

COVID-19 AND DISASTER MANAGEMENT : STATE CAPACITY AND FEDERAL RESPONSES IN INDIA

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ABSTRACT

Covid-19 has been the biggest test of political will and State capacity in recent times. Being the first-of-its kind biological disaster, it created a bewildering situation for governments across the world. Given the severity of its impact and unpredictability of its prevalence, a definite strategy to contain the infection was difficult to frame. The only way out was to pursue the preventive drive aggressively with active intervention of the government. In India, the timely intervention of State and Central governments did help in flattening the curve and achieving high recovery rates. But it was not easy to keep pace with the rising cases. Subsequently, India had the third highest number of Covid-19 cases in the world after the USA and Brazil. State capacity was tested at every stage. The paper delves into the patterns of State intervention in combating the pandemic. There is a separate discussion on the Kerala model in which the special character of its decentralised execution under the overall planning and supervision by the State leadership is highlighted. In the end, an account of federal response in dealing with the crisis is given to understand the evolving Centre-State relations in the context of Covid-19.

KEYWORDS: Covid-19, Pandemic, Disaster Management, NDMA

INTRODUCTION

The entire world was shaken by the Covid-19 pandemic as it hit the sprawling city of Wuhan in China in December 2019. The severity of its impact was felt by the rapidity of human to human transmission. The pathogen is spread not only through air but also physical contact and touch. It gets transmitted by an infected person through droplets of saliva or discharge from the nose while coughing or sneezing. As the virus did not have an antidote it could not be contained but only prevented by avoiding human to human contact and cleaning of body parts with soap or sanitizer whenever there was an exposure. Wearing of masks and gloves and PPE (Personal Protective Equipment) kits in high-exposure zones also became imperative. Social distancing was the norm to keep the virus away from spreading. For this, governments across the world imposed strict to partial nationwide lockdowns to break the human chain. The community impact of the contagion necessitated community participation in checking the transmission.

Even the best of the public health systems in the world could not keep pace with the intensity of transmission. The result was that the number of cases and number of deaths kept increasing exponentially. After China, Italy became the epicentre of Covid-19. Before, the government could realize its severity, the contagion had taken a heavy toll on public health,

with maximum fatalities being reported from amongst the ageing population and the ones suffering from diabetes, high blood pressure and cardio-vascular infections. The pandemic taking millions of lives across the globe was indeed a health crisis the world had never seen since the Spanish flu outbreak in the 1920s. A ready response from the government for crisis management was thus the only remedy. The nature of the crisis demanded a multifaceted approach to disaster management as it entailed economic, social, cultural as well economic implications. Above all, being a pandemic it had global ramifications that necessitated a common yet region-specific response to disaster management. The paper explores the nuances of disaster management to contain Covid-19 and the contradictions that emerge in the context of a federal arrangement in India. Kerala emerged as a model during the initial stages of handling the pandemic. It set the stage for an immediate action at the national level. A discussion on the Kerala model is therefore imperative to account for State capacity in disaster management. To begin with, the paper accounts for relevant perspectives and approaches to disaster management and sets a framework to discuss the handling of the pandemic in India.

DISASTER MANAGEMENT: APPROACHES

Disaster management is one of the most complex tasks of modern State. Conversely, State intervention is most critical

in managing a disaster because of its multiple ramifications on human race and environment. The world has witnessed varieties of disasters in recent decades that have gone beyond economic downturns and human security in the gravest sense. These include natural calamities, social upheavals caused by global terrorism or civil riots, and now the global pandemic. Due to multiple forms of crisis or disasters, it may be difficult to develop one single model for disaster management. Although, there can be certain fundamental principles to deal with all forms of crisis. It may be appropriate to define disasters at this juncture. WHO (2002) defines disaster as, 'As an occurrence disturbing the normal conditions and causing a level of suffering that exceeds the capacity of adjustment of the affected community.' According to Henstra and MacBean (2005, p.304), 'Disaster management is a term that encompasses a range of policies and practices developed to prevent, manage and reduce the impact of disasters.'

Several studies in recent times have attempted at theorizing disaster management. One such significant study is by Sementelli (2007). Sementelli has placed the theories in four broad categories- decision theory, administrative theory, economic theory and social theory. The categorization has been done along two broad indicators- process and tools. Theories embodying the process dimension offer deeper insights into the underlying institutionalized practices and the discourses involved in social, administrative and political domains. It is believed that the processes have significant implications for the outcomes of disaster management. The focus on tools is largely an attempt to devise appropriate methods of planning, decision and design of public policy. It entails a mechanistic approach to manage disasters and mitigate crisis. The theories have been built on these two basic dimensions. To begin with, decision theory grounded mainly in rational choice theory focuses mainly on the steps, procedures and designs of policies and decisions to affect outcomes. It is largely data-driven and involves extensive procedural research. Decisionmaking is apathetic towards underlying social and political processes and is largely rational and mechanical in its approach to deal with a crisis situation. The emphasis of administrative theories is on three interrelated components of public administration, including leadership, management and ethics. Leadership qualities are considered most necessary in dealing with crisis and disasters. The effectiveness of outcomes is largely determined by leadership competencies in bringing reforms and long-term changes through public policies. In this regard, the intervention by K.K. Sailaja, the health minister of Kerala, is a case in hand. Economic theory is considered as static with its primary focus on tools and lack of process analysis. Emerging from the context of economic risks, it has little to generalize about disaster management in situations of natural calamities

and pandemics. The focus here is on economic impact, risk - management and resource endowments. The theory is qualified in looking at disaster and proposing relevant management tools from a purely economic lens. Sementelli's theoretical review highlights the relative importance of process and procedural analysis in disaster management. Interplay of these two elements has larger significance for performance outcomes.

Approaches to disaster management have also been defined by international bodies like the United Nations and the World Bank. The Hyogo Framework for Action (HFA) 2005-2015 was established in the UN World Conference on Disaster Reduction held in Kobe in Japan. Although it was unbinding, it was endorsed by 168 countries. The Declaration identified relevant objectives, strategies of mitigation and priorities for action. It underscored a multi-hazard approach to risk reduction while also incorporating gender and multicultural perspectives in its action plan. There was also an emphasis on regional and international cooperation involving knowledge sharing, joint - capacity -building, financial assistance and transfer of technology. Five priorities for action were identified that included a strong institutional basis for implementation of risk reduction plan, early warning based on prior assessment, use of knowledge and innovation for safety arrangements, reducing the underlying risk factors and advance preparedness for effective response. Also, a national platform for coordination with a decentralized mode of resource and responsibility distribution was proposed. While adopting a pro-active response to risk mitigation, the action plan demanded great a strong thrust for community participation. This further necessitated forming informal networks for collective intervention in risk mitigation (UN World Conference on Disaster Reduction, 2023).

A sequel to HFA is the Sendai Declaration made at the Third UN World Conference on Disaster Reduction held in Sendai, Japan on 18 March, 2015. The Framework highlighted several targets based on four priority action plans which are: 'understanding disaster risk, strengthening disaster risk governance, investing in disaster risk mitigation and enhancing preparedness for effective response (United Nations Office for Disaster Risk Reduction, 2015).' To begin with, the Sendai Framework redefined disaster by covering small-scale and large scale disasters, frequent and infrequent disasters, natural and man-made calamities including environmental, health, biological and technological disasters. Its multi-hazard approach to risk reduction had reoriented the way disasters are understood and addressed in different political and administrative settings. This framework accordingly offers a multi-sectoral approach to disaster management; but the State still remains the central actor in the process. It also envisages a

multi-dimensional approach to policy intervention involving structural, legal, social, health, cultural, ecological, political, technological and institutional measures. The framework set ambitious targets to reduce mortality, rehabilitation and restoration in post-disaster situations, infrastructure development, health services, international cooperation and assistance to developing societies.

Given the multi-dimensional nature of the pandemic, an integrative and holistic approach was required to deal with it. Being a biological disaster, its impact was severe, long-lasting unpredictable and wide-ranging. The preventive measures had severe social and economic repercussions. For instance, lockdown of commercial activities had serious implications for employment and livelihoods of the poor along with growth and production. Some of the economic consequences have been recorded. A study by Vyas (2020) shows that, the industrial index of eight core industries fell by 38.6% in the beginning of April 2020 and the unemployment rate was as high as 23.5% during the same month compared to 8.8% in March 2020. Labour participation rate fell from 41.9% in March 2020 to 35.6% in April 2020. The study also finds that 121.5 million jobs were lost in the month of April, of which 91.2 million people belonged to categories of small traders, hawkers and daily wage earners. The wage labourers were the biggest sufferers mainly because they had lost their work with closure of projects in cities and felt hard pressed in returning back to their native villages due to suspension of all transport facilities. Government therefore had to manage on multiple fronts with already strained resources. The existing approaches and frameworks of disaster management appeared qualified in the face of high unpredictability and severity of the pandemic. The governments even in the best managed societies of the world were clueless about how to deal with the pandemic. Also, the biological disaster had a multiplier effect. Before governments could frame a definite strategy which itself was uncertain in the wake of indefiniteness of the solution, the death toll kept rising significantly. Nevertheless, the Sendai framework with its multi-dimensional approach to disaster management offered a clear direction for concerted action by all levels of government with non-state actors. Yet, State remained in its guardian and parental role throughout the crisis.

OUTBREAK OF COVID-19 IN INDIA-RESPONSE OF KERALA

India with a large and dense population was particularly vulnerable to Covid-19. Given the suddenness of its outbreak and rapidity of transmission, controlling community transmission and mortality with the existing public health system was a Herculean task. While striking countries like China, Italy and Iran in a major way, the first few cases of the

viral infection was detected in Kerala in late-January, early-February. The first case was a medical student who had returned to his home in Kerala from Wuhan. The government in Kerala responded to the predicament expeditiously and timely by activating its health institutions and carrying out a large-scale campaigning drive called 'Break the Chain'. For Kerala, the community transmission was a bigger concern given its highly mobile population. Planning of disaster management was a bit tricky in this case as the line of treatment for the virus was unknown and the only way out was to prevent the transmission as far as possible. Also, how far and how much would the scale of damage be was unclear. From the global data, the rapidity of transmission from human contact and the translation of a large number of cases into deaths came to be clearly understood. The complexity of its prevention was further compounded by the economic stagnancy that lockdowns and stoppage of commercial activities would bring. But considering saving lives as a moral priority, the government took the bold decision of closing the economic activities.

Being the first state to witness the outbreak, Kerala took a leap by mobilizing all its resources and institutions for disaster management. The resilience of its governing institutions in handling disasters was already indicated in the past when it had managed the disastrous flood in 2018 and the deadly NIPAH virus (there in no full form) in 2019. Also, the two experiences came handy in designing and planning the architecture of disaster management in the present case. Many cues were taken from the earlier plans to decide the strategy of controlling and containing the spread of the virus. In the present case, prevention had to go along with a credible cure mechanism for treating severe cases. Since the implications of the disaster were multidimensional including social, economic and psychological impacts, the management planning had to be overarching.

The architect of disaster management was the health minister K. K. Sailaja whose acumen in eradicating the deadly NIPAH was well recognized. At that time, the team led by K. K. Sailja worked out a credible strategy in which the techniques of contact tracing and quarantining were experimented successfully. Also, the public hospitals and health institutions were upgraded to deal with future epidemics under the modernization programme initiated in 2016, the year in which her party formed the government.

Timely intervention by the health department under the leadership of K.K. Sailaja is a combination of political will and robustness of administration. Advance preparedness of planning was the step to fight against the novel Coronavirus. The entire health department led by the minister was brought into action for early preparedness immediately when the cases

were reported in Wuhan in mid-January. This was done even before the WHO had formally declared Covid-19 as a global pandemic. The minister herself had predicted that the pandemic would soon strike Kerala as many of its people were studying or settled abroad. It was also noted that a number of medical students from Kerala were studying in Wuhan, China, and Italy which had emerged as the two major centres of Covid-19 inhabited large number of people from Kerala. Given the situation, many returnees were expected from these countries. This called for prior preparation of airport surveillance involving screening of international travellers and quarantining the infected ones. On January 24, 2020 the Minister held a high-level meeting with her Secretary and other officials in the health department for planning the disaster management. So formally the planning for future preparedness was started on this date. It was decided to open the State Control Rooms (SCR) for monitoring and communication of necessary guidelines on contact tracing, quarantining, prevention and control of the infection from time to time. The SCR was centrally led by the Principal Secretary, Department of Health. Simultaneously, the District Magistrates were ordered to set up district control rooms to monitor the progress at the district level. Each district control room (DCR) was manned by an expert group consisting of health officials who were given individual responsibilities of contact tracing, creating isolation wards, demarcating Covid-19 hospitals, collection of logistics and providing medical assistance (Indian Express, 2020). Toll-free numbers of DCRs were provided in all districts for any medical help and assistance. A Rapid Response Team was also constituted in all districts for micro-level management and ground-level tasks. The team was led by *tehsildar* of the concerned district and comprised a village officer, officials from district-level health officials and police. The team was meant to implement the orders of the district magistrate on lockdown, containment zones, and movement of vehicles for replenishment of stocks for local consumption. In this way, a definite administrative structure running from top to bottom was created for disaster management.

In Kerala, the role of Panchayats in Covid-19 management was noteworthy. Kerala had inherited a robust Panchayati Raj through its erstwhile 'People's Campaign for Decentralized Planning'. Health and education are the two primary tasks of local government. Every Gram Panchayat in Kerala harbours a primary health centre and each block has a community health centre. The health centres are supervised by the respective local bodies. In this way, the Panchayats in Kerala are well trained in providing public goods and services at the local level. The training came handy in handling the pandemic. But the containment programme and campaign was led at the local level in collaboration with Kudumbashree, a

woman self-help group. The SHG was co-opted by the state to carry out a poverty-alleviation programme across the state. It was named as the Kudumbashree programme. The SHG has worked actively in fields of food of nutrition and microenterprise development through localized training. It started the BUDS programme for education mentally disabled children and BRS for post-schooling for disabled adults in villages. Its Balasabha programme disseminates relevant information on health and hygiene to children.

Known for its credible role in micro-governance, Kudumbashree's active pursuance of the disaster management at the local level in collaboration with Panchayats came as major game changer in flattening the curve. It acted as a vehicle of community participation to fight the pandemic. Many activities were carried out by Kudumbashreeto contain the spread. To begin with, a note on Break the Chain campaign initiated by the government was circulated to the neighbourhood groups (NHG). This was done by creating 1.9 lakhs whats app groups with nearly 22 lakhs NHG members. Kudumbashree has also partnered with Kerala State Financial Enterprises to implement the Vidyashree scheme for distribution of laptops to school children for pursuing online education at the time of Covid-19. Department of Civil Supplies has sought the assistance of Kudumbashree volunteers in preparing grocery kits for the village households. This came as a big reliever when access to civil supplies was disturbed due to lockdowns especially in containment zones. Also, the organization activated its micro-enterprises to make face masks and hand sanitizers at a reasonable price for local consumption. This proved very helpful at the initial stages when the pandemic had just struck the society and there was a shortage of these products in the market. Due to short supply, the prices were also kept reasonably high. Kudumbashree's approach to disaster management was thus multi-dimensional. It assisted the state not only in its direct mission to break the chain and contain the spread, but also served to address other spheres of public interest like education and economy that were impacted severely. In all its missions, it worked closely with the Panchayats and a relation of mutuality developed between the two institutions. As recipients of one third of the total funds from the state government, the Panchayats could extend financial assistance to Kudumbashree (<http://www.kudumbashree.org>)

The mechanism of Covid-19 management served as a model for rest of India when the government itself was clueless about how to handle it. Firstly, timely intervention of the government in drawing a strategic plan was most crucial in addressing the pandemic. The government of Kerala started acting even before Covid-19 was declared as a global pandemic.

Undoubtedly, their previous experience in handling disasters had taught the necessity of a well-timed strategic plan. Secondly, considering the unpredictable character of the viral infection and its fatal consequences the government had to blend the WHO guidelines with its local innovation of prevention and cure. As the correct line of treatment was unknown by then, the government had to use all its prudence and will to prevent its transmission. Relying on its decentralized model of planning, Rapid response teams were constituted at district level to carrying out all the ground work. Tracking, tracing and testing was done rigorously with the help and assistance of these locally constituted teams. Lastly, the strategy of community participation was critical to the success of action programme. In this regard, the collaboration between Panchayats and Kudumbashree in providing social and economic support throughout the pandemic was crucial. It showcased a brand of disaster management with a perfect blend of decentralized governance and community participation.

NATIONAL INTERVENTION

By the time Kerala had dealt with the initial cases of Covid-19 by drawing a strategic plan, the Central government had realized the severity of the pandemic. As on records, by 19th March 2020 a total of 180 cases of Covid-19 were reported all over the country. Responding to the situation and after getting an alert from the WHO to take aggressive action, the Prime Minister announced a 'Janata curfew' on 22 March 2020 that led to a total shut down in the entire country. The announcement was made on the evening prior to the day of the shut down. Without a break, the first lockdown of 21 days was announced from 24th March 2020. The Ministry of Home Affairs (*The Hindu*, 24 March 2020) alongwith National Disaster Management Authority (NDMA) came up with clear guidelines of the lockdown under the Disaster Management Act (2005). The NDMA is the nodal agency for coordinating the various processes of disaster management. The National Executive Committee assists the NDMA in issuing various policy guidelines for disaster management from time to time. For NDMA and other central governing agencies involved in disaster management this was the first hand experience with a biological disaster, one in which the effective line of treatment was unknown and even the best-equipped health systems of the world had failed to handle it. In this regard, an important concern was whether the existing legal stipulation for disaster management was good enough to deal with this peculiar health crisis or not. The law clearly covers biological disasters and has clear guidelines for the same. Nevertheless, the biological disaster was first of its kind and also involved a high element of risk. So the norms were required to be strictly as well as

strategically enforced. Lockdown was necessary for breaking the human chain of the viral infection.

Under NDMA, the Central government has the power to enforce the law uniformly in the entire country. The state governments are also required to follow and implement the guidelines issued by the central government from time to time. The order issued by the NDMA clearly read that, "In exercise of the powers under section 6 (2) (i) of the Disaster Management Act, 2005 the National Disaster Management Authority has decided to direct 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 (UN World Conference on Disaster Reduction, 2020)."

Thereafter, a comprehensive list of restrictions on social, political and commercial activities were laid down by the Home Ministry. The restrictions and allowances were announced in subsequent lockdowns. A comprehensive list of closures clearly indicated a complete halt of all social and commercial activities. It included shutting down of all government offices; industrial establishments except manufacturing units of essential commodities; schools and colleges; all transport services including air, road and railways except transport of essential goods, hospitality services; and places of worship and religious congregations. All forms of social, political, cultural, academic, sports and religious activities were barred. The order stipulated the permission for movement and supply of essential goods including food and medicines. Tourists or other persons stranded in hotel and lodges at the time of lockdown were permitted to continue staying at their respective venues. Not more than 20 persons were allowed in funeral congregations. People who arrived in India after 15 February 2020 were strictly directed to remain under home or institutional quarantine. The district magistrates were given the overall responsibility to implement the lockdown measures in their respective jurisdictions. Persons found violating the lockdown measures were to face penal measures under Section 51 to 60 of the Disaster Management Act, 2005 and Section 188 of the IPC (Live Mint, 2020).

In the third lockdown starting from 4 May 2020, the Ministry of Health and Family Welfare carried out risk profiling of districts into red, orange and green zones. The classification was clearly based on intensity of risks and consequent application of lockdown measures. Green zones were districts with no confirmed cases and therefore received maximum relaxation on movement of people and goods. Red zones also demarcated as hotspots were districts with doubling rates of confirmed cases and therefore faced maximum restrictions. The districts that did not fall in these two zones were defined as

orange zones. Conceptually, these were the transition zones-green districts that were witnessing a steady rise of confirmed cases or red districts where the number of confirmed cases were plummeting. Within red zones, residential colonies or *mohallas* in towns and gram panchayats at village level with a high concentration of Covid-19 cases were designated as containment zones. Containment zones were put under intensive surveillance. Downloading of Arogya Setu app was made an imperative for the residents of containment zones. Local authorities with the assistance of special medical teams were to carry out several activities like intensive contact tracing, quarantining of individuals under high risk and travel history, testing of patients with Severe Acute Respiratory Infection and flu-like symptoms, house to house surveillance and counselling of people in these zones.

Drawing cues from Kerala, the Central government came up with a more comprehensive yet decentralized model of disaster management in which the local administration were given the power of decision-making. Prime Minister's direct intervention as the chairperson of NDMA was encouraging in managing the disaster. Announcement of *janata curfew* on 22th March 2020, symbolic gestures like lighting of lamps for inspiring the corona warriors, public appeals on *Man ki baat* were made by the Prime Minister to sensitize the masses. Janata curfew was shown as a test of self control and self discipline at a time when the future was uncertain. Periodic appeals to the masses for staying safe and following the government guidelines continued even after the *Janata* curfew.

FEDERAL RESPONSE TO DISASTER MANAGEMENT

The legal provisions for disaster management are a bit tricky to determine the respective roles of Centre and state governments at the time of disasters. Firstly, health being placed in the State list of the seventh schedule of the constitution necessitates greater role of state governments to deal with a public health crisis. However, when a disaster is declared the Centre assumes immense powers to enforce national measures and guidelines under Disaster Management Act, 2005. Because a pandemic is both a health disorder and a disaster, the relative authority of central and state governments in managing it becomes puzzling. Conversely, The Epidemics Disease Act, 1897 places greater responsibility on the state governments to frame guidelines and regulations to control and epidemics. Clause 2 of the Act states that: 'When at any time the (State government) is satisfied that the State or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease, the State Government, if it thinks, that the ordinary provisions of the law for the time being in force are insufficient for the purpose, may take, or require or empower any person to take such measures and by public notice

may prescribe such temporary regulations(The Epidemics Disease Act, 1897).'

Accordingly States can exercise these special powers to control a pandemic. Most of the States drew their authority from the EDA (Economic Development Administration) to determine the extent of lockdown opening and closure of establishments. But, the question here is whether the relative dispensation of authority allocation by these laws creates any disagreement between the Centre and States.

Covid-19 management necessitated cooperative federalism in which Centre would take the lead role. The initial phases of management showed a thrust towards centralization with the issuance of national lockdown guidelines under the Disaster Management Act which also requires the state and local government to strictly follow the central directions. In this regard, Burman (2020) observes that, 'The initial stages of Covid-19 response highlighted the unitary tilt in the Indian federal structure.'The states during the initial stages however appreciated national intervention as a necessary strategy to fight the pandemic. They extended their full cooperation to the Centre by enforcing its norms of lockdown and social distancing in a committed way. In return, the Centre subsequently gave enough discretion to states to work out their independent strategies of social distancing, testing, tracking and demarcating containment zones in their respective districts. The process of decisionmaking by the Central government was consultative and negotiable. At successive stages of lockdown, the Prime Minister consulted the Chief Ministers through video-conferencing. During these meetings, the Chief Ministers shared their experiences and gave inputs on the prevention measures. The main points of discussion included lockdown measures, demarcation of containment zones, supply of PPE kits and medical equipments, renewal of production and commercial activities, and tracking and testing initiatives. The meetings were held to get updates on the Covid-19 cases in the respective states and measures taken to control the transmission. Decision on extension of subsequent lockdown was taken only after consulting the chief ministers. The meetings involved a dialogue between the Prime Minister and Chief Ministers on how to move ahead.

By the end of April and early-May, an important point of discussion was how to restart commercial activities while also maintaining strict social distancing. In the fourth meeting on 27 April 2020 since the first lockdown, the chief ministers of Uttarakhand, Himachal Pradesh and Odisha underscored the need to revive business and commercial activities as the pandemic had already taken a heavy toll on the economy (*Live Mint*, 2020). On 23 September 2020, during Unlock 4, the prime minister held a special meeting with chief ministers of

those seven states in which the burden of cases was the highest in the country. It included Maharashtra, Andhra Pradesh, Karnataka, Uttar Pradesh, Tamil Nadu, Delhi and Punjab. After listening to the challenges faced by these states, the Centre decided to send a team to these states for assisting them in containment, surveillance, testing and clinical management (*Hindustan Times* 2020).

The arrangement of fiscal federalism has however made the States depend on the Centre for financial assistance in preventing the pandemic and upgrading the medical facilities. The health crisis and its economic-fall out has put heavy burden on states. Imposition of ban by the Centre on sale of items like alcohol that comes within state revenue basket has deprived the states of their due share.

Fiscal relations have remained strained throughout the period of crisis. States find themselves at the receiving end with limited sources of revenue generation. Notwithstanding periodic disturbance in fiscal relations between Centre and state governments, the consultative strategy of decision-making by the Centre and extension of cooperation by states to enforce the central guidelines is a sign of mutuality and collective endeavour to handle the pandemic. While issuing national guidelines, the Centre has given enough discretion to states to design their strategy of implementation and take decisions as per their local needs and specificities. States have also given valuable inputs to the Centre on lockdown, renewal of economic activities, managing inter-state transport and handling the predicament of reverse migration.

CONCLUSION

Covid-19 was the first-of-its kind biological disaster in the world. Its pace of human transmission and scale of damage to human lives shook the confidence of even the best health systems of the world. Developed countries even with their highly sound medical infrastructure failed to control the epidemic as it took a heavy toll on human life. The global pandemic called for a concerted action with involvement of multiple actors in disaster management yet state being at the centre of governance. In India, the state came into action with all its resources and institutional capacities to manage the disaster. Some state governments like Kerala with a first-hand experience of handling epidemics acted even before WHO declared Covid-19 as a global pandemic. As the treatment was unknown and considering the severity of the infection, the Central and state government aggressively took preventive measures while also utilizing the existing medical resources to the best possible extent for saving lives. This improved recovery significantly. Since October 2020, the average recovery rate in India has been somewhere around 97.3% which

is the highest in the world. Also, the fatality rate is 1.43% during the same period (*Hindu*, 2021).

Covid-19 has marked a radical turn in human civilization reorienting the entire system of politics and governance in a new direction. It took the States beyond disaster management to rethink the entire process of managing public affairs in the post-Covid world. Not only has it taught governments to deal emergencies with greater prudence and perseverance, but has led them rethink the moral dimensions of public life involving sustainable co-existence. Covid-19 has ordained a sustainable model of life indicating the dire need of slowing down the pace of commercialization. The entire period of lockdown during Covid-19 witnessed a cleaner environment. Rivers and lakes looked blue, air became purer and the pollution was brought to an all-time low. Natural habitats of animals and birds were restored to their original position. The pandemic also saw improved family ties with people getting to spend quality time with their loved ones during the course of lockdown. While the disaster remained active to continue disturbing our lives, it taught us the value of sustainable and symbiotic living.

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