Evaluating Odisha's COVID-19 response: from quiet confidence to a slippery road

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Abstract

Odisha is among handful of states that is at the forefront of India's fight against a rapidly growing COVID-19 pandemic. Even before the national lockdown was imposed by the Union government on March 24, Odisha was only state to have imposed partial lockdown in select districts. It was also first state that took proactive steps to ramp up its health care system particularly having a COVID-19 hospital with intensive care units (ICUs) on public–private partnership mode. Importantly, Odisha was among few states to have created a COVID-19 hospital at each district in record time. In addition, the state took many proactive measures including setting up a taskforce to oversee the COVID-19 response, put up a critical information and communication system with daily press briefings among others to stay on the top of pandemic management. But come May when the migrants rush unfolded, the state experienced steady surge in infections as the pandemic started spreading to relatively dense rural hinterlands. The migrant endowed districts like Ganjam became the epicentres of new spread and the state is struggling to rein on the growing pandemic. What led to the state losing its initial gains? How did the state manage it so ably in the initial period and what led to the surge? What are the unique features of Odisha's pandemic response? Is there an Odisha Model as claimed by several observers? (Patnaik et al. in The Wire, 2020) This paper endeavours to chronicle Odisha's response to COVID-19 in relations to policies and programmes initiatives and actors and dynamics shaping these responses? Key aim is to identify strengths and experience of the eastern state which has a long and credible record of fighting natural disasters.

Keywords COVID-19 · Disaster management · Decentralisation · Odisha · India

Introduction

Odisha is among handful of Indian states that has put up a proactive and an enduring fight against a rapidly growing COVID-19 pandemic. Even before the national lockdown was imposed by the Centre on March 24, Odisha was the first state to impose partial lockdown

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in select districts. It was also first state that took proactive steps to ramp up its health care system particularly having a COVID-19 hospital with intensive care units (ICUs) on PPP mode. Importantly, Odisha was the first state to create a COVID hospital at each district in record time. The eastern state was also among select number of states that announced a modest economic package for its construction workers and frontline health workers.[1] Also, the state took many proactive measures including setting up a taskforce to oversee the COVID-19 response, put up a critical information and communication system with daily press briefings among others to stay on the top of pandemic management. No wonder, these initial measures attracted the attention of analysts and policymakers including the World Health Organisation (WHO) which applauded state's handling of COVID-19 pandemic.[2]

But come May, when the returnee migrant workers exodus began, the state experienced steady surge in infections as the virus started spreading to relatively dense rural hinterland. The migrant endowed districts like Ganjam have now become the epicentres of new spread and the state continues its battle to rein the pandemic. What led to the state losing its initial gains? How did the state manage it so ably in the initial period and what led to the surge? What are the unique features of Odisha's pandemic response? Is there an Odisha Model as claimed by several observers? (Patnaik et al. 2020) This paper endeavours to chronicle Odisha's response to COVID-19 in relations to policies and programmes initiatives, and actors and dynamics shaping these responses. In this background, the paper strives to identify strengths and experience of the eastern state which has a relatively long and credible record of disaster management.

Odisha: a brief profile

As per Census 2011, Odisha had nearly 4.2 crore population. Importantly, the eastern state is home to more than 40% socially vulnerable population (23% Scheduled Tribes and 17% Scheduled Castes) population (22.85%) which are a deprived lot in terms of key human development indicators (Garikipati 2020) of the state. In many ways, this eastern state is a major paradox. A state with long coastline that is endowed with rich natural resources, mineral deposits and long coastline is ironically one of the poorest states in India. Despite making significant progress in reducing poverty and making considerable improvement in human development indicators in the last decade, Odisha still has huge population (32.59%) living below the poverty line.[3] This is evident from the low per capita income of the state. While the national average per capita income is Rs. 1,35,000; Odisha's average is only Rs. 1,05,000. On top of this, the state is more prone to natural disasters than any other Indian states (Das and Mishra 2020). Owing to frequent floods, cyclones and occasional tsunamis, Odisha is called the disaster capital of India (Kumar and Ghosh 2020).

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[1] See State Press Release on 27 March 2020. https://health.odisha.gov.in/pdf/news-covid-19-press-meet-27032020Eng.pdf.

[2] *The Times of India* report (2020). https://timesofindia.indiatimes.com/city/bhubaneswar/odishas-response-to-covid-earns-praise-from-who/articleshow/78419452.cms.

[3] According to NITI Aayog SDG India Index Baseline report, while Bihar tops the list of 14 bigger states with 33.74% population below poverty line, it is 32.59% in Odisha as against the national average of 21.92%. *New Indian Express* (2019), https://www.newindianexpress.com/states/odisha/2019/jul/20/odisha-second-bigger-state-in-bpl-rank-2006663.html.

Table 1 Status of COVID-19 in Odisha (as on 21.10.2020). Source: statedashboard.odisha. gov.in

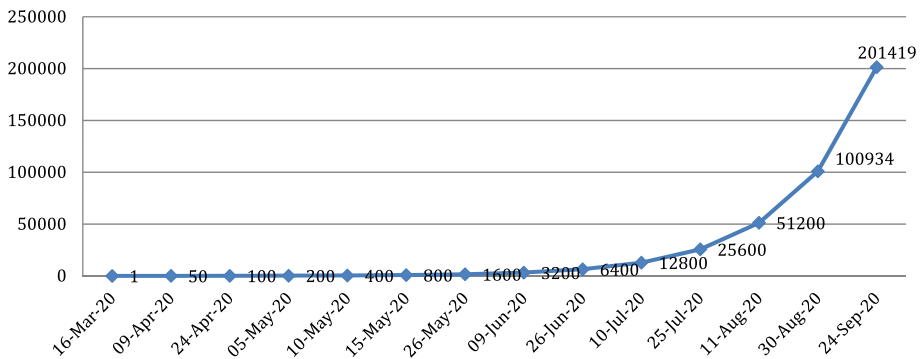|	
No. of confirmed cases	2,74,181
No. of active cases	20,750
No. of recovered cases	2,52,197
No. of deceased	1,181

Fig. 1 Progression of COVID-19 Cases in Odisha. Source: statedashboard.odisha.gov.in

Further, Odisha is placed at the bottom on several critical human development indicators and has a public health system that is underfunded and neglected for years. A recent report by the Ministry of Health and Family Welfare, the World Bank and NITI Aayog titled *Healthy States, Progressive India: Report on the ranks of States and Union Territories*[4] stated that Odisha lagged behind among 21 major states in terms of key health indicators like neonatal mortality rate, under-five mortality rate, low birth weight newborns, full immunisation coverage and proportion of institutional deliveries. As a corollary, the average out of pocket expenditure per delivery in public health facility is significantly higher at Rs. 4225 for Odisha than the average for 21 major states at Rs. 3080. Thus, when one evaluates nature and dynamics of Odisha's response to COVID-19 pandemic, aspects of weak state capacity and legacy issues particularly fragile health system and related vulnerabilities need to be kept in mind.

Status of COVID-19 situation in Odisha: a snapshot

Since the first COVID-19 case in Odisha was reported on 16 March 2020, the total number of cases as on 21 October 2020 have risen to 2,74,181. As seen in Table 1, of the total number of cases nearly 92% have recovered while less than 8% have remained active. Whereas a mere 0.4% people have succumbed to the virus it attests to the fact that among many large states with high caseload Odisha has successfully kept the fatality rate at a very low-level.

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[4] NITI Aayog Report (2019). https://social.niti.gov.in/uploads/sample/health_index_report.pdf.

A deeper analysis of the rise in number of cases by each month since March 2020 is inter-esting. As revealed from Fig. 1 except for May in other months, the cases doubled in approxi-mately two weeks' time. However, spread of the disease has started slowing down from mid-August and it took almost four weeks between 30 August and 24 September 2020 to reach to 2,02,419 cases.

Further delving into the data from the state dashboard reveals that initially Khordha and Jajpur were the districts with the highest number of cases in March and April and even till third week of May. On 18 April out of total 66 cases, 46 were from Khordha district alone. Similarly, on 05 May out of total 189 cases in the state, majority 54 were from Jajpur district. However, the return of more than 5.5 lakh migrant workers in May–June after the lockdown restrictions were relaxed changed the whole scenario. Ganjam district accounting for the high-est number of returnee migrants now took over other districts and became the COVID hotspot of the state followed by Khordha and Cuttack.

Trajectory of state response

Odisha reported its first COVID-19 case on March 16, 2020 when a 33-year-old researcher who had returned from Italy tested positive. Since the initial cases were among those indi-viduals with a travel history to COVID-19 infected countries such as China and Italy, Odisha set-up a registration system with incentives for foreign returnees and used the data to impose lockdown in districts where these cases were reported. The government under the leadership of Chief Minister Naveen Patnaik convened emergency meeting of state-level Natural Calam-ity Committee which declared COVID-19 as a "state disaster" under the aegis of Disaster Management Act, 2005 (Das and Mishra 2020). Following this, the state approved the Odi-sha COVID-19 Regulations 2020 on April 3 through the Department of Health and Family Welfare. The government order empowered the Directors of Public Health, Health Services and Medical Education and Training to exercise jurisdiction throughout the state and the Dis-trict Collectors (DCs), Municipal Commissioners, District Medical Officers, Sub-Collectors, Tahsildars and Executive Officers of Urban Local Bodies (ULBs) to act in their respective jurisdictions. Further, Odisha constituted an empowered Group of Ministers and Committee of Secretaries headed by the Chief Secretary to oversee the emerging situation and take steps for mitigation (Swain 2020).

Beyond administrative and institutional measures, the state announced a series of finan-cial packages for sections of population that are vulnerable to pandemic related stress. On 27 March, the government announced a package of Rs. 2200 crore for the economically weaker sections of the society to deal with the impact of the outbreak (Patnaik et al. 2020). The state also released advance disbursement of welfare resources including advanced distribution of rice for three months, Rs. 1000 each to 94 lakh families and payment of pension to 48 lakh persons and financial support worth Rs. 1500 to 22 lakh construction workers (Das and Mishra 2020). Further, the state government made special announcement by advancing four months' salary for doctors, nursing and paramedic staff.
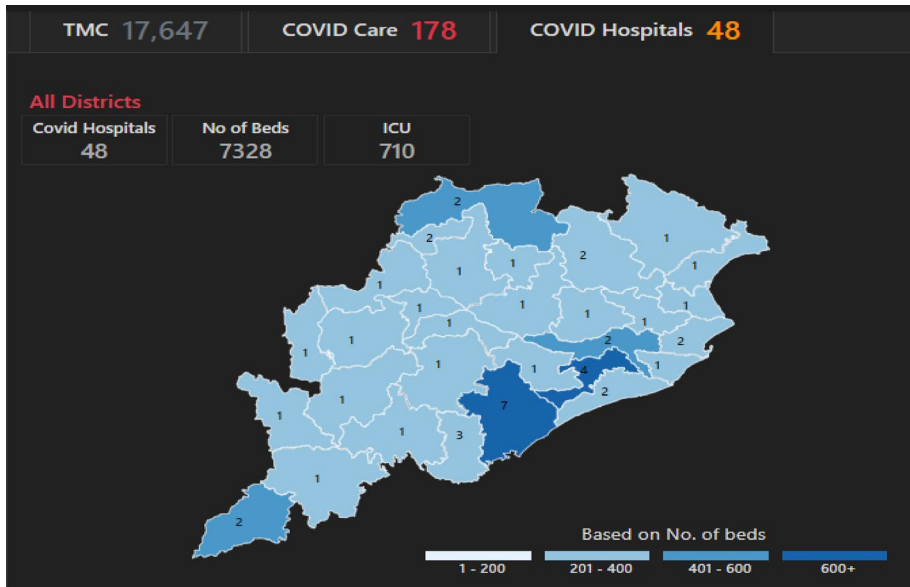
Fig. 2 COVID-19 infrastructure in Odisha (As on 21.10.2020). Source: statedashboard.odisha.gov.in

Ramping up health care system

Given its deficient public health care system, Odisha took very proactive steps to ramp up its hospitals and augment health care professionals as can be seen from Fig. 2. As early as March 27, the state government declared its intention to create 1000 beds dedicated hospitals in the state capital on PPP mode.[5] Further, Odisha became one of the first states to create a dedicated COVID-19 hospital with ICUs in each district. At present, Odisha has 50 COVID hospitals with maximum number of seven such hospitals in the most affected Ganjam district. These 50 hospitals have 7328 beds and 710 ICUs and 457 ventilator beds. Besides, it has built-up 178 COVID care centres and 17,647 temporary medical centres (TMCs). Bulk of these facilities was created as early as May 2020 when number of COVID cases was not so high. By end of May, the state had built dedicated COVID health centres in all districts.[6]

Further, given the fact that Odisha was anticipating the return of large number of migrant workers from different parts of the country post lockdown, as pre-emptive measure it created the above robust COVID infrastructure to tackle a surge in infections. To make people aware of these facilities, these hospitals were linked to GIS mapping by May 2020 (Roy 2020). This was intended to enable people to know about quarantine centres, COVID hospitals and testing facilities in the state.

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[5] *The Economic Times* (2020). https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/odisha-announces-countrys-first-covid-19-dedicated-hospitals-with-1000-beds/articleshow/74832053.cms?from=mdr.

[6] For details see *The Print* (2020). https://theprint.in/health/low-testing-poor-health-services-how-odisha-is-scrambling-to-fight-covid-after-good-start/477087/.
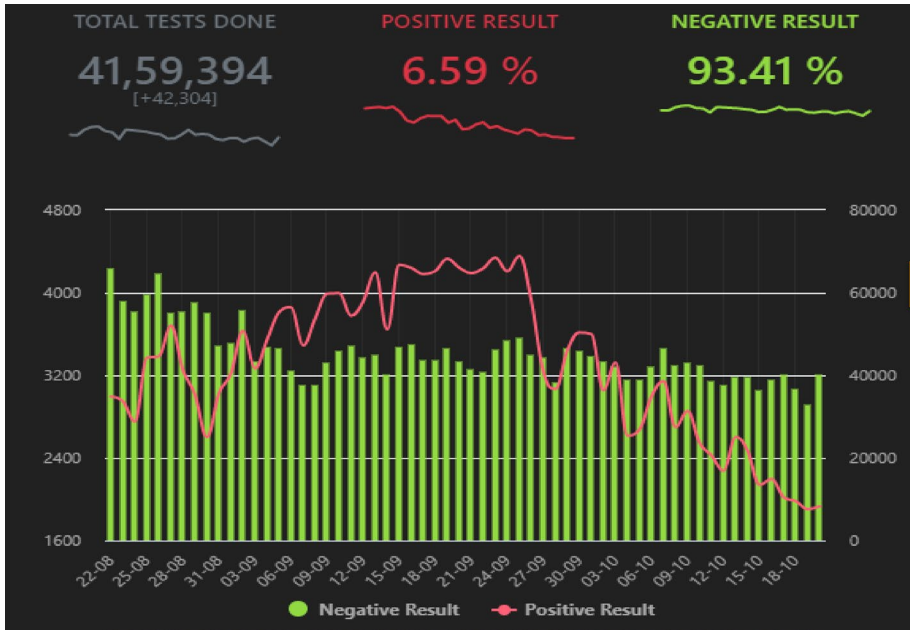
Fig. 3 Testing summary in Odisha for COVID-19 (As on 21.10.2020). Source: statedashboard.odisha.gov.in

State/UT	Tests Done	Population In Lakhs	No. of Tests for 1 Positive Case	Tests Per Lakh
BIHAR	91,34,927	1,226	45	7446
GUJ	53,22,288	688	33	7727
JKHAND	28,27,248	375	29	7530
ASSAM	43,08,877	348	22	12367
RAJ	34,90,719	781	20	4468
MP	25,85,631	830	16	3115
ODISHA	41,59,394	437	15	9516
TN	89,46,566	756	13	11825
WB	39,91,270	994	12	4015
KERLA	39,39,199	353	12	11159
AP	70,66,203	522	9	13516
K'TAKA	66,67,777	664	9	10038
MAHA	81,39,466	1,233	5	6597

Fig. 4 Testing summary of Odisha *vis-à-vis* other states (As on 21.10.2020). Source: statedashboard.odisha.gov.in

Even as the COVID care centres were managed by local people's representatives, realising the need for smooth management of COVID care home the State Government in July approved the proposal for temporary engagement of 7000 trained manpower covering 6798 g Panchayats. Such manpower would be drawn from available unemployed registered ANMs. In case of non-availability of unemployed ANMs, unemployed registered staff nurses or pharmacists could also be engaged or purely temporary basis. In

short, Odisha has progressively overhauled its health infrastructure to take more infections load in time to come.

As the disease spread its tentacles across the state, the government ramped up testing for COVID positive cases in the state. As seen in Fig. 3, by 21 October 2020, a total of 41,59,394 tests have been carried out in the state of which only 6.59% cases have been found to be positive. As revealed from Fig. 4, Odisha has done moderately well with regard to testing its population for COVID-19 vis-à-vis other states.

A decentralised approach to fighting the pandemic

Drawing from its long experience of disaster management (Das and Mishra 2020), Odisha government has tried to engage vast networks of local institutions, especially panchayats and community-based organisations like well-entrenched self-help groups. These two institutions have been playing vital roles in terms of managing the movement of migrant workers, arranging shelter and running quarantine centres to providing other critical support to state institutions in fighting pandemic.

Leveraging its disaster management expertise

Its long coastline adjoining the Bay of Bengal making it prone to frequent natural calamities particularly cyclones and flooding has enabled Odisha to develop one of the sustainable and effective disaster management systems in the country drawing unrivalled global attention in recent years (Swain 2020). State's long experience of dealing with natural disasters in terms of preparedness, standard operating procedures, organising relief operations, augmenting critical manpower, linking with key local bodies (panchayats) and ensuring community level support in quick time have come very handy in dealing with COVID-19. While the state brought in the key institution Odisha State Disaster Management Authority (OSDMA) to use its technical and intellectual expertise and leverage its robust access with multiple stakeholders to put up an effective response against pandemic. Following disaster relief operation patterns, the state government used the key lessons of disaster management while strategising the roadmap to fight pandemic. For instance, the state leadership emulated disaster management tactics of creating an empowered Group of Ministers and Special Committee comprising of key officials to oversee the entire operations to manage the COVID-19 pandemic (Kumar et al. 2020).

Further, taking cues from disaster management experience, the government decentralised the efforts by involving district and block level grassroot workers and organisations to undertake relief operations and help in sustaining multiple efforts particularly the running of quarantine centres and shelters for migrants. Importantly, physical infrastructure notably disaster relief shelters were swiftly turned into quarantine centres or places to temporarily host returnee migrants. While many states were found struggling in the initial phase of pandemic, Odisha's long experience of running relief operations during natural disasters has come critical in terms of swiftly organising shelters for migrants and stranded persons during the lockdown (Kumar et al. 2020). In short, Odisha has tried its best to leverage its rich disaster management experience to fight COVID-19 pandemic.

Panchayats at the forefront of pandemic management

Odisha is one of the earliest states to recognise the usefulness of local level institutions in containing the spread of COVID-19. In April, the Chief Minister took a bold decision of delegating sarpanch with the powers of a district collector (Sahoo 2020). Using section 51 of the National Disaster Management Act, 2005,[7] Odisha government empowered sarpanches to ensure quarantine of returnees and their families. All Gram Panchayats (GPs) were allowed to exercise their jurisdictions at the ground level to aid monitoring efforts of the facilities. As part of the unprecedented move that allowed sarpanches full power of COVID-19 management in their Panchayats, Anganwadi workers, Accredited Social Health Activist (ASHA) workers and teachers were asked to get involved in relief interventions undertaken by the sarpanches.

Accordingly, each GP was sanctioned Rs. 5,00,000 to set-up and manage quarantine centres with governmental bodies overseeing their operations (Baisakh 2020a, b). The migrants were provided an incentive of Rs. 2000 to complete the 14-day quarantine (Sahoo 2020). On 22nd April, nearly 67,000 sarpanches were asked to take an oath to protect migrant labourers on their return, thus evidencing the decentralising intent of the state government. In a novel move, the Ganjam district administration trained several thousand migrants in quarantine centres to become community health workers in the capacity of sanitation work (Press Trust of India 2020). The success of this move has called for its replication in other districts in the state.

However, the major challenges facing the local bodies are related to inadequacy of infrastructure and authority. Being at the lowest level of government, their authority/power (even when emboldened) is often disregarded by DCs who have often failed to consult them in decision-making (Mohanty 2020a, b). When sarpanches have tried to be proactive, they have often had to incur expenses out of their own pockets after grants were denied by the DCs. Further, there were reports (Sahu 2020a, b, c) which stated that many sarpanches felt that "they were not being kept in loop regarding several decisions" and their administrative and financial roles were not clearly defined in handling pandemic related works. In short, their authority remains largely notional as the officials continue to call the shots on major issues. Another big problem is the lack of adequate health infrastructure to tackle the spread in villages. Without adequate computers and internet facilities, communication between villages is impacted; transparency and efficient knowledge of the surrounding situation is key in the present circumstance (Pal 2020).

Mobilisation of women's groups

Apart from getting local bodies on board to fight the pandemic, Odisha government has engaged the services of millions of women workers and volunteers in different capacities to respond to the crisis. For instance, thousands of Accredited Social Health Activists (ASHA) are working relentlessly in rural and urban areas to spread awareness about the virus and have emerged critical links for the government agencies. According to the

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[7] Such provisions are also listed under section 44 (1) of Odisha Gram Panchayat Act, 1964, following the 73rd Constitutional Amendment Act. It allows the gram panchayat, within the limit of its funds to undertake, control, administer and be responsible for "preventing and checking the spread of epidemic or infectious and other dangerous diseases". See *Down to Earth* (2020a). https://www.downtoearth.org.in/news/governance/not-being-kept-in-loop-odisha-s-sarpanches-on-cm-s-power-decentralisation-move-71113.

statistics of state health department, as many as 46,627 ASHAs have emerged as key pillars against COVID-19 in closely operating with Gaon Kalyan Samitis in the rural areas and Mahila Arogaya Samitis in the urban areas to address the health needs.[8] Similarly, thousands of Anganwadi workers have been actively engaged by the state to handle multiple tasks from community level surveillance of returnee migrants, assisting district and block administration in contact tracing to the running of quarantine centres in GPs.

Beyond these critical frontline women workers, Odisha has leveraged the strengths of a robust state-wide networks of Self-help groups (SHGs). As Chief Minister over 20 years, Naveen Patnaik has astutely invested in supporting and empowering millions of women under the banner of Mission Shakti (Patra 2020). In a health emergency requiring all-round engagements and cooperation, these organisations have emerged critical frontline defence against COVID-19. Lakhs of women from Mission Shakti have been involved in the state response by means of awareness drives, ensuring public health and hygiene and providing food security through engagement of SHGs in these activities (CDRI 2020). For example, 1339 enterprising Women Shakti SHGs together produced 6.5 million reusable face masks to distribute among frontline workers and another 0.3 million which were distributed free of cost to the poor (Patnaik et al. 2020). The SHGs are deeply involved in ensuring food security during COVID-19. As many as 7312 SHGs are involved in free kitchen management to provide 19.1 million meals to the rural and urban poor (CDRI 2020). Additionally, some 600 SHGs have set-up fruit, vegetable and dry ration shops strategically across the state.

In doing so, these groups were facilitated by district administrations, delivering a key example of the benefits that accrue from cooperation between civil society and government agencies. Further, with the sale of perishable vegetables becoming a worrisome prospect for farmers, 500 SHGs procured 171 tonnes of surplus produce from 15,000 farmers to supply to free kitchens and markets (CDRI 2020). For this, a SHG to SHG model was followed whereby one set of SHGs bought the produce from the farmers and sold it to another set of SHGs which then took the produce forward for doorstep sales among villagers (Baisakh 2020a, b). These fruits and vegetables were also delivered to the Panchayat-level quarantine centres and block administration coordinated activities between the involved agencies for smooth execution of the process. To facilitate this, the government provided low-interest loans worth Rs. 50,000 to Rs. 1 lakh for the SHGs that need it (Baisakh 2020a, b).

While SHGs have played an active part in mitigation of pandemic, they are battling with many challenges, partly systemic and partly due to conditions related to COVID-19. For instance, COVID-19 linked lockdowns have emerged as the biggest challenge to SHGs functioning which necessitates physical group meetings. Even while the groups were allowed to meet, they had to follow strict social distancing protocols. Additionally, lack of capital or investments due to the market shock have led to dissolution of many groups. The worse challenge has been for ASHAs. While they receive very marginal compensation for the works they render, they were denied performance linked honorarium during the pandemic. This prompted ASHA workers to participate in a 2-day national protest in August to protest inadequate government assistance (Singh 2020). While the state government has tried to resolve this, women frontline workers involved in the mitigation of pandemic continue to grapple with multiple challenges.

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[8] *Outlook* (2020c). https://www.outlookindia.com/newsscroll/ashas-in-odisha-working-hard-to-spread-awareness-about-covid-address-health-needs/1884384.

Assessment of state response

A quick review of state response on key parameters clearly shows a planned and proactive response from the state leadership and its appointed agencies. Starting from issuing early warnings, developing standard operating procedures (SOPs), actively disseminating information related to COVID-19, setting up inter-ministerial committees, leveraging state's proven disaster management experience by decentralising pandemic mitigation efforts, releasing material and financial packages for the vulnerable sections of state populations and frontline health workers to strengthening an ailing public health care system, Odisha demonstrated required capacity and exemplary leadership in the fight against global pandemic. Not only did the state emerge as a pioneer by setting up specialised COVID-19 hospital in each district and created a large cadre of paramedics in record time, it also led from front by adopting a humane approach in dealing with growing stigma and prejudices associated with the disease. State Chief Minister set an example for others by awarding "martyrs" status for frontline health professionals who succumbed to virus and taking stern steps against stigmas and prejudices attached to the disease.[9] No wonder, Odisha's response in the early phase of pandemic drew a lot of positive attention from various quarters, particularly the dexterity with which it handled twin challenges of cyclone Amphan and COVID-19.[10] Odisha government's bold decision to delegate District Magistrate's powers to local bodies particularly sarpanches to handle returnee migrant crisis generated plenty of positive reaction in the country. In short, the state did nearly everything right until the migrant crisis in late May.

Once the migrant workers began returning in large numbers, the state and its once robust pandemic management strategy began showing visible cracks. While the state authorities had anticipated the migrant workers challenge and had taken several early steps to handle the possible fallout (Garikipati 2020), these were grossly inadequate for an exodus that unfolded soon after the national lockdown was relaxed in May. In matter of few weeks, the migrant endowed Ganjam district alone received more than 4 lakh returnee migrants (most of them from the COVID-19 ravaged Gujarat) greatly exposing state's preparedness (Saikia 2020).

Once the migrant exodus unfolded, the district authorities struggled to provide adequate quarantine centres and standard facilities to keep these returnee workers in makeshift camps. Not only authorities were forced to concede home quarantine for many workers (which was rarely followed given the difficulties of finding independent spaces and sanitary conditions in rural households), finding these facilities inferior thousands of them fled to their homes. In no time, Ganjam district emerged as epicentre of infections spreading to many adjoining districts of the state (Saikia 2020). While Ganjam has been brought under control after concerted efforts from state agencies, district administration and local level institutions, migrant exodus and related lapses by the government agencies particularly centralisation of decision making and all levers of power reaming with handful of unelected officials (Sahu 2020a, b, c) have led the state to lose its grip on COVID-19 management. As a result of this, the pandemic which was restricted to few hotspots particularly

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[9] Report by *NDTV* (2020), https://www.ndtv.com/india-news/coronavirus-odisha-chief-minister-naveen-patnaik-says-martyr-status-for-doctors-who-die-in-covid-19-2215585.

[10] Report by *India Today* (2020). https://www.indiatoday.in/india/story/how-odisha-dealt-with-cyclone-amphan-while-battling-covid-19-pandemic-1681257-2020-05-24.

urban centres has w spread to all corners of the state including the rural hinterlands where health care infrastructure is thinly spread.

The infection caseload which was around 1000 till May has grown rapidly in last three months. As of October 21, Odisha had 274, 181corona cases. While infections numbers are beginning to slow down,[11] daily average during July–September it remained above 3000 creating panic and adding extra pressure on state's fragile health infrastructure. Only saving grace is state's very low fatality rate (0.42% against the national average of 1.51%). While the high number of reported cases are largely due to sharp rise in testing (average daily testing gone up to 50,000 since August 15),[12] positivity rate reaming relatively high is something to worry about. While the positivity rate was hovering around 5% in mid-August, it went up to 7.5% in the first week of September raising serious question mark on state's current approach to contain the virus. According to analysts, low emphasis on testing in the initial phase coupled with migrant workers exodus in May–June have allowed the spread of infections to rural hinterlands and smaller cities and towns.[13]

Challenges ahead

While the state is beginning to see a steady decline in caseloads, in the meantime the pandemic and steep rise in infections in last few months have stretched its health system and state capacities to the maximum. Of course, compared to many large states including its neighbours such as Andhra Pradesh and West Bengal, the state can claim to have kept the numbers at a very moderate level, although it is too early to say if the state has gained a decisive edge over the virus. We are listing some of the pressing challenges that the state needs to sort out to retain an upper hand over the surging pandemic.

Containing the surge, augmenting an anaemic health system

Odisha's best laid plan to manage return migration and contain the spread of virus have come crashing with steady surge of infections to every corners of the state. As stated earlier, total number of cases are now inching closer to 3 lakh beating all state projections.[14] A rapid surge of infections despite improved recoveries have brought enormous stress on health care system particularly in major cities particularly Cuttack and Bhubaneswar which continue to be the major hotspots. There have been reports of patients struggling to get admitted and ICU beds are coming in short supply.[15] With infections spreading to most rural districts, the state is at a very critical juncture in its fight against the pandemic.

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[11] Report by *Pragatibadi* (2020). https://pragativadi.com/coronavirus-odishas-daily-count-continue-to-slow-down-records-1904-new-cases/.

[12] See a detailed coverage in *disha Bytes* (2020). https://odishabytes.com/odisha-ranks-4th-in-covid-19-positivity-rate-in-the-country/.

[13] For instance, despite the CM's announcement claiming that daily testing would be hiked to 15,000 per day by June, this failed to see fruition as testing ranged between 3000 and 5000 cases a day through June. Only when cases began showing up in many places and there was public outcry, the state responded to increase testing in mid-August.

[14] Report by *Hindustan Times* (2020b). https://www.hindustantimes.com/india-news/odisha-s-covid-19-caseload-may-increase-by-50-000-in-august-official/story-ufMQ5OEcPlt8YpNtjwQjVI.html.

[15] Report by *Hindustan Times* (2020b). https://www.hindustantimes.com/india-news/bhubaneswar-s-fight-against-covid-hampered-by-lack-of-icu-beds/story-oEftW0bBBU0CbWl0GszI8K.html.

What has come to hinder state efforts to stem the spread of infections (which was badly exposed during migrant surge) is its anaemic public health system. While the state did well in terms of filling up a significant percentage of vacant health care specialist positions in district hospitals and filling up all ANM posts at sub-centres and staff nurses at PHCs and CHCs just before the pandemic arrived in early 2020, they have proved grossly inadequate once the pandemic began spreading to hinterlands. The challenges related to poor health infrastructure are proving too difficult to overcome, especially in districts that account for the highest caseload in the state. Shortage of health care professionals and quality medical facilities have started hurting the state's emergency response. For instance, in Ganjam one of the worse affected districts, of the 567 posts sanctioned for doctors, only 219 are occupied. The state has mobilised doctors from less affected districts, but with infections spreading every corner, that option is not available anymore (Mohanty 2020a, b). While the state has made efforts to augment thousands of paramedic and voluntary health workers in record time, they can hardly substitute health specialists needed for managing COVID-19.

Given this, Odisha government made some strategic changes recently by creating a dedicated COVID-19 unit in each Medical Colleges and Hospital (MCH).[16] As per the new announcement, SCB medical college, Cuttack will create a specialised COVID-19 unit with 200 beds and 39 ICUs, while MKCG MCH at Berhampur will have 150 bed facilities for treating COVID-19 patients. In the initial period, the state had roped private health care providers to create these facilities. Further, the state health department has now directed major private hospitals having bed strength of 30 or above, located in Bhubaneswar, Cuttack, Sambalpur, Berhampur and Rourkela Municipal Corporation limits to mandatorily reserve 50% of their general beds and 80 per cent of ICUs for treatment of COVID patients, with an option to convert the centre hospital as a COVID hospital.[17] In short, while the state is showing urgency and strong resolve to contain the pandemic and mitigate the health-related shortfalls, it is too early to see to project how it would fare in its mission in the long run.

Restoring livelihood and ensuring social security

Anticipating massive work and livelihood due to pandemic, Odisha was an early mover in terms of releasing advance payment for critical health professionals and frontline workers. It also provided series of material and economic packages to vulnerable populations including pensioners, aged and returnee migrant workers. With pandemic showing no sign of slowing down and economic activity still on a low key, livelihood and employment of most informal workers including returnee migrants are at stake. It needs to be mentioned that pre-COVID-19 employment rate of Odisha was higher than the national average and the highest in the country (Das and Mishra 2020). While the government has rolled out many new schemes including reskilling of unskilled or low skilled workers and has increased person days to 200 million under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), low wage rates and complications related to timely payment have come as a big handicap in the demands. A recent nation-wide rural survey of

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[16] *New Indian Express* (2020). https://www.newindianexpress.com/states/odisha/2020/sep/07/all-mchs-in-odisha-to-have-dedicated-covid-hospitals-2193542.html.

[17] *Times Now* (2020). https://www.timesnownews.com/india/article/odisha-asks-private-hospitals-to-reserve-50-beds-for-covid-patients/652615.

respondents found only 7% of MGNREGA works has been availed by returnee workers (A Rapid Rural Research Report 2020).[18] With COVID-19 pandemic persisting and job situation remaining grim in the state, migrant workers are now making desperate attempts to go back to cities and towns they had left in desperation.[19]In short, considering state's low economic base, its large socially and economically poorer population and ongoing contraction of economy make an uphill task for the state to create jobs not just for returnee workers but for those were in the state already.

Conclusion

A close reading of Odisha's COVID-19 response since early March shows a mixed bag. The eastern state which responded very proactively with a clear strategy on slowing the spread of pandemic, ramping up health system and reducing the related disruptions to economy and livelihood is now in the critical crossroad. In the initial phase of pandemic, the state leveraged its proven disaster management experience and decentralised the pandemic response by involving local bodies and community level workers to stem the spread of virus. It also did well in terms of providing welfare measures to its vulnerable populations and protect frontline workers involved in managing the pandemic. The state leadership notwithstanding being criticised as too centralising and technocratic (Sahu 2020a, b, c) did provide required skills and show sense of urgency to deal with challenged of a global pandemic, However, such is the nature of this disease that despite well laid out strategy and plans, the virus finds its ways to spread as seen in the case of countries with best health care system and advanced preparation. Even Kerala, India's best managed state in terms of health care and coordinated response, the southern state is witnessing huge surge despite its visible success during the early stage. Yet, Odisha is no Kerala. There is huge difference between both in terms of per capita income, human development indicators and health care standards. It has a low base economy and huge impoverished and vulnerable populations to look after. Luckily and in line with national trends, Odisha's infection rate is now showing a steady decline than what it was in July–September. Districts like Ganjam which had become hotspots of COVID-19 are now showing huge improvement. Yet, with the restoration of economic activities and lowering of social distancing norms, the possibility of second wave remains at large. To remain on the top of pandemic, Odisha has to maintain the grip and not let complacency to take the steam out of its robust pandemic strategy.

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[18] Rapid Rural Survey (2020). *CaritasIndia*, https://www.caritasindia.org/wp-content/uploads/2020/08/The-New-Exodus-The-Untold-Stories-of-Distressed-Migrants-during-Covid-19.pdf.

[19] Report by *New Indian Express* (2020). https://www.newindianexpress.com/states/odisha/2020/aug/08/odisha-migrants-head-back-to-other-states-due-to-absence-of-work-options-amid-covid-19-fear-2180723.html.

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