



COVID-19 AND RELIEF ASSISTANCE AS PROTECTION MEASURE UNDER DISASTER MANAGEMENT ACT, 2005 (INDIA)

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Abstract

The COVID-19 pandemic exerted severe and widespread effects on healthcare systems, livelihoods, access to amenities, and personal liberties across the globe, with varying intensities in different countries. India was significantly impacted by these disruptions, prompting the government to implement a range of policy and protection measures. A key governmental response was the declaration of COVID-19 as a notified disaster under the Disaster Management Act of 2005. This declaration facilitated a structured approach to mitigate the crisis, including providing relief to affected populations, restoring livelihoods for vulnerable groups, and offering ex-gratia assistance for loss of life. This article examines the rationale and implications of these measures in addressing the multifaceted impacts of the pandemic.

Key words

COVID 19, Severe acute respiratory syndrome, Disaster Management Act, Notified Disaster, State Disaster Response Fund, Minimum Standards of Relief

Introduction

In December 2019, a cluster of severe pneumonia cases of deadly new virus was reported in Wuhan, Hubei province, China (Cucinotta and Maurizio, 2020: 158). As a result, many Chinese citizens got infected and lost their lives from this virus (Gupta et al, 2020). The virus spread to other parts of the world, notably Europe and North America, and claimed many more lives. The World Health Organization (WHO) considered the spread of virus a global threat and on 30 January 2020 declared that the SARS-CoV-2 outbreak constituted a Public Health Emergency of International Concern (Ishrath et al, 2021). The virus severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) was the agent responsible for the infectious respiratory disease called COVID-19. Subsequently, the WHO on March 11, 2020, declared the novel corona virus (COVID-19) outbreak a global pandemic (Cucinotta and Maurizio, 2020: 157).

The entire world experienced the impact of the novel corona virus (COVID-19) with differing intensity, mutations and waves, impacting life itself, healthcare systems, livelihood, access to amenities, liberties etc., making it a global challenge affecting all countries.

Impact of COVID 19 in India and Initiatives

The Corona virus responsible for SARS-CoV-2 outbreak was first reported on January 30, 2020, in the State of Kerala with travel history to Wuhan. Since then, there was a wide variation in the reporting of cases across the country (Ishrath et al, 2021: 281). The outbreak of COVID-19 posed a significant challenge for administrative units of India. The impacts of the COVID-19 pandemic are multiple: social, economic, health, political, educational, labour and employment, ethnic-racial, on freedom and on citizenship rights (Ferreira et al, 2020: 9). As the virus spread rapidly, India's vast population, diverse geography, and varying levels of healthcare infrastructure made the pandemic response particularly complex. The Indian government, alongside State and

local authorities faced this very tough task for controlling the virus outbreak and had taken the initiative to manage its growth rate through some strict measures (Gupta et al, 2020:1).

Upon declaration of COVID-19 as a pandemic by the WHO, National Disaster Management Authority was convinced that the country is threatened by the spread of COVID-19. So, the Authority referred the powers enshrined under section 6(2)(i) of the *Disaster Management Act, 2005* i.e. to “take such other measures for the prevention of disaster, or the mitigation, or preparedness and capacity building for dealing with the threatening disaster situation or disaster as it may consider necessary. In exercising the powers under Section 6(2)(i) of the Disaster Management Act, 2005, the National Authority issued an Order dated 24.03.2020 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. The initiative was to take effective measures to prevent its spread across the country and for mitigation of the threatening disaster situation.

As per directions of NDMA, the Ministry of Home Affairs vide Order dated 24.03.2020 referred section 10(2)(I) of the Disaster Management Act, 2005 and issued the guidelines to Ministries/ Departments of Government of India, States/ Union Territory Governments and State/ Union Territory Authorities for strict implementation (MHA, 2020a). Since then, the Government of India adopted a multi-pronged, multi-sectoral, comprehensive approach of bringing together the society, the governments along with the National Plan, in order to tailor the response of the nation in tune with the evolving nature of the virus.

Declaration of COVID-19 as a Notified Disaster

Keeping in view the spread of COVID-19 as a pandemic in India, the Government referred Section 2(d) of DM Act 2005 i.e. ‘Disaster’ means 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’ (GoI, 2005). The primary responsibility for undertaking rescue, relief and rehabilitation measures during a disaster lies with the State Governments. The Union Government supplements their efforts through logistic and financial support during severe natural disasters. For financing the expenditure, Government of India notified 12 disasters namely, cyclones, droughts, earthquakes, fires, floods, tsunamis, hailstorms, landslides, avalanches, cloud bursts, pest attacks and and cold wave & frost.

In the wake of Covid-19 Virus outbreak in the Country, Government of India has decided to treat Covid-19 as a “notified disaster” under Section 2(d) of the DM Act 2005 for the purpose of providing assistance under State Disaster Response Fund (SDRF) by way of a special one-time dispensation in order to supplement the efforts of the State Government. Subsequently, the Government partially modified the norms of assistance from State Disaster Response Fund.

As per the modification, the Government allowed the dispensation of fund under SDRF towards the States covering the measures for quarantine, for sample collection & screening and procurement of essential equipment/labs for response to COVID-19 up to 50% of their annual allocation of SDRF. To deal with problems of migrant labourers, the Central Government on 28th March, 2020 allowed use of SDRF for setting up relief camps and to provide food, water, etc. to migrant workers and other stranded people. On 23th September, 2020, the Central Government further allowed the States to use SDRF for oxygen generation for COVID-19 patients, strengthen transport services for transporting oxygen, setting up containment zones and COVID-19 care centers (MHA, 2020b).

Provisions of NDRF/ SDRF

In view of “notified disaster”, the listed items and norms are eligible under SDRF/NDRF guidelines as per section 46(2) of the Disaster Management Act, 2005. The Government allowed the applicability of all the provisions envisaged under Section 12 and 19 of the DM Act 2005 for financing relief measures under NDRF/SDRF. The provisions outlined in the DM Act, 2005 gives freedom to State Authority to use up to 10 percent of the funds available under the SDRF for providing immediate relief to the victims of natural disasters that they consider as ‘disasters’ within the local context notified by the State Governments and which are not included in the notified list of disasters (MHA, 2022).

The Government of India kept the provision of National Disaster Response Fund (NDRF) for meeting any threatening disaster situation or disaster, which was established w.e.f. 28.09.2010 and the same was reiterated in Section 46 of the DM Act, 2005. The fund is available for meeting expense for emergency response, relief and rehabilitation in accordance with the Guidelines laid down by the Central Government in consultation with National Authority. This fund supplements the SDRF of a State, in case of a disaster of severe nature, provided that adequate funds are not available in SDRF.

The State Disaster Response Fund (SDRF), constituted under Section 48 (1) (a) of the Disaster Management Act, 2005, is the primary fund available with State Governments for responses to notified disasters. The Central Government contributes 75% of SDRF allocation for general category States/UTs and 90% for special category States/UTs (NE States, Sikkim, Uttarakhand, Himachal Pradesh, Jammu and Kashmir and Ladakh). The annual Central contribution is released in two equal installments as per the recommendation of the Finance Commission (MHA 2022). SDRF shall be used only for meeting the expenditure for providing immediate relief to the victims.

Guidelines for minimum standards of relief

Section 12 of the Disaster Management Act, 2005 (GoI, 2005) envisages that the National Authority shall recommend guidelines for the minimum standards of relief to be provided to persons affected by disaster, which shall include,

- (i) the minimum requirements to be provided in the relief camps in relation to shelter, food, drinking water, medical cover and sanitation;
- (ii) the special provisions to be made for widows and orphans;
- (iii) ex-gratia assistance on account of loss of life as also assistance on account of damage to houses and for restoration of means of livelihood;
- (iv) such other relief as may be necessary.

In terms of the mandate enshrined in Section 12 of the DM Act 2005, NDMA had issued guidelines for Minimum Standards of Relief in February 2016 and recommended that ex-gratia assistance on account of loss of life as also assistance on account of damaged houses and for restoration of means of livelihood, the norms provided by (Ministry of Home Affairs) for assistance from SDRF should be the Minimum Standards of Relief.

Similar to the provisions mentioned at Section 12 of the DM Act, 2005, Section 19 of DM Act, 2005 also mandates that State Authority to lay down detailed guidelines for providing standards of relief to persons affected by disaster in the State that such standards shall in no case be less than the minimum standards in the guidelines laid down by the National Authority (GoI, 2005 and NDMA, 2016). Here, the State Government may recommend relief over and above the standards of relief mentioned in the National Guidelines on Minimum Standards of Relief issued by National Authority. Out of 25 States/UTs, some States/UTs have formulated their Guidelines on Minimum Standards of Relief and some have accepted the Guidelines issued by NDMA.

In order to release the assistance, Ministry of Home Affairs (Disaster Management Division) periodically issues list of Items and Norms of assistance from State Disaster Response Fund (SDRF) and National Disaster Response Fund (NDRF) for providing succor to the aggrieved family based on the norms fixed by the Ministry of Home Affairs with the concurrence of Department of Expenditure, Ministry of Finance and as amended from time-to-time. Additional assistance from NDRF is provided to State Government in line with the recommendation of 15th Finance Commission and as per GoI approved items & norms of expenditure (MHA, 2022).

Government's Relief Efforts during COVID-19: A Comprehensive Overview

The Indian Government showed a strong dedication to safeguarding at-risk groups during the COVID-19 lockdown. These groups included workers in unorganized sectors, the poor, the downtrodden, the homeless, and stranded migrant workers. The government started many relief efforts to ease the problems caused by the pandemic. These efforts aimed to make sure people could get basic needs like food, shelter, healthcare, sanitation, and social security benefits. The government gave the go-ahead for these actions to be carried out using state resources set aside for disaster relief by the State Disaster Response Fund (SDRF).

The Indian Government set up 11 Empowered Groups on 29th March 2020 to address the social and economic upheavals caused by the pandemic. The groups were constituted to ensure a comprehensive and integrated response to the COVID-19 pandemic. Their tasks included several measures including managing food and medicines, dealing with medical emergencies making sure hospitals were available, setting up isolation and quarantine facilities, and getting crucial medical equipment like PPE kits, masks, gloves, and ventilators.

In March 2020, the government started the Pradhan Mantri Garib Kalyan Yojana (PM-GKY), a comprehensive social assistance package worth Rs 1.7 lakh crore (about 25 billion USD) for the poor to help them fight the battle against Corona Virus (MoF, 2020). The measures were intended at reaching out to the poorest of the poor, with food and money in hands, so that they do not face difficulties in buying essential supplies and meeting essential needs. The government put PM-GKY into action using the existing plans like Pradhan Mantri Ann Vitran Yojana (PM-AVY), Pradhan Mantri Kisan Samman Nidhi (PM-KISAN), and Pradhan Mantri Jan Dhan Yojana (PM-JDY). The government provided relief measures in focussing food distribution, sending cash to marginalized groups, helping farmers, and gratuitous relief including ex-gratia assistance to families who

had lost their kin due to COVID-19. Besides, the government set up PM CARES Fund with the corpus of Rs 1,000 crore to provide financial assistance to State governments for strengthening their relief efforts with an aim to support accommodation, food, medical care and transportation of stranded migrants.

i) Food Distribution

The PM-GKY package was aimed to give quick help to people in need through food aid and money transfers. PM-GKY gave free food and money to women, poor old people, and farmers. The low-income groups roughly two-thirds of India's population around 80 crore people were safeguarded the nutritional security through public distribution system under National Food Security Act, 2013 (NDMA, 2021 and Pramod & Ibrahim, 2023). The Coverage under this package was upto 75% of the rural population and upto 50% of the urban population to ensure that all the vulnerable and needy sections of the society get its benefit (MOCAF&PD, 2023). The priority Households (PHH) and Antodyaya Anna Yojana (AAY) beneficiaries (food insecure and extreme poor respectively) were availed extra allocations of food grains, free of cost, in addition to their normal allotments. Initially, the free ration of 5 kg of wheat or rice and 1 kg of preferred pulses per month was distributed for a period of three months beginning in April of 2020 (NDMA, 2021:29) and extended till March of 2022 (Gelb et al, 2022).

The disruption of economic sectors such as the construction industry, manufacturing units, industrial hubs and the hospitality industry, many workers, including unorganized workers, were directly affected. According to World Economic Forum, India is a home to around 139 million migrants in the country (Bajpai and Manisha, 2020). Due to lockdown and travel bans, many migrant workers faced with uncertainty about their lives and livelihoods in cities wanted to return to their places of origin by walk or other mode of transport available. The migrant workers were not having access of food during their journey as well as at their respective home due to non-availability of their ration card. So, migrant workers even those not covered by the National Food Security Act (NFSA), received assistance of food help during this time. Moreover, the government began the Atma Nirbhar Bharat Scheme to make sure migrant workers not covered by NFSA or State Public Distribution System (PDS) scheme had enough food (NDMA, 2021). The government set up special distribution centers, including mobile vans across major roads, highways, and shelters to ensure effective last-mile delivery for distribution of food supplies.

ii) Financial Assistance

The government introduced several financial assistance measures to support marginalized populations who faced significant income loss during the pandemic. Cash transfers were provided under PM-GKY and PM-KISAN to support farmers and women. Under PM-GKY, Rs. 500 was distributed monthly for three months to 20 crore women with accounts under the Jan Dhan Yojana, while 8.7 crore farmers received Rs. 2,000 under the PM-KISAN scheme (NDMA, 2021). The government also increased daily wages under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) to Rs. 202 per day, benefiting over 13.62 crore families (MoL&E, 2022). Support for the construction worker community was facilitated through the Building and Construction Workers Welfare Fund. The Garib Kalyan Rojgar Abhiyaan (GKRA) of 125 days was initiated on 20th June, 2020 to boost employment and livelihood opportunities for returnee migrant workers. The Scheme also covered the affected persons including youth in rural areas, in 116 selected districts across 6 States of Bihar, Jharkhand, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh. The Abhiyaan achieved an employment generation of 50.78 crore person days with a total expenditure of Rs. 39,293 crore (MoL&E, 2022).

iii) Primary Health Care

Primary Health Care is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford (Bryant and Richmond, 2008). Self-reliance of the community and individual in overall health development is essential to make it universally accessible. To attain such self-reliance, the Indian government made the strategy for the involvement of community/ individual in the planning, organization, and management of Primary Health Care. This made an opportunity to put services in primary care and the community centre-stage, and to engineer better collaboration with agencies outside healthcare (Biase et al, 2020:698).

The government in collaboration with various stakeholders socialized and guaranteed access to essential medical supplies besides creating facilities to provide health care services. To be specific, medical supplies that were life-saving, such as, medicines, testing kits, personal protective equipment (PPE), and many other supplies were transported to remote areas through mobile vans and by direct outreach. A successful outreach requires robust, flexible and well-motivated workforce. Therefore, the Government mobilised the motivated support staff like, Accredited Social Health Activist (ASHA), Aanganwadi workers, and Auxiliary Nurse Midwife (ANM),

who played a significant role in managing COVID-19 and create awareness on this pandemic preparedness at established isolation centres and the implementation of sanitation and social distancing measures (NDMA, 2021).

With the continuous rise in COVID-19 cases, the government of India adopted diagnostic testing to identify COVID-19 patients. The testing for COVID-19 is conducted to find out whether a person is infected with the SARS-CoV-2 virus, responsible for COVID-19 infection (Ishrath et al, 2021: 285). The government in collaboration with various stakeholders widened its testing capacity by setting up testing facilities, COVID hospitals and other health care Infrastructure. Further, the Department of Biotechnology (DBT) in collaboration with stakeholders in this field addressed the shortage of medical supplies and to promote the self-sufficiency of major health equipment such as ventilators and diagnostic kits by equipping the required and needy hospitals (NDMA, 2021).

iv) **Psycho-social Support**

Social support constitutes an integral part of the well-being of an individual particularly in affiliation oriented societies like India (Hariharan and Rath, 2008). The support helps in reducing the level of actual and perceived stress and in preventing adverse psychological and social consequences amongst disaster-affected community (NDMA, 2008).

Recognizing psycho-social and mental health challenges exacerbated by the pandemic, a wide range of problems arising during and aftermath of COVID 19 was addressed. For which, the government launched a psycho-social helpline initiative. Unlike traditional helplines, this service proactively reached out to identify positive cases of COVID-19 and offered emotional support and counselling. A mobile application was developed to maintain confidentiality, and volunteer counsellors reached out to over 2.6 lakh individuals. The intervention provided therapeutic support, including mindfulness training, grounding techniques, and stress management exercises, to support the mental well-being of those affected by the crisis (NDMA, 2021). The significance of social support as a contributor during illness has resurfaced prominently during the two waves of COVID 19 in India (Meena et al, 2022:96).

v) **Ex-gratia Assistance**

The term 'Ex-gratia' in Latin means 'compensation payments by government of organisation when compensating victims of an event such as an accident or similar, but not to admit liability to pay compensation, or for causing the event' (Wikipedia, 2025). In continuation to the earlier list of Items and Norms of assistance from State Disaster Response Fund (SDRF) and National Disaster Response Fund (NDRF), Ministry of Home Affairs, Govt of India issued the revised list of Items and Norms of assistance in 2023.

The gratuitous relief in the revised list of Items and Norms of assistance covers Ex-Gratia payment to families of deceased persons, loss of a limb or eye(s) and grievous injury requiring hospitalization. The norms of assistance for loss of a limb or eye(s) and grievous injury was provided as per the extant procedure. Following the declaration of COVID 19 as 'notified disaster', the next kin of the deceased person is entitled to receive Rs. 4.00 lakh. But the Government revised norms for ex-gratia assistance of Rs. 50,000/- to the victim's family in pursuance of the Hon'ble Supreme Court Judgement dated 30th June, 2021.

The Government on 11th September 2021 issued guidelines for ex-gratia assistance to next of kin of the deceased by COVID-19 including those involved in the relief operations or associated in the preparedness activities. The cause of death due to COVID-19 certification was as per the guidelines issued by the Ministry of Health and Family Welfare and the Indian Council of Medical Research on 3rd September, 2021. The expenditure in this regard to be incurred from SDRF only, in strict compliance with the aforesaid NDMA guidelines. This ex-gratia assistance was available to next of kin of the deceased due to COVID 19 ever since the first case of COVID-19 was reported in the country.

Conclusion

India's multifaceted response to the COVID-19 pandemic highlights the significance of timely and coordinated relief efforts during periods of crisis. The range of initiatives under various schemes—food distribution, financial assistance, healthcare outreach, and psycho-social support—the government reached out to the most vulnerable in the time of crisis to overcome the hardships posed by the pandemic. The combination of direct relief measures, targeted interventions, and strategic collaborations played a vital role in mitigating the socio-economic and public health impacts of the COVID-19 crisis in India.

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