

Annual Decision Making/Teaching Case Study Competition – 2020

Category: Public Service Delivery

Topic: COVID-19 and Its Impact on India

Extraordinary times require extraordinary solutions.

-Prime Minister Narendra Modi

to Indian Mission on COVID-19

Part I: Description of the Case

Introduction: COVID-19 is a global challenge which the whole world is facing now days. Any nation whether developed or developing is not untouched by this problem. Most of the nations are not only losing their socio-economic development but also lives of their fellow citizens. It is a matter of fact that India could save itself from increasing of this pandemic on a high rate as prevalent in other developed countries.

Coronavirus Disease (COVID-19) is an infectious disease caused by the most recently discovered coronavirus. The name is corona because this is the newly discovery and it was not known earlier. Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, coronaviruses cause respiratory infections such as the common cold as well as Severe Acute

Respiratory Syndrome (SARS). The recently discovered virus is termed as Coronavirus and named as COVID-2019 by WHO as it was discovered in Wuhan, Hubei, China. Due to new virus, it is known as noble. More interesting fact is that the source of this virus could not be identified till now. It is shocking that Chinese Ophthalmologist Li Wenliang who had identified this corona virus on December 30, 2019, himself died from this disease after infection from this virus had died on 6.2.2020. COVID-19 has been declared as a pandemic by WHO due to the alarming levels of spread and severity. Till date, there is no specific medicine to treat or prevent COVID-19. On March 11, 2020, the World Health Organization declared the COVID-19 to be a global pandemic. In India, the first case was found on January 30, 2020 in Thissur, Kerala.

Regarding the symptoms of COVID-19, there are different symptoms in different people. New symptoms emerged as decreasing power of smelling and taste. Moreover, it affects different people in different ways. Several people are infected and develop mild to modern illness and also recover even without hospitalization. However, the most common symptoms are: fever, dry cough and tiredness. Less common symptoms are: aches and pains, sore throat, diarrhea, conjunctivitis, headache, loss of taste and smell and a rash on skin or discoloration of fingers or toes. Serious symptoms are: difficulty in breathing or shortness of breath, chest pain or pressure and loss of speech or movement. People affected by COVID-19 with mild symptoms but otherwise are healthy can

manage their treatment at home. On average, it takes 5-6 days from when someone is infected with the virus for symptoms to show, however it can take up to 14 days. The corona virus after entering the body starts infecting healthy cells. More important fact is that the numbers of cells increase in multiple numbers. This virus leaves oily protein on healthy cells and later on it breaks. Thus the healthy cells of the body start dying which effects lungs the most. This virus may be available on air or any surface. This virus entering from nose or mouth reaches in the mouth and places there. Thus the immune system of the person weakens from 2 to 14 days and the characteristics of disease also shown.

Objectives:

1. To understand nature of global COVID-19.
2. To study COVID-19 and its impact on India.

Review of Literature:

The whole world is getting affected seriously and unpredictably by the pandemic of COVID-19. Therefore, this is the most appropriate time to respond this critical situation. Each and everyone got affected by this pandemic. Thus this is also the responsibility of everyone to remove it by way of making use of NPIs (Non Pharmaceutical Interventions). Furthermore, there is need to follow all the guidelines issued by the national authorities which are provided by various ways which are available 24X7(Bhatia, 2020).

There is a need to develop a robust and receptive health system. This type of system could be able to run in a justifiable manner. For this, there is a need of proper financing for health. The previous and current epidemics reveal that there is little investment in the preparedness which could also result in saving of millions of lives (Dikid, 2020).

The most neglected segment in India is primary healthcare which is revealed by the availability of hospital beds in the country. Looking at the data, it is found that there are 7 hospital beds per 10000 people in India while in China there are 42 hospital beds per 10000 people, in Vietnam there are 26 hospital beds per 10000 people and in Bangladesh there are 8 hospital beds per 10000 people. Regarding health index, top five states are: Kerala, Andhra Pradesh (undivided), Maharashtra, Gujarat and Punjab while bottom five states are: Uttarakhand, Madhya Pradesh, Odisha, Bihar and Uttar Pradesh (EPW, 2020).

The transmission of COVID-19 is occurring very fast and it has reached several places from Kerala to Kashmir. Keeping the severity of the transmission, there is need of establishment of war room by the Prime Minister to be run by the task force with best national experts in order to design and also implement immediate, medium and long term strategies. This will also not only to help to diffuse authentic information on epidemics but also suppress fake news (John, 2020).

For the countries like India and United States of America, the numbers of cases are continuously increasing so it is critical to inhibit the disease from reaching community spread. Therefore, it is essential to initiate extensive testing for COVID-19 cases in the lines with South Korea in order to control the spread of virus (Kumar, 2020).

In the whole world, significant unpaid work was carried out by women and young girls. According to International Labour Organization, 76.2% unpaid care work is carried out by women at the international level. This work is more than the work carried out by men. It is noteworthy that there are about 50% of certified health workers are women in India. Due to COVID-19 and also extension of health services at home, women are not only overburdened but also have grander risk of infection. It is needless to mention that women are playing not only social roles as wives, mothers, daughters and sisters but also professional roles as nurses, paramedical staff and primary healthcare workers. Therefore, they are more prone than men to the viruses. The Ebola epidemic revealed that there was an adverse effect on pregnant women due to lack of scientific information, clinical guidelines and lack of pre and ante-natal care resulting increase of maternal mortality rate to 75%. Therefore, there is need to include women and other vulnerable groups in extending COVID-19 healthcare facilities (Misra, 2020).

The coronavirus disease has made a significant impact on the world community and this is the most serious pandemic in the history. Prior to emergence of this virus, there have been occurred numerous outbreaks of infectious diseases like smallpox, polio, cholera, chickenpox, zika, ebola and sars. This was initially known as “2019 novel coronavirus”. Later on, it was renamed as “Severe Acute Respiratory Syndrome Coronavirus 2(SARS-CoV-2)” by the International Committee on Taxonomy of Viruses (ICTV) on 11.2.2020. The WHO has declared “COVID-19” on the name of the disease which is caused by it (Nath, 2020).

The disease of COVID-19 can be transmitted by so many material things including mobile phones. To address this issue, there is increased role of government agencies and also World Health Organization not only to generate public awareness but also to formulate Information Education Communication materials on mobile phones hygiene especially healthcare settings (Panigrahi, 2020).

There have been developed several diseases in the era of industrial revolution. But all these diseases have been effectively controlled by good public health measures like adequate ventilation, hand hygiene practices, better drinking water supply and also better standard of living. Moreover, due to development of antibiotics, a good

control on these diseases has been found so people forgot these public health measures (Pardeshi, 2020).

In order to break the chain of transmission and hostile testing, there is a strong need of widespread approach. Moreover, there is need of early diagnosis and isolation along with proper treatment. These are the effective measures in order to prevent this spread of COVID-19 in future (Varghese, 2020).

There are 7 viruses in the family of viruses and corona virus is the 7th one while other 6 viruses are: SARS, MERS, 229 E, NL 63, OC 43, HK 01. The previous 2 viruses: SARS and MERS are serious viruses and can kill human beings. However, last four viruses: 229 E, NL 63, OC 43, HK 01 are less threatening. Under the microscopic observation of COVID-19 virus provides an appearance of crown so it was named coronavirus, derived from Latin; corona meaning “crown”. However, scientists have given a new name to COVID-19 i.e. Severe Acute Respiratory Syndrome Coronavirus 2 or in short SARS-Cov-2. The illness which is caused by COVID-19 is coronavirus disease 2019. It is also worth noting that coronavirus infects humans while other viruses of the family prefer to infect cows, pigs, bats and other animals (Venkateswaran, 2020).

Efforts Made by Government of India:

1. Lock Down: To combat the rapid spread of COVID-19, the central government instituted a 21 days lockdown starting from March 25, 2020. This lockdown was further extended till May 3, 2020 and then till May 18, 2020 with certain relaxations. During lockdown, travel and movement were prohibited. Educational institutions were closed. Hospitality services and recreational activities were suspended. Moreover, religious gatherings were also prohibited. Domestic and international travel was banned. Specific guidelines for COVID-19 in workplaces and public spheres were issued which are still applicable. These are: compulsory wearing of face cover, maintain social distancing, limit on marriage gatherings up to 50 guests and in funerals up to 20 persons and permission of limited staff in the offices and working from home as far as possible.

2. Measures taken by Ministry of Health& Family Welfare: The Ministry of Health & Family Welfare released several advisories and notifications addressing to citizens, hospitals, state governments/departments/ministries and employees. COVID-19 testing laboratories opened and social distancing measures issued. The Indian Council of Medical Research provided free of cost diagnosis to all individual with COVID-19 symptoms. These included persons with close contacts of those who have tested positive for COVID-19 and then developed respiratory symptoms within 14 days of contacting infected person and persons with a travel history to COVID-19 affected countries who showed symptoms within 14 days of

their return. Moreover, social distancing norms were notified to be followed by state governments. Major measures included closure of all educational establishments, gyms, museums, cultural and social centres, swimming pools and theatres, postponing of exams, employers to allow employees to work from home.

3. Pradhan Mantri Garib KalyanYojana for the Poor: This scheme was announced on March 26, 2020 with a relief package of Rs. 1.7 lakh crores rupees. In insurance scheme, health care providers and community health workers are covered comprising doctors, nurses, paramedical staff and ASHA workers fighting COVID-2019. This accident insurance scheme covers: loss of life due to COVID-19 and accidental death on account of COVID-19 related duty. This scheme covers all health workers working in government health centres, wellness centres and hospitals of the centre and the states. There is no age limit for this scheme. In this scheme, Rs. 50 lakhs will be paid to the claimant of the insured person. For taking benefit in this scheme, laboratory report certifying positive medical tests is required for loss of life on account of COVID-19. However, it is not required in the case of accidental loss of life on account of COVID-19 related duty. Moreover, this benefit will be provided to the claimant in addition to any other policy benefits. This scheme was initially announced for 90 days which was further extended till 30.9.2020.

In addition to the insurance scheme, the central government extended relief package to the poor dealing with COVID-19. So, they are getting 5 Kg. wheat or rice and 1 Kg. pulses for poor persons. This is above current entitlement under the National Food Security Act. This scheme was initially announced in March 2020 for three months which was further extended till November 30, 2020. A lump sum amount of Rs. 1000 was also provided to poor senior citizens, widows and disabled persons.

The central government also provided Rs. 500 per month to 20 crore women enrolled in the Jan Dhan Yojana scheme. Moreover, free cooking gas for three months was provided to 8.3 crore Pradhan Mantra Ujjawala Scheme beneficiaries. About 81 crore beneficiaries covered under National Food Security Act and Antyodaya Ann Yojana are being provided 5 kgs. of rice or wheat free of cost under the Pradhan Mantri Gareeb Kalyan Ann Yojana Scheme.

4. AarogyaSetu App: This app connects the people of India with health services provided by Department of health to COVID-10 patients. This is a digital application for contact tracing, syndrome mapping and self-assessment services. It is developed by National Informatics Services under Ministry of Electronics & Information Technology (MeitY). However, this app is an updated version of an

earlier app called Corona Kavach. This app is available in 12 languages. There are four sections in the app:

- a. Use Status intimating risk of getting COVID-19 for the user
- b. Self-Assess identifying COVID-19 symptoms and their risk profile
- c. COVID-19 updating local and national COVID-19 cases
- d. E-pass integrating e-pass facilities

5. Measures to curb Misinformation on COVID-19 on Social Media

Platforms: The role of media is very significant especially in pandemic times. It is equally important that right information should be shared in such times. Keeping importance of correct information during pandemic, the Ministry of Electronics and Information Technology (MeitY) issued an advisory on March 20, 2020 to all social media platforms to curb misinformation on COVID-19 on their platforms. The advisory urged the platforms to initiate awareness campaign for the users not to upload/circulate any false information that may create panic among the public, take immediate action to disable/remove such content on priority basis and also promote the dissemination of authentic information as far as possible.

During pandemic, it is essential to prevent rumors as rumors play very bad role and also make significant losses. There was one rumor that poultry products have vector for COVID-19. Therefore, several poultry farmers made their mature broilers dead because there was no demand. Moreover, the prices of broilers also

decreased significantly. Resultantly, on one hand there was a big loss to the poultry farmers and on the other hand the broilers were made dead which is also against the principle of right of natural life.

6. Introduction of Year of Awareness on Science & Health (YASH):

Recognizing the importance of communication especially during COVID-19, National Council for Science & Technology Communication (NCSTC) has launched a programme on health and risk communication “Year of Awareness on Science & Health (YASH)” with focus on COVID-19 on May 2, 2020. The objective of this initiative is not only to spread information among the masses but also to bring attitudinal changes among the masses in order to prepare informed public response in future.

7. Testing of COVID-19 Cases: According to Indian Council of Medical Research, there are a total operational (initiated independent testing) laboratories as on 28.8.2020 are government laboratories are 1002 while private laboratories are 574 thus comprising a total of 1576 laboratories in India. These laboratories in consultation with Indian Council of Medical Research are engaged in extensive testing, case identification, isolation, treatment of cases, meticulous contact tracing, home quarantine of contacts and localized restrictions on movement in some cases. Therefore, India is continuously stepping up its COVID testing

capacity with a record testing of nearly 9 lakh samples in a day with the adoption of “Test, Track and Treat” strategy. The positivity rate has also witnessed a steady decline which stands at around 7.72 percent. The COVID fatality rate of India has improved a lot and reached at lowest level 1.79% which is even better than the world average.

Data Resources:

Table 1: Situation of Country, Territory & Area (as on 19.8.2020)

Name	Cases- Cumulative total	Cases newly reported in last 24 hours	Deaths- Cumulative total	Deaths newly reported in last 24 hours	Transmission Classification
Global	21989366	213391	775893	4644	-----
United States of America	5393138	39125	169508	509	Community transmission
Brazil	3359570	19373	108536	684	Community transmission
India	2767273	64531	52889	1092	Cluster of

					cases
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Source: WHO Website (www.who.org)

The above table reveals that a total of 21989366 are infected cases till 19.8.2020 in the whole world comprising 2767273 cases from India. The highest number of cases (5393138) are from United States of America followed by Brazil (3359570 cases) followed by India (2767273 cases). The data further reveals that United States of America has 24.53% cases of the total cases at global level followed by Brazil (15.28%) cases of the total cases at global level followed by India (12.58%) cases of the total cases at global level. As far as data used looks big numbers in case of India. However, India has big population too in comparison to United States of America and Brazil.

Regarding total deaths, a total of 775893 people died from COVID-2019 till 19.8.2020 in the whole world comprising 52889 people died from India. The highest numbers of deaths are from United States of America (169508) followed by Brazil (108536) followed by India (52889). The data further reveals that United States of America has 21.85% deaths of the total cases at global level followed by Brazil (13.99%) deaths of the total deaths at global level followed by India (6.82%) deaths of the total deaths at global level.

Regarding infected cases in the last 24 hrs. , a total of 213391 cases are reported from the whole world comprising 39125 cases from United States of America, followed by Brazil(19373 cases) followed by India(64531 cases). The data further reveals that United States of America has 18.33% cases of the total cases reported at global level followed by Brazil (9.08%) cases of the total cases reported at global level followed by India (30.24%) cases of the total cases reported at global level.

Regarding deaths in the last 24 hours, a total of 4644 persons died from the whole world comprising 509 persons from United States of America followed by Brazil(684 persons) followed by India(1092 persons). The data further reveals that United States of America has 10.96% deaths of the total deaths reported at global level followed by Brazil (14.73%) deaths of the total deaths reported at global level followed by India (23.51%) deaths of the total deaths reported at global level.

It is also worth noting that United States of America has almost 2 times total cases than India and Brazil has 1.25 times total cases from India. Regarding deaths, United States of America has almost 3 times total deaths than India and Brazil has 2 times of total deaths from India. But the above data also reveals that the cases

reported in last 24 hours in India are very high i.e. 30.24% of the total cases at global level.

In the cases of total number of cases and total number of deaths, India is at the third position after United States of America and Brazil. However, there is significant rise in the last 24 hrs. in the cases reported and deaths i.e. 30.24% and 23.51% in comparison to normal days i.e. 12.58% and 6.82% is a matter of attention for India. Therefore, there is an urgent need to pay attention on this issue in order to further improve the situation.

However, the above table further reveals that the level of transmission in United States of America and Brazil is in community transmission stage while in India is cluster of cases. It is noteworthy that the cluster of cases stage is better than community transmission stage, which is the highest stage. Furthermore, WHO has described four levels of COVID-19 transmission. These are countries or local areas with: 1. No cases reported, 2. Sporadic cases, 3. Cluster of cases (grouped in place and time), and 4. Community transmission.

Table 2: Definition of the categories for transmission pattern:

Category	Category name	Definition
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number		
1	No cases	Countries/territories/areas with no cases
2	Sporadic cases	Countries/territories/areas with one or more cases, imported or locally detected
3	Cluster of cases	Countries/territories/areas experiencing cases, clustered in time, geographic and/or by common exposures
4	Community transmission	Countries/areas/territories experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: <ul style="list-style-type: none"> -Large number of cases not linkable to transmission chains -Large number of cases from sentinel lab surveillance -Multiple unrelated clusters in several areas of the country/territory/area

Source: WHO, 2020

The preparation of vaccine in India is also under process. In this regard, three agencies are making their best efforts to develop the vaccine at the earliest.

Part II: Impact of COVID-19

Invention of work from home culture:

The corona virus has invented of work from home culture. The offices are not opened but the day to day working of the offices is also continued through online mode. The online meetings of the offices are also conducted through various video conferencing apps like Zoom and Google meet.

Due to adoption of online mode of education and official working, the business of Zoom app in the first and second quarter in the last year was Rs. 440 crore and 551 crore which increased to 896 crore and 1073 crore this year for the same period. The CEO of Alphabet Sundar Pichai had informed at the end of April 2020 that 10 crores meetings are organized daily through google meet.

Organization of online classes:

Due to Covid-19, the education became online. The classes are organized on computer. The classes are organized through various video conferencing apps like Zoom and Google meet. Due to organization of online classes and also online transmission of homework, children are spending much time on computers, laptops and mobile phones. During this time, children are also playing online

games like pubg and others. Many complaints in this regard have been reported. Several children made suicide due to playing pubg and one more child has spent Rs.2 lakhs and 34 thousands on pubg from the pension account of his grandfather.....etc. are few names.

Online medical consultation:

Even the private doctors are consulting online and the practice of telemedicine has also increased. Doctors attended their patients through online mode by making use of apps like Aayu, Mfine, Practo, Docsapp etc. Even the Government of India has launched e-sanjivini app through which people are taking advice from the experts from their homes

Increase in digital transactions:

The methods of economic transactions and business also got changed. According to the report of online payment platform Rejrape, online payment of electricity water bills during lockdown has increased to 163%, digital payment of school fees has increased to 23%, payment of medical fees has increased to 20%, 43% increase in UPI transactions, 40% increase in payment by cards and 10% increase in net banking has been recorded.

Emergence of new opportunities in the field of technology:

New opportunities in the field of technology emerged due to change in the needs of the people during lockdown. To provide opportunity to the new talents, the central government organized Atmanirbhar Bharat Innovation Challenge. Numerous entrepreneurs participated in this event and got recognition. Moreover, several organizations prepared new masks, bottles, sanitizers, clothes and devices in order to prevent corona virus from spread.

Introduction of new opportunities:

Due to Covid-19 infection, demands especially in the field of preparation of sanitizer, masks, gloves, PPE kits and electronic gadgets like cameras, microphones, sound cards, pendrives and laptops increased exponentially. Resultantly, many companies changed the nature of their businesses and grabbed this opportunity. Therefore, companies produced these materials and also engaged employees in the production process.

Return of People towards Ayurveda& Yoga:

The corona virus forced people to return towards Ayurveda and yoga. People started doing yoga and started living natural life. People are using 'kada' in the morning and evening. People got an opportunity to think to lead a natural life and started living it. People are making use of natural products like 'Giloy'. The medicines and natural techniques to increase immunity are being used by people.

Change in food habits:

Due to global epidemic of corona virus, people got opportunity to realize the bad effects of consuming fast food in the form of decreasing immunity power of the body. Due to non-availability of fast and packaged foods like chowmean, pasta, noodles, burgers, pizza, juices, momos and cold drinks during lock down, people got an opportunity to incline towards taking green vegetables, lemons, gingers, garlic, onion 'Laung', 'Black Pepper', 'Dalchini' and hot water etc. People also adopted using fruits like apples, orange, pomegranate, grapes and coconut water in their daily routine.

Change in the celebration of social institutions:

The corona virus has also affected the celebration of social institutions like marriage, birthday and cremation of dead bodies. It also affected celebration of festivals. The marriage which is the most important social institution got affected in the form of restriction of participants to 100 in it from both the sides. Therefore, all family members, friends, relatives and neighbors' are not getting an opportunity to participate in the marriage ceremony. Resultantly, they are not only dissatisfied with the celebration but also increasing social distancing for the whole life. In addition, the number of participants in the cremation is limited to 20 only. Thus, limited number of people gets opportunity to take part in the last ritual. Furthermore, even the family members do not touch the dead bodies of the

patients died from corona virus. Thus, people are feeling social distancing from each other. In addition to it, the mode of celebration of much awaited 'Durga Puja' and 'Ram Leela' is also going to change. These festivals are going to be celebrated through online mode.

Executive Summary

India maintained a good position in the prevention of spread of COVID-19. This could become possible in timely decisions by the central and state governments and working by all the stakeholders in unison. The people of the country also showed unity, truthfulness, self-respect and self-confidence during Janta Curfew. Lock down and also following government directives by way of use of mask, maintaining social distance and avoiding going in crowded places are also helped in maintain the situation. India also made use of plasma therapies in the COVID-19 disease.

According to the Ministry of Health & Family Welfare, the rate of recovery of patients from corona virus is continuously increasing. India maintained first position in the world in recovering patients from corona virus. As on 3.10.2020, In India, more than 54 lakh patients got recovered. While in America, more than 47 lakhs and in Brazil, more than 42 lakhs patients got recovered. The last 10 lakh

patients got recovered in last 12 days. Despite all these best efforts, the situation is alarming. According to a recent announcement by WHO, about 10% of the global population may have been infected by this virus.

According to the third nationwide serological survey report, the economically weak persons and people living in crowdie places are more infected due to corona virus. The reasons for it are that people with weak economic backgrounds have to go outside with relation to their duties and they are also not abiding the norms of social distancing.

There is one more danger of COVID-19 even after recovery that the effects of COVID-19 may linger long after recovery. Reinfection may also occur within a few months. Numerous patients have residual symptoms post recovery ranging from fatigue, headache, exhaustion and weakness to breathlessness that requires oxygenation at home even after testing negative for COVID-19. In some people, the symptoms can persist for weeks.

Since focus is on prevention from COVID-19 so it is imperative need to make awareness in the society especially in rural areas by way of print, electronic and social media. The year of awareness on science and health introduced by Government of India have a good hope to make the citizens of the country aware. The concept of making awareness needs interdisciplinary approach so there is need to make efforts by science and social science community of the universities

in unison. The information provided by scientific institutions communicating authentic information on COVID-19, comprising WHO, ICMR, Vigyan Prasar, DST and NISCAIR need to be believed. Moreover, the concept of social distancing is not so popular in rural areas so there is need to focus on it.

According to a study conducted by AIIMS New Delhi, the number of persons with mental illnesses has increased two times. Before COVID-19, the percentage of depressed patients was 3.5% to 5% while it has become 10% now. So there is need of making the patients aware towards mental health. People are also afraid from corona virus, loss of jobs, closure of businesses and also limited social interaction.

According to media reports, a total of 125 suicide deaths occurred due to fear of infection, losing of jobs, loss in business, inability for social interaction and loneliness, lack of freedom of movement and inability to go home during lockdown. This is a reflection of the inability of the country to manage mental health of the people in lockdown phases and also post lockdown phases. Furthermore, there is need to quash fake news in order to communicate scientific information in the society. There was one fake news that applicants appearing in the Union Public Service Commission Preliminary examination this year will have to get tested for COVID-19. Incentives to the persons who have lost their jobs may be provided by the central government.

The struggle against COVID-19 is multi sectorial, multi ministerial, multinational and extraordinary in nature. Thus, COVID-19 will most likely remain a long term threat to the whole humanity. Thus, there is need to work unison by all the stakeholders. There is need to strengthen R&D efforts and social engineering research on pathogens in order to address future challenges.

There is a huge difference of doctors' patients' ratio in India. Though public health and hospitals are the state subjects so it is the responsibility of states and Union Territories to provide doctors and health facilities. Public Health Services are the lifeline of societies so there is an urgent need to upgrade these services. There is need of better coordination between districts, states and central government for addressing the challenge of global COVID-19 pandemic.

The older persons and also persons with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease and also cancer are more likely to develop serious illnesses due to COVID-19. The primary source of spread of this virus is droplets of saliva or discharge from the nose when an infected person sneezes. Therefore, it is safe to adopt respiratory etiquette by coughing into a flexed elbow. Protection from infection may be taken by washing hands or using an alcohol based rub frequently and not touching face.

Prevention from COVID-19:

There is no specific treatment or vaccine is available for COVID-19. However, to prevent infection and also to slow transmission of COVID-19, the following practices may be helpful: wash your hands regularly with soap and water for 20 seconds multiple times or clean them with alcohol-based hand rub, maintain at least 1 meter distance between you and people coughing or sneezing, avoid touching your face, cover your mouth and nose when coughing or sneezing, stay home in case you feel unwell, refrain from smoking and other activities that weaken the lungs, practice physical distancing by avoiding unnecessary travel and staying away from large groups of people.

The policy of India is to prevent citizens from COVID-19 spread since there is no proper treatment of COVID-19 so 'prevention is the only cure'. This may be done by maintaining social distancing, using of masks and improvement of immunity. The war against corona is very long so there is need to increase natural dependence system (immunity) by way of taking balanced and nutritious diet, taking exercises and yoga and also not consuming wine, drugs and smoke. It should be developed to bring in our habits that we may live safely with corona until vaccine is developed. Furthermore, there is need to promote indigenous and traditional knowledge of medicine instead of depending completely on Allopathy. There are prospective groups who are more likely to be affected by COVID-19 i. e. women, children, older people and sick persons, needs to be attended on a priority basis.

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Statement: The case study is not approved by any organization for publication.

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