

# Perspectives on the Pandemic: COVID-19 in South Asia



Photo: AIDMI.



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## ABOUT THIS ISSUE

South Asia has been reeling under the adverse impacts of the COVID-19 pandemic. The strict nationwide lockdowns ordered by the countries of the region have dealt a terrible blow to their economies leading to a crisis of livelihoods and employment. Similarly, the endemic poverty and the crumbling state of public health infrastructure have also complicated the region's response to this public health emergency. The region has also been battered by other extreme events like cyclones and monsoon flooding that have further exacerbated the impacts of the existing crisis.

This issue of *Southasiadisasters.net* is titled '**Perspectives on the Pandemic: COVID-19 in South Asia**' and brings forth different perspectives on managing the COVID-19 outbreak in South Asia. South Asia is unlike other regions in the world, it is culturally diverse, economically dynamic and demographically young. Moreover, South Asia is also the world's most populous and most densely populated region, housing one-fourth of the world's population on 3.5% of its total land surface area. All these factors have shaped the response of the government, private and civil society actors to the pandemic in the region.

This issue presents a compendium of the emerging perspectives in managing the COVID-19 crisis in South Asia. It contains perspectives on nationwide responses as well as the responses by civil society organizations at the local level. Overall, this issue provides a succinct overview to the reader of South Asia's response to the pandemic. ■

## UNDERSTANDING DISASTERS

# Revisiting Urban Risks: Planning for Complex Emergencies

By *Mihir R. Bhatt, All India Disaster Mitigation Institute*

It is my great honour to be invited to this online training programme. The topic of the programme, Revisiting Urban Risks: Planning for Complex Emergencies is timely and important to India. National Institute of Disaster Management (NIDM) and Andhra Pradesh Human Resource Development Institute (APHRDI) are well suited to take this theme ahead.

I have been invited to focus my presentation on Natural Disasters and Pandemics as Complex Emergencies: Issues and Concerns. I will do so by drawing on the experience from some of All India Disaster Mitigation Institute's (AIDMI) work on hand. As a result, what I will present will be current as well as concrete, coming from the operational reality of India.

One of the key issues we face today in this complex emergency of the COVID 19 pandemic is the idea of "community" in our urban settings. What does this community mean where the city or town is so diverse, fragmented, and driven by cut throat economic concerns. Residential community, community of work, or community of customers are such dynamic and rapidly changing groups in our cities. Also, often communities dominate the weaker and vulnerable members of the society as Dr. Terry Cannon has pointed out to AIDMI in their work on urban and coastal uncertainties in Versova in Mumbai. Community and data; community and digital world; community and job-less growth, and community and diversity are some of the areas that need more attention. Community in a complex emergency is something that needs to be looked at more

comprehensively and systematically. There is evidence at the grassroots level that community plays an active role in a complex emergency, as seen in the case of Koli fishers in Versova in Mumbai. However, we still need to learn more about what works and what does not in terms of the role of communities in complex emergencies.

Another important issue has emerged from AIDMI's work on developing urban strategy with support from UNDRR. This work is spread across 12 cities in India. The issue we faced is of private and institutional investment in urban infrastructure. Does this investment account and plan for loss and damage caused to the infrastructure by recurring disasters or pandemics? What are the implications for complex emergency preparedness or long term mitigation measures? Most investments are not fully assessing the risk environment. Further, the assessment looks at one or two disasters possibilities but not the possibility of complex emergencies. And we are not only talking about hospitals and COVID 19 testing centres, but also about the larger wellbeing infrastructure including community and public health facilities. As a result, the amount invested into infrastructure is exposed to non or limited performance in a complex emergency in urban areas. What is needed is a more detailed risk audit of infrastructure in cities with specific focus on complex emergencies.

Recently we at Duryog Nivaran, the first South Asia network of disaster risk reduction, organized a webinar on double disasters, that is, the

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impact of Cyclone Amphan and COVID 19 in Kolkata and Cyclone Nisarga and COVID 19 in Mumbai. We were looking at the governance of double disasters in urban settings. Dr. Sujata Saunik, Health Secretary, Government of Maharashtra, was on the panel. What came out in common to Colombo, Dhaka, Kathmandu, and Mumbai was the need to review urban governance of metropolitan cities from the point of view of complex emergencies. The need for democratizing governance of complex emergencies; diversifying actors; protecting labour rights; governance and access to basic services; and governance with limited certainties are key issues. Governance thins out in complex emergencies. No investment is made to ensure the resilience of governance, as a result of which it often gets disrupted during exigent times. This is a major issue in cities in India and South Asia. What is needed is a series of case studies of how urban governance thins in complex emergencies in towns and cities and what can be done to reduce or stop it.

AIDMI is contributing to re-visioning the unorganized sector in urban India in the light of disasters and climate risks. This work has been going on in the form of a rapid review of COVID 19 response in India's cities. What did they do? Not do? Could not do? And why? What is coming out at this early stage, is the need to have a second look at the urban economy that in fact causes the complex emergency, that has limited or no capacity to deal with complex emergency, and which needs to be changed into for example, urban economy of nurturance or what in Kerala is being called the 'moral economy'. This necessitates putting more value on wellbeing than on hospitalization. It is only by redesigning the fundamental nature of our urban economy, can we

properly address the complex emergencies as transformative agents.

Foundations and private donors have yet to look with care at both: urban risks and complex emergencies. How do these two interact or collide? And can they be made to cooperate? AIDMI is looking at the role of key corporate donors to COVID 19 affected cities and towns in India and what is found at this early stage of the review is important to note. Urban focus is top down and structure centric and what is needed is bottom up and process centric focus of urban project funding. This is especially true if we want to fund complex emergency in cities and towns of India. This remains a major urban concern.

As we all know that cities and towns of India have been cruel to the workers who built these cities and ran these cities. By failing to provide access to basic amenities of water, food and shelter, cities have transformed workers into migrants during a complex emergency like the nationwide lockdown. Cities have been heartless in this recent pandemic causing millions of workers to walk back home when the lockdown was announced. No city authority, no city based major corporation; no city based civil society organization came up front to say that this is your city and you stay on. This heartlessness of cities in South Asia remains a major concern.

So we have looked at four issues and two concerns about the complex emergencies caused by natural disasters and pandemics. There are other issues as well that have come to AIDMI's notice in its work on this complex emergency. These issues include, limited social science understanding of cities and informality in disaster situation; need for a greater push to make

policy making address the challenges of complex emergencies; challenge of using population in complex emergencies; undue burden on water resource in complex emergencies; and role of state governments in planning for suitable city specific response to complex emergencies. So what is the way ahead?

One, it is important for NIDM to look at cities that have disaster management plans to see how they responded to COVID 19. Did the plans make any difference? What difference? How? What failed? Why? In addition, seek out innovations in managing complex emergencies and find ways to keep up urban economic growth that slows down or is lost due to complex emergencies.

Two, the idea of universal urban basic income and relief coverage for all urban poor should be properly explored as well. Jobs for youths and women in cities with basic income is a must. This is the way ahead. What is needed is a national effort to offer such universal coverage. Such coverage must be demand led; such coverage must be a national commitment; and such coverage must be implemented with participatory democracy in our cities.

Three, universal social protection and preparedness for urban workers, including migrant workers, is a must for all cities and towns. Such protection and preparedness must address health, nutrition, medical, shelter and educational needs of all, especially the minorities and *Dalits*.

Again, let me thank NIDM and APHRDI and over 300 participants for this opportunity to share my ideas coming out of my work on urban and complex emergencies in India. ■



## Role of NIDM in COVID-19 Response: Top Agenda

By Maj Gen Manoj Kumar Bindal, VSM, Executive Director, NIDM, India

The COVID-19 pandemic that has affected more than 188 countries and territories and caused more than 6 million deaths is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The outbreak originated in Wuhan, China in 2019 before it spread across countries and continents to be declared a pandemic by the World Health Organisation (WHO) in March 2020. The first case of the COVID-19 in India was reported on 30<sup>th</sup> January 2020. As on 3<sup>rd</sup> August 8:00 am IST, the total number of confirmed cases in the country were 18.03 lakh out of which 5.79 lakh are active. The state of Maharashtra has witnessed the highest number of cases with around 4.41 lakhs of confirmed cases followed by Tamil Nadu, Andhra Pradesh and the National Capital of Delhi.

The Government of India has taken multifarious response actions to cope with the pandemic in the country. From travel restrictions, screening and isolation of travellers arriving from other countries to complete lockdown, followed by gradual unlocking with social distancing and hygiene norms in place. Relief packages amounting to a total of Rs. 20 lakh crore were announced under the Atmanirbhar Bharat Abhiyan. The Union Government has also executed mega evacuation programme of distressed Indian citizens from several foreign countries.

The National Institute of Disaster Management (NIDM), the premier institute for research, policy support and capacity building in disaster management responded to the

disaster as per its mandate. Training and capacity building being the primary activities of NIDM, the lockdown and the social distancing norms have necessitated innovative means to reach out to our target audience. Additionally, NIDM has assisted the Ministry of Home Affairs (MHA) in documentation and monitoring of pandemic response.

The wide-ranging role of NIDM in COVID-19 response can be described in the following main groups, with each group having various activities:

**Training and Online Outreach Programmes:** NIDM has maintained its people-contact through online outreach programmes. NIDM has conducted webinars and online training programmes on various subjects through its virtual platform and succeeded in engaging the community on specific issues related to disaster management and pandemics. Through these events, NIDM has been successful in creating a link between experts and the general public for dissemination of reliable information to a large audience. These programmes have become popular, with an average of 200 people attending each event. As on 3<sup>rd</sup> August 2020, the Institute has carried out 105 webinars and 38 online training programmes on different aspects of DRR, out of which 76 webinars and 4 online training programmes were based on different aspects of mitigation and management of the pandemic risks. In this way, NIDM has reached out to more than 34,000 people and disseminated information about disaster risk reduction.

**Collaboration with National and International Agencies:** In its outreach programmes, NIDM has collaborated with national and international agencies as also with civil society organizations. While NIDM has partnered with IMD, FICCI and state ATIs to chart out a joint course of action for maximum outreach, it has also partnered with multilateral agencies like UNESCAP, UNICEF etc. Universities, NGOs and civil society organizations have also been our partners for community outreach programmes for awareness generation and information dissemination.

**Documentation Support to MHA:** NIDM has documented the role of the Ministry of Home Affairs in relief and response to COVID-19 pandemic. The report primarily focused on several initiatives taken by the Union Government and the Ministry of Home Affairs for combating the pandemic in the country.

**Online Repository of Orders, Advisory and Recommendations:** The Institute has been maintaining an online repository of the all the orders, advisories and recommendations issued for COVID-19 response issued by Central Government ministries and departments as well as State Governments. The online repository of NIDM also consists of situational report of several international countries regularly updated on their website depending on the availability of data.

**India Disaster Resource Network (IDRN):** The IDRN portal is a centralised inventory of resources for disaster response which can be

requisitioned and deployed by the affected district administration during response. During the pandemic, a separate entry on medical and critical supplies relevant to COVID19 was added in the portal, which helped the affected states to access critical equipment. The information was directly monitored at the ministerial level.

**Monitoring and Coordination with State Governments:** NIDM is responsible for examining the orders issued by the State Governments and identifying the dilutions or additional restrictions with respect to the guidelines of Government of India. Since the dilutions and/or additional restrictions are guided by increasing or decreasing impact of the pandemic, this analysis helps in forming a country-wide picture of

prevalence of the pandemic to enable targeted intervention.

**Monitoring of State Response:** NIDM faculty members were part of the **Inter-ministerial Central Team (IMCT)** for assessment of Ground situation of COVID-19 to Telangana, Tamil Nadu, Gujarat and Maharashtra. The report of the teams formed the support documents to the comprehensive response strategy.

**Research and Publication:** NIDM has been maintaining the records of all the published research papers that are based on the subject of COVID-19 pandemic across multiple sectors including health, pandemic response, critical infrastructure, food security, business resilience, etc. The Institute has also taken an initiative to publish a special issue of journal on

“Pandemics” in light of the COVID-19 outbreak to support and strengthen the research activities about pandemic.

The National Institute of Disaster Management has also actively enforced all the directives and orders issued by the Government of India regarding the safety of employees and staff. The Institute also looks forward to continue organizing webinars and online training programmes related to Pandemic Risk Management and other aspects of DRR for outreach of all the stakeholders. We believe in the adage that each citizen’s participation is crucial for building a resilient society and aim to facilitate the integration and dissemination of knowledge to truly reduce disaster risks. ■

## Transformative Response to Recovery

How do we start thinking about rescue, response, rehabilitation, and recovery as not status quo but transformative measure, measures that is measures causing marked change in physical condition of millions of affected individuals? So that they have food, water, shelter, and income to live and prosper? Three energetic scientists from Bangladesh – Shababa Haque, M. Feisal Rahman, and Saleemul Huq indicate a direction for us to think about in their article titled ‘*Adapting to Climate Change in Southwestern Bangladesh: Need for Transformational Measures?*’ ([click here](#)). The ideas are not only useful now as climate change risks continue, but will be useful more when the full severity of impact is felt in South Asia. ■



## COVID-19 Pandemic: How Odisha Ensured Slow Spread in Rural Areas?

*By Abha Mishra, UNDP, India*

Odisha was one of the first states in India that geared up well in advance to respond to COVID 19 pandemic, much ahead of its first COVID case on March 16, 2020. Enforcements, a series of measures in the form of action by the state government ranging from health, social welfare, administrative, power delegation, movement restrictions, engagement of Panchayati Raj Institutions/ members, civil societies, community level workers, volunteers, media and the community people have evidences, that states Odisha to have succeeded in slowing and containing the spread of Covid-19.

Government declared Covid-19 pandemic as a 'State disaster' on March 13. The same day, the Department of Health and Family Welfare (DH&FW) ordered for the closure of cinema halls, swimming pools, gyms and educational institutions. On March 16, government issued orders for the foreign returnees to register within 24 hours of their arrival, 14 days home quarantine, besides providing 15,000 rupees as monetary incentive for registration and completing home quarantine and noncompliance attracted punishment under the provisions of IPC and CrPC.

In mid-March, to keep people indoors and prevent them from any kind of exposure to the virus, government delivered advance three

months food entitlement under the public distribution system and four-month pension for the elderly and differently abled. On March 18, 'The Odisha COVID-19 Regulations, 2020' was issued that recommended the government and private hospitals to mandatorily have dedicated COVID-19 isolation facilities. Soon after, on March 19, the DH&FW issued guidelines for private health care facilities specifying the hospitals to have a COVID-19 specific counter with separate entrance, regulating the entry of visitors, and infection control measures. On March 21, a partial lockdown in five revenue districts and eight towns was imposed, and on March 23, government ordered suspension of intra-state bus services and city bus service in all urban local bodies. On March 24, the state government enforced state-wide lockdown.

On April 9, wearing masks was made compulsory for people stepping out of their houses, and prohibition of spitting in any form in public places, was enforced on April 16. On April 19, advisories stating mandatory registrations, 14 days quarantine specifications and 2000 rupees incentive guidelines were issued for handling the influx of migrants from other parts of India. Government adopted a decentralised approach to fight the pandemic, which was a historic move in itself. On April 22, the state delegated powers of District Collectors to sarpanches of Gram Panchayats to fight the pandemic in

their jurisdiction and provided 5 lakh rupees each to the panchayats to hasten and augment quarantine facilities in rural areas. This led the empowered panchayats to spread awareness about the disease, disseminate government's guidelines and advisories, emphasise on importance of home isolation/stay in quarantine centres and handwashing, adhere to social distancing.

The Women Self Help Groups from many rural areas are supporting in manufacturing and supply of cotton masks, cooked food to the destitute, migrants, etc. besides vegetable and ration vending, Grassroot workers like Anganwadi workers, Auxiliary Nurse Midwife, Youth Volunteers, Teachers, NGOs, CBOs go door to door supporting community and ensuring adherence to the directives and guidelines of the government. This approach is effective in community monitoring of the migrants, rural inhabitants and their movements, and thus slowed the disease spread.

In the past, the state was lauded for managing disasters and with the innovative approaches like delegating powers to the grassroots level representatives and institutions, the state has been faring well in generating awareness, minimising deaths, and improving in patient's recovery rates, overall in fighting the pandemic. ■



# What Did Nepal Do to Slow Down COVID-19 Spread?

By Surya Bahadur Thapa, Chairperson, Disaster Preparedness Network (DPNet), Nepal

As of 12<sup>th</sup> July 2020, the total cases of COVID-19 in Nepal have reached 16,719, 8442 people have recovered whereas 38 people have lost their lives. The Government of Nepal along with civil society organizations are working to control the outbreak of COVID-19. The Government of Nepal has taken the situation seriously after the WHO declaration COVID-19 a pandemic on 11<sup>th</sup> March 2020.

The first case of COVID-19 was detected in Nepal on 23<sup>rd</sup> January 2020, whereas the second case was detected on 23<sup>rd</sup> March 2020 followed by the strict lockdown for a week from 24<sup>th</sup> March, however since the cases were in increasing trend the lockdown was extended till 14<sup>th</sup> June. Considering the economic revival the lockdown was eased from 15<sup>th</sup> June 2020. The international land borders have been closed since 14<sup>th</sup> March 2020, international flights to and from Nepal have been suspended since 22<sup>nd</sup> March. Apart from closing the airport the long distance road journey are also suspended from 23<sup>rd</sup> March. After the lockdown the social functions and programs with a gathering of more than 25 people have been prohibited by the Government. Schools, Universities, Cinema halls have been closed since then. To minimize the impact of COVID-19 on learning, the government has adopted a distance learning medium through radio and FM stations for secondary level students.

The government had formed the High level Coordination Committee for the prevention and control of COVID-19 under the leadership of Deputy Prime Minister and concerned Ministers as a member. Later this committee was dissolved and all the responsibilities were given to Corona crisis management centre. The Government has also formed a COVID-19 relief fund and formulated various standards, guidelines and procedure for the prevention and control of COVID-19.



Surgical bed hand over.

Organizations, private sectors and individuals have contributed financially to COVID-19 relief fund. Awareness messages are disseminated as a ring back tone through mobile networks, radio jingles, television, social media and audio message in public by both the Government and CSO's. Government has allocated hospitals for COVID-19 patients. Similarly, all private hospitals throughout the country are also instructed by the government to allocate ICU's and separate isolation wards for the treatment of COVID-19 patients. The hospitals are categorized in three different levels, level-1 for mild case management, level-2 for moderate to severe case management, level-3 for specialized care services.

All 753 local levels have been allocated space and managed quarantine and they are also responsible for contact tracing at the local level. The civil society organizations have supported to manage the quarantine and isolation camps by providing essential materials, volunteer mobilization, and distribution of relief materials (food, hygiene kits, etc.) at the local level. Whereas, the medical equipment's and supplies were handed over to the federal government through joint procurement by INGO's.

Considering the COVID-19 issue not only a health issue but as a humanitarian issue, CSO's advocated for the relief support and transportation service during the lockdown for the stranded people travelling long distance by foot to their home town. Calls for insurance service support from Government were also made. Corona virus infection insurance policy was endorsed and is implemented with a premium of NPR 1000 and NPR 300 that provides the policy scheme of NPR 100,000 and NPR 50,000 respectively. They also have important role in collecting and disseminating information, sharing the views through press release, providing advice to the Government and pressurizing for effective service, increasing the testing, etc. The Government has also formed the CSO's coordination and mobilization committee for the prevention and control of COVID-19.

Recently, the government has issued a circular for wearing masks mandatorily in public places, people flouting this rule will be charged under the infectious disease prevention and control Act. The government has tried to increase the test for about 15000 tests/day, however the target is not met as the test kits are limited. ■

## ADRRN's Roles in COVID-19 Response

By *Hafiz Amirrol*, Network Coordinator, Asian Disaster Response and Reduction Network ([ADRRN](#))/  
Head of Strategic Planning, MERCY Malaysia; and  
*Rita Thakuri*, Membership Manager, ADRRN/ Executive Secretary,  
National Society for Earthquake Technology (NSET). Nepal

Given that the world is more integrated today than ever before, a pandemic outbreak can disrupt many things beyond what we are used to. A global pandemic requires a coordinated global response with local actions. Without coordination within and across countries, the novel coronavirus will endlessly re-emerge, with devastating consequences for public health and the global economy.

This crisis has provided an opportunity to show more regional integration, even though most

countries' reaction to the COVID-19 crisis was to look inward and act alone. In the Asia-Pacific region, the impacts of the pandemic have reverberated soundly among its population of more than 4 billion and in its network of vital supply chains. In the face of such challenges, the region must respond quickly and collectively to save lives and build resilience against future pandemics.

While the health sector is managing to hold its own, and perhaps may even emerge stronger once the COVID-19 outbreak has been

resolved, the same cannot be said of many other sectors, which have been devastated. These sectors have never really taken into account even the remotest possibility of such an infectious disease outbreak occurring despite having gone through SARS less than 20 years ago.

Cooperation on regional preparedness and response remains vital for supporting consistent, coordinated and evidence-based humanitarian action across the region, enabling it to manage and recover from the crisis in a

In below pictures we can see ADRRN Member are supporting communities and government with various local actions to response COVID-19:



Picture 1: Distribution PPE, Facial shield and Mask for Clinic  
(Source: CDA, Myanmar)



Picture 2: STAR Foundation conducting need assessment survey. (Source: STAR Foundation, Pakistan)



Picture 3: Distributing ration kit to vulnerable families at the banks of Yamuna in the Machhi Katta, East district of Delhi.  
(Source: SEEDS India)



Picture 4: Supporting women group to produce mask to be distributed for the communities in Eimadake-Central Sabu, East Nusa Tenggara. (Source: SHEEP Indonesia)



sustainable way. Lack of such action will undermine the region's capacity to recover and exacerbate negative fallouts from the outbreak.

Asian Disaster Reduction and Response Network (ADRRN) is a regional network of civil society organizations (CSOs) working in the field of disaster risk reduction, sustainable development and humanitarian response. ADRRN aims to promote coordination, information sharing and collaboration among CSOs and other stakeholders for effective and efficient disaster reduction and response in the Asia-Pacific region. Currently, ADRRN has 53 member organizations from 20 countries.

ADRRN members have been working hard to support people in need at this difficult time and have taken local initiatives to provide health and livelihood support to respective communities. The secretariat of ADRRN had conducted surveys to produce a report on our members' activities and country situation mapping.

The survey includes initial risk analysis and capacity assessment, including mapping of vulnerable populations, with a focus on reducing health and social inequalities. 36 ADRRN members from 16 countries participated in the survey, and the first report was published on May 3, 2020. A second version of the report was published on June 29, with participation of 39 members.

The report also highlights key local actions during this global emergency. Several initiatives and actions have been taken by ADRRN's members to share technical expertise, risk reports and data analyses. With the sheer global scale of this pandemic, civil society organizations are also playing more important role to support their local and national government to cope with this crisis by advocating and supporting the development of needful policy, guidelines, risk communication and awareness materials.

Our circumstances today are exceptional, and it requires integrated and coordinated response

in an almost unconventional ways that are centered on solidarity. The threat of COVID-19 will continue as long as there is no vaccine available, and so, no countries and their citizens can afford to be complacent. In the near future, sporadic clusters of infections should be expected.

The challenges are enormous, but with a strong network and partnership, many initiatives such as data and information sharing and management, risk communication, peer learning, and other efforts that were previously taken for granted are now central in devising coordinated strategies to address the threats of pandemics in the longer term.

ADRRN stays committed in maintaining dialogue on evolving exposures and trends that will help us best prepare for the future risk landscape. It is this particular focus, together with the need for a holistic approach to risks in the future, that underlies the notion of reducing and managing emerging unconventional risks and hazards such as the one we are fighting together now. ■

## CASE STUDY

# Leaving No One Behind amid Pandemic in Bangladesh

*By Refata Nasim, Programme Officer, CBM Bangladesh Country Office, Bangladesh*

**C**BM (Christian Blind Mission) has made the inclusion of the most-at-risk group of people including persons with disabilities in disaster risk management at the local level a reality ensuring that no one is left behind, even amid this global pandemic. CBM along with its partners, local level civil society organizations and government agencies has put relentless efforts to reduce the risk during disaster as well as Covid-19, by taking locally appropriate strategic measures such as making evacuation process disability inclusive, maintaining social distances in cyclone shelters,

accessible WASH facilities, and accessible messaging on early warning. This is how CBM has demonstrated that even in the most complex and difficult disaster scenario, disability inclusive disaster risk management can be implemented to reach out to the most at-risk population groups.

CBM with its partner has made disaster preparedness inclusive by making early warning accessible and the evacuation process safe and inclusive for persons with disabilities. It disseminated early warning messages in an accessible

way in coordination with Bangladesh government volunteers of Cyclone Preparedness Programme (CPP). As the cyclone shelters in closer proximity were overcrowded, CBM with the coordination of other NGOs and local level government arranges shelter for people with disabilities and at-risk group of people in safe places other than the cyclone shelters such as mosques, residential hotels, NGO offices, neighboring concrete buildings. Moreover, CBM also ensured the separate place and accessible wash corner for persons with disabilities, children, elderly



*Monowara Khatun, Persons with Visual impairment is receiving orientation on hand washing considering Covid-19.*

people and women in the cyclone shelters. CBM and its partners ensured that the accessibility, inclusion, hygiene and safety aspects had been addressed throughout the preparedness process accordingly.

Awareness raising on hygiene practice among persons with disabilities was another important task which CBM and its partners carried out to ensure the health safety to reduce the risk of covid-19 infection. CBM disseminated awareness inclusive messages on hand washing and personal safety for the persons with disabilities in inclusive and accessible manner by reaching out to such communities

door to door. Moreover, CBM extended support towards persons with disabilities by distributing hygiene kits among persons with disabilities, disinfectant liquid and personal protective equipment to the local government officials who have been primarily involved with the field level interventions.

The psychosocial condition of the persons with disabilities also significantly deteriorated due to the long nationwide lockdown. In that perception, CBM initiated online platform offering psychosocial counselling to the service. This counselling and follow up process contributed to the reduction of violence against women with

disabilities and people with psychosocial disabilities.

In addition to the immediate shocks, CBM is considering impacts of the disastrous events. COVID-19 has already adversely impacted the country's economy and pushed many into poverty. The pandemic has also disrupted the lives of many persons with disabilities. CBM is planning to provide innovative livelihood options to persons with disabilities so as to help them cope better with the economic impacts of the pandemic. Such efforts will be incorporated into CBM's existing interventions such as Disability Inclusive DRR.

In conclusion, it can be said that it was no way easy to handle and overcome the challenges the covid-19 pandemic has brought to us especially regarding the vulnerability of persons with disabilities associated with other natural disasters. However, CBM with its partners has managed to reduce the risk for persons with disabilities by ensuring accessibility, inclusion, hygiene practice in the DRR processes that ensured none including persons with disabilities is left behind during disaster.

#### **Reference:**

CBM Semi Annual Report of 3828 project, 2020. ■

## **When COVID-19 Meets Cyclone Amphan**

What happens when two disasters occur simultaneously? What happened when pandemic COVID-19 affected communities in coastal Bengal in India and Bangladesh faced cyclone Amphan? Dr. Ilan Kelman has a caution to offer in his article titled 'A Warning from History About Simultaneous Disasters' ([click here](#)). He makes an overwhelming point that the world can decide to lockdown but the nature does not, and neither risks. ■

Photo credit: Microgen / Shutterstock



## Sri Lanka's Response to COVID-19 Pandemic

*By Maj. Gen. S. Ranasinghe (Retd.), Director General, Disaster Management Centre, Sri Lanka*

### Current Global and Local Picture of COVID-19

The COVID-19 (also known as the Coronavirus) pandemic has been engulfing the entire world in the past few months recording over 12 million confirmed cases and 560, 209 deaths. In Sri Lanka, a total of 2459 confirmed Coronavirus cases and 11 deaths have been reported as of 11th July 2020. However, out of the cases detected so far, 1980 patients have been recovered and discharged recording a recovery rate of 80.52% compared to a global recovery rate of 58.39%. The highest number of cases have been reported from the districts of Colombo, Gampaha, Puttalam, Kalutara, and Kandy. Despite being a developing country, Sri Lanka has been recognized in a number of international forums for its success in countering COVID-19 (Key informant interviews, 2020). The pandemic has posed unfavorable health impacts on the island but the country's health authorities and other relevant stakeholders were prepared to a considerable extent that such preparedness prevented said impacts from escalating to a health crisis (Key informant interviews, 2020). Confirming this, a recent article published in 'Deutsche Welle' reported that "the island nation's high testing rate coupled with its established healthcare and surveillance system has kept COVID-19 mortality at bay".

### Measures of Control and Prevention

Sri Lanka has taken preventive measures against the entry of coronavirus to the country during the third week of January 2020, well before the detection of the first imported case of COVID-19 on 27th January. In this regard, the elevated body temperature screening machines were installed at the

country's international airports as a decision of main stakeholders of the border health security of Sri Lanka. A national action committee was formed by the Ministry of Health (MOH) to prevent the spread of the virus in Sri Lanka. Since the first week of March, passengers arriving in from Italy, Iran, and South Korea were sent to the quarantine center in Batticaloa. As of the second week, of March the number of quarantine centers all over the country was increased to 12 by the Sri Lankan Army. As of the 5th of April Sri Lanka Army maintained 37 quarantine centers while Sri Lanka Air Force [SLAF] maintained 2 and Sri Lanka Navy [SLN] maintained 1. After the first Sri Lankan was tested positive for COVID-19, the Sri Lankan government took several preventive and control measures. Schools and Universities were closed within a week and an emergency curfew was imposed in certain areas of the island where the risk of transmission was high. With the increasing numbers of detected COVID-19 cases, the Sri Lankan government declared an island-wide curfew during the third week of March. Most of the government and non-government workers were entitled to work from home except those who were representing essential services. Sri Lanka had banned the arrival of tourists from certain countries at the early stages of the outbreak and several countries were added to the list later. Due to the increased risk, all the international airports in Sri Lanka were closed for the operation of inward international commercial passenger flights with effect from 04:00 hours on 19th March 2020. As several arrivals were permitted during the lockdown period, vigilance and screening were carried at Ports of Entry [PoEs] under the

supervision of the Quarantine Unit, Ministry of Health. Currently, PCR tests have been conducted for all arrivals at the PoEs. On 26th March a Presidential Task Force was established by way of Gazette Extraordinary No. 2168/8 to direct, coordinate, and monitor the delivery of continuous services for the sustenance of the overall community life.

In responding to the COVID-19 outbreak, the Disaster Preparedness and Response Division (DPRD) of the Ministry of Health acted as the overall coordinator for the health sector. DPRD has developed and published Sri Lanka Preparedness and Response Plan- COVID-19 which includes the key activities and strategies for responding to COVID-19. Country Level coordination, planning, and monitoring processes were done by the National Level Coordination Body chaired by the president. The Emergency Operation Centre (EOC) of Disaster Management Centre (DMC) was activated scaling up the emergency response mechanism with a high level of political commitment and leadership and multi-sectoral participation. The Epidemiology Unit of the MOH was responsible for the coordination of activities related to surveillance, response, and case management. At the beginning of the outbreak, only the Medical Research Unit (MRI) had the equipped laboratory facilities for testing of COVID-19. But nearly 10 laboratories including several universities were soon upgraded for testing COVID-19. This upgrade had increased the PCR testing capacity of the MOH to 1200 per day. Now the health sector has the resources for mobile PCR facilities as well (Key informant interviews, 2020). The Epidemiology Unit has developed a separate



algorithm for COVID-19 PCR testing which includes all possible cases (ex: suspected cases in hospitals, close contacts of positive cases, quarantine centers). Additionally, the Epidemiology Unit was responsible for the development of clinical guidelines, guidelines for quarantine, use of PPE (masks, gloves), and physical distancing.

The existing surveillance system of communicable diseases which was legally mandated by the Quarantine and Disease Prevention Ordinance [1897], was strengthened for contact tracing and community-based monitoring. Public Health Authorities had the main responsibility of contact tracing and community-based monitoring while it was supported by the police cum tri forces and monitored by the Epidemiology Unit. At the early stages of the outbreak data collected at Ports of Entry regarding international arrivals were cleaned and analyzed at the DPRD and disseminated through regional epidemiologists to the Medical Officers of Health for contact tracing. National Institute of Infectious Diseases (IDH) worked as the body of excellence in the case management of COVID-19. At the early stage of the outbreak, IDH had isolation facilities for less than 10 patients. But since the 1st case was reported in Sri Lanka, IDH had increased the number of isolation units to more than 100. Soon 11 hospitals were designated for case management of COVID-19 and were assigned with the responsibility of treating infected patients. These hospitals were ready for a surge and had enhanced triage procedures. In 2019, there was a preparedness and response drill performed in IDH under the supervision of the Ministry of Health which was aimed at assisting staff of the Hospital to handle cases of COVID-19 outbreak efficiently (Key Informant Interviews, 2020). Risk communication and community

engagement were handled by the Health Promotion Bureau (HPB) of the MOH. In this case, the HPB has disseminated trusted, real-time data to the public through mass media, social media, community-level public announcements, and innovative approaches such as songs. Active rumour monitoring was done by the MoH and the World Health Organization. Most importantly the HPB has liaised with central level key stakeholders, provincial / district / community level field health staff, and other partners for the effectiveness of risk communication. Additionally, several agencies such as the Government Medical Officers' Association and the College of Community Physicians were actively engaged in providing their knowledge and vision for decision making and enhancing public awareness about COVID-19.

#### **Addressing Cascading Impacts of COVID-19**

The appointed presidential task force was instructed to provide an allowance of LKR. 5000 to low-income families and economically vulnerable populations as a single payment since there were significant adverse impacts on the key economic sectors of the country. People in lower socio-economic strata were affected more severely. Responding to COVID-19 was a collaboration among all administrative levels from the central government to the divisional level. At the district level, COVID-19 committees were established in addressing the cascading impacts of the outbreak. Those district-level committees have assisted the quarantine centers and the divisional secretaries in delivering their services. The distribution of LKR 5000 was monitored at the divisional level. Divisional level COVID-19 responses included recommendations for curfew passes, ensuring access to essential services, supplying food and dry rations to other institutions,

provision of pension, and maintenance of social order. In responding to the adverse impacts of COVID-19, lack of village-level data to identify the beneficiaries of the LKR 5000 allowance and the multiple revisions made to the circular issued by the government for providing said allowance have become challenges for the divisional secretaries. Apart from the responsibilities that fall under the disease surveillance system, Medical Officers of Health were responsible for ensuring that behavioral guidelines like social distancing were followed by the public and issuing medical clearances for curfew passes (Key informant interviews, 2020). As there were adverse impacts on the economy, several private sector stakeholders were engaged in addressing the cascading impacts of COVID-19. As an example, the Ceylon Chamber of Commerce has provided their vision on a public-private partnership for accelerated economic recovery post-COVID-19 in Sri Lanka. Non-governmental agencies such as Asia Pacific Alliance for Disaster Management and World Vision, Sri Lanka collaboratively worked with government stakeholders in responding to COVID-19 effectively.

#### **Conclusion**

The effective response to the COVID-19 outbreak isn't an achievement of one or two parties. It can be considered as the output of an active mechanism that consists of inputs from several stakeholders such as country leadership, health sector, provincial/local government, private institutes, NGOs, INGOs, and the general community. The strong leadership, availability of experts in the health sector, public trust in the government, and effective inter-sectoral coordination could be recognized as major strengths in responding to the COVID-19 outbreak in Sri Lanka. ■

## CASE STUDY

# Local Effort for Global Pandemic

By Sanat K. Bhowmik, Deputy Executive Director, COAST Trust, Bangladesh

On 30 and 31<sup>st</sup> March, 2020 the organization has distributed US\$19,000.00 to 8 coastal districts and 47 sub-districts in the government created corona virus welfare fund. Considering the situation, since March 10, other activities have been undertaken in 9 coastal districts in its working areas. Earlier, the organization continued its vigilance program at various stages. For example, creating awareness to the community levels through videos, promoting shows on Facebook, creating and distributing leaflets, building awareness regularly among members and follow-ups during home visits. Also, guidance and motivation are provided to employees through regular video conferences.

To improve awareness levels, COAST distributed 450,000 leaflets in the families, schools, colleges, madrasas, religious institutions in the coastal areas reaching more than 8.5 million coastal people.

Besides, to raise awareness of the Rohingyas, 150,000 leaflets printed in Burmese Language and distributed to 37 camps and 77 camp mosques with group discussions through the

presence of 350,000 Rohingya people. A total 6 different videos in 3 languages (Bangla, Burmese and Chittagonian) have also been made and uploaded to COAST Trust's Facebook page and YouTube channel. All materials can be found on COAST's website ([www.coastbd.net](http://www.coastbd.net)).

The leaflets were with the theme of the World Health Organization on relief from mental stress, and the Department of Health's message on preventing the virus, how to stay home quarantined, the punishments if home quarantine isn't done properly, breathing exercise, measurement and understating of blood saturation in the body, how to use the face-mask and so on.

Staff have been trained on different issues from COVID-19 infection prevention and control. They also received different online training from the organization like WHO, Health Department etc. The focal persons for different to take care of COVID-19 related activities have been duly assigned by the organization. All the offices of the organization have been equipped with disinfection devices and staff

are using these properly. It has been declared that all the costs for treatment of COVID-19 affected staff will be borne by the organization including all physical arrangements of treatment. The organization is committed to protect all its staff members from COVID-19 as well as committed to raise awareness of the member-participants so that they can protect themselves from the pandemic. The member participants (beneficiaries) are trained in the weekly group meetings and when they come to office for taking services and loans.

It also maintains liaison with the Department of Health Services of the country for assisting to combat and cope up the COVID-19 pandemic. It is also working with other stakeholders and local government representatives so that the community people get more awareness and start practices for using the protective equipment like face-mask, hand-gloves, hand washing and maintaining social distancing.

The organization is committed to continue the activities for saving the lives from deadly corona virus. ■



Food and NFI (Soap, Pitcher, lid) distribution.



Chairman Jaliyapalong provider Relief.

## A Whole-of-ASEAN Post Pandemic Approach

By H.E. Kung Phook, Deputy Secretary General of ASEAN for ASCC, Indonesia

ASEAN is one of the most disaster-prone regions in the world and has always been made vulnerable by the emergence or re-emergence of infectious diseases. Strategically, the region has progressively been developing and implementing various measures to mitigate and respond to emergencies over the years by constantly adapting and refining its regional policies, strategies and mechanisms. These have been strongly undertaken by the ASEAN sectors involved with disaster management and health crisis.

As Coronavirus Disease 2019 (COVID-19) rapidly spread across the world, ASEAN was quick to further step-up national and regional cooperation, in response to the World Health Organization (WHO) declaration of COVID-19 outbreak as a Public Health Emergency of International Concern on 30 January 2020 and as a pandemic on 11 March 2020. ASEAN's earnest efforts to learn from history and proactiveness in preparing for future hazards and threats have proven to be crucial in contributing to the regional efforts towards flattening the epidemic curve.

The ASEAN Member States' National Disaster Management Organisations (NDMOs) were promptly tapped by the respective national governments to support inter-ministerial task force efforts to respond to the pandemic. With the recommendations arising out of the Special ASEAN Summit on COVID-19 in April 2020, the ASEAN Disaster Management sector offered the NDMOs additional provisions of relief support items that may aid in their respective national responses.

The ASEAN Health Ministers, in their 14<sup>th</sup> Meeting in August 2019, reiterated their commitment to the effective cooperation and

implementation of regional activities for the preparedness, prevention, detection and response to communicable, emerging and re-emerging diseases including pandemics, and other public health emergencies or health impact of disasters, and health security threats. This regional commitment was demonstrated by the swift interventions by the ASEAN Health Sector shortly after a cluster of pneumonia cases due to a novel coronavirus was shared on the first week of January 2020 based on the report from the Wuhan Health and Medical Commission.

While ASEAN is far from the end of the tunnel at this juncture of the pandemic, there is merit in reflecting upon the current developments while keeping an eye on what may lie ahead. In the spirit of *One ASEAN, One Response*, ASEAN is still progressing in its regional pandemic preparedness and response strategy by adopting a whole-of-ASEAN approach through strengthening its mechanisms in the sectors involving health and disaster management; enhancing inter-sectoral coordination; empowering the ASEAN Community; and, promoting active engagement with the private sector in the region. It may serve us well to consider what regional measures have proven its worth in this crisis and what we can do to better prepare ourselves in future public health emergencies.

First, the ASEAN Health Sector should continue to capitalize on the momentum generated to strengthen the established best-practices in responding to this crisis. Beyond existing mechanisms, a set of complementary interventions are strategically supported by the Sector to address gaps and build vital capacities in the region. On immediate needs, the COVID-19 panel of regional and global experts

is underway to promote knowledge exchange, learning and to gather expert advice in addressing public health emergencies and related socio-economic impacts. Concurrently, the COVID-19 ASEAN Response Fund has been established to finance the goals of ASEAN Member States in detecting, controlling and preventing transmission and in protecting the safety of all in ASEAN. A more fundamental undertaking and a potential contribution to the *One ASEAN, One Response* architecture, is the conduct of a study on the establishment of the regional centre for public health emergencies and emerging diseases. This is currently being undertaken with the cooperation and support of the Japan Government in response to the medium and long term needs of ASEAN. These initiatives create synergies and are essential to be continued to anticipate future pandemics.

Second, ASEAN may enhance its well-established cross-sectoral coordination mechanisms in place to ensure the full involvement of all stakeholders from the various ASEAN Sectoral Bodies in responding to future public health emergencies. As with any crises, it is imperative to bring together expertise and perspectives from all sectors to the fore in order to ensure levelling of understanding and priorities, cooperation, coordination, and imbibe trust and confidence in the roles and responsibilities of the various actors. Regular high-level exchanges between ministries and table-top exercises at the operational level would contribute towards this endeavor. The establishment of the ASEAN Coordinating Council Working Group on Public Health Emergencies (ACCWG-PHE) under the ASEAN Political-Security Community Pillar is a laudable example which serves to coordinate





H.E. Kung Phook. Photo ASEAN.



Special Video Conference of ASEAN Health Ministers Meeting held on April 14, 2020.

the cross-pillar efforts in mitigating the impacts of COVID-19.

Third, ASEAN must engage the private sector to contribute ideas and solutions for the region. While the ASEAN Economic Community Pillar have responded well to mitigate the impact of COVID-19 on the ASEAN economy, more needs to be done to engage businesses in the region to be part of the collective effort in the interest of public health. Dialogue can continue with ASEAN Small and Medium Enterprises (SMEs), as key drivers and contributors to the GDP of ASEAN, to explore mutually gainful interventions based on the needs of AMS. These may revolve around the production of relevant

personal protective equipment (PPE) and use of locally-based digital technology start-ups to promote and develop innovative ideas to support national and regional strategies and solutions.

Lastly, we should empower the ASEAN communities to be part of the health prevention and promotion solution rather than merely view them as potential patients requiring curative care. This necessitates a change in the societal mindset. The success of countries in flattening the curve in pandemics lie not only upon the shoulders of governments but on the shared accountability of its people. The ASEAN community has demonstrated resilience and

collective consciousness in overcoming odds, not only through COVID-19 but also in past epidemics like SARS, MERS COV and Zika Virus. Recently, however, we have been witnessing the consequences of inconsistent adherence to social and public health measures that have led to challenges in containing the spread of the virus in some affected countries. Within this context, ASEAN must continue to advocate effective public health interventions to empower the ASEAN Community as agents of change.

The collective response to COVID-19 is essential in keeping ASEAN healthy and resilient. ■

## Nature-Positive Future

What is our future in these uncertain times of COVID-19? And in fact what is nature-positive future? Not only a team at World Economic Forum working on these ideas but in fact has come up with what they have titled 'A blue-print for business to transition to a nature-positive future' ([click here](#)).

As nature-related business risks increase a new World Economic Forum report, The Future of Nature and Business, provides a way ahead. As no business is not linked with nature, in fact business of business is in and around nature, this report and the article are a must read for those who look new-normal in South Asia. ■

Photo credit: World Economic Forum



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- |   |   |   |    |
|---|---|---|----|
| <b>1. Revisiting Urban Risks: Planning for Complex Emergencies</b><br><i>By Mihir R. Bhatt, AIDMI, India</i>                          | 2 | <b>6. Leaving No One Behind amid Pandemic in Bangladesh</b><br><i>By Refata Nasim, Programme Officer, CBM, Bangladesh</i>             | 9  |
| <b>2. Role of NIDM in COVID-19 Response: Top Agenda</b><br><i>By Maj Gen Manoj Kumar Bindal, VSM, Executive Director, NIDM, India</i> | 4 | <b>7. Sri Lanka's Response to COVID-19 Pandemic</b><br><i>By Maj. Gen. S. Ranasinghe (Retd.), Director General, DMC, Sri Lanka</i>    | 11 |
| <b>3. COVID-19 Pandemic: How Odisha Ensured Slow Spread in Rural Areas?</b><br><i>By Abha Mishra, UNDP, India</i>                     | 6 | <b>8. Local Effort for Global Pandemic</b><br><i>By Sanat K. Bhowmik, Deputy Executive Director, COAST Trust, Bangladesh</i>          | 13 |
| <b>4. What Did Nepal Do to Slow Down COVID-19 Spread?</b><br><i>By Surya Bahadur Thapa, Chairperson, DPNet Nepal</i>                  | 7 | <b>9. A Whole-of-ASEAN Post Pandemic Approach</b><br><i>By H.E. Kung Phoak, Deputy Secretary General of ASEAN for ASCC, Indonesia</i> | 14 |
| <b>5. ADRRN's Roles in COVID-19 Response</b><br><i>By Hafiz Amirrol, ADRRN; and Rita Thakuri, NSET, Nepal</i>                         | 8 |   |    |

### About the cover photo:

Two leaves, of Badam (Indian Almond) and Shetur (Mulberry), are found all across South Asia. These resilient trees have not only found a secure place in the natural environment, but they evoke deep cultural associations among the people of the sub-continent for centuries.

The views expressed in this publication are those of the author.

For Personal and Educational Purpose only.

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