Odisha Government's Model on Combating Against Covid-19: A Hope for Other States

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Abstract: As a disaster-prone state, Odisha faces natural calamities like floods, cyclones, drought, etc., almost every year. With early preparedness and preventive measures, the Govt. of Odisha has managed the disasters effectively and efficiently. It has become a role model in disaster management for other natural calamity-prone states of India. It is also has been proved in the current pandemic situation of Corona Viruses Diseases-2019 (COVID-19), where the Govt. of Odisha has taken several early measures and decisions which protect the people from the virus. The paper will discuss how the corona pandemic affects the life of people in India with particular context to Odisha and how the government of Odisha take specific preventive measures to tackle the pandemic situation. Or whether the Odisha government's models for combating COVID-19 set specific examples for others to tackle the current pandemic situations? Finally, the paper will conclude by arguing that the Odisha model is still relevant and that it is still a model in action.

Keywords: **Corona Effect, Covid -19 Management, WHO, Odisha, Disease Management**

INTRODUCTION

According to World Health Organisation (WHO), a pandemic situation may arise when a new disease spreads worldwide that affect the people severally, i.e., socially (life, liberty), economically (property) and politically (decision-making process) or another way, when an infection spreads rapidly throughout several nations at once, it may become a pandemic. It knows no boundary and affects all sections of the community. The behaviour and movement of the viruses causing it must be examined and tracked by global organisations like WHO and CDC. For instance, The Spanish flu pandemic that affected 100 million lives worldwide from 1918 to 1920 was the worst in recorded history. The Black Death in the 14th century was so fatal that 75 million people were affected worldwide(Felman, 2020).

What is COVID-19?

The new virus known as a coronavirus is a member of a big family which cause the common cold, fever, dry cough, and potentially serious infections to the Respiratory system. Following the appearance of this virus, a global organisation like the WHO named the illness Corona Viruses Diseases-2019 (COVID-19). The virus has genetic ancestry with the coronavirus that caused the SARS outbreak, therefore the name.Despite their similarities, the two viruses differ in two key ways: SARS-CoV-2 is more contagious than SARS but has a lower fatality rate. In addition to more severe symptoms like pneumonia, acute respiratory syndrome, and renal failure, the new coronavirus can also cause milder symptoms, including a cold, sore throat, cough, and fever. The majority of individuals who were afflicted are now recuperating, which is encouraging. Numerous people need hospital care, endangering the capacity of the health system. Furthermore, in other cases, the complications might be lethal. Around the world, tens of thousands of lives have already been lost(Jeffries et al., 2020).

COVID-19 and the World:

The coronal virus was initially discovered in December 2019 in Wuhan, Hubei, China's primary livestock market. On March 11, 2020, the WHO designated the virus an ongoing pandemic. In Hubei, the first positive case was verified on November 17 this year (Lau et al., 2020). Since the COVID-19 preventative illness is not yet accessible, the WHO and other medical associations advise frequently washing hands with soap or hand-based sanitiser, covering the nose and mouth with a mask, and avoiding close physical contact with anyone. WHO collaborates closely with international experts, governments, and partners to advance scientific understanding of this novel virus quickly and promptly offer recommendations on safeguarding public health and stopping the spread of this outbreak. By November 14, 2020, there had been 1290653 fatalities due to 52487476 confirmed positive cases recorded throughout 220 countries or territories. Over 37365343 individuals have recovered (World Health Organization, n.d.)

COVID-19 in India:

The 2019 new coronavirus has wreaked havoc in several nations worldwide, but India has not yet seen its effects. Kerala received the first case report on January 30, 2020(Pandya, 2020). India has more than 1.34 billion citizens, making it the second most populous nation after China. The Indian government began various preventive steps for COVID-19. The Indian government, working with state governments, declared several phases of nationwide lockdown, including phases 1 (from March 25 to April 14), 2 (from April 15 to May 3), 3 (from May 4 to May 17), and 4 (from May 19 to May 31). At the same time, it began unlocking down with some protective measures.For regulating the transmission of COVID-19 in India, it is locked down like unlock 1.0 (1 to June 30), unlock 2.0 (1 to July 31), and unlock 3.0 (1 to August 31)(Mishra & Singh, 2021). According to data provided by the Indian government on November 14, 2020, 8773243 confirmed positive cases—out of which 129225 have died in various states and union territories—had been reported(Covid 19 India Organisation, 2021).

COVID-19 in Odisha:

As a disaster-prone state, Odisha faces natural calamities like floods, cyclones, droughts, etc., almost every year. With early preparedness and preventive measures, the Govt. of Odisha has managed the disasters effectively and efficiently. It has become a role model in disaster management for other natural calamity-prone states of India.It has also been proved in the current pandemic situation of COVID-19, where the Govt. of Odisha has taken several early measures and decisions which protect the people from virus infection and declared it a State disaster on March 13, 2020(M. Mohanty, 2020). The Govt. of Odisha has been taking several early steps and measures to break the chain of infection of Coronavirus in Odisha after the first positive case was confirmed on March 16 2020(Suffian, 2020), In the following manner.

1.   Administrative Measures:
2.   Health Measures
3.   Welfare Measures

1.   Administrative Measures:

Early preparedness and the correctadministrative decisions at the right time enable the Govt. of Odisha to manage many natural calamities successfully. It also applies the same procedures or formula in themanagementof COVID-19. Following the reporting of the first confirmed case in Odisha, the Chief Minister and his administrative teams became alert and active in tackling the pandemic ofCOVID-19. To control the transmission of COVID-19, the following measures are undertaken by the Govt:

Formation of Committee: The Govt. forms different committees at various levels for managing and controlling COVID-19 in this state.

State Crisis Management Committee (March 4 2020): As per the Govt. of India's action plan for cluster containment of the crisis, the need is to establish the institutional mechanism and ensure inter-sectoral coordination. Therefore, it is suggested that a State Crisis Management Committee/State Empowered Committee be established. On occasion, the committee will decide on policies for containment measures. To make judgments about cluster containment policy, the State Crisis Management Committee, the first committee, was established in Odisha on March 4.

Fig 1: Structure of the State Crisis Management Committee

Members	Designation
Chief Secretary, Odisha	Chairman
Development Commissioner, Odisha	Member
Principal Secretary, Home Department	Member
Principal Secretary, Health & Family Welfare Department	Member
Principal Secretary, Panchayati-Raj Department	Member
Principal Secretary, Women & Child Development Department	Member
Principal Secretary, Monitoring & Evaluation Department	Member
Principal Secretary, Fisheries Department	Member
Principal Secretary, Schedule Caste & Schedule Trade Department	Member
Mission Director, National Health Mission	Member
Managing Director, Odisha State Medical Cooperation Limited	Member
Director of Medical Education & Training, Odisha	Member
Director of Health Services, Odisha	Member
Director, State Institute of Health and Family Welfare, Odisha	Member
Director of Public Health, Odisha	Member
Director of Public Health, Odisha	Member Convener

Source: Department of Health & Family Welfare

Committee of Secretaries: The following individuals were appointed to a Committee of Secretaries to assess the current situation.
Fig 2- Structure of the Committee of Secretaries

Members	Designation
Chief Secretary, Odisha	Chairman
Development Commissioner cum- Additional Chief Secretary	Co-chairman
Additional Chief Secretary, Revenue & Disaster Management Department	Member
Special Relief Commissioner-cum Additional Chief Secretary, Disaster Management	Member
Principal Secretary, Health &Family Welfare Department	Member
Principal Secretary, Finance Department	Member
Principal Secretary, Panchayati Raj & Drinking Water Department	Member
Principal Secretary, Home Department	Member
Principal Secretary, Housing & Urban Development Department	Member
Principal Secretary, Women & Child Development, Mission Shakti Department	Member
Principal Secretary, School & Mass Education Department	Member
Principal Secretary, Commerce &Transport Department	Member
Commissioner-cum-Secretary, Information & Public Relations Department	Member
Principal Secretary, Labour & Employees State Insurance Department	Member
Principal Secretary, Industries Department	Member
Commissioner-cum-Secretary, Food Supplies & Child Welfare Department	Member
Commissioner-cum-Secretary, Works Dept.	Member
Secretary, Electronic & Information Technology Department	Member
Mission Director, National Health Mission-cum-Special Secretary, Health and &Family Welfare Department	Member Convener
Principal Secretary, Agriculture & Farmer Empowerment Department	Member
Principal Secretary, Water Resources Department	Member
Secretary, Fisheries & Animal Resource Development Department	Member

Source: Department of Health & Family Welfare

Empowered Group of Ministers (13-Mar-2020): The following Ministers have now been appointed to an Empowered Group of Ministers, which will be presided over by the Minister of Finance and Excise. The Group must assess the situation as it develops, make all essential choices for COVID-19 prevention and containment, and approve all emergency procurement after considering the necessity, urgency, and justification.

Fig. 3: Structure of Empowered Group of Ministers

Members	Designation
Minister, Finance & Excise	Chairman
Minister, Health & Family Welfare	Member
Minister, Revenue & DM	Member
Minister, PR&DW, H&UD & Law	Member
Minister, W&CD & Mission Shakti	Member
Special Secretary (Public Health) to Govt., Health & FW Department	Member Convener

Source: Department of Health & Family Welfare

District Level Empowered Committee (12-Mar-2020): Currently, the Collector is the Chairman of a District Level Empowered Committee, which is made up of the following individuals:

Fig 4 – Structure of District Level Empowered Committee

Members	Designation
Collector	Chairman
Add. District Magistrate	Vice Chairman
Superintendent of Police	Member
Municipal Commissioners of the Corporations within the District	Member
Project Director, District Rural Development Agency	Member
Chief District Medical & Public Health Officer	Member
District Social Welfare Officer	Member
District Education Officer	Member
District Information & Public Relations Officer	Member
District Medical Officer (Public Health)	Member Convener

Source: Department of Health & Family Welfare

The Committee is authorised to make all necessary decisions for preventing, containing, and minimising the spread of COVID-19 within the district under the direction of the State Level Empowered Committee. The Committee is required to examine the developing situation each day.

Lockdown Measures: Five revenue districts and eight state municipalities were placed under total lockdown on March 21 by the government, which was in effect till March 29, with the state-wide ban later being extended.During the lockdown period, People are advised to stay home and not go outside unless it is highly urgent. Only those engaged in essential services may go outside with proper precaution. Odisha is the first state in India to declare a state-wise lockdown to break the chain of the spreading of the virus. This lockdown did not apply to establishments that provided necessities like food and shelter. The Central Government then imposed a national lockdown between March 25 and April 14, which was extended until May 3. The state administration had already extended the lockdown until April 30. Notwithstanding the federal government's extension, It is still in place today.

During the lockdown: During the various phases of lockdown, Govt of Odisha has issued advisories for the prohibition of the following: -
• Termination of public transportation
• The shutdown of all businesses, offices, and factories
• Prohibiting groups of more than seven persons from congregating in any public area.
• All passenger flights, domestic and international, excluding those for emergency medical services, air ambulances, security, or other activities approved by the Ministry of Home Affairs (MHA).
• All passengers travel by train, excluding security-related other MHA-approved uses.
• Interstate buses are used for public transportation unless MHA approves otherwise.
• Inter-State travel by anyone other than for necessities or authorised MHA operations
• All social, political, sporting, educational, cultural, religious, and other events.
• Public access is prohibited in all places of worship and places of worship. Religious gatherings are outright forbidden.

Ordinances: The government of Odisha promulgated two ordinances to handle COVID-19 because the State Assembly is not in session.

• **The Epidemic Diseases (Amendment) Ordinance, 2020:** The Epidemic Diseases Act of 1897's Sections 2 and 3 were amended by an ordinance the government published on April 7. The Act makes provisions for stopping the spread of harmful epidemic diseases. The ordinance updates the Act to strengthen the punishment for those who violate its provisions.

• **The Odisha Contingency Fund (Amendment) Ordinance, 2020:** The Odisha Contingency Fund (Amendment) Ordinance, 2020 was released on April 9 by the state of Odisha. The ordinance causes the contingency fund's corpus to increase from 400 to 2000 crores. Usually, any unforeseen costs are covered by the contingency reserve.

Setting Up of Control Rooms: On March 26, the Home Department established a 24-hour control room to track the problems with the execution of lockdown and the stranded Odias across the nation. Three control centres were set up for the migrant workers on March 27 and 28 in Delhi and Bhubaneswar.

Deferment of Salaries: The government declared a 70% salary deferral for all of the state's elected officials and a 50% salary deferral for those working for the IAS and IPS.

Implementation of Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS): The Department of Panchayati Raj and Drinking Water recommended adopting MGNREGS on March 31. The following are essential measures: I Job

cards will be given to those interested in performing unskilled work; (ii) Individual work for up to five people is permitted, and (iii) Hand washing stations and clean drinking water should be available on the job sites.

Powers of Collector to Sarapanch: Following the guidelines of the Odisha COVID-19 rule, the Disaster Management Act of 2005, and the Epidemic Diseases Act of 1897, the sarpanches are also given the "collector's power" within their jurisdiction in order to complete the registration and quarantine procedures at the Gram Panchayat level. Only one state, Odisha, has such a clause. By giving sarpanches authority over collectors, they can organise, plan, and take action to stop the spread of COVID-19. According to government sources, it is a component of the state's community-based monitoring plan to control the COVID-19 epidemic. "Every Gram Panchayat will have registration facilities. Family members and friends of people can register for those who want to return to the state after lockdown restrictions. They will be placed in a 14-day mandatory quarantine at the Panchayat free of cost for accommodation, food and treatment. After completion of the quarantine period, an incentive of Rs 2000 will be given to them by the state Govt.," said the Chief Minister of Odisha.Panchayats have received five lakhs each as part of a significant strategic initiative to speed up and improve quarantine facilities in rural areas. From March 19 to 21, many special awareness meetings will be held to inform the Three-tier Panchayati Raj delegates.

COVID Care Homes in All Gram Panchayats: The government of Odisha has announced the establishment of COVID-19 Care Homes (CCHs) in every Gram Panchayat and COVID-19 Management Committees at the local level in both rural and urban regions to control the spread of COVID-19."We will set up COVID Care Home (CCHs) in every Gram Panchayat in the State, where about 10 to 20 persons can be accommodated in each CCH. People with cold, fever, and cough symptoms shall stay in these Care Homes. Persons tested positive will be referred to COVID Hospitals. This will create the facility to accommodate around 70,000 persons in rural areas," Chief Minister Naveen Patnaik announced."Ward-level Committees will be formed in rural and urban areas to decentralise COVID-19 management. The committee will include Ward Members, Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs),Auxiliary Nurse Midwifery(ANMs) and the members of Self Help Groups (SHGs) and will be empowered according to the Pandemic Act," he added.The Chief Minister announced that the Sarpanchs will have the authority to oversee CCHs and Temporary Medical Centers and that "Gaon Kalyan Samitis" will be charged with managing the committee with an expense cap of up to Rs (TMCs).

Like this, Ward Committees in metropolitan areas must be run by Ward Officers with assistance from volunteers and the community. The COVID-19 awareness campaign is to be stepped up for those returning from outside the state, and household surveys are to be done as a preventative measure. People who exhibit severe illness along with cold, cough, and fever symptoms will be located, and plans will be made to offer the appropriate guidance and care.The Chief Minister also pointed out, "Odisha is in a better position in COVID-19containment, compared to other states because of the cooperation of people, the readiness of 10,000 beds in exclusive COVID Hospitals, enough stock of medical equipment, and special training to health personnel have brought the rates of recovery to a satisfactory level and restricted the mortality rate to the least,".

Health Measures:

Health measures are an important segment for the management of COVID-19. The Government of Odisha issues different health measures or precautions from time to time.

• **The Odisha COVID-19 Regulations, 2020**: On March 18, the Government issued 'The Odisha COVID-19 Regulations', 2020, with a validity of one year. As per these regulations, both Govt. and Private hospitals must have dedicated COVID-19 isolation facilities. On April 3, the Govt. added the following provisions to the Odisha COVID-19 regulations, 2020: (a) Additional duties and responsibilities of hospitals and local bodies, such as infection control measures in hospitals. (b) State Govt. or empowered officers can declare any Govt. or private hospital as a COVID hospital. (c) On April 9, wearing masks was made compulsory for the people stepping out of their houses and was included in the regulations. (d) On April 16, the Govt. included the 'prohibition of spitting in any form in public places into the regulations.

• **Foreign Returnees**: The government issued a directive on March 16 for foreign returnees to (a) Mandatorily register on the COVID portal within 24 hours of their arrival and (b) Home quarantine themselves for 14 days. An incentive of 15,000 rupees will be provided for registration and completing a home quarantine.

• **Prisons:** The government issued safety precautions for staff and inmates to follow in prisons on March 17. Newly admitted prisoners should be quarantined in different wards for a week. From March 18, insist of a personal visit, 'e-Mulakat' has been allowed in District headquarters jails.

• **Private Health Care Facilities:** Guidelines for Private Health Care Facilities were released by the Department of Health and Family Welfare on March 19. The guidelines specify that the hospitals have a COVID-19-specific counter with a separate entrance, regulating the entry of visitors, and infection control measures.

• **Media**: The Department of Health and Family Welfare recommended the media on March 21 and requested that they refrain from publishing any information or speaking with impacted people, their loved ones, doctors, or other medical experts.

• **Increasing the No of Health Workforce:**On March 23, the Department of Health and Family Welfare issued a directive authorising the temporary employment of paramedics and staff nurses. Additional incentives will be given to the hired workers.

• **Short Term Engagements:** On March 27, the government extended a voluntary invitation to senior individuals with experience in various fields, including health care administration, international logistics, and nonprofit organisations. The government ordered a short-term contract for the services of microbiologists.

• **Training of Health Personal:** On May 9, 2020, the Chief Secretary of Odisha announced the launch of the "COVID-19 workforce portal," noting that the state had trained 1,72,499 health professionals to handle the novel coronavirus outbreak and that there had been an increase in positive cases ever since migrant workers from Odisha returned to other regions of the nation. The COVID-19 workforce consisted of 1,35,820 ANM/ASHA/AWW workers, 8,023 doctors, 8,296 staff nurses, 4,105 lab technicians, 4,114 AYUSH (Ayurvedic, Yoga and Naturopathy, Unani, Siddha and Homeopathy) doctors, 4,905 ambulance drivers, and 7,236

sanitation workers, according to the Principal Secretary of WCD & Mission Shakti. Furthermore, she stated that 108 physicians, 64 staff nurses, and 61 pharmacists from hospitals affiliated with Employee State Insurance (ESI) and the private sector had received training in COVID-19 management.

- **Support to Personnel Fighting the Pandemic**: The government established specific safety precautions on April 22 to support the staff battling COVID-19 throughout the state. The government promised to use the National Security Act of 1980 to prosecute anyone who threatens a member of the medical profession, including a doctor, a nurse, or a health care provider. If a government employee passes away while performing their duties due to COVID-19, their family will be paid up until the individual's retirement date. The state will honour the cremation of those who pass away while performing their duties due to COVID-19 following the martyrs' protocol.

- **COVID Hospital:** Odisha became the first state to come out with India's first COVID-19 special hospital. On March 27, Odisha signed two Memorandums of Understanding (MoUs) with the hospitals in the state's capital city, the Kalinga Institute of Medical Sciences (KIMS) and the Institute of Medical Science and SUM Hospital (IMS & SH), for a total of 1000 beds set aside for the care of corona patients. The National Thermal Power Corporation (NTPC), Mahanadi Coal Field Limited (MCL), and Odisha Mining Corporation (OMC) are a few of the businesses that have joined forces to help the state prepare to combat the pandemic. The Tata Group assisted in the opening and currently manages three COVID-19 hospitals.

- **Plasma Therapy:** Odisha has become the third State after Delhi and Maharashtra to introduce convalescent plasma therapy for treating COVID-19 severe patients.This plasma therapy is a process that uses antibodies from COVID-19 recovery patients' blood to treat additional afflicted individuals.The Odisha government introduced convalescent plasma therapy in three COVID facilities on July 15, 2020: Ashwini Hospital in Cuttack, SUM COVID Hospitals, and KIMS COVID Hospitals. A specialised plasma bank has been established at Sriram Chandra Bhanj (SCB) Medical College and Hospital, which has been designated as the nodal centre for the therapy.Chief Minister Naveen Patnaik assigned the charge of different districts to his Ministers to encourage cured COVID patients for plasma donation. These Ministers were responsible for creating awareness in the districts allotted to them regarding the importance of plasma donation among cured COVID patients. They must tour their areas and coordinate among the recovered patients, simultaneously encouraging the eligible ones for plasma donation. Odisha has been facilitating plasma therapy to critically ill patients free of cost.

Welfare Measures:
The government of Odisha proposed several welfare measures to help those struggling during the lockdown. Important actions include:

Compensation to Family Members of Health Workers: Odisha Chief Minister Naveen Patnaik, on 21/04/2020, announced financial assistance of Rs 50 lakh each for the families of all health workers and support staff in case of the loss of their life in the fight against COVID-19. There also willbe treated as martyrs.

Compensation to Journalists: Odisha Chief Minister Naveen Patnaik, on 27/04/2020, announced a compensationof Rs. 15 Lakhs to the kins of working journalists due to loss of their life to Coronavirusinfection**.**The Govt announced the sad demise of Priyadarshi Patnaik from Ganjam of the Odia daily 'The Samaja' and K Ch Ratnam of Gajapati district serving for Eenadu newspaper are died due to infection by Corona Virus(Pradhan, 2020).

Managing the Reception of Migrants Returning from Other Regions of the Country: Gram Panchayats and Urban Local Bodies received a warning from the Revenue and Disaster Management Department on April 19 about managing the flood of migrants from other regions of the nation. The following clauses are included in the advisory:

a.   A registration centre should be available to all local organisations. Returning residents from other states should register directly or through family or friends.

b.   All visitors from other states must spend 14 days under quarantine.

c.   Those who complete the quarantine time in the quarantine facilities will receive a reward of Rs. 2000.

Advance Public Distribution System (PDS): The government of Odisha has decided to give beneficiaries of the National Food Security Act (NFSA) and State Food Security Scheme (SFSS) three months' worth of rice, wheat, and kerosene in advance due to the coronavirus. Chief Secretary Asit Tripathy decided at a high-level meeting. Importance was given to the smooth management of the public distribution system (PDS).

Advance Payment of Old Age Pension and Salary to Health Workers: The State Government declared on March 17, 2020, that all registered recipients would get a four-month old-age pension in advance (Bisoyi, 2020). to raise the spirits of the health professionals fighting COVID-19 in Odisha. On March 25, 2020, Chief Minister Naveen Patnaik declared that doctors, nurses, and other paramedical employees would receive four months' pay in advance. The state's medical staff will be paid for April, May, June, and July 2020. (PTI, 2020a).

Critical Analysis of Irregularities of COVID-19 Management:
The Govt. of Odisha has takena lot of initiative and innovative measures to managethe pandemic in the state. Some of the Govt's decisions are first of their kind and implemented compared to other states. However, despite the best efforts, some irregularities can be marked, and lapses can be found in managing COVID-19 in the state. The irregularities are found in the following area:

Failure in Managing Migrant Workers
Odisha did well to launch a special COVID-19 helpline before the announcement of the statewide shutdown. All visitors to the state are required to register on the portal after it launched a dedicated website in March. Individuals who completed a 14-day quarantine after returning from abroad were offered a reward of Rs 15,000. It was a significant surge in size. The virus expanded over time due to the large number of migrant labourers that moved to Ganjam and other areas. More than four lakh workers arrived in Ganjam alone (Das, 2020). The district labour commissioner had set aside 28,000 beds at various quarantine facilities in Balangir, but 1.5

lakh people from other states arrived in the district.Many migrant labourers adhered scrupulously to the government's directive to remain in quarantine facilities, but some escaped and interacted with the people. In rural Odisha, hundreds of migrant labourers from COVID-19 hotspot areas dispersed to their villages to spread the pandemic (Mohanty, 2020).

Lesser Testing Living to Lesser Positive Cases
In April and May, Odisha began the early setup of eight labs. Additionally, the Chief Minister stated that by the end of June, there would be 15,000 daily tests. Although the virus continued to spread unhindered on the ground, the figures varied between 3,000 and 5,000 for the majority of June because the authorities did not enhance testing. Despite coming from COVID-19 hotspots, not everyone got examined at the quarantine centres. The administration only increased the number of daily testing occasions to 5,000 in July, when the number of cases began to rise. The tests exceeded 10,000 per day throughout the final three days of July 2020. "The state should have tested aggressively from the day migrant workers arrived. Many of the migrant workers may have been asymptomatic, andReverse Transcription Polymerase Chain Reaction(RT-PCR) test would have confirmed the absence or presence of the virus. According to Dr. TM Mohapatra, a well-known microbiologist and former head of the Institute of Medical Sciences at Banaras Hindu University who advises the Indian Council of Medical Research (ICMR), the wait may have been expensive (D. Mohanty, 2020).

Irregularities at Quarantine Centres
The government of Odisha gave the sarpanch in each Gram (village) complete Panchayat control over the quarantine centres, along with the authority of district collectors. However, the plan fell apart a few weeks later when numerous district collectors failed to consult the sarpanch. Later, the State Government took over and asked the sub-collector and Block Development Officers (BDOs) to oversee the centres' cleanliness, lighting setup, and general smooth operation without consulting the sarpanch. In several quarantine centres, the food quality and general management are subpar (Express News Service, 2020a). In several of these centres, chaos reigned. Migrant workers skipped a quarantine facility in numerous of these Ganjam locations, which has caused an increase in infection in the neighbourhood. Hundreds of people have failed to get the Rs 2,000 financial incentive the government promised for each person who completed the quarantine period. It separates the implementation of the policy from it.

Increasing Infection Among Corona Warriors
The primary tenet of the government's pandemic response is that, within two months of the policy's adoption, roughly 800-900 Anganwadi and ASHA staff members caught the illness while managing the quarantine centres and performing door-to-door monitoring. Another district magistrate of the Gajapati district, who administered the COVID-19 facilities, passed away from the pandemic despite having negative swab tests (Express News Service, 2020b). Because the government could not limit interaction between migrant workers, infected people, and the COVID-19 warriors, hundreds of school officials and teachers who administered the quarantine centres became infected. To help victims rescued from the deadly cyclone "Amphan," which also tested positive, staff from the Odisha Disaster Management organisation travelled to West Bengal (The Quint, 2020).Due to the virus's spread, numerous government buildings, banks, and police stations were closed throughout the state.

Lack of Masks and Social Distancing
Odisha was one of the first states to require wearing masks and maintaining social distance, as well as to impose penalties for violators. The Odisha government fines people who violate the rule as mentioned above. A hotel owner in Ganjam, a COVID-19 hotspot, planned his son's wedding. Five hundred guests attended a wedding at a five-star hotel on Gopalpur Sea Beach, defying social conventions that encourage social distance (Odisha Bytes Bureau, 2020). A Naib Sarpanch in the same district was detained for flagrantly violating COVID-19 rules by holding a religious event (Omm Com News, 2020).Several infractions involving wearing masks and adhering to social distance rules have resulted in a rise in cases, despite sanctions and pleas from the Chief Minister and celebrities. Despite resorting to weekend lockdowns and shutdowns, the state government has not been able to build on its success by implementing stringent containment measures. In specific ways, the government struggled to enforce COVID-19's rules and restrictions on the populace.

Increasing of Infection in Hospitals
Four major hospitals in the state—the Regional Cancer Center in Cuttack, The Capital Hospital in Bhubaneswar, Maharaja Krishna Chandra Gajapati Medical College & Hospital (MKCG) Medical College and Hospital in Berhampur Town, Veer Surendra Sai Institute of Medical Sciences and Research (VIMSAR) in Burla, and All India Institute of Medical Sciences (AIIMS) Bhubaneswar—closed their outpatient departments (OPDs) due to the absence of more than 200 The necessary PPE suits and masks were not available to the medical professionals. Before the outbreak began, the state's health system was dreadfully equipped to tackle the present health issues.Due to the state's opening of OPDs, patients have been living a nightmare because the doctor-to-patient ratio is frightening at 1:7339(India News, 2020).

Lack of Transparency in theProcurement of Medical Equipment
The government did not care to make the procedure transparent. As a result, there was debate over the building of COVID-19 hospitals and the purchasing of Personal Protective Equipment (PPE) suits, masks, and sanitisers. A senior IAS officer boasted about getting a blank check in procurement until he was demoted. At prices above those found on the market, it is claimed that testing kits, RT-PCR equipment, and triple-layered masks were purchased. Alleging massive corruption in the procurement of medical equipment, cases have been filed before the Lokayukta of the state, and two senior IAS officers appeared before the Lokayukta in connection with the alleged scam in the purchase of PPE kits and masks. Following the allegation, the Govt. has

removed the Head of the State-level purchase committee, a senior IAS officer who advised the procurement of essential pharmaceutical goods and medical equipment(Odisha Byte Bureau, 2020).

Lack of Political Leaders and Civil Society Participation

Politicians were mainly away from the scene for nearly four months, beginning with the lockdown and the flood of migrant labour. During that time, political leaders must inspire the populace to follow COVID-19 principles, including maintaining social isolation and donning masks. The migrant worker dilemma did not include civil society at all. BJD MLA Pradeep Panigrahi appealed to the Chief Minister to include the MLAs, ministers, and members of Panchayati raj institutions in COVID-19 administration as bureaucrat-driven COVID-19 management began to fall apart by mid-July (Singhdeo, 2020). The Chief Minister then requested that his ministers organise a blood plasma donation drive for those who have recovered from COVID-19.

CONCLUSION:

Despitecriticisms and some sort of falls in the management of COVID, Odisha has been doing better in comparison to other states. To reinforce this point, the Health Minister of Odisha treated that while the National Mortality rate for COVID-19 is at 1.6%, Odisha rate it as low as 0.38%. They lauding the Odisha Govt.'s efforts, the WHO highlighted the state's early responses in this regard. Odisha earned praise from this world forum for its effective governance and Community-based strategies to contain the spread of COVID-19 and keep thefatality rate very low. WHO also praised Odisha for preparing the country's fast 1000-bedded dedicated COVID hospital within one week and decentralised management through Gram Panchayat(Odisha Bytes Bureau, 2020b). An article on the WHO website titled "From Governance to Community Resilience: Odisha's Response to COVID-19" commends the state government of Odisha for its efforts to stem the virus' spread. Despite the crisis phase's surge of migrants and the state's stranding by Typhoon "Amphan," the patients were also well managed by the government. Even though removing the stranded individuals while adhering to social separation laws was challenging, Odisha's experience in disaster management made things easier to manage. The resilient state can stop the virus's spread because of its effective leadership, cooperation with Panchayati Raj Institutions, and adoption of community-based response tactics. (ANI, 2020). Throughout thepriorcrises, Odisha has emphasised the principle "Prevention is better than cure" Odisha has emerged as a role model in managing COVID-19.

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