



**AN ASSESSMENT OF THE ROLE OF  
DISASTER MANAGEMENT  
AUTHORITY AND COMMUNITY  
DURING COVID -19 OUTBREAK IN  
INDIA**

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**ABSTRACT:**

A disaster is a severe interruption of the functioning of a society involving widespread human, material, economic or environmental losses and impacts, which go beyond the ability of the affected community to cope using its own resources. Disaster management also known as emergency management is the creation of plans through which vulnerability to hazards can be lessen down, either by the State machineries or by group of people at large. Developing countries suffer the greatest costs when a disaster hits. Within the vulnerable groups, elderly persons, women, children, migrant labours— especially women rendered destitute, children orphaned on account of disasters and differently abled persons are exposed to higher risks. The mounting number of disasters and their impacts on human life has urged the need for a framework that addresses the responsibilities of states and other agencies in disaster situations.

In 2019, WHO proposed interim name of the novel virus as COVID-19. Since the first cases were reported, WHO and its partners have been working with Chinese authorities and global experts to learn more about the virus, including how it is

transmitted, the populations most at risk, the spectrum of clinical disease, and the most effective ways to detect, interrupt, and contain human-to-human transmission. This strategic preparedness and response plan outlines the public health measures that the international community stands ready to provide to support all countries to prepare for and respond to COVID-19. Infectious disease outbreaks and spread of antimicrobial resistant diseases, some with no vaccination or prevention options, are inevitably tied to rapidly increasing populations, poverty, dietary changes of people in emerging economies, poor antibiotic use and a narrowing human-animal interface. This disease has potentially resulted in millions of fatalities and astronomical costs, and have many other significant consequences in social, security and political sectors.

Training, awareness and knowledge will help the community to start actions in right earnest to save lives and help geographical expansion. Just as an all-hazard approach works best in disaster management, the focus of public health preparedness must be on all-hazard external health threats. Whole-of-community preparedness and prevention plans have to be ready and practiced well before epidemics occur. There are a number of existing international protocols drawn up for contingencies eg, quarantining hotels and public places. Surge capacities required in all kinds of resources are well documented after painful lessons learnt from previous pandemics and the outcome of two waves of Corona virus witnessed not only by our country but worldwide. The researcher in this paper is going to emphasis on the issues in terms of regulatory concerns, which include regulatory hurdles, such as governmental



delays in decision making and implementing it effectively.

**Keywords:** Covid-19, Disaster Management, NDMA, SDMA, DDMA.

### **Introduction:**

Disaster can be Man-made or Natural disaster. Whether Covid -19 is a man-made disaster or natural one is really a debatable topic, which can be discussed in some other forum.

Disaster management also known as emergency management is the creation of plans through which vulnerability to hazards can be lessen down, either by the State machineries or by group of people at large. Developing countries suffer the greatest costs when a disaster hits. Within the vulnerable groups, elderly persons, women, children, migrant labours. The mounting number of disasters and their impacts on human life has urged the need for a framework that addresses the responsibilities of states and other agencies in disaster situations.

In 2005, the Government of India took a significant step by legislating the Disaster Management Act, 2005, which provided for the creation of the National Disaster Management Authority (NDMA), State Disaster Management Authorities (SDMAs) and District Disaster Management Authorities (DDMAs), to forefront and adopt an integrated approach to Disaster Management. The National Disaster Response Force (NDRF) is a specialized force constituted "for the purpose of specialist response to a threatening disaster situation or disaster" under the Disaster Management Act, 2005. There is also a National Policy on Disaster Management, 2009 to cope with disasters.

In December 2019, World Health Organisation warned to a cluster of pneumonia patients in Wuhan City, Hubei Province of China. One week later, on 7 January 2020, Chinese authorities confirmed that they had identified a novel coronavirus as the cause of the pneumonia. The proposed interim name of the virus is COVID-19. Since the first cases were reported, WHO and its partners have been working with Chinese authorities and global experts to learn more about the virus, including how it is transmitted, the populations most at risk, the spectrum of clinical disease, and the most effective ways to detect, interrupt, and contain human-to-human transmission.

This strategic preparedness and response plan outline the public health measures that the international community stands ready to provide to support all countries to prepare for and respond to COVID-19. Infectious disease outbreaks and spread of antimicrobial resistant diseases, some with no vaccination or prevention options, are inevitably tied to rapidly increasing populations, poverty, dietary changes of people in emerging economies, poor antibiotic use and a narrowing human-animal interface. This disease has potentially resulted in millions of fatalities and have many other significant consequences in social, security and political sectors.

Training, awareness, and knowledge will help the community to start actions in right earnest to save lives and help geographical expansion. Just as an all-hazard approach works best in disaster management, the focus of public health preparedness must be on all-hazard external health threats. Communication channels to higher levels must be reliable and robust. Whole-of-



community preparedness and prevention plans must be ready and practiced well before epidemics occur. All local programs must be aligned to national and international plans, norms, and protocols.

The preparedness for this disease requires a strong community health system which includes among others adequate and quality manning, simple and sound infection control protocols, a good supply chain and effective surveillance systems. Its response capabilities in a crisis include control centers with situational awareness and data boards, trained emergency responders, protective equipment, well equipped ICU's, PPE kits, vaccines, etc.

There are several existing international protocols drawn up for contingencies e.g., quarantining hotels and public places, Government institutions etc. Surge capacities required in all kinds of resources should be well documented after painful lessons learnt from previous pandemics. The researcher in this paper is going to emphasis on the issues in terms of regulatory concerns, which include regulatory hurdles, such as governmental delays in decision making and implementing it effectively.

#### **National Disaster Management Authority (NDMA):**

The NDMA, responsible for setting policy on the lockdown, made its call in a letter to India's interior ministry, which was expected to issue detailed guidelines. India had recorded more than 91,000 COVID-19 infections, with a death toll exceeding 3000. In pursuance to this, India's National Disaster Management Authority (NDMA) has urged

the government to extend the country's nationwide lockdown to May 31 2020 in efforts to further curb the spread of COVID-19. In spite of this measure, second wave could not be prevented and till date India has recorded more than 3.27 Crore cases of COVID-19 infections, with a death toll exceeding 4.38 lacs.

#### **NDMA has given following guidelines to cope up with the disaster of COVID pandemic:**

##### **1. Social distancing guidelines :**

It was on 24<sup>th</sup> March, 2020, the National Disaster Management Authority directed the 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. Detailed guidelines and addenda were issued by National Executive Committee from time to time under section 10(2)(1) of the Disaster Management Act 2005. Keeping in view, the fact that strict social distancing measures need to be implemented for a further period to contain the spread of COVID 19, the National Authority, in exercise of powers under Section 6 (2) (i) of the Disaster Management Act, 2005, directs the Ministries/Departments of Government of India, State Governments and State Authorities to continue the same measures for social distancing. In this regard the guidelines/orders issued by NEC shall continue to be applicable throughout the country. The Authority further directs NEC to issue modifications in the guidelines as necessary, keeping in view the need to contain the spread of COVID 19.

But we can see this is not implemented properly either due to lack of awareness or the lightly attitude of citizens, which is



required to be answered and well assessed as India has lost millions of lives resulting in disturbances of family due to either death of a sole earner in a family or a wife/ husband. In some districts the entire family has been deceased due to this Corona virus.

**2. Guidelines regarding tracking of those who came from Foreign countries:**

The NDMA has vide Letter No.1-137/2018-Mit.II (FTS-10548), Dated, 1<sup>st</sup> March, 2020 had directed to all Chief Secretaries/UT Administrators for Tracking of people who have arrived from specified Countries, in the context of Coronavirus where Government of India had progressively tighten the entry and screening mechanism.

Apart from this the Bureau of Immigration was involved in the process of giving the data in respect of the Indians and foreigners who have arrived, it was suggested that the following parallel approach could be considered by the State Governments in the overall interest of reducing risk.

An Order was 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. Mechanism was put in place to curb the spread by quarantining them and through the medical examination of such suspected persons. Involvement of the local NGOs/ reliable members of the civil society organizations in helping this process, was hailed. The assistance of the FRO and

District Superintendents of Police was taken to ensure that this process of tracking is done diligently.

But, due to lack of unawareness and casual approach such tracing and contacting was not at all diligent which further lead to erratic outspread as witnessed by all of us.

**3. Guidelines for Sanitation Workers and Supervisors for COVID – 19**

In current situation of COVID-19 outbreak wherein the public fear touching surfaces, sanitation workers are performing duties at the very site of infection. The sanitation workers as part of their various routine activities such as disinfecting hotspots, sanitizing the houses of infected persons, collection of household garbage, cleaning public places and disposal of highly infectious biomedical wastes increases the risk of exposure to Covid -19. The transmission of COVID-19 virus through respiratory droplets and fomite surfaces is well-proven; therefore, anyone dealing with disposal of waste of any kind should take necessary precautions.

**4. Guidelines for Frontline Workers and DM Professionals**

Disaster Management Professionals and Frontline Workers involved in the preparedness, control and relief services pertaining to the outbreak of the Novel Coronavirus (COVID-19) Pandemic are susceptible to stress associated with physical, mental, and social problems including fatigue, occupational burnout, anxiety, depression and other mental health problems that may impact productivity and efficiency at work and negatively impact their well-being.



It is therefore very crucial to take steps to protect the psychosocial well-being of the frontline workers and professionals in the disaster management sector which will range from self-care guidance to provision of access to specialized services for serious mental health problems. However, the overall focus should be on enhancing coping and personal resiliency which can be achieved though. Apart from this we have seen the instances where the Frontline workers were abused and victimized by some anti-social elements and in turn the provisions of National Security Act, 1980 were imposed on them. Howsoever, such a measure taken by State Governments is really a debatable issue.

#### **Coordination with NGOs/CSOs:**

NDMA has made Coordination with NGOs/Civil society Organisations to mitigate the spread of COVID-19 vide Letter No. 1-137/2018- dt. 5 March. 2020. In view of the emerging threatening disaster situation of COVID 19, Chief Secretaries of the States/UTs were requested by the letter referred above to direct District Disaster Management Authorities (DDMAs) to hold coordination meetings with credible NGOs and other Civil Society Organisations (CSOs) to enhance community cooperation. Accordingly, we can see number of NGOs involved in relief camps, distribution of food etc. About 11,500 NGOs have been organising food camps and 3,900 NGOs have set up temporary shelter homes for the stranded.

However, it can be seen that, there was lack of co-ordination among the NGO'S who were distributing Food kits in the same locality to same set of persons resulting in hoarding of Food kits by such persons and

others from different locality who had nothing to eat had to suffer. These things could have been managed and coordinated at ground level for effective working, but it failed to do so.

#### **Guidelines for Industrial Units after release of Lockdown in some zones:**

In early response to COVID-19, nationwide lockdown was ordered as well in later phase district wise Zone were demarcated taking into consideration the death rate and positivity rate of the COVID - 19. As the lockdown is being gradually released in some zones, certain economic activities are being permitted as per NDMA orders No.1-29/2020-PP dated 1st May 2020 and MHA order No. 40-3/2020-DM-I(A) dated 1st May 2020.

Due to several weeks of lockdown and the closure of industrial units during the lockdown period, it is possible that some of the operators might not have followed the established SOP. As a result, some of the manufacturing facilities, pipelines, valves, etc. may have residual chemicals, which may pose risk. The same is true for the storage facilities with hazardous chemicals and flammable materials.

When Lockout/Tagout procedures are not in place, many energy sources can prove to be hazardous to operators/supervisors who are servicing or maintaining electrical, mechanical or chemical equipment. When heavy machinery and equipment are not maintained periodically, they can become dangerous for the operators/engineers. Combustible liquids, contained gaseous substances, open wires, conveyor belts and automated vehicles make manufacturing facilities a high-risk



environment. Improper enforcement of safety codes and improperly labelled chemicals can further pose serious health hazards. When an unexpected event occurs, managing rapid response becomes challenging. To minimize the risk and to encourage a successful restart of the industrial units, the guidelines are being issued.

State Governments shall also ensure that the off-site disaster management plan of the respective Major Accidental Hazard (MAH) units are up to date and preparedness to implement them is high. It is also advised that all the responsible officers of the district shall ensure the Industrial On-Site Disaster Management Plans are also in place and cover Standard Operating Procedures for safe re-starting of the industries during & after COVID 19 lock down.

#### **Role of States and SDMA:**

It is required to note that while medical and pharmacological response activities are performed by the State health departments under the guidance of Ministry of Health and Family Welfare, the aspects of Situation Awareness and Resource Awareness have to be handled by the SDMAs and DDMA's. The response activities must be coordinated in a planned manner with this awareness.

SDMA is the nodal point of information and management of the disaster, with particular reference to non-medical matters which should be manned 24x7 and should be in constant communications with Districts. Receive, analyse, collate and disseminate information to all stakeholders in time and send a

Situation Report to NDMA as per the specified frequency and format.

- **Inter-agency Coordination:**
- **Community Awareness:** Much work needs to be done to improve community awareness, while implementing the social distancing order. Additionally, awareness of details of Government orders and schemes need to be actively percolated especially to the weaker sections of the society, as well as to migrant labourers and tourists, who may be stranded.
- **Proactive planning:** The SDMAs/Relief Commissioners need to anticipate emerging criticalities and undertake proactive measures. They should share preparedness plans as they are evolved, the action taken and envisioned, gaps in the response to assistance needed from central agencies, etc.
- **Coordination with neighbouring States:** A number of inter-state issues are being referred to MHA for resolution. Proactive coordination with neighbouring States, particularly at State-to-State and contiguous District level. will help resolve these problems faster.
- **Issues relating to migrant workforce and stranded tourists:** SEDC must act as a single point of contact on all migrant workforce related issues. These persons must be taken care of as per the NDMA Guidelines for temporary shelters, with the modification of maintaining physical distance of at least one metre between any two persons.
- **Humane Approach:** It is recommended that the Police and the



administration adopt a humane approach in dealing with the public, particularly those who are left adrift by the lockdown. Enforcement of laid down restrictions must be tempered with compassion and a sense of duty of care for our citizens.

- There is also a need to ensure communicating that contacting COVID-19 must not be treated as a stigma.
- Health and Well-being - Personnel of the Administration: This is of paramount importance. While performing their duties, all officers and staff must follow the 'do's and don'ts' for preventing the spread of COVID-19.

The government's roadmap for how the lockdown will be eased included more autonomy to states in defining red, orange and green zones for Covid-19. The states were also be allowed to restart several economic activities within the red zones. The National Disaster Management Authority (NDMA), however, has cautioned the states to not rush into opening economic activities as it could cause a spurt in Covid-19 cases. Based on the directions of NDMA, the home ministry announced a gradual easing of lockdown, including opening up of more markets and economic activities outside the containment zones, while keeping some measures in place to check the spread of Covid-19.

#### **Role of District magistrate (DM):**

District Officers draw powers from two laws — The Disaster Management Act of 2005 and the Epidemic Diseases Act of 1897 — the Centre has invoked to tackle the coronavirus pandemic. Both the laws have

been used sparingly earlier and so many of its clauses have not been sections open for interpretation and at the discretion of the district magistrate.

The reality today is that an order signed by a district magistrate (DM) is apparently more effective on the ground than one cleared by, say, the principal secretary to a Chief Minister. The laws leave little space for a local MLA or MP to exert any pressure on a district officer on duty. The Disaster Management Act gives DMs adequate powers to implement central and state guidelines. The DMs are further empowered as the head of the District Disaster Management Authority.

The second legislation DMs frequently use today is the Epidemic Diseases Act, an ancient yet stringent law. Besides, the DMs have resorted to some provisions of the Indian Penal Code to enforce their order. For example, the DMs are invoking Section 188 of the IPC to levy Rs 500 as fine on those not wearing masks in certain states. The district magistrates are now using their discretion to judge which law will fit better for a situation before issuing an order. “For example, to requisition a hotel, the Disaster Management Act is used. For shutting shops, the officers use the Epidemics Diseases Act.”

There are enough reasons to put more responsibility on the executive during a crisis. When there is an emergency-like situation, the powers in a district must be bestowed upon an officer and not on the local MLA or minister. One needs to trust an executive more during crises. But if any DM turns arrogant and misuses her power, there



are enough checks and balances built into the system itself.

While every order issued by a DM mentions the relevant law, the police personnel enforcing those might add more miseries to the citizens. An example of this was seen when police asked people who violated the lockdown to do squats or humiliate them through Artis or showering flowers, etc. though such moves have no legal sanctity. As India starts easing lockdown restrictions, the official orders are likely to vary from one district to another. Local conditions may appear similar, but the DMs are empowered enough to interpret those differently.

No wonder, the authority in Gautam Buddha Nagar, a red zone district in Uttar Pradesh, has refused to grant permission for resumption of railway work at Dadri for almost a month now. However, five other red zone districts have allowed construction work on the dedicated freight corridor project. Similarly, Tukaram Mundhe, DM from Nagpur didn't allowed to open Liquor shops inspite of Central Government directions. The power of the DMs cannot be challenged it appeared for a while. But due to political agendas and vendetta the District magistrates could not work efficiently and are either suppressed or transferred which is a genuine problem of bureaucracy in our country.

#### **Role of communities:**

More than 1.27 lakh individuals and 5,300 organisations have so far registered themselves as volunteers with the Prime Minister Narendra Modi-led National Disaster Management Authority (NDMA) for the fight against COVID-19. The NDMA

has also received donation offers for more than 8.35 lakh items including digital infrared thermometers, digital thermal scanners (full body), masks, gloves, sanitisers, and personal protective gear. The donated articles, besides the medical equipment and other goods being produced by the public and private sectors, are being supplied to the States as per requirement. The Authority, through its subordinate and State bodies, is monitoring all the operations associated with the measures being taken at the ground level. The NCC students have been helping the local administrations in extending help to the needy and spreading awareness about the preventive measures to be taken to arrest the spread. Over 30,000 Civil Defence volunteers have also been engaged in carrying out relief works and maintaining order in the affected areas.

#### **Conclusion and Suggestions:**

India needs to realise that Covid-19 is a disaster, not a law-and-order problem. If India wants to create a meaningful response to the crisis, we need to pool in and mobilize all the resources we have in the country. This needs to start at the top with the government, and penetrate down to cover every public, private, and civil society actor. To be able to do this, there needs a framework of engagement, wherein Civil society, Non-Governmental Organizations aid the Governments efforts at a systematic level. During the Second wave of Covid-19 spread out, many NGO'S were instrumental in arranging the Oxygen cylinders and it was of great help to those lucky patients in contrast to those who died due to lack of timely aid just because of shambolic governmental measures. Thus, it can be inferred that the work done by civil society is sporadic and dependent on the relationships one has with



the local authorities, but for this a government directive is essential. Apart from this the Officers from UNICEF, UNDP, CRS, Helpage India, Childfund, IRCS are working and co-ordinating with the NDMA'S, SDMA's and DM's.

The old saying '*PREVENTION IS ALWAYS BETTER THAN CURE*' is true for COVID-19 as well. But with respect to novel disease Covid 19 due to relatively less understanding of its spread and cure this maxim seems to be not as much of accurate. In India in spite of the best preventive efforts, the public health system was rapidly overwhelmed with a large number of people needing isolation, testing, and treatment. Even the developed countries were unable to deal with such a massive number of cases. This is a key lesson for the future development of public health systems around the world which need to be flexible, with the capability to take appropriate measures and restructure its public health system to mitigate such a large-scale disaster. This can be achieved by enhancing of COVID-19 units, testing facilities, medical equipment and supplies of oxygen, and expansion of health care workforce and sincere efforts to increase the vaccination drive specifically taking into consideration the size of India's population which is a huge challenge.

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