



LEVERAGING THE ROLE OF ADMINISTRATION DURING COVID-19 PANDEMIC IN INDIA

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ABSTRACT

From the Global Fund, *Peter Sands* quoted, “Without equity, we cannot end COVID-19, HIV or any other pandemic” (2020). It outlines the importance of equity to mitigate any disaster among countries at global level and as well different regions within a country. Millions are infected worldwide and the numbers continue to rise. Due to lack of exact scientific knowledge and varying variants, vaccine is not available so administrative role is of high importance during Covid-19 pandemic to mitigate, prepare, respond and to recover from any such situation. It is the first biological disaster being handled by the legal institutions. Wearing mask, using sanitizer, social distancing and other precautionary measures can reduce the impact of this pandemic. This paper presents qualitative research about how our administrators who were on duty in various districts were dealing with pandemic situation in India. The survey is conducted using questionnaire that was requested and collected online using snowball sampling method keeping social distancing and pandemic situation in mind. The questionnaire’s purpose is to collect administrators’ opinion on the challenges, preparedness, community participation and failure. As the active cases are again increasing due to the omicron variant so we have made 7-R Model to deal with this pandemic.

Keywords: Coronavirus, Covid-19, omicron, global pandemic, administration, 7-R Model.

INTRODUCTION

Coronavirus is an invisible virus which is sweeping the world and India is no exception. It is a disease caused by a new Coronavirus called SARS-CoV-2. The disease first detected in Wuhan capital of China’s Hubei province in December 2019. Since the beginning of 2020, the world is facing one of the most challenging times and India is no different. This invisible virus doesn’t discriminate between religion, race, caste, gender and economic status of the people. According to World Health Organization, “COVID-19 is the disease caused by a new coronavirus called SARS-CoV-2. WHO first learned of this new virus on 31 December 2019, following a report of a cluster of cases of ‘viral pneumonia’ in Chinese city of Wuhan, Hubei province. It was something unlikely seen ever before. Scientists thought it could be a new outbreak of SARS, a lethal respiratory infection that struck down thousands in 2003. Initially Chinese authorities were not worrisome in containing outbreak.

Dr. Li Wenliang tried to warn some colleagues and when the cases were tripled, China's response was to find every case, isolate them and stop the chance of transmission but failed to cure. Uncertainty about how the virus is transmitted continues to grow and India was totally unprepared. India confirmed its first coronavirus case on 30 January, 2020 in Kerala. With the huge population of approx 136 crore and lack of vaccine how dangerous the virus can be in such dense population, was unimagined.

February 11, 2020 The Department of Pathology in Beijing finally unraveled the DNA within the virus sharing 80% of its makeup with SARS (Severe Acute Respiratory Syndrome), the disease was identified and named for the first time as COVID-19. It has been very challenging all over the world, people have to change the way of living and to deal with such situation of pandemic besides doctors and medical staff, the public administrators showed a lot of courage in getting out of their houses and working in offices for combating the pandemic and ensuring public safety. India has a federal system of government and the district level administration is the focal point for managing any disaster level activities at the ground level. The Collector or District Magistrate is the chief administrator in the district. The Collector is required to maintain communication between the district and State Governments as well other relevant central government organizations in curing the public from any pandemic.

MEASURES TAKEN BY GOVERNMENT OF INDIA DURING COVID-19

1. Lockdown imposed nationwide and extended according to situation.
2. Guidelines for mental illness and infection transmission.
3. Guidelines for international and interstate arrivals.
4. Aarogya Setu application to trace the suspected person.
5. Finance Minister announced Rs.1.70 lakh crore relief package under Pradhan Mantri Garib Kalyan Yojana (PMGKY) for the poor to help them fight the battle against Coronavirus which includes insurance for health workers, gas cylinder free of cost to poor families, providing food grains and pulses and various other benefits to farmers, widows, senior citizens and divyans etc.

After following daily news and analyzing situations around, the challenges which had being

First was Migrant crisis, after lockdown the transmission was in controlled manner, the cases started increasing after migrants started moving from one place to another because they became unemployed so wanted to reach their native places so that they lives safely with their family, and somewhat some people were not taking this virus seriously. It was tough to teach people about safety measures like wash hands frequently, sanitize hands if touched any surface (because it may be contaminated), wear mask, etc. Lockdown adversely affected to daily wage workers and street vendors so to provide them necessary requirements throughout was tough task but some governments have providing them ration and monthly income. Various rumors that this virus doesn't affect particular religion people and lack of efficient coordination among states like particular state allowed migrants to go to their native states but the other was not allowing them to enter so it led to chaos and sufferings.

On the basis of our views on challenges, we conducted an online survey and prepared questionnaire and requested a few administrators to share their opinions who were on duty during this pandemic situation.

The Questionnaire

1. What are the challenges faced by administrators during handling the Covid-19 situations?
2. What have been the major reasons for migrant crisis?
3. Have there being lack of coordination between the centre, state and local level administration/government?
4. Have the monthly income and ration provided to daily wage workers during lockdown period?
5. Were PPE kits not sufficient for frontline warriors?
6. Is the disaster management act obsolete in this pandemic situation?
7. Why only in the government hospitals treatment has been available?
8. Why after so many actions taken by government still active cases are rising?

Results

Challenges are that this disease is new in nature and no vaccine is available which can cure all variant of Covid-19 and now (January, 2022) again increasing cases due to omicron variant. No testing lab and kits were available earlier. India is densely populated having 65% of rural population so in the beginning it was tough to make them understand the seriousness of lockdown and awareness about disease to grass-root level. To make people understand not to gather in Temple, Mosque, Gurudwara or Church etc. in a way that their religious sentiments may not be hurt. It was tough task to test so many migrants and if found positive then trace their contacts and sanitize everything. But government arranged PPE kits, Testing kits and other necessary requirements before the situation become worse and the cases started rising again and nobody faced problem due to lack of these things later. It was collaborated effort by different departments like Revenue, Medical, NGOs, Civil Society Organizations and Private sector, etc.

Due to lockdown mobility was stopped to combat the transmission of this disease and at the same time necessary requirements like ration and monthly income was provided. Migrant crisis was due to people rushing to their houses avoiding lockdown after facing unemployment. Though government arranged free transportation services but it did not work for them. But the government followed steps of proper testing, 14 days quarantine in shelter homes and private hotels with three time food on border of states before they reach their home along with ration kits. Those found positive after testing were treated in government hospitals free of cost. The Covid hospitals were arranged in every district where only Covid-19 infected patients were treated.

There has not been lack of coordination between centre and states. Central government kept discussing about guidelines and situation via videoconference accordingly and states having opposition party chief ministers agreed that they were satisfied with central government guidelines and precautionary measures. Disaster Management Act is not obsolete and capable of dealing any disaster as the nature of disease has been different and totally new so nobody was prepared but arrangements were done on time. Treatment was given free of cost so it was done in government hospitals and it was easy to pass guidelines to government machineries. Private hospitals were treating other health problems to avoid any kind of transmission. Later few private hospitals were also allowed Covid-19 treatment for those who were capable financially. Cases are increasing because few public are not supporting and following government guidelines and due to different variants of virus. In the beginning some people were resistant and hesitating to have Covid-19 test in the fear of getting quarantined and this way they were not aware about themselves suffering from it. Few does not wear mask and others move without any urgency.

This survey has been done online keeping in mind the pandemic situation. It covered a few districts of various states. Districts are associated at grass-root level and all the policies are implemented at this level. This was qualitative research based on questionnaires requested to administrators through snowball sampling method. Sample size was limited to four administrators to know their opinions.

COVID-19 PANDEMIC MANAGEMENT IN INDIA & 7-R MODEL

On 24 March 2020 Indian government imposed nationwide lockdown under Disaster Management Act 2005. National Disaster Management Authority (NDMA) is the nodal central body for disaster management coordination with the Prime Minister as Chairman. Similarly, State, District and Local level Disaster Management authorities has been established. It has formulated 30 guidelines so far including "Guidelines on Management of Biological Disasters 2008". The 2019 National Disaster Management Plan deals with Biological Disaster and Health Emergency. This is the legal framework within which activities to contain COVID-19 are being carried out by the Union and State governments. According to Ministry of Health and Family Welfare (MoHFW) data on 8th January, 2022 (during third wave due to Omicron variant), the vaccination crossed 150 crore yet the daily positive cases in India crossed 1 lakh, death toll to 4.83 lakh and till now 3.44 crore has been cured. Till now there is no proper vaccine which can fully cure from COVID-19,

therefore the need of research from administrative perspective is also required so we have made a **7-R Model** which if followed, it may be helpful in dealing with current situation as well as during any pandemic;

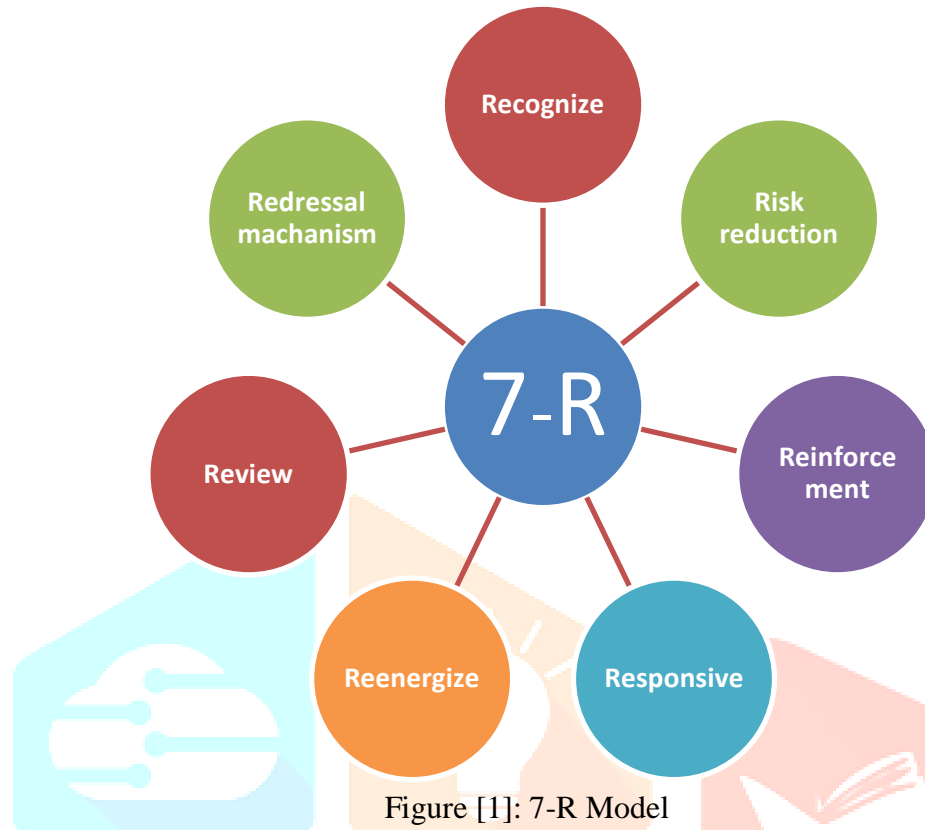


Figure [1]: 7-R Model

1. **Recognize**- To identify the person who is suffering from Covid-19, person having low immunity, diabetic or old who are vulnerable to this disease all must be isolated.
2. **Risk reduction**-After isolating confirmed cases should be treated and person with low immunity or others must be told about precautionary measures and how to develop immunity. Role of yoga and natural remedies to strengthen metabolism should be taught.
3. **Reinforcement**- To upgrade our existing health infrastructure according to pandemic situation so that poor strata of our society should get free or affordable treatment in future crisis.
4. **Responsive**-Paying attention on most affected area, corruption at intermediary level as we saw in ventilators were not reached at ground level and sanitizer and fake masks were sold at high prices. To deal with such problems government should respond according to situation.
5. **Reenergize**- To make people optimistic, if the vaccine is not available still if we take all precautionary measures strictly we can defeat this pandemic. Rich and powerful countries like US and UK also failed due to uncertainty so all we need in coordination and awareness to control this situation. We have various models like DHARAVI Model which was lauded by WHO. Dharavi is a densely populated slum in Capital city of India, Mumbai where active cases were in thousands and death tolls to 60. By strict measures and setting up of fever clinic the hotspot turned its cases to zero. Same way KERALA Model was also appreciated as they had good and efficient leaders who handled the situation by decentralizing the responsibilities, providing well equipped kits, treating the infected and reduced the death rate.
6. **Review**- To monitor each and every step and identify the loopholes and work on it.
7. **Redressal mechanism**- Most important thing is to know the feedback whether things provided are reaching to grass-root level or not, and if someone is facing any issue, whom to complain so a redressal mechanism should

be present.

CONCLUSION

Disaster preparedness must be a part of developmental process. It is the responsibility of respective states to collaborate and monitor each and every step and should ensure that benefits of government policies are reached to grass-root level. There should be bottom-up approach. Public education and awareness campaigns should be arranged as this virus is not the last one so we should have proactive approach. It is cost effective to invest in preparedness than spending amid pandemic or after that. To have preparedness our 7-R Model might be helpful. As the United Nations responses, “Covid-19 is more than a health crisis; it is an economic crisis, a humanitarian crisis, a security crisis, and a human rights crisis.” This crisis highlights severe fragilities and inequalities within and among nations and also within the different sections of the society. Coming out of this crisis require a whole-of-society, whole-of-government and whole-of-the-world approach driven by compassion and solidarity in which the role of civil society and administration are crucial and recognized.

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