

# Institutional Quarantine Centres- Home away from Home

A Joint Effort By



## Background

Estimates<sup>1</sup> shows that there are a total of about 65 million inter-state migrants, and 33 per cent of these migrants are workers. Further, a study<sup>2</sup> estimated that 29% of the population in India's big cities is of daily wagers, and they want to move back to their native states. As uncertainty grows amid lockdown restrictions, millions of these cities makers have started the journey back to their roots – on foot, by cycle, by buses, trains, or any other possible means, without bothering for their livelihood. Their primary aim is to save themselves and their families from COVID19 and starvation. However, when they started their journey back to their villages, how their native states would welcome them was beyond their imagination. After travelling hundreds of kilometers, they ended their journeys in “Quarantine Centres.”

## Key challenges

Though advisories for quarantine of migrant workers have been issued by Ministry of Health and Family Welfare (MoHFW) comprising of health, administrative and technical actions at the quarantine facility, news from various locations across the country are narrating different stories. In many parts of the country, local administration and panchayats are struggling to quarantine or self-isolate millions of returning migrant workers. They are hungry, tired, scared and angry, and they do not have any visible symptoms of the infection. Hence they do not understand the reason for quarantine. Moreover, the facilities for food, sleep, toilet and drinking water in many such hurriedly- arranged quarantine centres are not appropriate for such an anxious and tired group of returning migrants. For women and children amongst returning migrant families, there is no separate living or toilet facility. Anxious, afraid, and tired, they are feeling unsafe and unwanted, once again (Tandon, 2020)<sup>3</sup>. A study<sup>4</sup> conducted by Samarthan in 109 Quarantine centres of Jashpur, Rajnandgaon, Raipur and Sarguja in Chhattisgarh revealed that there are no separate stay arrangement for women in 32 percent centres and in 26 percent centres separate toilet facilities for women are not available. Further, in centres where more than 25 migrants are staying, social distancing, food, water and toilet facilities are not adequate. The study also revealed that in 23 percent centres there is no provision for entertainment or recreational activities, hence migrants are not ready to stay in these centres. The most disturbing finding is that in these centres migrant workers are treated as sick and this stigma is creating a sense of insecurity among them.

## Civil Society and Panchayat's Initiatives

Drawing on the experiences of CSOs<sup>5</sup> and Gram Panchayats<sup>6</sup>, it is important to understand the need of model Institutional Quarantine Centres so that migrants coming from different parts of the country to their homes are ready to spend 14 days of quarantine in these centres. Citizen Action Group, CYSD, along with Abhyan (Bhubaneswar based CSOs), prepared a protocol<sup>7</sup> for a model Institutional Quarantine Center. The protocol created the quarantine centres to have a camp-like, resident-friendly atmosphere. The people in the quarantine centres are engaged through yoga, shramdaan, various games, talent-exchange, and several other activities to ensure that the residents remain in good morale. They are provided with newspapers, books, religious scriptures, radio etc. to keep themselves entertained. The quarantine centres are in the process of being transformed into a centre for attitude change and behavioural change. It has, therefore,

<sup>1</sup> Estimates for 2020 made by Professor Amitabh Kundu, Research and information System for Developing countries

<sup>2</sup> A study by the Centre for the Study of Developing Societies (CSDS) and Azim Premji University, 2019

<sup>3</sup> Tandon, Rajesh (2020), Returning to Quarantine – Yours or Mine? <https://timesofindia.indiatimes.com/blogs/voices/returning-to-quarantine-yours-or-mine/>

<sup>4</sup> <https://samarthan.org/covid/img/materials/status-of-quarantine-center-cg.pdf>

<sup>5</sup> Samarthan, Raipur, Chhattisgarh; Abhyan and CYSD, Chajpur, Khandhmal and Malkangiri, Odisha; Samarthan, Panna, Madhya Pradesh

<sup>6</sup> Gram Panchayats- Ittawa GP, Govindgarh, Rajasthan; Kanuriya GP, Bhuj, Gujarat; Mankapur GP, Yavatmal, Maharashtra; Valiyaparambu GP, Kasaragod, Kerala

<sup>7</sup> Detailed protocol provided in Annexure 1

been observed that in Quarantine centres where this protocol is piloted, lesser people now have the tendency to run away from these centres. Opportunities for engaging in Productive Work help the residents cope with life away from their near and dear ones. They have also conducted training of the volunteers for the management of quarantine centres. They have provided them with a checklist to keep a check on their behaviour while working at the quarantine centre.

Similarly, Samarth, in Raipur, is running the largest quarantine centre of the state which has had around 500 residents at one point in time. For the proper management of the centre, several teams/committees are constituted with pre-determined roles like food committee, logistics committee etc. The residents are continuously trained on appropriate hygiene practices and physical distancing; several activities are designed to keep them engaged; regular health checkups are conducted, and psychiatric support is also provided to them. They were also indulged in livelihood activities like jewellery making, detergent making, mask making etc. so that they can earn money and not be stressed about being unemployed. The data of each family was documented, and they were provided with a linkage to the Labor Department. Elected representatives of gram panchayats shared similar other examples during an online dialogue “Institutional Quarantine Centres- Home Away from Home” organised by a group of CSOs<sup>8</sup> on 13th May. The discussion was attended by 36 participants, including CSOs and elected members of PRIs from various parts of the country.

The participants highlighted the following issues/ challenges leading to mismanagement of Quarantine centres and also provided solutions:

1. Frontline health workers (ASHAs, ANMs and others) do not have access to appropriate and adequate protective gears like thermal scanners, masks, gloves, PPE kits etc. The frontline workers are not adequately trained and sensitised enough to cater to the needs of the residents in quarantine centres.
2. For the management of quarantine centres at the village/Panchayat level, there is a need for a team of volunteers. GP leaders must identify young volunteers and motivate them. The health functionaries should orient the volunteers on safety measures and their functions. There is a need to provide appropriate knowledge that can reduce the fear of the youth to be volunteers.
3. The migrant workers are coming back to their native states in large numbers, and the authorities are not taking control and accountability of the situation. The social stigma towards the people in the quarantine centres has also become visible as others are discriminating against them in the village. The GP leaders should be given assurance, and quick response by the local police in case of any conflict arises so that the GP may handle such situations firmly.
4. The quarantine centres have limited rooms; therefore, the facilities are not gender-segregated. There is a lack of safe and private space for breastfeeding mothers to feed their infants. Men and women share the toilets at several quarantined centres. They are over-burdened and unsanitary. Menstrual hygiene products are unavailable, and there is no place for the safe disposal of these products. Public buildings such as school should be considered for quarantine centre establishment as more rooms, and at least two separate toilets for men and women can be established.
5. The physical infrastructure in the quarantine centres is not suitable for pregnant women. These women have to sleep on the floor because the quarantine facilities lack beds. Also, the pregnant women, lactating women and young children don't have adequate access to an appropriate dietary intake in terms of quantity as well as quality. Gram Panchayats should be allowed to use funds to hire beds, mattresses, bedsheets etc. from a nearby tent house so that proper

<sup>8</sup> PRIA International Academy (PIA); Martha Farrell Foundation (MFF), New Delhi; Centre for Youth and Social Development (CYSD), Bhubaneswar; Samarthan, Bhopal; Unnati, Ahmedabad and Sahbhagi Shikshan Kendra (SSK), Lucknow

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arrangements for the stay of women can be organised. The family members of the quarantined person should also be motivated to provide such items from home.

6. The children in the quarantine centres are also struggling as they are not getting proper nutrition. The Anganwadi centres should be activated to provide cooked meal and snacks for the children as per their regular menu of the ICDS program.

7. The safety and security of women in quarantine centres is a big concern. There is a need to display phone numbers of women police staff of the nearby police station, helplines, as well as some of the women Panchayat elected representatives. Ensure proper lighting, emergency torch and if possible volunteers to guard the centre in the night.

8. Accessibility and safety of the transgender community in quarantine centres is a challenge.

9. Stigma and scare linked to corona are widely prevalent among people in rural areas. Hence awareness campaigns involving the community and elected representatives will be useful in mitigating scare and stigma.

10. Community participation and especially the involvement of women in setting up and running quarantine facilities are not adequately promoted. Gram panchayats and administrative authorities should give make this a priority.

11. The paucity of financial resources with Gram Panchayats is a big concern. There is a need for clear instructions on the use of the funds for running the quarantine centres using 14th FC funds by the GPs. Clear guidelines should be issued on the use of funds and expenditure booking so that GPs may use funds without fear and ambiguity. Moreover, there is a need for the immediate release of advance to the GPs to set up quarantine centres.

## Annexure 1

### An activity plan for Quarantine Centres (Ekaant Nivas)<sup>9</sup>

Migrants are the backbone of Odisha's economy and ambassadors of our cultural heritage. Stranded in different parts of the country because of Corona, they are now returning to their native place and being isolated in Quarantine Centres (QC) before actually joining their dear ones. Active adults sitting idle and workless for long hours and days without any constructive engagement makes life stressful for many after a long, painful journey. The Quarantine Centres have the potential to be developed as a resource centre, a learning centre and a pleasant and friendly place for inculcating awareness and life-skills.

#### Issues and Challenges

- a) As thousands of migrant workers return home in the days to come, the number of centres to accommodate them will have to rise multifold, creating new and often unforeseen challenges for their administration and management.
- b) Confining dozens of otherwise active adults sitting for weeks without work will create both physical and psychic problems, including stress and depression. We can't rule out law and order problems either.
- c) A positive response would be to keep them creatively engaged for which a day to day activity chart need to be prepared which is both educative and entertaining.
- d) It will be helpful if the skill profile of all residents of the centre is documented to be used as a local resource.
- e) Management of adults by itself is a big challenge particularly in the area of attitude and behaviour change;
- f) Since the residents will finally move out to stay in the community, they can be oriented and used as Corona educators.
- g) For persons suffering from stress and depression, counselling services may be needed. Related resources may be available in local colleges/institutions.
- h) The objective should be to convert this challenge into an opportunity by developing it as a Learning and Reflection Centre.

#### Curriculum and Activity Chart

- A thoughtful and creative day to day activity plan with the help of local resources would make the stay in Ekaant Ashram more educative, informative, entertaining and tolerable;
- The activities may include subjects and areas like:
  - Prayer, Meditation and Yoga
  - Experience sharing by participants
  - Quiz competitions and FAQs on the subject
  - Discussion sessions on Corona and its impact
  - High-risk behaviour issues

<sup>9</sup> Prepared by Dr Bhagban Prakash, Citizen Action Group and CYSD, Bhubaneswar

- Orientation about welfare schemes including procurement, PDS, Entitlements and right to work and right to food, etc.
- Brainstorming, counselling and interaction between the residents
- Entrepreneurship exposure on issues like agriculture, dairy, poultry, fisheries, etc.
- Discussion on workers' rights, gender issues, democracy and electoral participation, duties and responsibilities of a voter, environment and climate change
- Storytelling, newspaper reading, songs and music
- Spiritual talks on social harmony

### **A Model Day's Activity Plan (Dinacharya)**

Divide the day into three parts—Forenoon, Afternoon and Evening activity sessions

#### **Forenoon Sessions (07-11 am)**

- Morning Prayer
- Welcome by QC Management
- Self-Introduction by Participants (only first day)
- Yoga, Pranayam & Meditation
- Briefing about day's activity

Followed by breakfast

- Fighting Corona-challenge and opportunity
- Discussion on prevention skills & risk management

#### **12.00 to 02.00 pm**

- Lunch and rest

#### **Afternoon Sessions (03.30 - 5.30 pm)**

- Corona Safety measures - protecting self, family and community
- Familiarization session on welfare schemes and entitlements
- Skill updating
- Leadership and communication games
- Brainstorming on health, hygiene, nutrition and family relationships

#### **Evening Sessions**

- Sarvadharmha Prayer & Sangeet
- Purana, Bhagvat reciting
- Padyanta, Antakshari, song competition and solo acting
- Day's review and planning for the next day, working committee meeting convened by the Monitor;
- Dinner & rest

Attempts should be made to make the sessions interesting and joyful with lots of brainstorming, questions and answers, ice breakers, teasers, activities and games while maintaining the physical distance. Participants should be encouraged to get involved in all the activities. At the end of the

day there should be a self-evaluation by the participants initiated by the monitor. Noting the lessons learnt in order to improve the quality and content of the activities on the following day. The activity plan can be changed, modified, contextualized, and improved depending on the local situation and participants profile and needs.

### **Changing the Name of Quarantine Centres**

- Quarantine is a French word which literally means the number 40. Outside the public health domain, the term is not properly understood. Particularly in rural Odisha/India;
- The connotation is often intimidating and mysterious;
- A more familiar name akin to our own culture—like Ekaant Ashram, Sangarodha Kendra, Nirapad Niwas or Corona Subidha Kendra, etc. could be considered.