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Healthcare System and Role of Local Self-Government During Covid-19 Pandemic in India

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ABSTRACT

“There’s nothing more important than our good health - that’s our principal capital asset”.

-Arlen Specter

The healthcare system is a collection of people, institutions, and resources that provide healthcare services to fulfil the requirements of certain populations. Country spaces of emerging nations present specific difficulties for creating and carrying out successful reactions inferable from immature well-being framework, lopsided state limit with respect to disease control, and endemic neediness. In India, health is a state responsibility, and states use a three-tier system to divide their policies between rural and urban areas. The role of the Local Government in policymaking and strengthening the public health system is crucial. Local governments collect data and provide it to state agencies in order to develop policies to combat the spread of the coronavirus in provincial areas of their districts during the Covid 19 pandemic. The role of local self-government in affecting the outcomes of healthcare reform in rural India is examined in this research. This article will spotlight how local governments can prevent the virus from spreading into communities in the first and second waves of covid 19 on a broad scale. Secondary research is used in this paper’s discussion in the form of academic research papers, reports from international or national organisations, journals, newspaper articles, and interactions with officials. It looks at how local governments can help strengthen the public health system. Finally, we will offer some recommendations and causes for the deaths of a huge number of individuals in India during Covid-19, the second wave, as well as some safeguards that we should take before the third wave arrives.

Keywords: *Healthcare System, Local Government, COVID-19 Pandemic, India.*

I. INTRODUCTION

According to the World Health Organization (hereinafter, WHO), “Health is a state of complete

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physical, mental and social well-being and not merely the absence of disease and infirmity”. “Public Health is the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society” (Acheson, 1988; WHO). Public health plays a vital role in enhancing population health in order to make people happy and save lives. Public health promotes and protects people’s health as well as the health of the environment in which people live, gain knowledge, work, and play. Providing better health is essentially the duty of all segments of society, including health authorities, which coordinate activities with other stakeholders, including government agencies, the private sector, non-governmental organisations, domestic and international organisations, and community members. Individuals in the domain of public health work to create conditions that allow everyone to be healthy, from scientific study through health education. Children and adults can be vaccinated to avoid virus spread. The Healthcare system mainly comprises four parts, namely - Inputs, Healthcare Securities, Healthcare System, and Output. The first part includes health status, health problems, and resources like money, manpower, time. There are preventive, curative, and promotive healthcare securities in the second part. Thirdly, numerous public and commercial sectors, traditional systems of medicine, i.e. AYUSH, voluntary health authorities, and National Health Programs make up the healthcare system. Finally, in output, we found a change in health status and how many lives were saved and diseases prevented.

India is a federal republic divided into three levels of Government - National, State, and Local. Local Government is an elected body of representatives enjoying a considerable degree of autonomy and serving as an administrative unit for solutions to local affairs. The decentralisation of authority to the lower levels of the political hierarchy is what local self-government means. It’s a form of democratic decentralisation where even the most marginalised segments of society are involved in the administrative system. It includes Panchayat and Municipality (Nagar Palika).” The 73rd Constitutional Amendment Act of 1992³ established the Panchayati Raj Institution to foster democracy at the grassroots level and to manage the country’s rural development. The concept of village self-government is covered by the 7th Schedule, while Panchayat’s control over health is covered by Entry-23 of the 11th Schedule of the Indian Constitution. Article 243 G delegated power, authority, and duty to panchayats”. on March 24, 2020, India imposed a countrywide lockdown, one of the toughest in the world. The lockdown was imposed under the principles of the “Disaster Management

³ The Constitution (Seventy-third Amendment) Act, 1992

Act of 2005”⁴ and the “Epidemic Diseases Act of 1897”.⁵ Local governance is expected to be especially important in narrowing the gap between policy initiatives and local reality for the management of COVID-19 activities. Locally elected administrations, i.e. Panchayati Raj Institutions, are responsible for the majority of local action epidemiological management in rural areas.

II. COVID-19 MANAGEMENT IN THE LOCAL AREA, INDIA’S GOVERNMENT STRUCTURE AND ITS PART IN CURING THE COVID19 VIRUS IN RURAL AREAS

According to Dr Munro, “It is in the arena of local politics that people most easily learn their first lessons in the art of governing themselves.”

Covid 19 outbreak in India impacted a large population of India profoundly. Government infrastructure and governance structure are insufficient to deal with such globalised attacks. When the news was firstly out regarding the virus in November, no country took this seriously⁶. And also, WHO and China have lately warned the countries about the severeness of this virus. Mostly have insufficient knowledge about how this virus spread among the population and how this covid affected patients. Then every country starts to take precautions as per their health ministries suggested. In India, individuals burn through 58% of their reserve funds on well-being, particularly in provincial regions. In the Human Development Report 2020, India is positioned 131st out of 189 countries, demonstrating that India isn’t just poor in its well-being area yet is addition unfit to meet its objective of giving nourishment to kids as indicated by their age. We should give monetary confirmations to its residents since chronic frailty will make little difference to their turn of events.

In this series, India first starts testing and tracking those persons coming from China and their regions about to travel and feel a bit cold or fever symptoms and, if required, sends them into the isolations homes⁷. After that, covid 19 suddenly started spreading into big cities like Mumbai, Karnataka, Delhi, Kerala, and another specified place of the covid hub. Then the Government took the idea from the African immune system because sometimes before, they were dealing with the Ebola virus and had specific guidelines to curb the spreading of this outbreak. As stated above, our medical infrastructure is insufficient to deal with such a break.

As the virus spread in rural or urban areas, the Government took preventive steps to curb the

⁴ THE DISASTER MANAGEMENT ACT, 2005. No. 53 OF 2005. 23rd December, 2005.)

⁵ THE EPIDEMIC DISEASES ACT, 1897. ACT NO. 3 OF 1897. 1. [4th February, 1897.]

⁶ Dutta Anwasha, Fisher w harry(The local governance of COVID-19: Disease prevention and social security in rural India)

⁷ Lopehz Alfonso(COMPARATIVE HEALTH LAW)

virus in the villages. It took primary health care services seriously and urban, semi-urban, rural areas' health entre and infrastructure. In this step, some important persons were appointed in a group, or some individual at rural level took this responsibility very seriously, and the action taken by the Government are as follows-

- To Active surveillance on the severe respiratory system
- To Appointed village health sanitation committee who kept an eye that every place of their native business must be sanitised.
- To teleconsultation with community health officers (CHO)
- In cases of low oxygen, patients are sent to the higher centres.
- To trained health workers in rapid antigen test
- To make a group level the committee for collecting the samples and by referral of model to nearest covid19 testing centres.
- To Make a list of high-risk exposure patients and train them for wearing a mask within 6 feet of distance.
- Developing the integrated disease surveillance program for tracing the patients.
- To make aware of the Home and community-based isolation
- Monitoring the active case of home isolation
- Monitoring the oxygen saturation for the required covid patients.
- Arrangement according to the village or area-wise pulse oximeter and thermometers.
- Trained ordinary people and health workers to use this medical technological instrument.

These are some essential preventive measures adopted by the Government at all three central and state governments and local self-government levels⁸. Also, we have a three-tier system in health industries, so the Government also adopted COVID protection at three levels –

1. COVID Care Centre
2. Dedicated COVID health centre
3. Dedicated COVID hospital

⁸CLINICAL MANAGEMENT PROTOCOL FOR COVID-19 (In Adults) Government of India Ministry of Health and Family Welfare Version 6 24.05.21

These all three types of covid centre made by the Government at all three levels for pre-urban, rural, and tribal areas

The health care system in India can be divided into four parts, namely - Inputs, Health care services, Health care delivery system, Output.

- Input includes Health status, demographic profile, mortality profile, health problems like communicable diseases, non-communicable diseases, nutritional problems, environmental problems, medical care problems, And resources like money, manpower, and time.
- There are three health care services which are namely preventive, curative, promotive.
- Health care delivery system is divided into five categories in India, namely- the public sector, private sector, Indigenous System of Medicine (AYUSH), Voluntary Health Agencies, national Health Programs.
- And in output, three things are covered, and they are namely Changes in Health Status, lives Saved, diseases Prevented.

Workers on the front line and their responsibility

- Family and community
 - Gram panchayat
 - Social religious leaders
 - Self-help groups
 - Community-based organisation
 - School teachers
 - Student
 - Youth groups
 - ASHA & ANM workers
 - ICDS: AWW
1. Various groups of society are kept together by the administration for mobilising the community in the fight against deadly viruses.
 2. Their efforts are coordinated by primary health care centres or sub-health centres
 3. These frontline workers are used in the control of the pandemic. Gram panchayat in the

villages and Nagar Nigam and Nagar Palika at the urban level manage the prime responsibility of coordinating community action and awareness creation in various groups of society through television, print media, electronic media, education institutions, Government employees, different social groups.

4. These frontline workers in groups control the surveillance activity over covid patients, support quarantine facility, support the needed families, and committees will also help promote appropriate covid behaviour.
5. Standard Behavior change communication develops in the local language and circulates among social groups.
6. The Block development officer and Village development officer appointed the mentors for the health. Each mentor supervises five to seven villages supervise.
7. A fifteen days review of the work of these frontline workers suggests the challenges they faced at the block level.
8. When covid at peak fear kept in mind of the people then in this case government trying taking this as a responsibility and kept the advertising through these frontline workers what are do's and what is do not's.

PUBLIC SECTOR	Village(grassroots level workers), Village health guide(VHG), Accredited Social Health Activist (ASHA), Local Dai, Anganwadi workers (AWW), Subcenters PHC (Primary Health), CHC(community health centres), District hospital medical college insurance scheme (ESI & LIC), Other Agencies and defence and Railway hospitals.
PRIVATE SECTOR	Private Hospitals, Nursing homes, Polyclinics, General practitioners, Quacks (unregistered practitioners)
INDIGENOUS SECTOR	AYUSH, Ayurveda homoeopathy yoga Unani Siddha,
VOLUNTARY HEALTH AGENCIES	Indian Red cross, Tb association of India, Hind KUST NIVARAN Sangh
NATIONAL	NTEP (National TB Elimination program) NACP (National

HEALTH PROGRAMS	AIDS control program, NLEP (National Leprosy Eradication Program), NHM(National Health Mission)
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III. USE OF TECHNOLOGY DURING THE COVID-19 ERA

(A) Arogya Setu mobile application

During the covid tracing covid patients in a home, isolation was a big problem before the Government took the help of technology and developed the Arogya Setu App; this application is making compulsory to download in the phone before appearance into public places. Through this mobile application, the Government traced the covid patient and used this application for the registration platform for covid vaccination. By this, they can generate covid vaccination certificates for the vaccinated people.

(B) WhatsApp and other messaging platforms

During the covid with maintaining the physical distance to communicate the important messages or circulate the important circular with speedily delivery or supporting the importance of delivery.

(C) Smartphones

Through smartphone GPS Technology, they can track those who have a travel history of foreign. By smartphone, the Government makes the initiative of awareness ordinary people about precautions that they have to follow against COVID.

(D) Social media

The Government arranges the covid Awareness program through social media channels by which Government provides several model agencies of Government. And also, the Government, through social media, makes awareness initiatives through which ordinary people understand what precautions they have to follow.

COVID -19 Vaccination

The Government of India arranged the world's most extensive vaccination program through technological support named the COVIN system. People get registered according to their residing place and vaccinated as soon as possible. And till now, 150 Million People have gotten vaccinated in India, which is also possible through technological support.

IV. STRUCTURE AND FUNCTION OF PANCHAYATI RAJ SYSTEM

The novel coronavirus, which now has unleashed one of the greatest human tragedies of our time, has served as a warning sign and has taught various learnings in the behaviour of all

elements of a person's life, i.e. professional, personal, institutional, and institutional in India and throughout the globe. The Panchayati Raj in India is one of the cornerstones that has been adversely influenced by COVID-19. In India, there are 2.5 lakh gram panchayats scattered among six lakh villages, as well as approximately 4,500 urban local bodies and 4,000 census towns.

The Panchayats are the district's major focus. Their job is to assist in the planning, to coordinate, monitoring, and regulating of numerous governmental programs when necessary. When a catastrophe occurs, the impacts and consequences are felt most intensely at the local level. COVID-19 was no exception, with cities at the vanguard of the fight against the pandemic's scatter and impact.

The primary body of the Panchayati Raj system is the Gram Sabha. It is a village assembly made up of all the eligible voters in the panchayat region. The village, intermediate, and district divisions make up a three-tier system. All level members of Panchayati Raj are directly elected by the citizens.

STRUCTURE OF PANCHAYATI RAJ SYSTEM
Zilla Parishad (District Level)
Panchayat Samiti (Block Level)
Gram Panchayat (Village Level) ⁹

Panchayats have long been at the heart of India's rural governance. Panchayats were always in the limelight when it came to local Government and integrity. States have indeed implemented the constitutional obligation to allow the Panchayat to oversee health and sanitation, which are inextricably linked to Covid-19 and are implemented through hospitals, primary health centres, and dispensaries under the administrative control of the Panchayati Raj Institutions. Apart from disease prevention, panchayats are also accountable for executing state-mandated social security measures. Panchayats are also responsible for supplying prepared meals to quarantine centres and homes that do not have access to community kitchens.

⁹ Podcast: Policy in Pandemics Join Stevan Lee as he discusses the global impact of Covid-19

V. DEFECTS OF PRIS

In Bharat, the Panchayati Raj institution has not been a complete success. Its performance throughout the years has revealed several flaws like - unscientific distribution of functions, incompatible relations between the three-tiers, inadequate finance, lack of good relationship between officials and the general public, insufficient conceptual clarity, the undemocratic composition of various PRI, disillusionment on structural & functional front, administrative problem and Policies is an inevitable part of democratic framework.

Workers on the Frontline and their Responsibilities

Frontline health workers ¹⁰such as the Auxiliary Nurse Midwives (hereinafter, ANM), women Self Helping Groups (hereinafter, SHGs), Accredited Social Health Activist (hereinafter, ASHA), local community members – for example, teachers, were advised to collaborate with the gram panchayats. This was accomplished by forming a committee at the village or panchayat level.

The ANM and ASHA workers are the frontline disease prevention and control functionaries. These workforces are chosen by the Village Panchayats and hired by the Ministry of Health and Family Welfare of the Government of India. Their purpose is to work mostly with the “Gram Panchayat’s Village Health & Sanitation Committee” to formulate a detailed village healthcare plan.

These staff members create a learning environment about nourishment, basic sanitation and hygienic practices, available health services, and the importance of timely utilisation of health and family welfare solutions, as well as enabling access to health care organisations by trying to aid with organisational births, conducting immunisation programs, and distributing contraceptives. They serve as a link between marginalised communities and healthcare institutions in this manner.¹¹

VI. FRONTLINE WORKER’S ACTIVITIES IN RURAL INDIA

1. To track, prevent and control the transmission of infection in the population.
2. To refer and detect should be conducted through a Panchayat-level committee as soon

¹⁰ Shuchi Srinivasan, Radhika Arora, Rajiv Bhardwaj, Bhagwati Pandey, Arpana Kullu, Neha Raykar, Jasmeet Khanuja, Divya Nambiar, and Tom Newton-Lewis, Understanding the role of Indian frontline workers in preventing and managing Covid-19, Oxford Policy Management, available at: <https://www.opml.co.uk/blog/understanding-the-role-of-indian-frontline-workers-in-preventing-and-managing-covid-19>

¹¹ Anwasha Dutta and Harry W. Fischer, The local governance of COVID-19: Disease prevention and social security in rural India, available at: <https://doi.org/10.1016/j.worlddev.2020.105234>

as possible.

3. To keep an eye on themselves and their co-workers.
4. To disseminate detailed information regarding COVID-19 symptoms and their spread, as well as physical distancing rules for contamination.
5. To maintain distance and hygiene protocols when performing door-to-door visits.
6. To give considerable attention to pregnant ladies and the aged.
7. To keep an eye on themselves and their co-workers.
8. To make reports of the travel records of visitors to the village.
9. To monitor the isolated people and home quarantine people both at Home and covid care centres.
10. To make a report to local healthcare centres if any symptoms of Covid occur in the community.

VII. INITIATIVES ARE UNDERTAKEN BY LOCAL INSTITUTIONS IN RESPONSE TO COVID-19

Here are some examples of work done by local institutions

(A) Related to Disease Control -

1. To raise awareness among people by using loudspeakers, distributing posters and booklets, organising village conferences, and creating WhatsApp groups.
2. To set up and administer quarantine centres at the local level.
3. To register arriving migrant workers from urban centres and organise mandatory quarantine.
4. To disinfect and sanitise environs near quarantine centres and villages.
5. To take care that the village's physical (social) distance rules are followed.
6. To distribute masks and hand sanitiser.
7. To monitor systems both at Home and at quarantine centres.
8. To monitor the overall health of villages.
9. To refer to the district administration who exhibits symptoms.

(B) Social Security -

1. To support food through the Public Distribution System (hereinafter, PDS).

2. To provide income support under MGNREGA (India's Labor Guarantee Act).
3. To run a community kitchen and produce homemade masks by SHGs.
4. To assist in the acquisition and selling of farm products by establishing market links.
5. To ensure the continuation of agriculture and allied services by distributing agricultural inputs, seed, and fertiliser.
6. To organise volunteers to help with food preparation and delivery to quarantine centres.

VIII. ACTIVITIES OF THE DISTRICT-LEVEL TASK FORCE

(A) District Magistrate

The District Magistrate takes every decision regarding the coronavirus prevention, containment, and mitigation choices, as well as the purchase of products and services.

The District Magistrate orders panchayats to oversee the assignment of tasks through the MGNREGA, giving farmers the availability of agricultural inputs and collaborating with the district administration to guarantee connections to agricultural production storage and distribution for availability.

(B) Additional District Magistrate

The Additional District Magistrate has to redress grievances, provision of necessary services, social welfare, collaboration with government agencies and local self-government authorities, total implementing and monitoring support, maintenance of law and order in the district.

IX. ACTIVITIES OF NGO

The role of non-governmental organisations (NGOs) in battling the COVID-19 pandemic is also something to keep an eye on. Here are some initiatives -¹²

The "Free Medication Program" is a path to reach COVID-19 infected people and is also suspected by volunteers to distribute medical requirements (like- Vitamin tablets, Oximeter, Digital Thermometer, medical kit, mask, etc.) all around India.

The "Free of Cost Meal Programme" associated volunteers distribute free meals and tiffins to quarantine home patients every day.

The "Mass Sanitization Drive" is a program for sanitation and purification of slum areas, religious institutions, and police stations by pest control experts.

¹² plan india response to covid 19 second wave, available at: <https://www.planindia.org/plan-india-response-covid-19/>

Some NGOs also arranged oxygen concentrators and oxygen cylinders for the covid infected patients.

The “Mass awareness campaign” was organised to raise awareness among the people to prevent coronavirus infection.

“Safeguarding COVID-19 warriors” - With the delivery of PPE kits, this initiative is assisting frontline health professionals, police officers, doctors, nurses, sanitation workers, and other workers in continuing to perform their tasks while improving the lives of COVID-19 patients.

X. ACTIVITIES VARIOUS SELF-HELP GROUPS IN SOCIETY

In Bharat, women’s self-help groups have answered to the unprecedented challenge of the coronavirus epidemic. They’re filling masks, sanitisers, and protective equipment shortages, organising community kitchens, combating misinformation, and even offering banking and financial services to remote villages. SHGs women are making facemasks, running community kitchens, distributing crucial food supplies, sensitising people about health and cleanliness, and countering ignorance in over 90% of India’s districts, far from the spotlight of the metropolis.” More than 19 million masks have been produced by some 20,000 SHGs across 27 Indian states, in addition to over 100,000 litres of sanitiser and nearly 50,000 litres of hand wash. Since production is decentralised, these items have reached widely-dispersed populations without the need for complex logistics and transportation.” With huge numbers of informal workers losing their livelihoods during the lockdown and food supply chains getting disrupted in some areas, SHGs have set up over 10,000 community kitchens across the country to feed stranded workers, the poor, and the vulnerable.” “Women are also running help desks and delivering essential food supplies to the elderly and the quarantined.”¹³

XI. ROLE OF PRINT AND ELECTRONIC MEDIA

The media plays a proactive role in moulding the activities of the general public and, as a result, government policies. In this technological era, people prefer to read e-newspaper rather than hardcopy. The news, perceptions, and opinions about the epidemic were presented in both print and electronic media. Through Whatsapp, the covid related data were shared with the higher department in soft copy to avoid physical contact. Social media plays a very crucial role in the mental health of people by entertaining them because due to the long lockdown, everyone is facing psychological trauma.

¹³ Pramitha Elizabeth Pothan (Master Student in Human Development and Food Security, Roma Tre University), Makiko Taguchi and Guido Santini, FAO, Local food systems and COVID-19; A glimpse on India’s responses, available at: <https://www.fao.org/in-action/food-for-cities-programme/news/detail/en/c/1272232/>

What will be the effective Role of Local Hospitals?¹⁴

1. Every hospital, whether in a city or the suburbs, must be prepared for any unanticipated pandemic.
2. A diligent Hospital Emergency Committee keeps a close eye on current infection control methods and is prepared for pandemic events like these.
3. Our Hospital Response Team creates and enforces “protocols” by local and federal government directives.
4. The hospital’s readiness is critical in transforming its existing infrastructure and capabilities to adapt to changing circumstances without disrupting normal patient care.
5. Financial contingency is just transitory in the beginning. The profits from the latter stages would make up for the losses from the earlier ones.
6. Hospitals Should stay up to date on various coping tactics used in other healthcare settings and learn from the shared experiences of others

In society, hospitals are one of the most complicated institutions. They are operated by a multidisciplinary team that provides a wide range of health care services to a wide variety of patients that are suffering from several health issues. A health facility must adjust its goals and work routines in the event of a pandemic to mobilise a synchronised, systemic response to a fast-shifting, possibly complex scenario.

XII. CONCLUSIONS

In the medium to long term, the healthcare system must be sufficiently prepared to handle the post-COVID hospital emergency, which will include an increase in both outpatient and inpatient instances. Several incidences of unfair treatment of non-COVID individuals were reported during the lockdown, and caution should be shown in dealing with the influx of cases. Apart from addressing critical clinical and public health needs in the short term, initiatives should be done to reconstruct district and block-level healthcare systems by increasing the healthcare workforce, clinical procedures, and sustainable supply chain. As a result, district health planning is critical, and it should take into account illness load, system preparation, and public health initiatives to obtain district trajectories. The crisis has highlighted the importance of comprehensive primary care. Illness and hospitalisation can be reduced by expanding comprehensive primary care with a strong focus on primary prevention. India should quickly adopt this method because it provides huge economic benefits and a low resource context.

¹⁴ Sandeep Boora and Sunil Kumar Gulia, *Review Article Role of Hospital Administration Department in Managing Covid-19 Pandemic in India*, *Journal of Advanced Medical and Dental Sciences Research* 8(5):22-25

Furthermore, the current crisis has highlighted the need for increased public health spending. During this epidemic, the advantages of a well-developed public health system have been widely recognised. More efforts could be made to build more COVID-ICU beds and ventilators, improve rural health infrastructure, and expand daily screening strength. We should give monetary confirmations to its residents since chronic frailty will make little difference to their turn of events.
