



MHA's ROLE IN COVID-19 MANAGEMENT

Ministry of Home Affairs
Government of India



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Message

अमित शाह
AMIT SHAH



गृह मंत्री एवं सहकारिता मंत्री
भारत सरकार
HOME MINISTER AND COOPERATION MINISTER
GOVERNMENT OF INDIA



The COVID-19 pandemic was an unprecedented challenge that tested the resilience, strength, and preparedness of our nation. Under the decisive leadership of the Hon'ble Prime Minister, the Government of India adopted a proactive and coordinated approach to mitigate the impact of the pandemic not only in India, but at global level as well, reaffirming its belief in 'Vasudhaiva Kutumbakam'. The Ministry of Home Affairs, realizing its role and responsibility, took initiatives in ensuring a swift and effective response by facilitating inter-ministerial coordination, enforcing timely measures under the Disaster Management Act, for seamless implementation of COVID-19 protocols across the country.

The success of India's COVID-19 response would not have been possible without the tireless efforts of frontline workers, healthcare professionals, law enforcement agencies, civil society organizations, and numerous unsung heroes who worked selflessly to protect lives and livelihoods. The dedication and perseverance of our medical personnel, police forces, administrative officers, and essential service providers were instrumental in containing the spread of virus and maintaining social and public order during the crisis.

India's handling of the pandemic has reaffirmed the strength of our governance systems, our collective determination, and the spirit of unity among citizens. The nation stands resilient, prepared, and united in its resolve to overcome any challenge that lies ahead.

I convey my gratitude to the Hon'ble Prime Minister for his visionary guidance and thank every citizen for their unwavering support during the challenging times. I also extend my appreciation to all individuals and institutions involved in the documentation and publication of this report.

(Amit Shah)

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FOREWORD

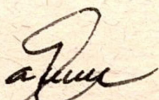
As the world tries to come to terms with the effects of the COVID-19 pandemic, India is steadily moving ahead with a focused and pragmatic approach. During the pandemic, our proactive, pre-emptive and 'whole-of-Government, whole-of-Society' approach under the leadership of Hon'ble Prime Minister was crucial in managing the pandemic. With a sense of responsibility and humility, I pen this foreword for 'MHA's Role in COVID-19 Management', document.

2. The pandemic posed a litmus test for our health infrastructure, economic resilience, social and psychological well-being. The Government of India, demonstrating its vigilant and unwavering commitment to its citizens, acted decisively while reaffirming its global responsibilities.

3. Under the guidance of Hon'ble Home Minister Shri Amit Shah and the swift execution under the leadership of then Home Secretary Shri Ajay Bhalla, MHA played a crucial role in managing the crisis, ensuring swift coordination and the effective implementation of measures. Implementing measures such as lockdown and enforcing COVID Appropriate Behaviour, vaccination etc., requiring a well- thought-out, calibrated, and meticulous approach to contain the spread of the virus. The challenges were diverse in nature and magnitude, encompassing the enforcement of strict guidelines while ensuring uninterrupted supply of essential goods and services across the country.

4. The success in containing the spread of COVID-19 in the country would not have been possible without the selfless, tireless, and dedicated efforts of Central/State Governments/UTs Administration, Healthcare professionals, Frontline workers, Law enforcement agencies, civil society and countless unsung heroes who worked tirelessly at grassroot level.

5. India's resilience throughout the pandemic has reaffirmed the strength of our unity. As the world continues to navigate the challenges posed by COVID-19, this document serves as a testament to our determination and commitment, demonstrating that no challenge is insurmountable when the country stands united, and the Government remains steadfast in its service to the people. Now, we must move forward with even greater resolve, facing every challenge as a cohesive and progressive society, striving toward a stronger and more resilient nation.


(Govind Mohan)

Place : New Delhi
Dated : 01.07.2025

Preface



The COVID-19 pandemic was an unprecedented global crisis that tested the resilience of healthcare systems, governance frameworks, and communities. The Ministry of Home Affairs (MHA) played a pivotal role in ensuring a coordinated response in close cooperation with Ministry of Health & Family Welfare (MoHFW), with powers drawn from the Disaster Management Act 2005.

This document collates the important interventions and planning done by MHA with a Whole-of-Government and Whole-of-Society approach under the leadership of Hon'ble Prime Minister and guidance of Hon'ble Home Minister.

Apart from listing all the important advisories, guidelines, operating procedures and orders issued by MHA, the document outlines specific detail of how the pandemic response was coordinated at the national level.

Some of these decisions included the complex ones taken by government on the timing, scale, duration and magnitude of lockdowns, and then the manner of graded and most careful lifting of restrictions, all with the intention of keeping the R_0 (R naught) curve from rising.

Managing the balance between reducing the spread of the virus and closure of economic activity, in the absence of a clear scientific path, was the key challenge faced by the ministry on each day of the pandemic.

I congratulate my predecessor Mr Rajendra Ratnool for having ideated and collated this entire document with a dedicated team of scientists and researchers at NIDM.

A stylized blue ink signature of Safi Ahsan Rizvi.

Safi Ahsan Rizvi
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Foreword

India, owing to its diverse physiographic and climatic conditions, is among the most disaster-prone countries in the world. Disasters can significantly derail development, setting nations back by decades. With the increasing frequency and intensity of such events, efficient disaster management has become a national priority—placing strong emphasis on prevention, preparedness, and effective governance to mitigate their devastating impacts.

When the COVID-19 pandemic emerged, it demanded prompt and decisive action to contain the spread of the virus across the country. As the lead Ministry under the Disaster Management Act, 2005, the Ministry of Home Affairs (MHA) assumed this critical responsibility. It implemented a series of well-calibrated, innovative, and unparalleled measures to address the unprecedented challenges with pragmatism, foresight, and effectiveness.

MHA adopted a proactive, graded, and dynamic response strategy. This included the timely imposition of containment measures, rapid augmentation of health infrastructure, promotion of innovative solutions, and widespread enforcement of COVID-appropriate behavior—raising public awareness around both personal and community hygiene.

As the pandemic evolved, with the emergence of new and unpredictable variants, the unwavering resolve of India's citizens became evident. MHA, in coordination with line Ministries and key stakeholders, continually updated its response—refining strategies, revising guidelines, and ensuring seamless on-ground implementation through a 24x7 control room.

This document stands as a testament to India's 'whole-of-Government, whole-of-Society' approach in combating COVID-19. It is envisioned as a comprehensive reference for understanding MHA's response strategy and serves as a valuable resource for enhancing future health emergency preparedness, strengthening disaster management frameworks, and addressing global challenges with resilience and foresight.

(Sanjeev Kumar Jindal)

Foreward



It is with great pride and a deep sense of responsibility that I reflect on the preparation of this document, *MHA's Role in COVID-19 Management*. The COVID-19 pandemic was an unprecedented global crisis that tested the resilience of healthcare systems, governance frameworks, and communities alike. The Ministry of Home Affairs (MHA) played a pivotal role in ensuring a well-coordinated and effective response to mitigate its impact across India.

This document highlights the strategic interventions, meticulous planning, and dedicated efforts of MHA, adopting a whole-of-government approach under the leadership of the Hon'ble Prime Minister and guidance of the Hon'ble Home Minister, in safeguarding lives and livelihoods. It captures the seamless coordination between different layers of governance, from the central government to state and local administrations as well as the collective resolve of government agencies, civil society, and the resilience of the Indian people. From enforcing lockdowns and ensuring uninterrupted essential supplies to strengthening healthcare infrastructure and supporting vaccination drives, MHA's multifaceted approach was instrumental in navigating this crisis.

The pandemic reinforced the importance of unity, adaptability, and proactive governance spanning national to grassroots levels. This compendium stands as a valuable resource for strengthening our disaster preparedness and response mechanisms, helping us build back stronger and better prepared for future challenges.

I extend my sincere gratitude to all those who contributed to this effort, including my former colleagues at NIDM and the MHA Disaster Management Division. I am hopeful that this document will continue to inspire resilience, preparedness, and collective action in addressing any crisis that lies ahead.

Rajendra Ratnoo
Former Executive Director,
National Institute of Disaster Management
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Acknowledgement

We extend our sincere gratitude to the Ministry of Home Affairs (MHA) for its guidance and leadership in documenting this crucial effort. We acknowledge the contributions of various government Ministries, Departments, Deputy Commissioners, Divisional Commissioners, Relief Commissioners, Secretaries (Disaster Management), and District Magistrates, whose dedicated efforts in crisis management at the field level were instrumental in ensuring an effective response under MHA's direction.

We express our deep regard and gratitude to Shri Govind Mohan, Union Home Secretary and Shri Ajay Bhalla, the then-Home Secretary, MHA, for their visionary leadership in initiating this documentation effort and Shri Sanjeev Kumar Jindal, Additional Secretary, MHA for his guidance in shaping a narrative that highlights MHA's enduring efforts. We are also thankful to Shri Rajesh Gupta, Joint Secretary (Disaster Management), MHA, for his consistent support throughout this process.

We also acknowledge Shri Rajendra Ratnoo, former Executive Director, NIDM, for his leadership and support in steering this initiative during his tenure.

A special note of appreciation to Shri Manoj Kasana (Second-in-Command), Border Security Force, MHA, and Shri Anoop Yadav, Law Officer (Grade-I), Border Security Force, MHA, for their instrumental role in anchoring this report and their valuable inputs in its organisation.

We gratefully acknowledge the contributions of the National Institute of Disaster Management (NIDM) team, including Shri Shiv Narayan Sidh, Assistant Professor, and Ms. Atisha Sood, Consultant, for their dedication to the documentation and compilation of this report. We also extend our thanks to the Sphere India team including Ms. Krupalakshme, Ms. Nupur Tyagi, Mr. Utkarsh Dwivedi, Ms. Varsha Chaudhary and Mr. Vikrant Mahajan for their support in facilitating this process.

Lastly, we commend the frontline health workers, and all stakeholders who played a pivotal role in managing the COVID-19 crisis. Their tireless efforts, resilience, and commitment have been instrumental in mitigating the pandemic's impact and strengthening national preparedness. This report serves as a testament to the collective response and the valuable lessons learned from this unprecedented challenge.

As we move forward, we reaffirm our commitment to collaborative efforts in strengthening disaster preparedness and response. Once again, we extend our deepest appreciation to all those who contributed to this vital initiative.



Executive Director
National Institute of Disaster Management
Ministry of Home Affairs, Government of India



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Introduction and Methodology

The year 2020 started with significant challenges for healthcare and the broader socio-economic ecosystem. It marked the onset of an unprecedented global health crisis, leading to a series of unforeseen measures, including restrictions on the movement of people both domestically and internationally. This resulted in lockdowns, physical distancing and psychological difficulties, mask regulations, economic hardships, travel restrictions worldwide, which lasted for nearly two years with gradual relaxations of these restrictions overtime.


Coronaviruses are a large family of viruses which cause illnesses in animals and/or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and severe acute respiratory syndrome (SARS). The outbreak of Novel Coronavirus disease was initially noticed in mid-December 2019 in a seafood market in Wuhan City in Hubei Province of China. Eventually, the COVID-19 pandemic affected more than 200 countries/territories/areas worldwide.

The patients affected with COVID-19 had symptoms of fever, cough, breathing difficulties and other respiratory problems with a wide variation, ranging from mild to severe symptoms (including development of severe acute respiratory illness or SARI).

Comparisons between the Spanish flu of 1918 and the recent pandemic are inevitable. However, in the early 20th century, our world was neither as interconnected nor as interdependent as it is today. While 'pandemic preparedness' has always been recognized as an integral part of disaster preparedness systems at both national and international levels, the COVID-19 pandemic which emerged in early 2020 caught the world by surprise. Governments and executive bodies globally took several weeks to fully assess the situation's scale. There was considerable uncertainty regarding the fatality of the novel coronavirus, its transmission dynamics, incubation period, and the necessary measures for containment and recovery. This posed significant challenge to global medical emergency systems, with even the most advanced nations struggling to address the emerging crises effectively.

The world as we knew it before December 2019 underwent a dramatic shift, giving rise to new socio economic and medical standards. The COVID-19 pandemic, emerging as one of the one of the most challenging disasters in modern history, captured global attention, when China first reported cases of pneumonia of unknown origin in Wuhan city, Hubei province. Caused by Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2), COVID-19 rapidly spread across China in December 2019 and January 2020. As the number of cases surged, news reports were filled with overcrowded hospitals, widespread panic among the public deserted public places and citizens wearing masks.

While closely observing the responses of countries worldwide, India chose not to simply replicate their strategies but instead focused on learning from them and formulating its own approach, taking into account the vast population and the unique socio-cultural and economic needs of Indian society. India's response was shaped by the imperative to build a resilient and results oriented framework, leveraging the resourcefulness and resilience of its people.



On 30th January, 2020, the World Health Organization (WHO) declared COVID-19 an epidemic of international concern. On the same day India reported its first case in Kerala, with the infected individual having a travel history to Wuhan. The virus rapidly spread across Asia in January, affecting countries like Thailand, Japan, and Korea, before reaching Europe in February, impacting nations such as Italy, Spain, where it spread quickly and silently resulting in a high death toll. On 11th March, 2020, WHO declared COVID-19 a 'controllable pandemic'. By April 2020, the virus had hit the the United Kingdom and the United States, with New York City, becoming the epicentre of the pandemic.

Global responses to curb the spread varied in terms of measures and health infrastructure. Countries took different approaches to containment. While Italy imposed a nation-wide lockdown for two months, Sweden opted to avoid a mandated lockdown. South Korea and Germany focused on extensive testing contact tracing and quarantines, while New Zealand prioritized early tracing and clear public messaging, beginning to ease its strict lockdown by the end of April, 2020. Japan, known for its high public awareness and disaster preparedness, largely relied on its citizens voluntary adherence to physical distancing rather than enforcing a strict lockdown.

The outbreak of pandemic in India, with a population of more than 1.3 billion, the second largest in the world, caused grave social and economic challenges, with considerable distress witnessed in terms of finance, human resources, health infrastructure, and other foundational blocks. The Government of India pre-emptively and proactively responded to this challenge by designing a niche strategy with least possible damage and discomfort to its people. Thus, acknowledging that COVID-19 was not just a public health emergency/crisis but was a larger issue impacting every sector of life whether economic, social or infrastructural.

The Hon'ble Prime Minister of India with a visionary approach, called for a '*whole-of-Government, whole-of-Society*' approach, centre around a comprehensive plan to prevent the spread of infections and take timely actions to treat the infected, thereby saving lives and minimizing the societal impact. In India, the number of COVID-19 cases reached its peak in May 2021. By January, 2022, the cumulative case count in the country surpassed 4 crores.

Upon recognizing the severity of the situation, where the pandemic was placing significant strain on critical infrastructure such as healthcare, transportation, food and supplies and impacting internal security, the Ministry of Home Affairs (MHA) took proactive steps to mobilize the vision of the Hon'ble Prime Minister of India for a '*whole-of-Government, whole-of-Society*' approach to address this unprecedented crisis. The MHA is entrusted with a wide range of responsibilities including Internal Security, Border Management, Centre-State Relations, Administration of Union Territories, Management of Central Armed Police Forces (CAPFs), Disaster Management etc.

The MHA continuously monitors the Internal Security landscape, issues necessary advisories, shares intelligence, and provides manpower, financial support, guidance and expertise to the State Governments to ensure the maintenance of peace, security and harmony in the country while respecting the constitutional rights of the States. As per the Second Schedule of Allocation of Business Rules, the Ministry of Home Affairs is also tasked with managing matters relating to the loss of human life and property due to all natural and man-made calamities, excluding drought or epidemics.

The Disaster Management (DM) Division is the Nodal Division in the MHA for Disaster Management in the country. The Division is responsible for preparedness, response, relief measures for natural calamities and Man-made disasters (except drought and epidemics). The Division is also responsible for legislation, policy, capacity building, prevention, mitigation and long-term rehabilitation.

The Disaster Management Act (DM Act), 2005, was enacted by the Government of India to provide for effective management of disasters, ensuring measures for the prevention and mitigation of the effects of disasters and for providing prompt response to any disaster situation across India. This Act further strengthened the institutional structure in India by the establishment of the National Disaster Management Authority (NDMA) as the apex body for Disaster Management in India, for laying down the policies, plans and guidelines on disaster management and ensuring timely and effective response to any disaster. The DM Act 2005, also mandated for the Constitution of the National Executive Committee (NEC), to act as the coordinating and monitoring body for Disaster Management chaired by the Union Home Secretary.

On 24th March, 2020 after assessing the severity of the situation, the National Disaster Management Authority (NDMA) informed the Government of India about the growing threat of COVID-19. Satisfied that immediate actions were necessary to curb the spread of the pandemic, the NDMA, exercising its powers under section 6(2)(I) of the Disaster Management Act, 2005, issued Order No. 1-29/2020-PP (Pt II) directed all Ministries/Departments of Government of India, as well as State/Union Territory Governments and Authorities to take effective measures to prevent the spread of COVID-19 across the country.

Following NDMA's directions, the Union Home Secretary, in his capacity as Chairperson, National Executive Committee, exercised the power under Section 10(2)(I) of the Disaster Management Act 2005, issued comprehensive guidelines to the Ministries/Departments of the Government of India, State/ Union Territory Governments and Authorities for the strict implementation of NDMA's directives, to control the spread of COVID-19 in the country. Subsequently, a series of proactive and pre-emptive measures were undertaken by the relevant Ministries/Departments of the Government of India and State Governments, to contain the spread of COVID-19.

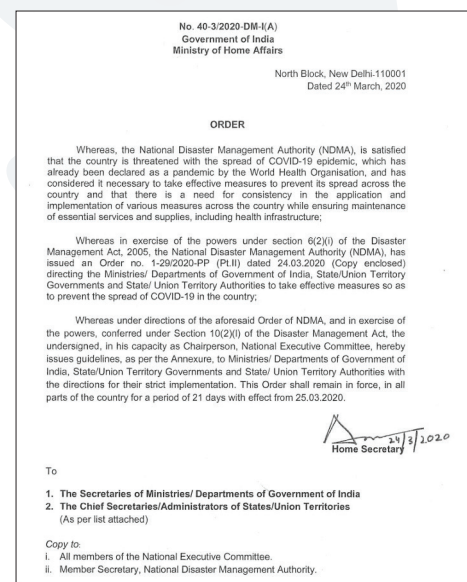



Figure 1 | MHA's Order dated 24th March, 2020

1.1 Objective

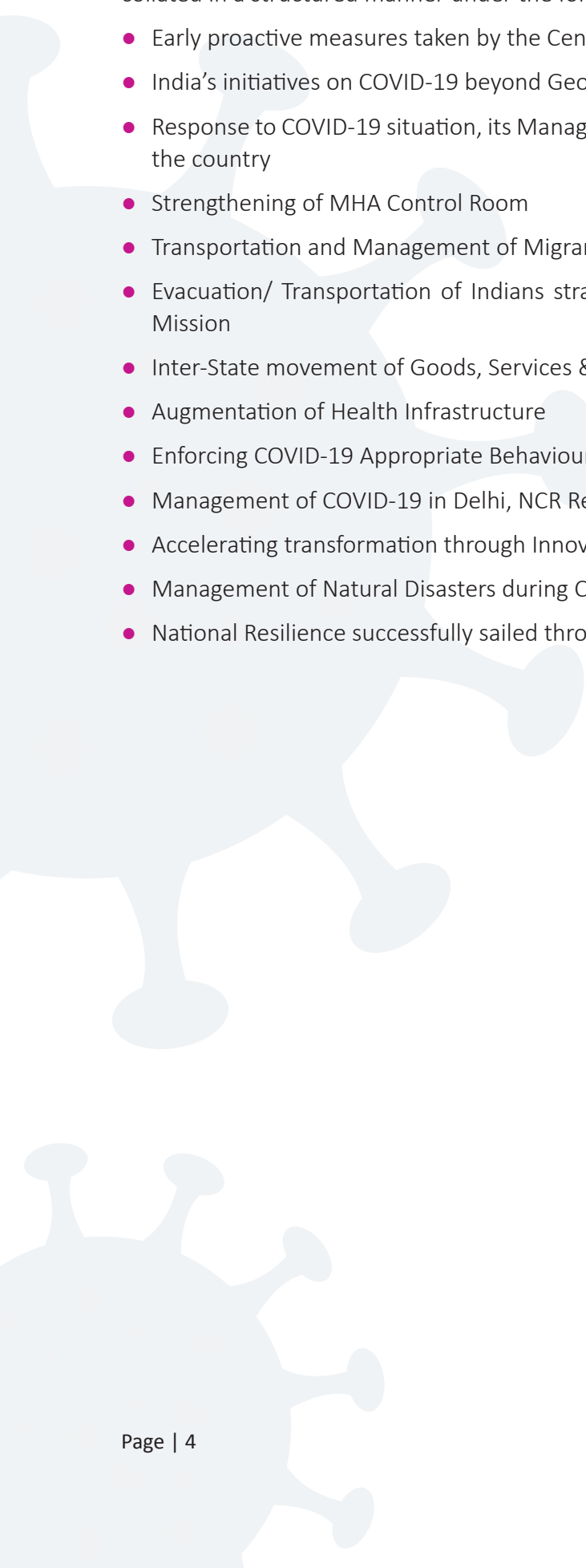
This publication aims to record the initiatives, interventions and directives, issued by the Ministry of Home Affairs to combat the spread of the COVID-19 virus across the country. Its objective is to serve as a useful resource and learning tool for managing unforeseen health emergencies, and global challenges while enhancing Disaster Management preparedness in the country.

1.2 Methodology

The preparation of this document involved a comprehensive analysis of the steps taken by the Ministry of Home Affairs, which, as per the Allocation of Business Rules, is the lead Ministry administering the Disaster Management Act, 2005. The methodology adopted involves documenting the steps taken through a 'whole-of-Government, whole-of-Society' approach, with special emphasis on the measures taken by the Ministry of Home Affairs in collaboration with other Central Ministries/Departments and



respective State Governments. While preparing this document, the guidelines, directives, Standard Operating Procedures (SOPs), and sector-specific initiatives taken by the Government have been collated in a structured manner under the following subheads:

- Early proactive measures taken by the Central Government
 - India's initiatives on COVID-19 beyond Geographical Boundaries
 - Response to COVID-19 situation, its Management and Graded Re-opening of Economic activities in the country
 - Strengthening of MHA Control Room
 - Transportation and Management of Migrant Workers
 - Evacuation/ Transportation of Indians stranded abroad: Vande Bharat Mission & Samudra Setu Mission
 - Inter-State movement of Goods, Services & Persons
 - Augmentation of Health Infrastructure
 - Enforcing COVID-19 Appropriate Behaviour
 - Management of COVID-19 in Delhi, NCR Region
 - Accelerating transformation through Innovation
 - Management of Natural Disasters during COVID-19
 - National Resilience successfully sailed through COVID-19
- 

Early Proactive Measures taken by Central Government

2.1 India's Pre-emptive and Proactive Strategic Response to COVID-19

The outbreak of the COVID-19 pandemic posed an unprecedented global challenge, and India was quick to respond with a strategic, multi-layered approach that focused on enhancing public health infrastructure, diffusing the panic situation, reaffirming public confidence and safety, by adopting a dynamic approach in preparedness with minimum restrictions on the citizens.

The Government of India, particularly the Ministry of Home Affairs (MHA), in collaboration with the Ministry of Health and Family Welfare (MoHFW) along with other stakeholders concerned, adopted a proactive response with a *“humane touch”* to deal with this pandemic and ensuring the safety, security and well-being of the common man in the country.

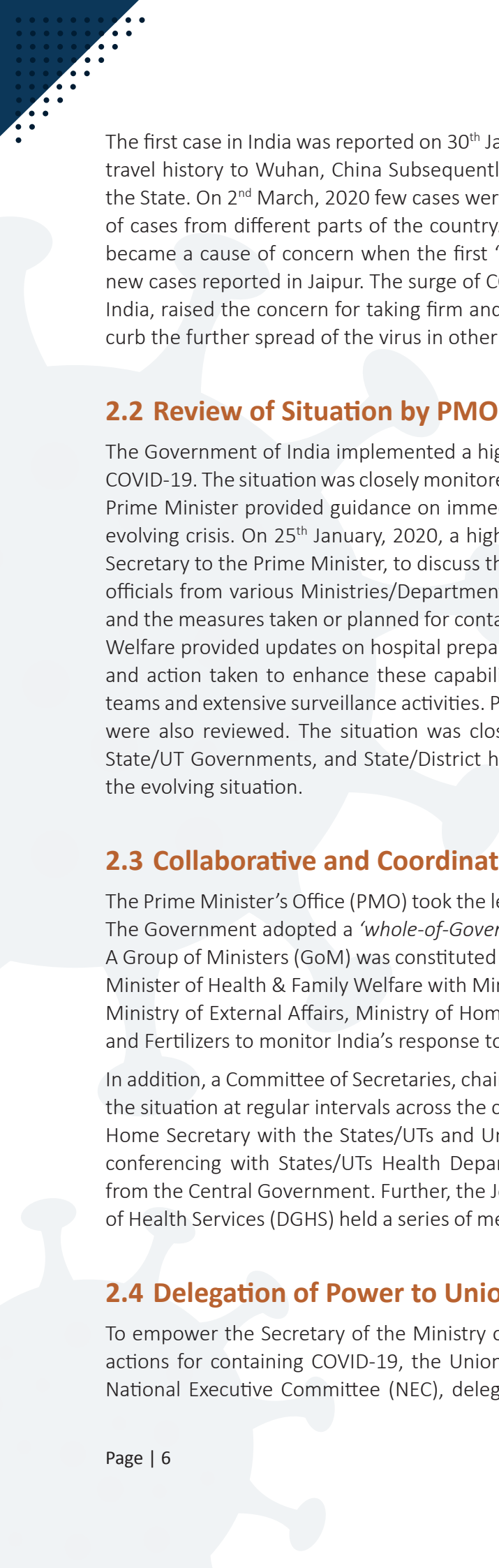
The Government of India took well thought out and finely collaborated decisive actions for regulating, restricting, and even controlling incoming international passenger traffic through immigration checks in-order to contain the spread of COVID-19 in the country. The Ministry of Home Affairs along with Indian Missions abroad also calibrated the existing visa issuance processes, which included the steps for containment like the screening of passengers for COVID-19 by testing and contact tracing.

This proactive response was initiated before the World Health Organization (WHO) declared COVID-19 a ‘Public Health Emergency of International Concern’ (PHEIC). The Ministry of Home Affairs mobilized all the Ministries/Departments concerned to proactively prepare for the potential threat posed by the Novel Coronavirus.

On 31st December, 2019, when Wuhan Municipal Health Commission in China reported a cluster of pneumonia cases, and identified a new type of coronavirus as the cause, India's Joint Monitoring Mission (JMM) led by the Director General of Health Services (DGHS), held a meeting on 08th January, 2020, to asses and closely monitor the developing situation. On the same day, Union Health Secretary convened a meeting with all State/UTs Health Secretaries, advising them to ensure that hospitals are adequately prepared for any potential health emergency.

These proactive measures taken even before the first confirmed case in India, underscores the Government of India’s commitment to addressing the emerging global health crisis with seriousness and urgency.

On 10th January, 2020, the World Health Organization released detailed technical guidelines to assist countries in detecting, testing, and managing potential COVID-19 cases. In contrast India’s proactive approach had already commenced on 08th January, 2020 when the world became aware of the virus emerging from Wuhan. Recognizing the scale of the outbreak, India implemented measures for thermal screening of passengers arriving from China by 18th January, 2020. This swift action highlighted India’s strong commitment for preventing the spread of virus within the country.



The first case in India was reported on 30th January, 2020, in Kerala's Thrissur district, of a person with travel history to Wuhan, China. Subsequently, in February, 2020 a few more cases were reported in the State. On 2nd March, 2020 few cases were reported in Delhi and Hyderabad followed by reporting of cases from different parts of the country. The exponential increase in COVID-19 cases eventually became a cause of concern when the first 'surge incident' was marked on 4th March, 2020 with 22 new cases reported in Jaipur. The surge of COVID-19 cases recorded from 10th to 13th March, 2020 in India, raised the concern for taking firm and decisive steps for immediate containment measures to curb the further spread of the virus in other parts of the country.

2.2 Review of Situation by PMO

The Government of India implemented a highly scientific and systematic approach for managing the COVID-19. The situation was closely monitored at the highest political and executive level. The Hon'ble Prime Minister provided guidance on immediate and effective measures to be taken to address the evolving crisis. On 25th January, 2020, a high level meeting was chaired by Dr. P. K. Mishra, Principal Secretary to the Prime Minister, to discuss the Coronavirus outbreak from China. During this meeting officials from various Ministries/Departments briefed on latest developments, preparedness efforts and the measures taken or planned for containing the virus spread. The Ministry of Health and Family Welfare provided updates on hospital preparedness, testing capabilities in line with WHO guidelines, and action taken to enhance these capabilities, including the capacity building of Rapid Response teams and extensive surveillance activities. Preventive actions taken by other Ministries/Departments were also reviewed. The situation was closely monitored in coordination with Central Ministries, State/UT Governments, and State/District health authorities were alerted and kept informed about the evolving situation.

2.3 Collaborative and Coordinated Government Response

The Prime Minister's Office (PMO) took the lead in overseeing the national response to the pandemic. The Government adopted a '*whole-of-Government, whole-of-Society*' approach to address the crisis. A Group of Ministers (GoM) was constituted on 03rd February, 2020 under the Chairmanship of Union Minister of Health & Family Welfare with Ministers from other Ministries viz Ministry of Civil Aviation, Ministry of External Affairs, Ministry of Home Affairs, Ministry of Shipping, and Ministry of Chemical and Fertilizers to monitor India's response to the pandemic.

In addition, a Committee of Secretaries, chaired by the Cabinet Secretary, coordinated and monitored the situation at regular intervals across the country. Regular review meetings were held by the Union Home Secretary with the States/UTs and Union Health Secretary also held meetings through video conferencing with States/UTs Health Departments to ensure timely implementation of directives from the Central Government. Further, the Joint Monitoring Group (JMG) under the Director General of Health Services (DGHS) held a series of meetings to provide technical support to manage the crisis.

2.4 Delegation of Power to Union Health Secretary

To empower the Secretary of the Ministry of Health and Family Welfare (MoHFW) to take effective actions for containing COVID-19, the Union Home Secretary, in his capacity as chairperson of the National Executive Committee (NEC), delegated powers under clause (i) and (I) of sub-section (2)

of section 10 of Disaster Management Act, 2005 to Secretary MoHFW on 11th March, 2020. This delegation facilitated the MoHFW to enhance preparedness and containment of COVID-19 and other ancillary matters connected thereto.

2.5 Use of State Disaster Response Fund (SDRF)

To enhance the availability of funds with the State Governments, the Central Government on 14th March, 2020 allowed the use of SDRF placed at the disposal of respective State Governments, for setting up quarantine facilities, sample collection and screening centres, additional testing laboratories in Government setups, and procurement of essential resources such as Personal Protective Equipment (PPE) for healthcare, municipal, police, and fire authorities. It also allowed for the purchase of thermal scanners, ventilators, air purifiers, and other consumables for Government hospitals to supplement the State resources in their fight against COVID-19.

2.6 Janta Curfew




Figure 2 | Hon'ble Prime Minister appealed to citizens to observe 'JANTA CURFEW' on 22nd March, 2020

On 19th March, 2020, the Hon'ble Prime Minister, in his address to the Nation, appealed to citizens to observe 'JANTA CURFEW' on 22nd March, 2020. The MHA issued advisories to States and Union Territories to observe the 'JANTA CURFEW' nation-wide, encouraging voluntary physical distancing as a measure to curb the spread of COVID-19. The appeal received widespread support, with people across the country voluntarily participating in the 'JANTA CURFEW' on 22nd March, 2020, demonstrating their collective resolve to confront this unprecedented challenge with maturity and determination.

2.7 Empowered Groups

The Ministry of Home Affairs, under the extent provisions of Disaster Management Act, 2005 constituted eleven Empowered Groups on different aspects of COVID-19 management in the country to identify problem areas and provide effective solutions therefore: delineate policy, formulate plans,



strategize operations, and take all necessary steps for effective and time bound implementation of these plans/policies/strategies/decisions in their respective areas on issues ranging from:

- i. Medical emergency planning,
- ii. Availability of hospitals, isolation and quarantine facility, disease surveillance and testing,
- iii. Ensuring availability of essential medical equipment,
- iv. Augmenting human resource and capacity building,
- v. Supply chain and logistics management,
- vi. Coordination with 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.


2.8 Evacuations of Indian Citizens Stranded Abroad

The Government of India, while implementing a multi-faceted strategy to address domestic challenges also made significant efforts to assist its citizens stranded abroad. On 01st February, 2020, India evacuated 645 persons including students from Wuhan, China. During this operation, all necessary precautionary measures were taken, including mandatory quarantine at the Indo-Tibetan Border Police (ITBP) Facility, Chhawla Camp, New Delhi, to ensure evacuees do not spread infection upon arrival. This operation underscored the Government of India's commitment to safeguard its citizens globally. All evacuees were tested for COVID-19, and their health was closely monitored during the quarantine period. India's efforts to protect its citizens extended beyond national borders with evacuation continuing on a case-to-case basis like from Italy, Iran etc. The Government's prompt decision-making and comprehensive response internationally recognised by the countries from where the evacuations took place.

2.9 Integrated Surveillance and Monitoring

The Government of India took proactive steps to prevent the virus from entering the country, including strict border control measures and early travel restrictions. India's timely implementation of thermal screening, visa calibration, and quarantine measures, along with its institutional response and collaboration between various Government Ministries/Departments, ensured a robust defense against the pandemic. To complement its border control and travel restrictions, India had established a robust surveillance system.

The Integrated Disease Surveillance Programme (IDSP) was activated across the country to monitor any kind of outbreak in the country with special emphasis on tracking international travelers. Every passenger arriving from abroad was required to fill out a self-declaration form regarding their travel history. The data from these forms were sent to State Governments, which monitored travelers' health through regular monitoring during their 28-day quarantine period. Passengers, who showed symptoms, were immediately hospitalized, while others were carefully monitored and risk assessed.



The IDSP was integral in helping States and districts to track potential cases and follow up with contacts of suspected or confirmed cases. This surveillance system allowed for a highly coordinated effort between Central and State Governments to ensure that every traveler was appropriately monitored and isolated, if necessary.

In addition to physical monitoring, the Government leveraged technology for contact tracing and data management, ensuring that all potential contacts were identified and isolated. Public awareness campaigns were launched to educate people on preventive measures such as hand hygiene, mask-wearing, and physical distancing.

2.10 Coordination with States/UTs Governments

The Ministry of Home Affairs, in collaboration with the Ministry of Health and Family Welfare, closely coordinated with State Governments throughout the pandemic. High-level meetings were held regularly, including those chaired by the Hon'ble Prime Minister, the Union Home Minister, and Union Health and Family Welfare Minister to review the situation and ensure a unified response. These meetings were an essential part of the decision-making process, ensuring that the resources were distributed where needed and that States had the necessary guidance to implement containment measures.

The Cabinet Secretary, Union Home Secretary along with the Union Health Secretary, held video conferences at regular intervals with States/UTs to review preparedness, address concerns, and provide ongoing support to local health authorities. These meetings focused on ensuring that States had the capacity to manage isolation wards, testing laboratories, and adequate protective gear for healthcare workers.

With a view to contain the spread of COVID-19 in the community, on 22nd March, 2020 mass transportation services i.e. metro and rail traffic were suspended till 31st March, 2020. On 24th March, 2020 domestic air traffic was also suspended.

2.11 Strengthening of MHA Control Room

From 21st March, 2020 onwards, the Control Room operations in MHA were put under direct supervision of senior officers at the level of Joint Secretaries along with the representatives of key Central Ministries. Special provisions were made for 24X7 situation monitoring and reporting of COVID-19 related issues, in addition to and without affecting the other inherent functions of the Control Room. Number of helplines were increased from 7 to 66, out of which 15 were dedicated to the people of Northeast Region. The Control Room was equipped to attend and address the queries of States/UTs and other Ministries/Departments on lockdown measures. The coordinated efforts of the MHA were instrumental in addressing Inter-Ministry and Inter-State coordination issues.

2.12 Public Awareness and Communication

In the era of dynamic information sharing, the Government of India used all available tools/platforms for effective communication with its Departments, and public at large in spreading awareness about the sensitivities related to COVID-19 including its preventive measures. The Government also utilized all available platforms, like television, radio, and social media, to inform the public about the necessary precautions and guidelines to prevent the spread of the pandemic. The Ministry of Health and Family

Welfare issued regular advisories, public service announcements to raise awareness about the importance of COVID Appropriate Behaviour (CAB) i.e. hand hygiene, wearing masks, and maintaining physical distancing.

In addition to these measures, the Government established a 24-hour helpline to provide guidance to the public. Information regarding the virus, its symptoms, and prevention methods were disseminated widely to ensure that all citizens were well-informed and prepared. The Government also issued necessary guidelines/advisories to internet service providers, tele-service providers and other platforms in public domain to curb fake news in the form of misinformation and disinformation, which led to panic and discontentment in the public.

The '*whole-of-Government, whole-of-Society*' approach, under the leadership of the Hon'ble Prime Minister, played a pivotal role in managing the crisis. India's early and comprehensive response, including lockdowns and containment measures, demonstrated the country's commitment to protecting its citizens from the global health emergency.

2.13 Travel Advisories, Universal Screening & Quarantine Measures

- On 17th January, 2020, in wake of the emerging health emergency in China, India issued its first travel advisory, advising its citizens to avoid non-essential travel to China. The Government of India proactively monitored the evolving situation of the spread of the disease and further safeguard the interest of its citizens. The Government of India issued 21 additional travel advisories at various intervals including- the advisories issued on 25th January, 30th January, 5th February, 22nd February, 26th February, 3rd March, 5th March, 6th March, 10th March, 16th March, 17th March and 19th March, 2020 based on the evolving situation. The travel advisories resulted from a thoughtful analysis based on the evolving nature of the pandemic in other countries, including Italy, Iran, South Korea and Japan.
- As the situation escalated into a global pandemic, the Government of India began issuing travel advisories on 30th January 2020 for other affected nations, including Vietnam, Malaysia, and Singapore. Precautionary measures were scaled up, including the screening of travellers from these regions. In a well-coordinated manner, the Government of India thoughtfully imposed travel restrictions in a phased approach. These restrictions were based on the exponential rise in infections and reported deaths in the respective aforementioned countries, leading to the temporary suspension of existing visas and flight operations.



Figure 3 | New Travel Advisory

- On 03rd February, 2020, following the rapid deterioration of the situation due to escalation of COVID-19 cases in China, the Government of India suspended the e-visa facility for Chinese nationals. The Government of India further took a series of steps to restrict international travel further like on 03rd March, 2020, all categories of visas for travellers from countries such as Italy, Iran, South Korea and Japan were suspended due to reports indicating a high number of COVID-19 cases reported in these countries. The Government of India also imposed mandatory screenings at all the airports for travellers from countries with high infection rates. These early measures helped India, in containing the Pandemic substantially and placing it among the countries which were able to successfully control the spread of virus with minimum collateral damage.
- The Central Government initiated thermal screening at the airports, seaports and land borders and issued travel advisories based on the evolving global Pandemic situation. These travel advisories were revised, and restrictions were imposed periodically to contain the spread of the virus and further to guide the Indian citizens to monitor international travellers in their vicinity. Similarly, the thermal screening was initiated at twelve major seaports and sixty-five minor seaports across the country. Thermal screening of passengers was also initiated across the land borders of the country.
- By 6th March, 2020 thermal screening was initiated for all international flights and then the symptomatic passengers were directly taken to isolation wards in tertiary care hospitals attached to the airports, while the asymptomatic passengers were further advised mandatory home quarantine. Further these travellers were monitored by the local health staff during their stay for a period of 28 days (double the incubation period of virus) for any outcomes. This exercise was undertaken stringently, under the direct supervision and continuous monitoring of the highest executive level authority present locally.
- On 19th March, 2020 in view of the widespread cases reported from across the world, the Government of India decided to stop all international flights with effect from 22nd March, 2020 while allowing the in-transit flights to land. These restrictions were extended and relaxed periodically depending upon the prevailing situation.
- The Government of India took all possible steps required to mitigate and address the challenging situation of COVID-19 with a view to safeguard its people much ahead of other countries. In fact, many countries followed the footsteps subsequently in managing the Pandemic respectively.
- These proactive measures can be assessed from the fact that a total of 15.25 lakh passengers were screened at the airports, 47,870 people were screened at the 12 major seaports and 65 minor ports and 20 lakh people were screened at all land borders posts till the 14th April, 2020.
- Subsequent to thermal screening at the point of entry, the passengers were further monitored in the community through the Integrated Disease Surveillance Programme (IDSP) net of the Ministry of Health and Family Welfare (MoHFW) in collaboration with the State Governments. Under this initiative the passengers were monitored for a period of twenty-eight days in collaboration with the local Surveillance Officers. Further, these passengers were then risk profiled based on their travel history, contact history, age and co-morbidities (presence of other existing health conditions/ailments) and their health status was monitored. Any person who became symptomatic during the aforesaid period of 28 days, was immediately hospitalized and treated as per the well-defined medical protocol for management of COVID-19 disease. The list of all passengers, as obtained from the Bureau of Immigration, was sent to State Governments for their monitoring as per the medical protocol laid down. The Government of India closely monitored this entire process in collaboration with its State Governments/UTs Administration.

- On 17th January, 2020, IDSP issued advisories to all States/UTs for Severe Acute Respiratory Infection (SARI) surveillance; to pick up any travel related case reported in their local community and thus to follow up contacts of suspect/confirmed cases as well.
- Capacity building initiatives to conduct large scale containment operations for active case search and tracking were carried out. This included training the trainers of State Surveillance Officers, Rapid Response Teams and grass root level workers/volunteers identified for surveillance activities ASHAs, Anganwadi Workers, Auxiliary Nurse Midwives, National Service Scheme, Indian Red Cross Society volunteers, Nehru Yuva Kendra Volunteers, Ayush Students and National Cadet Corps, Trainings were provided on clinical management, infection prevention and control. These training modules have also been made available on the 'iGOT online learning platform' to make training resources widely accessible, free of cost to multiple learners, at any given time and place of their choice.

MINISTRY OF ELECTRONICS & INFORMATION TECHNOLOGY
GOVERNMENT OF INDIA

12 March, 2020

CORONAVIRUS INTERNATIONAL TRAVEL ADVISORY

All existing visas except for **Diplomats, Officials** stand suspended till **April 15, 2020**

Visas of all **foreigners and OCI**s already in India remain valid

Foreign nationals planning to **travel to India on emergency** may contact the nearest Indian Mission

All incoming travellers, having visited **China, Italy, Iran, South Korea, France, Spain & Germany** shall be quarantined for of 14 days

All Indian nationals abroad are advised to **avoid non-essential travel**, shall be quarantined for 14 days on arrival

FOR FURTHER INFORMATION
Call +91 11 23978046 or Email ncov2019@gmail.com

MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA

COVID-19 ADDITIONAL INTERNATIONAL TRAVEL ADVISORY

Expanding compulsory quarantine for a minimum period of 14 days for passengers coming from/transiting through **UAE, Qatar, Oman, & Kuwait**

Travel of passengers from **EU, UK, European Free Trade Association, Turkey, Afghanistan, Philippines & Malaysia** to India prohibited with immediate effect

*These instructions will be in force till 31st March 2020 & will be reviewed subsequently

FOR FURTHER INFORMATION
Call +91 11 23978046 or Email ncov2019@gov.in

Figure 4 | Travel Advisories disseminated by MeitY and MoHFW

- Ministry of Home Affairs not only issued the travel advisories but also initiated an extensive programme of public communications to disseminate information about these travel advisories on COVID-19 Pandemic. The Government utilized its broadcast media including social media to garner public support in the fight against the Pandemic, and to share these national directives and advisories to people, thus enabling them to protect themselves and their families.

Response to COVID-19 Situation, its Management and Graded Re-opening of Economic Activities in the Country

3.1 Imposition of Lockdown w.e.f. 25th March, 2020 for Duration of 21 Days

National Disaster Management Authority (NDMA) through its Order dated 24th March, 2020, assessed the serious threat posed by the spread of COVID-19 in the country, and taking into account global experiences- where some countries successfully contained the virus while others suffered heavy casualties, had recommended implementation of stringent physical distancing measures to curb the pandemic. Exercising its authority under section 6(2)(I) of the Disaster Management Act, 2005, NDMA directed the National Executive Committee (NEC) to issue necessary guidelines to Ministries/Departments of the Government of India, State Governments and State Authorities. These measures effective for 21 days from 25th March, 2020, aimed to ensure uniform application of physical distancing protocols while maintaining essential services and supplies, including health infrastructure.

In compliance of NDMA's directive, the Home Secretary, in his capacity as Chairperson of the NEC, issued an Order dated 24th March, 2020 under Section 10(2)(I) of the Disaster Management Act, 2005. This order along with detailed guidelines (Annexure-I), outlined the measures to be implemented/taken by the Ministries/Departments of Government of India, States/UTs Governments and State/UTs Authorities. As a result, a nationwide lockdown was enforced for a period of 21 days, starting from 25th March, 2020, to effectively contain the spread of COVID-19 in the country.

Nationwide lockdown was announced considering the global experience and the need for consistency in application and implementation of various measures across the country while ensuring maintenance of essential services and supplies, including health infrastructure as well as enhancing capacities in terms of testing, quarantine, isolation and hospital beds and ICU beds.

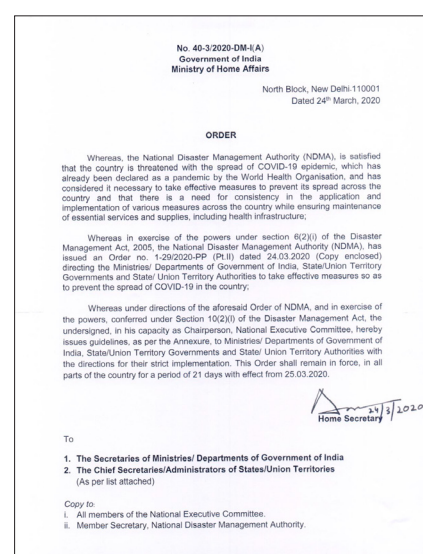
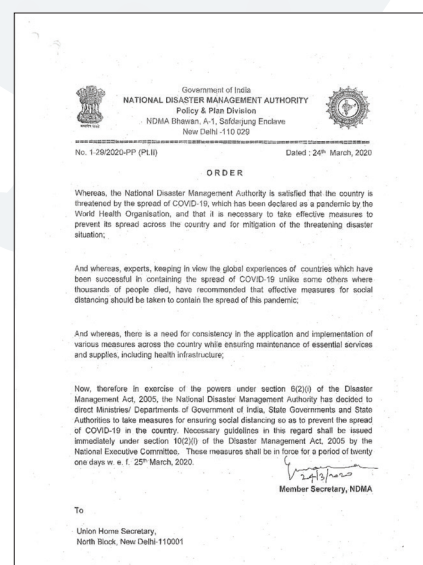


Figure 5 | MHA Orders dated: 24th March 2020


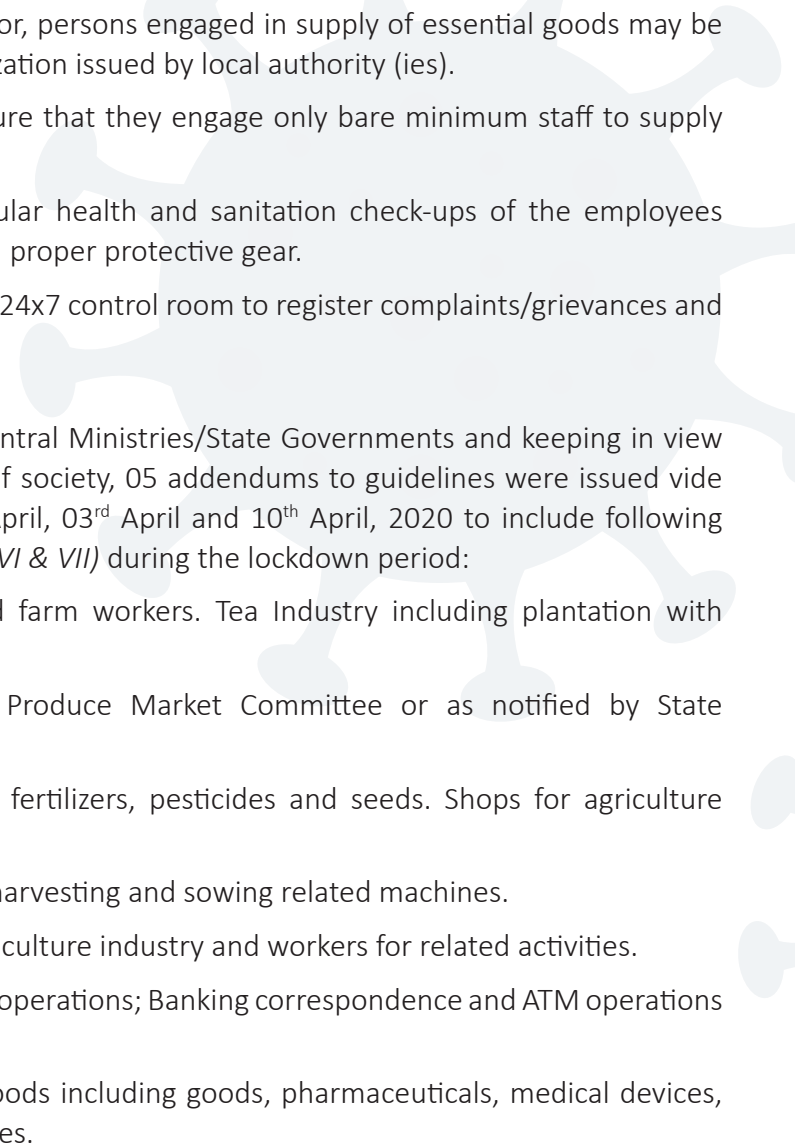
Prior to the declaration of national lockdown on 25th March, 2020, most of the State Governments/ UTs had already declared lockdown (fully or partially) in their respective State/UTs based upon their assessment of the situation.



Figure 6 | Supply of Essential Goods and Services

For ensuring smooth supply of essential goods in all parts of the country, a detailed Standard Operating Procedure (SOP) was issued by MHA on 26th March, 2020 to all States/UTs Government (Annexure-II). The SOP laid down the detailed procedure in the following manner:

- i. All facilities in the supply chain of essential goods, whether involved in manufacturing, wholesale or retail of such goods through local stores, large brick and mortar stores or e-commerce companies should be allowed to operate, ensuring strict physical distancing.
- ii. All such facilities are registered with the state Government/UT under the Shops and Establishments registration regime, which can be used to randomly verify the veracity of documents produced.
- iii. While warehousing facilities with wholesalers and retailers of essential goods might have non-essential goods, they should not be closed down for the fact that non-essential items are also stored.
- iv. The retail end of the supply chain shall operate only in essential goods as specified in the orders of MHA. They will provide an undertaking to this effect and also allow subsequent audit of their records with a view to ensure compliance.

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- v. The employees or persons engaged in the supply chain shall be allowed to commute on the basis of e-pass or any other certification issued by the concerned local authority (ies). In addition, the said employee/person shall carry a valid photo identification card.
 - vi. In the case of the unorganized sector, persons engaged in supply of essential goods may be allowed based on approval/authorization issued by local authority (ies).
 - vii. These commercial entities will ensure that they engage only bare minimum staff to supply essential goods.
 - viii. These facilities shall carry out regular health and sanitation check-ups of the employees engaged and will provide them with proper protective gear.
 - ix. The State Government shall open a 24x7 control room to register complaints/grievances and share these numbers widely.


Based on the suggestions received from Central Ministries/State Governments and keeping in view the difficulties faced by different sections of society, 05 addendums to guidelines were issued vide Order dated 25th March 27th March, 02nd April, 03rd April and 10th April, 2020 to include following additional exemptions (*Annexure – III, IV, V, VI & VII*) during the lockdown period:

- i. Farming operation by farmers and farm workers. Tea Industry including plantation with maximum 50% workers.
- ii. Mandis' operated by Agriculture Produce Market Committee or as notified by State Governments.
- iii. Shops and manufacturing units of fertilizers, pesticides and seeds. Shops for agriculture machinery and spare parts.
- iv. Inter and Intra State movement of harvesting and sowing related machines.
- v. Operations of fishing (marine)/aquaculture industry and workers for related activities.
- vi. Operation of IT Vendors for banking operations; Banking correspondence and ATM operations and cash management agencies.
- vii. Manufacturing units of essential goods including goods, pharmaceuticals, medical devices, their raw materials and intermediates.
- viii. Inter-state movement of goods/cargo for inland and exports.
- ix. Shops for truck repair on highways.

In addition, clarifications on queries received from various Ministries/Departments/States/UTs were also issued by the Ministry of Home Affairs from time to time.

MHA issued an advisory dated 27th March, 2020, on the issue of migrants' agricultural labourers, industrial workers and other unorganized sector workers etc. who were trying to return to their domicile States/UTs. Considering the overall scenario including prevention of spread of COVID-19 and lack of transportation facilities, States and UT Governments were advised to:

- i. Ensure that such incidents are avoided, through strict measures by handling the situation urgently and sensitively to stem their exodus from their existing locations, as also to prevent any disruption to law and order.

- 
- ii. Immediately explore options for providing shelters rigorously through existing infrastructure, keeping in mind the requirements for drinking water, sanitation, and common kitchen, storage etc.
 - iii. Explore the provision of food packets to the vulnerable groups can be explored through various means including spare capacities in prison kitchens, NGOs (including large scale meal providers such as mid-day meal scheme vendors), IRCTC facilities, religious organizations, CSR efforts after examining their suitability.
 - iv. Take measures for including provision of free food grains and other essential items through the public distribution system and should be brought to their notice and its distribution should be streamlined.
 - v. Take steps to ensure that other categories such as students, working women hostel inmates are also allowed to continue in their existing facilities with all precautions. It is necessary that hotels, rented accommodation continue to remain open and functional and delivery of essential services be streamlined.

MHA issued an advisory dated 28th March, 2020 reiterating the advisory issued on 27th March, 2020 on making adequate arrangements for migrant workers. It was conveyed that the information in this regard is to be disseminated effectively to these vulnerable groups so that they get a sense of security. It was advised that:

- i. Public address systems and all other means of communication, including through volunteers, NGOs and technology, should be extensively used to disseminate precise information on the location of the relief camps and the facilities being made available, in their language.
- ii. They may also be made aware of the relief package under the Pradhan Mantri Garib Kalyan Yojana (PMGKY) and measures being taken by the State Government/UT Administration. This would stem their flow and encourage people to desist from moving.
- iii. As some people were moving on highways, setting up of tented accommodation could also be considered along the highways, so that they could easily be moved into these shelters.
- iv. While setting up temporary shelters, care must be taken to ensure that these persons would stay in the relief camps till the lockdown orders were in place.
- v. The shelters are to be organised, keeping in view various precautions including physical distancing.
- vi. Medical check-up drives should also be conducted in these camps in order to separate cases requiring quarantine or hospitalisation.

The Government of India was sensitive to the need for providing food and shelter to homeless people including migrant workers, who were stranded due to lockdown measures. Accordingly, on 28th March, 2020, the Central Government allowed the States Governments to use the State Disaster Response Fund for this purpose.

On 28th March, NDMA also issued an Advisory detailing the role of State and District Disaster Management Authorities (SDMA/DDMA) in handling COVID-19 pandemic. A number of measures were suggested such as functioning of State and District Emergency Operation Centres for flow of

information, inter agency coordination, community awareness, proactive planning, coordination with NGOs, coordination with industry, coordination with neighbouring States, to deal with issues relating to migrant workers and stranded tourists and recommendations for police and administration to adopt humane approach in dealing with public particularly who were left adrift by the lockdown, and to interpret the lockdown restrictions with compassion and a sense of duty of care for the citizens.

Taking note of the movement of labourers/pilgrims, on 29th March, 2020 another Advisory was issued by NDMA advising the State and UT Governments to ensure that the basic objective of the national physical distancing was not defeated. They were advised to take a number of measures in respect of those migrant labourers/pilgrims who had already arrived from various parts of the country to their states, in order to reduce risk of virus transmission.

To deal with the situation and for effective implementation of the lockdown measures, and to mitigate the economic hardship of the migrant workers, in exercise of the powers conferred under Section 10 (2) (I) of the Disaster Management Act 2005, Union Home Secretary, in the capacity as Chairperson, NEC issued an Order on 29th March, 2020 (Annexure – VIII), with the directions to the State/Union Territory Governments and State/Union Territory Authorities to take necessary action and to issue necessary orders to their District Magistrate/Deputy Commissioner and Senior Superintendent of Police/Superintendent of Police/Deputy Commissioner of Police, to ensure adequate arrangements of temporary shelters, and provision of food for the poor and needy people, including migrant labourers, stranded due to lockdown measures in their respective areas.

On 29th March, 2020, under the Disaster Management Act, 2005, eleven Empowered Groups were constituted on different aspects of COVID-19 management in the country to identify problem areas and provide effective solutions thereof; delineate policy, formulate plans, strategize operations and take all necessary steps for effective and time-bound implementation of these plans/policies/strategies/decisions in their respective areas for taking informed decisions on issues ranging from:

- i. Medical Emergency Management Plan,
- ii. Availability of hospitals, isolation and quarantine facility, disease surveillance & testing and critical care training,
- iii. Ensuring availability of essential medical equipment such as PPE, Masks, Gloves & Ventilators; production, procurement, import and distribution,
- iv. Augmenting human resource and capacity building,
- v. Facilitating supply chain and logistics management for availability of necessary items such as food & medicines,
- vi. Coordination with private sector, NGOs & International Organizations for response related activities,
- vii. Economic and welfare measures,
- viii. Information, communications and public awareness,
- ix. Technology and data management,
- x. Public grievance and suggestions,
- xi. Strategic issues related to lockdown.

With a view to make adequate fund available to the State Governments for effective response against COVID-19, as a special dispensation, the 1st instalment of Rs.11,092 crores as Central Share of State Disaster Risk Mitigation Fund (SDRMF) for financial year 2020-21 was released in advance to all States on 03rd April, 2020.

The lockdown and unlock guidelines were extended from time to time as per directions of NDMA in a phased manner to contain the spread of COVID-19 in the country in large public interest and economic activities were opened up in the graded manner.

a. 15th April to 03rd May, 2020

NDMA after assessing the situation and considering the fact that strict physical distancing measures need to be implemented for a further period to contain the spread of COVID-19 decided to continue the existing lockdown measures up to 03rd May, 2020 and further directed NEC to issue modifications in the guidelines as necessary keeping in view the need to contain the spread of COVID-19 in the country. In compliance with the NDMA order, the Union Home Secretary in the capacity of Chairperson, NEC issued direction to continue lockdown measures stipulated in consolidated guidelines dated 15th April, 2020 of MHA for containment of COVID-19 in the country. It further directed that consolidated guidelines (*Annexure-IX*) and the lockdown to remain enforced until 03rd May, 2020 in the country.

During the said period additional exemptions based on the suggestions received from Central Ministries/State Governments and keeping in view the difficulties faced by different sections of society, Government of India issued orders to include following additional exemptions during the lockdown period:

- MHA on 16th April, 2020, issued order to allow exemption to:-
 - Collection, harvesting and processing of Minor Forest Produce (MFP)/Non-Timber Forest Produce (NTFP) by Scheduled Tribes and other forest dwellers in forest areas.
 - Bamboo, Coconut, Arecanut, Cocoa, Spices plantation and their harvesting, processing, packaging, sale and marketing
 - Non-Banking Financial Institutions (NBFCs) including Housing Finance Companies (HFCs) and Micro Finances Institution (NBFC-MFIs) with bare minimum staff.
 - Cooperative Credit Societies.
 - Water supply and sanitation, laying/erection of power transmission lines and laying of telecom optical fibre and cable along with related activities.
- MHA, on 19th April, 2020 issued a SOP for movement of stranded labour (*Annexure-X*) within States/UTs to facilitate their engagement in industries, manufacturing units, constructions, farming and MNREGA works.
- Based on the request received from various quarters regarding difficulties faced, MHA on 21st April, 2020 allowed exemption to
 - Facility for export/import such as Pack houses, inspection and treatment facility for seeds and horticulture produce.
 - Research establishment dealing with agriculture and horticulture activities.

- o Inter and intra State movement of planting materials and honeybee colonies, honey and other beehive products.
- o Sign-on and sign-off of India Seafarers at Indian ports and their movement for the aforesaid purpose as per SOP.
- o Activities for forest plantation including Silviculture operations.
- o Shops of educational books for students.
- o Shops of electric fans.
- MHA, vide Order dated 29th April, 2020, keeping in view the problem faced by migrant workers, pilgrims, tourists, students and other persons stranded due to lockdown in various places, allowed their movement after following safe physical distancing norms, standard health protocol, screening, quarantine, periodical check-ups etc. The movement of Inter State buses for this purpose was also allowed.
- The Government of India on 01st May, 2020 further allowed the movement of such persons by special trains to be operated by the Ministry of Railways (MoR).

b. 04th May to 17th May, 2020

On the basis of the situation as on 30th April, 2020 out of 733 districts, 130 districts were in Red zone, 284 districts were in Orange zone and 319 districts in Green zone. In view of the above said situation, NDMA decided to further extend the lockdown measures by two weeks. In Compliance to NDMA order dated 01st May, 2020, the Union Home Secretary in his capacity as Chairperson of NEC, issued order dated 01st May, 2020 (*Annexure-XI*) for extension of Lockdown period for two more weeks' from 04th May 2020 onwards along with guidelines to that effect.

- The guidelines have permitted considerable relaxations in the districts falling in the Green and Orange Zones.
- Movement of persons by air, rail and road was allowed for select purposes, and for purposes as permitted by MHA.
- The new guidelines also prescribed certain measures for wellbeing and safety of persons. Hence, movement of individuals, for all non-essential activities, remain strictly prohibited between 7 pm to 7 am. Certain other activities were allowed in the Red Zones with restrictions. Movement of individuals and vehicles were allowed only for permitted activities.
- In the Orange Zones, all activities were permitted except the limited number of activities which were prohibited throughout the country in addition to inter-district and intra-district plying of buses. Taxis and cab aggregators were permitted with 1 driver and 2 passengers only. Inter-district movement of individuals and vehicles was allowed for permitted activities only.
- In the Green Zones, all activities were permitted except the limited number of activities which were prohibited throughout the country, irrespective of the Zone. However, buses were allowed to operate with up to 50% seating capacity and bus depots were allowed to operate with up to 50% capacity.
- All other activities were permitted activities, which were not specifically prohibited, or permitted with restrictions in the various Zones, under these guidelines. No separate/fresh permissions

required from authorities for activities already permitted to operate under the guidelines on Lockdown measures up to 03rd May, 2020. SOPs issued by MHA continued to operate such as transit arrangement for foreign national(s) in India; release of quarantine persons; movement of stranded labour within States/UTs; sign-on and sign-off of Indian seafarers, movement of stranded migrant workers, pilgrims, tourists, students and other persons by road and rail.

c. 18th May to 30th May 2020

On the basis of the situation as on 17th May 2020, NDMA decided to further extend lockdown by two weeks. In compliance with the NDMA order dated 17th May 2020, the Union Home Secretary in his capacity as chairperson of NEC, issued order dated 17th May 2020 for extension of Lockdown period for two more weeks' 18th May 2020 onwards along with guidelines (Annexure-XII) to that effect.

- Under the guidelines only limited activities were prohibited outside the containment zone. Prohibited activity included travel by air, rail, metro; running of schools, colleges, and other educational and training/coaching institutions; hospitality services, including hotels and restaurants; places of large public gatherings, such as cinema halls, malls, gymnasiums, sports complexes etc; social, political, cultural and other kinds of gatherings; and religious places/places of worship for public. Other activities outside the containment zone were allowed following National Directives and SOPs issued by MHA and MoHFW.
- Subsequently, MHA vide order dated 20th May, 2020 allowed domestic air travel of passengers with detailed guidelines for operation of the purpose to be issued by the Ministry of Civil Aviation (MoCA).
- MHA also granted exemption for the conduct of board examinations for class X & XII considering the academic interest of a large number of students.

3.2 Unlock Period

MHA vide order dated 30th May, 2020, 29th June, 2020, 29th July, 2020, 29th August, 2020, 30th September, 2020 and 27th October, 2020 issued guidelines for Phased Re-opening (Unlock-1), (Unlock-2), (Unlock-3), (Unlock-4) and opening of more activities respectively.

Activities allowed under these phases were as under:

a. Unlock-1 from 08th June, 2020 (Annexure-XIII)

The following activities were allowed with SOP issued by Ministry of Health & Family Welfare (MoHFW):

- Hotels Restaurants and other hospitality services
- Shopping malls.
- Religions places/places of worships for public

b. Unlock-2 from 15th July, 2020 (Annexure-XIV)

The following activities were allowed:

- Training institutions of the Central and State Governments. SOP in this regard issued by the Department of Personnel and Training.
- Shops depending upon their area could have more than 5 persons at a time.

c. Unlock-3 from 05th August, 2020 (Annexure-XV)

The following activities were allowed:

- Yoga institutes and gymnasiums. SOP issued by the MoHFW.

d. Unlock-4 from 29th August, 2020 (Annexure-XVI)

The following activities were allowed:

- Metro rail 07th September, 2020 onwards based on SOP issued by the Ministry of Housing and Urban Affairs (MoHUA).
- Skill or Entrepreneurship training in National Skill Training Institutes, Industrial Training Institutes (ITIs), Short term training centres registered with National Skill Development Corporation or State Skill Development Missions or other Ministries of Government of India or State Governments. National Institute for Entrepreneurship and Small Business Development (NIESBUD), Indian Institute of Entrepreneurship (IIE) and their training providers. SOP issued by MoHFW.
- Students of classes 9th to 12th to visit their schools, on a voluntary basis, for guidance from their teacher's, subject to written consent of their parents/guardians. SOP issued by MoHFW.
- States/UTs may permit up to 50% of teaching and non-teaching staff to be called to the schools at a time for online teaching/tele counselling and related work with effect from 21st September, 2020 based on SOP issued by MoHFW.
- Higher Education Instruction only for research scholars PhD and post-graduate students of technical and professional programmes requiring laboratory/experimental works.

3.3 Extension of Lockdown in Containment Zones upto 31st October, 2020 (Annexure XVII)

a. Activities permitted outside Containment Zone:

In areas outside the Containment Zones, all activities will be permitted, except the following:

- i. State/UT Governments may take a decision in respect of re-opening of schools and coaching institutions, after 15th October 2020, in a graded manner. The decision shall be taken in consultation with the respective school/institution management, based on their assessment of the situation, and subject to the following conditions:
 - a. Online/distance learning shall continue to be the preferred mode of teaching and shall be encouraged.
 - b. Where schools are conducting online classes, and some students prefer to attend online classes rather than physically attend school, they may be permitted to do so.
 - c. Students may attend schools/institutions only with the written consent of parents.
 - d. Attendance must not be enforced and must depend entirely on parental consent.
 - e. States/UTs will prepare their own Standard Operating Procedures (SOPs) regarding health and safety precautions for reopening of schools/institutions, based on the SOP to be issued by the Department of School Education and Literacy (DoSEL), Ministry of Education, Government of India, keeping local requirements in view.

- f. Schools that are allowed to open will have to mandatorily follow the SOP issued by the Education Departments of the respective States/UTs.
- ii. Department of Higher Education (DHE), Ministry of Education may take a decision on the timing of the opening of Colleges/Higher Education Institutions, in consultation with the Ministry of Home Affairs (MHA), based on the assessment of the situation. Online/distance learning shall continue to be the preferred mode of teaching and shall be encouraged.

However, Higher Education Institutions will be permitted to open only for research scholars (Ph.D.) and post-graduate students in science and technology streams requiring laboratory/experimental work from 15th October 2020, as under:

 - a. For Centrally Funded Higher Education Institutions, the Head of Institution will satisfy herself/himself that there is a genuine requirement of research scholars (Ph.D.) and post-graduate students in science and technology stream for laboratory/experimental works.
 - b. Private universities: They will be open only for research scholars requiring laboratory/experimental works as per decision to be taken by the respective State/UT Government.
- iii. Swimming pools being used for training of sportspersons will be permitted to open with effect from 15th October 2020, for which the SOP will be issued by the Ministry of Youth Affairs & Sports (MoYA&S).
- iv. Cinemas/theatres/multiplexes will be permitted to open with up to 50% of their seating capacity, in areas outside the Containment Zones only, for which, SOP will be issued by the Ministry of Information & Broadcasting.
- v. Entertainment parks and similar places will be permitted to open with effect from 15th October 2020, for which the SOP will be issued by the Ministry of Health & Family Welfare (MoHFW).
- vi. Business to Business (B2B) Exhibitions will be permitted to open. SOP will be issued by the Department of Commerce.
- vii. Social, academic, sports, entertainment, cultural, religious, political functions and other congregations have already been permitted with a ceiling of 100 persons, outside Containment Zones only. State/UT Governments will take a decision on the number of persons allowed to attend such gatherings, beyond the limit of 100 persons. However, in closed spaces, a maximum of 50% of the hall capacity will be allowed, with a ceiling of 200 persons. Wearing of face masks, maintaining physical distancing, provision for thermal scanning and use of hand wash or sanitizer will be mandatory.
 - a. In open spaces, keeping the size of the ground/space in view, and with strict observance of physical distancing, mandatory wearing of face masks, provision for thermal scanning and hand wash or sanitizer.
- viii. International air travel of passengers, except as permitted by MHA, shall continue to remain closed.

From 15th October, 2020, guidelines for reopening were issued by the Government of India with the reopening of following activities:

- Business to Business Exhibitions; SOP issued by D/o Commerce.

- Entertainment parks and similar places; SOP issued by MoHFW.
- Swimming pool for training of sportspersons; SOP issued by M/o Youth Affairs and Sports.
- Cinemas/theatres/multiplexes with up to 50% capacity; SOP issued by M/o Information and Broadcasting.
- Opening of State Universities, Private Universities for research Scholars (Ph.D.) and Post Graduate Students in science and technology stream requiring laboratory/experimental works.
- State/UT Governments may take a decision in respect of re-opening of schools and coaching institutions in graded manner; SOP issued by M/o Education and Concerned State/UT Government.
- Social/academic/sports/entertainment/cultural/religious/political functions and other congregations beyond the limit of 100 persons; SOP issued by the concerned State/UT Government.

Lockdown was limited to Containment Zones only.

The guidelines issued on 30th September, 2020 were extended on 27th October, 2020 till 30th November, 2020.

3.4 Guidelines for Surveillance, Containment and Caution

With a view to consolidate the substantial gains that were achieved in the fight against the Pandemic, to fully recover from the situation, the MHA issued vide Order dated 25th November, 2020 with a set of new guidelines for surveillance, Containment and Caution. Under these guidelines, the following measures were taken from 01st December, 2020:

- State/UT to take all necessary measures to promote COVID-19 Appropriate behaviour. States and UT may consider administrative actions, including imposing an appropriate fine on the persons not wearing face masks in public and workplaces.
- Ministry of Health and Family Welfare to issue an SOP to regulate crowds in the marketplaces and public transport, which shall be strictly enforced by States and UTs.
- States and UTs based on their assessment of the situation, may impose local restrictions, with a view to contain the spread of COVID-19 such as night curfew. However, States/UTs shall not impose any local lockdown (State/District/Sub-Division/city level), outside the containment zone, without prior consultation with the Central Government.
- Containment Zones are carefully demarcated by the district authorities taking into consideration the guidelines prescribed by the MoHFW. The list of Containment Zones to be notified on the websites by the respective District Collectors and by the States/UTs. Within the demarcated containment zones, containment measures, as prescribed by MoHFW, to all be scrupulously followed, as under:
 - o Allowing only essential activities.
 - o Strict perimeter control.
 - o House-to-house surveillance

- o Listing of contacts in respect of all persons found positive, along with their tracking, identification, quarantine and follow up of contacts for 14 days.
- No restriction on inter-state and intra-State movements of persons and goods and no separate permission/approval/e-permit to be required for such movement.

3.5 Extension of Guidelines

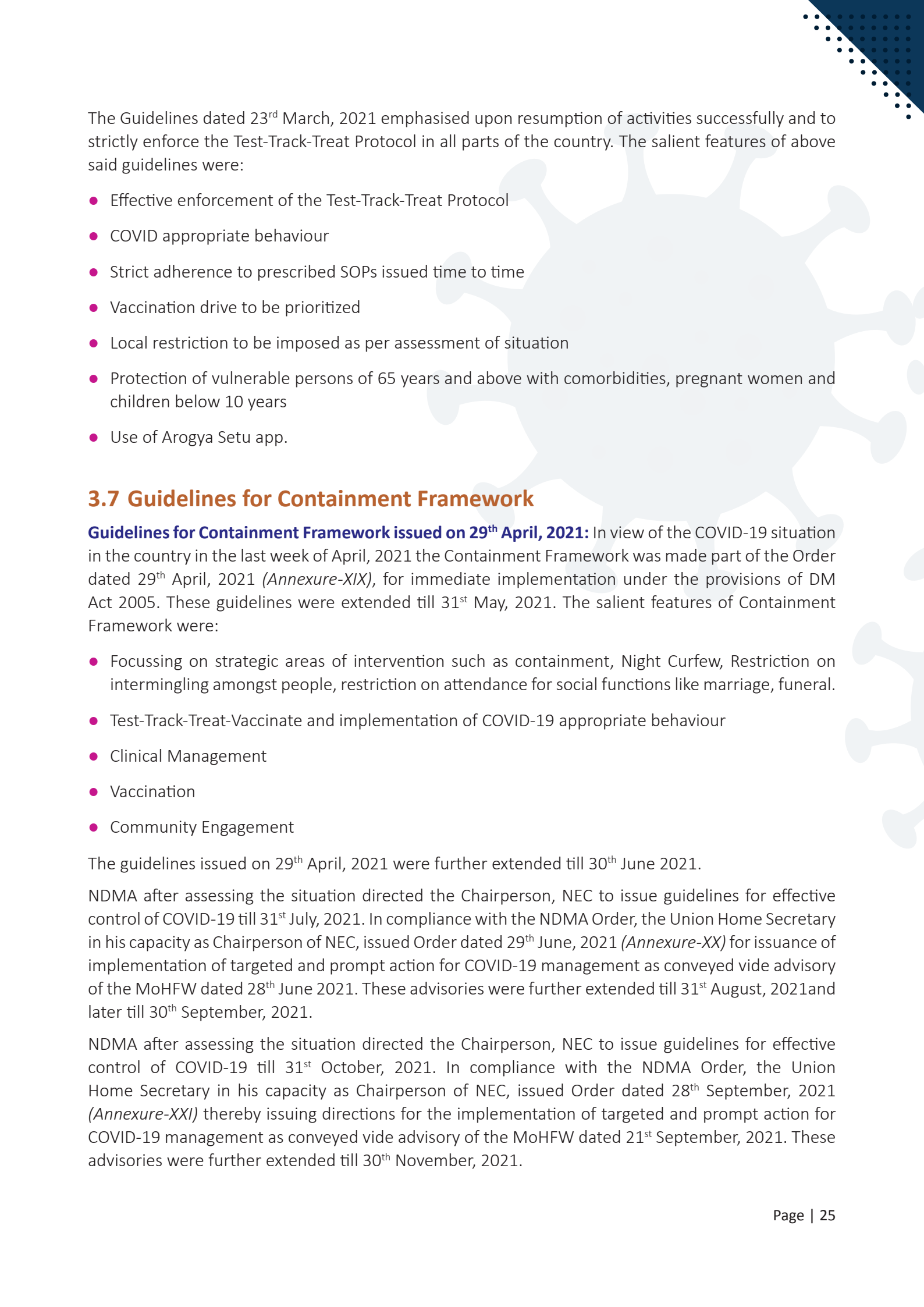
Extension of Guidelines issued on 25th November, 2020 for Surveillance, Containment and Caution till 31st January, 2021: In exercise of powers, conferred under section 10 (12)(I) of the Disaster Management Act 2005, the Union Home Secretary in his capacity as Chairman, NEC directed that guidelines for Surveillance, Containment and Caution issued vide MHA order dated 28th December, 2020 to be extended to 31st January, 2021 and stretched to 28th February, 2021. Thereafter, the same guideline was further extended till 31st March, 2021.

3.6 Guidelines for Effective Control of COVID-19

Guideline dated 23rd March, 2021 for effective control of COVID-19: In view of fresh surge in COVID-19 cases in the second half of March 2021, the situation was reviewed by Empowered Group-06 on 15th March, 2021. It was noted that the recent surge was mainly from 15 states and primarily concentrated in mid-tier cities. The reasons attributed to the surge were general laxity in observance of COVID-19 appropriate behaviour and dilution of containment zones and containment measures. Further, the mutation of the virus also played a role in the rising numbers. Hence, the need was felt to increase the RT-PCR ratio and to strictly enforce COVID-19 appropriate behaviour. NDMA after assessing the situation directed the Chairperson, NEC to issue guidelines for effective control of COVID-19 till 30th April, 2021. In compliance with the NDMA Order, the Union Home Secretary in his capacity as chairperson of NEC, issued an Order dated 23rd March, 2021 for issuance of guidelines (*Annexure-XVIII*) for effective control of COVID-19 up to 30th April, 2021.



Figure 7 | Test-Track-Treat Protocol



The Guidelines dated 23rd March, 2021 emphasised upon resumption of activities successfully and to strictly enforce the Test-Track-Treat Protocol in all parts of the country. The salient features of above said guidelines were:

- Effective enforcement of the Test-Track-Treat Protocol
- COVID appropriate behaviour
- Strict adherence to prescribed SOPs issued time to time
- Vaccination drive to be prioritized
- Local restriction to be imposed as per assessment of situation
- Protection of vulnerable persons of 65 years and above with comorbidities, pregnant women and children below 10 years
- Use of Arogya Setu app.

3.7 Guidelines for Containment Framework

Guidelines for Containment Framework issued on 29th April, 2021: In view of the COVID-19 situation in the country in the last week of April, 2021 the Containment Framework was made part of the Order dated 29th April, 2021 (*Annexure-XIX*), for immediate implementation under the provisions of DM Act 2005. These guidelines were extended till 31st May, 2021. The salient features of Containment Framework were:

- Focussing on strategic areas of intervention such as containment, Night Curfew, Restriction on intermingling amongst people, restriction on attendance for social functions like marriage, funeral.
- Test-Track-Treat-Vaccinate and implementation of COVID-19 appropriate behaviour
- Clinical Management
- Vaccination
- Community Engagement

The guidelines issued on 29th April, 2021 were further extended till 30th June 2021.

NDMA after assessing the situation directed the Chairperson, NEC to issue guidelines for effective control of COVID-19 till 31st July, 2021. In compliance with the NDMA Order, the Union Home Secretary in his capacity as Chairperson of NEC, issued Order dated 29th June, 2021 (*Annexure-XX*) for issuance of implementation of targeted and prompt action for COVID-19 management as conveyed vide advisory of the MoHFW dated 28th June 2021. These advisories were further extended till 31st August, 2021 and later till 30th September, 2021.

NDMA after assessing the situation directed the Chairperson, NEC to issue guidelines for effective control of COVID-19 till 31st October, 2021. In compliance with the NDMA Order, the Union Home Secretary in his capacity as Chairperson of NEC, issued Order dated 28th September, 2021 (*Annexure-XXI*) thereby issuing directions for the implementation of targeted and prompt action for COVID-19 management as conveyed vide advisory of the MoHFW dated 21st September, 2021. These advisories were further extended till 30th November, 2021.



Salient features of the advisory dated 21st September, 2021 were:

- Sufficient RT-PCR machines and RAT kits to be made available across all districts.
- Containment zones to be clearly delineated.
- Upgradation of health infrastructure based on case trajectory.
- Vaccination to be done on priority.
- COVID-19 appropriate behaviour to be ensured.

Considering the emergence of highly mutant COVID-19 variant B.1.1529 cases in few countries of Africa came to light, thereafter the MoHFW issued an advisory on 25th November, 2021 for rigorous screening and testing of all international arrivals as per the guidelines issued from time to time. Further the contacts of these international travellers were also closely tracked and tested as per the MoHFW guidelines.

The samples of travellers turning positive were sent to the designated INSACOG Genome Sequencing Laboratories (IGSLs). The State Surveillance Officers were directed to establish close coordination with their designated/tagged IGSLs for expeditious results of genomic analysis, and it was further directed that immediate public health measure be taken if Variants of Concern/Variants of Interest (VOCs/VoIs) is reported by the INSACOG network. In view of the above said emerging situation and as directed by NDMA, the advisory of 21st September, 2021 was further extended up to 31st December, 2021. Salient features of advisory of 25th November, 2021 were:

- COVID-19 variant B.1.1529 reported to have a significantly high number of mutations, thus posing serious public health implications.
- All international travellers travelling from or transiting through Botswana, South Africa, and Hong Kong to be subjected to rigorous screening and testing.
- The contacts of these international travellers to be closely tracked and tested.
- Sample of travellers turning positive to be sent to designated IGSLs.
- Test-Track-Treat-Vaccinate principle to be followed in letter and spirit.

3.8 Evidence Based Normative Framework for Containment Measures at District/Local Level

As per data available with the MoHFW, there were 75,841 active COVID-19 cases on 27th December, 2021. During the week commencing from 20th December, 2021, 06 districts reported a positivity rate of 10% and above in 03 states, while 15 districts in 05 States reported positivity rate of 5%-10%. 578 Omicron cases were reported in 19 States, and it was also reported that there was a global surge in cases especially in the USA, Europe, Russian Federation, South Africa, Vietnam and Australia. Omicron was considered at least three times more transmissible than the Delta variant. In view of the condition mentioned above, the MoHFW issued fresh guidelines on 21st December, 2021 for Evidence Based Normative Framework for containment measures at District and Local Level.


On the direction of NDMA, the chairperson, NEC issued Order dated 27th December, 2021 (*Annexure-XXII*) for compliance of advisory issued by MoHFW dated from 21st December, 2021 till 31st January, 2022. The existing orders were further extended till 28th February, 2022.

The analysis of data for the week from 17th to 23rd February, 2022 reflected that 56 districts of 07 States/UTs reported a positivity rate of more than 10% and 44 districts of 14 States/UT's reported positivity rate between 5-10%. In view of above, it was further observed by Empowered Group 10 during the meeting held on 15th February, 2022 that:


- For a considerable period, there was a sustained and rapid decline in new and active cases of COVID-19 across the country.
- Positivity ratio in general had fallen below 5%.
- States/UTs were assigned responsibility to review their existing restrictions, and to open activities, except in those areas, where case positivity ratio is above 5%.
- The wearing of masks, maintaining physical distancing, hand hygiene and ventilation of closed spaces shall be continued.
- MoHFW to finalize a revised framework for containment of COVID-19 along with measures for opening up of economic activities gradually.
- International passenger traffic to be opened, in graded manner in consultation with MOHFW and MHA.
- Order under the DM Act, 2005 issued by MHA may be continued as WHO had not declared COVID-19 pandemic as over.

MoHFW issued vide letter dated 18th February, 2022 highlighted the need to follow Risk Assessment Based approach on opening up of economic activities, without losing the gains made in the fight against COVID-19. In the same advisory MoHFW mentioned strategic areas of intervention focussing on Containment, Test, Track, Surveillance, Clinical Management, Vaccination and COVID appropriate Behaviour. Relaxation in following activities was advised subject to following the National Directive for COVID-19 management under the Disaster Management Act 2005:

- Relaxation in various activities by way of greater relaxation to support the resumption of economic activities.
- Resumption of social, sports, entertainment, academic, cultural, religious, festival-related and other gatherings and congregations.
- Opening of academic institutions without any restriction. However, schools may also leverage a hybrid model of imparting education through online and offline modes.
- Marriages and funerals/last rites may be allowed.
- Shopping complexes, cinema halls, restaurants, bars, etc. may be allowed to operate at full capacity.
- Public transport to operate without any capacity restrictions.
- There shall be no restriction on inter-State and intra-State movement.
- Offices, industrial and scientific establishments, both Government and private, may function without any capacity restrictions.



On the directions of NDMA Chairperson NEC issued orders on 25th February, 2022 (*Annexure-XXIII*) for implementation of MoHFW from 18th February, 2022 up to 31st March, 2022. NEC in its meeting held on 11th March, 2022 reviewed the COVID-19 situation in the country and observed that over the last 24 months significant capabilities developed for various aspects of management of pandemic such as Diagnostics centre, Surveillance mechanism, Contact Tracing measures, Treatment and Vaccination drive, improvement in Hospital infrastructure etc. Further, it was observed that in preceding 07 weeks or so there was steep decline in the number of reported cases of COVID-19. The total caseload in the country stood at 25,106 only and daily positivity rates had declined to 0.40%. Total 181.24 cr. vaccine doses were administered till 11.03.2022. Hence, it was decided with consensus that in view of the improved situation there is no need to invoke provisions of DM Act 2005, and the recommendations of NEC were approved by Chairman NDMA on 21st March, 2022. In this backdrop, no further orders were issued by MHA after expiry of MHA Order dated 25th February, 2022. The status as mentioned above was communicated to all States/UTs through DO dated 22nd March, 2022 (*Annexure-XXIV*) under the signature of Union Home Secretary.



Strengthening of MHA Control Room

Under the jurisdiction of the Joint Secretary (Internal Security Division), the Control Room at MHA ensures functioning for pan India services. The Control Room became operational on a 24x7 basis in 1981, and following the 2008 Mumbai attacks, structural changes were made. It was decided that the officials from Central Armed Police Force (CAPF) would be deputed to man the Control Room. Prior to the pandemic, the control room primarily handled internal security and disaster management issues.

4.1 Structure of Control Room During COVID-19



Figure 8 | MHA Control Room

Due to the significant increase in workload during the pandemic, necessary upgrades were made to the infrastructure, helplines, landlines, and logistical requirements to cater to the demand. From 21st March, 2020, onwards, the Control Room operations in MHA were put under the direct supervision of senior officers of the level of Joint Secretaries/Additional Secretary alongside representatives from key Central Ministries. Special provisions were made for 24X7 monitoring of COVID-19 related issues, while still ensuring the continuation of other core functions. The number of helplines were increased from 7 to 66, with 15 dedicated to the people of the North-Eastern Region. The Control

Room was equipped to attend and address the queries of States/UTs or other Ministries/Departments on lockdown measures. During this period the control room was manned with over two hundred additional personnel from NDRF and CAPF.

Control Room attended to the queries of States/UTs and other Ministries on lockdown measures, addressed inter-Ministries and inter-State coordination issues etc.

From 25th March, 2020 to 11th November, 2020, MHA control room handled a total of 13,034 calls (excluding calls for movement of Shramik Special Trains) out of which 854 calls were related to essential goods and services, 11,377 calls were food and shelter, 129 calls were from North-Eastern Regions and 742 calls were for other issues.

Apart from this, from 2nd May, 2020 to 7th October, 2020, a total of 32,986 calls were received from stranded persons for movement by the Shramik Special Trains, almost 2,95,327 stranded persons called, amongst those calls 2,71,219 were labourers, 5,388 were from students, 1,539 were tourists and 17,052 were others.

In addition to these 296 calls were received from persons who wanted to travel to India from abroad and 265 calls were from persons who wanted to travel abroad from India. The coordinated efforts of the Ministry of Home Affairs were instrumental in addressing Inter-Ministry and Inter-State coordination issues.

4.2 Functioning of the Control Room

- The Control Room's prime focus during the pandemic was to attend queries of the States/UTs and other Ministries for the implementation of the lockdown measures, address inter-Ministries and inter-State coordination issues.
- With more than 230 personnel from various Ministries, NDRF and CAPF – the control room was turned into a SOS call unit, making it a "One Contact Window" for the citizens. Queries related to essential services, movement of persons inter and intra state including migrant workers, health infrastructure availability, evacuation related issues, food supply and shelter related information, movement of trucks carrying basic amenities to remotest areas and all other aspects relating to lockdown and internal security were taken care of by the control room. The Control Room worked in a multi-shift mode in a highly professional manner to ensure that the concerns of the citizens were addressed without any delay and largely to their satisfaction.
- When a call was received in the Control Room from a distressed person for COVID-19 issues, the following steps were taken:
 - The Control Room shared the State/UT helpline number and advised the caller to speak with state helplines. However, in urgent cases, the Control Room directly contacted the concerned Ministry/State/UT.
 - Call back to the caller by Control Room in one hour to check if the issue is resolved. If not resolved, then the Control Room called the designated State/UT Helplines.
 - Call back to the caller again in another 30 minutes. If the issue is still not resolved, then the Control Room calls the DM/SP concerned in the district. Often in the context of the migrant worker, they were referred to other District/Taluka officials, NGOs, with whom they followed up the request.

- o Call back to the caller again to confirm relief received. If not resolved, the State Nodal Officer was informed about the issue.
- o Confirm action from the distressed person. If not resolved escalate to Joint Secretary in MHA (as per roster duty).

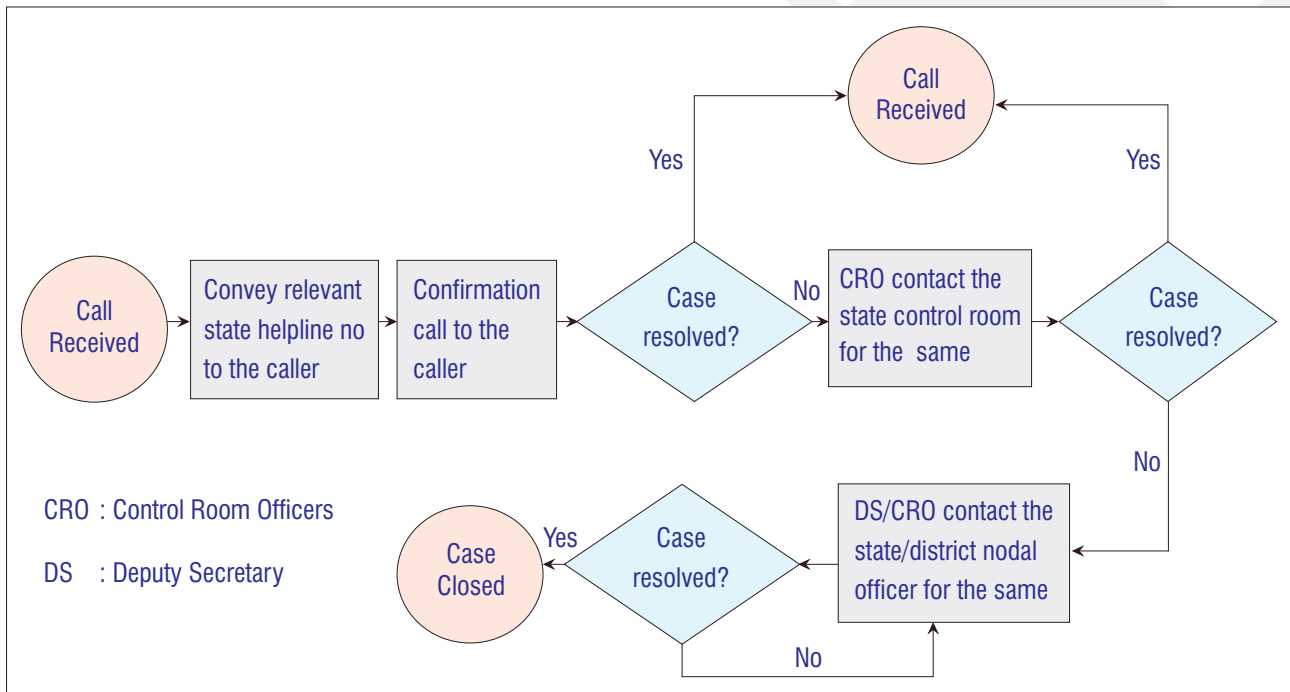


Figure 9 | SOP followed by MHA Control Room

The control room arranged a network of landlines for citizen's convenience, wherein a busy line would automatically redirect the call to another available destination. Almost 6-7 groups were constituted to handle different responsibilities about solving the citizens' grievances faster. Small issues were handled and coordinated by the control room directly. Within them, four were of Joint-Secretary/ Additional Secretary level responsible for issues that required state-level coordination.

Coordination for timely supply of food and resources to the needy people was done. Queries and coordination related to transportation of migrant workers including citizens stranded abroad was handled by the control room. In addition, the control room also ensured an end-to-end and one-on-one approach by facilitating the coordination between the migrants and the State nodal officers/ concerned authorities.

4.3 Area Officers

Hon'ble Union Home Minister and Home Secretary identified the need to navigate the COVID-19 response, for which a new group of Area Officers were constituted to handle the Inter-Ministerial facilitation.

For that, the Officers who handled different MHA Divisions were appointed as Area Officers for the different regions of the country. Looking at the expertise and familiarity of these officers' domain, they were assigned different regions of the country accordingly. The Area officers were responsible for bringing a unique functioning system using innovation and agile policymaking techniques to deliver services to the stranded citizens in different parts of the country



Figure 10 | Hon'ble Home Minister meeting with Control Room and Area Officers

As a requisite, six area officers acquainted with the respective States were allocated to address the citizen's grievances. Grievances related to the movement of dead bodies, labourers, transportation of essential goods and services, etc. were taken care of by the Area officers and resolved at the grassroots level.

The MHA allotted one State to each Joint Secretary, while Director-level officials were in charge of smaller States. To defuse potential crisis scenarios, officials at MHA collaborated with other Central Ministries such as Railways, Agriculture, and Department of Food and Public Distribution etc., as well as State authorities.

Transportation and Management of Migrant Workers

On 24th March, 2020, when the national lockdown was announced to commence from 25th March, 2020, the first priority was to contain the spread of the virus and to ensure that no human movement occurs from one area to another, including the movement of migrant workers from urban areas to their respective native States. This decision was taken to immediately contain the further spread of the pandemic and break the transmission cycle of the coronavirus. The MHA through various guidelines which were periodically issued, directing the authorities of States/UTs and District administrations to assist those migrant workers who have started their journey on foot or other modes of travel. These people were immediately supported by providing shelter in camps along with food, drinking water and medication.

During the COVID-19 lockdown, MHA was primarily involved in monitoring the Law & Order situation across the country, coordinating the enforcement of COVID-19 Lockdown in the country along with States/UTs inter-alia, ensuring the movement of essential goods and services, supporting the workers affected by lockdown, ensuring the maintenance of physical distancing protocols, facilitating assistance to individuals from North-east region and addressing individual grievances received in the MHA Control Room. MHA asked the States/UTs to facilitate these efforts, MHA passed instructions to States/UTs to establish control rooms with helplines and to appoint nodal officers. Furthermore, the MHA expanded its own control room operations and introduced two new toll-free numbers to receive and address complaints. The complaints received and addressed within the MHA control room were as follows:

- From 25th March, 2020 to 18th May, 2020: 10,732 calls were received from individuals and groups regarding food and shelter;
- From 2nd May, 2020 to 18th May, 2020: 22,568 calls were received concerning 2,13,330 stranded migrant workers.

In addition, MHA appointed area officers to co-ordinate the migrant worker related issues with State/UTs and relevant Ministries/Departments of the Government of India.

Due to the lockdown, migrant workers and other individuals were stranded in various parts of the country. The States/UTs were directed to make adequate arrangements for providing shelters, food, water, health facilities and proper counselling to those affected. Additionally, the MHA permitted States/UTs to utilise the State Disaster Response Fund (SDRF) for these purposes. An amount of Rs.11,092 crore was released in advance on 3rd April, 2020 to all States to augment their available funds. On 14th March, 2020, States were allowed to use the SDRF for setting up of quarantine facilities, testing laboratories and necessary equipment. Then on 28th March, 2020 States were allowed to establish relief camps and provide food etc. to homeless people, including stranded migrant workers in the country.

The guidelines dated 15th April, 2020 issued by the Ministry of Home Affairs, had allowed several economic activities to operate. Following this, the Ministry of Home Affairs issued an Order on 19th April, 2020 to allow the movement of stranded labour within the State/UTs, so that these workers could be engaged in industrial, manufacturing, construction, farming and MNREGA works.

In addition to above to obviate any possibility of hardship faced by poor people including migrant workers, the following major steps were initiated by the Central Government under Pradhan Mantri Garib Kalyan Yojana (PMGKY) announced on 26th March, 2020 :

- i. 80 crore individuals i.e. roughly two-third of India's population was provided 5 kg of food grains [rice and wheat] free of cost per person per month for initial three months at an estimated cost of Rs.46,061 crores, and this support was extended as and when required;
- ii. 19.4 crore households were provided 1 kg of pulses free of cost per family per month for initial three months at an estimated cost of Rs.5,000 crores and extended time to time;
- iii. 8 crore beneficiaries were distributed one gas cylinder per month free of cost for initial three months at an estimated cost of Rs.3,000 crores;
- iv. 2.82 crore senior citizens, aged widows and Divyang beneficiaries were released Rs.1,000 in their accounts at a cost of Rs. 3,000 crores;
- v. 8 crore farmers were released Rs.16,000 crores;
- vi. 20.4 crore women account holders under Prime Minister's Jan Dhan Yojana were released Rs.500 each for initial three months at a cost of Rs. 31,000 crores;
- vii. 78.74 Lakh workers earning less than Rs.15,000 per month were released their EPF contribution (24% of monthly salary) per month for initial three months at a cost of Rs. 4,860 crores;
- viii. 5 crore subscribers of EPFO can avail online withdrawal facility;
- ix. 22.12 Lakh health care providers including Safai Karamcharis, ward-boys, nurses, ASHA workers, paramedics, technicians, doctors and specialists and other health workers were getting the benefit of the insurance scheme at a cost of Rs.130 Crores. Under the said Scheme, while treating COVID-19 patients, if any health professional, met with some accident, then he/she would be compensated with an amount of Rs.50 lakh;
- x. 13.62 crore beneficiaries of MNREGA were given wage increase of Rs.202;
- xi. States had been asked to utilize 30% of the District Mineral Fund for medical and other needs arising out of COVID-19 totalling to nearly Rs.13,418 Crores;
- xii. 3.5 crore beneficiaries under the building and other Construction Workers Welfare Fund were provided cash benefits at a cost of Rs.31,000 Crores;
- xiii. 63 Lakh Self Help Groups (SHGs) were given the facility of increase in collateral free loan limits from Rs.10 lakhs to Rs.20 lakhs; and
- xiv. A special package for the health sector of Rs.15,000 crores.

5.1 Allowing Movement of Persons by Trains/Buses



Figure 11 | Allowing movement of persons by Trains/ Buses

Due to sudden movement of migrant workers at certain parts of the country, with many of them walking on the roads, the MHA control room and Area Officers effectively managed the situation, by coordinating with the respective State and District administration to place these individuals in the nearest relief camps. To serve these individuals the State Governments were requested to set up shelter camps in areas, where a large number of migrant workers had gathered or were passing through. In response, approximately 41,000 relief camps and shelters were established across the country housing over 14 lakh people.

Besides these shelter camps, additional 30,000 food camps were also functional which supported almost 17 lakh workers, these were those labourers who were staying with their employers or in industry campuses where they were being provided shelter and food.

Further, on 29th April, 2020, the MHA issued an Order to facilitate the movement of stranded migrant workers and other individuals to their native places by buses. On 01st May, 2020, the MHA issued another order allowing the movement of these stranded workers by train as well, by observing the health safeguards in place. The Ministry of Railways (MoR) also issued a detailed SOP for the movement of these special trains, called 'Shramik' trains.



Figure 12 | Movement of Migrant Workers in Shramik Special Train

Indian Railways upon request from State Governments, began operating “Shramik” special trains starting from 01st May, 2020.



Figure 13 | Physical Distancing at Railway Platforms


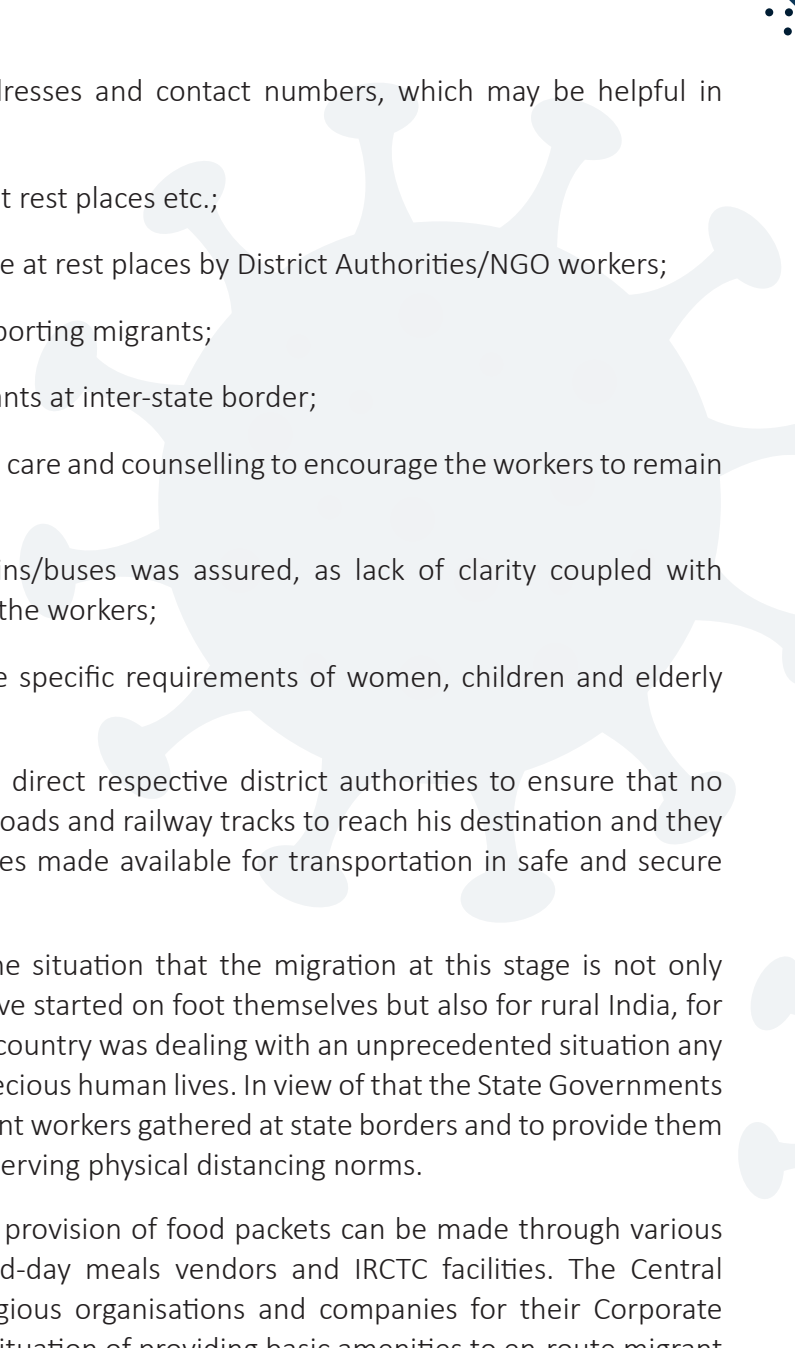
These Shramik Special trains were operated as **“Trains on Demand”**, responding to requests from the states. Approximately 63.07 Lakh migrants were facilitated to reach their various destinations. The State Government and Railways provided food and water free of charge on these trains. The Union Home Secretary vide letter dated 15th April, 2020 had requested the States and UTs to cooperate in running additional Shramik Special Trains to assist in transporting workers.

MHA in coordination with other line departments and State Government’s concerned had taken various proactive measures to address different issues of migrant labourers from time to time. Right from the beginning, all MHA advisories were aimed at creating an enabling environment for safe stay of migrant workers. MHA also issued advisories on 11th May and 15th May, 2020 to ensure that migrant workers do not resort to walking on road/rail tracks. These advisories, inter-alia provided that:

- Migrant Workers found walking are to be counselled, provided with shelter, food and facilitated to board buses/Shramik special trains to their homes.
- States are to cooperate in running of additional Shramik special trains to expedite their movement.

In Order to mitigate the distress of migrant workers, on 18th May, 2020, MHA advised the following measures to be taken:

- i. Operation of more special trains by pro-active coordination between States and Ministry of Railways;
- ii. For routes where the migrants are known to be already travelling on foot, arrangement was made by the States, which were en-route, for designated resting places like waiting rooms, considering requirement of sanitation, food and overall health;
- iii. District Authorities were requested to guide workers moving on foot to designated rest places like waiting rooms, near to the bus terminals or railway stations by arranging transportation to-and-fro from those resting units;

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- iv. Enlisting the migrants with their addresses and contact numbers, which may be helpful in contact tracing in due course;
 - v. Involvement of NGO representatives at rest places etc.;
 - vi. Alleviation of notion of long quarantine at rest places by District Authorities/NGO workers;
 - vii. Increase in number of buses for transporting migrants;
 - viii. Allowing entry of buses carrying migrants at inter-state border;
 - ix. Adequate arrangement of food, health care and counselling to encourage the workers to remain at places where they are;
 - x. More clarity about departure of trains/buses was assured, as lack of clarity coupled with rumours was causing unrest amongst the workers;
 - xi. Special attention may be given to the specific requirements of women, children and elderly amongst the migrant workers.


The State Governments were requested to direct respective district authorities to ensure that no migrant worker has to resort to walking on roads and railway tracks to reach his destination and they shall be properly guided to avail the facilities made available for transportation in safe and secure manner.

The Central Government, understanding the situation that the migration at this stage is not only dangerous only for migrant workers who have started on foot themselves but also for rural India, for which they have started the journey. As the country was dealing with an unprecedented situation any lapse at any end would have led to loss of precious human lives. In view of that the State Governments were directed to decide for the stay of migrant workers gathered at state borders and to provide them shelter, food and medical facilities while observing physical distancing norms.

The Central Government also directed that provision of food packets can be made through various means including use of spare kitchen, mid-day meals vendors and IRCTC facilities. The Central Government also roped in NGOs and Religious organisations and companies for their Corporate Social Responsibility (CSR) to deal with the situation of providing basic amenities to en-route migrant workers. The State Governments had setup large number of relief camps and shelters to support the migrant workers, they were also provided food and medicines in an unbiased manner regardless of their entitlement.

MHA had issued directives/Orders/Advisories to all State Governments to comply with and enforce the lockdown by prohibiting Inter-District and Inter-State migration of any population including migrant workers who were travelling back to their native. It was also directed that all migrant workers who had moved must be kept in the nearest shelter of respective states/hometowns for the quarantine period with proper screening of minimum 14 days as per the health protocol.

The Government remained fully cognisant of its responsibilities towards each and every citizen of the country, including migrant workers. Through these progressive steps and close coordination with Central Ministries and State Governments, MHA issued various directives to mitigate these challenges that were faced by migrant workers.



The steps taken to mitigate any kind of difficulties by the migrants residing in various states across the country was looked into by the MHA, and several steps were taken to mitigate the hardships faced by them with the gradual relaxation in lockdown provisions vide MHA order dated 15th April, 2020. This order allowed permissible movement of migrant workers, the MHA also started regular monitoring of issues related to migrant workers and other destitute persons who could not self-mitigate their economic condition and thus ensured alternative livelihood for these workers and their families.

5.2 Coordination of Relief Camps and Food Distribution by NDMA

NDMA coordinated with respective States and UTs to set up relief camps, providing shelter and food to stranded workers and other needy individuals with a view to keep such people off the streets and roads. As on 26th May, 2020, there were a total of 30,467 relief camps run by the State/UT Governments and 1,141 relief camps run by various NGOs/Self-help groups across the country and these relief camps housed around 10,58,974 [States] and 76,954 [UTs] persons.

The States/UTs had opened a number of food camps to distribute food to the needy persons including migrant workers during the lockdown period. 92,53,070 meals were distributed at 12,016 food camps established by the State/UT Governments as on 26th May, 2020.

NGOs established 8,393 food camps and distributed 44,66,465 meals as on 26th May, 2020. The industries/employers had also taken initiative to house and feed a number of their workers and a total of 13,50,056 workers were given shelter and food as on 26th May, 2020. These relief camps and food camps started functioning at the commencement of lockdown in last week of March 2020 and steadily increased in number and spread.

The National Migrant Information System (NMIS) platform was developed to facilitate inter-state coordination and communication between States and Railways, streamlining the movement of stranded persons. The system assisted with the train allocation process, reducing decision-making time significantly. The portal also allowed individuals or civil society organisations to upload requests, which State Governments could access for further action. The Union Home Secretary urged State Governments to use the online portal via a letter dated 16th May, 2020.

Evacuation and Transportation of Indians stranded abroad: Vande Bharat Mission & Samudra Setu Mission

6.1 Evacuation and Transportation of Indian Nationals Stranded Outside India

Indian Nationals who had travelled to different countries before the lockdown for purposes such as employment, studies, internships, tourism, business, etc., were stranded abroad due to the lockdown. Due to their prolonged stay abroad, they were facing distress and were eager to return to India urgently. Apart from these cases, there were also Indians who needed to visit India in medical emergencies or death of a family member. Additionally, several individuals stranded in India were desirous of traveling abroad for various urgent purposes.

To facilitate the movement of such persons, MHA issued Standard Operating Procedures (SOPs), vide Order dated 5th May, 2020 which was amended on 24th May, 2020 and further modified on 1st June, 2020 and 22nd August, 2020. These SOPs provided guidelines for the movement of Indian nationals stranded abroad and Indians who needed to travel outside the country. For this purpose, Ministry of Civil Aviation (MoCA) operated non-scheduled commercial flights, and the Indian Navy deployed naval ships. The SOPs ensured the safe movement of Indian Nationals stranded abroad by flight or Ships with strict adherence to thermal screening and health protocols during departure and arrival. Only asymptomatic persons were allowed to travel.

6.2 Vande Bharat Mission

The Ministry of External Affairs (MEA) undertook the operations under the 'Vande Bharat Mission'. This mission prioritised the evacuation of laid-off migrant workers, individuals facing deportation due to expiry of visas or work permits, persons with medical emergencies, pregnant women, the elderly, those with family emergencies, stranded tourists and students.

The Vande Bharat Mission commenced on 7th May, 2020. As of on 06th March, 2022, 2.97 crore passengers (in-bound and out-bound) had been facilitated through flights operated under the Vande Bharat Mission and Air Bubble Arrangements.

The flights under the Vande Bharat Mission were operated under strict compliance of the health-related protocols laid down by the MoHFW and the procedures laid down by the MoCA. Additionally, applicable guidelines and instructions from foreign countries to or from which the flights operated were adhered to.



Figure 14 | Stranded persons coming back to India under Vande Bharat Mission

During the global COVID-19 pandemic, the Government of India launched the 'Vande Bharat' Mission to repatriate Indian nationals and facilitate travel of passengers between India and other parts of the world.

6.3 Samudra Setu Mission

The Indian Navy launched Operation "Samudra Setu", as part of the national effort to repatriate Indian citizens stranded overseas during the COVID-19 pandemic. This operation commenced on 05th May, 2020 and culminated on 08th July, 2020. Over the course of 55 days, 3,992 Indian citizens were brought back to their homeland by sea. Indian Naval Ships Jalashwa (Landing Platform Dock), and Airavat, Shardul and Magar (Landing Ship Tanks) participated in this operation, traversing more than 23,000 kilometres by sea. The COVID-19 pandemic has had significant impact on ships and seafarers due to the compact environment and forced ventilation systems on board ships. It was in these trying times and difficult conditions that the Indian Navy took up the challenge to evacuate our distressed citizens from overseas.

The greatest challenge for the Indian Navy was to prevent any outbreak of infection on-board during the evacuation operations. Rigorous measures were planned, and medical and safety protocols tailored to the unique operating environment of ships were implemented. These measures were strictly adhered to, ensuring the safe return of 3,992 citizens.

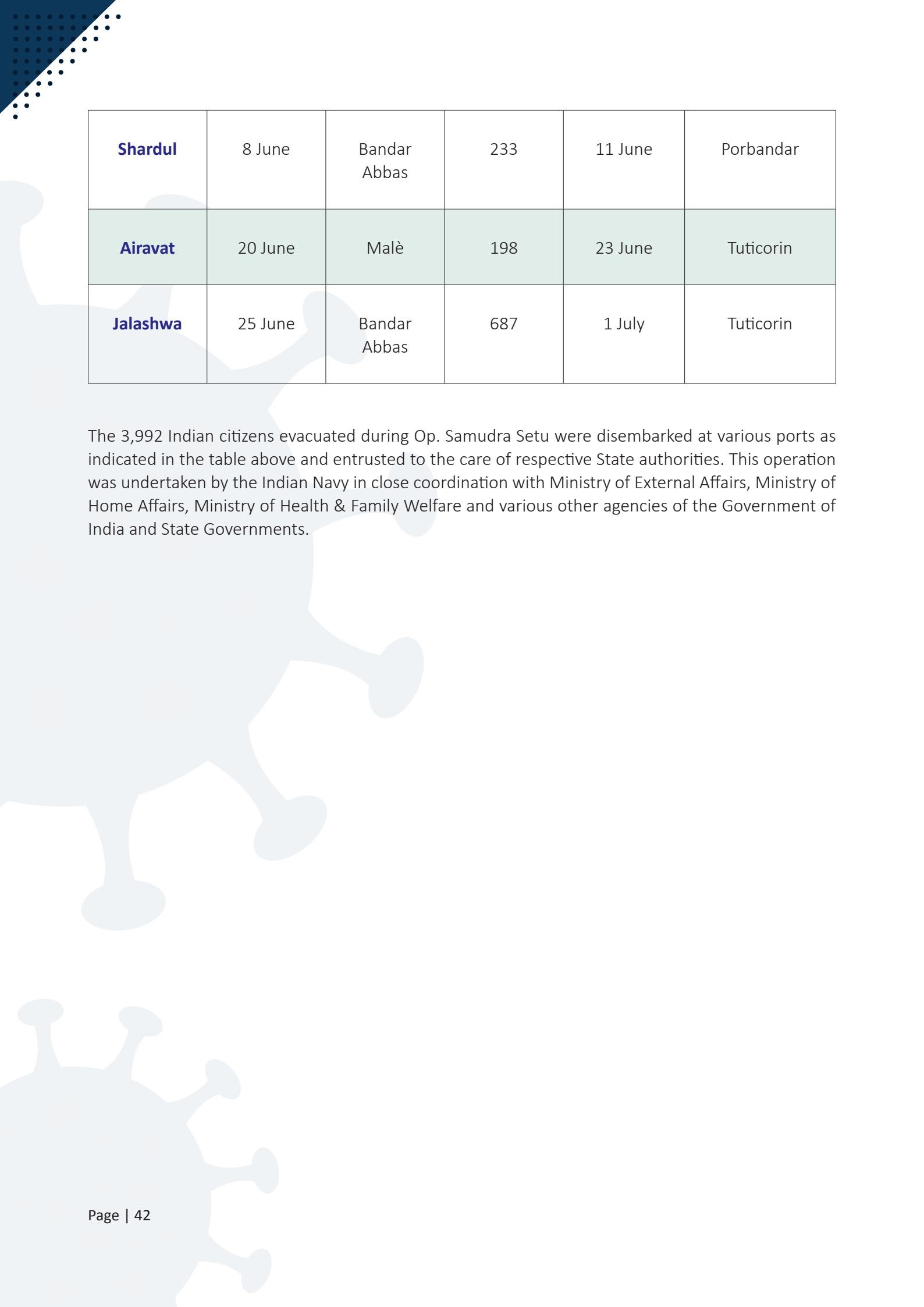
Basic amenities and medical facilities were provided to evacuees during their sea journeys. A notable moment occurred when Jalashwa safely transported an expectant mother, Mrs. Sonia Jacob, who gave birth to a baby boy shortly after arriving in Kochi on International Mother's Day.



Figure 15 | Repatriation of first batch of Indian Nationals from Malé

Indian Naval ships Jalashwa, Airavat, Shardul and Magar steamed more than 23,000 kilometres during Op Samudra Setu and undertook the evacuation operation in a smooth and coordinated manner. Details of the evacuation are as follows:

Ship	Date Embarked	Port of Embarkation	No. of Citizens	Date Disembarked	Port of Disembarkation
Jalashwa	8 May	Malé	698	10 May	Kochi
Magar	10 May	Malé	202	12 May	Kochi
Jalashwa	15 May	Malé	588	17 May	Kochi
Jalashwa	1 June	Colombo	686	2 June	Tuticorin
Jalashwa	5 June	Malé	700	7 June	Tuticorin



Shardul	8 June	Bandar Abbas	233	11 June	Porbandar
Airavat	20 June	Malè	198	23 June	Tuticorin
Jalashwa	25 June	Bandar Abbas	687	1 July	Tuticorin

The 3,992 Indian citizens evacuated during Op. Samudra Setu were disembarked at various ports as indicated in the table above and entrusted to the care of respective State authorities. This operation was undertaken by the Indian Navy in close coordination with Ministry of External Affairs, Ministry of Home Affairs, Ministry of Health & Family Welfare and various other agencies of the Government of India and State Governments.

Inter-State Movement of Goods, Services & Persons

7.1 Inter-State Movement of Goods

The Ministry of Home Affairs issued guidelines on 24th March, 2020 for lockdown measures that allowed transportation of the following essential commodities. These include:

- Inter-State movement of goods/cargo for inland and exports;
- Fire, law & order and other emergency services;
- Operations of Railways, Airports and Seaports for cargo movement, relief and evacuation and their related operational organisations;
- Cross land border movement of essential goods including petroleum products and LPG, food products, medical supplies;
- Intra and inter-State movement of harvesting and sowing related machines like combined harvester and other agriculture/horticulture implements.

In this regard, an SOP was also issued by MHA on 26th March, 2020 to all State/UT Governments. In the SOP detailed procedure was laid down to ensure hassle free movement of essential goods and functioning of all facilities in their supply chain involved in manufacturing, wholesale or retail of such goods through local stores, E-Commerce companies after ensuring physical distancing. Due to these measures, there was no reported shortage of essential commodities. The Area Officers who were overseeing the States, along with the MHA Control Room, effectively coordinated the movement of essential goods and services across the country.

MHA in its guidelines issued on 15th April, 2020 permitted the inter-State movement of goods/cargo including empty trucks. In subsequent guidelines issued by MHA regarding lockdown measures on 1st May, 2020 and 17th May, 2020 and guidelines on phased re-opening issued on 30th May, 2020, 29th June, 2020, 29th July, 2020, 29th August, 2020, 30th September, 2020, 27th October, 2020, and 25th November, 2020, there was no restriction on inter-State and intra-State movement of Goods.

The Control Room at MHA operated round the clock to address and resolve any issues related to inter-State movement of goods.

7.2 Movement of Persons

Under guidelines issued on 24th March, 2020, the movement of individuals was prohibited except for activities explicitly allowed under the guidelines. However, there were no restrictions on the movement of health personnel and those involved in supply of essential goods and services.

In subsequent guidelines, the movement of persons was gradually eased based on the assessment of the prevailing situation.

Under guidelines issued on 17th May, 2020, the following activities were permitted with restrictions, except in Containment Zones:

- Inter-State movement of passenger vehicles and buses, with mutual consent of the State(s)/ UT(s) involved.
- Intra-State movement of passenger vehicles and buses, as decided by the respective States and UTs.

Additional guideline/SOP on movement of persons were issued by MHA as follows:

- On 19th April, 2020 regarding intra-state movement of stranded labourers
- On 29th April, 2020 regarding movement of migrant workers, pilgrims, tourists, students and other stranded persons stranded at different places.
- On 01st May, 2020 regarding movement of migrants, pilgrims etc. by special train (amended on 19th May, 2020).
- On 05th May, 2020 regarding repatriation movement of Indian nationals stranded abroad and specified persons to travel abroad.
- On 11th May, 2020 regarding movement of trains.
- On 20th May, 2020 regarding allowing domestic air travel.

MHA vide Order dated 30th May, 2020 issued guidelines for phased re-opening (Unlock-1) vide which inter-State/intra-State movement of persons was allowed. However, States/UTs based on public health considerations and their assessment of the situation, could regulate movement of persons by giving wide publicity in advance regarding restrictions placed on such movement and subsequent procedures to be followed.

MHA in guidelines issued on 29th June, 2020 and subsequently on 29th July, 2020; 29th August, 2020; 30th September, 2020; 27th October, 2020 and 25th November, 2020 allowed inter-State/intra-State movement of persons and for such movement no separate permission/approval was made mandatory.

Augmentation of Health Infrastructure

The Ministry of Home Affairs played a pivotal role in facilitating and augmenting the health infrastructure across the country during the COVID-19 pandemic. Through its guidelines issued on 24th March, 2020, MHA ensured that hospitals and all related medical establishments, including their manufacturing and distribution units in both the public and private sectors remained functional. These included clinics, nursing homes, telemedicine facilities, Jan Aushadhi Kendra, laboratories, and ambulances. Additionally, the transportation of medical personnel, nurses, paramedical staff and other hospital support services were permitted to ensure the seamless delivery of healthcare services.

To enhance the availability of funds with the State Governments, the Central Government on 14th March, 2020 allowed the use of State Disaster Response Fund (SDRF) placed at the disposal of respective State Governments, for setting up quarantine facilities, sample collection and screening centres, additional testing laboratories in Government setups, and procurement of essential resources such as personal protective equipment (PPE) for healthcare, municipal, police, and fire authorities. It also allowed for the purchase of thermal scanners, ventilators, air purifiers, and other consumables for Government hospitals to supplement the State resources in their fight against COVID-19.

The Ministry of Home Affairs allowed flexibility in the SDRF guidelines to cater to the requirement of setting up relief camps for migrant workers and other needy persons. On 28th March, 2020, the Government of India authorized the State Governments to utilize SDRF for providing food and shelter to homeless individuals and stranded migrant labourers affected by the lockdown measures. To further strengthen the State Governments' financial resources for combating COVID-19, as a special dispensation, the 1st instalment of Rs. 11,092 crores 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. The ceiling in this regard was up to 35% for the financial year 2019-20 and up to 50% for the financial year, 2020-21 and financial year 2021-22 of the annual allocation of SDRF allowing States greater flexibility to allocate funds for effective pandemic response efforts.

8.1 Establishment of 1000 Bedded Temporary Sardar Vallabh Bhai Patel COVID Hospital (SVBP Hospital) in Delhi Cantonment

In response to the sudden spurt in COVID-19 cases in the National Capital Territory (NCT) of Delhi in June 2020, which placed immense pressure on the existing health infrastructure and resulted in overcrowding and non-availability of hospital beds, MHA proactively coordinated efforts to establish a 1000-bedded hospital. This facility, built in Delhi Cantonment by DRDO, included 250 ICU/ventilator beds and was operational within an impressive 15 days.

MHA played a crucial role in securing necessary clearances and coordinating with various stakeholders, including the Ministry of Defence and CAPFs, to provide healthcare professionals for the hospital. By 23rd November, 2020, the hospital's ICU bed capacity was ramped up to 500 beds, while the remaining 500 non-ICU beds were equipped with oxygen facilities to enhance treatment capacity for critical patients.



Figure 16 | Hon'ble Home Minister inaugurated 1000 bedded temporary Sardar Vallabh Bhai Patel COVID Hospital in Delhi Cantonment

8.2 Establishment of two 500 beds Hospitals in Patna and Muzaffarpur of Bihar and Establishment of 16 RT-PCR Labs in 9 States/UT from PM-CARES



Figure 17 | PM CARES COVID Care Centre, Bihta, Bihar setup by DRDO

In Bihar, the sudden surge in COVID-19 cases and the inadequacy of medical facilities necessitated urgent intervention. MHA facilitated the establishment of two 500-bedded hospitals, each equipped with 125 ICU/Ventilator beds, at Patna and Muzaffarpur. These hospitals were established by DRDO with financial assistance from the PM-CARES fund. Doctors were deployed by the Ministry of Defence, while the paramedical staff was provided by the Bihar State Government, ensuring a collaborative approach to address the healthcare challenges during the pandemic.

8.3 Establishment of 16 RT-PCR Labs in 9 States/UTs

To enhance testing capacity and strengthen the healthcare system in various parts of the country, MHA coordinated the establishment of 16 RT-PCR laboratories in 9 States/UTs. These laboratories were set up by the Indian Council of Medical Research (ICMR) with funding from the PM-CARES initiative. The details of the commissioned laboratories are as followed:

S.No.	Name of the Lab	Type	State	District
1	Silchar Medical College & Hospital, Silchar	Govt	Assam	Cachar
2	Fakhruddin Ali Ahmed Medical College and Hospital, Barpeta	Govt	Assam	Barpeta
3	Tezpur Medical College and Hospital, Assam	Govt	Assam	Sonitpur
4	District Hospital, Munger	Govt	Bihar	Munger
5	District Hospital, Purnia	Govt	Bihar	Purnia
6	District Hospital, Motihari, Bihar	Govt	Bihar	Motihari
7	District Hospital, Deoghar	Govt	Jharkhand	Deoghar
8	District hospital	Govt	Ladakh	Kargil
9	Pasteur Institute, Shillong	Govt	Meghalaya	Shillong
10	District Headquarters Hospital, Deogarh, Odisha	Govt	Odisha	Deogarh
11	DHH Nayagarh	Govt	Odisha	Nayagarh
12	District hospital, Dharmanagar	Govt	Tripura	North Tripura
13	Amar Shahid late Umanath Singh District Hospital, Jaunpur	Govt	Uttar Pradesh	Jaunpur
14	District Male Hospital, Pratapgarh	Govt	Uttar Pradesh	Pratapgarh
15	District Hospital, Ballia	Govt	Uttar Pradesh	Ballia
16	Base Hospital, Pithoragarh	Govt	Uttarakhand	Pithoragarh



Figure 18 | Hon'ble Home Minister flagged off a mobile RT-PCR lab on 23rd November, 2020 at ICMR headquarters in Ansari Nagar

The establishment of these virology laboratories was a landmark step in improving the country's healthcare infrastructure and addressing the challenges posed by the COVID-19 pandemic. These laboratories have not only served as a critical resource during the pandemic but will also act as national assets, ensuring the country is better prepared to meet both daily and future viral diagnostic needs.

8.4 Setting up of 500 Bedded Makeshift COVID Hospital at Jammu and Srinagar

In view of the increasing number of COVID-19 cases in Jammu and Srinagar, two 500-bedded makeshift COVID-19 hospitals were established in these regions with financial assistance from the PM CARES Fund. MHA Coordinated with UT of Jammu and Srinagar, DRDO, and other concerned stakeholders to ensure these hospitals were operational within a time-bound schedule.



Figure 19 | PM CARES COVID Hospital, Srinagar, setup by DRDO

8.5 10,000 Bedded COVID Care Centre at Radha Soami Satsang Beas, Chhatarpur, Delhi

As an effort to bolster the containment measures in NCT of Delhi, a 10,000-bedded “Sardar Patel COVID Care Centre” was developed at Radha Soami Satsang Beas in Chhatarpur, Delhi. The entire operation of this Centre, including ensuring availability of requisite numbers of medical personnel, was entrusted to the Central Armed Police Forces (CAPFs), with Indo-Tibetan Border Police (ITBP) taking the lead in this process.



Figure 20 | Visit of Hon'ble Home Minister to 10,000 bedded COVID Care Centre at Radha Soami Satsang Beas, Delhi


8.6 Quarantine Facilities by CAPFs

CAPFs also played a crucial role in India's response to COVID-19 under the guidance of the Ministry of Home Affairs. The Indo-Tibetan Border Police (ITBP) also played an important role by managing the largest COVID-19 care centre in the country at Radha Soami Satsang Beas, Delhi. Earlier, ITBP had set up the first quarantine centre for COVID-19 cases in Chhawla Camp, Delhi, where it treated evacuees from Wuhan and Italy. Additionally, CAPFs supported the COVID appropriate behaviour campaign, surveillance and quarantine efforts.

8.7 COVID-19 Dashboard



Figure 21 | COVID-19 Dashboard developed by NDMA



The National Disaster Management Authority (NDMA) developed a GIS portal for managing the COVID-19 pandemic situation. The COVID-19 GIS Portal provides a comprehensive overview of the evolving pandemic scenario in India by offering daily status updates and regular periodic reports on cases, surveillance status, infrastructure availability, hotspots, and relief camps across all three levels in the country—national, state, and district.

The geo-enabled dashboard has been developed for public use, State Disaster Management Authorities (SDMAs), and other stakeholders to access information related to COVID-19 cases. The integration of available data through the Geographic Information System (GIS) at these three levels makes it an interactive platform, presenting data and information in a visually appealing format.

8.8 Smooth Supplies of Medical Oxygen

During the second wave of COVID-19 in the country, the Ministry of Home Affairs coordinated with States/UTs, and various stakeholders concerned to ensure the supply of medical oxygen for the treatment of moderate to severe COVID-19 patients. The upsurge in COVID-19 cases, which started from April 2021, resulted in the soaring demand for medical oxygen, Remdesivir, and other life-saving medicines for the treatment of moderate and critical COVID-19 patients.

MHA took the following measures to ensure an adequate and uninterrupted supply of essential medical oxygen as well as life-saving drugs (including Remdesivir):

- Coordinated the supply and hassle-free movement of medical oxygen from oxygen plants.
- Issued orders restricting the use of medical oxygen for industrial purposes and paving the way for its usage solely for medical purposes in COVID-19 management. The restriction was relaxed in a graded manner based on the ground situation.
- Facilitated the movement of medical oxygen across the country as per the approved allocation plan.
- Coordinated the seamless supply and transport of Remdesivir and other essential medicines.
- Coordinated the lifting of high-capacity tankers from abroad by Indian Air Force transport planes.
- Advised States/UTs to direct District Collectors to act and revive oxygen generation plants that were lying closed. These efforts ensured the ready availability of oxygen at the district level, besides the uninterrupted supply of medical oxygen from usual channels.

In order to meet the critical need for maintaining sufficient supply of medical oxygen in the country in wake of COVID-19 pandemic, medical oxygen was included in the National list of essential medicines. The specific provisions for exemption were made by including them in the innovative guidelines relating to:

- All manufacturing units of Medical Oxygen Gas/Liquid, Medical Oxygen Cylinders, Cryogenic Tanks for storing liquid Oxygen, Liquid cryogenic Cylinders, Liquid Oxygen Cryogenic Transport Tanks, Ambient vaporisers & Cryogenic valves, cylinder valves & accessories.
- Transportation of above items.
- Cross land border movement of above items.
- Workers of above-mentioned manufacturing units and their transportation should be allowed/ given passes to travel from their homes to factories & back to ensure factories are run on full installed capacity.

The availability of supply of medical oxygen to different States/UTs was reviewed by MHA constituted Empowered Group 02 and a supply plan was drawn and was circulated to all State/UTs administration by MoHFW. The situation was constantly and consistently reviewed, and on 22nd April, 2021, Union Home Minister took a meeting wherein it was decided:

- i. Allocation of oxygen to various States/UTs should be rationalized, keeping in view the active cases and distance from the source.
- ii. Leaving aside the Health/Pharma sector related industries and critical sectors dependent on oxygen, consumption of industrial oxygen by all other industries should be stopped with immediate effect, for at least 15 days.
- iii. States/UTs were requested to ask all District Collectors to list all the plants situated in their district, in which different types of oxygen, including the one that can be bottled in cylinders is manufactured, along with the installed capacity. In case some of the plants are closed, those should also be listed with the possibility of revival.
- iv. The Home Secretary should speak to the Chief Secretaries/Administrators of such States/UTs, and the Union Health Secretary should also speak to the respective State Health Secretaries.
- v. The Minister for Railways will hold a video conference meeting with different stakeholders of the transport sector to assess various possibilities of transportation of oxygen.
- vi. Lifting of cryogenic tankers from Singapore/Dubai on behalf of the private industry, needs to be assisted by the use of Air Force transport planes.
- vii. Stricter measures may be imposed by States/UTs in the cities/districts with high rate of infection.
- viii. A team led by Joint Secretary, MHA, along with 2 experts from Ministry of Health and Family Welfare, may be deputed to examine the COVID-19 management in the NCT of Delhi.

On 25th April, 2021 MHA issued Orders for ensuring that use of liquid oxygen is not allowed for any nonmedical purpose and that all manufacturing units may maximise their production of liquid oxygen and make it available to the Government for use of medical purpose only. Further, MoHFW issued detailed guidelines on 25th April, 2021. The MHA vide Order dated 26th April, 2021 issued further exemption for ampules and vials, pharmaceutical and defence forces.

The MHA through Ministry of Railways, MoRTH and Ministry of Defence, ensured that the supply of medical oxygen is delivered/transported across the length and breadth of the country in an uninterrupted manner.

8.9 Oxygen Operational Dashboard



Figure 22 | Oxygen Operational Dashboard developed by NDMA

NDMA had developed the Oxygen Operational Dashboard to monitor the availability of medical oxygen in various hospitals across different states in India. All Dedicated COVID Hospitals (DCHs) have been provided with login credentials to update the daily availability status of oxygen in their facilities.

The dashboard contains a database of all hospitals, including their addresses and geo-locations. The availability of oxygen is represented based on storage capacity in kilolitres and is categorized into three types: Liquid Oxygen tanks, D-type Oxygen cylinders, and B-type Oxygen cylinders.

8.10 Preparation of Database and Regular Monitoring for COVID-19 Vaccination in Respect of Front-Line Workers

Ministry of Home Affairs (MHA) in close coordination with Ministry of Health and Family Welfare (MoHFW) prepared database for COVID-19 vaccination in respect of Front-Line Workers, which inter alia includes Central Armed Force Personnel, State Police Personnel, Prison Staffs, SDRF personnel, Disaster Management Volunteers. Union Home Secretary took meetings with Directors General of Police & senior officers of Home and DM Departments of State/UT Governments and DsG of CAPFs/CPOs. In this regard, necessary coordination was regularly carried out with MoHFW, CAPFs & State Governments/UT administration. Nodal officers have also been designated for this purpose.

The training of Nodal Officers (L-2 & L-3) of State/UT administration for preparation of database of front-line workers and uploading the same on CoWIN Portal, in this regard series of meetings were chaired by Shri Govind Mohan, Additional Secretary (UT) MHA wherein the need for nomination, training of Nodal Officers in States/UTs was emphasised and regular updating was to be taken regarding the status of vaccination including that on the frontline workers.

The regular monitoring helped in analysing the progress and the constraints faced by State/UTs administration and practical solutions, which were drawn to overcome the constraints. The Additional Secretary (UT) while analysing such reports advised all UT administrations to speed up vaccination and achieve 100% target by 25th March 2021 in respect of HCWs and 1st March 2021 in respect of FLWs. The gravity of the situation demanded that no complacency in the vaccination programme could be afforded, and all the actions have to be completed in achieving the target set by MoHFW.

The teething problems about the non-availability of digital CoWIN certificates in respect of officials vaccinated outside Co-WIN were removed and a process evolved for generation of Co-WIN vaccination certificates was developed and shared with the various stakeholders.

8.11 Deputing Inter-Ministerial Central Team (IMCT) of Experts for Providing Technical Assistance to States/UTs

The Central Government constituted Inter-Ministerial Central Teams (IMCT) time to time to make assessment of the situation and augment States efforts to fight and contain the spread of COVID-19 effectively. During the visit the IMCTs focused on a range of issues including compliance and implementation of lockdown measures as per guidelines issued under the Disaster Management Act 2005; supply of essential commodities; physical distancing in movement of people outside their homes; preparedness of health infrastructure, hospital facilities and sample statistics in the District; safety of health professionals, availability of test kits, PPEs, masks and other safety equipment; and conditions of the relief camps for labour and poor people.

Enforcing COVID Appropriate Behaviour

Union Home Secretary took meetings with Directors General of Police & senior Officers of Home and Disaster Management Departments of State/UT Governments and DsG of CAPFs/CPOs on 06th October, 2020 and discussed the ways for intensive and focused campaign for appropriate COVID-19 behaviour (wearing of face masks, Hand Hygiene and Physical Distancing) in the country and launched a campaign for people's participation for COVID-19 safe behaviour which was aimed to make it a Jan Andolan.

The campaign included tweets, placing hoarding/posters at conspicuous places, administering community pledges, using social media platforms like you tube, Facebook and Instagram further sending SMSs, making public announcements, and use of influencers with messages to the public for following COVID appropriate behaviour.



Figure 23 | Awareness campaign about COVID Appropriate Behaviour organized by NDRF

In view the fresh surge of cases in the month of March, 2021, MHA issued guidelines for effective control of COVID-19 on 23rd March, 2021 wherein test-track-treat protocol, COVID-19 appropriate behaviour and strict implementation of prescribed SOPs on various activities, such as opening of schools, enforce higher education institutions, hotels and restaurants, shopping malls, multiplexes and exhibitions was emphasized.

MHA vide letter dated 26th March, 2021, again requested the States/UTs to ensure compliance of MHA guidelines and to strictly enforce COVID appropriate behaviour, such as wearing of face masks, hand hygiene and physical distancing among people. States were also requested to take necessary measures for creating awareness among people to follow COVID appropriate behaviour and simultaneously take strict enforcement to fully overcome the pandemic.

MHA vide letter dated 13th April, 2021, requested DsG of all CAPF, DsGP and Relief Commissioners of all States/UTs to focus on five-fold strategy to deal with emerging crisis number of COVID-19 positive cases in the country which Testing-Tracking-Treatment, and the COVID appropriate behaviour and the Vaccination. It was also requested to take forward the communication strategy with renewed emphasis on '*Safai-Dawai Aur Kadai*'.

Again, MHA vide letter dated 19th July, 2021, requested States/UTs to follow the five-fold strategy of COVID Appropriate Behaviour, Test-Track-Treat and Vaccination, regular monitoring of COVID Appropriate behaviour, including mandatory use of masks and hygiene, physical distancing and proper ventilation of closed spaces. States/UTs were also requested to issue directions to Districts and all other authorities concerned, to keep a close watch on the situation, while activities were opened in a cautious manner, and to scrupulously ensure that there is no complacency in adhering to COVID appropriate behaviour and in the Test-Track-Treat-Vaccinate strategy.

9.1 NDRF's Awareness Campaigns During COVID-19



Figure 24 | NDRF's awareness campaigns during COVID-19

To contain the nation wide spread of COVID-19 pandemic, the National Disaster Response Force (NDRF) conducted extensive awareness campaigns during the COVID-19 pandemic to ensure the public and key stakeholders were well-informed about COVID-19 appropriate behaviour, safety protocols, and preventive measures. All NDRF units, across the country, conducted more than 1,636 COVID-19 awareness programs on symptoms of COVID-19, precautions, Dos and Don'ts and more than 1,29,495 personnel were sensitized during these programmes. These campaigns were part of the NDRF's broader initiative to build community resilience and support the containment of the virus.

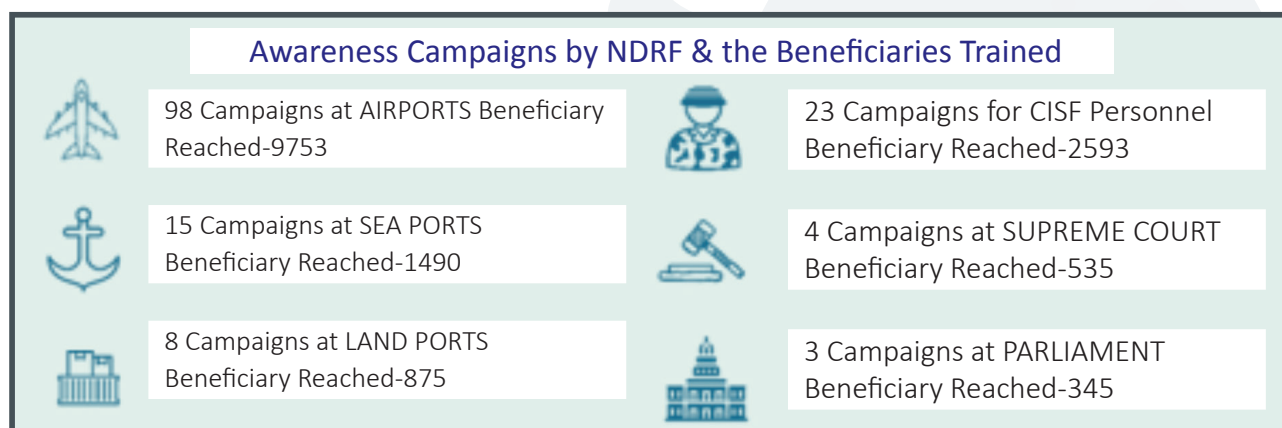


Figure 25 | Awareness Campaigns by NDRF & the Beneficiaries Trained


In addition to providing on-ground support during the crisis, the NDRF reached diverse groups, including personnel at sensitive locations such as airports, seaports, land ports, and high-security areas like the Parliament and Supreme Court. These efforts were integral to fostering a coordinated and informed response to the pandemic.

Awareness Campaigns by NDRF and & the Beneficiaries Trained

- 98 campaigns at airports: Beneficiaries reached – 9,753
- 15 campaigns at seaports: Beneficiaries reached – 1,490
- 8 campaigns at land ports: Beneficiaries reached – 875
- 23 campaigns for CISF personnel: Beneficiaries reached – 2,593
- 4 campaigns at the Supreme Court: Beneficiaries reached – 535
- 3 campaigns at Parliament: Beneficiaries reached – 345

9.2 Capacity Building and Awareness Generation by the National Institute of Disaster Management (NIDM) through Webinars and E-Trainings

During the COVID-19 pandemic, digital platforms became a crucial medium for generating awareness, sharing knowledge, and preparing the general public and frontline workers without geographic constraints. During this period, numerous organizations and institutions developed and integrated various methods for continued learning and cumulative growth. In line with this, the NIDM, with the objective of promoting awareness and disseminating key information related to COVID-19, initiated a series of online webinars, training sessions, and courses.



By adhering to the COVID-19 protocols, NIDM successfully reached out to a wide audience by conducting webinars and e-training programs throughout the pandemic. In 2020-21, NIDM conducted 422 one-day webinars, which were attended by over 1.2 lakh participants. Additionally, 186 three-day Online Training Programs were held, with more than 80,000 participants.

Given the diverse nature of the training and the varied profiles of the participants, multiple training methodologies were employed, including lecture-cum-discussion, case study presentations, hands-on exercises, group discussions/exercises, panel discussions, simulation and role play, and table top exercises. The overarching goal of the online webinars and e-training was to assist different communities in managing crises and staying resilient during the pandemic. NIDM's efforts aimed to foster new insights, raise awareness, enhance preparedness at all levels, and improve analytical skills and professional competence among stakeholders in the field of Disaster Risk Management, with a particular focus on COVID-19 management.

9.3 COVID Appropriate Behaviour in Prisons

The Ministry of Home Affairs issued an advisory to all States/UTs and Prison authorities on 12th March, 2020 advising them to take appropriate precautions and steps, such as washing hands, covering mouth and social distancing etc. in prisons. States/UTs were advised to reduce movement of prison inmates and make use of video conference facilities for their production in Court. They were also advised to engage with their Health Departments for arranging thermal screening devices and arrange the meeting of inmates with their visitors through video conferencing facility and e-mulakat to avoid physical contact. This was followed by another detailed advisory dated 2nd May, 2020 sent to all States/UTs advising them to follow the National guidelines and protocols like 'Guidelines on disinfection of common public places' and 'Guidelines on rational use of Personal Protective Equipment' issued by the MoHFW. Standard Operating Procedure (SOP) for the safe custody of inmates, medical care and transport of inmates prepared by MHA in coordination with the Bureau of Police Research & Development was also shared with States and UTs, who were advised to make use of these guidelines and SOPs for effective containment of the pandemic and for the safety of inmates.

Management of COVID-19 in Delhi, NCR Region

To check the COVID-19 spread in Delhi and keep the national capital safe, Union Home Minister took a meeting on 14th June, 2020 with Chief Minister and other senior officials of NCT of Delhi and emphasized on the following:



Figure 26 | Hon'ble Home Minister chairs meeting with Union Health Minister, Delhi LG, Delhi CM, Mayors of Municipal Corporations of Delhi and senior officers to review COVID-19 situation in Delhi

- i. To provide 500 converted rail coaches to Delhi Government so as to fulfil 8000 beds requirement.
- ii. To conduct house-to-house health surveys in Containment Zones in the capital to improve Contact Mapping.
- iii. To double the testing capacity within 2 days and triple within next six days.
- iv. To constitute a committee under chairmanship of Member NITI Aayog to ensure the availability of 60% of their Corona beds by private hospitals at lower rates and fix the rate of Corona testing and treatment.
- v. To constitute a Committee of Senior doctors in AIIMS so that the Best Practices in the fight against Corona are communicated to the lowest level.
- vi. To set a Helpline Number for telephonic guidance.

A series of review meetings had also been taken by the Union Home Secretary from 08th July, 2020 to 13th November, 2020. The issues which were regularly emphasized to Government of National Capital Territory of Delhi (GNCTD);

- i. Addition of more oxygenated/ventilator supported beds ;
- ii. Strict perimeter control of containment zones;
- iii. Tele-counselling of patients in isolation or persons in quarantine at home.
- iv. Protocol based treatment of COVID-19 patients;
- v. More testing, especially through the RT-PCR method, to ensure that COVID positive persons are detected early, and medical response can be given;
- vi. Strict enforcement of guidelines issued by the Ministry of Health & Family Welfare regarding physical distancing, wearing of masks, and sanitization;
- vii. Proper articulation of management of COVID situation in media for preventing any unfounded panic amongst masses. Number of beds available, ambulances available must be daily publicized.



Figure 27 | Hon'ble Home Minister visit to Lok Nayak Jai Prakash Narayan Hospital, New Delhi to assess its preparedness against the pandemic

GNCTD to monitor the requirement of ambulances and other infrastructure so that no patient remains untreated and responded to. In view of the then approaching festival period, marriage season and winter climatic conditions, GNCTD was asked to act proactively and thoroughly according to the guidelines issued by the Ministry of Health & Family Welfare.



Figure 28 | Hon'ble Home Minister hold meeting on 15th November, 2020 to review COVID-19 situation in Delhi

In addition, the Cabinet Secretary also reviewed the COVID-19 situation in 08 States/UTs including NCT of Delhi through Video conference on 11th November, 2020.

In the backdrop of rising number of cases and the increasing strain on the capacity of medical infrastructure in the hospitals of the Capital, Union Home Minister reviewed management of COVID-19 situation in NCT of Delhi on 15th November, 2020 and emphasized on the following:

- i. To double the testing capacity for RT-PCR tests in Delhi through mobile testing labs;
- ii. To ramp up the hospital capacity and availability of other medical infrastructure;
- iii. To increase number of beds with ICUs at the existing medical facility of DRDO at Dhaula Kuan;
- iv. To provide additional doctors and paramedical staff from CAPFs to enhance medical staff in Delhi;
- v. To constitute multi-departmental teams for visiting all the private hospitals in Delhi, to physically check the availability of COVID-19 medical infrastructure vis-a-vis the admission status;
- vi. To review regularly containment zones, contact tracing and quarantining, and screening, particularly of vulnerable sections of society;
- vii. To keep track of COVID-19 patients, who were in home isolation, and to ensure that they were shifted to regular hospitals, as soon as urgent medical attention was deemed necessary;
- viii. House-to-House survey in the entire Delhi.

The Home Secretary also held a meeting on 16th November, 2020 and reviewed the functioning of DRDO COVID-19 Hospital and stressed on increasing ICU bed facilities & devising an action plan for doubling the testing capacity of both RT-PCR and RAT in NCT of Delhi.

The Ministry of Home Affairs also constituted 10 multi-disciplinary teams on 16th November, 2020 for visiting various private hospitals of Delhi and to test their preparedness to treat COVID-19 patients.

The Home Secretary, on 27th November, 2020, reviewed the compliance of the directions given by Hon'ble Home Minister in a review meeting held on 15th November, 2020, along with reviewing the management of COVID-19 situation in NCT of Delhi. It was observed that the officials concerned were working round the clock, with utmost diligence and promptitude, to implement the aforesaid directions.

The Central Government constantly monitored the COVID-19 and health care infrastructure situation in the country and made all efforts to provide support to obviate gaps in health care delivery, wherever required, including GNCT of Delhi.

In June 2020, the sudden surge in COVID-19 led to a shortage of hospital beds, highlighting the need for a unified strategy to address the pandemic in the Delhi-NCR region. To tackle the situation, the Hon'ble Home Minister held meetings on 18th June, and 2nd July, 2020, stressing the importance of adopting a Mission Mode approach to address the crisis effectively. He also emphasized on the need to conduct COVID-19 testing through the new Rapid Antigen methodology that had been approved by the Indian Council of Medical Research (ICMR). He suggested that Uttar Pradesh and Haryana could join AIIMS-Telemedicine COVID-19 consultation, to provide expert advice to patients.



Figure 29 | Hon'ble Home Minister hold meeting on 18th June, 2020 to review COVID-19 preparations with senior officials of NCR

In addition, Union Home Secretary also held meetings on 23rd September, 2020 and 13th November, 2020 to review the management of COVID-19 situation in Delhi-NCR.


Accelerating Transformation through Innovation

The Global Pandemic of COVID-19 took the world by surprise. There was no precedent in Independent India for dealing with a situation of such gravity and magnitude, having the potential of threatening the very existence of human species and resources thereof.

The Government of India, without wasting any time or waiting for the rest of the World to react, adopted a proactive and '*whole-of-Government, whole-of-Society*' approach. Adopting a proactive approach as the foundation, the Ministry of Home Affairs (MHA) implemented a range of well-calibrated, unique, and unparalleled measures, tackling the challenges in a progressive, pragmatic, and effective manner. MHA gradually started imposing restrictions on incoming international passengers from the highly infected countries even before COVID-19 was declared a pandemic by WHO.

MHA, in consultation and collaboration with Central Ministries/Departments, State/UTs administration, and Civil Society in general, issued innovative guidelines on lockdown and unlock measures from time to time, in a time bound manner, as per the evolving situation, to ensure effective implementation of its directives. The innovative guidelines were amended and upgraded, as and when needed, to deliver maximum benefit to the society without affecting the social fabric, economic stability, and causing any extraordinary discomfort to the public.

To effectively monitor the situation, MHA not only expanded the resources available in its Control Room, which was already functional, but also enhanced the monitoring mechanism by deputing senior officers to coordinate their functioning and response. From 21st March, 2020 onwards, Control Room operations in MHA were exponentially expanded by bringing its functioning under the direct supervision of senior officers at the level of Joint Secretaries/Additional Secretaries. Senior representatives of key Central Ministries, such as Railways, Consumer Affairs and Civil Aviation etc. were also deputed in the Control Room for seamless Inter-Ministerial Coordination. Number of helplines was increased from 7 to 66, out of which 15 were dedicated for the Northeast region, keeping in view its geographical condition. Over 200 additional employees were deployed to man the helplines, after providing them on-the-job orientation.




Before the lockdown, MHA Control Room used to primarily handle Internal Security and natural disaster related issues. However, keeping in view the unprecedented situation, the functioning of the Control Room was expanded with additional responsibilities to cater for the need of the hour. Following the imposition of the lockdown, the volume of calls to the Control Room increased significantly, raising queries about the pandemic, guidelines, and assistance for distressed individuals. This surge necessitated the augmentation of resources and the full involvement of Government machinery. As a result, the Control Room ensured the uninterrupted availability of essential commodities across the country and promptly addressed any reported supply chain bottlenecks. The grievances of people were also addressed immediately. Prisons and other detention facilities were also considered vulnerable to the COVID-19 disease and therefore, SOPs for safe custody, medical care, transportation were issued for safety of prisoners and the prison staff.

Further Area officers at the level of Joint Secretary/Additional Secretary were assigned 4-5 States/UTs each, who interacted with the senior nodal officers of the State/UTs for immediate resolution of the problem faced by people, industries, supply chain, etc. Union Home Secretary, personally remained in touch with the Secretaries of various Central Ministries/Departments and Chief Secretaries of all States/UTs to monitor the situation. Daily reports were sought from Central Ministries, State/UTs and industry chambers, concerned, to assess the impact of calibrated re-opening of economic activities in the country. A robust mechanism was set up to monitor and execute enforcement of containment measures and to address grievance redressal.

The process of handling grievances and ensuring seamless and coordinated supply of essential items and services was institutionalized at an unprecedented scale. Frequent improvements, guided by a detailed SOP issued by MHA on 26th March, 2020, made the system linear, agile, robust and dynamic. This SOP laid out a detailed procedure to ensure hassle free movement of essential goods, services and all facilities in the supply chain, including the services and items involved in manufacturing, wholesale or retail of such goods through local stores, E-Commerce companies.

For an integrated response, MHA constituted eleven Empowered Groups for different key areas, which took informed and timely decisions in their respective areas, and helped augment the overall capacity, supply chain, logistics management, coordination with private sector, economic and welfare measures, and public awareness.

As the pandemic situation unfolded, the need for enhanced and adequate medical devices, their raw material and intermediates, transportation of essential medical supplies and mobilization of resources and workers for augmentation and expansion of hospital infrastructure increased. The innovative guidelines of MHA issued on 4th April, 2020 addressed the above concerns proactively, which included medical oxygen supply.



During this period, with a critical need to maintain an adequate supply of medical oxygen in the country, medical oxygen was included in the National list of essential medicines. Some specific provisions for exemption were made by including them in the innovative guidelines relating to:

- All manufacturing units of Medical Oxygen Gas/Liquid, Medical Oxygen Cylinders, Cryogenic Tanks for storing liquid Oxygen, Liquid cryogenic Cylinders, Liquid Oxygen Cryogenic Transport Tanks, Ambient vaporisers & Cryogenic valves, cylinder valves & accessories;
- Transportation of above items;
- Cross land border movement of above items;


Workers of above-mentioned manufacturing units and their transportation were allowed/given passes to travel from their homes to factories & back to ensure factories are run on full installed capacity.

When there was a shortage of medical oxygen, MHA helped in enhancing the availability of medical oxygen for COVID-19 management and also in ensuring timely supply across the country, by coordinating with the Ministry of Railways, Indian Air Force and Navy on the one hand and the State Governments/UT Administration on the other hand.


MHA devised innovative ways and means including collaboration with the Ministry of Information and Broadcasting and the Ministry of Communication and IT for dissemination of credible and timely information pertaining to COVID-19 among the general public at large. To generate a sense of confidence and awareness among the general public, regular press briefings were conducted by senior officers of MHA along with officers of MoHFW and other experts.

Social media was leveraged for swift dissemination of credible information and to dispel fake news/information on various social media platforms. Social media groups of Secretaries of Central Government, Chief Secretaries and Home Secretaries of States/UT were formed for hands-on smooth coordination and swift exchange/dissemination of information.

MHA issued various notifications, guidelines and SoPs which were disseminated online, through the MHA website as well as through social media platforms such as WhatsApp, Twitter, Facebook and other Government portals/websites. Real time tracking of the spread of the virus and the containment measures was done, and instructions were disseminated online for getting latest updates on the situation around COVID-19. In addition, salient features of MHA guidelines were also disseminated in a simplified manner through MyGov platform. Thus, the stakeholders and beneficiaries had access to these digital platforms for getting latest updates on COVID-19 containment measures for mitigating the crisis.



At a time when the country was facing this crisis, the MHA was working 24x7 to bring uniformity in the guidelines for the containment of the pandemic and smooth coordination between Centre and States/UTs administration. The unique and innovative ways incorporated in the guidelines, which dynamically kept on changing/improving as per the need of the evolving situation, can be termed as a best practice, which was replicated by the States, when they were given the flexibility to do so. The various initiatives taken by MHA for COVID-19 containment have been thoroughly reviewed and appreciated by the Department related Parliamentary Standing Committee on Home Affairs and various other forums including Indian Judiciary. The integration of the crisis response systems from the grassroot to the highest level offered it linearity, agility and robustness, which made our response dynamic, multi-sectoral and targeted. These efforts were appreciated by the general public and reposed their confidence in the Government.



Management of Natural Disasters During COVID-19

The dual threat of the COVID-19 pandemic and natural disasters necessitated a strategic approach that combined standard disaster management practices with pandemic-specific preventive measures. During the years 2020 and 2021, five prominent cyclones hit the country at a time when the disaster management systems in India, particularly the medical and health care systems, were overstretched in managing the deadly waves of the COVID-19 Pandemic. In preparation for Cyclones Tauktae, Nisarag, Nivar, Yaas and Amphan, the Government of India activated all relevant agencies and institutional mechanisms to ensure a proactive and coordinated response. These efforts were supported by meticulous planning, real-time monitoring, and comprehensive SOPs that integrated public health guidelines.

The National Crisis Management Committee (NCMC), chaired by the Cabinet Secretary convened a series of high-level meetings to assess and enhance the preparedness of central and state agencies. These meetings emphasised the need for additional precautionary measures to be taken by State Governments/UT Administrations to ensure that there was no disruption or laxity in the medical facilities and services being provided to COVID-19 patients. These meetings also flagged issues related to making alternative arrangements for COVID-19 patients, including the uninterrupted oxygen supply in case of any exigencies due to the impact of cyclones. It was also ensured that cyclone shelters identified by State Governments/UT Administrations complied with guidelines issued by the MHA regarding physical distancing and COVID appropriate behaviour. The availability of sufficient PPE kits and other safety aids for personnel engaged in search and rescue operations was also ensured.

Agencies were also directed to ensure the availability of power, telecommunications, and oxygen supply to healthcare facilities. These preparatory measures significantly strengthened disaster readiness and minimise disruptions during the COVID-19 pandemic.

12.1 Preparedness for South-West Monsoon

The preparedness for any eventuality arising due to south-west monsoon in the past was not overlooked despite the COVID-19 pandemic situation. The bodies and organisations responsible for dealing with the south-west monsoon were directed to remain simultaneously prepared and not to let their guard down due to the pandemic. Before the onset of the monsoon, the Annual Conference of Relief Commissioners/Secretaries, Department of Disaster Management of States/UTs was held via video conference on 20th May, 2020 to review the status of preparedness for the south-west monsoon. The conference also discussed preparedness measures undertaken by the States/UTs, such as prepositioning plans, operational preparedness for effective response, and other related issues, including COVID-19, to strengthen the disaster management system in the country.

12.2 Cyclone 'AMPHAN'

The super cyclonic storm "AMPHAN" struck the Indian coast, affecting the States of West Bengal and Odisha on 20th May, 2020. It crossed West Bengal and Bangladesh, with wind speeds of 155-165 km/h gusting up to 185 km/h across the Sundarbans. Based on bulletins from the Indian Meteorological Department (IMD), regular advisories were issued by MHA to the State Governments and the relevant Central Ministries and Departments. From the inception of the low-pressure area formation, the situation was monitored at the highest level on a 24x7 basis.

MHA provided all necessary financial and logistical support, including the deployment of NDRF and Defence Forces. With the concerned efforts of MHA, in close coordination with the State Governments, the Ministry of Defence, NDRF, and other Central Ministries and Departments, the loss of human lives was minimised substantially by following COVID appropriate behaviour. The Hon'ble Prime Minister conducted an aerial survey of the cyclone-affected districts of West Bengal and Odisha on 22nd May, 2020 and announced financial assistance of Rs.1,000 crores for West Bengal and Rs.500 Crore for Odisha for immediate relief activities. This assistance was released immediately on 23rd May, 2020. He also announced ex-gratia relief of Rs.2 lakhs to the next of kin of the deceased and Rs.50,000 to those seriously injured in the cyclone.

Based on the damage assessment report, an additional amount of Rs.1,250.28 crore was released, in addition to the already released financial assistance of Rs.1,000 crores, to the State of West Bengal from the National Disaster Relief Fund (NDRF) to meet the expenditure for relief operations.

12.3 Cyclone 'NISARGA'

On 03rd June, 2020, the severe cyclonic storm "NISARGA" crossed Maharashtra coast near Alibag, with wind speeds of 100-110 km/h gusting up to 120 km/h. Based on IMD bulletins, MHA issued timely advisories to the State Government and Central Ministries and Departments concerned. From the beginning of the low-pressure area formation, the situation was monitored at the highest level on a 24x7 basis.

MHA provided logistical support and deployed manpower and resources from the NDRF and Armed Forces in the states affected by the cyclone. With the advance and timely warnings from IMD about movement of "NISARGA" and the concerted efforts of MHA in close coordination with all stakeholders, the loss of human lives was minimised substantially by following COVID appropriate behaviour. Based on a damage assessment report, an amount of Rs. 268.59 crore was released to the State of Maharashtra from the NDRF to meet the expenditure for relief operations.

12.4 Cyclone 'NIVAR'

Cyclone NIVAR crossed Tamil Nadu and Puducherry coasts between Karaikal and Malappuram, near Puducherry, during the intervening night of 25th and 26th November 2020 as a very severe cyclonic storm, with wind speeds of 120-130 km/h, gusting to 145 km/h. The situation was monitored at the highest level, on a 24x7 basis. MHA also provided all logistical support and deployed manpower and resources from the NDRF and Armed Forces in the States/UTs affected by the cyclone. Timely and advance advisories were issued by MHA to the State Governments, UT Administration and Central Ministries/Departments concerned. Through the concerted efforts of MHA, in close coordination with all other stakeholders, the loss of human lives was substantially minimised by following COVID appropriate behaviour.

12.5 Cyclone 'TAUKTAE'



Figure 30 | Hon'ble Home Minister chaired a review meeting through VC with the Chief Ministers of Gujarat and Maharashtra and Administrator of Daman & Diu and Dadra Nagar Haveli, to assess the preparedness to deal with the situation arising out of Cyclone Tauktae


The Extremely Severe Cyclonic Storm 'TAUKTAE' hit the coast of Gujarat on 17th May, 2021, with a maximum sustained wind speed of 150-175 km/h. The cyclonic storm also affected the states of Maharashtra, Goa, Karnataka, Kerala, and the UTs of Lakshadweep and Dadra & Nagar Haveli and Daman & Diu. Based on IMD bulletins, regular advisories were issued by MHA to the State Governments and Central Ministries/Departments concerned. From the formation of the low-pressure area, the situation was monitored at the highest level, on a 24x7 basis.

MHA provided all necessary financial and logistical support, including the deployment of NDRF and Defence Forces. Through the concerted efforts of MHA, in close coordination with State Governments, the Ministry of Defence, NDRF, and other Central Ministries/Departments, the loss of human lives was substantially minimised by following COVID appropriate behaviour.

Subsequent to the announcement made by the Hon'ble Prime Minister after his aerial survey and visit to Gujarat on 19th May, 2021, the Central Government released an amount of Rs. 1,000 crores to the State Government of Gujarat on 20th May, 2021.

12.6 Very Severe Cyclone Storm 'YAAS'

On 26th May, 2021, the Very Severe Cyclonic Storm "YAAS" crossed the Odisha coast, south of Balasore, affecting the states of Odisha, West Bengal, and Jharkhand. Based on IMD bulletins, MHA issued timely advisories to the State Governments and Central Ministries/Departments concerned. From the formation of the low-pressure area, the situation was monitored at the highest level, on a 24x7 basis.



MHA provided logistical support and deployed NDRF, Armed Forces manpower, and resources in the affected States. With advance and timely warnings from IMD, and concerted efforts of MHA in close coordination with stakeholders, the loss of human lives was substantially minimised by following COVID appropriate behaviour.

The Hon'ble Prime Minister visited cyclone-affected areas of West Bengal and Odisha on 28th May, 2021 and announced financial assistance of Rs.1,000 crores to Odisha, West Bengal, and Jharkhand for immediate relief activities. Accordingly, financial assistance from NDRF of Rs.500 crores to Odisha, Rs.300 crore to West Bengal, and Rs.200 crores to Jharkhand were released on 29th May, 2021.

The campaign included tweets, placing hoarding/posters at conspicuous places, administering community pledges, using social media platforms like you tube, Facebook and Instagram further sending SMSs, making public announcements, and use of influencers with messages to the public for following COVID appropriate behaviour.

National Resilience Successfully Sailed Through COVID-19

The COVID-19 pandemic posed an unprecedented challenge to modern medical advancements and the socio-economic fabric of societies worldwide. In the face of this adversity, India emerged as a resilient nation through proactive governance, innovative policies, and robust community engagement under the leadership of the Hon'ble Prime Minister. Despite its vast population and rural healthcare constraints, India adopted a 'whole-of-Government, whole-of-Society' approach to minimise the pandemic's impact on lives and livelihoods.

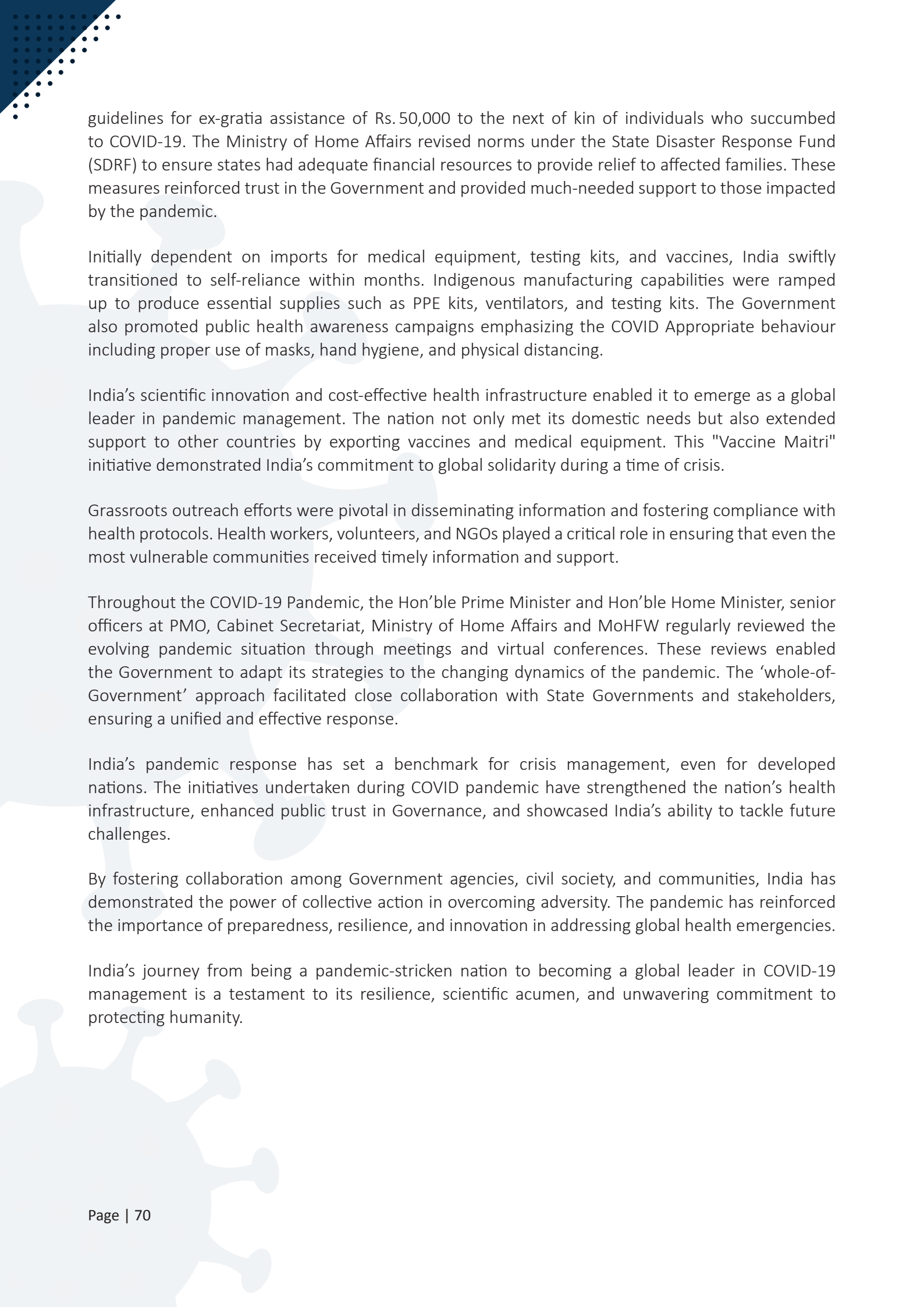
India initiated its COVID-19 response as early as 8th January, 2020, when the Joint Monitoring Group under the Directorate General of Health Services (DGHS) convened to assess public health preparedness. The Ministry of Home Affairs (MHA), as lead Ministry for the administration of the Disaster Management Act, 2005 took the lead by introducing surveillance measures, which were promptly implemented at points of entry, including airports, seaports, and land borders, as early as 17th January, 2020.

The Ministry of Home Affairs further took calibrated and well-thought-out measures, wherein India's phased lockdown strategy played a crucial role in containing the virus's spread. A partial lockdown was introduced on 22nd March, 2020, followed by a complete nationwide lockdown on 25th March, 2020. This period was utilised to establish a robust COVID-19 clinical management framework, including COVID Care Centres, COVID Health Centres, and Dedicated COVID Hospitals. These facilities were equipped with isolation beds, oxygen-supported beds, and ICUs with ventilators. Makeshift hospitals were also set up in areas with limited infrastructure to accommodate the growing number of cases.

The Ministry of Home Affairs in collaboration with MoHFW and other stakeholders, carved out a strategy where significant emphasis was placed on the rapid upskilling and capacity-building of healthcare workers. The Integrated Government Online Training (iGOT) platform was launched to train millions of frontline workers, volunteers, and medical professionals. Telemedicine and e-ICU platforms ensured the continuity of healthcare services, particularly in rural and remote areas.

To ensure timely and informed decision-making, the Ministry of Home Affairs constituted 11 empowered groups to address various aspects of COVID-19 management.

During the pandemic, the Government of India introduced several policies to address the economic and social challenges posed by COVID-19. Initiatives such as the Pradhan Mantri Garib Kalyan Yojana (PMGKY) provided financial assistance to vulnerable populations. Additionally, the National Disaster Management Authority (NDMA), under Section 12(iii) of the Disaster Management Act, 2005, issued



guidelines for ex-gratia assistance of Rs. 50,000 to the next of kin of individuals who succumbed to COVID-19. The Ministry of Home Affairs revised norms under the State Disaster Response Fund (SDRF) to ensure states had adequate financial resources to provide relief to affected families. These measures reinforced trust in the Government and provided much-needed support to those impacted by the pandemic.

Initially dependent on imports for medical equipment, testing kits, and vaccines, India swiftly transitioned to self-reliance within months. Indigenous manufacturing capabilities were ramped up to produce essential supplies such as PPE kits, ventilators, and testing kits. The Government also promoted public health awareness campaigns emphasizing the COVID Appropriate behaviour including proper use of masks, hand hygiene, and physical distancing.

India's scientific innovation and cost-effective health infrastructure enabled it to emerge as a global leader in pandemic management. The nation not only met its domestic needs but also extended support to other countries by exporting vaccines and medical equipment. This "Vaccine Maitri" initiative demonstrated India's commitment to global solidarity during a time of crisis.

Grassroots outreach efforts were pivotal in disseminating information and fostering compliance with health protocols. Health workers, volunteers, and NGOs played a critical role in ensuring that even the most vulnerable communities received timely information and support.

Throughout the COVID-19 Pandemic, the Hon'ble Prime Minister and Hon'ble Home Minister, senior officers at PMO, Cabinet Secretariat, Ministry of Home Affairs and MoHFW regularly reviewed the evolving pandemic situation through meetings and virtual conferences. These reviews enabled the Government to adapt its strategies to the changing dynamics of the pandemic. The 'whole-of-Government' approach facilitated close collaboration with State Governments and stakeholders, ensuring a unified and effective response.

India's pandemic response has set a benchmark for crisis management, even for developed nations. The initiatives undertaken during COVID pandemic have strengthened the nation's health infrastructure, enhanced public trust in Governance, and showcased India's ability to tackle future challenges.

By fostering collaboration among Government agencies, civil society, and communities, India has demonstrated the power of collective action in overcoming adversity. The pandemic has reinforced the importance of preparedness, resilience, and innovation in addressing global health emergencies.

India's journey from being a pandemic-stricken nation to becoming a global leader in COVID-19 management is a testament to its resilience, scientific acumen, and unwavering commitment to protecting humanity.

List of COVID-19 Related Advisories, Guidelines, SoPs and Orders of MHA

QR code







Ministry of Home Affairs
Government of India