

STATE OF THE STATES: TWO MONTHS OF THE PANDEMIC

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INTRODUCTION

he World Health Organization declared COVID-19 a global pandemic on 11 March 2020. Two months on, no country in the world has clear daily numbers on how many people are truly infected with the coronavirus or how many have died because of it.

The available numbers—particularly recorded cases—remain aross underestimates. including India. However. India has not vet seen widespread transmission. At over 80,000 cases and around 2,700 deaths, even after accounting for the low number of tests per million people, India's numbers remain much lower than what many experts had predicted at the beginning of the outbreak.

India is not an outlier. The world is struggling to understand why the spread and devastation of the COVID-19 virus has been less than anticipated in many large countries. Of the ten most populous countries, which make up 60 percent of the world population, only three—the US,

Brazil and Russia—have total confirmed cases per million people higher than the global average. When it comes to deaths per million people, eight out of ten most populous countries (barring the US and Brazil) have an average lower than the global average.

The pandemic is still in the early stages and, like what happened with Brazil, a surge is expected in many large countries, including India, as restrictions imposed by the lockdowns are eased. However, even when more intensive transmission of the virus may be inevitable, the current spread among the Indian population seems limited within certain states like Maharashtra and Gujarat, where positive cases per tests conducted remain high and climbing.

Given this context, this report presents the state-level situation—tracking the broad risks that the population is faced with, the overall preparedness of the health system, the spread of the virus over the last two months in terms of morbidity and mortality, the expansion of testing and the

response on several fronts by the state governments.

The severe paucity of data within India's health sector makes a systematic analysis of issues like private sector delivery capacity and non-communicable diseases extremely difficult. This preliminary report shall attempt to side-step this limitation by focusing on government data sets, and specific age groups for whom population level estimates are available.

India has, as of now, one of the lowest population-adjusted infection rates and death rates. India was one of the earliest countries to impose a national economic lockdown. The federal system has held strong and the states, even those ruled by parties other than the one at the Centre, have largely supported and implemented

the strict containment measures. This report provides a snapshot of how prepared and responsive the states have been, and how the pandemic has progressed over the first two months of the lockdown.

The main challenge for India at present is to keep deaths at a low level as the virus spreads. This means protecting highrisk populations as economic activity is restored bit by bit. It will entail ensuring that green zones are indeed green by deploying broader testing strategies, and ensuring voluntary compliance of physical distancing measures. Managing low-income urban settlements with high population densities will be a particularly difficult challenge. It will be the Observer Research Foundation's endeavour to track these measures at the state level as India moves forward.

METHODS

n the best of times, India is a country whose vast size and diversity pose formidable governance challenges. These are most certainly not the best of times. Faced with the gargantuan task of tackling a public health crisis even as the economy is paralysed, India's quasifederal structure has produced a swift, coordinated response by the Centre and the states, with the states at the frontline.

This report has attempted to capture the nuances of the preparedness and response of India's states, as the first two months of the pandemic end. The frame of analysis chosen for the report is 11 March (when the World Health Organization declared the COVID-19 outbreak a "global pandemic") to 11 May. A state-level analysis has been undertaken for a variety of reasons. Health is a state subject, and healthcare delivery and financing is dominated by state governments. Public healthcare capacity

and capabilities vary vastly across states. India's states are also geographically and demographically diverse, with some like Uttar Pradesh having a massive population and high population density and others like Manipur and Goa having small, manageable populations and low densities. The burden has fallen on each individual state to manage it's response to the pandemic, albeit within the constraints of national policy. This is especially so after India went into lockdown on 24 March and effectively left each state to its own devices (as interstate travel came to a sudden halt).

The states and union territories have been profiled in a manner that allows a preliminary insight into the unique vulnerabilities of each state to the pandemic, assess the superiority and promptness of their response to the crisis, and judge their relative performance. The report has employed a colour-coded

¹ Rajagopalan, S. and Choutagunta, A., 2020. Assessing Healthcare Capacity in India.

mechanism for every indicator to rank state vulnerability—the top 1/3rd most-vulnerable for that particular indicator are coded red, the middle 1/3rd are coded orange, and the bottom 1/3rd coded green (least vulnerable).

BASELINE INDICATORS

COVID-19 is not a disease that affects everyone equally; some are more susceptible than others and so demographics matter. According to the Centers for Disease Control, people aged 65 and above are at a high risk from the novel coronavirus.2 Population densities also matter as living in close contact renders people more susceptible to contagion. Those with existing co-morbidities are more vulnerable. A state's vulnerability is determined by the demographic profile, population density and noncommunicable diseases (NCD) burden of its residents.

Each state's profile contains a demographic pyramid, created using the latest data available. For most states, data was sourced from the latest Sample Registration System Report (SRS) Report 2017-18, published by the Ministry of Home Affairs. For the smaller states and union territories, data from the Census Report (2011) has been used. The assessment of co-morbidity burdens was a challenge. India has severe deficiencies regarding data on NCDs. This report is therefore compelled to rely on the best possible data available—official statistics from the National Health Family

Survey Report 2015-16, which captures self-reported health problems for the age group of 15-49 across states for the major ailments (diabetes, heart disease, asthma and cancer). It is imperative to identify high-density areas that could potentially be hotbeds of infection, and therefore population densities per square kilometre were sourced from the National Health Profile 2019 published by the Central Bureau of Health Intelligence.

The Niti Aayog Health Index 2019—a weighted composite index measuring state health outcomes, governance and key inputs and processes across 23 indicators—has been used to gauge states' baseline health indicators. This index is the most comprehensive assessment of state performance on public health, and its rank assessments have been used as a proxy for the state's overall performance on health. The pandemic has laid bare inequalities and left certain sections of the population more vulnerable than others. Access to clean water and sanitation, the degree of poverty and hunger and the robustness of institutions are all factors that determine how severely the pandemic will affect populations. The SDG India Index 2019-20 was constructed to indicate where a state/ union territory stood on all the Sustainable Development Goals, and is therefore the best possible proxy available to gauge a state's performance on all these crucial parameters.

² https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html

PREPAREDNESS

State preparedness in terms of healthcare capacity is a crucial bulwark against the virus.3 This report has analysed three parameters of state preparedness public health investment, hospital capacity and availability of healthcare workers. Capacities are built up over time. However, in lieu of a longitudinal analysis, the report snapshots state healthcare capacities before the virus hit by using the most recent data available. But official figures on private healthcare in India are not available. This is particularly unfortunate since the private sector is by far the larger healthcare provider in India. Official figures, underestimating India's overall capacity but still relevant to gauge public institutional capacity and the priority accorded to healthcare by states, have been recorded. This snapshot serves as a quantitative and not qualitative assessment of capacity, it is crucial to keep in mind that quality also varies widely across states.4

State expenditure on health as a ratio to aggregate expenditure is a measure to evaluate the priority accorded by individual states to health in their overall budget commitment. State expenditures are colour-coded and presented in comparison to the national proportion of expenditure on health figure (4.9). The latest revised estimates (2018-19) from the Reserve Bank of India have been employed. Notably, any

analysis of state investment must keep in mind that state expenditure is predicated on state GDPs per capita which differ vastly across states.

Data on the number of government hospital beds per 10,000 persons—a proxy for health infrastructure—has been drawn from the National Health Profile 2019. Here, government hospitals include central, state and local government bodies, also primary health centres.

The data on healthcare workers varies vastly across government agencies. The SDG India Index has produced an indicator capturing healthcare worker availability per 10,000 persons (a total pf physicians, nurses and midwives), and this report has used the assigned state scores for this indicator as a measure of healthcare worker availability across states.

RESPONSE

State responses to the pandemic have been the final determinant of their performance in tackling the outbreak and the lockdown. The report captures state response on three fronts—public health, economic and technological.

The public health response is captured in two graphs. The clinical management graph demonstrates the weekly progression of active, recovered and deceased cases

³ Saikia and Subramanian, "One month of lockdown: Why Indian states have dramatically divergent Covid-19 trajectories". Scroll, 24 April 2020.

⁴ Rajagopalan, S. and Choutagunta, A., 2020. Assessing Healthcare Capacity in India.

from 16 April to 11 May. The testing graph demonstrates the pace and magnitude of testing conducted by states from 6 April to 11 May (the reference period was readjusted here due to data constraints).

State economic response is a nuanced indicator, differing widely among states. The report has therefore undertaken a quantitative assessment of economic relief - with the size of the relief package depicting amounts allocated under the State Disaster Response Mitigation Fund, sourced from the Ministry of Home Affairs, as well as a qualitative assessment - covering economic relief provided to migrants, initiatives to secure supply of essential commodities and other notable

steps (such as assistance provided by the Chief Minister's Relief Fund).

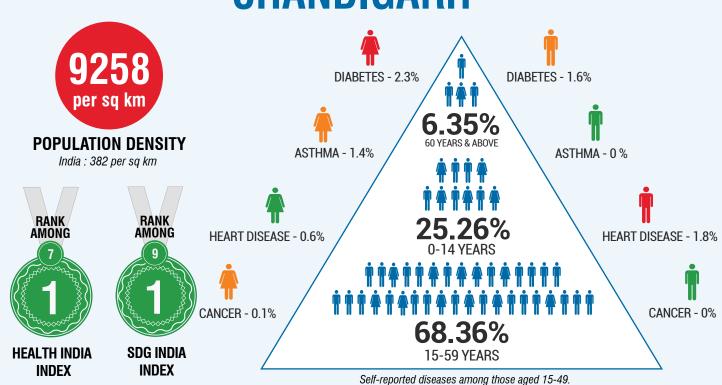
The tech response box is a qualitative indicator, introduced in the report to capture the innovative use of technology employed by states to tackle the outbreak. Some states have been particularly innovative and also safeguarded privacy, while others have performed poorly.

Every attempt has been made to ensure that the data employed is sourced from official figures released by the Indian government or mainstream news publications. An account of data sources and specific data deficiencies/limitations can be found in the Annexe (see page 55).

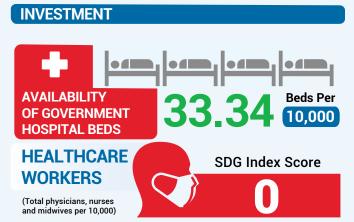
NORTH INDIA



CHANDIGARH



PREPAREDNESS



TECH RESPONSE

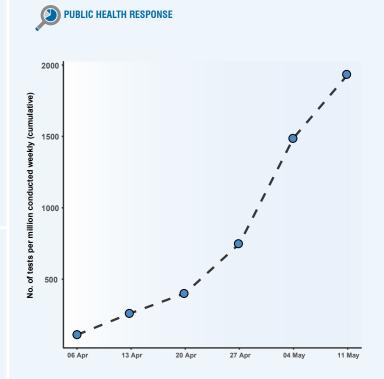


The administration has launched the 'CVD Tracker', which uses geo-fencing to restrict movement of those placed under quarantine. The authorities are alerted in case of any breaches, including if the phone is switched off. A 24x7 control room has been set up to monitor the app.

MIGRANT WORKERS

 Helpline and website set up for migrant workers and others stranded outside Chandigarh. After individuals register via helpline or website, safe transportation will be arranged to bring them back to the UT.

RESPONSE



SUPPLY OF ESSENTIAL COMMODITIES

• Three months' worth of food grain (15 kg wheat, 3 kg pulses) home delivered in one go to registered beneficiaries of priority households and Antyodaya Anna Yojana households covered under direct benefits transfer scheme for food grains, as per the National Food Security Act provisions. LPG cylinders home delivered as well.

DELHI 11320 DIABETES - 2.3% **DIABETES - 1.5%** per sq km **POPULATION DENSITY ASTHMA - 1.4% ASTHMA - 0.2%** India: 382 per sq km RANK AMONG RANK **AMONG HEART DISEASE - 0.4% HEART DISEASE - 1.4%** CANCER - 0% CANCER - 0% 69.0% **HEALTH INDIA SDG INDIA** 15-59 YEARS **INDEX INDEX** Self-reported diseases among those aged 15-49.

PREPAREDNESS INVESTMENT STATE PUBLIC HEALTH **EXPENDITURE AS RATIO** TO AGGREGATE EXPENDITURE India public health expenditure as ratio to aggregate expenditure : 4.9 **AVAILABILITY Beds Per OF GOVERNMENT** 10,000 **HOSPITAL BEDS HEALTHCARE** SDG Index Score **WORKERS** (Total physicians, nurses and midwives per 10,000)

TECH RESPONSE



The administration launched the new 'Assess Karo Na' app to facilitate door-to-door surveys in COVID-19 containment zones. The data is uploaded immediately and analysed in real time to speed up decision-making. This will help control centres make quick decisions regarding availability of ambulances, medical equipment and personnel in the area. The Delhi government has also allowed E-passes for essential service providers to be issued through WhatsApp.

OTHER NOTABLE STEPS

Rs. 5000 one-off payment

to auto, bus, taxi and

cycle-rickshaw drivers.

MIGRANT WORKERS

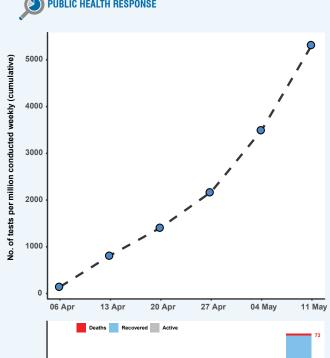
• 2700+ buildings, including schools, converted into temporary housing shelters for migrants.

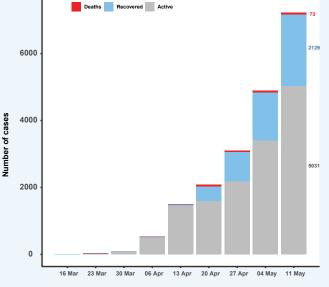
SUPPLY OF ESSENTIAL COMMODITIES

Free ration provided to 30 lakh people without ration cards, in addition to the 71 lakh beneficiaries of the Public Distribution System. Kits containing essentials like soap and salt distributed with the ration. 2000 food coupons distributed in each constituency by MLAs and MPs.

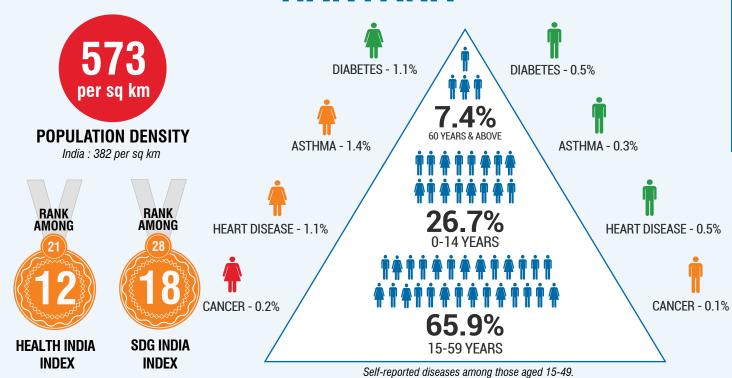
PUBLIC HEALTH RESPONSE

RESPONSE

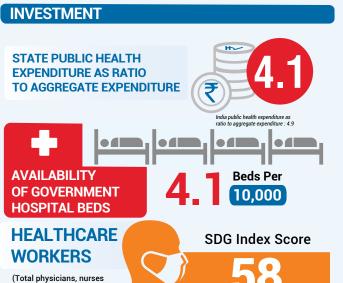




HARYANA



PREPAREDNESS



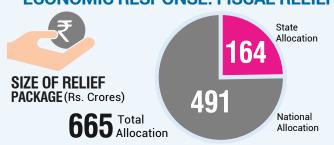
TECH RESPONSE

and midwives per 10,000)

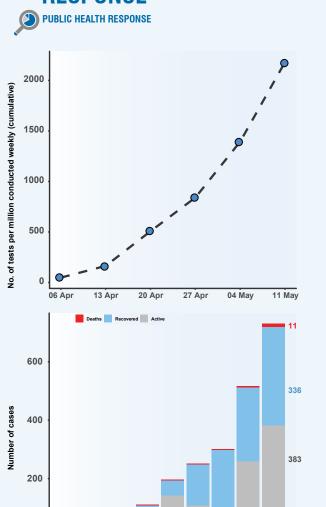


As soon as the lockdown begun, Haryana launched a digital platform to register volunteers, which has been the backbone of its efforts

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



16 Mar 23 Mar 30 Mar 06 Apr 13 Apr 20 Apr 27 Apr 04 May 11 May

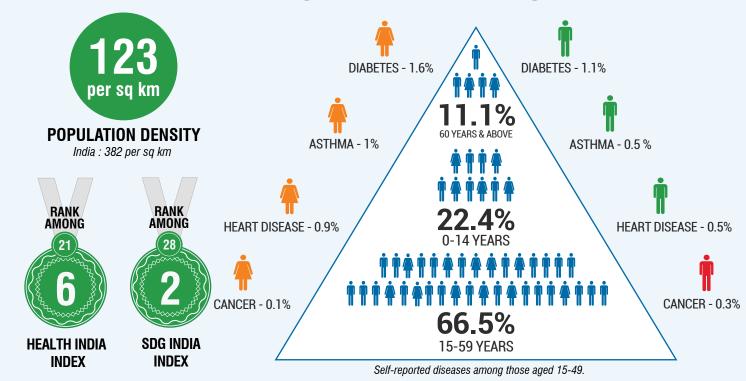
MIGRANT WORKERS

 Government provided 825 buses to transport stranded migrant workers back to their villages.

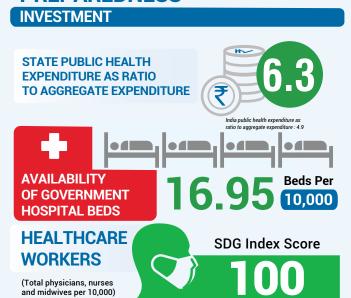
SUPPLY OF ESSENTIAL COMMODITIES

 Biometric authentication at ration shops discontinued. Free ration to all BPL families

HIMACHAL PRADESH



PREPAREDNESS

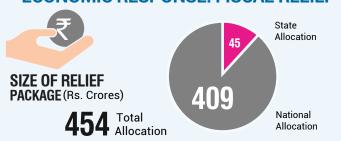


TECH RESPONSE

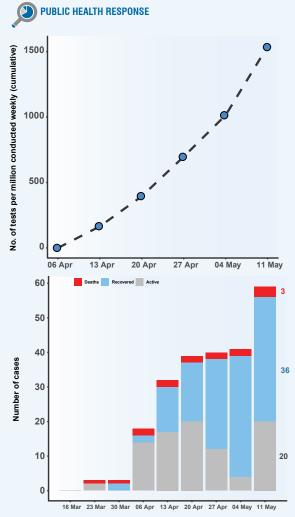


The government developed the Corona Mukt Himachal App to track the movement of people under quarantine. The app uses questionnaires and tracks location coordinates to monitor breaches. Applications of e-pass and transport passes can also be made on the app.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



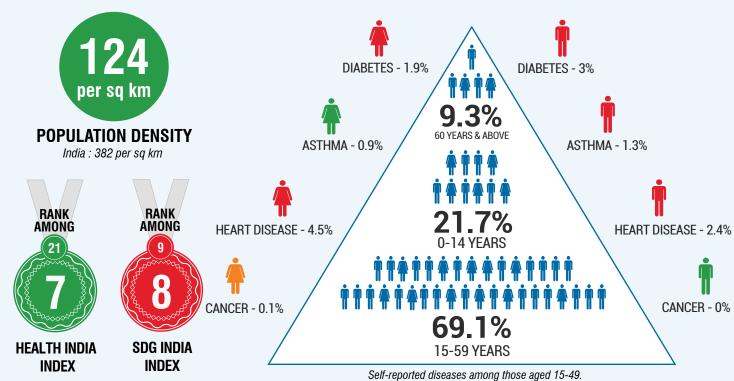
MIGRANT WORKERS

- Organised transport of stranded migrant workers to Jammu and Kashmir
- Himachal Pradesh High Court orders state to provide free ration and medical care to stranded migrant workers. The state must file a report of its measures to address the grievances of migrant workers.

SUPPLY OF ESSENTIAL COMMODITIES

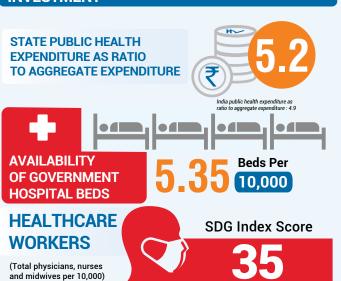
 Food grains prioritised based on need. Panchayati Raj institutions involved in delivering essentials to rural areas.

JAMMU AND KASHMIR



PREPAREDNESS

INVESTMENT



TECH RESPONSE



Srinagar unveiled plans to undertake GIS mapping to monitor all cases—those suspected, those under surveillance and those under quarantine or isolated.

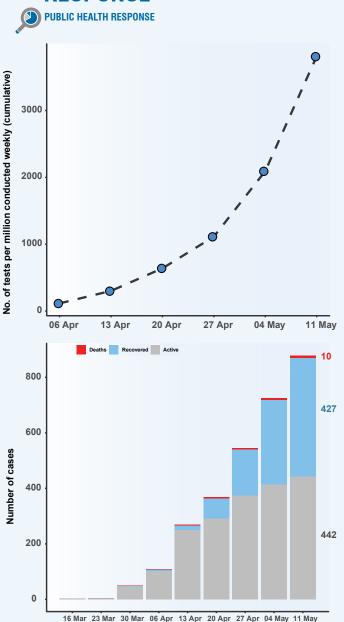
MIGRANT WORKERS

 Facilitating bringing back stranded migrant workers and students; 300+ students returned home safely from Kota, Rajasthan. Relief camps providing food and shelted to migrant workers set up.

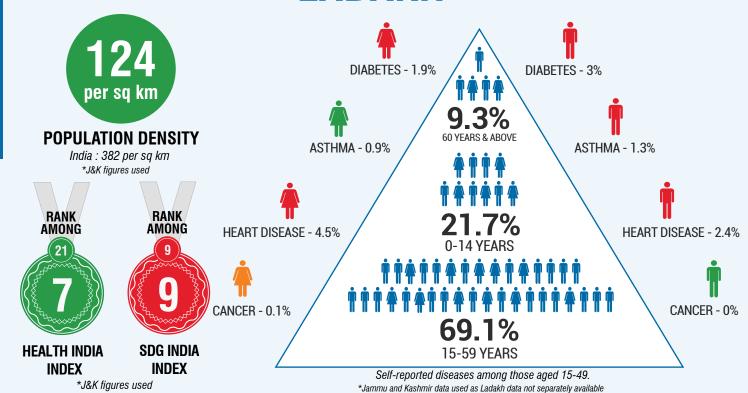
SUPPLY OF ESSENTIAL COMMODITIES

 Select shops providing essential good open, and doorstep delivery of essentials allowed.

RESPONSE

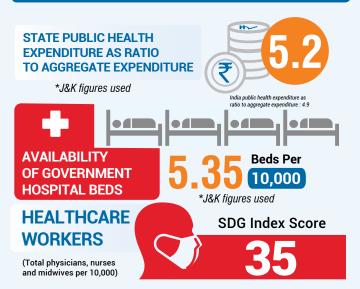


LADAKH



PREPAREDNESS

INVESTMENT



TECH RESPONSE



The administration has used social media platforms to create awareness. Health advisors have released multimedia content in local languages to provide information on social distancing and Covid-19 symptoms. Local panchayats have created community WhatsApp groups to disseminate information.

MIGRANT WORKERS

 Ladhakh BJP unit chief Chering Dorjay resigned on 4 May, blaming administrative inaction in failing to evacuate or provide assistance to 2000+people stuck in different parts of India

SUPPLY OF ESSENTIAL COMMODITIES

Essential rations airlifted to Ladakh Valley and distribution services to remote areas are in place.

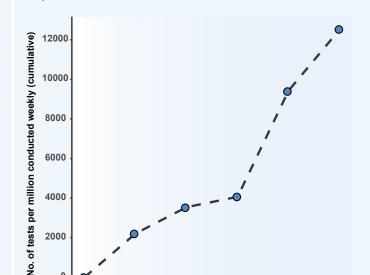
OTHER NOTABLE STEPS

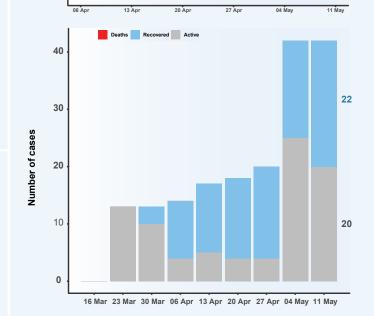
Previously without a COVID-19 laboratory, one was set up at the end of April to ensure timely and cost-effective sample testing

RESPONSE

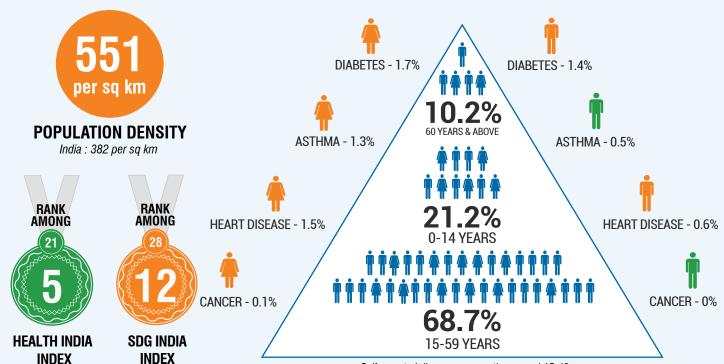
PUBLIC HEALTH RESPONSE

0





PUNJAB



Self-reported diseases among those aged 15-49.

PREPAREDNESS

INVESTMENT







OF GOVERNMENT HOSPITAL BEDS 6.74 Beds Per 10,000

HEALTHCARE WORKERS

(Total physicians, nurses and midwives per 10,000)

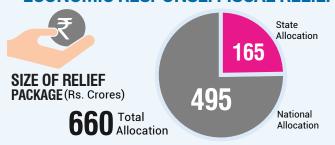
SDG Index Score

TECH RESPONSE



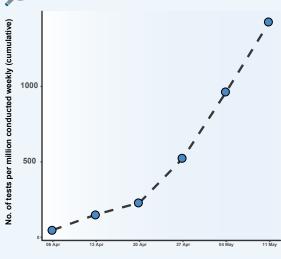
Punjab is using cellphone data, including call records and GPS, to enforce the lockdown, ensure home delivery of groceries and for contact tracing. The state has partnered with OLA and is using their tech to track over 1.7 million farmers' produce and vehicle movement in vegetable markets to ensure social distancing protocols are maintained. It comes with a feature that can verify via a selfie whether people are wearing masks. The tech platform is also helping the state issue travel passes digitally.

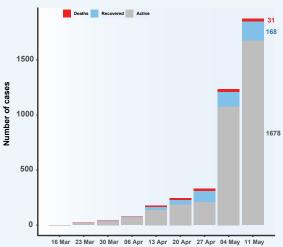
ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE

PUBLIC HEALTH RESPONSE





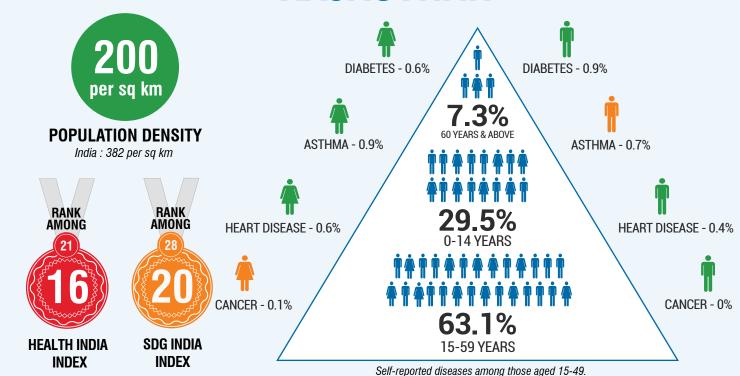
MIGRANT WORKERS

 Provisions for food and shelter made for migrant workers. Industry, including brick kiln, and agriculture sector to absorb migrant workers with adequate safety measures and provisions.

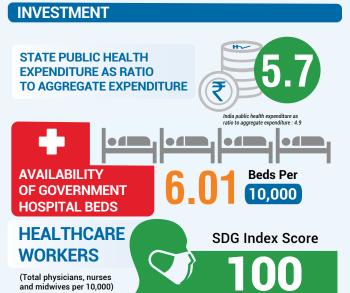
SUPPLY OF ESSENTIAL COMMODITIES

 Biometric authentication of National Food Security Act beneficiaries through ePOS d evices at Fair Price Shops during wheat distribution suspended until May 3.

RAJASTHAN



PREPAREDNESS

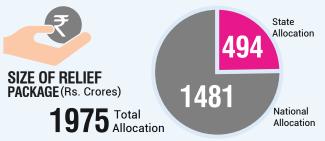


TECH RESPONSE

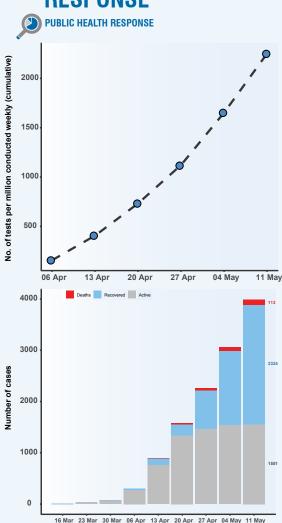


To continue providing health services despite social distancing, the State Government has partnered with the Health-tech startup MedCords to facilitate medicine delivery and provide online consultations. The apps is an integration of Aayu and Sehat Sathi apps and hopes to reach 68 million people in Rajasthan

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



MIGRANT WORKERS

Facilitating getting migrant workers home; workers to register via e-mitra online portal, mobile app, kiosk or helpline number.

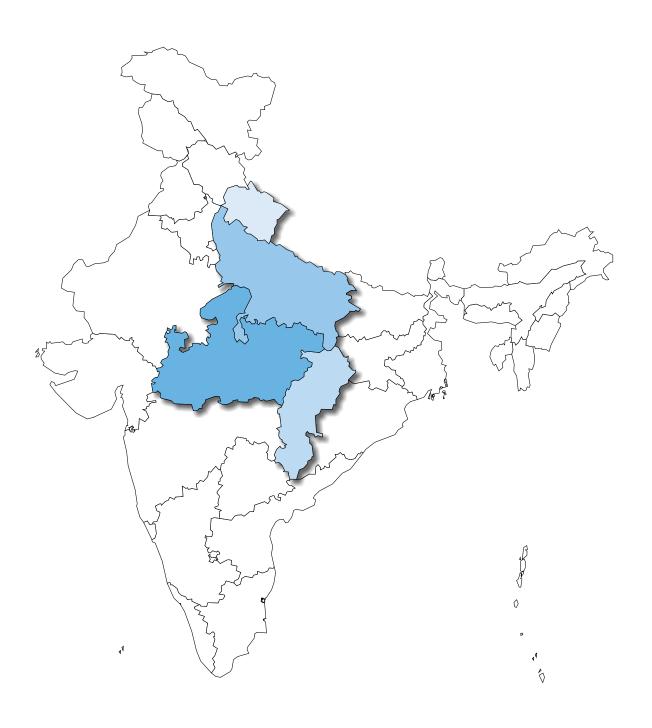
OTHER NOTABLE STEPS

Established Rajasthan Corona Sahayata Yojana for one-time cash transfer to construction workers, people deprived of livelihoods, needy eligible families from different categories, frontline workers' families through the Anugrah Rashi Bhugtan initiative.

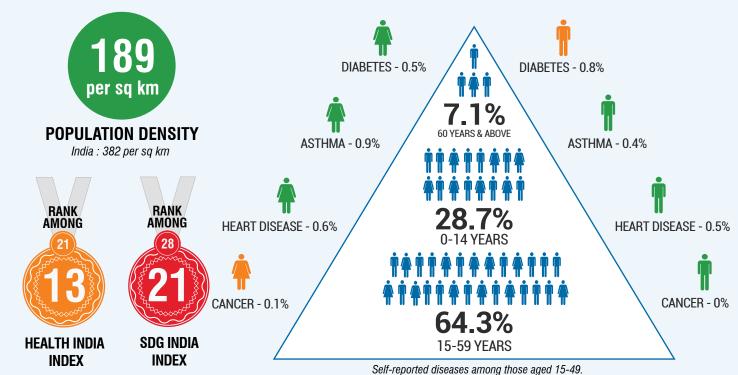
SUPPLY OF ESSENTIAL COMMODITIES

Biometric authentication replaced with OTP process for distributing rations via PDS. Door-step delivery of rations. Rajasthan Pharmacy Council set up a drug supply control room for unbindered supply of medicines and facilitating home delivery of medicines.

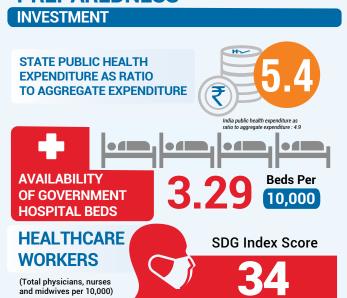
CENTRAL INDIA



CHHATTISGARH



PREPAREDNESS

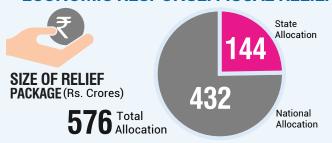


TECH RESPONSE

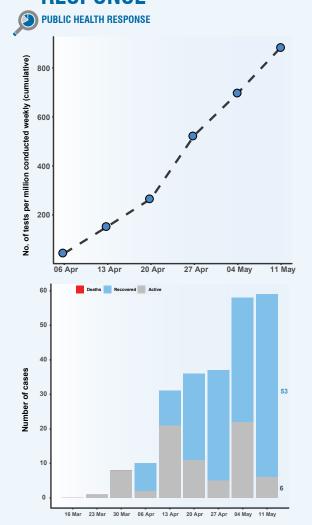


The Chhatisgarh Infotech Promotion Society has adopted an integrated IT platform for smoother inter-departmental coordination. All entries regarding home quarantine, contact tracing, sample collection and isolation centres are recorded in one place by the field staff directly. The auto alert system ensures smooth data exchange.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



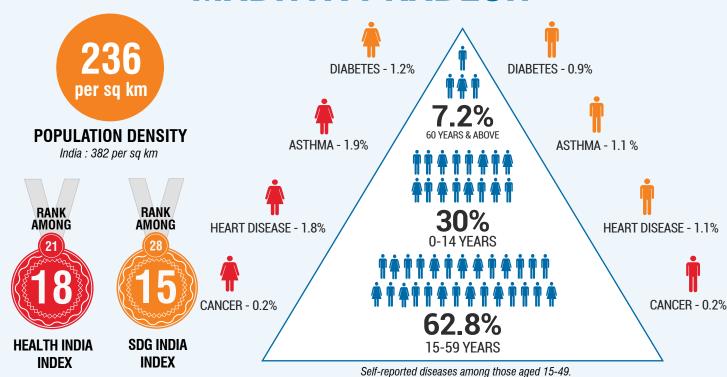
MIGRANT WORKERS

 State sanctioned Rs. 3.8 crore to set up relief camps, with mandated yoga and counseling sessions. Interim shelters are involved in making masks and soaps

SUPPLY OF ESSENTIAL COMMODITIES

- Subsidised rice, sugar and salt provided for two months to all ration card holders.
 OTHER NOTABLE STEPS
- Raw food distributed to beneficiaries of the Mid-Day Meal Scheme.

MADHYA PRADESH



PREPAREDNESS

STATE PUBLIC HEALTH EXPENDITURE AS RATIO TO AGGREGATE EXPENDITURE India public health expenditure as ratio to aggregate expenditure: 4.9 AVAILABILITY OF GOVERNMENT HOSPITAL BEDS HEALTHCARE WORKERS (Total physicians, nurses)

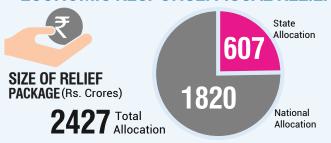
TECH RESPONSE

and midwives per 10,000)

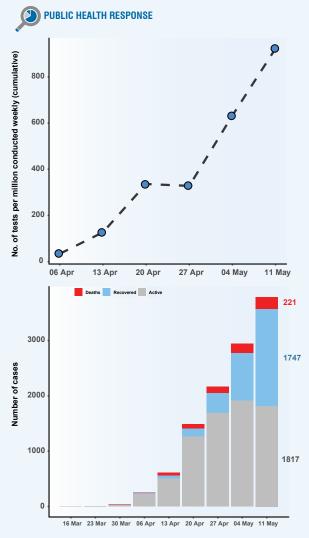


Smart city Bhopal has converted its Integrated Command and Control Centre into a data war room.. The seamless flow of information helps the different departments work in unison. The war room also houses a call centre to address all concerns.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



MIGRANT WORKERS

 Monetary relief of Rs. 1000 to all unorganised sector workers. Over Rs. 88 crore has already been transferred

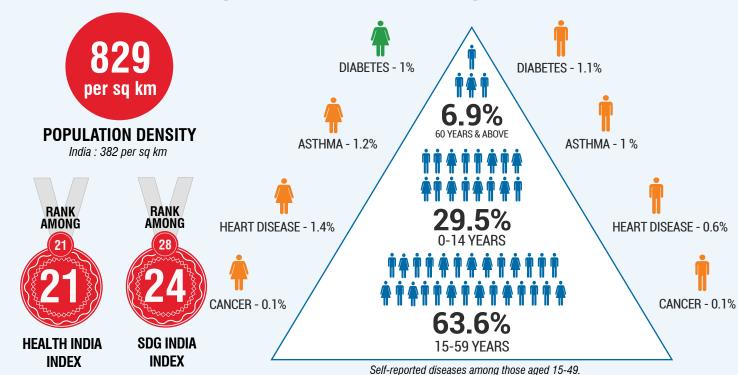
SUPPLY OF ESSENTIAL COMMODITIES

Free ration available to all

OTHER NOTABLE STEPS

- Essential Services Maintenance Act 1979 invokes, which prohibits anyone employed in essential services from refusing to work.
- Certain Scheduled Tribes would receive Rs 2000 per family.

UTTAR PRADESH



PREPAREDNESS

STATE PUBLIC HEALTH EXPENDITURE AS RATIO TO AGGREGATE EXPENDITURE AVAILABILITY OF GOVERNMENT HOSPITAL BEDS HEALTHCARE WORKERS STATE PUBLIC HEALTH EXPENDITURE 4.5 India public health expenditure as ratio to aggregate expenditure: 4.9 10,000 SDG Index Score

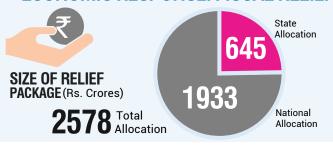
TECH RESPONSE



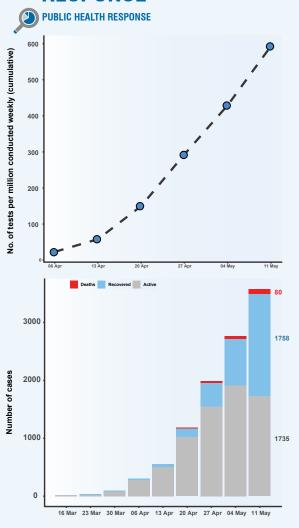
(Total physicians, nurses and midwives per 10,000)

The state administration is providing food to all with the help of two platforms—Annapurna and Supply Mitra. The former gives location of free cooked items and food packets, while the latter is used to facilitate home delivery of groceries and other daily essential items, by providing the operating details of the traders and delivery boys involved. The E-Doctor Seva, a public-private partnership initiative in Agra, offers tele-video consultation facility.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



MIGRANT WORKERS

 Facilitating bringing back migrant workers home, providing them with shelter and rations. Rs. 1000/month direct cash support to 20.4 lakh registered construction workers, 15 lakh street vendors and other unregistered workers.

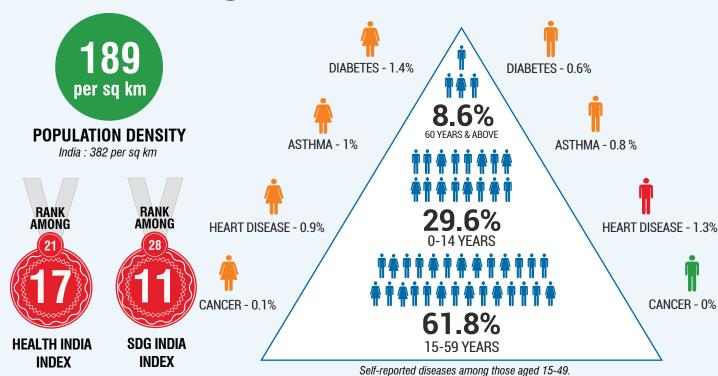
SUPPLY OF ESSENTIAL COMMODITIES

 Universal access to the Public Distribution System from April 17 to June 30, irrespective of availability of ration card and Aadhaar card. Free ration to 1.65 crore registered construction workers and daily wage labourers in April.

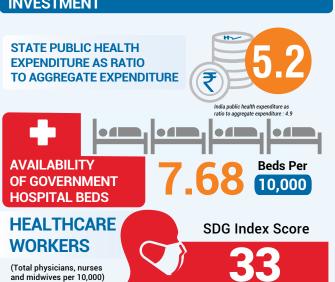
OTHER NOTABLE STEPS

 The state had no laboratory to test the Sars-CoV-2 pathogen when the first positive case was reported. It now has 10.

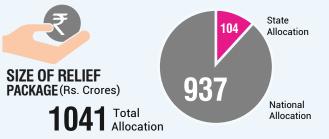
UTTARAKHAND



PREPAREDNESS INVESTMENT



ECONOMIC RESPONSE: FISCAL RELIEF



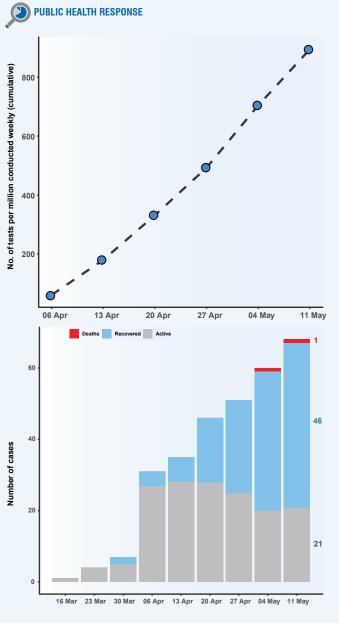
MIGRANT WORKERS

 Relief camps set up and food provided to migrant workers, and other poor and needy.

SUPPLY OF ESSENTIAL COMMODITIES

 Select shops providing essential goods and most other stores open in 9 of 13 districts. Doorstep delivery of essentials allowed. Raids conducted at mandis and provision shops to check for illegal profiteering.

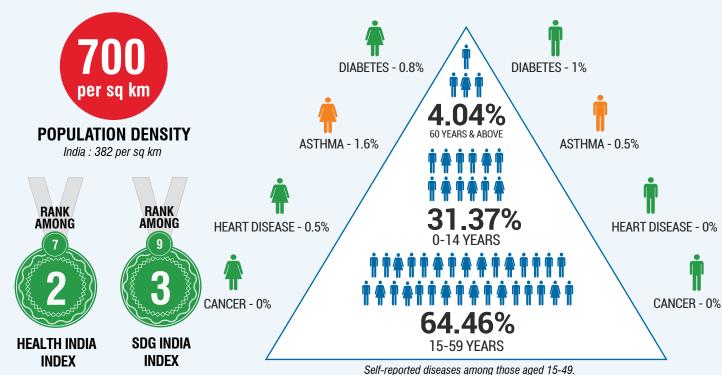
RESPONSE



WEST INDIA



DADRA AND NAGAR HAVELI







TECH RESPONSE

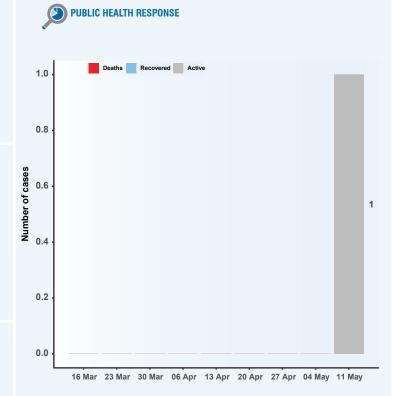


The administration launched the "Corona Tracer" app. The app provides local updates, serves as a self-assessment tool and can be used to alert authorities in case of emergencies. Applications for E-Pass permissions can also be made via the app.

SUPPLY OF ESSENTIAL COMMODITIES

 The authorities have created a comprehensive directory that lists out the contact information of all operating essential services zone-wise. In addition to home delivery of groceries and medication, breakdown assistance for household equipment (electrical, plumbing) is also provided. Cash delivery and door-to-door ATM facilities are also provided.

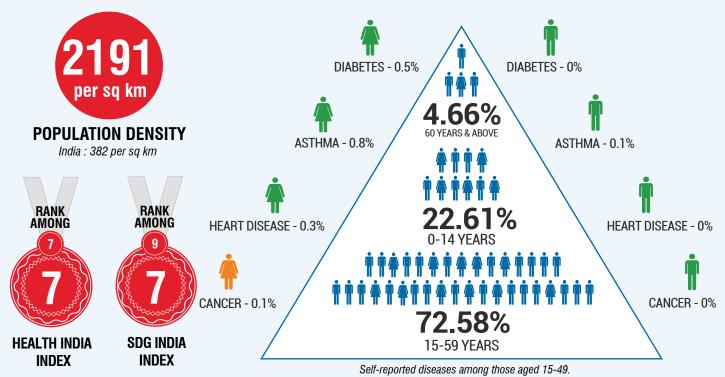
RESPONSE



OTHER NOTABLE STEPS

 The UT was integrated into the One-Nation, One-Ration national scheme on 1 May. The scheme allows beneficiaries to avail benefits across the country using one ration card.

DAMAN AND DIU







TECH RESPONSE

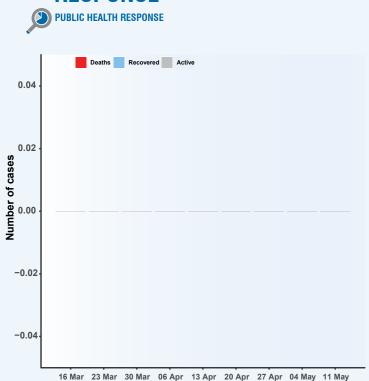


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SUPPLY OF ESSENTIAL COMMODITIES

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RESPONSE



OTHER NOTABLE STEPS

 The UT was integrated into the One-Nation, One-Ration national scheme on 1 May. The scheme allows beneficiaries to avail benefits across the country using one ration card.

GOA DIABETES - 3.8% **DIABETES - 3%** per sg km POPULATION DENSITY ASTHMA - 1% **ASTHMA - 0.5%** India: 382 per sq km RANK AMONG RANK **AMONG HEART DISEASE - 0.2% HEART DISEASE - 0.3%** 28 CANCER - 0% **CANCER - 0.2%** 66.83% **HEALTH INDIA SDG INDIA** 15-59 YEARS **INDEX INDEX** Self-reported diseases among those aged 15-49.

PREPAREDNESS

INVESTMENT STATE PUBLIC HEALTH **EXPENDITURE AS RATIO** TO AGGREGATE EXPENDITURE **AVAILABILITY Beds Per OF GOVERNMENT** 10,000 **HOSPITAL BEDS HEALTHCARE SDG Index Score WORKERS**

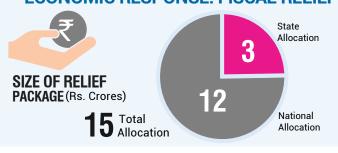
TECH RESPONSE

(Total physicians, nurses and midwives per 10,000)

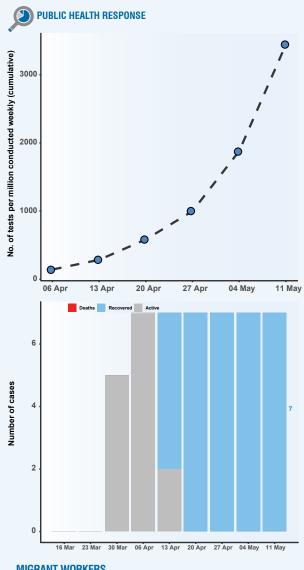


Goa was the first state to introduce a self-assessment app called 'Test Yourself' that helps users self-diagnose COVID-19 symptoms. The app includes real-time updates on cases, measures and preventions.

ECONOMIC RESPONSE: FISCAL RELIEF



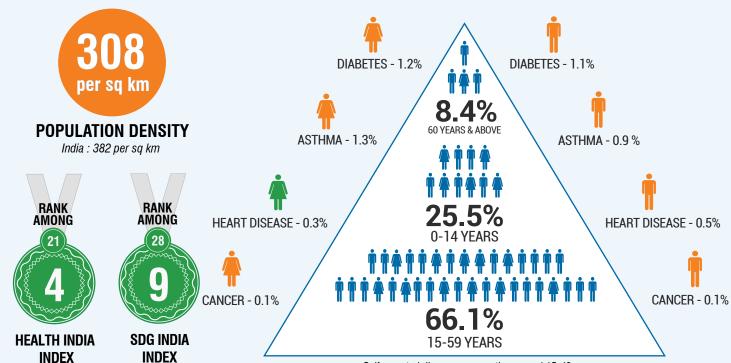
RESPONSE



MIGRANT WORKERS

 Migrant workers housed in government facilities with essential supplies and counseling sessions to counter rise in mental illness.

GUJARAT



PREPAREDNESS

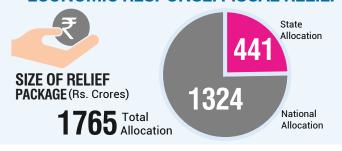
STATE PUBLIC HEALTH EXPENDITURE AS RATIO TO AGGREGATE EXPENDITURE AVAILABILITY OF GOVERNMENT HOSPITAL BEDS HEALTHCARE WORKERS (Total physicians, nurses)

TECH RESPONSE



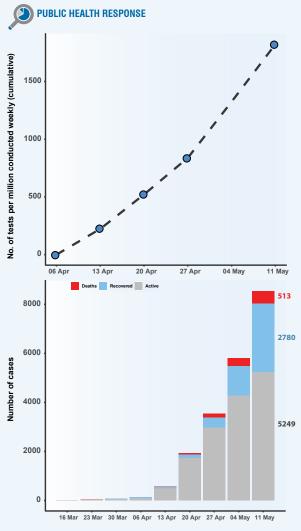
The state is using a GIS-based mobile application to monitor the movement of those advised to quarantine at home. Similar to the Centre's Quarantine Alert System, it alerts authorities if the person being monitored leaves quarantine.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE

Self-reported diseases among those aged 15-49.



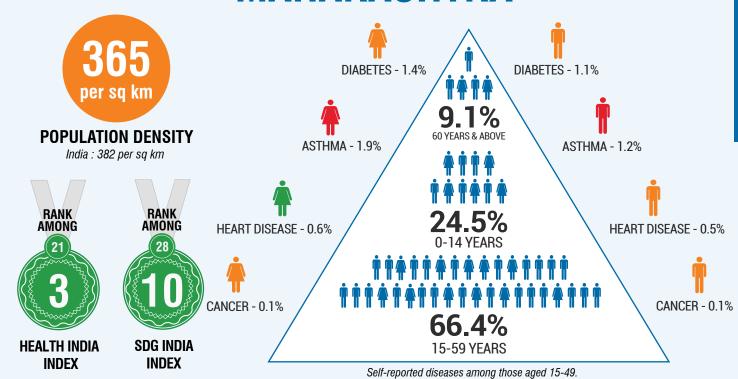
MIGRANT WORKERS

- Migrants housed in temporary shelters.
- Migrants having their own vehicles can apply for permission from the district collector and if approved, travel back to their hometowns.

SUPPLY OF ESSENTIAL COMMODITIES

 Rs. 1000 transferred to families with ration cards and one month's supply of food grain provided for free.

MAHARASHTRA



PREPAREDNESS

STATE PUBLIC HEALTH EXPENDITURE AS RATIO TO AGGREGATE EXPENDITURE AVAILABILITY OF GOVERNMENT HOSPITAL BEDS HEALTHCARE SDG Index Score

TECH RESPONSE

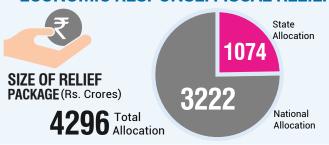


WORKERS

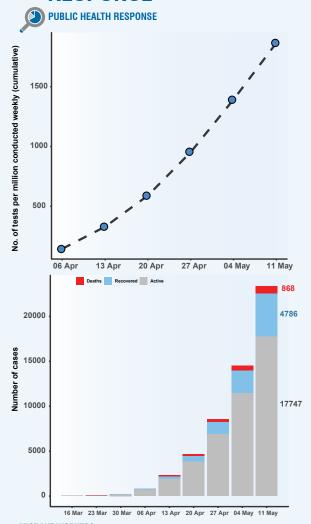
(Total physicians, nurses and midwives per 10,000)

The Mahakavach app utilises both contact-tracing and quarantine-tracking features. The app restricts home quarantine to a digitally-mapped area, a technique called geo-fencing. The authorities are alerted in case the phone leaves this digitally-mapped boundary. People are required to provide regular selfie attendance, which is further crosschecked by facial recognition and maps to detect live images.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



MIGRANT WORKERS

 1.3 lakh stranded sugarcane workers allowed conditional intra-state travel.
 Rs. 2000 one-off monetary relief provided to migrant workers.

SUPPLY OF ESSENTIAL COMMODITIES

Subsidised ration available to saffron (APL) ration card holders

OTHER NOTABLE STEPS

 State notification to defer rent collection for three months. No eviction will be allowed due to non-payment of rent during this period.

EAST INDIA



BIHAR

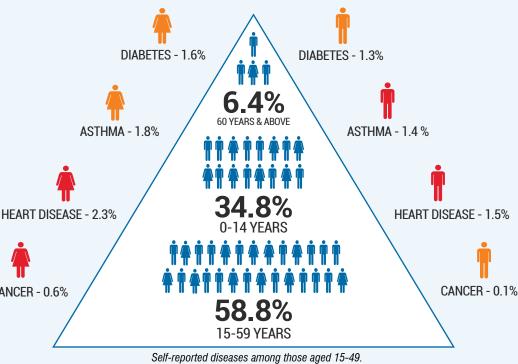




India: 382 per sq km

RANK AMONG

28



HEALTH INDIA INDEX

INVESTMENT

RANK AMONG

21

CANCER - 0.6% SDG INDIA INDEX

PREPAREDNESS







AVAILABILITY OF GOVERNMENT HOSPITAL BEDS

Beds Per 10.000

HEALTHCARE WORKERS

SDG Index Score

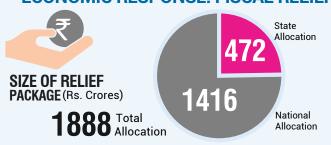
(Total physicians, nurses and midwives per 10,000)

TECH RESPONSE

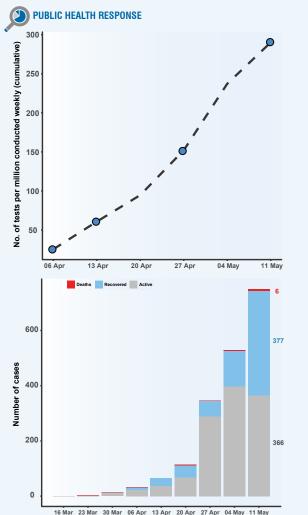


The government is using geo-fencing and geo-tagging technologies to identify stranded migrants and disburse emergency monetary relief to them.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



MIGRANT WORKERS

Rs. 1000 provided as monetary relief and the state runs 10 food centres in Delhi to support stranded workers

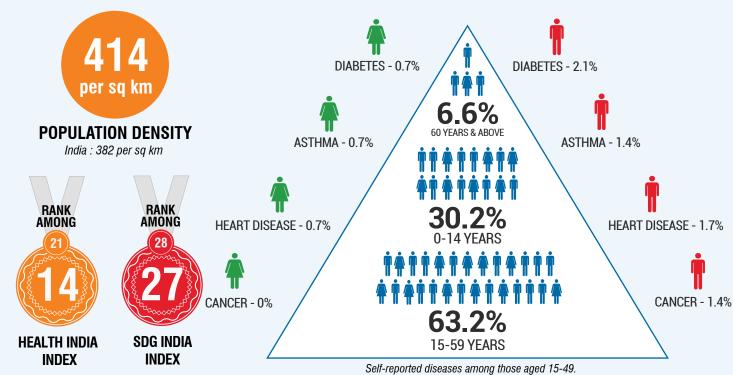
SUPPLY OF ESSENTIAL COMMODITIES

 Free ration for one month to ration card holders, Rs. 1000 one-off payment for families without ration cards.

OTHER NOTABLE STEPS

Direct benefits transfer to beneficiaries of the Mid-Day Meal Scheme. Corona Sahayata App for those stranded outside Bihar

JHARKHAND



PREPAREDNESS

INVESTMENT







AVAILABILITY OF GOVERNMENT HOSPITAL BEDS

HEALTHCARE

Beds Per 10.000

WORKERS (Total physicians, nurses and midwives per 10,000)

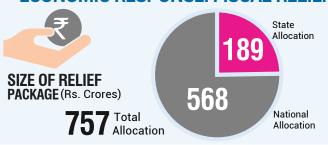


TECH RESPONSE

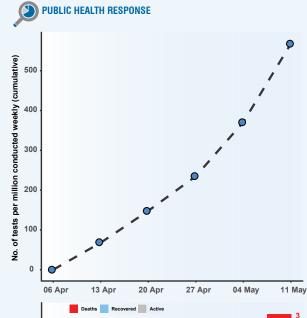


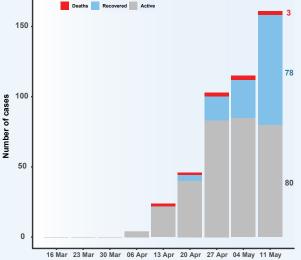
The police is using drones, CCTV cameras and automatic number plate recognition for surveillance and to enforce the lockdown in the containment and buffer zones. The government is also experimenting with a Co-Bot (collaborative robot) to transfer medicine and food from one bed to another, without needing health workers to attend to COVID-19 patients and risk infection.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE





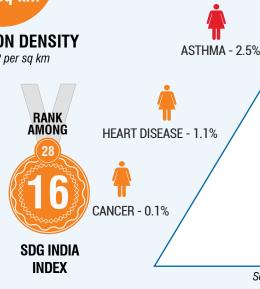
MIGRANT WORKERS

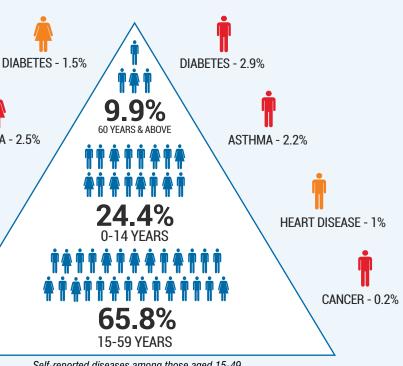
 Launched the Chief Minister's Special Assistance Scheme, a mobile app to help register stranded workers. Rs. 1000 provided as monetary relief.

ODISHA









Self-reported diseases among those aged 15-49.

PREPAREDNESS

INVESTMENT

HEALTH INDIA

INDEX

RANK AMONG

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STATE PUBLIC HEALTH **EXPENDITURE AS RATIO** TO AGGREGATE EXPENDITURE





Beds Per 10,000

HEALTHCARE WORKERS (Total physicians, nurses and midwives per 10,000)



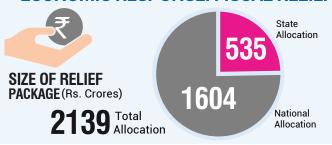
SDG Index Score

TECH RESPONSE

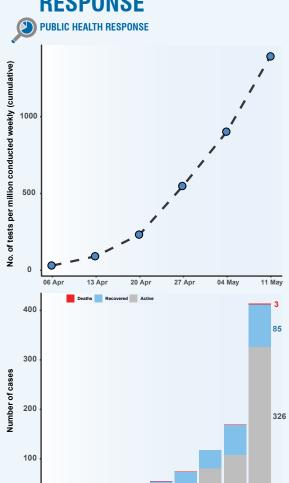


The public can find information about the Coronavirus and report violations of social distancing measures on the 'COVID-19 Odisha' app.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



MIGRANT WORKERS

0

 Facilitated return of migrant workers stranded in Gujarat and other parts of the country. Set up a 30-line help centre for stranded workers. Formally launched a portal for registration of stranded workers to monitor COVID-19 spread.

SUPPLY OF ESSENTIAL COMMODITIES

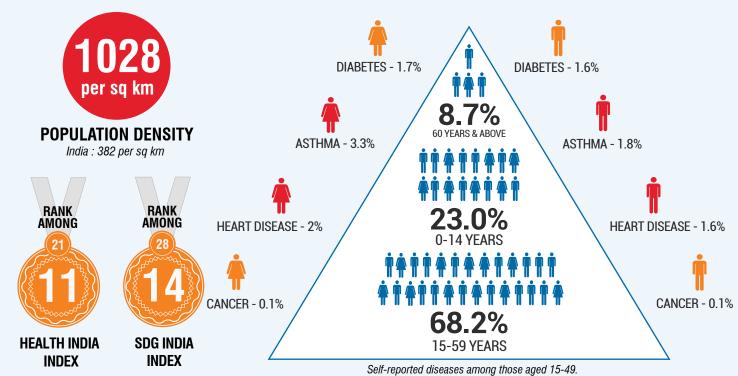
 National Food Security Act and State Food Security Scheme invoked to distribute rice, wheat, S.K. oil from April 1 to May 15.

OTHER NOTABLE STEPS

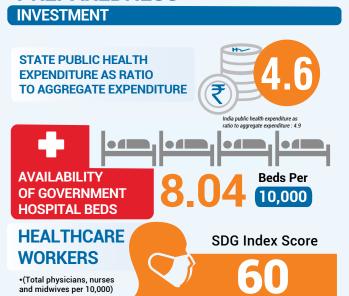
16 Mar 23 Mar 30 Mar 06 Apr 13 Apr 20 Apr 27 Apr 04 May 11 May

Announced special financial benefits for all social security beneficiaries; released three months' salary to all COVID-19 healthcare workers.

WEST BENGAL



PREPAREDNESS

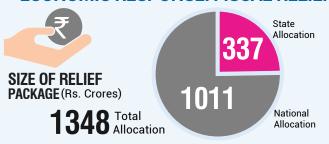


TECH RESPONSE

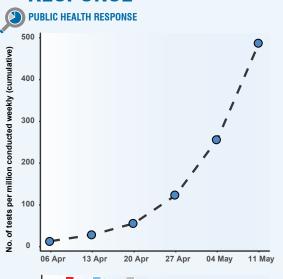


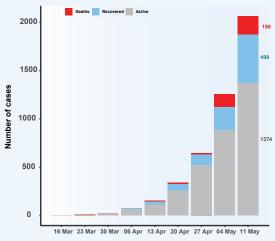
The state government has launched an app, Sandhane, to identify and treat patients in remote and rural areas. Sandhane will be used by ASHA health workers to record data of people in villages who show COVID-19 symptoms.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE





MIGRANT WORKERS

 Temporary shelters created and food provided to migrant workers, and other poor and needy.

SUPPLY OF ESSENTIAL COMMODITIES

 Free entitlement of wheat and rice to beneficiaries under food subsidy schemes through PDS from 1 April to 30 September (6 months).

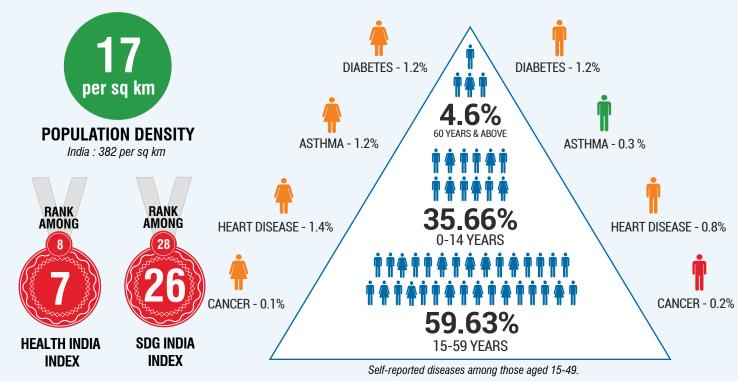
OTHER NOTABLE STEPS

 West Bengal State Emergency Relief Fund created on 23 March and state-wide austerity measures announced on 2 April .

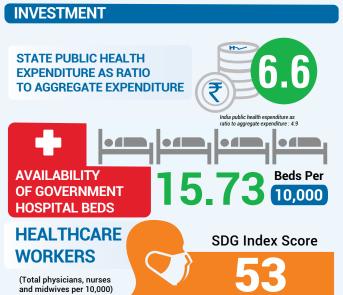
NORTH-EAST INDIA



ARUNACHAL PRADESH



PREPAREDNESS

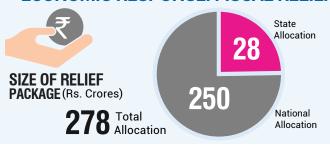


TECH RESPONSE

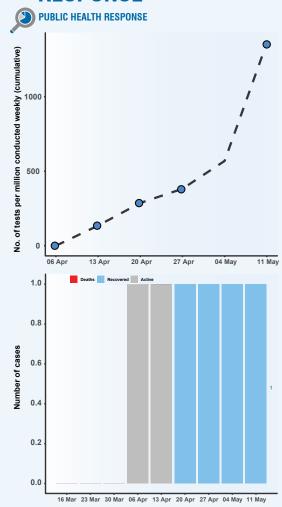


The state government has introduced apps like 'U Tell Us' and 'Dukan Dada' to supply groceries and essentials to citizens and limit outdoor exposure. The app delivers essentials 24x7.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



MIGRANT WORKERS

- Online registration forms used to provide immediate monetary relief (Rs. 3500) to stranded individuals from Arunachal Pradesh.
- 46 relief camps set up and 25,000+ workers provided with food

SUPPLY OF ESSENTIAL COMMODITIES

Rs.1000 for 1,75,000+ BPL families.
 44,000+ free LPG cylinders provided.

OTHER NOTABLE STEPS

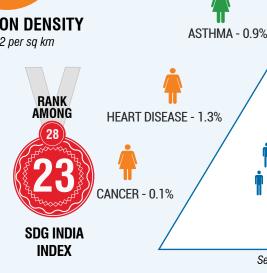
 Rs. 3000 paid over three months to senior citizens, needy widows and disabled residents.

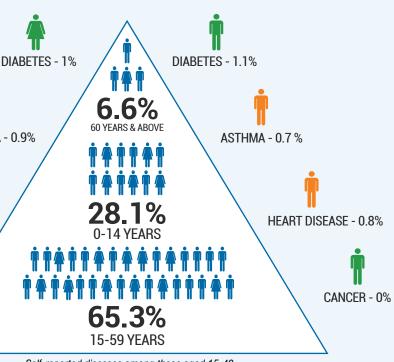
ASSAM



POPULATION DENSITY

India : 382 per sq km





Self-reported diseases among those aged 15-49.

PREPAREDNESS

INVESTMENT

HEALTH INDIA

INDEX

RANK AMONG

STATE PUBLIC HEALTH **EXPENDITURE AS RATIO** TO AGGREGATE EXPENDITURE





HEALTHCARE WORKERS

(Total physicians, nurses and midwives per 10,000)

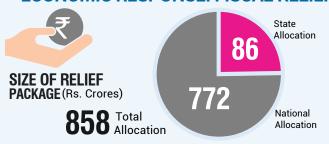


TECH RESPONSE

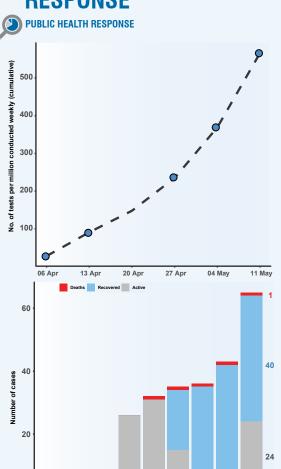


The state launched the COVAAS app to address all COVID-19 related issues. It posts regular updates and provides volunteering and helpline information. Applications for E-passes and request for help in case of emergencies can be made through the app.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



16 Mar 23 Mar 30 Mar 06 Apr 13 Apr 20 Apr 27 Apr 04 May 11 May

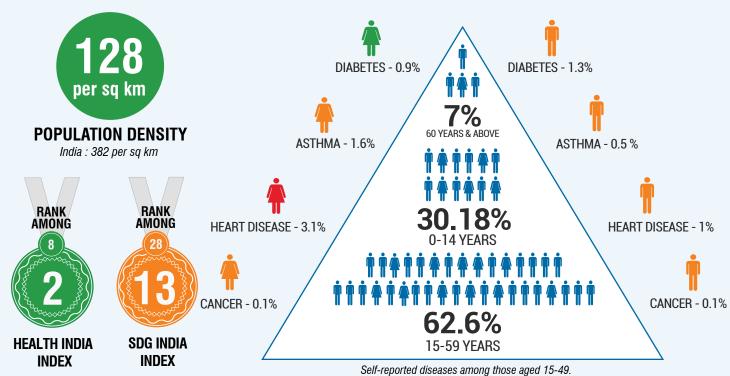
MIGRANT WORKERS

- Government authorised three-day window for 'conditional movement' to help stranded intra-state workers
- The 'Assam Cares' Initiative provides Rs. 2000 as monetary relief. 86,000 workers have already been paid.

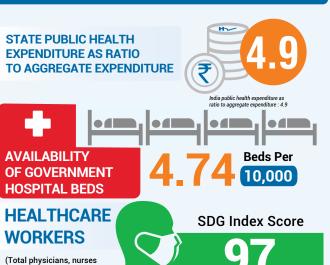
SUPPLY OF ESSENTIAL COMMODITIES

- Free rice to 58 lakh families (ration card holders).Rs. 1000 one-time transfer to families without a ration card. OTHER NOTABLE STEPS
- 40 lakh students provided with raw food materials in place of the mid-day meal scheme. US\$1000 provided to Assamese people stranded abroad

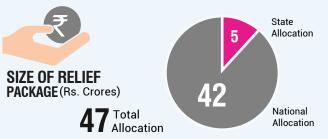
MANIPUR



PREPAREDNESS INVESTMENT



ECONOMIC RESPONSE: FISCAL RELIEF



MIGRANT WORKERS

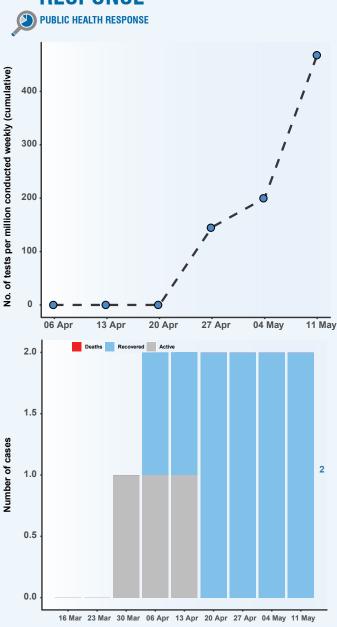
 Financial aid of Rs. 2000 from CM's Relief Fund transferred to the bank accounts of those stranded outside the ctte.

and midwives per 10,000)

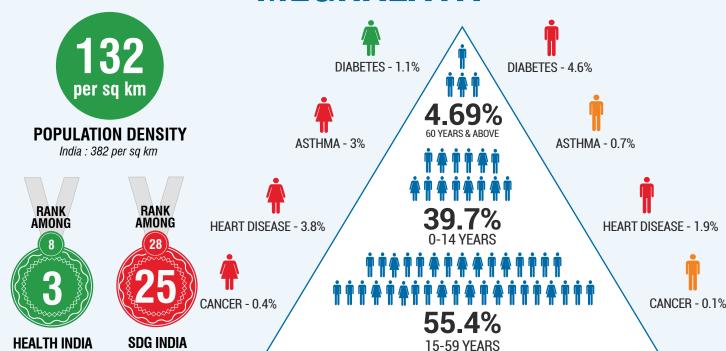
SUPPLY OF ESSENTIAL COMMODITIES

 Select grocery stores providing essential goods are open, with doorstep delivery of essential goods in all districts.

RESPONSE



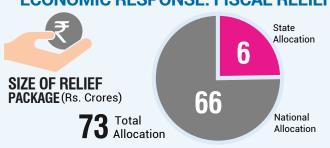
MEGHALAYA



Self-reported diseases among those aged 15-49.

PREPAREDNESS INVESTMENT STATE PUBLIC HEALTH **EXPENDITURE AS RATIO** TO AGGREGATE EXPENDITURE India public health expenditure as ratio to aggregate expenditure : 4.9 **AVAILABILITY Beds Per OF GOVERNMENT** 10,000 **HOSPITAL BEDS HEALTHCARE** SDG Index Score **WORKERS** (Total physicians, nurses and midwives per 10,000) **ECONOMIC RESPONSE: FISCAL RELIEF**

INDEX



OTHER NOTABLE STEPS

Benefits provisioned under other schemes,

MIGRANT WORKERS

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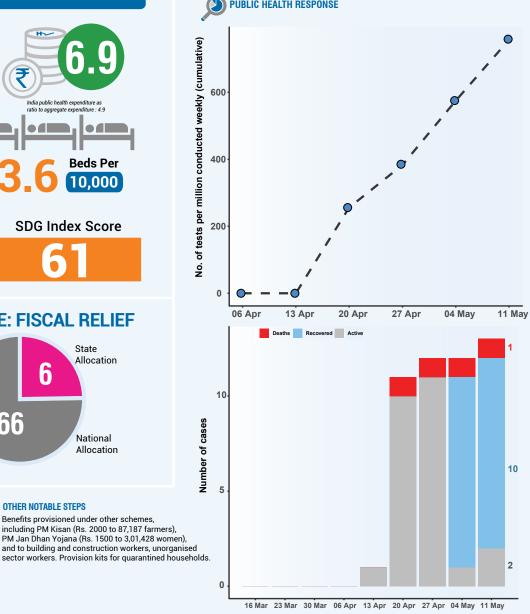
• Distribution of Rs. 3000 one-time financial assistance for 10.287 citizens stranded outside the state is underway.

SUPPLY OF ESSENTIAL COMMODITIES

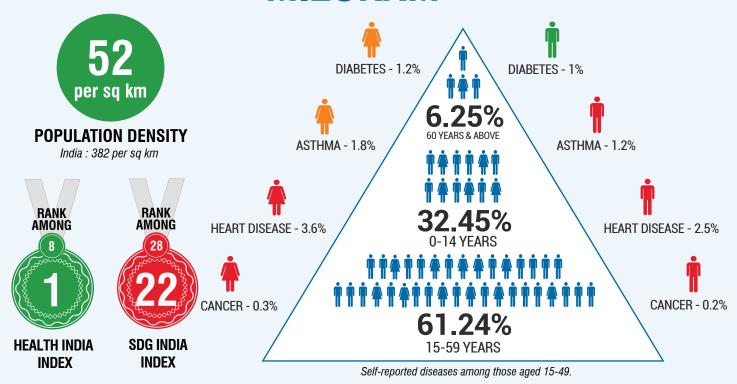
 Food grain distribution to 21,45,145
 National Food Security Act and 7,72,694 non-National Food Security Act beneficiaries for April is done, and is ongoing for May.

PUBLIC HEALTH RESPONSE

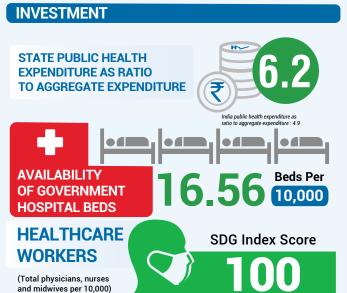
RESPONSE



MIZORAM



PREPAREDNESS

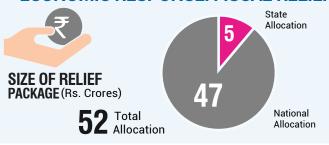


TECH RESPONSE

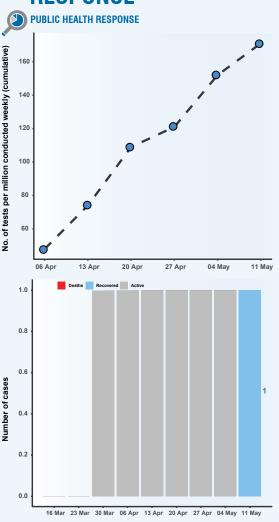


The government has launched the mCOVID-19 app, which provides national and global updates on the deadly virus in Mizo language.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



MIGRANT WORKERS

Mizoram's Home Department has ordered district-level task forces on COVID-19 to monitor relief measure for stranded migrant workers, and provide them with food and shelter.

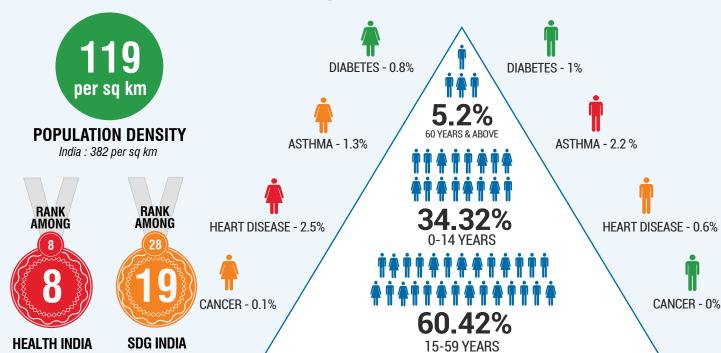
SUPPLY OF ESSENTIAL COMMODITIES

Online app mPASS was set up to register vehicles transporting essential and non-essential commodities from within and outside the state. Helpline for farmers and mobile app (mCOVID-19) set up. The task force on agriculture distributed seeds to village-level task forces, who distributed among farmers in the state.

OTHER NOTABLE STEPS

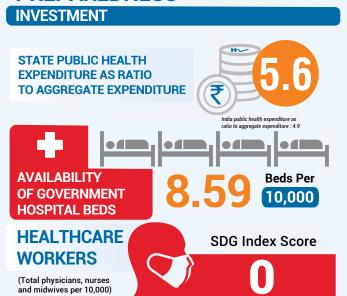
The CM's Relief Fund has sanctioned, a total of Rs. 62,08,500 across 10 districts for onward distribution to COVID-19 workers.

NAGALAND



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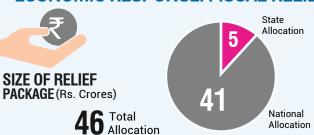
INDEX

TECH RESPONSE



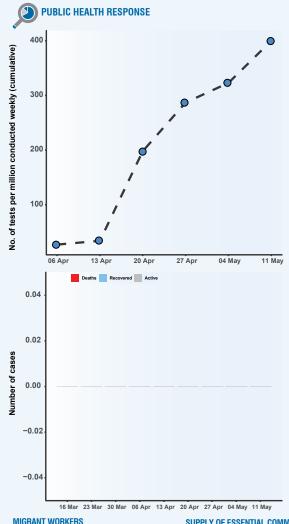
The State has launched a self-declaration nCOVID-19 app to curb community spread. All persons entering the state after 6 March must register on the app, following which their phone GPS is used to monitor their movement and any health changes.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE

Self-reported diseases among those aged 15-49.



MIGRANT WORKERS

 Essential food packages to daily wage earners and migrant workers provided;
1.2 lakh helped. Announcement of a
special package for distressed stranded
citizens outside of Nagaland; 9800 verified applicants, Rs. 1.63 CR disbursed.

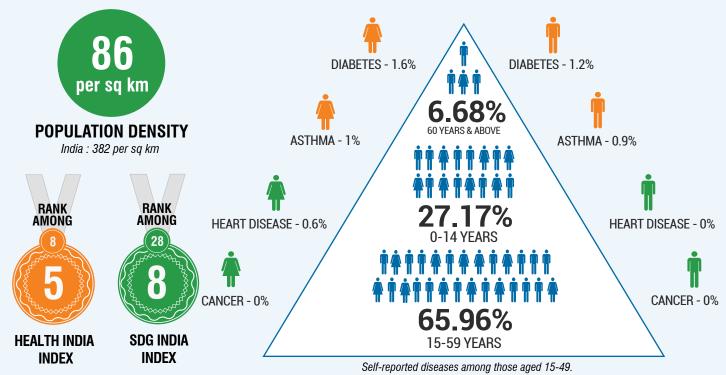
SUPPLY OF ESSENTIAL COMMODITIES

Select shops providing essentials and dhabas at strategic locations remained open. Doorstep delivery of food from restaurants/food outlets and of essential goods allowed.

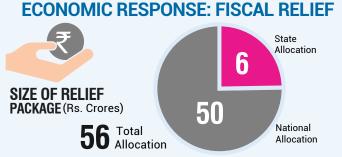
OTHER NOTABLE STEPS

Relief extended to families affected by thunderstorms. Social security schemes (mid-day meal, MGNREGA etc.) to resume.

SIKKIM



PREPAREDNESS INVESTMENT STATE PUBLIC HEALTH **EXPENDITURE AS RATIO TO AGGREGATE EXPENDITURE** India public health expenditure as ratio to aggregate expenditure : 4.9 **AVAILABILITY Beds Per OF GOVERNMENT** 10,000 **HOSPITAL BEDS HEALTHCARE SDG Index Score WORKERS** *(Total physicians, nurses and midwives per 10,000)



MIGRANT WORKERS

 Economic relief package, including free ration in specific quantities (other than the PDS entitlement), to daily wagers, migrant labourers, casual workers.

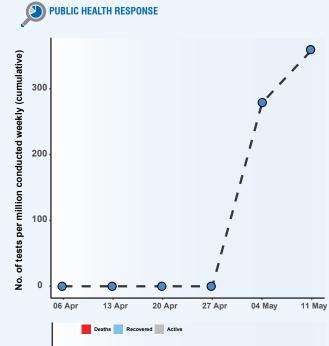
SUPPLY OF ESSENTIAL COMMODITIES

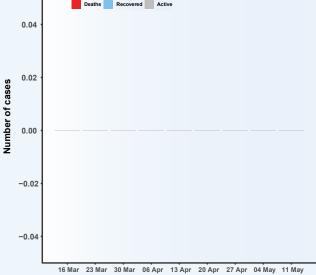
Select shops providing essentials goods open.
 Door-step delivery of essentials, except cooked food, allowed.

OTHER NOTABLE STEPS

 Financial relief of Rs. 30,000 offered to stranded patients of COVID-19, Rs. 5000 to stranded students, Rs. 5000 to Asha workers for work done during COVID-19, Rs. 300 additional incentive wage to workers at Temi tea estate, and to other poor and needy.

RESPONSE



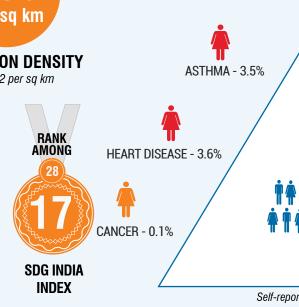


TRIPURA

per sq km

POPULATION DENSITY

India : 382 per sq km



DIABETES - 1.4% DIABETES - 1.6% .88% 60 YEARS & ABOVE **ASTHMA - 0.4% HEART DISEASE - 2.9%** CANCER - 0% 64.36% 15-59 YEARS Self-reported diseases among those aged 15-49.

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STATE PUBLIC HEALTH **EXPENDITURE AS RATIO** TO AGGREGATE EXPENDITURE

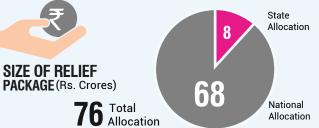


HEALTHCARE WORKERS

(Total physicians, nurses and midwives per 10,000)



ECONOMIC RESPONSE: FISCAL RELIEF

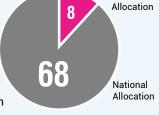


MIGRANT WORKERS

Relief camps providing food and shelter to migrant workers set up. Khowai district administration gave one-time payment of Rs 1000 to brick-kiln workers

SUPPLY OF ESSENTIAL COMMODITIES

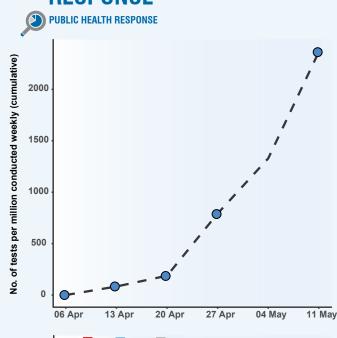
• Free rations for 15 days provided to 5.86 lakh families of Antyodaya Anna Yojana and priority beneficiaries. Up to 18 kg of rice and dal provided per family of 2.66 lakh primary students and 25 kg of rice and dal provided per family of 1.65 lakh upper primary students who receive mid-day meals.

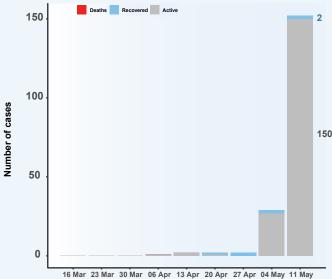


OTHER NOTABLE STEPS

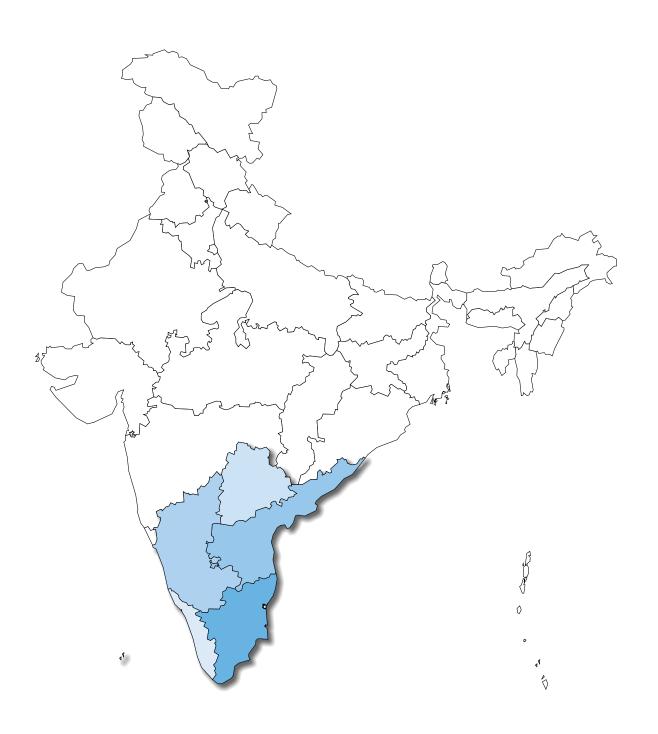
Provision of two months' social pensions for April and May to 4 lakh people; Rs. 74 CR sanctioned. E-commerce companies allowed to operate following guidelines and with necessary permissions.

RESPONSE

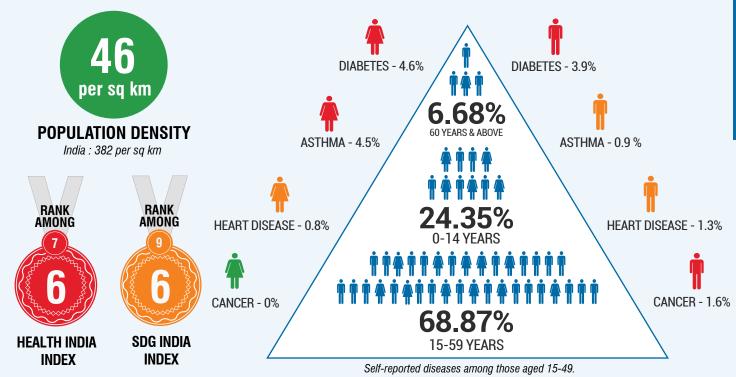




SOUTH INDIA



ANDAMAN AND NICOBAR ISLANDS



PREPAREDNESS

INVESTMENT



MIGRANT WORKERS

- Arranged for special ships to ferry stranded migrant workers, students, pilgrims and tourists.
- All persons must compulsorily quarantine for 14 days and give an undertaking before boarding the ships
- Online registration for those who want to travel.

SUPPLY OF ESSENTIAL COMMODITIES

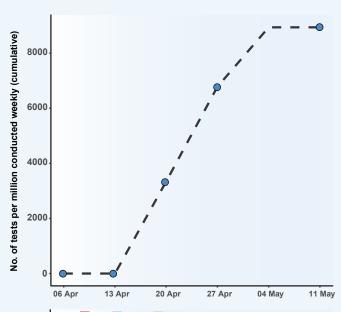
- Select grocery stores providing essential goods are open.
- Food Corporation of India has moved two vessels containing essential food supplies to the islands, more than double the monthly average vessel movement
- 6500 MT of food grain has been moved from Kakinada Port to Port Blair and different principle distribution centres on the islands, more than double the monthly average. 5500 MT have been distributed so far

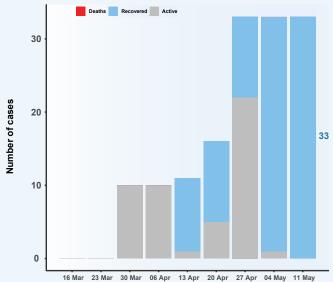
OTHER NOTABLE STEPS

 First in the country to be 'pool testing' samples of potential COVID-19 patients to reduce number of testing kits used.

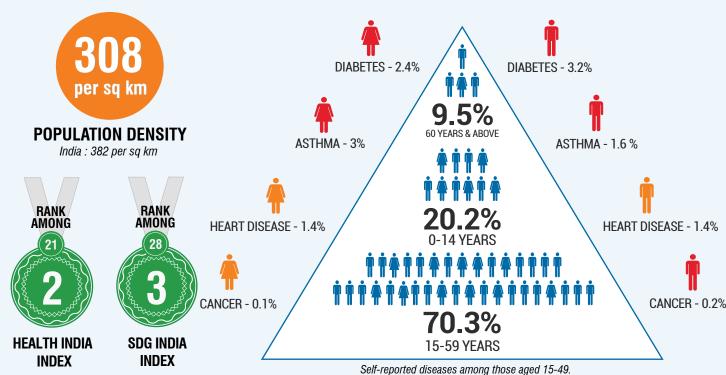
RESPONSE







ANDHRA PRADESH



PREPAREDNESS

STATE PUBLIC HEALTH EXPENDITURE AS RATIO TO AGGREGATE EXPENDITURE AVAILABILITY OF GOVERNMENT HOSPITAL BEDS HEALTHCARE WORKERS (Total physicians, nurses

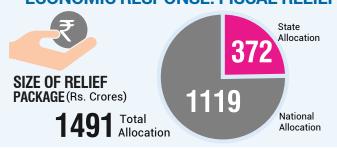
TECH RESPONSE

and midwives per 10,000)

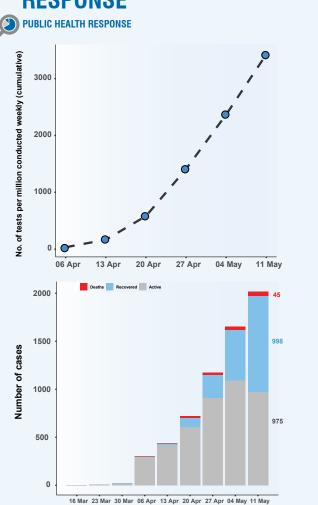


State Disaster Management Authority has developed an app to track each person in home quarantine and for contact tracing (primary and secondary contacts) of all positive cases.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



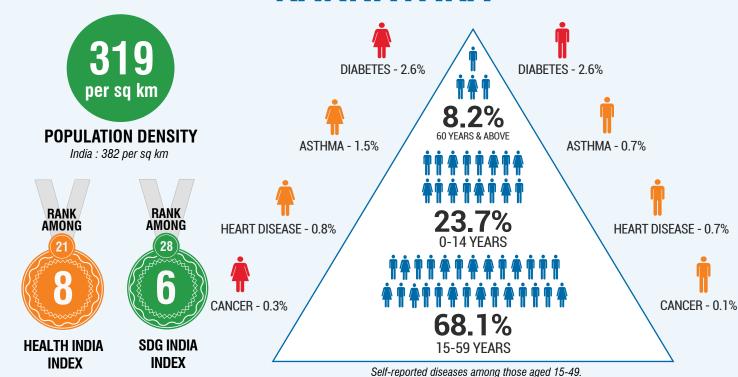
MIGRANT WORKERS

- Special centres set up to provide food and shelter to stranded migrant workers
- Government coordinated a Joint Quarantine operation with Karnataka to provide food and medical facilities to workers waiting at the borders

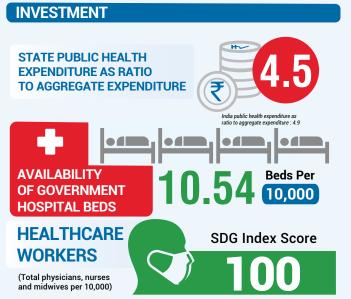
SUPPLY OF ESSENTIAL COMMODITIES

- Free ration for one month to white ration card holders
- One-time payment of Rs. 1000 for groceries.
- Free ration to old-age homes and child care institutions. Doorstep delivery.

KARNATAKA



PREPAREDNESS

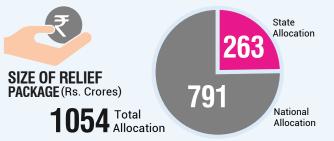


TECH RESPONSE

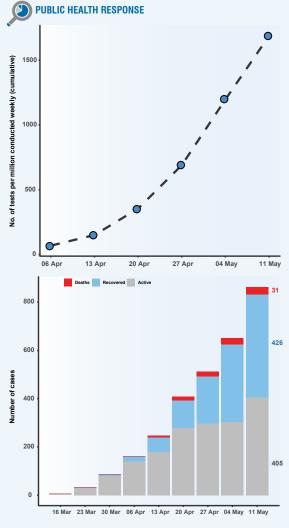


The government released the 'Corona Watch' app, which tracks the movement of positive patients and those under quarantine. The app maintains a two-week movement history, and records live coordinates and prevents manipulation by geo-tagging. People under observation need to submit a photo everyday to mark 'virtual attendance'. The authorities can be notified about any breaches through the app. Information about nearest available medical facilities can also be found on the app.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



MIGRANT WORKERS

Rs. 1000 one-off monetary relief

provided to migrant workers.

SUPPLY OF ESSENTIAL COMMODITIES

Usual OTP authentication process for collection of rations relaxed for one month. Excess stock of milk distributed to the needy.

OTHER NOTABLE STEPS

 Home delivery of mid-day meals to students for 21 days

KERALA



POPULATION DENSITY

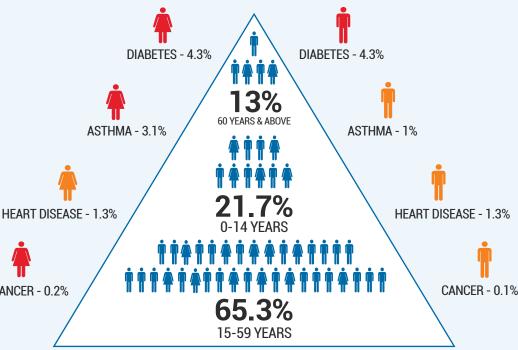
India : 382 per sq km

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Self-reported diseases among those aged 15-49.

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STATE PUBLIC HEALTH **EXPENDITURE AS RATIO** TO AGGREGATE EXPENDITURE



CANCER - 0.2%



HEALTHCARE WORKERS

(Total physicians, nurses and midwives per 10,000)

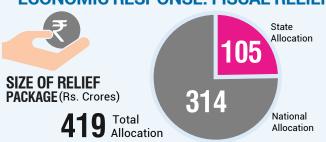


TECH RESPONSE

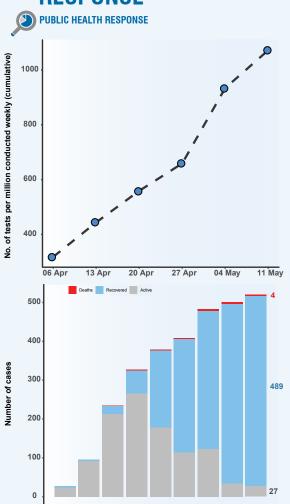


The government is collating data on known contacts of confirmed patients through GIS mapping and route charting (tracing and identifying on a live geo-map with the help of drones). The availability of laboratories and isolation wards in high-risk zones is also monitored.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE



16 Mar 23 Mar 30 Mar 06 Apr 13 Apr 20 Apr 27 Apr 04 May 11 May

MIGRANT WORKERS

• 18,000+ relief camps set up for 'guest' workers. Exclusive migrant-run community kitchens to provide native food for stranded migrants.

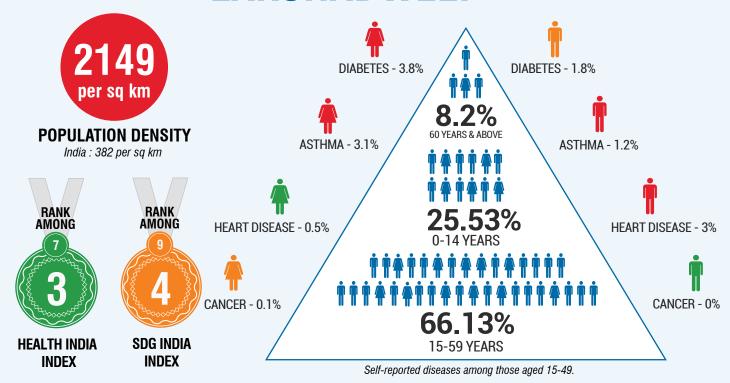
SUPPLY OF ESSENTIAL COMMODITIES

One month free ration provided to all, followed by subsidised prices for essentials. Essential commodity kits delivered to 3.69 millions farmers.

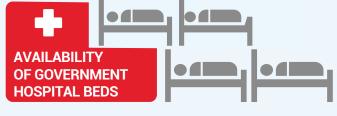
OTHER NOTABLE STEPS

Rs 2000 crore invested in the Kudumbashree (women empowerment) programme, including providing loans

LAKSHADWEEP







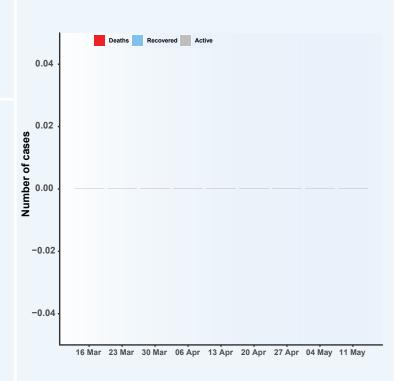
42.12 Beds Per 10,000

SUPPLY OF ESSENTIAL COMMODITIES

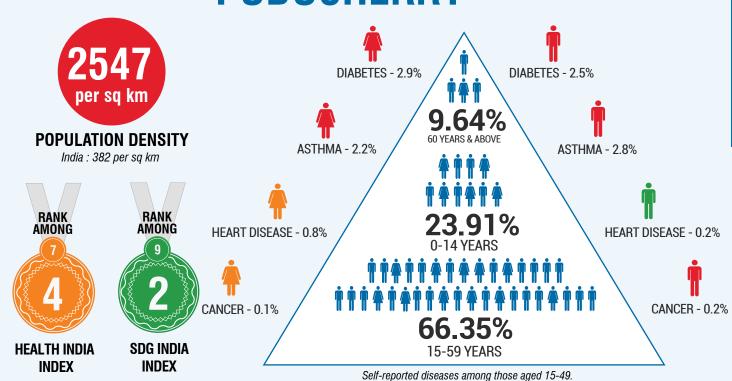
 Select grocery stores providing essential goods are open. Food Corporation of India has moved seven small vessels containing essential food supplies to the UT, which is more than double the monthly average movement of vessels. 1750 MT of food grains have been moved to the UT from Mangalore Port, 3x the monthly average of 600 MT. 1100 MT of food grains have been distributed so far.

RESPONSE

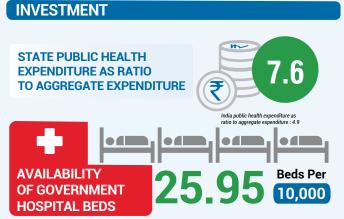




PUDUCHERRY







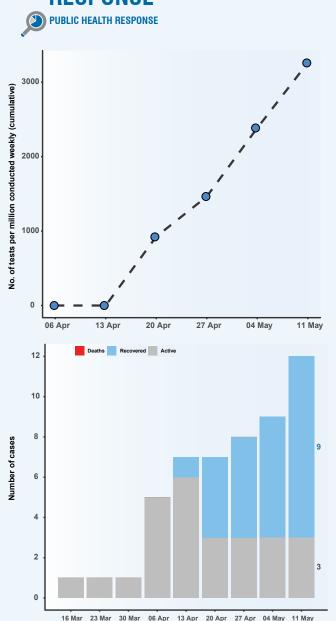
MIGRANT WORKERS

 Food camps, relief camps and shelters set up for migrant workers, urban homeless, and other poor and needy.

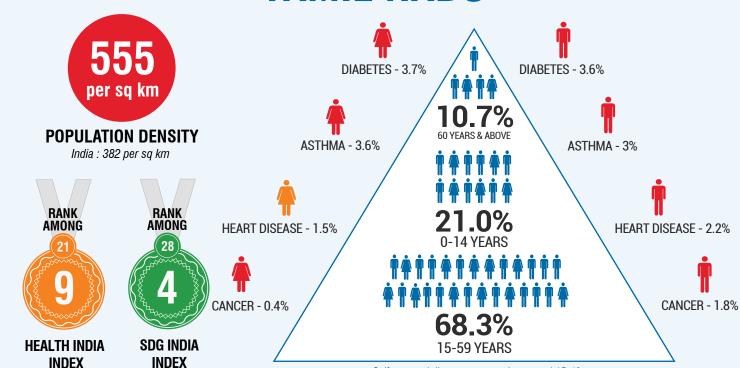
SUPPLY OF ESSENTIAL COMMODITIES

 Select shops providing essential goods open. Doorstep delivery of essential goods provided.
 Provision of COVID-19 relief of Rs. 2000 to all ration card holders.





TAMIL NADU



PREPAREDNESS

INVESTMENT STATE PUBLIC HEALTH **EXPENDITURE AS RATIO** TO AGGREGATE EXPENDITURE **AVAILABILITY Beds Per OF GOVERNMENT** 10,000 **HOSPITAL BEDS HEALTHCARE SDG Index Score WORKERS**

TECH RESPONSE

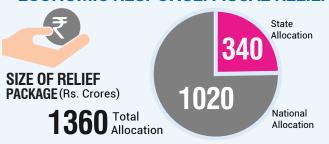
*(Total physicians, nurses

and midwives per 10,000)



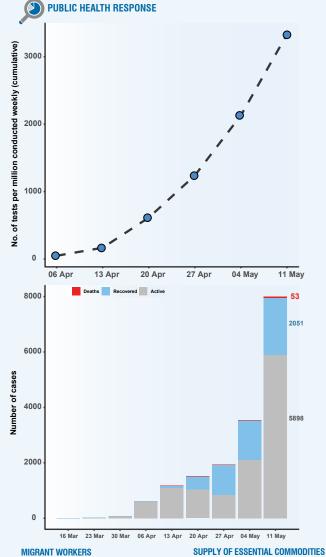
The State government is further helping the reach of the Aarogya Setu app by making it available to those that don't have smartphones through IVRS (Interactive Voice Response System). They are also using GIS mapping and drones to extract details from all districts to monitor the situation. Tamil Nadu is also piloting predictive government service backed by blockchain

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE

Self-reported diseases among those aged 15-49.



MIGRANT WORKERS

 Guest Workers' committee set up by CM to look into issues affecting migrant workers. Provision of shelter. food and healthcare with daily checks conducted by local police.

Shops providing essential services, mobile vegetable markets, food delivery services and community kitchens open.

TELANGANA



POPULATION DENSITY

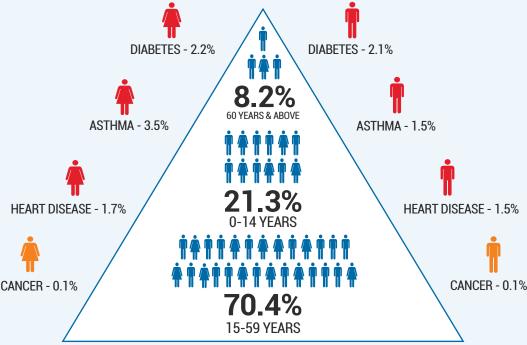
India : 382 per sq km

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Self-reported diseases among those aged 15-49.

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STATE PUBLIC HEALTH **EXPENDITURE AS RATIO** TO AGGREGATE EXPENDITURE





Beds Per 10,000



*(Total physicians, nurses and midwives per 10,000)

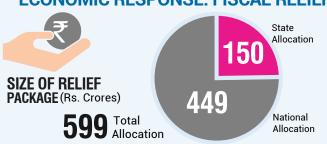




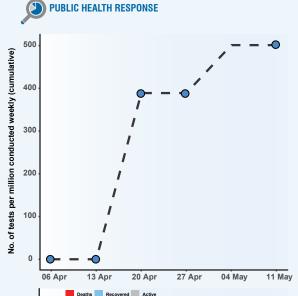


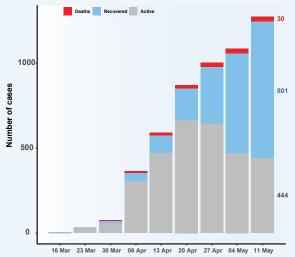
The State is using geo-location technology to track over 25,000 people under home-quarantine. Additionally, TSCop is an app developed by the Telangana police to geo-tag houses of foreign returnees.

ECONOMIC RESPONSE: FISCAL RELIEF



RESPONSE





MIGRANT WORKERS

 Temporary shelters set up for migrant workers. Relief packages, comprising of Rs. 500/person and 12 kg of rice/atta, for each migrant worker. All workers, including contract and casual workers, required to be paid their wages.

SUPPLY OF ESSENTIAL COMMODITIES

Select grocery stores providing essential goods open; door-step delivery of essential goods.

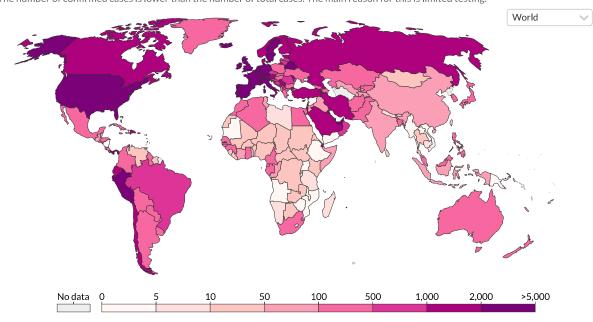
CONCLUSION

s of 19 May, the number of positive cases in India has crossed 1,00,000, making it the country with the 11th

highest number of COVID-19 cases, with a 12-day doubling rate.1

Total confirmed COVID-19 cases per million people, May 14, 2020 The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.





Source: European CDC - Situation Update Worldwide - Last updated 18th May, 11:00 (London time)

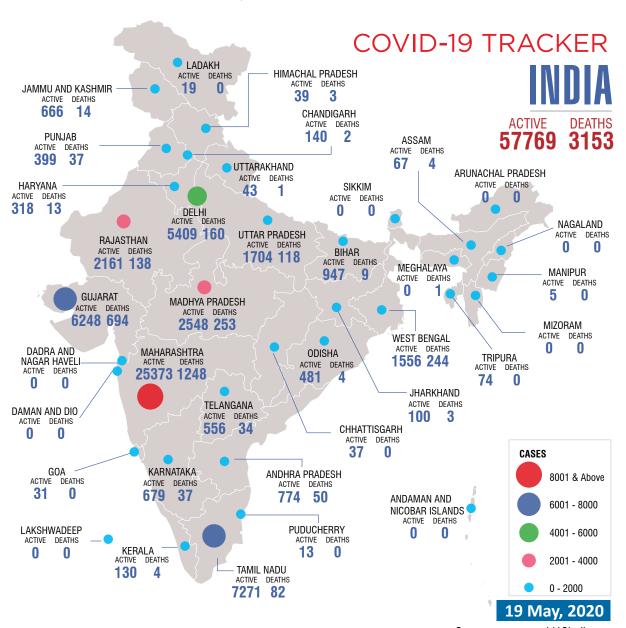
CC BY

Source: https://ourworldindata.org/coronavirus-data

Lockdowns are now being lifted across the country in a calibrated fashion, with each state deciding it's own trajectory. This report has taken stock of state performance in the past two months of the pandemic, and conveys a snapshot of their positions, as they stand today.

The following graphical representations are an attempt to piece together the relevant key indicators, in a comparative matrix, for a clear consolidated picture to emerge as we conclude this report.

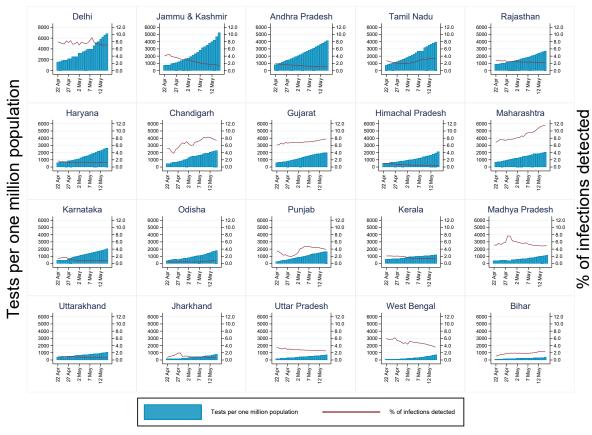
ACTIVE CASES, RECOVERIES AND DEATHS IN INDIAN STATES



Source: www.covid19india.org

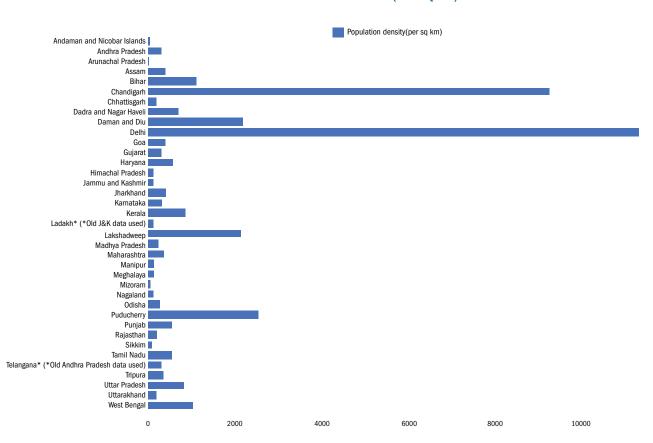
Source: https://www.covid19india.org

TESTING: POSITIVITY RATE OF INFECTIONS



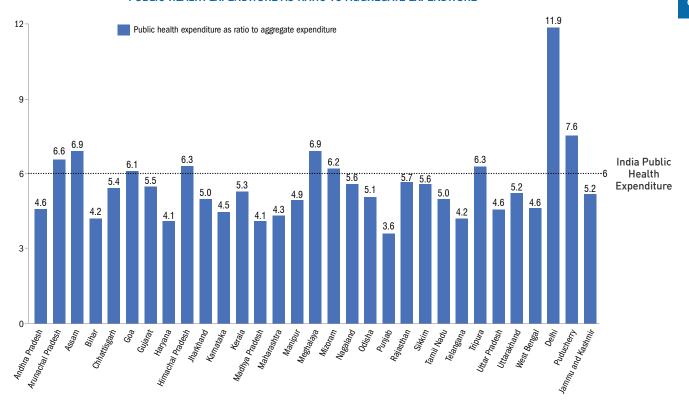
Source: ORF Covid Tracker, Accessed at https://www.orfonline.org/covid19-tracker/

POPULATION DENSITY PER STATE (PER SQ KM)

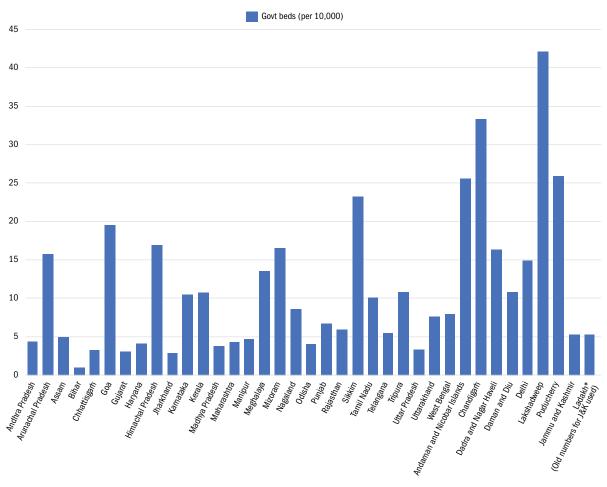


12000

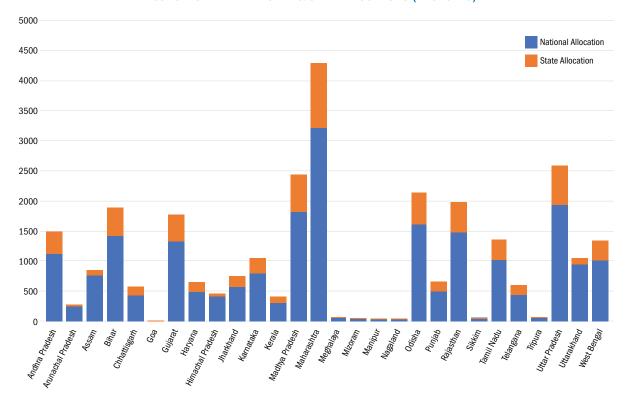
PUBLIC HEALTH EXPENDITURE AS RATIO TO AGGREGATE EXPENDITURE



GOVERNMENT BEDS PER 10,000



ECONOMIC RELIEF: NATIONAL & STATE ALLOCATIONS (IN CRORES)



Going forward, a superlative effort will be needed to heave India out of the abyss of the pandemic and back on track to achieve its goals. The COVID-19 crisis appears to be here for the long haul, and so countries must use the occasional respite from a spike in infection rates to amp up health infrastructure and personnel to be better

prepared each time. This effort will require confident intensive planning, which can only be enabled from far superior and comprehensive data. This has endeavoured to contribute to a better understanding of where India stands today to help it chart a path to a resilient tomorrow.



DATA SOURCES AND LIMITATIONS

CATEGORY	SOURCE	DATA LIMITATIONS
Population pyramid	Created using SRS Report, 2017-18, Ministry of Statistics	2017-18 data only available for big states.
	Census data (2011), Ministry of Statistics	Age not stated: Arunachal (0.11%), Goa (0.14%), Manipur (0.27%), Meghalaya (0.19%), Mizoram (0.06%), Nagaland (0.07%), Sikkim (0.19%), Tripura (0.04%), Chandigarh (0.03%), D&N Haveli (0.11%), Daman & Diu (0.15%), Lakshadweep (0.18%), Puducherry (0.09%).
		Ladakh: J&K numbers used as separate figures not available.
Population density	National Health Profile, 2019.	Ladakh: J&K numbers used as separate figures not available.
Self-reported NCD's	NFHS Report 2015-16	Ladakh: J&K numbers used as separate figures not available.
Health India Index	Niti Aayog Health Index, 2019	Ladakh: J&K rank used as separate rank not assigned
Public Health Expenditure as ratio to aggregate expenditure	RBI Publication: State Finances (2018-19 revised estimates used)	Data for Andaman and Nicobar Islands, Chandigarh, D&N Haveli, Daman & Diu and Lakshadweep not available.
		Ladakh: J&K figures used as separate figures not available

Government beds per 10,000	National Health Profile, 2019.	Ladakh: J&K figures used as separate figures not available
Healthcare workers score	SDG India Index 2019-20	Scores for A&N Islands, D&N Haveli, Daman & Diu, Lakshadweep and Puducherry not available.
		Ladakh: J&K score used as separate score not assigned
Technological response	Mainstream media	Data for Manipur, Meghalaya, Sikkim, Tripura, Uttarakhand, A&N Islands, Lakshadweep and Puducherry was not available.
Economic response	Relief package: Data sourced from SDRF/ NDRF, Disaster Management Division, Ministry of Home Affairs, Government of India.	Not applicable to Union Territories
	Migrant workers/ supply of essential commodities/ other notable steps : Mainstream media	Data provided where available.
Clinical Management	covid19india.org (API)	
Testing	covid19india.org (API)	Data not available for Dadra and Nagar Haveli, Daman and Diu , Lakshadweep

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