

## **Best Practices in COVID19 Response: Haryana**

### **An Overview**

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

On the 8<sup>th</sup> of March it was declared as pandemic. The uniqueness of this pandemic can be understood by the fact that the existing legislations on Disaster Management in the country could not envisage such crisis and therefore have no mention of public health emergencies or pandemics. It was a century ago in 1919 that a similarly widespread pandemic “Spanish Flu” affected nearly fifty crore people and resulted in five crore deaths. Today in 213 countries nearly 50 lakh persons have been affected and more than three lakh persons have succumbed to COVID-19.

India is, at present, under fourth phase of the national “Lockdown”. Upto phase three there was a near-complete restriction upon movement of people, the closure of all establishments except those providing essential services, and the regular sealing of neighborhoods and areas that are suspected to be Covid-19 hotspots. Things are changing in phase four which seems to be a prelude to normal functioning.

The lockdown was the major strategy adopted to contain the disease along with seeking active public cooperation for adherence to lockdown and other social distancing protocols from a level no less than the Prime Minister himself in direct nationwide periodic communications.

Haryana, under dynamic leadership of Hon’ble CM has followed Government of India mandates to the core. Entire administrative machinery at state and district levels has been in extreme preparedness to ensure that the disease is contained and people at large do not. Many innovative practices have been tried at state and district levels which have been successful in coping up with the crisis. Many of these initiatives deserve to be documented for benefit of future generations. HIPA has undertaken this initiative to document these 37 practices. The crisis is not yet over and as new challenges appear, there would be new responses for handling the same. In that respect, it is a dynamic document which will continue to evolve as the crisis unfolds itself and we finally move to the post-crisis phase. However, it is an experiential learning of great significance and extremely useful for practitioners even as it exists on date. It is therefore considered appropriate to have preliminary documentation at this stage and share it with stakeholders.

The challenges posed by COVID19 in Haryana have been unique and this is primarily because of the massive diversity in our demographics across the state. Though Haryana is primarily a rural state, it has large urban centres like Gurugram and Faridabad which are part of the larger Delhi urban conglomeration along with few industrial towns like Panipat where a large migrant population is employed. With the Rabi harvesting season, falling during the lockdown period, it is but natural for the farming communities to have high level of anxiety about the harvesting, procurement and payment of their agricultural produce. The state borders NCT of Delhi from three sides and is home to huge size of floating population to and from Delhi/NCR which is a hotspot of COVID-19 disease. Moreover, the country's most active highways also pass through the state creating additional challenges of managing permissible and non-permissible vehicular traffic during lockdown.

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

In this study of best practices, we are going to examine a series of issues and innovations implemented in Haryana that would help us document and understand how these initiatives were implemented in Haryana and what are the learning take homes from these initiatives.

First and foremost principle for managing any crisis—personal or professional—is to maintain calm and composure, exude confidence that the problem has solutions and that solutions are within control. One needs to look at all the dimensions of a problem,

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

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

a) Basic logistics for uninterrupted supply of food and other essential commodities to all, especially to vulnerable categories—poor and aged, are managed efficiently.

b) Mental & Psychological support systems are available to all in need including and especially for the vulnerable, the aged, the diseased and migrants.

c) Availability of infrastructure to handle the crisis, e.g. the quarantine facilities, the protective equipments especially for people on crisis management duties including police, hospital staff, other essential services' staff, etc. and availability of testing and treatment facilities including medicines and life support system.

d) Making people adhere to established protocols of social distancing, stay at home, wearing protective equipment, social greetings and hygiene issues with external

pressure and finally building local ownership/local leadership in small communities like a village panchayat or RWAs, etc.

e) Availability of un-interrupted digital support systems—broadband connectivity, telephone, TV, etc. for professional and entertainment purposes.

f) Adopting non-conventional measures to maintain livelihood support services to citizens with use of technology as intermediary, wherever possible, for quick and efficient delivery of services.

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

A Portal for Welfare and Management of Migrant Labour has also been developed by Department of Information and Technology, Haryana. The portal has been appreciated and selected by Ministry of Labour and Employment, Government of India for all India implementation. Further, Yamunanagar administration initiative to strengthen the immune system against corona at relief camps, Counselling for Migrant Labour initiated by Government of Haryana for ensuring wellbeing of this marginalised class are some other good practices we study in detail.

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

We also examined the impact of the pandemic on agriculture, more so because the lockdown came at the time of Rabi harvest. Looking at a decentralised model of procurement of harvest from farmers by Agriculture Department as also the

helpline for farmers by Haryana State Agricultural Marketing Board building on the solid e-governance initiative of 'Meri Fasal, Mera Byora' which was started by Haryana Revenue department a year back, confirms opportune administrative response.

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

Government response to a pandemic of this magnitude is about building strong teams. Doctors, nurses and other medical staff are leading the fight against the pandemic, but their families need emotional and logistics support as their loved ones defend humanity. We evaluate Hisar administration's efforts to take care of Families of Medical staff fighting Covid-19. We also look at Government of Haryana's initiatives to provide double salaries to employees on the front lines of the fight. Further we also examine the broader role of sanitation workers and how they have been the first line of defence against the virus in Hisar and Karnal districts.

Being forced to stay indoors for a long period of time can itself be challenge, add economic uncertainty and other stress and the pandemic begins to look like a big psycho-social challenge. We examine the Psycho-social helpline by started by the department of Health.

In the testing times like the COVID19 pandemic, it is important to harness social and community support in managing the crisis. *Theekri Pehra* is one such initiative and we probe how communities stepped to restrict the movement of outsiders into their communities in villages in the Ambala district. We also look at hand-made cloth masks by Self-Help Groups of Haryana State Rural Livelihood Mission and 'Adopt a Family' Campaign started in Karnal in community initiatives.

The prolonged lockdown creates serious problems for the elderly as many of them live alone and are dependent on care-givers for their daily life. We also examine how the

Gurugram administration initiative in association with Emoha to provide care to the elderly, more so elderly living alone.

The fight against Corona virus cannot be won without rampant testing and isolating suspected patients. We explore Rapid Corona Testing in Bhiwani and its impact on keeping the spread of infections under check. To be effective in the time of Corona, civil administrations and municipal bodies needed highest levels of coordination to tide over the crisis and effective mechanism of grievance resolution. We study the colour coding grievances model of Gurugram administration, Integrated Command Centre in Gurugram and also the Municipal Corporation Gurugram's Fight against COVID -19.

These best practices have helped Haryana consolidate its position as one of the model states where the government, medical professionals, sanitation workers and a large number of other people have been largely been able to keep the spread of the pandemic under check. We are sharing these best practices in the hope that it would shorten the learning curve in any future epidemics, should it ever happen again.

We need to now take measures to identify and implement policies and programmes which address the issues of these six areas in a systemic fashion on the basis of learning from these innovative practices during crisis period. In the process, the economic activity of the state would also get boosted

One of the basic activities which has taken a huge amount of time and effort of district administration is food and essential commodities procurement and distribution. The documentation of Gurugram reveals on one hand the successfully managed programme but it also highlights that the state does not have a regular reliable system of such distribution which is operationally independent but bound by state policy and requirements in such a fashion that they become an integral part of state mechanism in case of need. A parallel can be drawn with the Mother Dairy Milk & Vegetable Booth or Nafed Store/Kendriya Bhandar system in Delhi. All are linked to cooperative institutional structure. This retail chain of stores became an efficient, reliable and non-exploitative distribution network for essential commodities in such a fashion that no external intervention was necessitated at these places. If only such a network existed in all villages and wards of Haryana, any relief distribution or consumer supplies could have been routed through this chain by field administration with minimal effort and without any worry for malpractices on price or quality side. It may be useful for the state to review if a cadre of young entrepreneurs could be created for provisions of such services in similar fashion as individual enterprises which have a common procedure and standard in procurement, pricing, quality and distribution. Alternatively, it can be structured on cooperative society model. The state can also consider

upgrading existing PDS depot holders into these types of distribution outlets. While they may be a good set up for handling crisis of any nature, they would also serve well the consumers in their catchment areas efficiently in normal times.

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

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

In a post-Corona world, people would have realized the benefits of digital infrastructure. The state should offer best in class, efficient and optimally priced digital infrastructure. In order to create a digitally literate workforce the state can provide monitored online open education facility to the youth. The state is paying nearly 400 crores as stipends to its unemployed youth. This kitty can be enhanced and on payment

skill up-gradation could be offered to this group so that they are fully equipped for a world looking for digitally skilled workforce

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

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

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



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