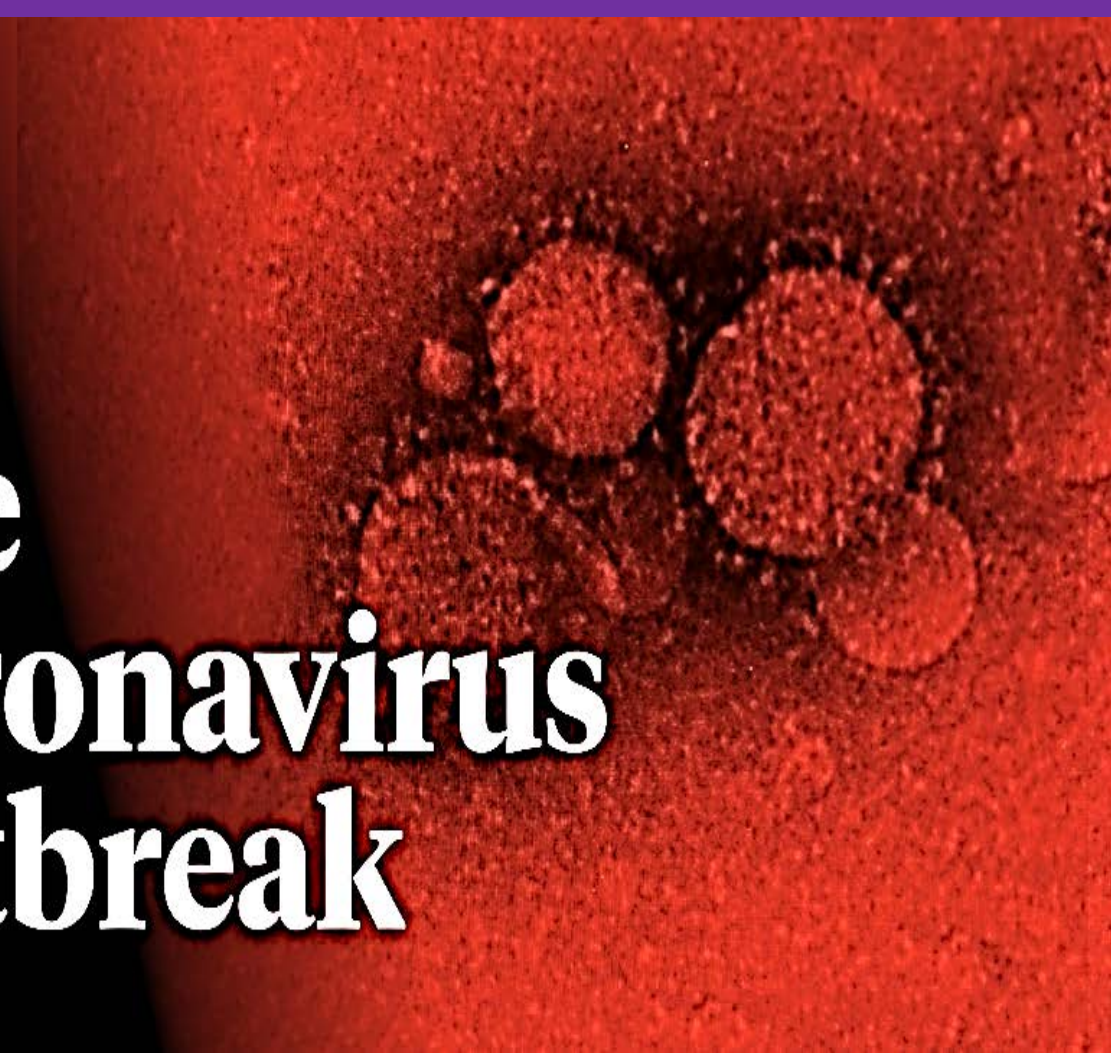




NATIONAL PREPAREDNESS SURVEY ON COVID-19

RESPONSES OF DISTRICT COLLECTORS AND IAS OFFICERS (2014-2018 BATCHES)

The Coronavirus Outbreak



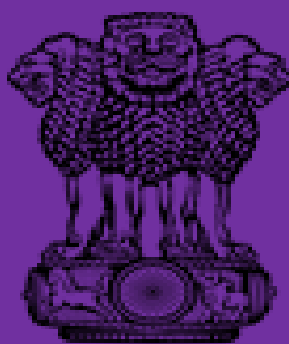
NATIONAL PREPAREDNESS SURVEY ON COVID 19

*RESPONSES OF DISTRICT COLLECTORS
AND IAS OFFICERS (2014-2018 BATCHES)*



Department of Administrative Reforms & Public Grievances (DARPG)
Government of India
Sardar Patel Bhavan
Sansad Marg
New Delhi – 110 001

April 1, 2020



सत्यमेव जयते

Table of Contents

1. Background COVID 19 Preparedness Survey 2020.....	6
2. Rationale for COVID 19 Preparedness Survey 2020	6
3. Objectives of the COVID 19 Preparedness Survey 2020.....	7
4. Scope of COVID 19 Preparedness Survey 2020.....	8
5. Approach of COVID 19 Preparedness Survey 2020	8
6. Outcomes.....	11
7. Annexure.....	34





National Preparedness Survey on COVID 19

Prepared by

**Department of Administrative Reforms and Public Grievances
(DARPG), Government of India**

1. Background COVID 19 Preparedness Survey 2020

The COVID 19 National Preparedness Survey was undertaken by DARPG in the backdrop of the global pandemic of COVID 19, with half a million confirmed cases and more than 20,000 deaths. More than 100,000 people had recovered globally.

The COVID 19 National Preparedness Survey 2020 was conducted to attain a bird's eye view of the governance challenges of the Nation while coping with the greatest health crisis India faced since Independence.

2. Rationale for COVID 19 Preparedness Survey 2020

The Prime Minister in his address to the Nation on March 19, 2020 and March 24, 2020 had urged the Indian people to fight to stop the virus with every resource at their disposal. India led the SAARC collaboration on COVID 19 preparedness and participated in the G20 Heads of Government meeting. The Nation united to confront the pandemic by observing the Janata Curfew on March 22, 2020 and a National Lockdown was announced on March 24, 2020. The Prime Minister's commitment to fight the global pandemic in India, was implemented by millions of civil servants, doctors, nurses, health care workers, police officials and common people across the length and breadth of the sub-continent in the period March 22, 2020 to April 14, 2020.

The COVID 19 National Preparedness Survey recognizes the contributions made by Officials in fighting the pandemic at local, District, State and National levels.



3. Objectives of the COVID 19 Preparedness Survey 2020

The objectives of this preparedness survey are as follows:

- to develop a comparative analysis of COVID 19 preparedness across States;
- to highlight the main priorities and constraints of COVID 19 preparedness, as they are perceived by the civil servants working in the field;
- to access enabling factors in making institutional/ logistics/ hospital preparedness, etc.;
- to capture trends to identify systemic and process related deficiencies, in combating COVID 19 in the districts of India.; and
- to specifically identify the roadmap forward and address vulnerabilities in the system.



4. Scope of COVID 19 Preparedness Survey 2020

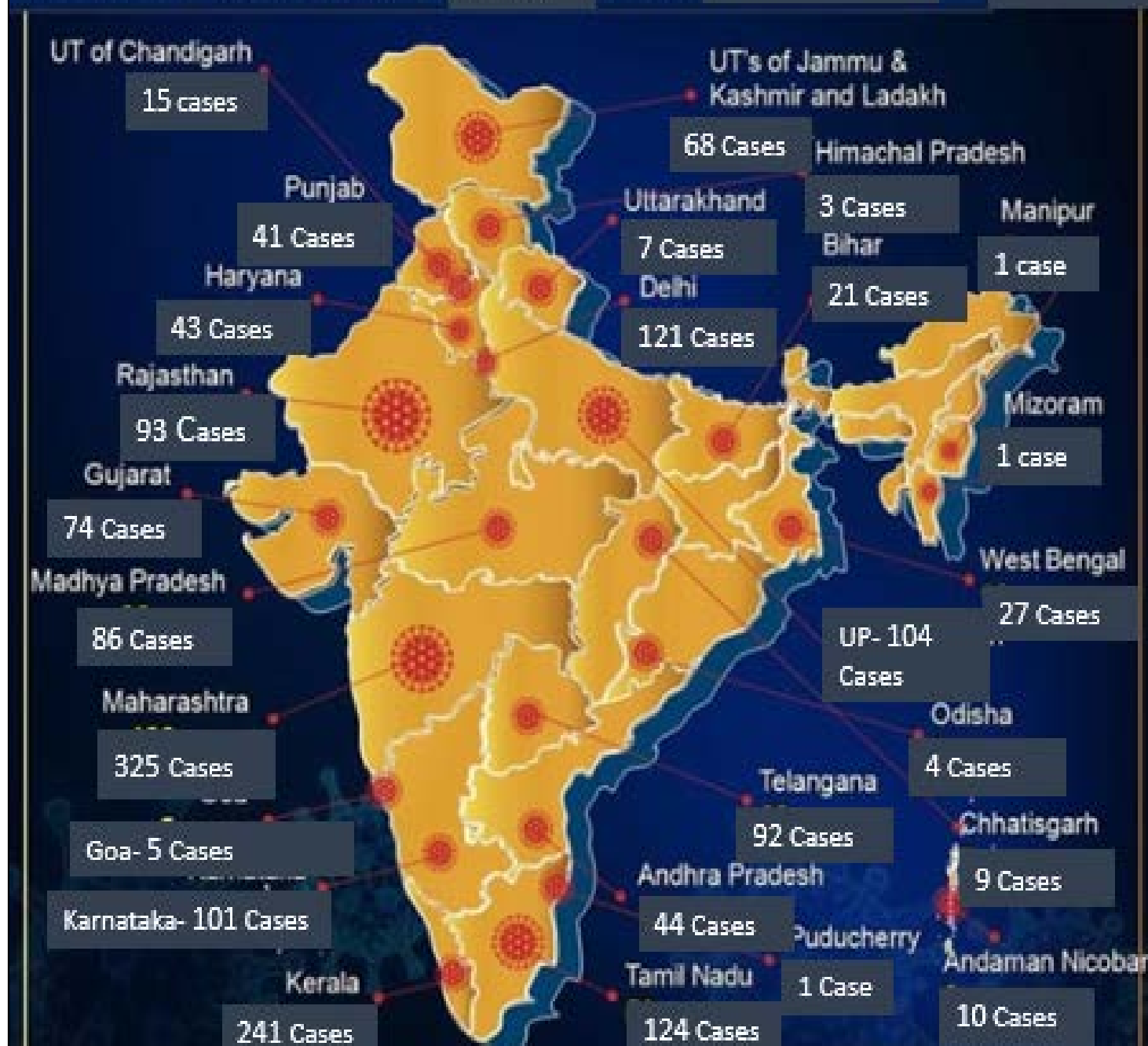
The first COVID 19 Preparedness Survey was conducted across all Districts of India, with responses from 410 civil servants who are providing field level leadership. District Collectors and IAS officers of (2014-2018) batches who have served as Assistant Secretaries in Government of India participated in the survey. The survey was conducted from March 25, 2020 to March 30, 2020.

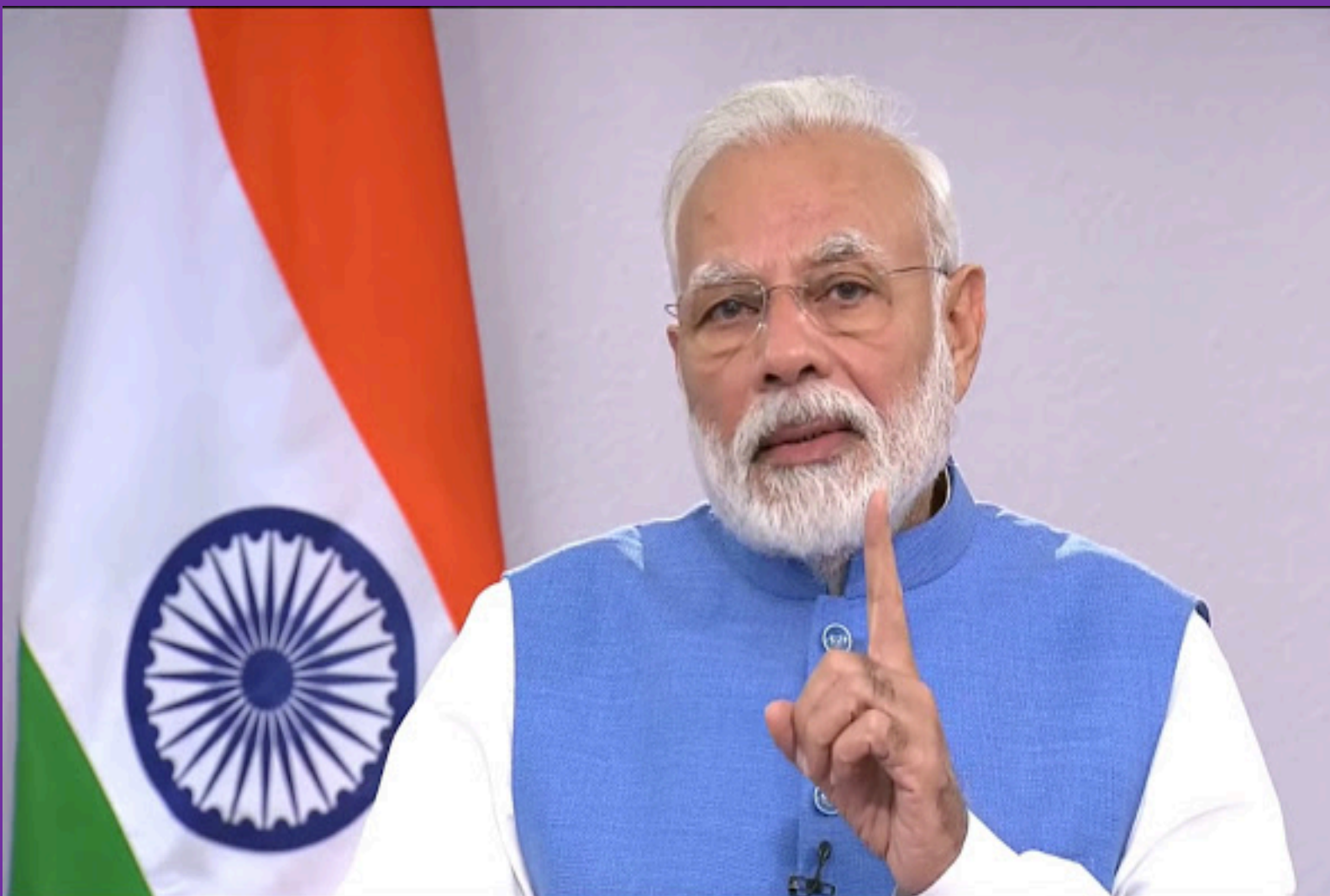
5. Approach of COVID 19 Preparedness Survey 2020

The questionnaire of the preparedness survey was circulated to the respondents through the DARPG portal www.darpg.gov.in on March 25, 2020. Individual officers including District Collectors/ District Magistrates and IAS Officers (Batches 2014 – 2018) were asked to register themselves into the portal and submit replies to the questionnaire. Participation was voluntary, and web based. The extensive outreach activities by DARPG included communicating with individual officers through video conferencing, emails, phone calls; and technical support was provided by the technical-support team and knowledge partner.

CORONAVIRUS CASES IN INDIA

Total Confirmed Cases: 1657, as on 01-04-2020





सत्यमेव जयते

6. Outcomes

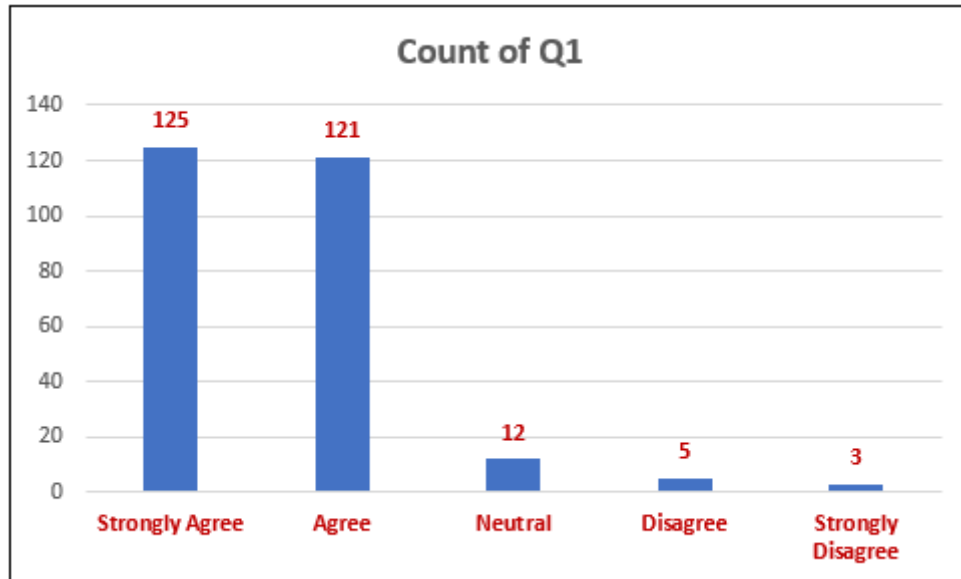
The online feedback mechanism for COVID 19 preparedness from the period 25th March 2020 to 30th March 2020 resulted in registration of 410 District Collectors and IAS Officers (Batches 2014-2018) on the portal. Furthermore, 266 complete Feedback application forms were submitted online on COVID-19 from across the nation providing a holistic view on the ground challenges to combat the outbreak of COVID 19 in India.

Table 6.1 Synopsis of Feedback received from various States/ Union Territories

#	States/UTs	Feedback Count
1	Madhya Pradesh	16
2	Maharashtra	16
3	Assam	15
4	Gujarat	15
5	Nagaland	15
6	Bihar	14
7	Karnataka	13
8	Chhattisgarh	12
9	Rajasthan	12
10	Telangana	12
11	Uttar Pradesh	12
12	Andhra Pradesh	11
13	Arunachal Pradesh	10
14	Jammu And Kashmir	10
15	Orissa	10
16	Haryana	9
17	Tamil Nadu	9
18	Kerala	8
19	Tripura	7
20	Uttarakhand	6
21	Himachal Pradesh	5
22	Jharkhand	5
23	Manipur	5
24	Punjab	4
25	Sikkim	3
26	Delhi	2
27	Lakshadweep	2
28	Puducherry	2
29	Chandigarh	1
30	Daman & DIU	1
31	Ladakh	1
32	Meghalaya	1
33	Mizoram	1
34	West Bengal	1
Total feedback Count		266

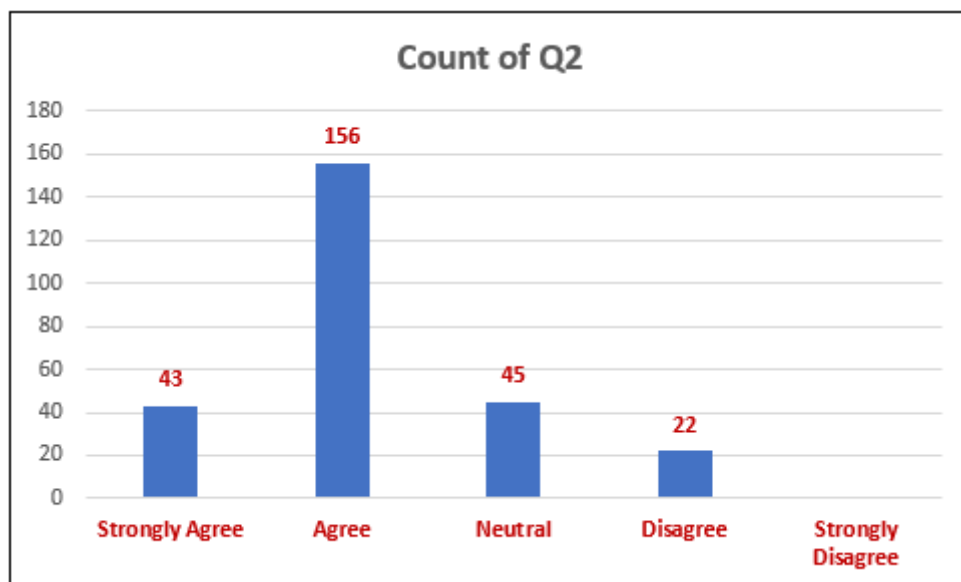
Analysis of Objective Questions 1 – 20

Q1. People are aware and informed regarding the threat of Covid-19 virus

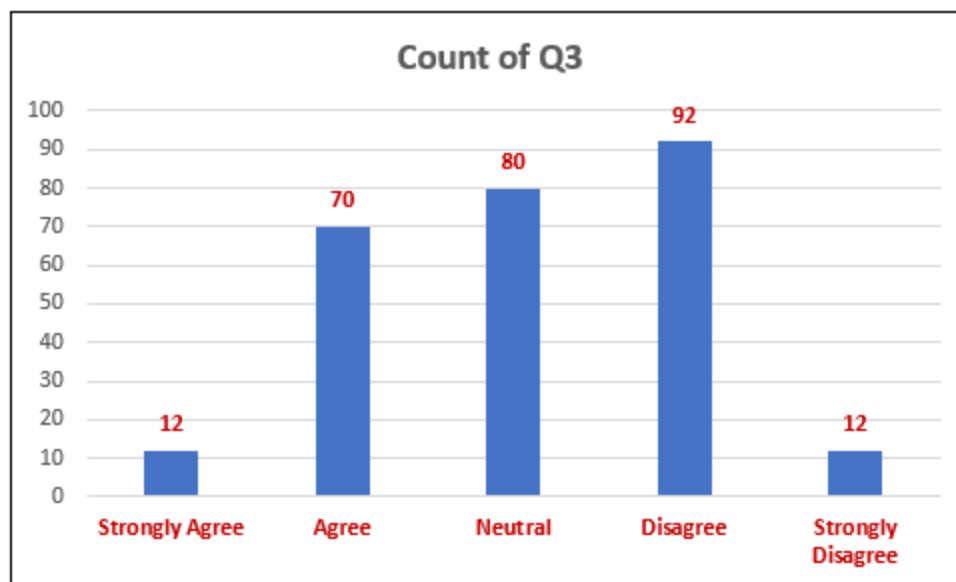


On the awareness about the threat for COVID 19 virus, 92% respondents strongly agreed / agreed that people in the districts/ jurisdictions/ areas or regions were well aware and informed.

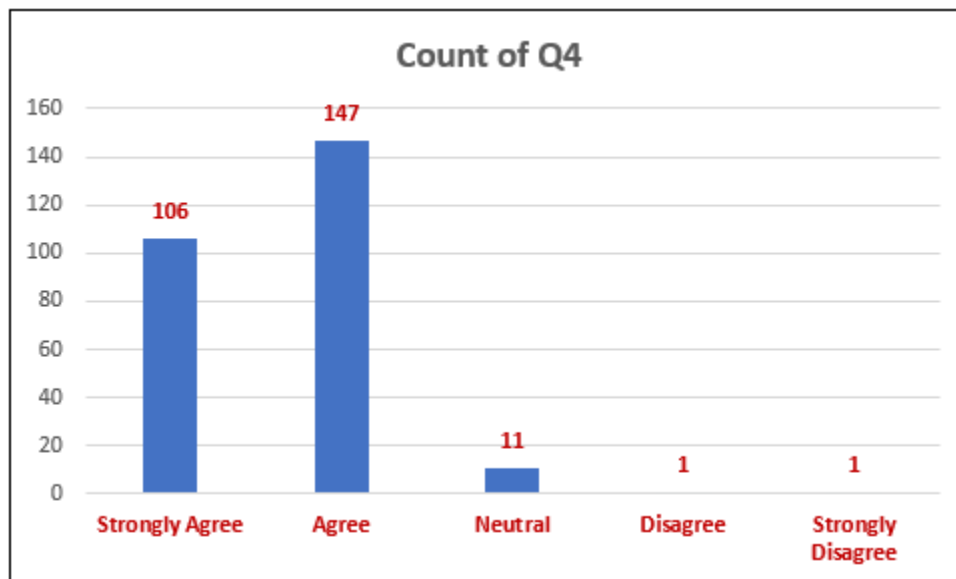
Q2. People are alert and cautious – taking the necessary precaution



On the assessment that people are alert and cautious and are taking necessary precautions districts and officers agreed with approximately 75% respondents in this category.

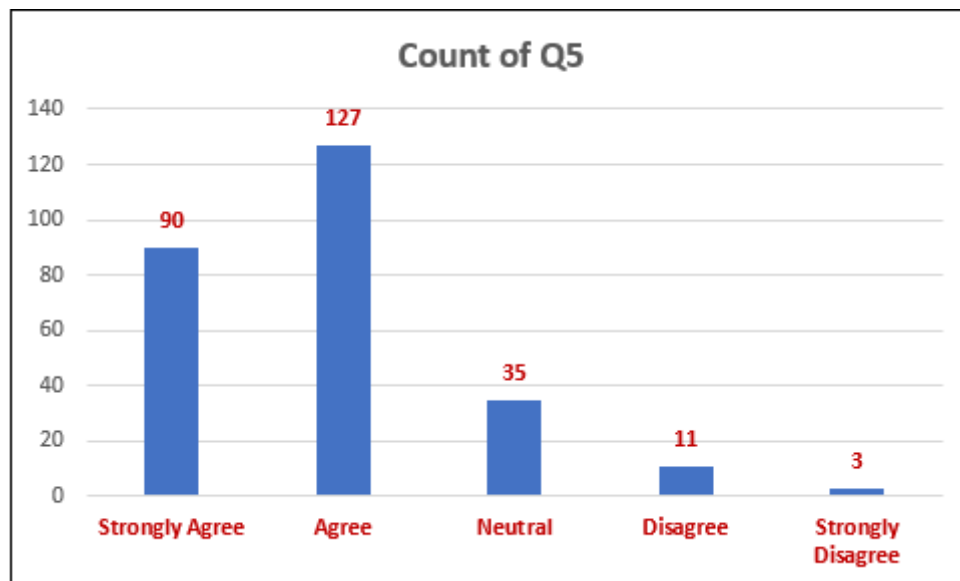
Q3. People are alarmed and panicking

Sixty-Nine percent (69 %) respondents took the view that people are handling the COVID 19 lockdown in a peaceful and orderly manner on being questioned on public being alarmed and panicking, whilst thirty one percent (31%) agreed that people are alarmed and panicking.

Q4. Government machinery has been able to reach out, guide and assure the people

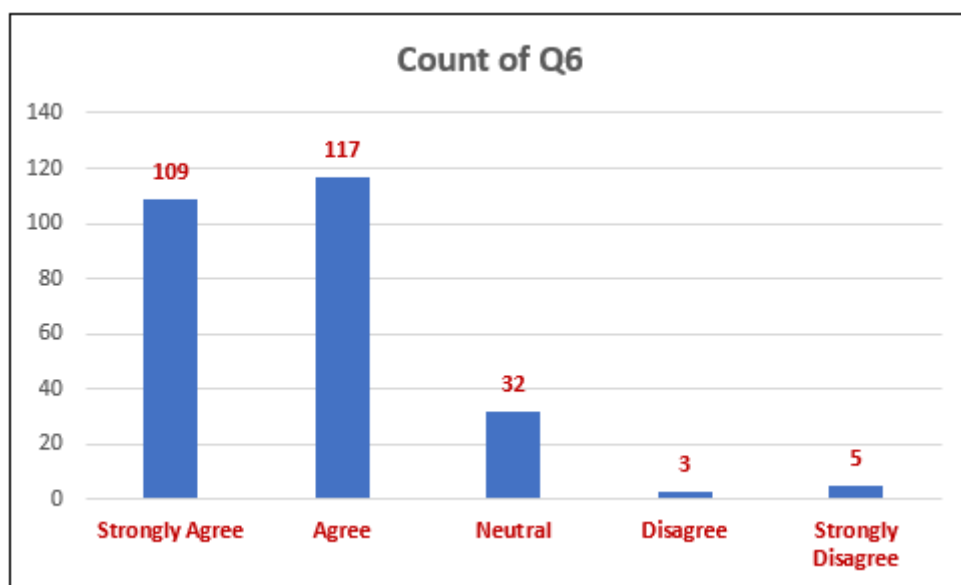
The respondents strongly agreed that Government machinery has reached out to the people with 95% officers providing positive feedback that the Government machinery has guided and assured the people in the region or area to adopt a rational approach to social distancing.

Q5. Government of India has taken sufficient steps to combat Covid-19



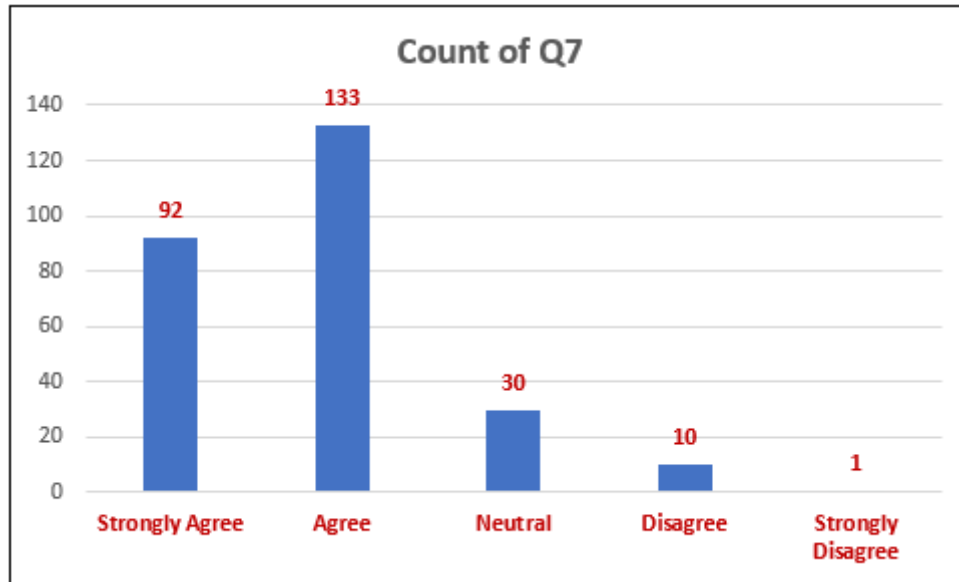
Eight two percent (82 percent) of the District collectors and the officers agreed that Government of India has taken sufficient steps to combat the Covid-19 disease management.

Q6. State Government has taken sufficient steps to combat Covid-19



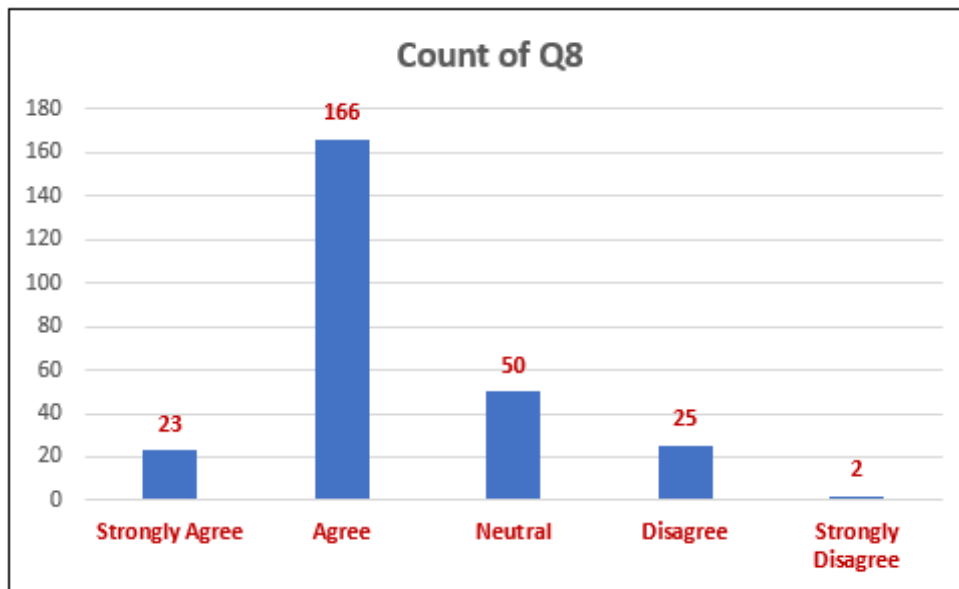
Eighty Five percent (85 percent) of the District Collectors and Officers said that the state governments have taken sufficient steps to combat Covid-19.

Q7. Local Government has taken sufficient steps to combat Covid-19

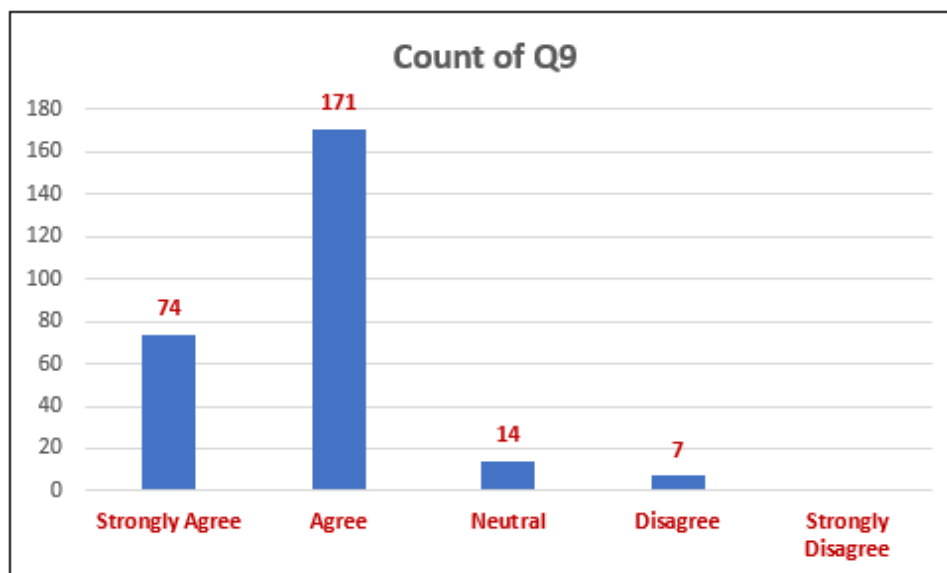


Eighty Five percent (85 percent) of the District Collectors and Officers felt that the local governments were taking sufficient steps to combat COVID 19.

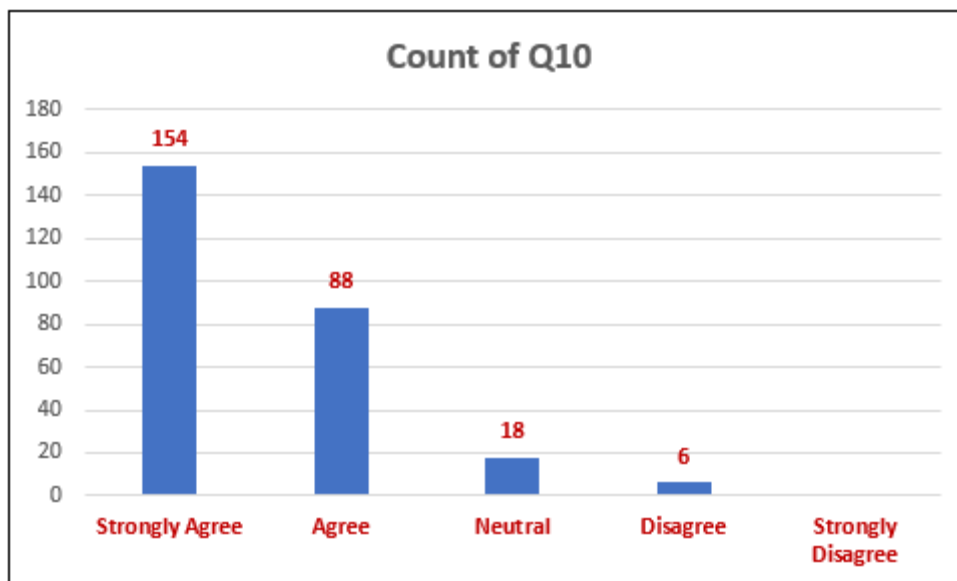
Q8. People are adhering to Government advisories and directions



Seventy One percent (71 percent) of the District Collectors and Officers agreed that people are adhering to Government advisories and directions

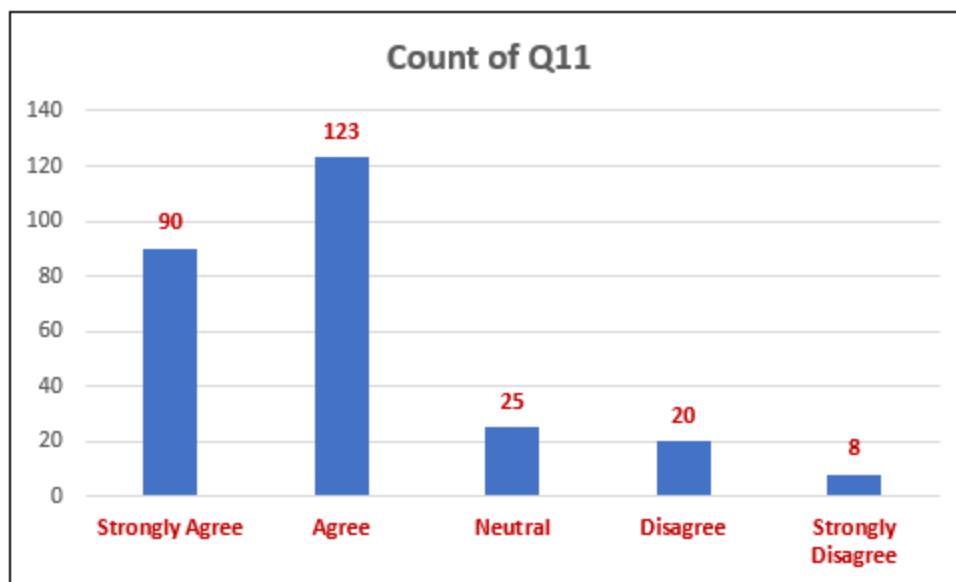
Q9. Essential services are functioning, and essential goods are available

The essential services and goods availability were largely addressed in the country with **ninety two percent (92%)** District Collectors and Officers agreeing to it. There were no disruptions in the essential services and goods availability.

Q10. PM's appeal for Janata Curfew was effective on the ground in keeping people at home

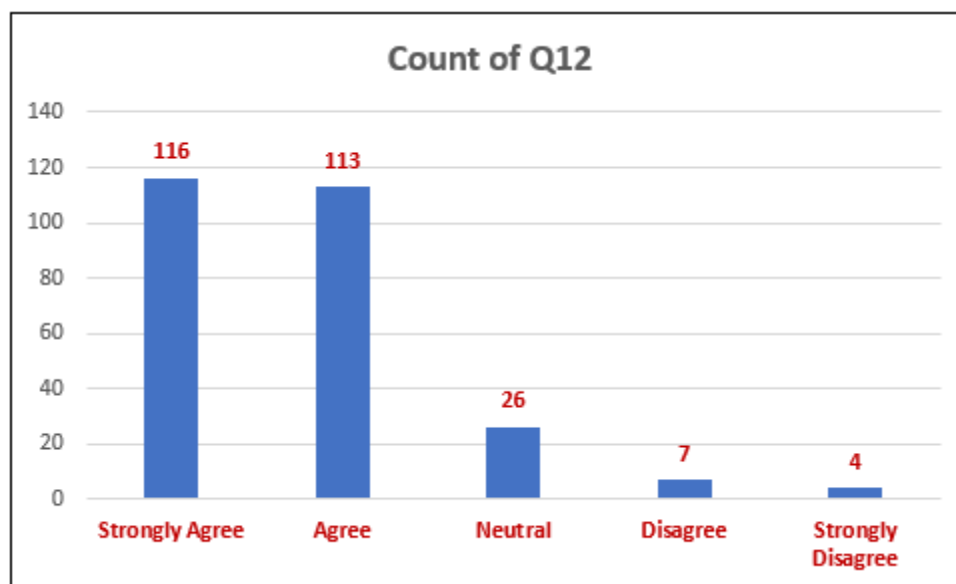
The Prime Ministers' appeal on Janata Curfew was very effective on ground in meeting its objectives of motivating people to adopt social distancing while staying at home with **ninety one percent (91%)** respondents agreed in this category.

Q11. Local administration has a functioning system to identify, test and quarantine infected patients



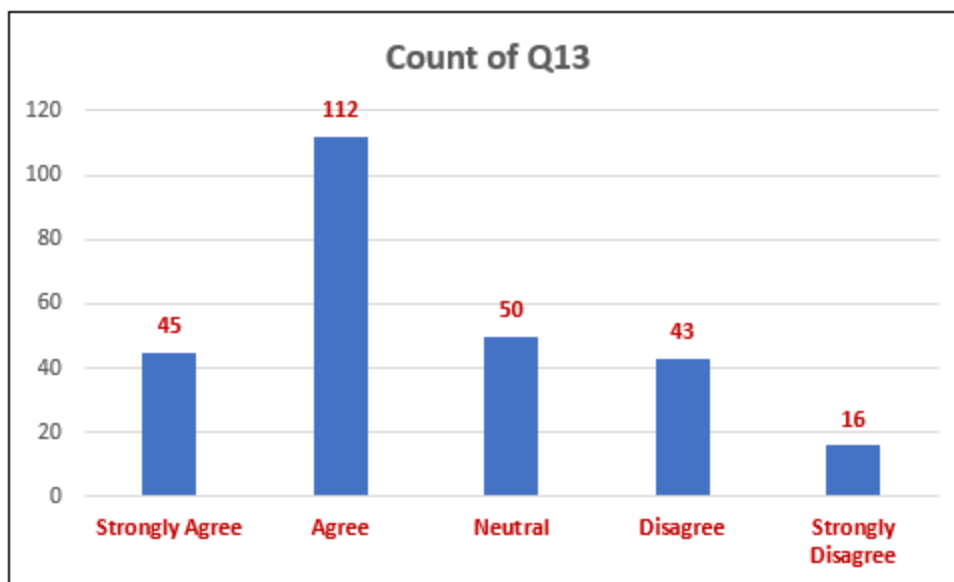
Approximately, eighty percent (80%) respondents agreed that Local administration had a functioning system to identify, test and quarantine infected patients.

Q12. Local administration has a functioning surveillance system for high risk people, such as people with international travel history



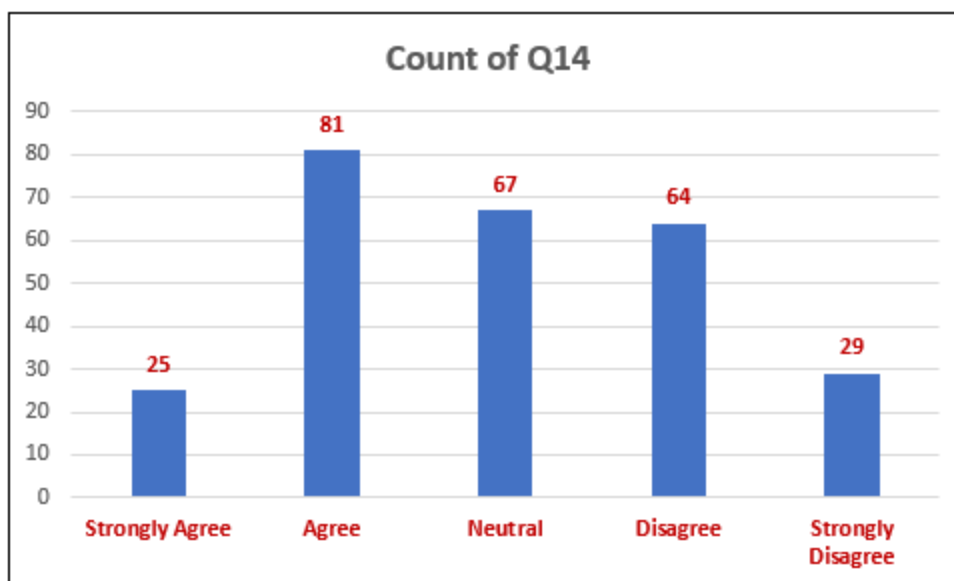
Eighty six percent (86%) District Collectors and officers 86% agreed that local administration has a surveillance system for people with recent international travel history.

Q13. Local health machinery is equipped and prepared to handle Covid-19 – protocols, awareness, facilities



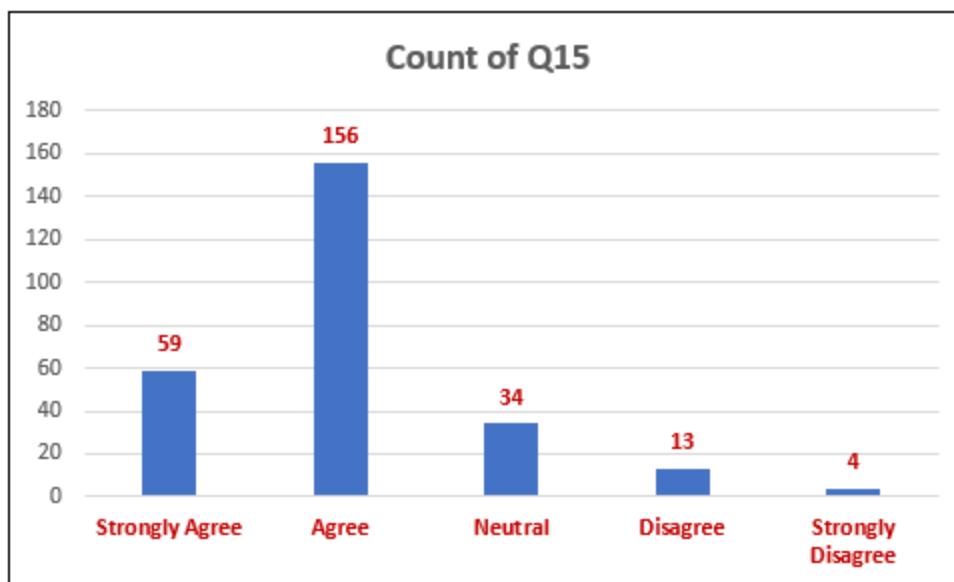
Fifty nine percent (59%) of the District Collectors and Officers said that the on-ground preparedness of Local health machinery to handle Covid-19 is adequate, although **twenty two percent (22%)** of the respondents disagreed.

Q14. Local hospital is equipped and prepared to handle Covid-19 – staff, equipment



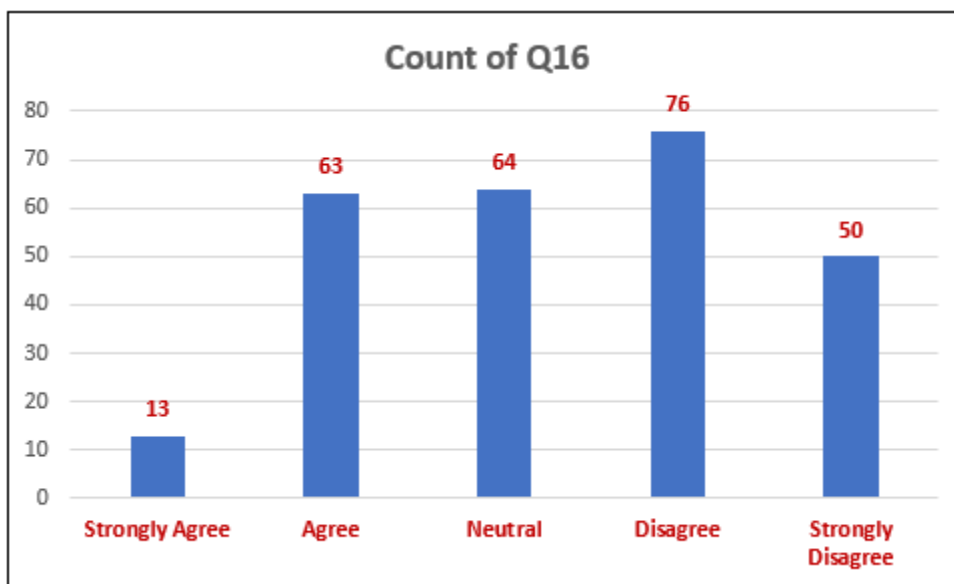
The COVID 19 Preparedness survey identified the need for enhanced hospital preparedness in District/ Sub-District Hospitals, with Forty Percent (40 percent) of officials responding that hospitals were adequately prepared.

Q15. Local doctors are aware of the prescribed medical protocol for treating Covid-19

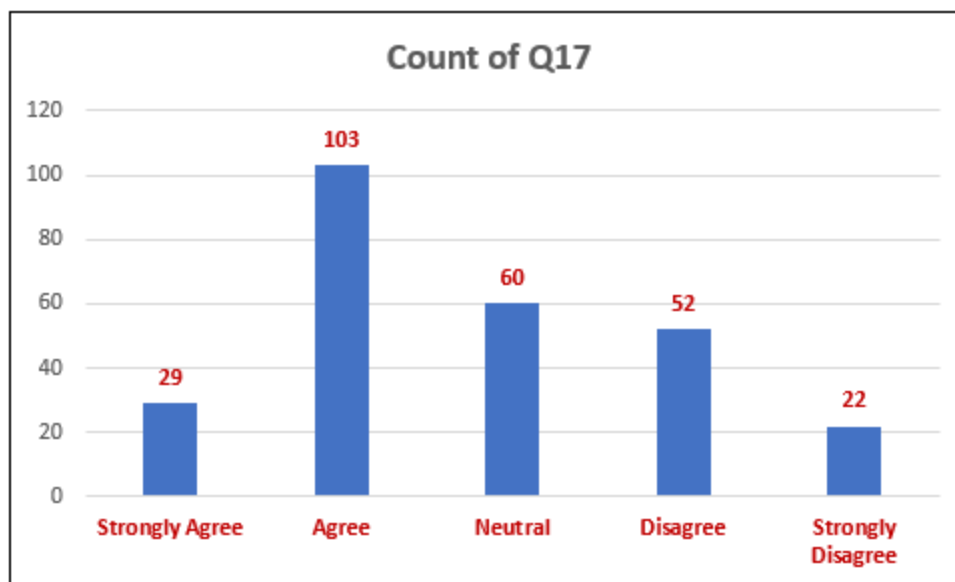


The respondents approximately eighty one percent (81%) agreed/strongly agreed that Local doctors are aware of the prescribed medical protocol for treating COVID-19.

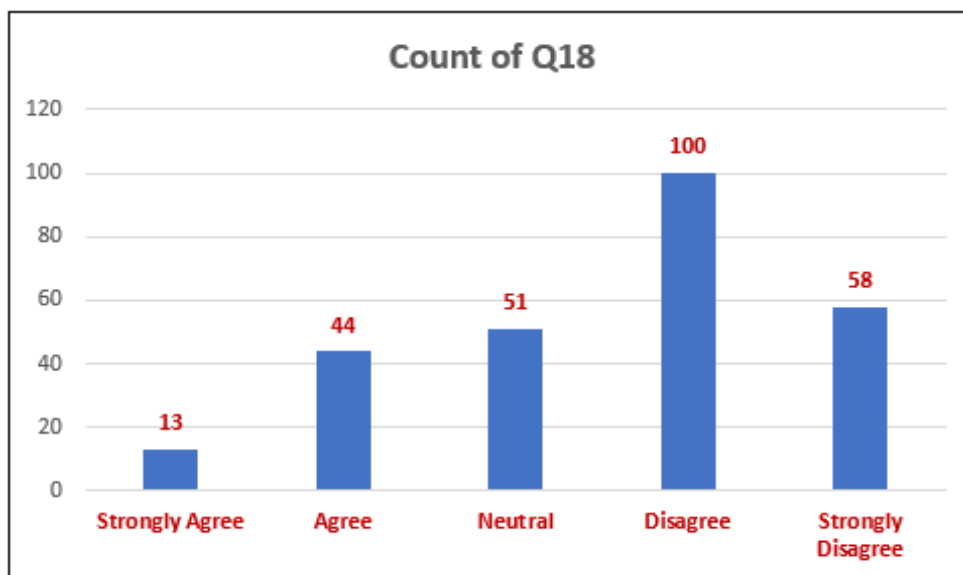
Q16. Sufficient personal protection equipment (masks, gloves etc.) is available



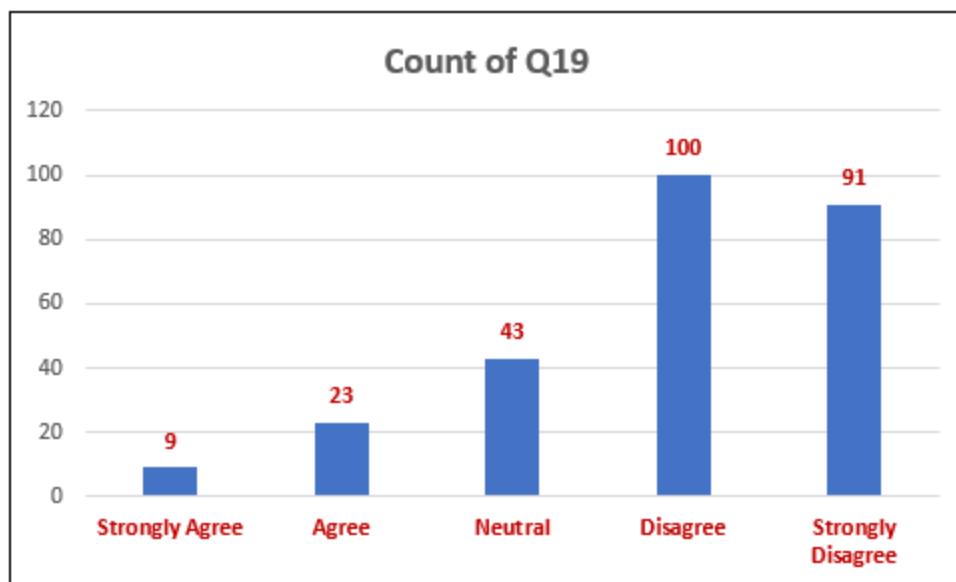
The District Collectors and Officers, felt that inadequate availability of Personal Protection Equipment (masks, gloves etc.) in District/ Sub-District Hospitals is an area of concern.

Q17. Sufficient isolation beds are available

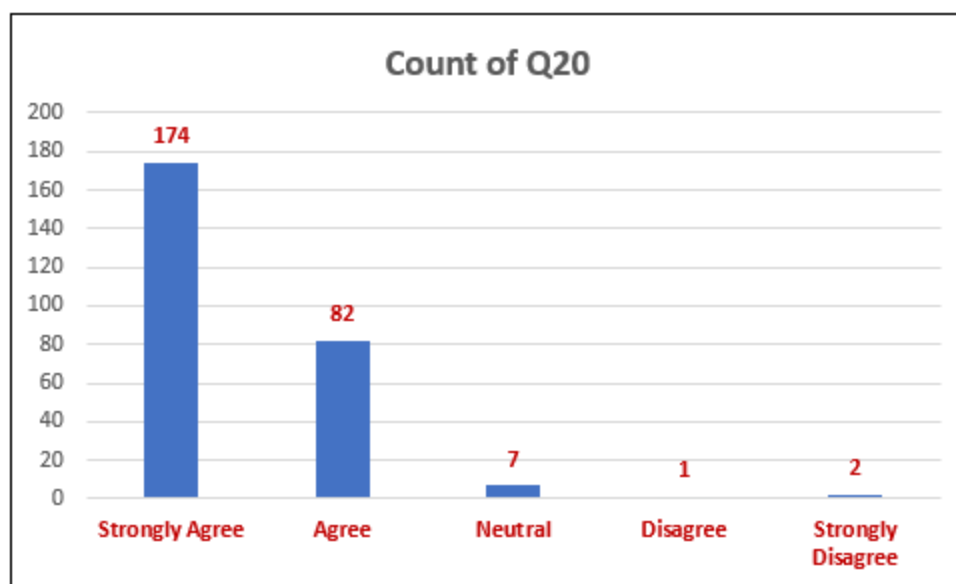
The availability of adequate isolation beds in District/ Sub-District Hospitals was agreed by approximately fifty percent (50%) officers; with twenty eight percent (28%) disagreeing to its availability.

Q18. Sufficient ICU beds are available

The survey highlights the non-availability of sufficient ICU beds in District/ Sub-District Hospitals with fifty nine percent (59%) disagreeing in this category.

Q19. Sufficient Ventilator machines are available

The non-availability of adequate ventilator machines in District/ Sub-District Hospitals is highlighted as an area of concern in this survey.

Q20. To be effective, a lockdown needs to be enforced / made mandatory?

The DCs/ DMs and other IAS Officers(2014 -2018 batches) strongly agreed or agreed that a lockdown needs to be enforced/made mandatory, with ninety six percent (96%) responding positively in this category.



सत्यमेव जयते

Analysis of Subjective Questions 21 – 23

Question No. 21

What is the most serious gap in combating Covid-19 in your area?

Situation Assessment:

The above question enabled the respondents to provide a situation synopsis of the administrative regions of these Officers across the country and allows the reader an assessment at district/ regional level whilst highlighting the key risks.

The District Collectors and IAS Officers of (batches 2014 -2018) highlighted following key risks at district or regional level:

1. **Hospital Preparedness & Infrastructure:** Majority of districts across the country highlighted shortage of medical staff, equipment and facilities like ICU beds, ventilators, ambulances, oxygen cylinders etc. The Sub-District hospitals and health centers readiness is an area of focus, particularly in the North-Eastern region. Furthermore, it was felt that the healthcare workers at district level need capacity building trainings for COVID 19.
2. **Quarantining and Isolation Facility:** The district/ sub-district level hospitals need to strengthen quarantining facility and isolation wards.
3. **Testing Facilities:** In some districts, there is a perceived shortage of testing kits, other facilities and testing centers in large number of districts.
4. **Personal Protection Equipment:** PPE's like masks, gloves etc. for medical staff was an area of concern for several districts and across states.
5. **Lack of Public Awareness:** Absenteeism of awareness was noticed amongst backward districts and amongst the tribal population.

- 6. **Law & order and Administration (State/ District):** Several districts have successfully implemented the National lockdown. Some Districts highlighted that enforcing a complete lockdown needed additional police force in the district, particularly required at village level.
- 7. **Foreign travel history and Contact Tracing:** Information collection regarding foreign travel history of people in the district and states was emphasized upon as most of the people hid their travel history. Thereby, resulting in delay of contact tracing and prevention of human to human transmission
- 8. **Temporary and Wage-worker Exodus:** Post lockdown thousands of migrants moved from metros to rural hinterlands. They were unwilling for health check-ups, **taking samples and testing on-route.**
- 9. **Sanitizing Public places:** To control the spread of COVID 19 the respondents largely felt the sanitizing and disinfecting public places was essential and was currently not being adequately exercised at district/ sub-district levels.
- 10. **Essential goods and services:** Supply management and free flow of essential goods and services was largely satisfactory. In some Districts, Price rise of essential edible and non-edible items was witnessed which was flagged as an area of concern to be addressed by the concerned department under local/ state administration.

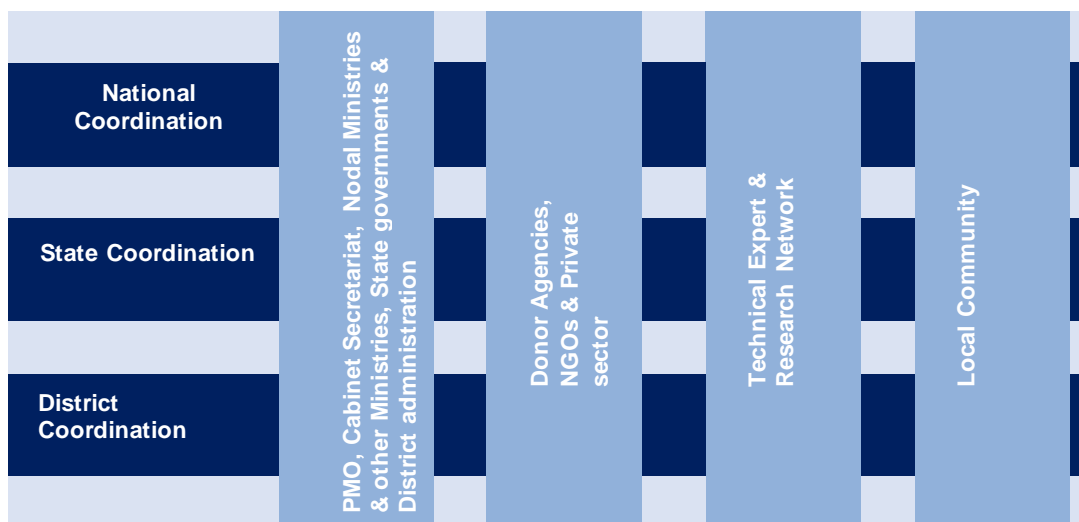


Table 6.2 The table given below highlights the State wise major concerns and districts facing major challenges in combatting the COVID 19 outbreak in the state.

Hotspot Regions for COVID 19 and key Areas of Concerns			
#	State	Districts	Risk Points
1	Andhra Pradesh		Identification and isolation of the foreign returnees is a big challenge.
		Krishna	Identification of all the foreign returnees and people coming from Telangana border is the most serious gap.
		Visakhapatnam	Lack of adequate PPEs.
		Prakasam	Due to lock down people staying outside the state are infiltrating and causing difficulty.
2	Arunachal Pradesh		Lack of proper health facilities, shortage of sample collection kits, testing facilities, PPEs and non-availability of ICU, Ventilator, etc.
		Dibang Valley	Testing centre is located at Dibrugarh which is 379 km far hence sample collection and testing takes a lot of time.
		East Siang	Lack of medical staff and healthcare facilities such as ventilators, ICU beds, ambulances, protective equipment.
		Lohit	Lack of proper health facilities in the District is the most serious gap currently. Don't have ventilators and ICU beds. Proper quality PPE equipment is not available and there is no local test lab.
		Namsai	Non availability of sufficient sample collection kits, PPE, testing facilities, ventilators and ICU, isolation wards as per protocol.
		Tawang	Shortage of Sample Collecting Kits, PPE (Personal Protection equipment), Non availability of ICU, Ventilator, etc.`

3	Assam		People are not following lockdown properly. There is non-availability of PPE equipment which increase the possibility of spread through doctors and paramedics staff. People are migrating with in state and coming from other states like Mizoram.
		Cachar	People coming back from Mizoram and other part of Assam state is a challenge. People are not following lockdown and there is inadequate supply of PPE for health workers.
		Charaideo	Health infrastructure deficiency, public defying social distancing mechanism.
		Dima Hasao	There is no ICU or Ventilator in the government hospitals and there is no private nursing home in the entire district.
		Karimganj	Non-availability of PPE equipment, less numbers of beds in isolations ward.
		Nalbari	There are no ICU and ventilator facilities at the Government Hospital of the district.
		Sonitpur	Non-availability of sufficient Isolation beds, PPEs, ICU beds, ventilators and medicines.
		Udalgudi	Lack of health infrastructure and trained health personnel in the remote areas. No ICU facility, no ventilation.
4	Bihar		Lack of PPE and medical facilities. Some districts reported that there is a lack of basic medical accessories such as masks, sanitizers etc.
		Gaya	Medical equipment as per requirement is not available.
		Nalanda	The lack of personal protective equipment.
		Nawada	Medical accessories such as masks, sanitizers are not adequately available. Lack of medical infrastructure and PPE.
		Patna	Shortage of PPE, masks, ventilators, medicines, surgical gloves, oxygen cylinders, oxygen regulators, disinfectants.
		Purnea	Lack of sufficient testing kits and medical safety gears.
		Saharsa	No testing labs, lack of doctors/paramedical staff, masks/PPEs/Ventilators etc.
		Samastipur	Lack of testing facility and infrared thermometers.
5	Chhattisgarh		Lack of medical facilities and staff. Shortage of Personal protection equipment.
		Balrampur	Lack of healthcare facilities and staff.
		Gariaband	Medical facilities are not sufficient enough at local level.

		Jashpur	Scarcity of PPE ,Mask ,Ventilators and testing kits is the most serious gap in combating Covid-19.
		Mahasamund	Lack of number of ventilators.
		Surguja	Lack of basic health infrastructure, shortage of masks and sanitizers.
		Mungeli	Shortage of PPE, health care staff needs to be trained.
		Narayanpur	Lack of awareness of the people who are living in the jungles. Reaching out to them is a challenge because of roads bad condition.
6	Daman & DIU	Diu	Inadequate health infrastructure and testing facilities.
7	Delhi	South Delhi	There is a need to do enough testing for people who are suspected cases. Also, there is a need for better equipment for the hospital.
8	Gujarat		High migrants inflow, risky slum areas and lack of PPEs for the staff. Migration of population from urban areas to their native places.
		Ahmedabad	Insufficient number of ventilators and testing kits or labs. People living in slum areas are not following lockdown.
		Banas Kantha	Difficulty to stop migration of people from one district to another district.
		Bhavnagar	High inflow of migrant population (approx. 2 lakhs in last 15 days), coupled with shortage of PPE and other screening equipment.
		Botad	Lack of resources with quality medical knowledge and migration of population from urban centers. Lack of ventilators.
		Dang	People are living in villages so awareness about the disease is a challenge.
		Gandhinagar	Community transmission chances are high because people are coming in bulk during evening hours for purchasing grocery and vegetables.
		Morbi	Lack of PPE for the staff of all the departments (medical, surveillance, law & order etc.).
		Punchmahal	Poor health infrastructure and health professionals training .
9	Haryana		Labor movement and migration inflow is a challenge to track and test them. Non-availability of PPE and ventilators.

		Bhiwani	Lack of health personnel and testing criteria.
		Jhajjar	Most serious gap is isolation and testing mechanism. Lack of health infrastructure and testing facilities. Labor movement in the rural area because of harvesting season.
		Jind	Supply of PPE (Personal Protective Equipment) is less.
		Karnal	Non-availability of PPEs for doctors & Health workers. N95 masks and ventilators are less in numbers.
		Mewat	Many people are coming in the district from different areas of India and it is difficult to track and check all of them.
10	Himachal Pradesh		Few testing kits available. People movement is a challenge.
		Chamba	Tracking/tracing followed by effective testing is not happening due to lack of medical testing kits and other infrastructure. Compliance of people to national lockdown is a challenge.
		Hamirpur	Inability to reduce/stop panic movement of people from place of work to their home/village locations.
11	Jammu and Kashmir,	Kulgam	Inadequate personal protection equipment and has no supply of drugs for approved treatment.
11	Jharkhand	Dumka	We don't have an anesthetic in Dumka. Hence, we can't run the ventilators.
12	Lakshadweep	Lakshadweep	Transportation and logistics are a challenge because of geographical spread of the islands. Not all islands have adequate facilities.
14	Madhya Pradesh		Poor health infrastructure and low availability of PPE and ventilators.
		Panna	Health infrastructure is in poor condition, district does not have any private hospitals or doctors so total burden is on govt health infrastructure and only one ventilator is available.
		Neemuch	low availability of PPE Kit and N-95 mask. Furthermore, non-availability of functioning ventilation and staff are not equipped to handle ICU cases.
15	Maharashtra		Availability of medical supplies such as PPE, masks, sanitizers, ventilators etc. is main concern. Lack of trained staff.
		Gadchiroli	Medical supplies such as PPE, masks, sanitizers, ventilators etc. are not sufficiently available.

		Palghar	Tribal needs have to be better considered. Ensuring supply of essential goods in these areas is far more complicated when city supply-chain is affected.
		Kolhapur	Non-availability of medical equipment like Ventilators, PPE Kits and expert manpower.
		Nashik	Non-availability of PPEs, very limited availability of testing kits. Medical staff is not properly trained.
		Parbhani	There is no serious gap or such in combating COVID -19, however migration of people from Pune and Mumbai could have been stopped earlier.
		Sangli	Availability of PPE is an issue. Problem is about the supply chain and funds. Shortage of health workforce, medical officers, nurses.
16	Nagaland		There is no testing centre in the state, shortage in ambulances, oxygen cylinders. There is lack of essential goods as these have to come from outside the state and the sealing of inter-state borders has resulted in numerous challenges faced by vehicles carrying essential commodities in navigating checkpoints.
		Mon	Lack of PPE, ICU facility, Ventilators. No testing centre in the state. Shortage in ambulances. Funding shortfall.
		Mokokchung	Lack of resources to ensure door to door supply of commodities and lack of medical material to deal with exigencies like PPEs/Gloves/Ventilators/Quarantine or Isolation facilities etc.
		Phek	The transit of essential goods to nearby states like Manipur is becoming a challenge as it is obstructed by ground level staffs without understanding that these items are exempted from lockdown.

Question No. 22

What is the one thing that Government of India should do to better combat Covid-19?

Strategic Areas of Engagement & Support

The overall goal of the regional responses requested from DCs and IAS Officers(batches 2014-2018)for this question is to receive key suggestions/measures to be taken, in addition to the existing response strategy to combat COVID19 of Government of India.

The GOI aims to interrupt the transmission of the virus from an individual to another to evade further community transmission. Furthermore, the second objective is to prepare to mitigate the impact should community transmission occur.

Some of the key actions recommended by the respondents across the country , in addition to the already implemented response strategy of the Government of India to combat the COVID- 19 situation across regions in the country are listed below:

1. Develop and issue standard operating procedures and guidelines for inter-state movement of people across state borders considering temporary/ wage worker exodus post nationwide lockdown.
2. Immediately address issues relating to procurement, logistics and supply chain for medical equipment such as Testing kits, PPEs, ventilators, oxygen cylinders, etc. by considering on priority the high alert districts / regions for demand and supply gap.
3. Create more **testing centers and capabilities for all district/ sub-district hospitals** along with **isolation wards** for fast & seamless results and initiate steps to avoid unnecessary delays. ambulances with ALS/BLS, Ventilators and ICU. Moreover, the COVID-19 Lab Diagnostic Facility should be made available in all the Districts. Considering the exposure of the frontline workers to COVID 19 cases, they should be equipped with all the necessary PPEs.
4. More **awareness campaigns** on COVID19 **targeting slums in urban areas** and backward villages in all the districts.

5. Training and capacity building of existing Medical resources and increasing the number nurses in areas where maximum number of cases are reported and is on high alert.
6. Encourage domestic manufacturing of testing kits.
7. The respondents suggested increase in the fiscal spending (around 5 - 10 Lakh Crore/ around 2% of GDP) on health infrastructure, essential commodities for poor and vulnerable groups.
8. The survey highlighted the need for quick redressal of under reported cases in the region on account of under testing people due to various challenges like paucity of testing kits, no data on travel history, sudden migration of wage workers across states; as this may actually end up in further transmission.
9. Attention to logistics was emphasized as an area for immediate improvement.
10. Preventive measure in rural areas to be enhanced and these must have separate testing and treatment facilities.
11. The respondents suggested Interstate movement of essential commodities is required. Also, the Inter-state coordination was necessary for better movements of essential goods for health infrastructure & other essential goods.
12. Lock down should be continued till the Covid-19 is not controlled. Furthermore, any instances of non-adherence to curfew/ lockdown should be dealt with harshly particularly where gathering of more than 50 people.
13. Regular check on pricing for essential commodities to be made mandatory.
14. States should constantly share data about the positive cases for COVID 19 for further contact tracing.
15. The list provided by the Government of India with all the details of Foreign travelers to district administration doesn't include contact details such as home address, mobile numbers for all the listed.

	<p>16. IVR systems in local languages could be used for public outreach for awareness and exhorting them to stay at home.</p> <p>17. Officers suggested relief packages and food arrangements for millions of daily wage earners.</p> <p>18. Clear set of instructions and guidelines to be issued to end the struggle of transporters at interstate check-posts during the lockdown.</p> <p>19. Government should strengthen the R & D facilities to develop vaccines to fight COVID 19 with a long-term solution. Research institutes may be given all the necessary support and increased funding.</p> <p>20. The period post- 21 days of lock down needs to be cautiously reviewed as it may lead to wider spread of the virus.</p> <p>21. Economic support to the poor, migrant workers, farmers, MSMEs and middle class.</p>
--	--

Question No. 23

Any other suggestion?

	<p><i>Other contingency measures may include the following:</i></p> <ol style="list-style-type: none"> 1. Price fixation orders to be passed to combat black marketing. 2. Adequate buffer stock be made available at tehsil/circle level. 3. Regular Mapping of quarantined people. Efficiently creating a database of people who have returned from abroad (Bureau of Immigration data) and sharing the same with districts to help identify and quarantine people. 4. Setting up trainings for all stakeholders involved in tackling COVID 19 in Professional training institutes and hiring technical experts/ micro-biologists from other countries across the globe.
--	---

5. Collaborating with e-commerce sites to ensure delivery of goods.
6. Continue the lockdown for an extended period if necessary. The 21day lockdown period is to be used to identify more positive cases and quarantine all those who were in contact with them.
7. The Government of India may include the Start-ups to produce masks and testing kits required.
8. It is required to give crisp and relevant medical information relating to COVID-19 to administrators so that the DCS and DMs can give medically authentic information to all.
9. Increased supply of notified disinfectants.
10. Need to coordinate with big data analytic firms for studying state wise patterns, identifying areas of infection & disseminating the information through media.
11. Telemedicine portal or helpline may be launched where people can consult any doctor for any medical help during the lockdown.
12. Some of the economic measures in relieving the common man may include partial waive off the commercial rents for shops under lockdown.
13. Increasing the incentives and number of workforce/ labour involved in manufacturing of essential goods.
14. Provide monetary support to migrant labour and daily wage workers immediately.
15. Enough funding to be facilitated in districts for monitoring and logistic support.
16. Phase wise partial lock-down lifting approach may be taken up by the Government of India once its decided to be lifted; this may be state-wise post the states stop reporting anymore positive COVID 19 cases.

7. Annexure

Annexure-A: Reports for COVID-19 Feedback Survey received from 266 officers.



R1-COVID-19
Report-Q1toQ20.xls



R2-COVID-19
Report-Q21toQ23.xl

भारत सरकार
GOVERNMENT OF INDIA

कार्मिक मंत्रालय, लोक शिकायत और पेंशन
MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS



सत्यमेव जयते

प्रशासनिक सुधार और लोक शिकायत विभाग
DEPARTMENT OF
**ADMINISTRATIVE REFORMS &
PUBLIC GRIEVANCES**