

"As decided earlier, please find a Summary Statement...on Lockdown 3.0." Member Organizations are requested to translate this into the relevant Languages in each State. Asha Mishra has taken responsibility for translation into Hindi."

**AIPSN Summary Statement on Lockdown 3.0
(based on from JSA-APSN Statement on Post-3rd May 2020 measures against Covid-19)**

1. Background

The Central Government has persisted with the Lockdown as the main, if not the only, weapon against the spread of COVID-19.

More than 28 Joint Statements released earlier by Jan Swasthya Abhiyan and All India Peoples Science Network (JSA-AIPSN) have explained in detail why such a one-size-fits-all lockdown is a fundamentally mistaken approach with limited and temporary benefits. Such a nationwide lockdown fails to factor in the wide-ranging diversity in spread of the Covid-19 disease in different States as well as within States, and also does not take into account Indian socio-economic realities which would lead to many long-standing adverse consequences, especially for the poor and other vulnerable sections. To effectively contain the spread of infection, other important measures need to be taken, apart from restrictions on activities and movement of people and goods. Sadly, these measures have been neglected so far, and may be highlighted as follows:

- i. extensive contact tracing, wide-ranging testing, quarantine and isolation as required, and hospital treatment of infected persons
- ii. ensuring that the health system caters simultaneously to non-Covid health needs especially relating to maternal and child health, chronic and life-threatening ailments
- iii. ensuring reliable supply of and access to essential goods and services
- iv. financial and other special provisions for those who would lose essential incomes and jobs, especially farmers, farm workers, migrant workers, daily-wage earners, the self-employed and other workers in the unorganized sector
- v. humane, effective and non-stigmatizing approach towards all infected and suspected cases
- vi. Effective coordination between Centre and States/UTs, with the latter being starved of revenues while also coping with demands arising from the Covid-19 epidemic.

2. Current Status Total cases as well as the rate of increase are continuing to rise. Whereas it took 10 days to go from 5000 to 15,000 cases, it took only 5 to 6 days to go from 25,000 to 35,000 cases. At the same time, these all-India numbers mask the reality that the situation varies widely between States and also within States. At the time of writing, 5 of the total 36 States/UTs have zero cases, 130 districts have been classified as "red zones", 284 districts as non-hotspot "orange zones" with no new cases in the past 14 days and 319 "green zone" districts in 25 States with no cases or reporting no new cases in the past 21 days. There is no transparency regarding identification of "red zones." Within red zones, even more serious "containment zones" have been identified based on even weaker and less transparent criteria, where even stricter forms of lockdowns have been imposed. This colour-coding of districts and containment zones are not based on clear, stable and transparent epidemiological criteria, but nevertheless forms the basis for policy recommendations for containment measures. For example, can "red zones" soon change into areas with no new cases and, if not, will they remain red and under lockdown for ever?

In light of the current status, the following steps are urged upon Central and State governments in the coming period:

- i. adopt a framework of participatory governance involving civil society actors for determination of criteria for restriction of movements and activities, guidelines for implementation of relief measures and allocation of resources.
- ii. strengthen the disease surveillance mechanism, including COVID 19 surveillance, with appropriate design for collection, flow and analysis of information so that it can inform decision making for epidemic control at national, state and local levels
- iii. zero case reporting should not be made the exit criteria for lock-downs
- iv. many restrictions have no rationale in public health, such as a country-wide restriction of movement after 7 pm.

3.Restrictions on Movements and Activities

Restrictions on agriculture, agricultural markets, fisheries, forest produce, production and transport of essential goods, rural enterprises, and some self-employed trades such as plumbers, electricians and carpenters. The following additional relaxations beyond those already permitted since 15 April, are urged in all areas:

- i. inter-State and inter-district movement of all goods should be freely permitted, and local-level implementation should be strictly monitored and ensured
- ii. all manufacturing and service enterprises be permitted to function in urban areas, with appropriate staff strength, physical distancing and other precautions
- iii. all home-based enterprises, self-employed services including domestic help should be permitted with restrictions if necessary in “containment zones”
- iv. skeletal public transport and a limited number of taxi services should be made available and personal vehicles be permitted for essential purposes especially for health care
- v. types of shops allowed to function from local markets may be expanded, eg to include hardware stores, electrical supplies, sanitary ware stores, cell phone repair, bakeries, hosiery and undergarments, stationery etc. and small restaurants for home delivery.

4. Hospitals & health care

In light of the present hospital and healthcare situation, the following steps are urged:

- i. urgently expand the number of beds and well-equipped non-hospital facilities for isolation, including re-purposed sports stadiums and new purpose-built facilities
- ii. better equip dedicated Covid-19 hospital facilities for management of severe disease
- iii. stop the conversion of functional multi-specialty public hospitals into Covid-only facilities
- iv. conduct independent audit of hospital procedures and protocols so as to protect health workers and patients, and prevent hospitals themselves becoming “hotspots”
- v. rigorously identify and test all symptomatic patients for Covid-19 infection
- vi. provide adequate good quality PPE for all health care and auxiliary personnel in hospitals as well as to sanitation workers and other frontline workers including police
- vii. extend training, PPE and other support measures commensurate with requirements to ASHA workers and other community health workers
- viii. ensure adequate ambulances and/or other vehicles for speedily bringing patients requiring hospitalization for both Covid-19 and non-Covid19 cases

5. Quarantine

In light of the present highly unsatisfactory quarantine situation, the following steps are urged:

- i. institutional facilities for hygienic, effective, dignified and humane quarantine with adequate provision of nutritious food and other essentials.
- ii. clear high-standard norms in institutional quarantine
- iii. quarantine facilities may be created in repurposed public buildings, schools, college and university campuses or purpose-built facilities as required.
- iv. as many of these facilities as possible should be managed by well-trained community and/or civil society organizations
- v. for good community linkage with the health system, home quarantine may be permitted where essential or where feasible without endangering patients and family members.

6. Testing & Tracing

In light of lack of testing and tracing, the following measures are urgently required:

- i. **testing protocols** currently specified by ICMR require to be revised to permit testing of all persons with symptoms suggestive of COVID infection as well as asymptomatic contacts. Some of those at high risk like health workers in the COVID frontline may require periodic testing, while others may require testing if they develop symptoms.
- ii. Access to both viral antigen testing and rapid antibody testing needs to expand. **Rapid antibody testing** is very useful tool that clinicians can use to rapidly confirm diagnosis within a clinical setting.

7. Test kits & PPEs

In light of inadequate Test kits and PPEs, the following steps are urgently required:

- i. bottlenecks in manufacturing clearances and domestic production need to be urgently addressed to ensure time-bound availability of adequate PPE
- ii. financial support should be extended to domestic manufacturers to scale-up and speed-up production;
- iii. accelerate the validation and other clearances required for indigenous test kits

8. Stigmatization

In light of the stigmatization of positive cases and certain communities or group of people, the following immediate actions by the government are required:

- i. government must actively lead health education (IEC) activities that de-stigmatize the disease and promote a better understanding of how it spreads
- ii. confidentiality of individuals and communities must be respected
- iii. government must stop targeting political dissent

9. Gender based violence

With many cases being reported of women being isolated with their abusers and violence against women in quarantine facilities and at hospitals, , we call on the government to take the following steps:

- i. Prevention and redress of gender based violence
- ii. a special emergency fund should be declared and allocated to gender based violence in the current context including the utilization of existing Nirbhaya funds with states

- iii. Government should call for urgent consultation with women's groups/organizations working on this issue to ensure an organized effort during the Covid19 situation.

10. Migrant Workers and other Stranded People

The migrant worker crisis must to be resolved urgently and humanely. Further, the repatriation of people stranded abroad and in different States within India, must also be tackled urgently. We call on government to take the following measures:

- i. adequate number of special trains with proper physical distancing, and buses etc within States for them to reach their home village, must be urgently arranged along with provision of food on the way free of cost to enable migrants to return to their native villages;
- ii. ensure that those who have symptoms are tested, and allowed to board if and when negative. If positive they should be isolated or hospitalized at government expense. Those who have no symptoms may be allowed to proceed without any further tests
- iii. arrangements for proper quarantine should be made in their native villages or districts
- iv. Transportation should be decent with food and clean toilets ensuring physical distancing
- v. students, tourists and others who are stranded by the lockdown in India or abroad should be assisted to return to their native villages/cities in India by suitable transport arranged by the government, with suitable quarantine on return.

11. Relief Measures for all Working People:

Most of the relief measures announced by the Centre and the States are yet to reach the majority of people for whom it is intended. We call upon the Central and State governments to:

- i. implement the promises made with respect to relief, and the central government in particular to substantially increase the ex gratia payment of Rs.500 per month
- ii. expand the food supplementation and food security arrangements
- iii. expand the MNREGS and the types of works included therein to reach a much wider section of rural workers and all urban workers for at least 200 days in the coming year
- iv. announce an increase in the resource allocation to restore the economy especially as regards the working people