DECENTRALISATION & COVID-19 IN INDIA

International Day for Epidemic Preparedness

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In early 2020, when Covid 19 first began spreading– as the second most populous country in the world, India's position was precarious. The risks present in dealing with such a large population were well known.
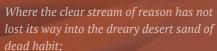
India's decentralised system, its complicated federal structure and the interplay between its central, state and local level governments, shaped its response towards the pandemic, for the worse, or the better.

Through the Disaster Management Act 2005 and the Epidemic Diseases Act 1897, the Indian government decided to impose a 21-day lockdown on the 24th of March, 2020. The lockdown was imposed with a four hours' notice and went into effect from midnight of the 24th of March.

Experience from several countries, including the United States, Australia, New Zealand China and other EU nations seemed to confirm that a sweeping nationwide lockdown was the most effective strategy in mitigating the spread of COVID-19. A complete national lockdown had also been recommended by several national Medical Associations, including the WHO.

However, in hindsight, such a strategy when implemented without proper consultation, turned out to be wholly inappropriate for a developing country such as India.

India's lockdown caused great disruptions of lives across the country, perhaps especially among the rural poor. With a warning of its imminent implementation of just four hours, it caused an immediate mass exodus of migrant workers back to their villages due to closure of all economic activities in urban areas. The authorities now had to find ways of mitigating the spread of infection from urban centers to rural areas while also dealing with widespread economic fallout and food and housing insecurity.

Where the clear stream of reason has not lost its way into the dreary desert sand of dead habit;
Where the mind is led forward by thee into ever-widening thought and action -
Into that heaven of freedom, my Father, let my country awake!

-Rabindaranath Tagore

The suspension of the Indian Railways, the lifeline of the country, meant that migrant workers were left on their own to find their way back to their homes until May 1st– when special trains were arranged. Conflicts then arised between the centre and state, shaping a system of credit and blame.

"Politics is the art of looking for trouble, diagnosing it incorrectly, and applying all the wrong remedies"

The central government was quick to blame the state governments for failing to properly implement the lockdown, and in particular, failing to provide migrant workers with food and shelter.
These weren't merely baseless accusations since many state governments had neglected their responsibilities—leaving the fate of hundreds of thousands of migrant workers in the hands of poorly resourced district and local-level administrators.

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In short, in the absence of a coherent nationwide strategy to contain the spread of the virus, public health measures were applied inconsistently—which in practice meant that quarantine measures such as the wearing of face-mask, maintaining social distancing, travel restrictions and business, workplace and school closures, not only varied widely from state to state but also from city to city.

Studies state that one of the reasons why the second-wave resulted in so many preventable deaths is because the central government, and several state governments such as that of Maharashtra, Kerala, Rajasthan and New Delhi, engaged in free-rider behaviour hoping or assuming that the fundamental responsibility to mitigate the pandemic lay on the other.

In December 2020, the central government had allocated the necessary financial resources to the Delhi government via the PM Care Funds to set up eight oxygen plants and arrange oxygen tankers for delivery, but neither of these had been done—despite the fact that it takes just one week to set up such an oxygen-producing facility.

Amidst these conflicts– the economy suffered greatly. GDP contracted by an unprecedented 23.9 percent between April to June 2020—the worst contraction in the country's history.

Throughout April 2021, elections were held in five states which saw many politicians, including Modi and Shah campaigning ceaselessly and participating in large-scale political rallies—which at the time were aptly dubbed as 'superspreader events'.

In West Bengal, Mamta Banerjee, the leader of the ruling Trinmool Congress Party conducted several 'mega rallies', including a 12-mile stroll through crowded streets on a wheelchair. Last but not least, the month-long Hindu religious festival of Kumbh Mela, which began on 1 April, saw millions of pilgrims gathering on the banks of the Ganges River for a dip in the holy waters. This was only cancelled by local authorities 17 days later after a number of COVID-19 cases were detected.

Covid 19 at the local level

At the national level, the National Disaster Management Authority (NDMA) is the apex body for coordinating and implementing preparedness and response activities. This is followed by the State Disaster Management Authority (SDMA) and, finally, the District Disaster Management Authority (DDMA) which is headed by the DM who plays the role of directing, supervising and monitoring relief measures for disaster prevention and response.

Some of the functions like sanitizing and disinfecting of villages, ensuring protection of grassroots health workers and utilization of national government grants to the panchayats for COVID relief are issued in the form of advisories to the panchayat by the Ministry of Pancahyati Raj. Differences in recommendations between states as well as variations in local government capacity has resulted in different responses and activities undertaken by panchayats across the country.

In the initial days of the lockdown, there was an urgent need to control the pandemic while also ensuring basic welfare and food security for citizens. Under NDMA, the central government issued guidelines to the states and district administrations for concrete actions to be undertaken by panchayats and other local actors, such as health care and community workers.

To do so, panchayats were instructed to work together with frontline health workers like the Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwives (ANM), women SHGs, local community members like teachers, and others.

The frontline functionaries on disease control are the ASHA and ANM workers

"Local self-government is the life-blood of liberty"

These workers are appointed by the Indian government's Ministry of Health and Family Welfare and selected by the Gram Panchayat and their function is to work with the Village Health & Sanitation Committee of the Gram Panchayat to develop a comprehensive village health plan.

Existing work on the management of previous communicable disease outbreaks indicate that frontline health worker's

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embeddedness in the rural community can support the health system in generating awareness, implementing prevention strategies, promoting culturally and epidemiologically protective practices, and supporting with contact tracing and isolation of potential cases – a strategy that was extensively used to control the spread of the Ebola virus disease (EVD) in West Africa (Perry et al., 2016).

In India, ASHA workers have fulfilled this role by being assigned by the state governments with, (a) undertaking information, education, and communication (IEC) efforts at the community-level, and (b) identifying and referring potential COVID-19 cases. In practice, this is being realized through frequent door to door visits and close monitoring of those with travel histories.

In some states including Rajasthan, Odisha and Kerala, the Panchayats have been directed by the DMs and have also been issued an advisory by the Ministry of Panchayati Raj to receive migrants at bus and train stations near the villages and ensure their transportation to village quarantine centers. Some Panchayats were specially allocated vehicles for this purpose as was mentioned by a district level bureaucrat we interviewed.

The Panchayats were also responsible for registering their details, tracing travel histories and contacts of those exhibiting symptoms, and also imposing fines or lodging complaints to the police against those violating quarantine rules. Web portals,10 WhatsApp groups and Google spreadsheets are some of the technologies that are being used by local administration and panchayat bodies to carry out these tasks.

Panchayats are also in charge of distributing cooked food to quarantine centers and households without income through community run kitchens.

While speaking to Mr. Akshay Joshi, a Governance Consultant currently working with the Directorate of Urban Local Bodies, he said that in the context of Covid 19, apart from sanitation and waste disposal– Urban Local Bodies in Delhi and other cities had no powers at all.

Conclusion

Through this report, we hope to shed light upon the importance of decentralisation and grass root politics, and also-- the requirement of proper consultation when making decisions. These improvements in governance will surely allow us to handle future epidemic and pandemic in a more efficient manner.

Sources

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