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# Covid 19 - Challenges and Management by the Indian Government

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**ABSTRACT :** The word 'Disaster' derives from Middle French désastre[1] and that from Old Italian disastro, which in turn comes from the Greek pejorative prefix δυσ-, (dus-) "bad"+ αστήρ (aster), "star". The root of the word disaster[2] ("bad star" in Greek and Latin) comes from an astrological theme in which the ancients used to refer to the destruction or deconstruction of a star as a disaster.

Disaster is an event or series of events, which gives rise to casualties and damage or loss of properties, infrastructures, environment, essential services or means of livelihood on such a scale which is beyond the normal capacity of the affected community to cope with. Disaster is also sometimes described as a "catastrophic situation in which the normal pattern of life or eco-system has been disrupted and extra-ordinary emergency interventions are required to save and preserve lives and or the environment". The Disaster Management Act, 2005 defines disaster as "a catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man made causes, or by accident or negligence which results in substantial loss of life or human suffering or damage to, and destruction of, property, or damage to, or degradation of, environment, and is of such a nature or magnitude as to be beyond the coping capacity of the community of the affected area".[3] The United Nations defines disaster as "the occurrence of sudden or major misfortune which disrupts the basic fabric and normal functioning of the society or community."

**KEYWORDS**: disaster, community, Covid-19, environment, suffering, damage

## I. INTRODUCTION

Disasters are not new to mankind. They have been the constant, though inconvenient, companions of the human beings since time immemorial. Disasters can be natural or human-made. Earthquake, cyclone, hailstorm, cloud-burst, landslide, soil erosion, snow avalanche, flood etc. are the examples of natural disasters while fire, epidemics, road, air, rail accidents and leakages of chemicals/ nuclear installations etc. fall under the category of human-made disasters. The High Power Committee on Disaster Management, constituted in 1999, has identified 31 various disasters categorized into five major sub-groups which are given below : [4]

**i. Water and climate related disasters**

a) Floods and drainage management b) Cyclones c) Tornadoes and hurricanes d) Hailstorm e) Cloud burst f) Heat wave and cold wave g) Snow avalanches h) Droughts i) Sea erosion j) Thunder and lightening k) Tsunami

**ii. Geological related disasters**

a) Landslides and mudflows b) Earthquakes c) Dam failures/ Dam bursts d) Minor fires

**iii. Chemical, industrial and nuclear related disasters**

a) Chemical and industrial disasters b) Nuclear disasters

b) **iv. Accident related disasters**

a) Forest fires b) Urban fires c) Mine flooding d) Oil spills e) Major building collapse f) Serial bomb blasts g) Festival related disasters h) Electrical disasters and fires i) Air, road and rail accidents j) Boat capsizing k) Village fire

**v. Biological related disasters**

a) Biological disasters and epidemics b) Pest attacks c) Cattle epidemics d) Food poisoning . It is worth noticeable that after 2004, Tsunami has also been included in the list of disasters.

Disaster Management is a strategic planning and procedure that is administered and employed to protect critical infrastructures (also known as "critical assets") from severe damages when natural or human made calamities and catastrophic even occur. [5] Disaster management plans are multi-layered and are aimed to address such issues as floods, hurricanes, fires, bombings, and even mass failures of utilities or the rapid spread of disease . The

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disaster plan is likely to address such as important matters as relinquishing people from an impacted region, arranging temporary housing, food, and medical care .[1,2,3]

Disaster management refers to the conservation of lives and property during natural or man-made disasters. Disaster management plans are multi-layered and are planned to address issues such as floods, hurricanes, fires, mass failure of utilities, rapid spread of disease and droughts. India is especially vulnerable to natural disasters because of its unique geo - climatic condition, having recurrent floods, droughts, cyclones, earthquakes, and landslides. As India is a very large country, different regions are vulnerable to different natural disasters. For example, during rainy season the peninsular regions of South India is mostly affected by cyclones and states of West India experience severe drought during summer season.

**The Pandemic of Covid 19 and Indian Strategy**

For India, as for the rest of the world, COVID-19 has been a disaster of unprecedented proportions. Till 31st May 2020, COVID-19 had spread to more than 200 countries and territories, with nearly six million confirmed cases and 367,255 deaths.[6] At this time, the Ministry of Health and Family Welfare (MoHFW) of India reported 1,82,143 confirmed cases; of which 86,984 had recovered and 5,164 had lost their lives. Comparisons are drawn between the Spanish flu of 1918 and the current pandemic. However, in early 20th century, our world was neither as interconnected nor as interdependent. While 'pandemic preparedness' has always been recognised as an integral part of disaster preparedness systems at the national and international levels, it took the world a few weeks to fully comprehend the dimensions of what was unfolding. With a lot of uncertainty about the nature of COVID-19 -- its transmission, its incubation period, and its possible treatment – the medical emergency management systems of even the most advanced countries struggled to get a handle on the problem. In its scale and complexity, the response to this crisis has little precedent. While learning from the rest of the world, India has tried to develop its own approach, responding to its unique context, and, above all, building on the initiative, inherent resilience, resourcefulness and courage of its people. This paper provides a look at the Indian response, with data and analysis from January till the end of May 2020, when the final phase of country-wide lockdown ended.

The world as we know it began to change on 31st December, 2019. The COVID-19 pandemic, potentially one of the most significant disasters in modern history, began when China first reported cases of pneumonia of an unknown origin in Wuhan city, Hubei province.[7] COVID-19, an infectious disease caused by Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2), spread across China through January. As cases accelerated and the death toll mounted, images of emptied cities and mask-wearing citizens filled the news. On 30th January 2020, COVID-19 was declared an epidemic of international concern—the same day the first Indian case was reported in the southern state of Kerala, by an individual with travel history to Wuhan. On 11th March 2020, it was declared a 'controllable pandemic'. Spreading across Asia through Thailand, Japan, and Korea in January, it was reported in Europe by February, affecting countries like Italy, where a silent, rapidly increasing spread and high death toll were witnessed.[8] Spain soon followed suit. The virus hit the United Kingdom and the United States, where the latter's financial and cultural capital, New York City, became the epicentre of the pandemic by April.

As discussed above, the first case was reported on 30th January 2020, in Kerala's Thrissur district, by a person with travel history to Wuhan, China. Subsequently, several more cases were recorded in the state in February. On 2nd March, cases were reported in Delhi and Hyderabad, and began to be reported across the country. By 14th April, confirmed cases for all of India crossed 10,000; by the 22nd, this had doubled. By 6th May around 50,000 cases had been recorded; which doubled by the 19th (in less than a fortnight). By 31st May, 1,82,143 confirmed cases of COVID-19 were recorded. At this time, 86,984 had recovered, and 5,164 deaths were reported. By the end of May 2020, only Daman & Diu and Lakshadweep still recorded no cases.

India recognized the threat posed by COVID-19 early and accordingly responded in a graded manner in tandem with the progression of the pandemic. In the first week of January 2020, the Ministry of Health and Family Welfare ( MoHFW ) started to develop a multi-pronged strategy to prepare the country for dealing with this epidemic. From January 2020 onwards, the Cabinet Secretary, through regular meetings with secretaries of concerned ministries/departments, experts and other stakeholders, reviewed the evolving public health[4,5,6] situation in China and worldwide and its possible implications for India. On 25th January, under the chairmanship of the Principal Secretary to the Prime Minister, an inter-ministerial meeting was held to take stock of the situation and to prepare all parts of the government— across various ministries and departments—to play a role in mitigating and managing the spread of COVID-19. The Prime Minister's Office (PMO) reviewed

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the situation and made constructive interventions as and when the need arose. For example, at an early stage, an 'all-of-the government approach' was introduced. In a meeting held on 4th March 2020 it was impressed upon the Ministries that the Disaster Management Act 2005 envisaged that all Ministries and agencies had a role in response measures in a disaster situation. Another innovative approach was to form eleven Empowered Groups[8(a)] to take up speedy decisions and ensure effective implementation of various response measures, because it was recognized at an early stage that one or two ministries/agencies would not be able to cope with this unprecedented and uncertain situation affecting not only India but the entire world. In its fight against the pandemic, India faced unique challenges: multiple land, sea and air entry ports including open land borders; large international and domestic tourist footfall; large population with high population density, particularly in urban areas; inadequate public health infrastructure; and socio-economic and cultural practices that require mass gatherings. The Indian response had to take the entirety of society along, with appropriate messaging for different socio-economic, occupational, and linguistic groups. The government began to monitor international travel towards the end of January '20, issued travel advisories, imposed restrictions and carried out evacuation of Indians stranded in various countries. In March, large gatherings were curtailed. At an early stage, steps were taken to induct eminent experts to analyse possible scenarios and prepare a medical emergency plan, which helped with a systematic and effective response to the crisis. Given the large population, even if a small percentage of infected persons require hospitalisation or critical care, it would overwhelm the country's already stretched healthcare system. This meant that India needed to 'flatten the curve',[9] so as to allow sufficient medical attention for those who contracted COVID-19. Between January and May, the Indian response to COVID-19 can be roughly described in three overlapping phases: restricting international travel and controlling movement across borders to limit spread of infection (up to the beginning of March); containing the subsequent spread of disease by tracing, testing and isolating primary and secondary contacts of travellers, as well as preparing the country for lockdown [7,8,9]measures (up to the third week of March); and, implementing a nationwide lockdown to control the spread of the virus and enable ramping up of health facilities including testing arrangements, availability of critical medical supplies, adequate hospital infrastructure etc.

The Indian response can be divided into three overlapping phases :

**Phase 1**: **Controlling the borders to limit infections related to international travel (mid-January to early-March**)

The Ministry of Health and Family Welfare (MoHFW) started following the outbreak of COVID-19 in early January, and began to devise the Indian strategic approach by the middle of January. A joint monitoring group under the Director General of Health Services met on 8th and 15th January to take stock of the evolving situation. The early emphasis was on minimizing the risk of spreading the virus, as directly related to international travel. This included screening at the borders, changes in visa procedures for persons coming from certain countries, making arrangements for quarantine as well as community surveillance of incoming travellers and their contacts. On 17th January, MoHFW issued the first travel advisory.[10] On 25th January, MoHFW issued an advisory on contact tracing.[11]

In January, as news of COVID-19 spread, safety measures for the control of the borders began. By January end, major airports started thermal screening and self declaration of passengers with travel history to China and Hong Kong in the last 14 days. This extended to passengers from Thailand, Singapore, Japan, and Korea by mid February, and to Nepal, Vietnam, Indonesia and Malaysia by February end. By 3rd March, the government stopped issuing new visit visas, and existing visas to Italy, Iran, South Korea, and Japan were cancelled. By 11th March, when COVID-19 was declared a 'controllable pandemic', stricter measures began to be considered.

On 13th March, it was announced that incoming travellers, including Indian nationals, who had travelled through or from China, Italy, Iran, the Republic of Korea, France, Spain and Germany after 15th February, had to be quarantined for at least 14 days. This soon extended to the UAE, Qatar, Oman, Kuwait, Afghanistan, the Philippines, Malaysia and beyond.

Finally, all international travel was disallowed. The nation-wide closure of flights began around 20th March: except for several repatriation flights relocating tourists or bringing back Indians stranded abroad, no international travel was permitted (while domestic flights have opened up, the international flight ban remained in place at the time this report went to print in July).

Seaports

By 10th March, restrictions began to be placed on international cruise ships which had visited COVID-19 affected countries, advocating thermal screening and self-declaration health forms. On 16th March, the

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Directorate General of Shipping asked all Indian ships to develop a disease outbreak management plan for dealing with COVID-19, taking into consideration the interim guidance issued by WHO. It was also suggested that the hospitals onboard ships be used for isolating suspected cases until they had were disembarked and transferred to a healthcare facility. Adequate protocols were recommended for managing suspected cases on the vessel, including clinical management, cleaning, and disinfection of possible contaminated areas etc. Other recommendations concerned pre-boarding procedures, screening procedures, educating crew on how to recognize the signs and symptoms of the disease, reporting procedures etc. The disinfection of garbage which was landed ashore from vessels was also included in the mandate. All seafarers were asked to avoid availing of shore leave in infected regions, and to quarantine for the standard 14 days once on land. On 18th March, all incoming passenger traffic at all 107 immigration check posts, which includes all airport ICPs, seaport ICPs, land port ICPs, rail port ICPs and river port ICPs, was prohibited.

Land Borders

On 9th March, the Ministry of Road Transport and Highways (MRTH) called for increased hygiene and sanitation of bus interiors, terminals and stops. On 13th March, the Ministry of Home Affairs' foreigner's division restricted international passenger traffic through land check posts in eight northern and north-eastern states from 15th March, in view of the spread of COVID-19. Except for Indian nationals and citizens of Bhutan and Nepal, it suspended passenger movements through land check posts and called for intensified health inspections quarantining anyone who was displaying symptoms of COVID-19 or had been to a number of 'outbreak countries'. On 17th March, the MRTH issued an advisory calling for awareness around social distancing while travelling and asking people to restrict travel, suggesting that transport providers issue refunds. Prior to the country-wide lockdown, on 24th March, the MHA finally suspended all transport services except goods and essential services, and those required for fire, emergency and law and order services.

Early evacuation of Indians from abroad

Early efforts were made to bring Indians stranded abroad to their home country, before May's initiative, the Vande Bharat Mission. As per the Ministry of External Affairs on 9th April, India had evacuated a total of 2,465 Indian nationals and 48 foreign nationals from the Maldives, Bangladesh, China, Myanmar, South Africa, the US, Sri Lanka, Nepal, Peru, and Madagascar. Of these, 723 Indians (plus 43 non-Indians) had been evacuated from China; 1,142 from Iran; 119 (plus 5 non-Indians) from Japan; and 481 from Italy. Additionally, 1,609 Indians stranded in transit were brought home from third countries due to exemptions granted to commercial flights. Of these, 1,380 Indians were brought back while stopping in Malaysia, and the remainder from Amsterdam, Singapore, and Paris.

Public communications

MoHFW launched an extensive programme of public communications to disseminate information on dos and don'ts related to COVID-19. The Health Minister himself used various channels – broadcast media as well as social media – to garner public support in the fight against COVID-19 and to raise awareness about what people should do to protect themselves and their families. Ringtones across all the mobile phone networks started issuing COVID-19 related advisories in local languages. State governments also devised massive public awareness campaigns. More traditional means -- such as loudspeakers installed on garbage collection vans and other public service delivery vehicles -- were also used by the state and local governments. All ministries, from the Ministry of Civil Aviation to the Ministry of Home Affairs, used major channels of communications to keep the public informed. On 3rd March, the Ministry of Information and Broadcasting reached out to all private satellite news TV channels and all private FM radio channels seeking their assistance in reaching out to people across the country and disseminating COVID-19 related advisories issued by the MoHFW. Civil Society Organizations played a key role in the awareness campaign launched across the country, especially in schools, colleges, and public platforms about 'dos and don'ts' to prevent possible infection. The government also used various channels of communication to inform the public about actions being taken for the mitigation and management of COVID-19, to raise public confidence and morale in the fight against COVID-19. On 4th February, the NDMA advised all States and Union Territories to promote advisories on travel, hygiene and avoiding crowd contact. It suggested enhancing the capacities of isolation facilities in all districts.[12] The NDMA issued further advisories on related aspects including the need to provide psycho-social care and associating with Civil Society Organizations on 5th March and 17th March, before the national lockdown orders were issued. [13]

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Early recognition, early action: role of leadership

The Indian leadership at the highest political and administrative levels recognized the challenge posed by COVID-19 at an early stage. On the instructions of the Prime Minister (PM), on 25th January 2020, the Principal Secretary to the PM chaired a meeting of secretaries from various ministries and departments. There were several other meetings in the following days and weeks to discuss various aspects of management and mitigation of COVID-19. The Prime Minister himself monitored the situation all along. On 3rd March, he undertook an extensive review regarding preparedness for COVID-19. 'Different ministries & states are working together, from screening people arriving in India to providing prompt medical attention', his official account tweeted that day; 'There is no need to panic. We need to work together, take small yet important measures to ensure self-protection'. PM's messaging throughout continued to sound a note of reassurance, asking India[10,11,12] to prepare and not panic; 'Say No to Panic, Say Yes to Precautions'. While the MoHFW guided the Health Sector response, recognising the broader dimensions of the challenge that lay before the country and the need for a multi-sectoral response, the Cabinet Secretary held regular meetings with concerned ministries/stakeholders from January on.

**Phase 2: Contain the spread of disease within the country through primary and secondary contacts of travelers (second and third week of March)**

Although this phase of COVID-19 response was short, it was critical. It can be viewed as a preparatory phase for the country-wide lockdown. On one hand, it prepared communities for the lockdown, on the other it included ramping up the capacities of the government on all fronts for dealing with the pandemic.

**Introduction of social distancing measures**

In the first week of March, the government issued an advisory against mass gatherings. Soon after this, formal closure of educational establishments (schools, universities etc), gyms, museums, cultural and social centres, swimming pools and cinemas, as well as restrictions on conferences and events were announced. The term "social distancing" entered the public lexicon around the world and in India, by this time. 'Social distancing is a non-pharmocological infection prevention and control intervention implemented to avoid/decrease contact between those who are infected with a disease causing pathogen and those who are not, so as to stop or slow down the rate and extent of disease transmission in a community. This eventually leads to decrease in spread, morbidity and mortality due to the disease', the Ministry of Health and Family Welfare (MoHFW) explained in an advisory published on 16th March.[14]

The MoHFW advisory proposed specific measures for educational institutions, restaurants, sporting events, places of worship, hospitals, delivery services and other commercial establishments. In addition, it also encouraged States and Union Territories to prescribe their own social distancing measures as necessary. This was a precursor to more pervasive, large-scale measures that were implemented during the lockdown period.

On 20th March, the Prime Minister, communicating directly with the people of India, invited them to observe the Janta Curfew on Sunday, 22nd March. This was a 14-hour community-led curfew extending from 7 a.m. to 9 p.m., with a five minute interlude at 5 p.m. for a collective expression of gratitude for the selfless service of frontline health workers. This was an innovative way to raise awareness of the threat posed by COVID-19, mobilise the entire country in the fight against the virus, and effect a practice run for the lockdown, which was to come a few days later. Other parts of the world emulated this innovation of community mobilisation, communication and awareness generation and adapted it to their context. During the same week, the Prime Minister also urged people to share technology-driven solutions for COVID-19 on MyGovIndia, the citizen engagement platform of the Government of India. He also announced the creation of 'COVID-19 Economic Response Task Force' under the Union Finance Minister, and advised citizens to avoid 'panic buying', assuring the availability of essentials. Recognising COVID-19 as a common challenge for the SAARC nations, the PM called for SAARC nations to chalk out a strong strategy to fight the novel coronavirus, subsequently participating in video conferencing on 15th March and proposing the constitution of a SAARC fund for COVID-19 with an initial contribution of USD 10 million from India.

**Phase 3: Nationwide lockdown to contain local/ community transmission (25th March – 31st May)**

Recognising the magnitude of the problem and the risk posed by COVID-19 to India's 1.38 billion people, the government, for the first time, invoked the relevant provisions of the Disaster Management Act, 2005 to implement a countrywide lockdown from 25th March onwards. While some of the social distancing measures were already in place, it was felt that more stringent and expansive social distancing measures needed to be implemented for a further period so as to effectively contain the spread of COVID-19. All socio-economic

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activities were suspended except what were deemed essential services, such as those performed by medical workers, telecom service providers, public utilities, grocery stores, some delivery workers and media personnel. Keeping India's 1.38 billion people at home was a unique challenge, posing significant socioeconomic and cultural difficulties. Guidelines were issued to implement the lockdown measures. In response to specific feedback from the ground, these guidelines were modified on 25th March, 27th March, 2nd April, 3rd April, 10th April and thereafter, to ensure smooth flow of essential supplies, delivery of basic services, and inter-state and intra-state transportation of goods while ensuring the effectiveness of lockdown measures.[16,17] The government moved to secure the availability of essential commodities early on, invoking the provisions of the Essential Commodities (EC) Act 1955 on 8th April, fixing stock limits, capping prices, enhancing production, calling for the inspection of accounts of dealers and other such actions.[15] On 10th April, states and UTs were directed to ensure strict compliance measures and not allow any social/ religious gatherings or processions.[16] Lockdown was further extended and guidelines issued from time to time with graded opening of activities outside the containment zones. Effective from 1st June, Unlock1 guidelines were issued, allowing the opening up of more activities and limiting the lockdown to containment zones. Lockdown measures in India impacted informal labourers and migrant workers in certain urban areas such as Delhi and Mumbai significantly. Many of them wanted to return to their homes in rural areas.[17] The government directed states to provide medical facilities, food, drinking water and sanitation for migrant workers at relief camps/shelters across the country, as well as trained counsellors and/or community group leaders of all faiths.[18] Comprehensive steps were taken to cater to the needs of informal workers . The main purpose of implementing the lockdown measures was to disrupt the chain of transmission and slow the spread of COVID-19 in the country. At the same time, the lockdown was meant to provide additional time to ramp up capacities at all levels for a pharmacological response. The lockdown affected all aspects of life in the country. Managing the lockdown, ensuring that the needs of the most vulnerable were met during the lockdown, and using the time to ramp up medical capacities required an all-of society and all-of-government approach.

Thus we see that that the war against Covid 19 is still going on and the Indian government is taking all the necessary steps to save people from this pandemic. Though a remarkable work has been done by the Central and respective State governments but a lot is still to be done by them.[13,14,15]

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