ISSN 2277 - 5730

AN INTERNATIONAL MULTIDISCIPLINARY
QUARTERLY RESEARCH JOURNAL

AJANTA

Volume - IX Issue - III OCTOBER - DECEMBER - 2020

ENGLISH PART - I

Peer Reviewed Referred and UGC Listed Journal

Journal No. 40776

ज्ञान-विज्ञान विमुक्तये

IMPACT FACTOR / INDEXING
2019 - 6.399
www.sjifactor.com

❖ EDITOR ❖
Asst. Prof. Vinay Shankarrao Hatole
M.Sc (Maths), M.B.A. (Mktg.), M.B.A. (H.R.),
M.Drama (Acting), M.Drama (Prod. & Dir.), M.Ed.

❖ PUBLISHED BY ❖

Ajanta Prakashan
Aurangabad. (M.S.)

The information and views expressed and the research content published in this journal, the sole responsibility lies entirely with the author(s) and does not reflect the official opinion of the Editorial Board, Advisory Committee and the Editor in Chief of the Journal **"AJANTA"**. Owner, printer & publisher Vinay S. Hatole has printed this journal at Ajanta Computer and Printers, Jaisingpura, University Gate, Aurangabad, also Published the same at Aurangabad.

Printed by

Ajanta Computer, Near University Gate, Jaisingpura, Aurangabad. (M.S.)

Printed by

Ajanta Computer, Near University Gate, Jaisingpura, Aurangabad. (M.S.)

Cell No. : 9579260877, 9822620877, 7030308239 Ph. No. : (0240) 2400877

E-mail : ajanta5050@gmail.com, www.ajantaprakashan.com

AJANTA - ISSN 2277 - 5730 - Impact Factor - 6.399 (www.sjifactor.com)

EDITORIAL BOARD

Professor Kaiser Haq
Dept. of English, University of Dhaka,
Dhaka 1000, Bangladesh.

Roderick McCulloch
University of the Sunshine Coast,
Locked Bag 4, Maroochydore DC,
Queensland, 4558 Australia.

Dr. Ashaf Fetoh Eata
College of Art's and Science
Salmau Bin Adbul Aziz University. KAS

Dr. Nicholas Loannides
Senior Lecturer & Cisco Networking Academy Instructor,
Faculty of Computing, North Campus,
London Metropolitan University, 166-220 Holloway Road,
London, N7 8DB, UK.

Muhammad Mezbah-ul-Islam
Ph.D. (NEHU, India) Assot. Prof. Dept. of
Information Science and Library Management
University of Dhaka, Dhaka - 1000, Bangladesh.

Dr. Meenu Maheshwari
Assit. Prof. & Former Head Dept.
of Commerce & Management
University of Kota, Kota.

Dr. S. Sampath
Prof. of Statistics University of Madras
Chennari 600005.

Dr. D. H. Malini Srinivasa Rao
M.B.A., Ph.D., FDP (IIMA)
Assit. Prof. Dept. of Management
Pondicherry University
Karaikal - 609605.

Dr. S. K. Omanwar
Professor and Head, Physics,
Sat Gadge Baba Amravati
University, Amravati.

Dr. Rana Pratap Singh
Professor & Dean, School for Environmental
Sciences, Dr. Babasaheb Bhimrao Ambedkar
University Raebareily Road, Lucknow.

Dr. Shekhar Gungurwar
Hindi Dept. Vasantrao Naik
Mahavidyalaya Vasarni, Nanded.

Memon Sohel Md Yusuf
Dept. of Commerece, Nirzwa College
of Technology, Nizwa Oman.

Dr. S. Karunanidhi
Professor & Head,
Dept. of Psychology,
University of Madras.

Prof. Joyanta Borbora
Head Dept. of Sociology,
University, Dibrugarh.

Dr. Walmik Sarwade
HOD Dept. of Commerce
Dr. Babasaheb Ambedkar Marathwada
University, Aurangabad.

Dr. Manoj Dixit
Professor and Head,
Department of Public Administration Director,
Institute of Tourism Studies,
Lucknow University, Lucknow.

Prof. P. T. Srinivasan
Professor and Head,
Dept. of Management Studies,
University of Madras, Chennai.

Dr. P. Vitthal
School of Language and Literature
Marathi Dept. Swami Ramanand
Teerth Marathwada University, Nanded.

EDITORIAL BOARD

Dr. Jagdish R. Baheti
H.O.D. S. N. J. B. College of Pharmacy,
Meminagar, A/P. Tal Chandwad, Dist. Nashik.

Dr. Sadique Razaque
Univ. Department of Psychology,
Vinoba Bhave University,
Hazaribagh, Jharkhand.

Prof. Ram Nandan Singh
Dept. of Buddhist Studies University of Jammu.

Dr. Safiqur Rahman
Assistant Professor, Dept. of Geography,
Guwahati College Bamunimaidam, Guwahati,
Assam.

PUBLISHED BY

Ajanta Prakashan
Aurangabad. (M.S.)

CONTENTS OF ENGLISH PART - I

S. No.	Title & Author	Page No.
1	Impact of Corona-19 on Education System **Dr. Anurath Chandre**	1-6
2	Disturbance of Educational System during Lockdown **Dr. Sharad Sahebrao Phulari** **Miss. Kulsum Jabbar Admane**	7-12
3	Role of NSS in Covid - 19 **Prof. Dyavappa L. Pawar**	13-17
4	Corona and Celebrities **Dr. Sharad Sahebrao Phulari** **Miss. Fatima Sameer Subedar**	18-25
5	Role of Ngos during Covid 19 Pandemic: A Study **Yash Singh Sisodiya** **Dr. Sarika Dixit**	26-42
6	Covid - 19 and Spread of the Rumors **Dr. Sharad Sahebrao Phulari** **Miss. Juveriya Aseem Mukadam**	43-53
7	Covid-19 Pandemic : Works by Civil Societies **Dr. Radheshyam Dipte**	54-59
8	Role of Health Staff in COVID-19 Situation **Miss. Shruti C. Karbhari**	60-65
9	Indian Lifestyle and Corona… **Dr. Sharad Sahebrao Phulari** **Miss. Chougle Marwah Chiraguddin**	66-76
10	Role of Police Department in COVID-19 Situation **Kadu Sarah Imtiyaz**	77-87
11	How far Lockdown is the Solution for COVID-19? **Dr. Sharad Sahebrao Phulari** **Miss. Maryam Siraj Fattey**	88-105

CONTENTS OF ENGLISH PART - I

S. No.	Title & Author	Page No.
12	Role of Government Staff in Covid-19 Situation **Tuba M. Asim Shaikh**	106-114
13	Effects of Corona on Daily Life **Dr. Sharad Sahebrao Phulari** **Miss. Shamsunnisa Waqar Darzi**	115-122
14	Role of any Social Service Related Organization in COVID-19 Situation **Asst. Prof. Sonali Prabhakar Pawar**	123-129
15	Role of Medical Health System in Corona Pandemic **Dr. Sharad Sahebrao Phulari** **Miss. Tahreem Zishan Shaikh**	130-141
16	Role of Educational Trusts/Institutes in COVID-19 Situation and Related Topic **Mistry Samina S.**	142-150
17	Effect of Covid-19 Situation on Board Examinations, University Examinations and Entrance Examinations **Dr. Sharad Sahebrao Phulari** **Miss.Tanzeel Taqueyullah Ulde**	151-159
18	Frontline Worriers in Covid-19 Pandemic **Apurva Dileep Shelar**	160-164
19	COVID-19 and the Us-China Trade War **Dr. Sharad Sahebrao Phulari** **Miss. Taskeen Azim Mahadkar**	165-178
20	Role of Library Services in Covid-19 Situation **Mr. Anjum Naeem Dakhwe**	179-184

1. Impact of Corona-19 on Education System

Dr. Anurath Chandre
Dept. of Commerce, NSSR'S Arts and Commerce College Parli-V, Dist. Beed.

Abstract

The recent outbreak of the Coronavirus pandemic increased the gaps in the education sector globally. Though, the Coronavirus pandemic is novel, but it already has noxious effects on humanity. COVID-19 outbreak has created educational disruptions, and global health concerns that proved very difficult to manage by global health systems. As at now, no nation or race across the world is immune from the coronavirus pandemic, and the entire world seems overwhelmed by the speed of the spread and the devastating effects of COVID-19. The Coronavirus pandemic has no boundaries, and the effect is large and fast. Just within few months of the outbreak of the disease, it has drastically changed the lifestyles of the entire world with billions of people being forced to 'stay at home', 'observe self isoblations', and work and learn from home. It has limited the freedom of people to move, trade or associate.

Introduction

The recent outbreak of the Coronavirus pandemic increased the gaps in the education sector globally. Though, the Coronavirus pandemic is novel, but it already has noxious effects on humanity. COVID-19 outbreak has created educational disruptions, and global health concerns that proved very difficult to manage by global health systems. As at now, no nation or race across the world is immune from the coronavirus pandemic, and the entire world seems overwhelmed by the speed of the spread and the devastating effects of COVID-19. The coronavirus pandemic has no boundaries, and the effect is large and fast. Just within few months of the outbreak of the disease, it has drastically changed the lifestyles of the entire world with billions of people being forced to 'stay at home', 'observe self-isolations'and work and learn from home. It has limited the freedom of people to move, trade or associate. Not only has COVID-19 caused a total lockdowns in many countries across the world, but it also caused the death of thousands of people including, women, and the elderly. It was more worrisome to know that reports from various continents, including, America, Africa, Asia, and Europe indicated a daily increase in the number of new cases, and mortality due to COVID-19. As at April,

2020, the number of global COVID-19 cases has surpassed one million cases and more than 220 thousand deaths. It was also frightening that the USA recorded more than 2000 COVID-19 deaths in a single day despite the country's strong commitment to the fight against the contagion. The number of Coronavirus deaths was soaring with no immediate solutions in sight. The disease showed no sign of slowing down across the globe.The outbreak of COVID-19 affected all aspects of human activities globally ranging from education, research, ports, entertainment, transportation, worship, social gathering/interactions, economy, businesses, and politics. Indeed, the entire world was in distress as a result of COVID-19 threats, the reality of the situation was challenging to bear, and the education sector remains one of the worst-hit by Coronavirus outbreak.

Concept of Online Education

Technology is a key component of education in the 21st century. The increasing use of technology in education has modified teachers' methods from the traditional approach that often place them as dispensers of knowledge to a more flexible approach where they act more as facilitators, mentors and motivators to inspire students to participate and learn (Onyema& Deborah, 2019). Technology facilitates Remote learning, Distance learning,Virtual learning, Blended learning, Mobile learning, Distributed learning, Machine learning, Ubiquitous learning, Deep learning, Cooperative and Collaborative learning. Most aspect of education is going digital, and education stakeholders including students are confronted with the challenge of transition to online education. The use of appropriate educational technologies increases accessibility to learning resources such as Massive Open Online Courses (MOOCs), and multiple learning approaches to meet the need of diverse learners

According to the United Nations Educational, Scientific and Cultural Organization (UNESCO) monitoring, over 100 countries implemented nationwide closures, impacting over half of the world's student population (UNESCO, 2020a). Even Britain, where Prime Minister Boris Johnson - one of those who earlier opposed the move, later admitted that "closing down schools could place further downward pressure on the upward curve of the Coronavirus outbreak"(ABC News, 2020). Some of the countries that closed down schools due to COVID-19 include, Nigeria, Ghana, Senegal, South Africa, China, Kazakhstan, Ethiopia, Honduras, India, Japan, Iran, USA, France, Spain, Italy, North and South Korea, Lebanon, Vietnam, Thailand, Germany, and South Korea just to mention but a few. School closures carry

high social, educational and economic costs, and the disruptions they cause touch people across communities, but their impact is particularly severe for disadvantaged persons and their families (UNESCO, 2020b). The disruption caused by COVID-19 in the educational sector may last longer than expected if a more reliable solution for coronavirus is not found on time, and the spread of the disease continues. UNESCO Director-General, Andrey Azoulayals cited by VOA News (2020), warned that "the global scale and speed of the educational disruption due to coronavirus is unparalleled and, if prolonged, could threaten the right to education". No doubts, unplanned school closures can cause severe problems for students, educators, parents and the society at large. It could negatively affect the academic interest and performance of students. If the students are not engaged productively, it could lead to idleness which might result in youth involvement in crimes, loss of interest in learning, and poor academic performance. The US Centre for Disease Prevention and Control (CDC) also expressed concerns about the implications of school closures. According to the CDC, "longer closures may result in more students congregating outside of schools

Challenges of Learning from Home

The Coronavirus outbreak has forced millions of students to study and learn from home. This is not a new phenomenon because the home has long been epicenters of learning particularly as regards informal education. Learning from home is becoming a new normal for students. According to Education Task (2020), the majority of university students still prefer to study in the comfort of their own homes because the learners tend to have everything at their disposal without having to leave their chairs. However, the realities of receiving formal education from home could be very challenging to many educators, learners and parents especially those in developing countries where the accessibility, availability and use of technology in education are not widespread. Apart from the cost of accessing online education, many other factors such as network issues, poor power supply, distractions, poor digital skills, inaccessibility and availability issues can also hinder smooth study from home. There is also the problem of time to learn new technologies that might be required to learn from home, and noises that emanate internally or externally from neigbours and neigbourhood. Because unequal access to technology is another serious concern for many countries, prolonged school closures could deprive millions of students' access to education particularly those in third world countries, rural areas, and people with special needs.

UNESCO understood these challenges, and efforts were made by them to help educators and students in the affected countries to teach and learn online from their homes through the provision of free software that facilitates remote education. Catherine (2020), reported that UNESCO assembled an online guide with links to distance learning apps and other resources to mitigate the effects of school closures for CoronavirusThe 2019–20 coronavirus pandemic has affected educational systems worldwide, leading to the near-total closures of schools, universities and colleges. At the middle April 2020, approximately 1.723 billion learners have been affected due to school closures in response to the pandemic. According to UNESCO monitoring, 191 countries have implemented nationwide closures and 5 have implemented local closures, impacting about 98.4 percent of the world's student population.School closures impact not only students, teachers, and families, but have far- reaching economic and societal consequences.The study investigates the impact of COVID-19 on education. However, online education was hindered by poor infrastructures including, network, power, inaccessibility and unavailability issues and poor digital skills. The study underscores the damaging effects of COVID-19 on education sector and the need for all educational institutions, educators, and learners to adopt technology, and improve their digital skills in line with the emerging global trends and realities in education.

Formal education

As opposed to informal education or non-formal education — tends to refer to schools, colleges, universities and training institutions. A 1974 report by the World Bank defined formal education as the following: the hierarchically structured, chronologically graded 'education system', running from primary school through the university and including, in addition to general academic studies, a variety of specialized programs and institutions for full- time technical and professional training.[The majority of data collected on the number of students and learners impacted by COVID-19 has been calculated based on the closure of formal education systems. The UNESCO Institute for Statistics provides figures on students impacted by COVID-19 corresponding to the number of learners enrolled at pre-primary, primary, lower-secondary, and upper-secondary levels of education ISCED levels 0 to 3, as well as at tertiary education levels

Psychosocial Challenges before Teaching

Mobilize available tools to connect schools, parents, teachers, and students with each other. Create communities to ensure regular human interactions, enable social caring measures, and address possible psychosocial challenges that students may face when they are isolated. Plan the study schedule of the distance learning programs organize discussions with stakeholders to examine the possible duration of school closures and decide whether the distance learning program should focus on teaching new knowledge or enhance students' knowledge of prior lessons. Plan the schedule depending on the situation of the affected zones, level of studies, needs of student's needs, and availability of parents. Choose the appropriate learning methodologies based on the status of school closures and home-based quarantines. Avoid learning methodologies that require face-to-face communication. Provide support to teachers and parents on the use of digital tools organize brief training or orientation sessions for teachers and parents as well, if monitoring and facilitation are needed. Help teachers to prepare the basic settings such as solutions to the use of internet data if they are required to provide live streaming of lessons.

Conclusion

COVID-19 has major effects on school characteristics, including research, academic Programmes. Staff professional development and jobs in the academic sector etc. These effects were felt by both educational institutions, educators, students and parents and other stakeholders in education. The study emphasizes the need for adoption of technology in education, as a way to curb the effects of Coronavirus and other future pandemics in education. Thus, the study acknowledges that the decision to shutdown schools for Coronavirus across the world may be hurtful, but it is sensible considering the rate of spread, and the dangers imposed by COVID-19 pandemic. The unprecedented school closures for Coronavirus remains a lesson and a warning to the entire educational world particularly those who are yet to embrace or adopt emerging learning technologies that support online or remote education. Stakeholders in the education sector have to develop robust strategies to deal with post-Coronavirus era.

References

1. "COVID-19 Educational Disruption and Response". UNESCO. 2020-03-04. Retrieved 2020-04-12.
2. "Update from Cambridge International on May/June 2020 exams". Cambridge International Examinations.Retrieved 23 March 2020.
3. "May 2020 examinations will no longer be held". International Baccalaureate. 23 March 2020. Retrieved 28 March 2020.
4. "Adverse consequences of school closures". UNESCO. 2020-03-10. Retrieved 2020-03-15.
5. "Distance learning solutions". UNESCO. 2020-03-05. Retrieved 2020-03-23.
6. Karp P, McGowan M (2020-03-23). "'Clear as mud': schools ask for online learning help as coronavirus policy confusion persists". The Guardian.ISSN 0261-3077.Retrieved 2020-03-23. 7. "Schools Race To Feed Students Amid Coronavirus Closures". NPR.org. Retrieved 2020-03.
7. SESSOMS, BEN. "Homeless students during the coronavirus pandemic: 'We have to make sure they're not forgotten'". Statesville.com. Retrieved 2020-03-23.
8. Ngumbi, Esther. "Coronavirus closings: Are colleges helping their foreign, homeless and poor students?".USA TODAY.Retrieved 2020-03-23.
9. "Coronavirus Forces Families to Make Painful Childcare Decisions". Time.Retrieved 2020-03-23.

2. Disturbance of Educational System during Lockdown

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Miss. Kulsum Jabbar Admane
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.

Abstract

In order to safeguard the health of the students and teachers, the educational institutions are conducting the classes through online mode using various platforms from the houses to prevent deadly coronavirus. During the pandemic situation the schools, colleges and universities took these challenges in a positive manner and implemented a range of new measures in the education sector. This research focuses on identifying the satisfaction level of student's towards online mode of teaching. A sample of 175 respondents was selected using convenience sampling method and analyzed the results using IBM SPSS 20 software.

The lockdown amidst COVID-19 has made significant disruptions in academic activities. The present study assessed the learning status of undergraduate and postgraduate students during this pandemic. Although a substantial proportion of students are using digital platforms for learning, many of them face huge challenges in online study. Our study has suggested the following recommendation to the government, policymakers, and institutional authorities:

There should be made a uniform academic plan for the universities and colleges and also initiate a proper Education Continuity Plan (ECP) to continue the learning process during this pandemic. The infrastructural facilities should be availed to the education institutions which can regulate the digital learning process during future health emergencies. There is a need to ensure adequate funding for the improvement of the education system and to provide capacity development training to the stakeholders of higher education institutions. Interventions should be initiated through a targeted approach to create a positive space for study among the students from the vulnerable section of society.

At this critical period, the open-source digital learning and learning management system could be adopted by the institutional teachers to conduct online learning. Finally, the vital multi-

prolonged strategies are urgently needed to build a resilient education system in the state that will ensure to develop the skill for employability and the productivity of the young minds.

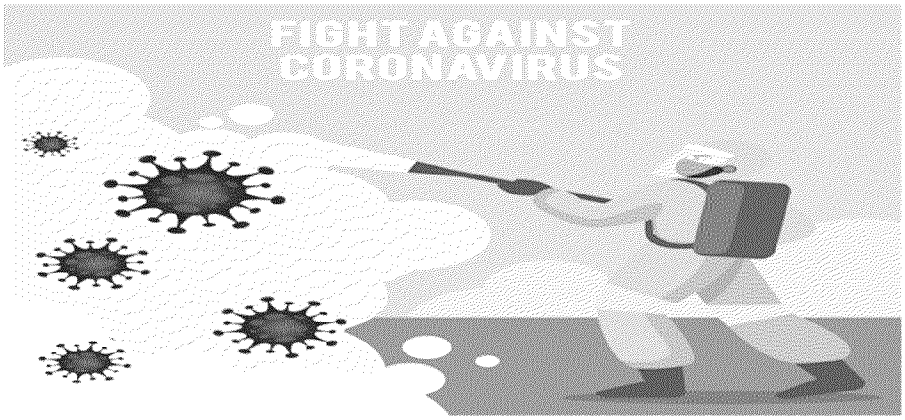
Key Words: COVID-19, Lockdown, IBM, SPSS, ED tech, ECP, Education Community Man.

Introduction

As we know that due to coronavirus pandemic the state governments across the country temporarily started shutting down schools and colleges. As per the present situation, there is an uncertainty when schools and colleges will reopen. No doubt, this is the crucial time for education sector because entrance tests of several universities and competitive examinations are held during this period. Along with them how can we forget about board examinations, nursery school admissions, etc?

The immediate solution of coronavirus is necessary or if like these days pass then closure of schools and colleges does not even have short term impact in India but can even cause far-reaching economic and societal consequences. Let us tell you that due to the closedown of educational institutes it is estimated to affect around 600 million learners across the world. Remember here we are talking about the school going students.

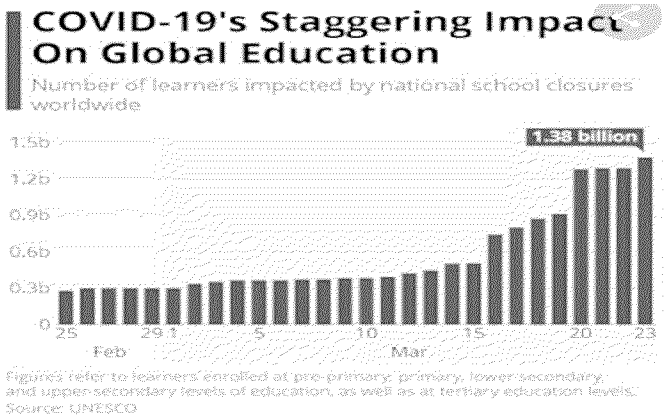
First, Let Ussee What All Educational Institutions Aredoing Tofight Against Covid-19.



Measures taken by the educational institutes are as follows:

- Closed schools
- Postponed or rescheduled the examinations
- Cleaning and sanitisation of premises.
- Consideration of long term uncertainty etc.

Education Sector: Impact and Concern During Covid-19



As discussed above, all major entrance examinations are postponed including engineering, medical, law, agriculture, fashion and designing courses, etc. This situation can be a ringing alarming bell mainly in private sector universities. Maybe some faculties and employes may face salary cuts, bonuses and increments can also be postponed.

- The lockdown has generated uncertainty over the exam cycle. May be universities may face impact in terms of a slowdown in student internships and placements, lower fee collection that can create hurdles in managing the working capital.
- Another major concern is that it can affect the paying capacity of several people in the private sector, which is catering to a sizeable section of the students in the country.
- Student counselling operations are also affected.
- Several institutions may pause faculty hiring plans for existing vacancies which in turn affect quality and excellence.
- Structure of schooling and learning includes teaching and assessment methodologies and due to closure, it will be affected.
- Technology may play an important role in the lockdown period like study from home and work from home. In India, some private schools could adopt online teaching methods. Low-income private and government school may not be able to adopt online teaching methods. And as a result, there will be shutdown due to no access to e-learning solutions. In addition to the opportunities for learning, students will also miss their meals and may result in economic and social stress.
- Higher education sectors are also disrupted which again pave an impact on the country's economic future. Various students from India took admissions in abroad like the US, UK, Australia, China etc. And these countries are badly affected due to

COVID-19. Maybe there is a possibility that students will not take admissions there in future and if the situation persists, in the long run then there will be a decline in the demand for international higher education also. Isn't it!

- Another major concern is employment. Students those have completed their graduation may have fear in their minds of withdrawal of job offers from the corporate sector due to the current situation. The Centre for Monitoring Indian Economy's estimates unemployment shortage from 8.4% in mid-March to 23% in early April. In the urban unemployment rate is 30.9%.
- We can't ignore that technology plays a crucial role in the educational system and the demand for the current situation is this only.

Possible Alternatives or Solution Forinterrupted Education During Covid-19

- With the help of power supply, digital skills of teachers and students, internet connectivity it is necessary to explore digital learning, high and low technology solutions, etc.
- Students those are coming from low-income groups or presence of disability, etc. distance learning programs can be included.
- To provide support for digitalisation to teachers and students.
- The necessity to explore digital learning platforms.
- Measures should be taken to mitigate the effects of the pandemic on job offers, internship programs, and research projects.
- EDtech reform at the national level that is an integration of technology in the present Indian education system.
- We can't ignore that at this time of crisis effective educational practice is needed for the capacity-building of young minds. Central Government and State need to take some measures to ensure the overall progress in the country. Time never wait, this tough time will also pass. Till then stay safe, stay at home!

Conclusion

The lockdown amidst COVID-19 has made significant disruptions in academic activities. The present study assessed the learning status of undergraduate and postgraduate students during this pandemic. Although a substantial proportion of students are using digital platforms for learning, many of them face huge challenges in online study. Our study has suggested the following recommendation to the government, policymakers, and institutional authorities:

There should be made a uniform academic plan for the universities and colleges and also initiate a proper Education Continuity Plan (ECP) to continue the learning process during this pandemic. The infrastructural facilities should be availed to the education institutions which can regulate the digital learning process during future health emergencies. There is a need to ensure adequate funding for the improvement of the education system and to provide capacity development training to the stakeholders of higher education institutions. Interventions should be initiated through a targeted approach to create a positive space for study among the students from the vulnerable section of society.

At this critical period, the open-source digital learning and learning management system could be adopted by the institutional teachers to conduct online learning. Finally, the vital multi-prolonged strategies are urgently needed to build a resilient education system in the state that will ensure to develop the skill for employability and the productivity of the young minds.

Reference

1. "COVID-19 Educational Disruption and Response". UNESCO. 2020-03-04. Retrieved 2020-05-24.
2. "COVID-19 Educational Disruption and Response". UNESCO. 2020-03-04. Retrieved 2020-07-27.
3. "Education: From disruption to recovery". UNESCO. 2020-03-04. Retrieved 2020-06-10.
4. "May 2020 examinations will no longer be held". International Baccalaureate. 23 March 2020. Retrieved 28 March 2020.
5. "Update from Cambridge International on May/June 2020 exams". Cambridge International Examinations. Retrieved 23 March 2020.
6. a b c d e f Bao, Xue; Qu, Hang; Zhang, Ruixiong; Hogan, Tiffany P. (2020-05-13). "Literacy Loss in Kindergarten Children during COVID-19 School Closures". SocArXiv. doi:10.31235/osf.io/nbv79.
7. a b c d e f g h i j "Adverse consequences of school closures". UNESCO. 2020-03-10. Retrieved 2020-03-15.
8. a b Lindzon J (2020-03-12). "School closures are starting, and they'll have far-reaching economic impacts". Fast Company. Retrieved 2020-03-22.
9. Abidah A., Hidaayatullaah H.N., Simamora R.M., Fehabutar D., Mutakinati L. The impact of Covid-19 to Indonesian education and its relation to the philosophy of "MerdekaBelajar" SiPoSE: Studies in Philosophy of Science and Education. 2020;1(1):38–49. [Google Scholar]

10. Gonzalez, T., de la Rubia, M. A., Hincz, K. P., Comas-Lopez, M., Subirats, L., Fort, S., & Sacha, G. M. (2020). Influence of COVID-19 confinement in students performance in higher education. arXiv preprint arXiv:2004.09545.
11. Goyal, S. (2020).Impact of Coronavirus on Education in India, https:// www.jagranjosh.com/articles/dmrc-result-2020-released-delhimetrorailcom-check-cut-off-marks-1587122899-1?itm.
12. India Today (2020).Effect of Covid-19 on campus: Major steps being taken by Colleges going.https://www.indiatoday.in/education today/featurephilia/story/effect-of-covid-19-on-campus-steps-taken-by-colleges 1668156-2020-04-17.
13. Jamerson J, Mitchell J (2020-03-20). "Student-Loan Debt Relief Offers Support to an Economy Battered by Coronavirus". Wall Street Journal. ISSN 0099-9660. Retrieved 2020-03-23.
14. Kumar, D. N. S. (2020). Impact of Covid-19 on Higher Education. Higher Education Digest.https://www.highereducationdigest.com/impact-of-covid-19-on-higher-education/.
15. Manzoor, A. (2020). Online Teaching and Challenges of COVID-19 for Inclusion of Persons with Disabilities in Higher Education. ttps://dailytimes.com.pk/595888/online-teaching-and-challenges-of-covid-19-for-inclusion-of-pwds-in-higher-education/.
16. Ministry of Health and Family Welfare, https://www.mohfw.gov.in/COVID-19 INDIA as on 25 May 2020, 08:00 IST (GMT+5:30).
17. Pelmin, M. (2020).Readings on Coronavirus Disease (COVID-19) and the Higher Education Institution (HEIs) Emergency Preparedness in the Philippines. Available at SSRN 3573896. https://ssrn.com/abstract=3573896.
18. Raju, H. (2020).Covid-19 Lockdown-challenges to higher education, Dr. AIT, ECE Bengaluru, (ongoing project). 20944/preprints202004.02oi:10.20944/.
19. Strielkowski, W. (2020).COVID-19 pandemic and the digital revolution in academia and higher education. Preprints 2020, 2020040290. doi: 10.20944/preprints202004.0290.vEdt
20. UNESCO. Education: From disruption to recovery. https:// en.unesco.org/covid19/educationresponse/.T
21. WHO Timeline - COVID-19, April 2020, https://www.who.int/news-room/detail/27-04-2020-who-timeline-covid-19. World Health Organisation.

3. Role of NSS in Covid - 19

Prof. Dyavappa L. Pawar
Assistant Professor and Head, Shri Annadaneshwar Arts, Science, Commerce, Degree College, Naregal, Tq, Gajendragad, Dist; Gadag.

Key Words : Covid – 19, Pandemic, National Service Scheme,

Introduction

The National Service Scheme (NSS) is an Indian government-sponsored public service program conducted by the Department of Youth Affairs and Sports of the Government of India. Popularly known as NSS, the scheme was launched in Gandhiji's Centenary year, 1969. Aimed at developing student's personality through community service, NSS is a voluntary association of young people in colleges, Universities and at +2 level working for a campus-community linkage. The cardinal principle of the NSS programme is that it is organized by the students themselves, and both students and teachers through their combined participation participation in community service, get a sense of involvement in the tasks of nation building.

A new coronavirus that previously has not been identified in humans emerged in Wuhan, China in December 2019. Signs and symptoms include respiratory symptoms and include fever, cough and shortness of breath. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and some time death. The national service scheme especially of its higher secondary wing, has taken up a challenge to produce five lakh reusable maska. The NSS expressed hope that sufficient number of maska would help in 'breaking the chain' – the foremost strategy of fight Covid – 19. Hence the mask challenge was thrown at the volunteers, staying at home as part of the lockdown, were provided the known to make masks through online modules. Covid – 19 prevention your roles and responsibilities. Present total volunteers join of NSS 25,81,794.

Role of NSS Volunteers in prevention

In the given of CIVID – 19 crisis, the NSS volunteers can play a vital role in the following:

- Share correct and factual information on COVID – 19

- Promote key behaviors to be practiced by their peers and extended community members to prevent the spread of the virus (hand hygiene, respiratory hygiene, social distancing, stay-at-home, etc.)
- Minimize panic and promote responsible behaviors
- Support the local authorities in preparedness for containment in case of any positive case and/or contact case and report suspect cases
- Promote services available for women and children

What to communicate?

- **Safe the facts:** connect people to timely, accurate information from the government, Unicef, WHO and NCDC. Provide clear instructions about what to do if someone suspects they have been exposed to COVID – 19 is spread and how to avoid infection.
- **Demystify the fear:** Outline the steps the government is taking on behalf of its people. Clearly articulate and communicate preventive actions the government is taking to avert or contain transmission of COVID – 19.
- **Promote safety steps that people can take:** Use posters, social media postings, leaflets, FAQs, etc. to promote preventive actions people can take (hygiene and avoidance). Let people know when to wear masks, when to get tested, where to get tested, and who to call if they need help or information.
- **Describe the impact on the society:** Describe the potential impact of an outbreak on services, travel, supply chain, business, revenues, etc, People can plan accordingly.
- **Articulate the importance of social distancing:** One of the most effective strategies for limiting the spread of contagion among people is to reduce human-to-human contact. Please promote hygiene at all times.

How to communicate?

Use social media

a) Whenever you see fake news or misinformation, please counter it than and their.

b) Share information from authorized, reliable sources only (such as the government websites, WHO, UNICEF, etc).

c) Do not share all the materials at once. Share information based on the need and only the information relevant to your audience.

Display IEC materials

a) Stick posters at place that are frequented by people (such as Panchayat Office, bus stop, milk collecting area, schools, etc)

b) Stick the posters at the eye level (top edge at 5 feet) so it is easy for people to read.

Distribute leaflets/handouts

a) Any handouts, such as frequency asked questions, or a brochure on Covid – 19, needs to be distributed to concerned people at the earlist.

b) Ensure that leaflet/handouts are handled after cleaning your hands.

c) Leaf enough leaflets, if you have, at places such as panchayat office, schools, hospitals so people can take them home and read.

Role of NSS Volunteers

1. Support health supervisor in house to house surveillance.
2. Identification of HRG and probable cases.
3. Psychosocial care and: stigma and discrimination.
4. Community awareness through inter-personal communication.
5. Uptake to preventive and control measures including social distancing, home care and home quarantine.
6. Addressing myths and misconceptions.
7. Personal safety and precautions.

Definitions – Suspect/Probable Infected Person

- A person with actuate respiratory illness (fever and at least one sign/symptom of respiratory disease.
- A history of travel to or residence in a country/area or territory reporting local transmission of Covid -19 disease during the 14 days prior to symptom onset.
- A person with serve acute respiratory infection, and with no other etiology that fully explains the clinical presentation.
- A case for whom testing for Covid – 19 inconclusive.

What can the Covid Warrior of NSS Volunteers of Warrior Do?

- Sensate people and help them to understand that it is a simple infection and 80% of the cases are mild cases.
- Make special efforts to reach out to high risk groups including senior citizens and younger children.
- Ask people to stay away from watching negative things on the TV and also fake news.
- Guide WhatsApp groups to help in giving hope and positive news to help people handle stress.
- Advice people to engage in relaxing activities like indoor games, reading gardening, home-cleaning, etc.
- Engage community influences, share correct information on Covid – 19 with them. On specific support required by you.
- Publicly, use terms like people who have Covid – 19 instead cases or victims. Similarly, use terms like people who may have Covid – 19 instead of suspect cases.
- Emphasize that most people do remove from Covid – 19, amplify the good news about local people, who have recovered from Covid – 19 or supported a loved one trough recovery.

Advice Community Members to

- Volunteer for supporting the community help-desk set up by local municipality.
- Support the task of distributing masks in the community, ensuring that they are given to those who most require. Mask management to be taught while distribution.
- Give information through local political and religious leaders insolvent.
- Give information out though common essential services like garbage vans, milk supply van etc.
- Free distribution of bleach/sodium hypochlorite solution and use of the disinfectant to be planned in the community.
- Identify the high risk groups in the community and help them to isolate themselves to protect them from getting infected.
- Be in tough with the government services to organize to get the mid-day meals delivered to the children's homes.

The main objectives of National Service Scheme are

- To enable the students to understand the community in which they work.
- To understand themselves in relation to their community.
- To identify the needs and problems of the community and involve them in problem solving process.
- To develop among themselves a sense of social and responsibility.
- To utilize their knowledge in finding practical solutions to individual and community problems.
- To develop competence required for group-living and sharing of responsibilities.
- To gain skills in mobilizing community participation.
- To acquire leadership qualities and democratic attitude.
- To develop capacity to meet emergencies and national disasters.
- To practice national integration social harmony.

Conclusion

While a lot of good work is being under NSS. There is potential to do much more the students and NSS volunteers are young Indians and they represent the most dynamic and vibrant section of the society. These are exciting times in India. The Government of India, under the dynamic leadership of India, under the dynamic leadership of Prime Minister, Shri Narendra Modi has embarked on the mission of building a united strong and modern India – "Ek Bharat, Shresta Bharat", following the principle of "Sabka Sath, Sabka Vikas", A number of puth-building initiatives have been taken 'Make in India' campaign has been launched to develop India as a global manufacturing. This session talks about the role that Covid warriors plays and what's he need to understand about COVID – 19. And the main theme of the Covid Warriors of the NSS volunteers hand hygiene respiratory hygiene social distancing and high risk group.

References

I. Wikipedia National Service Scheme http://en.m.wikipedia.org

II. Nancy and Neetu, NSS in colleges; Current scenario, Indian Journal of applied research, education, volume-8 Issue - 12, December – 2018, ISSN No.2249-555X.

III. "Ministry of Youth Affairs and Sports".

IV. "National Service Scheme-P.G.D.A.V College, University of Delhi.

4. Corona and Celebrities

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Miss. Fatima Sameer Subedar
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.

Abstract

Coronavirus disease (COVID-19) is an infectious disease caused by a newdiscovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate

Respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes,chronic respiratory disease, and cancer are more likely to developserious. The covid-19 virus spread primarily through droplets of saliva or discharge from the nose when an infected person cough or sneezes. At this time there are no specific vaccine or treatment for covid-19. Firstly it was emerged in China and shows common symptoms such as cough fever etc. covid-19 can be severe and some cases have caused death. This virus spread from person to person. Prevention involved frequent hand washing, wearing mask and maintaining distance. The incubation period for covid-19 is of 14 days.Many celebrities had tested positive for covid-19. And had recovedwithout acquiring special treatment. Celebrities had donated huge amount to fight against COVID-19 pandemic.

There is no other way out than fighting the COVID-19 pandemic together. While we all are stuck in the middle of this deadly outbreak, celebs from film and sports industry are extending financial support at this critical time to help those in need and contribute to the relief efforts. Here is a look at some of the popular names who have made contributions towards coronavirus relief.

Corona

What is Coronavirus?

Coronavirus disease (COVID-19) is an infectious disease caused by a new discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The best way to prevent and slow down transmission is be well informed about

The COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow). At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments. WHO will continue to provide updated information as soon as clinical findings become available.

Coronaviruses are a type of virus. There are many different kinds, ad some cause di caused sease. A newly identified coronavirus, SARS-CoV-2, has a worldwide pandemic of respiratory illness, called COVID-19.

What You Need to Know

COVID-19

COVID-19 is the disease caused by the new coronavirus that emerged in China in December 2019. COVID-19 symptoms include cough, fever or chills, shortness of breath or difficulty breathing, muscle or body aches, sore throat, new loss of taste or smell, diarrhea, headache, fatigue, nausea or vomiting and congestion or runny nose. COVID-19 can be severe, and some cases have caused death.

The new coronavirus can be spread from person to person. It is diagnosed with a laboratory test. There is no coronavirus vaccine yet. Prevention involves frequent hand-washing, coughing into the bend of your elbow, staying home when you are sick and wearing a cloth face covering if you can't practice physical distancing.

How does the new Coronavirus spread?

As of now, researchers know that the new coronavirus is spread through droplets released into the air when an infected person coughs or sneezes. The droplets generally do not travel more than a few feet, and they fall to the ground (or onto surfaces) in a few seconds this is why physical distancing is effective in preventing the spread.

How does this new coronavirus spread to human?

COVID-19 appeared in Wuhan, a city in China, in December 2019. Although health officials are still tracing the exact source of this new coronavirus, early hypotheses thought it may be linked to a seafood market in Wuhan, China. Some people who visited the market developed viral pneumonia caused by the new coronavirus. A study that came out on Jan. 25, 2020, notes that the individual with the first reported case became ill on Dec. 1, 2019, and had no link to the seafood market. Investigations are ongoing as to how this virus originated.

What is the incubation periods for covid-19 ?

It appears that symptoms are showing up in people within 14 days of exposure to the virus. Symptoms of covid-19 Cough Fever or chills Shortness of breath or difficulty breathing Muscle or body aches Sore throat. New loss of taste or smell Diarrhea, Headache, Fatigue, Nausea or vomiting, Celebrities tested positive Covid-19 Aishwarya Rai Bachchan and her daughter. Actor Aishwarya Rai Bachchan and her daughter Aaradhya Bachchan have been admitted at Nanavati Hospital, days after being tested positive for coronavirus.

Shernuparikh

Television actress Shrenu Parikh has tested positive for the coronavirus. She confirmed that she has contracted coronavirus. She is known for her roles in TV shows like Ishqbaaz, Iss PyaarKo Kya Naam Doon?...EkBaarPhir.

Parthsamthaan

'KasautiiZindagii Kay' fame actor ParthSamthaan has tested positive for coronavirus. Parth took to social media to confirm that he has contracted the deadly virus. He also urged all those who came in contact with him lately to get themselves tested. He had been shooting for the show over the past few days. Producer Ekta Kapoor has also issued a statement, confirming the case.

Dularikher

Bollywood actor AnupamKher's mother, DulariKher, has tested positive for coronavirus and has been admitted to a city hospital. The actor took to social media to announce the news. This is to inform all that my mother Dulari is found COVID + (Mildly). We have admitted her into Kokilaben Hospital. My brother, bhabhi& niece in spite of being careful to have also tested mildly positive. I got myself tested as well & I have tested negative.

Amitabh Bachchan

Shahenshah of Bollywood' Amitabh Bachchan is the latest celebrity to test positive for coronavirus. Big B has been currently admitted to Nanavati hospital in Mumbai for treatment. The legendary actor took to Twitter to confirm the news via Twitter on Saturday late night.

Abhishek Bachchan

Reportedly, Abhishek Bachchans has also tested positive for coronavirus and is undergoing treatment at Nanavati Hospital.

Rachel white

Actress Rachel White has tested positive for coronavirus. Rachel took to Twitter and confirmed that she has contracted the deadly virus and and is home-quarantined now. "I have tested Covid-19 positive. Quarantined at home. Please keep me in your prayers as I set off on my path to recovery," Rachel tweeted. Wishing her speedy recovery, netizens asked her to take proper care of herself.

Shahid Afridi

Former Pakistan cricketer ShahidAfridi took to social media to announce that he has been tested positive for the coronavirus. "I've been feeling unwell since Thursday; my body had been aching badly. I've been tested and unfortunately, I'm COVID positive. Need prayers for a speedy recovery, InshaAllah" (sic), Afridi wrote on Twitter.

Kiran Kumar

Kiran Kumar tested positive for the novel coronavirus on May 14, which the 74-year-old veteran actor confirmed to us. Kumar, however, said he didn't experience any symptoms. The actor learnt about it when he went to a hospital for a minor medical procedure 10 days ago. Before undergoing the procedure, the hospital asked him to get a few preliminary tests done in which Covid-19 test was also included as a precautionary measure.

Olivia nilkkanen

Actor Olivia Nikkanen, best known for her roles on shows "The Society" and "Supergirl", says she has tested positive for the novel coronavirus. The 21-year-old actor shared a health update while appearing on Instagram Live with her co-star Kathryn Newton.

Donation

Celebrities Please Support…..

Actress Anushka Sharma, Her Cricketer-Husband Viratkohli Have Pledged Their Support To The Pm Cares Fund And Maharashtra Chief Minister's Relief Fund. However, They Chose Not To Disclose The Amount. Filmmaker Karan Johar, Actor Sonam Kapoor, Ayushmankhurrana And Few Others Also Pledged Support But Did Not Say How Much They Were Donating.Sachin Tendulkar Donated Rs 25 Lakh Each To The Prime Minister's Relief Fund And The Chief Minister Of Maharashtra's Relief Fund.Cricketer Suresh Raina Donated Rs 31 Lakh To Pm-Cares Fund And Rs 21 Lakh To Up Cm's Disaster Relief Fund To Combat Coronavirus.Bollywood Superstar Akshay Kumar Announced That He Will Be Donating Rs 25 Crore To Pm-Cares.Bollywood Actor Kartikaaryan Has Contributed Rs 1 Crore To Prime Minister Narendra Modi's Pm-Cares Fund.Bollywood Superstar Salman Khan Will Extend Help To 25,000-Odd Daily Wage Workers Of The Film Industry Whose Lives Have Been Affected By The Ongoing National Lockdown. Salman's Contribution Will Aid The Artistes Of Federation Of Western India Cine Employees (Fwice), Said The Body's President Bn Tiwari.Varundhawan Pledged Rs 30 Lakh To Pm-Cares Fund And Rs 25 Lakh To Maharashtra Cm's Relief Fund. Actorshilpa Shetty, Along With Her Husband Raj Kundra, Pledged To Donate Rs 21 Lakhs To Pm-Cares.Bhushan Kumar, Who Heads Film Studio T-Series, Said He Will Donate Rs 11 Crore.Tv Host And Actor Maniesh Paul Said He Will Donate Rs 20 Lakh And Murad Khetani, The Producer Of 2019 Blockbuster "Kabir Singh", Pledged Rs 25 Lakh To Pm-Cares And Another 25 Lakhs To The Maharashtra Relief Fund.Designersabyasachi Mukherjee Has Pledged To Give Rs 1 Crore Of His Personal Funds To The Prime Minister's National Relief Fund (Pmnrf) Along With Rs 50 Lakhs To Chief Minster Of West Bengal's Relief Fund.Teen Shooting Sensation Manu Bhaker Donated Rs 1 Lakh To The Haryana Government

Corporate Made Donation.

ADANI Foundation has contributed Rs 100 crore to the PM CARES Fund for the fight against the coronavirus pandemic.Tata Sons and Tata Trusts have pledged to contribute Rs 1,500

crore for the cause while Reliance Industries had made an initial contribution of Rs 5 crore besides opening India's first COVID-19 hospital in Mumbai.The JSW Group said it will extend a financial assistance of Rs 100 crore to combat the deadly virus.Engineering and construction giant Larsen & Toubro announced Rs 150 crore donation to the PM-CARES FUND.IT has set aside over Rs 500 crore per month to support about 1.60 lakh contract workers.TVS Motor Company said it will donate Rs 25 crore to the PM's Relief Fund for battle against COVID-19 pandemic.TheSajjan Jindal-led group will provide equipment to healthcare workers and its employees will donate one day's salary.Anand Mahindra of the Mahindra & Mahindra Group had offered to provide Mahindra resorts as care facilities for those infected. The Mahindra Group is also working on making ventilators for Covid-19 infected patients.Several FMCG companies such as ITC, HUL, RB, and Godrej have also pledged material and monetary aid to help the government.ITC chairman SanjivPuri announced the conglomerate has set up Rs 150 crore COVID-19 contingency fund to provide relief to most vulnerable section of the society, provide assistance to rural healthcare and even provide protective gear for medical staff.Private sector lender Kotak Mahindra Bank and its Managing Director Uday Kotak announced a Rs 60-crore donation. The bank will donate Rs 25 crore to PM Cares Fund and Rs 10 crore to Maharashtra Chief Minister's Relief Fund, it said in a tweet.Megha Engineering and Infrastructure Limited (MEIL) managing director PV Krishna Reddy has donated Rs 5 crore each to the Chief Minister's relief funds of AP and Telangana.

What treatments are available?

There`s currently no treatment specifically approved for COVID-19, and no cure for an infection, although treatments and vaccines are currently under study.

Instead, treatment focuses on managing symptoms as the virus runs its course.

Seek medical help if you think you have COVID-19. Your doctor will recommend treatment for any symptoms or complications that develop and let you know if you need to seek emergency treatment.

Other coronaviruses like SARS and MERS are also treated by managing symptoms. In some cases, experimental treatments have been tested to see how effective they are.

EXAMPLES of therapies used for these illnesses include antiviral or retroviral medications breathing support, such as mechanical ventilation steroids to reduce lung swelling .blood plasma transfusions.

Conclusion

Covid-19 is newly discovered respiratory illness originated in live animal market of china. Firstly it was spread throughout the china and now all over the world . MANY of the celebrities of world had infected with CORONAVIRUS and recoved without acquiring special treatment.from all the details here by concluded that a newly discovered coronavirus ie covid-19 had affect many people physically and financially. As it is a great pleasure for us that our celebrities had donated a huge amount to fight against the covid pandemic. Many industries and corporation made a donation of such a huge fund . I am really proud to say that the celebrities had helped India in every aspect to fight against covid-19.

Reference

1. https://covidwarriors.gov.in/
2. https://m.economictimes.com/magazines/panache/amitabh-abhishek-bachchan-test-positive-for-coronavirus or-celebrities-wish-speedy-recovery/videoshow/76917603.cms
3. https://m.economictimes.com/topic/corona-warriors/amp
4. https://mygov.in/covid-19/
5. https://self4society.mygov.in/corona-warriors/
6. https://techcrunch.com/2020/03/21/google-launches-covid-19-page-and-search-portal-with-safety-tips-official-stats-and-more-us-only-for-now/
7. https://timesofindia.indiatimes.com/india/coronavirus-live-updates-with-75760-new-cases-indias-coronavirus-count-crosses-33-lakh-mark/liveblog/77753274.cms
8. https://timesofindia.indiatimes.com/india/coronavirus-live-updates-with-75760-newcases-indias-coronavirus
9. https://timesofindia.indiatimes.com/india/coronavirus-live-updates-with-75760-new-cases-indias-coronavirus-count-crosses-33-lakh-mark/liveblog/77753274.cms
10. https://timesofindia.indiatimes.com/india/coronavirus-live-updates-with-75760-new-cases-indias-coronavirus-count-crosses-33-lakh-mark/liveblog/77753274.cms
11. https://timesofindia.indiatimes.com/india/coronavirus-live-updates-with-75760-new-cases-indias-coronavirus-count-crosses-33-lakh-mark/liveblog/77753274.cms
12. https://timesofindia.indiatimes.com/india/coronavirus-live-updates-with-75760-new-cases-indias-coronavirus-count-crosses-33-lakh-mark/liveblog/77753274.cms
13. https://www.bbc.com/news/world-53864069

14. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
15. https://www.frontiersin.org/articles/10.3389/fpubh.2020.00473/full
16. https://www.glamour.com/story/all-the-celebrities-who-have-tested-positive-for-coronavirus
17. https://www.healthline.com/health/coronavirus-covid-19
18. https://www.ramauniversity.ac.in/corona-warriors-scholarship/
19. https://www.shethepeople.tv/news/fight-coronavirus-celebrities-athletes-good-deeds/
20. https://www.thehindu.com/opinion/open-page/the-corona-warriors/article31544102.ece
21. https://www.thewrap.com/celebrities-deaths-coronavirus-star-hollywood-notable-stars/
22. https://www.vulture.com/article/famous-people-celebrities-with-coronavirus.html
23. https://www.who.int/emergencies/diseases/novel-coronavirus-2019
24. https://www.who.int/emergencies/diseases/novel-coronavirus-2019
25. https://www.worldometers.info/coronavirus/country/india/

5. Role of Ngos during Covid 19 Pandemic: A Study

Yash Singh Sisodiya
M.A. Sociology School of Social Sciences DAVV, Indore.
Dr. Sarika Dixit
School of Social Sciences DAVV, Indore.

Abstract

As the numbers of confirmed COVID-19 Cases are progressively increasing various states like Maharashtra, Delhi and States in south India have seen worst increase in number of cases and graph of positive cases goes continuously upwards so it is worth investigating COVID-19 in Indian context with special reference to the contribution and strategies adopted by some major NGOs and other social welfare organisations. Successful coordination between Government authorities and NGO's, and urging the population to respond fast and act accordingly. In spite of the model health and lockdown measures implemented by Indian government, this research paper seek to identify the ongoing practices of Non-governmental organisations, in minimizing the harmful impact of COVID-19 on underprivileged section of society, Also researcher try to analyse the aspect of social service from different perspectives like migrants, philanthropic and social work while mentioning of the global practices and strategies adopted.

Keywords – COVID-19, NGOs, Social welfare, Philanthropic, lockdown

Introduction

The world is currently going through the widespread COVID-19 pandemic considered as most terrible public health crisis in the history of mankind. COVID-19 pandemic influencing 768,363 individuals in more than 195 nations and regions around the world.(Fadlallah Racha et al, 2020). Although COVID-19 is global problem but researcher focused this study in Indian context and inclusion of various factors to undertake comprehensive analysis of the issue and role of Non-governmental organisation in combating COVID-19 and thus analyse how successful they are in their strategic approach.

To handle such widespread disease or virus it's not possible for single institution with limited resources to manage it effectively it must require other collaborators to impact large

population in organised manner. Everybody has a task to carry out—government at all levels, philanthropies, common society and private sectors along with the individuals.(Venkatachalam et al, 2020) .

In the midst of the huge disturbance brought about by the pandemic, local non-government associations (NGOs) and other philanthropic organisations have gotten an opportunity to bridge the gap between accessibility of basic essential resources and underprivileged marginalised population of the country.(Jouhar, 2020) As a result corona crisis almost create disturbances in social events and global economy at large and cause much harm to marginalised section of society (elders, children, women and poor etc.) With this pandemic society also witness the infringement of human rights and social justice of large population.(Solomon, 2020)

Literature Review

(Fadlallah Racha et al, 2020) In their rapid response document focus to encourage the strengthening of International and local level NGOs in the COVID-19 response. In particular, it (1) resents the best accessible evidence based response, (2) gives a review of measures adopted by NGOs in different nations to battle COVID-19 pandemic; (3) portrays existing NGO coordination models, (4) highlights lessons gained from NGO inclusion in Ebola reaction, and (5) closes with nation level suggestions.

(Venkatachalam et al, 2020) Focus primarily on the role of philanthropic organisations in response to COVID-19 pandemic. Additionally examine, relevant, various organizations supporting readiness. Also researchers perceive the significance of medium-term recuperation needs, for example, the effect of the emergency on training or urban administration—and community empowerment in long term. Rapid research project includes the interview method with more than 50 people across 40 associations.

(Solomon, 2020) In their comprehensive essay purposely explain the nexus and coordination between the Covid 19 pandemic and social work explicitly. This paper points to expand on the IFSW's (The (International Federation of Social Workers) announcements by featuring the interlock between COVID-19 and social work with the expectation that such depiction will urge experts' to research action in the coming weeks.

(Bhagat et al, 2020) This policy paper presents how our understanding of migration and livelihood could be useful in structuring an alleviating procedure of financial and social effect of

COVID-19. Focus of this paper is exclusively on migrant issues and impact of COVID on their living standard and it also explore the role of social organisations like NGO to mitigate the deteriorating effects.

(Nemteanu, 2020) Assessing the prescribed procedures of NGOs and redefining their relationship with public institutions may give answers for the supportability of nearby networks. In light of Resource Dependence Theory applied by NGOs research plans explore activities attempted during financial emergencies. The accepted procedures supporting the technique to battle the impacts of COVID-19 pandemic were analysed from a Managerial viewpoint.

Methodology

The Paper is descriptive in nature and exclusively based on secondary research data and other relevant literatures (newspapers, journals and articles) Researcher identifies relevant studies by searching various database and government and international organisations records.9 journal articles and 6 other report articles were selected as method of analysis. Additionally researcher focuses to identify the successful practices in non profit sector during COVID-19 pandemic in India.

Background

The outbreak of pandemic named COVID-19 was first identified on 12 December 2019 and The first human cases of COVID-19, brought about by the novel corona virus causing COVID-19, named SARS-CoV-2 were first revealed by authorities in, Wuhan province of china. Further proposing that the market in Wuhan City was the source of this outbreak and played major role in igniting the outbreak. At present Over 100 countries have now reported positive confirmed cases of COVID19 (WHO, 2020).

The virus Entered in Indian boundaries through international travels. The first confirmed case in India was from student who came back from Wuhan She was studying in Wuhan, come back to her home in Kerala, conceded in the medical clinic for fix and isolate, release after appropriate recuperation(Kaushik et al, 2020). The epidemics of the past were not really worried about relocation and livelihood.

In colonial India significant Indian urban communities like Kolkata (Calcutta), Mumbai (Bombay), Chennai (Madras) and numerous other urban places enormously experienced flu, smallpox, plague, intestinal sickness and cholera, but in current service economy migrated

section is worst hit .At the point when travellers escape from the city they lose their vocation as well as they may transmit the diseases to their local spots (Bhagat et al, 2020).

COVID-19 has a limit with regards to human-to-human transmission, general society has no hard immunity against it, a high death rate, which makes it suitable agents for pandemic potential and the cutting edge transport framework additionally helps in its quick spread (Kaushik et al, 2020). Pandemic is demanding a tremendous cost for people, families, networks, and social orders over the world.

Day by day lives have been significantly changed, economies have fallen into downturn, and a large number of the customary social, financial, and general wellbeing security nets that numerous individuals depend on in the midst of difficulty have been put under exceptional strain(WHO et al, 2020).

As the cases of COVID 19 are increasing with rapid rate the social organisations like NGOs, community service organisations, Corporate and citizens volunteers coming forward to take initiative and bridge the gap between the marginalised cluster of society and their basic needs(Roshni, 2020).Tools utilised by public institutions and NGOs to encourage adoption of new behaviours is social marketing, which has demonstrated success in public information awareness, in combating consumption of alcohol, car traffic accidents, tobacco or drugs and medications, alongside other along with other social issues. Social advertising is an instrument with direct positive impacts in informing the population and awareness regarding the adoption of behaviours necessary for the prevention disease transmission (Nemteanu, 2020).

Global Scenario

In just a brief timeframe, the COVID-19 pandemic advanced into a worldwide pandemic. With these characteristics common to every part of the world who faces the issue at large scale, (1) Speed and scale spread rapidly to all edges of the world, and its ability for dangerous spread has overpowered even the most resilient health systems of developed countries also, (2) Severity: in general 20% of cases are serious or basic, with an unrefined clinical case casualty rate right now of over 3%, expanding in more older age groups and individual already having certain conditions, (3) Societal and economical disturbance: social care systems with measures taken to control transmission have had wide and profound Socio-economic results.(WHO et al, 2020) .

There are various alarming reports and statistics that show upcoming severity of COVID-19 pandemic especially in developing countries. According to international NGO (ALIMA, 2020)

The mortality rate in present times are expected to be 3 to 5 times higher in Africa than rest of the world. Therefore India needs to observe other developing countries in general and Africa, Romania and south Asian countries in particular and their strategies also to inculcate their own suitable strategy. Even the oil-rich city of Warri in Nigeria's Niger-Delta region is on the verge of chaos and mayhem, following reports of the killing of a citizen by security officials. These occasions, taken together, presents authentic worries to the social work profession (Solomon, 2020).

COVID-19 pandemic is demanding an immense cost for people, families, networks, and social orders over the world. Day by day lives have been significantly changed, economies have fallen into downturn, and a considerable lot of the conventional social, financial, and general wellbeing security nets that numerous individuals depend on in the midst of difficulty have been put under phenomenal strain(WHO et al, 2020).

Globally there has been a long period of lockdown and certain economic restrictions which affect disadvantaged groups, including internally displaced people and refugees, migrants, people in poverty, people living in overcrowded settlements and people depends on daily wages (Bahnson et al, 2020)

Action Taken (Globally)

NGOs have received various measures; the most widely recognized the arrangement of social help and care to weak population influenced by social distancing measures; general wellbeing instruction and community engagement, and arrangement of clinical supplies and cleanliness units (Fadlallah Racha et al, 2020). Some major successful frameworks are:-

1. Ngo Coordination Model

This model suggests collaboration and tie up with other organisations and non profits for better penetration at grass root level. It includes SPHERE PROJECT that draws minimum standards and protocols for social service. The CLUSTER APPROACH on one hand creates organised system of international leadership on the other framework for evidence based coordination for each cluster. Similarly there are also other models of NGO coordination models like decentralize and centralize approach, code of conduct tool and integrated collaborative framework for post disaster reconstruction.

2. Alima Strategy (Africa)

ALIMA has been requested by the specialists of a few African nations:

- Senegal, where it mediates as a team with the Pasteur Institute of Dakar and the College Hospital of Fann and chips away at the administration of suspected and affirmed cases.
- Cameroon, where it offers fundamental specialized help, fortifying the limit of emergency clinics and clinical staff groups. These two activities will be financed for a time of 3 months by the Bill and Melinda Gates Foundation, effectively an accomplice of ALIMA.
- Burkina Faso, where the first passing was declared yesterday by WHO, ALIMA is dynamically arranging its help to legitimate wellbeing structures so as to ensure the security of patients what's more, wellbeing staff, in order to build the reaction limit under national coordination.

3. Ngo In Ebola Response

The West African Ebola episode of 2013-2015 was a human misfortune that contaminated more than 28,000 individuals and asserted more than 11,000 lives while international and local NGOs assume critical role in relieving the Ebola outbreak analysis of the response revealed various shortcomings and therefore generated key lessons for future responses(Fadlallah Racha et al, 2020).

Role Of Social Workers During Covid 19

In many countries social workers are supporting communities that are influenced or dreadful of the COVID-19 Virus. Social work has a fundamental forefront job in the battle against the spread of the infection through supporting communities and ensures themselves as well as other people through physical removing and social solidarity (IFSW, 2020). In India 80 percent of employments are produced by small scale business and among the occupations, social work is picked by the least numbers of youth. The circumstance has become graver since career consciousness is overtaking idealism and service orientation (Deekshitha, 2016).

There are also stakes involved regarding social work profession on one hand and On the other hand, as a practice based profession, social work has a urgent task to carry out given its expressed objective of (1) propelling social union and strength, (2) advancing social change and improvement through the freedom and strengthening of individuals, and (3) re-establishing social

working while at the same time implementing regard for the holiness of life, drawing on standards of social equity and human respect(Solomon, 2020).

Fight against the COVID-19 epidemic rising proof recommends that the cutting edge NGOs and PCPs (primary care providers) will be at the frontline of the fight against COVID-19 and not merely observers but also take actions accordingly. In order to improve community preparedness, their wellbeing volunteers are creating posters and banners with messages on key themes, for example, individual cleanliness, social distancing, and specifically keeping the older safe, and working with local health centres to guarantee that the families in their towns have all the emergency numbers(Nachiket, 2020)

Yet society is currently under threat of panic and social service denial, especially for those undergoing traumatic situations. Similarly the value of social justice human dignity is challenged and gradually the social work profession becomes the most hurt profession. To deal with such paradoxical situation social worker can combine strength based practice with blend of spirituality for long term benefits(Solomon, 2020).

Ngos in INDIAN CONTEXT DURING COVID-19 CRISIS

Rapid increase in widespread pandemic covid-19 administration made some solid strides concentrating on social distancing. Across the country three-week lockdown announced by our Prime Mminister. In the aftermath of the lockdown, PM contacted NGOs. Talking through a video interface on March 30, Narendra Modi approached the NGOs to help the legislature during the lockdown by giving essential necessities to the oppressed, providing clinical and defensive apparatus, and helping with mindfulness battles on social separation (Asadullah, 2020).

Additionally, National Service Scheme nurtures the student through curriculum and engaging the youth who are studying towards network administration while they are concentrating in instructive organizations. It also creates sense of selfless service towards society and community at large (Deekshitha, 2016).

There are different ways in which India with the help of non profits and other social welfare organisations managed to deal with the dangerous spread of pandemic and along with social support (Vyavaharkar, 2020)they also provide psychological, physical as well as economical support through various means like public health education, cash transfer, provide face mask and sanitizers wherever it required for underdeveloped population, corona warriors or

our police force and assist India dealing with the pandemic and its subsequent financial effect (Datta et al, 2020).

India is the second-biggest populated developing country with deficient and inaccessible medical facilities. In expert opinion, quantity of COVID-19 cases could be more but testing rates are still low comparatively (Kaushik et al, 2020), numerous CSOs (civil society), NGOs and other sectors are responding to the pandemic test in enormous ways and are filling in holes left by governments to give fundamental administrations, spread data about the infection, and secure underestimated gatherings (Dipendra et al, 2020). Some of the important strategies are :-

1. Ajeevika Bureau

It deals with PDS system and immediate payment of pending wages in The Mahatma Gandhi National Rural Employment Guarantee Act scheme. Their helpline redress over 1000 calls per day from distressed and unguided migrants.

2. Basic Healthcare Service

Setting up of one primary health care centre with six AMRIT clinics in partnership with Rajasthan state government. Main function was delivering medicines and handle tele counselling service.

3. Childfund

Addressing immediate needs specially of the children regarding food baskets and hygiene kits are provided to marginalised children and their families. Also ensure PPE kits to frontline workers in the field. Distributed around 20000 hygiene kits, 17000 food baskets and 700 PPE kits.

4. Haqdarshaks

Helping citizens particularly Farmers, women and daily wage earners to establish bridge between government schemes for cash transfer for women to Jan- Dhan accounts and free gas cylinders from ujjawala yojana. Currently in terms of economic sustainability they're planning platform to support MSMEs.

5. Icall

Provides free email, phone or chat based counselling service to everyone irrespective of their gender, age, region etc. Ensure their service in multiple languages to penetrate grassroot level and enhance accessibility for the individual experiencing serious corona related stress or anxiety. In just three weeks they received 100 calls from diverse parts of the country.

6. Jan Sahas

Employ longitudinal migration tracking system and track over 1.2 lakh migrants and also carry out rapid needs assessment by interacting with 3200 migrant families of North and central India to understand impact of lockdown. Additionally received over 26,424 calls on helpline for immediate relief and provided 6344 safety kits to frontline workers in the field.
(Venkatachalam et al, 2020)

7. Tribe Initiative

For creating Personal Protective Equipment self-help-groups of women belong to Rabari tribal community have set up a component to make safety items in their own homes and have up to this point gave more than 20,000 covers to health care facilities, neighbourhood police headquarters, furthermore, to people and families (Nachiket, 2020).

8. Gram Vaani

It is a social technology company it breeds out of IIT Delhi. With simple social innovation affect various communities both inside India, just as around the globe. Utilizing IVR (Interactive Voice Response) and network radio telecom frameworks, it has set up participatory media systems in 25+ areas in Bihar, Jharkhand, UP, MP, Delhi NCR, and Tamil Nadu, empowering the networks to oversee and share voice-based substance over cell phones and the web, with over 2.5 million clients. Provide missed call and pre recorded FAQ services regarding basic information and guidance to deal with COVID-19 crisis.

Apart from these nationally established non profit institutions India during COVID-19 pandemic also get large helping hand from the non government organisations(NGO) work at local level in India and also Supreme court appreciate and made remark that NGOs deserve all recognition for helping migrants during COVID-19 emergency (PTI, 2020). Additionally the Indian government additionally spoke to 92,000 NGOs for help with locating the virus hotspots and offering basic assistance to weak gatherings of individuals including the old and youngsters, people with disabilities, transsexual people, and the destitute, daily wage labourers, migrant and urban poor families (Samar, 2020). Some examples of local social service institutions and NGOs in India are:-

1) Operation Smile on Wheels (SoW) is a lead activity of Smile Foundation that has effectively profited in excess of 10 lakh kids and families with a specific focus on youngsters and ladies, in urban ghettos and remote territories. Also they are increasing

awareness midst of people by sharing essential data about the virus through 39 versatile vans that arrive at near 3,000 patients regularly across 23 states in India (IANS, 2020).

2) Sangama ngo set up for government assistance of regular workers and non English talking gender, minority gender and sex workers since 1999 raising assets for 500 homes of sex-laborers and transpeople in Karnataka (MAANVI, 2020).
3) The National Organization for Social Empowerment (National NGO), a non-benefit association, has approached to help poor people and needy in every possible way and give out hygienic food consistently to around 700 downtrodden people (Service, 2020)
4) HelpAge India has been working persistently on the ground, giving Free Meals to Survival, Family Survival Kits, Protective and Hygiene packs to the elders and their locale in the rural territories and urban ghettos, migrant workers and daily wage earners. HelpAge is likewise giving free prescriptions to older folks and running its Mobile Healthcare Units as a rescue vehicle for transportation of senior patients to emergency clinics (India, 2020).

Migrant Issue And Ngo

India after witnessing continuous increase in COVID cases adopted movement restrictions and social distancing measures in the form of Lockdown that can slow COVID-19 transmission by constraining contact between individuals. No doubt that these measures can have a significant negative effect on people , society and community Such measures discriminately affected disadvantaged groups, including people in poverty, internally displaced, migrants, people and refugees, this section mostly rely upon daily wages for their subsistence (WHO, 2020).

Furthermore (Bhagat et al, 2020) says that migration and immigration are already severe problem globally yet there are obstacles that have to be faced by NGOs such as anti-refugee sentiments on the part of authorities and scarcity of linguistic and culturally accessible information that make issue worse. To address the issue government (MHA) issues advisory for landowner not charge any rent during crisis and employers to pay the workers during lockdown these information advertise most effectively by collaboration of different NGOs through social marketing.

Additionally States have also started involvement of Non-government Organisations, volunteers and Jail mates in this undertaking. NGOs have now begun crowd funding putting forth considerable attempts to take care of individuals, give them feast units, cleanliness packs, family packs of essentials. With the advancement of technology and its access through digital india movement different techniques utilized for the accomplishment of monetary resources necessary for the organisation's mission (Nemteanu, 2020).

(Bhagat et al, 2020) Categorize migrant workers into three major types, (1) workers still reside in city and create congregation at railway station or bus stops, (2) workers on their way and yet to reach their native place , and (3) laborers who have arrived at their destination will be recognized by the locale organization or city administration for follow up. In terms of strategy two main strategy are considered success during implementation that is:-

1. MHA set-up a control space to screen the circumstance 24X7 to guarantee the entrance to basic wares to anybody (Kirtika, 2020). States were permitted to use cash in the State Disaster Relief Fund (SDRF) to give food, convenience and clinical consideration to destitute, including transient specialists, abandoned due to lockdown and shielded in help camps and different spots.
2. New initiatives are taken by NGOs, for example, in Kerala, a versatile testing unit named "Bandhu" has been presented by Center for Migration and Inclusive Development with the assistance of legislature of Kerala for screening the migrants and provide clinical assistance proposed to introduce geo-tracking system with the help of the police to ensure that only migrants get access to the food.

Role Of Philantropy In Covid-19

There are still some districts of India where the COVID-19 virus is not yet been identified in any huge numbers, In this emergency situation philanthropy, nonprofits, and other social service organizations demonstrating that they can react rapidly and cooperatively. Philanthropy is supplementing and empowering government efforts and filling gaps and philanthropy help program implementation in major ways :- (Venkatachalam et al, 2020)

- Through filling the funding gaps through large investments for social purpose.
- Support and encourage innovation at every level.
- Through wide coalition and collaboration opt for community led approach.

- Flexible in funding and ready to collaborate with multiple stakeholders and thus help government to efficiently reach the last mile.

According to (WHO, 2020) Additional Support and investment will be necessary across public, private and philanthropic sectors along with proper conduct of those resources. WISH Foundation is supporting COVID-19 control rooms to supervise social distancing measures, observation, and home isolate of those in contact with positive cases.

Furthermore, Piramal Swasthya is utilizing existing staff on its 104 healthcare help lines to follow people who have gone back from COVID-19 affected areas. Associations, for example, Noora Health and Child Fund are too supporting government endeavors by scattering—through helplines and WhatsApp messages—data identified with the significance of sterilization and cleanliness in forestalling the spread of the illness (Venkatachalam et al, 2020).

Obstacles In Reaching Grassroot Level

1. No prior knowledge of any kind of medical insurance or social security provided and thus some economically deprived households left out of the benefits of schemes (Solomon, 2020).
2. Sometimes after lockdowns social welfare services are not sufficient for long term relief that restrict volunteer capacity to bring permanent changes.
3. In developing countries there are already shortage of human and material resources like hospital beds, equipments and additional trained working staff.
4. Restrictions on borders mean restriction of doctors from abroad in case of emergency and also limited transportation of necessary equipments.
5. Area of NGOs and their efficiency to impact at ground level lacked research.
6. Stigma related to labour class, migrants and refugees is still prevalent that widens the accessibility in some cases.
7. There are lack of inspirational role models for students that keeps him in profession of social services and encourage to join services like NGOs and NSS (Deekshitha, 2016).
8. Health workers are asymptomatic transporters of virus some might die, including young people builds the pressure of those on the front line (Nachiket, 2020).

Practical Suggestion To Strengthen Future Preparedness

1. social workers can join as instructor, advocate, and referral, connecting care-clients to guardians. flexibility and relationship-building systems and mix the strength based practice with spirituality (Solomon, 2020).
2. Ad-hoc policy with the assurance of cash transfer and other social security net to reduce the stress mentally as well as economically.
3. Engage in researches to create vast amount of qualitative literature that can contribute in future preparedness response.
4. Provide information and updates of government schemes in regional as well as alternative languages also during lockdown period (Venkatachalam et al, 2020).
5. Organized and monitored coordination among NGOs work for same component to avoid duplicity of service and identify fake beneficiaries of the scheme.
6. Identify, locate, harness, promote and empower local existing NGOs who work efficiently in respected field. Government can also allot quality points as the measure for each NGO efficiency and based on that promote most beneficial among them.
7. International NGO should be familiar with political and cultural context of the field and should focus at community level intervention.
8. In such period of lockdown and shut downs the local NGOs with philanthropic and government funding can provide alternate education and job opportunities to increase productive human resource.
9. Like Portugal country can give temporary citizenship to underprivileged section like migrants and asylum seeker so that they can have health and other essential benefits and data also gathered of migrants and others for future identification.
10. Public distribution system should always be ready on the part of the government to use effectively during emergency times.

Conclusion

Along with national initiatives like the PM Cares Fund the local support also came forward in form of non-profits, civil society organizations, citizen groups and even individuals to help the needy population (India A. I., 2020). India while having such a huge population count proves to be successful in maintaining the Community transmission of virus on one hand and provide effective awareness and reliable information free of rumors on the other all of this is not

possible with the single governmental institutions here NGOs and other welfare organizations play the important role to mitigate the pandemic situation through releasing its human and material resources.

Certain notable organizations that directly work in collaboration with government and other organizations are Smile On Wheels (SoW), sangam, HELP AGE India and Organization for Social Empowerment Similarly there are also number of philanthropic institution that came forward and with their best support try to fill the financial and other requirement gaps and helps local organisations and government to reach the last beneficiary these are – Piramal Swasthya, WISH foundation, Noora and Child Trust Foundation. According to (TOI, 2020) The Summer issue of Town and Country, America's driving magazine highlighted Nita Ambani and the Reliance Foundation among the top philantopist saving lives in coronavirus episode. Distributed a large number of meals and masks to corona warriors and poor also set up India's first medical clinic for COVID-19 patients, and gave $72 million to emergency fund.

Apparently the NGO part can possibly reach to the destitute, helpless and the poor with a sort of approach that is exceptional furthermore, deserving.

Numerous NGOs simply don't meet all requirements for such a differentiation. As an end product, the nearness of a large number of NGOs in the circle of common society has neglected to live up to our desires. NGOs don't represent any real alternative to the state and the public sector. In recent times, countries globally start to increase their coordination with NGOs and help them regain supremacy. Henceforth, a strong and welfare state that would fill in as a facilitator of individuals self-development with help of CSOs and Self-Help Groups (SHGs) offer a superior alternative to ensure sustainable development (Biswajit, 2009).

Lesson need to be taken for future preparedness particularly to developing and underdeveloped countries that are still in infant stage in terms of economic growth and qualitative human development. Apart from this the authorities concerned should cooperate for promoting NGOs and its relevance in curriculum and in practice so that youth may be utilized for building a strong and healthy nation (Deekshitha, 2016). Speed, scale, and equity must be our guiding principles because COVID-19 is a truly global crisis: the only way to overcome it is together, in global solidarity (WHO, 2020). All available evidence recommends that this will be a long battle against the disease Winning it will, require the vital reaction to be at the degree of

level of the community and the family, and not at the hospital NGOs are the nearest to the community and underprivileged (Nachiket, 2020).

References

1. ALIMA. (2020, 3 19). Covid-19 pandemic: the international NGO ALIMA warns of the seriousness of the situation in Africa and calls for the emergency deployment of staff, medicine and materials necessary for all humanitarian activities. Retrieved 8 17, 2020, from alima. org: https:// www.alima-ngo.org/uploads /96d9413918c25a 369a4873b562165d58.pdf
2. Asadullah. (2020, 5 15). This Pandemic Should Help the Govt Acknowledge the Crucial Role NGOs Play. Retrieved 8 17, 2020, from the wire : https://thewire.in/rights/covid-19-pandemic-ngo-government
3. Bahnson et al, .. (2020). FORCIBLY DISPLACED Toward a Development Approach Supporting Refugees, the Internally Displaced, and Their Hosts. Washington, DC : World bank group.
4. Bhagat et al, .. (2020). The COVID-19, Migration and Livelihood in India . International Institute for Population Sciences, Mumbai , 4.
5. Borbon, R. a. (2020, 4 5). Thanking COVID-19 frontline workers. Retrieved 8 17, 2020, from gulfnews.com: https://gulfnews.com/photos/news/thanking-covid-19-frontline-workers-1.1586069128370?slide=1
6. Datta et al, .. (2020, 4 1). How to Maximize the Impact of Cash Transfers, During and After COVID-19. Retrieved 8 17, 2020, from worldpoliticsreview.com: https:// www.worldpoliticsreview.com/ articles/28645/how-to-maximize-the-impact-of-cash-transfers-during-and-after-covid-19
7. Deekshitha. (2016). ROLE OF NATIONAL SERVICE SCHEME (NSS) IN CREATING SOCIAL RESPONSIBILITY AT HIGHER EDUCATION. International Journal of Scientific Research and Modern Education (IJSRME) , 758.
8. Dipendra et al, .. (2020). Impact of COVID-19 on Nepali Civil Society Organizations. Bankok: Thammasat University.
9. Fadlallah Racha et al, .. (2020, 3 31). K2P COVID_19 Rapid Response Series_Strengthening the Role of Local and International NOGs in Pandemic

Responses.pdf. Retrieved 8 16, 2020, from www.aub.edu.lb: https://www .aub.edu.lb /K2P/Pages/default.aspx

10. IFSW. (2020). UPDATED INFORMATION ON IFSW AND COVID-19. UPDATED INFORMATION ON IFSW & COVID-19 , p. 1.
11. Jouhar, S. a. (2020, 4 7). Civil Society and COVID–19 in India: Unassuming Heroes. Retrieved 8 16, 2020, from Middle east institute:https://www.mei.edu /publications/civil-society-and-covid-19-india-unassuming-heroes
12. Kaushik et al, .. (2020). The Indian perspective of COVID-19 outbreak. Delhi: Springer.
13. Kirtika, S. (2020, 3 26). Covid 19: Centre sets up control room to monitor supply of essential commodities. Retrieved 8 18, 2020, from economictimes.indiatimes.com: https://economictimes.indiatimes.com/news/economy/policy/covid-19-dpiit-to-monitor-real-time-status-of-transport-delivery-of-essential-commodities/articleshow/74822623.cms?from=mdr
14. Nachiket, M. (2020). Resources for NGOs During the COVID-19 Epidemic. The Banyan Academy of Leadership in Mental Health, Thiruvidanthai, Tamil Nadu, India , 1.
15. Nemteanu, S. (2020). BEST PRACTICES OF NONGOVERNMENTAL ORGANISATIONS IN COMBATTING COVID-19. 6th BASIQ International Conference on New Trends in Sustainable Business and Consumption .
16. Roshni, B. (2020, 4 5). How India's NGOs are coming together to uplift the marginalised amid COVID-19. Retrieved 8 17, 2020, from yourstory.com: https://yourstory.com/socialstory/2020/04/ngo-poor-food-covid-19-coronavirus
17. Solomon, A. (2020, 4 14). Social Work and COVID-19 Pandemic: An Action Call. Retrieved 8 16, 2020, from Research gate: https:/ /www.researchgate.net/ publication/340641831_Social_Work_and_COVID19_Pandemic_An_Action_Call/citation/download
18. Venkatachalam et al, .. (2020, 5 18). Philanthropy and the COVID-19 Response in India. Retrieved 8 16, 2020, from
19. https://www.bridgespan.org/bridgespan/Images/articles/philanthropy-response-covid-19-india/Philanthropy-in-India-COVID-19-Response.pdf:

20. Vyavaharkar, K. a. (2020, 4 24). How the non-profit sector is helping India respond to Covid-19. Retrieved 8 17, 2020, fromwww.thehindubusinessline.com: https://www.thehindubusinessline.com/opi nion/how-the-non-profit-sector-is-helping-india-respond-to-covid-19/article31423401.ece
21. WHO. (2020). Coronavirus disease 2019 (COVID-19) Situation Report – 48. World Health Organisation.WHO et al, .. (2020). COVID-19: Critical preparedness, readiness and response. Geneva, Switzerland: WHO.

6. Covid - 19 and Spread of the Rumors

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Miss. Juveriya Aseem Mukadam
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science,
Murud Janjira, Raigad.

Abstract

Since the outbreak of coronavirus disease in 2019 (COVID-19), the disease has rapidly spread to the world, and the cumulative number of cases is now more than 2.3 million. We aim to study the spread mechanism of rumors on social network platform during the spread of COVID-19 and consider education as a control measure of the spread of rumors. Firstly, a novel epidemic-like model is established to characterize the spread of rumor, which depends on the nonautonomous partial differential equation. Furthermore, the registration time of network users is abstracted as 'age,' and the spreading principle of rumors is described from two dimensions of age and time. Specifically, the susceptible users are divided into higher-educators class and lower-educators class, in which the higher-educators class will be immune to rumors with a higher probability and the lower-educators class is more likely to accept and spread the rumors. Secondly, the existence and uniqueness of the solution is discussed and the stability of steady-state solution of the model is obtained. Additionally, an interesting conclusion is that the education level of the crowd is an essential factor affecting the final scale of the spread of rumors. Finally, some control strategies are presented to effectively restrain the rumor propagation, and numerical simulations are carried out to verify the main theoretical results.

Key Words: WHO, UN, CDC's, SARS- COV-2, COVID-19, EPI, WIN, #CORONAVIRUS, BBC, Rrt, PCR, SSRN.

Introduction

Over the past two decades, coronaviruses (CoVs) have been associated with significant disease outbreaks in East Asia and the Middle East. The severe acute respiratory syndrome (SARS) and the Middle East respiratory syndromes (MERS) began to emerge in 2002 and 2012, respectively. At present, a novel coronavirus, the severe acute respiratory syndrome coronavirus

2 (SARS-CoV-2), causing the Coronavirus Disease 2019 (COVID-19),has emerged in late 2019,which has poseda global health threat with itsongoing pandemic in manycountries and territories Health workers worldwide are currently making efforts to control further disease outbreaks caused by the novel CoV (originally named 2019-nCoV) that was first identified in Wuhan City, Hubei Province, China, on December 12th, 2019. On February 11th, 2020, the World Health Organization (WHO)announced the official designation for this current CoV-associated disease to be "COVID-19", caused by the SARS-CoV-2. The primary cluster of patients was found to be connected with the HuananSouth China Seafood Market in Wuhan (2). CoVs belong to the family Coronaviridae(subfamily Coronavirinae), the members of which infect a broad range of hosts, producing symptoms and diseases ranging from a common cold to severe and ultimately fatal illnesses such as SARS, MERS, and, as of present, COVID-19. The SARS-CoV-2(formerly 2019-nCoV) isconsidered as one of the seven members of the CoV family that infect humans (3), and it belongs tothe same lineage of CoVs that causes SARS; however, this novel virus is genetically distinct. Until 2020, six CoVswere known to infect humans include HCoV-229E, HCoV-NL63, HCoV-OC43, HCoV-HKU1, SARS-CoV, and MERS-CoV. Though SARS-CoV and MERS-CoV have resulted in outbreaks with high mortality, others remain associated with mild upper-respiratory tract illnessesillnesses.

Newly evolved CoVs are thus posing a significant threat to global public health. Over the past two decades, the current emergence of COVID-19is the third CoV outbreak in humans (5). It is no coincidence that Fan et al. predicted potential SARS-or MERS-like CoV outbreaks in China following pathogen transmission from bats(6). The COVID-19that emerged in China spread rapidly throughout the country and subsequently to other countries. Due to the severity of this outbreak and the potential of spreading on aninternational scale, the WHO declared a "global health emergency" on January 31st, 2020. Subsequently,on March 11th, 2020,a pandemicsituation was declared. At present, we are not in a position to effectively treat COVID-19 since neither approved vaccines norspecific antiviral drugs for treating human CoV infections are available (7-9). Most nations are currentlymaking efforts to prevent further spreading of this potentially deadly virus by implementing prevention.

Theory:-Covid-19

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).[9] It was first identified in December 2019

in Wuhan, Hubei, China, and has resulted in an ongoing pandemic. The first confirmed case has been traced back to 17 November 2019 in Hubei. As of 24 July 2020, more than 15.5 million cases have been reported across 188 countries and territories, resulting in more than 633,000 deaths. More than 8.81 million people have recovered.

Coronavirus disease 2019 (COVID-19)

Other names

1. 1.Coronavirus
2. 2.Corona
3. 3.COVID-
4. 4.2019-nCoV acute respiratory disease
5. Sars-Cov
6. 5.Novel coronavirus pneumonia
7. 6.Severe pneumonia with novel pathogens

Rumours / Misinformation RELATED TO THE Covid-19 PANDEMIC

The COVID-19 pandemic has resulted in rumours and conspiracy theories about the scale of the pandemic and the origin, prevention, diagnosis, and treatment of the disease. False information, including intentional disinformation, has been spread through social media,text messaging,and mass media,including the tabloid media,conservative media,and state media of countries such as China, Russia,Iran,] and TurkmenistanIt has also been reportedly spread by covert operations backed by states such as Saudi Arabia,Russia and China to generate panic and sow distrust in other countries.In some countries, such as India, Bangladesh,and Ethiopia, journalists have been arrested for allegedly spreading fake news about the pandemic.

Misinformation has been propagated by celebrities, politicians(including heads of state in countries such as the United States,Iran,and Brazil), and other prominent public figures. Commercial scams have claimed to offer at-home tests, supposed preventives, and "miracle" cures. Several religious groups have claimed their faith will protect them from the virus. Some people have claimed the virus is a bioweapon accidentally or purposefully leaked from a laboratory,a population-control scheme, the result of a spy operation,or the side effect of 5G upgrades to cellular networks.

The World Health Organization has declared an "infodemic" of incorrect information about the virus, which poses risks to global health.

Types, origin, and effect

On 30 January 2020, the BBC reported on the growing number of conspiracy theories and bad health advice regarding COVID-19. Notable examples at the time included false health advice shared on social media and private chats, as well as conspiracy theories such as the disease's origins in (Chinese) bat soup and the outbreak being planned with the participation of the Pirbright Institute. On 31 January, The Guardian listed seven instances of misinformation, adding the conspiracy theories about bioweapons and the link to 5G technology, and including varied false health advice.

In an attempt to speed up research sharing, many researchers have turned to preprint servers such as arXiv, bioRxiv, medRxiv, and SSRN. Papers are uploaded to these servers without peer review or any other editorial process that ensures research quality. Some of these papers have contributed to the spread of conspiracy theories. The most notable case was a preprint paper uploaded to bioRxiv which claimed that the virus contained HIV "insertions". Following objections, the paper was withdrawn.

According to a study published by the Reuters Institute for the Study of Journalism, most misinformation related to COVID-19 involves "various forms of reconfiguration, where existing and often true information is spun, twisted, recontextualised, or reworked"; less misinformation "was completely fabricated". The study also found that "top-down misinformation from politicians, celebrities, and other prominent public figures", while accounting for a minority of the samples, captured a majority of the social media engagement. According to their classification, the largest category of misinformation (39%) was "misleading or false claims about the actions or policies of public authorities, including government and international bodies like the WHO or the UN".

A natural experiment—an experiment that takes place spontaneously, without human design or intervention—shows a potential link between coronavirus misinformation and increased infection and death. There was one instance of this reported where two similar television news shown on the same network were compared. One reported the effects of coronavirus more seriously and about a month earlier than the other. People and groups exposed to the news show reporting the effects later had higher infection and death rates.

The misinformation has been used by politicians, interest groups, and state actors in many countries for political purposes: to avoid responsibility, scapegoat other countries, and

avoid criticism of their prior decisions. Sometimes there is a financial motive as well.A number of countries have been accused of spreading disinformation with state-back operations in the social media in other countries to generate panic, sow distrust and undermining democratic debate in other countries or to promote their models of government.

Stop the Spread of Rumours

Know the facts about coronavirus disease 2019

1. Diseases can make anyone sick regardless of their race or ethnicity.Fear and anxiety about COVID-19 can cause people to avoid or reject others even though they are not at risk for spreading the virus.
2. For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low. Some people may have an increased risk for more serious complications from COVID-19 and should take measures to protect themselves.
3. Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people. For up-to-date information, visit CDC's coronavirus disease situation summary page.
4. There are simple things you can do to help keep yourself and others healthy.#wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.#Avoid touching your eyes, nose, and mouth with unwashed hands.#Stay home when you are sick.#Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
5. You can help stop COVID-19 by knowing the signs and symptoms:#Fever, cough or other symptomsMost people have mild illness and are able to recover at home. If you think you may have been exposed to COVID-19, contact your healthcare provider.Keep track of your symptoms.#If you have an emergency warning sign (including trouble breathing), get emergency medical care immediately.

Effect of Spread of Rumours

The coronavirus disease 2019 (COVID-19) pandemic has not only caused significant challenges for health systems all over the globe but also fueled the surge of numerous rumors, hoaxes, and misinformation, regarding the etiology, outcomes, prevention, and cure of the disease. Such spread of misinformation is masking healthy behaviors and promoting erroneous

practices that increase the spread of the virus and ultimately result in poor physical and mental health outcomes among individuals. Myriad incidents of mishaps caused by these rumors have been reported globally. To address this issue, the frontline healthcare providers should be equipped with the most recent research findings and accurate information. The mass media, healthcare organization, community-based organizations, and other important stakeholders should build strategic partnerships and launch common platforms for disseminating authentic public health messages. Also, advanced technologies like natural language processing or data mining approaches should be applied in the detection and removal of online content with no scientific basis from all social media platforms. Furthermore, these practices should be controlled with regulatory and law enforcement measures alongside ensuring telemedicine-based services providing accurate information on COVID-19.

Coronavirus disease 2019 (COVID-19) is a respiratory tract illness resulting from infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); in recent months, COVID-19 has become a global pandemic, posing a major public health challenge for the health systems of many nations. Simultaneously, numerous rumors, pieces of misinformation, and hoaxes have appeared on several social media platforms regarding the etiology, outcomes, prevention, and cure of the disease

1. The pressing issue is that fake news spreads more rapidly on social media than news from reliable sources, damaging the authenticity balance of the news ecosystem. A recent analysis showed that during the 2016 presidential election in the United States, fake and biased news was more outspread than news from 19 authentic sources combined
2. This issue is becoming a public health concern as exposure to a high volume of information can lead to media fatigue, causing the discontinuation of healthy behaviors that are essential to protect individuals. Furthermore, misinformation and rumors regarding COVID-19 are hindering the practice of healthy behaviors (such as handwashing and social distancing) and promoting erroneous practices that increase the spread of the virus and ultimately result in poorphysical and mental health outcomes. For example, in India, a father of three was reported to commit suicide upon learning that he had been diagnosed with COVID-1COVID-19

3. Another example of hazards attributable to improper health communication can be drawn from Nigeria, where the health officials found several cases of overdose of chloroquine (a drug used to treat malaria) after news on the purported effectiveness of the drug for treating COVID-19 spread through the news media
4. Rumors about a national lockdown in the United States fueled panic buying of groceries and paper products, which disrupted the supply chain and exacerbated demand-supply gaps and food insecurity among individuals with low socioeconomic status and other vulnerable populations
5. Similar phenomena have been observed in other economies around the world, which may have prolonged impacts on public health nutrition and psychosocial health among the affected populations. The widespread misinformation related to the diagnosis and treatment of COVID-19 has confused both the general population and healthcare providers, who are battling a relatively under-researched disease. This phenomenon is also reducing the legitimacy of new scientific discoveries regarding potential cures or vaccine candidates for this disease. These hoaxes and rumors are also creating a social stigma around COVID-19, which has resulted in reduced compliance with home quarantine and social isolation. Several countries have reported incidents where hundreds of individuals were infected by a single person who visited their mosque/church despite their doctor's advice to remain isolated at home
6. Such problems are contributing to the suboptimal control of the COVID-19 pandemic across various populations.It is understandable that people living in quarantine, isolation, or at risk of an infectious disease outbreak are likely to experience psychosocial stress and adverse health outcomes, which may provoke their interest in learning more about the disease. However, such situations require assurance complemented by a flow of correct information. This need has been acknowledged by the World Health Organization, which has partnered with several social media platforms and seven major tech companies—namely, Facebook, Google, LinkedIn, Microsoft, Reddit, Twitter, and YouTube—that agreed to stamp out fraud and misinformation, and to promote critical updates from healthcare agencies
7. Despite these agreements, rumors are still rampant on all these platforms, a problem that necessitates several multipronged interventions to address. First, frontline

healthcare providers should be equipped with the most recent research findings and accurate information, which can be used for direct caregiving and communicated to at-ris

Control of Rumors

Everyone is responsible for slowing the spread of the disease. Every action counts. This is also the case in the fight against misinformation, which intrudes on the overabundance of news, mixing facts, rumours and fake news. The World Health Organization (WHO) has described this phenomenon as an infodemic.

Our research on social media propaganda shows that bystander inaction can encourage the proliferation of fake news. Anyone with access to the internet can contribute to the war on misinformation; for example, many are already doing so by creating videos or songs with prevention messages.

As dangerous as the virus

According to the WHO, the COVID-19-related infodemic is just as dangerous as the virus itself. False preventive measures, such as traditional African treatments and fake remedies, like eating garlic, drinking warm water with lemon slices or adulterated alcohol, hinder the fight against the illness.

Similarly, conspiracy theories accusing China of manufacturing the virus, blaming 5G cell towers for spreading the disease or falsely accusing business magnate Bill Gates of causing the epidemic to sell us a vaccine may have consequences that go beyond public health.

A protester holds up a sign against U.S. business mogul and philanthropist Bill Gates at a protest against the Colorado governor's containment order to stop the spread of the new coronavirus. (AP Photo/David Zalubowski)

Such rumours, myths and exaggerated facts fuel new forms of xenophobia online and offline. Many people of Chinese or East Asian origin are being insulted, assaulted or denied services. Religious, minority and elite groups are being blamed online for its spread.

Feeding confusion

Internet users who share memes, videos or photos that make fun of the virus, even without any harmful intent, also risk spreading misinformation. There is a danger of fuelling panic and confusion in the population. People no longer know who to trust and become more vulnerable to manipulation and cybercrime.

Another source of confusion is Beijing's attitude. Western governments, led by German Chancellor Angela Merkel, have questioned the Chinese government about the origins of the virus and the real extent of the pandemic in China. Despite Beijing's denials of hiding anything, the disappearance of Chinese whistleblowers is fuelling speculation, whether it is true or not.

Countering misinformation

Several measures have been put in place to curb the circulation of fake news.

Asian countries did not hesitate to enforce criminal prosecutions related to the COVID-19 infodemic.

In Québec, fact-checking services such as the Rumour Detector are available to the public. The WHO uses its existing network called EPI-WIN to track down misinformation in several languages. It also asks technology giants to filter out false news and promote information from credible sources.

Google removes misleading information about COVID-19 from YouTube, Google Maps, its development platforms such as Play, and in advertisements. Twitter checks, among other things, accounts that are credible sources of information about COVID-19 and monitors conversations to ensure that the keywords searched for on the virus provide access to reliable information.

The WHO has also launched a health alert on WhatsApp and a chatbot on Facebook Messenger to provide accurate information about the virus.

The United Nations is sparing no effort either in tackling misinformation and cyber-frauders who exploit the crisis. The United Nations Development Program supports the #CoronaVirusFacts Alliance, which brings together more than 100 fact-checkers from over 45 countries in the International Fact-Checking Network.

Protect yourself

The infodemic is as real as COVID-19. As with the virus, we must take every precaution to protect ourselves and our loved ones. If it is not stopped quickly, fake news shared on social media quickly becomes viral and can influence a large number of users

An invisible virus, which sometimes causes no symptoms, is difficult to control. While physical distancing, hygienic

Conclusion

Since the announcement of COVID-19 as a pandemic, the mass media and social media has been flooded with information. Some information is directed to educate people about the new virus, whose management is yet to be known. On the contrary, misinformation regarding the pandemic and treatment are alleviating fear, anger and panic amongst people. The Government bodies and public health care authorities should utilise the media in teaching awareness among the people and narrowing panic. The several countries' government has used social media in informing the citizens about the upcoming hazard, thus making the best use of the resource. The media should also be obliged to ensure the reports' accuracy.

Reference

- https://www.researchgate.net/publication/342642038_Covid-19_-_rumours_and_facts_in_media
- https://www.physio-pedia.com/Coronavirus_Disease_(COVID-19)
- https://www.cebm.net/covid-19/coronaviruses-a-general-introduction/
- https://www.who.int/health-topics/coronavirus#tab=tab_1
- Theory:- COVID_19
- https://en.m.wikipedia.org/wiki/COVID-19_pandemic
- https://www.who.int/emergencies/diseases/novel-coronavirus-2019
- https://www.who.int/health-topics/coronavirus
- https://www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/syc-20479963
- Rumors/misinformation Related to COVID-19:-
- https://en.m.wikipedia.org/wiki/Misinformation_related_to_the_COVID-19_pandemic
- https://thewire.in/politics/covid-19-diwali-spectacle
- https://www.timesnownews.com/india/article/maximum-covid-19-related-fact-checks-in-april-linked-to-communal-rumours-and-disinformation-report/589505
- https://indianexpress.com/article/india/fake-news-in-the-time-of-coronavirus-boom-analyses-178-fact-checks-on-covid-19-related-misinformation-since-january-6401441/Stop the spread of rumours:-https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/share-facts.html
- https://www.who.int/westernpacific/emergencies/covid-19/information/mythbusters

- https://thewire.in/tech/rumours-misinformation-covid-19
- https://theprint.in/india/spreading-fake-news-rumours-on-covid-19-can-land-you-in-jail-for-a-year/387611/
- III Effect of Spread Of rumours:-https:// www.jpmph.org/m/make Cookie.php?url=/ m/journal/ view.php?number=2079
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7280809/
- http://www.researchgate.net
- Control of Rumours:-
- https://theconversation-com.cdn.ampproject.org/v/s/theconversation.com/amp/5-ways-to-help-stop-the-infodemic-the-increasing-misinformation-about-coronavirus-137561?amp_js_v=a2&amp_gsa=1&usqp=mq331AQFKAGwASA%3D#aoh=15981895476206&csi=1&referrer=https%3A%2F%2Fwww.google.com&amp_tf=From%20%251%24s&ampshare=https%3A%2F%2Ftheconversation.com%2F5-ways-to-help-stop-the-infodemic-the-increasing-misinformation-about-coronavirus-137561
- https://www.avert.org ›
- https://www.fema.gov/disasters/coronavirus/rumor-control

7. Covid-19 Pandemic : Works by Civil Societies

Dr. Radheshyam Dipte
HoD, English, S. N. Mor Arts, Commerce &Smt. G.D. Saraf Science College,
Tumsar Dist-Bhandara.

Abstract

'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of common cold.

On 22 March, 2020, Hon'ble Prime Minister had appealed to observe a 14- hour voluntary public curfew, calling it 'Janata Curfew'. At the end of the curfew, Modiji stated: "Janata Curfew is just the beginning of a long battle against COVID-19". Later, lockdown and step -wise unlock process began. During the pandemic many civil societies and NGOs complemented the efforts of the government by rendering selfless service.

Key Words: Covid-19, Pandemic, Lockdown, NGO, NSS, Migrant

Introduction

COVID-19 : 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of common cold.

Although for most people COVID-19 causes only mild illness, it can make some people very ill. More rarely, the disease can be fatal. Older people and those with pre- existing medical conditions (such as high blood pressure, heart problems or diabetes) appear to be more vulnerable.

A report reads: "NEW DELHI: With an increase of 65,002 Covid-19 cases and 996 deaths reported in India in the last 24 hours, the coronavirus count in the country crossed 25 lakhs on Saturday. According to the Ministry of Health and Family Welfare (MoHFW), the tally rose to 25,26,193, including 6,68,220 active cases, 18,08,937 discharged and migrated, and 49,036 deaths." ("Times of India.")

This paper pays tributes to NGOs and civil societies for their untiring, incessant and unselfish services during covid-19 pandemic.

Post- Covid-19 Pandemic Scenario in India ("Lockdown")

On 22 March, 2020, Hon'ble Prime Minister had appealed to observe a 14- hour voluntary public curfew, calling it 'Janata Curfew'. At the end of the curfew, Modiji stated: "Janata Curfew is just the beginning of a long battle against COVID-19".

Janata Curfew

The Janata Curfew was a 14-hour curfew on 22 March (from 7 a.m. to 9 p.m.). Every person was to obey the curfew. Only "essential services" such as police, medical services, media, home delivery professionals and firefighters were exempted. People belonging to National Cadet Corps (NCC) and National Service Scheme (NSS) were to enforce the curfew in the country.

On 24 March 2020, the Government of India declared a nationwide lockdown for 21 days as a preventive measure against the COVID-19 pandemic in India. It is said that the only solution to control the spread of coronavirus was to break the cycle of transmission through social distancing, and pledged to enforce it more strictly and rigorously. Seeing the grave condition, as the end of the first lockdown period approached, the state governments and other advisory committees recommended extending the lockdown. On 14 April, Prime Minister Narendra Modi extended the nationwide lockdown until 3 May, with conditional relaxations after 20 April for the regions where the spread had been contained or was minimal.

On 1 May, the Government of India extended the nationwide lockdown further by two weeks until 17 May. On 17 May, the lockdown was further extended till 31 May by the National Disaster Management Authority.

Timeline

Phase 1 (25 March – 14 April): From 25 March, the first day of the lockdown, nearly all services and factories were suspended. The action was declared all of a sudden without giving prior intimation. People were seen hurrying to hoard essentials commodities.

On 26 March, finance minister Nirmala Sitharaman announced a Rs. 170,000 crore (US$24 billion) stimulus package to help those affected by the lockdown. On 27 March, the Reserve Bank of India announced a slew of measures to help mitigate the economic impacts of the lockdown. The railway services, except freight services were suspended. Reciprocating to the appeal of Hon'ble Prime Minister Narendra Modi, on 5 April, citizens all over India cheered and

showed solidarity with the health workers, police, and all those fighting the disease by switching off the electric lights at home for 9 minutes from 9:00 p.m. to 9:09 p.m. and observed lighting *diya*, candle; and flashing torchlight and mobile flashlight.

Phase 2 (15 April – 3 May) :- On 14 April, PM Modi extended the nationwide lockdown till 3 May. On 16 April, lockdown areas were classified as "red zone", indicating the presence of infection hotspots, "orange zone" indicating some infection, and "green zone" with no infections. On 25 April, small retail shops were allowed to open calling half the staff. On 29 April, The Ministry of Home Affairs issued guidelines for the states to allow inter-state movement of the stranded persons.

Phase 3 (4–17 May) :- On 1 May, The Ministry of Home Affairs (MHA) and the Government of India (GoI) further extended the lockdown period to two weeks beyond 4 May, with some relaxations.

Phase 4 (18–31 May) :- On 17 May, the National Disaster Management Authority (NDMA) and the Ministry of Home Affairs (MHA) extended the lockdown for a period for two weeks beyond 18 May, with additional relaxations.

Phase 5 (1–30 June) :- On 30 May, the ongoing lockdown was further extended till 30 June in containment zones, with services resuming in a phased manner starting from 8 June. It is termed as 'Unlock 1'.

The MHA issued fresh guidelines for the month of June, stating that the phases of reopening would "have an economic focus". Lockdown restrictions would only be imposed in containment zones, while activities would be permitted in other zones in a phased manner. This first phase of reopening is termed as "Unlock 1.0" and permits shopping malls, religious places, hotels and restaurants to reopen from 8 June. Restrictions on inter-state travel were lifted. However, night curfews would be in effect from 9 p.m. to 5 a.m. in all areas.

Phase II as "Unlock 2.0" began on 1 July (1–31 July). Lockdown measures were only imposed in containment zones. Night curfews were in effect from 10 p.m. to 5 a.m. in all areas. Inter- and intra-state travel was permitted. Limited international travel was permitted as part of the Vande Bharat Mission. Shops were permitted to allow more than five persons at a time. Educational institutions, metros, recreational activities remained closed till 31 July.

"Unlock 3.0" for August 2020 (1–31 August) removed night curfews and permitted gymnasiums and yoga centres to reopen from 5 August. Educational institutions will remain

closed till 31 August. All inter-and intra-state travel and transportation is permitted. Independence Day celebrations are permitted with social distancing. Maharashtra and Tamil Nadu imposed a lockdown for the whole month, while West Bengal imposed lockdowns twice a week.

GiveIndia (Hafeez)

During the current pandemic, Lockdown was imposed in India. There are 420 million people, who work in the informal sector as daily wage earners, street vendors, farm labourers, etc. Majority of them live hand to mouth existence. With no money in hands, their survival has become difficult. Government's community kitchens do not reach every one. Countless NGOs came forward to help the needy. Here are a few non-profits organisations, which are at the forefront of the on-going relief efforts. GiveIndia is a 20-year-old NGO, registered under section 25 of the Companies Act. The following NGOs are trusted partners of GiveIndia, and true to their pledge, they have been rendering unselfish services to the needy.

Oxfam:- So far Oxfam has reached out to 4.5 million people to create mass awareness about the disease, supplied dry rations to 8,000 households and provided 48,000 packets of cooked meals to migrant workers and the homeless across several states. Now, it is striving to reach out to 50,000 families with food, unconditional cash transfers, and PPE kits.

ActionAid India:- ActionAid has responded by supporting the most vulnerable communities across 171 districts in 21 states. Over 87000 families have been provided dry ration, 57000 with sanitary and dignity kits and over 3,00,000 individuals have received cooked meals. ActionAid plans to deliver support material to 80,00,000 more people.

Goonj:- Goonj has reached out to over 17,000 families and individuals with ration kits, supported 12 community kitchens and distributed more than 77,000 cooked meals thus far. Beneficiaries include migrant labourers, tea garden workers, rag pickers, transgenders, sex workers, elderly and remote tribal villagers. It is also supporting old age homes, hospitals, settlements, etc with ration and personal care kits.

Akshaya Patra Foundation:- Akshaya Patra has distributed 1,06,55,875 cooked meals and 4,12,231 grocery kits to people from low-income groups in Rajasthan, Karnataka, Telangana, Gujarat, Maharashtra, NCR, Uttar Pradesh, Andhra Pradesh, Tamil Nadu, Chhattisgarh, Odisha, Assam, Madhya Pradesh, Uttarakhand, Tripura and West Bengal.

Habitat for Humanity:- Habitat for Humanity team has been raising awareness on the importance of hygiene and supporting individuals and families by providing hygiene kits.

Ekam Foundation:- Ekam is helping government hospitals and medical colleges with quarantine wards with huge requirement for critical care items such as masks, surgical gloves, gowns, medical aprons, disposable goggles, hand washing liquid soap bottles, face-shield, etc.

NSS Volunteers (Correspondent)

About 60,000 National Service Scheme (NSS) students of Savitribai Phule Pune University (SPPU) joined hands with government officials to provide door-to-door services in Pune, Ahmednagar and Nashik districts amidst the coronavirus lockdown. With the nation under lockdown, these volunteers helped the government to deliver the essential items to the people at their doorstep. Each student adopted ten families in respective districts, ultimately reaching out to a total of six lakh families in Pune, Ahmednagar and Nashik districts. With the help of local government bodies or police they make sure they get the essential services. Students have made masks and sanitizer. Students distributed essential services to senior citizens, labourers and others. They helped with banking requirements of beneficiaries, who are receiving funds under different government schemes. They helped in making sure that the doorstep facility was given to underprivileged sections to whom the benefits weren't reaching. They helped police. Students prepare cloth masks and sanitizer for health service officials.

Conclusion

Covid -19 Pandemic is a novel calamity; the world has never experienced such an attack in its chequered history. The wheels of unceasing activities have come to standstill. Roaring of aeroplanes became silent. There is a great economy recession all over the world. Government machinery is leaving no stone unturned while combating the scourge. Due to cancelation of transportation, people are stranded and landlocked at the places. Everyone feels defeated before nano virus, which impaired all human activities. The pandemic gave rise to variegated problems; the most important of it - starvation. Amid this calamity, works by civil societies and NGOs are complementing the government's effort to overcome the situation. The help is in many forms, and from many - visible as well as invisible. The world has united and become one, and is fighting together to conquer the battle against the nano virus. There is a ray of hope that we will overcome, surely.

Sources and References

- Chakrobarty, Indranil, Maity, Presenjit. "COVID-19 outbreak: Migration, effects on society, global environment and prevention", *Science of the Total Environment*, Vol. 728, Web. 1 August 2020, 138882. 20.06.2020. <https://www.sciencedirect.com/science/article/pii/S0048969720323998>
- Correspondent, ST. "University NSS volunteers to help government Fight corona", *Sakal Times*, 7 April, 2020. Web. 16.08.2020. <https://www.sakaltimes.com/pune/60000- pune-university-nss-volunteers-help-government-fight-coronavirus-48376>
- Hafeez, Samar. "6 top NGOs in India providing relief during COVID-19 pandemic", *Give India*, May 14, 2020. Web. 16.08.2020. <https://blog.giveindia.org/ngos-in-india/6- top-ngos-providing-relief-during-covid-19-pandemic/
- "Lockdown". "COVID-19 pandemic lockdown in India", *Wikipedia*, Web. n.d. 21.06.2020. <https://en.wikipedia.org/wiki/COVID-19_pandemic_lockdown_in_India>
- "Times of India." "India's Covid-19 count crosses 25 lakhs, death toll at 49,03" , Aug 15, 2020. Web. 16.08.2020. <https://timesofindia.indiatimes.com/india/indias-covid-19-count-crosses-25-lakhs-death-toll-at-49036/articleshow/77560178.cms>

8. Role of Health Staff in COVID-19 Situation

Miss. Shruti C. Karbhari
Department of Computer science, Anjuman Islam Janjira Degree College of Science, (M.S) Murud-Janjira, India.

Abstract

In this research paper we have given introduction ofCOVID-19situationand role of health staff on that. Also we have focused issues they have to face.

Keywords -: COVID-19, Safety, Patient, Health Staff,Coronavirus.

Introduction

The **COVID-19 pandemic**, also known as the **coronavirus pandemic**, is an ongoing global pandemic of coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The outbreak was first identified in December 2019 in Wuhan, China. The World Health Organization declared the outbreak a Public Health Emergency of International Concern on 30 January 2020 and a pandemic on 11 March. As of 19 August 2020, more than 21.9 million cases of COVID-19 have been reported in more than 188 countries and territories, resulting in more than 777,000 deaths; more than 13.9 million people have recovered.

The virus is spread primarily via nose and mouth secretionsincluding small droplets produced by coughing, sneezing, and talking. The droplets usually do not travel through air over long distances. However, those standing in proximity may inhale these droplets and become infected. People may also become infected by touching a contaminated surface and then touching their face.The transmission may also occur through smaller droplets that are able to stay suspended in the air for longer periods of time in enclosed spaces. It is most contagious during the first three days after the onset of symptoms, although spread is possible before symptoms appear, and from people who do not show symptoms.

Common symptoms include fever, cough, fatigue, shortness of breath, and loss of sense of smell. Complications may include pneumonia and acute respiratory distress syndrome.The time from exposure to onset of symptoms is typically around five days but may range from two to fourteen days.There are several vaccine candidates in development, although

none have completed clinical trials to prove their safety and efficacy. There is no known specific antiviral medication,[11] so primary treatment is currently symptomatic.

Recommended preventive measures include hand washing, covering one's mouth when coughing, maintaining distance from other people, wearing a face mask in public settings, disinfecting surfaces, increasing ventilation and air filtration indoors, and monitoring and self-isolation for people who suspect they are infected.Authoritiesworldwide have responded by implementing travel restrictions, lockdowns, workplace hazard controls, and facility closures in order to slow the spread of the disease. Many places have also worked to increase testing capacity and trace contacts of infected persons.

Worldwide, as millions of people stay at home to minimize transmission of severe acute respiratory syndrome coronavirus 2, health-care workers prepare to do the exact opposite. They will go to clinics and hospitals, putting themselves at high risk from COVID-2019. Figures from China's National Health Commission show that more than 3300 health-care workers have been infected as of early March and, according to local media, by the end of February at least 22 had died. In Italy, 20% of responding health-care workers were infected, and some have died. Reports from medical staff describe physical and mental exhaustion, the torment of difficult triage decisions, and the pain of losing patients and colleagues, all in addition to the infection risk.

Role of Health Staff

As the pandemic accelerates, access to personal protective equipment (PPE) for health workers is a key concern. Medical staff are prioritized in many countries, but PPE shortages have been described in the most affected facilities. Some medical staff are waiting for equipment while already seeing patients who may be infected or are supplied with equipment that might not meet requirements. Alongside concerns for their personal safety, health-care workers are anxious about passing the infection to their families. Health-care workers who care for elderly parents or young children will be drastically affected by school closures, social distancing policies, and disruption in the availability of food and other essentials. Health-care systems globally could be operating at more than maximum capacity for many months. But health-care workers, unlike ventilators or wards, cannot be urgently manufactured or run at 100% occupancy for long periods. It is vital that governments see workers not simply as pawns to be deployed, but as human individuals. In the global response, the safety of health-care workers must be ensured.

Adequate provision of PPE is just the first step; other practical measures must be considered, including cancelling non-essential events to priorities resources; provision of food, rest, and family support; and psychological support. Presently, health-care workers are every country's most valuable resource.

As India is fighting the Covid-19 crisis with nationwide lockdown, doctors and healthcare workers are working day and night to minimize the damage due to the pandemic with constant checks on the patients, either through phone or video conferencing.

Personal protective equipment (PPE) is an essential gear that health workers have been mandatorily instructed to wear to protect themselves from harmful biological agents or contaminated surfaces.

"It is not possible to wear PPE kit for more than seven hours. One cannot even use the toilet with this kit, but wearing it is a must for our safety,"

The female frontline workers posted at AIIMS Trauma Centre say that they try to keep the patients motivated towards their path of recovery and have satisfaction of serving the society at a time of crisis.

There have been many conflicting messages about the new coronavirus SARS-CoV-2. Initially, many of our colleagues were thinking on the basis of the first scant descriptions that this was just a new flu virus – nothing to worry about. However, as more and more experience is accumulating, it becomes obvious that although it is indeed a virus belonging to the flu family, this one has peculiarities which have the potential of straining some of our health care resources to the extreme. Only a small part of the patients who are infected develop serious breathing problems, but those who do so will need advanced help for a long time. Since there is a limited number of high-pressure respirators, there is a risk that a growing number of patients with the most advanced critical stages of breathing problems will not get any treatment and accordingly will choke to death – despite the fact that the staff have the knowledge about how to save them. All the staff can do in that situation is to observe and give some palliative help. This is of course anextreme ethical provocation for the staff. The problems will be worse for medical doctors and registered nurses who are facing the difficult decisions in concrete situations than for nonmedical staff such as administrators. At the same time, many of their colleagues are on sick leave because they are infected with the coronavirus. Thus, with increasing numbers of patients in the corridor, there will be decreased staff.

This situation gives rise to the worst possible work environmentfor health care staff. All of the bad classical psychosocial risk factors in the work environment are magnified – extremely high demands, complete lack of control, lack of institutional support in many workplaces, and in addition lack of reward . On top of this, the staff will work with extreme overtime and shift workschedules. This is like a cruel experiment – a randomizedtrial for maximal worsening of the work environment.

There is a large volume of scientific literature supportingthat there is increased risk of developing depression,burnout syndrome, and myocardial infarction when employeesare exposed to such situations .Extreme long-lasting stressors in the work environmentgive rise to serious physiological problems whentime for recuperation and regeneration is insufficient.This has been known for a long time.

Zhang et al. have published data from a cross-sectionalonline survey of medical health care workers whohave been working in this terrible situation in China.

These participants are compared with a sample of nonmedicalhealth care staff who have been working in thesame areas. Not unexpectedly, the medical staff who are more exposed than the others to the ethical dilemmas andthe inevitable decisions going against empathy reportmost anxiety, depression, loss of sleep, and obsessive-compulsivesymptoms. We know that when such symptoms last for long periods, they are associated with allostaticoverload, a combination of long-lasting energy mobilizationwith concomitant suppression of regeneration.The latter part of the physiological disturbance leads tovulnerability in all organ systems .

Challenges for Health Workers

Lack of Resource

COVID-19 is highly infectious and thus to treat the patients, doctors and para-medical staff has to wear Personal Protection Equipment or PPE which comprises of protective clothing, goggles, gloves etc. But these are in short supply and expensive (Rs 1,000 to Rs 2,000 a set) and healthcare workers are under pressure to conserve resources, reported Times of India.

No Breaks

The protective gears have to be discarded after one use. With staff shortage and short supply of PPEs, many doctors and nurses are now resorting to non-stop work for 6-7 hours in one go, without any breaks. Many nurses and doctors have been complaining of fatigue, dehydration and headaches due to the grueling schedule.

No Fan or AC

Working in the month of April in India is no cool affair. Temperatures in many parts of the country are already close to 40 degree mark. Despite that hospitals are switching off ACs and fans to prevent the spread of the virus. On top of that, the thick protective gear causes excessive sweating leading to hyperhidrosis, a skin infection due to excessive sweating in hands, in doctors and nurses.

Conclusion

Combating COVID-19 starts with keeping health workers very well. Ensuring protection and satisfactory welfare for health workers are exceptionally basic. This audit in this manner prescribe that appropriate protection mechanism and special welfare package should be provided for the health care workers; which could be a way of maintaining a strategic distance from diminishment in health workforce, decreasing the spread of disease, also a way of motivating, persuading and empowering the health workers.

References

1. https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930644-9
2. https://qz.com/india/1824866/indian-doctors-fighting-coronavirus-now-face-social-stigma/
3. https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/how-doctors-nurses-in-india-are-treating-coronavirus-patients-amid-lack-of-protective-gears/slideshow/75042401.cms?from=mdr
4. https://www.business-standard.com/article/current-affairs/doctors-nurses-share-covid-19-challenges-apprehensions-as-crisis-deepens-120041400150_1.html
5. https://www.financialexpress.com/lifestyle/covid-19-treatment-kudos-how-doctors-and-nurses-work-inside-hospital-wards-without-sleep-or-restdetails/1926068/
6. https://www.webmd.com/lung/qa/how-do-doctors-treat-covid19-in-the-hospital
7. https://en.wikipedia.org/wiki/COVID-19_pandemic
8. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5299814/

9. Indian Lifestyle and Corona…

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Miss. Chougle Marwah Chiraguddin
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science,
Murud Janjira, Raigad.

Abstract

The emergence of COVID -19 pandemic has severely impacted individuals from all walks of life. The rapid spread of the disease to nearly all parts of the country has posed enormous health, economic, environmental and social challenges to the entire human population. In the absence of any effective drugs and vaccines for treatment, social distancing and other preventive measures are the only alternatives. Lockdown is among one of the options suggested by WHO to reduce spread of the virus. India was quick to close its international borders and enforce the world's largest COVID lockdown on March 22, 2020. We also addressed the changes that have become part of our lives during lockdown – hygiene andhealth consciousness, work from home (WFM), online teaching, digital shopping, changing internet habits and societal changes.

Keywords: Lockdown, WHO, Arogya,-Setu, GPS, N-95, masks, SARS-COV-2, PPR kit, Schedule of work, Vaccines, Sanitizers, Handwash, Distancing, Social distancing.

Introduction

COVID-19 is an emerging infectious disease with its first outbreak in December 2019 in Wuhan city of central Hubei province of China [1]. The World Health Organization (WHO) on 30th January 2020 declared the outbreak of novel coronavirus as a global health emergency. As of 31st May 2020, a total of 5,939,234 confirmed cases globally with 367,255 deaths have been reported by WHO. India has reported 190,622 confirmed cases and more than 5,408 deaths from COVID-19 since its first case on January 30, 2020. To control the spread of this highly contagious disease, the majority of countries worldwide including India imposed quarantine and social isolation. Quarantine and social isolation can be major stressors that can contribute to widespread change in the lifestyle of the population. As a result, amplification in the symptoms

of anxiety, frustration, panic attacks, loss or sudden increase in appetite, insomnia and depression have been reported during the coronavirus lockdown. Recent study showed that people under aggressive self-isolation were more vulnerable to mental health issues, experiencing trauma triggers and anger. Indefinite isolation, social distancing, self-quarantine, capsized travel plans and panic over scarce resources and information overload are also likely to affect mental health adversely. Since the pace of life slowed due to the pandemic, India's large and diverse population faces unique challenges in terms of safe access to nutritious food, money, basic supplies, social care and medicine to support their physical health. These unprecedented times are certainly tough, and it is crucial to maintain a healthy lifestyle especially, among people with predisposed health conditions and the elderly.

The entire country has been divided into zones (Red zone, Orange zone and Green zone) based on the number of infected individuals residing in these regions. Red zones are the areas with substantial numbers of positive cases and the highest caseload districts contribute to greater than 80% of cases for each state in the country or the doubling rate seen is less than four days. Almost all the metro cities such as Delhi, Mumbai, Kolkata, Hyderabad, Chennai, Bengaluru and Ahmedabad fall in this category (coronavirus hotspots). Areas with limited number of cases and no recent surge in positive cases are categorized as Orange zones. Number of districts designated as Orange Zone include 16 in Maharashtra, 36 in Uttar Pradesh, 20 in Bihar, 19 in Rajasthan, 15 in Punjab, 24 in Tamil Nadu and 19 in Madhya Pradesh. Districts are classified as a Green Zone if there is no COVID-19 positive case in the last 21 days. The maximum number of districts under Green Zone fall in Assam (30 districts) while there are 20 in Uttar Pradesh, 25 in Chhattisgarh, 24 in Madhya Pradesh, 25 in Arunachal Pradesh, 21 in Odisha and 10 in Uttarakhand. Containment areas in these zones are the ones where individuals are found positive for COVID-19. Uttar Pradesh has 1094 containment zones. The number of containment zones in the national capital has soared to 122. Mumbai that accounts for 76% of COVID-19 cases of Maharashtra has over 717 containment zones in over 24 wards.

In an attempt to safeguard the country's citizens, the Government of India officially launched a COVID -19 tracking application "AarogyaSetu " on 2nd April 2020. The app aims to get people involved proactively in the best relevant practices and follow the advisories to cope well with the ongoing virus outbreak. It uses bluetooth-based proximity tracking and location data for information. While GPS tracks the location, bluetooth tracks if and when anybody

comes in close proximity with someone with novel coronavirus up to a distance of 6 feet. The most important aspect of AarogyaSetu is that it has access to the Government of India's database of known cases. Apart from information packed PDF, this app also features self-assessment to help the users identify COVID-19 symptoms and their risk profile. The mobile app is mandatory for air travel, and advisable to all individuals.

Discussion

Socio-Demographic Variables

A total of 1011 responses were recorded. Out of all the individuals who participated in the study, 462 were male while 549 were female, accounting for 46% and 54% of total responses, respectively. Of all participants, 25% resided in green zone, 28% in orange zone and 47% in red zone. Maximum number of participants were aged between 19 to 25 years. Students accounted for the majority of sample distribution, making up 72% of responses followed by individuals working in private organizations (7%) and teaching sector (2.5%). The responses were distributed across 26 different states and Union Territories of India with 26% participants from Delhi, followed by 11 % from Jharkhand, 10% from Uttar Pradesh, 9% from West Bengal and other states.

Awareness and Practices against spread of COVID-19 Infection

People with COVID-19 infection have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Of the total survey population, fever, breathlessness, dry cough, sore throat and body ache were perceived as symptoms by 80%, 70%, 72%, 39% and 26% of the participants, respectively. Fever is perceived as the major symptom by the participants, accounting for 24% of all responses followed by breathlessness and dry cough, making up 21.2% and 20.6% of total responses, respectively. Only 5.7% participants did not know the symptoms of COVID-19.

Hand hygiene plays an important role in the spread of virus to protect oneself and prevent transmission of virus. While washing hands, 70% of the respondents preferred using liquid hand wash, soaps were used by 55%, sanitizers by 57% and alcohol-based spirit by 14% of the respondents. Liquid hand wash made for 31% of all responses followed by sanitizers and soaps.

Limiting face to face interaction is the best way to reduce the spread of COVID-19 infection. Measures like social distancing, public awareness programs, extension of lockdown, and random testing are thought as effective ways of controlling the spread of COVID-19 by

87%, 59%, 57%, and 53% of the respondents, respectively. This data analysis revealed that social distancing is considered as the best measure of controlling the spread, as it accounted for 30% of the total responses listed. Around 33% respondents felt that mobile applications like 'AarogyaSetu' can contribute in controlling the spread of the virus accounting for 11% of all the responses. As a preventive measure, 99.3% respondents wore masks while going out, whereas 0.7% did not. We analyzed the responses for main options provided in the survey and found that 40% participants used normal masks, 27% used N-95 masks, 16% used surgical masks, 10% used homemade masks while 7% used scarfs or towels to cover their face.

Changes in lifestyle and daily habits due to lockdown

Extensive lockdown imposed by the Government of India has led to lifestyle and daily habit changes in the population and this study has been aimed to represent those changes. We analysed the change in eating habits of participants and observed that for the majority of the survey population there is a significant drop in the intake of fast food and meat products with 60% and 34% of the participants, respectively, having lesser amounts than before. The consumption of fresh produce and dairy products majorly remained the same for 44% and 51% participants and increased for 36% and 27% participants, respectively. The number of meals one has in a day remained the same for 60% participants but increased for 24% of them. 13% participants reported that the number of meals they had in a day decreased after lockdown.

We observed that activities like reading, doing household chores, listening to music, cooking, exercising, art, dancing were performed by 81%, 79%, 77%, 72%, 65%, 41%, and 36% of the respondents, respectively. Majority of them indulged in these activities for 1-2 hours with exercise being the activity with highest frequency for this time. Reading had the highest frequency among all the activities performed for at least 2 hours. Both diseased individuals and the total participants majorly opted for contacting doctor over phone as their mode of consultation for health-related issues with proportions equaling to 44% and 40% of total responses, respectively. Many participants preferred to visit the nearby doctor accounting for approximately 27% of all responses. 78% of the total survey population felt that physical distancing and wearing masks would be the new norm after lockdown ends and 65% participants believed that there would be more respect for health professionals and police forces. Approximately 45% respondents felt that there would not be any vacation in near future and that there would be change in the eating habits of people and in the way we greet people. 40% of

them also felt that work protocols would undergo changes and that there would be an emergence of a better society. 38% participants felt that work from home would be more prevalent. Physical distancing and wearing masks was the most popular choice, receiving 17% of all responses, while more respect for health professionals and police forces accounted for 15% of total responses.

Public Health Concerns Related to COVID-19

Among participants who came in contact with a COVID-19 patient or had family members diagnosed with it, around 62% showed higher levels of anxiety. Among participants who took immunity boosters, almost half of them (49.4%) were highly anxious regarding the outbreak of COVID-19. Similar trend was observed for individuals who watched or read news related to coronavirus on a regular basis, as 54% reported higher levels, 32% reported intermediate levels and only 14% reported lower levels of anxiety. All respondents in the study were not equally distributed across different hotspot zones. Of the 47% survey population residing in the red zone, 50.6% reported higher levels of anxiety (4 and 5 on the scale), 32.4% reported intermediate anxiety levels and only 17.1% reported lower anxiety levels (1 and 2 on the scale). Of the 28% survey population residing inthe orange zone, 47.5% reported higher anxiety levels, 37.4% reported intermediate anxiety levels and only 15.1% reported lower anxiety levels. While of the 25% survey population residing in the green zone, 48.6% reported higher anxiety levels, 34.8% reported intermediate anxiety levels, and only 16.6% reported lower anxiety levels. This shows that higher anxiety levels were most prominent in the red zone. The intermediate levels of anxiety were highest for orange zone and lower anxiety levels were more pronounced in red zone followed by a marginal difference in green zone.

Participants were asked about their concerns post-lockdown and almost a fifth of the survey responses (21%) were reported for the country's economy. 16% and 15% of the responses were related to unemployment and career, respectively. Food shortage also seemed to be a major concern as 12% responses accounted for it. Resurgence of COVID-19 and political stability comprised 10% and 3.7% of the responses. Almost 1% of the responses constituted for having no concerns.

Considering whether the government should increase funding for basic sciences, research, and healthcare sector, almost nine-tenth of the survey population (89%) supported this, while 11% thought the current funding is good enough. When inspecting the organizations, the

survey population donated to, 37.7% donated to the PM relief fund, 13.4% donated to NGOs, 2.5% to I for India and 1.4% to WHO. However, 45% of the respondents did not donate. Among participants who reported that they were concerned about the country's crashing economy, 40% of them made donations tothe PM relief fund while 60% did not donate.

Social Media Usage

While studying the social media app usage, the number of individuals using different applications for at least two hours increased for all listed applications post lockdown. Netflix/amazon prime video had the highest shift in its users by an increase of 27.5% participants followed by 27% increase in YouTube users, 19% increase in Instagram users, 17% increase in WhatsApp users, 7% increase in Facebook users, 3.5% increase in TikTok users, 3% increase in Snapchat users, and 1.5% increase in Twitter users.

In the period of extended lockdown, students used apps like Zoom, Google Classroom, Skype, Google Duo, etc. for scholastic purposes. We analyzed that 43% students used Zoom, 17% students relied on Google Classroom, while 5% found Google Duo fit for virtual classes. Only 4.4% students took classes on Skype and WhatsApp video calls. Whereas, 21% students didn't use any of the listed applications.

As online classes continued, it posed several challenges to the students. 26% of students struggled for proper internet connectivity. Long-time exposure to the screen caused strain/discomfort in the eyes of 18.5% students. 16% students believed 'No face to face Interaction' to be one of the limitations. Approximately, 9% students felt that excess material was being provided by the teachers and found online resources not so useful. Online classes were not considered mobile friendly by 8% students. 5.2% students faced problems in software downloading while 3.3% had hardware issues. Only 5.5% students found online classes advantageous without any limitation (Fig 5.3-B). The Government of India has launched a portable mobile application called 'AarogyaSetu' to proactively inform users of the potential risk of infection due to coronavirus and connect health workers with the infected population. The participants were asked to rate the application on a 5-Likert scale, considering 5 as highly useful. 19% respondents found the app to be highly useful in fighting COVID-19 giving a 5-point rating. 28% of the population surveyed provided 4-point rating and 36%, gave a 3-point rating to the app. Whereas, the rating was downgraded by 8% and 9% respondents who rated 2 and 1 point, respectively.

Awareness and Practices in Prevention of Infection

The most common symptoms of COVID-19 as reported by WHO include fever, dry cough and tiredness and more than 70% participants of this study were aware of these common symptoms. The most effective method of reducing risk of infection is by regularly washing hands. WHO recommends washing of hands regularly with soap and water for 20 seconds at least. Other alternatives include alcohol-based hand rubs. Most of the participants in our survey used liquid handwash owing to good hygiene measures. Sanitizers and soap bars were also used in conjugation with liquid handwash by most of theparticipants. Rubbing a sanitizer, gel or wipe does not guarantee that the entire area of the hand is covered effectively. Washing hands with water alone isn't enough too, as it does not break the interactions between the skin and the virus.

Since people started staying indoors during the lockdown, a lot of participants in our survey frequently watched or read news via online modes or television. Just one-fourth of the survey population read newspapers frequently. Mode of gathering news is a personal choice but one of the factors accounting for a lower percentage of population reading newspaper can be rationalized as people become aware of transmission of coronavirus not just by droplets in the air but also through spread by sticking on surface of materials like wood, paper, metal. Owing to the rising global concerns related to the outbreak of COVID-19 and the need of cure and vaccine against SARS-CoV-2, the population is inquisitive and curious to know what the novel virus reveals and this is evident as more people keep themselves updated on this topic.

Almost all respondents in the survey reported wearing masks when going outdoors. A surgical mask may protect others by reducing the respiratory secretions of the mask wearer, but it cannot filter very small virus particles entering through the mask. N-95 masks are better at protecting both the mask wearer and other surrounding individuals as it is designed to block 95% of the very small particles. Some N-95 masks have a valve to make it easier for the wearer to breathe, however, this releases unfiltered air when the wearer breathes out, and may still cause coronavirus transmission. As the number of infected patients continues to surge, availability of masks goes down as pharmacy and chemist shops sell them 2-3 times their original price to the panicky buyers. 40% of the participants wore normal masks because of unavailability of N-95 masks for the large population. A large section of the society cannot afford to buy such expensive masks and the rates of manufacturing have still not satisfied the demand in India. Lack of PPE (personal protective equipment) and N-95 masks have made the front-line bearers pay a

heavy price. In such situations, individuals use whatever masks are available to them, homemade masks, towels, scarfs, etc. Masks of any kind reduce droplet transmission either through a diseased individual or against protection of potential infectious droplets in the air for a healthy individual. If worn by everyone, including those who are asymptomatic for COVID-19, it can help reduce the transmission of SARS-CoV-2.

Lifestyle Changes…

Since people are quarantined and they stay indoors most of the time, the decrease in fast food intake may also be a result of health consciousness since their physical activities have decreased which are attributed to increased incidences of various cardiovascular disorders and other diseases.

Post lockdown an increase in the sleeping time of people after 1am could be due to multiple factors like oversleeping, reduced physical activity, stress and anxiety which could be due to an unprecedented unemployment like situation which the lockdown has created. Lack of an appropriate schedule of work has also contributed to change in sleeping patterns. The anxiety of the pandemic situation and its aftereffects are also contributing factors to the increased sleeping hours. The present survey has shown that more than 80% participants still avail the offline mode of buying utilities which may be because online delivery of utilities is time consuming and limited to specific regions only. Very often, online deliveries are delayed because of sealing of inter-state borders and it has many times also shown to have no serviceable delivery slots when people have tried to avail this mode. Almost 60% participants go out to buy utilities 1-2 times a week while very few people go out more than 4 times a week, which is mainly due to the prevailing fear of the spread of COVID-19 which has made people get their weekly requirements by going to the markets only once or twice.

We also observed an improvement in the family relations of many participants since the lockdown has brought families to spend more time together under the same roof. This could be due to the proximity effect stated by Schneider, Grumman, & Coutts, 2012, according to which there tends to be an increase in interpersonal liking with more physical and psychological closeness with other people.

For getting consultation regarding health related problems, the majority of the individuals preferred contacting doctors over phone calls or reaching out to the doctor in person over the online modes of consultation, which may be because patient-doctor relationship holds a far

higher value in India than any online mode. More people contacted the doctor over the phone since people are afraid to go to a doctor's clinic as they might get infected. Very few participants indulged in self-diagnosis through internet and online applications as that might not hold true or useful.

Conclusion

The COVID-19 pandemic has shown us how fragile and unpredictable our lives are. In treating the COVID-19 spread, lockdown was imposed nationwide Post COVID (PC) lockdown, almost all countries of the world would face a slowdown in their economies, besides facing business disruption, travel obstruction, public seclusion, etc. It would bring a paradigm shift in thinking and working. Lifestyle changes observed during the lockdown have a tremendous impact on the behavioral and mental health of the population. Changes in sleep pattern, eating habits, digital media usage, working style and anxiety are seen in home confinement. Since most of the participants in this study were students, a few points that individuals of other age groups could have suggested might be missed.

References

1. A simple Stochastic SIR model for COVID-19 Infection Dynamics for Karnataka after interventions – Learning from European Trends 23rd April 2020 AshutoshSimha Department of Software Science Tallinn University of Technology, R. Venkatesha Prasad Delft University of Technology Delft, Sujay Narayana Delft University of Technology Delft
2. Age-structured impact of social distancing on the COVID-19 epidemic in India Rajesh Singh and R. Adhikari
3. Comparative a1ntioxidant and anti-inflammatory effects of [6]-gingerol, [8]-gingerol, [10]-gingerol and [6]-shogaol. Dugasani S, Pichika MR, Nadarajah VD, Balijepalli MK, Tandra S, Korlakunta JN J Ethnopharmacol. 2010 Feb 3; 127(2):515-20.
4. Coronavirus Outbreak : https://www.worldometers.info/coronavirus/.
5. D. Bannerjee. The COVID-19 outbreak: crucial role the psychiatrist can play. Asian J. Psychiatry (2020)
6. Dorr Goold S, Lipkin M Jr. The doctor-patient relationship: challenges, opportunities, and strategies. J Gen Intern Med. 1999;14 Suppl 1(Suppl 1):S26-S33. doi:10.1046/j.1525-1497.1999.00267.x

7. economictimes.indiatimes.com/industry/cons-products/fmcg/coronavirus-terror-inindia-sanitisers-masks sold-out-prices-peak/articleshow/74487298.cms?from=mdr
8. Effects of Food Quality, Quantity, and Variety on Intake Barbara J. Rolls
30. m.timesofindia.com/life-style/health-fitness/diet/coronavirus-is-it-safe-to-eat-meatand poultry/amp_articleshow
9. Hossain MM, Sultana A, Purohit N. Mental health outcomes of quarantine and isolation for infection prevention: A systemic umbrella review of the global evidence.2020
10. https://globalhandwashing.org/how-washing-hands-with-soap-destroys-the-coronavirus/
11. https://www.businessinsider.in/india/news/checkout-the-list-of-red-zones-andcontainment-areas-in-mumbai-maharashtra/articleshow/76120761.cms
12. https://www.business-standard.com/article/current-affairs/lockdown-3-0-what-are-redorange-and-green-zones-and-containment-areas-120050200305_1.html
13. https://www.datawrapper.de/
14. https://www.india.com/news/india/fresh-20-containment-zones-formed-in-delhi-inlast-24-hours-total-count-rises-to-122-full-list-of-containment-zones-here-4044459/
15. https://www.livehindustan.com/uttar-pradesh/story-unlock-1-containment-zones-inup-where-lockdown 5-can-remain-till-30-june-2020-mha-new-guidelines 248609.html
16. https://www.mygov.in/aarogya-setu-app/
17. https://www.timesnownews.com/india/article/number-of-containment-zones-in-delhinow-122-as-lockdown-extended-till-june-30-see-list/599291
18. Kampf, G., et al., Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents. Journal of Hospital Infection, 2020. 104(3): p. 246-251.
19. Koo, J.R., et al., Interventions to mitigate early spread of SARS-CoV-2 in Singapore: a modelling study. The Lancet Infectious Diseases, 2020. 20(6): p. 678-688.
20. Lack of exercise is a major cause of chronic diseases Frank W. Booth, Ph.D., Christian K. Roberts, Ph.D., and Matthew J. Laye, Ph.D.
21. Leung, N.H.L., et al., Respiratory virus shedding in exhaled breath and efficacy of face masks. Nature Medicine, 2020. 26(5): p. 676-680.

22. Lewis, D. (2009), Galaxy Stress Research. Mindlab International, Sussex University, UK.
23. Martinez-Velilla N., Casas-Herrero A., Zambon-Ferraresi F. Effect of exercise intervention on functional decline in very elderly patients during acute hospitalization: a randomly clinical trial. JAMA Intern Med. 2019;179(1):28-36
24. Ministry of Health and Family Welfare: https://www.mohfw.gov.in/index.html
25. patient.info/news-and-features/covid-19-how-does-the-coronavirus-pandemic-affectyour-sleep
26. Pfefferbaum, B.; North, C.S. Mental Health and the Covid 19 Pandemic. N.Engl.J.Med.2020
27. Physical activity and reduced occurrence of non-insulin-dependent diabetes mellitus,Helmrich SP, Ragland DR, Leung RW, Paffenbarger RS Jr, N Engl J Med. 1991 Jul 18; 325(3):147-52
28. Reynolds DL, Garay JR, Deamond SL, Moran MK, Gold W, Styra R. Understanding, compliance and psychological impact of the SARS quarantine experience. Epidemiol Infect. 2008; 136:997-1007.
29. S.K. Brooks, R.K. Webster, L.E. Smith, L. Woodland, S. Wessely, N. Greenberg, G.J. Rubin. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet. 2020
30. Schneider, F. W., Gruman, J. A., & Coutts, L. M. (Eds.). (2012). Applied social psychology: Understanding and addressing social and practical problems. Thousand aks, CA: Sage Publications.
31. tech.hindustantimes.com/tech/news/no-slots-available-bigbasket-grofers-struggle-todeliver-essential-items-in-delhi-ncr (https://tech.hindustantimes.com/tech/news/noslots-available-bigbasket-grofers-struggle-to-deliver-essential-items-in-delhi-ncr-storymBNIYWeF0kGaRBfLptluPL.html)
32. The antidepressive effects of exercise: a meta-analysis of randomized trials.Rethorst CD, Wipfli BM, Landers DM Sports Med. 2009; 39(6):491-511.

33. The anxiolytic effects of exercise: a meta-analysis of randomized trials and doseresponseanalysis.Wipfli BM, Rethorst CD, Landers DM J Sport Exerc Psychol. 2008 Aug; 30(4):392-410.
34. Wang C, Horby PW, Hayden FG, Gao GF. A novel coronavirus outbreak of global health concern. Lancet. 2020
35. WHO. Coronavirus Disease 2019 (COVID-19) Situation Report – 46. : https://www.who.int/docs/default-source/coronavirus/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_2. (2020)
36. www.fastcompany.com/90496717/what-is-a-mask-valve-and-why-are-cities-banningthem
37. www.tribuneindia.com/news/ludhiana/unavailability-of-sanitisers-masks-at-janaushadhi-stores-irks-residents-61725
38. www.who.int/health-topics/coronavirus

10. Role of Police Department in COVID-19 Situation

Kadu Sarah Imtiyaz
Asst. Professor, Anjuman Islam Janjira Degree College of Science,
Murud Janjira (Raigad)-Maharashtra.

Abstract

The novel human coronavirus disease COVID-19 has become the fifth documented pandemic since the 1918 flu pandemic. COVID-19 was first reported in Wuhan, China, and subsequently spread worldwide. The coronavirus was officially named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by the International Committee on Taxonomy of Viruses based on phylogenetic analysis. SARS-CoV-2 is believed to be a spillover of an animal coronavirus and later adapted the ability of human-to-human transmission. Because the virus is highly contagious, it rapidly spreads and continuously evolves in the human population. In this review article, we discuss the basic properties, role of police department in this pandemic, potential origin, and evolution of the novel human coronavirus.

Keywords: COVID-19,SARS-COV-2,CoronavirusPandemic.

Introduction

Currently, people all over the world have been affected by coronavirus disease 2019 (COVID-19), which is the fifth pandemic after the 1918 flu pandemic. As of now, we can trace the first report and subsequent outbreak from a cluster of novel human pneumonia cases in Wuhan City, China, since late December 2019. The earliest date of symptom onset was 1 December 2019. The symptomatology of these patients, including fever, malaise, dry cough, and dyspnea, was diagnosed as viral pneumonia . Initially, the disease was called Wuhan pneumonia by the press because of the area and pneumonia symptoms. Whole-genome sequencing results showed that the causative agent is a novel coronavirus. Therefore, this virus is the seventh member of the coronavirus family to infect humans . The World Health Organization (WHO) temporarily termed the new virus 2019 novel coronavirus (2019-nCoV) on 12 January 2020 and then officially named this infectious disease coronavirus disease 2019 (COVID-19) on 12 February 2020. Later, the International Committee on Taxonomy of Viruses (ICTV) officially designated the virus as SARS-CoV-2 based on phylogeny, taxonomy and established practice.

Subsequently, human-to-human transmission of COVID-19 occurring within Hong Kong has been shown in clinical data.

The first case of COVID-19 in India, which originated from China, was reported on 30 January 2020. India currently has the largest number of confirmed cases in Asia, and has the third highest number of confirmed cases in the world after the United States and Brazil with the number of total confirmed cases breaching the 100,000 mark on 19 May, 200,000 on 3 June, and 1,000,000 confirmed cases on 17 July 2020.

Since COVID-19 initially emerged in China, the virus has evolved for four months and rapidly spread to other countries worldwide as a global threat. On 11 March 2020, the WHO finally made the assessment that COVID-19 can be characterized as a pandemic, following 1918 Spanish flu (H1N1), 1957 Asian flu (H2N2), 1968 Hong Kong flu (H3N2), and 2009 Pandemic flu (H1N1), which caused an estimated 50 million, 1.5 million, 1 million, and 300,000 human deaths, respectively [fig1].

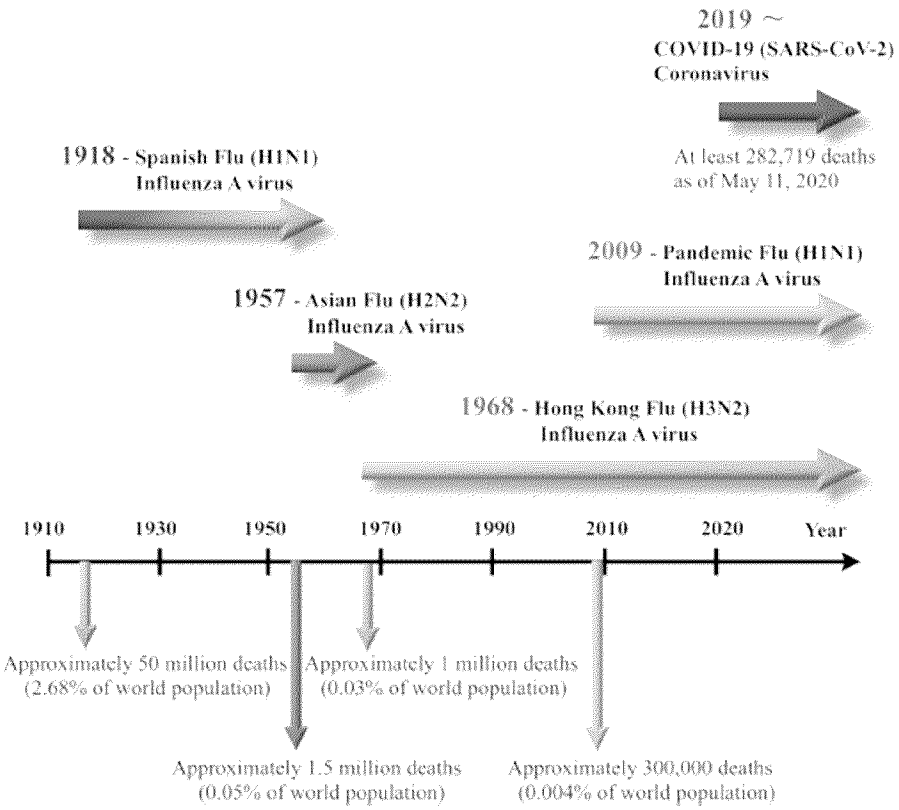


Fig 1 A timeline of five pandemics since 1918 and the globally circulating viruses afterward.

Police Foundations During COVID-19

During this unprecedented COVID-19 pandemic, there are many needs arising at police agencies around the world. Police foundations are stepping up to help law enforcement in many ways. As police foundations engage with the community to secure funding and provide services that will benefit their departments, foundations act as an important liaison among the community, businesses, and the police agency. Police foundations help departments to achieve their public safety goals and are an avenue to accept both financial and in-kind support from interested donors. Epidemics have ravaged civilisations and changed the course of history. In 1918, over 15 million Indians perished in the Spanish flu outbreak, the last major pandemic that devastated the subcontinent. The flu is reported to have arrived in India through the Bombay port. Seven police sepoys posted at the Bombay docks were the first ones to be admitted to the police hospital with "the Bombay fever". Now, as India stops in its tracks to break the coronavirus pandemic (Covid-19) chain, the police force, as one of the essential services, is again at the forefront of the Herculean task of enforcing this unprecedented nationwide lockdown.

Preventive Actions & Measures

Police foundations are in an ideal spot to provide critical support to public & police agency during times of crisis, such as the COVID-19 pandemic by:

- Purchasing protective gear such as infrared thermometers, nitrile gloves, masks, hand sanitizing wipes and hand sanitizer
- Working to supply departments with hygiene kits, towels, and cell phone chargers for round the clock operations
- Securing a COVID-19 testing center for exclusive use by first responders and other essential local employees
- Installing mobile trailers equipped with cameras and license plate readers to address areas with an uptick of crime due to no schools in session Coordinating meal and snack donations and deliveries to first responders
- Helping to promote messaging to the community on behalf of their police agencies and/or local community government, including promoting compliance with public health orders
- Police trying punishments to prevent people from coming outside in lockdown [fig2].



Figure 2:Lockdown:Police try situps, squats ,murga punishments to keep people at home

- Providing teachers and/or parents with workbooks and coloring pages from officer-friendly programs for home schooling.
- Indian Police wear coronavirus-shaped helmets to spread COVID-19 awareness [fig3].

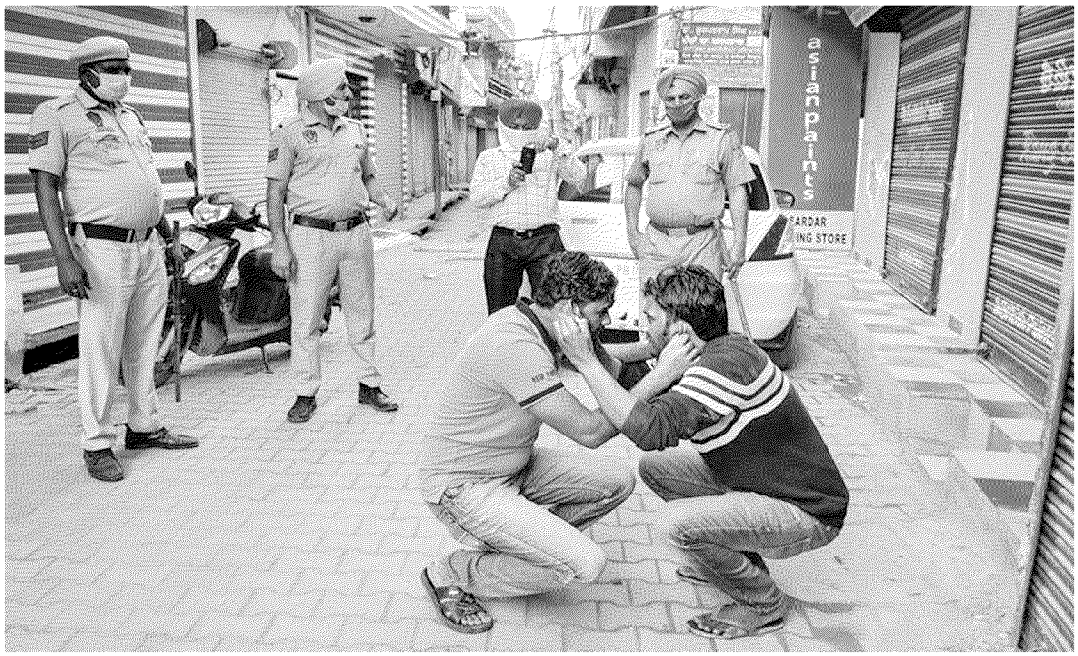


Figure 3: Indian Police wear coronavirus-shaped helmets to spread COVID-19 awareness

- "Janta Curfew" as COVID-19 cases rise above 300 [fig4].



Figure 4: Janta Curfew as COVID-19 cases rise above 300

- Police distributing food to migrant labour dealing with national emergency [fig5].



Figure 5: Police distributing food to migrant labours.

Policing during pandemic has neither specific guidelines nor well-defined roles in shaping the response. The forces are geared for imposing isolation, but never on such a vast

scale. As nervous citizens were caught off guard by the hastily-announced lockdown, policemen risked their lives on the streets to ensure that the country's 1.3 billion people stayed safe indoors — advising the violators or using force to vacate roads; drawing lakshman rekhas to space people out in front of shops and bazaars; standing at the naka (barricade) points through day and night to check cars; spreading awareness about social distancing; disciplining some for violating the restrictions; and arresting foolhardy offenders. To be sure, this, at times, resulted in excessive action, but this was more the exception than the norm. The police also traced the travel history of those who did not follow screening protocols and took them to quarantine centres.

To help the citizens during the lockdown, policemen have gone beyond the call of duty. Food rations were distributed in police trucks in Punjab. The police went from door-to-door offering help to the elderly in West Bengal. They distributed food packets in women's shelters and to labourers. Some policemen in the states sang patriotic songs, making an appeal to citizens to stand by the nation in its fight against coronavirus. These endeavours of the police force in this hour of crisis should not go unrecognised.

Considering the staggering population, the police cannot deliver without community help and participation. For instance, after the first day's efforts to distribute food to the deprived, the Delhi Police got overwhelming support from residents who came forward to offer vegetables and other food items. The special branch of Delhi Police distributed around 6,000 food packets to the needy in various parts of the Capital in collaboration with volunteers and staff of its district units, as per media reports. In the South district, the police, in coordination with a private trust and district civil administration, distributed 500 food packets to the needy at Sanjay Colony Bhatti Mines. From serving meals at police stations to providing medical assistance, the Delhi Police along with NGOs reached out to those in distress due to the lockdown in the slums. Some self-help groups have also come forward to carry the baton. Similarly, a few states are implementing innovative ideas for social distancing with the panchayats and police working together.

Police Personnel Tested Positive For The Disease

A Maharashtra Police staff member tested Covid-19 positive and another succumbed to the coronavirus infection in the last 24 hours, taking the total number of Maharashtra Police personnel who have tested positive for disease to 2,557 on Thursday.

At least 30 police personnel, including an officer, who were infected in the line of duty, have died so far due to Covid-19 in Maharashtra. Of the 30 Covid-19 victims, 18 were members

of the Mumbai Police force and had contracted the deadly infection while implementing the lockdown in the financial capital."Till now, over 2,557 state police personnel have tested positive for the coronavirus and 30 of them, including an officer, have died, Maharashtra Police official said. According to reports eighty two positive cases of coronavirus were also reported among the State Reserve Police Force (SRPF) personnel deployed in the city. No new coronavirus cases were reported in Maharashtra Police personnel over the last 24 hours. Total Covid-19 cases in the force stand at 2,562 while death toll is at 34, ANI reported. Mumbai Police on Tuesday said that nearly 1,871 personnel have been infected with Covid-19 so far, news agency ANI reported. As many as 853 police officials have recovered from coronavirus till date while 21 have lost their lives [fig6].

Summary Dated : 08/06/2020

Mumbai Police Officers and Men Tested Corona Positive	Covid Care Centre	571	Officer	259
	Admitted In Hospital	231	Men	1612
	Home Isolation	31	Total	1871
	At home After Discharge	164	Total Recovered 853	
	Recovered But Not on duty	634		
	Recovered And Joined on Duty	219		
	Death	21		
SRPF Police Officers and Men Tested Corona Positive	Officers	05	Total 82	
	Men	77		

Figure6: According to the SRPF Reports.

During the nationwide lockdown imposed to curb the spread of coronavirus in the country, there have been 258 instances of assault on Maharashtra Police personnel. Nearly 86 policemen were injured in those attacks along with 45 healthcare workers who were also assaulted while detecting and dealing with coronavirus positive patients.At least 838 people were arrested across Maharashtra for unprovoked assaults on policemen who were doing their duty.Since the lockdown, the Maharashtra Police registered 1,22,484 offences under the Indian Penal Code's Section 188 (disobedience to order duly promulgated by public servant) and the police also arrested 28,820 people for violating lockdown orders.

The Maharashtra Police seized 77,435 vehicles, which were found moving on roads in violation of the strict lockdown norms enforced by the government. Police control rooms also

handled more than one lakh calls in connection with queries and complaints related to Covid-19 during the lockdown, the official said.

[fig 7(A) & (B)] shows confirmed, recovered & death cases of maharashtra, India.

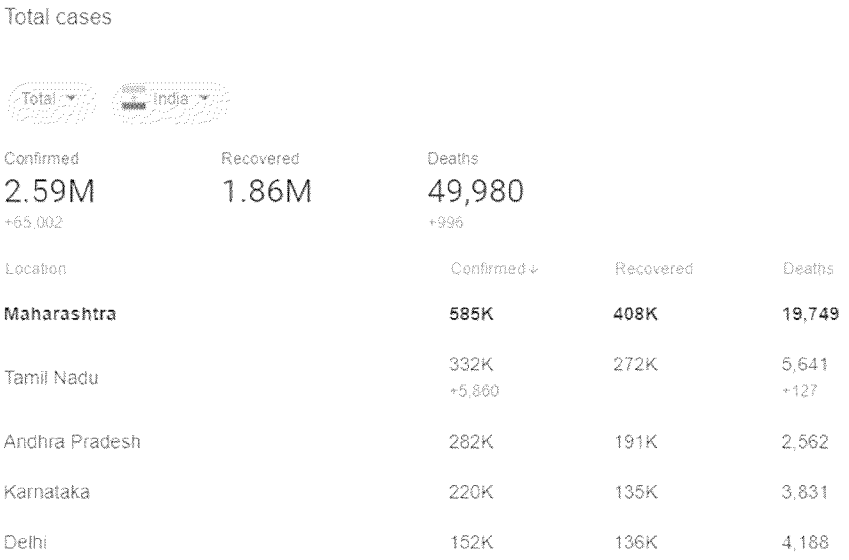


Figure 7 (A)

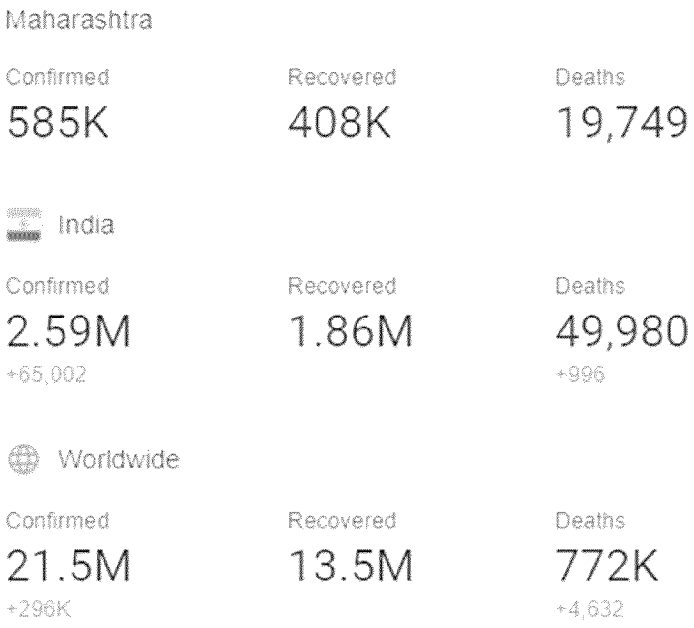


Figure 7 (B)

Maharashtra is the worst-affected stated in the country with more coronavirus cases than the original epicentre - China. The Covid-19 tally in the state has jumped to 88,528 while more than 40,975 Covid-19 patients have recovered from the virus across the state. Covid-19 death toll in the state stands at 7,466. Mumbai, the worst-hit city in the country, has registered 50,085 Covid-19 cases while 1,702 patients have succumbed to death in the city due to coronavirus.Worldwide, coronavirus cases have crossed the 7 million mark. More than 4 lakh people have lost their lives to the virus across the globe. India stands at the fifth spot with the most number of Covid-19 cases after countries like the US, Brazil, Russia and the UK.

Conclusion

After we overcome the pandemic, which will surely happen, we must carry out a comprehensive evaluation of the world's ability to maintain stability when faced with similar challenges in the future. We must also craft measures to cope with these challenges together.

Human Rights is a governance issue. Every citizen has a right to protection against disasters – that's social policing. Usually, policing is thought of in terms of prevention of crime and maintenance of law and order. But there is a growing realization that it is much more than that.

We are pushing the envelope. We have built public trust in the police force through our humanitarian response to COVID-19. India's police officers are more feared and hardly trusted by common citizens. But coronavirus lockdown has brought out a less seen, compassionate side of them

But these troubled times have brought to the fore the dual character of police officers. There's the tough, indifferent side in the face of relentless crime and poverty; and then there's the softer, kinder side that is willing to take matters into its own hands to achieve the common good.

A pandemic is not new in human history. But what makes the COVID-19 pandemic special is that it takes place in an unprecedented backdrop when the interconnectivity and interdependence between people, between countries and between continents are so deep. The achievements people have made in technology, intelligence and transportation make them both physically and psychologically globalized.

The police force, as one of the sentinels of democracy, should be applauded and encouraged for being a crucial interface between the government and the public at this time of national emergency.

Everyone wants to turn the page on COVID-19 as soon as possible. But lessons are inevitable. And it's up to each of us to decide if those lessons are right.

It's time to give up conventional thinking based on stereotypes and finally start acting from a moral perspective. After all, our best bet is a happy future for all who live on Earth, our common home.

References

1. ^ *"SARS-CoV-2 (COVID-19) Testing: Status Update". Indian Council of Medical Research. Retrieved 16 August 2020.*
2. ^ *"Delhi declares coronavirus as epidemic as India reports first death from infection". The Week. Retrieved 13 March 2020.*
3. ^ *"COVID-19: 'We Can Push This Virus Back,' WHO Leader Says Of Coronavirus". NPR. Retrieved 13 March 2020.*
4. ^ *"Coronavirus test should not cost more than Rs 4,500: Government to private labs". The Economic Times. 22 March 2020. Retrieved 23 March 2020.*
5. ^ *"111 labs for testing coronavirus will be functional across India from today: Health Ministry". India Today.*
6. ^ *"Pune based Mylab becomes first Indian company to get Covid-19 test kits validated". The Economic Times. 24 March 2020.*
7. ^ *"India can double coronavirus test kits to 200,000 in a week, thanks to Pune-based Mylabs". Business Standard.*
8. ^ *"India most infected by Covid-19 among Asian countries, leaves Turkey behind". Hindustan Times. 29 May 2020. Retrieved 30 May 2020.*
9. ^ *Kulkarni, Sagar (5 July 2020). "India becomes third worst affected country by coronavirus, overtakes Russia". Deccan Herald. New Delhi. Retrieved 5 July 2020.*
10. ^ *"India's case count crosses 100,000, Delhi eases restrictions: Covid-19 news today". Hindustan Times. 19 May 2020. Retrieved 20 May 2020.*
11. ^ *Daily COVID-19 bulletin. "PIB India (@PIB_India) on Twitter". Retrieved 3 June 2020 – via Twitter.*[*non-primary source needed*]

12. ^ *"Infections over 1 lakh, five cities with half the cases: India's coronavirus story so far". The Week. Retrieved 20 May 2020.*
13. ^ *"COVID-19: WHO calls India's lockdown 'comprehensive and robust', UN expresses solidarity". The New Indian Express. Retrieved 5 June 2020.*
14. ^ *"India Corona news: India beats other nations in Covid response: Study". The Times of India. 11 April 2020.*
15. ^ *"India scores high on Covid-19 response tracker made by Oxford University". India Today. 10 April 2020.*

11. How far Lockdown is the Solution for COVID-19?

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Miss. Maryam Siraj Fattey
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science,
Murud Janjira, Raigad.

Abstract

Nations are struggling to decide when to end COVID-19 inspired lockdowns, with sharply divergent views between those arguing for a resumption of economic activity and those arguing for continuing the lockdown. We examine this choice within a simple optimal dynamic control model that encompasses both health and economic outcomes, and pays particular attention to when need for care exceeds hospital capacity. Qualitatively the alternate strategies correspond to trying to essentially eradicate the virus or merely to flatten the curve so fewer people urgently need healthcare when hospitals are already filled to capacity Italy's severe COVID-19 outbreak was addressed by a lockdown that gradually increased in space, time and intensity. The effectiveness of the lockdown has not been precisely assessed with respect to the intensity of mobility restriction and the time until the outbreak receded.

We used processed mobile phone tracking data to measure mobility restriction, and related those data to the number of new SARS-CoV-2 positive cases detected on a daily base in the three most affected Italian regions, Lombardy, Veneto and Emilia-Romagna, from February 1 through April 6, 2020, when two subsequent lockdowns with increasing intensity were implemented by the Italian government

During the study period, mobility restriction was inversely related to the daily number of newly diagnosed SARS-CoV-2 positive cases only after the second, more effective lockdown, with a peak in the curve of diagnosed cases of infection occurring 14 to 18 days from lockdown in the three regions and 9 to 25 days in the included provinces. An effective reduction in transmission must have occurred nearly immediately after the tighter lockdown, given the lag time of around 10 days from asymptomatic infection to diagnosis. The period from lockdown to

peak was shorter in the areas with the highest prevalence of the infection. This effect was seen within slightly more than one week in the most severely affected areas.

It appears that the less rigid lockdown led to an insufficient decrease in mobility to reverse an outbreak such as COVID-19. With a tighter lockdown, mobility decreased enough to bring down transmission promptly below the level needed to sustain the epidemic.

Keywords: CECC, WHO, COVID-19, Outcomes, HIV, SARS, Spread, Autthoritarian, Lockdown, ISRC, VPHMS, LMIC, Active cases, ASHA Wprkers

Introduction

On 24 March 2020, the Government of India under Prime Minister Narendra Modi ordered a nationwide lockdown for 21 days, limiting movement of the entire 1.3 billion population of India as a preventive measure against the COVID-19 pandemic in India It was ordered after a 14-hour voluntary public curfew on 22 March, followed by enforcement of a series of regulations in the country's COVID-19 affected regions The lockdown was placed when the number of confirmed positive coronavirus cases in India was approximately 500 Observers stated that the lockdown had slowed the growth rate of the pandemic by 6 April to a rate of doubling every six days and by 18 April, to a rate of doubling every eight days.

A Lockdown Is a Solution. In India, a Lockdown Is Also Its Own Crisis.

A lockdown can mean different things in different contexts. In the context of the current COVID-19 pandemic that originated in Wuhan, China, and spread across almost 204 countries, the term has been used for varying limits on movement, function and activities of communities. It isn't a technical public health term, and ranges from mandatory quarantines to non-mandatory recommendations to stay at home, close certain types of businesses or avoid events and gatherings.

There have been several discussions around the COVID-19 infection and its potential to cause fatality, India's preparedness and the lessons learnt. This analysis attempts to understand what a lockdown means in the context of public health in India.

The lockdown according to a few other countries

Different countries have interpreted and implemented lockdown differently. The most significant intervention by China was the quarantine imposed on January 23, 2020. Along with this, the country also restricted public access to information, including that shared by Dr Li

Wenliang, who was detained for posting online about the virus and who later died of the infection himself.

In February 2020, two journalists disappeared after continuously reporting stories about the outbreak. In an attempt to create a good online atmosphere, many social media apps and accounts were removed because of 'harmful content'. The media had to cover only positive stories about the relief work being done by Chinese authorities. The government's agenda seemed to stretch beyond virus control and into social control.

It is important to understand that China has suffered socially and economically not just because of the virus but because of government policies as well. Though China followed a high-end surveillance system, it was not done with people's participation or even understanding. The state's self-promotion took precedence over access to information. One reason for the Chinese lockdown was damage control, as the infection had reached a point where global opinion had to be urgently addressed.

Taiwan, because of political pressure from China, is excluded from the WHO but unlike China focused itself on making information available to the people. The Taiwanese government has been preparing since late December 2019 and also set up a Central Epidemic Command Centre. State officials have been holding press conferences every day to announce the latest policies and updates on the epidemic, and to clarify rumours on social media.

Many Taiwanese officials used their official social media accounts to share even small details with the public. Civil society worked with the government to fill gaps, publish real-time maps and create fact-check centres. Such initiative allowed its people to actively participate in the implementation of government policy. Taiwan followed the logic of a democratic state as opposed to China's authoritarian state.

The Russian parliament passed laws to impose harsh punishments for rule-breakers; those breaking quarantine or spreading misinformation faced up to five years in prison. 'Misinformation' in the time of COVID-19 could also mean criticism of the government. The pitfalls of this are obvious.

New Zealand entered a month-long national lockdown on March 25 as the number of cases in the country rose by nearly 50% in a short span of time. The lockdown is expected to be eased partially if the case increase rate slows. At the time of announcing the lockdown, New Zealand's prime minister said, "I say to all New Zealanders: the government will do all it can to

protect you. Now I'm asking you to do everything you can to protect all of us. Kiwis – go home."

Contrast this with the Indian government which, going by its actions since the lockdown, seems to say that it absolves itself of all responsibility and leaves to its citizens the responsibility of handling the situation, and failing which they will be punished even if it means losing jobs, rights, livelihood, dignity, food, and education.

The scenarios in New Zealand and India are both lockdowns, but in the first, the government takes primary responsibility to help its citizens tide over a difficult period.

The Authoritarian Lockdown

Some predictable fallouts of an authoritarian lockdown include:

1. Suppression of data at all levels because of the culture of shaming those who show 'poor outcomes' and rewarding those who show 'good outcomes'. Officials in India have already mastered the art of reducing the incidence of diseases of concern, and there is no reason to believe they won't draw from these skills in the context of COVID-19 as well. In India, there is evidence that target setting, punitive action and hierarchical structures lead to magical drops in numbers. We have seen this with family planning, institutional deliveries, maternal/infant deaths, tuberculosis, HIV, malnutrition, dengue, malaria, manual scavenging, lynchings, domestic violence and dowry deaths. There is a difference between a government that wants to genuinely provide healthcare and government that simply wants to look good.
2. The government has failed to proactively publicise major decisions, whether demonetisation, the reading down of Section 370 or the ongoing lockdown. The idea of people being participating stakeholders is being actively eroded, leading to a corrosion of trust and avoidable delays in response. If an authoritarian government announces that community spread is imminent, it is almost certain that the spread already occurred sometime back. In disasters like earthquakes, the authoritarian state may be able to provide disaster relief but this doesn't work in the case of a pandemic. To track and control the spread of a virus, there is a need for information to flow freely and without being linked to punitive action.
3. Under an authoritarian state, people may function like coerced subjects rather than informed stakeholders, doing only as much as they have to and often tending to

breaking boundaries and rules. The relationship of civil society and media to the government will resemble that between a cat and mouse, with attempts to thwart each other, rather than to work together towards shared goals. This is the crucial difference between how epidemics are controlled by authoritarian governments and by democratic governments.

4. To maintain the image of success, the government is likely to be even more authoritarian than is acceptable under normal circumstances but uphold its measures as 'necessary' – the so-called 'cruel to be kind' intervention. Less than a month ago, state officials slapped sedition charges on mothers and teachers for a children's play enacted in Karnataka. It is unlikely for the government to now suddenly turn benevolent because of COVID-19.
5. The people of India have already largely been polarised into two groups: those who believe the government can do no wrong and those who demand that the right to a COVID-19-free world doesn't automatically trample on rights and civil liberty. The lockdown shows that while the rights of some become limited, for others like the labourers it is an existential right connected to their food, dignity and livelihoods. Additionally, people who have moved out of cities have also increased the virus's geographic spread.
6. Guidelines in other countries allow 'essential' travel. In India, this means a large part of the country will continue to travel as their income depends on it. The sheer numbers would itself mean that a lockdown is not possible. Seen differently, a lockdown where essential travel is curbed is bound to impinge, often adversely, on several human rights.
7. The lockdown can lead to health issues that can render people more vulnerable to COVID-19 and related complications once the lockdown is lifted. India has a high burden of diabetes and hypertension, both conditions exacerbated by cereal-heavy diets. With the lockdown, the food insecurity of a large number of people has been endangered, and they are unable to procure medicines or access screening tests. Those with uncontrolled diabetes, hypertension and heart disease are at high risk for the complications of COVID-19 infection. In effect, a poorly planned lockdown makes vulnerable communities more susceptible to complications and increased mortality.

8. Many norms of confidentiality and privacy of patients and their contacts are being violated on the pretext of a lockdown. These norms have been laid down to protect against stigma and discrimination which can potentially lead – among other things – t0 harassment, denial of care, negligence and loss of employment, particularly among those with leprosy, tuberculosis and HIV/AIDS. There is no reason to believe these ethical concerns should be set aside in a pandemic and there is no known benefit of community policing of individuals. With the information about COVID-19 trickling in, people and communities are already being evicted and bullied. The criminalisation has also meant people are afraid to get tested.

India already has a history of discrimination based on gender, caste, class, ability and sexual orientation. There is no reason to believe society will become automatically inclusive in the wake of COVID-19. These barriers will continue to make it difficult for everyone to access health services and avail of testing, therefore efforts need to be made to ensure that there is no further discrimination.

9. The communal nature of the government and its supporters comes out even in a pandemic. Even as the government issued a notice that false information about COVID-19 will be strictly punished, communalised misinformation and hate continues unchallenged. Fake news about Muslims is being spread rapidly leading to social and economic boycott of Muslims across the country. It is of concern that a pandemic has put the lives and livelihood of Muslims in India at risk.

An authoritarian lockdown thus could prioritise the ends over the means. The graph becomes everything – like a man burning his house down to keep the candle alight.

After lockdown, what?

1. What if, once the coronavirus pandemic winds down, there is a new infection that requires, among other things, the government to lockdown the country for a longer period? Once the government gains absolute control, can it at any point be brought back to a 'pre-COVID' state? We need specific rules that define when the government can impose a lockdown, after sufficient preparation, for how long and finally how the lockdown can be wound down.
2. What happens if India removes the lockdown and the number of people who test positive for the new coronavirus begins to rise again? Will the lockdown be reimposed?

Have the other – especially economic – consequences of an extended or repeated lockdown been adequately assessed? Who decides what damage to society due to the virus as well as the lockdown is acceptable?

3. Overcrowding leads to a higher risk of many diseases like tuberculosis, scabies, respiratory infections and gastrointestinal infections. Why was overcrowding in slums, buses, garment factories, industries and manufacturing units never seen as a problem until now?
4. Why are houses with good ventilation and adequate spacing never part of any housing plan? Why hasn't public transport been so widely available that people could sit apart from each other? Why are workplaces, especially in the informal sector, so cramped? Why are prisons and shelter homes so overcrowded? Is the government doing anything to reduce this kind of overcrowding – a risk factor for a host of other infections apart from COVID-19?

Testing and Physical Distancing

Let us assume a daily-wage labourer in a village in Karnataka develops a high fever and cough. He or anyone in his village is unlikely to have as much information as a corporate employee in Bengaluru. His primary source of information about the infectious disease would be rumours and WhatsApp forward. If suspected of a COVID-19 infection, It is quite possible that the responses of the family and the community at large would be to ostracise him, not just maintain physical distance.. The most recent disease we saw this with was HIV. Stigmatised people face real outcomes of discrimination and stigma, arising out of manufactured information.

The other possibility is that the man has COVID-19 but is unaware of it, so he is likely to spread the disease to others, fall sick and, depending on his health, die. If he recovers while being asymptomatic, no one could ever know the virus 'exists' in their village. If he died, no one would pick up on the unusual number of deaths in the village, but even if they did, they are unlikely to catch the attention of city-based government health workers.

Then there are those who fall critically ill, which often prompts turmoil in the family and the community, leading to decisions to seek help. As soon as this decision is made, it lays bare the dismal state of healthcare in the country. For all the clamour that elite Indians make about testing, it is a sad fact that physical distancing and testing don't make comfortable bedmates.

With the current state of healthcare facilities, one has to choose between testing and physical distancing.

If one has to test, one has to travel from one part of the state to a city. The patient, possibly accompanied by an attender, might typically only be able to afford crowded public transport, stay in a crowded lodge and enter a crowded hospital with a crowded lab. The patient thus becomes an agent of change – not of society but of the viral load of the people around him. Physical distancing in rural India is thus no more than a fantasy in the imagination of the elite.

Another thing that the lockdown is expected to do is buy time for a vaccine, even though that may take many months to realise. Even if a vaccine was available, it would be expensive and inadequate, and therefore available only to those who could afford it.

Lockdown and public health

A lockdown's purpose is to flatten the curve. The question arises: If a lockdown hadn't been in place, would the number of cases have gone up?? The answer is probably 'yes' or at best 'not much', but no one would want to take a chance.

The mortality prognosis for India would have been better if, in tandem with the lockdown, the government had raced against time to augment the healthcare system to handle a pandemic and resolve all the shameful systemic gaps thrown up by the infection's spread. For example, even now, there are gaps in training of workers in comprehensive and ethical healthcare; supply chain and accessibility of drugs, regulatory mechanisms, l; a considerable need to increase healthcare budget direct it towards public health facilities; and to nationalise private healthcare facilities so they can pull their weight during this crisis.

Of course, the incumbent government's rise to power never included promises of public health, education, livelihood and employment. It is also important to understand who the policymakers currently are who is speaking on behalf of public health, farmers, nutrition, livelihood, children, Dalits, Adivasis, people with disabilities, transgender communities, women and the elderly? Sound policies are impossible sans experienced policymakers but sadly the idea that policymakers will make informed strategic decisions is a myth.

For example, India has been pursuing a campaign to privatise healthcare in the name of efficiency and cost-effectiveness. However, it also breaks the socialist fabric of the country and has limited the ability of the country's healthcare workers, labs, infrastructure, devices, emergency support systems, regulation, etc. to handle a public health crisis. This is not sound

policy, and policymakers are not the ones ultimately responsible for what the government does – lawmakers are. And when people are not held accountable for bad policy decisions, they have no incentives to do anything other than what they think is best as determined by their political goals.

So will the Indian public health system be any more prepared for the pandemic (with or without a flattened curve) after an authoritarian lockdown? Can years of damage of public health systems be undone in 21 days? No. If anything, there are likely to be more illnesses for the system to deal with. A flattening of the COVID-19 curve may miss the rise in many other infectious and non-infectious diseases. Major programs like the NREGA, immunisation, institutional deliveries and nutritional programs will face major setbacks, but the state is unlikely to factor these issues in when the 'success' of the lockdown is measured.

A lockdown and its discontent

To a paid 'work from home' corporate employee, the government is not likely to say, "While we all stay indoors during this period of lockdown, let us also in the spirit of social solidarity receive equal salaries and pensions so that all of us are equally inconvenienced." Nor is it like to ask them to eat only food provided by the government, irrespective of quantity, frequency and quality. Finally, would the government in the spirit of physical distancing order people from crowded housing and communities move into large mansions and bungalows so everyone has shelter?

If these conditions came to be, the middle class would simply refuse to participate in the lockdown, national interest be damned.

The rich in India are mostly happy to cooperate in a lockdown that inconveniences only the poor, and are more than ready to inconvenience domestic workers, auto drivers, delivery agents, construction workers, street vendors, etc. Viruses, however, have a way of sneaking up on everyone. All measures can only reduce the risk of infection, not eliminate it. The only way to protect oneself is to ensure that everyone else is also protected. A government that intends only to please the elite will ultimately be ineffective.

In attempting to protect (mostly elite) Indians from the virus, the poor have lost jobs, savings, their dignity, health, nutrition, education and their social security, while also bearing the brunt of abuse by police and the state.. We haven't yet reached a stage yet where decisions are made primarily by those most likely to face the brunt of the lockdown.Article

Did The Lockdown Work? What Did It Do?What Would Have Happened Without It?

This one executive decision was deemed at first to be a no-brainer. Perhaps a faint dread preceded it, blended with a resigned sense of inevitability—as if for an elemental event beyond our control, the way we may anticipate news of a solar eclipse sweeping the land that would offer no clear promise of when the sun would shine again. Still, for a country blessed with frighteningly fractious opinions on everything, there had been near-unanimity on this. No political party, no social segment, no corporate lobby, nor even any healthcare expert had offered a serious objection. Stunningly simple at one level, it was also profound in the way it straitened our primary conditions of living. Poets, historians and sociologists will have their say another day. But the immediate, practical question is: did it work? As Week 9, 10 and 11 of the lockdown saw public transport and air travel thaw out messily from a freeze—as India daily counts a new crest in numbers, and balks at counting the social and economic costs of internal migration on a never-before scale—one prediction can be safely made. This question will be hotly debated even months from now, in ever-new forms. Questions proper to governance in the socio-economic realm cannot really be delinked from the growth path of an epidemic—they are connected inextricably. But they are also subject to opinions beyond the scope of medicine proper. The original question still stands: was the lockdown effective in controlling the India story of COVID-1

Contrary to scepticism, that the lockdown slowed the Covid rate of growth isn't in much doubt. Consider a model evolved by Prof Sitabhra Sinha of Chennai's Institute of Mathematical Sciences, whose projections have closely resembled official statistics. Sinha works on publicly available daily statistics that the government puts out and his analysis shows the curve indeed shifted, with a smaller rate of growth. Had the epidemic continued at its initial rate of growth, active cases would have crossed 2.5 million by May 17, the end of Lockdown Phase 3. And the number, as we know, was around 55,878 that day. 'Active cases' is different from the total tally: it's the total number of positive cases minus recoveries and deaths.

Yes, it's still exponential: with the chart galloping at 10,000 cases a day, India will be skimming 3 lakh by the time these words reach you. If this pattern continues through June-July, the figures will begin to look very scary. But there's reason for some grim comfort: cases will go up as long as the Reproduction number of the infection (also called R0, pronounced 'R nought') is greater than one—essentially, that means one affected person can infect more than one person

on average. "It's not a big surprise that every day will bring a new record. The thing we need to really worry about is whether the rate of growth has increased or not," says Sinha

India's R0 trajectory could offer some clues—Sinha's analysis of national data attributed a basic R of 1.83 at the start of the contagion in March and a significantly lower 1.29 for the period April 13-May 14. It reduced further to about 1.22 between May 29-June 4. Essentially, that means 10 COVID patients can probably infect 12 others. So while the overall numbers climb, that may suggest a cooling of the pandemic's inner fire as it scythes through the forest of people in India. What explains this decline, especially when lockdown relaxation saw freer movement and higher caseloads? The most plausible answer, Sinha suggests, is that the national R0 was so far skewed by the early exponential growth in Maharashtra. In recent weeks, Maharashtra's R0 value has actually decreased to even below the national average, he says.

"Now you are seeing a crossover. Because Maharashtra is tending to flatten out, other states that are growing at a much faster rate are going to start influencing the India-wise number," says Sinha. But those states punch at a lower weight in number terms. Seen another way, Maharashtra's R0 is now lower than some states far down the ranking list. "From a policy point of view, it's very important to keep an eye on states with a very high R0 because that's presumably where the hotspots might move if you don't take immediate corrective action," he adds. Overall, there's a mixed picture—in some states like Rajasthan, Gujarat and Madhya Pradesh, the curve of daily active cases is somewhat flatlining. In others—like Karnataka and Bihar—it's climbing. So too in Haryana, Assam and Uttarakhand, where the R0 (as of June 4) too shows a sudden increase.

Did the lockdown save lives?

The Indian Scientists' Response to COVID-19 (ISRC), an independent collective of around 600 scientists, has estimated that 8,000 to 32,000 fatalities had been averted till May 15, compared to a "do-nothing" scenario. Their analysis had come as a response to the NitiAayog's range of 37,000 to 2,10,000 fatalities averted during lockdown—as the ISRC pointed out, various models had been cited but there was little explanation as to how those numbers were obtained. There are also lateral lines of questioning that can find no quantifiable answers. Should the lockdown's effectiveness be really measured against a "do-nothing" scenario? Or against what could have been very decent, very plausible, perhaps better alternatives? Say, having had our antennae and radars up earlier—a month and half earlier—putting in place elements of an

early response, tracking and contact-tracing only the 15 lakh or so international arrivals in that period, creating containment zones only around their hubs, and testing there aggressively? Instead, India was in vishram stance all through—even Parliament functioned till March 23…and the very next day it was savdhaan. The whole country had to down shutters with a couple of hours' notice. A discomfiting new reality that actually created the movement of lakhs of people from urban hubs. As we said, in epidemiological terms, difficult to quantify.

So what lies beyond a lockdown? The frank answer is that an accurate picture is elusive. From one end of the spectrum of scenarios, epidemiologist JayaprakashMuliyil offers the unsettling figure of 2 million deaths and that, "in three months, we develop herd immunity". Muliyil argues that herd immunity is the only way out (see 'We have to count...it will stop'). What that means is, when a substantial percentage of the population has been infected and develops immunity, a virus finds it difficult to find a new host, or get from person to person. But, for that salutary stage to be reached, a reasonable guess is that 50 per cent of people will have to get infected, sometimes more. And even countries that initially thought aloud about the idea, like the UK, have balked at it. Even the US, with the world's highest infection count, isn't anywhere near herd immunity, according to some experts.

Experts concur that lockdowns helped to buy time but the trade-offs started to get skewed the longer they were in force—the human costs in India, given the fact that most of our workforce is in the informal sector with virtually no social security, were far worse than those seen in wealthy countries, says Vikram Patel, professor at the department of Global Health and Social Medicine at Harvard Medical School. "The lockdown definitely slowed down the epidemic. But beyond a point, it is not helpful," says RamananLaxminarayan, director of the US-based Center for Disease Dynamics, Economics & Policy. "You have to remember its purpose was not that the disease will die out. A lockdown was always to buy time to prepare."

The other crucial question vis-a-vis lockdowns was, of course, how to end them? For, it could be relatively easier to enter a lockdown than exit it—the medical analogy to exiting a lockdown, as virologist ShahidJameel puts it effectively, is that of a patient on ventilator. "You decide in a few seconds whether to put somebody on a ventilator. But then you need to wean them off slowly." The world over, these are the dilemmatic waters being navigated currently. With the exception of Sweden—an outlier of sorts, it didn't opt for a lockdown, instead relying on social distancing. But Sweden's Covid death toll at 4,656 (as of June 7) is much higher than

those of its Scandinavian neighbours and recently its state epidemiologist Anders Tegnell admitted that, with hindsight, things could have been done better.

Surveillance indeed is the way ahead, reckons epidemiologist Giridhara R. Babu. But, as a subset of public health in India, the amount of resources or attention given to surveillance has been abysmal, he says. "If we do not have surveillance systems strengthened and then open up, we are just pretending that nothing is going to happen." Both polio and HIV, he points out, were tackled on that very premise and the results speak for themselves. "We showed we were the world leaders for polio when people said we couldn't eradicate it. They also said that for HIV but they were wrong." So, it all boils down to how well we can track and trace: what they call man-to-man coverage in football. "The only thing we have to monitor is the (virus) circulations going on and how we can prevent deaths. If we wait for hospitals to report, it will be too late. The earlier we pick up, the better it is." While testing has to follow a systematic strategy, it's still possible to isolate people assuming every case of pneumonia to be Covid unless otherwise proved, says Babu.

For India, the implications of the COVID-19 lockdown need to be seen also within the frame of other diseases that too require urgent attention. "You have to be worried about other collateral damages," says Muliyil, pointing to appendicitis or cancer patients who have not been able to get to the hospital. "For India and other lower/middle income countries, there are epidemics occurring among the poorest continually," agrees Prof Sridhar Venkatapuram of King's College London. Based on other epidemics like HIV and malaria, most observers expect the COVID-19 pandemic to 'settle' into LMICs while high-income countries will control it, he says. "Some people have been arguing that we should just let it spread and let people get sick and become immune, and protect those more vulnerable. What they don't say is that potentially hundreds of thousands or millions could also die over the two-three years of waves it would take to create immunity in the population."

So do we have a picture of the new way of living, the tentative openness, we are heading into? Vikram Patel of Harvard Medical School sums it up: "Let's be clear about one thing: as lockdowns are lifted, it is inevitable that new infections will occur." Engaging public health assets, such as ASHA workers, with appropriate training and personal protection, to identify cases, trace contacts, and help people self-isolate, may well be the more effective weapon, he says. "But, at the same time, I hope we must remember that social interaction is an essential

component of our humanity and without it we cease to have lives that are worth living." The initial question, then, devolves into a web of interrelated questions that will remain with us for the foreseeable future—and the answer can only consist of precise detailing, care and empathetic micro-management.

But what next?

Lockdowns delay, but do not prevent, the onset of Covid-19 cases. They are not a tool for disease eradication. The costs of the lockdown—including the collapse of the global economy and increased deaths and disease among the poor throughout the world—are already enormous and will have to be paid for years to come.

Some alternate policy proposals, such as testing, contact tracing, and quarantining the infected population, cannot work given how widespread the epidemic already is and the likelihood of spread by the asymptomatic population. We are going to have to learn to live with the virus, just as we have learned to live with a host of other deadly infectious diseases.

"One important rationale for a lockdown is so the administration could focus on the public health crisis. A stringent, sudden lockdown in India was a bad idea because it created an additional, humanitarian crisis. Rather than reducing administrative burden so that pressing concerns like increasing laboratory/hospital bed capacities and creating a protocol for testing could be addressed, the unplanned lockdown multiplied challenges. The new crisis stretched limited state capacities, which has not been directed at dealing with it. One reason could be because the government was plugged into conversations in the developed world, with very different economic structure. Only about 17 per cent of the workforce has salaried jobs here. One-third of the employed work as casual labour, many as daily wagers. Nearly 50 per cent are self-employed, mostly small operators. The lockdown dried up their earnings overnight. It seems our policymakers did not realise how fragile their lives are, how numerous they are. A rerun of Ramayan was announced for the people; the rest don't seem to matter or is visible to the ruling political class, at least not until news reports/viral videos about their condition flooded our media sources. Much of rural India rely on the remittances from migrant workers who are now additional mouths to feed at home. For the rural poor, the lockdown is a double whammy.

Conclusion

India locked down very early into the spread of the novel coronavirus in the country, with around 500 cases and 10 deaths. As of May 8, it has 56,342 cases and 1,886 deaths.

The numbers haven't grown as quickly as many expected them to, an indicator that suggests the lockdown may have helped reduce the spread of the virus.

But worryingly, the lockdown doesn't seem to have led to a downward trend in the number of new cases, as All India Institute of Medical Services of the country's core Covid-19 team, has noted.

Their conclusion suggests that we have to be prepared to live with Covid-19 – and all the safety measures it necessitates – until 2022.

"Whichever scenario the pandemic follows (assuming at least some level of ongoing mitigation measures), we must be prepared for at least another 18 to 24 months of significant COVID-19 activity, with hot spots popping up periodically in diverse geographic areas," the researchers said. "As the pandemic wanes, it is likely that SARS-CoV-2 will continue to circulate in the human population and will synchronize to a seasonal pattern with diminished severity over time."

References

1. https://amp-scroll-in.cdn.ampproject.org/v/s/amp.scroll.in/article/961296/what-does-the-end-of-indias-covid-19-lockdown-mean-for-you?amp_js_v=a3&amp_gsa=1&usqp=mq331AQFKAGwASA%3D#aoh=15960181718425&amp_ct=1596018374621&referrer=https%3A%2F%2Fwww.google.com&amp_tf=From%20%251%24s&ampshare=https%3A%2F%2Fscroll.in%2Farticle%2F961296%2Fwhat-does-the-end-of-indias-covid-19-lockdown-mean-for-you
2. https://www.google.com/amp/s/www.outlookindia.com/magazine/amp/india-news-covid-19-special-did-lockdown-effectively-control-coronavirus-in-india/303319
3. https://m-thewire-in.cdn.ampproject.org/v/s/m.thewire.in/article/rights/coronavirus-lockdown-authoritarianism-physical-distancing-rights-elite/amp?amp_js_v=a3&amp_gsa=1&usqp=mq331AQFKAGwASA%3D#aoh=15953340335852&amp_ct=1595334145275&referrer=https%3A%2F%2Fwww.google.com&amp_tf=From%20%251%24s&ampshare=https%3A%2F%2Fthewire.in%2Frights%2Fcoronavirus-lockdown-authoritarianism-physical-distancing-rights-elite
4. WHO Director-General's opening remarks at the media briefing on COVID-19-11 March 2020. Available online: https://www.who.int/dg/speeches/detail/who-director-

general-s-opening-remarks-at-the-media briefing-on-covid-19---11-march-2020 (accessed on 16 March 2020).

5. 2. Will warmer weather stop the spread of the coronavirus? https://www.dw.com/en/willwarmer-weather-stop-the-spread-of-the-coronavirus/a-52570290
6. 3. Melanie B., Anne M., Céline F., Angus C., Preliminary evidence that higher temperatures are associated with lower incidence of COVID-19, for cases reported globally up to 29th February 2020 medRxiv DOI: 2020.03.18.20036731: 10.1101/2020.03.18.20036731.
7. 4. Alex W, Julie T, Mahen R. Stability of SARS-CoV-2 in different environmental conditions. Lancet Microbe. 2020. 10.1016/S2666-5247(20)30003-3.
8. *Vyas, Mahesh (21 April 2020). "Unemployment rate touches 26%". Centre for Monitoring Indian Economy (CMIE). Retrieved 24 April 2020.*
9. ^ ***a b*** *Sharma, Yogima Seth (24 June 2020). "Unemployment rate falls to pre-lockdown level: CMIE". The Economic Times. Retrieved 24 June 2020.*
10. ^ ***a b c*** *Goyal, Malini (22 March 2020). "Covid-19: How the deadly virus hints at a looming financial crisis". The Economic Times. Retrieved 23 March 2020.*
11. ^ ***a b*** *Research, Centre for Policy. "Podcast: How has India's lockdown impacted unemployment rates and income levels?". Scroll.in. Retrieved 24 April 2020.*
12. ^ ***a b*** *"Covid-19 lockdown estimated to cost India $4.5 billion a day: Acuité Ratings". Business Line. 2 April 2020. Retrieved 11 April 2020.*
13. ^ ***a b*** *PTI (25 March 2020). "Experts peg India's cost of coronavirus lockdown at USD 120 bn". The Hindu @businessline. Retrieved 25 March2020.*
14. ^ *"Lockdown relaxation — more than half of India's economy may reopen from Monday, says Nomura". Business Insider. Retrieved 18 April2020.*
15. ^ ***a b*** *Biman.Mukherji (23 March 2020). "Coronavirus impact: Indian industry seeks relief measures to aid economy". Livemint. Retrieved 23 March 2020.*
16. ^ ***a b*** *Chaudhry, Siraj A. (26 March 2020). "Covid-19 puts India's food supply chain to a stress-test". The Hindu @businessline. Retrieved 26 March 2020.*
17. ^ *Das, Goutam (30 March 2020). "136 million jobs at risk in post-corona India". Livemint. Retrieved 2 April 2020.*

18. ^ ***a b*** *"Young Indian startups hit as investors get cautious". Outlook India. IANS. 1 April 2020. Retrieved 1 April 2020.*
19. ^ ***a b*** *Singh, Sandeep (1 April 2020). "Covid-19 Pandemic Spoils Indian Startup Funding Party, Growth Stage Worst Hit in Q1 2020". Inc42 Media. Retrieved 1 April 2020.*
20. ^ ***a b*** *"Stock markets post worst losses in history; Sensex crashes 3,935 points amid coronavirus lockdown". The Indian Express. 23 March 2020. Retrieved 23 March 2020.*
21. ^ ***a b*** *Shah, Ami (25 March 2020). "Sensex posts biggest gain in 11 years: Investors richer by Rs 4.7 lakh crore". The Economic Times. Retrieved 25 March 2020.*
22. ^ ***a b*** *"World Bank Fast-Tracks $1 Billion COVID-19 (Coronavirus) Support for India". World Bank. Retrieved 3 April 2020.*
23. ^ ***a b c*** *"RBI Governor Highlights: Shaktikanta Das cuts reverse repo; pumps in money, liquidity; eases rules for banks, NBFCs". The Financial Express. 17 April 2020. Retrieved 17 April 2020.*
24. ^ *"Economic cost of lockdown is nothing compared to people's lives: PM Modi". Business Standard. ANI. 14 April 2020. Retrieved 14 April 2020.*
25. ^ *"Lockdown hurts economy but saving life is more important: PM Modi". India Today. 14 April 2020. Retrieved 14 April 2020.*
26. ^ ***a b*** *John, Mark (6 May 2020). "How is the world dealing with lockdown? This poll has captured the public's mood". World Economic Forum. Retrieved 11 May 2020. 67% of the 13,200-plus people interviewed agreed that: "The government's highest priority should be saving as many lives as possible even if it means the economy will recover more slowly."*
27. ^ ***a b c*** *Khanna, UtpalBhaskar,Anuja,Pretika (11 April 2020). "Modi says 'jaanbhijahaanbhi', signals a shift in India's coronavirus playbook". Livemint. Retrieved 16 April 2020.*
28. ^ ***a b*** *Padmanabhan, Anil (12 April 2020). "Opinion | New Delhi revisits the lives versus livelihood debate". Livemint. Retrieved 16 April2020.*
29. ^ ***a b*** *Sharma, Aman (12 May 2020). "Prime Minister Narendra Modi bats for unlocking economy, CMs divided". The Economic Times. Retrieved 12 May 2020.*

30. ^ *Varma,Anuja, Gyan (11 April 2020). "PM Modi's meeting with chief ministers: Five things to watch out for". Livemint. Retrieved 16 April2020.*
31. ^ *Yadav, Yogendra (15 April 2020). "No matter how you look at it, India's lockdown-2 can cost as many lives as it will save". ThePrint. Retrieved 16 April 2020.*
32. ^ ***a b*** *"Slowly increase public activities, PM throws challenge to CMs (Ld)". Outlook India. IANS. 11 May 2020. Retrieved 12 May 2020.*
33. ^ *"Prime Minister Interacts with the Chief Ministers of all the states and UTs". pib.gov.in. 11 May 2020. Retrieved 12 May 2020.*
34. ^ ***a b*** *Gupta, Shishir (11 May 2020). "On exiting Covid-19 lockdown 3.0, PM Modi asks chief ministers to come up with blueprint". Hindustan Times. Retrieved 12 May 2020.*

12. Role of Government Staff in Covid-19 Situation

Tuba M. Asim Shaikh
A. I. J. Degreecollege of Science.

Abstract

As per the World Health Organization (WHO), COVID-19 has so far affected 216 countries or territories or areas and has infected over 20 million people globally. In India, COVID-19 has 2.65 million active cases and has claimed 50,921 lives so far, as per the Ministry of Health and Family Welfare, Government of India.It took six month for the world to reach 10 million confirmed cases of the corona virus. It took just over six week to double that number. The worldwide count of known covid-19 infection climbed passed 20 million on Monday, with more than half of them within three countries-USA, India, Brazil, According to the tally kept by johnshopkins University.Government of India is taking all necessary steps to ensure that we are prepared well to face the challenge and threat posed by the growing pandemic of COVID-19 the Corona Virus. With active support of the people of India, we have been able to contain the spread of the Virus in our country. The most important factor in preventing the spread of the Virus locally is to empower the citizens with the right information and taking precautions as per the advisories being issued by Ministry of Health & Family Welfare.

To contain the spread of the novel coronavirus, the Prime of India announced a countrywide lockdown for a period of 21 days which was extended to May 31 (lockdown 4.0). Now the Government of India has planned re-opening the country in four phases starting from June 1, 2020.India has confirmed more than 2.65 million cases of COVID-19 so far, making it the world's second-worst-hit country. Major cities such as Delhi and Mumbai are particularly badly affected, with hospitals struggling to accommodate critically ill patients.

Keywords: Role of government, Covid-19.

Introduction

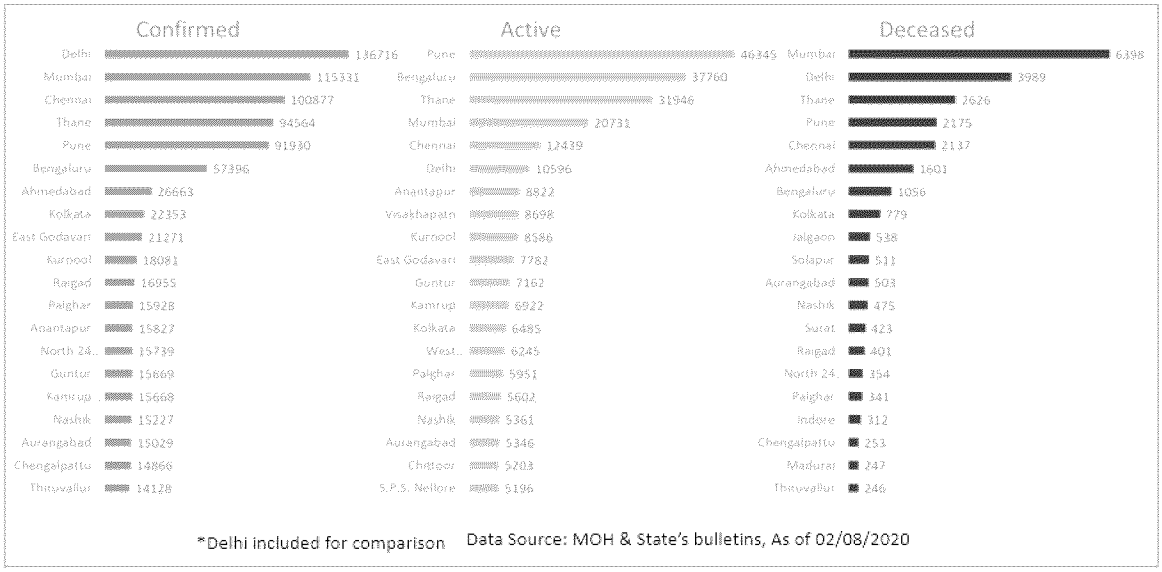
Government of India is taking all necessary steps to ensure that we are prepared well to face the challenge and threat posed by the growing pandemic of COVID-19 the Corona Virus. With active support of the people of India, we have been able to contain the spread of the Virus in our country. The most important factor in preventing the spread of the Virus locally is to

empower the citizens with the right information and taking precautions as per the advisories being issued by Ministry of Health & Family Welfare.

Earlier in the month, resident doctors from four government hospitals in the capital objected to the automatic deduction from their salary of the donation, demanding that it be made an opt-in system, so that only those who wished could choose to donate. Last week, both AIIMS and Safdarjung hospitals agreed to the demand.

From frontline healthcare workers and public health officials to teachers, sanitation workers, social welfare officers and more, the humble public servant has been thrust into the spotlight, helping elevate awareness and understanding of the critical role public servants play in everyday life, and in particular during times of severe crises, such as the COVID-19 pandemic.

In the ongoing COVID-19 pandemic however, public servants are working under life-threatening circumstances. In all COVID-19 pandemic affected countries they are both expected to deliver services despite the pandemic while at the same time suffering its impact, either by being directly infected or having family members who are. Moreover, the pandemic hit the world at a time when, according to World Health Organization (WHO), the world needs six million more nurses and midwives to achieve global health targets within the SDGs.



These critical workers are confronting a dangerous highly infectious virus but they in insufficient numbers. The following are some of the roles public servants have played, are playing and must continue to play in the pandemic response:

In a show of courageous response however, in many countries, public servants have been quick to adapt and re-adjust the way in which services are delivered so as to minimize the negative impact of the pandemic on individuals and communities. For example, as many schools, including colleges and universities, were suddenly closed as a result of nationwide lockdowns, teachers and education professionals rushed to provide at home learning solutions via online platforms and e-materials, where there was infrastructure to support such approaches. Similarly, in many places where medical facilities have been overwhelmed by high numbers of COVID-19 patients, online tools, such as telemedicine and telehealth, have been set up or enhanced to provide non-emergency medical services so as to not disrupt the delivery of health services to people with other ailments. Courts are hearing and judging cases through video conferencing, while in some places virtual marriages have been legalized. In these cases, and others, public servants have demonstrated versatility in service delivery that has benefitted service users amidst challenges caused by the pandemic.

Discussion

The Indian government has so far followed a step-by-step model and been on the front foot with early screening at airports from mid-January onwards, initiating travel restrictions and in collaboration with states, applying restrictions on events and on places of social gathering including restaurants, theatres and gyms. Such a response ensured that there was no panic among the citizens and avoided inconvenience to the extent possible. The Indian government has also evacuated more than 1,400 of its citizens and those of its neighbours from high-risk countries, including China, Japan, Iran and Italy. This is not the first time that India has evacuated its citizens and those of other countries during such crises to ensure their safety and security.

The State government has exempted its employees who are pregnant or aged above 55 with co-morbidities from attending official duties during the COVID-19 lockdown. The exempted period will be treated as duty "on producing medical certificates".

A government order issued by Chief Secretary K. Shanmugam said that "the period of absence of government employees during the lockdown from March 25 to May 17 be treated as duty, since no transport facility was available".

Officials who applied for eligible leave prior to March 25, but were not able to rejoin duty up to May 3, will be treated as "deemed to have joined duty on their date of completion of the leave."

Cases Overview

India

Confirmed	Recovered	Deaths
2.65M	1.92M	50,921
+63,490		+944

Worldwide

Confirmed	Recovered	Deaths
21.6M	13.6M	774K
+268K		+5,993

We have seen orders from the State of Telangana[4] and Government of India has issued various advisories to both workers' organizations and employers' organizations with a view to contain the spread of COVID-19 and to ensure that the rights of employees and workers remain protected, in these unprecedented times. Similar advisories are also emerging from other Ministries, such as from the Ministry of Skill Development and Entrepreneurship[8].

- About two-thirds of population will be covered under the PradhanMantriGaribKalyan Anna Yojana (Food scheme)
- Everyone under this scheme will get 5 kg of wheat and rice for free in addition to the current 5 kg allocation for the next 3 months
- In addition, 1 kg of preferred pulse (based on regional preference) will be given for free to each household under this Food scheme for the next three months.
- This distribution will be done through Public Distribution Scheme (PDS) and can be availed in two instalments.

Direct benefit transfer related

- Farmers currently receive INR 6,000/- every year through the PM-KISAN scheme (minimum income support scheme) in three equal instalments. The government will now be giving the first instalment upfront for fiscal year starting April 2020. About 86.9 million farmers are expected to benefit from this immediately.
- MNREGA workers: Wage increase from INR 182/- to INR 202/-. Such increase will benefit 50 million families. The wage increase will amount into an additional income of INR 2,000/- per worker.

- 30 million senior citizens, widows, disabled to get one-time ex-gratia amount of INR 1,000 in two instalments over the next 3 months.
- 200 million woman Jan Dhan account holders to be given ex-gratia amount of INR 500 per month for the next 3 months, to run the affairs of their household.
- Women in 83 million families below poverty line covered under Ujwala scheme will get free LPG cylinders for 3 months.
- For 630,000 Self-help Groups (SHGs), which help 70 million households, the government is doubling collateral-free loans to Rs 200,000.
- State governments have been directed to use the welfare fund for building and construction workers. The District Mineral Fund, worth about INR 310 billion, will be used help those who are facing economic disruption because of the lockdown.

Healthcare related

- The Finance Minister has announced medical insurance cover of Rs 5 million per healthcare worker. About 2 million health services and ancillary workers will benefit from such insurance scheme.

Organized sector related – Social security

- The Employees Provident Fund Organization (EPFO) has announced - employees who contribute to EPF can withdraw upto 75 percent of the account balance or 3 months' basic salary and dearness allowance, whichever is lower.
- Establishments which employ upto 100 employees and if 90 percent of whom earn upto INR 15,000 per month, the government will pay the employee provident fund contribution both of the employer and the employee (12 per cent each) for March 2020 to May 2020. This support is extended for another 3 months i.e. June to August 2020.
- Employer and employee contribution reduced to 10% percent each from 12% percent each currently for next 3 months (i.e. May, June and July 2020). This will applicable to all employer (other than government company and companies covered in bullet point no. 2 above)
- Non-refundable advances may be granted to a member of a provident fund, subject to certain conditions.
- In view of the government's decision declaring COVID-19 as a pandemic, the Pension Fund Regulatory and Development Authority (PFRDA) allowed partial withdrawals

from the NPS to fulfill financial needs towards treatment of the COVID-19 illness of a member, his/her spouse, children (including adopted child), or dependent parents. The following documents must be provided to claim a partial withdrawal:

- Medical certificate; and
- Formal request for partial withdrawal

Immigration

- Lockdown 1.0 - The entire country was on a 21-day lockdown from 25 March 2020 to 14 April 2020. All domestic and international travel had been suspended till further notice. Hence, travel in/out of India was restricted
- As per the Circular issued by the Ministry of External Affairs, foreign nationals who were stranded in India during Covid-19 crisis and whose Visa expired between 01.02.2020 and 30.04.2020 was granted an automatic extension of their Visa till 30.04.2020 after making an online application for the same
- Exit of such foreign nationals was also granted without levy of overstay penalty
- Lockdown 2.0 – All above mentioned changes extended till 3 May 2020. Further, foreign national can leave India upto 14 days from 3 May 2020 i.e. 17 May 2020 without levy of penalty for overstay
- Lockdown 3.0 – All above mentioned changes extended till 17 May 2020. Foreign nationals whose visa have expired or would be expiring during the period from 01.02.2020(Mid night) till the date on which prohibition on international air travel of passengers from India is lifted by the Government of India, would be extended on 'GRATIS'' basis on submission of online application by the foreigners. Such extensions would be granted for a period up to 30 days from the date of lifting of prohibition on international air travel of passengers from India without levy of overstay penalty.
- Lockdown 4.0 – All above mentioned changes extended till 31 May 2020.
- Visa free travel facility for OCI card holders who are not in India presently, has been kept in abeyance till the date of lifting of prohibition on international air travel of passengers.
- Any foreign nationals (including OCI cardholder) who intends to travel to India for compelling reasons may contact he nearest Indian Mission for fresh visa.

- Lockdown 5.0 – Lockdown is extended in Containment Zonesupto 30 June 2020, and to re-open prohibited activities in a phased manner in areas outside Containment Zones.

Liquidity measures

Relief measures announced by Reserve Bank of India on 27 March 2020 & 17 April 2020:

- Reduction of policy repo rate by 75 basis points (from current 5.15% to 4.40%)
- RBI will conduct auctions of TLTRO (Targeted Long Term Repo Operations) of up to three-year tenor of appropriate sizes for a total amount up to INR 2 lakh crore (~USD 26 billion) at a floating rate, linked to policy repo rate (50% corporates, 25% for development institutions for onward lending to agri, housing and medium / small enterprises and 25% for NBFCs and MFI)
- CRR of all banks to be reduced by 100 basis points to 3% beginning March 28, for 1 year. This will release liquidity of INR 1,37,000crore across the banking system MSF raised from 2% of SLR to 3% with immediate effect. Applicable up to June 30, 2020.
- Liquidity coverage ratio for banks reduced from 100% to 80% likely to release liquidity
- These liquidity measures will inject liquidity of INR 4.74 lakh crore (~USD 63 billion) to **Regulatory measures**
- All lending institutions are being permitted to allow a moratorium of three months on repayment of installments for term loans outstanding as on March 1, 2020
- Lending institutions permitted to allow deferment of 3 months on payment of interest w.r.t all such working capital facilities o/s as of March 1, 2020
- Moratorium period to be excluded while computing 90 Day NPA norm for asset downgrade.
- Time period allowed under RBI framework for resolution extended by 90 days (210 + 90 days)
- Further deferring implementation of last tranche of 0.625 % of capital conservation buffer to Sept. 30, 2020

Real estate sector and EPC/Contractors

- Extension of up to 6 months to be provided by all Central Agencies (like Railways, Ministry of Road, Transport & Highways, Central Public Works Dept, etc.)

- Government agencies to partially release guarantees, to the extent contracts are partially completed
- Registration and completion timelines extended by upto six months for all registered real estate projects
- Concurrent extension of various statutory compliances under RERA
- Loans for COVID-19 excluded from definition of default
- Government to proposed new guidelines for MSME

Imports of medical equipment

- Exemption from customs duty and health cess, (w.e.f .9 April 2020 to 30 September 2020) on import of following:
    - Artificial respiration or other therapeutic respiration apparatus (ventilators), Face masks and surgical masks, Personal protection equipment (PPE), COVID-19 testing kits
    - Inputs for manufacturing of aforesaid four items (subject to certain conditions)

Corporate affairs

- No fees to be charged for late filing during moratorium period (01 April 2020 to 30 September 2020, 6 months) in respect of any document, return, statements, etc. required to be filed with MCA (Ministry of Corporate Affairs)
- The mandatory requirement of holding board meeting within 120 days of last meeting shall be extended by period of 60 days. Relaxation is till 30 September 2020. Applicability of CARO, 2020 has been shifted to FY21 instead of FY20. (CARO is Companies Auditors' Report Order)
- Companies Act requirement of creating deposit reserve of 20% of deposits maturing in FY21 and investing 15% of debentures maturing in FY21 before 30 April 2020 may be done before 30 June 2020
- Decriminalization of certain defaults under the Companies Act 2013 and simplification of mechanism to deal with defaults
- Lower penalties for default of small companies, one person company, producer companies and start ups
- Companies permitted to list securities directly in foreign jurisdiction

- Private companies who list debt securities on stock exchange not to be regarded as listed companies

Measures to ease the lockdown

- Schools, Restaurants, Sport, and events are prohibited until May 17, National flights are Authorized for emergencies and certain needs.
- Front line workers from all the departments play an integral role in containing the pandemicGovernments in India play an important role in bridging the access gap that save millions at the bottom of the pyramids.

References

1. who.int/docs/default-source/wrindia/situation-report/india-situation-report-27.pdf?sfvrsn=8d0d1850_2
2. https://home.kpmg/xx/en/home/insights/2020/04/india-government-and-institution-measures-in-response-to-covid.html
3. https://www.theguardian.com/world/2020/aug/15/coronavirus-world-map-which-countries-have-the-most-covid-19-cases-and-deaths
4. https://www.mohfw.gov.in/pdf/FacilitatorGuideCOVID19_27%20March.pdf
5. https://www.downtoearth.org.in/blog/governance/enabling-local-government-systems-to-combat-covid-19-in-india-70732

13. Effects of Corona on Daily Life

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Miss. Shamsunnisa Waqar Darzi
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science,
Murud Janjira, Raigad.

Abstract

COVID-19 (Coronavirus) has affected day to day life and is slowing down the global economy. This pandemic has affected thousands of peoples, who are either sick or are being killed due to the spread of this disease. The most common symptoms of this viral infection are fever, cold, cough, bone pain and breathing problems, and ultimately leading to pneumonia. This, being a new viral disease affecting humans for the first time, vaccines are not yet available. Thus, the emphasis is on taking extensive precautions such as extensive hygiene protocol (e.g., regularly washing of hands, avoidance of face to face interaction etc.), social distancing, and wearing of masks, and so on. This virus is spreading exponentially region wise. Countries are banning gatherings of people to the spread and break the exponential curve.

Many countries are locking their population and enforcing strict quarantine to control the spread of the havoc of this highly communicable disease.

COVID-19 has rapidly affected our day to day life, businesses, disrupted the world trade and movements. Identification of the disease at an early stage is vital to control the spread of the virus because it very rapidly spreads from person to person. Most of the countries have slowed down their manufacturing of the products.

The various industries and sectors are affected by the cause of this disease; these include the pharmaceuticals industry, solar power sector, tourism, Information and electronics industry. This virus creates significant knock-on effects on the daily life of citizens, as well as about the global economy.

Presently the impacts of COVID-19 in daily life are extensive and have far reaching consequences. These can be divided into various categories:

Keywords: H, N Flu, SARS-CO-V2, COVID-19, RO(R-naught), Vaccine, World Health Organization, CDC, Thermometer, Face Mask OTC medicines, Telimedicines, WFH

Healthcare

1. Challenges in the diagnosis, quarantine and treatment of suspected or confirmed cases
2. High burden of the functioning of the existing medical system
3. Patients with other disease and health problems are getting neglected
4. Overload on doctors and other healthcare professionals, who are at a very high risk ▪Overloading of medical shops.
5. Requirement for high protection.
6. Disruption of medical supply chain.

Economic

1. Slowing of the manufacturing of essential goods.
2. Disrupt the supply chain of products.
3. Losses in national and international business.
4. Poor cash flow in the market.
5. Significant slowing down in the revenue growth.

Social

1. Service sector is not being able to provide their proper service.
2. Cancellation or postponement of large-scale sports and tournaments.
3. Avoiding the national and international travelling and cancellation of services.
4. Disruption of celebration of cultural, religious and festive events.
5. Undue stress among the population.
6. Social distancing with our peers and family members.
7. Closure of the hotels, restaurants and religious places.

8. Closure of places for entertainment such as movie and play theatres, sports clubs, gymnasiums, swimming pools, and so on.
9. Postponement of examinations.

This COVID-19 has affected the sources of supply and effects the global economy. There are restrictions of travelling from one country to another country. During travelling, numbers of cases are identified positive when tested, especially when they are taking international visits.

All governments, health organizations and other authorities are continuously focusing on identifying the cases affected by the COVID-19. Healthcare professional face lot of difficulties in maintaining the quality of healthcare in these days.

Introduction

The World Health Organization (WHO) has declared the coronavirus disease 2019 (COVID-19) a pandemic.A global coordinated effort is needed to stop the further spread of the virus. A pandemic is defined as "occurring over a wide geographic area and affecting an exceptionally high proportion of the population." The last pandemic reported in the world was the H1N1 flu pandemic in 2009.

On 31 December 2019, a cluster of cases of pneumonia of unknown cause, in the city of Wuhan, Hubei province in China, was reported to the World Health Organization. In January 2020, a previously unknown new virus was identified, subsequently named the 2019 novel coronavirus, and samples obtained from cases and analysis of the virus' genetics indicated that this was the cause of the outbreak. This novel coronavirus was named Coronavirus Disease 2019 (COVID-19) by WHO in February 2020.The virus is referred to as SARS-CoV-2 and the associated disease is COVID-19.

As of 15 May 2020, over 4,444,670 cases have been identified globally in 188 countries with a total of over 302,493 fatalities. Also 1,588,858 were recovered.

5 Ways the Corona Virus is Changing Everyday Life

1. **Using or Intend to Use Telemedicine More**

- Telemedicineis important to take advantage of during this time, saysTania Elliott, MD, a clinical instructor of medicine and an infectious-diseases specialist

at New York University's Langone Health in New York City. According to Dr. Elliott, there are three reasons medical professionals should make use of virtual care; to minimize sick patients' contact with others, to give mildly ill patients who don't need hospitalization recommendations for symptomatic relief, and to enable people with chronic conditions to still have access to care.

- "Telemedicine is also an approach to reduce personto-person transmission of SARS-CoV2 through reducing person-to-person direct contact," saysJill E.

Weatherhead, MD,an assistant professor at the National School of Tropical Medicine at Baylor College of Medicine in Houston.

2. Working from Home

- Working from home may aid in reducing the rate of community transmission of SARS-CoV2. If more people are at home it reduces potential interactions with sick individuals. According to experts, this is also why it is imperative for individuals who are sick to stay at home.
- "We determine the contagiousness of a virus by the reproductive number known as R0 (R-naught). This refers to how many people one single infected individual can transmit the virus to within the community," explains Weatherhead.
- According to Weatherhead, the estimated R0, or how quickly SARS-CoV2 can spread in a community is between 2-4, meaning one sick individual can spread the virus to 2 to 4 other people. As a result of rapid spread, health systems can be overwhelmed with the volume of patients infected.
- "When social distancing is practiced, including telecommuting, the rate of transmission will be reduced, allowing hospital systems to better handle the pandemic [and] flatten the curve," explains Weatherhead.

3. Stocking Up on Medications and OTC Medicines

- "It's essential for individuals to have their normal daily medical supplies available at home, particularly their medications," says Weatherhead. This is

important in case they develop symptoms and need to be quarantined at home for 14 days.

- For people with chronic conditions, it's very important to make sure they get a minimum of a three-month supply of prescription medications, says Elliott. Keeping chronic conditions under control is very important, because people with them are at the highest risk for the COVID-19 disease.
- TheCDC recommendsconsidering mail-order services for medications, if you need to stay home for a prolonged period of time.
- Elliott also recommends keeping open communication with your doctor: telemedicine, email and patient portals are all good options during this time when we are practicing social distancing.

4. Buying Medical Supplies We Wouldn't Normally Purchase.

- A common survey response: People are buying medical supplies that they normally wouldn't purchase. The two most popular? Thermometers and face masks.
- According to Weatherhead, face masks play a role for individuals who are infected who need to seek medical assistance and for caregivers of people who have become infected so they can protect themselves. It is not currently recommended for noninfected persons to wear a mask,according to the CDC. Preserving access to masks for those who need them the most is critical for their health, she says.
- Experts generally recommend keeping thermometers on hand to take your temperature if you feel feverish, a common symptom of COVID-19.

5. Practicing More Social Distancing

- There are many things we can do to help protect ourselves against this novel coronavirus. These things include what we call social distancing, [which means] avoiding contact with sick individuals [and] trying to stay six feet away from

somebody who's coughing or might be sick, saysMark Mulligan, MD,the director of the division of infectious diseases and immunology at NYU Langone Health and the director of the NYU Langone Vaccine Center.

- "Don't feel shy on public transportation, for example, about moving away from somebody who's coughing," says Dr. Mulligan. He also recommends not going to work if you're sick. Stay home until at least 24 hours after a fever. For elderly individuals, avoid unnecessary visits and interactions.

Symptoms of COVID-19

Most common Symptoms

- Fever.
- Dry cough.
- Tiredness.

Less common Symptoms

- Aches and pains.
- Sore throat.
- Diarrhea.
- Conjunctivitis.
- Headache.
- Loss of taste or smell.
- A rash on skin, or discoloration of fingers or toes.

Serious Symptoms

- Difficulty breathing or shortness of breath.
- Chest pain or pressure.
- Loss of speech or movement.

Conclusion

- Health officials in the United States and around the world are working to contain the spread of the virus through public health measures such as social distancing, contact tracing, testing, quarantines and travel restrictions. Scientists are working to find medications to treat the disease and to develop a vaccine.
- The World Health Organization declared the novel coronavirus outbreak "a public health emergency of international concern" on January 30. On March 11, 2020 after sustained spread of the disease outside of China, the World Health Organization declared the COVID-19 epidemic a pandemic. Public health measures like ones implemented in China and now around the world, will hopefully blunt the spread of the virus while treatments and a vaccine are developed to stop it.

Reference

1. https://badgut.org/covid-19/https://m.economictimes.com/news/p olitics-and-nation/coronavirus-mayhave-long-term-social-behavioreffects/new-normal/slideshow/75291272.cms
2. https://www.cbsnews.com/video/howare-coronavirus-restrictionsimpacting-everyday-life/
3. https://www.cdc.gov/coronavirus/201 9-ncov/symptomstesting/symptoms.html
4. https://www.counterpointresearch.co m/coronavirus-weekly-update/
5. https://www.dezeen.com/2020/03/25 /life-after-coronavirus-impact-homesdesign-architecture/
6. https://www.ed.ac.uk/covid-19response/latest-news/survey-of-covid-19-s-impact-on-our-everyday-lives
7. https://www.everydayhealth.com/infe ctious-diseases/ways-the-coronavirusis-changing-everyday-life/
8. https://www.google.com/amp/s/feedsaarp.org/health/healthy-living/info2020/coronavirus-lifestyleeffects.html%3f_amp=true

9. https://www.google.com/amp/s/www. nytimes.com/2020/03/20/learning/ho w-is-the-coronavirus-outbreakaffecting-your-life.amp.html
10. https://www.google.com/amp/s/www. outlookindia.com/magazine/amp/howcoronavirus-pandemic-will-impact-theeconomy-and-you/303014
11. https://www.google.com/amp/s/www. peoplemattersglobal.com/ampemployee-relations-impact-of-covid-19-on-everyday-work-life-25145
12. https://www.google.com/amp/s/www.bbc.com/news/amp/explainers-52356136
13. https://www.google.com/amp/s/zolost ays.com/blog/everyday-life-haschanged-because-of-coronavirus/amp/
14. https://www.iwm.at/closed-butactive/corona-focus/
15. https://www.modeldmedia.com/featur es/bgcsm-youth-essay-jeremiah.aspx
16. https://www.monmouth.edu/pollinginstitute/reports/monmouthpoll_us_041320/
17. https://www.msn.com/enin/health/familyhealth/howcoronavirus-outbreak-is-affectingeveryday-life/ar-BB117VAW
18. https://www.ncbi.nlm.nih.gov/pmc/art icles/PMC7147210/
19. https://www.parlia.com/c/coronavirus -change-world
20. https://www.physiopedia.com/Coronavirus_Disease_(COV ID-19)
21. https://www.researchgate.net/publica tion/340426338_Effects_of_COVID_19
22. https://www.statista.com/statistics/1108678/covid-19-pandemic-s-level-ofimpact-on-everyday-life-in-selectedcountries/
23. https://www.theguardian.com/world/2 020/feb/27/tell-us-how-iscoronavirus-affecting-your-day-today-life
24. https://www.vub.be/TOR/how-doesthe-coronavirus-affect-daily-life/

14. Role of any Social Service Related Organization in COVID-19 Situation

Asst. Prof. Sonali Prabhakar Pawar
Computer Science Depart., Anjuman Islam Janjira Degree College of Science Murud - Janjira.

Abstract

COVID 19 impact on workers and poor people families .This is broad review of prior research rooted in work and organization and NGO . And review of preview relevant literatures focus on – Emerging changes in life. – Lockdown impact on daily work. – How social organization help during lockdown or COVID 19 situation .In addition examine the potential factor of lockdown .COVID 19 situation how people get affected and workplace changes etc. In this pandemic situation every single person is experience the virus mentally and physically . Suddenly when lockdown is announced by government, people get confused and not took this situation seriously but when we actually understood the pandemic situation we badly affected by it. So let take review on it how we faced this situation and how poor get help from many NGO on this pandemic situation.

Keywords:-Lockdown , COVID 19 , NGO ,virus , pandemic

Introduction

On 24 March 2020, the Government of India under Prime Minister Narendra Modi ordered a nationwide lockdown for 21 days, limiting movement of the entire 1.3 billion population of India as a preventive measure against the COVID-19 pandemic in India. It was ordered after a 14-hour voluntary public curfew on 22 March, followed by enforcement of a series of regulations in the country's COVID-19 affected regions. The lockdown was placed when the number of confirmed positive coronavirus cases in India was approximately 500.Observers stated that the lockdown had slowed the growth rate of the pandemic by 6 April to a rate of doubling every six days, and by 18 April, to a rate of doubling every eight days.

As the end of the first lockdown period approached, state governments and other advisory committees recommended extending the lockdown.The governments of Odisha and Punjab extended the state lockdowns to 1 May. Maharashtra, Karnataka, West Bengal and Telangana followed suit On 14 April, Prime minister Narendra Modi extended the nationwide lockdown

until 3 May, with a conditional relaxations after 20 April for the regions where the spread had been contained or was minimal.

On 1 May, the Government of India extended the nationwide lockdown further by two weeks until 17 May. The Government divided all the districts into three zones based on the spread of the virus—green, red and orange—with relaxations applied accordingly. On 17 May, the lockdown was further extended till 31 May by the National Disaster Management Authority.

After all this all phase and during that phase so many issues are raised. We think only that college ,offices ,company are closed but the main problem is happened in this situation is no food and no money .There are so many people are faced this problem during this situation and on this hard time for poor people social service organization and NGO are come forward to help them . so let take a look which organization and NGO work for this and how they help …

So, what is a lockdown?

A lockdown is an emergency protocol that prevents people from leaving a given area. A full lockdown will mean you must stay where you are and not exit or enter a building or the given area. This scenario usually allows for essential supplies. All non-essential activities remain shut for the entire period.

What the 21-day lockdown means in the context of India's fight against Covid-19

In India, the restrictions on the movement and services were enforced by state governments, after advisories from the Centre. These restrictions derive their legal basis from the Epidemic Diseases Act, 1897. Under the coronavirus lockdown, essential supplies and grocery stores, pharmacies and banks will be open for public. All non-essential activities will remain shut for the entire period.

Impact

Food delivery services were banned by several state governments despite the central government's approval. Thousands of people emigrated out of major Indian cities, as they became jobless after the lockdown. Following the lockdown, India's electricity demand fell down to a five-month low on 28 March. The lockdown broke the supply chain of narcotics in Punjab. Many states were keen on opening up liquor shops during the lockdown which was finally allowed in the 3rd phase beginning on 4 May. Reports of a surge in illicit liquor sales and most importantly, drying up of revenue from liquor sale was the main stimulation.

Due to the lockdown, more than 350 deaths were reported as of 10 May, with reasons ranging from starvation, suicides, exhaustion, road and rail accidents, police brutality and denial of timely medical care. Among the reported deaths, most were among the marginalised migrants and labourers.

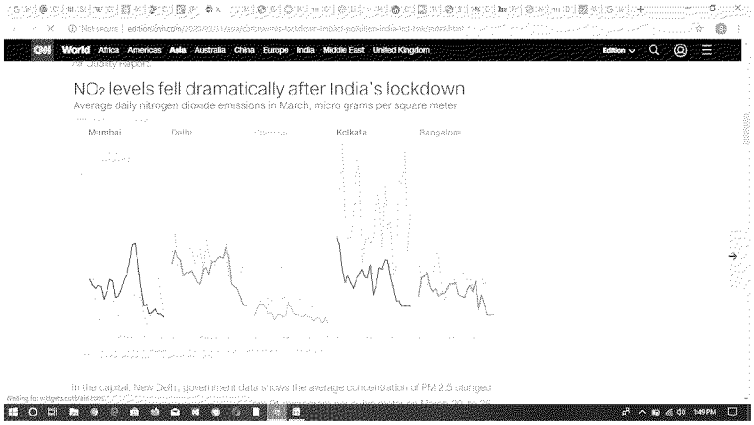
Migrant Workers

Migrant workers stand in a queue for food at Delhi Government school during COVID-19 lockdown at DelhiWith factories and workplaces shut down, millions of migrant workers had to deal with the loss of income, food shortages and uncertainty about their future. Following this, many of them and their families went hungry. While government schemes ensured that the poor would get additional rations due to the lockdown, the distribution system failed to be effective.With no work and no money, thousands of migrant workers were seen walking or bicycling hundreds of kilometres to go back to their native villages.[1] Many were arrested for violating the lockdown[1] and some died of exhaustion or in accidents on the roads.

During this lockdown many problems generated. In covid 19 government has take step to prevent the virus in our country and major step is LOCKDOWN .

In this phase poor people are badly affected because they did not get any help from government that actually they need. In this pandemic situation some social service organization or NGO are work together and help those people who affected by lockdown .

In MUMBAI Various social organisations and NGOs have come forward to provide food to daily wagers, homeless and other people affected by the curfew imposed in Maharashtra in view of the corona virus pandemic.Some Sikh community members have been organising 'langar' (free kitchen) at a gurudwara in suburban Mumbai since last two days.



Govt taps 92,000 NGOs to help feed and shelter lockdown-hit migrants

NEW DELHI: The Centre has roped in civil society organizations to assist state governments and district administration in taking care of food, shelter and other needs of migrant workers who have been affected by lockdown announced by the government to combat the spread of Covid-19 virus.

In a letter to over 92,000 NGOs on the NGO darpan portal, the government has asked them to work with district administration in setting up community kitchens and provide shelter for migrants and the homeless in the cities.

Many of us, while checking our bank accounts and our stocked fridges this week, have felt a moment of gratitude for the economic security nets that we have, that will help us tide over the lockdown But there are also many who don't have this net, and now do not have the option of stepping out to earn their daily wage. And so, some organizations are helping the fortunate former reach out to help the latter.

How to help the most vulnerable during the covid-19 lockdown

Covid-19

The ongoing lockdown, in the wake of the covid-19 pandemic, has affected the lives of some of the most vulnerable communities across the country, such as migrant laborers, waste pickers, single mothers, artisans and sex workers. It is to cushion the impact of the crisis on these sections, and to ensure their access to essentials, that not-for-profit organizations are sending out appeals for funds. To help you aid these initiatives and connect you with efforts on the ground, the Lounge team has put together a list of verified NGOs, charities and private institutions, which are working towards this cause. Each of these projects has also been vetted on the basis of whether the volunteers involved practice the necessary government, health and safety guidelines while disseminating the material.

Safa

The Hyderabad-based not-for-profit organization works for the urban poor by introducing sustainable livelihoods through an area-based community model. This also includes establishing skill training centers for the youth. With covid-19 having adversely affected the migrant population, Safa has taken it upon itself to distribute essentials for daily wage earners and single mothers in Hyderabad, north Karnataka, Bengaluru and Chennai through its network of volunteers.

Citizens for Justice and Peace

"When we think of daily-wage earners, not many think of sex workers. But their income too has dropped after the covid-19 lockdown," , founder of Jimme Foundation, which works at the intersection of gender and sexuality. "They face the challenge of both societal non-acceptance and financial burden." After the lockdown was announced, Iyer's organization collaborated with Citizens for Justice and Peace, run by civil rights activist Teesta Setalvad, to provide a month's food supplies for over 200 families of sex workers at Kamathipura. The two organizations are looking to raise □20 lakhs for marginalised communities, of which Rs6 lakh will be for sex worker families in Kamathipura.

Parikrma Humanity Foundation

The foundation has been working extensively in the field of education and runs four schools and a junior college in Bengaluru. It reaches 1800 children from 99 slum communities and four orphanages in the city. Parikrma also gives two full meals a day at these schools, even during the summer vacations when classes are held daily. And now, when the city is in a lockdown, the foundation still hopes to reach its students and their families. It is trying to raise funds for provisions to supply food to them.

Zomato Feeding India

The not-for-profit started the 'Feed the Daily Wager' project after the announcement of the 21-day lockdown to provide food support to families of daily wage earners across cities, who might have lost out on employment in this time of crisis. With the aim to raise □50 crore, the project is slowly inching towards the halfway mark, by having amassed more than □17 crore in donation. Each meal kit, procured with the funds and costing □500, should last a family of five for a week and contains a combination of basic staples such as wheat flour, rice and two kinds of pulses. The non-profit has partnered with other NGOs and social enterprises working on the ground such as the Centre for Education and Health Research Organisation in Delhi and Balancing Bits in Gurugram, while following proper social distancing guidelines.

Kashtakari Panchayat

Among the frontlines of India's battle against corona-virus are waste pickers, who ensure towns and cities are clean and garbage-free. But given the nature of their work, they are also among the communities most vulnerable to infections. Pune-based Kashtakari Panchayat has organised a fundraiser to support nearly 7,000 workers in Pune and the neighbouring Pimpri-

Chinchwad. The funds will be used to provide safety kits, consisting of gloves, masks, soaps and sanitizers, and a month's supply of essentials, like grains, pulses, oil, sugar and tea. "It was necessary because most workers supplement their income by selling scrap," says Lakshmi Narayan, trustee of Kashtakari Panchayat. "But these shops are shut in the ongoing lockdown. The salary from the government is also most likely going to be delayed, which has made their income highly uncertain." So far, the organization has raised Rs8.5 lakhs out of a target of Rs2.5 crore over the past few weeks.

Fashion Design Council of India (FDCI)

Amidst the pandemic, several designers have shut operations to ensure the safety of their employees and artisans. They have also ensured that staff continues to get paid during the lockdown. However, it is the small enterprises and young designers who are bearing the brunt of this pandemic, with business having taken a hit. It is to help them that the FDCI, with its 400 members, has formed a covid-19 Support Fund (CSF). "This has been done so that these enterprises can in turn help their artisans.

Seeds India

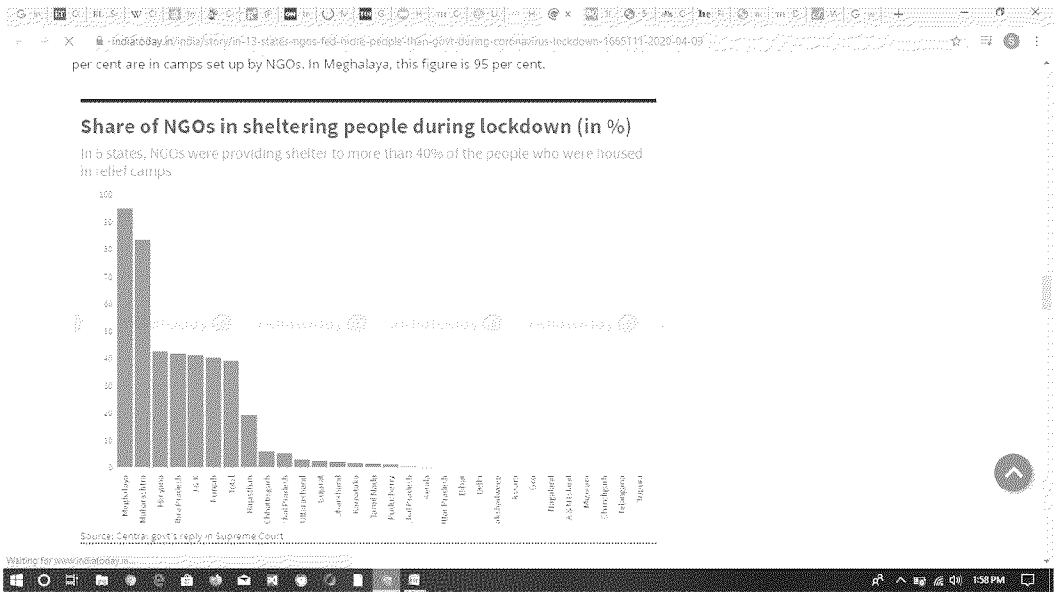
The not-for-profit organisation is reaching out to vulnerable communities in the states of Bihar, Delhi, Karnataka, Kerala, Maharashtra, Odisha and Uttarakhand. In these regions, besides supporting the elderly and children, Seeds India is taking some burden off frontline health workers by supplementing public health systems, supplying hygiene kits and supporting the establishment of temporary quarantine facilities.

The NGO has been working with waste pickers in six towns and cities of Karnataka for 11 years now, including Bengaluru, Mysore and Hubli. "They pick recyclable paper and other things during the day, and sell them to scrap dealers at night. There are so many stories and so many experience we get during this lockdown we always thankful to all organization NGO and other people who have been given there time to help all needy people.

Not Just Food, NGOs are also Sheltering People

Apart from providing meals to the needy, NGOs across the country also opened relief or shelter homes for people to take refuge. The analysis of the central government's reply shows that 10.37 lakh people in India took refuge in shelter homes provided by state governments and NGOs. Of these 10.37 lakh, or 39.14 per cent, are staying in camps set up by NGOs.

Maharashtra is one of the best examples of how NGOs are contributing in sheltering people hit by the lockdown. Of the 4.47 lakh people who are in relief or shelter homes in the state, 83.56 per cent are in camps set up by NGOs. In Meghalaya, this figure is 95 per cent.



Conclusion

When we think about lockdown , we only think about bad things only but here is another side of lockdown . Here is the people who not behave panic in this situation instead of taking tension they always think to solve the situation . The organization and NGO and there volunteers are did great work for our society . so instead of given bad comment on others just take little bit of step to positive way. Clam down and face this pandemic situation positively and help to other people .Our small help make others life happy .Thank you.

Reference

- https://www.bloombergquint.com/economy-finance/10-government-measures-to-help-poor-through-lockdown
  https://www.newindianexpress.com/
- https://www.scroll.com
- https://en.wikipedia.org/wiki/Economic_impact_of_the_COVID-19_pandemic_in_India
- https://www.thehindu.com/data/data-what-is-the-effect-of-indias-coronavirus-lockdown-on-peoples-mobility/article31265439.ece

15. Role of Medical Health System in Corona Pandemic

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janjira Degree College of Science, Murud Janjira, Raigad.
Miss. Tahreem Zishan Shaikh
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science,
Murud Janjira, Raigad.

Abstract

Abstract Healthcare in India is undergoing a change that will meet the demands of the citizens from the village to the metropolitan city level. The National Health policy announced in 2017 is focused on "wellness" of patients and guarantees healthcare with suitable insurance to cover from primary to tertiary care. Ayushman Bharat Mission is a policy that promotes healthcare with a Center-State co-operation. Program IndraDhanush aims to cover immunization of children in rural and urban areas including those who were not covered in the previous program like Pulse Polio. In general healthcare is to provide and promote quality care, focus on emerging diseases and invest in promoting and preventive healthcare. The policy is patient centric and quality driven. It addresses health security and make in India free for drugs and devices. Yet the Health care policy and its implementation face many hurdles in the form of funds, primary care, doctor: patient ratio, and communication. With the focus being shifted more on non-communicable diseases from infectious diseases, the centers for testing for various infectious diseases and viral diseases have taken a back seat. This is very relevant today when the world is reeling under the pandemic threat of Corona virus Disease(COVID-19). India reported its first case of COVID-19 on 30th Jan,2020. The Indian Council of Medical Research and Ministry of Health and Family welfare have reported nearly 606 cases and 10 deaths in the country. The rate of infection for COVID-19 is 1.7. The whole nation is locked down for a period of 21 days. The COVID-19 poses a great challenge to India with a population of around 130 crores to treat COVID-19 positive cases as it needs more ventilators and other facilities. The present pandemic may help reduce the gap to implement its National Health Policy. Key Words: Health care, India, COVID-19

Keywords: NHP, ABM, Health Care, India, COVID-19, IPC, PPE, PHC, e SUS, APS, IHR(2005) World Health Report, WHO, Health risks, MERS.

Introduction

Coronaviruses are a group of viruses belonging to the family of Coronaviridae, which infect both animals and humans. Human coronaviruses can cause mild disease similar to a common cold, while others cause more severe disease (such as MERS - Middle East Respiratory Syndrome and SARS – Severe Acute Respiratory Syndrome). A new coronavirus that previously has not been identified in humans emerged in Wuhan, China in December 2019.

Signs and symptoms include respiratory symptoms and include fever, cough and shortness of breath. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and sometimes death. Standard recommendations to prevent the spread of COVID-19 include frequent cleaning of hands using alcohol-based hand rub or soap and water; covering the nose and mouth with a flexed elbow or disposable tissue when coughing and sneezing; and avoiding close contact with anyone that has a fever and cough.

WHO is working closely with global experts, governments and partners to rapidly expand scientific knowledge on this new virus and to provide timely advice on measures to protect people's health and prevent the spread of this outbreak.

Rights, Roles and Responsibilities of Health Workers, Including Occupational Safety and Health

Health workers are at the front line of any outbreak response and as such are exposed to hazards that put them at risk of infection with an outbreak pathogen (in this case COVID-19). Hazards include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence. This document highlights the rights and responsibilities of health workers, including specific measures needed to protect occupational safety and health.

Health Worker Rights Include that Employers and Managers in Health Facilities

- Assume overall responsibility to ensure that all necessary preventive and protective measures are taken to minimize occupational safety and health risks1;
- Provide information, instruction and training on occupational safety and health, including; o Refresher training on infection prevention and control (IPC); and o Use, putting on, taking off and disposal of personal protective equipment (PPE);
- Provide adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in sufficient quantity to healthcare or other staff caring for suspected or confirmed COVID-19 patients, such that workers do not incur expenses for occupational safety and health requirements;

- Familiarize personnel with technical updates on COVID-19 and provide appropriate tools to assess, triage, test and treat patients and to share infection prevention and control information with patients and the public;
- As needed, provide with appropriate security measures for personal safety;
- Provide a blame-free environment for workers to report on incidents, such as exposures to blood or bodily fluids from the respiratory system or to cases of violence, and to adopt measures for immediate followup, including support to victims;
- Advise workers on self-assessment, symptom reporting and staying home when ill;
- Maintain appropriate working hours with breaks;
- Consult with health workers on occupational safety and health aspects of their work and notify the labour inspectorate of cases of occupational diseases;
- Not be required to return to a work situation where there is continuing or serious danger to life or health, until the employer has taken any necessary remedial action;
- Allow workers to exercise the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health. When a health worker exercises this right, they shall be protected from any undue consequences;
- Honour the right to compensation, rehabilitation and curative services if infected with COVID-19 following exposure in the workplace. This would be considered occupational exposure and resulting illness would be considered an occupational disease,
- Provide access to mental health and counselling resources; and
- Enable co-operation between management and workers and/or their representatives.

Health Workers Should

- Follow established occupational safety and health procedures, avoid exposing others to health and safety risks and participate in employer-provided occupational safety and health training;
- Use provided protocols to assess, triage and treat patients;
- Treat patients with respect, compassion and dignity;
- Maintain patient confidentiality;
- Swiftly follow established public health reporting procedures of suspect and confirmed cases;

- Provide or reinforce accurate infection prevention and control and public health information, including to concerned people who have neither symptoms nor risk;
- Put on, use, take off and dispose of personal protective equipment properly;
- Self-monitor for signs of illness and self-isolate or report illness to managers, if it occurs;
- Advise management if they are experiencing signs of undue stress or mental health challenges that require support interventions; and
- Report to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to life or health.

Primary Health Care in the COVID-19 Pandemic?

Originating in the Province of Hubei, in China, the epidemic unleashed by a new strain of the *Coronaviridae* virus family (SARS-CoV-2) that causes the disease known as Covid-19 has been spreading rapidly on all continents. [1] On March 11 th 2020, just over two months after it began, the World Health Organization (WHO) declared COVID-19 to be pandemic and confirmed over 820,000 cases and 40,000 deaths from SARS-CoV-2 infection as at April 1 st 2020. [1] At the time of writing this article, the United States, Italy, Spain and China have the largest number of cases, demonstrating that the virus advances aggressively in places with distinct social and economic characteristics.

The course and the severity of the epidemic have led many national governments to adopt highly intensive interventions, such as lockdown strategies, with the aim of containing new infections and reducing social overburdening by the disease and its mortality. Such measures have, however, brought an abrupt change in peoples' lives and in society in general. [2] Beyond health issues, the impact of the epidemic on the economic, social, political, and cultural dynamics of the global population has put governance of countries and international agencies to the test, highlighting the limits of globalization.

Despite many individuals still doubting the dimension of the epidemic and despite the nature of the interventions put into practice bringing ethical, political and philosophical issues into the public debate, [3] the scientific community has stood firm in recommending social distancing as a paramount mechanism for containing the speed at which COVID-19 is transmitted. [1] As such, the first governmental responses were targeted above all at disseminating social distancing measures and the race to make intensive therapy unit beds available for severe cases.

The need also exists, however, to discuss the place of Primary Health Care (PHC) in addressing this pandemic, since studies are indicating that some 80% of cases are mild and the majority of moderate cases seek PHC services as the entry point for getting medical care. [4] As such, considering the specificities of the Brazilian health system, we intend to discuss some aspects relating to PHC organization and its role in the face of the challenges imposed by Covid-19 in Brazil.

Primary Health Care in the Face of the Crisis

Preparing a robust system of Primary Health Care Centers to provide quality responses to situations of public emergency is no trivial matter. Brazil has one of the world's largest universal health systems, anchored in an extensive PHC network, but which is facing chronic funding, management, personnel supply and service structuring problems. [5] Even with these constraints, Brazilian PHC has achieved positive results that make it stand out on the international level. There is overwelming evidence demostrating its significant influence in reducing mortality and health inequities, and this tends to be further potentialized when combined with income transfer and social protection policies.

As such, PHC has to be considered an important mainstay in the face of emergency situations, [4] such as the dengue, Zika, yellow fever and Chikungunya epidemics and now the Covid-19 epidemic as well. Emphasizing that which is the very soul of primary care, such as knowledge of the catchment area, access, the link between the service user and the health team, comprehensive care, monitoring vulnerable families and following up on suspected and mild cases, is a fundamental strategy both for containing the epidemic and for people with Covid-19 not becoming severely ill **.** Responsibility will also fall on PHC in addressing problems arising from prolonged social distancing and the undermining of social and economic life, such as mental disorders, domestic violence, alcoholism and worsening or development of chronic conditions, the consequences of which are hard to foresee and require continuous comprehensive care. All of this comes on top of the set of problems people already live with and which emerge in everyday health service activities.

In order to ensure safe and quality service delivery at this level of health care, the following are therefore necessary: data-based planning, service reorganization according to the characteristics of the epidemic, allocation of financial resources and specific action strategies to address the pandemic that is underway. These include: health workers trained to meet people's demands with quality, whereby some actions already exist in this direction; [9] large quantities of diagnostic tests, if mass testing is opted for; structure for requesting complementary tests with

timely results; adequate physical facilities to accommodate possible suspected cases arriving at health services; medication stocks; well-defined workflows and protocols – like those already developed and constantly updated by the Ministry of Health, [10] with priority access to other health service levels, so as to potentialize PHC health care coordination; support for diagnostic support and care shared with health teams; sufficient health workers, including Community Health Agents, to carry out surveillance in community and household settings; adequate personal protective equipment in sufficient quantities for health workers and symptomatic individuals; and organization of work processes that efficiently interlink methods relating to service access, care for people and production of information capable of providing feedback to the service and the system in a timely manner, thus strengthening care delivered to the population.

PHC is powerful in reducing health inequities [12] and must, therefore, be strengthened and structured as one of the main health sector responses to the epidemic, given that it is highly spread across the national territory and reaches sizeable groups of the population exposed to excessive risks due to their living conditions. Pandemics such as COVID-19 bring to a standstill discourses and practices aimed at reducing the size of the State, flexibilizing labor laws, dismantling the social protection system, disparaging and downscaling investment in science, technology and education, and undermining public health services. [13] The crisis is clearly not just a health issue, but rather is closely intertwined with political, social and economic issues, which require a set of measures that go beyond immediate contention of the virus transmission chain. In an increasingly complex and unpredictable world, the challenge arises of planning what social model and health system should be strived for in order to protect lives, especially those of the most vulnerable.

Telehealth as a Care Option

The facility with which the virus infects people, its high potential for spreading in closed spaces, such as hospitals and emergency services, as well as the need to avoid mass utilization of health services in the initial stages of the epidemic, make telehealth services a fundamental care strategy, enabling service users to get reliable information in a timely manner about how to proceed on the individual level. [14] Greenhalgh et al. [15] point out that on-line care services can be important tools in cases of people with high levels of anxiety and/or symptoms suggesting mild or moderate Covid-19.

This epidemic has imposed changes to the legal framework governing telehealth practices in Brazil, leading the Federal Council of Medicine to recognize the use of telehealth tools by medical professionals with the aim of guiding, referring and monitoring suspected or positive

coronavirus cases. [16] Based on this, the Ministry of Health has regulated the use of telemedicine exceptionally for the context of the Covid-19 epidemic, [17] for the purposes of pre-clinical assessment, support with care, consultations, follow-up and diagnosis throughout the entire Brazilian health system. This has been a fundamental step for telecare being officially included on the national clinical protocol for this problem within the context of PHC. [10] This has resulted, among other things, in state and municipal health services adopting telecare call centers as essential components for people's first contact with the health care network.

Adequate implantation of these technologies increases the health system's capacity to meet demand, facilitates people's access to reliable guidance, contributes to reducing overburdening of PHC and other health care levels, as well as assisting organization of the flow of people though the system. Moreover, in view of the potential for many health workers having to stay away from work during the epidemic, telehealth is a possibility for them to work remotely.

However, these services should not operate just as an additional care network service, nor only during this period of the fight against Covid-19. The benefits of telehealth tools for the system indicate the importance of them being adopted in a more widespread manner throughout the Brazilian National Health System (SUS) and, in particular, in a manner integrated with PHC. This measure, if it is duly implemented at this level of care, can lead to positive results in terms of access, resolutive capacity, comprehensiveness and scope of care, convenience for service users and improved monitoring of people with chronic diseases who currently get follow-up at health centers.

In order for the telehealth experience to truly become a reality in PHC and the SUS, however, the Ministry of Health needs to make a massive investment in this area, both with regard to guaranteeing internet access at health centers, as it has been announcing, and also with regard to purchasing computers and telephones, as they are fundamental for establishing satisfactory communication. On the other hand, the mistrust of some health workers regarding this form of care delivery, the lack of electronic medical records having an interface with e-SUS and the impossibility of issuing prescriptions and requesting tests and examinations, duly signed electronically and certified, are barriers that need to be overcome, through the necessary and urgent revision of the legal provisions regarding the practice of telemedicine in Brazil.

We need to Learn from the Crisis

Universal public health systems anchored in robust, resolutive, comprehensive, accessible and socially and culturally oriented Primary Health Care are one of the mainstays of a society

that respects people's most elementary rights. Jones, [18] based on the work of Rosenberg, emphasizes that times like these, i.e. addressing an epidemic on this scale, bring to light realities that were previously not very evident. It is possible that global problems such as we are currently facing become more frequent. For this reason, there is no room for ideas that put human life in second place.

PHC needs to urgently take on its protagonism as the organizer of health care in the SUS. Some measures, such as reorganizing patient flows in services, can and must be taken immediately. Others, such as improving the physical structure of health centers, should remain on the horizon, as it is known that they take more time to be implemented. For all these measures, APS needs to be put at the core of the Ministry of Health's agenda and the SUS must not be strangled by constitutional amendments that restrict the scarce resources the Union allocates to the health sector. The success of overcoming Covid-19, the future of the SUS and the health of the Brazilian population depend on this.

Conclusion

It cannot be over-emphasized that a truly effective international preparedness and response coordination mechanism cannot be managed nationally. Global cooperation, collaboration and investment are necessary to ensure a safer future. This means a multisectoral approach to managing the problem of global disease that includes governments, industry, public and private financiers, academia, international organizations and civil society, all of whom have responsibilities for building global public health security.

In achieving the highest level of global public health security possible, it is important that each sector recognizes its global responsibility. The IHR (2005) mandate core capacities for countries and obligations for WHO. They do not oblige other sectors to act in accord. Nonetheless, the building of global public health security rests on a solid foundation of transparent and benevolent partnerships. In the spirit of such partnership, WHO urges allinvolved to acknowledge their roles and responsibilities for global public health security through the following recommendations:

Full implementatin of IHR (2005) by all countries. The protection of national and global public health must be transparent in government affairs, be seen as a cross-cutting issue and as a crucial element integrated into economic and social policies and systems.Global cooperation in surveillance and outbreak alert and response between governments, United Nations agencies, private sector industries and organizations, professional associations, academia, media agencies and civil society, building particularly on the eradication of polio to create an effective and

comprehensive surveillance and response infrastructure.Open sharing of knowledge, technologies and materials, including viruses and other laboratory samples, necessary to optimize secure global public health. The struggle for global public health security will be lost if vaccines, treatment regimens, and facilities and diagnostics are available only to the wealthy.Global responsibility for capacity building within the public health infrastructure of all countries. National systems must be strengthened to anticipate and predict hazards effectively both at the international and national levels and to allow for effective preparedness strategies.Cross-sector collaboration within governments. The protection of global public health security is dependent on trust and collaboration between sectors such as health, agriculture, trade and tourism. It is for this reason that the capacity to understand and act in the best interests of the intricate relationship between public health security and these sectors must be fostered.Increased global and national resources for the training of public health personnel, the advancement of surveillance, the building and enhancing of laboratory capacity, the support of response networks, and the continuation and progression of prevention campaigns.

This report has focused primarily on acute threats to health. In order to ensure a complete spectrum of public health security, however, the discussion would also include endemic threats to health, such as those related to maternal and child health, chronic disease, violence and mental health, among others. These conditions do not meet the notification criteria of IHR (2005), yet they make up the majority of the global burden of death and disability.

Professionals and policy-makers in the fields of public health, foreign policy and national security should maintain open dialogue on endemic diseases and practices that pose personal health threats, including HIV/AIDS, which also have the potential to threaten national and international health security.

Although the subject of The World Health Report 2007 has taken a global approach to public health, WHO is not neglecting the fact that all individuals – women, men and children – are affected by the common threats to health. It is vital not to lose sight of the personal consequences of global health challenges. This was the inspiration that led to the "health for all" commitment towards primary health care in 1978. That commitment and the principles supporting it remain untarnished and as essential as ever.

On that basis, primary health care and humanitarian action in times of crisis – two means to ensure health security at individual and community levels – will be discussed at length in The World Health Report 2008.

References

1. Know India: https://knowindia.gov.in/my-india-my-pride/interesting-facts-about-india.php
2. Anuradha S, Sheriff DS - Health Care Delivery in India - SWOT Analyses. Int Arch Public
3. Health Community Med 2019; 3:024. doi.org/10.23937/2643-4512/1710024
4. Ravi Duggal, Bhore Committee and its relevance today. Indian Journal of Pediatrics 1991;58:395-406.
5. Centers for Control and Prevention of Diseases, USA-About Coronavirus Disease 2019 (COVID-19)
6. Ministry of Health and Family Welfare, India
7. Bill Gates. predicted Corona Virus Pandemic. TED Talk. Mercury News,2015World Health
8. **Farber ON.** Medical students can help combat Covid-19. Don't send them home. STAT. 14 March 2020. Accessed at www.statnews.com/2020/03/14/medical-students-can-help-combat-covid-19. on 20 March 2020.
9. **Krieger P, Goodnough A.** Medical students, sidelined for now, find new ways to fight coronavirus. The New York Times. 23 March 2020. Accessed at www.nytimes.com/2020/03/23/health/medical-students-coronavirus.html. on 23 March 2020.
10. **Teeman T.** 'This is what we signed up for': meet the med school grads fast-tracked to the coronavirus front line. Daily Beast. 3 April 2020. Accessed at www.thedailybeast.com/medical-school-graduates-fast-tracked-to-the-coronavirus-front-line-say-this-is-what-we-signed-up-for. on 4 April 2020.
11. **Whelan A, Prescott J, Young G, et al.**Guidance on medical students' clinical participation: effective immediately. Association of American Medical Colleges. 17 March 2020. Accessed at https://lcme.org/wp-content/uploads/filebase/March-17-2020-Guidance-on-Mediical-Students-Clinical-Participation.pdf. on 20 March 2020.
12. **Whelan A, Prescott J, Young G, et al.** Interim guidance on medical students' participation in direct patient contact activities: principles and guidelines. Association of American Medical Colleges. 30 March 2020. Accessed at https://lcme.org/wp-content/uploads/filebase/March-30-2020-Interim-Guidance-on-Medical-Students-Participation-in-Direct-Patient-Contact-Activities.pdf. on 31 March 2020.

13. **Jacobs A, Richtel M, Baker M.** 'At war with no ammo': doctors say shortage of protective gear is dire. The New York Times. 19 March 2020. Accessed at www.nytimes.com/2020/03/19/health/coronavirus-masks-shortage.html. on 25 March 2020.
14. **Starr I.** Influenza in 1918: recollections of the epidemic in Philadelphia. 1976. Ann Intern Med. 2006;145:138-40. [PMID: 16801626] [PubMed]
15. **West JB.** The physiological challenges of the 1952 Copenhagen poliomyelitis epidemic and a renaissance in clinical respiratory physiology. J ApplPhysiol (1985). 2005;99:424-432. [PMID: 16020437] [PMC free article][PubMed]
16. **Goldberg E.** Early graduation could send medical students to virus front lines. The New York Times. 26 March 2020. Accessed at www.nytimes.com/2020/03/26/health/coronavirus-medical-students-graduation.html. on 4 April 2020.
17. **Murthy S, Gomersall CD, Fowler RA.** Care for critically ill patients with COVID-19. JAMA. 11 March 2020. [Epub ahead of print].
18. Wu Z, McGoogan JM. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. *JAMA*. 2020. doi:10.1001/jama.2020.2648
19. Guan WJ, Ni ZY, Hu Y, et al; China Medical Treatment Expert Group for Covid-19. Clinical characteristics of coronavirus disease 2019 in China. *N Engl J Med*. 2020. doi:10.1056/NEJMoa2002032PubMed
20. Halpern NA, Pastores SM. Critical care medicine beds, use, occupancy, and costs in the United States: a methodological review. *Crit Care Med*. 2015;43(11):2452-2459. doi:10.1097/CCM.0000000000001227PubMed
21. Grasselli G, Pesenti A, Cecconi M. Critical care utilization for the COVID-19 outbreak in Lombardy, Italy: early experience and forecast during an emergency response. *JAMA*. 2020. doi:10.1001/jama.2020.4031 ArticlePubMed
22. Wang J, Zhou M, Liu F. Exploring the reasons for healthcare workers infected with novel coronavirus disease 2019 (COVID-19) in China. *J Hosp Infect*. 2020. doi:10.1016/j.jhin.2020.03.002PubMed

23. Toner E, Waldhorn R. What US Hospitals should do now to prepare for a COVID-19 pandemic. Published February 27, 2020. Accessed March 13, 2020. http://www.centerforhealthsecurity.org/cbn/2020/cbnreport-02272020.html
24. Wang CJ, Ng CY, Brook RH. Response to COVID-19 in Taiwan: big data analytics, new technology, and proactive testing. *JAMA*. 2020. doi:10.1001/jama.2020.3151
25. Formigoni, C. (2020, March) Italian Biomedical Retrievers. Available from: https://gidif-rbm.org/2020/03/19/covid-19-la-ricerca-nei-database-e-le-risorse-open-degli-editori/[accessed 26 March 2020].
26. Heymann, D. L., & Shindo, N. (2020). COVID-19: what is next for public health? *The Lancet*, **395**,542– 545. https://doi.org/10.1016/S0140-6736(20)30374-3
27. Organization. World Health Organization.

16. Role of Educational Trusts/Institutes in COVID-19 Situation and Related Topic

Mistry Samina S.
Asst. Professor, Anjuman Islam Janjira Degree College of Science, Murud-Janjira.

Abstract

At the end of February as alarm bells began to sound on the growing spread of the COVID-19 virus, the World Bank established a multi-sectoral global task force to support country response and coping measures. At the time, only China and a handful of schools in other affected countries were enforcing social distancing through school closures. A little over two weeks later, 120 countries have closed schools impacting almost a billion students across the globe that have seen their schools close for varied lengths of time. This paper introduces What are various measures of coping with covid-19 by educational institutes and organizations. I have described all the measures and steps taken by government as well as educational institutes in facing the covid-19 situation. I have also mentioned some few more steps that could be taken to improve the education palette and make it stronger in this covid-19 situation.

Keywords: digital learning, Pandemic, covid-19, impact on school, role of institutes, 5 steps digital learning.

Introduction

The pandemic spread of Novel Corona virus, also known as COVID-19, has significantly disrupted every aspects of human life, including education. The alarming spread of the virus caused havoc in the educational system forcing educational institutions to shut down. According to a UNESCO report, 1.6 billion children across 191 countries have been severely impacted by the temporary closure of the educational institutions. In order to mitigate the impact, educational institutions have responded to the closure differently in different contexts with a range of options for students, teachers, managers and parents, depending on the resources, both materials and human, available to them. Most of the options have to incorporate innovative technologies (e.g., digital and mobile technologies combined with traditional technologies such as radio and TV) in order to provide at least some form of educational continuity. As distance and online education is dependent on technological facilities, including internet and Wi-Fi, the discrepancies that exist in

their availability are widening the gaps in access and quality of education. This article investigates the impact of COVID-19 on the education system. Based on the published documents, reports and news commentaries, the article provides a critical analysis and reflection on the opportunities and challenges the pandemic has presented for the technolization of the education systems. The findings indicate that the pandemic has had serious impacts on students' learning and well-being, and that it potentially widens the gaps between advantaged and disadvantaged children in their equitable access to quality education.

International Efforts to Manage the Impact of the COVID-19 on School Education

Various countries have adopted a range of measures to respond to the pandemic depending on their available resources. For instance, counties which are technologically advanced, such as Italy, France, Germany, Australia, the UK, and the US, have adopted distance learning as a means to compensating for the loss. They quickly enhanced their e-learning platforms (Moodle, LMS, cloud systems, etc.) to create common distance learning centre portals and provided students access to e-content and repository through mobile devices. In these countries, all stakeholders, institutions, teachers, publishers, and parents have joined hands together to create digital resources (e.g., textbooks and learning materials) so that they could be delivered through virtual classrooms (Azzi-Huck & Shmis 2020). Furthermore, the two most populous countries on the planet, China and India, have both established national e-learning portals with access to the national repository of learning resources for parents, teachers, students, and education administrators. India has provided access to thousands of complete courses in multiple languages. China, on the other hand, has mobilized all provincial and national online platforms and telecom service providers, upgraded the bandwidth of major digital platforms, and mobilized the society-wide resources, both human and material, to "ensure learning is undisrupted when classes are disrupted"

Impacts of COVID-19 on education in India

In order to understand the impacts of school closures and resultant technolised education, it is important to understand the fundamental differences in what may be termed as the 'normal' education and the new socially/physically distanced education. While the former is community divorced (i.e. taking children away from home and community), the latter is community embedded, i.e., it takes places within the homes and residences of the students.

If home and community are to be mobilized, the backgrounds and limitations of the home and community need to be an important consideration. In other words, education during COVID-19 and beyond must be reimagined as a community-embedded practice. "While teachers in community-embedded education provide resources and help set goals and pathways that students can take," it must be noted that the actual realization of the educational practice (and, hence, its outcomes) will eventually depend on the facilities, resources, skills and expertise of those involved in the process

Role of Educational Institutes and trust in Coping with covid-19 Situation

So what can educational institutes do? To begin with, schools can contribute to providing improved access to reliable information resources, strengthening household and community capability and retaining trust in government during the crisis.

Initiatives Already taken by Educational Institutes

A] Migration to Digital Ways: Digital Migration in Five Steps

Planning for digital learning : Planning should begin with the expected learning in mind. A digital document must be created with the learning sequence, as well as the activities that the students will have to do with precise instructions. Use videos with theoretical content or explanations, presentations, or internet links to reliable sources of information. All this content must be placed on **a platform accessible to the student at any time**. A repository is required for the delivery and evaluation of activities. It can be a cost-effective platform like Canvas(1), Blackboard(2), and Moodle(3). Also, possible would be free access platforms such as Schoology(4) or Google Classroom(5). This will allow having the material orderly and easily accessible.

Time for the synchronous session : The classroom becomes a virtual classroom using platforms such as Zoom(6), Hangouts(7), Skype(8), and Microsoft Teams(9), where the teacher can interact with students in real-time. **The time used in face-to-face sessions should be converted to appropriate times for remote sessions**, considering the following: in-person students have greater physical, visual, and interactive mobility with other colleagues. In contrast, in a remote session, the concentration is focused on a screen, and mobility is wholly lost. Therefore, **online lessons should be shorter** and coupled with activities designed to encourage and stimulate the students' learning. It is important to remember that in addition to your subject, students are taking other classes with the same characteristics.

Interactions with the students : Interaction should occur in all online sessions, not only **synchronously** but also **asynchronously**, to know the students' progress and difficulties. Real-time, interactive platforms like Menti(10) or Kahoot!(11) allow the teacher to throw out a question to students and get immediate answers. Platforms such as EDpuzzle(12) allow the teacher to monitor the editing of videos and ask students questions to know their progress. Google Classroom allows receiving activities and sending feedback to students.

Digital stimulation is not everything : Similar to the duration of a remote session, the stimuli that the student receives from a screen must be complemented by activities where the student can develop manual, writing, and motor skills as well as verbal communication and organizational skills**.** It is vitally important to **design different time segments within the session**, especially when the time allotted to the meeting is longer than one hour. If the course is daily, consider one or two sessions of the week in which students do individual or team activities where the teacher is only a guide or advisor.

Assessment beyond online exams : The standard solution for online evaluation is the use of technology platforms to develop multiple-choice exams, sentence completions, and true-or-false questions. These are relatively easy to create on(1-5) digital platforms, as well as Google Forms(13) and Socrative(14). My suggestion is to go further and **find other assessment tools** where the **student demonstrates other skills and learning**, not necessarily through a test. For example, virtual labs, online collaborative work, and the creation of physical and digital learning products.

As you may have noticed, these five steps represent the planning and execution steps that every teacher does for a face-to-face class. The difference is to become aware of the new digital learning environment, where the interaction between the same students and the teacher is limited by physical mobility and the fatigue that comes with attention to a screen. Therefore, there is a need to adjust our already designed face-to-face sequences.

B] Role of School Administrators, Teachers and Staff

Key Messages & Actions

Basic principles : Following basic principles can help keep students, teachers, and staff safe at school and help stop the spread of this disease. Recommendations for healthy schools are:

- Sick students, teachers and other staff should not come to school
- Schools should enforce regular hand washing with safe water and soap, alcohol rub/hand sanitizer or chlorine solution and, at a minimum, daily disinfection and cleaning of school surfaces
- Schools should provide water, sanitation and waste management facilities and follow environmental cleaning and decontamination procedures
- Schools should promote social distancing (a term applied to certain actions that are taken to slow down the spread of a highly contagious disease, including limiting large groups of people coming together)

Know the Latest Facts : Understand basic information about coronavirus disease (COVID-19), including its symptoms, complications, how it is transmitted and how to prevent transmission. Stay informed about COVID-19 through reputable sources such as UNICEF, WHO and national health ministry advisories. Be aware of fake information/myths that may circulate by word-of-mouth or online.

Ensure Safe School Operations : See 'Checklist on Safe School Environments' below Update or develop school emergency and contingency plans. Work with officials to guarantee schools are not used as shelters, treatment units, etc. Consider cancelling any community events/meetings that usually take place on school premises, based on risk.

Reinforce frequent hand washing and sanitation and procure needed supplies. Prepare and maintain hand washing stations with soap and water, and if possible, place alcohol-based hand rub (hand sanitizers) in each classroom, at entrances and exits, and near lunchrooms and toilets. Clean and disinfect school buildings, classrooms and especially water and sanitation facilities at least once a day, particularly surfaces that are touched by many people (railings, lunch tables, sports equipment, door and window handles, toys, teaching and learning aids etc.)

Implement social distancing practices that may include:

- Staggering the beginning and end of the school day
- Cancelling assemblies, sports games and other events that create crowded conditions
- When possible, create space for children's desks to be at least one metre apart
- Teach and model creating space and avoiding unnecessary touching

Establish procedures if students or staff become unwell : Plan ahead with local health authorities, school health staff and update emergency contact lists. Ensure a procedure for separating sick students and staff from those who are well – without creating stigma – and a process for informing parents/caregivers, and consulting with health care providers/health authorities wherever possible. Students/staff may need to be referred directly to a health facility, depending on the situation/context, or sent home. Share procedures with staff, parents and students ahead of time.

Promote information sharing : Coordinate and follow guidelines from the national health and education authorities. Share known information with staff, caregivers and students, providing updated information on the disease situation, including prevention and control efforts at school. Reinforce that caregivers should alert the school and health care authorities if someone in their home has been diagnosed with COVID-19 and keep their child at home. Utilize parent-teacher committees and other mechanisms to promote information sharing. Also be sure to address children's questions and concerns, including through the development of child-friendly materials such as posters which can be placed on notice boards, in restrooms, and other central locations.

Adapt school policies where appropriate : Develop flexible attendance and sick leave policies that encourage students and staff to stay home when sick or when caring for sick family members. Discourage the use of perfect attendance awards and incentives. Identify critical job functions and positions, and plan for alternative coverage by cross training staff. Plan for possible academic calendar changes, particularly in relation to breaks and exams.

Monitor school attendance : Implement school absenteeism monitoring systems to track student and staff absence and compare against usual absenteeism patterns at the school. Alert local health authorities about large increases in student and staff absenteeism due to respiratory illnesses.

Plan for continuity of learning : In the case of absenteeism/sick leave or temporary school closures, support continued access to quality education. This can include:

- Use of online/e-learning strategies
- Assigning reading and exercises for home study
- Radio, podcast or television broadcasts of academic content
- Assigning teachers to conduct remote daily or weekly follow up with students
- Review/develop accelerated education strategies

Implement targeted health education : Integrate disease prevention and control in daily activities and lessons. Ensure content is age-, gender-, ethnicity-, and disability-responsive and activities are built into existing subjects. (See Section on Age-Appropriate Health Education)

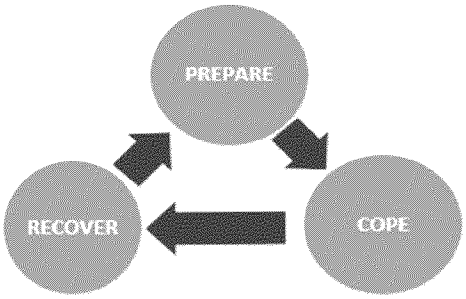
Address Mental Health/Psychosocial support needs : Encourage children to discuss their questions and concerns. Explain it is normal that they may experience different reactions and encourage them to talk to teachers if they have any questions or concerns. Provide information in an honest, age-appropriate manner. Guide students on how to support their peers and prevent exclusion and bullying. Ensure teachers are aware of local resources for their own well-being. Work with school health workers/social workers to identify and support students and staff who exhibit signs of distress.

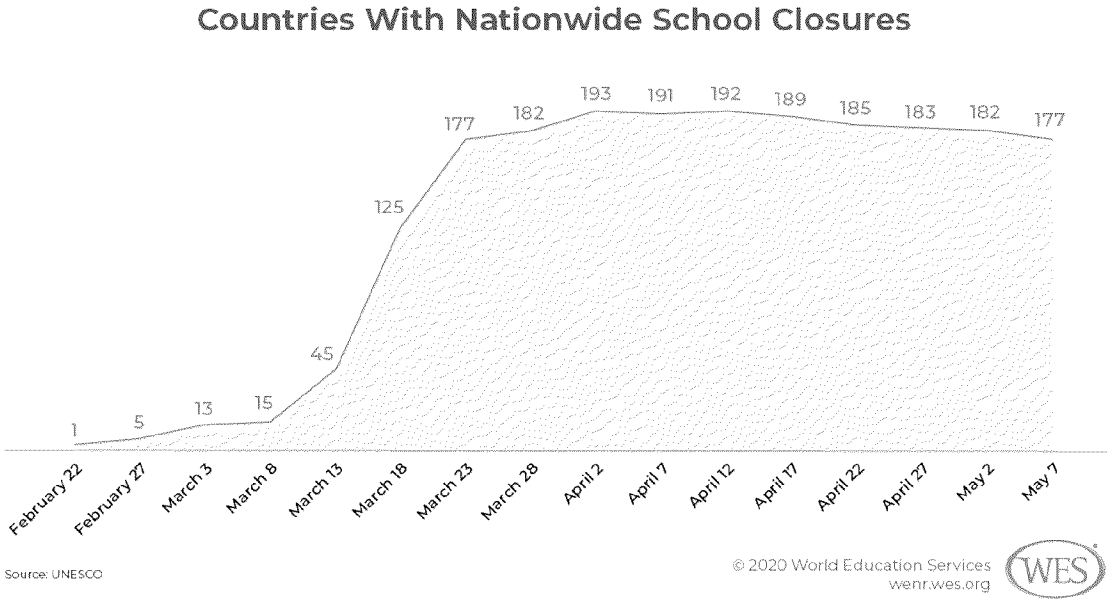
Support vulnerable populations : Work with social service systems to ensure continuity of critical services that may take place in schools such as health screenings, feeding programs or therapies for children with special needs. Consider the specific needs of children with disabilities, and how marginalized populations may be more acutely impacted by the illness or its

secondary effects. Examine any specific implications for girls that may increase their risk, such as responsibility for taking care of the sick at home, or exploitation when out of school.

Conclusion

The article has provided a situational analysis of the state of education during the COVID-19 closures of schools and universities. It has analyzed the impacts the pandemic has had on school education, pointed out some of the challenges arising from the school closures, and suggested some responses and strategies for the management of the impacts.





References

- *http://bweducation.businessworld.in/article/Institutes-Role-In-Combating-And-Coping-With-COVID-19-/26-06-2020-291424/*

- *https://www.researchgate.net/search/publication?q=role+of+education+system+in+covid-19+in+india*
- *https://hundred.org/en/collections/quality-education-for-all-during-coronavirus*
- *https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4*
- *https://blogs.worldbank.org/education/managing-impact-covid-19-education-systems-around-world-how-countries-are-preparing*
- *https://www.google.com/search?q=education+system+diagram+in+covid+19&sxsrf=ALeKk00Qke_ZYIhcfjssJlUJzRAjI0NDvQ:1597584382533&source=lnms&tbm=isch&sa=X&ved=2ahUKEwj9lfrM6Z_rAhUazDgGHcc9CqoQ_AUoAXoECAsQAw&biw=1422&bih=676#imgrc=6uo5eaXzEPpnmM*

17. Effect of Covid-19 Situation on Board Examinations, University Examinations and Entrance Examinations

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janjira Degree College of Science, Murud Janjira, Raigad.
Miss.Tanzeel Taqueyullah Ulde
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science,
Murud Janjira, Raigad.

Abstract

As the name of the project 'Covid-19: Loss of Boards and entrance' itself defines the abstract. The covid-19 lockdown came with a different set of concerns for Economical, social, physical, psychological, as well as Educational status. When we talk about education it deals with the youth of our country and development of the country. Hence this project deals with the various losses of board exams and entrance exams during the covid-19 pandemic. The board exams were postponed midway following the outbreak of corona virus,hence putting on hold students future plan as well. The anxiety of students does not end here, various entrance exams such as NEET,JEE, AIIMS,MHT-CET etc.are also postponed.

On the other hand the students who are preparing for boards and entrance exams of 2021 are also facing difficult situations.No one actually know the path corona virus will take in India and planning out a schedule for rest of the year is slightly demented. The examination of graduation final year(Boards) is also postponed due to lockdowneffect and actual date of exam is awaited. With the corona virus wreaking havoc across the world,these too express wishes of students hasin factcome true. But not in a good circumstance. Schools and colleges were to be first shut down when this pandemic was announced. However this holiday are not as blissful as students thought they would be.

Among the students who will be appearing for boards and final year university examination of year 2021there is mad dash to compensate for the lost time by introducing haphazard models of online learning.While classes are about imparting knowledge,exams,

specially in the context of Indian education, are about evaluation and competition. If students had not been taught properly,the question of the formal education should not even arise.

However this research deals with all the problem faced by the board students and entrance studentsof 2020 as well as Loss of students who are preparingfor 2021.

KEY: Covid-19, Education, Youth, Development of the country, Slightly demented, Wreaking havoc, Not blissful,Mad dash, Evaluation and competition

Introduction

The coronavirus COVID-19 pandemic is the defining global health crisis of our time and the greatest challenge we have faced since World War Two.

A novel coronavirus (CoV) is a new strain of coronavirus. Thedisease caused by the novel coronavirus first identified in Wuhan, China, has been named coronavirus disease 2019 (COVID-19) – 'CO' stands for corona, 'VI' for virusand 'D' for disease.

Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.'

India reported the first confirmed case of the coronavirus infection on 30 January 2020 in the state of Kerala. The affected had a travel history from Wuhan, China.On 22 March 2020, the Government of India under PrimeMinister Narendra Modi ordered a nationwide lockdown for 21 days, limiting movement of the entire 1.3 billion population of India as a preventive measure against the COVID-19 pandemic in India. Every day, people are losing jobs and income, with no way of knowing when normality will return.Coronavirus positive cases in India continue to rise on a daily basis despite implementation of social distancing measures and extension of nationwide lockdown.

contentFor discussion

~Loss of Board exams 2020~

Maharashtra State board Of Secondary And Higher Secondary Education

The Maharashtra board had conducted Hsc examination from 18 February 2020 to 18 March 2020, Luckily the exams got over under the normal condition and all the students were satisfied.

However Maharashtra board had conducted SSC examination from 3 March 2020 to 23 March 2020, but unfortunatelythe geography paper which were earlier scheduled to take place on 23 March2020 was cancelledowing the lockdown. The papers for vocational subjects which

are offered to Children with Special Needs and are conducted 2-3 days after the actual board exams were also cancelled.

The students were completely disturbed.But in an unprecedented move, the Maharashtra state board of secondary and Higher secondary education had decided to cancelthe pending geography paper for over 17 lakh SSC students.The education department had decided to postpone the last pending SSC paper after the number of Covid-19 cases rapidly increased in the state. The government was expected to give a new date after the lock down ended on April 14. Chief minister, Uddhav Thackeray however announced the extension of the lock down on Saturday. Hence The board had consulted experts and on Wednesday issued a circular declaring the marking scheme. "The average of the marks a student scores in all the subjects they have appeared for will considered as his score in Geography," said the circular. This news was a relief for many average and below average students, however toppers or the students who were preparing well for the paper since the first day was not satisfied with this news, as they thought this decision can even put down their percentage.

The Central Board Of Secondary Education (CBSE)

The Central Board Of Secondary Education(CBSE) board exams was to be conducted from 15 February 2020 to 31st March 2020,however board exams 2020 for 10th &12th were conducted from 15th February to 18th March 2020 papers scheduled from 19th March to 31st March were cancelled & made optional due to COVID-19 pandemic.

This news was very heart-breaking for all the students who had prepared well for the exams. However on the other hand memes flood social media as soon as the decision become public,#CBSE become trends on twitter. While many cheered,people also tried to capture the mood of the student with memes.

Later on 13 July 2020 CBSE has declared its class 12th result. After the declarationof result studentsstarted a big campaign on social media platform because 88000 students got compartment (compartment means they need to give re-exam in the subject in which they have failed to reach the passing criteria). After the result many students took their twitter Handel and started twitting CBSE and HRD ministry to cancel compartment exams,because most of the students failed because of 2-3 marks, and moreover according to the students, when those students who didn't appeared for exam can be given good marks even 100/100 by the boards, then the compartment students should at least be given passing marks. As the board cancelled the

main board exams, and passed the one who didn't gave exams just because of corona, then how can board take compartment exam, according to student CBSE will keep delaying the dates because of corona, due to which their whole academic year will be wasted.

As most of the universities and colleges have already started application for admission,so when the compartment exams will not be conducted early the students will not get admission, moreover the board result got late due to which everything was got late, and by the time compartment exams will be conducted all seats in colleges will be full, what will happen to 88000 students? What about their health if they agree to give compartmentexams? As we all know the growing rate of corona virus. As all the entrance exams are postponed and nobody know whether they will be conducted or not, so the colleges has started taking admissions on the basis of merit list, due to which the whole year of 88000 students will be wasted.Due to all this issues many students may get depressedin pandemic situation.Moreover can government promise that the student who will give compartmentexams will not be at corona risk?

The main agenda is students want to cancel compartment exams And give them marks on the basis of other subjects or internal marks. Hence students are fighting on twitter with #cancelcompartment as it is a big issue of health.

University Board (Final Year) Examinations

The University Grant Commission(UGC) released its revised guidelines 2020 for final yearuniversity and college exams on 6 July 2020. Students across the nation were desperately waiting for the UGC revised guideline 2020 expecting cancellation of final year exams in the view of the on going pandemic situation in the country.However passing a complete opposite verdict, UGC stated that the exams that were supposed to be conducted in the month of July will now be conducted at the end of September.

UGC is firm on its decision that Educational institutions hold final year exams despite students and parents concerns about prevailing covid-19pandemic. "The UGC stand is very clear, universities will have to complete the final exam,whether they do it through online mode, offline or blended mode,it's up to them." UGC vice-chairman Bhushan Patwardhan told ThePrint when asked about the misgivings regarding the idea."WithoutExaminations, how can the universities grant a degree?". He said nearly 75 per cent of the universities have either conducted their final exams or are in the process of doing so, adding that only a very small portion of universities are still undecided.

According to latest data shared by UGC, as of 22 July, 603 of 954 universities in India have either conducted final-year examinations or are planning to do so by September. The UGC had asked all state, central and private universities to inform them about the status of exams, and 818 had submitted their responses by 22 July. Some states, including Maharashtra, have decided to not hold formal exams despite the UGC guidelines. However, the Maharashtra order was challenged in the Bombay High Court by a retired teacher. In its affidavit to the court, the UGC had subsequently said the state government has no power to cancel the exam. The UGC said "its guidelines have to be adopted by all education institutions". The matter will now be heard on 31 July. A similar decision has been taken in Delhi.

However,the guidelinesdon't appear going well with the not happy with the UGC revised guideline, students are demanding cancellation of final year exams. The decision has been receiving a lot of backlash from students, who took to social media to voice their concern.The National Students Union of India (NSUI), a studentsbody affiliated with the Congress, has said the Centre's decision to hold final semester exams to be a "narrow-minded view" and said, "it will endanger student's health". NSUI's Ruchi Gupta while responding to the government's decision to hold final semester or year exams of universities and colleges across India said, "If IIT Bombay can, why not other universities?"

Stating that further postponement of the exams will increase uncertainty, anxiety and stress among them, many students started posting tweets addressing the education minister Dr Ramesh Pokhriyal Nishank demanding cancellation of the exams. The students think that they have much more things to do in their life, they didn't came in this world just to complete their degree. For UGC it's just a revised guideline but in reality, it has wasted their one year and it has put mental stress on students. Students think that UGC delayed their placement, and this was a so called decision which took lot of time. Further making them jobless, adding fuel to economic recession and unemployment.

~Loss of Entrance Exams 2020~

Covid-19 has changed the entire education scenario of the nation. With the cancellation of CBSE Class 12th board exams, there have been demands from parents, students and academicians across the country to cancel theentrance exams such as NEET, JEE mains, JEE advance, AIIMS, JIPMER, NATA, etc. Asthe rate of spread is increasing day by day, lockdown is the only option available to slowdown the rate ofspreading the infection. The examination

were postponed due to lockdown affect and the actual date of examinationis awaited. In this context many students are undergoing mental stress and there is a strong need to consider their mental stress condition.

It is well known that students experience lot of stress specially during and before examination.The Students were preparing for examination specially for entrance examination for years together. For example,. NEET is a common entrance examination to enter into the professional medicalcollege. Students must be preparing for this exams since two years as the scores will decide the admissionscriteria. Some students might be allotting an extra year for the entrance examination. But although there is no announcement of the date of examination, there is quite uncertainty about their future. To this parents may add up extra stress on their children as they are equally undergoing stress regarding future of their kids.The entrance examination may be planned online as many universities are also ready for the same.

~Loss of Boards and Entrance 2021~

While exams are often associated with stress, pressure and sleepless nights, the addition of the word 'Board' doubles the stress levels in both students and parents alike. Board exam stress and anxiety has become a phenomenon faced by Class 10 and 12 students, and their parents alike.It required the COVID-19 pandemic to disrupt the smooth rhythm of Class 10 and 12 board examinations — an indispensable annual ritual of the Indian school system. Under the present circumstances, since the choice was between conducting them as per the schedule or risking one's life, the decision was not that difficult. However, what remains to be seen is whether the various Boards of Secondary Education (BSE) will be courageous enough to scrap these exams completely for this year or rush to "somehow" conduct the remaining ones once the lockdown is lifted.

Board exams are part of the painful collective memory of not just school-going children but their parents and teachers as well. Students has started thinking that 'It has become an endless wait and they don't feel like studying too. Right from childhood we are taught that board exams are crucial and has to be focussed in advance. But now it is different picture altogether.' Though many of the education institutes has launched online classes, adaptation of the students to the sudden transition from routine teaching method is stressful.This is more thought specially in the case of slow learners. Further,the fear of corona will add up their stress.

From schools and colleges shut, their was a mad-dash to compensate for the loss time by introducing haphazard models of online learning. In most Indian educational institutions it is actually a miracle to find a working computer and WiFi connection with proper bandwidth. In the midst of such technological deficiency, any sort of online module is bound to fail. But the online classes begin and are still continuing.While classes are about imparting knowledge, exams, specially in the context of Indian education, are about evaluation and competition. If students had not been taught properly, the question of the formal education should not even arise. Its like the very institutional framework is erected to make life as difficult as possible for students.

Conclusion

The Coronavirus led lockdown has put all of our strength and zeal to a hard test by interrupting our regular lives in recent history. It is indeed testing times for all of us. Meanwhile, there is nothing like face to face interactions, and engagement by sharing creative ideas and life's lessons, brainstorming sessions inside the classroom. The dire need of the hour is to stay safe at home. The teachers are consistently working to adapt and make learning fun, effective and imperative through virtual classes.

However learning online is different from learning face to face setting, and it is important to think about our goals. We also need to think about the time we have available,our comfort level with using technology and equipment that is at our disposal. Always remember health is the biggest gift we have, hence in this time of great stress and adversity, it's always best to keep busy, to plow our anger and our energy into something positive. Problems are not stop sign they are guidelines. To all the aspirant of Board and entrance 2021, this covid is just a obstacle and remember Obstacles don't have to stop you. If you run into a wall, don't turn around and give up. Figure out how to climb it, go through it, or work around it. Use what you have been through as fuel, believe in yourself and be unstoppable. Thought time never last,so never give in, never, never, never. We should we very thankful to God that in this tough time we are blessed with technology, Technology now allows people to connect anytime, anywhere, to anyone in the world, from almost any device. This is dramatically changing the way people work, facilitating 24/7 collaboration with colleagues who are dispersed across time zones, countries, and continents.

No matter how much falls on us, we keep plowing ahead. That's the only way to keep the roads clear. In the face of adversity, we have a choice. We can be bitter, or we can be better. Those words are my North Star. We think, mistakenly, that success is the result of the amount of time we put in at work, instead of the quality of time we put in. Be open to adjustments. There's nothing about this current moment in history that allows for stubbornness.

"Ultimately, the greatest lesson that COVID-19 can teach humanity is that we are all in this together."

References

- https://www.unicef.org/india/coronavirus/covid-19
- https://government.economictimes.indiatimes.com/amp/news/education/covid-19-pandemic-impact-and-strategies-for-education-sector-in-india/75173099
- https://www.google.com/url?q=https://m.economictimes.com/news/politics-and-nation/covid-19-lockdown-delayed-academic-plans-and-uncertainty-anxiety-grips-cbse-class-12-students/amp_articleshow/75642141.cms&usg=AFQjCNFf441agRl-sHHAnAb8T_J2TpUvEg
- https://www.thequint.com/amp/story/coronavirus%...
- https://www.news18.com/amp/news/india/next-year...
- https://theprint.in/opinion/pov/indian-educatio...
- https://www.timesnownews.com/amp/education/arti...
- Coronavirus - World Health Organization
- https://m.jagranjosh.com/general-knowledge/amp/...
- https://covid19.tabipacademy.com/2020/05/22/an-...
- https://en.m.wikipedia.org/wiki/COVID-19_pandem...
- https://www.news18.com/amp/news/india/next-year...
- https://m.hindustantimes.com/coronavirus/corona
- https://en.m.wikipedia.org/wiki/Timeline_of_the
- https://indianexpress.com/article/education/mah...
- https://www.india.com/education/maharashtra-boa...
- https://english.jagran.com/lite/education/mahar...
- https://m.timesofindia.com/home/education/news/...

- https://m.freepressjournal.in/article/mumbai/ss...
- https://m.jagranjosh.com/articles/amp/cbse-clas...
- https://m.jagranjosh.com/articles/amp/cbse-10th...
- https://indianexpress.com/article/trending/tren...
- https://m.hindustantimes.com/education/194-univ...
- https://theprint.in/india/education/how-can-uni...
- https://www.livemint.com/education/news/ugc-sha...

18. Frontline Worriers in Covid-19 Pandemic

Apurva Dileep Shelar
A/P – Kuditre, Tal – Karvir, Kolhapur, Maharashtra.

Abstract

The outbreak of COVID-19 in the different parts of the world is a major concern for all the frontline Warriors like government ASHA workers, ANM, anganwadi workers, police and doctors who are front liners of our country. India is also facing this very tough task for controlling the COVID-19 and has managed its growth rate. This study presents the role of our frontline workers which are fighting against the COVID-19. Their efforts and spirit is being widely acclaimed at all levels. The skills and spirit of service amongst them places them in unique position to save people from COVID-19 disease. Police staff, Doctors, ANM's, ASHA workers, etc. are continuing to risk their health and life too by going out each day to overcome the pandemic situation like Novel Corona to serve the people…. Serve the nation. This all people are responding extremely well to COVID-19 crisis. We have to appreciate their great efforts who actually are real hero in all countries in the world who are taking life risks to fight against COVID- 19 crisis. We have to thank front line worriers for their essential lifesaving role to control and take care of citizens in the situation like COVID-19. We have passed some challenges and more are ahead. This study will help to know the role of our frontline Warriors in COVID-19.

Introduction

According to WHO COVID-19 diseases spreads in human via exposure to respiratory secretions, the small droplets from the nose or mouth of infected person either directly or indirectly. When Corona virus was limited to Wuhan It was outbreak, it become endemic when it spreads across China, but now the situation is of Pandemic because it spreads across all over the world except some countries. Despite the hardships and health risk millions of potential frontline workers continued to do their jobs during the COVID-19 pandemic. Going door to door they reach out every citizen of the country by which they provide government guidelines about prevention and control of the community infection. This hard working heroes are keeping the people aware of the disease, providing them lifesaving information about medicine, delivering their groceries and packages, preparing their food, Cleaning the hospitals, getting for those who are most vulnerable and keeping us safe often while earning low wages and benefits. As they are

direct in a contact with the peoples they are at highest risk of being affected by COVID-19.So from this study I want to introduce the role of frontline workers how they take risks and challenge the concern they have and how they are coping infighting against this pandemic situation like COVID-19. Thus the study is for to know that police, doctors and nurses, ASHA workers, ANM's, Anganwadi workers which are frontline in COVID-19.

Objectives

Understand the role of frontline workers in COVID-19 pandemic to prevent and control.

Study the difficulties, risk and stress on frontline workers in COVID- 19 pandemic.

To know the different works and impacts of frontline workers overcome the COVID-19 situation.

To examining the barriers facilities needed to support the frontline workers to community prevention and management of COVID-19.

Methodology

Study of article in the newspapers, literature reviews, research articles, editorials, news paper editions, information on various websites, etc.

Disscussions and Findings

Who are the Frontline Worries in COVID-19

Anganwadi Workers : Anganwadi workers in India works in the remote areas are not just beating under nutrition but are battling against COVID-19 outbreak in the country as well. Today these worries joined another battle -the battle against COVID-19. While their usual duty is to improve the nutrition of woman and children across rural India. They are now going door to door, recording peoples travel history, noting flu symptoms and where needed, even helping trace contact. Their mission is vital to ensure that every last corner of the country understands and acts upon the government's guidance regarding COVID-19.As they are regularly contacting with the families in rural areas by educating them regarding the consequences of the disease, they play a lifesaving role.

ASHA and ANM Workers : During this time of World Health crisis of COVID-19allANM's and ASHA Workers are ensuring continued care to maternal and newborn babies health in the remote and rural areas. They also spreading awareness among pregnant and lactating mothers regarding use of masks, social distancing and maintaining hygiene to avoid the disease infection because children and old citizens have at high risk in the viral diseases contamination. In case of complications, they also facilitate their transportation to nearest health centers.

Doctors and Health Care Workers : The whole country is fighting against COVID-19 crisis, the ones on the frontline doctors and health care workers are working excruciatingly hard for the patience and to minimize the damage to the society due to the pandemic like COVID-19. WHO has acknowledged that the hard work end selfless service provided by India's health care workers including nurses and midwives which are no doubt contributed to the countries impressive recovery rate of COVID-19. Doctors and healthcare workers are at the high risk because they are directly treat the infected one.

Police during COVID-19 : There is another important but less noted aspect of COVID-19 lockdown is the social service functions of the police. All throughout India local police agencies are tasked enforcing social distancing. They have a major task to control the public crowd and administrate the Law and orders. The police are a primary port access to state services, and lockdown brings officers into regular contact with citizens needing urgent assistance. Police officers are also at the frontline of public health campaign providing information and essential supplies. After the lockdown police enforce the citizens for social distancing through patrolling vans, Foot patrols. At vehicular checkpoints in this Health crisis they do their job for 24 hours to control the spread of community infection.

Sanitary Workers : Sanitary workers play an important role in the situation of any disease spread, it would be at outbreak or a pandemic. They had the job of disinfecting hot spots of the corona virus. Also they has to be sanitize the houses of infected person an Also sprays the Disinfectant to the other areas where requires. They are performing their duties at the very side of infection. So they are at immense risk and challenges every time.

A Major Role of Frontline Worries in COVID-19

Frontline Warriors play a major role in preventing the spread of COVID-19 they spread key messages in the community about health and safety measures to prevent the viral infection and take action for early detection and referral off the suspected COVID-19 cases .Going to work during this COVID-19 pandemic has placed the frontline workers under immense pressure putting their physical mental and social well being at high risk. Exposure to excessive stress for prolonged periods can have many homes consequences on the emotional and mental well being of frontline workers.

Frontline workers role in early detection and referral in COVID-19

As a community worker they have to prepare a list of all people who have traveled to other countries and states inside the country in last 14 days and inform them that they should monitor themselves for symptoms of COVID-19 and maintain a distance with other family

members as much as possible for avoid the infection and transmission of virus. They have to share this information the names of people who have got the viral infection with their medical officer at PHC. They go door to door and keep citizens informed about the situation at daily or weekly basis.

The role of frontline workers in the health and safety of the people in COVID-19

The strategy for managing COVID-19 is to overcome community transmission via awareness and prevention methods. For which it is critical to strengthen frontline worker preparedness. This is particularly necessary for dealing with this health emergency, to reach out to populations in remote and rural parts of country especially like India which has a huge population. On the previous pandemic disease outbreak indicate that frontline workers take all efforts and support government to reach out in the community, so it can support the health system in generating awareness and support with contact tracing and by isolating potential cases. In our country frontline workers are currently required to undertake information, education and communication efforts at community level and identify and refer potential COVID-19 cases. Also it's necessary to include operational guidelines for use of PPE Kits, masks, sanitizer, etc. So that we can avoid the health issues Or infection of disease .We can also conduct informal discussion with doctors, social health activist like ASHA workers, nurse, ANM's, Anganwadi workers, police, and other social workers who are talking their lives at risk to prevention and control measures. Also a snapshot view on existing guidelines, protocols and their implementation to identify steps and opportunity to support the health system which responding to COVID-19.

The barriers and risks taken by frontline workers in the COVID-19 situation

There are various Hardships in front of the frontline social workers when whole world is fighting a war against this pandemic situation. So the guidelines regarding how to cope up with the situation of this health crisis can help to frontline workers at low level of risk to exposure to COVID-19. Accordingly WHO as well as our health ministry recommended the use PPE kit including a triple layered mask and a pair of gloves to avoid the contamination of the disease. However discussions with frontline workers indicated that thus far, there was limited access and availability to basic PPE, mask and hand sanitizers. This places them and community members at risk and may reduce their willingness to provide service. Many ASHA appeared to very less family support to carry out tasks like home visits documentations etc. The family members of the frontline workers also have a risk of infection, so we needed to strengthen preparedness by ensuring proper training and use of gear like PPE kit and mask to help the frontline workers so

that they can undertake their task more effectively. For that Government Of India Launch the 'Integrated Government Online Training' platform to train frontline workers in service delivery and for tracking and documenting data and identify potential COVID-19 cases which enhance capacity of frontline Warriors to fight against COVID-19 .

Conclusion

Thus, based on my findings frontline workers plays an important role in the prevention and control of pandemic like COVID-19. We have existing programs for them, however there is a need for role clarity for the training and regulation and effective policies to ensure their safety in pandemic life of COVID-19.Frontline workers provide all the information and help where it's at most need, especially in remote and rural areas. The frontline workers are the first personal which only linked to health services which is essential not only in developing but also in the developed countries. To be precise frontline workers like healthcare professionals, nurses doctors, police, ASHA, anganwadi workers work directly in the communities for the better health and wealth of our country. So with proper training and technology they can have the potential to save millions of life in any situation Like COVID-19.Let us salute our warriors standing on the front line of COVID-19 response.

References

- http://www.ifsw.org
- http://www.unicef.org
- http://www.who.int
- http://pib.gov.in
- www.icmr.gov.in
- Daily hunt news app
- ET-Healthworld.com
- Daily news papers editorial

19. COVID-19 and the Us-China Trade War

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Miss. Taskeen Azim Mahadkar
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science,
Murud Janjira, Raigad.

Abstract

The current China–US trade war that started in early 2018 has been the largest of this kind in the global market in the past half century, if not longer.Many speculations about the reasons for and progress and potential implications of the trade war emerge. This research papers tries to provide information regarding the US-China Trade War and it's present scenario after outbreak of COVID-19 pandemic.

Trade War are the tariffs and trade barriers set by one country on other country's good.The US-China Trade War began in July 2018. This war is the result of long term economic conflicts between China and US.Until the 1970s, China's economy was managed by the communist government and was kept closed from other economies. Together with political reforms, China in the early 1980s began to open its economy and signed a number of regional trade agreements.

In 2001 China Joins WTO and it was the beginning of the Trade Conflict between China and US.This was followed by a series of allegations put on China by US and other members of WTO including EU. The US-China Trade War began with the imposition of tariffs by US on China with the goal of forcing it to make changes to what the U.S. says are "unfair trade practices" and their effects, including the growing trade deficit, the theft of intellectual property, and the forced transfer of American technology to China.

This on-again off-again war has been a feature of the Donald Trump presidency, with the man at the helm since January 2017 vowing to prevent the US from being "exploited" by other countries, notably China, that had benefited from the US market by running bilateral trade surpluses.Trump adopted his current views on trade issues in the 1980s, saying Japan and other nations were taking advantage of the United States.

After the outbreak of Coronavirus Disease the equations of the US-China Trade War changes. This research papers also deals with the changes that happens to Trade War after the COVID-19. Also it will gives a little idea about how India will be benefited by this Trade War post COVID-19.

Keywords: WTO, Pandemic, Covid-19, US-China, GDP, MEN, APEC, China, Business Council, European commission, USTR, Trade war, USA, China.

"SCARCITY OF RESOURCES IS FATHER OF ECONOMICS, SCARCITY IS FATHET OF TRADE AND SO OF TRADE WAR"

Introduction

A trade war is an economic conflict resulting from extreme protectionism in which states raise or create tariffs or other trade barriers against each other in response to trade barriers created by the other party. Increased protection causes both nations' output compositions to move towards their autarky position.

China and the United States have been engaged in a trade war through increasing tariffs and other measures since 2018. Hong Kong economics professor Lawrence J. Lau argues that a major cause is the growing battle between China and the U.S. for global economic and technological dominance. He argues, "It is also a reflection of the rise of populism, isolationism, nationalism and protectionism almost everywhere in the world, including in the US."

President Donald Trump in 2018 began setting tariffs and other trade barriers on China with the goal of forcing it to make changes to what the U.S. says are "unfair trade practices" and their effects, including the growing trade deficit, the theft of intellectual property, and the forced transfer of American technology to China."

Since the 1980s, Trump has advocated tariffs to reduce the U.S. trade deficit and promote domestic manufacturing, saying the country was being "ripped off" by its trading partners; imposing tariffs became a major plank of his presidential campaign.

A backgrounder by the Council of ForeignRelations said that while many economists and trade experts did not believe that trade deficits hurt the economy, others believed that sustained trade deficits were often a problem, and there was substantial debate over how much of the trade deficit is caused by foreign governments, as well as what policies, if any, should be pursued to reduce it.Nearly all economists who responded to surveys conducted by the Associated Press and Reuters said that Trump's tariffs would do more harm than good to the economy of the United

States.[4][5] and some economists advocated for alternate means for the United States to address its trade deficit with China.

While everyone was busy looking at the Covid-19 numbers across the world, other "stuff was happening" in international trade: the US-China trade war. It just got significantly worse.

Background Areas of Disputes

"KNOWING HISTORY IS IMPORTANT TO IMPROVE FUTURE"

History of US-China Economic Relation

The United States and China are the world's two largest economies; the US has a larger nominal GDP, whereas China has a larger GDP when measured in terms of purchasing power parity. China is the world's largest exporter and the United States is the world's largest importer. They have so far been important pillars for the global economy.

By 1984, the United States had become China's third-largest trading partner, and China became America's 14th largest. However, the annual renewal of China's MFN (most favoured nation) status was constantly challenged by anti-Chinese pressure groups during US congressional hearings. For example, U.S. imports from China almost doubled within five years from $51.5 billion ($84.2 billion in 2019 dollars) in 1996 to $102 billion ($148 billion in 2019 dollars) in 2001.

The American textile industry lobbied Congress for, and received, tariffs on Chinese textiles according to the WTO Agreement on Textiles and Clothing. In reaction to the 1989 Tiananmen Square protests' suppression, the Bush I administration and Congress imposed administrative and legal constraints on investment, exports, and other trade relations with China.

In 1991, China only accounted for 1% of total US manufacturing spending. The Clinton presidency from 1992 started with an executive order (128590) that linked renewal of China's MFN status with seven human rights conditions, including "preservation of Tibetan indigenous religion and culture" and "access to prisons for international human rights organizations". Clinton reversed this position a year later.

In 2001 U.S. President George W. Bush visited in China on his first international trip since the September 11 attacks and China offered strong public support for the War on Terror in APEC China 2001.Bush advocated for China's entry into the World Trade Organization despite having to deal with the contemporaneous developments from the Hainan Island incident.According to an article in the Nikkei Asian Review, when the U.S. needed to

issue a huge volume of bonds to stabilize the financial markets in the wake of the 2007–2008 financial crisis, it relied on China.

China Joins The World Trade Organization

China became a member of the World Trade Organization (WTO) on 11 December 2001, after the agreement of the Ministerial Conference.The admission of China to the WTO was preceded by a lengthy process of negotiations and required significant changes to the Chinese economy.

President Bill Clinton in 2000 pushed Congress to approve the U.S.-China trade agreement and China's accession to the WTO, saying that more trade with China would advance America's economic interests.

However, his administration had accused the Chinese of failing to comply with global trade rules and demanded that the Chinese first resolve a list of outstanding trade grievances with Washington, including opening its markets and protecting copyrights and patents. Among the key issues were that China was a major source of pirated musical compact disks and video laser disks, along with virtually all the computer software sold in China. On intellectual property rights, there was no enforcement of China's written laws, and as a result the piracy and theft of American-produced music, videos and software was costing American companies $1 billion a year by 1994 ($1.73 billion in 2019 dollars).

By 2000, Clinton said he was optimistic on achieving a fair agreement: "Economically, this agreement is the equivalent of a one-way street. It requires China to open its marketswith a fifth of the world's population, potentially the biggest markets in the worldto both our products and services in unprecedented new ways," said Clinton.

Conflict After China Joins WTO

As a new member, China agreed to rapidly lower import tariffs and open its markets, although many trade officials doubted it would stand by those promises.China did cut tariffs after it joined the WTO, but it nonetheless continued to steal U.S. intellectual property (IP) and forced American companies to transfer technology to access the Chinese market, which were violations of WTO rules.

In 2008, the WTO issued a formal ruling against China for requiring foreign automakers operating there to buy most components from local suppliers or face higher tariffs, 25 percent, instead of the normal 10 percent. The WTO agreed that it amounted to an unfair discrimination

against foreign parts, a violation of global trade rules. The original complaint was filed in 2006 by the European Union, the United States and Canada, by which time there had already been accusations against China for using a combination of subsidies, tax incentives and an undervalued currency to gain an unfair advantage over foreign companies operating in China.

China lowered its average import tariffs to 10% by 2005 from the 40% it maintained in the 1990s. In 2005 Chinese exports to the U.S. increased 31 percent, but imports from the U.S. rose only 16 percent. And while the U.S. trade deficit with China was $90.2 billion in 2001 ($130 billion in 2019 dollars), it nearly doubled by 2005. In the four years after joining the WTO, China in general complied with many of its legal obligations, including passing laws and meeting deadlines. However, it was slow to enforce intellectual property rights and add transparency to its industrial rules and regulations, which made it difficult for U.S. businesses to access its market. By 2019 the estimated costs to the U.S. economy from Chinese IP theft was between $225 billion and $600 billion annually.

U.S.-China Business Council in 2014 said that China was restricting investment in more than 100 industrial sectors, including agriculture, petrochemicals and health services, while the U.S. was restricting investment outright in just five sectors.

A number of senators and congressmen wanted the White House to place tariffs on some of the under-priced Chinese imports, stating that if the administration wouldn't do so, they threatened to mandate some tariffs on their own. In a general poll sponsored by Allstate Insurance and the National Journal in 2010, thirty-six percent of the American population would support tariffs on imports and would penalize companies that moved jobs overseas.

By 2018, U.S. manufacturing jobs had decreased by almost 5 million since 2000, with the decline accelerating.

In a 2018 survey of members of the American Chamber of Commerce in the People's Republic of China over half its members thought that “leakage of intellectual property” was an important concern when doing business there.

Trump administration's complaints

Since the 1980s, President Trump has frequently advocated tariffs to reduce the U.S. trade deficit and promote domestic manufacturing, saying the country was being "ripped off" by its trading partners, and imposing tariffs was a major plank of his presidential campaign. In early

2011, he stated that because China has manipulated their currency, "it is almost impossible for our companies to compete with Chinese companies."

At the time, Alan Tonelson, of the U.S. Business and Industry Council, said the degree of Chinese undervaluation was at least 40%, saying that tariffs were the only way to fix this: "Nothing else has worked, nothing else will work." In 2017, the U.S. had a $336 billion trade deficit with China and a $566 billion trade deficit overall.

There are multiple areas of disagreementwhich preceded the trade war. In justifyingsome of the tariffs that the Trumpadministration would eventually imposePeter Navarro, White House Office of Tradeand Manufacturing Policy Director, provided a number of the administration's explanations among them are that they are"purely defensive measures. He claims that the cumulative trillions of dollarsAmericans transfer overseas as a result ofyearly deficits, are then used by thosecountries to buy America's assets, asopposed to investing that money in theU.S. "If we do as we're doing thosetrillions of dollars arein the hands offoreigners that they can then use toup."

After a seven-monthinvestigation, U.S. TraderepresentativeRobert Lighthizer said that thevalue of thetariffs imposed was based on U.S.estimates of the actual economic damagecaused by alleged theft of intellectualproperty and "[requiring or pressuring]foreign companies to transfer technologyas a condition for securing investment orother approvals".

Another area of disagreement concernsallegations of Chinese espionage againstthe United Statesofficials, businesspeople, academics andorganizations have accused China(through its intelligence services) of eitherstealing American intellectual propertyand military technology or adopting andenforcing policies which put U.S. patentholders at a disadvantage in Chinesemarkets by forcing foreign companies toengage in joint ventures with Chinesecompanies which in turn gives Chinesecompanies illicit access to theirtechnologies. Former director of the National Security Agency Keith B. Alexander called Chinese industrial espionage as "the greatest transfer ofwealth in history."

In August 2017, U.S. trade representativeRobert Lighthizer opened a formalinvestigation of China in regard to allegedunfair trade practices,which arethought to cost the U.S. an estimated$225–600 billion a year.In January2019, U.S. homeland security secretaryKirstjenNielsen acting attorney generalWhitaker, Commerce SecretaryWilbur Ross, and FBI director Christopher Wray announced 23 criminal chargesagainst China's Huawei and it's

CEO WanzhouMeng.In response PRC state media declared that the government's attitude towards the protection of intellectual property rights is clear and firm, and it has continuously strengthened protection at the legislative, law enforcement and judicial levels, and achieved remarkable results.

A further area of disagreement concerns foreign direct investment; under policy devised under Deng Xiaoping, foreign companies are restricted from entering some business sector (such as the automotive industry) unless they establish a joint venture majority-owned by a domestic partner.In these ventures, the Chinese company oftenreceives rights to use intellectual property from their foreign partner, so they can produce domestic product based on it.

European Commission Allegations

The European Commission filed a complaint with the World Trade Organisation overthese rules in 2018, arguing that foreign companies are forced or induced to transfer IP to their Chinese partner, and establish research and development in China, as "performance requirements" to receive government approval in sectors such as electric vehicles. The EU believes that this violate WTO rules requiring fair treatment of domestic and foreign companies.

China's response and counter-allegations

The Chinese government has denied forced transfer of IP is a mandatory practice, and acknowledged the impact of domestic R&D performed in China. Former U.S. treasury secretary Larry Summers assessed that Chinese leadership in some technological fields was the result of "huge government investment in basic science" and not "theft" of U.S. properties. In March 2019, the National People's Congress endorsed a new foreign investment bill, to take effect in 2020, which explicitly prohibits the forced transfer of IP from foreign companies, and grants stronger protection to foreign intellectual property and trade secrets. China had also planned to lift restrictions on foreign investment in the automotive industry in 2022. AmCham China policy committee chair Lester Ross criticized the bill, saying the text of the bill was "rushed" and "broad", and also criticized a portion of the bill that granted the country power to retaliate against countries that impose restrictions on Chinese companies.

The Chinese government has blamed the American government for starting the conflict and said that U.S. actions were making negotiations difficult. They say the trade war has had a negative effect on the world and that the U.S. government's real goal is to stifle China's growth.

Trump Tariffs And The Beginning Of Trade War

On June 15, 2018 Trump declared that theUnited States would impose a 25% tariff on $50 billion of Chinese exports. $34 billion would start July 6, 2018, with a further $16 billion to begin at a later date. China's Commerce Ministry accused theUnited States of launching a trade war and said China would respond in kind with similar tariffs for US imports, starting on July 6. Three days later, the White House declared that the United States would impose additional 10% tariffs on another $200 billion worth of Chinese imports if China retaliated against these U.S. tariffs. The list of products included in this round of tariffs was released on July 11, 2018, and was set to be implemented within 60 days.

On 19of June, 2018,China retaliates, threatening its own tariffs on $50 billion of U.S. goods, and stating that the United States had launched a trade war. Import and export markets in a number of nations feared the tariffs would disrupt supply chains which could "ripple around the globe."

Finally on July 6, 2018 American tariffs on $34 billion of Chinese goods came into effect. China imposed retaliatory tariffs on US goods of a similar value. The tariffs accounted for 0.1% of the global gross domestic product. On July 10, 2018, U.S. released an initial list of the additional $200 billion of Chinese goods that would be subject to a 10% tariff. Two days later, China vowed to retaliate with additional tariffs on American goods worth $60 billion annually.This is followed by a series of tariffs imposed by both the nations on the goods of one another.

COVID-19 And The Us-China Trade War

In November 2019, the Coronavirus Disease(COVID-19) outbreaks in China.It was first identified in December 2019 in Wuhan, Hubei, China, and has resulted in an ongoing pandemic. The first confirmed case has been traced back to 17 November 2019 in Hubei. As of 30 July 2020, more than 16.9 million cases have been reported across 188 countries and territories, resulting in more than 664,000 deaths. Until today US face high death toll due to Covid-19.

The COVID-19 addsnew dimensions to US-ChinaTrade War. While everyone was busy looking at the COVID-19 numbers across the World, other stuff was happening in this on going Trade War.

Trump focussed on the US aggregate surplus as well as certain bilateral surpluses, missing the basic point that aggregate trade and current account surpluses in an economy are the result of internal macroeconomic imbalances (between aggregate domestic savings and investment) that are unlikely to be affected by trade measures alone. Protectionist measures against Chinese imports only lead to imports from alternative sources being substituted. Indeed, as theChart 1 shows, the period of Trump's presidency has seen very little "improvement" in the trade balance. The very recent reductions in the US' overall trade deficit reflect changes in global trade, specifically affected by the Covid-19 outbreak.

Trade Tensions

China was identified as the biggest villain of the piece, and not just because it had the largest trade surplus with the US of all trade partners. The trade war officially started on July 6, 2018, when the US imposed a 25 per cent tariff on Chinese imports worth $34 billion. This was just the first in a series of increases in tariffs over the subsequent year, and China also retaliated with tariffs on some US goods (albeit on lower values of imports).

Over this period, the global economy was heavily preoccupied with these trade tensions, which affected investment decisions and impacted supply chains, including in countries supplying raw materials and intermediates to China for final processing and export to the US.

Eventually, an agreement in principle on a Phase-1 trade deal was reached in mid-December 2019, signed on January 15, 2020, to take effect from February 15. Under this agreement, China would buy $200 billion more of US goods and services over the following two years and remove barriers to various US exports. The US agreed to suspend an additional 15 per cent tariff to be imposed on around $162-billion worth of imports from China and reduce some newly imposed duties.

However, the Covid-19 outbreak in Wuhan from January 2020 affected some of these equations. Chinese officials have maintained that they would definitely honour the commitments for agricultural imports from the US (worth around $32 billion) but additional purchases of manufacturing and energy goods could be affected, if China had to invoke the force majeure clause because of the pandemic.

However, since then, China has continued to make positive overtures to the US on the trade front. As recently as May 12, it announced tariff exemptions on 79 American products,

including ores, chemicals and certain medical products, and allowed imports of barley and blueberries on May 14.

Present Scenario

Asthe chart2 indicates, the US bilateral deficit with China had been falling from mid-2019, well before the trade deal was signed, and by January 2020 it was one-third lower than the monthly peak achieved in September 2018. Since then, of course, the pandemic affected Chinese exports to the US, and subsequent lockdowns across the world affected trade drastically, and sothe bilateral deficit fell even further to less than $12 billion in February 2020.

Essentially, the share of China in US trade has fallen sharply from 2018. Chart 3 provides some of the most recent data, suggesting that by March 2020, only 10 per cent of US merchandise imports came from China, which accounted for less than one-fifth of the US merchandise trade deficit.

Root Cause Of Trade Tensions In Pandemic

Despite all this, Trump has only ratcheted up the rhetoric against China in recent months, accusing the country of suppressing vital information about the virus that allowed the subsequent spread, and even allowing discredited rumours about its origins in a Wuhan lab. This reveals the real purpose of the conflict: it was never really about trade per se, but about technology, and the US fears that China is emerging as a technological superpower in its own right, with the possibility of challenging US dominance in the near future.

This also explains the unfortunate bipartisan support for anti-China positions in the US government. The opening of the latest front in the "trade war" makes this very explicit. On May 15, the Trump administration announced that it would ban Chinese company Huawei from using US software and hardware in strategic semiconductor processes. This followed a one-year extension of the export ban on Huawei and ZTE. Trump has also been pressurising European governments to refrain from collaborating with Huawei in particular.

These moves are designed to prevent the Chinese chip, software and telecom companies from expanding their markets and increasing their technological capabilities, in what is increasingly seen as the most promising new frontier for a world economy in decline.

Tariffs Exclusions Due to Spread of Pandemic

US has imposed additional tariffs on Chinese imports in the course of the US-China trade war. But later the Office of the US Trade Representative (USTR) has put in place a tariff exclusion process to exempt certain Chinese imports from additional tariffs.

- List 1 – US$34 billion worth of Chinese products, effective from July 6, 2018;
- List 2 – US$16 billion worth of Chinese products, effective from August 23, 2018;
- List 3 – US$200 billion worth of Chinese products, effective from September 24, 2018; and
- List 4A – US$120 billion worth of Chinese products, effective from September 1, 2019. (List 4, including List 4A and 4B, originally covered US$300 billion worth of Chinese products, scheduled to be effective from September 1, 2019 and December 15, 2019. However, after the US and China signed their Phase One Trade Agreement on January 15, 2020, the tariffs scheduled to take effect from December 15, 2019 were cancelled.)

However, statistics show that the US government is not generous in granting tariff exclusions to avoid undermining the enforcement of Section 301. The exemption rate for Lists 1 and 2 are around 36 percent on average, while the exemption rate for List 3, which covers more consumer goods and assembled goods, was only five percent.

According to Congressional Research Services (CRS), the public policy research institute of the US Congress, until January 31, 2020 – the USTR received a total of 52,746 exclusion requests, pertinent to all four trade actions (lists). Of these, 44,252 (84 percent) requests have been denied, 6,537 (12 percent) have been granted, and 1,957(4 percent) are still under review as of July 16, 2020.

On March 20, 2020, the USTR announced it would work with the US Department of Health and Human Services to "ensure that critical medicines and other essential medical products were not subject to additional Section 301 tariffs." Consequently, the US did not impose tariffs on certain medical items, such as ventilators, oxygen masks, nebulizers, facemasks, surgical drapes, medical gowns, and gloves.

With the COVID-19 pandemic worsening in the US, the USTR recently prioritized the review of exclusion requests related to medical products, resulting in new exclusions for some personal protective equipment (PPE), as the demand for these products soar.

"EVERY COIN HAVE TWO FACES, EVERY DECISION HAVE BOTH PROS AND CONS"

Post COVID-19 Benefits To India From Trade War

With the US president talking about new tariffs on Beijing in the wake of the pandemic, another range of speculations has been ignited swirling up discussions over what could be the impact of the potential move over the various markets.

From the very beginning of the spread of the pandemic and the lockdowns across the globe, there were a lot of conspiracy theories.However, there is no supporting factual information around them.

When it comes to India, there is not direct impact of this Tarde War. On the contrary for India there is an opportunity. The China is the global manufacturing hub for the World. But after this entire COVID-19 episode, entire world at least for some time will be cautious of trading with China for all the practical reasons.

There won't be a significant shift from China as shifting manufacturing is not an overnight job. There is a speculation of shifts in a few areas in India. If India manages to take even 5 percent advantage of that shift then it will be a huge opportunity for the nation.

We as a country have been good friends with the US and with Europe so if India utilises this to its advantage and also if the government provides some boost to the manufacturing sector then there are good chances for India to become a favourable nation for exports compared to China.

Conclusions

The situation of trade war happens due to the power play of different countries. The desire to have a control on other might be a possible reason.

The major cause of US-China Trade War is US insecurity for country's domestics. Also China's bad trade practices play a big role in igniting the Trade War. This all began with the setting of tariffs on one another goods and end up in a Trade War.

This on again off again trade war have negatively impacted both the countries economy but none of the them want to step back. This leads to another conclusion that major reason behind this war might be the growing battle between US and China for global economic and technological dominance.

However, global pandemic outbreak adds a new dimension to this Trade War. I have already mentioned that scarcity is father of trade and thus the scarcity of medical equipment and other resources results in exclusion of tariffs.

"Every Coin Has Two Face", this situation is also the same. There are speculations that India might be benefited from this present scenario of trade tensions between US-China. This is like a ray of hope for the Indian Economy.

References

1. https://en.wikipedia.org/wiki/China%E2%80%93United_States_trade_war
2. https://www.thehindubusinessline.com/opinion/columns/c-p-chandrasekhar/covid-19-adds-new-dimensions-to-us-china-trade-war/article31616385.ece?utm_campaign=amp_article_share&utm_medium=referral&utm_source=whatsapp.com
3. https://www.academia.edu
4. www.china-briefing.com/news/us-tariff-exclusion-china-imports-eligibility-applicatio-process/
5. www.china-briefing.com/news/the-us-china-trade-war-a-timeline/
6. https://www.moneycontrol.com/news/business/markets/us-china-trade-war-if-it-happens-again-to-be-more-of-a-boon-than-bane-for-india-after-covid-19-5213021.html
7. https://www.bbc.com/news/business-45899310
8. https://carnegieendowment.org/2020/06/24/in-u.s.-china-trade-war-new-supply-chains-rattle-markets-pub-82145
9. https://www.google.com/amp/s/amp.ft.com/content/6124beb8-5724-11ea-abe5-8e03987b7b20
10. https://www.google.com/amp/s/www.orfonline.org/tags/us-china/
11. https://thediplomat.com/2020/07/where-the-us-china-trade-war-should-go-from-here/
12. https://www.orfonline.org/expert-speak/the-us-china-trade-war-dynamic-whats-in-it-for-india-46871/
13. https://www.orfonline.org/covid-19-and-the-us-china-trade-war-66273/
14. https://www.orfonline.org/research/us-china-trade-war-the-huawei-hatchet-51078/
15. "Economists united: Trump tariffs won't help the economy"
16. https://www.cfr.org/backgrounder/us-trade-deficit-how-much-does-it-matter

17. https://www.brookings.edu/blog/order-from-chaos/2018/06/14/trumps-focus-on-china-trade-right-target-wrong-approach/
18. https://www.aljazeera.com/blogs/asia/2019/05/china-trade-war-sino-american-ties-torn-brick-brick-190512132227395.html
19. https://www.theatlantic.com/ideas/archive/2018/06/normalizing-trade-relations-with-china-was-a-mistake/562403/
20. https://www.census.gov/foreign-trade/balance/c5700.html#2001
21. https://money.cnn.com/2011/04/17/news/economy/trump_china_trade_war/index.htm
22. https://www.washingtonpost.com/opinions/the-united-states-is-finally-confronting-chinas-economic-aggression/2018/03/25/3e0a2188-2f72-11e8-b0b0 f706877db618_story.html
23. https://www.bloomberg.com/news/articles/2018-12-05/what-s-intellectual-property-and-does-china-steal-it-quicktake
24. https://www.nytimes.com/2018/07/05/business/china-us-trade-war-trump-tariffs.html
25. https://ustr.gov/sites/default/files/Section%20301%20FINAL.PDF
26. https://www.judiciary.senate.gov/grassley-on-chinese-espionage-its-called-cheating_and-its-only-getting-worse
27. https://www.marketwatch.com/story/why-is-the-us-accusing-china-of-stealing-intellectual-property-2018-04-05
28. https://www.reuters.com/article/us-eu-china-wto-idUSKCN1OJ1AP
29. https://www.reuters.com/article/us-usa-trade-china-idUSKCN1IT11G
30. https://www.cnn.com/2018/03/22/politics/donald-trump-china-tariffs-trade-war/
31. https://markets.businessinsider.com/news/stocks/us-lifts-tariffs-on-chinese-medical-supplie amid-coronavirus-outbreak-2020-3-1028973176

20. Role of Library Services in Covid-19 Situation

Mr. Anjum Naeem Dakhwe
Librarian, Anjuman Islam Janjira, Degree College of Science, Murud-Janjira.

Abstract

In response to the COVID-19 epidemic, the scenario of library services has changed. Most of the libraries providing services through internet to satisfy their user's demand. Technologies are mutating and shaping libraries in new ways in this pandemic situation. Some libraries have initiated online webinar and sessions to keep in touch with their users via Google Classroom, Google Hangouts, Skype, or Zoom.

Many academic publishers have granted free access to their resources. In addition, the Tufts libraries are currently working remotely, which means that there have been some changes to the services we can provide. The purpose of this guide is to organize and provide convenient information to help you find these resources and other Tufts library services during this challenging time.

Keywords: What is Covid-19, purpose and objectives of library, core library services in covid-19 situation.

Introduction

COVID-19 seems to spread from person to person by the same mechanism as other common cold or influenza viruses—i.e. by face to face contact with a sneeze or cough, or from contact with secretions of people who are infected. The role of fecal–oral transmission has yet to be determined in COVID-19 but was found to occur during the earlier Severe Acute Respiratory Syndrome (SARS) outbreak (Heymann & Shindo, 2020). The COVID-19 pandemic is rapidly spreading to countries around the globe (Lipsitch, et. al, 2020).

Libraries, as a social institution, are responsible for ensuring public health awareness and the provision of up to date information to clinicians and managers. However, in the age of multiple information sources and diverse communication channels users do not always access the most valid information. It is estimated that there are 11 different types of information sources ranging from valid information to untrusted or doubtful information (Ashrafi-Rizi, H., & Kazempour, 2019). Experts in the field of infectious diseases suggest that during a pandemic

virtual communication provides a good way to inform patients who are in isolation wards (Hollander & Carr, 2020). Google Trends has become a useful tool for monitoring awareness about public health at both national and international levels. It shows a relationship between topics related to COVID-19 and search volumes.

In epidemics and during the Covid-19 pandemic situation, when information outbreak is enormous, it is the time to remind the society of the importance of libraries and the role of librarians in organizing and disseminating the information. Accurate information is the key to handle the chaotic situation. Exchange of false information seems to be on the rise. It has created a situation of 'infodemic' as stated by the Director General of WHO. This has not only affected research work severely but has also created chaos among the laypeople.

In the case of research, authentic information from multidisciplinary information sources is crucial for the development of vaccines, handling social issues, and to make rules and regulations. Researchers are highly dependent on libraries for reliable information. Latest data about the ongoing research is made available to researchers through peer-viewed academic journals, books and reports subscribed by the libraries. These resources should be shared for disseminating research results which help researchers to make more knowledgeable decisions about the outbreak. Lack of availability and non-accessibility of authentic information, the research could not progress well. Realizing the need of information, especially in pandemic value added information services are designed by librarians for researchers, especially for those working off campus.

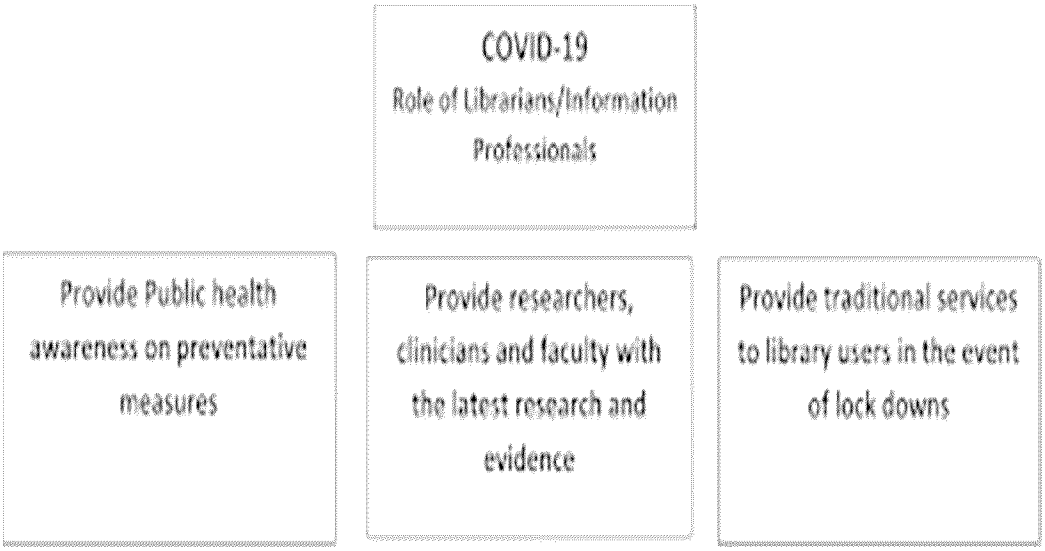
Purpose and Objectives of Library

The purpose and objective of library are very wide which provide support and contribution to education and research activities of their academic institution. These are as follows:

- To increase the image of an academy as a centre for excellence, especially in respect of information sources.
- To improve the quality of education at every level of teaching and learning.
- Increase the quantity of information available for students and others.
- Increase the value of information and help in its maximum use through support service.
- Increase the research output by faculty and research scholars through effective provision of information resources and the support services.

- Develop the role of information resources as an economic investment for obtaining funds for academy and its infrastructure.
- Increase the cooperation in the use of information resources and help in the. development of networking.
- Increase the level of cooperation with other institution, industries, etc with respect of information resources.
- Increase the effective use of expenditure throughout the university in acquiring, producing and using information resources.
- Provide personalized database system for supporting the faculty and students.
- Protect and promote academy's interest with respect of external policies by
- developing its ability to use information resources in support of its academic responsibilities.
- Develop the means to assert that faculty and students have access to the technical information support needed to use information resources effectively.
- Develop single point access to the full range of information resources in the academy and its neighborhoods.
- Establish personal policies for full range of staff concerned with information research.
- Process information directly to work station and resource utilization points and
- Project the academic's static's at a war front development in term of information resources through educational, professional, technical and technological studies.

In short, the library provides resources to encourage cultivation of curiosity, intuitive thinking, intellectual energy and live-long learning for the education community. Its main role is to provide information to teachers and learners. Academic library is a research, learning support entity in an academic environment. There are various types of information services provided by academic library which have user to identify the topic for research, and the procedure for understanding, the knowledge already known and duly documented.



Librarian aim to do three Things

1) support public health awareness; 2) support research teams, researchers and faculty; and 3) provide routine core services for regular library users. These activities will continue for as long as necessary. A need for information exists in every crisis; librarians and information professional must be ready to meet this need whether it is for COVID-19 or something else. Although social distancing is good way to prevent the spread of COVID-19 information access to users remains a social responsibility of our librarians and information personnel.

Core Library Services in Covid 19 Situation

Maintain Core Library Services for Users

During a pandemic the library must also continue support its regular users. During the recent lockdown many libraries have managed to provide virtual support to their users, such as provision of references, document delivery, literature searches, and systematic reviews.

Some libraries have initiated online webinar and sessions to keep in touch with their users via Google Classroom, Google Hangouts, Skype, or Zoom.

- Some libraries giving facility to renew book online in this situation.
- We are doing our best to get you access to what you need. With staff working remotely, getting scans from books within the library is suspended. However, you can request articles and book chapters through ILL and we will try to get chapters or possibly whole e-books, but it depends on who is able to fill the request.

Some resources are freely accessible without subscription for limited days such as-

i) Project Muse

ii) JSTOR

iii) e-Shodh Sindhu

iv) Springer publishers

Conclusion

In response to the COVID-19 epidemic, the scenario of library services has changed. Most of the libraries providing services through internet to satisfy their user's demand. Technologies are mutating and shaping libraries in new ways in this pandemic situation. Some libraries have initiated online webinar and sessions to keep in touch with their users via Google Classroom, Google Hangouts, Skype, or Zoom.

Many academic publishers have granted free access to their resources. In addition, the Tufts libraries are currently working remotely, which means that there have been some changes to the services we can provide. The purpose of this guide is to organize and provide convenient information to help you find these resources and other Tufts library services during this challenging time.

References

1. Ashrafi-Rizi, H., & Kazempour (2020). Z. Information Typology in Coronavirus (COVID-19) Crisis; a Commentary. Archives of Academic Emergency Medicine, 8(1), 19.
2. Chiara Formigoni (March, 2020) ITALIAN BIOMEDICAL RETRIEVERS, source https://gidif-rbm.org/2020/03/19/covid-19-la-ricerca-nei-database-e-le-risorse-open-degli-editori/
3. reterived date March 26, 2020
4. Heymann, D. L., & Shindo, N. (2020). COVID-19: what is next for public health? The Lancet, 395(10224), 542-545.
5. Hollander, J. E., & Carr, B. G. (2020). Virtually perfect? Telemedicine for covid-19. New England Journal of Medicine. DOI: 10.1056/NEJMp2003539
6. Hu, Dingtao, Xiaoqi Lou, Zhiwei Xu, Nana Meng, Qiaomei Xie, Man Zhang, Yanfeng Zou, Jiatao Liu, Guo-Ping Sun, and Fang Wang.(2020) "More Effective Strategies

are Required to Strengthen Public Awareness of COVID-19: Evidence from Google Trends." Available at SSRN 3550008 (2020).

7. Lipsitch, M., Swerdlow, D. L., & Finelli, L. (2020). Defining the epidemiology of Covid-19—studies needed. New England Journal of Medicine. 382:1194-1196
8. Wilder-Smith, A., & Freedman, D. O. (2020). Isolation, quarantine, social distancing and community containment: pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak. Journal of Travel Medicine, 27(2), taaa020
9. https://www.sakaltimes.com/opinion-nation/covid-19-role-library-during-pandemic-49537
10. https://www.researchgate.net/publication/340466106_The_COVID-19_Coronavirus_Pandemic_Reflections_on_the_Roles_of_Librarians_and_Information_Professionals
11. https://researchguides.library.tufts.edu/covid19

ISSN 2277 - 5730

AN INTERNATIONAL MULTIDISCIPLINARY
QUARTERLY RESEARCH JOURNAL

AJANTA

Volume - IX Issue - III OCTOBER - DECEMBER - 2020

ENGLISH PART - II

Peer Reviewed Referred and UGC Listed Journal

Journal No. 40776

ज्ञान-विज्ञान विमुक्तये

IMPACT FACTOR / INDEXING
2019 - 6.399
www.sjifactor.com

❖ EDITOR ❖
Asst. Prof. Vinay Shankarrao Hatole
M.Sc (Maths), M.B.A. (Mktg.), M.B.A. (H.R.),
M.Drama (Acting), M.Drama (Prod. & Dir.), M.Ed.

❖ PUBLISHED BY ❖

Ajanta Prakashan
Aurangabad. (M.S.)

The information and views expressed and the research content published in this journal, the sole responsibility lies entirely with the author(s) and does not reflect the official opinion of the Editorial Board, Advisory Committee and the Editor in Chief of the Journal **"AJANTA"**. Owner, printer & publisher Vinay S. Hatole has printed this journal at Ajanta Computer and Printers, Jaisingpura, University Gate, Aurangabad, also Published the same at Aurangabad.

Printed by

Ajanta Computer, Near University Gate, Jaisingpura, Aurangabad. (M.S.)

Printed by

Ajanta Computer, Near University Gate, Jaisingpura, Aurangabad. (M.S.)

Cell No. : 9579260877, 9822620877, 7030308239 Ph. No. : (0240) 2400877

E-mail : ajanta5050@gmail.com, www.ajantaprakashan.com

AJANTA - ISSN 2277 - 5730 - Impact Factor - 6.399 (www.sjifactor.com)

EDITORIAL BOARD

Professor Kaiser Haq
Dept. of English, University of Dhaka,
Dhaka 1000, Bangladesh.

Roderick McCulloch
University of the Sunshine Coast,
Locked Bag 4, Maroochydore DC,
Queensland, 4558 Australia.

Dr. Ashaf Fetoh Eata
College of Art's and Science
Salmau Bin Adbul Aziz University. KAS

Dr. Nicholas Loannides
Senior Lecturer & Cisco Networking Academy Instructor,
Faculty of Computing, North Campus,
London Metropolitan University, 166-220 Holloway Road,
London, N7 8DB, UK.

Muhammad Mezbah-ul-Islam
Ph.D. (NEHU, India) Assot. Prof. Dept. of
Information Science and Library Management
University of Dhaka, Dhaka - 1000, Bangladesh.

Dr. Meenu Maheshwari
Assit. Prof. & Former Head Dept.
of Commerce & Management
University of Kota, Kota.

Dr. S. Sampath
Prof. of Statistics University of Madras
Chennari 600005.

Dr. D. H. Malini Srinivasa Rao
M.B.A., Ph.D., FDP (IIMA)
Assit. Prof. Dept. of Management
Pondicherry University
Karaikal - 609605.

Dr. S. K. Omanwar
Professor and Head, Physics,
Sat Gadge Baba Amravati
University, Amravati.

Dr. Rana Pratap Singh
Professor & Dean, School for Environmental
Sciences, Dr. Babasaheb Bhimrao Ambedkar
University Raebareily Road, Lucknow.

Dr. Shekhar Gungurwar
Hindi Dept. Vasantrao Naik
Mahavidyalaya Vasarni, Nanded.

Memon Sohel Md Yusuf
Dept. of Commerece, Nirzwa College
of Technology, Nizwa Oman.

Dr. S. Karunanidhi
Professor & Head,
Dept. of Psychology,
University of Madras.

Prof. Joyanta Borbora
Head Dept. of Sociology,
University, Dibrugarh.

Dr. Walmik Sarwade
HOD Dept. of Commerce
Dr. Babasaheb Ambedkar Marathwada
University, Aurangabad.

Dr. Manoj Dixit
Professor and Head,
Department of Public Administration Director,
Institute of Tourism Studies,
Lucknow University, Lucknow.

Prof. P. T. Srinivasan
Professor and Head,
Dept. of Management Studies,
University of Madras, Chennai.

Dr. P. Vitthal
School of Language and Literature
Marathi Dept. Swami Ramanand
Teerth Marathwada University, Nanded.

EDITORIAL BOARD

Dr. Jagdish R. Baheti
H.O.D. S. N. J. B. College of Pharmacy,
Meminagar, A/P. Tal Chandwad, Dist. Nashik.

Dr. Sadique Razaque
Univ. Department of Psychology,
Vinoba Bhave University,
Hazaribagh, Jharkhand.

Prof. Ram Nandan Singh
Dept. of Buddhist Studies University of Jammu.

Dr. Safiqur Rahman
Assistant Professor, Dept. of Geography,
Guwahati College Bamunimaidam, Guwahati,
Assam.

PUBLISHED BY

Ajanta Prakashan
Aurangabad. (M.S.)

CONTENTS OF ENGLISH PART - II

S. No.	Title & Author	Page No.
1	Corona and Corona Warriors **Dr. Sharad Sahebrao Phulari** **Miss. Zainab Sayad Zameer Kadiri**	1-9
2	Psychosocial Issues and Interventions for Migrant Workers during Covid-19 Pandemic - Experiences of Psychiatric Social Workers **Raghu** **Harshal Haridas** **Dr. E. Aravind Raj**	10-15
3	Work from Home in Covid-19 Situation Review **Dr. Sharad Sahebrao Phulari** **Miss. Zainab Ataullah Ghaye**	16-27
4	A Study on Role of National Service Scheme (NSS) in Covid-19 Situations **Ms. Neha Sanjiv Pandhare** **Mr. Manoj Naik**	28-37
5	The Importance of Healthy Diet to Build Immunity in Order to Fight with Covid-19 **Dr. Sharad Sahebrao Phulari** **Miss. Bushra Navid Ulde**	38-52
6	Role of NSS Volunteers in the Coronavirus Disease 2019 (Covid-19) Pandemic Situation **Dibyendu Giri**	53-58
7	Myths about Covid-19 Situation **Dr. Sharad Sahebrao Phulari** **Miss. Mariyam imtiyaz Kable**	59-64
8	Role of Educational Institutes in the Changing Dynamics of Education during and Post Covid-19 **Dr. Shikha Jain**	65-71
9	World Health Organisation in COVID-19 Situation **Dr. Sharad Sahebrao Phulari** **Miss. Namra Rizwan Admane**	72-75
10	Covid-19 and its Impact on the Indian IT Industry **Asst. Prof. Bhanuprasad Vishwakarma**	76-79

CONTENTS OF ENGLISH PART - II

S. No.	Title & Author	Page No.
11	Response to Covid-19 by Jharkhand and Kerala States in India: Case Study II **Dr. Sharad Sahebrao Phulari** **Dr. Narayan Bagul**	80-88
12	Response to Covid-19 by Sikkim and Madhya Pradesh States in India: Case Study I **Dr. Sharad Sahebrao Phulari** **Dr. Narayan Bagul**	89-95
13	Role of Psychiatric Social Workers in during Covid-19 Pandemic **Thangaduraipandi R.** **Raghu** **Aravind Raj E.**	96-100
14	Role of NGO's in Corona Pandemics **Dr. Sharad Sahebrao Phulari** **Miss. Shifa Irfan dakhni**	101-112
15	Focus on Vital Role Played by National Service Scheme (NSS) during COVID-19:- Its Review **Dr. Shaikh Sajid F.** **Dr. Jadhav Bhagwan V.**	113-119
16	Discoveries of Corona Vaccine **Dr. Sharad Sahebrao Phulari** **Miss. Muskan Khalil Daroge**	120-128
17	Focused on the Role of the Police Department in COVID-19 Situation **Dr. Swati S. Kharade**	129-133
18	Decrease in Role of Pollution during Lockdown **Dr. Sharad Sahebrao Phulari** **Miss. Misbah Ishtiyaque Dhanse**	134-155
19	The Role of Young Volunteer towards COVID-19 **Dr. Kamlakar Eknath Kamble**	156-160
20	Corona Virus and Controversies and its Origin **Dr. Sharad Sahebrao Phulari** **Miss. Samiya Abrar Sonde**	161-176

1. Corona and Corona Warriors

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Miss. Zainab Sayad Zameer Kadiri
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science,
Murud Janjira, Raigad.

Abstract

"Forces have always stood as a wall against all threats to the country and every time our citizens have come out in large numbers and showered their blessings and appreciation towards us", Col Anand said. "This time, it is our turn to applaud the sacrifice of our Corona warriors."

This was also to assure the nation that inspite of the COVID-19 pandemic, the armed forces were fully prepared to address any type of threat, he stated.

Needless to say, doctors, nurses and people working in health-care sectors are particularly vulnerable to the highly infectious disease. In response to the global pandemic, the under-resourced doctors are facing unprecedented challenges. The list of the sleep-deprived heroes includes doctors, nurses, medical cleaners, pathologists, paramedics, ambulance drivers, and health-care administrators. In the fight against coronavirus, the brave medical army stands strong with thermometers, stethoscopes, and ventilators as their weapons. Not to forget, medical researchers are working day in and night out against all odds, hoping to find the antidote to the disease.

Since the coronavirus outbreak, health-care professionals have not only experienced the gratification of healing patients and saving their lives but have also lost many battles along the way. On top of that, many doctorshave even sacrificed their own lives in the line of duty.

Every day, the selfless warriors are giving it their all in health-care settings while cutting themselves off from their families and loved ones. The sacrifice that they are making for the safety and welfare of humanity is priceless and deserves lifelong gratitude on our end. Most importantly, we must reassess the value health-care workers hold in our lives and the kind of treatment they get from us. Among the several lessons this coronavirus pandemic has been teaching us, the biggest one is to find ways to sufficiently invest in the better and more efficient

medical fraternity and give medical professionals the respect, compensation and infrastructure that they truly deserve once this crisis is over. Moreover, the world needs to work towards advancement in medical research and technology. Nothing will be a greater tribute to the health-care workers than this.

That being said, we'd now like to highlight the heroic efforts of some courageous and inspiring doctors from across the globe who lost their lives while saving the lives of COVID-19 patients.

Keywords: Corona Medical Health Field, Police, Media, CDS, Sanitization, Workers, Home, Guards, Social Workers, CAPF, NSA, Hospitals, Funeral, Bureal workers.

Corona Warriors

Doctors, paramedics, policemen, sanitation workers and others engaged in different duties in the fight against the COVID-19 are called "corona warriors".

Union Home Minister Amit Shah on May 3 saluted the "corona warriors" for their unmatched contribution and sacrifice infighting the COVID-19 epidemic .

"India salutes its heroic corona warriors. I assure you that the Modi government and the entire country stands beside you. We have to free the nation from coronavirus by turning challenges into opportunities and set an example for the world by creating a healthy, prosperous and strong India. Jai Hind!," he tweeted in Hindi.

Armed Forces Express Gratitude to Corona Warriors

"Indian Air Force (IAF) will conduct flypast from Srinagar to Trivandrum and another one starting from Dibrugarh in Assam to Kutch in Gujarat".

The Corona Warriors in Khaki

During his address, PM Modi also requested each citizen of the country to extend their support and respect for the COVID-19 warriors such as health workers, sanitation workers, police forces and security personnel who areselflessly at the forefront in the fight against this outbreak.

Introduction of Corona Virus

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying

medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow). At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments. WHO will continue to provide updated information as soon as clinical findings become available. Coronaviruses are a type of virus. There are many different kinds, and some cause disease. A newly identified coronavirus, SARS-CoV-2, has caused a worldwide pandemic of respiratory illness, called COVID-19.COVID-19 is the disease caused by the new coronavirus that emerged in China in December 2019.

OVID-19 symptoms include cough, fever or chills, shortness of breath or difficulty breathing, muscle or body aches, sore throat, new loss of taste or smell, diarrhea, headache, fatigue, nausea or vomiting and congestion or runny nose. COVID-19 can be severe, and some cases have caused death.The new coronavirus can be spread from person to person. It is diagnosed with a laboratory test.

There is no coronavirus vaccine yet. Prevention involves frequent hand-washing, coughing into the bend of your elbow, staying home when you are sick and wearing a cloth face covering if you can't practice physical distancing.

How Does the New Coronavirus Spread?

As of now, researchers know that the new coronavirus is spread through droplets released into the air when an infected person coughs or sneezes. The droplets generally do not travel more than a few feet, and they fall to the ground (or onto surfaces) in a few seconds — this is why physical distancing is effective in preventing the spread.

How Did this New Coronavirus Spread to Humans?

COVID-19 appeared in Wuhan, a city in China, in December 2019. Although health officials are still tracing the exact source of this new coronavirus, early hypotheses thought it

may be linked to a seafood market in Wuhan, China. Some people who visited the market developed viral pneumonia caused by the new coronavirus. A study that came out on Jan. 25, 2020, notes that the individual with the first reported case became ill on Dec. 1, 2019, and had no link to the seafood market. Investigations are ongoing as to how this virus originated and spread.

How is COVID-19 Treated?

As now, there is not a specific treatment for the virus. People who become sick from COVID-19 should be treated with supportive measures: those that relieve symptoms. For severe cases, there may be additional options for treatment, including research drugs and therapeutics.

What are symptoms of COVID-19?

COVID-19 Symptoms Include

1. Cough
2. Fever of chills
3. Shortness of breath or difficulty breathing
4. Muscle or body aches
5. Sore throat
6. New loss of taste or smell
7. Diarrhoea
8. Headache
9. Fatigue
10. Nausea or vomiting
11. Congestion or runny nose.

In rare cases, COVID-19 can lead to severerespiratory problems, kidney failure or death.

Does COVID-19 Cause Death?

As of July 23, 2020, 623,897 deaths have been attributed to COVID-19. However, 8,665,727 people have recovered from the illness. This information comes from the Coronavirus COVID-19 Global Cases map developed by the Johns Hopkins Center for Systems Science and Engineering.

How do you protect yourself from this coronavirus?

It's crucial to practice good hygiene, respiratory etiquette and physical distancing.

Corona Warriors

Doctors, paramedics, policemen, sanitation workers and others engaged in different duties in the fight against the COVID-19 are called "corona warriors".

Union Home Minister Amit Shah on May 3 Saluted the "Corona Warriors" for their Unmatched Contribution and Sacrifice in Fighting the COVID-19 Epidemic

"India salutes its heroic corona warriors. I assure you that the Modi government and the entire country stands beside you. We have to free the nation from coronavirus by turning challenges into opportunities and set an example for the world by creating a healthy, prosperous and strong India. Jai Hind!," he tweeted in Hindi.

The armed forces conducted aerial fly-pasts and shower flower petals on several hospitals across the country on May 3 to express gratitude to lakhs of doctors, paramedics, sanitation staff and other frontline workers engaged in fighting thecoronavirus pandemic.

Praising the gesture of the armed forces, the home minister said the respect shown by the Indian armed forces towards the doctors, police, paramilitary forces and others who work day and night to liberate the country from coronavirus, is heart touching.

"The bravery shown by these warriors while fighting coronavirus is certainly venerable. The bravery with which India is fighting the coronavirus is truly admirable.

Armed Forcesexpress Gratitude to Corona Warriors

To express gratitude to all those involved in the fight against the COVID-19 pandemic across the country, the Armed Forces have planned a series of activities on May 3 from morning till evening, Chief of Defence Staff (CDS) General BipinRawat said on Friday. This was the first formal press conference of the CDS along with the three Service Chiefs since he assumed charge on January 1.

"Indian Air Force (IAF) will conduct flypast from Srinagar to Trivandrum and another one starting from Dibrugarh in Assam to Kutch in Gujarat," Gen. Rawat announced.There will also be showering of petals from helicopters on hospitals across the country which have been in involved in saving our people from COVID-19, he stated. The flypast will include both transport and fighter aircraft.

On its part, the Army will conduct mounted band displays along some of the COVID-19 hospitals in almost every district of our country and Armed Forces would also lay wreaths at the police memorial to show solidarity with the police forces, he said.

The Navy on its part will be out on the seas displaying their formations. You will witness some lighting of our ships on the seashores expressing solidarity and gratitude once again on our part, Gen. Rawat said. He said this was an effort by the Armed Forces to thank all COVID-19 warriors — doctors, nurses, sanitation workers, police, home guards, delivery boys and media — who have been been reaching out with the message of government on how to carry on with lives in difficult times.The Defence Ministry said that the plan of action and various activities of thanksgiving from the Armed Forces was finalised at the meeting earlier in the day, presided over by Defence Minister Rajnath Singh with the CDS, three Service Chiefs and the National Security Advisor (NSA).

Asked about the massive evacuation effort being planned to bring back Indians stranded in the Gulf region, Navy Chief AdmKarambir Singh said it will all depend on the plan made by the Ministry of External Affairs.

The Corona Warriors in Khaki

The COVID-19 pandemic has taken the world by a storm. In the fight against this pandemic, India had announced a 21-day lockdown on March 24, 2020. As the lockdown period drew to an end on April 14, 2020, the Prime Minister of India addressed the nation and announced a 19-day extension of that lockdown. This move was introduced in an effort to 'break the chain' of transmission of the virus and enforce social distancing amongst the citizens.

The guidelines for the nationwide lockdown rule that each citizen must remain at home except for emergencies. As the whole nation is shut down and the state borders remain sealed, only essential services are plying. While stepping out for essentials is allowed, people are advised to maintain at least one-meter distance, wear masks and use alcohol-based sanitizer. In order to ensure and enforce social distancing, the warriors at the forefront have been the local police forces and the Central Armed Police Forces (CAPFs).

During his address, PM Modi also requested each citizen of the country to extend their support and respect for the COVID-19 warriors such as health workers, sanitation workers, police forces and security personnel who are selflessly at the forefront in the fight against this outbreak.

Additionally, the central government recently announced an insurance cover package worth Rs. 50 lakhs for healthcare workers who may contract the virus while they are on duty. While some states and union territories like Uttar Pradesh and Delhi have also come out with

insurance packages for another important section of front line workers, the central government is yet to do so. In the fight against COVID-19, more than 100 policemen have been tested positive for the infection while four policemen have lost their lives and the number is expected to rise.

Across the nation, the security forces have been active round-the-clock in full capacity. They are not only deployed on the ground but also in containment zones and hotspots, bus stops and hospitals. Unfortunately, despite efforts on the part of the forces to procure enough safety equipment, there have been reported shortages. It is important to note that the risk to policemen is not just to those on-duty but also to their families, which include young children and aged parents.

While these men in uniform selflessly choose to put their lives at risk, their families remain at home living their lives in doubt and fear. Many state police departments have arranged for personnel to stay in police training institutes and stations to limit their exposure to families, but not all personnel on duty can be accommodated in these facilities. In fact, many security personnel have chosen to maintain distance from their families even while at home and confine themselves to cordoned areas.

The forces have found several entertaining ways to reach out to the public and impart them the right messages. This new avatar of the forces is far from the typical image of the high-handed enforcer of the law and order. Sub-Inspector (SI) Harjeet Singh of Punjab Police has emerged as a shining symbol of the nation's fight against the coronavirus.

The police and the tragedy of its distorted perception is one which is difficult to tackle. The police brand in India needs some calibration, some introspection, some discipline and a two-way effort. The current situation presents a chance for the police as well to re-invent itself as the people's force.

A Big Salute to All the Corona Warriors

Conclusion

"Forces have always stood as a wall against all threats to the country and every time our citizens have come out in large numbers and showered their blessings and appreciation towards us", Col Anand said. "This time, it is our turn to applaud the sacrifice of our Corona warriors."

This was also to assure the nation that inspite of the COVID-19 pandemic, the armed forces were fully prepared to address any type of threat, he stated.

Needless to say, doctors, nurses and people working in health-care sectors are particularly vulnerable to the highly infectious disease. In response to the global pandemic, the under-resourced doctors are facing unprecedented challenges. The list of the sleep-deprived heroes includes doctors, nurses, medical cleaners, pathologists, paramedics, ambulance drivers, and health-care administrators. In the fight against coronavirus, the brave medical army stands strong with thermometers, stethoscopes, and ventilators as their weapons. Not to forget, medical researchers are working day in and night out against all odds, hoping to find the antidote to the disease.

Since the coronavirus outbreak, health-care professionals have not only experienced the gratification of healing patients and saving their lives but have also lost many battles along the way. On top of that, many doctorshave even sacrificed their own lives in the line of duty.

Every day, the selfless warriors are giving it their all in health-care settings while cutting themselves off from their families and loved ones. The sacrifice that they are making for the safety and welfare of humanity is priceless and deserves lifelong gratitude on our end. Most importantly, we must reassess the value health-care workers hold in our lives and the kind of treatment they get from us. Among the several lessons this coronavirus pandemic has been teaching us, the biggest one is to find ways to sufficiently invest in the better and more efficient medical fraternity and give medical professionals the respect, compensation and infrastructure that they truly deserve once this crisis is over. Moreover, the world needs to work towards advancement in medical research and technology. Nothing will be a greater tribute to the health-care workers than this.

That being said, we'd now like to highlight the heroic efforts of some courageous and inspiring doctors from across the globe who lost their lives while saving the lives of COVID-19 patients.

References

1. https://www.investindia.gov.in/team-india-blogs/corona-warriors-khaki
2. https://www.physio-pedia.com/Coronavirus_Disease_(COVID-19)
3. https://m.timesofindia.com/india/armed-forces-make-preparations-to-say-thank-you-to-corona-warriors-on-sunday/amp_articleshow/75506097.cms
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7350477/

5. https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus?amp=true
6. https://www.google.co.in/amp/s/www.thehindu.com/opinion/open-page/the-corona-warriors/article31544102.ece/amp/?espv=1
7. https://www.google.co.in/amp/s/m.hindustantimes.com/mumbai-news/corona-warriors-in-khaki-to-be-honoured-with-medal/story-guJBizt2b5enm5fVY07o8J_amp.html?espv=1
8. https://punemirror.indiatimes.com/photos/news/pune-police-conducts-road-march-to-spread-awareness-on-coronavirus/corona-warriors-and-their-selfless-acts/punephotos/75062950.cms
9. https://www.google.co.in/amp/s/www.bbc.com/news/amp/world-asia-india-52586896?espv=1
10. https://www.google.co.in/amp/s/www.newindianexpress.com/cities/mumbai/2020/may/07/maharashtra-police-loses-five-corona-warriors-to-covid-19-2140282.amp?espv=1
11. https://www.google.co.in/amp/s/www.timesnownews.com/amp/mirror-now/in-focus/article/meet-delhi-police-covid-warriors-who-went-beyond-their-call-of-duty/608956?espv=1
12. https://www.google.co.in/amp/s/www.news18.com/amp/news/india/as-frontline-warriors-our-battle-against-covid-19-continues-mumbai-top-cop-vinoy-choubey-2648379.html?espv=1
13. https://pib.gov.in/PressReleasePage.aspx?PRID=1620434
14. https://www.google.co.in/amp/s/news.sky.com/story/amp/coronavirus-the-frontline-covid-warriors-adding-to-indias-growing-number-of-deaths-12030754?espv=1
15. https://www.google.co.in/amp/s/www.indiatoday.in/amp/india/story/corona-warriors-doctors-paramedical-staff-working-tirelessly-despite-imminent-danger-1656597-2020-03-17?espv=1
16. https://www.google.co.in/amp/s/zeenews.india.com/india/military-bands-to-perform-across-india-for-independence-day-express-gratitude-to-corona-warriors-2300804.html/amp?espv=1
17. http://www.ijo.in/article.asp?issn=0301-4738;year=2020;volume=68;issue=5;spage=939;epage=942;aulast=Pandey

2. Psychosocial Issues and Interventions for Migrant Workers during Covid-19 Pandemic - Experiences of Psychiatric Social Workers

Raghu
Research Scholar, Department of Psychiatric Social Work, NIMHANS.
Harshal Haridas
Psychiatric Social Worker, Department of Psychiatric Social Work, NIMHANS.
Dr. E. Aravind Raj
Associate Professor, Department of Psychiatric Social Work, NIMHANS.

Abstract

Covid pandemic impacted all over the world. Unexpected drastic changes happened in every one's life .This article is focusing the psycho social issues of the migrant workers and psycho social interventiondone with the migrant workers temporarily sheltered in relief camps in Bengaluru, Karnataka state, during the COVID -19 pandemic based on the psychiatric social workers experience. Article also briefly talks about role of social worker during emergency like COVID pandemic.

Introduction

We cannot prepare for what we cannot imagine. For months together COVID -19 pandemic has not only threatened life and livelihood. It has also profoundly influenced health,education and finances. This includes children,women,the elderly and the workforce. Among all the population migrant labors are heavily affected population due to COVID 19.The migrant also face disparities in the accessibility of preventive steps in the host places(Bhugra et al., 2001).

Migration is called as movement of individuals and groups or families from one place to other place. It involved a change of usual residence' and a Migrant is the labour/individual who moves to some region or country for short periods, say several months or a few years (White et al., 1980). Various phases involved in migration like pre departure, travel and transit, destination and integration and return. There are basically two types of migration are there internal migration and external migration. Internal migrationcan be understoodas people are going within the

boundary of the country. People migrating from rural areas to urban areas or vice versa are an example of internal migration (Urban-rural migration).External migration can be classified mainly into two, Immigration and Emigration. People from outside the boundary of the country coming inside can be called as immigration and people inside the boundary of the country going out can be called as emigration.

There are a lot of factors leading to this inward and outward migration. These factors can be classified as:Push factorsarereasons in the host area that force people to migrate from their place to elsewhere for better opportunity or living condition. Factors like financial crisis,reduced employment opportunities, poor development, lower economic status, less opportunities, impact of natural sources and natural weather condition, scarcity of cultivatable land are the few push factors in the Indian context.Pull factors are some reasons in the host area or country which attract migrants to migrate from one place to another. Employment, high educational opportunities, high salaries, safe working condition, living condition is few examples of pull factors in the Indian context.The pull factor and push factor are experienced differently by different classes of people in India. The marginalized groups are more affected by push factors and they face forced migration.

Trends in migration during COVID-19 Situation: Reverse migration and counter urbanization are the phenomena which are more vivid during the lockdown. Reverse migration is people leaving the host country and coming back to home country and counter urbanization is when people leaving the urban area and returning to their native places. Both the phenomena contribute to maintaining and spreading of coronavirus.

During the nationwide lockdown, which was taken as a social measure to contain the spread of coronavirus, many people who wanted to go back their native place are stranded in many urban areas. Such people are placed in camps and rehabilitation facilities (not in isolation or quarantine facilities). Many people among them lost their job due to economic crisis and governmental policy of reducing the workforce to 30 to 50 percentages. People are also stressed with fear of death and possible situation of not seeing their family members again due to corona pandemic.Most studies explained that migrant workers are high chances of getting more mental health problems such as high level of stress, fear and social with drawl(Luo et al., 2016).

Recent studies (Tao et al., 2015) also found that the high level of mental healthprobelms among migrant workers. Mental health issues are different across the age-groups, genders,

educational status, industries, working conditions, geographic areas. It shows that common mental health problems (CMHPs) prevalence varies depending on the composition of migrant worker sample (i.e. the proportion of high-risk subgroup). It suggests that migrant workers are a highly heterogeneous and that various factors contribute to the pathogenesis of CMHPs of migrant workers. Therefore research into the high-risk groups within the migrant worker population would be of greater importance, not merely the prevalence of CMHPs.

"Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing" (IFSW, 2014). In line with the above definition of Social Work, Social Workers play a vital role during emergencies situation like Covid 19 and disaster in the process of providing psychosocial interventions to bring social cohesion and promote the wellbeing among the individuals, families and communities affected by disaster.

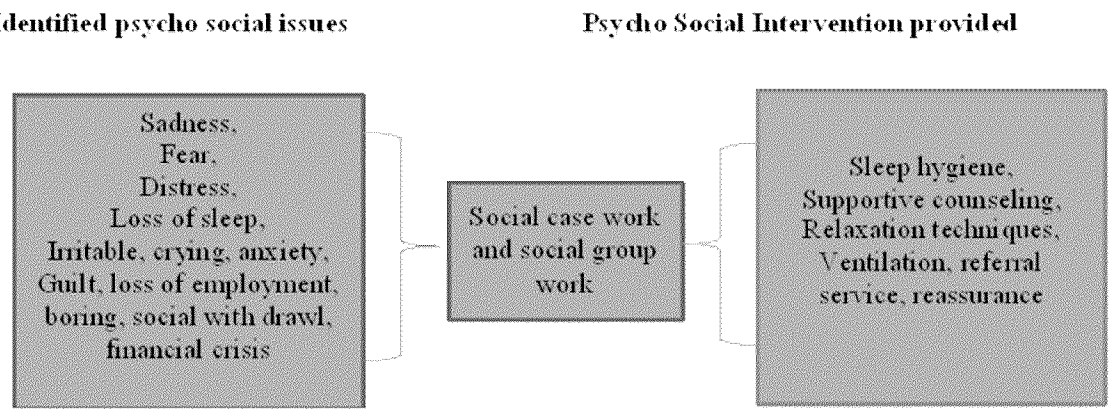
Considering this current situation, a team of Psychiatric Social Workers from Community Mental Health team of NIMHANS along with the other mental health professionals from NIMHANS as well as the Karnataka government health staffs, specifically psychiatric social work team visited had visited 15 migrant shelters in Bangalore and provided psychosocial interventions to 320 migrants in the month of April 2020 during the time where they were a lot of uncertainties regarding their future.

Details of the Intervention

Team: Multidisciplinary team has visited with available personal protective equipment (PPE) kits. The multidisciplinary team involves psychiatrists, psychiatric social workers, and clinical psychologists.

Target population: the migrant workers which includes men, women and some women with children also.

Objectives of PSW interventions: To understand the psychosocial issues and provide interventions along with the other services.



Psycho social intervention provided through group therapy and social case work based on the need of the population. We have treated every migrant worker with dignity and respect. Team was listening patiently to their concerns and understanding their issues from their point of view. We are trying to understand the needs unique for each individual/family. There is no generalization because needs and concernsof each person are different. We helpedthe migrant workers tounderstand that this pandemic unexpected and unpredictable situation then reassured them that this situation is not permanent and it's not going to continue for long time. We prepared the list of possible sources of help what they can get during pandemic.

If anyone is afraid of gettingcovid affected, we have explained that illness is curable and many are already got cured from the illness.We have informed them that if they stay away from the family members are currently safe for them also because they might be the carrier of covid .We informed them that feeling sad, frustrated, worry about life, confusion, high vigilance or excessive anger during a crisis is acceptable. Team wasencouraging them to talk to people whom they trust and keep frequent touch with their family members and friends through phone audio or video calls.

Concerning the vulnerable population, Checked for their physical safety, privacy and violence as well as the reproductive health of women of different life cycle stages and provide appropriate psychosocial interventions to address such needs. With regard to children, informed the parents that to keep the children warm and safe, keep them away from loud noises and chaos, give cuddles and hugs, keep a regular feeding and sleeping schedule.

Team also informed them about the all the required health care facilities and emotional support will be extended by the Government of India, State Governments/ Non-Government Organisations/ primary and secondary health care systems etc. Emphasized their importance of

their staying in their present location where they are sheltered. Unplanned group movement without safety measures could highly and adversely affects the large population.Finally we have reassured that even if their organisation are not getting them back for employment, Government and local organisation and private institutions would help them in possible ways.

Team established a referral liaison with other institutions that can give specialised services, like legal aid support, job assistant, vocational training, health care and psychosocial counselling. Referrals to other support services should be made only with the consent of the client.

Future Implication

In future government need to take necessary steps to bring down their psycho social issues by using local community resources. First the government needs to ensure that all the basic needs are available for migrant labours it including food, accommodation and health safety measures. If professional team unable to go to field to provide psycho social support they need to arrange online psycho social support.

Conclusion

Social workers are integral to facilitating and co-ordinating an integrated strategic and operational disaster delivery service including sharing difficult news, assessing need, co-ordinating services, enabling and supporting individuals, families and communities in coping with difficult traumatic circumstances – they can be the key workers in disaster responses. So they need to be trained and utilised in emergency situation like COVID-19 pandemic.

References

- Bhugra, D., & Jones, P. (2001). Migration and mental illness. Advances in psychiatric treatment, 7(3), 216-222.
- IFSW,(2020).http://ifsw.org/what-is-social-work/global-definition-of-social-work/. Aceesed on 18 April, 2020.
- Luo, H., Yang, H., et.al. (2016). Relationship between occupational stress and job burnout among rural-to-urban migrant workers in Dongguan, China: A cross-sectional study. BMJ Open, 6(8), e012597. https://doi.org/10.1136/bmjopen-2016-012597
- Tao, L., Hui, E. C. M., Wong, F. K. W., & Chen, T. (2015). Housing choices of migrant workers in China: Beyond the Hukou perspective. Habitat International, 49, 474–483. https://doi.org/10.1016/j.habitatint.2015.06.018

- White, P. E., & Woods, R. I. (1980). The foundations of migration study. *The geographical impact of migration. London: Longman*, 1-20.

Details of the Author

- P.Raghu, Ph.D.Scholar,Department of Psychiatric social work, National Institute of Mental Health And Neuro Sciences,Bangalore. Mail id: raghumsw1987@gmail.com
- HarshalHaridas, Psychiatric Social Worker, Department of Psychiatric social work, National Institute of Mental Health And Neuro Sciences,Bangalore.
- Dr. E. Aravind Raj(corresponding author),Associate Professor, Department of Psychiatric social work, National Institute of Mental Health And Neuro Sciences, Bangalore. Mail id :aravind.nimhans@gmail.com

3. Work from Home in Covid-19 Situation Review

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janjira Degree College of Science, Murud Janjira, Raigad.
Miss. Zainab Ataullah Ghaye
Research Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.

Abstract

Work from home. The major task for all working people's. As we see this virus co-vid 19 is so dangerous and we all are trying to protect ourselves from the Dangerous hazard. Work from home is not that easy as much we think because working from office is very different from working at home.But yess we don't have choice nor option we have to do this similarly, teaching in school is a different way than teaching from home. Specially women's are struggling the most in this going situation..because they have Do there work of home as well as office work also. As we all know this disease is not at all decreasing infact it's increasing day by day and We all are taking precautions as much as possible in this 21st century the only flexible work arrangement in organization is working from home. The outcome of this working consists both positive and negative. The working from home provides employees more opportunity to focus on their work task. This is one benefit also as when employees are not able to attend office because of some issues but now they can attend from home.

These paper investigates how working from home affects employees work effort. Employees who have the possibility to work from home, have a high autonomy in scheduling their work and therefore are assumed to have a higher instinct motivation. Thus, we expect working from home .To positively influence work effort of employees. For the empirical analysis we use the German Socio Economic Panel (GSEP) . To account the self-selections into working locations we use an Instrumental Variable (IV) estimation strategy.

Our empirical result show that working from home has a significantly positive influence on work effort. Moreover, we fine that also the frequency of working from home is crucial. The more employees work from home, the higher is the work effort they provide.

Key Words :- EFH; IT sectors; GSEP; IV-Instrumental Variable; COVID-19; Global Work Place Analytics; HWL; HHWL; RW; GSE; GHG; green house gores; Work life.

Introduction

COVID-19 pandemic has enforced the concept 'Work from Home' (WFH) into an officially mandated, strictly enforced rule.

Now, WFH concept is emerging from all sectors, from IT sectors to teaching sectors. WFH concept is new to majority of the employees, as the COVID 19 has forced almost all the employees of all the sectors to work from home for the first time.

As the employees are experiencing new environment, this paper attempts to find out the experience of the employees in working from home when compared to working in office,

The study found that willingness to work from home is entirely dependent on presence of their children at home, comfortable space at home, quiet environment at home and good internet connectivity.

Most of the respondents are also of opinion that even if they are ready to work from home they do not like to work from home.

The outbreak of covid-19 impacts on Work from Home

The outbreak of COVID-19 around the globe forced businesses to innovate and change the way they conduct their work

Offices have become less important and work from home has suddenly become mandatory.

This sudden need for work from home is driving the digital transformation of the workforce and the evolution of the work environment at an unprecedented speed.

Mass adoption of telecommuting has become a vital business change since the outbreak of the virus.

This paper looks at this unprecedented impact of coronavirus pandemic on sudden demand for work from home and the subsequent push for the digital transformation of the workforce

Positive side of work from home

10 Benefits of Working from Home

As we've long known, remote work has a host of advantages for workers. We're listing out the best of the best benefits of working from home—some you may already be

aware of, and some that may open your eyes even more to remote work's impact on employers, employees, the economy, and the planet.

1. Better Work-Life Balance

Many remote jobs alsocome with flexible schedules, which means that workers can start and end their day as they choose, as long as their work is complete and leads to strong outcome control over your work schedule can be invaluable when it comes to attending to the needs of your personal life. Whether it's balancing school schedules, medical appointments, and errands, or attending an online fitness class in the morning, or even being home for a contractor can all be done a little more easily when you work from home.

2. Less Commute Stress

The averageone-way commuting time in the U.S.is 27.1 minutes—that's nearly an hour each day spent getting to and from work, and it really adds up. According to the Auto Insurance Center, commuters spend about100 hours commutingand 41 hours stuck in traffic each year.

Some"extreme" commutersface much longer commute times of 90 minutes or more each way.

Butwasting time commutingis just one of the downsides of getting to and from work. More than 30 minutes of daily one-way commuting is associated with increased levels of stress and anxiety, and research shows that commuting 10 miles to work each day isassociated with health issueslike:

- Higher cholesterol
- Elevated blood sugar
- Increased risk of depression

Ditching the commute helps you support your mental and physical health. The time savings can allow you to focus on priorities outside of work, like getting extra sleep in the morning, spending more time with family, getting in a workout, or eating a healthy breakfast.

June 1, 2020

The Benefits of Working From Home: Why The Pandemic Isn't the Only Reason to Work Remotely By Emily Courtney

3. Location Independence

One of the considerable benefits of working from home is having access to a broader range of job opportunities that aren't limited by geographic location. This can be especially helpful forjob seekers living in rural communitiesandsmall townswhere there may not be many available local positions.

Having no set job location means that, pre-pandemic, fully remote workers could also travel and live asdigital nomadswhile still having a meaningful career. Right now, this type of working arrangement is likely to be difficult due to travel and quarantine restrictions. But it's a definite perk as things begin to open up again.

People who have to move frequently, such asmilitary spouses, can also benefit from having a remote job that can be done from anywhere, without having to start over at the bottom of a new company with each move.

In addition, remote work is a great way to avoid high-rent and high-mortgage areas, especially for positions (like tech) that used to require living in a city with a high cost of living. With remote work, youno longer have to live near a major metropolitan areato have a career you love.

4. Improved Inclusivity

Remote work enables companies toembrace diversity and inclusionby hiring people from different socioeconomic, geographic, and cultural backgrounds and with different perspectives—which can be challenging to accomplish when recruiting is restricted to a certain specific locale that not everyone wants, or can afford, to live near.

And by hiring employees who can work from home in the communities where they feel the most comfortable and supported, wherever that may be, companies choose to support diversity, community, and family.

Remote work also gives people who may have a hard time finding steady employment at an onsite job, likethose with disabilitiesorcaregivers who need a flexible schedule, the opportunity to follow their career goals without having to worry about commuting back and forth to an office, and with the flexibility to get to doctor's and other healthcare appointments when needed.

5. Money Savings

People who work from home half time cansave between $2,000 to $6,500 a year. Gas, car maintenance, transportation, parking fees, a professional wardrobe, lunches bought out, and more can all be reduced or eliminated from your spending entirely. These savings add up and put more money back into your pocket.

And the savings aren't just for employees, either. As more and more companies allow employees to continue working from home post-pandemic—likeTwitter, Square, Shopify, and Facebook, to name just a few—they'll also see significant long-term cost savings.

According toGlobal Workplace Analytics, a typical company can save around $11,000 per year for every employee who works from home at least some of the time. In fact, FlexJobs hassaved more than $5 millionfrom remote work on things like:

a) Overhead
b) Real estate costs
c) Transit subsidies
d) Continuity of operations

During the COVID-19 pandemic, U.S. employers are saving over $30 billion per day by allowing employees to work from home. This major economic benefit of remote work could continue as more companies make it a long-term solution.

6. Positive Environmental Impact

The 3.9 million employees who work from home at least half time reduce greenhouse gas emissions by the equivalent oftaking more than 600,000 carsoff the roadfor an entire year, according to the "State of Telecommuting in the U.S. Employee Workforce" report.

A whopping 7.8 billion vehicle miles aren't traveled each year for those who work at least part-time from home, 3 million tons of greenhouse gases (GHG) are avoided, and oil savings reach $980 million.

And by making environmentally sound choices—like opting to use less paper and monitoring their air conditioning, heating, and lighting—remote workers have thesame potential impact on air qualityas planting an entire forest of 91 million trees.

7. Impact on Sustainability

Remote work supports a variety ofsustainability initiatives, from economic growth and reduced inequalities, to sustainable cities, climate change, and responsible consumption.

One of the fastest, cheapest ways for employers and employees to reduce their carbon footprint and to affect climate change is by reducing commuter travel. In fact, theworld is already seeing markedly reduced pollution, congestion, and traffic during the pandemic response, and being able to experience the results first hand may be a driver of remote work for everyone involved.

8. A Customizable Office

Being able tocreate a comfortable home officeis an excellent benefit of remote work. Whether you simply want a more ergonomic chair, or you have health issues that lead to needing specialized office equipment, you canset up your home officeand make it whatever you want.

9. Increased Productivity and Performance

FlexJobs' annual surveyin 2019 found that 65% of professionals think they would be more productive working remotely than in a traditional office, with 49% saying they go to their home or home office when they really need to buckle down and get work done.

Working from home usually leads to fewer interruptions, less office politics, a quieter noise level, and less or more efficient meetings. Add in the lack of a commute, remote workers typically have more time and fewer distractions, which leads to increased productivity—a huge benefit of working from home for both employees and employers alike.

When done right, remote work allows employees and companies to focus on what really matters— performance. Unfortunately, the office environment can create "false positives" that can lead to bias and favoritism. After all, coming in early and leaving late may "look" like more work, but actual performance is a much better indicator of productivity.

Gallup reported that60% of U.S. workers who have been working from homeduring the pandemic would prefer to work remotely as much as possible in the future.

10. A Happier, Healthier Work Life

Remote, flexible workers tend to be happierand more loyal employees, in part becauseworking from home has been shown to lower stress, provide more time for hobbies and interests, andimprove personal relationships,among other things.

In addition to personal health and well-being, coworker and manager relationships can be more positive without the distractions and politics that come along with an in-office job. A

reported72% of employers say remote workhas a high impact on employee retention—plainly put, employees are sticking with their employer when they have remote work options.

Working from home can also lead to better healthin a variety of ways: more time for physical activity, the ability to eat healthier, the ability to recover from illness or surgery at home, less exposure to illnesses, ease of caring for a health issue or disability, and the option to create a comfortable and ergonomic workspace.

Working remotely can give employees the time and environment needed to make healthy choices.

Negative side of Work from home

Though working from home can make life easier at first, it can actually be detrimental to employees' mental health. Humans are social creatures, and working without seeing anyone can make employees feel cut off. Remoteworking can also cause anxiety. Though working from home can make life easier at first, it can actually be detrimental to employees' mental health. Humans are social creatures, and working without seeing anyone can make employees feel cut off. Remoteworking can also cause anxiety.

Productivity, Remote

I started my research by scouring the Internet for existing articles. There are some excellent opinions out there on the disadvantages of working from home, but most of the responses I got were from online communities.

I asked questions onr/digitalnomad(to get the remote worker perspective) andr/startups(to get the business owner perspective) on disadvantages of working from home.

I also posed the question in communities

On Quora,Inbound.org, Growth Hackers, The Workplace, and found an existing thread on Hacker News.

Here's what I discovered.

Power up your workday

Reach your goals faster with time tracking and work management.

The top 7 disadvantages of working from home

1. A lack of community and differences in culture

"When you only see teammates in chat or a weekly video call, it's hard to develop the tight-knit camaraderie that makes for truly great teams." (source)

"Face-to-face interaction is generally lost, and there's no substitute for this during some activities, especially those more collaborative in nature. Video conferencing can sometimes offset this, but it's not a perfect replacement. Feeling like a cohesive team is more difficult, and some people can never get past that. (Manifesting both with those in the office feeling like remote workers aren't being part of the team, and remote workers feeling like they aren't treated like they are real teammates.)" (source)

My biggest concern about hiring remote employees is how hard it might be to ensure that the culture of the agency remains strong and intact. There is a large part of our culture that is centered around collaboration, and my concern would be how not being face to face might impact that." (source)

"One of the issues that we have encountered working remotely is just differences that arise due to different cultural expectations and work ethics." (source)

Conclusion

In conclusion, working from homeshould be encouraged because the advantages overcome the disadvantages. Office has no longer been the only work place since many people are considering working from home. Some may argue the majority of employees should change their workplace from office to home.

Flexible work arrangements not only benefits employee but employer also. Remote work, work from home and telecommunicating can truly enhance productivity, happiness, reduce employee attrition, and decrease the businesses overall operating costs.

The family and work life are both important to employees in any sector and if these two are not maintain properly it creates stress and strain and result into various diseases. This study if found important because it tries to know how the work life and family life Interface result into stress.

Work-life balance policies are most likely to be successfully mainstreamed in organizations which have a clear understanding of their business rational and which respect the importance of work-life balance in all employees.

The home automation system has been experimentally proven satisfactory by connecting sample appliances to it and the appliances were successfully controlled from a wireless mobile device.

We learn many skills such as soldering, writing and the circuit and other tools that we use for this project and was able to work together as a team during this project.

The Bluetooth client was successfully tested on a multitude of different mobile phones from different manufactures, thus proving its portability and wide compatibly. Thus a low-cost home automation system was successfully designed, implemented and tested for the project of work from home. As in this time of COVID-19 people has to connect with phones with each other for daily work life.

Work-life has become easy due to work from home project. As no one has to go out in this difficult time for daily work.

References

- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.researchgate.net/publication/273761672_Work-Life_Balance_and_Working_from_Home&ved=2ahUKEwjUo6_kv7brAhUczzgGHTkYCq8QFjAAegQIBRAC&usg=AOvVaw3LTtYUnNA3_gwDN_wXCt1E
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.researchgate.net/publication/341459773_Work_from_home_during_COVID-19_Employees_perception_and_experiences&ved=2ahUKEwjUo6_kv7brAhUczzgGHTkYCq8QFjABegQIBRAI&usg=AOvVaw269e1NBNSt4U2nO6LOiFAM
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi%3Farticle%3D1228%26context%3Dcahrswp&ved=2ahUKEwjUo6_kv7brAhUczzgGHTkYCq8QFjACegQIARAB&usg=AOvVaw1TITQsK8Ws4hmrB2gh1EOn
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://core.ac.uk/download/pdf/154352834.pdf&ved=2ahUKEwjUo6_kv7brAhUczzgGHTkYCq8QFjADegQIAhAB&usg=AOvVaw2v2HjAqlw7HrIn4ZD9em7U
- https://www.google.com/url?sa=t&source=web&rct=j&url=http://trap.ncirl.ie/2827/1/hannahward.pdf&ved=2ahUKEwjUo6_kv7brAhUczzgGHTkYCq8QFjAEegQIAxAB&usg=AOvVaw3BJwEuXvo8R2AawEgxMa3S

- https://www.google.com/url?sa=t&source=web&rct=j&url=http://www.nber.org/papers/w18871.pdf&ved=2ahUKEwjUo6_kv7brAhUczzgGHTkYCq8QFjAFegQIBhAB&usg=AOvVaw0jn_fi7W31FNZBw62umu3e
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.indeed.com/career-advice/career-development/how-to-write-a-report-for-work&ved=2ahUKEwjUo6_kv7brAhUczzgGHTkYCq8QFjAGegQIBxAB&usg=AOvVaw1zZ7lhxeQzX_Ipy0EGihYf
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.eden.gov.uk/media/1585/home-working-policy.pdf&ved=2ahUKEwjUo6_kv7brAhUczzgGHTkYCq8QFjAHegQICBAB&usg=AOvVaw3VA49qFDaDNKZ6JD9Rbv03
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.slideshare.net/mobile/khushbumalara/project-report-on-work-life-balance-of-employees&ved=2ahUKEwjUo6_kv7brAhUczzgGHTkYCq8QFjAIegQICRAB&usg=AOvVaw0P1t20ArGk8YIV7H4_yyUj
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.monsterindia.com/amp/work-from-home-project-report-certificate-for-summer-internship-jobs.html&ved=2ahUKEwiK0ezdxbbrAhXTad4KHU3DCdkQFjABegQIARAC&usg=AOvVaw2Vm7liICcOTVZsAIhY5b41&ampcf=1
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.monsterindia.com/amp/work-from-home-project-report-jobs.html&ved=2ahUKEwiK0ezdxbbrAhXTad4KHU3DCdkQFjACegQIARAI&usg=AOvVaw0coaHG5I0mjr59zWdmjgA7&ampcf=1
- https://www.google.com/url?sa=t&source=web&rct=j&url=http://www.mbaprojectreports.net/WORK-LIFE-BALANCE-SMU-PROJECT-SAMPLE.PDF&ved=2ahUKEwiK0ezdxbbrAhXTad4KHU3DCdkQFjADegQIBBAB&usg=AOvVaw01ykKjVKnX_YwM_Gm1vbN-
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://internshala.com/internship/detail/detailed-project-report-preparation-work-from-home-internship-at-ercg1436815055&ved=2ahUKEwiK0ezdxbbrAhXTad4KHU3DCdkQFjAEegQIAxAB&usg=AOvVaw1xXY5Tfyx7sDPKjlvnRLmw

- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.slideshare.net/mobile/khushbumalara/project-report-on-work-life-balance-of-employees&ved=2ahUKEwiK0ezdxbbrAhXTad4KHU3DCdkQFjAGegQIBhAB&usg=AOvVaw0P1t20ArGk8YIV7H4_yyUj
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://analyticsindiamag.com/research-impact-of-work-from-home-on-analytics-functions/&ved=2ahUKEwiK0ezdxbbrAhXTad4KHU3DCdkQFjAHegQICBAB&usg=AOvVaw1a_cGS19ACRUScYKSdzx0X
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://analyticsindiamag.com/research-impact-of-work-from-home-on-analytics-functions/&ved=2ahUKEwiK0ezdxbbrAhXTad4KHU3DCdkQFjAHegQICBAB&usg=AOvVaw1a_cGS19ACRUScYKSdzx0X
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.freelancer.in/work/online-project-work-home-based-project/&ved=2ahUKEwiK0ezdxbbrAhXTad4KHU3DCdkQFjAIegQIBxAB&usg=AOvVaw1QyRUi-cBRkgvouduGZpSP
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://blog.vantagecircle.com/work-from-home/amp/&ved=2ahUKEwiK0ezdxbbrAhXTad4KHU3DCdkQFjAJegQICRAB&usg=AOvVaw0mZwGWM4w9OhP4Nxf2wUEY&ampcf=1
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.povertyactionlab.org/evaluation/evaluating-impact-working-home-productivity-and-work-life-balance-china&ved=2ahUKEwiK0ezdxbbrAhXTad4KHU3DCdkQFjAKegQIChAB&usg=AOvVaw2ULkpnoA3U6NiR_p2FzyZz
- https://www.googleadservices.com/pagead/aclk?sa=L&ai=DChcSEwjK3fTdxbbrAhULF2AKHfhWDaQYABAAGgJ0bQ&ae=2&ohost=www.google.com&cid=CAESQOD2h1Ulf2vaiWuGdCuGwPeAV3LZk4aE8pU_LtHtcp-x7MXFdJwXz-ZUZrGhQK-yNgvfveMCMzkfuBVT8ErgpuI&sig=AOD64_2vlK3ll4CJQtVL9usdkjnkNXAIFQ&q&adurl&ved=2ahUKEwiK0ezdxbbrAhXTad4KHU3DCdkQ0Qx6BAgOEAE

- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.researchgate.net/publication/330325371_Working_from_home_characteristics_and_outcomes_of_telework&ved=2ahUKEwjehbXSxrbrAhXzzzgGHbBWCTkQFjAAegQIBxAC&usg=AOvVaw0Y2HcKMBBvacfmVvJHlnZK
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.researchgate.net/publication/273761672_Work-Life_Balance_and_Working_from_Home&ved=2ahUKEwjehbXSxrbrAhXzzzgGHbBWCTkQFjABegQIBxAJ&usg=AOvVaw3LTtYUnNA3_gwDN_wXCt1E
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://scholarworks.waldenu.edu/cgi/viewcontent.cgi%3Farticle%3D1220%26context%3Djerap&ved=2ahUKEwjehbXSxrbrAhXzzzgGHbBWCTkQFjACegQIARAB&usg=AOvVaw2fGMd_2JXx9o9kirOFDHOG
- https://www.google.com/url?sa=t&source=web&rct=j&url=http://www.nber.org/papers/w18871.pdf&ved=2ahUKEwjehbXSxrbrAhXzzzgGHbBWCTkQFjAHegQIAhAB&usg=AOvVaw0jn_fi7W31FNZBw62umu3e
- https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.econstor.eu/bitstream/10419/162183/1/889498229.pdf&ved=2ahUKEwjehbXSxrbrAhXzzzgGHbBWCTkQFjAIegQIBBAB&usg=AOvVaw3dy-wyBGK-E2WgSC0YnInj

4. A Study on Role of National Service Scheme (NSS) in Covid-19 Situations

Ms. Neha Sanjiv Pandhare
Assistant Professor, NSS Programme Officer, KLE Society's Science and Commerce College, Kalamboli, Navi Mumbai.
Mr. Manoj Naik
Assistant Professor, NSS Programme Officer, KLE Society's Science and Commerce College, Kalamboli, Navi Mumbai.

Abstract

COVID-19 pandemic has thrown the normal life out of gear. Everything has come to a standstill. It has affected each and every unit of the economy. Shortage of resources due to economic shutdown has negatively impacted everyone in the society. During such difficult situations NSS has played a crucial and pivotal role in bridging the needs of the society.

In India the mammoth spread of pandemic is due to lack of awareness among masses and lack of proper medical infrastructure. NSS has been instrumental in combating this pandemic by raising awareness among masses through community networking and provision of various essential resources like food, medicine, groceries, finance, protective gears etc. NSS tried to restore the supply chain in the society which was broken during the pandemic situation. NSS community networking has been accomplishing a desired aim or result in controlling or containing the spread of pandemic.

The paper has taken primary data from the Maharashtra State for the purpose of analysis. The paper tries to throw light on the role played by the NSS during this pandemic and how their selfless service to the society is in tune with the vision and mission of NSS.

Keywords: Pandemic| Youth| Helping| Difficulties| Contaminate

Introduction

National Service Scheme (NSS) is an organization which runs under the Ministry of Youth and affairs of Government of India. NSS plays a vital role in all the social service activities which are organized under the guidance of the NSS Cell of Ministry of Youth and affairs. For the past six months the world is facing the COVID-19 pandemic due to the Coronavirus which has created havoc. Today the situation might seem to be improving but life is still not the same as it used to be. COVID-19 has not only affected the health of people across the

globe but has also lead to unemployment, difficulties in imparting education, economic downfall, etc. The Study done in this paper shows how the National Service Scheme (NSS) has played its pivotal role in serving the Nation during and after the Lockdown and the future plans. NSS Units of different colleges have under taken initiatives at their respective level to help people overcome and fight the crises created due to this pandemic. The NSS volunteers has extended their help in various ways such as providing Food Packets to the needy and the migrant people who were travelling back to their hometown as their job was hampered, Distribution of PPE kits to the medical officials , Preparing face masks which is the most necessary element to use to protect ourselves, Distribution of sanitizers to the frontline health workers such as Police staff, Doctors, Creating awareness through online modes like preparing Quiz, Posters, Banners, video messages, organizing blood donation camps, etc. and many more. The NSS never stepped back from its responsibilities to serve the society. NSS is and always remain in the forefront for people of the society.

National Service Scheme (NSS)

NSS (National Service Scheme) is a unit of volunteers which is responsible for social works in the society. It's a Unit intended with students of colleges and universities which selflessly and voluntary helps the people. India a country of youth has more than 52 percent of the total population which is accounted by youth have verified in different reports of the contribution. Every youngster has a feeling somewhere that he or she should do something good and productive for their country at least once in their life, the nation also expects more contribution from the youth for betterment of it. NSS provides them a platform to work socially as a volunteer and represent them at national too. It creates opportunities for them to develop their personality and their functional ability and this will make them economically strong and socially useful, The report of population census says that, ***"The future destiny of India strongly lies on the shoulders of youth and their dedication for the nation."***

Motto of NSS

"NOT ME BUT YOU"

The motto symbolizes that one should place society before self. It reflects the essence of democratic living and upholds the need for self-less service. NSS helps the student's development & appreciation to other person's point of view and also show consideration towards other living beings.

Objective of NSS

The broad objectives of NSS are to:

- Understand the community in which the volunteers work
- Understand themselves in relation to their community
- Identify the needs and problems of the community and involve them in problem solving processes
- Develop in them a sense of social and civic responsibility
- Utilize their knowledge in finding practical solution to individual and community problems
- Develop competence required for group-living and sharing of responsibilities
- Gain skills in mobilizing community participation
- Acquire leadership qualities and democratic attitude

COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes, or exhales. These droplets are too heavy to hang in the air, and quickly fall on floors or surfaces. A person can be infected by breathing in the virus if you are within close proximity of someone who has COVID-19, or by touching a contaminated surface and then your eyes, nose or mouth. This disease has created a havoc worldwide causing human deaths which are increasing day by day and yet some relief for the recovery rate in the Coronavirus patients.

Research methodology

1. Universe of study: The universe of study is Maharashtra state.
2. The sample design: The survey is focused on work completed by the colleges with and without NSS Units in Maharashtra.

The sample frame for collecting primary data shall be as follows:

S.N.	Selected category	No. of respondent
1	Individuals	550
	TOTAL	**550**

Research Design

The current is based on the primary data collected from 550 respondents from the Maharashtra State. A well-structured questionnaire was designed to collect the information from

the respondents; the questionnaire was designed to study about the role of NSS during these COVID-19 situations through the activities conducted by the colleges all over Maharashtra.

Collection of data

The collection of data is divided into two sub parts that is primary and secondary data. In this primary data consist of the data collected through questionnaires, surveys the secondary data is collected through internet, reports, books published, articles etc.

1. Primary data: A primary survey was conducted in Maharashtra. The whole survey was conducted online through Google Forms.
2. Secondary Data: Secondary data is collected through the internet, reports, books published, articles etc.

A. Demographic

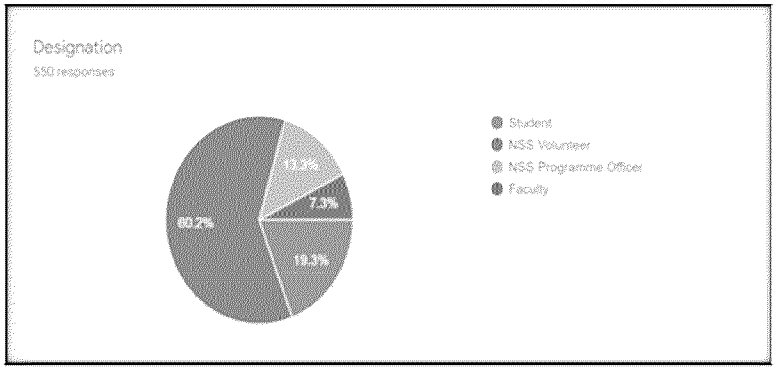


Figure number-1

According to the above figure there are 60.2% respondents who are the NSS Volunteers, 13.3% are NSS Programme Officers, 7.3% are the faculty and 19.3% are the students.

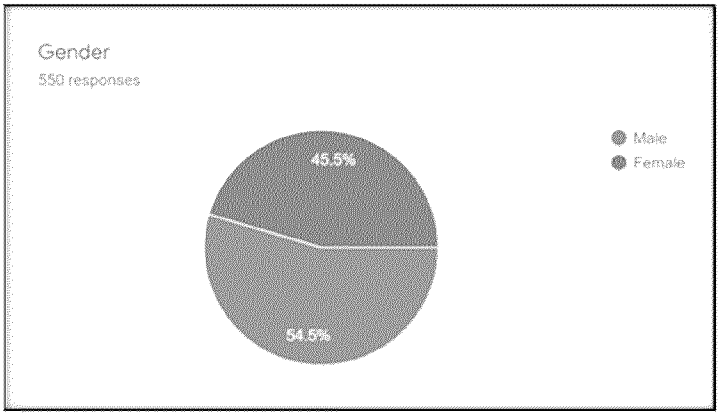


Figure number-2

According to the above figure, there are 54.5% respondents are male and 45.5% respondents are female.

B. Questionnaire

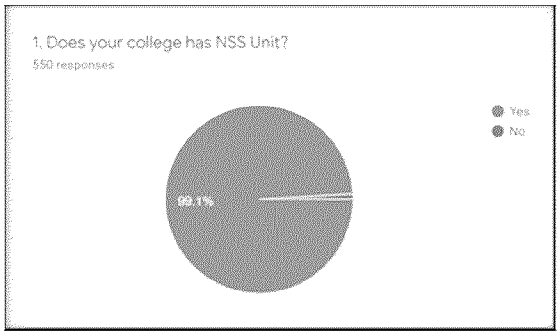


Figure number-4

From the above figure 99.1% respondents said that their college has NSS Units and 0.9% respondents said that their college do not have NSS unit.

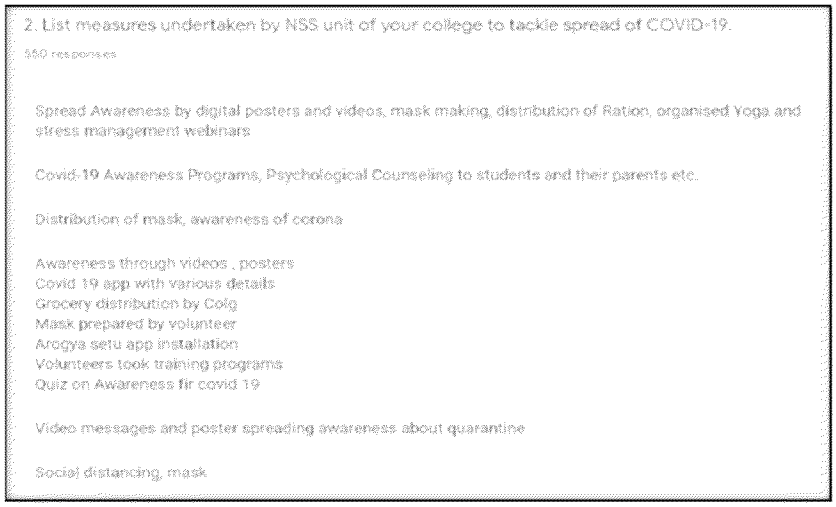


Figure number-5

In the above figure, shows the measures taken by the college NSS units through several activities.

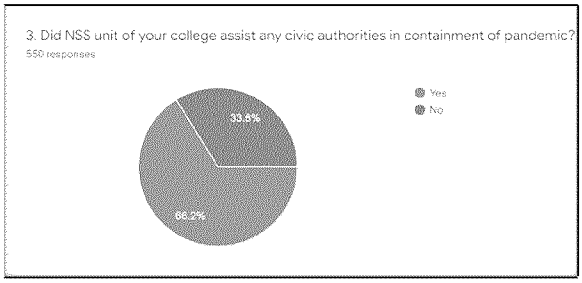


Figure number-6

From the above figure, there are 66.2% respondents has assisted the civic authorities and 33.8% has not assisted the civic authorities.

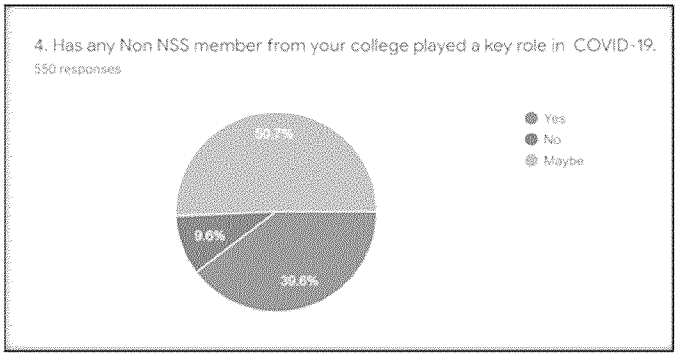


Figure number-7

In the above figure, 39.6% respondents have answered Yes for the Non-NSS member of college playing a role in COVID-19 whereas 9.6% responded No and 50.7% responded maybe as answer that they are not sure.

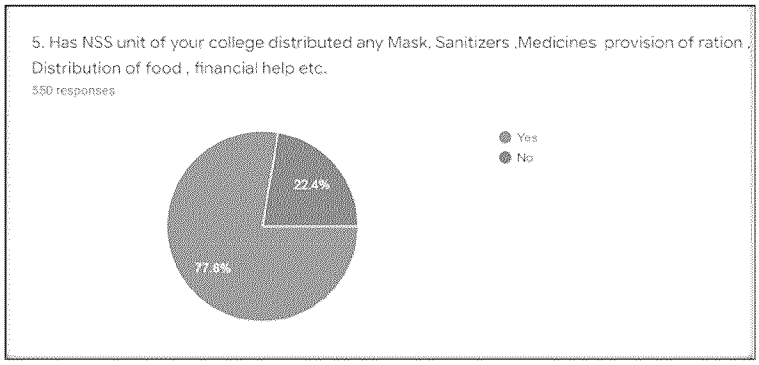


Figure number-8

According to this graph, 77.6% respondents from different colleges responded YES whereas 22.4% answered No.

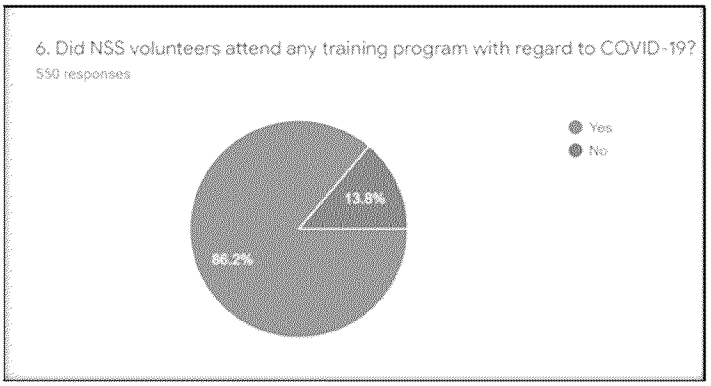


Figure number-9

According to this graph, 86.2% respondents from different colleges responded YES whereas 13.8% answered No for volunteers not attending the training programs on COVID-19.

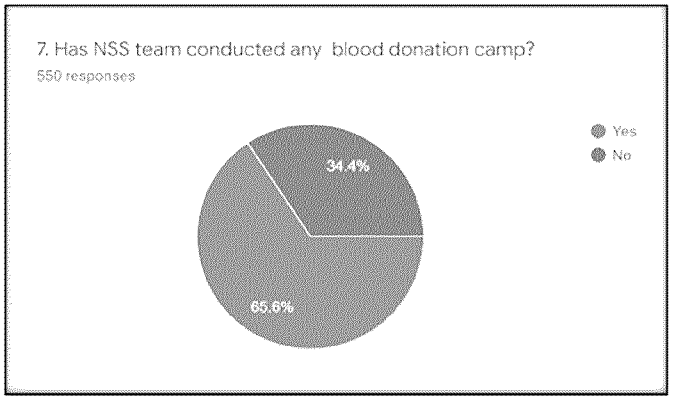


Figure number-10

According to the above figure, there are 65.6% respondents have conducted blood donation camps whereas 34.4% has not conducted.

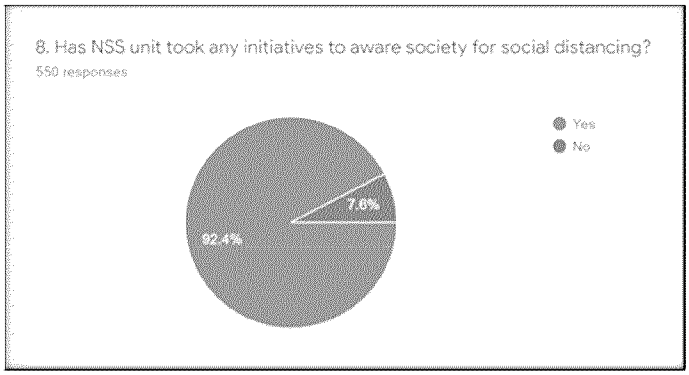


Figure number-11

From the above figure, 92.4% NSS units have taken the initiatives to create the awareness in the society for Social Distancing whereas 7.6% have not.

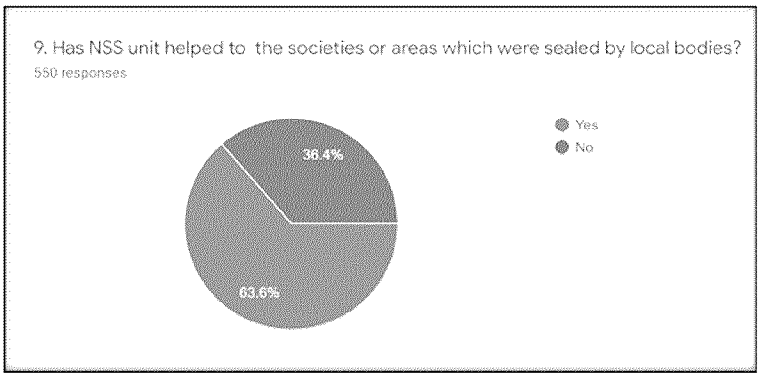


Figure number-12

According to this figure, there are 63.6% respondents has helped the people in the societies which were during the lockdown and 36.4% respondents answered No.

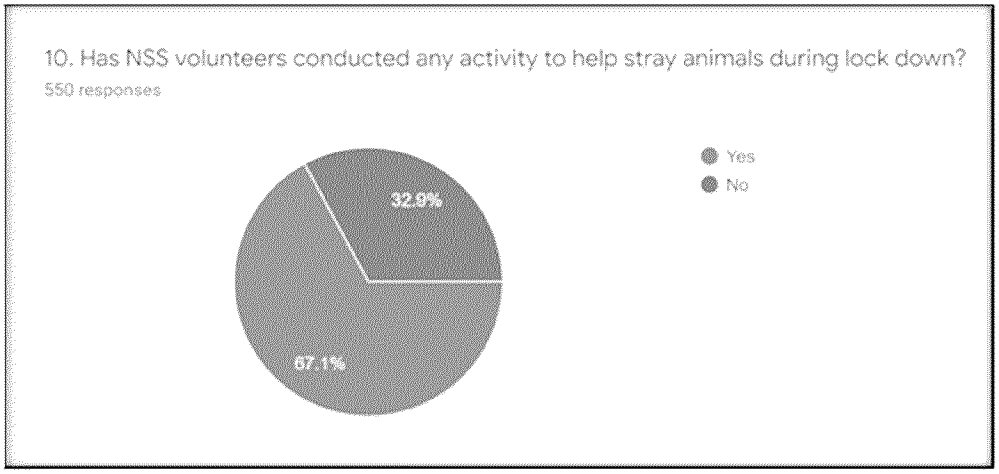


Figure number-13

From the above figure, 67.1% NSS units have taken the initiatives to feed the stray animals and 7.6% have not conducted any such activity.

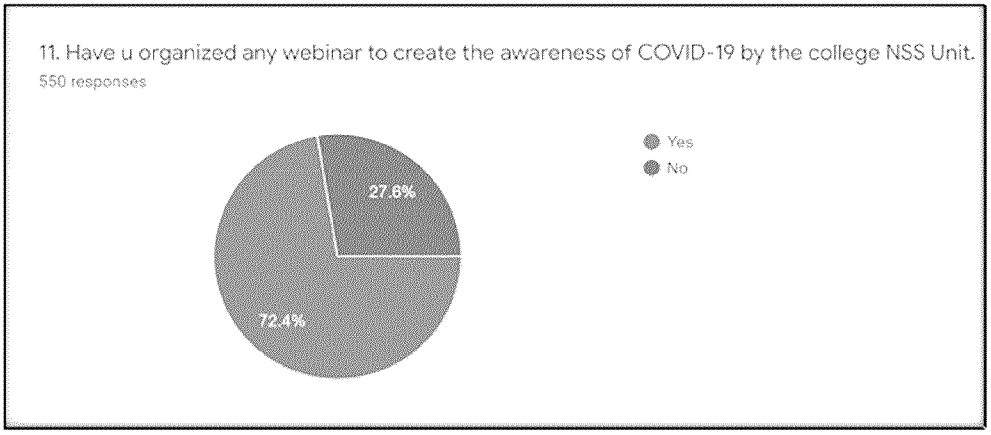


Figure number-14

According to the above figure, 72.4% NSS Unit colleges have conducted the Webinars for creating the awareness whereas 27.6% of college NSS Units has not conducted any webinar.

Findings

1. It has been found that still 0.9% colleges do not have NSS units in their college.
2. Figure 5 above clearly depicts that NSS units of colleges have taken several measures to combat pandemic in spite of challenges.
3. Only 66.2% respondents have assisted the civic authorities in tackling this pandemic. Though it's a good sign we need to create more synergy with the civic authorities.

4. We need to involve more Non- NSS member in case of emergency to make it very effective. Only 39.6% respondents have said that they have involved non NSS members in this pandemic.
5. 77.6%. of the respondents have distributed masks, sanitizers, Medicines, provision of food and Financial help.
6. 86.2% respondents have attended the training program on COVID-19. The training programme is an essential part of NSS and we should try to achieve 100% training of all volunteers.
7. Only 65.6% respondents have conducted Blood donation campaign in their areas.
8. Only 63.6% respondents have helped the society which was locked due to pandemic.
9. 92.4% of the respondents have taken measures to create awareness amongst society with respect to pandemic.
10. 67.1% of respondents have taken measures to feed the stray animal during lockdown.
11. 72.4% of the respondents have taken initiative to conduct webinar and spread messages.

Suggestions and Recommendations

1. Awareness campaigns regarding COVID-19 should be increased and done effectively so that the people will get aware and also spread the awareness amongst their social circle

   How can you spread awareness?

   a. Create Online Posters and circulate them on the social media with a message.
   b. Video creation for the safety measures to be taken during this pandemic.
   c. Use of social media platforms.
2. All the NSS volunteers should actively participate in the social activities and give their contribution to the society.
3. We need to develop more synergy with civic authorities for combating pandemic effectively.
4. During emergencies involvement of Non NSS members will definitely increase the reach and strength of NSS. Motivate and encourage the youth to step forward for community help.
5. Attending training programme is very essential for effective delivery of social service. Marking scheme might help them to persuade to attend training programme.
6. Staggered Blood donation drive should be conducted wherever possible.

Limitations

1. Sample size was limited to Maharashtra State because of the time constraint.
2. Identifying the census related to the help provided to the people.

Conclusions

The level of involvement and understanding the role of social service that can be performed through National Service Scheme (NSS) throughout the Maharashtra state was found to be excellent. Religion was not a bar for social service in this pandemic. So, the importance of being a part of social service activities through NSS should be shared to every human of our society by creating the awareness programs, seminars, street plays, Social Media, etc. So, it's our responsibility to make people aware and help them in their difficult times which the whole world is facing.

Bibliography

1. https://www.researchgate.net/publication/277715231_Personality_Development_of_the_Students_through_Service_Learning_A_Study_on_National_Service_Scheme_NSS
2. https://nss.gov.in/sites/default/files/Order%20COVID%20-19_0.pdf
3. https://www.researchgate.net/publication/341103645_Role_of_National_Service_Scheme_in_Enhancing_Rational_Values_in_Society

5. The Importance of Healthy Diet to Build Immunity in Order to Fight with Covid-19

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janjira Degree College of Science, Murud Janjira, Raigad.
Miss. Bushra Navid Ulde
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.

Abstract

The COVID-19 is causing many changes in the daily lives of people around the world, but some things can be done to maintain a healthy lifestyle in these difficult times by taking a proper diet during COVID pandemic. It is difficult to follow any of the physical activities during the lockdown period, as successfully as before. This inertia may lead to indigestion and related health issues. The proper diet planning is an utmost aspect which includes the food habits, nutrition, wholesome diet, low calorie diet healthy diet, Easily digested diet and the schedule of food. Dietary measures include various things like the type of diet, time to consume, the interval between two food, intake of food, nutrition values, proper calorie intake. Ayurveda prescribes food regime as a part of the treatment. The crucial concept of Ayurveda regarding the type of diet is in the form of sattvic, rajasic and tāmasik food that helps a person maintain the physical equilibrium to sustain and manage good health in critical conditions like COVID-19. Sleep is an essential component of healthy living. There is a strong relationship between the gut and the mind. Proper sleep is vital to digest the food and enhances immunity in the lockdown period. Scheduling of the diet and its management plays a significant role in good health. Thus, administration of diet is the leading factor during COVID-19 pandemic.

Keywords: COVID 19, Adaptive Immunity, Nutrition, Vitamins, Minerals.

Introduction

Covid-19 attacks people with low immune systems and people especially people of under and over ages. The immune system is built on beneficial live bacteria that lives in the gut which protect the human body from various diseases. When the immune system response is low, weak, or damaged, it becomes an open invitation for infections such as coronavirus or other diseases like diabetes, heart disease, or cancer. Plant-based foods increase and help the intestinal beneficial bacteria, and the overall gut microbiome health which makes up to 85% of the body's

immune system. On the other hand, excess of animal foods deplete the body from good bacteria, promote inflammation, and are the underlying cause of diabetes, chronic obstructive pulmonary disease cardiovascular diseases, hepatitis B, cancer, and chronic kidney diseases.

Patients of coronavirus must have plenty of water, as that will keep their mucous membranes moist which can further lower the chances of cold and flu. If they do not sense thirst that much, then they can prepare soup for them or have coconut water, milk, green tea, and even some homemade fruit juice will be helpful. There is currently no evidence of COVID-19 virus survival in sewage or drinking water.

The COVID-19 virus' morphological characteristics and chemical composition are similar to other human surrogate coronaviruses on which data are available to both sustainability in the environment and efficient coagulation measures (WHO, **2020**).

A myth that potable water must keep coronavirus at bay each fifteen minutes had been running in the headlines around the world a few days before. Although drinking water does not ensure that you would not contract the coronavirus, remaining hydrated can improve your health and make sure the immune system can defeat the virus if it is transferred to you. The drinking water works to help your cells to oxygenate. Cells can compete at their best if they get enough oxygen that helps them

Activationof Immune System

The foreign organisms are not recognized by the body and these are called antigens. These antigens are proteins present on the surface of Bacteria, Viruses and Fungi. When these antigens try to attach themselves to the immune cells and once they are successful then a series of reactions occur in the body. Now body starts recognizing the foreign invasion and fights back. The body stores this incident like a data regarding the attack and the procedure to fight it for future if it happens again. Sometimes though rarely human body recognizes its own antigens as foreign material and its immune system starts attacks its own cells which are harmless. This is called as an autoimmune response.

Nutritional recommendations to boost Immunity

Nutrition acts as a modifiable factor in impacting immune system function and researches in this field are called as Nutritional Immunology. Below are some of major nutrients which qualify to maintain our Adaptive immunity.

What is Corona virus

Coronaviruses are a family of viruses that cause illness such as respiratory diseases or gastrointestinal diseases. Respiratory diseases can range from the common cold to more severe diseases

- Middle East Respiratory Syndrome (MERS-COV)
- Severe Acute Respiratory Syndrome(SARS-COV)[10].

A novel coronavirus is a new strain that has not been identified in humans previously. Once scientists determine exactly what coronavirus it is, they give it a name (as in the case of COVID-19, the virus causing it is SARS-CoV-2).

Coronaviruses got their name from the way that they look under a microscope. The virus consists of a core of genetic material surrounded by an envelope with protein spikes. This gives it the appearance of a crown. The word Corona means "crown" in Latin.

Coronaviruses are zoonotic[11], meaning that the viruses are transmitted between animals and humans. It has been determined that MERS-CoV was transmitted from dromedary camels to humans and SARS-CoV from civet cats to humans[10]. The source of the SARS-CoV-2 (COVID-19) is yet to be determined, but investigations are ongoing to identify the zoonotic source to the outbreak

Clinical presentation

Typically Coronaviruses present with respiratory symptoms. Among those who will become infected, some will show no symptoms. Those who do develop symptoms may have a mild to moderate, but self-limiting disease with symptoms similar to the seasonal flu[13]. Symptoms may include:

- Respiratory symptoms
- Fever
- Cough
- Shortness of breath
- Breathing difficulties
- Fatigue
- Sore throat

A minority group of people will present with more severe symptoms and will need to be hospitalised, most often with pneumonia, and in some instances, the illness can include ARDS, sepsis and septic shock[13][14]. Emergency warning signs where immediate medical attention should be sought[15]include:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

The virus that causes COVID-19 infects people of all ages. However, evidence to date suggests that two groups of people are at a higher risk of getting severe COVID-19 disease

- Older people (people over 70 years of age)
- People with serious chronic illnesses such as:
- Diabetes
- Cardiovascular disease
- Chronic respiratory disease
- Cancer
- Hypertension
- Chronic liver diseases

Symptoms of covid-19

COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness and recover without hospitalization.

1 : Most common symptoms

- fever
- dry cough
- tiredness

2 : Less common symptoms

- aches and pains
- •sore throat
- diarrhea
- conjunctivitis
- headache
- loss of taste or smell
- a rash on skin, or discoloration of fingers or toes

3 : Serious symptoms

- difficulty breathing or shortness of breath
- chest pain or pressure
- loss of speech or movement

Seek immediate medical attention if you have serious symptoms. Always call before visiting your doctor or health facility.

People with mild symptoms who are otherwise healthy should manage their symptoms 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.

Boost your immunity against the Coronavirus - COVID-19

How to minimize the risk of infection

Covid – 19 or Coronavirus was declared as a global pandemic by the World Health Organization. And while the countries are grappling with imminent dangers that this virus poses to humanity, there are few key measures that individuals can take to fight this pandemic.

While it is crucial to mention hygiene standards like washing your hands frequently, especially if you have travelled by public transport. Using an alcohol sanitizer, in case you are travelling to disinfect your hands, wearing a mask (cover your nose and mouth) and avoiding touching your hand or mouth. There are also certain methods to improve your immunity which is paramount at this juncture.

Improve Your Diet

The food you eat plays a key aspect in determining your overall health and immunity. Eat low carb diets, as this will help control high blood sugar and pressure. A low carb diet will help slow down diabetes and focus on a protein-rich diet to keep you in good shape. And regularly consume vegetables and fruits rich in Beta carotene, Ascorbic acid & other essential vitamins. Certain foods like mushrooms, tomato, bell pepper and green vegetables like broccoli, spinach are also good options to build resilience in the body against infections.

You can also eat supplements rich in omega 3 & 6 fatty acids for your daily dose, if stepping out to buy groceries is not an option during social distancing. Some natural immunity supplements include ginger, gooseberries (amla) and turmeric. Some of these superfoods are common ingredients in Indian dishes and snacks. There are several herbs that help in boosting immunity like garlic, Basel leaves and Black cumin. Certain seeds and nuts like sunflower seeds, Flax seed, pumpkin seeds and melon seeds are excellent sources of protein and vitamin E.

Probiotics like Yoghurt, Yakult and fermented food are also excellent sources to rejuvenate the composition of gut bacteria, which is important for nutrient absorption by the body. These are good options for the older generation too.

Don't Compromise on Sleep

Good snooze time for 7-8 hours is the best way to help your body build immunity; lesser sleep will leave you tired and impair your brain activity. The lack of sleep will prevent the body

from resting and this will impair other bodily functions that will have a direct impact on your immunity. Lack of sleep adversely affects the action of the flu vaccine.

Stay Hydrated

Drink up to 8-10 glasses of water every day, to stay hydrated. Hydration will help flush out the toxins from the body and lower the chances of flu. Other alternatives include juices made of citrus fruits and coconut water, to beat the heat.

Don't Skip on Exercise

A good diet should be followed by an exercise routine. Remember to exercise regularly; even light exercise will go a long way in releasing the toxins from your body. It is recommended to exercise for 30 to 45 minutes, depending on your stamina. If you have not started exercising yet, then it is a good time to start. There are several Youtube channels and apps to help you exercise at home. Regular exercise improves metabolism, which has a direct correlation with body immunity

Destress Yourself

These are testing times, and a prolonged period of staying indoors has its implications on your mental wellbeing. The growing anxiety around the pandemic is another concern that is affecting millions across the globe. While the uncertainty might be overwhelming, there are few steps we can follow regularly to help relieve our stress, stress is known to have an adverse effect on immunity.

- **Practice meditation**
- Too much stress releases the hormone known as cortisol, which impairs your response to immediate surroundings and makes your body susceptible to infections; you are left feeling constantly anxious. The best way to relieve stress is through meditation, it is a tried and tested activity to calm the nerves. If you need help meditating, then there are several channels on youtube that have instructional resources to help you meditate.
- **Avoid Smoking, alcohol and other addictive substances**
- Certain habits like smoking, vaping, alcohol consumption and substance abuse have a direct correlation between weakened body defences and respiratory illnesses. Engaging in smoking and vaping is proven to weaken your lung capacity and destroy the cells lining your respiratory tracts, these cells are crucial to fight viruses that enter through your nasal orifices. There is new research claiming that individuals who engage in heavy alcohol consumption tend to suffer from ARDS (Acute Respiratory distress syndrome) which is one of the conditions caused by Covid 19 infection. Practice

moderation, if you are dependent on any of these, as sudden withdrawal can also prove to be risky.

- **Travelling**
- Avoid all kinds of non-essential travels. Most Covid 19 positive cases are imported cases, which later spread to the communities. Avoid being exposed to the public transport system and public places to avoid any likelihood of exposure. In case you have to travel, make sure to cover your nose and mouth with a mask and carry an alcohol-based hand sanitizer, at all times. Remember to sanitize each time you touch a surface, as Covid 19 strain can stay on surfaces for a few hours to days. Use your non-dominant hand while accessing the doorknobs and handles, as these are frequently touched by many people.

Supplements and immunity boosting foods

While all the above-mentioned tips will definitely help, the need of the hour is a quick boost to your immunity system to keep it fighting fit. If you're concerned whether you are getting the right amount of nutrients from your diet, consult with your doctor about a supplementation regimen to boost your immune system. Here are a few common supplements and superfoods that can help.

Vitamin C

This particular vitamin is a crucial participant in the army of immunity. It helps prevent the common cold. It acts as a powerful antioxidant and protects against damage induced by oxidative stress. For severe infections, including sepsis and acute respiratory distress syndrome (ARDS), high dose intravenous vitamin C treatment has been shown to significantly improve symptoms in patients.

Vitamin D

Vitamin D supplements have a mild protective effect against respiratory tract infections. Most people are deficient in Vitamin-D, so it's best to consult with a doctor about taking a Vitamin D supplement to boost immune response.

Zinc

Zinc is a vital component to WBC (white blood corpuscles) which fights infections. Zinc deficiency often makes one more susceptible to flu, cold and other viral infections. It is advisable to take a zinc supplement, especially for older people.

Potential challenges in immune system development

An effective immune system must have the ability to interpret changes in the world around it and respond properly. However, it faces some challenges to work in different environments with different pathogens Most of the time it encounters something new considers harmless, but in some cases that can be dangerous. An efficient immune system must have the ability to distinguish this. It should have the ability to adopt in strange environmental changes to fight against infections. A healthy immune system lives happily with a symbiotic microbial farms and reacts when there is a harmful infection. When pathogens enter into our body, it seeks to live inside our body and our cells, the immune system poses many threats. Different door is used for every infection into the cell and blocking off these routes of entry can stop an infection before it begins. The immune system neutralizes an infection by producing antibody. However, this carried out at the proper time. An immune system must stop an infection in its track, before it has established a foothold in the body

Food and nutrition tips during self - quarantine

WHO/Europe has published a new guide on how to eat healthily during the COVID-19 self-quarantine. It contains valuable information about nutrition to help keep the immune system strong. It also has tips for a diet that supports good health while many of us are advised to stay at home and may have less opportunities to consume fresh foods and be physically active.

Even with scarce ingredients, one can continue to eat a healthy diet. In order to support individuals and families in eating healthily during self-quarantine and isolation, the WHO European Office for Prevention and Control of Noncommunicable diseases (NCDs) has developed a set of general tips, a list of "best food buys", and a few examples of recipes for inspiration.

Today, while governments are taking stronger measures to tackle the spread of the COVID-19 pandemic, businesses are being temporarily closed, and newswires are full of information about the disease. In some countries, restaurants and take-away offers are being limited and some items in supermarkets are becoming less available.

Limited access to fresh foods may lead to an increased consumption of highly processed foods, which tend to be high in fats, sugars and salt. Such changes in eating behaviors could have a negative effect on the immune system, overall physical and mental health, and the well-being of individuals globally.

The newly published WHO/Europe nutrition guidance explains how to be strategic while buying and using ingredients, and how to follow safe food handling practices and limit salt,

sugar and fat intake. The publication also includes a list of food items, including canned products, with high nutritional value which are generally affordable, accessible and have a long shelf-life.

In addition, WHO/Europe's experts have collaborated with Portuguese chef Nuno Queiroz Ribeiro to include three recipes, with recommended ingredients, that are easy to cook at home.

Nutrition is not the only factor essential for staying healthy during self-quarantine. For optimal health, it is also important to remain physically active. To support people in staying physically active while at home, WHO/Europe has developed specific guidance for periods of quarantine, including tips and examples of home-based exercises.

Nutritionadvice for adults during the COVID-19 outbreak

Proper nutrition and hydration are vital. People who eat a well-balanced diet tend to be healthier with stronger immune systems and lower risk of chronic illnesses and infectious diseases. So you should eat a variety of fresh and unprocessed foods every day to get the vitamins, minerals, dietary fibre, protein and antioxidants your body needs. Drink enough water. Avoid sugar, fat and salt to significantly lower your risk of overweight, obesity, heart disease, stroke, diabetes and certain types of cancer.

Eat fruits, vegetables, legumes (e.g. lentils, beans), nuts and whole grains (e.g. unprocessed maize, millet, oats, wheat, brown rice or starchy tubers or roots such as potato, yam, taro or cassava), and foods from animal sources (e.g. meat, fish, eggs and milk).

Daily, eat: 2 cups of fruit (4 servings), 2.5 cups of vegetables (5 servings), 180 g of grains, and 160 g of meat and beans (red meat can be eaten 1−2 times per week, and poultry 2−3 times per week).

Drink enough water every day

Water is essential for life. It transports nutrients and compounds in blood, regulates your body temperature, gets rid of waste, and lubricates and cushions joints.

Drink 8–10 cups of water every day.

Water is the best choice, but you can also consume other drinks, fruits and vegetables that contain water, for example lemon juice (diluted in water and unsweetened), tea and coffee. But be careful not to consume too much caffeine, and avoid sweetened fruit juices, syrups, fruit juice concentrates, fizzy and still drinks as they all contain sugar.

Stayinghydrated boosts your body's firstline of defence the novel coronavirus

Staying as healthy as possible is one of the few preventive measures for COVID-19. Drinking enough water is extremely important to keep your body healthy, and reduce the risk of infections

As the novel coronavirus spreads rapidly all over the world, experts suggest that apart from practicing personal hygiene by washing hands frequently, coughing and sneezing with nose and mouth covered, etc, people should follow a healthy diet, stay hydrated, and quit smoking, drinking, to reduce their risk of the novel coronavirus infection.

Eat a healthy diet

Healthy foods give your body the strength it needs to fight off disease. Experts recommend including plenty of fruits and vegetables in your daily diet. This provides essential nutrients such as **vitamins, minerals and fiber**. For the biggest impact, try to mix it up and incorporate a wide variety of fruits and veggies such as pears, apples, berries, cabbage, broccoli and leafy greens.

Note that fruit juices aren't considered an equal substitute for whole fruits. Juices contain sugar in a pure form, while whole fruits retain fiber and other nutrients.

Drink lots of water

Your immune system relies on water to keep operating at full force. **Hydration assists with many of your body's functions**, including temperature regulation. If you're sick, your body will require more water to cope with a fever.

You can hydrate by drinking simple H2O, but if you want some variety you can also try herbal tea and fruit-infused water. Caffeinated drinks aren't optimal for boosting hydration since they have a diuretic effect.Your airways by consuming fluids. Still, drinking water is a great idea to keep your immune system in top form.

Sleep 7-9 hours per night

A poor night's sleep can make you feel groggy, and it will also do a number on your immune system. Studies have shown that getting insufficient sleep negatively affects your T cells, which are essential for fighting off illness.

Aim to get 7-9 hours of sleep per night. During this time your body repairs any stress or damage from the previous day, while bolstering your immune system.

Coronavirus Outbreak: 5 Foods Items To Boost Your Immunity And Safeguard You From Infections

A nutritious diet and an optimally functioning immune system can never go wrong. If you have a healthy immune system, your body can safeguard you from any disease, even the novel coronavirus or COVID-19. While as of now, there is neither any vaccine available nor proven home remedy to protect you from the COVID-19, there are some vitamins and foods which you can inculcate in your diet to have a strong immune system and in turn, fight the infectious disease.

Clinicial Nutritionist Lovneet Batra shares a list of immunity-boosting foods.

Yogurt

To ensure hand hygiene, experts and doctors recommend washing hands with soap or using an alcohol-based rub, regularly. While hand sanitisers do kick away germs, they take good bacteria essential in building immunity, as well.

"Yogurt is a natural probiotic and aids in the formation of good bacteria in our body. Remember, it has to be freshly made. If you have sore throat regardless of the cause, yogurt might worsen it but for better immunity, you need probiotics so you can resort to supplements", says Clinical Nutritionist Lovneet Batra.

Turmeric

The golden spice turmeric is known for its anti-oxidant and anti-inflammatory properties. Curcumin, the compound present in turmeric is a very potent agent and aids in healing of wounds and infections. This is the reason, it is often suggested to have turmeric milk.

'Most people have it (turmeric) in the rwrong way.

Natural Anti-virus Food

Tulsi leaves, star anise (a spice), garlic, and ginger are some of the natural anti-virus food items which gives protection from seasonal flu as well. For boosting immunity and flushing out toxins, Ms Batra suggests a Tulsi drink which can simply be made by boiling three to four leaves in water.

'You can also take three to four pieces of star anise, give it two to three boils and have it warm. You can have ginger and amla juice. You can also have garlic; take one garlic clove, mash it, and expose it to air for five minutes so that its compound called allicin which has potent medicinal properties gets activated and then have it', says Ms Batra.

Vitamins

Among all kinds of Vitamins, Vitamin C and Vitamin D play a major role in strengthening one's immunity. For the same, one should have more citrus fruits and vegetables like Amla, Lemon, Orange and others. Also, egg yolks and mushrooms are a good source of Vitamin D.

'People who have been infected with the COVID-19 are being given Vitamin C through IV (Intravenous therapy) - that delivers fluids directly into a vein', says Ms Batra .

Zinc

It is another nutrient that helps your immune system and metabolism function. An individual can either take Zinc supplements or inculcate in their diet through cashews, pumpkin seeds, chickpeas, among others.

Potential repurposed treatments

The similarities found between SARS-CoV-2 and SARS-CoV, MERS-CoV, or human immunodeficiency viruses (HIV) can enhance the development of potential therapeutic approaches and advance the understanding of the virus mechanism of action[25,26,27,28]. Currently, major efforts are being invested around the world by commercial vaccine manufacturers, pharmaceutical companies, biotech entities and laboratories at academic institutions to accelerate the discovery and development of prophylactic and therapeutic solutions against SARS-CoV-2 infection using technologies and platforms mostly based on therapeutic modalities developed against these previous infectious diseases. These include repurposing of antivirals (for example, viral polymerase and protease

Boost your immune system through exercise and physical activity

"Moderate intensity physical activity is associated with better immune function, lower levels of anxiety, and perceived stress," says Liz Joy, MD, senior medical director of Wellness and Nutrition at Intermountain Healthcare. Here are five ways to get more physical activity in your day.

- **Keep moving:** The Physical Activity Guidelines for Americans recommend 150-300 minutes per week of moderate intensity aerobic physical activity, and 2 sessions per week of muscle strength training. Fit in 2, 5, 10 or 20 minutes, however and wherever you can. Every active minute counts!
- **Try indoor activities:** Put some music on and walk briskly around the house or up and down the stairs for 10-15 minutes 2 or 3 times per day. Dance to your favorite music,

jump rope, do an exercise video or a live or recorded exercise class, or use home cardio machines.

- **Try outdoor activities:** Walk or jog around your neighborhood, spend time in nature, go for a bike ride, garden or do yard work, or play active games with your family. Staying physically active outdoors is one of the best ways to keep your mindand body healthy. In many areas people can visit parks, trails, and open spaces to relieve stress, get some fresh air and vitamin D, stay active, and safely connect with others. Visit parks that are close to your home, prepare before you visit, stay at least 6 feet away from others don't use playgrounds, and wash your hands when you get home.
- **Try muscle strength training:** Download a strength workout app to your smart phone, such as the 7-Minute Workout (no equipment necessary, Android, iOS). Do a strength training video or online/recorded exercise class. Find ways to do simple muscle strengthening exercises around your house such as: Squats or sit-to-stands from a sturdy chair, Push-ups against a wall, the kitchen counter, or the floor. Try lunges or single leg step-ups on stairs. If watching TV, get up periodically and do a lap around your place or complete an active chore such as throwing clothes in the laundry, doing the dishes or taking out the garbage. Feel productive after just one show!
- **Try Yoga:** Deep breathing and mindfulness can also reduce anxiety. Avoid crowded spaces and maintain physical distancing of at least 6 feet and be sure to wash your hands when you get home.

Discussion

As we have discussed the importance of food items which should be consumed at the time of COVID pandemic, there is the immense importance of diet as it will make our body healthy. Intake of nutritious and low-calorie diet will help us maintain our balanced diet .As sleep is also an essential factor if get disturbed one can feel low, and thus the Tamaguna get increased. Everyone should eat food which will improve and enhance our immunity to fight against the COVID. As its a proper summertime intake of water should be done, we should eat more and more water .

Everyone should stop eating late at night as precautions. When we bring any vegetables or food items at this COVID pandemic time, proper hygiene should be maintained for cooking of the food items if are purchasing anything packed or unpacked its specific duty to clean it .

Thus, according to Ayurveda, the intake of Ahar should be proper SatvikAhara should be preferred by us . The various food ingredients which should be taken to maintain our health.

Some of these are like broccoli, cabbage, carrot, cauliflower, herb fennel, garlic, lemon, radish, turnip, and tomatoes. All these food ingredients are easy to digest; they are nutritious as well as a low-calorie diet which should be followed in our day to day life at this period of coronavirus. Everyone should choose a schedule of mealtime, what, when and how to have, the food

Conclusions

In COVID-19 pandemic, the people should focus on food habits and take healthy nutritive low calorie food which can be easily digested in minimum efforts. Diet and sleep management is essential in the lockdown period as physical exertion is very less. Proper diet care helps to improve immunity, due to which everyone will be able to fight against virus and enhance the quality of life. So, one should be safe and eat safe.

References

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306972/
2. https://doi.org/10.1002/fsn3.1719
3. https://www.mayoclinic.org/diseases-#:~:text=symptoms
4. https://www.narayanahealth.org/blog/boost-immune-system-against-coronavirus-covid-19-infection/amp/
5. https://www.euro.who.int/en/health-topics/disease-prevention/nutrition/news/news/2020/3/food-and-nutrition-during-self-quarantine-what-to-choose-and-how-to-eat-healthily
6. http://www.emro.who.int/nutrition/nutrition-infocus/nutrition-advice-for-adults-during-the-covid-19-outbreak.html
7. https://www.nuffoodsspectrum.in/news/25/6528/who-provides-nutrition-advice-during-covid-19-outbreak.html
8. https://ojusatm.com/2020/06/18/how-staying-hydrated-boosts-your-bodys-first-line-of-defense-against-the-novel-coronavirus/
9. https://medium.com/drink-prime-blog/how-drinking-water-boosts-your-bodys-first-line-of-defense-against-the-covid-19-f80828bac715
10. https://www.ndtv.com/photos/news/coronavirus-outbreak-5-foods-items-to-boost-your-immunity-and-safeguard-you-from-infections-98969
11. https://pharmascope.org/ijrps/article/view/2295/4506
12. https://pharmascope.org/ijrps/article/view/2295/4506
13. https://mariamarlowe.com/blog/the-top-9-anti-viral-foods/

14. https://www.peerscientist.com/dietary-management-to-build-adaptive-immunity-against-covid-19/
15. https://www.sciencedirect.com/science/article/pii/S1876034120305670
16. https://www.nature.com/articles/s41565-020-0732-3
17. https://intermountainhealthcare.org/blogs/topics/covid-19/2020/06/want-a-defense-against-covid-19-strengthen-your-immune-system/
18. https://www.peacehealth.org/healthy-you/boost-your-immunity-how-eating-healthy-can-protect-your-body-covid-19-and-chronic
19. https://thefederal.com/health/balanced-diet-key-to-boosting-immunity-nutrition-institute-on-covid-19/
20. https://www.chandigarhayurvedcentre.com/product/immune-booster-kit-advanced/?gclid=Cj0KCQjw7ZL6BRCmARIsAH6XFDLG92X4FdFepOlckN8Pie7Hri8fFW-MyG21oNV-mkegWp3rdurrktsaAjsaEALw_wcB
21. https://www-businessinsider-in.cdn.ampproject.org/v/s/www.businessinsider.in/india/news/balanced-diet-key-to-strengthening-immune-system-in-fight-against-covid-19-nutrition-institute/amp_articleshow/75231708.cms?amp_js_v=a2&amp_gsa=1&usqp=mq331AQFKAGwASA%3D
22. https://pharmascope.org/ijrps/article/view/2295/4506
23. https://www.sciencedirect.com/science/article/pii/S1876034120305670

6. Role of NSS Volunteers in the Coronavirus Disease 2019 (Covid-19) Pandemic Situation

Dibyendu Giri
Assistant Professor, Department of Physiology, Ghatal Rabindra Satabarsiki Mahavidyalaya, Ghatal, Paschim Medinipur, West Bengal, India.

Abstract

In early 2020, after a December 2019 outbreak in Wuhan City in China, the World Health Organization (WHO) reported SARS-CoV-2 as a new type of coronavirus. The WHO has declared it a pandemic. Covid-19 is a disease (Respiratory tract infection) caused by SARS-CoV-2. It can affect the upper respiratory tract (nose, sinuses, and throat) or the lower respiratory tract (lungs and windpipe). It spreads mainly through person-to-person contact via talking, sneezing, and coughing. Range of infections from mild to deadly. Basic strategies for preventing transmission of the coronavirus include maintaining physical distance, wearing a mask in public, washing hands proper way, avoiding touching the nose, mouth, or eyes with unwashed hands. The National Service Scheme (NSS) is a Central Sector Scheme of Government of India, conducted by the Ministry of Youth Affairs & Sports. The scheme was introduced in Gandhiji's Centenary year in 1969. It is a voluntary association of young people in Universities, Colleges, and at +2. NSS supports the students to understand the community in which they work. It makes to develop among themselves a sense of social and civic responsibility. NSS Volunteers acquire skills that help them lead a better life in several situations.

Keywords: SARS-CoV-2, Covid-19, Respiratory tract infection, NSS, Volunteers.

Introduction

The coronavirus pandemic, also referred to as the Covid-19 pandemic, is an ongoing global pandemic of coronavirus disease 2019 (Covid-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).[1] The virus is spread primarily through small droplets produced by sneezing, talking, and coughing. The droplets usually lie to the bottom to the ground or onto surfaces rather than travelling via air over long distances.[2] Common symptoms involve cough, fever, fatigue, shortness of breath, loss of sense of smell, and taste.[2] Complications may involve pneumonia and sub-acute respiratory distress syndrome.[3] The time

from exposition to the onset of symptoms is typically almost 5 days but also may extend from 2 to 14 days.[4] Now a day's asymptomatic coronavirus carriers are found numerous. Trickeries for preventing transmission of the disease involve maintaining thorough good personal hygiene, maintaining physical distancing, washing hands, avoiding touching the nose, mouth, or eyes, with unwashed hands, always coughing or sneezing with a tissue, and putting the tissue straightly into a waste container, wearing an N95 or surgical mask while going outside for any emergency. Those who are already infected, have been advised to quarantine or take admission in the hospital to stop transmission.[5]

Following an unpublicised report from the Chinese government, the first case is seen back to 17 November 2019, the person was a 55-year-old citizen within the Hubei province.[6] On 12 January 2020, the WHO ingrained that a completely unique coronavirus was the explanation for a respiratory illness during a cluster of individuals in Wuhan City, Hubei, China, which was reported by the WHO on 31 December 2019.[7] On 30 January 2020. India confirmed its first case of COVID-19 in Kerala, which increased to 3 cases by 3 February 2020, all were the scholars coming back from Wuhan. After that, no significant rise in transmissions was regarded in February 2020. On 4 March 2020, 22 new cases were reported, involving 14 infected people of an Italian tourist group.[8] The World Health Organization (WHO) announced the Covid-19 outbreak a Public Health Emergency of International Concern on 30 January, 2020 and a pandemic on 11 March, 2020.[9]

The National Service Scheme (NSS) is Central Sector Scheme of Government of India, directed by the Ministry of Youth Affairs and Sports of the Government of India.[10] The scheme was introduced during 1969, the birth centenary year of Mahatma Gandhi. NSS may be a voluntary program during which young people from universities, colleges, and also +2 level work towards creating a campus community (esp. Villages) linkage. National Service Scheme (NSS) is useful to both students also because the society in various different means. NSS helps the pupil to grow individually and also as a gaggle. It makes the students confident, develop leadership skills, and achieve knowledge about different people from different walks of life. NSS supports the students to know the community during which they work. It helps to develop among themselves a sense of social and civic duty, capacity to envisage emergencies and natural disasters. NSS supports to utilise their knowledge in finding practical solutions to individual and community problems. The scheme helps to develop professional, team-building skills, ethical attitude, and multi-disciplinary approach to demonstrate the perfect behavioral qualities while leading the team for deriving maximum productivity. It also makes to create consciousness

within the issue of social concerns and qualifying students to upgrade their personality and knowledge with community services to possess a meaningful linkage between the Institution and Society. Students acquire other skills that help them lead a far better life in several situations and also develop confidence for self-education for lifelong learning of advancements being happened round the world.

Role of NSS Volunteers in the Covid - 19 pandemic

The NSS Volunteers can play a vital role in this global pandemic situation. Novel Corona Virus has invaded the lives and times of all human beings on the world. Presently, 213 countries and territories have been affected deeply by the invisible pandemic. In India, most of the states are discording their battles against Covid-19. At first, the co-ordinators are given the responsibility to train NSS Volunteers about the Covid-19 pandemic. They organize an online awareness program for the NSS Volunteers about Covid-19. The NSS Volunteers also participate in the online awareness quiz on coronavirus. Under the supervision of the NSS Programme Officers, a large number of Volunteers, have downloaded the Aarogya Sethu app and have registered on Government Online Training (iGOT) portal for Covid-19 related training program and are motivating others to do as regularly.

As NSS Volunteers are not doctors yet, they are using their knowledge to raise awareness among the public about the coronavirus. Volunteers are compiling data from the UNICEF [United Nations Children's Fund], World Health Organization (WHO), AIIMS [All India Institute of Medical Sciences], ICMR [Indian Council of Medical Research], and the central government to originate a strong database of accurate information that is being provided to the public. They can provide proper instructions about what to do if someone suspects to COVID-19 and also communicate the facts from authoritative resources on how COVID-19 is expand and how to abstain from infection. NSS Volunteers create awareness on COVID-19 through drawings, holding a slogan, snapshots, posters, banner, images, pictures paper cutting, TV news clippings, concern Doctors opinion, documentary. These are posted later on Facebook, WhatsApp, and other social media platforms to generate awareness among people.

Under the supervision of the NSS programme officer, the NSS Volunteers can upload and forward a few PDFs which are posted by All India Institute of Medical Science [AIIMS] which contains accurate information about COVID-19, its symptoms and basic precautions. These are accomplished by inserting appropriate pictures making it convenient to the reader. It is also uploaded on Facebook, and WhatsApp to help the people connected more sensible to the coronavirus. Using posters, social media postings, leaflets, etc. to promote safety steps that

people can take (hygiene and avoidance). Let people learn when to wear masks, when to get tested, where to get tested, and who to call if they need any help or information. Volunteers can create Covid-19 awareness video involving the messages like to wash hands properly multiple times, wear masks, use face cover and practice YOGA every day to keep the immune system ready to combat against coronavirus

Daily, NSS Volunteers visit neighbours and taught the children and adults how to wash their hands. They help people more alert to the virus and educate them properly about basic precautions to be taken. Some of the NSS Volunteers make tutorial videos on 'How to wash your hands' and 'How to wear mask'.

A large group of the rural population in villages is dependent on daily pay work for livelihood. These people have been most adversely suffered by the pandemic situation and the lockdown period and always struggling for their everyday survival. The NSS Volunteers also help such needy poor people without clicking any pictures or shooting any videos and Volunteers are helping in the community kitchen with the group of local Panchayats, NGOs, Rotary Club, etc. They also distribute foods for feeding animals and birds in the vicinity. NSS Volunteers have come to the rescue of citizens to combat fake news on social media. In another case, Volunteers can prepare alcohol-based hand sanitizers for their own family and also distribute for free among needy people by keeping social distancing.

During this situation, the Volunteers make different masks and distribute free masks and soaps to the villagers. They can arrange an awareness campaign to create awareness among the people of villages, explain the importance of wearing masks and washing hands with soap or sanitizers frequently, and also discuss the strategies on tackling the crisis. Volunteers can engage with physical examinations like ECG, random blood sugar, blood pressure tests in the rural areas.

They can work in hospitals, for example, serving as ward visitors to cheer the patients, help the patients, guidance service for out-door-patients including guiding visitors about hospital's procedures, arranging occupational or hobby activities for long term patients, letter writing and reading for the patients admitted in the hospital, assisting the health authorities in inoculation and immunization, supply medicine, etc. NSS Volunteers can arrange online counselling sessions and promote others to watch such sessions to improve awareness, relieve stress or anxiety, depression, and other symptoms during this pandemic situation.

Side by side, Volunteers maintain village streets, drains, etc. to keep the environment clean and arrange the program of health education, AIDS Awareness, preliminary health care, population education, family welfare programme, lifestyle education, etc.

Conclusion

Coronavirus disease (Covid-19) is an acute respiratory syndrome caused by a newly discovered coronavirus2 (SARS-CoV-2). There is no known special antiviral medication and most of the infected people with the Covid-19 virus experience mild to moderate respiratory illness and come round without requiring specific treatment. NSS Volunteers are playing an exceptional role as social warriors in this Covid-19 pandemic situation. NSS has a huge presence of assiduous officers, coordinators, and Volunteers all over India who can make a difference in the crisis prevent the spread in the communities.

In this global pandemic period, Volunteers advise people to wear masks while going outside for any emergency and not to touch nose, mouth, and eyes, as well as wash hands with sanitizer or soap frequently. The social awareness, the importance of maintaining hygiene, cleanliness are also advised through snapshots, banner, posters, images, concern doctors opinion, TV news clippings, documentary making activities in this situation.

In this emergency period, Volunteers can create video for awareness, stitch face masks, and prepare homemade hand sanitizer for their family members and needy poor people. All the Volunteers can download the Arogya-Setu App as precautionary measure. All the initiatives and activities have been carried out with the slogan "STAY HOME, STAY SAFE" by maintaining safe social distancing in this crisis situation.

References

1. "Naming the coronavirus disease (COVID-19) and the virus that causes it" (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it). World Health Organization (WHO).
2. "Q&A on coronaviruses (COVID-19)" (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses). World Health Organization. 17April 2020.
3. "Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)" (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html). U.S. Centers for Disease Control and Prevention (CDC). 4 April 2020.

4. "Symptoms of Novel Coronavirus (2019-nCoV)" (https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html). U.S. Centers for Disease Control and Prevention (CDC). 10 February 2020.Retrieved 11 February 2020.
5. 5. Sorace S. "Iran reports biggest single-day jump of coronavirus deaths as president rules out quarantine" (https://www.foxnews.com/world/iran-coronavirus-deaths-jump). Fox News Channel. 15 March 2020.
6. Ma J. "China's first confirmed Covid-19 case traced back to November 17" (https://www.scmp.com/news/china/society/article/3074991/coronavirus-chinas-first-confirmed-covid-19-case-traced-back). South China Morning Post. Archived (https://web.archive.org/web/20200313004217/https://www.scmp.com/news/china/society/article/3074991/coronavirus-chinas-first-confirmed-covid-19-case-traced-back) 13 March 2020.
7. "Novel Coronavirus Information Center" (https://www.elsevier.com/connect/coronavirus-information-center). Elsevier Connect. Archived (https://web.archive.org/web/20200130171622/https://www.elsevier.com/connect/coronavirus-information-center) 30 January 2020.
8. Reid, David. "India confirms its first coronavirus case" (https://www.cnbc.com/2020/01/30/india-confirms-first-case-of-the coronavirus.html). CNBC. 30 January 2020.
9. "WHO Director-General's opening remarks at the media briefing on COVID-19—11 March 2020"(https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020). World Health Organization. 11 March 2020.
10. "Ministry of Youth Affairs and Sports" (https://yas.nic.in/).

7. Myths about Covid-19 Situation

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Miss. Mariyam imtiyaz Kable
Research Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.

Abstract

The clinical spectrum of COVID-19 varies from being asymptomatic to clinical conditions characterized by respiratory failure. Management of the disease is mostly supportive in the form of oxygen supplementation, non- invasive ventilation and in severe cases, mechanical ventilation. There is no specific antiviral treatment available nor is there any vaccine available. The most important step to curb this disease is prevention of the spread by social distancing and strict hand hygiene. This review article describes various myths and facts about COVID-19 and various preventive measures which should be followed to limit the spread of this disease.

Introduction

The World Health Organisation (WHO) has declared the coronavirus disease 2019 (COVID-19) a pandemic[1]. A global coordinated effort is needed to stop the further spread of the virus. A pandemic is defined as "occurring over a wide geographic area and affecting an exceptionally high proportion of the population."[2] The last pandemic reported in the world was the H1N1 flu pandemic in 2009.

On 31 December 2019, a cluster of cases of pneumonia of unknown cause, in the city of Wuhan, Hubei province in China, was reported to the World Health Organisation. In January 2020, a previously unknown new virus was identified[3][4], subsequently named the 2019 novel coronavirus, and samples obtained from cases and analysis of the virus' genetics indicated that this was the cause of the outbreak. This novel coronavirus was named Coronavirus Disease 2019 (COVID-19) by WHO in February 2020.[5] The virus is referred to as SARS-CoV-2 and the associated disease is COVID-19[6].

As of 15 May 2020, over 4,444,670 cases have been identified globally in 188 countries with a total of over 302,493 fatalities. Also 1,588,858 were recovered Live data can be accessed here.

1.Studies show hydroxychloroquine does not have clinical benefits in treating COVID-19

Hydroxychloroquine or chloroquine, a treatment for malaria, lupus erythematosus, and rheumatoid arthritis, has been under study as a possible treatment for COVID-19. Current data shows that this drug does not reduce deaths among hospitalised COVID-19 patients, nor help people with moderate disease.

The use of hydoxychloroquine and chloroquine is accepted as generally safe for patients with malaria and autoimmune diseases, but its use where not indicated and without medical supervision can cause serious side effects and should be avoided.

More decisive research is needed to assess its value in patients with mild disease or as pre- or post-exposure prophylaxis in patients exposed to COVID-19.

2. People should NOT wear masks while exercising

People should NOT wear masks when exercising, as masks may reduce the ability to breathe comfortably.

Sweat can make the mask become wet more quickly which makes it difficult to breathe and promotes the growth of microorganisms. The important preventive measure during exercise is to maintain physical distance of at least one meter from others.

3. The likelihood of shoes spreading COVID-19 is very low

The likelihood of COVID-19 being spread on shoes and infecting individuals is very low. As a precautionary measure, particularly in homes where infants and small children crawl or play on floors, consider leaving your shoes at the entrance of your home. This will help prevent contact with dirt or any waste that could be carried on the soles of shoes.

4. The coronavirus disease (COVID-19) is caused by a virus, NOT by bacteria

The virus that causes COVID-19 is in a family of viruses called Coronaviridae. Antibiotics do not work against viruses.

Some people who become ill with COVID-19 can also develop a bacterial infection as a complication. In this case, antibiotics may be recommended by a health care provider.

There is currently no licensed medication to cure COVID-19. If you have symptoms, call your health care provider or COVID-19 hotline for assistance.

5. The Prolonged use of Medical Masks* when Properly Worn, DOES NOT Cause CO2 Intoxication nor Oxygen Deficiency

The prolonged use of medical masks can be uncomfortable. However, it does not lead to CO2 intoxication nor oxygen deficiency. While wearing a medical mask, make sure it fits properly and that it is tight enough to allow you to breathe normally. Do not re-use a disposable mask and always change it as soon as it gets damp.

Medical masks (also known as surgical masks) are flat or pleated; they are affixed to the head with straps or have ear loops.

6. Most people who get COVID-19 recover from

Most people who get COVID-19 have mild or moderate symptoms and can recover thanks to supportive care. If you have a cough, fever and difficulty breathing seek medical care early - call your health facility by telephone first. If you have fever and live in an area with malaria or dengue seek medical care immediately.

7. Drinking alcohol does not protect you against COVID-19 and can be dangerous

The harmful use of alcohol increases your risk of health problems.

8. Thermal scanners CANNOT detect COVID-19

Thermal scanners are effective in detecting people who have a fever (i.e. have a higher than normal body temperature). They cannot detect people who are infected with COVID-19. There are many causes of fever. Call your healthcare provider if you need assistance or seek immediate medical care if you have fever and live in an area with malaria or dengue.

9. There are currently no drugs licensed for the treatment or prevention of COVID-19

While several drug trials are ongoing, there is currently no proof that hydroxychloroquine or any other drug can cure or prevent COVID-19. The misuse of hydroxychloroquine can cause serious side effects and illness and even lead to death. WHO is coordinating efforts to develop and evaluate medicines to treat COVID-19.

10. Adding pepper to your soup or other meals DOES NOT prevent or cure COVID-19

Hot peppers in your food, though very tasty, cannot prevent or cure COVID-19. The best way to protect yourself against the new coronavirus is to keep at least 1 metre away from others and to wash your hands frequently and thoroughly. It is also beneficial for your general health to maintain a balanced diet, stay well hydrated, exercise regularly and sleep well.

11. COVID-19 is NOT transmitted through houseflies

To date, there is no evidence or information to suggest that the COVID-19 virus transmitted through houseflies. The virus that cause COVID-19 spreads primarily through droplets generated when an infected person coughs, sneezes or speaks. You can also become infected by touching a contaminated surface and then touching your eyes, nose or mouth before washing your hands. To protect yourself, keep at least 1-metre distance from others and disinfect frequently-touched surfaces. Clean your hands thoroughly and often and avoid touching your eyes, mouth and nose.

12. Spraying and introducing bleach or another disinfectant into your body WILL NOT protect you against COVID-19 and can be dangerous

Do not under any circumstance spray or introduce bleach or any other disinfectant into your body. These substances can be poisonous if ingested and cause irritation and damage to your skin and eyes.

Bleach and disinfectant should be used carefully to disinfect surfaces only. Remember to keep chlorine (bleach) and other disinfectants out of reach of children.

13. Drinking methanol, ethanol or bleach DOES NOT prevent or cure COVID-19 and can be extremely dangerous

Methanol, ethanol, and bleach are poisons. Drinking them can lead to disability and death. Methanol, ethanol, and bleach are sometimes used in cleaning products to kill the virus on surfaces – however you should never drink them. They will not kill the virus in your body and they will harm your internal organs.

To protect yourself against COVID-19, disinfect objects and surfaces, especially the ones you touch regularly. You can use diluted bleach or alcohol for that. Make sure you clean your hands frequently and thoroughly and avoid touching your eyes, mouth and nose.

14. 5G mobile networks DO NOT spread COVID-19

Viruses cannot travel on radio waves/mobile networks. COVID-19 is spreading in many countries that do not have 5G mobile networks.

COVID-19 is spread through respiratory droplets when an infected person coughs, sneezes or speaks. People can also be infected by touching a contaminated surface and then their eyes, mouth or nose.

15. Exposing yourself to the sun or temperatures higher than 25°C DOES NOT protect you from COVID-19

You can catch COVID-19, no matter how sunny or hot the weather is. Countries with hot weather have reported cases of COVID-19. To protect yourself, make sure you clean your hands frequently and thoroughly and avoid touching your eyes, mouth, and nose.

Conclusion

Myths have been widely prevalent about various diseases since time immemorial. Myths have a cultural influence and can have a varying degree of impact over the society. Many myths have been related to other infections (Leprosy, Tuberculosis, Flu/Influenza), but with time and evidence-based approaches, these have proved to be wrong. The current COVID-19 pandemic and its uncertainty had given rise to various myths. Some of these myths are leading to widespread stigma in society. Additionally, these myths have the potential of making people over-complacent and resultantly more at risk of developing the infection.

All these myths are having a widespread impact on public viewpoint and disease transmission. Therefore, possible and prompt steps should be taken by appropriate authorities to demystify the myths in due time. Considering the current status of COVID-19 infection to be so dynamic, people should evaluate things properly, before considering them to be useful.

Reference

1. https://www.indiatvnews.com/news/india/corona-wale-baba-fake-godman-coronavirus-cure-covid-19-arrested-up-police-598272
2. https://www.hsph.harvard.edu/india-center/myths-vs-facts/
3. https://www.cdc.gov/features/world-leprosy-day/index.html
4. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/share-facts.html
5. https://www.cebm.net/
6. https://gulfnews.com/world/asia/india/covid-19-doctors-beaten-and-harassed-plan-silent-protest-across-india-1.1587542229648
7. https://www.indiatoday.in/mail-today/story/aiims-chief-debunks-9-coronavirus-myths-1657640-2020-03-20
8. https://www.ndtv.com/india-news/whatsapp-admin-warned-for-fake-coronavirus-post-police-2194688

9. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters
10. https://www.who.int/influenza/spotlight/5-myths-about-the-flu-vaccine
11. https://www.pharmaceutical-technology.com/features/covid-19-treatment-ifpma/
12. https://www.bioreference.com/patients/covid-19/
13. https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-provides-new-tool-aid-development-and-evaluation-diagnostic-tests
14. https://www.cebm.net/covid-19/a-composite-reference-standard-for-covid-19-diagnostic-accuracy-studies-a-roadmap/
15. https://ao-alliance.org/resources/covid-19-references/
16. https://reference.medscape.com/slideshow/2019-novel-coronavirus-6012559
17. https://www.karger.com/Article/FullText/499255
18. https://bestpractice.bmj.com/topics/en-us/3000168/references
19. https://www.who.int/emergencies/diseases/novel-coronavirus-2019
20. https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations
21. https://www.who.int/influenza/spotlight/5-myths-about-the-flu-vaccine
22. https://www.ndtv.com/india-news/whatsapp-admin-warned-for-fake-coronavirus-post-police-2194688
23. https://www.indiatoday.in/mail-today/story/aiims-chief-debunks-9-coronavirus-myths-1657640-2020-03-20
24. https://www.cebm.net/
25. https://www.cdc.gov/features/world-leprosy-day/index.html
26. https://www.indiatvnews.com/news/india/corona-wale-baba-fake-godman-coronavirus-cure-covid-19-arrested-up-police-598272
27. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/share-facts.html
28. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters
29. https://bestpractice.bmj.com/topics/en-us/3000168/references

8. Role of Educational Institutes in the Changing Dynamics of Education during and Post Covid-19

Dr. Shikha Jain
PhD, Rajasthan University.

Abstract

Covid-19 has already affected millions of lives and changed the way of living for billions. The outbreak forced many countries to announce complete lockdown while others implemented it partially. Even when the economies started opening after the lockdowns, a lot of physical movement and mass gatheringsare restricted in order to reduce the spread of the COVID-19 virus. This has resulted intowidespread physical shut down of all the schools, universities and other educational institutions in many countries. This has forced a lot of changes and limitations for educational institutions such as the mode of teaching, pedagogy, content and examination methods among others. However, there is a silver lining amid the dark clouds of Coronavirus. There are plenty of opportunities for educational institutions such as to go digital, change content, make education more relevant to current times, incorporate crisis management in our pedagogy and many more.This paper delves into the various aspects of education which have been forced to change due to Covid-19 and opportunities for educational institutions to not only embrace this change but to come upfront and lead a positive, long lasting course correction for the betterment of our next generation and society at large.

Introduction

The novel coronavirus or Covid-19 has disrupted the world operations in 2020.For the first time in the history of human civilisation, billions of people were locked down in their homes for weeks. Lockdown and social distancing are in everyone's vocabulary today irrespective of whether one knows English language or not. Even when the economies started opening after the lockdowns, a lot of physical movement and mass gatherings are restricted in order to reduce the spread of the COVID-19 virus. This results in widespread physical closure of schools, colleges, universities, and other educational institutions in many countries. As of Aug'20, India have kept all its schools and educational institutions closed physically, although efforts are being made to impart education using different methods.

Historically, Education has been bound by a strict teaching methodology. For ages, it is associated with good teachers imparting their knowledge to the pupils with their own personal touch. The pedagogy has primarily been teacher driven rather than learner oriented i.e. designed as per therequirementand capability of the students. However, the widespread disruptions such as the current crisis bring catastrophic changes. These changes have forced us to think and do things differently. The education system has also faced a lot of changes, challenges and limitations due to Covid-19. Backed by the new ICT technologies, we are now at an inflection point for education where the future path will be decided by the educational institutions as to whether this disruption is used as an opportunity to overhaul our education system and the way education is being imparted or go back to same old method once we have a vaccine for Covid-19 or the infections get in control.

Research Methodology

A lot of qualitative and quantitative research is been done on the impact of Covid-19 on educational institutions. However, there is limited research and data available to discuss how these turbulent times can be used as opportunities to redefine our education system. Therefore, there is a need to find all the research, data and opinions shared on this subject and come up with recommendations which should be implemented by educational institutions. Therefore, this research paper conducts relevant secondary research published both before and during covid-19. This study uses descriptive analytics method. The secondary sources such as research papers, books, articles, journals, thesis, websites, government databanks, global and national news are used for this study.

Literature Review

Learning and Education can play a pivotal role in combating the spread of COVID 19 especially in the developing countries where the average literacy levels are very low and the healthcare systemsare also fragile (Lopes 2020). Health Literacy is very important for people to enable them to make informed health-related decisions. Research shows that people who are not educated are less responsive to health education and do not take precautions and measures and are more prone to chronic diseases than the educated ones.

Lockdown and social distancing measures have resulted into radical changes in the education sector. For the first time entire education community has shifted from face to face learning to virtual classroom and new teaching pedagogies have been adopted.(Zimmerman, 2020) Teachers must incorporate technology and ICT tools into their teaching methodology to adopt to these changes.The success of educational innovations depends mainly on the skills and

knowledge of the teachers.(Pelgrum,2001)Teachers are facing a lot of challenges due to lack of training and limited accessibility of internet and technical support.They already have enough administration workload to find time to design and develop new content making it even more troublesome.(Kaur &Singh ,2018) Life of students have also been largely impacted due to this sudden change in curriculum and methodology. Many students have lost their jobs and internships and also, they need to adapt to the new technology to understand the courses been taught.Accessibility to internet and other resources have been a hurdle in learning. (Govindarajan & Srivastava, 2020)Lockdowns affect students in multiple ways and has increased inequalities and social and psychologicalstress. This quick transition from offline to online learning mode has revealed various shortcomings and gaps in the educational institutions' way of operations. (Hazelkorn & Gibson, 2019; Hu, 2009; Marginson, 2018)Parents and guardians are also affected in many ways and now they have come to realize,perhaps for the first time, how important the educational system is and what role it plays tostructure everyday life. Also, parents are finding it hard to use technology to help their children cope up with the studies. They don't have skills and competencies required to use the new tools. They also face issues with devices and internet availability. (Livingstone 2007)

Challenges and limitations forced upon Educational Institutes due to covid-19

1. **Closure of Educational Institutes' premises:**The most unprecedented and categorical change in the education system due to Covid-19 is the closure of Institution premises for months put together. The whole set-up created for imparting education to learners has thus suddenly been turned upside down. Classroom teaching, practical labs, libraries, sports and other extra curriculum which are an integral part of education have all taken a hit. It is now a challenge how to overcome this biggest hurdle and find new ways of imparting the right education.
2. **Loss of time:**There have been long periods of lockdown and uncertainty on what and how to do next. This meant months of crucial time have been lost already. The policy makers and educational institutes are now hard pressed to not only cover the lost ground but overcome the challenges to ensure education does not take a back seat in case the restrictions and uncertainty lasts longer.
3. **Archaic Teaching Pedagogy:**The teaching pedagogy that has been used for ages is suited for in person classroom teaching. This is neither relevant in current circumstances and nor capable of driving the innovations in today's fast changing inter-connected global world.

Opportunities for Educational Institutes to lead the change

1. **Going digital:** Incorporation ofInformation and Communications Technology (ICT) can be the biggest tool to overcome the challenges in education posed upon by Covid-19. Voogt&Knezek(2008) offer suggestion in their book thatICT in education can be used in different ways such as a medium for teaching to reach out to a mass segment of learners;as an assisting tool for assignments, documentation and conducting research and as an object of learning in itself to enable the learners to use ICT in a more judicious and productive ways.Although it's easier said than done. Shikha (2020) shares insights on the unique challenges and barriers that India faces in order to implement ICT in education effectively. However, the way data prices have gone down, internet connectivity has gone up and smartphone penetration has increased, effective implementation of ICT by educational institutes can be a dream realized sooner than later.
2. **Upgrading infrastructure:** India - marred by a huge population, sub optimal implementation of government policies and lack of requisite funds - lacks the appropriate infrastructure required for effective implementation of ICT in education. The effective use of ICT requiresa lot of physical equipment and resources such as computers, data centers, multimedia projectors, proper maintenance of the equipment, fast internet connection, etc. It also requires up-to-date hardware and software which are key for diffusion of technology but a rarity in educational institutions.Therefore, the onus of setting up a world class infrastructure which can support digital learning for learners from anywhere across the world lies with the educational institutes. The funds need to be relocated from building a new classroom or making an air-conditioned auditorium to enabling a digital centre for learning. This will also help in integrating the whole education system, making it more agile to adapt to changing needs of today's world and connecting it with industry faster to bring more and more practical innovations.
3. **Making crisis management as integral part of education:** The Education system has a big role to play in preparing learners for any disaster or crisis (Lopes 2020). Our current education system fails in this regard. Today's Education system's main focus is to prepare students for the labour market. There is hardly any learning given related to the individual's role as a social actor in times of crisis or emergency. There is an ardent need to prepare young learners and our future generations for any such situation such as

a pandemic or any emergency that can endanger life in future (Lopes, Veronica McKay2020). The education system must integrate learning about crisis and disaster management in the curriculum.

The role of educational institutes in situations like the COVID-19 pandemic is to develop disaster-resilient communities. Learning interventions, through both formal and informal, are the best way to ensure that the right messages reach to every home and the community. In the current situation of global pandemic COVID-19, the biggest struggle is to contain the outbreak and to reduce the spread of infection through community transmission. This can only be done by training citizens about how to avoid the creation of secondary transmission chains. COVID-19 pandemic also highlights the relationship between individual behaviour and group risk. Therefore, it is very important to spread awareness and mass training of all social strata of the entire population is very much critical in mitigating the risk and spread of disease.

4. **Change in curriculum:** With the advent of technology the education is no longer bound by physical limitations.As discussed earlier, the old teaching pedagogy is not effective in the new normal. There is a dire need to change upgrade the pedagogy using ICT tools and change the curriculum to make it more thinking oriented rather than knowing oriented. The National Education Policy 2020 (NEP-2020) is a right step in this direction. However, the course of action would be defined by the educational institutes depending on how they embrace it and redefine the education as we know it.One such example is examinations. We are used to make or break annual examination system which gauge ones memorizing power and puts a lot of weightage on how a student performs on a given day. Educational institutes can take lead in this regard to come up with solutions on how to make assessment a part of continuous education and how to make these assessments more application oriented instead of a memory exercise.

Conclusion

The global pandemic of Covid-19 has disrupted the world as we know it and educational institutions are among the worst hit where a lot of paradigm changes are happening. The lockdowns and social distancing measures have hampered the normal operations of educational institutions and have forced them to look for non-conventional methods. Albeit there are a lot of challenges and limitations is this situation, it also poses great opportunity for course correction. Educational institutions can take a leading role in driving a positive change by going digital,

updating infrastructure, upgrading the education curriculum and making crisis management as integral part of education so that our future generations can cope with a natural disaster of this magnitude better. The onus for judicious use of available resources and effective implementation key strategies for positive change lies with the educational institutions.

References

1. Bilal, FaizaLatif, Muhammad Farhan Bashir, BushraKomal, DuojiaoTan, Role of electronic media in mitigating the psychological impacts of novel coronavirus (COVID-19), Psychiatry Research,Volume289, 2020, 113041, ISSN0165-1781, https://doi.org/10.1016 /j.psychres.2020.113041.
2. Bob Blankenberger& Adam M. Williams (2020) COVID and the impact on higher education: The essential role of integrity and accountability, Administrative Theory & Praxis, DOI: 10.1080/10841806.2020.1771907
3. Dewart, G., Corcoran, L., Thirsk, L., &Petrovic, K. (2020). Nursing education in a pandemic: Academic challenges in response to COVID-19. Nurse education today, 92, 104471. Advance online publication. https://doi.org/10.1016/j.nedt.2020.104471
4. Hazelkorn, E., & Gibson, A. (2019). Public goods and public policy: What is public good, andwho and what decides? Higher Education, 78(2), 257–271. doi:10.1007/s10734-018-0341-3
5. Jain Shikha (2020), The role of Information and Communications Technology (ICT) in bringing revolution in education system in the post Covid-19 world,Taurean Publication, ISBN 978-93-5407-414-1
6. Kaur Manpreet& Singh Balwant(2018) Teachers' attitude and beliefs towards Use of ICT in Teaching and Learning: Perspectives from India.
7. Lopes, Henrique &Mckay, Veronica. (2020). ALE AS A TOOL TO CONTAIN EPIDEMICS THE COVID-19 EXPERIENCE. 10.13140/RG.2.2.10344.83201/2.
8. Miller, D. G., Pierson, L., & Doernberg, S. (2020). The Role of Medical Students During the COVID-19 Pandemic. Annals of internal medicine, 173(2), 145–146. https://doi.org/10.7326/M20-1281
9. NettaIivari, Sumita Sharma, LeenaVentä-Olkkonen (2020) , Digital transformation of everyday life – How COVID-19 pandemic transformed the basic education of the young generation and why information management research should care?,International Journal of Information Management,2020,102183,ISSN 0268-4012,https://doi.org/ 10.1016/j.ijinfomgt.2020.102183.

10. Pelgrum W, Law N (2003). ICT in education around the world: trends problems and prospects, Paris: Learning Matters Limited. pp.12-24.
11. Roberts C. (2020). How medical education can help in a COVID-19 crisis. The clinical teacher, 17(3), 241–243. https://doi.org/10.1111/tct.13183
12. Shahmoradi, L., Changizi, V., Mehraeen, E., Bashiri, A., Jannat, B., &Hosseini, M. (2018). The challenges of E-learning system: Higher educational institutions perspective. Journal of education and health promotion, 7, 116. https://doi.org/ 10.4103/jehp.jehp_39_18
13. Stuart J. Barnes, Information management research and practice in the post-COVID-19 world,International Journal of Information Management, 2020, 102175, ISSN 0268-4012, https://doi.org/10.1016/j.ijinfomgt.2020.102175.
14. Sustainable Pharmacy Education in the Time of COVID-19Kayley M. Lyons, Arthur Christopoulos, Tina P. BrockAmerican Journal of Pharmaceutical Education Jun 2020, 84 (6) ajpe8088; DOI: 10.5688/ajpe8088
15. The future of business education: A commentary in the shadow of the Covid-19 pandemic,Journal of Business Research,Volume 117,2020,Pages 1-5,ISSN 0148-2963, https://doi.org/10.1016/j.jbusres.2020.05.034.
16. Thistlethwaite, J., Locke, R., Buckley, S., Chandratilake, M., Jensen, G., van Schalkwyk, S., & Weller-Newton, J. (2020). Global perspectives on Covid-19 from the editorial board. The clinical teacher,17(3),234–237. https://doi.org/10.1111/tct.13167

9. World Health Organisation in COVID-19 Situation

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Miss. Namra Rizwan Admane
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.

Abstract

As the current outbreak of Coronavirus disease(COVID-19) continues to develop the World Health Organization (WHO) and the World Tourism Organization (UNTWO) are committed to working together in guiding the travel and tourism sectors response to COVID-19. WHO is working closely with global experts, governments and partnersrapidly expand to scientificknowledge on this virus to stop the spreading of virus they should give the proper guidance the countries for our safety.

The world is facing unprecedented challenges with communities and economies everywhere affected by the growing COVID-19 pandemic. The world is coming together to combat the COVID-19 pandemic bringing government organizations from across industries and sectors and individuals together to help respond to this global outbreak. People and organizations should come together to help the fight the pandemic and support WHO to make proper decisions for COVID-19.

Key Words:- SARS; MERS; COVID-19; UNTWO; WHO; Vaccine; Prevention; Cure; Treatment; Care; Health Organisation; Social isolation;

Introduction

The COVID-19 is pandemic has disturb the lives of children and their families. The WHO health experts to promote facts over fear of Coronavirus. They giving tips and guidance to people. As a part of WHO response to the outbreak a research and development blueprint has been activated to accelerate the development of diagnostic and vaccines for COVID-19.

COVID-19

The current COVID-19 unprecedented but the global response draws on the lessons learned from other disease outbreak over the past several decades. The virus that caused COVID-19 is mainly transmitted through droplets generated when an infected person coughs and exhales. These droplets are too heavy and hang in the air and quickly fall on floors or surfaces. Hence, the

person can be infected by breathing. The COVID-19 is also transmitted by touching a contaminated surface.

COVID-19vaccine

A COVID-19 vaccine is a biotechnology intended to provide acquired immunity against Coronavirus disease. To develop a vaccine against the Coronavirus disease SARS and MERS established considerable knowledge about the structure and function of Coronavirus. The clinical trial for Coronavirus vaccine is failed. The scientist and health experts accelerate the research and development process for COVID-19 vaccine.

WHO

WHO is World Health Organization. It is a specialized agency of the United Nations responsible for international public health. The WHO Constitution which establishes the agency governing structure and principles states it is main objective as the attainment by all people of the highest possible level of health.

WHO logo and emblem

The WHO logo consist of the WHO emblem and the words "World Health Organization ". The use of the WHO emblem and logo is governed by a resolution of the first world health assembly which states that appropriate measures should be taken to prevent the use without authorization by the director General and in particular for commercial purposes by means of trademark of the emblem.

COVID-19 outbreak

As the Coronavirus spreads globally we track the confirmed cases, deaths, recoveries through this microsite, dedicated to COVID-19. Since social isolation was imposed, COVID-19 with the risk of being patients with heart disease. The global aims to better describe cardiovascular outcomes and identify cardiovascular risk factors in patients with COVID-19.

COVID-19 Symptoms

COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness and recover without hospitalization.

Most common symptoms like fever, dry cough, tiredness.

Less common symptoms like aches and pain, sore throat, diarrhea, conjunctivitis, headache, loss of taste or smell, a rash on skin, or discoloration of fingers or toes.

COVID-19 Treatment

As we know there are no specific vaccines or medicines for COVID-19. Treatment are under investigation and will be tested through clinical trials.

Self care:- Everyone should keep healthy lifestyle at home. Maintain a healthy diet, sleep, stay active and clean or disinfect frequently touched surfaces.

Medicinal treatment:- If anyone have mild symptoms, self isolated and contact your medical provider.

Prevention for spread of COVID-19

- Clean your hands. Use soap and water or alcohol based sanitizer
- Maintain a safe distance from anyone who is coughing or sneezing
- Wear a mask
- Do not touch your eyes, nose or mouth
- Stay at home if someone is feeling not well

This protects us and prevent the spread of virus.

WHO in public health

WHO fulfills its objective through its core functions like providing leadership on matters critical to health and engaging in partnership where joint action is needed, shaping the research agenda and stimulating the generation, translation and dissemination of valuableknowledge, providing technical support, catalysing change and building sustainable institutional capacity and monitoring the health situation and assessing health trends.

COVID-19 and Irresponsibility of WHO

The healthworkers of WHO was researching more on COVID-19. To ensure that all prevention and protective measures should be taken for health safety was given by health expert. But the people should need more protection for COVID-19 by taking so much protection then also many people are getting COVID-19. The scientist and health experts was researching more for COVID-19 vaccine or medicines. The health expert were not concentrating on hospitals. They are not providing proper facilities in hospitals. The hospitals are full of COVID-19 patients. The people are not going hospitals for any illness. The people have a fever of hospitals because of COVID-19. Who should development the speed of vaccine against COVID-19.

Conclusion

As the current outbreak of Coronavirus disease(COVID-19) continues to develop the World Health Organization (WHO) and the World Tourism Organization (UNTWO) are committed to working together in guiding the travel and tourism sectors response to COVID-19. WHO is working closely with global experts, governments and partnersrapidly expand to scientificknowledge on this virus to stop the spreading of virus they should give the proper guidance the countries for our safety.

The world is facing unprecedented challenges with communities and economies everywhere affected by the growing COVID-19 pandemic. The world is coming together to combat the COVID-19 pandemic bringing government organizations from across industries and sectors and individuals together to help respond to this global outbreak. People and organizations should come together to help the fight the pandemic and support WHO to make proper decisions for COVID-19.

References

1. https://www.who.int>health – topics
2. https://en.m.wikipedia.org>wikihttps://www.world-heart-federation.org
3. https://www.pharmaceutical-technology.coronavirus
4. https://www.mohfw.gov.in
5. https://www.britannica.com
6. https://www.encyclopedia.com
7. https://www.who. int>who-we-are
8. https://www.weforum.org
9. https://www.timesof india.com
10. https://www.indiastime .com
11. https://www.raps.org>new articles
12. https://www.hindustantimes.com
13. https://www.livemint.com>topic
14. https://www.indiatvnews.com
15. https://www.bbc.com>news
16. https://www.papers.ssrn.com
17. https://www.idpjournal.biomedcentral.com
18. https://www.sciencedirect.com
19. https://www.ncbi.nlm.nih.gutps://www.thelancet.com
20. https://www.euro.who.int
21. https://www.cdcfoundation.org
22. https://www.britannica.com>topics
23. https://www.explorehealthcares.org
24. https://www.google.com
25. https://www.unicef.org>coronavirus
26. https://www.cdc.gov>hygiene

10. Covid-19 and its Impact on the Indian IT Industry

Asst. Prof. Bhanuprasad Vishwakarma
Department of Information Technology, D. G. Tatkare Mahavidyalay, Mangaon-Raigad.

Abstract

The COVID – 19 Pandemic has caused drastic changes in many industries, and Information Technology (IT) industry is the major among them. The negative impacts during this situation are more compared to positive effects. The outbreak of Covid-19 has severely impacted the global economy, with disrupting businesses across diverse sectors around the world. The spread of the virus now has led countries into lockdown, fearing the economy of a recession. As the virus significantly affects most established countries, its impact on India is relatively low than others but has a larger impact on the country's businesses and economy.

Keywords:- COVID – 19 Pandemic, IT industry, Telehealth , 5G technology.

Introduction

The effects of COVID-19 are having a significant impact on the technology sector, affecting raw materials supply, disrupting the electronics value chain, and causing an inflationary risk on products. More positively, the disruption has caused an acceleration of remote working, and a rapid focus on evaluating and de-risking the end-to-end value chain. In addition, potential carbon emission reductions could result in renewed focus on sustainability practices. This article considers the shifting landscape across a number of areas, including:

- Hardware/software
- IT services
- Semiconductors
- Network equipment

Effect of Lockdown on it Sector

The significant weaknesses the IT industry is facing now is due to the fall in the economy, as a lot of companies are forced to ask their employees to work from home (remotely) keeping in the account of the public health concerns. Due to this, there is a massive loss in opportunity for many companies who have international dealers. For example, Apple Inc. is estimated to have at least 10% fall in its shares because of the lack of availability of iPhones in the market. The parts that are required to build the iPhones are supposed to come from China, and it is facing a major lockdown.

The spread of this deadly virus has caused a lot of tech conferences to get cancelled, which could have been a great partnership opportunity for many companies to expand their horizons. A few of the meetings were shifter to teleconferences, but this won't have the same reach, and the conference attendees will not be able to have the networking opportunity as they would be attending the actual conference. Due to the cancellation of these major tech conferences, there is an estimated loss of US$ 1 Billion.

Since the country's nearly 55 percent of electronics imported from China, these have now slid down to 40 percent due to the coronavirus outbreak and subsequent lockdown. Over the last couple of decades, the IT industry has been India's leading sector to economic growth. It plays an imperative role in fulfilling the country's several middle-class dreams of accomplishment and aspirational careers.

However, due to coronavirus Covid-19 outbreak, players in India's IT services, according to industry analysts, will see a significant slowdown in growth during this financial year. Reports claim that top software exporters, including Tata Consultancy Services, Infosys, and HCL Technologies, will be impacted most by the lessened technology spending from clients in the US and Europe following lockdowns across the globe.

In the time of crisis, Brokerage HDFC securities anticipates IT sector revenue to cut down by 2-7 percent due to a delay in decision making in the next six months while businesses assess the impact of the virus. Customers are also expecting to reduce their IT budgets and slow down new initiatives due to the fear of uncertain economic situation and recession.

According to the National Association of Software and Services Companies (NASSCOM), India's software and services exports grew 8.1 percent to US$147 billion in the fiscal year 2020. Moreover, Infosys and HCL Technologies give annual forecasts, while Wipro gives revenue guidance for a quarter. However, these firms are yet to announce dates for their quarterly results. Meanwhile, other IT firms in the country such as TCS and Infosys begin the results calendar in the second week of April.

In recent times, Indian firms have faced several projects cancellations by clients across sectors due to limitations in air travel and shutting down of cities and countries to contain the spread of the Covid-19 pandemic.

Threats in the it Industry

There are a few threats too, such as after the pandemic is over what would happen to the IT sector? May exporters in this industry feel that it will not be able to stabilize after the

downfall, unlike the 2008 global economic and financial meltdown. Back then, the central banks helped to improve the stability of the market, but now even the central banks are helpless.

IT outsourcing is one of the most flourishing industries in the world. However, with the outbreak of coronavirus; a mixed impact is expected on the IT outsourcing industry.

As many economies are continuing with the lockdown due to the Covid-19 issue, revenue generation for most companies across sectors has been affected while rate of unemployment has also inched upwards. Amidst fear of worsening economic conditions, the countries and companies largely dependent on outsourcing are trying to control the IT service imports so that they can employ their own resources to the assigned job. For instance, two major companies of Australia – Telstra and Optus and Britain's Virgin Media, which had partnered for process outsourcing with India & Philippines, have announced to give preference of employment to candidates in host country only.

As per the UN's report, India is among the 15 most affected economies due to the COVID-19 pandemic. While there have been no contract cancellations so far by the service partners in various geographies, many clients have asked for reduced support for application and maintenance services. The disruption of world trade due to the pandemic, is expected to have a trade impact of USD 348 million on India, although it is very low in comparison to its counterparts such as Europe (including the UK), the US, Japan and South Korea.

Disguised benefits in this Pandemic

Even after all this, compared to many other industries, the IT industry is expected to have an enormous market boom from US$ 131 Billion in 2020 to US$ 295 in the next five years by 2025. The main reason for this increase in the economy for this industry is the increased demand for software and social media platforms such as Google Hangouts, WhatsApp Video call, Zoom, and Microsoft Teams. All these teleconferencing tools help the people who are in quarantine to stay in touch with their family members as well as have conference meetings and work at the same time. The economy will also blossom because, during these crises, people understood the importance of the internet and technology as this is helping us stay safe and helping in the communication between the doctors and the public.

Some Smart Solutions around the World

Many countries who are facing the shutdown have invested in smart city solution such as the cops in China are using drones attached with thermal sensors to identify the symptoms for coronavirus and get immediate medical help. In Australia, the government had launched a chat-bot to keep the citizens up to date with the situation and answer their questions so that they will

be able to decrease the spread of misleading information and stop the panic that could be created in public. In South Korea, the local government has launched a Smartphone app that keeps the self-quarantine employees in touch with their co-workers to keep the updates to the work process and to ask any questions.

In January, in China, the telecom AHS designed a 5G powered system to enable the consultations and diagnoses of people affected by the virus by connecting the physicians at West China Hospital to 27 other hospitals in the area to treat the illness affected people. This not only helps doctors to communicate faster and come up with a diagnosis but also helps to keep track of the emergency patients who need immediate medical help and if a hospital is not able to provide that the patient could immediately be shifted to the nearest equipped hospital for assistance.

Blooming Opportunities

Due to the coronavirus, a lot of opportunities opened up in the IT industry, such as the growing need for the 5th generation (5G) technology. This will help increase connections that support the primed remote interactions. This has become the top priority for many organizations due to the pandemic. Telehealth is one of the developing industries in the crises. This could help people to get diagnosed, treated and operated with the need of a physician to be physically present. A lot of apps have been built in the past few months to help achieve this. There are many patients who are in self-quarantine who need medical supervision and medical assistance every day, and these applications could help them achieve that.

Conclusion

The effects of COVID-19 are having a significant impact on the technology sector, affecting raw materials supply, disrupting the electronics value chain, and causing an inflationary risk on products. In recent times, Indian firms have faced several projects cancellations by clients across sectors due to limitations in air travel and shutting down of cities and countries to contain the spread of the Covid-19 pandemic. Due to the coronavirus, a lot of opportunities opened up in the IT industry

References

1. www.deloitte.com
2. www.industrywired.com
3. www.televisory.com
4. www.marketdataforecast.com/

11. Response to Covid-19 by Jharkhand and Kerala States in India: Case Study II

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Dr. Narayan Bagul
HOD, Hindi dept. Vasantrao Naik College of Arts and Commerce, Murud Janjira, Raigad.

Abstract

Pandemic is the form of epidemic. It spreads through human population, infecting the part or entire world. India faced several epidemics and pandemics in past time. Covid-19 pandemic spread in world and India since January 2020. It affects social, economical, cultural, health, educational areas in the world and India.

India has stood strong through covid-19 pandemic. Indian states put tremendous efforts to overcome the situation.

Jhakhand strategies against COVID-19 are App based essential health services, Reporting and social vulnerability mapping, SERO surveillance, TruNat Testing stations and Geospatial applications.

Kerala strategies towards COVID-19 response largely focused on three main aspects as effective risk commun9ication strategy, community based approach and social welfare policies Clear communication channels were established by Kerala state government. It is to inform the public, check media speculations, attend to the needs of people home quarantined and dispel fake news.

Pandamics in Past

Pandemic is the form of epidemic. It spreads through human population, infecting to many people, many populations, many part of nation, entire nation, part or entire contiment, part or entire world, as per Muthu V K (2005).

Table-I List of Cholera pandemics events occurred worldwide. (derived from Janmejaya Samal, 2014)

Sl No.	Name of the Pandemic event	Year of the Event	Place of the Event	Catastrophe
CHOLERA				
1	1st Cholera Pandemic	1816–1826	Started in Indian Subcontinent, later spread to China, Indonesia and Caspian Sea	10,000 British troops and countless Indians died
2	2nd Cholera Pandemic	1829–1851	Russia, Hungary, Germany, London, France, Canada, US, Pacific coast of North America	Hungary (about 100,000 deaths), more than 55,000 persons died in the UK and many more in different parts of the globe.
3	3rd Cholera Pandemic	1852–1860	Mainly Russia	over a million deaths
4	4th Cholera Pandemic	1863–1875	Mostly in Europe and Africa	At least 30,000 of the 90,000 Mecca pilgrims fell victim to the disease
5	An Outbreak of Cholera	1866	North America	50,000 Americans were died
6	5th Cholera Pandemic	1881–1896	Europe, America, Russia, Spain, Japan, Persia	250,000 lives in Europe, at least 50,000 in Americas, 267,890 lives in Russia, 120,000 in Spain, 90,000 in Japan, 60,000 in Persia were lost
7	6th Cholera Pandemic	1899–1923	Russia	more than 500,000 people died of cholera during the first quarter of the 20th century
8	7th Cholera Pandemic	1962–66	Indonesia, Bangladesh, India, USSR	-----

Table-II List of Infuenza pandemics events occurred worldwide. (derived from Janmejaya Samal, 2014)

Sl No.	Name of the Pandemic event	Year of the Event	Place of the Event	Catastrophe
INFLUENZA				
1	Russian Flu	1889-1890	Uzbekistan and other parts of North America	About 1 million people died in this pandemic
2	Spanish Flue	1918-1919	Worldwide pandemic of all continents	500 million people were affected

3	Asian Flue	1957-1958	Started in China and then other parts of the globe including US	2 million deaths globally
4	Hong Kong Flue	1968-1969	First detected in Hong Kong and then disseminated to other parts of the globe	Killed one million people worldwide
5	H1N1	2009	Many parts of the globe	151,700 to 575,400 people perished from world and a disproportionate number of deaths occurred in Southeast Asia and Africa

Pandemics in India

India faced several epidemics and pandemics in past time. There have been many major, significant pandemics throughout history. Pandemics and epidemics in India are as listed below-

19th Century
First Cholera pandemic 1817
Second Cholera pandemic 1829
Third Cholera pandemic 1852
Fourth Cholera pandemic 1863
Fifth Cholera pandemic 1881
Bombay Plague epidemics 1896
Sixth Cholera pandemic 1899

20th Century
Influenza pandemic 1918
Polio epidemic 1970-1990
Smallpox epidemic 1974
Surat Plague epidemic 1994

21st Century
Plague of Northern India 2002
Dengue epidemic 2003
SARS epidemic 2003
Meningococcal Meningitis epidemic 2005
Chikungunya outbreak 2006
Swine Flu outbreak 2015
Nipah outbreak 2018

India has stood strong through several epidemics and pandemics. It can be established that throughout time, many infectious diseases have become widespread due to more lack of sanitation and crowded environment. The tropical climate and the seasonal rains in India is yet another important factor contributing to several vector borne infections outbreaks in the past and many more to come, as per Sweth a, G; Anantha Easshwar V M and S. Gopal Krishnan 2019. Epidemics and Pandemics in India throughout History: A review article Indian Journal of Public Health Research and Development 10 (8): 1570, January 2019.

Covid-19 Pandemic in the World

With reference to www.worldometers.info/coronavirus, the covid-19 pandemic in world as on 22nd August 2020 is 23,145,375 total covid-19 patients, deaths were 803,649, while recovered are 15,730,632

COVID-19 Pandemic in India

As per www.coronaclusters.in the Corona India Tracker, the present covid-19 pandemic situation as on 22nd August 2020 is as depicted here as confirmed cases are 29,79,616, active cases are 6,99,882, recovered cases are 22,23,236, while deaths are 55,952.

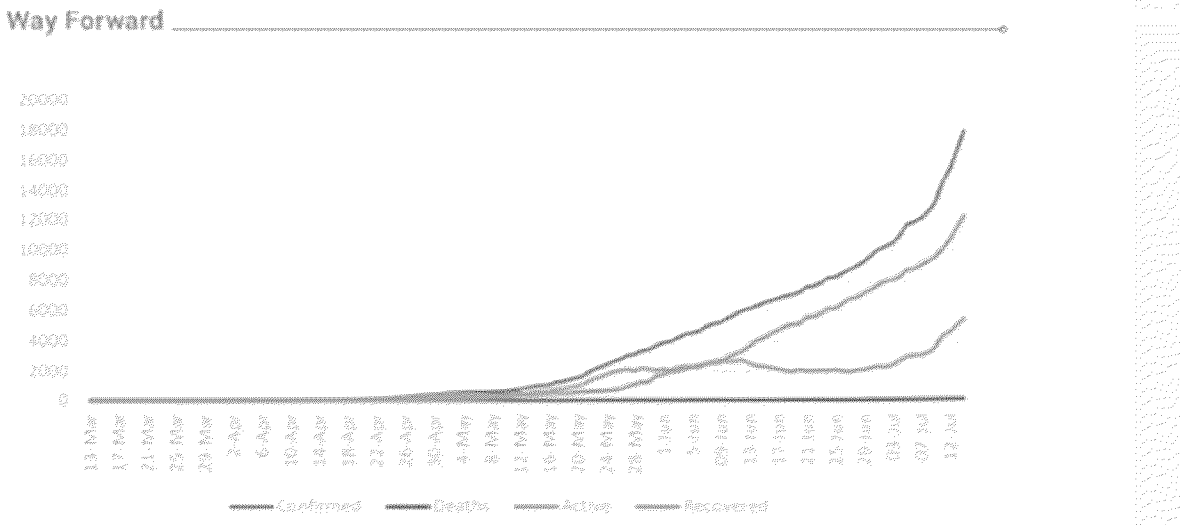
Response to Covid-19 by Some States in India

Case Study-III Response to Covid-19 by Jharkhand

A) Overview

- State of India- Area Rank 15th
- Total Population- 32,988,134
- Total area- 79,714 sq.km
- Sub divisions-05
- Districts-\24
- Literacy rate- 67.6%

B) Graphical representation of Covid-19 cases in Jharkhand



C) Jharkhand's strategies in their response

1. App-based essential Health Services Reporting and Social Vulnerability Mapping
2. CO-BOT: Protecting frontline Corona Warriors
3. SERO Surveillance

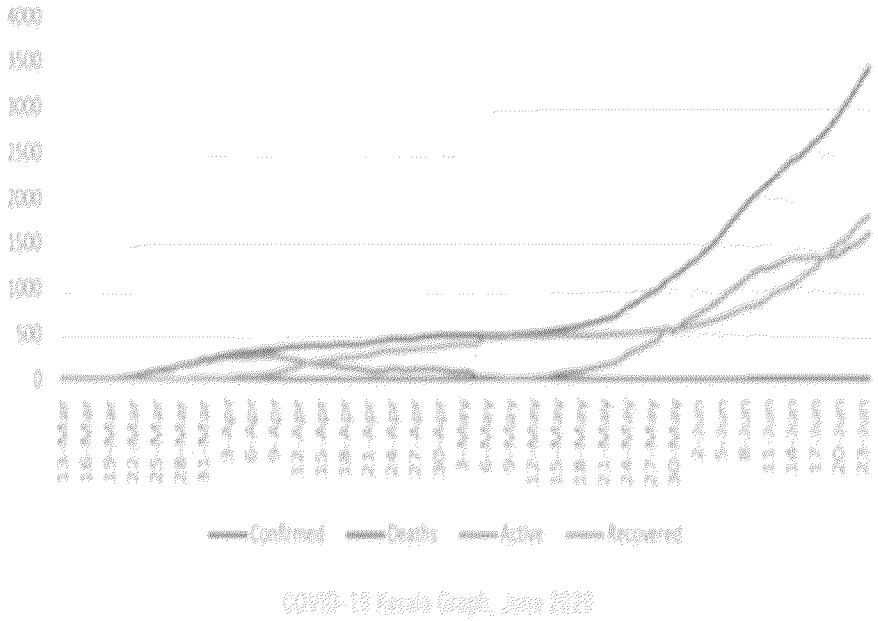
4. TruNat Testing Stations
5. Geospatial Applications

Case Study-III Response to Covid-19 by Kerala

A) Overview

- State of India- Area Rank 21st
- Total Population- 33,387,677
- Total area- 38,863 sq.km
- Sub divisions-
- Districts-14
- Literacy rate- 94%

B) Graphical representation of Covid-19 cases in Kerala



COVID-19 Kerala Graph, June 2020

C) Kerala's strategies and their response

Kerala's strategies towards Covid-19 response largely focused on three main aspects effective risk communication strategy, communication based approach and social welfare policies.

- **Effective risk communication**

Clear communication channels were established by the Kerala government to inform the public, check media speculations, attend to the needs of people home quarantine and dispel fake

news. Graphically represented route maps of Covid-19 patients were publicized to identify people who may have been exposed to the virus, to quarantine them immediately. It proved to be very effective as it nudged concerned people to approach the authorities and helped in identifying people missed out by the authorities. Regular public dissemination of surveillance data helped in gaining people's trust and keeping their panic under control. The Chief Minister's daily evening press conference to share information on number of cases, recoveries and deaths, government initiatives, and emphasize on the importance of precautionary measures further reassured the public. The Kerala government also launched a mobile application 'Gok Direct' to ensure the public had access to the right information regarding monitoring symptoms, approaching health officials, self-care and isolation etc. To enhance awareness and induce a behavior change, a public health campaign 'Break the Chain' was launched to promote personal hygiene practices and social distancing. The campaign was largely successful in containing the spread of the virus.

- **Community- based approach**

Actively engaging the community has been a notable feature of Kerala's response strategy. To ensure people strictly complied to 'home-quarantine', neighborhood watch initiatives were in place and a Whats App number was created by the district administration, which the public used to report violators. The on- ground surveillance systems were community-based involving elected representatives of local governments, members of the self-help group (SHG) called 'Kudumbashree' and the people who came forward and volunteered. A portal was created to engage volunteers, and anybody could register themselves at the local government level. Help lines were created to help elderly people to ensure supply of medicines and food materials through the volunteers. Community kitchens were also set-up by the local governments with the support of 'Kudumbashree' to ensure cooked meals were readily available to the needy.

- **Social welfare policies**

Along with having appropriate containment measures, adequate testing, tracing and treatment, the Kerala government also ensured the process conformed to the needs and requirements of health workers, migrant workers who were referred to as 'guest workers', isolated patients and other vulnerable communities by taking considerate measures to socially and economically protect them. Arrangements were made to home deliver 'essential supplies' to people who were home quarantined, midday meals from schools were delivered to children even

though the schools were shut and mental health help lines were established across the state. Special arrangements were done for the 'guest workers' by providing them with cooked food/food materials and entertainment and regular monitoring of hygiene and sanitation facilities in their camps. The Kerala government also announced a Rs. 200 billion relief-package, to tackle the health crisis with funds earmarked for health initiatives, loans and free ration.

Conclusion

Pandemic is the form of epidemic. It spreads through human population, infecting the part or entire world. India faced several epidemics and pandemics in past time. Covid-19 pandemic spread in world and India since January 2020. It affects social, economical, cultural, health, educational areas in the world and India.

India has stood strong through covid-19 pandemic. Indian states put tremendous efforts to overcome the situation.

Jhakhand strategies against COVID-19 are App based essential health services, Reporting and social vulnerability mapping, SERO surveillance, TruNat Testing stations and Geospatial applications.

Kerala strategies towards COVID-19 response largely focused on three main aspects as effective risk commun9ication strategy, community based approach and social welfare policies Clear communication channels were established by Kerala state government. It is to inform the public, check media speculations, attend to the needs of people home quarantined and dispel fake news.

References

1. Muthu VK. A Short Handbook of Public Health. Jaypee Brothers Med. Publishers (P) Ltd, New Delhi, 2005.
2. World Health Organization. http://www.who.int/influenza/PIPGuidance09.pdf (Accessed on 10/12/13)
3. A Whole Industry is waiting for an Epidemic. http://www.spiegel.de/international /world/interview-with-epidemiologist-tom-jefferson-a-whole-industry-is-waiting-for-a-pandemic-a-637119.html (Accessed on 11/12/13)
4. World Health Organization, Media Center 24 November 2009. http://www.who.int/ mediacentre/news/releases/2009/hiv_aids_20091124/en/index.html (Accessed on 10/12/13)

5. Gupta MC and Mahajan BK. Textbook of Preventive and Social Medicine, Third Ed. Jaypee Brothers Med. Publishers (P) Ltd, New Delhi, 2003.
6. David Biello. Ancient Athenian Plague proves to be Typhoid. Scientific American. Jan. 25, 2006.
7. Verity Murphy. Past Pandemics that Ravaged Europe.BBC News, 7th Nov. 2005.
8. Lester K Little. Plague and the End of Antiquity: The Pandemic of 541:750. Cambridge University Press, Jan.2008.
9. National Geographic Society. Plague: The Black Death. http://science.national geographic.com/science/health-and-human-body/human-diseases/plague-article.html (Accessed on 10/12/13)
10. Center for Disease Control and Prevention, Atlanta, USA. http://www.cdc.gov/mmwr/ preview/mmwrhtml/00026077.htm (Accessed on 11/12/13)
11. Colette Flight. Smallpox: Eradicating the Scourge. BBC (History), 17th Feb. 2011.
12. Pal SC et al: In Ahuja MMS (Ed). Progress in Clinical Medicine, Series 1, 2nd Ed. Arnold Heinemann, Delhi, 1981.
13. Center for Disease Control and Prevention. First Global Estimate of 2009 H1N1 Pandemic Mortality Released by CDC led Collaboration, June 25, 2012.
14. Neil M. Ferguson et al. Strategies for mitigating an Influenza pandemic. Nature. 2006; 442(27):448-452.
15. World Health Organization. WHO global influenza preparedness plans. http://www. who.int/csr/resources/publications/influenza/GIP_2005_5Eweb.pdfl (2005).
16. Center for Infectious Disease Research and Policy. Pandemic Influenza. (Last Updated on June 12, 2013)
17. Jeffery K. Taubenberger, David M. Morens. 1918 Influnza: The Mother of all Pandemics. Rev Biomed; 17:69-79.
18. Science Daily. Article on Spanish Flue. http://www.sciencedaily.com/articles/s/ spanish_flu.htm (Accessed on 10/12/13)
19. Q and A: Swine Flu. BBC News, April 27, 2009.
20. World Health Group Issues Alert: Mexican President tries to isolate those with Swine Flu. Journal Sentinel. April 25, 2009.

21. Sweth a, G; Anantha Easshwar V M and S. Gopal Krishnan 2019 Epidemics and Pandemics in India throughout History: A review article Indian Journal of Public Health Research and Development 10 (8): 1570, January 2019.
22. Janmejaya Samal, 2014
23. Epidemics and Pandemics in India _SwethaGDrAnanth
24. Historical exploration of Pandemics (1)
25. www.worldometers.info/coronavirus,
26. www.coronaclusters.in

12. Response to Covid-19 by Sikkim and Madhya Pradesh States in India: Case Study I

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Dr. Narayan Bagul
HOD, Hindi dept. Vasantrao Naik College of Arts and Commerce, Murud Janjira, Raigad.

Abstract

Pandemic is the form of epidemic. It spreads through human population, infecting the part or entire world. India faced several epidemics and pandemics in past time. Covid-19 pandemic spread in world and India since January 2020. It affects social, economical, cultural, health, educational areas in the world and India.

India has stood strong through covid-19 pandemic. Indian states put tremendous efforts to overcome the situation.

Sikkim strategies in covid-19 situation is early preparedness for crises; community awareness and sanitation; screening; surveillance, disinfection; TOT-Health insurance and training to trainers for covid-19; prevention of misinformation and misreporting as well as implementation of Economic welfare schemes.

The government of Madhya Pradesh adopted pranged approach to tackle the pandemic, through strategy aiming at identification, Isolation, Testing and Treatment. First to identify coronavirus affected areas, isolate them and test their residents, then to treat the patients. If found positive.

States of India in covid situation employed multifaceted strategy which proven effective in combat with covid-19. The planning of the state governments proven the riding phase in control of COVID-19 situation. The planning of some states discuss in detail in the present paper.

Pandamics in Past

Pandemic is the form of epidemic. It spreads through human population, infecting to many people, many populations, many part of nation, entire nation, part or entire contiment, part or entire world, as per Muthu V K (2005).

Table-I List of plague and Pandemic events occurred worldwide. (derived from Janmejaya Samal, 2014)

Sl No.	Name of the Pandemic event	Year of the Event	Place of the Event	Catastrophe
PLEAGUE AND OTHER DISEASES				
1	Plague of Athens(Typhoid Fever)	430 BC	Athens	A quarter of the Athenian troops and a quarter of the population over four years.
2	Antonine Plague (Small pox)	165-180	Italian peninsula	Killed a quarter of those infected, and up to five million in all.
3	Plague of Cyprian	252-256	Rome	5,000 people a day were said to be dying
4	Plague of Justinian (Bubonic Plague)	541-750	Egypt and Constantinople	10,000 a day at its height, and perhaps 40% of the city's inhabitants
5	Black Death	14th Century	Worldwide	75 million people died
6	Third Pandemic (Plague)	19th Century	Started in China and grabbed many continent	10 Million People died in India only

Table-II List of smallpox pandemics events occurred worldwide. (derived from Janmejaya Samal, 2014)

Sl No.	Name of the Pandemic event	Year of the Event	Place of the Event	Catastrophe
SMALLPOX				
1	Smallpox	1518	Hispaniola (Dominican Republic and Haiti)	Half of native population if Hispaniola
2	Smallpox	1520	Mexico	Killed 150,000 in Tenochtitlan alone including the Emperor
3	Smallpox	1618-1619	Massachusetts Bay	90% Native Americans
4	Smallpox	1770	Pacific Northwest	30% of Native Americans
5	Smallpox	1780-1782 & 1837-1838	Indians	Drastic Depopulation

Pandemics in India

India faced several epidemics and pandemics in past time. There have been many major, significant pandemics throughout history. Pandemics and epidemics in India are as listed below-

19th Century	20th Century	21st Century
First Cholera pandemic 1817	Influenza pandemic 1918	Plague of Northern India 2002
Second Cholera pandemic 1829	Polio epidemic 1970-1990	Dengue epidemic 2003
Third Cholera pandemic 1852	Smallpox epidemic 1974	SARS epidemic 2003
Fourth Cholera pandemic 1863	Surat Plague epidemic 1994	Meningococcal Meningitis epidemic 2005
Fifth Cholera pandemic 1881		Chikungunya outbreak 2006
Bombay Plague epidemics 1896		Swine Flu outbreak 2015

India has stood strong through several epidemics and pandemics. It can be established that throughout time, many infectious diseases have become widespread due to more lack of sanitation and crowded environment. The tropical climate and the seasonal rains in India is yet another important factor contributing to several vector borne infections outbreaks in the past and many more to come, as per Sweth a, G; Anantha Easshwar V M and S. Gopal Krishnan 2019. Epidemics and Pandemics in India throughout History: A review article Indian Journal of Public Health Research and Development 10 (8): 1570, January 2019.

Covid-19 Pandemic in the World

With reference to www.worldometers.info/coronavirus, the covid-19 pandemic in world as on 22nd August 2020 is 23,145,375 total covid-19 patients, deaths were 803,649, while recovered are 15,730,632

Covid-19 Pandemic in India

As per www.coronaclusters.in the Corona India Tracker, the present covid-19 pandemic situation as on 22nd August 2020 is as depicted here as confirmed cases are 29,79,616, active cases are 6,99,882, recovered cases are 22,23,236, while deaths are 55,952.

Response to Covid-19 by Some States in India

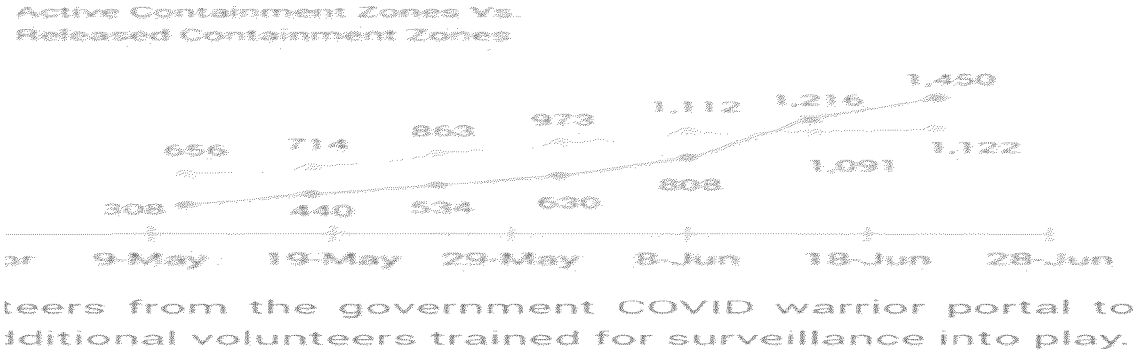
Case Study – I Response to Covid-19 by Sikkim

A) Overview

- State of India-2nd smallest
- Total population- 6.6 lakhs
- Total area- 7096 sq. km
- Sub divisions-04

- Districts-16
- Literacy rate- 81.4%

B) Graphical representation of Covid-19 cases in Sikkim



teers from the government COVID warrior portal to
ditional volunteers trained for surveillance into play.

C) Sikkim's strategies in their response

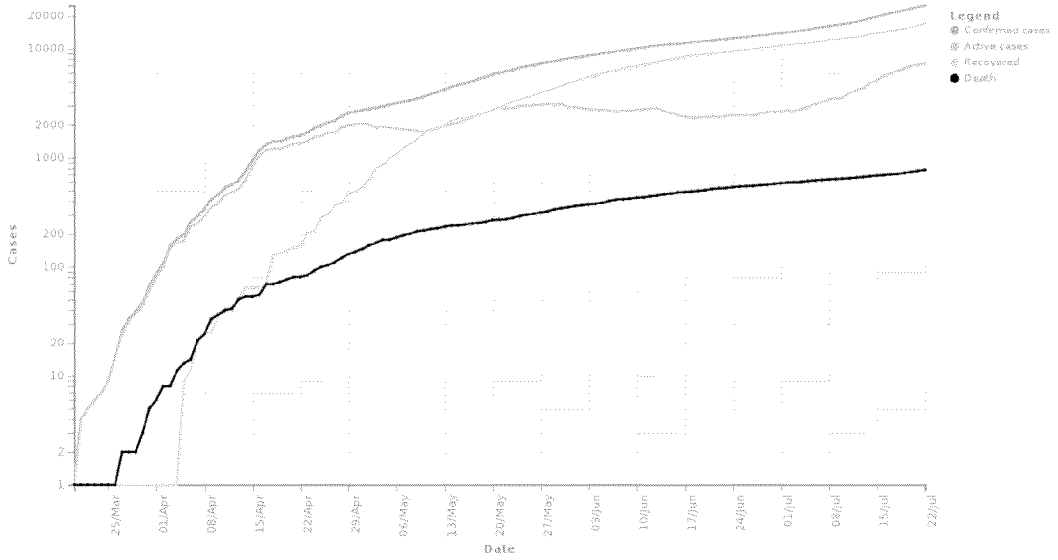
1. Early preparedness for the crises-
2. Community awareness and sanitization
3. Screening, Surveillance and disinfection
4. TOT- Health infrastructure and training to trainers for Covid-19
5. Prevention of misinformation and misreporting
6. Economic welfare schemes- The case of Sikkim presents 1336 within the state.

Case Study –II Response to Covid-19 by Madhya Pradesh

A) Overview

- State of India- 2nd largest
- Total population- 72,626,809
- Total area-308.252 sq.km
- Sub divisions- 10
- Districts-52
- Literacy rate- 70.6%

B) Graphical representation of Covid-19 cases in Madhya Pradesh-



C) Madhya Pardesh's strategies in their response

The IITT approach

The government of Madhya Pradesh adopted a four pranged approach to tackle the pandemic, through strategy aiming at identification, Isolation, Testing and Treatment IITT. First, to identify coronavirus-affected areas, isolate them and test their residents, then to treat the patients if found positive.

- Identification: identifying people with covid-19 like symptoms, through contact tracing and surveillance.
- Isolation: Isolating those who suspect they may have covid-19 or have been exposed to the virus in quarantine and keeping the positives in isolation.
- Testing: Testing all people who fit the Indian Council of Medical Research (ICMR) criteria free of cost.
- Treatment: Appropriate treatment provided as per the symptoms.

This strategy has proved to be an effective approach to combat covid-19, as the state government planned and undertook targeted measures and interventions.

Conclusion

Pandemic is the form of epidemic. It spreads through human population, infecting the part or entire world. India faced several epidemics and pandemics in past time. Covid-19 pandemic spread in world and India since January 2020. It affects social, economical, cultural, health, educational areas in the world and India.

India has stood strong through covid-19 pandemic. Indian states put tremendous efforts to overcome the situation.

Sikkim strategies in covid-19 situation is early preparedness for crises; community awareness and sanitation; screening; surveillance, disinfection; TOT-Health insurance and training to trainers for covid-19; prevention of misinformation and misreporting as well as implementation of Economic welfare schemes.

The government of Madhya Pradesh adopted pranged approach to tackle the pandemic, through strategy aiming at identification, Isolation, Testing and Treatment. First to identify coronavirus affected areas, isolate them and test their residents, then to treat the patients. If found positive.

States of India in covid situation employed multifaceted strategy which proven effective in combat with covid-19.The planning of the state governments proven the riding phases in control of COVID-19 situation. The planning of some states discuss in detail in the present paper.

References

1. Muthu VK. A Short Handbook of Public Health. Jaypee Brothers Med. Publishers (P) Ltd, New Delhi, 2005.
2. World Health Organization. http://www.who.int/influenza/PIPGuidance09.pdf (Accessed on 10/12/13)
3. A Whole Industry is waiting for an Epidemic. http://www.spiegel.de/international/world/interview-with-epidemiologist-tom-jefferson-a-whole-industry-is-waiting-for-a-pandemic-a-637119.html (Accessed on 11/12/13)
4. World Health Organization, Media Center 24 November 2009. http://www.who.int/mediacentre/news/releases/2009/hiv_aids_20091124/en/index.html (Accessed on 10/12/13)
5. Gupta MC and Mahajan BK. Textbook of Preventive and Social Medicine, Third Ed. Jaypee Brothers Med. Publishers (P) Ltd, New Delhi, 2003.
6. David Biello. Ancient Athenian Plague proves to be Typhoid. Scientific American. Jan. 25, 2006.
7. Verity Murphy. Past Pandemics that Ravaged Europe.BBC News, 7th Nov. 2005.
8. Lester K Little. Plague and the End of Antiquity: The Pandemic of 541:750. Cambridge University Press, Jan.2008.

9. National Geographic Society. Plague: The Black Death. http://science.national geographic.com/science/health-and-human-body/human-diseases/plague-article.html (Accessed on 10/12/13)
10. Center for Disease Control and Prevention, Atlanta, USA. http://www.cdc.gov/mmwr/ preview/mmwrhtml/00026077.htm (Accessed on 11/12/13)
11. Colette Flight. Smallpox: Eradicating the Scourge. BBC (History), 17th Feb. 2011.
12. Pal SC et al: In Ahuja MMS (Ed). Progress in Clinical Medicine, Series 1, 2nd Ed. Arnold Heinemann, Delhi, 1981.
13. Center for Disease Control and Prevention. First Global Estimate of 2009 H1N1 Pandemic Mortality Released by CDC led Collaboration, June 25, 2012.
14. Neil M. Ferguson et al. Strategies for mitigating an Influenza pandemic. Nature. 2006; 442(27):448-452.
15. World Health Organization. WHO global influenza preparedness plans. http://www. who.int/csr/resources/publications/influenza/GIP_2005_5Eweb.pdfl (2005).
16. Center for Infectious Disease Research and Policy. Pandemic Influenza. (Last Updated on June 12, 2013)
17. Jeffery K. Taubenberger, David M. Morens. 1918 Influnza: The Mother of all Pandemics. Rev Biomed; 17:69-79.
18. Science Daily. Article on Spanish Flue. http://www.sciencedaily.com/articles/s/ spanish_flu.htm (Accessed on 10/12/13)
19. Q and A: Swine Flu. BBC News, April 27, 2009.
20. World Health Group Issues Alert: Mexican President tries to isolate those with Swine Flu. Journal Sentinel. April 25, 2009.
21. Sweth a, G; Anantha Easshwar V M and S. Gopal Krishnan 2019 Epidemics and Pandemics in India throughout History: A review article Indian Journal of Public Health Research and Development 10 (8): 1570, January 2019.
22. Janmejaya Samal, 2014
23. Epidemics and Pandemics in India _SwethaGDrAnanth
24. Historical exploration of Pandemics (1)
25. www.worldometers.info/coronavirus,
26. www.coronaclusters.in

13. Role of Psychiatric Social Workers in during Covid-19 Pandemic

Thangaduraipandi R.
Post M Phil Trainee.
Raghu
Research Scholar.
Aravind Raj E.
Associate Professor, Department of Psychiatric Social Work, NIMHANS, Bengaluru, India.

Abstract

Outbreak of a new coronavirus disease, COVID-19, to be a Public Health Emergency of International Concern, In this article focused on psychosocial issue among vulnerable population (Children, women, elder, person with mentally ill and migrant workers) , this article focused on what are the psychosocial intervention can provide by psychiatric social worker in during pandemic.

Introduction

Social work is a one of the growing professions. Mainly it's working for social justice at individual, family, organization, community. It has theoretical knowledge, its own values, ethics and skills. Social work has mainly 2 methods primary method and secondary method. Primary method consists of Social case work, Social Group Work, Community organization. Secondary method consists of Social welfare administration, social work research and Social action.

Social workers can be used in any kind of community related activities especially during disaster or pandemic time. Studies also reporting that the professional social workers had been involved with disaster related activities since long years.Starting from the Civil War and other major disaster involvement of social workers are high level. Social workers have helped treat the post trauma issues related to mental health (Pryce & Pryce, 2000).

During covid pandemic time most of them are facing the physical distance, isolation and quarantine. All the routine activities also disrupted like closing of schools and working place. Many are unable to do what they wanted to do and where they want to be.The pandemic will impact not only our physical health, it also affects our mental health. It's a quiet natural that all we feel stress, fear, anxiety and loneliness during this time. In these stressful times professionals from different specialties like general doctor, psychiatrist, psychologist and various other

professionals are getting involved to treating illness. During this pandemic expected role of social worker is to provide psycho social intervention holisticallyto solve the psycho social problems.

Psychosocial issue in during covid- 19 with various population what commonly observed.

Children

Children are highly vulnerable especially during crisis time like Covid. To reduce the covid infectionfor children population usually closing the educational instittuions,recreational and playing placeswill be done by the government and private organisation. It will disrupt the children's usual lifestyle and can leads to distress and confusion. Due the pressure from the parents side children would exposure high level of mental stress. High level of stressor will be seen such as financial issues, distress, no faceto-face interaction with classfriends and teachers, poor personal space at home, and family poor economic condition due to lockdowns. These all factors can be leads to make them more troubles. It may create mental consequences in children(Wang et al., 2020).

Women

Women have been considered as most vulnerable groups along with children, elderly. Issues surrounding gender roles and status make the women in the community more vulnerable to psychosocial problems. These vulnerabilities vary in different communities and culture. In general, women have been facing various psychosocial issues which have further intensified due to COVID-19 situation. The significant psychosocial issues that women are facing during COVID-19 are: Abuse and violence, Interpersonal issues in the family, Issues of migrant and homeless women, Reproductive health issues of women. After COVID-19, women across India have reported a significant increase in violence especially domestic violence incidences. The National Commission for Women, New Delhi has reported that there is a two-fold increase in reporting of violence against women (Chandra, 2020)

Old Age Population

Old age populations are highly neglected by the society and family members. Especially during war time and disaster highly evident that elders are unnoticeable. During covid pandemic, this unexpected and excessive fear about the covid leads highs effects on the thoughts and emotions of the old age people. The fear about death will be there in their mind. The fear of losing their loved ones will be always there with them. Having guilt about that they are being the carriers of the infection. Due to age issues 'what after me' issues and neglecting from the family , which can in turn lead to poor compliance to the prescribed standards of precautions. Too much

information about covid pandemic that has importantly changed COVID-19 into a digital 'infodemic' can be extremely counter-productive, especially for those aged people who are staying alone, anxiety related to health, somatoform illness, confusion and fear. Covid related to issues are like loneliness, distancing from every one, sad mood, and chronic continuous stress that can leads to long term psychological issues. Research shows that increased prevalence of depressive disorders, posttraumatic stress (PTSD) and adjustment to the situation in the elderly(Banerjee et al., 2020).

Migrant workers

Next vulnerable populations are migrant workers. Migrant workers will be seen in everywhere in our country. Their sufferings like away from the family and away from the working place. Most studies explained that migrant workers are high chance of getting exposure to get mental health problems such as high level stress, fear and social drawl during pandemic(Luo et al., 2016).

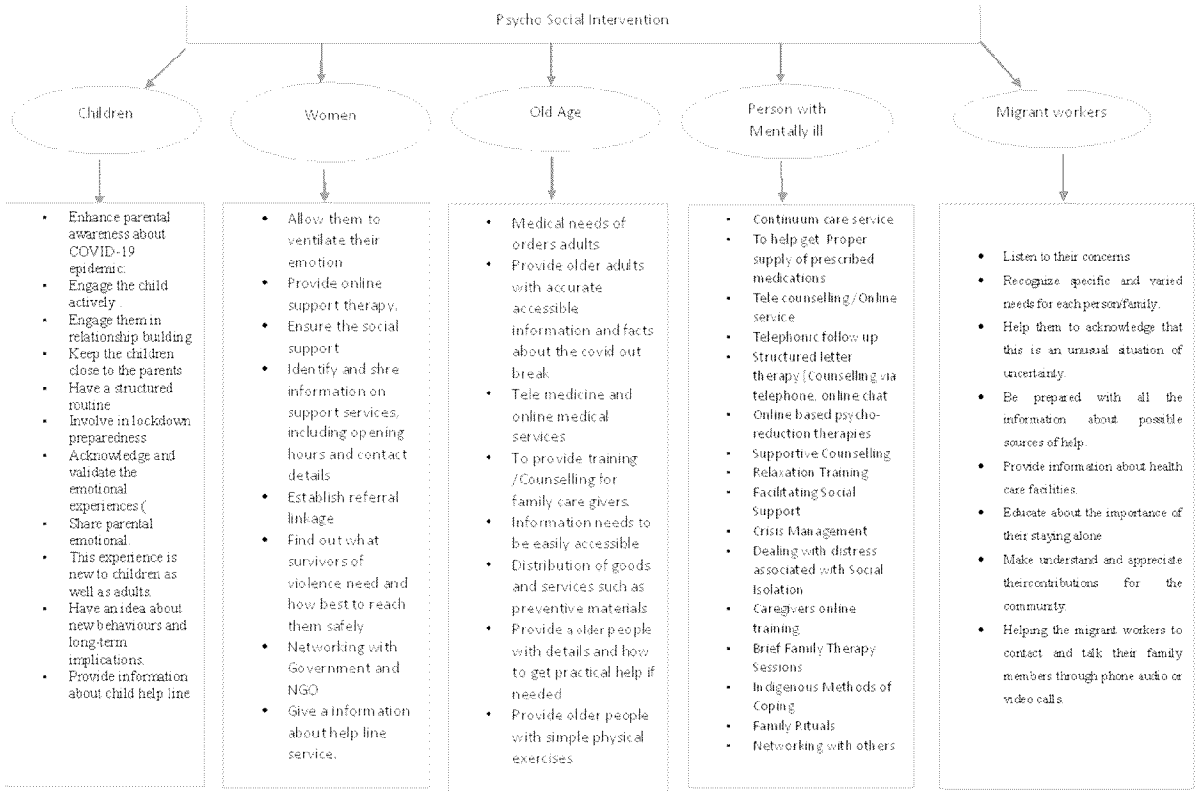
Person with Mental ill

During pandemic many problems and difficulties faced by the common people in family and community. If its person with mental illness still the risks are high. For mentally ill person there is a high chances of getting relapse of mental illness because of high stress, fear of being lonely, leading to increasein psychotic symptoms and overall reduced ability to cope with stress, self-esteem issues, and poor follow up,compare than the general population in disaster settings(Jankowski & Hamblen, 2010).

From above studies we can understand that different psycho social problems are there according to the group issues will be changing.

Role of social workers during pandemic

Learn from the history and lessons from the fears and misinformation of HIV/AIDS about transmission. People are having higher level of stigma and mis conceptions and discrimination of persons perceived as being more at risk for transmitting coronavirus. We need to execute the programs to educate public and allied providers on the facts about the coronavirus. We should know the community resources and share information with clients.



Discussion

Social work education in focus social practice at three levels: clinical, group work, and community work. It also includes policy development and management and supervision of practicing social workers. The relationship between social work education and disaster management is unavoidable. In academics Social workerspractices have to define the parameters to operationalize their influence in disaster risk management field. (Sheafor et al., 2010). In the current situation professional social workers and psychiatric social workers can involve in the process identifying psychosocial issues of the various population duringCOVID-19. Taking into this consideration social work institutions to intensify their investment in the education of social work students and practitioners in critical incident stress debriefing and specialised methods and knowledge of trauma response especially disaster situation. Social workers' education can help to better plan for disasters, increase sensitivity and productivity with respect to disaster relief and recovery efforts, provide survivors with social and mental health services, and pay adequate attention to support needs, stress management, and educating public emergency workers in their role as survivors and victims. COVID-19 also presents social workers with the rare opportunity to engage in rigorous disaster research, focusing mainly on intervention effectiveness research.

Social workers playing very important role in serving and protecting the vulnerable of peoplefrom all the psychosocial issues.

Conclusion

Covid 19 pandemic is unexpected disaster it affects the all range of people. It's over all made high level of negative consequences. Adversely affects the physical and mental health. It makes drastic changes of every one`s life. High vulnerable people like children, women, elder population, mentally ill persons and migrant workers. Government needs to give training to various community level workers. Especially professional social workers need to be trained need to utilise in community. Social workers are underutilised. During pandemic time online psycho social support also can be provided to needed people.

Reference

- Banerjee, D., D'Cruz, M., & Sathyanarayana Rao, T. (2020). Coronavirus disease 2019 and the elderly: Focus on psychosocial well-being, agism, and abuse prevention – An advocacy review. Journal of Geriatric Mental Health, 7(1), 4. https://doi.org/10.4103/jgmh.jgmh_16_20
- Chandra, J. (2020, April 3). National Commission for Women records a rise in complaints since the start of lockdown. The Hindu. https://www.thehindu.com/news/national/national-commission-for-women-records-a-rise-in-complaints-since-the-start-of-lockdown/article31241492.ece
- Jankowski, K., & Hamblen, J. (2010). The Effects of Disaster on People with Severe Mental Illness.
- Luo, H., Yang, H., Xu, X., Yun, L., Chen, R., Chen, Y., Xu, L., Liu, J., Liu, L., Liang, H., Zhuang, Y., Hong, L., Chen, L., Yang, J., & Tang, H. (2016). Relationship between occupational stress and job burnout among rural-to-urban migrant workers in Dongguan, China: A cross-sectional study. BMJ Open, 6(8), e012597. https://doi.org/10.1136/bmjopen-2016-012597
- Pryce, J. K., & Pryce, D. H. (2000). Healing psychological wounds of war veterans: Vet centers and the social contract. Tulane Studies in Social Welfare, 21(22), 267–283.
- Sheafor, B. W., Morales, A., & Scott, M. E. (2010). Social work: A profession of many faces (12th ed). Allyn & Bacon.
- Wang, G., Zhang, Y., Zhao, J., Zhang, J., & Jiang, F. (2020). Mitigate the effects of home confinement on children during the COVID-19 outbreak. The Lancet, 395(10228), 945–947. https://doi.org/10.1016/S0140-6736(20)30547-X

14. Role of NGO's in Corona Pandemics

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.
Miss. Shifa Irfan dakhni
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.

Abstract

Civil society, and voluntary and non-government organisations constitute the backbone of the collective articulation of citizen interest in a democracy. Surely, they can prove to be an asset in our fight against corona pandemic.

Though it is the responsibility of government to take care of migrant workers, the contribution and role played by Non-Governmental Organisations (NGOs) "deserves all appreciation" for coming forward to help them by providing food, water and transport during the "difficult time" of COVID-19 pandemic, the Supreme Court said on Tuesday.

The Supreme Court also praised the individuals who contributed and played an important role in extending a helping hand to the migrants and said the society, which was moved by their miseries and difficulties, has exhibited its "passion and devotion".

"Although it is the responsibility and duty of the States and Union Territories to take care of the needs of the migrant labourers, in this difficult time non-governmental organisations and individuals have also contributed and played an important role in extending a helping hand to the migrants," the Bench comprising Justices Ashok Bhushan, S K Kaul and M R Shah said.

"Non-governmental organisations coming forward to help the migrant workers and to fight the pandemic and extend help by providing food, water and transportation at their cost deserves all appreciation," the Bench said in its 30-page order by which it also directed all States and Union territories (UTs) to transport all the stranded workers to their respective destinations by train, bus or other modes within 15 days from today.

It also said there was a need for States and Union Territories to streamline the vigilance and supervision of actions of their officers and staff for taking appropriate action so that the measures and schemes reach the beneficiaries

"High Courts being constitutional courts are well within their jurisdiction to take cognizance of violation of fundamental rights of migrant workers and we have no doubt that those proceedings shall proceed after considering all aspects including the response of concerned authorities," the Bench said.

"There can be no exception to the policies and intentions of the State but what is important is that those on whom implementation of circulars, policies and schemes are entrusted are efficiently and correctly implementing those schemes," the Bench observed

Key Words:- COVID-19; NGOs; SEWA; HELP AGE; Food; Medicine; Migrant; Migration; Shelter; EWS; 60 Staffs; Feeding; Caring; Clothing; CII, FICCI, PPEs, States; UTs; NASSCCOM;

Introduction

The article highlights the valuable role played by the civil society, and NGO in the pandemic. They constitute the backbone of the collective expression of citizen interest in a democracy. So, read about the ways in which they contributed in dealing with destruction due to pandemic.

In a bid to combat the spread of the novel COVID-19 virus, governments across the world have been scrambling to engage in mass testing, quarantines, contact tracing and eventual shutdowns. On March 24, Indian Prime Minister Narendra Modi took the drastic step — with just a few hours advance notice — of ordering the immediate three-week lockdown of the entire country. While this measure was necessary and prudent, it brought to the fore India's track record of poorly executing decisions that affect the whole country, especially as it stranded thousands of suddenly out-of-work migrant workers and placed marginalized communities further at risk.

Amid the massive disruption caused by the pandemic, local non-government organizations (NGOs) have sprung into action to fill in the gaps of communication and delivery of essential items to underserved communitiess.

The World Bank defines NGOs as private organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development.

NGOs are legally constituted organizations which operate independently from Government and are generally considered to be nonstate, nonprofit oriented groups who pursue purposes of public interest.

Content for Discussion

The nature and scale of the crisis which the COVID-19 pandemic has led to is unparalleled**.** In such a scenario, solutions are unlikely to come from past experiences or best practices. The biggest source of strength now is the partnerships we have built over the years. The situation at hand calls forstakeholdersto cometogether, work side by side and support each other. The fight against COVID-19 needed as many hands as were available. The job was too big for the government to handle alone.

The strategy was to leverage verticaland horizontal partnerships**:** Verticalpartnerships, which the stakeholders have built within their organisations and horizontalpartnerships, which the government has institutionalised with stakeholders.This is precisely what one of the Empowered Groups created by the government has been doing since it was formed.

Significance of NGOs

The NGOs, given their deep connect with sectoral issues were a natural partner in this endeavour. There is nobody better placed than the NGOs to understand the pulse at the grassroots and engage closely with communities. Around 92,000 organisations were urged to partner with district administrations and contribute to the response efforts.

How the NGOs helped?

Chief Secretaries of all states were requested to engage NGOs in relief and response efforts and designate state and district nodal officers to coordinate with them.The approach was to leverage the strength and reach of the local NGOs in identifying priority areas for action and avoid duplicity of efforts.

NGOs have been actively setting up community kitchens, creating awareness about prevention, and physical distancing, providing shelter to the homeless, the daily wage workers, supporting government efforts in setting up health camps and in deputing volunteers to deliver services to the elderly, persons with disabilities, children, and others.

An outstanding contribution of NGOs was in developing communication strategies in different vernaculars which went a long way in taking awareness measures to the community level.Akshaya Patra, Rama Krishna Mission**,** Tata Trusts, Piramal Foundation, Bill and Melinda Gates Foundation**,** Action Aid, International Red Cross Society, Prayas, Help-age India, SEWA, Sulabh International, Charities Aid Foundation of India, Gaudia Math, Bachpan Bachao

Andolan, the Salvation Army, and Catholic Bishops' Conference of India are some partners who have embodied the whole-of-society approach in COVID-19 response management.

The Indian government also appealed to nearly 92,000 NGOs for assistance in identifying the Coronavirus hotspots and providing critical services to vulnerable groups of people including the elderly and children, persons with disabilities, transgender persons, the homeless, daily wage workers, migrant workers and urban poor families.

With lockdowns in every state being slowly lifted, and the number of cases and deaths spiking, containing the virus has become even more critical. While NGOs in every region have been tirelessly working on the ground to provide food, rations and hygiene kits to the poor, they are also performing the important task of creating awareness about the virus and preventing its spread, educating people on social distancing, helping to combat the stigma, providing shelter and setting up community kitchens for those in need.

Urban slums dot various metropolitan cities across India. According to some studies, at least one in four Indian reside in such slums. Slum dwellers typically have little or no leverage in the corridors of power. They tend to lack access to adequate food, clean drinking water, sanitation, healthcare and education facilities. In extreme cases, such slums are also at the receiving end of overnight demolitions in favor of building malls or other properties that are more economically attractive.

Against this backdrop, NGOs serve an important role, working to help these underserved populations. First, they help fill in the gaps that governments often neglect. Second, they create local networks and resources, often drawing from the very same pool of people they help. Third, they foster upward mobility for slum dwellers by generating jobs. Fourth, they create credibility banks that are often used during emergency situations. Fifth, those that are well-staffed and organized maintain records of the work they do, thereby providing a repository of valuable data that can later be accessed.

Bangalore (officially known as Bengaluru), India's Information Technology (IT) capital and home to more than eight million inhabitants, has over 2,000 slums. More than 20 different organizations work with a range of slums and economically weaker sections of the society to provide aid, educate the young, generate employment, raise awareness on basic hygiene and represent politically. These organizations' services came into special use during the lockdown.

While the central government has taken some steps to prevent infections from spreading more rapidly, it has been far more difficult to reach Bangalore's hundreds of slums and Economically Weaker Sections (EWS). This could be due either to lack of access to news media or general distrust of government initiatives, particularly among the poorest segments of society.

The sudden announcement by the central government to shut down the country for 21 days hit slum dwellers and daily workers especially hard. First, many slum dwellers do not own televisions or radios, and were therefore caught by surprise by the lockdown.

Many day laborers were unable to earn wages due to the closure of construction and other industries. Third, many were unable to buy food for their families since these rations are purchased on a day-to-day basis. Finally, numerous cases of the use of excessive force by police in enforcing the lockdown have been documented. Meanwhile, local authorities — overwhelmed by the myriad challenges of responding to the COVID-19 pandemic — simply lack the capacity to meet the needs of marginalized communities.

Civil society actors have stepped in to help fill gaps in underserved communities in Bangalore during this unprecedented public health emergency. About 20 such organizations — including The United Foundation, Our Nation, and Heera Foundation — formed an Emergency Response Team and began aid works under the campaign name called Mercy Mission. All the members of this ad hoc coalition have deep roots in and have built strong networks throughout the city of Bangalore and abroad. For ten years or more, they have been actively working on the ground, conducting annual surveys and food distribution drives. This experience has enabled them to easily identify those most at risk and in need — widows, orphans, physically challenged, orphans, the ill or infirm, the elderly, single parents, wage workers, and so on.

GO staffs have procured raw materials from local vendors, with whom they have had long-standing relationship. Based on the trust and transparency established with the NGOs, the vendors have been ready to offer goods on credit and even to forgo payment in order to show their support for the initiative. The NGOs have been particular about not opting for cheaply priced goods, if that meant compromising on quality. Many vendors directly transported the goods to the slums, cutting out retailers, in order to prevent hoarding and profiteering.

To carry out relief work safely without being penalized for breaking the lockdown rules, the NGOs have needed to integrate the local police officers and municipal officials into their work. In the past, police officers had been invited to preside as Chief Guests in annual

celebrations thus, establishing credibility with such institutions. Given that politicians are not quite involved with the NGOs in these areas, financially better-off individuals living in/near these slum areas, end up becoming caretakers of their immediate neighborhoods. These people have also helped with distribution.

Police authorities have put a system in place, whereby they provide NGOs with passes for every individual involved in on-ground relief work. To do so, the local members formed a team and submitted specific names to the police authorities to gain permission. Considering the infectious nature of the virus, no mass distribution has been done. Instead, NGOs have relied upon door-to-door distribution, arranging for two wheelers and auto rickshaws to deliver kits to households in various by-lanes.

Volunteers have been educated on the risk factors, and on the precautions to be taken during the distribution (e.g., the wearing of protective masks and gloves, the use of hand sanitizers, etc.). To avoid any chaos and crowding of people, the distribution has been carried out in the early morning hours.

To aggressively promote the campaign, a dedicated social media team (working remotely) has publicized efforts through Facebook, WhatsApp, Instagram and Twitter. They also have approached many bloggers, influencers and celebrities to promoted the campaign on their respective social media accounts. Given that Instagram is the most popular platform, they have employed captivating hashtags, well-curated captions, and content.

Apart from social media, the NGOs have reached out to their existing lists of supporters, especially individuals who had contributed generously to their previous initiatives. The team also has introduced the concept, "Mercy Champions – motivating, activating agents," whereby they honor individuals who pledge to donate a substantial number of food kits, and successfully accomplish fundraising for the same by the stipulated date. Additionally, the team has set up two helplines.

The team has pre-recorded various messages by prominent doctors and community members to gain credibility and has posted these audio clips on loop in several key areas and slums. In addition, these tapes have been added to volunteers' vehicles to further drive home the messages. Volunteers have been instructed to ensure individuals are made aware of the virus and its basic features.

Finally, hosts of additional volunteer doctors and health workers have been recruited to ensure that timely advice and help is provided. These volunteers also advise communities regarding funeral services and final rites for individual that have succumbed to the virus.

In all, more than 1,000 volunteers from different parts of the city have helped coordinate on-the-ground and remote or virtual efforts on an adhoc basis. In fact, most of the volunteers work offline and in their homes, with a very small number tasked with distributing food, thereby minimizing the risk of spreading the virus. According to organizers of the initiative, more than 20,000 families were provided for within the first week of the shutdown, with daily increments of families helped by the organizations.

Similarly, many other organizations and actors across India have sprung up, taking charge and helping make sense of the chaos. National organizations such as Feeding India, Give India, Goonj, and many others have teamed up with local actors as well as crowd-funding websites to help bridge the gap, feed the hungry and organize funding for these operations.

In the coming weeks and months, the world will be beset by the virus and its deadly effects on cities, towns, and villages. Country-wide lockdowns will likely become a staple for developed and developing nations alike. Against this backdrop, civil society actors will play massively important roles in reducing the hardship faced by underserved communities. First, they will become necessary lifelines and force multipliers for governments that will be struggling to deal with healthcare and essential commodities.

Second, they will likely be able to leverage their past actions and subsequent credibility to drive the message of social/physical distancing to populations that may be sceptical of government communication.

Third, they will help forge bonds of solidarity and common purpose between and among wealthier segments of society and marginalized populations.

Fourth, by their actions and example, they will play a crucial role in creating alternate narratives of effective governance, holding government institutions to higher levels of performance and accountability.

Finally, and perhaps most importantly, the form of civil society-state cooperation on display in Bangalore and elsewhere during these extraordinary circumstances could provide the inspiration and the model for proactive partnerships aimed not just at preparing for the next

public health emergency but also for ameliorating the living conditions for underserved populations in ordinary times.

Important role played by startups

The crisis has brought out the best in the start-up space.Many of them have risen to the occasion and accelerated the development of low cost, scalable, and quick solutions.The results have been promising.

AgVa accelerated the development of ventilators which arelow-cost, mobile, low on power consumption and require minimal training for operators.Biodesign has developed a robotic product called ResperAid, which enables mechanised use of manual ventilators.Kaaenaat has developed highly portable ventilators which can be used to serve two patients simultaneously and has a built-in battery, oxygen concentrator, and steriliser cabinet.The products of a few non-ventilator start-ups too came to the aid of the COVID-19 fighting machinery.

The AI-enabled analysis of chest X-Rays developed by Qure.ai enables large-scale screening to identify potential cases.GIS and geo-fencing technologies by Dronamaps enabled information cluster strategies for hotspots.AI-powered online doctor consultation and telemedicine platform by Mfine connects diagnostics labs and pharmacies with doctors and patients.The AI-enabled thermal imaging camera developed by Staqu facilitated large-scale screening at low cost.These developments strengthen the argument that low-cost and scalable solutions designed and developed domestically must drive our country's transformation.

How the stakeholders operated through partnership?

The manner in which stakeholders have responded to the pandemic reinforces the power of partnerships.In fact, they have operated through partnerships.The NGO leaderships created momentum throughout their networks and delivered the much needed response.They also brought to the attention of the group the problems from the grassroots.Multiple agencies of international development organisations designed and executed joint response initiatives, leveraging their presence across the country.

The coalitions which industry organisations such as CII, FICCI, and NASSCOM have built over the years brought people and resourcestogether, identified problems at multiple levels, channelised ideas and solutions and facilitated innovations.The role played by the government

has been facilitative in nature.This role was based on the **institutional and informal partnerships** built with the three groups of stakeholders over the years.

Adaptiveness of Indian Industry

Until three months ago, not a single N95 mask or personal protective equipment (PPE) was manufactured in India.Today, we have 104 domestic firms making PPEs and four manufacturing N95 masks.Over 2.6 lakh PPEs and twolakh N95 masks are being manufactured in India, daily.Domestic manufacturing of ventilators has strengthened manifold — orders for more than 59,000 units have been placed with nine manufacturers.While this shows the adaptiveness of Indian industry**,** the shift to domestic production must happen on a largerscale for a wider set ofsectors in the long run, as envisioned by Make in India.

Conclusion

Civil society, and voluntary and non-government organisations constitute the backbone of the collective articulation of citizen interest in a democracy. Surely, they can prove to be an asset in our fight against corona pandemic.

Though it is the responsibility of government to take care of migrant workers, the contribution and role played by Non-Governmental Organisations (NGOs) "deserves all appreciation" for coming forward to help them by providing food, water and transport during the "difficult time" of COVID-19 pandemic, the Supreme Court said on Tuesday.

The Supreme Court also praised the individuals who contributed and played an important role in extending a helping hand to the migrants and said the society, which was moved by their miseries and difficulties, has exhibited its "passion and devotion".

"Although it is the responsibility and duty of the States and Union Territories to take care of the needs of the migrant labourers, in this difficult time non-governmental organisations and individuals have also contributed and played an important role in extending a helping hand to the migrants," the Bench comprising Justices Ashok Bhushan, S K Kaul and M R Shah said.

"Non-governmental organisations coming forward to help the migrant workers and to fight the pandemic and extend help by providing food, water and transportation at their cost deserves all appreciation," the Bench said in its 30-page order by which it also directed all States and Union territories (UTs) to transport all the stranded workers to their respective destinations by train, bus or other modes within 15 days from today.

It also said there was a need for States and Union Territories to streamline the vigilance and supervision of actions of their officers and staff for taking appropriate action so that the measures and schemes reach the beneficiaries

"High Courts being constitutional courts are well within their jurisdiction to take cognizance of violation of fundamental rights of migrant workers and we have no doubt that those proceedings shall proceed after considering all aspects including the response of concerned authorities," the Bench said.

"There can be no exception to the policies and intentions of the State but what is important is that those on whom implementation of circulars, policies and schemes are entrusted are efficiently and correctly implementing those schemes," the Bench observed

Reference

1. (2020). COVID-19 control in low-income settings and displaced populations: What can realistically
2. A., Boyd, O., Cattarino, L., Cucunuba, Z., Cuomo-Dannenburg, G., Dighe, A., Donnelly, C. A.,Ilaria Dorigatti, S. v. E., FitzJohn, R., Flaxman, S., Fu, H., Gaythorpe, K., ...Ghani, A. C. (2020).
3. A., Cucunuba, Z., Cuomo-Dannenburg, G., Dighe, A., Dorigatti, I., Fu, H., Gaythorpe, K., Green,
4. be done? London, UK. Retrieved March 30, 2020, from https://www.lshtm.ac.uk/media/34811
5. Begley, S. (2020). A plea from doctors in Italy: To avoid COVID-19 disaster, treat more patients at home.
6. Betsch, C. (2020). How behavioural science data helps mitigate the COVID-19 crisis. Nature Human Be-
7. Boston, MA, USA, Boston Globe Media. Retrieved March 26, 2020, from https://www.statnews.com/2020/03/21/coronavirus-plea-from-italy-treat-patients-at-home/
8. College-COVID19-Global-Impact-26-03-2020.pdf8
9. College-COVID19-NPI-modelling-16-03-2020.pdf
10. community media platform in rural India, In Proceedings of the eighth international conference on
11. COVID-19 pandemic and humanitarian crises in Italy: Changing perspectives on preparation and

12. Dahab, M., van Zandvoort, K., Flasche, S., Warsame, A., Spiegel, P. B., Waldman, R. J., & Checchi, F.
13. Fazzi, F., Naspro, R., Longhi, L., Cereda, M., & Montaguti, C. (2020). At the epicenter of the
14. Ferguson, N. M., Laydon, D., Nedjati-Gilani, G., Imai, N., Ainslie, K., Baguelin, M., Bhatia, S., Boonyasiri,
15. Gram Vaani. (2020a). COVID-19 response services. Gurugram, National Capital Region (Delhi), Haryana,
16. Gram Vaani. (2020b). Gram Vaani: Community Media. Gurugram, National Capital Region (Delhi), Haryana,
17. haviour. https://doi.org/10.1038/s41562-020-0866-1
18. https://blog.giveindia.org/ngos-in-india/ngos-and-their-critical-role-in-the-covid-19-crisis/
19. https://www.civilsdaily.com/news/examining-role-played-by-civil-society-and-ngos-in-fight-against-covid-19/
20. https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-
21. https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-
22. https://www.researchgate.net/publication/340095908 Resources for Primary Care Providers to
23. https://yourstory.com/socialstory/2020/04/ngo-poor-food-covid-19-coronavirus
24. India, OnionDev Technologies. Retrieved April 5, 2020, from https://gramvaani.org/?p=3631
25. India, OnionDev Technologies. Retrieved April 5, 2020, from https://gramvaani.org/
26. information and communication technologies and development - ICTD'16, New York, USA, ACM
27. Jordan, J., Yoeli, E., & Rand, D. G. (2020). Don't get it or don't spread it? comparing self-interested versus
28. March 26, 2020, from www.mohfw.gov.in/pdf/Preventionand Management of COVID19FLWEnglish.
29. Meet Patients Needs During the COVID-19 Epidemic mitigation. Catalyst, 1 (2). https://doi.org/10.1056/CAT.20.0080

30. MoHFW. (2020). Role of frontline workers in the prevention and management of coronavirus. Retrieved
31. Moitra, A., Das, V., Vaani, G., Kumar, A., & Seth, A. (2016). Design lessons from creating a mobile-based
32. Mor, N. (2020). Resources for primary care providers to meet patients needs during the COVID-19 epidemic.
33. Nacoti, M., Ciocca, A., Giupponi, A., Brambillasca, P., Lussana, F., Pisano, M., Goisis, G., Bonacina, D.,
34. Noora Health. (2020). How it works. Bangalore, India, Noora Health. Retrieved April 5, 2020, from www.noorahealth.org
35. Pdf
36. pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand (tech.
37. Press. https://doi.org/10.1145/2909609.2909670
38. prosocially framed COVID-19 prevention messaging. unpublished. https://doi.org/ 10.31234/osf.io/
39. rep.). London, UK, Imperial College COVID-19 Response Team. Retrieved March 25, 2020, from
40. Rubin, E. J., Baden, L. R., & Morrissey, S. (2020). Audio interview: Practical measures to help pre-vent COVID-19. New England Journal of Medicine, 382 (13),e32.https : /doi.org/10.1056/NEJMe2006742
41. The global impact of COVID-19 and strategies for mitigation and suppression (tech. rep.). London, United Kingdom, Imperial College COVID-19 Response Team. Retrieved March 27, 2020, from
42. W., Hamlet, A., Hinsley, W., Okell, L. C., van Elsland, S., ...Ghani, A. C. (2020). Impact of non-
43. Walker, P. G., Whittaker, C., Watson, O., Baguelin, M., Ainslie, K. E. C., Bhatia, S., Bhatt, S., Boonyasiri,
44. yuq7x

15. Focus on Vital Role Played by National Service Scheme (NSS) during COVID-19:- Its Review

Dr. Shaikh Sajid F.
Department of Chemistry, Anjuman Islam Janjira Degree College of Science, Murud- Janjira (M.S.), India.
Dr. Jadhav Bhagwan V.
Department of Chemistry, C. K. Thakur A. C. S. College, New Panvel (M.S.), India.

Abstract

National Service Scheme, under the Ministry of Youth Affairs and Sports Government of India, popularly known as NSS was launched in Year 1969 with primary focus on the development of personality of students through community service. Today, NSS has more than millions student volunteers on its roll spread over the country. It is observed that students seeking higher education with NSS render their service for betterment of society. As we all know, Since December 2019, Coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is an ongoing global health emergency. Here researcher is trying to highlight vital role played by NSS during Covid-19 in terms of awareness about health and hygiene as well as helps to lockdown affected victims.

Keywords:- National service scheme, COVID-19, SARS-CoV-2, MERS.

I) Introduction

a. About National Service Scheme

The National Service Scheme (NSS) is a major youth activity intended to engage the students of colleges and universities in community service on a voluntary basis. It was launched on 24th September 1969 on the birth centenary of Gandhiji, who conceived the idea of involving youth in constructive service.

NSS is the one of the social service in India used to impart the good values to the students. It is the group activity which helps the student to impart co-operation, tolerance, teamwork, imagination, creativity, responsibilities and leadership. The extension activities are mainly carried out through NSS & these activities are created a social awareness about the environment, health and the natural resources in the community. It is an ideal value based

programme for the youth. It is helped to reducing the distance between the academic institutions and communities. It is helps the students to become mentally and physically more active so that they can become a responsible citizen in the country and society which helps for the nation.

b. Aims and Objectives of N.S.S.

The main objectives of National Service Scheme (NSS) are:

- Understand the community in which they work
- Understand themselves in relation to their community
- Identify the needs and problems of the community and involve them in problem-solving
- Develop among themselves a sense of social and civic responsibility
- Utilize their knowledge in finding practical solutions to individual and community problems
- Develop competence required for group-living and sharing of responsibilities
- Gain Skills in mobilizing community participation
- Acquire leadership qualities and democratic attitudes
- Develop capacity to meet emergencies and natural disasters and
- Practice national integration and social harmony

c. About COVID-19

1. What is COVID-19?

Coronavirus disease 2019 (COVID-19) is defined as illness caused by a novel coronavirus now called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a new virus in humans causing respiratory illness which can be spread from person-to-person.

2. Where COVID-19 cases found first?

The first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China.

3. In which age group COVID-19 spreads?

Now it has been seen that COVID-19 spreads in all age group stating from new born babies to older peoples.

4. Does Covid-19 spread in Animals?

Coronaviruses are a large family of viruses that can cause illness in animals or humans. In humans there are several known coronaviruses that cause respiratory infections. These

coronaviruses range from the common cold to more severe diseases such as severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and COVID-19.

5. What are the symptoms of Covid-19?

A wide range of symptoms for COVID-19 have been reported[4]. These include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Headache
- Nasal congestion or runny nose
- Muscle or body aches
- Sore throat
- New loss of smell or taste
- Nausea or vomiting
- Diarrhea

The estimated incubation period is between 2 and 14 days with a median of 5 days. It is important to note that some people become infected and do not develop any symptoms or feel unwell.

II) Objectives of Study

- To know the role of NSS during COVID-19
- To gain scientific knowledge about COVID-19 disease
- To focus work done by N.S.S. units during COVID-19
- To suggest innovative ideas for fighting against COVID-19

III) Vital role played by N.S.S. during COVID-19

1. Awareness about COVID-19 amongst society

a) Awareness on COVID-19 through digital posters:- Through digital posters, we could reach out to larger audience with the help of all social media accounts. The use of social media is that the messages passed by the government and authorities on COVID-19 are passed across to everyone by NSS volunteers.

b) Awareness on COVID-19 through handmade posters:- To spread awareness on health advisories, NSS volunteers prepared handmade posters as per guidelines issued by the government. These posters were displayed at public places to aware peoples in the society.

c) Videos on awareness regarding COVID-19:- Multimedia is said to be one of the most effective means of communicating your ideas and messages. The volunteers shot and edited videos for spreading awareness about the benefits of social distancing, need to stay at home, use of digital means to do things, work and study from home and different activities that can be carried out by individuals by staying at home to notify, encourage and motivate the society.

2. Awareness about Covid-19 through Quiz competition

The number of colleges organized quiz competitions based on awareness about COVID-19 amongst society.

3. Preparation and donation of Mask

The volunteers were given tips and guidelines about preparation of masks at home to be distributed to needy peoples of Society so that the people may use them while stepping outside their who during making purchase of essential goods and services for their protection.

4. Food arrangement for daily basis labor who lose their employment during lockdown

Some of the Colleges having NSS units along with NSS volunteers made arrangement of food for daily basis labor and beggars.

5. Awareness to society about the working and benefits of Aarogya Setu App

Initiated by the central government, the Aarogya Setu App is an important feature to track the interaction of residents with potential COVID-19 positive patients. The volunteers themselves downloaded the app and have helped people around to download app.

6. Distribution of remedial drug in society

To build the immunity of peoples in the society, NSS unit of some colleges also distributed remedial drugs such as Arsenic album tablets as per suggested by AAYUSH department, Govt. of India.

7. Distribution of Sanitizer

Some colleges having NSS units along with volunteers prepared Sanitizer in their institute and made it available for distribution in society.

8. Distribution of Ration (Grocery) packets to poor families

The NSS volunteers took initiative to recognize the difficulties faced by the people around their homes and delivered various goods and essential materials to those who required them.

9. Online Workshop on COVID-19 Stigma & Discrimination

NSS volunteers attended online workshop on COVID-19 Stigma and Discrimination organized by NSS Unit to understand the true effects and causes of spread of COVID-19 so that the various misconceptions regarding the pandemic may be averted and correct information will be percolated within the society.

10. Blood donation camp organization

The major activity of all NSS unit who organizes blood donation camp in every academic year. But in this critical situation, NSS units also organized blood donation camp and collected blood units were handover to blood bank through it reached to needy patients of society who suffer from COVID-19 disease.

IV) Preventive measures to be adopted to fight against COVID-19

There are a number of ways to prevent the spread of COVID-19 infection. These include:

- Avoid touching your eyes, nose and mouth
- Avoid close contact with people who are sick
- Remember that some people without symptoms can still spread the virus
- Stay at home when you are sick
- Cover your cough or sneeze with a tissue, then dispose of it properly
- Use a face covering when physical distancing is difficult or when going into closed spaces
- Physical distancing should be at least 1 meter (3 ft)
- Clean and disinfect frequently touched objects and surfaces
- Perform hand hygiene with soap and water or use alcohol-based hand rub
- Hand Rub should contain at least 60% alcohol
- Hand washing should be done for at least 40-60 seconds based on WHO's recommendations

V) Conclusion

National service scheme has its own identity; it can be used for betterment of the society by proper implementation at higher education to create social responsibility of the students. Through the conclusion that the 'Role of National Service Scheme during COVID-19' which plays an very important role in present scenario, overall it focuses on community needs, health, family welfare and Nutrition programmes and finds the practical solution for these problems in community itself. Thus it develops sharing of responsibilities and group living. It minimizes a communication gap between not only volunteers and community but also higher academicians of institutions and universities with society through National service scheme. The participation in national calamities renders a fact of aims and objectives of aliveness in society among volunteers. From this review, it is concluded the role played by National service scheme during COVID-19 is appreciable which helps to create awareness amongst society as well as to fulfill the needs of lockdown victims.

VI) Reference

1. Hans, Gurmeet: Student Volunteers for Social Service. Indian Journal of Social Work, **LVI(1):** 39-52 (1995).
2. National Service Scheme Manual: Department of Sports and Youth Affairs, Ministry of Human Resources Development, Government of India, New Delhi (1987).
3. National Service Scheme Manual: Department of Sports and Youth Affairs, Ministry of Human Resources Development, Government of India, New Delhi (1997).
4. National Service Scheme Manual, Ministry of Youth Affairs and Sports, Government of India, New Delhi (2006)
5. Saiyidain, K.G.: National Service for the Youth. Manager of Publications, Government of India, New Delhi (1961).
6. Deekshitha, Role of National Service Scheme (NSS) in creating social responsibility at higher education,International Journal of Scientific Research and Modern Education (IJSRME) ISSN (Online): 2455 – 5630 (www.rdmodernresearch.com) Volume I, Issue I, 2016 756.
7. Anil Kumar. M. K. and R. Shivappa, Role of National Service Scheme in the Prevention of HIV/AIDS among Adolescents, Global Journal of Management and Business Studies.ISSN 2248-9878 Volume 3, Number 10 (2013), pp. 1057-1060

8. Rohit Madhukar Nikam, Kailash Haribhau Kapadnis and Ratan Yadav Borse, Role of National Service Scheme in enhancing Rational Values in Society, International Journal for Research in Applied Science & Engineering Technology (IJRASET) Volume 8 Issue IV Apr 2020 2
9. Kit-San Yuen, Zi -Wei Ye, Sin-Yee Fung, Chi-Ping Chan and Dong-Yan Jin, SARS-CoV-2 and COVID-19: The most important research questions, Cell & Bioscience, 16th March 2020. 69
10. Ministry of Youth Affairs & Sports Govt. of India (2012)
11. WHO. Clinical management of severe acute respiratory infection when COVID-19 is suspected. 13 March 2020.
12. WHO. Guide to local production: WHO-recommended handrub formulations pdf. April 2020.
13. WHO. Advise on the use of masks in the context of COVID-19. 5 June 2020.
14. WHO. Infection prevention and control during health care when novel coronavirus disease (COVID-19) is suspected or confirmed.29 June 2020.
15. Google search

16. Discoveries of Corona Vaccine

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janjira Degree College of Science, Murud Janjira, Raigad.
Miss. Muskan Khalil Daroge
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.

Abstract

The scientists and researchers all over the world are having a race against time to find the vaccine for the SARS-CoV-2 virus, which has claimed more than 4,70,000 lives globally. A team of Nigerian scientists has claimed that they have discovered the vaccine for the novel coronavirus. The news about the discovery of the vaccine was announced on Friday by the Scientist from Nigerian Universities under the aegis of COVID-19 Research Group. As per The Guardian Nigeria, Dr Oladipo Kolawole, a specialist in Medical Virology, Immunology and Bioinformatics, at Adeleke University, Ede in Osun, and leader of the research team, said that the vaccine was being locally developed in Africa for Africans.

As per Dr Oldipo, the vaccine will take a minimum of 18 months to become available to the public.Many trials and approvals are required by the medial authorities before the vaccine becomes available.

"We are glad that a vaccine that will provide a solution to a global problem like coronavirus pandemic is coming from the garden. It is our passion to be a solution provider to such a global pandemic, and we are ready to throw our weights behind the team and make the vaccine a reality," said Prof Solomon Adebola, the Acting Vice-

The vaccine is real. We have validated it several times. It is targeted at Africans, but will also work for other races. It will work. It cannot be faked. This is a result of the determination. It took a lot of scientific efforts. The population of those that need vaccines is more than those that need drugs.

That is why the research focussed on a vaccine," shared Prof Julius Oloke, the Head, Coordinating Unit of the Research Group and Vice-Chancellor of Precious Cornerstone University, Ibadan. At present, around 13 experimental COVID 19 vaccines are being tested in more than 120 human candidates.COVID-19 (coronavirus) vaccine: Get the facts

A vaccine to prevent coronavirus disease 2019 (COVID-19) is perhaps the best hope for ending the pandemic. Currently, there is no vaccine to prevent infection with the COVID-19 virus, but researchers are racing to create one.

Coronaviruses are a family of viruses that cause illnesses such as the common cold, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS).COVID-19 is caused by a virus that's closely related to the one that causes SARS. For this reason, scientists named the new virus SARS-CoV-2.

Coronaviruses have a spike-like structure on their surface called an S protein. (The spikes create the corona-like, or crown-like, appearance that gives the viruses their name.) The S protein attaches to the surface of human cells. A vaccine that targets this protein wouldprevent it from binding to human cells and top the virus from reproducing. Past research on vaccines for coronaviruses has also identified some challenges to developing a COVID-19 vaccine, including: Ensuring vaccine safety. Several vaccines for SARS have been tested in animals. Most of the vaccines improved the animals' survival but didn't prevent infection. Some vaccines also caused complications, such as lung damage. A COVID-19 vaccine will need to be thoroughly tested to make sure it's safe for humans. Providing long-term protection. After infection with coronaviruses, re-infection with the same virus though usually mild and only happening in a fraction of people is possible after a period of months or years. An effective COVID-19 vaccine will need to provide people with long-term infection protection.

Protecting older people. People older than age 50 are at higher risk of severe COVID-19. But older people usually don't respond to vaccines as well as younger people. An idealCOVID-19 vaccine would work well for this age group.

Global health authorities and vaccine developers are currently partnering to support the technology needed to produce vaccines. Some approaches have been used before to create vaccines, but some are still quite new.

Introduction

The drug developed by Moscow's GamaleyaInstitute and the Russian Direct Investment Fund may beapproved for civilian use within three toseven days of registration by regulators. A Russian state virology institute hasstarted human trials of the country' second potential Covid-19 vaccine. Amidt herising novel coronavirus infectionsand deaths in the world, Russia says thatit plans to register a coronavirus vaccineas soon as 10 August to 12 August,which can also be touted as the world'sfirst Covid-19 vaccine, according to areport. The drug developed by

Gamaleya Institute and the RussianDirect Investment Fund may beapproved for civilian use within three to seven days of registration by regulators, according to a person familiar with the process, who asked not to be identified because the information isn't public, according to a Bloomberg report. The individual was feeling fine, the agency had reported.Moreover, Russian drugmaker R-Pharm has signed a deal with AstraZeneca for it to manufacture a coronavirus vaccine being developed by the British pharmaceuticals giant and Oxford University, it said earlier. Following allegations from UK, Canada and the United States that hackers backed by Russia were trying to steal Covid-19 vaccine and treatmentresearch, the head of Russia's wealth fund said the deal showed that Moscow has no need to steal anything.

Corona Vaccine

1/10Is it right to pin our hopes on Oxford COVID-19 vaccine?

The world over rejoiced when data from Oxford University-British Swedish firm AstraZeneca's phase I/II study of their novel COVID-19 vaccine was released a fortnight ago. The group was one of the first ones to kickstart clinical trials in late April, and ever since, a lot more developments have been taking place.

02/10Oxford-Astrazeneca's vaccine is undergoing phase III trials

While the vaccine is still undergoing phase III of its trials, preliminary results from the observatory data confirmed that the vaccine elicits a strong immune response in the host bodies and gave encouraging results. AstraZeneca also announced plans to speed up production to meet the promise of delivering a billion doses. However, not everybody's impressed. WHO, in its latest briefing praised the move but said that it still is unrealistic to have a vaccine deployed before early months of 2021.

03/10Is the vaccine safe to be deployed?

While we did have a lot of important takeaways from the data, there remain some broad safety concerns. Will we really have a vaccine ready before 2020?

04/10Can it provide immunity for long?

The data published in the scientific journal, The Lancet showed that participants who were administered a double dosage of the vaccine show strong immune response and spiked up production of antibodies to fight against the infection. However, it still remains unclear as to how long will the vaccine be able to provide immunity against the infection, with experts saying that coronavirus might remain here for decades to come. Earlier reports also pointed to evidence that the vaccine may only be able to provide immunity for a year's time. A separate study by King's

College, London also observed that the level of antibodies may fall in patients temporarily immune to the infection.

05/10Can lab results be fully relied on?

Early-stage evidence may have shown encouraging results but there's one doubt which remains- lab results do not always correlate to real-world results. All the vaccines under development right now are new, and there's not a lot of evidence we know about the novel coronavirus. What maywork in the lab may not actually work with a crowd of seven billion people. The vaccine is also not also one-size-fits-all. It may be possible that if the vaccine works for a small group, it might not work for everyone.

The same concerns were raised when researchers started pre-clinical studies on monkeys, exposing them to a higher load of viruses than humans would generally be. There's still a lot more research which is needed before we consider this novel vaccine as the holy grail for all of our ailments.

06/10The scale of study is still bleak

The data has been inferred from phase I/II of the clinical trials, which involved a small pool of candidates, wherein half was administered the dosage and half were given a placebo drug. It is still far-fetched to think that a vaccine which was tested on a small batch of volunteers will work on everyone. The first phase of testing is done to root out safety and efficacy problems. The data made available right now is still minuscule to peg it ahead of other vaccines. Other groups, including Moderna, Pfizer and CanSino Biologics have also released data from early-stage trials.

07/10Does it work across all age groups?

There's another concern which cloud observatory data- is the vaccine capable of working on everyone or not.

In the early phase of the study, healthy volunteers between the ages of 18-55 were selected to be dosed with the vaccine. Pregnant women, those with pre-existing medical conditions and elderlies were excluded from the trial. The study also excluded participants from diverse backgrounds. There were early reports of the vaccine being tested on children as well, butwe don't know much about that. For a vaccine to be deemed truly effective and safe, candidates from a broad population, including those belonging to the high-risk category have to be tested too. Hence, it is too early to fully rely on clinical results from this phase of the study.

08/10Why oxford vaccine generates a lot of interest?

The University of Oxford has been working on MERS (Middle East Respiratory Syndrome) and Severe Acute Respiratory Syndrome (SARS) diseases from a long time. The new strain of coronavirus belongs to the same family. As soon as the cases of COVID-19 started increasing they immediately jumped into the fray to develop a vaccine. This gave it a lead time over other vaccine producers.

09/10Will it be fairly distributed?

Astra Zeneca has signed pacts with several vaccine producers globally to ramp up production facilities to meet the demand. In a recent briefing, WHO head noted the progress made by several companies but said that it would be still unrealistic to expect a vaccine before 2021.

We're making good progress...Realistically it is going to be the first part of next year before we start seeing people getting vaccinated,"

However, a lot more study is needed before we consider this fact- how affordable the vaccine will be, will it reach all people and whether everyone will have fair access to it. These concerns have to be taken care of as well.

10/10 Coronavirus Vaccine

Remember, we should be treating the vaccine as just another approach to fight the pandemic, not the best approach. A lot more measures and non-pharmaceutical interventions are the key to restraining the spread of the virus. Coronavirus Vaccine: Nigerian scientists claim to have discovered the vaccine for COVID-19.

The scientists and researchers all over the world are having a race against time to find the vaccine for the SARS-CoV-2 virus, which has claimed more than 4,70,000 lives globally.

A team of Nigerian scientists has claimed that they have discovered the vaccine for the novelcoronavirus. The news about the discovery of the vaccine was announced on Friday by the Scientist from Nigerian Universities under the aegis of COVID-19 Research Group.

As per The Guardian Nigeria, Dr Oladipo Kolawole, a specialist in Medical Virology, Immunology and Bioinformatics, at Adeleke University, Ede in Osun, and leader of the research team, said that the vaccine was being locally developed in Africa for Africans.

As per Dr Oldipo, the vaccine will take a minimum of 18 months to become available to the public. Many trials and approvals are required by the medial authorities before the vaccine becomes available.

"We are glad that a vaccine that will provide a solution to a global problem like coronavirus pandemic is coming from the garden. It is ourpassion to be a solution provider to such a global pandemic, and we are ready to throw our weights behind the team and make the vaccine a reality," said Prof Solomon Adebola, the Acting Vice-Chancellor of the university.

The vaccine is real. We have validated it several times. It is targeted at Africans, but will also work for other races. It will work. It cannot be faked. This is a result of the determination. It took a lot of scientific efforts. The population of those that need vaccines is more than those that need drugs.

That is why the research focussed on a vaccine," shared Prof Julius Oloke, the Head, Coordinating Unit of the Research Group and Vice-Chancellor of Precious Cornerstone University, Ibadan.

At present, around 13 experimental COVID 19 vaccines are being tested in more than 120 human candidates.

COVID-19 (coronavirus) vaccine: Get the facts

A vaccine to prevent coronavirus disease 2019 (COVID-19) is perhaps the best hope for ending the pandemic. Currently, there is no vaccine to prevent infection with the COVID-19 virus, but researchers are racing to create one.

Coronavirus vaccine research

Coronaviruses are a family of viruses that cause illnesses such as the common cold, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS).COVID-19 is caused by a virus that's closely related to the one that causes SARS. For this reason, scientists named the new virus SARS-CoV-2.

While vaccine development can take years, researchers aren't starting from scratch to develop a COVID-19 vaccine. Past research on SARS and MERS vaccines has identified potential approaches.

Coronaviruses have a spike-like structure on their surface called an S protein. (The spikes create the corona-like, or crown-like, appearance that gives the viruses their name.) The S protein attaches to the surface of human cells. A vaccine that targets this protein would prevent it from binding to human cells and stop the virus from reproducing.

Coronavirus vaccine challenges

Past research on vaccines for coronaviruses has also identified some challenges to developing a COVID-19 vaccine, including:

Ensuring vaccine safety. Several vaccines for SARS have been tested in animals. Most of the vaccines improved the animals' survival but didn't prevent infection. Some vaccines also caused complications, such as lung damage. A COVID-19 vaccine will need to be thoroughly tested to make sure it's safe for humans.

Providing long-term protection. After infection with coronaviruses, re-infection with the same virus though usually mild and only happening in a fraction of people — is possible after a period of months or years. An effective COVID-19 vaccine will need to provide people with long-term infection protection. Protecting older people. People older than age 50 are at higher risk of severe COVID-19. But older people usually don't respond to vaccines as well as younger people. An idealCOVID-19 vaccine would work well for this age group.

Pathways to develop and produce a COVID-19 vaccine Global health authorities and vaccine developers are currently partnering to support the technology needed to produce vaccines. Some approaches have been used before to create vaccines, but some are still quite new.

Avoid close contact. This means avoiding close contact (within about 6 feet, or 2 meters) with anyone who is sick or has symptoms. Also, avoid large events and mass gatherings.

Wear cloth face coverings in public places. Cloth face coverings offer extra protection in places such as the grocery store, where it's difficult to avoid close contact with others. They are especially suggested in areas with ongoing community spread. This updated advice is based on data showing that people with COVID-19 can transmit the virus before they realize they have it. Using masks in public may help reduce the spread from people who don't have symptoms. Non-medical cloth masksare recommended for the public. Surgical masks and N-95 respirators are in short supply and should be reserved for health care providers.

Practice good hygiene. Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol. Cover your mouth and nose with your elbow or a tissue when you cough or sneeze. Throw away the used tissue. Avoid touching your eyes, nose and mouth.

Avoid sharing dishes, glasses, bedding and other household items if you're sick. Clean and disinfect high-touch surfaces daily.

Stay home if you're sick. If you aren't feeling well, stay home unless you're going to get medical care. Avoid going to work, schooland public areas and don't take public transportation.

If you have a chronic medical condition and may have a higher risk of serious illness, checkwith your doctor about other ways to protect yourself.

Conclusion

India may be close to successfully developing a vaccine for the novel coronavirus, Principal Scientific

Adviser Dr K Vijay Raghavan said on Thursday adding that of the 30 groups engaged in the exercise, 20 are 'working at a good pace'. Though none of the 14 vaccine candidates that are being developed domestically are ready for human trials, VijayRaghavan maintained 'several companies are trying to develop it on the backbone of flu vaccine.' These are in the late preclinical trial stage, which could conclude by October.

Instead of working on one vaccine and seeing whether it works over a 10-year period, the world is investing in more than a hundred vaccines at the same time," Vijay Raghavan explained.

Even as multiple vaccines are being tested instead of one as part of the 'parallel processing', the top government adviser pointed out the need to hastenthe regulatory process 'without compromising quality.

VK Paul, member Niti Aayog and head of one of the empowered committees on Covid-19, added that four of the vaccine candidates are in 'relatively advanced stages of development.' "Additonally, national labs are working on six candidates, of which at least 2-3 look very promising," he explained.

On the drug front, we are trying many medicines, including oral medicine Favipiravir, plant-based medicine ACQH, Itolizumab (also used for arthritis), BCG vaccine, mico-bacterium W, convalescent plasma, arbidol, and hydroxychloroquine, besides remdesivir," he said.

Reference

1. https://www.who.int/health-topics/coronavirus#tab=tab_1
2. https://journals.lww.com/pidj/fulltext/2005/11001/history_and_recent_advances_in_coronavirus.12.aspx
3. https://www.elsevier.com/connect/coronavirus-information-center
4. https://scitechdaily.com/important-discovery-in-covid-19-coronavirus-vaccine-development/
5. https://asm.org/Podcasts/MTM/Episodes/Coronavirus-Antiviral-Drug-Discovery-with-Timothy
6. https://asm.org/Articles/2020/January/2019-Novel-Coronavirus-2019-nCoV-Update-Uncoating

7. https://m.timesofindia.com/life-style/health-fitness/health-news/coronavirus-vaccine-update-india-may-get-oxfords-covid-19-vaccine-in-december-covaxin-may-also-be-available-by-year-end/amp_etphotostory/77674915.cms#referrer=https://www.google.com
8. https://www.sciencedirect.com/science/article/abs/pii/S1567134820300435
9. https://www.timesnownews.com/health/article/covishield-oxford-covid-19-vaccine-to-cost-about-rs-225-per-dose-in-india-says-report/633421
10. https://www.springernature.com/gp/researchers/campaigns/coronavirus
11. https://www.financialexpress.com/lifestyle/health/coronavirus-covid-19-vaccine-latest-update-news-oxford-india-uk-us-moderna-pfizer-biontech-russia-china/2039404/lite/#aoh=15982599061138&csi=1&referrer=https%3A%2F%2Fwww.google.com&amp_tf=From%20%251%24s
12. https://www.pfizer.com/health/coronavirus
13. https://www.deccanherald.com/amp/science-and-environment/coronavirus-vaccine-live-updates-covaxin-clinical-trials-human-trials-coronavirus-vaccine%20tracker-india-russia-us-china-oxford-moderna-bharat-biotech-866148.html#aoh=15982599061138&csi=1&referrer=https%3A%2F%2Fwww.google.com&amp_tf=From%20%251%24s
14. https://m.timesofindia.com/life-style/health-fitness/health-news/coronavirus-vaccine-oxford-astrazeneca-covid-19-vaccine-is-winning-praises-but-heres-why-we-should-refrain-from-building-false-hopes/amp_etphotostory/77123445.cms
15. https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859
16. https://www.webmd.com/lung/covid-19-vaccine
17. https://www.nih.gov/news-events/nih-research-matters/experimental-coronavirus-vaccine-safe-produces-immune-response

17. Focused on the Role of the Police Department in COVID-19 Situation

Dr. Swati S. Kharade
Assistant Professor, Department of Botany, AIJ Degree College of Science Murud-Janjira.

Abstract

In India, the police are playing a crucial role in violence prevention and protection of people rights during the Pandemic.COVID-19 has disrupted the whole environment. In such a situation, the police department play a critical role. How the police perform this vital function demands far more attention from researchers.

Keywords: Covid-19, Police department, potency.

Introduction

On March 24, 2020, the Indian government announced that all individuals within its borders should remain at home for 21 days. The University of Oxford's Covid-19 Government Response Tracker reports that India's response is among the most stringent in the world and affects 1.3 billion people. The lockdown measures, which were later extended, are highly restrictive, allowing for only essential movements of individuals outside their homes. Its immediate impact was visible from the large-scale movement of the seasonal migrant laborers, compelled to flee the cities where they work for the safety of their rural homes.

Additionally, there is another important, but less visible, aspect of the Covid-19 lockdown the social service function of the police. All throughout India, local police agencies are tasked with enforcing social distancing, but their activities are much broader. The police are a primary port of access to State services, and the lockdown brings officers into regular contact with citizens needing urgent assistance. Police officers are also at the forefront of India's public health campaign, providing information and essential supplies. India has the largest densities of population in many areas, and its medical infrastructure and the doctor-to-people ratio is rather unfavourable when compared with advanced countries. With a police-population ratio of only 192 in India (192 policemen per 100,000 people), this is no mean task. The dearth of manpower reduces the effectiveness and efficiency of the police force, In Maharashtra alone; apart from these more than 1,000 police personnel have tested positive for Covid-19 in this state. This

speaks volumes of the tremendous pressure and consequent stress that the police forces and paramilitary forces are going through across the country.

Review of literature

UNICEF has developed a guideline for police on their role in protecting children from violence and exploitation during COVID-19. These are being adapted and used in several states. The study tries to understand the incidence of COVID-19 among police officials along with the challenges they face and their preparedness during the pandemic response.

Material and Methods

The study analyzed the different role of police in current situation. six telephonic in-depth interviews and a descriptive survey were conducted to obtain experiences of police regarding their combat against Covid-19.

Results and discussion

1. The context of enforcement

The lockdown poses great burdens on frontline police officers in India, given capacity constraints and the social context of enforcement. Social distancing contravenes social norms and competes with the needs and livelihoods of the poor. For the police, the lockdown creates tinderbox conditions. In practical terms, lockdown enforcement means crowd control, which entails swift and aggressive action to seize control of public spaces. Frontline officers expect some violations of lockdown rules, but their aim is to prevent even worse outcomes, such as large-scale violence and breakdowns of public order. With respect to capacity, the Indian police have long been starved of personnel and resources.

2. Public order and social service

India's public health response to Covid-19 engages two distinct police functions. The maintenance of public order and social service provision. After the lockdown order, police agencies aggressively enforced social distancing through patrolling vans, foot patrols, and vehicular checkpoints. These techniques follow a conventional "law and order" paradigm, which is engrained into the training and organisational culture of the police. Everyday, beat constables have taken charge of food and medicine distribution and police stations are providing vital services. In some districts, police stations have become food hubs, working in concert with civic bodies to combat hunger.

Beyond food security, police officers have taken on a new role as public health messengers, and police stations and checkpoints have become sites of India's public health campaign. District police chiefs have created Covid-19 emergency phone lines to respond rapidly to citizen needs. Outside some stations, banners have been posted to communicate the importance of social distancing and handwashing. Officers have even demonstrated handwashing techniques at traffic stops. Similar efforts have been underway inside the police organisation. The funds available for preventative policing, community policing, and citizen outreach are minuscule.

3. Understanding police behaviour and performance

These examples of social service are not meant to celebrate the police, but to bring to light a core aspect of their work. Situating the law and order and social service functions side by side broadens our understanding of police behaviour and performance, especially when it comes to managing complex problems. Regarding the conventional law and order function, there is evidence that the police's drive to control public spaces can lead some officers to use heavy-handed tactics.

4. Building frontline capacity for crisis resilience

Gaps still exist in police organisational capacity and require attention from policymakers. First, police training focusses disproportionately on public order, with heavy emphasis on "hard" skills weapon use, combat skills, parades, crowd control drills, and other physical competencies all of which are important. Meanwhile, soft skills mob management, communication and coordination, negotiation, and conflict resolution are accorded far too little attention.

5. Community policing

A community's cooperation is rooted in strong police-public relations. One way to boost this relationship and realign it with police 'service' is through community policing. The Covid-19 crisis has brought this to the forefront. The police have several roles to perform, ranging from plain policing to combating insurgency, terrorism, natural disasters, and cyber-crime. India can boast of a unique system without any parallel either in its immediate neighbourhood or elsewhere in the world. The central government has a large establishment of armed police forces, law enforcement agencies, the intelligence and security agencies providing the protective shield to the country's internal security mechanism.

The outbreak of COVID-19 initially posed a critical challenge to the constabulary especially given the asymmetrical nature of the pandemic. policemen risked there is homeless to ensure that the country's 1.3 billion people stayed safe indoors spreading awareness about social distancing. The police also traced the travel history of those who did not follow screening protocols and took them to quarantine centres. Considering the staggering population, the police cannot deliver without community help and participation. Police foundations can help their local police agencies by: Purchasing protective gear such as infrared thermometers, nitrile gloves, masks, hand sanitizing wipes, and hand sanitizer. Working to supply departments with hygiene kits, towels, and cell phone chargers for round the clock operations. Providing sanitizer stations for police facilities. Securing alternative housing for officers who are sick or need to isolate themselves from family members at greater risk of complications if infected with COVID-19. Promoting messages of gratitude and support for law enforcement through social media campaigns

Conclusion

We have built public trust in the police force through our humanitarian response to COVID-19. The resources available for the Indian police agencies are minuscule. Despite these handicaps, they have risen to the challenge of enforcing the lockdown and promoting public health. However, there are three lessons for the future. First, police training schools should include medical emergency and police responses in their syllabus, which would call for a paradigm change in protocols and accoutrements. Indian police have displayed exemplary social sensitivity and professional competence and handled these unforeseen situations with remarkable maturity and innovation, winning the gratitude and praise of one and all.

References

- WHO. No Title. https://covid19.who.int/ [Internet]. 2020; Available from: https://covid19.who.int/
- MoHFW. No Title. https://www.mohfw.gov.in/. 2020.
- Kirby T. Spotlight Patient perspectives UK senior police officer with COVID-19. Lancet Respir [Internet]. 2020; 2600(20):30164. Available from: http://dx.doi.org/10.1016/S2213-2600(20)30164-8
- Sriwijitalai W, Wiwanitkit V. Incidence of COVID-19 among immigration police: Observation from Thailand. Med J Armed Forces India. 2020; (January).

- Elbe S. AIDS, Security, Biopolitics. Int Relations. 2005;19(4):403–19.
- Dutt AK, Akhtar R, McVeigh M. Surat plague of 1994 re-examined. South East Asian J Trop Med public Heal. 2006.
- Enemark C. Is Pandemic Flu a Security Threat Survival (Lond). 2009;6338.
- Slovic P, Fischhoff B, Lichtenstein S. Facts vs. Fears: Understanding Perceived Risk. 1980.
- Stott C, West O, Harrison M. A Turning Point, Securitization, and Policing in the Context of Covid
- Bhatia R. Public engagement is key for containing COVID-19 pandemic. 2020; (March):118–20.
- Singhal T. A Review of Coronavirus Disease-2019 (COVID-19). 2020;87(April):281

18. Decrease in Role of Pollution during Lockdown

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janjira Degree College of Science, Murud Janjira, Raigad.
Miss. Misbah Ishtiyaque Dhanse
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.

Abstract

Amid the COVID-19 pandemic, a nationwide lockdown is imposed in India initially for three weeks from 24th March to 14th April 2020 and extended up to 3rd May 2020. Due to the forced restrictions, pollution level in cities across the country drastically slowed down just within few days which magnetize discussions regarding lockdown to be the effectual alternative measures to be implemented for controlling air pollution. The present article eventually worked on this direction to look upon the air quality scenario amidst the lockdown period scientifically with special reference to the megacity Delhi. With the aid of air quality data of seven pollutant parameters (PM_{10}, $PM_{2.5}$, SO_2, NO_2, CO, O_3 and NH_3) for 34 monitoring stations spread over the megacity we have employed National Air Quality Index (NAQI) to show the spatial pattern of air quality in pre and during-lockdown phases. The results demonstrated that during lockdown air quality is significantly improved. Among the selected pollutants, concentrations of PM_{10} and $PM_{2.5}$ have witnessed maximum reduction (>50%) in compare to the pre-lockdown phase. In compare to the last year (i.e. 2019) during the said time period the reduction of PM_{10} and $PM_{2.5}$ is as high as about 60% and 39% respectively. Among other pollutants, NO_2 (−52.68%) and CO (−30.35%) level have also reduced during-lockdown phase. About 40% to 50% improvement in air quality is identified just after four days of commencing lockdown. About 54%, 49%, 43%, 37% and 31% reduction in NAQI have been observed in Central, Eastern, Southern, Western and Northern parts of the megacity. Overall, the study is thought to be a useful supplement to the regulatory bodies since it showed the pollution source control can attenuate the air quality. Temporary such source control in a suitable time interval may heal the environment.

Introduction

The COVID-19 pandemic has caused industrial activity to shut down and cancelled flights and other journeys, slashing greenhouse gas emissions and air pollution around the world. If there is something positive to take from this terrible crisis, it could be that it's offered a taste of the air we might breathe in a low-carbon future.

The World Health Organisation (WHO) estimates that about 3 million people die each year from ailments caused by air pollution, and that more than 80% of people living in urban areas are exposed to air quality levels that exceed safe limits. The situation is worse in low-income countries, where 98% of cities fail to meet WHO air quality standards.

Measurements from the European Space Agency's Sentinel-5P satellite show that during late January and early February 2020, levels of nitrogen dioxide (NO_2) over cities and industrial areas in Asia and Europe were lower than in the same period in 2019, by as much as 40%.

Two weeks after the nationwide lockdown was announced on March 23 in the UK, NO_2 pollution in some cities fell by as much as 60% compared to the same period in 2019. NASA revealed that NO_2 pollution over New York and other major metropolitan areas in north-eastern USA was 30% lower in March 2020, compared to the monthly average from 2015 to 2019.

Most NO comes from road transport and power plants, and it can exacerbate respiratory illnesses such as asthma. It also makes symptoms worse for those suffering from lung or heart conditions. NO_2 emissions have been a particularly thorny problem for Europe, with many countries in breach of EU limits.

In a sense, we are conducting the largest ever global air pollution experiment. Over a relatively short period of time, we're turning off major air pollutant sources in industry and transport. In Wuhan alone, 11 million people were in lockdown at the height of the outbreak there. Across China, over half a billion. China normally emits in excess of 30 mega tonnes of nitrogen oxides per year, with estimates for 2019 reaching 40 mega tonnes.

Pollution

Pollution is the introduction of harmful materials into the environment. These harmful materials are called pollutants. Pollutants can be natural, such as volcanic ash. They can also be created by human activity, such as trash or runoff produced by factories. Pollutants damage the quality of air, water, and land.

Many things that are useful to people produce pollution. Cars spew pollutants from their exhaust pipes. Burning coal to create electricity pollutes the air. Industries and homes generate garbage and sewage that can pollute the land and water. Pesticides—chemical poisons used to kill weeds and insects—seep into waterways and harm wildlife.

All living things—from one-celled microbes to blue whales—depend on Earth's supply of air and water. When these resources are polluted, all forms of life are threatened.

Pollution is a global problem. Although urban areas are usually more polluted than the countryside, pollution can spread to remote places where no people live. For example, pesticides and other chemicals have been found in the Antarctic ice sheet. In the middle of the northern Pacific Ocean, a huge collection of microscopic plastic particles forms what is known as the Great Pacific Garbage Patch.

Air and water currents carry pollution. Ocean currents and migrating fish carry marine pollutants far and wide. Winds can pick up radioactive material accidentally released from a nuclear reactor and scatter it around the world. Smoke from a factory in one country drifts into another country.

In the past, visitors to Big Bend National Park in the U.S. state of Texas could see 290 kilometers (180 miles) across the vast landscape. Now, coal-burning power plants in Texas and the neighboring state of Chihuahua, Mexico have spewed so much pollution into the air that visitors to Big Bend can sometimes see only 50 kilometers (30 miles).

The three major types of pollution are air pollution, water pollution, and land pollution.

1-Air Pollution

Sometimes, air pollution is visible. A person can see dark smoke pour from the exhaust pipes of large trucks or factories, for example. More often, however, air pollution is invisible.

Polluted air can be dangerous, even if the pollutants are invisible. It can make people's eyes burn and make them have difficulty breathing. It can also increase the risk of lung cancer.

Sometimes, air pollution kills quickly. In 1984, an accident at a pesticide plant in Bhopal, India, released a deadly gas into the air. At least 8,000 people died within days. Hundreds of thousands more were permanently injured.

Natural disasters can also cause air pollution to increase quickly. When volcanoes erupt, they eject volcanic ash and gases into the atmosphere. Volcanic ash can discolor the sky for

months. After the eruption of the Indonesian volcano of Krakatoa in 1883, ash darkened the sky around the world. The dimmer sky caused fewer crops to be harvested as far away as Europe and North America. For years, meteorologists tracked what was known as the "equatorial smoke stream." In fact, this smoke stream was a jet stream, a wind high in Earth's atmosphere that Krakatoa's air pollution made visible.

Volcanic gases, such as sulfur dioxide, can kill nearby residents and make the soil infertile for years. Mount Vesuvius, a volcano in Italy, famously erupted in 79, killing hundreds of residents of the nearby towns of Pompeii and Herculaneum. Most victims of Vesuvius were not killed by lava or landslides caused by the eruption. They were choked, or asphyxiated, by deadly volcanic gases.

In 1986, a toxic cloud developed over Lake Nyos, Cameroon. Lake Nyos sits in the crater of a volcano. Though the volcano did not erupt, it did eject volcanic gases into the lake. The heated gases passed through the water of the lake and collected as a cloud that descended the slopes of the volcano and into nearby valleys. As the toxic cloud moved across the landscape, it killed birds and other organisms in their natural habitat. This air pollution also killed thousands of cattle and as many as 1,700 people.

Most air pollution is not natural, however. It comes from burning fossil fuels—coal, oil, and natural gas. When gasoline is burned to power cars and trucks, it produces carbon monoxide, a colorless, odorless gas. The gas is harmful in high concentrations, or amounts. City traffic produces highly concentrated carbon monoxide. Cars and factories produce other common pollutants, including nitrogen oxide, sulfur dioxide, and hydrocarbons. These chemicals react with sunlight to produce smog, a thick fog or haze of air pollution. The smog is so thick in Linfen, China, that people can seldom see the sun. Smog can be brown or grayish blue, depending on which pollutants are in it.

2-Water Pollution

Some polluted water looks muddy, smells bad, and has garbage floating in it. Some polluted water looks clean, but is filled with harmful chemicals you can't see or smell.

Polluted water is unsafe for drinking and swimming. Some people who drink polluted water are exposed to hazardous chemicals that may make them sick years later. Others consume bacteria and other tiny aquatic organisms that cause disease. The United Nations estimates that 4,000 children die every day from drinking dirty water.

Sometimes, polluted water harms people indirectly. They get sick because the fish that live in polluted water are unsafe to eat. They have too many pollutants in their flesh.

There are some natural sources of water pollution. Oil and natural gas, for example, can leak into oceans and lakes from natural underground sources. These sites are called petroleum seeps. The world's largest petroleum seep is the Coal Oil Point Seep, off the coast of the U.S. state of California. The Coal Oil Point Seep releases so much oil that tar balls wash up on nearby beaches. Tar balls are small, sticky pieces of pollution that eventually decompose in the ocean.

Human activity also contributes to water pollution. Chemicals and oils from factories are sometimes dumped or seep into waterways. These chemicals are called runoff. Chemicals in runoff can create a toxic environment for aquatic life. Runoff can also help create a fertile environment for cyanobacteria, also called blue-green algae. Cyanobacteria reproduce rapidly, creating a harmful algal bloom (HAB). Harmful algal blooms prevent organisms such as plants and fish from living in the ocean. They are associated with "dead zones" in the world's lakes and rivers, places where little life exists below surface water.

Mining and drilling can also contribute to water pollution. Acid mine drainage (AMD) is a major contributor to pollution of rivers and streams near coal mines. Acid helps miners remove coal from the surrounding rocks. The acid is washed into streams and rivers, where it reacts with rocks and sand. It releases chemical sulfur from the rocks and sand, creating a river rich in sulfuric acid. Sulfuric acid is toxic to plants, fish, and other aquatic organisms. Sulfuric acid is also toxic to people, making rivers polluted by AMD dangerous sources of water for drinking and hygiene.

Oil spills are another source of water pollution. In April 2010, the Deepwater Horizon oil rig exploded in the Gulf of Mexico, causing oil to gush from the ocean floor. In the following months, hundreds of millions of gallons of oil spewed into the gulf waters. The spill produced large plumes of oil under the sea and an oil slick on the surface as large as 24,000 square kilometers (9,100 square miles). The oil slick coated wetlands in the U.S. states of Louisiana and Mississippi, killing marsh plants and aquatic organisms such as crabs and fish. Birds, such as pelicans, became coated in oil and were unable to fly or access food. More than 2 million animals died as a result of the Deepwater Horizon oil spill.
Another type of water pollution is simple garbage. The Citarum River in Indonesia, for example, has so much garbage floating in it that you cannot see the water. Floating trash makes the river

difficult to fish in. Aquatic animals such as fish and turtles mistake trash, such as plastic bags, for food. Plastic bags and twine can kill many ocean creatures. Chemical pollutants in trash can also pollute the water, making it toxic for fish and people who use the river as a source of drinking water. The fish that are caught in a polluted river often have high levels of chemical toxins in their flesh. People absorb these toxins as they eat the fish.

Garbage also fouls the ocean. Many plastic bottles and other pieces of trash are thrown overboard from boats. The wind blows trash out to sea. Ocean currents carry plastics and other floating trash to certain places on the globe, where it cannot escape. The largest of these areas, called the Great Pacific Garbage Patch, is in a remote part of the Pacific Ocean. According to some estimates, this garbage patch is the size of Texas. The trash is a threat to fish and seabirds, which mistake the plastic for food. Many of the plastics are covered with chemical pollutants**Pol**

3-Land Pollution

Many of the same pollutants that foul the water also harm the land. Mining sometimes leaves the soil contaminated with dangerous chemicals.

Pesticides and fertilizers from agricultural fields are blown by the wind. They can harm plants, animals, and sometimes people. Some fruits and vegetables absorb the pesticides that help them grow. When people consume the fruits and vegetables, the pesticides enter their bodies. Some pesticides can cause cancer and other diseases.

A pesticide called DDT (dichlorodiphenyltrichloroethane) was once commonly used to kill insects, especially mosquitoes. In many parts of the world, mosquitoes carry a disease called malaria, which kills a million people every year. Swiss chemist Paul Hermann Muller was awarded the Nobel Prize for his understanding of how DDT can control insects and other pests. DDT is responsible for reducing malaria in places such as Taiwan and Sri Lanka.

In 1962, American biologist Rachel Carson wrote a book called Silent Spring, which discussed the dangers of DDT. She argued that it could contribute to cancer in humans. She also explained how it was destroying bird eggs, which caused the number of bald eagles, brown pelicans, and ospreys to drop. In 1972, the United States banned the use of DDT. Many other countries also banned it. But DDT didn't disappear entirely. Today, many governments support the use of DDT because it remains the most effective way to combat malaria.

Trash is another form of land pollution. Around the world, paper, cans, glass jars, plastic products, and junked cars and appliances mar the landscape. Litter makes it difficult for plants

and other producers in the food web to create nutrients. Animals can die if they mistakenly eat plastic.

Garbage often contains dangerous pollutants such as oils, chemicals, and ink. These pollutants can leech into the soil and harm plants, animals, and people.

Inefficient garbage collection systems contribute to land pollution. Often, the garbage is picked up and brought to a dump, or landfill. Garbage is buried in landfills. Sometimes, communities produce so much garbage that their landfills are filling up. They are running out of places to dump their trash.

A massive landfill near Quezon City, Philippines, was the site of a land pollution tragedy in 2000. Hundreds of people lived on the slopes of the Quezon City landfill. These people made their living from recycling and selling items found in the landfill. However, the landfill was not secure. Heavy rains caused a trash landslide, killing 218 people.

Sometimes, landfills are not completely sealed off from the land around them. Pollutants from the landfill leak into the earth in which they are buried. Plants that grow in the earth may be contaminated, and the herbivores that eat the plants also become contaminated. So do the predators that consume the herbivores. This process, where a chemical builds up in each level of the food web, is called bioaccumulation.

Pollutants leaked from landfills also leak into local groundwater supplies. There, the aquatic food web (from microscopic algae to fish to predators such as sharks or eagles) can suffer from bioaccumulation of toxic chemicals.

Some communities do not have adequate garbage collection systems, and trash lines the side of roads. In other places, garbage washes up on beaches. Kamilo Beach, in the U.S. state of Hawaii, is littered with plastic bags and bottles carried in by the tide. The trash is dangerous to ocean life and reduces economic activity in the area. Tourism is Hawaii's largest industry. Polluted beaches discourage tourists from investing in the area's hotels, restaurants, and recreational activities.

Some cities incinerate, or burn, their garbage. Incinerating trash gets rid of it, but it can release dangerous heavy metals and chemicals into the air. So while trash incinerators can help with the problem of land pollution, they sometimes add to the problem of air pollution.

Pollution Prevention (P2)

Pollution prevention (P2) is any practice that reduces, eliminates, or prevents pollution at its source. P2, also known as "source reduction," is the ounce-of-prevention approach to waste management. Reducing the amount of pollution produced means less waste to control, treat, or dispose of. Less pollution means less hazards posed to public health and the environment. **Learn more about the definition of P2**. Specific pollution prevention approaches Pollution prevention approaches can be applied to all potential and actual pollution-generating activities, including those found in the energy, agriculture, federal, consumer and industrial sectors. Prevention practices are essential for preserving wetlands, groundwater sources and other critical ecosystems - areas in which we especially want to stop pollution before it begins.

In the energy sector, pollution prevention can reduce environmental damages from extraction, processing, transport and combustion of fuels. Pollution prevention approaches include:

- increasing efficiency in energy use;
- use of environmentally benign fuel sources

In the agricultural sector, pollution prevention approaches include:

- Reducing the use of water and chemical inputs;
- Adoption of less environmentally harmful pesticides or cultivation of crop strains with natural resistance to pests; and
- Protection of sensitive areas.

In the industrial sector, examples of P2 practices include:

- Modifying a production process to produce less waste
- Using non-toxic or less toxic chemicals as cleaners, degreasers and other maintenance chemicals
- Implementing water and energy conservation practices
- Reusing materials such as drums and pallets rather than disposing of them as waste

In homes and schools examples of P2 practices include:

- Using reusable water bottles instead of throw-aways
- Automatically turning off lights when not in use
- Repairing leaky faucets and hoses
- Switching to "green" cleaners

Pollution prevention reduces both financial costs (waste management and cleanup) and environmental costs (health problems and environmental damage). Pollution prevention protects the environment by conserving and protecting natural resources while strengthening economic growth through more efficient production in industry and less need for households, businesses and communities to handle waste.

Before and after lockdown

As more and more countries around the world move towards lifting of COVID-19 lockdowns and people resume work and normal lives, cleaner air has been a common observation. Some jokingly call it a psychological impact of post-lockdown freedoms, but unintended pollution declines are the fact of the matter.

According to recent studies on global air quality, cities worldwide have been reporting reduced pollution levels as compared to pre-pandemic figures. Washington, D.C. is reportedly to experience the cleanest spring air in 25 years, and Los Angeles, one of the severely polluted U.S. cities, has lately witnessed great improvement in air quality.

In China, where air quality remains an important issue, the COVID-19 outbreak has led to lower pollution levels. According to data released by China's Ministry of Ecology and Environment, PM2.5 levels decreased by more than 20 percent during January and April in 337 cities compared to previous months.

Experts say decreased industrial activity and reduced vehicular emissions are the major reasons behind the temporarily cleaned air.

Air quality directly impacts human health. Areas with poor air quality are usually polluted by Nitrogen dioxide, which is a highly reactive gas emitted by vehicles, power plants and industries. The gas has many harmful effects on human lungs, increasing risks of heart and lung diseases. A scientific research published in The Lancet shows that clearer air might avoid over 8,000 cases of air pollution-related deaths in

If lockdowns that continued for a few months could bring such a big positive change in air quality, what can we do to turn this "temporary change" into a usual occurrence?

Governments around the world have already introduced new regulations against air pollution in the past decade. When following these regulations, one can make some smart choices at an individual level to help maintain clearer air:

1. Energy conservation: More energy means more industrial activity leading to more emissions.
2. Pick public transport: Use pubic transportation instead of private cars. Riding green bikes or walking are the two best options.
3. Replace your old dirty woodstove with a cleaner and more efficient heating alternative such as gas, oil, propane, or electric heat.
4. Consider purchasing environmental-friendly gadgets for home and work.

Does lockdown reduce air pollution

Responding to the ongoing novel coronavirus (agent of COVID-19) outbreak, implemented "the largest quarantine in human history" in Wuhan on 23 January 2020. Similar quarantine measures were imposed on other Chinese cities within days. Human mobility and relevant production and consumption activities have since decreased significantly. As a likely side effect of this decrease, many regions have recorded significant reductions in air pollution. We employed daily air pollution data and Intracity Migration Index (IMI) data form Baidu between 1 January and 21 March 2020 for 44 cities in northern China to examine whether, how, and to what extent travel restrictions affected air quality. On the basis of this quantitative analysis, we reached the following conclusions: (1) The reduction of air pollution was strongly associated with travel restrictions during this pandemic—on average, the air quality index (AQI) decreased by 7.80%, and five air pollutants (i.e., SO_2, $PM_{2.5}$, PM_{10}, NO_2, and CO) decreased by 6.76%, 5.93%, 13.66%, 24.67%, and 4.58%, respectively. (2) Mechanism analysis illustrated that the lockdowns of 44 cities reduced human movements by 69.85%, and a reduction in the AQI, $PM_{2.5}$, and CO was partially mediated by human mobility, and SO_2, PM_{10}, and NO_2 were completely mediated. (3) Our findings highlight the importance of understanding the role of green production and consumption.

Beginning in December 2019 in Wuhan, Hubei Province, China, the ongoing outbreak of COVID-2019 spread rapidly across a wide range of countries, with the most affected countries being the United States, Spain, Italy, Germany, the United Kingdom, France, and China. As of 18 April 2020, a total of >2.3 million cases of COVID-2019 had been detected and confirmed in >200 countries and territories. To curb the dispersal of the disease from its source, a range of interventions, including travel restrictions, have since been implemented in various countries, which have been proven to be one of effective response measures in many countries(Paolo et al.,

2011; Qi et al., 2016). In response to the pandemic, the Chinese central government imposed a lockdown in Wuhan, which has been referred to as the largest attempted cordon sanitaire in human history. The Wuhan lockdown set a precedent, and similar travel bans, including limits of nonessential movements in and out of cities, suspension of all transports, and closures of factories, were announced in other Chinese cities within days. These travel restrictions have since substantially mitigated the spread of COVID-2019 (Chinazzi et al., 2020; Kraemer et al., 2020; Tian et al., 2020).

As a possible side effect of this unprecedented lockdown, many regions experienced a dramatic reduction in air pollution. In China, Finland's Centre for Research on Energy and Clean Air reported that measures to contain the spread of COVID-19, such as travel restrictions and factory closures, produced a 25% drop in CO_2 (Carbon Brief 2020, https://www.carbonbrief.org). Similarly, the European Space Agency (ESA) satellite imagery showed a significant decline in NO_2 emissions in northern Italy between 1 January and 11 March 2020, coinciding with lockdowns to combat coronavirus. Additionally, the Institute of Environmental Science and Meteorology (IESM) estimated that since the implementation of the Luzon enhanced community quarantine on 16 March 2020, Metro Manila's $PM_{2.5}$ and PM_{10} emissions were reduced significantly as a result of decreased utilization of machines that crush and grind as well as low dust exposure from roads. Wang et al. (2020) empirically found that anthropogenic emission decreases due to suspension of transportation and industry, contributed to the decreases of $PM_{2.5}$ concentrations.

Human health is strongly influenced by air quality. According to the 2019 State of Global Air Report, air pollution killed an estimated 5 million people globally in 2017, and China topped the 10 countries with the highest mortality (1.2 million) (Health Effects Institute, see https://www.healtheffects.org/). Massive research conducted over the past several decades has revealed that air pollution causes people to die younger as a result of cardiovascular (Peng et al., 2009; Wong et al., 1999) and respiratory diseases (Katanoda et al., 2011; Nakao et al., 2018; Spix et al., 1998). A recent study conducted by Zhu et al. (2020) suggested that there is a relationship between higher concentrations of air pollutants and higher risk of COVID-19 infection.

As one of the most populous countries and one in which air pollution exposure historically has been among the highest globally, in recent years, China has begun to move

aggressively to reduce air pollution. China's air pollution is still worse than that experienced, on average, around the globe, especially in northern China (Chen et al., 2017; Yao et al., 2016). According to the most recent data of the Ministry of Ecology and Environment (MEE) of China, February 2020, the top 10 cities with the poorest air quality were Yuncheng, Taiyuan, Baotou, Shijiazhuang, Linfen, Tangshan, Urumqi, Xianyang, Weinan, and Baoding, all of which are located in northern China.

Many air pollution studies have illuminated that human-related activities, such as industrial production (Cole et al., 2005), traffic, and transportation (Chen et al., 2017; Fu and Gu, 2017; Lin Lawell et al., 2011), are the major contributors to air pollution, and extreme measures of full or partial lockdown may bring these production and consumption activities almost to a standstill. This context provides us with a unique opportunity to examine the effects of human-related activities on air quality. Although satellite data have offered suggestive evidence of significant drops in air pollution concentration during lockdowns, it is insufficient to understand the pollution reduction effects of the unprecedented quarantine resulting from the COVID-19 outbreak. Questions remain as to whether, how, and to what extent these interventions affected air quality. Instead, this work employs daily air pollution data (including air quality index [AQI], SO_2, $PM_{2.5}$, PM_{10}, NO_2, and CO), daily weather data, real-time human mobility data, and lockdown time lines of 44 cities in north China from a span of 1 January and 21 March 2020 (covered 81 days) to estimate the effects of travel restrictions on air pollutants concentration. Particularly, we first employ Least Square Dummy Variable (LSDV) estimation strategies to examine the effect of lockdown measures on air pollution. We find that, on average, the AQI reduced by 7.80%, and the concentration of five air pollutants (SO_2, $PM_{2.5}$, PM_{10}, NO_2, and CO) reduced by 6.76%, 5.93%, 13.66%, 24.67%, and 4.58%, respectively, after the implementation of lockdowns. We also estimate the mediating effect of human mobility, measured by IMI index from Baidu, on the relationship between the lockdowns and air pollution. We discover that travel restrictions lead a reduction of human mobility by 69.85%, and SO_2, PM_{10}, and NO_2 are fully mediated by human mobility and 44.9%, 9.3%, and 16.2% of the variations in AQI, PM2.5, and CO could be attributed to variations in human mobility, respectively

Air pollution dipped by 79% during lockdown in Delhi

Pollution levels in Delhi-NCR -- which had come down by around 79% during the initial phase of the lockdown, mainly owing to no industrial activity, reduced on-road traffic and a

pause on construction activities -- is on an upswing again as the city gradually opens up, a study by Centre for Science and Environment (CSE) has found.

Of the six mega cities where PM 2.5 levels were studied during this period, Delhi saw the steepest rise of four to eight times, as compared to two to six times in other cities, the analysis shows.

CSE studied the PM 2.5 levels of six cities — Delhi, Mumbai, Kolkata, Chennai, Hyderabad and Bengaluru during both the initial and last phases of the nationwide lockdown to check the spread of Covid-19.

According to the findings, while the PM 2.5 levels in other cities dropped by 45-88% in the initial lockdown phase and witnessed a pollution spike of 2-6 times on opening up, Delhi saw both the steepest drop and sharpest spike .

"In Delhi-NCR, one of the major factors that led to the drop in pollution was a 97% reduction in overall traffic and 91% reduction in trucks and commercial vehicles entering the capital during April, as compared to the pre-lockdown months of December-January," the study found.

It said, as compared to 84,399 heavy vehicles entering Delhi in January this year, only 7,942 plied in the city during April, when the lockdown was in full effect.

PM 2.5 (ultrafine particles that can enter the lungs and blood stream) is the most prominent pollutant in Delhi-NCR as well as in other major cities across the country.

Between March 25 and May 18, when the nationwide lockdown was implemented without any major relaxations, the pollution levels in the national capital reduced drastically and remained in the "satisfactory" category for most of the time. After May 18, however, as lockdown rules were eased, the pollution graph started climbing again. From May 18 to June 5, the air quality index of Delhi has remained in the 'moderate' category. On Friday, the AQI levels was recorded as 111 in the moderate category, as per the Central Pollution Control Board (CPCB).

The pollution levels were also kept in check because of the increased Western Disturbances that crossed Delhi during and after the lockdown period. Though not all Western Disturbances brought rain, the increased wind speeds helped blow away pollutants.

Sunita Narain, director general, CSE, said the analysis clearly shows that the nation needed an intervention at such a massive scale — where movement across the country was

completely restricted, and all industrial activities stopped functioning — to clean our air and lungs. "It tells us clearly what the key sources of air pollution are — emissions from vehicles and industry," she said.

The study states that Delhi has an approximately 12.1 million registered vehicles, of which 4.6 million are private vehicles. Of these, only a fraction plied during the lockdown period. Also, visits to workplaces reduced by 60%, while retail and recreation activities reduced by 84%. Besides, activities in residential areas increased by 29%. Cycling and walking increased from 14% to 43%.

"The challenge lies in the fact that on opening up, we are likely to go back to the old habits. Today we are re-opening without any plan to keep the air clean. We need to set an agenda including prompt implementation of BS-VI for cleaner fuel, augmentation of public transport, create infrastructure and promote incentivised cycling and walking and introduction of cleaner battery-powered para-transit modes," said AnumitaRoychowdhury, executive director, research and advocacy and head of air pollution and clean transportation programme at CSE.

Brijmohan Das, atmospheric sciences researcher at IIT-Delhi, said that restrictions on human activities such as vehicular movement and industrial activities contribute a major chunk in the city's pollution levels .

"This should be an eye opener for us. Without human presence, the environment heals itself and pollution levels reduce to satisfactory. Apart from the effects of lockdown, the high wind speed and rain in May and June has also helped the air

Air pollution during lockdown in India

The lockdowns enforced due to the COVID-19 pandemic led to large improvement in air quality in India, say scientists who suggest that such interventions may be used as a possible emergency measure to combat severe air pollution episodes like those witnessed in Delhi-NCR region during the winter months.

"There is a large improvement in air quality, especially in urban areas — from alarming or poor to satisfactory or good. The main reason is reduced human activities," said S K Satheesh, Professor at Centre for Atmospheric & Oceanic Sciences, Indian Institute of Science (IISc) Bangalore.

"On an average, reduction in particulate matter (PM) concentrations over southern part of India is around 50-60%, and over the Indo-Gangetic basin, including Delhi, UP, Bihar, West Bengal etc it is as much as 75%," he said.

Mr. Satheesh noted that the major contributing factors of pollution are transport vehicles, industries, crop-residue burning, waste burning and so on.

He explained that in cities, more than half of the air pollution is caused due to vehicular emissions, adding that during the lockdown, there was a large reduction in the number of vehicles on road.

According to two studies, published in the journal Geophysical Research Letters in May, the levels of two major air pollutants, including nitrogen dioxide, drastically reduced since lockdowns were enforced worldwide in response to the COVID-19 pandemic.

In India, satellite data has shown a significant drop in particulate matter or aerosol levels after the COVID-19 lockdown over most parts of the country, Mr. Satheesh said.

Large reduction in air-traffic resulted in a significant reduction in particulate matter and greenhouse gas emissions in the upper atmosphere, some of which are already shown to impact the stratospheric ozone layer through self-lofting of these pollutants emitted by airplanes, Mr. Satheesh explained.

Large reduction in airplane emissions would further the recovery of ozone hole, which is already taking place

Reducing Noise Pollution

One (tiny) benefit of social distancing in cities is the newfound quiet that has urbanites reporting that birdsong, for instance, seems louder than ever before. Some birds are actually likely to be lower in pitch than before, since they have fewer cars, planes, jackhammers, and leaf-blowers to compete with. (One ornithologist has memorably compared sparrows around noisy oil fields to Bart Simpson, whereas in quieter situations they're more akin to George Clooney.) However, birds may be more willing to sing under these conditions of relative quiet.

The benefits for wildlife extend beyond better communication. Reduced noise levels are associated with higher reproductive success, less migration, and ultimately lower mortality rates. After all, birds whose mating strategies depend on song may need to travel long distances to make themselves heard.

A raccoon in a deserted Central Park, New York

AFP VIA GETTY IMAGEThere are other indications that the world is less noisy for the time being. The Cities and Memory website is collecting audio samples from people around the world. These make clear, for instance, the aural stillness of previously busy areas.

The noise reductions go deep – literally. Seismologists are reporting less seismic noise, or vibrations in the Earth's crust. Seismic noise caused by human activity in Brussels, for instance, is reported to be down by 1/3 compared to pre-lockdown levels. One benefit is that tools to detect earthquakes and other seismic activity can be more precise.

Even oceans are more tranquil, with cruises temporarily on hold. The decrease in ocean noise is likely to be decreasing, in turn, the stress hormone production of sea creatures.

In humans as well, exposure to chronic noise pollution is ordinarily linked to high stress and a number of physical ailments, from the obvious (disrupted sleep and hearing loss) to the less direct (high blood pressure, heart disease, and cognitive impairment in children). These harms come with economic costs as well; housing prices can decline by up to 2% per decibel.

These effects aren't evenly spread. As with environmental pollution in general, poorer people and people of color bear the brunt of noise pollution.

In New York City, 9 out of 10 adults may be exposed to noise levels considered harmful by the Environmental Protection Agency. Incessant car honking is especially damaging in India, where long-time traffic officers and rickshaw drivers face high rates of hearing loss. There's controversy over silence zones in Indian cities, where for instance religious festivals tend to be boisterous and no-honking days would be challenging to enforce.

A 'silence zone' sign in Mumbai (Photo by Karen

The Washington Post Via Getty Images

In Europe, according to a recent report from the European Environment Agency (EEA), at least one in five people are exposed to noise levels that are harmful to health. It's estimated that over the long term, this leads to at least 12,000 premature deaths in Europe each year. Roughly the same number of schoolchildren experience learning impairments due to excessive aircraft noise. And noise levels are likely to increase due to urban growth and transport demands.

Transportation is key to urban noise, stresses Yousef Sakieh, who researches land use at the Gorgan University of Agricultural Sciences and Natural Resources in Iran. Thus "it is expected to have lower noise levels during the pandemic".

Long-term urban design is a stronger factor in noise pollution than short-term behavioral changes (like encouraging more cycling and walking, or reducing traffic speeds). But according to the EEA report, "Environmental noise in Europe", these design measures make up a minority of the noise-reduction policies actually implemented. One possibility is for cities to carve out more quiet areas such as parks (which would need to be accessible to the bulk of city residents). Another is to pave roads with smoother asphalt.

Of course, these aren't ordinary times. We don't have authoritative data on exactly how much the coronavirus-linked lockdowns are affecting noise levels around the world. And any noise-related reduction in stress would be more than offset by the anxiety caused by the pandemic.

Sakieh gives a caveat regarding the lower noise levels: "Although we are making less noise, the impervious surfaces such as asphalt, concrete, brick, stone and rooftops still maintain their amplification function in forming the soundscape of the environment and noise levels still can travel further based on density and arrangement of such surfaces."

The current reduction is also a short-term phenomenon. EulaliaPeris, an EEA noise expert and the lead author of "Environmental noise in Europe", comments, "Noise pollution from transport sources, such as road, rail or air traffic, is linked to economic activity. Therefore, in the current situation we expect to see a significant reduction in transportation noise levels in the short-term due to decreased mobility demand. However, in order to achieve a reduction in the negative health effects of noise, a significantly longer-term reduction in noise levels is required….Therefore, protection of the population from transportation noise will only be achieved by a long-term strategy on mobility and transportation systems."

Obviously no one would have wished for the current situation, even with its small upsides, like quieter cities. But aiming to convert these short-term gains into long-term benefits would be one way to make the post-coronavirus world better than pre-coronavirus.

Pollution drops across cities

The graphs show daily PM2.5 levels between April 1 and May 24 in 2019 (red colour) and 2020 (blue). Except Mumbai, other cities recorded significantly low levels of particulate matter pollution in 2020 compared to 2019 on many days during this period.

Result

Changes in concentrations of major pollutants for the pre-lockdown and during-lockdown period After declaration of three weeks of lockdown starting from 24th of March 2020, pollution of the megacity Delhi has witnessed substantial diminution of the pollutants Especially, during the study period PM_{10}, $PM_{2.5}$, NO_2 and CO concentration have shown significant declining trends Averaged concentrations of PM_{10} and $PM_{2.5}$ have reduced by about −51.84% and −53.11% respectively. For the traffic and industrial background stations the magnitude of decline of $PM_{2.5}$ is as high as about −62.61% and −59.74% respectively. Other pollutants that have shown considerable variation between pre and during lockdown are NO_2 (−52.68%) and CO (−30.35%). However, for SO_2 (−17.97%), and NH_3 (−12.33%) the reduction have counted very low in comparison to the others and the trend also not evidencing prominent definite trend 8 h average daily maximum concentration of O_3 (+0.78% overall variation) in the study period shows negligible increase with insignificant rising trend. In this case, considering that April to August in Indian subcontinent is the usual high O_3 period due to the increase in insolation is quite feasible. Important to note that, the concentration of O_3 increases especially in the industrial and transport dominated locations (>10% increase)The cause for this increase in O_3 concentration, especially in the industrial and transport dominated areas is the decrease of nitrogen oxide (NO) which leads to lowering of the O_3 consumption (titration, $NO + O_3 = NO_2 + O_2$) and causes an increase in O_3 concentrations. The overall air quality reduction as evident from NAQI value for past-lockdown and during-lockdowncounted about −60.95% with the net reduction counting −113.36 For the transportation and industrial location the air quality have improved up to −59.45% (net reduction in NAQI: −128.0) and −52.92 (Net reduction in NAQI: −103.93) respectively. This is a clear indication that a substantial improvement of the air quality could be expected if strict implementation of air quality control measures like lockdown is put into practice.

Conclusion

Amid the COVID-19 pandemic, a nationwide lockdown is imposed in India initially for three weeks from 24th March to 14th April 2020 and extended up to 3rd May 2020. Due to the forced restrictions, pollution level in cities across the country drastically slowed down just within few days which magnetize discussions regarding lockdown to be the effectual alternative measures to be implemented for controlling air pollution. The present article eventually worked

on this direction to look upon the air quality scenario amidst the lockdown period scientifically with special reference to the megacity Delhi. With the aid of air quality data of seven pollutant parameters (PM_{10}, $PM_{2.5}$, SO_2, NO_2, CO, O_3 and NH_3) for 34 monitoring stations spread over the megacity we have employed National Air Quality Index (NAQI) to show the spatial pattern of air quality in pre and during-lockdown phases. The results demonstrated that during lockdown air quality is significantly improved. Among the selected pollutants, concentrations of PM_{10} and $PM_{2.5}$ have witnessed maximum reduction (>50%) in compare to the pre-lockdown phase. In compare to the last year (i.e. 2019) during the said time period the reduction of PM_{10} and $PM_{2.5}$ is as high as about 60% and 39% respectively. Among other pollutants, NO_2 (−52.68%) and CO (−30.35%) level have also reduced during-lockdown phase. About 40% to 50% improvement in air quality is identified just after four days of commencing lockdown. About 54%, 49%, 43%, 37% and 31% reduction in NAQI have been observed in Central, Eastern, Southern, Western and Northern parts of the megacity. Overall, the study is thought to be a useful supplement to the regulatory bodies since it showed the pollution source control can attenuate the air quality. Temporary such source control in a suitable time interval may heal the environment.

References

1. **Anjum, 2020**
2. Atmos. Environ., 161 (2017), pp. 99-11 **Article**DownloadPDF**View Record in ScopusGoogle Scholar**
3. B. Bishoi, A. Prakash, V.K. JainA comparative study of air quality index based on factor analysis and US-EPA methods for an urban environment Aerosol Air Qual. Res., 9 (1) (2009), pp. 1-17 **CrossRefView Record in ScopusGoogle Scholar**
4. **Babcock and Nagda, 1972**
5. C. Chandramouli, R. GeneralCensus of india 2011 Provisional Population Totals, Government of India, New Delhi (2011), pp. 409-413 **Google Scholar Chowdhury et al., 2019**
6. Cadotte, M., 2020. Early evidence that COVID-19 government policies reduce urban air pollution.
7. **Cannistraro and Ponterio, 2009**

8. CEAAll India Installed Capacity (in MW) of Power Stations as on 31.08.2016 Central Electricity Authority (CEA), New Delhi (2016) **Google Scholar Chandramouli and General, 2011**
9. CEAGrowth of Electricity Sector in India From 1947–2015 Central Electricity Authority (CEA), Ministry of Power, Govt of India, New Delhi (2015) **Google Scholar CEA, 2016**
10. CPCBAir Quality Monitoring, Emission Inventory and Source Apportionment Study for Indian Cities: National Summary Report Central Pollution Control Board (CPCB), New Delhi, India Sicard et al., 2011
11. D.M. Stieb, M.S. Doiron, P. Blagden, R.T. Burnett**Estimating the public health burden attributable to air pollution: an illustration using the development of an alternative air quality index**
12. E.Y. Bezuglaya, A.B. Shchutskaya, I.V. SmirnovaAir pollution index and interpretation of measurements of toxic pollutant concentrations Atmos. Environ. Part A, 27 (5) (1993), pp. 773-779 **Article**DownloadPDF**View Record in ScopusGoogle Scholar Bishoi et al., 2009**
13. Environmental Protection Agency 451: K-94-001 Environmental Protection Agency, Office of Air Quality Planning and Standards, Research Triangle Park (1994) Google Scholar United Nations, 2018
14. G. Beig, S.D. Ghude, A. DeshpandeScientific Evaluation of Air Quality Standards and Defining Air Quality Index for India Indian Institute of Tropical Meteorology (2010) **Google Scholar Bezuglaya et al., 1993**
15. G. Cannistraro, L. PonterioAnalysis of air quality in the outdoor environment of the city of Messina by an application of the pollution index meth Int. J. Civ. Environ. Eng., 1 (4) (2009), p. 214 **View Record in ScopusGoogle Scholar CEA, 2015**
16. G.C. Thom, W. Ott**Air Pollution Indices: A Compendium and Assessment of Indices Used in the United States and Canada**The Council (1975)Google Scholar Tickell and Ranasinha, 2018
17. **Google Scholar**
18. J. Air Waste Manage. Assoc., 49 (1) (1999), pp. 88-91 CrossRefView Record in ScopusGoogle Scholar

19. J. Postcolon. Writ. Delhi: New Writ. Megacity (Spec. Issue), 54 (3) (2018), pp. 297 306, 10.1080/17449855.2018.1461977 CrossRefView Record in ScopusGoogle Scholar Tobías et al., 2020
20. J. Toxic. Environ. Health A, 68 (13–14) (2005), pp. 1275-1288 CrossRefView Record in ScopusGoogle Scholar Sutton et al., 1995
21. J. Watts, N. Kommenda**Coronavirus pandemic leading to huge drop in air pollution**
22. Kleefeld, J. Cofala, C. Heyes, G. Kiesewetter, Z. Klimont, J. Liu, D. MajumdarManagi ng future air quality in megacities: a case study for Delhi
23. L.R. Babcock Jr, N.L. NagdaIndices of air quality Indicators of environmental quality, Springer, Boston, MA (1972), pp. 183-197 **View Record in ScopusGoogle Scholar Cadotte, 2020**
24. M. CocciaFactors determining the diffusion of COVID-19 and suggested strategy to prevent future accelerated viral infectivity similar to COVID Sci. Total Environ. (2020), p. 138474 **Article**DownloadPDF**View Record in ScopusGoogle Scholar CPCB, 2011**
25. M.A. Sutton, C.J. Place, M. Eager, D. Fowler, R.I. Smith**Assessment of thmagnitude of ammonia emissions in the United Kingdom** tmos. Environ., 29 (12) (1995), pp. 1393-1411 ArticleDownloadPDFView Record in ScopusGoogle Scholar Swamee and Tyagi, 1999
26. M.F. Bashir, B. Ma, B. Komal, M.A. Bashir, D. Tan, M. BashirCorrelation between climate indicators and COVID-19 pandemic in New York, USA Sci. Total Environ., 728 (2020), Article 138835 **Article**DownloadPDF**Google Scholar Beig et al., 2010**
27. N.A. AnjumGood in the Worst: COVID-19 Restrictions and Ease in Global Air Pollution Preprints (2020), **10.20944/preprints202004.0069.v1** 2020040069 **Google Scholar Bashir et al., 2020**
28. P. Sicard, O. Lesne, N. Alexandre, A. Mangin, R. Collomp**Air quality trends and potential health effects–development of an aggregate risk index** Atmos. Environ., 45 (5) (2011), pp. 1145-1153 ArticleDownloadPDFView Record in ScopusGoogle Scholar Stieb et al., 2005

29. P. Wang, K. Chen, S. Zhu, P. Wang, H. Zhang**Severe air pollution events not avoided by reduced anthropogenic activities during COVID-19 outbreak** Resour. Conserv. Recycl., 158 (2020), Article 104814 ArticleDownloadPDFGoogle Scholar Watts and Kommenda, 2020
30. P.K. Swamee, A. Tyagi**Formation of an air pollution index**
31. Prüss-Üstün, C. Corvalán (Eds.), Preventing Disease Through Healthy Environments-Towards an Estimate of the Environmental Burden of Disease, 92 4 159382 2 (2006) Google Scholar WHO, 2016
32. S. Chowdhury, S. Dey, S. Guttikunda, A. Pillarisetti, K.R. Smith, L. Di GirolamoIndian annual ambient air quality standard is achievable by completely mitigating emissions from household sources Proc. Natl. Acad. Sci., 116 (22) (2019), pp. 10711-10716 **Cross RefView Record in ScopusGoogle Scholar Coccia, 2020**
33. S. Van den Elshout, K. Léger, F. Nussio**Comparing urban air quality in Europe in real time: a review of existing air quality indices and the proposal of a common alternative** Environ. Int., 34 (5) (2008), pp. 720-726 ArticleDownloadPDFView Record in ScopusGoogle Scholar Wang and Su, 2020
34. Sci. Total Environ., 726 (2020), Article 138540 ArticleDownloadPDFGoogle Scholar U.S. Environmental Protection Agency, 1994
35. The Guardian, 23 (2020) Google Scholar WHO, 2006
36. Thom and Ott, 1975
37. Tickell, R. Ranasinha**Delhi: new writings on the megacity**
38. Tobías, C. Carnerero, C. Reche, J. Massagué, M. Via, M.C. Minguillón, A. Alastuey, X . Querol**Changes in air quality during the lockdown in Barcelona (Spain) one month into the SARS-CoV-2 epidemic**
39. U.S. Environmental Protection Agency**Measuring Air Quality: The PollutantStandards Index**
40. United Nations**2018 Revision of World Urbanization Prospects** (2018) Google Scholar Van den Elshout et al., 2008
41. WHO**WHO Global Urban Ambient Air Pollution Database (Update 2016)**

19. The Role of Young Volunteer towards COVID-19

Dr. Kamlakar Eknath Kamble
(Head Department of Commerce), KES's Dr. C. D. Deshmukh Commerce & Sau. K. G. Tamhane Arts College, Roha-Raigad.

Abstract

Young Volunteer play a vital role in the National volunteer community. In midst of the coronavirus pandemic, youth volunteers are looking at innovative ways to assist their communities, particularly to those most at risk. It is not possible for Civilisation of backwards, while there is youth in the world.

Today, a virus has spread turmoil in the world. It has made us realize how shallow the materialistic pleasures are in life and preeminent, the life itself. Before this, people in the world believed that the cardinal was the jobs they were doing, the places visited, the cars owned or the clothes worn. Most of all, the younger generations fall in this trap of creating a virtual reality for themselves while there is a war going on in the world, there is a sudden spur of radical nationalism in the country, or the forests are on. All that matters to most of the youth is the social life they are maintaining. Even after all of this, one cannot deny that young people are the drivers of change.

Key word: COVID-19, pandemic, virus, young Volunteer.

Even after all of this, one cannot deny that young people are the drivers of change. They are the ones who shape the future. Time and again, it has been proven that whenever the world was in shackles, youth used to come forward, took charge and changed the course of history. Be it Malala Yousafzai, who took a bullet through her head together for educating women in Pakistan, and become an inspiration for millions of women around the globe who were denied their rights. Mark Zuckerberg, who established that it is not necessary to be 50 to build something as huge as Facebook or, be it someone as young as Greta Thunberg who protested in front of the Swedish Parliament building, giving rise to worldwide concentration on environmental issues like Global Warming. Who would have thought that a mutant virus could crash the world economies and result in all people being locked up inside their homes? Yet, here we are, in this situation. It is time for young people to come forward and take charge. It is necessary to understand here that the enemy is invisible, it cannot be fought and it cannot be tamed. So how do we fight with an enemy like that? The answer is simple: by being prepared, by

being sensitive, by becoming aware. The youth needs to focus on things that they were already doing before the Helen Keller pandemic and how they can improve in their jobs to help the world regain what it has lost. Once normalcy is established, the world is going to face another crisis, which is going to be as challenging as this one if not more. A crisis wherein we face a lack of resources like decreasing groundwater levels, as well as a fall in economy like stock markets crashing, small businesses being vulnerable and high rise in unemployment rates. According to a study by the ILO, almost 25 million jobs could be lost due to COVID-19. As the youth is the biggest part of our workforce, everyone doing their part with utmost honesty and with a view of catering to others is going to be of utmost help in a situation like this. Everyday life has been disturbed because of COVID-19 and the whole world is at a halt. When we look at the present situation, every person is canned to their own homes. The billions of dollars that we have invested in real estate are of no use at this time because we spent money on building fancy facades, ornate landscapes, tall structures, and posh amenities, but all we are doing now is staying indoors, and our houses are not ancient enough. Architects and builders have left us with inedible spaces; our houses are neither well ventilated nor well lit with natural lighting. We are canned within compact and non-workable spaces. Had the designers paid more attention to these things, we would have had some comfort, workability and exposure to the outer world while staying inside. This is just one example of how we have failed as professionals in doing our jobs. We need designers, professionals, business people and workers who bring a creative approach in doing traditional work and this responsibility lies on the shoulders of the youth. We cannot dismiss the consequences of this pandemic. Hence, if each young person focuses on working with more empathy and dedication in their work, the world will soon be able to recover from the inevitable losses that it is going to bear.

The Role of Young Volunteer towards COVID-19

As the world grapples with unprecedented challenges posed by the COVID-19 pandemic, young people are demonstrating their continued leadership in the communities and countries.

Here are just some of the ways that Young Volunteers are stepping up and taking action against the COVID-19.

1. **Providing essential reproductive Health Services and Companionship:**With many countries going into some form of lockdown, People around the world are having trouble.

2. **Using Social Media and Apps to spread accurate information:** According to medical doctor, there are two diseases currently spreading around the world in a viral manner: COVID-19 and fake news. The vaccine for both? "Good information."
3. **Speaking out for effective and equitable care:** On top of training patients, young doctors are also responding by sounding the alarm bells around limited resources and demanding greater investment in health.
4. **Championing mental wellness:** Protecting everyone from the pandemic also means safeguarding people's mental health. Physician and psychiatry resident is bringing attention to how social isolation puts additional stress on individuals, especially those who are homeless, have no internet connectivity, or lack support from their families.
5. **Innovating to improve access to lifesaving testing:** Widespread testing is a vital part of saving lives in pandemic. To bolster their city's coronavirus defence. Every weekday afternoon and while supplies last, their facility provides free COVID-19 testing to individuals riding up in cars and bicycles.
6. **Conducting Research and Development Technology:** Another critical aspect of combatting coronavirus is research. This research would enable better understanding of the disease and therefore improved management of its symptoms and spread.
7. **Harnessing the Strength of Communication:** One of the biggest local challenges is the information gap, so they created posters and videos busting myths about coronavirus and publish the material in various languages.
8. **Delivering Food and Sanitation:** In a time when essential are scare, young activists are working to fill the needs of their communities. Community development for peace founder works through his organization to distribute dry food and sanitation kits to the people.
9. **Engaging elected officials and Lawmakers:** As a lawyer play their role as legal advisor at the National Assembly of Ecuador to secure funding for COVID-19 response.
10. **Ensuring the most Vulnerable are not lift behind:** Several reports show that those in humanities setting, particularly groups who are displaced and living in camps, may experience the direst effects of COVID-19. Young people are rising their voices to make sure these populations don't get behind in the crisis.

COVID – 19 The Coronavirus, a pandemic has made us realize that we all are connected and this entire world is a family. Although connected, medical experts have suggested social

distancing as one of the perfect solution to fight against the new evil. Our honourable Prime Minister – Narendra Modi Ji indicated how COVID-19 chain can be splintered with the 21 days country lock-down. But to flatten the curve of COVID-19, the lock-down must be respected & accepted by 130 crore Indians altogether.

Youth in India constitutes about more than one-fourth of the total population. We as a responsible youth of this country should participate in this battle against the zoonotic disease. Now, let's understand the role of youth in this battle. To name some of them from the canvas of history – Lenin, the Russian youth had a major contribution to the Russian revolution Likewise Mazzini & Bhagat Singh also contributed their role for the country? This battle can be won by helping the government in this time of exigency. We can spread the right awareness in our Dosti, Family, XYZ, etc. 24* 7 Watsapp group with the right information about the Virus. Watsapp/Social media groups always have as much as traffic on our roads. Let's spread the right music among our acquaintances during this situation.

Every religious activity has been on halt in lieu of corona-virus outbreak, still if we see any of the gathering around. It's our responsibility to guide and report if required. The Constitution of India, is the holy book for every Indian citizen & every-order must be accepted as a commandment. We live in a democracy & we have every right to put our thoughts on the table but this is the time to unite and stand with our government.

1. Representation

As much as celebrities like to say "we are all in this together", we are not all experiencing COVID-19 in the same way. (Social inequality strikes again.)

While the most privileged have been able to isolate without worrying about future income, a huge number of people have experienced hardship, forced to isolate in small spaces and in difficult conditions, if they can isolate at all. Civil society organisations provide important aid; as one example, with families in lockdown, domestic abuse hotlines are lightning up. Around the globe, other organisations advocate for people without running water, without internet access, for minorities and for the poor.

2. Watchdog

Civil society acts as the democratic watchdog. This is a crucial function in times of a pandemic when governments adopt emergency powers to act efficiently to combat it. Nationwide lockdowns and restrictions can be justified by the severity of COVID-19 but must be proportional and time-bound. Organisations such as Amnesty International and Human Rights Watch have spoken out against human rights violations under the guise of national protection.

Access Now and Transparency International highlight restrictions on media and journalists and call for digital rights protection in governmental tracking systems.

Civil society also observes the ease of the lockdown and implementation of economic stimuli. Environmental NGOs such as Greenpeace track public bailout for polluting industries.

Civil society's experience in scrutinising government and private sector action and demanding more transparency and accountability is needed to build a fairer, more just and more rights-respecting post-pandemic future.

3. Communication and trust

From the start of the pandemic to the ease of the lockdown, efficient communication and trust in government have been critical so citizens follow national emergency orders like wearing masks and staying inside. In Iran, lack of trust in the government led to citizens ignoring governmental advice, thereby undermining the efficiency of its measures.

As the 2009 H1N1 pandemic showed, when public health emergencies are politicised and government communication is conflicting, trust in national administration is undermined. Here, civil society provides an essential link between the government and citizens. In many regions, civil society has more trust and moral authority than the government, as well as a wide network that reaches the most rural areas. This is especially the case for faith communities, which provide aid but also solidarity to vulnerable parts of society, acting as both information channels and first responders. This trust is crucial when recovering from the pandemic and resetting the global.

References

1. Times of India
2. WHO Reports
3. Ministry of Health & Family welfare of India
4. Indian Express News
5. Maharashtra Government Health Ministry.

20. Corona Virus and Controversies and its Origin

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janjira Degree College of Science, Murud Janjira, Raigad.
Miss. Samiya Abrar Sonde
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science, Murud Janjira, Raigad.

Coronavirus and controversies

The coronavirus pandemic is the most serious and dramatic public health emergency that the world has faced in the last decades. Despite the numerous recent articles published in the literature, many controversies still persist both among healthcare professionals and common people.

Briefly, the novel coronavirus disease-19 (COVID-19) is caused by a RNA virus, called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which originated in December 2019 in Wuhan, a city in the Hubei, province of China, and has spread to infect 81 174 people in China with 3248 deaths. In few weeks Japan, South Korea, Iran, and Italy were severely affected by COVID-19. At the time of writing, the COVID-19 is affecting 177 countries and territories around the world and caused hundreds of thousands of deaths.

Recent studies dispel myth concerning the origin of the outbreak of COVID-19, according to which the virus was synthetically created in a laboratory unleashed to cause a global crisis. Indeed, although its origin is not completely understood, it was demonstrated that the bat coronavirus shared 96% of its genome with SARS-CoV-2, thus suggesting a bat origin and a transmission to human through an intermediate host. The main route of transmission for COVID-19 occurs via large droplets released from the nose or mouth of an infected person, which, even if asymptomatic or mildly symptomatic, can spread the virus. Moreover, it has been demonstrated that the persistence of virus on inanimate surfaces play an important role in transmission of SARS-CoV-2.

So, in effort to reduce the rate of transmission, several countries worldwide took drastic measures (ie, schools, restaurants and shops closures, quarantining potentially affected persons) and individual precautions (social distancing, wearing gloves and face masks, hands hygiene, covering the mouth, and nose with a tissue when coughing or sneezing). In spite of that, the British government recently announced to allow the COVID-19 to spread to build a “herd

immunity" (a form of indirect protection from the infection that happens to individuals when a significant part of population has been vaccinated or previously exposed to the infection). This controversial strategy stands in contrast with World Health Organization recommendations, which advice social distancing. In fact, the hypothesis that SARS-CoV-2 can infect a significant proportion of the local population, inducing herd effect needs to be confirmed.

People of all ages can be infected by SARS-CoV-2, although older individuals and patients with chronic illness are at greater risk.6 Indeed, many reports dispelled the myth that children cannot catch the COVID-19.7 Usually, the pediatric patients with COVID-19 have mild symptoms and will recover within 1 to 2 weeks, likely due to a more active innate immune response and healthier respiratory tracts.

At present, there is no vaccine or specific antiviral treatment for COVID-19. All of the therapeutic options come from experience treating previous influenza and respiratory viruses. The therapy is symptomatic, with oxygen supply or mechanical ventilation in case of severe respiratory symptoms.

There is no evidence that home remedies such as consuming garlic, plenty of water, high doses of vitamin C can cure and protect against COVID-19. Chinese herbal treatments, typically used for viral respiratory infection, might contain compounds with anti-SARS-CoV-2 action.

Finally, another controversy is whether hot temperature and humidity may end the COVID-19 pandemic. Indeed, it is well known that most recognized respiratory pathogens of humans recur in winter and plummet in summer, most likely due to the fact that warm and humid weather make it harder for respiratory droplets to spread viruses, as well as there is seasonal variation in the susceptibility of host. However, further investigation will be required for conclusive evidence about COVID-19.

History of covid 19

Coronaviruses were first discovered in the 1930s when an acute respiratory infection of domesticated chickens was shown to be caused by infectious bronchitis virus (IBV).[14] Arthur Schalk and M.C. Hawn described in 1931 a new respiratory infection of chickens in North Dakota. The infection of new-born chicks was characterized by gasping and listlessness. The chicks' mortality rate was 40–90%.[15] Fred Beaudette and Charles Hudson six years later successfully isolated and cultivated the infectious bronchitis virus which caused the disease.[16] In the 1940s, two more animal coronaviruses, mouse hepatitis virus (MHV) and transmissible gastroenteritis virus (TGEV), were isolated.[17] It was not realized at the time that these three different viruses were related.[18]

Human coronaviruses were discovered in the 1960s.[19][20] They were isolated using two different methods in the United Kingdom and the United States.[21] E.C. Kendall, Malcom Byone, and David Tyrrell working at the Common Cold Unit of the British Medical Research Council in 1960 isolated from a boy a novel common cold virus B814.[22][23][24] The virus was not able to be cultivated using standard techniques which had successfully cultivated rhinoviruses, adenovirusesand other known common cold viruses. In 1965, Tyrrell and Byone successfully cultivated the novel virus by serially passing it through organ culture of human embryonic trachea.[25] The new cultivating method was introduced to the lab by Bertil Hoorn.[26] The isolated virus when intranasally inoculated into volunteers caused a cold and was inactivated by ether which indicated it had a lipid envelope.[22][27] Around the same time, Dorothy Hamre[28] and John Procknow at the University of Chicago isolated a novel cold virus 229E from medical students, which they grew in kidney tissue culture. The novel virus 229E, like the virus strain B814, when inoculated into volunteers caused a cold and was inactivated by ether.[29]

The two novel strains B814 and 229E were subsequently imaged by electron microscopy in 1967 by Scottish virologist June Almeida at St. Thomas Hospital in London.[30][31] Almeida through electron microscopy was able to show that B814 and 229E were morphologically related by their distinctive club-like spikes. Not only were they related with each other, but they were morphologically related to infectious bronchitis virus (IBV).[32] A research group at the National Institute of Health the same year was able to isolate another member of this new group of viruses using organ culture and named the virus strain OC43 (OC for organ culture).[33] Like B814, 229E, and IBV, the novel cold virus OC43 had distinctive club-like spikes when observed with the electron microscope.[34][35]

The IBV-like novel cold viruses were soon shown to be also morphologically related to the mouse hepatitis virus.[17] This new group of IBV-like viruses came to be known as coronaviruses after their distinctive morphological appearance.[9]Human coronavirus 229E and human coronavirus OC43 continued to be studied in subsequent decades.[36][37] The coronavirus strain B814 was lost. It is not known which present human coronavirus it was.[38] Other human coronaviruses have since been identified, including SARS-CoV in 2003, HCoV NL63 in 2004, HCoV HKU1 in 2005, MERS-CoV in 2012, and SARS-CoV-2 in 2019.[39][40]There have also been a large number of animal coronaviruses identified since the 1960s.[5]

Coronavirus disease

A coronavirus disease (COVID /ˈkoʊvɪd,ˈkɒvɪd/),[3][4][5] coronavirus respiratory syndrome, coronavirus pneumonia, coronavirus flu, or any other variant, is a disease caused by members of the coronavirus (CoV) family.

Coronaviruses cause different coronavirus diseases including severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS),[6] and coronavirus disease 2019 (COVID-19).[7] Some strains of coronaviruses can also cause the common cold.[8][9][10][11]

The 2019–20 coronavirus outbreak, caused by COVID-19, was declared a pandemic by the World Health Organization (WHO) on 11 March 2020.[12]Local transmission of the disease has been recorded in many countries across all six WHO regions.[13] COVID-19 is caused by the SARS-CoV-2coronavirus.[7] SARS-CoV-2 is the third zoonoticcoronavirus, after SARS-CoV and MERS-CoV. Coronaviruses are a family of viruses that can cause illnesses such as the common cold, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). In 2019, a new coronavirus was identified as the cause of a disease outbreak that originated in China.

The virus is now known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease it causes is called coronavirus disease 2019 (COVID-19). In March 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a pandemic.

Public health groups, including the U.S. Centers for Disease Control and Prevention (CDC) and WHO, are monitoring the pandemic and posting updates on their websites. These groups have also issued recommendations for preventing and treating the illness.

Symptoms

Signs and symptoms of coronavirus disease 2019 (COVID-19) may appear two to 14 days after exposure. This time after exposure and before having symptoms is called the incubation period. Common signs and symptoms can include:

- Fever
- Cough
- Tiredness

Early symptoms of COVID-19 may include a loss of taste or smell. Other symptoms can **include**

- Shortness of breath or difficulty breathing
- Muscle aches
- Chills

- Sore throat
- Runny nose
- Headache
- Chest pain

This list is not all inclusive. Other less common symptoms have been reported, such as rash, nausea, vomiting and diarrhea. Children have similar symptoms to adults and generally have mild illness.

The severity of COVID-19 symptoms can range from very mild to severe. Some people may have only a few symptoms, and some people may have no symptoms at all. Some people may experience worsened symptoms, such as worsened shortness of breath and pneumonia, about a week after symptoms start.

People who are older have a higher risk of serious illness from COVID-19, and the risk increases with age. People who have existing chronic medical conditions also may have a higher risk of serious illness. Serious medical conditions that increase the risk of serious illness from

COVID-19 include

- Serious heart diseases, such as heart failure, coronary artery disease or cardiomyopathy
- Cancer
- Chronic obstructive pulmonary disease (COPD)
- Type 2 diabetes
- Severe obesity
- Chronic kidney disease
- Sickle cell disease
- Weakened immune system from solid organ transplants

Other conditions may increase the risk of serious illness, such as:

1. Asthma
2. Liver disease
3. Chronic lung diseases such as cystic fibrosis
4. Brain and nervous system conditions
5. Weakened immune system from bone marrow transplant, HIV or some medications
6. Type 1 diabetes
7. High blood pressure

This list is not all inclusive. Other underlying medical conditions may increase your risk of serious illness from COVID-19.

Causes

Infection with the new coronavirus (severe acute respiratory syndrome coronavirus 2, or SARS- CoV-2) causes coronavirus disease 2019 (COVID-19).

The virus appears to spread easily among people, and more continues to be discovered over time about how it spreads. Data has shown that it spreads from person to person among those in close contact (within about 6 feet, or 2 meters). The virus spreads by respiratory droplets released when someone with the virus coughs, sneezes or talks. These droplets can be inhaled or land in the mouth or nose of a person nearby.

It can also spread if a person touches a surface with the virus on it and then touches his or her mouth, nose or eyes, although this isn't considered to be a main way it spreads.

Risk factors

Risk factors for COVID-19 appear to include

- Recent travel from or residence in an area with ongoing community spread of COVID-19 as determined by CDC or WHO
- Close contact (within 6 feet, or 2 meters) with someone who has COVID-19 for more than 5 minutes or being coughed or sneezed on by an infected person

Complications

Although most people with COVID-19 have mild to moderate symptoms, the disease can cause severe medical complications and lead to death in some people. Older adults or people with existing chronic medical conditions are at greater risk of becoming seriously ill with COVID-19.

Complications can include:

1. Pneumonia and trouble breathing
2. Organ failure in several organs
3. Heart problems
4. A severe lung condition that causes a low amount of oxygen to go through your bloodstream to your organs (acute respiratory distress syndrome)
5. Blood clots
6. Acute kidney injury
7. Additional viral and bacterial infections

Human coronavirus diseases

Coronavirus disease was first discovered in humans in the 1930s.[16] The virus, Human coronavirus 229E (HCoV-229E) was first isolated in 1965.[16] A further three coronaviridae

were identified in humans, these being human coronavirus NL63 (HCoV-NL63), Human coronavirus OC43 (HCoV-OC43) and Human coronavirus HKU1 (HCoV-HKU1).[16] HCoV-229E and HCoV-NL63 are Alphacoronavirus (α-CoV or Alpha-CoV),[17] while HCoV- OC43, HCoV-HKU1, MERS-CoV, SARS-CoV are Betacoronavirus (β-CoV or Beta-CoV).[17]

In November 2002 an outbreak of Severe Acute Respiratory Syndrome (SARS) was discovered. This disease originated in China and subsequently spread to Vietnam, Hong Kong, Taiwan, Singapore and Canada.

A new coronavirus was identified in 2012 with a SARS like illness, called the Middle East Respiratory Syndrome (MERS) CoV resulted in a limited number of outbreaks, mostly in Saudi Arabia and other middle eastern countries.

In December 2019, a novel coronavirus (nCoV)was identified in Wuhan, China, which was isolated on 7 January 2020.[18] The World Health Organisation recommended the interim name of the disease as 2019-nCoV acute respiratory disease (2019-nCoV

ARD) and 2019 novel coronavirus (2019-nCov) as the virus.[19] However, the disease has subsequently been reclassified as coronavirus disease 2019 (COVID-19) and the virus as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2),[20] which is closely related to the earlier SARS-CoV and genetically clusters within Betacoronavirus with subgenus Sarbecovirus.[21

A zoonotic disease is an infectious diseasecaused by a pathogen (an infectious agent, such as a bacterium, virus, parasite or prion) that has jumped from an animal (usually a vertebrate) to a human.[31] SARS-CoV-2 is the third zoonoticcoronavirus, after SARS-CoV and MERS-CoV,[32]although there is evidence that may support a zoonotic origin of HCoV-NL63 too.[33] MERSEdit

In 2012 Middle East respiratory syndrome-related coronavirus (MERS-CoV), causing Middle East respiratory syndrome (MERS), was identified.[35]

MERS-CoV is responsible for the 2012 MERS outbreak, primarily in the Middle East, the 2015 MERS outbreak in South Korea and the 2018 MERS outbreak primarily in Saudi Arabia.

COVID-19Edit

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causes coronavirus disease 2019 (COVID-19), which in December 2019 led to a pneumonia outbreak in Wuhan, China, which developed into the COVID-19 pandemic.

At the start of the outbreak in December, the most mainstream assumption was that the virus originated from a so-called wet market in Wuhan, the Chinese city where the first COVID-19 cases were reported.

But as the virus spread globally, the role of public-health laboratories in Wuhan came under increasing scrutiny.

In two labs in Wuhan, long-running experiments with bat viruses helped scientists quickly identify the coronavirus as most likely to have come from the nocturnal mammal, but those same labs have also fuelled biosafety concerns.

The practice of collecting viruses from bats first burst into public view in the early weeks of the outbreak when Shi Zhengli, a noted scientist with the Wuhan Institute of Virology, refuted a swirl of online accusations both at home and abroad that the coronavirus may have leaked from her institute, where a lab certified as BSL-4, the highest level for handling dangerous pathogens, opened three years ago.

Director-Generalof the World Health Organization Tedros Adhanom Ghebreyesu has called such speculation part of an "infodemic" of fake news surrounding the coronavirus, while other public health officials said they belong with the slew of conspiracy theories claiming that the virus was engineered (all scientists who have studied the genome of the virus agree that would be impossible).

But some scientists, both within China and elsewhere, say an accidental leak remains a possibility - insofar as there is no evidence to disprove it.

"There is nothing 'fake' about lab accidents," said Richard Ebright, a molecular biologist and director at the Waksman Institute of Microbiology at Rutgers University in New Jersey, US. "There also is nothing 'conspiratorial' about lab accidents."

Bat research

China, research on bat viruses began in earnest shortly after the SARS epidemic subsided.

The 2003 outbreak, which originated in the southern province of Guangdong, proved particularly deadly in parts of Asia. Of the more than 8,000 people infected, 84 percent of the fatal cases were in China. The virus was later traced to a palm civet that had been infected by a bat.

Bats are most prevalent in the caves in Yunnan province in China's southwestern borderland.

So, over the past 10 years, Shi and other Wuhan virologists have made numerous expeditions to collect viruses from different bat species, building up Asia's largest virus bank, according to the institute's newsletter.

"Through their work on bats, they've found a huge diversity of SARS-like virus in bats and flagged some of these viruses that may have an impact on human health," said Leo Poon, a virologist at the University of Hong Kong who co- authored a paper with Shi in 2010.

Poon said once the genome of the coronavirus was sequenced in early January, Shi was able to confirm its likely source as a bat by retrieving a bat virus sample from her store that was 96 percent similar.

To raise its research profile, the Wuhan institute had sought out foreign expertise in establishing China's first BSL-4 lab.

Working with the Jean Merieux BSL-4 Laboratory in Lyon, France, the institute had the3,000 square metres (32,292 square feet) lab certified by both Chinese and French authorities for operations by early 2017.

Staff went through extensive training in France, Canada, and the United States, as well as in-house, according to the WHO. There is no worldwide body overseeing such facilities, although the WHO publishes a Laboratory Biosafety Manual and its guidelines widely followed.

In a report published after a December 2017 consultative meeting on high and maximum containment labs, Dr Kasunobu Kojima, the WHO's focal point for biosafety and laboratory security who was in the process of updating the manual noted: "Risk does not arise from the pathogen alone, but results from the process."

Shi did not respond to Al Jazeera's request for an interview, but told Scientific America that the coronavirus did not match "any of those of the viruses her team had sampled from bat caves".

Accidents can happen

The BSL-4 lab was not the only laboratory in the city of 11 million people that was collecting bat viruses.

In mid-February, scientists from two of China's most prestigious polytechnics, including one in Wuhan, circulated a pre-print paper, one that has not undergone peer review, detailing accidents involving bats at the lab of the Wuhan Center for Disease Control and Prevention (CDC). After being attacked and urinated on by the bats, a researcher quarantined himself for 14 days.

The CDC lab is located280 metres (919 feet) from the seafood market and across the street from the hospital that were the sites of the earliest clusters of COVID-19 cases. The authors made a circumstantial case for the virus "probably originate[ing] from a laboratory in Wuhan".

As long as no scientist has been able to marshal the evidence to the contrary, to Ebright this remains a possible scenario.

He points out that after the initial outbreak, SARS virus leaked from labs in Singapore and Taipei, as well as twice in Beijing.

And last December, a leak of the bacterium Brucella from a veterinary lab in Gansu province infected more than 100 people.

SARS and other coronaviruses are not considered airborne or lethal so experiments on them are allowed in laboratories of a lower safety level, where full-bodysuits and complete decontamination for lab technicians are not necessarily required. Anyone handling the virus could become an unwitting carrier.

Scientists who are sceptical of the lab leak hypothesis believe there was probably an intermediate host for the virus before it made the leap to humans, as there was during the 2003 SARS outbreak.

COVID-19 coronavirus bears such a close resemblance to the SARS coronavirus that it was officially termed SARS-CoV-2.

Yet, Shi and her American collaborators have shown that in a laboratory environment bat coronaviruses can jump directly to humans.

Controversy on origin

Different viewpoints, many with deep philosophical and historical roots, have shaped the scientific study of the origin of life. Some of these argue that primeval life was based on simple anaerobic microorganisms able to use a wide inventory of abiotic organic materials (i.e. a heterotrophic origin), whereas others invoke a more sophisticated organization, one that thrived on simple inorganic molecules (i.e. an autotrophic origin). While many scientists assume that life started as a self-replicative molecule, the first gene, a primitive self-catalytic metabolic network has also been proposed as a starting point. Even the emergence of the cell itself is a contentious issue: did boundaries and compartments appear early or late during life's origin? Starting with a recent definition of life, based on concepts of autonomy and open-ended evolution, it is proposed here that, firstly, organic molecules self-organized in a primordial metabolism located inside protocells. The flow of matter and energy across those early molecular systems allowed the

generation of more ordered states, forming the cradle of the first genetic records. Thus, the origin of life was a process initiated within ecologically interconnected autonomous compartments that evolved into cells with hereditary and true Darwinian evolutionary capabilities. In other words, the individual existence of life preceded its historical-collective dimension.

Origin

The most recent common ancestor (MRCA) of all coronaviruses is estimated to have existed as recently as 8000 BCE, although some models place the common ancestor as far back as 55 million years or more, implying long term coevolution with bat and avian species.[63] The most recent common ancestor of the alphacoronavirus line has been placed at about 2400 BCE, of the betacoronavirus line at 3300 BCE, of the gammacoronavirus line at 2800 BCE, and of the deltacoronavirus line at about 3000 BCE. Bats and birds, as warm-blooded flying vertebrates, are an ideal natural reservoir for the coronavirus gene pool (with bats the reservoir for alphacoronaviruses and betacoronavirus – and birds the reservoir for gammacoronaviruses and deltacoronaviruses). The large number and global range of bat and avian species that host viruses has enabled extensive evolution and dissemination of coronaviruses.[64]

Many human coronaviruses have their origin in bats.[65] The human coronavirus NL63 shared a common ancestor with a bat coronavirus (ARCoV.2) between 1190 and 1449 CE.[66] The human coronavirus 229E shared a common ancestor with a bat coronavirus (GhanaGrp1 Bt CoV) between 1686 and 1800 CE.[67] More recently, alpaca coronavirus and human coronavirus 229E diverged sometime before 1960.[68] MERS-CoV emerged in humans from bats through the intermediate host of camels.[69] MERS-CoV, although related to several bat coronavirus species, appears to have diverged from these several centuries ago.[70] The most closely related bat coronavirus and SARS-CoV diverged in 1986.[71] A possible path of evolution of SARS coronavirus and keen bat coronaviruses is that SARS-related coronaviruses coevolved in bats for a long time. The ancestors of SARS-CoV first infected leaf-nose bats of the genus Hipposideridae; subsequently, they spread to horseshoe bats in the species Rhinolophidae, then to Asian palm civets, and finally to humans.[72][73]

Unlike other betacoronaviruses, bovine coronavirus of the species Betacoronavirus 1 and subgenus Embecovirus is thought to have originated in rodents and not in bats.[65][74] In the 1790s, equine coronavirus diverged from the bovine coronavirus after a cross-species jump.[75] Later in the 1890s, human coronavirus OC43 diverged from bovine coronavirus after another cross-species spillover event.[76][75] It is speculated that the flu pandemic of 1890 may have been caused by this spillover event, and not by the influenza virus, because of the related timing,

neurological symptoms, and unknown causative agent of the pandemic.[77] Besides causing respiratory infections, human coronavirus OC43 is also suspected of playing a role in neurological diseases.[78] In the 1950s, the human coronavirus OC43 began to diverge into its present genotypes.[79] Phylogentically, mouse hepatitis virus (Murine coronavirus), which infects the mouse's liver and central nervous system,[80] is related to human coronavirus OC43 and bovine coronavirus.

Human coronavirus HKU1, like the aforementioned viruses, also has its origins in rodents.[65]

COVID-19 coronavirus epidemic has a natural Origin

The analysis of public genome sequence data from SARS-CoV-2 and related viruses found no evidence that the virus was made in a laboratory or otherwise engineered.

"By comparing the available genome sequence data for known coronavirus strains, we can firmly determine that SARS-CoV-2 originated through natural processes," said Kristian Andersen, PhD, an associate professor of immunology and microbiology at Scripps Research and corresponding author on the paper.

In addition to Andersen, authors on the paper, "The proximal origin of SARS-CoV-2," include Robert F. Garry, of Tulane University; Edward Holmes, of the University of Sydney; Andrew Rambaut, of University of Edinburgh; W. Ian Lipkin, of Columbia University.

Coronaviruses are a large family of viruses that can cause illnesses ranging widely in severity. The first known severe illness caused by a coronavirus emerged with the 2003 Severe Acute Respiratory Syndrome (SARS) epidemic in China. A second outbreak of severe illness began in 2012 in Saudi Arabia with the Middle East Respiratory Syndrome (MERS).

On December 31 of last year, Chinese authorities alerted the World Health Organization of an outbreak of a novel strain of coronavirus causing severe illness, which was subsequently named SARS-CoV-2. As of February 20, 2020, nearly 167,500 COVID-19 cases have been documented, although many more mild cases have likely gone undiagnosed. The virus has killed over 6,600 people Shortly after the epidemic began, Chinese scientists sequenced the genome of SARS-CoV-2 and made the data available to researchers worldwide. The resulting genomic sequence data has shown that Chinese authorities rapidly detected the epidemic and that the number of COVID-19 cases have been increasing because of human to human transmission after a single introduction into the human population. Andersen and collaborators at several other research institutions used this sequencing data to explore the origins and evolution of SARS-CoV-2 by focusing in on several tell-tale features of the virus.

The scientists analyzed the genetic template for spike proteins, armatures on the outside of the virus that it uses to grab and penetrate the outer walls of human and animal cells. More specifically, they focused on two important features of the spike protein: the receptor-binding domain (RBD), a kind of grappling hook that grips onto host cells, and the cleavage site, a molecular can opener that allows the virus to crack open and enter host cells. Possible origins of the virus

Based on their genomic sequencing analysis, Andersen and his collaborators concluded that the most likely origins for SARS-CoV-2 followed one of two possible scenarios.

In one scenario, the virus evolved to its current pathogenic state through natural selection in a non-human host and then jumped to humans. This is how previous coronavirus outbreaks have emerged, with humans contracting the virus after direct exposure to civets (SARS) and camels (MERS). The researchers proposed bats as the most likely reservoir for SARS-CoV- 2 as it is very similar to a bat coronavirus. There are no documented cases of direct bat- human transmission, however, suggesting that an intermediate host was likely involved between bats and humans.

In this scenario, both of the distinctive features of SARS-CoV-2's spike protein -- the RBD portion that binds to cells and the cleavage site that opens the virus up -- would have evolved to their current state prior to entering humans. In this case, the current epidemic would probably have emerged rapidly as soon as humans were infected, as the virus would have already evolved the features that make it pathogenic and able to spread between people.

In the other proposed scenario, a non-pathogenic version of the virus jumped from an animal host into humans and then evolved to its current pathogenic state within the human population. For instance, some coronaviruses from pangolins, armadillo-like mammals found in Asia and Africa, have an RBD structure very similar to that of SARS-CoV-2. A coronavirus from a pangolin could possibly have been transmitted to a human, either directly or through an intermediary host such as civets or ferrets.

Then the other distinct spike protein characteristic of SARS-CoV-2, the cleavage site, could have evolved within a human host, possibly via limited undetected circulation in the human population prior to the beginning of the epidemic. The researchers found that the SARS-CoV-2 cleavage site, appears similar to the cleavage sites of strains of bird flu that has been shown to transmit easily between people. SARS-CoV-2 could have evolved such a virulent cleavage site in human cells and soon kicked off the current epidemic, as the coronavirus would possibly have become far more capable of spreading between people.

Study co-author Andrew Rambaut cautioned that it is difficult if not impossible to know at this point which of the scenarios is most likely. If the SARS-CoV-2 entered humans in its

current pathogenic form from an animal source, it raises the probability of future outbreaks, as the illness-causing strain of the virus could still be circulating in the animal population and might once again jump into humans. The chances are lower of a non-pathogenic coronavirus entering the human population and then evolving properties similar to SARS-CoV-2.

Funding for the research was provided by the US National Institutes of Health, the Pew Charitable Trusts, the Wellcome Trust, the European Research Council, and an ARC Australian Laureate Fellowship.

References

1. ^ "Definition of Corona by Merriam-Webster". Merriam-Webster. Archivedfrom the original on 2020-03-24. Retrieved 2020-03-24.
2. ^ "Definition of Coronavirus by Merriam-Webster". Merriam-Webster. Archivedfrom the original on 2020-03-23. Retrieved 2020-03-24.
3. ^ "Il était une fois les coronavirus". Réalités Biomédicales (in French). 2020-03-27. Retrieved 2020-04-18
4. ^ "Obituary Notices: Malcom Byone". British Medical Journal. 2 (5660): 827–829. 1969-06- 28. doi:10.1136/bmj.2.5660.827.
5. ^ a b "2017.012-015S" (xlsx). International Committee on Taxonomy of Viruses (ICTV). October 2018. Archived from the original on 2019-05-14. Retrieved 2020-01-24.
6. ^ a b "ICTV Taxonomy history:Orthocoronavirinae". International Committee on Taxonomy of Viruses (ICTV). Retrieved 2020-01-24.
7. ^ a b c d Almeida JD, Berry DM, Cunningham CH, Hamre D, Hofstad MS, Mallucci L, McIntosh K, Tyrrell DA (November 1968). "Virology: Coronaviruses". Nature. 220(5168):
8. ^ a b c d e f de Groot RJ, Baker SC, Baric R, Enjuanes L, Gorbalenya AE, Holmes KV, Perlman S, Poon L, Rottier PJ, Talbot PJ, Woo PC, Ziebuhr J (2011). "FamilyCoronaviridae". In King AM, Lefkowitz E, Adams MJ, Carstens EB, International Committee on Taxonomy of Viruses, International Union of Microbiological Societies. Virology Division (eds.). Ninth Report of the International Committee on Taxonomy of Viruses. Oxford: Elsevier. pp. 806–28. doi:10.1016/B978-0-12-384684-6.00068-
9. ^ a b c McIntosh K (1974). "Coronaviruses: A Comparative Review". In Arber W, Haas R, Henle W, Hofschneider PH, Jerne NK, Koldovský P, Koprowski H, Maaløe O, Rott

R (eds.). Current Topics in Microbiology and Immunology / Ergebnisse der Mikrobiologie und Immunitätsforschung. Current Topics in Microbiology and Immunology / Ergebnisse der Mikrobiologie und Immunitätsforschung. Berlin, Heidelberg: Springer. p. 87. doi:10.1007/978- 3-642-65775-7_3. ISBN 978-3-642-65775-7.

10. ^ a b Decaro N (2011). "Gammacoronavirus". In Tidona C, Darai G (eds.). Gammacoronavirus‡: Coronaviridae. The Springer Index of Viruses. Springer. pp. 403–413. doi:10.1007/978-0-387- 95919-1_58. ISBN 978-0-387-95919-1. PMC 7176155.
11. ^ a b Fan Y, Zhao K, Shi ZL, Zhou P (March 2019). "Bat Coronaviruses in China". Viruses. 11 (3): 210. doi:10.3390/v11030210. PMC 6466186. PMID 30832341.
12. ^ a b International Committee on Taxonomy of Viruses (2010-08-24). "ICTV Master Species List 2009—v10" (xls).
13. ^ a b Kendall EJ, Bynoe ML, Tyrrell DA (July 1962). "Virus isolations from common colds occurring in a residential school". British Medical Journal. 2 (5297): 82–
14. ^ a b Tyrrell DA, Fielder M (2002). Cold Wars: The Fight Against the Common Cold. Oxford University Press. p. 96. ISBN 978-0-19-263285-2. We looked more closely at the appearance of the new viruses and noticed that they had a kind of halo surrounding them. Recourse to a dictionary produced the Latin equivalent, corona, and so the name coronavirus was born.
15. ^ a b Woo PC, Huang Y, Lau SK, Yuen KY (August 2010). "Coronavirus genomics and bioinformatics analysis". Viruses. 2 (8): 1804–
16. ^ Cherry, James; Demmler-Harrison, Gail J.; Kaplan, Sheldon L.; Steinbach, William J.; Hotez, Peter J. (2017). Feigin and Cherry's Textbook of Pediatric Infectious Diseases. Elsevier Health Sciences. p. PT6615. ISBN 978-0-323-39281-5.
17. ^ Estola T (1970). "Coronaviruses, a New Group of Animal RNA Viruses". Avian Diseases. 14 (2): 330–336. doi:10.2307/1588476. ISSN 0005-
18. ^ Fabricant J (1998). "The Early History of Infectious Bronchitis". Avian Diseases. 42 (4): 648– 650. doi:10.2307/1592697. ISSN 0005-2086. JSTOR 1592697. PMID 9876830.
19. ^ Kahn JS, McIntosh K (November 2005). "History and recent advances in coronavirus discovery". The Pediatric Infectious Disease Journal. 24 (11 Suppl): S223–7, discussion S226. doi:10.1097/01.inf.0000188166.17324.60. PMID 16378050.

20. ^ Mahase E (April 2020). "The BMJ in 1965". BMJ. 369: m1547. doi:10.1136/bmj.m1547. PMID 32299810.
21. ^ Monto AS (1984). "Coronaviruses". In Evans AS (ed.). Viral Infections of Humans. Viral Infections of Humans: Epidemiology and Control. Springer US. pp. 151–165. doi:10.1007/978- 1-4684-4727-9_7. ISBN 978-1-4684-4727-9.
22. ^ Richmond C (2005-06-18). "David Tyrrell". BMJ : British Medical Journal. 330 (7505): 1451. doi:10.1136/bmj.330.7505.1451. PMC 558394.
23. ^ Sturman LS, Holmes KV (1983-01-01). Lauffer MA, Maramorosch K (eds.). "The molecular biology of coronaviruses". Advances in Virus Research. 28: 35–112. doi:10.1016/s0065- 3527(08)60721-6. ISBN 9780120398287. PMC 7131312. PMID 6362367. [T]hese viruses displayed a characteristic fringe of large, distinctive, petal-shaped peplomers or spikes which resembled a crown, like the corona spinarumin religious art; hence the name coronaviruses.
24. ^ Tyrrell DA, Bynoe ML (June 1965). "Cultivation of a Novel Type of Common-Cold Virus in Organ Cultures". British Medical Journal. 1 (5448): 1467–
25. ^ Tyrrell DA, Fielder M (2002). Cold Wars: The Fight Against the Common Cold. Oxford University Press. pp. 93–95. ISBN 978-0-19-263285-2.
26. Bibcode:1968Natur.220..650.. doi:10.1038/220650b0. [T]here is also a characteristic "fringe" of projections 200 A long, which are rounded or petal shaped ... This appearance, recalling the solar corona, is shared by mouse hepatitis virus and several viruses recently recovered from man, namely strain B814, 229E and several others.
27. doi:10.1136/bmj.1.5448.1467. PMC 2166670. PMID 14288084. ISBN 978-0-12-384684-6. S2CID 212719285.
28. doi:10.1136/bmj.2.5297.82. PMC 1925312. PMID 14455113.
29. doi:10.3390/v2081803. PMC 3185738. PMID 21994708. Coronaviruses possess the largest genomes [26.4 kb (ThCoV HKU12) to 31.7 kb (SW1)] among all known RNA viruses (Figure 1) [2,13,16]. 2086. JSTOR 1588476. PMID 4316767.
30. International Committee on Taxonomy of Viruses (2010-08-24). "ICTV Master Species List 2009—v10" (xls).
31. International Committee on Taxonomy of Viruses (ICTV). March 2019. Archived from the original on 2018-03-04. Retrieved 2020-01-24.

ISSN 2277 - 5730

AN INTERNATIONAL MULTIDISCIPLINARY
QUARTERLY RESEARCH JOURNAL

AJANTA

Volume - IX Issue - III OCTOBER - DECEMBER - 2020

ENGLISH PART - III

Peer Reviewed Referred and UGC Listed Journal

Journal No. 40776

ज्ञान-विज्ञान विमुक्तये

IMPACT FACTOR / INDEXING
2019 - 6.399
www.sjifactor.com

❖ EDITOR ❖
Asst. Prof. Vinay Shankarrao Hatole
M.Sc (Maths), M.B.A. (Mktg.), M.B.A. (H.R.),
M.Drama (Acting), M.Drama (Prod. & Dir.), M.Ed.

❖ PUBLISHED BY ❖

Ajanta Prakashan
Aurangabad. (M.S.)

The information and views expressed and the research content published in this journal, the sole responsibility lies entirely with the author(s) and does not reflect the official opinion of the Editorial Board, Advisory Committee and the Editor in Chief of the Journal **"AJANTA"**. Owner, printer & publisher Vinay S. Hatole has printed this journal at Ajanta Computer and Printers, Jaisingpura, University Gate, Aurangabad, also Published the same at Aurangabad.

Printed by

Ajanta Computer, Near University Gate, Jaisingpura, Aurangabad. (M.S.)

Printed by

Ajanta Computer, Near University Gate, Jaisingpura, Aurangabad. (M.S.)

Cell No. : 9579260877, 9822620877, 7030308239 Ph. No. : (0240) 2400877

E-mail : ajanta5050@gmail.com, www.ajantaprakashan.com

AJANTA - ISSN 2277 - 5730 - Impact Factor - 6.399 (www.sjifactor.com)

EDITORIAL BOARD

Professor Kaiser Haq
Dept. of English, University of Dhaka,
Dhaka 1000, Bangladesh.

Roderick McCulloch
University of the Sunshine Coast,
Locked Bag 4, Maroochydore DC,
Queensland, 4558 Australia.

Dr. Ashaf Fetoh Eata
College of Art's and Science
Salmau Bin Adbul Aziz University. KAS

Dr. Nicholas Loannides
Senior Lecturer & Cisco Networking Academy Instructor,
Faculty of Computing, North Campus,
London Metropolitan University, 166-220 Holloway Road,
London, N7 8DB, UK.

Muhammad Mezbah-ul-Islam
Ph.D. (NEHU, India) Assot. Prof. Dept. of
Information Science and Library Management
University of Dhaka, Dhaka - 1000, Bangladesh.

Dr. Meenu Maheshwari
Assit. Prof. & Former Head Dept.
of Commerce & Management
University of Kota, Kota.

Dr. S. Sampath
Prof. of Statistics University of Madras
Chennari 600005.

Dr. D. H. Malini Srinivasa Rao
M.B.A., Ph.D., FDP (IIMA)
Assit. Prof. Dept. of Management
Pondicherry University
Karaikal - 609605.

Dr. S. K. Omanwar
Professor and Head, Physics,
Sat Gadge Baba Amravati
University, Amravati.

Dr. Rana Pratap Singh
Professor & Dean, School for Environmental
Sciences, Dr. Babasaheb Bhimrao Ambedkar
University Raebareily Road, Lucknow.

Dr. Shekhar Gungurwar
Hindi Dept. Vasantrao Naik
Mahavidyalaya Vasarni, Nanded.

Memon Sohel Md Yusuf
Dept. of Commerece, Nirzwa College
of Technology, Nizwa Oman.

Dr. S. Karunanidhi
Professor & Head,
Dept. of Psychology,
University of Madras.

Prof. Joyanta Borbora
Head Dept. of Sociology,
University, Dibrugarh.

Dr. Walmik Sarwade
HOD Dept. of Commerce
Dr. Babasaheb Ambedkar Marathwada
University, Aurangabad.

Dr. Manoj Dixit
Professor and Head,
Department of Public Administration Director,
Institute of Tourism Studies,
Lucknow University, Lucknow.

Prof. P. T. Srinivasan
Professor and Head,
Dept. of Management Studies,
University of Madras, Chennai.

Dr. P. Vitthal
School of Language and Literature
Marathi Dept. Swami Ramanand
Teerth Marathwada University, Nanded.

EDITORIAL BOARD

Dr. Jagdish R. Baheti
H.O.D. S. N. J. B. College of Pharmacy,
Meminagar, A/P. Tal Chandwad, Dist. Nashik.

Dr. Sadique Razaque
Univ. Department of Psychology,
Vinoba Bhave University,
Hazaribagh, Jharkhand.

Prof. Ram Nandan Singh
Dept. of Buddhist Studies University of Jammu.

Dr. Safiqur Rahman
Assistant Professor, Dept. of Geography,
Guwahati College Bamunimaidam, Guwahati,
Assam.

PUBLISHED BY

Ajanta Prakashan
Aurangabad. (M.S.)

CONTENTS OF ENGLISH PART - III

S. No.	Title & Author	Page No.
1	Role of NGO's in COVID-19 and Related Situations **Joshi Harshal Vishnu** **Bakade Amit Dattatray**	1-4
2	Outbreak of Coronavirus and Migration of Labourers **Dr. Sharad Sahebrao Phulari** **Miss. Fariha Khalil Khatib**	5-13
3	Role of Health Staff in COVID-19 Situation and Related Topic: Review **Nitin S. Pawar**	14-19
4	Impact of Covide-19 on Indian Economy **Dr. Sharad Sahebrao Phulari** **Miss. Bhagyashree Sharad Jawalekaer**	20-36
5	A Review on Role of Media in Times of COVID-19 **Mr Khan Shoyeab Mutalib**	37-43
6	Role of Educational Trusts and Institutes during Covid 19 Pandemic **Dr. Vandana Garg**	44-48
7	Education in India During thePandemic of Covid - 19 **Dr. Seema Nahid**	49-55
8	Indian Health Services & COVID - 19 Situation **Dr. Murlidhar Pandit Gaikwad**	56-60
9	Role of Robin Hood Army during COVID - 19 : A Case Study **Dr.Lavina Singh** **Dr. Sarika Dixit** **Prof. Rekha Acharya**	61-68
10	The Role of Alibag Police Department in Handling the Covid-19 Pandemic Crisis **Mr.Ravindra Yashwant Patil** **Mr. Nitish Sanjay Agarwal**	69-72
11	Work of Non-governmental Organizations in India to Fight COVID-19 **Dr. Madhukar Ramchandra Vedpathak**	73-78

CONTENTS OF ENGLISH PART - III

S. No.	Title & Author	Page No.
12	Role of Murud Janjira Municipal Council in COVID-19 Situations **Dr. Vishwas B. Chavan**	79-84
13	Role of Central Armed Police Forces during Covid-19 **Dr. Sajid Hundekar** **Dr. Maheboob Nagarbaudi** **Zaid Ahmed Shaikh**	85-94
14	The Role of NSS for Overcoming the COVID-19 after Pandemic Critical Situation in Maharashtra **Dr. Prem Bhagwan Acharya**	95-100
15	The Critical Role Played by Health Care Professionals during COVID-19 and their Greatness :- Its Review **Dr. Patil Jayashri S.** **Dr. Shaikh Sajid F.**	101-106
16	Role and Work of Murud Taluka Bouddha Samaj Seva Sangh in Covid-19 Situation in Murud-Taluka **Dr. Janardan K. Kamble**	107-113
17	Role of Teachers during and Post Covid-19 **Dr. D. R. Raundal**	114-115
18	Role of Health Staff in COVID 19 Situation **Kartavya Kaushal Jha** **Roshan Kumar**	119-127

1. Role of NGO's in COVID-19 and Related Situations

Joshi Harshal Vishnu
Bakade Amit Dattatray
TMC College Mangaon - Raigad.

Abstract

Many NGO's stepped up and provide relief to the poor by feeding them and distributing them hygiene kits. To their rescue too SVD came swiftly forward to take timely action in supporting them during this COVID and Cyclone calamity moment. This act was admired by top government officials even the district's collector too took note of this great work. NGO's have deep penetration in the society. Further to it the said also made an arrangement with other social minded groups who added flavor to SVD's in arranging supportive commodities to every effected in the presence of government class one officers.

Origin and spread of COVID- 19 with Indian Scenario

In December 2019 novel coronavirus (2019-nCoV) or the severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) as it is now called, is rapidly spreading from its origin in Wuhan City of Hubei Province of China to the rest of the world.[1]

India has reported the first confirmed case of the coronavirus infection on 30 January 2020 in the state of Kerala.[2] WHO and Ministry of Health and family welfare issued list of basic protective measures to break the chain of this disease. With increasing cases of infected people our prime minister Narendra Modi announced 21 day lock down known as 'Janata curfew' from 22 March to 31 March 2020 from 7 AM-9 PM urging people to stay home except those in essential services, enforcing public led social distancing interventions.[3]

This decision has adversely affected many sections of society especially poor and daily wage workers or laborers who lost their income, they had no way to feed themselves. Many NGO's stepped up and provide relief to the poor by feeding them and distributing them hygiene kits.

During this juncture Government began providing additional food grains at the fair price shops to all ration card holders in free manner along with regular one. Following this, reputed Non-Government Organization, NGO a registered one by name as 'Sarva Vikas Deep ' SVD

existing in Mangaon since 2006 came forward to provide strong timely additional help to all needy people.

About the NGO

Sarva Vikas Deep (SVD) was started in 2006 in the most impoverished area of Raigad district in Mangaon taluka. Fr. Richard is the president of this esteemed organization. As an antecedent to this noble beginning, three years identification and mapping study was done in the area. It was found during the study that tribals were the most marginalized in the region. Most of them came under BPL category. From the total population of 22 lakhs and 50 thousand Raigad district has a tribal count of 2 lakhs and 60 thousand. In the three year study 120 villages were identified and after the deliberations 80 villages with a total population of 20-25 thousand were decided as the area for development intervention.

The field area, in which SVD works, is divided for the suitability of focused action into zones viz; Goregaon zone, Mangaon zone, Indapur zone and Nizampur zone. Each zone is divided into different clusters which numbers to a total of 25. And each cluster approximately consist of 3-4 villages in which 50-100 households are covered.[4]

Relief effort by NGO

NGO's have deep penetration in the society. They have access to areas where healthcare organizations are absent. They are also the known and trusted by the communities where they work and they can spread the awareness.[5] So NGO's like 'Sarva Vikas Deep' SVD can bridge the gap between the service providers and professionals and the people who need help.

During the Lockdown SVD Mangaon did another fantastic work by arranging 22 buses for migrant labors and also did an attempt tie-up with an esteemed organization to fly those pregnant women , aged citizens and lonely people to their native place through charter planes like Jharkhand , UP, MP, Orissa , West Bengal .... Etc. states and also bringing Raigad poor labors working in other state from Karnataka's Tumkur place back safely with the coordination of many State Governments, Church missionary and relevant NGO's.

To their rescue too SVD came swiftly forward to take timely action in supporting them during this COVID and Cyclone calamity moment. The said organization chalked out and prepared a master plan / blue print in arranging dry food grains, ration kits, asbestos cement roof sheets, plastic fiber tin sheets, roof tiles, Solar lamps and Tadpole to many effected poorest people , while doing this the SVD played a major role in tying up in the form of networking with

government machinery to reach it's beneficiary schemes and support to the effected . Further to it the said also made an arrangement with other social minded groups who added flavor to SVD's in arranging supportive commodities to every effected in the presence of government class one officers .

Meanwhile another devastating calamity came the way during the COVID period in the form of cyclone 'Nisarg ' on 3rd of June- 2020. Causing huge damages to the properties specially to the houses and settlements of tribal living in green woods and suburban villages and also all common places but no loss of life. Many tribal lost their settlements of roofs that flew in the super storm and mud houses collapsed living them homeless.

More interesting to learn of the mentioned reputed trust President's work that during devastating cyclone that effected disruptions of electricity's smooth supply to maximum Talukas of South Raigad district of Maharashtra state for at least one and half month . As learnt through agencies that more than two thousands of electric poles got uprooted and to erect it by bring back the supply to normalcy at the earliest, entire gov't machinery of MSEB began working round the clock. At this juncture many top officials and staff from electricity state dep't who came to Raigad district were given accommodates to stay in the night for number of days till they restored normal supply of electricity. This act was admired by top gov't officials even the district's collector too took note of this great work of Fr. Richard Qudros from SVD.

In supporting the Central & State Gov't's ration scheme to BPL , APL card holders and migrant labors the SVD came forward to pick up tons of food grains that was given in form of charity based from some organizations like Star foundation,(Raigad) Social center for Action ,(Mumbai) Society of Divine word (SVD, Pune) many individuals from Mangaon (Raigad) then a staunch support group that was formed by Fr. Richard making many prominent organization to come under one Umbrella by name as Mangaon Nagar Panchyat Covid Relief Team - 19 (MNPKT) to provide dry rations , oil and Kerosene to very specially poor migrant labors from Sixteen Wards of 17 which concluded to at least 45 days in providing to them . Mangaon Nagar Panchayat , (MNP) Movement for Peace and Justice , (MPJ)Raigad unit, Rotary Club , Rakshit Organisation , Mangaon SVD and Amardeep Trust were the part of MNPKT which distributed to around 550 people.

Noting all this stupendous humanity social activities rendered by Fr. Richard Qudros who being a catholic priest was chosen to be a special invitee for the celebrated 74th

Independence day's flag hoisting ceremony and conformed as Corona Warrior by Block Tahsildar who nominated and faxed it to district Magistrate.

Conclusion

This new virus outbreak has challenged the economic, medical and public health infrastructure of all over the world. This is going to be a long and sustained battle against the disease. Though NGOs are the closest to the community and will need to get themselves well-prepared right now. The collaboration of government and non-government organizations together could help to come over such a crisis.

References

1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7090728/
2 https://en.wikipedia.org/wiki/COVID-19_pandemic_in_India
3 https://www.who.int/docs/default-source/wrindia/situation-report/india-situation-report-8bc9aca340f91408b9efbedb3917565fc.pdf?sfvrsn=5e0b8a43_2
4 http://sarvavikasdeep.org/
5 https://www.y-east.org/diary/role-of-ngos-in-the-covid-19-crisis/

2. Outbreak of Coronavirus and Migration of Labourers

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janjira Degree College of Science, Murud Janjira, Raigad.
Miss. Fariha Khalil Khatib
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science,
Murud Janjira, Raigad.

Absract

Reverse migration of workers since the Covid-19 outbreak has serious public-health implications. With basic sustenance support from the government for three months, many interstate migrants may not return to work soon. Labour shortage, it is being feared, can hinder economic recovery. The shares of interstate migrants in overall migration and employment are estimated at 15 percent and 20 percent, respectively.

Lack of interstate migrant labour may create some shortage but the situation may not turn alarming unless migrants from the same state, too, do not return to work. Labour deficit states such as Maharashtra, Delhi and Punjab may, however, feel the impact more. Labour shortage is already curtailing rabi harvesting. Construction, trade, transportation and hospitality, too, may face temporary shortages. In the medium term, however, the impact of Covid-19 would result in more unemployment rather than labour shortage, according to a research report by Anand Rathi Share and Stock Brokers.

Introduction

Where did the virus come from?

At the end of December, public health officials from China informed the World Health Organization that they had a problem: an unknown, new virus was causing pneumonia-like illness in the city of Wuhan. They quickly found that it was a coronavirus and that it was rapidly spreading through and outside of

Where is it spreading?

The virus is now spreading all over the world. Countries like New Zealand, Japan, South Korea, and Germany have successfully slowed the pandemic. The US has not, and it is now the epicenter of the crisis. It has more cases than any country in the world.

How dangerous is this new virus?

COVID-19 is a serious illness, and it's much more dangerous than the flu. The symptoms of COVID-19 have ranged from mild, like those in a cold, to severe. Around 80 percent of confirmed cases are mild and don't require hospitalization. "Mild" cases, though, can still be weakening. Some people with the disease say they couldn't get out of bed for weeks. Researchers don't know why symptoms last so long, even after people no longer test positive for the virus.

Experts say that around 1 percent of people who get sick with COVID-19 will die. Different groups of people are more at risk of having a severe case of the illness or of dying from it. Most deaths in this outbreak have been in older people and those who have underlying health issues, like heart disease, hypertension, and diabetes. In that group, people are more at risk of dying. Around 14 percent of people over the age of 80 who get sick will die, for example.

How easily can the virus spread?

The virus moves rapidly. The new coronavirus spreads quickly in contained environments, like on the Diamond Princess Cruise ship.

The virus jumps between people who are in very close contact with each other. It also probably spreads when an infected person sneezes or coughs. Coughs and sneezes produce little droplets of mucus and saliva. If these droplets make it into another person's eyes, mouth, or nose, they can get sick. The viruses in those little droplets can also fall onto surfaces, like tables or doorknobs — if someone touches that surface and touches their eyes, mouth, or nose, they can also get sick.

Can we treat this virus?

There aren't any proven treatments for COVID-19, but there are dozens of studies underway to find some. One leading candidate is remdesivir, an antiviral medication originally developed to treat Ebola. The Food and Drug Administration authorized it for emergency use during the pandemic — it doesn't have full approval, but the agency says the potential benefits outweigh the risks.

Research teams and pharmaceutical companies are also working to develop a vaccine that can protect people from infection. However, vaccine development takes a long time. Even if everything goes smoothly, it will be around a year to 18 months before one is available.

What can I do to protect myself and others?

Stay home if you're feeling sick, even if you're just a little bit under the weather. Stay home as much as possible even if you're not feeling sick. If you do go out, wear a cloth mask or face covering when you're out in public, especially in places where it's hard to stay far away from others.

Spending time with a few people is less risky than hanging out with a large says. The risk of contracting COVID-19 (or spreading it) goes up if you spend time with other people indoors group, and everyone should wear masks and keep at a distance, the CDC rather than outside.

If you're a young, healthy person, you might not feel very sick if you catch COVID-19. But you could pass it on to someone older or with a chronic health condition who is more likely to have a severe case of the disease.

If I already had COVID-19, am I immune?

Many researchers think that after someone is infected with the coronavirus, there's a good chance that person won't get sick from the virus again for some still-undetermined amount of time. That's based on what scientists know about how most viruses work. Usually, when you're sick from a viral infection, your body develops antibodies against that virus. The next time you're exposed to the virus, those antibodies could stop it from turning into a raging illness.

Outbreak of Coronavirus in India

The first case of COVID-19 in India, which originated from China, was reported on 30 January 2020. India currently has the largest number of confirmed cases in Asia, and has the third highest number of confirmed cases in the world after the United States and Brazil.

India's death rate is among the lowest in the world at 2.41% as of 23 July and is steadily declining. Six cities account for around half of all reported cases in the country– Mumbai, Delhi, Ahmedabad, Chennai, Pune and Kolkata. India's recovery rate stands at 63.18% as on 23 July 2020. On 10 June, India's recoveries exceeded active cases for the first time.

Indian Migrant Workers during the COVID-19 Pandemic

Indian migrant workers during the COVID-19 pandemic faced multiple hardships. With factories and workplaces shut down due to the lockdown imposed in the country, millions of

migrant workers had to deal with the loss of income, food shortages and uncertainty about their future. Many of them and their families went hungry. More than 300 migrant workers died due to the lockdown, with reasons ranging from starvation, suicides, exhaustion, road and rail accidents, police brutality and denial of timely medical care.

Background

There are an estimated 139 million migrants in the country. Most migrants in the country originate from Uttar Pradesh and Bihar, followed by Rajasthan and Madhya Pradesh. The cities of Mumbai and Delhi attract the highest number of migrants. While most men migrate for work, women migrate due to marriage. Many have no savings and lived in factory dormitories, which were shut due to the lockdown.

Maharashtra has the largest number of migrants. Its state government imposed a lockdown on 20 March in Pune, Pimpri - Chinchwad, the Mumbai - Metropolitan Region and Nagpur, leaving the migrant workers with no work. Thousands then gathered at the train termini and bus stations, seeking transport to their hometowns. With the nationwide lockdown, all transport facilities were closed.

Food Shortage

The order issued by the Home Ministry on 24 March allowed the functioning of shops dealing with food items as well as the manufacturing units and transportation of "essential goods". However, the lack of clarity on "essential goods" meant that the policemen on the streets stopped workers going to factories and the trucks carrying food items. Food industries also faced shortages of labour because the workers were unable to reach workplaces and the factory managers faced the fear of legal action. All these factors combined to result in shortages and a raise in the prices of food items.By the first week of April, essential industries such as growing, harvesting and food deliveries were allowed to operate.

Departure of Migrant Workers

With no work and no money, and lockdown restrictions putting a stop to public transport, thousands of migrant workers were seen walking or bicycling hundreds of kilometers to go back to their native villages, some with their families.

Social distancing was not possible for these migrants since they travelled together in large groups. According to some of them, they would rather die from the virus at their own village than starve because of no work in the city.

Many were arrested for violating the lockdown, after being caught at inter-state borders, forests between states and even on boats to cross rivers. Some of the migrants died of exhaustion. Others died in accidents on the roads after walking or hiding in vehicles.

In Aurangabad, 16 migrants were killed on 8 May after a freight train ran over them while they were sleeping on the tracks, exhausted from walking.

In May, a 15-year-old girl, Jyoti Kumari Paswan carried her injured father on a bicycle for 1,200 kilometers from Bihar to Gurugram over the course of a week.

Jyoti's father had lost his employment, suffered a leg injury from an accident, and was struggling financially. The father and daughter first attempted to go home by bus but when enquired they were unable to pay Rs 6,000 for the fare.

Reverse Separture

Despite government promises and schemes to generate employment in rural areas, some migrant workers began going back to the cities due to lack of employment in their hometowns, as lockdown restrictions were reduced as part of Unlock 1.0 in June. A large number of these were returning to Mumbai. The reopening of the regular services of the railways also helped facilitate this.

The cities, too, reported major shortages of labor, especially in the construction industry. A study conducted in April-May stated that 77% migrant workers were prepared to return to cities for work. The return of the migrants to cities is expected to help revive the economy. Some employers sponsored the travel of migrants back to their workplaces. This included taxis, trains and even flights.

Conduct towards Migrant Workers

Migrant workers who decided to stay back during the exodus faced assault from their neighbors, who accused them of being infected with coronavirus. They thus could not venture out to buy food. Many also faced police brutality if they ventured out of their homes.

Upon their return to their hometowns and villages, they were treated with either fear being hosed down with disinfectants or soap solution in some cases. They were feared to be carrying coronavirus from the urban areas where they had been employed. They faced assault and harassment from the people of their hometowns.

Transport Arrangements

As of 28 May, 91 lakh migrants had travelled back home in government-arranged transport facilities. However, migrants were confused about the exact procedures to register themselves for travel. Many state registration portals were either in English or the local language of the states they lived in, which very few migrants could understand.

Shramik Apecial Trains

On 1 May, the central government permitted the Indian Railways to launch "Shramik Special" trains for the migrant workers and others stranded. Migrants faced many hardships while travelling by these trains. Many reported to have no food and water arranged for them while they travelled.

Sonu Sood: 'Migrant Workers Built our Homes; I Couldn't watch them being Homeless'

"Migrant workers have helped build our roads, homes and offices. We cannot stand and watch them be homeless," says actor Sonu Sood. Each day since the COVID-19 lockdown in Mumbai, the actor has been organizing buses for migrant workers to travel from Mumbai to their respective hometowns.

As part of his 'Ghar Bhejo' campaign, he has helped approximately 12,000 migrants reach home, and arrangements have been made for another 45,000. He responds to questions over a voice note, amid what he calls a 'crazily busy schedule' that keeps him awake nearly 22 hours a day. Each day, at least around 45,000 people are provided food and water as well.

Deaths

Due to the lockdown, more than 300 deaths were reported till 5 May, with reasons ranging from starvation, suicides, exhaustion, road and rail accidents, police brutality and denial of timely medical care. Among the reported deaths, most were among the marginalized migrants and laborers. 80 died while travelling back home on the Shramik Special trains, in the one month since their launch.

On 8 May, a freight train killed 16 migrants who had stopped to rest on railway tracks near Aurangabad in Maharashtra. On 14 May, eight migrant workers were killed and nearly 55 injured when the truck they were in collided with a bus near Guna, Madhya Pradesh.

Conclusion

The challenge is that migrants usually form a class of invisible workers. There are different risks in their source and destination areas. Needs of their family members, including infants, children, adolescents and elderly who accompany migrant workers need to be addressed on a priority.

Economic Growth in India today Hinges on Mobility of Labour

The contribution of migrant workers to national income is enormous but there is little done in return for their security and well-being.

There is an imminent need for solutions to transform migration into a more dignified and rewarding opportunity.

Without this, making growth inclusive or the very least, sustainable, will remain a very distant dream.

References

1. "More than 21,000 camps set up for over 6,60,000 migrants: State governments". The Economic Times. 1 April 2020. Retrieved 2 April 2020.
2. "Coronavirus lockdown | Over 60,000 people have registered on Delhi govt portal to go back home". The Hindu. Press Trust of India. 15 May 2020. ISSN 0971-751X. Retrieved 18 May 2020.
3. "India to Provide Free Food Grains to Millions of Migrant Workers". The New York Times. Reuters. 14 May 2020. ISSN 0362-4331. Retrieved 16 May 2020.
4. Sharma, Krishnavatar (1 October 2017). "India has 139 million internal migrants. They must not be forgotten". World Economic Forum. Retrieved 13 May 2020.
5. Jha, Abhishek; Mohammad Kawoosa, Vijdan (24 July 2019). "What the 2011 census data on migration tells us". Hindustan Times. Retrieved 27 May 2020.
6. Singh, Siddhartha; Parija, Pratik (24 March 2020). "India Has Enough Food to Feed Poor If There's a Prolonged Shutdown". BloombergQuint.
7. Jaiswal, Pankaj (26 March 2020). "Coronavirus update: A long walk home on empty stomachs for masked migrants". Hindustan Times. Retrieved 9 May 2020.
8. Nagaraj, Anuradha; Srivastava, Roli (27 March 2020). "Indian migrant workers walking home dial for help". Thomson Reuters Foundation News. Retrieved 31 May 2020.

9. Slater, Joanna; Masih, Niha (28 March 2020). "In India, the world's biggest lockdown has forced migrants to walk hundreds of miles home". The Washington Post. Retrieved 13 May 2020.
10. Abi-Habib, Maria; Yasir, Sameer (29 March 2020). "India's Coronavirus Lockdown Leaves Vast Numbers Stranded and Hungry". The New York Times. ISSN 0362-4331. Retrieved 13 May 2020.
11. Frayer, Lauren; Pathak, Sushmita (31 March 2020). "Coronavirus Lockdown Sends Migrant Workers on a Long And Risky Trip Home". NPR. Retrieved 17 May 2020.
12. Sharma, Mihir (1 April 2020). "Coronavirus Exposes India's Official Callousness". BloombergQuint.
13. Rashid, Omar; Anand, Jatin; Mahale, Ajeet (4 April 2020). "India coronavirus lockdown | Migrant workers and their long march to uncertainty". The Hindu. ISSN 0971-751X. Retrieved 18 May 2020.
14. Singh, Kanika (6 April 2020). "Coronavirus outbreak: Ensuring water, hygiene facilities for migrant labourers can safeguard millions stranded during shutdown". Firstpost. Retrieved 16 May 2020.
15. Kumar Gunjan, Rounak (15 April 2020). "Impatient, Starving, Angry: As India Extends Lockdown, Stranded Migrant Workers Emerge as Crisis in Making". News18. Retrieved 9 May 2020.
16. Vadlamudi, Swathi (19 April 2020). "Sans Aadhaar, no ration for migrants". The Hindu. ISSN0971-751X. Retrieved 19 May 2020.
17. Srivastava, Roli; Nagaraj, Anuradha (29 April 2020). "As migrant workers struggle for lockdown aid, India seeks to count them". Reuters. Retrieved 17 May 2020.
18. Gunasekar, Arvind (30 April 2020). "Buses Not Feasible For Moving Migrants, States Appeal To Centre: Sources". NDTV. Retrieved 9 May 2020.
19. Bhargava, Yuthika (1 May 2020). "Coronavirus lockdown | Railways to run 'Shramik Special' trains to move migrant workers, other stranded persons". The Hindu. ISSN 0971-751X. Retrieved 9 May 2020.
20. Jebaraj, Priscilla (8 May 2020). "Inter-State ration card portability usage very low: Food Minister". The Hindu. ISSN 0971-751X. Retrieved 9 May 2020.

21. Babu, Venkatesha; Saini, Sachin; Swaroop, Vijay (8 May 2020). "Across the country, migrants still forced to walk thousands of miles". Hindustan Times. Retrieved 9 May 2020.
22. Dutt, Barkha (15 May 2020). "There is a humanitarian crisis in India. Lift the lockdown, now". Hindustan Times. Retrieved 22 May 2020.
23. Nair, Shabarinath; Verma, Divya (19 May 2020). "A Policy Framework For India's Covid-19 Migration". BloombergQuint. Retrieved 25 May 2020.
24. Pandey, Vikas (20 May 2020). "The Covid-19 migrants who never got home". BBC News. Retrieved 23 May 2020.
25. Bhowmick, Nilanjana (27 May 2020). "'They treat us like stray dogs': Migrant workers flee India's cities". National Geographic. Khandelwal, Saumya. Retrieved 27 May 2020.
26. Shah, Alpa; Lerche, Jens (13 July 2020). "The five truths about the migrant workers' crisis | Opinion". Hindustan Times. Retrieved 15 July 2020.

3. Role of Health Staff in COVID-19 Situation and Related Topic: Review

Nitin S. Pawar
Anjuman Islamjanjira Degree College of Science, Murud Janjira.

Abstract

A novel coronavirus was distinguished as the cause of a cluster of pneumonia cases in Wuhan, a city within the Hubei Area of China. It quickly spread, coming about in a scourge all through China, taken after by an expanding number of cases in other nations all through the world. The name, Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was assigned to the virus that causes COVID-19. Understanding of the transmission risk is inadequate. The COVID-19 outbreak has been seen to have huge toll on the physical, mental, and feeling on the world's public health workforce. Health workers are at the front line of the COVID-19 outbreak reaction and as such are uncovered to dangers that putthematchance of contamination. Itisofsignificanceto avoidthe spread of this illness, by executing work environment assurances for front line healthcare workers whose proficient obligation is to protect patients. The tall rate of diseases among healthcare staff universally could be a genuine concern since workers who are infected must remain absent from work for at least 14 days, depleting the already exhausted workforce. The chaos of coronavirus underscores the challenge that public health workers face inprioritizing their own wellness in the face of limited resources, the confront of restricted assets, regularly brutal hours, and apparently perpetual requests on their transfer speed. It would be a public health fiascoifhuge numbersof health workersget debilitate dorareisolated. COVID-19isa noveldiseasethatisnotyetfullyunderstoodandthereforetheneedforenforcementofcritical safety measures, provision of adequate personal protective equipment (PPE), and update safetytrainingsforhealthworkers.Healthworkersareexpectedtotakemaximumprecautions to prevent getting infected. Guaranteeing protection and satisfactory welfare for the health workers with the incorporation of insurance cover in case of accidental loss of life onaccount of contracting COVID-19 are exceptionally basic in combatting theoutbreak.

Keywords: COVID-19, Safety, Welfare, Health Workers, Outbreak, Coronavirus.

Introduction

Coronaviruses are critical human and animal pathogens. At the end of 2019, a novel coronavirus swasdistinguis hedas the causeofaclusterofpneumoniacasesinWuhan,acityin the HubeiProvinceofChina.Itquicklyspread,comingaboutinanepidemicallthroughChina, followed by an expanding number of cases in other nations all through the world. In February 2020, the World Health Organization assigned the illness COVID-19, which stands for coronavirus disease 2019 [1]. The virus that causes COVID-19 is assigned severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); previously, it was alluded to as 2019-nCoV.Understanding of COVID-19isadvancing.Betweentimesdirectionhasbeenissuedby the World Health Organization and by the United States Centers for Disease Control andPrevention.However,caseshavebeenreportedinallcontinents,exceptforAntarctica, butfor Antarctica, and have been relentlessly rising in numerous nations. These include the United States, most countries in Western Europe (including the United Kingdom), Iran and in many African countries[2].Since the primary reports of COVID-19, disease has spread to incorporate more than 300,000 affirmed cases across the world, inciting the WHO to pronounce a public health emergency towards ending of January 2020 and in March 2020, it was characterized as a pandemic. Understanding of the transmission hazards is inadequate. Epidemiologic examination in Wuhan at the starting of the outbreak identified an initial association with a seafood market that sold live animals, where most patients had worked or gone by and which was along these lines closed for disinfection [3]. Be as it may, as the outbreak advanced, person-to-person spread got to be the most mode of transmission.Person-to-person spread of severea cuterespiratory syndrome corona virus2(SARS-CoV-2)is thought to happen primarily through respiratory beads, taking after the spread of the flu. With drop lettransmission,virusdis chargedwithintherespiratorysecretionswhenanindividualwith infection coughs, sneezes, or talks can contaminate another individual in case it makes coordinate contact with the mucous layers; contamination can moreover occur if a individual touch esacontaminated surfaceandafter thattoucheshisorhereyes, nose, ormouth.Typically, the distance droplets can travel is not more than six feet (around two meters) and do not hold up within the discuss; one study however reported that under experimental conditions, SARS- CoV-2 remained viable in aerosols for the minimum of three (3) hours [4]. Given the current instability with respect to transmission

mechanisms, airborne safety measures are suggested routinely in few nations and within the setting of certain high-risk strategies in others. Upon doubt of COVID-19, infection control measures ought to be executed and public health officials informed. In health care settings in the United States, the Centers for DiseaseControl and Prevention (CDC) suggests a single-occupancy room for patients and gown, gloves, eye protection, and a respirator (or an alternative like facemask) for health care professionals. According to the daily situation report of World Health Organization (WHO) as regards COVID-19 pandemic on 8th April, 2020, more than 22,000 healthcare workers across 52 nationsandregionshasbeeninfectedwiththevirus.

Role of Health Workers in Ensuring Safety

- Sustain routine primary healthcare services, for example, vaccinations and integrated community case management of young children with malaria, pneumonia or diarrhoea.
- Codesign workflow modifications necessary to continue primary healthcare delivery while being responsive to changing pandemic conditions and patient and health worker safety.
- Introduce safe means of requesting and accessing care in the event of community-level COVID-19 spread.
- Postpone non-essential services to alleviate capacity constraints on existing health workforce.
- Monitor patients for clinical deterioration and support rapid referral of individuals who require hospitalisation, reinforcing links between the health system and communities.
- Harness digital technology to receive requests for care, proactively check in with families, follow up with patients, assess symptoms and establish care plans.
- Support preparation of health systems and communities for the eventual introduction of still-in-development COVID-19 vaccines and treatments, including outreach to high-risk groups.
- Implement or support disinfection of high-risk surfaces in communities using appropriate infection prevention and control supplies and procedures.

Problems infront of Health Workers

Worldwide, asmillions of people stayathome to minimize transmission of severea cutere spiratorysyndrome coronavirus2, health-careworkerspreparetodotheexact opposite.They will go to clinicsandhospitals,putting themselvesathighriskfromCOVID-2019.Figuresfrom China's

National Health Commission show that more than 3300 health-care workers have beeninfecte dasof earlyMarchand,ccordingtolocalmedia,by the end of February atleast 22 haddied.InItaly, 20%ofresponding health-care workerswerein fected, and some have died. Reportsfromme dicalstaff describe physicalandmental exhaustion,the torm entof difficulttriage decisions,and the pain of losingpatientsandcolleagues, allinaddition to the infection risk.

As thepandemic accelerates, access to personalprotective equipment (PPE) for health workers is a key concern.Medicalstaffareprioritisedinmanycountries, but PPE shortages have been described in the most affected facilities. Some medical staff arewaiting for equipmentwhilealreadyseeingpatientswhomaybe infectedoraresuppliedwithequipmentthatmightnot meet requirements. Alongside concerns for their personal safety, health-care workers are anxious about the infection to their families. Health-careworkerswhocarefor elderl yparentsor youngchildren will be drasticallyaffected by school closures, socialdistan cingpolicies, and disruption in the availabilityoffoodando theressentials.

Health-care systems globally could be operating at more than maximum capacity for many months. But health-careworkers, unlikeventilatorsorwards, cannot beurgentlymanufacturedorrunat 100% occupancy for longperiods.Itisvitalthatgovernmentsseeworkersnot simplyaspawns to be deployed, butashuman in dividuals. Intheglobal response, thesafetyofhealth-careworkers mustbeensured. Adequateprovision of PPE is justthe firststep ;otherpractical measuresmustbe considered, including cancelling non-essential events to prioritiseresources; provisionoffood, rest, and family support.

Protection of Health workers

- Health workers are expected to take necessary precautions to prevent getting infected. They ought to follow established occupational safety and health procedures; avoid exposing others to health and safety risks and participate in employer-provided occupational safety and health trainings.
- They should always put on, use, take off and dispose personal protective equipment properly. They should self-monitor for signs of illness and self-isolate or report illness to managers, in case it happens.
- They should use provided protocols to assess, triage and treat patients [5]. They should follow proper guidelines as described by World health organization (WHO).

- The first thing is to monitor the working conditions carefully. Those working in the hospital administration have a heavy responsibility since they have more overview than the others. When resources (material and personnel) are lacking, innovative collaboration with the surrounding society could pay off. Crash courses in intensive care for medical students and use of plastic material intended for other things remade into protective clothes are examples.
- Supervisors also havethe responsibility to monitor the health of the staff.
- The study by Zhang et al. [6] shows that simple standardized questionnaires can be used, which should be supplemented with a brief questionnaire assessing the work conditions (demands, decision latitude, and support).
- A description of a protective program has been published by Cao et al. [7] based upon hands-on recent experience in China. An important part of that programme is the repeated use of a short questionnaire supplemented with personal interviews with a representative group of employees. In addition, Wright and Caudill [8] discuss internet based support based upon cognitive behavioral therapy principles.

Conclusion

Combating COVID-19 begins with keeping health workers very well. Ensuring protection and satisfactory welfare for health workers are exceptionally basic. This audit in this manner prescribe that appropriate protection mechanism and special welfare package should be providedforthehealthcareworkers; whichcould beawayofmaintainingastrategicdistance from diminishment in health workforce, decreasing the spread of disease, also a way of motivating, persuading and empowering the healthworkers.

References

1. World Health Organization. Director-General's remarks at the media briefing on 2019-nCoV on 11 February 2020. https://www.who.int/dg/speeches/detail/who-director- general-s-remarks-at-the-media-briefing-on-2019-ncov-on-11-february-2020 . 2020 (Accessed on February 12, 2020).
2. Kenneth McIntosh. Coronavirus Disease (COVID-19) Updates. https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19. 2020. (Accessed on 30th March,2020)
3. World Health Organization. Novel coronavirus situation report -2. January 22,

2020. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200122- sitrep-2-2019-ncov.pdf . 2020 (Accessed on January 23, 2020).

4. vanDoremalen N, Bushmaker T, Morris DH, et al. Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1. N Engl J Med.2020.
5. Xinhua. Health. Over 22,000 health workers Infected by COVID-19. https://www.thejakartapost.com/life/2020/04/12/over-22000-healthcare-workers- infected-by-covid-19-who.html (Accessed on April 10,2020)
6. Arianna Huffington and Michelle A. Williams. https://fortune.com/2020/03/11/coronavirus-health-care-workers-well-being/ (Accessed on April 3,2020)
7. WHO (2020). Guidance for Health Workers. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical- guidance/health-workers (Accessed on March 31,2020)
8. CNN, "Coronavirus cases pass 115,00 worldwide," https://cnn.it/38KVnBg ; Business Insider, Aria Bendix, Rosie Perper and Rhea Mahbubani, "The US has reported 31 coronavirus deaths among more than 1,000 cases. Here's what we know about the US patients." https://www.businessinsider.com/wuhan-coronavirus-us-cases-health-risk-2020-1. 2020 (Accessed on March 11,2020)

4. Impact of Covide-19 on Indian Economy

Dr. Sharad Sahebrao Phulari
Principal, Anjuman Islam Janjira Degree College of Science, Murud Janjira, Raigad.
Miss. Bhagyashree Sharad Jawalekaer
Student, S.Y.B.Sc (GS), Anjuman Islam Janijira Degree College of Science,
Murud Janjira, Raigad.

Abstract

In the present study the effect of Covid-19 on Indian economy and supply chain is studied. This study also reported about the Covid-19 effect on global manufacturing and supply chain. n-CoV has affected the manufacturing firms and their supply chain over the world. COVID-19 is affecting our supply chains and manufacturing operations daily. The peak of COVID-19 virus have already affected the supply chain and forced thousands of industries to throttle down or shut down their assembly lines temporarily in the U.S and Europe and now in the developing nations like Indian the study with consultation with experts total of 18 critical barriers were identified which affects the supply chain at local level in India.

This study can be extended by assessment of barriers with the multi-criteria decision making approaches. Interrelationship between the barriers can be identified with the interpretive structural modelling. Most of these policy solutions lie within the realm of government and other stakeholders with capacity for decision-making; action must hence begin here. Without a global 'call to action', however, COVID-19 will exact an increasingly shattering toll Evans around the world.

Multi-national and multi-sectorial efforts are needed because prevention is beyond the latitude of any one government or usual models of the health care system. Effective implementation of these policy solutions will therefore require full support of all stakeholders, including governments, health professionals, the media, non-governmental organizations, communities, and individuals. To fully curb the coronavirus pandemic, it is crucial for international agencies and national governments to take the leadership role in developing and implementing wide-ranging policies that make the diagnosis, therapeutics and vaccines for the virus a global and national priority.

Introduction

Manufacturing plays an important role in the development of nations by contributing to the GDPs. Manufacturing industries are the major contributor in the global economy. At Present time industries across the world are focusing on the high value and high margin products. Now the production of the low margin and high volume products have shifted towards the low economies. The application of the just in time and lean philosophies had contributed towards the cost reductions in the industries. But still due to the Covid-19 issues around 35% of Manufacturers have reported the disturbances in the manufacturing practices.

At present there is Huge demands of many products in which the face shields and pharmaceutical products are main. The demand of these products has increased in last two months. The manufacturing units in Most of the countries have shut down due to Covid-19 spread and most of the countries are facing from the lack of the labour due to the fear of Covid-19 spread. The first case of Covid-19 in India reported in January, 2020 and now Government of India has declared the lockdown in the country to minimize the spread of Covid-19. Supply chain across the nation is disrupted. The Indian government has already held the high level meetings to set the new manufacturing Strategies.

Japan and other countries are also looking for the diversify the supply chains and Manufacturing systems to new destinations. Indian government is now focusing on the try and establishing India as an alternative to the China for manufacturing for both the local and global market. Most of the countries have shifted their production out of China due to the disruption of the supply chain between major trading partners. Supply chain is also disrupted in India at local level due to some barriers which are discussed in the present study. In the present paper we have discussed the effect of Covid-19 on Indian economy and on supply chains in India. There are total of 18 critical barriers are found out which affected the supply chains in the India. It is expected that this study will helpful the researchers to develop the conceptual models to overcome from this issue.

Impact

The trade impact of the coronavirus epidemic for India is estimated to be about 348 million dollars and the Country figures among the top 15 economies most affected as slowdown of manufacturing in China disrupts World trade, according to a UN report. Whereas according to

Asian Development Bank (ADB)the Covid-19outbreak could cost the Indian economy between $387 million and $29.9 billion in personal

Consumption losses.For India, the trade impact is estimated to be the most for the chemicals sector at 129 million dollars, textiles and apparel at 64 million dollars, automotive sector at 34 million dollars, electrical machinery at 12 million dollars, leather products at 13 million dollars, metals and metal products at 27 million dollars and wood products and furniture at 15 million dollars.

China has seen a dramatic reduction in its manufacturing Purchasing Manager's Index (PMI) to 37.5, its lowest reading since 2004. This drop implies a 2 per cent reduction in output on an annual basis. This has come as a direct consequence of the spread of corona virus (COVID-19) (The Hindu).When we see the China's Share in total import to India, India's total electronic imports account for 45% of China. Around one-third of machinery and almost two-fifths of organic chemicals that India purchases from the world come from China? For automotive parts and fertilisers China's share in India's import is more than 25%. Around 65 to 70% of active pharmaceutical ingredients and around 90% of certain mobile phones come from China to India.

Covide19 Lockdown

On 22 March 2020, the Government of India under Prime Minister Narendra Modi ordered a nationwide lockdown for 21 days, limiting movement of the entire 1.3 billion population of India as a preventive measure against the COVID-19 pandemic in India. It was ordered after a 14-hour voluntary public curfew on 22 March, followed by enforcement of a series of regulations in the country's COVID-19 affected regions. The lockdown was placed when the number of confirmed positive coronavirus cases in India was approximately 500. Observers stated that the lockdown had slowed the growth rate of the pandemic by 6 April to a rate of doubling every six days, and by 18 April, to a rate of doubling every eight days.

As the end of the first lockdown period approached, state governments and other advisory committees recommended extending the lockdown. The governments of Odisha and Punjab extended the state lockdowns to 1 May. Maharashtra, Karnataka, West Bengal and Telangana followed suit. On 14 April, Prime Minister Narendra Modi extended the nationwide lockdown until 3 May, with conditional relaxations after 20 April for the regions where the spread had been contained or was minimal.

On 1 May, the Government of India extended the nationwide lockdown further by two weeks until 17 May. The Government divided all the districts into three zones based on the spread of the virus—green, red and orange—with relaxations applied accordingly. On 17 May, the lockdown was further extended till 31 May by the National Disaster Management Authority. On 30 May, it was announced that lockdown restrictions were to be lifted from then onwards, while the ongoing lockdown would be further extended till 30 June for only the containment zones. Services would be resumed in a phased manner starting from 8 June. It was termed as "Unlock 1.0". PM Modi later clarified that the lockdown phase in the country was over and that 'unlock' had already begun.

Impact of Covide 19 on Indian Economy

After the great depression of 1930 in which the global economy has faced the worst recession is now facing the global pandemic of corona virus that has laid the adverse effect on all the economic activates across the world. The sudden decline in economic activities due to the lockdown is unexpected in the history of India. The great economist Keynes has suggested the concept of trade business cycle after the great depression. The four stage of trade cycle is considered to measure the growth rate and real GDP. International Monetary Fund (IMF) has projected the GDP growth as 1.9% and this shows the worst growth performance of India after

The liberalisation policy of 1991 in this fiscal year as the corona virus has disturbed the whole economy. Instead after this the IMF in its latest edition of the World Economy Report has placed India being the fastest growing economy in 2020. The global economy is projected to contrast sharplyby -3%percent in 2020 which is much worse than the financial crises in 2008-09. In India, the impact on real or predictive sectors of the economy is worse than that witnessed in 2008 crises.The country will now face multiple challenges in terms of financial crises, health crises, collapse in commodity prices and much more .The banking system has increased the surplus liquidity because of the demand-side shocks that arises due to uncertainties as well as lock down in the market. There is a huge impact on the financial shock that includes stock market crash, liquidity

Crises as it began to drain out from global market in banking system and various changes in monetary policies. The US dollar credit crunch has started bothering the world economy due to huge collapse of earnings, dollar denominated debts. As the most of the companies that depends upon international trade will suffer severe pressure. The global economic production is

on decline and expecting a huge recession in the entire economy. The global pandemic has hit the economy which questioned the target to make Indian economy of USD $5 Trillion with 7% of GDP by the year 2024. As per the World Bank latest assessment, India is expected to grow 1.5 percent to 2.8 percent as well as according to IMF, it has projected a GDP growth of 1.9 percent in 2020 and to achieve the object of USD $5 Trillion economy it is expected to grow at 9 percent every year for five years. India's growth trajectory since 2011 shown in figure.

Demand Side Shock

The huge uncertainty and fall in market has led to double whammy of business that disturb the entire chain of production and demand cycle. It includes the various facilities and services provided by the Indian government and private sectors such as Tourism, Hospitality and Aviation are the major sectors that are facing maximum loss in the present crises. Tourism that account for 9% of GDP may decline at least next 2-3 quarters. Aviation that contributes around 2.4% of GDP has severely impacted and these sectors include employees around 42.7 million of people. Sectors such as auto, that contributes 10% of GDP and employee around 40 million of people, is declining continuously due to less of demand and due to which the marginal firms and other industries has forced to shut down. Closing of cinema halls, declining in shopping from complex malls has affected the retail sector too and also to the consumption pattern of consumer in terms of essentials and luxury goods.

The consumption pattern of consumer has impacted and has shown a downfall due to fall in income and lost jobs especially to the daily wage earners that questioned the Ratchet Effect and Demonstration Effect given by economist J.V. Dusenberry. The constant fear of the pandemic in the public has affected their ental well-being and confidence level that postposed their purchasing decision. The service of travel and transport is on a pause due to lockdown across the country as has direct impact on slowdown in economic activities. It is accounted for a loss of $4.5 billion every day of the lockdown. The hotel services are catching huge cancellation from business travellers from various conferences, workshops seminar that got cancelled on such a large scale.

Supply Side Impact

Some targeted industries in the supply side go for the shutdown that are the marginal rms. India being the highest exporter of raw material and import source of goods that are required for their intermediate and final goods are on pause now due to the delay in supply of goods from

china. Various sectors such as pharmaceuticals, automobiles, electronics and chemical products etc are facing a shortage of required component. As china accounts for 27% of India's automotive part imports. India imports about 85% of active pharmaceuticals ingredients (API) from china and due to the factor there is a possibility of shortage in availability and thus prices may go on hike. Due to the lockdown and global pandemic the business is hampering with the productioncycle that will further affect the investments. There is about 55% of electronics are imported from china that has slid down to a percentage.

Impact on International Trade

According to WTO, world trade is expected to fall by between 13% and 32% in 2020 due to COVID 19 pandemic that has disturbed normal economic activity. Share of Indian export in, in total world's export is 3.5% and share of Import in world's import is 3.1% (2019). The trade balance of India has shown a trade deficit of 9.8 USD bn in March 2020.The unexpected decline the trade and production has negative consequences on the business and households. The aspect of international trade the government may look for the countermeasure for the indigenous production and to reduce the dependency ratio on a single country that will somehow boost the production of domestic industries and reduce the trade deficit. China being the highest foreign trade with India and it is major market for many Indian products like sea food, gems and Jewellery, petrochemicals etc. Due to the fall in export the fisheries sector has shown a fall of Rs. 1300 crore. For the April-February period,

India's current fiscal exports have dropped by 1.5% to 292.91 billion. According to UNCTAD, India's trade impact is about to be 348 million dollars. India stood in among 15 most affected economies due to fall in the production of china that is disturbing the entire trade pattern of world. For India, the estimated trade impact to be most on chemical sector at 129 million dollars, textiles and apparel at 64 million dollars, automotive sector at 34 million dollars, electrical machinery at 12 million dollars, leather products at 13 million dollars, ,metal and metal products at 13 million dollars and wood products and furniture at 15 million dollars. The UN economist has announced drop by of USD 50 billion drop in manufacturing exports around worldwide. India majorly export 7500 commodities to 190 countries and import around 6000 commodities from 140 countries. India shares its trade surplus with USA, UAE, and Bangladesh and have trade deficit with China, Switzerland, Saudi Arab. India's total export growth from April 2019 to March 2020 is shown in figure 2.

Impact on Financial Market

As the global economy is declining in terms of output and production it is expected that the world will suffer from recession. The American Credit Rating Agency Fitch has forecasted Indian rupee, the currency will average 77 per US dollar in 2020 and 80 in 2021 and steep monetary easing. In the short run steep monetary easing will pressure the rupee weaker but over the long term it is expected of overvaluation of Indian rupee. The foreign investors have pulled out $14 billion dollar in March 2020.

The economy is facing huge crashes and wealth erosion, which in turn is impacting consumption levels. On the other side Sensex and Nifty closed sharply baked by weak global cues amid historic due to fall in oil prices. BSE Sensex closed 1,011 points lower at 30,636 and NSE Nifty ended 280 points lower at 8,981 on 21 April 2020. The domestic equity markets was seen on March 12, when following the trend of the global equity markets, both the BSE Sensex and NSE Nifty by crashed by more than 8% in a single day. An estimated Rs 10 lakh crore of market caps was reportedly wiped off due to this single day fall.

The virus crises have already dropped out equity wealth to 40 percent of the expected size of India's gross domestic product (GDP). The aggregate market capitalism of all BSE listed shares of 52 lakh crore, as it fall from Rs.155.53 lakh crore on December 31, 2019 to Rs. 103.69 lakh crore in March 24,2020. The Reserve Bank of India (RBI) has reduced the repo rate by 75 basis points (bps) and brings it down to 4.4 percent, the lowest repo rate fallen till now. The rate cut will lead to encourage growth and financial stability

Financial Risk and Country Risk

As coronavirus put Europe and United States in virtual lockdown, financial economists, credit rating and country risk exports have scrambled to rearrange their assessments in light of the unprecedented geo-economic challenges posed by the crisis. M, Nicolas Frazil, a director of the World Pensions Council (WPC) and advisory board member at the world bank global infrastructure facility crisis and says it is bringing to surface many pent-up financial and geopolitical dysfunctions. So far, the only European countries forced to put in place short-selling France: three of the four largest economics in enfeebled European Union.

He believes the financial vulnerability of Madrid, Milan and Paris is due to an often – overlooked geo-economic reality, which could come to the fore in the coming days. By OECD stander, Spain, Italy and France have very weak pension assets bases. Their combined pension

wealth is more than 15 times smaller than that of jurisdictions such as the UK or Australia. In times of acute crisis, like today, lack of cash-rich domestic buyers of last resort for the bonds and equities traded on their financial markets.

Their national suffer as a result, and their political sovereignty itself may be severely eroded. The OECD points out that business in many countries have become have highly indebted, while the very low cost of borrowing and accommodative corporate debt issuance. Consequently, corporate debt stands at very high levels in many G20 countries. Also, lower rates credit issued in the form of BBB bonds, non-investments grade bonds and leverged loans has risen to elevated levels the OECD warns meaning businesses will have little choice but to reduce costs and employments withstand insolvency pressures.

Stock Market

On Monday, 24 February 2020, the Dow Jones Industrial Average and FTSE 100 dropped more than 3% as the coronavirus outbreak spread worsened substantially outside China over the weekend. This follows benchmark indices falling sharply in continental Europe after steep declines across Asia. The DAX, CAC 40 and IBEX 35 each fell by about 4% and the FTSE MIB fell over 5%. There was a large fall in the price of oil and a large increase in the price of gold, to a 7-year high. On 27 February, due to mounting worries about the coronavirus outbreak, various U.S. stock market indices including the NASDAQ-100, the S&P 500 Index, and the Dow Jones Industrial Average posted their sharpest falls since 2008, with the Dow falling 1,191 points, its largest one-day drop since the 2008 financial crisis. On 28 February 2020, stock markets worldwide reported their largest single-week declines since the 2008 financial crisis.Following a second week of turbulence, on 6 March, stock markets worldwide closed down (although the Dow Jones Industrial Average, NASDAQ Composite, and S&P 500 closed up on the week), while the yields on 10-year and 30-year U.S. Treasury securities fell to new record lows under 0.7% and 1.26% respectively. U.S. President Donald Trump signed into law an emergency appropriations and pandemic countermeasures bill including $8.3 billion in government spending. After OPEC and Russia failed to agree on oil production cuts on 5 March and Saudi Arabia and Russia both announced increases in oil production on 7 March, oil prices fell by 25 percent.

The role of cross-border flows of goods in the modern economy, driven by decades of falling transport costs, falling communication costs and, until recently, falling tariffs. Overall,

stock markets declined over 30% by March; implied volatilities of equities and oil have spiked to crisis levels; and credit spreads on non-investment grade debt have widened sharply as investors reduce risks. This heightened turmoil in global financial markets is occurring despite the substantial and comprehensive financial reforms agreed by G20 financial authorities in the post-crisis era.

Impact On Global Manufacturing And Supply Chain

N-CoV has affected the manufacturing firms and their supply chain over the world. COVID-19 is affecting our supply chains and manufacturing operations daily. The peak of COVID-19 virus have already affected the supply chain and forced thousands of industries to throttle down or shut down their assembly lines temporarily in the U.S and Europe and now in the developing nations like India. Many of global industries are depends on the China for the materials and parts. The manufacturing units in China have already shut down and will be shut down for next few months. Supply lead time have also affected due to n-CoV it takes around 30 days for shipping from China to U.S or Europe. It means if China has shut down their manufacturing units in January then shipments will arrive in February and there will be spike in the temporary closure of manufacturing units in the mid-March. For example Fiat Chrysler automobiles have already announced for temporary shut down their production in Serbia as the parts imported from China. Similarly, Hyundai has also announced to suspend their assembly lines in the Korea due to the disruptions in the supply chain because of n-CoV. The effect of n-CoV has already visible to world as there is decrease in 40% of departures from the ports of China due to n-CoV outbreak which is showing that there is a major effect on the manufacturing worldwide. There are three impact areas which are majorly affected due to the n-CoV which are:

- **Workforce:** To limit the impact of coronavirus government has already instructed their people to stay at home where in developing nations like India, government has already advised their employees to stay at home. Some of the industries are depends on other industries for goods in which supply chain has disrupted due to n-CoV. Now, the industries having very less workforce to meet the customer demands.
- **Products:** The n-CoV has transformed the competitive landscape. Suppliers are at risk to lose their market value and share as clients are now seeing the other options when they are not receiving the good products or on time.

- **Costs:** There has been increase in the costs of the products due to increase in the shipping charges of products and industries are now also meeting with their financial objectives. There is increase in some of the products due to the n-CoV effect as it disrupts the supply chains. There are multiple challenges for the industries at present such as: at the same time they have to work for the protection of their workers and also safeguard their operational viability. At present most of industries are working with mobilizing concept so that they can set up the crisis management mechanism for short term. Industries have to face the six main challenges for this
- There is need to create transparency on the multi-tier supply chain with the critical list of components. There is need to determine the origin and alternative sources of supply chain to tackle the current situation.
- There is need for the estimation of current inventory which includes the spare parts and after sale stock which can be used as the bridge to keep the production processes running until the situation comes under control.
- The demands of some products may increase or decrease in such type of situations. There should be proper demand planning according to industry experience. There is need to develop demand forecast strategies which defines the time horizon for the demand forecast which will help in the risk informed decision for the industries.
- There is need to optimize the production and distribution capacity in the organization. Optimization process begins by ensuring employee safety which includes the engaging and sourcing with the teams working on the crisis situation to communicate with the employees of the industries regarding infection risk concerns. There should be options for the home or remote location working.
- There is need to identify and secure the logistic capacity. It helps to estimate the capacity and accelerate whenever possible also results in flexible transportation whenever required.
- There is need to manage the cash and network capital by running the stress tests which helps to understand when the supply chain of industry will start to cause the financial impact.

Barriers in Supply Chain During Covide 19 in India

Supply chains are always influenced by some barriers. India is the developing country and Covid-19 has disrupted the supply chain of India. Global supply chains are also disrupted by the Covid-19. Many countries has banned on the import and export of many goods which affected the manufacturing firms across the globe. The barriers for the Indian supply chain caused by the Covid-19 are found out with the academia discussion and supply chain experts. There are total of 18 critical barriers were found out in the study which is discussed below:

These barriers have the great influence on the Indian supply chain. Although these issues in the supply chain are very generalized which needs further study and prioritization of these barriers will help the industries to overcome from the supply chain issues due to the Covid-19. These barriers can be studied with the MCDMs techniques such as AHP, ANP, TOPSIS, DEMATEL, MAVT, MAUT, VIKOR, Fuzzy set theory based MCDMs and other model validation can be done by data analytics techniques such as: SEM, ANOVA, and ISM.

Lockdown Global Trade Disolocation to Hit Indian Economy

According to the RBI, the global macroeconomic outlook is overcast with the COVID-19 pandemic, with massive dislocations in global production, supply chains, trade and tourism. The Reserve Bank of India (RBI) has warned that the coronavirus (COVID-19) pandemic would impact economic activity in India directly due to lockdowns and through second round effects operating through global trade and growth. "While efforts are being mounted on a war footing to arrest its spread, COVID-19 would impact economic activity in India directly through domestic lockdown," the RBI said in its 'Monetary Policy Report-April 2020'.

Though it forecast retail inflation to decline to 2.4 per cent by the fourth quarter of 2020-21, the central bank refused to make any estimate on the GDP growth in the wake of "highly fluid circumstances". Many global rating agencies and banks have downgraded India's GDP growth to below two percent. "Second round effects would operate through a severe slowdown in global trade and growth. More immediately, spill overs are being transmitted through finance and confidence channels to domestic financial markets," the RBI report said. These effects and their interactions would inevitably accentuate the growth slowdown, which started in Q1 of 2018-19 and continued through the first half of 2019-20, it added.

According to the RBI, the global macroeconomic outlook is overcast with the COVID-19 pandemic, with massive dislocations in global production, supply chains, trade and tourism.

Financial markets across the world are experiencing extreme volatility; global commodity prices, especially of crude oil, have declined sharply, it said. "The impact of COVID-19 on inflation is ambiguous, with a possible decline in food prices likely to be offset by potential cost-push increases in prices of non-food items due to supply disruptions," it said. Taking into account initial conditions, signals from forward-looking surveys and estimates from time series and structural models.

Economic Situation

In India up to 53% of businesses have specified a certain amount of impact of shutdowns caused due to COVID-19 on operations, as per a FICCI survey in March. By 24 April the unemployment rate had increased nearly 19% within a month, reaching 26% unemployment across India, according to the 'Centre for Monitoring Indian Economy'. Around 140,000,000 (14 crores) Indians lost employment during the lockdown. More than 45% households across the nation reported an income drop as compared to the previous year. Various businesses such as hotels and airlines cut salaries and laid off employees. Revenue of transport companies such as Ola Cabs went down nearly 95% in March-April resulting in 1400 layoffs. It was estimated that the loss to the tourism industry will be □15,000 crore (US$2.1 billion) for March and April alone. CII, ASSOCHAM and FAITH estimate that a huge chunk of the workforce involved with tourism in the country faces unemployment.

Live events industry saw an estimated loss of □3,000 crore (US$420 million).A number of young start-ups have been impacted as funding has fallen. A Data Labs report shows a 45% decrease in the total growth-stage funding (Series A round) as compared to Q4 2019. According to a KPMG report venture capital in Indian start-ups has fallen over 50% in Q1 2020 from Q4 2019. Government revenue has been severely affected with tax collection going down, and as a result the government has been trying to find ways of reducing its own costs. On 10 May 2020, Union Minister NitinGadkari said that some states didn't have enough money to pay salaries in the near future. In April, former Reserve Bank of India chief RaghuramRajan said that the coronavirus pandemic in India may just be the "greatest emergency since Independence", while the former Chief Economic Advisor to the Government of India said in April that India should prepare for a negative growth rate in FY21.

The Indian economy was expected to lose over □32,000 crore (US$4.5 billion) every day during the first 21 days of the lockdown, according to Acuité Ratings. Barclays said the cost of

the first 21 days of shutdown as well as the previous two shorter ones will total to around □8.5 lakh crore (US$120 billion).

Confederation of Indian Industry (CII) had sought an economic fiscal stimulus package of 1% of India's GDP amounting to □2 lakh crore (US$28 billion). The fiscal package and fiscal policies approach is being compared to what has happened in other countries such as Germany, Brazil and Japan. Jefferies Group said that the government can spend □1.3 lakh crore (US$18 billion) to fight the impact of coronavirus. Bloomberg's economists say at least □2.15 lakh crore (US$30 billion) needs to be spent. Former CEA Arvind said that India would need a □10 trillion (US$140 billion) stimulus to overcome the contraction

Economic Recovery

In the beginning of May, DuvvuriSubbarao, a former RBI governor, said that India could look forward to a V-shaped recovery. A V-shaped recovery is the best outcome. Arthur D. Little, an international consulting firm, has suggested that India will most probably see a W-shaped recovery. Mythili Bhusnurmath writes in The Economic Times that U- shaped recovery is the most likely followed by an L-shaped recovery. CRISIL chief economist says if things go well, that if the virus is contained, we can expect a V- recovery, otherwise it will end up as a U-recovery.

In the second week of May, companies started preparations for restarting operations. Some companies opened offices with the maximum permitted strength of 33% while others took a more cautious approach of as low as five per cent. The beginning of June saw companies further reopen and making plans to reopen. A study by Elara Securities Inc. found that five Indian states, Kerala, Punjab, Tamil Nadu, Haryana and Karnataka, are contributing 27% to India's GDP as India emerges from a total lockdown. By mid-June, unemployment levels were back to pre-lockdown levels.Online sales reached pre-covid level sales by June end. Hindustan Unilever registered pre-covid levels in sales in late June. On 2 July 2020, The Times of India reported that a number of economic indicators such as the manufacturers purchasing managers' index, goods movement, GST collections, electricity usage and rail freight transport showed significant improvement as compared to previous months.

On 24 July 2020 Ajay BhushanPandey, the Finance Secretary of India, said that the "Indian economy could revive sooner than we expect" while Tarun Bajaj, the Economic Affairs

Secretary said that he expects a v-shaped recovery. Localised intermittent shutdowns in July were seen to negatively affect aspects of the country's economic recovery.

Conclusion

In the present study the effect of Covid-19 on Indian economy and supply chain is studied. This study also reported about the Covid-19 effect on global manufacturing and supply chain. n-CoV has affected the manufacturing firms and their supply chain over the world. COVID-19 is affecting our supply chains and manufacturing operations daily. The peak of COVID-19 virus have already affected the supply chain and forced thousands of industries to throttle down or shut down their assembly lines temporarily in the U.S and Europe and now in the developing nations like Indian the study with consultation with experts total of 18 critical barriers were identified which affects the supply chain at local level in India.

This study can be extended by assessment of barriers with the multi-criteria decision making approaches. Interrelationship between the barriers can be identified with the interpretive structural modelling. Most of these policy solutions lie within the realm of government and other stakeholders with capacity for decision-making; action must hence begin here. Without a global 'call to action', however, COVID-19 will exact an increasingly shattering toll Evans around the world.

Multi-national and multi-sectorial efforts are needed because prevention is beyond the latitude of any one government or usual models of the health care system. Effective implementation of these policy solutions will therefore require full support of all stakeholders, including governments, health professionals, the media, non-governmental organizations, communities, and individuals. To fully curb the coronavirus pandemic, it is crucial for international agencies and national governments to take the leadership role in developing and implementing wide-ranging policies that make the diagnosis, therapeutics and vaccines for the virus a global and national priority.

Reference

- "All 15 Haryana dists locked down, financial support announced for the poor". Hindustan Times. 23 March 2020. Retrieved 25 March 2020.
- "Cabinet Approves Production-Linked Incentives For Electronics Manufacturing Firms". BloombergQuint. PTI. Retrieved 23 March2020.

- "Coronavirus crisis: Economic package to be announced soon, says Sitharaman". Livemint. PTI. 20 March 2020. Retrieved 21 March 2020.
- "Coronavirus in India: Economic task force yet to be formed; no decision on relief package". Business Today. 20 March 2020. Retrieved 20 March 2020.
- "Coronavirus: Rs 3,000 relief for construction workers, says Punjab CM Amarinder Singh". The Times of India. TNN. 22 March 2020. Retrieved 22 March 2020.
- "PM NarendraModi forms economic response task force, calls for 'Janata Curfew'". The Economic Times. 20 March 2020. Retrieved 20 March 2020.
- Chandna, Himani; Basu, Mohana (24 March 2020). "PM declares 21-day full lockdown across India from midnight, Rs 15,000 cr to fight COVID-19". ThePrint. Retrieved 25 March 2020.
- DeBord, M. (2020). General Motors and Ford are ramping up ventilator production to fight the coronavirus pandemic. Here's where they are now. Business Insider. Accessed 31 March 2020, from doi:10.20944/preprints202005.0148.v1
- Fazl-e-Haider, S. (2020). Coronavirus brings a halt to China's trillion-dollar Belt and Road Initiative. The New Arab. Accessed 31 March 2020.
- Fernandes, N. (2020). Economic Effects of Coronavirus Outbreak (COVID-19) on the World Economy. March 22. Available at SSRN: https://ssrn.com/abstract=3557504 or Gaur, Vatsala (21 March 2020). "Yogi Adityanath announces relief measures for UP's daily wage earners". The Economic Times.
- Giuffrida, A. (2020). Italy and China in plan for new Silk Road-style trade network. The Guardian. Accessed 31 March 2020, from http://dx.doi.org/10.2139/ssrn.3557504
- https://2016.export.gov/china/build/groups/public/@eg_cn/documents/webcontent/eg_cn_105813.pd
- https://www.afp.com/en/news/15/one-third-humanity-under-virus-lockdown-doc-1q57be13
- https://www.bloomberg.com/news/articles/2020-03-26/u-s-jobless-claims-surged-to-record-3-28-million-last-week?

- https://www.businessinsider.com/coronavirus-general-motors-ford-ventilator-production-progress-2020-3
- https://www.businessinsider.com/coronavirus-global-airlines-stopping-flights-suspending-operations-2020-3#tame-45
- https://www.forbes.com/sites/gabrielleigh/2020/03/30/the-number-of-daily-flights-is-now-dropping-drastically-the-latest-in-aviation/#701c2b9943d4
- https://www.joc.com/technology/freight-procurement-systems/covid-19-forces-freightos-proactive-layoffs_20200317.html
- https://www.marketwatch.com/story/coronavirus-sends-food-prices-soaring-in-china-2020-03-10
- https://www.markiteconomics.com/Public/Home/PressRelease/0f164ac0128b429ea1c329104afd62c
- https://www.markiteconomics.com/Public/Home/PressRelease/30078c37216c413bb410af22ae54706
- https://www.theguardian.com/world/2019/mar/23/italy-china-new-silk-road-belt-and-road-g7
- https://www.weforum.org/agenda/2020/03/covid-19-coronavirus-policy-tools-economic-impact/
- https://www.wsj.com/articles/coronavirus-rattles-shipping-industry-as-supply-shock-moves-to-demand-decline-11585249552
- Hussain, S. (2020). One third of humanity under virus lockdown. AFP.Accessed 31 March 2020, from
- IHS Markit (2020c). IHS Markit Flash Eurozone PMI, 24 March 2020. News Release, IHS Markit. Accessed 29 March 2020 at:
- IHS Markit (2020e). IHS Markit/CIPS Flash UK Composite PMI, 24 March 2020. News Release, Chartered Institute of Procurement & Supply (CIPS) and IHS Markit. Accessed 29 March 2020 at:
- International Labour Organization. (2020). COVID-19 and the world of work: Impact and policy responses. Genève. Accessed from https://www.ilo.org/ wcmsp5/groups/public/---dgreports/dcomm/ documents/briefingnote/wcms_738753.pdf

- Jamwal, A., Bhavnagar, S., & Sharma, P. (2020). Coronavirus Disease 2019 (COVID-19): Current Literature and Status in India. Johnson, E. (2020). Logistics Technology: Covid-19 forces Freightos into proactive layoffs. JOC.Accessed 31 March 2020, from
- Jump up to:[a] [b] Nair, Remya (21 March 2020). "Subramanian Swamy writes to PM Modi over COVID-19, says economic relief package crucial". ThePrint. Retrieved 23 March 2020.
- Kemp, S. (2020). China City & Industry Report: A Guide for U.S. Exporters. Bejing: US Commercial Service. Accessed from
- Leigh, G. (2020). The Number Of Daily Flights Is Now Dropping Drastically: The Latest In Aviation. Forbes. Accessed 31 March 2020, from
- Letzing, J. (2020, March 18). How many policy tools are left to soften the impact of COVID-19? World Economic Forum. Accessed 27 March 2020 at:
- MarketWatch (2020, March 10). Coronavirus sends food prices soaring in China. MarketWatch. Accessed 22 March 2020 at:
- Moore, M. (2020). APAC: COVID-19 impact on tourist arrivals by country or region 2020 | Statista. Accessed 1 April 2020, from https://www.statista.com/ statistics/1103147/apac-covid-19-impact-on-tourist-arrivals-by-country/
- Pallini, T. (2020, March 26). 55 global airlines have completely stopped flying scheduled flights due to travel bans, airspace closures, and low demand for travel — see the full list. Business Insider. Accessed 31 March 2020 at: Paris, C. (2020). Coronavirus Rattles Shipping Industry as Supply Shock Moves to Demand Decline. Wall Street Journal. Accessed 1 April 2020, from Phartiyal, Sankalp (22 March 2020). "India lays out $6 billion roadmap to boost electronics manufacturing". Reuters. Retrieved 23 March 2020. Pickert, R. (2020, March 26). U.S. Jobless Claims Jump to 3.28 Million, Quadruple Prior Record. Bloomberg. Accessed 28 March 2020 at:

5. A Review on Role of Media in Times of COVID-19

Mr Khan Shoyeab Mutalib
Assitant professor Anjuman Islam Janjira Degree College of Science Murud-Janjira.

Abstract

The WHO announced a 'mystery pneumonia' on 31 December 2019. Since then the virus has been identified (SARS-CoV-2), the disease named (COVID-19), and there has been global spread, with cases identified in 72 countries (as of 3 March 2020) and tens of thousands of people testing positive for the virus. COVID-19 is a new illness and a big threat to global health. The media have been following every step of this journey – with multiple stories, incessant headlines and continuous updates across the past few weeks. Here, I take a look at some of the challenges that have faced journalists during the COVID-19 outbreak and how the media can play a role in containing COVID-19 and, potentially, saving lives

Keywords: Covid-19,media,WHO,pneumonia

Introduction

The importance of good health and safety for citizens in the development of a nation cannot be overemphasized; and as such, should be accorded utmost priority by the Government and concerned bodies in view of the recent healthcrisis and challenges posed by the Coronavirus pandemic otherwise known and referred to as COVID-19. Presently,virtually all countries in the World have been saddled with the outbreak of this deadly virus, a lot of lives have been lost, and several active cases are being recorded too. This pandemic has also crippled almost all the sectors ofaffected Countries. In an attempt to tackle and bring this pandemic to a standstill by different government globally.

These days massive effect of media is seen. According to a survey there is 87% of increase in social media usage during lockdown. In the rouse of global pandemic COVID-19, in India, social media activity experiences a bounce of 50X. It has also been witnessed that there is a huge jump in the intensity of the social media when Prime Minister Mr. Narendra Modi addresses the nation related to lockdown. Here we can see the strength of media as they provide emotional support and community. They are never back behind in order to entertain us, each day we came to see different level of creativity, as I can think of many funny memes, to deal with

lockdown. Positive outlook of sudden increase in social media can be due to various awareness campaign shown on social media, with which people across the nation knew about the essentials as well as the precautionary measures that should be taken during lockdown. It also shows the stats, like the number of people being affected by virus at a particular area, it educates us of safety tips as well as the symptoms of COVID-19. There is an increase in number of I'd on social media. Social media has become one of the best tact to spread news nowadays, even if we are alerting people about something serious, in posthaste. social media platform such as Facebook, WhatsApp, Instagram, twitter, etc. gives a bundle of information each day, has led to increase in fake news and misinformation, which causes panic among people.

People who read or see that misinformation interpret it as true fact. In order to distinguish between facts and false narrative, we need to crosscheck the information that we get from social media with at least two different credible sources. We can break the chain of false narrative by doing a little research before forwarding it next. Apart from social media, Electronic media has also made a special effect on the public. Media is something that could create panic as well as provide relief from panic. As most of the part of India is in rural area so dependency on electronic media increases, because it is easily accessible. Even illiterate people of villages and town, could understand the presentation that is given on television screen. Nobody could ignore to repeated items of information and news by the speaker of television set. There is open discussion about what people hear or watch. Media around the nation reaches our heart and brain at the same time. With news, documentaries and telefilms close to social issue increases awareness in youth and children also make them responsible towards society. During this crucial time, electronic media such as television and radio could bring a change in attitude and belief of people by sharing the positivity, as it is most impactful on elders as well as youngsters. As per law, journalism should be practiced as ethical communication but private ownership diverted the self-governance of the press freedom and journalism. News which is broadcasted, struggles in the filter of conflict of interest. During this pandemic outbreak many counter voice have picked up the genuine problem of social concern. Hardly four hours were given before the suddenly announced lockdown, created a panic among the nation and migrant, daily wages workers were most affected. No transportation and no food,

Outbreak of Coronavirus in the World

Corona virus (COVID19), is a pneumonia like virus that was detected in December 2019 in the city of Wuhan in China. On 31st December 2019, 27 cases of unknown etiology were identified in Wuhan city, Hubei Province in china (Lu et al. 2020). Wuhan is the most populous city in central China with a population exceeding eleven million(Sohrabi et al. 2020).The coronavirus belongs to a family of viruses that may cause various symptoms such as pneumonia, fever, breathing difficulty, and lung infection (WMHC, 2020).This novel virus was declared by the World Health Organization (WHO) on the 30th of January 2020 as a Public health emergency of InternationalConcern, with high devastating risks to different Countries and more detrimental to those with deplorable health systems.Successful efforts in containing the COVID-19 virus in Asia resulted in WHO declaring Europe as theepicenter of the disease on March 13, 2020 (WHO, 2020). The COVID-19 pandemic had spread to more than 114 countries before it was officially declared as a pandemic by the World Health organization (WHO) on the 11 March 2020 (Anjorin, 2020). Regrettably, this pandemic has hit several countries including, United states of America, United Kingdom, Italy, Spain, Canada, Australia, Netherlands, Japan, Croatia, New Zealand, Saudi Arabia, Mexico, Argentina, Norway, France, Germany, Malaysia, India, Thailand, Indonesia, Greece, Sweden, Philippines, Singapore, Iran, Panama, Bolivia, Honduras, Cuba, Gabon, Turkey, Mongolia, Cyprus, Mata, Peru, Togo, Namibia, Kenya, Ghana, South Africa, Nigeria,and many other countries.

Influence of Mass Media Regarding Covid-19

Media coverage and public opinion can have a significant effect on both the public andprivate sectors in deciding with regards to suspending programs, like airline programs, compared to the actual needfor public health (Depoux et al., 2020). Mass media have long been regarded as critical sources of public perceptions of risk (Oh et al., 2020). Through the media, people are acknowledged as a chance that offers the risk warnings and interprets the risk issues regarding the pandemic (Oh et al., 2020). The information regarding risk is presented in a manner that influences people's perception of risk, especially sensational media reporting of a pandemic crisis (Chong and Choy, 2018). In particular, it is believed that anxiety and anger mediate the effect of media exposure on the perception of personal-level danger and therefore increase bene□icial preventive behaviours. The outbreak of COVID-19 is a negative occurrence, resulting in an unpredictably high number of illnesses and mortalities, eliciting negative self-

relevant emotions from the public (Oh et al.,2020). People usually express their concerns about the pandemic outbreak through social media (Ohet al., 2020). In some instances, however, the mass media are unable to capture the epidemic on time, and thus fail to become the prime indicator (Liu et al., 2020). Since mass media news reports fall behind real-time coronavirus trends, it does not play a useful pre-warning role in communicating and sensitising about public health (Liu et al., 2020).However, as the virus is new and there is not enough research on it, misinformation may have been transmitted by the mass media leading to adverse psychologicaleffects among people such as anxiety, rage orsadness (Liu et al., 2020).

Visualising Media and Social Media as Assets During a Pandemic

Social media is a crucial source of information nowadays; twitter has the potential to provide real-time content analysis acknowledging the public health authorities to answer the queries of the people quickly (Ahmed et al., 2020). During COVID-19 pandemic,social media have offered immediate diseaserelated information to exchange among the peoplein real-time (Oh et al., 2020). It was found in a study that the H1N1 flu outbreak was also first accounted in social media. (Jang and Baek, 2019) Consequently, government organisations such as the Centers for Disease Control and Prevention (CDC) began using social media to notify people of the apparent infections like the Zika and Ebola outbreaks (Oh et al., 2020). The continually evolving social media has become a key platform for communication during a crisis. Social media platforms are increasingly used by public health departments and individuals to communicate and exchange information during public health emergencies (Zhao et al., 2020). Popular social media platforms such as Twitter, TikTok, YouTube and Facebook have contributed to educating people regarding the measures to avoid misinformation during COVID-19 pandemic. However, their roles remain questionable (Li et al., 2020). The social media platform can be used to overcome mental strains during the mass quarantine (Depoux et al., 2020). However, social media should be used for wiser reasons, since it provides an opportunity to acknowledge the measures to be undertaken, and to advice to prevent misinformation and panic (Depoux et al., 2020).

How Media Can be Used as A Shield

Social media must be used to reinforce the public health response (Depoux et al., 2020). Publicmedia, newspapers and radio stations put the information to fighting false news by addressing theories of conspiracy circulating at the time (Ahmedet al., 2020). Timely monitoring

of risk networksand public social media interactions will help promote awareness of stakeholder views and assist in developing the policies needed for successful risk mitigation and resilience, thus ensuring efficientmanagement of catastrophic events (Park et al.,2020). Social media analytics should help governmentauthorities to exchange and comment on realtime information about ongoing infectious disease threats. People use different news sources and social media to exchange information (Park et al., 2020). A further critical remedial measure against false information should take place on the platform where it arises because people don't visit a website to study the counteracting report. Still, they will go through the false facts sent and/or posted on a socialmedia platform (Ahmed et al., 2020). Since successful public health interventions are needed to prevent the collapse of the health system, the media can play a crucial role in transmitting updated policiesand regulations from authorities to the people. (Liu et al., 2020) Effective communication between thecitizens and the public health authorities and/or governments through the media and social media platforms are among the essential components of successful pandemic responses. A communications plan with toolkits requires to be built immediately as a contribution to the publichealth response needs in the face of future globaloutbreaks (Depoux et al., 2020). It is particularly significant for countries that lack advanced media communication strategies or require more efficientand "controlled transparency" about the epidemic, and for communities that are more vulnerable due to lack of information during the outbreak (Depoux et al., 2020). Risk communication is also now part of the regional emergency response preparedness program for health emergencies. Strengthening the capacity of risk communication is an essential component of global efforts to enhance global health security (Frost et al., 2019). For the current COVID- 19 pandemic, the development of a real-time information sharing system is must, which analyses the data from a variety of social media platforms in several languages globally (Depoux et al., 2020).

Conclusion

It is true that majority of people are using social media for information. From this study it is clear that most of the people don't feel positivity in news shown on television. As we know negatives are always sensational, which increases the viewership and TRP, so in short they show what people want to see. That doesn't mean the way news are shown is correct. Moreover, news is news, it can't be fiction. Most of the people don't trust news so they cross check it with some authentic source. Advertising is most impactful tool for conveying the message, by this study it

is proved, asmajority of people are being satisfied by the advertising and understood the message that was given. Media is doing a fabulous job duringquarantine, media has won the battle of providing all the information to the people, and it is proved by this survey, as most of the people are satisfied by media.

Refrences

- Gadekar, R., Krishnatray, P., & Gaur, S. (2012). A descriptive study of Facebook use among Indian students. Media Asia.
- Gurleen, K., & Sukhmani. (2011). A study of TV viewership patterns among youngsters in north India. International Journal of
- Multidisciplinary Research.
- Rajagopal, A. (2001). Politics after television: Hindu nationalism and the reshaping of the public in India. Cambridge, UK: Cambridge
- University Press.
- Khalid Mehraj, Hakim, Akhtar Neyaz Bhat and Hakeem Rameez Mehraj. "Impacts OF Media on Society: A Sociological Perspective."
- International Journal of Humanities and Social Science Invention (2014).
- Philo, G. (1990). Seeing and believing: The influence of television. London, United Kingdom: Routledge.
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., Rubin, G. J. 2020.
- The psychological impact of quarantine and how to reduce it: rapid review of the evidence. The Lancet, 395(10227):912–920.
- Chan, A. K. M., Nickson, C. P., Rudolph, J. W., Lee, A., Joynt, G. M. 2020. Social media for rapid knowledge dissemination: early experience from the COVID-19 pandemic. Anaesthesia.
- Chen, Q., Min, C., Zhang, W., Wang, G., Ma, X., Evans, R. 2020. Unpacking the black box: How to promote citizen engagement through government social media during the COVID-19 crisis. Computers in
- Human Behavior, 110.
- Chong, M., Choy, M. 2018. The Social Amplification of Haze-Related Risks on the Internet. Health Communication,33(1):14–21.

- Depoux, A., Martin, S., Kara□illakis, E., Preet, R.,Wilder-Smith, A., Larson, H. 2020. The pandemic
- of social media panic travels faster than the
- Eysenbach, G. 2009. Infodemiology and Infoveillance: Framework for an Emerging Set of Public Health Informatics Methods to Analyze Search,Communication and Publication Behavior on the Internet. Journal of Medical Internet Research, 11(1):e11–e11.
- Eysenbach, G. 2011. Infodemiology and Infoveillance. American Journal of Preventive Medicine, 40(5):S154–S158.
- Farooq, A., Laato, S., Islam, A. K. M. N. 2020. Impact of Online Information on Self-Isolation Intention
- During the COVID-19 Pandemic: Cross-Sectional Study. Journal of Medical Internet Research, 22(5):e19128–e19128.
- Fergus, T. A., Russell, L. H. 2016. Does cyberchondria overlap with health anxiety and obsessive– compulsive symptoms? An examination of latent structure and scale interrelations. Journal of Anxiety Disorders, 38:88–94.
- Frost, M., Li, R., Moolenaar, R., Mao, Q., Xie, R. 2019. Progress in public health risk communication in
- China: lessons learned from SARS to H7N9. BMC Public Health, 19(S3):475–475.
- Gao, J., Zheng, P., Jia, Y., Chen, H., Mao, Y., Chen, S., Dai, J. 2020. Mental health problems and social media exposure during COVID-19 outbreak. PLOS ONE, 15(4).
- Ha, B. T. T., Quang, L. N., Mirzoev, T., Tai, N. T., Thai, P. Q., Dinh, P. C. 2020. Combating the COVID 19 Epidemic: Experiences from Vietnam. International Journal of Environmental Research and Public
- Health, 17(9):3125–3125.

6. Role of Educational Trusts and Institutes during Covid 19 Pandemic

Dr. Vandana Garg
Associate Professor.

Abstract

While the world currently fights with the uninvited intruder called Covid-19 to save its precious human lives, the year 2020 also highlights the underrated significance of the most efficient professionals of a country which are its teachers and professional staff.

Currently, our own nation's education and teaching staff has been portraying an appreciable job to recover from the present situation while making India to continue its educational process by themeans of online learning.. To enlighten one with the timeless contribution which these educators have accomplished during the crisis, this research paper has been designed to pursue proper examination of the situation during the pandemic.

This research paper specifically focuses upon the contribution of the Indian Educational Institutions and its staff in India in its successful attempt to nullify the effectiveness of the novel coronavirus in the country as well as analyze the effect of the situation in the education sector by the means of a mathematical concept of sets, relations and functions.

Key words: - Covid 19,educational institutions,mathematical modal

Introduction

Right from the Great Plague of Marseille to the famous Cholera influenza , ascending to the Spanish Flu and finally to the present global emergency or the novel coronavirus. Pandemics, as such possess the absolute power to leave a rigid dark mark on humanity to eradicate its social , technological and economical roots.

This vast materialistic and human loss during the era of pandemics, however recoverable by a certain span of time acts as a negligible factor to the much bigger picture, which means the loss of learning and education faced by the young minds of the country.

Analyzing the Role of Educational institutions in the COVID-19 Situation With an increasing number of states , provinces and even whole country closing institutions of learning as a response to the COVID – 19 pandemic, almost 70% of the world's students are not attending

schools and colleges. This is the demand of the situation that the educational institutes' , expertise and resources to enable stakeholders to the doors of learning open for all.

At this point of time , many resourses including courses , policy briefs ,how –to –tool kits as well as guidelines on online learning and related areas that are downloadable for use by policy makers , teachers and researchers around the globe are striving to achieve efficiency in the process of online education.

In this time of crises , online education , however presents itself as a major challengefor both the teaching staff and the students of the country to cope up with the extremist demands of the situation.

Current Situation

In one of his speeches while addressing the nation in lieu to the novel coronavirus, Prime Minister Narendra Modi signified the fact that the pandemic had effected a much larger part of the world than what the World War-2 had an access to by the means of different norms in the respective countries. However, the country has managed to recover a major proportion of its population from the same.

Pandemics as such, also provides an opportunity to the medical researchers and aspiring students in the medical sector to explore the potential of new viruses and diseases and study them thoroughly. This eventually acts as a major asset to predict the upcoming pandemics and eventually leads to enough technological advances that allows the world to cope up with the future pandemics. This pattern, however enable the world powers to nullify the increasing intensity of such pandemics with effective human administration .

According to a recent report by Hindustan times, about 27 percent of students don't have access to laptops, mobiles and other communicating devices for online classes. While 28 percent students have no access to electricity to support their online education. Putting state wise surveys in reference , according to indianexpeess.com, about half of the student population of Maharashtra have no access to online education. Hindustan Times, again convicts the fact that fifty percent students of Uttar Pradesh spread across its 75 districts have no access to education. The statistics depict the economical instabilities of the country to provide proper online learning to its students.

However , the problem does not limit itself to economic factors only. Children who have full access to online education also face inefficiency of improper network connections while pursuing online learning.

According to oneclass.com, about 75 percent of the students are dissatisfied with online learning. These may include several reasons like inability of the students to grab the concepts, inability of teachers to clear the student's doubts etc.

However, giving one's perspective a certain shift and tracking down the history of these pandemics in reference to education, we are remarked with this fact that some of the best academic theories and inventions of the world have emerged during this crisis.

For instance: during the pandemic of the Great Plague in 1665, Newton discovered one of the most appreciated concepts of science, gravity.

Explanation of the Mathematical Model

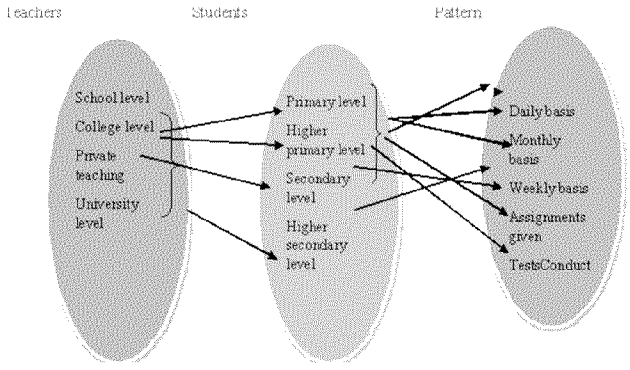
The concepts which would be used in this research paper represents the relation between two sets and statements in both graphical and systematic form. In this paper, we have initiated to explain our topic for COVID-19 using applications of Mathematical models.

Formal education, during this pandemic has been strongly effected distracting it from its ordinary mode of regularity.

This immense challenge, however at its journey to be successfully uprooted from its problems emerging new era of online learning in India's developing stages.

Question : - How we relate students,teachers and COVID – 19?

Answer:- This is quite easy with my Mathematical Model.



Set theory is the mathematical theory of well determined collections of objects that are termed as its members. Its axioms are implied in Relations and Functions which is explained here in this topic.In short,Sets relate two or more elements graphically as well as

symbolicaly.Here,elements taken are teachers,education,students and pattern of teaching & the set named COVID – 19.Graphically,all these elements are related functionally.

Covid 19 $= \{Teachers, Students, pattern\}$

Function1 : Teachers -> Students

Function 2 : Students -> Pattern

Final Model : Teachers -> pattern

Symbolically,

Studying $\leq$ Teaching ; Pattern $\leq$ Teaching ;

Thus , Teaching $\leq$ Covid 19

Example – In a survey of covid -19 total cases are 9920,in which male are 76%,female are 24% and patients above 60 is 63%.The death rate is 213 and recovery rate 106.find the number of female and male infected & number of death rates and recovery rates.

Solution :- No. of Men infected = 7387

No. of women infected = 2332

No. of death rates – 213

No. of recovery rate = 106

No. of men and women infected = n(A∩ B) = 9920 – 7387 – 2332

= 201

No. of death rate and recovery rate = n(C∩ D) = 9920 – 213 – 106

= 9601

Thus,n(A∩B∩C∩D) = 108 i.e minimum of these number is 108 which shows on an average about 2% of population daily is infected and recovered.

Conclusion

Hence, crisis as such which depict a situation od extreme crisis certainly act as a perfect timing to explore one's individualismand his/her highest possible potential. Such pandemics, when forcing isolation actually act as a chance to exceed beyond the boundaries of classrooms to attain education by attaining the infinity through one's own self.The Indian educational system is somehow coping up with the advances of pandemic making it blessing in disguise while India is in the process to become one of the world's finest powers through its continuous inovation and improvement in the sphere of technologyThe mathematical model acts as useful asset in

potraying the current situation of the country.Furthermore , it helps in prediciting the ability of the nation to perform an appreciable job in terms of online education.

References

1. www.indianexpress.com
2. www.hindustantimes.com
3. www.onlineclass..com
4. www.col.org.com
5. www.who.com
6. ncertmaths 11 class
7. WHO reports on covid
8. www.google.com
9. www.microsoftoffice.com

7. Education in India During thePandemic of Covid - 19

Dr. Seema Nahid
Assistant Professor, Dept. of UrduVasantrao Naik College of Arts and Commerce, Murud- Raigad.

Abstract

The impact of pandemic COVID-19 is observed in every sector around the world. The education sector sofIndia aswellas world arebadl yaffected by this. It has enforced the world wide lockdown creating very bad effectonthe students' life. Around 32 crorelearners stoppedto moveschools/colleges and all educational activities halted in India. The outbreak of COVID-19 has taught us that change is inevitable. It has worked as a catalyst for the educational institutions to grow and opt for platforms with technologies, which have not been used before. The education sector has been fighting to survive the crises with a different approach and digitizing the challenges to wash away the threat of the pandemic. This paper highlights some measures taken by Govt. of India to provide seamless education in the country. Both the positive and negative impacts of COVID-19 on education are discussed and some fruitful suggestions are also pointed to carry out educational activities during the pandemic situation.

Key Words: Education, COVID-19, Impact, Govt. of India.

Introduction

The pandemic Covid-19 has spread overwhole world and compelled the human society to maintain social distancing. The teachers assigned work to students via internet, delivered lectures through live video conferencing using different Apps like Zoom, Google meet, Facebook, Youtube, and Skype etc. There are WhatsApp groups of guardians, teachers, students and parents foraffective communication through which they are always in touch to share their difficulties through this e-medium. In a nation like China that practices a considerably more centralization system, a change to digital learning may be simpler. Even in a nation like the U.S.A, there are some low- pay students who don't approach broad bands and unable to use computerized learning arrangement (Study Abroad Life). The same is the situation that happens with India where not every student is well equipped with the high-speed internet and digital gadgets and are

along these lines of suffer. Numerous advanced educational institutions in India are not also equipped with digital facilities right now to cope up with sudden change from traditional education set up to the online educationsystem.

Objectives

The Present Research Paper Focused on the Following Objectives

- To enlighten various measures taken by Govt. of India for education sector during this pandemic.
- To highlight various positive impact of COVID-19 on education.
- To enlist some negative impacts of COVID-19 and to put some effective suggestions for continuing education during the pandemic situation.

Methodology

Data and information presented in current study are collected from various reports prepared by national and international agencies on COVID-19 pandemic. Information are collected from various authentic websites. Some journals and e-contents relating to impact of COVID-19 on educational system are referred.

Initiatives of Govt. of India on Education during Covid-19

To prevent spread of pandemic COVID-19, the Government of India has taken number of preventive measures. The union government declared a countrywide lock-down of all educational institutions on 16 March 2020. Central Board of Secondary Education (CBSE) postponed all examinations of secondary and higher secondary schools on March 18, 2020 throughout India. CBSE released revised guidelines for examination centres to conduct examinations by maintaining a distance of at least 1 meter between the students taking the exam with a class not having more than 24 students. If the rooms of the examination centres are small then the students should be divided into different rooms accordingly. The Union Public Service Commission (UPSC) postponed the interview fortheCivilServices Examination2019(Wikipedia). Similarly the most of the state Governments and other educational boards postponed examinations due to outbreak of COVID-19. Govt. of India has observed one day nationwide Janta-curfew on March 22 and implement lockdown from March 25, 2020 onwards in different phases. Govt. of India has been extending lockdown periods from time to time adopting different strategies to fight with the pandemic but educational institutions remained closed continuously. The lockdown 6.0 was declared on June 29, which is effective from 1st July to

31st July 2020 with some less restriction in other sectors except education. Almost all state government ministries have taken measures to ensure that the academic activities of schools and colleges do not hamper during the lockdown period. instructed the schools to hold all their classes online. The lockdown has accelerated adoption of digital technology. It has provided a chance to develop new and improved professional skills/knowledge through online learning in more efficient and productive way. Online learning is the best solution during this pandemic Covid-19 situation (Pravat, 2020b). So, the digital India vision of the government is emerging as a vital tool for solving the present crisis due to Covid-19. It is a fact that technology-based education is more transparent with all respect. Looking at this challenge of colleges and schools being shut, government of India, as well as state governments and private players have undertaken proper initiatives. The Ministry of Human Resource Development (MHRD) has made several arrangements, including online portals and educational channels through Direct to Home TV, Radios for students to continue learning. During lockdown, students are using popular social media tools like WhatsApp, Zoom, Google meet, Telegram, Youtube live, Facebook live etc. for online teaching learning system. ICT initiative of MHRD (e- Broucher-https://mhrd.gov.in/ict-initiatives) is a unique platform which combines all digital resources for online education. The digital initiatives of MHRD for secondary as well as higher education during COVID-19 are listed as below:

Secondary Education

- Diksha portal contains e-Learning content for students, teachers, and parents aligned to the curriculum, including video lessons, worksheets, textbooks and assessments. Under the guidance of its national boards of education (CBSE) and NCERT, the content has been created by more than 250 teachers who teach in multiple languages. The app is available to use offline. It has more than 80,000 e-Books for classes 1 to 12 created by CBSE, NCERT in multiple languages. The contents can also be viewed through QR codes on textbooks. The app can be downloaded from IOS and Google Play Store. Website: https://diksha.qov.in or https://seshaqun.qov.in/shaqun
- E-Pathshalais an e-Learning app by NCERT for classes 1 to 12 in multiple languages. The app houses books, videos, audio, etc. aimed at students, educators and parents in multiple languages including Hindi, Urdu, and English. In this web portal NCERT has deployed1886audios,2000videos,696e-Booksand

- 504 Flip Books for classes 1 to 12 in different languages. Mobile Apps is available. Website: http://epathshala.nic.in or http://epathshala.qov.in.
- National Repository of Open Educational Resources (NROER) portal provides a host of resources for students and teachers in multiple languages including books, interactive modules and videos including a host of STEM-based games. Content is mapped to the curriculum for classes 1-12, including aligned resources for teachers. It has a total of 14527 files including 401 collections, 2779 documents, 1345 interactive, 1664 audios, 2586 images and 6153 videos on different languages. Website: http://nroer.qov.in/welcome.

Higher Education

- Swayam is the national online education platform hosting 1900 courses covering both school (classes 9to12) and higher education (under graduate, post graduate programs) in all subjects including engineering, humanities and social sciences, law and management courses. The unique feature is that, it is integrated withthe conventional education. Credit transfers are possible for SWAYAM courses (max. 20%). Website: https://swayam.gov.in/
- Swayam Prabha has 32 DTH TV channels transmitting educational contents on 24 x 7 basis. These channels are available for viewing all across the country using DD Free Dish Set Top Box and Antenna. The channel schedule and other details are available in the portal. The channels cover both school education (classes 9 to 12) and higher education (undergraduate, postgraduate, engineering Out-of-school children, vocational courses and teacher training) in arts, science, commerce, performing arts, social sciences and humanities subjects, engineering, technology, law, medicine, agriculture.Website: https:// swayamprabha. gov.in/
- E-PG Pathshala is for postgraduate students. Postgraduate students can access this platform for e- books, online courses and study materials during this lockdown period. The importance of this platform is that students can access these facilities without having internet for the whole day. Website: https://epgp.inflibnet.ac.in/

Positive Impact of Covid – 19 on Education

Though the outbreak of COVID-19 has created many negative impacts on education, educational institutions of India have accepted the challenges and trying their best to provide seamless support services to the students during the pandemic. Indian education system got the opportunity for transformation from traditional system to a new era. The following points may be considered as the positiveimpacts.

- Move towards Blended Learning: COVID-19 has accelerated adoption of digital technologies to deliver education. Educational institutions moved towards blended mode of learning. It encouraged all teachers and students to become more technology savvy.
- Rise in use of Learning Management Systems: Use of learning management systems by educational institutions became a great demand.
- Enhance the use of soft copy of learning material: In lockdown situation students were not able to collect the hard copies of study materials and hence most ofthe students used of soft copies materials forreference.
- Improvement in collaborative work- There is a new opportunity where collaborative teaching and learning can take on new forms. Collaborations can also happen among faculty/teachers across the world to benefit from each other (Misra, 2020).
- Rise in online meetings- The pandemic has created a massive rise in teleconferencing, virtual meetings, webinars and e-conferencingopportunities
- Enhanced Digital Literacy: The pandemic situation induced people to learn and use digital technology and resulted in increasing the digitalliteracy.

Negative Impact of Covid – 19 on Education

Education sector has suffered a lot due to the outbreak of COVID-19. It has created many negative impacts on education and some of them are as pointed below:

- Educational activity hampered: Classes have been suspended and exams at different levels postponed. Different boards have already postponed the annual examinations and entrance tests. Admission process got delayed. Due to continuity in lockdown, student suffered a loss of nearly 3 months of the full academic year of 2020-21 which is going to further deteriorate the situation of continuity in education and the as students would face much difficulty in resuming schooling again after a hugegap.

- Impact on employment: Most of the recruitment got postponed due to COVID-19 Placements for students may also be affected with companies delaying the on board of students. Unemployment rate is expected to be increased due to this pandemic.
- Unprepared teachers/students for online education- Not all teachers/students are good at it or at least not all of them were ready for this sudden transition from face to face learning to online learning. Most of the teachers are just conducting lectures on video platforms such as Zoom, Google meet etc. which may not be real online learning without any dedicated online learningplatform
- Reduced global employment opportunity- Some may lose their jobs from other countries and the pass out students may not get their job outside India due to restrictions caused by COVID-19. Many Indians might have returned home after losing their jobs overseas due to COVID-19.
- Access to digital world: As many students have limited or no internet access and many students may not be able to afford computer, laptop or supporting mobile phones in their homes, online teaching-learning may create a digital divide among students.

Suggestions

- India should develop creative strategies to ensure that all children must have sustainable access to learning during pandemic COVID-19. The Indian policies must include various individuals from diverse backgrounds including remote regions, marginalized and minority groups for effectivedelivery.
- Immediate measures are required to lessen the effects of the pandemic on job offers, internship programs, and researchprojects.
- Many online learning platforms offer multiple programmes on the same subjects with different levels of certifications, methodology and assessment parameters. So, the quality of programmes may differ across different online learning platforms. Therefore, establishment of quality assurance mechanisms and quality benchmark for online learning programmes must be developed and offered by Higher Education Institutions (HEIs) in India keeping in view of rapid growth of the online learning platforms.

Conclusions

COVID-19 has impacted immensely to the education sector of India. Though it has created many challenges, various opportunities are also evolved. The Indian Govt. and different stakeholders of education have explored the possibility of Open and Distance learning (ODL) by adopting different digital technologies to cope up with the present crisis of COVID-19. India is not fully equipped to make education reach all corners of the nation via digital platforms. The students who aren't privileged like the others will suffer due to the present choice of digital platforms. But universities and the government of India are relentlessly trying to come up with a solution to resolve this problem. The priority should be to utilise digital technology to create an advantageous position for millions of young students in India. It is need of the hour for the educational institutions to strengthen their knowledge and Information Technology infrastructure to be ready for facing COVID-19 likesituations.

References

- UNESCO. COVID-19 Educational Disruption and Response.Retrieved on
- WHO. WHO Coronavirus Disease (COVID-19) Dashboard. Retrieved on May 20, 2020 from https://covid19.who.int/Wikipedia.
- Covid-19 Pandemic in India. Retrieved on https:// en.wikipedia .org /wiki/Education_in_IndiaPravatKu.Jena2020a.
- Challengesand Opportunities createdby Covid-19 for ODL:A case studyofI GNOU. International Journal for Innovative Researchin Multidisciplinary Filed, Volume-6, Issue- 5,Pg.217-222.Study Abroad Life (2020). How Covid-19 will affect the Indian education system. Retrieved on May25,2020
- Misra Kamlesh 2020. Covid-19: 4 negative impacts and 4 opportunities created for education. Retrieved on May 25, 2020 from https://www. indiatoday/education-today/featurephilia/ story/covid-19-4-negative-impacts-and-4-opportunities-created-for-education-1677206-2020-05-12

8. Indian Health Services & COVID - 19 Situation

Dr. Murlidhar Pandit Gaikwad
Associate Professor, HOD of Business Economics, KUMM'S Vasantrao Naik College of Arts & Commerce, Murud – Janjira, District - Raigad (MS).

According to the World Health Organization, a person's physical, mental and social well-being and the absence of any disorder in the bodyPublic health has a positive impact on the progress of the nation. Health plays an important role not only in the nation but also in personal and social progress. That is why health is an important part of the human development index. The main reason for the difference in human index between developed and developing nations is the difference in educational and health status between these nations.

If the health of the people of the country is to be maintained, good health habits have to be inculcated from childhood.Similarly, regular health check-ups can help control diseases in a timely manner.

The Importance of Health in Economic Development

The development of any economy depends on the health of the people. If the health of the people of the country is healthy, they can work more efficiently, so productivity increases, their personal income and national product and alternatively national income increase.

Due to this increased income, the individual can spend more on family and social education, living standard, nutritious food, good medical facilities and more.

Good health brings about a positive change in a person's academic progress, the effect of which is seen on the return of income to the farm. This cycle continues and the nation develops.That is why there is a positive correlation between health and economic development.

Provisions and Plans for the Health Sector

In the Union Budget, Rs 69,000 crore has been allocated for the health sector. In the budget of 2019-20, this provision was Rs 62,659 crore.The growth in the budget for 2021-21 is 10 per cent. In view of the rate of inflation, the growth is insufficient. Only 2 per cent of the GDP is allocated.Funding for old health schemes and some new schemes, resolutions have been made in this budget in the last twenty-five years, we have become polio-free. But in the last few years, the number of TB patients has increased. The disease has not been overcome

yet.Tuberculosis kills 4 lakh 48 thousand Indians every year. More than 1400 people die every day.

The budget says the government is working to eradicate the disease by 2015. The campaign will be run under the name "T.B.Harega ,Bharat Jitega".This will benefit the poor. The government's emphasis on meeting the health needs of the common man is reflected in the various schemes announced in the budget.The Prime Minister has allocated Rs 64,00 crore for the Public Health Scheme, which currently has more than 20,000 hospitals.It has been announced that the beneficiaries of "Ayushyaman Bharat Yojana" will be treated there. Second And third-tier cities that do not include hospitals on the lifetime list will be included.

The scope of the "Mission Indradhanushya" scheme has been expanded to include 12 new diseases and five new vaccinations.In this budget, the government has decided to set up "Jana AushadhiKendras" in every district of the country by 2024 with the objective of providing medicines to the general public at affordable rates.The government has promised that 2,000 medicines and 3,000 surgeries will be available at the centre.The tax money received through medical equipment will be used for the construction of hospitals. This will help in increasing the number of hospitals.This will help in proper utilization of tax money. Therefore, efforts have been made to strengthen the health sector.Sanitation is the cause of many diseases in India. Therefore, Rs. 12,300 crore has been allocated for "Swachh Bharat Abhiyan" to eradicate unsanitary conditions. Swachh Bharat Mohim is an ambitious plan.For this, Rs 19,427 crore was provided in 2018-19 and Rs 12,644 crore in 2019-20.Compared to the previous two years, this year's budget provision seems to have been slightly reduced.Emphasis has been laid on effective implementation of the scheme in rural and urban areas. The government will continue its efforts to discourage the public from using open defecation.This was mentioned by the Finance Minister in his budget speech.

In 5 lakh 66 thousand 248 villages in the country, the Center has already declared that 94.5 per cent open defecation is not being done but the management needs to be re-examined.The focus will be on waste management and water recycling in rural areas. It will use new technology so that no one has to go down to the actual drainage for drainage cleaning.The Finance Minister expressed his determination to bring state-of-the-art technology for energy generation from waste. The management of plastic waste and the management of contaminated

water is a major challenge facing the government.A provision of Rs 3.06 crore has been made for providing clean water through taps.

Government Health Policies

The responsibility for the health of the citizens lies with the state government rather than the central government but the role of the central government is very important. Since India's independence, both governments have not spent as much as expected on the health sector.Pakistan, Bangladesh, Bhutan are currently spending more than India in terms of their budgets.After globalization, the government started privatizing 1-1 units in the health sector by reducing direct participation. The work of making medicines, implementing national health programs, staffing the hospital or manufacturing essential items was being done by the government department.

Now these 1-1 works are being handed over to a private company. Many of the schemes run by the health department do not reach the masses and even if they do, the expected results are not seen.India ranks second in the world in health tourism.Government policies are doing a lot to help corporate hospitals. Where it is out of reach for the common man to receive treatment. MD, MS doctors serve patients at a lower cost than corporate hospitals. It is also classifying them in the category of corporate hospitals with very strict rules and regulations.

Human Development through Health

Healthy workers are considered to be program workers. A 1993 World Bank report explained that health contributes to economic growth as follows.

1. Healthy workers increase productivity.
2. If diseases are controlled, workers are healthy, then natural resources that are not used can be used and this will increase the country's production and national income.
3. If the children are healthy then the number of students enrolled in the school and attending regular classes increases so the literacy rate increases and the country can get better future citizens.
4. Financial instruments can be used for productive work.

The Success of Health Programs in India

1. Increase in Health Infrastructure: The number of public health centres in India increased from 24,000 in 1991 to 25,650 on March 31, 2017.

2. Disease control: Control of diseases like malaria, cholera and TB has been established. The number of malaria cases has dropped from 6.4 million in 1976 to 1.2 million in 2006.
3. Decrease in mortality rate: With the increase in healthcare, control has been established for epidemic diseases like plague, cholera, chicken pox and measles. Therefore, the mortality rate in India, which was 25 per thousand people in 1951, has come down to 7.3 per thousand people in 2017.
4. Increase in average life expectancy: The average life expectancy of people in a country is an important indicator of human development. Life expectancy in India has increased from 32.9 years in 1951 to 67 years in 2011.

Current State of Health Sector in India

We must first understand the state of the health sector in India. Today, there are 136 crore people in the country, so it is the responsibility of the country's health sector to take care of the health of all these people. The country's birth rate has dropped from 9.5% in 1991 to the current 2%.Mortality, meanwhile, has slowed to 0.6 per cent from 0.9 per cent during the same period. However, the fertility rate has been reduced from 3.6 per cent to 2.2 per cent.

The Corona epidemic has plagued India, including the world. We had never experienced such a crisis before. The problem is that there is no vaccine or medicine available for the disease and it is becoming increasingly difficult to control.Even though measures like lockdown and safe distance have been adopted, it does not seem to be very effective and useful. On the other hand, the closure of all production processes and many economic transactions has had a devastating effect on economic growth and on the Indian system.

As many as 33,10,235 patients were found in India till August 26, 2020and the number is increasing. This shows the severity, extent and internal stress of the disease on the health sector in the country.The lockdown was implemented until 31 May 2020 in a total of three phases to control corona spread and infection.The economic growth rate is being adversely affected as the country's industries, services and agriculture and ancillary sectors are closed.

The IMF has forecast a growth rate of 1.9 per cent by 2020. In the year 2021, it is projected to decrease by 0.2 percent in the next.As a result, employment in the country has declined and the unemployment rate has risen sharply from 7.8% in February 2020 to 23.5% in

April and 25% in May. More than 40 crore in the country i.e. 90% of the workers in the informal sector are unemployed and the time of famine has come.

The Central and State Governments together spend 1.6 per cent of GDP on health in 2019-20.It's too low. It is imperative to increase it on a large scale and it needs the participation of local governments.This cost must be increased to at least 10%.

Conclusion

Corona's crisis is incomprehensible to all of us. For the last five-six months, we have all been facing this crisis and fighting it together. We all face the challenge of preventing the spread of the corona virus, reducing its mortality, preventing it, as well as working on a master plan to provide adequate assistance to the working class, as well as to create adequate employment opportunities.

After the lockdown of the last three months, efforts are being made to gradually restore public life with new rules and challenges through blogs. The consolidated situation in the last three months has been a major blow to the global economy. The central government has announced a package of Rs 20 lakh crore, or 10 per cent of the gross national product, to recover from the shock.

Help in providing an independent funding for the development of the health sector and the use of corporate social responsibility to modernize health care institutions and equipment, reduce rural and urban inequalities, and provide free health care to private and cooperative health institutions for the country's poor.

References

1. www.indiabudget.gov.in
2. Economics Survey of India 2019-20
3. Business Economics - Shethprakashan, Mumbai.
4. Globalization and India –ChinmayPrakashan,Aurangabad.
5. Arthsanvad – various issue.

9. Role of Robin Hood Army during COVID - 19 : A Case Study

Dr.Lavina Singh
Visiting Faculty, School of Social Sciences, DAVV, Indore.
Dr. Sarika Dixit
Visiting Faculty, School of Social Sciences, DAVV, Indore.
Prof. Rekha Acharya
Head, School of Social Sciences, DAVV, Indore.

Abstract

The COVID-19 declared as pandemic by WHO originated from China. India is third among highest cases in world after USA and Brazil. In India, Prime Minister Mr. Narendra Modi announced complete lockdown on March 24, 2020 in whole country in order to slow down the spread of virus. But this decision adversely affected the various section of society especially daily wagers and other poor people. In that situation many NGOs and NPOs came forward to help every citizen in need. Robin Hood Army is one of them. The present paper discussed about the various initiatives taken by Robin Hood Army during COVID-19, the various challenges faced and strategies to overcome the challenges. The study considers all the initiatives by Robin Hood Army across India but the special focus is on Indore, M.P. The data has been collected from various sites and facebook page and unstructured interview of founder member of Indore.

Key Words: COVID-19, Robin Hood Army, NGO

Introduction

The COVID-19 is a pandemic which caused due to corona virus (severe acute respiratory syndrome corona virus 2-SARS-CoV-2). This originates from China in October 2019 and the first case in India was reported on January 30,2020. India has the third highest number of confirmed cases in world after USA and Brazil and first in Asia. The total cases in India are now 30,05281, up by 29,580 since the last update on August 21,2020.

On March 22, 2020 Prime Minister Narendra Modi announcedJanta Curfew for one day and after that on March 24,2020 announced 21-day complete lockdown to slow down the spread of virus. Every state, every district, every village was under lockdown. Although United Nations

and World Health Organization praised this step and termed as aggressive but vital step to prevent the spread and to build necessary health infrastructure. But this decision affected adversely to various sections of society especially poor people.

In present situation where the lockdown adversely affected each section of society, the role of NGOs and NPOs were huge to help each and everyone. Definition of NGO given in Investopedia "A non-governmental organization (NGO) is a non-profit, citizen-based group that functions independently of government. NGOs, sometimes called civil societies, are organized on community, national and international levels to serve specific social or political purposes, and are cooperative, rather than commercial, in nature.

An NGO, a non-governmental organisation, established to work for public and social welfare. Such organisation is not affiliated with any government. They include relief agencies, charities and community organisations, tackle countless challenges related to the environment, education, health, poverty, women empowerment, child protection, social justice, human rights, relief work and much more. These agencies worked at a micro-level with limited resources (Hafeez,2020).

Today, there are over 3 million NGOs working in a variety of fields ranging from disaster relief to advocacy for marginalised sections and play an important role in bringing social transformation.

Many students, daily wagers stuck in other cities. No food to eat and no money to earn made them to move to their villages and home. The major challenge came when daily wagers started returning home by walking as no transportation available.

Considering the situation, Indian government appealed to nearly 92,000 NGOs for assistance in identifying the Coronavirus hotspots and providing critical services to vulnerable groups of people including the elderly and children, persons with disabilities, transgender persons, the homeless, daily wage workers, migrant workers and urban poor families.

Robin Hood Army

The Robin Hood Army is a volunteer-based Zero funds organisation that works to get surplus food from restaurants to the less fortunate sections of society. It works across India and 11 other countries. The organisation consists of over 58400 volunteers (approximately) which called themselves as Robins, in 182 cities, and have served food to over 59.9 million people so

far. The robins are mostly students and young working professionals who volunteer in their free time.

The Robin Hood Army was founded by Neel Ghose and Anand Sinha. The food distributed to the needy is sourced from restaurants, which regularly provide surplus or freshly cooked food on a goodwill basis. The Robin Hood Army believes it is just 1% done in its war against hunger and plans to grow its presence worldwide in the next few years.

Functions and Objectives of Robin Hood Army

The organisation functions on and propagates the basic ideology of self-sustained communities across the city i.e. each locality/community within the city will contribute towards providing food to the needy through its local volunteers and restaurants. The organization does not accept any monetary donations. The vision of Robin Hood Army is to beat the global hunger and to bring out the best of humanity using food as a medium.

The Culture of the Organization is

Citizen First----------Mission next----------Robin last

It is a decentralized organization which empowers its volunteers. The work values are empathy, team spirit i.e. one team. It is completely apolitical and doesn't discriminate on the basis of religion.

The Robins wear green T shirt and works to

1. Spread awareness through social media
2. Tie ups with restaurants to provide food
3. Introduce new volunteers on a regular basis

Although food is the main area of concern, RHA takes up other initiative from time to time like donation of clothes, crowd sourcing school bags, building new toilets, renovating old one, building class room under bridge through waste material etc.

Robin Hood Academy: In July 2016, the Robin Hood Academy was started with the purpose to bridge the gap between streets and school.The main objective was giving access to basic values and primary education and to empower students by developing their inclination towards learning. The Robin Hood Academy has empowered 7328+ street children with basic primary education as on 22 Aug. 20. The Robins conduct regular classes and excursions with a standardized curriculum to introduce and drive the spirit of learning.The work value follow by Robin Hood Academy are Equal Opportunity and Equal Respect.

Working of Organization

There is Chapter wise Point of contact in Robin Hood Army and the Volunteers (Robins). Robins typically watch for restaurants, marriage functions and persuade them to donate surplus food, and identify groups of people to distribute the food to. Each chapter runs regular food drives and is effectively self-managed in its efforts, but connected through a WhatsApp group to the overall RHA network.

There are 155 chapters till January 2020 and each has a POC (point of contact), who is chosen either because he/she took initiative in setting up the chapter, people who are most active or chosen by chapter members. The POC is not a leadership position like in a corporate structure, it's more from an accountability point of view.

The RBA have a team that monitors the social media posts of all the RHA chapters and as everybody has a sense of ownership with their chapter, it makes them accountable.

RBAhave the leader board, where they managed to gamify whatever they are doing. So, itpublishes how many people a city has served in a particular week. It inculcates a lot of positive competition among the different chapters.This has helped to enhance creativity in doing(As shared by Mr. Sanchit Jain in an interview by Mint).

Role of Robin Hood Army in COVID -19

Like other NGOs and NPOs Robin Hood Army has also worked tirelessly during this pandemic. Following are the initiatives taken up by Robin Hood Army:

1. Senior Patrol

Under this PAN India initiative Robin Hood Army tried to help and support those elders/senior citizens, who lived alone or separate from family. Robins created a link and communicated through various social media platforms and news channels and provided their helping hands to elder people for ration/medicines/ other requirements. Approximately 2000 elder people get benefited by this initiative in India and approx. 30 people in M.P.

2. Mission 30M

This was the mega drive of Robin Hood Army which they ran in 8countries and 160 cities.

The purpose of this relief effort was to provide food to 30 million people from urban and rural areas during this pandemic. The volunteers did this in their free time by following all the rules and guidelines of social distancing. Many news channels and social media platforms came

forward to support this drive through communicating to all. For ex. ABP news, Filter Coffee, TTL etc platforms supported this drive. Many celebrities like Bhumi Pendnekar helped the people with the support of RHA. Amit Tondon, Rohit Roy and many more supported this noble cause.

The time period for this drive was July 1,2020-august 15, 2020. During this duration Robin Hood Army served approximately 23.2 Million people. In case of M.P. approximately 5.5 Lacs people get benefited.

Few of the partners for this mission 30 M were corporates like Wipro, Parle, Reliance, Nestle, Unilever, Lotte, Godrej, Dabur, Shell, Reckitt Benckiser, Nando's, Oracle, Ola, Uber, ABP News, Filter Coffee, youtubers, PM Relocations etc.

3. God for Migrant Workers

As we all know after lockdown many daily wagers/labours migrated to their actual places through whatever transport they got or even by walking bare foot on roads to reach the destination. Robins helped them as "Masiha" for these migrant workers. In various cities like Chennai, Delhi, Indore etc. RBH conducted this drive.

In Indore Robin Hood Army collaborated with Chabra Group and arranged Breakfast, Lunch and Dinner for migrant workers. Robins were present at highway to provide meals and run the drive for whole day. For each breakfast, lunch and dinner they divided 3 slot for 3-4 hour each.

4. Ration Kits

The RBH distributed ration kits also to needy people. All over India they got tie up with Reliance Foundation and distributed 3 cr. Kits and in Indore they distributed 1300 kits with the help of Reliance Foundation.

Apart from that various caterers, Hoteliers and restaurants collaborated with RBH and donated ration kits. Individual donors also helped.

5. Fresh Cooked Food

The Police, Doctors and Community Helpers worked as Corona Warriors. Robin Hood Army also took care of few of these. They initiated this drive and provided fresh cooked food packets to police thanas daily.

Under this drive at Indore they delivered 70-80 packets daily in two Thanas during lockdown.

One drive RHA did for Municipal Workers and distributed Mask and refreshment to them during lockdown.

6. Mission Heart

The purpose of this drive was to honour the national superheroes i.e. community cleaners. It was carried out by little academy heroes who were part of Robin Hood Academy and they together with Robins honoured the unsung heroes i.e. Community cleaners. Under this care-packages have been distributed which contains:

- Ration- for their families
- Friendship band- for unbreakable bonds
- Masks- for taking care of themselves while they look after our cleanliness.
- A personalized Thank you note- for expressing gratitude in over 10 regional languages.

Challenges faced by Robin Hood Army

1. The very first challenge RHA faced how to arrange food as due to lockdown all hotels, restaurants, caterers and marriages closed down and all of them were backbone of robin hood army.
2. The second challenge was most of the volunteers were not able to come out of the house to support the drive.
3. Permission from government officials were not granted to do social service during lockdown.

Strategies to overcome the challenges

1. They took first phase of lockdown i.e. first week as preparation phase. The Robins contacted old donors and requested to support. First time they decided to donate ration kits also.
2. In order to bring back volunteers they prepared videos and posted in social media platform and what's app and made certain rules and guidelines to follow. These were:
    - Permission from family
    - Volunteer should be young and if stays with family then no family member should be above 50 years.
    - There should be no medical illness and comorbidity to elders.
    - Wearing mask and gloves at every stage
    - Sanitize thoroughly before and after drive

- Even if they are 1% unwell, they will not move out of house.
- Follow all guidelines provided by local government including social distancing guidelines.

The volunteers had to fill the consent form for the same.

3. The Robin Hood Army was in continuous touch with local government officials in order to seek permission and tried to help even police department also by providing fresh food packets during lockdown.

Strategy for Indore

Apart from all above-mentioned strategies, the cofounder of Robin Hood Army in Indore, Bhopal and Dewas, **Mr. Amit Trivedi,** divided Indore in two parts and tried to divide the work.

Initially he had 2 volunteers later on increased upto 10 during lockdown.

They used empty home and godown of two volunteers as collection and packaging center.

Those volunteers who could not able to move out of house, have been given the task of managing all the databases and lists through online and supported in the initiatives taken during lockdown.

Although it is a non profit organization with no hierarchy, then too the management is very effective. Like different lists and teams have been prepared a) list of old donors b)data management sheet c) list of recipients for calling d) Pick up list e) Non pick up list f) Those recipient who didn't picked up the call there was different list etc.

Maintained proper details of food distribution including name, address, profession, number of family members etc in order to keep check on non- repetition and actual citizen in need.

Conclusion

Robin Hood Army took so many initiatives to help every citizen in need during COVID-19 and still working. Mission 30 million, Mission heart, Masiha for Migrant workers, Online teaching to slum area children, Distribution of dry ration kits etc. The organization also faced many challenges and strategically get rid of them all. The strengths of RBH was its networking through social media platforms, collaboration with many corporates and media partnership with news channels and newspapers. The organization converted challenge into opportunity and volunteers who could not step out from home used all technology and social media and did all

supporting jobs. With zero fund, no office space and no formal organization structure, Robin Hood Army sets an example for other people.

References

- Freedom to work has its benefits: Sanchit Jain accessed from https:// www.livemint.com/mint-lounge/business-of-life/freedom-to-work-has-its-benefits-sanchit-jain-11578497105008. html Accessed on August 19,2020
- Gettleman J.; Schultz K.(2020): India Locks Down 1.3 Billion People for 3 Weeks on March 25,2020 accessed online from https://www.nytimes.com/2020/03/24/world /asia/india-coronavirus-lockdown.html dated August 15,2020.
- Hafeez S.(2020). NGOs and their role in COVID-19 Crisis , June 11, 2020 accessed from https://blog.giveindia.org/ngos-in-india/ngos-and-their-critical-role-in-the-covid-19-crisis/ on dated August 15,2020.
- https://en.wikipedia.org/wiki/COVID-19_pandemic_in_India Accessed on August 15,2020
- https://en.wikipedia.org/wiki/Robin_Hood_Army Accessed on August 19,2020
- https://robinhoodarmy.com/ accessed on August 18,2020
- https://www.facebook.com/robinhoodarmy/ accessed on August 21, 2020
- https://www.investopedia.com/ask/answers/13/what-is-non-government-organization.asp accessed on August 17,2020

10. The Role of Alibag Police Department in Handling the Covid-19 Pandemic Crisis

Mr.Ravindra Yashwant Patil
Mr. Nitish Sanjay Agarwal
Chemistry Department, PPES ACS College Veshvi, Alibag.

Abstract

The impact of Covid-19 on lives of people worldwide studied at Social, Economic, Health related & Fatality level is now being studied everywhere. Though in last few weeks Government discussed & deployed plan of action to prevent the effect of this pandemic in our country; Doctors, Nurses, Police, NDRF, Researchers, are the real Corona Warriors. Their substantial Efforts are the reason of less mortality rate in India.

This study is an attempt to highlight such Sterling efforts of Alibag Police Department in controlling Covid-19 wide spread in Alibag Taluka.

Key Words :-Covid-19,Corona Warriors,effect, efforts, pandemic,Alibag Police Department

Introduction

AlibagTaluka is the headquarter of Raigad District in Maharashtra. Steeped in Colonial history, it is a coastal town, famous for its numerous sandy beaches, forts & temples& has earned the name 'Mini Goa' owing to the high tourist footfall all year round (1). The taluka has a total population of 236,167 as per 2011 census out of which nearly 20 percent reside in Alibag city area (2). Being part of Mumbai Metropolitan, it is situated only 96 kms from Mumbai, and 136 kms from Pune, the two majorly affected by Covid 19 pandemic cities in state of Maharashtra.

As per todays press report released by Tahasil office (19 Aug 2020) there are 1556 Covid infected patients in Taluka out of which 1246 patients got discharged and 45 are deceased. Doctors,Nursing and supporting staff from Civil hospital Raigad taking enormous efforts in controlling the situation like other police and special task forces all over Country. The AlibagPolice department had also played pivotal role in preventing the widespread to pandemic in Alibag region.

The following data is obtained from Press reports and Police records. This data is an overview of their exemplary and exhaustive work during this crisis.As soon as 1st lockdown was declared on 24thMarch the following procedures were followedthroughout the taluka.

1. Set up of new checkposts

Apart from Pezari&Revdandacheckposts, 6 new checkposts were mounted within few hours of declaration of lockdown. The new checkposts were at Gondhalpada,Varsoli Naka,Alibag bus Depo,Thikrul Naka , Kurul by pass and Vave (Roha Road).

Each checkpost had staff of 8 police + 2 Home Guard posted, out of which 2 Police were traffic Police inspector, 3 male constables and 2 lady constable and 1 senior officer incharge. A total 160 personnel at 8 check post were posted having 12 hrs duty throughout Taluka ensuring complete lockdown in the region.

2. PCR Vans

6 PCR (Police Control Room)Vans containing 5 Police personnel each were continuously running in the whole region day and night to monitor inside and outsideTaluka travel of people during lockdown. DYSP Mrs Sonali Kadam herself travelled and monitored the activities in whole Taluka daily.

3. Damini Pathak

Like PCR vans,Damini Pathak (Squad)is an immediate response Two-wheeler motorcycle roaming Squad specially focused on safety of women & Children. TwoDamani Pathak having Two women police personnel each rode continuouslywhole day to monitor lockdown environment.

4. Beat marshal

Beat marshal are two-wheeler response squads rode by policemen.Two beat marshal vehicles with Two police personnel were continuously roaming and keeping track of activities happening in the region.

5. Ensuring Essential services

The AlibagPolice kept eye on the regional activities of people during lockdown as per State Government guidelines.

Amidst the chaos and daily changing guidelines during this crisis they successfully administered discipline in the region and prohibited unwanted travel of people, social gathering, hotels, bars, and liquor services.

Still the police department itself took initiative to monitor the supply of essential services like Food, Ration, Groceries, Kirana,Milk and Dairy product, Vegetables etc.

SpecialE-passes were given to vendors supplying above mentioned goods.

The Police themselves issued E-pass to everyone after verifying his/her documents clearly.

More than 11000/- E-passes were issued from RaigadPolice online portal and https:/ /covid19.mhpolice.in

6. When Warriors Get Infected….

Apart from above mentioned preventive measures thousands of Policemen were posted at Civil Hospital, District SportsComplex,Quarantine Centres near Civil Hospital, JijamataHospital etc.Eventually some of these brave heroes got infected with Covid 19. Even their family members got infected as well.

Due to efforts of S.P.Anil Parskar sir "first Covid testing centre for police personnel in Raigad district" was set up at AlibagPolice ground.

As on date 249 police heroes got infected with corona, out of which 166 got recovered and 81 are still taking treatment.Two heroes are deceased.

7. Major Problems faced by them

Many a times it was observed that people were reluctant to remain at home and had arguments with Police at various places.

Infected and quarantined people used to roam freely everywhere .

The Taluka was hit by NISARGA CYCLONE on 3 June 2020 date which lead to a massive destruction of AlibagTaluka.

It became nearly impossible to deal with such situation as lockdown was now followed by houses destruction, Power cut off in the whole region, roads blocked due to tree fall etc.

Still Police department with the help of SDRF and civilian support managed to curb the situation and also maintained discipline in the quarantined centres.

Counclusion

The articles is an attempt to mentione some sterling efforts of AlibagPolice Department to curbwith the ongoing situation. Similar or greater preventive measures undertaken can be observed in otherTalukas and Districts.

Theless number of patients in Alibag, although nearer to Mumbai,Panvel,Pune which are majorly affected areas, shows that the Alibag Police Department had leftno stonesunturned.We salute to their Comprehensive and Disciplined efforts during this Covid-19 pandemic crises.

References

1. www.zpraigad.maharashtra.gov.in
2. www.villageinfo.in
3. www.raigadpolice.gov.in
4. www.raigad.gov.in
5. www.hoildify.com
6. www.goibibo.com
7. www.censusindia.gov.in
8. www.who.org
9. www.alibagtourism.com
10. www.wikipedia.com
11. www.saamna.com
12. www.sakal.in
13. www.loksatta.com
14. www.covid19world.org
15. www.covid19.india
16. www.covid19.mhpolice.in
17. www.krushival.in
18. www.justdail.com
19. www.timesofindia.com
20. www.raigadtimes.co.in
21. www.pudhari.com
22. www.worldhealth.net

11. Work of Non-governmental Organizations in India to Fight COVID-19

Dr. Madhukar Ramchandra Vedpathak
Associate Professor in Economics, Vasantrao Naik College of Arts and Commerce, Murud-Janjira, Dist. Raigad.

Abstract

NGOs have played a vital role in helping millions of needy peoples in India and elevating the socio-economic status within the nation. Government programmes alone cannot solve countless problems. At the grassroots level is needed to help up underprivileged and deprived individuals in life. In the crucial period government apple to NGOs for their valuable help. In the COVID-19 situation numbers of NGOs come forward to provide help through different ways to the deprived section of society. The objective of this paper is to study the work done by NGOs during COVOD-19 pandemic. For this paper explanatory method has been applied by using secondary sources from published and electronic data on the internet. The scope of this paper is the general study of the work of some NGOs at a representative basis in India to fight COVID-19 Pandemic. In the background of socio-economic emergencies, non-governmental organizations have proved their basic role in supporting vulnerable categories within communities. NGOs play an important role in the lives of helpless individuals in India through their projects in CORONA-19 period.

Keywords: NGOs, Corona virus, Government, Social.

1. Introduction

Non-governmental organizations / Non Profit Organizations are administrative bodies that are formed by the citizens of the country. It operates without profit expectations. An enthusiastic person comes together and tries to solve the problems of the citizens to the best of his ability. These organizations act as motivators and partners in implementing development initiatives, providing specialized services. It helps to bring about developmental change in society, provide service or participate in special projects and carry out activities. They undertake various demonstrations and events on the strength of the financial support it receives. NGOs are

funded by private donations, government contributions and members; they have a large budget and operate non-profit.

2. Objectives

The objective of this paper is to study the work done by non-governmental organizations during COVID-19 pandemic period.

3. Research Methods

A secondary source has been used for the presented research, which has been published and the websites have been adopted. The scope of this paper is the general study of the work of some NGOs at a representative basis in India to fight COVID-19 Pandemic.

4. NGOs in India

NGOs around the world are actively involved in fighting various social issues including the environment, education, health, women empowerment, social justice, human rights, relief work, and many more. They are working independently or in partnership with national or international organizations in collaboration with the central government. Such institutions are established at the local state, national and international levels. In 2009, there were nearly two million service organizations in India. In a situation where India is fighting Covid19 today, these NGOs across the country are trying to improve the quality of life of many people. The Government of India has appealed to about 92,000 NGOs to provide services to the poor. The Government of India and the State Government are gradually removing the lockdown situation in the country step by step. As a result, the work of NGOs has increased in the face of an increasing number of patients and deaths. NGOs worked 24, hours a day to reach the needy, provided food to them and provided online health care.

5. Role of NGOs in Covid19

During such a crisis, various NGOs across the country came forward to help.

5.1. Help Daily Wage Earners hit by Corona virus: Louis Miranda, chairman of the Board of Trustees at CORO, founded the non-governmental organization in Mumbai more than 30 years ago. The organization launched a campaign to distribute food packages, masks, sanitizer and soap to workers in industries closed due to lockdown. The organization rose more than Rs 17 lakhs

5.2. Feed the Daily Wager by Zomato Feeding India: Zomato Company started the campaign on a non-profit basis. 'Feed the Daily Wager' project provided kit per family,

containing a combination of food grains and pulses — wheat flour, rice, and pulses to nearly 250,000 families in 26 cities in India.

5.3. Support the Daily Wage Earner: Inspired by Riddhi Shah, a citizen of Mumbai, the fund was used to distribute masks, sanitizers, hand washing liquid and soaps.

5.4. Help the Trans community in their fight against Corona: Kanaga took the initiative to help India's most neglected Trans community, mostly unorganized sector workers, and the unemployed. The money raised through this fundraiser will offer assistance give fundamentals such as oil, salt, drinking water, covers, fundamental medical supplies and sterilizer to 100 transgender people in Chennai.

5.5. Fight against Corona virus: Pranyas Development Foundation, a non-governmental organization, went door-to-door in slums and villages to raise awareness among families about the corona virus.

5.6. Help us provide Habitat Hygiene Kits to the underprivileged to fight against COVID-19: Habitat for Humanity India, which distributes, 'Habitat Hygiene Kit' to households across the country on the advice of the District Collector, participates in the work of the State Government.

5.7. Safa: To reduce the adverse impact on the lives of migrants, the organization distributed items in Hyderabad, north Karnataka, Bengaluru and Chennai for daily wage earners and single mothers.

5.8. Citizens for Justice and Peace: This organization runs by Padma Shri Teesta Setalvad. Iyer's organization collaborated with Citizens for Equity and Peace, for supply nutrition to more than 200 sex workers in Kamathipura.

5.9. Zomato Feeding India: The organization disseminates social distance guidelines on a non-profit basis in partnership with the Center for Education and Health Research Organization in Delhi and other NGOs in Gurugram.

5.10. Kashtakari Panchayat: This organization in Pune helped 7,000 workers in Pune and Pimpri-Chinchwad. The stores will be utilized to supply security units, comprising gloves, covers, cleaners, and sanitizers, and a month's supply of basics, like grains, beats, oil, sugar, and tea.

5.11. Robin Hood Army: The organization supplied all the necessary food and medicine to the senior citizens live away from the family living alone by filling up an online form.

5.12. Goonj: The organization works for the long-term rehabilitation of workers working on daily wages, and unexpectedly unemployed for an unexpected period due to an epidemic. Under the 'Rahat program', the organization provided food and essential kits to the needy. Donations were also given on the occasion.

5.13. Akshay Patra Foundation: Akshay Patra Foundation supported the government's efforts by providing food, aid to various places across the country. As a partner, the government's mid-day meal program was implemented to provide quality food to the children. Right now, the Establishment is based in Rajasthan, Karnataka, Telangana, Gujarat, Maharashtra, NCR etc. Nutrition gift packs were distributed to as many people as possible in Bangalore and other places. This included rice flour, tur dal, green lentils, green lentils, gram, sunflower oil, turmeric cumin seeds, coriander powder, sambar masala, garam masala and potatoes and pumpkin.

5.14. Miraculous Foundation India: Miracle Foundation India has provided financial assistance to Childcare Institutions to support vulnerable and orphaned children. They believe that every child has a right to a nutritious diet and has taken steps to support children with basic foods. They want the family level to be kept clean for the benefit of these children. Poor families have been identified for immediate assistance in basic food and sanitation. These families have also lost their livelihood options due to the current COVID-19 situation.

5.15. Smile Establishment India: The Smile Foundation has received a reciprocal technique to address this emergency. The organization points to supply dry rations and essential necessities to 150,000 families to anticipate the spread of potential infections, lack of healthy sustenance and to supply prompt help for one month. The pack contains rice, beats, salt, and oil.

5.16. Vision and Ashirwad: Vision and Ashirwad, a Delhi-based organization, helped homeless people, and those working on a daily wage during the downturn. They converted the daycare centre into a shelter to find a safe place to live.

5.17. Give India: Give India has launched two initiatives under this campaign. Soap sanitizers and masks were provided to help low-income families, one to provide food aid and the other to provide hygiene kits to such deprived families. In three days since the launch of the campaign, Give India has raised Rs 1.5 crore.

6. Funding of NGOs

International/ foreign funding agencies, donors, philanthropy groups, charity organizations, grant, and funding agencies and organizations are the private funding agencies of India, foreign funding agencies along with State / Central Ministries of Government of India and public sector organizations that are granting funds and financial support to NGOs. Most of the funds in the Corporate Social Responsibility (CSR) are being used extensively to combat Covid-19 (Epidemic Disease). CSR has largely gone to the Prime Minister's Civil Aid and Emergency Fund, Prime Minister's Civil Aid and Emergency Fund receives one-third of the total funding from CSR. Funding from CSR funds to NGOs has been lower than before. The impact of COVID-19 is huge, but CSR funding is also needed for other social causes. As the emergency holds on, the interest of NGOs should be empowered so that community improvement activities reach the grassroots level and the government and non-governmental organizations must work together.

7. Conclusion

NGOs in India has actively involved in handling various social issues including the environment, education, health, women empowerment, social justice, human rights, relief work, and many more. NGOs are working independently or in partnership with national or international organizations in collaboration with the central government. They help through various work, like providing nourishment, medication, and cleanliness kits, maintaining critical health systems, spreading health messaging, supporting women and youthful individuals, provide essential necessities to families, supporting individuals with disabilities, setting up isolation and treatment centers, getting funds and emergency relief to helpless communities, bolstering national NGOs and governments' reaction. The impact of COVID-19 is huge, but CSR funding is also needed for other social causes. Non-governmental organizations in India are focusing on the health, economic and social crisis in the country due to the Corona epidemic.

References

1. Menezes, Gizel (March 26, 2020), 'Donate To These 6 NGO/Citizen-Led Campaigns To Help Daily Wagers Affected Due To Lockdown", Curly Tales, https:// curlytales.com/
2. Fernandes, Kasmin, (March 30, 2020),' NGOs Fighting COVID-19 in India', The CSR Journal, https://thecsrjournal.in/

3. Firstpost-101 India (August 05, 2020), 'COVID-19 impact is massive, but other social causes need CSR funding too, say NGOs', https://www.firstpost.com/india/
4. ' Non-governmental organization', https://en.wikipedia.org/wiki/
5. English News-India,(June 12, 2020), 'Here's how NGOs are doing their bit in fight against corona virus', https://www.indiatvnews.com/news/india/
6. Live mint, Lounge, Features ,(31 Mar 2020), 'How to help the most vulnerable during the covid-19 lockdown', https://www.livemint.com/mint-lounge/features/
7. Hafeez, Samar, (June 11, 2020), NGOs and their critical role in the COVID-19 crisis', Give INDIA', https://blog.giveindia.org/
8. ESG India, News-Campaigns, (March 24, 2020), 'CEJI Statement On COVID-19 And India's Response', https://esgindia.org/new/campaigns/

12. Role of Murud Janjira Municipal Council in COVID-19 Situations

Dr. Vishwas B. Chavan
I/C Principal, Vasantrao Naik College, MurudJanjira, Dist- Raigad.

Abstract

On December 31, 2019, China informed the World Health Organization of a cluster of cases of pneumonia of an unknown cause in Wuhan City in Hubei province. On January 9, 2020, the WHO issued a statement saying Chinese researchers have made "preliminary determination" of the virus as a novel coronavirus. Since then, more than 6,000 deaths have been reported due to COVID-19 across the world till March 20, 2020. Lockdowns, curfews, massive airport screenings, quarantines, and social distancing have become the norm across the globe. Not only Governmentbut so many private institutions,NGOs ,Charitable Trusts,Social Workers and many more also engaged to prevent spread of COVID 19 and giving helping hands to poor ,needy and deserving people providing them livelihood due to continuous lockdown. Murud Janjira Municipal Council its President, Chief Officer, Councillors and Staff are also engaged to remove fear Corona amongst the people, urging them to keep social distance.

Present scenario of COVID 19

The World Health Organisation has declared COVID-19 to be a pandemic. The symptoms of COVID-19 appear within two to 14 days after exposure and include fever, cough, a runny nose and difficulty in breathing.COVID-19 has emerged as a pandemic of respiratory illness. Currently, it has spread to 203 countries/territories worldwide, This ongoing pandemic has witnessed global political responses of unimaginable proportions. Many nations have implemented lockdowns that involve mandating citizens not to leave their residences for non-essential work. The Indian Prime Minister announced a nation-wide lockdown from the midnight of 24 March 2020. Only essential services would be functioning and government services apart from health, law and order, banking, power and a few others have been suspended altogether.The Covid-19 case tally in the country climbed to 33,10,235 including 7,25,991 active cases, 25,23,772 cured/discharged/migrated. With 1,73,195 cases, Maharashtra has the highest number of active cases and 23,089 patients succumbed to the

disease in the state. As of August 26, the global death toll surpassed 821,000 amid more than 24.0 million cases

About Murud Municipal Council

MurudJanjira Municipal Council, with population of about 12 thousand is located in Raigaddistrict in the state Maharashtra in India. Total geographical area of MurudJanjira municipal council is 4 km^2. Population density of the city is 3480 persons per km^2. There are 17 wards in the city. The city is home to about 12 thousand people, among them 5992 (49%) are male and 6224 (51%) are female. 85% of the whole population are from general caste, 2% are from schedule caste and 13% are schedule tribes. Child (aged under 6 years) population of MurudJanjira municipal council is 9%, among them 51% are boys and 49% are girls. There are 2771 households in the city and an average 4 persons live in every family,since last several years, population remain stable as young generation moves towards big cities for their jobs and other work.

Role of MurudJanjira Municipal Council in COVID 19

MurudJanjira Municipal Council is established in 19^{th}century, that means before independence and since then working for the betterment of the people of the city. During this long period it is facing major natural calamity and overcome the situation. But today the whole world is facing serious problem of COVID 19, which destroyed economic policy of the whole world.However, due to the impact of Covit-19 and the announcement of lockdown by the Government of India from 24 March, 2020, the backbone of Murud tourism business was broken, tourism business is considered to be the main business of Murud. But the owners and employees of this business were in a miserable condition. The means of subsistence of the laborers, tribal, poor peasants and agricultural laborers are lost. To save the people from this disease,theMurud Municipal Council moved forward under the guidance of Government of Maharashtra, District Collector Raigad,. Murud Tehsil office started quarantine center. The Municipal council providing staff to help with the center. The city council is continuously spraying and disinfecting the entire city with sodium hypochlorite,for this it Purchased sanitization sprayer at a cost of Rs. 2,30,000 / -. In places where large vehicles cannot pass, continuous spraying is being done with the help of staff through hand sprayer. The materials required in the quarantine center are continuously provided by the municipality. So far, covid-19 positive 30 patients have been found and three people have died due to corona. In collaboration

with Murud Rural Hospital and Sanjivani Health Services Institution, in April 2020, thermal scanned all the families in Murud city and checked the oxygen level. Mr.VijaySurve, doctors and Nagar Parishad staff carried out this work properly. Awareness about corona bannershas been put up all over the city on how to prevent Corona virus infection. On June 3, 2020, due to the cyclone, MurudTaluka has been completely destroyed, houses, trees and horticulture were severely damaged. Even though there was no electricity in the city for 22 days, in spiteof this Municipal council was doing its job accurately. Many people from Murud city are in Mumbai, Pune and other cities for work. But during the lockdown, as all companies and offices were closed, most people started coming back to their homes, with the help of police, home guards Municipal Council appointed municipal staff at the entry point to prevent corona outbreaks in Murud.The check posts were set up at three places and the records of the people were taken. The list of shop names and mobile numbers was shared on various Whatsapp groups so that there would be no rush in front of the shop. As a result, people began to receive consumables at their doorstep. In order to make the public awareness of the corona infection, Murud municipal council sent a letter to all the community presidents in the city, asking them to explain the seriousness of the Corona to the people in their community. A survey of the children and people above 60 years was conducted in May 2020 by the Municipal Council to find out the prevalence of Corona with serious illnesses. A list of 1938 persons is prepared. Individuals from outside Raigaddistrict ,who wish to visit their homes, Council collected their information through Google Forms with the intention that the Municipal Council should have a record of it. Municipal Council appealed to citizens don`t send children and old age people for Ganesha immersion. Lifeguards are appointed for the immersion of Ganesha to avoid gathering at immersion place. The MurudJanjira Municipal Council has been taking care to prevent the spread of corona in the city. Mayor Mrs. SnehaPatil, Deputy Mayor Mrs. NausinDaroge, Chief Officer Shri. AmitPandit, Chairman of all the committees, Councilors, Sanitory Inspectors, all the staff, areconstantly striving to prevent Corona infection in Murud city.

Under the guidance of District Collector, Raigad, and in coordination with the Murud Tehsil Office following steps are undertaken by Municipal Council.

1) Awareness banners regarding Corona virus have been put up at various places in Municipal area.
2) In order to avoid the congestion in the main vegetable markets of the Municipal Council, vegetable sellers have been arranged to sit in open space and sell vegetables there. For this, a tent has been set up and staff has been appointed.
3) Masks, Sanitizers and Hand Glove have been distributed to the Municipal Council employees who are engaged in health services.
4) 4)All public events have been denied permission.
5) A letter has been issued to all the society presidents and all the doctors to take proper precautions.
6) Disinfectant is being sprayed in every ward in the city.
7) Squares have been drawn in front of vegetable market and grocery shop to follow social distancing.
8) Individuals who came from Mumbai, Pune or other places in the city are being surveyed and the information is being communicated to the Tehsil office and Rural Hospital from time to time, for this 8 independent teams have been formed.
9) Passes have been issued to the vehicles providing essential services to avoid inconvenience to the citizens in the city.
10) 10 De-sterilization rooms have been set up at the rural hospitals,main Vegetable Market, Fish Market, Police station as Corona Prevention in the city
11) Horne Quarantine citizens are being monitored through CQMS Application.
12) Shelter for 10 citizens has been started at Municipal school no4.
13) Adequate supply of PPE kits, masks, sanitizers, gloves, gum shoes, bio- collection bags has been procured for municipal employees

Ward Level Passenger Control Committee

There are 8 wards in Murud Municipal area, MunicipalCouncil has appointed Ward Level Passenger Control Committee of Councilors and Staff to record and inform about outsiders, who intend to enter in the city. The duties of the team appointed at the ward level are as follows:

1) To see if there is a suitable place to accommodate the citizens who have been forcibly removed.
2) To see if there are any older, sick people, and decide an Institutional Quarantine if required.
3) To investigate Citizens by the medical Squad.
4) Quarantine daily queries to see what problems citizens have and what symptoms they have.
5) To give Proper instructions to the volunteers in the squad.

Conclusion

COVID-19 virus outbreak has challenged the medical, economic and public health infrastructure of many countries. Till now there is no authorized vaccination is available for the treatment of COVID-19. It is found that the incubationperiod for theinfection is 2-14 days which is usually 4 days in maximum of cases. There is a great slowdown in the global economy due to COVID-19 attack which islikely tocosts around $5trillion. The spread of COVID-19 infectioncan be reduced by minimizing the H-H transmissions. There are many research gaps in the COVID-19 research area as there is still lack of Anti-COVID-19 drug which will replace the supporting therapies for the treatment of infection. Future research work is still needed to fight with the COVID-19 disease. As there is no specific treatment till date, prevention is the only measure to contain the infection. Even a small negligence in following the preventive measures would be very expensive for the mankind. The ICMR has given some recommendations regarding COVID-19 prevention and treatment. InRaigad district Guardian Minister Miss. Aditi Sunil Tatkare, MLA Hon. MahendraDalvi,Raigad District Collector Hon. NidhiChoudhari, SP of raigad district are very much keen to prevent spread of Corona Virus. In Murudjanjira ,Murud Municipal Council is also implanting the various decisions taken by Maharashtra Government regarding COVID 19. Therefore, it is the duty of every citizen of India to abide by the rules and regulations led by our government, let's come together and fight against this pandemic.

References

1 1 https://www.who.int/emergencies/diseases/novel-coronavirus-2019
2 2 https://www.mygov.in/covid-19
3 3 https://ijtmrph.org/index.php/IJTMRPH?gclid=Cj0KCQjws5
4 4 https://www.nejm.org/coronavirus

5 https://en.wikipedia.org/wiki/COVID-19_pandemic_in_India
6 https://raigad.gov.in/en/public-utility/alibag-municipal-council/
7 https://en.wikipedia.org/wiki/Murud,_Raigad
8 http://www.murudjanjira.com/
9 https://www.springernature.com/gp/researchers/campaigns/coronavirus
10 https://www.thehindu.com/topic/coronavirus/
11 https://timesofindia.indiatimes.com/coronavirus/india
12 Reports,Circulars and Notices of Murud Municipal Council.

13. Role of Central Armed Police Forces during Covid-19

Dr. Sajid Hundekar
Associate Professor and Head, Department of Geology
Dr. Maheboob Nagarbaudi
Associate Professor and Head, Controller of Examination Office
Zaid Ahmed Shaikh
Geography Graduate, N. Wadia College, Pune.
AKIs Poona College of Arts, Science and Commerce, Camp, Pune.

Abstract

The Central Armed Police Forces (CAPF) gallantly protect the borders of the nation from external aggression and infiltration and assist the state governments, aiding in internal security, including law and order, insurgency, anti-naxalism and counter terrorism. The torch bearers of our democracy, these forces also assist the civil population through various area development programs, community awareness programs and community policing programs. When entire country facing severe hardship due to Covid 19 Lockdown, Central Armed Police Forces (CAPF) personnel are first responder towards fighting against novel corona virus, those who are posted in anti Naxalite operation in Naxal affected states, they started to work closely with state administration also provided quarantine facilities, screening of villagers, distribution of essential items, like sanitizer, face shield, food, medicine, and maintain social distancing norms are among major services provided by CAPF units at entire country, in this paper we will see how each force in CAPF worked 24/7 for country when entire nation facing lockdown.

The CAPFs comprises of Border Security Force (BSF), Central Reserve Police Force (CRPF), Central Industrial Security Force (CISF), Indo-Tibetan Border Police (ITBP), and Sashastra Seema Bal (SSB).

Timeline Events by each force

Indo-Tibetan Border Police (ITBP)

The Indo-Tibetan Border Police (ITBP) is a specialist paramilitary force, raised by the Union government, to guard the Indo-Tibetan border, a border that is 2,115 kilometres long from the Karakoram Pass to LipUlekh Pass and the tr:ljunction of India, Nepal and China. The Force

was created in 1962, in the wake of the IndiaChina war to fill up the security vacuum that was prevalent at that time on the India-Tibet border. It was created under the CRP Act, 1949 as a guerrilla-cum-intelligence-cum-fighting force trained and equipped to operate at high altitudes. ITBP thus became the first paramilitary force to be raised after independence. The CRPF which is an older force had its origin in pre-independence India. Since its inception, ITBP has grown as an elite force, capable of perform.1ng a multi-dimensional role. Apart from border security, the Force, today, is involved in the management of a variety of internal security problems, Viz., counterinsurgency, VIP secnu1.ty, bank security, security of important Installation and the maintenance of law and order. In short, it has become an important instrument of internal security management.

Role of ITBP during COVID 19.

- The Indo Tibetan Border Police (ÏTBP) was the first initiator of efforts against Corona virus among the forces. The ITBP set up its first quarantine camp on 30 January in New Delhi.
- ITBP's Chhawla quarantine centre in Delhi was set up to test and treat passengers arriving at Delhi's IGI Airport from all over the world, including Wuhan.
- The ITBP was the first to create standard operating procedures for hospital and quarantine running and distributing it to other forces.
- ITBP started an effective mechanism of counselling through audio and video and personal efforts were made to those who came for quarantine.
- The ITBP also prepared and distributed short movies on awareness of anti-Covid measures and procedures during enforcement of the lockdown.
- ITBP formations are providing food, drinking water and medicines to the local population, in their area of operation, and thousands of people have benefited from this. The ITBP has also helped local authorities in the enforcement of the lockdown.

Central Reserve Police Force (CRPF)

The Central Reserve Police Force came into existence as Crown Representative's Police on 27th July 1939. It became the Central Reserve Police Force on enactment of the CRPF Act on 28th December 1949. It has completed 78 years of glorious history. The Force has grown into a big organization with 243 Bns, (including 210 executive Bns, 6 Mahila Bns, 15 RAF Bns, 10 CoBRA Bns, 5 Signal Bns and 1 Special Duty Group, 1 Parliament Duty Group), 43Group

Centres, 20 Training Institutions, 3 CWS, 7 AWS, 3 SWS, 4 Composite Hospitals of 100 bed and 17 Composite Hospitals of 50 bed.

Broad gamut of duties performed by the CRPF are

1. Crowd control
2. Riot control
3. Counter Militancy / Insurgency operations.
4. Dealing with Left Wing Extremism
5. Overall co-ordination of large scale security arrangement specially with regard to elections in disturbed areas.
6. Protection of VIPs and vital installations.
7. Checking environmental de-gradation and protection of local Flora and Fauna
8. Fighting aggression during War time
9. Participating in UN Peace Keeping Mission
10. Rescue and Relief operations at the time of Natural Calamities.

Besides Law and Order and counter insurgency duties, the role of CRPF in the General Elections, held repeatedly during the past few years, has been very significant and vital. This is especially true for the trouble torn States of J&K, Bihar and States of NorthEast. During the Parliamentary elections & State Assembly Election , the CRPF played a major role in the security arrangements.

Role of CRPF during COVID 19

- The Central Reserve Police Force (CRPF) has set up helplines, backed by quick reaction teams, to ensure the welfare of their force personnel and their families. They are taking care of their families staying away from their personnel.
- The CRPF has begun a new 'work from home' regime, by personnel who are on leave. For example personnel have been imparting yoga classes to children and distributing food packets to the needy in their villages. Stitching centres have been making protective masks.
- During lockdown period for covid 19, Western sector HQR, CRPF, Navi Mumbai distributed food packets from 25/03/2020 on daily basis to poor and needy people, also provided them mask and hand sanitizers to protect themselves from Covid.

- GC CRPF Pune/ Nagpur/Gandhinagar/ Range CRPF Nagpur/ Gandhi Nagar organized cleanliness and sanitization drives, civic action programs with masks and sanitizers distribution, ration and food packets distribution to poor and needy people living nearby areas.
- Composite Hospital CRPF Pune/ Nagpur/ GandhiNagar established isolation wards and ICU Facility for COVID 19 Patients.
- 09 BN Aheri (MH)/ 37 BN CRPF Aheri (MH)/ 113 BN CRPF Dhanora (MH)/ 135(M) BN CRPF Gandhinagar, 191 BN CRPF Wadsa (MH), 192 BN CRPF Gadchiroli (MH)/ 242 BN CRPF Pune/ organized awareness programs against COVID-19 disease, cleanliness drives and spraying of disinfectant, civic action programs with mask and sanitizers distribution, ration and food packets distribution to poor and needy people living nearby areas.

Apart from it CRPF also set up 1,800 beds quarantine facility all over country, and provided all possible support to civic administration.

Border Security Force (BSF).

The tasks of the BSF are divided as follows

1. **Peace time**
   - Promote a sense of security among the people living in the border areas.
   - Prevent trans border crimes, unauthorized entry into or exit from the territory of India.
   - Prevent smuggling and any other illegal activity.
   - In the last few years the BSF has, in addition to their duties, been deployed for counter insurgency and internal security duties
2. **War Time**
   - Holding ground in less threatened sectors so long as the main attack does not develop in a particular sector and it is felt that the local situation is within the capability of BSF to deal with. The BSF units can continue to remain deployed in particular sector even in a war situation to release the Army for offensive tasks. In the even of a major attack developing, which is not within the capacity of the BSF to deal with, the Army can be expected either to reinforce the BSF with Artillery or other support, or relieve the BSF from its role in the particular sector.

- Protection of vital installations particular air-fields against enemy commandoes/para troopers or raids. The role can be entrusted to the BSF Units which are placed under the Army's operational Control.
- Providing extension to the flanks of main defence line by the holding of strong points in conjunction with other units.
- Limited Aggressive action against para military or irregular forces of the enemy within the overall plan of the Armed Forces .
- Performing special tasks connected with intelligence including raids. These are tasks which might be entrusted to BSF Units by the Army in a war situation according to local necessity. It would, however, be expected that the state of training and equipment of the particular BSF Units would be kept in view in assessing their adequacy for the tasks.
- Acting as guides in an area of responsibility where routes are known. This is a task which the BSF should be able to perform.
- Maintenance of law and order in enemy territory administrated under the control of Army. Normally, ordinary civil police force would be utilised for this task but the BSF could be used to supplement the civil police or to act in lieu thereof in a situation where civil police is not readily available.
- Provision of escorts.
- Guarding of prisoners of war cages
- Assistance in control of refugees. It is the intention to utilise civil police force and armed Home Guards etc. for these tasks but again depending upon local exigencies, the BSF might be entrusted with these tasks.
- Anti - infiltration duties in specified area. This is an important responsibility which will have to be performed by security forces. The exact responsibility of the BSF in this matter is still under consideration and separate instructions are expected to be issued.

Role of BSF during COVID 19

- From 5th April onwards in collaboration with NGO ''Help Us Help Them'' BSF 179 BN deployed at Integrated Check Post (ICP) petrapole, SHQ-Kolkata are distributed

food to needy people near Haridaspur bridge, Bongaon, & ICP-Petrapole, Dist-North 24 Parganas, West Bengal.

- 176 BN BSF distributed ration and other essential goods to labours who came from other state for working at BSF camps Indreshwar Nagar.
- BSF Training Centre & School conducted an awareness program in meru, Jharkhand, and distributed masks and sanitizer among the local people.
- BN BSF distributed face masks among porters/ labourers & other staff works at Integrated Check Post (ICP) Attari.
- An awareness drive was undertaken by jawans of 160 BN BSF, Temurupali at village kukurkanda in the foothills of Tulsi Reserve Forest at Odisha and Chattishgarh Border.
- BSF Meghalaya in Collaboration with the district administration south Garo Hills distributed ration and essential goods among needy people.
- 96 BN BSF, distributed face mask & sanitizer to the farmer engaged in harvesting near border.
- 130 BN BSF, distributed facemasks to the people in extreme frontiers of the country in Belonia, South Tripura.
- 17 BN BSF, distributed essential commodities for the needy people of different maoist affected villages of kanker chattisgarh during nationwide lockdown.
- 116 BN BSF, carried out sanitization drive in bordering village mehdipur of Taran Tarn district to restrict the covid 19.

Apart from taking special care of their personnel, started various measures for the welfare of the people in their area of operation. They have distributed ration and essential items amongst daily wage labourers, helped the needy in remote areas, organised medical camps for corona virus, distributed masks prepared by BSF tailors and created awareness of social distancing and basic sanitation to fight Covid-19 among the people and also have done their screening for Covid-19.

Central Industrial Security Force (CISF)

- CISF is an armed force of the Union established under an Act of Parliament, "Central Industrial Security Force Act, 1968 (50 of 1968).
- In the year 1969, the strength of the force established with the help of 3129 personnel, was increased to 1, 41,421 as of 01/March/2020.

- CISF has 12 reserve battalions, 08 training institutes and 63 other formations.
- According to the mandate, CISF provides security to the premises staff along with the security of property and establishment.
- CISF is providing security to the strategic establishment, including the Department of Space, the Department of Atomic Energy, the Airports, the Delhi Metro, the Ports, the historical monuments and the basic areas of Indian economy such as petroleum and natural gas, electricity, coal. Steel and mining.
- CISF is providing protection to some private sector units and important governments building in Delhi.
- Presently, CISF is also providing security to the protected persons classified as Z Plus, Z, X, Y.
- CISF is the only force with a customized and dedicated fire wing.
- CISF is a compensatory cost force.

Role of CISF during COVID 19

The Central Industrial Security Force ("CISF") is augmenting Covid-19 protective gear and health care equipment for all its personnel who will begin its duties at the airports and Delhi metro once operations re start. Social distancing protocols, without security being compromised are being worked out. Isolation facilities in all CISF units have been created. The personnel on frisking duty will be wearing PPE suits.

Sashastra Seema Bal (SSB)

The Sashastra Seema Bal (SSB) is a Central Armed Police Force (CAPF) under the Ministry of Home Affairs responsible for guarding India's international borders with Nepal and Bhutan. It is one of India's Central Armed Police Forces, which includes ITBP, BSF, CRPF, and CISF. When it was created in 1963, it was called Special Services Bureau. The name was changed to Sashatra Seema Bal in 2001 after it was given charge of the Nepal border. Besides this, the force is also deployed in Jammu and Kashmir for counter insurgency operation and anti-Naxal operations in Chhattisgarh, Jharkhand and Bihar. It also provides internal security during elections in various states.

Role of SSB during COVID 19

- 11th BN SSB, Didihat personnel distributed food items to Nepali citizens stranded on Indian side at Dharchula on 11/April/2020.

- 43rd BN SSB, Siddharthnagar (U.P) distributed foods to quarantined people at village Kamhariya, on 11/April/2020.
- 38th BN SSB, Tawang/ SHQ SSB Bomdila (Arunachal Pardesh) Personnel sanitized Tawang and Pedung market areas on 12/April/2020.
- 36th BN SSB, Geyzing (Sikkim) Sanitized areas of Manebhanjang village including local residential area on 12/April/2020.
- 72 BN SSB, Yuksum conducted sanitization programme at Govt. office in Geyzing west Sikkim on 12/April/2020.
- 3rd BN SSB, Lakhimpur Kheri (U.P) Personnel conducted an awareness program about Covid-19 at Chauferi Village on 16/April/2020.
- 57th BN SSB, U S Nagar (Uttarakhand) distributed food packets and essential goods to villagers of Banbasa in Uttarakhand on 16/April/2020.
- 59th BN SSB Nanpara (U.P)/ 11th BN SSB, Didihat (Uttarakhand) personnel conducted awareness about Covid 19 at their respective operation area on 20/April/2020.
- SHQ SSB Almora/ 5th SSB Champawat (Uttarakhand) Conducted sanitization drive at SSB premises and residential areas in respective operational areas on 20/April/2020.
- 4th BN SSB, Narkatiganj (Bihar)/ Sadiksha, members of SHQ Almora (Uttarakhand)/39th BN SSB, Palia (U.P)/ 18th BN SSB, Rajnagar (Bihar)/ 41st BN SSB, Ranidanga (W.B) personnel distributed face mask to villagers at their respective operational region on 20/April/2020.
- Sandiksha members & 24th BN SSB, Rangia (Assam)/ 54th BN SSB Bijni (Assam)/ 43rd BN SSB, Siddharthnagar (Uttar pardesh)/ 57th BN SSB,U S Nagar (Uttarakhand) distributed ration items, meals, mask and sanitizer among needy people in their respective region on 21/April/2020.
- 6th BN SSB, Ranighuli (Assam)/ 11th BN SSB, Didihat (Uttarakhand) conducted awareness about Covid 19 in their respective region on 21/April/2020.
- 9th BN SSB , Balrampur (U.P) distributed dry ration to the needy villagers situated nearby Battalion Hqrs Balrampur on 23/April/2020.
- RTC,SSB Solinibari (Assam) provided ration items to villages situated nearby RTC campus Salonibari (Assam) on 26/April/2020.

- RTC, SSB Nanpara (U.P) distributed ration to the people of Nanpara village on 26/April/2020.
- 59th BN SSB, Nanpara (U.P) distributed ration to the people of Nanpara Village on 26/ April/2020.
- 39th BN SSB, Palia (U.P) personnel conducted awareness about Covid 19 at Paliakain village on 26/April/2020.

Conclusion

COVID 19 pandemic crisis with devastating effects on the country as well as world, Its forces Govt of India to enforce nationwide lockdown across the country, during that period the Central Armed Police Forces, with all heart and soul, are untiringly working in unison to enforce the directives of the Government of India, regarding Covid-19 with their unstinted efforts with the support of the people, who are equal stakeholders, CAPF personnel became front liners while combating with covid 19, they regularly conducted awareness camp among villagers, distributed food grains, meals, and essential goods in their respective operation region, Many states also requested to Ministry of Home Affairs to deploy CAPF companies to assist civil administration and perform lockdown enforcement duties, and many CAPF personnel died on line of duty while combating with covid 19, today we also tribute to all CAPF personnel who laid down their life for country, through this paper.

References

- http://bsf.nic.in/en/introduction1.html
- https://crpf.gov.in/Noble-Work-western-sector.htm#:~:text=Western%20Sector%20also%20provided%20them,to%20fight%20COVID%2D19%20epidemic.&text=GC%20CRPF%20Pune%20organized%20various,fight%20against%20COVID%2D19%20disease.
- https://indianexpress.com/article/explained/sashastra-seema-bal-ssb-news/#
- https://shodhganga.inflibnet.ac.in/bitstream/10603/19032/8/08_chapter%203.pdf
- https://ssb.nic.in/WriteReadData/LINKS/SSB%20Battling%20against%20Covid%2019 1add5f46-9368-4f9c-b549-0432415162fe.pdf
- https://www.cisf.gov.in/cisfeng/
- https://www.civilsdaily.com/news/war-and-peace-analysis-of-bsfs-role/#:~:text=Role%20of%20BSF,-

Officially%2C%20its%20role&text=The%20tasks%20of%20BSF%20are,in%20less%20threatened%20sectors%2C%20etc.

- https://www.investindia.gov.in/team-india-blogs/understanding-role-central-armed-police-forces-during-covid-19-india#:~:text=They%20have%20distributed%20ration%20and,and%20also%20have%20done%20their
- https://www.itbpolice.nic.in/Aboutus_new/history&role/history&role.html
- https://www.mha.gov.in/division_of_mha/police-ii-division-0
- https://www.peertechz.com/articles/ACMPH-6-175.php
- https://www.thehindu.com/news/national/other-states/bsf-creates-awareness-of-covid-19-among-odisha-tribals/article31349769.ece
- https://www.thequint.com/news/india/coronavirus-capfs-prepared-to-set-up-5500-bed-quarantine-for-covid-19-virus.

14. The Role of NSS for Overcoming the COVID-19 after Pandemic Critical Situation in Maharashtra

Dr. Prem Bhagwan Acharya
Asst. Professor, Dept. of Commerce, J. S. M. College, Alibaug, Dist: Raigad, Maharashtra.

Abstract

In 1887, the plague in Pune and Ahmedabad in India claimed hundreds of lives. The Covid-19 epidemic is found in India, considering its geographical location, population density, population density and migration, compared to the rest of the world affected by the corona virus epidemic (COVID-19) 133-33 years after the event. The number of corona patients has increased from 100-200 per day in April to 75760 per day in August. Out of a total of 215 countries in the world, India ranks third in epidemics. As of August 27, 2020, the number of cases has reached 33.1 lakh, but 25,23,771, patients have been cured. With the discovery of 14888 new patients in Maharashtra, the number of Korona cases has increased to 718711. After looking at all these statistics the number of patients is increasing. There is a lack of treatment system and stress on the system. In order to fill this gap, the National Service Scheme volunteers in the college need to be considered. But it would not be appropriate to consider these students as no one except the government is barred from leaving.

Key Words: WHO, NSS, COVID-19, Epidemic, NGOs, CABE

Introduction

The World Health Organization (WHO) was informed on December 31, 2019 that the outbreak of the Corona virus, which has spread to all parts of the world and destroy the world economy in just within fifth months, was caused by an unknown cause in Wuhan, Hubei Province, China. The Corona Virus Decease then spread rapidly to other provinces in China and immediately to other countries. On January 31, 2020, the WHO declared nCOV-19 a public health emergency of international concern. On February 11, 2020, the new corona virus was named COVID-19. On March 12, 2020, the WHO declared COVID-19 a global epidemic. The first case of COVID-19 in India on 30 Jan. 2020 outbreak was reported from Wuhan to Indian students returning to Thrissur in Kerala.

As of today's update, the number of COVID-19 suspects in India has reached 33.1 lakh cases. 25,23,771 patients have recovered from the infection in the country, taking the recovery rate to 76.24 per cent. According to a press release issued by the Union Ministry of Health and Family Welfare, Maharashtra alone accounts for about one-third of India's total COVID-19 outbreak. As per the health official, in Maharashtra on Thursday reported 14,718 fresh cases of corona virus infection, taking the case tally in the state to 7,33,568.

The Government of India enforced Disaster Management Act 2005 and 1897 Epidemic Diseases Act to tackle the corona virus outbreak. Therefore, restrictions were imposed on anyone except the responsible government authorities. Therefore, although the spread of corona was limited to some extent, the National Service Scheme student in the college could not participate directly due to health concerns. However, through various NGOs, NSS students have been involved in presenting street plays, distributing masks, raising awareness on social media, distributing hand wash, and distributing sanitary pads. This means that a sense of national unity is awakened in the students through the National Service Scheme.

In this paper I will focus on importance of National Service Scheme in order to understand the contribution towards the Society whole.

Objective of research study

1) To understand the objectives behind establishment of NSS.
2) To understand the socio economic problems of society created due to COVID-19
3) To study how NSS contribute their responsibility towards the society.

Brief History of National Service Scheme

Before considering the objectives of the National Service Scheme, it is necessary to know the brief history of the introduction of the National Service Scheme. The concept of national service was considered at a meeting of the Central Advisory Board of Education - CABE in 1950. After examining various aspects of the National Service Scheme in different countries, CABE recommended that students voluntarily dedicate some of their time to social work and that teachers should be involved in such activities.

The first five year scheme of the Government of India in 1952 required social and physical as well as mental hardship for the students. In a letter written by the then Prime Minister Pandit Jawaharlal Nehru to the Chief Ministers of all the states in 1958, the idea was that social service should be a prerequisite for graduate education.

The scheme was drafted in 1959 for presentation at the Council of Ministers of Education. The council recommended that the pilot project be prepared in detail. A National Service Scheme Committee was set up under the chairmanship of Dr. C. D. Deshmukh the son of Roha on 28 August 1959 to follow up on this recommendation and suggest concrete measures.

Appointed by the Government of India in 1960, Prof. K. G. Syeddin studied the National Service Scheme for University Students in various countries of the world and presented his report with various recommendations under the title "National Service for the Youth".

The Education Commission, chaired by Dr. Kothari1964-66, recommended that students at all levels of education should be associated with certain types of social services. In the Fourth Five Year Scheme, the Central Screening Commission sanctioned Rs. 5 crore for the National Service Scheme.

On September 24, 1969, on the occasion of the birth centenary of Mahatma Gandhi, the then Union Minister of Education, Dr. V. K. R. V. Rao started National Service Scheme in 37 universities across the state.

Background of NSS in Maharashtra

At present National Service Scheme is being implemented in 993 universities and 39932 colleges in the country. According to the 2011 census, the population of Maharashtra is 11,23,74,333 and covers an area of 307,713 square kilo meters. Maharashtra is a leading state in all sectors. The total number of universities in Maharashtra is 42. It has 20 state universities, 1 central university and 21 private and reputed universities. The total number of colleges affiliated to all these universities is 5868. As per the statistics of 2015-16, 3942 National Service Scheme Units are functioning in the colleges of these various universities and about 31,41,000 volunteers are participating in social work. The statistical data as following.

Universities in Maharashtra and NSS Strength

As per 2015-16 report)

Sl. No.	**Universities in Maharashtra**	**NSS Strength 2015-16**	**Total No. of NSS Units**
1	Non Agricultures Universities	2829500	3152
2	Agricultures Universities	9800	141
3	Maharashtra University of Health Sciences,	8200	121
4	Maharashtra Animal and Fishery Sciences	1000	9

	University		
5	Yashwantrao Chavan Maharashtra Open University	1300	30
6	Kavi Kalidas Sanskrit Vidyapeeth	300	4
7	M.G. Antarashtriya Hindi Vishwavidyalaya,	150	1
8	Polytechnic, Maharashtra	400	3
9	Industrial Training Institute, Maharashtra	10000	94
10	+ 2 Maharashtra	34000	387
	Total 42 universities in Maharashtra	**31,41000**	**3942**

Based on the above table, it can be seen that out of the total 31,41,000 students, 2829500 students i.e. 90% students belong to non-agricultural universities. This means that the number of non-agricultural universities and affiliated colleges is high. Also these students are students who have maximum contact with the society while studying in schools with rural background. Although the number of university wise NSS volunteers is more or less, these students are always active in social work.

Objectives of the NSS

In the wake of today's Corona epidemic, NSS volunteers are not expected to carry out social work by taking to the streets or going from house to house, in violation of laws enacted by the government for health protection and stopping corona epidemic. However, the role of the National Service Scheme will be important when the epidemic stops and life begins to return to normal. The NSS objectives need to be considered as follows.

1) Understanding the community where students want to work in.
2) Understanding the person in the community in relation to the community.
3) Identify the needs and problems of the community and get involved in the problem solving process.
4) To develop a sense of social and civic responsibility in the student.
5) Using the student's knowledge to solve personal and social problems.
6) To develop the necessary skills in the student in terms of social life and sharing of responsibilities.
7) Develop skills through social participation.
8) Develop the student's ability to vote in emergencies and natural disasters.
9) To prepare students for building national unity and social harmony.

Problems Created Corona Virus in India

Although the lockdown, which took effect in March, seems to have helped control the corona virus to some extent, it has caused a number of problems. Due to the population density of the country, availability of means of employment, economic conditions and many other issues, the people seem to have come out even during the curfew. This suggests that the corona epidemic has not been contained to the desired extent. The corona is found to cause the following serious problems.

1) Health related Problem
2) Employment generation problem
3) Conduct of examination
4) Migration related problem
5) Crisis in development on economy
6) Export import related problem
7) Huge financial loss of the nation and citizens
8) Infrastructure development problems
9) Lose of employment
10) Others.

Future Role of NSS Units and Volunteers

Due to COVID-19 many of the above types of problems have arisen in the country. It is not in the hands of NSS volunteers to solve these problems by going to the community. But after the end of this epidemic, NSS volunteers will be able to help in raising the morale of the citizens of the country through social awareness through the following activities. On the other hand local Government can obtain the help of NSS volunteers as follows.

1) NSS volunteers can be enlisted to enrich and nurture the environment to offset the damage caused by the Corona epidemic.
2) NSS volunteers can be used to organize and promote health, family welfare and nutrition programs.
3) To improve the status of women, the Women Empowerment Awareness Program will be implemented with the help of NSS volunteers.
4) The government can enlist the help of NSS volunteers to organize productive programs for the unemployed due to epidemic.

5) Those who have suffered financial and psychological damage due to a natural disaster will be able to enlist the help of NSS volunteers at the local level for future relief and rehabilitation work.
6) NSS volunteers can be used to organize education and reconstruction programs to boost morale of the local people.

Conclusion

Considering the 20 year history of the introduction of the National Service Scheme and the role behind its creation, it is clear that the social work of the National Service Scheme is important in today's very critical COVID-19 pandemic situation. Considering the objectives of the National Service Scheme, these objectives are a symbol of national integrity. Among the graduate students in India, those who have participated in the National Service Scheme and those who are actually involved in social work are definitely working with a sense of social responsibility and are accountable to the society.

From March 2020 to till today and beyond, the socio-economic situation of this country will be at a critical juncture. The country's economy is weakening. When the economy weakens, so does the social system also. Therefore, building peace in the society, building harmony, raising the morale of the society, building self-confidence and giving the society back to economic prosperity cannot be accomplished without the support of the society. National Service Scheme Volunteers is an important responsible component of the society and it is certain that this component will fulfill this responsibility

References

1) National Service Scheme manual.
2) Census of India 2011 statistic.
3) The Indian Express newspaper live update on 27 August 2020
4) Statistical information of National Service Scheme year 2015-16
5) https://indianexpress.com/article/india/coronavirus-india-updates-27-august-vaccine-cases-deaths-tracker-pm-modi-neet-jee-gst-meet-6571792/
6) www.indiaeducation.net

15. The Critical Role Played by Health Care Professionals during COVID-19 and their Greatness :- Its Review

Dr. Patil Jayashri S.
Department of Chemistry, J. S. M. College, Alibag (M.S.), India.
Dr. Shaikh Sajid F.
Department of Chemistry, Anjuman Islam Janjira Degree College of Science,
Murud- Janjira (M.S.), India.

Abstract

COVID-19 pandemic is a public health emergency which has result in substantial deaths and socio-economic disruption. Among the heroes who have emerged from this crisis are the Health Care Professionals who play a key role in the public health response to such crises, delivering direct patient care and risk of exposure to the infectious disease. Health Care Professionals are at the front line of any outbreak response and play critical role in improving access and quality health care for the population. They provide essential services that promote health, prevent diseases and deliver health care services to individuals, families and communities based on the primary health care approach. This systematic review emphasizes to describe the experiences of these health care professionals in the early stages of the COVID-19 pandemic outbreak.

Keywords:- Health Care Professionals, COVID-19, Pandemic, critical role.

I) Introduction

Since December 2019, Coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2) is rapidly spreading worldwide. The rapidly evolving epidemic has stressed the entire health-care system. In many countries thee fever clinics, respiratory and infectious disease units were overwhelmed by the increasing number of suspected and confirmed cases in the early stages of the outbreak of COVID-19. The general wards were quickly modified into isolation wards. The health care professionals who did not have infectious disease expertise stepped up to provide care for patients with COVID-19.

II) Objectives of Study

- To acquire scientific knowledge about COVID-19 disease
- To highlight the critical role played by Health Care Professionals during COVID-19
- To discuss duties of Health Care Professionals for fighting against COVID-19

III) About COVID-19

Coronavirus disease 2019 (COVID-19) is defined as illness caused by a novel coronavirus now called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a new virus in humans causing respiratory illness which can be spread from person-to-person.[1] The first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China. Now it has been seen that COVID-19 spreads in all age group stating from new born babies to older peoples. Coronaviruses are a large family of viruses that can cause illness in animals or humans. In humans there are several known coronaviruses that cause respiratory infections. These coronaviruses range from the common cold to more severe diseases such as severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and COVID-19. The Signs and symptoms include respiratory symptoms and include fever, cough and shortness of breath. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and sometimes death. The estimated incubation period is between 2 and 14 days with a median of 5 days. It is important to note that some people become infected and do not develop any symptoms or feel unwell. [2-4]

IV) About Health Care Professionals

Health professionals maintain health in humans through the application of the principles and procedures of evidence-based medicine and caring. Health professionals study, diagnose, treat and prevent human illness, injury and other physical and mental impairments in accordance with the needs of the populations they serve. They advise on or apply preventive and curative measures, and promote health with the ultimate goal of meeting the health needs and expectations of individuals and populations, and improving population health outcomes. They also conduct research and improve or develop concepts, theories and operational methods to advance evidence-based health care.[5]

Health care professionals are vital resources for every country. Their health and safety are crucial not only for continuous and safe patient care, but also for control of any outbreak.[6] However, health-care providers caring for patients during the severe acute respiratory syndrome

(SARS) and Middle East respiratory syndrome (MERS) outbreaks were under extraordinary stress related to high risk of infection, stigmatisation, understaffing, and uncertainty, and comprehensive support was a high priority during the outbreaks and afterwards.[7-8]

V) Critical role played by Health Care Professionals during COVID-19

In the face of this unknown disease and unpredictable risks, health care professionals feared infection and worried about their families, but they still applied to join the fight, took up their responsibilities, concentrated on their duties, and showed a spirit of unity and professional dedication.

Health care professionals had crucial roles in treating patients with COVID-19, and they tried to provide the best care to patients in a difficult situation. The condition of the critically ill patients with COVID-19 changed rapidly, and they often had many complications combined with multiple organ failure.

Nurses have heavy workloads that include comprehensive assessment and monitoring, rapid recognition and response to clinical deterioration, close communication and collaboration with physicians, symptomatic care, psychological support, and prevention of multiple potential complications.

In addition to providing care to patients, wearing Personal Protective Equipment (PPE) for long hours also led to physical distress, especially for nurses who had to stay in the isolation wards for entire shifts.

Intensive work for long hours made health care professionals at risk of decreased immunity. When healthcare professionals became sick, there was concern regarding their ability to curb the outbreak and treat patients.

Patients with COVID-19 need both comprehensive and specific management, and the outbreak brings great challenges to health care professionals, especially critical care medicine. Many health care professionals from other departments had few clinical experiences in infectious intensive care. By Continuous medical education and training, health care professional teams are adequately prepared to deal with public health emergencies.

In the early stages of the COVID-19 epidemic, because of insufficient understanding of the virus and prevention and control measures, more than thousands of medical staffs were infected in hospitals. Health care professionals experienced persistent fear of infection due to the contagious nature of the virus, unknown transmission modes, close contact with patients and

infection happening to their colleagues. Infection among health care professionals has been a problem during other outbreaks.

In the face of various challenges, health care professionals showed great strength and resilience. They used multiple support systems and self-adjustment skills to relieve stress, because they knew they needed to be strong and focus on their duty in order to save more lives. However, health-care professionals also expressed grief and a strong sense of powerlessness about patients suffering and the sudden loss of lives.

During the SARS and MERS epidemics, frontline health care professionals were fearful, anxious, and frustrated and were at higher risk of mental health problems after the epidemic. They were able to deal with their emotional stress without professional support, their mental health should be continuously monitored, support systems strengthened, and professional psychological counseling and crisis interventions provided.

VI) Duties of Health Care Professionals for fighting against COVID-19

- follow established occupational safety and health procedures,
- avoid exposing others to health and safety risks and participate in employer-provided occupational safety and health training;
- use provided protocols to assess, triage and treat patients;
- treat patients with respect, compassion and dignity; •
- maintain patient confidentiality;
- swiftly follow established public health reporting procedures of suspect and confirmed cases;
- provide or reinforce accurate infection prevention and control and public health information, including to concerned people who have neither symptoms nor risk;
- put on, use, take off and dispose of personal protective equipment properly;
- self-monitor for signs of illness and self-isolate or report illness to managers, if it occurs;
- advise management if they are experiencing signs of undue stress or mental health challenges that require support interventions; and
- report to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to life or health.

VII) Preventive measures to be adopted to fight against COVID-19

Standard recommendations to prevent the spread of COVID-19 include

- frequent cleaning of hands using alcohol-based hand rub or soap and water;
- covering the nose and mouth with a flexed elbow or disposable tissue when coughing and sneezing;
- avoiding close contact with anyone that has a fever and cough.
- Stay at home when you are sick
- Use a face covering when physical distancing is difficult or when going into closed spaces
- Physical distancing should be at least 1 meter (3 ft)
- Clean and disinfect frequently touched objects and surfaces

VIII) Conclusion

Health Care Professionals are at the front line of any outbreak response and play critical role in improving access and quality health care for the population. They provide essential services that promote health, prevent diseases and deliver health care services to individuals, families and communities based on the primary health care approach. In treating patients with COVID-19, health care professionals showed a great deal of professional dedication and acceptance of the need to place themselves at risk and to overwork. Nurses took on difficult tasks and had an important role in promoting patients recovery. The intensive work drained health care professionals physically and emotionally; therefore comprehensive support should be provided to safeguard the wellbeing of health care providers and preparedness and efficiency promoted to manage crises.

IX) Reference

1) WHO. Clinical management of severe acute respiratory infection when COVID-19 is suspected. 13 March 2020.
2) WHO. Guide to local production: WHO-recommended handrub formulations pdf. April 2020.
3) WHO. Advise on the use of masks in the context of COVID-19. 5 June 2020.
4) WHO. Infection prevention and control during health care when novel coronavirus disease (COVID-19) is suspected or confirmed.29 June 2020.

5) Gupta N, et al. Human resources for maternal, newborn and child health: from measurement and planning to performance for improved health outcomes. Human Resources for Health. 2011;9:16.
6) Chang D, Xu H, Rebaza A, Sharma L, Dela Cruz CS. Protecting health-care workers from subclinical coronavirus infection. Lancet Respir Med 2020; 8: e13.
7) Lee SM, Kang WS, Cho A-R, Kim T, Park JK. Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients. Compr Psychiatry 2018; 87: 123–27.
8) Maunder R, Hunter J, Vincent L, et al. The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital. CMAJ 2003; 168: 1245–51.
9) Qian Liu, Dan Luo, Joan E Haase, Qiaohong Guo, Xiao Qin Wang, Shuo Liu, Lin Xia, Zhongchun Liu, Jiong Yang, Bing Xiang Yang, The experiences of health-care providers during the COVID-19 crisis in China: a qualitative study, Lancet Glob Health 2020; 8: e790–98 Vol. 8 June 2020
10) Google search

16. Role and Work of Murud Taluka Bouddha Samaj Seva Sangh in Covid-19 Situation in Murud-Taluka

Dr. Janardan K. Kamble
Associate Professor & HOD, History, Vasantrao Naik College, Murud-Janjira-Raigad.

Abstract

The COVID-19 outbreak affected all segments of the population, particularly people living in poverty, older persons, and persons with disabilities, youth, and weaker section of the society. Like NGOs and Number of Voluntary organisations, Murud-Taluka Bouddha Samaj Seva Sangh (MTBSSS) came forward to help to daily wagers, homeless and other people affected by the Lockdown imposed in India to control coronavirus pandemic. The main aim of this article is to estimate and asses the role and work of Murud-Taluka Boudha Samaj Seva Sangh (MTBSSS) in the light of Covid-19 pandemic situation. This paper covers the activities that helped the needy and brought out awareness particularly in the rural and remote hilly areas of the Murud-Janjira Taluka in the Raigad District of Maharashtra. The Scope of this article is to focus on the micro and physical level activities that helped the needy people. The article concludes that this social organization played initiative role in helping needy people of weaker section of society. This paper is based on primary data and secondary data.

Key words: Covid-19, Lockdown, weaker section, needy people

Introduction

Presently, we are facing a global health crisis related to the Coronavirus disease (COVID-19), which has been characterized as a pandemic that is killing people, spreading human suffering and devastating people's lives. Multiple strategies was highly necessary to handle the outbreak of Covid-19. The Maharashtra Government implemented first lockdown from 14 March and Indian Government started lock down 55 days throughout the country from March 25th, 2020 to reduce the transmission of the virus**.**

The government programmes alone are not adequate to tackle countless challenges. Grassroots level groups are needed to uplift the discriminated and deprived sections of the society and undertake problem-solving at a quicker pace with better reach. In such period government appeal to organizations for their help.[i] Pandemic crisis has taken away the livelihoods of many and put them in dire straits unable to afford food or essential Covid-19

related hygiene items such as soaps, masks, sanitizers, etc. Various social organisations and NGOs came forward to provide help to through different ways to daily wagers, homeless and other people affected by the curfew imposed in Maharashtra in view of the coronavirus pandemic. In such social and economic crisis, Murud-Taluka Boudha Samaj Seva Sangh spearheaded number of activities to help needy and affected people in Murud-Taluka.

Objectives of the Study

- To Examine impact of Corona virus (COVID -19) Pandemic on social and economic life in Murud- Taluka in Raigad District.
- To assess the Role and Work of Murud-Taluka Boudha Samaj Seva Sangh(MTBSSS) in the Covid-19 Pandemic Situation in Murud-Taluka.

Methodology

Data has been collected from primary and secondary sources, such as Articles, Newspapers, Internet, Social Media, Institutional Documents, Interviews of office bearers and social workers of Murud-Taluka Boudha Samaj Seva Sangh, and beneficiaries. The Research method applied is narrative and analytical. Historical approach has been adopted while interpreting sources.

Hypothesis- The works of Murud-Taluka Bouddha Samaj Seva Sangh (MTBSSS) benefited needy people of weaker section of the society in Murud-Taluka.

Prospectus of Murud Taluka (Raigarh, Maharashtra)

Murud is a coastal Taluka located in Raigarh district of Maharashtra with 73 villages and 1 towns in Murud Taluka. As per the Census India 2011, its population of 74207 of which 36393 are males and 37814 are females.[ii] The sex-ratio of Murud Taluka is around 1039 and literacy rate is 74.98% out of which 80.3% males are literate and 69.87% females are literate. The total area is 249.27 sq.km with population density of 298 per sq.km. Out of total population, 83.54% of population lives in urban area and 16.46% lives in rural area. There are 2.54% Scheduled Caste (SC) and 18.3% Scheduled Tribe (ST) and Religion Population- Total- 74207 of Hindu 56647-(76.34%), Muslim- 15083 (20.33%) Buddhist-1169(1.58%), Christian889 (1.2%) Jain, 294 (0.4%). There are many disparities to determine developmental status of the Murud Taluka. It has most uneven educational attainment in both rural and urban areas.[iii] The educational progress is lower in rural areas, more so among females and lowest among SC/ST categories. Murud-Taluka display the regional unevenness, disparities in gender and social backwardness that has major impact on employability.

Mumbai, the commercial capital of India is about 150 km away from Murud-Janjira attracts people of Konkan for employment. The economic factors have been the major reasons for migration of People of Murud -Taluka to Mumbai and other places. They work in non-agricultural activities such as construction labour, loading/unloading in Mandis, shop assistants, mechanics, hawkers, as well as salaried workers. Most of these workers are salaried jobs in private establishments. Workers are also employed through informal contracts. Migration is generally linked with growth of slums in Mumbai. The fact that the majority of the population continues to live in slums even in 2011.[iv]

Impact of Covid-19 on the life of Murud-Taluka

Government's handling of COVID-19 pandemic exposed lack of preparedness though the Government of India was aware Pandemic crisis for several months after its outbreak. This unpreparedness gave a serious blow to Indian economy. The COVID-19 crisis has considerably affected economic life and massive psycho-social impacts as well.

By 29 August, 2020, COVID-19 pandemic has infected approximately 26623 people and the death toll has792 in Raigad district and in Murud –Taluka 187 and 18 respectively.[v] The Corona crisis has considerably affected economy and massive psycho-social life as well. The local economy depend on tourism, fisheries, mangoes and agriculture.[vi] March, April and May are crucial months for income generation. The local economy gets a boost in these months as tourists visit to Janjira Fort, the beaches at Murud and Kasid and scenic destinations in the region. In the name of social distancing the ban on retail fish vender and door-to-door Fish selling became difficult. Fish Community to arrange for their daily means of survival.

Sudden imposition of the lockdown in March 2020, resulted in a massive and unprecedented disruption in agricultural activities such as harvesting, sale of agricultural produce, and purchase of inputs. It also fallowed disruption to the post-harvest operations. All works related to agriculture slow downed because of lack of workers in most of the places. Because of disruption of exports and collapse of domestic demand, farmers who produced fruits, such as mangoes, watermelons suffered massive losses.[vii] Poultry farmers also incurred massive losses because of rumours associated with the poultry products that led in collapse of demand for poultry products. Due to lack arrangements for safety of traders, workers and farmers, several Mandis were closed. The lockdown gave grave blow to livelihoods of daily wage earners. Employment availability within the villages become inadequate because no economic activities other than the essential activities were allowed by the local administration.[viii] Restrictions imposed on gathering of workers in the name of social distancing, further reduced employment.

Lockdown also affected employment in cities. Large number of informal Migrant workers from Murud Taluka in Mumbai and other cities lost their work either temporarily or permanently.[ix] In many cases a large number workers were without any earnings during this period. As a consequence and given the relatively higher cost of living in urban centres migrant workers preferred to return to their villages. Lock down created restrictions and obstacles on the return of Migrant workers to their native villages. Despite these obstacles, a large number of migrant workers managed to return to their native villages, at great risk and facing immense hardships, often walking hundreds of kilometres or using whatever source of travel possible such as hidden in container trucks and so on. More than this migrant workers upon arrival to their villages were forced to spend weeks in isolation before they were allowed to be with their families.

Murud-Taluka Boudha Samaj Seva Sangh

The Social organization named, "Murud-Taluka Boudha Samaj Seva Sangh was formed in 1956 under Mr. R. G. Sakrudkar as its founder President. Murud-Taluka Boudha Samaj Seva Sangh is registered with No. A-2694-Mumbai, has its written Constitution and bylaws which was first amended on 6th April 1977. Main Objectives of the MTBSSS are to secure unity, solidarity, and brotherhood amongst Buddhists, to propagate and spread the sublime doctrine of the Buddha and thoughts of Dr. Babasaheb Ambedkar, to promote among the members strict observance and practice of the teachings of the Buddha and to organize and carry on activities in the field of social, educational, cultural agricultural and intellectual and other humanitarian services. The management and administration of the Baudha Samaj Seva Sangh is carried on democratic principles through its three Branches named Aagardanda, Nandgaon and Borli- Mandala under its Central Committee at Mumbai.

Distribution of Food grain and Sanitizer to Needy People

Murud-Taluka Boudha Samaj Seva Sangh played initiative role in the light of Covid-19 pandemic during the crucial period. Their Activities helped needy people of the Rural and Remote Hilly areas of the Murud-Taluka and brought out Pandemic awareness. Office bearers and social workers of MTBSSS who were monitoring the prevailing condition in Murud-Taluka, realized that to prevent starvation of labourers and other neglected section of the society during the lockdown the organizational initiation was must. There was a great need for food for the needy labourers, helpless widows, the elderly, the deprived, the neglected and the disabled.[x] This organization had plan to provide funds for the Chief Minister's Assistance Fund. But considering the need and demand of the local condition, instead of contributing donation to the Chief

Minister's Assistance Fund, the (MTBSSS) proposed direct help to needy people. After discussion with members in the organization, on April 11, 2020 Mr. Kishore Shinde, President of Central Committee of MTBSSS issued Circular, appealing for help in fight against Coronavirus. The Organization proposed to distribution of free food grains to the above needy elements including the Buddhist community in Murud Taluka on 14th April 2020, on the occasion of birth anniversary Dr. B.R. Ambedkar.[xi]

The Circular of MTBSSS was forwarded through social media like whats app and other ways to all social workers and activists living in Murud-Taluka, Mumbai and other places including women and men members, women's circle, youth circles and village circles. It was appealed to donate at least Rs.1000 by Depositing to the bank account of institution by April 20th 2020.[xii] Mr. Mangesh Yelave, secretary of Dr. Ambedkar Smarak Samiti said, "For this humanitarian work within few days we received positive response from 103 people who contributed about 1lakh 50 thousand rupees".[xiii] The distribution of Food grain and Sanitizer began from 14 April, the Day of Birth anniversary of Dr. Ambeskar. Fallowing days, Packets of food grains with sanitizer were distributed to 250 families in Agardanda, Kharamboli, Saigon, Telwade, Vihur, Mazgaon, Nandgaon, Usroli, Wakalvati, Adad, Kashid Barshiv, Borli and other villages in the Murud-Taluka. In food distribution programme at Vihoor village, Mr. Gaman Gavit , Tehasildar, Murud Taluka, was present who encouraged and congratulated the work.[xiv] To make this plan grand success number of Office Bearer and social workers of MTSSS took pain among them were Mr. Vasant More, Taluka committee president, Mr. Manohar Tambe, memorial committee president, Mr. Baban Shinde, Murud-Taluka RPI president, Mr. Mangesh Yelve, secretary Dr. Ambedkar Samark Samiti, Social Activists Mr. Naresh Tambe, Mr. Mangesh More, Mr. Suresh More,Mr. Dharmchandra Dabhane, Mrs. Sakshi Gaiwad, Mr. Ragunath Kamble, Mr. Dharmendra Gaikwad, etc. Women activists shouldered the responsibility of food packaging, among them were Mrs. Lata Dabhane, Mrs. Vijaya Tambe, Mrs. Sarita Tambe. The beneficiaries of the undertaking were SCs, STs, OBC, and Minorities in Murud-Taluka.

Social Awareness of Covid-19

Once a disease starts to transmit at the community level, it needs to spread awareness among the people. The members of MTSSS gave their priorities from their normal work to making efforts to spread awareness and education on taking precautions against the spread of COVID-19. They shared verified informational videos through social Media. They spread information at community level of preventative measures and awareness like symptoms of

Covid-19, social distancing, hand-washing techniques, covering mouth, Staying at home and how to seek treatment for coronavirus to the members of the village communities.

Community Solidarity

The MTBSSS played important to establish peace and order and community solidarity by appealing people to fallow rules and regulations of government during lockdown. Gatherings or any activity for any event was strictly restricted. Dr. B.R. Ambedkar's birthday has been the biggest celebration of the every year. On the eve of Bhim Jayanti, The Government, many Dalit leaders appealed to Dalits, OBCs and to all people to show restraint and observe Bhim Jayanti by paying tribute to Dr. Ambedkar from their home. They urged people to refrain from taking to streets to celebrate. The MTBSSS appealed the Bouddh Community and Ambedkarite followers not to organise any kind of Event or Gathering which would affects the purpose of lockdown and endangers the health of self and others and they encouraged and induced followers to celebrate Jayanti indoor. Many Dalit organization initiated a novel way of online celebration of Dr. Ambedkar Jayanti. This organization (MTBSSS) encouraged educated youths and students to participate the Online Celebration by engaging in Facebook lecture, Online Reading and Writing, Quiz sessions etc.[xv] This urge was also made on the eve of Buddha Jayanti.

Conclusion

Murud-Taluka Baudha Samaj Seva Sangh played initiative role in the light of Covid-19 pandemic during the crucial period. Their Activities helped needy people of the Rural and Remote Hilly areas and brought out awareness to control Pandemic. To prevent starvation of poor people MTBSSS distributed food gains with sanitizer among the daily wage earners, helpless widows, the elderly and deprived section of the society. They focused on the Micro and Physical level activities that helped the needy people of 250 Families of 13 villages. Most of them belonged to SCs, STs, OBCs, and Minorities categories. This organization also played important role to establish peace and order and community solidarity by appealing people to fallow rules and regulations of government during lockdown.

FootNotes

i. https://blog.giveindia.org/ngos-in-india/ngos-and-their-critical-role-in-the-covid-19-crisis
ii. https://www.censusindia2011.com/maharashtra/raigarh/murud-population
iii. Madhu Paranjape, Minor Research Project Report File No: 23-944/09(WRO) dt 20/08/2009, Human Development and Substantive Employment: Perception and Reality– A Study of Raigad District of Maharashtra

iv. Research Article by Ram Bhagat and Gavin W. Jones,https://www.researchgate.net/publication/236896613-Population Change and Migration in Mumbai Metropolitan Region Implications for Planning and Governance

v. Raigad Times (Marathi Daily), 29 August 2020, p.1

vi. https://www.thehindubusinessline.com/news/national/maharashtra-local-economy-of-raigad-ratnagiri-and-sindhudurg-take-a-major-hit-due-to-lockdown/article31487826.ece

vii. Mr. Manohar Tambe(President Dr. Ambedkae Smarak Samiti),interview, at, Aagardanda, 26 Aug.2020, 5.15 pm.

viii. Sakharam Tambe,Sushila Tambe, Mangala Tambe, beneficiaries, interview, Aagardanda, 26 Aug.2020, 05.30.pm

ix. Mr. Baban Shinde(President, Murud-Taluka RPI) interview, at Aagardanda 26 Aug.2020,4.15 pm

x. Mr. Vasant More(President, MTBSSS, Branch no.1) interview, at Aagardanda, 26, August 2020, 04.45p.m

xi. Circular, Murud-Taluka Baudha Samaj Seva Sangh, issued appealing for help, 11 April 2020

xii. Mr. Kishor Shinde, (President,Central Committee, Mumbai MTBSSS) interview, 29 Aug.2020.04.30.pm

xiii. Mr. Mangesh Yelave(Secretary, Dr. Ambedkar Smarak Samiti, interview at Vihoor, 29 August,2020, 5.20 pm

xiv. Navbharat Raigarh (Newspaper) 20 April 2020

xv. Social worker (Mrs. Sakshi Gaikwad, Suresh More, Yashavat sonavane) interview, at Borli-Mandala, 29Aug. 2020,7PM

17. Role of Teachers during and Post Covid-19

Dr. D. R. Raundal
V. N. College, Murud-Janjira, Raigad, India.

Abstract

The commentary summarizes the varying role of teachers in education systems in the wake of the COVID-19 pandemic. It explores the opportunities for teachers and education systems to move toward a novel model of approaching education and discusses ideas to improve the effectiveness of the teachers by strengthening their resilience and empowering them technologically and through instructional guidance.

Keywords: Teacher, Education, Covid-19, Society, Students, Effectiveness

Objectives

The goal of this commentary is to assess the impacts of COVID 19 on the education sector and to address the role of teachers to facilitate the.

Methods: The present study is based on secondary data sources collected from books, journals, newspapers, and websites.

1. Introduction

COVID 19 is a global health crisis that has impacted all the sectors around the world including businesses, industries, health, and education systems. Closures of schools, universities, and other learning spaces have impacted 94 percent of the student population around the globe, with up to 99 percent of the students in low and lower-middle-class economies.[i] Figure (1) represents the number of children affected around the world due to the closure of schools.

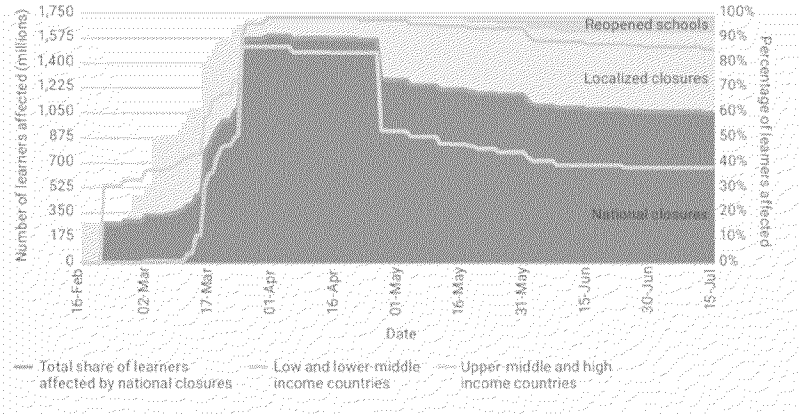


Figure (1): Number of children affected by the closure of schools around the globes.[ii]

Before the pandemic, a teacher's role was that of a parent at school. Teachers are expected to be role models for their students, and often go beyond the traditional role of imparting knowledge to the students. They are the protectors, mentors, counselors, and motivators. Since the onset of the pandemic, these traditional roles of teachers have undergone a shift with the students not physically present in the classroom and has brought forth several unprecedented challenges concerning distance learning, lack of teachers' training, uncertainty with reopening of educational institutions, and loss of livelihood among others. Students are also in a crisis, as since the closure of learning systems, they have been cut off from the school support systems, their teachers, and peers. COVID-19 has magnified inequalities among students and underlined how important the role of teachers is.

2. Teachers and their role: Post COVID-19

In pandemic times, some roles of teachers have stood out from the rest and have gone beyond being contingent features of teachers' personalities. Physical and social distancing has highlighted the importance of remote learning and necessitated the teachers to have digital skill sets. Some of these roles are explored briefly as follows.

2.1 Communicators and counselors: Teachers can help ease the fears and anxieties of the students of different ages around the disease. Sharing accurate information and science-supported facts, dispelling myths, and urging caution can help in preventing and spreading COVID-19 and other viruses. Information about good health behaviors, the concept of social distancing and providing answers to students' queries can help to keep the students and the others safe.[iii] Teachers can be support systems and help the students to connect with each other. By reaching out to the parents and caregivers and connecting them to organizations that specialize in resource and referral, teachers can provide additional support to the families.[iv]

2.2 Creators: One of the challenges posed by remote learning is the difficulty in holding students' interests in the courses and topics being taught. This is an opportunity for teachers to be creative with their content distribution, assessments, and group-building activities. Digitally empowering teachers by training them to teach online, training them to access specialized material beyond textbooks, and coming up with engaging ways to keep the students interested and invested can help teachers in creating engaging content for their students.

2.3 Effective educators: Post COVID-19, the education sector would never be the same. Reforms in teaching methods including reducing the amount of content-delivery and shifting the focus on identifying and imparting key learning priorities can make teaching more effective. Shedding off the traditional roles of covering the syllabus and assessing students based on the

rudimentary methods, there are new opportunities to establish a new model of approaching the curriculum.[v] Encouraging self-learning, accessing a diverse range of resources and transforming information-transferring to enabling learning among students can all pave a way toward further reinventing teachers' roles.[vi]

2.4 Social support systems: Teachers are going beyond their traditional roles and helping the students and society by posing as social support systems. In more than 250 schools in Delhi used as relief distribution centers, teachers have provided services in the form of distributing ration and relief.[vii]

3. COVID-19 and Challenges Posed to Teachers

Post lockdown, schools, and teachers were forced to adopt e-learning. In India, the divide between rural and urban areas is huge. Lack of adequate digital facilities creates inequalities among students and hampers equal learning opportunities. Furthermore, it is difficult to adapt to e-learning when the language medium is not English.[viii] Teachers are also facing challenges with keeping the students engaged as the plethora of social networking sites pose distractions during the learning period. Additionally, classes and assignments need to be planned in advance to ensure that all the students, including the ones with irregular access to the internet, can contribute. Technical courses involving hands-on laboratory practices can not be effectively taught through online learning.

4. Supporting teachers

World Bank has outlined three key principles to support the effectiveness of teachers during and post COVID-19. These principles highlight supporting 1. Teacher Resilience 2. Instructionally and 3. Technologically. Ensuring teachers are resilient both economically and psychologically would ensure they don't experience loss of livelihoods or burnouts. Improved communication between the governments, school systems, and teachers can help with the well-being of teachers and better prepare them for further emergencies. Preparing protocols to deal with stress-inducing situations, equipping teachers with assessment strategies to assess students' performances and mental well-being, and ensuring remedial education strategies are in place to bring down the number of dropouts can all provide instructional support to improve the effectiveness of teachers. COVID-19 has highlighted the importance of sound technical knowledge to narrow the widened communication gap due to the pandemic. Providing teachers access to digital communication channels, building their skills to use such channels and encouraging the frequent use of digital learning systems can further help to improve the effectiveness of teachers.

5. Discussion

Teachers' voices on short term as well as long term approaches to e-learning platforms and on other mass media assisted instructions play a crucial role in keeping the schools and other learning spaces working. The traditional roles of teachers are undergoing changes to cope with the changing education infrastructure. However, e-learning and distance education are effective only if both the teachers and the students have access to electricity, internet connectivity, computers, smartphones, and physical spaces to work.[ix] In addition to the access to the technology, imparting adequate training to the teachers and ensuring that they are not overwhelmed by the economic and/or psychological stress factors can help them cope better and maximize their contribution to their roles as educators, mentors, and motivators.

6. Conclusion

The current context of the pandemic and lockdown has demonstrated the valuable role teachers play in society. This is an opportunity to dive deeper into what it means to be a teacher and how we visualize the role of teachers within the education systems. The shift in the role of teachers from the more traditional ones to the ones during and post COVID-19 opens many doors to new opportunities and challenges. As education systems shift their focus toward reopening and considering how life would be post-pandemic, there is an opportunity to analyze the role of teachers who form the core of these systems.

7. References

i. "Education during COVID-19 and beyond - the United Nations." https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg_policy_brief_covid-19_and_education_august_2020.pdf. Accessed 2 Sep. 2020.

ii. "Education during COVID-19 and beyond - the United Nations." https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg_policy_brief_covid-19_and_education_august_2020.pdf. Accessed 2 Sep. 2020.

iii. "How teachers can talk to children about coronavirus ... - Unicef." 13 Mar. 2020, https://www.unicef.org/coronavirus/how-teachers-can-talk-children-about-coronavirus-disease-covid-19. Accessed 2 Sep. 2020.

iv. "Guidance for Teachers and Counselors during COVID-19 and ...." https://www.chconline.org/resourcelibrary/guidance-for-teachers-and-counselors-during-covid-19-and-other-crises/. Accessed 2 Sep. 2020.

v. "Lessons from lockdown: initial questions and considerations ...." https://theeducationhub.org.nz/lessons-from-lockdown-initial-questions-and-considerations-for-schools-and-education/. Accessed 2 Sep. 2020.

vi. "COVID-19 in India: Education disrupted and lessons learned." 14 May. 2020, https://www.brookings.edu/blog/education-plus-development/2020/05/14/covid-19-in-india-education-disrupted-and-lessons-learned/. Accessed 2 Sep. 2020.

vii. "COVID-19 Lockdown Lessons and the Need to ... - The Wire." 10 Jun. 2020, https://thewire.in/education/covid-19-lockdown-lessons-and-the-need-to-reconsider-draft-new-education-policy. Accessed 2 Sep. 2020.

viii. "COVID Challenges to India Education System." 23 Jun. 2020, https://digitallearning.eletsonline.com/2020/06/covid-challenges-to-india-education-system/. Accessed 2 Sep. 2020.

ix. "Response to the COVID-19 outbreak: Call for action on teachers." 27 Mar. 2020, https://www.globalpartnership.org/news/response-covid-19-outbreak-call-action-teachers. Accessed 2 Sep. 2020.

18. Role of Health Staff in COVID 19 Situation

Kartavya Kaushal Jha
Roshan Kumar
Indo Global College of Engineering, Abhipur.

Abstract

In late December 2019, Chinese health authorities reported an outbreak of pneumonia of unknown origin in Wuhan, Since its discovery, the virus has spread globally, causing thousands of deaths and having an enormous impact on our health systems and economies. This novel coronavirus was provisionally named 2019-nCoV, now SARS-CoV-2 according to the Coronavirus Study Group of the International Committee on Taxonomy of Viruses. SARS-CoV-2 belongs to the *Coronaviridae* family, *Betacoronavirus* genus, subgenus *Sarbecovirus*.

In these turbulent times, we need safety, stability, and particularly the flexibility to quickly adapt to this exceptional situation. The current pandemic presents the health care system, physicians, medical and non-medical staff, patients, and companies with an unprecedented challenge, which can be met only with coordination, communication, and innovation.

In this situation, our focus remains on supporting our partners in health care by providing the necessary products, consultation, and service.

Keywords : - Corona Virus, COVID 19, Health Care Staff, Doctor, Nurses,

Role of Health Staff in COVID 19 Situation

WHO has acknowledged that the hard work and selfless service provided by India's health workers, including nurses and midwives, have no doubt contributed to the country's impressive recovery rate of 31.15 percent.

In a series of profiles, nurses described their challenges in keeping their charges and themselves safe on a COVID-19 repatriation flight, in hospitals and ICUs, providing antenatal care, elderly care and psychosocial support in the context of COVID-19, and, for one nurse, of being quarantined for two weeks after caring for patients who tested positive for the virus. Nurses are being trained to deal with COVID-19 patients, ensure that protocols are followed, use PPE properly and practice hand hygiene, among other things.

Nurses are important in managing a health crisis because they are a vital link between the patient and the rest of the health care team. COVID-19 has brought into sharp focus the need for every nation to invest in nurses and midwives as part of their commitment to achieve universal health coverage.

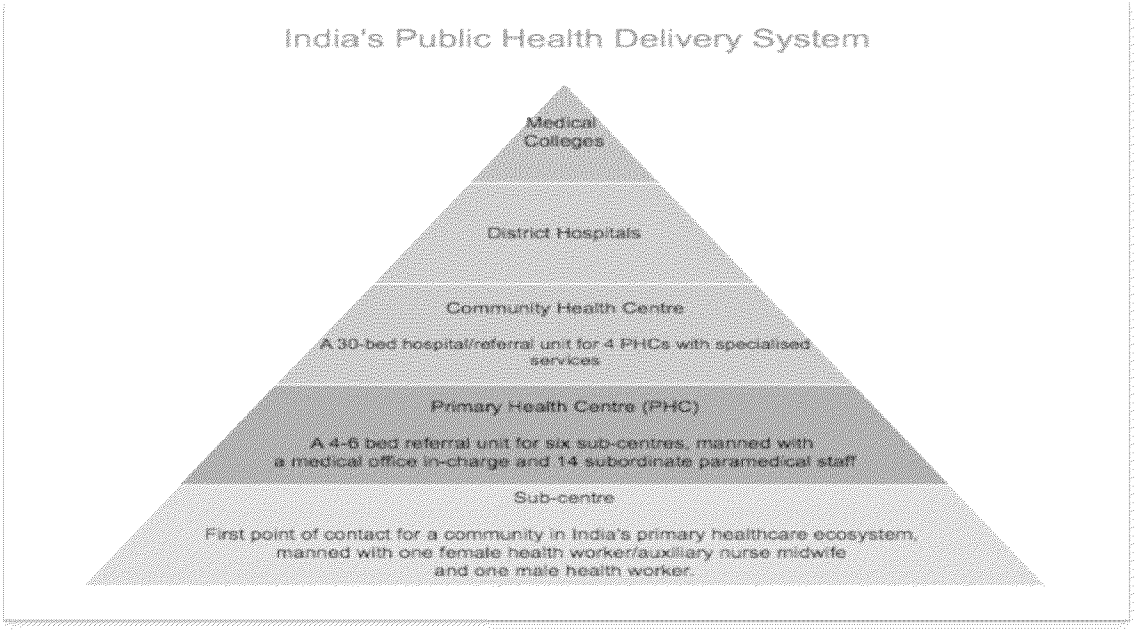
India's Health Minister Dr Harsh Vardhan in April said he valued the guidance and contributions made by the WHO in containing the spread of COVID-19 across the country.

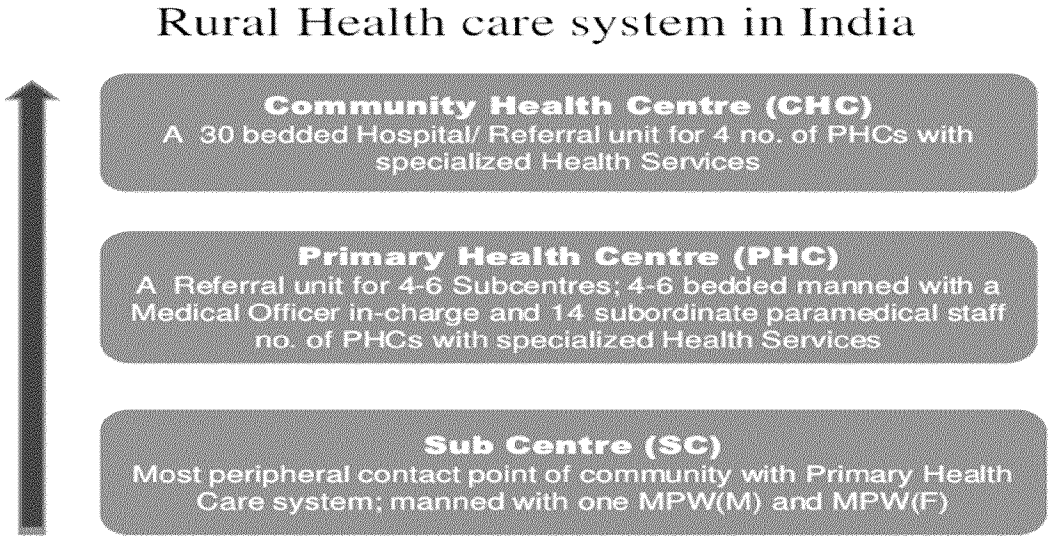
Globally, WHO provides ongoing technical guidance and guidelines on COVID-19 for health professionals in several areas, such as infection prevention and control, case management, risk communication and management, and more specific topics like pregnancy, childbirth and breastfeeding during COVID-19.



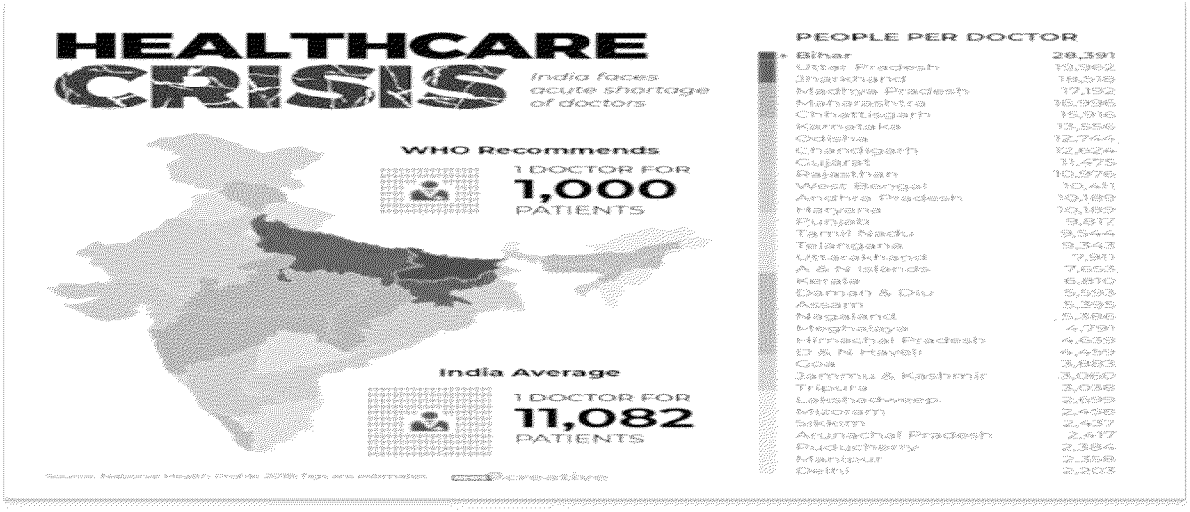
WHO designated 2020 as the "International Year of the Nurse and the Midwife" and while this designation came prior to the COVID-19 pandemic, we cannot think of a better time to honour and recognize nurses for their commitment to the profession. Around the world nurses are on the front lines battling COVID-19 daily.

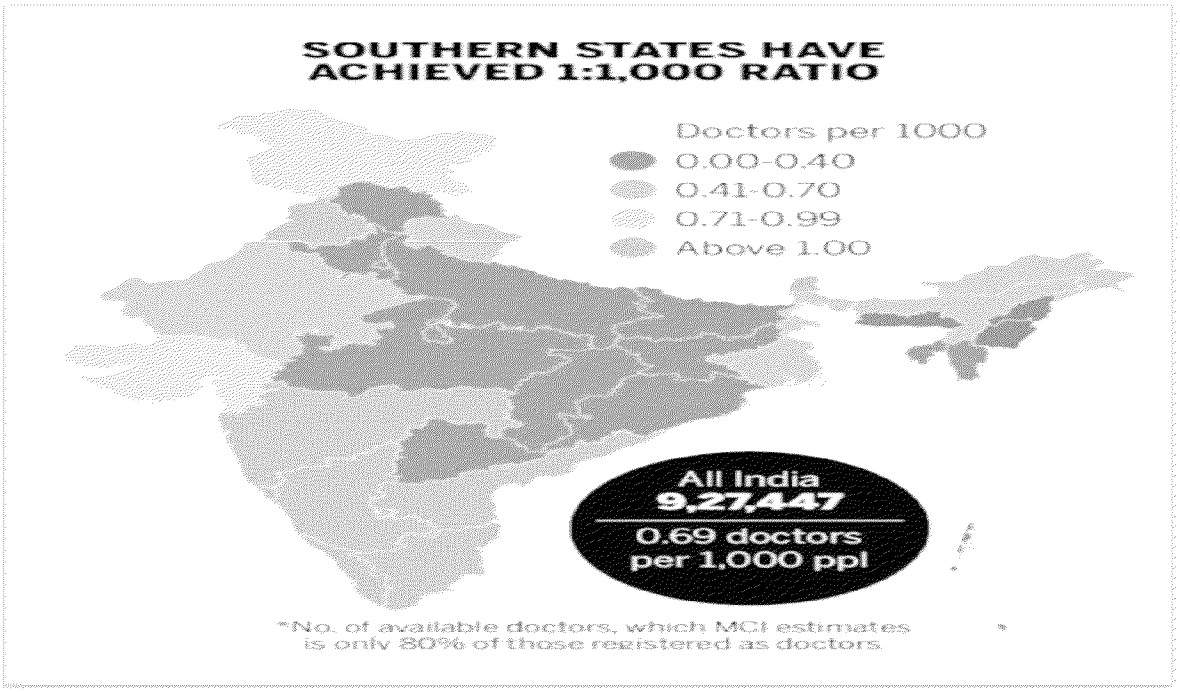
India has a mixed health-care system, inclusive of public and private health-care service providers.However, most of the private health-care providers are concentrated in urban India, providing secondary and tertiary care health-care services. The public health-care infrastructure in rural areas has been developed as a three-tier system based on the population norms and described below. The urban health system is discussed in the article on *Urban Newborn*.





The Covid-19 pandemic has added to the stress of an overburdened healthcare workforce. India has one medical doctor for every 1,404 people and 1.7 nurses per 1,000 people, according to the Ministry of Health and Family Welfare. This is lower than the World Health Organisation benchmark of one doctor and three nurses per 1,000 people.





Going to work during this COVID-19 pandemic has placed frontline workers under immense and unprecedented pressure, putting their physical, mental and social well-being at risk. Exposure to excessive stress, for prolonged periods can have many harmful consequences on the emotional and mental well-being of frontline workers. It canlead to burnout.trigger the onset of common mental disorders such as depression and anxiety or post-traumatic stress disorder (PTSD), result in unhealthy behaviours like using tobacco, alcohol or other substances, which

may lead to substance use disorders, result in frequent absence from work or reduced productivity while at work, increase the risk of suicide among frontline workers, particularly health care workers.

In the context of COVID-19, this may mean compromised quality and safety of care, breach of protocols and guidelines, increased risk of infections, and compromised capacity of the health system and emergency response teams. While many of the efforts to reduce stress and care for frontline workers must be made by organizations, managers and health administrators, frontline workers can also take actions to cope with stress.

Modi Said in His Address

"It is the good fortune of all of us that we are witnessing several such people around us who are working round the clock to serve others, to nurse the sick, to feed the hungry, to clean a hospital, to maintain law and order on roads. Within India and outside of it, every such person is worthy of praise, worthy of salute," he added.

Despite all of this – and the public recognition they have received for their work – their struggles for fair pay continue. Grave diggers haven't received the pandemic hazard pay they were promised, sanitation workers are facing arbitrary pay cuts and unpaid time off to make up for lack of revenue, doctors haven't received their full salaries and the economic fallout on farmers has been staggering.

Frontline health workers are integral to the global response to COVID-19. In hospitals, clinics and homes around the world, health workers are taking on significant personal risk and too often working without adequate equipment to ensure all of us can receive the care we need. The current crisis is demonstrating the essential, tireless, innovative and too-often undervalued role of health workers in ensuring strong, resilient health systems for everyone, everywhere.

We are delivering critical support for communities and health workers on the frontlines. In March, the Johnson & Johnson Family of Companies and the Johnson & Johnson Foundation committed $50 million dollars to support frontline health workers—from meals to protective equipment, extra training to mental health. This commitment expands upon a $250 million multi-year commitment we made earlier this year to support those at the frontlines guided by the Johnson & Johnson Center for Health Worker Innovation.



These ASHAs, short for Accredited Social Health Activists and Healthcare workers are drawn from local and largely rural communities, and are a crucial element in primary and community health programmes. They go door-to-door educating people about maternal and child health, contraception, immunisation and sanitation, as well as enrolling them in health programmes and monitoring the results.

Health Workers are at Risk

Their role in the fight against COVID-19 is not that different — they visit the homes they have been assigned, educate families about isolation, and monitor people for symptoms of the virus. But the risk is far greater than anything they have faced before.

For one, they only have minimum protection equipment like masks and sanitisers. Owing to shortage of Personal Protective Equipment (PPE), these workers are only given basic stuff like masks and sanitisers while the actual protocol says they must wear PPEs when they visit vulnerable areas.

Several ASHA workers told 'Star of Mysore' that they use cotton masks which they wash daily so they can re-use them. With Mysuru being declared as a Red Zone or a Hotspot, the Health Department is working overtime chalking out more measures to contain the spread of the virus.

Sadly, several of these Health workers and ASHA workers are underpaid. Most of the health workers are on contract and ASHA workers get a meagre salary of Rs. 4,000 per month and now for the Coronavirus work, they get Rs. 1000 extra.

These workers have been putting their lives in danger on a meagre salary. "We should be protected. It's the Government's responsibility to support us," they said. But low salary does not

discourage them from going to work. "My husband insists that I shouldn't go to work. He says other people such as nurses and doctors get paid a better salary, let them do this work," says an ASHA worker on condition of anonymity.

Conclusions

Overall, the COVID-19 pandemic is a crucial juncture in the Indian history. The evident trails from the rest of the world were helpful for the Indian officials to take preparedness and response measures at the right time to tackle the pandemic. The bold and decisive leadership of the central, as well as the state governments has implemented remarkable strategies to protect the livelihood of millions. Along with the government, giant corporates and NGO's are in the frontline to make consensus to curb the spread of the virus. Undoubtedly, each Indian has taken the "break the chain" slogan to their minds by staying home for a promising future ahead for the entire world. Evidently, the Indian government has taken huge steps to feed the entire nation and protect their lives and livelihoods amid the coronavirus outbreak. Hoping that this cloud also has a silver lining, in reshaping the society's potential for greater food security and food sovereignty, thus paving the way to efficient food systems.

Appreciations

- Right now, our healthcare workers are on the frontlines of battling the novel coronavirus disease (COVID-19) that's spreading rapidly throughout our city, state and nation. They are putting themselves in the path of this virus — in India and around the world — in this unprecedented crisis. Our doctors, nurses, technicians, transporters, EMTs, pharmacists and everyone who supports patient care are rising to the occasion and caring for our most vulnerable populations.

  ~ Narender Modi said in his address,

- Thank you for the sacrifices you make, every day and especially during this pandemic. Your dedication, commitment and courage deserve our deepest gratitude and admiration. Your service to patients is saving countless lives and making thousands of differences.
- The Indian Air Force put up a spectacular air show to thank the healthcare workers and other essential services personnel fighting the coronavirus outbreak in the country.

  ~Indian Air Force

- STANDING OVATION to lakhs of #coronawarriors who are selflessly leading the battle against #coronavirus These are our heroes who're risking their lives so we all #StaySafe Deepest gratitude to @narendramodi ji who has inspired each citizen to follow #socialdistancing

~Dr. Harsh Vardhan

At 5pm March 22nd the entire nation came out & applauded NEVER SEEN ANYTHING LIKE THIS ! PROUD TO BE AN INDIAN - JAI HIND

~Amitabh Bacchan

Expressed gratitude to all #essentialservices: doctors, nurses, paramedics, swacchta personnel, drivers, delivery riders, police, media, banks, postal/courier services, for standing by the nation at this time of #CoronavirusPandemic #JantaCurfew

~Nirmala Sitaraman

References

1. https://www.karger.com/Article/Abstract/507423
2. https://delhipostnews.com/covid-19-in-india-immense-role-for-healthcare-field-workers/
3. https://www.cnn.com/2020/03/22/asia/india-health-care-workers-applauded-trnd/index.html
4. http://www.emro.who.int/patient-safety/patient-news/on-the-front-line-of-covid-19-inspiring-stories-of-health-care-workers.html
5. https://www.google.com/search?q=rural+health+care+in+this+pandemic&oq=rural+health+care+in+this+pandemic&aqs=chrome..69i57.20961j0j4&client=ms-android-xiaomi-rev1&sourceid=chrome-mobile&ie=UTF-8
6. http://www.emro.who.int/mnh/news/frontline-workers-and-covid-19-coping-with-stress.html
7. https://www.google.com/search?q=doctor-patient+ratio+in+india+2020&client=ms-android-xiaomi-rev1&prmd=niv&sxsrf=ALeKk01f-Y9spE5FCzkHOeEIhEXs6e5_VA:1598548685926&source=lnms&tbm=isch&sa=X&ved=2ahUKEwj8rNL08bvrAhXOV30KHZxgANMQ_AUoAnoECAwQAg&biw=393&bih=742#imgrc=XOYPiOwaGlqkLM&imgdii=fqdLEuRD_7ovTM

8. https://www.who.int/news-room/feature-stories/detail/nurses-in-india-caring-for-covid-19-patients-contribute-to-impressive-recovery-rate
9. https://www.who.int/news-room/feature-stories/detail/nurses-in-india-caring-for-covid-19-patients-contribute-to-impressive-recovery-rate
10. https://www.google.com/search?q=doctors+per+million+in+india+flowchart&client=ms-android-xiaomi-rev1&prmd=inv&sxsrf=ALeKk01T5ZGlt-U_ku26e2u7af2bCsh-pQ:1598548417070&source=lnms&tbm=isch&sa=X&ved=2ahUKEwj_3Lj08LvrAhUSOSsKHQ9WDiQQ_AUoAXoECA4QAQ&biw=393&bih=742&dpr=2.75#imgrc=jQxFkuDCL5oGxM