Reorientation of State Policies to Combat COVID-19: A Rapid Assessment of an India State Exerting Social Control Measures

Pranaya Kumar Swain#
Reader-F, National Institute of Science Education and Research, HBNI
At/PO- Jatni, Khurda, Odisha-752050
Phone: +91 6742494371
#Email: pranay@niser.ac.in

Abstract

The COVID-19 virus is highly contagious as it does not respect borders, societies or communities. Even with most of the world in lockdown and clinicians battling with support measures for those infected, the governments are borrowing combat measures from each other despite scores of uncertainties. However early or late stage a country is in as regards to the virus spread, the governments are desperately trying to arrest the crisis that is dynamic and ever evolving. As such there is very little to claim about the success or lack of it, of any measure as a preventive or curative one. With this at the backdrop, this paper intends to provide a rapid assessment of reorientation of Government policies and strategies to address the emergent health and non-health issues associated therewith. With lots of limitations and within the ever-changing scenario of COVID-19 calling for continuous changes in the adopted measures, the paper documents key themes and policy changes that the Government of an Indian State-Odisha, known widely for its track record of disaster preparedness and management, has adopted in a challenging and dynamic situation. It utilises known and select Governmental and institutional sources to offer insights into some core social, economic and political issues that social scientists and policy researchers will be interested in investigating further in the days to come.
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**Keywords:** Coronavirus, COVID-19, pandemic, emergency, disaster management, state policy, governance

**List of Abbreviation**

AIIMS : All India Institute of Medical Sciences  
APR : Armed Police Reserve  
BMC : Bhubaneswar Municipal Corporation  
CM : Chief Minister  
COVID-19 : Coronavirus Disease 2019  
CET : Central European Time  
DH&FW : Department of Health and Family Welfare  
DPH : Directors of Public Health  
DHS : Department of Health Services  
DMET : Department of Medical Education and Training  
GoO : Government of Odisha  
GP : Gram Panchayat  
IST : Indian Standard Time  
ICSSR : Indian Council of Social Sciences Research  
IR : India Reserved  
IIT : Indian Institute of Technology  
ILS : Institute of Life Sciences  
IAS : Indian Administrative Service  
IPS : Indian Police Service  
MERS-CoV : Middle East respiratory syndrome Coronavirus  
NISER : National Institute of Science Education and Research  
OSDMA : Odisha State Disaster Management Authority  
ODRAF : Odisha Disaster Rapid Action Force  
OSAP : Orissa Special Armed Police  
PHFI : Public Health Foundation of India  
PRI : Panchayati Raj Institutions  
RMRC : Regional Medical Research Centre  
SARS-CoV : Severe Acute Respiratory Syndrome Coronavirus  
SIR : Specialized India Reserve  
THC : Temporary Health Camp  
ULB : Urban Local Bodies  
WHO : World Health Organization
Introduction

In the past decades, several viral epidemics such as the severe acute respiratory syndrome coronavirus (SARS-CoV) in 2002-2003, H1N1 influenza in 2009, the Middle East respiratory syndrome coronavirus (MERS-CoV) have been recorded (Cascella, et.al. 2020). According to the World Health Organization (WHO), viral diseases continue to emerge and represent a serious issue to public health. On 11 February 2020, the WHO Director-General, Dr. Tedros Adhanom Ghebreyesus, announced that the disease caused by this new CoV was a "COVID-19," which is the acronym of "coronavirus disease 2019". The new virus was reported to be very contagious and had quickly spread to several countries. Announcing the nomenclature, Dr Tedros said, “Under agreed guidelines between WHO, the World Organisation for Animal Health and the Food and Agriculture Organization of the United Nations, we had to find a name that did not refer to a geographical location, an animal, an individual or group of people, and which is also pronounceable and related to the disease. Having a name matters to prevent the use of other names that can be inaccurate or stigmatizing. It also gives us a standard format to use for any future coronavirus outbreaks”.

By then, as reported by WHO, there were 42,708 confirmed cases reported in China with 1017 having lost their lives. Most of the cases and most of the deaths were in Wuhan of Hubei province. Outside China, there were 393 cases in 24 countries, and 1 death (WHO, 2020). During March 2020, with infection rates and deaths soaring, and the media reporting about an overloaded health care system, first in Italy and soon after in Spain, the COVID-19 had become a powerful global agent (Zinn, 2020). It had developed into a pandemic by March 2020 with small chains of transmission in many countries and large chains resulting in extensive spread in a few countries, such as Italy, Iran, South Korea, and Japan (WHO, 2020). As predicted by many virologists and epidemiologists, most countries were likely to have spread of COVID-19, at least in the early stages, before any mitigation measures had an impact (Anderson, et.al., 2020).

The biological and clinical aspects of this novel virus gradually assumed viral proportion across all the media. The daily press briefings of the director general of the WHO, and experts from national institutes responsible for disease control and prevention were given prime time slots in television to promote the most recent data and advice on how to protect against the virus (Zinn, 2020). Many leading academic journals and publication groups such as Elsevier, Springer, etc. started inviting articles on COVID-19 and fast-tracked the review and publication of research papers on priority and made them available for free. This was reported to be in support of the global response to COVID-19 by enabling fast and direct access to the latest available research, evidence, and data (Springernature, 2020). The existing literature on the etiology, the epidemiology, the pathophysiology, the histopathology, along with the non-health aspects of the virus (Perlman, et.al., 2009; Chan, et.al, 2013; Chen, et al. 2020; Chan, et.al. 2020; Bauch, et. al. 2005; Angeletti, et.al. 2020; Wu, et. al. 2020) were quickly made available across the most referred and credible points of access.

Government Measures across the Globe

The outbreak of the pandemic necessitated most governments across the globe to declare a state of emergency and adopt required measures to contain the virus. Public places such as shopping arcades, cinemas, airports, railways stations, coffee shops, bars, clubs, airports, schools, and universities came to a halt until further notice. Many once-so-busy places turned into silent and desolate pieces of land (El Maarouf, et.al, 2020). Experiences from China and other countries showed that quarantine, social distancing and isolation of infection could contain the epidemic. Even the past experiences from Singapore and Hong Kong in addressing the SARS epidemic in 2002-03 were encouraging (Anderson, et.al., 2020). However, given the diverse socio-economic, political and cultural landscapes across the globe, it is unreal to expect that all the affected countries would be able to implement the stringent measures that these countries eventually adopted.

Zinn (2020) argues that the reality of the spread of the virus coupled with media coverage depicting the impact of the virus and psychological tendencies in human responses to uncertain, unknown and involuntary risks will influence the Governments to design authoritative knowledge and tools to manage the epidemic. However, these forces put together constitute a monstrous threat that puts the Governments under pressure and define their success or lack of it (Latour, 2005; Mol, 2003). Zinn further argues that Chinese authorities
responded with the relentless power of its totalitarian regime by isolating Wuhan which is a major travel hub for people from China and the rest of the world and by applying rigid mobility restrictions and enforcing behavioural changes. To add to that, the WHO and other countries, even after being informed about the novel coronavirus were initially slow to respond that allowed the virus to spread further and assume a catastrophic magnitude. Between then (the announcement by WHO on 11 February 2020) and now (as on 05 May 2020), the numbers have grown exponentially to an extraordinary magnitude. WHO dashboard on 05 May 2020 at 17.00 hr CET reads (as shown in Figure 1), globally there are 3,489,053 confirmed cases, 241,559 confirmed deaths and 213 countries, areas and territories with cases.

Despite the fact that the COVID-19 virus is highly contagious and it does not respect national borders, apprehension remains in an empirical question whether governments worldwide collaborate and confront the challenge or allow it to grow into a ‘monstrous threat’ (Latour 2005; Mol 2003) that necessitates extreme measures, and requires an answer to the question in which world we want to live. The UK and recently Sweden with a relatively relaxed approach initially to control the spread, had to move to engage in more rigid approaches (Boseley 2020; Nikel 2020). Similarly, some hesitant leaders, who tried to oppose the evidence such as Donald Trump in the US joined the global fight. In Brazil Jair Bolsonaro’s resistance to acknowledge the threat triggered growing resistance and opposition, destablising his leadership (Londoño, Andreoni, and Casado 2020). As time passed by, the COVID-19 pandemic started exposing the weaknesses in national health systems, the institutional responses, and national and international inequalities. Slowly, yet surely the response started to be framed by the sense that no one should be exposed to the risk of dying by a virus if preventable, supported by subjective risk perceptions and institutional zero-risk priorities (Zinn, 2020). Also as further highlighted by Zinn, Governments of different countries restricted people’s freedoms to different degrees by shutting down businesses and public transport, imposing lockdowns and further social distancing measures, often enforced by punishing noncompliance. Despite varying in their degree of restrictions, these measures created an overwhelming impression that the more restrictive the means the better. Measures were legitimised by a continuous update of numbers that was employed to depict the magnitude and severity of the crisis and how well or badly different countries managed the spread of the virus.

Some countries are being appreciated to have handled the situation better than many other countries. There may be a number of factors that have played significant roles in such management or governance of the crisis situation. The governance pertains to containing number of cases, providing efficient medical services to the infected people, enforcement of medical advice, ensuring physical distancing, sensitising people about the
problem, personal health and hygiene, etc. The management can also be observed in the context of population size, density and existing health infrastructure and also ramping up of the health facilities (ICSSR, 2020)

**COVID-19 in India**

The first case in India was reported on 30 Jan 2020 in Thrissur, Kerala and the 50th case was reported on 10 March 2020, 41 days after the first case. As on 10 March 2020, 13 states and Union territories in India had reported at least one COVID-19 case (Rawat, 2020).

An analysis of the first 50 COVID-19 cases (see Figure 2) shows that most of them (39) had travel history to a country that was already affected by the virus outbreak, while 11 cases contracted the infection through local transmission in India. Over half of them (23) had a travel history to Italy, including 16 Italian nationals who tested positive in Jaipur; four cases each had a travel history to Iran and the US; three cases had a travel history to China and an equal number to Dubai; one patient had travelled to Oman and one to Thailand and Singapore.

As observed in countries that got affected by COVID-19 early and as suggested and prescribed by leading epidemiologist, organisations like WHO and various disease and epidemics control authorities and Institutes, a massively populous country like India that reportedly got its first death case as late as on 12 March 2020 had to shift to high gears and adopt measures in a war-footing. Given the size, socio-cultural diversity and socio-economic complexity of the country, it was always going to be a herculean task to implement the lockdown.

**Table 1: Timeline of lockdown in China, USA and India**

<table>
<thead>
<tr>
<th></th>
<th>China</th>
<th>USA</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of First reported Death</td>
<td>11-Jan</td>
<td>29-Feb</td>
<td>12-Mar</td>
</tr>
<tr>
<td>Date of Lockdown</td>
<td>23-Jan</td>
<td>22-Mar</td>
<td>23-Mar</td>
</tr>
<tr>
<td></td>
<td>China</td>
<td>USA</td>
<td>India</td>
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</tr>
<tr>
<td>Death at Lockdown</td>
<td>17</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Cases at Lockdown</td>
<td>574</td>
<td>33300</td>
<td>433</td>
</tr>
<tr>
<td>Extent of Lockdown</td>
<td>Wuhan city (Later the entire Hubei province)</td>
<td>Partial</td>
<td>All India</td>
</tr>
<tr>
<td>Population in Lockdown</td>
<td>9 Million</td>
<td>75 Million</td>
<td>1300 Million</td>
</tr>
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The numbers depicted in the table above tell us why the lockdown was necessary and also explains why the Prime Minister of India appealed to all the state governments to give highest priority to health services and to the private sector too to come forward and join hands in fighting this pandemic (Swain, 2020). As we write this the total number of confirmed cases in India reads 46,434 with reported death numbers at 1568 and 12,726 having recovered so far (see Figure 3).


**Time line of some of the preventive steps taken by Government of India**

14th March 2020: Number of Covid-19 cases was 102 in India. Media raised alarm and started a widespread literacy about essential steps that were to be taken, like regular hand-wash and social distancing. Many State Governments announced shutdown of schools, colleges, and cinema halls till 31 March 2020. Further, the government started disinfecting the public places, including government and private offices, and shopping malls.

22nd March 2020: 396 cases were identified till this date. The Prime Minister Narendra Modi appealed for a ‘Junta Curfew’: 14-hours voluntary public curfew. The government followed it up with lockdowns in 75 districts where Covid-19 cases were reported by then, as well as in all major cities.

24th March 2020: 536 cases were reported positive till this date. Government of India imposed nation-wide lockdown for 21 days, till 14 April 2020. The Prime Minister addressed the nation and appealed everyone to adhere to the lockdown.

14 April 2020: Lockdown was extended till 03 May 2020 in view of the evolving number of affected cases.
02 May 2020: The nation wise lockdown was further extended till 17 May 2020, with certain relaxation for movements, economic activities and classification of the districts with colour codes (red, orange and green) on the basis of varying degree of vulnerability. A fairly detailed guidelines were issued to the State Governments to implement and also to incorporate appropriate State specific regulations.

It is widely accepted that India’s moves slowed the spread: with over 46,000 confirmed cases (as shown in Figure 3), India still has far fewer than many European and American countries, and the number of new cases it is finding each day is still lower than the daily growth rates in these nations, at least for now (Altstedter, 2020).

State as an Agency of Social Control

COVID-19 is not just a medical pandemic; it is a social event (Teti, et al. 2020). Sociologists identify two basic forms of social control: Informal means of control- internalization of norms and values by a process known as socialization and formal means of social control- regulations enforced by government to prevent chaos or anomic in society (Durkhein, 1951). Though the means to enforce social control can be either informal or formal, Edward A. Ross (1896) argues that belief systems exert a greater control on human behaviour than laws imposed by government, no matter what form the beliefs take. Since social control is considered to be one of the foundations of order within society, in situations like this COVID-19 induced crisis the role of the Government in asserting the required control and regulation assumes utmost significance.

As apprehended by Zimm (2020) whether or not other countries could respond in a manner that the Chinese Government did in restricting mobility of people and enforcing behavioural changes, it needed to be seen if the social regulation of needs represented the relative intensity of forces of social utility versus those of individual utility in a society (Lopreato and Chafetz, 1979). This also reinforces Pareto’s theory of residues (1935) that the stronger the emphasis on social utility compared to the individualistic, the greater the social regulation and Weber’s notions of asceticism (1905) that lays emphasis on methodically controlled and supervised conduct. Balog-way and McComas (2020) have reflected upon three risk communication themes related to the pandemic: trust, trade-off and preparedness. Trust can influence perceived severity and transmissibility, willingness to adopt interventions such as physical distancing, and information seeking behaviour (Blair et al. 2017; Vinck et al. 2019). COVID-19 is a novel, invisible and unfamiliar threat (Fisher 2020). The rapidly evolving nature of the outbreak combined with persistent uncertainties create remarkable complications. Uncertainties include questions over the incubation period, infectivity before symptoms, seasonal dimensions, specificity of the disease for certain population groups, re-infection rates, and the mortality rate (Ioannidis 2020). Another striking feature of the pandemic has been the uncertainty over the accuracy of the disease models, the effectiveness of the preventive measures such as social/physical distancing and shutting down of the non-essential economic activities.

Taking these perspectives a little further, this paper attempts a rapid assessment of key focus areas and policy adjustments that the Government of Odisha- a state along the eastern coast of India known widely for its past track record of disaster preparedness and management- has adopted in a hitherto unknown and ever-evolving situation. In doing so, we explore and analyse select Governmental and institutional sources to offer insights into some core social, economic and political issues. However, in a dynamic and fast changing scenario of the COVID-19 pandemic and with limited empirical data in possession, we are cognizant that our conceptualization of State asserting social control measure should avoid being ephemeral. To ensure that our rapid assessment remains relevant within its limited scope, we carefully confine our observation and analysis to the implementation of Government’s measures in management of this evolving pandemic only. We have, for this rapid assessment, purposefully chosen Odisha for the simple reason that in spite of the low level of economic progress and human development, Odisha has in past two decades, promised and delivered on its commitment to no human casualty, most recent instance being the sever cycloneFani in May 2019. In the process, the State Government has always drawn global attention in disaster management (Das et al., 2020). For the purpose of this assessment, data and reports up to 05 May 2020 have only been referred to and analysed.
A quick overview of Disaster Management in Odisha

As per Odisha Economic survey 2019-20, nearly 83 percentage of Odisha’s population live in the rural areas and depend mostly on agriculture as their primary source of livelihood. Annual per capita income of the state hovers around $1500. Most of the key health indicators are below the national average. Woman and child nutrition is a major public health challenge faced by the State. About 37% of the total budget goes to expenditure on social services like education, health, social welfare, and empowerment of women. The state has historically been at the epicentre of nature’s fury, due largely to its long coastline adjoining the Bay of Bengal making it vulnerable to cyclonic storms and their aftermath of heavy rains and floods. Cyclones of varying severity hit the state almost every year. The super-cyclone that devastated the state in 1999 reportedly claiming over 10000 lives, exposed weaknesses in the state’s preparedness to face natural disasters and also its measures to mitigate their effects. It compelled both the state government to rethink its policies on disaster management and take steps to prevent such tragedies in the future (Dash, 2013).

In December 1999, during the post super-cyclone reconstruction and preparedness phase, the Odisha State Disaster Management Authority (OSDMA) was created. Subsequently, it was felt necessary to constitute a professionally trained group equipped with state of the art emergency equipment to assist the civil administration in search and rescue operation and relief line clearance for effective management of disasters in the event of natural as well as human induced disasters. Odisha Disaster Rapid Action Force (ODRAF) is the first of its kind in the country is a force of 20 units carved out of the Orissa Special Armed Police (OSAP), Armed Police Reserve (APR), India Reserved (IR) Battalion and Specialized India Reserve (SIR) Battalions (OSDMA, GoO, 2020). Odisha’s frequent encounters with various natural disasters have made the state resilient. The Government takes various measures to face natural disasters and to minimise loss of life and property by creating disaster resilient infrastructure. The management of cyclones and other natural disasters has only improved the skills of the state administration, leading it to a stage where it is in a position to understand and manage the disaster risks much better. The state administration has been widely appreciated for its zero-casualty approach to any kind of disaster and uses the entire state administrative machinery in mission mode (Das, et al. 2020) to manage the disasters.

Odisha’s face-off with COVID-19

On 13 March 2020, Odisha Government declared coronavirus as State disaster and announced a special package worth INR 2000 million (around USD 27 million) to augment the public health response fund. All the schools, colleges, shopping malls, swimming pools, cinemas were shut down till further notice (Mohanty, 2020). On 16 March 2020 a 31-year-old man from Bhubaneswar, the capital city of Odisha, who had returned from Italy became the first confirmed case in the state (Suffian, 2020). Soon the travel history of this first case spread like wild fire across social media forcing the state Government to take their preparedness to the next level. On 21 March 2020 with the confirmation of the second case, the Odisha government announced a shutdown in five districts in the first phase and subsequently in four more in the second phase. Later, the central government declared total lockdown for three weeks across the country from midnight of 24 March 2020. On 4 April 2020, the Odisha government declared complete shutdown of three cities with active COVID-19 cases and did aggressive contact tracing. The samples of a 72-year-old man from Bhubaneswar who died on 6 April 2020 came back positive on 7 April, marking the first coronavirus death in the state. Subsequently, the Odisha government decided to extend the lockdown period from 14 April to 30 April 2020 to effectively contain the spread of the virus. With this Odisha became the first state in the country to extend the lockdown period.

All these while, in accordance with the announcements by the Central Government, the Government of Odisha was implementing the nation-wide call for lockdown and its extension from time to time. By the time the announcement for the first nationwide lockdown was made, 14 out of 30 districts of the state was already under a lockdown (PTI, 2020).
As reported widely in local media, Odisha certainly began its fight against COVID-19 well. A registration system for foreign returnees with incentives drew good response. It used the data to impose lockdown in districts where most of the initial cases were reported (Mohanty, 2020). The Chief Minister of the State was reported stating that one had to decide between protecting the lives of people and economic activities at this crucial juncture. The State Cabinet decided that saving the lives of people was the topmost priority at this juncture (Das, 2020). The state cabinet also decided to request the Centre to extend the 21-day nationwide lockdown ending on 14 April, to 30 April 2020 and not to resume train and air services until the end of the month. Activities related to agriculture, animal husbandry and the flagship rural employment scheme under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) was ensured to be facilitated during the lockdown period while following social distancing norms. (Mohanty, 2020).

As on 05 May 2020 (as shown in Figure 4), from 44,663 samples tested, 170 have come positive with the death reported on 06 April 2020 remaining the solitary one reported so far. Amidst this COVID-19 crisis, all the ongoing projects and programmes of the State Government and those under the Central schemes have been derailed to an incredible extent, let alone the routine activities. The emergency situation demanded that the State Government took immediate initiatives to realign its existing policies and also bring in new ones. A rapid assessment of some of those follows.

**Constitution of Task Force**

The Government of Odisha, on 16 March 2020, constituted an Expert Group of doctors and scientists to advise the Government on prevention, containment and clinical management of COVID-19 in the State. The members included the Directors of All India Institute of Medical Sciences (AIIMS), Indian Institute of Technology (IIT), National Institute of Science Education and Research (NISER), Regional Medical Research Centre (RMRC), Institute of Life Sciences (ILS), Public Health Foundation of India (PHFI) and some eminent doctors and scientists. The task force was empowered to suggest steps to prevent the spread of the infection in the state.

**Odisha Covid-19 Regulations 2020**

As an immediate response, the government of Odisha issued the Odisha Covid-19 Regulations 2020 on 3 April 2020, in exercise of power conferred in the Epidemic Disease Act, 1897. The regulations issued by the Department of Health and Family Welfare at the behest of the Government of Odisha empowered the Directors of Public Health (DPH), Health Services (DHS) and Medical Education and Training (DMET) to exercise jurisdiction in the whole state and the Collectors, Municipal Commissioners, District Medical Officers, Sub-Collectors, Tahsildars, Executive Officers of urban local bodies (ULBs) to act in their respective jurisdictions. The regulations directed all the hospitals in the state to have separate and distinct COVID-19
corners, to record travel history and contact tracing of all suspected and confirmed cases of COVID-19. The hospitals were asked to follow the protocols of Clinical Management Guidelines issued by the Ministry of Health and Family Welfare of the Government of India.

**Curbing the Spread of rumours and misinformation**

The Odisha Covid-19 Regulations 2020 mandated that no person, institution and organization would use any print, electronic or social media for disseminating information regarding COVID-19 without prior permission from the appropriate Government authorities. In the current times with electric fast communication mediums on handheld devices, any misinformation or rumour could potentially cause irreparable damage. To avoid spread of any unauthenticated information and/or rumour, such acts were made a punishable offence. State government’s chief spokesperson for COVID-19 Subroto Bagchi, on 01 April 2020, warned that any rumour relating to COVID-19 would be dealt with severely. The government committed to take strong action against rumour-mongers and action for any fake news shall be taken against persons concerned under the IT Act and Epidemic Act. Few cases of arrest by the local police on charges of posting false/fake news across various social media have been reported (Das, 2020).

**Reassignment of State Bureaucracy to Meet Emergency**

The State Government, on 15 April 2020, assigned areas under Bhubaneswar Municipal Corporation (BMC) to senior officers in the rank of Additional Chief Secretary/ Principal Secretary and Secretaries to the Government for control and prevention of COVID-19 in the capital city, since the number of reported cases in the city was the highest in the State. The teams were asked to coordinate with the BMC, Commissioner of Police and other Administrative Department related to the control and prevention of the disease. Since there was a sudden spike in the number of positive cases in the districts of Balasore, Bhadrak and Jajpur, the Government on 23 April 2020, appointed three secretaries to oversee and monitor the situation in these three districts (KalingaTV, 2020). Subsequently on 27 April 2020, as many as 22 state cadre Indian Administrative Service (IAS) officers have been given responsibilities of all the 30 districts while another team of six senior officers has been entrusted with the task of registration of the migrant workers coming from other states.

**Delegation of Magistrate Power to People’s representatives at the Grassroots Level**

The State Government, on 19 April 2020 announced a proactive, humane and scientific approach to facilitate return of people who have been stranded outside the State of Odisha and the migrant labourers, through a community based monitoring system involving the Gram Panchayats(GP) and the ULBs. Odisha has 6798 GPs. In a video message, the Chief Minister (CM) Naveen Patnaik said “Extraordinary situations call for extraordinary solutions. Empowering panchayats and ULBs will facilitate tracking and monitoring of migrant workers who are returning from other states. The involvement of Panchayati Raj Institutions (PRIs) at the grassroots will go a long way to fight Corona pandemic,” (CMO, 2020). The CM has also offered migrant workers an incentive of Rs 2,000 (around USD 27) to be given after completion of 14-days mandatory quarantine. For empowering the sarpanchs (democratically elected representatives at the grassroots levels of India’s 3-tier local governance), required provisions were made under the Section 51 of the Disaster Management Act of 2005, The Epidemic Diseases Act 1897 and with Odisha Covid-19 regulations, 2020. In a historic move, the sarpanchs of all GPs were made to get the powers of District Collectors in their respective jurisdiction to fight COVID-19 pandemic. (DHFW, 2020). To facilitate further, every GP has a registration facility to manage the returning migrants. A registration portal: https://covid19regd.odisha.gov.in/migrant-registration.aspx has been created for the specific purpose.

**Reclassification of various Departments**

In view of the lockdown, the Government of Odisha reclassified various functional departments as critical, partially critical and non-critical till the lockdown period was in force. Food supply and consumer welfare, Health and family welfare, Home, Special relief commission, General administration and public grievance, Housing and urban development, were declared ‘essential’ and was asked to function with up to 50% man-power. Energy, Finance, Revenue, Steel and mines, Forest and Environment, Commerce and transport,
Fisheries and animal resources, etc. were put under ‘partially critical’ category and were asked to function with up to 10% the manpower. Not-so-essential ones like Excise, Labour, Parliamentary affairs, Sports, School and mass education, Tourism, Culture, Skill development and technical education, etc. were announced as ‘non-critical’ and were asked not to attend offices, but to remain available at a short notice. Work from home was advised for such non-critical functions.

Emergency Procurement

Keeping in view the urgency of the situation and as per section-50 of the Disaster Management Act, 2005 (OSDMA, 2005), the Government of Odisha constituted several committees on 22 March 2020 to look after emergency procurement of drugs, equipment, consumable, etc. The committees have been made operational at the State and District levels with an approval for making emergency procurement and taking all required procurement decisions without any financial limit. The Managing Director of Odisha State Medical Corporation (OSMC) was reported saying that, “early start seems to be helping the State stay ahead of the curve. It now has adequate stocks to meet the state’s requirement of essential medicines for the next five months and has placed orders for another four months” (Mohanty, 2020). The government on 10 April 2020 sought more funds, equipment and testing kits to effectively tackle the spread of COVID-19 in the state. The state’s Health and Family Welfare Minister N K Das was quoted saying that, “We have demanded more Personal Protective Equipment (PPEs) for doctors and healthcare workers... masks and COVID-19 testing kits” (Businessinsider, 2020)

Enhancement of Financial Powers of Directors of Departments of Health and Family Welfare (DH&FW) and District Collectors

In an unprecedented move, on 23 March 2020, the State Government has delegated financial powers to various authorities making the procurement and also enhanced the power for a temporary period till 30 June 2020. The Directors of DH&FW have been allowed to spend INR 5 million and 15 million respectively for recurring and non-recurring expenditures. Similarly, the enhancement of expenditure cap for District Collectors have been raised to INR 2.5 million and 7.5 million for the same.

Department Specific Orders

Recognizing that the State would require marshalling of all services available across the state to respond to the emergency, it has issued several department specific orders from time to time. On 6 April 2020, the Government issued an order empowering the DH&FW for requisitioning services of government or non-government health providers as the available health care personnel and resources might not be adequate to effectively deal with the evolving situation. On 28 March 2020 the General Administration and Public Grievance department was asked to reinforce the health care personnel by imparting necessary training to para-medics and students of state-run medical colleges. It was also empowered to enforce home quarantine and take appropriate measures for wider dissemination of required information to the public in the interest of public health. On 23 March 2020 the Planning and Convergence Department issued orders for provision of manpower, procurement of materials for the temporary health camps (THC) and isolation centres, provision of physical infrastructure at the THCs, hiring of ambulances and vehicles for transportation for patients, provision of food, drinking water, cleaning, watch and ward, etc. Department of Public Health, on 18 March 2020, was asked to increase para medical staffs and doctors upto 25% against the sanctioned positions and make requisition for vehicles for seamless movement of the personnel engaged. On 31 March 2020, the Finance Department was issued an order to defer the salary by certain percentage for the Ministers, elected representatives in the State Legislative Assembly and other local bodies, and the highest level executives in the state administrative cadre, till further orders. The department was also asked to make ways for electronic/online processing of bills during the entire lock down period.

Building Resilience

As already discussed, the frequent experiences in dealing with natural calamities have made the state and the people increasingly resilient. In the process, the state government has been continuously strengthening
its capacity and preparedness to manage the disasters efficiently. Although there cannot be a one-size-fits-all approach as every disaster poses different challenges before the state administration, the institutional memory in managing past disasters proves to be handy. The state government is invested in capacity building of various stakeholders to mitigate the damages. While handling the Covid-19 crisis, the Government has also leveraged the information technology interfaces for raising awareness and dissemination of credible information by setting up a dash-board hosted by the DHFW at https://statedashboard.odisha.gov.in/

Realising the importance of WhatsApp as a social media platform that reaches the maximum population, on April 22, Odisha launched a WhatsApp helpdesk for disseminating information on various measures taken by the state government to contain the pandemic. It can be activated by sending Hi on the number +91 9337929000 (Das, et al. 2020). The home department has made provisions for e-passes to people who need emergency travel assistances.

Effective Communication and Trust Building

As highlighted by Balogway and McComas (2020), trust is critically important during such outbreaks. Previous researches on SARS, swine flu and ebola have provided enough evidence that trust can influence perceived severity and transmissibility, willingness to adopt state imposed measures such as physical distancing and curbing of impulsive individual behaviours (Smith, 2006; Cairns et al., 2013; Fischhoff et al. 2018). Recognising this, the Government of Odisha has ensured continuous engagement with the people through daily press addresses. The chairperson of the Odisha Skill Development Authority (OSDA) Subroto Bagchi was, on 14 March 2020, appointed the Chief Spokesperson of the Odisha Government on COVID-19. As reported, Bagchi also headed the Information Education and Communication (IEC) team constituted to undertake various activities to spread awareness for containing COVID-19 (Pragativadi, 2020). In response to the reported news on two nurses providing home-based critical care or post-hospitalisation care to a patient, allegedly evicted from their rented houses by their landlord, fearing that the women might be carriers of novel coronavirus, the chief spokesperson urged the landlords not to ‘lockdown humanity’ during the nationwide lockdown. This was widely appreciated and reported as a very kind gesture. He also appealed the local print and electronic media not to race for breaking news and be socially responsible in joining hands with the State Government to fight the pandemic. The appeals for maintaining social distancing, handwashing, wearing masks, not to spit in public, special care for vulnerable people and pets/animals, etc. were frequently broadcast across the local news channels. Since 16 March 2020, every day at 4.30 pm local time the appointed team and spokespersons have been addressing media with daily updates on numbers, scientific analysis, government initiatives, and answers to frequently raised questions (https://www.youtube.com/watch?v=P35HrJsxNp8). This daily appraisal of the situation through press briefing is being telecast on all the local TV channels. “I thank the 4.5 crore people of Odisha for all the support and cooperation each one of you has been extending in this serious crisis situation. I know it involves a lot of sacrifice, hardship and uncertainty, but this is the only way to face this crisis”, the Chief Minister was reported saying. These efforts have gone a long way in winning the trust of the people of the state and garnering cooperation to mitigate the damage.

Conclusion

The rapid assessment provides an overview of the ongoing crisis over past two months and discusses how the State acted as an agency of social control by exerting various measures initially to contain the transmission and spread of the deadly virus and later realigned its policies in order to manage the situation more effectively. Public inconveniences, economic turmoil, loss of livelihood choices have been reported widely in the national and local media putting the Government under tremendous pressure. This corroborates Lopreato and Chafetz’s (1979) argument that enforced sacrifices of economic needs get compounded by restrictions on freedom of movement. Going forward, there would be a new set of problems to deal with. The migrant labourers that the State is making efforts to bring back from other states, need to be provided with livelihood opportunities locally, in case the crisis prevails for a longer period of time. They are already rendered jobless and with many economic activities either completely shut down or partially operational, such section of population will keep limping back to the new normal. The Chief Minister of Odisha announced that they would double the number of jobs offered under MGNREGS, from 500 thousand per day to 1 Million
at a daily wage of INR 207 (about 3 USD) - a move that is expected to help the rural economy and absorb some of the large influx of the returning migrant labourers (Mohanty, 2020). However, this may not just be enough. As pointed out by Das and Mishra (2020) the preparedness needs to match the need. Though the state government has already directed all GPs to set up quarantine wards, the facilities may still not be enough. Initially in March and early April when the government was devising its strategy, it remained oblivious to the fact that the migrants’ issue could add further pressure although it had created temporary quarantine facilities at every GP. But now the capacity of these camps and centres looks inadequate. This can be attributed to the absence of any detailed assessment on migration trends. A key concern has also been the government’s reluctance to take the political class on board. Had there been a constant interface with the elected people’s representatives from all the districts, the ground-level intelligence would have helped sharpen the strategy (Mohanty, 2020). As put forward rather emphatically by Zinn (2020), prioritising the epidemiological measures to control the spread of COVID-19 such as comprehensive lockdown of social life, affects the different social groups unequally and produces secondary risks. It also needs to be seen how the closure of educational institutions is going to affect the children in a long run. Those from the already disadvantaged sections will surely suffer the most, thereby further expanding the existing socio-economic disparities.

Both the citizens and the policy makers, in this battle against COVID-19 virus will, in all likelihood, have to reorient their priorities and be realigned to the ‘desperate’ measures that are and will continue to be emerging out of what Balog-way and McComas (2020) call ‘tradeoffs’. At the same time, it is widely believed that governments will not be able to minimise both deaths from COVID-19 and the economic impact of its spread. As suggested by Anderson, et al. (2020), keeping mortality as low as possible will be the highest priority for individuals; hence governments must put in place measures to ameliorate the inevitable economic downturn. They have also cautioned on the important unknowns: case fatality rate, whether infectiousness starts before onset of symptoms, uncertainty over the large number of asymptomatic cases, and duration of the infectious period. All these put together pose challenges of unprecedented and unknown magnitude for the Government to plan and implement control measures.

Miller (1955) while arguing on past Success and future possibilities emphasises on the role of Government agencies in adopting techniques that are direct and ‘fair’ regulations to be effective in getting desired results. This has been echoed in a comparative assessment of two Indian states (Kerala and Odisha) by Das (2020) which reveals that while Kerala reaps the benefit of good health infrastructure, higher social mobilisation, and empowered local government, Odisha’s strength lies in disaster management and stable governance. However, for certain things that the Odisha Government did or did not do, it has also invited criticisms for being highly centralized, opaque and whimsical in decision making with reference to the political class, including the Ministers and the elected members of the State Legislative Assembly not been made a part of the war against Corona (Sahu, 2020). Some critics have gone on to point out the absence of decentralization of power to panchayats and lack of capacity with local governments in addressing the pressing needs of the returning migrant labourers (Das, 2020). Some others have expressed their apprehension about the empowerment of the entire PRI being occasional herocics just for this COVID-19 crisis only (Sahoo, 2020). There have also been sporadic reports in local media about the State Government’s team being highhanded while addressing the media persons, referring specifically to a particular day when the discrepancy over reported numbers of positive cases and identity of a person tested positive went viral in many social media which was held against the Government’s earlier commitment of fair-play.

Said all these, presently the focus of the State Government is to leave no stone unturned in containing the virus and check the spread. Efforts to flatten the curve was primarily to ensure that the existing health infrastructure is not under pressure. However, eventually the other associated and hitherto unforeseen challenges such as job loss, hunger, non-COVID19 health hazards, etc. will have to be given their pressing due. While we agree that the measures taken by the Government is worth appreciating, the bigger challenges in coming days will put the State in tremendous pressure in terms of its routine welfare measures and ongoing projects and programmes. There may be a need for further reorientation and re-appropriation of the priority areas. But, all these are better said than done. We can, at the moment, only hope for this crisis be put
behind sooner rather than later and people who have endured the worst be brought back to new-normal in terms of their subsistence and livelihood options.

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