

Before the Central Information Commission

CIC Bhawan, Baba Gangnath Marg, Munirka, New Delhi – 110 067

**Additional Submission to the Complaint submitted
under Section 18(1) of *The Right to Information Act, 2005***

**File No. CIC/MOHFW/C/2020/668909
&
File No. CIC/DTGHS/C/2020/668913**

In the matter of

Venkatesh Nayak

vs

***1) The Central Public Information Officer
Department of Health & Family Welfare***

***2) The Central Public Information Officer
Directorate General of Health Services***

&

***3) The Central Public Information Officer
Indian Council of Medical Research***

Date of submission: 20/05/2020

Additional Submission

1. This Complainant confirms that he has received via email, notices of hearing in the Complaint whose number and cause title are reference above;
2. this Complainant also clarifies that the subject matter of both complaints and the information sought in the related RTI application are one and the same. As this Complainant received an "Error Message" while trying to submit his complaint through this Hon'ble Commission's website, the first time, he felt constrained to refresh the webpage and click the "Send" button twice. Hence the inadvertent registration of two complaints with this Hon'ble Commission on one and the same matter. Any inconvenience caused by these actions is sincerely regretted. This Complainant humbly requests that both cases be treated as a complaint relating to one and the same matter during the hearing;

S.S. Venkatesh Nayak

3. through this Additional Submission this Complainant seeks to apprise this Hon'ble Commission of the developments that occurred subsequent to the submission of the instant Complaint on 20/04/2020;
4. that on 30/04/2020, the CPIO of the 2nd Respondent Public Authority, namely the Directorate General of Health Services to whom the instant RTI application stood transferred, sent a reply stating that it was being transferred to the CPIO, National Health Mission and Hospital Division of the Ministry of Health and Family Welfare (MoHFW) under Section 6(3) of the RTI Act. The said reply was submitted to this Hon'ble Commission as a Link Paper through the Online Appeal/Complaint Filing facility on 04/05/2020 which was subsequently allotted the Diary No. 669594. **This Complainant believes that the said reply is perfunctory in nature and is designed by DGHS to wash its hands off the instant RTI matter;**
5. that, subsequently, on 06/05/2020, the CPIO of Hospital-I Section of the 1st Respondent Public Authority, namely, the Ministry of Health and Family Welfare, transferred the instant RTI application to the CPIOs of Safdarjung Hospital, Dr. RML Hospital and LHMC and Associated Hospital under Section 6(3) of the RTI Act. The said communication was submitted to this Hon'ble Commission as a Link Paper through the Online Appeal/Complaint Filing facility on 07/05/2020 which was subsequently allotted Diary No. 669917. **This Complainant believes that the said reply is perfunctory in nature and is intended for MoHFW to wash its hands off the instant RTI matter;**
6. that subsequently, on 12/05/2020, the CPIO of LHMC & Associated Hospital sent a reply stating that the said Hospital has been designated as a COVID-19 Treatment Centre and that the list of Central Institutions similarly designated can be accessed on the website of MoHFW, namely the 1st Respondent Public Authority. The CPIO stated that information sought at points #2-5 of the instant RTI application were not available with him. This reply of the CPIO of LHMC and Associated Hospital was also submitted to this Hon'ble Commission as a Link Paper through the Online Appeal/Complaint Filing facility on 13/05/2020 which was subsequently allotted Diary No. 670434. This Complainant also clarified in an email communication sent to this Hon'ble Commission on the same date, that he does not wish to press for making LHMC and Associated Hospital as a party to this Complaint as the said CPIO is not likely to have any of the information sought in the instant RTI application;
7. that after the submission of the instant Complaint to this Hon'ble Commission, this Complainant has come across at least two official press notes regarding the actual number of hospitals and health care facilities that have been designated for the purpose of COVID-19 treatment;
8. **first**, on 05/05/2020, the Press Information Bureau (PIB), published on its website a write-up authored by the Hon'ble Union Minister of Environment, Forest & Climate Change


S.S. Venkatesh Nayak

-Information & Broadcasting; & Heavy Industries & Public Enterprises, Shri Prakash Javadekar. A copy of this write-up is at pages 6-8 of this additional submission. The material displayed at the first bullet point of the said write-up is reproduced *ad literatim* below:

“There was no concept of dedicated COVID hospitals. Today, we have nearly 700 dedicated COVID hospitals with 2 lakh plus isolation beds and 15,000 ICU beds.”
(emphasis supplied).

The extract from the said write-up cited above clearly indicates that not only the Respondent Public Authorities but also other Ministries and departments have access to information about the number of hospitals that have been designated as COVID-19 treatment centres. The number of hospitals cited in the aforementioned extract also presupposes the existence of a list of such centres, without which arriving at such aggregate number would not have been possible. So the actions of the Respondent Public Authorities in transferring the instant RTI application are difficult to comprehend. The said Respondent Public Authorities being frontline agencies in the Central Government’s campaign to contain COVID-19, ought to have disclosed the information sought in the instant RTI application, *suo motu* on an official website in the first place. Instead they have tried to wash off their hands of the responsibility of proactive information disclosure by transferring the instant RTI application to multiple public authorities, some of whom are not likely to hold such information in their custody;

- 9. second**, on 13/05/2020, the 1st Respondent Public Authority, namely, MoHFW posted a Press Note containing the gist of the discussions held by the Hon’ble Union Minister for Health and Family Welfare, Dr. Harsh Vardhan with the Government of Punjab to review its preparedness and containment measures taken for COVID-19 Management. A copy of this Press Note is at pages 9-11 of this additional submission. At para #3 of the said Press Note the number of healthcare facilities designated for the purpose of COVID-19 treatment is mentioned. The relevant extract is reproduced *ad literatim* below:

“The Union Minister stated that as of now 900 dedicated COVID hospitals with 1,79,882 beds (Isolation beds- 1,60,610 and ICU beds- 19,272) and 2,040 dedicated COVID Health Centres with 1,29,689 beds (Isolation beds- 1,19,340 and ICU beds- 10,349) along with 8,708 quarantine centres and 5,577 COVID Care Centres with 4,93,101 beds are now available to combat COVID-19 in the country.” (emphasis supplied);

- 10.** Given the above extract, it is clear that between 05 May when the Hon’ble Union Minister of Environment, Forest & Climate Change; Information & Broadcasting; & Heavy Industries & Public Enterprises, publicised a figure of 700 COVID-19 hospitals and 13 May, 2020 when the Hon’ble Union Minister for Health and Family Welfare mentioned the much larger figures, the number of such treatment facilities has grown. The statements of both Ministers presuppose the existence of a list of such hospitals and treatments centres in the custody of the 1st Respondent Public Authority. But for such a list, the Hon’ble Ministers would not have been able to mention the aggregate figures in their writings and discussions. There is no reason why the list of such hospitals and treatment centres cannot be made public *suo motu* under Section 4(1)(b) of the RTI Act;

S.S. Venkatesh Nayak

11. Further, after the submission of the instant Complaint to this Hon'ble Commission, this Complainant has been able to locate a unique information resource relating to COVID-19 Testing Centres on the website of ICMR, namely the 3rd Respondent Public Authority. ICMR has mapped all designated COVID-19 testing centres on a Google Map and made it accessible to any person sitting in any corner in the world at the click of a button. The said Google Map based plotting of COVID-19 Testing centres is accessible at: <https://covid.icmr.org.in/index.php/testing-facilities> (accessed at the time of drafting this Additional Submission). Clicking on each marker displayed on the said Map indicates whether it is a Government or private testing facility. Additionally, clicking on each marker, displays the complete postal address of the plotted testing facility. Given this degree of transparency about testing centres which have an important role to play prior to the hospitalisation of the infected person, as and when required, there is no reason why a similar list of designated COVID-19 hospitals and treatment centres cannot be made public under the RTI Act. As none of the Respondent Public Authorities have taken such action, this Complainant felt constrained to seek such information formally, under the RTI Act. Further a perusal of the last para of the instant RTI application clearly indicates that this Complainant did not seek the said information for himself. Instead he sought access to such information in a manner that would facilitate access to all citizens and organisations in the country. None of the CPIOs of the Respondent Public Authorities have applied their mind to these matters while acting on the instant RTI application. Their attempts to wash their hands off the matter are clearly evident from their perfunctory replies. ***Therefore this Complainant felt constrained to move this Hon'ble Commission with this Complaint to seek a direction for proactive disclosure of all the information sought in the instant RTI application;***

12. further, this Complainant seeks the leave of this Hon'ble Commission to submit public interest grounds supporting the demand for making the names of hospitals and healthcare facilities designated for the purpose of COVID-19 treatment available in the public domain. **First**, this Complainant is aware of news reports of patients suspected of COVID-19 infection being turned away by hospital after hospital refusing treatment on one pretext or the other, as a result of which deaths occurred. One such news report published in *The Hindu* on 03/05/2020 is accessible at this link: <https://english.manoramaonline.com/news/nation/2020/05/03/keralite-dies-after-5-mumbai-hospitals-refuse-treatment-over-cov.html> (accessed at the time of drafting this Additional Submission). A 55-year old ailing Keralite is said to have died after five hospitals turned him away as they suspected it to be a case of COVID-19 infection. Had a consolidated list of COVID-19 hospitals been made available on the Internet and widely publicised by the Respondent Public Authorities, the family of this victim of medical neglect would have been able to pinpoint the designated COVID-19 treatment hospitals and ferry him to one of them without having to visit other hospitals. **Second**, there are also reports of designated COVID-19 hospitals turning away patients ailing from non-COVID illnesses as a result of which they died without receiving urgent medical attention. One such tragic story is that of a 44-year old woman who had suffered brain haemorrhage and was first taken to a designated COVID-19 hospital by her family unwittingly. The media report of this incident is published in *The Hindu* on 25/04/2020 at: <https://www.thehindu.com/news/cities/mumbai/woman-dies-after-shuttling-between-hospitals/article31428548.ece> (accessed at the time of drafting this Additional-

S.S. Venkatesh Nayak

-Submission). Had the district-wise list of COVID-19 treatment centres been made available in a consolidated form with State and district-wise facility on an official website and publicised its existence widely, the family of this victim would have had adequate access to information to visit hospitals that had not been designated as COVID-19 treatment centres promptly instead of wasting time by driving her to one such designated COVID-19 hospital. The public availability of such information has a major bearing on the lives of people who are in urgent need of medical attention for whatever reason. Disclosure of the information to which access has been sought in the instant RTI application is of immense public interest. The Respondent Public Authorities do not seem to have paid adequate attention to this dimension and implication of the instant RTI application while transferring it from one public authority to another. **Hence the submission of this Complaint to this Hon'ble Commission.**

13. further, media reports indicate that certain healthcare facilities that were designated as COVID-19 treatment centres have subsequently been divested of such a role. This Complainant is familiar with at least one media report where a prominent hospital in Delhi was removed from the list of COVID-19 designated treatment centres. This news report published by *The New Indian Express* on 09/04/2020 may be accessed at: <https://www.newindianexpress.com/cities/delhi/2020/apr/09/gb-pant-hospital-removed-from-list-of-designated-covid-19-facilities-delhi-govt-order-2127863.html> (accessed at the time of drafting this Additional Submission). Surely, there will be definite reasons for divesting this and other hospitals from the responsibility of being COVID-19 treatment centres. This Complainant sought access to the names of such hospitals that had been so divested and reasons for the same at paras #4-5 of the instant RTI application. There is no reason why such information may not be placed in the public domain officially by the Respondent Public Authorities. As none of the Respondent Public Authorities have voluntarily placed such information in the public domain, this Complainant felt constrained to formally seek access to such information. Further a perusal of the last para of the instant RTI application clearly indicates that this Complainant did not seek the said information for himself. Instead he sought access to such information in a manner that would facilitate access to all citizens and organisations in the country. None of the CPIOs of the Respondent Public Authorities have applied their mind to these matters while acting on the instant RTI application. Their perfunctory replies and attempts to wash their hands off the matter are clearly evident. **Therefore this Complainant felt constrained to move this Hon'ble Commission with this Complaint to seek a direction for proactive disclosure of all the information sought in the instant RTI application;**

14. I hereby verify that the aforementioned facts are true to the best of my knowledge. I also affirm that I have transmitted a copy of this Complaint along with Annexures to the CPIOs of all the Respondent Public Authorities, by email.

Signature of the Complainant:



(Venkatesh Nayak)



Ministry of Information & Broadcasting

Modi's fine fight with COVID19

Posted On: 06 MAY 2020 6:59PM by PIB Kolkata

New Delhi, 05 May, 2020

By Prakash Javadekar

Narendra Modi is credited for the fact that, probably, he was the first political leader who understood the importance of social media and leveraged it to the benefit of BJP in 2014 elections and even thereafter he used this tool to get to motivate and to put straight facts before the society in real-time. He also used radio with great effect to connect with the people through his most popular "Mann Ki Baat" programme.

I can vouch that it was Prime Minister Narendra Modi who could sense the danger of the coming Corona Pandemic in December itself when China was infected. That time there was no patient in India. First Indian patient was tested positive on 30.01.2020, but he used to tell us after every Cabinet meeting that this Corona virus and infection would not stop in China. It will spread all over. It is serious and all are totally unprepared. Therefore, India needs to prepare itself. India started with screening the incoming international passengers and then made it universal and after few days itself as the danger grew, air and rail travel was suspended. The doubtful travelers were kept in a facility of Ministry of Home Affairs at Manesar. At that time, we realized how grave the situation would be. From that day onwards he started implementing his plans to prepare India to fight COVID19.

- There was no concept of dedicated COVID hospitals. Today, we have nearly 700 dedicated COVID hospitals with 2 lakh plus isolation beds and 15,000 ICU beds.
- Personal Protective Equipments (PPEs) is aimed to save the doctors and staff who treat COVID patients. India had no facility. So, first big orders were given for imports. Nearly 10 million units' order was placed. Now, in India we have 39 factories manufacturing and stitching PPEs.
- We were not manufacturing any mask, leave alone N95. Already 8 million masks have been distributed and in India also many new factories have started working on N95 masks as well as many small units have started preparing and stitching homemade masks for use of common people.
- We had only one lab to test. That was in Pune. Our testing capacity was just 200 per day. Now there are nearly 300 labs to conduct tests and give results. Now we can test 20,000 plus tests a day.
- Ventilators were few to the tune of 8400. With initial orders, now we have nearly 30,000 ventilators. Already Indian manufacturers have started manufacturing ventilators and we expect to produce domestically 30,000 ventilators.

Simultaneously, he remained connected with the world, talked to various leaders, shared their and our experiences, learned from each other and implemented everything that he found useful. Simultaneously, he thought of the impending lockdown and its impact. Therefore, he declared a huge package of Rs.1,70,000 crores to protect the poor. India has the biggest food security programme under which all

vulnerable classes and some more people totaling 80 crores who are given 5 kg of wheat / rice at Rs.2 /3 a kilo. Now, for April, May and June he decided to give per-person 15 kg rice / wheat plus 3 kg dal free of cost. This took the basic care of ration in the house.

20 crore women from low income groups were given direct benefit transfer of Rs.500/- per month for next 3 months in their Jandhan accounts. Further, 8.4 crore farmers were transferred Rs.2,000 in their bank accounts straightaway. 8 crore beneficiaries of Ujwala LPG scheme have been offered 3 cylinders free of cost. He offered facility of withdrawal from Provident Fund to fight COVID and nearly 9 lakh workers have withdrawn nearly Rs.36 crores.

Modi ji also declared to help small businesses and workers together by promising that Provident Fund contribution of owner and worker will be deposited by Government for 3 months. This is also a huge amount. RBI has released liquidity of Rs.4 lakh crore through various measures in Repo rates. The middle class was given facility for deferment of EMIs and other mandatory submissions.

Central Government gave 15,000 crores for dedicated treatment of COVID and released 11,000 crores as State Disaster Relief Fund (SDRF).

Rs.31,000 crore were released to help construction workers and all States were asked to distribute them at the earliest.

He ensured farm to market complete operation of agricultural commodities. Thereby, facilitating faster movement, more sowing, bumper crops and money being paid to the farmers at the earliest in order to ensure that agricultural economy started working normally.

Lockdown is a massive decision. It will never be successful till people participate voluntarily. Prime Minister has a continued dialogue with people. Poorest of the poor person also feels that the Prime Minister is working for their progress and he cares for them. So, he could prepare them psychologically for the long lockdown, suspension of activities and face the resultant hardship. He announced that on 22nd March, people will observe People's Curfew – "Janata Curfew". In a country with 130 crore population, practically, 99% of people observed it and made it a huge success. On that evening at 5.00 PM, he asked people to ring thalis, bells, crouch and clap for COVID workers. This really helped to motivate people to fight COVID unitedly and instill discipline.

He also gave the simple four steps to safety:

- To put on mask
- To wash hands regularly
- To keep social distancing, and
- To stay at home

By and large, people have observed this. Many sections of the society are in learning curve and as its behavior changes, after that, he asked people to light lamps for 9 minutes at 9.00 PM and the whole country participated enthusiastically. Even the slum dwellers and some homeless also lit the light. When

they were asked they said we are saved because of Modi so we will listen to him. He continued his dialogue in between. On 3rd May, a new innovative programme of saluting Corona Warriours from sky and water was a huge spectacle which inspired people.

Thus, Modi ji planned in advance, planned in detail, practiced meticulously, communicated effectively, kept world in the loop and, therefore, India could succeed in better managing the COVID crisis than many other advanced economies.

(Author is Union Minister of Environment, Forest & Climate Change; Information & Broadcasting; & Heavy Industries & Public Enterprises)

CG

(Release ID: 1621533) Visitor Counter : 13

Read this release in: Bengali



Ministry of Health and Family Welfare

Dr. Harsh Vardhan engages with Punjab to review preparedness and containment measures taken for COVID-19 management

“Centre stands committed to support all States/UTs in their efforts”

Posted On: 13 MAY 2020 4:34PM by PIB Delhi

Dr. Harsh Vardhan, Union Minister of Health and Family Welfare held a high level meeting, through video conference, with Sh. Balbir Singh Sidhu, Health Minister of Punjab in presence of Sh. Ashwini Kumar Choubey, MoS, Health and Family Welfare, here today. This is a part of series of one-to-one discussions with various States/UTs Health Ministers and Collectors of Red Zone and High priority districts to take stock of preparedness, and the actions being taken for management of COVID-19 in the States/UTs.

At the outset, Dr Harsh Vardhan stated that as on 13th May 2020, a total of 74,281 cases have been reported from the country in which 24,386 persons have been cured and 2,415 deaths had occurred. In the last 24 hours, 3,525 new confirmed cases have been added. While the doubling time in the past 14 days was 11, it has improved to 12.6 in the last three days, he noted. He added that the fatality rate is 3.2% and the recovery rate is pegged at 32.8%. He also added that (as of yesterday) there are 2.75% active COVID-19 patients in ICU, 0.37% on ventilators and 1.89% on oxygen support. Dr. Harsh Vardhan highlighted that the testing capacity has increased in the country to 1,00,000 tests per day through 352 Government laboratories and 140 private laboratories. Cumulatively, 18,56,477 tests have been done so far for COVID-19, whereas, 94708 samples were tested yesterday. “Today, there are nine States/UTs that have not reported any cases of COVID-19 in last 24 hrs. i.e. A&N Islands, Arunachal Pradesh, Dadra & Nagar Haveli, Goa, Chhattisgarh, Ladakh, Manipur, Meghalaya, Mizoram. Also, Daman & Diu, Sikkim, Nagaland and Lakshadweep have not reported any cases till”, he stated.

The Union Minister stated that as of now 900 dedicated COVID hospitals with 1,79,882 beds (Isolation beds- 1,60,610 and ICU beds- 19,272) and 2,040 dedicated COVID Health Centres with 1,29,689 beds (Isolation beds- 1,19,340 and ICU beds- 10,349) along with 8,708 quarantine centres and 5,577 COVID Care Centres with 4,93,101 beds are now available to combat COVID-19 in the country. Centre has also provided 78.42 lakh N95 masks and 42.18 lakh Personal Protective Equipments (PPEs) to the States/ UTs / Central Institutions, he further added.

Dr S K Singh, Director (NCDC) made a brief presentation on the status of COVID-19 cases in the State and its management. As on 12th May 2020, all 22 districts stand affected by COVID-19 with total 1913 cases; 3 districts (Ludhiana, Jalandhar and Patiala) are in Red Zone and 15 are in the Orange Zone. The total samples collected are 43,999 with sample positivity rate at 4.3%. The

Nanded Hazoor Sahib returnees constituted the bulk of cases with 1,225 positive among the total of 4,216. It was also mentioned that the State has another challenge with the number of migrant labour returning being around 20,521.

Dr. Harsh Vardhan had detailed interaction with Shri Balbir Singh Sidhu and the DMs of the districts of Ludhiana, Amritsar, Patiala and Jalandhar of the various issues regarding COVID-19 management and the issues that form a priority. He appreciated the steps taken so far regarding the stringent adherence of the lockdown measures; meticulously done contact tracing; screening of all population in the containment areas; home delivery of essential services items and medicines during the lockdown to the population; and also the surveillance done for Severe Acute Respiratory Infections (SARI) / Influenza Like Illness (ILI) surveillance in the unaffected districts.

Dr Harsh Vardhan said that Punjab has done well in operationalising the Ayushman Bharat – Health and Wellness Centers. These could be further used for screening of people with diabetes, hypertension and three common cancers (oral, breast and cervix), and for extension of comprehensive primary healthcare services to the community at large.

He also requested the State to further strengthen SARI/ILI screening, in addition to ensuring that non-COVID health issues such as immunisation drives, TB case finding and treatment, providing blood transfusion for dialysis patients, treatment of cancer patients, ANC of pregnant women, etc., are not adversely affected. As the available data indicate a decline in the notification of TB cases in the private and public clinics, the State needs to give priority to this area too. Pointing out that timely payment of salaries and performance linked incentives would boost the morale of the frontline health workers, State was requested to release these in time. He also suggested that the downloading of Aarogya Setu should be made compulsory for all returnees for better contact surveillance and suitable medical interventions. Further, awareness about the State Helpline number 104 needs to be enhanced, and the number of call centres can also be augmented under NHM. The Call Centre agents across the country have been trained to address issues of stigma against COVID-19 patients, health workers and even the recovered patients as well, hence their services may be used for this purpose too.

The State Health Minister stated that even during the lockdown, the OPD services had been continued and non-COVID healthcare delivery has not suffered. They have screened 6,58,000 population through house-to-house surveillance. Punjab has developed its own dashboard which generates a heat map which is used to define and demarginalise the emerging hotspots for effective containment measures, it was stated. Shri Sidhu stated all the returning pilgrims from Nanded Sahib have been screened, tested and quarantined to prevent them from interacting with the community at large, thus effectively preventing the spread of the transmission. Moreover, a death audit has also been undertaken which has indicated that patients with co-morbidities formed a large percentage of the COVID-19 deaths in Punjab. Also, more than 85% patients are asymptomatic, Shri Anurag Agrawal, Pr. Secretary (Health) stated. All the guidelines/advisories/protocols have been strictly been followed in the State for guiding their medical interventions, he added.

Shri Rajesh Bhushan, OSD (HFW), Dr. Manohar Agnani, Joint Secretary (MoHFW), Dr. Rajiv Garg, DGHS and other senior health officials from both Centre and State participated in the meeting.

MV/SG

(Release ID: 1623551) Visitor Counter : 581

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