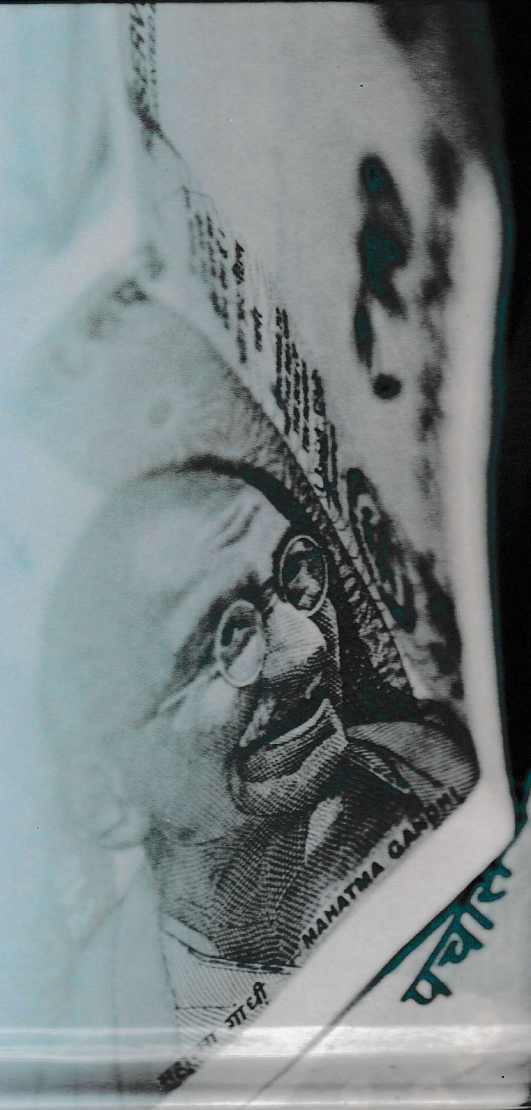


Socio-Economic Repercussions of Covid-19 Pandemic

Editors

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Dr. Ana Mateen,
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About the Book

Through this Edited Book, we invited chapters to contribute by devising solutions to enable countries and regions which can reduce, mitigate the current impact, and also adapt to future pandemic risks. This book includes chapters in the form of case studies and research papers from academicians, researchers, and practitioners across the globe. The chapters are centred on various themes like COVID-19 epidemic response based on Chinese Knowledge and Consequences for other Countries, the impact of the COVID-19 outbreak on digital payments, strategies for mitigating COVID-19, the challenges ahead for Human Resources and the strategies that can be implemented post COVID-19. The findings in various chapters can be summarised as reduced supply of goods and services tend to lower demand; creating mid-term shortages and inflation in the prices of goods and services, economic recession, closing of the multiple businesses, many other sectors affected also such as tourism and travel business, hotels restaurant, financial markets, transportation etc. Consequentially, many governments are increasing their provisions of monetary policy such as welfare to citizens and ensuring businesses have funds needed to keep their staff employed throughout the COVID-19. The gendered impact of pandemic in view of economic downturn and ecofeminists construct is also discussed. The impact of COVID-19 on the migrant workers is discussed and ways & means to achieve the long term goal of a sustainable, gender-equal & carbon-neutral trajectory in India. The chapter also includes Environmental Impact Assessment (EIA) and the dynamics of women challenges in EIA in some selected African countries is presented in the book.

About the Editors



Dr. M. Shahid Jamal Ansari is currently working as Assistant Professor and officiating head of Department of Economics at the Poona college of Arts, Science and Commerce, Pune. Before joining this college, he taught at Daulatram College of Delhi University. He obtained his doctorate in Economics from Aligarh Muslim University in 2012. Besides, numerous research papers and articles he has authored one book on 'Public Health Expenditure and Human Development' in 2014 and edited a book on 'Women empowerment' in 2019.



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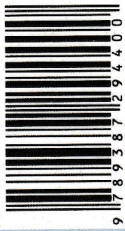
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Why Some Societies are Happier in the Time of Covid-19 – An Analysis of Kerala Based on the World Happiness Report

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Abstract

The pandemic, COVID-19 is growing at a disturbing rate with significant impacts on global economies and public health. All countries are taking measures to hold the spread of the pandemic, basically through social and physical distancing. Countries that are experiencing COVID-19 have adopted different approaches to slow the spread of the virus. Some have tested extensively, carried out contact tracing, limited travel and large gatherings, encouraged physical distancing, and quarantined citizens. Others have implemented full lockdowns in cities with high infection rates and partial lockdowns in other regions, with strict protocols in place to prevent infections. The sick was treated freely under the state health facilities. The state of Kerala has set an example in this direction by ensuring economic support and social care through interest free loans, shelter for destitute, free ration, food/food material for the hungry including the large number of migrant labourers through community kitchen, quick disbursement of social security pensions in advance and so on. All these efforts of the state were achieved with active support of the community, through voluntary efforts organised segments like the NHGs and unorganised citizens who volunteered to assist. The effort of Kerala in this regard was appreciated world over. Kerala is not one of the richest states in India in terms of GDP, but the COVID-19 patients and the public in the state were reported to be happier than citizens elsewhere nationally and even internationally. This is in tune with the World Happiness report which argues that 'money cannot always buy happiness, but it is synergy of community effort that can bring in happiness.

Keywords: Community engagement, Economic harm, Epidemic Diseases Ordinance, Break the chain, Economics of happiness

Introduction

The British novelist Nevil Shute has written a post-apocalyptic novel in 1957 called 'On the Beach'. The novel depicts the plight of a group of individuals after the third world war. The story evolves in Melbourne, Australia, a year or so after a nuclear World War III. This final world war was so devastating that radioactive clouds are slowly traveling the earth, and killing all people and animals in its wake. Radiation sickness spreads across countries and people are waiting for imminent death. The novel teaches us about the survival instincts of people and the way in which people adapt to changed circumstances. Today when you look at the world in which we live, in the times of corona, we can see how people adapt themselves to lockdowns and shutdowns.

Origin and Spread

The Coronavirus Disease 2019 (COVID-19) is a respiratory illness caused by a novel coronavirus, namely severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), first detected in December 2019 in the city of Wuhan in Hubei province, China. According to a report by WHO, the speed of transmission for COVID-19 virus is estimated to be 5-6 days; the reproductive number is said to be between 2 and 2.5; children are less infected than adults, currently, the crude mortality ratio is between 3-4%. COVID-19 is growing at a disturbing rate with significant impacts on global economies and public health. According to Bloomberg, China's first-quarter GDP growth may drop to 4.5%; the global GDP is also expected to decline by roughly 0.42% in the first quarter of 2020. Economists have estimated that, without urgent global actions to curtail the virus in time, China is expected to lose up to \$62 billion in the first quarter of 2020, while the world will lose over \$280 billion. (Evans, 2020). World Health Organisation has described four levels of COVID-19 transmission. These are countries or local areas with: 1. No cases reported. 2. Sporadic cases. 3. Clusters of cases (grouped in place and time), or 4. Community transmission. Countries are putting in place a range of public health and social measures in different combinations and at varying times in the local evolution of the COVID-19 pandemic.

Worldwide Strategies

Countries all over the world are taking measures to contain the spread of the pandemic. Social and physical distancing measures aim to slow the spread of disease by stopping chains of transmission of COVID-19 and preventing new ones from appearing. These measures secure physical distance between people (of at least one metre), and reduce contact with contaminated surfaces, while encouraging and sustaining virtual social connection within families and communities. Measures for the general public include introducing flexible work arrangements such as teleworking, distance learning, reducing and avoiding crowding, closure of non-essential facilities and services, shielding and protection for vulnerable groups, local or national movement restrictions and staying-at home measures, and coordinated reorganization of health care and social services networks to protect hospitals. The measures are used in conjunction with individual protective measures against COVID-19 such as frequent hand washing and cough etiquette. All public health measures to stop disease spread can be balanced with adaptive strategies to encourage community resilience and social connection, protect incomes and secure the food supply. Countries should balance the possible benefits and negative consequences of each intervention and deploy strategies to encourage community engagement, gain trust and limit social or economic harm. There are many strategies that can support community resilience and mental health, protect access to essential goods and services, and limit the economic impact of stay at-home measures where these are deemed necessary. (Report, 2020, pp. 1-13).

Governments need to act swiftly and forcefully to overcome the coronavirus and its economic impact. Governments need to ensure effective and well-resourced public health measures to prevent infection and contagion, and implement well-targeted policies to support health care systems and workers, and protect the incomes of vulnerable social groups and businesses during the virus outbreak. Supportive macroeconomic policies can help to restore confidence and aid the recovery of demand as virus outbreaks ease, but cannot offset the immediate disruptions that result from enforced shutdowns and travel restrictions. If downside risks materialise, and growth

To achieve the best results and to ensure that distancing is exercised by the people, the most effective strategy is lockdowns. However, lockdowns extending to more than a month has both social and economic impact. When a lockdown is announced unexpectedly, its social impact is far more serious than the economic impact, but they are intermingled as well. The most acute problem is that the lockdown imposed at midnight on March 24 across the country, which has created a mass of over 120 million people without work, without food, without housing. Hence any strategy dealing with the crisis due to lockdown should address both social and economic issues.

The Case of Kerala

Immediately after reporting the first case of virus attack in India from Kerala, the state started an awareness campaign focussing on preventing infection as much as possible; they started at the ground level, from local panchayats to schools, everyone was briefed on how to handle the outbreak. A health advisory was issued by Kerala Government to track, identify, and test all travellers with a travel history to Wuhan since January 15, 2020. Such passengers and their close contacts were to be kept in isolation for 28 days. The advisory also directed all lodging establishments to maintain a register of travellers with travel histories to corona-affected countries. A high state of response and surveillance continued to be applied. On detection of acceleration in the number of cases in late March, the Kerala Government announced a state wide lockdown on 23 March (Government of India announced countrywide lockdown on 24 March). Kerala launched a 'break the chain' campaign to fend off the Covid-19 spread. The spread of corona virus has been contained in the state in the wake of early surveillance and people's support.

On 26 March 2020, the Kerala government issued 'The Epidemic Diseases Ordinance 2020' to unify and consolidate laws relating to the regulation and prevention of epidemic diseases. It gives the state government several extraordinary powers to deal with the coronavirus outbreak, including restrictions on essential services and the introduction of a two-year imprisonment penalty. The ordinance also gives other powers to the state government, for instance, it allows

appears set to be much weaker for an extended period, co-ordinated multilateral actions to ensure effective health policies, containment and mitigation measures, support low-income economies, and jointly raise fiscal spending would be the most effective means of restoring confidence and supporting incomes. (OECD Interim Economic Outlook, 2020).

COVID-19 was declared a pandemic by WHO on 11 March, 2020. While earlier the focus of spread was centred on China, it has now shifted to Europe and North America. WHO has advised countries to take a whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact.

Corona Management in India

The very first case of corona virus in India was reported in India on 3rd February from the city of Thrissur in Kerala. The patient was a medical student who had recently returned from Wuhan, China. Soon two more cases were reported and the three patients were treated and discharged within a month. In India also, clusters have appeared in multiple States, particularly Kerala, Maharashtra, Rajasthan, Uttar Pradesh, Delhi, Punjab, Karnataka, Telangana and UT of Ladakh. 211 districts are now reporting COVID-19 cases and the risk of further spread remains very high. India is following a scenario based approach for the following possible scenarios: (i) Travel related case reported in India (ii) Local transmission of COVID-19 (iii) Large outbreaks amenable to containment (iv) Wide-spread community Transmission of COVID-19 disease (v) India becomes endemic for COVID-19. (Welfare, 2020).

Countries that are experiencing COVID-19 have adopted different approaches to slow the spread of the virus. Some have tested extensively, carried out contact tracing, limited travel and large gatherings, encouraged physical distancing, and quarantined citizens. Others have implemented full lockdowns in cities with high infection rates and partial lockdowns in other regions, with strict protocols in place to prevent infections.

the government to ban gatherings; inspect those who travel to the state; seal state borders; restrict public and private transport; prescribe social distancing norms; and restrict working of government and private offices, educational institutions, shops, factories, etc.

Kerala's development experience with its high PQLI and HDI has attracted worldwide attention. The state achieved significant achievements in the field of education and public health. The successive governments in Kerala have always given priority to the development of health and education sectors. This strong base has helped Kerala to fight off the pandemic.

With previous experience of virus containment as in the case of Nipa virus in 2018, the Kerala state health department initiated a massive tracking exercise to trace a person who came in contact with newly infected people. At the panchayat level, Asha and Kudumbashree workers were asked to track if any people in their respective areas have come from abroad. "Our officials traced those who returned to Kerala from infected areas and isolated them even if they had minor symptoms. Some others were home quarantined. Trained health workers were deployed to assist them. It was all a team effort. Luckily, Kerala has a team of duty-bound officials and experts who managed the situation with extreme dedication and courage," according to the state health minister. District authorities prepared route maps of the infected people, which involved tracking every point from when the patient landed in India or came in contact with an infected person, up to when they were admitted to a hospital. The information gathered included place and time. A team consisting of a health worker, police official and health volunteer visit every home where persons are quarantined and verify their status. The health department launched a "breaking the chain" campaign to encourage hand sanitising among people in order to prevent the spread of coronavirus. Community kitchens were started and meals were home delivered to the needy. Supply of rice and essential food grains through public distribution system for both BPL and APL was another commendable initiative. Officials were asked to visit migrant labour camps in the state and create awareness among them by using those who can speak their language. Food kits were supplied to migrant labourers. The state also enlisted the help of volunteers to assist the

health workers. There was a shortage of sanitizers and masks as people panicked and began to hoard them. Government took necessary steps for the production of masks and sanitizers. The Kerala State Drugs and Pharmaceuticals Ltd, a public sector undertaking started manufacturing sanitizers to help fight the epidemic. Directions were given to engage the prisons in the State to manufacture masks. The Kerala Prisons director-general had issued a directive asking tailoring units attached to prisons in seven districts to start production of re-usable cotton masks.

Table 1: COVID-19 status across major Indian states (as on 15.5.2020)

No.	States	COVID-19 Confirmed	Cured	Death	Population	COVID % of population	Death %	Cured %
1.	Andhra Pradesh	2307	1252	48	8465533	0.0027	2.08	54.26
2.	Assam	90	41	2	31169272	0.00029	2.22	45.55
3.	Bihar	1018	438	7	103804637	0.00098	0.68	43.02
4.	Delhi	8895	3518	123	16753235	0.053	1.38	39.55
5.	Gujarat	9931	4035	606	60383628	0.016	6.102	40.63
6.	Haryana	818	439	11	25353081	0.0032	1.34	53.66
7.	Karnataka	1056	480	36	61130704	0.0017	3.4	45.45
8.	Kerala	576	492	4	33387677	0.0017	0.69	85.41
9.	Maharashtra	29100	6564	1068	112372972	0.026	3.67	22.5
10.	Madhya Pradesh	4595	2283	239	72597565	0.0063	5.20	49.68
11.	Punjab	1935	305	32	27704236	0.0069	1.65	15.76
12.	Rajasthan	4727	2677	125	68621012	0.0069	2.64	56.63
13.	Tamil Nadu	10108	2599	71	72138958	0.0140	0.70	25.71
14.	Uttar Pradesh	4057	2165	95	199581477	0.002	2.34	53.36
15.	West Bengal	2461	829	225	91347736	0.0026	9.14	33.68

Source: <https://www.mygov.in/corona-data/covid19-statewise-status>

Table 1 shows the advantageous position of Kerala over the other states. The state leads all other states with very low proportion of affected population, low death rate and high cure rate.

Public Happiness in the Time of Corona

Public support has been tremendous towards the government initiatives. At the most basic level, a good government establishes and maintains an institutional framework that enables people to live better lives. Similarly, good public services are those that improve lives while using fewer scarce resources. Governments can play a major role in ensuring the happiness of its people. Created in response to growing interest in the policy relevance of happiness, the Global Happiness and Wellbeing Policy Reports aim to find and evaluate best-practice examples from around the world on how government policies in specific areas could be redesigned to support happier lives. The Global Happiness and Wellbeing Policy Report contains surveys of happiness-oriented policy interventions in specific areas of public policy – in particular education, health, work and cities – as well as on topics of cross-cutting importance, such as personal happiness and the metrics and policy frameworks needed to support policies for wellbeing. These policy surveys show that what counts as good governance is specific to each policy area. Within each ministry or subject area there are specific targets that are the primary focus of attention, including mainly medical and cost outcomes in health care, academic achievement and completion in education, productivity and job satisfaction in the workplace, reduced crime and incarceration rates in justice, and a range of specific indicators of the quality. This kind of specific focus is probably the most effective way to move from a general interest in using happiness as a policy objective to the development of cost-effective ways of delivering happiness. This kind of focus-based approach is seen in Kerala in the fight against Corona.

Conclusion

The World happiness report has ranked India's position as 144 in a survey of 156 countries. (Helliwell, 2020). The survey report was published before the spread of corona epidemic. Looking around big

cities like Delhi, there are ample reasons for people feeling hassled and unhappy. Even the report admits there has been an increase in negative emotions, including worry, anger and sadness in all countries. Even with higher incomes than before, people remain unhappy because of factors like rapid urbanisation and congestion in cities, environmental pollution and problems of commute. People worry on many fronts, especially when bringing up children in big cities. There is the big question of law and order and safety regarding women. There are worries about food and water safety. People are insecure about their health because the question of cost of treatment plagues their minds. In the case of India's economy, no one can say it is stagnant. Yet there are many points of dissatisfaction felt by the common man. The legal system is clogged. Those engaged in agriculture are unhappy about the unremunerative prices and low incomes. Due to the stressed banking system, investment remains low resulting in declining corporate profits.

Lack of adequate affordable housing is making millions of slum dwellers unhappy. Lives of people in the informal sector engaging 90 per cent of the labour force are not happy due to job insecurity and dismal conditions of work. Industrial growth is lacklustre and hence rises in unemployment. According to another recent survey (conducted between May to July 2018) by Pew Research Centre (US), 76 per cent Indians are unhappy due to lack of employment opportunities and 73 per cent are unhappy due to rise in prices. Replacement of humans by machinery, AI and automation is taking place rendering rural women and men as well as urban unskilled labour jobless. All these are adding to the problems of the common people, detracting them from the quest for happiness.

It should be noted that the state of Kerala is considered as the most successful one in containing the spread of the disease. The state adopted a two-pronged strategy; one for the patients and their contacts and other for the public. On the detection of a patient, that person was immediately shifted to the KOVID-19 treatment facility. The next step was to make a contact list of that person by preparing that person's route map and quarantining all the contacts. The preparation of the route map is done by identifying every place where the patient has travelled and all the persons met with the help of local

government, health workers and that of Police department. This route map will be published to identify and quarantine the persons who had come in contact with the patient. The identification, isolation and the hospitalization are done with the help of a web application which connects all those who are involve from the doctor to the ambulance driver. Doctor can identify where ICU ventilators are free or the driver can understand on real time where the isolation bed is free in the nearest place. Quarantine was arranged both in the houses and quarantine centres depending on the health condition of the persons. In the initial days of the fight against the pandemic, anyone coming from abroad and in the later stages anyone coming from other sates were asked to remain in quarantine for three weeks. To consolidate the fight against the virus Kerala government issued 'The Epidemic Diseases Ordinance 2020'. If anyone in quarantine was in need of any help such as medicine for the pre existing diseases or food, they were provided by the health worker volunteers. The health volunteers over phone continuously monitored and mentally supported all those who were quarantined. The death ratio is the smallest and the cure rate is the highest in Kerala and it is extremely vital to note that all the patients were treated free of cost in the public health facilities in the state. The other part of the strategy was to deal with the people who were held up at homes due to the lockdown. The government made extensive use of its official mechanisms and volunteer force raised for the purpose to distribute food material kits to all the households, interest free loans to those who lost employment, early distribution of social security pensions, accommodation for the destitute, food for anyone in need from the community kitchens, cancelling support to those who fell into depression duet the lockdown, medicines for the needy, welfare measures for thousands of migrant labourers who got trapped in the sate and even food for stray animals. In these days of lockdown, patients, those who got cured and especially those who are detained in their homes are all much happier than their counterparts elsewhere.

The lesson Kerala puts before the world is this. Any government can announce a lockdown as a preventive measure to fight a pandemic. But foreseeing and tackling the economic and social aftermath of such a decision requires profound perceptions. That has happened in

Kerala. The synergy of the government mechanisms and community endeavours in Kerala have set evidence to the observations of the World Happiness Report that 'money cannot buy happiness'.

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