POLICY MONKS

POLICY BRIEF

Understanding Covid-19 Response Dynamics: Perspectives from Rajasthan

By Utkarsha Shende, Researcher, Policy Monks, June 2020

This Policy Brief is primarily based on a Virtual Discussion on Understanding Covid-19 Response Dynamics: Perspectives from Rajasthan between Bhaskar Pant and Aqueel Khan on May 20, 2020. The link to the discussion is at: https://www.facebook.com/policymonks/videos/273704467012947/

Executive Summary

The Indian State of Rajasthan has earned special attention for its response to the novel coronavirus pandemic. With less than 3,000 active cases and a recovery rate touching 78% in 3 months of response, the state government has proved that early widespread screening, intensive contact tracing and strict curfew can reduce the risk of community transmission. While this formula has shown results in most parts of the state, there is still want of creative action in metropolitan hotspots spreading red by the days. With analytical inputs from each incubation cycle feeding into the next, the state has managed to pull down the curve – only to be faced with a huge migrant influx after 2 months. This not only stood to frustrate their efforts but also to disturb the delicate social balance achieved in the lockdown. However, the state government has gone all out in expending attention to each possible nook and corner harbouring the seemingly inconspicuous virus. In that, the intra government coordination and public private partnerships have emerged as models of duty and responsibility worth emulation.

Problem Statement

The first spark of coronavirus cases in Rajasthan can be attributed to foreign travel history:

- First case on 2nd March 2020 – 69 year old Italian tourist tested positive
- 11th March – 85 year old Jaipur woman with travel history to Dubai
- 18th March – Family of 3 in Jhunjhunu with travel history to Italy

- 26th March – Ramganj resident with travel history to Oman tested positive and violates self-quarantine orders.

From 19th March, the gravity of the situation had set in – doctors and healthcare workers were testing positive and there was over crowding of patients in hospitals.
Travel related cases could lead to rapid local transmission given the 14 day incubation period of the virus. The contagion consequences of on ground data collection also posed a gap between policy design and implementation. Thus the need for a dynamic policy was profound.

Social distancing was paramount to contain the spread of the problem – but the obedience of public to this norm in the face of maintaining livelihoods and sustaining their families posed a challenge. There lies a cultural dimension to the problem as well – joint families not only posed greater threat of contagion but also posed a challenge to practise of distancing. It was compounded by the mindset of rural and urban rural people having psychological fear of the disease and getting tested for it, leading to resistance to medical interventions.

The response team to this contagion called for collaborative efforts of administration, police and health department. The close contact of the latter two in testing and enforcement of rules exposed them to the virus as well; calling for a solid backup to eliminate frontline workers from the risk.

Policy Alternatives

The Rajasthan Government has shown proactivity and vigil in its response. It actively exercised cluster containment strategy from 19th March for early detection and breaking the chain of transmission. Rajasthan Government announced a state wide curfew on the 19th followed by full lockdown on 22nd March even before the national lockdown.

Rajasthan was one of the earliest states to take cognizance of this virus and undertook identification and screening of passenger arrivals from China as early as Jan and February, who were mandated a 28 day isolation. The State Government has also run ample awareness campaigns to educate its people. Violators of self-isolation and lockdown orders were punished under Section 188 of the IPC.

On the medical front, the state has ensured not just adequate availability of PPE's but also their rational use. It has expanded the frontline staff by training and capacity building for Railway, Army Personnel and ASHA workers. Rapid Response teams were mobilized as early as 3rd- 5th March right down till medical college levels. Services of medical college students, nurses in training and retired practitioners were deployed to keep up with the spread.

On the welfare front, the Ashok Gehlot government speeded up the disbursement of pensions in February and March, and announced a one-time cash transfer for 15 lakh construction workers and more poor people deprived of livelihood to be targeted by Aadhar based information. For Public Distribution Systems, biometric authentication was replaced with OTP process to avoid contact and enable delivery at door. Village Service Cooperatives were enabled as secondary markets for farmers to sell their harvest during lockdown. Corollary to Aarogya Setu, Raj COVID Info mobile application was launched for tracking of quarantined

people. A WhatsApp helpline was also set up along with district control rooms to respond to queries of the public. Decentralized governments like village panchayats were empowered with Rs. 60 crore to arrange Personal Protective Equipment for its residents.

The district of Bhilwara in particular has earned much praise for its early and efficient containment strategy of which the statistics are testimony. Salient features of its strategy are:

1) Isolating the district – This strategy had a two pronged approach following the incubation period of the virus.
   (a) First phase from 20th March:
      - Curfew imposed under Section 144 of Criminal Procedure Code making a gathering of more than 5 people unlawful.
      - Sealing of borders, District Magistrates of neighbouring districts also requested to seal their borders. Private vehicles were not allowed to pass. Passenger Trains passed the district without stopping.
   (b) Maha Curfew announced on 2nd April – to assess results of first phase incubation cycle ending on 4th April.
2) Aggressive contact tracing, testing and mapping hotspots
   (a) 1,937 teams reached 4.41 lakh homes and conducted door to door screening of 22.3 lakh out of the total Bhilwara population of 24 lakh.
   (b) Administration initially focused on contact tracing and testing of people who have visited Bangar Hospital or any other doctor clinic in the past days to put an end to transmission.
   (c) However, patients with influenza like symptoms were also put on watch list and made to quarantine strictly.
   (d) 6 areas were identified by special teams and deployed for continuous screening.
3) Disinfection and Quarantine
   (a) Disinfection of every corner of city including ambulances, quarantine centres itself and police vehicles and offices
   (b) Ramp up of quarantine centres including 4 private hospitals and 27 hotels.
   (c) 24*7 Control rooms for public assistance.
4) Human Touch
   (a) Door to door supply of essentials to prevent creation of hotspots.
   (b) Ration or cooked meals for poor and migrants.

Around mid-May, the Rajasthan Government was faced with huge influx of thousands of migrants in rural areas. Migrants from hotspot states like Maharashtra, Madhya Pradesh and Gujarat have tested positive for the virus.

The State Government declared effective quarantine management with CM Ashok Gehlot ordering a 14 day quarantine for all incoming persons under the Epidemic Disease Control 2020 promulgated earlier in May. The State was expected to receive up to 11.4 lakh migrants posing a challenge for screening, sampling and enforcing quarantine. However, the CM has guaranteed “best practices” at quarantine centres for migrants along with allowing home quarantine and exemption of intra state migrants from the radar. Local government has been engaged in forming Quarantine Management Committees from State Government to Village Panchayat levels. Migrants have signed a bond with the administration to comply with

institutional quarantine facilities in case of breach of home quarantine protocol. However, despite the arrangements - 1,300 migrants tested positive in 17 districts till 23rd May thereby pushing up the curve.

Policy Recommendations

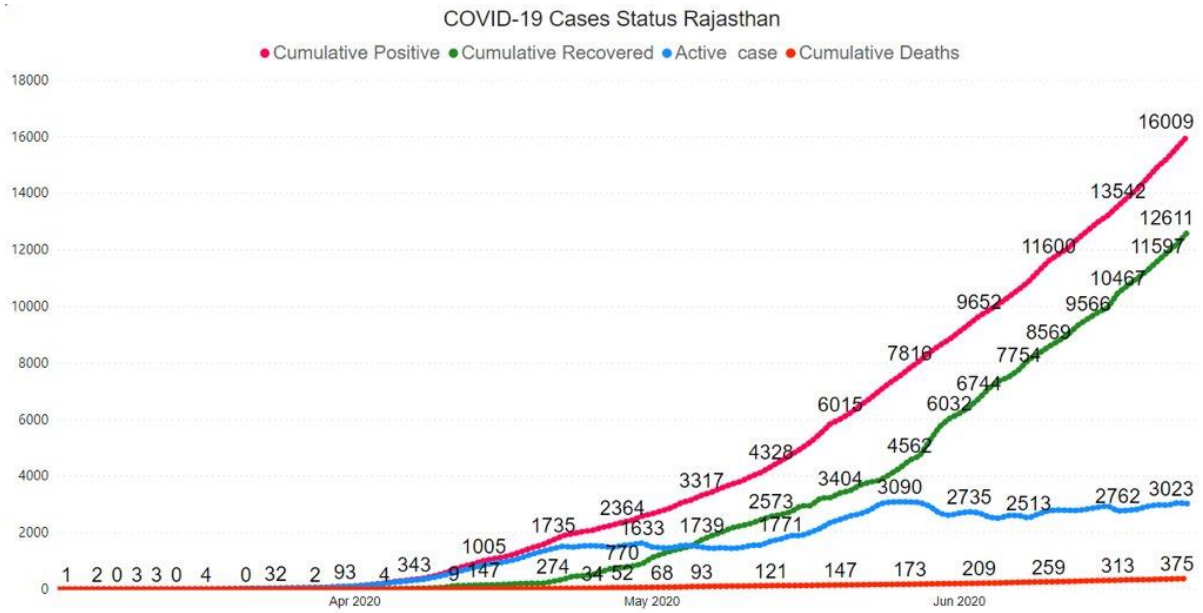
The Bhilwara model is being hailed by the Centre as a success story to be emulated by other cities, but evidently the transplantation of the model faces several constraints. It can be replicated only in districts having urban population of 5 – 10 lakh and rural population of

25 - 35 lakh. Despite the early lockdown and spate of testing, the model failed to show results in the city of Jaipur which has become a blazing hotspot of contagion.

While the State can proudly boast about touching the high recovery rate of more than 78%, there remains the unchartered road of reviving livelihoods in the "unlock" phase in a manner that does not frustrate the success of the past few months. People need to be prepared to live differently and adapt to the new normal – a whole of society mobilization to usher in the new status quo.

Public support is critical for policy implementation and effectiveness and lockdown measures may have given police and health authorities excessive repressive powers in the eyes of the people – there comes the need for a cultural and behavioural shift around it. The mantra "social distancing" needs to be sanitised of societal biases of caste, class, sexual orientation and affirm the spirit of "physical distancing and social solidarity".

Data Source: Rohit Kumar Singh (@rohitksingh on Twitter) Additional Chief Secretary Department of Medical Health & Family Welfare Government of Rajasthan.



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This is the perfect time for governments to capitalise on the civil society as an extended arm in raising awareness and discharging sanitation. Kerala stands as a beautiful example where a youth movement – Democratic Youth Federation of India and women's cooperatives like Kudumbashree are preparing and distributing sanitizers by the million. Kerala's mass disinfection campaign has received the solidarity of local administrators and workers unions alike – the comradeship leaving a lasting stimulus among the public.

It is also important in this time for a strengthened leadership to educate the public about cooperation and maintain hope in its people. Daily addresses and press conferences by officials restores the people's faith in the system – reaffirmed by extending the decision-making table to religious leaders and civil society organs as subsuming all strata of society.

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https://www.policymonks.com/

 /policymonks/  @policymonks/

 contact@policymonks.com