Review Paper:
Sudden Lockdown and Unseen Challenges in India due to COVID 19-An Outbreak Analysis

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Abstract
The world is facing an unprecedented situation because of spread of coronavirus that causes the disease COVID-19 which is totally new, where no one can see light at the end of the tunnel. In last 3 months, this pandemic has spread to 204 countries, regardless of its being developed, developing or under developed. In comparison to developed countries and being a developing nation, India has to date curtailed the spread of virus to stage 2 of local transmissions by limiting its progression. The Government of India together with its States has taken stringent actions to prevent its spread, including a nationwide lockdown.

The sudden lockdown in country of 1.3 billion has brought in many unseen challenges, which has created panic, confusion and inconvenience to the general public at large. Though the remedial steps are taken, but that may cause collateral damage in the long run, if not planned earlier. The main objective of the study is to apprise the world about certain hard realities, ignored situations and unseen challenges that are being faced by world's 2nd most populous country due to sudden lock down.

Keywords: COVID-19, Challenges, Preparedness, Response, Outbreak, Lockdown.

Introduction
It is a matter of incontrovertible fact that the whole world is facing an unprecedented situation. An outbreak of novel coronavirus that began in Wuhan, China in late December, 2019,which is now a pandemic[12], has spread to 204 countries with 6,97,244 confirmed cases and 33, 257 deaths as on 30th March, 2020[8].

Even though ultimate course and impact of COVID-19 remains uncertain, however, considering human to human transmission and the official incubation period of virus as 0-14 days (median incubation period approximately 5.1days[4]), most of the world is under lockdown including India to forestall its spread. The main objective of study is to apprise

the world about hard realities, ignored situations and challenges faced by a country of 1.3 billion countrymen due to sudden lockdown. Its high density population, millions of habitants in rural areas and urban slums have made India more at risk of COVID-19 sweeping across the globe and country's present infrastructure is an obstacle to its fight against the pandemic.

The Government along with all States and its organs has been stretching themselves to its extreme for putting in measures in the interest of its citizens. As compared to developed countries and being a developing nation, India has so far curtailed spread of virus to stage 2 (local transmission) by limiting the total number of confirmed cases to 1397 in last 8 weeks i.e. from 1st reported case 30th January, 2020 till 1st April, 2020[19, 25].

Table 1 reveals the timeline of virus spread and decisions India has taken in the past two months. After extremely successful 14 hours public curfew on 22nd March, 2020, India announced world's largest Coronavirus sudden lockdown for 21days. The nationwide closing down of nearly all services and citizens was ordered to stay inside to keep India away from sliding into disaster[24]. Sudden lockdown in the country for 21 days has brought certain unseen challenges.

Information / Misinformation: It is a well-known fact that social media users are sharing information without verifying, spreading misinformation, that usually generates fear, triggers panic, increases public confusion and may lead to formidable consequences in short span. Although the Government has tried its best to communicate to the public regarding symptoms of COVID-19, how to prevent spread and precautions to be taken for self-protection through various channels like caller tunes, computer calls, chatbot, TV and print media from time to time, however unfortunately during lockdown, social media platforms acted as facilitators and multipliers of COVID-19-related misinformation. The issue with social media is that the phenomenon is amplified and the challenge is 'timing' and to beat this, we need to move faster to fill the gap. Table 2 reveals some recommendations and benefits to overcome the challenge.

Table 1
Timeline of spread of COVID – 19 and Decisions taken in India as on 30th March, 2020

S.N.	Timeline	Decisions Taken
1.	30th January 2020 Corona Positive Case – 1st	− First Case of COVID-19
2.	31st January 2020 – 1st February, 2020	− Medical evacuation of 637 Indians and 7 Maldivians from Wuhan, China, the epicenter of Coronavirus
3.	15th February, 2020 onwards - Positive Cases – 03	− All incoming travelers, including Indian nationals from COVID-19 nations – China, Italy, Iran, Republic of Korea, France, Spain and Germany – shall be quarantined for a minimum of 14 days.
4.	6th March, 2020 - Positive Cases – 31	− Universal Screening at Indian Airports
5.	10th March, 2020 - Positive Cases – 50 - Death – 1st death reported	− India's First COVID-19 Fatality in Bengaluru − Many "Holi" Festivals of Colors – Cancelled
6.	13th March, 2020 - Positive Cases – 81 - Death - 01	− India quarantine itself from World – Suspends all existing visas except Diplomatic/UN/Official/employment and project visas − Visa free travel facility granted to OCI card holders is kept in abeyance till April 15th 2020
7.	14th March, 2020 to 16th March, 2020 - Positive Cases – 118 - Deaths – 02	− Central Government decided to treat COVID-19 as ''Notified Disaster'' a first for pandemic − Various states have placed Residents under travel, work and movement restrictions until March 31 in 75 districts across the country, including in major cities such as the capital New Delhi, Mumbai, Bangalore, Chennai, Hyderabad, and Kolkata. − Schools and Universities shut as precautionary measure − Entertainment Industry Suspended its shootings, Award Functions including Padma Awards Ceremonies postponed − Movie releases postponed − Board of Cricket Control Postponed all Domestic Cricket tournaments − Examinations postponed − Government instructed administration not to grant permissions for Big Events or Public Gatherings − Indian evacuates 211 students & 7 others from Milan and 236 from Iran – All quarantined
		− Ministry of Health, Government of India along with State Governments started working on increasing Bed capacities in various hospitals to tackle sudden increase number of cases − Private Hospitals asked to reserve beds for isolation − Indian Council of Medical Research (ICMR) allowed private laboratories to conduct COVID-19 tests with the restriction that it should be advised by concerned doctor along with capping of price of Rs 4500/- per test − Made 111 labs operational with a per week testing capacity of 60,000 to 70,000 and around 60 more private labs are in the process of being approved − Some Private Laboratories offered that they won't charge anything, if test kits given free of cost.
8.	17th March, 2020 - Positive Cases – 137 - Deaths - 03	− All Malls, Multiplexes, Museums, Gyms, Pubs & Restaurants, Zoos, Public places, Religious places and closed down till further notice − Courts – Supreme Courts, High Courts and District Courts ordered to take up only urgent and stay related matters − All other cases to be taken up after 31st March, 2020. − A COVID-19 Economic Response Task Force was formed − Accredited private labs to be allowed to test for COVID-19 − Private sector to allow employees to work from home wherever feasible − Students advised to stay at home. − Online education to be promoted − Ensure Social distancing of 1 meter

		− Extended travel ban beyond affected countries and prohibited entry of all travelers including Indians from 14 days isolation for those European Union, European Free Trade Association, Turkey and United Kingdom wef 18th March − Compulsory quarantine for minimum of 14 days for those coming UAE, Qatar, Oman and Kuwait
9.	18th March, 2020 to 21st March, 2020 - Positive Cases – 283 - Death - 04	− Many Districts in various states Locked down completely. − Exempt from the order are essential services such as grocery stores, hospitals, pharmacies, petrol stations, telecoms and postal services and restaurants that deliver food − Government of India announced No international flights will be allowed to land from 22nd March, 2020 onwards − Few states banned public transport
10.	22nd March, 2020 - Positive Cases – 360 - Deaths - 07	− 14- Hour voluntary public curfew 7:00 am to 9:00 pm – Highly Successful − Government asks Public and Private Hospitals and other medical institutions to set aside beds as cases rises − 3700 hundred railway trains cancelled − Metro Railways cancelled operations
		− Display of public solidarity expressing thanks and motivating Health care workers by applauding, clapping, ringing bells and blowing conch shells, from doorways, balconies, roofs, roads or Wherever anyone at 5:00 pm – Whole country participated − Restrictions were extended across large parts of the country late Sunday, effectively forcing millions of workers in India's huge technology and financial sector to work from home for the rest of the month. − Railways cancelled all passenger train services across its vast network (760 million km that carried 8 billion passengers in 2018-19) until 31st March, 2020. − Adequate arrangements were made for the passengers, who have commenced their journey during the travel and at their destinations
11.	23rd March, 2020 - Positive Cases – 434 - Deaths – 09	- India announced sudden lockdown for 21 days till 15th April, 2020 - Curfew imposed in the state of Punjab
12	24th March, 2020 - Positive Cases – 519 - Deaths - 09	- 1st Indian testing Kit for COVID-19 designed by private laboratories approved by ICMR, India - Cost rs 1200/- Test can be done in 2.5 hours - Advisory to all States/Union Territories to use Cess fund for welfare of construction workers about Rs 52,000 crores
13.	26th March, 2020 - Positive Cases – 694 - Deaths – 16	- Central Government announced economic package worth Rs 1.70 lakh crore as relief for various sectors, especially the poor and vulnerable ones to help them tide over the coronavirus crisis
16.	29th March, 2020 - Positive Cases – 1024 - Deaths - 27	- Central Government set 11 high empowered groups for ensuring a comprehensive and integrated response to COVID-19 and to formulate plans and to take all necessary steps for their time bound implementation and to plan strategy for post lock down period.
17.	30th March, 2020 - Positive Cases – 1227 - Deaths – 33	- Ministry of Health and Family Welfare (MOHFW) issued training resources for COVID-19 Management (mohfw.gov.in/pdf/TrainingresourcesforCOVID1930MARCH.pdf)

Essential Goods and Medicines

Amid the ongoing nationwide sudden lockdown, one of the biggest challenges that has emerged is supply of essential goods such as groceries, bread, milk, fruits, vegetables, eggs and medicines to the citizens. Civil administration and police at local level have taken series of measures to ease problems of the citizens like door step delivery etc., but sudden lockdown has closed offices and back end supply chain of essentials commodities which has resulted in panic and inconvenience. In our endeavour to eradicate social contact, we cannot take off our eyes from the very fact that necessities of life have to be provided. Restricting opening of shops of essentials and limiting timings will not help the purpose of avoiding social contact. Poultry and dairy farms face shortage of feed, instructions to be issued animal husbandry department to ensure supply of components of feed. Potatoes need harvesting and similarly other farm produce of vegetables need to be assisted in allowing harvest and transportation of crop. Table 3 enlists measure to ensure that there is no scarcity of essentials and its proper supply and to help people stay indoors so that their movement is restricted further.

Table 2
Recommendations and Benefits to overcome 'Corona Infodemic' Challenge

S.N.	Recommendations	Benefits
1.	Central COVID-19 Information Centre is to be established immediately in every district of the country to provide correct information and respond to rumors and misinformation	- Transparent and direct communication with the public - Immediate response to rumors and misinformation
2.	Teachers of government & private schools to be identified and should be made representatives of the government in the respective areas (act as Local Managers) to spread correct information	- Direct communication from authorized local managers - Feedback from local mangers about certain flaws in implementation and suggestions can be very valuable
3.	Correct Information to be spread through Religious Institutions through Community loud speaker system	- Reaches immediately, Local language - Very useful in villages - Avoids one to one contact
4.	Awareness Campaigns about myths, misinformation and fake messages in local languages	- Easy to understand
5.	Correct Information in Short Bulletins and Pictorials Messages - Authorized by World Health Organization (WHO), Ministry of Health and Family Welfare (MOHFW), Indian Council of Medical Research (ICMR) and other authorized Health Agencies	- Easy to understand and if authorized, creates impact
6.	Personal advises to be banned on social media strictly	- Stops confusion and spread of misinformation
7.	Strict legal action to be taken for spreading wrong information during such emergency	- To make people aware about consequences of spreading wrong information

Table 3
Recommendations and Benefits to ensure undisrupted supply of essentials

S.N.	Recommendations	Benefits
1.	Next door groceries, vegetables and chemist stores be allowed to open on rotation basis so that at least one store in each category is open in given area.	- Reduces Panic - Increases confidence in public
2.	Shops to be opened for longer hours	- Reduces panic - Reduces Social Contact
3.	Only one person should be allowed to visit the shops by walking to buy supplies	- Reduces Social Contact
4.	Door to door delivery of goods should be allowed by such designated shops.	- Reduces Social Contact
5.	Help of Non Government Organizations and volunteers and members of political parties can be taken to ensure last mile delivery of essentials to the citizens	- Reduces Social Contact - Last mile delivery
6.	Allow e-commerce online groceries and pharmacy sites and building a mechanism by which courier companies can accept and deliver orders. (should be strictly for essentials and medicines)	- Increases confidence in public - Last mile delivery
7.	Essential Logistics on highways be given free flow without restrictions during lockdown	- Prevents acute shortage and increases backend supply of essentials goods and medicines
8.	To ensure proper functioning of vegetable markets by forming a committee which would fix the price of arrivals and sale without conducting of auctions	- Restrict shooting of essential commodities - Avoids acute social contact

- Strict social distancing to be maintained at such shops under supervision of authorized volunteers or officials to check overcrowding
- Awareness flyers in local language to be sent with all packets of essential goods
- All the workers in the supply chain must be trained to strictly follow the social distancing and required self-protection measures to avoid person to person spread of coronavirus

The role of Non-Government Organization (NGO) like Red Cross, Lions Club, Rotary International can be extremely beneficial in preparedness and mitigation efforts, in form of manpower, relief materials, food, arranging temporary shelters and funds[11,15]. Also India is biggest democracy with 2599 registered political parties including 8 National, 53 State parties and 2301 unrecognized parties,[10,22] workers of which can be biggest local force of volunteers to help volunteering, providing food to the poor, delivery of grocery items, vegetables, medicines and other help at the door steps of citizen to make lock down a success.

Sheikhi et al[21] in their study concluded that religious institutions plays an important role and have an excellent potential in disasters management specially in recovery phases. Though being closed during lockdown, such institutions can be of enormous help in the form of preparing food that can be packed and distributed among poor by volunteers while maintaining social distancing. The public announcement system of such institutions can be used to spread awareness about the disease and precautionary measures to be adopted in local languages. For effective delivery of help to all, work must be performed under single central command of district administration of respective areas instead of working on their own.

Daily wagers in Unorganized Sector
According to National Sample Survey Organization (NSSO) in 2009–10, total employment in our country is about 465 million; around 28 million in organized sector and remaining 437 million workers in un-organized sector[9].

The Government has issued advisory to all States and union territories to utilize Rs 52,000 crore lying unused in the building construction workers welfare cess fund[14]. The challenge is that out of more than 100 million workers, only 35 million construction workers are registered with different construction welfare boards all over country till date. Even with registered category, there exist serious implementation issues as this workforce is of migratory nature and hence difficult to trace all. Government of India has announced financial help for registered construction workers which they will receive in their bank accounts under direct benefits transfer scheme. Irony is that many of such daily wagers who do not even know whether or not they are registered due to low literacy rate amongst them[13,26]. It becomes vital for Government to know whether the help is reaching to the underprivileged or not.

Ministry of Labour and Employment, Government of India, has issued advisory to all public and private employers to support their employees and workers during this critical time[18]. Unfortunately, many manufacturing units and factories employers, due to no work and Corona spread scare, have told daily wagers, temporary or contract workers to leave the premises. While being forced to pay rent, most of daily wagers have dried out meager savings and now unable to sustain themselves at place of work, hence decided

to move to their native places; unfortunately no public conveyance was available due to lockdown.

This has led to another big challenge. Finding all doors closed for them, no place to stay, no food to eat, limited resources drying out, thousands of such daily wagers preferred to break the lockdown and travel hundreds of kilometers on foot that too in groups or using surreptitious and dangerous mode of travel to go to native places, even by cramming inside the container trucks carrying essential commodities that too in groups creating ideal conditions for virus spread, hence defeating the very purpose of lockdown. This mass exodus leading to reverse migration to rural heartland could have been really dangerous for the country considering health infrastructure as well as for economy present there.

This challenge can be managed by district administration by stopping migrant labour at the borders, providing them with food, stay and other basic amenities including community kitchen at temporary relief camps during lockdown period. These temporary relief camps be easily made in empty class rooms of the closed down schools, stadiums, marriage palaces and community places. One of the most important things to mention here is that this pandemic spreads through human transmission, therefore all important precautions like physical distancing should strictly be maintained and preventive protocol must be followed in relief camps to prevent its spread.

Slums: Slum is an area with a huge concentration of poor people, dreary livelihood and severe lack of public services. The report of Census conducted in 2011 states that about 12.71% of Indian population (47.95 million) stays in slums[16]. People residing in slum not only are more vulnerable to such infections and give ideal environment for its spread. This neglected population is large reservoir for a wide spectrum of underlying health conditions, hence concerted efforts are urgently required[20]. Considering the nature of Coronavirus that spread from contact transmission, slums proved to be really dangerous for countries like India, if infection starts spreading, immediate attention is to be given while preparing the country's preparedness and response to the COVID-19.

Health Care Workers and Infrastructure
The situation country is facing is public health emergency with coronavirus pandemic affecting more than 500 districts of the country. Once this enters phase 3 of community transmission, there will be enormous increase in number of COVID-19 patients, making it difficult for existing health infrastructure including doctors.

Health Care Workers (HCW): As COVID-19 spread continues, the health care worker (HCW) is the only force that comprises the best defense to contain and mitigate this pandemic. HCWs face the highest risk of becoming infected themselves. In China, about 3000 HCWs have been infected

and 22 died while treating COVID-19 patients[2]. Normally transmission occurs through symptomatic patients but cases of transmission to multiple family members from asymptomatic individuals have also been reported[5]. Inspite of being at the highest risk, HCWs are performing their duties day and night without any fear treating the patients.

A new challenge that cropped up is that several of landlords are telling the HCWs, to leave their premises as soon as possible, but obvious reasons being panic and scare of spread of virus. It is extremely important for such people to understand that COVID-19 spreads by droplet and contact, and is not principally an airborne virus, hence simple self-protection precautions can protect them sufficiently. Rather they ought to support and motivate the HCWs for his or her tireless services during this hour of crisis. The administration must handle such cases very strictly.

Health Care Infrastructure: According to one estimate, the total number of beds in 2010 were 1.37 million including 83.3 million in private sector and about 54 million in public sector, unfortunately more than 30% were non-functional[6]. Recent data from National Health Profile 2019 issued by Central Bureau of Health Intelligence shows that there are about 7, 35,000 Government hospital beds in India which amounts to about half a bed per 1000 population[17]. In addition to this, about 34500 beds are in military health services and 21931 beds in Employee State Insurance Hospitals and 13355 beds in railways hospitals all over India[17]. The truth is that there is no updated data on beds of private hospitals, but it is estimated to be 2 million.

Keeping in view of possible emergencies due to pandemic in the country, the Government must work towards increasing the bed capacity all over which might even be possible by having partnership with private hospitals. The past global experience has shown that COVID-19 patients need to be put in strict isolation for observation and treatment in a separate hospital instead of a general hospital the chance of transmission to others can be minimized.

Aggarwal et al[3] advocated setting up of well-equipped and dedicated health facilities (DHF) to manage sick patients while protecting healthcare workers and the environment. Explaining the design of such hospitals, they highlighted that such DHFs not only help in limiting the loss of lives from the onslaught of the contagions, but also interrupt the transmission by excluding the infective patients from the general population.

The lockdown period gives time to make such dedicated hospitals which could also be temporary make shift. Our recommendation is that empty lands nearby existing bigger hospitals or universities campuses can be used for erecting make shift dedicated hospitals and isolation facilities for expected corona patients. This can be more convenient and will solve logistics and other related problems.

Indian Railways is the world's largest rail network having more than 7000 passenger trains running in every district all over the country[23]. Non air conditioned coaches of passenger railway train have been converted into dedicated corona isolation wards as per requirement, but challenge of maintenance of proper hygiene as required in hospitals will remain intact.

COVID-19 affects respiratory system of the patients who may be required to be put on ventilator, that helps assisting with breathing. Indian Council for Medical Research (ICMR) predicted that India may need thousands of ventilators if coronavirus scenario worsens. Though there is no official figure on number of ventilators in private sector, it is estimated that India has about 40,000 ventilators in its health infrastructure.

According to Association of Indian Medical Device Industry, 75% of ventilators in the market are imported and only 25% is Indian manufactured and current production capacity are 5,500-5,750 pieces per month. Due to COVID-19 pandemic, there is acute shortage of ventilators all over the world and imports are at standstill, India must concentrate more to increase its own production capacity on urgent basis.

Due to shortage of testing kits for COVID-19, ICMR, New Delhi approved two Indian COVID-19 testing kits which had 100% concordance among true positive and true negative samples; for commercial use, this was in addition to the US FDA approved kits that were currently being in use[1].

It is very important to have strategic preparedness and response planning to deal with this unprecedented emergency situation and to be ready with mass mitigation strategies to reduce mortality and morbidity and continuity of operations with minimal impact on health and non-health sectors. The planning to prepare and handle such health crisis should be divided into phases depending on the number of expected patients per day and existing and required health infrastructure (Hospitals, DHF, Intensive Care units, Critical Care Facilities, Doctors, Medicines, Supporting staff, Isolation wards, Beds, Personal Protective Equipment, Ambulances, Ventilators, Corona Testing Kits etc.) as explained in the table 4.

In pandemics COVID-19 for countries like India which has 28 different democratically elected states and 8 Union Territories, another very important aspect of strategic preparedness is to make a central authority for emergency resource coordination and mobilization. Primary responsibility lies with the state governments and the central government supports the efforts with logistical and financial support. It has been noticed that all the State governments have been struggling to procure various resources like ventilators, PPEs, Corona testing kits, hospital beds etc. required to deal with the situation at individual level which eventually will result in wastage of resources.

Table 4
Phases and Strategic preparedness and Response to COVID-19 Outbreak

Phases	Number of Expected COVID-19 patients/day	Existing Health Infrastructure	Required Health Infrastructure
Phase 1	1 -100	Existing health infrastructure normally can handle	Preparations for next stage
Phase 2	100 – 500	Use existing health infrastructure including private health care system, Preparations made in phase 1 will help easing situation	Preparations for next stage
Phase 3	500 – 1000	Existing Health Infrastructure and Preparations made in phase 1 and 2	Preparations for next stage
Phase 4	More than 1000	Existing Health Infrastructure and Preparations made in Phase 1, Phase 2 and Phase 3	Keep preparing for the worst situation to come

In times of such health disaster, the role of single central command for resource mobilization becomes very laudable as they could garner required support and resources from all over the country or world to have systematic inventory at central level and fulfill the demand of States as per their needs. The garment industry which is under lockdown can also be roped in making masks and PPEs and required material for hospitals. Along with these measures, India needs to improve the trust deficit in the public health system in the country so that people do not run away from quarantine and isolation centres and also fill the gaps in its preparedness for COVID-19[7].

Challenges in Economy: Due to lockdown, the incomes of the informal, unorganized sector and daily wagers gets destroyed first and they normally do not have enough savings to last out even a few months. The Government has announced economic packages as mentioned in table 1 and is playing its role very efficiently, but it has to be collective effort by every citizen and everyone.

For example, rental income is the only income for some but definitely extra income for many; if landlords forgo their rents for one to three months, at least one month for time being, this can be a big relief to many citizens specially citizens belonging to middle, lower middle and lower class. All those who can afford should not deduct the salary of house maids, vendors or daily wages worker.

Also it is the time that India should proceed towards single unique identification social security number and employment insurance for all employees. Unique Identification Social Security number can keep track of income and determine benefits, employment details, tax deductions and returns, obtaining credit, opening a bank account, insurance, buying a home or a car, enrolling in health care, applying for passport or driving license and most importantly obtaining government benefits. With the help of this data, it could be much easier for the Government to make better policies and immediate relief in pandemics like COVID-19.

Role of Volunteers (COVID Warriors): India has great network of disciplined volunteership which includes National Cadet Corps, Nehru Yuva Kendra Sangathan, Bharat Scouts and Guides, Indian Red Cross Society etc. This disciplined force of volunteers can act as frontline workers and help administration to combat this pandemic.

The government must work on the strategy and plan to train and update them in coping up with this pandemic, before it spreads to stage 3 i.e. community transmission. It would be better to create an online platform that can provide role specific trainings like basic of COVID-19, quarantine and isolation, infection control and prevention, intensive care unit and ventilation management, sample collections and testing, management of COVID patients etc.

One should not forget that all the measures are to be adopted while keeping social distancing and coordinating with district administration for better implementation. It is the moral and social responsibility of citizens to keep calm and play their individual roles by making an ecosystem where each and everyone has to play some positive role.

Conclusion
In such pandemic, it would be advisable to lockdown the country in phases, which will reduce panic and confusion amongst the public and gives time to the Government and administration to have better planning. Government should also immediately work on giving relief to the non-registered workers in unorganized sectors, people living in slums with the assistance of NGOs, religious Institutions and members of all political parties. This time is to be used for better planning, strategic preparedness and response. Later on it can be extended in continuity.

Police and paramilitary forces need to spreadout for uninterrupted patrolling to make lockdown successful. Inspite of the fact, that the numbers of COVID-19 cases are being low at present, experts have warned that it could enter phase 3 of its cycle i.e. community spread, which will lead to rapid and huge demand for health facilities and India needs to work towards improving health response systems.

Remedial steps are being taken but that may cause collateral damage if not planned earlier.

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