



Health Issues in Gurez Valley: A Case Study of Block Badugam

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Abstract. Based on a sample of 30 respondents selected from the different villages of primary health center Badugam tulail, Gurez, the study uses a qualitative research design through structured interview technique. It provides useful insights into impact of isolated location on health infrastructure and access to medical services, particularly the primary health center badugam. The findings show that there is Poor infrastructure, inadequate manpower, Transportation problem (especially in winter to airlift patients).

Index Terms: Gurez, Livelihood.

I Introduction

A lonely valley in Gurez called Tulail is about 130 km north of Srinagar and is situated in the Greater Himalayan range, north of Samshabari. It is bordered to the east by Mushkoh Valley and Drass, to the west by Gurez Valley, and to the north by Astore District (now governed by PoK). It is located on the banks of the Kishanganga River also known as the Neelam River. Tulail is also known as the "Hidden Paradise of Gurez" and is noted for its natural beauty. The Himalayan Brown Bear and the Snow Leopard are among the region's most well-known animals. The villages like Burnai, Purana Tulail, Sheikpora, Niru, Badogam, and Badoab are the primary settlements in the Tulail Valley. On the Eastern side of the Tulail valley, Chakwali is the final village. It is one of the most remote valleys in Jammu and Kashmir Union Territory, and the gorgeous and breath-taking Razdhan pass is the only way which connects Tulail Gurez with Bandipora and this route remains blocked for nearly six months in the winter because of heavy snowfall.

Tulail belonged to the old Dristan culture. One of the oldest civilizations that flourished in the Gurez Valley was this one. Several paintings and archaeological findings show that Buddhism and later Hinduism were the two oldest religions in the area all through the first part of the ninth century. The visit of Mir Sayyid Ali Hamadani at Gurez in the 13th to 15th centuries marked the emergence of the Islamic influence.



Hamadani made three visits to the valley with 700 preachers. Of these 700 preachers, seven resided in Gurez, including Baba Dervais and Baba Abdul Razaq Shah, whose shrines are close to the chalet of Fakirpora. Although there are shrines in the villages of Chorwan, Bakhtoor, and Dangithal Tulail as well as Kamri and Dugdai, both of which are currently in PoK, the names of the other preachers are unknown. The old Silk Route, which connected East Asia to the West, passes through the Tulail valley. The valley has a rich cultural heritage with its own language, traditions, and folklore. The cultural significance of gurez is reflected in its unique festivals, music, and crafts.

This silk route became the pathway to the influence of Islamic religion in tulail area. The majority of the people are Sunni Muslims who are from the Shina-speaking Dardic tribe. Before the separation of India and Pakistan the main sources of income for the people of Tulail were agriculture, trade, and animal husbandry. However, following the division, all trade paths were cut off, and the once-prosperous civilisation was driven into disappearance on both sides of the Loc. Eventually, those who could relocated to Bandipora or Srinagar, while the others settled into a life of self-reliance and isolation. Tulail has a high unemployment rate despite having reasonable educational system and a reserve quota for positions in the government jobs. The people's primary source of income is agriculture and animal husbandry. Being surrounded by the Army and other security forces people are getting indulge in their daily work which helps them in their livelihood because they offer residents every year employment options as porter companies and casual porters.

Tulail is a hilly area with green meadows where many Bakarwals travel in the summer season to graze their cattle. The majority of them depart from Rajouri in September month after arriving mostly in April month. They have built little structures at permanent areas where they stay in summer season and these structures are called as "Dhoks." (kotha in shina language) From November to April is the winter season in Gurez. The valley's winter which may reach -25 degrees Celsius and average 8 to 12 feet of snowfall is quite harsh, so the local people have to store each and everything in the summer because it is quite difficult for them to store food, firewood, and other supplies in winter. The activities of the valley are kept to the immediate neighbourhood during the winter months when the inhabitants spend the majority of their time indoors. In order to stay warm during this season, people burn firewood in little metal drums with chimneys locally known as "bukhari". The condition of the roads is very poor and there is constant damage due to heavy snowfall and frequent landslides. Electricity is supplied to the villages through a high-capacity diesel generator located at Badugam. However, the power is limited and the supply is timed. Electricity is available for two hours during the morning from 04:30am to 06:30am and for 5 hours in the evening from 06:30pm to 11:30pm.

Because of its geographical isolated location and marginalisation local people of Tulail Gurez are facing greater difficulties in their socio-economic life. Like access to



quality healthcare facilities, especially during emergencies is often limited. Health infrastructure and medical resources are not as readily as in more urban areas. So studying health issues in the context of Gurez sheds light on the challenges faced by these marginalized and indigenous community, and also contributes to the health of local population as well as our broader understanding of healthcare in geographical isolated area, and also can inform targeted interventions to address their specific needs.

Every member of society is impacted by health care issues, but in tribal areas they are of particular concern because it appears that this group of people is still comparatively underprivileged and has not fully reaped the rewards of development. The development of India as a nation cannot be conceived without improvements to tribal and rural health. Health-related challenges and discussions are nothing new they have existed for a long time and will continue to do so. The recent Covid-19 epidemic, which has had a terrible impact on human life has generated the greatest discussion about the lack of public health care facilities in India and associated concerns.

The most vulnerable and economically underdeveloped group in India are said to be the tribes. Tribes cannot be maintained together in a homogenous group since they are split up into several sociocultural and ethno linguistic groupings in India. Each tribe has a variety of beliefs, each of which is at a distinct stage of economic, educational, cultural, and political development. Indian tribes inhabit several areas with varying ecological and geo-climatic conditions. The majority of the tribes live in rural, difficult-to-reach locations in hilly, forested, and desert regions. In India, the vast majority of the tribal community struggles with poverty and a lack of essential amenities, including limited access to healthcare. As a result, society has a competitive need for improved health care.

Health is a wonderful gift from nature and a human being's fundamental necessity and birthright. Given that many epidemics put human lives in danger, the COVID-19 pandemic's toll on human life makes the need for enhanced health services for prevention and treatment clear. The health of this impoverished sector of society is quite poor, despite the government's efforts and concern for tribal development. Due to a number of factors, including inadequate health knowledge, varying religious and cultural beliefs, unrealistic health practices, living in tough and inaccessible places, financial difficulties, and other factors, the health status of the Indian tribes is low, pitiable, and complex infections, nutritional inadequacies, and inadequate health care services. These factors contributed to the public's mistrust in the public healthcare system, which is to blame for the sharp rise in the usage of the private healthcare industry. People place more faith in private medical treatments since they are easier to get and of higher quality than those provided by public health institutions. This led to a rise in the financial burden on families, which climbed as a result of an increase in out-of-pocket spending. The rural tribal communities of India are vulnerable to a number of infectious



illnesses, including diarrhea, whooping cough, pneumonia, amoebiasis, typhoid, hepatitis, measles, TB, and difficulties with reproductive health, among others.

1.1 Objectives of the Study

- To explore the impact of geographical isolation on the healthcare infrastructure and access to medical services
- To identify the major health issues in block Badugam.

1.2 Research Questions

- What is the impact of geographical isolation on the healthcare infrastructure and access to medical services?
- What are the major issues faced by health sector in Gurez?

II Literature Review

A review of the literature is a thorough and critical analysis of the scholarly writings, studies, and publications that have already been done on a given subject or research question. It entails condensing, examining, and synthesizing the conclusions and justifications put forth in a variety of sources, including books, journals, and research. A literature review's goals are to establish a strong foundation for future research, highlight knowledge gaps, and provide insights into the development of theories and arguments in a particular field of study. It is essential in establishing the context and justification for a study, allowing researchers to expand on and add to the body of information already in existence.

India started setting up primary health centres (PHCs) in 1952, to provide basic health facilities for their people. From then onwards these PHCs has faced number of difficulties and challenges, and there are number of studies conducted done by researches and scholars which have highlighted the issues faced by people who are located especially rural and far-flung areas.

Article written by D Radhika Kapur “Health Care Facilities in Rural Areas, she mentions that there is proper need to develop the basic infrastructure of healthcare in rural areas, and also rural people have don’t access to reach out to health centres. And the areas she touches in this article are, health practices in rural India, resources of primary health care in India, health insurance.

Article written by MD Nahid Akhter, Abid Haleem and Mohd Javaid on 23 July 2023 Scope of health care system in rural areas under Medical 4.0 environment This article examines the situation of the healthcare system in rural areas of India. The paper examines existing research and additionally gathers data from hospitals in rural areas. The efforts made by the Indian government and other organizations, including Ayushman Bharat, are also taken into account. Ayushman Bharat is recognized for its objective to



enhance primary healthcare and safeguard economically disadvantaged communities. Nevertheless, effectively dealing with these intricate matters necessitates persistent endeavors, sufficient financial support, and forwardthinking initiatives in healthcare infrastructure, workforce enhancement, and policy transformations. The data provided highlights the continual difficulties faced by rural areas, emphasizing the urgent requirement for adequate treatment and care.

An article written by Ines Weinhold Sebastian Gurtner “Understanding shortages of sufficient health care in rural areas”. This article aims to describe health care shortages in developed country rural areas and to thoroughly investigate the underlying causes of these shortages. The majority of wealthy nations face significant difficulties in delivering comprehensive health care in rural areas, despite efforts to do so and eliminate inequalities

Article written by Ritu Narag in 25 Jan 2011 “Determining quality of public health care services in rural India”. The purpose of this study is to evaluate how patients at public health care facilities in rural India feel about the level of services provided to them.

Reviewed one of the books which was published by Ministry of Health & Family Welfare, volume-iii in the year 2022 which gives guidelines and norms to the Phc in rural and urban areas about proper infrastructure, human resources, drugs and equipment’s

Basu, S. (1994) conducted a research named "Tribal Health in India" to highlight the topic of tribal health in India. The book focuses on Indian tribal groups' views of health and patterns of health-seeking behavior. Aspects of sickness and health-seeking behavior in connection to tribal environment are addressed by the social, cultural, and environmental determinants of tribal health. P.D. Khera's tribal viewpoints are noteworthy, delving into the complete socio-cultural network of ties, its link with the local environment, and how it influences notions of sickness and health behavior among the Baigas, Gonds, and Ahirs in Central India..

Ramaiah, P. (1988) conducted research on "Issues in Tribal Development." Tribals who have contributed to the richness of our culture and heritage have suffered from neglect and isolation for millennia. The most serious issues affecting the indigenous group include land alienation, exploitation by money lenders and contractors, credit issues, and marketing of their goods, among others. With the country's independence and the adoption of a democratic constitution, the government has taken on the task of developing the tribal areas to the point where they are practically equivalent to the rest of the country. Some plans had to be scrapped, others had to be severely altered, and yet others had to be expanded to meet the needs of the scenario



III Methodology

The nature of the current study is qualitative. The varied nature of human behaviour, experiences, and social phenomena is explored and understood through the application of qualitative research methods. It generally stands in contrast to quantitative research, which is more concerned with numbers and statistical analysis. In-depth understanding of the underlying causes, motives, and meanings of numerous occurrences is the goal of qualitative research.

3.1 Techniques Used

A structured interview schedule is a standardized and systematic method for conducting interviews in research or data collection processes. It is commonly used in social science research, market research, and other fields where gathering structured and consistent information from participants or respondents is essential. The primary purpose of a structured interview schedule is to ensure that all interviewees are asked the same set of questions in the same order, which helps maintain consistency and reliability in the data collected.

3.2 Content Analysis

A research technique called content analysis is used to systematically examine and assess the content of written, visual, or auditory communication. It is common practice to analyse the content of media, documents, texts, images, or any other kind of communication in a variety of disciplines, including communication studies, sociology, psychology, political science, and marketing. Deriving significant insights, patterns, and themes from the data being analyzed is the main objective of content analysis.

3.3 Sampling

In the current study, convenience sampling is used. Convenience sampling is a non-probability sampling strategy used in research in which the researcher chooses a sample that is easy to reach or investigate. Thirty interviews were done to get the necessary information. Who were medical officer Primary Health Centre Badugam and One doctor

- Dr Shahida (MBBS),
- Dr Farhan (MBBS),

Two paramedical staff:

- Shanaza Banoo
- Maryam Begum

Four Health Workers who were working in different sub centers which fall under this Primary Health Center:

- Bashir Ahmad Mir (Sub center Neru tulail)
- Rohi salam (Sub Center Baduab)
- Mohd Afzal Lone (Sub Center Buglinder)



- Gh Mohd lone (sub centre Hussangam)

And thirty respondents were local people from villages Buglinder, Sardab, Hussangam, GG Shiekh, Badugam.

IV Primary Health Care (PHC's)

The PHC serves as the local community's primary point of contact with the medical officer. The PHCs were designed to offer the rural people comprehensive curative and preventive healthcare, with a focus on the preventive and promotional components of healthcare. As part of the Minimum Needs Programme Basic Minimum Services Programme the State Governments develop and manage PHCs. A PHC is now run by a Medical Officer who is assisted by 14 paramedical and support workers. For six Sub Centres, it serves as a unit for +i9wreferrals. There are 4 to 6 patient beds there. Curative, preventative, basic, and family welfare services are among PHC's operations.

A wide range of services are delivered largely through primary healthcare. Health and Wellness Centres play an important role in the prevention of a number of illness conditions, including both communicable and non-communicable diseases, in addition to the fundamental medical services provided at the primary care level. Through a process of population listing, facility-based and outreach services, frequent home-based and community contacts, and improvements in people's involvement, they are intended to give people-centered, holistic, equity-sensitive responses to people's health needs. The main goal of these centres is to assure preventative and promotional measures, which have been given priority for health, using a community-based participatory approach.

Under Comprehensive Primary Healthcare Services (CPHC), twelve packages are planned, including:

- Services for Neonatal and Infant Health Care
- Pregnancy and Childbirth Care
- Services for Children and Adolescents' Health
- Services for family planning, contraception, and other reproductive healthcare
- National Health Programs for the Management of Communicable Diseases
- General Outpatient Care for Minor Ailments and Acute Simple Illnesses
- Non-communicable Disease Screening, Prevention, Control, and Management
- Treatment for Common ENT and Ophthalmic Issues
- Essential Dental Care
- Services for Palliative and Elderly Care
- Burns and other emergency medical services
- Mental health condition screening and basic management

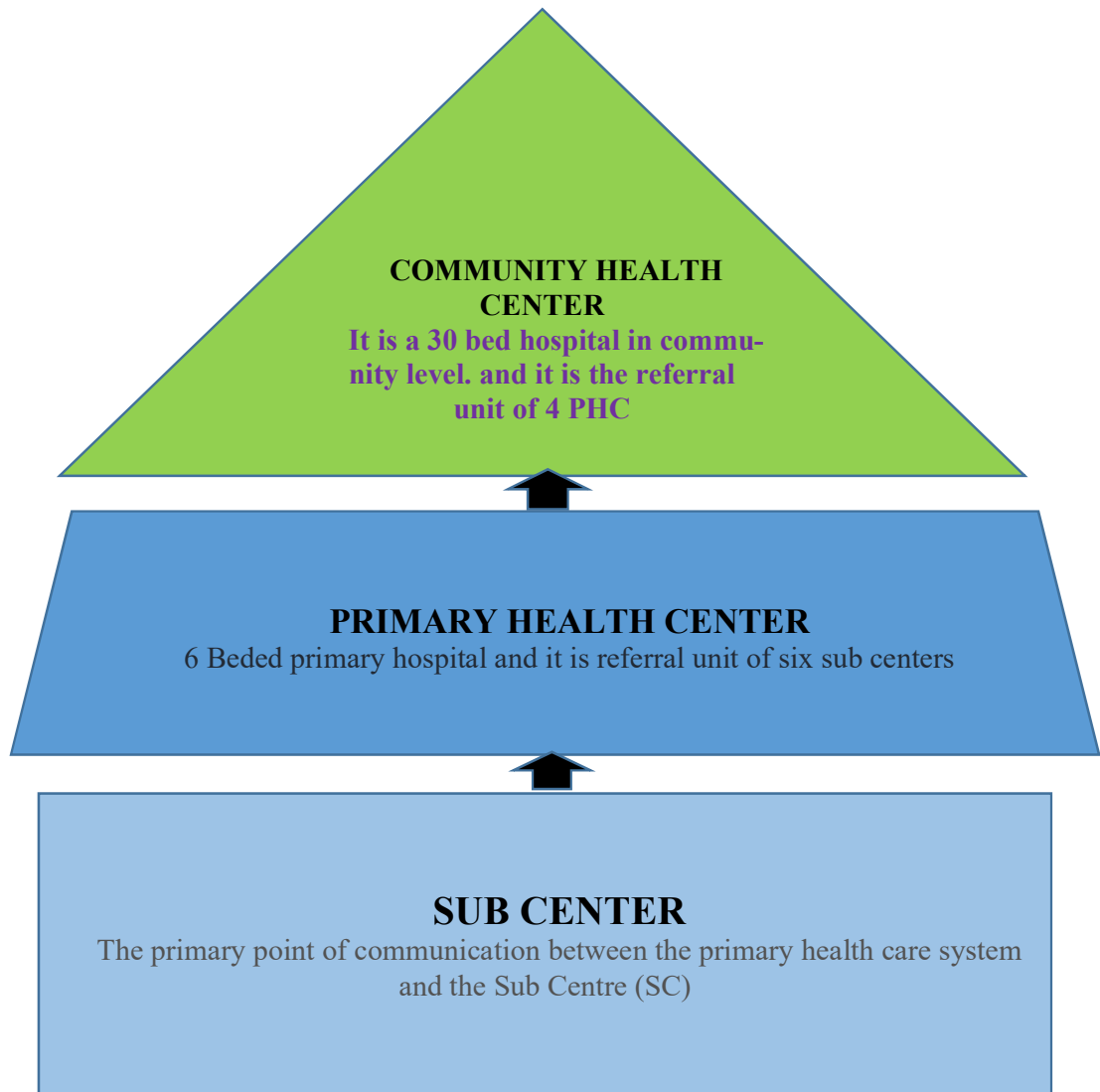


Figure 1: Health center hierarchy.

4.1 Guidelines for the Proper Infrastructure for Primary Health Center

These PHCs also play a significant role in carrying out community-wide public health initiatives by utilizing local resources and frontline staff. They provide care that goes beyond the first point of contact, and as a result, they are required to mediate a



two-way referral support to facilities at the primary and secondary levels and to assure follow-up support for individual and population health activities. PHCs should create strong upward (community health centre) and downward (community and outreach) links since they play a crucial role in referral and follow-up.

The PHC should be situated such that the rural population they intend to serve may readily access it. Additionally, the services must be situated such that the underserved people in tribal and rural regions can access them. A PHC is typically intended to serve 20,000 (in mountainous and tribal areas) or 30,000 (in plains) people in rural areas. In order to build successful convergence and links with citizen-centric services, it should be built concurrently with Panchayats (depending on the population).

4.2 General Appearance and Maintenance

The building needs an adequate boundary wall. The facility should be properly reflected so that the approach road can see it easily. There shouldn't be any encroachment on the property or its surroundings. It should be free from seepage, cracks, and damaged windowpanes, and plastered and painted in a consistent colour scheme. The boundary wall of the facility and the walls of the building shall not have any undesirable or out-of-date posters or hoardings.

4.3 Accessible for the Disabled and the Elderly

Infrastructure standards in accordance with the "Guidelines and Space Standards for Barrier-Free Built Environment for Disabled and Elderly Persons" issued by the Government of India should be followed to ensure easy access for non-ambulant (wheel-chair, stretcher), semi-ambulant, physically, and visually disabled, as well as elderly people. The 'Persons with Disability Act, 2016' provisions ought to be put into practice. Facilities that don't have these amenities need to prepare for them and upgrade them. It is also suggested that tactile signs be put with adequate contrast between the letters and backdrop in order to serve the needs of visitors who are blind or visually impaired. The accessible path should have one or two rows of tactile guide bricks installed over its whole length.

4.4 Source of Electric Power

Access to a sufficient, cheap, consistent, and dependable energy supply is necessary for public health institutions. It is crucial to distribute the electric load across the many installations and equipment at a facility while also balancing the load since overloading the system at any point might lead to an accident like an electric fire danger or damage the equipment. Similar to how voltage fluctuations harm equipment, automated voltage regulators should be available to control fluctuating input power voltage and maintain consistent output voltage. To guarantee that patient hazards are minimized, electrical installation is a specialist task that has to be given the proper significance.

4.5 Potable Water Supply

Plans should be prepared for a continuous piped water supply as well as an above water storage tank with enough space to hold at least three days' worth of water. It is



necessary to guarantee enough access to drinkable water in varied locations. It has to be equipped with pumping and boosting systems. Making separate provisions for battling fires is necessary.

4.6 Reception Area

A suitable sitting arrangement should be put in place, particularly one that takes up little room and is simple to keep clean. It is important to show messages asking people to give old, pregnant, handicapped, children, and patients' seats.

For those who use mobility aids like wheelchairs, crutches, walkers, canes, etc. as well as others who need assistance walking, enough room should be set aside. When building facilities and equipment for people with impairments, the measurements outlined in NBC may be utilized as a guide. OPD waiting areas can have vibrant wall paintings and a patient-friendly atmosphere. A play area with toys, games, puzzles, and other amenities can be constructed for young patients. Patients should have access to the following in waiting areas:

necessary facilities

- Fans
- clean water for drinking
- Clean restrooms that consider gender

4.7 Day-care or In-Patient Room

A PHC should have two necessary beds and four desired beds, whereas a 24 hour PHC should have six necessary beds and four desirable beds. Patients should be stabilized before being appropriately sent to higher centers for further care, if necessary. An IV stand, a bedside locker, and a stool for attendants should be available on each bed. Ambu bags and oxygen cylinders must be functioning and conveniently accessible. For seclusion, curtains have to be accessible. All genders should have access to clean, separate restrooms and drinking water facilities. The wards, daycare, etc., are cleaned. . should be carried out at regular intervals.

4.8 Central or Clinical Laboratory

The lab needs enough room to accommodate the workload as well as the upkeep of sanitation and hygiene to avoid cross-contamination and infections. The laboratory must include room for patient registration, waiting areas, and access to restrooms. For collecting blood, urine, and feces samples, there has to be enough space, as well as a place to process the samples. The amount of storage space required should provide for the storage of patient data, reagents, supplies, and refrigeration, as well as separate storage areas for combustible goods. For volatile solvents, vented storage should be available.

4.9 Room for Health and Wellness

The community can interact in the health and wellness room for any health promotion and education activities. There should be enough room in the room to fit 18 to 20 people, as well as equipment for yoga, group counselling sessions on nutrition, adoles-



cence, and other health-promoting activities. There should be instructional, audio-visual, and IEC materials in the room. This room's main goal is to give preventative and promotional care rather than therapeutic treatments.

The above-mentioned guidelines for the primary health centres are as per the criteria said by the national health mission. Apart from the infrastructure there are separate instructions for the well equipment's, drugs, capacity of doctors needed in one PHC, conduct of welfare programmes in touch with local communities, awareness programmes, etc. but we have seen that in rural and tribal areas primary health centers there is lack of these things. Same is the case with one of the PHC Badugam which is in one of the tehsils of district Bandipora known as tulail. The proper field had been done in the month of August 2023. The interviews were conducted from the local people of tulail where we found that there is shortage of doctors especially in winter season, no trained technician for the x-ray, ECG, etc.. for which they have to travel hundreds of kilometres to reach district hospital which is in bandipora, it becomes impossible for them when Razdan pass is closed because of harsh weather condition. In the next chapter the challenges are discussed, faced by the PHC Badugam, where it is thoroughly discuss about the difficulties and concerns which I found during field work.

V Badugam Primary Health Center's Infrastructure: A Lifeline for Remote Healthcare

Tulail being farflung and isolated area is not having proper medical infrastructure. There are three PHC in Purana Tulail, Sheikhpura, and Badugam village, and has capacity of three beds each. However, the facilities available are limited to treatment of routine ailments. This causes a major issue during the winter season. The civilians then have to rely on civil and army helicopter services for emergency evacuations which becomes even more difficult due to uneven weather conditions. A 15-bed hospital has been under construction at PTL village for the past six years, however the construction has hit a roadblock due to inadequate funds. Being remote and having limited accessibility, the people of tulail face numerous challenges. Locals have to walk long distances for the basic necessities as available in the villages for the rest, the locals have to go Dawar or Bandipora or even Srinagar for the treatment. One of the major problems faced during the winter is the blockage of roads and restrictions in vehicle movement due to the tremendous accumulation of snow and the risk of avalanches.

The Badugam Primary Health Center (PHC), located in the breathtakingly beautiful but difficult terrain of Gurez, provides the community with essential healthcare services. Infrastructure at the institution is crucial in ensuring that healthcare services are available and efficient in this isolated area.

5.1 Site & Accessibility

The PHC's site was carefully selected to optimize accessibility for the community it serves. It is located in the heart of Badugam block with in tehsil tulail, making it accessible to inhabitants from the surrounding villages and hamlets. This PHC serves 14 villages from Husangam to Neru Nallah, with just four sub-centers in each of these villages. Villages such as Neru Nallah are 14-15 kilometres distant from PHC



Badugam. They had to go considerable distances to receive care. The nearby sub-centers are unable to provide treatment due to a lack of facilities, and these sub-centers do not even have proper infrastructure. During field work, we discovered that these sub-centers have been set-up in local wooden houses with only one room, where voluntary health workers provide services; one of the health workers stated that his monthly salary is 1000 rupees.

5.2 Building & Facilities

The Badugam PHC's physical layout is not intended to effectively address the needs of the local population in terms of healthcare. as there is only one structure and seven rooms The building that has been designated for patient care is not in good condition as it has been in rural areas. where valley is witnessing a lot of snow, and there is always a risk of avalanches. unfortunately, it has not been as per their climatic conditions. These rooms include a four-bed ward, labor room, OPD, X-Ray, emmization room, lab, and store room. Water facilities and restroom facilities are lacking at the local PHC. There is no suitable waiting place there.

5.3 Emergency Services

Recognizing the remoteness of the location and the probability of medical crises the PHC is not having emergency services. The local PHC deals with primary medical minor cases, there is no OT services, no surgeons, no emergency services, as mentioned by the Medical officer PHC badugam “we refer acute abdomen cases and those who don't respond to our conservative management. We refer them to first referral unit Dawar which is 60 kilometre far from PHC Badugam” It has become evident that the local population is having difficulties. One of the respondents said, "My mother was sick, and I travelled to Dawar with her while carrying in my shoulders from here. She passed away on my back without my knowledge when I reached the community health center in Dawar, they told me she is no more, and he added that I am not the only victim of cases like this; it has now become normal for people to cope with such challenges."

5.4 Medical Technology and Equipment

The PHC building was built in 1992, but it has not been developed in accordance with contemporary technological systems, making it difficult for equipment to function well. For equipment to function properly, there must be a good electrical supply and designated spaces for the various equipment's. Concentrators, blood pressure monitors, stethoscopes, USG, X-rays, and ECGs are among the major equipment's in PHCs, but we observed that there is a lack of trained staff to operate all these machines. the locals told that for normal tests we have to go community health center. Telemedicine is required to connect patients with specialists in larger hospitals for consultations on complex conditions.

5.5 Pharmacy and Drug Storage

The on-site pharmacy is more than just a pharmaceutical storage facility; it is a life-line for the community. The pharmacy has a variety of pharmaceuticals, including antibiotics, antipyretics, and treatments for chronic diseases. To ensure drug efficacy,



there is no proper storage facilities, including temperature-controlled storage for vaccines and sensitive pharmaceuticals.

5.6 Staff Quarters

Attracting and keeping healthcare workers in distant areas like Badugam tulail might be difficult. In order to solve this issue, the PHC must provide staff quarters. It guarantees that medical personnel are always ready to respond to crises and offer continuous healthcare services to the population, regardless of the time or weather. Local PHC has one separate apartment for the nonlocal staff, because most of the staff is nonlocal. Because of harsh climate non-local staff don't prefer to stay here in winters.

5.7 Utilities and Power Supply

Healthcare institutions require a constant supply of electricity since even a short power outage can have serious repercussions. The primary health center depends on the power supply that is provided to nearby villages via diesel generators, with scheduled power supply times of five hours at night and two hours in the morning. There is also one small diesel generator inside the PHC, which is being utilized for running some of the most important medical equipment. There is need of solar panels or more high volted generators.

5.8 Areas for Community Engagement

According to locals, PHC Badugam organizes a variety of health awareness programs, medical camps, and PHC is always doing their best. They invite professionals and well-experienced doctors to participate in a variety of camps, where they give us advice on preventative healthcare practices and encourage a sense of health ownership among the community's members. But regrettably, there are no designated locations for these gatherings; instead, these all events take place on a the premises of health center.

5.9 Facilities for Sanitation and Hygiene

When it comes to the healthcare infrastructure, Phc Badugam frequently has particular difficulties, such as problems with cleanliness and hygiene. PHC Badugam lacks the necessary hygienic and sanitary amenities. This may lead to a shortage of vital facilities including a supply of clean water, restrooms, and garbage disposal systems, which are necessary for sustaining hygienic conditions. Keeping healthcare facilities clean and well-groomed is essential for preventing the spread of illness. Because it is clear that first and foremost medicine for health is cleanliness. The PHC is not having such facilities their and also there is lack of cutting-edge restrooms accessible and clean for both employees and patients. In addition, the PHC adheres to stringent guidelines for the disposal of medical waste, guaranteeing compliance with health and environmental laws.

The region's remoteness makes it difficult to attract and retain qualified healthcare professionals. This is a challenge for Primary Health Center Badugam, which is located in a mountainous region with a harsh climate. As a result, the region's healthcare facilities are often understaffed and lack essential equipment and supplies. The high cost of



transportation is major barrier to accessing healthcare services for the people of tulail because many people in the region live below the poverty line and cannot afford to travel to Bandipora or Srinagar for treatment. This is especially problematic for patients who need specialized care such as cancer treatment or dialysis. they need to travel frequently for treatment. During winters Such patients have to reach helipad early morning to get lift and have to wait hours their in -15 degree Celsius. Unfortunately, if they don't get lift they had to walk back to their homes, which is quite difficult. The patients reached in srinagar, they have to stay for months in rented rooms leaving their families alone, which can be expensive and difficult for them. The geographical isolation of Gurez also makes it difficult to conduct public health campaigns and programs. in case of heavy snow fall, it becomes difficult to vaccinate children or provide health services to patients who live far from the phc because the internal connectivity between the villages gets blocked. This can lead to lower vaccination rates and higher rates of preventable diseases. The remote location also makes it difficult to monitor the health of the population. For example, it can be difficult to track the prevalence of diseases or identify outbreaks. This can make it difficult to respond to public health threats effectively.

5.10 Analysis and Interpretations

Our study, which has a sample size of 30 people from Gurez Valley, is based on the rigorous gathering of data using closed-ended questionnaires. These surveys, constructed with care and accuracy, looked into a number of essential aspects of healthcare access, quality, and usage. Our participants, who represented a wide range of ages, genders, and valley different villages, shared vital insights into their experiences, worries, and expectations around healthcare in their communities.

The main objective of our study is to understand the complex web of health concerns that affects local people of tulail gurez and to evaluate the quality of PHC infrastructure and services as the key gatekeepers of healthcare in this rural area. this research aim to apply raw data into useful insights that may inform policymakers, healthcare professionals, and community stakeholders about the reality on the ground. With this newfound understanding, we want to contribute to the development of targeted measures that can effect positive change and improve the overall health and well-being of our local people of tulail.

This analysis takes a multifaceted method to attain these goals. We begin with descriptive statistics, which provide us with a bird's-eye view of the data. We analyse the prevalence of certain health conditions, such as access to healthcare facilities, lack of para medical staff, use of healthcare services, transportation problems and distribution of these services across different demographic groups, in this paper. This statistical lens enables us to spot patterns and trends, revealing gaps that might have been hidden.

We will analyse the data obtained from the respondents in the parts that follow, using tables as effective tools to convey our conclusions. These visual representations will not only make our study more understandable, but they will also provide compelling



evidence of the healthcare environment in tulail Valley. The questionnaire contains 09 close ended questions related to different aspects of health:

Table. Data Collection Questionnaire.

Questions Asked	Yes	No	Percentage of		Total
			Yes	No	
Have you visited the local Primary Health Center in the past year	22	08	73%	26%	100%
Are you involved in any community health programs or initiatives organized by the PHC?	25	05	83.3%	16.6%	100%
Have you ever had to wait for more than an hour to see a doctor at PHC Badugam Tulail?	17	13	43%	56%	100%
Have you ever had to travel to another PHC or hospital because the services you needed were not available at PHC Badugam Tulail?	28	02	93.3%	6.66%	100%
Are you satisfied with the availability of the medications and supplies that you need at PHC Badugam Tulail?	10	20	33.3%	66.6%	100%
Would you recommend PHC Badugam Tulail to others in your community?	05	25	16%	83.3%	100%
Have you ever been referred to another PHC or hospital by a doctor or nurse at PHC Badugam Tulail?	22	08	73%	26%	100%
Are you able to travel to PHC Badugam Tulail during the winter months?	11	19	36%	63%	100%

The above-mentioned questions which are shown in the table are been classified into different % as per the responses are given to each question. We found that majority of the people are not agreeing with the services which are being provided by the local PHC there is small portion of people who were agreeing.

“Are you satisfied with the availability of the medications and supplies that you need at PHC Badugam Tulail?”

The availability of drugs and supplies at PHC Badugam Tulail was rated favourably by a small percentage of respondents (33.33%). The vast majority of respondents (66.67%) voiced their displeasure with the accessibility of prescriptions and supplies.



According to the statistics, there is a substantial degree of discontent among the surveyed persons with the availability of drugs and supplies at PHC Badugam Tulail. This might suggest a problem with the healthcare center's management of supplies or supply chain. While discussing this matter to staff members of phc badugam they mentioned that needful medicines are available here, and supply comes from BMO office which is in Dawar town of Gurez on monthly basis.

Have you visited the local Primary Health Center in the past year?

A lower percentage (26.67%) said they hadn't been to the neighbourhood Primary Health Center in the previous year.

The majority of participants (73%) said they had visited the PHC over the same time period. This is the positive sign of phc services because majority of people mentioned whenever they are in need they visit, but the another angle of this statement will be people of tulail has lesser choice of health facilities so this phc is only option for them. There are at least 26% those who are not visiting, the comparatively low use may be a sign of access challenges such geographic isolation, a lack of knowledge, or a negative perception of the level of treatment. It is necessary to raise community knowledge of the accessibility and significance of nearby healthcare facilities, particularly for preventative care and regular checkups.

Are you involved in any community health programs or initiatives organized by the PHC?

According to the available statistics, a sizable majority of the respondents to the survey appear to be actively engaged in community health initiatives or PHC-organized programs. The majority of respondents (83.33%) said they are participating in PHC-organized community health activities or initiatives. A lesser percentage of respondents (16.67%) said they are not active in such activities.

According to the findings, a sizable proportion of those polled are actively involved in community health programs or efforts organized by the PHC. This might suggest active community involvement or support for local PHC projects. It shows that in rural area particularly phc badugam is always conducting such awareness programs and always remain hand full to aware local community about health and hygiene.

Have you ever had to travel to another PHC or hospital because the services you needed were not available at PHC Badugam Tulail?

The vast majority of respondents (93.33%) stated that they had to go to another PHC or hospital because the services they need were not provided at PHC Badugam Tulail.



Only 6.67% of respondents answered that they did not need to seek healthcare elsewhere. The data strongly shows that there is a considerable gap in healthcare service availability at PHC Badugam Tulail, with the great majority of respondents having to go elsewhere for their healthcare requirements. This suggests that the healthcare facility may not be fully prepared to deliver a broad variety of services, perhaps causing annoyance and delays in receiving care for the local community. Patients who must travel to other healthcare facilities face inconvenience and increased expenditures, such as transportation and probable lodging charges. This has the potential to disproportionately impact disadvantaged people and those with low means. The large majority of respondents' unhappiness suggests that the local community has lost faith in the healthcare center's capacity to address their healthcare requirements. This can lead to a loss of trust in the healthcare system as a whole.

Would you recommend PHC Badugam Tulail to others in your community?

The statistics show that respondents are dissatisfied with PHC Badugam Tulail, with the great majority refusing to recommend the institution to their community members. The data emphasizes the significance of attempts to improve the quality of treatment, patient experience, and overall satisfaction at PHC Badugam Tulail. There might be a variety of reasons for not recommending the phc. We learned from responders that this health center provides decent care for minor cases but lacks other key services. For example, phc does not provide OT services. It is important to mention that, the PHC primary task is to deal with primary issues, but being rural areas phc there is need of much more facilities to be available because it is the only hope to the people in such a remote and isolated place. These were the reasons why the majority of people did not want to recommend this phc to other community members. The data indicates that there is room for improvement in service quality, patient satisfaction, and community confidence in the healthcare center.

Have you ever had to wait for more than an hour to see a doctor at PHC Badugam Tulail?

A sizable but lesser share of respondents (43.33%) said they waited more than an hour to see a doctor at PHC Badugam Tulail. A majority of respondents (56.67%) said they had never experienced such extensive wait periods. According to the statistics, less than half of respondents have had extended wait times when seeking medical attention at PHC Badugam Tulail. which may be a common issue in the healthcare center. If we look the data is near to 50-50% so there are lesser chances of delay in providing services. Excessive wait times can result in delayed care, which can be harmful to patients, especially those with urgent medical requirements. According to the figures, a significant percentage of respondents have encountered extended wait times when attempting to visit a doctor. To address this issue, a complete approach is required, which includes process improvements, and constant monitoring to ensure that patients have timely access to healthcare services.



Have you ever been referred to another PHC or hospital by a doctor or nurse at PHC Badugam Tulail?

The majority of respondents (73.33%) stated that a doctor or nurse at PHC Badugam Tulail had recommended them to community hospital Dawar or district hospital bandipora.

A lesser percentage of respondents (26.67%) said they had not received a referral. The health center refers the great majority of patients to other hospitals, which may be due to a lack of resources. Based on findings, patients have been referred because of minor injuries, there is no x-ray technician, and the dentist hasn't been there for three or four months, therefore for these serious instances, the locals told the patients they needed to go to CHC.

VI Conclusion

Our journey of research into the relationship of geographic isolation and public health found an appealing story in the heart of the picturesque valley of tulail gurez. The research has witnessed tremendous effects of isolation on the health and wellbeing of the local population by means of thorough research and the voices of resilient communities. Gurez's majestic mountains and remote surroundings have long defined not just its beauty but also the availability and standard of healthcare. this research is resounding with a unanimity that changes must be made; it is like a harmonic chorus calling for a better and healthier future across the tulail valley.

The issues are obvious and severe. The residents of Gurez have faced ongoing difficulties due to inadequate healthcare infrastructure, limited access to medical supplies, and a lack of healthcare professional. The region's physical isolation, which adds to its attraction, has sometimes functioned as a hindrance to access high-quality healthcare. But as i conclude this research, I do so with a vision of belief based on concrete recommendations. I have hope and I demand that Primary Health Centers (PHCs) be transformed and healthcare services be improved. This research push for the establishment of strong telemedicine networks in order to bridge the gap between healthcare practitioners and distant areas. Training and retention of healthcare personnel in Gurez, as well as expenditures in contemporary medical equipment and infrastructure, should be emphasised. Ours is a call to determination, not despair. Geographic isolation should not be viewed as an impossible obstacle; rather, it could act as a fuel for creativity and empathy. This research will work as a call for policymakers to pay attention to this request, seeing tulail gurez as a small example of global health inequities, where reform may serve as a source of inspiration. Let Gurez be a brilliant example of transformation in the broad tapestry of global health, where the shadows of isolation are banished by



the light of accessible, egalitarian, and exceptional healthcare. We can traverse this valley together, linking the people of Gurez to a happier and healthier future.

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