

IN THE HON'BLE SUPREME COURT OF INDIA

[CIVIL ORIGINAL JURISDICTION]

I.A. NO. _____ OF 2020

IN

WRIT PETITION (CIVIL) DIARY NO. 10795/2020

IN THE MATTER OF:

DR. JERRYL BANAIT

...PETITIONER

VERSUS

UNION OF INDIA & ANR.

...RESPONDENTS

AND IN THE MATTER OF:

1. **DR. SNEH JAIN**

...APPLICANT NO.1/ PROPOSED

PETITIONER NO.2

AND

2. **DR. HANS JAIN**

...APPLICANT NO. 2/ PROPOSED

PETITIONER NO.3

APPLICATION SEEING DIRECTION

PAPER – BOOK

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ADVOCATE FOR APPLICANTS: MS. MITHU JAIN

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1. DR. SNEH JAINAPPLICANT NO. 1
2. DR. HANS JAINAPPLICANT NO. 2

Both Residents of
CGU 103, DLF Capital Greens,
Moti Nagar
New Delhi - 110015

APPLICATION SEEKING DIRECTIONS

**TO,
THE HON'BLE THE CHIEF JUSTICE OF INDIA
AND HIS COMPANION JUSTICES OF THE
HON'BLE SUPREME COURT OF INDIA**

**THE HUMBLE APPLICATION OF
THE APPLICANTS ABOVE NAMED**

MOST RESPECTFULLY SHOWETH:

1. That the present Application seeking directions is being preferred by the Applicants hereinabove in response to the steps being taken by the Government to handle the Pandemic Disaster in the form of COVID-19, due to which a total of 3,082 people have been reported to be infected and a total of 86 deaths have been reported till 04.04.2020. This is piquantly so since doctors of different departments deployed across government and private hospitals, along with doctors posted in emergency wards who are the point of first medical contact, are the worst casualties. This is due to multiple factors, including being ill-equipped to deal with the pandemic, and many of whom have either become carriers of the infection, or have been infected thereby, further infecting wards full of patients, who already have compromised immunity, and therefore are at a higher risk of fatality.
2. That the Applicants have already preferred an impleadment application in the captioned writ petition which is pending consideration before this Hon'ble Court and seek leave of this Hon'ble Court to bring on record certain additional relevant facts which necessitate directions/orders from this Hon'ble Court in view of the developments in the past few days. It is not out of context to mention that despite India swinging into immediate action, after having the benefit of seeing the plight of other countries, the implementation of measures such as COVID-19 Regulations has been piecemeal, sporadic, slow and not uniform. Each State Government enacting independent and state specific measures clearly epitomizes the phrase - 'Too many cooks spoil

the broth'. All States came up with their own directions, orders, measures based on their respective analysis, which created complete chaos and confusion across the country. It is true that no response is a response in itself – when we leave the guidelines of the Disaster Management Act, 2005 to the interpretation of the states, we risk inaction, we risk losing time and we risk losing lives.

3. Vide the instant application the Applicants seek directions to the Government to expeditiously formulate a **comprehensive disaster management plan in form of a 'National Plan' under Section 11 of the Disaster Management Act, 2005** ("the Act") which is 'tailor made' to meet the requirements of COVID-19 and shall be based on all possible preventive and remedial steps so that the Health Care infrastructure of this Country does not collapse, in the event of a major outbreak. If one person fails, the whole group fails and thus the interpretation of the Disaster Management Act, 2005, state by state lends itself to being the weakest link in the chain. Hence, "One Nation, One Plan" is imperative to ensure success.
4. It is submitted that acute shortage of proper and sub-standard PPEs, testing kits, and other equipments; exponential spread of this infection, coupled with the absence of National Plan on Disaster Management as envisioned under the Act in addition to the poor co-ordination amongst different Ministries and Departments of Government of India, States, Union Territories as well as District Administration to tackle COVID-19 to effectively combat, prevent, mitigate and contain the spread of COVID-19,

there will be a disastrous and steep rise in the rate of infection resulting in spiraling of mortality rate.

5. CHRONOLOGY OF EVENTS

- 31.12.2019 World Health Organization – China and Chinese – authorities identified a new type of Coronavirus i.e.
- 07.01.2020 COVID – 19, initially detected for the first time in Wuhan City, China.
- 25.01.2020 The Ministry of Health and Welfare (India) through the Directorate of General Health Services issued guidelines and prescribed procedures and practice to be adopted for preventing the spreading of infection.
- 30.01.2020 The Director General of WHO declared that the outbreak of COVID-19 constituted a Public Health Emergency of International Concern (PHEIC) as per the advice of International Health Regulations (IHR) Emergency Committee and Guidelines were issued on the mandatory use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID-19).
- 30.01.2020 India reported its first confirmed case of COVID-19, in the State of Kerala. The infected patient had a travel history from Wuhan, China.
- 31.01.2020 Directorate General of Foreign Trade (DGFT) promptly issued a notification, prohibiting the export of all PPEs including Clothing and Masks [Coveralls(Class 2/3/4)

and N95 Masks].

08.02.2020 The order dated 31.01.2020 issued by the DGFT banning export was amended, permitting the export of surgical masks and all gloves.

25.02.2020 The DGFT further relaxed the restrictions, allowing eight new items for export such as disposable masks, surgical blades, non-woven shoe covers, breathing appliances, gas masks etc.

03.03.2020 WHO reported that shortage of Personal Protective Equipment (PPE) posed an acute and significant risk endangering health workers worldwide. WHO suggested industries and governments to increase manufacturing by 40 per cent to meet the rising global demand and on 11.03.2020, WHO declared COVID-19 as a “worldwide pandemic”.

19.03.2020 A week after WHO declared COVID-19 to be a Pandemic, India realized the severity of the virus and the Central Government placed export restrictions and the State Governments started issuing orders for lockdown or curfew.

Thereafter, almost every State and Union Territory enforced the sealing of borders, ban on commercial transportation and limiting it for emergency purposes, creating unprecedented chaos . In the subsequent days, India witnessed the migration of laborers and daily

wagers from one state to another. In exercise of Section 2 of the Epidemic Diseases Act, 1897, various States formulated COVID-19 Regulations, 2020. However, it is also pertinent to note that since different states imposed only partial lockdowns, it enabled the already infected carriers of the virus to travel from state to state or intra state, resulting in loss of critical time and resulting in the increase of infection.

- 24.03.2020 Nationwide lockdown of the country from midnight was imposed by the Hon'ble Prime Minister citing it to be the only solution to achieve social distancing. This nationwide lockdown is currently in effect for the next 21 days till 14.04.2020.
- 24.03.2020 The Ministry of Health & Family Welfare ("the Ministry") issued a notification banning export of PPEs & other protective gear. Subsequently, Guidelines for Rational use of PPEs were issued by the Ministry.
- March – The number of positive COVID-19 cases and deaths are increasing with every hour. The States have failed to provide PPEs to the concerned doctors/staff at Government Hospitals, let alone private hospitals and clinics. There is no nation-wide National Disaster Management Plan under Section 11 of the Act, which can ensure not only smooth functioning and rendering of essential services but also sufficient sufficient resources to combat the Covid pandemic
- April

6. BRIEF FACTS OF THE CASE:

- a. The existing widespread pandemic disease coronavirus (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that people practice respiratory etiquette (for example, by coughing into a flexed elbow) and the doctors treating the infected persons should not get exposed to those infectious fluids either through those tiny droplets of saliva or discharge from nose of an infected person. At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments, therefore, it is pertinent that the doctors operating the persons infected or suspected to be infected with COVID-19 be provided with Personal Protection Equipment, Hazmat Suits, Masks to secure themselves from getting infected with COVID-19 while treating other patients.

- b. On 30.01.2020 Director General of WHO declared that the outbreak of COVID-19 constituted a Public Health Emergency of International Concern (PHEIC) as per the advice of International Health Regulations (IHR) Emergency Committee and Guidelines were issued on the mandatory use of Personal Protective

Equipment (PPE) for Coronavirus Disease 2019 (COVID-19). A true copy of the guidelines issued by the WHO 30.01.2020 has been annexed and marked herein as **Annexure A/1** (Page Nos. 43 to 51)

- c. On the same day itself i.e on 30.01.2020, India reported its first confirmed case of COVID-19, in the State of Kerala. The infected patient had a travel history from Wuhan, China. The disease since its first detection in China has now spread to over 200 countries/territories, with reports of local transmission happening in more than 160 of these countries/territories. As per WHO (as of 4th April, 2020), there has been a total of 11,52,751 confirmed cases and 61,625 deaths due to COVID-19 worldwide.
- d. On 31.01.2020, DGFT promptly issued a notification, prohibiting the export of all PPEs including Clothing and Masks [Coveralls(Class 2/3/4) and N95 Masks]. However, within a period of one week i.e. on 08.02.2020, the said order banning export was amended, permitting the export of surgical masks and all gloves. Furthermore, on 25.02.2020, by which point Italy had reported 11 deaths to the virus and over two hundred cases, the Govt. further relaxed the restrictions, allowing eight new items for export such as Disposable masks, surgical blades, non-woven shoe covers, breathing appliances, gas masks etc. It is evident that the Government did not employ alacrity during the month of February and didn't make take necessary steps for restricting and controlling the disease. A true copy of the notification dated 31.01.2020 issued by the DGFT has been annexed and marked herein as **Annexure A/2** (Page Nos. 52)

A true copy of the notification dated 31.01.2020 issued by the DGFT as amended on 08.02.2020 has been annexed and marked herein as **Annexure A/3** (Page Nos. 53)

A true copy of the notification dated 31.01.2020 as relaxed on 25.02.2020 has been annexed and marked herein as **Annexure A/4** (Page Nos. 54)

- e. On 03.03.2020, WHO reported that Shortage of PPE endangering health workers worldwide. It also reported that WHO calls upon industries and governments to increase manufacturing by 40% to meet rising global demand. On 11.03.2020, the WHO declared COVID-19 as a worldwide pandemic.. However, it was only after some delay that India woke up to the shortfall of PPEs and Masks and amended its previous notification on 19.03.2020 and finally restricted the export of Textile Raw Materials for Masks and Coverall.

A true copy of the notification issued by the WHO dated 03.03.2020 has been annexed and marked herein as **Annexure A/5** (Page Nos. 55 to 57)

A true copy of the notification issued by the Directorate General of Foreign Trade as amended on 19.03.2020 has been annexed and marked herein as **Annexure A/6** (Page Nos. 58)

- f. That simultaneously while Ministry of Health and Family Welfare were issuing notifications to cope up with the spread of COVID-19, National Disaster Management Authority issued an Order-letter dated 04.02.2020 suggesting the steps to be taken by District Disaster Management Agencies, Relief Commissioners,

States/UTs regarding COVID-19. Furthermore, Order dated 05.03.2020 and 17.03.2020 were issued by the National Disaster Management Authority whereby suggesting the steps to keep track of people arrived from different countries. A true copy of the order dated 04.02.2020 issued by National Disaster Management Authority has been annexed and marked herein as **Annexure A/7** (Page Nos. 59)

A true copy of the order dated 05.03.2020 issued by National Disaster Management Authority has been annexed and marked herein as **Annexure A/8** (Page Nos. 60 to 61)

A true copy of the order dated 17.03.2020 issued by National Disaster Management Authority has been annexed and marked herein as **Annexure A/9** (Page Nos. 62)

- g. That it was only after 19.03.2020 i.e. a week after WHO declaring COVID-19 to be a Pandemic, India realized the dangerous impact and the nature of the disease and Central Government imposed export restricting and State Government started issuing orders for lockdown or curfew.
- h. However, due to the panic created at the eleventh-hour, the orders of State enforcing the lockdown and curfew were neither uniform nor concerted. Instead the lockdown orders imposed restrictions on movement/supply of raw materials of the Hazmat Suits/Masks/PPEs/Coveralls from one state to another, which further agonized the situation. In addition to the same, the lockdowns were first imposed only in those cities which reported confirmed cases, once the test results were found to be confirmatory, by which time the infected person (symptomatic or

asymptomatic) had already infected other persons in the locality, or had travelled to and fro via trains, buses, and other modes of public transport, enabling community spread of the disease.

- i. It is pertinent to mention that every State is empowered to take measures under Section 2 of the Epidemic Diseases Act, 1897. Many states formulated their own public health laws in pursuance to Section 2 of the Epidemic Diseases Act, 1897, to tackle the disease according to the solutions/actions as they deemed fit. It is not out of context to mention that despite India swinging into immediate action, after having the benefit of seeing the plight of other countries, the implementation of measures such as COVID-19 Regulations has been piecemeal, sporadic, slow and not uniform. There has been a considerable delay in issuing COVID Regulations in every State which resulted in loss of precious time. From the first week of outbreak, i.e. as on 03.03.2020, when there were 29 cases reported, till the 10.03.2020 there were 51 reported cases, various State Governments were still contemplating as to the pros and cons of enacting the COVID Regulations, as well as debating on whether there should be a partial lockdown or a complete lockdown. This uncertainty, and delayed measures are primarily due to the non – availability of a **‘National Plan’** to combat the Covid pandemic, which the Central Government ought to have prepared. Each State Government enacting independent and state specific measures clearly epitomizes the phrase - ‘Too many cooks spoil the broth’. All States came up with their own directions, orders, measures based on their respective analysis, which created complete chaos and confusion across the country. In absence of a National Plan

being in place, various State Governments, proceeded to enact the Covid Regulations between 10th of March 2020 till 23rd of March 2020, before the Central Government decided to impose a nation-wide lockdown.

- j. The orders of lockdown sought to be enforced then were not uniform as certain places such as Religious Places, shopping malls, bars, clubs, marriages, cultural, social or political gatherings were shut but many other places such as offices, schools, colleges etc. were allowed to operate. It is pertinent to mention that the absence of a comprehensive National Disaster Management Plan to take effective decisions on the mode and manner of prevention and other ancillary steps which are equally important to manage the seamless supply of essential goods and services, the continuance of such gatherings and associations further exacerbated the spread of infection, which could have been effectively contained.
- k. The rules limiting the congregation of people was also not uniform. While some states insisted on limiting the congregation to just 3/5/10 people in one place, while other states were silent in their orders of lockdown to restrict the congregation of people. This was a direct cause for spreading of infection. Various District Administration officers passed prohibitory orders under Section 144 of the Code of Criminal Procedure, 1973 but those were again piecemeal and not uniform. Problems escalated further on account of subjective nature of issuing lock – downs or curfew passes, which enabled all and sundry with local contacts to roam around freely during curfew time, even for non

– essential purposes. There was a complete lack of uniformity even within districts as to what did or did not constitute an essential goods or service. All these complications could have been avoided had there been a comprehensive uniform National Plan to address such contingencies, which cannot be brushed aside as mere administrative hurdles or roadblocks, since the very future of innumerable Tehsils, Blocks, villages and Districts lie in a most delicate balance, with a looming threat of infection on one hand, and the acute non – availability of resources on the other hand.

1. The enforcement of sealing of borders by every State, created a ruckus and chaos. It became impossible for citizens of India to move from one place to another without any proper reason. The measures enforced by each State were taken keeping in mind the safety of the people, but unfortunately many labourers, and unorganized sector workers and people below poverty line in order to have a place to stay started to migrate in huge numbers from their place of employment to their home states.
2. The migration of labourers and daily wagers from one state to another was due to lack of planning by the State and Union Territories on account of failure to bring about a National Disaster Plan under Section 11 of the Disaster Management Act, 2005. This is further accentuated by the fact that before the Indian Railways could be shut down completely, a huge number of people fled to their hometowns in last operable modes of public transport, and therefore the possibility of a mass spread of

infection through centralized air ducts in railway coaches, and person to person spread could not be ruled out.

- n. Thereafter, on 24.03.2020, to combat the pandemic, nationwide lockdown of the country from midnight was imposed by the Hon'ble Prime Minister as an only measure for social distancing. This nationwide lockdown is currently in effect for the next 21 days till 14.04.2020. A true copy of the Press Release dated 24.03.2020 issued by the Government of India has been annexed and marked herewith as **Annexure A/10 (Page Nos. 63 to 64)**
- o. That despite the Guidelines on the Rational use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID – 19) dated 27.02.2020 issued by the World Health Organization it took the Respondents a further period of almost *three weeks*, before the Guidelines for Rational use of PPEs were issued by the Ministry of Health & Family Welfare on 24.03.2020, banning export of PPEs and other protective gear. Furthermore, National Disaster Management Authority issued another order dated 24.03.2020 whereby, directing the Ministries/Departments, State Government and other Authorities to take steps regarding social distancing. A true copy of the notification issued by Ministry of Health & Family Welfare dated 24.03.2020 has been annexed and marked herein as **Annexure A/11 (Page Nos. 65)**
- A true copy of the guidelines issued by Ministry of Health & Family Welfare has been annexed and marked herein as **Annexure A/12 (Page Nos. 66 to 71)**

A true copy of the notification issued by National Disaster Management Authority has been annexed and marked herein as **Annexure A/13 (Page Nos. 72)**

- p. That the Ministry of Home Affairs issued an Order dated 25.03.2020 as an addendum to the Order and Guidelines dated 24.03.2020 issued by Government of India. Thereafter, another order dated 27.03.2020 and 02.04.2020 was issued as 2nd addendum and 3rd addendum, respectively to the Order and Guidelines dated 24.03.2020 issued by Government of India.

A true copy of the Order dated 25.03.2020 issued by Ministry of Home Affairs has been annexed and marked herein as **Annexure A/14 (Page Nos. 73 to 74)**

A true copy of the Order dated 27.03.2020 issued by Ministry of Home Affairs has been annexed and marked herein as **Annexure A/15 (Page Nos. 75 to 76)**

A true copy of the Order dated 02.04.2020 issued by Ministry of Home Affairs has been annexed and marked herein as **Annexure A/16 (Page Nos. 77 to 80)**

- q. That on 29.03.2020, Ministry of Home Affairs issued another order dated 29.03.2020 for Constitution of Empowered Groups for planning and implementation of COVID-19 response activities. The concerned Ministries/ Department then shall take the immediate action to implement all the decisions of Empowered Groups. A true copy of the Order dated 29.03.2020 issued by Ministry of Home Affairs has been annexed and marked herein as **Annexure A/17 (Page Nos. 81 to 83)**

- r. That soon thereafter, all the Indian states witnessed a steep rise in number of COVID-19 positive cases. It is also pertinent to mention that the medical and para-medical staff, hospitals, doctors are fighting the pandemic at the forefront and battling everyday to cure the positive COVID-19 cases. It has been observed through various news articles and letters circulated by various doctors of different hospitals that the Respondents have failed to provide Personal Protective Equipment (PPE) to all the hospital and medical staff in each state.
- s. Of particular mention is the plight of those doctors who are in the frontline and are the point of first medical contact with a Covid infected patient. Until the samples are taken, and the test results are positive, there is no way of ascertaining that a given patient is a Covid 19 positive. This patient is usually treated in emergency wards, or Out Patient Wards depending on the nature or severity of the infection, and depending on the resources of the hospital concerned. In case a person is confirmed positive, the entire ward, including the treating doctors who attended these wards in different shifts, have to be quarantined or self-isolated. This poses a significant risk to the lives of the doctors as well as the patients, who are currently being treated, and who already have weak resistance due to compromised immunity. Most of the Personal Protective Equipment is only being dispatched to doctors who are deployed in Covid Wards, or Intensive Care Units, and many junior or senior resident doctors are the ones to have complained about the lack of equipment on account of which it has increasingly become difficult to not only treat the

patients, but doctors also bear the risk of contracting the virus themselves. Since there is no uniform action plan to address these contingencies, what is being witnessed is a “symptomatic treatment” of issues by the Ministry of Health and Family Welfare which is unmindful of the fact that various hospitals in states are functioning in their limited capacity, and are operated on the basis of their own budgetary constraints. Many doctors have to arrange for their own masks and Personal Protection Equipment or are forced to employ innovative techniques using plastic, helmets or raincoats while still being at the vanguard. The abovementioned cases were observed in two of the hospitals i.e. Sir Ganga Ram Hospital and Ram Manohar Lohia hospitals in Delhi and these illustrations were published in newspapers reports online.

A true copy of the illustration published in ‘The Hindu’ dated 30.03.2020 <https://www.thehindu.com/news/cities/Delhi/10-rml-hospital-staff-sent-to-home-quarantine/article31204765.ece> has been annexed as **Annexure A/18 (Page Nos. 84 to 85)**

A true copy of the illustration published in ‘The Hindustan Times’ dated 04.04.2020 <https://www.hindustantimes.com/indianews/sirganga-ram-hospital-staff-come-in-contact-with-2covid-19-patients-108-quarantined/story-OnA0BfcY11SR5hOIT6jqEK.html> has been annexed as **Annexure A/19 (Page Nos. 86 to 87)**

- t. That the number of positive COVID-19 cases and deaths are increasing with every hour. The States have failed to provide

PPEs to the Government Hospitals, let alone private hospitals and clinics. The government of India first exported shipments of PPEs and Masks to other countries and is now looking for importing the PPEs and Masks which shows their inability to maintain adequate number of PPEs and Masks for their own doctors and medical practitioners, para medicals nurses and other support staff.

- u. That at the present moment of pandemic, instead of collaborating and coordinating with the manufacturers and suppliers to provide the necessary PPEs and Masks, the Government of India is relying solely on HLL Lifecare Ltd. to provide for adequate number of PPE at a mass scale.

CONSTITUTIONAL AND STATUTORY SCHEME

- v. It is most respectfully submitted that the Constitution of India, in Entry 6 appended to List II of Schedule VII clearly envisions "Public Health and Sanitation, Hospitals and Dispensaries" to fall within the domain of State Legislature. However, in case of a pandemic such as Covid 19, the Union Government can arrogate to itself, both the power to legislate as well as the power to issue and execute the orders so issued under Article 73 of the Constitution. This power is derivable from Entry 29 of the Concurrent List which confers power on the Parliament, and in turn on the Union Executive to pass any orders or legislate on matters involving "*Prevention of the extension from one State to another of infectious or contagious diseases or pests affecting men, animals or plants*". Since, the provisions of the Disaster

Management Act, 2005 have been invoked to address the pandemic, particularly notification dated 24.03.2020 in exercise of powers conferred under Section 10 read with Section 16 of the Disaster Management Act, 2005. The Ministry of Home Affairs has, however issued “guidelines” and “Addendums” to these guidelines, at various point of time, as a trial and error method to incorporate new provisions to exempt the category of goods and services. These guidelines and strategies by their very nature are non binding, and are at variance with many of the orders passed in exercise of Section 144 of the CrPC, 1973. There is a lack of implementation which is apparent from various newspaper reports which show police officers resorting to lathi charge against the vegetable sellers, non – availability of PPE Equipment due to transport restrictions forcing doctors to use novel means, lack of grains, and vegetable supplies in remote villages in district for days together.

- w. The National Plan which is contemplated within the provisions of Section 11 of the Disaster Management Act, 2005 is one in the nature of an omnibus national plan, and does not cater to specific instances of disaster, such as the present one, i.e. the Covid outbreak, which given its rate of exposure is more likely to be spread than any of its predecessor diseases, and in absence of any effective plan to counter the same, various ministries are issuing orders at different points of time, which are not only symbolic of utter confusion, but which has also resulted in ineffective implementation.

- x. The provisions of the Epidemic Diseases Act, 1897 are also wholly inadequate since most of the actions are in the nature of corrective measures and not necessarily to prevent the spread of disease in first place. Similarly, prohibitory order under Section 144 of the Code of Criminal Procedure, 1973 operate under their own territorial constraints, and cannot be used to ensure inter state or inter district services or provisions of supply, or transportation of other essential commodities. Most of these orders are also subjective, and have different application from state to state, and from district to district. Though, all these orders are well intentioned, they are subjective in nature and have caused immense restrictions on the movement of goods and services, and for various other supplies, crops, fruits, vegetables which cannot be grown in those districts but are transported to the local markets of these districts.

- y. While the provisions of non – compliance attract the rigours of punishment as prescribed under Section 188 of the Indian Penal Code, 1860. The flouting of prohibitory orders under Section 144 of the CrPC, 1973 also prescribe the same punishment. Sections 269 and 270 of the IPC are being invoked against all the individuals who have violated the Quarantine, or have not disclosed true or correct travel history. There are also a host of provisions against spreading of fake news, false claims, and flouting the orders of the National Disaster Management Authority or any local authority, under the precincts of Chapter IX of the Disaster Management Act, 2005, yet the instances of arbitrary exercise of this power is replete, since there is no

effective National Plan in place which could lay down Standard Operating Procedures. Most of the unorganized vendors and vegetable or fruit sellers have been on the receiving end of this confusion, who have been subjected to discriminatory police treatment, charges as well as some of whom have also been booked under various provisions of law. Pertinent illustrations can be seen from social media videos, and even reports that have appeared in print media.

An illustration is the report published by the Times of India Ahmedabad City Edition on 01.04.2020 available on the URL <https://timesofindia.indiatimes.com/city/ahmedabad/ahmedabad-cop-overturns-vegetable-carts-suspended/articleshow/74923688.cms> which has been annexed herewith and marked as **ANNEXURE A/20 (Page Nos. 88 to 89)**

Another newspaper report published by the Telegraph India on 25.03.2020 titled “*Cops beat up people out to buy, sell food*” available on URL <https://www.telegraphindia.com/india/cops-beat-up-people-out-to-buy-sell-food-amid-coronavirus-lockdown/cid/1758903> has been annexed herewith and marked as **ANNEXURE A/21 (Page Nos. 90 to 92).**

A third report by way of illustration is published by the BBC titled “*Coronavirus Lockdown in India: Beaten and abused for doing my Job*” dated 28.03.2020 available on URL <https://www.bbc.com/news/world-asia-india-52063286> has been annexed herewith and marked as **ANNEXURE A/22 (Page Nos. 93 to 99).**

- z. It is most respectfully submitted that the failure to devise a National Plan has resulted in a severe deprivation of the rights of health care professionals, and has also brought to the forefront the weak and poor existing healthcare systems which have been demanding draconian and proactive changes for years now. The absence of a healthcare plan in difficult times has resulted in violation of rights guaranteed under Articles 14,19 and 21 of the Constitution of India for many. The failure of the State and its instrumentality in bringing about an effective National Plan which could address and devise a systematic strategy to combat, prevent and contain the further spread of Covid 19 virus every passing day has resulted in denial and deprivation of Fundamental Rights of every individual. Furthermore, this National Disaster Management Plan is to be specific to the problems and challenges that Covid 19 presents, and it is the statutory mandate of the State to ensure that such a National Policy is enacted as expeditiously as possible.
- aa. The absence of an effective National Plan especially earmarked to deal with the Covid Pandemic, has resulted in lack of clarity on the following aspects, which include, but are not restricted to the following:
- a. Measures outlining the mode of providing treatment, recalibration of spaces, resources, and setting up of dedicated wards not only for the treatment, but also for the general diagnosis of any person who is symptomatic but whose samples have not been taken;

- b. To make available the constant supply of Personal Protection Equipment to even those doctors who are first in line of contact with a person who is symptomatic.;
- c. To address the lack of proper lodging and boarding facilities for patients, hospital staff, medical and para medical staff, pharmacists and doctors and ensuring their safety;
- d. To address the shortage of Testing Kits, laboratories and to ensure testing kits are kept in reserve supplies and that the laboratories (including private laboratories and their staff) are well trained and equipped, not only to conduct the tests but also to dispose of the samples so collected, since they are a bio hazard, capable of being spread at a sporadic rate;
- e. To make adequate provisions for the setting up/ establishing of quarantine centers which are hygienic, and have provisions for essential items, such as food, water, toilets and bathing facilities and have provisions of running water supply and constant electricity;
- f. To ensure better coordination amongst states and to provide for a periodic review in addition to setting up live time review of hotspots.
- g. To lay down an outline for measures to transport covid infected patients from smaller hospitals to larger hospitals

and from one district to another, in the event of a mass outbreak.

- h. To devise mechanisms to to dispose of the dead bodies of CoVID positive patients in a dignified and humanitarian manner.
- i. To allocate enough resources and manpower for the development of treatment, research and development to find a cure to the disease, and to also permit or authorize the usage of drugs (with the consent of the patient) to be administered, which are currently undergoing the stage of approval but which promise to be effective in such treatments.
- j. To provide for a phase wise and step by step plan to contain the spread of infection at the hotspots where there is a community spread.
- k. To take further intensive steps or measures in cases of severe spread of infection as are required, including testing, mobilization of resources, increasing of quarantine facilities, requisition of buildings, resources and people in exercise of powers under Section 65 of the Disaster Management Act, 2005 for the purposes of immediately containing the spread of infection. That in case of a drastic health emergency on account of uncontrollable spread of infection, to requisition the staff, resources and infrastructure of private establishments providing health

care facilities such as private hospitals and medical colleges and to also requisition the services of students currently studying in their penultimate year or final year courses of MBBS to cater to the patients.

1. To provide for an outline for the availability of resource professionals such as doctors, para medical staff, nurses, testing agents, laboratory professional and to ensure their safety at workplace and on the ground.
- m. To devise a strategy for an effective lockdown, standard operating procedure for District Collectors, Superintendent of Police, local administration of every district so as to ensure uniformity, which is not in the nature of mere “Advisories” or “guidelines” but are effective orders and to also ensure periodic status compliance of the same by the District Administration.
- n. To ensure that there is a uniformity in the categories of resources, goods and services which are exempted from lockdown, and to provide for a time slot for the public to purchase these goods and avail the services by following the principles of social distancing, especially in those districts and Tehsils where there are no provisions for providing online or telephone home deliveries.
- o. To ensure that the enforcement of the lockdown is as peaceful as it can be and with minimal use of force and to

abjure from acts which may have the effect of jeopardizing the human rights of a person.

- p. To ensure the availability of essential goods and commodities during the period of imposition of a lock down.
- q. To ensure the availability of grains, food, water, fruits and vegetables in the event of an extension of lockdown.
- r. To address the inoperability of go downs, cold storage, thrashers, harvesters, seeds, fertilizers, manures, and other measures on account of which the Rabi crop is on the verge of decimation.
- s. To increase the storage capacity of the government reserves of grains, and seeds, fruits and vegetables which are perishable in nature and to ensure that the same are delivered to the nearest available point of purchase or point of distribution.
- t. To ensure supply of raw materials for the purposes of making essential finished goods for human consumption.
- u. To address the lack of transportation facilities to ensure free movement of goods, both essential and non-essential and to ensure that the crops, fruits, vegetables and dairy products are transported to the local *Mandis* and markets.

- v. To ensure the mobilization of troops other than state or local police to provide for relief activities and to ensure their safety.
- w. To strategize restoration and revival of various sectors that have adversely been affected on account of the lock – down.
- x. To strategize lifting of the lockdown in a phased manner so as to ensure that the infection does not spread again in new localities or hotspots.
- y. To provide for a standard operating procedure to be followed by the enforcement agencies to ensure that least possible inconvenience is caused to the free movement of essential supplies.
- z. Ensuring and supervising that every State Disaster Management Plan formulated by each State under Section 23 of the Disaster Management Act, 2005 is to be in conformity with the National Disaster Management Plan, as well as every District Disaster Management Plan formulated by each District under Section 33 of the Disaster Management Act, 2005 is to be in conformity with the State Disaster Management Plan and that all local bodies and authorities act in strict compliance with the disaster management plan. These plans must provide for clarity of roles of every member of the district administration, so as to avoid any knee jerk reactions by

setting up committees at the last moment, and to make a flow chart of implementation with designated personnel to ensure that there is due accountability in delivery of services. These plans must also provide for a communication chart and use live and periodic reporting techniques so that the authorities are kept informed at all times, and may take suitable measures depending on the severity of situation.

7. GROUNDS:

- A. BECAUSE, the failure of the State to devise a statutory national plan under Section 11 of the Disaster Management Act, 2005 has resulted in utter chaos, mishandling and confusion amongst its own and has led to the denial of access to essential goods and services to its citizens in different districts and tehsils, thereby resulting in violation of Article 21 of the Constitution which recognizes right to food, right to access to health care and right to equal access to essential commodities.
- B. BECAUSE, the Executive inaction in bringing about a National Plan to prevent, contain and combat the spread of Covid 19 infection, will have an adverse escalatory effect on the exposure rate of the virus, which is likely to spread to other communities, thereby severely imperilling the lives of millions of citizens.
- C. BECAUSE, the absence of a national plan to address the issues and challenges that Covid 19 posits, there has been a severe lapse in the manner and mode of procurement of Personal

Protective Equipment for healthcare professional and other medical, para medical and support staff which has not only put these personnel at severe risk of contracting infection, but on account of which various hospital wards and doctors have been infected and are kept in quarantine *en masse*. Pertinent illustrations can be taken from Sir Ganga Ram Hospital and Ram Manohar Lohia hospitals in Delhi.

- D. BECAUSE, the failure to enact a statutory plan as envisioned under Section 11 of the Disaster Management Act, 2005 has resulted in an acute shortage of resources, and doctors and other medical staff are at a severe risk of contracting the infection, especially those doctors who are point of first medical contact, who treat a person, carry out the diagnosis, and send tests for sampling. Since no provision for protective gear has been contemplated under a dedicated National, State or District Disaster Plan, there is an acute shortage of providing basic and essential health care, and has forced the doctors either to resign, or to use alternative and innocuous means to treat the patients.
- E. BECAUSE, the Government of India has failed to procure, maintain and provide to its doctors and medical professionals proper and quality PPEs and Masks. The infectious spread of COVID-19 disease qualifies as a “Disaster” as defined under the Disaster Management Act, 2005. Even though the definition as provided under Section 2(d) of the Act does not specifically mention “Pandemic”, however, a disease such as COVID-19 has caused substantial loss of life and human suffering due to grave occurrence in the States of India and therefore qualifies as a

Disaster as defined in the Act. Section 2(d) of The Disaster Management Act, 2005 has been reproduced herein below –

“(d) - “disaster” means a catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man made causes, or by accident or negligence which results in substantial loss of life or human suffering or damage to, and destruction of, property, or damage to, or degradation of, environment, and is of such a nature or magnitude as to be beyond the coping capacity of the community of the affected area;”

F. BECAUSE COVID-19 being a disaster, and with an indomitable exposure rate leads to the conclusion that the Government should have taken faster and more effective steps to formulate a disaster management plan to control and mitigate such a disaster. A Disaster Management Plan has to be prepared at the national level as National Plan under Section 11 of the Act. A disaster management plan is essential to prevent the disease from spreading, to mitigate or reducing the risk and to also provide for ways and means to protect a risk of re - infection. Section 2(e) of the Act defining Disaster Management has been reproduced as under –

“2(e) “disaster management” means a continuous and integrated process of planning, organising, coordinating and implementing measures which are necessary or expedient for –

i. prevention of danger or threat of any disaster;

- ii. *mitigation or reduction of risk of any disaster or its severity or consequences;*
 - iii. *capacity-building;*
 - iv. *preparedness to deal with any disaster;*
 - v. *prompt response to any threatening disaster situation or disaster;*
 - vi. *assessing the severity or magnitude of effects of any disaster;*
 - vii. *evacuation, rescue and relief;*
 - viii. *rehabilitation and reconstruction;”*
- G. BECAUSE Section 11 of the Disaster Management Act, 2005 provides for a National Disaster Plan, however, it appears that such a plan is in the nature of an omnibus plan to address all the types of disasters by an action plan made purposely for disasters like the earthquake, floods and cyclone and does not focus on disasters of such nature. There is a compelling need to devise a Disaster Plan made specifically to address the specific contingencies which are unique to the spread of covid infection.
- H. BECAUSE, in accordance of Section 11, an action plan for the Nation i.e. the National Plan should be formulated which shall include –
- a. Measures outlining the mode of providing treatment, recalibration of spaces, resources, and setting up of dedicated wards not only for the treatment, but also for the general diagnosis of any person who is symptomatic but whose samples have not been taken

- b. Measures to maintain constant supply of Personal Protection Equipment to even those doctors who are first in line of contact with a person who is asymptomatic.
- c. To address issues related to proper lodging and boarding facilities for patients, hospital staff, medical and para medical staff, pharmacists and doctors and ensuring their safety.
- d. To address issues qua shortage of Testing Kits, laboratories and to ensure testing kits are kept in reserve supplies and that the laboratories (including private laboratories and their staff) are well trained and equipped not only to conduct the tests but also to dispose of the samples so collected, since they are a bio hazard, capable of being spread at a sporadic rate.
- e. To make adequate provisions for the setting up/ establishing of quarantine centers which are hygienic, and have provisions for essential items, such as food, water, toilets and bathing facilities and have provisions of running water supply and constant electricity.
- f. To provide for measures to enforce better coordination amongst states and to provide for a periodic review in addition to setting up live time review of hotspots.
- g. To lay down an outline for measures to transport covid infected patients from smaller hospitals to larger hospitals and from one district to another, in the event of a mass outbreak.

- h. To provide for measures to dispose of the dead bodies of patients who are infected with Covid 19 while ensuring due dignity.
- i. To allocate enough resources and manpower for the development of treatment, research and development to find a cure to the disease, and to also permit or authorize the usage of drugs (with the consent of the patient) to be administered, which are currently undergoing the stage of approval but which promise to be effective in such treatments.
- j. To provide for a phase wise and step by step plan to contain the spread of infection at the hotspots where there is a community spread.
- k. To take further intensive steps or measures in cases of severe spread of infection as are required, including testing, mobilization of resources, increasing of quarantine facilities, requisition of buildings, resources and people in exercise of powers under Section 65 of the Disaster Management Act, 2005 for the purposes of immediately containing the spread of infection. That in case of a drastic health emergency on account of uncontrollable spread of infection, to requisition the staff, resources and infrastructure of private establishments providing health care facilities such as private hospitals and medical colleges and to also requisition the services of students

currently studying in their penultimate year or final year courses of MBBS to cater to the patients.

- l. To prepare outlines for the availability of resource professionals such as doctors, para medical staff, nurses, testing agents, laboratory professional and to ensure their safety at workplace and on the ground.

- m. To devise a strategy for an effective lockdown, standard operating procedure for District Collectors, Superintendent of Police, local administration of every district so as to ensure uniformity, which is not in the nature of mere “Advisories” or “guidelines” but are effective orders and to also ensure periodic status compliance of the same by the District Administration.

- n. To ensure that there is a uniformity in the categories of resources, goods and services which are exempted from lockdown, and to provide for a time slot for the public to purchase these goods and avail the services by following the principles of social distancing, especially in those districts and Tehsils where there are no provisions for providing online or telephone home deliveries.

- o. To ensure that the enforcement of the lockdown is resorted to by the agencies keeping in mind the principles of least use of force, and to abjure from acts which may have the effect of jeopardizing the human rights of a person.

- p. To ensure the availability of essential goods and commodities during the period of imposition of a lock down.
- q. To ensure the availability of grains, food, water, fruits and vegetables in the event of an extension of lockdown.
- r. To address the inoperability of godowns, cold storage, thrashers, harvesters, seeds, fertilizers, manures, and other measures on account of which the Rabi crop is on the verge of decimation.
- s. To increase the storage capacity of the government reserves of grains, and seeds, fruits and vegetables which are perishable in nature and to ensure that the same are delivered to the nearest available point of purchase or point of distribution.
- t. To ensure sufficient raw materials for the purposes of making finished goods for human consumption.
- u. To address lack of transportation facilities to ensure free movement of goods, both essential and non essential and to ensure that the crops, fruits, vegetables and dairy products are transported to the local *Mandis* and markets.
- v. To ensure the mobilization of troops other than state or local police to provide for relief activities and to ensure their safety.

- w. To work out a strategy to restore and revive various sectors that have adversely been affected on account of the lock – down.
- x. To devise a strategy to ensure the lifting of the lockdown in a phased manner so as to ensure that the infection does not spread again in new localities or hotspots.
- y. To provide for a standard operating procedure to be followed by the enforcement agencies to ensure that least possible inconvenience is caused to the free movement of essential supplies.
- z. Ensuring and supervising that every State Disaster Management Plan formulated by each State under Section 23 of the Disaster Management Act, 2005 is to be in conformity with the National Disaster Management Plan, as well as every District Disaster Management Plan formulated by each District under Section 33 of the Disaster Management Act, 2005 is to be in conformity with the State Disaster Management Plan and that all local bodies and authorities act in strict compliance with the disaster management plan. These plans must provide for clarity of roles of every member of the district administration, so as to avoid any knee jerk reactions by setting up committees at the last moment, and to make a flow chart of implementation with designated personnel to ensure that there is due accountability in delivery of services. These plans must also provide for a communication chart and use live and

periodic reporting techniques so that the authorities are kept informed at all times, and may take suitable measures depending on the severity of situation.

- I. BECAUSE the absence of a National Medical Policy to tackle the pandemic that Corona (COVID-19) has led to complete chaos. Most of the decisions are trial and error based and the lack of coordination and delay in bringing about Covid-19 Regulations by every State has caused loss of invaluable time. Many states are formulating their own public health laws in pursuance to Section 2 of the Epidemic Diseases Act, 1897, however, it is imperative that in matters of a pandemic disease, all policy decisions to take effective preemptive prevention measures are taken by the Central Government and are implemented on the basis of top down approach. The Central Government has to also formulate a Disaster Management Policy to specifically address the issue of Covid-19 on the basis of realistic estimate of resources, man power, and disposal of funds. Regrettably, so far no such Disaster Management Plan under Section 11 exists to provide for ways and means to survive in case of a prolonged lock down.

- J. BECAUSE the rate of Exposure of Covid 19 is highest worldwide and "prevention" is the only strategy which could be adopted by the developing country like India at this juncture and therefore it is critical that a unified concerted action is carried out simultaneously, instead of each District authority taking an independent decision as to what is to be done. Due to lack of

uniformity and cooperation between Indian States and Union Territories, the numbers of cases of COVID-19 are increasing and difficulty in managing the chaos created by general public in certain districts, there is immediate need for concrete and immediate strategy.

- K. BECAUSE, in the Constitution of India, Entry 6 appended to List II of Schedule VII clearly envisions "Public Health and Sanitation, Hospitals and Dispensaries" to fall within the domain of State Legislature. However, in case of a pandemic such as Covid 19, the Union Government can arrogate to itself, both the power to legislate as well as the power to issue and execute the orders so issued under Article 73 of the Constitution. This power is derivable from Entry 29 of the Concurrent List which confers power on the Parliament, and in turn on the Union Executive to pass any orders or legislate on matters involving "Prevention of the extension from one State to another of infectious or contagious diseases or pests affecting men, animals or plants". Thus, the Central Government is already armed with the legislative and executive competence to give effect to such a National Plan under Section 11 of the Disaster Management Act, 2005, but has not yet taken an action to devise the same, which has a cumulative effect of violating Articles 14, 19 and 21 of the Constitution of India.

PRAYER

It is, therefore, most respectfully prayed that this Hon'ble Court may graciously be pleased to:

- a. ISSUE an appropriate Writ, Order or Direction in the nature of Mandamus directing the National Executive Committee to devise a comprehensive disaster management plan in form of a 'National Plan' under Section 11 of the Disaster Management Act, 2005 to effectively combat, contain and prevent the spread of COVID-19 and to provide for such measures as are contemplated in Ground "H" of the present Application in addition to such other additional measures that the Central Government may take into account in an expeditious and time bound manner, that may be implemented and adopted every State Government, *in toto*, to ensure uniformity, and efficacy of delivery of essential goods and services, while retaining the discretion of the State and Public Administration to take such additional measures, in addition to the common minimum requirements as contemplated under the National Disaster Plan;
- b. Exempt the Applicants from filing duly affirmed affidavit in the prevailing circumstances and allow the payment of deficit court fee, if any, subsequently; and/or

- c. PASS such further order or orders as this Hon'ble Court may deem fit and proper in the circumstances of the case.

AND FOR THIS ACT OF KINDNESS THE APPLICANTS AS IN DUTY BOUND SHALL FOREVER PRAY.

DRAWN BY –

Nipun Saxena, Adv &
Serena Sharma, Adv

FILED BY



(MITHU JAIN)

Advocate for the Applicants

New Delhi

Dated: 05.04.2020

IN THE HON'BLE SUPREME COURT OF INDIA
ORIGINAL CIVIL JURISDICTION

I.A NO. OF 2020

IN

WRIT PETITION (CIVIL) DIARY NO. 10795 OF 2020

IN THE MATTER OF:

DR. JERRYL BANAIT

...APPLICANT/ PETITIONER

VERSUS

UNION OF INDIA & ANR.

...RESPONDENTS

IN THE MATTER OF:

DR. SNEH JAIN

...APPLICANT NO. 1/PROPOSED

PETITIONER NO. 2

AND

DR. HANS JAIN

...APPLICANT NO. 2/PROPOSED

PETITIONER NO. 3

AFFIDAVIT

I, Dr. Sneh Jain, the Applicant No. 1/Proposed Petitioner No. 2 above named, aged about 63 years W/o Dr. Hans Jain, R/o CGU 103, Capital Greens, Moti Nagar, Delhi – 110015, do hereby solemnly declare as under: -

1. That I am the applicant no. 1 in the present Application, and as such I am fully competent and authorized to swear and depose this affidavit and fully aware of the facts and circumstances of the present case.
2. That I have read the contents of the accompanying application and I say that the contents therein are true to my personal knowledge.
3. That, the annexures filed with the application are true and correct copies of the originals. No part of the Application and nothing material has been concealed thereto.



DEPONENT

VERIFICATION:

Verified at New Delhi on this the 5th day of April 2020 that the contents of this affidavit are based on the information derived from the records and also on the basis of the information received and believed to be correct. No part of it is false and nothing material has been concealed or suppressed there from.



DEPONENT

IN THE HON'BLE SUPREME COURT OF INDIA
ORIGINAL CIVIL JURISDICTION

I.A NO. OF 2020

IN

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DR. JERRYL BANAIT

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...RESPONDENTS

IN THE MATTER OF:

DR. SNEH JAIN

...APPLICANT NO. 1/PROPOSED

PETITIONER NO. 2

AND

DR. HANS JAIN

...APPLICANT NO. 2/PROPOSED

PETITIONER NO. 3

AFFIDAVIT

I, Dr. Hans Jain, the Applicant No. 2/Proposed Petitioner No. 3 above named, aged about 66 years S/o Late Shanti Swaroop Jain, R/o CGU 103, Capital Greens, Moti Nagar, Delhi – 110015, do hereby solemnly declare as under: -

1. That I am the applicant no. 2 in the present Application, and as such I am fully competent and authorized to swear and depose this affidavit and fully aware of the facts and circumstances of the present case.
2. That I have read the contents of the accompanying application and I say that the contents therein are true to my personal knowledge.
3. That, the annexures filed with the application are true and correct copies of the originals. No part of the Application and nothing material has been concealed thereto.

Hans Jain

DEPONENT

VERIFICATION:

Verified at New Delhi on this the 5th day of April 2020 that the contents of this affidavit are based on the information derived from the records and also on the basis of the information received and believed to be correct. No part of it is false and nothing material has been concealed or suppressed there from.

Hans Jain

DEPONENT



Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)

30 January 2020 | Statement | Geneva, Switzerland

The second meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the outbreak of novel coronavirus 2019 in the People's Republic

of China, with exportations to other countries, took place on Thursday, 30 January 2020, from 13:30 to 18:35 Geneva time (CEST). The Committee's role is to give advice to the Director-General, who makes the final decision on the determination of a Public Health Emergency of International Concern (PHEIC). The Committee also provides public health advice or suggests formal Temporary Recommendations as appropriate.

Proceedings of the meeting

Members and advisors of the Emergency Committee were convened by teleconference

The Director-General welcomed the Committee and thanked them for their support. He turned the meeting over to the Chair, Professor Didier Houssin.

Professor Houssin also welcomed the Committee and gave the floor to the Secretariat.

A representative of the department of compliance, risk management, and ethics briefed the Committee members on their roles and responsibilities.

Committee members were reminded of their duty of confidentiality and their responsibility to disclose personal, financial, or professional connections that might be seen to constitute a conflict of interest. Each member who was present was surveyed and no conflicts of interest were judged to be relevant to the meeting. There were no changes since the previous meeting.

The Chair then reviewed the agenda for the meeting and introduced the presenters.

Representatives of the Ministry of Health of the People's Republic of China reported on the current situation and the public health measures being taken. There are now 7711 confirmed and 12167 suspected cases throughout the country. Of the confirmed cases, 1370 are severe and 170 people have died. 124 people have recovered and been discharged from hospital.

The WHO Secretariat provided an overview of the situation in other countries. There are now 83 cases in 18 countries. Of these, only 7 had no history of travel in China. There has been human-to-human transmission in 3 countries outside China. One of these cases is severe and there have been no deaths.

At its first meeting, the Committee expressed divergent views on whether this event constitutes a PHEIC or not. At that time, the advice was that the event did not constitute a PHEIC, but the Committee members agreed on the urgency of the situation and suggested that the Committee should continue its meeting on the next day, when it reached the same conclusion.

This second meeting takes place in view of significant increases in numbers of cases and additional countries reporting confirmed cases.

Conclusions and advice

The Committee welcomed the leadership and political commitment of the very highest levels of Chinese government, their commitment to transparency, and the efforts made to investigate and contain the current outbreak. China quickly identified the virus and shared its sequence, so that other countries could diagnose it quickly and protect themselves, which has resulted in the rapid development of diagnostic tools.

The very strong measures the country has taken include daily contact with WHO and comprehensive multi-sectoral approaches to prevent further spread. It has also taken public health measures in other cities and provinces; is conducting studies on the severity and transmissibility of the virus, and sharing data and biological material. The country has also agreed to work with other countries who need their support. The measures China has taken are good not only for that country but also for the rest of the world.

The Committee acknowledged the leading role of WHO and its partners.

The Committee also acknowledged that there are still many unknowns, cases have now been reported in five WHO regions in one month, and human-to-human transmission has occurred outside Wuhan and outside China.

The Committee believes that it is still possible to interrupt virus spread, provided that countries put in place strong measures to detect disease early, isolate and treat cases, trace contacts, and promote social distancing measures commensurate with the risk. It is important to note that as the situation continues to evolve, so will the strategic goals and measures to prevent and reduce spread of the infection. The Committee agreed that the outbreak now meets the criteria for a Public Health Emergency of International Concern and proposed the following advice to be issued as Temporary Recommendations.

The Committee emphasized that the declaration of a PHEIC should be seen in the spirit of support and appreciation for China, its people, and the actions China has taken on the frontlines of this outbreak, with transparency, and, it is to be hoped, with success. In line with the need for

global solidarity, the Committee felt that a global coordinated effort is needed to enhance preparedness in other regions of the world that may need additional support for that.

Advice to WHO

The Committee welcomed a forthcoming WHO multidisciplinary technical mission to China, including national and local experts. The mission should review and support efforts to investigate the animal source of the outbreak, the clinical spectrum of the disease and its severity, the extent of human-to-human transmission in the community and in healthcare facilities, and efforts to control the outbreak. This mission will provide information to the international community to aid in understanding the situation and its impact and enable sharing of experience and successful measures.

The Committee wished to re-emphasize the importance of studying the possible source, to rule out hidden transmission and to inform risk management measures

The Committee also emphasized the need for enhanced surveillance in regions outside Hubei, including pathogen genomic sequencing, to understand whether local cycles of transmission are occurring.

WHO should continue to use its networks of technical experts to assess how best this outbreak can be contained globally.

WHO should provide intensified support for preparation and response, especially in vulnerable countries and regions.

Measures to ensure rapid development and access to potential vaccines, diagnostics, antiviral medicines and other therapeutics for low- and middle-income countries should be developed.

WHO should continue to provide all necessary technical and operational support to respond to this outbreak, including with its extensive networks of partners and collaborating institutions, to implement a comprehensive risk communication strategy, and to allow for the advancement of research and scientific developments in relation to this novel coronavirus.

WHO should continue to explore the advisability of creating an intermediate level of alert between the binary possibilities of PHEIC or no PHEIC, in a way that does not require reopening negotiations on the text of the IHR (2005).

WHO should timely review the situation with transparency and update its evidence-based recommendations.

The Committee does not recommend any travel or trade restriction based on the current information available.

The Director-General declared that the outbreak of 2019-nCoV constitutes a PHEIC and accepted the Committee's advice and issued this advice as Temporary Recommendations under the IHR.

To the People's Republic of China

Continue to:

- Implement a comprehensive risk communication strategy to regularly inform the population on the evolution of the outbreak, the prevention and protection measures for the population, and the response measures taken

for its containment.

- Enhance public health measures for containment of the current outbreak.
- Ensure the resilience of the health system and protect the health workforce.
- Enhance surveillance and active case finding across China.
- Collaborate with WHO and partners to conduct investigations to understand the epidemiology and the evolution of this outbreak and measures to contain it.
- Share relevant data on human cases.
- Continue to identify the zoonotic source of the outbreak, and particularly the potential for circulation with WHO as soon as it becomes available.
- Conduct exit screening at international airports and ports, with the aim of early detection of symptomatic travelers for further evaluation and treatment, while minimizing interference with international traffic.

To all countries

It is expected that further international exportation of cases may appear in any country. Thus, all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO. [Technical advice is available on the WHO website.](#)

Countries are reminded that they are legally required to share information with WHO under the IHR.

Any detection of 2019-nCoV in an animal (including information about the species, diagnostic tests, and relevant epidemiological information) should be reported to the World Organization for Animal Health (OIE) as an emerging disease.

Countries should place particular emphasis on reducing human infection, prevention of secondary transmission and international spread, and contributing to the international response through multi-sectoral communication and collaboration and active participation in increasing knowledge on the virus and the disease, as well as advancing research.

The Committee does not recommend any travel or trade restriction based on the current information available.

Countries must inform WHO about travel measures taken, as required by the IHR. Countries are cautioned against actions that promote stigma or discrimination, in line with the principles of Article 3 of the IHR.

The Committee asked the Director-General to provide further advice on these matters and, if necessary, to make new case-by-case recommendations, in view of this rapidly evolving situation.

To the global community

As this is a new coronavirus, and it has been previously shown that similar coronaviruses required substantial efforts to enable regular information sharing and research, the global community should continue to demonstrate solidarity and cooperation, in compliance with Article 44 of the IHR (2005), in supporting each other on the identification of the source of

this new virus, its full potential for human-to-human transmission, preparedness for potential importation of cases, and research for developing necessary treatment.

Provide support to low- and middle-income countries to enable their response to this event, as well as to facilitate access to diagnostics, potential vaccines and therapeutics.

Under Article 43 of the IHR, States Parties implementing additional health measures that significantly interfere with international traffic (refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours) are obliged to send to WHO the public health rationale and justification within 48 hours of their implementation. WHO will review the justification and may request countries to reconsider their measures. WHO is required to share with other States Parties the information about measures and the justification received.

The Emergency Committee will be reconvened within three months or earlier, at the discretion of the Director-General.

The Director-General thanked the Committee for its work.

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ANNEXURE - A/2

(To be Published in the Gazette of India Extraordinary Part-II, Section - 3, Sub-Section (ii))

Government of India
Ministry of Commerce & Industry
Department of Commerce
Directorate General of Foreign Trade
Udyog Bhavan
New Delhi

Notification No. 44 /2015-2020
New Delhi, Dated: 31st January 2020

Subject:- Amendment in Export Policy of Personal Protection Equipment/Masks – reg


S.O. (E) In exercise of powers conferred by Section 3 of the Foreign Trade (Development & Regulation) Act, 1992 (No. 22 of 1992), as amended, read with Para 1.02 of the Foreign Trade Policy, 2015-20, the Central Government hereby makes following amendment with immediate effect in the Schedule 2 of the ITC (HS) Export Policy 2018. The following items are added:

Serial Number	ITC HS Codes	Description	Present Policy	Revised/Amended Policy
207 A	901850 901890 9020 392690 621790 630790	Personal Protection Equipment including Clothing and Masks [Coveralls(Class 2/3/4) and N95 masks]	Free	Prohibited

2. The provisions as under para 1.05 of the Foreign Trade Policy (FTP) 2015-20 regarding Transitional Arrangements are not available under this notification.

3. Effect of this Notification:

Export of all varieties of personal protection equipment including Clothing and Masks used to protect the wearer from air borne particles and/or any other respiratory masks or any other personal protective clothing [Including Coveralls(Class 2/3/4) and N95 masks] under the above mentioned ITC HS Codes is hereby 'Prohibited' with immediate effect till further orders.


(Amit Yadav) 31/1/2020
Director General of Foreign Trade
Ex-Officio Additional Secretary, Government of India
E-mail: dgft@nic.in

(Issued from File No. 01/91/180/21/AM20/EC)

Government of India
Ministry of Commerce & Industry
Department of Commerce
Directorate General of Foreign Trade
Udyog Bhavan
New Delhi

ANNEXURE - A/3

Notification No. 47 /2015-2020
New Delhi, Dated: 8th February 2020


Subject: - Amendment in Export Policy of Personal Protection Equipment/Masks

S.O. (E) In exercise of powers conferred by Section 3 of the Foreign Trade (Development & Regulation) Act, 1992 (No. 22 of 1992), as amended, read with Para 1.02 of the Foreign Trade Policy, 2015-20, the Central Government hereby makes **following amendment in the Notification No. 44 dated 31.01.2020** related to export of Personal Protection Equipment and Masks:

Serial No.	ITCHS Codes	Description	Present Policy
207 A	901850 901890 9020 392690 621790 630790	All Personal Protection Equipments including Clothing and Masks [Coveralls (Class 2/3/4) and N-95 Masks] except the following items: 1. Surgical Masks/ Disposable Masks (2/3 Ply) 2. All Gloves (except NBR Gloves)	Prohibited

2. Effect of this Notification:

The Notification No. 44 dated 31.01.2020 is amended to the extent that the items such as Surgical Masks/Disposable Masks (2/3 Ply) and all Gloves except NBR Gloves are allowed freely for export. However, export of all other Personal Protection Equipment including N-95 and other Personal Protection Equipment accompanying Masks and Gloves not specified in the exceptions above shall remain Prohibited.


8/2/2020
(Amit Yadav)

Director General of Foreign Trade
Ex-Officio Additional Secretary, Government of India
E-mail: dgft@nic.in

Government of India
Ministry of Commerce & Industry
Department of Commerce
Directorate General of Foreign Trade
Udyog Bhavan
New Delhi

ANNEXURE - A/4

Notification No. 48 /2015-2020
New Delhi, Dated: 15 February 2020

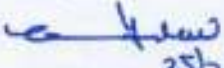
Subject:- Amendment in Export Policy of Personal Protection Equipment/Masks

S.O. (E) In exercise of powers conferred by Section 3 of the Foreign Trade (Development & Regulation) Act, 1992 (No. 22 of 1992), as amended, read with Para 1.02 of the Foreign Trade Policy, 2015-20, the Central Government hereby makes **following amendment in the Notification No. 47 dated 08.02.2020** related to export of Personal Protection Equipment and Masks:

S.No	ITC HS Codes	Description	Present Policy
207 A	901850 901890 9020 392690 621790 630790	All Personal Protection Equipment including Clothing and Masks [Coveralls (Class 2/3/4) and N-95 Masks]. However, the following items are freely exportable: 1. Surgical Masks/Disposable Masks (2/3 Ply) 2. All Gloves except NBR Gloves. 3. All Ophthalmic instruments and appliances under ITC HS 901850 except Medical Goggles 4. Surgical Blades 5. Non-Woven Shoe covers (Disposable) 6. Breathing appliances used by Airmen, Divers, mountaineers or Firemen 7. Gas Masks with chemical absorbent for filtration against poisonous vapour, smoke, gases 8. HDPE Tarpaulin/Plastic Tarpaulin 9. PVC conveyor belt 10. Biopsy Punch	Prohibited

3. **Effect of this Notification:**

The Notification No. 47 dated 08.02.2020 is amended to the extent that the items specified under Serial No. 1 to 10 above are allowed freely for export. However, export of all other Personal Protection Equipment including N-95 masks or other items not specified in the exceptions above, shall remain Prohibited.


25/2/2020
(Amit Yadav)

Director General of Foreign Trade
Ex-Officio Additional Secretary, Government of India
E-mail: dgft@nic.in



Shortage of personal protective equipment endangering health workers worldwide

3 March 2020 | News release | Geneva

WHO calls on industry and governments to increase manufacturing by 40 per cent to meet rising global demand

The World Health Organization has warned that severe and mounting disruption to the global supply of personal protective equipment (PPE) – caused by rising demand, panic buying, hoarding and misuse – is putting lives at risk from the new coronavirus and other infectious diseases.

Healthcare workers rely on personal protective equipment to protect themselves and their patients from being infected and infecting others.

But shortages are leaving doctors, nurses and other frontline workers dangerously ill-equipped to care for COVID-19 patients, due to limited access to supplies such as gloves, medical masks, respirators, goggles,

face shields, gowns, and aprons.

“Without secure supply chains, the risk to healthcare workers around the world is real. Industry and governments must act quickly to boost supply, ease export restrictions and put measures in place to stop speculation and hoarding. We can’t stop COVID-19 without protecting health workers first,” said WHO Director-General Dr Tedros Adhanom Ghebreyesus.

Since the start of the COVID-19 outbreak, prices have surged. Surgical masks have seen a sixfold increase, N95 respirators have trebled and gowns have doubled.

Supplies can take months to deliver and market manipulation is widespread, with stocks frequently sold to the highest bidder.

WHO has so far shipped nearly half a million sets of personal protective equipment to 47 countries,* but supplies are rapidly depleting.

Based on WHO modelling, an estimated 89 million medical masks are required for the COVID-19 response each month. For examination gloves, that figure goes up to 76 million, while international demand for goggles stands at 1.6 million per month.

Recent WHO guidance calls for the rational and appropriate use of PPE in healthcare settings, and the effective management of supply chains.

WHO is working with governments, industry and the Pandemic Supply Chain Network to boost production and secure allocations for critically affected and at-risk countries.

To meet rising global demand, WHO estimates that industry must increase manufacturing by 40 per cent.

Governments should develop incentives for industry to ramp up production. This includes easing restrictions on the export and distribution of personal protective equipment and other medical supplies.

Every day, WHO is providing guidance, supporting secure supply chains, and delivering critical equipment to countries in need.

NOTE TO EDITORS

Since the start of the COVID-19 outbreak, countries that have received WHO PPE supplies include:

- **Western Pacific region:** Cambodia, Fiji, Kiribati, Lao People's Democratic Republic, Mongolia, Nauru, Papua New Guinea, Samoa, Solomon Islands, Tonga, Vanuatu and the Philippines
- **Southeast Asia region:** Bangladesh, Bhutan, Maldives, Myanmar, Nepal and Timor-Leste
- **Eastern Mediteranean region:** Afghanistan, Djibouti, Lebanon, Somalia, Pakistan, Sudan, Jordan, Morocco and Iran
- **Africa region:** Senegal, Algeria, Ethiopia, Togo, Ivory Coast, Mauritius, Nigeria, Uganda, Tanzania, Angola, Ghana, Kenya, Zambia, Equatorial Guinea, Gambia, Madagascar, Mauritania, Mozambique, Seychelles and Zimbabwe

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(To be Published in the Gazette of India Extraordinary Part-II, Section - 3, Sub-Section (ii))

Government of India
Ministry of Commerce & Industry
Department of Commerce
Directorate General of Foreign Trade
Udyog Bhavan
New Delhi

ANNEXURE - A/6

Notification No. 52 /2015-2020
New Delhi, Dated: 19 March 2020

Subject: - Amendment in Export Policy of Masks, Ventilators and textile raw material for masks and coveralls

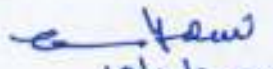
S.O. (E) In exercise of powers conferred by Section 3 of the Foreign Trade (Development & Regulation) Act, 1992 (No. 22 of 1992), as amended, read with Para 1.02 and 2.01 of the Foreign Trade Policy, 2015-20, the Central Government hereby makes the following amendment in Schedule 2 of the ITCHS Export policy 2018 related to export of Masks, Ventilators and textile raw material for masks and coveralls as per the product description given below:

S.No	ITC HS Codes	Description	Present Policy	Revised Policy
207 A	ex392690 ex621790 ex630790 ex901890 ex9020	Surgical Masks/ Disposable Masks (2/3 Ply Masks)	Free (As per Notification No. 48 dated 25.02.2020)	Prohibited
207 B	ex9018	All Ventilators	Free	Prohibited
207 C	560311 560312 560313 560314 560391 560392 560393 560394	Textile raw material for masks and coveralls	Free	Prohibited

2. The provision under Para 1.05 of the Foreign Trade Policy (FTP) 2015-20 regarding transitional arrangement is not applicable for this notification.

3. Effect of this Notification:

The export of all ventilators, Surgical/Disposable (2/3Ply) Masks only and Textile raw material for masks and coveralls only falling under the ITCHS Codes specified against each has been prohibited, with immediate effect. All other items (except surgical/disposable (2/3Ply) Masks) allowed in the Notification No. 48 dated 25.02.2020 shall remain "free" for exports.


19/3/2020
(Amit Yadav)

Director General of Foreign Trade
Ex-Officio Additional Secretary, Government of India
E-mail: dgft@nic.in

(Issued from file No. 01/91/180/21/AM20/EC)

वी. वी. शर्मा, मा.प्र.से.
सचिव
S.V.V. Sarma, IAS
Member Secretary



भारत सरकार
गृह मंत्रालय
राष्ट्रीय आपदा प्रबंधन प्राधिकरण
Government of India
Ministry of Home Affairs
National Disaster Management Authority

D.O. No.1-137/2018-Mit-II(FTS-10548)

Dated, the 4th February, 2020.

Dear

You are aware of the novel Coronavirus (nCoV) outbreak in Wuhan city of China. Attention is also invited towards Ministry of Health and Family Welfare DO letter No.Z.28015/01/2020-EMR dated 17th January, 2020. It may please be recalled that NDMA has issued guidelines on the Management of Biological Disasters and National Disaster Management Plan 2019. There are also provisions under National Disaster Management Plan 2019 to deal with Biological and Public Health Emergencies.

2. While you are aware of the regular meetings being taken by the Cabinet Secretary and the decisions taken by Ministry of Health & Family Welfare through regular Video Conferences, I am summarizing the important action points which need to be taken up by relevant agencies :-

- (i) All States/UTs must start sensitization trainings for first responders especially on basics of dealing with a biological emergency (involving all major first response stakeholders).
- (ii) Extensive coverage on social media and print and electronic media on do's and don'ts issued by MoHFW on social media/PIB/MoHFW website and also ensure translation/dissemination in local languages.
- (iii) Conduct joint review meeting on situational awareness.
- (iv) Promote advisories on travel, hygiene, avoiding crowd contact, quarantine of people arriving from countries notified by MoHFW, use of personal protective equipment (masks, hand sanitizers usage); isolation of patients.
- (v) Sending of specialized directives on need basis on targeted capacity building for healthcare workers, CISF, NDRF, Airlines, Airports, Seaports, Land ports and other relevant stakeholders.
- (vi) Identify and enhance capacities of isolation facilities in all districts.
- (vii) Avoid spread of fake news, advisories, rumors and unnecessary information through proper media management.
- (viii) Associate concerned officials of State Disaster Management Authorities and the DDMA/District Collectors for coordinating and close monitoring of the situation with particular reference to the persons who may be under 'home quarantine' after returning from China.

3. In view of above, all States/UTs are requested to take appropriate action.

Yours sincerely,


(G V V Sarma)

To All Chief Secretaries of States/UTs

एन.डी.एम.ए. भवन, ए-1, सफदरजंग एन्क्लेव, नई दिल्ली-110029

NDMA Bhawan, A-1, Safdarjang Enclave, New Delhi-110029, India

दूरभाष/Tel. : +91-11-26701701 फैक्स/Fax. : +91-11-26701716 ई-मेल/E-mail : secretary@ndma.gov.in



Government of India
National Disaster Management Authority
"NDMA Bhawan",
A-1, Safdarjung Enclave, New Delhi-110029.
Tele No.26701701, Fax No.26701716



No.1-137/2018-Mit-II(FTS-10548)

Dated, the 5th March, 2020

To

All Chief Secretaries/UT Administrators

Sub : Steps to be taken regarding Coronavirus (COVID-19)

Sir/Madam,

You are aware that the number of infections of Coronavirus(COVID-19) has crossed 95,000 across the globe. We need to gear up the efforts to contain the transmission of the infections. In continuation of my d.o. letter dated 4.2.2020, I would like to state the following.

2. Your attention is drawn to the 'Containment Plan' brought out by the Ministry of Health & Family Welfare with particular reference to cluster containment, which requires identification of containment zone and buffer zone around each epicenter.
3. While you may be aware of the regular meetings being taken by the Cabinet Secretary and the decisions taken by Ministry of Health & Family Welfare through regular Video Conferences, I am summarizing the important action points which need to be taken up by relevant agencies, without spreading panic:-

- i) All States/UTs must step up sensitization trainings for first responders, especially on basis of dealing with biological emergency (involving all major first response stakeholders).
- ii) Make people aware of the travel advisory being constantly updated by the Ministry of Health and Family Welfare. Circulate public hygiene and awareness etiquette as well as Do's and Don'ts on social media outreach platforms.
- iii) State should conduct tabletop discussions and exercises on isolation, Quarantine, infection control, confinement measures, mass screening mechanism, home isolation, amalgamation of Public Health and Law Enforcement drills, risk communication, surge capacity and networking as well as intersectoral coordination involving all stakeholders, public health and medical experts. Private Sector Health Service Providers must also be brought on board to enhance system-wide preparedness.
- iv) If necessary to issue the directive to avoid public gathering in confined spaces as much as possible. Mass gatherings may be rescheduled or postponed and held after adequate risk assessment.

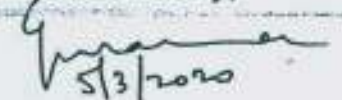
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-2-

- v) Widely propagate strategy of social distancing and personal hygiene. Awareness campaigns in schools, may be started immediately. A decision on temporary school closures may be taken by the State/UT administration after risk assessment.
- vi) Hospitals dealing with international patients and medical tourism are at potentially high risk. Hence adequate segregation mechanism for patients arriving or under treatment from these countries needs to be in place. Special care for the needs of the elderly is needed.
- vii) If the situation worsens, issue directives on work from home options for major corporates and offices. All international / national work related travel must be avoided unless absolutely necessary.
- viii) Psychosocial care helpline and SOP for panic prevention needs to be in place with help of expert agencies.
- ix) All States/UTs must ensure to take all adequate measures to maintain business continuity, essential services and avoid panic and spreading of rumours by having a clear communication strategy for interaction with the media.
- x) The DDMA's may be instructed to hold coordination meetings with credible NGOs and other civil society organisations, in order to see that the community cooperation is enhanced.

4. In view of the above, it is suggested that the Relief Commissioners/SDMA's and the District Disaster Management Agencies may be taken on board, so that concerted measures are taken to curtail the virus transmission.

Yours faithfully,



(G V V Sarma)
Member Secretary



Government of India
National Disaster Management Authority
"NDMA Bhawan",
A-1, Safdarjung Enclave, New Delhi-110029.
Tele No.26701701, Fax No.26701716



No.1-137/2018-Mit.II (FTS-10548)

Dated, the 17th March, 2020.

To

All Chief Secretaries/UT Administrators

Sub : Tracking of people who have arrived from specified Countries, in the context of Coronavirus, before the revised instructions

Sir,

With reference to the above, it may be noted that Government of India have been progressively tightening the entry and screening mechanism, as you are aware.

However, in view of the fact that the incubation period of the virus may be for a period of two weeks, there is a need to step up the mechanism of tracing, with particular attention to the people who have arrived into India, at least two weeks prior to the date when the revised instructions came into force. While the Bureau of Immigration is in the process of giving the data in respect of the Indians and foreigners who have arrived, it is also suggested that the following parallel approach could be considered by the State Governments in the overall interest of reducing risk.

1. An Order will be issued by the district administration under Section 33 of Disaster Management Act, to all the local residents, with adequate publicity that people who have arrived from the specified countries from 1st January, 2020 should proactively contact the local authorities for follow up on their well-being.
2. Mechanism must be put in place to conduct appropriate medical examination of each of such persons who voluntarily comes forward and deal with each person as per the protocol prescribed by the Ministry of Health.
3. Involve the local NGOs/ credible members of the civil society organizations in helping this process, so that each person is taken to the logical end. In case the foreigner or Indian citizen concerned has left the country, the same may be confirmed and noted. In case the foreigner or Indian citizen has moved to a different area, attempts may be made to share details to the district authorities of the new jurisdiction.
4. The assistance of the FRO and District Superintendents of Police may be taken to ensure that this process of tracking in respect of these 'legacy arrivals' is done diligently.

Yours faithfully,

G V V Sarma
17/3/2020

(G V V Sarma)

Member Secretary

Press Information Bureau

Government of India

Government of India issues Orders prescribing lockdown for containment of COVID-19 Epidemic in the country

New Delhi, March 24,2020

The COVID-19 epidemic has affected many countries and the World Health Organisation has declared it 'Pandemic'.

Government of India (GOI) has been taking several proactive preventive and mitigating measures starting with progressive tightening of international travel, issue of advisories for the members of the public, setting up quarantine facilities, contact tracing of persons infected by the virus and various social distancing measures. Several advisories have been issued to States and Union Territories (UTs) for taking necessary measures to contain the spread of this virus. Government have temporarily suspended metro and rail services as well as domestic air traffic.

The situation has been continuously reviewed at the level of the Prime Minister of India. The PM has addressed the Nation on the need for preventive measures and has also held meeting with all the Chief Ministers through video conference.

Experts, keeping in view the global experiences of countries which have been successful in containing the spread of COVID-19 unlike some others where thousands of people died, have recommended that effective measures for social distancing should be taken to contain the spread of this pandemic

While steps taken by State/UT Governments are in the right direction, lack of uniformity in the measures adopted as well as in their implementation, may not serve the objective of containing the spread of the virus. Considering the situation. The National Disaster Management Authority (NDMA), chaired by Hon'ble Prime Minister Shri Narendra Modi, in exercise of the powers under section 6(2)(i) of the Disaster Management Act, 2005, has issued an Order dated 24.03.2020, directing the Ministries/ Departments of Government of India, and the State/Union Territory Governments and State/ Union Territory Authorities to take effective measures to prevent the spread of COVID-19 in the country.

In compliance of the said Order of NDMA, Ministry of Home Affairs (MHA) has issued an Order dated 24.03.2020 under Section 10(2)(1) of the Disaster Management Act, directing the Ministries/ Departments of Government of India, State/Union Territory Governments and State/ Union Territory Authorities to take effective measures for ensuring social distancing so as to prevent the spread of COVID-19 in the country. The Order shall remain in force, in all parts of the country, for a period of 21 days with effect from 25.03.2020.

The Ministries/ Departments of Government of India and State Governments/Union Territory Administrations, have been directed to ensure strict implementation of these Orders. The implementation of these measures will be monitored by MHA.

VG/SNC/VM

No. 40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

North Block, New Delhi-110001

Dated 24th March, 2020

ORDER

Whereas, the National Disaster Management Authority (NDMA), is satisfied that the country is threatened with the spread of COVID-19 epidemic, which has already been declared as a pandemic by the World Health Organisation, and has considered it necessary to take effective measures to prevent its spread across the country and that there is a need for consistency in the application and implementation of various measures across the country while ensuring maintenance of essential services and supplies, including health infrastructure;

Whereas in exercise of the powers under section 6(2)(i) of the Disaster Management Act, 2005, the National Disaster Management Authority (NDMA), has issued an Order no. 1-29/2020-PP (Pt.II) dated 24.03.2020 (Copy enclosed) directing the Ministries/ Departments of Government of India, State/Union Territory Governments and State/ Union Territory Authorities to take effective measures so as to prevent the spread of COVID-19 in the country;

Whereas under directions of the aforesaid Order of NDMA, and in exercise of the powers, conferred under Section 10(2)(I) of the Disaster Management Act, the undersigned, in his capacity as Chairperson, National Executive Committee, hereby issues guidelines, as per the Annexure, to Ministries/ Departments of Government of India, State/Union Territory Governments and State/ Union Territory Authorities with the directions for their strict implementation. This Order shall remain in force, in all parts of the country for a period of 21 days with effect from 25.03.2020.


Home Secretary 24/3/2020

To

1. The Secretaries of Ministries/ Departments of Government of India
2. The Chief Secretaries/Administrators of States/Union Territories
(As per list attached)

Copy to:

- i. All members of the National Executive Committee.
- ii. Member Secretary, National Disaster Management Authority.

Annexure to Ministry of Home Affairs Order No .40-3/2020-D dated ()24.03.2020

Guidelines on the measures to be taken by Ministries/ Departments of Government of India, State/Union Territory Governments and State/ Union Territory Authorities for containment of COVID-19 Epidemic in the Country.

1. Offices of the Government of India, its Autonomous/ Subordinate Offices and Public Corporations shall remain closed.

Exceptions:

Defence, central armed police forces, treasury, public utilities (including petroleum, CNG, LPG, PNG), disaster management, power generation and transmission units, post offices, National Informatics Centre, Early Warning Agencies

2. Offices of the State/ Union Territory Governments, their Autonomous Bodies, Corporations, etc. shall remain closed.

Exceptions:

- a. Police, home guards, civil defence, fire and emergency services, disaster management, and prisons.
- b. District administration and Treasury
- c. Electricity, water, sanitation
- d. Municipal bodies—Only staff required for essential services like sanitation, personnel related to water supply etc

The above offices (Sl. No 1 & 2) should work with minimum number of employees. All other offices may continue to work-from-home only.

3. Hospitals and all related medical establishments, including their manufacturing and distribution units, both in public and private sector, such as dispensaries, chemist and medical equipment shops, laboratories, clinics, nursing homes, ambulance etc. will continue to remain functional. The transportation for all medical personnel, nurses, para-medical staff, other hospital support services be permitted.

4. Commercial and private establishments shall be closed down.

Exceptions:

- a. Shops, including ration shops (under PDS), dealing with food, groceries, fruits and vegetables, dairy and milk booths, meat and fish, animal fodder. However, district authorities may encourage and facilitate home delivery to minimize the movement of individuals outside their homes.
- b. Banks, insurance offices, and ATMs.
- c. Print and electronic media
- d. Telecommunications, internet services, broadcasting and cable services. IT and IT enabled Services only (for essential services) and as far as possible to work from home.
- e. Delivery of all essential goods including food, pharmaceuticals, medical equipment through E-commerce.

- f. Petrol pumps, LPG, Petroleum and gas retail and storage outlets.
- g. Power generation, transmission and distribution units and services.
- h. Capital and debt market services as notified by the Securities and Exchange Board of India
- i. Cold storage and warehousing services.
- j. Private security services

All other establishments may work-from-home only.

5. Industrial Establishments will remain closed.

Exceptions:

- a. Manufacturing units of essential commodities.
- b. Production units, which require continuous process, after obtaining required permission from the State Government

6. All transport services – air, rail, roadways – will remain suspended.

Exceptions:

- a. Transportation for essential goods only.
- b. Fire, law and order and emergency services.

7. Hospitality Services to remain suspended

Exceptions:

- a. Hotels, homestays, lodges and motels, which are accommodating tourists and persons stranded due to lockdown, medical and emergency staff, air and sea crew.
- b. Establishments used/ earmarked for quarantine facilities.

8. All educational, training, research, coaching institutions etc. shall remain closed.

9. All places of worship shall be closed for public. No religious congregations will be permitted, without any exception.

10. All social/ political/ sports/ entertainment/ academic/ cultural/ religious functions / gatherings shall be barred.

11. In case of funerals, congregation of not more than twenty persons will be permitted.

12. All persons who have arrived into India after 15.02.2020, and all such persons who have been directed by health care personnel to remain under strict home/ institutional quarantine for a period as decided by local Health Authorities, failing which they will be liable to legal action under Sec. 188 of the IPC.

13. Wherever exceptions to above containment measures have been allowed, the organisations/employers must ensure necessary precautions against COVID-19



virus, as well as social distance measures, as advised by the Health Department from time to time.

14. In order to implement these containment measures, the District Magistrate will deploy Executive Magistrates as Incident Commanders in the respective local jurisdictions. The Incident Commander will be responsible for the overall implementation of these measures in their respective jurisdictions. All other line department officials in the specified area will work under the directions of such incident commander. The Incident Commander will issue passes for enabling essential movements as explained.
15. All enforcing authorities to note that these strict restrictions fundamentally relate to movement of people, but not to that of essential goods.
16. The Incident Commanders will in particular ensure that all efforts for mobilisation of resources, workers and material for augmentation and expansion of hospital infrastructure shall continue without any hindrance.
17. Any person violating these containment measures will be liable to be proceeded against as per the provisions of Section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Sec. 188 of the IPC (as per Appendix).
18. The above containment measures will remain in force, in all parts of the country, for a period of 21 days with effect from 25.03.2020.


24/3/2020
Union Home Secretary

Appendix**1. Section 51 to 60 of the Disaster Management Act, 2005**

OFFENCES AND PENALTIES

51. Punishment for obstruction, etc.—Whoever, without reasonable cause —

(a) obstructs any officer or employee of the Central Government or the State Government, or a person authorised by the National Authority or State Authority or District Authority in the discharge of his functions under this Act; or

(b) refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act,

shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years.

52. Punishment for false claim.—Whoever knowingly makes a claim which he knows or has reason to believe to be false for obtaining any relief, assistance, repair, reconstruction or other benefits consequent to disaster from any officer of the Central Government, the State Government, the National Authority, the State Authority or the District Authority, shall, on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

53. Punishment for misappropriation of money or materials, etc.—Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

54. Punishment for false warning.—Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine.

55. Offences by Departments of the Government.—(1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a Department of the Government and it is proved that the

offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

56. Failure of officer in duty or his connivance at the contravention of the provisions of this Act.—Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraws himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine.

57. Penalty for contravention of any order regarding requisitioning.—If any person contravenes any order made under section 65, he shall be punishable with imprisonment for a term which may extend to one year or with fine or with both.

58. Offence by companies.—(1) Where an offence under this Act has been committed by a company or body corporate, every person who at the time the offence was committed, was in charge of, and was responsible to, the company, for the conduct of the business of the company, as well as the company, shall be deemed to be guilty of the contravention and shall be liable to be proceeded against and punished accordingly: Provided that nothing in this sub-section shall render any such person liable to any punishment provided in this Act, if he proves that the offence was committed without his knowledge or that he exercised due diligence to prevent the commission of such offence. (2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a company, and it is proved that the offence was committed with the consent or connivance of or is attributable to any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also, be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purpose of this section— (a) "company" means any body corporate and includes a firm or other association of individuals; and (b) "director", in relation to a firm, means a partner in the firm.

59. Previous sanction for prosecution.—No prosecution for offences punishable under sections 55 and 56 shall be instituted except with the previous sanction of the Central Government or the State Government, as the case may be, or of any officer authorised in this behalf, by general or special order, by such Government.

60. Cognizance of offences.—No court shall take cognizance of an offence under this Act except on a complaint made by— (a) the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised in this behalf by that Authority or Government, as the case may be; or (b) any person who has given notice of not less than thirty days in the manner prescribed, of the alleged offence and his intention to make a complaint to

the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised as aforesaid.

2. Section 188 in The Indian Penal Code

188. Disobedience to order duly promulgated by public servant.—Whoever, knowing that, by an order promulgated by a public servant lawfully empowered to promulgate such order, he is directed to abstain from a certain act, or to take certain order with certain property in his possession or under his management, disobeys such direction, shall, if such disobedience causes or tends to cause obstruction, annoyance or injury, or risk of obstruction, annoyance or injury, to any person lawfully employed, be punished with simple imprisonment for a term which may extend to one month or with fine which may extend to two hundred rupees, or with both; and if such disobedience causes or tends to cause danger to human life, health or safety, or causes or tends to cause a riot or affray, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

Explanation.—It is not necessary that the offender should intend to produce harm, or contemplate his disobedience as likely to produce harm. It is sufficient that he knows of the order which he disobeys, and that his disobedience produces, or is likely to produce, harm.

Illustration

An order is promulgated by a public servant lawfully empowered to promulgate such order, directing that a religious procession shall not pass down a certain street. A knowingly disobeys the order, and thereby causes danger of riot. A has committed the offence defined in this section.



Government of India
NATIONAL DISASTER MANAGEMENT AUTHORITY
Policy & Plan Division
NDMA Bhawan, A-1, Safdarjung Enclave
New Delhi - 110 029



No. 1-29/2020-PP (Pt.II)

Dated: 24th March, 2020

ORDER

Whereas, the National Disaster Management Authority is satisfied that the country is threatened by the spread of COVID-19, which has been declared as a pandemic by the World Health Organisation, and that it is necessary to take effective measures to prevent its spread across the country and for mitigation of the threatening disaster situation;

And whereas, experts, keeping in view the global experiences of countries which have been successful in containing the spread of COVID-19 unlike some others where thousands of people died, have recommended that effective measures for social distancing should be taken to contain the spread of this pandemic;

And whereas, there is a need for consistency in the application and implementation of various measures across the country while ensuring maintenance of essential services and supplies, including health infrastructure;

Now, therefore in exercise of the powers under section 6(2)(i) of the Disaster Management Act, 2005, the National Disaster Management Authority has decided to direct Ministries/ Departments of Government of India, State Governments and State Authorities to take measures for ensuring social distancing so as to prevent the spread of COVID-19 in the country. Necessary guidelines in this regard shall be issued immediately under section 10(2)(l) of the Disaster Management Act, 2005 by the National Executive Committee. These measures shall be in force for a period of twenty one days w. e. f. 25th March, 2020.

Member Secretary, NDMA

To

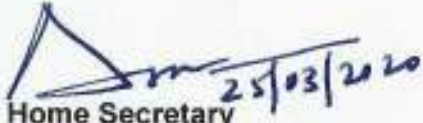
Union Home Secretary,
North Block, New Delhi-110001

No. 40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

North Block, New Delhi-110001
Dated 25th March, 2020

ORDER

In continuation of Ministry of Home Affairs's Order No. 40-3/2020-DM-I(A) Dated 24th March, 2020 and in exercise of the powers, conferred under Section 10(2) (I) of the Disaster Management Act, the undersigned, in his capacity as Chairperson, National Executive Committee, hereby issues an Addendum to guidelines, as Annexed to the said Order issued to Ministries/ Departments of Government of India, State/Union Territory Governments and State/ Union Territory Authorities with the directions for their strict implementation .


Home Secretary

To

- 1. The Secretaries of Ministries/ Departments of Government of India**
- 2. The Chief Secretaries/Administrators of States/Union Territories**
(As per list attached)

Copy to:

- i. All members of the National Executive Committee .
- ii. Member Secretary, National Disaster Management Authority .

No. 40-3/2020-DM-I(A)
Government of India, Ministry of Home Affairs

**Subject: Addendum to Guidelines annexed to the Ministry of Home Affairs
Order No. 40-3/2020-DM-I(A) dated 24.03.2020**

- A. Addition in exemption to Clause 1:**
- Term treasury includes, Pay & Accounts Offices, Financial Advisers and field offices of the Controller General of Accounts, **with bare minimum staff.**
 - Customs clearance at ports/airports/land border; GSTN; and MCA 21 Registry, **with bare minimum staff.**
 - Reserve Bank of India and RBI regulated financial markets and entities like NPCI, CCIL, payment system operators and standalone primary dealers, **with bare minimum staff.**
- B. Under sub clause (b) to clause 2, term treasury include, field offices of the Accountant General, with bare minimum staff.**
- C. Addition of sub clause (e), (f) & (g) in exceptions to clause 2:**
- e. Resident Commissioner of States, in New Delhi **with bare minimum staff**, for coordinating Covid-19 related activities and internal kitchens operations.
 - f. Forest offices: Staff/ workers required to operate and maintain zoo, nurseries, wildlife, fire fighting in forests, watering plantations, patrolling and their necessary transport movement.
 - g. Social Welfare Department, **with bare minimum staff**, for operations of Homes for children/ disables/ senior citizens/ destitute/ women/ widows; Observation homes; pensions.
- D. Clause 3 includes** veterinary hospitals; pharmacies (including Jan Aushadhi Kendra) and Pharmaceutical research labs.
- E. Sub-clause (b) to Clause 4** includes IT Vendor for banking operations; Banking Correspondent and ATM operation and cash management agencies.
- F. Sub-clause (a) to Clause 4** includes shops for seeds and pesticides.
- G. Addition of sub clause (h) to Clause 4:**
- h. Data and call Centre **for Government activities only.**
- H. Sub-clause (a) to clause 5 to read as:**
- a. Manufacturing units of essential goods, including drugs, pharmaceutical, medical devices, their raw material & intermediates.
- I. Addition of sub clause (c) & (d) to Clause 5:**
- c. coal and mineral production, transportation, supply of explosives and activities incidental to mining operations.
 - d. Manufacturing units of packaging material for food items, drugs, pharmaceutical and medical devices.
- J. Addition of sub clause (c) & (d) to Clause Sub clause 6:**
- a. Operations of Railways, Airports and Seaports for cargo movement, relief and evacuation and their related operational organisations.
 - b. Inter-state movement of goods/cargo for inland and exports.
- K. Addition of sub clause (c) in exceptions to clause 6:**
- c. Cross land border movement of essential goods including petroleum products and LPG, food products, medical supplies.


Home Secretary 25/03/2020

ANNEXURE - A/15

No. 40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

North Block, New Delhi-110001
Dated 27th March, 2020

ORDER

In continuation of Ministry of Home Affairs's Order No. 40-3/2020-DM-I(A) Dated 24th March, 2020 and 25th March and in exercise of the powers, conferred under Section 10(2)(l) of the Disaster Management Act, the undersigned, in his capacity as Chairperson, National Executive Committee, hereby issues the 2nd Addendum to the guidelines, as Annexed to the said Order issued to Ministries/ Departments of Government of India, State/Union Territory Governments and State/ Union Territory Authorities with the directions for their strict implementation.


Home Secretary

To

1. **The Secretaries of Ministries/ Departments of Government of India**
2. **The Chief Secretaries/Administrators of States/Union Territories**
(As per list attached)

Copy to:

- i. All members of the National Executive Committee.
- ii. Member Secretary, National Disaster Management Authority.

No. 40-3/2020-DM-I(A)
Government of India, Ministry of Home Affairs

**Subject: 2nd Addendum to Guidelines annexed to the Ministry of Home Affairs
Order No. 40-3/2020-DM-I(A) dated 24.03.2020**

- A. Addition of sub clause (h) & (i) in exceptions to Clause 2**
- h. Agencies engaged in procurement of agriculture products, including MSP operations.
 - i. 'Mandis' operated by the Agriculture Produce Market Committee or as notified by the State Government.
- B. Sub-clause (a) in exceptions to Clause 4 includes shops of fertilizers.**
- C. Addition of sub clause (l) & (j) in exceptions to Clause 4:**
- i. Farming operations by farmers and farm workers in the field.
 - j. 'Custom Hiring Centres (CHC)' related to farm machinery.
- C. Addition of SubClause (e) in exceptions to Clause 5**
- e. Manufacturing and packaging units of Fertilisers, Pesticides and Seeds.
- D. Addition of SubClause (e) in exceptions to Clause 6**
- e. Intra and inter-state movement of harvesting and sowing related machines like combined harvester and other agriculture/horticulture implements.


Home Secretary

No.40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

North Block, New Delhi-110001

Dated 2nd April, 2020

ORDER

In continuation of Ministry of Home Affairs's Orders No.40-3/2020-DM-I(A) dated 24th March, 25th March and 27th March, 2020 and in exercise of the powers, conferred under Section 10(2)(l) of the Disaster Management Act, the undersigned, in his capacity as Chairperson, National Executive Committee, hereby issues the 3rd Addendum to guidelines, as Annexed to the said Orders issued to Ministries/ Departments of Government of India, State/Union Territory Governments and State/ Union Territory Authorities with the directions for their strict implementation.


2/4/2020
Home Secretary

To

1. The Secretaries of Ministries/ Departments of Government of India
2. The Chief Secretaries/Administrators of States/Union Territories
(As per list attached)

Copy to:

- i) All members of the National Executive Committee.
- ii) Member Secretary, National Disaster Management Authority.

No.40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

Subject : 3rd Addendum to Guidelines annexed to the Ministry of Home Affairs Order No.40-3/2020-DM-I(A) dated 24.03.2020

A. Addition of sub-clause (g) in exception to clause 6

- (g) Transit arrangements for foreign national(s) in India.
(as per attached SOP)

B. Addition of sub-clause (a) in exception to clause 12

- (a) Release of quarantined persons, who have arrived in India after 15.2.2020, after expiry of their quarantine period and being tested Covid-19 negative **(as per attached SOP)**.


Home Secretary 24/3/2020

No.40-3/2020-DM-I(A)
Government of India
Ministry of Home Affairs

STANDARD OPERATING PROCEDURE (SOP) FOR TRANSIT ARRANGEMENTS FOR FOREIGN NATIONALS STRANDED IN INDIA

Sub-Clause (g) in exception to clause 6

It has been brought to the notice of this Ministry that a number of foreign nationals are stranded in different parts of the country, due to the lockdown measures. Some foreign countries have approached Government of India for evacuation of their nationals to their countries.

2. In view of the above, it has now been decided that requests received from foreign governments, for evacuation of their nationals from India, would be examined by the Ministry of External Affairs (MEA), Government of India on case to case basis. In cases where such requests are endorsed by MEA, the following protocol would be observed:

- i) The chartered flight would be arranged by the concerned foreign government in consultation with the Ministry of Civil Aviation, Government of India.
- ii) Prior to departure, the foreign national(s) would be screened for COVID-19 symptoms as per the standard health protocol. Only those foreign national(s) would be allowed to leave, who are asymptomatic for COVID-19. In case of symptomatic person(s), the future course of treatment would be followed, as per the standard health protocol.
- iii) The local transportation arrangements from the place of stay of the foreign national(s) to the point of embarkation would be arranged by the local Embassy/Consulate of the respective foreign government.
- iv) The transit pass for movement of the vehicle deployed for movement of the foreign national(s) would be issued by the Government of the State/Union Territory where the foreign national(s) is/are staying.
- v) The transit pass, as issued above, would be honoured/ allowed by the authorities of the State/Union Territories along the transit route.

STANDARD OPERATING PROCEDURE FOR RELEASE OF QUARANTINED PERSONS, AFTER EXPIRY OF QUARANTINE PERIOD AND TESTED COVID-19 NEGATIVE**Sub-Clause (A) in exception to clause 12**

With a view to preventing spread of COVID-19 and as a measure of abundant precaution, persons returning from foreign locations after 15.2.2020 had been quarantined in government/government-arranged facilities. In respect of these persons, the following protocol would be observed after completion of the specified mandatory quarantine period:

- i) Person(s) testing negative for COVID-19, and as per standard health protocol, would be released from the said quarantine facility(ies). However, this will not apply to a group, where even one person tests positive for COVID-19.
- ii) These persons are expected to return to their homes, or to the homes of their families/relatives/friends or to other places of shelter like hotels, etc., by making their own transport arrangements.
- iii) The transit pass for movement of vehicle(s), being used by such person(s), would be issued by the Government of the State/Union Territory where they have been quarantined.
- iv) The transit pass will be issued for fixed route and with specified validity and such person(s) shall follow the same.
- v) The transit pass, as issued above, would be honoured/ allowed by the authorities of the State/Union Territories along the transit route.
- vi) As a measure of abundant caution, upon returning to their destination such persons would home quarantine themselves for a further period of 14 days as per standard protocol on the matter.
- vii) Details of person(s) released from quarantine, along with their destination, will be shared with the concerned State/UT Government for necessary follow up.

North Block, New Delhi-110001

Dated 29th March, 2020

ORDER

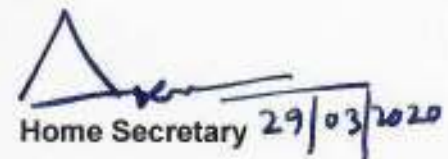
Subject: Constitution of the Empowered Groups under the Disaster Management Act 2005

The pandemic of COVID 19 has engulfed the entire world posing serious challenges for the health and economic security of millions of people worldwide. During this unprecedented situation for effectively addressing issues, constraints and scenarios, a well-planned and coordinated emergency response has become essential.

2. The measures taken hitherto have been effective in containing the pandemic so far. However, considering the gravity and magnitude of the challenges, which are emerging with every passing day, there is a pressing need to augment and synchronise efforts cutting across various Ministries/Departments. Keeping in view the need for such comprehensive action and integrated response, in exercise of the powers conferred under the section 10(2)(h) and (i) of the Disaster Management Act, 2005, the undersigned in the capacity as Chairperson, National Executive Committee, hereby constitute eleven Empowered Groups of Officers (as per Appendix). These Groups are empowered to identify problem areas and provide effective solutions therefor; delineate policy, formulate plans, strategize operations and take all necessary steps for effective and time-bound implementation of these plans/ policies/ strategies/ decisions in their respective areas.

3. In matters involving procurement, the Empowered Group shall take into consideration special instructions given to the Departments vide Department of Expenditure OM No. F.6/18/2019-PPD dated 27th March, 2020 and will take suitable decisions/ make recommendations in this regard. In such matters, the concerned Ministries/ Departments shall take immediate action to implement all the decisions/ recommendations of the Empowered Group.

4. During the deliberations, if any of the Empowered Groups is of the view that a particular aspect is not within the domain of that Group and falls within the scope of any other Group(s), they may seek the guidance of the Cabinet Secretary.



Home Secretary 29/03/2020

**Empowered Groups constituted vide Ministry of Home Affairs Order no No. 40-3/2020-DM-I(A)
Dated 29.03.2020 for planning & ensuring implementation of Covid-19 Response Activities**

1	Medical Emergency Management Plan	Dr. V Paul, Member NITI Aayog Dr. Renu Swaroop, Secy, DBT Dr. V.Thirupugazh, NDMA Lav Agarwal, JS, Health Dr. Amandeep Garg, JS,Cabinet Sect Rajender Kumar, Director, PMO
2	Availability of Hospitals, Isolation & Quarantine Facilities, Disease Surveillance & Testing and critical care training	C K Mishra, Secy, EF&CC Vinod Yadav, Chairman, RB Dr. Randeep Guleria, Director AIIMS Dr. Raman R Gangakhedkar, Head ECD, ICMR Jiwesh Nandan, AS, Defence Rachna Shah, AS,Cabinet Sect Vikas Sheel, JS, Health Shrikhar Pardeshi, JS / Mayur Maheshwari, Director, PMO
3	Ensuring Availability of essential medical equipment such as PPE, Masks, Gloves & Ventilators; Production, Procurement, Import & Distribution	P.D.Vaghela, Secy, Pharmaceuticals Guru Mohapatra, Secy, DPIIT Ravi Capoor, Secy, Textiles Dr. G. Satheesh Reddy, Secretary, DRDO M. Ajit Kumar, Chairman, CBIC Naveen Shrivastav, JS, MEA Anu Nagar, JS, DHR Mandeep Bhandari, JS, Health Piyush Goel, JS, Home A Giridhar, AS, Cabinet Sect AK Sharma, AS/ Rohit Yadav, JS,PMO
4	Augmenting Human Resources & Capacity Building	Arun Panda, Secy MSME R. S. Shukla, Secy Parl. Affairs Rajesh Kotecha, Secy, AYUSH Arun Singhal, Spl. Secy, Health Rakesh Kumar Vats, Secretary, NMC Dr. Ravindran, EMR Pankaj Aggarwal, JS, Cabinet Sect V. Sheshadri, JS, PMO
5	Facilitating Supply Chain & Logistics Management for availability of necessary items such as Food & Medicines	Parameswaran Iyer, Secy, DWS Rajender Singh, Member, NDMA Ravi Kant, Secy, F&PD Pawan Kumar Agarwal, Secy, Consumer.Affairs N. N. Sinha, Secy, Border Management Ashok Pandey, Member, CBIC N. Sivasailam, Spl Secy., Logistics &Commerce AVM Jha, JS, Air (Defence) Usha Padhee, JS, Civil Aviation Ashutosh Jindal, JS, Cabinet Sect. Tarun Bajaj, AS, PMO

6	Coordinating with Private Sector, NGOs & International Organizations for response related activities	Amitabh Kant, CEO, NITI Aayog Dr. Vijayaraghavan, PSA Kamal Kishore, Member, NDMA Sandeep Mohan Bhatnagar, Member, CBIC Anil Malik, AS, MHA Tina Soni, DS, Cabinet Sect Gopal Baglay, JS, PMO / Aishvarya Singh, DS, PMO
7	Economic & Welfare measures	Atanu Chakraborty, Secy, DEA T.V. Somnathan, Secy Exp Hiralal Samariya Secy, Labour Rajesh Bhushan, Secy, RD Pankaj Jain Addl. Secy, DFS Amrapali Kata, DS, Cabinet Sect Arvind Shrivastava, JS / Kavitha Padmanabhan, Director, PMO
8	Information, Communication & Public Awareness	Ravi Mittal, Secy, I&B Sunil Kumar, Secy, PR Syed Ata Hasnain, Member, NDMA Punya Salila Srivastava, JS, Home Padmaja Singh, JS, Health Sandeep Sarkar, JS, Cabinet Sect Gopal Baglay, JS /Hiren Joshi, OSD / Pratik Mathur, DS, PMO
9	Technology & Data Management	Ajay Sawhney, Secy, MEITY Anshu Prakash, Secy, DoT G S Toteja, ADG, ICMR N Yuvraj, DS, Health Bharat H Khera, JS, Cabinet Sect Pratik Doshi, OSD/Manharsinh Yadav, DS / Hardik Shah, DS, PMO
10	Public Grievances & Suggestions	Amit Khare, Secy HRD K. Shivaji, Secy, DAPRG Ashutosh Agnihotri, JS, MHA Meera Mohanty, Director, Cabinet Sect. Saurabh Shukla, Director / Abhishek Shukla, DS, PMO
11	Strategic issues relating to Lockdown	Ajay Kumar Bhalla, Secretary, Home Dr. V Paul, Member NITI Aayog V.P. Joy, Secretary, Coordination, Cabinet Sect. A. K. Sharma, AS / Arvind Shrivastava, JS / Abhishek Shukla, DS, PMO

DELHI

10 RML hospital staff sent to home quarantine

SPECIAL CORRESPONDENT

NEW DELHI:, MARCH 30, 2020 14:12 IST

UPDATED: MARCH 30, 2020 14:12 IST

At least 10 medical staff at Ram Manohar Lohia Hospital in Delhi have been sent into home quarantine after one of them reportedly showed symptoms of COVID-19. "Their samples have been sent for testing," a health ministry official said on Monday.

The Ministry official said that a medical staff developed high fever on Sunday evening so as per protocol measures were put in place to contain any cross infection. "The entire team has been asked to stay in home quarantine and immediately report if symptoms develop."

Delhi has reported 72 COVID-19 cases after it saw a spike of 23 cases in a single day on Sunday. Delhi so far has sent 2,049 samples for the test and received results of 1,680 while the remaining 369 test results are awaited.

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Despite evidenc hydroxy

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<https://www.thehindu.com/news/cities/Delhi/10-rml-hospital-staff-sent-to-home-quarantine/article31204765.ece>

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[Home](#) / [India News](#) / Delhi hospital staff come in contact with 2 Covid-19 patients, 108 quarantined

Delhi hospital staff come in contact with 2 Covid-19 patients, 108 quarantined

A spokesperson of the hospital said of the 108 members, 85 have been placed under home quarantine and 23 are in the hospital.

INDIA Updated: Apr 04, 2020 12:13 IST



HT Correspondent

New Delhi, Hindustan Times



The spokesperson said that two patients came to the hospital's fever clinic, with no other symptoms, about three to four days ago. (Yogendra Kumar PHOTO)



More than 100 members, including doctors and nurses, of Delhi's Sir Ganga Ram Hospital been quarantined after they came in contact with two people, who tested positive in their second test for Covid-19.



A spokesperson of the hospital said of the 108 members, 85 have been placed under home quarantine and 23 are in the hospital.



The spokesperson said that two patients came to the hospital's fever clinic, with no other symptoms, about three to four days ago.



“As per hospital policy all fever cases are being referred for Covid-19 testing. After they returned positive for Covid-19, the hospital has quarantined everyone who came in contact with them,” the official said.

“One hundred and eight staffers in all, 23 of them who were in direct contact have been quarantined in hospital, and the rest have been placed under home quarantine, as a measure of abundant precaution”.

The spokesperson added that one of them had to be taken to the intensive care unit (ICU) as a lot of staff who came in contact with the Covid-19 patients did not have personal protection equipment (PPE).

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ANNEXURE - A/20

Ahmedabad: Cop overturns vegetable carts, suspended

TNN | Apr 1, 2020, 09.20 AM IST



AHMEDABAD: City police personnel seem to be in dire need of lessons on basic human decency and sensitive behaviour, something they can learn from the patience and restraint displayed by the public during the lockdown. A video showing cops beating vegetable vendors and overturning their handcarts went viral on social media, and drew deserved opprobrium from the general public.

In the video, Inspector V R Chaudhari of Krishnanagar police is seen walking to a handcart with vegetables, overturning it and dumping the vegetables on the road. The inspector then walks to another cart and does in again. While the cops do this, people and vegetable vendors are seen fleeing. The incident in question took place at the Nikol Canal Road near Uttamnagar on Tuesday morning.

After the video went viral and drew criticism on social media, Gujarat DGP Shivanand Jha suspended Chaudhari and a departmental inquiry was initiated against three others. The question about who will compensate the vegetable vendors still remains.

DCP Zone 4, Niraj Badgujar told TOI, "Chaudhari has been suspended and inquiry is on against three others. Chaudhary confessed to his mistake and said that he had done it in anger as the vendors did not follow his instructions to keeping their carts separated by ten feet."

A resident of the Uttamnagar said that the cops had on Saturday also entered a housing society on Nikol Canal Road and assaulted the chairman and secretary of the society.

"Police must not act like this when all are trying our best to cooperate during the lockdown," the resident said.

Cops beat up people out to buy, sell food

ANNEXURE - A/21

The government has given the police powers to punish those violating the lockdown, announced till March 31

By [Our Special Correspondent](#) in New Delhi

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Others alleged that some cops raided a market and beat up vegetable sellers and grocery store owners. (Shutterstock)

Several residents of the national capital have accused Delhi police of behaving like “goons” and “terrorising” people in the name of enforcing the Covid-19 lockdown, harassing even those who had stepped out to buy essential items exempt from prohibitory orders in force.

Others alleged that some cops raided a market and beat up vegetable sellers and grocery store owners.

A video doing the rounds on social media purportedly shows policemen beating up food delivery youths and making them crawl on the road.

Food items and medicines are among services exempt from the lockdown following the outbreak of the virus that has infected nearly 500 people in the country and killed at least nine.

But the government has given the police powers to punish those violating the lockdown, announced till March 31.

Police spokesperson M.S. Randhawa did not respond to calls from The Telegraph but a senior officer said the force needed to be “strict to ensure compliance”.

Delhi police report to the Union home ministry.

Navin Kumar, a journalist with a Hindi news channel, took to social media to narrate how the police had harassed him on Monday afternoon while he was on his way to his Noida office from his southwest Delhi home in Vasant Kunj.

Kumar alleged the police stopped his car and beat him up when he confronted them and later snatched his phone and wallet.

North Delhi resident Mohan Rastogi too alleged that the police assaulted him. “Two constables slapped me for no reason when I was out to buy essentials. When I confronted them they verbally abused me and even threatened to drag me to police station,” Rastogi said.

Amresh Kumar said the police were behaving like goons. “In the name of enforcing the lockdown, policemen are behaving like goons and harassing citizens who are going out to buy essential items,” he alleged.

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In another purported video, police personnel can be seen abusing vegetable and fruit vendors and bullying them into shutting shop in south Delhi's Lajpatnagar.

Residents alleged the cops beat up vegetable sellers and grocery store owners saying they could sell only from 8am to 10am every day.

"This is completely unlawful. The cops are terrorising people rather than helping them in the crisis and not allowing them to buy essential items," said Rajiv Gupta, a resident of Mayur Vihar in east Delhi.

The police, he said, can arrest violators but the "law does not give them the right to beat violators on the streets".

Reports from some areas said vegetable sellers were being booked for unlawful assembly under Section 144, which does not apply to vegetables and fruits that are classified as essential commodities, while grocers were asked to close at several places to "dissipate gatherings".

Traders said transporting vegetables and fruits had become difficult as transporters were facing harassment at toll plazas and police checkpoints.

"Police are harassing us despite fruits and vegetables being in the exempt category," said a trader.

Many complained that retail prices had gone up and onions and potatoes had become costlier.

A senior official said over 1,200 cases in different parts of the national capital had been registered against those found to be violating prohibitory orders.

"During the lockdown we have seen people have no regard for the law and are flouting it, endangering the lives of everyone during this pandemic virus. We need to be strict to ensure compliance," he said.

Asked about the allegation of police harassing common people, he said: "So far we have not got any formal complaint. We will look into it and take strict action if we receive such complaints against our men."

He said the police have been instructed to help people and not to stop any vehicle carrying vegetables and fruits.

When contacted, a home ministry official said: "People are not following the instructions and respecting the law. At this crisis time they need to cooperate with police and other law enforcement agencies for the well-being of all of us."

He said the ministry would look into the allegations of harassment and take action accordingly.

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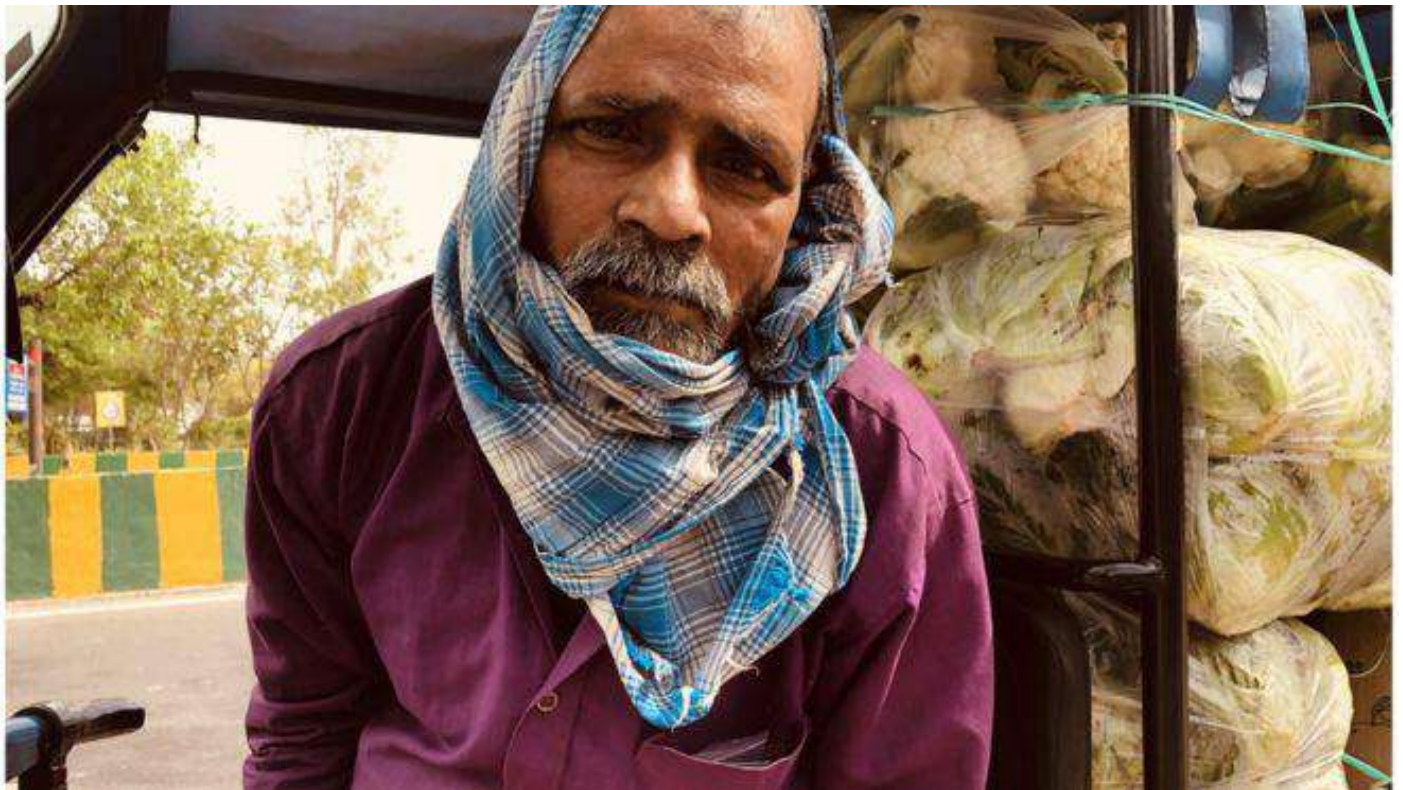
NEWS

Coronavirus lockdown in India: 'Beaten and abused for doing my job'

🕒 28 March 2020



Coronavirus pandemic



India's prime minister, Narendra Modi, suddenly announced on 23 March that the entire country would be put under lockdown. This left many delivery services and vendors of essential services unprepared, leading to confusion and clashes between police and their staff in many areas. The BBC's Vikas Pandey reports.

Suresh Shah and his brother, Ramprasad, have been selling vegetables in the Delhi suburb of Noida for more than 15 years.

Their daily routine involves picking up vegetables from a wholesale market in the morning and then selling them in their small carts in the evening.

It's a standard day for millions of vegetable sellers across the country. But on Tuesday, the brothers' routine was brutally broken.

'Hit so hard I'm struggling to sit'

The brothers picked up their vegetables at 06:00 and reached their homes an hour later. They stocked their carts and went out that evening as usual.

But almost immediately, police officers approached their cart and started shouting at them using abusive language.



Suresh tried to explain, but before he realised what was happening, one of the policemen hit him hard with a baton. He was struck a few more times and then forced to pack up his cart and leave.

It meant a loss of around 3,000 rupees (\$40; £32) because he couldn't sell anything.

"I was hit so hard that even today I am struggling to sit. But what hurts even more is that it was a huge loss for me as I only make around 300 rupees every day in profits," he said.

Vegetable sellers like him were "used to harassment by the police", he added.

"But this time they beat us up when we were genuinely trying to help. I know the risk of coronavirus and that is why our role is more important now than ever," he added.

His brother said they took a break for a day and returned to the market.

"We need to go out and make money for our families. But more importantly, people need supplies and we are helping them stay indoors. We need support and not beatings and abuses," said Ramprasad Shah.

'We're not the enemy here'

Their story is not unique. Similar incidents **were reported in several states** in the days immediately following the lockdown. Delhi police even suspended one officer who allegedly beat up a vegetable seller.

But quite apart from police, vendors have also faced harassment from Resident Welfare Associations (RWA) - non-government local groups that look after the upkeep of neighbourhoods and housing societies.

Rajesh Kumar was told by an RWA that he couldn't sell fruits in the colony.



"Some people told me that I go to crowded wholesale vegetable markets and I may have picked up an infection. But the same people also want door-step delivery at their houses. Why are we being treated like this?" he asked.

"We are trying to help people stay indoors. We are not the enemy here."

Lockdown breaks link in supply chain

Vendors like Rajesh and the Shah brothers are the backbone of India's supply chain of essential goods, especially in small towns and villages.

They bring vegetables, fruit, grain, bread and milk to millions of houses every day. But the lockdown has broken this crucial link in the supply chain.

For the 21-day lockdown period to be a success, this network of doorstep sellers needs to work and know how to be protected against the virus.

A number of state governments have announced that vendors will get passes, warning police not to stop them going about their business.



HC Awasthy, chief police officer in India's most populous state, Uttar Pradesh, told the BBC that "this is an unprecedented challenge".

"There were a few stray incidents in the first two days. We largely enforced the shutdown peacefully. Policemen have been told to be calm and patient with people. This situation is new for everybody," he said.

His force's top priority, he said, was to "work with district administrations to ensure people are getting essentials".

"We have to avoid mass gatherings anywhere - be it a shop, a bank or any other place. We are in this together, so I urge people to be patient with the police as well."



CORONAVIRUS Information

- A SIMPLE GUIDE: [What are the symptoms?](#)
- AVOIDING CONTACT: [Should I self-isolate?](#)
- STRESS: [How to protect your mental health](#)
- VIDEO: [The 20-second hand wash](#)

Delivery services caught up in lockdown

But it's not just vendors. App-based delivery services are also relied on by many for essential items.

However, even these companies were hit by the first three days of the lockdown.

Their delivery executives were beaten up and harassed across the country, forcing many of them to temporarily suspend services.

amazon pantry Cooking Essentials Snacks & Beverages Packaged Foods Household & Pets Personal Care & Baby Skin Care Offers First purchases

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YOUR DAILY ESSENTIALS STORE

3 kg + 1 kg FREE

Surf EXCEL FABRIC

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Pears

MINIMUM ORDER VALUE OF ₹200

FREE DELIVERY ABOVE ₹599

Colgate Saver Pack

Horlicks

Dear Customers, Due to local restrictions we are not able to deliver. We are working with the government authorities to enable us to deliver essential items. We will communicate through email/SMS when we have an update. In case you want to cancel your order, please visit <https://www.amazon.in/your-orders/>.

Dairy-and-produce delivery app Milk Basket said it was forced to dump 15,000 litres of milk and 10,000 kg of vegetables on Monday as its "staff, vendors and vehicles [were] being pushed back from the roads by local police".

Pradeep Kumar Mittal, who works with a milk delivery app, said he had been stopped by the police several times.

"I had to beg and plead at several check points and I felt humiliated. But now I have a pass and it has made things a bit easier," he said.



We'll be back soon!

We are currently experiencing unprecedented demand. In light of this, we are restricting access to our website to existing customers only. Please try again in a few hours.

But not every vendor has a pass. India's bureaucracy is now under mounting pressure to ensure doorstep deliveries get through.

Otherwise there is a risk of panic and overcrowding in shops that are allowed to open.

When Mr Modi announced the lockdown on Tuesday night, people poured into shops, ignoring social distancing.

K Ganesh, co-promoter of produce delivery app Big basket as well as medical equipment firm Portea, said the lockdown was the right decision because there was no other option.



"How does a policeman understand the necessity of the service? By nature, he is used to seeing a pass or a permit and if he does not see it, he thinks you are a crook and he

beats you up," he told BBC Hindi.

Two Portea executives who were carrying medical equipment were allegedly beaten up by the police in Kerala and Uttar Pradesh states.

Another executive was arrested for breaking the curfew. He is now out on bail.



"We are sitting in our homes and there are [delivery] guys who are trying to help people. Instead of going to their villages, they are ready to go out and work, but they are caught and beaten up," he said.

Authorities have said those delivering essential services will not be stopped, but challenges remain.

Some of the apps are back online, but only partially. Many workers have abandoned the cities and towns they work in to return to their villages - sometimes on foot as public transport has been suspended.

But many others are soldiering on despite the added burden. All they ask for is to be allowed to do their jobs.

As Suresh Shah put it: "You don't beat up the people who are trying to feed you."

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IN THE HON'BLE SUPREME COURT OF INDIA
ORIGINAL CIVIL JURISDICTION
LA NO. OF 2020
IN
WRIT PETITION (CIVIL) DIARY NO. 10795 OF 2020

IN THE MATTER OF:
DR. JERRYL BANAIT

...APPLICANT/ PETITIONER

VERSUS

UNION OF INDIA & ANR.

...RESPONDENTS

IN THE MATTER OF:

DR. SNEH JAIN

...APPLICANT NO. 1/PROPOSED PETITIONER NO. 2

AND

DR. HANS JAIN

...APPLICANT NO. 2/PROPOSED PETITIONER NO. 3

VAKALATNAMA

We **Dr. Sneh Jain and Dr. Hans Jain** Applicants in the above Petition do hereby appoint and retain **Ms. MITHU JAIN** Advocate Supreme Court to act and appear for me/us in the above suit/Appeal/Petition/Reference/Review and on my/our behalf to conduct and prosecute/defend the same and all proceedings that may be taken in respect of any application connected with the same or any decree or order passed therein, including proceedings in taxation and application for Review, and to file and obtain, return of documents, and to deposit and received any money on my/our behalf in the Suit/appeal/Petition/Reference and in application of Review, and to represent me/us, and to take all necessary steps on my/our behalf in the above matter. I/We agree to pay his fees and our pocket expenses, agree to ratify all acts done by the aforesaid Advocate in pursuance of this authority.

Dated this the 05.04.2020

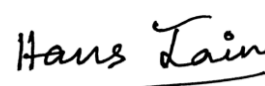
ACCEPTED AND IDENTIFIED AND CERTIFIED



(MITHU JAIN)
ADVOCATE



Applicant No. 1



Applicant No. 2

**Petitioner (s)/ Appellant(s)
Respondent(s)/Caveator(s)**

MEMO OF APPEARANCE

To,
THE REGISTRAR
SUPREME COURT OF INDIA
NEW DELHI-110001

Sir,

Kindly enter my appearance in the above mentioned petition/Appeal made on behalf of the Petitioner (s)/Appellant(s)/Respondent(s)

Yours
Faithfully



(MITHU JAIN)
Advocate for the Petitioner (s)
Respondent(s)/Appellant(s)
B-1, Hans Bhawan, New Delhi
Bahadur Shah Zafar Marg,
Dated 01.04.2020
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M. 9910558656
E-Mail:mithujain234@gmail.com
Code: 2457