

# ARE WE PREPARED TO RECEIVE OUR PEOPLE?

## A Rapid Assessment of the Preparedness of Institutional Quarantine Facilities in Ganjam District



**YOUTH FOR SOCIAL DEVELOPMENT**

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## Executive Summary

Approximately 5 lakh people living outside Odisha are expected to come back to the state after the completion of the lockdown period on May 3, 2020 established to restrict the spread of Coronavirus-19. A large proportion of these migrants would be returning to Ganjam district from states such as Maharashtra and Gujarat, which have been one of the major hotspots of positive cases of Coronavirus in the country. In anticipation of the large number of incoming people, the Government of Odisha has issued a set of guidelines to the Sarpanchs' of all Gram Panchayats in the state to effectively deal with the situation. The measures include registration of all returning people at the concerned Gram Panchayats; mandatory stay of all people who have returned in a Panchayat level Quarantine facility for 14 days along with necessary provisions of food, water, and sanitation; health checkup of quarantined persons including screening of COVID-19; and provision of an incentive of Rs. 2000 (Rupees Two Thousand) after successfully completing the quarantine period, among others.

Keeping these guidelines in mind, Youth for Social Development (YSD), a grass roots non-profit development organization based in Ganjam district has conducted a rapid assessment of quarantine centers in Ganjam district with an aim of understanding the preparation of institutional quarantine facilities as mandated by the Government of Odisha. The assessment evaluated the preparation of the Gram Panchayats for handling the incoming migrants after the lockdown period, and observed the existing infrastructure available for the setting up of the quarantine center facilities. The rapid assessment of panchayat level quarantine facilities was conducted across 18 Gram Panchayats (GPs) in three blocks of Ganjam District - Purusottampur, Khallikote, and Kabisuryanagar. The assessment was through observation of quarantine facilities and semi structured interviews with the Sarpanch (PRI) members over telephonic interviews. The interview questionnaire had a mix of qualitative and quantitative questions aimed to understand the nature of facilities necessary for effective registration and isolation of migrants in quarantine centers set by the Gram Panchayats. The questions covered multiple themes exploring the demographic details of the 18 case study panchayats, physical facilities available at the established quarantine centers, availability of health infrastructure and healthcare officials at the center, administrative capacity of the Gram Panchayats in the handling of the quarantine center, and anticipated issues by the Sarpanchs and their prospective solutions.

The findings of the survey informed us that the Gram Panchayats seemed to be grossly unprepared with respect to the number of people expected to return. The total numbers of beds in the 120 existing quarantine centers across the 18 Gram Panchayats were 6950 which would not be enough for the already registered 10914 migrants as on April 28, 2020. The number is bound to increase as the sarpanchs expect approximately 18500 people to return based on their assessment. It was observed that majority of the quarantine centers did not

have any special arrangements for pregnant women, children, and the elderly .While majority of the quarantine centers had access to functional toilets, water supply, bathing facilities, and electricity connections; many centers were still in the process of construction of toilets and bathing facilities in their premises. Most of the Gram Panchayats had the presence of healthcare officials in their quarantine centers in the form of doctors, anganwadi and ANM workers. However, it was surprising that very few panchayats till date had procured gloves and masks, which too were limited for use only for the healthcare workers.

Many sarpanchs expressed their fear of the existing quarantine facilities not being enough to cater the large number of migrants who would visit after the completion of the lockdown, thus hoping for additional financial support from the state governments for the running of the centers. Officials in Gram Panchayats also hoped for additional security in anticipation of possible disturbances in the centers, and an additional support of ambulance services and healthcare officials. The officials themselves were also worried about the possibility in a spiraling increase of positive COVID-19 cases in the region once people living in other states start coming back and the officials would have to be directly exposed.

With respect to policy suggestions, the state government firstly needs to ensure that the stranded and distressed migrants receive free travel. While workers and their families are going through severe panic and anxiety on a total lack of clarity about their return plans, support from the government is a prime necessity to ensure their safe return. Secondly, the state government has to ensure that Aadhar based registration is not made mandatory for the registration of the migrants who are willing to come back to their homes. Experts have suggested adequate testing to be jointly carried by both states to reduce the burden on the quarantine centers in the state. And finally, the state and the district administration need to closely monitor the functioning of the quarantine centers and the provision of all facilities. The district administration need to ensure that funds are released in a time bound manner so that the quarantine centers can function effectively. It is only the implementation of all of these factors in unison that can soften the impact on the migrants, and help the states negate the spread of COVID-19.

## 1. Introduction

Corona virus disease 2019 (COVID-19) since its identification in Wuhan, China in December 2019 has spread across 185 countries affecting 3.2 million people and resulting in more than 227,000 deaths (as on April 30, 2020). The severity of the disease was such to the scale that the World Health Organization (WHO) declared the outbreak as 'A Pandemic' on March 11, 2020. The containment of this disease has been a paramount challenge to nations as it is primarily spread between people during close contact, often via small droplets produced by coughing, sneezing, or talking. People may also become infected by touching a contaminated surface and then touching their face. Among the recommended measures of maintaining personal hygiene, governments across the world including India have instructed people to maintain physical distance via social distancing and avoid crowded places.

India too has faced the brunt of COVID-19 with an approximate number of 33000 confirmed cases and 1075 deaths (as on April 30, 2020). The Government of India declared COVID-19 as a 'notified disaster' as a "critical medical condition or pandemic situation". Under the Disaster Management Act 2005, the centre and the states decided to enforce a lockdown and restrict public movement. On March 22, India observed a 14-hour voluntary public curfew at the behest of the Prime Minister Narendra Modi. This was followed by the first round of a nationwide lockdown started on March 24 for a period of 21 days till April 14, which was later further extended to May 3. The lockdown essentially has been implemented through a ban of people from stepping out of their homes, closure of all services and shops except groceries, pharmacies, hospitals, and other essential services, and suspension of all non-essential public and private transport among other methods (Govt. of India, 2020).

The Government of Odisha was one of the few states which took a very early response to the pandemic. The state government declared COVID-19 as a 'Disaster' under section 2(d) of the Disaster Management Act 2005 for the State of Odisha on March 13. The Disaster Management Act 2005 gave provisions for the allocation of resources for the prevention and mitigation of the disease, along with the capacity building of the local administrative bodies. The state government initiated multiple preventive measures for the effective prevention and containment of the outbreak by framing the COVID-19 Regulations 2020, exercising the powers conferred under Section 2,3, and 4 of the Epidemic Disease Act, 1897. The Government also invoked Section 144 of the Indian Penal Code which prohibits a gathering of four or more people in a given area.

Once the lockdown period is declared over, it is expected that a large number of people from all strands of life – students, professionals, pilgrims, patients, and workers would return back to their homes spread across different Gram Panchayats from different parts of the country. An estimated 139 million migrant workers from the countryside work in India's cities and



towns. With the closure of factories and workplaces, they are left with no livelihood options. Media outlets from all over the country have captured harrowing images of long processions of migrant workers walking miles to go back to their native villages, often with families and young children on shoulders. It is expected that there would be an exodus like situation after the completion of the lockdown period with thousands of migrants coming back to their native villages. The Central government thus issued a set of guidelines on April 29, 2020 for interstate movement to allow stranded laborers, tourists, and students to return to their homes (liveMint, 2020). The guidelines would come into effect from May 4, instructing the stranded people can go to their homes after undergoing strict medical screening both at the source and destination cities.

Officials estimate 500,000(5 lakh) people living outside Odisha are expected to come back to the state after lockdown (The Scroll, 2020). Anticipating this large influx of population amidst the ongoing scare of the spread of the virus, the Revenue & Disaster Management Department, Govt of Odisha issued a set of directions to the Sarpanch(s) of all Gram Panchayats in the State to effectively deal with the situation. The directions include registering of all returned people at the concerned Gram Panchayat; mandatory stay of all people who have returned in a Panchayat level Quarantine facility for 14 days along with necessary provisions of food, water, and sanitation; health checkup of quarantined persons including screening of COVID-19; and provision of an incentive of Rs. 2000 (Rupees Two Thousand) after successfully completing the quarantine period, among others. The Health and Family Welfare Department, Government of Odisha subsequently released a technical guideline for all public health officials in the state on March 20 for quarantine, isolation, and treatment for effective COVID-19 response. The guidelines consisted of instructions for home or facility level quarantine, identification of suspect cases for quarantine, guidelines for contact tracing, and instructions for state/ district level response teams (Govt. of Odisha, 2020).

Keeping these guidelines in mind, Youth for Social Development (YSD), a grass roots development organization based in Ganjam district has conducted a rapid assessment of quarantine centers with an aim of understanding the preparation of institutional quarantine facilities in Ganjam district as mandated by the Government of Odisha. Ganjam has been considered as a hotspot of outward migration in the state most of the organized migrations are to the textile and diamond sector of Gujarat, especially Surat while unorganized migrants primarily stuck in states such as Maharashtra and Kerala (Mongabay, 2020). There have been multiple instances of migrant workers from Ganjam district working in Surat hosting relentless protests demanding to be allowed to go back home since the beginning of the lockdown (Economic Times, 2020). It was only on April 26 that 288 migrant workers received special permission by Surat district administration to travel to Ganjam District in 5 buses after paying an amount of 3500 rupees as contribution to hire the private buses for the long

journey (The Hindu, 2020). These workers would be sent to the quarantine facilities immediately on reaching the district after necessary screening for testing of COVID-19. It is anticipated that there would be a large influx of migrants immediately with the completion of the lockdown period, where it would be very difficult for social distancing protocols to be followed during the journey considering people would look for any possible way just to reach their homes.

Therefore, the purpose of the study is therefore to understand the preparedness of the Gram Panchayats in wake of the expected completion of the Lockdown period by May 3, 2020. The primary objective is to evaluate the capacity of the Gram Panchayats in the preparation of handling the incoming migrants after the lockdown period, and observe the existing infrastructure available for the setting up of the quarantine center facilities. The study is a rapid assessment conducted across eighteen gram panchayats in three blocks (Purusottampur, Khallikote, and Kabisuryanagar) of Ganjam District, Odisha. The assessment is done through observation of quarantine facilities and semi structured interviews with the Sarpanch (PRI) members over telephonic interviews. The responses to the questions provide a basic idea on the nature of facilities and infrastructure available at each Gram Panchayat in anticipation of the migrants who would return back to their native villages.

The results of the rapid assessment provide a clear idea of the extent of readiness of gram panchayats to the state and the district administration with respect to the powers conferred under the Disaster Management Act, 2005. The performance of the Gram Panchayats in the administration of pandemic relief work in such a short notice would also reflect the preparedness of local administrations in light of the 73<sup>rd</sup> Constitutional Amendment. The exercise would reflect if local bodies such as Gram Panchayats can function independently at a decentralized level, and take the responsibility of handling the situation from the district administration. The study also provides practical solutions and suggestions to the Government based on the responses given by the Sarpanchs at the grass root level for efficient implementation of the response and relief to the common public of the state to mitigate the outbreak of Covid19.

## **2. Methodology**

The rapid assessment of panchayat level quarantine facilities was conducted across 18 Gram Panchayats (GPs) in three blocks of Ganjam District - Purusottampur, Khallikote, and Kabisuryanagar. Table 1 provides a list of the 18 GPs included in the study.

*Table 1: List of Gram Panchayats involved in the study*

| Sl. # | Name of the Block | Name of the Gram Panchayat |
|-------|-------------------|----------------------------|
| 1     | Kabisuryanagar    | Baliasara                  |
|       |                   | Baunsia                    |
|       |                   | Sunarijhola                |
|       |                   | Gudiali                    |
|       |                   | Ambapua                    |
|       |                   | Kanyari                    |
| 2     | Purusottampur     | Badakharida                |
|       |                   | Tankachhai                 |
|       |                   | Bhutasarasinghi            |
|       |                   | Jhadabai                   |
|       |                   | Ch. Nuagoan                |
|       |                   | K.N Pur                    |
|       |                   | Ranjhali                   |
| 3     | Khallikote        | Mathura                    |
|       |                   | Badhinuapalli              |
|       |                   | Manikyapur                 |
|       |                   | Kanheipur                  |
|       |                   | Tulasipur                  |

As mentioned, the assessment was done through a secondary observation of the existing quarantine facilities across all the 18 gram-panchayats. Photographs of the quarantine centers were received from the Sarpanchs and officials on the ground after request. The observation was followed by detailed semi-structured interviews with Sarpanchs of the 18 case study GPs. The interview questionnaire consists of 39 questions with a mix of qualitative and quantitative questions aimed to understand the nature of facilities necessary for effective registration and isolation of migrants in quarantine centers set by the Gram Panchayats (See Annexure 1 for the questionnaire). The questions covered multiple themes which aimed to explore the demographic details of the 18 case study panchayats, physical facilities available at the established quarantine centers, availability of health infrastructure and healthcare officials at the center, administrative capacity of the GP in the handling of the quarantine center, and anticipated issues by the Sarpanchs and their prospective solutions.

### 3. Findings

#### Demographic Findings

A total of 18 Gram-Panchayats (GPs) from 3 blocks in Ganjam District – Kabisuryanagar, Purusottampur, and Khallikote were selected for the survey. Table 2 provides the list of all the GPs along with the total population and the total number of migrants expected to return to the GP after the lockdown period is completed. In some GPs such as Bhutasarasinghi, Sunarijhola, and Gudiali, the total number of migrants expected to return is more than 25% of the total population of the panchayat. Therefore, one can anticipate the extent of pressure on the panchayats to handle the incoming of such a large group of migrant population.

*Table 2 - Demographic Details of case study Gram Panchayats*

| Sl.# | Name of the Gram Panchayat | Total Population (as in 2020) | Total number of migrants expected to return |
|------|----------------------------|-------------------------------|---|
| 1    | Baliasara                  | 7000                          | 1700  |
| 2    | Baunsia                    | 6700                          | 1220  |
| 3    | Sunarijhola                | 5000                          | 1300  |
| 4    | Gudiali                    | 5986                          | 1500  |
| 5    | Ambapua                    | 4500                          | 530   |
| 6    | Kanyari                    | 5603                          | 1250  |
| 7    | Badakharida                | 7900                          | 650   |
| 8    | Tankachhai                 | 5450                          | 1200  |
| 9    | Bhutasarasinghi            | 7500                          | 2500  |
| 10   | Jhadabai                   | 5000                          | 600   |
| 11   | Ch. Nuagoan                | 5100                          | 489   |
| 12   | K.N Pur                    | 5483                          | 700   |
| 13   | Ranjhali                   | 7000                          | 1200  |
| 14   | Mathura                    | 11650                         | 1388  |
| 15   | Badhinuapalli              | 8000                          | 600   |
| 16   | Manikyapur                 | 5000                          | 370   |
| 17   | Kanheipur                  | 4676                          | 634   |
| 18   | Tulasipur                  | 4800                          | 693   |

Only 9 of the 18 GPs could provide a breakdown of the total number of migrants with respect to gender as seen in table 3. From the given sample, 74% of the total migrants were male whereas 26% of them were female. While some GPs such as Manikyapur had 97% of their total migrants as male, the total male population in Nuagoan was only 31%. These difference in gender breakdown across GPs highlights the need for allocation of male and female wards in quarantine centers on a case-by-case basis. The average number of children between the age

group of 0-8 years from the total number of migrants in the case study GPs was around 11% of the total population while the total number of adolescents between the age-group of 9-18 years was around 18% of the total population. Interestingly, none of the GPs had any information on the number of elderly population (plus 60 years) from the total number of expected migrants. This is a vital piece of missing information as multiple studies have shown elderly population to be at the greatest risk to COVID-19. A detailed information on the total number of elderly people would have greatly helped the local administration to prepare themselves for the most vulnerable groups.

*Table 3: Gender Breakdown of Expected Migrants*

| Sl. # | Name of Gram Panchayat | Total Migrants Expected to Return | Male | Female |
|-------|------------------------|-----------------------------------|------|--------|
| 1.    | Baliasara              | 1700                              | 1480 | 220    |
| 2.    | Baunsia                | 1220                              | 1060 | 160    |
| 3.    | Sunarijhola            | 1300                              | 900  | 400    |
| 4.    | Gudiali                | 1500                              | 900  | 600    |
| 5.    | Ambapua                | 530                               | 374  | 156    |
| 6.    | Kanyari                | 1250                              | 1070 | 180    |
| 7.    | Bhutasarasinghi        | 2500                              | 1900 | 600    |
| 8.    | Ch. Nuagoan            | 489                               | 150  | 339    |
| 9.    | Manikyapur             | 370                               | 358  | 12     |

Table 4 provides a detailed information on the total number of migrants registered in each case study GP till 28 April 2020 as informed by the Sarpanchs. On an average, 66% of the total expected migrants had already registered in their respective GPs. As seen in the table, it is interesting to observe a large variation in the total number of registered migrants in each GP to the expected number of migrants by the Sarpanchs of respective GPs. While the percentage of total registered migrants in 5 GPs was less than 25%; GPs such as Badakharida, Ch. Nuagaon, Tankachhai, and Jhadabai had a greater number of migrants registered than the total number of migrants expected by the respective Sarpanchs. In most cases, even the Sarpanchs had no particular clue over such a large number of registrations in their GP contrary to their expectations.

*Table 4: Total number of registered migrants as on 28 April 2020*

| Sl. # | Name of the Gram Panchayat | Total Migrants Expected to Return | Total number of migrants registered till date (number) | Percentage of total registered migrants to expected number of migrants |
|-------|----------------------------|-----------------------------------|--|--|
| 1.    | Baliasara                  | 1700                              | 812  | 48%  |
| 2.    | Baunsia                    | 1220                              | 603  | 49%  |
| 3.    | Sunarijhola                | 1300                              | 557  | 43%  |
| 4.    | Gudiali                    | 1500                              | 653  | 44%  |

|     |                 |      |      |      |
|-----|-----------------|------|------|------|
| 5.  | Ambapua         | 530  | 420  | 79%  |
| 6.  | Kanyari         | 1250 | 637  | 51%  |
| 7.  | Badakharida     | 650  | 650  | 100% |
| 8.  | Tankachhai      | 1200 | 2000 | 167% |
| 9.  | Bhutasarasinghi | 2500 | 530  | 21%  |
| 10. | Jhadabai        | 600  | 1200 | 200% |
| 11. | Ch. Nuagoan     | 489  | 613  | 125% |
| 12. | K.N Pur         | 700  | 550  | 79%  |
| 13. | Ranjhali        | 1200 | 1000 | 83%  |
| 14. | Mathura         | 1388 | 200  | 14%  |
| 15. | Badhinuapalli   | 600  | 100  | 17%  |
| 16. | Manikypur       | 370  | 150  | 41%  |
| 17. | Kanheipur       | 634  | 89   | 14%  |
| 18. | Tulasipur       | 693  | 150  | 22%  |

Figure 1 provides information on the different regions from which migrants are expected to arrive at each case study GP. As expected, all the 18 GPs were expecting migrants from Gujarat and Maharashtra where majority of them work in the synthetic textile industry primarily located in Surat and Mumbai. Rest of the migrants were mostly expected from the southern states of the country. 14 out of the 18 sarpanchs positively claimed to have made necessary arrangements to ensure that any person arriving in their GP from other states were properly registered and listed. All the GPs mentioned to have the presence of online facilities as well as the paper format for the registration of the migrants from other states. The sarpanchs from all the 18 GPs claimed that the migrants who have returned recently from other states were also mandatorily stay for 14 days at the GP level quarantine facility.

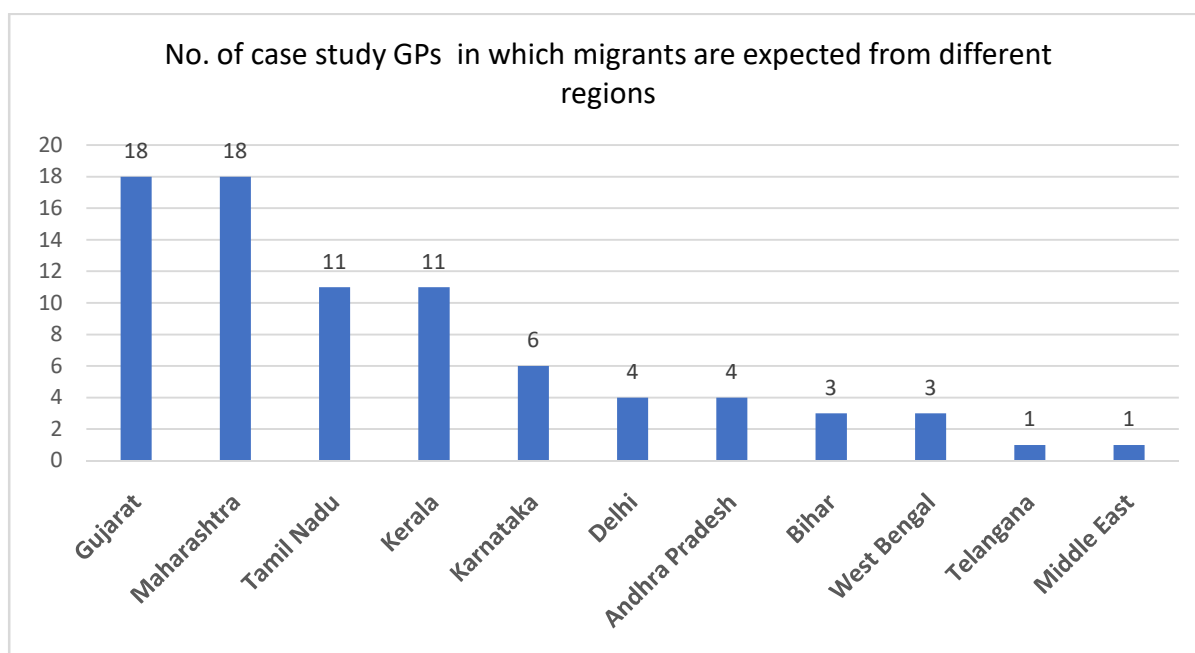


Figure 1 - Number of case study GPs in which migrants are expected from each state

## Findings on Quarantine Centers

This section elaborates the quality and capacity of the quarantine centers in each of the case study GPs. Table 5 highlights the total number of functioning quarantine centers in each GP along with the capacity of the quarantine centers i.e. the number of people that can stay in the center at any given day. There is a total of 120 functioning quarantine centers for the 18 GPs with a total capacity of 6950 beds. This is clearly a low number when compared to the total number of migrants expected to return to the GPs (18524), as well as the total number of migrants who had registered till 28<sup>th</sup> April 2020 (10914). The numbers clearly indicate that the GPs would be in a tight spot even if all the migrants who had registered would return back to their GPs which in most possibility they will. While GPs like Mathura, Badhinuapalli, Kanheipur, and Tulasipur are the only four panchayats who have a greater number of beds than the total registered migrants; the total number of beds in GPs such as Tankachhai and Jhadabai is only 8% of the total number of registered migrants. When asked if the GP had any plans to increase the total number of beds and the quarantine centers, 9 of the 18 GPs indicated their plans to increase the capacity of the quarantine centers based on the requirement. These included the GPs with lower capacities as of now which seems optimistic for now. All the GPs have used existing structures such as the local schools, community centers, cyclone centers, and the Gram Panchayat office as quarantine centers.

*Table 5 - Number of Functioning Quarantine Centers with total capacity in each Gram Panchayat*

| Sl.# | Name of Gram Panchayat | Total number of migrants expected to return to GP | Total # of migrants registered till 28/04/2020 | Total Numbers of functioning Quarantine Centers | Total Strength of Quarantine Center |
|------|------------------------|---|--|---|-------------------------------------|
| 1    | Baliasara              | 1700  | 812  | 7   | 420                                 |
| 2    | Baunsia                | 1220  | 603  | 6   | 500                                 |
| 3    | Sunarijhola            | 1300  | 557  | 6   | 400                                 |
| 4    | Gudiali                | 1500  | 653  | 18  | 550                                 |
| 5    | Ambapua                | 530   | 420  | 4   | 350                                 |
| 6    | Kanyari                | 1250  | 637  | 6   | 600                                 |
| 7    | Badakharida            | 650   | 650  | 1   | 350                                 |
| 8    | Tankachhai             | 1200  | 2000   | 5   | 150                                 |
| 9    | Bhutasarasinghi        | 2500  | 530  | 7   | 350                                 |
| 10   | Jhadabai               | 600   | 1200   | 5   | 100                                 |
| 11   | Ch. Nuagoan            | 489   | 613  | 4   | 150                                 |
| 12   | K.N Pur                | 700   | 550  | 4   | 300                                 |
| 13   | Ranjhali               | 1200  | 1000   | 7   | 560                                 |
| 14   | Mathura                | 1388  | 200  | 12  | 720                                 |
| 15   | Badhinuapalli          | 600   | 100  | 9   | 450                                 |
| 16   | Manikyapur             | 370   | 150  | 2   | 120                                 |

|    |           |     |     |   |     |
|----|-----------|-----|-----|---|-----|
| 17 | Kanheipur | 634 | 89  | 9 | 480 |
| 18 | Tulasipur | 693 | 150 | 8 | 400 |



*Figure 2: Refurbishment of Quarantine Center at Manikyapur GP, Khallikote Block*

Table 6 provides information on the nature of basic facilities available at the 120 quarantine centers in the 18 case study GPs. It was observed that a majority of the quarantine centers had access to functional toilets, water supply, bathing facilities, and electricity connections. However, it was observed that some quarantine centers still had no available toilets, bathing or drinking water facility in its premises which was still under construction. While all the quarantine centers did have existing toilet facilities, it was observed there were 3 to 4 toilets in each quarantine center with an approximate 20:1 ratio of 1 toilet for every 20 people. All the quarantine centers had arranged beds for the expected number of migrants they were designated to hold, and had necessary electric provisions such as functioning lightbulbs and fans. Only 4 GPs mentioned of having arranged television facilities in the quarantine centers for the entertainment of the people who would be residing for 14 days in the center.

*Table 6 - Facilities available at Quarantine Centers*

| Total Numbers of the GP | Total Number of Quarantine Center | Total Strength of Quarantine Center | Centers with Functional Toilets | Centers with Water Supply | Centers with shaving Bathing Facilities | Centers having Drinking water | Centers having Electricity (fan and light) | Centers having Television facility |
|-------------------------|-----------------------------------|-------------------------------------|---------------------------------|---------------------------|---|-------------------------------|--|------------------------------------|
| 18                      | 120                               | 6950                                | 115                             | 119                       | 119                                     | 119                           | 119  | 4                                  |



### Case Study 1: Construction of Toilets

Mahachhai Primary School is one of the quarantine centers for migrants in Tankachhai GP (Purusottampur Block). The Sarpanch of Tankachhai aims to accommodate 100 migrants in the Mahachhai Primary School. However, the school does not have adequate sanitation facilities such as toilets and hand washes for 100 people. Therefore, construction work of three toilets is currently being undertaken at the school. While the School also does not have any drinking water facility and electricity supply in the rooms, the Sarpanch is hopeful for the provision of all facilities within the next 7 days.



*Figure 3: Construction of Toilets in Quarantine Center of Tankachhai GP (Purusottampur block)*

All the 18 GPs mentioned having the presence of separate arrangements for men and women in the 120 quarantine centers. However, only 10 out of the 18 GPs arranged separate provisions for pregnant women, where Anganwadi Workers and Auxiliary Nurse Midwives (ANM) have been kept in those centers as seen in table 7. Unfortunately, only 2 of the 18 GPs mentioned to have provided separate provisions for young children in their quarantine centers. Similarly, only 3 GPs mentioned to have provided separate provisions for senior citizens in their quarantine centers; and 4 GPs to have provided separate provisions for people with special needs. This are worrying statistics as it can be expected that at least one-thirds of the returning migrant population would consist of young children and senior citizens. Infact, it was observed that the quarantine facility in Mathura GP could not arrange any separate facilities for transgender population, because of which they were forced to share a room with men (see Case Study 2)

*Table 7: Number of GPs having made provisions for different groups of migrants*

| Total Numbers of GPs | Numbers of GPs having separate arrangements for men and women | Numbers of GPs having separate arrangements for pregnant women | Numbers of GPs having separate arrangements for young children | Numbers of GPs having separate arrangements for senior citizens | Numbers of GPs having separate arrangements for people with special needs |
|----------------------|---|--|--|---|---|
| <b>18</b>            | 18  | 8  | 2  | 3   | 4   |

### Case Study 2: Susanta's Story

Sushanta Pradhan is a 18 year old transgender in Mathura Gram Panchayat under Khallikote Block. She is the sole earning member of her family of 8. She visited Purusottampur last month to participate in the Dandajatra, a local festival. When she returned back to Mathura, the Sarpancha instructed her to get admitted in the local quarantine center. However, she received a shock finding that there were no separate provisions for transgender and she was told to share room with men.

Since then, Susanta has been requesting to the Sarpancha for the arrangement of a separate room but no action has been taken so far.



*Figure 4: Susanta forced to share room with men at Mathura GP, Khallikote Block*

### Findings on Health Infrastructure

The section provides an insight on the availability of necessary health infrastructure at all the quarantine centers in the 18 case study GPs. All the 18 GPs have a nodal officer under varying designations appointed for the monitoring of the quarantine center. Table 8 provides basic information on the extent of health infrastructure available in the 120 quarantine centers. All the GPs claimed to have the necessary arrangements for the provision of food to the migrants for the duration of 14 days in the quarantine center. Only 98 of the 120 quarantine centers had arranged the necessary sanitary facilities such as provision of soaps and hand

sanitizers for regular use by the quarantined people for maintaining adequate hygiene in the premises.

*Table 8: Health Infrastructure Details at the Quarantine Centers*

| Total Numbers of the GP | Total Number of Quarantine Centre | Centres with availability of food supply | Centres with adequate provision of Sanitary Facilities | Centres with adequate Health check-up facilities |
|-------------------------|-----------------------------------|--|--|--|
| <b>18</b>               | 120                               | 120                                      | 98   | 109  |

Meanwhile, 109 out of 120 quarantine centers have adequate presence of a health check-up facility in the quarantine center which includes provisions for screening of COVID-19 and the testing of the suspected/ random cases in the center. There was no availability of any kind of health check-up facilities in the 11 quarantine centers located in the three GPs of Tulasipur and Manikyapur (in Khallikote Block), and Badakharida (Purusottampur). Majority of the GPs had arranged for the availability of health care professionals such as Doctors, Auxiliary Nurse Midwives, Anganwadi workers, and Pharmacists in varying numbers. Tankacchai GP in Purusottampur Block was the only GP which did not have any health care professionals and were in the process of arranging before the completion of the lockdown. Similarly, Manikyapur GP in Khallikote Block were currently served by ANMs from Kanheipur GP under additional charges. 11 of the 18 GPs had already appointed workers for the regular cleaning of quarantine centers with an average of 1 person appointed for each center. Meanwhile, 4 of the 7 remaining GPs mentioned their plans to appoint necessary cleaning staff in the due course of time whereas the other 3 (Kanheipur, Badhinuapalli, and Mathura GPs) did not provide any clear information.

Table 9 provides some information on the availability of Preventive Protection Equipment (PPEs), gloves and masks in the 18 GPs. It was surprising to observe that none of the GPs had procured any PPEs for the staff or for the workers. Only 6 of the 18 GPs had procured a limited number of masks and gloves where in some cases would be available only for the health workers and not for the quarantined people. While 4 GPs declared their plans of soon purchasing the necessary materials, the remaining GPs did not have any availability neither provided any information on their plans of purchasing before the influx of the migrants.

*Table 9: Availability of PPE, Gloves and Masks in the GPs*

| Sl.#     | Name of Gram Panchayat | Availability of PPE, Gloves and Masks   |
|----------|------------------------|---|
| <b>1</b> | Baliasara              | Not available. Plans of purchasing soon |
| <b>2</b> | Baunsia                | 250 Masks,100 Gloves                    |

|    |                 |   |
|----|-----------------|---|
| 3  | Sunarijhola     | Not available. Plans of purchasing soon           |
| 4  | Gudiali         | Not available. Plans of purchasing soon           |
| 5  | Ambapua         | Available for Health Workers but not for migrants |
| 6  | Kanyari         | Not available                                     |
| 7  | Badakharida     | Not available                                     |
| 8  | Tankachhai      | Not available                                     |
| 9  | Bhutasarasinghi | Not available                                     |
| 10 | Jhadabai        | Not available                                     |
| 11 | Ch. Nuagoan     | Not available                                     |
| 12 | K.N Pur         | Not available                                     |
| 13 | Ranjhali        | Not available                                     |
| 14 | Mathura         | Mask-200, Gloves-200                              |
| 15 | Badhinuapalli   | Mask-150, Gloves-10                               |
| 16 | Manikyapur      | Mask-200,Gloves-100                               |
| 17 | Kanheipur       | Mask-100,Gloves-100                               |
| 18 | Tulasipur       | Not available. Have already ordered               |

### Findings on Administrative Capacity of Gram Panchayats

The section elaborates on the administrative capacity of the GPs in anticipation of the migrants after the completion of the lockdown. Table 10 provides summarized information on the response of the sarpanchs with respect to the provisions and the guidelines mandated by the state government. The sarpanchs from all the 18 GPs mentioned to be aware of the knowledge and the authority conferred to them by the district administration.

*Figure 5: Registration Process being undertaken at K. N. Pur Gram Panchayat in Purusottampur Block)*





All the Sarpanchs feel they have the necessary capacity to handle any kind of unexpected situation arising because of the influx of the large number of people. They also have made all the people aware of the Rs 2000 (Two thousand rupees) incentive provided by the Government for migrants who successfully complete the stay in the quarantine center and observing the necessary quarantine guidelines. However, only 4 out of the 18 sarpanchs felt that the resources available to the GP were sufficient, and wished for additional support from the higher levels of government.

*Table 10: Capacity of Gram Panchayats*

| Total Numbers of the GP | Knowledge on Power Conferred to Sarpanch | Capacity to Handle Unexpected Situation | Shared information on govt. benefits | Sufficient Resources Available |
|-------------------------|--|---|--------------------------------------|--------------------------------|
| 18                      | 18                                       | 18                                      | 18                                   | 4                              |

A couple of questions were asked to the Sarpanchs on the nature of situation they were expecting after the influx of migrants and any major issues they were anticipating. Some of the major anticipated issues were as follows:

- The capacity of the existing quarantine centers would not be enough to cater the large number of people who would visit after the completion of the lockdown.
- It would be a challenge arranging sufficient meals for all the quarantined people on a daily basis.
- There is a fear that migrants may cause disturbance in the quarantine centers and demand moving out of the centers.
- The sarpanchs are worried about the possibility in a spiraling increase of positive COVID-19 cases in the region and the state once people living in other states start coming back to Odisha.
- The financial allocation for the upkeep and the maintenance of the quarantine centers would not be enough.

Only 4 of the 18 GPs did not mention any issues or challenges that they were worried about. When asked about the prospective solutions and the additional support they expected from the government, these were the most mentioned:

- All the 18 GPs mentioned the need for additional security in the quarantine premises and requested for police protection if possible.
- 5 GPs hoped for an improvement in the medical infrastructure possible, with an additional support of ambulance services and a greater number of healthcare officials if possible.

- 4 GPs wished to have additional number of quarantine centers in anticipation of the large number of people from other states.
- Finally, 2 GPs expected a greater financial assistance from the district and state administration for provision of all necessary facilities and resources as mandated by the state guidelines.

#### 4. Conclusion

With an anticipated influx of lakhs of migrants from different COVID-19 hotspots of the country, the Government of Odisha not only has to ensure the prevention of a second wave of the spread of disease but also ensure the existence of a robust infrastructure for people to be tested and screened before allowing them to go back to their homes. Migrants would want to come back home at the earliest with a mix of family bondage and the emotional anxiety of being stuck in a different state. However, experts working on the subject of migrant workers feel that the state government could try to financially incentivize workers to remain in their present location and retain their jobs in an attempt to trim the inflow (The Statesman, 2020). Experts feel it would be beneficial if the government instead of spending money on the migrants return and providing food to them in quarantine centers could be transferred to stranded workers who are willing to stay back.

Our study across the 18 case study GPs highlighted the insufficient number of beds in existing quarantine facilities as compared to the expected number of returning migrants, even with respect to the people who have already registered. While the government guidelines expect for a preferable provision of single room for each person with attached toilet, there were as many as 10 beds in a single room at quarantine centers at Kanheipur GP and Gudiali GP.



*Figure 6: Isolation room at Quarantine Center in Kanheipur Gram Panchayat in Khallikote Block*

While it may not be possible to provide separate rooms for all, one of the first and foremost thing that needs to be taken care of is to ensure having sufficient number of beds at least with complementing the number of people who have registered. The beds in the centers were placed less than two feet to each other, disregarding the guidelines of social distancing. The problem would be all the more acute if many people end up coming the GP at the same time, something which is highly plausible in this given situation.

Our study also highlighted the inadequate arrangements within the existing quarantine facilities. It was observed that majority of the quarantine centers did not have any special arrangements for pregnant women, children, and the elderly. While many centers were in the process of constructing toilets in the premises, some centers did not have functional toilets. Maintaining proper sanitation and hygiene practices is one of the key essentials of preventing the spread of COVID-19. Therefore, it is of utmost importance of providing essential hygiene amenities to the quarantined people ranging from availability of separate bathing facilities for men and women to provision of sanitary napkins for women.



*Figure 7: Construction of Toilets at Kanheipur Gram Panchayat (Khallikote Block)*

An essential requirement for the provision of all necessary facilities in the quarantine facilities is having the financial support to the GPs from the district and the state administration. 14 of the 18 interviewed Sarpanchs agreed that the allocated funds of 5 lakh rupees to each GP to handle such a crisis situation is not enough. Therefore, they have not been able to arrange sufficient number of beds, linen, and other materials. Some sarpanchs also mentioned how some educational institutions have not been handed over to the GP for using them as a quarantine center which would have greatly minimized the existing demand-supply gap.

The fact that it is a humongous responsibility for the state government to arrange the travel, quarantine, and subsistence of the returning migrants is something that cannot be ignored. An estimated 3-4 lakh migrant are expected to return to Ganjam district across the 503 Gram

Panchayats where institutional quarantine centers have been established. A simple calculation of all expenses as shown in Table 11 shows that a total amount of 252 crore rupees would be necessary for arranging the travel from different states, provision of food expenditure, personal hygiene kits, and the incentives to be provided post quarantine just for the district of Ganjam.

*Table 11: Estimate of expected costs the Government has to incur for the entire quarantine process in Ganjam District*

| Items                                    | Rate                             | Quantity | Migrants/Facilities          | Total Amount       |
|--|----------------------------------|----------|------------------------------|--------------------|
| <b>Food Expenditure</b>                  | Rs.120/- per day                 | 14 days  | 300000                       | 50.4 Crore         |
| <b>Personal Hygiene Kit</b>              | Rs.300/- per person for 14 days  |          | 300000                       | 9.0 Crore          |
| <b>Cleaning, Sanitation and Security</b> | Rs.2000/- per day per facilities | 14 days  | 2000 Facilities (503*4=2012) | 5.6 Crore          |
| <b>Travel from various states</b>        | 3500 to 5000                     |          | 300000                       | 127.5 Crore        |
| <b>Incentive Post Quarantine</b>         | Rs. 2000/ per person             |          | 300000                       | 60 Crore           |
| <b>Total</b>                             |                                  |          |                              | <b>252.5 Crore</b> |

## 5. Policy Suggestion

The onus of responsibility falls on the state government to make necessary arrangements for all the migrants to safely return home. While workers and their families are going through severe panic and anxiety on a total lack of clarity about their return plans, the prospect of paying large amounts of money just to come back does not help their cause (The Hindu, 2020). Therefore, the state government needs to ensure that the stranded and distressed migrants receive free travel. Considering that majority of the migrants are expected from states such as Gujarat and Maharashtra, the Odisha government must demand the initiation of special train services for return of the migrants from those states as it would be all the more stressful for women, children and people with disability to travel on buses over such long distances.

Secondly, the state government has to ensure that Aadhar based registration is not made mandatory for the registration of the migrants who are willing to come back to their homes. The government has made Aadhar-based registration mandatory for in-bound migrants for facilitating online registration. However, migration experts worry that many migrants would face difficulties considering they might usually carry the card with them while moving out of the state to work in different facilities (Times of India, 2020). Experts have suggested adequate testing to be jointly carried by both states to reduce the state's burden of keeping



people in forced quarantine; and obtaining mobile phone numbers and other identity details before so that it can be verified once the migrants reach their destination.

The district administration needs to closely monitor the functioning of the quarantine centers and the provision of all facilities. It needs to ensure that funds are released in a time bound manner so that the quarantine centers can function effectively. The GPs also need to be transparent and accountable in the provision of all adequate facilities which could be done by listing of all the entitlement information (such as details of facilities and the incentives provided) in the quarantine center for everyone to be aware of.

Finally, there have been multiple cases that have come recently about the stigmatization of the people who are infected with COVID-19. This includes frontline warriors such as doctors, nurses, paramedics, sanitation workers and police who are in the frontline to contain the spread of the disease. With the rampant spread of misinformation on social media, it becomes the responsibility of the government to negate the atmosphere of fear and suspicion towards certain communities and migrant workers. Therefore, the government needs to take action through awareness programs among communities for maintenance of social harmony and compassion among people in these testing times.

## References

Economic Times, 2020. Migrant workers stage another protest in Surat, squat on roads. April 12, 2020. Retrieved from: <https://economictimes.indiatimes.com/news/politics-and-nation/migrant-workers-stage-another-protest-in-surat-squat-on-road/articleshow/75145352.cms?from=mdr>

Government of India, 2020. Guidelines – Ministry of Home Affairs, Govt. of India. March 24, 2020. Retrieved from: <https://www.mha.gov.in/sites/default/files/Guidelines.pdf>

Government of Odisha, 2020. Technical guidelines for quarantine, isolation and treatment of COVID-19. Health and Family Welfare Department. Government of Odisha. Retrieved from: [https://health.odisha.gov.in/PDF/2020/8611\\_20.03.2020.PDF](https://health.odisha.gov.in/PDF/2020/8611_20.03.2020.PDF)

Mongabay, 2020. Using lessons from disaster management, Odisha takes on COVID-19. April 23, 2020. Retrieved from: <https://india.mongabay.com/2020/04/using-lessons-from-disaster-management-odisha-takes-on-covid-19/>

LiveMint, 2020. Centre allows interstate travel of migrant workers, tourists. April 30, 2020. Retrieved from: <https://www.livemint.com/news/india/relief-for-stranded-migrant-workers-tourists-as-mha-allows-inter-state-movement-11588167776575.html>

Scroll, 2020. How Odisha is stepping up to the double challenge of COVID-10 and cyclone season. April 26, 2020. Retrieved from: <https://scroll.in/article/960138/how-odisha-is-stepping-up-to-the-double-challenge-of-covid-19-and-cyclone-season>

The Hindu, 2020. 288 migrant workers on their way to Ganjam from Surat by five buses. April 28, 2020. Retrieved from: <https://www.thehindu.com/news/national/other-states/288-migrant-workers-on-their-way-to-ganjam-from-surat-by-five-buses/article31457098.ece>

The Statesman, 2020. Pragmatism, not populist measures needed in dealing with migrant workers. 28 April, 2020. Retrieved from: <https://epaper.thestatesman.com/c/51415876>

The Times of India, 2020. Migration experts ask govt. to scrap Aadhaar rule on registration site. 28 April, 2020.

## Annexure 1

### Semi structured Interview with PRI members (Sarpanch) and Observation of Quarantine Facilities

| Sl.# | Question  | Record Response  |  |
|------|---|--|--|
| 1    | Name of the Block   |  |  |
| 2    | Name of the Gram Panchayat  |  |  |
|      | Total Population of the Gram Panchayat  |  |  |
| 3    | Total number of migrants expected to return to the Gram Panchayat (number disaggregated)  | 1. Male _____<br>2. Female _____   | 1. Children (0-8) years _____<br>2. Adolescent (9-18 years) _____<br>3. Elderly (>60 years) _____<br>4. Disabled _____ |
| 4    | Total number of migrants registered till date (number)  | 1. Completed _____<br>2. On-going _____  |  |
| 5    | Primary Locations from which migrants are expected  | 1. Within Odisha<br>2. Outside Odisha (List name of States)                              |  |
| 6    | Total Numbers of Ready Quarantine Centre in Gram Panchayat  | _____  |  |
| 7    | Strength of Quarantine Centre (numbers of people can stay in a centre)  |  |  |
| 8    | Nature of Quarantine Center   | 1. Newly built structure<br>2. Use of existing structure (school, community center, eg.) |  |
| 9    | Has the gram panchayat planned to increase the number of beds?  | 3. Yes (if yes how many)<br>4. No  |  |
| 10   | Has the Sarpanch made necessary arrangement to check and ensure that any person arriving in their respective jurisdictions from outside the State/District has been registered? | 1. Yes<br>2. No  |  |
| 11   | What type of registration facilities available in the Gram Panchayat?   | 1. Online<br>2. Paper Format<br>3. Any other _____                                       |  |
| 12   | Are all returned migrants compulsorily staying in the Panchayat level Quarantine Facility for 14 days observing? (before lockdown period)                                       | 1. Yes<br>2. No If no why?   |  |
| 13   | Are there separate arrangements for male and female in the quarantine center?   | 1. Yes<br>2. No  |  |

|    |  |   |
|----|--|---|
| 14 | Is there separate provision for pregnant women   | 1. Yes (how it is mention _____)<br>2. No                                   |
| 15 | Is there separate provision for young children   | 1. Yes (how it is mention _____)<br>2. No                                   |
| 16 | Is there separate provision for old age people   | 1. Yes (how it is mention _____)<br>2. No                                   |
| 17 | Is there separate provision for people with special needs  | 1. Yes (how it is mention _____)<br>2. No                                   |
| 18 | Is the Gram Panchayat providing food to the quarantined persons at the identified quarantine centres during the quarantine period?   | 1. Yes<br>2. No   |
| 19 | Is there provision of clean drinking water facility in the quarantine facility?  | 1. Yes<br>2. No   |
| 20 | Is there a functional toilet facility in the quarantine centre (separate toilet for male and female)? (People vs Toilet Ratio)       | 1. Yes<br>2. No   |
| 21 | Type of water supply in the quarantine centre  | 1. Piped water supply<br>2. Hand pump<br>3. Open well<br>4. Any other _____ |
| 22 | Is the Gram Panchayat providing soap, hand wash liquid or sanitizer to the quarantined persons for proper and frequent hand washing? | 1. Yes<br>2. No   |
| 23 | Has the Gram Panchayat arranged beds in the quarantine centre?   | 1. Yes<br>2. No   |
| 24 | Does the quarantine facility has necessary electric provisions (fan and light)?  | 1. Yes<br>2. No   |
| 25 | Is there Television facility in the quarantine centre for quarantined persons?   | 1. Yes<br>2. No   |
| 26 | Have any people been appointed for cleaning the quarantine centre regularly? If yes, then how many?                                  | 1. Yes<br>2. No   |
| 27 | Is there any nodal officer appointed for monitoring the quarantine centre with basic knowledge on Covid19 protocol?                  | 1. Yes<br>2. No   |
| 28 | Is there a provision of health check-up facility of the quarantined persons including screening for COVID-19 and                     | 1. Yes<br>2. No   |

|    |   |                 |
|----|---|-----------------|
|    | testing of the suspected/ random cases in quarantine centre?  |                 |
| 29 | Is there is a provision of Preventive Protection Equipment (PPE), gloves and masks for the healthcare workers and migrants at the quarantine center?  | 1. Yes<br>2. No |
| 30 | What is the total number of healthcare officials assigned to each quarantine center?  |                 |
| 31 | Has the Sarpancha shared information with the community for persons registering with Gram Panchayat to receive an incentive of Rs.2, 000/- (Rupees Two Thousand) for successfully completing the stay in the quarantine center and observing all quarantine guidelines? | 1. Yes<br>2. No |
| 32 | Do the Sarpancha think the recent allocation amount (Rs 5 lakhs) are sufficient for managing this mission ?   | 1. Yes<br>2. No |
| 33 | Is the Gram Panchayat ready to take the responsibility?   | 1. Yes<br>2. No |
| 34 | Are the Sarpancha aware about the DM power being delegated to them?   | Yes<br>No       |
| 35 | Do the Sarpancha have the required capacity, resources, expertise and infrastructure to deliver?  | Yes<br>No       |
| 36 | Are there any hindrances the Sarpancha anticipates in delivering the task on ground?  | Yes<br>No       |
| 37 | What type of situation is the Sarpancha expecting and what are the major anticipated issues?  |                 |
| 38 | What kind of additional support does the Sarpancha expect from the government?  |                 |
| 39 | Any other Observation   |                 |
|    | <b>Name of the Sarpanch</b><br><b>Contact Mobile Number</b><br><b>Name of the Interviewer</b><br><b>Date and Time of Interview</b>  |                 |