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ActionAid Association (India)

RAPID ASSESSMENT OF QUARANTINE CENTRES IN INDIA

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FOREWORD

The outbreak of the COVID-19 infection in India and subsequent containment measures, especially the lockdowns, have brought the entire economy to a grinding halt. The pandemic and the steps to stop it have exposed vulnerabilities of the poor and marginalised. Most impacted are those working in the informal economy, whose precarious livelihoods have ceased to generate adequate income. The country witnessed a massive movement of people, with migrants taking the hard decision to go back to their villages.

Maintaining physical distancing, mass testing and isolating people with the infection and potential carriers of the virus are the core strategies needed to contain the spread of COVID-19. The Union Government, State Governments and local administration have created major infrastructure to quarantine migrants moving from one state to another and returning to their village.

ActionAid Association (AAA) has been responding to the crisis with relief and assistance to workers in the informal sector, and with food and transit relief to migrant workers on the move. In some States, we have also working with local administrations to facilitate and monitor the functioning of quarantine services created for communities. AAA initiated a study of quarantine centres across different States. The objective of this study was to understand how to strengthen quarantine infrastructure and support the Government by bringing forward gaps and challenges faced by inmates of quarantine centres.

Through this study we reached out to 765 quarantine centres spread across 14 States. The findings are indicative of the scale of the challenges of running these facilities and highlights the need for gender-responsive and child-friendly measures in these centres. Through this study, we evaluated the efficacy of existing provisions as per national and international guidelines. We learnt about aspects that policymakers need to pay attention to improve the functioning of these spaces further.

The threat of COVID-19, and the need to stop its spread will remain for some months now. We need to work together to make community-based quarantine infrastructure more effective and comfortable for all. We publish this report with the hope that it strengthens the resolve of all stakeholders to ensure better compliance with quarantine protocols and to bridge the gaps identified through this study. I look forward to any comments and suggestions from readers.

In solidarity,

Sandeep Chachra
Executive Director
ActionAid Association

ACKNOWLEDGEMENTS

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शासकीय प्राथ
शन (ग्रामीण) NRLM ज.पं. उचेहरा

LIST OF ABBREVIATIONS

ANM	:	Auxiliary Nurse-Midwife
ASHA	:	Accredited Social Health Activist
ICMR	:	Indian Council of Medical Research
IEC	:	Information, Education, and Communication
MHA	:	Ministry of Home Affairs
QC	:	Quarantine Centre
WHO	:	World Health Organisation

CHAPTER

1

Introduction

The importance of Quarantine Centres (QC) have recently come to light due to the ongoing COVID-19 pandemic. 'Quarantine' is a 'state, period, or place of separation of people or animals arriving from elsewhere or those who have been exposed to an infectious disease'.

Across the world, quarantine centres have been created where people who have been sick, exposed and are potentially infectious are isolated from the larger population. This separation helps to contain the spread of infection and aids in the management of the disease. Quarantining being necessary to prevent further infection, it is important to assess the condition and services of these institutions/spaces in which one is put into quarantine.

At the onset of the corona virus pandemic the World Health Organization came up with a set of guidelines for setting up the Quarantine Centres or Facilities for those infected and in direct contact. There are wide variations in forms in which these centres are functioning all over the world.

In the US,[1] the quarantine centres are set up in either military bases, hotels, and other sites. These US centres do not resemble a four-star hotel exactly, however, people are entitled to food, water, lodging and medical treatment, and are free to communicate with friends and family. People also have access to Zumba and kickboxing classes and children have toys and organised activities as part of recreation.

In Australia,[2] reports read that overseas travellers were put into quarantine in luxurious hotels. However, the conditions of these spaces

1. https://theunitedstatesofalec.org/what-it-means-to-be-under-a-federal-quarantine-cnn/
2. https://www.forbes.com/sites/tamarathiessen/2020/04/04/australian-travelers-complain-about-5-star-hotel-quarantine/#37e8fd046dbe

was said to be abysmal, the people in quarantine were not allowed outside their rooms even with a mask and 1.5 m distancing. They had also not been allowed to open their doors except to accept meals. Fresh air also could not enter since the windows were also not allowed to be opened. There were complaints regarding the quality of the meals that the quarantined were served, however, the situation is said to have had improved.

In New Zealand, the first country to declare itself 'virus free' is has strict quarantine rules and regulations. Quarantine centres in the European countries like United Kingdom follow the rule of building up the fencing round the centre but they have courtyards big enough to walk around and get some good fresh air.

Comparatively, in France,[3] there are restrictions on going out or receiving visits. Even in mealtime when the quarantined take off their masks they can only be with their families and not friends. In Germany, the quarantined have been found praising the food they had been served inside the quarantine centres. In Spain, no such strict restrictions have been reported. The quarantined persons can meet-up and use common rooms for card and board games.

In Russia,[4] the quarantined have reported that they have had being receiving everything inside their rooms and contact between people has been completely forbidden. They are supposed to stay within their rooms for two weeks straight.

Here in India, when the virus made in-roads the Ministry of Health and Family Welfare initiated process and guideline for setting up of quarantine facilities with the aim of primarily isolating migrant workers, domestic and international travellers. Given our regional disparities and budgetary allocations the centres were a mix of both private run and public run facilities.

3. https://www.euronews.com/2020/02/07/enough-cream-sauce-life-inside-europe-s-coronavirus-quarantine-centres
4. https://www.euronews.com/2020/02/07/enough-cream-sauce-life-inside-europe-s-coronavirus-quarantine-centres

Today, in most Indian States those with means pay for swanky quarantine facilities while those without are dependent upon state supported institutional quarantine mechanisms.

In last few months media reports have highlighted the gaps in state supported quarantine process and facilities in India such no proper tracing and isolation, lack of adequate hygiene and sanitation, poor status of nutritional meals, discrimination and in some instances violence against women.

In a report from Uttar Pradesh, some inmates banded together to make a video to enlighten others in their state of starvation and abuse in quarantine centres. Around 16 inmates' broke windows and ran away to escape from the centre in the Bulandshahar district of Uttar Pradesh. Soon after, instead of listening in to their demands, the state police caught these run-away inmates and re-quarantined them.[5] There are other news items which bring out lack of proper infrastructure and safety for women, aspects like how the families of those quarantined are forced to bring food for their kin and some even highlight how the inmates flee from these centres during the night.

The idea of quarantine centres was founded with the intent to keep those infected or potentially infected isolated and cared for, however, in India, it seems that these facilities /centres are in news for all the wrong reasons.

ActionAid Association (AAA) works across 24 States and two union territories in India, and have been involved in process for both relief and transit support to migrant and informal workers. In some States like Odisha, through our partners and networks are facilitating in management and monitoring of quarantine facilities. Given our expanse of engagement with the communities and these disturbing reports on poor status of quarantine facilities particularly for women and children, we conducted a Rapid Assessment Survey of Quarantine Centres across India in the June 2020.

5. https://www.bbc.com/news/world-asia-india-52276606

The purpose of the survey was to ascertain the status of these facilities with respect to infrastructure and services and suggest measures which need to be taken to make these spaces gender responsive and child-friendly in nature.

The Assessment Process

The report presents data from a rapid assessment of quarantine facilities in 14 States namely Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Odisha, Madhya Pradesh, Manipur, Nagaland, Rajasthan, Telangana, Uttar Pradesh, and Uttarakhand in India.

The survey reached out to 765 centres spread across these States. In all, the distribution of centres covered in Table1.

The assessment draws from respondents who reported on the conditions of the quarantine centres from their experience of the

Table 1: State-Wise Spread of Quarantine Centres Studied

Nos	States	Centres
1	Andhra Pradesh	5
2	Assam	3
3	Bihar	69
4	Chhattisgarh	20
5	Gujarat	20
6	Jharkhand	109
7	Odisha	273
8	Madhya Pradesh	29
9	Manipur	23
10	Nagaland	5
11	Rajasthan	23
12	Telangana	10
13	Uttar Pradesh	154
14	Uttarakhand	22
	Total	**765**

centre. The survey team reached out to one principal respondent from each quarantine centre. The priniciapl respondents were drawn from a range of stakeholders - 613 respondents, were either present in quarantine at the time of survey or had been there earlier as patients, 108 respondents were involved in managing and providing different services to these centres and 44 respondents were those who were involved in monitoring of these facilities. In all, there were 492 women respondents and 273 men.

The survey data outlines the exemplary task which State authorities and local administrations have been able to attend to in a short period of time. The 765 centres we reached during the survey had around 30,000 persons in quarantine and an almost equal number of persons were said to be discharged.

The subsequent sections of the report evaluate diverse nature of these quarantine facilities and identify gaps in infrastructure and services available at these centres with respect to the quarantine centre guidelines by the Ministry of Home Affairs (MHA), Government of India (See Annexure II). The aim here is to help build a comprehensive and responsive policy framework not only for quarantine facilities but also towards our public health system at large.

CHAPTER

2

Study Findings I: Adherence to Existing Guidelines

Nature of the Quarantine Centres

The quarantine facilities surveyed were created in an emergency and most States utilised the already existing infrastructural support available to them. The MHA guidelines suggest creating these facilities in the outskirts and in unused facilities and buildings. The guidelines also suggested the preference to a location which is nearer to a tertiary hospital.

Out of 765 centres, 77 per cent were converted school buildings and 6 per cent were either buildings which earlier functioned as panchayat bhawans or ashrams. Around 17 per cent of centres were set up in buildings available with the States such as primary health centre, hospitals, cyclone protection centre, community hall, marriage hall etc.

Clearly most States used the buildings which were out of use in lockdown period such as schools, ashrams and community halls. However, with discussions of opening of schools towards the end of August, it will be a huge administrative challenge to find alternative set ups in this limited period. In addition, there are concerns about sanitation of these facilities when they will be put back to their original use for children.

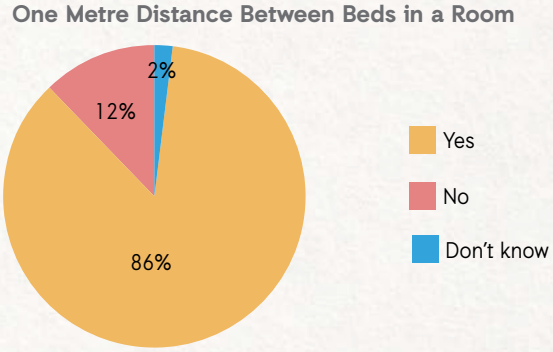
Another aspect which raises concern is conversion of the Primary Health Centres and Hospitals into quarantine centres. In villages where a majority of the population is dependent upon primary health care services, their closure or a situation where it is out of bounds poses a serious public health risk.

The state-run quarantine facilities are unpaid and have no user fee but 4 per cent of respondents mostly from Odisha, Uttar Pradesh and Gujarat etc said that they paid one or other kind of payment for services.

Adequate Space between Beds

The MHA guidelines suggest that rooms or dormitory should be separated and may be preferable with in-house capacity of 5-10 beds with each bed to be separated 1-2 meters (minimum one metre) apart from all sides. In the centres surveyed in terms of occupancy, nearly 87 per cent facilities housed anywhere between 2-8 persons per room. The survey did not collect information about room sizes however 86 per cent respondents shared that the distance between two beds was one meter or more. However 12 per cent respondents complained of distance being less than 1meter between beds which is a clear violation of the Government mandated quarantine guideline and is a challenge on the disease management front.

Figure 2.1: Centres having minimum one metre space between beds



Adequacy of Bedding

The MHA guideline reads that enough linen with laundry facilities should be available at these facilities. During the survey 78 per cent centres reported enough bedding available per person but 20 per cent centres mainly in Odisha, Uttar Pradesh, Jharkhand, Bihar, Madhya Pradesh did not have enough linen.

Availability of Safe Drinking Water

While, in 89 per cent centres there was facility for safe drinking water 4 per cent centres did not have safe drinking water facility and another 7 per cent had irregular drinking water, in violation of MHA guidelines

Figure 2.2: Availability of Bedding

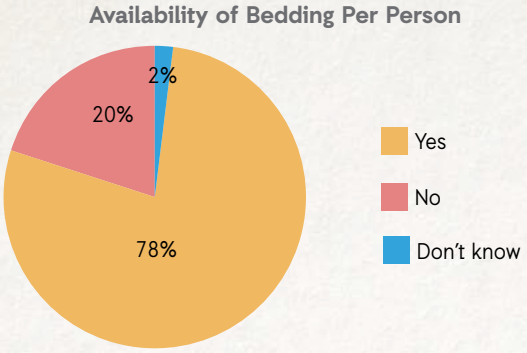
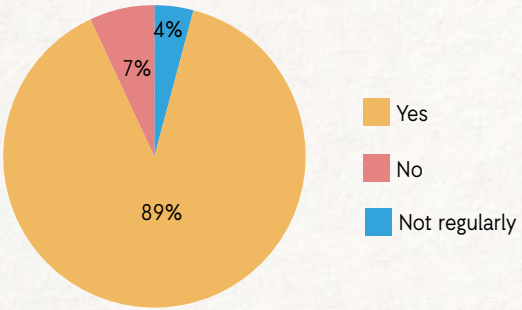


Figure 2.3 Availability of Safe Drinking Water



which places a premium on the availability of potable water in a quarantine facility.

Provision for Nutrition Needs

Healthy and nutritious meals are required for strengthening the immunity of persons fighting with COVID-19. In the quarantine facilities surveyed, 56 per cent of were giving two meals a day while there were at least 7 per cent centres where there it was reported that no meals were provided at all. Most meals were described to include dal, roti, rice, and vegetables. For breakfast mostly all centres were serving only tea and biscuits. Those persons in quarantine were not satisfied with the service described the meals to be bland, some had to cook for

themselves or ask their families to get them food. None of the centres were giving fruits. Although Vitamin C was given in some centres. The States which reported these issues were mainly from Jharkhand, Bihar, and Uttar Pradesh etc.

Adequacy of Sanitation Facilities

The MHA guideline although mandates toilets and bathrooms in centres it is silent on the number of toilets per person or per centre. During the survey, on a 2-4 toilets per centre were reported. The occupancy of these centres varies from 25 persons to 350 persons. Thus, the per person toilet availability ranges anywhere between 10-80 persons per toilet. In addition to this 11 per cent centres reported lack of cleanliness

Figure 2.4: Availability of Clean and Running Water in Toilets

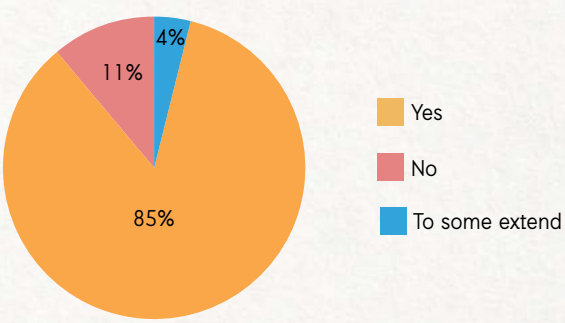
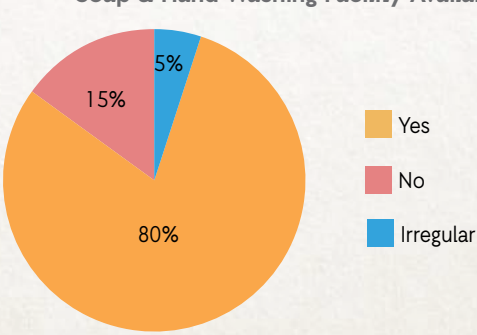


Figure 2.5: Availability of Soap and Handwashing Facility



and running water facility. The WHO and ICMR guidelines encourage frequent washing of hands however there are 15 per cent respondents said that the quarantine facilities did not have proper soap and hand wash available. In addition, five per cent said that supply for these was irregular.

Cleanliness and Maintenance

To effectively manage and contain the corona virus infection and to prevent rise in morbidity and mortality, cleanliness and adequate sanitation is a necessary for those who are sick, particularly at the quarantine centres. However, on the ground, nearly 31 per cent of the centres were reportedly not satisfactorily clean and in around 15 per cent

Figure 2.6: Frequency of Cleaning

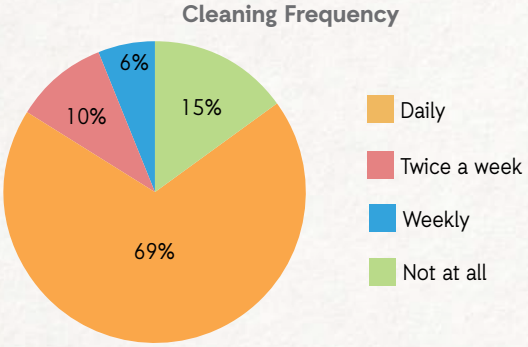
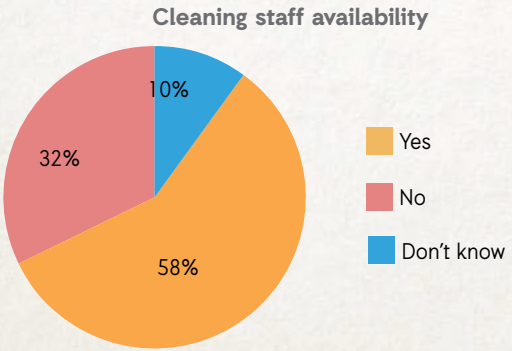


Figure 2.7: Availability of Cleaning Staff



centres there was no cleaning being done at all. In 10 per cent centres cleaning was done only twice a week. And in 6 per cent centres it was done only weekly. In contrast both WHO and MHA guidelines are clear on sanitation and cleanliness. There are directions to have housekeeping staff, covered bins and separation of bio-medical waste etc. However unfortunately on the ground 22 per cent centres do not have no bins at all. Overall, only 69 per cent centres are being cleaned daily.

In terms of housekeeping staff availability at these centres, wherein 32 per cent centres did not have any dedicated staff and 60 per cent respondents said that they were involved in some manner or other to keep their rooms, common spaces and toilets clean. These concerns have also been observed to have been higher in Uttarakhand, Uttar Pradesh, Jharkhand, and Bihar.

Medical Supervision

The quarantine centres are meant to isolate corona positive persons and lack of or inadequate medical supervision or attention can be detrimental to recovery rates and in some cases prove fatal to these persons. The MHA guidelines read that during the quarantine period, contacts should be monitored at least daily for fever and respiratory symptoms. During the survey, in 18 per cent centres there were no visits by any nurse or doctors. In around 21 per cent centres visit of medical professionals-doctors and nurses was done only on weekly basis. In 24 per cent centres these visits were done twice a week. These respondents were mostly from Odisha, Nagaland and Manipur. 37 per cent of the surveyed centres reported daily visits by medical professionals, these were from Andhra Pradesh, Telangana, Rajasthan, and Assam.

Psychosocial Counselling

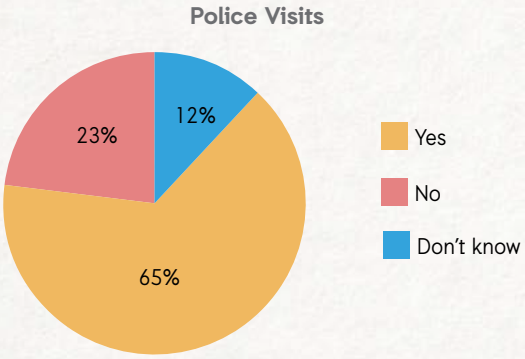
On being detected corona positive the persons are shifted to quarantine facilities in most States, the disease affects their physical well-being but the process of being quarantined without comfort and care of family members and known surroundings impacts their mental well- being as well. Psychosocial counselling facility therefore is a must in these centres and is recommended by WHO guidelines. However only in 28 per cent

centres psychosocial counselling is being made available to persons in quarantine. The facility was not being made available in centres located in Uttarakhand, Uttar Pradesh, Gujarat, Madhya Pradesh etc.

Protection and Maintenance of Security

Interestingly, the MHA guideline advises States to ensure that quarantine facilities should be well protected and secured (preferably by security personnel, army). Policing of the centres was a very common phenomenon where 65 per cent centres in the survey were reported to be manned with police personnel who often visit the centres.

Figure 2.8: Police Visits



CHAPTER

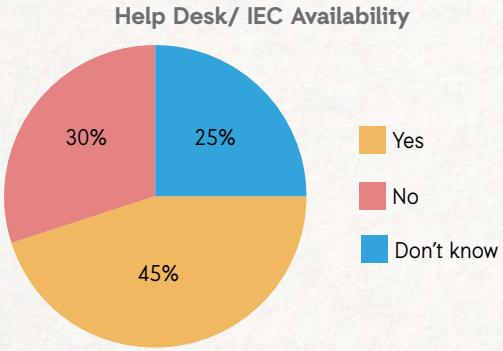
3

Study Findings II: Looking Beyond Existing Guidelines

Access to Information and Support

The MHA guideline is silent on setting up and display of any IEC material. In nearly 30 per cent centres there was no designated person, helpdesk, or Information, Education and Communication material to guide inmates about the disease, or their queries related to release and onward travel to their homes/native villages. Uncertainty, without recourse to gain information could impact the mental and physical well-being of patients adversely.

Figure 3.1: Availability of Help Desk and Information



Gender Responsiveness and Risk of Violence

Another feature about quarantine centres which has been in news are the cases of abuse and violence against women in these facilities in some States. During the survey, an attempt was made to analyse and understand whether these facilities are gender responsive in nature and have systems and protocols for safety and protection of women and children.

Figure 3.2: Availability of Separate Rooms for Women and Children

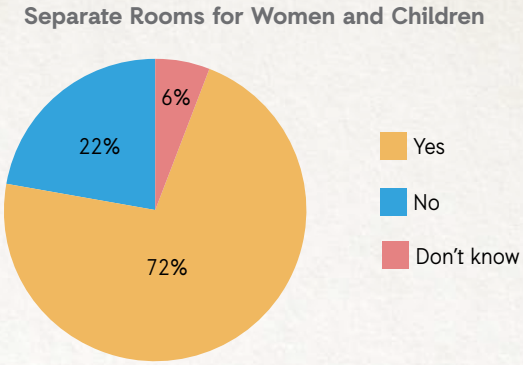
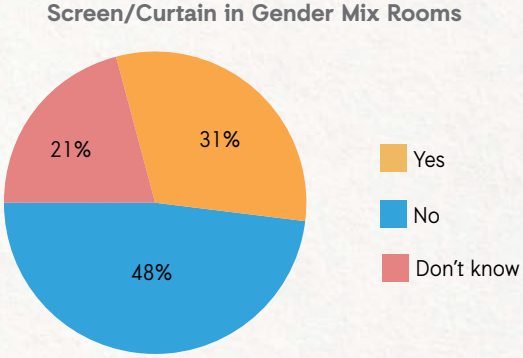


Figure 3.3: Availability of Screen/Curtain in Gender Mixed Rooms

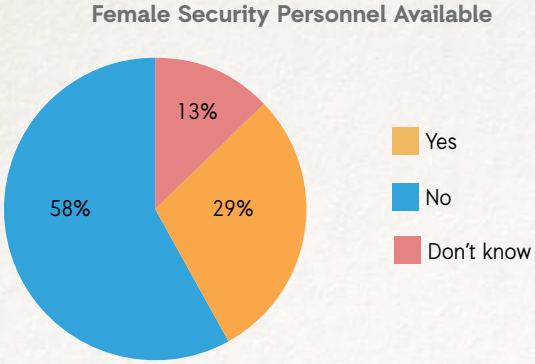


In terms of infrastructural availability, around 22 per cent of centres did not have any separate rooms available for women and children and 48 per cent centres had gender mix rooms and dormitories where there was no facility for screens or curtains to maintain privacy.

In 14 per cent centres there was no separate toilets for women and in 8 per cent centres there was no doors and locks on these toilets. In 19 per cent centres rooms were not locked at night, and 9 per cent centres had no well- lit common spaces.

Despite policing (65 per cent centres have police patrolling) in 58 per cent centres there were no female security personnel in the centre.

Figure 3.4: Availability of Women Security Personnel



In 37 per cent centres there is no display of emergency numbers such as child-line, women helpline, or any support of that nature. The WHO and MHA guidelines are silent on these provisions but in our country context, for safety and security of women and children these are significant features.

The survey specifically reached out to women respondents to understand their perspective of both facilities, safety and security and treatment in these facilities. Out of 395 women who were either in quarantine or were released from such facility, around 99 per cent said that their families knew about their whereabouts and centre location but 4 per cent of these respondents were not able to communicate with their family members. It is to be noted that it is this 4 per cent of women who are in high risk category of being trafficked.

Out of 395 women who used the facility nearly 50 per cent said that there were no special provisions available for pregnant and lactating women. The others reported availability of either nutritious meals, immunisation, or anti-natal support. Out of 765 centres around 50 per cent lacked provisions such as sanitary napkins for women and girls.

During the survey there were 40 cases of violence reported out of which 20 cases were reported by women as sexual violence while men reported abusive and violent behaviour. The state of Odisha reported

maximum cases of violence against woman followed by Jharkhand and Uttar Pradesh. Here it is imperative to note that in Odisha, the monitoring of these facilities is with CSO networks hence increased reporting of such cases during the survey from the state can be attributed to this fact.

The survivors of such violence shared their stories. A respondent from Kandhamal district of Odisha shared how a youth tried to molest a girl inside the toilet in a centre wherein after timely intervention of local NGO and police he was nabbed and sent to jail.

It is to note that only 7 women filed a complaint against the harassment faced and only 2 women respondents knew about action taken on their complaint. Out of 7 complainant women only 5 were satisfied with the action taken on their complaint.

Facilities for Children

Infrastructurally, one can infer from the findings of this report that the quarantine centres lack facilities needed for women and children. Around 62 per cent centres reported no female caretaker available for childcare. The parents were, reportedly, taking care of their children.

Table 3.1: Cases of Violence Reported During This Survey

States	Violence Cases		
	Women	Men	Total
Odisha	9	2	11
Bihar	2	4	6
Telangana	1		1
Jharkhand	3	1	4
Uttar Pradesh	3	12	15
Madhya Pradesh	1		1
Chhattisgarh	1		1
Gujarat	0	1	1
Total	**20**	**20**	**40**

A woman migrant worker who travelled with her family of 5 children all under 12 years of age shared that in the quarantine facility in Hamirpur district of Uttar Pradesh, the children did not get food in the centre and during their short stay the workers had to get biscuits for children even as outside food was not allowed. She alleged that her family faced this treatment as an instance of caste based discrimination and was sent off from quarantine after temperature check while others were tended.

Some woman respondents in the survey shared that in few centres ASHA/ ANM workers and medical staff members were caring for children as well.

Despite the MHA guideline to have entertainment units/facilities like televisions, nearly 71 per cent centres reported to have no specific provisions. Story books, modes of informal learning, toys, music, or television or any other facility for children or adults. There is no mechanism to meet additional nutritional requirements of young children or adolescent girls.

Only 26 per cent centres reported to have availability of baby food for children less than 3 years of age. And barely 12 per cent centres reported to have paediatric doctors available. Almost 37 per cent of respondents were not aware of any such service.

Risk of Facing Discrimination

When the home coming migrant workers returned, there were several stories reported of their poor reception in native villages and discrimination in quarantine centres. These narrations vary from migrant workers being ostracised by villagers to be 'infection carriers' to reports surfacing of poor treatment in quarantine centres of dalit migrants. There is another facet where dalit duty bearers involved in monitoring of these facilities were also subjected to caste-based discrimination. One such media report is from Kushinagar district in Uttar Pradesh where in Khadda block in a centre run inside a school, the inmates refused to eat food cooked by the dalit woman.[1] It is to be noted here that the food was

1. Outlook 13 April 2020 < https://www.outlookindia.com/newsscroll/man-in-ups-kushinagar-booked-for-refusing-to-eat-food-cooked-by-dalit-village-head/1801107>

cooked by the dalit sarpanch as the cook assigned for the task refused to cook fearing infection. There is no specific guidelines or steps to be taken to state authorities on such cases.

During our survey, we attempted to capture the prevalence of such discrimination beyond isolated reports. We reached out to 608 respondents who were either in quarantine or had used these facilities in the past with questions to understand whether they faced any kind of discrimination. Out of 608 persons, 395 were women and 213 were men. Nearly 5 per cent (28 cases) complained about discrimination based on their caste and religion.

One case reported from Kushinagar district, Fazilnagar block was where migrant workers from Musahar community were discriminated and pushed to quarantine themselves in a centre which did not have water, light and other facilities.

In another case reported from Telangana, one woman from Muslim community narrated neighbours forced their entire family to be institutionally quarantined in a hospital after one of their family members was tested positive. Sadly, even though none of the other family members were positive they had to spend 14 days in the hospital and share facility with 28 other persons.

Table 3.2: Cases of Discrimination Reported During This Survey

States	Cases
Bihar	3
Jharkhand	3
Odisha	1
Telangana	1
Uttar Pradesh	15
Madhya Pradesh	2
Gujarat	2
Chhattisgarh	1
Total	**28**

A case reported from Satna district of Madhya Pradesh, where a dalit migrant family was forced to stay in a quarantine centre which did not have potable drinking water, no separate room for woman. Here the migrant woman was 2 months pregnant and with a toddler. She was not provided with any medical support during her stay.

In all, out of 28 cases, 11 were reported by women and 17 were reported by men. These cases were reported from 8 States out of 14 States, maximum number of cases were reported from Uttar Pradesh. Given below are details on number of cases.


मेरा विद्यालय मेरे
7

CHAPTER

4

Conclusion and Recommendations

The survey findings are indicative about functioning of these quarantine facilities primarily being used by the poor, migrant workers, and marginalised groups. Based on the findings the following suggestions can be incorporated into guidelines by the authorities to make these facilities free of discrimination, more gender responsive and child friendly. Some aspects require strict monitoring and adherence to Ministry of Home Affairs (MHA) guidelines while others finds point to the need of revision in the guidelines.

- Infrastructurally, the MHA guideline on quarantine on using 'unused buildings located far away' needs to be followed by States and use of school buildings and primary hospitals for such centres need to be re-examined.
- While the MHA guideline is clear on housing, 5-10 persons in a room or a dormitory with beds separated by one meter distance which needs to be followed more stringently it is important for all facilities to have adequate toilets. With new international research[1] pointing out that common toilets can be possible source of infection, it is important to suggest to States the minimum number of toilet per person that should be available at the centres. If these facilities do not have in-built toilets, mobile or temporary toilet sheds need to be built. All toilets and bathrooms should have light, water and locks which can be closed from inside. Women and children's toilets should be separate from men. The funds from Swach Bharat Programme can be used for this purpose.
- The common areas should be well-lit.
- Potable drinking water should be made available at each centre

1. https://www.sciencedaily.com/releases/2020/08/200818142132.htm

- Adequate cleaning staff should be available at each centre and cleaning should be done daily. Inmates should not be forced to clean the facilities.
- Each centre should have dustbins and waste disposal should be done as per MHA guidelines.
- Healthy and hot cooked meals, as per local culture, should be prepared. The meal plans should have fruits and nuts.
- Specifically, for woman in gender mix rooms, there should be private screens or curtains.
- MHA guideline reads doctors, nurses should visit these centres daily so this needs to be ensured and monitored closely. Those centres where woman and children are staying a gynaecologist and paediatrician's visit should be arranged.
- Immunisation and anti-natal services should be provided to all women and children.
- There should be provision for childcare when families are in quarantine. In case ASHA/ANM workers are bearing these responsibilities, they should be adequately compensated for it.
- MHA should revise its guidelines and include elements such as provision for toys, books, informal learning material for young children.
- MHA should direct introduction of psychosocial counselling of inmates in quarantine
- There should adequate IEC display about the disease, livelihood options available after stay etc. A help desk needs to be installed- which can be an audio-visual guide.
- The Women and Child helpline numbers should be available at the centre
- MHA should share a guidance on grievance redressal mechanism available at these centres both for the inmates and as well as those monitoring or providing services to the centre.
- There should be zero tolerance to all cases of sexual or any form of violence. Individuals should be encouraged to report of any such

instance and complaints should be followed up. The complainant should be informed of the outcome.

- Women police personnel should also be assigned to centres where woman and children are in quarantine
- Those women who are not able to reach out to their families, safe travel arrangements to their home should be ensured
- Pregnant and lactating mothers have different nutritional requirements, these need to be catered to.
- Special provisions should be made for children below 3 years of age such as baby food and diapers.
- Sanitary napkins should be made available in all centres where women and adolescent girls are staying.
- There should zero tolerance to any form of discrimination in services in these facilities and people should be encouraged to report of any instances and such complaints should be reported to appropriate authority and action should be taken. This should be the recorded as standard operating procedure at all centres.
- The records of these centres should be audited monthly
- Each person in quarantine at discharge and as well as in the beginning should be given a sanitation kit – including soap, sanitiser, mask, gloves etc.

Annexures

Annexure I: World Health Organisation Guidelines for Quarantine Facilities

Appropriate quarantine arrangements include the following measures (WHO report)

- Those who are in quarantine must be placed in adequately ventilated, spacious single rooms with en suite facilities (that is, hand hygiene and toilet facilities). If single rooms are not available, beds should be placed at least 1 metre apart.
- Suitable environmental infection controls must be used, such as ensuring are adequate air ventilation, air filtration systems, and waste-management protocols.
- Social distance must be maintained (that is, distance of at least (1 metre) between all persons who are quarantined.
- Accommodation must provide an appropriate level of comfort, including:
  - provision of food, water, and hygiene facilities;
  - protection for baggage and other possessions;
  - appropriate medical treatment for existing conditions;
  - communication in a language that those who are quarantined can understand, with an explanation of their rights, services that will be made available, how long they will need to stay and what will happen if they get sick; additionally, contact information for their local embassy or consular support should be provided.
- Medical assistance must be provided for quarantined travellers who are isolated or subject to medical examinations or other procedures for public health purposes.

- Those who are in quarantine must be able to communicate with family members who are outside the quarantine facility.
- If possible, access to the internet, news, and entertainment should be provided.
- Psychosocial support must be available.
- Older persons and those with comorbid conditions require special attention because of their increased risk for severe COVID-19.

Possible settings for quarantine include hotels, dormitories, other facilities catering to groups, or the contact's home. Regardless of the setting, an assessment must ensure that the appropriate conditions for safe and effective quarantine are being met.

When home quarantine is chosen, the person should occupy a well-ventilated single room, or if a single room is not available, maintain a distance of at least 1 metre from other household members, minimise the use of shared spaces and cutlery, and ensure that shared spaces (such as the kitchen and bathroom) are well ventilated

Source: https://apps.who.int

Annexure II: Indian Government Guideline for Quarantine

The guidelines for setting up of quarantine facilities during the current COVID-19 outbreak.

- The recommended duration of quarantine for COVID-19 is up to 14 days from the time of exposure.
- The purpose of quarantine during the current outbreak is to reduce transmission by -
  - Separating contacts of COVID-19 patients from community,
  - Monitoring contacts for development of sign and symptoms of COVID-19,
  - Segregation of COVID-19 suspects, as early as possible from among other quarantined persons.

Requirements for Quarantine facility in a community-based facility is as under - (MoHFW report)

In the wake of the novel corona virus pandemic, the Centre issued guidelines on setting up quarantine facilities within the country.

1. Location

- Preferably placed in the outskirt of the urban/city area (can be a hostel, unused health facilities, buildings, etc.)
- Away from the people's reach, crowded and populated area
- Well protected and secured (preferably by security personnel, army)
- Preferably should have better approachability to a tertiary hospital facility having critical care and isolation facility

2. Access considerations

- Parking space including Ambulances etc.
- Ease of access for delivery of food, medical and other supplies
- Differently-abled Friendly facilities (preferably)

3. Ventilation capacity: Well ventilated preferably natural

4. Basic infrastructure and functional requirements

- Rooms, Dormitory separated from one another may be preferable with in-house capacity of 5-10 beds, room
- Each bed to be separated 1-2 meters (minimum 1 metre) apart from all sides.
- Lighting, well-ventilation, heating, electricity, ceiling fan
- Potable water to be available
- Functional telephone system for providing communications.
- Support services- fooding, snacks, recreation areas including television
- Laundry services
- Sanitation services, Cleaning and House keeping
- Properly covered bins as per BMW may be placed

5. Space requirements for the facility

- Administrative offices- Main control room, clerical room
- Logistics areas, Pharmaceutical rooms
- Rest rooms- doctors, nurses, supporting staffs
- Clinical examination room, nursing station, Sampling area
- Laundry facilities (on- or off-site)
- Mess/Meal preparation (on- or off-site)
- Holding area for contaminated waste
- Wash room, Bathroom, Toilet

6. Social support resources, Recreational areas

- Television and radio, Reading materials, indoor plays

7. Monitoring the health of contacts: During that period, contacts should be monitored at least daily for fever and respiratory symptoms. (2)

Source: https://www.mohfw.gov.in/pdf/90542653311584546120quartineguidelines.pdf

Survey Questionnaire

Gender-Responsive & Child-Friendly Quarantine Center - Rapid Assessment Survey

* Required

1. Date of the survey *

_____

Example: January 7, 2019

2. Name of the surveyor *

_____

3. Respondent categories
Mark only one box.

- ☐ Presently in Quarantine
- ☐ Released from Quarantine
- ☐ Facility Service Provider
- ☐ Involved in Monitoring of Facilities

4. Name of the respondent

_____

5. Gender of respondent *
Mark only one box.

- ☐ Male
- ☐ Female
- ☐ Transgender

6. Contact number of respondent

_____

Part A - Quarantine Center Details

7 **.** State *
Mark only one box.

- ☐ Uttar Pradesh
- ☐ Madya Pradesh
- ☐ Bihar
- ☐ Jharkhand
- ☐ Odisha
- ☐ West Bengal
- ☐ Uttarkhand
- ☐ Rajasthan
- ☐ Gujarat
- ☐ Andhra Pradesh
- ☐ Telangana
- ☐ Chattisgarh
- ☐ Assam
- ☐ Manipur
- ☐ Nagaland

8. District *

_____

9. Block *

_____

10. Panchayat Name *

_____

11. Village Name *

_____

12. Name/Number of the quarantine center (Official Designation)

_____

13. What was the previous use of the quarantine center *
Mark only one box.

- [ ] School
- [ ] Panchayat Bhawan
- [ ] Ashram
- [ ] Other

14. Village Name *

_____

If other, please specify

_____

15. Total estimated number of people in the quarantine center

_____

16. Number of men

_____

17. Number of women

_____

18. Number of children

_____

19. Number of persons with disabilities

_____

20. Number of pregnant women

_____

21. Number of transgender people

_____

22. Estimated number of people who have been discharged from the center

_____

23. How many people on an average share a room? *
Mark only one box.

- [ ] 2-4
- [ ] 4-6
- [ ] More than 8

24. Are there separate rooms available for women and children? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Don't know

25. Is there enough bedding available for each person? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Don't know

26. Is the distance between the beds, one meter or more? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Don't know

27. Are there screens or curtains for privacy (particularly in mixed-gender rooms and dormitories)?
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Don't know

28. Are the rooms locked at night? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Don't know

29. Are the common spaces well-lit? *
Mark only one box.

- ☐ Yes
- ☐ No
- ☐ Don't know

30. How many meals are provided in the center? *
Mark only one box.

- ☐ 2 meals
- ☐ 3 meals
- ☐ Not provided

31. Describe the meals provided?

_____

_____

_____

_____

32. Is there safe drinking water available at the quarantine center? *
Mark only one box.

- ☐ Yes
- ☐ No
- ☐ Not regularly

33. Total number of toilet facilities available in the center

_____

34. Are there separate toilets facilities for women? *
Mark only one box.

- ☐ Yes
- ☐ No
- ☐ Don't know

35. Do the toilets have doors and locks? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Not all

36. Are the toilets clean and have running water? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] To some extend

37. Is there hand washing facility with soap available at the center? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Irregular

38. Are sanitary napkins for women available at the center? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Don't know

39. Are dustbins available at the center? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Not sufficient

40. Is the cleaning staff available at the center? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Not sufficient

41. How often is the cleaning being done? *
Mark only one box.

- [ ] Daily
- [ ] Twice a Week
- [ ] Weekly
- [ ] Not At all

42. Do the inmates clean their Room/Common spaces /Toilets? *
Mark only one box.

- Yes
- No
- At times
- [ ] Don't know

43. Does Police personnel visit the center? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Not sufficient

44. Are there any female security personnel in the center? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Don't know

45. Do/Did Doctors/Nurses come to do check-up? *
Mark only one box.

- [ ] Yes
- [ ] No

46. If yes, how often does the doctor visit?
Mark only one box.

- [ ] Daily
- [ ] Twice a Week
- [ ] Weekly

47. Are there necessary provisions for pregnant and lactating women at the center? *
Check all that apply.

- [ ] Visit by Gynaecologist
- [ ] Distribution of Iron tablets and immunization support by ASHA/ANM worker
- [ ] Check-up for pregnant women
- [ ] Availability of Nutritional food for lactating mothers and pregnant women
- [ ] Any Other Services
- [ ] None of these Services are Available

48. If other, please specify

_____

49. Does the center have a female primary caretaker for children?
Mark only one box.

- [ ] Yes
- [ ] No

50. If no, what is the arrangement?

_____

_____

_____

_____

51. Do children have any of the below facility at the center? *
Check all that apply.

- [ ] Additional supplementary nutritive food for children
- [ ] Story Books
- [ ] Drawing material
- [ ] TV
- [ ] Music System (songs etc)
- [ ] Story Telling by volunteers or others
- [ ] Age-appropriate mode of informal learning
- [ ] None of the above

52. Is baby food/milk available for babies/children less than 3 years of age?
Mark only one box.

- ☐ Yes
- ☐ No
- ☐ Don't know

53. Is there specific provision of pediatric visit?
Mark only one box.

- ☐ Yes
- ☐ No
- ☐ Don't know

54. Is there any help desk/designated person/IEC materials at the centre where you can each out to information about the disease, onwards travel or any related issue?
Mark only one box.

- ☐ Yes
- ☐ No
- ☐ Don't know

55. Is there any display of emergency Child-Line/Women helpline or any other number for an emergency? *
Mark only one box.

- ☐ Yes
- ☐ No
- ☐ Don't know

56. Does the center provide any psycho-social counselling to the inmates? *
Mark only one box.

- ☐ Yes
- ☐ No
- ☐ Don't know

57 Has there been any case of caste, class or religious discrimination reported at the quarantine center? *
Mark only one box.

- ☐ Yes
- ☐ No
- ☐ Don't know

58. Do the inmates pay for any service at the center? *
Mark only one box.

- [ ] Yes
- [ ] No
- [ ] Don't know

Part B-Experience of the women in the quarantine centre

59. Does your family know about the center's location?
Mark only one oval.

- [ ] Yes
- [ ] No

60. Are you able to speak with your family members?
Mark only one oval.

- [ ] Yes
- [ ] No

61. How do you contact your family

_____

62. Did you face any kind of harassment/violence at the centre (including mental and physical)?
Mark only one box.

- [ ] Yes
- [ ] No

63. Did you complain about harassment/violence?
Mark only one box.

- [ ] Yes
- [ ] No

64. What action was taken against your complaint ?

_____

_____

_____

_____

65. Were/Are you satisfied with the action?
Mark only one box.

☐ Yes
☐ No

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