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Contents

1. COVID-19 and Ayurvedic Industry: Impact on Ancient Science & Healthcare Business 3-10

Authors

Dr Mamta Joshi

2. The Consequences of Covid-19 on Youth Mental Health 11-15

Author

Dr Alina Dutta Roy

Dimpeemoni Borah

3. Impact of COVID-19 on Healthcare Sector of India 16-24

Author

Aditi Sharma

4. Impact and Policy Measures of India in Covid-19 Pandemic 25-30

Author

Sabeen Azam

5. The Role of Pandemic in Public Investments 31-40

Author

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Research Article



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COVID-19 and Ayurvedic Industry: Impact on Ancient Science & Healthcare Business

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ABSTRACT

The Covid-19 outbreak has turned out an opportunity for a recent noticeable increase in Ayurvedic goods and methods consumption in India. Hence, this paper aims to discover how consuming behaviour changed during Covid-19 time in terms of perceived health alertness and wellness perspective. Based on the collected data from 100 online respondents during the social distancing period due to Covid-19, the research analyses the role of Covid-19 as a moderator variable in the relationship between benefits perception of the consumer and their insight and health benefits toward traditional medical activities. The result shows Covid-19 plays a moderating role in consumer's awareness of utilities, which encourages consumer towards Ayurvedic goods. These findings can contribute to understanding consumer behaviour comprehensively, help Ayurvedic pharmacy companies and methods deal with similar situation as well as recommendations for the Government to support our ancient science and healthcare trade that has been adopted by cultures globally.

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KEYWORDS

Perception; ayurvedic; products; ancient; science

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PRELUDE

The corona virus pandemic has reminded the world of the importance of good health and strong and resilient immune systems. While effective

and curative medicines are indispensable in fighting such aggressive viruses. Ayurveda is an immortal time tested repository of the healthcare system in the world. This panacea could certainly open new horizons of health and wellness by

creating immense opportunities of entrepreneurship and business development contributing to the global economy (Singh et al 2016).

The growing geriatric population and its increased awareness of nutritional values and preventive healthcare have further augmented the global herbal supplements market. It is expected to reach \$ 8.5 billion by 2025 and expand at a Compound Annual Growth Rate (CAGR) of 6.2 per cent. India has been largely successful in improving mortality rate and curbing malnutrition (Banerjee et al 2015; Insider 2019; Rakshit 2020). The Ayurvedic system goes beyond a curative treatment and emphasises a healthy and all-encompassing lifestyle instead (Cain 2020; Das et al 2012). The ancient healthcare system focuses on understanding the individual in addition to the disease and advocates for a holistic and individualistic approach in diagnosis and management of diseases. Apart from an individualised diagnosis, Ayurvedic prognosis also includes the extensive use of herbs, exercise, diet, and changes in lifestyle (Nasri et al 2014, Raj et al 2016).

Given this, the Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH) issued an advisory amid the coronavirus pandemic in India, highlighting Himalaya Drug Company, a market leader in the nutrition and wellness segment, confirmed that during the lockdown, there has been a significant increase in demand for immunity and wellness products containing pure herbs, along with propriety formulations such as Himalaya Drug

Company's 'Septilin' and 'Immusante' (Ministry of AYUSH 2021).

Factors such as mounting health concerns over the side-effects of modern medicine are also driving consumer adoption of Ayurvedic and natural products. These include personal care and health care which incorporate Ayurvedic nutraceuticals, Ayurvedic medicines and dietary supplements. Ayurvedic medicines developed as nutraceuticals provide the following benefits:

- Cellular health support
- Immune health support
- Bio-chemical/neuroendocrine support
- Nutritional support through phytonutrients

CHANGING CONSUMER

Key drivers for growth of Ayurvedic Science-

- Economic growth and rising incomes.
- Rising per capita expenditures on healthcare products
- Low cost of production
- Improvement in the distribution network
- Increase in accessibility in both urban and rural regions.
- Awareness programs and subsidies
- Rise in non-communicable and chronic diseases

PROMINENT PLAYERS IN THE INDIAN INDUSTRY

- Charak Pharma Private Ltd
- Dabur India Ltd
- Emami Ltd
- Herbolab India Private Ltd
- Himalaya drug Company Private Ltd
- Nagarjuna Herbal Concentrates Ltd
- Patanjali Ayurved Ltd
- Shahnaz Ayurveda Private Ltd
- Shree Baidyanath Ayurved Bhawan Private Ltd
- Sandu Pharmaceuticals Ltd

In 2017, the global Ayurvedic market was valued at \$ 4.57 Bn and by 2026, it is expected to reach \$ 14.62 Bn, growing at a CAGR of 16.14 per cent through the forecast period (Maximize Market Research 2021). This upward trend brings India into the limelight as one of the largest producers of raw materials for Ayurveda products. As herbal medicines become main stream in many developed countries, India can emerge as a strong market leader for herb-derived drugs and dietary supplements. The sale of turmeric, for instance, is increasing manifold every year and India, as one of the largest cultivators of this antiallergenic, can use this opportunity to establish its presence as a preferred global supplier of such raw materials used in the production of natural and Ayurvedic products.

This is highlighted in a report published by Statista on global Ayurveda exports. In India, the total export value of Ayurvedic and herbal

products amounted to \$ 446 million (Mn) in the 2019 fiscal year, marking a consistent increase in the total value of exports since FY 2015. Agriculture and allied sectors, of which Ayurvedic and herbal products are a part, contributed to about 8.6 per cent of India's total exports (STATISTA 2021).

According to Baidyanath, a leading industry player, India exports roughly five per cent of its manufactured products annually. Exports usually include ingredients or single ingredient products. Ingredients used in Ayurvedic products are sourced almost entirely from within India specific regions are known for their flourishing cultivation of certain ingredients.

Indian companies have also taken special initiatives to ensure the proper supply of raw materials, while positively impacting the farmer community. Himalaya Drug Company's Kisaan Mitra focuses on the economic empowerment of small and marginalised farmers across India. Baidyanath Group, similarly, has dedicated field research teams that gather data on the cultivation of herbs and disseminate its analysis among the farming community to better their results (Mohan 2019; Wele & Kolatkar 2016).

Despite the general upward global trend, the popularity of Ayurveda varies from one country to another. The Asia-Pacific (APAC) region spearheads the market growth due to the readily available raw materials and traditional presence of Ayurveda in the region while European countries like Italy, Russia, France and Germany, in particular, reflect the growing popularity.

Global Ayurveda Market (in \$ Bn)



OBJECTIVES

This research focuses on gaining a better understanding on how and in what respect the Ayurvedic medical science is effective in enhancing the effectiveness during this pandemics in the Indian context .The specific objectives are:

- To explore and explain how the ancient medical sector is expanding its market.
- To trace out the causes responsible for effective performance.
- To explore and suggest the best possible Ayurvedic medical methods for giving effective customer oriented services to meet the global challenges.

METHODOLOGY

This study is based on descriptive research design using online questionnaire as the key research instrument. Chi square was applied to test the research hypotheses in the study. Also based on

secondary data. The data required for the study are collected from the Government publications, Books, Journals, Websites and so on. The study covers a period from 2020-2021.

HYPOTHESIS

To fulfil the objectives of the study, following hypotheses were formulated:

H0: Health benefits and ayurvedic treatments are independent.

H1: Health benefits and ayurvedic treatments are not independent.

SAMPLE

The sample in this study comprise 100 online respondents during the social distancing period due to Covid-19, the research analyses the role of Covid-19 as a moderator variable in the relationship between benefits perception of the consumer and their insight and health benefits toward traditional medical activities. The result

shows Covid-19 plays a moderating role in consumer’s awareness of utilities, which encourages consumer towards Ayurvedic goods. Analysis of data has been done through chi square test, percentage and graphical representation.

INTERPRETATION AND ANALYSIS

A sample of 100 consumers was subjected to different types of ayurvedic goods as intensive, good and average and the effect was noted as above average, average and poor. The resulting data is presented in the table below using a 5%

level of significance to examine whether there is any relationship between the type of ayurvedic medical science and effectiveness during the current pandemic.

H0: Health benefits and ayurvedic treatments are independent.

H1: Health benefits and ayurvedic treatments are not independent.

The expected frequencies corresponding the i (th) row and the j(th) column in the contingency table are denoted by Eij,

Where i= 1,2,3

And j= 1,2,3

Effectiveness	Intensive	Good	Average	Total
Above Average	50	20	5	75
Average	15	5	2	22
Poor	1	1	1	03
Total	66	26	8	100

$E_{1,1} = 75 \cdot 66 / 100 = 49.5$ $E_{1,2} = 75 \cdot 26 / 100 = 19.5$ $E_{1,3} = 75 \cdot 8 / 100 = 6$ $E_{2,1} = 22 \cdot 66 / 100 = 14.52$ $E_{2,2} = 22 \cdot 26 / 100 = 5.72$ $E_{2,3} = 22 \cdot 8 / 100 = 1.76$ $E_{3,1} = 3 \cdot 66 / 100 = 1.98$ $E_{3,2} = 3 \cdot 26 / 100 = 0.78$ $E_{3,3} = 3 \cdot 8 / 100 = 0.24$
--

The table of observed and expected frequency corresponding to the i(th) row and the j(th)

column and the computation of the chi square (χ^2) is given in the table.

ROW/ COLUMN	Qij	Eij	(Oij-Eij) ²	Oij-Eij ² / Eij
1,1	50	49.5	0.25	0.0051
1,2	20	19.5	0.25	0.0129
1,3	5	6	1	0.167
2,1	15	14.52	0.2304	0.0159
2,2	5	5.72	0.5184	0.091
2,3	2	1.76	0.0576	0.033
3,1	1	1.98	0.9604	0.486
3,2	1	0.78	0.0484	0.063
3,3	1	0.24	0.5776	2.407

$$\text{Sample } \chi^2 = \sum_{i=1}^r \sum_{j=1}^c \frac{(O_{ij} - E_{ij})^2}{E_{ij}} = 3.3268$$

The calculated value of $(\chi)^2$ is less than the table value of χ^2 at 5 % level of significance at 1 degree of freedom (3.841) there is not enough evidence to reject the null hypothesis. Hence the null hypothesis is accepted. Therefore there is no significance difference in health benefits and ayurvedic treatments.

A renewed interest in Ayurveda's holistic care coupled with the government's approval of 100 per cent foreign direct investment (FDI) in the sector has opened doors for all stakeholders to work together to harness Ayurveda's potential in India and across the world. Despite being a millennia-old tradition, the Ayurveda industry is actually at a nascent stage and therefore, primed for investments in several areas that are sure to yield high returns.

The vast scope for growth within the sector has allowed the division of investment opportunities into two distinct categories that will not only

advance industry knowledge but also Ayurveda's presence in consumer markets.

CONCLUSION AND FINDINGS

As this paper highlights, Ayurveda, as a segment, has scope for tremendous growth which can benefit from investments in identified spaces. They will allow Ayurveda to evolve itself to a form that is cognisant of the needs and trends of new generations. Today, the sector is more structured, has integrated technological advancements, environmental changes and evidence-based research methodologies to provide premium care. These advancements, built on Ayurveda's affordability and pre-existing user base, can help advance the system's benefits to the population at large.

Bringing Ayurveda into the mainstream requires a concerted effort which can be led by the Ministry of AYUSH. The ministry can also explore the incorporation of industry suggestions

towards designing standardisation and licensing norms that regularise Ayurveda products in India. The AYUSH Ministry can also help companies seeking overseas sales of their products, the requirements for which, as discussed, can be a cumbersome process. It can be streamlined with the ministry's intervention and outreach to other countries. As a positive move, the government recently introduced an economic stimulus package under the Atmanirbhar Bharat Abhiyan and has allotted INR 4,000 crore (\$ 535 Mn) to the herbal sector for promotion of herbal cultivation. The move aims to cover 10 lakh hectares (24.7 lakh acres) under herbal cultivation over a period of two years.

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DOI: <https://doi.org/10.5281/zenodo.5791728>**Research Article****KMF Publishers**
www.kmf-publishers.com/phas/OPEN  ACCESS**The Consequences of Covid-19 on Youth Mental Health****Dr Alina Dutta Roy and Dimpeemoni Borah**

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ABSTRACT

During epidemics, the quantity of individuals whose emotional well-being is influenced will in general be more noteworthy than the quantity of individuals influenced by the disease. Previous disasters have demonstrated that the mental health consequences can last longer and have a higher incidence than the pandemic itself, and that the psychological and economic consequences can be incalculable when considered in diverse situations. The COVID-19 pandemic has ramifications in other areas as well, including family organisation, school, company, and public place closures, changes in work routines, and isolation, which can lead to emotions of helplessness and abandonment. Furthermore, the economic and societal ramifications of such a large-scale catastrophe may exacerbate insecurity. The COVID-19 pandemic and lockdown have brought about a sense of fear and anxiety around the globe. This phenomenon has led to short-term as well as long-term psychosocial and mental health implications, especially among the youths. Many vulnerability factors, such like developmental age, educational status, pre-existing mental health disorders, being impoverished, or being confined due to infection or fear of infection, determine the quality and extent of the impact upon youths. An attempt has been made in this paper to study the mental health aspects of the youths impacted by the COVID-19 pandemic. This study will try to find out the various impact on the mental health of the youths, its root causes along with some suggestive measures to get rid of such mental illness. It will be qualitative research in nature. Data will be collected from 25 youth who are students through telephonic interviews using an interview schedule.

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KEYWORDS

Covid-19, mental-health, physical health, youths, psychosocial, mental- hygiene, trauma

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INTRODUCTION

Humans are infected with Covid 19, a virus that causes both mental and physical sickness. As a contagious virus, it can readily travel from an infected person into the air by coughing or sneezing the virus into the air to a healthy human being who breathes or unintentionally touches the virus. Precaution is seen to be the most effective approach to combat the epidemic. When the WHO proclaimed Novel Corona Virus a pandemic on March 11, 2020, the first step in combating the illness was to impose a severe lockdown to treat, identify, and reduce the virus's spread. With existing issues like as a massive population of 1.35 billion people spread across several states, poverty, socioeconomic inequality, and lockdown, developing countries like India have become a major challenge not only for the government but also for each individual.

As there are no formal criteria for defining youth, we might describe it as the era of transition from childhood to adulthood, when a person is capable of surviving on their own. For our purposes, youth is defined as a person who is capable of standing on their own, making their own decisions, and figuring out how to survive and leave society. Without the youth's ongoing contribution, no country can endure. The youth must be properly nourished since they represent the country. Fear of young has always been a hindrance to the country. As there are no formal criteria for defining youth, we might describe it as the era of transition from childhood to adulthood, when a person is capable of surviving on their own. For our purposes, youth is defined as a person who is capable of standing on their own, making their own decisions, and figuring

out how to survive and leave society. Without the youth's ongoing contribution, no country can endure. The youth must be properly nourished since they represent the country. Fear of young has always been a hindrance to the country.

This research will look at numerous effects on youth mental health as well as their reactions to those impacts. This research will aid in the investigation of numerous mental health concerns that have arisen as a result of the Covid 19 pandemic and lockdown. It will be a qualitative study in the wild. Data will be gathered utilising telephonic interviews and some open-ended questions.

Statement of the Problem

Mental health and well-being are the foundation and pillars for dealing with life's different stresses and obstacles. Our health has always been a top issue for us as humans, whether we are aware of it or not. Our priorities as teenagers may shift, but the consequences always have an impact on our mental health. Mood and outlook, social self, drive and motivation, core cognition, mind-body link, and other characteristics are all taken into account while evaluating mental health. These factors may differ from one person to the next.

Because India is a young country with nearly half of the population under the age of 25, thinking about their mental health is a major worry. Following the covid pandemic, a huge population of India's youth were vulnerable to the virus. In an attempt to reduce the number of people infected, all precautionary efforts have had both positive and negative effects on the youth. It cannot be argued that the lockdown was effective, but it came at a heavy cost, both financially and

psychologically, to the youngsters. According to studies, the absolute ban on selling alcohol during lockdown induced alcohol withdrawal syndrome in many young people, many of whom were previously unknown. Many students are afraid of missing out on tremendous possibilities for higher education, and with all of the trauma going on, sadness and anxiety are common, which society refuses to recognise, leading to many adolescents attempting suicide.

LITERATURE REVIEW

In their research, MEI (2020) discovered that mental health is a severe problem among youth amid public health emergencies. Low educational levels, PTSD symptoms, enterprise employee, and bad coping techniques are among the elements that influence juvenile mental health, according to the study. As a result, the local government is being urged to conduct adequate health-care initiatives. If someone experiences a traumatic event, according to Ehlers and Clark's (2002) report on posttraumatic stress disorder, they may make a negative assessment of the trauma. It makes it simpler to use maladaptive coping mechanisms to keep PTSD symptoms like invasion, arousal, and intense negative emotions at bay.

As a result, it is assumed in this study that after experiencing traumatic events, adolescent groups have a tendency to acquire psychological disorders. On February 18, 2020, the National Health Commission of China updated that the COVID-19 outbreak in China has produced panic among citizens and resulted in mental health

stress, which is of equal concern to the public as the pandemic itself. According to J Formos Med Assoc. (2010), the SARS 2003 pandemic and the 2009 Novel Influenza A (H1N1) outbreak caused the public to suffer from PTSD, sadness, and anxiety. PTSD has been linked to sadness and anxiety in certain studies. According to Clark and Ehlers' idea, traumatic occurrences may result in a negative mental and physical assessment of the trauma, making it easier to adapt to PTSD symptoms. As a result of the research, it was concluded that young people had a higher risk of developing psychiatric problems as a result of traumatic stress disorder.

METHODOLOGY

The qualitative approach is used in the research, which includes both primary and secondary data. Purposive sampling is used to select respondents for data collecting. For the objective of the study, 17 young people from Guwahati were chosen as respondents. As a source of secondary data, many publications and journals are examined.

Objectives:

- To investigate the difficulties faced by youths as a result of the pandemic.
- To learn more about the pandemic's effects on young people's mental health.
- To determine what steps may be taken to address these issues.

FINDINGS OF THE STUDY

According to the findings of the aforesaid study, the majority of those who replied were extremely vulnerable to the continuing sensitive covid 19 pandemic time. Mood and outlook, social self, drive and motivation, core cognition, mind-body link, and other characteristics are evaluated while evaluating an individual's mental health. These factors may differ from one person to the next. Depression and anxiety, which are most commonly found in teenagers these days, have increased dramatically, along with severe functional impairment and the risk that comes with it. Fear of loss of income, social interaction, and illness has caused tremendous stress on the youth.

Considering the age as a factor in the verse of adulthood, social acceptance and personal safety can disrupt the only integrity of the youth, the pillar on which almost every youth relies. As a result, many activities that provide structure, daily rhythm, and significance to the kids, such as school, collages, extracurricular activities, physical labour, and social connections, have vanished. It has also been discovered that during lockdowns caused by the closure of educational facilities, home isolations have created confusion in the educational system. In the end, this causes anxiety and negative views about the youth's job prospects.

Many participants reported that these losses had exacerbated their depressive symptoms tremendously during the first few months, causing social detachment and emptiness within

oneself, which were observed to be nearly equal for most people staying near or away from their homes. According to the poll, the majority of the symptoms were temporary, and the participants were seen to be aware of the issues they were facing and eager to take safeguards. During the lockdown, most of the youth returned home to face a long period of waiting for acceptance of the ongoing family environment, as youth health, both mentally and physically, is influenced by their family system, which is impacted during the pandemic, and is made even worse when someone close to the family is affected. Family may become a risk factor for adolescents, despite being expected to be a positive aspect.

During the epidemic, family assets such as money and food are extremely valuable. With other family members going through their own breakdowns and losses, the youth are expected to play a significant role in the family, which is a new experience for most of them. Domestic violence and conflict among siblings has also become a big concern for their own and others. According to the data Most of the youth has considered it to be a good experience as they are finding ways to be a better version of themselves for everybody. During unlock down maintaining social distance is also a big concern for the youth.

CONCLUSION

From the above objective it can be concluded that, the COVID-19 pandemic is a disaster that has affected the human beings at multiple level and its impact is yet to be thoroughly understood

in the future. With the considerable evidence it can be observed that this pandemic has affected the wellbeing of the youth at psychological level. As WHO has warned the powerful nations and the governments how to prepare and to tackle the mental health complication that is most likely to arise due to COVID-19. As the evident indicate that there are many complications related to mental health in youth our knowledge of the impact cause during the pandemic on youth mental health is restricted to limited data and observations. Mostly the lack of awareness and the fear of social separation and neglecting the direct impact of COvid-19 is the root cause preventing the youth to present their views. Hence most of the research mostly focuses on understanding and exploring the mental health problem of elderly people rather than the youth generation. But with the concrete evidence it can't be neglected that Psychological distress associated with depression and anxiety is highly frequent and widely spreading in adolescents and youth which is now fueled by Covid-19. So it is

high time that many steps that need to be taken by both Government, parents and the youth itself to maintain a good mental health and psychological wellbeing of the youth who are in the most crucial phase of their lives.

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DOI: <https://doi.org/10.5281/zenodo.5791732>**Research Article****KMF Publishers**
www.kmf-publishers.com/phas/OPEN  ACCESS**Impact of COVID-19 on Healthcare Sector of India****Aditi Sharma**

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ABSTRACT

Being the second largest populated country after China, India has also suffered the unequal trauma due to Covid pandemic situation. As World Health Organisation (WHO) declared the Covid 19 pandemic an outbreak affecting the countries and people worldwide it has a catastrophic impact over the economy of India also, the very first case of corona virus was came into light on 29 January, 2020. With the population of 1.3 billion, the Indian economy was trying to make a balance between Healthcare and economy. Government of India with this regard took many initiatives for taking a control over community spread, regional and nationwide lockdowns were imposed which initially was successful but later on in economic slowdown, it resulted in affecting the lives of millions of people. The study explores the spread of corona virus in rural areas of the country as well as the emergency response of its healthcare system to tackle the situation of rising pandemic cases.

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Covid-19, India, healthcare systems

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INTRODUCTION

The Pandemic arised from Novel Corona Virus (COVID-19) in December 2019, which has originated in Wuhan city, China. This was named as Novel Corona Virus by Chinese official authorities along with World Health Organisation. A group of 40 cases approximately

was reported there out of which some were vendors and others were dealers in the seafood market namely 'Huanan'. The very first death of 61 year old male from COVID-19 was revealed by China on 11th January. Few weeks later, the virus infection spread across all over the world at a speedy pace. After that WHO announced this as International Concern of 'Public Health

Emergency’ on 30th January 2020. After knowing that the virus has affected more than 114 countries all over the globe, the WHO announced it a pandemic – COVID-19 on 11th March (Roya et al 2020).

Till May17th, 2020 there were 4 million confirmed cases with WHO and even more than 3,00,000 deaths. For preventing the critical spread of the virus, various measures were taken up by the State and National governments like: lockdowns, isolation, and social distancing which restricted the movement of people and affect their lives. It had also a great effect over the health care sector in India. (Iyengar et al 2020)

In words of some authors Hospitals are defined as the ‘monuments to diseases’ which are set up for the care and treatment of patients but in the scenario of pandemic it had become unaffordable to common people in country due to some governing healthcare policies. Despite the implementation of National Rural Health Mission (NRHM) since 2005 the healthcare system of India still face a continuous challenge (Bajpai 2014).

The doctors treating patients in Wuhan are cheerful as compared to Indian doctors. The Government of India took measures to stop the widespread of Covid-19 virus which is praiseworthy, but being a ‘developing country’ it requires training to healthcare sector. Wearing PPE, and ICU availability stood at major serious concern for doctors, as in public sector there was lack of ICU and technology. On other side private sector also found it difficult to manage contagious virus spread among people. Its

concern was about the supply of ventilators and PPE’s for sick patients because the government of UK and USA also failed to supply adequate amount of it to healthcare workers. (Misra 2020)

Impact of Pandemic on Indian Health Care Sector

As discussed in above paragraph that Corona has a great and catastrophic impact over the health care systems globally, it also shaken the foundation of Indian health care industry too. Both private and ublic sector got affected equally, in spite of this the private sector hospital contributed toward prevention from virus infection. Many of them initiated various plans like enhancing infrastructure, isolation departments, medical treatment kits and other equipments with extra workforce in order to respond COVID-19. Government of India strengthened measures with attaching mobile applications at state and national level both, Aarogya Setu app is one of the example of the applications. (Mistry 2021)

The Health Workforce and Universal Health Coverage

Attaining the Universal Health Coverage is one of the important targets which the United Nations set up while adopting the SDG’s in 2015. Although improvement in health services of different service and income groups has been recorded through the UHC index which is-Service Coverage Index (SCI) increasing from an average of 45 (out of 100) in 2000 to 66 in 2017. According to WHO, ‘Overall, financial

protection prior to COVID-19 has been deteriorating. The proportion of the population with out-of-pocket spending exceeding 10% of their household budget rose from 9% to 13% and those exceeding 25% rose from 1.7% to 2.9%, over the period 2000-2015.'

As well, the global health workforce responded in heroic manner since the beginning of pandemic. Consequently, the year 2021 has been designated as 'International Year of Health and Care Workers' in appraisal of voluntary dedication of health care team against a fight with COVID-19. Still the world needs millions more of them to achieve universal health coverage by year 2030. (World Health Statistics 2021: A visual summary 2021)

Disturbance in Healthcare Supply Chain

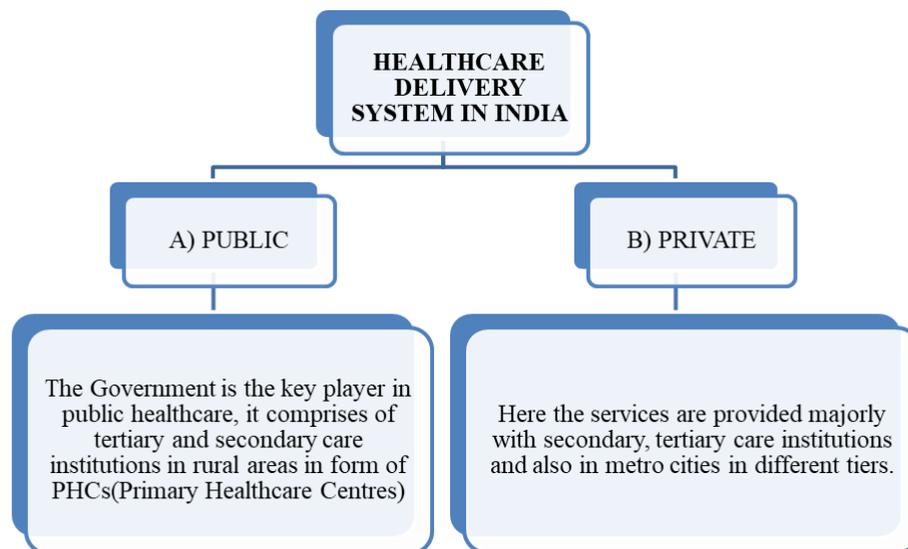
With reduction of regular supply of face masks, hand sanitizers and many more items, corona virus has created destruction across the world.

Disruption in the supply of medical equipments affected various activities like management in health care units, procurement of necessary commodities of health care. China is well known largest supplier of medical devices among countries but being an epicentre of the pandemic china as well as other countries like India exposed to COVID-19 (Rinswer 2021)

Indian Healthcare and Delivery System

Healthcare sector is known as India's one of the most renowned area, in terms of employment as well as revenue generation. It includes medical services, clinics, hospitals, telemedicine, other medical equipments and related facilities respectively. Healthcare sector of India is nowadays growing at vigorous pace because of wide service coverage to the public.

Healthcare delivery system of India comprises of 2 major components which are Public system and Private system.



India has an important competitive advantage in form of large pool of well-trained medical professionals within it. It is said to be competitive in relation with cost as, cost of surgery is approximately 1/10th of cost in Western Europe and USA. According to the data available online regarding COVID-19 vaccine as on 15 June 2021, more than 26.68 crore doses had been administered in country. (Indian Healthcare Industry Analysis - IBEF 2010)

GOVERNMENT INITIATIVES

In order to promote healthcare sector in India, the Government took various initiatives like:

- As recorded in May 2021, approximately 11.9 lakh health identities have been generated and registered on NDHM platform.
- Defence Minister - Mr. Rajnath Singh in May 2021, revealed ‘Services e-Health

Assistance & Teleconsultation (SeHAT)’ portal for OPD to provide services of telemedicine to arm forces.

- A campaign namely ‘Intensified Mission Indradhanush 3.0-’ started in March 2021, to reach pregnant women and children who were missed out of routine immunisation due to pandemic.
- In March 2021, the Parliament passed ‘National Commission for allied Healthcare Professions Bill 2021’, which targets to create a body for regulation and maintenance of standards and education services for professionals in healthcare.
- As per the Union Budget 2021, health infrastructure’s investment expanded 2.37 times approx. And allocation of health care sector for FY22 stood nearly as Rs. 223,846 crore.
- Government of India also announced Rs. 64,180 crore for healthcare sector in Union Budget to strengthen the ‘National

Health Mission’ by various measures in primary, secondary healthcare systems.

FUTURE OF HEALTHCARE SECTOR

India is having an economy full of strengths and opportunities for the players of medical industry. Being a developing country, India is gradually leading in terms of high-end diagnostic equipments and services with a huge capital investment. Indian healthcare industry is very

much diversified in different segments including medical technology, public and private players etc. With increase in competition, every business is looking forward to generate latest innovative trends and technologies for having positive impact upon their business. The Government of India plans to increase the spending of public health up to 2.5% of India’s GDP by the year 2025. Competitive advantage of India also lies in increased success rate of companies in getting approvals through ANDA (Abbreviated New Drug Application). (Indian Healthcare Industry Analysis - IBEF 2010).

Health care Sector: 3 Phases

Phases	Outcome
Past	The healthcare sector was not well prepared with equipments and technologies to tackle COVID-19 pandemic situation. There was also lack of acknowledgement about the infectious disease and its global impact.
Present	Health care industry is struggling and coping up with serious threats and challenges across the globe, to make a balance between demand and supply of medical equipments. Pharmaceutical firms are working hard for facing the current situation of outbreak.
Future	As we know that healthcare units spending for COVID-19 is increasing exponentially, firms that conduct survey, research, produce test kits, develop vaccines, and other supply medical equipment are likely to be benefitted the most in future. Innovative ideas and preventive measures would become a norm in healthcare sector, in near future.

VARIOUS HEALTH RELATED SCHEMES

Rashtriya Swasthya Bima Yojana (RSBY)

It was centrally sponsored scheme which was implemented by the Ministry of Labour &

Employment, under the act namely ‘Unorganised Worker’s Social Securities Act, 2008’.

Main aim of the scheme was to provide a health insurance cover to BPL families along with other 11 categories of Unorganised workers like construction workers, MNREGA workers, mine and sanitation workers etc. Families enrolled in this scheme were entitled the benefits of upto Rs

30,000 per annum for hospitalisation in hospitals under RSBY

Senior Citizen Health Insurance Scheme (SCHIS)

Under this scheme insurance cover was provided to senior citizens. It was implemented w.e.f 01.04.2016. It provided additional coverage of 30,000 to them. The RSBY and SCHIS had been subsumed or merged under “Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana”

Umbrella Scheme of Rashtriya Arogya Nidhi (RAN):

Under this Umbrella Scheme, financial assistance upto Rs.15 lakh is provided to poor patients as one-time grant which belong to families below poverty line, suffering from major diseases like cancer and rare diseases of kidney, liver, heart etc.

Components	No. Of patients	Amount Released (in crore)
Rashtriya Arogya Nidhi	9,75,64,694	129
Health Minister's Cancer Patient Fund	9,93,75,110	94
Rare Disease	5,90,00,000	30

Source: Annual Report 2020-21

Health Scheme of Central Government

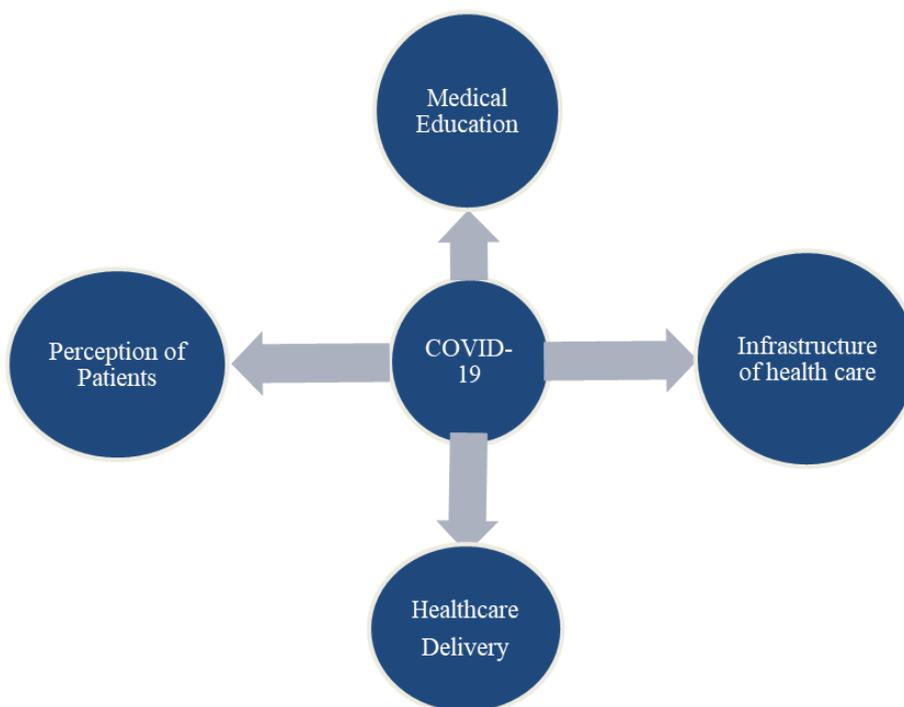
Establishment of CGHS scheme was done for the benefit of retired employees of central government with their families. According to the data provided in annual report, the scheme was announced and started in Delhi in 1954 and now approximately the it has spreaded over 74 cities serving nearly 12.83 lacs primary cardholders and 37.49 lacs other beneficiaries.

Facilities available to CGHS beneficiaries

- It provides various facilities like OPD and medicines through its large network of labs Wellness Centres, and polyclinics etc.
- Beneficiaries under this scheme are allowed to seek OPD consultation from specialists of private hospitals.(Department of Health & Family Welfare Ministry of Health &

Family Welfare Government of India ,
2020-21)

Improvement needed in future health care



Digitization in Healthcare Sector

COVID-19 brought a biggest change in adopting digital technology in India. Everything was shut down during the pandemic which were essential part in person’s life but on other hand the other ways of doing (substitute) activities like shopping, banking etc were seen at a steep rise by making use of digital technology. Healthcare is the only sector which is seen as up taking the most digital technology in it. This pandemic

brought digital or tech-healthcare to forefront in lime light. (Bhambere & Sumit 2021).

CONCLUSION

As we know that COVID-19 pandemic started rising at a great peak from the city Wuhan in China, across the globe having a long lasting destructive impact. Apart from increasing number of positive cases of the virus and deaths, it has negative impacts over the economies of different countries as well. After the declaration

of COVID-19 a ‘pandemic’ in March 2020, various restrictions and prohibitions were taken up in action like on movement of people, imposing strict lockdowns at different levels, etc for stopping the spread of the infectious virus.

The major challenge is faced by the healthcare sector of economies especially India, due to lack of preparedness in advance for such unpredictable disease and shortage of supply of medical equipment like PPE.

Eventually, the lack of supply and shortage deficiencies are exposed by COVID-19 in the economies across the globe, which has prompted the health care sector to wake up and discover new technologies and essentials for the care of patients in well manner.

It also paved positive effects or opportunities to people thus, despite of disruption globally it has several positive effects like: role of personal hygiene, infection control, effective use of telemedicine, exercises and much more.

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DOI: <https://doi.org/10.5281/zenodo.5791734>**Research Article****KMF Publishers**
www.kmf-publishers.com/phas/OPEN  ACCESS**Impact and Policy Measures of India in Covid-19 Pandemic****Sabeen Azam**

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ABSTRACT

The Covid-19 pandemic has been hitting the globe. Almost every country is affected by this pandemic. The coronavirus epidemic has had a significant influence on India's economic activities as well as the loss of human life. With a few notable exceptions, almost all industries have been negatively impacted as domestic demand and exports have sharply decreased, with few notable exceptions where high growth has been witnessed. This study examines how the public health issue has impacted India's most important economic sectors. While the government has put in place certain mitigating measures, they are insufficient to combat the pandemic's effects. The study examines how a near-collapse of the Indian economy might affect the country's hybrid political structure, which is dominated by the elites. An attempt is made to assess the impact and potential remedies for a few significant industries. The impact and policy measures need to be more pro-active to be effect and implicated on ground measures.

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INTRODUCTION

The Coronavirus Disease 2019 (COVID-19) pandemic has disrupted economic activity in India. Until mid-March 2020, the economy was mainly hit by disruptions in cross-border connections. For example, tourism arrivals in

India declined due to strict travel restrictions and some value chains were interrupted, especially with China. When COVID-19 started to spread in India through domestic contagion, the Indian authorities enacted a series of measures to combat the pandemic, including a national lockdown from March 25 onwards that strongly disrupted economic activity across the country. When

restrictions were stepwise eased in May, economic activity slowly recovered. Shutdowns and other non-pharmaceutical interventions to contain the spread of COVID-19 have high economic costs and consequently tend to be accompanied by policy responses to mitigate their economic impact. In line, both the Reserve Bank of India and the Government of India announced measures to assist individuals and companies that were negatively affected. Adjusting containment measures and policy responses to mitigate their economic impact require an assessment of the magnitude of the economic situation in near real-time. In addition, since the impact can vary at different locations, an assessment at high spatial granularity is needed.

Objective of the Study:

To know the various affects Covid-19 in India.

METHODOLOGY OF THE STUDY

The study is descriptive and analytical in nature. The information has been collected from secondary sources which contained Books, Journals, Newspapers, and Internet etc.

FINDINGS

Impact on Indian Economy

Indicators traditionally used to monitor the economic situation are available only with

substantial lags and often at the national level only, and hence provide little insights into the immediate effect of strong and sudden policy measures like a national lockdown. In response to such problems, economists have suggested different proxies that are available at a higher frequency and with shorter publication lags, as well as at a higher spatial granularity. Activities throughout the economy, from industrial production to commerce and household activity, so changes in consumption reveal information about these activities in real-time. About economic activity at high spatial granularity. Such proxies have become especially important during the COVID-19 pandemic, as it makes data collection through surveys, which are fundamental for the traditional estimation of gross value added, more difficult. In line, the Central Statistical Office noted that data collection challenges related to India's national lockdown will likely result in revisions to its growth estimate for the first quarter of 2020.

The economic impact of the lockdown was immediate. The weekly unemployment rate reported by the Centre for Monitoring Indian Economy (CMIE 2020) increased from 10 percent both in urban and rural areas in the week before the lockdown to 30 percent in the week thereafter in urban areas, and to 20 percent in rural areas. Different from developments in other countries, unemployment rates did not increase further after that and since then are hovering around 25 percent both in urban and rural areas. se in unemployment is evidence of a severe and sustained negative economic impact, which also manifests itself in other data. For example, cargo

traffic and rail freight declined, oil demand collapsed, and India's Purchase Manager Index dropped to an all-time low in April. An excellent discussion of the economic impact of COVID-19 on India's economy is provided by Dev and Sengupta (2020).

Political Impact

The Covid-19 pandemic also affected the political system of India to a large extent. The outbreak of deadly Corona virus created many obstacles in political activities of India. Keeping in mind the increasing spread and threat of the pandemic, the Government of India invoked epidemic Act of 1897 and also postponed ongoing budget session of the state. Moreover, the Government also took several measures for containing the spread of Covid-19 in the state such as Lockdown, Home or institutional quarantine and social distancing etc. Keeping in view the rapid spread of Corona virus, the Government of India also passed several regulations to combat the pandemic such as The India Covid-19 Regulations 2020 and The India Covid-19 Containment Regulations 2020 etc.

Beside that the Government of India also constituted some task force at both state and district level in order to ensure the effective implementation of Corona containment measures. Because of this global pandemic, the Government of India is facing several criticisms from the people of India as well as leaders of opposition party. A lot of people strongly criticized the Government's sudden decision of lockdown and said that they have been suffering

a lot due to this. Some leaders of opposition party have alleged that the Government is doing politics on the Covid-19.

Measures by Indian authorities to contain the pandemic

On March 22, 2020, India observed a 14-hour long curfew to combat the COVID-19 pandemic and assess the country's ability to implement containment measures. The government already ordered a lockdown in 75 districts where COVID-19 cases had occurred, as well as in all major cities. Further, on March 24, the government ordered a nationwide lockdown for 21 days, effective from March 25 until April 14, affecting the entire 1.3 billion population of India.⁷ After the enactment of the national lockdown, nearly all public offices were closed, and public services suspended.⁸ In addition, nearly all commercial and private establishments had to be closed and exceptions were only made for essential businesses like banks and insurance offices, internet and printing services, and shops selling food (which were encouraged to provide home delivery).

Industrial establishments were closed, and exceptions were only made for manufacturing units producing essential commodities. Such units required permission from the state governments to operate. Moreover, all but essential transport services – whether by air, rail, or roadways – were suspended and so were hospitality services. Finally, all educational institutions were closed as well. The lockdown, intended to end on April 14, was initially

extended until May 3. However, in areas where no new cases of COVID-19 arose until then, the government partially released restrictions from April 20 onwards. Agricultural activities were allowed again along with public works under the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA).

In addition, industries operating in rural areas, Special Economic Zones (SEZs), industrial estates and industrial townships could operate again, if they had arrangements for workers to stay on the premises. And construction activity in rural areas could continue as well. On May 1, the Ministry of Home Affairs extended the lockdown for a period of two weeks from May 4 until May 17. However, many restrictions were relaxed or lifted. For example, the central government permitted again the inter-state movement of migrant workers, pilgrims, tourists and others that were stranded during the nationwide lockdown and the Ministry of Railways began to operate special trains with social distancing measures to facilitate movements. Based on risk profiling, India's authorities divided districts into green, orange, and red zones.

The profiling depends, among other things, on the number of COVID-19 cases, recovery rates, and the extent of testing and surveillance. As of April 30, there were 130 red zone districts, 284 orange zone districts and 319 green zone districts. In green zones, restrictions were eased strongly, and most economic activity could resume. In addition, all goods traffic was permitted again, and individuals could move freely again for non-essential activities from 7 AM to 7 PM. However,

air, rail, metro and inter-state road travel remained prohibited and educational institutions, hospitality services and places of large public gatherings (such as cinemas and malls) remained closed. In orange zones, restrictions were also relaxed, but some related to mobility remained.

In red zones, industrial establishments in urban areas remained prohibited from operating, except for those in Special Economic Zones and industrial estates/townships with access control. And while private offices could operate again even in red zones, a maximum of a third of the employees could be physically present in the office at the same time. Finally, construction remained mostly prohibited in red zones. On May 17, the lockdown was again extended but new relaxations were announced. For the first time, states were given authority to determine the specifics of the lockdown. In addition, two new zones (containment and buffer) were added to the red, orange, and green zones. The national lockdown enacted by the Indian authorities was successful in limiting mobility.

The Google Mobility Reports for India (Google 2020) to show how mobility declined after the lockdown was enacted. This data is based on tracking smartphones, which in India have a coverage of 27.7 percent. While this means that not everyone is tracked, the mobility data is still based on a very large sample and can hence be used to assess declines in mobility across the world (Maloney and Taskin 2020). The noticeable drop in workplace presence around March 10 was due to Holi. Shortly before the national lockdown was announced on March 24,

the presence at workplaces had already declined by over 10 percent and by a similar magnitude in retail and recreation locations. When the lockdown was implemented, the presence at the workplace dropped immediately by half and a few days later by an additional 20 percent. At the same time, residential places were frequented more often, confirming that Indians indeed stayed at home more due to the lockdown. Since mid-April, presence at workplaces slowly increased again but on May 16, presence at workplaces was still 40 percent below normal.

CONCLUSION

Looking into the above discussion, it becomes quite clear that the wide spread global pandemic Covid-19 has made an adverse impact in the social, political and economic sector of India. The overall economic system of India has deteriorated due to this pandemic and it will greatly affect the social, political and economic aspect of the lives of the people of India in future. The Government of India is doing its level best with utmost effort to reduce the impact of Corona virus but still it has not been fully successful. Since this pandemic is affecting entire world, it is not possible for any state or country to defeat this pandemic alone and that is why all the nations and territories of the world have to fight unitedly with this deadly virus. Apart from this, at the national level, all states should unite and provide active cooperation to the central Government to palliate the effect of this devastating virus.

The people as well as the various socio-political organizations of the country should stop

criticizing the Government and provide full support to the Government to combat this pandemic because this is a humanitarian crisis and not a political one. India needs to rethink on its developmental paradigm. Equal access to Health and Education is an important condition for equitable development. An important lesson that the COVID-19 pandemic has taught the policymakers in India is to provide greater impetus to sectors which make better allocation of resources and reduce income inequalities. COVID-19 has also taught a lesson that in crisis the population returns to rely on the farm sector. India has a large arable land, but the farm sector has its own structural problems. However, directly or indirectly, 50 per cent of the households still depend on the farm sector. A greater support to MSMEs, higher public expenditure on health and education and making the labour force a formal employee in the economy are some of the milestones that the nation has to achieve.

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DOI: <https://doi.org/10.5281/zenodo.5791736>**Research Article****KMF Publishers**
www.kmf-publishers.com/phas/OPEN  ACCESS**The Role of Pandemic in Public Investments****Elda LATOLLARI and Milena SELVIA**

Department of Education, Fan Noli University, Korca, Albania

ABSTRACT

Introduction: The pandemic we went through was one of the most powerful blows that the Albanian state received, but also the world. Funding for public institutions has declined because the focus was on the health sector. The main purpose of this study is to identify the effect of the pandemic on the education sector in relation to its funding. The main objectives that we managed to achieve through this study are: identify pre-pandemic funding in the public sector; analyze the role of the pandemic in the budget of the educational institution; and compare budget before and after the pandemic. Methodology: This study is a case study, so as a public institution was included the educational institutions. The data were obtained in the municipality of Pogradec, Albania the economy sector. The methodological assessment was performed with Microsoft Exel and graphs. Results: In my study I managed to conclude that the figure invested in the education sector has dropped by 15%. The value of ALL invested in educational centers in 2019 reached the value of ALL 13 million, where most of this ALL belongs to the salaries of employees. While for 2020 the value of ALL invested in educational centers reaches the figure of ALL 20 million lek, where again most of the ALL invested goes to salaries. This decrease in support funds is due to the pandemic of Covid-19 because most of the money went to salaries and assistance provided by the municipality to the population. Conclusion: Scientific research on this topic is limited, so it is suggested that more research be done by field officials and various authors.

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INTRODUCTION

Public Internal Financial Control (PIFC) is the entirety of the internal control system exercised by public entities, to ensure that the financial management and control of public entities is in accordance with the relevant legislation, budget requirements, and principles of financial management with transparency, effectiveness, efficiency and economy. Public internal financial control includes all activities, in order to control the revenues, expenditures, assets and liabilities of public entities. It also includes central harmonization and coordination of financial management and control, as well as internal audit. "Public funds" are all funds, including funds of the European Union and other donors, which are collected, collected, held, distributed, and spent by public entities and which consist of revenues, expenditures, loans and grants to public entities. "Internal control" is the integral process of the system of financial management and control, as well as internal audit, set by the head of the public entity, within its governing objectives, to help carry out the activities of the public entity, with economy, effectiveness, and efficiency

Financial management and control is a system of policies, procedures, activities and controls, through which financial resources are planned, managed and controlled, to enable and influence the efficient and effective delivery of public services. This system is established, maintained, and regularly updated by the head of the public entity and implemented by all staff, in order to address the risks and provide sufficient assurance that the objectives of the public entity will be achieved through:

- effective, efficient, and economical activities.
- compliance with legislation and internal acts and contracts.
- reliable and complete operational and financial information.
- protection of information and assets.

Government activities nowadays have increased greatly. The growth of government functions and activities comes as a result of the complex nature of modern society. For the government, to live up to its responsibility, care must be taken in managing the scarce resources available to achieve these desirable goals. In addition to maintaining law and order, peace and stability, the government is also involved in providing social services such as providing good roads, transportation, drinking water, power and energy, and so on. All of these services need money. It is also the duty of the government to generate revenue to achieve its goals and objectives - creating social welfare and harmony in society.

Finances are a critical resource in the production chain and therefore should be used carefully to achieve results. In this premise, financial control and accountability in the public sector become essential. This research seeks to uncover the reasons for poor performance by government in relation to financial control and accountability in the public sector. Government agencies or the public sector are very heterogeneous in nature and thus the nature of financial control is completely different from that of the private sector in many ways.

METHODOLOGY

This study is a case study, which analyzes the sources of income and expenditures of a public entity in the municipality of Pogradec. The whole study focuses on the analysis of sources of income and services only in one public sector, however more work is needed to collect revenue according to the plan made in the budget as this means more investment, more quality services for residents of the Municipality of Pogradec, Albania.

Participants and intervention

Data were obtained from the budget plan of the municipality of Pogradec. This data includes the sources of income that are taxes collected. Most of the expenses for this period have been the expenses for electricity payments, cleaning expenses, expenses Telecom, postal services, expenses for water, expenses for salaries and social security, but also Court decisions, liquidation of arrears as in investments, water, materials services etc. The budget plan was studied in the educational center estimating the expenditures from the income of the municipality.

Measurements

The measurements were realized by measuring the value of expenditures in lek for a period of 4

months in 2019 and 2020. At first they estimated the monetary value collected from taxes and estimated the amount of lek spent in a public institution that is an educational center.

Search strategy

We searched the databases in order to identify as much published literature as possible to construct the theoretical part. In addition, most of the data are taken from the budget data of the municipality of Pogradec. These data show us the monetary value that is invested and earned in a public investment.

The tables

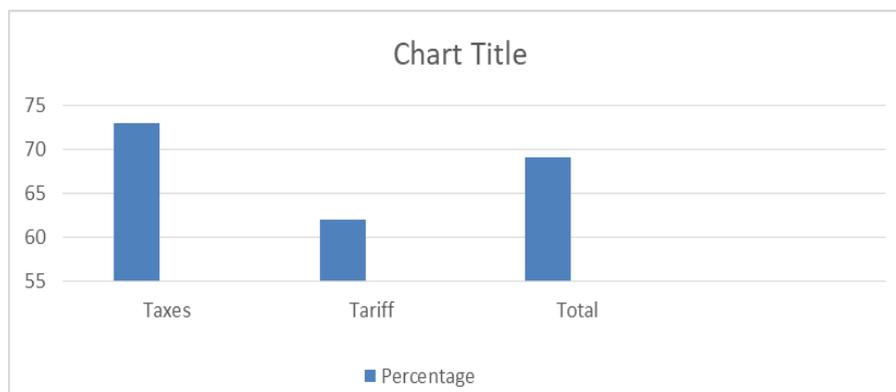
The municipality of Pogradec collected taxes that come from building taxes and taxes from businesses are more in the amount of money that is collected in the municipal budget. Then in the second place the amount of money collected from the fines, which again pass to the municipal budget. The municipality of Pogradec has access to all these taxes. In the table there are three columns, in the first column is estimated about 99 million new lekë that are claimed to be collected in the municipal budget, but in the second column is calculated the total real taxes that have been collected and we see that their value is 69 million lekë. So, we have a very high decrease of the real budget from that planned budget. This value calculated in percentage is 69%.

Taxes	Tariffs	Percentage	Total
19,591,256		73%	
	49,616,744	62%	
		69%	69,208,000

Tab. 2. Summary

In the first table are presented: in the first column we have presented a budget for 19 million ALL revenues from taxes that the municipality has access to, in the second table the budget collected from tariffs goes to the value of 49 million ALL and in total goes 69 million lekë. From the table

we see that the percentage from taxes was 73%, so despite the fact that 19 million ALL have been collected, we have managed to achieve 73% of the planned plan. While the percentage realized from tariffs is 62%, which seems low from the forecast.



Graph1. Percentage of money earned from taxes

In the first graph we present the percentages that are calculated in the second table. From the graph we see that the value of lek calculated from taxes is 72%, the value of lek from fees is 62%, while in total the tax collection plan reached the value of 69%. These data were taken from the first and second table presented in the graph.

This table shows the distribution of municipal revenues in public institutions. In this table we see that the revenues of the municipality are distributed in seven main categories. In it we see that the transferred institutions capture the maximum value of revenues invested by the municipality which reach the value of ALL 15 million. In my study I focused on investments made in educational centers such as kindergartens, kindergartens that are directly related to maintenance, buildings, salaries and

So how the money from budget are invested in 2019?

materials. In this table we see that the value is 13,865,691 ALL. The educational center includes school buildings, kindergartens, maintenance,

lighting, teachers' salaries, etc. Looking at the values of other categories I think this sector needs more investment.

Nr	Institutions	Outlays
1	Outlays of municipality	181,466,737
2	Greenery	6,687,691
3	Educational center	13,865,691
4	Cultural center "Lasgush Poradeci"	7,241,487
5	Multicenter Club	9,111,492
6	Maintenance enterprise	14,436,142
7	Other institutions	15,153,899

Tab 2. Outlays in institutions.

Case study: Educational center

Table 3. This table presents the 4-month plan provided in the projected revenue sharing that the municipality of Pogradec gives to educational institutions in 2019. In the penultimate column is presented the real value of money that is distributed at each level of educational institutions, while the last column gives the percentage. In this table it is seen that most of the money is given to the salary payments of the employees of the educational institutions. In the table we see that most of the investments are made in salaries, which account for 75% of the

total investments invested in education. If we do a preliminary analysis the data belong to 2019 and we are one year before the pandemic. After salaries most of the money goes to building maintenance, lighting. While in the third place a part of the money belongs to the part of the food in the educational centers, while the smallest value of the money goes for the maintenance. If we look at the table, the value spent on heating is about 2 million ALL. This is because most educational institutions use firewood for heating, usually village schools, but also city schools. While the new schools have a boiler heating system.

Nr	EMERTIMET	Plan 4 months	Facts 4 months	%
1	Kindergarten (10430)			
	Salary	1,679,000	1,193,640	71
	Health insurance	230,000	194,263	84
	Other outlay	100,000		-
	Total 1	2,009,000	1,387,903	69
2	Kindergarten (09120)			
	Salary	9,624,446	7,573,832	79
	Health insurance	1,438,000	757,445	53
	Total 2	11,062,446	8,331,277	75
	Food			
3	Food in kindergarten 10430	770,000	243,468.30	32
	'09120		744,687.60	
	Total 3	770,000	988,155.9	128
4	Administrative outlay			
	Printing			
	Total 4			
5	Operative outlay			
	Energy		1,552,694.20	
	Water		1,008,710.8	
	Rents		137,000.0	
	Total 5		2,698,405.0	
6	Services			
	Fuel			
	Other services	15,223,026	100,000	1
	Total 6	15,223,026	100,000	1
7	Disinfection		359753	
	Total 7		359753	
8	Aparatures			
	Total 8			
	TOTAL	29,064,472	13,865,493	48

Public institution expenses

There are three important factors that affect the non-implementation of the plan.

- Low collection of revenues from Administrative Units.
- Decisions for "On the creation of fiscal facilities to business in the context of the situation created by the spread of

COVID-19 infection" with an impact in the amount of 13,000,000

- Difficult situation created by the COVID-19 pandemic.

In the chart below we see a decrease in tax collection for 2020 and we have a new tax redistribution compared to 2020. This is due to the fact that in 2020 we have been closed for

almost three months and no institution except hospitals and grocery stores. This results in low tax collection. In this way we have had more help from the state for the needy.

As we can see from the table we have a decrease of investments made in the sector that we have taken in the study which is the education sector. This comes as the school closed from March to September.

Year 2020

The table shows the taxes collected in all sectors that the municipality of Pogradec has access to.

As we see the revenues that come from building taxes and taxes from businesses are more in the amount of money that is collected in the municipal budget. Then in the second place the amount of money collected from the fines, which again pass to the municipal budget. The municipality of Pogradec has access to all these taxes. There are three columns in the table, in the first column it is estimated about 69 million lek that were collected in 2019 and that their value is 45 million lek in 2020. So we have a very high decrease of the real budget from that budget of planned. This value calculated as a percentage is 65%.

Nr	EMERTIMET	Plan 4 months	Facts 4 months	%
1	Kindergarten (10430)			
	Salary	679,000	1,193,640	71
	Health insurance	230,000	194,263	84
	Other outlay	100,000		-
	Total 1	1,009,000	1,387,903	69
2	Kindergarten (09120)			
	Salary	7,624,446	7,573,832	79
	Health insurance	1,438,000	757,445	53
	Total 2	9,062,446	8,331,277	75
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	Total 3	770,000	988,155.9	128
4	Administrative outlay			
	Printing			
	Total 4			
5	Operative outlay			
	Energy		1,552,694.20	
	Water		1,008,710.8	
	Rents		137,000.0	
	Total 5		2,698,405.0	
6	Services			
	Fuel			
	Other services	13,223,026	100,000	1
	Total 6	13,223,026	100,000	1
7	Disinfection		359753	
	Total 7		359753	
8	Aparatures			
	Total 8			
	TOTAL	25,064,472	11,865,493	48

Tab 4

This table presents the 4-month plan provided in the projected revenue sharing that the municipality of Pogradec gives to educational institutions in 2020. In the penultimate column is presented the real value of money that is distributed at each level of educational institutions, while the last column gives the

percentage. In this table it is seen that most of the money is given to the salary payments of the employees of the educational institutions. In the table we see that most of the investments are made in salaries, which account for 75% of the total investments invested in education. If we do a preliminary analysis the data belong to the year

2020 and we are one year before the pandemic. After salaries most of the money goes to building maintenance, lighting. While in the third place a part of the lekë belongs to the part of the food in the educational centers, while the smallest value of the lekë goes for the maintenance. If we look at the table, the value spent on heating is about 1.9 million ALL. This is because most educational institutions use firewood for heating, usually village schools, but also city schools. While the new schools have a boiler heating system.

In 2019, investments reach the value of 13 million ALL, while this year they reach the value of 11 million ALL, because educational centers have been closed due to the pandemic and are reflected in the decline in investments.

RESULTS

As we can see from the graph, the value of the lek invested in educational centers in 2019 reached the value of 13 million lek, where most of this lek belongs to the salaries of employees. While for 2020 the value of money invested in educational centers reaches the figure of 11 million ALL, where again most of the money invested goes to salaries.

This decrease in support funds is due to the Covid-19 pandemic because most of the money went to salaries and assistance provided by the municipality to the population.



CONCLUSIONS

Despite being a difficult year, the municipality of Pogradec has managed to raise funds, and has invested most of it in the social assistance sector. In my study I managed to conclude that the figure invested in the education sector has dropped by 15%. This is due to the closure of schools and shift teaching. However further studies by evaluators are needed on this issue.

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