

THE ROLE OF LSGS IN FIGHTING THE PANDEMIC: A KERALA MODEL

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Indian scenario of the pandemic accounts for around 130 crores of people living in fear. The administrative authorities are trying to operate their systems in the best possible ways. The health workers including doctors, nurses, and other medical staff who risk their lives by directly treating the patients are the ones primarily appreciated. Besides them, there are other ground players from the executive side focusing on local administration and containment of the virus, the Local Self Governments. The pandemic demanded such ground-level initiatives and thus, the essence of direct democracy was highlighted.

Our nation had understood the benefits of decentralized governance and adopted the method since the amendments of 1993. Since then, most of the states established Panchayati raj or Municipality systems under the district authorities. These institutions empower the citizens to directly involve in the governing processes through gram sabha meetings in villages and ward meetings in urban regions. Thus, LSGs evolved as the face of democratic decentralization by making politically conscious citizens. Along with this, the system was able to breed some efficient leaders at the local levels also.

There are about 1200 LSGs in Kerala at different levels. The programs led by these bodies reported successful statistics regarding the involvement of the citizens. Initiatives like building small roads, disaster relief, lighting the roads, and literacy programs are the major things in the diverse list of LSGs. Subsidiaries like KILAⁱ, *Suchithwa mission*, and *Kudumbashree*ⁱⁱ are the other major accomplishments under the Department of Local Self Governance in Kerala. These bodies also ensured the proper implementation of different schemes of central and state governments with a dutiful mentality of cooperation.

Mahatma Gandhi was a person who promoted the concept of village republics by stating that the future of India lies in its villages (Gandhi, 1947). Dr. B.R. Ambedkar had a different stand as he argued that such governing systems in non-egalitarian societies would only result in an increased rate of exploitation of the downtrodden categories (Ambedkar, 1932). The nation's LSG system had evolved by blending both these political philosophies. Currently, there are considerable reservations for the SC and ST categories as well as for the women candidates. It is the unmistakable fulfillment of this grass-root level democratic system that envisaged the state of Kerala to use its efficient human resources for fighting the pandemic.

Confronting the Coronavirus

When we observe the successful Kerala model, these institutions of local governance had played an unparalleled role in virus containment. The early importance given to the direct democracy systems facilitated the state government to mobilize the virus containment using the efficient human resources of LSGs to govern the people at the local clusters itself. The process is headed under the district authority. Structurally analyzing, each panchayat or municipality has several wards within them. These wards having around 200-400 houses are again divided into clusters of 30-40 houses for the current purpose.

An implementation team consisting of people like ward member, sanitation workers, and other volunteers is set up at the ward level. This body is mainly entrusted to ensure food security, medical services, and quarantine services for the needy. Also, each ward necessitates a responsible person who can use an android phone and can drive a two-wheeler vehicle. Another committee formed is the information and communication group that may consist of selected people like Asha workersⁱⁱⁱ, *Kudumbashree* members, Anganwadi teachers, MNRGEA workers, conveners of Residence associations and Arts & sports clubs. They are ought to examine the limitations and consolidate the demands. At the panchayat or municipality level, a body is formed by including the panchayat president (or municipal chairman), police officer, village officer, health officer, and other relevant representatives. They codify the information received from subordinate groups and take the necessary actions. The meetings of the implementation team shall be done through WhatsApp to endure the social distancing norms prevailing.

The implementation committee identifies the persons belonging to the high risk category and offers them special consideration. This priority list mainly includes elders, children below 6 years, differently-abled persons, cancer patients, inmates of palliative care homes, migrant workers, etc. Several hotspots had taken reverse quarantine measures in which persons from high-risk categories are quarantined before they are exposed to chances of infection. This way, any narrow chances of virus spread is controlled by authority. A helpline system working round the clock is also set up for this.

Kerala ensured food security for its people by setting up community kitchens at the ward level. The major aim is to provide food for people in quarantine, police officers, health workers in duty, and other needy people. About 895 such kitchens were set up by the LSGs and *Kudumbashree* alone while a few were initiated by other entities (Table 1). Venues such as auditoriums and *Kudumbashree* hotels were selected for this. The fiscal demands are met with the fund of LSGs and through sponsorships while the food supply is undertaken by the volunteers registered with the state. The idea of community kitchens could be traced back to the early history of soviet wartimes (npr, 2014).

Table 1: Community kitchens arranged in Kerala (data as on 14/05/2020)

Sl No	LSGI Type	No. of Community Kitchens Started	No. of Kudumbasree Community Kitchens	No. of LB Community Kitchens
2	Corporation	44	17	24
1	Municipality	99	46	49
3	Grama Panchayat	766	353	406
TOTAL		909	416	479

Source: pandemicmis.lsgkerala.gov.in (Lsgkerala)

The emotion of a 'community' doesn't end there. Kerala also arranged community quarantine centers for stranded foreigners, homeless people, and those living in unsafe

conditions. Hostels, resorts, lodges, educational institutions, and several unoccupied buildings were found for this. Along with the essentials like food, water, and electricity, proper sanitizing and waste management is also ensured in such centers. Televisions were also arranged for the leisure purposes of inmates.

The safety of these ground players is a major concern of the government. As the chances of infection are higher for these workers, they are mandated with several safety measures. All persons involved including police officers are ought to wear masks and gloves. The waste management of used medical equipment is another concern of local governance. Regarding the ambulance drivers, sanitizing workers are highly alerted to clean up the areas served by them. In this way, the Kerala model is outstanding in analyzing the micro aspects of human life in fighting a microorganism, the Coronavirus.

Special Care for Migrant Workers and Expatriates

Kerala is a job-corner for millions of migrant workers and is asserted like a 'home' as all of them aren't in a hurry to leave (The New Indian Express, 2020). LSGs provide special attention to the 'guest workers'. Though their matters are superintended by the district collector, local institutions remain as the implementation team. Camps are arranged for the needy after collecting the individual data and assessing the facilities in which they live. Workers are divided into camps with common language where members of the same family also fall in a single camp. A kitchen committee is then conceived from the workers themselves while funds are appropriated from the SDRF. These people are given proper awareness and their health inspection takes place regularly.

Expatriates are considered to be the backbone of Kerala's economy. Statistics show that around 19% of the nation's total foreign exchange is attributed to Kerala's people working abroad (The Hindu Business Line, 2018). The pandemic tempted about 3 to 4 lacks of people to come back to their homeland. Apart from the health workers, LSGs are also in full power to prepare the state to welcome the expats. As part of this, a special monitoring committee is formed in the panchayat or municipality level which includes president or chairman of the LSG as its head, opposition leader, MLA or representative, police station house officer, Chief of PHC (Public Health Centre), village officer and Asha workers as the other members. When the implementation team at the ward level visits the houses of expats daily, they are ought to ensure the isolation of the concerned individual. Mostly, Asha workers ensure the quarantine and volunteers arrange the food and other essentials for that particular house. Thence, the monitoring committee evaluates the competence of their subordinates and tries to solve the possible problems.

Conclusion

Though LSGs stand in the third line of governance after the state and center, the Kerala model displays the efficiency of human resources incorporated with the local governance systems. Considering the dense demography of the state, it would have been definitely disastrous unless the tracing and containing agenda set by the state was made possible by the local governance institutions. While the monitoring committees were dutiful in assessing the reports sent by the implementation teams, the collaboration was a complete success with the cooperation of health workers. Above all, it is the implementation teams untrained in the health sector, which deserves the major tribute during this fight against the epidemic.

As there are no signs of a ready vaccine to be developed on a large scale, direct resistance is impossible in the near future. A comparative model of tracing, isolating, and treating is the only method to contain the spread of the virus across India. For this, an efficient human resource to be deployed at the ground level seems necessary. Unfortunately, we are witnessing the augmentation of the authoritarian methodologies of the central government over the federal ideas which are more relevant today. The special economic package announced by the Finance Minister of India advocates a strong wave of localization in the economic sphere. The center should continue this tendency in the administrative spaces too. This would enable other states to develop comparative and more competitive models of Kerala's successful local governance institutions in managing the epidemic.

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ⁱ Kerala Institute of Local Administration is an autonomous body under the Government of Kerala. It initiated training, action-research, publications, seminars and workshops, consultancy, documentation, handholding and information services in the local administration sphere. The e-services provided by KILA profoundly helped the LSGs in the Covidian times.

ⁱⁱ Kudumbashree is the poverty eradication and women empowerment program implemented by the State Poverty Eradication Mission (SPEM) of the Government of Kerala. The self-help group with more than 39 lacks of members immensely helped in the fight against the pandemic.

ⁱⁱⁱ An accredited social health activist is a community health worker instituted by the government of India's Ministry of Health and Family Welfare as a part of the National Rural Health Mission. Asha workers were in the forefront of resisting the epidemic