SHORT ARTICLE

A qualitative analysis of perspectives of district level frontline managers in Karnataka during first wave of COVID 19

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Abstract | Introduction | Methodology | Results | Conclusion | References | Citation | Tables / Figures

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Abstract

With the emergence of pandemic, health sector has been facing innumerable challenges right from prevention to management of COVID-19. This study attempts to understand these factors from a local perspective that will help in better planning and management of situation for the future. Karnataka was one of the 8 states selected as part of a multisectoral qualitative study. Perspectives of frontline managers regarding the management of COVID 19 pandemic situation were taken by in depth interviews. Deductive thematic analysis from the audio recordings and transcripts showed public apprehensions, gaps in decentralized approach and specific guidelines, monitoring difficulties and workforce related issues as factors of concern.

Keywords

Challenges; Covid-19; Karnataka; Frontline

Introduction

The COVID 19 has had far reaching tentacles across the globe since November 2020. (1,2) India being a populous country saw a huge challenge, not only owing to infection alone but also due to inadequate sanitation, overcrowding, lack to health services to the needy, poverty etc along with migrant population travelling across state borders for a living. (3,4,5,6) The state of Karnataka has some of the greatest levels of consumption disparity in the nation. (7)

The vulnerability index was measured for each state in the country at varied levels.(8) With a vulnerability index of 0.571 Karnataka as a state was having a good measure of vulnerability for COVID 19. The states vulnerability was higher with respect to demographic factors of population density, population more than 60 years, population in urban areas and with regard to housing and hygienic conditions.(8)

With multitude of existing issues and in the phase of the growing pandemic, it is the frontline managers who face the brunt of carrying out the tasks as laid down from the centre. To provide an overview of the various issues faced at the state level and the measures suggested to overcome many of them.

Aims & Objectives

To understand challenges of health sectors from a local perspective that will help in better planning and management of situation for the future.

Material & Methods

The findings presented in this article are part of a larger multisectoral qualitative ICMR funded study. Karnataka was one of the 8 states that was selected using multistage sampling looking into the vulnerability index. With each state having 30 – 35 districts, based on rule of thumb, 10 percent i.e., 3 districts in each state were selected. The districts were selected to represent one from very high vulnerability or high vulnerability, one from medium vulnerability and one from low vulnerability or very low vulnerability. The districts thus selected for the State of Karnataka were Dakshina Kannada, Bengaluru and Gulbarga. From each state 20 percent of frontline managers were selected. Hence in Karnataka, 5 frontline managers from each of the selected districts were selected. Institutional ethical clearance was taken and requisite permissions from officials were obtained and In-depth interviews using pre validated guide was conducted. The entire proceeding of the In-depth interview was recorded and scribed. The codes that emerged were analysed and along with verbatims has been presented in discussion.

Results

Key issues identified and methods employed to overcome challenges by the frontline managers have been summarized in Table 1 and Figure 1.

Non corporation from the public in terms of hiding symptoms posed issues in good surveillance. Public apprehensions formed a major concern during this pandemic as it also hindered co-operation from people in community. Local need specific to areas were not addressed in the routine guidelines that were disseminated. Limited workforce were also posing problems in conduction of covid related activities overtime as the cases were increasing by the day.

Discussion

As random testing increased, the number of negative results also increases which posed a problem in convincing the positive patients of their test results. The public livelihood was well taken care of with inflow of calamity funds and co-operation from labour welfare boards. Public donations and help from industries in procuring raw materials etc helped in managing the situation in general. There were no guidelines issued regarding communication to the public due to which difficulties in putting across the practicality of situation to the people arose. People developed stigma against the disease, the frequent change of guidelines also led to more confusions which also led to non-acceptance of measures especially reporting of symptoms etc by the public which posed issues in good surveillance. As random testing increased, the number of negative results also increased which posed a problem in convincing the positive patients of their test results. With fake news and rumours spreading across the public apprehensions only increased.

It was felt that the decision making was not left to the district authorities which also posed problems as situational modifications based on local needs could not be carried out. Also, bureaucratic involvement posed problems in smooth conduction of certain activities.

Although guidelines covered most of the covid related management issues, there was a requirement for guidelines on minor specifics. It was also felt that any new guidelines needs adequate training of all involved including the grass root workers. The changing guidelines especially posed problems with regard to quarantining individuals.

Some officials felt that opportunities that could have been utilized well for Covid related activities were missed. It was felt that adapting to changing guidelines required time but that was not available. Hence managing situations especially with respect to migrant population was an issue at the grass root level.

With workforce also testing positive, the situation was getting difficult to manage with limited number present to manage the scenario. The guidelines regarding quarantine of doctors, on and off duty etc did not seem feasible owing to decrease in number of workforces.

Despite the various challenges' certain initiatives at the district levels helped in coping with the pandemic with desirable outcomes such as mobile testing, conduction regular of meetings thus helping in updating and having scope for problem solving strategies. Review meetings with all officials concerned helped in understanding the ground level situations better.

1. Planned trainings of all involved in covid activities helped in better management of the situation as a whole.
2. Involvement of medical colleges and other organizations

It was noted that involving various organizations compounded the benefits in surveillance activities. Participation was also seen from medical colleges in certain field areas. Infosys sent a team 50 people initially to call every home from international travel history and enquire about their health which was a force multiplier. Industries provided materials like distilleries for sanitizers.

Based on experiences from the frontline managers the following suggestions were also put forth during interviews:

1. Planned scheduling of covid duties for all concerned in covid activities
2. Monitoring activities to be extended to group D workers, individuals involved in food delivery etc also.

3. Creating a cadre of second line & third line workforce so as to have a standby for the frontline workers.

Conclusion

Lack of adequate workforce, gaps in managing communication to public, managing and monitoring migrants were the key issues identified from the State. Opportunities like utilization of a second line of workforce, constant monitoring and developing collaborations with various organizations were the positive factors identified.

Recommendation

Opportunities identified could be possible recommendations as in Collaborations with different organizations to make working in a more organized manner along with more workforce.

Limitation of the study

The study findings presented are limited to the area studied i.e Karnataka State. Since only the frontline managers were interviewed, the perceptions cannot be generalized across all cadres involved in delivering primary care to the community.

Relevance of the study

The study stresses on the factors that while countrywide management of pandemic situations arise local needs need to be taken care of as well and local administrators have to be given adequate power to manage situations with alterations if required.

Authors Contribution

SV: conception & design, acquisition of data, or analysis and interpretation of data; drafting the article or revising it critically for important intellectual content, NRM: conception and design, acquisition of data, or analysis, MWFA: conception and design, acquisition of data, or analysis, RK: conception and design, acquisition of data, or analysis and interpretation of data; SA: conception and design of the study, AHS: acquisition of data, AR: conception and design, acquisition of data, or analysis and interpretation of data; drafting the article or revising it critically for important intellectual content, final approval.

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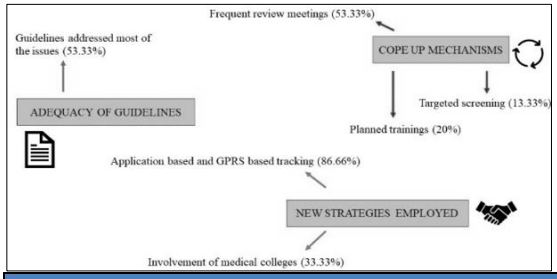
Tables

TABLE 1 KEY ISSUES IDENTIFIED THROUGH IN-DEPTH INTERVIEWS (N=15)

THEMES	Codes	response	Related verbatims examples
Apprehensive Public	Wrong information to public	20 %	*"People are hiding symptoms because of fear of the chain of events starting."*
Top-Down Approach	Need for more guidelines addressing minute issues	13.33%	*"All IAS officers were deputed for COVID activities. Too much bureaucratic involvement has made co-ordination difficult."*
	Difficulties in managing Travellers and VIPs	20%	
Sepcific Gaps in Guidelines	Frequent change in guidelines	26.66%	*"Any guideline which comes should be sensitized through hands on training, any conference or video conference, it should reach as early as possible to the root level."*
	Difficulty in training all	53.33%	
Missed Opportunities	Difficulty for conduction of control activities	60%	*"We have missed the bus in terms of involving the nursing and MBBS students. They have been sent home and the existing workforce is tired."*
Monitoring Difficulties	Difficulty in data management	20%	*"we need a lot of manpower which is not there in our district because a lot of positive cases are coming each day, each day we get 100 – 200 positive cases. So, monitoring them daily for 10 days is becoming difficult."*
Shortage of Workforce	Shortage of HCW	53.33%	*"For healthcare workers, there is no SOP as to when we should get a break and when to go home after duty quarantine."*

Figures

FIGURE 1 STRENGTHS AND INITIATIVES TAKEN UP IDENTIFIED TO OVERCOME CHALLENGES THROUGH IN IN-DEPTH INTERVIEWS (N=15)



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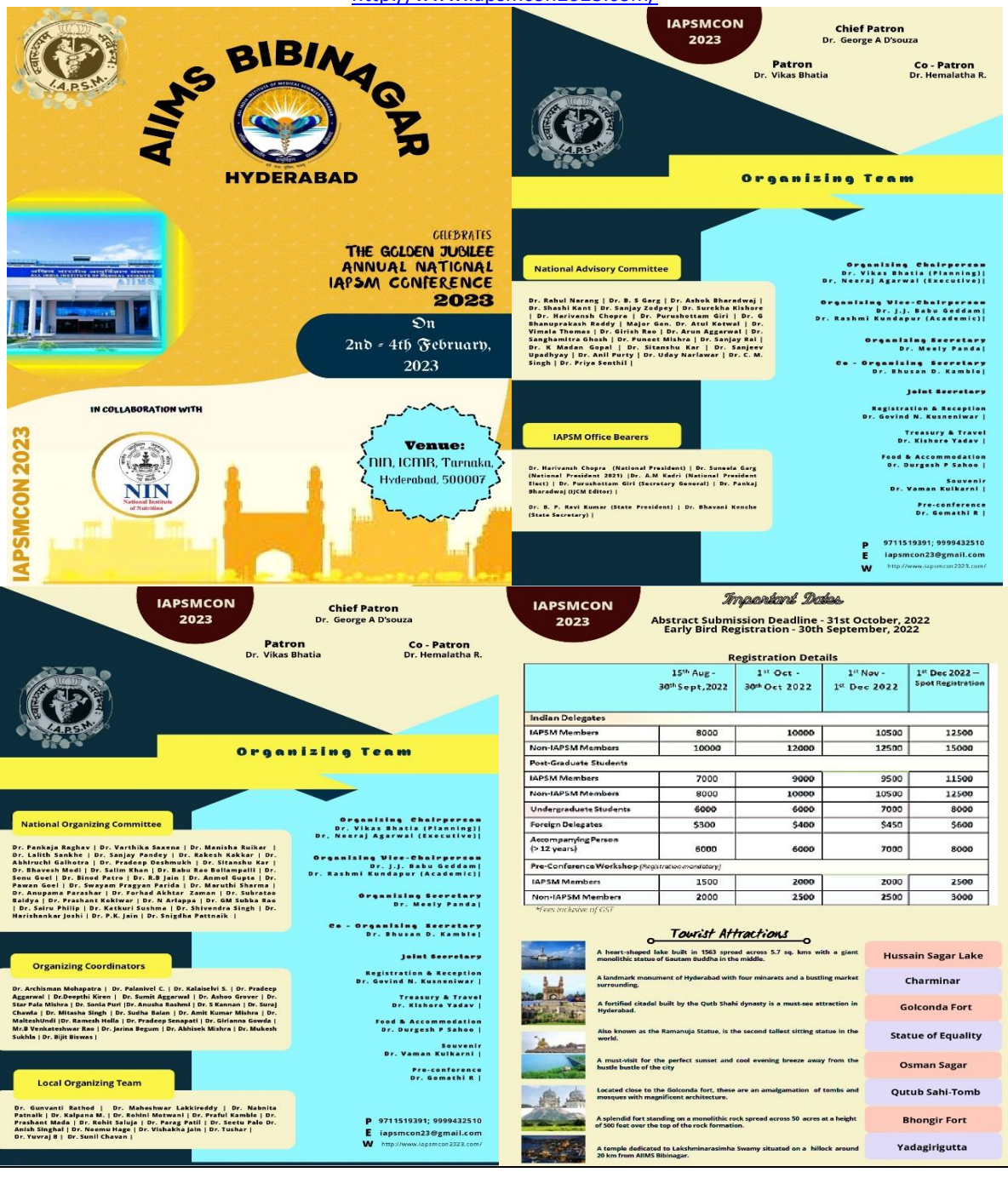

	15th Aug - 30th Sept,2022	1st Oct - 30th Oct 2022	1st Nov - 1st Dec 2022	1st Dec 2022 – Spot Registration
Indian Delegates				
IAPSM Members	8000	10000	10500	12500
Non-IAPSM Members	10000	12000	12500	15000
Post-Graduate Students				
IAPSM Members	7000	9000	9500	11500
Non-IAPSM Members	8000	10000	10500	12500
Undergraduate Students	6000	6000	7000	8000
Foreign Delegates	$300	$400	$450	$600
Accompanying Person (> 12 years)	6000	6000	7000	8000
Pre-Conference Workshop (Registration mandatory)				
IAPSM Members	1500	2000	2000	2500
Non-IAPSM Members	2000	2500	2500	3000

*Fees inclusive of GST