First 100 Days of COVID-19 Firefighting: Hits and Misses of the Policy in India

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1 Introduction

This chapter on India's first 100 days of response to COVID-19 pandemic provides an insight into the immediate response of the State towards combating the pandemic. The Indian government imposed one of the most sudden and stringent lockdowns in the world which had a multifold impact on the lives and livelihood of the people. While it was hailed as a much required step to stem the spread of the virus in the second most populous country with limited resources both medical and financial, the jury is still out on whether it was the most appropriate decision.

The first case of COVID-19 was reported on 30 January 2020, in Kerala, India where the person provided a travel history of train travel

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A. Stojanović et al. (eds.), *The First 100 Days of Covid-19*,
https://doi.org/10.1007/978-981-19-6325-4_4

between Wuhan and Kunming, China before arrival in India. The State of Kerala having deftly handled the Nipah virus outbreak in the summer of 2018 was quick to respond to the COVID-19 pandemic by enforcing isolation and quarantine; contact tracing for all persons visiting Kerala who had travel history to China; and setting up a 24-h control room to monitor cases. However, the Central Government of India (GoI) took a lax approach towards testing and isolation after China sounded alarm bells in late December 2019 given that there is a considerable diaspora of Indian students in China and a large business community with frequent travels between the two countries. As per the data on COVID-19 in India,[1] the total death toll had crossed 5000 mark with a seven day average of over 200 deaths by 1 June 2020. The total cases of infections increased to over 10,000 by mid June 2020. India suffered a poor recovery rate of less than 80% between March 2020 and April of 2020. By October 2020, it had increased to 98% and remained over that mark even during the second wave which infected India between March 2021 and May 2021.[2]

India has the third highest total number of deaths due to COVID-19 at half a million as of May 2022 behind the United States and Brazil with the United States crossing the one million mark.[3] But when number of deaths per million population is considered, India lies at 151st position in the world behind many developed nations with better healthcare facilities and infrastructure.

The altercations between WHO and GoI on the estimates of the total death toll due to the pandemic during 2020–2021 has highlighted a dire need to scale up birth and death registration system in India. While many experts agree that there could be undercounting of deaths in a large

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and populous country like India, yet the WHO estimates of over ten times the official number has not fared well with the Indian authorities.[4] Economists closely working with India's birth and death registry systems have highlighted that the absence of reliable estimates of death data and without the adjustments for sex, age, and location may lead to overestimation of deaths due to pandemic.[5]

The pandemic brought to the fore the limitations of the public as well as the private health care sector in India. The structural adjustment plans adopted by India to tide over the economic crisis of 1990–1991, administered by Bretton Wood Institutions, namely the International Monetary Fund (IMF) and World Bank, led to a decline in public health spending in India by both the Central and the State governments (Mooij and Dev, 2002). Other changes observed in the health care sector upon the adoption of liberalization policies have been the introduction of user fees in government hospitals and liberalization of the pharmaceutical industry and changes to the drug policy in 2002 which led to spiraling of drug prices in the subsequent periods and overall increase in out of pocket health care expenditure (Ghosh, 2011). Studies have found that shifting the responsibility of health coverage from public to private providers has been ineffective in providing access to healthcare and financial protection (Ghosh, 2011; Ghosh and Gupta, 2017). Central government's initiative to provide Universal Health Coverage (UHC) in 2016–2017 and to bring private insurance providers and empanelment of private hospitals suffered from several issues of moral hazard and adverse selection which could exacerbate the problem of inefficiency and inequity in distribution of healthcare services. Not only the healthcare sector but education has also seen a decline in public investment, with the vacuum filled in by the private actors (Kumar, 2011; Tiwana and Singh, 2015).

The 1990s liberalization ushered a new set of policies for the Indian economy with greater participation of private actors; greater integration with the world economy through removal of customs duties; reduction in subsidies; and a general movement towards shrinking the scope and space of the government in economic activities. The withdrawal of government and influx of private capital has resulted in increased labour productivity, rising GDP, yet the growth has been unequal and vulnerable to internal and external crisis (Chandrashekhar, 2010; Chandrashekhar and Ghosh, 2004). While the pitfalls of adopting a neoliberalist regime have provided strong evidence for increasing inequality; reduction in social sector spending; rendering a vast majority of population with no safety net; and greater informalization of the workforce; etc., it is important to mention that government spending comes at a cost which is known as the marginal cost of public funds. For India this is estimated at three rupees meaning for every rupee the Indian government spends, it has to collect three rupees (Shah, 2016). The ineffectiveness of government spending in education (Pritchett and Aiyar, 2014) and healthcare has spurred the demand for private actors (Hammer et. al., 2007). Many now argue that as Indian has chosen the path with greater private capital participation, it is unwise to revert to the drawing board and dismantle the existing system but to invest in developing State capacity, building an efficient and effective government with increased focus on institution building and regulation implementation to channel private participation towards the achievement of public goals.

Given this background, the chapter proceeds to look into the constitutional approach adopted during the pandemic in Sect. 2; Section 3 describes the steps taken for pandemic management. Section 4 discusses the surveillance and compliance techniques adopted. Thereafter, economic policies are enumerated in Sect. 5. Section 6 looks into the alternatives to mainstream responses and conclusion is presented in Sect. 7.

2 Constitutional Approach to Pandemic

2.1 Working of the Federal Structure During COVID-19

Alexandrowicz (1954) surmised India's federal structure as follows: "*Compared with other federations the case of India is sui generis. To promote unity in extremely difficult conditions, she started after gaining independence with a constitution imposed from above. Her central government has considerable powers if compared with the powers of the States…*". Since then the Central government has time and time again displayed that India is at best a quasi-federation, with a strong unitary bent. For instance, when Prof. Alexandrowicz's article was published in 1954, the Indian Union comprised of 18 States and 10 Union territories. By 2014, India had 29 States and 7 Union territories.[6] In 2019, Jammu Kashmir, a major State was broken into two Union territories by the Central government, once again altering India's political map.[7] What this shows is that the ultimate power over the existence of the federal units of the Indian political union lies with the Central government. This stands in contrast with the United

States, where the federation has no right to alter the geographies of the States.

This power imbalance in India had one key valve, which was the collection of revenue. States had the power to collect indirect taxes (for e.g., sales tax), providing them with an independent source of revenue and a certain level of independence. This ability to tax, however, was given up by the States in 2017, through the 101stAmendment to the Constitution of India, which introduced a Goods and Services Tax, to be collected by the Central government and distributed later to the States. In 2020, when the pandemic occurred the States realized the folly they had committed as they had no money. As businesses died down and lockdowns were imposed, the only source of revenue for the States was the money they received from the Central government, with some other smaller sources like property taxes and taxes on alcohol. This State of affairs completely altered India's federal structure and the Central government was able to overpower the federal structure provided in India's Constitution.

2.2 The Federal Structure in the Constitution

The Indian Constitution, as already mentioned, created a quasi-federal structure. The reason behind this was very relevant when the Constitution was implemented back in 1950, but has long been futile. When India gained independence in 1947, it was rocked with communal violence, post-partition enmity, territorial challenges on all fronts, and a general State of instability. Its political future was uncertain and it was widely believed that it was a matter of time before the huge political union crumbled. To tackle such challenges, the union was given a strong arm over the States. Two key Articles of the Constitution are important in this regard.

The first is Article 356. This article allows the Central government to impose an emergency in any State, suspend its government, and take control if it deems that the State is in a situation of unrest (this Article is also referred to as the President's rule as the President becomes the official caretaker of the State). This provision became especially popular during the 70s and 80s: during 1966–1977, it was used a whopping 39 times; and from 1991–1992, it was used 9 times.[8] Its use was restricted only in 1994 after the Supreme Court defined its parameters in its judgement in *SR Bommai v. Union of India*, 1994. Currently, only one erstwhile State, and presently a Union territory, Jammu & Kashmir, continue to remain under the President's Rule. While not put to use during COVID-19, this was a credible threat which kept many State governments under a State of fear (Kamat, 2020).

The second, and more important, is the scheme of power-sharing provided under Part XI (Articles 245–263) of the Constitution, which governs "*Relations between the Union and the States*". Article 246 introduces the concept of three Lists: Union List, State List, and Concurrent List. Each of these lists contains the subjects on which the mentioned federal unit may legislate. The Centre can make laws and govern the matters in the Union List, and the State on the matters in the State List. On the matters in Concurrent List, while both the State and the Centre can make laws, the Centre has been given an upper-hand. The complete lists can be found in the seventh schedule of the Constitution, and enumerate 100 subjects under the Union list, 61 under the State list, and 52 under the concurrent list. Given the large number of subjects, one would imagine that they would be quite comprehensive and cover every possible event. Sadly, the reader would be dismayed: for the Constitution does not mention "disaster", "pandemic", or "public health emergency". The sole reference to 'Public Health' is contained in entry six of the State list. Which raises the question, how did the handling of the COVID-19 pandemic fall into the ambit of the Central government then?

The first option was to resort to entry 97 of the Union List: "*Any other matter not enumerated in List II or List III*". However, there was a better option: the Disaster Management Act, 2005, which is implemented through the National Disaster Management Authority. The statute already contained all the police powers which the Centre needed to impose a command and control mode of governance over the entire country. The law allowed the Centre to usurp most of the powers with the States, and decide every minute aspect of COVID-19, whether it be imposing lockdowns or deciding on the timing of essential shopping. While the act itself provides that the Centre should cooperate with the States in taking decisions, and allow them a fair share of decision-making authority, it is merely recommendatory in nature. One section that trumps every other is Section 35. Section 35 provides the Central government with the power to take all measures it deems necessary and lists almost every area of governance related to a disaster to be under its purview. The law certainly did not envision that a disaster would consume the entirety of the country's governance system for more than a year.

This law has an interesting pedigree as it was legislated under Entry 23 of the Concurrent List: "Social security and social insurance; employment and unemployment". Can this law then be used to impinge on many other subjects, which rightly fall under State's purview (like, public health or public order)? As per the rulings of the Supreme Court of India this cannot happen. In *Waverly Jute Mills v. Raymon* (1962), it held that "specific entries" (like public health under State list) are excluded from and trump any law made under a "general entry" (like entry 23 of the concurrent list). This means that the States could have easily gone to the courts rejecting the Centre's diktats. But they did not. This takes back to what was argued earlier in this section: for one, States have lost financial independence; and for two, Article 356 was the announcement of emergency in the State. So, how far did the Centre actually go in exploiting this political reality of the Indian federation?

2.3 The Federal Structure Under Challenge in 2020

Winston Churchill once said, "Never waste a good crisis".[9] In the last decades, this policy has been put to both positive and negative uses in India. In 1991, a financial crisis was put to use by the Indian government to transform India's economy from a failing one to an emerging one. In 2020, the COVID-19 crisis was used by the Centre to test the limits of its power over States, and it was done rather spectacularly. The Centre's notifications were all-pervasive and one-directional (Agrawal, 2020).The initial lockdowns implemented during the period 24 March to 1 June 2020 were imposed without any consultation with the States, and encompassed many State matters, including State government offices (Entry 41), hospitals (Entry 6), shops and markets (Entry 28), industries (Entry 24), agriculture (Entry 14), alcohol (Entry 8), etc. (Kajol et al., 2020) All of these were purportedly done under a "national importance" justification, which did not have any legal sanction. The Constitution does not provide for any such justification, and the Supreme Court in *Jayant Verma v. Union of India* (2018), had wholly rejected any such justification. The Court held: "*The argument, therefore, that Section 21A is made by Parliament at the national level and is of national importance and must, therefore, prevail over State legislation made within the exclusive subject matters of List II, would again fall foul of the constitutional scheme, in that all the entries of List II would then be subject to Parliamentary law, which is of national importance*".

One of the key flashpoints during this period was that of Centre's new laws on agriculture, which is an area entirely within the State's legislative competence. The Centre, realizing its new gained power over States due to COVID-19, passed a slew of ordinances, completely modifying the agricultural marketing system, which were later also formalized through the farm laws, as they came to be known (Burman, 2020). These laws brought an end to the States' control over agricultural products and allowed big corporates to trade in agricultural goods, which was hitherto prohibited. This was a daring attempt, undertaken without any consultation with States, and in total subversion of their autonomy. In 2021, fearing electoral defeats in key State elections, the Centre took back these laws (Tandon, 2021).

Another major decision that undermined federalism was on display when the Centre choked charitable donation funding to States. India has a law on Corporate Social Responsibility (CSR).[10] Under this law, companies are liable to spend a certain portion of their profits on social work: for instance, donating money to disaster funds to tackle the pandemic. All the States created such funds and were hoping to receive money from the corporations. However, the Central government issued a notice that any funding to State funds would not qualify for CSR exemptions. The only exception was donations to the Prime Minister's (PM) Cares Fund.[11] Moreover, the PM Cares Fund was not a public fund of the Central government, as one might assume. Instead it turned out to be a private fund, headed by key functionaries like the Prime Minister himself. This begs the question why a separate fund for pandemic management was created when India at both the Central government level and State level have constitutionally provided for Relief Funds (Prime Minister's Relief Fund and Chief Ministers' Relief Funds, respectively). Though the audit reports of the PM Cares Fund has been made public,[12] it does not answer the question why such a fund had to be created in the first place. Moreover, the receipts and payments from the PM Cares Fund have generated a greater debate on the deposit of funds and their disbursements with many journalists and activists arguing for greater transparency in the wake of mismatch between receipts, payments, and costs of goods and services that were paid for from the fund.[13]

2.4 The Centre Eases Its Stand

Unitary power is a double-edged sword. While you get to take all decisions, you also share all the blame if things go wrong. Centre's surprise announcement of a nation-wide lockdown created havoc and multiple crises piled up on one another. There was the migrants crisis (labourers working away from their homes did not have any transport to get back to their homes); the financial crisis; the unemployment crisis, and the hospitals and essential facilities crisis. Consequently, the Centre came under regular public criticism, leading to a recalibration of the strategy.[14] In later stages of the pandemic, significant power was given back to the States, and the Centre took a step back (Sahoo, 2020). Albeit, by this stage, the overall drift of the management of the pandemic had already been decided and significant damage was done to the public interest.

3 Pandemic Management

3.1 Phased Approach

India undertook a three phased approach in the first 100 days based on the necessities required to tackle the initial shocks (NDMA, 2020). The first phase was initiated when news of the spread of COVID-19 among travellers was reported in early January 2020. The government issued advisories making controls on the borders (land, air, and sea) for travelling into India to limit the infection spread (January to early March). At sea, the Directorate General of Shipping mandated Indian ships to have strong quarantine measures and disease outbreak management plans with transit allowed only through official checks. There was a complete stoppage of all international travel followed by the announcement of Vande Bharat Mission to evacuate Indian citizens and including foreign nationals stranded in various countries (Unstarred Question No 139, Rajya Sabha, 2020). The Ministry of Road Transport and Highways issued guidelines for sanitizing bus stations and intensified health inspections at the borders.[15] Simultaneously, information dissemination on COVID-19 ran through various government channels under the direction of the Ministry of Information and Broadcasting to ensure that citizens were aware of the measures and did not panic. These measures were specific government orders which prevailed in the area of concern over a general order which had a wider ramification. The difference in these orders lies in the scope of its application. Specific orders are addressed towards specific areas or institutions and have limited scope of application compared to a general order which applies to a more general audience.

The second phase was a follow-up of the first phase with contact tracing andsocial distancing norms ending in the final phase of strict lockdown across the country. The public who were curiously watching the developments and confused by the situation happening on the ground, did not expect a complete shutdown of activities across the country. As the information of the lockdown got disseminated, concerns were raised on travel and capacities of the people to stay at home. The imposition of strict lockdown implemented on 24 March 2020 with only essential services including healthcare, essential commodities provisioning, and agricultural activities being allowed meant that the government had to ramp up their existing capacities in various layers through a coordinated approach of testing, quarantining, and isolation backed with institutional support for the healthcare professionals at one end. While on the other hand, they had to ensure that essential supplies reached the citizens at their doorsteps. Given that only shops selling essential supplies were allowed to operate, the entire government machinery had to be activated to get the supplies moved from within different regions. The lockdown norms were largely strictly followed by the citizens as it has a legal mandate and the entire machinery was in the streets to ensure its implementation.

The lockdown was extended twice, once on 14 April 2020 and then again on 4 May 2020 which led to large scale disruption of economic activities and stranding of people. It was only by 31 May 2020 that the lockdown measures were eased and businesses were allowed to re-open their shops in unaffected areas. The Third phase or the "Unlock Phase" commenced on 1 June 2020 which aimed at gradual relaxing of the strict measures and guidelines in place. In this phase the Central government imposed strict guidelines against public meetings while mandated work from home for private companies except for essential and emergency services. Full lockdown continued in designated containment zones. The Central government meanwhile took up the mantle to inform and engage while monitoring the social interaction of the citizens including mandatorily wearing masks and other protective gear. Unlike other countries such as the United States where mandatory wearing of masks was questioned and could not be imposed fully, India had seen a higher compliance of mask wearing and social distancing during the period. This was also evidenced from the high demand for masks where the government had to step in. Meanwhile, States like Uttar Pradesh pledged to distribute masks manufactured by government institutions for free to the poor (The Indian Express, 2020).

3.2 *Legal Framework for Pandemic Management*

India does not have a dedicated and comprehensive National Emergency Response Plan for Public Health Emergencies like China (Muraleedharan et al., 2021). Two other laws were used for emergency management. Firstly, The National Disaster Management Act, 2005 was used to centralize administrative enforcement and to ensure consistency in application of the measure. Secondly, The Essential Commodities Act, 1955 was invoked to curtail movement of goods and ensure control over production and distribution of essentials which primarily included Food and groceries, medicines, etc. Healthcare essentials including masks and PPEs were also included in the list of essentials to provide speedy movement and distribution. This had a positive impact on ensuring sufficient supplies available across mom-and-pop shops (kirana shops) in the country. Also there were the online delivery services which were not curtailed to move around.

Further, as part of the pandemic management, the Central government relied on a colonial law i.e. Epidemic Diseases Act (EDA), 1897 to bestow powers on the executive to impose restrictions on movement and curtail movement of people and goods (James, 2020). Federal States like Kerala went even further by using drone based surveillance to track violators of the restrictions imposed (named Project Eagle) (Nair, 2021a, b). The surveillance measures for restricting and monitoring citizens which were in vogue since the first lockdown was put in place by the executive.

As these regulations restricted movement and confined people to their houses, the government machinery was spent largely to monitor movement of people and goods which were considered "essential". By the end of 100 days, starting from the March 24, 2020 Circular by the Ministry of Home Affairs imposing complete lockdown and Stay at Home Orders, 62 orders were issued for regulating movement and ensuring compliance by the citizens within the country and locally.[16] The lockdown imposed by the Government got rated as the most stringent under the Stringency Index created by the Oxford COVID-19 Government Response Tracker of the University of Oxford. Given the apparatus of the system, it was more convenient for the government to rely on technology to undertake surveillance of its citizens to ensure they do not flout the regulations in place. Hence, the coordination of departments, tracking of activities, and surveillance was done through various digital platforms.

Initially, considered as a step towards ensuring citizen participation in complying with lockdown and curtailing spread of infections, often at times, these measures were reported to be used to curtail freedom of movement of the citizens. As per the powers conferred, the federal police could either levy a fine or arrest citizens who violated the restrictions in place. Across the country, cases due to "disobedience to order duly promulgated by public servants" under Section 188 of the Indian Penal Code (IPC) grew from 29,469 cases in 2019 to 6,12,179 cases in 2020 (NCRB, 2021). The public response to the regulations has been largely supportive despite inconvenience caused due to the restrictions in movement. These norms continued to follow even after the Third Phase (the Unlock Phase) had been announced suggesting that a strong State continued to govern. This has been more prominent in matters related to surveillance which traditionally have been in the control of the State. Surveillance became more of a norm than an exception in this phase. This is discussed further in the next section.

4 Surveillance and Compliance

4.1 Surveillance Laws

The Indian government has constantly relied on colonial laws to govern the country especially on matters of law and order. The case also stands true in surveillance where the 137 year old Indian Telegraph Act, 1885 is still being used to intercept communications between individuals and entities. Along with the Information Technology Act, 2000 governing electronic communications; only the government could "legally" undertake surveillance. COVID-19 pandemic brought this "legal" power into the forefront as it was largely used as a tool to monitor and report COVID-19 infected individuals despite issues of privacy and data security. During the pandemic, the State assumed more power and centralized its functions for emergency management, monitoring, and surveillance. Many neoliberalists (Bourne, 2021; Gerbaudo, 2021) opined that this was a return of the big government while The Economist (March 2020) considered it as a requirement for dealing with the pandemic which however needs to recede after pandemic is curtailed.

4.2 Enforcement and Compliance

Using the powers conferred under Section 5(2) of the Indian Telegraph Act, the Central government wielded its machinery to intervene in communication. This was designed entirely through digital modes with the full backing of the State. The surveillance took shape in the form of contact tracing and creating alerts based on COVID-19 infected citizen locations and was pioneered through the Arogya Setu Mobile based application which was downloaded by 150 million by end of 2020. It was one of the biggest surveillance app with the highest reach as it was meant to monitor 1.3 billion citizens through their mobile phones with tracking options enabled. In the first 100 days of the pandemic the government used 19 apps (Regina, 2020) to track and trace COVID-19 infections and utilized the support of its citizens to surveil movement and contact points. Thus the surveillance took shape in two ways, one used for identifying and mapping COVID-19 patients and the other to monitor citizens' movement during the government imposed lockdown.

A trajectory of Circulars issued by the Director General of Civil Aviation (DGCA) under the Central government suggests how screening and surveillance transitioned from a monitoring of travellers who had travelled from China (DGCA Order No: 4/1/2020 IR) on 30 January 2020, to its expansion to other countries on 2 March 2020, and eventually leading to total suspension of flights on 23 March 2020 (MHA Order No: 40–3/2020-DM-A[A]). Based on these government advisories, surveillance was undertaken for COVID-19 protocols at all airports in the country. This envisaged tracking and monitoring of international passengers to India and continued even after a year (Circular dated 30 March 2021, DGCA). Meanwhile, The Airports Authority of India (AAI) was in charge of testing and quarantine of all passengers across different States in the country and mandated installation of the Arogya Setu App (State wise Quarantine Regulation, July 2020). Bajpai et al. (July 2020) suggest how a wide spectrum of ICT was used for carrying out surveillance among the citizens and not confined to the air transport passengers.

Public support for the Arogya Setu COVID-19 tracking app was also overwhelming with higher ratings for user acceptance (80%), app usefulness (72.8%), and app features (62.2%) (Kodali et al., 2020). Some (Batra, 2021; Sharma, 2020a, b) did raise concerns on data security, but the overall acceptance backed by the government trust for the App ensured its continued usage. The acceptance of the tracking system ensured that surveillance continued to be used even after the retreat of the first wave of COVID-19 in the country, suggesting how a new paradigm had arisen in the country, that of a surveillance State.

5 Economic Responses to the Pandemic

5.1 *Pre COVID-19 Scenario of Indian Economy*

The Indian economy had already begun to deteriorate before the outbreak of the pandemic due to the contraction in consumption and investment demand from 2017 to 2018. It registered the lowest growth of 3.7% in 2019–2020 since the Global Financial Crisis (GFC) (RBI, 2021). Unlike other countries, the primary drivers of Indian economic growth are consumption and investment demand (Mukhopadhyay, 2021). The pandemic was merely an external shock to this pre-existing condition. GDP growth fell continuously for eight quarters (except for a 0.08% point blip between December 2018 and March 2019). It was 8.2% in March 2018 and had fallen to just 3.1% in March 2020 (Kishore, 2020) just before the lockdown. India was experiencing the highest unemployment rate in 45 years in 2017–2018 as per the Periodic Labor Force Survey (PLFS)-2018 (MoSPI, 2020).

5.2 *Labour Market Scenario*

According to the PLFS, approximately 90% or 419 million of the total 465 million workers are employed in the informal sector, with 95 and 80% in rural and urban areas, respectively. India's unemployment rate in 2019 was 5.8%, according to the annual report of the Periodic Labor Force Survey 2018–2019 (PTI, 2020). The unemployment rate was 8.7% in March 2020, the highest since September 2016. During the lockdown, the situation escalated. The unemployment rate has increased to 23.8% (News18, 2020). The government's hasty announcement of lockdown was a tremendous miscalculation that backfired spectacularly. Before the lockdown, the public was only given a few hours' notices, causing domestic disruption and misery for the vulnerable population, notably migrant laborers. The entire public transportation system was shut down. Millions of migrants were made unemployed, and they were forced to return home with little help from the government. Not only that, but they were stigmatized when they returned home. Approximately 350 million non-migrant workers—self-employed, small-family companies, and casual labor—were badly impacted, in addition to migrant workers (Harris-White, 2020). Such reverse migration added increasing pressure on the demand for work in rural areas.

5.3 *Measures Adopted to Mitigate the Adverse Economic Impact of COVID-19*

Initially, on 26 March 2020, an amount of Rs. 1700 billion (US$ 22.75 billion) was announced as immediate measures by the finance minister under Pradhan Mantri Garib Kalyan Yojana (PMGKY) to provide immediate relief primarily to the distressed migrant workers, farmers, both rural and urban poor and women (Ministry of Finance, 2020a, b). Despite millions of people being laid off due to the imposition of lockdown, this support amounted to only 0.8%of Gross Domestic Product (GDP). After about two months on 12 May 2020, the Central government launched Atmanirbhar Bharat, a second relief package worth Rs. 20,000 billion (US$ 267.59 billion) and accounting for more than 10% of the country's (GDP) (Kumar, 2020). The second relief measures primarily focused on improving business, attracting investments, and strengthening the resolve for "Make in India".

5.3.1 Support for Labour

A significant number of 8.7 crore farmers beneficiaries of Pradhan Mantri Kisan Yojana (PMKY) were expected to benefit from PMGKY. PMKY introduced in the year 2018 is a Central government scheme with 100% funding from the government. It provides an income of Rs. 6000 per year to all landholding farmer families. The minimum wage of workers under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) Scheme was increased to Rs. 202 from Rs. 182 per day which ensured a Rs. 2000 increment to five crore families. MGNREGA is an employment guarantee scheme that provides 100 days of wage employment guaranteed to rural unskilled workers. Later under Atmanirbhar Bharat an additional Rs. 40,000 Crore on 17 May 2020 has been allocated under MGNREGA to address the demand for more work as migrants return home. Although MGNREGA provided social security to the rural unemployed, there was no similar provision for urban unemployment. To aid the senior citizens, the government announced to provide Rs. 1000 per month from April to June 2020.

A total of Rs. 3500 crores under Atmanirbhar scheme has been released to assist migrants, small business owners, street vendors, and the poor. All migrant workers, farmers, poor in rural and urban areas and women were given an immediate relief of 5 kg free rice and 1 kg pulse under the Public Distribution System (PDS) for three months from March 2020–May 2020. PDS began as a mechanism for managing scarcity by distributing food grains at low prices, and run jointly by the Central and federal State governments. To obtain benefits under PDS distribution, one needs to have a Ration Card which is an authorized official document issued by the Government of India. Migrants, including those who were stranded and did not have a ration card, were eligible for a free food grain supply of 5 kg rice and 1 kg pulse for two months in June and July 2020. The PDS beneficiaries are identified by the State government making it difficult for migrant laborers to access subsidized food grains anywhere in the country. To address this issue an ambitious One Nation One Ration Card scheme was launched in August 2019 to allow beneficiaries across India to access PDS. As of August 2020, 24 States and Union territories were integrated under the scheme. This covers 65 crore beneficiaries, or 80% of the population eligible for entitlements under the National Food Security Act. As of June 2020, 74 crore beneficiaries have been covered by disbursement of 120 lakh metric tonnes of food grains (Gupta, 2020).

A large-scale Affordable Rental Housing Complex (ARHC) for migrant workers and the urban poor was to be constructed to provide living facilities at affordable rent under Pradhan Mantri Awas Yojana-Urban (PMAY-U). The PMAY-U seeks to provide housing for all in urban areas by 2022 which will be achieved by converting government-funded housing in the cities into ARHCs through Public–Private Partnerships and through the support of manufacturing units, industries, institutions, and associations to develop ARHCs on their private land and operate them. A total of 20.40 crores Pradhan Mantri Jan Dan Yojana (PMJDY) women account-holders were given ex-gratia of Rs. 500 per month for three months from April to June 2020. PMJDY is a nationwide scheme launched in 2014 to provide financial access to everyone who does not have a bank account. Between April 2020 and June 2020, Rs. 30,705 crore was credited to female PMJDY account holders. Under the Ujjwala Scheme, gas cylinders will be provided to 8 crore families between April 2020 and June 2020. In April 2020, 7.48 crore individuals benefited from the Ujjwala scheme, 4.43 crore beneficiaries were recorded in May 2020 and 1.82 beneficiaries in June 2020. Ujjwala scheme, launched in 2016 aimed to provide Liquified Petroleum Gas connections to women below poverty line.

To assist low wage earners in organized sectors, the central government contributed 12% of the employer's share and 12% of the employee's share through the Employees Provident Fund (EPF). Under EPF scheme an employee is required to contribute 12% of basic wages plus dearness allowance plus retaining allowance towards the scheme and equal contribution is paid by the employer. At the time of retirement, the employee receives a lump sum amount including self and employer's contribution with interest on both, on retirement. It covers every establishment in which 20 or more people are employed and certain organizations are covered, subject to certain conditions and exemptions even if they employ less than 20 persons each. The scheme is managed under the aegis of Employees' Provident Fund Organisation (EPFO). Between March 2020 and August 2020, a total of Rs. 2567 crore was credited to 38.85 lakh eligible employees' EPF accounts via 2.63 lakh establishments. For those who are not covered by PMGKY, the EPF contribution for Business & Workers has been reduced for three months to encourage home take salary. It planned to provide Rs. 6750 crores in liquidity to both employers and employees over the next three months. For those working in an organized sector, a provision was made to withdraw non-refundable 75% Employees Provident Fund or three months' wages for contingency uses.

The State Governments were allowed to use Rs. 31,000 crore Building and Construction Workers Welfare Fund to provide relief to Construction Workers by the Central Government. To ensure protection for frontline COVID-19 warriors, an insurance scheme of Rs. 50 Lakh per health worker was introduced. An amount of Rs. 15,000 crores for health-related measures for containment of COVID-19 includes Rs. 50 Lakh insurance per person for a health profession under PMGKY was allocated in the second relief tranche.

5.3.2 Support for Businesses

To counter the effects of the pandemic on businesses, all businesses including Micro, Small, and Medium Enterprises (MSMEs) were provided with collateral-free automatic loans of up to three lakh crore rupees till 31 October 2020. Only the interest rate is to be repaid in a tenor of four-year with a moratorium period of 12 months on principal payment. Under Emergency Credit Line Guarantee Scheme

(ECLGS) provisions were made for MSMEs to borrow up to 20% of their entire outstanding credit as of 29 February 2020, from banks and Non-Banking Financial Companies (NBFCs). Borrowers with up to Rs. 25 crore outstanding and Rs. 100 crore turnover will be eligible for such loans and can avail of the scheme till 31 October 2020. Interest on the loan will be capped and a 100% credit guarantee on principal and interest will be given to banks and NBFCs. The government estimated that the ECLGS will provide a total liquidity of Rs. three lakh crore to 45 lakh businesses.

The government extended equity support of Rs. 50,000 crore for MSMEs through Fund of Funds to provide equity funding for MSMEs with growth potential and viability. Besides, a relief worth Rs. 4000 crore was provided to Credit Guarantee Fund Trust for Micro and Small Enterprises (CGTMSE). CGTMSE will provide partial Credit Guarantee support to Banks. A relief measure of Rs. 1500 crore was allocated for Micro Units Development and Refinance Agency Bank (MUDRA)–Shishu loanees. The limit on collateral-free lending to the 63 lakh women-led Self-Help Groups (SHGs) that help 6.85 crore households has been raised from Rs. 10 to Rs. 20 lakhs. SHGs are self-governing, informal groups of individuals organized for a variety of social and economic reasons to better their living situations (Ministry of Finance, 2020a, b).

The Central government provided an initial working capital of up to Rs. 10,000 to street vendors under the Prime Minister's Atmanirbhar Nidhi (PM SVANidhi) scheme. Under PM SVANidhi, a total of Rs. 5000 crores has been set aside for street vendors to revitalize small businesses. One lakh loan applications out of five lakh have been sanctioned under PM SVANidhi as of 12 August 2020 (Gupta, 2020). The Ministry of Housing and Urban affairs fully funds it, and the implementing agency is the Small Industries Development Bank of India.

Around Rs. 6000 crores in funds was allocated to create employment opportunities in urban, semi-urban, rural, and particularly tribal areas under the Compensatory Afforestation and Planning Authority (CAMPA) It will be used for a variety of purposes, including urban areas, artificial regeneration, assisted natural regeneration, forest management, soil and moisture conservation, forest protection, forest and wildlife-related infrastructure development, wildlife protection and management, and so on. There was, however, no specific package for unemployment benefits.

To protect the workers from salaries or pay reduction, the Ministry of Labour and Employment issued a notification to all the employers of both private and public establishments not to reduce, cut the wages of the workers especially contract workers (Dhingra, 2020). However, due to severe financial crunches, many airlines have reduced the salary of their employees. For instance, regional airlines Turjet, a Hyderabad based company, has reduced the wages of its employees by 50% from 26 June; SpiceJet announced a 30% pay cut for employees for March, etc. Unfortunately, there was no government provision to compensate for the loss of wages.

5.4 Monetary Measures

The Reserve Bank of India (RBI) is the central bank of India whose primary function is to manage and govern the financial system of the country. To mitigate the negative economic impacts of COVID-19 RBI held an emergency monetary policy meeting on 27 March 2020 and announced a decisive monetary expansionary policy measure (RBI, 2020). It aimed to increase liquidity, reduce the cost of loans, and encourage lending and regulatory easing. The immediate measures adopted were i) announcing a moratorium of six months on payment of all installments falling due between 1 March 2020 and 31 August 2020 in respect of all term loans and ii) lending institutions were allowed to defer interest payments for three months on any working capital facilities sanctioned in the form of cash credit/overdraft as of 1 March 2020.

The Reverse Repo Rate (RRR), the rate at which banks are paid for depositing cash at the RBI, was reduced from 4.4 to 4% in May 2020. The Repo Rate (RR), which is the rate at which the RBI charges banks for borrowing from it, was cut by 75 basis points to 4.40%. The Marginal Standing Facility (MSF) allows banks to borrow from RBI when their liquidity completely dries up. The limit of MSF was increased from 2 to 3% up to June 2020. It allowed banks to borrow an additional Rs. 137,000 crore of liquidity at a lower MSF rate.

Cash Reserve Ratio (CRR), that is the minimum cash deposits a bank must hold with the RBI was reduced from 4 to 3% in March 2020 for a period of one year. This injected Rs. 13,700 crores of cash into the banking system. To provide relief to the borrowers, a moratorium of three months on a term loan and working capital for all types of loans.

With the mounting cases of COVID-19, investors were worried about bond defaults due to loss of revenue sources. Liquidity and credit risk premiums in the corporate bond market soared as a result. Participation in secondary markets was further hampered by it. Therefore, the RBI announced Targeted Long Term Repo Operations (TLTRO) worth Rs. 1 lakh crores for investment in investment-grade bonds, commercial paper, and non-convertible debentures including those of NBFCs and MFIs to provide adequate liquidity in the corporate market. Further, a Special Liquidity Facility (SLF) of Rs. 50,000 crores was announced for mutual funds to alleviate liquidity pressures.

The borrowing limit for State governments was increased from 3 to 5% of GSDP for 2020–2021. It was expected to offer an additional resource of Rs. 4.28 lakh crore to the States. For seamless continuation of economic activity, Indian public corporations were allowed to list their securities directly in authorized foreign jurisdictions. Private corporations that offer Non-Convertible Debentures (NCDs) on stock exchanges will not be considered listed companies. NCDs are fixed-term debt instruments issued by firms to raise funds for their operations. NCDs, unlike convertible debentures, cannot be converted into the issuing company's equity shares at a later date.

5.5 *Did Fiscal and Monetary Measures Really Mitigate the Adverse Impact of COVID-19?*

Although the government of India announced a big relief measure, the extent of relief measures does not seem to be proportionate to the economic disruption and dislocation caused by the severity of the lockdown. The PMGKY assistance package for the poor and vulnerable was just a reallocation of funds from the existing budgets (Ipchita et al., 2020). In comparison to India, less developed countries such as Indonesia, Pakistan, Vietnam, and Egypt have declared higher stimulus measures as a percentage of GDP, while adopting less stringent measures (Basole and Coutinho, 2020).

The Indian Labour market was the most affected one. As per the Periodic Labour Force Survey (PLFS) quarterly reports for the urban areas, casual labourers were the worst affected during the first and second waves of the pandemic, though the extent of the impact was lower during the second wave. Out of the total casual labourers working during January–March 2020, only 35.3% remained in the same category during the first lockdown period of April–June 2020; nearly 50% were pushed to unemployment and about 10% moved out of the labour force during this period (RBI, 2021).

According to the report of the Standing Committee on Industry chaired by Dr. K. Keshava Rao on the "Impact of COVID-19 Pandemic on MSME Sector and mitigation strategy adopted to counter it" published on 27 July 2021, the stimulus package announced by the government for MSMEs was inadequate and the benefits of the scheme failed to reached the micro and small enterprises. Rather than giving immediate relief by boosting cash flows, the package was more of extending credit facilities and long-term solution. The Committee also noted that barely 50% of the total guarantee amount of Rs. 3 lakh crores has been issued to MSMEs. The scheme that aimed to benefit around 2 lakh MSMEs could only benefit a few MSMEs (Shashank, 2021). Further, the survey conducted by the Consortium of Indian Associations (CIA) revealed that 88% of micro and small industries of over 81,000 self-employed and micro small businesses were yet to receive any stimulus package announced by the government (Deb, 2021).

Even after several regulatory monetary measures, the bank could access only 520 billion rupees out of the emergency credit guaranteed window of 3 trillion rupees (Kugler and Sinha, 2020). Further, COVID-19 exposed the vulnerabilities in the financial system and jeopardized its stability. The Indian security market faces a significant problem as a result of the strict lockdown for several months. It led to acute risk aversion and increased demand for precautionary liquidity by individuals, corporations, and financial agents (*Report on Currency and Finance*, 2021).

According to the data released by the Controller General of Accounts, the corporate tax collection levied on profits fell sharply to 18% in 2020–2021 to a 5 yearlow. It was for the first time that corporate tax collections fell below the personal income tax. This was because of the reduction in tax rates and the economic fallout caused by pandemic (Nair, 2021a, b).

The government failed to anticipate the impending economic disaster prompted by the most severe lockdown. In India, around 40–50 million seasonal migrant workers work on construction sites, in factory production, and in in-service industries. Consequently, as businesses and establishments closed, migrant workers were out of work and were forced to return home. It was also claimed that some persons died while attempting to return home on foot due to the suspensions of buses and trains. While others were trapped in places where they worked. It was extremely difficult for them and their dependent families to survive without work, income, or savings (Shekar and Mansoor, 2021).

The lack of financial sanction for the expansion of testing care or the strengthening of primary Health care centres proved fatal to controlling the spread of the viruses. Further, the government showed little interest in providing funding to nonprofits that worked closely with communities. Osama Manzar writes that the trust deficit between the government and the social sector exacerbated the situation. The massive transfer of funds from Corporate Social Responsibility (CSR) to PM Cares was a huge blow to non-profits that were struggling to retain their employees and organizations that were providing relief on the ground. Some of the catastrophes could have been prevented had the government, civil society, and the private sector collaborated and worked together to combat the effects of COVID-19. Even within the businesses and industry organizations, there was no collaboration among them to better assist their employees. If they had worked together, they could have used their resources to help the mass exodus of migrants from industrial and urban areas return home in a more humane manner (Manzar, 2021).

5.6 Post COVID-19-19 Economic Recovery

Following the most severe lockdown during the first wave of COVID-19, India had one of the world's most severe recessions, with GDP falling by as high as 23.8% in the first quarter of 2020–2021. The economy gradually recovered as the economy opened up, resulting in a GDP annual growth rate of (−) 6.6% in 2020. During the second wave, the impact was significantly reduced. It is expected to be around one-third of the third wave's (RBI Report). Given the pre-COVID-19 Indian economy and the massive economic impact of COVID-19 during that time, the Indian economy is projected to take another 12 years to recover from the pandemic's losses (RBI, 2021).

6 Alternatives to Mainstream Policy Responses

One of the arguments which is often furthered in favour of Indian government's response to COVID-19 is that this was the best it could have done (Deb, 2021). In the absence of adequate funds and given the widespread pre-existing poverty, the government had little elbow room to implement better policies. So, the question is, whether there were alternative responses which the government could have used? There are two points of comparison that we can rely on to answer this question: first, the responses of other similarly placed countries and second, intra-country alternate models implemented at the State level.

6.1 Responses of Other Similarly Placed Countries

India made many strategic mistakes in the initial days of the pandemic, which overall ensured that the country became one of the worst affected countries. The folly started with failure to implement a timely travel ban on foreign arrivals, which begun only on 22 March, long after COVID-19 had been declared a pandemic by the WHO.[17] Internally, the government continued to deny the existence of a pandemic and was slow to act. The first ministerial review of the pandemic happened only on 3 March, when the virus had already affected many countries severely.[18] This stands in contrast to Vietnam, which had already set up a national steering committee on 30 January and monitored the progress of the pandemic every two days.[19] The slow reaction of the government meant that the hundreds of millions of citizen who work in places far away from their homes had no time to react, when a sudden, strict, and complete lockdown was imposed on 25 March, after an announcement on the evening of 24 March.

The irrationally short deadline crippled speedy movement of people and resources. This meant that the humanitarian toll of the lockdown were going to be severe, as observed through the migrants crisis and acute lack of access to food and essentials. Further, since people could not swiftly move to safe spaces, they were stuck in crowded spaces, increasing the spread of the virus. Later, as they reached their towns and villages on foot after days of exposure, they brought back the virus, taking COVID-19 deep into the hinterlands of the country. This sudden and ill-measured lockdown was in complete contrast to the norm. For example, Singapore's "Circuit Breaker" approach: the government announced this package of lockdown on 3 April, with a basic set of closures to begin on 7 April, a relatively stringent set of measures on 14 April and complete closure on 21 April. This allowed people the time to ensure that they reached places of safety where they could remain for the coming many months.

The other problem with the complete lockdown was its imposition uniformly across the country which was defined by most commentors as the world's stringiest lockdown (Rukmini, 2020). As explained in the

Sect. 3, the Central government had unilaterally taken over management of the pandemic with little consultation with the federal units. The result was that the tiny villages, small towns, and other unaffected regions went into lockdown at the same time as key metro cities like Delhi and Mumbai, which were the initial hubs of the pandemic. This aggravated the economic impact of the lockdown and left people with no space to move. Neither was this helpful from the view of managing the pandemic, as congestion in the cities significantly increased the number of people affected, who later took the virus back home. This stands in contrast with the approach taken by Vietnam. The country first locked down affected cities (like Son Loi, which went into lockdown on 13 February 2020),[20] and after they had set-up capacities in the key affected hotspots, proceeded with a complete lockdown on 1 April.[21] Given the size of India, this approach would have allowed the government more time to distribute resources and tackle the cases.

The third problem with the national strategy was the absence of a robust fiscal support package from the government for the billion-plus people without employment and income. When the stimulus plan was effected after a week of the lockdown, it lacked a rights-based approach. While the government did make reasonable provisions for ration and LPG, a large number of people were unable to benefit from the same. As mentioned earlier, due to the sudden lockdown, hundreds of millions of workers were stuck in locations away from their homes (Abi-Habib and Yasir, 2020). The consequence was that these people were unable to access government ration of food and fuel, as accessing these benefits required one to have a local ration card (Shrivastava, 2020). The government was nowhere close to implementing the "One Nation, One Ration Card" scheme, which would allow one to access ration anywhere in the country (Katiyar, 2019). These factors were aggravated by the lack of housing and rent protection, leaving millions of migrants homeless and jobless. Furthermore, the total size of fiscal stimulus amounted to just $21 billion, which was merely 0.74% of the GDP and just 7.1% of the total finance package (Sharma, 2020a, b). Lastly, there was a gross lack of income support, which should have been the primary stimulus tool. The small transfers of $6.59 a month made to PMJDY women account holders was not the kind of transfer which can provide a safety net.[22] If one were to consider the World Bank's poverty line of 3.2$, the transfers are enough just for over 2 days. This fiscal stimulus was considerably lower than those of other G20 countries, which averaged to 4.5% of their GDP

(Battersby et. al., 2020). One can contrast, India's response with those of other, much smaller, developing countries. Brazil provided a stimulus of $42 billion (more than double of India's), and Indonesia, a significantly smaller developing country, provided a comparable stimulus of $18 billion.[23] Developed countries naturally had much larger stimulus packages (e.g., Singapore—$25 billion, Australia—$130 billion, etc.).

6.2 *Intra-country Alternate Models Implemented at the State Level*

In addition to strategic errors in imposing lockdown, the government also committed errors in crafting national COVID-19 management policies. The first error was a completely absent testing policy at the union level. This meant that the government could not accurately identify the extent and location of the spread in a timely manner. The State of Kerela offered a much better model in this regard. The State released guidelines to deal with the pandemic on 5 January 2020, much earlier than the first case detection in India. By 20 January, a directive advising all the district authorities had already been sent. Further, by 26 January, it had already released a testing strategy.[24] Hence, the first cases detected in India were from Kerela and the State was the best prepared to deal with the onslaught of the pandemic (WHO, 2020). It had some of the highest testing, detection, and treatment rates. This meant that its fatality rate at 0.5%, was the lowest in the country (which had a fatality rate of 1.5%) (Arun, 2021).

Another error on the part of the government can be noted as its lack of willingness to decentralize the entire COVID-19 management system in its early days. Given that authority was concentrated, the flexibility to respond to local situations was absent. Contrast this with the strategy undertaken by the union territory (semi-State) of Delhi, which was able to significantly bring down its cases in the initial phase of the pandemic. The State appointed Chief Minister's fellow in various hospital clusters to overlook their functioning, accessibility, and availability of resources (Vij, 2020). This had a positive effect on the functioning of the healthcare system. Similar measures could have been taken across the country, with authority being decentralized so that the reaction times and overall effectiveness would have been higher.

7 Conclusion

India did not experience the extreme catastrophe of loss of lives as many European, Latin American countries and the United States did. But India in the hindsight could have managed the initial day of the pandemic better. The complete and stringent lockdown enforced without due notice to the population and without taking States into consideration led to wide spread panic especially among the migrant workers. The fear of unemployment and loss of income made millions of migrant labourers flee the States of their employment. Survey studies have shown a considerable decline in their consumption patterns and increased borrowings especially from the informal sector to stay afloat (Rajan et al., 2022). The centralized stance of the Union government has also been questioned be it with respect to implementation of National Disaster Management Act (2005) and Essential Commodities Act (1955) even when the cases in the country were few and required increased testing and isolation rather than declaration of emergency in the form of national disaster. The success of surveillance and compliance has been phenomenal in India due to the widespread political acceptance of the ruling party. This acquiescence was also observed during the demonetization of Rs. 500 and Rs. 1000 notes in the country in 2016. The economic measures announced during the pandemic provided paltry support to the needy. The insufficient legroom for an expansionary fiscal policy deterred the government from large scale public spending and the policy announcements were forward looking rather than for tackling the immediate crisis. The monetary policy in general suffers from weak transmission, the reduction in interest rates and increased liquidity in the economy benefitted the larger private companies than the smaller ones (RBI, 2022). The post pandemic recovery is poised to be unequal given the disproportionate impact of the pandemic on the households, enterprises and communities.

Notes

1. Data sourced from https://COVID-19-1919tracker.in/.
2. Data sourced from https://www.worldometers.info/coronavirus/country/india/.
3. According to the country ranking provided by worldometers website. https://www.worldometers.info/coronavirus/#countries.

4. https://www.thehindu.com/sci-tech/health/who-estimates-47-million-COVID-19-19-linked-deaths-in-india-10-times-official-count/article65385669.ece.
5. https://www.orfonline.org/research/dont-play-politics-with-COVID-19-death-numbers/.
6. https://www.news18.com/photogallery/india/bifurcation-of-jammu-kashmir-how-the-map-of-india-has-changed-since-2258621-4.html.
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9. https://realbusiness.co.uk/as-said-by-winston-churchill-never-waste-a-good-crisis.
10. Section 135, Companies Act, 2013.
11. https://www.business-standard.com/article/current-affairs/pm-cares-fund-not-govt-fund-functions-with-transparency-hc-told-121092300557_1.html.
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14. https://www.hindustantimes.com/columns/covid-19-will-lead-to-a-new-federal-compact/story-2gMpertMOxm9VxLuCXpZuN.html.
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