THE CORONATION EFFECT IN INDIA: THE ODISHA WAY

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Abstract: It is quite obvious that natural calamities impair the growth of an economy, making it imperative to take measures to mitigate losses. In 2019, the Centres for Disease Control and Prevention started monitoring the outbreak of a new coronavirus, which causes respiratory illness now known as Covid-19. Authorities first identified the virus in Wuhan, China. Since then, the virus has spread to other countries, both in and outside Asia, leading the World Health Organization to declare this as a pandemic. This kind of collective effort at social distancing combined with hand and respiratory hygiene practices that reduce the risk of transmission and public health measures like testing and contact tracing are crucial in the fight against coronavirus pandemic. Therefore, drawing on the secondary sources, the objective of the paper is to highlight the background of the coronavirus spread and the efforts of the government especially the Government of Odisha to contain the disease from its spread. The state of Odisha is regarded as the role model for the management of disasters. In this pandemic hour, it has also proved the same.

Key words: Coronavirus, Covid-19, Government Efforts, Pandemic, Social Distancing.

Introduction
Coronaviruses are types of viruses that typically affect the respiratory tracts of birds and mammals, including humans. Doctors associate them with the common cold, bronchitis, pneumonia, severe acute respiratory syndrome (SARS) and COVID 19. They can also affect the gut. Most recently, authorities identified a new coronavirus outbreak in China that has now reached other countries. It has the name coronavirus disease 2019 or Covid-19. The name “coronavirus” comes from the crown-like projections on their surfaces. “Corona” in Latin means “halo” or “crown”. Authorities first identified the virus in Wuhan, China. Since then, the virus has spread to other countries, both in and outside Asia, leading the World Health Organization (WHO) to declare this as a pandemic. The first people with Covid-19 had links to an animal and seafood market. This fact suggested that animals initially transmitted the virus to humans. However, people with a more recent diagnosis had no connections with or exposure to the market, confirming that humans can pass the virus to each other. The WHO reports that mostly the two groups are at risk of experiencing severe illness due to a coronavirus infection: older adults, defined as “over 60 years old” and individuals who have other health conditions that compromise their immune system. Symptoms vary from person-to-person with Covid-19. It may produce few or no symptoms. However, it can also lead to severe illness and may be fatal.

Common symptoms include: (a) fever; (b) breathlessness; (c) cough and; (d) potential loss of taste or smell. It may take 2-14 days for a person to notice symptoms after infection. No vaccine is currently available for Covid-19. However, scientists have now replicated the virus. Social distancing and targeted quarantine measures can succeed only if implemented wherever the virus
is spreading (Medical News Today, 2020). World Health Organisation (WHO) Chief Tedros Adhanom Ghebreyesus said that the new coronavirus has been declared as a global emergency, as the outbreak continues to spread outside China at a rampant growth. The main reason for this declaration is not what is happening in China but what is happening in other countries. The concern is that it has scattered its wing to countries with weaker health systems. WHO has basically recommended six actions:

(a) Expand, train, and deploy healthcare and public health workforce
(b) Implement a system to find all suspected cases at the community level
(c) Increase production, capacity, and availability of testing
(d) Identify, adapt, and equip facilities for isolation and treatment
(e) Create a plan and process for quarantining contacts
(f) Re-focus whole of government on coronavirus fight

Major Initiatives by Government of India

The decision that Prime Minister of India took on March 24, 2020, to impose a total lockdown in the country, will be regarded as one of the most important prime ministerial acts since Independence. Never before in human history have a billion-plus people been forced to confine themselves to their homes. Not even in China, where the novel coronavirus, which causes the disease called Covid-19 made its first appearance, did the leadership resort to such a drastic countrywide shutdown. During the national emergency of 1975-1977, fundamental rights were severely curtailed as was public assembly, but transport and all other activity continued, perhaps even more efficiently, out of fear. Prime Minister of India and his team, therefore, had no past experience of their own to fall back on or, for that matter, of other countries handling the pandemic to guide their actions after the country went into lockdown.

By March 19, 2020, when Prime Minister of India announced a ‘Janata Curfew’, 75 districts had reported cases and had to be locked down. The plan initially was to observe frequent Janata Curfews rather than impose a total lockdown. But the number of districts under lockdown soon shot up to 548, or three-fourths of the 720 districts in the country. Most states had brought their districts under some sort of curfew. The piece-meal approach, therefore, then had to be ruled out. It was at this point that Prime Minister of India decided to waste no more time and take the tough but necessary decision to impose a 21 days countrywide lockdown, beginning from March 25, 2020. It was a difficult decision, but deferring it would have been devastating for the country. The choice was between life and livelihood, and the government chose life. A day after the lockdown, the Finance Minister, Government of India announced a slew of measures to provide relief to the poor, especially migrant workers, who were most severely impacted by the lockdown, apart from farmers, totalling Rs.1.7 lakh crore. This included providing an additional 5 kg of wheat or rice and 1 kg of pulses every month for the next three months, doubling the current entitlement for grains. Some 204 million women with Jan Dhan accounts were promised Rs.500 per month over the next three months. And farmers were announced to be given Rs.2,000 as upfront payment in April as part of the Rs.6,000 that had been promised to them annually under the Prime Minister Kisan Yojana. The Reserve Bank of India also stepped in by cutting down interest rates and easing the cash reserve ratio requirements for banks to enable greater liquidity in the stressed economy. The government set up 11 empowered groups consisting of top Union secretaries and experts to plan and swiftly implement actions needed to ensure that the lockdown remained effective, disruption was minimized and adequate steps were taken in advance to face any eventuality (Chengappa, 2020). The World Health Organisation says the coronavirus pandemic is the ‘defining global health crisis’, capable of revealing the best and worst in humanity. On March 22, 2020, Prime Minister of
India pointed out the scale of the challenge: ‘Even World War I and II did not affect as many countries as the coronavirus has done’.

On March 24, 2020, PM announced the shutdown, restaurants, and malls were being ordered shut, exams were postponed, and employees who could were being asked to work from home. The kind of collective effort at social distancing combined with hand and respiratory hygiene practices that reduce the risk of transmission and public health measures like testing and contact tracing are crucial in the fight against coronavirus pandemic. The need of the hour is ‘flattening the curve’. That can happen when a community adopts aggressive containment strategies, including social distancing. A country of 1.3 billion, India imposed a three-week lockdown at midnight on March 24, giving the public not more than a few hours’ notice and warning them that failure to tackle the pandemic during the shutdown the period could take the country back ‘21 years’. It quickly drew criticism for leaving the out-of-work migrant works in the lurch. The reverse migration out of cities according to the experts could exacerbate the outbreak, an accompanying economic package; fell short of meeting the cash needs of the poor. There were other worrying reports of police harassing and beating people on the streets, broken medicine supply chains and grievances in online grocery deliveries etc. However, the government had much to do than to just fall prey to such criticisms, which were addressed later on in phases. Staying at home is a social distancing strategy and it helps break the disease transmission chain. This measure buys time to attack the virus by expanding testing and finding cases, quarantining contacts, identifying and equipping treatment facilities, and increasing and training the corps of health workers (Radha and Kumar, 2020).

Therefore, the efforts were undertaken by the present government can be summarised as follows:

- MPs were asked to spread awareness among the people in small groups about coronavirus and suggested that they should refrain from launching any mass agitation. All party units have been asked to spread awareness about coronavirus and they must discuss the dos and do not in small groups. While on one hand it is required to keep ourselves clean, on the other hand, we also need to make sure that we do not panic.
- Prime Minister of India heaped praise on doctors and other medical staff besides airline crews and others involved in tackling the coronavirus crisis. He remarked that they have worked positively and tirelessly. Prime Minister of India also lauded the media for spreading awareness of the virus.
- Ambassadors and High Commissioners in all the countries are in regular touch with all Indians abroad and giving all support to them. The Ministry of External Affairs COVID-19 control room helplines are active; teams are taking calls and guiding them in the matter.
- India has received requests from several countries for Hydroxychloroquine. Taking into view the domestic requirement and keeping a sufficient buffer of stocks, a decision was taken to export some surplus medicines.
- One hundred and forty-six government labs are functional in the country and 67 private labs have been given approval for testing of Covid-19. There has been no community transmission in the country so far but it is necessary to remain alert and follow the dos and do not.
- Government of India has announced significant investments to the tune of Rs.15,000 crores for “India COVID-19 Emergency Response and Health System Preparedness Package”. This will allow for rapidly ramping up the number of corona testing facilities, Personal Protective Equipment (PPE), Isolation Beds, ICU beds, ventilators and other essential equipment. Simultaneously, training of medical and paramedical manpower will also be undertaken.
The Prime Minister also urged the people to sound the bells on the day of Janata Curfew i.e. on March 22, 2020, to pay respect to the forces (doctors, nurses, police, safai karamcharis etc.) for their dedication and service in this pandemic hour.

The Prime Minister also urged people on 5th April to switch off lights at their homes and light up lamps, candles and hold mobile phone torches for nine minutes from 9 pm on Sunday to display the country's collective resolve to defeat the coronavirus.

Ministry of Health and Family Welfare (MoHFW) has been playing a lead role in executing the health sector response with containment and control as key response strategies. A total of around 223 labs comprising a network of government and private laboratories are conducting a rigorous screening process. Furthermore, MoHFW has already disbursed Rs. 4113 Crores to all the States and UTs for dealing with the emergency COVID response (Press Information Bureau, 2020). The lockdown which was declared on March 24, 2020, has further been extended three times and the present timeline is till May 31, 2020. While addressing the nation on May 12, 2020, the Prime Minister of India announced the ‘Atmanirbhar Bharat Abhiyan (Self-reliant India Mission) with an economic package of Rs 20 lakh crores which are 10% of India’s Gross Domestic Product (GDP) in 2019-20. The package is considered as an economic stimulus mission with a focus broadly on land, labor, liquidity and laws, infrastructure etc. The Prime Minister declared Economy, Infrastructure, System, Vibrant Demography and Demand as five pillars of Atmanirbhar Bharat. Consequently, the Finance Minister of India conducted five press conferences and announced measures under Atmanirbhar Bharat Abhiyan. The measures announced range from MSME, farmers, migrants, agriculture to coal, mineral, aviation, defences, health, education etc. As per record, the overall stimulus provided by Atmanirbhar Bharat Abhiyan stands at Rs 20 lakh crores which consist of 11 lakh crores approximately in the newly declared package and rest 9 lakh crores approximately as part of earlier measures in Pradhan Mantri Garib Kalyan Yojana (PMGKY) and RBI measures. India is using all its resources to fight the deadly coronavirus. Hotels are being turned into hospitals. Trains are being converted into isolation wards. Leaders are becoming messengers. Police have taken the additional responsibility of keeping people inside their homes during the lockdown period.

Managing Covid-19: The Odisha Way
Formerly known as Orissa, Odisha is a state located in the eastern part of India along the coastline of Bay of Bengal. Known as one of the poorest states in India, Odisha has excelled in management of natural disasters. Due to its tremendous effort and an early roadmap, Odisha always rebuilds itself as a better state every time when a disaster strikes. Being at the receiving end of natural disasters like flood, drought, cyclone etc. striking in less span of time almost every year, Odisha always succeeds in both preparedness and risk reduction which facilitates protection of lives and livelihoods of millions of people. Though Covid-19 was unexpected and the track could not have been monitored, but Odisha was among the first states of India to prepare a roadmap and action plan in early March to combat the pandemic Covid-19. As on April 14, 2020, the last day of 21-days lockdown, Odisha has reported about 60 Covid-19 positive cases out of which around 18 patients have been recovered and 1 person deceased. Much of the credit for contained Covid-19 situation in Odisha is attributed to an early action plan and machinery put in place by the Government of Odisha. It is probably the first state to announce the lockdown of the entire state much before the countrywide lockdown was initiated.

To its credit, Odisha is the first state to declare and set up exclusive Covid-19 hospitals. In order to protect from the spread of Covid-19, Odisha is the first state in India for making wearing masks compulsory for all. As on the last day of the third lockdown i.e. May 17, 2020, the total number of confirmed COVID cases stand at 978 out of which 696 active cases, 277 recovered
cases and 5 deceased cases as reported. The rapid growth in the number of COVID confirmed cases are due to the constant flow of migrants from other states. Out of total confirmed cases, 867 males and 111 females are reported positive and the maximum number of confirmed cases is reported between the age group of 15 years to 40 years and the number stands at 621.

At this point in time, though it is difficult to analyze the failure or success of a state in controlling Covid-19, but let us examine various factors which helped the state of Odisha in managing and controlling the spread of the pandemic Covid-19.

1. Early Action Plan: Odisha has initiated its course of action a bit early and an action plan was established in early March. Though the first case of Covid-19 was identified on March 16, 2020, but Odisha has set up Covid-19 helpline number before the Janata Curfew and nation-wide lockdown was announced. The state government flouted this helpline number to facilitate any redressal of grievances and queries related to coronavirus infection. It is also the only state who made it mandatory for all foreign returnees to register and be in-home quarantine.

2. Lockdown and Social Distancing: Much before the nation-wide lockdown, the state government had initiated partial lockdown in some places like Bhubaneswar, the capital and ensuring that people maintain social distancing and stay safe being at home. Though it was quite difficult to ensure availability of essential services, but the state machinery made sure the availability of essential services and the presence of staff in crucial departments like health, police, community welfare, fire etc. In order to incentivize the work ethos, the government had announced its plans to release advance salaries of four months to government employees working in health department including doctors, paramedical staff and other healthcare workers. In order to have a sound strength of doctors/staff available at any point in time, the government also appealed to health professionals to volunteer their services including giving health advisory and prescriptions to the unwell persons over the telephone, in case of any requirement. Apart from this, it is also the only state which provided for four months advance pension to old and differently-abled, four months scholarships to students in advance and three months rice through Public Distribution System (PDS) in advance.

The Odisha government ensured that there was no tendency or incident of return to home in panic by the people working outside the state and appointed senior bureaucrats as nodal officers or contact persons for different states. The announcement of bearing the cost of stay and medical treatment of all the people of Odisha stranded anywhere in India was very much helpful. The Government contacted other state governments with a request to help the people of Odisha stranded in their respective states and it shared its consent to bear the cost of stay and medical treatment during the 21-days national lockdown. Two special helpline numbers were launched for those stranded along with a separate control room in Bhubaneswar. In order to keep the people in isolation, the state government also declared initially 3 cities (i.e. Bhubaneswar, Cuttack and Bhadrak) under complete shutdown for 48 hours and it was extended to some other cities later. The most important step which was taken was to seal an area completely or declare as a containment zone in case of any positive case found from the area.

3. Exclusive Covid-19 Hospitals: Initially, around 7000 isolation words were prepared at Panchayat levels across states as a backup to combat Covid-19 in case of need. The government reached out to people in towns and villages with an appeal to stay in home quarantine who have returned home since the outbreak of Covid-19. To meet any contingency medical situation, Odisha has set up 12 dedicated Covid-19 hospitals with total bed strength of 2,250 beds in the initial phases. In mid-April, the state also declared its plans to establish around 34 exclusive Covid-19
hospitals with a capacity of 6,000 beds throughout the state. There are 34 Covid-19 hospitals with a total number of 5493 beds and 296 ICUs as of May 17, 2020.

4. **Testing and Rapid Test:** The Odisha government also declared that it was planning to conduct two lakh rapid Covid-19 tests for the people who have been placed under home quarantine. The government understood the difficulty to place so many people under home quarantine after they returned to Odisha from highly-affected states and countries. So it has decided to undertake a rapid test. In order to facilitate the test process, on April 11, 2020, the Government with help from health professionals started collecting samples from the public by establishing centres in 4 schools based in Bhubaneswar. Odisha by April 9 had tested 3,249 samples, of which 48 (1.47 percent) tested positive for Covid-19. The state government also increased the corpus of its contingency fund from Rs.400 crore to Rs.2,000 crore to meet the urgent and emergent needs for containment management and measures to prevent the spread of Covid-19 and for the treatment of patients. Odisha has 15 testing centers across the state and 1,00,302 samples were tested as on May 17, 2020. In order to prevent the spread of the Covid-19, the Government of Odisha in May 2020 has made compulsory quarantine for a period of 28 days for all who are coming to Odisha which was earlier 14 days.

5. **Extension of Lockdown:** In the mid unconfirmed speculation about the nationwide lockdown due to end on April 14, Odisha has become the first Indian state to extend the ongoing lockdown till April 30. The decision was announced after a cabinet meeting where the importance and need of the extension were discussed at length. Naveen Patnaik, the chief minister of Odisha announced, ‘At this crucial juncture, one has to decide between protecting the lives of people and economic activity’. The government even decided to make a recommendation of the government of India to extend the national lockdown up to April 30.

The Chief Minister also declared that for Odisha’s natives who are stranded in other states owing to the nationwide lockdown, intervention for their well-being will be made by the concerned state governments. Odisha will take care of all the people who are stranded in Odisha. The government will also take special measures for various sectors. Activities related to agriculture, animal husbandry, and Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) will be facilitated during the lockdown period following social distancing norms. There will not be any problem in the transport of goods. No stone will be left unturned in scaling up Covid-19 testing and treatment facilities. The government proposed to conduct one lakh rapid tests in the state at the earliest possible time. Thus, Odisha became the first Indian state to extend Covid-19 lockdown till April 30 (Loiwal and Suffain, 2020). It is the first state to declare exclusive COVID Hospitals, declared for the extension of the closure of airline and railway services till April 30 and closure of all educational institutions in the state till June 17. Therefore, what Odisha thinks today, India thinks tomorrow?

6. **Grass Root Participation:** Odisha is probably the first state in India which has ensured delegation of power to the Sarpanchs of gram panchayats at par with the powers of a District Collector. On April 22, 2020, the Chief Minister of Odisha made the sarpanch of 6,798 gram panchayats take oath through video conferencing that they would not let corona enter their villages. The panchayats were also given financial power of Rs 5 lakh to expedite the setting up of temporary health camps, complete with quarantine accommodation, food, rations and medicines. Over 7,000 such temporary medical camps with 169,000 beds have been set up to accommodate guest workers and people returning to Odisha. Returning migrant workers were given three meals a day, bedding and medicines.
7. Initiatives to boost the Economy: In order to reboot the economy, the labour-intensive scheme as the Urban Wage Employment initiative has been introduced which will cover 450,000 families in urban areas. For the economically weaker sections of 114 municipal areas, a livelihood scheme worth Rs 100 crore has been declared in May. The government has also cleared six ‘Invest in Odisha’ proposals worth Rs 9,100 crore, which is expected to generate 6,000 jobs in sectors like steel, cement, chemicals, metals and textiles. Coronavirus is the biggest threat that the human race has faced in more than a century. Life will not be the same ever. All of us must understand this and face it boldly together.

Way Forward
India is currently fighting a growing outbreak of the new coronavirus, so it is natural for the public to be concerned. But panicking is not the solution. In fact, it can be dangerous: stockpiling essentials and hoarding masks or sanitizer, for example, creates shortages for others. Midway through the lockdown, India has contained the spread of the novel coronavirus but at an enormous socio-economic cost. It now needs to ramp up its healthcare facilities, ease the flow of essential supplies and formulate an exit strategy that includes a financial stimulus package to get the economy and its people going again. Several lessons can be generalized from the case of Odisha. First, deaths in disasters can be reduced even by poor nation-states when the disaster management system is aligned skilfully. Here, the generation of accurate core information as well as effective coordination and communication of this information with the relevant actors to develop an effective response system is crucial. In this light, the modern disaster management system is conceived as a system that works in interface with humans and technology. As such, policymakers and U.N. bodies should invest both in technology and capacity development in order to promote effective coordination and communication. This system should also work closely with early warning systems rather than in isolation.

Second, the case of Odisha illustrates the increasing role and involvement of political leadership before, during, and after a disaster. When there is proactive political leadership, a disaster response system can be aligned with the goal of saving lives. Political leadership can promote a culture of disaster preparedness, too. The Chief Minister in each disaster set the goal as “saving lives at any cost”. Accordingly, all actors and responders organized themselves to achieve this target. In this light, the United Nations and other international funding organizations could do a great deal by encouraging political leadership to implement ‘priorities for action’ for effective disaster management. Third, reducing deaths in disasters is of paramount importance and indicates how robust the system is. The case of Odisha suggests that setting an objective of reducing deaths and promoting a socio-technical disaster management system and a culture of disaster preparedness are vital ingredients for overcoming the calamities (Bennett, 2016).

India is at a crucial juncture in its fight against Covid-19. The country has responded with urgency and determination as reflected in the Prime Minister’s bold and decisive leadership. The government has also aggressively stepped up the response measures: find, isolate, test, treat and trace. WHO is supporting the government’s endeavour to further strengthen and intensify surveillance and build the capacity of the health system? WHO stands together in solidarity with the government in its firm resolve to overcome this unprecedented challenge (World Health Organisation, 2020).

Conclusion
With India testing only symptomatic individuals, we are unlikely to know where we stand in the fight against Covid-19 by the end of the lockdown. The real war may start only after. That is also a reason why this lockdown is crucial. The ‘stretch’ of this period helps in the prevention of the
spread of the virus. It also means the healthcare machinery and resources do not come under pressure and India can be ready with better strategies. The Prime Minister of India government appears to be getting a grip on the situation, it has a long way to go. The government has now rightly decided to increase the number of tests across a wider spectrum to get a better understanding of the spread. The key is boosting healthcare facilities to meet any challenge. While the Prime Minister of India government correctly put personal safety ahead of all other considerations, it now has to get down to working out an economic revival package to rebuild the economy that has all but ground to a halt.

In a serious situation like Covid-19 infection effective steps for massive sensitization and pro-active dissemination of awareness has been carried out in the state of Odisha. The mantra ‘Jaan hai toh Jahaan hai’ needs to be modified into ‘Jaan bhi Jahaan bhi’ meaning at first priority was given to life rather than livelihood but now the need of the hour is to protect both life and livelihood. While we are preparing for the worst, we do not expect a doomsday scenario. There will be no collapse. Keeping fingers and toes firmly crossed it is right to keep ourselves safe by staying at home. The Hon’ble Prime Minister of India also declared the extension of nation-wide lockdown till May 31, 2020, and solicited everybody’s cooperation by maintaining social distance and by staying at home and staying safe. Then only the phrase mentioned in the Preamble of the Indian Constitution as “We the People of India” will be meaningful and the fight against the pandemic Covid-19 may be championed with a sense of collective responsibility.

Endnotes
1. The funds sanctioned will be utilized for immediate Covid-19 Emergency Response (amount of Rs.7774 crores) and rest for medium-term support (1-4 years) to be provided under the mission mode approach.
2. WHO Country Office for India has been working closely with MoHFW on preparedness and response measures for Covid-19, including surveillance and contact tracing, laboratory diagnosis, risk communications and community engagement, hospital preparedness, infection prevention and control, and implementation of a containment plan.
3. Mahatma Gandhi Employment Guarantee Act 2005, is Indian labor law and social security a measure that aims to guarantee the ‘right to work’. This act was passed in September 2005.

References