Covid-19 and internet ban: Implication on agricultural Production in Jammu and Kashmir (UT)

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ABSTRACT: Since December 2019, the COVID-19 epidemic has been directed to the world's attention and the international community, civil society and governments have collaborated on information dissemination campaigns to mitigate its impact. Past public health emergencies have taught that a lack of health information and the dissemination of misinformation can be detrimental to achieving prevention, diagnosis and treatment goals. In India suddenly the Prime Minister announces the lockout, this announcement becomes more dangerous than covid 19. In developing countries particularly below poverty line they not reach their homes or destination due this announcement people dying on roads railytracks because of hunger. The data regarding this is hidden how many people due this sudden announcement but I am sure more than covid effect deaths,The global change is particularly significant as the corona virus-covid 19 infection spreads rapidly. As of May 16, 2020, there are 4,634,152 confirmed cases and 2 international transactions from 212 countries and territories, according to the World Health Organization. "Covid 19 is a new disease and we are still learning how it spreads and its characteristics. Respiratory viral infections can be caused by contact (direct or indirect), droplet spray (short distance transmission), aerosol (long distance transmission). The virus is also spreading in the central region of Kashmir, with its first administration releasing Rs 27 corer under the State Disaster Response Fund (SDRF) for COVID-19 relief operations, in addition to 11 major hospitals being set up as COVID-19 health centers to treat patients suspected of being infected. The change government has announced that normal patients are starting to die because doctors did not treat them in a timely manner and through treatment they were asked to go for fist covid tests. Another important factor is internet which we face from last more than one year. This is a big challenge which we face because we don't what happened around the world particularly updates of covid 19, India put us under full darkness we all thick we are living in before century. Due to interment ban we face a lot of problems particularly education sector and business sector.They are most affected by cardio patents, kidney patients, liver cirrhosis issues, and star to die there are so many, people in Kashmir are in darkness, they do not know where to go and they need a torch bearer to show them the right path.

Keywords: Corona virus, Covid-19, Jammu and Kashmir, internet ban

I.   INTRODUCTION

We are currently facing the COVID-19 crisisWorldwide; the new corona virus disease has almost been identifiedon a day-to-day basis. According to World Health Organization, until May 16, 2020System, there are 4,634,152 confirmed casesFrom 212 countries and territories. Nearly 90,927 to dateCases have been reported in India so far and underJammu and Kashmir Madhya Pradesh 1121 confirmedExcept for 12 deaths from this novel disease. This type of corona virus outbreak is novel and namedAs COVID-19. Experts in the first case of corona virusNever seen before in humansAmong the people of the city of Wuhan in the provinceHubei in China in December 2019. Since then it has been spreadingLike anything around the world. "Covid-19 is a new oneDisease and we are still in a learning phaseProperties. In general, respiratory viral infections can occurBy contact (direct or indirect), droplet sprayMouth and nose (short distance transmission), aerosol (long)Range exchange). Maximum studiesthis is being done around the worldthe only practical solution to prevent its spread is the bodyRemote and lock.Symptoms of corona virusCOVID-19 symptoms can cause some fatigue, dizziness and nausea in addition to fever,

cough and shortness of breath. It weakens the entire immune systemHumans and became like pneumonia or bronchitis. These cases are found in all genders and affect adults and children, regardless of age. COVID-19 is spread from person to person through contact with a healthy person. We need to make sure that the animals have some role in its spread. It is said to be contagious.
I. Contact with certain body fluids such as cough drops.
ii. Touching body parts after contact with a person suffering from Jammu and Kashmir (UT) disease can touch the nose, ears or eyes.

Considering COVID-19 and its contagious nature, the Government of Jammu and Kashmir (UT) has decided to spend on its first COVID-19 relief operations. Besides, the government has announced the conversion of some large hospitals into COVID-19 health centers to treat patients suspected of having infections. Except for deaths related to JK's UT. The Jammu and Kashmir government has been working day and night for its control, and the Corona virus-Govt in 1991 has been asking officials and the public not to panic among the people. A complete locking is in place and if the authorities and the general public manage to control the perimeter of the heated space, it can be truly appreciative and substantial.

Screening test
The Jammu and Kashmir administration has reduced the size of the samples and testing facilities, more than 3,500 tests dailybasically. Management has taken a mixControl and mitigation measures to slow the spreadCOVID-19 infection by contact trackingRestricting travel and isolating citizens. ManagementEvery person returning from other states is confirmedIs tested and isolated at a designated isolation centerIn his own district. In order to facilitate the experiment, theThe government has already set up testing laboratories at various placesPlaces and among them are in Srinagar, Skims SouraGMC Srinagar, CD Hospital Tolkien, Command Hospital(NC) Udhampur and GMC Jammu.
The steps taken by J&K (UT) are as follows
Government to control and prevent the spread of the disease:
I. Enable locking into the letter and spirit.
ii. Setting up isolation wards.
iii. Appointing Rapid Response Committees in all districts.
iv. Available in adequate amounts for mask and personal

Safety equipment.

v. Health machines, especially for doctors Paramedics and related staff contribute

Massive.
vi. And in setting up call centers (covt-19, Centers) All districts.
How to deal with COVID-19
The points that can be taken are as follows
I. Maintaining personal hygiene, including cleaningHands with soaps and running water, avoid touchingDo not spit unnecessarily in public places
ii. Individuals affected by influenza and the common coldThe disease should immediately consult a doctorCovering their nose and mouth with a mask
iii. When to cover the nose and mouth with tissue paperCough and sneeze.
iv. Some body in close contact with the suspectCorona virus or has returned from abroadCountry or location affected by the virus, home requiredIsolation
v. Disposal of used tissue paper in a closed dust bin andAvoid crowded situations
vi. Avoid and avoid meeting people with whooping coughTouching body parts such as eyes, nose or mouthUgly hands
vii. Personal protective equipment (PPE) tools are essential
The person who deals with patients
viii. Avoid traveling unnecessarily, as much as possibleKeep sealed inside houses.
Find a quick process around the worldVaccination may be a potential treatment for the novelDisease-Govit19.It has its protocol for developing a possible vaccine, which can be summarized in ten steps.
I. Research
ii. Pre-clinical pilot study
iii. A grid-test for a few.
iv. Phase Two - Testing in a few hundred
vi. Phase three-lane thousands
Creating infrastructure
vii. Production
viii. Approval by the Food and Drug Administration (FDA)
ix. Distribution
X. Final immunity
Source: New York Times

Map. 1
We will take precautionary measures until the vaccine is ready.The average number of people affected by a person. Roy M. Anderson and Robert May (1991) [9]
R> If 1 more infection occurs
R = 1 it control

R <1 This is an improvement over the disease. R helps us determine when herd immunity is achieved. (R-1) / R is a segment of the population that needs to be infected in order for their flock to become immune. For example, if R is 1.50, 33% of the population would have to be infected to gain herd immunity.Experts estimate that cases of corona virus would have been forty times higher without Lock Down. Dr. RJ Shaw's expert view suggests that the state government and especially the Union Territories and across the country need an overall comprehensive and smart plan as they have been plagued with the corona virus for 12 to 18 months. The government needs to take some comprehensive action. Announce some key projects to boost people's morale with economic stress.

Govt-19: Internet impacts on health banned in Kashmir

Since December 2019, the COVID-19 epidemic has been directed to the world's attention and the international community, civil society and governments have collaborated on information dissemination campaigns to mitigate its impact. Past public health emergencies have taught us that a lack of health information and the dissemination of misinformation can be detrimental to achieving prevention, diagnosis and treatment goals. [1]. ultimately, access to timely and accurate information is essential to provide people with the understanding they need to support joint health efforts to reduce the spread. It protects public and local health systems. [2] However, state-licensed Internet controls in India now include Jammu and Kashmir (J&K), Myanmar and Bangladesh, preventing people from accessing vital health information. [3]Since August 05, 2019, when the Government of India removed part of the state and political autonomy by repealing Article 370 of the Constitution, J&K - population 8 million - has continued to be locked up with restricted communications. Although the Supreme Court of India has affirmed that "freedom of access to the Internet is a fundamental right", the J&K administration refuses to allow Internet operation at full 4G capability. [4] .As a result, health professionals at J&K struggle with COVID-19 without full resources. Iqbal Saleem, a professor of surgery, wrote, "This is very frustrating. attempting to download guidelines for intensive care management \. 24 MB and one hour,Still unable to do so. "[5] The low-speed 2G Internet stops health workers in the area from accessing current information, public health guidelines, and accurate updates on corona virus research and regional

outbreaks.Telemedicine and online video consultations are not possible, which would further affect patient care and restrict the capacity of the region's already understaffed and vulnerable health system. The 2018 audit of health facilities in Jammu & Kashmir found a doctor-patient ratio for every 3,866 people, below the minimum 1: 1000 recommended by the World Health Organization. The audit found that the infrastructure was "inadequate" to handle patient flows and that it was pre-infection. [6]. In the absence of a reliable Internet connection, information on closures, shutdowns, and COVID-19-related restrictions is reported through print newspapers, radio, and limited SMS or messaging capabilities. Campaigns designed for social media or video communications cannot be downloaded. As a result, the lack of available, quick and reliable information creates a space for misinformation such as fake UNICEF memos. Intersection rights: health and information. Throughout this epidemic, scholars and experts have urged human rights approaches to be at the center of COVID-19 public health responses. Interventions must support all rights guaranteed under Article 12 of the International Covenant on Economic, Social and Cultural Rights, including the right to information, which interferes with the full enjoyment of the right to health, which is further protected in the Constitution of India. [9] Because it relates to health information, the Economic, Social and Cultural Rights Commission has urged states to guarantee "education and access to information related to [major health issues], including methods of preventing and controlling them." Restoring internet access, and at full speed, is a necessary step towards fulfilling an important obligation within Kashmir, within the legally protected health rights.Control measures such as locking, broad police powers and surveillance can be justified on the basis of public health - these emergency powers must be kept in check. Any action that detracts from a protected right should be considered necessary and proportionate. In addition, restrictions on access to information on the basis of freedom of expression or public health do not jeopardize the right. [12] On March 19, 2020, international free speech experts stated that restricting Internet access during an epidemic would not be a defensive measure, as access to timely and accurate information was essential in a health crisis. Amid such criticism of information restrictions during the Corona virus, Ethiopian authorities announced in late March that they would restore telephone and Internet service to the Vologda region of western Ethiopia. As the public life under COVID locks is adjusted, the limited

Internet affects rights beyond health. Internet restrictions from August 2019 onwards have limited options for remote and virtual learning in Kashmir, thus affecting the right to education. The ban on high-speed internet makes it difficult for many in Kashmir to work from home, enable employment and achieve adequate living standards, adding to the economic cost of the already devastating epidemic.Establishing the right to information during an epidemic ensures that people are aware of whether there are state regulations in place, and where permitted, they can determine risk factors and take reasonable precautionary measures to reduce panic and anxiety. In Kashmir, people can access COVID-19 information in local languages through all media, including social media, so they can help prevent the spread of the virus or receive testing and treatment as

needed. However, the people of Kashmir and those

Guidelines and ethics

Anyone entering the UT by road, rail and air must take the mandatory COVID-19 test and be subjected to institutional isolation until test results are available.
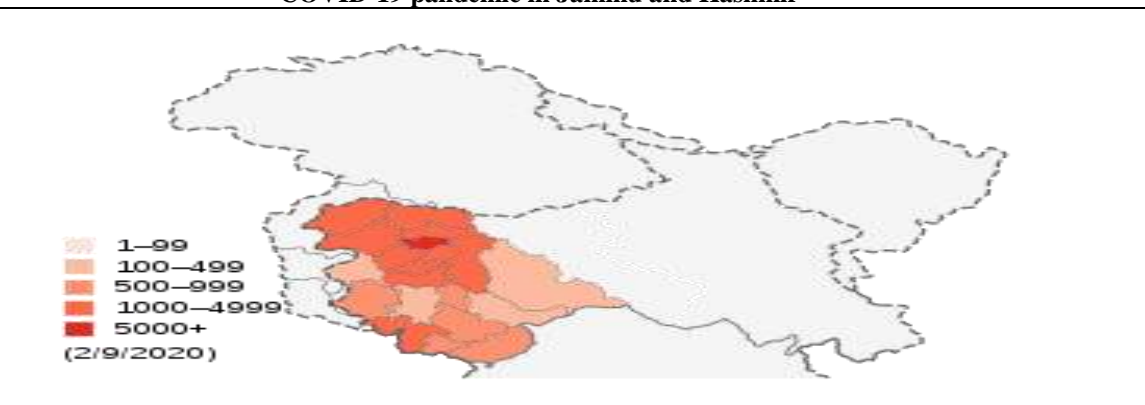
Results After receiving the test results, the person tested negative may return home, but must undergo 14 days of home isolation. COVID positive individuals are transferred to specialized health facilities for treatment.

Passengers can choose fare hospitality isolation by registering themselves in the KIOSKS where samples for the I tests are collected.

Passengers within the UT from the districts designated as Test Red Zones to the Orange Zone Districts will be subjected to the same test and isolation regime.

The following sections are exempt from mandatory isolation protocols:

Pregnant women and mothers with children under 1

COVID-19 pandemic in Jammu and Kashmir

Disease	COVID-19
Virus strain	SARS-CoV-2
Location	Jammu & Kashmir, India
First outbreak	Wuhan, Hubei, China
Index case	09 March 2020. (6 months and 1 day)
Arrival date	04 March 2020 (6 months and 6 days)
Confirmed cases	17,305 (25 July 2020)
Arrival date	04 March 2020 (6 months and 6 days)
Confirmed cases	17,305 (25 July 2020)
Active cases	7,483
Recovered	9,517 (25 July 2020)
Deaths	305 (25 July 2020)
Fatality rate	1.76%
Government website	
Department of Information and Public relations	

in situations like Bangladesh and Myanmar are facing human rights abuses due to these restrictions imposed by the government on the internet.

year of age
Patients with cancer, chronic illness and dialysis
Children under the age of 10 travel alone

I GoI employees on duty
Passengers with Covid negative test certificate issued by ICMR Accredited Laboratory and not more than 48 hours
CAPF and Armed Forces personnel reporting for active duty in AP Union Territory will be sent to their respective organizations
Helplines provided by management
75 1075 - Free COVID Helpline
நிலை 0191-2549676 -UT Level Cell
0191-2520982, 0191–2674444, 0191-2674115 - Jammu Division
0194-2440283, 0194-2430581 - Kashmir Division
Locking and administrative activities
March 2020
On March 7, primary schools in Jammu and Samba districts were closed till March 31, with two reported cases of suspected "high virus load" in Jammu.
On March 15, the Sri Mata Vaishnov Devi Temple Board asked immigrant Indians and foreigners not to visit the temple for 28 days after landing in India.
On March 18, Jammu and Kashmir banned all foreign tourists. [6] On the other hand, the State Directorate of Floriculture, Parks and Horticulture extended the Bagh-e-Bahu Garden to the public from March 18 to 31 to control the situation in the Union Territory.
June 2020 During Lockdown 3.0 the UT administration announced a relaxation in accordance with MoHFW and MHA guidelines, followed by further relaxations in Lockdown 4.0. J&K's test numbers are 10,000 tests per million population in India.
UT management has extended the Lockdown 4 restrictions until June 8, after which the Unlock-1 relaxations will be implemented as per MHA guidelines.
On June 5, the government ordered its employees to come to the offices regularly from June 6. High-risk groups are advised to take extra precautionary measures or work from home, and they will not attend leading duties or engage in public activities.
Classification of districts for COVID-19 control
Red Zones -
All the districts of Kashmir except Ganderbal and Pondicherry.
Ramban of J Jammu Division.
Orange zones
Kathua district will be considered as RED zone with 500 m buffer except Lakhanpur control zone.
Samba
Pondipur
Jammu District

Riazi
• Udhampur
Canterbury
OonPoonch
Rajori
Green zones
Dota
• Kishtwar
Chronology

Guidelines and ethics
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GoI employees on duty
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situation in the Union Territory. [7] [8]. During Lockdown 3.0 the UT administration announced a relaxation in accordance with MoHFW and MHA guidelines, followed by further relaxations in Lockdown 4.0. J&K's test numbers are 10,000 tests per million population in India. UT management has extended the Lockdown 4 restrictions until June 8, after which the Unlock-1 relaxations will be implemented as per MHA guidelines. On June 5, the government ordered its employees to come to the offices regularly from June 6. High-risk groups are advised to take extra precautionary measures or work from home, and they will not attend leading duties or engage in public activities. [10] Classification of districts for COVID-19 control .

Red Zones - All the districts of Kashmir except Ganderbal and Pondicherry.
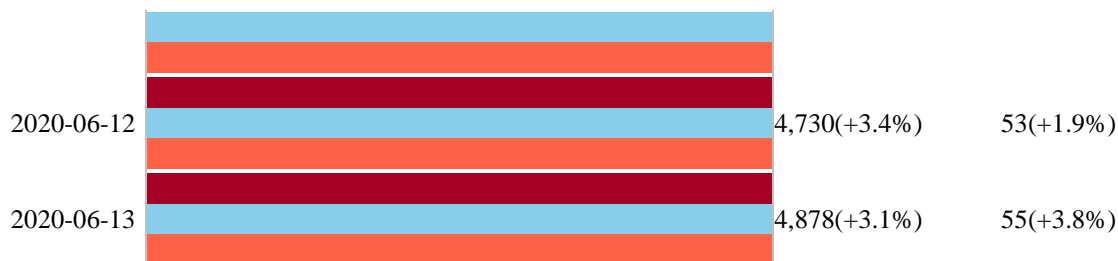Ramban of Jammu Division.

Orange zones
Kathua district will be considered as RED zone with 500 m buffer except Lakhanpur control zone.,Samba
Pondipur, Jammu District, Riazi. Udhampur, Canterbury, Poonch, Rajori

Green zones
Dota, Kishtwar, Chronology

Below is the timeline of the Jammu and Kashmir cases:

Date	May,June, jully august Last 15 days	# of cases	# of deaths
2020-05-30		2,341(+8.2%)	28(=)
2020-05-31		2,446(+4.5%)	28(=)
2020-06-01		2,601(+6.3%)	31(+11%)
2020-06-02		2,718(+4.5%)	33(+6.5%)
2020-06-03		2,857(+5.1%)	34(+3%)
2020-06-04		3,142(+10%)	35(+2.9%)
2020-06-05		3,324(+5.8%)	36(+2.9%)
2020-06-06		3,467(+4.3%)	39(+8.3%)
2020-06-07		4,087(+18%)	41(+5.1%)
2020-06-08		4,285(+4.8%)	45(+9.8%)
2020-06-09		4,346(+1.4%)	48(+6.7%)
2020-06-10		4,507(+3.7%)	51(+6.2%)
2020-06-11		4,574(+1.5%)	52(+2%)

2020-06-12	4,730(+3.4%)	53(+1.9%)
2020-06-13	4,878(+3.1%)	55(+3.8%)

Sources: [1][2][3][4]

As of June 3, 2020, all 20 districts in the Union Territory have confirmed positive events. Anantnag has registered the highest number of cases in UT, while Kishtwar has the lowest number to date.As of June 12, the total number of cases in Jammu and Kashmir is 4574, of which 2702 are active cases including 52 deaths and 1820 recoveries.

On July 11, the total number of cases in Jammu and Kashmir crossed 10,000.

As on July 5, there are a total of 8429 cases in Jammu and Kashmir, of which 3042 are active cases, 5255 are recovery and 132 are deaths.

As of July 12, the total number of cases was 10513, including 4355 active cases, 5979 cures and 179 deaths.

As of July 16, the total number of cases in UT is 12,156, of which 5,488 are active cases, 6446 are recoveries and 222 are deaths.

July As of July 21, the total number of cases is 15258, of which 6540 are active cases, 8455 cures and 263 deaths.

August 2020

As on August 1, there are a total of 20972 cases in Jammu and Kashmir, including 7713 active cases, 12871 merits and 388 deaths.

As on August 4, there are a total of 22396 cases in Jammu and Kashmir, including 7123 active cases, 14856 cures and 417 deaths.

As of August 9, the total number of cases is 24,390, including 7264 active cases, 16667 cures and 459 deaths.

As of August 11, the total number of cases is 25931, including 7462 active cases, 17979 cures and 490 deaths.

As of August 14, the total number of cases is 27489, including 7027 active cases, 19942 recoveries and 520 deaths.

As of August 19, the total number of cases was 30034, including 6965 active cases, 22497 cures and 572 deaths.

As of August 23, the total number of cases in UT is 33705, including 7246 active cases, 25205 recoveries and 624 deaths.

September 2020

As of September 1, there are a total of 38223 cases in Jammu and Kashmir, including 8022 active cases, 29484 cures and 717 deaths.

As of September 6, the total number of cases in UT was 43557, including 10646 active cases, 32327 recoveries and 784 deaths.

COVID-19 epidemic in India

COVID-19 epidemic in the world^ J&K, Health & Medical Education Department (8 March 2020). "One case of patient admitted in isolation at GMC tested positive for Coronavirus, patient had travel history to Iran, second patient's sample being sent for retest". jkhealth.org. Retrieved 31 May 2020.

Impact of COVID 19 on Agriculture Globally

Corona viruses are a family of viruses that are zoonotic, meaning they spread between animals and humans when they come in contact. The investigation revealed that SARS-COV was transmitted from civet cats to humans and from MERS-COV traumatic camels to humans. COVID means CO = corona, VI = viruses and D = disease. The impact of COVID-19 on agriculture is catastrophic, complex and varied in the various sectors that make up the agricultural value chain. This impact will resonate throughout the larger economy and will last for more than a few months. Commercial crops are severely affected as they are highly dependent on migrant workers. The shortage of migrant workers has led to a sharp increase in the daily wage for harvesting crops. In many areas, the increase is as high as 50%, which does not apply to production as prices have fallen due to lack of market access, including traffic stops and border closures. This is in contrast to the areas where migrant workers from urban and peri-urban areas have returned to their homes, which has led to drastic reductions in farm wages. Crops include live allium apple, pear, cherry, plumb. Domestic fisheries, vegetables, flowers, etc. It shows that rising prices and lack of access to labor costs are

beginning to lead to huge losses. They allow an excellent 'stop loss' mechanism for crop rot in the fields. To deal with this situation, the SKUAST-Kashmir has issued state-specific guidelines on harvesting and harvesting of rabi crops efficiently. SKUAST has intensified its efforts in farmer participation research to double Farmers' Contribution to Doubling Farmers' Income Research Doubling farmers' incomes by 2022, increasing agricultural production, productivity and profitability in the agricultural sector, so that farmers can recover from the losses incurred during COVID-19 epidemics. Disease. Efforts by the Sheri-E-Kashmir University Of Agricultural sciences and Technology of Kashmir will have an impact on markets and prices. Milk is important in eating at home, and can disrupt food service sales. There are also bottlenecks in ports overseas as they wait for the ship to be loaded with American dairy and other farm products. Electronic commerce may only exist as ground travel internationally is suspended until further notice.. The supply chain goes slow, which also affects the movement and availability of fertilizers, fuel and other inputs. The American Veterinary Association has suggested that the potential of animal medicine products should be at least in short supply to some of the largest pharmaceutical manufacturers. In an extreme case, we may be concerned about input availability or labor shortages with applications such as electricity and natural gas.. COVID-19 has shown the highest levels of severity in those in their sixties or older. This makes it clear that the state's prevention and safety recommendations, including those of the CDC and local public health experts, are important to the health of our farmers. The full 11.7% of our primary farm operators are aged 75 and over, based on agriculture in 2017. And across the West-West, farmers make up a relatively old population, but the average age of farm operators in India is about 58 years - at least 10 years older than workers in other sectors. Unlike other industrial workers and farm operators, 26% are 65 years of age and older. Farm workers are not overly affected due to strong immunity, so their infection rate is low. Farm workers have lost their jobs and are starving despite being stopped by governments (central / state / local), voluntary organizations and unions. Fear of this event and lack of information can lead to high turnout.

Our governments (center / state) have sought to meet the need for personal protective equipment (PPEs), N-95 respirators, and safety gloves, which have now become commonplace in dairy operations, as a means of improving milk quality and safety measures to improve milk quality and for animals and to protect the health of the people. If we consider other obstacles, finding community meetings, schools, colleges, drums were also disturbed. E-marketing, online teaching and internet connectivity were bad in rural areas and social distance was compelling due to COVID-19 affecting agricultural areas. People in rural areas should be informed by experts and follow the recommendations of the federal, state and local authorities. The COVID-19 epidemic poses another great danger with the long supply chains and endless nodes of our global diet.

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