



PAHLE INDIA FOUNDATION
FACILITATING POLICY CHANGE

DISCUSSION PAPER

NATIONAL PREPAREDNESS FOR COVID-19 **A Comparison of Public and Policymaker Perceptions**

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By
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NATIONAL PREPAREDNESS FOR COVID-19

A Comparison of Public and Policymaker Perceptions

SECTION I

Introduction

Post the announcement of the nation-wide lockdown on 24th March 2020, the Department of Administrative Reforms and Public Grievances (DARPG) conducted a survey to determine India's COVID-19 preparedness, identify gaps or vulnerabilities in the system through the perspective of civil servants, and to use the feedback collected to determine the roadmap for managing this pandemic. The survey was web-based, and only District Collectors, District Magistrates, and IAS officers (batches 2014-2018) were invited to register on the web portal and provide their responses. The survey report titled "National Preparedness Survey on COVID 19" was released on 1st April 2020.

Pahle India Foundation (PIF) decided to conduct a public opinion survey, which emulates the close-ended questions included in the DARPG survey. The aim of this survey was to assess the convergence in perceptions and viewpoints between government officials and the general public. Separate open-ended questions on public opinion of ground realities were also included in the PIF survey, in order to identify which specific areas required immediate or greater policy focus based on public response.

While the DARPG survey was conducted from 25th March 2020 to 30th March 2020, the PIF survey was conducted from 8th April 2020 to 21st April 2020. The longer period required to conduct the PIF survey is owed in large part to the requirement for a comparable sample size to the DARPG survey, as well as to ensure a balanced geographic spread in terms of responses.

Sample Size and Geographic Spread

The DARPG survey received completed response forms from 266 government officials spread across all States and Union Territories (refer Table 1). The PIF survey received 370 responses from across 22 States and Union Territories (refer Table 2). While the public survey sample size is greater than the government survey, the latter has a more complete geographic spread as compared to the former.



Table 1: Geographic Spread and Feedback Count of DARPG Survey

Sr. No.	States/UTs	Feedback Count
1	Madhya Pradesh	16
2	Maharashtra	16
3	Assam	15
4	Gujarat	15
5	Nagaland	15
6	Bihar	14
7	Karnataka	13
8	Chhattisgarh	12
9	Rajasthan	12
10	Telangana	12
11	Uttar Pradesh	12
12	Andhra Pradesh	11
13	Arunachal Pradesh	10
14	Jammu and Kashmir	10
15	Orissa	10
16	Haryana	9
17	Tamil Nadu	9
18	Kerala	8
19	Tripura	7
20	Uttarakhand	6
21	Himachal Pradesh	5
22	Jharkhand	5
23	Manipur	5
24	Punjab	4
25	Sikkim	3
26	Delhi	2
27	Lakshadweep	2
28	Puducherry	2
29	Chandigarh	1
30	Daman and Diu	1
31	Ladakh	1
32	Meghalaya	1
33	Mizoram	1
34	West Bengal	1
Total Feedback Count		266

Source: National Preparedness Survey on COVID 19, DARPG, GoI



Table 2: Geographic Spread and Feedback Count of PIF Survey

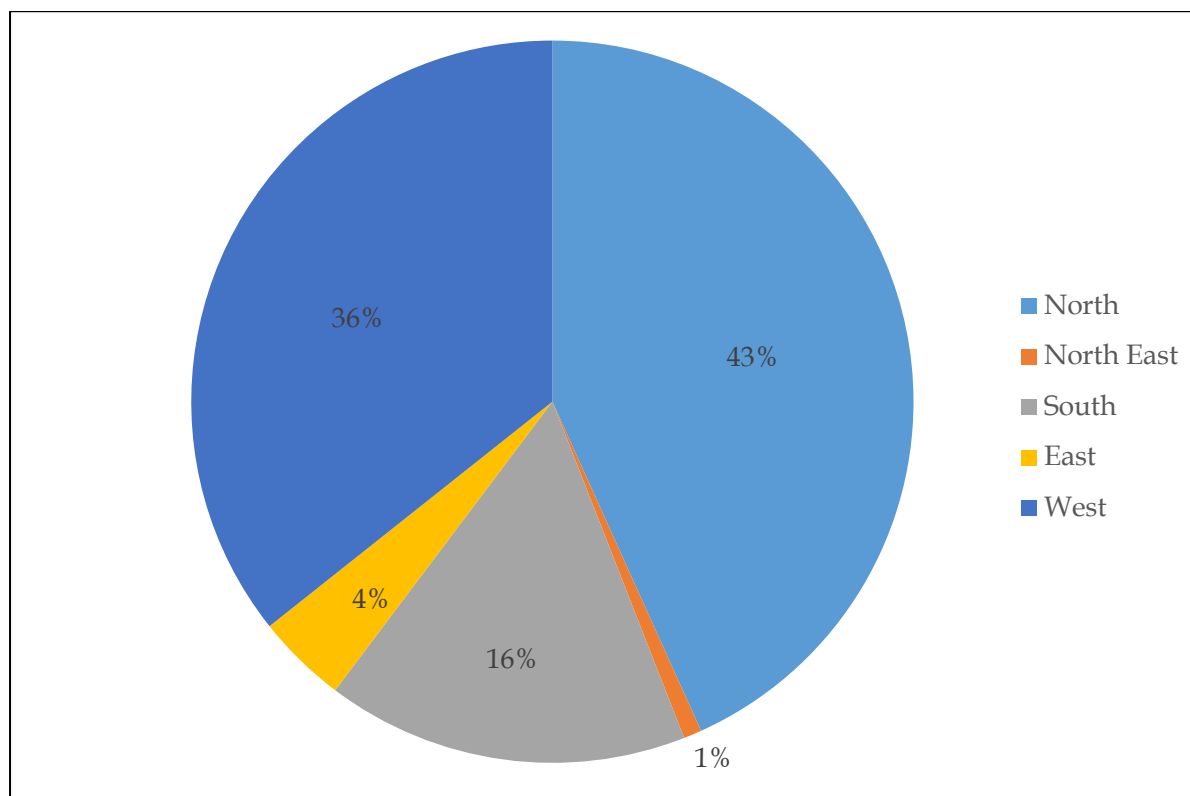
Sr. No.	States/UTs	Feedback Count
1	Maharashtra	119
2	Delhi	98
3	Haryana	29
4	Uttar Pradesh	25
5	Karnataka	23
6	Tamil Nadu	16
7	Kerala	11
8	Telangana	9
9	West Bengal	9
10	Gujarat	6
11	Odisha	4
12	Rajasthan	4
13	Goa	3
14	Punjab	3
15	Madhya Pradesh	2
16	Tripura	2
17	Uttarakhand	2
18	Andhra Pradesh	1
19	Assam	1
20	Bihar	1
21	Chandigarh	1
22	Jharkhand	1
Total Feedback Count		370

Source: PIF Survey Data

A majority of the PIF survey responses have come from the North (43 per cent) and West (36 per cent) of the nation (refer Figure A1). However, it must be noted that there are a fair number of responses from the South (16 per cent) as well. The East (4 per cent) and North East (1 per cent) have the least responses, in terms of geographic spread.



Figure A 1: Geographic Spread of PIF Survey Responses - By Region



Source: PIF Survey Data

The Verdict - Analysing the Responses

The PIF survey emulated 20 questions from the DARPG survey, in order to conduct a comparative analysis of the differences and convergence between perceptions of preparedness of policymakers and public for COVID-19. Figures 1 to 20 (refer Section II) provide a visual aid for comparing the similarities and differences between the respective group's responses. Analysis and comparison of public and policymaker responses presented the following findings:

1. There is a lacuna in public awareness of what is going on at the local government level.
2. There is a keen sense that inter-agency communication between Central, State, and local governments is incongruous.
3. There is an urgent need for the medical community to come to the forefront across mediums for information dissemination on not just how to take precautionary measures, but also on the preparedness of the medical community in terms of both capability and infrastructure.



4. In order to ensure authenticity of information, the same needs to be provided by official sources and through varied media and languages. This may best be done by both central medical authorities and respective state counterparts.
5. While essential goods and services delivery continues, social distancing norms need to be strictly implemented. This must be done even if most or all other restrictions are eased in subsequent phases of the lockdown.
6. There is a dire need for clear plans on staggered easing of restrictions, as well as a plan for economic recovery. The onus of both these plans lies on government, at all levels. This cannot only be limited to announcement of relief and stimulus packages, but must go beyond.

While the DARPG survey also included questions requesting comments and suggestions from government officials in order to identify gaps in systems and preparation, the PIF survey asked a different set of questions which solicited comments, feedback and suggestions from the public on the government's preparedness and performance during the ongoing lockdown. One such question in the PIF survey asked people what they thought was the most serious gap in combating COVID-19. Almost a third of respondents (102 people) identified that the inability to implement social distancing was a serious gap. This may have been true in the early days of the lockdown, however this issue has since seen significant improvement, even though there continue to be challenges on enforcing social distancing at shops.

14 per cent respondents stated that they did not perceive any serious gap in COVID-19 preparedness. 11 per cent people identified that adequate sanitisation measures had not been carried out in public places. Some of the other issues identified by respondents included problems with delivery of essential goods and services (5 per cent), misinformation and fake news (1 per cent), and lack of regular or proper communication among different government agencies (8 per cent). Only 4 per cent people identified migrant and daily-wagers' distress as an issue.

Our Recommendations

Based on comments and suggestions from the public responses, PIF's recommendations are:

1. Separate plans need to be put in place for easing restrictions in high population density areas, mainly high rises and slums.
2. Regular sanitisation of public places must be undertaken, including market complexes and shops that are open.



3. Public responses have indicated that social distancing norms have been difficult to follow at the time of shopping for essentials. Even as we emerge from the lockdown, social distancing norms would continue. It is imperative for local governments to work closely with market associations and local retailers and citizenry to ensure social distancing is practiced.
4. Given the challenge of social distancing, e-commerce operations must be allowed to resume beyond just those of essential services. The definition of “essential” in this new normal will differ based on location. For example, with work from home becoming a reality, items such as modems, routers, and computer equipment could be considered essential, even though they have only recently been classified as “secondary essential.”
5. Given the need for more detailed information dissemination from several government agencies at all levels, it would be helpful to use the Aarogya Setu app as the medium for the same. The app must include a way of disseminating information at the local level in terms of testing facilities, hospitals, and emergency contact numbers.
6. Information from medical professionals on home remedies, and guidelines to follow for home quarantine for people with mild symptoms needs to be made more widely available.
7. Information on how health infrastructure is being scaled up should also be communicated on a regular basis by medical professionals at the centre and their counterparts at the state.
8. Provision of sanitised transport vehicles to be made for people (migrant workers, frontline workers, and employees) to be ferried to and from work, as we come out of the lockdown.
9. Guidelines for re-introduction of public transport should be made available in advance of easing restrictions on the same.
10. Creation and/or revision of disaster management plans at all levels of government (central, state and local governments), sector specific plans prepared by ministries in consultation with industry associations and experts, and by large firms, is imperative.

Additionally, some of the open-ended questions in PIF’s survey asked for public comments and feedback on the Central and State governments’ performance during this crisis. According to public opinion, State governments have done well in terms of implementing the lockdown, ensuring delivery of essential goods and services, proactive law enforcement personnel, management of tracking and contact tracing, and actively working towards building healthcare infrastructure capacity. However, State governments have not been able to ensure adequate sanitisation of public spaces,



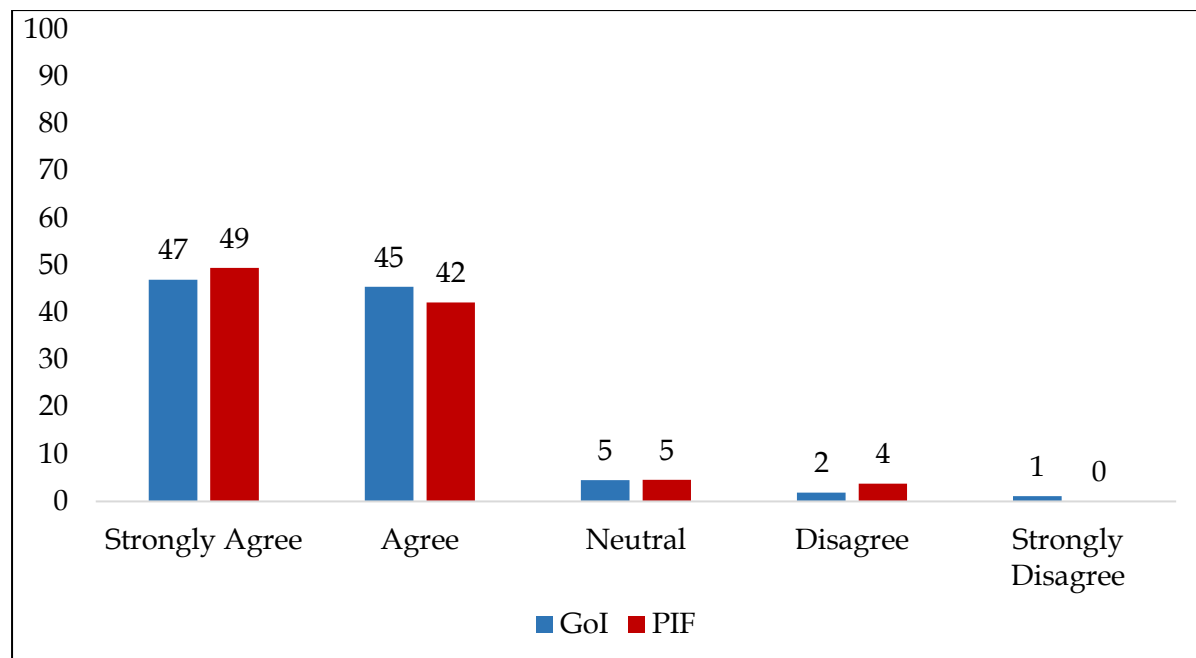
delivery of essential goods and services in sealed areas/containment zones, and alleviating migrant workers' distress.

Public opinion of the Central governments' performance highlighted that Government of India (GoI) had effectively scaled up testing using proper bio-statistical tools to make estimates, ensured an early and effective lockdown, ensured distribution of ration to even those without ration cards, involved State governments in decision-making, leveraged civil society's help, engaged with the scientific community, and taken the decision of converting railway coaches to isolation wards. The public feedback also identified areas in which the GoI had not done so well. These include the lack of a post-lockdown plan, not anticipating the needs of migrant labour and daily-wagers, falling behind on preparation for the monsoon, no sharing of best practices among government agencies at all levels. They also mentioned that there was no standard operating procedure that GoI facilitated across States for testing and reporting, especially in high population density areas. GoI has also not factored in the need for information on and help with mental health, during a time of crisis. The lack of adequate support for small businesses, as well as economic stimulus packages for various industrial sectors was also identified as an issue, which has been attended to in phases through the recently announced stimulus package by the Ministry of Finance.



SECTION II

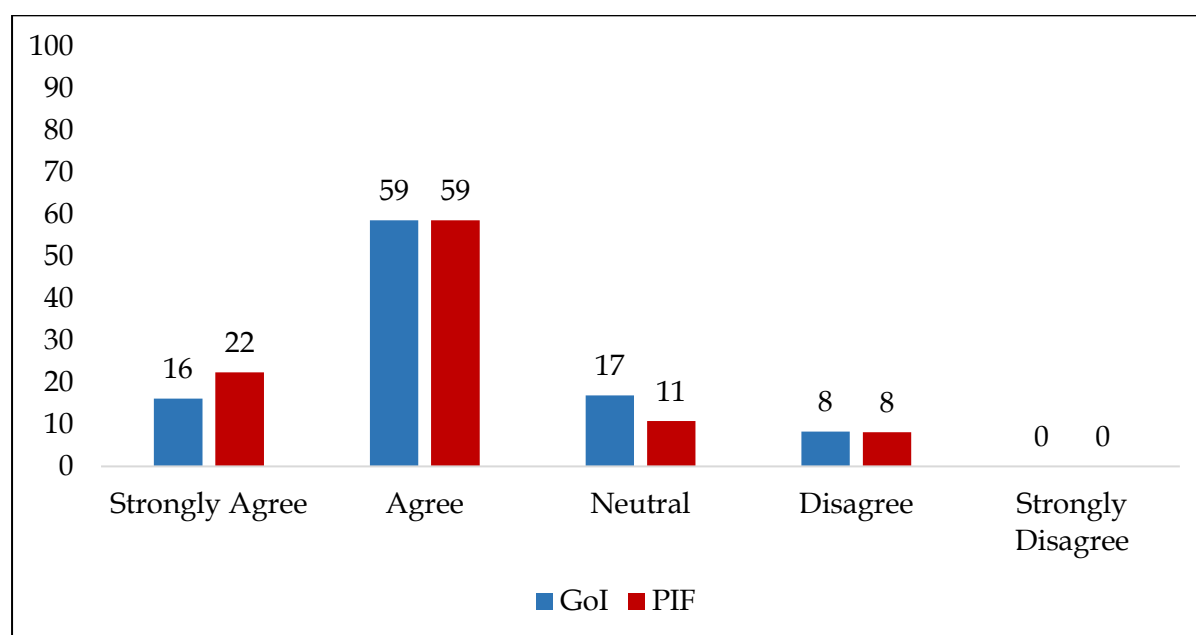
Figure 1: People are aware and informed regarding the threat of COVID-19 virus (in %)



- Public and policymakers' perceptions are consistent.



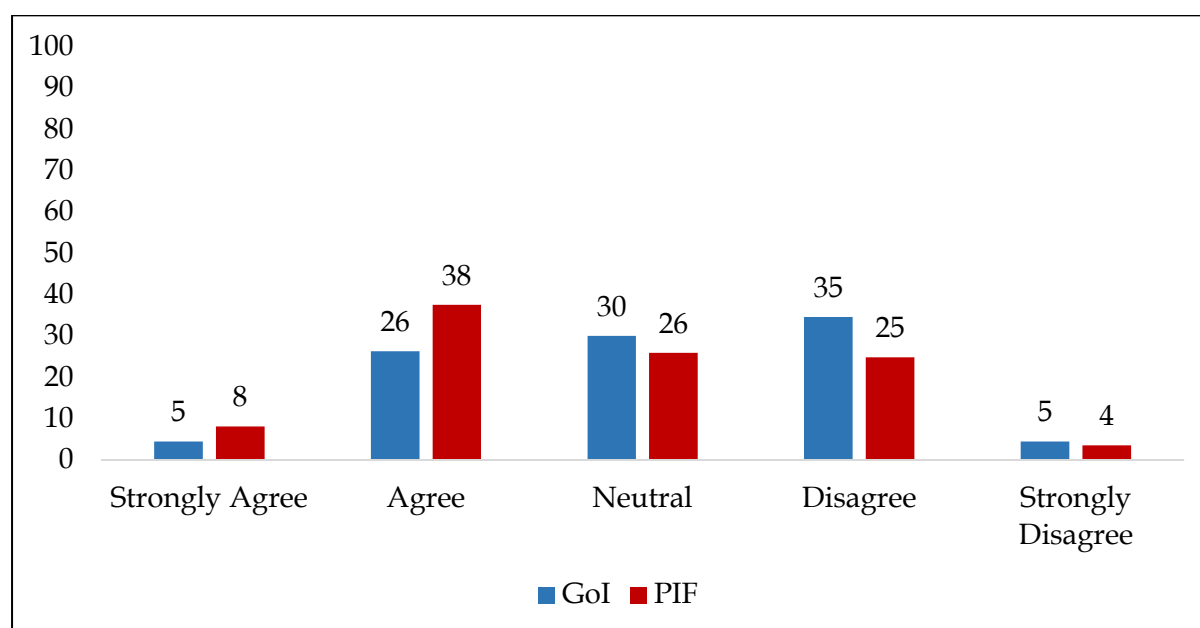
Figure 2: People are alert and cautious - taking the necessary precaution (in %)



- Public opinion tends towards affirming that people are alert and cautious, as 6 per cent more public responded 'Strongly Agree' and the 'Neutral' responses from public were 6 per cent fewer than those of policymakers.



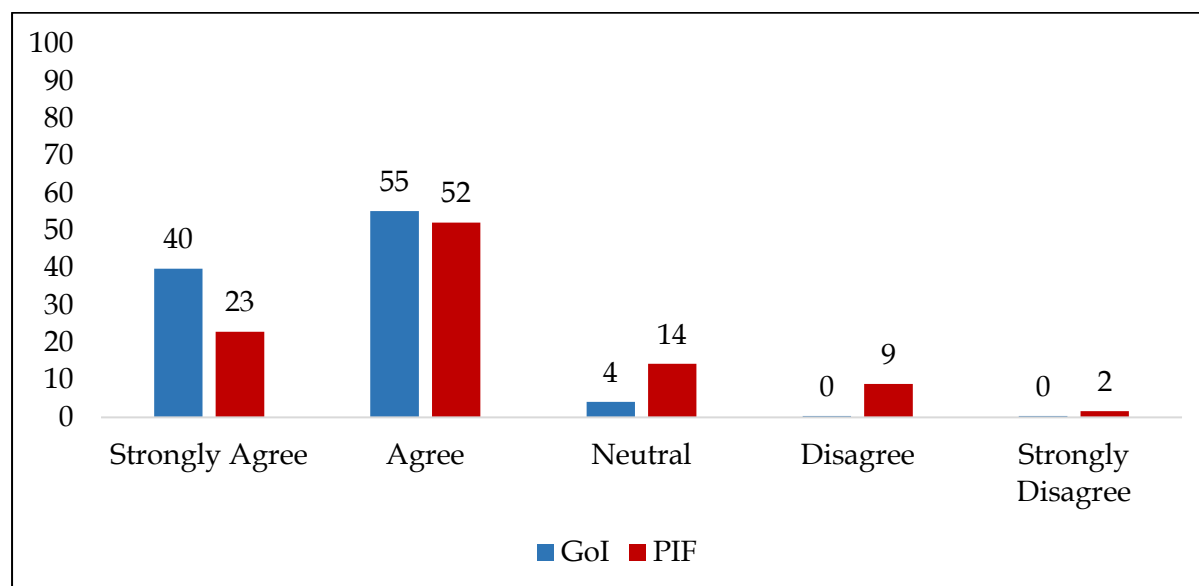
Figure 3: People are alarmed and panicking (in %)



- The public perception shows that people are alarmed and panicking, as the public response of 'Strongly Agree' is 3 per cent more than that of government officials and their response of 'Agree' is a significant 12 per cent greater.
- The 'Neutral' responses were 4 per cent fewer in the public survey.
- 10 per cent more government officials 'Disagree' that people are alarmed or panicking, this indicates a significant disconnect between public and policymakers' perceptions.



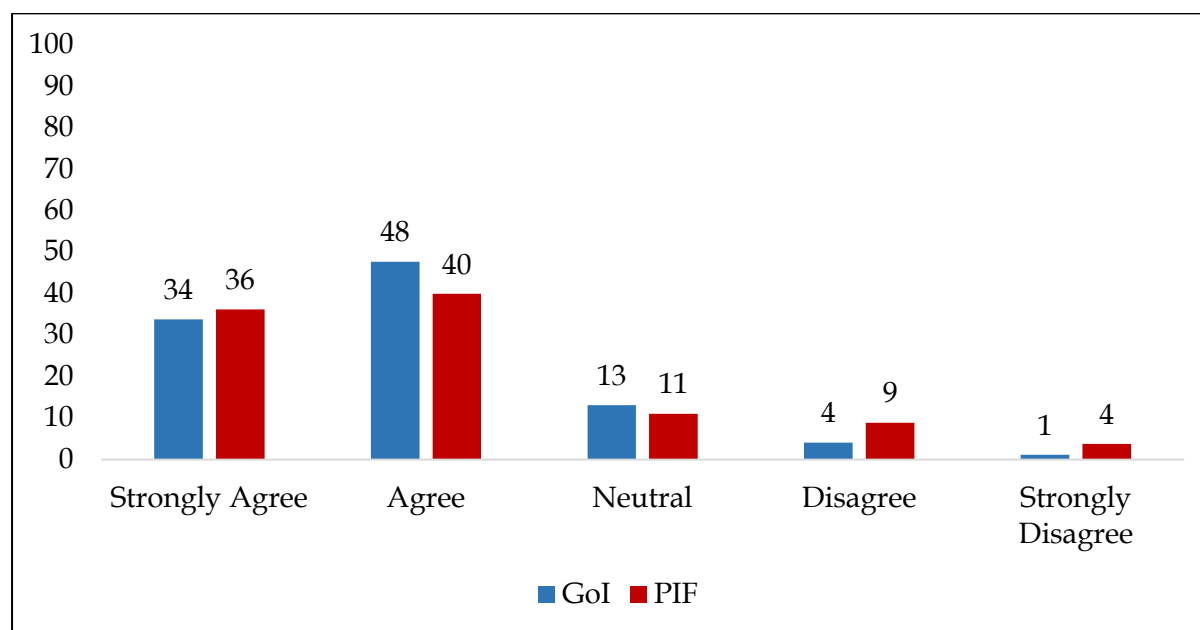
Figure 4: Government machinery has been able to reach out, guide and assure the people (in %)



- Perception of government communications seems to be largely positive among government officials themselves. This is evident from the 40 per cent of government officials that 'Strongly Agree' that government has been reaching out, guiding and assuring people.
- Public opinion is cautiously optimistic in comparison to the overwhelming confidence that policymakers have in their ability to reach out, guide and assure people.
- This is evident in the 95 per cent responses from policymakers that fall under 'Strongly Agree' and 'Agree', compared to the 75 per cent responses falling under 'Strongly Agree' and 'Agree' in the public survey.
- 14 per cent fall under 'Neutral', and 11 per cent 'Disagree' and 'Strongly Disagree' for the public survey, as opposed to the 4 per cent 'Neutral' responses from government officials, also mirrors this cautiousness.



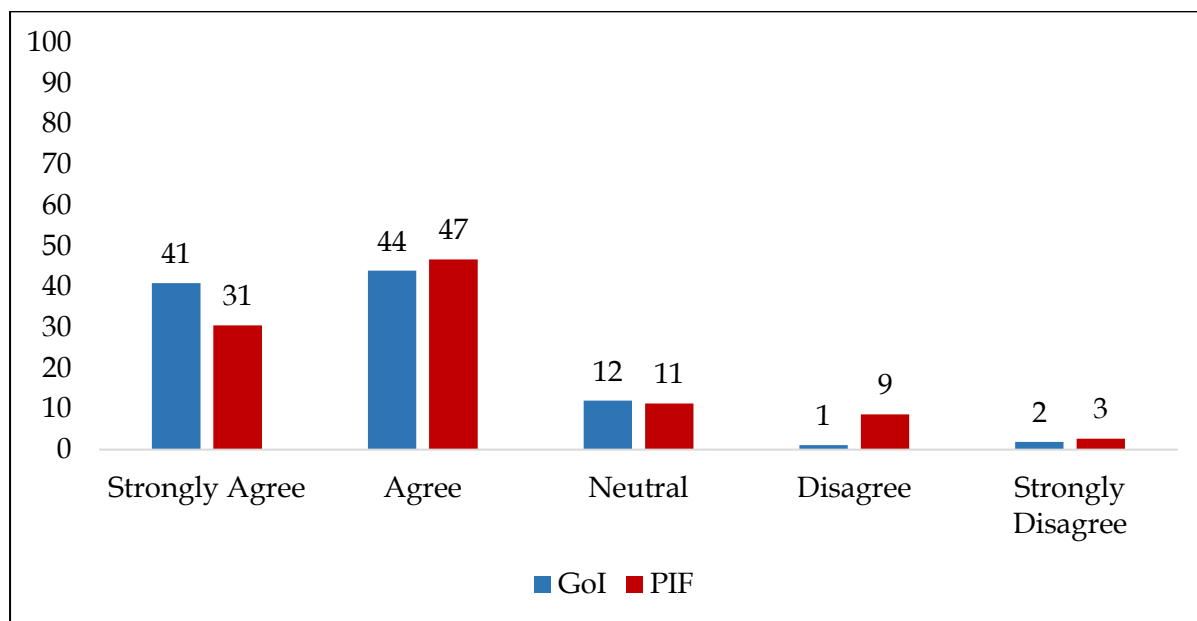
Figure 5: Government of India has taken sufficient steps to combat Covid-19 (in %)



- Public and policymaker perceptions are largely consistent on the statement that the Government of India (GoI) has taken sufficient measures to combat Covid-19.
- However, public opinion portends some margin for improvement in terms of measures taken by GoI. This is evinced by the 8 per cent fewer 'Agree' responses, 2 per cent fewer 'Neutral' responses, and 5 per cent and 3 per cent greater 'Disagree' and 'Strongly Disagree' responses respectively.



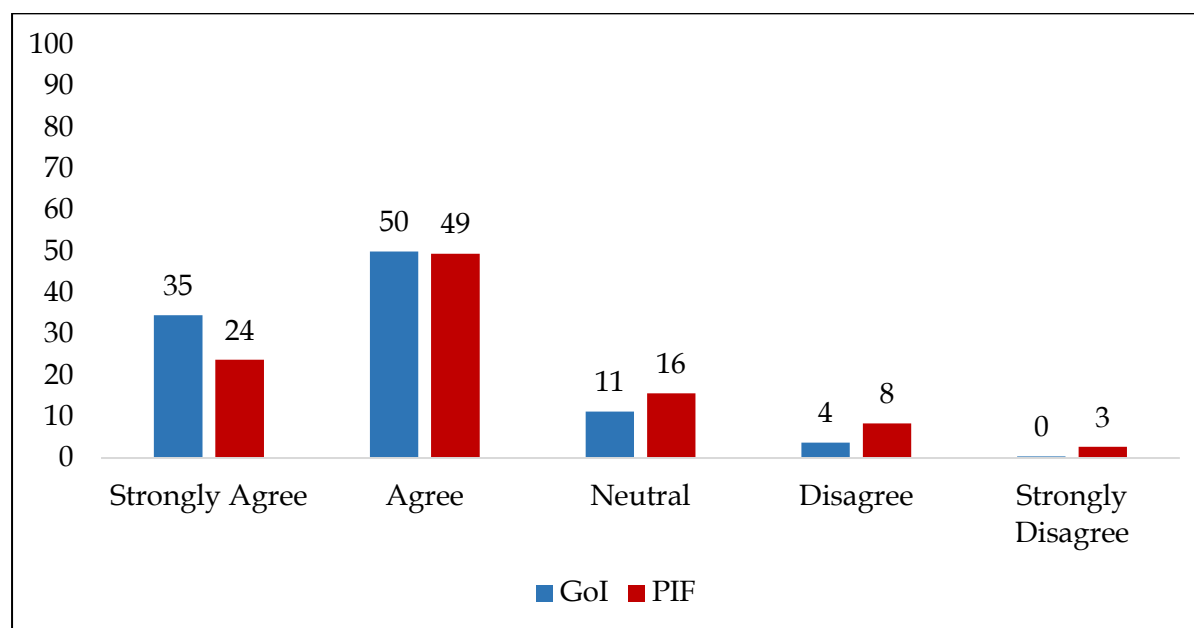
Figure 6: State Government has taken sufficient steps to combat Covid-19 (in %)



- Public opinion is cautious in this case, given that 10 per cent more government officials ‘Strongly Agree’ that State Governments have taken sufficient steps to combat Covid-19, and only 3 per cent more ‘Agree’ responses from the public.
- A significant 8 per cent more of the public ‘Disagree’ that measures taken by State Government are sufficient.
- These responses are in tandem with the responses of Figure 5. This could possibly indicate that the public is unable to differentiate between measures implemented by Centre and those by the States.



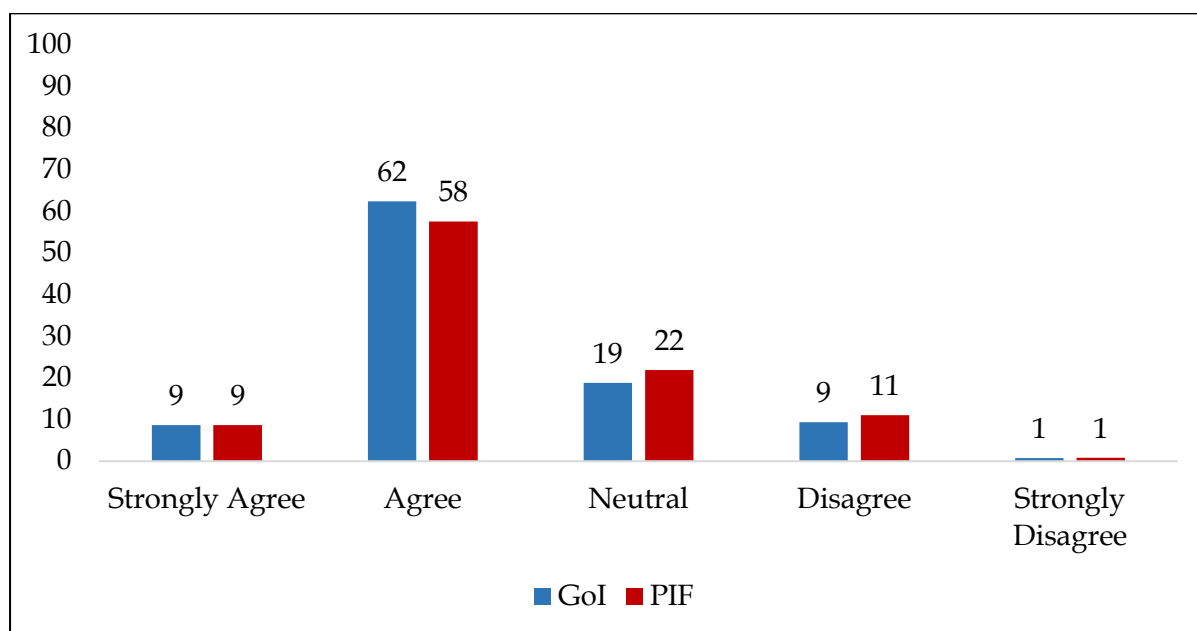
Figure 7: Local Government has taken sufficient steps to combat Covid-19 (in %)



- The difference in public and policymaker responses in this figure is similar to that in Figure 5. Public opinion is largely positive, as 73 per cent responses are 'Strongly Agree' and 'Agree'.
- The total for 'Neutral', 'Disagree', and 'Strongly Disagree' responses from the public is 27 per cent. The public opinion for Figure 7 is marginally higher than the corresponding values for these responses for Figures 5 and 6. This is due to a higher percentage of 'Neutral' responses for Figure 7.
- Coincidentally, the responses for 'Neutral' by policymakers is the lowest for Figure 7 at 11 per cent, compared to the corresponding value for the same response for Figures 5 and 6. Hence, while the government officials may be more aware of initiatives being undertaken by the local government/administration, the same cannot be said for the public.
- There is a need for local government to improve communication of measures taken and guidelines implemented by them, to improve public awareness.



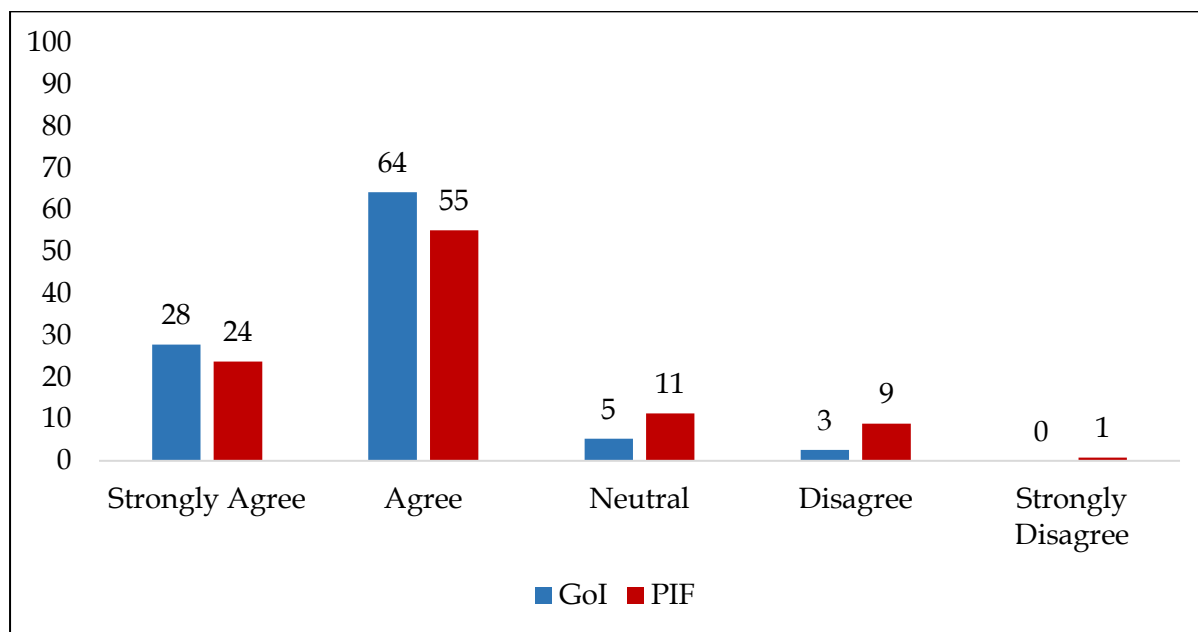
Figure 8: People are adhering to Government advisories and directions (in %)



- Public and policymakers' perceptions are consistent.



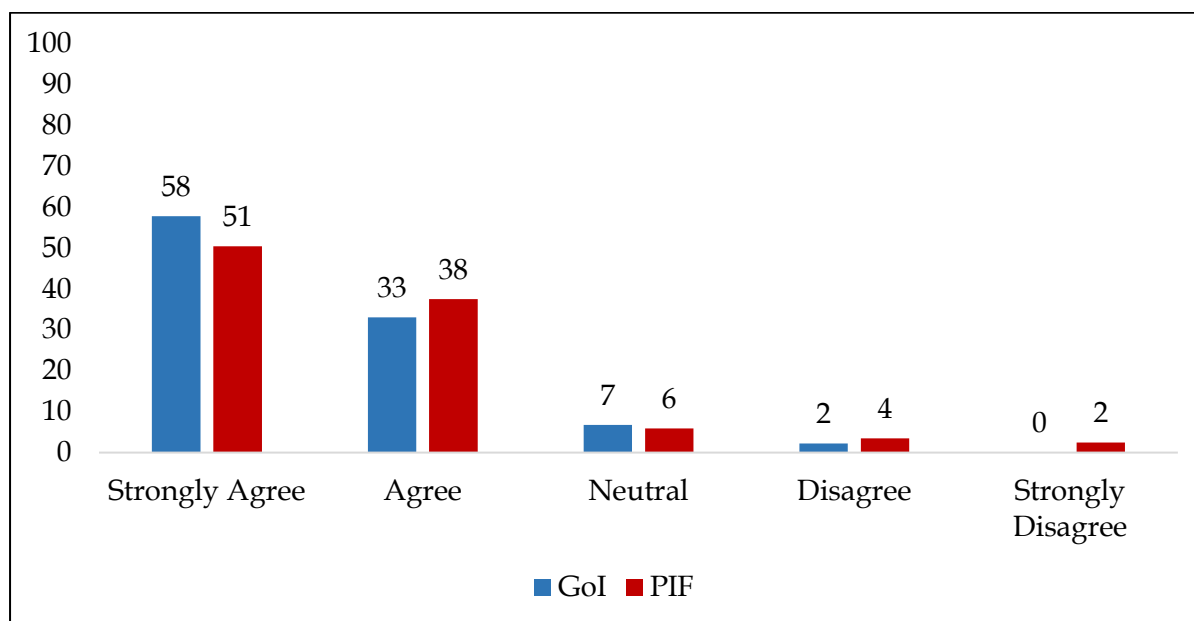
Figure 9: Essential services are functioning, and essential goods are available (in %)



- There is a disconnect between government and public perception on delivery of essential services and goods. This possibly indicates that measures need to be taken to address issues in terms of supply chain and last mile connectivity.
- The definition of essential services is debated and dynamic, not only at the administrative but also at the individual level. This is because what constitutes 'essential services' will vary based on people's lifestyles.



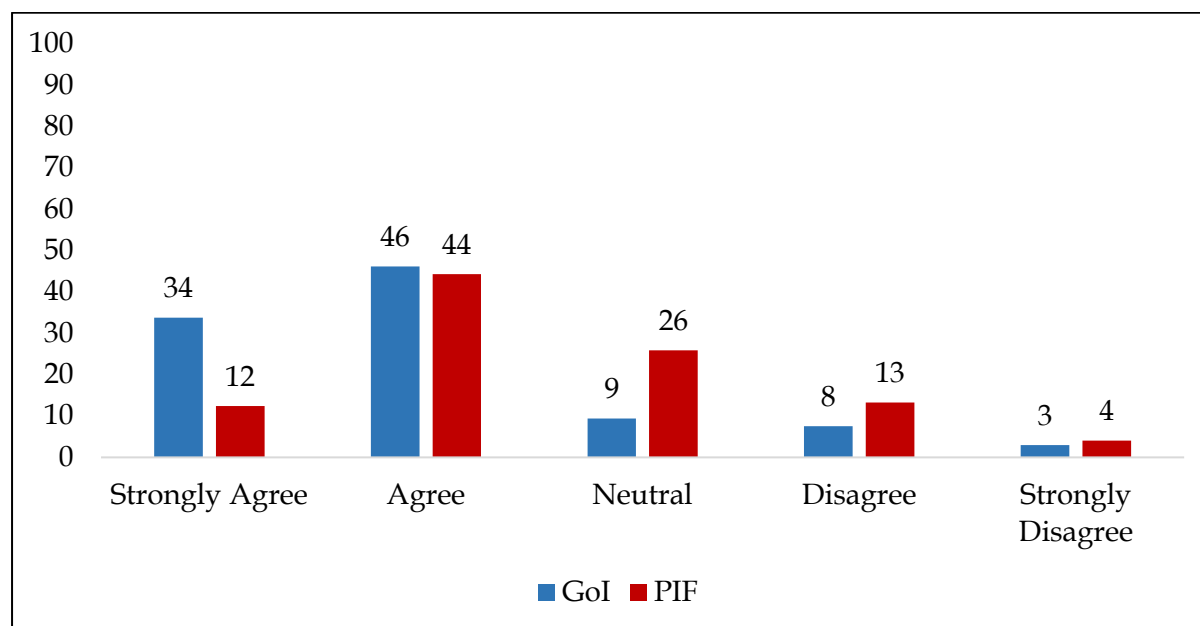
Figure 10: PM's appeal for Janata Curfew was effective on the ground in keeping people at home (in %)



- Public and policymakers' perceptions are consistent.



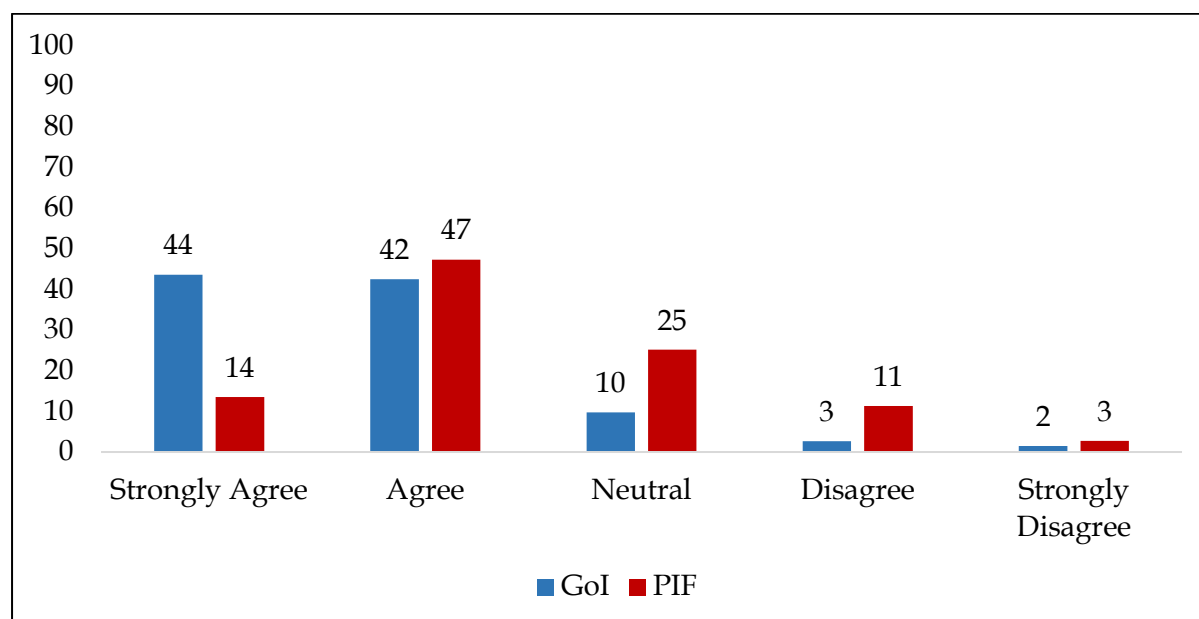
Figure 11: Local administration has a functioning system to identify, test and quarantine infected patients (in %)



- Public opinion trusts that local administration has a system to identify, test, and quarantine infected patients, given that 56 per cent public responses ‘Strongly Agree’ and ‘Agree’.
- Public confidence is lower than that of policymakers as ‘Strongly Agree’ and ‘Agree’ responses of public are 24 per cent lower than responses of policymakers. Furthermore, the ‘Neutral’ responses from public are almost three times those of policymakers, which is testament to a large gap in communication.
- However, the higher percentage of public responses under ‘Neutral’ and ‘Disagree’ requires that local administration improve their communication of containment and testing efforts to the public.
- It must be highlighted here that providing regular updates to the public, with data on numbers of tests conducted, patients recovered, patients quarantined, and patients discharged, would go a long way in building public confidence in measures taken by government at all levels.



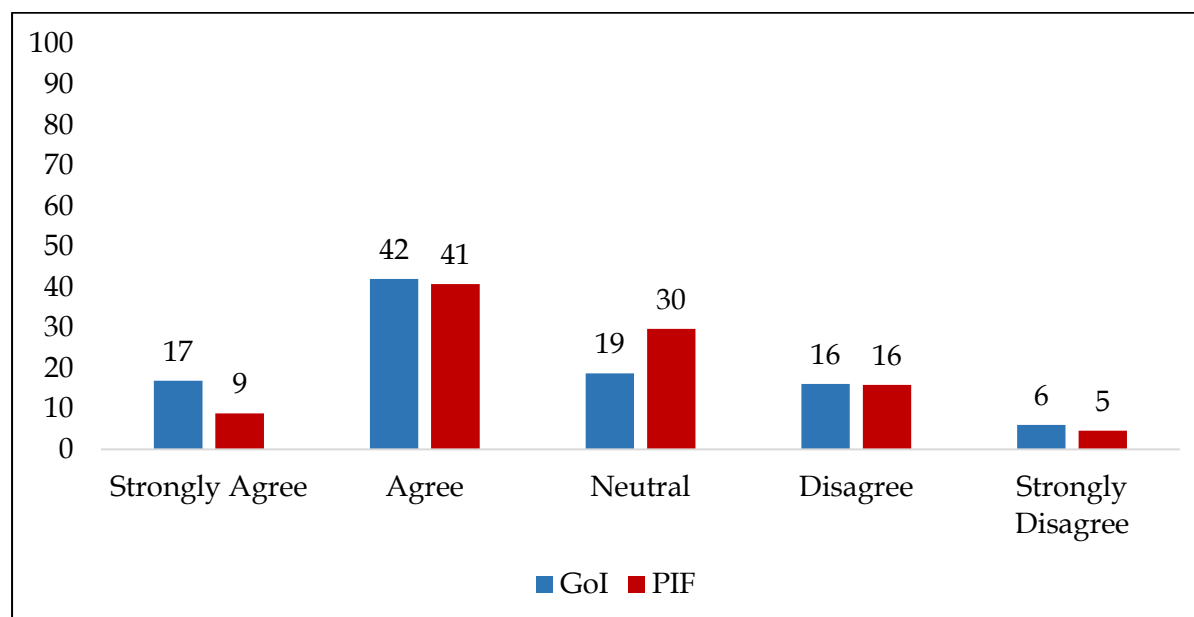
Figure 12: Local administration has a functioning surveillance system for high risk people, such as people with international travel history (in %)



- Similar to the previous figure, public opinion is optimistic about the local administration’s surveillance system for contact tracing, but there is still a huge gap between government and public perception.
- The public responses under ‘Neutral’ and ‘Disagree’ are more than twice that of government officials’ responses to the same.
- The numbers show that an improvement in terms of communication, and perhaps even implementation of measures for tracing, testing, and quarantining would help shift public opinion from ‘Neutral’ and ‘Disagree’ to ‘Agree’.



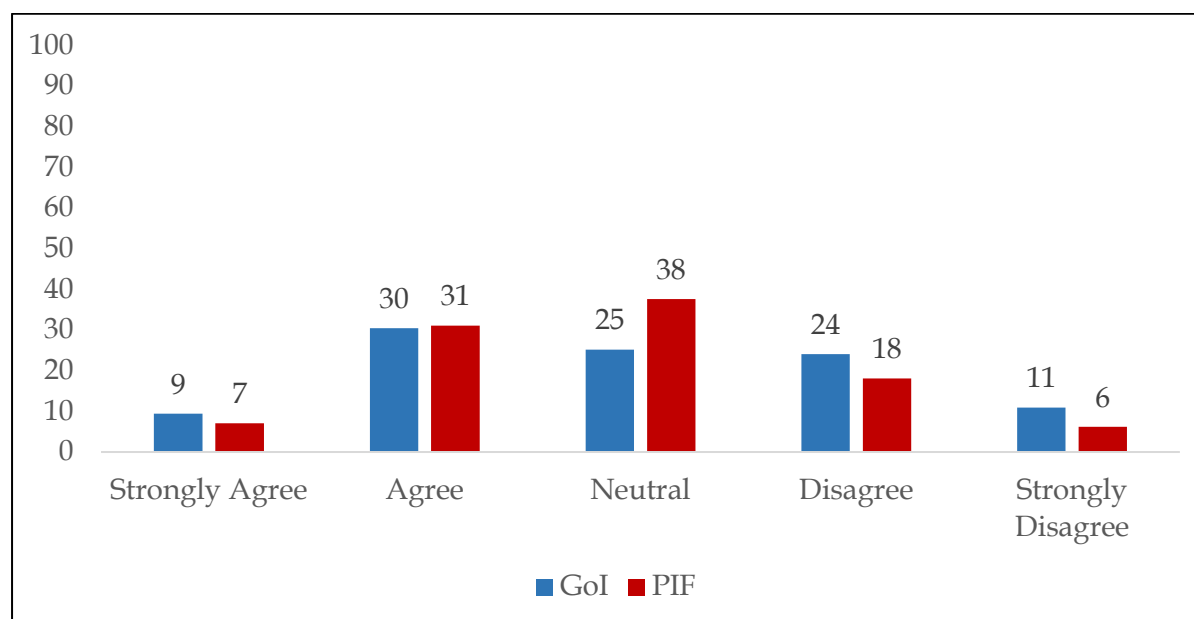
Figure 13: Local health machinery is equipped and prepared to handle Covid-19 - protocols, awareness, facilities (in %)



- A higher percentage of public responses are 'Neutral', 'Disagree', and 'Strongly Disagree'. This could be on account of the public not being fully aware of local health infrastructure capacity.
- Even among policymakers, the responses are not wholly reassuring in terms of existing healthcare infrastructure, since only 59 per cent are actually confident of current COVID-19 preparedness.
- If the public and policymakers are not as confident of local health machinery's preparedness, this could explain why people are alarmed or panicking (refer Figure 3).



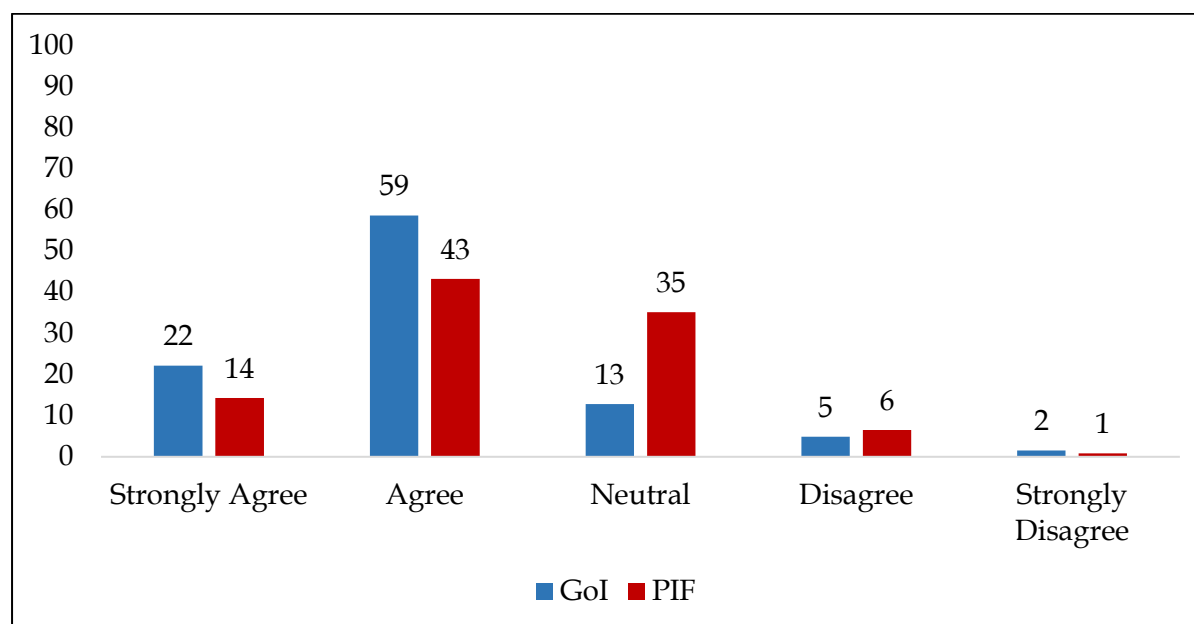
Figure 14: Local hospital is equipped and prepared to handle Covid-19 - staff, equipment (in %)



- Barely 40 per cent of both public and policymakers are confident that local hospitals are equipped and prepared to handle COVID-19. Public perception is that we are not equipped, largely owing to the fact that they may not be receiving information from local government.
- This skew is also seen among policymakers, and there may be a further disparity based on whether the government officials are from metro cities, or tier II and III cities.
- A high percentage of 'Neutral' responses for the GoI survey could mean that local governments and local hospitals are not communicating enough, and that this lack of information has led to greater uncertainty amongst the public.
- 35 per cent of policymakers responded with 'Disagree' and 'Strongly Disagree' indicating a worrying reality of local hospitals' ability to handle COVID-19.
- There is a very urgent need to assuage the apprehensions of both the public and local policymakers, on availability of and access to resources. Communication over the last mile of implementation needs to be improved for the latter.



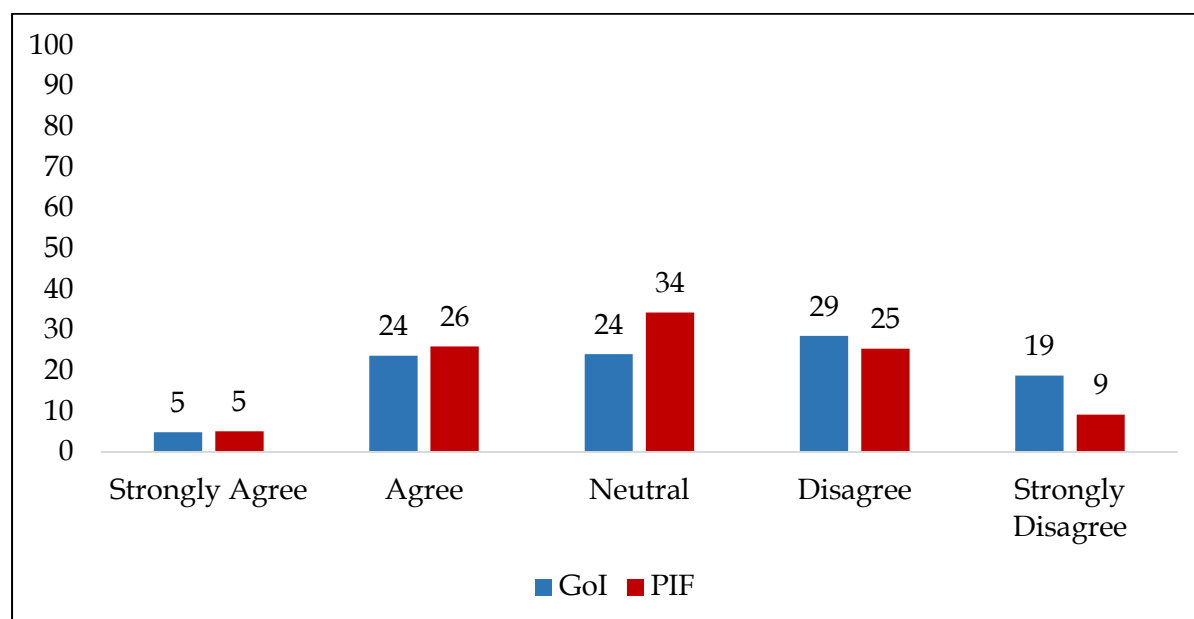
Figure 15: Local doctors are aware of the prescribed medical protocol for treating Covid-19 (in %)



- Public opinion seems unsure of the capabilities of doctors and the medical protocol for treatment being followed. This is evident from the 35 per cent of public responses favouring 'Neutral', as opposed to only 13 per cent of policymakers.
- Health professionals need to be brought to media forefront to provide regular updates on measures followed. This would be reassuring for people.
- This necessitates more proactive news dissemination from local bodies, and medical professionals together.
- Additionally, it might also be beneficial to have an information exchange/ dissemination channel between medical professionals.



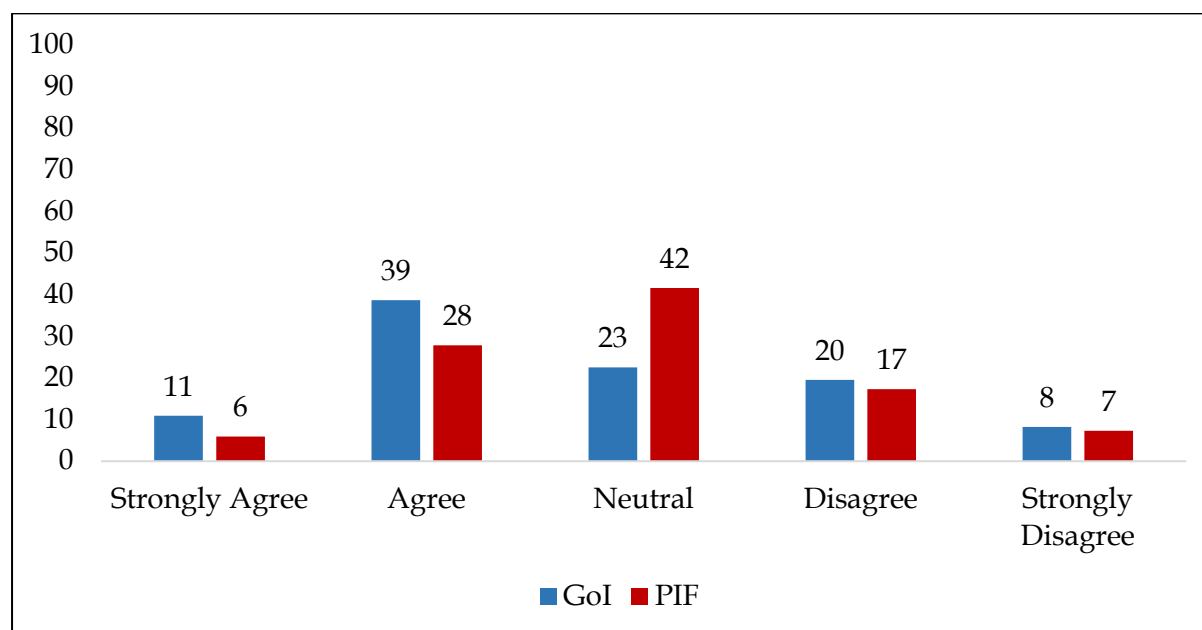
Figure 16: Sufficient personal protection equipment (masks, gloves etc.) is available (in %)



- The perception across both public and policymakers is that personal protection equipment (PPE) is not available in sufficient numbers.



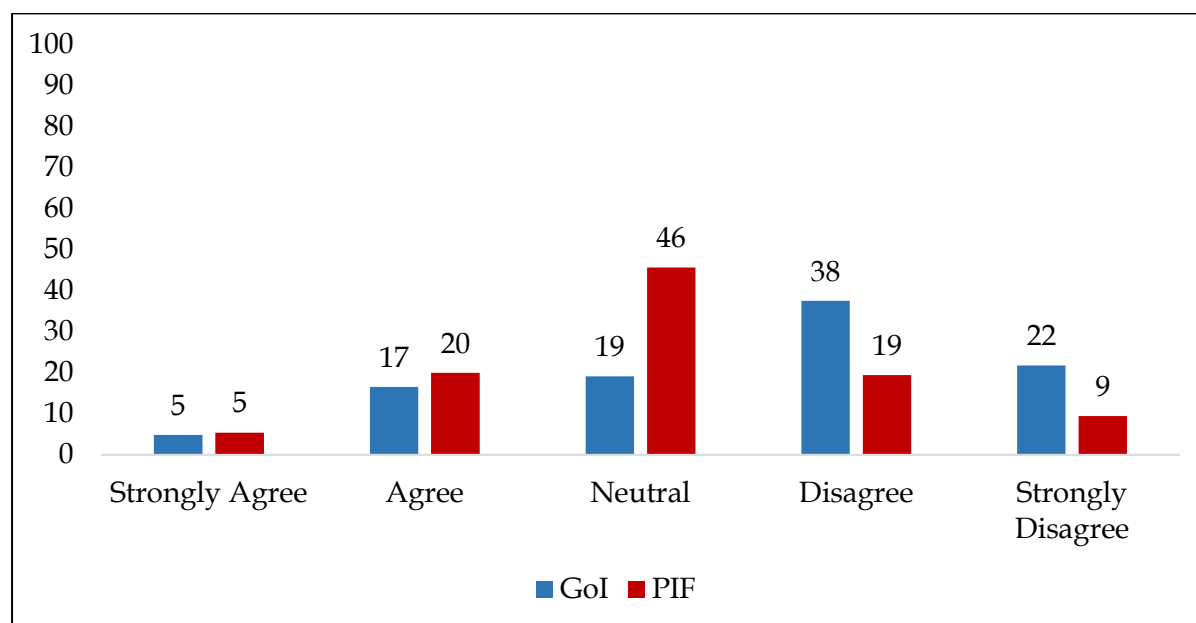
Figure 17: Sufficient isolation beds are available (in %)



- The higher percentage of 'Neutral' responses from the public highlight the fact that they may not be fully aware of local health infrastructure capacities.



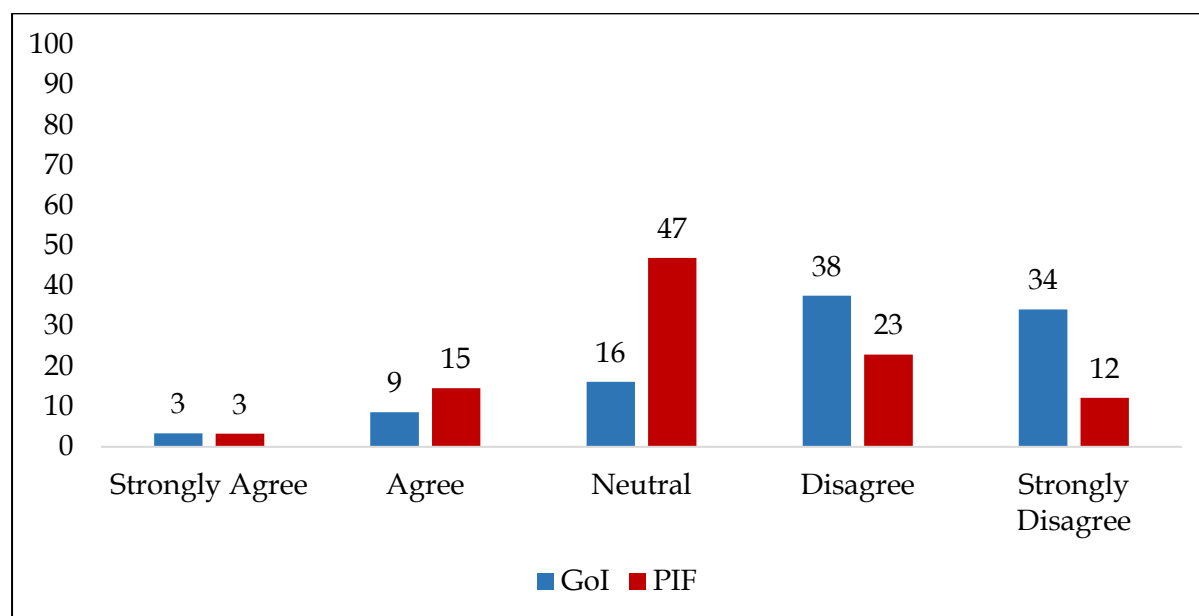
Figure 18: Sufficient ICU beds are available (in %)



- Even policymakers disagree that enough ICU beds are available, given that an overwhelming 60 per cent of them 'Disagree' and 'Strongly Disagree' with the statement.
- The public's largely 'Neutral' response is owing to a lack of clear knowledge or data on public health infrastructure.



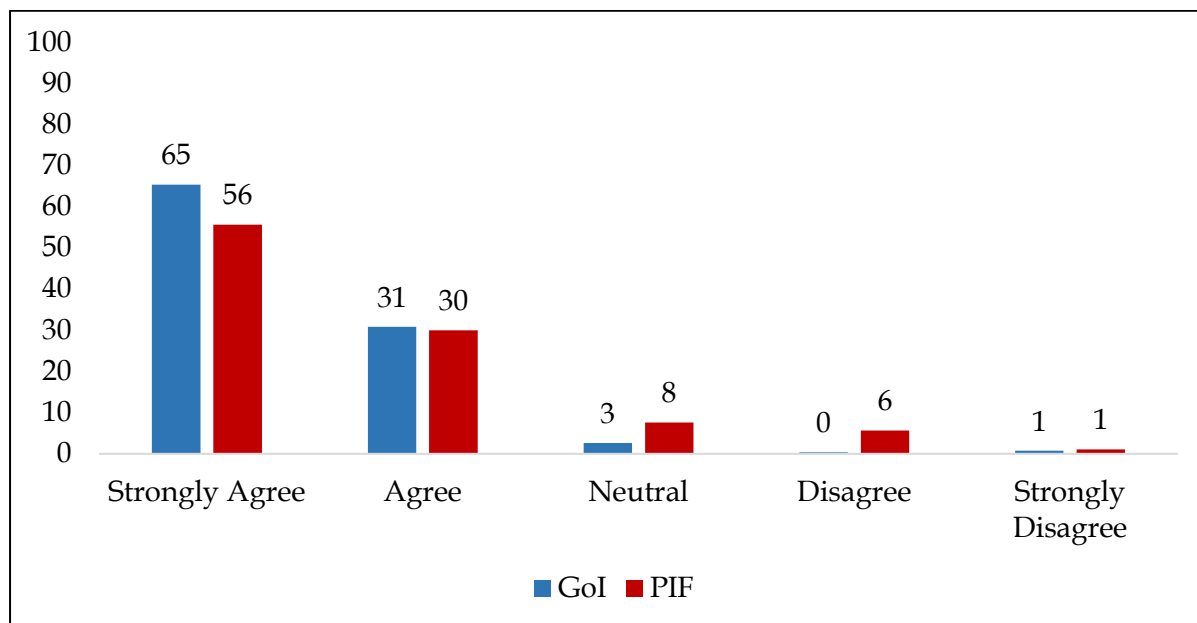
Figure 19: Sufficient Ventilator machines are available (in %)



- Government officials seem to have a negative outlook on availability of ventilator machines, with 72 per cent responding with 'Disagree' and 'Strongly Disagree'.
- Public opinion is, again, 'Neutral' on account of lack of knowledge of available equipment or infrastructure. It is also clear that more people 'Disagree' and 'Strongly Disagree' than 'Strongly Agree' or 'Agree'.



Figure 20: To be effective, a lockdown needs to be enforced / made mandatory? (in %)



- Public and policymakers' perceptions are consistent.

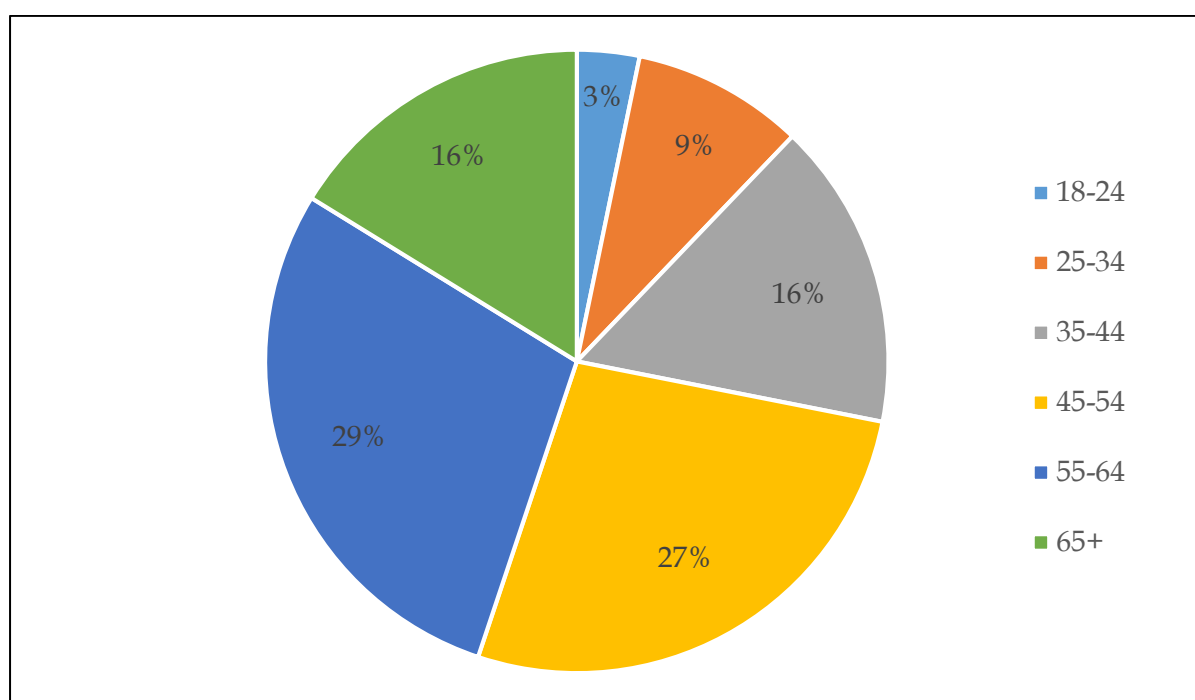


SECTION III

Profile of Sample

The DARPG survey states the following about their respondents, “District Collectors and IAS officers of (2014-2018) batches who have served as Assistant Secretaries in Government of India participated in the survey.”¹ The PIF survey however, had respondents with varied demographic profiles. The following figures provide the spread by age group and gender.

Figure B 1: Demographic Profile of PIF Survey Respondents - Age Groups



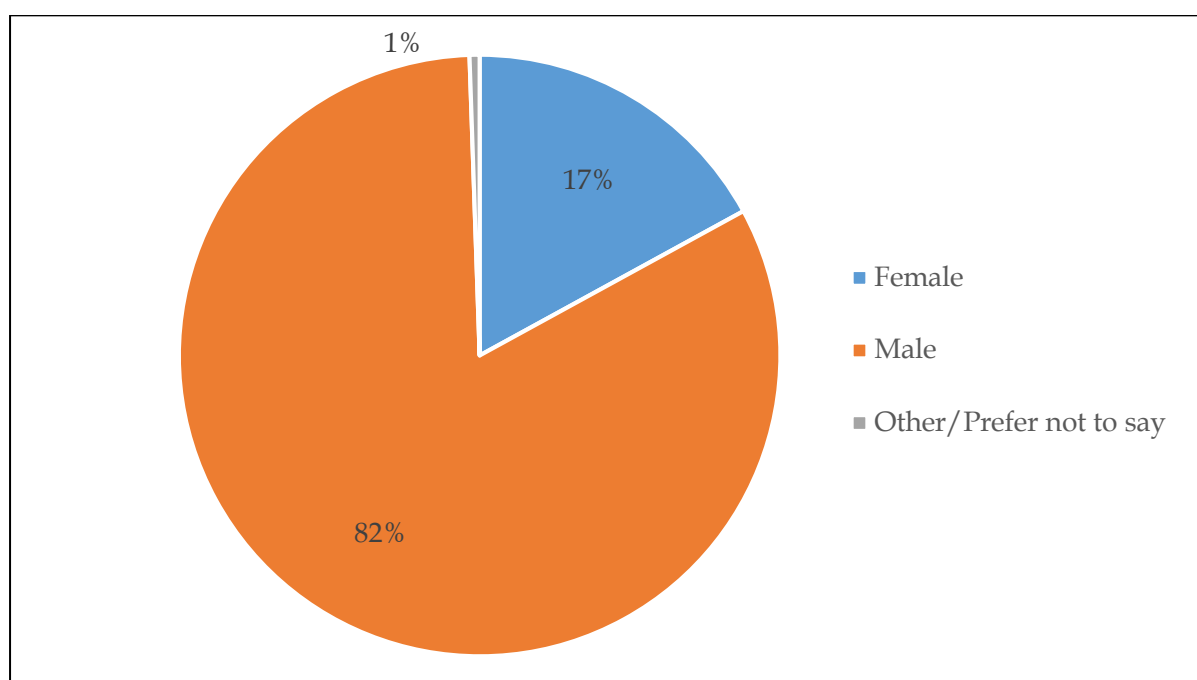
Source: PIF Survey Data

A majority, or 56 per cent of PIF survey respondents fall within the 45-54 and 55-64 age groups. There is a sizeable 16 per cent of respondents who are senior citizens (65+). Only 3 per cent respondents fall within the 18-24 age category.

¹ ‘Scope of COVID 19 Preparedness Survey 2020’, *National Preparedness Survey on COVID 19*, Department of Administrative Reforms and Public Grievances, 1st April 2020: pg. 8.



Figure C 1: Demographic Profile of PIF Survey Respondents – Gender



Source: PIF Survey Data

The overwhelming majority of PIF survey respondents are male. Only 1 per cent of respondents were either of 'Other' gender, or preferred not to say. The low 17 per cent figure of female respondents could be a reflection of the distribution in labour (professional or domestic) between males and females, even during lockdown.



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