of emergency use authorization in respect of therapeutic drugs. The Ministry of Health & Family welfare stated that as per available records, Central Drug Standard Control Organization (CDSCO) has not approved any vaccine in the past for emergency use authorization.

3.12.12 As regards to authorization in respect of therapeutic drugs for COVID-19, it may be mentioned that considering the emergency and unmet medical needs, CDSCO, has so far approved three drugs (Remdesivir Injection, Favipiravir tablets & Itolizumab Injection) under accelerated approval process under New Drugs and Clinical Trials Rule, 2019 for restricted emergency use in the country for treatment of COVID-19 infection with various conditions/restrictions.

3.12.13 On the effectiveness of Hydroxychloroquine, Dr. Randeep Guleria, Director, AIIMS, Delhi, informed the Committee in its meeting held on 19th August, 2020 that some experimental data has shown that the Hydroxychloroquine might be useful and might have some protective benefit because those who have taken it have got less COVID-19 infection, as compared to those who have not taken it. Therefore, they have continued to advocate that it can be given as a prophylactic dose.

Observation/Recommendation

3.12.14 The Committee observes that there is a global recognition of the Indian scientists who are engaged in producing vaccines and respect for India's institutional potential and capacity developed over the decade that has made India the largest drug manufacturer in the world.

3.12.15 The Committee appreciates the efforts made by ICMR in handling the COVID-19 Pandemic. The Committee recommends that while undertaking vaccine trials all necessary and mandatory requirements must be duly fulfilled and all phases must be completed. Trials on small animals, human trials should be mandatorily undertaken on a sufficient sample size population. The Committee notes that no emergency use authorization has been given in the past by the Central Drugs Standard Control Organization (CDSCO). Therefore, the Committee recommends that if at all emergency authorization would be given, it should be given by Government with proper consideration and caution and this provision should be used in rarest of the rare cases.

3.12.16 The Committee opines that periodic press conferences should be held to keep people informed about the progress made in vaccine development and the expected time of availability of a vaccine. The Committee also recommends, establishing a network for collecting samples of different patients from different places at different points of time for future study. The Committee is of the considered view that once vaccination begins, it will restore the confidence among people and help in sustained revival of economic activities and creation of jobs.
3.13 Partnership building- involvement of the private sector, corporate, NGOs and other stakeholders

3.13.1 The Committee sought to know from the MHA about the efforts made to involve the private and corporate sector and the civil society for building the required partnerships to fight the Pandemic and the outcomes thereof. The MHA in its reply has stated that the Ministry of Health & Family Welfare advised the State Governments to involve the private and corporate sector and Civil Society Organizations for the fight against COVID. The core areas of the partnership were in laboratory support, treatment, human resource, material logistic, vaccines, therapeutics and diagnostics.

3.13.2 NDMA coordinated a series of meetings from 5th March, 2020 onward with NGOs/CSOs to discuss the steps required to contain the spread of Coronavirus and the possible role for Civil Society Organizations. So far five such meetings have been coordinated by NDMA. During these meetings participating Civil Society Organisations (CSOs)/ Non-Governmental Organisations (NGOs) informed about their ongoing activities/efforts related to containment of COVID-19 including awareness generations, food and dry ration distribution, sanitizers and masks distribution, etc.

Observation/Recommendation

3.13.3 The Committee appreciates the efforts of the National Disaster Management Authority (NDMA) in combating the Corona Virus Pandemic as they have swiftly responded by building synergy between the Centre and States over handling the Pandemic through Standard Operating Procedures (SOPs), guidelines, awareness generation and most importantly, acting as a nodal centre for funding manpower deployment to meet exigencies. The Committee understands that this Pandemic is unprecedented even for the NDMA which is a dedicated body for Disaster Management. Therefore, the Committee recommends that a separate wing may be formed in NDMA that will specialize in handling/managing the Pandemics like COVID-19 in the future. This wing may take a leading role in building a partnership of Government with the public sector, corporates, NGOs and other stakeholders.

3.13.4 The MHA has also formed an Empowered Group (EG 6). This group coordinates and has been actively and closely working with over 92,000 NGOs across the country who genuinely work in the public interest and helping them in charting the best course of the response action. These NGOs, given their connection with spatial and sectoral issues, have been a natural partner of the Government to tackle the unforeseen needs which have arisen in these testing times. The mobilization of these 92,000 NGOs has resulted in commendable outcomes as reported by State and District Administrations, where NGOs are actively engaged in:

(i) Assisting and supporting the local administration in setting up community kitchens particularly for migrants and homeless population working in urban areas.

(ii) Creating awareness about prevention, hygiene, social distancing, isolation, and combating stigma.

(iii) Supplementing the government efforts to provide shelter to homeless, daily wage workers and urban poor families.
(iv) Extending support for distribution of PPE kits and protective provisions – sanitizers, soaps, masks, gloves, etc. for community workers and volunteers.

(v) Supporting the government in setting up health camps.

(vi) Identifying hotspots and deputing volunteers and caregivers to deliver services to the elderly, persons with disabilities, children, transgender persons, and other vulnerable groups.

(vii) Developing a communications strategy in different vernaculars whereby they become active partners in creating awareness at the community level so that COVID-19 spread is tightly controlled.

(viii) NGOs coordinated and worked closely with the district administrations and state governments so that measures of care, quarantine, and treatment go hand in hand.

3.13.5 The public response has also been quite proactive in taking up preventive measures including social distancing measures, use of masks, and community engagement in managing COVID-19. In several parts of the country, people have understood the gravity of the situations and have started behaving responsibly. The State Governments have also put in place systems of collection of fine, to deal with deviant behavior like spitting in public, not wearing a mask in public places, etc.

3.13.6 To the perception that the fight against the Pandemic has been guided more by the top-down approach as against the required bottom-up approach for more effective management, the Ministry of Home Affairs stated that the COVID-19 Pandemic is the defining public health emergency of this century. As not much was known about this disease, to fight against such a Pandemic a top-down approach in terms of technical support and infrastructure up-gradation coupled with community involvement has been adopted and will be continued to ensure a coordinated response. Government at Centre and State level involved panchayats, urban bodies, local self-governments, NGOs, volunteers, civil society in its fight against the Pandemic. Panchayats and local self-government took various measures and approaches based on the local requirements.

Observation/Recommendation

3.13.7 The Committee observes that there is a need to establish more inclusive governance for building up a strong community resilience system and the ability to co-exist with COVID-19. The Committee, therefore, strongly recommends that there should be an open and transparent data sharing mechanism between scientists, public health professionals and the public at large as this will strengthen Pandemic control measures build consensus and evolve an ecosystem of engagement, faith, and trust.

3.13.8 The Committee further recommends that the measures should continuously be taken to avoid social stigma and fear of isolation and quarantine, by making people aware and treating them with respect and empathy. An interdisciplinary team of public health specialists, grassroots political and social leaderships and volunteers can also raise awareness about modes of transmission and methods of prevention of COVID-19 in the community which can be done by adopting emergency risk communication methods and broad-based community engagement strategies.

3.14 Health Insurance Coverage
3.14.1 In the Committee meetings held on 19th August, 2020 and 27th August, 2020, the Committee raised concern about the health insurance cover provided to the COVID-19 patients. Until June, 2020 hospitals were not accepting any insurance coverage. Moreover, insurance companies were not accepting it for a claim. Therefore, the patients did not get any support. The Committee came to know that, Corona Pandemic was not on the list when insurance policies were issued and because of that, claims were being refused. Subsequently, it was reported that the Government asked the IRDAI to launch COVID-19 specific products and issue directions. The Committee specifically sought to know from the IRDAI about the initiatives taken to provide insurance coverage to affected people after the outbreak of the COVID-19 Pandemic, given its scale of impact, details of products available for covering COVID-19 cases and the extent of coverage of each product. In its response, IRDAI stated the following-

(i) Since the onset of the Pandemic, the IRDAI is continuously monitored its impact on the general public and the health insurance industry. It took a range of proactive measures to provide relief to policyholders, to safeguard the interest of policyholders and to make available affordable standard COVID-19 specific products to the common man. To allay any doubt, a clarification was issued by IRDAI soon after the onset of the Pandemic to the effect that all comprehensive health insurance schemes also covered treatment costs for COVID-19. The summary of important measures initiated by IRDAI is attached as "Annexure IV".

(ii) Indemnity policies that cover costs of hospitalization also provided coverage to COVID-19.

(iii) Keeping the need of the general public in view, IRDAI developed a standard COVID-19 specific product called; Corona Kavach and directed all the general and health insurers to offer the product. Besides, IRDAI also developed a benefit-based COVID-19 specific standard product called Corona Rakshak and encouraged insurers to offer the same. Details of COVID-19 specific products offered by various insurers are attached as "Annexure V".

3.14.2 The Committee also enquired about the actions that have been taken to help COVID-19 patients getting admission into hospitals with the help of their insurance protection. The IRDAI in its response stated that in case of any need for hospitalization, a patient with an insurance policy gets in touch with the insurance company for authorization to be admitted. To ensure guidance and smooth admission, the IRDAI has instructed the insurers that in COVID-19 cases, such authorization should be issued within 2 hours of the request. If the insurance company has an arrangement with the hospital for a cashless facility, then the insurance company settles the bill at the time of discharge. In case a cashless facility is not available, the patient pays the hospital bill and seeks reimbursement from the insurer. IRDAI has also instructed insurers to settle claims in case of a cashless facility within 2 hours of the request so that patients can be discharged smoothly.

3.14.3 Regarding details of complaints received by the IRDAI regarding the settlement of insurance claims; basic reasons for such complaints and measures taken to address the reasons for claimants, the IRDAI informed the Committee that-

(i) In case of complaints regarding the settlement of claims, the policyholder has the option to approach the Insurance Ombudsman.

(ii) The complaints generally related to overcharging by hospitals, denial of the cashless
facility, variation in levying charges towards consumables such as PPE kits, gloves and masks, etc., or on other non-medical expenditures. Claims not part of terms and conditions claims filed within the waiting period, amounts claiming over sub-limits, non-disclosure of material information at the time of buying policy were also some of the reasons for such complaints.

(iii) Immediately after the onset of the Pandemic the Authority on 04th March, 2020 took proactive measures and directed all the insurers to expedite the settlement of claims. The insurers were also instructed that any claim to be rejected had to be reviewed by the Claim Review Committee. In compliance with the regulatory framework specified by the IRDAI, all the insurance companies have already put in place a well-structured grievance redress mechanism. In case of any grievances, the policyholder may approach the concerned grievance officer of the insurance companies. Further, given the prevailing situation, the Authority has time and again advised the insurers to be sensitive towards the requirement of policyholders and directed to ensure quick and timely settlement of claims.

(iv) As part of the regulatory framework, the Authority notified various regulations for the timely settlement of claims. Turnaround times were specified for settlement of claims, for granting pre-authorization requests and for the final discharge of the insured patient from the hospital.

(v) An integrated grievance redress system is already in place with IRDAI to track the complaints of the policyholders and to monitor the grievance resolution by all the insurance companies.

(vi) The IRDAI also monitors the activities of all insurers on an ongoing basis.

3.14.4 The Committee also sought to know the important lessons learnt from the COVID-19 experience to further streamline the health insurance policies for ensuring quick and wider benefits of people in such situations. The IRDAI in its response stated the following-

(i) The COVID-19 Pandemic is challenging for the health insurance industry on various fronts. Based on the media reports and COVID-19 specific business data the Pandemic has increased awareness of the need for health insurance and its importance.

(ii) The IRDAI has made efforts to create standard health insurance products. It is expected that this would help the customers to choose the right product and enhance the trust of the policyholders of health insurance services.

(iii) The healthcare systems need to be well prepared with well-defined medical protocols to handle any health contingencies in the future. Expanding the healthcare infrastructure to tier 2, 3 and 4 cities and rural areas needs focus.

(iv) To make insurance part of the overall economic culture of Indian society, there is an urgent need to mandate the provisioning of health insurance for all organisations, entities and other business establishments that are employing a certain number of employees or workers.
(v) There is a need to have regulatory oversight on all hospitals working in the country to provide quality healthcare and to promote fair practices, increase transparency and accountability and to prevent unethical practices.

(vi) The Pandemic has also opened up new vistas for treatment like telemedicine/teleconsultation. It is an opportunity for the insurance industry to develop products to cover such treatment.

(vii) The COVID-19 has also highlighted the lack of adequate hospital infrastructure. The need and importance of primary health care; a good network of such centres should have helped in managing the Pandemic more effectively. The insurers will be more confident in developing products to cover OPD treatment if there is a robust PHC system.

(viii) Medical inflation which is resulting in an escalation of costs of treatment necessitates a periodical increase in the premiums charged by insurance companies. Further, the variation in the costs of treatment for insurance cases (when compared to the costs charged by hospitals for non-insurance cases) and prescription of unnecessary diagnostic tests also lead to an escalation of the cost of treatment. For an insured patient, it is another factor for the periodical rise in premium rates.

Recommendation

3.14.5 The Committee observes that in the initial phase of Pandemic, insurance coverage was not given to many people who suffered from COVID-19. The private hospitals were charging exorbitantly high rates for the treatment of COVID patients who had to suffer a lot due to lack of any insurance coverage. The Committee appreciates the efforts made by the IRDAI to create standard health insurance products and recommends that the healthcare systems need to be well prepared with well-defined medical protocols to handle any health contingencies in future. Expanding the healthcare infrastructure to tier 2, 3 and 4 cities and rural areas needs focus. The Committee further recommends that transparency and accountability need to be increased to provide quality healthcare and to promote fair practices. There is a need to have regulatory oversight on all hospitals working in the country to prevent refusal to accept insurance claims. The Committee strongly recommends that the target should be to make COVID-19 treatment cashless for all people that are having insurance coverage.

3.15 COVID-19 situation in Delhi

3.15.1 The Committee, in its meeting held on 27th August, 2020, heard the views of the Chief Secretary, Government of NCT of Delhi to have an understanding of the overall strategies adopted to handle the Pandemic.

3.15.2 The Chief Secretary, Government of NCT of Delhi, apprised the Committee in the meeting held on 27th August, 2020 about the status of COVID-19 cases in Delhi vis-à-vis India; health infrastructure and clinical interventions in Delhi; other institutional interventions and welfare measures that were undertaken in terms of the entire COVID-19 management in Delhi; specific arrangements for international passengers in Delhi, etc.
3.15.3 The Committee was informed that under the aegis of MHA, a Panel of experts comprising the representation from National Institute for Transforming India (NITI) Aayog, National Centre for Disease Control (NCDC), Indian Council of Medical Research (ICMR) and Ministry of Health and Family Welfare (MoHFW), a focused response based on the situational analysis of the COVID-19 outbreak in Delhi was rolled out. The 4-T strategy that includes tracing, tracking, testing and treatment was meticulously followed. The testing capacity enhancement was substantial as the number of tests that were being done in Delhi till the 14th June, 2020, averaging about 3,500 to 4,000 a day. Broad based Testing Strategy resulted in seamless access to testing for the citizens and reduction in the burden of disease, Niche focuses on HRG's/SSG's and other vulnerable segments have reduced mortality/spread of disease, there has been an improvement in recovery and doubling rates and significant decline in hospital admissions and positivity rate from 37.68 % on 14th June, 2020 to 7.7 % on 22nd August, 2020. Case Fatality Rate has also been reduced from a peak of 4.1% on 16th June, 2020 to 1.64% on 10th December, 2020. As of 10th December, 2020 there are 18,852, 7942 and 562 beds in hospital, dedicated COVID care centre and dedicated COVID health centre respectively in Delhi out of which more than 21,000 beds are vacant in total.

3.15.4 The updated information on the status of COVID-19 cases, patient management, testing, containment zones, etc., in Delhi (as on 10th December, 2020)

- **COVID-19 Positive Cases Status on 9th December, 2020**

| Positive Cases | 1575 |
| Tests Conducted | 64069 |
| Positivity Rate | 2.46 % |
| Recovered/Discharged/Migrated | 3307 |
| Deaths | 61 |
| Death Rate (Based on last 10 days data) | 2.27 % |

- **COVID-19 Patient Management**

<table>
<thead>
<tr>
<th></th>
<th>Total beds</th>
<th>Occupied</th>
<th>Vacant</th>
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<tbody>
<tr>
<td>Hospital</td>
<td>18852</td>
<td>5193</td>
<td>13659</td>
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<tr>
<td>Dedicated COVID Care Centre</td>
<td>7942</td>
<td>338</td>
<td>7344</td>
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<tr>
<td>Dedicated COVID Health Centre</td>
<td>562</td>
<td>106</td>
<td>456</td>
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<tr>
<td>Home Isolation</td>
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</tr>
</tbody>
</table>

* 260 beds of CCC are occupied by persons under quarantine including travelers who came By Vande Bharat Mission and Bubble flights

- **COVID-19 Testing Status**

<table>
<thead>
<tr>
<th>Tests conducted today</th>
<th>Total tests conducted today</th>
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<tbody>
<tr>
<td>RTPCR/CBNAAT/True Nat tests</td>
<td>29441</td>
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<tr>
<td>Rapid antigen test</td>
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<tr>
<td>Total tests done so far</td>
<td>7005476</td>
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<tr>
<td>Tests per million</td>
<td>368709</td>
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</table>

- **COVID-19 Positive Cases Status : Cumulative**
<table>
<thead>
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<th>Cumulative Positive Cases</th>
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</thead>
<tbody>
<tr>
<td>Cumulative Positivity Rate</td>
<td>8.58 %</td>
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<tr>
<td>Recovered/Discharged/Migrated</td>
<td>572523</td>
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<tr>
<td>Deaths</td>
<td>9874</td>
</tr>
<tr>
<td>Case Fatality Rate</td>
<td>1.64 %</td>
</tr>
<tr>
<td>Active Cases</td>
<td>18753</td>
</tr>
</tbody>
</table>

- Total Number of Containment Zones as of date: **6430**
- Calls received in Control Room: **317**
- Total number of calls dispatched to ambulances: **1302**
- Total number of calls refused: **Nil**

3.15.5 The Committee was apprised that in Delhi, the Government of Delhi and MHA are doing their level best to triangulate the deaths from three sources. The first source is the number of deaths that are being reported by the hospitals. The second source is the total bodies that are being cremated or buried in the various crematoria and burial grounds are being looked at through the municipal corporations. The third source is the numbers of bodies that are being looked at, which are being disposed of by the hospitals through their morgues and mortuaries. So, these sources of data are periodically triangulated to confirm that the actual level of deaths is in that broad range as they have been indicated and there is no big difference and they are broadly calibrating with each other.

**Recommendation**

3.15.6 The Committee appreciates the effort made by the Ministry of Home Affairs and Government of NCT of Delhi in building India's biggest COVID-19 care centre consisting of 10,000 beds and also the timely interventions made to control the spread of the virus in the national capital. The Committee observes that the district-specific or the area-wise total number of cases are not being maintained and reported by the Delhi Government. The Committee, therefore, recommends that the Delhi Government should maintain and release district-wise data of the positive cases, recovered cases and the testing status. This will bring more transparency and will make people aware of the situation in their localities. The Committee further recommends that the balance should be maintained between RT-PCR and RAT and issuing of Medical Certification of Cause of Death (MCCD) should be made compulsory for all hospitals to get the exact number of COVID-19 deaths in Delhi.

3.15.7 The Committee expresses concern over the recent spike in the incidence of the COVID-19 cases in Delhi due to the combined effect of series of festive events, increase in air pollution and advent of the winter season. The Committee, therefore, recommends the Ministry of Home Affairs to review the situation in Delhi and co-ordinate with the Government of NCT of Delhi to adopt a robust strategy for containment and mitigation of the recent surge in cases and take necessary measures to prevent the subsequent waves of infections in Delhi.
CHAPTER IV
SOCIAL IMPACT OF COVID-19 PANDEMIC

4.1 Introduction

4.1.1 The changing scale and contours of the COVID-19 Pandemic had an accumulative social impact in India. While on one hand, the Pandemic and the lockdown have challenged the very way in which Indian cities function, and how they are organized, life in villages and rural hinterlands; on the other hand also impacted the disturbance of supply chains due to the return of migrants. There are several dimensions of social impact, nature of impact and the groups impacted.

4.1.2 The causes of social impact includes curbing of mobility, work from home, occupations dependent on public spaces, needs of Pandemic safety behaviour, education at home, psychological impact specially on children, prejudices against people and communities and social isolation/ stigma issues associated with the Pandemic, issues of food security, availability of COVID-19 and non-COVID-19 health services and return of migrant workers to their home town.

4.1.3 The nature of impacts include loss of livelihoods and incomes, loss of access to health infrastructure, food and shelter, loss of social interactions, mental health issues, anxieties on account of the uncertainty of Pandemic and loss of personal mobility, lack of infrastructure support for education at home and likelihood of interruption in education and dropouts, physiological and psychological impacts on children/young people, stress on account of staying together in cramped and dingy houses, inter-generational conflicts, domestic abuse and alcoholism, inadequate food, lack of nutrition, lack of access to PDS, interruption in long term treatments, expensive treatments, migrants forced to return home walking long distances by foot, creation of a culture of fear, etc.

4.1.4 The Committee was informed about the several vulnerable groups and issues faced by them. Some of these have been detailed in the successive paragraphs.

4.2 Social impact on migrant workers and the poor

4.2.1 The COVID-19 Pandemic has severely impacted migrant workers and the poor, due to the shutting down of industries and factories during lockdowns. The Committee, therefore, sought the information from the Ministry of Home Affairs whether it had anticipated the problems that a large number of migrant workers were likely to face on account of the complete lockdown. The Ministry stated that the Central Government was fully conscious that during the period of an inevitable lockdown, no citizen should be deprived of basic amenities of food, drinking water, medication, etc. The Central Government, therefore, worked out a financial package to take care of such inevitable hardship. Under the "Pradhan Mantri Garib Kalyan Yojana", a package of Rs.1.70 Lakh Crore was announced. The Central Government, on realizing the problems being faced by migrant workers, announced many relief measures for their welfare and issued instructions to State Governments to mitigate the problems faced by them.

4.2.2 On the objective behind preventing the exodus of migrant workers, the Ministry of Home Affairs stated that the Central Government took the required steps to prevent the spread of COVID-19 in the country. The measures were essential in the interest of the general public and for ensuring the safety and health of citizens. The Government was conscious of the plight of poor people including migrant workers. The movement of migrant workers on their own in large numbers defeats the very object of the preventive measures taken by the Central Government. If such a group

1 TISS stated in a detailed analytical response based on research and extensive fieldwork undertaken by faculty members of TISS in the Mumbai, Tuljapur and Hyderabad campuses in the year 2020.
of persons in large numbers was permitted to reach their home villages in rural India, there was the possibility of them carrying COVID-19 infection to the rural population of their respective village which had remained untouched at that time. For this apprehension, the resistance of many villages to permit such migrant workers to enter their villages was also reported. The country was dealing with an unprecedented situation and any lapse at any end by anyone could have result in the loss of precious human lives. Accordingly, a decision was taken not to permit further movement of such migrant workers and required them to stay wherever they have reached while providing shelter, food and medical facilities to them and observing social distance norms.

4.2.3 Keeping these factors in mind, the Central Government, through the Ministry of Home Affairs, issued directives/orders/advisories to all State Governments to strictly comply with and enforce the lockdown for the specified period and follow social distancing norms which would mean the complete prohibition of inter-district and inter-State migration of any population including the migrant workers.

4.3 Institutional mechanism for monitoring the movement of migrant workers, their welfare and protection of rights

4.3.1 The Ministry of Labour and Employment while replying to the questionnaire, informed the Committee that to safeguard the interest of the migrant workers the Central Government has enacted the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979 which, inter-alia, provides for payment of minimum wages, journey allowance, displacement allowance, residential accommodation, medical facilities and protective clothing, etc. The provisions of various labour laws like the Employees’ Compensation Act, 1923, the Payment of Wages Act, 1936, the Industrial Disputes Act, 1947, the Employees’ State Insurance Act, 1948, the Employees’ Provident Funds and the Miscellaneous Provisions Act, 1952 and the Maternity Benefit Act, 2017 are also applicable on migrant workers. The Government has also enacted the Unorganized Workers’ Social Security Act, 2008 to provide for social security and welfare of unorganized workers including migrant workers.

4.4 Measures taken for the return of migrant workers to their places of domicile

4.4.1 The Ministry of Home Affairs in its background note also apprised the Committee of the evacuation/transportation Plans made for migrant workers, students, etc. during the lockdown period which are as follows:

i. Due to the lockdown migrant workers, pilgrims, tourists, students and other persons were stranded in a different part of the country. States/UTs were directed to make adequate arrangements for providing them with shelters, food, water, health facilities and also proper counselling. States/UTs were also allowed to use the State Disaster Response Fund for this purpose and an amount of Rs. 11,092 crore was released in advance on 3rd April, 2020 to all States to augment funds with them.

ii. Under the Ministry of Home Affairs (MHA) guidelines dated 15th April, 2020, several economic activities were allowed to operate. MHA issued an Order on 19th April, 2020 to allow the movement of stranded labour within the State/UT so that these workers could be engaged in industrial, manufacturing, construction, farming and MNREGA works.

iii. To enable the movement of migrant workers, pilgrims, tourists, students and other persons to their native places, MHA issued an order on 29th April, 2020. Their movement by buses was to be facilitated by the sending and receiving State/UT. State/UTs were also mandated to
follow adequate health safeguards during their movement. On the requests of several States, the MHA issued an Order dated 1st May, 2020 to allow the movement of these stranded persons by train by observing the health safeguards. A detailed Standard Operating Protocol (SOP) was also issued by the Ministry of Railways for their movement by running special 'Shramik' trains. Indian Railways based on the request from State Governments started operating "Shramik" special trains beginning 1st May, 2020.

iv. The Indian Railways from 1st May 2020 till 6th July, 2020 had operated 4,611 Shramik Special trains as "Trains on Demand" and as per the requests made by States. Approximately 63.07 Lakh migrants were facilitated to reach various destinations. The State Government and railways provided food and water free of cost. The Railways up to 6th July, 2020 had served 1.95 crore meals and over 2.18 crore packaged drinking water bottles (Rail Neer) apart from the services provided by the respective State Governments. Also, 35 lakh free meals were distributed to the needy by IRCTC and commercial staff.

4.4.2 The Ministry of Home Affairs in its background note also apprised the Committee about the measures taken by the Ministry of Labour & Employment towards the problems of Migrant Labours during the COVID-19 Pandemic which are as follows-

i. There is around 2.58 crore live registered buildings and other construction workers (BoCW) in the country and the majority of them are migrant workers. The workers are registered with various BoCW Welfare boards of the State/UT Governments.

ii. Advisory had been issued by the Ministry of Labour and Employment to all States/UTs on 24th March, 2020 and 27th March, 2020 for extending financial assistance to construction workers during the outbreak of COVID-19. In response, 31 State/UT Governments had provided cash benefits (ranging from Rs. 1000/- to 6000/- per worker) by DBT from cess fund to 1.82 crore workers across the country involving an amount of approx. Rs.4970.00 crore.

iii. Further, some States also started releasing second instalment. Also, 5 States/UTs (Chhattisgarh, Jharkhand, Mizoram, DNH and Daman & Diu) also gave food relief packages to around 29 lakh workers from the cess fund.

iv. EPFO had operationalized the PMGKY package for providing relief of the payment of employee's & employer's share of EPF & EPS contributions (24 percent of wages) in the EPF accounts of low wage-earning (less than Rs.15000/-) EPF members for six months by Government of India and to incentivize medium and small establishments employing up to 100 employees to retain their low wage-earning employees.

v. Under this package benefits amounting to Rs.775.75 crore have been disbursed/are in process of being disbursed to 48.85 lakh eligible employees reported in the 3.07 lakhs Electronic Challans cum Returns (ECR) filed from March, 2020 onwards by the employers.

vi. The EPF Scheme has been amended to provide for an advance from EPF account to the extent of 75 percent of EPF balance or three-month wages whichever is lower as part of the PMGKY package.

vii. Online COVID-19 Advance Claims of 14.48 lakh members have been processed and an amount of Rs.4308.5 crore has been disbursed to Bank accounts of EPF members.
viii. Rate of EPF contributions was reduced from 12 to 10 percent of basic wages and dearness allowances for three wage months (May, 2020 to July, 2020) under Atma Nirbhar Bharat which would benefit 4.3 crore employees/ members and employers of 6.5 lakh establishments to tide over the immediate liquidity crisis.

ix. As a result of the reduction in statutory rate of contributions from 12 to 10 percent, the employee shall have a higher take-home pay due to a reduction in a deduction from his pay on account of EPF contributions and the employer shall also have his liability reduced by 2 percent of wages of his employees.

x. Definition of Inter-State Migrant Worker is proposed to be expanded in the Draft Labour Code on Occupational Safety and Health to cover all workers, including organized, unorganized and self-employed workers. This will facilitate them to receive more benefits in the future.

4.4.3 In the meeting held on 15th July, 2020, the Home Secretary informed the Committee that in later March, 2020, relief camps were set up for providing food to migrant workers who had lost jobs and to homeless people or any stranded migrant or anybody who wanted the relief and to augment this, Rs.11,000 crores were released from the SDRF to the States on 3rd April, 2020. On 29th April, 2020 the movement of migrant workers was allowed, 41,000 camps and shelters were set up in the country and more than 14 lakhs people were housed there. Besides this, there were 30,000 food camps also. About 17 lakh workers, stayed with their employers or in industry campuses where they were being provided shelter and food. There were many other places where food packets and food was being given. The MHA issued various advisories whenever the issues of migrant labour's or labourers' movement came up. Starting on 27th March, 2020, States were asked to prevent exodus, to take steps to set up shelters and give food packets, to have essential items available to them and to open helplines for such people. Again on 28th March, 2020, the MHA issued another advisory regarding the publicity of location of relief camps as people started walking on roads. Then, Pradhan Mantri Garib Kalyan Yojana (PMGKY) was launched which had a lot of relief measures for the poor people. The MHA also advised to States to provide tented accommodation, proper food, hygiene and social distancing for the people who have come on highways. Besides, some movement of migrant workers in the trucks and tankers were also observed. The MHA issued an advisory again to stop such movement and to keep them in proper relief camps.

4.4.4 The Home Secretary further stated that-

"there was a large number of people gathering at Anand Vihar and moving to Uttar Pradesh. But, subsequently, for the next one-and-a-half month, there was no such thing. Migrant labourers stayed put in their places where they were. All the States cooperated very well and managed them in camps or their places of stay, and their food requirements were also managed well. Their health, hygiene and all were also taken care of. Of course, when the lockdown got extended for a little longer period, the labour wanted to move. We had opened up activities thinking that they might go back to work. Perhaps, that understanding, to a much extent, was not correct. They wanted to go back, and, then, at that point of time, it was decided that we should run trains and also buses."

4.4.5 The Ministry of Home Affairs in its response to the questionnaire furnished the details of temporary relief centres arranged for the benefit of migrant workers in their home States and for
those who returned to their native States and the total number of migrant workers sheltered in such centres which are at Annexure VI.

4.4.6 The Committee enquired from the Ministry of Labour and Employment through a questionnaire about the lessons learned from the experience of hardships faced by the migrant workers during the present Pandemic. The Ministry responded that the National Database of migrant workers along with their bank details, seeded with Aadhaar will be of immense help to provide financial assistance/relief package to the workers through DBT.

4.4.7 The Committee was also apprised by the Ministry of Labour and Employment that the problems of migration/migrant workers are sought to be addressed through a multidimensional course of action through rural development, provision of improved infrastructural facilities, equitable dispersal of resources to remove regional disparities, employment generation, land reforms, increased literacy, financial assistance, etc. A national database for unorganized workers including migrant workers is under the active stage of approval.

4.4.8 The Committee was further informed by the Ministry of Labour and Employment through its reply that the National Database on workers to facilitate the registration of the workers including migrant workers will be launched soon by the Ministry of Labour and Employment. This database will help the State Governments, migrant labourers, other workers and stakeholders including Government authorities to know the movement of workers from their native states to the destination states and back. Moreover, it will help the authorities to plan welfare schemes and measures for them.

4.4.9 In its meeting held on 27th August, 2020, one of the Members sought to know about the last survey done by the NSSO on the migrant workers. To this, the Representative, NSSO, replied that-"Regarding the question on migration, one thing I would like to bring to the notice of the Committee that in PLFS, the Labour Force Data Collection, there was no provision for migration data. And, because of the COVID-19, we have additional information on migration which we started collecting from July this year. We have started collecting data on migration specifically keeping in mind that there was a huge migration during that period of lockdown on this. So, we have some additional data and on the advice of the Working Group, we have started collecting it. So, that analysis will also be there when we come with the Report".

Recommendations

4.4.10 The Committee observes that the migrant workers are the backbone of the industrial sector but the COVID-19 Pandemic has exposed certain problems in the existing public policy framework. Due to the lockdown, the migrant workers lost their jobs. The uncertainty involved with the Pandemic and inadequate social security, access to affordable housing, health benefits and other basic amenities led to their migration to their home States. The lack of these benefits points to the in-effective implementation of the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979. The task of identifying the location and disbursing relief measures to the migrant workers became very difficult as the Central Government did not have any data of the migrant workers and had to seek it from the States.
4.4.11 The Committee appreciates the efforts made by the Government to extend various relief measures to the vulnerable sections of the society. However, in the absence of a comprehensive National Database, it is difficult to extend the relief measures by the Government to the intended beneficiaries.

4.4.12 The Committee, therefore, recommends that the Government should ensure a decent minimum wage, food security and safe living conditions to all the workers employed in both the formal and informal sector by including them in health services, cash transfer and other social programmes. Further, the Committee strongly recommends that the National Database on migrant workers should be launched at the earliest as it will help in the identification of migrant workers and also in delivering ration and other benefits to them. The database may also include the records of returning migrant labourers including details about their source and destination, earlier employment details and the nature of their skills which will help in skill development and planning for the transit of migrant workers in emergency situations such as the outbreak of Pandemic, etc.

4.4.13 The Committee further recommends that the Government should revisit the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979 and other Labour Laws to strengthen and implement them in letter and spirit. The Committee also recommends that the Government should use different platforms to provide information about the various government schemes and other avenues of employment.

4.5 Impact of COVID-19 on Education

4.5.1 The COVID-19 Pandemic and the subsequent lockdown have adversely affected the education sector globally as well as in India as students are attending online classes and thereby being deprived of availing on-campus resources, direct coaching/mentoring of teachers, peer group learning and interaction, etc. However, the Pandemic has also worked as an opportunity for educational institutions to grow and opt for new platforms and techniques.

4.5.2 On being asked about the measures taken to minimize the impact of COVID-19 on the education system/academic calendar in the country, the Department of Higher Education stated that at the beginning of Pandemic, on 18\textsuperscript{th} March, 2020, a letter was issued by the Secretary/ Higher Education and School Education & Literacy to University Grants Commission, All India Council of Technical Education, National Council for Technical Education, Central Board of Secondary Education, National Testing Agency, National Institute of Open Schooling, all autonomous organizations under the Ministry of Education and all States/UTs regarding the precautions to be taken in the light of COVID-19. Moreover, all educational institutes and examination boards were requested to maintain regular communication with the students and teachers through e-means and notify helpline numbers/emails to address their queries. In March, 2020, UGC too issued an advisory to all universities to take suitable precautions including hygiene.

4.5.3 As the country began to unlock, the Standing Committee of IIT Council (SCIC) constituted a Committee to manage the closure of session 2019-20 and commencement of the next session 2020-21. That Committee has been meeting periodically since June 2020. In the 12\textsuperscript{th} meeting of the Standing Committee of IIT held on 16\textsuperscript{th} July 2020, the measures taken/are being taken by IITs to minimize the impact of COVID-19 were discussed. The Committee expressed its satisfaction with the measures contemplated by IITs. AICTE launched a digital helpline for students to support stranded students and re-connect them to their family, schools, colleges and meet their urgent personal needs including psychological support. Admissions at UG level in IITs, have already been completed in November 2020 and online classes have started in November. So far as new
admission to PG programmes in IITs is concerned, the examination through JAM was already conducted and the provisional admissions have been given subject to clearing of final year UG programme. The provisionally admitted students will be undergoing classes through an online programme. Online classes are being conducted for existing students in IITs.

4.5.4 Department of School Education also apprised the Committee about the measures taken to minimize the impact of COVID-19 on the education system/academic calendar in the country, some of which are as under:

(i) DIKSHA (Digital Infrastructure for Knowledge Sharing), a national online platform for school education is available for all states and the central government for grades 1 to 12.
(ii) Access through TV channels- Swayam Prabha TV Channels to support and reach those who do not have access to the internet;
(iii) Extensive use of Radio, Community Radio and Podcasts for children in remote areas who are not online;
(iv) A digitally Accessible Information System (DAISY) has been developed for visually and hearing impaired students, study material and a sign language; both are available on the NIOS website/YouTube;
(v) The e-textbooks accessible through an e-Pathshala web portal and mobile app (Android, iOS, Windows);
(vi) National Repository of Open Educational Resources (NROER), an open storehouse of e-content has been formed for students, teachers, teacher educators and parents;
(vii) An initiative named MANODARPAN has been started by the Ministry to provide psychosocial support to students, teachers and families for mental health and emotional wellbeing during the COVID outbreak and beyond;
(viii) Mid-Day Meal has been changed to dry food, rations, DBT, etc.;
(ix) For Capacity Building, the initiatives include up-Skilling of teachers towards the usage of e-learning resources, online modules under NISHTHA (National Initiative for School Heads' and Teachers' Holistic Advancement), etc.
(x) An initiative by NCERT named "PRAGYATA" which highlights important measures to be followed while using digital platforms.

4.5.6 The Committee notes the digital divide between rural and urban areas, as it can be inferred from the National Statistical Office in its NSS 75th round Report mentioned that the access to computer and internet in India is as below:

i. Nearly 4 percent of rural households and 23 percent of urban households possessed computer. [Statement 7.1]

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2 National Statistical Office in its NSS 75th round Report, on "Household Social Consumption on Education in India", published by Ministry of Statistics and Program Implementation, Government of India
http://mospi.nic.in/sites/default/files/publication_reports/Report_585_75th_round_Education_final_1507_0.pdf Page 17
ii. Nearly 24 percent of the households in the country had internet access in the survey year 2017-18. The proportions were 15 percent among rural households and 42 percent among urban households. [Statement 7.1]

iii. Among persons age 15-29 years, nearly 24 percent in rural areas and 56 percent in urban areas were able to operate a computer. [Statement 7.4]

Recommendation

4.5.7 The Committee appreciates the various digital initiatives taken by the Government for conducting online classes. However, social inequalities exist in the society relating to the availability of resources to access these online classes and other digital initiatives taken by the Government.

4.5.8 The Committee, strongly recommends that a scheme may be worked out to provide financial assistance as well as low-cost subsidized devices like tablets, smartphones and computers to students with sufficient data to access these facilities, especially for the students belonging to weaker sections of the society. The Committee further recommends that to enable the students to get the benefit of online classes and also to bridge the digital divide, the Government should prioritize the strengthening of the IT infrastructure to provide uninterrupted internet connection throughout the country especially, in the rural areas. Meanwhile, big screens may be placed in the community centres particularly in rural areas so that the poor children who do not have smartphones/ internet connection can continue their studies from these community centres. The lockdown imposed has brought a paradigm shift from classroom teaching to online teaching. Schools, Colleges and other higher educational institutions are quickly adapting themselves to this shift and conducting online classes so that studies do not suffer. The Committee, therefore, also recommends that training may be imparted to teachers to conduct online classes as it is different from teaching in a classroom and would be regular phenomenon in times of COVID-19.

4.6 Reopening of schools/ colleges

4.6.1 The Committee sought to know whether the Ministry of Education has worked out any plan for the gradual reopening of educational institutions countrywide for commencing the new academic year. The Department of Higher Education in its response dated 4th December, 2020 stated that the guidelines issued by the Ministry of Home Affairs (dated 15th October, 2020, guidelines for re-opening) has allowed the opening of State Universities, Private Universities for research Scholars (Ph.D.) and Post Graduate students in science and technology stream requiring laboratory/experimental works. Further, each State has to decide about the opening of the educational institute and each educational institute will decide about the opening of the institutions depending on local condition. The Ph.D. and PG students who are needed to do practical work in the lab are allowed to visit the campus. Further, IITs/IISERs/NITs/IIMs have already planned their norms for the classroom, social distancing in classes, mess and outside the campus. Detailed planning has been done for each institution and it has been decided to adopt as per local situation and as per the instructions of
district/state authorities. The university Grants Commission (UGC) has also issued guidelines on examination and academic calendar for the universities in view of COVID-19 Pandemic.

4.6.3 The Department of School Education stated that the Ministry of Human Resource Development a discussion with all the States/ UTs on reopening of schools. The responses of them are as follows-

**Feedback from States and UTs regarding Reopening of Schools**-

i. 07 States / UTs desire to reopen schools as per MHA guidelines (Assam, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Tripura, Lakshadweep)

ii. 08 States / UTs would like to consider reopening schools in September, 2020 if possible (Andhra Pradesh, Arunachal Pradesh, Karnataka, Kerala, Ladakh, Manipur, Nagaland, Odisha).

iii. 14 States / UTs yet to decide (ANDAMAN AND NICOBAR ISLANDS, CHHATTISGARH, DND – DNH, Goa, Gujarat, Maharashtra, Meghalaya, Mizoram, Punjab, Sikkim, Tamil Nadu, Telangana, Uttar Pradesh, West Bengal).

The Department of School Education and Literacy in its reply dated 7th August, 2020, to a Questionnaire stated about the feedback of Parents regarding reopening of schools–

i. Most Parents from all over India want Schools to open once the number of cases of COVID-19 is reduced. Primary Schools may be opened only after the availability of the COVID-19 vaccine. Secondary and Higher Secondary schools may be opened September onwards. Schools to work in Shifts or Children to attend School on Alternate Days

ii. Reduction of Curriculum for the year.

iii. Cancellation of non-essential Classes/ Subjects. No Assembly, No Games

iv. Presence of proper Medic in School

v. Reduction of School fees

vi. Proper supervision of online learning Platforms like DIKSHA, Youtube and Whatsapp Groups

4.6.4 The Committee also sought to know that how the Ministry is planning to ensure the safety of the students once the institutions reopen, how practical is to follow social distancing and hygiene norms in a classroom, how would the school transportation operate and whether the Ministry is preparing any guidelines to monitor the norms to be followed in the institutions. The Department of Higher Education and Department of School Education in reply dated 6th and 7th August, 2020 respectively, stated that the guidelines of MoHFW containing the precautionary measures to be taken in the light of COVID-19 were circulated to all the institutions. YUKTI portal (https://yukti.mic.gov.in) has been developed to deal with the efforts and initiatives of the Ministry of Education during these difficult times caused by the Novel Coronavirus (COVID-19). The primary aim of this portal is to keep the academic community healthy and to enable a continuous high-quality learning environment for learners.

4.6.5 Apart from the above measures, detailed SOPs have been issued by the Ministry of Education for ensuring continuous maintenance and monitoring of cleanliness and hygienic conditions in and around premises, maintaining at least 6 feet distance between students in the seating plan, maintaining social distancing in the staff rooms, office area, and other places of public
interaction, sanitization of transportation regularly at least twice a day. These guidelines will be issued to States/UTs once MHA decides on the dates for the reopening of schools.

4.6.6 It was further informed by the Department of School Education & Literacy that the Ministry of Home Affairs in its guidelines for re-opening (dated 15th October, 2020) has allowed State/UT Governments to decide in respect of re-opening of schools and coaching institutions in graded manner and SOPs for the same will be issued by M/O Education and concerned State/UT Government. After the issuance of MHA guidelines for unlock-5, on 5th October, 2020, the Department of School Education & Literacy has issued detailed SOP/ guidelines regarding health and safety precautions for reopening of schools. The guidelines refer to the health and safety aspects of reopening schools. These are based on the prevailing instructions of the Ministry of Home Affairs, Ministry of Health and Family Welfare and Ministry of Education about health and safety protocols, and are to be implemented by adopting/adapting in accordance with the local situation in all states/UTs. The Guidelines also emphasizes on learning with physical/social distancing and the academic aspects that are to be taken care of with regard to the delivery of education, such as, curriculum transactions, instructional load, timetables, assessment, etc. after schools reopen.

Recommendation

4.6.7 The Committee notes that the schools and other educational institutions have remained closed since March, 2020 due to the Pandemic. Standard Operating Procedures (SOPs) have been issued by the Ministry of Education along with the Ministry of Health and Family Welfare in consultation with respective State Governments. The Committee recommends that special emphasis should be given on physical distancing, masks, hand washing, classroom spaces and sanitization of the classrooms. Moreover, mix mode of learning i.e. both online and offline classes should be encouraged and classroom studies may begin in a phased manner with staggered timings for different classes/ sections. The Committee further observes that the primary and pre-primary students should not be called to the classrooms, and may continue to be taught via. online modes till vaccines are made available or the situation comes under total control.

4.7 Psychological impact of COVID-19

4.7.1 The Committee, while discussing the social impact of the Pandemic on the education of the children, observed that psychological issues have emerged among the children and parents due to prolonged screen time/ online classes and non-availability of school education due to the Pandemic. The Committee further observed that the important measures to counter the COVID-19 Pandemic such as social distancing norms have also disrupted the social lives of people. The lockdown brought the country to a standstill resulting in home confinement, risk of getting infected, loss of business leading to loss of employment, food scarcity, fear of non-completion of the academic year, etc. Thus, the Pandemic has a psychological effect on almost all sections of society that needed to be addressed.

4.7.2 In the Committee meeting held on 19th August, 2020, Director, AIIMS, New Delhi informed the Committee that for addressing psychological stress and mental health issues, not only for the patients, but also for the healthcare workers, the NIMHANS, Bangalore, and the Psychiatry Department of the AIIMS, New Delhi had set up a special website to try and address these issues where healthcare workers and patients can interact and discuss the issues related to mental health. He further informed that a lot more needs to be done because there are psychological issues that could be related to the disease, and reduced social interaction leading to loneliness and, therefore, there is a need to focus more on physical distancing, rather than social distancing.
4.7.3 The Ministry of Education while replying to the questionnaire informed the Committee that it has come up with an initiative called "Manodarpan" for parents, teachers and students to mitigate the psychological impact of the lockdown and the Pandemic.

4.7.4 The Committee notes that the National Mental Health Survey 2015-16 by the National Institute of Mental Health and Neuro-Sciences (NIMHANS) and supported by the Ministry of Health and Family Welfare. According to this survey, nearly 150 million Indians needed active mental health care interventions while fewer than 30 million are seeking this support.

4.7.5 In the meeting held on 19th August, 2020, the Committee showed its concern regarding the psychological impact of the prolonged online classes on children and stated that-

"There is a severe psychological impact upon the entire society, in general, and, on our future generation, in particular, especially the children of our country. They are destined to remain fixed in front of internet devices or other devices, to educate themselves, for about eight to nine hours. So, they are arguing with their parents saying, "You have enjoyed your childhood, but, we have been deprived of enjoying our childhood. What is our fault? In the evening, they suffer from headaches, their eye-sight is being affected. So, I would request all of you who have appeared here today to please look after our future generation so that they can come out of this psychological trauma because you have become the household name of our society nowadays. Otherwise, it will severely affect our future generations. They are already under the impact of such kind of psychological trauma. I think you should better direct every school to fix the learning hours for their pupils. We are committing the crime to our future generation."

4.7.6 On the issue, the Secretary, Department of Health Research informed the Committee that the Department has issued some guidelines regarding online classes of school children, and will further modify the guidelines to address the issues being faced by children due to prolonged exposure to the laptops/ phones and hectic online classes.

Recommendation

4.7.7 The current COVID-19 Pandemic has already brought mental health problems to the fore as people are facing anxiety and stress due to varied reasons. It is likely that more people will need mental health care interventions post COVID-19. The Committee notes the efforts of the Government in providing teleconsultations and developing websites to address this issue. The Committee observes that in the changing scenario, people require special care arising due to isolation caused by social distancing, unemployment, financial hardship leading to rising debt, alcohol abuse and domestic violence, etc. There is also a need to educate and sensitise people to remove the stigma of mental health problems being a sign of either weakness or embarrassment. The Committee, therefore, recommends that the health care centres across rural and urban areas must have mental healthcare professionals to counsel people to fight against the fear, worries and anxieties arising out of the impact of the COVID-19 Pandemic.

4.7.8 The Committee opines that the children are also facing physical and mental health-related issues including strain on eyes and ears, obesity, sleeplessness, anxiety, etc., due to online classes and their associated lifestyle. The Committee also observes that children have faced mental and emotional imbalances leading to suicide in some cases. The Committee appreciates the Central government to come up with an initiative called "Manodarpan" for parents, teachers, and students to mitigate the psychological impact of the lockdown and the
Pandemic. The Committee, therefore, recommends that instead of recreating school with six to seven hours of content, the focus should be on making shorter, high-quality engagements including breaks/exercises and revised guidelines may be issued for the same. Further, webinars may be organized by educational institutions from time to time to discuss mental health problems faced by the students. The Committee firmly believes that a concerted effort from parents, teachers and Government is necessary to help children cope up with the crisis and thrive in the post-COVID-19 world.

4.8 Stigma relating to COVID-19 Pandemic

4.8.1 Public health emergencies during the outbreak of communicable diseases may cause fear and anxiety leading to prejudices against people and communities, social isolation and stigma. Such behavior may culminate in increased hostility, chaos and unnecessary social disruptions. Cases have been reported that people affected with COVID-19 as well as healthcare workers, sanitary workers and police, who are in the frontline for management of the outbreak, facing discrimination on account of heightened fear and misinformation about infection. Even those who have recovered from COVID-19 face such discrimination.

4.8.2 In its meeting held on 19\textsuperscript{th} August, 2020, the Chairman of the Committee raised concerns regarding the stigma that has emerged in the society due to the Pandemic, and stated that-

"How are we sensitizing the society through the Ministry of Health or ICMR, your portals are there, your websites are there so that there is no stigma attached to the families or the patients? Initially, even there were cases and very unfortunate cases where doctors and healthcare workers, where they were residing, the societies were not welcoming back and there was a reaction. It was out of fear, but that is what was noticed throughout the country".

Recommendations

4.8.3 The Committee notes that the Ministry of Health & Family Welfare has made available a guide to address the stigma associated with COVID-19, on their website. The Committee observes that due to the Pandemic there is a conflict between science and stigma, facts and fears. The Committee, therefore, strongly recommends that adequate steps should be taken by the Ministry of Home Affairs and other concerned Ministries to fight the social stigma through robust media campaigning for generating adequate public awareness. Further, the Government should also utilize the services of Media and other platforms and NGOs registered with the Government to educate and sensitize society and bring the truth before the people in case of any rumour-mongering and misleading news/information on the issue.

4.9 Agriculture, Food Distribution and related issues during COVID-19

4.9.1 The Committee sought to know vide a Questionnaire, the views of Prof. M.S. Swaminathan on the resilience of agriculture during COVID-19. In a reply dated 12\textsuperscript{th} August, 2020, he informed the Committee that Indian agriculture is very resilient largely because of the variety of crops,

\footnote{https://www.mohfw.gov.in/pdf/AddressingSocialStigmaAssociatedwithCOVID19.pdf}
climate, farming systems and rich bio-diversity. Agriculture in the country is very varied ranging from the Himalayas to the Indian Ocean, enabling farmers to produce a variety of agricultural and horticultural crops throughout the year thereby providing stability to both production and income under varied conditions.

4.9.2 He further replied that, for increasing incomes of farmers, there are considerable possibilities for preparing value-added products from every part of the plant, as demonstrated in the Rice Bio Park in Myanmar. Value addition led to the success of the dairy sector needs to be emulated.

4.9.3 PDS has been a major source of stability both for farmers and consumers. PDS should be enlarged by increasing the number of crops included in it, like the inclusion of ragi and minor millets in the PDS in Karnataka. Minor millets are not only climate-resilient but are also rich in micro and macro-nutrients. PDS has also been more effective when Panchayat Raj Institutions and local self-governing bodies are included.

4.9.4 For nutrition security, there is a need to bring greater interaction between agriculture, nutrition and health. Nutrition rich plants need to be grown in every space available and nutritional ingredients are integrated into the design of the farming system for nutrition (FSN)

4.9.5 In a reply to the questionnaire, Prof. Nitya Rao informed the Committee that the major crops like paddy and wheat had high yields and arrangements were to procure them at MSP. At the time of COVID-19 induced lockdown, farmers had already harvested rabi crops and sown the third crop in irrigated areas. Due to good climatic conditions, the yields were good. Lockdown concessions for farmers addressed the issue of labour availability.

4.9.6 But the farmers of fruits, vegetables and flowers in southern and western India who took up these crops after paddy harvest in January-February, had a different story and experience. Despite good yields, traders told them not to harvest as there is no demand due to the closure of hotels, restaurants and educational institutions and religious places. They suffered the immense loss of incomes and livelihoods and were pushed into indebtedness.

4.9.7 While PDS has been successful in meeting the calorie needs, nutrition has been badly affected. As per available rural surveys, there is a decline in income and purchasing power for at least 46 percent of the rural population and over 70 percent decline in consumption. Fruits, vegetables, eggs and meat have been unaffordable due to loss of incomes and purchasing power and rise in prices due to a reduction in supply. In rural areas, schools and Anaganwadis are a major source of at least one nutritious meal per day for a majority of children which have remained closed due to the closing of schools.

4.9.8 To ensure nutritional security, Prof. Nitya Rao suggested that rural Anganwadi centre should be re-opened, hot cooked meals are provided at the primary and secondary schools in rural areas, PDS should continue to provide dal and oil and potentially, egg, fish or meat as per local conditions, cash transfers be continued and hands of frontline workers like Anganwadi workers and ASHAs be strengthened to provide appropriate nutrition information.

4.9.9 Indian agriculture is more resilient, given the ecological diversity and small scale and hence, adverse impacts are often localized. For long term resilience, small, marginal and women farmers need to be supported.

4.9.10 As over sixty percent of agricultural work is done by women, they need to be recognized as farmers and provided equal entitlements to material and financial resources, technology and skill
development opportunities. The Government has announced an expansion of Kisan Credit Cards but only 2 to 4 percent of women farmers have those cards.

4.9.11 To ensure the long term resilience of farming, there is a need for system thinking, where production caters to household's food and nutritional needs and also enables surplus to be sold in the market to earn an income. Farming systems should include diverse crops, trees, livestock, fish and poultry and are responsive to local ecological, climatic and socio-cultural conditions. Mixed farming practices need to be encouraged as sources of nutritional security and income, rather than a focus on specialization and commercialization.

4.9.12 To meet such challenges in the future, Panchayati Raj Institutions should be strengthened for channeling information and technology, maintaining storage facilities, monitoring the food and nutrition security, supporting the public health system and ensuring precautions by the people while institutions reopen with community support, etc.

4.9.13 Prof. Siraj Hussain, in a reply to the questionnaire, informed the Committee that the earliest impact of COVID-19 was on poultry producers and fruits and vegetable growers. The milk producers have also suffered due to the destruction of demand in the hotel, restaurants and catering sectors (Horeca). In the long term, it seems that COVID-19 may not have any serious adverse impact as people seem to be spending only on necessities of life. Despite the destruction of demand in the Horeca sector, the food items continue to show robust demand and several food items have shown high inflation since January 2020.

4.9.14 He also highlighted that India's agriculture sector has demonstrated its resilience during this crisis. The main challenge before the farmers in not production even though there is a definite need to provide better seeds, bring more area under irrigation, conserve water and modify cropping patterns in water-stressed areas. The immediate challenge is to realize a fair price for the crop. Indian agriculture is projected to meet the domestic demand of most food items but we will continue to have a shortfall in pulses and edible oils.

4.9.15 To provide food grains to the people without ration cards, he stated that the Government should provide free rice under an open market sale scheme to NGOs, registered with NITI Aayog, for 1 crore migrants stuck in cities. For this, only about 75,000 tonnes of rice were required. The NGOs were to use donations for edible oil, vegetables and pulses. The other expenses on cooking and serving could have been borne by them. The Government did issue instructions allowing NGOs to take wheat or rice from FCI warehouses but they were to pay Rs 2,100 per quintal for wheat and Rs 2,200 per quintal for rice.

4.9.16 At present 81.3 crore people are provided food grains under NFSA. State-wise total Ration Cards and beneficiaries are as per Annexure-VII. India's population in 2020 is projected to be 137.2 crore. Thus, the present coverage is 59 percent of the population which is lower than 67 percent mandated under NFSA. It is possible that in several states a large number of deserving households have been left out. Therefore, the only way to help the poor in this Pandemic is through direct cash transfer. Identifying them quickly, however, is not easy. The Government must ask NITI Aayog to consult experts and suggest a road map for correct identification of the most deserving who can then be provided cash assistance.

4.9.17 The Government did provide Rs 500 per month to 20.39 crore women account holders of Pradhan Mantri Jan-Dhan Yojana (PMJDY). But it is not clear if they were most deserving of assistance as their eligibility was not determined when their accounts were opened.
4.9.18 The Department of Food and Public Distribution in its detailed note apprised the Committee that the department facilitated unhindered running of Sugar Mills during the lockdown period by coordinating with various departments of Central Government and State Governments, particularly with the state of Rajasthan to continue mining and supply of lime which is an essential raw material for running of sugar mills. The sufficient availability of Sugar at a reasonable price was ensured throughout the country by the mechanism of controlled and adequate monthly release of Sugar. A Whatsapp Group, comprising industry and various Government authorities, was also created for fast and immediate resolution of the issues faced by the industry and sugar traders due to the restrictions imposed during the lockdown. Keeping in view the negligible amount of capacity of sanitizer production in the country and the role of sanitizer in the fight against COVID-19 the Department of Food and Public Distribution, issued directions to States/UTs to take appropriate measures for making Ethyl Alcohol/ Extra Neutral Alcohol (ENA)/ Ethanol available for the sanitizer industries due to sudden increase in demand.

4.10 Government interventions

4.10.1 Several measures were taken by the Government of India to provide food grains to the poor and vulnerable sections of the country during the subsequent phases of lockdown/unlocking. The details of the schemes are Annexed as given below-

(i) Relief package under Pradhan Mantri Garib Kalyan Yojana (PMGKY) as per Annexure-VIII
(ii) Pradhan Mantri Garib Kalyan Anna Yojana (PM-GKAY) as per Annexure IX
(iii) Atma Nirbhar Bharat Scheme (ANBS) as per Annexure X
(iv) One Nation One Ration Card (ONORC) as per Annexure XI

4.10.2 While hearing the views of the Department of Food and Public Distribution in the meeting held on 27th August, 2020, the Chairman of the Committee raised his concerns regarding the distribution of food grains as given below-

"There is no national database which has been created. The data of labourers who were trapped in this varies from 10 crore to 14 crore. Similar is the case of the urban poor. They are deprived because of systemic flaws. Besides meeting the staple food requirement, like rice and wheat, the concern is ensuring the nutritional security of citizens especially the poor and the most vulnerable ones when their incomes are lost. In this context, the Committee likes to know the extent of relief that reached the needy under the PDS to meet both calorie and nutrient requirements including the constraints faced and how they are being overcome. Many of these migrants have their ration cards in their village. They were not getting access to the rations where they were working like the construction labourers, the factory workers. That is important. That issue in principle has been addressed. How is it addressed on the ground?"

4.10.3 In its reply, the Secretary, Department of Food and Public Distribution informed that since they do not maintain the data of urban poor under the National Food Security Act, the coverage sealing which is for the urban areas is 50 percent and for the rural areas it is 75 percent and the total coverage is 67 percent of the population of India.

4.10.4 When asked about the monitoring mechanism in place to check diversion and timely delivery of food grains to the poor, the Secretary, Department of Food and Public Distribution informed the Committee that electronic-Point of Sales (ePoS) is used anywhere, or through the Annavitran portal. UP has made it 100 percent ePoS based even during the Pandemic. They used
sanitizers and did not suspend the use of ePoS. So, the flow of information and the actual person using the ration card is getting captured.

4.10.5 Regarding the creation of National Database of migrant workers, the Secretary, Department of Food and Public Distribution apprised that the Ministry of Labour and the Ministry of Urban Affairs have already started work on the creation of a National Database of migrant workers and then it will be matched with the Central data of the Department of Food and Public Distribution to check whether every targeted beneficiary is covered or not.

4.10.6 On implementation status of One-Nation One-Ration Card scheme, the Secretary, Department of Food and Public Distribution informed that it is already operational in twenty-four States and two more States were added from 1st September 2020. Besides, using this portability, three kinds of transactions can be done i.e. movement within the district from one place to another, movement within the State from one district to another and movement from one State to another. As of now, crores of transactions are happening, which means that people are taking advantage of the portability.

4.10.7 As schools are closed since March 2020, The Committee sought to know about the continuation of the mid-day meal Scheme during the Pandemic and how the children have ensured food and nutritional security. In its reply, the Secretary, Department of Food and Public Distribution stated that Section 8 of the Act provides that if States are not able to give food grains, they can give grains, they can give food allowance and accordingly, some States are delivering the dry rations at doorstep, some are giving money and some are giving both.

Recommendation

4.10.8 The Committee appreciates the work done by the Department of Food and Public Distribution in un-interrupted movement and distribution of food grains up to the remotest part of our country during the pandemic period, particularly during lockdowns. The Committee understands that the Department has worked day and night without taking a break while doing service to the nation at the time of the unprecedented crisis.

4.10.9 The Committee recommends that Aadhaar linked National Database of the vulnerable sections of the society that includes migrant labourers, urban poor, workers engaged in unorganized Sector, be prepared on priority so that in case of such a crisis in future, the Government can reach out to them and provide rations and other facilities. The Committee also hopes that effective and timely implementation of the program will be ensured and progress will be monitored from time to time as the success of the program depends upon benefits reaching the beneficiaries in time.

4.10.10 The Committee is aware that the country has the largest PDS network in the world, which is instrumental in meeting the objective of the National Food Security Act, 2013 in normal circumstances. However, the COVID-19 Pandemic has affected in a very harsh way, the lives of the poor and the vulnerable sections of the society, both in the rural areas and in the urban areas. The Committee observes that during the lockdown period, due to lack of inter-operability of PDS across states, migrant workers were not able to take food grains from PDS shops inspite of having ration cards. The Committee, therefore, recommends that until One-Nation One ration card (ONOR) is implemented in all the States/UTs, interstate operability of ration cards should be allowed so that the migrant workers can take food grains from PDS shops in any State/UT.
4.10.11 The Committee notes the efforts of the Government of India for providing an additional allocation of food grains for distribution under PDS to meet the challenge. But in the absence of tracking and monitoring mechanisms, it is challenging for both Central and States/UTs Governments to track the intra-State and inter-State movement of the migrant workers and distribute adequate quantities of food grains from PDS shops on time. Therefore, the Committee recommends that the Ministry of Home Affairs should coordinate with the concerned Central Ministries and the Governments of States/UTs and create a tracking and monitoring mechanism linking all the States/UTs so that the movement of migrant workers can be tracked on a real-time basis and States can off take the required rations/supplies from the Central Board, FCI godowns accordingly, without any delay.

4.10.12 The Committee is of the view that Mid-Day Meal Scheme is an essential scheme that motivates the poorest children to go to school and pursue studies. But due to the Pandemic and closure of schools, they are deprived of Mid-Day Meals. The Committee notes that only some of the States have continued the Mid-Day Meal scheme during the Pandemic by delivering the dry rations at doorstep/giving allowances or both. The Committee, therefore, strongly recommends that the Ministry of Home Affairs along with the Department of Food and Public Distribution may take up the matter with the State Governments to ensure that the local administrations are delivering the rations/allowances in time and this should be continued until the schools reopen.
5.1 Introduction

5.1.1 The COVID-19 Pandemic has led to temporary job loss, uncertainties in informal sectors and closure of some Micro, Small and Medium Enterprises. The imposition of complete lockdown throughout the country to manage the COVID-19 Pandemic also led to the slowdown of economic activities. The Committee, therefore, enquired from the Ministry of Home Affairs about the assessment of economic impact under different phases of lockdown from time to time. In their reply, the Ministry of Home Affairs informed the Committee that:-

(i) In March, 2020, the Indian economy had begun to regain momentum with clear signs of an uptick in consumption and investment towards the end of the third quarter of 2019-20. Index of Industrial Production (IIP), Index of Core Industries (ICI) and merchandise exports rebounded with positive growth in February 2020 along with signs of revival in consumer sentiment. However, with the imposition of lockdown from 25th March, 2020, the financial year 2019-20 closed with a seven days period of economic inactivity. Exports and imports witnessed sharp negative growth in March 2020. Besides trade, negative growth in IIP and ICI indices and particularly the decline in electricity generation in March 2020, reflected the economic adversity of the lockdown.

(ii) With lockdown continuing in April 2020, manufacturing and services activity came to a standstill in supply-side disruptions and demand falling that led into a sharp decline in Purchasing Managers Index (PMI). Railways freight traffic declined indicating the economic inactivity across regions and sectors. Agriculture and allied activities, however, showed continued resilience on the back of all-time production highs and huge buffer stocks of rice and wheat. The above-normal rains predicted for 2020-21 also boded well for agricultural production. Amid severe COVID-19 induced supply chain disruptions, harvesting and procurement operations gathered momentum with an active FCI and supportive railways increasing volumes of transferred food grains.

(iii) With easing of restrictions in May 2020 and unlocking in June 2020, readings of high-frequency indicators showed improvement and emergence of green shoots. These include IIP, PMI, power generation, production of steel and cement, railway freight, traffic at major ports, air cargo and passenger traffic, e-way bill generation capturing the inter-state movement of goods, consumption of petroleum products and motor vehicle registration among others. Agriculture remained the brightest spot with Kharif sowing higher than previous year levels and Rabi procurement in full flow. Within two months, India, starting from scratch, has become the world's second-largest manufacturer of Personal Protective Equipment (PPE). Inflation eased in June relative to the previous two months indicating weak demand pressures and food supply chain recoveries. Volatility in most of the essential commodity prices stabilized reflecting their uninterrupted availability. GST collections also improved with Year over Year (YoY) contraction falling from 38.2 percent in May 2020 to 14 percent in July 2020. On the external front, India continued to attract robust Foreign Direct Investment (FDI). Foreign Portfolio Investment (FPI) inflows also rebounded to a 15-month high in June, 2020. This reflected the unshaken belief of foreign investors in India's macroeconomic fundamentals. Since the onset of the Pandemic in India, a stronger recovery of exports ensured that India registered a trade surplus of USD 0.8 billion in June 2020.
despite the rise in crude and gold prices. This followed a current account surplus in the January-March quarter of 2020-2021, for the first time in more than a decade. On the back of buoyant FDI, the resurgence of FPI flows and current account surplus, foreign exchange reserves crossed half a trillion mark in June 2020. Finally, India's persistently low external debt continues to add resilience to the external sector, a necessary safeguard in times of COVID-19.

5.1.2 The Committee also enquired from the Centre for Monitoring Indian Economy (CMIE) regarding the overall impact of the Pandemic on the economy of the country with estimates of the extent of contraction so far and for 2019-20 and 2020-21. The CMIE in its response informed the Committee that the economic forecasts are hazardous during these times because this was an unprecedented situation. Nevertheless, projections made by CMIE in June 2020 show that real GDP is likely to contract by 5.5 percent in 2020-21. It is projected to recover by 6.7 percent in 2021-22. Then, it is projected to grow at a slower 4.5 percent per annum.

5.1.3 The Confederation of Indian Industry (CII) in its reply dated 13th August, 2020 to the questionnaire informed the Committee that as per the initial assessment, the Pandemic impacted the economy in three phases. The first impact was due to import disturbances on major sectors that included Pharmaceutical APIs, mobile and computer electronics, auto components and synthetic textiles. The second and related impact was on sectors that were affected due to the sudden slump in export demand like Gems & jewellery, agricultural exports, capital goods exports, etc. The final and most significant impact was on the entire manufacturing sector that had come to a grinding halt and included the transport & logistics sector, due to restrictions imposed on the movement of goods. With people's movement banned, the tourism & hospitality sector suddenly had no business. The mining sector also stopped, along with all construction activities.

5.1.4 Confederation of Indian Industry (CII) also informed the Committee that the financial & professional services were only partially operational due to 'work from home' restrictions imposed on the populace. Even the public administration was working only partially. Essential services were exempted from the lockdown. As a result, agricultural activity, utility services like electricity, water & gas were operational. Food production & grocery and medical production & sales were expected to remain operational but faced hurdles at local and regional administration levels which impacted the supply chains. Overall, the economy was utilizing only about 40 percent of the total capacity under lockdown.

5.2 Measures taken by the Department of Financial Services and RBI

Department of Financial Services

5.2.1 The Government and its institutions announced various measures to revive the economy by encouraging investment and boosting business sentiment through increased liquidity and other sector-specific steps. The Committee, therefore, called for the background note from the Department of Financial Services, Ministry of Finance and also heard the views of the Secretary, Department of Financial Services to have an account of the relief measures announced by the Government.

5.2.2 The Department of Financial Services in their background note informed the Committee that the COVID-19 has affected the income streams in almost all sectors of the economy. It has also affected the revenue streams of banks on account of firm-level stress and delay in repayments, collections and recoveries. To mitigate the burden of debt servicing brought about by disruptions on
account of the COVID-19 Pandemic and to ensure continuity of businesses, Government, on 24th March, 2020, announced certain relief measures after COVID-19 outbreak and followed it up on 12th May, 2020 with Atma Nirbhar Bharat Abhiyan stimulus package. This package was a post Pandemic economy plan that aimed at helping the economy recover from the impact of COVID-19 and was announced in five daily tranches. RBI too announced relief regulatory packages for COVID-19 on 27th March, 2020 and 23rd May, 2020. As part of these COVID-19 packages, comprehensive measures were undertaken to support and boost the economy, that include, *inter alia*, the following:

**Promoting Lending support by enabling ease of credit**

(i) Concessionary credit to PM-KISAN beneficiaries through Kisan Credit Cards (KCC);
(ii) Additional refinance support by NABARD for farmers;
(iii) Special credit facility to PM SVANidhi beneficiaries also enabling easy access to working capital by street vendors;
(iv) Emergency credit line under Emergency Credit Line Guarantee Scheme (ECLGS);
(v) Extension of One-time Restructuring of MSME accounts;
(vi) Extending the credit-linked subsidy scheme for housing for middle-income group till March 2021;

5.2.3 During the Committee meetings held on 19th August, 2020 and 27th August 2020, concerns were raised on the actual working of some of these relief measures at the ground level. One issue related to the KCC loan where the banks were not disbursing loans to the farmers. The loan applications were either not being processed or being rejected without assigning any reasons. Moreover, the attitude of the Branch Officers was also not pro-farmers. During the Committee meeting held on 27th August 2020, Shishu Loan and MUDRA Loan were deliberated upon. It was pointed out that though, the Lead District Manager (LDM) is conducting meetings regularly with the Deputy Commissioner, but even then, satisfactory results are not coming out.

**Supporting existing debtors across the economy and enhancing regulatory relief to the banks**

(i) Grant of a moratorium of six months on payment of all term loan installments falling due between 01st March, 2020 and 31st August, 2020, without asset classification downgrade;
(ii) Deferment of recovery of interest on working capital during the moratorium period and allowing repayment of accumulated interest as funded interest term loan till March 2021;
(iii) Exclusion of the moratorium period for purposes of classifying an overdue loan account as a non-performing asset (NPA);

5.2.4 In the Meeting held on 27th August, 2020, the Committee deliberated on the issue of extension of the moratorium. Another related issue was whether the interest component for terms loan borrowers who have availed the moratorium facility would be waived or charged for the deferment period or when the moratorium period ends, it has to be paid back along with the interest on interest. Secretary, Department of Financial Services informed the Committee that the matter is also before the Supreme Court and the final view is yet to emerge.
Atma Nirbhar Bharat Abhiyan
Partial Credit Guarantee Scheme (PCGS) 2.0 for NBFCs/ HFCs/ MFIs:

5.2.5 The existing Partial Credit Guarantee Scheme has been extended on 20th May 2020 to cover portfolio guarantee of up to 20 percent of first loss for purchase by PSBs of Bonds or Commercial Papers (CPs) with a rating of AA and below (including unrated paper with original/ initial maturity of up to one year) issued by NBFCs/ HFCs/Micro Finance Institutions (MFIs).

Special Liquidity Scheme (SLS) for NBFCs/HFCs

5.2.6 The Special Liquidity Scheme for Non-Banking Financial Companies (NBFCs) and Housing Finance Companies (HFCs) to improve their liquidity position.

Collateral free Loans for Business including MSME - Emergency Credit Line Guarantee Scheme (ECLGS)

5.2.7 The Emergency Credit Line Guarantee Scheme (ECLGS) is to support eligible MSMEs and business enterprises in meeting their operational liabilities and restarting their businesses in the context of the disruption caused by the COVID-19 Pandemic.

Agriculture related measures

5.2.8 Significant Agriculture-related measures were announced as part of the Atma Nirbhar Bharat Abhiyan package: Additional Emergency Working Capital facility through NABARD to enable RRBs and Cooperative Banks to extend farm loans for Rabi post-harvest and Kharif expenses.

5.3 Pradhan Mantri Garib Kalyan Package (PMGKP)

5.3.1 The Committee takes note of the facilities extended by the Government to health care workers under PMGKY that included-


(ii) Under this scheme, Rs. 50 lakh insurance cover has been provided to 22.12 lakh public healthcare providers without any age limit on the loss of life due to COVID-19, and accidental death on account of COVID-19 related duty. The policy covers public healthcare providers including community health workers, who may have to be in direct contact and care of COVID-19 patients and who may be at risk of being impacted by this. Private hospital staff and retired/volunteer/local urban bodies/contracted/daily-wage/ad-hoc/outsourced staff requisitioned by States/Central hospitals/ autonomous hospitals of Central/States/UTs, AIIMS and INIs/hospital of Central Ministries can also be drafted for COVID-19 related responsibilities. Initially, the policy was available for 90 days, starting from 30th March, 2020 which was extended for 90 more days in June till 25th September, 2020. The Scheme has been further extended for 180 more days i.e. 6 months. The benefit/claim under this policy is available in addition to the amount payable under any other policies.
(iii) The Department of Financial Services in its background note dated 25\textsuperscript{th} August, 2020 informed that 147 intimations have been received till August, 2020. Claim documents have been submitted for 87, out of which 15 were paid, 4 approved for payment while 13 are under examination. Further, a total of 55 claims have been found ineligible out of which 35 claims fall outside the scope of the cover like police personnel, municipal workers not related to the hospital, people from education, revenue department, etc., while 20 claims submitted have the cause of death other than COVID-19 like cardiac arrest, etc.

5.4 Pradhan Mantri Garib Kalyan Yojana (PMGKY)

Under Pradhan Mantri Garib Kalyan Yojana (PMGKY), women holding Pradhan Mantri Jan-Dhan Yojana (PMJDY) were provided immediate relief during COVID-19 at the rate of Rs.500 per month directly to their bank account and other social benefits for a period of three months from April to June, 2020 which was later extended for another five months up to November, 2020. The Government may further extend both cash and in-kind benefits like food grains up to March, 2021 (status as of 10\textsuperscript{th} December, 2020).

5.5 Monetary and Liquidity Measures taken by RBI

5.5.1 Since 6\textsuperscript{th} February, 2020 the Reserve Bank has undertaken several monetary and liquidity augmenting measures to manage the fallout of the COVID-19 Pandemic on economic activity and restore financial stability, financial market activity and confidence in the wake of Pandemic-related dislocations. These include:

(i) Reducing the policy repo rate;

(ii) Continuing with the accommodative stance as long as necessary to revive growth and mitigate the impact of COVID-19;

(iii) Cut in Reverse Repo Rate to encourage banks for deployment of funds for on-lending to productive sectors of the economy;

(iv) To ensure that financial markets and institutions can function normally in the face of COVID-19 related dislocations, to facilitate and incentivize bank credit flows and support monetary transmission and to ease financial stress, the Reserve Bank took measures, including those targeted at specific sectors and markets to increase systemic liquidity.

(v) Extension of banks finance to NBFCs/HFCs for on-lending to Agriculture, Micro and Small Enterprises and Housing Sectors under PSL by one year.

(vi) SIDBI was allowing for direct landing to the MSMEs engaged in the manufacturing of medical products (PPEs, Infrared thermometers) and provides medical services to combat COVID-19.

(vii) Extension of Interest Subvention (IS) and Prompt Repayment Incentive (PRI) for Short-term Loans for Agriculture including Animal Husbandry, Dairy and Fisheries.
Observation

5.5.2 The Committee takes note of the number of Schemes/ interventions extended by the Government of India to bring the economy back on track. However, the Committee observes that few of these schemes need effective implementation at the ground level. The problems being faced by farmers, non-corporate and non-farm small/micro enterprises in getting loans need to be addressed.

5.6 Banking Operations during Pandemic

5.6.1 RBI informed the Committee that all possible steps were taken to ensure business continuity and staff welfare as per guidelines issued by the Government.

5.6.2 The Committee was informed by the RBI in the meeting held on 27th August 2020 that there have been uninterrupted and seamless banking facilities during COVID-19 and in Public Sector Bank - 86,751 branches were opened and functioning out of 87,678 (99%), in Private Banks - 33,350 branches were opened and functioning out of 34,019 (98%). There was even Loss of life during service in the COVID-19 Pandemic.

Observation

5.6.3 The Committee notes and appreciates the efforts and pain taken by the banking sector for providing uninterrupted and seamless banking facilities during the COVID-19 outbreak and consequent lockdown. In their sincere efforts to provide continuous service, many of the bank officials also lost their valuable life. The Committee, therefore, places on record the good work done by the banking sector right from the beginning of the COVID-19 Pandemic and observes that they are also recognized as COVID-19 warriors.

5.7 Recovery of Economy

5.7.1 Regarding the expected time frame for the economy to recover, the CII stated that the economy is expected to contract in the financial year 2020-21 though the extent of the contraction is uncertain. The economy is expected to function at around 85 percent capacity for the next 12-18 months. As such, GDP growth may not swing into positive territory before the first quarter of 2021-22.

5.7.2 The CII had also given suggestions to the Government for recovering the economy which included cash transfer through Jan-Dhan-Aadhar-Mobile (JAM), Wage support by way of loans from banks at subsidized interest rates to be spent on helping enterprises in meeting their wage payment requirement for three months, Credit to MSME sector, Support to stressed sectors; Special Purpose Vehicle (SPV) for investing in corporate bonds; public works programme; Discom bailout; Bank recapitalization; serious implementation of national infra pipeline to improve quality of transport and logistics; stepping up the availability of long term funds by strengthening institutions like IIFCL and NIIF; ease of doing business and Taxation and Labour related reforms and accordingly actions have been taken by the Government.

5.7.3 The CII also stated that the measures announced under the 'Atma Nirbhar Bharat' package are comprehensive, with a focus on ensuring the livelihood of the most vulnerable sections and a major thrust on small businesses and agriculture. For smaller businesses, the revised definition of MSMEs and the credit guarantee scheme is proving to be a big win for the smaller businesses. At
the same time reforms in the agricultural sector coupled with measures to boost the agricultural infrastructure have been done to bring efficiency, keeping in mind the medium to long term revival of the sector.

5.7.4 The CII further stated that there are some concerns that large industries are facing a lot of stress, particularly in certain sectors such as tourism, automotive and aviation. At the same time, the economy is facing subdued demand as spending has reduced. Consumer demand has been hit with people losing jobs and livelihoods. Higher spending by the Government is required to stimulate demand. This may be done through a large public works program.

5.7.5 The Committee also enquired from the MHA about the time frame to roll back the social and economic impacts of the Pandemic. The Ministry of Home Affairs stated that it is not possible to assess the same at the present stage. But the unlock phase has shown that most of the economic activities have reopened outside the containment zone, while people are taking necessary precautions to prevent the spread of the virus. The Central Government has been gradually opening economic activity in a calibrated manner to provide the required impetus for the resumption of economic activities.

5.7.6 The MHA further informed that with phased-unlocking, the worst seems to be over as high-frequency indicators show an improvement from the unprecedented low the economy had hit in April 2020. With the forecast of a normal monsoon at 102 percent of the long-period average (LPA), agriculture, which contributes about 15 percent of total gross value added, is set to cushion the shock of the COVID-19 Pandemic on the Indian economy in 2020-21.

5.7.7 Regarding Sector-wise details of impact and timeliness for recovery, the CMIE stated that they expect private final consumption expenditure to fall by 7.4 percent in 2020-21 and recover by 9 percent in 2021-22; gross fixed capital formation to decline by 21.9 percent in 2020-21 and recover by 15.4 percent in 2021-22. They have no projections on when is the economy likely to return to normal.

5.7.8 The Committee sought to know from the CMIE if they have any other inputs/views/suggestions regarding the economic impact of the Pandemic and for ensuring the resilience of the economy of the country. The CMIE in its response stated that they believe that the Government of India and also state governments must strengthen their ability to measure the state of the economy. The governments do not have adequate means to quickly assess the state of the economy through robust statistical methods. The country's statistical machinery has received inadequate attention. Further, if health of the economy is not measured appropriately, it will be tough to take the correct remedial actions.

5.7.9 In the Committee meeting held on 27th August, 2020, CII informed the Committee that MSMEs may be encouraged to use technology and digitization to have access to the world market by developing an e-commerce platform. CII also informed that stressed sectors need to be supported, on the lines of what has been done globally, which will save jobs and livelihoods in addition to reducing the risk of NPAs for banks. A scrappage policy, which could take 8 lakh vehicles off the road and GST reductions, could boost demand in the auto sector. In the healthcare sector, many smaller nursing homes have closed down due to a lack of working capital. Supporting them will bring back the jobs lost and also augment healthcare capacity to fight COVID-19.

5.7.10 The Committee noted the economy outlook projected by RBI in its Annual Report (dated 25th August, 2020 for the year 1st July, 2019 to 30th June, 2020) wherein it is stated that "Going
forward, government consumption is expected to continue pandemic-proofing of demand, and private consumption is expected to lead the recovery when it takes hold, with non-discretionary spending leading the way until a durable increase in disposable incomes enables discretionary spending to catch up. An assessment of aggregate demand during the year so far suggests that the shock to consumption is severe, and it will take quite some time to mend and regain the pre-COVID-19 momentum. Private consumption has lost its discretionary elements across the board, particularly transport services, hospitality, recreation and cultural activities. Behavioural restraints may prevent the normalization of demand for these activities. The Reserve Bank's survey for July indicates that consumer confidence fell to an all-time low, with a majority of respondents reporting pessimism relating to the general economic situation, employment, inflation and income; however, respondents indicated expectations of recovery for the year ahead. Urban consumption demand has suffered a bigger blow - passenger vehicle sales and supply of consumer durables in Q1: 2020-21 have dropped to a fifth and one third, respectively, of their level a year ago; air passenger traffic has ground to a halt. Rural demand, by contrast, has fared better. The decline in production of consumer non-durables turned positive in June. A fuller recovery in rural demand is, however, being held back by muted wage growth which is still hostage to the migrant crisis and associated employment losses. Initiative under the Pradhan Mantri Garib Kalyan Rojgar Abhiyaan is likely to generate employment in rural areas. Along with increased wages under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), they should provide a fillip to rural incomes."

5.7.11 Further, the Committee also noted the NSO's estimates of GDP for Q1 of 2020-21 which states that the GDP at Constant (2011-12) Prices is estimated at 26.90 lakh crore as against 35.35 lakh crore in Q1 of 2019-20, showing a contraction of 23.9% as compared to 5.2% growth in Q1 of 2019-20. However, for Q2 of 2020-21, the NSO's estimates of GDP states that the GDP at Constant (2011-12) Prices is estimated at 33.14 lakh crore as against 35.84 lakh crore in Q2 of 2019-20, showing a contraction of 7.5% as compared to 4.4% growth in Q2 of 2019-20.

5.7.12 RBI's Monthly bulletin for November, 2020 stated that the September round of Reserve Bank's consumer confidence survey shows that the households are more confident for the year ahead, with general expectations of improvement in the general economic situation, employment conditions and income scenario during the coming year.

5.7.13 This positive sentiment is also boosted by a brightening employment scenario. According to the Centre for Monitoring the Indian Economy (CMIE), the unemployment rate has receded almost continuously from a high of 23.5 percent in April 2020 to 7 percent in October, with 7.2 persons in every 100 remaining unemployed in urban areas, down from 25 in every 100 unemployed in April. In the rural sector, employment demanded by households under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) expanded by 91.3 percent in October, indicating that people are quickly restoring lost livelihood.

Observation

5.7.14 The Committee observes that shock to consumption is severe due to COVID-19 induced lockdowns which resulted in huge loss of jobs, daily wages and daily income in both organized and unorganized sectors. The impact, however, has been more severe in the unorganized sector. Therefore, it will take quite some time to mend and regain the pre-COVID-19 momentum. The GDP after having a contraction of 23.9% in Q1 (2020-21) has shown signs of recovery in Q2 (2020-21). This is due to growth in private consumption during the festive season, rise in investment demand and Government intervention through
MNREGA, etc. But, more interventions and schemes are required by the Government to support the recovery and to sustain this economic revival in the following quarters.

5.8 Micro, Small and Medium Enterprises (MSME)

5.8.1 MSME sector is among the worst-hit sector due to the COVID-19 Pandemic. The hospitality industry, hotels, stand-alone restaurants & other eateries have also suffered a loss of business. The MSME sector contributes significantly to the Indian economy, industrial production and exports. Therefore, any sharp decline in this sector has an overall impact on the Indian economy and there is a loss of jobs involved. The Committee to understand the impact of the COVID-19 Pandemic on the 633.88 lakh MSMEs that contributes approximately 30 percent of India's GDP called the Ministry of MSME to hear its views.

5.8.2 In the Committee meeting held on 19th August, 2020, the Ministry of MSME informed the Committee that there are a total of 633.88 lakhs MSMEs out of which Micro Enterprises are 630.52 lakhs (99.47%), Small Enterprises are 3.31 lakhs (0.52%) and Medium Enterprises are 0.05 lakhs (0.01%). The contribution of MSME is around 30% of India's GDP. The all India export value of MSMEs crossed 11 lakh crore during 2019-20 with a share of 49.75% and it dipped to 32.89% during April, 2020 which indicates the impact of the Pandemic. However, all India export value of MSMEs has increased to 46.98% during April-October, 2020.

5.9 The provisions in place before the Pandemic for supporting the MSMEs

5.9.1 For sustainable and robust growth of the MSME Sector, M/o MSME has several schemes which include the following:

Credit and Financial Assistance to MSMEs

(i) Prime Minister's Employment Generation Programme (PMEGP)
(ii) Credit Linked Capital Subsidy Scheme for Technology Upgradation (CLCSS)
(iii) Credit Guarantee Fund Trust for Micro and Small Enterprises (CGTMSE)
(iv) 2% Interest Subvention Scheme

Skill Development and Training to MSMEs

i. 
   ii. Entrepreneurship and Skill Development Programme (ESDP)

Infrastructure Support to MSMEs

(i) Scheme of Fund for Regeneration of Traditional Industries (SFURTI)
(ii) MSE Cluster Development Programme (MSE-CDP)

Technology Upgradation and Competitiveness Scheme for MSMEs

(i) Design Clinic Scheme
(ii) Lean Manufacturing Competitiveness Scheme (LMCS)
(iii) Digital MSME Scheme
(iv) Financial Support to MSMEs in ZED Certification
(v) Scheme Support for Entrepreneurial and Managerial Development of MSMEs through Incubators
5.9.2 The Committee was informed by the MSME about the impact of COVID-19 on the industry as high, medium and low exposure. Based on exposure, recovery takes 3 to 9 months for those with low exposure, 9-18 months with moderate exposure and more than 18 months for those with high exposure. The details are tabulated as under:

<table>
<thead>
<tr>
<th>Covid Industry Impact</th>
<th>Moderate Exposure</th>
<th>Low Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery Period for Industry, basis exposure</td>
<td>Low : 3 - 9 Months</td>
<td>High : &gt;18 Months</td>
</tr>
<tr>
<td>High Exposure</td>
<td>Moderate : 9-18 Months</td>
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<td>Lodging/Tourism</td>
<td>Passenger Airlines</td>
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<tr>
<td>Real Estate Rentals</td>
<td>Retail (Non-Food)</td>
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<tr>
<td>Technology Hardware</td>
<td>Global Shipping</td>
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<td>IT &amp; ITES</td>
<td>Steel</td>
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<td>Chemicals</td>
<td>Defense</td>
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<td>Manufacturing</td>
<td>Real Estate Rentals</td>
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<td>Construction/Materials</td>
<td>Technical Textiles</td>
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<td>Metals and Mining</td>
<td>Technology Hardware</td>
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<td>Renewable Energy</td>
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<td>Oil &amp; Gas/Oilfield Services</td>
<td>Food Retail</td>
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<td>Real Estate Developers</td>
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<td>Transportation</td>
<td>Telecommunication</td>
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<td>Capital Goods</td>
<td>Waste Management</td>
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<td>Media &amp; Entertainment (Conventional)</td>
<td>Agriculture and Dairy</td>
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<tr>
<td>Apparel</td>
<td>Internet Service Companies, Retail (Online), Medical Devices, Healthcare Good and Services (including Telemedicine), OTT Entertainment, Packaging, Digital Media/Streaming, Pharmaceuticals</td>
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<tr>
<td>Automotive Manufacturers</td>
<td>BFSI</td>
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<tr>
<td>Automotive Suppliers</td>
<td>Gems and Jewelry</td>
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5.9.3 A comparison chart of the growth rate of exports (April to October, 2020) with the same period of 2019 depicts that gems and jewelry and petroleum products have the highest negative growth percentage in exports. The details are tabulated as under:
To keep the MSME running during the COVID-19 Pandemic, Government announced various measures for the benefits of the MSME sector. The organizations under the Ministry of MSME have also undertaken various activities during the COVID-19 Pandemic. These measures and activities are as below:

Announcements under Atma Nirbhar Bharat For The MSMEs

(i) Rs 20,000 crore Subordinate Debt scheme for stressed MSMEs;

(ii) Rs.50,000 crore equity infusion through Fund of Funds with a Corpus of Rs.10,000 crore;

(iii) Collateral free Loans for Business including MSME - Emergency Credit Line Guarantee Scheme (ECLGS);

(iv) New definition for MSMEs; and

(v) A new portal has been created for Udyam registration.

RBI Announcements to reduce financial stress of MSMEs

Measures announced on 27th March, 2020 are as follows-

(i) Moratorium on term loans outstanding as of 1st March 2020 and working capital for three months, i.e. up to 31st May 2020

(ii) Deferment of interest on working capital loan facilities and easing of working capital financing.

(iii) Reduction in Cash Reserve Ratio (CRR) from 4 to 3 percent thereby injecting additional liquidity of Rs.1,37,000 crore in the economy.

Measures was announced on 17th April, 2020 are as follows-
(i) Special Refinance facilities to SIDBI amounting to Rs.15,000 crore on lending to MSMEs.
(ii) Further measures to enhance liquidity in the system.
(iii) No change in asset classification from 1\textsuperscript{st} March to 31\textsuperscript{st} May, 2020 thereby relaxing the asset classification norms for classification of NPAs.
(iv) Extension of resolution timeline for stressed assets.

5.9.7 Measures announced are as follows-

(i) Rollover (for another 90 days) of the Special Refinance Facility of Rs. 15,000 crore of SIDBI was announced in April 2020.
(ii) Lending institutions are permitted to restore the limit of working capital to their original level and reassessment of the working capital cycle by 31\textsuperscript{st} March, 2021.
(iii) Permit lending institutions to convert the accumulated interest on working capital facilities for 6 months (1\textsuperscript{st} March to 31\textsuperscript{st} August) into a funded interest term loan, fully repayable by 31\textsuperscript{st} March 2021. Moreover, all the other measures announced on 27\textsuperscript{th} March and 17\textsuperscript{th} April till 31\textsuperscript{st} August, 2020 has been extended.

5.9.8 Measures announced on 6\textsuperscript{th} August, 2020 are as follows-

(i) Setting up an Expert Committee (under K V Kamath) to suggest financial parameters for the resolution of stress assets (due to COVID situation).
(ii) One time restructuring of stressed loans of MSMEs till 31\textsuperscript{st} March, 2021.

5.9.9 In the Committee meeting held on 19\textsuperscript{th} August, 2020 the Ministry of MSME was inquired about the wage support for the MSMEs. The Ministry informed the Committee that it does not have any dedicated scheme for wage support but ECLGS can be counted as a wage support scheme. In the Committee meeting held on 27\textsuperscript{th} August, 2020, Secretary, Department of Financial Services informed the Committee that during their interaction with various trade bodies and associations, the one thing that came across all associations is that working capital should immediately come into their hands. Instead of assessing each unit as to what is their entitlement to working capital, a decision was taken to give twenty percent of the working capital and also to ensure that the maximum number of units get it. Further, the turnover cap which was earlier pegged at Rs. 100 crore and the overall borrowing limit to Rs. 5 crore has been enhanced from Rs. 100 crore to Rs. 250 crore. The limit of Rs. 25 crore which were limiting it to Rs. 10 crore has been enhanced to Rs. 50 crore which means twenty percent of that will get as working capital, up to the maximum. Moreover, a lot of loans have been taken by the individuals that are being used for businesses, for example, the truck operators, the cab operators and then even the professionals who are running the pathological laboratory. Now, individual loans for businesses are entitled to this working capital. The strategy was to put more money into the hands of people and give them what they wanted. Therefore, the other issues were not reinforced during the various ways of compensating for wages, etc.

5.9.10 In the Committee meeting held on 19\textsuperscript{th} August 2020, a representative from Laghu Udyog Bharati, a nationwide organisation for Micro and Small-scale industries, informed the Committee that some private banks were not following the RBI guidelines and charging higher interest under Emergency Credit Link Guarantee Scheme. It was also informed that NBFCs and Cooperative banks working in rural areas have not been included under the ECLG scheme.
5.9.11 The Committee was further informed that as announced by RBI, ECLGS is only for the MSMEs who already have loans or cash and CC limits. But, most MSMEs do not avail of any loan facilities and manage their work with 5 to 7 to 10 workers. Such small industries should also be extended the benefits of ECLGS and working capital facilities may also be given to them. Similarly, representatives from the Indian SME forum raised the issue of women entrepreneurs being completely excluded from this entire economic package or any kind of measures altogether because they do not have term loans or working limits.

5.9.12 The Committee took note of the other initiatives taken by the Ministry of MSME to use e-marketing platforms during the COVID-19 pandemic that inter-alia includes e-market linkage for MSMEs, establishing connect with E-commerce companies for providing concessional membership to MSME, organising India Global Joint Venture Shows and Training programmes on the packaging of Handicraft and Handloom under Procurement and marketing Support, launch of a web-based i.e. Creation and Harmonious Application of Modern Processes for Increasing the Output and National Strength (CHAMPIONS) Portal for helping and promoting the MSMEs of the country. Further, the Technology Centres (TCs) at Guwahati, Ramnagar, Bhiwadi, Ahmedabad have developed, various components/products including some parts of PPE Kit, Corona Testing Kit, automatic sanitizer machines/ full body Sanitizer tunnels, etc. Besides, the Development Institutes (DI) of the Ministry at Nagpur has manufactured 15,000 PPE kits at the garment Common Facility Centre (CFC), Apart from all these, the MSMEs have been exempted from paying on-boarding charges on Trade Receivables Discounting System (TReDS) till 31st March, 2021.

Government e-Marketplace (GeM)

5.9.13 The Ministry of MSME is already making every attempt to encourage the MSMEs to get themselves onboarded on the GeM Portal. Bulk emails have been sent to all Udyog Aadhaar Memorandum (UAM) holders for onboarding on the GeM portal. The GeM has been provided access to the UAM Database for provisional and automatic onboarding of all the MSMEs on the GeM.

Observation

5.9.14 The Committee appreciates the launch of Creation and Harmonious Application of Modern Processes for Increasing the Output and National Strength (CHAMPIONS) Portal, a unified, empowered, robust and technology-driven platform for helping and promoting the Micro, Small and Medium Enterprises (MSMEs) by providing them and other related stakeholders facilities to voice their issues and grievances and seeks resolution. The Committee takes note of the effort of the Ministry of MSME in encouraging the MSMEs to get themselves on board on the GeM Portal by sending bulk emails to all Udyog Aadhaar Memorandum (UAM) holders and by providing GeM access to the UAM database for provisional and automatic onboarding of all the MSMEs on the GeM.


5.10.1 The Ministry of MSME in its presentation to the Committee informed the following-

(i) The latest survey was done from 09th to 14th August, 2020 regarding ‘Online Surveys’ of ‘Google Form’.
(ii) 5774 MSMEs were contacted in this survey (Same MSMEs who responded in June’20 survey).
(iii) Out of 5774 MSMEs, 3923 responded (68 percent) responded in July'20 survey & 3183 MSMEs responded (55 percent) in August'20 survey.

(iv) As of 1st June, 2020 and 1st July, 2020, 13 percent units were closed down while it was 9 percent on August 1st, 2020.

5.10.2 The Ministry of MSME in its presentation to the Committee in the meeting held on 27th August, 2020, further stated that the MSMEs are regaining their footing with only 9 percent of the units closed as of 1st August instead of the 13 percent in June and July, 2020 as per the survey conducted by the National Small Industries Corporation to assess the impact of the Pandemic. Capacity utilisation also slowly started improving for these units with one-fourth of them utilizing more than 50 percent of their installed capacity as against one-fifth of the units utilising more than half of their capacity in July. The survey showed that liquidity remained a major problem despite measures taken by the government, such as the Rs. 3 lakh crore government-guaranteed loans to these firms. The other major issues were lack of fresh orders, logistics problems and availability of raw material and labour.
5.10.3 In the Committee meeting held on 27th August 2020, it was informed by the Department of Financial Services and the RBI that working capital loan is given at 7 ½ percent by public sector banks, the lowest ever. The Interest rate has been pegged at 9.25 percent for private banks and 14.25 percent for NBFCs. On being asked about the reason for a different rate of interests for public sector banks, private sector banks and NBFCs, it was informed that interest rate has been deregulated by the RBI, therefore, banks are following their own policy. The reason private sector bank is charging more than the public sector bank is because of the cost of funds as they have to pay the interest to their depositors also who have kept their deposit there.

5.10.4 RBI in its Annual Report (dated 25th August, 2020 for the year 1st July, 2019 to 30th June, 2020), stated that "the MSME sector has the potential to become the engine of growth, but it has been underperforming for too long owing to various structural reasons. This sector has been constrained by the high cost of credit due to lack of adequate information, lack of modern technology, no research and innovations, insufficient training and skill development, and complex labour laws. Key reforms relating to MSMEs, viz., removal of definitional difference between manufacturing and service-based MSMEs, increased threshold limit to define an enterprise as an MSME, and adding turnover as another criteria to define MSMEs, besides investment scale, could turn out to be harbingers of far-reaching changes that can transform manufacturing in India".

Observation

5.10.5 The Committee observes that the 633.88 lakh MSMEs that contributes approximately 30 percent of India's GDP has been one of the sectors most adversely affected by the Pandemic and consequent lockdowns. Despite easing of the nationwide lockdown, intermittent lockdown by the States has also impacted the restarting of many manufacturing units. These units do not have access to low-cost institutional finance and thus there is a lack of cash flows, demand, manpower, technology-based production activities, experience to use bank finance or engage in product promotion to ensure adequate returns and stuck working capital has further lead to stress on employment. The Committee therefore, observes that there is a need to support the stressed sectors like MSMEs which are in dire need of working capital to sustain the impact of COVID-19.

5.10.6 The Committee further observes that the MSMEs may also seek new avenues and possibilities for expansion by customizing products with quality and innovations that will help them in meeting the evolving customer needs and by placing them as a part of the solution that is needed in the new normal.

5.10.7 The Committee observes that the hospitality sector and related services employ around five crore people. Due to lockdowns and large number of people getting infected, even after the opening of this sector during phased-unlocking, fear is lurking in the mind of the people, therefore, they are not undertaking any travel, leading to huge loss of employment and income in these sectors. Further, many eateries/restaurants have either shut down or are currently not operating. Therefore, necessary fiscal stimulus, interventions and support will help in the revival of the hospitality sector and related services.
CHAPTER VI
REVISITING THE LEGISLATION AND KEY LESSONS LEARNT

6.1 Revisiting the Epidemic Diseases Act, 1897, Disaster Management Act, 2005 and Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979

6.1.1 The Committee, sought to know from the Ministry of Home Affairs that whether the Epidemic Diseases Act, 1897 and the Disaster Management Act, 2005 are adequate to tackle such pandemics, to which the Ministry of Home Affairs replied that The Epidemic Diseases Act, 1897 has provisions empowering State Governments to take special measures and prescribe regulations for managing the dangerous epidemic disease. It provides temporary regulations to be observed by the public that is necessary to prevent the outbreak of such disease or the spread thereof. It provides for screening, quarantining to prevent the importation of disease into the country. The Act also empowers the Central Government to undertake steps for inspection and detention of ships, etc. at the ports of entry to prevent the spread of any dangerous epidemic/diseases. Provisions of the said Act were invoked in the wake of the COVID-19 Pandemic and the Ministry of Home Affairs also mentioned that a review of the same Act is underway.

6.1.2 The Committee was further informed by the MHA that the Disaster Management Act, 2005 is comprehensive. However, while implementing it, certain issues came to notice, which the Government would streamline further. The Government has already constituted a Committee for the review of the said Act and based on the report of the Committee, necessary changes would be brought out. The Ministry of Home Affairs was specifically enquired by the Committee that whether the Ministry is planning to prepare/enable National Plan, State Plan and District Plan to fight COVID-19, as mentioned in the Disaster Management Act, 2005. The Ministry in its response to the questionnaire stated that the said Act provides for the preparation of the National Disaster Management Plan (NDMP). The NDMA had already prepared the NDMP in May, 2016 as per the provisions of the Disaster Management Act, 2005. The NDMP prepared in May, 2016 has also been revised in November, 2019. The plans contain a chapter on biological disasters and public health emergencies, based on which a specific plan for any specific biological disaster has to be formulated by the concerned ministry. The Plan, inter-alia mentions that the Ministry of Health and Family Welfare is the nodal Ministry for dealing with biological emergencies.

6.1.3 The NDMA, to create preparedness about any contingent biological disaster, has also framed the "National Disaster Management Guidelines -Management of Biological Disasters". The said Guidelines specifically contain clear and direct references to "social distancing", "quarantine measures", masks and PPE kits, etc. The broad aspects which the same Guidelines entail amongst others are as under:

(i) Guidelines for Prevention of Biological Disasters.
(ii) Preparedness and Capacity Development.
(iii) Medical Preparedness.
(iv) Emergency Medical and Public Health Response.
(v) Management of Pandemics.
(vi) International Cooperation.
(viii) Biological Containment.
(ix) Classification of Microorganisms.
6.1.4 The Ministry of Health and Family Welfare has already supported States in terms of Cluster Containment Plan and Large Outbreak Containment plan. All States and UTs have also been advised to prepare a district-level COVID-19 management plan.

Recommendation

6.1.5 The Committee observes that the COVID-19 Pandemic may stay with us for a longer period. The response to this Pandemic has been conceived and is being guided by the provisions of the Disaster Management Act (NDMA), 2005 and also the Epidemic Diseases Act, 1897. The Committee opines that the Pandemic/epidemic fundamentally differs from disaster. Disasters happen periodically every year which includes floods, cyclones, train accidents, etc. whereas pandemic/epidemic occurs in decades and even once a century. The last declared Pandemic of this magnitude with huge social and economic fallouts was the Spanish flu of 1918. Although the provision of NDMA helped in timely interventions and response during the COVID-19 Pandemic, it is not meant for handling the pandemic/epidemic, if it happens in future.

6.1.6 The Committee observes that the provisions of the Epidemic Diseases Act, 1897, have helped in managing the COVID-19, but this Act is outdated as it was framed in the colonial-era which was even well before the Spanish flu of 1918. Therefore, the Committee recommends that the Epidemic Diseases Act, 1897 should be revisited, updated and amended so that it is fully equipped to respond to the challenges posed by the unanticipated onset of the Pandemic/epidemic in the future.

6.1.7 The Committee observes that it is difficult to predict the characteristic of the new agents that may cause future Pandemics of this size or even worse than before. The Committee notes that the review of the provisions of the Disaster Management Act, 2005 is in the process as submitted by the Home Ministry. The Committee notes that while the guidelines issued by the Central Government allowed the States/UTs to make their regulations more stringent but without diluting the Government of India guidelines, it is important to ensure that the conditions imposed by a State/UT do not prohibit movement of essential commodities and of person who is engaged in the manufacture, transport and related activity.

6.1.8 The Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979 which is key legislation to regulate the condition of service of inter-state labourers should also be revised since some deficiencies and lapses came to notice during the lockdown when migrant workers had faced immense problems.

6.1.9 The Committee, therefore, reiterates its recommendation mentioned at Para 4.4.10 of the Report and strongly recommends to revisit the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979 and other relevant Labour Laws.
6.2 Key Lessons Learnt

6.2.1 The Committee sought to know from the MHA that how the Government proposes to handle the next pandemic or epidemic based on present experience. The Ministry of Home Affairs stated that the Government of India will continue to work on the core capacities required for managing public health emergencies like plans/ policies & procedures, inter-sectoral coordination, disease surveillance at points of entry & in communities, laboratory support, preparedness and response, human resource & capacity building, logistics, risk communication and research & development.

6.2.2 The MHA also mentioned that lessons learned and best practices witnessed during the present Pandemic will be documented and incorporated in the plans/policies and procedures. To document the experiences of challenges faced and the strategies followed and the outcomes thereof in respect of the management of the COVID-19 Pandemic for evolving a comprehensive manual with detailed SOPs for reference and use in the future for quick responses, the Ministry of Home Affairs is preparing a knowledge management framework in collaboration with NIC to document and create a digital archive to the management of COVID-19. The Government has also initiated action for documentation of "collective response" to COVID-19 in a comprehensive manner. NDMA has been tasked at the National level to undertake the same with respective Ministries, Departments and States.

6.2.3 To the Committee's query that whether our country is now better prepared to confront such adversity in the future, the MHA stated that India has demonstrated remarkable strength and ability to respond to such public health emergencies of National and International concern. In terms of core capacities required for managing such Pandemics, India has shown remarkable achievements.

Observation/Recommendation

6.2.4 COVID-19 Pandemic is an unprecedented crisis that has challenged all the countries and societies. This pandemic has all of a sudden created a situation for which no one was prepared, neither the Government nor the civil society. Many persons were infected and valuable lives were lost. (Number of total deaths due to COVID-19 was 141,772 as of 10th December, 2020, Source- MoH&FW website). It has been a learning process for everyone inter-alia including the political leadership, bureaucracy and the frontline essential service providers - our Corona Warriors. All of them have made an enormous contribution to tackle this crisis. Some migrant workers lost their lives while walking back to their native places. The country also mourned the demise of many brave-hearted skilled essential service providers who helped others to live by making supreme sacrifice of their lives.

6.2.5 The Committee undertook wider consultations with the nodal Ministry, i.e. the Ministry of Home Affairs, and other important stakeholders/experts and on that basis, summarizes the following key lessons learnt:

(i) The Central and State/ UT Governments, Panchayats and Civil Society including public, private and civil organizations/NGOs should participate proactively to ensure a strong leadership, focused, coordinated and sustained response in case of Pandemic;
(ii) To build strategic resilience to tackle such public health emergencies, decentralized planning right from the grass-root level to the top is needed keeping in view the requirements of both short and long term;
(iii) Detailed SOPs may be prepared for international passengers coming to India
including proper screening and testing, quarantine, etc., for timely detection and medication/treatment in case of such Pandemic in the future;

(iv) The National Database of migrant workers may be launched at the earliest as it will help in the identification, movement of migrant workers and to provide them food, shelter and other benefits in case of a Pandemic like COVID-19;

(v) An Increase in investments is needed urgently to strengthen health infrastructure and rapid scaling of health services in a time-bound manner and to strengthen of the public health infrastructure, particularly laboratory network at all levels;

(vi) The Patient's feedback regarding their treatment should be made essential in all the public and private hospitals to have an understanding of the issues faced by the hospitalized patients that will further help in the management of a Pandemic;

(vii) There should be stronger coordination between Centre and States to give due publicity to the information related to the Government approved/authorized testing labs to stop people from panicking and rushing to private labs in case of a public health emergency of this proportion. Special guidelines on clinical governance should also be developed to maintain quality and safety;

(viii) The Ministry of AYUSH has shown potential in preventive and curative healthcare during Pandemic for immunity boosting. Therefore, there is a need for more investment and research in Ayurveda/traditional systems and its promotion to supplement the allopathic treatment during such Pandemics in the future;

(ix) It is imperative to make investments in health systems, biomedical sciences/research, surveillance and disease control, pharmaceutical and the vaccine industry that are critical for India's health security in long run.

(x) The IRDAI should promptly extend the insurance coverage and promote cashless transactions in case of such a Pandemic in future so as to avoid any hardship to them.

(xi) The health care centres across urban and rural areas should provide mental healthcare professionals to counsel people to fight against the fear, worries and anxieties among people which gets magnified during in such a Pandemic.

(xii) The Development and promotion of the state of the art technologies is needed to minimize human/personal contact during the Pandemic. The Government should also prioritize strengthening IT infrastructure particularly in rural and remote areas to extend the services like online education, tele-medicine, e-commerce, etc.;

(xiii) It is essential to engage with the community by the successful use of all public communication channels in regional/local languages to counter fear, panic and rumors for managing a pandemic; and

(xiv) Effective implementation of the existing Acts/rules governing the workers employed in both the formal and informal sector should be done so that they can withstand the major torment in the event of such a Pandemic in the future.

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RECOMMENDATIONS/OBSERVATIONS — AT A GLANCE

INDIA'S PREPAREDNESS TO TACKLE THE PANDEMIC

Outcomes/Gains/Effectiveness of strategies adopted to manage the Pandemic

The Committee observes that several steps were taken much ahead of what many other countries took subsequently for the screening of travelers and passengers coming from abroad into India. All international flights were also prohibited in a graded manner. While doing so, the Central Government was conscious of the need to bring back stranded Indian citizens abroad to the safety of their homes. The Committee, however, observes that incoming international passengers including those who entered throughout March, 2020 were screened only for high temperature and there was no testing facility established at the airports. Thus, asymptomatic patients as also those who travelled after taking medicines for controlling temperature could not be diagnosed at a time when they could practically be the only source of infections of COVID-19 in the country.

(Para 2.6.9)

The Committee appreciates the efforts made by the Government for the management of COVID-19 Pandemic and understands that the primary effect of nationwide lockdown was to have a uniform set of regulations, to delay peak infections and provide time to the health system to mop up adequate health care infrastructure, personnel and equipments. The lockdown gave the country time to ramp up its public health infrastructure, build the capacity of hospitals and health care workers. The Committee also understands that one of the key elements of the pandemic control strategies across the globe has been to shut down economic and social activities, and to impose social distancing with varying degrees of stringency.

(Para 2.6.10)

The Committee notes that necessary measures were taken by the Government to minimize the severe impact of the lockdown. The Government ensured the availability of all essential commodities. The Government announced Pradhan Mantri Garib Kalyan Yojana (PMGKY), wherein targeted relief was for the most vulnerable sections of the society. The Ministry of Home Affairs also allowed flexibility in the State Disaster Relief Fund (SDRF) guidelines to cater to the requirement of setting up relief camps for migrant workers and other needy persons. Since the crisis was unprecedented, the overall plan for its management was coordinated through meetings of the Prime Minister with Chief Ministers/ Administrators and other high-level meetings involving Senior Officers of Centre and States. These meetings contributed towards effective coordination between the Central Government and all the States/ Union Territories to ensure efficacious implementation of the decision taken for mitigation of distress and distribution of relief by the civil administration at district and sub-divisional level. The steps were taken to ensure that the poor people in both urban and rural areas are not deprived of any benefit of social security, food and shelter as announced by the Government.

(Para 2.6.11)

The Committee, however, observes that the sudden imposition of lockdown necessitated by the challenging situation and the fear of the rapid spread of the virus did
result in unprecedented disruption. The lockdown led to the stoppage of Intra-State and Inter-State movement of people, goods, shutdown of factories, hotels, eateries, tourism, etc., and other economic activities that led to unprecedented disruption and severe social and economic fallouts. The migrant labourers, factory workers, daily wage earners were the worst affected. The civil administration in the States and the districts prepared to respond to the challenge and establish shelters and quarantine facilities. As there was no timely dissemination of the information in the district areas about the arrangements being made for food, shelter and other facilities, anxiety and uncertainty gripped the migrant labourers and workers and led to their movement in large number to their home States. This stopped only when effective mitigating measures were taken by Central and the State Governments.

(Para 2.6.12)

From the benefit of the experience gained while addressing these challenges, the Committee recommends that the Government should draw up a national plan and guidelines under NDMA, 2005 and Epidemic Diseases Act, 1897. An effective functional institutional mechanism is needed for co-ordination between the Centre, states and Union Territories for quick response to such a crisis in future. This would ensure efficacious implementation of all decisions to contain pandemics and equitable/timely distribution of relief at district and subdivisional levels to the intended beneficiaries in urban and rural areas.

(Para 2.6.13)

AUGMENTATION OF HEALTH INFRASTRUCTURE

Testing for COVID-19

The Committee notes that the testing capacity has been expanded significantly since the imposition of the first lockdown in late March, 2020. The Committee appreciates that in the management of the crisis, India demonstrated its capacity to scale up the responses as the situation evolved. The number of testing laboratories was only 1 in the month of January, 2020 which was increased to 151 on 1st April, 2020 and as of 10th December, 2020, the total number of labs approved for COVID-19 testing has increased to 2229. The number of isolation beds, ICU beds and PPE kits have also been increased from approximately 1.74 lakh, 22 thousand and 3.87 lakh in mid-April, 2020 to more than 15 lakh, 80 thousand and 6 crore respectively, as on 10th December, 2020. There has also been a robust response from the Government in increasing the testing capacity per day from 30 thousand on 1st April to 10 lakh as of 10th December, 2020.

(Para 3.2.7)

Adequacy of such assistance to States/UTs

The Committee notes with appreciation that the public health care system and Government hospitals rose to the occasion in bearing the unprecedented burden. The Committee is of the considered view that the Government responded to the challenging situation promptly and appreciates its quick adaptation to the emerging evidence about this highly contagious disease, though the country during the initial phase suffered from a shortage in medical supplies, availability of beds in hospitals, low level of testing and serious impact on other non-COVID health services. There has been a response to the situation by
both Central and State Governments along with district administration in identifying the cases and reserving the required number of beds for COVID-19 patients as and where there was a need.

(Para 3.10.5)

The Committee observes that the pandemic has pushed both Central and State Governments to incur heavy expenditure on COVID-19 treatment and related services. The Committee is of the view that the public sector healthcare delivery system needs to be further strengthened in all the States/ UTs and a uniform healthcare system should be established across the country to deal with the Pandemic on a sustained basis in future. The Committee, therefore, recommends that in the long term, there should be more investments in health infrastructure for the rapid scaling up of public health services. A strong and effective public health infrastructure is necessary to respond to such a Pandemic due to which thousands of COVID-19 patients are getting admitted to hospitals in addition to the non-COVID-19 patients.

(Para 3.10.6)

The Committee opines that the threat of COVID-19 has highlighted the huge disparity of infrastructure and services in public and private hospitals. There has to be sufficient capacity of beds available both in public/government and private hospitals. The Committee also observes the disproportionate availability of ICU beds in private and public sector hospitals. After the onset of the Pandemic, the largest share of the burden of extending comprehensive healthcare has been borne by the Government hospitals as private hospitals are either inaccessible or not affordable for everyone. Therefore, more allocation should be made for public hospitals to strengthen the Public Health Infrastructure so that they can equip themselves appropriately to handle such Pandemics in the future.

(Para 3.10.7)

The Committee notes that in the initial phase of spread of the virus, Central and State Government along with the civil administration and health care workers co-ordinated the relief work and responded by creating bed facilities, opening laboratories, opening of railway coaches and health care centre for COVID-19 patients with a large number of beds to handle the Pandemic. However, it is vital to build up massive health care infrastructure, special protocols, etc. for the care of patients in these dedicated hospitals to manage the Pandemic like COVID-19 in the future.

(Para 3.10.8)

The Committee opines that a precise study on test rate, recovery and fatality rate is important to discern the pattern. There is also a need to identify the States where the testing facilities need to be expanded as the testing facility is not the same across the States and Union Territories. Even within States also, districts should be identified and adequate health infrastructure should be made available there.

(Para 3.10.9)

The Committee, further, recommends that relevant data should be made available for the research community duly following data anonymization, security and privacy laws which can provide required input for COVID-19 management and access, analyze and provide real-time context-specific solutions to control the COVID-19 Pandemic.

(Para 3.10.10)
The Committee appreciates the commendable work that has been done by the AIIMS in helping the other institutions in the States, particularly, about the treatment protocols.

(Para 3.10.19)

The Committee also appreciates the efforts of the Ministry of Health and Family Welfare and health workers who rose to the occasion in tackling this unprecedented health crisis and also expresses deep gratitude towards the frontline health workers and the Corona Warriors who have lost their lives on duty.

(Para 3.10.20)

The Committee strongly recommends that there is a need for a comprehensive public health Act, preferably at the national level with suitable legal provisions to support the Government in keeping checks and controls over the private hospitals as there have been reports about the selling of hospital beds by them. Learning from the experience of this Pandemic, the Government should seriously examine it. The Act should also keep a check on the black marketing of medicines and product standardization. The Committee further recommends that the people should be made aware through awareness campaigns regarding cheaper and effective repurposed medicines to prevent them from panicking and spending a huge amount of money on expensive drugs. The Committee recommends that good quality and affordable medicines should be provided to everyone, especially at a cheaper/subsidized rate to the marginalized sections of the society specially at the time of Pandemic like COVID-19.

(Para 3.10.21)

The Committee recommends that a holistic approach should be adopted to treat the patients who are already admitted to hospitals due to COVID-19. The Committee is of considered view that in the absence of certified vaccine/medicines, the Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) has huge potential in preventive and providing curative healthcare of this Pandemic. For immunity-boosting of both the patients and common people, kadh/ herbs/ spices as part of diet and Yoga may be suggested and promoted by the Ministry of Health and Family Welfare in coordination with the Ministry of AYUSH and AIIMS. As an alternate source of medicine to treat COVID-19, Ayurveda/traditional systems should be researched and awareness should be raised regarding their efficacy in the treatment of COVID-19.

(Para 3.10.22)

The Committee observes that there is a need for sustained and focused efforts for managing the crisis as also creating awareness in the communities, ensuring testing infrastructure and upgrading health infrastructure particularly in remote and rural areas. The availability of pulse oximeter in the villages, remote and inaccessible areas as a cheap and effective way to detect silent hypoxia is important. The Committee, therefore, recommends that the remote rural areas should be specifically monitored by the States under the overall technical guidance from the Centre.

(Para 3.10.23)

Status of development of Indigenous vaccines

The Committee observes that there is a global recognition of the Indian scientists who are engaged in producing vaccines and respect for India's institutional potential and capacity developed over the decade that has made India the largest drug manufacturer in the world.

(Para 3.12.14)
The Committee appreciates the efforts made by ICMR in handling the COVID-19 Pandemic. The Committee recommends that while undertaking vaccine trials all necessary and mandatory requirements must be duly fulfilled and all phases must be completed. Trials on small animals, human trials should be mandatorily undertaken on a sufficient sample size population. The Committee notes that no emergency use authorization has been given in the past by the Central Drugs Standard Control Organization (CDSCO). Therefore, the Committee recommends that if at all emergency authorization would be given, it should be given by Government with proper consideration and caution and this provision should be used in rarest of the rare cases.

(Para 3.12.15)

The Committee opines that periodic press conferences should be held to keep people informed about the progress made in vaccine development and the expected time of availability of a vaccine. The Committee also recommends, establishing a network for collecting samples of different patients from different places at different points of time for future study. The Committee is of the considered view that once vaccination begins, it will restore the confidence among people and help in sustained revival of economic activities and creation of jobs.

(Para 3.12.16)

Partnership building- involvement of the private sector, corporate, NGOs and other stakeholders

The Committee appreciates the efforts of the National Disaster Management Authority (NDMA) in combating the Corona Virus Pandemic as they have swiftly responded by building synergy between the Centre and States over handling the Pandemic through Standard Operating Procedures (SOPs), guidelines, awareness generation and most importantly, acting as a nodal centre for funding manpower deployment to meet exigencies. The Committee understands that this Pandemic is unprecedented even for the NDMA which is a dedicated body for Disaster Management. Therefore, the Committee recommends that a separate wing may be formed in NDMA that will specialize in handling /managing the Pandemics like COVID-19 in the future. This wing may take a leading role in building a partnership of Government with the public sector, corporates, NGOs and other stakeholders.

(Para 3.13.3)

The Committee observes that there is a need to establish more inclusive governance for building up a strong community resilience system and the ability to co-exist with COVID-19. The Committee, therefore, strongly recommends that there should be an open and transparent data sharing mechanism between scientists, public health professionals and the public at large as this will strengthen Pandemic control measures build consensus and evolve an ecosystem of engagement, faith, and trust.

(Para 3.13.7)

The Committee further recommends that the measures should continuously be taken to avoid social stigma and fear of isolation and quarantine, by making people aware and treating them with respect and empathy. An interdisciplinary team of public health specialists, grassroots political and social leaderships and volunteers can also raise awareness about modes of transmission and methods of prevention of COVID-19 in the community.
which can be done by adopting emergency risk communication methods and broad-based community engagement strategies.  

(Para 3.13.8)

Health Insurance Coverage

The Committee observes that in the initial phase of Pandemic, insurance coverage was not given to many people who suffered from COVID-19. The private hospitals were charging exorbitantly high rates for the treatment of COVID patients who had to suffer a lot due to lack of any insurance coverage. The Committee appreciates the efforts made by the IRDAI to create standard health insurance products and recommends that the healthcare systems need to be well prepared with well-defined medical protocols to handle any health contingencies in future. Expanding the healthcare infrastructure to tier 2, 3 and 4 cities and rural areas needs focus. The Committee further recommends that transparency and accountability need to be increased to provide quality healthcare and to promote fair practices. There is a need to have regulatory oversight on all hospitals working in the country to prevent refusal to accept insurance claims. The Committee strongly recommends that the target should be to make COVID-19 treatment cashless for all people that are having insurance coverage.  

(Para 3.14.5)

COVID-19 situation in Delhi

The Committee appreciates the effort made by the Ministry of Home Affairs and Government of NCT of Delhi in building India's biggest COVID-19 care centre consisting of 10,000 beds and also the timely interventions made to control the spread of the virus in the national capital. The Committee observes that the district-specific or the area-wise total number of cases are not being maintained and reported by the Delhi Government. The Committee, therefore, recommends that the Delhi Government should maintain and release district-wise data of the positive cases, recovered cases and the testing status. This will bring more transparency and will make people aware of the situation in their localities. The Committee further recommends that the balance should be maintained between RT-PCR and RAT and issuing of Medical Certification of Cause of Death (MCCD) should be made compulsory for all hospitals to get the exact number of COVID-19 deaths in Delhi.  

(Para 3.15.6)

The Committee expresses concern over the recent spike in the incidence of the COVID-19 cases in Delhi due to the combined effect of series of festive events, increase in air pollution and advent of the winter season. The Committee, therefore, recommends the Ministry of Home Affairs to review the situation in Delhi and co-ordinate with the Government of NCT of Delhi to adopt a robust strategy for containment and mitigation of the recent surge in cases and take necessary measures to prevent the subsequent waves of infections in Delhi.  

(Para 3.15.7)

SOCIAL IMPACT OF COVID-19 PANDEMIC

Measures taken for the return of migrant workers to their places of domicile

The Committee observes that the migrant workers are the backbone of the industrial sector but the COVID-19 Pandemic has exposed certain problems in the existing public policy
framework. Due to the lockdown, the migrant workers lost their jobs. The uncertainty involved with the Pandemic and inadequate social security, access to affordable housing, health benefits and other basic amenities led to their migration to their home States. The lack of these benefits points to the in-effective implementation of the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979. The task of identifying the location and disbursing relief measures to the migrant workers became very difficult as the Central Government did not have any data of the migrant workers and had to seek it from the States.

(Para 4.4.10)

The Committee appreciates the efforts made by the Government to extend various relief measures to the vulnerable sections of the society. However, in the absence of a comprehensive National Database, it is difficult to extend the relief measures by the Government to the intended beneficiaries.

(Para 4.4.11)

The Committee, therefore, recommends that the Government should ensure a decent minimum wage, food security and safe living conditions to all the workers employed in both the formal and informal sector by including them in health services, cash transfer and other social programmes. Further, the Committee strongly recommends that the National Database on migrant workers should be launched at the earliest as it will help in the identification of migrant workers and also in delivering ration and other benefits to them. The database may also include the records of returning migrant labourers including details about their source and destination, earlier employment details and the nature of their skills which will help in skill development and planning for the transit of migrant workers in emergency situations such as the outbreak of Pandemic, etc.

(Para 4.4.12)

The Committee further recommends that the Government should revisit the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979 and other Labour Laws to strengthen and implement them in letter and spirit. The Committee also recommends that the Government should use different platforms to provide information about the various government schemes and other avenues of employment.

(Para 4.4.13)

Impact of COVID-19 on Education

The Committee appreciates the various digital initiatives taken by the Government for conducting online classes. However, social inequalities exist in the society relating to the availability of resources to access these online classes and other digital initiatives taken by the Government.

(Para 4.5.7)

The Committee, strongly recommends that a scheme may be worked out to provide financial assistance as well as low-cost subsidized devices like tablets, smartphones and computers to students with sufficient data to access these facilities, especially for the students belonging to weaker sections of the society. The Committee further recommends that to enable the students to get the benefit of online classes and also to bridge the digital divide, the Government should prioritize the strengthening of the IT infrastructure to provide
uninterrupted internet connection throughout the country especially, in the rural areas. Meanwhile, big screens may be placed in the community centres particularly in rural areas so that the poor children who do not have smartphones/ internet connection can continue their studies from these community centres. The lockdown imposed has brought a paradigm shift from classroom teaching to online teaching. Schools, Colleges and other higher educational institutions are quickly adapting themselves to this shift and conducting online classes so that studies do not suffer. The Committee, therefore, also recommends that training may be imparted to teachers to conduct online classes as it is different from teaching in a classroom and would be regular phenomenon in times of COVID-19.

(Para 4.5.8)

Reopening of schools/ colleges

The Committee notes that the schools and other educational institutions have remained closed since March, 2020 due to the Pandemic. Standard Operating Procedures (SOPs) have been issued by the Ministry of Education along with the Ministry of Health and Family Welfare in consultation with respective State Governments. The Committee recommends that special emphasis should be given on physical distancing, masks, hand washing, classroom spaces and sanitization of the classrooms. Moreover, mix mode of learning i.e. both online and offline classes should be encouraged and classroom studies may begin in a phased manner with staggered timings for different classes/ sections. The Committee further observes that the primary and pre-primary students should not be called to the classrooms, and may continue to be taught via online modes till vaccines are made available or the situation comes under total control.

(Para 4.6.7)

Psychological impact of COVID-19

The current COVID-19 Pandemic has already brought mental health problems to the fore as people are facing anxiety and stress due to varied reasons. It is likely that more people will need mental health care interventions post COVID-19. The Committee notes the efforts of the Government in providing teleconsultations and developing websites to address this issue. The Committee observes that in the changing scenario, people require special care arising due to isolation caused by social distancing, unemployment, financial hardship leading to rising debt, alcohol abuse and domestic violence, etc. There is also a need to educate and sensitize people to remove the stigma of mental health problems being a sign of either weakness or embarrassment. The Committee, therefore, recommends that the health care centres across rural and urban areas must have mental healthcare professionals to counsel people to fight against the fear, worries and anxieties arising out of the impact of the COVID-19 Pandemic.

(Para 4.7.7)

The Committee opines that the children are also facing physical and mental health-related issues including strain on eyes and ears, obesity, sleeplessness, anxiety, etc., due to online classes and their associated lifestyle. The Committee also observes that children have faced mental and emotional imbalances leading to suicide in some cases. The Committee appreciates the Central government to come up with an initiative called "Manodarpan" for parents, teachers, and students to mitigate the psychological impact of the lockdown and the Pandemic. The Committee, therefore, recommends that instead of recreating school with six
to seven hours of content, the focus should be on making shorter, high-quality engagements including breaks/exercises and revised guidelines may be issued for the same. Further, webinars may be organized by educational institutions from time to time to discuss mental health problems faced by the students. The Committee firmly believes that a concerted effort from parents, teachers and Government is necessary to help children cope up with the crisis and thrive in the post-COVID-19 world.

(Para 4.7.8)

Stigma relating to COVID-19 Pandemic

The Committee notes that the Ministry of Health & Family Welfare has made available a guide to address the stigma associated with COVID-19, on their website. The Committee observes that due to the Pandemic there is a conflict between science and stigma, facts and fears. The Committee, therefore, strongly recommends that adequate steps should be taken by the Ministry of Home Affairs and other concerned Ministries to fight the social stigma through robust media campaigning for generating adequate public awareness. Further, the Government should also utilize the services of Media and other platforms and NGOs registered with the Government to educate and sensitize society and bring the truth before the people in case of any rumour-mongering and misleading news/information on the issue.

(Para 4.8.3)

Government interventions

The Committee appreciates the work done by the Department of Food and Public Distribution in un-interrupted movement and distribution of food grains up to the remotest part of our country during the pandemic period, particularly during lockdowns. The Committee understands that the Department has worked day and night without taking a break while doing service to the nation at the time of the unprecedented crisis.

(Para 4.10.8)

The Committee recommends that Aadhaar linked National Database of the vulnerable sections of the society that includes migrant labourers, urban poor, workers engaged in unorganized Sector, be prepared on priority so that in case of such a crisis in future, the Government can reach out to them and provide rations and other facilities. The Committee also hopes that effective and timely implementation of the program will be ensured and progress will be monitored from time to time as the success of the program depends upon benefits reaching the beneficiaries in time.

(Para 4.10.9)

The Committee is aware that the country has the largest PDS network in the world, which is instrumental in meeting the objective of the National Food Security Act, 2013 in normal circumstances. However, the COVID-19 Pandemic has affected in a very harsh way, the lives of the poor and the vulnerable sections of the society, both in the rural areas and in the urban areas. The Committee observes that during the lockdown period, due to lack of inter-operability of PDS across states, migrant workers were not able to take food grains from PDS shops inspite of having ration cards. The Committee, therefore, recommends that until One-Nation One ration card (ONOR) is implemented in all the States/UTs, interstate
operability of ration cards should be allowed so that the migrant workers can take food grains from PDS shops in any State/UT.

(Para 4.10.10)

The Committee notes the efforts of the Government of India for providing an additional allocation of food grains for distribution under PDS to meet the challenge. But in the absence of tracking and monitoring mechanisms, it is challenging for both Central and States/UTs Governments to track the intra-State and inter-State movement of the migrant workers and distribute adequate quantities of food grains from PDS shops on time. Therefore, the Committee recommends that the Ministry of Home Affairs should coordinate with the concerned Central Ministries and the Governments of States/UTs and create a tracking and monitoring mechanism linking all the States/UTs so that the movement of migrant workers can be tracked on a real-time basis and States can off take the required rations/supplies from the Central Board, FCI godowns accordingly, without any delay.

(Para 4.10.11)

The Committee is of the view that Mid-Day Meal Scheme is an essential scheme that motivates the poorest children to go to school and pursue studies. But due to the Pandemic and closure of schools, they are deprived of Mid-Day Meals. The Committee notes that only some of the States have continued the Mid-Day Meal scheme during the Pandemic by delivering the dry rations at doorstep/giving allowances or both. The Committee, therefore, strongly recommends that the Ministry of Home Affairs along with the Department of Food and Public Distribution may take up the matter with the State Governments to ensure that the local administrations are delivering the rations/allowances in time and this should be continued until the schools reopen.

(Para 4.10.12)

ECONOMIC IMPACT OF COVID-19 PANDEMIC

Monetary and Liquidity Measures taken by RBI

The Committee takes note of the number of Schemes/interventions extended by the Government of India to bring the economy back on track. However, the Committee observes that few of these schemes need effective implementation at the ground level. The problems being faced by farmers, non-corporate and non-farm small/micro enterprises in getting loans need to be addressed.

(Para 5.5.2)

Banking Operations during Pandemic

The Committee notes and appreciates the efforts and pain taken by the banking sector for providing uninterrupted and seamless banking facilities during the COVID-19 outbreak and consequent lockdown. In their sincere efforts to provide continuous service, many of the bank officials also lost their valuable life. The Committee, therefore, places on record the good work done by the banking sector right from the beginning of the COVID-19 Pandemic and observes that they are also recognized as COVID-19 warriors.

(Para 5.6.3)
Recovery of Economy

The Committee observes that shock to consumption is severe due to COVID-19 induced lockdowns which resulted in huge loss of jobs, daily wages and daily income in both organized and unorganized sectors. The impact, however, has been more severe in the unorganized sector. Therefore, it will take quite some time to mend and regain the pre-COVID-19 momentum. The GDP after having a contraction of 23.9% in Q1 (2020-21) has shown signs of recovery in Q2 (2020-21). This is due to growth in private consumption during the festive season, rise in investment demand and Government intervention through MNREGA, etc. But, more interventions and schemes are required by the Government to support the recovery and to sustain this economic revival in the following quarters.

(Para 5.7.14)

The provisions in place before the Pandemic for supporting the MSMEs

The Committee appreciates the launch of Creation and Harmonious Application of Modern Processes for Increasing the Output and National Strength (CHAMPIONS) Portal, a unified, empowered, robust and technology-driven platform for helping and promoting the Micro, Small and Medium Enterprises (MSMEs) by providing them and other related stakeholders facilities to voice their issues and grievances and seeks resolution. The Committee takes note of the effort of the Ministry of MSME in encouraging the MSMEs to get themselves on board on the GeM Portal by sending bulk emails to all Udyog Aadhaar Memorandum (UAM) holders and by providing GeM access to the UAM database for provisional and automatic onboarding of all the MSMEs on the GeM.

(Para 5.9.14)


The Committee observes that the 633.88 lakh MSMEs that contributes approximately 30 percent of India's GDP has been one of the sectors most adversely affected by the Pandemic and consequent lockdowns. Despite easing of the nationwide lockdown, intermittent lockdown by the States has also impacted the restarting of many manufacturing units. These units do not have access to low-cost institutional finance and thus there is a lack of cash flows, demand, manpower, technology-based production activities, experience to use bank finance or engage in product promotion to ensure adequate returns and stuck working capital has further lead to stress on employment. The Committee therefore, observes that there is a need to support the stressed sectors like MSMEs which are in dire need of working capital to sustain the impact of COVID-19.

(Para 5.10.5)

The Committee further observes that the MSMEs may also seek new avenues and possibilities for expansion by customizing products with quality and innovations that will help them in meeting the evolving customer needs and by placing them as a part of the solution that is needed in the new normal.

(Para 5.10.6)

The Committee observes that the hospitality sector and related services employ around five crore people. Due to lockdowns and large number of people getting infected, even after
the opening of this sector during phased-unlocking, fear is lurking in the mind of the people, therefore, they are not undertaking any travel, leading to huge loss of employment and income in these sectors. Further, many eateries/restaurants have either shut down or are currently not operating. Therefore, necessary fiscal stimulus, interventions and support will help in the revival of the hospitality sector and related services.

(Para 5.10.7)

REVISITING THE LEGISLATION AND KEY LESSONS LEARNT

Revisiting the Epidemic Diseases Act, 1897, Disaster Management Act, 2005 and Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979

The Committee observes that the COVID-19 Pandemic may stay with us for a longer period. The response to this Pandemic has been conceived and is being guided by the provisions of the Disaster Management Act (NDMA), 2005 and also the Epidemic Diseases Act, 1897. The Committee opines that the Pandemic/epidemic fundamentally differs from disaster. Disasters happen periodically every year which includes floods, cyclones, train accidents, etc. whereas pandemic/epidemic occurs in decades and even once a century. The last declared Pandemic of this magnitude with huge social and economic fallouts was the Spanish flu of 1918. Although the provision of NDMA helped in timely interventions and response during the COVID-19 Pandemic, it is not meant for handling the pandemic/epidemic, if it happens in future.

(Para 6.1.5)

The Committee observes that the provisions of the Epidemic Diseases Act, 1897, have helped in managing the COVID-19, but this Act is outdated as it was framed in the colonial-era which was even well before the Spanish flu of 1918. Therefore, the Committee recommends that the Epidemic Diseases Act, 1897 should be revisited, updated and amended so that it is fully equipped to respond to the challenges posed by the unanticipated onset of the Pandemic/epidemic in the future.

(Para 6.1.6)

The Committee observes that it is difficult to predict the characteristic of the new agents that may cause future Pandemics of this size or even worse than before. The Committee notes that the review of the provisions of the Disaster Management Act, 2005 is in the process as submitted by the Home Ministry. The Committee notes that while the guidelines issued by the Central Government allowed the States/UTs to make their regulations more stringent but without diluting the Government of India guidelines, it is important to ensure that the conditions imposed by a State/UT do not prohibit movement of essential commodities and of person who is engaged in the manufacture, transport and related activity.

(Para 6.1.7)

The Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979 which is key legislation to regulate the condition of service of inter-state labourers should also be revised since some deficiencies and lapses came to notice during the lockdown when migrant workers had faced immense problems.

(Para 6.1.8)
The Committee, therefore, reiterates its recommendation mentioned at Para 4.4.10 of the Report and strongly recommends to revisit the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Services) Act, 1979 and other relevant Labour Laws. (Para 6.1.9)

Key Lessons Learnt

COVID-19 Pandemic is an unprecedented crisis that has challenged all the countries and societies. This pandemic has all of a sudden created a situation for which no one was prepared, neither the Government nor the civil society. Many persons were infected and valuable lives were lost. (Number of total deaths due to COVID-19 was 141, 772 as of 10th December, 2020, Source-MoH&FW website). It has been a learning process for everyone inter-alia including the political leadership, bureaucracy and the frontline essential service providers - our Corona Warriors. All of them have made an enormous contribution to tackle this crisis. Some migrant workers lost their lives while walking back to their native places. The country also mourned the demise of many brave-hearted skilled essential service providers who helped others to live by making supreme sacrifice of their lives. (Para 6.2.4)

The Committee undertook wider consultations with the nodal Ministry, i.e. the Ministry of Home Affairs, and other important stakeholders/experts and on that basis, summarizes the following key lessons learnt:

(i) The Central and State/ UT Governments, Panchayats and Civil Society including public, private and civil organizations/NGOs should participate proactively to ensure a strong leadership, focused, coordinated and sustained response in case of Pandemic,

(ii) To build strategic resilience to tackle such public health emergencies, decentralized planning right from the grass-root level to the top is needed keeping in view the requirements of both short and long term;

(iii) Detailed SOPs may be prepared for international passengers coming to India including proper screening and testing, quarantine, etc., for timely detection and medication/treatment in case of such Pandemic in the future;

(iv) The National Database of migrant workers may be launched at the earliest as it will help in the identification, movement of migrant workers and to provide them food, shelter and other benefits in case of a Pandemic like COVID-19;

(v) An Increase in investments is needed urgently to strengthen health infrastructure and rapid scaling of health services in a time-bound manner and to strengthen of the public health infrastructure, particularly laboratory network at all levels;

(vi) The Patient's feedback regarding their treatment should be made essential in all the public and private hospitals to have an understanding of the issues faced by the hospitalized patients that will further help in the management of a Pandemic;

(vii) There should be stronger coordination between Centre and States to give due publicity to the information related to the Government approved/ authorized testing labs to stop people from panicking and rushing to private labs in case of a public health emergency of this proportion. Special guidelines on clinical governance should also be developed to maintain quality and safety;

(viii) The Ministry of AYUSH has shown potential in preventive and curative healthcare during Pandemic for immunity boosting. Therefore, there is a need for more investment and research in Ayurveda/ traditional systems and its promotion to supplement the allopathic treatment during such Pandemics in the future;

(ix) It is imperative to make investments in health systems, biomedical
sciences/research, surveillance and disease control, pharmaceutical and the vaccine industry that are critical for India’s health security in long run.

(x) The IRDAI should promptly extend the insurance coverage and promote cashless transactions in case of such a Pandemic in future so as to avoid any hardship to them.

(xi) The health care centres across urban and rural areas should provide mental healthcare professionals to counsel people to fight against the fear, worries and anxieties among people which gets magnified during in such a Pandemic.

(xii) The Development and promotion of the state of the art technologies is needed to minimize human/personal contact during the Pandemic. The Government should also prioritize strengthening IT infrastructure particularly in rural and remote areas to extend the services like online education, tele-medicine, e-commerce, etc.;

(xiii) It is essential to engage with the community by the successful use of all public communication channels in regional/ local languages to counter fear, panic and rumors for managing a pandemic; and

(xiv) Effective implementation of the existing Acts/ rules governing the workers employed in both the formal and informal sector should be done so that they can withstand the major torment in the event of such a Pandemic in the future.

(Para 6.2.5)*****