Impact and Management of Covid-19 in India: The Government Initiatives and Measures

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Abstract: The COVID 19 pandemic is regarded as the most horrific global emergency in the last two years. Still, the world is dealing with the tragedy and the most awful impact of COVID-19, to which the World Health Organisation designated a global pandemic on 11th March, 2020. The first COVID 19 cases, began in Wuhan city of China, which was rapidly spread over the other nations. There was an emergency demand of strict measures by international and national governments with an effort to attend the cases and also slow down the rate of the pandemic virus transmission in the society. The governments strive to slow the spread of the sickness, the infection has spread world widely and the number of patients growing daily, was huge. This paper is a descriptive analysis of the COVID-19 pandemic, its origin, influence on the society and the people. This article deals with insights that how the pandemic was so critical emergency in the world particularly in India. The impact of the pandemic in social, economic aspect of India is discussed. The government initiatives and measures to face the pandemic in a more resilient way are also explained in this paper. Countries around the world enacted strict measures like mandatory national lockdown, border closures, strictly effort to isolate victims to reduce the virus's rate of transmission of the pandemic. The information has been taken and investigated from the secondary sources like- official site of national centre for disease control, WHO, newspapers and research papers etc.

Keywords: COVID-19, World Health Organisation, India, Government measures

Introduction: In early December 2019, a new type of Severe Acute Respiratory Syndrome Corona virus (SARS-CoV-2) was identified as the cause of a novel corona virus disease, first detected in Wuhan, China. COVID-19 cases swiftly spread to countries such as Japan, South Korea, across Europe, and the United States. Common symptoms of COVID-19 include fever, cough, headache, breathing difficulties, sore throat, conjunctivitis, and muscle pain (myalgia). Patients experiencing severe acute respiratory infections, hypoxemia, respiratory distress, or shock often required immediate oxygen therapy. On March 11, 2020, the World Health Organization (WHO) declared the outbreak a global health emergency. According to WHO, no SARS-CoV-1 cases have been reported worldwide since 2004. WHO's report estimates that the global excess mortality associated with COVID-19 reached 14.91 million in the two years between January 1, 2020, and December 31, 2021—indicating 9.49 million more deaths than those officially attributed to COVID-19. As of February 14, 2020, WHO confirmed 49,053 laboratory-confirmed cases and 1,381 deaths world wide.

Around twenty countries, representing about half of the global population, accounted for over eighty percent of the estimated global excess mortality from January 2020 to December 2021. These countries include Brazil, Colombia, Egypt, Germany, India, Indonesia, Iran, Italy, Mexico, Nigeria, Pakistan, Peru, the Philippines, Poland, Russia, South Africa, the United Kingdom and Northern Ireland, Turkey, Ukraine, and the United States. The perceived risk of infection led many governments to implement various control measures. In response, India acted swiftly, applying proactive measures nationwide to curb the spread of the virus. This study aims to examine the origin and worldwide impact of COVID-19, investigate the management strategies implemented by the Indian government, and assess their effectiveness. It also explores the impact of the pandemic on various sectors, including social, economic, and human aspects within the country.

Objectives:

- To study the origin and growth of theCOVID-19 pandemic virus in the world and in India particularly.
- To evaluate the broader effects of COVID-19 across different sectors in India, such as public health, economy, and social and human life.
- To concentrate on developing management strategies that address the challenges brought by the pandemic in India.
- To assess policy recommendations aimed at lessening the pandemic's impact within the country.

Review of Literature:

The studies on COVID 19, in the field of social science are mostly about the impact of the pandemic. The followings are some emerging literature of COVID 19 pandemic in India. Joe and other researchers (2020) conduct a detailed statistical study of factors associated with the COVID 19 pandemic mortality in India using crowd -sourced data to provide estimates for age sex specific COVID 19 fatality rate and the percentage of confirmed deaths in total confirmed cases. They concluded that males have higher relative risk of COVID 19 mortality in India. Elderly males and females both displaying high mortality risk and require special care when infected. A view by Das and others (2021) on the correlates of COVID 19 focus on meteorological variables and few studies focus on socio-economic correlates. They found that- the living environment deprivation (like, housing condition, asset possession and water access, population and household density) was an important correlate of spatial clustering of COVID 19 hotspots in Kolkata.

Olsen and his team members estimated a hierarchical and multilevel model to estimate the risk of death because of COVID 19 in many states of India considering the factor at individual and district levels. The authors combined the national family health survey for 2015-16, census data 2011, and estimates of COVID -19 deaths cumulatively up to June2021. Olsen and others found that people living in urban areas, belong to lower strata of the society being smokers' males who are more exposure to activities outside home and persons who are above 65 years have a higher risk of COVID 19 oriented death.

Acharya and Porwal (2020) have constructed the aggregate vulnerability index at state and district levels based on national family health survey data in 2015-16 which focus on the five dimensions, namely socio-economic condition, demographic composition, housing and hygiene condition, availability of healthcare facilities and COVID-19 related epidemiological factors. Among ten most vulnerable states socioeconomic condition, housing and hygiene condition and availability of healthcare facilities contributed to overall vulnerability index. It is found that among the eight states that have contributed to over 80% of the confirmed cases of COVID 19 in India as on 17th June 2020.Out of which five states had high vulnerability index value and the remaining three had medium vulnerability.

Singh and Adhikari(2021) analysed on age structure impact of social distancing. They found that age structure plays an important role in assessing social distancing. Age structure is relevant as the patients who died in Italy because of COVID 19, approximately 42%were aged between 80-89 years, 32% were aged between 70-79 years, 8% were aged 60-69 years, 28% were aged between 50-59 years and the median age of COVID 19 patients is 47.5.

Fang and Sameh (2021) studied on Chinese cities found evidences against the argument that density plays a key role in determining the COVID 19 transmission between people. The study concluded that there are fewer cases of COVID 19 in cities with very high population density and more cases in area with less population density.

Tomar and Gupta (2020) applied a data-driven method for forecasting and estimating the impact of interventions, concluding that social isolation and lockdown significantly slowed the spread of COVID-19.

Ray (2020), using a Bayesian extension of the Susceptible-Infected-Removed (SIR) model, examined the short- and long-term impacts of India's 21-day national lockdown. The findings indicated that the lockdown played a crucial role in reducing COVID-19 cases and allowed time for healthcare and monitoring systems to prepare.

Sarkar, Khajanchi, and Nieto (2020) found that quarantining COVID-19 suspects could effectively lower the basic reproduction number of the virus. They further suggested that combining interventions such as social distancing and contact tracing could support efforts to end the pandemic.

Barani (2020) analyzed COVID-19 patient data from January 22 to April 30, 2020, finding that the infection rate per million was highest among individuals aged 50–69 and lowest among those under 10. The study also reported a higher attack rate among males and noted a secondary attack rate of 6%.

Bhatia and Abraham (2020) reflected on key lessons from India's first 100 days of the COVID-19 pandemic, emphasizing the role of public engagement, a national network of laboratories, and responsible media. They recommended ensuring that non-COVID-19 healthcare services remain unaffected and proposed measures to protect vulnerable older adults.

Pandemic Covid-19 and Its Origin in India:

In India, the onset of COVID-19 was linked primarily to international travel rather than community spread. The first three cases emerged on January 30 and February 3 in Kerala, involving individuals who had returned from Wuhan, China. About a month later, on March 3, two additional cases were recorded: one patient with a travel history to Italy, and another in Hyderabad who had recently been to Dubai. Following the initial case reported on January 30 in Kerala, the total number of confirmed infections rose to 107 by March 15, with a steady increase thereafter. Within just 15 days, the number of confirmed COVID-19 cases had multiplied tenfold. By March 30, India had reported over 1,071 cases and 29 deaths. The Indian Council of Medical Research projected that the country could potentially reduce cases by 60% if preventive measures like social distancing, mask-wearing, and quarantine protocols were strictly implemented. By May 18, 2020, COVID-19 cases in India had reached 101,139. Initially, India appeared to manage well with relatively low case numbers due to strict lockdowns and social distancing. However, by the end of all lockdown phases, the total confirmed cases had risen to 190,648, including 5,407 fatalities.

Impact of Covid 19 on Indian Economy:

Negative Impact:

India's economy, a growing market, has been experiencing a crisis phase since 2019 when growth dropped to 4.9%, marking the lowest rate since 2013. The main factor cited for this decline was the government's demonetization policy in November 2016, which rendered 86% of the nation's cash unusable overnight, leading to significant economic disruption. Tourism, a major global sector, holds a vital place in India's economy as well. In 2019, India ranked 34th among 140 economies worldwide, and in 2018-19, more than 10 million foreign tourists visited India, contributing substantially to its economy.

When Prime Minister Narendra Modi announced a 21-day lockdown, he acknowledged the economic impact it would have, noting that everyone would bear some of the costs. The All India Association of Industries (AIA) estimated losses to the Indian economy at around $640 million, with growth projections between 5 and 5.6%. The COVID-19 pandemic created extensive economic hardship due to lockdowns, workplace closures, and income losses, which caused a sharp drop in government revenues. Many businesses also faced large-scale income losses.

Additionally, India struggled with challenges in its public health infrastructure, including limited resources, poor working conditions, shortages of protective equipment, and an overburdened healthcare workforce, especially in smaller cities and rural areas. Alongside these public health and economic difficulties, India faced a significant migrant crisis. Although the long-term impact of this mass migration is uncertain, the government recognized its importance early on.

Positive Impact:

The COVID-19 pandemic represents a unique economic challenge, unlike any other faced in the past. Its effects on the economy are expected to persist long after the immediate health crisis has subsided. However, alongside these challenges, the pandemic has also set the stage for some potential long-term benefits for India's economy. Prior to COVID-19, only 30% of India's population engaged in online shopping, a figure that trails behind China's 78%

and over 70% in the United States. Yet, according to a 53-page Morgan Stanley report titled "India's Digital Economy in a Post-COVID World," India's online shopper base is projected to surge from 190 million in 2020 to 590 million in the coming years.In urban areas the online available of groceries, fruits, packed food items increase. Many business houses like Jio mart, Big bazar,Big basket and some local shops by creating apps of their own take orders and made the items home delivery.Atma Nirbhar India, declared on 12th May by the Prime Minister of India, that the coronavirus crisis should be seen as an opportunity, laying emphasis on domestic products and "economic self-reliance", through an Atma Nirbhar Bharat Abhiyan. Foreign direct investment, technology was welcomed to help India being a bigger and more important part of the global economy.

Impact of Covid 19 on Human Lifestyle:

Negative Impact:

The COVID-19 pandemic profoundly impacted daily life across both rural and urban populations in India. Initially, the virus transmission was concentrated in major metro areas and capital cities. People in urban and rural regions faced severe challenges during this period. In normal circumstances, the availability of hospital beds per 10,000 people was 3.2 in rural areas and 11.9 in urban areas; however, these capacities had to be expanded to accommodate COVID-19 patients. During this time, significant disruptions and inconsistencies were observed in the provision of other medical treatments. Vaccinations for children, such as those for tuberculosis, tetanus, and diphtheria, were delayed, and essential services for adults, including kidney dialysis and chemotherapy, were interrupted due to infection risks and government-imposed restrictions.There wasa change in lifestyle of people due to COVID-19,which leads to psychosocial or mental stress among them. People suffered from losing their jobs, accommodation, and business during this time.In India issues such as poverty, starvation, and hungerare still an issue that hasbecome further escalated due to COVID-19. Mass unemployment creates a lot of frustration among peoples and drives them to chronic stress, alcohol dependence and self-harm.

Positive Impact:

With negativity there also some positivity which has been observed in health issues during COVID period. An analysis of one hundred registered patients from MV Hospital for Diabetes and Diabetes Research Centre in Chennai revealed that among the 92% diagnosed with diabetes, 80% who maintained a disciplined lifestyle and followed a controlled diet during the lockdown were able to manage their diabetes effectively. Additionally, 40% of these patients expressed anxiety over COVID-19 infection. On the positive side, the lockdown allowed people, particularly those from economically stable families, to spend more time with their loved ones as they stayed at home. People found their village, relatives, home and family as the safe place to get rid of virus. They spent time with family members. People used to be self-dependent rather than outsiders even in cleaning, sweeping and cooking at home. People learn to maintain hygienic in their lifestyle.

Covid-19 Management in India- Government Initiatives and Measures:

The Indian government acted promptly after the first COVID-19 case was reported in January 2020, implementing various safety measures across the country. This included passenger screenings at airports nationwide and entry restrictions for travelers from China and other high-risk countries. International arrivals were required to self-quarantine for 14 days. The central government directed all states to invoke the Epidemic Diseases Act, empowering local authorities to close public spaces and quarantine individuals suspected of COVID-19 infection. By March 20, both domestic and international flights were suspended.

The World Health Organization recommended protective practices to prevent COVID-19 spread, such as:

- Thorough and frequent handwashing with an alcohol-based sanitizer or soap and water.
- Avoiding touching one's eyes, nose, and mouth while outside.
- To avoid going to crowd gathering outside or inside home.
- Maintaining circumvent distance while travelling.
- Encouraged breast feeding babies to enhance immunity.

- Restrictions on crowd and gathering of people for any social event or rituals.

The Government of India constituted eleven Empowered Groups on 29 March, 2020 on different aspects of COVID-19 management in the country to take informed decisions on issues like, medical emergency planning, hospitals, isolation and quarantine facility, disease surveillance and testing, availability of medical equipment, augmenting human resource, logistics management, coordination with private sector, economic and welfare measures, information, communications and public awareness, technology and data management, public grievance and issues related to lockdown.

The Indian government, at both central and state levels, took proactive measures to curb the spread of the COVID-19 virus. They implemented comprehensive actions to address the challenges and dangers posed by this unseen virus, engaging the public, medical associations, nursing staff, NGOs, police forces, and paramilitary units. The dedicated efforts of frontline workers, particularly medical doctors, nurses, healthcare personnel, sanitation teams, police officers, and volunteers, alongside the active support of the Indian people, were essential in managing and controlling the pandemic.

The Government took a multi-stepped approach to tackle the onslaught of COVID-19 which resulted in reducing the pandemic in the country.

- The Government adopted a pre-emptive, pro-active, whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact.
- Efforts were made to strengthen the core capacities in terms of laboratory, hospital infrastructure, R&D on diagnostics, etc.
- Measures to keep the citizens at the center of the Government's efforts, ranging from prevention, diagnosis, and treatment of COVID-19 to awareness of Covid-Appropriate Behaviour.
- The Government extended logistic and financial support to the States
- India launched the world's largest vaccination programme covering the entire length and breadth of the country.

- Increase domestic production of COVID-19 vaccines.
- Steps were also taken to facilitate training and build capacity among healthcare workers to address the pandemic effectively.
- The Government of India offered essential strategies, plans, and procedures to State Governments and Union Territories. This support included containment protocols and comprehensive guidelines on areas such as travel, mental and behavioral health, surveillance, lab assistance, hospital infrastructure, clinical care, efficient use of PPE, and motivational support for healthcare workers.

The Ministry of Health & Family Welfare developed and regularly updated containment plans to manage clusters and widespread COVID-19 outbreaks. These plans aimed to break the transmission chain through measures such as:

- Active, door-to-door searches for cases and contacts,
- Isolation and testing of suspected cases and high-risk contacts,
- quarantine for high-risk contacts,
- Intensive risk communication to increase community awareness about preventive practices and the importance of timely medical attention, and
- Strengthening passive surveillance for influenza-like illness (ILI) and severe acute respiratory illness (SARI) in containment and buffer zones.

To ensure proper management of COVID-19 cases, a three-tier system of healthcare facilities was established:

- COVID Care Centers with isolation beds for pre-symptomatic cases,
- Dedicated COVID Health Centers equipped with oxygen-supported beds for moderate cases, and
- Dedicated COVID Hospitals (DCH) with ICU beds for severe cases.

Clinical management guidelines for COVID-19 were issued, consistently updated, and broadly distributed. These guidelines covered case definitions, infection prevention, laboratory diagnosis, early supportive therapy, and the management of severe cases and complications. The Aarogya Setu mobile app was introduced to monitor COVID-19 cases and trace contacts of individuals who tested positive or had exposure to a positive case.

The Ministry also launched a Center of Excellence (CoE) initiative, with the All India Institute of Medical Science (AIIMS) in New Delhi as the central nodal institution, supported by state-level CoEs to guide clinical management protocols.

The Ministry of AYUSH recommended preventive measures and immune-boosting practices based on Ayurvedic literature and scientific studies, especially for respiratory health. Recommendations included regular water intake, daily practice of Yoga, Pranayama, and meditation for at least 30 minutes, and the inclusion of spices such as turmeric and cumin in the diet, along with herbal teas or decoctions. On May 7, 2020, the Government of India launched the 'Vande Bharat Mission' to repatriate Indian citizens stranded worldwide due to COVID-19 travel restrictions.

Initiatives Taken By Government to Manage Covid-19:

ICT Initiatives:

The Government of India (GOI) implemented several ICT-driven initiatives to manage the COVID-19 crisis and raise public awareness. Working with the telecom department, the GOI replaced standard ringtones with COVID-19 awareness messages to reach a broader audience. Additionally, multiple online platforms were established to disseminate information, including the MyGov portal, the National Health Portal of India, and the Ministry of Health and Family Welfare (MoHFW) website. The GOI also launched citizen engagement platforms such as the MyGov app and the COVID-19 Feedback app. For contact tracing, the GOI introduced the Aarogya Setu app and Aarogya Setu IVRS, developed by the National Informatics Centre (NIC) in partnership with the Ministry of Electronics and Information Technology. For vaccine registration, the GOI rolled out the CoWIN portal and integrated this function within the UMANG app.

State Government Initiatives:

In March, several tourists and Indian citizens returning from affected countries tested positive for COVID-19, leading to a gradual rise in cases. Throughout the month, Indian state governments responded by declaring emergencies, closing

schools, colleges, malls, gyms, cinemas, and other public venues. They issued essential advisories and guidelines, established state helplines, and adopted the "trace-test-treat" strategy to curb the virus's spread. Designated COVID-19 care centers, hospitals, and laboratories were set up, while schools and hotels were converted into quarantine facilities. Various states introduced specific policies and support measures to manage the crisis. These included:

- The Uttar Pradesh Government provided a monthly allowance of Rs. 1000 to daily wage workers registered with the labor department.
- West Bengal introduced the Snehar Paras scheme, offering Rs. 1000 to migrant workers from the state who were stranded elsewhere due to the pandemic.
- Numerous states organized community kitchens to guarantee food security for vulnerable groups, such as migrant laborers and homeless individuals.
- Financial compensation was announced for frontline workers, including healthcare staff, sanitation workers, and police personnel, in cases where they were infected or lost their lives in the line of duty.
- The Delhi Government launched the 5T Plan to combat COVID-19 in the capital. The plan's "T"s represent Testing, Tracing, Treatment, Teamwork, and Tracking & Monitoring.
- In Punjab, 'Mission Fateh' was introduced to encourage public involvement in combating COVID-19.
- Kerala took an innovative approach by deploying robots, 'KARMI-Bot' and 'Nightingale-19,' which delivered food and medicines to COVID-19 patients, facilitated video calls with doctors or family, collected waste, and disinfected isolation wards.
- These state-level measures were instrumental in supporting vulnerable populations and managing the impact of COVID-19 effectively.

Successful Models:

Kerala Model:

The Kerala government effectively managed the COVID-19 pandemic with a distinct approach. In mid-January, Kerala began screening at all four of its

international airports. By February 2020, Kerala had declared COVID-19 a state-level disaster, leading to the closure of schools and restrictions on public gatherings. The state entered lockdown by early March, even before the central government initiated a nationwide lockdown. By then, Kerala had already quarantined thousands of suspected cases. Public health authorities prioritized early detection through widespread testing efforts. Unlike the standard 14-day quarantine period recommended by WHO and adopted across India, Kerala implemented a 28-day quarantine period. Kerala diligently followed the WHO's strategy of "test, trace, isolate, treat." This model provides valuable insights not only for addressing the current COVID-19 crisis but also for strengthening preparedness for future health emergencies. Kerala's experience offers critical guidance for developing future-oriented health policies for other Indian states.

Bhilwara Model:

Bhilwara became the first district in India to halt new COVID-19 infections in under two weeks, achieving this through an exceptionally stringent lockdown. On March 19, the Rajasthan Government mandated all districts, including Bhilwara, to enforce Section 144. To manage the outbreak, the Bhilwara district collector ordered the closure of all workplaces with more than ten employees, including industries, factories, and brick kilns. Daily disinfection routines were implemented throughout the district. 'Corona captains' were designated from among Sub Divisional Magistrates and Block Development Officers, who, in turn, chose 'corona fighters' from Panchayat members, teachers, ASHA workers, and Anganwadi workers. These corona fighters carried out door-to-door surveys and monitored the movements of families in quarantine. The Bhilwara model demonstrates that crucial measures, both during and after lockdown—such as door-to-door screening, contact tracing, strict isolation, and vigilant monitoring—can be instrumental in saving countless lives.

Dharavi Model:

Dharavi, one of the largest and most densely populated slums in Asia, achieved remarkable control over COVID-19 despite challenging circumstances. Situated in Mumbai, Maharashtra, this crowded area spans over 2.5 square kilometers, with an astounding population density of about 277,136 people per square

kilometer. The first COVID-19 case and fatality in Dharavi were reported on April 1, 2020. Cases then began to rise, peaking in early May but steadily declining by June. Initially, the case-doubling rate was 18 days in April, which improved to 43 days in May, 80 days by June, and reached an impressive 430 days by July. Managing COVID-19 in such a densely packed setting was a formidable challenge. Authorities took a proactive approach, conducting door-to-door screenings to identify potential cases. Their containment strategy, structured around four key steps—Tracing, Tracking, Testing, and Treating—proved highly effective. Mobile screening vans were widely used, and local community leaders, known as "COVID Yodhaas," played a vital role in these efforts. The World Health Organization praised Dharavi's containment strategy as a model for other countries with densely populated, low-income areas to follow, emphasizing proactive containment as an effective response.

Conclusion:

COVID-19 pandemic the name itself brings a lot of thoughts and memory in mind of the people. The scenarios were the pleasant time we spend with our family and the other time it remembers us the loss and horror state of mind we all faces during the early phases. The governments in India including both the centre and the state governments had taken all the initial measures and actions to face the pandemic proactively. It tried every possible way to limit the spread of corona virus or COVID-19, such as providing valid information regarding COVID-19, releasing national, state and union territories' 24*7 helpline numbers with caller tunes which highlights the prevention measures of COVID-19. The Government of India has used artificial intelligences such as Arogya Setu App, Umag App, Cowin Portal which helps in creating awareness about the infection, information about vaccination process.With respective to all these India is also facing a lot of challenges in sectors like economy, , health care, social and human life. With the ease of lockdown on a phase manner India required the double efforts of governments, administrative officers,and health care workers to keep the cases at its bay.The initiatives and measures which were taken by the Government of India and States to overcome were incredible to save lives of people and nation both.

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