

COVID-19 Appropriate Governance Model in Bandipora District of Jammu And Kashmir

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Abstract:

COVID-19 spread rapidly in India. Whether it is the first, second, or third wave, all the states and Union Territories are affected by the outbreak. District Bandipora lies within the Union Territory of Jammu and Kashmir. Its population is 392,2329 (Census, 2011), and it has 119 doctors. This very disease also engulfs this district. Analyzing the relationship between the preparedness of the healthcare system and the responses to the situation caused by COVID 19 is vital in a district marked by a wide range of disparities in socio-economic, demographic, and geographic characteristics. This study applied a hybrid strategy, combining quantitative and qualitative research methodologies. Socio-economic and demographic parameters were assessed from the publicly available official statistics. Information about the healthcare system in the district was obtained from the office of Director Health Services Kashmir and the Chief Medical Officer Bandipora. Literature Review is also done regarding the utility of standardized healthcare services at the District Level. Questionnaires were also provided to a sample of fifty people, consisting of Doctors, Paramedical staff, and the general public, to get their responses regarding the ability of the current healthcare system to deal with the pandemic. A dynamic management model for the healthcare sector is proposed where technological support, medical consultation, and district administration meet at a single point. This model is based on scientific, administrative, and geographical factors to deliver timely and effective diagnoses and healthcare facilities in the district.

Keywords: COVID-19, Bandipora, Healthcare Model, Sustainable Development, Governance, Kashmir

1. INTRODUCTION

COVID-19 has had a devastating impact on the world, resulting in losing human lives and other tangible and financial losses. In different parts of the world, there has been some disagreement about the size of its impact. The impact of COVID-19 on India is the most unusual as opposed to other developed countries. With the world's second-largest population and inadequate healthcare infrastructure, India has fared well in its initial struggle against COVID-19 compared to significantly more developed and equipped countries. COVID-19, a global pandemic, created a situation in which healthcare resources

such as medical kits, medications, and basic healthcare facilities were in short supply during the period, resulting in a negative impact on the socio-economic system. Comprehensive public healthcare mechanisms are needed in a pandemic-like situation, encompassing everything from institutionalized patient care to public healthcare management in monitoring, evaluation, diagnosis, and medicines. This exploration and intervention-based study aim to propose a COVID-19 Patient Care Model that represents complete societal care for patients (with COVID-19 and other disorders) and keeps other

stakeholders, in the loop, in an integrated framework.

Bandipora is the district headquarters of the Bandipora district in the Indian state of Jammu & Kashmir. It is about 66Km. away from Srinagar towards the north. It is situated on the northern shores of Wular, Asia's largest freshwater lake. Mountains surround Bandipora on three sides, with Wular Lake on the fourth. Bandipora also provides a gateway to the Razdan, Gurez, and Tragbal mountains. Bandipora was the Silk Road's connecting point between Northern India and Central Asia. As per the 2011 census, the Bandipora district has a population of 392,232 inhabitants, which is about the same as the Maldives as a whole. It is ranked 561st in India due to this (out of 640). The population density in the district is 1,117 people per square kilometer. Its population increased by 26.31 percent between 2001 and 2011. The sex ratio in Bandipora is 911 females per 1000 males, with a literacy of 57.82 percent. The vast majority speak the Kashmiri language. Also spoken are Gojri and Pahari. Tehsil Gurez has a Shina majority and is Shina-speaking. On the Ceasefire line, there are a few Pashtun villages.

Study Design

This study used a mixed-methodological approach that included quantitative and qualitative techniques such as literature reviews, interviews, questionnaires, and focus group discussions. Primary information is collected from the Chief Medical Officer and District Development Commissioner Bandipora. Fifty people were included in the study, including doctors, the general public, paramedics, and prime administrators.

Limitations

The pandemic is far from over. The immunization campaign is still in its early stages, with the bulk of the population fully unvaccinated. During fieldwork, a great level of vigilance is required.

Further, some officers expressed reservations about sharing primary data in a government institution due to the tremendous workload. It was difficult for the staff to complete the questionnaires and respond to other queries. Due to geographical conditions, the far-flung areas are cut off, and there is no ready physical access to these regions at the time of fieldwork for this paper.

Review of Literature

Countries worldwide have implemented various initiatives to stop the spread of COVID-19 and mitigate the economic consequences. Due to undeveloped health infrastructure, inconsistent governmental capability for infection control, and chronic poverty, developing countries, particularly rural areas, face unique challenges in formulating and executing effective interventions. There is a need to formulate pragmatic policy concerning such areas (Dutta & Fischer 2021, p.105234).

It was found out that the COVID-19 related policy of lockdown impacted various sectors and geographic regions, with relatively small impacts on new COVID-19 cases and death rates in areas. In such circumstances, there is a necessity of having coordination among different stakeholders in the governance process (Porto et al. 2022, p.102572).

A key concern is the scarcity of healthcare resources. As per the Indian Council of Medical Research (ICMR), India has about 70,000 intensive care units (ICUs) and even fewer ventilators. There is a need to enhance the infrastructure to meet diseases other than COVID-19. An increase in ventilators and oxygen-supported beds is the need of the hour (Chatterjee et al. 2020, p.102).

As the public medical crisis persists, governments should provide affordable and equitable access to healthcare services, focusing on vulnerable sections of society, including children and their families, particularly those with pre-

existing health concerns. Investment in public health should be expanded so that everyone has access to safe and healthy food. There is an absolute requirement for an adequate healthcare infrastructure (Bhattacharyya et al. 2022, p.4).

COVID-19 is a global pandemic that created a scenario in which healthcare resources such as testing kits, medications, Personal Protective gear, and basic healthcare infrastructure were in short supply throughout the period, resulting in an adverse impact on the socio-economic system. In a pandemic crisis, standardized government healthcare models are needed, spanning everything from hospitalized patient care to local resident healthcare management in terms of monitoring, assessment, diagnosis, and medicines (Mishra et al. 2021, p.927).

India's healthcare system consists of a three-tiered system of health centers: sub-centers (SCs), primary health centers (PHCs), and community health centers (CHCs), with sub-divisional and district hospitals above them. Primary Health Centers (PHCs) are the foundation of local health services and play a key role in delivering healthcare in rural areas. PHCs are the primary port of call for the rural populace seeking curative care from a public-sector doctor. In the context of Bandipora, there is a need to enhance the Primary and Secondary Healthcare systems to meet the needs of the general public (Mustafa & Shekhar 2021, p.294).

India is one of the countries that suffered the most during COVID-19's second wave. This can be ascribed to various issues, including a lack of funding, people, and inadequate management. Despite being the world's second-largest country, India's health system has long been regarded as one of the world's most frail and ineffective (Malik, 2022, p.3). In circumstances of a pandemic nature, efficient risk communication is a key element of infodemic control. Dynamic and real-time information dissemination

among the stakeholders forms the key to successful management in an organization (Chatterjee et al. 2020, p.100109). Government functions in a system where the public response directly influences the inputs and outputs. Effective communication between various participants could increase the efficiency of the government.

The health of a community's population is necessary for its long-term development, and the participating institutions must adapt to society's constant change. Medical academia needs to educate health professionals, conduct research, implement healthcare programs, develop future strategies, and influence political systems. Rural governance, which includes rural healthcare, needs to be refurbished. Healthcare institutions and other structures of governance must adapt to a changing environment. In order to maintain sustainable development, there is a need to provide good governance, including quality healthcare services (Batar 2015 p 42) (Ahmad Mir & Singh 2022 p.44).

Research Methodology

This study employed a mixed approach methodology that included quantitative and qualitative methods. Major help is taken from qualitative methods. The flexibility of a non-quantitative research strategy is a major benefit (Dana & Dana 2005, p.79). According to the circumstances, we can change the tools of data collection. The qualitative research paradox is explained only if the stakeholders or actors are portrayed actively in the research (Dana & Dumez 2015, p.154). Sampling, interviews, a questionnaire, and focus group discussions were all employed in this study. The sample size is 50 people, with doctors, patients, paramedical workers, and important administrators. The sample size for this study is 50 people, with 10 doctors, 10 paramedical workers, and 30 common people from the district.

People were given questionnaires, and healthcare workers consisting of Paramedical staff and doctors were interviewed. Discussions were held with five significant informants, including administrators. The office of the Chief Medical Officer provided primary data on various subjects. In addition, information about the Coronavirus vaccine program was obtained from cowin.gov.in. Secondary data was also gathered from the

website of Deputy Commissioner Bandipora, Directorate of Health Services Kashmir, and the Ministry of Health and Family Welfare's National Health Mission.

Data Analysis

There were 13629 COVID positive cases in the district till 13th February 2022. Out of which 13228 recovered, 273 are active, and 118 are deceased.

Table 1: COVID-19 Cases in Bandipora

Sr. No	Particulars	Number
1	Recovered	13238
2	Active	273
3	Deceased	118
4	Total	13629

Source: Chief Medical Officer

Bandipora/<https://covidashboard.jk.gov.in/district/BANDIPORE>

For the whole of the district, there are 119 doctors, out of which 78 are regular doctors and 41 are appointed under National Health Mission (NHM). As per the census of 2011, there is a population of

3922329 in the district, implying a doctor for every thirty-three thousand population. Regarding the number of doctors, 90 percent of respondents were not satisfied with their number

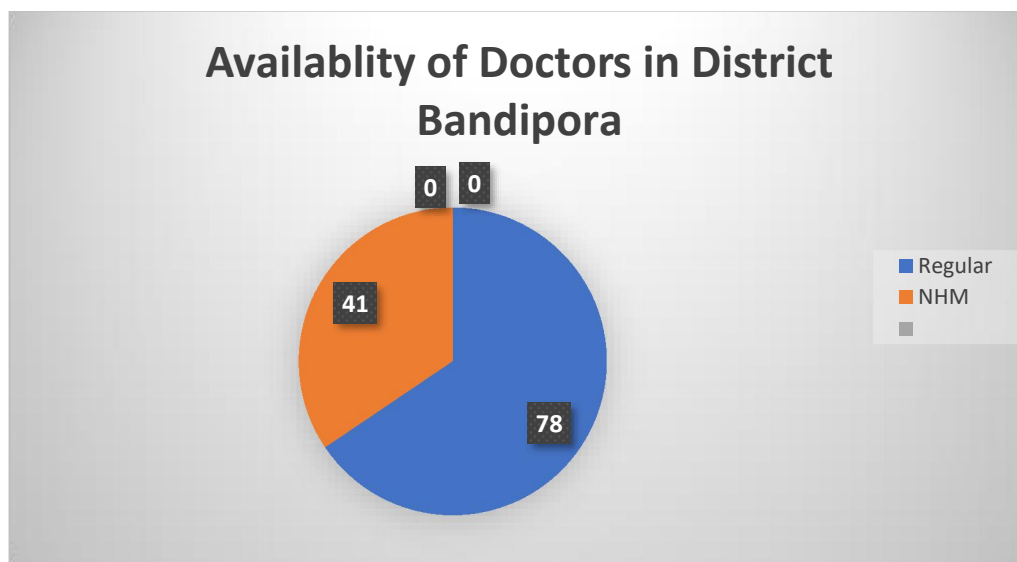


Fig. 1. Source: Chief Medical Officer Bandipora

There are 658 paramedics in the district, out of which 473 are regular employees and

185 are engaged under National Health Mission (NHM).

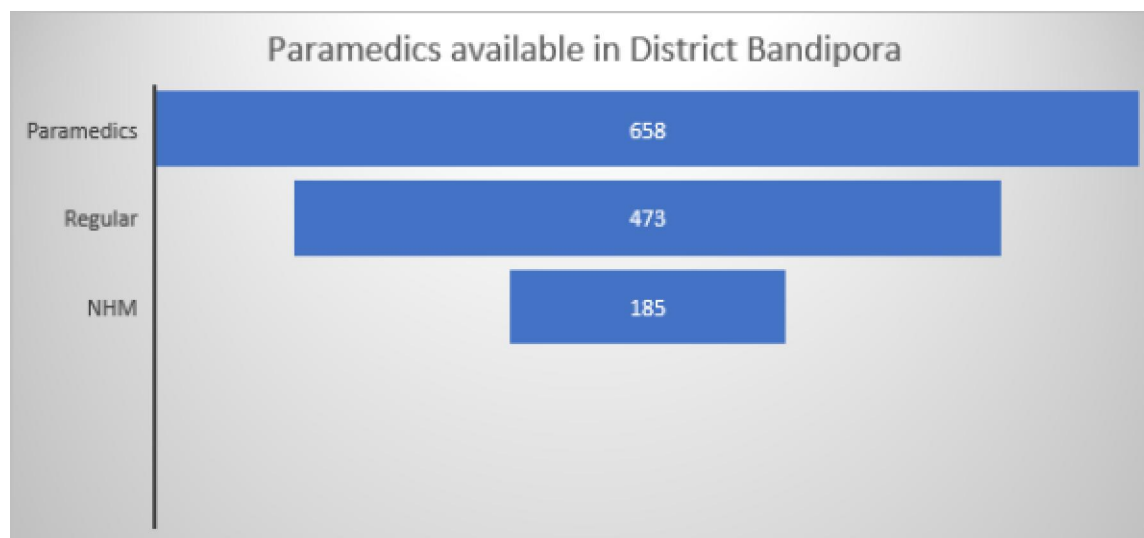


Fig.2.Source: Chief Medical Officer Bandipora

There are 1058 beds in the district. There is a functional Oxygen Plant with 2000LMP(Litres Per Minute) capacity at District Hospital Bandipora. There are

seven ventilators in the district. There is an abundance of Oxygen cylinders, and ambulance services are available round the clock.

COVID RELATED INFRASTRUCTURE IN BANDIPORA	
BEDS	1058
OXYGEN PLANT (LMP)	01(2000)
VENTILATOR	07

Table 2. Source: Chief Medical Officer Bandipora

Concerning inter-departmental coordination, fifty percent of respondents consisting of the general public were

highly satisfied. Ten percent were only satisfied, while five percent were neutral,

fifteen percent dissatisfied, and twenty percent highly dissatisfied.

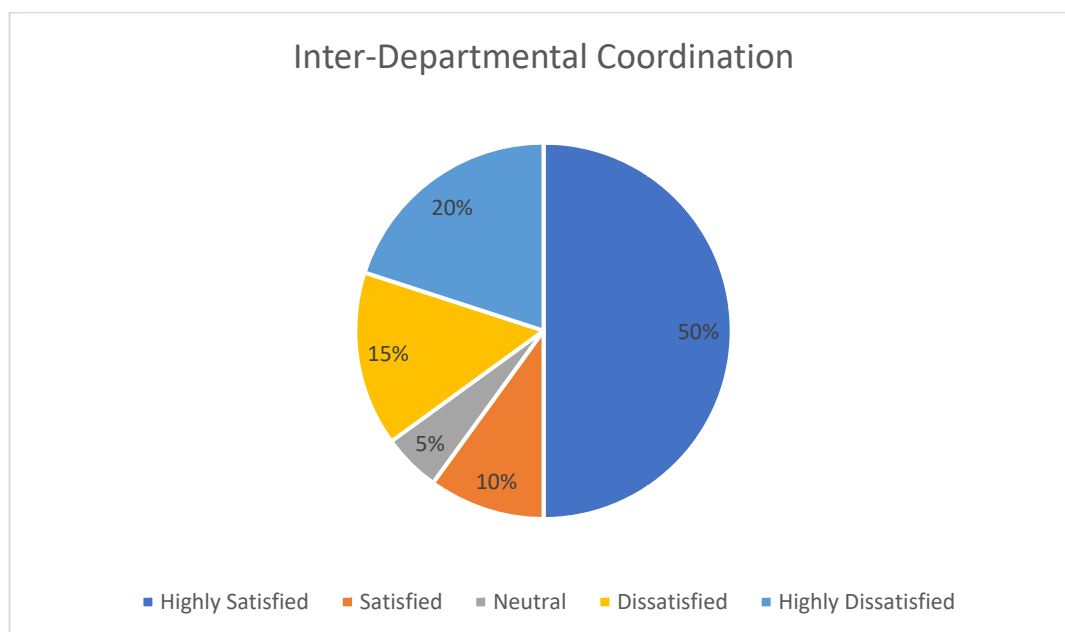


Fig.3.Source: Fieldwork

2. SUGGESTIONS AND CONCLUSION

District Administration Bandipora comprises various departments like Health, Law enforcement, and others, which were instrumental in battling the COVID-19 pandemic. Despite the lack of facilities and healthcare professionals, it met its primary objectives, including delivering excellent services during difficult times. The capacity to deal with such circumstances requires skills, training, and infrastructure. There is a need to form a communication mechanism where the district's various departments can remain in touch on a real-time basis. The help of the latest technologies in communication can be taken. This mechanism will serve to meet any natural disasters in the future. The District administration's job is rather extraordinary with limited resources and capacities. Thousands of COVID-19 patients were dealt with in various healthcare facilities. Police and other law enforcement agencies enforced the regulations regarding public movement. The Executive Magistrates were on their toes during different phases

of this pandemic. It sets an example of dedication, energy, teamwork, and supportive management in the field of Public Administration.

While formulating future policies and programs, policymakers must consider the importance of district administration in meeting natural disasters and other eventualities. Policies that synergize various departments' efforts and provide a harmonious work culture must be made. There is a need to enhance inter-departmental coordination. The Sustainable Development Goals are to be met by 2030. SDG 3, related to wellness and good health, is a milestone for our government. Better governance aimed at meeting the system's requirements would increase the chances of successfully reaching the goalposts set up under the SDG regime. Only the effective and competent district administration could function dynamically during uneven circumstances. As districts are the basic blocks of this country, vibrant district administration implies vibrant country administration.

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