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## **MANAGING THE COVID-19 PANDEMIC IN ODISHA : ANTHROPOLOGICAL REFLECTIONS**

### ***Abstract***

*This paper is a critical reflection on Covid management strategies adopted in Odisha, a state on India's east coast with special reference to Higher Education Institutions (HEI). The unprecedented scale and magnitude with which the pandemic affected the entire world was the cause of great uncertainty and collective anxiety. The educational institutions were the first ones to be hit by this crisis. It was a coincidence that I was a part of the covid management strategy as the Vice Chancellor of Utkal University, Bhubneswar till November 2020, i.e. towards the later part of my tenure (2017-2020). The decisions to combat the pandemic with out compromising the teaching and research was a daunting task. The University as a formal educational institution is a part of a larger socio-political and economic system operative in the state of Odisha. The present paper is an attempt to examine various policy measures adopted by the Government of Odisha and how they have been affecting the higher education institutions, taking the case of Utkal University. An ethnographical approach has been adopted to examine various policy initiatives and the way they get operationalized on the ground.*

**Keyword:** COVID-19, Odisha, Utkal University, Migrant Labour Public Policy, Governance

The pandemic of Covid -19 has created an unprecedented situation of extreme fear and uncertainty resulting out of the death wave created by deadly virus for which the medical science struggled hard to develop any authentic and effective vaccine to prevent its occurrence during the initial stage. In the whole world the life came to a stand still due to stringent lockdown and shut down measures adopted by the state and central government. The state of Odisha was one of the first states to have adopted effective measures to ensure that the pandemic does not spread to different parts of the state. The first measure was to put restrictions on mass gathering in terms of seminars, meetings, and conferences in the whole state and maintain physical distance in academic institutions. The government of Odisha promptly declared the closure of all educational institutions of the state on 14<sup>th</sup> March 2020. During

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that time I was the Vice Chancellor of Utkal University, one of the premier Universities of East India. Established in 1943, seven years after the formation of separate state of Odisha in 1936 and four years before the Indian Independence, Utkal University is an epitomization of Odia aspirations and strive towards excellence. It enjoys the privilege of an A+ accreditation by NAAC (2016) and Category I University with greater autonomy granted by the Ministry of Human Resource Development, now Ministry of Education, Government of India (2018).

### **Covid Management Strategy in the University**

With a rich and glorious academic tradition, majority of the University students were committed to quality and excellence staying in a vibrant campus. Anticipating a complete shut down of the city, including market and other civic amenities, I ensured that students on campus vacated their hostels and join their families. It needs to be mentioned here that most of the students come through a recently introduced all Odisha entrance test. The study atmosphere in their villages and/or small towns can not be compared with the campus life. In local parlance the campus is known as Vani Vihar, or abode of Saraswati, the Goddess of learning. The students felt that leaving the campus will affect their studies. Most of the faculty members also agreed with them. It was a challenging task before the University administration to convince the students to leave the campus. Many rounds of consultative meetings were carried out with the stakeholders making them realize the seriousness of the consequences if the markets shut down and city transportation cancelled causing the breakdown of the supply chain of food items, vegetables, medicines, and other items of daily necessities. The lessons learned from the European nations, especially Italy was very much in circulation in social media. One such videos talked of “what you cannot anticipate” when the pandemic is at its peak. University teachers used such videos as lessons learned from other countries. It was more difficult to convince the research scholars, especially those who have been admitted for the first time to a Ph.D. programme through an all-India entrance test conducted for the first time in 2019 in the history of the University. Students coming from different catchment areas through four test centres at Hyderabad, Delhi, Guwahati and Bhubaneswar exhibited greater diversity and higher motivation to pursue the course. Convincing them to be away from Library or laboratory was indeed a difficult task. University administration counselled the resisting students and other stakeholders for vacating the hostels and be with the family members during such critical and fearful times. A climate of uncertainty and anxiety was palpable for many months in the campus.

Odisha is known for its well-articulated institutional capacity of dealing with disaster in terms of its relevant policy, effective bureaucratic and administrative machinery coupled with a political will which the present regime has cultivated over more than two decades. Odisha was one of the first states

to have responded to the outbreak of COVID-19 by bringing out official protocols of avoiding large gatherings and keeping physical distance.

### **Demography of the Pandemic**

COVID-19 is caused by a virus namely the Severe Acute Respiratory Syndrome Corona Virus 2 ( SARS-CoV-2 ) . This was previously called '2019 Novel Corona Virus' by World Health Organization (WHO). It was first reported as a cluster of respiratory illness by a local media from the city of Wuhan ,China on 31 December 2019. Within a month, by 30 January 2020 , WHO declared it as 'Public Health Emergency of International Concern', which attained the proportion of a 'Global Pandemic'by March 11 2020 .

The outbreak of Corona Virus Disease (COVID-19), has become a global challenge. As on 9th August 2020 it had affected about 215 countries around the world infecting 199,181,24 people, out of which 7,31,705 death cases (3.67%) are reported. When we look at the Indian scenario there are 22,12,429 confirmed COVID-19 cases, out of which 44,457 are death cases (2.01%). Similarly, the confirmed Novel Corona case in Odisha is 45,927including 321 reported death cases (0.69%). As it is contagious and spreading very quickly, it has created an alarming situation across the country. Fears and rumours are going on among the different communities about the disease. It has not only created the health hazards and economic regression but also affected livelihoods of the different sections of people due to declaration of nationwide lockdown from 25th March 2020 to 31st May 2020.

### **Temporality of the Pandemic in Odisha**

The government of Odisha was proactive in shutting down the educational institutions of the state on March 14, 2020 whereas in rest of the country it happened on March 25, 2020 (Patnaik 2021). A complete lockdown was imposed in 5 districts and 8 urban centres till March 29, 2020. The foreign travellers were placed in institutional isolation immediately (Barik 2020)<sup>1</sup>. In the first wave of COVID-19 India saw equal intensity of spread of infection throughout the country. The lockdown has seen multiple extensions in order to contain the infection. The restrictions were put on all activities except for essential services. Provisions for telemedicine facilities was made for people in home isolation. Further 26 dedicated COVID hospitals were announced with oxygen/ventilator/ICU support and seven dedicated covid health centres with oxygen support were set up.

A set of guidelines were introduced for the detection of COVID-19 patients at hospitals<sup>2</sup>; the patients were immediately segregated in a separate cabin with attached toilet and in case the patient is in ICU then other patients were transferred to other place in the same building and followed up for COVID-19 symptoms for next 14 days. Aggressive contact tracing started from the

hospital and aggressive disinfection protocol were followed. 17 hospitals at Bhubaneswar were declared as fever clinics on April 9, 2020<sup>3</sup>. Containment zones were identified during lockdown which followed strict rules regarding mobility of people. Master circular for covid hospitals was released on the website of health department mentioning protocols for every kind of covid related issue.

Odisha has become the third state in the country to introduce convalescent plasma therapy for treating serious COVID-19 patients after Delhi and Maharashtra. The state government announced that it would provide the life-saving plasma therapy free of cost to the patients suffering from the novel coronavirus. The Plasma Bank was started at Srirama Chandra Bhanja Medical College in Cuttack. This was an important initiative for effective treatment of COVID patients when the vaccine for COVID-19 was in its trial stage. This therapy was expected to be an effective tool in the fight against this global pandemic.

#### *Case 1 Plasma Therapy*

A 48-year-old COVID-19 patient at the hospital received the treatment at S.C.B Medical College Hospital. He was transfused with B+ve plasma for coronavirus treatment. Four persons, who recovered from the virus, also reportedly donated their plasma. According to media reports, one plasma therapy costs Rs 9,100 for the state government. Expenses including travel and food of the donor was also borne by the government. Plasma therapy involves the process of using antibodies from the blood of patients, who have recovered from coronavirus disease, to treat infected people. This advanced medical procedure emerged as an innovative frontier in the field of medicine. The authorities were committed to the highest standards of medical practice in an inclusive way so that no person of the state would be deprived of proper medical care.

#### **Proactive Measures**

It was in April 2021 when second wave of COVID had hit India a majority of states were scrambling for medical oxygen for its breathless COVID patients, Odisha not only met its domestic demand but also supplied oxygen tankers to six major states.

The state has sent 67 tankers carrying 1,200 metric tonnes of oxygen to states like Uttar Pradesh, Madhya Pradesh, Maharashtra, Haryana, Telangana and Andhra Pradesh. Delhi had airlifted oxygen from Odisha to meet the demands of oxygen supply<sup>4</sup>. Odisha produced 350 metric tonnes of oxygen daily and had an additional provision of 129 metric tonne of medical oxygen. The daily domestic consumption was 40-50 metric tonne and the state was able to meet it from the daily production. Large number of steel plants

have been the biggest reason behind their sufficient supply of oxygen. Industries have come forward to cooperate in these trying times, even though it means compromising with production.

When the first wave of COVID was sweeping across the nation, Odisha was quick in segregating people coming from outside the state including the 10 lakh migrant workers, quarantining them following all protocols. Temporary medical camps with 8,00,000 beds were set up to quarantine people until they were tested and deemed fit to travel home. Financial packages were given to people reporting COVID positive status to ensure compliance with COVID protocol.

The state government had been strictly imposing fine on people for violating COVID protocols and had collected Rs. 25 crores till April 2021. Penalty with fines were levied as per the economic status of the defaulter. During second wave Odisha had shown prudence and sealed its borders with Chhattisgarh from April 1, 2021. Traveller to Odisha failing to produce RT-PCR negative reports have to go into institutional quarantine centres set up at entry points of the state. Odisha has 50 COVID dedicated hospitals, of which 30 have been requisitioned from private facilities. The total number of bed capacity for COVID patients in the state is 11000. The occupancy was 35 percent in April 2021. The state ensured separate hospitals for COVID patients to prevent its spread to other patients. The entire medical expense was borne by Odisha government. Apart from the government many corporates like Odisha Hydro Power, Odisha Mining Corporation, Indian oil and Mahanadi Coal Field, have also extended a helping hand, bearing the cost of hospitals as a part of their CSR initiative. The government decided to spend Rs. 2000 crores on vaccination with the target to vaccinate 2-3 lakh people per day. In its plans to inoculate its population the government involved a team of Self-Help Groups and health workers<sup>5</sup>. By the end of 2021 the capital city of Bhubhaneshwar has emerged as the first fully vaccinated city, as per the government sources.

### **Reverse Migration of Labourers**

Migration is associated with economic endeavours leading to inter and intra state movement of population. But the situation arose due to the panic created by the pandemic and became a tragedy in the history of India. The outbreak of the pandemic with continuous reporting of fatality of the disease created consternation among the workers staying miles away from their home. The imposition of lockdown and shutdown in phased manner also created uncertainty on their livelihood and food security. The migrants without job and money have no other option to sustain in the host city except coming back to their native land. This situation has created a bigger challenge for the state to address the life and livelihood issues simultaneously with a limited resource and infrastructure facilities. The increasing trend of COVID has posed challenge for the state government to contain it and revive the economy at the earliest.

An attempt has been made here to examine the implications of the influx of Odiya migrants to Odisha from Surat in Gujarat and other cities of Maharashtra and Chhattisgarh facing severe economic crisis, food insecurity and survival threats, looking forward to new opportunities in their home state in future.

The pandemic opened the door for public-private partnership in health and other sectors. Decentralization of health management system and exploring the local public health facilities as key survival strategy have been the important policy innovations in the state. The knowledge, skill and the expertise of the migrants could have been utilized for entrepreneurship development in Odisha contributing to economic growth. It was observed that due to their exposure to outer world they had developed the skill to negotiate which is a precondition for success in business arena. Attempt was made to address the labour shortage for different skilled and semi-skilled activities by using these the services of migrant labourers. The idea of migrant labours has created several advantages for the selected sectors, especially in market entry mode, marketing strategies and in handling business environmental barriers. Skilled migration has become a key strategy in combating ageing workforce as well as skill shortage in globalized economies.

### **The Scenario in Ganjam**

The authorities of Ganjam, a district on South coast of Odisha were the first to impose section 144 of Criminal Procedure Code (CRPC) to avoid mass gatherings to prevent the spread of COVID-19 on March 15, 2020. The step was taken considering the *Danda Jatra* a mass festival observed in the month of March-April<sup>6</sup>. It was worth mentioning that from being COVID-19 hotspot, Ganjam went on becoming the model district in the state in its fight against the pandemic. The district of Ganjam has been the home of many migrant labourers serving in different states. Due to this pandemic, economic loss at national/ state as well as individual level become a threat for survival in the light of poverty, hunger and food insecurity. A large number of migrant workers and their families, including women and children, had to leave the cities across the country, as the lockdown rendered them jobless and helpless in the absence of social security network. Majority of Odiya migrants were working in textile industry in Surat. The government started bringing the stranded migrants back by trains and buses in the month of April, 2020.

Weeks after the influx of migrant workers stopped, Odisha's COVID-19 epicentre Ganjam district continued to be a hotspot, accounting for 25 per cent of the total cases. Ganjam has reported 12,855 cases out of the total 45,927 cases of the state forcing the local administration to resort to unprecedented shutdowns and sealing of its border. The way migrant workers ran away from quarantine centres before the quarantine period was over and mingled with their family and neighbourhood in fact led to community

transmission. During the first few days, more than 150 people jumped out of quarantine centre in Beguniapada block while in other centres, people mingled around handing mobile phone chargers, eatables, tobacco and other items to the inmates violating social distance norms. In few centres the migrant workers sneaked into their homes at night and came back to the quarantine centre in the morning. The figures in government reports reveal that community transmission may have begun in Ganjam due to the incoming migrant workers. At least 98 per cent of the cases reported from the district were local infection caused by migrant workers. Such cases were classified under the category of “active contact positive cases” in the government’s COVID-19 records. The statistics show the actual number of people who were infected by the 2.2 lakh migrant workers who stayed in nearly 3,000 quarantine centres of the district. While in the month of May and early June 2020, most of the positive cases were reported from quarantine centres, in late June and July 2020, majority of the positive cases were reported from outside the quarantine centres. Nearly 81 per cent of rural Ganjam was free from COVID-19 and most of the cases reported were mainly from the urban areas of Ganjam. The administration faced lot of problems with the quarantine centres as some of the migrant workers violated the quarantine conditions and interacted with their family causing a surge in numbers.

The migrant workers caused the spike in number of active cases as the returnees were from COVID-19 hotspots like Gujarat, Maharashtra, Tamil Nadu, Karnataka and Telangana. To meet out the aftermath of this decision government established more quarantine centres for the migrants and increased the number of testings, extensive contact tracing, testing of close contacts and second round of testing to check for relapse. The workers were not accustomed to simple vegetarian food and the minimal facilities at the quarantine centres which made them escape from the centre (Patnaik, 2021). This led to rise of cases in the hospitals but the government was ready to meet out the situation by increasing the number of beds in the Intensive Care Unit (ICU) and providing adequate medical and paramedical staff. The state had created more than 5895 COVID Management Committees at the grassroots level which did their best to contain the spread of the disease.

The government strategized its efforts to address the predicted emergency. The sarpanchs were given power equivalent to that of the District Collector, within their jurisdiction to carry out the registration and quarantine exercises to enable reverse migration. The migrants were made to stay in quarantine centres for 14 days and Rs. 2000 was given as incentives to each. In addition to this, 144 temporary medical camps and 521 COVID care homes were established to cater to 16,000 symptomatic and asymptomatic people.

Furthermore, the stricter implementation of lockdown guidelines and social distancing norms, helped the district administration manage the situation. Also, focus on increased testing, tracking and treating of patients in

the district helped the administration in bringing the numbers down. Ganjam was also the first district in the state to undertake door-to-door surveillance both in rural and urban areas to assess the health of the population.

### *Case 2 Medical Census of Ganjam*

Till September, 2020, 84 per cent of the villages and 55 per cent of urban areas in the district were in the green out and of the 3,053 villages in the district, 2,611 were put under green zone and 544 in red zone. Swab samples of one lakh people in the district have been collected, out of which, 14,122 persons were tested positive for COVID-19. The RT-PCR and rapid antigen tests have helped in checking the spread of coronavirus in the district.<sup>iv</sup> The district established three COVID-only hospitals with 588 beds, nine COVID Care Centres with 3,744 beds and 98 ICU beds. In the district, 1,763 oxygen cylinders were available. All the home isolated patients were given medical kit and the process of its consumption in Odia. The care giver or the family person was given IEC material.

The migrant workers constitute nearly 80% of the total workforce. But till date the government does not have not a clear database or registration mandate for inter and intra state migrants. Though, a number of measures have been taken by the central as well as the state governments to contain the pandemic and to ease the distress still they are being pulled into the zone of vulnerability disrupting economic and social life.

### **Administration and Governance**

The government of Odisha declared COVID-19 as a state disaster<sup>8</sup> on March 13, 2020 under Disaster Management Provision Act, 2005 and suspended the assembly session, educational institutions. Public spaces like swimming pools and cinema halls remained closed and all seminars and workshops were cancelled till March 29, 2020 under section 2 of Epidemic Disease Act, 1897. Under Odisha Covid-19 Regulation, 2020, an amount of Rs. 200 crore was earmarked to public health care system. Officials of health department, collectors and municipal commissioners were authorised to deal with the emergency by procuring essential drugs and necessary medical equipments. There were restrictions on large social and religious gatherings or official conferences. Odisha was the first one to impose section 144 in its four districts of Ganjam, Jajpur, Keonjhar and Balangir to avoid any social gathering<sup>9</sup>.

All passengers undertaking international travels were supposed to register themselves on toll-free helpline number 104 or on the online portal within 24 hours of arrival in the state. Failing to do so was declared a criminal offence under IPC. Members of local bodies and proprietors of hotels, guest house and lodges were required to report any new arrival after undertaking international travel.



Guidelines to identify containment zones were laid. Violations of rules and regulations were made punishable under section 188 of IPC. Under these Acts, the government of Odisha empowered sarpanchs equal to a district collector within their jurisdiction to ensure the implementation of regulations as well as check on migrant workers. Plan of disseminating all the guidelines and Information Education and Communication (IEC) materials were provided to various government Departments of Information and Public Relations, Health and Urban Development, Commerce and Transport. In addition to this, work place advisories were issued to public health and community workers (ANM, ASHA, PRI, AWW), elected members of gram panchayat and panchayat samiti, private establishments and industries etc. Special advisories to all government and private schools were prepared and issued on March 9, 2020.

People on the margins such as Persons with Disability , senior citizens, women and other vulnerable sections were attended too. The Government also notified guidelines on any cruelty against animals regarding spread of COVID-19. Online counselling were carried out under the scheme of *e-mulakat* for prisoners in district jails on March 18, 2020. Specific guidelines were issued as what will remain open and what will remain closed and how to carry out work from home. Food grains were distributed to migrants under *Atma Nirbhar Bharat* program. Odisha State Disaster Management Authority urged the ministry of external affairs to bring back Odia workers from Saudi Arabia on March 20, 2020. The Revenue and Disaster Management Department of Odisha also involved civil society suggestions regarding the migrant workers and persons with disabilities on COVID-19 response. They had deployed volunteers at Banks and ATMs and made provision for sanitisation<sup>10</sup> Further COVID testing mobile vans have been introduced travel in the remotes areas of the district for reaching out to a wider population.

After successfully tackling the cyclone Amphan, Odisha is now ready for the next level of industrial development in the post-COVID-19 era . Odisha has taken remarkable initiatives for making the state an investment destination. The successful management of cyclone has opened new avenues for investment. It was also suggested that the central and state governments should work in tandem to achieve that goal. Odisha also holds promises for hassle-free business eco system for the investors along with expeditious grounding of the projects. The state has set higher growth trajectories for the development of industrial infrastructure. The sectoral industrial parks with a delineated land bank are in “ready to move” condition for the investors. Odisha has the competitive advantage of being an investment destination along with strategic coastal location, major ports and mineral deposit. The state has developed an industry-ready land bank of 505 square kilometres in different locations. Being a power surplus state with 17,600 MW of production, Odisha can assure investors quality power supply. There is also a natural gas pipeline network across the state, a precondition for industrial growth.

### **University as Microcosm of the State**

The happenings in different parts of Odisha affected the university life in various ways. Utkal University receives students from the entire state. Being one of the premier public universities in the State, it caters to the educational needs of different economic classes. Bright students from poor economic background from remote areas of the state come to study at Utkal University. Reasonable hostel accommodation at affordable prices is available for the students in a lush green campus spreading over nearly 400 hectares of land in the heart of the capital city of Bhubaneswar. Before the occurrence and spread of pandemic the campus provided a space for rich academic discussions not only inside the class rooms but also in different spaces where much of the academic debates and discussions took place. The newly created Ahimsha Sthal, the open-air amphitheater along with the adjoining garden with walking pathways of the central plaza which had come up as a major activity hub for the students, became deserted. The newly refurbished research floor of the Parija Library including Manoj Das Reading Room was closed down due to the covid protocols.

Students who had gone to their respective home towns and villages could not avail the university infrastructure such as the library, laboratories, computer centre and other facilities on the campus. When the classes started online, many students could not join initially as they were not having either a smart phone or a personal laptop. In many cases the areas of their residences were not having the adequate internet connectivity to sustain one or two hours of classes in an uninterrupted manner. Online education was also new to the system, both for the teachers and the students. Continuous periods by different teachers created problems of logging in and logging out for the students as the links were initially different. While the issue of connectivity was the major concern for the students, the faculty felt that online teaching is an activity which is visually and verbally dense and thus creates too much of a load to be sustained over the whole period spreading over nearly 50 minutes. Some of the faculty members in consultation with the students felt that reducing the time span to 40 minutes or even less could be an effective option.

The teachers belonging to faculty of science could not conduct the practical classes effectively through online mode. Close down of science departments especially the departments of Biotechnology, Botany and Zoology caused immense wastage of consumables which required high degree of freezing, even at minus 80 degree centigrade. Some of them were so attached to their laboratories that they could not refrain from going to the departments during the lock down period even taking the risk of getting exposed to the virus. The whole community of scholars at Utkal University could not come out of the shock and the grief for a long time when one of the Associate Professors of Biotechnology Dr. Sabuj Kumar Sahoo passed away after getting infected by Covid. This was the time when everybody on the campus felt as if

death is standing few steps away from their respective homes. In the subsequent times many deaths followed, but the first one shook everybody very intensely. Different social currents unleashed in the state during the pandemic were felt in side the campus sooner or later.

There is a lot of responsibility to go around. The neoliberal world economy with highly mobile citizens contributed to its acceleration. The timely administrative decisions imposing restrictions on international travel immediately after the detection of first covid case in India on January 27, 2020, could have reduced the magnitude of the crisis. Instead, restrictions on international flights started on March 22, 2020. Further, most of the citizens are averse to the Covid protocol of wearing masks and maintaining social distance, especially in the crowded areas. Vani Vihar, the campus of university did not remain unaffected by these external developments during pandemic.

### **Concluding Observations**

The pandemic has brought about a lot of changes to the social fabric. Family emerged as a strong functional group, playing the role of the most important anchor in the wider social space. The erstwhile separation between domestic and professional space started overlapping with one another and became more perceptible in the absence of online etiquette. Women, no longer able to leave home for the office, were particularly affected. During the pandemic women had to negotiate for uninterrupted time and space within the domestic domain, where they still bear the larger burden of household chores and child and elder care. Abridgement of the death rituals and emergence of new virtual grieving communities ascribed new meanings to mourning and dealing with loss.

Politics of a different order surfaced. City life shrunk, if not crumbled; the whole urban space came to a standstill, including the markets. The poor became further marginalized, and inequalities became accentuated during the pandemic. Laborer's massive loss of livelihoods made their lives precarious, and the state took a greater role in creating welfare provisions. State exercising greater control over the citizens in the name of pandemic could not be ruled out. During the initial part of the pandemic, the Epidemic Disease Act of 1897 was used for curtailing the individual freedom to assemble and protest. In April 2020, the Epidemic Disease (Amendment) Ordinance was passed by both the houses of the parliament. The National Disaster Management Act of 2005 was also used to curb the spread of the disease. The increased governmentality of the nation-state on many instances of covid management was perceivable. However, the state of Odisha managed the disaster of Covid -19 because of its robust institutional mechanisms already in place to deal with other natural disasters such as heavy rainfall, cyclone and flood. The historical exposure to such alarming situations has instilled a sense of collective confidence. The model of governance in managing the pandemic in Odisha is a story of responsibility, accountability and transparency.

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