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The local governance of COVID-19: Disease prevention and social security in rural India

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ABSTRACT

Countries around the world have undertaken a wide range of strategies to halt the spread of COVID-19 and control the economic fallout left in its wake. Rural areas of developing countries pose particular difficulties for developing and implementing effective responses owing to underdeveloped health infrastructure, uneven state capacity for infection control, and endemic poverty. This paper makes the case for the critical role of local governance in coordinating pandemic response by examining how state authorities are attempting to bridge the gap between the need for rapid, vigorous response to the pandemic and local realities in three Indian states – Rajasthan, Odisha, and Kerala. Through a combination of interviews with mid and low-level bureaucrats and a review of policy documents, we show how the urgency of COVID-19 response has galvanized new kinds of cross-sectoral and multi-scalar interaction between administrative units involved in coordinating responses, as local governments have assumed central responsibility in the implementation of disease control and social security mechanisms. Evidence from Kerala in particular suggests that the state's long term investment in democratic local government and arrangements for incorporating women within grassroots state functions (through its Kudumbashree program) has built a high degree of public trust and cooperation with state actors, while local authorities embrace an ethic of care in the implementation of state responses. These observations, from the early months of the pandemic in South Asia, can serve as a foundation for future studies of how existing institutional arrangements and their histories pattern the long-term success of disease control and livelihood support as the pandemic proceeds. Governance, we argue, will be as important to understanding the trajectory of COVID-19 impacts and recovery as biology, demography, and economy.

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1. Introduction

“[Now] it is corona and corona only. . . The whole world is working for one thing.” – Additional District Magistrate, Rajasthan, India; April 26, 2020.

COVID-19 has upended life around the globe. At the time of writing – May of 2020 – cases have been identified in over 200 countries around the world, while the global infection rate continues to grow at exponential rates. As countries race to put in measures to confront the current crisis, there remains much uncertainty in how the situation will progress in the coming months. Alongside direct effects of disease on health and mortality, widespread social and economic disruptions will have far reaching impacts on human well-being (Van Bavel et al., 2020; Sumner, Hoy,

& Ortiz-Juarez, 2020; Sibley et al., 2020). While much public attention has focused on international and national policy responses (Peña, Cuadrado, Rivera-Aguirre, Hasdell, Nazif-Munoz, Yusuf, & Vásquez, 2020), these efforts will ultimately need to be carried out by local-level institutions. As such, it is the character of local institutions, and their relationship with a broader set of governance arrangements across scales, that is likely to play a central role in determining the outcomes of different interventions, with significant implications for the trajectory of infection as well as longer-term outcomes for human well-being. This article provides preliminary analysis of how local level institutions are being operationalised for both disease control and social welfare mechanisms in rural India. As a country with over 250,000 local governmental units (*gram panchayats*), India has undertaken what is arguably the largest and most expansive mobilization of local governments around the world to the current crisis.

There are several fundamental challenges to coordinating COVID-19 response for which local governance is likely to be

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particularly important. To begin with, there is a high level of uncertainty inherent in crafting responses to a crisis for which substantial existing policy experience does not yet exist. There is clearly a great deal of uncertainty concerning epidemiological aspects of the virus itself, with fundamental issues relating to transmission, treatment, and infection trajectories not yet well understood (WHO, 2020). Yet the ways that the virus and different control measures will interact with different societies – and different populations within them – is equally unclear. As anthropologist Veena Das (2020b) notes, “One issue that this [COVID-19] pandemic has brought to the fore is that the experiences of governance vary enormously across different regions of the world – indeed, that the same policies such as the lockdowns will play out very differently for the middle classes and for the poor.” Economist Jishnu Das (2020a) has pointed out the uncertainties associated with feeding data on complex human behavior into epidemiological models, especially in the Indian context; lack of basic knowledge of both the disease and human response to different policy measures raises critical questions about the validity of assumptions being used to guide planning efforts. It is indeed notable that these diverse disciplinary backgrounds – biomedical sciences, economists, and anthropologists – can all agree, at least on one thing: there is a lot we do not know, and need to know, to effectively address the present pandemic. This uncertainty highlights a critical challenge for implementing real-world responses in many administrative contexts. What kinds of subnational institutional arrangements will be responsive enough to match the standardized policy actions crafted at higher scales of government with complex, variable, and changing conditions on the ground?

Indeed, simply reaching the public to coordinate responses is likely to be a monumental task in many contexts, particularly in rural areas of the developing world. While public attention to date has focused on infection hotspots, largely in densely populated urban centres, rural areas pose particular challenges for conceiving and implementing policies for COVID-19. Inadequate health facilities, poor water sanitation and hygiene infrastructures, high rates of wage labour migration, close living quarters, and low levels of public health awareness are just some of the difficulties that public authorities face for controlling infection (Ranscombe, 2020). High rates of endemic poverty, weak food distribution networks, significant dependence on migratory wage labour, and more also suggest that economic dislocation resulting from infection control measures holds significant risk of hunger or worse (Zetzsche, 2020; Khanna et al., 2020; Barnett-Howell & Mobarak, 2020). There is an acute challenge of operating in many rural areas, where state presence is often highly variable and low-level bureaucrats struggle to bridge the gap between the highly formalized work of state institutions and the informal and syncretic worlds in which policy is expected to operate (Corbridge, Williams, Srivastava, & Véron, 2005; Gupta, 2013). In settings where access to basic, well-defined social services remains uneven at best, effectively tracing, testing, isolating, and monitoring quickly developing infections is likely to be a monumental undertaking indeed.

Under such conditions, local governance is likely to be especially important in bridging the gap between policy measures and local realities for the coordination of responses to COVID-19. A focus on local institutions is, of course, not new. From the 1980s onward, scores of countries around the world have undertaken reforms for decentralization based on the belief that local governments are better able to carry out many government functions than more distant bureaucratic institutions (Manor, 1999; Faguet, 2014). A large and growing body of research affirms that, while outcomes are uneven, vesting power and resources with local authorities can lead to gains in a wide variety of state functions relating to public service delivery, rural development, and the delivery of social security mechanisms (Rondinelli, Nellis, &

Cheema, 1983; Heller, Harilal, & Chaudhuri, 2007; Faguet, 2012). Local governments have also been observed to play a key role in coordinating responses to extreme climate events and other disasters (Engle & Lemos, 2010; Agarwal, Perrin, Chhatre, Benson, & Kononen, 2012; Tselios & Tompkins, 2017). Additionally, decentralized health systems have been shown to empower communities in health decision-making processes, thus making basic health care more responsive to local needs (Muñoz, Amador, Llamas, Hernandez, & Sancho, 2017).

There are many theoretical explanations for why local government performs better for a variety of grassroots state functions. We highlight three key reasons that local governance is likely to play an essential role in COVID-19 response. First, local governments are, quite simply, more closely connected to public and better able to navigate context-specific local conditions (Manor, 1999). In contrast to more distant state bureaucrats, local authorities are often far more knowledgeable about local needs, more able to mobilize key local actors, better positioned to monitor activities at the grassroots, and better able to anticipate and resolve site-specific challenges that arise (Agrawal, 2007; Singh & Sharma, 2007).

Second, local authorities are themselves embedded within the societies that they serve and likely to be more responsive to the public's urgent needs. Not only are they often more accessible to the general public than more distant bureaucrats (Kruks-Wisner, 2015), local authorities are embedded within an incentive structure that can make them more accountable to local needs – both as a result of formal sanctions such as elections as well as the more general threat of public judgement and diminished personal reputation (Agrawal & Ribot, 1999; Faguet, 2014; Joshi & Schultze-Kraft, 2014).

Third, local government is often perceived as more legitimate than other external actors for carrying out different kinds of state regulatory functions. In electoral institutions, local authorities are directly selected by the public and thus may reflect citizens' values and aspirations and often their sense of identity (Fischer, 2016; Witsoe, 2012). Citizens' perceived ability to engage directly with their leaders may likewise increase the perceived legitimacy of their actions (Vogel & Henstra, 2015). As previous experience reveals, trust in local governance can be an important factor in effective communication management in times of disasters (Longstaff & Yang, 2008), and conversely, distrust in government institutions often stands in the way of cooperation with public health recommendations especially in crisis times, as observed during the H1N1 pandemic in 2009 (Quinn et al., 2013).

These three characteristics – local governments' ability to negotiate context-specific local conditions, responsiveness toward the public, and perceived legitimacy to carry out state functions – are all likely to be important for the current crisis. In short, they suggest that local government may be better able to reach the public with various disease control and social security functions, with a higher degree of local cooperation as well as responsiveness to the public in delivering social security mechanisms at a time of unprecedented distress. Yet the present situation also poses particular challenges compared to other local governance activities. While local governments have been called upon to address a variety of state functions over the years, responding to COVID-19 requires a coupling of public health response with basic social security at an unprecedented scale – and this in a very short time frame. The challenges of social regulation in the context of COVID-19 may also generate tensions between different local government functions. For example, local authorities' role in working with police to enforce strict lockdowns could run counter to political pressures embedded in elected structures. Yet, local government is still likely to be better able than other administrative institutions

to navigate such contradictory pressures inherent in a necessarily complex and unprecedented response in the face of COVID-19.

Perhaps never have local governments had such great and immediate importance; and quite arguably, never have their core functions been so dramatically extended in such rapid speed. How local institutions take on these new roles is likely to have significant bearing on the long-term trajectory of COVID-19 response, with implications on disease control and infection rate, as well as the success of public support to protect basic welfare at a time of severe social and economic dislocation.

It is for this reason that the present paper examines how local-level institutions are being operationalized in the present moment. While it is far too early to know how the situation will play out from our vantage point of the early days of COVID-19 in South Asia, our paper provides a record of how low level authorities are responding to the present challenge, which may serve as a foundation for future studies into how local governance conditions shape long-term trajectories of infection response and recovery in the years to come.

1.1. Methods

India imposed a nationwide lockdown, considered one of the strictest in the world, on 24th March 2020. Initial news reports revealed unprecedented social and economic disruption, on a scale not seen since the beginning of the post-colonial era. With millions of migrants returning home from urban localities to rural areas, a sudden and drastic decline in off-farm employment opportunities, and widespread disruption of social services, the authors quickly mobilized to understand how the pandemic was being experienced at the local level – and the governance structures that were being called upon to manage this situation. Since we were unable to carry out our own field research, we reached out to a wide range of existing contacts across India in order to interview persons at the frontline of the implementation of pandemic control and response measures. Despite clear methodological limitations on who we could contact remotely and the information we were able to acquire, we felt that the emerging story was much too important to not be told, and that even imperfect information was better than none at all in the quickly developing pandemic situation.

Our sample is comprised of interviews with lower level bureaucrats, Panchayat¹ Presidents, Kudumbashree² leaders, and heads of villages in the states of Kerala, Rajasthan and Odisha.

We interviewed three respondents from each state, who were the individuals that we could get in touch with remotely, and amidst a great increase in administrative functions that left many key actors with limited spare time for conversations. Contacts with informants was made through our existing network in the three states and subsequent referrals to bureaucrats through these associations. The interviews were conducted remotely on the phone with additional follow up questions through whatsapp messages as needed. We approached the interviewees with open-ended questions which were organised around the following themes:

- i) *Details of formal responsibilities, duties, and modes of coordination between higher level and local-level governments.* This entailed seeking information on what orders were issued by the state governments and the uptake by local govern-

ments, ways of co-ordination across line departments and understanding pandemic response across three main areas – public health, social security and law and order.

- ii) *The operationalization of subnational and local institutions for pandemic response in practice.* In order to understand the ways bureaucratic departments were engaging with local institutions, we enquired about processes of implementing orders on the ground, ways of monitoring by state governments, follow up mechanisms available to local governments, the availability of financial support to carry out key functions, and the role of various local institutions and civil society actors in managing different responses. We also asked questions on the tensions between the different levels of government in negotiating the new and unprecedented responses they were required to undertake.
- iii) *Actions of local governments and their decision-making processes.* We sought to better understand the level of local discretion in carrying out actions mandated at higher scales as well as the extent of local governments' compliance. We also tried to gather information related to local governments' ability to adapt responses – including existing policy support mechanisms such as India's employment guarantee schemes (The Mahatma Gandhi National Rural Employment Guarantee Act, MGNREGA), provisions for subsidized food (through the Public Distribution System), and other social security mechanisms (emergency cash transfers) to the fast-evolving situation on the ground.
- iv) Finally, we focused on each interviewee's self-perceptions and reflections of the pandemic situation, especially challenges encountered, as well as perceived successes and scope for improvement.

These themes and questions were adapted to fit individual interviews within the scope of time available afforded by phone interviews with individuals facing immense pressures on their own time to manage emerging tasks. We recognized, also, that bureaucrats would be inclined to show their "best face"; we have thus been careful not to assume responses are a fully accurate description, but a partial and suggestive account of some things happening on the ground. Still, one of the things that struck us throughout the course of interviews was just how much many bureaucrats wanted to talk about the situation that was clearly both extraordinarily stressful and personally frightening for many in charge. A few of the bureaucrats repeatedly asked us to not quote them when they felt they might have divulged sensitive information on the pandemic management situation, including personal accounts about being unhappy with the coordination between the state government and the district administration, the unavailability of budget to make cash transfers for the poor, and the potential risk of being exposed to the virus itself in line of duty, without the availability of personal protective equipment such as face masks. (We do not identify the specific districts in our sample to ensure anonymity of key bureaucrats interviewed in these districts.)

Based on our relatively small sample and the lack of detailed data on infection rates or socio-economic outcomes at the time of writing, we refrain from making both broad assessments of overall governance "effectiveness" based on such accounts. To the extent possible, we tried to corroborate our interview findings from bureaucrats through informal interviews over Whatsapp calls and messages with a handful of additional civil society actors within our personal networks (three in each state); these actors came from a diverse mix of backgrounds including actors employed in NGOs, social science researchers, and journalists. Throughout this period, we were also in close contact with local government and bureaucrats in other Indian states not including

¹ Panchayat is the lowest system of rural local administrative government in India.

² Set up in 1997, Kudumbashree is a women empowerment and poverty reduction program implemented by the State Poverty Eradication Mission (SPEM) of the Government of Kerala, India. It is aimed at stronger and institutionalized representation of women at the level of the local government. Its formation is linked to the devolution of powers to the PRIs in Kerala. It is architected around a women community network at three levels, neighborhoods, areas and communities. Communities being the lowest level.

in this paper, especially in Assam, Chhattisgarh and Himachal Pradesh where we have long-term research engagements, thus affording us a broader view of state responses in other parts of India.

The formal rank of our respondents and their roles and functions are summarised in Table 1.

We also examined parliamentary acts and government issued documents particularly directives and guidelines for COVID-19 management and social security policies. In total we reviewed over 30 documents related to COVID-19, consisting of acts, guidelines, press releases, orders and directives, Frequently Asked Questions (FAQs), manuals and advisories issued by the central, state and district governments in Hindi and English. We began with a thorough reading of the Disaster Management Act, 2005 and the Epidemic Diseases Act, 1897, under whose provisions the lockdown was imposed. During the early days of the lockdown, major notifications and guidelines relating to COVID-19 was primarily being issued by the Union Ministry of Home Affairs (MHA) and not the Ministry of Health and Family Welfare (EPW, 2020). Since the language used was mostly related to “law and order”, we searched the MHA website using keywords such as “lockdowns,” “curfews,” “fines” and “surveillance.” In addition, we carefully scoured the Government of India’s websites of, the Ministry of Health and Family Affairs, Ministry of Panchayati Raj, Ministry of Labour and Employment and Ministry of Agriculture and Farmer’s Welfare. We paid particular attention to the sections titled “Novel Corona Virus”, “resources”, “documents” and “circular/guidelines” to extract relevant documents specific to COVID-19, with information on lockdown measures, travel restrictions, manuals for frontline health care workers, movement of migrants, order for panchayats, guidelines for the MGNREGA, Public Distribution System (PDS) and other social security schemes. Additionally, we accessed similar COVID-19 containment and social protection related documents issued by the state government departments of health, rural development, labour and education of Kerala, Rajasthan and Odisha on the respective state government websites. Our respondents also shared with us letters and guidelines issued by the District Magistrate’s (DM) office in their respective areas.

Finally, we closely followed developments through media reports, webinars on local governance organised by research institutes in India, blogs by NGOs and other civil society organisations on rural distress and the role of panchayats and local governance across India which further helped corroborate data gathered through interviews. Sources include national news media like *the Hindu*, *the Indian Express*, *BBC news India* and *the Telegraph* as well as online social media blogs and articles like *the Wire*, *the Scroll*, *the Quint* and *Firstpost*. We found both PARI’s (People’s Archives of Rural India³) web resource comprising on-the-ground reportage on COVID-19 and Society for Social and Economic Research’s (SSER⁴) village-wise reports from across Indian states extremely useful. All of these sources helped to complement our primary data, providing at least some means to triangulate our findings and contextualize them within broader processes happening across India during the period of our research.

2. National and sub-national responses to COVID-19 in India

2.1. Lockdown and the role of the District Magistrate (DM)

The Indian government’s decision to impose a 21-day lockdown, on the 24th of March, 2020, came after being urged by the World Health Organization (WHO) to take aggressive action to

Table 1
Official Rank/Position of interviewees and their functions and roles.

Rank of the Respondent	Functions and Roles
1. Additional District Magistrate (ADM)	Is second in command in the district and assists the District Magistrate/Deputy Commissioner/District Collector (DM/DC, henceforth DM). In charge of revenue administration and mainly deals with civil supplies, land matters and disaster management. Are appointed through the Indian National or State Civil Services Examinations.
2. Tehsildar	Junior to ADM, responsible for collection of land revenue and also delivery of relief in times of disasters. Are appointed through State Civil Services Examinations.
3. Sub-Divisional Magistrate (SDM)	A district is usually divided into sub-divisions, with an SDM with responsibilities related to land revenue, magisterial (e.g. enquiries into unnatural and custodial deaths) and disaster management (related to relief and rehabilitation operations). Appointed through State Civil Service Examinations.
4. Head of Village (locally known as Sarpanch or Pradhan). In Kerala known as Panchayat President	The Panchayat is chaired by the Sarpanch, who is an elected representative in charge of overall development of the village and coordination with district administration.
5. Kudumbashree Leader and Mentor	Resource person in charge of all districts in Kerala, responsible for training and project implementation related to women empowerment.

Civil Servants in India refer to career bureaucrats who are appointed as part of the executive branch of the government. They are selected through Civil Services Examinations, a nationwide competitive exam.

contain the spread of COVID-19 (Lancet, 2020). The lockdown was imposed with a four hours’ notice and went into effect from the midnight of the 24th of March. These sudden and drastic measures came at great shock to citizens across the country, however we learned through interviews that some administrators had prior notification that the lockdown would be imposed.

As in other parts of the world, social distancing along with restrictive mass limitations on movement is being used as the most widely adopted strategy for mitigating the spread of infection. The nation-wide lockdown was imposed through the Disaster Management Act of 2005,⁵ under which the pandemic was declared as a notified disaster. This is important from the point of view of governance as the process of disaster management in India extends from the national to local level, with interactions among multiple institutions and actors, since the act also lays out a legal foundation for district and local-level planning. India has a tiered public administration structure comprising central and state governments. The state is further divided into districts which are the nodal units for administration.

The district administration is headed by a District Magistrate (DM), whose office combines the dual functions of maintenance of law and order and development. 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

³ See <https://ruralindiaonline.org/articles/covering-the-human-cost-of-covid-19/>.

⁴ See village wise reports : <https://www.networkideas.org/featured-themes/2020/04/indias-villages-during-the-covid-19-pandemic-2/>.

⁵ See Disaster Management Act 2005, <https://ndma.gov.in/en/disaster.html>.

of directing, supervising and monitoring relief measures for disaster prevention and response. In rural areas, most responsibility for local action rests with local elected governments, known as Panchayati Raj Institutions (PRIs). In the context of COVID-19 and in accordance with the NDMA guidelines, in practice this has meant that the center and the state governments formulate policies regarding disease control and expansion of existing social protection mechanisms and that these guidelines are then sent to the district administration with the DM in charge. The DM's office issues instructions to the various line departments in the district which includes the Panchayats. The Panchayats implement instructions on the ground, issued by the DM and in close coordination with the other line departments like health, education, public works and police.

2.2. Panchayati Raj Institutions

Panchayati Raj Institutions (PRI) are the lowest level of government in India. They are a three-tiered system of elected institutions at several lower administrative scales enshrined into law under the 73rd constitutional amendment (1992). The most local of these institutions – known as the *gram panchayat* (henceforth simply *panchayat*) – is located roughly at the village level. It is, in short, the governmental body that most rural citizens in India interact with most closely in their everyday lives.

Under the 73rd constitutional amendment, the panchayat bears responsibility for a variety of functions relating to rural development, the delivery of social services, natural resource management, and other administrative functions. Significantly, panchayats have elections every five years monitored by the state electoral commission and a system of reservations that 'reserve' at least 1/3 elected seats for women on a rotational basis, with similar reservations for *scheduled* (i.e. low) *castes* and *scheduled tribes* (indigenous ethnic groups) in proportion to their population. A growing array of social programs and development activities placed under the control of panchayats has made them an increasing center of local political power in many localities (Kruks-Wisner, 2015; Fischer & Ali, 2019).

However, the 73rd amendment left significant discretion to India's states for its implementation, leading to very different characters of local governance across the country—variation which has been the topic of significant and ongoing analysis (e.g. Singh & Sharma, 2007; Manor, 2010; Maiorano, Das, & Masiero, 2018).

There is reason to believe that these variations will also shape COVID-19 response. We have selected our study sites to encompass some of the wide variation of contexts across India. Rajasthan and Odisha are somewhat poorer states, and despite social movements to promote more responsive governance – including activism leading up to India's Right to Information (RTI) Act (2005) – that emerged from Rajasthan, both states have had variable success in improving the overall quality of governance as well as uneven development achievements overall (Drèze & Sen, 2013). Kerala in contrast is relatively prosperous, with a very robust civil society and a history of vibrant electoral competition at the state level. It is generally celebrated for its significant social development achievements, which are at or near the top of India's states in areas such as literacy, health, and nutrition (Heller, 2000). Importantly, it also has a history of very strong state support for panchayats, especially through the state's "People's Campaign for Decentralized Planning", which has been described as "the most ambitious effort to build local institutions of participatory democratic governance ever undertaken in the subcontinent" (Heller et al., 2007). Finally, the state's heralded Kudumbashree program, a women-focused anti-poverty program, has given women a particularly strong and institutionalized presence in local government across the state (Williams & Gurtoo, 2011).

Kerala and Odisha have also had experience in dealing with health and natural disasters. For example, Kerala has dealt with two disasters in quick succession in 2018, the spread of the Nipah virus and the Kerala floods. Several of the processes and methodologies used by Kerala in the current pandemic were developed from those experiences. Although the responsible department for flood relief is the state's revenue department, in the 2018 floods the Panchayats, through their volunteer networks and in coordination with Kudumbashree, worked towards provision of relief and first aid (Roy & Dave, 2020). Odisha's exposure to previous events of natural disasters have led to the repurposing of crisis prevention measures which were already in place (Lancet, 2020).

2.3. Policy action for COVID-19

The COVID-19 crisis has led the District Magistrate (DM) to play a key role in both disease control and social protection in close coordination with panchayats. Specifically, based on the NDMA guidelines, district administrations across India have constituted district-level "task forces" to coordinate administration and containment efforts through the lockdown period. An additional DM⁶ of Rajasthan told us that in his district task forces were organized through the formation of small teams under the authority of the DM. Each team comprises officials from several line departments responsible for infrastructure and utilities like water supply, roads, drainage, health, power, land revenue and telecommunications. The task forces are in charge of situation monitoring, executing state directives, and coordinating efforts with state-level authorities and the panchayats.

Policy response to COVID-19 have focused on a combination of disease control and social security measures. Disease control is being implemented through physical distancing, distribution of soaps and sanitizers, ensuring hygiene and spread of information, along with health surveillance comprising of track, trace, test and isolate (Calvo, Deterding, & Ryan, 2020). A variety of social security measures are being implemented through social protection schemes, especially building on, the existing Public Distribution System (PDS) of highly subsidized food grains from the government, through direct cash transfers to bank accounts of farmers implemented under the PM-Kisan scheme. Cash transfers schemes are also specifically targeted towards widowed women, elderly and single women households (via the *Jan Dhan Yojana*). Additionally, wage labour is being provided under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), and provision of subsidized cooking gas has been made through the Ujjwala⁷ scheme, and finally, cooked food is being supplied through community run kitchens.

India's lockdown has 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. This caused two immediate problems for local authorities: (1) mitigating the spread of infection from urban centers to rural areas and (2) helping to deal with widespread economic fallout from loss of cash income and consequent food insecurity for a large proportion of the population that already lives close to the margin to begin with.

Consequently, district authorities have issued guidelines to panchayats to undertake a wide variety of functions, as summarized in the Table 2. Importantly, instructions issued by the DM

⁶ The Additional District Magistrate in a district is the direct sub-ordinate officer to the District Magistrate.

⁷ The "Pradhan Mantri Ujjwala Yojana"(PMUY) is a social protection scheme launched by the government of India in 2016–2017, for providing clean cooking fuel solution through home Liquid Petroleum Gas (LPG) connections to 50 million women who belong to families that live below the poverty line.

in order to implement policies related to disease control and social protection are ultimately based upon those made at the national and state levels by the departments of health, education, labour and rural development. 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 Panchayati 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.

The following sections further explore how local institutions have been operationalized to fulfill these activities as well as their implications – both for the structure and functions of panchayats in India as well as for the COVID-19 response and recovery.

3. The local governance of COVID-19

3.1. Urgent mobilization for COVID-19

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. Of paramount urgency was to control the spread of infection from returning migrant laborers.

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. This was done through the formation of a committee at the panchayat or village level known as control rooms (in Rajasthan), rapid response teams (in Odisha) and Panchayat Jagruta Sammittee (in Kerala).⁸ Named differently across Indian states, the committees perform similar functions (see Tables 2 and 3).

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

These workers provide information and create awareness in the community about nutrition, basic sanitation and hygienic practices, existing health services and the need for timely utilization of health and family welfare services while also facilitating access to health care institutions by assisting with institutional births, conducting immunization programs, and distributing contraceptives. In this way, they act as a bridge between marginalized communities and health care systems. Existing work on the management of previous communicable disease outbreaks indicate that frontline health worker's 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

⁸ Note: this is not an exhaustive list by what names these committees are known across the different Indian states.

Table 2
A variety of activities of local institutions in responding to COVID-19.

Related to disease Control	Social Security
<ul style="list-style-type: none"> Public awareness: Spread awareness through loudspeakers, distribution of posters and pamphlets, village meetings, creation of WhatsApp groups. Set up and run village level quarantine centers. Register incoming migrant workers from cities and facilitate compulsory quarantine. Disinfection and sanitization of villages and areas around quarantine centers. Ensure maintenance of physical (social) distancing rules in the village. Distribution of masks and hand sanitizer (if and when available). Monitor symptoms at household level as well as in quarantine centers. Monitoring of health in villages. Referral to district administration of those showing symptoms. 	<ul style="list-style-type: none"> Food support through the Public Distribution System (PDS). Income support under India's Labor Guarantee Act (MGNREGA). Run community kitchens and make homemade masks through mobilization of women Self Help Groups (SHGs). Ensure market linkages for procurement and sale of farm produce. Assure continuance of agricultural and allied services through agricultural inputs, seed and fertilizer distribution. Mobilize volunteers for preparation and distribution of food to quarantine centers.

A self-help group (SHG) is a financial intermediary committee usually composed of 10–20 local women belonging to a similar socio-economic background. These groups in the context of South Asia have emerged as a mechanism for delivery of microfinance services to the poor while also fostering financial independence for rural women.

Table 3
Variety of activities carried out by frontline health workers in rural areas.

Key Responsibilities	Information and Awareness	Self-Protection
<ul style="list-style-type: none"> Prevent, Control and monitor the spread of infection in the community. Ensure early detection and referrals through Panchayat level committee. Pay special attention to pregnant women and the elderly. 	<ul style="list-style-type: none"> Spread information on symptoms of COVID-19 and its spread, and explain physical distancing rules. Maintain and record travel histories of those coming from outside the village. Monitor those in isolation and home quarantine (both at home and in designated centers). 	<ul style="list-style-type: none"> Monitor themselves and their colleagues for symptoms. Maintain hygiene and distance protocols while making door to door visits. Report to local health centers if symptoms occur.

potential COVID-19 cases. In practice, this is being realized through frequent door to door visits and close monitoring of those with travel histories. The roles and responsibilities of frontline health workers on disease control and prevention is summarized in Table 3. This is based on an advisory document issued by the Ministry of Health and Family Welfare (see Fig. 1).⁹

In some states including in 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 have been specially allocated vehicles for this purpose as was mentioned by a district level bureaucrat we interviewed. The Panchayats are also responsible for registering their details, tracing

⁹ See the advisory/educational document for frontline workers issued by the Ministry of Health and Family Welfare <https://bit.ly/3cgjpG9>

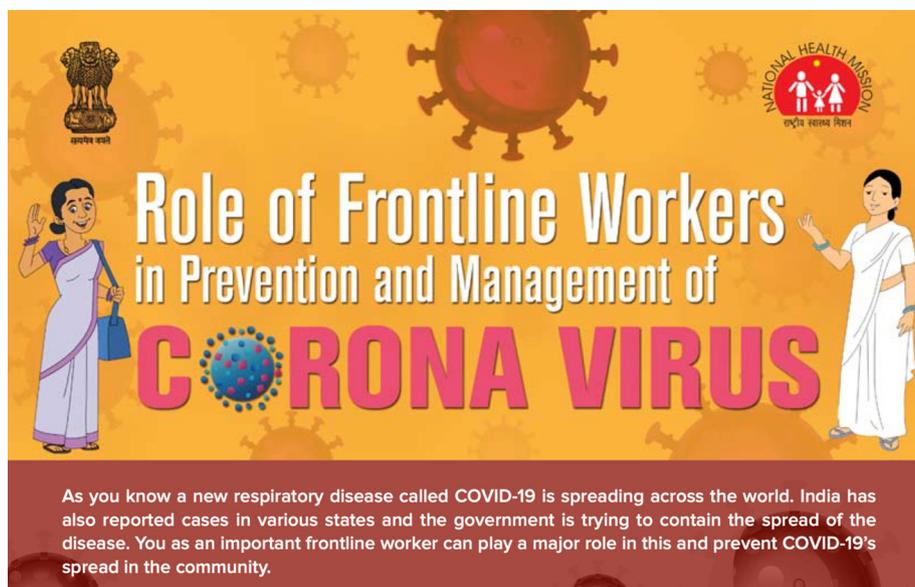


Fig. 1. Part of a poster issued by the Ministry of Health and family Welfare as education material to grassroots frontline healthcare workers (for full poster see footnote 6).

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. As our respondents from all three states said, panchayat-level WhatsApp groups have been created, which are being used by panchayat level committees to interact with the community, and to spread awareness related to disease control as well as existing welfare measures. These groups are also used by various line departments for inter and intra department coordination and sharing of updates. In Kerala, both the Panchayats and Kudumbashree are using Google spreadsheets to share daily updates with the DM.

Besides disease control the panchayats are also responsible for implementing social security measures declared by the state. The Additional District Magistrate for one of the districts in Rajasthan recounted to us that the district administration worked with panchayats to undertake household surveys in villages to identify households and individuals in need of social and economic support who are not registered into existing government schemes. This was followed by either direct cash transfers to banks (for those with bank accounts) and door to door cash disbursement by panchayats. He added that, "we were not expecting this level of efficiency from the panchayats." In Odisha, a district level bureaucrat told us that initially bank transfers led to people going to banks to check if they had received payment in their accounts which violated physical distancing guidelines. An alternative strategy was developed with the coordination of the panchayats. Village level teams were formed with participation from members of the panchayat, ASHA workers and youth leaders who then undertook door to door cash delivery.

Panchayats are also in charge of distributing cooked food to quarantine centers and households without income through community run kitchens. Since agriculture has been recognized as an essential service by the national government, the DM has also issued instructions to Panchayats for overlooking allocation of

work through the MGNREGA, providing access to agricultural inputs for farmers and also working with district administration to ensure linkages to storage facilities for crops and transportation for distribution. The range of functions being given to panchayats is impressive, however it is important to note that India's existing experience with decentralization suggests that the extent to which they are able to follow through with these tasks is likely to vary significantly in different parts of the country.

Together, these tasks – and in particular monitoring the public to halt the spread of the virus -- represent a great increase in state directives being coordinated at local and district levels. Many actors in charge of these efforts did not feel prepared to assume these tasks. As a local bureaucrat (tehsildar¹¹) from Odisha described, "all of a sudden the government asked us to initiate cash transfers and also distribute food and cash...we did not have hard cash initially and banks were also not operating at full capacity due to the lockdown. We also had to figure out which local institutional machineries and actors we shall use and how, in order for benefits to reach the maximum number of people. It took us about ten days just to figure out the logistics."

Underscoring the perception of urgency in response to the current situation, war metaphors have become common. "At the state level we have a war room with senior bureaucrats in charge and responsible for coordinating COVID-19 response in the state", recounted the Additional Magistrate of a district in Rajasthan. The bureaucrat from Odisha noted that "the government machinery is working 24*7, with military like discipline." The Kudumbashree leader mentioned how they are using a 'volunteer army' of 50,000 across panchayats in Kerala to respond to the COVID-19 crisis.

Yet, while coping with the sudden great expansion of new responsibilities, other more routine activities have been overshadowed such as health treatment of chronic diseases like tuberculosis and routine immunization programs. The village head in Rajasthan and tehsildar in Odisha recounted that almost all development projects under India's employment guarantee scheme (MGNREGA) had temporarily stopped, while agriculture suffered since this is the harvest season and lockdown has led to breaks in agricultural

¹⁰ The Ministry of Panchayati Raj in April 2020 launched an e portal called the Gram Swaraj. The portal is intended to digitalize the everyday functions of gram panchayats and also aid in preparing and sharing village development plans. This could also be used in times of Covid to share village level updates.

¹¹ A tehsildar also known as an executive magistrate is a tax officer with the district revenue department in India, Pakistan and Bangladesh.

supply chains. Other village development works also had to be discontinued. The village head summed it up by saying, “all development have come to a standstill”.

3.2. Cross-sectoral & multi-scalar integration

The central government’s response to the COVID-19 crisis, through the NDMA, redefined existing institutional roles with a multipronged approach that has led to an integration of several institutional actors across state, district and local administrations. We already mentioned the key role that is being played by the DMs who have been put in a position to make key binding decisions in operationalizing state guidelines. Table 4 highlights the functions of district level task forces set up in Odisha, Rajasthan and Kerala.

The DM is in a position to issue orders to several line departments and local level institutions, and to make decisions regarding sealing of district borders and to restrict movement within the districts, which the DM achieves through regular patrols by lower level bureaucrats. As the Additional DM from Rajasthan recounted to us, that district administration had never faced a situation so big and it has led to the entire district level machinery to work on one platform as well as with districts in other states for inter-state movement of migrants. He also added that the success or failure in implementation depended solely on the discretion and vision of the DM, given their powers under the NDMA. At the same time, DM’s have faced new institutional imperatives for their actions, described as forms of ‘deterrence’ that, according to the Additional DM of Rajasthan, worked as a ‘pushing force’. This included suspension from their job if bureaucrats were not able to maintain lockdown regulations in their areas of jurisdiction. There have also been strict monitoring mechanisms imposed by DMs; in Odisha the bureaucrats we interviewed said they were required to report at least twice daily to the DM.

At the level of the panchayats, Panchayat level committees have been constituted. In both Rajasthan and Odisha, these have been constituted at the village level, known as control rooms and rapid response forces (RRF), respectively. In Kerala, the Panchayats have more autonomy in both formulating and implementing responses related to COVID-19. In Rajasthan and Odisha, the core members include elected members of the panchayat, head of the village, schoolteachers, heads of Self-Help Groups (SHGs), ASHA and ANM workers. They are responsible for coordinating activities on the ground as well as reporting to the district administration of any emerging issues. The core members, who also belong to various departments like Panchayat, health and education then mobilize other members from these institutions along with the public more generally as well as, at times, civic associations such as youth, women, and farmers groups. This has led to both leveraging and convergence of panchayats working together with local health, education and sanitation departments. In other words, the ‘panchayat committees’ link the elected authority of panchayats with other kinds of skilled individuals within the state as a linchpin to coordinate local responses.

In Kerala the Panchayats are in charge of forming and running Panchayat Jagruta Samitees or a committee headed by the president of the panchayat with members from Kudumbashree, school-teachers, ASHA and ANM workers. The committee then mobilizes a network of volunteers to work in the quarantine facilities, conduct door to door surveys, maintain lists of migrants and runs community kitchens. Villages have been divided into clusters with 25 households per cluster, with three volunteers in charge of a cluster.

A President of a Panchayat in Kerala described to us how their Panchayat works closely with the departments of health, education, and law and order. For example, if a person shows symptoms

Table 4
Activities of district level task forces in Odisha, Rajasthan and Kerala.

State	Task Force	Headed by	Function
Odisha	1. District Level Empowered Committee	District Magistrate (DM)	All decisions regarding prevention, containment and mitigation of COVID-19 and procurement of both goods and services.
	2. District Level Emergency Procurement Committee		
Rajasthan	1. District “War Rooms”	DM and Additional DM	Grievance redressal, maintenance of essential services, provision of social welfare, coordination with line departments and local self-government bodies, overall monitoring and implementation
Kerala	1.COVID-19 cell in all line departments – transport, health, education, civil supplies, water, women and child.	Respective department heads and reporting to DM	Ensure inter-departmental coordination, awareness generation, overall monitoring and implementation and maintenance of law and order

of COVID-19, they report it to the volunteer in charge of the cluster, who then informs the ASHA worker and the ASHA worker reports to the Panchayat committee which then coordinates with the local health care center or the hospital. If a household or person is found to be violating lockdown rules, then they are first visited by ASHA workers who ask them to comply with the rules and if they violate again, then the Panchayat reports it to the local police department.

Parallel to the Panchayat, Kudumbashree has mobilized its large network of women SHGs and constituted what they call a “volunteer army” in charge of registering and monitoring new entrants to the village (mostly returning migrants), running community kitchens, and making masks, all in close coordination with the Panchayat committee. These activities build on the panchayats and Kudumbashree’s existing successes in keeping other levels of the government (the district and the state) in check by making sure that the benefits of government orders reach the public, especially in the rural areas (Williams & Gurtoo, 2011; Roy & Dave, 2020).

3.3. Target driven and bureaucratized response

Despite these new collaborations, the Indian bureaucracy runs on issuing directives and notifications which is also how things have been set in motion in the current crisis mode. The district administration with the DM at the top issues orders percolating to the panchayats. This arrangement is sustained not just through perceived urgency; bureaucrats themselves could be penalized, issued notices, arrested and fined if they fail to effectively follow government issued implementation procedures for lockdown. The fright of punishment percolates down to the bureaucrats and officers working below the DM, who are also compulsorily required to report to the DM twice a day, as mentioned above.

There has been a proliferation of orders or government communications, notifications and guidelines aimed directly at citizens, as well as for internal communication to bureaucrats. These are also long and phrased in ways that are difficult for either panchayat leaders or many field-level officers to comprehend. The national and state governments had, until the 3rd of May, issued over 4000 government communications ranging from specifying what one could buy or sell, determining the number of people who could

attend a marriage or a funeral, or even whether one is allowed to leave the house to feed a stray dog. To give an example, the lockdown necessitated the closure of public spaces like village markets, places of worship and industries and enterprises, while ensuring that essential enterprises and services remain open. But what constituted essential was also revised over the course of the lockdown. While alcohol was considered a non-essential commodity initially, it was deemed essential for a few days in the states of Assam and Kerala, and then classified as unessential once again.

These standardized procedures often present their own complications. In our conversation with a village Sarpanch in Rajasthan, for example, we learned that although the village was allocated a budget to procure a certain number of masks by the district administration, the headmen would have to place a requisition with the district administration to procure these masks from the district headquarters; on its own the panchayat was not allowed to procure the masks. In Odisha, although the tehsildar we interviewed was legally permitted to impose fines on those violating lockdown, he would have to pass an ordinance in order to impose and collect these fines.

3.4. Social protection and control

The top-down nature of bureaucratic institutions notwithstanding, local governments have had a significant role in the current and fast evolving crisis. Panchayats are clearly doing more than just providing relief measures; they are leveraging their positions as an institution of local legitimacy with elected representatives to converge with other local institutions in addressing issues spanning from disease control, to monitoring of mobility, providing agricultural support, managing of quarantine centers and more.

Strikingly, our interviews showed a pervading sense of fear about the spread of the disease and increasingly so with the returning of migrants to villages. As a local bureaucrat in Odisha described to us, when the district administration ordered the panchayats to set up quarantine centers in villages for returning migrants, several villagers protested out of fear of infection spread and wanted to seal off entry to the village to prevent outsiders from entering. Only after elected panchayat members called meetings with the local community and explained the situation of the returning migrants and reassured them of safety measures that would be put in place at the quarantine facilities, were they given consent by the villagers. This illustrates not just how important inter-personal relationships in the community have been for making public health measures work, but also the very intimate ways in which local governments are often able to navigate social realities at a time of great fear and uncertainty.

Panchayats have also played a critical role of assessing needs for the delivery of relief measures which have been carried out by panchayat level committees. In Kerala, Rajasthan and Odisha, the panchayats helped identify individuals and households who were outside of government welfare schemes and in need of social support. In Kerala, the panchayat president described to us how households in the village who are facing financial distress have approached elected panchayat leaders directly, who could then identify sources of public funding or social support mechanisms to help the household.

At the same time, panchayats have been called upon to help implement various measures for social control which was done in close coordination with the police department. Across India, the police have had a central role in enforcing lockdown restrictions through activities ranging from asking violators to go home, using the threat of force to vacate public spaces, drawing lines to space people out in front of shops in markets, standing at the *naka* (barricade) to check cars at the state and even district borders, and arresting offenders. At times this has been accompanied by exces-

sive force and even brutality such as beatings, as documented in the national media. Our interviews with village leaders across the states show that panchayats have the dual role of providing social security while implementing social regulations which sometimes put them in an awkward position, when police had to be called upon to report both violations of lockdown and/or isolation of suspected COVID-19 cases. Our interviews also show that in some villages police personnel also joined the local COVID-19 management committee in patrols to enforce lockdown.

3.5. Volunteerism and care

One of the most striking things that we found in course of our interviews was the extent to which the present moment has spurred people at the district and grassroots level into action, expressed through a sentiment of social responsibility to confront present challenges. We found most of the bureaucrats we spoke with to be genuinely concerned about their districts and the general wellbeing of people. Bureaucrats said to us that they themselves were scared due to the lack of protective gear and daily exposure in course of their duty, yet they still prioritized disease control. Village headman and Panchayat presidents also expressed a sense of fear and yet lauded the efforts of thousands of volunteers and grassroots health workers who went door to door.

This was particularly true in the case of the Kudumbashree in Kerala, which has been explicitly recognized as a part of Kerala's response strategy. The Kudumbashree is a poverty eradication program modeled through formation of women Self Help Groups (SHGs). It is built on an extensive network with participation from nearly four million economically disadvantaged women who implement programs and projects aimed at livelihood security and wellbeing. One of the key themes in the development of Kudumbashree as an institution has been its convergence with Panchayats across the state for planning, implementation, and sharing of resources. In short, the Kudumbashree works together with the Panchayats and is not a subordinate to it, which has served as a key channel for many women to gain prominences in local governance activities throughout the state.

Across its statewide membership, the Kudumbashree comprises over 50,000 people. We interviewed a Kudumbashree leader named Lalitha,¹² who explained to us, members' close relationship with those in home isolation and also in quarantine facilities. They make phone calls to individuals in quarantine to monitor their health status and follow up for seven days post quarantine period. She also noted that it was not difficult to find volunteers; indeed, people have been ready and willing to work without remuneration simply for the good of their communities. She explained how daily calls to check up on quarantined individuals often led to friendship. She told us, with laughter in her voice, that even after the completion of quarantine, "They still call me and say, 'how are you doing Lalitha?' We have not heard from you in a while!"

Although the imagery of the state in India is often considered to be distant, apathetic and anonymous, our interviews indicate that the mobilization of volunteer groups, frequent home visits, close planning and monitoring with the community has been underscored by an ethics of care. These examples are perhaps one of the strongest reasons that local governance is needed at the moment: it provides an avenue to harness the interests and concern of committed individuals toward public needs. The Kerala case in particular highlights how sustained commitment toward supporting institutions can create a favorable relationship that is especially conducive to channeling these kinds of positive outcomes. Working through the Kudumbashree has, as an effect,

¹² We use a pseudonym for reasons of confidentiality.

brought an intimate ethic of care channeled through interpersonal relationships into disease prevention and control.

4. Discussion

The aforementioned case material shows some of the ways in which responses to COVID-19 have been coordinated through a combination of low-level administrative authorities, elected village governments, and other state and civil society groups. In aggregate, these activities represent a mammoth undertaking that has, at least for the time being, not only greatly expanded the roles and functions of local governments but also led to new forms of institutional interaction with administrative authorities across scales. The evidence presented here has several key implications for understanding institutional dimensions of policy response efforts in the present moment.

To begin with, the material illustrates just how important local governance has been for carrying out response to COVID-19. While administrative authorities like the DM are ultimately in charge, they rely heavily on local level institutions for many different aspects of response. There are many actions that only local institutions have the knowledge, legitimacy, and coordinating capacity to do. Accordingly, disease response is not simply the straightforward application of predefined biomedical guidelines; the character of governance – the nature of institutions, their capacities, and legitimacy – shapes how state responses will unfold over the long-term. As we have argued, such factors deserve at least as much attention in the trajectory of COVID-19 as biology, demography, economy, or other factors in understanding the spread of virus and its impacts upon society.

Second, the effectiveness of local governments in carrying out responses to COVID-19 are rooted in broader histories of policy interventions. India's 73rd constitutional amendment and subsequent interventions that have expanded the roles and capacities of local governments have all provided an important foundation for the efforts observed above. In the case of Kerala in particular, robust, long-term support for local governments as a key arena for empowered local governance has made these institutions into a formidable force for confronting the present pandemic (Isaac & Sadanandan, 2020), exemplified by a strong degree of trust and collaboration between state actors and citizens present in our data. These histories of institutional support over the past two decades may be as important for COVID-19 responses as any of the policies quickly designed since the emergence of the virus.

Third, the experience of coordinating responses to COVID-19 shows how large shocks can serve as a key force to propel institutional change. This is particularly notable in contexts such as India, which has a notoriously inflexible bureaucratic machinery. In the present context, the urgent need for rapid responses in conjunction with central directives to coordinate actions through integrative governance arrangements have led to new kinds cross-sectoral and multi-scalar collaborations for the implementing of response actions down the village level. Such emergent forms of collaboration across established institutional divides seem likely to afford greater flexibility to negotiate actions on the ground. Whether and to what extent these novel forms of coordination may leave a lasting imprint on local institutional practice remains to be seen.

Our case material – drawn from three states representing a diversity of social, economic, and political contexts – shows just how central local government has been to the story of COVID-19 in India. As the local institutional foundation to carry out response measures, they are likely to play a critical role in confronting COVID-19 in many other parts of the world as well. The future, of course, remains highly uncertain. As disease trajectories and recovery continues to be analyzed for years to come, analysis of

local institutions will be important not just for understanding why different kinds of policy responses were adopted, but also the mechanics through which they have been brought into being at the local level. The present case material provides some evidence of how local governments have been operationalized in the early days of COVID-19 in India, which can serve as a foundation for future studies of how local institutional dynamics, their histories, and the government policies they are called upon to carry out influence the long-term success of disease control and livelihood support as the pandemic proceeds.

CRediT authorship contribution statement

Anwsha Dutta: Conceptualization, Methodology, Writing - original draft, Writing - review & editing. **Harry W. Fischer:** Conceptualization, Methodology, Writing - original draft, Writing - review & editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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