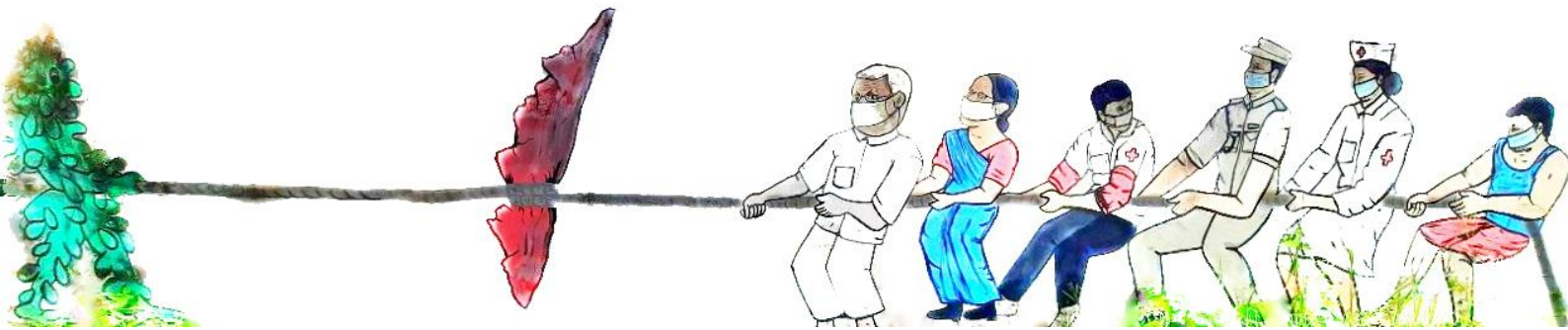


# ROLE OF LOCAL SELF-GOVERNMENTS IN KERALA IN ENSURING THE SOCIO-ECONOMIC RIGHTS OF CITIZENS DURING PANDEMIC



*A collaborative Research Project of*  
**Kerala Institute of Local Administration (KILA)**  
and  
**National University of Advanced Legal Studies (NUALS)**

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*A Collaborative Research Project of*

**Kerala Institute of Local Administration (KILA)**

**and**

**National University of Advanced Legal Studies (NUALS)**

**2022-23**



"Amidst the darkness, they became beacons of hope"

Dedicated to all the frontline heroes, who selflessly  
sacrificed their lives in the fight against COVID-19,  
their light forever etched in our hearts

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## LIST OF ACRONYMS

ADR	ALTERNATIVE DISPUTE RESOLUTIONS
AIR	ALL INDIA REPORTER
AllER	ALL ENGLAND REPORTER
ARC	ADMINISTRATIVE REFORMS COMMITTEE
ART., ART.	ARTICLE, ARTICLE
AS	ADMINISTRATIVE SANCTION
ASHA	ACCREDITED SOCIAL HEALTH ACTIVISTS
BDO	BLOCK DEVELOPMENT OFFICER
BP	BLOCK PANCHAYAT
CL.	CLAUSE
CDS	COMMUNITY DEVELOPMENT SOCIETY
COVID-19	CORONAVIRUS DISEASE OF 2019
CPC	CODE OF CIVIL PROCEDURE
DDMA	DISTRICT DISASTER MANAGEMENT AUTHORITY
DPC	DISTRICT PLANNING COMMITTEE
DPSP	DIRECTIVE PRINCIPLES OF STATE POLICY
HC	HIGH COURT
KILA	KERALA INSTITUTE OF LOCAL ADMINISTRATION
KLJ	KERALA LAW JOURNAL
KLT	KERALA LAW TIMES
LSG	LOCAL SELF-GOVERNMENT
LSGI	LOCAL SELF-GOVERNMENT INSTITUTIONS
MGNREGA	MAHATMA GANDHI NATIONAL RURAL EMPLOYMENT GUARANTEE ACT

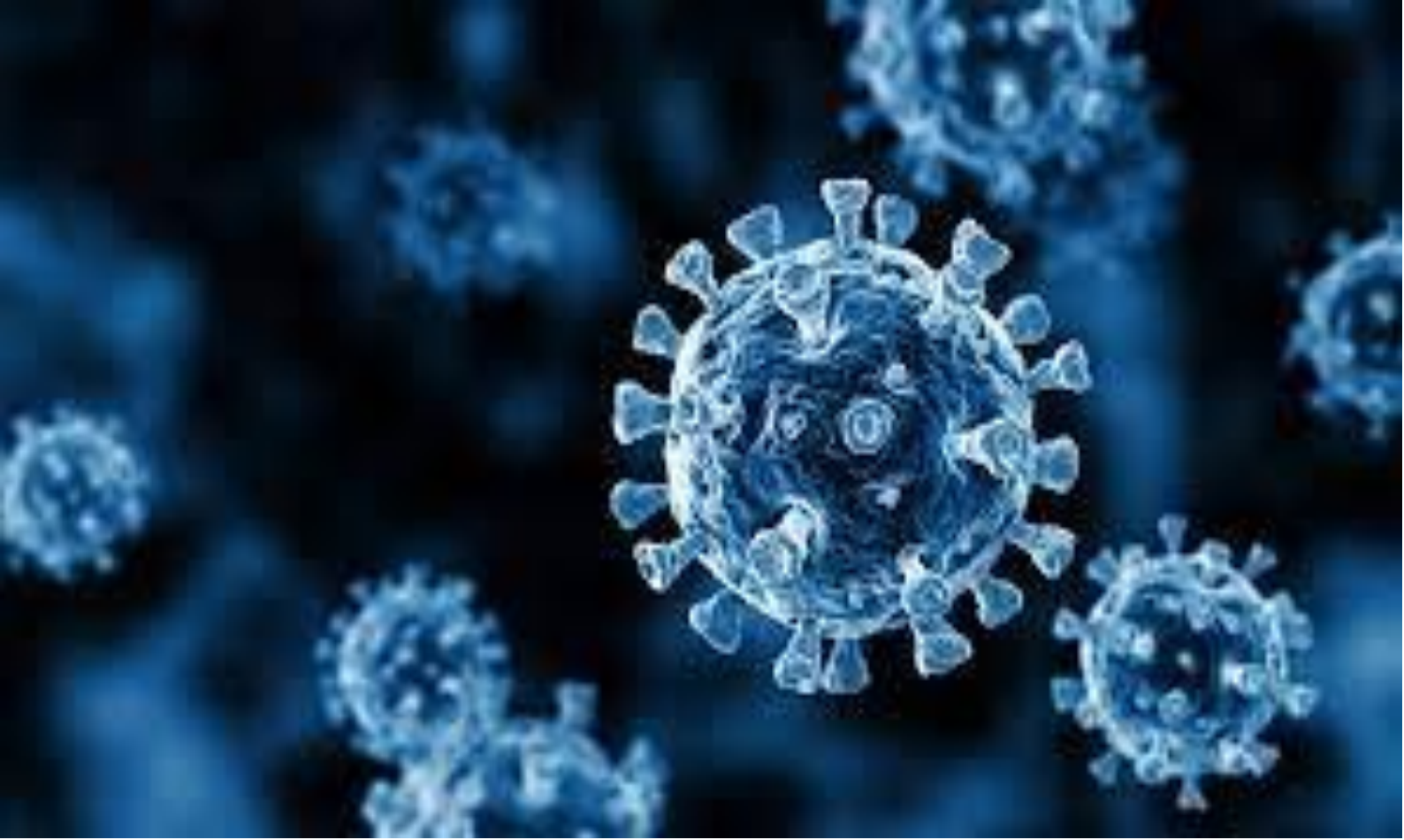




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MGNREGS	MAHATMA GANDHI NATIONAL RURAL EMPLOYMENT GUARANTEE SCHEME
MLA	MEMBER OF LEGISLATIVE ASSEMBLY
MP	MEMBER OF PARLIAMENT
NGO	NON-GOVERNMENTAL ORGANISATION
NHM	NATIONAL HEALTH MISSION
NIC	NATIONAL INFORMATIC CENTRE
NREGP	NATIONAL RURAL EMPLOYMENT GUARANTEE PROGRAMME
NREP	NATIONAL RURAL EMPLOYMENT PROGRAMME
P&RD	PANCHAYAT AND RURAL DEVELOPMENT
PWD	PUBLIC WORKS DEPARTMENT
SARS-COV-2	SEVERE ACUTE RESPIRATORY SYNDROME CORONA VIRUS 2
SC	SUPREME COURT
SC/ST	SCHEDULED CASTE / SCHEDULED TRIBE
SCC	SUPREME COURT CASES
SCR	SUPREME COURT REPORTER
SEC	STATE ELECTION COMMISSION
SFC	STATE FINANCE COMMISSION

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01

**INTRODUCTION**



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## 1.1 BACKGROUND

COVID-19, with its higher transmission and fatality rates, posed an immense threat to countries across the globe. The sight of the healthcare system floundering all over with structural inadequacies and human resource shortages reflected the helpless situation created by the pandemic. Meantime, in tackling the same, even before it became the first State to identify the COVID-19 virus in India, the State of Kerala, right from the initial phase, adopted a robust approach which was far-reaching to play a standard-setting role in handling the pandemic. Kerala model, curbing the mortality rate at the very first instance and lagging the transmission rate at the later phases to keep it perfectly under the control of the established healthcare infrastructure, has been hailed worldwide for its success. Kerala's community-centric response to the COVID-19 pandemic has caught significant media attention, including international bodies such as the World Health Organisation (WHO).

Amidst the same, the State also attempted to ensure that the quality of life was not compromised in the process. In facing an unprecedented rapid spread, the government adopted a "prioritised right-based approach", wherein priority was given to protecting the most fundamental interests of individuals by providing resources necessary for the exercise of their well-being. In pursuance of the same, governmental actions were directed towards safeguarding the basic rights, mostly covered under Art. 21, viz., right to health, right to food, right to livelihood, right to dignity, right to shelter and so on, predominately located within the sphere of the socio-economic rights.

In planning and executing the governmental actions to protect and further all the socio-economic components fostering the right to health, the local self-governments (hereinafter interchangeably referred to as LSG or local government) were taken into belief, empowering them with funds, functions, and functionaries. Having done so, local self-governments established by way of the 73rd and 74th amendments, in response to COVID-19, acted in two distinct manners. Firstly, being an implementation agency, local self-governments, acted as a point of convergence and implemented the orders issued by various government departments. Secondly, local self-governments, viz., village panchayats and municipalities, are conferred with the power to plan and implement various projects in accordance with Section 166 read with the Third schedule of Panchayati Raj Act, 1994 and allied rules and Section 30 read with the First Schedule of The Kerala Municipality Act, 1994 and allied rules, respectively. Village panchayats and municipalities, apart from acting as an implementation agency to the government, in the exercise of these powers conferred, planned and implemented tailored projects to further the socio-economic components of the right to health of its inhabitants.

## 1.2 NEED AND SIGNIFICANCE

The nature, virulence and impact of COVID-19 were higher than initially expected. Subsequently, stringent, prolonged and multiple phases of lockdown measures were forced to be implemented by the



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governments at the Centre and the State, creating alarms in almost every walk of life. The adversary period raised serious concerns about the vindication of the most basic rights of the citizens.

In such a circumstance, combating COVID-19 acquired a broader sense, much beyond ensuring basic health care. In the process, local self-governments, who were initially entrusted with a range of welfare schemes to further the right to health, were subsequently required by the situation to spread their nets and reach out to diverse fields, to meet the socio-economic needs of the 'COVID-19-restricted society', such that right to health may be secured in a broader sense. In the process, local self-governments, apart from acting as an implementation agency, started to vindicate the power conferred under Section 166 read with the Third Schedule of Kerala Panchayat Raj Act, 1994 and allied rules and Section 30 read with the First Schedule of The Kerala Municipality Act, 1994 and allied rules, to further the efforts taken by the Governments at the Centre and the State to ensure the right to health.

Though that being the state of affairs, COVID-19 created an unprecedented and unforeseen situation, wherein it gave the slightest indications for State and local self-governments to have a comprehensive and overarching preparedness, rather were left only with an option to act only in accordance with the situations emerging then and there. However, in any such future event, only a well-developed local self-government system operationalised for disaster risk reduction could come to our rescue. Therefore, it is pertinent to build a robust system, ever equipped to meet any such crisis. However, in the process of structuring the framework, firstly, it is vital that the role and the response strategy taken by these bodies with the power already conferred to Panchayats by virtue of Section 166 of Panchayati Raj Act., 1994 and allied rules and Municipalities by Section 30 of The Kerala Municipality Act, 1994 and allied rules is ascertained. Secondly, the coordinated efforts of local self-governments with other actors, and the competencies and means required by these agencies to act as disaster risk reduction agencies and to combat any such crisis are pointed out. Hence, this research study attempts to explore the role of local bodies in dealing with the COVID-19 pandemic and to point out the legal hurdles faced by them in the process.

### 1.3 STATEMENT OF PROBLEM

The Local Self-Governments, viz., Gram panchayats, Municipalities and Municipal Corporations, under their respective statutes, are granted the power to meet the requirements of their respective area and prepare and implement schemes relating thereto for economic development and social justice. In such circumstances, besides looking at its effort as an implementation agency, it is pertinent to see how this power was utilised to further the socio-economic components fostering the right to health of its inhabitants during COVID-19 and to identify the legal gaps inducing hurdles faced by the Local Self-Governments in vindicating the power so conferred and in acting as a disaster risk reduction agency.

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## 1.4 KEYWORDS

### Local Self-Government

According to Article 40 of the Constitution of India, “*the State shall take steps to organise village panchayats and endow them with such powers and authority as may be necessary to enable them to function as units of self-government*”. Hence, to bring the governance to the grass-root level, India has adopted its own Panchayati Raj System by way of the 73<sup>rd</sup> and 74<sup>th</sup> Amendment, which looks into the matters of the village. Currently, the State of Kerala has 1200 local self-governments including 941 Grama Panchayats, 152 Block Panchayats, 14 District Panchayats, 87 Municipalities and 6 Municipal Corporations. Local Self-Governments in this context would mean Gram Panchayat defined under Kerala Panchayati Raj Act, 1994 and Municipalities and Municipal Corporations defined under Kerala Municipality Act, 1994.

### Socio-economic Rights

In this context of the research, socio-economic rights would mean the following:

1. Right to health, in this context would mean and include The right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health; The right to prevention, treatment and control of diseases; Access to essential medicines; Maternal and child health; Equal and timely access to basic health services; The provision of health-related education and information; and participation of the population in health-related decision-making at the national and community levels.
2. Right to food means the right to adequate food is realized when every man, woman, and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement
3. Right to education, in this context would mean rights under Article 21 A and as guaranteed by the Right to Education Act, 2009.
4. Right to livelihood, in a limited sense it would mean the right to secure an earning with dignity and respect
5. Right to shelter, in this context would mean the right of every individual to have a safe, secure, and adequate place to live in, ensuring their dignity and well-being
6. Right to clean environment, would mean the human right to a clean, healthy and sustainable environment.
7. Right to trade and business, refers to the fundamental right guaranteed under Article 19(1)(g) of the Constitution of India.

In this research the construction of socio-economic rights is limited by the functional domain of local self-governments, specified within the Third Schedule of Kerala Panchayat Raj Act, 1994 and allied rules

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and allied rules in the case of Panchayats and First Schedule of The Kerala Municipality Act, 1994 and allied rules in the case of municipalities.

### **COVID-19 Pandemic**

Since the first case of COVID-19 was confirmed in Kerala on 30<sup>th</sup> January 2020, the same date will be considered the starting date for the study. The study period will extent to 31<sup>st</sup> March, 2022, on which COVID-19, was declared not to be disaster any further.

### **Disaster Management**

**According to the** Disaster Management Act, 2005, Section 2 (e), disaster management means disaster management” means a continuous and integrated process of planning, organising, coordinating and implementing measures which are necessary or expedient for–

- (i) prevention of danger or threat of any disaster;
- (ii) mitigation or reduction of risk of any disaster or its severity or consequences;
- (iii) capacity-building;
- (iv) preparedness to deal with any disaster;
- (v) prompt response to any threatening disaster situation or disaster;
- (vi) assessing the severity or magnitude of effects of any disaster;
- (vii) evacuation, rescue and relief;
- (viii) rehabilitation and reconstruction

### **Disaster Risk Reduction**

Disaster risk reduction is aimed at preventing new and reducing existing disaster risks and managing residual risk, all of which contribute to strengthening resilience and, therefore, to the achievement of sustainable development.

## **1.5 RESEARCH OBJECTIVES**

- To identify the manner in which the local self-governments exercised power during COVID-19 to provide for the socio-economic rights of its inhabitants, including the right to health.
- To analyse how the social determinants of health were secured by ensuring the socio-economic rights of its inhabitants during COVID-19.

- To identify the hurdles faced by local self-governments in the effective vindication of the power conferred to it under the respective statutes.
- To analyse the evolution of local self-governments into a disaster risk reduction agency
- To suggest solutions to remove the hurdles caused by the legal gaps and institutional gaps, if any.

## 1.6 SCOPE OF THE STUDY

The focus of the study is to analyse the manner in which local self-governments in Kerala has responded to the COVID-19 to secure the socio-economic rights of its inhabitants. Besides probing into the evolution of local self-governments as a disaster risk reduction agency, the study identifies the institutional and legal hurdles that have hindered local-self-government in delivering the roles instructed during COVID-19 and the factors stunning the growth of these institutions into a local level-disaster reduction agency.

For the same, the study delves into the activities of the local self-governments in Kerala that have mostly worked in close association with the people, that is, Gram Panchayat, Municipality and Municipal Corporation. The quantitative study, through questionnaires, have sought for the responses of 188 local self-governments as well as the households falling within the geographical limits of the local-self governments under the study, running to 5040 households in total. It was ensured through the enumerators that the questionnaires supplied to the local self-governments are filled out, following a discussion involving head of the local self-governments, secretary, chairpersons of standing committees and other persons conversant with the queries raised.

Further, timeframe of the study is limited to the activities of the local self-governments from 30<sup>th</sup> January, 2020 to 31<sup>st</sup> March, 2022.

The study after a closer introspection recommends certain changes within the institutional and legal frameworks, that could possibly overcome the existing hurdles and enable the growth of local self-governments as a disaster risk reduction agency in tune with the standards set out by the international instruments.

## 1.7 LITERATURE REVIEW

The local self-governments have been entrusted with certain key roles to ensure the socio-economic rights of its inhabitants. To gain a realistic perspective on local self-governance, survey of historical literature, and literature focusing on the ideological and idealistic aspects of this system have been surveyed. Recommendations from national and state-level committees and commissions have also contributed towards understanding local governance. Examining the efforts of central and state governments in nurturing local governance institutions has provided insights into policy measures, political decisiveness, executive motives, and the merits and demerits of systematic approaches. The



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instrumentalities, such as laws, rules, guidelines, schedules, manuals, and other social and institutional elements, have also been considered to develop a futuristic outlook. To understand the disaster management framework at work at the international and national level, literature of both empirical and doctrinal have been covered. In order to identify the research gap, similar studies conducted on related topics have also been looked into.

This study combines normative and doctrinal approaches with empirical research to gather information and draw appropriate conclusions. Consultations with experts who possess substantial experience in the field of local governance have further contributed to the study.

As it is not feasible to review the sizable literature covering all these aspects, the report intends to present the review of literature that has informed the research gap.

The paper titled, "*Kerala's Grass-roots-led Pandemic Response: Deciphering the Strength of Decentralisation*" authored by Sarath Babu M.G., Debjani Ghosh, Jaideep Gupte, Asif Raza, Eric Kasper and Priyanka Mehra<sup>i</sup> highlights the successful grass-root-led pandemic response of the State of Kerala during the COVID-19 crisis. Utilisation of a decentralized governance model by Kerala to respond swiftly and effectively to the pandemic is demonstrated in the study with special focus on epidemic preparedness and community-based healthcare. The study combines interviews with experts and frontline workers and an analysis of government orders, health guidelines, and news articles to provide a comprehensive understanding of the state's pandemic response.

The analysis reveals that Kerala's decentralized institutions, coupled with a strong grass-roots-level network of Accredited Social Health Activists (ASHA) workers, volunteer groups, and Kudumbashree members, played a crucial role in managing the pandemic. The efficient functioning of local bodies, built on experience gained from previous disasters and the Nipah outbreak, contributed to the success of grass-roots-level actions. The study emphasizes the importance of public expenditure on health, investments in building social capital, and the development of local self-delivery systems as valuable lessons that other regions can draw from Kerala's experience.

Overall, the paper underscores the significance of decentralized governance, community engagement, and robust grass-roots-level networks in responding effectively to a crisis like COVID-19. Kerala's experience is projected as an example for policymakers and stakeholders worldwide, emphasizing the need for proactive measures, strong community participation, and investment in resilient healthcare systems to address future pandemics.

Devika Radha, Jayasree Anada Bhavan Kumaran and Mayamol Thekkal Raghavan Nair, in their study, "*Role of local self-governments in control of COVID-19 in Kerala: An Exploratory Study*"<sup>ii</sup> focuses on the role of local self-government bodies in Kerala in responding to the COVID-19 pandemic. Interviews were conducted with the heads of local self-government bodies in the Kannur district to gather information





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on their COVID-19 management strategies. The interviews were transcribed and analysed using an inductive approach to identify themes and draw conclusions.

The results of the study indicate that local self-governments in Kerala have undertaken a wide range of initiatives in their COVID-19 response strategies. Key factors contributing to their success include organizational capacity, networking with various agencies, community participation, resource mobilization, and inter-sectoral coordination. The involvement of local self-governments has played a significant role in controlling the spread of the virus during the initial phase of the pandemic.

The research concludes that the decentralized management of the pandemic at the local level has been instrumental in containing the COVID-19 infection in Kerala. The active participation of local self-governments, which are primarily responsible for legislative and executive functions, has had a positive impact on the state's health status and public health activities. The study suggests that this model involving local self-governments can serve as an effective implementation strategy for public health programs, as demonstrated during the COVID-19 pandemic.

Overall, the research highlights the importance of decentralized governance and the active involvement of local self-governments bodies in effectively managing public health crises. Kerala's experience can serve as a valuable model for other regions seeking to enhance their pandemic response and improve public health outcomes.

TM Thomas Isaac and Rajeev Sadanandan, through "*Public Health System and Local Governance in Kerala in the Context of COVID-19 Pandemic*",<sup>iii</sup> records certain notes from the field. According to the paper, the state of Kerala in India has been a pioneer in decentralized participatory planning, particularly in the health sector. Through the People's Plan Campaign, local government institutions have been empowered with funds, functions, and functionaries, leading to effective coordination between various sectors and health interventions. Local governments in Kerala have actively engaged in activities such as palliative care, rehabilitation, prevention of infectious diseases, and disaster management. Their experience in managing periodic diseases and the health consequences of floods has prepared them to handle the current health emergency, including the COVID-19 pandemic.

It is contended that while disaster management remains a centralized hierarchical process, the Kerala experience emphasizes the importance of local-level planning, mobilization, and intervention within a larger macro framework to ensure equity and access in mitigation efforts. Local governments have been empowered to prepare local-level disaster management plans and propose medium-term mitigation projects. They have also organized volunteer forces to coordinate disaster responses. This framework for disaster management has proven effective in managing the COVID-19 pandemic as well.

Further, the study claims that the decentralization in Kerala has significantly benefited the health sector. Transferring plan funds as untied funds to local governments by the State government has led to increased investment in health infrastructure, human resources, drugs, and equipment. Initially, there

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was resistance from doctors to engage with local governments and implement local health projects. However, over time, medical personnel realized the advantages of working with local elected representatives and actively participated in the local planning process. Studies evaluating the impact of decentralization on healthcare generally support its positive effects.

It is argued that the local governments in Kerala have played a crucial role in primary healthcare, contributing to the improvement and maintenance of health centres, procurement of medical supplies, and employment of medical staff. They also bridge the gap between the health department and civil society organizations, coordinate various health initiatives, and are involved in geriatric care, support for differently-abled individuals, and special education for children with cognitive disabilities. Given their extensive involvement in health and related sectors, it was natural for local governments to play a significant role in the fight against COVID-19.

During the pandemic, local governments in Kerala were formally assigned responsibilities such as generating awareness, sanitation, supporting individuals in isolation, ensuring the availability of essential items, and documenting prevention efforts. They also played a crucial role in establishing community kitchens that provided food to those in need. The success of these kitchens was possible due to the active involvement of Kudumbashree, a network of women's neighbourhood groups. The local governments also monitored migrant worker camps and provided food and medical treatment.

In addition to health, other departments also issued guidelines for supporting COVID-19 prevention efforts. Effective implementation and coordination were ensured through performance monitoring and regular reviews by the Chief Minister. Overall, the decentralized participatory planning approach adopted by local governments in Kerala is claimed by the research as being effective in managing the COVID-19 pandemic and addressing various health and social challenges in the state.

In the study titled "*The local governance of COVID-19: Disease Prevention and social security in Rural India*", Anwasha Dutta and Harry W. Fischer<sup>iv</sup> examine the role of local governance in coordinating the pandemic response in rural areas of developing countries, focusing on three Indian states: Rajasthan, Odisha, and Kerala. The authors argue that local governance plays a critical role in bridging the gap between the need for rapid and effective pandemic response and the unique challenges faced in rural areas with underdeveloped health infrastructure, limited state capacity for infection control, and endemic poverty.

Through interviews with mid and low-level bureaucrats and a review of policy documents, the study highlights how the urgency of the COVID-19 response has led to new forms of collaboration and coordination between administrative units involved in implementing disease control and social security measures. In particular, the authors find that in Kerala, the state's investment in democratic local government and the inclusion of women through programs like Kudumbashree have fostered high

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levels of public trust and cooperation with state actors. Local authorities in Kerala also prioritize an ethic of care in implementing state responses.

The findings suggest that governance is a crucial factor in understanding the long-term success of disease control and livelihood support during the pandemic. The observations from the early months of the pandemic in South Asia provide a foundation for future studies on how institutional arrangements and their histories shape the trajectory of COVID-19 impacts and recovery. The authors argue that governance should be considered alongside biology, demography, and the economy in analysing the pandemic's effects and planning for the future.

In a study conducted by the Kerala Institute of Local Administration, titled "*Local Governance During COVID-19 Pandemic*", the study examines the response to the COVID-19 pandemic in Kerala, India, focusing on the roles of local self-governments and Accredited Social Health Activists (ASHA) workers. Kerala's community-centric approach to disaster management gained recognition from national and international entities, including the World Health Organisation.

The study highlights the proactive actions taken by local self-governments, who leveraged the state's social capital and utilized their constitutional mandate and powers under the guidance of state government departments. Decades of capacity building, fund transfers, and formal recognition of local self-governments' role in disaster management contributed to their ability to uphold social justice and equity during the pandemic. The study finds that the framework operated in line with the principles of devolution of functions, such as subsidiarity, autonomy, role clarity, complementarity, people's participation, accountability, and transparency.

ASHA workers, as frontline health workers, played a crucial role during the pandemic. However, the study reveals that many ASHA workers faced challenges such as inadequate remuneration and inconsistent income. Their social and financial backgrounds hindered their ability to negotiate for better working conditions. Despite these challenges, ASHA workers remained committed to their work and gained recognition from the general public. The study emphasizes the need to improve their conditions, suggesting measures such as establishing job security, ensuring a decent income, reducing hierarchy, providing regular training, enhancing risk allowances, and offering insurance coverage and protective gear.

Overall, the study provides insights into the community-centric approach adopted by Kerala's local self-governments and the experiences of ASHA workers, offering valuable lessons for future pandemic responses and the improvement of healthcare systems in India and beyond.

Having surveyed an enormous volume of literature, it is found that an empirical study with a socio-legal perspective probing into the approaches of local self-governments during COVID-19 stands lacking. Further, a dearth of studies analysing the activities performed by local self-governments from a right-based angle is also found lacking. Hence, this study looks into whether local self-governments secured

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socio-economic rights during the COVID-19 phase and whether the legal framework was sufficient to provide a space for local self-governments to function with ease at the point of a disaster.

## 1.8 LIMITATIONS

It is acknowledged that due to the time constraints, the research has adopted stratified sampling method to look into the activities of the local self-governments and the enquiry is limited to 188 local self-governments and 5040 households within the State of Kerala. Further, despite the involvement of the secretary of local self-governments in getting the quantitative research tools directed to local self-governments filled, the views expressed by the representatives of people might, to some extent tainted by the political views they hold. Similarly, in filling out the questionnaires for the public, the political views expressed by the respondents, the general public, might also get reflected in their perceptions towards local self-governments. Further, the introspection conducted in the study is limited to the COVID-19 activities and a span of 2 years. Hence, in evaluating the evolution of local self-governments as a risk reduction agency and the hurdles faced thereof, the focus is limited to such activities and time period. Such a limitation equally applies to the institutional and legal hurdles identified.



# 02

## AN ANALYSIS ON THE THEORETICAL AND LEGAL FRAMEWORK OF LOCAL-SELF GOVERNMENT, DISASTER MANAGEMENT AND SOCIO-ECONOMIC RIGHTS



Local self-governments in India are crucial in promoting and protecting socio-economic rights, ensuring inclusive development, and fostering participatory democracy. Intending to decentralize power and empower local communities, India has established a comprehensive framework of local self-government institutions known as Panchayati Raj institutions. Glancing at the history of local self-governments, it could be found that they have so far been successful in delivering what has been bestowed upon them. This experience of finding solutions to the common problem by reaching out to the grassroots level promoted the State Government to look upon local self-governments at the time of an unprecedented disaster in the form of COVID-19. However, before delving deeper into the socio-economic responses of the local self-government in the context of COVID-19, brushing through the history of local self-governments, the powers and functions of socio-economic government and the role of local self-governments in preventing and mitigating a disaster would provide a theoretical backdrop to analyse the response made by the local self-governments.

## 2.1 LOCAL SELF-GOVERNANCE IN INDIA

### 2.1.1 Concept and Development of Local Self Government

The history of local self-governments in India could be traced right from the *Vedic* ages, in the form of *Gramini*, who was a prestigious village leader advised and assisted by *Gram Vridhas* (a council of elders), through whom the King vindicated his power over the village.<sup>v</sup> Associated with the agricultural activities, a form of village administration composed of the headman (*Adhyaksha*), the veterinary doctor (*Anikastha*), village officials of different grades (*Sthanikas*), the accountant (*Samkhyaka*) and the village couriers (*Jamgha karika*), also finds its place in the pages of history books as against the Maurayan Age (324 BC- 236 BC).<sup>vi</sup> The *sabha*, which met under a tree, framed rules on matters concerning the village and dealt with offenders.<sup>vii</sup> The system continued from 200 BC to 00AD.<sup>viii</sup> In the Gupta administration, *Janapadas*, headed by *Grameyaka*, was responsible for public works, revenue collection, settlement of communal disputes and defence.<sup>ix</sup> Administrative units like *Kuraam*, presided by a headman and assisted by Mahasabha, were also found in the southern-most region of India.<sup>x</sup> During the Mughal period, the administrative units of Maurtya and Gupta ages were given way to hereditary native officials called *Patel* (in charge of collecting revenue), *patwin* (accountant), and *chowkidar* (watchman).<sup>xi</sup> However, the system remained in particular pockets, devoid of any local administration established by law for the development and welfare activities. Improvements of Town Act, 1850, were introduced to authorise the government to establish municipal administration to manage public works and general welfare but was not implemented in Madras Province. Town Improvement Act, 1871, gave municipalities the power to maintain hospitals, dispensaries, schools and so on. District collector acted as the ex-officio president, and councillors were elected from taxpayers for a term of three years. Madras District Municipalities Act, 1884, gave much more power to the municipalities in terms of public works. The implementation of Montagu-Chelmsford Reforms in 1919, liberated the local bodies from being headed by district-level officers.<sup>xii</sup>

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During British Rule, the lowest administrative units in villages could be identified in many places as village council panchayats, which consisted of five members, headed by a headman, and basically constituted an intermediary between proprietary and the government.<sup>xiii</sup> In the British regime, mostly characterised by centralisation, the autonomy at the lowest level of administration could hardly be demonstrated. Even the responsibility for revenue collection was lapsed to the centralised system and the officials entrusted with the same were gradually converted to salaried employees at various places.<sup>xiv</sup> The formalistic approach of justice dispensation, gave way to the justice delivery nature of village panchayat. In general, the centralised colonial governance, caused the erosion of the traditional village panchayats characterised by autonomy and self-sufficiency.<sup>xv</sup> From 1887 to 1900, all across British India, district boards and taluk boards were setup following the proposal by Lord Rippon. However, later realising the efficiency of village panchayats, certain efforts were made in the later phase. In the 1907-08 period, a Royal Commission on Decentralisation was appointed by the Secretary of State to render the Local Self-Governments really self-governing.<sup>xvi</sup> The 24<sup>th</sup> Session of Indian National Congress, lauded the measure and called upon the British Government to make it elective and participatory.<sup>xvii</sup> However, the recommendations of the Commission were never implemented and the Karachi session of the Congress in 1913, regretted the non-implementation of the recommendations.<sup>xviii</sup> Though rural self-government was entrusted to Indian ministries by the Government of India Act, 1919, however lack of political will and resources hindered its effective devolution.<sup>xix</sup>

The history of local self-governments in the Travancore region starts from the Travancore Municipality Regulation, 1920. The president was the Chief Executive Authority and except at Trivandrum, every Municipality had elected President, whereas at Trivandrum, it was nominated by the Government. Prior to the same, Town Improvement and Conservancy Regulation, 1894 was passed and created Town Improvement Committees in Nagercoil, Quilon, Alleppey and Kottayam, each with five to nine members, however, invested with limited power. Regulation II of 1901 conferred such committees the power of taxation and Regulations passed in 1910, 1912 and 1914 extended the sub-committees to some other places as well and conferred them with the power of appeal and punishment. Besides, Travancore Village Panchayat Act 1925 was enacted to constitute village panchayats. The duties of the panchayats were classified into obligatory and discretionary.

The state of Cochin was divided into districts subdivided into *desams*, headed by *deshavazhi*. The *deshavazhi* exercised control over the officials of the village. Later, Cochin Municipalities Act II was passed in 1921 and got replaced by 1938 Act. In Travancore Cochin, by 1940, Village Union Act was passed and the judicial powers of the panchayats were taken off. In the Malabar area, by virtue of Madras Village Panchayat Act, 1950, village panchayats could be constituted in villages having a population of more than 500. Areas not covered by the village panchayats were brought under the Malabar District Board Administration.<sup>xx</sup>

### 2.1.2 Local Self-Government- Origin and Evolution

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### 2.1.2.1 Balwant Rai Mehta Committee

Balwant Rai Mehta Committee, its historical report in 1957, proposed a system of Panchayati raj institutions with a three-tier system, viz., village panchayat at the basic level, panchayat samiti at the block (intermediary) level and zila panchayat at the district level. Panchayat samiti was envisaged as the body for the execution of plans, wherein zila panchayat had a supervisory role. All three bodies were recommended to be interlinked through their membership and to have a crucial role in the planning and development of their respective area of governance. The village panchayat would be constituted through direct elections and panchayat samiti through indirect elections from the village panchayats, and political parties should be allowed to participate effectively at all levels. District Collector was proposed as the chairman of the Zila Parishad. Mandatory and discretionary powers were sought to be assigned to the Panchayati raj institutions, though the government exercised a certain amount of control.<sup>xxi</sup>

### 2.1.2.2 Ashok Mehta Committee

In order to attain the maximum degree of decentralisation in terms of planning and implementation, the Government of India. Batting in favour of the participation of political parties at the decentralised form of governance, according to the Committee, the establishment of democratic institutions below the State level will contribute towards competition as well as mutual cooperation in terms of developmental activities among the political parties. A newer approach to the Panchayati raj system was suggested by the Committee with a two- tier system, viz., zila parishad at the district level and Mandal panchayat, constituted as a cluster of villages at the most basic level. At the local level, the people's participation in Mandal Panchayats will be ensured through village panchayats. Committee opined that the contours of the Panchayati raj system are in conformity with the developmental pace and the system has to be equipped further to keep in tandem with the rapid developments in the future. The committee suggested the decentralisation of certain functions and recommended periodic adjustments. Zilla panchayats would be in charge of handling and planning decentralised functions for the district and the Mandal panchayats would be implementing the plans so made. Recognising the fact that an omnibus list of Mandal Panchayat functions has no relevance unless there is genuine decentralisation accompanied by corresponding resources', the Committee recommended the allocation of sufficient funds and higher-level technical expertise to the Mandal Panchayats along with the work allocation made. In order to ensure the efficiency of the delivery systems, the Committee called for regular analysis of the project-level functionalities.<sup>xxii</sup>

### 2.1.2.3 Lakshimal Singhvi Committee

With an objective to review the functioning of Panchayati Raj institutions, LM Singhvi Committee was constituted in 1987. The Committee was of the opinion that the local self-governments, rather than being viewed as a basic administrative unit, should be conceived as a facilitator of people's participation in the



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planning process. Reorganisation of Panchayati raj institutions, availability of adequate resources to meet compulsory duties, dissolution of Panchayats, the establishment of a judicial Tribunal for holding elections, assess the progress of work and settle all kinds of disputes were suggested by the Committee. The Singhvi Committee also called upon the Parliament to afford constitutional protection to the local self-governments.<sup>xxiii</sup>

#### 2.1.2.4 GVK Rao Committee

In order to look into the administrative setup for rural development and poverty alleviation programme, the GVK Rao Committee consisting of 12 members, was appointed by the Government of India. The Committee also insisted on regular elections to the Panchayati Raj institutions. The committee, for the first time, proposed a planning institution at the lower level and recommended the district as the basic unit of planning and institutions at the district and below would plan, implement and monitor rural development programmes. The Committee further suggested the introduction of a budget at the district level. Besides, Rao Committee suggested strengthening and training the official and political functionaries in the local self-governments. It also suggested improving the number of extension officers and involvement of professionals from outside to meet the technical requirements at the lower level and called for strengthening the data base.<sup>xxiv</sup>

#### 2.1.3 73<sup>rd</sup> and 74<sup>th</sup> Amendment Acts and Panchayati Raj Institutions in India

The 73rd and 74th Amendment Acts of the Constitution of India, enacted in 1992, have played a transformative role in decentralizing power and promoting grassroots democracy through the establishment of Panchayati Raj Institutions (PRIs) and urban local bodies. The Amendment Acts provides constitutional recognition to the Panchayati Raj Institutions and grants them the status of the third tier of government.

The 73rd Amendment Act emphasizes the devolution of powers to the PRIs, enabling them to function as institutions of self-governance. This devolution includes the transfer of administrative, financial, and planning powers, enabling PRIs to address socio-economic issues effectively. By providing local bodies with the authority to make decisions and implement policies, the amendment promotes the fulfillment of socio-economic rights at the grassroots level.

To ensure the effective functioning of PRIs, the 73rd Amendment Act mandates the establishment of State Finance Commissions (SFCs). These commissions review the financial position of PRIs and recommend principles for the allocation of funds, grants-in-aid, and taxation powers. By securing financial autonomy for PRIs, the amendment strengthens their capacity to undertake developmental activities, including those related to socio-economic rights such as healthcare, education, and poverty alleviation.



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The amendment introduces a three-tier system of Panchayats, consisting of Gram Panchayats at the village level, Panchayat Samitis at the block level, and Zilla Parishads at the district level. It mandates the formulation of plans at each level and promotes decentralized planning. This decentralized approach facilitates the identification and prioritization of local socio-economic needs, leading to targeted and effective implementation of policies and programs.

The 73rd Amendment Act incorporates the provision of social audit, which allows the community to assess the effectiveness and transparency of developmental projects and programs. Social audit promotes accountability, encourages community participation, and safeguards socio-economic rights by ensuring that resources are utilized efficiently and for the intended purposes.

The 74th Amendment Act extends the principles of decentralization and local self-governance to urban areas, recognizing the importance of urban local bodies in addressing socio-economic issues. Although elections and reservations are significant aspects of this amendment, other provisions also contribute to the promotion of socio-economic rights.

Similar to the 73rd Amendment Act, the 74th Amendment Act emphasizes the devolution of powers and functions to urban local bodies. This devolution enables local bodies to effectively address socio-economic issues such as health, education, and infrastructure development. By granting greater autonomy and decision-making authority, the amendment enhances the capacity of urban local bodies to protect and promote socio-economic rights.

The 73rd and 74th Amendment Acts have called for the constitution of The Committee for District Planning and Metropolitan Planning Committees respectively which plays a crucial role in the effective planning and allocation of resources. These committees are established to address the complexities of the urban-rural interface, consolidate plans prepared by panchayats and municipalities, and facilitate comprehensive development planning.

At the district level, the Committee for District Planning is responsible for preparing a development plan for the entire district by considering matters of common interest between panchayats and municipalities, including spatial planning, resource sharing, infrastructure development, and environment conservation. It takes into account the extent and type of available resources, whether financial or otherwise. The draft district development plan is then recommended by the committee and forwarded to the State Government by the chairperson.

In metropolitan areas with a population of 10 lakhs or more, the Metropolitan Planning Committee is constituted to develop a draft development plan for the entire metropolitan area. This committee takes into account the plans prepared by municipalities and panchayats within the metropolitan area, matters of common interest, resource sharing, infrastructure development, environmental conservation, overall objectives and priorities set by the Government of India and the State Government, investments likely to be made by government agencies, and other available resources.

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The 73rd and 74th Amendment Acts have significantly transformed the landscape of local governance in India, empowering communities and recognizing the importance of socio-economic rights. These amendments, through devolution of powers, financial empowerment, decentralized planning, and mechanisms such as social audit, have fostered an environment conducive to the realization of socio-economic rights at the grassroots level. By extending the principles of decentralization and local self-governance to rural and urban areas, respectively, the amendments have laid the foundation for a more inclusive and just society. As a legal expert, it is evident that the 73rd and 74th Amendment Acts, while addressing various aspects of local governance, have played a crucial role in advancing socio-economic rights and promoting social justice in India.

The implementation of Part IXA of the Constitution, which pertains to the 74th Amendment Act, involved a transitional period of one year to accommodate the necessary changes in existing laws that were inconsistent with the constitutional provisions. The Ministry of Urban Development promptly took steps to ensure that State Municipal Laws were brought into conformity with the provisions of the Act immediately after its enforcement on 1st June 1993.

To achieve this, the Ministry engaged in correspondence and conducted meetings with State level Secretaries to facilitate the development of conformity legislations by the State Governments. These efforts resulted in the establishment of the required legislations by the target date of 31st May 1994.

#### 2.1.4 Decentralisation in Kerala

The Communist Party's engagement with local bodies began in 1952 when it secured victory in the Malabar District Board elections. The District Board played a vital role in promoting education and healthcare facilities in the region, setting the stage for further reforms.

Following the formation of the State of Kerala, Chief Minister EMS Namboothiripad chaired the Administrative Reforms Committee in 1958. The committee emphasized the importance of local self-government as a foundation for future administrative structures. It advocated for a two-tier setup, comprising panchayats and municipalities at the grassroots level and a district council at the district level.

The Administrative Reforms Committee's recommendations expanded the functions and powers of panchayats beyond traditional civic duties. Panchayats were entrusted with significant responsibilities in revenue administration and various regulatory functions, surpassing the recommendations of the Belvantrai Mehta Committee, which viewed them primarily as developmental agencies.

The Administrative Reforms Committee proposed two contrasting views on the role of the district council. One suggested that the council should have advisory powers, established through indirect elections and ex-officio membership. The opposing view advocated for elected district councils to function as institutions and oversee all aspects of development work. The District Council Bill of 1958



aimed to establish a comprehensive district council to coordinate the functions of panchayats and municipalities.

The inability to pass the proposed bills due to the dismissal of the government and the dissolution of the assembly led to the dilution of the legislative approach in 1960 and 1961, falling short of the initial intentions. Panchayats' roles were limited to civic duties, and the district council was placed on hold, impeding comprehensive decentralization.

In 1967, the EMS Namboothiripad ministry introduced the Kerala Panchayati Raj Bill, advocating for a two-tier system with panchayats at the lower level and a zilla parishad (district council) at the district level. Subsequent modifications to the bill resulted in the renaming of the zilla parishad as the district council, with enhanced functions to administer district matters.

Efforts to implement the District Administration Act in the early 1970s were hindered, and it was not until the Ministry of 1987-1991 that substantial measures were taken. A commission was established to rectify defects in the 1978 Act, and elections were held in 1990, leading to the constitution of the District Council. However, concerns remained regarding ad hoc approaches and the need for sweeping legislative changes.<sup>xxv</sup>

Constitutional amendments in 1992 imposed a three-tier structure and compartmentalized rural and urban areas, deviating from Kerala's progressive District Administration Act. The Kerala Panchayat Raj Bill of 1994, though initially restrictive, however, had to undergo changes.

#### **2.1.4.1 Kerala Panchayati Raj Act, 1994**

The Kerala Panchayat Raj Act, 1994, is a comprehensive legislation that governs the functioning and powers of the Panchayati Raj institutions in the State of Kerala. The Act establishes a decentralized system of local self-government, empowering the rural communities to actively participate in decision-making processes and take charge of their own development.

**Definition and Composition of Panchayat:** The Act begins by defining various terms, including "Panchayat," which refers to an institution of self-government at the village, intermediate, and district levels. Section 2(10) states that a Panchayat includes a Village Panchayat, Block Panchayat, and District Panchayat, each representing different territorial units within the state. This hierarchical structure ensures effective governance and devolution of powers at various levels.

**Constitution and Election of Panchayats:** Section 3 of the Act lays down the procedure for the constitution of Panchayats, which includes the conduct of regular elections. The Act mandates the State Election Commission to conduct free and fair elections for Panchayats at all levels, ensuring the democratic selection of representatives. The provision of regular elections ensures the continuity of local governance and promotes the accountability of elected representatives to the people.



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**Powers and Functions of Panchayats:** The Act grants Panchayats extensive powers and functions to enable them to fulfil their role as effective local self-governing institutions. Section 43 empowers Panchayats with the authority to prepare and implement plans for economic development and social justice within their jurisdiction. They have the responsibility to undertake various developmental activities, including infrastructure development, healthcare, education, and poverty alleviation programs.

**Financial Powers and Resources:** To ensure the effective functioning of Panchayats, the Act provides for financial autonomy and resources. Section 81 stipulates that Panchayats have the power to levy and collect taxes, fees, and other charges. They can also receive grants and loans from the State Government, Central Government, and other funding agencies. This financial independence enables Panchayats to generate revenue and allocate resources as per the local needs and priorities.

**Devolution of Functions and Powers:** The Act emphasizes the principle of devolution, transferring functions and powers from higher levels of government to Panchayats. The Act establishes the Block and District Panchayats as the intermediate and district-level authorities, respectively, entrusted with specific functions and powers. This devolution ensures effective decentralization of governance, empowering Panchayats to address local issues and provide responsive and accountable governance.

**Participation of Women and Marginalized Sections:** The Kerala Panchayat Raj Act, 1994 recognizes the importance of inclusive and participatory governance. Section 7 mandates that at least one-third of the total seats in Panchayats shall be reserved for women, ensuring gender representation and empowerment. Furthermore, the Act encourages the participation of Scheduled Castes (SCs), Scheduled Tribes (STs), and other marginalized sections of society, promoting social inclusion and equity in decision-making processes.

**Ward Committees and People's Participation:** To enhance citizen participation at the grassroots level, the Act provides for the establishment of Ward Committees. Section 164 stipulates that each ward within a Panchayat shall have a Ward Committee comprising elected representatives and residents of the ward. These committees serve as platforms for local residents to voice their concerns, suggest developmental initiatives, and actively participate in the decision-making process.

**Accountability and Monitoring:** The Act emphasizes the need for transparency and accountability in local governance. Section 94 mandates the Panchayats to maintain proper accounts and publish an annual financial statement. The State Government and the State Election Commission have the authority to conduct audits and inquiries to ensure compliance with the Act's provisions. This accountability mechanism enhances public trust and promotes efficient utilization of resources.

**Dispute Resolution Mechanism:** The Act provides for a robust mechanism to resolve disputes and grievances arising within the Panchayats. Section 234 establishes the Panchayat Raj Ombudsman, an independent authority responsible for investigating complaints against Panchayat officials and ensuring



remedial actions. This mechanism ensures that citizens have a platform to address their grievances and seek redressal.

The Kerala Panchayat Raj Act, 1994, stands as a landmark legislation in promoting grassroots democracy and decentralized governance in the state of Kerala. By empowering Panchayats with extensive powers and functions, ensuring financial autonomy, and promoting the participation of women and marginalized sections, the Act strengthens local self-governance and promotes inclusive development. The Act's provisions promote transparency, accountability, and citizen participation, laying the foundation for a robust and responsive local governance system. Through its comprehensive framework, the Kerala Panchayat Raj Act, 1994, serves as a model for effective local governance and serves as an inspiration for decentralized governance systems across the country.

### **Functions of Gram Panchayat**

**Planning and Development:** Under Section 166 of the Kerala Panchayat Raj Act, 1994, Panchayats are entrusted with the responsibility of formulating and implementing plans for economic development, social justice, and poverty alleviation in their respective areas. Panchayats have the power to prepare development plans, mobilize resources, and execute development projects in consultation with the District Planning Committee.

**Infrastructure Development:** Section 166(2) of the Act empowers Panchayats to provide and maintain public amenities such as roads, culverts, bridges, street lighting, and sanitation facilities. Panchayats are responsible for the construction, repair, and maintenance of public assets within their jurisdiction.

**Health and Sanitation:** Panchayats play a crucial role in ensuring public health and sanitation in rural areas. Section 166(5) of the Act outlines the functions of Panchayats in providing healthcare facilities, sanitation measures, waste management systems, and the prevention and control of diseases. Panchayats are also responsible for promoting public awareness of health and hygiene.

**Education and Cultural Activities:** Section 166(6) of the Act mandates Panchayats to promote primary education, adult education, and cultural activities in their respective areas. Panchayats have the authority to establish and manage schools, libraries, community centres, and other educational and cultural institutions.

**Social Welfare:** Panchayats are entrusted with the responsibility of implementing social welfare schemes and programs for the welfare of backward classes, scheduled castes, scheduled tribes, and other marginalized sections of society. Section 166(7) of the Act empowers Panchayats to undertake measures for the welfare and upliftment of these communities.

**Government Delegation of Work:** The Kerala Panchayat Raj Act, 1994, recognizes the power of the government to delegate certain functions to Panchayats. Section 13(1) of the Act states that the government may transfer any function or power entrusted to it under any law to the Panchayats,



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subject to certain conditions. This provision ensures the effective delegation of work from the government to Panchayats, enhancing local self-governance.

#### **2.1.4.2 Kerala Municipality Act, 1994**

The Kerala Municipalities Act, 1994, is a comprehensive legislation that provides a legal framework for the establishment, administration, and functioning of municipalities and municipal corporations in the state of Kerala. This landmark Act has played a pivotal role in promoting local self-governance, enhancing citizen participation, and ensuring the efficient delivery of public services. This article aims to provide an in-depth analysis of the Kerala Municipalities Act, 1994, highlighting its key provisions and their significance in shaping local governance in Kerala.

**Definition and Composition of Municipalities:** The Act begins by defining a "municipality" under Section 2(15), which includes institutions of self-government at the urban level, such as municipal corporations, municipalities, and town panchayats. It recognizes the diverse nature of urban areas and provides appropriate governance structures for different categories of municipalities based on their population and characteristics.

**Constitution and Election of Municipal Bodies:** Section 4 of the Act lays down the procedure for the constitution and reconstitution of municipalities and municipal corporations. It emphasizes the importance of democratic principles by providing for regular elections conducted by the State Election Commission. This ensures that the process is fair, transparent, and free from undue influence, thereby promoting representative governance in urban local bodies.

**Powers and Functions of Municipal Bodies:** The Kerala Municipalities Act, 1994, confers significant powers and functions upon municipalities and municipal corporations to enable them to fulfil their responsibilities effectively. Section 52 enumerates these powers, which include urban planning, public health, sanitation, solid waste management, water supply, drainage, and maintenance of public spaces. These powers empower local bodies to address the specific needs and challenges of urban areas and promote the overall well-being of residents.

**Financial Powers and Resources:** To ensure financial autonomy, Section 96 of the Act grants municipalities and municipal corporations the power to levy and collect taxes, fees, and other charges within their respective jurisdictions. It also allows them to receive grants and loans from the State Government, Central Government, and other funding agencies. This financial independence enables local bodies to generate revenue and allocate resources according to local priorities, fostering sustainable development and efficient service delivery.

**Devolution of Powers and Functions:** The Kerala Municipalities Act, 1994, is based on the principle of devolution, emphasizing the transfer of powers and functions from higher levels of government to municipalities and municipal corporations. Section 15 of the Act establishes the role of local bodies as the



primary local authority responsible for governing urban areas. It ensures the devolution of administrative, financial, and planning functions, empowering local bodies to make decisions on local issues and implement development plans effectively.

**Administrative Structure and Committees:** The Act provides for the establishment of a comprehensive administrative structure within municipalities and municipal corporations. Section 19 outlines the composition and functions of various committees, including the General Purpose Standing Committee, Finance Standing Committee, and Town Planning Committee. These committees consist of elected representatives and experts, promoting transparency, accountability, and citizen participation in decision-making processes.

**Public Participation and Grievance Redressal:** Recognizing the importance of citizen engagement, Section 22 of the Act mandates the establishment of ward committees within municipalities and municipal corporations. These committees serve as platforms for residents to voice their concerns, provide suggestions, and actively participate in local governance. The Act also provides mechanisms for grievance redressal, ensuring that residents have access to a fair and efficient system for addressing their grievances and seeking remedies.

**Accountability and Monitoring:** Transparency and accountability are crucial elements of effective local governance. The Kerala Municipalities Act, 1994, emphasizes the need for accountability by requiring municipalities and municipal corporations to maintain proper accounts and publish an annual financial statement. It also grants the State Government and the State Election Commission the authority to conduct audits and inquiries to ensure compliance with the Act's provisions. These mechanisms foster transparency, enhance public trust, and promote good governance at the local level.

The Kerala Municipalities Act, 1994, has played a vital role in empowering local self-governance in urban areas of the state. By defining the powers, functions, and responsibilities of municipalities and municipal corporations, the Act has established a robust legal framework for effective local governance. The provisions of the Act ensure democratic processes, financial autonomy, public participation, and accountability in the functioning of local bodies. As a result, the Act has contributed to the overall development and well-being of urban areas in Kerala, making it a progressive model for local governance in India.

**Functions of Municipalities:**

**Urban Planning and Development:** Section 30 of the Kerala Municipalities Act, 1994, empowers Municipalities to prepare and implement master plans for urban development, including land use planning, infrastructure development, and environmental conservation. Municipalities have the authority to regulate building construction, town planning, and zoning regulations within their jurisdiction.



Public Health and Sanitation: Municipalities are responsible for ensuring public health and sanitation in urban areas. Section 30(1) of the Act specifies the functions of Municipalities in providing and maintaining public health services, including water supply, drainage systems, waste management, and control of diseases.

Infrastructure Provision: Under Section 30(1)(v) of the Act, Municipalities are entrusted with the responsibility of providing public amenities such as roads, bridges, street lighting, and transportation facilities. Municipalities have the power to plan, construct, and maintain public infrastructure to cater to the needs of the urban population.

Revenue Generation and Financial Management: Municipalities have the authority to generate revenue through various sources and manage their finances effectively. Section 30(3) of the Act enables Municipalities to levy and collect taxes, fees, and charges on properties, trades, professions, and services within their jurisdiction. They also have the power to borrow funds for development projects and administer financial resources.

Urban Governance and Administration: Municipalities play a pivotal role in urban governance and administration. Section 30(5) of the Act mandates the conduct of Council Meetings to deliberate on matters of urban importance, formulate policies, and make decisions for the overall development and welfare of the municipality.

Government Delegation of Work: Similar to Panchayats, the Kerala Municipalities Act, 1994, allows the government to delegate functions to Municipalities. Section 23 of the Act empowers the government to transfer any function or power vested in it by any law to the Municipalities, subject to certain conditions. This provision ensures the effective decentralization of power and promotes local self-governance.

## 2.2 SOCIO-ECONOMIC RIGHTS

Socio-economic rights, mostly falling within the categorisation of second-generation rights, are intended to build an egalitarian society, having their social and economic needs addressed. Though there is no concrete categorisation as to the rights falling within the meaning of socio-economic rights, it is commonly considered that the rights ensuring housing, healthcare, education, food, water, social security, and other relevant basic human rights, could be included within the meaning of socio-economic rights.<sup>xxvi</sup> Despite failing to find any mention in the Constitution of India, 1950, the ingredients of the constituents of socio-economic rights occupy a prominent part of the Constitution of India, 1950, in its Part IV (Articles 37 to 51) in the form of Directive Principles of State Policy. To note a few, Article 39(a) provides that the state should frame policy in order to secure men and women equal rights and means of livelihood, and Article 41 provides that the state should make effective provisions to secure the right to work, to education and public assistance in case of sickness, disablement, old age, and unemployment,

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staying within the limits of its economic capacity. Other aspects of socio-economic rights such as mitigating inequality among different groups of people, distribution of wealth, ensuring adequate means of livelihood to individuals, ensuring the principle of equal pay for equal work, looking upon the health of workers, the freedom and dignity of children and the youth, providing free Legal aid, the right to education, right to public assistance in case of disablement for old age, proper working conditions, proper relief provided in the period of maternity, a proper living wage for the workers, promoting education for the backward section of the society and ensuring the standard of living and improving the public health also find a place in the pages of the Constitution of India, 1950.

This being the state of affairs, the non-justiciability of Article 37, and the restrictive interpretation of the judiciary, barred its effective realisation in the past. However, the harmonious construction of Part III, with Part IV, by the judiciary and reading out socio-economic rights within the ambit of Part III has brought in a sea-change in the manner in which socio-economic rights are realised. In *State of Kerala v. NM Thomas*<sup>xxvii</sup>, it was held by the Supreme Court that

*“ Keshvanand Bharti has clinched the issue of primacy as between Part III and Part IV of the Constitution. The unanimous ruling there is that the Court must wisely read the collective Directive principles of State Policy mentioned in Part IV into individual fundamental rights of Part III, neither Part being superior to the other! Since the days of Dorairajan, judicial opinion has hesitatingly tilted in favour of Part III but in Keshvanand Bharti, the supplementary theory, treating both Parts as fundamental, gained supremacy. ”*

Later developments saw courts reading most of the socio-economic rights in conjunction with Part III of the Constitution. *Francis Coralie Mullin v. Union Territory of Delhi*<sup>xxviii</sup> widened the scope of the right to life guaranteed under Article 21 to mean that the right to life includes the right to lead a dignified life as distinct from mere animal existence. Subsequently, most of the socio-economic rights were read as included within Article 14, 19 and 21. In *Paschim Banga Khet Majdoor Samity v State of West Bengal*<sup>xxix</sup>, the Supreme Court carved out the right to emergency medical care for accident victims as forming the core component of the right to health, which in turn was recognized as forming an integral part of the right to life. In *Olga Tellis v Bombay Municipal Corporation*<sup>xxx</sup>, the Supreme Court read the right to livelihood under the ambit of Article 21. Further, the Court in *Bandhua Mukti Morcha v Union of India*<sup>xxxi</sup>, read the right to access basic essentials as part of the right to life. A range of precedents asserts the right to food being part of Article 21 and the latest being *In Re:Problems and Miseries of Migrant Workers*<sup>xxxii</sup>, where reiteration was made by the Supreme Court in the context of the COVID-19 pandemic. The right to education, *per se*, was incorporated as a fundamental right by virtue of the 86<sup>th</sup> Amendment Act, 2002. In *Narendra Kumar v. State of Haryana*<sup>xxxiii</sup>, the right to livelihood was termed as an integral facet of the right to life. The right to shelter was read as included in Article 21 in *Uttar Pradesh Avam Evam Vikas Parishad v. Friends Co-op Housing Society*<sup>xxxiv</sup>. The right to trade and business

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forms part of Article 19(1)(g). In the landmark case of *M.C. Mehta v. Union of India*<sup>xxxv</sup>, the Supreme Court recognized the right to a clean environment as a fundamental right under Article 21.

### 2.2.1 Socio-Economic Rights as Promoting Social Determinants of Health

World Health Organization (WHO) defines social determinants of health as “*the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.*”<sup>xxxvi</sup>

Social determinants of health can broadly be termed as 1) factors having direct impact on the health; 2) predictors of health; 3) contributing to structural lifestyle choices, and 4) interacting with each other to create an impact on health. Social determinants of life on a normal scale account for 30-55% of outcomes relating to health.<sup>xxxvii</sup> Hence, ensuring social determinants of health are pivotal for improving and, thus, in a broader sense, has a more significant role to play in securing the right to health. WHO, in an attempt to list down the examples of social determinants of health, the following factors could be identified as social determinants of health.

1. Income and social protection
2. Education
3. Unemployment and job insecurity
4. Working life conditions
5. Food insecurity
6. Housing, basic amenities and the environment
7. Early childhood development
8. Social inclusion and non-discrimination
9. Structural conflict
10. Access to affordable health services of decent quality

All these factors are closely associated with the socio-economic rights provided for in internal and domestic law, including the rights to education, social security, adequate housing, full employment and decent, clean water and adequate sanitation work, and the highest attainable standard of health. In other words, prioritising and ensuring these basic socio-economic rights would lead to the improvement of health and bridge health inequity. Thus, it could be understood that ensuring social determinants of health, in legal terms, has an application towards the affirmative measures taken towards safeguarding socio-economic rights. Translating and understanding the factors accounting for the social determinants of health in terms of the rights provided for in the Indian legal system, it could be summarised as follows:

1. Right to health
2. Right to food and clean water
3. Right to education
4. Right to shelter

5. Right to livelihood
6. Right to clean environment

The Right to trade and business is also explored as some aspects of social determinants of health are covered with the right to trade and business.

## 2.2.2 Right to health

In India, the right to health has evolved and been consolidated through constitutional provisions, judicial interpretations, and legislative measures. Navigating through the Part III of the Indian Constitution, it does not explicitly mention the right to health as a fundamental right. However, Article 21 of the Constitution guarantees the right to life and personal liberty. The Supreme Court of India has interpreted this provision expansively to include the right to a healthy life. Further, Article 47 specifically directs the state to improve public health and provide adequate medical facilities. Although DPSPs are non-justiciable, with the later developments as highlighted above, courts have considered them while interpreting the right to health is an integral part of the right to life. In *Bandhua Mukti Morcha v. Union of India*<sup>xxxviii</sup>, the Supreme Court recognized that the right to health is an essential aspect of the right to life. The Court held that the right to health encompasses a wide range of socio-economic factors, including the right to live in decent conditions, access to medical care, and a clean environment. In *Consumer Education and Research Centre v. Union of India*<sup>xxxix</sup>, the Supreme Court emphasized the right to health as an integral part of the right to life and held that it includes access to essential drugs, affordable healthcare, and medical facilities. The Court directed the government to take steps to ensure the availability of essential drugs at reasonable prices. In *Pt. Parmanand Katara v. Union of India*<sup>xl</sup>, the Supreme Court recognized the duty of the state to provide emergency medical aid to injured individuals. The Court held that every injured person brought to a government hospital should be provided with immediate medical treatment without any procedural delays.

Apart from constitutional provisions and judicial interpretations, attempts to promote and protect the right to health could be seen in the form of legislative measures. To quote a few, The Clinical Establishments (Registration and Regulation) Act, 2010 seeks to regulate the functioning of clinical establishments, both public and private, to ensure minimum standards of healthcare. It aims to improve the quality of healthcare services and protect the rights of patients. The Rights of Persons with Disabilities Act, 2016 recognizes the right to health as a fundamental right of persons with disabilities. It mandates the provision of inclusive and accessible healthcare services to persons with disabilities and prohibits discrimination in healthcare settings. The Epidemic Diseases Act, 1897 was the prominent Act that enabled State Government to act in emergency situations. By virtue of the powers under sections 2, 3 & 4 of the Epidemic Diseases Act, 1897, the Government of Kerala issued the Kerala Epidemic Diseases COVID-19 Regulations, 2020 and COVID-19 Additional Regulations, 2020 for strict compliance for the containment management and control of COVID-19 as part of an endeavour to eliminate COVID-19 from the State, which in turn proved very crucial in containing the pandemic.

However, amidst the same, the lack of an overarching approach was highlighted with regard to handling public health emergencies. Hence, the Kerala Legislature, learning from the experience of battling COVID-19, passed Public Health Act in 2023.

Meanwhile, delving to look deeper to identify the entitlements of health, it could be found that the following factors have been listed as entitlements for health by the WHO.

1. The right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health;
2. The right to prevention, treatment and control of diseases;
3. Access to essential medicines;
4. Maternal and child health;
5. Equal and timely access to basic health services;
6. The provision of health-related education and information;
7. Participation of the population in health-related decision-making at the national and community levels<sup>xii</sup>

### 2.2.3 Right to Food and Clean Water

The Committee on Economic, Social and Cultural Rights (ESCR) has defined the Right to food as:

*“The right to adequate food is realized when every man, woman, and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement.”<sup>xiii</sup>*

The right to food and clean water is not explicitly recognized as a fundamental right under the Indian Constitution. However, the Constitution contains provisions and principles that aim to ensure adequate food and clean water for all citizens. These provisions are primarily found in the preamble, the Directive Principles of State Policy, and Article 21, which guarantees the right to life and personal liberty. While the Directive Principles are not enforceable in a court of law, they serve as guiding principles for the state to create policies and laws that promote the welfare of its citizens.

The Directive Principles of State Policy further reinforce the right to food. Article 47, in particular, places an obligation on the states to improve the nutrition levels and living standards of its citizens. It also emphasizes the states' responsibility to provide standard healthcare and to implement schemes to ensure food security. Several schemes have been implemented, such as the Mid-day Meal Scheme and the Targeted Public Distribution System, to address food security issues and improve the standard of living.

In *People's Union for Civil Liberties v. Union of India*<sup>xiiii</sup>, the court issued various guidelines to ensure access to food for destitute and vulnerable populations. The court directed the expansion of schemes like the Integrated Child Development Scheme and the provision of food through Anganwadi centres. The court also held that any death caused by malnutrition or starvation would be a violation of Article 21 and the respective state government would be held liable.

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In *Kapila Hingorani v. State of Bihar*<sup>xliv</sup> (2003), the Supreme Court held that every human being has the right to food and that hunger is a violation of this right. The court stressed the responsibility of the state and state-owned organizations to uphold the values enshrined in the Constitution and held them accountable for neglecting the basic rights of their employees.

In *Dena Nath v. National Fertilisers Ltd.*<sup>xlv</sup>, the court directed the establishment of food canteens in workers' quarters and subsidized food provision to ensure access to adequate food for workers.

During the COVID-19 pandemic in 2021, the Supreme Court took suo moto cognizance of the plight of migrants and reiterated the right to food as an inseparable part of the right to life. The court ordered state governments to initiate schemes, distribute dry ration to migrants, and implement the One Nation One Ration Card (ONORC) Scheme and National Database of Unorganized Workers (NDUW) portal.<sup>xlvi</sup>

In summary, while the right to food and clean water is not explicitly recognized as a fundamental right, the Constitution of India, through its provisions, principles, and judicial interpretations, aims to ensure the availability and accessibility of adequate food and clean water for all citizens. The Directive Principles of State Policy and Article 21 play a crucial role in upholding and enforcing the right to food, with case laws providing further guidance and establishing the significance of this right.

#### 2.2.4 Right to Education

The right to education is a fundamental right enshrined in the Constitution of India, which has evolved significantly over time.

Article 21A of the Constitution of India was introduced through the 86th Amendment in 2002, making the right to education a fundamental right for children aged 6 to 14 years. The amendment recognized the importance of providing quality education to all children and aimed to ensure universal access to education. Article 21A mandates that the State shall provide free and compulsory education to all children within the specified age group.

The judicial intervention has been pivotal in shaping the right to education in India. In *TMA Pai Foundation v. State of Karnataka*<sup>xlvii</sup> case played a pivotal role in recognizing the right to education as a fundamental right. The Supreme Court ruled that the right to establish and administer educational institutions, as well as the right of citizens to seek admission to such institutions, were fundamental rights. This case affirmed the significance of education and emphasized the fundamental rights of both educational institutions and students.

In the *Unnikrishnan v. State of Andhra Pradesh*<sup>xlviii</sup> case, the Supreme Court expanded the scope of the right to education. It held that education was not only a fundamental right but also a positive right that imposed an obligation on the State to provide educational infrastructure and facilities. The Court stressed the need for accessible, affordable, and quality education, highlighting the State's responsibility to ensure equal access to education for all.

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*Avinash Mehrotra v. Union of India & Ors*<sup>xlix</sup> emphasized the importance of inclusive education for children with disabilities. The Supreme Court recognized the right of children with disabilities to receive reasonable accommodations and support systems for equal access to education. This case highlighted the principles of equality and non-discrimination in the context of the right to education.

The Right of Children to Free and Compulsory Education Act, 2009 (RTE Act), is a significant legislative measure adopted in the background of these landmark cases strengthens the right to education in India. Section 3 of the RTE Act mandates free and compulsory education for children aged 6 to 14 years. It ensures that every child has the right to education without any discrimination and prohibits schools from charging any fee or conducting screening procedures during admission. Section 8 of the RTE Act focuses on ensuring quality education. It emphasizes the importance of trained teachers, child-friendly learning environments, and a relevant and child-centric curriculum. This provision highlights the need to maintain high-quality standards in educational institutions. Section 9 of the RTE Act addresses the inclusion of children from disadvantaged groups and weaker sections of society. It requires private schools to reserve a certain percentage of seats for these children, ensuring their access to quality education. This provision aims to bridge the educational gap and promote social equity. The Right to Education Act further recognizes the significant role of local self-governments, such as municipalities and panchayats, in the implementation of the Act.<sup>1</sup> These bodies are responsible for monitoring school infrastructure, enrolment, and the effective functioning of schools at the grassroots level. Their involvement helps ensure that the right to education reaches every child, especially in rural and marginalized areas.

## 2.2.5 Right to Shelter

The right to shelter in India is a fundamental right guaranteed by the Constitution of India under Article 21. It encompasses the right of every individual to have a safe, secure, and adequate place to live in, ensuring their dignity and well-being.

The Constitution of India does not explicitly mention the right to shelter. However, the Supreme Court of India, through its progressive interpretations, has recognized and affirmed the right to shelter as an integral part of the right to life under Article 21. The judiciary has played a vital role in developing and safeguarding this right through landmark judgments.

One of the seminal cases in the development of the right to shelter is the *Olga Tellis v. Bombay Municipal Corporation case*<sup>li</sup>. In this case, the Supreme Court recognized that the right to livelihood, which includes the right to a place to live, is an essential component of the right to life. The court held that the forced eviction of pavement dwellers without providing alternative accommodation violated their fundamental rights. According to Supreme Court, the Right to Shelter means adequate living space, safe and decent structure, clean and decent surroundings, sufficient light, pure air and water, electricity, sanitation and basic amenities.

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Another significant case is *Shantistar Builders v. Narayan K Totame*<sup>iii</sup>. The Supreme Court, in this case, affirmed that the right to shelter is a fundamental right under Article 21. The court emphasized that the right to shelter, along with the right to food and clothing, forms part of the basic rights recognized in India.

In *U.P. Avas Vikas Parishad v. Friends Coop. Housing Society Limited*<sup>iii</sup> the Supreme Court emphasized the importance of affordable housing and held that the right to shelter includes the right to affordable housing. The court ruled that it is the duty of the State to ensure the availability of affordable housing options for economically weaker sections of society.

The judiciary has consistently upheld the right to shelter in subsequent cases as well. In *Chameli Singh v. State of U.P*<sup>iv</sup>, the Supreme Court reiterated that the right to shelter is a fundamental right guaranteed under Article 21. The court emphasized that the State has a duty to provide adequate housing facilities to the homeless and marginalized sections of society.

The right to shelter has also been recognized in cases related to slum dwellers and the urban poor. In *P.G. Gupta v. State of Gujarat and Others*<sup>v</sup>, the Supreme Court directed the State to provide housing to pavement dwellers and slum dwellers. The court emphasized that the right to shelter is an indispensable part of the right to life and dignity.

In the landmark case of *Narmada Bachao Andolan v. Union of India*<sup>vi</sup> the Supreme Court held that the right to shelter is an essential component of the right to life and directed the State to rehabilitate those affected by the Sardar Sarovar Dam project. The court stressed that the displacement of people should not result in the violation of their right to shelter.

In *People's Union for Civil Liberties v. Union of India*<sup>vii</sup> the Supreme Court reiterated that the right to shelter is a fundamental right under Article 21. The court emphasized that the State has an obligation to provide adequate housing to all citizens and that homeless individuals have the right to access shelters and basic amenities.

In short, though the right to shelter could not be found within the black letters of Part III, the judicial activism and wider interpretation of Article 21, has dragged in the right to shelter to be a part of Article 21.

### 2.2.6 Right to livelihood

The right to livelihood is a crucial component of the right to life and personal liberty guaranteed under Article 21 of the Constitution of India. While the Constitution does not explicitly mention the right to livelihood, the judiciary has consistently interpreted Article 21 to include this essential right. The right to livelihood recognizes every individual's right to engage in a profession, occupation, or trade of their choice, enabling them to earn a decent living and sustain themselves and their families.

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The Supreme Court of India has played a significant role in recognizing and upholding the right to livelihood as an integral part of Article 21. Through progressive interpretations and landmark judgments, the judiciary has established the importance of protecting and promoting the right to livelihood for all citizens.

In the landmark case of *Olga Tellis v. Bombay Municipal Corporation*<sup>lviii</sup>, the Supreme Court recognized the right to livelihood as an essential part of the right to life guaranteed under Article 21. The court held that the right to livelihood is not confined to mere survival but also encompasses the right to live with dignity. It emphasized that the State has a duty to protect the right to livelihood of every citizen, particularly those in vulnerable and marginalized communities. The Supreme Court observed that the word 'life' in Article 21 included the 'right to livelihood' and held that the right to livelihood means having a life of a man's own choice, and infringement of that right means that depriving such person with any of such necessities which is required by him for the fulfilment of basic needs or for the enjoyment of his life and personal liberty with full dignity.

In *State of Karnataka v. Umadevi*<sup>lix</sup>, the Supreme Court acknowledged that the right to livelihood is an essential facet of the right to life under Article 21.

In *People's Union for Civil Liberties (PUCL) v. Union of India*<sup>lx</sup>, the Supreme Court emphasized the significance of the right to livelihood and observed that the right to livelihood is an integral component of the right to life under Article 21.

The right to livelihood is an essential aspect of the right to life and personal liberty guaranteed under Article 21 of the Indian Constitution. The judiciary, through its progressive interpretations and landmark judgments, has recognized and protected this right, emphasizing its importance in ensuring a dignified life for every citizen. The right to livelihood encompasses the freedom to engage in a chosen profession, occupation, or trade, enabling individuals to earn a decent living and support themselves and their families. It is imperative for the State to adopt measures that safeguard and promote the right to livelihood, particularly for marginalized and vulnerable sections of society, ensuring their economic well-being and overall development.

### 2.2.7 Right to trade and Business

The right to trade and business is a fundamental right guaranteed under Article 19(1)(g) of the Constitution of India. This provision grants every citizen the freedom to carry on any occupation, trade, or business of their choice. The right to trade and business plays a crucial role in fostering economic growth, entrepreneurship, and the overall development of individuals and the nation. The judiciary in India has played a vital role in interpreting and safeguarding this fundamental right. Through landmark judgments, the courts have clarified the scope and limitations of the right to trade and business, ensuring a fair and conducive environment for economic activities.

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The Supreme Court of India has consistently emphasized the importance of the right to trade and business under Article 19(1)(g). The judiciary has adopted a progressive approach to strike a balance between the individual's right to pursue economic activities and the legitimate concerns of the state in regulating trade and business for public welfare. Let us delve into some significant cases that have shaped the judicial approach towards the right to trade and business in India.

In *State of Gujarat v. Shri Ambica Mills Ltd.*<sup>lxvi</sup> the Supreme Court held that the right to trade and business is a valuable and constitutionally protected right under Article 19(1)(g). The court held that any unreasonable or arbitrary restriction on this right would be violative of the Constitution. It emphasized that the state should adopt a balanced approach while imposing restrictions, ensuring that they are necessary and proportionate to achieve a legitimate state objective.

In *State of Maharashtra v. Indian Hotel and Restaurant Association*,<sup>lxvii</sup> the Supreme Court emphasized the significance of the right to trade and business and held that economic activities are entitled to constitutional protection. The court observed that regulations should not impose undue burdens or create entry barriers that stifle competition or the growth of industries. It stressed the need for a favourable business environment that encourages entrepreneurship and economic development.

In *State of Tamil Nadu v. K. Balu*,<sup>lxviii</sup> the Supreme Court highlighted that street vendors and hawkers have the right to carry on their trade and business as part of their fundamental right under Article 19(1)(g).

### 2.2.8 Right to clean environment

The right to a clean environment is an essential component of human well-being and sustainable development. In India, this right has been recognized and strengthened over the years through legislative and judicial interventions.

India's commitment to environmental protection is aligned with global efforts to safeguard the environment. The Stockholm Declaration of 1972 and the Rio Declaration of 1992 have both emphasized the importance of environmental rights. The principle of sustainable development, recognized internationally, highlights the need to balance economic development with environmental conservation. India has also ratified various international conventions and protocols related to environmental protection, signalling its commitment to global environmental norms.

The judiciary in India has played a pivotal role in interpreting and enforcing environmental rights. The right to a clean environment has been recognized as an integral part of the right to life under Article 21 of the Constitution. Several landmark judgments have shaped the judicial approach towards waste management and environmental protection. In the landmark case of *M.C. Mehta v. Union of India*,<sup>lxix</sup> the Supreme Court recognized the right to a clean environment as a fundamental right under Article 21. The court held that it is the constitutional duty of the state to ensure a pollution-free environment and

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protect public health. The judgment emphasized the need for strict enforcement of laws related to waste management and pollution control.

In *Almitra H. Patel v. Union of India*<sup>lxv</sup>, the Supreme Court addressed the issue of solid waste management. The court directed the implementation of waste management rules and emphasized the importance of segregation, treatment, and disposal of waste. It highlighted the need for public awareness and participation in waste management practices.

*Research Foundation for Science v. Union of India*<sup>lxvi</sup> was focused on hazardous waste management. The Supreme Court stressed the importance of proper handling, storage, and disposal of hazardous waste to protect the environment and public health. The judgment highlighted the role of both the government and industries in ensuring effective waste management practices.

### 2.2.9 Panchayati Raj institutions and Socio-economic rights

Supreme Court in *Village Panchayat Calangute vs Additional Director Of Panchayat-II*<sup>lxvii</sup> observed that

*"The Preamble, Part IV and Part IX of the Constitution must guide our understanding of the Panchayati Raj institutions and the role they play in the lives of the people in rural parts of the country. The conceptualization of the Village Panchayat as a unit of self-government having the responsibility to promote social justice and economic development and as a representative of the people within its jurisdiction must be borne in mind while interpreting....the functions of Panchayats at various levels."*

Further, Supreme Court in *Vatticherukuru Village Panchayat v. Nori Vekatrma Deekshithulu*<sup>lxviii</sup>, while affirming the rights of the inhabitants as against the village panchayat, held:

*"The Constitution intends to herald an egalitarian social order by implementing the goals of socio- economic justice set down in the Preamble of the Constitution. In that regard the Constitution created positive duties on the State in Part IV towards individuals. The Parliament and the State legislatures made diverse laws to restructure the social order; created rights in favour of the citizens....."*

In *Municipal Council Ratlam v. Shri Vardhichand*<sup>lxix</sup> the Supreme Court highlighted that "*Decency and dignity are non-negotiable facets of human rights and are a first charge on local self-governing bodies.*"

73<sup>rd</sup> and 74<sup>th</sup> Amendments as well as the legislation giving effect to the objectives of the Amendment Act, were enacted with such a mandate. Speaking Kerala specific, many such duties intended to realise the goals of socio- economic justice, were given mandatory import. Hence, socio-economic rights, included in Section 166 read with the Third Schedule of The Kerala Panchayat Raj Act, 1994 and allied rules and Section 30 read with the First Schedule of The Kerala Municipality Act, 1994 and allied rules,

falls squarely within the realm of local-self-governments, rendering them as the primary holders of responsibility in this regard.

## 2.3 DISASTER MANAGEMENT

### 2.3.1 Disaster Management framework- Global perspective

At the global strategy currently providing a work plan for disaster risk reduction is the Sendai Framework for Disaster Risk Reduction 2015–2030 was adopted following the Third United Nations World Conference on Disaster Risk Reduction in March, 2015.<sup>lxx</sup> The framework was adopted after carefully considering the lessons learned, and gaps identified and after recognising the future challenges. Though the framework currently in action is the Sendai Framework, in the context of the topic under study, in order to have a wider perspective of the disaster management framework and the gaps it attempts to fill in, it is pertinent to have a glance at the Hyogo Framework. Hyogo Framework for Action (HFA) 2005-2015, was adopted following the World Conference on Disaster Risk Reduction and the Hyogo Declaration in 2005. HFA targeted building the resilience of the communities and nations to disasters. Seeking to reduce losses in terms of social, economical and environmental aspects, HFA, puts forth five priorities. viz.,

- (a) making disaster risk reduction a priority, i.e., top ensure disaster risk reduction a priority at the national and local level and to provide strong institutional and legal framework.
- (b) knowing the risks and taking actions i.e., to identify, assess, and monitor disaster risks and to enhance the early warning systems;
- (c) build understanding and awareness, ie., to use knowledge, innovation and education to increase awareness of disaster prevention and to build the culture of resilience;
- (d) reducing risk factors by systematically investing in various risk management measures;
- (e) always be prepared and respond appropriately when necessary i.e ., to conduct risk assessment and to strengthen disaster preparedness.<sup>lxxi</sup>

The key actors in HFA were the State governments, regional and international organizations.<sup>lxxii</sup>

However, over the period, people continued to suffer in terms of their lives and property and significant economic, social, health, cultural and environmental impact were caused on a short-, medium- and long-term basis. Hence, it became pertinent to address the crisis more effectively and to anticipate, plan and reduce disaster risk. Besides, a more dedicated action in order to reduce the scale of exposure and vulnerability by tackling the underlying disaster risk drivers and preventing the creation of new disaster risks was warranted. The implementation of the Hyogo framework also unearthed a dire necessity to broaden the approach towards addressing disaster risk in terms of strengthening good

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governance at national, regional and local levels, rehabilitation and reconstruction. The gaps identified in the process also triggered the call to address disaster risk reduction through a people-centric approach, consultation with the stakeholders and collaboration of the public and private sectors and civil society organizations, as well as academia and scientific and research institutions. The ten years of HFA and the experience drawn from it highlighted the need for an action-oriented framework that could be implemented through the supportive and complementary efforts of government and stakeholders and the urgency to direct investments to improve resilience and thus moving towards the outcome envisioned by the United Nations Conference on Sustainable Development, 2012. It is thus Sendai Framework for Disaster Risk Reduction 2015-2030 was adopted.

The Sendai Framework for Disaster Risk Reduction (2015-2030) is a global strategy that provides a comprehensive framework for disaster risk reduction, aiming to enhance resilience and promote sustainable development. In addition to its four key principles, the Sendai Framework recognizes the critical roles of national, regional, and local governments in implementing effective disaster risk reduction measures.<sup>lxxiii</sup>

**Principle 1: Understanding Disaster Risk:**

The first principle emphasizes the importance of understanding disaster risk to inform decision-making processes. National governments play a crucial role in conducting comprehensive risk assessments, including the identification of hazards, vulnerabilities, and exposure to potential disasters. They collect and analyse data to develop risk profiles and support evidence-based policies and strategies. Regional and local governments, on the other hand, contribute by providing local-level data and insights, ensuring that risk assessments are context-specific and address the unique vulnerabilities and hazards in their respective areas.

**Principle 2: Strengthening Governance:**

The second principle highlights the need for effective governance structures and institutions for disaster risk reduction. National governments are responsible for establishing policies, legislation, and regulatory frameworks that promote resilience-building and integrate disaster risk reduction into development planning. They also facilitate coordination and cooperation among regional and local governments, creating an enabling environment for multilevel governance. Regional governments are critical in coordinating efforts and sharing best practices among local governments, fostering regional cooperation, and aligning policies with national strategies. Local governments, being closest to communities, are essential in implementing risk reduction measures, engaging stakeholders, and raising awareness at the grassroots level.

**Principle 3: Investing in Resilience:**

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The third principle emphasizes the importance of investing in disaster risk reduction and resilience-building measures. National governments are responsible for allocating resources to support risk reduction initiatives, such as infrastructure improvements, early warning systems, and capacity-building programs. They provide financial support, incentives, and regulations to promote private sector engagement and investment in resilience. Regional governments contribute by leveraging regional funds and partnerships to enhance resource mobilization and financing mechanisms for disaster risk reduction. Local governments play a critical role in prioritizing and implementing resilience measures at the community level, ensuring that investments are contextually relevant and address the specific needs and vulnerabilities of their communities.

#### Principle 4: Enhancing Disaster Preparedness:

The fourth principle focuses on enhancing disaster preparedness for effective response and recovery. National governments are responsible for establishing early warning systems, developing contingency plans, and conducting drills and exercises to strengthen preparedness capacities. They provide guidance and support to regional and local governments in developing localized preparedness plans and promoting community participation. Regional governments facilitate knowledge sharing, coordination, and joint exercises among local governments to enhance regional preparedness and response capabilities. Local governments, in turn, are responsible for implementing preparedness measures, conducting community-based training, and ensuring effective communication and coordination during emergencies.<sup>lxxiv</sup>

The Sendai Framework provides a comprehensive and forward-looking approach to disaster risk reduction, emphasizing the need for proactive measures to prevent and mitigate the impact of disasters. Its four principles, namely understanding disaster risk, strengthening governance, investing in resilience, and enhancing disaster preparedness, provide a roadmap for governments and stakeholders to build resilient communities and achieve sustainable development.

### 2.3.2 Disaster Management framework- National perspective

As of now, matters relating to disaster management are governed by the Disaster Management Act, 2005, which was enacted by the Parliament “to provide for the effective management of disasters and for matters connected therewith or incidental thereto”. It defines “disaster” as

*“a catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man-made causes, or by accident or negligence which results in substantial loss of life or human suffering or damage to, and destruction of, property, or damage to, or degradation of, environment, and is of such a nature or magnitude as to be beyond the coping capacity of the community of the affected area.”<sup>lxxv</sup>*

The Act also defines disaster management as “a continuous and integrated process of planning, organising, coordinating and implementing measures which are necessary or expedient for—

- .....
- i. *prevention of danger or threat of any disaster;*
  - ii. *mitigation or reduction of risk of any disaster or its severity or consequences;*
  - iii. *capacity-building;*
  - iv. *preparedness to deal with any disaster;*
  - v. *prompt response to any threatening disaster situation or disaster;*
  - vi. *assessing the severity or magnitude of effects of any disaster;*
  - vii. *evacuation, rescue and relief;*
  - viii. *rehabilitation and reconstruction.*<sup>xxxvi</sup>

In order to provide an institutional framework for the management of disasters, the Act sought to establish Disaster Management authorities at the national, regional and local levels, viz., National Disaster Management Authority, State Disaster Management Authority, and District Disaster Management Authority. The Act also envisaged the constitution of advisory as well as executive committees to assist the functioning of the authorities at the central and state level. The Act makes it the mandatory function of each authority to prepare plans for the prevention and mitigation of disaster at National, State and District, respectively. The Act further called for the constitution of the National Disaster Response Force.

#### Functions of Disaster Management Authorities at various levels

National Authority	State Authority	District Authority
(a) lay down policies on disaster management;	(a) lay down the State disaster management policy;	(i) prepare a disaster management plan including district response plan for the district;
(b) approve the National Plan;	(b) approve the State Plan in accordance with the guidelines laid down by the National Authority;	(xv) prepare, review and update district level response plan and guidelines
(c) approve plans prepared by the Ministries or Departments of the Government of India in accordance with the National Plan;	(c) approve the disaster management plans prepared by the departments of the Government of the State;	(xvii) ensure that the Departments of the Government at the district level and the local authorities prepare their response plans in accordance with the district response plan;
(d) lay down guidelines to be followed by the State Authorities in drawing up the State Plan;		(vi) lay down guidelines for the prevention of disaster management plans by the department of the Government

		at the districts level and local authorities in the district;
(e) lay down guidelines to be followed by the different Ministries or Departments of the Government of India for the purpose of integrating the measures for the prevention of disaster or the mitigation of its effects in their development plans and projects;	(d) lay down guidelines to be followed by the departments of the Government of the State for the purposes of integration of measures for prevention of disasters and mitigation in their development plans and projects and provide necessary technical assistance therefor;	(viii) lay down guidelines to be followed by the Departments of the Government at the district level for purposes of integration of measures for prevention of disasters and mitigation in their development plans and projects and provide necessary technical assistance therefor;
(f) coordinate the enforcement and implementation of the policy and plan for disaster management;	(e) coordinate the implementation of the State Plan;	(ii) coordinate and monitor the implementation of the National Policy, State Policy, National Plan, State Plan and District Plan; <sup>lxxvii</sup>
(g) recommend provision of funds for the purpose of mitigation;	(f) recommend provision of funds for mitigation and preparedness measures; <sup>lxxviii</sup>	
(h) provide such support to other countries affected by major disasters as may be determined by the Central Government;		
(i) take such other measures for the prevention of disaster, or the mitigation, or preparedness and capacity building for dealing with the threatening disaster situation or disaster as it may consider necessary;		
(j) lay down broad policies and guidelines for the functioning of the National Institute of Disaster Management <sup>lxxix</sup>		

### 2.3.2 Disaster Management and Role of Panchayati raj Institutions





Local authorities can play a vital role in disaster management, acting as the frontline responders and coordinators in times of crisis. Recognizing their significance, the Disaster Management Act, 2005, defines "local authority" to include various bodies and authorities responsible for rendering essential services and managing civic functions within a specific local area.<sup>lxxx</sup>

**Consultation and Planning:** Sections 23 and 31 of the Disaster Management Act mandate the state and district authorities to consult with local authorities when preparing the state and district plans, respectively. This emphasizes the importance of involving local authorities in the decision-making process and ensures that their expertise and knowledge of the local context are taken into account. Additionally, local authorities are required to develop disaster management plans in accordance with the district response plan outlined in section 31(3) of the Act. This requirement ensures that the local authorities' expertise, knowledge of the local context, and ground-level insights are incorporated into the disaster management planning process.

**Prevention and Mitigation:** Local authorities are empowered under section 30(2)(iii) of the Act to identify areas vulnerable to disasters and implement measures for their prevention and mitigation. They must adhere to the guidelines set by the National Authority and the State Authority, as stipulated in section 30(2)(iv), to ensure effective disaster management. Moreover, section 30(2)(xiii) enables local authorities to facilitate community training and awareness programs to enhance preparedness and resilience. However, all these activities can be performed only at the initiative of the District Authority.

**Coordination and Implementation:** The Disaster Management Act grants local authorities several powers and responsibilities in coordinating disaster management efforts. Section 30(2)(v) empowers the District Authority to issue directions to local authorities regarding necessary measures for disaster prevention and mitigation. Local authorities are also required to ensure that all construction projects within their jurisdiction conform to the standards specified by the National Authority, State Authority, and District Authority, as stated in section 41(c) of the Act. This ensures that infrastructure development aligns with disaster resilience objectives.

**Training and Resources:** Local authorities are obligated, under section 41(a) of the Act, to ensure that their officers and employees receive adequate training in disaster management. They are also responsible for maintaining resources necessary for prompt response and recovery during threatening disaster situations, as outlined in section 41(b). This includes maintaining equipment, supplies, and trained personnel to address emergency situations effectively.

**Relief and Rehabilitation:** In times of disaster, local authorities play a critical role in carrying out relief, rehabilitation, and reconstruction activities. They are required to align their efforts with the State Plan and the District Plan, as mandated by section 41(d) of the Act. By coordinating relief distribution, providing temporary shelters, and facilitating the restoration of essential services, local authorities help affected communities recover and rebuild.

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### 2.3.2.1 Role of Local Authorities in District Plans

Section 31(3) of the Act highlights the mandatory nature of the inclusion of local authorities in the district plan. The district plan must allocate responsibilities to local authorities within the district concerning response plans and procedures for handling disasters. This provision recognizes the importance of local authorities' active participation and coordination in implementing the district plan's objectives. To encourage local authorities to carry out their duties without fear of legal repercussions, section 73 of the Act safeguards them, their officers, and employees from suits, prosecutions, or other proceedings related to their actions taken in good faith under the provisions of the Act.

In short, Local authorities hold a pivotal position in disaster management, given their close proximity to communities and their intimate knowledge of the local context. The Disaster Management Act recognizes their importance by providing legal provisions that enable their active participation in disaster preparedness, response, and recovery. By ensuring their consultation, empowering them with necessary resources and training, and assigning them specific responsibilities, local authorities can effectively contribute to building resilient and disaster-ready communities and disaster management becomes more effective and community-centric.

## 2.4 DISASTER MANAGEMENT, PANCHAYATI RAJ INSTITUTIONS AND SOCIO-ECONOMIC RIGHTS

Local self-governments are entrusted with a range of functions in terms of ensuring the socio-economic rights as discussed above. The responsibilities of the local self-governments in ensuring the right to health, food, education, shelter, livelihood and clean environment could well be seen as founded on the Constitution, Kerala Panchayati Raj Act, 1994, Kerala Municipality Act, 1994, and a range of statute mentioned above in Section 2.2 of the Chapter II and judicial interpretations. Having a detailed introspection of the provisions narrated above, with regard to ensuring socio-economic rights, local self-governments are not placed as the sole actors at the forefront but could be found portrayed as horizontally and vertically integrated into this process to further the efforts of the Central and State Governments. Hence, analysing the functional domain of local self-government, the primary obligation to ensure socio-economic rights, falls on the local self-government only to the limited sphere of mandatory and delegated functions assigned to it by virtue of the existing legal framework as elaborated in Section 2.2 of the Chapter II. The functional domain, hence, remain dynamic depending on the application of relevant statutes on various circumstances.

Nevertheless, having conferred a role in the disaster management framework, the question that pops up is whether Panchayati Raj institutions are required to ensure the socio-economic rights of its inhabitants during a disaster. Though there is no precise direct answer to this question, the jurisprudence underlying the socio-economic rights gives a sound answer.

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The basic premise of human rights is that it guarantees legal protection to individuals throughout their lifetime, amidst any situation and human rights attain its greatest relevance at the point of critical situation. However, socio-economic rights often conferred a lower normative value as compared to civil and political rights, it is downplayed in discussions. The orthodox view of socio-economic rights does not intend to impose immediate legal obligations upon the State and is often construed as aspirational statements. The best example of such a view could be identified from the inclusion of socio-economic rights in Part IV of the Constitution. However, the orthodox view has undergone a drastic change and that change is also reflected in the manner in which socio-economic rights are interpreted in the Indian context, largely as importing mandatory obligations upon the State.

Attempting to identify the jurisprudence of socio-economic rights, these are rights that warrant positive action from the part of the State. However, socio-economic rights that require positive action could be categorised as obligations mandating immediate action and obligations requiring progressive realisation. However, certain core obligations included with the socio-economic rights warrant immediate application and demand justiciability. These core obligations have to be understood as the universally drawn baseline that every individual should be guaranteed with, under all circumstances and has been termed by CESCR as non-derogable.<sup>lxxxix</sup> The core obligations warranting immediate application include the obligation

- To ensure the right of access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable or marginalized groups;
- To ensure access to the minimum essential food which is nutritionally adequate and safe so as to ensure freedom from hunger for everyone;
- To ensure access to basic shelter, housing and sanitation and to an adequate supply of safe and potable water;
- To provide essential drugs, as defined under the World Health Organization (WHO) Action Programme on Essential Drugs;
- To ensure equitable distribution of all health facilities, goods and services; and
- To adopt and implement a national public health strategy and plan of action.<sup>lxxxii</sup>

However, the list is left open-ended.

The effect of these rights as warranting immediate action is that it requires State not to interfere with the enjoyment of these rights and, on the other hand, obliges the State to adopt positive measures to ensure these rights and means for the realisation of these rights. Against these obligations, questions as to resource availability and progressive realisation do not have standing. The repercussions of such a mandatory import could be seen in the judicial attempt in India to read these rights as included in Part III of the Constitution. Many of these obligations acquire particular importance during Disaster management and in defining the success of disaster mitigation efforts. Hence, these core obligations do not stand distinguished between disaster and normal circumstances. Therefore, as local self-

governments are obliged to ensure socio-economic rights during normal times, so is it required to ensure core obligations during times of disaster.<sup>lxxxiii</sup>

## 2.5 COVID-19 PANDEMIC

The outbreak of SARSCoV-2 virus (COVID-19) in the latter phase of 2019 posed unprecedented challenges, destabilising the lives of people across the globe. Initially expected to get contained within China, COVID-19, transmitted rapidly across every country, infecting millions of people and putting into peril, the lives of many. Starting off as a biological phenomenon, COVID-19, headed to take turns putting the lives of the people at stake, the countries began to respond in diverse ways. When most of the countries-imposed restrictions in the form of lockdowns by closing down workshops, business sites, farms and production units and restricting cross-border travel (in many countries for inter-district movement and even local movements), many countries like Japan and Sweden kept their establishments open, however, encouraged people to stay inside their dwellings. In both cases, the intertwining nature of human well-being and socio-economic structure, in turn, resulted in causing significant impact on the social and economic system. The implications of curtailed socio-economic activities thus rendered the COVID-19 pandemic from being a biological phenomenon to become a social phenomenon.



Seeking to respond and recover from the disrupting state of affairs in a clueless state of affairs, it was forced right from the international level to the local level to put into operation the services of various disciplines. However, the challenge was much graver than expected. The rapid efforts to formulate critical policy hindered the governments at the regional level and local level by the shortage of resources. Unequal distribution of resources across the globe, the intensity of the COVID-19 outbreak, the robustness of governmental action and various other factors worsened the deep-rooted fragilities of

socio-economic systems that existed prior to COVID-19 and provided a hatchery for the inequalities in the newer form to be hatched out, posing a stark threat to the efforts to realise Sustainable Developmental Goals (SDG).

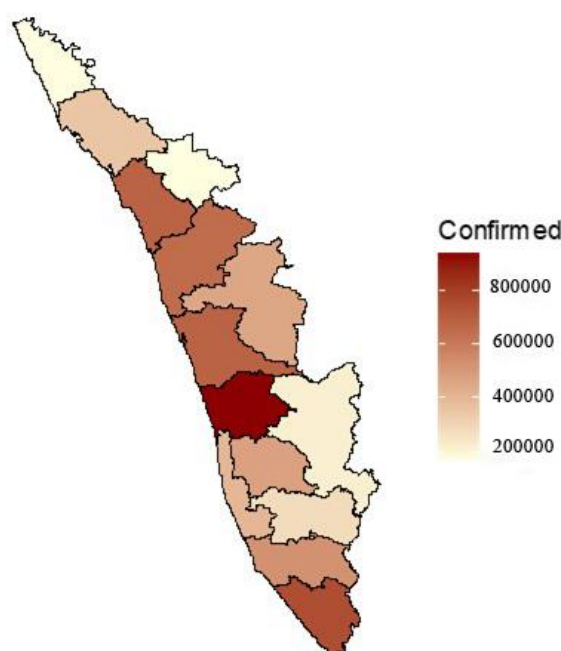
India, being densely populated, the implications were even stronger. Initially thought to contain COVID-19, within a month, surpassed every stretch of the imagination to continue to hit the country through different waves, with each wave being more and more virulent. For developing countries, the inevitable restrictive measures imposed caused millions to be deprived of their means of livelihood, either temporarily or permanently, and its continuation for a period beyond any foresight, coupled with the wrath of COVID-19 affecting their health and lives, left people stranded, cluelessly juggling to find a way out.

## 2.5.1 Impact of COVID-19 Pandemic on Socio-Economic Factors

### 2.5.1.1 Impact on Health

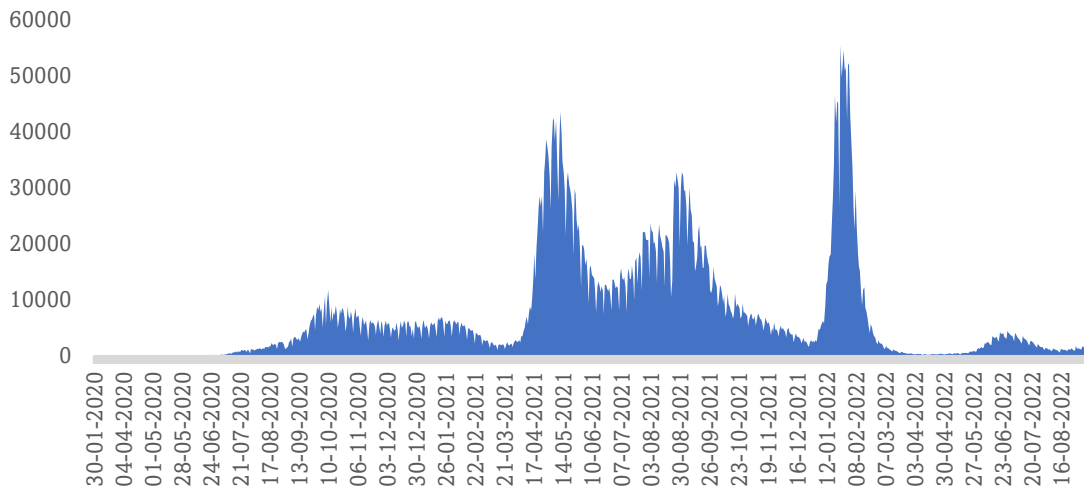
As on 19<sup>th</sup> April, 2023, across the globe, a total of 76,37,40,140 cases of COVID-19 infection were reported, affecting 6,09,42,655 people in the South and East Asia Region. Amongst the region, India stands as the country with the second highest number of cumulative cases, behind China and third at the global level, with the US hitting the top position in the chart.<sup>lxxxiv</sup> In India, till 19<sup>th</sup> April, 2023, 4,48,34,859 cases of COVID-19 infection were confirmed. Amongst the states in India, Maharashtra is the State with the most cases and Kerala stands behind Maharashtra at the second place with 67,67,856 cases.<sup>lxxxv</sup> Out of the districts in Kerala, Ernakulam reported the highest number of cases (9,42,032), followed by

CONFIRMED COVID CASES- DISTRICTWISE



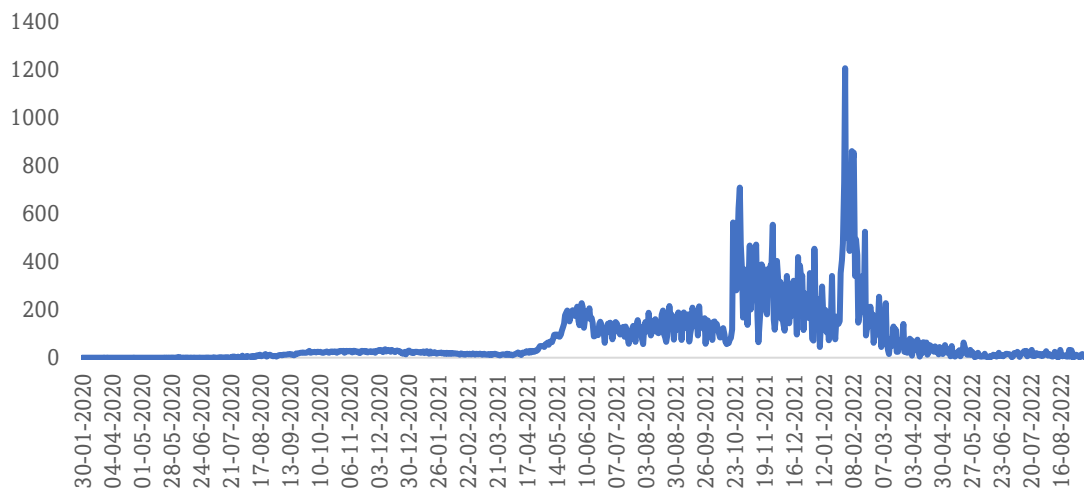
Thiruvananthapuram (754705) and Kottayam (475156).<sup>lxxxvi</sup>

### Number of COVID-19 Confirmed Cases in Kerala



Out of the reported cases, across the world, 69,08,554 people died out of the infection. In the South and East Asia region, 8,04,500 deaths occurred and in the most deaths in the region happened in India (5,31,152). At the global level, it is the third highest country in terms of the death toll, with US and Brazil having the most deaths, respectively.<sup>lxxxvii</sup> In Kerala, the death count raises to 71,173 and Thiruvananthapuram reports the highest death toll with 8645 cases of death.<sup>lxxxviii</sup>

### Number of COVID-19 Deaths in Kerala





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In India, the first case of COVID-19 infection was reported in Kerala on 30<sup>th</sup> January, 2020 and the first case of death was reported on 12<sup>th</sup> March, 2020.<sup>lxxxix</sup>

COVID-19 poses immense epidemiological and institutional challenges. On the very first hand, in order to respond to any havoc, it is vital that the instrumentalities are bestowed with a clear picture of the nature and extent of the hazard. However, the virulent nature of COVID-19, at several phases, has taken into question the capabilities of the reporting system, even in the most developed countries. It also required wide testing resources, case and cluster reviews and investigations, contact tracing and supporting people in quarantine in order to ensure that the transmission is kept under control. With the increase in the test positivity rate, huge demand was caused for human resources, protective equipment, and medical as well as treatment equipment such as ventilators and oxygen support, subjecting the health infrastructure to extreme pressure testing its capability and capacity. As evident from the weekly situation reports of the World Health Organisation (WHO), health systems in many countries collapsed, failing to withstand the test. Post-COVID-19 effects, vaccine distribution and mental health were also matters of grave concern for many countries, including a few developed countries. Low and low-middle-income countries experienced the disruptions to most. The challenge broached by global inequality had an adverse effect on COVID-19 prevention and cracked down the efforts to contain COVID-19 at the global scale. The following Table showing the date of the first vaccination drive, sheds light on the equity gap.

Amidst the same, restrictions imposed by various countries with respect to movement, export and production created a shortage of nutritious food, which in turn complicated the COVID-19 combating strategy, more particularly in the low and low-middle-income countries.

### 2.5.1.2 Impact on Food Security and Nutrition

The COVID-19 pandemic had a profound impact on the food systems and access to food by the masses in multiple ways. Though the causation could chiefly be attributed to the health crisis, the economic slowdown resulting in the lowered income and higher price for the food that followed the health crisis has also played its part in rendering three square meals a luxury to many. The report of the High-Level Panel of Experts on Food Security and Nutrition constituted by the Committee on World Food Security estimates that in addition to the two billion people facing already food security prior to COVID-19, 83 to 132 million people could have also experienced food insecurity. Klassen and Murphy explain that COVID-19 have resulted in lower food production and productivity, disruption of the supply chain, widening inequality in terms of distribution of food, altered food environment, and uneven food prices across various localities, which is likely to create effects on short-term, mid-term and long term. As lockdowns imposed by various countries resulted in the closing down or restricted operation of restaurants and other food service facilities, it has created a steep decline in the demand for certain perishable goods which eventually led to getting dumped. A similar situation arose for perishable goods, with the closing of borders disrupting cross-border movement. However, restricted inter-state or cross-

broader movement of key staples has resulted in creating a shortage in the market and hence increased prices. As street vendors and informal markets were seen as spaces that could potentially trigger disease transmission, they were also closed, and has altered the food environment of the people. Production, processing and export relying on an intensive workforce were also disrupted by the restrictions and movement of the migrant working population. The loss of jobs and lower income has, in turn, resulted in people with tight budgets hampered the purchasing power of such people resulting in them spending less on food and the global recession added to the crisis. The inability to access a healthy and balanced diet added to their vulnerability to illness. The unfolding COVID-19 pandemic has also impacted the closing down of schools, ending up in the loss of mid-day meals for millions of children. In India, statistics indicate that prior to COVID-19, in over 1.26 million schools, more than 120 million children enrolled in the midday meal scheme. It is still uncertain as to how many of them were able to receive the same level of nutritious food in the months that followed. Closing down or restricted labour-intensive food production units due to governmental restrictions or illness of the workers have decreased the availability of fresh foods and at a later phase has significantly contributed to the increase in the process. This crisis was exploited by the supply of non-branded food products making the market even more volatile.<sup>xc</sup> Studies indicate that the facts are true for India as well. <sup>xcii</sup> In addition to the above-mentioned facts, the coincidence of the lockdown with the countrywide harvest session resulted in giving the worst hit to the farmers. The mass exodus of the migrant population and transportation bottlenecks added to it. In India, the scarcity of food for the destitute and street dwellers was beyond any narrative.<sup>xciii</sup>

### 2.5.1.3 Impact on Education

The most important mitigation policy during COVID-19 was to keep the schools shut and to ensure the safety of the children. China was the first country to lock itself down, but later it was followed by most of the countries. Statistics hint at the fact that the schools remained closed for at least three months. A study conducted by UNICEF concluded as follows:

*“COVID-19 could result in a loss of between 0.3 and 0.9 years of schooling adjusted for quality... Across the globe, close to 7 million students from primary up to secondary education could drop out due to the income shock of the pandemic alone...Globally, a school shutdown of 5 months could generate learning losses that have a present value of \$10 trillion.”<sup>xciii</sup>*

In India, though the different states had different approaches, the schools that wrapped up the academic year by March, 2020, did not function in the physical mode for seven months on average. In some States, it is even higher. In many states, formal education was shifted to the online mode, whereas its efficacy and student participation still stands unclear. However, it was well evident that the transition from face-to-face to online mode, and later even to hybrid mode, was an epitome of structural inequality deeply rooted in Indian society. There were even differences amongst the states that followed the exact syllabus. The spotlight shone brightly on the inequalities underpinned within the education system in the form of access to digital education, digital literacy, learning outcomes and the capability of teachers.



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In areas of the country where the digital ecosystem is well in place with unlimited access to digital infrastructure, the teachers and students could navigate and enrich themselves by accessing the wide range of content generated online, whereas more than 50 per cent of the rural buds, struggled to keep their learning going, creating a huge learning gap which, as a natural by-product, is likely to get widened amongst the high-, middle- and low-income families. Studies indicate that in many states of the country, WhatsApp remained the primary mode of education, which was even alien to a large chunk of students. Students belonging to marginalised categories, such as children with disability, refugees, asylum seekers, children of migrant workers, and children whose parents have lost their livelihood, could hardly make benefit from online education. Lack of financial resources, resulting from the COVID-19 crisis put many parents at their inability to remit the tuition fees for their school-going students. Further, children with lower grades also found it difficult to cope with remote learning. All these factors, in fact, have resulted in the dire deed to conduct remediation measures on learning that took place through the physical mode.

#### **2.5.1.4 Impact on The Destitute and People in Informal Settlements**

Destitute and people dwelling in informal settlements, including the slum, were the most vulnerable category during the COVID-19 phase. According to the 2011 census, 1.77 million people in India are homeless. With lockdown being announced and the resultant steep decline in the societal movement has created an immense scarcity of food and other most basic essential services. Furthermore, this category of people, most living in dismal places in groups with poor water quality and sanitation, increased their chances of being contacted with the COVID-19 virus. Intersecting factors such as substance use, mental illness, sex work and non-co-operation with the service providers made it challenging to ensure their safety during the pandemic. Besides, poor health and nutrition contributed to their high morbidity rate. Chronic illnesses, including HIV, persons with disabilities, aged persons and pregnant women, were posed with immense threats during the lockdown owing to their inability to access medical facilities and healthcare. Difficulty in contact tracing, lack of timely medical treatment and non-cooperation to COVID-19 related protocols, including self-isolation and quarantine rules, created further difficulties in saving their lives in the event of being infected with COVID-19 as well as in containing the virus.<sup>xciv</sup> The closure of business enterprises and the non-availability of informal jobs even made their life much more perilous.

#### **2.5.1.5 Impact of Livelihood**

COVID-19, unfolding its wrath, gave a tremendous blow to the means of livelihood of the mass, rendering millions of people jobless. International Labour Organisation (ILO) estimates that 255 million full-time jobs have been lost in 2020 owing to the outbreak of the pandemic and even 52 million jobs have not been recovered. In a study conducted by ILO, it was admitted by 93 per cent of the MSME entrepreneurs in India that COVID-19 and the resultant closure had impacted their lives. Issues relating to the payment of wages and repayment of loans made them stagger. Shockingly, 46 per cent of the MSME enterprises had to resort to laying off employees, and the proportion of women workers laid off

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(30%) was higher than their male counterparts (24%). Out of 75 per cent of MSMEs reopened, 63% reported that even after resuming their operations, the impact of the closure continues to be felt with lesser turnover and non-viability to become fully functional.

In the case of the unorganised workers, at the national level, 90% encountered issues during the lockdown, out of which 85% lacked social security measures. When 50% of them earned lesser wages, 40 per cent were deprived of all forms of income, inducing a debt crisis in their struggle to make both ends meet. Even after six months of unlocking, 25% of them had not been able to make regular income as they did prior to the COVID-19 pandemic.<sup>xv</sup>

During the first wave of COVID-19, there was an increase in unemployment across India by 23% and Jharkhand had the highest increase in the unemployment rate (32.2%), followed by the states of Tamil Nadu (28.3%), Bihar (24.7%), and Karnataka (16.2%). In Kerala, there was an increase in the unemployment rate up to 14.8% and the rate was higher during the second wave. The study conducted by the Gulati Institute of Finance and Taxation (GIFT) indicates that the impact of COVID-19 on the means of livelihood was more in the urban area rather than in the rural area.<sup>xvi</sup>

#### 2.5.1.6 Impact on Environment

Though with the restriction in movement, and closure of factories and industries, the environment would become cleaner, the prolonged nature of the pandemic has posed several challenges to the environment. Primarily it was out of the healthcare waste. It includes all the waste generated within healthcare facilities, research centres, medical laboratories and homes. In hospitals, it is estimated that 2 kg of waste is produced per bed on a single day, out of which 0.5 kg is infectious. When Japan accounted for the maximum amount of healthcare waste generation during the COVID-19 phase with 876 tonnes per day, India stands second with a generation of 608 tonnes per day. Since, healthcare equipment such as masks, gowns, gloves and other protective gear is used for COVID-19 treatment, it has contributed to the increased production of single-use plastic wastes. These wastes if not properly disposed cause environmental degradation and increase the chances of transmission of diseases. Non-segregation of medical and other hazardous waste increases the volume of hazardous waste and poses a grave threat to human health and the environment. Lack of adequate waste management practices added to the crisis. The unpredictability of COVID-19 was reflected in the unpredictability of waste generation as bodies in charge of waste disposal were initially left quite baffled by the steep increase in healthcare waste. Further, COVID-19 posed unprecedented challenges in the discharge of wastewater as it was reported that untreated water discharged to water bodies has the increased possibility of the presence of COVID-19 in the water so discharged.

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## 2.6 CHALLENGES POSED TO THE GOVERNMENTS

As COVID-19 started to get transmitted at a very rapid pace putting the life of the people at stake, it became pertinent for the governments at the national, regional and local levels to anticipate, plan and reduce the risk posed by the pandemic to the health, livelihood, socio-economic systems and to build their resilience immediately while promoting and protecting human rights alongside. The complexities of the situation, as narrated above, mandated a broader and inclusive people-centred approach rather than a government-centred approach. This involves engaging with women, children, migrants, differently-abled migrants, volunteers, experts of various disciplines and other stakeholders in planning and implementing the mitigation plans. A collaborative approach of public and private sectors, more particularly an approach that facilitates working at close quarters with civil societies, scientific and research institutions, academia and non-governmental organisations in a meaningful manner. At the same time, it also warranted a strengthened and deep-rooted governance structure recognising the local drivers and diverse and unique characteristics existing at the micro-level and the co-ordination of governmental efforts with the all-society participation to ensure full and effective participation of relevant stakeholders engaging at various levels at the same time with a clear articulation of responsibility, accountability and follow up. The process, thus, requires relying on the grassroot society as well as the local self-governments and empowering them with the resources, incentives and decision-making capabilities in the shortest span, wherever required. Moving along the national plan and, at times, even beyond by devising a tailored and more sophisticated plan at the regional and local level, efforts were required to prepare and respond to the running threat of COVID-19 in the form of various phases as well as to recover, rehabilitate and reconstruct from the harm caused and to strengthen resilience. The plan so adopted should also take care of the people in the proportion of being affected by the pandemic. Besides the same, coherence, demanded by the sustainable developmental goals, has also to be met. The nature of COVID-19 is such that it requires investing time, resources and efforts in a coordinated manner to address the risk drivers rather than waiting for post-disaster response, keeping the disaster risk to the minimum and building back strongly from the harm caused.

Since COVID-19 was a threat posed in a novel manner, it was required to understand the risk properly in devising the mitigation strategy and in bringing out changes whenever required. The policy formulated should take into account the vulnerability, exposure of the people, impact on assets and the capacity of the system put into operation. Leverage had to be gathered from the real-time collection of relevant data and practical information from the ground, which should be subjected to periodic assessment. Collaboration with community-based organisations and non-governmental organisations was essential in the process. The systematic evaluation should focus on the losses and impact on the economy, society, health, education and environment in order to assess the sequential effects and the efficacy of the policy so formulated and the non-sensitive information has to be made publicly available and accessible. It also requires sharing of lessons learned, experience gathered and good practices developed.



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The efforts required strengthening of the governance structure to ensure high-level compliance with policies formulated and protocols issued. To support their implementation, it is also pertinent to assign clear roles and tasks to the representatives of people in disaster risk management and to conduct consultations with the stakeholders. Strengthening local self-governments would help in the process and would prove crucial in coordinating disaster risk management at the ground level. Further, in terms of resources, mobilising disaster-resilient public and private investments was vital in risk prevention, reduction and rehabilitation.



03

# RESEARCH METHODOLOGY



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This chapter presents a comprehensive description of the statistical tests employed to analyse the primary data collected for the research project titled "Role of Local Self-Governments in Kerala in Ensuring the Socio-Economic Rights of Citizens During the Pandemic". In this chapter, we briefly describe the various statistical tests that we use for analysing the primary data that we collected for the study. In the first section, we will discuss the procedure of collecting data and their classifications. Some of the terms used for the representation of data will also be described in this section. The second section includes various parametric and non-parametric methods used for studying the data. We have used tests based on normal distribution. Since our sample size is large, test based on chi-square distribution is used. These tests are described in the following sections. For the result of this chapter, see Rohatgi(1995), Das and Giri(1986) , Zar(2003).

## 3.1 COLLECTION AND CLASSIFICATION OF DATA

### 3.1.1 Method of Data Collection

In this study, we use the primary data collection method.

### 3.1.2 Primary Data Collection Method

Data collected by the investigator for the purpose of the investigation at hand is called primary data. Therefore, they are original in character. The collection of primary data is possible through the questionnaire method. Primary data gives higher accuracy and facts, which may be helpful for any type of research and its findings. The main advantage of primary data is that they are truthful and suited for our purpose. But also, it has a disadvantage that is collection of primary data involves much time, money and labour.

### 3.1.3 Sampling Techniques

To collect the data, we select the sampling method ie., Stratified Sampling Method. The size of the sample was determined by using proportional allocation and the sample size is taken as 5040 for public and 186 for authorities of local self-governments.

The large population of Kerala divided into 24 non-overlapping strata based on the following characteristics:

1. Upper Kerala, Middle Kerala, and Lower Kerala (3 strata)
2. Fund utilization (2 sub-strata within each of the 3 strata above, for a total of 6 sub-strata)

- .....
3. Vulnerable population (2 sub-strata within each of the 6 sub-strata above, for a total of 12 sub-strata)
  4. Ease of living index (2 sub-strata within each of the 12 sub-strata above, for a total of 24 sub-strata)

To select a sample from this population, we can use a stratified sampling plan. Here's how we could implement it:

Within each of the 24 sub-strata selected above, randomly select a sample of units based on their proportion of the sub-stratum's population.

By using a stratified sampling plan, we ensure that our sample is representative of the entire population and that we have adequate representation from each stratum based on their proportion of the population

By using proportional allocation, the sample collected can be summarized as

By using proportional allocation, the sample collected from panchayat public can be summarized as

Strata	No of units
Strata 1	207
Strata 2	185
Strata 3	192
Strata 4	189
Strata 5	127
Strata 6	139
Strata 7	107
Strata 8	99
Strata 9	218
Strata 10	162
Strata 11	178
Strata 12	181
Strata 13	128
Strata 14	119
Strata 15	126
Strata 16	118

Strata 17	240
Strata 18	234
Strata 19	237
Strata 20	261
Strata 21	201
Strata 22	194
Strata 23	186
Strata 24	172
Total	4200

We have a large population (Kerala) divided into 8 non-overlapping strata based on the following characteristics:

1 Upper Kerala, Middle Kerala, and Lower Kerala (3 strata)

2 Fund utilization (2 sub-strata within each of the 3 strata above, for a total of 6 sub-strata)

To select a sample from this population, we can use a stratified sampling plan. Here's how we could implement it:

Within each of the 6 sub-strata selected above, randomly select a sample of units based on their proportion of the sub-stratum's population.

By using a stratified sampling plan, we ensure that our sample is representative of the entire population and that we have adequate representation from each stratum based on their proportion of the population.

The sample collected from Municipality public can be summarized as

Strata	No of units
Strata 1	63
Strata 2	32
Strata 3	95
Strata 4	48
Strata 5	111
Strata 6	71



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Total	420
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We have 6 corporation and select a sample size 420 by proportional allocation.

By using proportional allocation, the sample collected from Corporation public can be summarized as

Strata	No of units
Strata 1	190
Strata 2	129
Strata 3	101
Total	420

The same stratified sampling plan was applied to select sample of 186 from authorities

By using proportional allocation, the sample collected from panchayat authorities can be summarized as

Strata	No of units
Strata 1	5
Strata 2	5
Strata 3	5
Strata 4	5
Strata 5	5
Strata 6	5
Strata 7	5
Strata 8	5
Strata 9	6
Strata 10	6
Strata 11	4
Strata 12	6
Strata 13	5
Strata 14	5
Strata 15	5
Strata 16	6

Strata 17	7
Strata 18	8
Strata 19	8
Strata 20	9
Strata 21	7
Strata 22	7
Strata 23	7
Strata 24	8

By using proportional allocation, the sample collected from municipal authorities can be summarized as

Strata	No of units
Strata 1	5
Strata 2	4
Strata 3	4
Strata 4	5
Strata 5	6
Strata 6	6

Sample collected from corporation can be summarized as. Here we include all corporations so we does not use any specific sampling plan

Strata	No of units
Thiruvananthapuram	1
Kozhikode	1
Kochi	1
Kollam	1
Thrissur	1

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Kannur	1
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### 3.1.4 Stratified Sampling

Stratified sampling is a type of sampling method in which the total population is divided into smaller groups or strata to complete the sampling process. The strata is formed based on some common characteristics in the population data. The strata or sub-groups should be different and the data should not overlap. Simple probability sampling is used. After dividing the population into strata, we randomly selects the sample proportionally

## 3.2 GRAPHICAL REPRESENTATION OF DATA

After the collection of data, the collected data were used for some kind of testing related to independence. Some other data were represented and analysed with the help of diagrams. Such as simple bar diagram , pie diagram, multiple bar diagrams, column charts, line charts, doughnut etc are used.

- **Simple Bar Diagram:** A simple bar chart is used to represent data involving only one variable classified on a spatial, quantitative or temporal basis. In a simple bar chart, we make bars of equal width but variable length, i.e. the magnitude of a quantity is represented by the height or length of the bars.
- **Multiple Bar Diagram:** A multiple bar graph shows the relationship between different values of data. Each data value is represented by a column in the graph. In a multiple bar graph, multiple data points for each category of data are shown with the addition of columns. These are used also for two or more sets of interrelated data.
- **Pie Diagram:** A pie chart is a type of graph that represents the data in the circular graph. The slices of pie show the relative size of the data. It is a type of pictorial representation of data. A pie chart requires a list of categorical variables and the numerical variables. Here, the term “pie” represents the whole, and the “slices” represent the parts of the whole.
- **Donut Diagram:** A donut diagram, also known as a doughnut chart or ring chart, is a type of data visualization that displays categorical data in a circular shape resembling a donut. It is a variant of a pie chart with a hole (or empty centre) in the middle. The donut diagram consists of multiple segments or wedges, each representing a category or a portion of the whole. The size of each segment corresponds to the proportion or percentage of the data it represents. The total of all the segments makes up 100% or the whole.
- **Radar Chart:** A radar chart is a graphical method of displaying multivariate data in the form of a two-dimensional chart of three or more quantitative variables represented on axes starting from the same point.

- **Line Chart:** A line chart or line graph is a type of chart which displays information as a series of data points called 'markers' connected by straight line segments.
- **Treemap:** Treemaps are an alternative way of visualising the hierarchical structure of a Tree Diagram while also displaying quantities for each category via area size.

### 3.3. CHI-SQUARE TEST FOR INDEPENDENCE OF TWO ATTRIBUTES

Chi-square test for independence is used for testing the null hypothesis that two attributes A and B are independent. In the non-parametric situation, the most commonly used test of independence is the chi-square test see Rohatgi, 1993).

This test is described below. A contingency table is a two way table in which rows are classified according to one attribute A and columns are classified according to another attribute B. Suppose A is divide into “r” classes A1 ,A2 .....Ar and B is divided into ‘s’ classes B1, B2,... Bs. Let Oij be the number of items observed in the (i,j)th cell. Let Ri be the ith row total and Cj be the jth column total. Then,

$$R_i = \sum_{j=1}^s O_{ij} \text{ and } C_j = \sum_{i=1}^r O_{ij}$$

This can be shown in the contingency table as shown below.

B	B <sub>1</sub>	B <sub>2</sub>	.....	B <sub>s</sub>	Row Total
A					
A <sub>1</sub>	O <sub>11</sub>	O <sub>12</sub>	.....	O <sub>1s</sub>	R <sub>1</sub>
A <sub>2</sub>	O <sub>21</sub>	O <sub>22</sub>	.....	O <sub>2s</sub>	R <sub>2</sub>
⋮	⋮	⋮	.....	⋮	⋮
⋮	⋮	⋮	.....	⋮	⋮
⋮	⋮	⋮	.....	⋮	⋮

A <sub>r</sub>	O <sub>r1</sub>	O <sub>r2</sub>	.....	O <sub>rm</sub>	R <sub>r</sub>
Column Total	C <sub>1</sub>	C <sub>2</sub>	.....	C <sub>s</sub>	n

The test statistic is,

$$\chi^2 = \sum_{i=1}^r \sum_{j=1}^s \frac{(O_{ij} - E_{ij})^2}{E_{ij}}$$

Where E<sub>ij</sub> is the expected frequency in the (i,j)th cell

When H<sub>0</sub> is true the expected frequency in the (i,j)th cell is given by

$$E_{ij} = \frac{R_i * C_j}{n}$$

The critical region of the test is given by

$$\chi^2 > \chi^2_{((r-1)(s-1))}$$

( for details see Zar,2003). The particular case, where the contingency table is a 2\*2 table, we use the formula,

$$\chi^2 = \frac{(ad - bc)^2 * n}{(a + b)(b + d)(c + d)(a + c)}$$



# 04

## THE RESPONSE



The role of local self-governments in securing socio-economic rights, including the right to health, food, education, shelter, livelihood, a clean environment, trade, and business, is of paramount importance in ensuring the overall well-being and development of communities. Local self-governments, such as panchayats, municipalities and municipal corporations, serve as the frontline institutions that directly interact with the people at the grassroots level. As the first respondents, they are responsible for addressing the basic needs and aspirations of individuals, families, and communities within their jurisdictions. In India, the constitutional recognition and empowerment of local self-governments have significantly enhanced their capability to deliver the role expected of it to promote and safeguard socio-economic rights. In the context of COVID-19, this chapter, with the help of statistics, explores the manner in which local self-governments have responded to secure the socio-economic rights of the citizens.

## 4.1 RIGHT TO HEALTH

**Table 1: Frequency and percentage distribution of local self-governments based on responses to secure right to health**

Responses to Secure Right to Health	Always	Most of the Time	Never	Rarely	Sometimes
Co-ordinating with the health department in cases of referrals	88.30	10.10			1.60
Counselling for people faced with mental discomfort	59.00	17.00	2.70	9.00	12.20
Essential transport facility for referral	88.80	8.50	1.10		1.60
Institutional Quarantine	88.80	10.60	0.00	0.50	0.00
Medicine at doorstep	90.40	9.60			
Prevention and sanitation	78.20	14.90	1.60	1.10	4.30
Supporting people in institutional quarantine	94.70	4.80	0.50		

The table 1, it is clear that in the majority of cases (78.2%), with rare occurrences of never (1.6%) or rarely (4.3%), local self-governments could carry out prevention and sanitation activities as instructed. Local self-governments have shown a high level of response in implementing institutional quarantine measures as in a significant proportion of cases (88.8%). Local self-governments have also been actively involved in supporting individuals in institutional quarantine as they always provided support in a majority of cases (94.7%), with a small percentage of sometimes (4.8%) or never (0.5%). Local self-governments have been responsive in providing essential transport facilities for referrals. They have always provided these services in a significant proportion of cases (88.8%), with occasional instances of sometimes (8.5%) or rarely (1.1%). They have always engaged in this coordination in a majority of cases (88.3%), with occasional instances of sometimes (10.1%) or rarely (1.6%). Local self-governments have consistently provided medicines at the doorstep. They have always undertaken this action in a significant proportion of cases (90.4%), with occasional instances of sometimes (9.6%). Local self-governments have been involved in providing counselling services for individuals facing mental discomfort. They have often provided counselling (59%), with additional occurrences of most of the time (17%) and sometimes (12.2%). Rare instances of never (2.7%) or rarely (9%) have also been reported.

Figure 1: Diagrammatic representation of percentage distribution of the responses made by local self-governments to secure the right to health

### RESPONSES TO SECURE RIGHT TO HEALTH

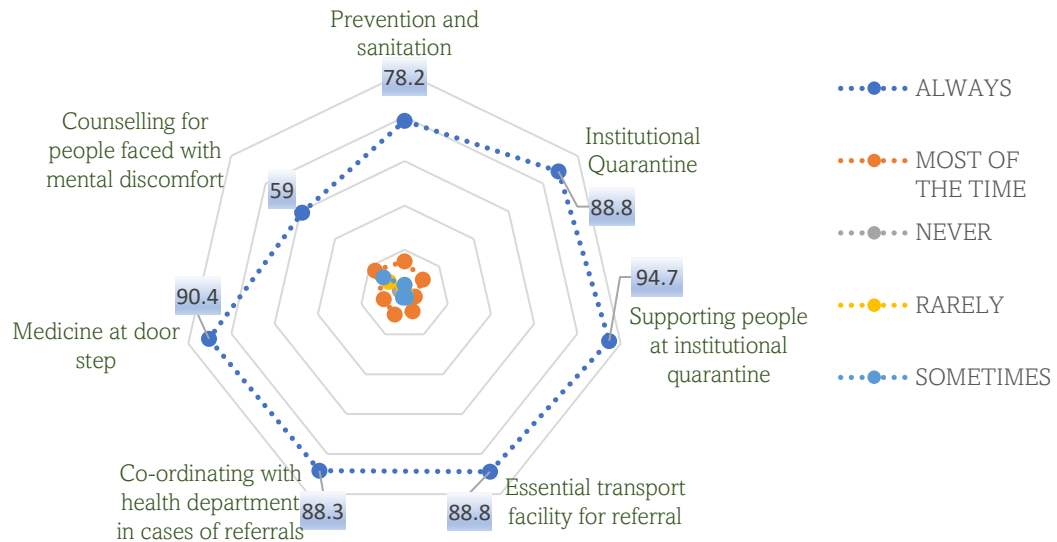


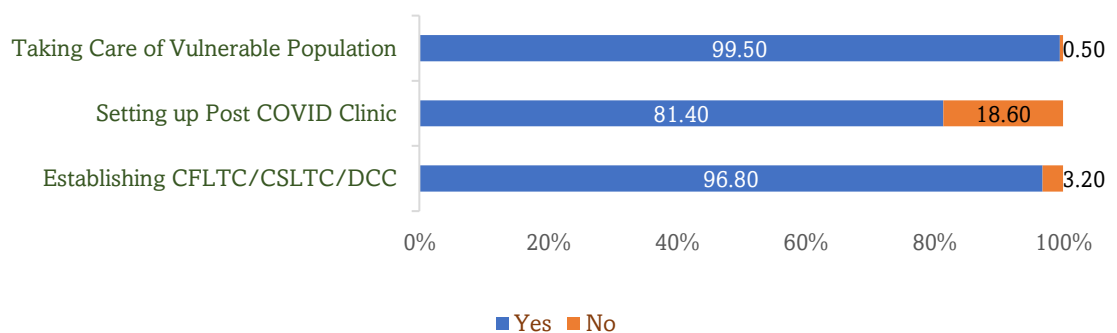
Table 2: Frequency and percentage distribution of local self-governments based on Other Institutional Responses to Secure Right to Health

Responses to Secure Right to Health	Yes	No
Establishing CFLTC/CSLTC/DCC	96.80	3.20
Setting up Post-COVID Clinic	81.40	18.60
Taking Care of Vulnerable Population	99.50	0.50

From Table 2, the data indicate that the majority of respondents (96.8%) have established CSFTC/CFLTC/DCC for COVID-19 care. Further, it could also be understood as the majority of local self-governments (81.4%) have taken steps to set up a post-COVID clinic as part of COVID rehabilitation activities.

Figure 2: Diagrammatic representation of percentage distribution of the local self-governments that have taken steps to establish CSFTC/CFLTC/DCC and post-COVID clinics.

### RESPONSES TO SECURE RIGHT TO HEALTH





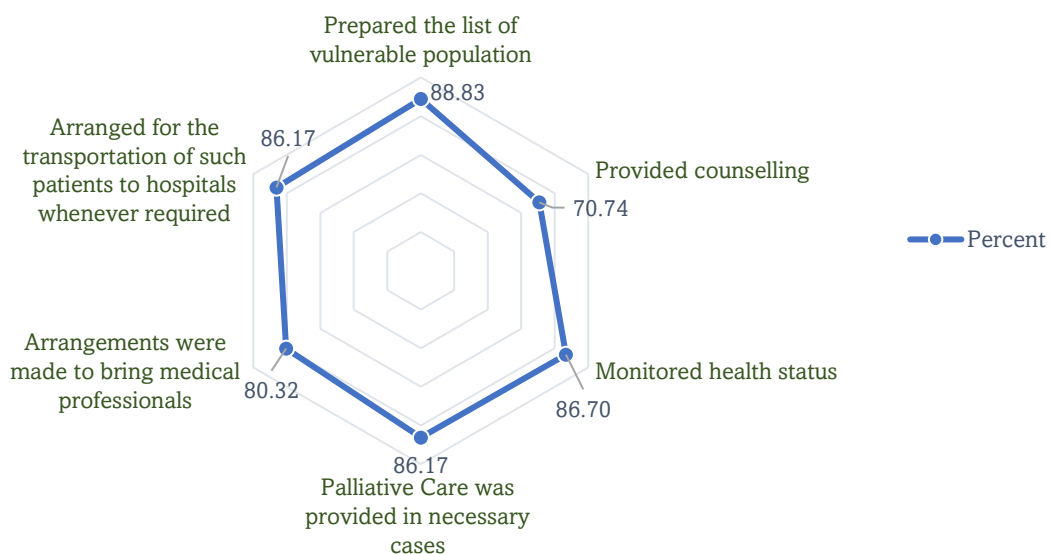
**Table 3: Frequency and percentage distribution of local self-governments based on the measures to ensure adequate care and monitoring of vulnerable groups**

Measures to ensure adequate care and monitoring of vulnerable groups	Frequency	Percent
Prepared the list of vulnerable population	167.00	88.83
Provided counselling	133.00	70.74
Monitored health status	163.00	86.70
Palliative Care was provided in necessary cases	162.00	86.17
Arrangements were made to bring medical professionals	151.00	80.32
Arranged for the transportation of such patients to hospitals whenever required	162.00	86.17

From the table, it could be found that a significant majority of local self-governments (88.83%) prepared a list of vulnerable individuals or groups within their communities. Approximately 70.74% of local self-governments provided counselling services to support the mental well-being of vulnerable populations. A large percentage of self-governments (86.70%) implemented health monitoring systems to regularly assess the well-being and medical conditions of vulnerable groups. Approximately 86.17% of local self-governments delivered specialized care and support to individuals with terminal or life-limiting illnesses. Around 80.32% of self-governments took steps to bring medical professionals to the patients' home to cater to the healthcare needs of vulnerable groups. Approximately 86.17% of local self-governments ensured the availability of transportation services to assist vulnerable individuals in reaching hospitals when necessary.

**Figure 3: Diagrammatic representation of percentage distribution of the local self-governments that have taken steps to ensure adequate care and monitoring of vulnerable groups**

### Measures to ensure adequate care and monitoring of vulnerable groups

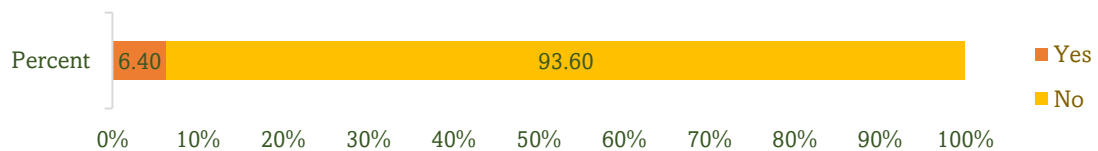


**Table 4: Frequency and percentage distribution of respondents-based on issues relating to the burial of persons who died due to COVID-19**

Have there been any issues relating to safe burial in the local self-government?	Frequency	Percent
Yes	12.00	6.40
No	176.00	93.60
Total	188.00	100.00

From the above table, it could be found that the majority of local self-governments (93.6%) disagree that there have been problems in their jurisdiction with regard to the burial of the persons who died due to COVID-19.

**Figure 4: Diagrammatic representation of percentage distribution of respondents based on issues relating to the burial of persons who died due to COVID-19**



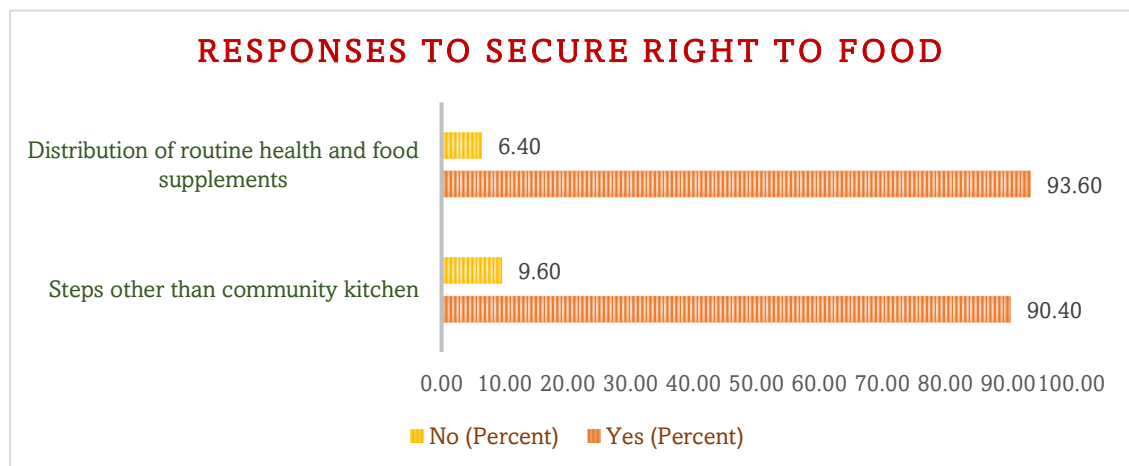
## 4.2 RIGHT TO FOOD

**Table 5: Frequency and percentage distribution based on responses to secure right to food**

Responses to secure right to food	Yes (Frequency)	Yes (Percent)	No (Frequency)	No (Percent)	Total Frequency	Total Percent
Steps other than community kitchen	170.00	90.40	18.00	9.60	188	100
Distribution of routine health and food supplements	176.00	93.60	12.00	6.40	188	100

From the above table, it can be seen that the majority of local self-governments (90.4%) have taken steps to ensure that their inhabitants are receiving adequate nutrition in addition to having a community kitchen. It can be seen that the majority of respondents (93.6%) continued the distribution of routine health and food supplements during the COVID-19 period.

**Figure 5: Diagrammatic representation of percentage distribution based on responses to secure right to food**



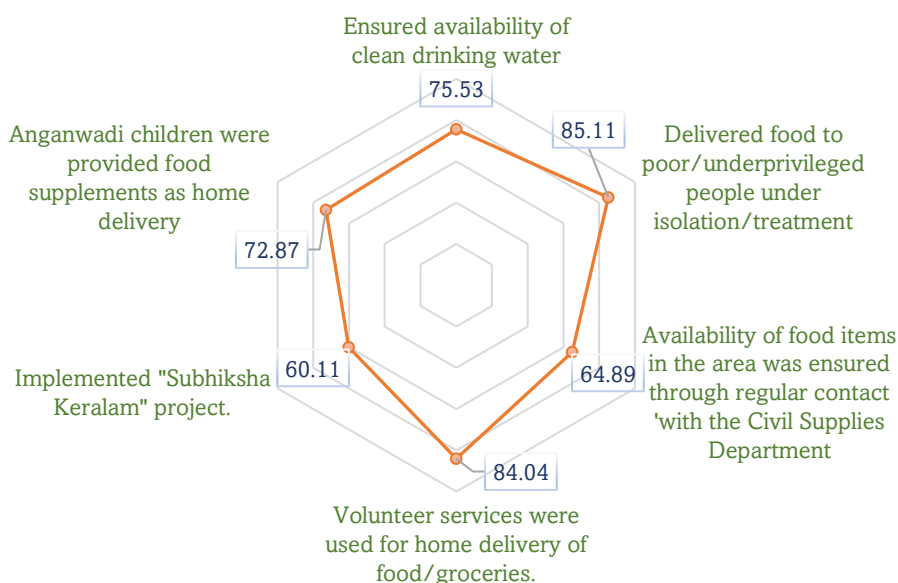
**Table 6: Frequency and Percentage distribution of responses based on steps to ensure adequate nutrition for its inhabitants taken by local self-governments**

Steps taken by local self-governments to ensure adequate nutrition for its inhabitants	Frequency	Percent
Ensured the availability of clean drinking water	142.00	75.53
Delivered food to poor/underprivileged people under isolation/treatment	160.00	85.11
Availability of food items in the area was ensured through regular contact 'with the Civil Supplies Department	122.00	64.89
Volunteer services were used for home delivery of food/groceries.	158.00	84.04
Implemented the "Subhiksha Keralam" project.	113.00	60.11
Anganwadi children were provided food supplements as home delivery	137.00	72.87

A significant percentage (75.53%) of local self-governments prioritized the availability of clean drinking water. Approximately 85.11% of local self-governments took proactive steps to deliver food to individuals who were economically disadvantaged or undergoing isolation or treatment. Around 64.89% of self-governments maintained regular contact with the Civil Supplies Department to ensure the availability of essential food items in their areas. Approximately 84.04% of local self-governments leveraged the support of volunteers to facilitate the home delivery of food and groceries. About 60.11% of self-governments implemented the "Subhiksha Keralam" project, which specifically focused on enhancing food security and improving nutrition within their communities. Approximately 72.87% of local self-governments ensured the provision of food supplements to Anganwadi children through home delivery.

**Figure 6: Diagrammatic representation of Percentage distribution of responses based on steps to ensure adequate nutrition for its inhabitants taken by local self-governments**

### STEPS TO ENSURE ADEQUATE NUTRITION



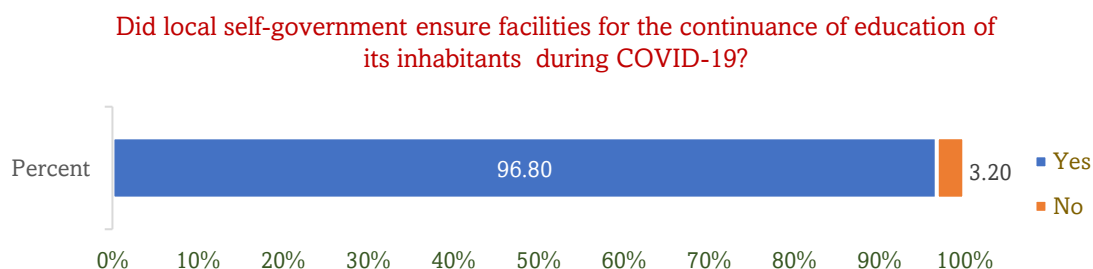
### 4.3 RIGHT TO EDUCATION

**Table 7: Frequency and Percentage distribution of responses based on “Did local self-government ensure facilities for the continuance of education of its inhabitants during COVID-19?”**

Did local self-government ensure facilities for the continuance of education?	Frequency	Percent
Yes	182.00	96.80
No	6.00	3.20
Total	188.00	100.00

From the above table, it can be seen that the majority of respondents (96.8%) have made arrangements to ensure facilities for the continuance of education of its inhabitants during COVID-19.

**Figure 7: Diagrammatic representation of Percentage distribution of responses based on “Did local self-government ensure facilities for the continuance of education of its inhabitants during COVID-19?”**



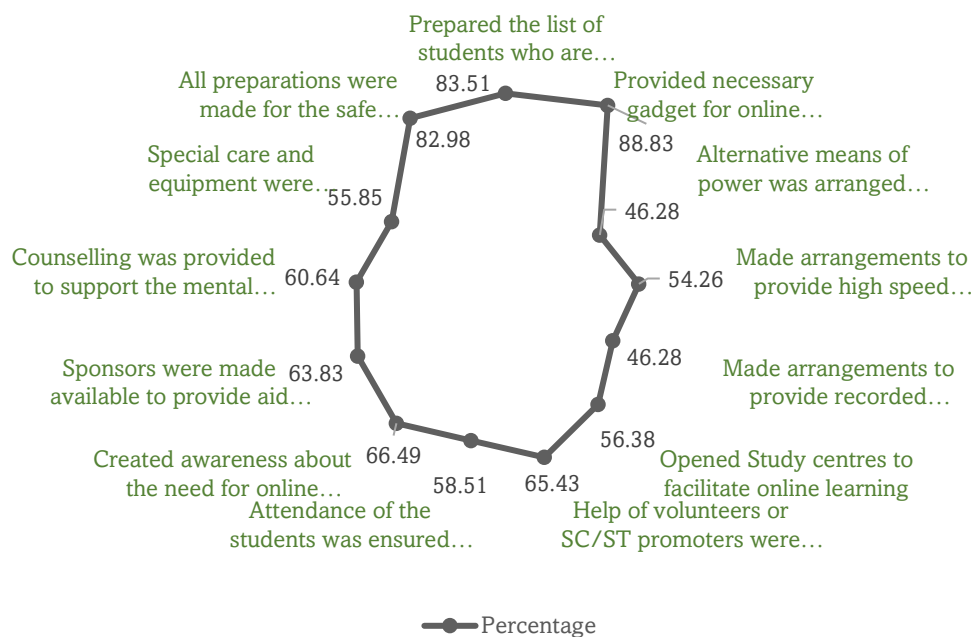
**Table 8: Frequency and Percentage distribution based on responses to secure right to education**

Responses to secure the right to education by local self-governments	Frequency	Percent
Prepared the list of students who are unable to obtain online education	157.00	83.51
Provided necessary gadgets for online education	167.00	88.83
Alternative means of power were arranged where there were issues of frequent power disruptions	87.00	46.28
Made arrangements to provide high-speed internet	102.00	54.26
Made arrangements to provide recorded classes for the students hailing from areas with poor network connectivity	87.00	46.28
Opened Study centres to facilitate online learning	106.00	56.38
The help of volunteers or SC/ST promoters was secured to help and motivate children to learn	123.00	65.43
Attendance of the students was ensured through the class teachers	110.00	58.51
Created awareness about the need for online education	125.00	66.49
Sponsors were made available to provide aid for online learners	120.00	63.83
Counselling was provided to support the mental health of the students	114.00	60.64
Special care and equipment were provided to support the education of differently-abled students	105.00	55.85
All preparations were made for the safe reopening of educational institutions	156.00	82.98

From Table, it could be seen that 83.51% of local self-governments, prepared a list of students who are unable to obtain online education. A significant percentage of 88.83% of local self-governments arranged for the provision of gadgets to facilitate online learning for students who did not have access to these resources. About 46.28% of local self-governments made arrangements to address power disruptions in areas where they were frequent, ensuring uninterrupted access to online education. Approximately 54.26% of local self-governments took steps to provide high-speed internet connections, recognizing the importance of reliable internet access for online learning. Similarly, 46.28% of local self-governments made provisions for recorded classes, enabling students residing in areas with poor network connectivity to access educational content. 56.38% of local self-governments established study centres to support students in their online learning efforts, providing them with a conducive environment and necessary resources. A significant proportion of 65.43% of local self-governments enlisted the assistance of volunteers or individuals from marginalized communities to support and motivate children in their learning journey. 58.51% of local self-governments took measures to ensure student attendance by actively involving class teachers in monitoring and tracking attendance in online learning platforms. 66.49% of local self-governments conducted awareness campaigns to emphasize the importance and benefits of online education among students and their families. Approximately 63.83% of local self-governments facilitated sponsorship programs to provide financial assistance and support for students engaged in online learning. A significant number of local self-governments (60.64%) prioritized mental health by offering counselling services to address the emotional and psychological well-being of students during the challenging period. Around 55.85% of local self-governments recognized the unique needs of differently-abled students and provided them with specialized care, equipment, and resources to ensure inclusive education. Finally, an overwhelming majority of 82.98% of local self-governments made comprehensive preparations to ensure the safe reopening of educational institutions, adhering to health and safety protocols to protect students and staff.

**Figure 8: Diagrammatic representation of Percentage distribution of responses based on responses to secure right to education**

## RESPONSES TO ENSURE RIGHT TO EDUCATION



## 4.4 RIGHT TO SHELTER

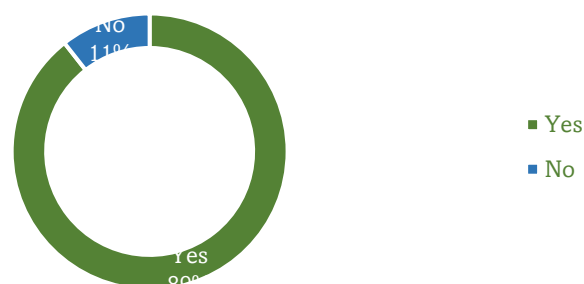
**Table 9: Frequency and percentage distribution of local self-governments based on measures to ensure the welfare of the destitute and poorly housed**

Did local self-governments take measures to ensure the welfare of the destitute and poorly housed?	Frequency	Percent
Yes	168.00	89.40
No	20.00	10.60
Total	188.00	100.00

From the above table, it can be seen that the majority of local self-governments (89.4%) have taken measures to ensure the welfare of the destitute and poorly housed.

**Figure 9: Diagrammatic representation of Percentage distribution of responses based on measures to ensure the welfare of the destitute and poorly housed**

Did local self-government take measures to ensure the welfare of the destitute and poorly housed?

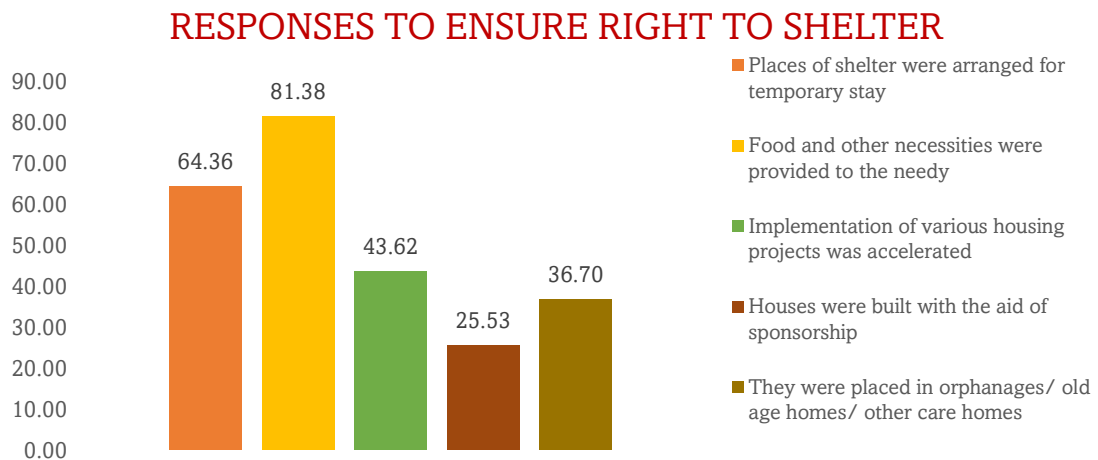


**Table 10: Frequency and percentage distribution based on the responses to ensure right to shelter**

Responses to ensure right to shelter	Frequency	Percentage
Places of shelter were arranged for temporary stay	121.00	64.36
Food and other necessities were provided to the needy	153.00	81.38
Implementation of various housing projects was accelerated	82.00	43.62
Houses were built with the aid of sponsorship	48.00	25.53
They were placed in orphanages/ old age homes/ other care homes	69.00	36.70

From Table it can be understood that 64.36% of local self-governments provided temporary shelter to those who were homeless or in need of immediate accommodation. A significant percentage of 81.38% of local self-governments took measures to address the basic needs of the destitute and poorly housed by providing food and other essential items, ensuring their well-being and survival. Approximately 43.62% of local self-governments focused on accelerating the implementation of housing projects, indicating their commitment to improving the living conditions of the destitute and poorly housed individuals in the long term. Around 25.53% of local self-governments facilitated the construction of houses with the support of sponsorship, recognizing the importance of external financial assistance in providing permanent housing solutions. About 36.70% of local self-governments took steps to accommodate the destitute and poorly housed individuals in orphanages, old age homes, or other care homes, ensuring their access to a safe and supportive living environment.

Figure 10: Diagrammatic representation based on responses to ensure right to shelter



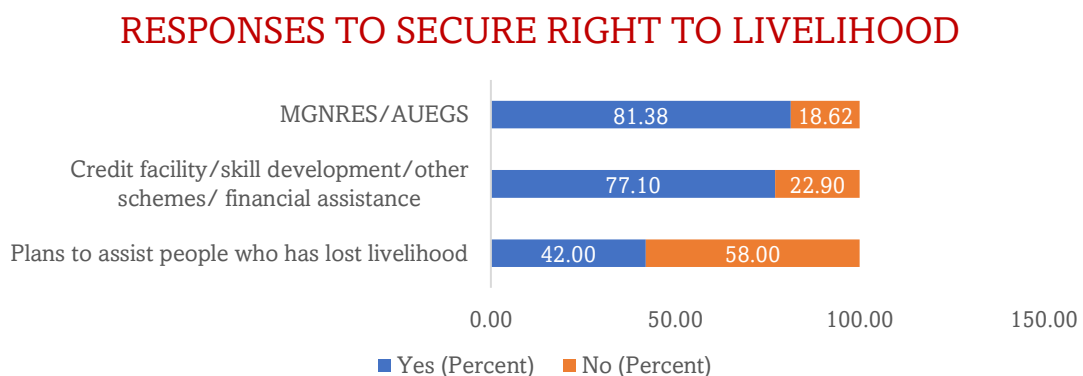
## 4.5 RIGHT TO LIVELIHOOD

Table 11: Frequency and percentage distribution based on the responses to ensure right to livelihood

Responses to secure right to livelihood	Yes (Frequency)	Yes (Percent)	No (Frequency)	No (Percent)	Total Frequency	Total Percent
Plans to assist people who has lost livelihood	79.00	42.00	109.00	58.00	188	100
Credit facility/skill development/other schemes/ financial assistance	145.00	77.10	43.00	22.90	188	100
MGNRES/AUEGS	153.00	81.38	35.00	18.62	188	100

From the table, In terms of plans to assist people who have lost their livelihood, 42.00% of the respondents acknowledged they have implemented plans to supporting individuals facing livelihood challenges. On the other hand, 58.00% of respondents indicated that no specific plans were in place. For credit facility, skill development, and other schemes/financial assistance, a significant majority of local self-governments (77.10%) reported their efforts in providing such support, emphasizing the importance of enhancing livelihood opportunities. However, 22.90% of respondents stated that these measures were not implemented. Furthermore, the data reveals that the majority of local self-governments (81.38%) have adopted the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) or the Ayyankali Urban Employment Guarantee Scheme (AUEGS).

Figure 11: Diagrammatic representation based on responses to ensure right to livelihood



## 4.6 RIGHT TO CLEAN ENVIRONMENT

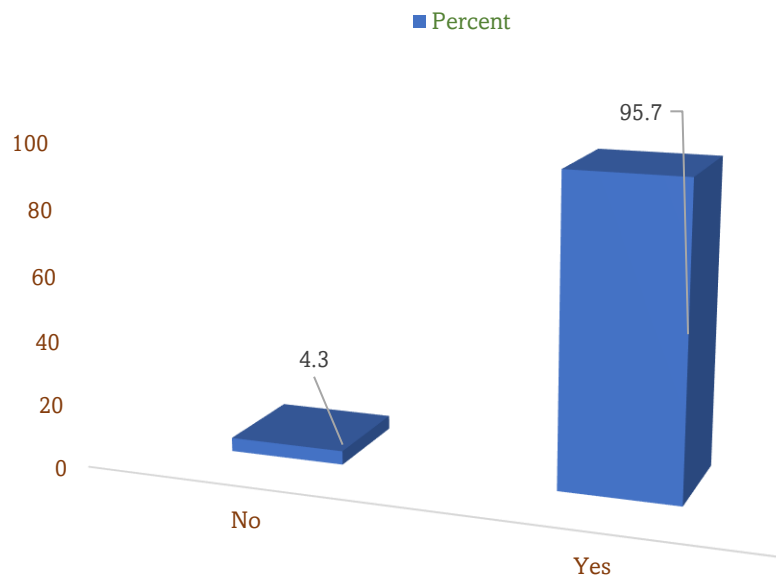
**Table 12: Frequency and percentage distribution of responses based on the responses to ensure right to clean environment**

Did local self-government adopt steps to collect solid waste and bio-medical waste?	Frequency	Percent
No	8	4.3
Yes	180	95.7
Total	188	100.0

From the above table, it can be seen that the majority of respondents (95.7%) have adopted steps to collect solid waste and bio-medical waste.

**Figure 12: Diagrammatic representation of Percentage distribution of responses based on responses to secure right to clean environment**

Did local self-government adopt steps to collect solid waste and bio-medical waste?





## 4.7 CIVIL SOCIETY ENGAGEMENT AND GRASSROOT COMMITTEES

**Table 13: Frequency and percentage distribution of responses based on the responses to ensure participation of self-help groups and other community-based organisations**

Did local self-governments ensure participation of self-help groups and other community-based organisations in COVID-19 related activities?	Frequency	Percent
No	1	.5
Yes	187	99.5
Total	188	100.0

From the above table, the majority of respondents (99.5%) responded that they have ensured participation of self-help groups and other community-based organisations in COVID-19 related activities.

**Figure 13: Diagrammatic representation of Percentage distribution based on to ensure participation of self-help groups and other community-based organisations**

Did local self-governments ensure participation of self-help groups and other community-based organisations in COVID-19 related activities?



**Table 14: Frequency and percentage distribution of responses based on participation of self-help groups**

Participation of self-help groups and other community-based organisations in COVID-19 related activities ensured by local self-governments	Frequency	Percentage
Youth volunteers	180	95.74
Kudumbashree workers	163	86.70
SHG	110	58.51
NGO	74	39.36
Religious organisations	92	48.94
Cultural organisations	134	71.28
Resident Associations	66	35.11

The data reveals that a significant percentage of local self-governments (95.74%) reported the active participation of youth volunteers in COVID-19 related activities. Moreover, 86.70% of respondents acknowledged the participation of Kudumbashree workers in COVID-19 related initiatives. In terms of SHGs, 58.51% of local self-governments reported their involvement in COVID-19 related activities. Furthermore, 39.36% of respondents recognized the engagement of non-governmental organizations (NGOs) in COVID-19 related initiatives. The data also indicates that religious organizations were involved in COVID-19 related activities, as reported by 48.94% of respondents. Cultural organizations were also actively engaged, with 71.28% of local self-governments acknowledging their participation in COVID-19 related initiatives. Lastly, 35.11% of respondents reported the involvement of resident associations.

Figure 14: Diagrammatic representation based on to ensure participation of self-help groups

**PARTICIPATION OF SELF-HELP GROUPS AND OTHER COMMUNITY-BASED ORGANISATIONS**

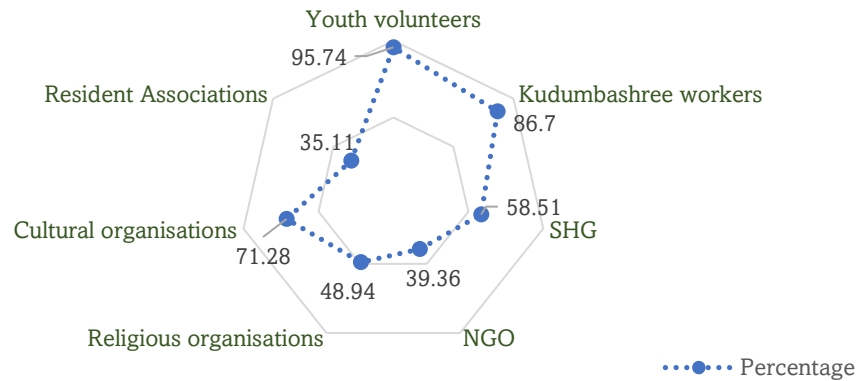


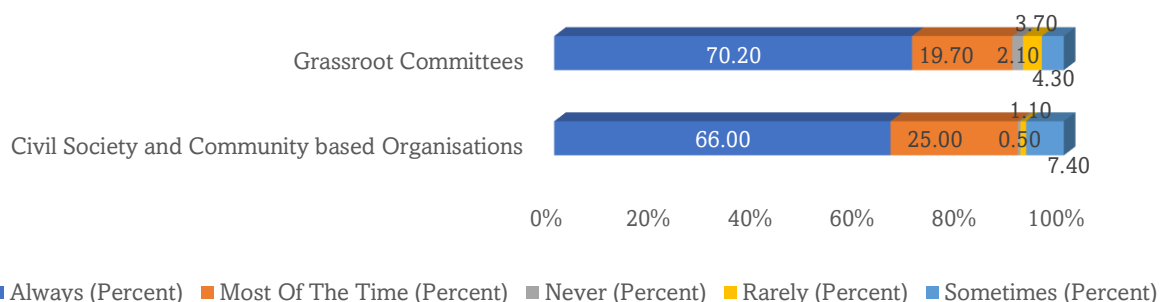
Table 15: Frequency and percentage distribution based on the effectiveness of civil society

Effectiveness of Civil Society Organisations	Always	Always (Percent)	Most Of The Time	Most Of The Time (Percent)	Never	Never (Percent)	Rarely	Rarely (Percent)	Some times	Some times (Percent)	Total Frequency	Total Percent
Civil Society and Community based Organisations	124.00	66.00	47.00	25.00	1.00	0.50	2.0	1.10	14.00	7.40	188.00	100.00
Grassroot Committees	132.00	70.20	37.00	19.70	4.00	2.10	7.0	3.70	8.00	4.30	188.00	100.00

In terms of civil society and community-based organizations, 66.00% of local self-governments reported that they always found their engagement to be effective. Additionally, 25.00% of respondents stated that it was effective most of the time. Regarding the effectiveness of grassroots committees, 70.20% of local self-governments reported finding their engagement to be always effective. Furthermore, 19.70% of respondents stated that it was effective most of the time. In short, the data suggests that a majority of local self-governments perceive the engagement of civil society and community-based organizations, as well as grassroots committees, to be effective.

Figure 15: Diagrammatic representation based on the effectiveness of civil society

**EFFECTIVENESS OF GRASSROOT COMMITTEES AND CIVIL SOCIETY ENGAGEMENT**



## 4.8 PREPARATION OF DISASTER MANAGEMENT PLAN AND RESOURCE MAPPING

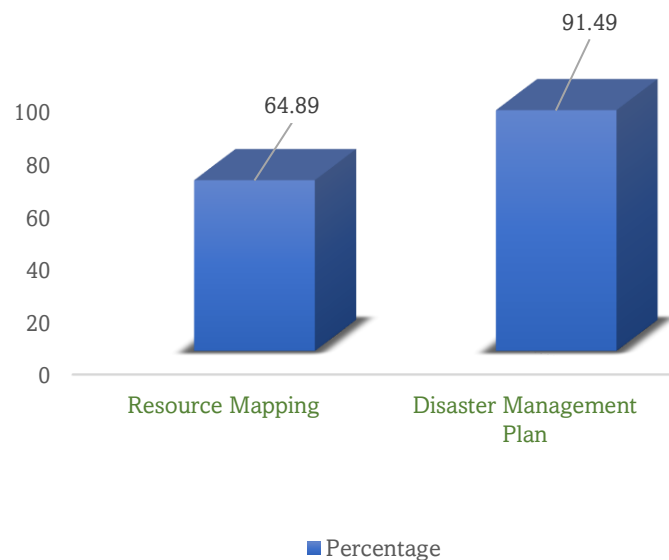
**Table 16: Frequency and percentage distribution based on the preparation of Disaster Management Plan and Resource Mapping**

Plans prepared by local self-government	Frequency	Percentage
Resource Mapping	122	64.89
Disaster Management Plan	172	91.49

According to the data, 64.89% of local self-governments reported the preparation of resource mapping plans. Furthermore, an overwhelming majority of local self-governments (91.49%) reported the preparation of disaster management plans. In summary, the data suggests that a considerable percentage of local self-governments have prepared resource mapping plans, indicating their efforts in strategically identifying available resources.

**Figure 16: Diagrammatic representation based on the preparation of Disaster Management Plan and Resource Mapping**

### Preparation of Disaster Management Plan and Resource Mapping



## 4.9 FUNDING

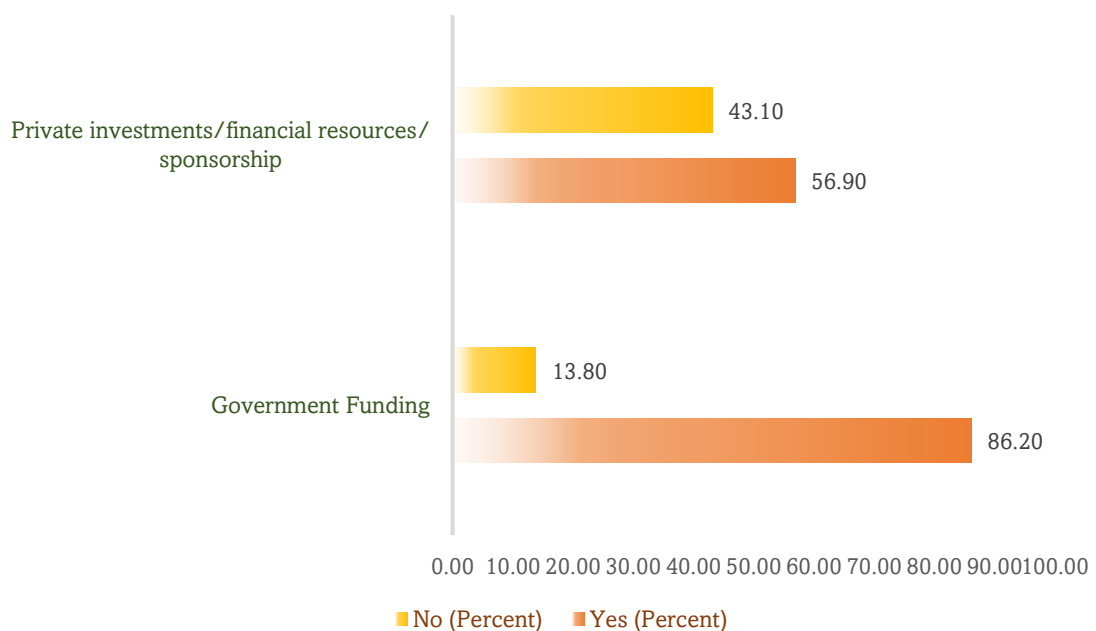
**Table 17: Frequency and percentage distribution of responses based on the availability of financial resources**

Availability of Financial Resources	Yes (Frequency)	Yes (Percent)	No (Frequency)	No (Percent)	Total Frequency	Total Percent
Government Funding	162.00	86.20	26.00	13.80	188	100
Private investments/financial resources/ sponsorship	107.00	56.90	81.00	43.10	188	100

According to the data, 86.20% of local self-governments reported the availability of government funding to support their efforts in combating COVID-19. On the other hand, 13.80% of local self-governments reported the absence of government funding. In terms of private investments, financial resources, or sponsorship, 56.90% of local self-governments reported to have received such funding while 43.10% reported they have not received any private investments, financial resources, or sponsorship.

**Figure 17: Diagrammatic representation of the responses based on the availability of financial resources**

### AVAILABILITY OF FINANCIAL RESOURCES



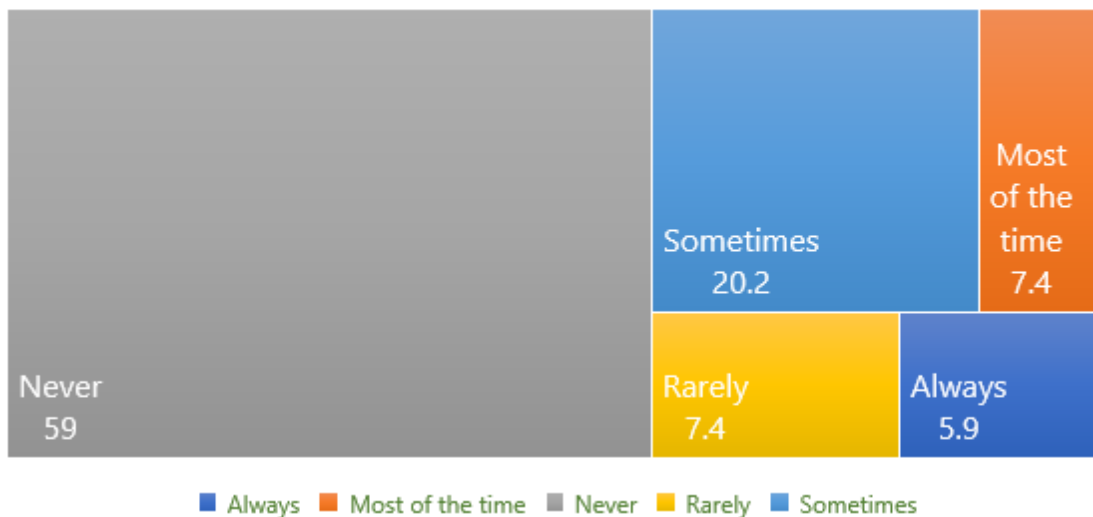
**Table 18: Frequency and percentage distribution of responses based on “Did local self-government face constraints in availing fund in fighting COVID-19?”**

Did local self-government face constraints in availing fund in fighting COVID-19?	Frequency	Percent
Always	11	5.9
Most of the time	14	7.4
Never	111	59
Rarely	14	7.4
Sometimes	38	20.2
Total	188	100

According to the data, 5.9% of local self-governments reported facing constraints in availing funds always. Additionally, 7.4% of respondents reported facing constraints most of the time and rarely. A notable proportion of 20.2% reported facing constraints sometimes. On the other hand, the majority of local self-governments (59%) reported never facing constraints in availing funds for their COVID-19 response efforts.

**Figure 18: Diagrammatic of responses based on “Did local self-government face constraints in availing fund in fighting COVID-19?”**

### Did the local self- government face constraints in availing fund in the fight against COVID-19?



## 4.10 INTERDEPARTMENTAL CO-ORDINATION

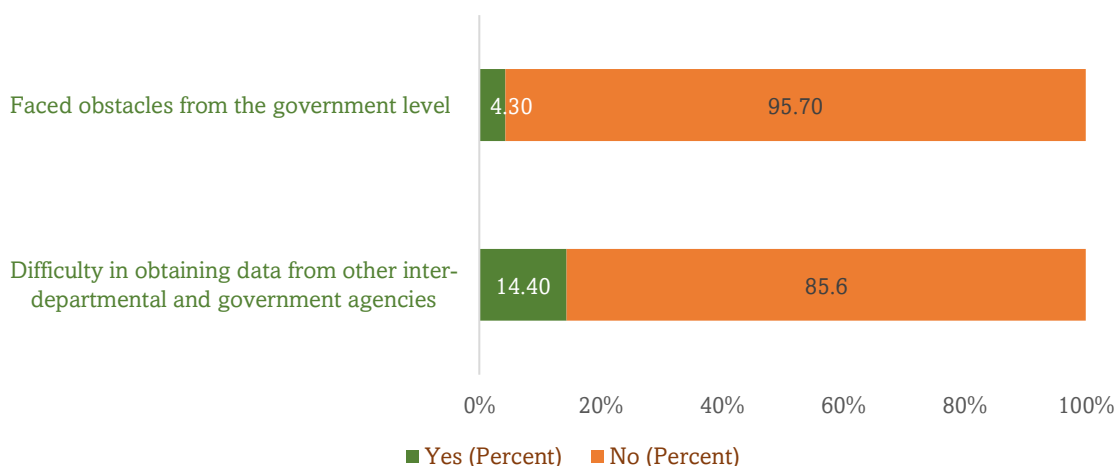
**Table 19: Frequency and percentage distribution of responses based on the hurdles faced in interdepartmental co-ordination.**

Hurdles in inter-departmental co-ordination	Yes (Frequency)	Yes (Percentage)	No (Frequency)	No (Percentage)	Total Frequency	Total Percent
Difficulty in obtaining data from other inter-departmental and government agencies	27.00	14.40	161	85.6	188	100
Faced obstacles from the government level	8.00	4.30	180.00	95.70	188	100

According to the data, the majority of local self-governments (85.60%) reported not facing difficulties in obtaining data from other inter-departmental and government agencies. A significant proportion (95.70%) reported not facing obstacles from the government level.

**Figure 19: Diagrammatic of responses based on the hurdles faced in interdepartmental co-ordination.**

### HURDLES IN INTER-DEPARTMENTAL CO-ORDINATION



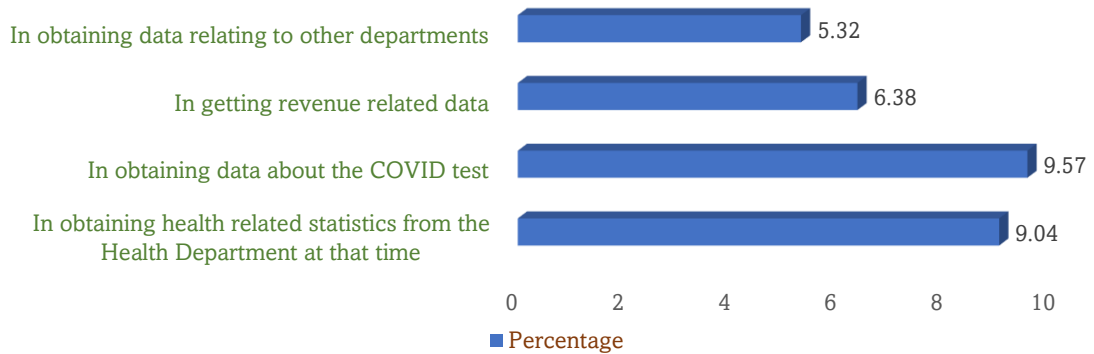
**Table 20: Frequency and percentage distribution of responses based on the difficulties in obtaining data from other inter-departmental and government agencies**

Difficulties in obtaining data from other inter-departmental and government agencies during this period faced by the local self-government?	Frequency	Percentage
In obtaining health related statistics from the Health Department at that time	17	9.04
In obtaining data about the COVID test	18	9.57
In getting revenue related data	12	6.38
In obtaining data relating to other departments	10	5.32

According to the data, 9.04% of local self-governments reported facing difficulties in obtaining health-related statistics from the Health Department during the specified period. Similarly, 9.57% of local self-governments reported facing difficulties in obtaining data about COVID tests. In addition, 6.38% of local self-governments reported difficulties in obtaining revenue-related data, while 5.32% reported difficulties in obtaining data relating to other departments.

**Figure 20: Diagrammatic of responses based on the difficulties in obtaining data from other inter-departmental and government agencies**

### Difficulties in Obtaining Data



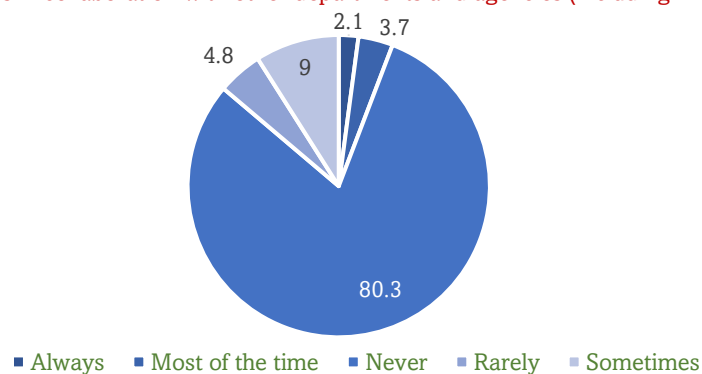
**Table 21: Frequency and percentage distribution of responses based on the difficulties to effectively implement plans and policies in collaboration with other departments and other agencies**

Did the local self-government face difficulties at any phase to effectively implement plans and policies in collaboration with other departments and agencies (including DDMA)?	Frequency	Percent
Always	4	2.1
Most of the time	7	3.7
Never	151	80.3
Rarely	9	4.8
Sometimes	17	9.0
Total	188	100.0

From the above table, it can be seen that the majority of respondents (80.3%) never faced difficulties at any phases in effectively implementing plans and policies in collaboration with other departments and agencies (including DDMA).

**Figure 21: Diagrammatic of responses based on the difficulties to effectively implement plans and policies in collaboration with other departments and other agencies**

Did the local self-government face difficulties to effectively implement plans and policies in collaboration with other departments and agencies (including DDMA)?



## 4.11 OVERALL SATISFACTION (SELF-RATING)

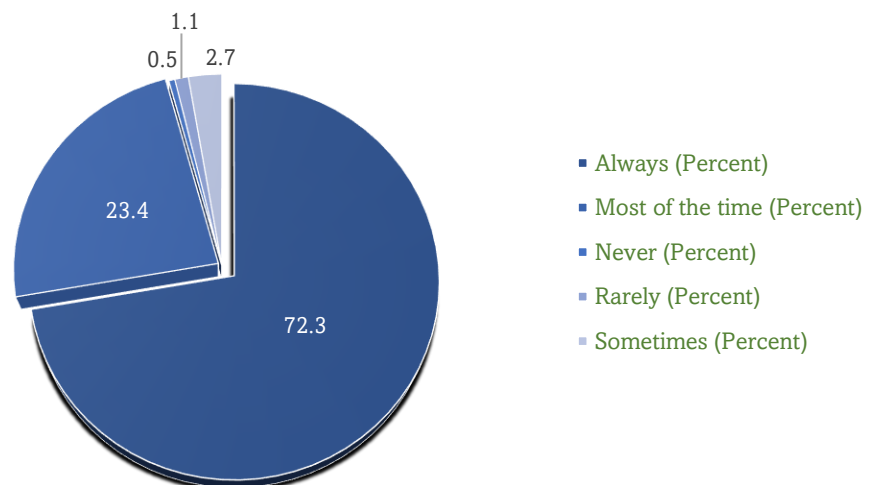
**Table 22: Frequency and percentage distribution of responses based on whether the local self-government been able to respond promptly and satisfactorily to the crises created by COVID-19?**

Has the local self-government been able to respond promptly and satisfactorily to the crises created by COVID-19?	Frequency	Percent
Always (Percent)	136	72.3
Most of the time (Percent)	44	23.4
Never (Percent)	1	0.5
Rarely (Percent)	2	1.1
Sometimes (Percent)	5	2.7
Total (Percent)	188	100

From the above table, it can be seen that the majority of local self-governments (72.3%) always think that they been able to respond promptly and satisfactorily to the crises created by COVID-19

**Figure 22: Diagrammatic representation of the percentage distribution of responses based on whether the local self-government been able to respond promptly and satisfactorily to the crises created by COVID-19?**

**Has the local self-government been able to respond promptly and satisfactorily to the crises created by COVID-19?**





**Table 23: Frequency and percentage distribution of responses based on whether the role of the local self-government in dealing with COVID-19 could have been improved**

Do you feel that the role of the local self-government in dealing with COVID-19 could have been improved?	Frequency	Percent
No	147	78.2
Yes	41	21.8
Total	188	100.0

From the above table, it can be seen that the majority of respondents (78.2%) disagree that the role of the local self-government in dealing with COVID-19 could have been improved.

**Figure 23: Diagrammatic representation of the percentage distribution of responses based on whether the role of the local self-government in dealing with COVID-19 could have been improved**

Do you feel that the role of the local self-government in dealing with COVID-19 could have been improved?



## 4.12 PUBLIC RESPONSE

### 4.12.1 Right to Health

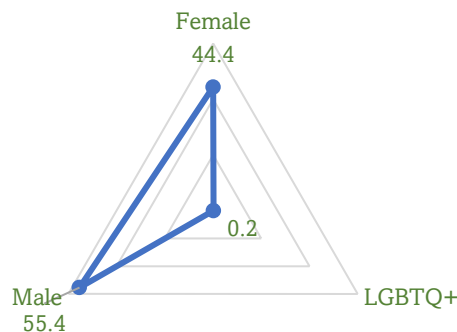
**Table 24: Frequency and percentage distribution of respondents based on Gender**

Gender	Frequency	Percent
Female	2237	44.4
LGBTQ+	10	0.2
Male	2793	55.4
Total	5040	100.0

From the above table, men constitute the majority of respondents (55.4%), followed by women (44.4%) and the LGBTQ+ group (0.2%).

**Figure 24: Diagrammatic representation of percentage distribution of respondents based on Gender**

Distribution of respondents based on Gender



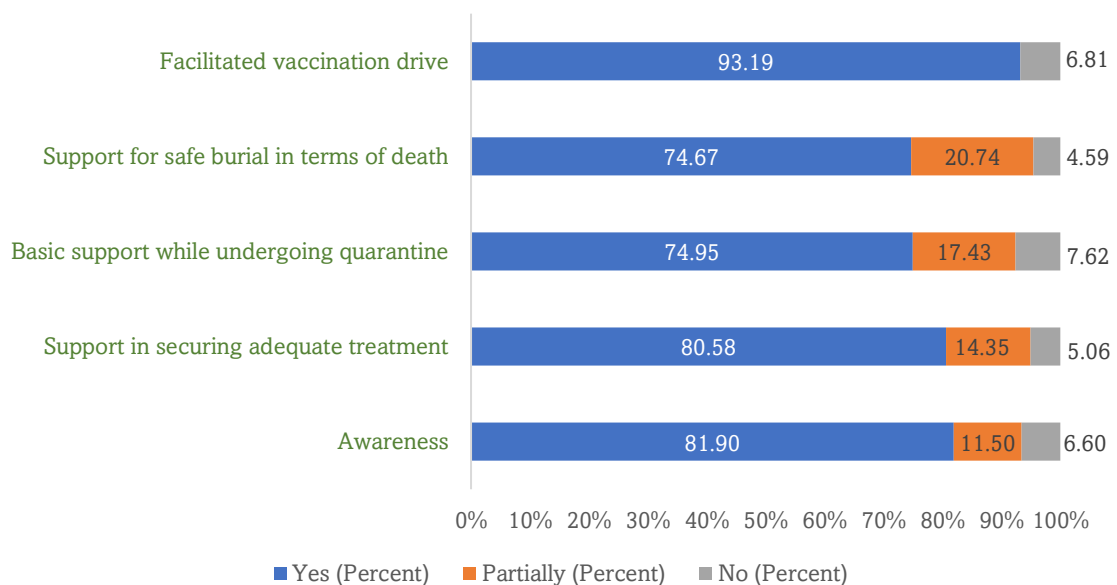
**Table 25: Frequency and percentage distribution of respondents based on responses from relating to right to health**

Responses from the part of local self-government	Yes (Frequency)	Yes (Percentage)	Partially (Frequency)	Partially (Percentage)	No (Frequency)	No (Percentage)	Total Frequency	Total Percentage
Awareness	4,126.00	81.90	581.00	11.50	333.00	6.60	5040	100
Support in securing adequate treatment	1,353.00	80.58	241.00	14.35	85.00	5.06	1679	100
Basic support while undergoing quarantine	1,819.00	74.95	423.00	17.43	185.00	7.62	2427	100
Support for safe burial in terms of death	342.00	74.67	95.00	20.74	21.00	4.59	458	100
Facilitated vaccination drive	3,911.00	93.19	0.00	0.00	286.00	6.81	4197	100

According to the data, 81.90% of the respondents reported that local self-governments were involved in raising awareness about COVID-19. In terms of support in securing adequate treatment, 80.58% of the respondents, who had undergone treatment acknowledged the efforts of local self-governments. Regarding basic support during quarantine, 74.95% of the respondents, who were in quarantine mentioned that local self-governments provided adequate assistance. Furthermore, 74.67% of the respondents, whose relatives died out of COVID-19 stated that local self-governments supported safe burial arrangements for those who passed away due to COVID-19. Additionally, 93.19% of the respondents reported that local self-governments facilitated vaccination drives.

**Figure 25: Diagrammatic representation percentage distribution of respondents based on responses from relating to right to health**

### Responses from Receiver's End- Right to Health



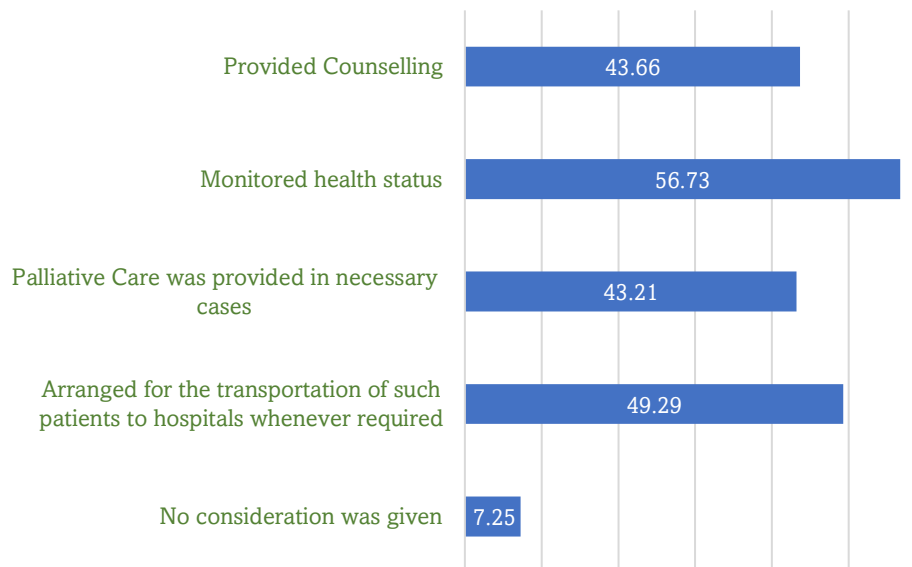
**Table 26: Frequency and percentage distribution of respondents based on the responses towards vulnerable population**

Caring for the vulnerable	Frequency	Percent
Provided Counselling	2205	43.66
Monitored health status	2865	56.73
Palliative Care was provided in necessary cases	2182	43.21
Arranged for the transportation of such patients to hospitals whenever required	2489	49.29
No consideration was given	366	7.25

According to the data, the majority of respondents, 56.73%, reported that local self-governments monitored the health status of vulnerable individuals. Furthermore, 49.29% of the respondents mentioned that local self-governments arranged for the transportation of vulnerable patients to hospitals when needed. In terms of emotional support, 43.66% of the respondents reported that local self-governments provided counselling services. Additionally, 43.21% of the respondents noted that local self-governments provided palliative care in necessary cases. However, 7.25% of the respondents stated that no consideration was given by the local self-governments to caring for the vulnerable during the pandemic.

**Figure 26: Diagrammatic representation of percentage distribution of respondents based on the responses towards vulnerable population**

### Caring for the Vulnerables



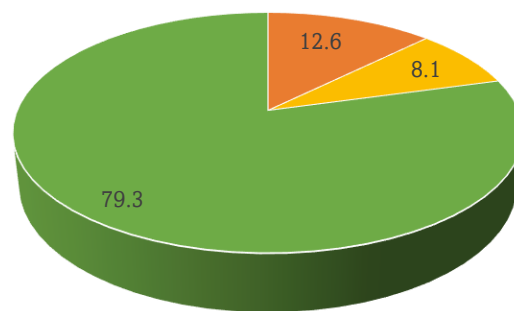
**Table 27: Frequency and percentage distribution of respondents based on “Have you received any services from Kudumbashree/Asha workers or youth volunteers during the COVID-19 period in terms of providing awareness/ seeking health information/ following up for the basic needs during times of COVID?”**

Have you received any services from Kudumbashree/Asha workers or youth volunteers during the COVID-19 period in terms of providing awareness/ seeking health information/ following up for the basic needs during times of COVID?	Frequency	Percent
Partially	637	12.6
No	407	8.1
Yes	3996	79.3
<b>Total</b>	<b>5040</b>	<b>100.0</b>

From the above table, the majority of respondents (79.3%) agreed that they received services from Kudumbashree/Asha workers or youth volunteers during the COVID-19 period in terms of providing awareness/ seeking health information/ following up for the basic needs during times of COVID.

**Figure 27: Diagrammatic representation of percentage distribution of respondents based on on “Have you received any services from Kudumbashree/Asha workers or youth volunteers during the COVID-19 period in terms of providing awareness/ seeking health information/ following up for the basic needs during times of COVID?”**

Have you received any services from Kudumbashree/Asha workers or youth volunteers during the COVID-19 period in terms of providing awareness/ seeking health information/ following up for the basic needs during times of COVID?



■ Partially ■ No ■ Yes

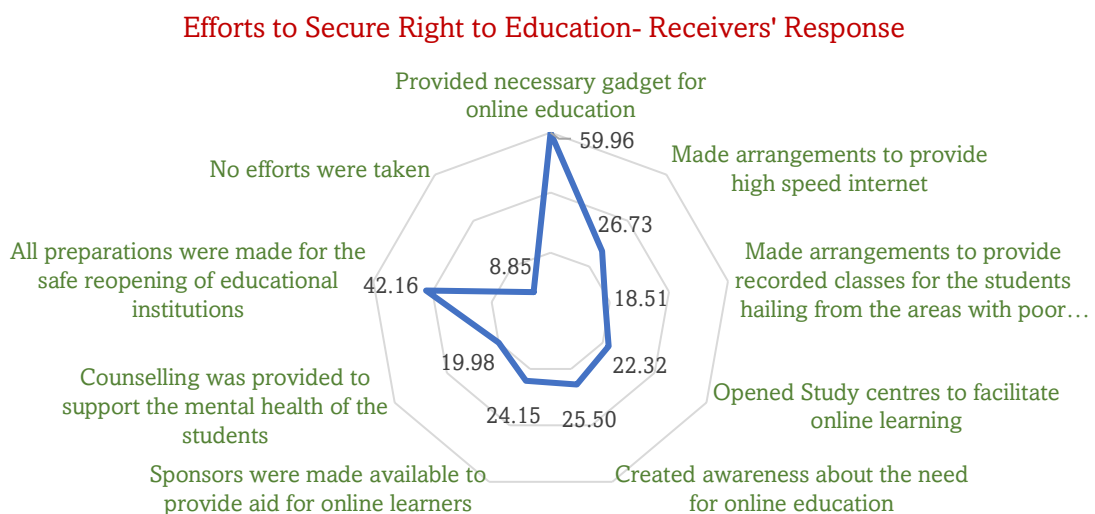
#### 4.12.2 Right to Education

**Table 28: Frequency and percentage distribution of respondents based on responses from relating to right to education**

Efforts to secure Right to Education	Frequency	Percent
Provided necessary gadget for online education	3022	59.96
Made arrangements to provide high speed internet	1347	26.73
Made arrangements to provide recorded classes for the students hailing from the areas with poor network connectivity	933	18.51
Opened Study centres to facilitate online learning	1125	22.32
Created awareness about the need for online education	1285	25.50
Sponsors were made available to provide aid for online learners	1217	24.15
Counselling was provided to support the mental health of the students	1007	19.98
All preparations were made for the safe reopening of educational institutions	2125	42.16
No efforts were taken	446	8.85

According to the data, the most prominent effort was the provision of necessary gadgets for online education, mentioned by 59.96% of the respondents. Furthermore, 26.73% of the respondents reported that local self-governments made arrangements to provide high-speed internet, recognizing the importance of reliable internet connectivity for students to engage in online educational activities effectively. In areas with poor network connectivity, 18.51% of the respondents noted that local self-governments made arrangements to provide recorded classes. Additionally, 22.32% of the respondents mentioned that local self-governments opened study centres to facilitate online learning. The data also indicates that local self-governments created awareness about the need for online education, as reported by 25.50% of the respondents. Furthermore, 24.15% of the respondents mentioned that sponsors were made available to provide aid for online learners. To address the mental health of students, 19.98% of the respondents reported that local self-governments provided counselling services to the children. Moreover, 42.16% of the respondents noted that all preparations were made for the safe reopening of educational institutions. However, 8.85% of the respondents stated that no efforts were taken by the local self-governments to secure the right to education during the pandemic.

**Figure 28: : Diagrammatic representation of percentage distribution of respondents based on responses from relating to right to education**



### 4.12.3 Right to Shelter

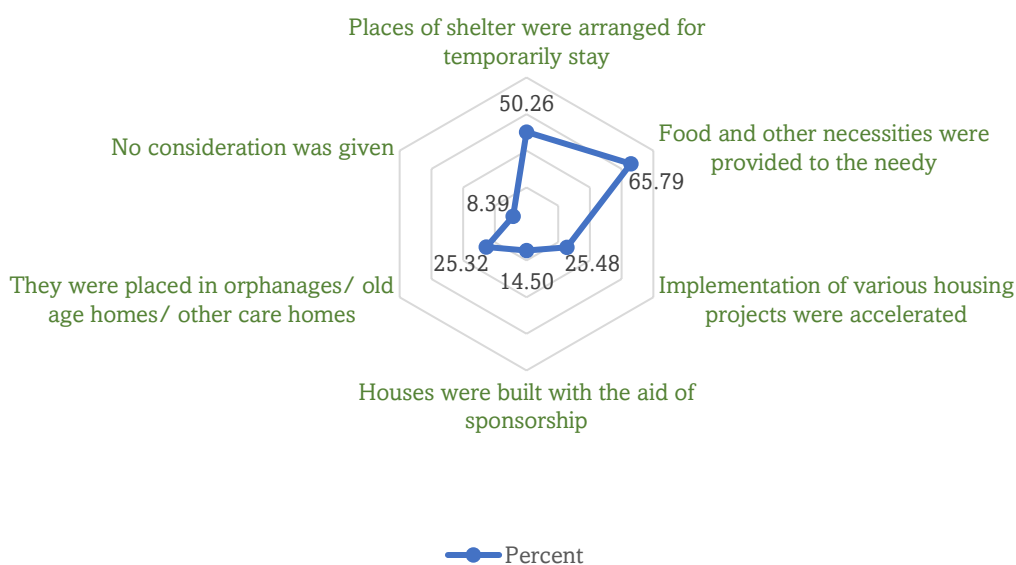
**Table 29: Frequency and percentage distribution of respondents based on responses from relating to right to shelter**

Efforts to Secure Right to Shelter	Frequency	Percent
Places of shelter were arranged for temporarily stay	2533	50.26
Food and other necessities were provided to the needy	3316	65.79
Implementation of various housing projects were accelerated	1284	25.48
Houses were built with the aid of sponsorship	731	14.50
They were placed in orphanages/ old age homes/ other care homes	1276	25.32
No consideration was given	423	8.39

According to the data, 50.26% of the respondents acknowledged that there was the arrangement of places of shelter for temporary stays. Additionally, 65.79% of the respondents reported that local self-governments provided food and other necessities to those in need. The data also indicates that local self-governments accelerated the implementation of various housing projects, as mentioned by 25.48% of the respondents. Furthermore, 14.50% of the respondents noted that houses were built with the aid of sponsorship. In contrast, 25.32% of the respondents stated that individuals were placed in orphanages, old age homes, or other care homes. However, 8.39% of the respondents mentioned that no consideration was given by the local self-governments to secure the right to shelter.

**Figure 29: Diagrammatic representation of percentage distribution of respondents based on responses from relating to right to shelter**

### Efforts to Secure Right to Shelter- Receivers' Response



#### 4.12.4 Right to Livelihood

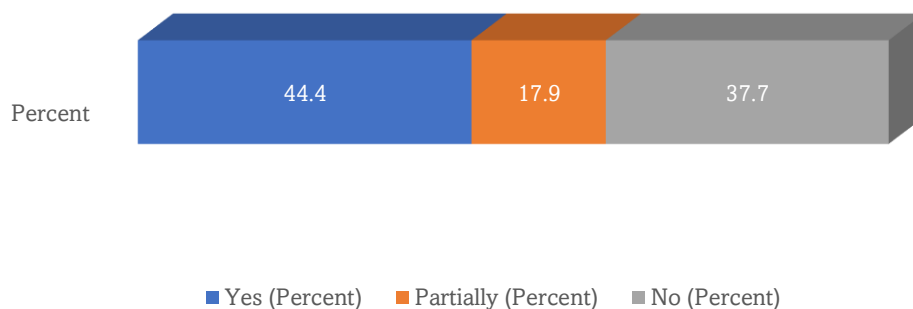
**Table 30: Frequency and percentage distribution of respondents based on “Have you received any socio-economic support/livelihood Assistance from the Panchayat/Municipality/Corporation in the form of Mahatma Gandhi Employment Guarantee Scheme/ Kudumbashree/ credit facility/ financial assistance/ other schemes during the period of COVID-19?”**

Have you received any socio-economic support/livelihood assistance from the Panchayat/Municipality/Corporation in the form of Mahatma Gandhi Employment Guarantee Scheme/ Kudumbashree/ credit facility/ financial assistance/ other schemes during the period of COVID-19?	Frequency	Percent
Partially	904	17.9
No	1900	37.7
Yes	2236	44.4
<b>Total</b>	<b>5040</b>	<b>100.0</b>

From the above table, the majority of respondents (44.4%) agreed that they received socio-economic support/livelihood Assistance from the Panchayat/Municipality/Corporation in the form of Mahatma Gandhi Employment Guarantee Scheme/ Kudumbashree/ credit facility/ financial assistance/ other schemes during the period of COVID-19.

**Figure 30: Diagrammatic representation of percentage distribution of respondents based on “Have you received any socio-economic support/livelihood Assistance from the Panchayat/Municipality/Corporation in the form of Mahatma Gandhi Employment Guarantee Scheme/ Kudumbashree/ credit facility/ financial assistance/ other schemes during the period of COVID-19?”**

Have you received any socio-economic support/livelihood assistance from the local self-government in the form of Mahatma Gandhi Employment Guarantee Scheme/ Kudumbashree/ credit facility/ financial assistance/ other schemes



#### 4.12.5 Right to clean environment

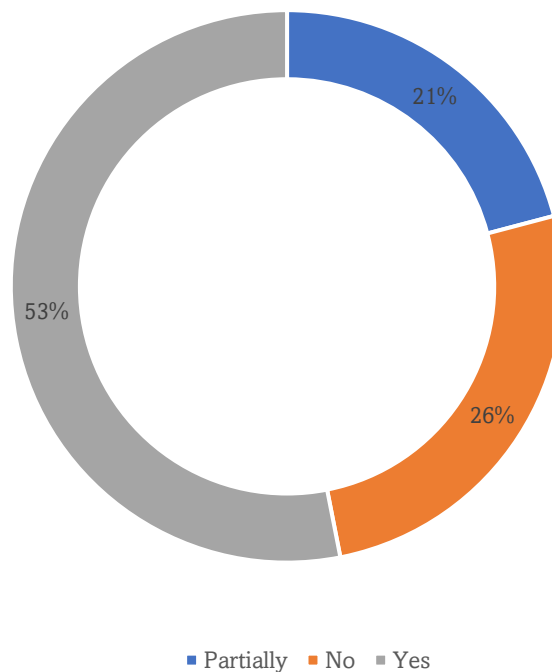
**Table 31: Frequency and percentage distribution of respondents based on “Did you receive any support from Panchayat/Municipality/Corporation in waste management during COVID-19?”**

Did you receive any support from Panchayat/Municipality/Corporation in waste management during COVID-19?	Frequency	Percent
Partially	1053	20.9
No	1311	26.0
Yes	2676	53.1
<b>Total</b>	<b>5040</b>	<b>100.0</b>

From the above table, the majority of respondents (53.1%) agreed that they received support from Panchayat/Municipality/Corporation in waste management during COVID-19.

**Figure 31: Diagrammatic representation of percentage distribution of respondents based on “Did you receive any support from Panchayat/Municipality/Corporation in waste management during COVID-19?”**

Did you receive any support from  
Panchayat/Municipality/Corporation in waste management during  
COVID-19?





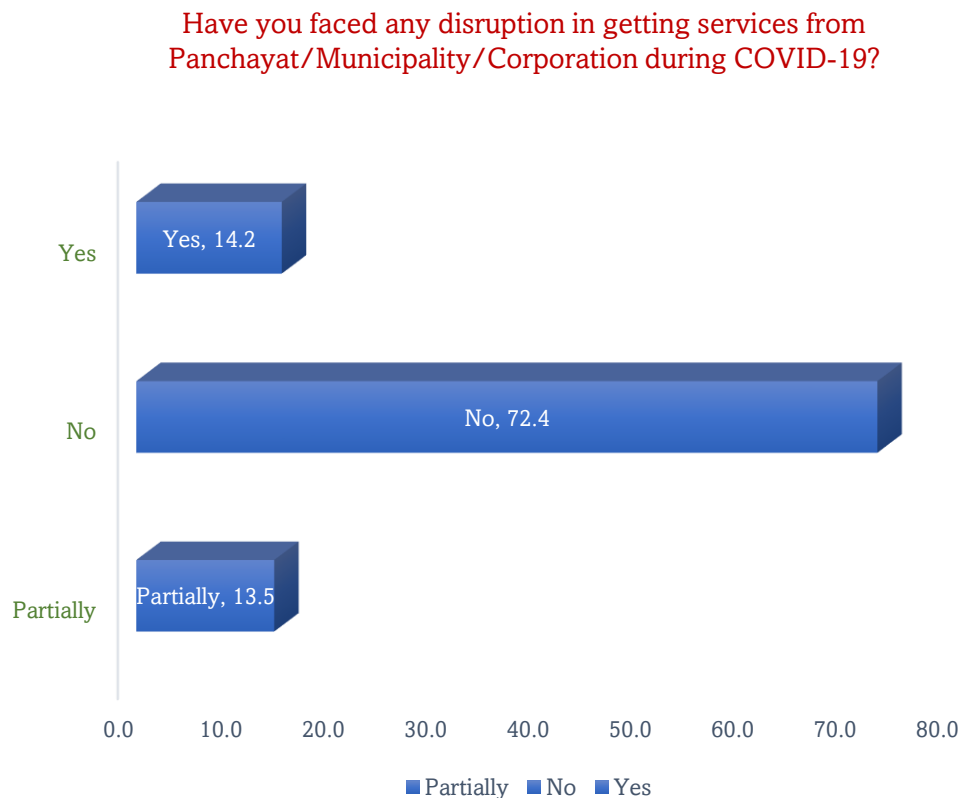
#### 4.12.6 Service delivery

**Table 32: Frequency and percentage distribution of respondents based on “Have you faced any disruption in getting services from Panchayat/Municipality/Corporation during COVID-19?”**

Have you faced any disruption in getting services from Panchayat/Municipality/Corporation during COVID-19?	Frequency	Percent
Partially	678	13.5
No	3647	72.4
Yes	715	14.2
<b>Total</b>	<b>5040</b>	<b>100.0</b>

From the above table, the majority of respondents (72.4%) said that they didn’t face any disruption in getting services from Panchayat/Municipality/Corporation during COVID-19.

**Figure 32: Diagrammatic representation of percentage distribution of respondents based on “Have you faced any disruption in getting services from Panchayat/Municipality/Corporation during COVID-19?”**

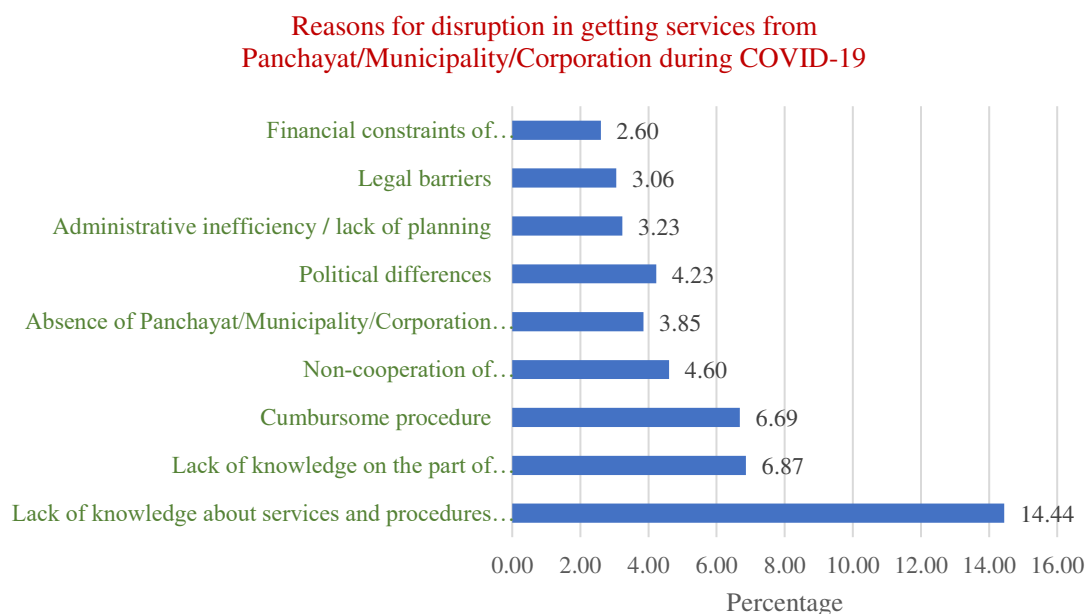


**Table 33: Frequency and Percentage distribution of respondents based on reasons for disruption in getting services from Panchayat/Municipality/Corporation during COVID-19**

Reasons for disruption in getting services from Panchayat/Municipality/Corporation during COVID-19	Frequency	Percentage
Lack of knowledge about services and procedures to be obtained	728	14.44
Lack of knowledge on the part of Panchayat/Municipality/Corporation staff about the services you are looking forward to	346	6.87
Cumbersome procedure	337	6.69
Non-cooperation of Panchayat/Municipality/Corporation members/employees	232	4.60
Absence of Panchayat/Municipality/Corporation staff	194	3.85
Political differences	213	4.23
Administrative inefficiency / lack of planning	163	3.23
Legal barriers	154	3.06
Financial constraints of Panchayat/Municipality/Corporation	131	2.60

According to the data, the most commonly cited reason for disruptions was the lack of knowledge about the services and procedures to be obtained, accounting for 14.44% of the responses. The second most prevalent reason, identified by 6.87% of the respondents, was the lack of knowledge on the part of Panchayat/Municipality/Corporation staff about the services the individuals were seeking. Other reasons for disruptions included cumbersome procedures (6.69%), non-cooperation of Panchayat/Municipality/Corporation members/employees (4.60%), absence of Panchayat/Municipality/Corporation staff (3.85%), political differences (4.23%), administrative inefficiency/lack of planning (3.23%), legal barriers (3.06%), and financial constraints of Panchayat/Municipality/Corporation (2.60%).

**Figure 33: Diagrammatic representation of Percentage distribution of respondents based on reasons for disruption in getting services from Panchayat/Municipality/Corporation during COVID-19**



## 4.13 CHI-SQUARE TEST FOR INDEPENDENCE

**Table 34: Chi square test of association between “Has the panchayat/municipality/corporation been able to respond promptly and satisfactorily to the crises created by COVID-19?” and “Where home quarantine is not available, has the panchayat/municipality/corporation provided institutional quarantine facility as instructed?” (Fisher’s exact test)**

		Where home quarantine is not available, has the panchayat/municipality provided institutional quarantine facility?				Chi-square	P value	
		Always	Most of the time	Rarely	Total			
Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?	Always	Frequency	130	6	0	136	32.442	<0.001
		Percentage	95.6%	4.4%	0.0%	100.0%		
	Most of the time	Frequency	31	12	1	44		
		Percentage	70.5%	27.3%	2.3%	100.0%		
	Never	Frequency	1	0	0	1		
		Percentage	100.0%	0.0%	0.0%	100.0%		
	Rarely	Frequency	2	0	0	2		
		Percentage	100.0%	0.0%	0.0%	100.0%		
	Sometimes	Frequency	3	2	0	5		
		Percentage	60.0%	40.0%	0.0%	100.0%		
Total		Frequency	167	20	1	188		
		Percentage	88.8%	10.6%	.5%	100.0%		

**P value<0.01 : Significant at 1%**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=32.442, P value<0.01) between “Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?” and “Where home quarantine is not available, has the panchayat/municipality provided institutional quarantine facility?”. The majority (95.6%) of respondents say that when home quarantine is not available, the panchayat or municipality always provides institutional quarantine facilities. However, they always stood up with the statement that the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19.

**Table 35: Chi square test of association between “Has panchayat/municipality/corporation been able to respond promptly and satisfactorily to the crises created by COVID-19?” and “Has the panchayat/municipality provided the people quarantined at home basic support and the necessary instructions as instructed?” (Fisher’s exact test)**

			Has the panchayat/municipality provided the people quarantined at home basic support and the necessary instructions.			Chi-square	P value	
			Always	Most of the time	Never			Total
Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?	Always	Frequency	135	0	1	136	34.700	<0.001
		Percentage	99.3%	0.0%	.7%	100.0%		
	Most of the time	Frequency	36	8	0	44		
		Percentage	81.8%	18.2%	0.0%	100.0%		
	Never	Frequency	1	0	0	1		
		Percentage	100.0%	0.0%	0.0%	100.0%		
	Rarely	Frequency	2	0	0	2		
		Percentage	100.0%	0.0%	0.0%	100.0%		
	Sometimes	Frequency	4	1	0	5		
		Percentage	80.0%	20.0%	0.0%	100.0%		
	Total	Frequency	178	9	1	188		
		Percentage	94.7%	4.8%	.5%	100.0%		

**P value<0.01: Significant at 1%**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=34.700, P value<0.01) between “Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?” and “Has the panchayat/municipality provided the people quarantined at home basic support and the necessary instructions?”. A majority of respondents (99.3%) claim that the panchayat/municipality always provided the basic support and instructions required to the people quarantined at home. However, they always believed that the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19.

**Table 36: Chi square test of association between “Has the panchayat/municipality/corporation been able to respond promptly and satisfactorily to the crises created by COVID-19?” and “Has the panchayat/municipality/corporation provided the people quarantined at institutions basic support and the necessary instructions as required?” (Fisher’s exact test)**

			Has the panchayat/municipality provided the people quarantined at institutions basic support and the necessary instructions.			Chi-square	P value
			Always	Most of the time	Total		
Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?	Always	Frequency	134	2	136	16.481	<0.002
		Percentage	98.5%	1.5%	100.0%		
	Most of the time	Frequency	37	7	44		
		Percentage	84.1%	15.9%	100.0%		
	Never	Frequency	1	0	1		
		Percentage	100.0%	0.0%	100.0%		
	Rarely	Frequency	2	0	2		
		Percentage	100.0%	0.0%	100.0%		
	Sometimes	Frequency	4	1	5		
		Percentage	80.0%	20.0%	100.0%		
Total		Frequency	178	10	188		
		Percentage	94.7%	5.3%	100.0%		

**P value<0.01: Significant at 1%**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=16.481, P value<0.01) between “Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?” and “Has the panchayat/municipality provided the people quarantined at institutions basic support and the necessary instructions.?”. A majority of respondents (98.5%) claim that the panchayat/municipality always provided the basic support and instructions required to the people quarantined at institutions. However, they always believed that the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19.

**Table 37: Chi square test of association between “Has the panchayat/municipality/corporation been able to respond promptly and satisfactorily to the crises created by COVID-19?” and “Did panchayat/municipality/corporation provide necessary means (Food, water, medicine and other necessities) at doorstep to support their lives during quarantine period?” (Fisher’s exact test)**

			Did panchayat/municipality provide necessary means (Food, water, medicine and other necessities) at doorstep to support their lives during quarantine period?			Chi-square	P value	
			Always	Most of the time	Total			
Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?	Always	Frequency	130	6	136	17.274	0.001	
		Percentage	95.6%	4.4%	100.0%			
	Most of the time	Frequency	34	10	44			
		Percentage	77.3%	22.7%	100.0%			
	Never	Frequency	1	0	1			
		Percentage	100.0%	0.0%	100.0%			
	Rarely	Frequency	1	1	2			
		Percentage	50.0%	50.0%	100.0%			
	Sometimes	Frequency	4	1	5			
		Percentage	80.0%	20.0%	100.0%			
	Total		Frequency	170	18			188
			Percentage	90.4%	9.6%			100.0%

**P value<0.01: Significant at 1%**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=17.274, P value<0.01) between “Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?” and “Did panchayat/municipality provide necessary means (Food, water, medicine and other necessities) at doorstep to support their lives during quarantine period?”. A majority of respondents (95.6%) claim that the panchayat/municipality always provided necessary means (Food, water, medicine and other necessities) at doorstep to support their lives during quarantine period. However, they had always been of the opinion that the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19.

**Table 38: Chi square test of association between “Has the panchayat/municipality/corporation been able to respond promptly and satisfactorily to the crises created by COVID-19?” and “Did panchayat/municipality/corporation adopt steps to collect solid waste and bio-medical waste as instructed?” (Fisher’s exact test)**

			Did panchayat/municipality adopt steps to collect solid waste and bio-medical waste?		Total	Chi-square	P value	
			No	Yes				
Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?	Always	Frequency	2	134	136	12.170	0.021	
		Percentage	1.5%	98.5%	100.0%			
	Most of the time	Frequency	6	38	44			
		Percentage	13.6%	86.4%	100.0%			
	Never	Frequency	0	1	1			
		Percentage	0.0%	100.0%	100.0%			
	Rarely	Frequency	0	2	2			
		Percentage	0.0%	100.0%	100.0%			
	Sometimes	Frequency	0	5	5			
		Percentage	0.0%	100.0%	100.0%			
	Total		Frequency	8	180			188
			Percentage	4.3%	95.7%			100.0%

***P value<0.05: Significant at 5%***

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=12.170, P value<0.05) between “Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?” and “Did panchayat/municipality adopt steps to collect solid waste and bio-medical waste?”. A majority of respondents (98.5%) agreed that the panchayat/municipality adopt steps to collect solid waste and bio-medical waste. However, they had always been of the opinion that the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19.

**Table 39: Chi square test of association between “Did panchayat/municipality/corporation made plans to provide work to the labours under Mahatma Gandhi Employment Guarantee Scheme during the COVID-19 period?” and “Has the panchayat/municipality/corporation been able to respond promptly and satisfactorily to the crises created by COVID-19?” (Fisher’s exact test)**

			Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?					Chi-square value	P value	
			Always	Most of the time	Never	Rarely	Some times			Total
Did panchayat/municipality made plans to provide work to the labours under Mahatma Gandhi Employment Guarantee Scheme during the COVID-19 period?	No	Frequency	24	19	0	0	4	18.526	<0.000	
		Percentage	51.1%	40.4%	0.0%	0.0%	8.5%			100.0%
	Yes	Frequency	112	25	1	2	1			188
		Percentage	79.4%	17.7%	.7%	1.4%	.7%			
Total		Frequency	136	44	1	2	5	100.0%		
		Percentage	72.3%	23.4%	.5%	1.1%	2.7%			

**\*\* : Significant at 1%(P<0.01)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=18.526, P value<0.01) between “Did panchayat/municipality made plans to provide work to the labours under Mahatma Gandhi Employment Guarantee Scheme during the COVID-19 period?” and “Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?”. When asked if the panchayat or municipality had plans to hire workers under the Mahatma Gandhi Employment Guarantee Scheme during the COVID-19 period, the majority of respondents (51.1%) who chose "no" said that they had always been able to respond promptly and satisfactorily to the crises created by COVID-19. Also when asked whether the panchayat or municipality had any plans to hire workers under the Mahatma Gandhi Employment Guarantee Scheme during the COVID-19 period, the majority (79.4%) who gave a positive response always stood up, stating that they had always been able to respond promptly and satisfactorily to the crises created by COVID-19.



**Table 40: Chi square test of association between “Whether panchayat/municipality could formulate plans to assist people who has lost livelihood owing to COVID-19?” and “Has the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19?”**

			Has the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19?		Total	Chi-square value	P value
			No	Yes			
Whether panchayat/municipality could formulate plans to assist people who has lost livelihood owing to COVID-19?	No	Frequency	64	42	106	20.966	<0.001
		Percentage	60.4%	39.6%	100.0%		
	Yes	Frequency	22	60	82		
		Percentage	26.8%	73.2%	100.0%		
Total		Frequency	86	102	188		
		Percentage	45.7%	54.3%	100.0%		

**\*\* : Significant at 1%(P<0.01)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=20.966, P value<0.01) between “Whether panchayat/municipality could formulate plans to assist people who has lost livelihood owing to COVID-19?” and “Has the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19?”. When asked if panchayats or municipalities were able to formulate plans to assist people who had lost their livelihoods due to COVID-19, the majority of respondents (60.4%) who responded "no" claimed that they did not mobilise private investments or financial resources to support the fight against COVID-19. The majority of respondents (73.2%) who gave positive responses claimed that panchayats and municipalities mobilised private investments or financial resources to support the fight against COVID-19.

**Table 41: Chi square test of association between “Whether panchayat/municipality could formulate plans to assist people who has lost livelihood owing to COVID-19?” and “Whether the panchayat/municipality should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?”**

			Whether the panchayat/municipality should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?			Chi-square value	P value
			No	Yes	Total		
Whether panchayat/municipality could formulate plans to assist people who has lost livelihood owing to COVID-19?	No	Frequency	83	23	106	11.674	0.001**
		Percentage	78.3%	21.7%	100.0%		
	Yes	Frequency	45	37	82		
		Percentage	54.9%	45.1%	100.0%		
Total		Frequency	128	60	188		
		Percentage	68.1%	31.9%	100.0%		

**\*\* : Significant at 1%(P<0.01)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=11.674, P value<0.01) between “Whether panchayat/municipality could formulate plans to assist people who has lost livelihood owing to COVID-19?” and “Whether the panchayat/municipality should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?”. When asked if panchayats or municipalities were able to formulate plans to assist people who had lost their livelihoods due to COVID-19, the majority of respondents (78.3%) who made a "no" response said the panchayat/municipality shouldn't have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19. While the majority of respondents (54.9%) who gave favourable responses also stated that panchayat/municipality shouldn't have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19.

**Table 42: Chi square test of association between “Has the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19?” and “Did panchayat/municipality face constraints in availing fund in fighting COVID-19?”**

			Did panchayat/municipality face constraints in availing fund in fighting COVID-19?					Total	Chi-square value	P value
			Always	Most of the time	Never	Rarely	Sometimes			
Has the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19?	No	Frequency	8	2	49	7	20	86	9.752	0.045
		Percentage	9.3%	2.3%	57.0%	8.1%	23.3%	100.0%		
	Yes	Frequency	3	12	62	7	18	102		
		Percentage	2.9%	11.8%	60.8%	6.9%	17.6%	100.0%		
Total		Frequency	11	14	111	14	38	188		
		Percentage	5.9%	7.4%	59.0%	7.4%	20.2%	100.0%		

**\*: Significant at 5%(P<0.05)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=9.752, P value<0.05) between “Has the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19?” and “Did panchayat/municipality face constraints in availing fund in fighting COVID-19?”. When asked if the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19, the majority of respondents (57%) who gave a "no" response claimed that the panchayat or municipality never faced constraints in availing fund in fighting COVID-19. While the majority of respondents (60.8%) who gave favourable answers also stated that the panchayat or municipality never faced constraints in availing fund in fighting COVID-19.

**Table 43: Chi square test of association between “Whether the panchayat should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?” and “Do you feel that the role of the panchayat in dealing with COVID-19 could have been improved?”**

			Do you feel that the role of the panchayat in dealing with COVID-19 could have been improved?		Total	Chi-square	P value
			No	Yes			
Whether the panchayat should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?	No	Frequency	82	15	97	6.469	0.011
		Percentage	84.5%	15.5%	100.0%		
	Yes	Frequency	31	16	47		
		Percentage	66.0%	34.0%	100.0%		
Total		Frequency	113	31	144		
		Percentage	78.5%	21.5%	100.0%		

**P value<0.05: Significant at 5%**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=6.469, P value<0.05) between “Whether the panchayat should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?” and “Do you feel that the role of the panchayat in dealing with COVID-19 could have been improved?”. When asked if the panchayat should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19, the majority of participants (84.5%) who responded "no" felt that the role of the panchayat in dealing with COVID-19 couldn't have been improved. Also the majority of respondents (66%) who gave favourable answers stated that the role of the panchayat in dealing with COVID-19 couldn't have been improved.

**Table 44: Chi square test of association between “Are there services that are essential for the welfare and socio-economic security of the people, yet panchayats/municipalities/corporations were unable to provide due to legal hurdles?” and “Has the panchayat/municipality/corporation faced obstacles from the government level hindering their efforts to work for the welfare and socio-economic security of the people in the context of COVID-19?” (Chi square test with continuity correction)**

			Has the panchayat faced obstacles from the government level hindering their efforts to work for the welfare and socio-economic security of the people in the context of COVID-19?		Total	Chi-square	P value
			No	Yes			
Are there services that are essential for the welfare and socio-economic security of the people, yet panchayats were unable to provide due to legal hurdles?	No	Frequency	128	3	131	15.039	<0.000
		Percentage	97.7%	2.3%	100.0%		
	Yes	Frequency	9	4	13		
		Percentage	69.2%	30.8%	100.0%		
Total		Frequency	137	7	144		
		Percentage	95.1%	4.9%	100.0%		

**P value<0.01: Significant at 1%**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=15.039, P value<0.01) between “Are there services that are essential for the welfare and socio-economic security of the people, yet panchayats were unable to provide due to legal hurdles?” and “Has the panchayat faced obstacles from the government level hindering their efforts to work for the welfare and socio-economic security of the people in the context of COVID-19?”. The majority of participants (97.7%) who chose "no" in response to the question "Are there services that are essential for the welfare and socio-economic security of the people, but panchayats were unable to provide them due to legal hurdles?" claimed that in the context of COVID-19, panchayats didn't face obstacles from the government level hindering their efforts to work for the welfare and socio-economic security of the people. Also, the majority of respondents (69.2%) who gave favourable answers said that panchayat didn't face obstacles from the government level hindering their efforts to work for the welfare and socio-economic security of the people.

**Table 45: Chi square test of association between “Has the panchayat/municipality/corporation provided the people quarantined at home basic support and the necessary instructions as instructed?” and “Did grassroots committees effectively aided panchayat/municipality/corporation to monitor COVID-19 related activities?” (Fisher’s exact test)**

			Did grassroots committees effectively aided panchayat to monitor COVID-19 related activities					Chi-square	P value	
			Always	Most of the time	Never	Rarely	Sometimes			Total
Has the panchayat provided the people quarantined at home basic support and the necessary instructions?	Always	Frequency	98	25	2	6	5	26.118	0.001	
		Percentage	72.1%	18.4%	1.5%	4.4%	3.7%			100.0%
	Most of the time	Frequency	0	3	1	1	2			7
		Percentage	0.0%	42.9%	14.3%	14.3%	28.6%			100.0%
	Never	Frequency	1	0	0	0	0			1
		Percentage	100.0%	0.0%	0.0%	0.0%	0.0%			100.0%
Total		Frequency	99	28	3	7	7	144		
		Percentage	68.8%	19.4%	2.1%	4.9%	4.9%	100.0%		

**P value<0.01: Significant at 1%**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=26.118, P value<0.01) between “Has the panchayat provided the people quarantined at home basic support and the necessary instructions?” and “Did grassroots committees effectively aided panchayat to monitor COVID-19 related activities?”. A majority of respondents (72.1%) claim that the panchayat always provided the basic support and instructions required to the people quarantined at home. However, they always believed that the grassroots committees effectively aided panchayat to monitor COVID-19 related activities.

**Table 46: Chi square test of association between “Has the panchayat/municipality/corporation provided the people quarantined at institutions basic support and the necessary instructions as required?” and “Did grassroots committees effectively aided panchayat/municipality/corporation to monitor COVID-19 related activities?” (Fisher’s exact test)**

			Did grassroots committees effectively aided panchayat to monitor COVID-19 related activities					Chi-square	P value	
			Always	Most of the time	Never	Rarely	Sometimes			Total
Has the panchayat provided the people quarantined at institutions basic support and the necessary instructions	Always	Frequency	97	25	2	6	5	14.051	0.004	
		Percentage	71.9%	18.5%	1.5%	4.4%	3.7%			100.0%
	Most of the time	Frequency	2	3	1	1	2			9
		Percentage	22.2%	33.3%	11.1%	11.1%	22.2%			
Total		Frequency	99	28	3	7	7	144		
		Percentage	68.8%	19.4%	2.1%	4.9%	4.9%	100.0%		

**P value<0.01: Significant at 1%**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=14.051, P value<0.01) between “Has the panchayat provided the people quarantined at institutions basic support and the necessary instructions?” and “Did grassroots committees effectively aided panchayat to monitor COVID-19 related activities?”. A majority of respondents (71.9%) claim that the panchayat always provided the basic support and instructions required to the people quarantined at institutions. However, they always believed that the grassroots committees effectively aided panchayat to monitor COVID-19 related activities.

**Table 47: Chi square test of association between “Are there services that are essential for the welfare and socio-economic security of the people, yet panchayats/municipalities/corporations were unable to provide due to legal hurdles?” and “Did panchayat/municipality/corporation face constraints in availing fund in fighting COVID-19?” (Fishers exact test)**

			Did panchayat face constraints in availing fund in fighting COVID-19?					Total	Chi-square	P value
			Always	Most of the time	Never	Rarely	Sometimes			
Are there services that are essential for the welfare and socio-economic security of the people, yet panchayats were unable to provide due to legal hurdles?	No	Frequency	9	9	73	13	27	131	9.325	0.027
		Percentage	6.9%	6.9%	55.7%	9.9%	20.6%	100.0%		
	Yes	Frequency	2	4	4	0	3	13		
		Percentage	15.4%	30.8%	30.8%	0.0%	23.1%	100.0%		
Total	Frequency	11	13	77	13	30	144			
	Percentage	7.6%	9.0%	53.5%	9.0%	20.8%	100.0%			

**P value<0.05: Significant at 5%**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=9.325, P value<0.01) between “Are there services that are essential for the welfare and socio-economic security of the people, yet panchayats were unable to provide due to legal hurdles?” and “Did panchayat face constraints in availing fund in fighting COVID-19?”. The majority of participants (55.7%) who chose "no" in response to the question "Are there services that are essential for the welfare and socio-economic security of the people, but panchayats were unable to provide them due to legal hurdles?" claimed that panchayats never faced constraints in availing fund in fighting COVID-19. While majority of respondents (30.8%) who gave positive responses said that panchayats never faced constraints in availing fund in fighting COVID-19, 30.8% also agreed that this was true for most of the time.



**Table 48: Chi square test of association between “Whether the panchayat/municipality/corporation should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?” and “Do you feel that the role of the panchayat/municipality/corporation in dealing with COVID-19 could have been improved?”**

			Do you feel that the role of the panchayat in dealing with COVID-19 could have been improved?		Total	Chi-square	P value
			No	Yes			
Whether the panchayat should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?	No	Frequency	82	15	97	6.469	0.011
		Percentage	84.5%	15.5%	100.0%		
	Yes	Frequency	31	16	47		
		Percentage	66.0%	34.0%	100.0%		
Total		Frequency	113	31	144		
		Percentage	78.5%	21.5%	100.0%		

**P value<0.05: Significant at 5%**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=6.469, P value<0.05) between “Whether the panchayat should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?” and “Do you feel that the role of the panchayat in dealing with COVID-19 could have been improved?”. When asked if the panchayat should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19, the majority of participants (84.5%) who responded “no” felt that the role of the panchayat in dealing with COVID-19 couldn’t have been improved. Also the majority of respondents (66%) who gave favourable answers stated that the role of the panchayat in dealing with COVID-19 couldn’t have been improved.

**Table 49: Chi square test of association between “Has the panchayat/municipality/corporation mobilized private investments/financial resources to support the fight against COVID-19?” and “Whether the panchayat/municipality/corporation should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?”**

			Whether the panchayat/municipality should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?			Chi-square value	P value
			No	Yes	Total		
Has the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19?	No	Frequency	71	15	86	15.280	<0.001
		Percentage	82.6%	17.4%	100.0%		
	Yes	Frequency	57	45	102		
		Percentage	55.9%	44.1%	100.0%		
Total		Frequency	128	60	188		
		Percentage	68.1%	31.9%	100.0%		

**\*\* : Significant at 1%(P<0.01)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=15.280, P value<0.01) between “Has the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19?” and “Whether the panchayat/municipality should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?”. When asked if the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19, the majority of respondents (82.6%) who gave a "no" response claimed that the panchayat/municipality should not have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19. While the majority of respondents (55.9%) who gave favourable answers also stated that the panchayat/municipality should not have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19.

**Table 50: Chi square test of association between “Has the panchayat/municipality/corporation mobilized private investments/financial resources to support the fight against COVID-19?” and “Do you think the existing constitutional and statutory powers and regulations on socio-economic matters are adequate to deal with such a future crisis?”**

			Do you think the existing constitutional and statutory powers and regulations on socio-economic matters are adequate to deal with such a future crisis?		Chi-square value	P value	
			No	Yes			Total
Has the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19?	No	Frequency	3	83	86	11.291	0.001**
		Percentage	3.5%	96.5%	100.0%		
	Yes	Frequency	20	82	102		
		Percentage	19.6%	80.4%	100.0%		
Total		Frequency	23	165	188		
		Percentage	12.2%	87.8%	100.0%		

**\*\* : Significant at 1%(P<0.01)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=11.291, P value<0.01) between “Has the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19?” and “Do you think the existing constitutional and statutory powers and regulations on socio-economic matters are adequate to deal with such a future crisis?”. When asked if the panchayat/municipality mobilized private investments/financial resources to support the fight against COVID-19, the majority of respondents (96.5%) who responded "no" thinks that the existing constitutional and statutory powers and regulations on socio-economic matters are adequate to deal with such a future crisis. While the majority of respondents (80.4%) who gave positive responses also thinks that the existing constitutional and statutory powers and regulations on socio-economic matters are adequate to deal with such a future crisis.

**Table 51: Chi square test of association between “Has the panchayat/municipality/corporation faced any difficulty in obtaining data from other inter-departmental and government agencies during this period?” and “Have the panchayats/municipalities/corporations faced difficulties at any level to effectively implement plans and policies in collaboration with other departments and agencies (including DDMA)?” (Fishers exact test)**

			Have the municipalities faced difficulties at any level to effectively implement plans and policies in collaboration with other departments and agencies (including DDMA)?					Chi-square value	P value		
			Always	Most of the time	Never	Rarely	Sometimes			Total	
Has the panchayat/municipality faced any difficulty in obtaining data from other inter-departmental and government agencies during this period?	No	Frequency	2	5	136	6	12	161	13.340	0.005	
		Percentage	1.2%	3.1%	84.5%	3.7%	7.5%	100.0%			
	Yes	Frequency	2	2	15	3	5	27			
		Percentage	7.4%	7.4%	55.6%	11.1%	18.5%	100.0%			
	Total		Frequency	4	7	151	9	17			188
			Percentage	2.1%	3.7%	80.3%	4.8%	9.0%			100.0%

**\*\* : Significant at 1%(P<0.01)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=13.340, P value<0.01) between “Has the panchayat/municipality faced any difficulty in obtaining data from other inter-departmental and government agencies during this period?” and “Have the municipalities faced difficulties at any level to effectively implement plans and policies in collaboration with other departments and agencies (including DDMA)?”. When asked if the panchayat/municipality faced any difficulty in obtaining data from other inter-departmental and government agencies during this period, the majority of participants (84.5%) who responded "no" claimed that the municipalities never faced difficulties at any level to effectively implement plans and policies in collaboration with other departments and agencies (including DDMA). While the majority of respondents (55.6%) who gave favourable answers also say the municipalities never faced difficulties at any level to effectively implement plans and policies in collaboration with other departments and agencies (including DDMA).

**Table 52: Chi square test of association between “Has the panchayat/municipality/corporation faced any difficulty in obtaining data from other inter-departmental and government agencies during this period?” and “Are there services that are essential for the welfare and socio-economic security of the people, yet panchayats/municipalities/corporations were unable to provide due to legal hurdles?”**

			Are there services that are essential for the welfare and socio-economic security of the people, yet municipalities were unable to provide due to legal hurdles?			Chi-square value	P value
			No	Yes	Total		
Has the panchayat/municipality faced any difficulty in obtaining data from other inter-departmental and government agencies during this period?	No	Frequency	153	8	161	9.987	0.002**
		Percentage	95.0%	5.0%	100.0%		
	Yes	Frequency	21	6	27		
		Percentage	77.8%	22.2%	100.0%		
Total		Frequency	174	14	188		
		Percentage	92.6%	7.4%	100.0%		

**\*\* : Significant at 1%(P<0.01)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=9.987, P value<0.01) between “Has the panchayat/municipality faced any difficulty in obtaining data from other inter-departmental and government agencies during this period?” and “Are there services that are essential for the welfare and socio-economic security of the people, yet municipalities were unable to provide due to legal hurdles?”. When asked if the panchayat/municipality faced any difficulty in obtaining data from other inter-departmental and government agencies during this period, the majority of participants (95%) who responded “no” said that there were no services that were essential to the welfare and socio-economic security of the people, yet municipalities were unable to provide due to legal hurdles. Also the majority of respondents (77.8%) who gave favourable answers stated that said that there were no services that were essential to the welfare and socio-economic security of the people, yet municipalities were unable to provide due to legal hurdles.

**Table 53: Chi square test of association between “Whether the panchayat/municipality/corporation should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?” and “Do you feel that the role of the panchayat/municipality/corporation in dealing with COVID-19 could have been improved?”**

			Do you feel that the role of the panchayat/municipality in dealing with COVID-19 could have been improved?		Total	Chi-square value	P value
			No	Yes			
Whether the panchayat/municipality should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?	No	Frequency	109	19	128	11.409	0.001**
		Percentage	85.2%	14.8%	100.0%		
	Yes	Frequency	38	22	60		
		Percentage	63.3%	36.7%	100.0%		
Total		Frequency	147	41	188		
		Percentage	78.2%	21.8%	100.0%		

**\*\* : Significant at 1%(P<0.01)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=11.409, P value<0.01) between “Whether the panchayat/municipality should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19?” and “Do you feel that the role of the panchayat/municipality in dealing with COVID-19 could have been improved?”. When asked if the panchayat/municipality should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19, the majority of participants (85.2%) who responded “no” felt that the role of the panchayat/municipality in dealing with COVID-19 couldn’t have been improved. Also the majority of respondents (63.3%) who gave favourable answers stated that the role of the panchayat/municipality in dealing with COVID-19 couldn’t have been improved.

**Table 54: Chi square test of association between “Was government funding available to the panchayat/municipality/corporation to support the fight against COVID-19?” and “Have the panchayats/municipalities/corporations faced difficulties at any level to effectively implement plans and policies in collaboration with other departments and agencies (including DDMA)?”(Fishers exact test)**

			Have the municipalities faced difficulties at any level to effectively implement plans and policies in collaboration with other departments and agencies (including DDMA)?					Chi-square value	P value	
			Always	Most of the time	Never	Rarely	Sometimes			Total
Was government funding available to the panchayat/municipality to support the fight against COVID-19?	No	Frequency	1	4	19	0	2	9.838	0.024*	
		Percentage	3.8%	15.4%	73.1%	0.0%	7.7%			100.0%
	Yes	Frequency	3	3	132	9	15			162
		Percentage	1.9%	1.9%	81.5%	5.6%	9.3%			100.0%
Total		Frequency	4	7	151	9	17	188		
		Percentage	2.1%	3.7%	80.3%	4.8%	9.0%	100.0%		

**\*: Significant at 5%(P<0.05)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=9.838, P value<0.01) between “Was government funding available to the panchayat/municipality to support the fight against COVID-19?” and “Have the municipalities faced difficulties at any level to effectively implement plans and policies in collaboration with other departments and agencies (including DDMA)?”. When asked whether government funding was available to the panchayat/municipality to support the fight against COVID-19, the majority of participants (73.1%) who responded "no" claimed that the municipalities never faced difficulties at any level to effectively implement plans and policies in collaboration with other departments and agencies (including DDMA). While the majority of respondents (81.5%) who gave favourable answers also say the municipalities never faced difficulties at any level to effectively implement plans and policies in collaboration with other departments and agencies (including DDMA).

**Table 55: Chi square test of association between “Was government funding available to the panchayat/municipality/corporation to support the fight against COVID-19?” and “Did panchayat/municipality/corporation face constraints in availing fund in fighting COVID-19?” (Fishers exact test)**

			Did panchayat/municipality face constraints in availing fund in fighting COVID-19?					Chi-square value	P value	
			Always	Most of the time	Never	Rarely	Sometimes			Total
Was government funding available to the panchayat/municipality to support the fight against COVID-19?	No	Frequency	4	4	15	1	2	9.205	0.038*	
		Percentage	15.4%	15.4%	57.7%	3.8%	7.7%			100.0%
	Yes	Frequency	7	10	96	13	36			162
		Percentage	4.3%	6.2%	59.3%	8.0%	22.2%			
Total		Frequency	11	14	111	14	38	188		
		Percentage	5.9%	7.4%	59.0%	7.4%	20.2%		100.0%	

**\*: Significant at 5%(P<0.05)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=9.205, P value<0.01) between “Was government funding available to the panchayat/municipality to support the fight against COVID-19?” and “Did panchayat/municipality face constraints in availing fund in fighting COVID-19?”. When asked whether government funding was available to the panchayat/municipality to support the fight against COVID-19, the majority of participants (57.7%) who responded "no" claimed that the municipalities never faced constraints in availing fund in fighting COVID-19. Also the majority of respondents (59.3%) who gave positive responses said that the municipalities never faced constraints in availing fund in fighting COVID-19.



**Table 56: Chi square test of association between “Are there services that are essential for the welfare and socio-economic security of the people, yet panchayats/municipalities/corporations were unable to provide due to legal hurdles?” and “Did panchayat/municipality/corporation face constraints in availing fund in fighting COVID-19?” (Fishers exact test)**

			Did panchayat/municipality face constraints in availing fund in fighting COVID-19?					Chi-square value	P value	
			Always	Most of the time	Never	Rarely	Sometimes			Total
Are there services that are essential for the welfare and socio-economic security of the people, yet municipalities were unable to provide due to legal hurdles?	No	Frequency	9	10	107	14	34	12.345	0.006**	
		Percentage	5.2%	5.7%	61.5%	8.0%	19.5%			100.0%
	Yes	Frequency	2	4	4	0	4			14
		Percentage	14.3%	28.6%	28.6%	0.0%	28.6%			100.0%
Total		Frequency	11	14	111	14	38	188		
		Percentage	5.9%	7.4%	59.0%	7.4%	20.2%	100.0%		

**\*\* : Significant at 1%(P<0.01)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=12.345, P value<0.01) between “Are there services that are essential for the welfare and socio-economic security of the people, yet municipalities were unable to provide due to legal hurdles?” and “Did panchayat/municipality face constraints in availing fund in fighting COVID-19?”. The majority of participants (61.5%) who chose "no" in response to the question "Are there services that are essential for the welfare and socio-economic security of the people, but municipalities were unable to provide them due to legal hurdles?" claimed that municipalities never faced constraints in availing fund in fighting COVID-19. While majority of respondents (28.6%) who gave positive responses said that municipalities never faced constraints in availing fund in fighting COVID-19, 28.6% also agreed that this was true for most of the time.

**Table 57: Chi square test of association between “Has the panchayat/municipality/corporation faced obstacles from the government level hindering their efforts to work for the welfare and socio-economic security of the people in the context of COVID-19?” and “Did panchayat/municipality/corporation face constraints in availing fund in fighting COVID-19?” (Fishers exact test)**

			Did panchayat/municipality face constraints in availing fund in fighting COVID-19?					Chi-square value	P value	
			Always	Most of the time	Never	Rarely	Sometimes			Total
Has the panchayat/municipality faced obstacles from the government level hindering their efforts to work for the welfare and socio-economic security of the people in the context of COVID-19?	No	Frequency	10	11	111	13	35	180	16.987	0.001**
		Percentage	5.6%	6.1%	61.7%	7.2%	19.4%	100.0%		
	Yes	Frequency	1	3	0	1	3	8		
		Percentage	12.5%	37.5%	0.0%	12.5%	37.5%	100.0%		
Total		Frequency	11	14	111	14	38	188		
		Percentage	5.9%	7.4%	59.0%	7.4%	20.2%	100.0%		

**\*\* : Significant at 1%(P<0.01)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=16.987, P value<0.01) between “Has the panchayat/municipality faced obstacles from the government level hindering their efforts to work for the welfare and socio-economic security of the people in the context of COVID-19?” and “Did panchayat/municipality face constraints in availing fund in fighting COVID-19?”. The majority of participants (61.7%) who chose "no" in response to the question "Whether the panchayat/municipality faced obstacles from the government level hindering their efforts to work for the welfare and socio-economic security of the people in the context of COVID-19" claimed that municipalities never faced constraints in availing fund in fighting COVID-19. While 37.5% of respondents who gave positive responses said that municipalities sometimes face constraints in availing fund in fighting COVID-19, another 37.5% also agreed that this was true for most of the time.

**Table 58: Chi square test of association between “Where home quarantine is not available, has the panchayat/municipality/corporation provided institutional quarantine facility as instructed?” and “Has the panchayat/municipality/corporation been able to respond promptly and satisfactorily to the crises created by COVID-19?” (Fisher’s exact test)**

			Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?					Chi-square value	P value
			Always	Most of the time	Never	Rarely	Sometimes		
Where home quarantine is not available, has the panchayat/municipality provided institutional quarantine facility?	Always	Frequency	130	31	1	2	3	32.442	<0.001*
		Percentage	77.8%	18.6%	.6%	1.2%	1.8%		
	Most of the time	Frequency	6	12	0	0	2		
		Percentage	30.0%	60.0%	0.0%	0.0%	10.0%		
	Rarely	Frequency	0	1	0	0	0		
		Percentage	0.0%	100.0%	0.0%	0.0%	0.0%		
Total		Frequency	136	44	1	2	5	188	
		Percentage	72.3%	23.4%	.5%	1.1%	2.7%	100.0%	

**\*\* : Significant at 1%(P<0.01)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=32.442, P value<0.01) between “Where home quarantine is not available, has the panchayat/municipality provided institutional quarantine facility?” and “Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?”. The majority (77.8%) of respondents say that when home quarantine is not available, the panchayat or municipality always provides institutional quarantine facilities. However, they always stood up with the statement that the panchayat or municipality was able to respond promptly and satisfactorily to the crises created by COVID-19.

**Table 59: Chi square test of association between “Has the panchayat/municipality/corporation provided essential transport facility (ambulance/ other vehicles) for referral in cases of emergency?” and “Has the panchayat/municipality/corporation been able to respond promptly and satisfactorily to the crises created by COVID-19?” (Fisher’s exact test)**

			Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?					Chi-square value	P value	
			Always	Most of the time	Never	Rarely	Sometimes			Total
Has the panchayat/municipality provided essential transport facility (ambulance/ other vehicles) for referral in cases of emergency?	Always	Frequency	131	31	1	0	4	53.107	<0.001**	
		Percentage	78.4%	18.6%	.6%	0.0%	2.4%			100.0%
	Most of the time	Frequency	1	12	0	2	1			16
		Percentage	6.3%	75.0%	0.0%	12.5%	6.3%			100.0%
	Never	Frequency	2	0	0	0	0			2
		Percentage	100.0%	0.0%	0.0%	0.0%	0.0%			100.0%
	Sometimes	Frequency	2	1	0	0	0			3
		Percentage	66.7%	33.3%	0.0%	0.0%	0.0%			100.0%
Total		Frequency	136	44	1	2	5	188		
		Percentage	72.3%	23.4%	.5%	1.1%	2.7%	100.0%		

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=53.107, P value<0.01) between “Has the panchayat/municipality provided essential transport facility (ambulance/ other vehicles) for referral in cases of emergency?” and “Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?”. The majority of respondents (78.4%) who always agree with the statement that panchayat/municipality provided essential transport facility (ambulance/other vehicles) for referral in cases of emergency also state that the panchayat/municipality always been able to respond promptly and satisfactorily to the crises created by COVID-19.

**Table 60: Chi square test of association between “Do you feel that the role of the panchayat/municipality/corporation in dealing with COVID-19 could have been improved?” and “Has the panchayat/municipality/corporation been able to respond promptly and satisfactorily to the crises created by COVID-19?” (Fishers exact test)**

			Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?					Chi-square value	P value	
			Always	Most of the time	Never	Rarely	Sometimes			Total
Do you feel that the role of the panchayat/municipality in dealing with COVID-19 could have been improved?	No	Frequency	112	31	1	2	1	147	11.366	0.010*
		Percentage	76.2%	21.1%	0.7%	1.4%	0.7%	100.0%		
	Yes	Frequency	24	13	0	0	4	41		
		Percentage	58.5%	31.7%	0.0%	0.0%	9.8%	100.0%		
Total		Frequency	136	44	1	2	5	188		
		Percentage	72.3%	23.4%	.5%	1.1%	2.7%	100.0%		

**\*\* : Significant at 1%(P<0.01)**

From the above table, Chi square test of association showed that, there exists statistically significant association (Chi-square=11.366, P value<0.01) between “Do you feel that the role of the panchayat/municipality in dealing with COVID-19 could have been improved?” and “Has the panchayat/municipality been able to respond promptly and satisfactorily to the crises created by COVID-19?”. The majority of participants (76.2%) who chose "no" in response to the question "Do you feel that the role of the panchayat/municipality in dealing with COVID-19 could have been improved " claimed that panchayat/municipality has always been able to respond promptly and satisfactorily to the crises created by COVID-19. Also majority of the respondents (58.5%) who gave positive responses said that panchayat/municipality has always been able to respond promptly and satisfactorily to the crises created by COVID-19.



# 05

## DISCUSSION



The previous chapter, with the help of statistics, narrated the manner in which local self-government attempted to ensure the socio-economic rights of its inhabitants. Local self-governments in Kerala are, thus, inferred to have played a critical role in securing and safeguarding fundamental socio-economic rights such as the right to health, food, education, shelter, livelihood, a clean environment, and the freedom to engage in trade and business. As an essential component of the democratic framework, it is pertinent to analyse the manner in which local self-governments delivered the responsibility to ensure the effective implementation of these rights at the grassroots level.

## 5.1 THE ROLE OF LOCAL SELF-GOVERNMENTS IN SECURING SOCIO-ECONOMIC RIGHTS

### 5.1.1 Right to Health



COVID-19 poses an immense threat to the health systems. The challenges put forth by COVID-19 were novel and capable enough to put the healthcare industry into an alarming situation. The Governments, both at the Centre and State, realising that any form of scrambling would, in turn, incur serious economic and social costs, evolved themselves to act promptly and swiftly as in a war front. A range of activities was planned and sought to be implemented by the Governments, to prevent, quarantine, treat and rehabilitate the people to whom they are responsible. The plan so designed required the Local Self-

Government Department and the Local Self-Government Bodies to coordinate and work along with other departments of the State, to play an important role in combating Covid-19, which has been declared a pandemic by the World Health Organization and a national disaster by the Central Government. Attention, awareness, and care were required to be given to those who deserved more consideration in society. Vigilance was to be maintained in the health sector, and social support and care were to be provided to those who were isolated at home and their families. Thus, at various phases, Local Self-Government became a major actor in the fight against COVID-19.

#### 5.1.1.1 Awareness Campaign

What stands at the forefront of the battle was the risk communication and the efforts to demystify the rumours spread. COVID-19 being an unprecedented health disaster, and projected as a deadly disease, with death tolls alarmingly rising at the global scale, it was of prime importance that the information about the disease is being accurately and efficiently disseminated through a trustworthy source and words are not contradicted by the reports from the field. Twin objectives mandating such an effort were to build a sound defensive system and, at the same to make sure that the people did not get carried away by their perceptions, rumours, misinformation and stigmatisation. Rooting out such apprehensions at the earliest, through a properly designed awareness strategy, was pivotal so as to ensure social cohesion and proper risk assessment.

Engaging Local-self-government and agencies controlled by local self-governments was the key to carrying out awareness activities at the grassroot level, reaching up to the doorsteps of every single individual. Extensive programs, thus arranged by the local self-governments, focused on personal hygiene, such as avoiding sneezing and spitting in public places, frequent hand washing with soap, and avoiding public contact with persons with symptoms such as fever and cold. The sensitisation programs were designed to disseminate information directly as well as through the indirect means of social media, posters, notices and telecommunication.<sup>xcvii</sup> Direct awareness campaigns concentrated more on schools, residence associations, office markets, commercial establishments, and other places wherever possible and the public congregates. Helpdesks established at each local self-government institution were also significant in clarifying the doubts pertaining to the pandemic and the consequent restrictive measures.

Rather than adopting a blanket approach for the dissemination of reliable information, commendable efforts were made to reach out to the strata of society through tailor-made strategies.

**Geriatric Persons;** Being tagged as the most vulnerable category of the population by medical experts and underlined by the causality rate, most of the local self-governments in Kerala, had pooled their resources to render special attention to the geriatric population of the society and create awareness, amongst them. Availing the services of Snehita Calling Bell, Vyoclub, Vyojana Ayalkootam, and Vyomitram, besides seeking assistance from the local palliative care system, face-to-face communication of risk and precautionary measures was made possible.<sup>xcviii</sup> An added advantage that followed the direct awareness



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program was the precise assessment of the risk of the factor, which later proved crucial in building a localised management plan.

**Migrant Community:** Having distinctly identified by their language, culture and food patterns, sensitising migrant community in Kerala, was a crucial factor in ensuring that the emergency response plan remained intact to deliver the results sought for, more particularly when recalling the mass exodus that took place across the country amidst the declaration of the complete lockdown. However, local self-governments, through its ward members, the Kudumbashree organizational system and Emergency Response Teams, could reach out to the migrant population to pacify them, conduct awareness programs, and in utilising their services to reach out to more people in their language.<sup>xcix</sup>



**Other vulnerable population:** The awareness programs were to focus also on the people at high risk of contracting the infection, including the aged and under palliative care, Scheduled Castes, Scheduled Tribes, coastal dwellers, slum dwellers, inmates of care homes, employment guarantee scheme workers, and Kudumbashree/neighbourhood group members. The Ward members and officers at the local body level were trained to create awareness among the people about personal hygiene and safety measures, and, having assigned the responsibility, could deliver awareness activities in a tailor-made fashion.<sup>c</sup>

In short, extensive awareness programs were ordered to be conducted to create awareness among the people about the importance of personal hygiene and safety measures to prevent the spread of the coronavirus. These programs were focused on the most vulnerable groups, and the responsibility of conducting them was assigned to the representatives and officers at the local body level and ward level to sensitize the people about the importance of personal hygiene and safety measures and to prevent the spread of the coronavirus.

**THE OUTCOME:** In order to identify the impact of the awareness activities carried out by the local governments, people were asked whether they received adequate awareness from the part of Local Self-Governments, to protect their health during the COVID-19 pandemic, 81.9% (4126 households) responded that the awareness they received was sufficient enough to protect their health. It could thus be concluded that the overarching effort made by the local self-governments to impart awareness has reached the target community, and it was sufficient enough to protect them from the wrath of COVID-19. Such an effort, addressing each stratum of society in a tailor-made fashion, is to be understood as a key in educating the public about the risks and vulnerabilities existing in society and promoting them to

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reduce the exposure and to devise plans to combat the threats posed to them in the capacity of an individual.

### 5.1.1.2 Precautionary measures

In the wake of the COVID-19 pandemic, along with the awareness activities, it was equally important to plan and execute precautionary measures systematically to see that the population remain safe and healthy. Surveying on a broader context, prevention activities of the following nature could be identified to have been done by the local self-governments.

- **Risk Assessment:** Firstly, prevention activities were concentrated around having a proper assessment of risk, whereby people at high risk and comorbidities are identified and a specific emergency response plan is made to scale down the exposure to the virus. Active involvement of the ward team was a pioneer in assisting local self-government in the process. The standardised procedure adopted at the State level, aided by the distribution of a standard form performa, ensured the utilisation of data obtained at various levels of disease control and prevention.
- **Capability assessment:** Along with risk assessment, in designing an emergency response plan, it was a precursor that capability assessment was conducted. The reports so prepared by the Local Self-Governments, after assessing the strengths and capabilities of Governmental and Non-Governmental medical resources, deployable Palliative Care Workers, Community Resource Persons, Youth Clubs, Volunteers, facilities available at the hospitals, both private and governmental and accommodation facilities suitable for isolation- were utilised at the local level to devise alternative means of combating measures as well as was made use of it at the State and National level for developing plans at the higher level.
- **Complying with Infection Control Protocol:** Strict adherence to the infection control protocols issued by the health department at all healthcare institutions, was ensured by the local self-governments and provided special training and displayed guidelines, wherever necessary,<sup>ci</sup>
- **Disinfection:** Spraying disinfectants on materials collected from the Domiciliary Care Centres, COVID First Line Treatment Centres and other health institutions was regularly conducted. Hot spots were identified, cleaned, and disinfected. The fire force was also engaged in the decontamination process.<sup>cii</sup>
- **Encouraging adherence to Break-the-Chain protocol:** Widespread campaigns were organised to sensitise people to the COVID-19 protocol and to prevent transmission of infection at all places having access to the general public. As a part of the same, 98.9% of the Local self-governments have taken measures to install sanitation facilities in all public places.<sup>ciii</sup>
- **Avoid Crowding:** Crowding in shops to buy essentials was discouraged, and adequate announcements were made through loudspeakers. Police authorities were also engaged if necessary.<sup>civ</sup>

**THE OUTCOME:** All of these measures were crucial in combating the COVID-19 pandemic. When local self-governments were asked as to whether they have taken precautionary measures to combat COVID-19, 78.2% reported that they have always taken the measures, and 14.9% have taken such measures most of the time. The acknowledgement by the general public that 91.9% of the respondents have received some form of service from the part of Asha workers or youth volunteers during the COVID-19 period in terms of providing awareness or seeking health information or following up on basic needs proves that



COMPLYING WITH  
INFECTION CONTROL  
PROTOCOL



TRAINING, WRITING  
AND DISPLAYING OF  
INFECTION CONTROL  
GUIDELINES



SPRAYING INFECTANTS  
ON INFECTED AREA  
AND MATERIALS



ENCOURAGING  
ADHERENCE TO BREAK  
THE CHAIN PROTOCOL



TAKING STEPS TO  
AVOID OVER-  
CROWDING



COLLECTION,  
TABULATION AND  
DISSEMINATION OF  
ACCURATE AND  
RELIABLE  
INFORMATION

the community engagement resorted to the local self-government, has delivered to reach out to the general public to their satisfaction. By working in harmony with the health department, these institutions aimed to provide social support and prepare for future activities.

### 5.1.1.3 Ensuring General and Mental Health

The COVID-19 pandemic brought about a nationwide lockdown, which had devastating effects on people's livelihoods, especially those who were critically ill and needed life-saving drugs. Further, as it was observed by the health experts that maintaining general and mental health is also a key measure in building a defensive wall, the attention was also directed towards this end.

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### THE OUTCOME:

**Monitoring the health status of the people in need of care and protection:** Local self-governments have taken measures to monitor the health status of the people in need of special care and protection, such as geriatric patients, people suffering from chronic illness, children, differently abled and pregnant ladies. The service of ASHA workers and members of the Ward level committee and cluster committee were deployed for the same. In order to ensure that hospital-based regular consultations and monitoring were minimised to the maximum possible extent and thereby the exposure to COVID-19 patients was averted, telemedicine facility was also arranged by a large number of local self-governments. Further, 80.32% of the local self-governments have also reported that they have taken measures to take medical professionals, including doctors, nurses and laboratory staff, to their homes whenever their services are warranted by these categories of people. In ineludible cases where patients were required to be shifted to the hospitals, means of transportation were also arranged by 86.17% of the local self-governments.

**Procurement and supply of medicines:** Acknowledging that the menace of the lockdown and the threat of rapid transmission of the COVID-19 virus would render it arduous for the patients to obtain medicines on a regular basis and results in an undersupply of essential medicines, the local Self-government were authorised to procure and supply life-saving medicines for dialysis patients, organ transplant recipients, and cancer patients. Patients who were most deserving of assistance and experiencing financial hardship were given priority in the process. The active involvement of the ASHA workers and the members of the ward-level committee and the Rapid Response Team proved to be highly efficient in successfully delivering the task. 90.4% of the local self-governments have taken measures to supply medicines to the needy at their doorsteps during the period. The fact that 88.19 % of the panchayats and all of the responding municipalities have taken measures to deliver medicines to the doorstep, is to be highly appreciated, particularly when considering the distance and the limited number of medical shops available in the rural areas.

**Palliative care:** 86.17% of the local self-governments took measures to avail the services of palliative care to bedridden and critically ill patients on a regular basis. The services of government-run palliative care support were highly sought for.

**Counselling:** The fact that 97.3% of the local self-governments have taken some measures to arrange counselling facilities to ensure the mental well-being of those stranded at home fettered by COVID-19 and related restrictive measures in place is a validation that the local-self-governments have also paid attention to the mental health of its inhabitants.

Thus, it could be understood that the local-self governments have taken elaborate measures to reach out to the people at the grassroot in aid of protecting their general and mental health and the responses of the public underlines that the efforts were successfully delivered.

#### 5.1.1.4 Surveillance and contact tracing

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According to the study reports available at the initial phase, the COVID-19 infection could only be transmitted through direct contact of a person via respiratory droplets and close contact and indirect contact with objects or surfaces in the immediate environment contaminated with respiratory droplets from an infected person. As it was understood that transmission happens only through direct or indirect contact, as a means to contain the spread, the identification of primary and secondary contacts of the infected person was, therefore, considered a crucial measure in containing COVID-19. Repatriates from other states and countries were treated as having contact with the infected persons. Elaborate measures were thus issued by the Department of Health, to identify such people, isolate and test those people. In both these regards, surveillance and contact tracing were ordered to be conducted with utmost precision. It was the local self-government bodies who were assigned the important task of strengthening the surveillance system to identify individuals who have come from affected areas of the Covid-19 disease as well as the people who had primary or secondary contact with the infected persons.<sup>cv</sup> Such an effort required community engagement and working closely with ward members, ward team, and residence associations. The efforts taken by Local self-governments to precisely track down the same, enabled the flattening of the curve to a larger extent at the initial phase. Helpdesks also served as a hotline for the community members to report the contact. Apart from the same, it was also the responsibility of the local-self-governments to ensure proper screening of persons accessing public places. The screening was also crucial for the displaced people and migrant workers. The active involvement of ward members and officials of local self-governments, with the assistance of ASHA workers, made it possible and to provide necessary warnings in the event of violations and to report the actions of utter disregard to the police authorities.

**THE OUTCOME:** When local self-governments were asked as to whether they could successfully handle the daily reporting of the health status and fresh COVID-19 cases as well as the preparation of the database, the response was that all of the responding local-self-governments could successfully do so. The supporting answer from 79.3 % of the public that there was regular monitoring by the ASHA workers on their health status affirms the fact that the task of surveillance was successfully delivered. However, contact tracing was not regularly done except in the initial phase.

#### 5.1.1.5 Isolation

The success of adequately isolating the people in contact with the infected persons and patients who contracted the COVID-19 infection is almost solely owed to the local-self-governments. The term 'quarantine', though it finds mention in medical textbooks and penal laws, was quite an unfamiliar situation for a large fraction of the people in the society. Owing to the same, it was a breeding ground for several concerns, including lack of adequate space to remain isolated, mental discomforts such as depression, loss of livelihood, lack of basic support to sustain life, stigmatisation and a range of unique localised and individualised concerns.

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**Institutional Quarantine:** Concerning the quarantine of repatriates, and people in the high-risk category were ordered to be in the institutional quarantine set up, in the form of a COVID Care Centre. Almost all the local self-governments having identified suitable places for accommodation, the most convenient amongst them were converted to COVID Care Centres. At a later phase, persons who cannot be effectively quarantined at their homes, were also transported to the institutional quarantine centres. In both cases, most of the local self-governments were able to provide them with instructions and could extend basic support for leading a dignified life. Recreational activities, viz., entertainment and communication facilities, including internet facility, TV, daily newspapers, magazines and books, were also provided to prevent adverse mental health of the people quarantined. Apart from the same, motivational support and counselling were also provided.<sup>cvi</sup>

**Home Quarantine:** As the number of COVID-19 cases increased, permission was granted to the people at high risk to remain in quarantine at their respective dwelling places. Meanwhile, most of the local self-governments could provide instructions and could supply their basic life support during the period.

Additionally, the local self-governments took the initiative to arrange counselling for the people obsessed with their life under quarantine. Community counselling was also provided in order to eliminate the threat of stigmatisation and social exclusion of the people quarantined.<sup>cvi</sup> These measures were crucial in combating the spread of COVID-19 and protecting the health of the community.

**Regular Monitoring:** Ward-level committees conducted field visits to monitor patients who were kept under home isolation. Field visit reports, prepared with the aid of a standard template by ward-level committees, were updated to various authorities on a daily basis. This ensured uniformity in data collection across the Local Self Governments.<sup>cvi</sup>

**THE OUTCOME:** 88.8% of the local self-governments had replied that they had always provided institutional quarantine facilities when home quarantine was not available. 10.6% have done it on most occasions. 96.8% of the local self-governments have ensured institutional quarantine facilities by opening Domiciliary Care Centre itself. 94.7% of the local self-governments have responded that they have always provided basic support with necessary instructions to the people quarantined at their homes. The same proportion of the local self-governments has also always provided basic support with necessary instructions to the people quarantined at the institutional quarantine facility. Confirming the same, the inhabitants of these local self-governments have responded that 75.74% of them have received adequate support and instructions from the part of their local self-government. Taking together 87.12% of the population who were quarantined received some form of support from the part of the local self-governments. In short, it could be concluded that the local self-governments have offered adequate facilities for quarantine and adhering to its principles of non-discrimination, have taken care of people quarantined at home and at the institutional quarantine and has provided them with adequate support required during the quarantine period.

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### 5.1.1.6 Ensuring access to adequate healthcare

As the COVID-19 pandemic raged across the world, in Kerala, local self-government bodies were also assigned the crucial role of providing facilities to obtain treatment for the patients infected by the Covid-19 virus. In pursuant to the same, most of the local bodies have satisfactorily responded to ensure access to adequate treatment in a timely manner. To achieve these objectives, the local self-government governing body assigned responsibilities to the representatives and officers at the local body level and ward level. Navigating through the nature of activities accomplished by the Local Self-Governments, it could be identified as follows:

**Adequate Treatment:** Local Self-governments, having been entrusted with the duty to facilitate access to adequate medical treatment, the efforts were directed towards meeting the infrastructural requirements. The first step towards the same was to designate several hospitals as designated COVID-19 hospitals, to ensure that COVID-19 patients are given priority. In most of such hospitals, the outpatient consultation timings were extended till 6 PM.<sup>cx</sup> Following the same, measures were taken to equip the existing hospitals with human resources and equipment sufficient enough to meet the increased requirement while observing COVID-19 protocol. Temporary staff medical and para-medical staff were recruited on a contract basis for almost two years to meet the requirements. Sanitation workers on a daily wage basis were also hired to keep the hospital premises clean and prevent nosocomial infection to the maximum possible extent. The implementation of the Aardram Mission, launched to revamp the health system under the local self-governments in Kerala, with the objectives to people-friendly outpatient services, re-engineer PHC to FHC, ensure access to comprehensive health services to the marginalised and vulnerable population and standardisation of settings to tertiary settings, has been crucial in building the infrastructural and human resource capacity sufficient enough to meet the requirements posed by the COVID-19.<sup>cx</sup>

Where hospital facilities were insufficient in any particular limits of Local Self-governments, in most of cases, a COVID First Line Treatment Centre (CFLTC) with an oxygen facility was established, with the object of providing treatment to all mild and moderately symptomatic patients. The striking aspect of such arrangements was that most of the patients infected with COVID-19 were offered an option to avail of treatment facilities free of cost or at a nominal cost.

Wherever these measures were not feasible, local self-government bodies worked closely with other agencies and private entities to set up kiosks and to avail the services of doctors and nurses free of cost to provide necessary care and treatment to patients. Such options were explored most in Local self-governments having tribal settlements.

**Supply of Oxygen:** During the second wave of the Covid-19 pandemic, it was common for patients to experience health problems due to reduced oxygen levels. To address this issue, artificial oxygenation was the main treatment method. Therefore, it was imperative to ensure the availability of oxygen in

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health facilities in the local self-government area. Hence, to meet the increased demand for oxygen, oxygen beds were setup under all the health care systems established by the Local-self-governments and oxygen cylinders were made available for emergency use. Additionally, the availability of not less than two vehicles, including an ambulance with oxygen facilities, was ensured. This enabled the transportation of patients under treatment at home to health facilities with oxygen availability, including CHCs, PHCs, FHCs, CFLTCs, etc. Further, arrangements were made for the purchase and supply of oxygen concentrators in Covid treatment facilities, such as CHCs, PHCs, FHCs, CFLTCs, DCCs, etc., to meet the requirements. To ensure adequate and timely availability of oxygen, all Covid treatment facilities under the local government contacted the nodal officer of the respective institution to collect information on the availability of oxygen on a daily basis. In case of a shortage in availability, necessary action was taken by the local self-government bodies by contacting the District-level Oxygen War room.<sup>cxii</sup> Furthermore, a sufficient number of pulse-oximeters were made available in PHCs/CHCs as directed by the Medical Officer. These patients in home isolation were provided with oximeters by local self-governments through ASHA workers, if required. The ASHA/Ward Level Committee was responsible for issuing and re-collecting the pulse oximeters in this regard.

## COVID FIRST LINE TREATMENT CENTRE (CFLTC)

### Governance of CFLTC

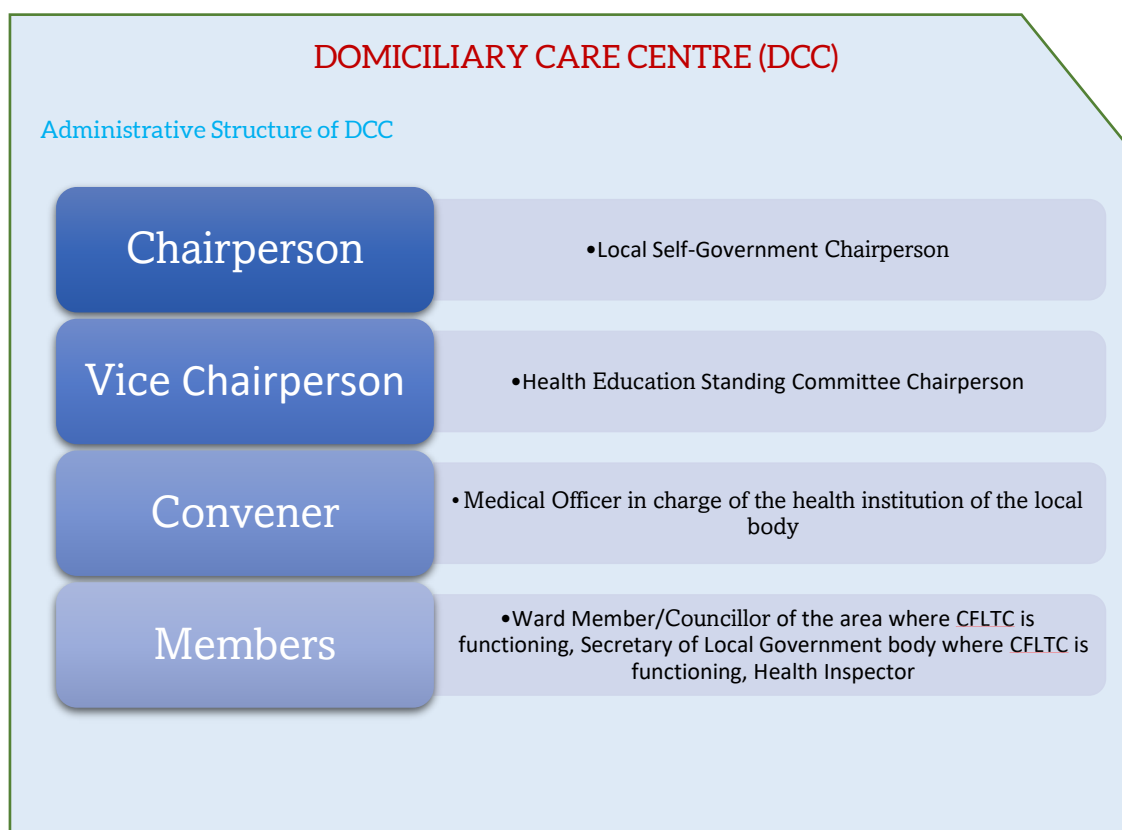
The day-to-day running of the CFLTC will be vested in the concerned Local Self-Government. A managing committee should be formed for the effective day-to-day management of the CFLTC for timely provision of physical facilities.

<b>Chairperson</b>	Local Self-Government Chairperson
<b>Vice Chairperson</b>	Health Education Standing Committee Chairperson
<b>Convener</b>	Medical Officer in charge of PHC/CHC/ Taluk Health Centre. (Medical Officer Should be the Executive Officer of CFLTC).
<b>Joint Convener</b>	Nodal Officer as decided by the local self-government body
<b>Members</b>	Ward Member/Councillor of the area where CFLTC is functioning, Secretary of Local Government body where CFLTC is functioning, Health Inspector



**Transportation:** Local self-government bodies were required to take necessary steps to ensure that patients were transported safely and comfortably, without any delay or inconvenience. To facilitate the same, most of the local self-governments empanelled and designated ambulances for the transportation of patients. These vehicles were to be used for shifting patients from their homes to domiciliary care centres, and in case of emergencies, from DCCs to Covid hospitals, CSLTCs, CFLTCs and back. Additionally, the same empanelled and designated vehicles were used for meeting the transportation needs of patients in home isolation. To ensure the safe and comfortable transportation of patients, the designated ambulances were required to be well-equipped with all necessary medical equipment and supplies, including oxygen cylinders and first aid kits. In case of emergency transportation, most of the local self-government provided trained personnel on board who were capable of providing medical assistance to patients during transportation.

**Isolation:** Further, in the context of a surge in COVID-19 cases reported in the district during the second wave, all local self-governments were directed by District Disaster Management Authority to operationalise Domiciliary Care Centres (DCC) for admitting COVID-19 patients with no symptoms/mild symptoms. Domiciliary Care Centres are intended for patients diagnosed with COVID-19 and otherwise eligible for home isolation but do not have a facility for the same at their homes.



**Purchase and distribution of PPE Kits:** One of the critical measures undertaken by the local self-governing bodies was the purchase and distribution of anti-transmission kits to the families of COVID-19 patients.<sup>cxii</sup>

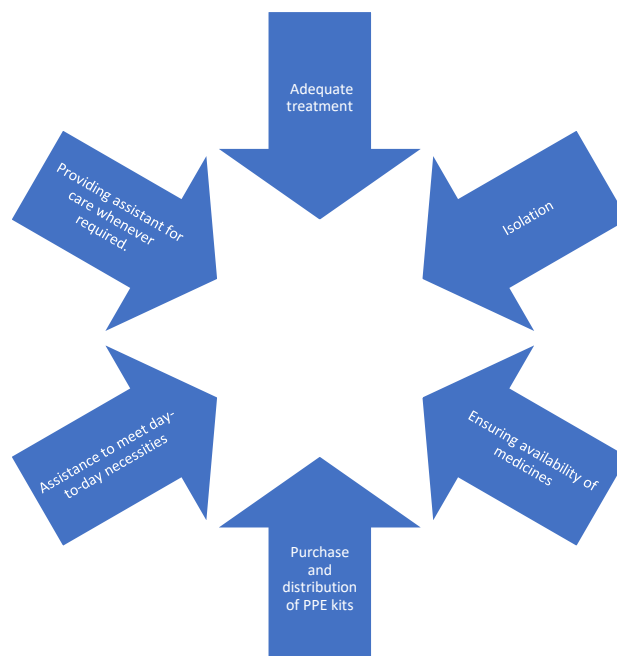
**Ensuring availability of medicines:** Measures were also taken to ensure the availability of generic medicines with all the medical stores within their limits.

**Providing for basic necessities:** Recognizing the socio-economic impact posed by the COVID-19 pandemic, most of the local self-governments took measures to provide basic necessities, either by way of providing raw materials, or providing food parcels for economically backward families, facing isolation and families who were unable to obtain the same through other means.

**Provision for Assistants for Care:** In the event of patients bedridden with none to care, necessary arrangements were also made for the provision of assistants for care whenever required.

Local self-governments were required to follow strict infection control protocols to minimize the spread of the disease, identified hotspots, and conduct thorough disinfection of the affected areas.

In conclusion, local self-government bodies were to play a vital role in combating COVID-19 by ensuring access to treatment, isolation, and necessary assistance to those in need. They were to be proactive in taking measures to control the spread of the disease and work tirelessly to provide the best possible care to patients.



**THE OUTCOME:** The most important of the efforts to combat COVID-19 was the ability of local-self government to provide for the treatment of the patients who tested positive for the COVID-19 virus.

Local self-governments have made tremendous efforts to ensure treatment for its inhabitants in the hospital under their administration, and if it is not sufficient enough to cater for the needs, by establishing CFLTC or CSLTC. 88.8% of the local self-governments have always arranged transportation facilities for the patients referred to other hospitals in cases of emergency. 8.5% have done it most of the time. 88.3% of the local self-governments, in all cases and 10.1 % on most occasions, have coordinated the referrals with the health department to get the best medical care available. Affirming the claims made by the local self-governments, 94.7% had responded that they received sufficient support from the part of their local self-governments in terms of their treatment when they had contracted COVID-19 infection.

#### **5.1.1.7 Rehabilitation**

The initiatives for “build back better” during the COVID-19 pandemic were chiefly characterised by taking steps for rehabilitating the people infected by the COVID-19 virus. Recognising the fact that people suffer from post-COVID-related ailments, the onus of taking measures to establish post-COVID clinics was placed on the local self-governments. 81.4% of the local self-governments have established designated post-COVID-19 clinics to treat such patients. Most of them were established in the hospital and administered by the respective local self-government.

#### **5.1.1.8 Vaccination**

The task of coordinating the vaccination drive rested on the shoulders of the local-self-governments. The qualitative study indicates that all the participating local self-governments have taken measures to organise special vaccination camps and awareness programs to facilitate smooth vaccination drives. The efforts are reflected in the responses of the general public who have availed of the vaccination from the facilities arranged by local self-governments. 96.5% of them responded that smooth facilities were arranged by the local self-governments to avail COVID-19 vaccine.

#### **5.1.1.9 Safe Burial**

The activities of local self-governments were extended to arrange facilities for the safe burial of the persons who died out of COVID-19 as per the guidelines issued by the health department. 95.4% of the people whose close relatives have died out of COVID-19 infection reported that they received adequate support from the part of their local self-governments in the safe burial of their relatives.

### **THE MAJOR OUTCOME**

Ever since the first case of COVID-19 was reported in China, it has posed umpteen number of challenges to the right to health across the globe. Having reported the initial case of positivity for the SARSCoV-2 virus, India was no exception to it. As of now, the country stands third in the records of reporting COVID-19. The wrath of COVID-19 did not even spare Kerala. However, steps were taken by the Government of Kerala to ensure the right to health of its people. In order to rate the performance of the

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local self-governments in terms of ensuring the right to health, reliance has to be placed on the entitlements to the right to health.

Navigating through the discussion made above, as no direction or order having the force of law, discriminating between religion, race, caste, sex or place of birth, could be found issued by any local self-government, it could be concluded that the local self-governments have adhered to and respected the constitutional principle of non-discrimination, as it has been clinging on since its inception, with regard to the delivery of its services relating to the health to all its inhabitants. All the services relating to health were provided free of cost or at the rate of nominal charge to its inhabitants and, on many occasions, to the inhabitants of other local-self-governments as well.

Local Self-governments have taken steps to prevent, treat and control the spread of COVID-19 as well as to eliminate the spread of any other contagious disease during the period. Precautionary measures were characterised by risk assessment, capability assessment, adhering to the infection control protocol, carrying out disinfection activities, promoting break the chain campaign and adopting measures to prevent over-crowding, which was further followed by several localised measures adopted by the local self-governments. As staying healthy was considered an important measure in controlling the spread of COVID-19, efforts were taken to monitor the health status of the people in need of care and protection on a regular basis, providing palliative care, mental support and counselling. Further constant measures were taken to conduct surveillance and contact tracing with a view to controlling the transmission of the virus. The local self-governments have also provided basic support with necessary instructions to the people quarantined at their respective homes, whereas wherever home quarantine was not available, local self-governments provided institutional quarantine facilities, irrespective of social status, by establishing DCC/ CCC. Not even a single case of total failure was reported. The local self-governments have also provided basic support with necessary instructions to the people quarantined at the institutional quarantined provided by the local government. It is further confirmed by the responses of the general public. With regard to treatment, all measures were taken to ensure adequate treatment without any discrimination amongst the people, making arrangements for the supply of oxygen and providing for basic needs, were taken by the local self-governments. All these facilities made to ensure access to medical care hints to the realisation of right to health as set out in the *Bandhua Mukti Morcha v. Union of India*.<sup>cxiii</sup>

Most of the Local self-governments in accordance with the directions in *Consumer Education and Research Centre v. Union of India*<sup>cxiv</sup> have always taken measures to ensure the availability of medicines at the medical shops and have utilised the youth volunteers to procure the same and distribute it to its inhabitants.

The claim made by the local self-governments that they have taken care of children and maternal health was backed by the general public, leaving the least doubt about the activities performed by the local self-governments to ensure child and maternal health.

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Transportation facilities were arranged by most of the local self-governments, wherever it was not otherwise available, to transfer patients to the hospitals and back to their homes in a timely manner. In order to meet the infrastructural requirements, CFLTC/ CSLTCs were established by the local self-governments to support the activities of the health centre under their administration. Specific measures were taken to prevent to overcome the shortage of human resources at each health centre and CFLTC. Scaling-up activities were effectively done to meet the increased number of COVID-19 patients during the second wave. Thus, Local self-governments have worked tirelessly to ensure equal and timely access to basic health services.

Glancing at the performance indicators of the local self-governments, it could be found that programs to educate the masses were regularly conducted by the local self-governments which the engagement of state and non-state actors, including the civil society, which is corroborated by the public response that the awareness received was sufficient enough to combat COVID-19. Special efforts were made to address the vulnerable population as well as the migrant community.

Entrusting the implementation of aforementioned activities to the local self-governments and the efforts to form grassroot committees ranging down to the cluster committee, has in fact, facilitated the participation of people, even during the most difficult time, in the decision-making process at the community level.

Hence, it could well be concluded that the local self-governments have taken measures to ensure the right of health of the people as it has fulfilled all the entitlements to rights to health.

## 5.1.2 Right to Food

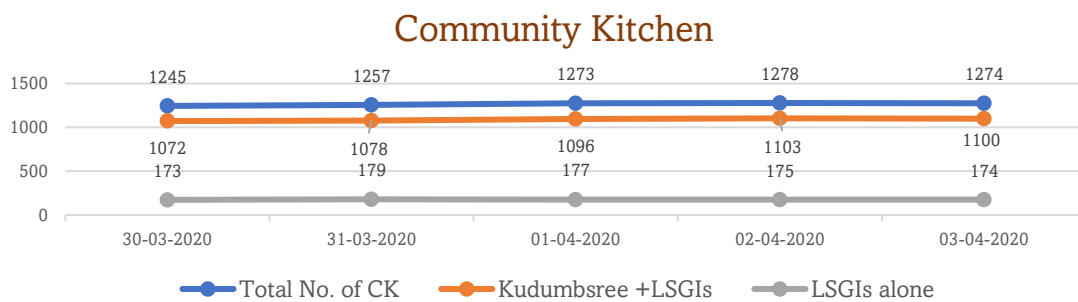
As the COVID-19 lockdown and the interplay of various dynamic factors have affected the food systems and food security in the country, it became pertinent to devise alternative measures to cater for the food and nutrition of the people. Since the right to food stands as a fundamental right enshrined under Article 21 of the Constitution of India, the State and the Local Self-governments cannot absolve themselves from taking a proactive role. Hence, a catena of co-ordinated effort was devised to realise the right to food and nutrition.

### 5.1.2.1 Ensuring Availability

Primarily, as the State Government was cautioned of the worsening situation, the Local Self-Governments were sensitised to the need to take stringent steps to ensure the food availability for each person within their jurisdiction.

In order to root out the chance of inequalities arising out of COVID-19 leading to food insecurity and thereby putting people at high risk of contracting COVID-19 infection, as an emergency food aid, the State Government directed all the Local Self-governments at the grassroot level to open Community Kitchen at their respective jurisdiction with the co-operation of Kudumbashree workers.

Community kitchens were designed in such a manner that it is equipped to prepare food for 500 to 1000 people per day. Depending on the demand, these kitchens were also allowed to be set up at multiple places within the jurisdiction of the local body that could possibly serve 100 to 200 mid-day meals. In Municipality areas, the permission extends to setting up a community kitchen at the rate of one per 10 wards. The objectives behind such a direction were to ensure the availability of food at the safest distance and to reduce the movement of the people in need of food, which is a factor relating to a higher risk of transmission.<sup>cxv</sup>



As Community Kitchens were set up in order to facilitate the right to food of the people residing within the jurisdictions of the respective local bodies, the food distribution was directed towards realising the goals envisaged. For this purpose, the population was categorised into two, viz.,

1. People who are needy and unable to cook
2. Common people.

With a view to building a robust social safety net by recognising the food and nutrition requirements of the people, the local self-governments identified the needy people who are unable to cook on their own and are burdened by social inequality. The following categories of people residing in the limits of the local self-governments were identified and free food was provided:

- A. Destitute (identified under Ashraya/Agathi Rahita Kerala scheme)
- B. Homeless people were found and rehabilitated by the local government and now staying in camps.
- C. Guest workers
- D. People under palliative care, bedridden patients
- E. Elderly people who are unable to cook for themselves and are not financially sound
- F. People living in tribal areas and in need of food
- G. Families of students studying in Buds school and in need of food

- .....
- H. Inmates of care homes who are unable to prepare food
  - I. Other people who are financially unsound, yet cannot get the benefit 15 kg of rice distributed by Civil Supplies Department. Information and accounts of food distribution should be maintained accurately.



Leveraging social protection from the community kitchen, the initiative was, thus, envisioned as a solid measure to ensure the availability of food for all sections of society.

#### 5.1.2.2 Guaranteeing Accessibility

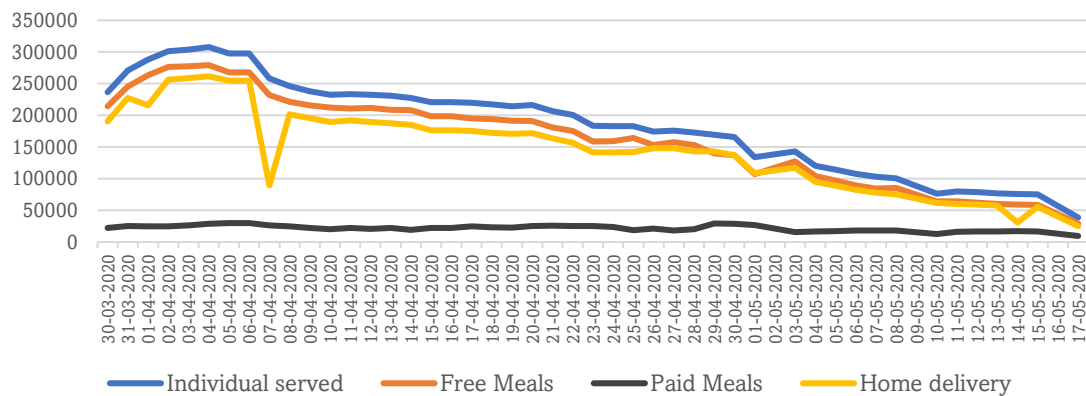
In order to facilitate safe accessibility of food for all, more particularly the vulnerable population, a team of volunteers, including the members of RRT, was called into home deliver the food prepared at the community kitchen. For the latter category of people, a nominal amount of Rs. 5 was charged and the people who were needy and unable to cook were supplied with the food free of cost. Palliative organizations, as well as non-volunteer organizations, were also allowed to take up the distribution of mid-day meal. Apart from the same, two phone numbers for pre-booking (through SMS; WhatsApp) were published through notice boards as well as social media, whereby people in quarantine/isolation,

bedridden, elderly, street dwellers, lodge room dwellers and all others who are in need of food, could have access to. The price for the food was fixed at Rs. 20.<sup>cxvi</sup>

### 5.1.2.3 Promoting Utilisation

As a means of strengthening the grassroots governance and ensuring the smooth functioning of the Community Kitchen, a Monitoring Committee was required to be constituted, which should include the Chairman of the Local Self-Government, Standing Committee Chairperson, Officer in charge of Kudumbashree, Member Secretary, Ward Member, CDS Chairperson, Health Instructor, a Volunteer and a Representative of Associations nominated by the Local Authority. The committee is also entrusted with the responsibility to provide healthy food as prescribed, prepared in a clean environment that would promote utilisation. Supplementing the efforts to secure the right to health, the food prepared at

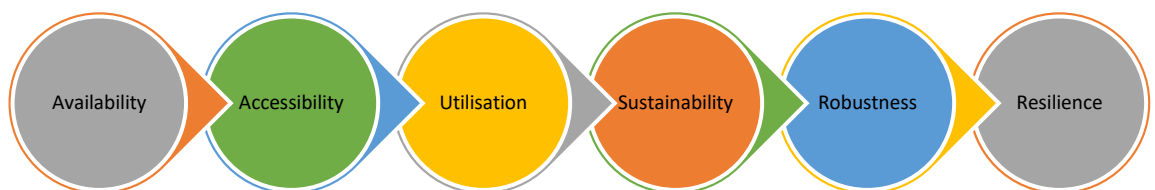
Daily Food Distribution Details- Community Kitchen



the Community Kitchen with a uniform and diet-rich menu could well be projected as a food assistance programme, carried out under the auspices of Local Self-Governments to offer free and access to healthy food with the sufficient calories to remain healthy.

### 5.1.2.4 Ensuring Sustainability

As the lockdown and related measures persisted, the community kitchens were gradually converted to Janakeeya Hotels and still continue their operation. This conversion ensured the sustainability of the community kitchens and ensured that the food supply chain remained uninterrupted. This approach





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guaranteed the sustainability of the food supply chain, even during challenging times.

#### 5.1.2.5 Building robustness and resilience

Anticipating that there could be a possibility of a shortage of vegetables in the future, owing to the lockdown imposed across the country due to COVID-19, as part of building robustness and resilience, it was pertinent to bring in a balance between the imported and locally produced food, and gradually to move to self-sufficiency. Special arrangements were made to promote household cultivation.

Local government bodies played a major role in the implementation of the 'Subhiksha Keralam' scheme, aimed at increasing food production and making Kerala food self-sufficient. All the local bodies who have not included such schemes in their annual project were allowed to include related schemes at a later phase.<sup>cxvii</sup>

In short, the role entrusted with the local self-governments was based on the pillars of availability, accessibility, utilisation, sustainability, robustness and resilience.



#### THE OUTCOME

The efforts taken by the local self-governments were in addition to the supply of food kits made by the department of Civil Supplies. Yet, recognising the fact that there can be people who might have left out of the program, the local self-governments were entrusted with the implementation of the community kitchen and the Subhiksha Keralam Project. All these activities were accomplished in addition to the distribution of food supplements they have been conducting in the past. Records indicate that 1034 local self-governments have established community kitchens, most of them in association with Kudumbashree. In addition to the same, 90.4% of the local self-governments have taken steps other than Community Kitchen to ensure adequate nutrition for its inhabitants. It includes making arrangements

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for the home delivery of food for Anganwadi children, contacting the Civil Supplies Department to ensure the availability of food grains, ensuring the availability of safe drinking water and accelerating the implementation of the Subhiksha Keralam Scheme. In order to ensure that the food prepared as well as the food grains are made accessible to all the fraction of the people, the service of the Youth Volunteers was made use of to home deliver such items. In order to overcome the economic barriers, free food was home delivered from the community kitchen using the youth volunteers. Hence. It could be understood that the local self-government has made a tremendous effort in an inclusive manner to ensure that none of its inhabitants is left without food. Hence going by the definition proposed by the Committee on Economic, Social and Cultural Rights (ESCR), which says that the right to adequate food is realized when every man, woman, and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement. Further, by ensuring the availability of food grains through the public distribution system and by facilitating its distribution through the volunteers, local self-governments have delivered the obligation bestowed upon them by the Food Security Act, 2013 as well. Hence, it could well be concluded that local self-governments have taken measures to ensure the right to food of its inhabitants.

### 5.1.3 Right to Education

Since local self-governments, more particularly panchayats, wield limited powers in matters relating to education, local self-governments were destined to play a complementary role, filling in the gaps existing in the implementation of the activities performed by the Department of Education. Local self-governments were so entrusted with the complementary role, recognising the fact that they are better equipped to identify the local needs and to resolve the same through the application of diverse means rather than waiting for the order from the higher bodies, which was particularly important during the messy period. The roles played by the local self-governments could be identified and narratable as below:

#### 5.1.3.1 Safe Closure

Though different theories surfaced, at a later phase, arguing for and against the closure of schools, at the initial phase, the policy response was driven by the shared understanding that the closure of schools would be key in reducing the community transmission of the COVID-19 virus. Hence, local self-governments in Kerala took the role of ensuring the closure of educational institutions within their jurisdictions and see that the children remain safe at their respective places.

#### 5.1.3.2 Access to education during COVID-19

As a landmark move, the Department of Public Education in Kerala was quick enough to launch a program titled “first bell,” aired as scheduled through the website, Kite Victor’s channel and social media, such that students could watch the lessons through TV channel and internet. Diverse approaches were adopted by the local self-government to promote access to education. Since the “first bell” program was aired through Kite Victor’s Channel and social media, it was an utmost necessity that the benefactors of

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the program are equipped with television/computer/mobile with an internet facility. Hence, the primary step was to locate the students lacking such means. As identifiable from the responses given by the local self-governments, 83.51% of the responding local self-governments could successfully locate such students at the earliest phase itself, and steps were taken to supply them with the digital infrastructure required to ensure access to education. Wherever such means were not feasible, the possibilities of study centres were explored by 56.26% of the local self-governments. Public libraries, Anganwadis and community halls were converted to study centres with access to television sets with cable facilities and computers with internet. In an attempt to tackle the emergency situation, equipment made available in schools as part of 'Hi-Tech School' and 'Hi-Tech Lab' schemes was also utilized for the purpose under the condition that when the schools start functioning normally, the equipment would be returned to the schools. 65% of the local self-governments establishing study centres have trained SC/ST promoters to ensure that the resources made available at these study centres are utilised in an appropriate manner. An all-inclusive approach was adopted by almost every local self-governments to see that the children belonging to the SC/ST settlements, fishermen community and other socially and economically backward communities are not deprived of mainstream education. Despite having a system under the Department of Education to monitor the attendance of students in the online class, 58.5% of the local self-governments, within their limited power conferred, have sought the daily attendance details of the students in order to review the impact of the measures taken. Some of the local-level self-governments have even bothered to have a follow-up on the attendance ratio of the students in the private schools under their jurisdiction. Relaxations permitted by the Department of Education enabled local self-governments to admit students who are unable to afford the fee structure of private educational institutions and to offer them the benefit of free education without any discrimination. Despite the steps taken at the initial phase, studies conducted by Samagra Shiksha Kerala (SSK) hinted at the existence of a digital divide at the ground level. The major challenges flagged by the SSK study were the availability of electronic gadgets, technical barriers, lack of parental support, nutritional quality and mental well-being. Further instructions were issued, and local self-governments also promptly responded to the same.

### **5.1.3.3 Awareness Programs**

In order to involve students actively in the new mode of education, it was pertinent to see that the parents of the school-going students were sensitised to the gravity of the situation prevailing at the point and the relevance of online education. Awareness programs were organized under the leadership of respective local self-governing bodies, PTA and teachers regarding online classes. One-to-one interactions with children were held by the teachers, under the supervision of the local self-governments, through video conferencing or an audio call to introduce to them the new education strategy, familiarise new learning methods and address their concerns. 66.5% of the local self-governments have taken steps towards the same.

### **5.1.3.4 Engaging the grassroot Committees**

Improving the functioning of Education Samiti at the local self-government was a major priority for the government in Scheduled Tribe areas. In order to achieve the same, local government bodies were urged to reconstitute and make Samiti Committees functional under their jurisdiction. Thus, Education Samiti was expanded to include locally available experts, PTA members, Kudumbashree Resource Group members, teachers and ST promoters in addition to DIET and BRC. The Education Standing Committee formed at the ward/division/cluster level was tasked to facilitate education in the area, conduct social audits and review the measures taken to promote education. The activities of Education Samithi are yet another epitome of citizen engagement at the grassroot level to identify local drivers, facilitate creative decision-making, oversee its implementation and review its own actions for betterment.

#### **5.1.3.5 Bridging the digital divide**

As the mode of education was shifted to the online, it became incumbent for the local self-governments to address the digital divide existing within the society. Though several steps were taken at the initial phase, the SSK report hinting towards a huge digital divide, mandated a more critical approach by the Local Self-Governments. Following the same, Local self-governments, as far as possible, attempted to purchase and distribute televisions, laptops, and computers to the students. Many gram Panchayats sought the help of Block Panchayats and District Panchayats and sponsorships, to a greater extent, aided the gram panchayats in this regard. Apart from the same, a digital device challenge was organised by any of the local self-governments to purchase and provide gadgets like laptops and tablets to all categories of students through sponsorship. 88.8% of the local self-governments could thus supply gadgets to the children through multiple means on the basis of their needs. Moreover, volunteers were trained to carry out repairs to TV, electricity connection, and cable connection used for study purposes. With the help of teachers, resource persons, etc., attention was to facilitate the use of digital devices for creative learning.

However, there are areas where the digital divide exists owing to the issues relating to the internet bandwidth. 54.3% of the local self-governments had intervened to arrange high-speed internet in such areas. 46.3% have also instructed/requested the teachers, depending on their administrative powers, to provide recorded classes, such that the students are afforded the flexibility to listen to the classes at their alternative places of convenience.

Further, Scheduled Tribe children below the poverty line were allotted the recharge amount for the internet facility. Students hailing from economically and socially backward areas were visited directly and given study assistance, and the availability of study materials was ensured under the auspices of the local self-government.

#### **5.1.3.6 Setting up Study Centres:**

Wherever it was not feasible to bridge the digital divide by the supply of electronic gadgets or through the arrangements as narrated above, steps were taken to set up study centres, in a conducive environment for learning, with access to television/laptop/tablets of sufficient configuration. A



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maintenance fund was also setup for carrying out the maintenance, if any. However, challenges also surfaced in the form of frequent power interruptions in certain areas. Eighty-seven local self-governments, who reported to have faced such issues, attempted to arrange alternative means to ensure a continuous supply of electricity at the study centre. It includes setting up inverters with battery support with the aid of individuals, agencies, and voluntary organizations or ensuring electricity in collaboration with/through ANERT.

The study centres were made open to all fractions of society. Students of every category were free to access the benefit of free education provided through the study centres. Depending on the demand, doubt-clearing sessions were organised under the leadership of respective subject teachers at the study centre as well. In Scheduled Tribe colonies, a team consisting of People's Representatives, Teachers, ST Promoters, Literacy Promoters and Volunteers was established to prepare and deliver lessons in their local language. In fishermen areas and Dalit areas, study centres were run under the leadership of ward-level committees. To ensure that underprivileged children stay connected to the classroom. By adopting a holistic approach, special attention was paid to children from Scheduled Castes and Scheduled Tribes families living in Scheduled Caste settlements, isolated families, dependent beneficiary homes, fisherfolk families, housing colonies, slum areas and destitute families.

**5.1.3.7 Special support for students with disabilities:**

In order to ensure that the education of differently abled is taken forward even in the face of uncertainties, special teachers from BRCs were appointed at the study centres to regularly contact and provide support to parents and children of differently-abled students. Apart from the same, a resource pool of buds teachers was constituted at their school to provide support. Home visits and regular contact by the teachers over the telephone or in-person helped in maintaining a personal touch and addressing any issues or concerns faced by the children and their families.

Loans were obtained from financial institutions, directly or through Kudumbashree, to purchase digital learning tools for differently abled students. The timely sanctioning of scholarships and providing assistive devices by the local self-governments have also been crucial in ensuring that differently-abled children receive the necessary resources for their education. The implementation of these measures has helped to ensure that all children receive equal opportunities and are provided with a level playing field to pursue their education. 55.9% of the local self-governments have ensured these measures.

**5.1.3.8 Improving the nutritional status of children:**

Improving the nutritional status of children is a critical aspect of ensuring their physical and cognitive development. The local self-governments have taken several steps to address this issue and ensure that every child receives a healthy and nutritious meal. One of the primary measures undertaken was to distribute a mid-day meal kit in lieu of a mid-day meal. Most of the local self-governments supplied the same in the schools under administration. The kits containing vegetables, fruits, and eggs were delivered

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to Scheduled Tribe children with the help of the local government. This measure helped to ensure that children received a balanced and healthy diet while also addressing the issue of malnutrition in tribal areas.

#### **5.1.3.9 Mental health of children:**

The mental health of children is a crucial aspect that needs attention in the education system. Realising the same, through the Education Committee, 60.6% of the local self-governments adopted necessary measures to ensure that children receive proper counselling and support. Counsellors arranged, and their phone numbers were shared in school groups. This helped the children to share their thoughts and feelings and receive the necessary guidance and support.

In addition to this, the Education Committee also recognises the importance of artistic and sports abilities in enhancing the mental well-being of children. A list of Art, Craft, and Physical Teachers was prepared at the local authority level, and teachers were given charge of a certain number of study centres. The teachers were given the flexibility to plan and organize activities at their convenience, which made it easier for them to engage the children in the process. This ensured that children received access to activities that were not only fun but also helped in their overall development. The link between learning and activities was established through this approach, which helped in promoting holistic development.

#### **5.1.3.10 Safe Reopening of Schools:**

In the wake of the Covid-19 pandemic, the reopening of schools posed a significant challenge to the government and the education sector in Kerala. To ensure the safety of students and staff, the Department of Public Education issued a circular that outlined the preparations to be made prior to the reopening of schools, subject to government directives and lockdown relaxations. To aid in the implementation of the protocols, local self-government bodies were ordered to purchase and provide thermal scanners in proportion to the number of students in the schools under their authority. These local bodies were also instructed to pay special attention to the cleanliness of schools and the environment and to ensure compliance with the Covid-19 protocol. 83% of the local self-governments took measures according to ensure a safe reopening. With these necessary precautions in place, schools were able to safely reopen in Kerala.

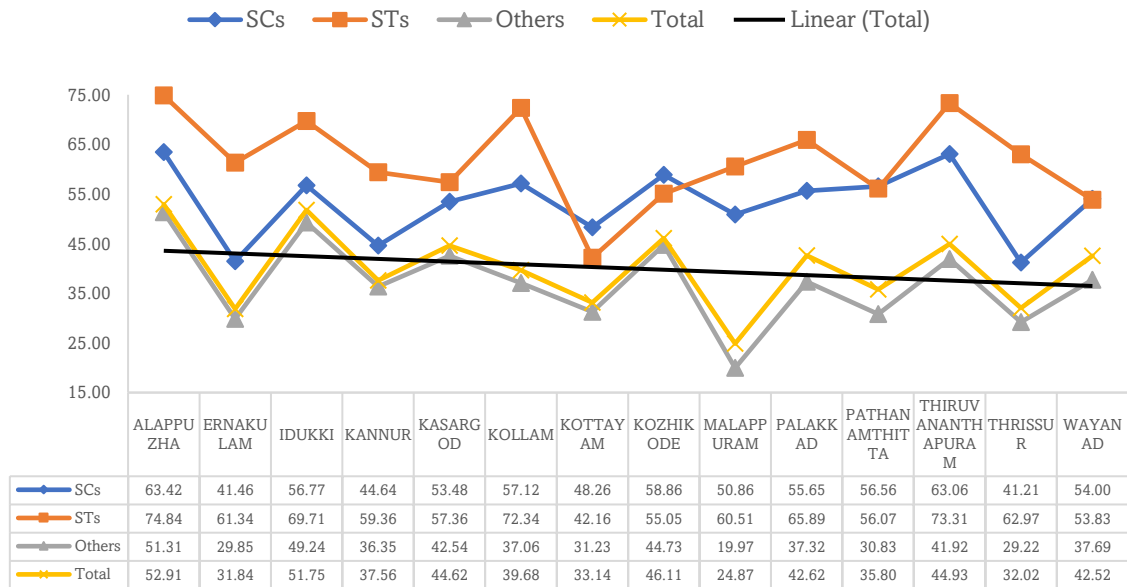
### **5.1.4 Right to Livelihood**

#### **5.1.4.1 Employment Guarantee Schemes**

During the COVID-19 pandemic, the Central Government approved the creation of 8 lakh crore working days under the National Rural Employment Guarantee Scheme for the financial year 2020-21, with revised daily wages of Rs. 291. The massive loss of employment due to lockdown measures and setbacks in the local economy necessitated the commencement of work under the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNRES), which provided economic relief to rural families. As

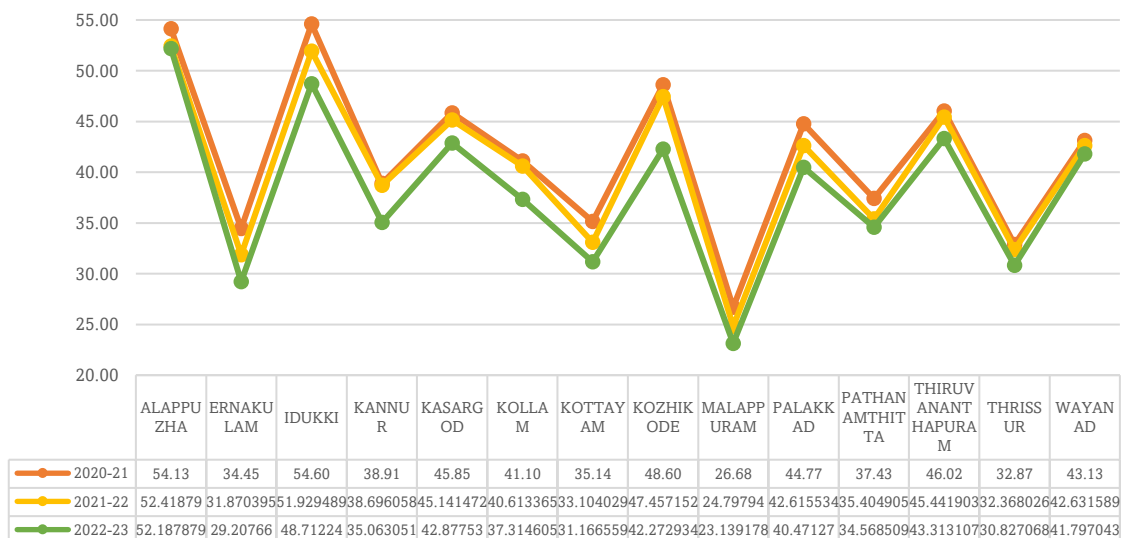
soon as the lockdown restrictions were withdrawn, permission was given to start work in gram

**MGNRES-RATE OF EMPLOYMENT GENERATION- CATEGORYWISE- 2020-2023**



panchayats where the COVID-19 outbreak was not critical.

**RATE OF EMPLOYMENT GENERATION- YEAR WISE**



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To ensure sanitation-related activities, the services of Ayyakali Urban Employment Guarantee Scheme (AUEGS) workers were utilized. Additionally, in support of COVID-19 prevention and relief measures in the state, permission was granted to appoint Kudumbashree women and kitchen workers to help with the smooth running of community kitchens, and honorariums were paid to them.<sup>cxviii</sup>

#### 5.1.4.2 Distribution of unemployment wages

Disbursement of unemployment wages were completed by 31st March. In the context of the spread of Covid-19, the secretaries took measures to provide unemployment benefits to the beneficiaries without calling them to the local self-government bodies.

#### 5.1.4.3 Implementing CM Helping Hand:

The Chief Minister's Helping Hand Loan is a Rs. 2000 crore worth scheme devised by the government and implemented through Kudumbashree to counter this situation, anticipating that the working life of the common man may be affected, and every family may suffer even for their daily expenses. A loan of Rs.5,000/10,000/15,000/20,000/- per member, up to a maximum of Rs.20,000/- was sanctioned in proportion to the financial hardship faced by the members of Neighbourhood groups/families due to Covid-19 and their financial status.<sup>cxix</sup>

### THE OUTCOME

Compared to the efforts taken to ensure the right to livelihood, the highlight could be the successful implementation of MGNRES and Ayyankali Urban Employment Scheme. Apart from the same, though several local self-governments have initiated assistance programs, they were not, however, converted to flagship developmental projects to extend their benefit to the masses. Yet, 62.3% of the households have benefitted from the efforts taken to secure their inhabitants an earning with dignity and respect.

#### 5.1.5 Right to Shelter

In urban and rural areas, the respective local self-governing bodies gave priority to rehabilitating street sleepers, vagrants and homeless people from the streets and ensuring food, personal hygiene, health care etc., to such people.

##### 5.1.5.1 LIFE Mission

LIFE Mission, launched in 2016 by the Department of Local Self-Government, was actively implemented by the local self-government to provide houses to the homeless with land, the homeless without land, those with unfinished housing/uninhabitable housing, those with temporary housing in the unassessed government land, coastal or plantation areas.<sup>cxx</sup>

##### 5.1.5.2 Constructing houses with the aid of sponsorship

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Very few local self-governments have taken the aid of sponsorship to construct houses to provide shelter for the destitute during the times of the pandemic.

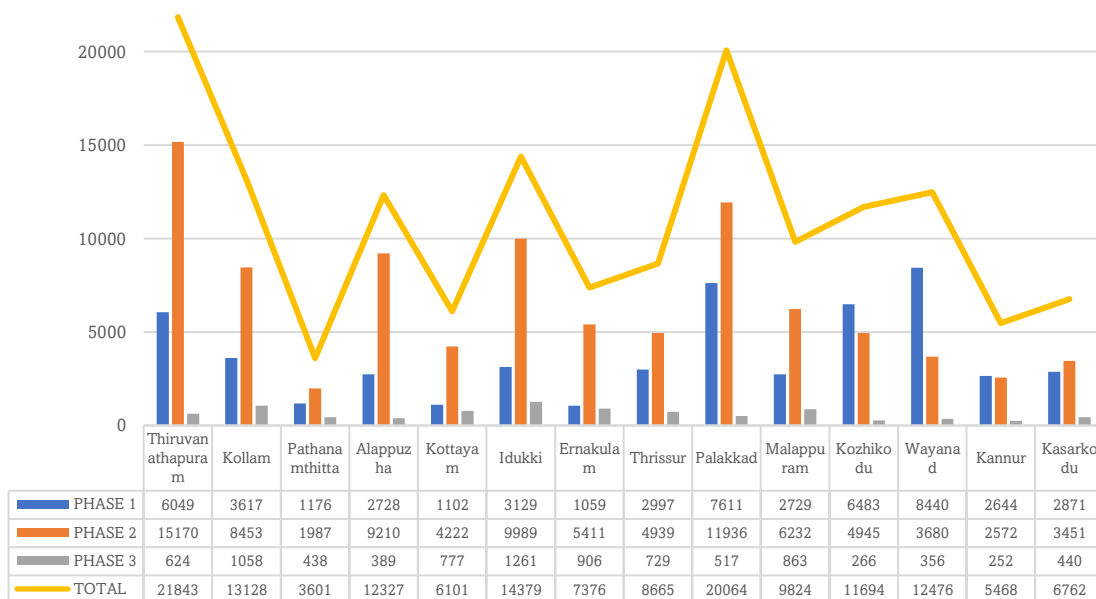
### 5.1.5.3 Entrusting the destitute with the care homes/orphanages/old age homes

Destitute, found within the jurisdiction of local self-governments with the help of police, were entrusted with the care homes/orphanages/old age homes, depending on their age, health and availability of room either on a temporary or permanent basis.

#### THE OUTCOME:

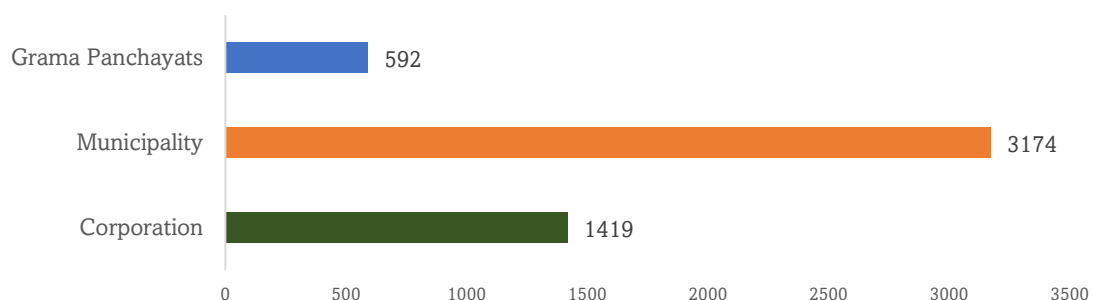
The construction of a total of 158,703 houses under the LIFE Mission, with 52,635 houses during Phase I, 92,197 during Phase II and 8,876 houses during Phase III, was pivotal in ensuring adequate shelter with appropriate living conditions for the destitute and people with poorly housed. Such an effort could well

LIFE MISSION PROGRESS REPORT -COMPLETED HOUSES –16.12.2021



be projected as attempt to deliver the duty of the State to provide adequate housing facilities to the

Number of Destitute Rehabilitated till 25/04/2020



homeless and marginalized sections of society as stated in *Chameli Singh v. State of UP*.<sup>cxxi</sup>

64.36% of the local self-governments provided for temporary arrangements to lodge such people, whereas 36.7% of the local self-governments have entrusted wandering destitute with care homes/orphanages/old age homes. A total of 3766 destitute were rehabilitated by the local self-governments in Kerala within a month of declaring complete lockdown.

91.6% of the public has underlined the fact that the local self-governments have taken care of the destitute and poorly housed. Hence, it could be concluded that through the efforts of local self-governments, as reflected through the activities such as the construction of houses under LIFE Mission or via sponsorship and entrusting destitute at care homes, it has ensured adequate living space, safe and decent structure, clean and decent surroundings, sufficient light, pure air and water, electricity, sanitation and basic amenities.

## 5.1.6 Right to Trade and Business

### 5.1.6.1 Extension and waivers in tax payment

Extensions in tax payments and waivers for tax payments were granted to various sectors recognising the fact that the life of the common man is seriously affected by the spread of COVID-19 and the lockdown that followed. The extension for tax payment was granted by the local self-governments in the following matters.

- i. Rent arrears of buildings owned by local bodies.<sup>cxxii</sup>
- ii. Property tax payable by the public, traders and other entrepreneurs to the local government bodies.<sup>cxxiii</sup>
- iii. Entertainment tax.<sup>cxxiv</sup>

### 5.1.6.2 Refund

Although the government had proposed to cancel the functions scheduled in privately owned auditoriums, it has been noticed that in some places, the amount charged is not being refunded. The local self-governing bodies issued a strong directive to these auditoriums to return the amount collected. Local self-government bodies should set an example in this regard.

### 5.1.6.3 Waiver for tax payment and extension of the deadline for the submission of applications

Being in an emergency situation, the time period to file an application for vacancy remission for buildings lying vacant for any continuous purpose for a period of sixty days or more in a half-year under section 21 of the Kerala Panchayat Raj Act and under Rule 239 of the Kerala Municipalities Act and Rules, was extended.



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Considering the urgent situation, an order has been issued to extend the deadline for Ex-Servicemen/Wives/Widows of Ex-Servicemen who are eligible for property tax exemption to submit certificates in the prescribed format.<sup>cxxv</sup>

#### **5.1.6.4 Extension of permits and licences**

All construction permits which have expired after 10.03.2020 despite having been given permission under Kerala Municipal/Panchayat Building Rules were granted an extension.<sup>cxxvi</sup> The last date for renewal of licenses for Micro, Small and Medium Enterprises MSME Units of the State was also extended.<sup>cxxvii</sup> All the licences which are to be renewed by the local self-governments were also granted an extended time frame to renew the same.

#### **5.1.6.5 Utilising Youth Volunteers to home deliver products from shops and establishments:**

Though primarily it could be understood that the engagement of youth volunteers was to supply essential items to the needy, it has indirectly benefited the shops and establishments to get their business running.<sup>cxxviii</sup>

#### **5.1.6.6 Intervening to ensure safe shopping**

In order to ensure that the trade is conducted in a healthy environment, local self-government took measures to prevent over-crowding, established sanitisers in public places, provided adequate awareness, and many local self-governments have taken measures to sanitise shops and establishments with the help of public as well as fire force.<sup>cxxix</sup>

#### **5.1.6.7 Associating with the Department of Industry to launch startups**

Towards the rejuvenating the trade and business, the local self-governments, in association with the Department of Industry, have taken a novel initiative to develop an entrepreneurial culture within its jurisdiction and to provide assistance to budding entrepreneurs to launch new startups.

### **THE OUTCOME:**

Though at the initial phase, many efforts other than the measures listed above could be seen, all far as possible regressive measures were averted and provided minor assistance to keep business running without being burdened by the administrative hardships at the local self-governmental level. However, with regard to building back better initiatives, local self-governments were successful in developing an entrepreneurial culture within its jurisdiction, which has led to the launch of more than 100,000 startups within a span of 10 months.<sup>cxxx</sup>

#### **5.1.7 Right to Clean Environment**

During the pandemic period, waste management acquired particular significance, not only as a means to ensure a clean environment but also as a determinant of health. Waste minimisation, disposal at source,

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safe storage, transportation and safe ex-situ disposal were of prime importance as the risk of contracting infection through the wastes generated as relatively higher. Measures are being taken under the leadership of the local self-governing bodies giving considerable importance to waste management activities in the state, and the Department of Local Self-Governance gave timely directions and special attention to the issues of waste management. As a primary step, it was made the responsibility of Local Self-Government Bodies to prepare ward-wise action programs for the goal of a garbage-free environment. The following instructions are issued to take the steps in this regard.

#### 5.1.7.1 Awareness:

At this stage, a three-tier system of local self-governments, viz., panchayats, municipalities and municipal corporations took measures to convey the message that serious communicable diseases can be avoided only by developing a culture of personal, domestic and environmental cleanliness.

#### 5.1.7.2 Management of Domestic Wastes

**Segregation of waste:** Specific instructions were issued to the local self-government to ensure that wastes produced domestically were properly segregated into biodegradable- hazardous and non-hazardous and non-biodegradable- hazardous and non-hazardous and disposed of accordingly.

**In situ Disposal:** Measures were also directed towards sensitising households and institutions to take steps to dispose of decomposing organic waste at source in areas where there was no centralized organic waste management system. For this, the local self-government bodies gave continuous instructions and monitored its compliance. Gram Panchayat, Municipalities and Municipal Corporations also took steps for the timely disposal of organic waste in public places. Apart from the same, it was made the responsibility of each household to clean the house and surroundings every week as a pre-monsoon cleaning activity.

**Ex situ Disposal:** Local Self-Government Bodies were to ensure the safe disposal of non-biodegradable waste from the CSLTC/CFLTC/CCC/DCC producing non-biodegradable waste, particularly when there was temporary disruption of the activities of Harita Karma Sena as well as that of the Material Collection Facility (MCF) and Resource Recovery Facility (RRF). Materials stored in the said centres were sprayed Disinfection agents, and as soon as the general control measures were over, they were disposed of through the Clean Kerala Company. The material collection facility and resource recovery facility were later re-established.<sup>cxvxi</sup>

#### 5.1.7.3 Disinfection

The local self-governing bodies took steps for continuous cleaning and repeated disinfection of organic waste in public places (bus stand, vegetable markets, fish market, government offices, government hospitals etc.) in each panchayat, municipality and municipal corporation area. Hot spots were identified

and cleaned, and disinfected. The services of the fire force were also sought by the Local Self-governments for the decontamination of markets and hotspots.

#### 5.1.7.4 Ensuring Green Protocol

Steps were taken to ensure that the green protocol was followed in the running of the community kitchen and food distribution.<sup>cxxxii</sup>

#### 5.1.7.5 Management of non-infectious waste from DCC/CFLTC

Most of the local self-governments disposed of non-infectious wastes from the DCC/CCC/CFLTC/CSLTC by way of incineration. For this purpose, Local self-governments installed incinerators at appropriate locations.

#### 5.1.7.6 Handling Bio-medical wastes

During the Covid-19 pandemic, a wide range of activities were undertaken to prevent and manage the spread of the virus. However, with these activities came a significant amount of waste that needed to be managed properly. Scientific waste management was critical in preventing the spread of the disease, particularly for bio-medical waste generated from Covid hospitals, First Line Treatment Centers (CFLTC),

### INCINERATOR

Incineration is a high-temperature, dry oxidation process that reduces organic and combustible waste to inorganic, incombustible matter and results in a significant reduction of waste volume and weight. High-heat thermal processes take place at temperatures from about 200 °C to more than 1000 °C. They involve the chemical and physical breakdown of organic material through the processes of combustion, pyrolysis or gasification.

#### Pros

- Significant reduction of waste volume and weight
- Ensure decontamination (combustion at minimum 800-degree Celsius temperature)
- No post-treatment is needed for the final disposal

#### Cons

- High energy requirement
- The combustion of health-care waste produces mainly gaseous emissions, including steam, carbon dioxide
- Nitrogen oxides, a range of volatile substances (e.g. metals, halogenic acids, products of incomplete combustion)
- Potential emissions of carcinogens
- Particulate matter, plus solid residues in the form of ashes, which are to be treated as toxic

Isolation Units, Quarantine Houses, Temporary Covid Social Centers, and other locations where Covid patients were being treated. To ensure proper waste management, it was essential to handle and process all Covid waste according to the appropriate instructions, rules, guidelines, and regulations. Local self-governing bodies had an important role to play in disposing of waste safely and scientifically. To that end, several measures were put in place.

### EFFORTS TO ENSURE CLEAN ENVIRONMENT



To begin with, local self-governing bodies issued instructions to disinfect and destroy masks and gloves used by infected persons, those who came in contact with patients, sanitation workers, health workers, and others who could be at risk of contracting the virus. This step was critical in preventing the spread of the virus and ensuring the safety of those involved in the handling and disposal of waste.

Additionally, in collaboration with the Health Department, basic sanitation facilities were provided to the COVID hospitals, observation centres and quarantine houses placed under the jurisdiction of local governments. These facilities included bleaching solutions, sodium hypochlorite solution, colour-coded bags for waste collection, and other items necessary for proper waste management.

Cloth masks were directed to be sterilized and reused to avoid cross-contamination and to ensure proper waste management.



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The protocols issued by the Health Department and Pollution Control Board were also required to be followed to ensure that Covid waste was scientifically managed. The services of IMAGE, an agency for Covid waste management, were ensured through the District Medical Officer, and this agency played a critical role in ensuring that all waste was disposed of safely and effectively.

To avoid the tendency to throw away masks and gloves after use, it was recommended that disposable masks and gloves used for that purpose be kept sterile in quarantine houses, Covid hospitals, isolation units, and temporary quarantine social centres. Steps were taken for safe disposal by IMAGE, and a deep burial method was adopted in necessary cases to dispose of masks, gloves, and other items after being disinfected where it was not possible to process them through IMAGE.

The agency was tasked with facilitating the smooth functioning of the Covid waste disposal process, and closed vehicles were arranged in collaboration with the Health Department and IMAGE for the Covid-19 waste disposal facility.

To ensure hygiene and prevent the spread of the virus, the vehicles were cleaned and disinfected daily. In association with the Health Department, all Covid waste collectors are provided with personal protective equipment (PPE) such as three-ply masks, aprons-gowns, heavy-duty gloves, gumboots, and safety glasses to protect themselves from exposure to the virus.

Finally, separately coloured waste collection bags and bins for bio-medical waste and solid waste were provided to the Covid centres as per Indian Standards. It was ensured that the bags and methods used to collect the bio-medical waste were disposed of as per the Health Department and Pollution Control Board protocol.<sup>cxxxiii</sup>

The organic waste in the Covid centres was divided into two categories. 1. Food waste from canteens and staff at Covid centres. 2. Food waste of covid patients. Category 1 organic waste was converted into compost/biogas at respective sites. Category 2 organic waste was handed over to IMAGE. Deep burial was considered for their disposal. All types of inorganic waste (other than bio-medical) were disinfected and collected, and safely disposed of by the local self-government bodies. As a precaution to avoid the presence of pathogens, the bags and containers collected from waste were disinfected and stored in a designated area.

The MCF - Clean Kerala Company was ordered to resume the process of removal of inorganic waste from RRFs at the end of the lockdown period. This was a critical step to ensure that hazardous waste did not accumulate in these facilities and pose a threat to public health. In addition, the local self-government bodies were required to pay a government-fixed fee to the Clean Kerala Company for the disposal of non-recyclable legacy waste.<sup>cxxxiv</sup>

Another important step taken by the government was to direct the Local self-governments for periodic cleaning and disinfection of premises and common areas such as Covid hospitals/isolation units, Covid

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care centres, and quarantine houses. A disinfectant (1% sodium hypochlorite solution) was stored for this purpose, and arrangements were to be made to ensure that these facilities were kept clean and safe for patients and healthcare workers.

To monitor waste management practices at Covid facilities, the government required every Gram Panchayat, Municipality, and Municipal Corporation to maintain information on waste disposal facilities and submit it to the State Pollution Control Board from time to time. This was done to ensure that waste generated by Covid-19 related facilities was being managed effectively and in accordance with established guidelines.

Residents of quarantine houses, Covid care centres, and observation centres were also educated about the method of disinfection, including the proper disposal of used masks, gloves, and non-useful inorganic materials. This was critical to prevent the spread of the virus and to protect public health.

Non-organic wastes that did not come into contact with patients or those under observation were cleaned and recirculated in temporary centres such as Covid-19 surveillance centres and CFLTCs. These materials were also necessitated to be made available to quarantine houses where disinfectants were not available. This ensured that waste generated by Covid facilities was being managed effectively and in accordance with established guidelines.

In addition to the steps taken by the government, ward levels formed at the ward level were also required to identify sanitation problems and take action to solve them locally. The local self-governments provided the necessary support for these groups to ensure that waste generated by Covid-19 related facilities was being managed effectively and in accordance with established guidelines.

Finally, arrangements were made for periodic cleaning and disinfection of places like isolation units, Covid care centres, quarantined houses, and common areas. This was a critical step to ensure that these facilities were kept clean and safe for patients and healthcare workers.

### **THE OUTCOME**

During an unprecedented crisis of public health emergency, there was a surge of bio-degradable and bio-degradable waste, including medical waste, both at households and healthcare institutions. The local self-governments through raising the awareness level; disinfecting public places and other infected sites; adopting waste management strategies such as segregation of waste, in-situ disposal of organic wastes and collection and ex-situ disposal of non-biodegradable wastes; effective handling of medical wastes; ensuring green protocol to the maximum possible extent in the COVID-19 relief measures, and carrying out pre-monsoon activities, have taken significant steps towards ensuring the human right to a clean, healthy and sustainable environment for all people. 95.7% of the local self-governments have taken measures in this line as instructed, and 74% of the participating households have responded as the beneficiaries of the services rendered. Efforts to properly handle, store and dispose of hazardous waste



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during COVID-19, is thus, a reflective of adhering to the mandate made out in *Research Foundation for Science v. Union of India*<sup>xxxxv</sup>, to protect environment and public health.

## 5.2 THEMATIC DEEP DIVE

Amidst the fact that local self-governments could take adequate steps to secure the right to health of its citizens, meanwhile, it is equally important to shed light on the factors that enabled the same.

### 5.2.1 Strengthening Grassroot Governance

In adopting a bottom-up approach towards addressing the menace created by the pandemic, it was pertinent to promote community engagement and thereby strengthen the grassroot governance and service delivery system at the earliest phase itself. From the initial directions issued by the State Government, the modus operandi adopted by the local self-governments and recognising the trust placed by the public upon the agencies delegated with the prevention and mitigation roles, it could be understood that lessons were learned from the flood relief experiences in 2018 and 2019. Though local self-governments were not formally invited at that point in time to be a part of the process, the voluntary involvement of local self-governments to mitigate the disasters and build community resilience seems to have made the state and non-state actors acknowledge the importance and effectiveness of adopting a bottom-up approach, consequently, giving room for local self-governments to act upon. Local governments, rather than acting on their own, opted for community engagement and participatory democracy and, hence, the active engagement of already constituted committees, Ward Level Health Committee, Aarogya Jagratha Samithi and Emergency Response Team, were called for. In the meantime, as the number of positive cases of COVID-19 infection surged and the number of persons quarantined multiplied, in order to coordinate the activities, ensure high-level compliance of policies formulated and protocols issued and build in a more individualised surveillance and service delivery reaching out to all the walks of life, additionally, the following committees were constituted.

- a. Core Team- LSG Level
- b. War Room/Control Room- LSG Level
- c. Ward Level Team- Ward Level
- d. Cluster-based Team- At cluster level comprising 50-60 households.

These committees, where authority, expertise and community engagement converge together, were at the heart of the decentralised COVID-19 mitigation activities conducted by the Local self-governments across the State. It is also important to note that at the point where it was not feasible to conduct Gram Sabhas, these committees were an excellent initiative to initiate participatory democracy. It is worth praising that even at the point of an unprecedented and unpredictable disaster, measures were taken to ensure the representation of each category of people in these Committees.

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Committee	Area of Operation	Composition	Responsibilities
<b>Core Team</b>	LSG Level	Head of the Local self-government, Health Standing Committee Chairperson, Secretary, Officers of LSGD and Sectoral Magistrate	To coordinate and facilitate the activities of Jagratha Samthi at the LSG level, Ward Level Samithi and RRT
<b>War Room/Control Room</b>	LSG Level	Members of the teams carrying out various duties like transportation, oxygen supply, help desk management, awareness activities, ward reporting, covid Jagratha portal updation, testing, vaccination and CFLTC/CSLTC/DCC coordination	Collection and sharing of accurate information about day-to-day COVID-19 mitigation activities, including quarantine, vaccination, basic support, and support rendered to persons in need of special care and protection, to the committees higher in the order.
<b>Ward Level Team</b>	Ward Level	ASHA workers, Kudumbashree workers, Anganwadi worker, Janmatri police, CDS/ADS Workers, Representatives of Library Committee/NGO/Residents Association, Youth Volunteers, NSS and NCC cadets,	Monitoring the health condition of the patients, supply of medicines, catering for the basic needs of people in need of special care and protection, ensuring compliance to COVID-19 protocol, etc.
<b>Cluster-based Team-</b>	At the cluster level comprising 50-60 households	Members of Ward Level Team	Monitoring the health status of the COVID-19 patients on a daily basis, Keeping in touch with those who are in quarantine and suffering from other ailments, reporting the violation of COVID-19 Protocol, daily updation of COVID-19 testing, fresh cases reported, patients shifted to DCC/CFLTC/CSLTC and vaccination

When local self-governments were asked as to whether they had constituted grassroot committees and aided them in successfully addressing the challenges posed by the pandemic, 70.2% of the respondents believed that the involvement of grassroot committees was always effective, and 19.7% opined that it was effective on most of the occasion. The success so recorded is attributable to many factors, most notably to the clear assignment of roles and responsibilities and the consultations done, taking into belief the grassroot committees. This being the state of affairs, however, the lack of a permanent structure of this sort to handle disaster management is worrisome.

### 5.2.2 Engaging Civil Society

Stephen Bender remarked, "*The potential you have to reduce risk when you involve the community is enormous.*"<sup>cxxxvi</sup> It is because a people-centred approach sensitises the masses to the nature of the risk and constituting drivers, generates confidence, fosters community as well as individual ownership of risk reduction and builds effective partnering between state and local actors in the bottom-up initiatives.

With the outbreak of COVID-19, as quarantine has become a norm, it was pertinent that the people quarantined by providing basic support. Local self-governments in Kerala, relying on the social cohesion that has gradually emerged, resorted to community engagement to support the people who were quarantined. Taking a leaf from the experience gathered from the management of flood in 2018 and 2019, civil society groups such as Youth Volunteers, Kudumbashree Workers, Self Help Groups, NGOs, Religious Institutions, Cultural Organizations, Clubs, Resident Associations and other like-minded organisations, were engaged by most of the local self-governments, which proved vital in supporting the basic service delivery. The aim was to ensure that essential services such as medicine delivery and related activities were carried out while adhering to social distancing norms and lockdown regulations. Getting at least ten youths to be registered at the panchayat level to become Sannadhasena, they were given training and assigned specific responsibilities, area, day, time, duty and nature of work, and a pass was to be issued to them after sensitising them on the proper use and avoiding misuse. The coordination with the Youth Coordinators of the Youth Welfare Boards made it relatively easier to train and equip youths to serve as volunteers to render assistance to the people quarantined.

99.5% of the local self-governments reported that they have engaged civil society in their fight against COVID-19. 66% of them found civil society engagement as always effective in combating COVID-19, and 25% responded that they were effective in curbing the spread of COVID-19 on most of the occasion. Further, resorting to the chi-square test to reaffirm the validity of the claims, it was found that the local self-governments who have reported to have used civil society effectively have also reported having rendered support to the people in the quarantine and infected by COVID-19 virus. The statistics thus underlined the merit of engaging civil society in the fight against COVID-19.

As stated earlier, the involvement of civil society in disaster risk reduction is not the success of an overnight adventure, instead is the result of the systematic investment made to train and equip the

members of civil society. The best example that could be quoted is that of Kudumbashree. A system with more than 45 lakh members and closely connected to more than half of the population residing in the State has played an overarching role in battling COVID-19. By enhancing livelihood support, and through their expertise in microenterprises, compassion initiatives, empowering women and marginalised, palliative care and agricultural services have contributed significantly towards the economic development of each community. The efforts taken by Kudumbashree to ensure food security have proved to be vital in securing the right to food of the people in the State of Kerala. While it played a core part in the poverty eradication programs over the years, it has substantially reduced poverty in times of crisis through its significant effort to ensure food for the masses through Community Kitchens feeding lakhs who were not covered by the earlier schemes. The multiplicity of several other roles played by the Kudumbashree was, thus, either the replication or just the extension of the activities that it has undertaken over the years. Success in testing times is hence to be credited to the capacity-building initiatives undertaken since 1997.

It could thus be concluded that civil society has played its part in combating COVID-19 and has got a larger role to play in disaster prevention and mitigation. However, it is an irony that the activities of civil society in any form are not given any legal import.

### 5.2.3 Deepening of democracy

The core value of decentralisation founded on the principles of democracy is to deepen the practice of democracy and to make government more accessible and responsible to the felt needs of the people. The efforts taken through the constitution of committees and engaging civil societies in an inclusive manner despite the havoc created by the COVID-19 pandemic facilitated the deepening of democracy, reflected the felt need of the society and thereby led to the satisfactory means of handling the public health emergency.

The deepening of democracy further opens up avenues for ensuring accountability and transparency. The involvement of civil society in the disaster management framework has ensured that the social audit is done on a concurrent and post-facto basis, and the actors are accountable to the people and are not left for the elections to settle. In the battle against COVID-19, involving greater public funding in the form of sponsorship and donations, the involvement of civil society has made sure that the social consensus and rationale behind each decision as well as the details of expenditure, are known to the public. Such a level of transparency has enabled the culmination of COVID-19 mitigation activities without notable allegations of corruption. Disaster risk reduction activities carried out by the local self-governments, through their initiatives to deepen democracy, could also be portrayed as an instance of government getting closer to the people both spatially and institutionally, accessible and responsive to the felt needs of the people, apart from providing them with a space to be a part of the decision-making process. The fact that local self-governments were engaged and the activities involved the active participation of civil society could be reflected as instances of deepening democracy. This would also

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mean that disaster risk reduction is inclusive in nature and creates an informed citizenry to make meaningful contributions in a bottom-up approach. COVID-19 mitigation efforts by the local self-governments are an exemplar of the same.

#### 5.2.4 Big Bang Approach in Disaster Management:

Massive devolution of administrative functions, functionaries and funds to the local self-governments following the people's planning campaign in 1996 is often referred to as the Big Bang approach in decentralisation. It was starkly contradictory to the trial-and-error method, where institutions are first conferred with power while attempting to enhance their capacity and then assigning them more powers and functions depending on the degree of capacity building. With Ninth Five-Year Plan in place, the government made a revolutionary decision to allot 35 to 40% of its outlay to the local governments all of a sudden while parallely attempting to build their capability, whereby adopting a learning-by-doing strategy.

Unlike in normal circumstances, adopting a strategy of learning by doing in times of disaster, more particularly in the event of a health disaster, is suicidal in nature. However, a glance at the devolution of functions, transfer of funds and better convergence at the local level in combating COVID-19 might generate a preliminary impression of the big bang approach, as adopted in 1996. Though it is true on records that in attempting to combat the menace created by local self-governments, an unprecedented devolution of functions and funds was made during the COVID-19 pandemic, a closer introspection would, however, nullify the possibilities of such inference, as it equivocally hints to overarching changes brought in by PPC, the positive transformation it has achieved in terms of capacity building and the trust earned by the local governments in the minds of people. Besides, although the local self-governments though were not technically in the picture during the emergencies caused by Nipah and the floods of 2018 and 2019, the effort taken by them, akin to that of NGO, during the testing time, shed light on the efficacy of the local self-governments and exhibited the capacity that it has attained over the years. The experience of local self-governments acting promptly during the flood has, in turn, prompted the State Disaster Management Authority and other core operating departments of the State to entrust local self-governments with the crucial functions in the fight against COVID-19. Hence, the credit for the success of local self-governments could not be rated as an overnight effort, rather is the net result of the initiatives taken since 1996. Thus, the credit for its success in building resilience during the health disaster is bound to be shared with all the forebears who have worked tirelessly for the upheaval of local self-governments. However, the fact that the local self-governments delivered their role as entrusted and even beyond does not necessarily mean either that they have reached their optimal capacity or that their efforts were fool-proof. Yet there remains a larger scope for improvement and progression.

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### 5.2.5 Disaster Management Framework

The bushwack of COVID-19 and its continuing onslaught for more than a couple of years has placed the state actors in a testing phase. Local self-governments, being made part of the loop, in turn, had to withstand the test so placed. Anatomising and translating the efforts of local self-government to the perspective of disaster risk reduction within the limited sphere allotted to it, alignment with the core roles expected out of a local government by international instruments and the roles performed by the local self-governments in Kerala, could well be described.

Primarily the novelty of COVID-19 made it incumbent for the local self-governments to understand the risk properly in devising the mitigation strategy and in bringing out changes whenever required. Navigating through the COVID-19 prevention activities, as narrated before, would collocate the efforts taken towards risk assessment with the aid of the ward committee to precisely trace the vulnerability and exposure of the people towards the COVID-19 virus. Leverage gathered from the real-time collection of relevant data and practical information from the ground enables the periodic assessment of risk and capabilities, thus enabling remedial measures to be adopted wherever necessary. The non-sensitive information so gathered was made publicly available and accessible, sensitising the masses to stay alert. Apart from relying on the modelling prepared at the international, national and State level, the ground reality perceived by the operations of ward-level and cluster-level committees enabled the local self-governments to focus on the losses and impact on the health, food and nutrition, education, livelihood, shelter, trade and business and environment, either habilitated the implementation of governmental orders or to deliver the complementary role envisaged of it, to meet the felt needs of the people. Further, the grassroot level operations, reaching out to the remotest unit, could also provide room for the evaluation of the efficacy of the policy so formulated.

Besides, the capacity of the system was also evaluated, and alternatives were devised alongside putting the existing structure into operation. System evaluation thus also benefitted the local self-governments to collaborate with community-based organisations and non-governmental organisations that were essential in the process.

Recognising the relevance of strengthening of governance structure to prevent, mitigate, prepare, respond, recover and rehabilitate, committees were constituted at various levels of local self-governments ranging from core teams to cluster committees. These committees ensured high-level compliance with policies formulated and protocols issued, as underlined by the quantitative results presented in the previous chapter. The assignment of clear roles and tasks to these committees and the representatives of people furthered the implementation of such policies. Consultations with the stakeholders through these committees created a sense of shared responsibility facilitating its implementation. Further, in terms of resources, the mobilisation of disaster-resilient public and private investments was vital in risk prevention, reduction and rehabilitation. Efforts taken by local self-government to build back better are also traceable. In all these endeavours, the sharing of - lessons

learned, the experience gathered, and good practices developed- amongst the local self-governments, under the auspices of Kerala Institute of Local Administration (KILA), afforded an opportunity for local self-governments to rectify its shortcomings. Local self-governments, thus perfecting themselves by the later phase, made it a gargantuan task to heckle and single out to present an individual model. It is particularly because when any local self-government is kept at the point of stark criticism referring to its worst errings committed in the process, even that local self-government has at least one set of best practices that could well be documented and presented as a model. Likewise, though it is true that the capacity of each local self-government varies from one another, yet, each local self-government has been exhibiting uniqueness, if documented, could run to volumes and volumes, even while implementing the orders issued by the state government, which is in fact, the reflection of local self-governments delivering its role to meet the localised needs of the society. Local self-governments acting in accordance with the felt need of the society, rather than going for the mechanical application of a one-fit formula, hence stands as visible proof for the evolution of disaster risk reduction agency that could address the concerns at the grassroot level in times of distress in the manner it is warranted. Hence, this report intentionally refrains from projecting any individualist models of excellence, rather opts to present local self-governments in Kerala altogether as a model before the institutions of government across the country at the local level in terms of disaster risk reduction.

### 5.2.6 Data Sharing

A flawless data transfer between the Department of Health and the local self-governments was the key to developing preventive and socio-economic welfare strategies and ensuring the adequacy of treatment for the patients infected with the COVID-19 virus. Initially, though certain hindrances were spotted, the chi-square test for independence indicates that the majority of the local self-governments (84.5%) did not face difficulties in data sharing to affect the implementation of socio-economic welfare measures. A fairly good deal of coordination with regard to COVID-19 data management could hence be inferred from the responses.

However, 15.5% have reported having experienced difficulty in the free flow of data from other departments, including the Department of Health, to affect their welfare activities. Attempting to list some of the flaws within the data sharing, as flagged by the local self-governments, most of them experienced a lag in obtaining the COVID-19 testing results from the laboratories under the Department of Health, stands at the forefront. Difficulties in obtaining time data caused difficulties for the local self-governments to decide on the isolation of the suspected cases as well as their primary contacts. Some other concerns point to a lag in availing timely data relating to the referrals of infected patients as well as the discharge of the patients. Local governments, though in a smaller proportion signalling hindrances in obtaining real-time data, hints at the lack of a common platform systematically facilitating the same. Moving on, difficulties in obtaining the necessary data from other departments were also reported,

owing to the limited functioning of other departments, such as revenue were also reported. However, legal hurdles were not reported as hindering the data sharing between the departments.

### 5.2.7 Devolution of power

As portrayed in Chapter II, the local self-governments are conferred a wide spectrum of powers, providing functional spheres for independent and delegated functions. Though it is true that the devolution of power in normal circumstances is chiefly founded on the principle of autonomy, with governmental control limited to obligatory and regulatory functions, however, during an unprecedented disaster like COVID-19, it is practically impossible to do away with the centralised system to entrust the local self-governments with powers to function devoid of any directions. Hence, though the sphere of independence was not totally foreclosed, the major chunk of functions during COVID-19 revolved around the spheres of cooperative and coordinated action, delegated agency function and guidance.

Local self-government, while delivering its role entrusted to it within the latter three spheres, as distinguished from the normal circumstances, better convergence, horizontal integration, role clarity and cooperation could be read out. Probably the limited functioning of the functionaries allotted to various departments necessitated them to converge many of their essential functions to the local governments. The horizontal integration of the local self-governments into the disaster management loop was also meant for it to play a complementary role in the fight against COVID-19, whereby the activities of the higher level would be complemented by the activities of the lower level that could reflect the felt needs and priorities of the people at that level. Such integration is largely seen in efforts taken to ensure the right to health, food, education, shelter and waste management.<sup>cxxxvii</sup> Adhering to the principle of role, clarity was pivotal in ensuring their effective function. Though voluminous instructions were issued on a daily basis, a closer analysis could, however, cull out the functional clarity, independence, better convergence and flexibility underlying the directions and guidelines issued, ensuring that the efforts of local self-governments were not hindered by parallel authorities. Ensuring role clarity, thus, limited the wastage of resources and enhanced the effectiveness of service delivery. The statistical output<sup>cxxxviii</sup> indicating the responses of local self-government points out that they had better coordination with other agencies and departments of government, delivered most of the delegated functions to its perfection<sup>cxxxix</sup> and adhered to the guidelines issued. This is hence a reflection of the fact that local self-government has delivered the functions entrusted exceedingly well within the three former spheres mentioned above.

However, glancing through the vindication of powers within the sphere of independent action raises alarms as to whether there was sufficient decipherment of the concept of people's planning and decentralisation by the local government. It is particularly because, though moving beyond what has been instructed, patches of efforts taken by local self-governments in the exercise of their independent powers to build resilience with respect to certain issues could be seen, the drive to convert it into meaningful development projects, barring a few, could not be traced.<sup>cxli</sup> It also has to be read along with



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the fact that- awaiting to receive specific orders from above rather than devising its own plan of action in tune with the national and State policies fails the concept of decentralisation. The fact that such initiatives are lacking on a larger scale in the war front of a disaster running into more than two financial years warrants serious introspection. In this context, as it is worth quoting, attention is to be drawn to the observation of the Supreme Court in *Rajeev Suri v. Delhi Development Authority and Ors.* (2022)11 SCC 1:

*“The primary focus of the subjects enumerated in the Eleventh Schedule is on social and economic development of the rural parts of the country by conferring upon the Panchayat the status of a constitutional body. Parliament has ensured that the Panchayats would no longer perform the role of simply executing the programs and policies evolved by the political executive of the State. By virtue of the provisions contained in Part IX, the Panchayats have been empowered to formulate and implement their own programs of economic development and social justice in tune with their status as the third tier of government which is mandated to represent the interests of the people living within its jurisdiction. The system of Panchayats envisaged in this Part aims at establishing strong and accountable systems of governance that will in turn ensure more equitable distribution of resources in a manner beneficial to all.”*

Though many reasons could be cited for the absence of such independent initiatives, the issue does not require medication but rather the better generation of funds and exhibition of political will.

## 5.3 LESSONS LEARNED

Analysing the role of local self-governments in disaster risk reduction during the COVID-19 era should, in fact, be placed totally in a different arena. The peculiar nature of COVID-19 mandated the integration of local self-government into the disaster risk reduction and was bestowed by the flexibility sufficient enough to act according to the felt needs of the society and accountability leaning more towards the people of the locality. The result of such flexibility could be inferred from the chi-square test, wherein most of the participants who have reported having acted satisfactorily responded not to have hindered by any systemic, institutional or legal hurdles. However, upon perceiving things on a larger pedestal, the following lessons could be learned.

### 5.3.1 Lack of a legal framework to legitimise the actions of the service of the civil society

Though most of the local self-governments have been successful in getting civil society involved in the process of combating COVID-19, with the aid of an order issued by the Department of Local Self Government, the legal framework has not evolved sufficient enough to detail the kind of activities that could be entrusted to the members of the civil society, their mode of engagement and more importantly, the counters that limit their intervention. Hence, as it is inevitable to involve civil society in any

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disaster-related process, the mode and manner of their engagement have to be legalised, and at the same time, the limits of their intervention shall be fixed.

### 5.3.2 Fiscal decentralisation

The devolution of functions should be followed naturally by the financial resources sufficient enough to discharge these functions effectively. It was true that there was an unprecedented functional devolution to the local self-governments, and the fund was directly handed over to the local self-governments without many administrative loops. However, when 188 participating local self-governments were asked whether they had faced financial constraints while battling COVID-19, nearly half of them (41%) responded that they had faced a shortage of funds at varying intensity. Attempting to find out the causes of fund shortage from the answers given by the respondents, chi-square tests for independence were conducted. Having conducted chi-square tests for association to ascertain whether there is any significant relationship between the legal hurdles and shortage of funds, though the test showed significance and the responses indicate that the majority of the respondents, who pointed towards the presence of legal hurdles did not give a hint as to such hurdles contributing to financial constraints. Seeking to ascertain the reason by looking into a significant relationship that existed between the government funding (including funding from SDMA) and financial constraints, a substantial fraction of local self-governments (40.7%) who received government funding reported to have suffered from financial constraints. Such an observation poses questions on the adequacy of funds allotted to the local governments. From what could be inferred from the qualitative inputs given, the constraints were faced by local self-governments having a shortage of their own fund. As most of the funds issued by SDMA were through reimbursement, they were faced with a shortage of financial resources to spend in advance. The chi-square test, however, did not flag any issues of administrative or inter-departmental coordination as leading to the non-availability of government funds. In the significant relationship between inter-departmental co-ordination and government funding, the majority of the respondents (73.1%) who have responded not to have received government funding could not be found raising issues with regard to inter-departmental co-ordination. Attempting to ascertain whether the fund constraints prevailed amidst obtaining private funding such as sponsorships and donations, 39.2% of the respondents who received private investments also reported having faced financial constraints. Nevertheless, the chi-square test for association was conducted between the question "Has the panchayat/municipality faced obstacles from the government level hindering their efforts to work for the welfare and socio-economic security of the people in the context of COVID-19?" and "Did panchayat/municipality face constraints in availing fund in fighting COVID-19?", 38.3% of the local self-governments, despite facing financial constraints, have ensured the welfare and socio-economic security of the people in the context of COVID-19. Only a negligible fraction of local self-governments have reported that the financial constraints had adversely affected their efforts to secure the welfare and socio-economic security of the people in the context of COVID-19. Hence, it could be concluded that though local governments, though

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almost half of the respondents (41%) have faced financial constraints, yet they have managed to get the welfare of the people ensured.

### 5.3.3 Efficient management of resources

In the process of battling COVID-19, local self-governments had to invest more in infrastructure. However, it is found that many of such local self-governments, after the COVID-19 crisis phase, have failed to redeploy the infrastructure in an effective manner leading to wastage of resources.

### 5.3.4 Lack of Legal Awareness

Putting succinctly, to not to complicate and drag already settled things into trouble, it was found that instances of institutions exceeding the power, failure to deliver what is due and actions contradictory to the statutory power are visible both on and off the record. It is also clear that most of them sprout from the lack of legal awareness of the powers conferred and the contours fixed thereby. Nevertheless, it is to be reminded that ignorance of the law is not an excuse to justify any such violations.

### 5.3.5 Lack of integration of local self-governments into the disaster management framework

Glancing through the role envisaged of local self-governments by the international instruments, it could be seen that during a sudden onset disaster, which gives little or no warnings and demands robust responses and coordinated action, as mentioned by several studies, local self-governments stand as the first-to-act agency. Owing to the trust earned through its activities over the years, and consequent capability to instantly identify the felt needs of the society; posed with the knowledge about the situation on the ground and capable enough to mobilise the local people and to generate awareness and social cohesion at the earliest, the role of local self-governments are regarded as inevitable at the grassroots level.

During a slow-onset disaster, which permits space to plan and execute mitigating efforts in a detailed and systematic manner, several factors render the role of local self-governments quintessential. Primarily, it is because local self-governments have the greater trust and accountability to the people, than any other agencies of the State. Secondly, in devising and implementing a mitigation plan, it is pertinent that localised issues are also dealt with alongside implementing the common issues. Local self-governments, being more conversant about the localised issues and felt needs of the society, it allows concerns of the people at the grassroots to be aired at various platforms and a coherent plan is devised and implemented at the local level in a harmonious manner. Such an involvement would reduce the application of a one-fit formula and accelerate the implementation of solutions addressing the felt-needs of the society in a timely manner. Such an involvement would reduce the possibilities of rights violations and even in the individual cases their rights being valued and addressed in a satisfactory manner.

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In both of these circumstances, the capabilities of local self-governments in data collection, management and dissemination of disaster risk information, identify disaster loss, ensure use of traditional, indigenous and local knowledge and practices, to impart civic education, to involve people at the local level and to collaborate with community based organisations, and to device overarching build back plans incorporated with the local level developmental plans, makes it pertinent that local self-governments are integrated into the disaster risk reduction plans.

Having narrated the importance of local self-governments and the role envisaged by international instruments of the local actors, besides the discussion in Chapter II, the analysis of the disaster management framework in India, however, presents a murky picture. Glancing through the text of legislation, it is true that repudiation cannot be made of the fact that the Disaster Management Act, 2005 stipulates certain roles to the local self-governments. However, delving deeper to comprehend the role of local self-governments in Kerala, it could be understood that when the law is put into operation, aided by the rules prepared by the State Government in accordance with the Act and the guidelines, directions and standard operating procedures, it could be seen writ large that the full integration of local self-governments into the disaster risk reduction is still lacking. In other words, there is a dearth of overall unity attained through the process of horizontal integration. For instance, local self-governments, which are bound to complement as well as to act in accordance with the District Disaster Management Plan, as per the Act, are not even offered a single role in the District Disaster Management Plan prepared by all the fourteen districts in Kerala. Even assuming that local self-governments are entrusted with a complementary role, the assignments of roles of different departments and their subsidiary offices and institutions in the plan have serious overlaps with the functional sphere of the local self-governments that could potentially end up inter-departmental conflicts, limiting the scope of restricting the complementary role which local self-governments expect to play.

The local self-governments, which proved their capability by ensuring socio-economic rights, including the right to health, right to food, right to education, right to shelter, right to livelihood, right to trade and business and right to clean environment; well equipped to identify the felt needs of the people responsible for planning at the local level; administering a range of institutions and possessed with such an enormous power at the local level, than any other counterparts in its line of authority, is on a practical note single out without being fully integrated into disaster risk reduction activities. The result would be that despite its proven track record, the local self-governments are being chained from unleashing their full potential in future by inter-departmental conflicts and a lack of functional space. It is archaic that such an effective democratic institution that is capable enough to come up with an all-inclusive approach than any of its counterparts in the line of authority has not been trusted to keep it subtle to bureaucratic structures, which are ruminants of colonialism. It is also to be reminded that disaster management is not solely a top-down approach, but a mix of effectively crafted top-down and bottom-up planning, where the role of the local authority is inevitable.

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### 5.3.6 Treating local self-governments as an implementation agency

During the COVID-19 phase, the local self-governments in Kerala stood as the bulwarks in COVID-19 resilience initiatives. Though diminutive efforts to provide functional space for local self-governments in tune with Sendai Framework are traceable since the flood of 2018, the lack of full integration does not bring in considerable change in the ground. For instance, though local self-governments have asked to prepare a local-level disaster management plan, Section 32 of the Act, insists local self-governments submit the plan to DDMA and prepare a district plan taking into account the local level plan. Rather than acting as an implementation agency for the disaster management plan prepared by it, the local self-governments are made to act as an implementation agency for the implementation of the orders resulting from a top-down approach. This further means that without giving room for implementing a disaster management plan accounting for the felt needs of the beneficiaries, the local self-governments are made to implement a one-fit formula even for a disaster with a unique localised angle. Such an application is starkly contradictory to the principle of subsidiarity. Though it could be interpreted that the local-level disaster management plan is allowed to be prepared, neither an effective mode of implementation nor an implementation officer has been specified by the Act, rendering the entire exercise futile.

### 5.3.7 Lack of adequate representation

During the COVID-19 pandemic, in involving local self-governments in disaster management activities, the lack of adequate representation for them in DDMA to air their concerns and the felt needs of the people. The sole representative of local self-government is the President of the District Panchayat, occupying the position of Co-chairman in the capacity of DPC chairman. Though the President of District Panchayat is designated as the co-chairman, the distinction between the roles and responsibilities of the Chairman and co-chairman has been left without being demarcated. It is this President who is supposed to represent the entire local self-governments in the DDMA meetings among the seven-member authority, which is plainly insufficient. Further, it could at least be understood that the Gram Panchayats form part of three-tier panchayat raj system formulated by the Kerala Panchayat Raj Act, 1994 and is being represented by the District Panchayat President forming the part of the system. However, with regard to Municipalities and municipal corporations, the representation is secured through District Panchayat President in the capacity of DPC Chairman, which is inadequate for these bodies to have a different structure to get their concerns and the felt needs of the people properly represented.

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### 5.3.8 Lack of accountability at the district level

Though accountability is secured at the National as well as State level, the District Authority is more bureaucratic-centred and hence lacks accountability. The District Authority thus lacks downward accountability to people, providing hardly any room for the active questioning of decision-making. The issue was even raised in the Parliament at the time of passing the Bill. However, it was defended on the ground that the District Panchayat President, who is the elected representative at the DDMA, does not have jurisdiction over the entire district as Chief Minister possess over a State or the Prime Minister wields over the country, and hence was negated, hoping for the Seven Member DDMA to hold Chairman would maintain the check and balance. However, with the Constitution of DDMA and the nomination of members, the issue gets graver and more projected. It is because, except the District Panchayat President, all the other members present in DDMA are ranked lower than the chairman and are either directly or indirectly subjected to the authority of the Chairman either in the capacity of the Chairman of DDMA or as the District Collector which is anti-thesis to the concept of check and balance.

### 5.3.9 Technical expertise:

Unlike other States in India, Kerala has a huge number of professionals and skilled young human resources having specialisation in diverse streams. However, though local self-governments were active in mobilising youth volunteers for unskilled work, barring a few, it has not either been able to tap the full potential of these human resources available or to engage these professionals at the cutting-edge level within the jurisdiction of each local government.

### 5.3.10 Lack of Convergence

It is true that in battling COVID-19, better convergence could be seen, and local self-governments could deliver their role effectively. However, for success, local self-governments are indebted to a range of factors that hardly exist in any other form of disaster. In any other circumstances, owing to the lack of full integration into the disaster management framework coupled with squatting of certain functions by certain departments in utter disregard of the functional area and sphere of independent action allotted to local self-governments, inexorably creates overlapping and the issue of parallel authority, adversely affecting effective implementation of developmental projects as well as the proper discharge of functions entrusted to it under the Disaster Management Authority. It is to be borne in mind that, that though certain functions, functionaries and funds are allotted to certain departments, it does not grant the *carte blanche* power to encroach or bypass the authority of any other tiers of the government established by the Constitution of India. Hence, in order to ensure constitutional governance, it is pertinent that all three tiers of government work in harmony and collectively with active cooperation, coordination, complementation and integration towards resolving a common problem. Therefore, it is pertinent for the departments of the Governments to respect the functional domain of each tier of government and, more particularly, the local governments, in a manner leading to better convergence at the appropriate level.

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### 5.3.11 Lack of a long-term disaster risk reduction plan

Disaster risk reduction cannot be attained through short-term plans. Rather, primarily, it should involve the design and implementation of a long-term plan that transcends the five-year period, which should contain the following:

- i) primary, secondary and tertiary health care, especially at the local level;
- ii) developing the capacity of health workers to understand disaster risk and applying and implementing disaster risk reduction approaches in health work.
- iii) To strengthen the design and implementation of inclusive policies and social safety-net mechanisms, through community involvement,
- iv) integrated with livelihood enhancement programmes,
- v) access to basic health-care services, including maternal, newborn and child health, sexual and reproductive health,
- vi) food security and nutrition,
- vii) housing and education,
- viii) durable solutions in the post-disaster phase and to empower and assist people disproportionately affected by disasters were also necessitated.
- ix) People with life-threatening and chronic disease, due to their particular needs, should be included in the design of policies and plans to manage their risks before, during and after disasters,
- x) Promoting the resilience of new and existing critical infrastructure, including water, transportation and telecommunications infrastructure, educational facilities, hospitals and other health facilities,
- xi) Ensuring that they remain safe, effective and operational during and after disasters in order to provide live-saving and essential services
- xii) Ensuring the continuity of operations and planning, including social and economic recovery, and the provision of basic services in the post-disaster phase;
- xiii) Promoting regular disaster preparedness, response and recovery exercises, including evacuation drills, training and the establishment of area-based support systems, with a view to ensuring rapid and effective response to disasters and related displacement, including access to safe shelter, essential food and non-food relief supplies, as appropriate to local needs;
- xiv) Promoting the cooperation of diverse institutions, multiple authorities and related stakeholders at all levels, including affected communities and business, in view of the complex and costly nature of post-disaster reconstruction, under the coordination of national authorities; and
- xv) Ensuring recovery schemes to provide psychosocial support and mental health services for all people in need.

Secondly a permanent structure as it National, State and Local level to give effect to the plan. Neither such an overarching plan nor a permanent structure to implement such plan is seen at the local level.

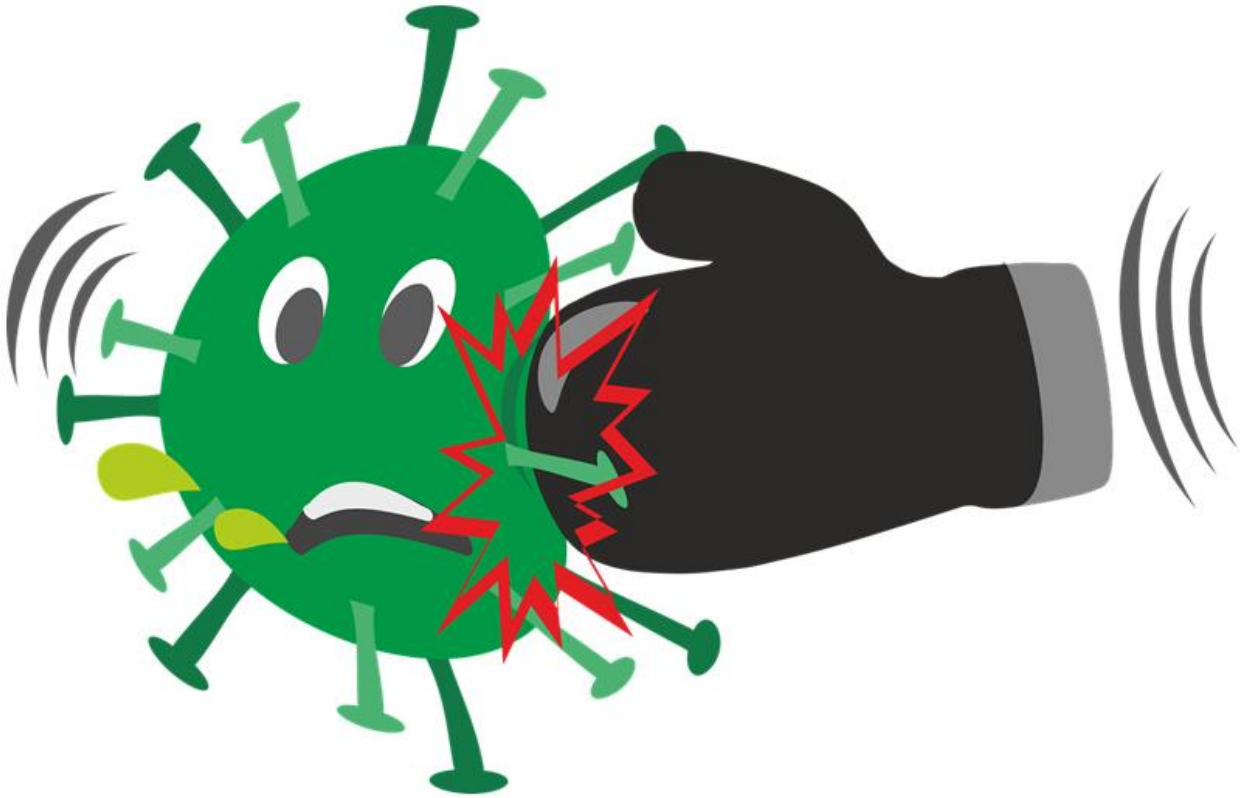


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In short, Local self-governments in India have a vital role in securing and promoting fundamental socio-economic rights such as the right to health, food, education, shelter, livelihood, a clean environment, and the freedom to engage in trade and business. These rights are integral to human dignity, social justice, and inclusive development. Local self-governments, through their functions and responsibilities, have ensured the effective implementation of these rights at the grassroots level, addressing the needs of marginalized communities and fostering an equitable society.

However, challenges persist in the realization of these socio-economic rights. These challenges include inadequate resources, capacity limitations, bureaucratic hurdles, and the need for effective coordination between different levels of government. Overcoming these challenges requires a comprehensive approach, including strengthening the legal framework, enhancing the capacity of local self-governments, promoting citizen engagement, integration of local governments into developmental and disaster risk reduction plans and ensuring adequate resource allocation.





# 06

## CONCLUSION, FINDINGS AND RECOMMENDATIONS





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Ever since the first case of COVID-19 was reported in China, it has posed umpteen number of challenges to the right to health across the globe. Having reported the initial case of positivity for the SARSCoV-2 virus, India was no exception to it. As of now, the country stands third in the records of reporting COVID-19. The wrath of COVID-19 did not spare Kerala as well. However, steps were taken by the Government of Kerala to ensure the right to health of its people.

Responses from the participants indicate that the efforts to secure the right to health revolved around conducting awareness activities, focusing on prevention strategies, taking steps to endure general and mental health, having proper surveillance, isolating the patients in the suspected and high-risk category, regular testing of suspected cases, adopting measures for providing adequate treatment, fostering rehabilitation and sensitising them back again to prevent further exposure to the virus. Statistics indicate that 99.5% of the local self-governments have engaged civil society in creating awareness. Apart from the same, 93.1% of the local self-governments have taken preventive steps as per the protocols to contain the transmission of the virus. As a part of ensuring the general and mental health of its inhabitants, nearly all the local self-governments (99.5%) took measures to monitor the health status of the people through the deployment of ward-level committees. 88.19% of the local self-governments could also ensure that the essential medicines for the vulnerable population and the people in need are delivered at their doorstep. Critically ill and bedridden patients were attended to with palliative care services by 86.17% of the local self-governments. Giving due attention to the mental health of the inhabitants, 97.3% of them made arrangements to provide counselling to the needy. Surveillance and contact tracing were at its peak during the initial wave of COVID-19. Suspected patients were isolated by way of home quarantine and where it is not feasible by way of institutional quarantine. 87.12% of the people isolated have reported having received adequate support and instructions from the part of their local self-government. Regular testing and monitoring were conducted. In cases, turning positive for the COVID-19 virus, measures were taken to ensure treatment, and to this extent, CLSTCs or CSLTCs were established. 88.8% of the local self-governments have also provided for arranging transportation facilities, besides providing means for the supply of oxygen and pulse oximeters in necessary cases, procuring and distributing medicines, and catering the basic necessities of its inhabitants in the form of food, water and other essentials. Overarching efforts even addressed the concerns of people left uncared at their homes; provision for assistants for care was also arranged. In cases of death reported out of COVID-19, 95.4% of the close relatives reported having received adequate support from the part of local self-governments in the process of conducting safe burial. 81.4% of the local self-governments have taken steps to establish designated post-COVID clinics or provide for the treatment of post-COVID ailments. Reflecting the arrangements made, 96.5% of the households have responded that they have been provided with smooth facilities to avail COVID-19 vaccine.

The COVID-19 pandemic has posed threats to securing adequate food for citizens across the globe. Lowered food production and productivity, disruption of the supply chain, widening inequality in terms of distribution of food, altered food environment, and uneven food prices across various localities were

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matters of concerns in securing right to food. However, the efforts of taken by local self-government were concentrated on ensuring availability, guaranteeing accessibility, promoting utilisation, ensuring sustainability and building robustness and resilience. Anticipating the shortage of food and food items in the market, in order to ensure availability, 1034 community kitchens were established by local self-governments, besides 90.4% of the local self-governments adopting other measures as well. These initiatives were adopted by 72.87% of local self-governments apart from continuing with the distribution of the regular food supplements that it had undertaken. Addressing the economic barriers existing with the society, free food was provided on a daily basis to the destitute, homeless people found and rehabilitated by the local government, guest workers, people under palliative care, bedridden patients, elderly people who are unable to cook for themselves and are not financially sound, people living in tribal areas and in need of food, families of students studying in Buds school and in need of food, inmates of care homes who are unable to prepare food and other people who are financially unsound, yet cannot get the benefit 15 kg of rice distributed by Civil Supplies Department. Ensuring physical access to food, 84.04% of local self-governments made use of the services of youth volunteers for the distribution of food. In order to build resilience, the implementation of the Subhiksha Keralam scheme was accelerated by 60.11% of the local self-governments.

The impact of COVID-19 was also visible in the education sector as well. Schools were shut, and in India, it remained shut for an average of 7 months. Across the globe, it is estimated that it has led to the loss of 0.3 to 0.9 years of schooling and 7 million drop out. In such a scenario, local self-governments starting from taking steps to ensure the closure of educational institutions within their jurisdiction have taken several measures were adopted to see that the right to education is not compromised in the fight against COVID-19. 66.5% of the local self-governments conducted awareness programs to sensitise students and parents to the need for online education. To ensure that each student within its locality, without being discriminated, is being offered access to free education through the First Bell program, 83.51% of the local self-governments identified students who lacked the digital infrastructure to meet the requirements for the online education and supplied them with necessary gadgets. 54.3% of the local self-governments arranged high-speed internet and 46.3% of the local self-governments requested teachers to provide recorded classes as a means to bridge the digital divide. Apart from the same, 56.26% opened study centres, depending on the necessities of the locality. Service of SC/ST promoters was also sought. 55.9% of the participating local self-governments having students studying in buds school were provided with necessary scholarships as well as resources to take their studies forward. 60.6% of the local self-governments also provide for arranging counselling facilities for the children to share their thoughts and feelings and receive the necessary guidance and support. As part of facilitating the safe reopening of educational institutions, 83% of the local self-governments took measures as instructed by the Government of Kerala.

Waste management during the time so pandemic posed a serious threat to the SDG initiatives to ensure a clean environment most triggered by the surge of bio-medical wastes. The response of local self-

governments was directed towards generating awareness amongst the people as well as healthcare professionals. Wastes generated were segregated and different methods were adopted for their safe disposal. The service of Haritha Karma Sena, IMAGE and Clean Kerala Company were effectively utilised. In order to minimise waste management and promote sustainability of the environment, the green protocol was followed in the conduct of the community kitchen and in other welfare activities as far as possible. Apart from the same, public and contaminated places were disinfected, and pre-monsoon cleaning activities were also conducted. It is reported that 95.7% of local self-governments could perform the abovementioned functions.

Hence it could be concluded that except for a negligible number of local self-governments, all others have taken steps to ensure a clean, healthy and sustainable environment for all people, thus safeguarding the right to a clean environment.

## 6.1 RESPONSES OF LOCAL SELF-GOVERNMENT TOWARDS SECURING SOCIO-ECONOMIC RIGHTS DURING THE COVID-19 PANDEMIC

Moving on to the question as to whether local self-governments have played their part in securing the socio-economic rights of the people, statistics delivers its answer.

- Right to health: The local self-governments have taken measures to ensure equality of opportunity for its inhabitants to enjoy the highest attainable level of health, adopted adequate measures respecting the rights of its inhabitants in terms of prevention, treatment and control of diseases in a timely manner, ensured access to essential medicines, paid attention to safeguard maternal and child, took active initiatives to impart health-related education and information and ensured the participation of the population in health-related decision making at the community level- thus satisfying the entitlements for ensuring right to health.
- Right to food: local self-governments have taken measures to ensure the availability of adequate food for every class of people and have made arrangements for physical and economic access at all times to adequate food or means for its procurement- thus satisfying the requirements for ensuring the right to food.
- Right to Education: It could be seen that the local self-governments, designated to play a complementary role within their limited sphere, has attempted to ensure that all the school-going students, including the differently abled, without any discrimination, are offered access to free education and resources to make use of the same effectively. Hence, it could be concluded that the local self-governments have taken measures to secure the Right to Education guaranteed under the Constitution and Right to Education Act and to ensure that children from economically weaker sections and disadvantaged groups are not facing any discrimination.

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- **Right to Livelihood:** Local self-governments, through its efforts to provide employment through MNREGA, AURGS, and other minor initiatives, have afforded its inhabitants an opportunity to earn with dignity and respect.
  - **Right to Shelter:** The efforts of local self-governments, as reflected through the activities such as the construction of houses under LIFE Mission or via sponsorship and entrusting destitute at care homes, it has ensured adequate living space, safe and decent structure, clean and decent surroundings, sufficient light, pure air and water, electricity, sanitation and basic amenities.
  - **Right to Trade and Business:** Local self-governments by providing extensions and waivers in tax payment, initiating refunds, providing waivers for tax payment and extension of the deadline for the submission of applications, extending permits and licences, utilising Youth Volunteers to home deliver products from shops and establishments, intervening to ensure safe shopping and associating with the Department of Industry to launch startups, have attempted to create an atmosphere conducive for trade and business.
  - **Right to Clean Environment:** The local self-governments through raising the awareness level; disinfecting public places and other infected sites; adopting waste management strategies such as segregation of waste, in-situ disposal of organic wastes and collection and ex-situ disposal of non-biodegradable wastes; effective handling of medical wastes; ensuring green protocol to the maximum possible extent in the COVID-19 relief measures, and carrying out pre-monsoon activities, have taken significant steps towards ensuring the human right to a clean, healthy and sustainable environment for all people.

## 6.2 ANALYSIS OF THE MEASURES ADOPTED BY LOCAL-SELF GOVERNMENTS

- 81.9% of the participants responded that the local self-governments imparted awareness that was sufficient enough to protect their health.
- 79.3 % of the public responded that there was regular monitoring of their health status at the local self-governments initiative.
- 75.74% of the households have confirmed that they received adequate support and instructions from the part of their local self-governments while they were in quarantine.
- 94.7% of the participants responded that they received sufficient support from the part of their local self-governments in terms of their treatment when they had contracted COVID-19 infection.
- 95.4% of the people whose close relatives have died out of COVID-19 infection reported that they received adequate support from the part of their local self-governments in the safe burial of their relatives.
- 96.5% of the households responded that smooth facilities were arranged by the local self-governments to avail COVID-19 vaccine.

- 92.9% of the participants felt that the local self-governments had taken care of the health of the vulnerable population, including the critically ill, aged, pregnant women and children.
- 91.2% of the public felt that the local self-government took measures to ensure the right to education during the COVID-19 phase.
- 91.6% of the participants have affirmed that the local self-governments have attempted to ensure the right to shelter of its inhabitants during the COVID-19 phase.
- 62.3% of the household have reported having received some form of livelihood assistance from the part of the local self-governments.
- 74% of the households have responded that they received some form of assistance in waste management during the COVID-19 pandemic.
- 72.4% of the households have not faced any disruptions in availing the services that are due to them from the local self-governments during the period.
- The majority of the local self-governments (95.7%) think that they have been able to respond promptly and satisfactorily to the crises created by COVID-19.
- 78.2% of the local self-governments disagree that their role in dealing with COVID-19 could have been improved.

## 6.3 HURDLES FACED

From a micro-level analysis, Local self-governments responded as follows:

- The majority of respondents (86.2%) agree that they had access to government funding to support the fight against COVID-19.
- 56.9% of respondents agree that they had mobilised private investments/financial resources to support the fight against COVID-19.
- 59% of respondents never faced constraints in availing funds in fighting COVID-19.
- A substantial fraction of local self-governments (40.7%), who received government funding reported to have suffered from financial constraints.
- 39.2% of the respondents who received private investments also have reported having faced financial constraints
- The majority of respondents (80.3%) never faced difficulties at any level in effectively implementing plans and policies in collaboration with other departments and agencies (including DDMA) during the COVID-19 pandemic.
- The majority of respondents (92.6%) disagree that local self-governments were unable to provide some services that were essential to the welfare and socio-economic security of people due to legal hurdles during the COVID-19 pandemic.
- The majority of respondents (95.7%) disagree that the local self-governments faced obstacles from the government level, hindering their efforts to work for the welfare and socio-economic security of the people in the context of COVID-19.

- 68.1% of local self-governments disagree that they should have been given more powers and responsibilities to work for the welfare and socio-economic security of the people in the context of COVID-19.

From a macro-level analysis following findings are arrived at:

- That there is a lack of a legal framework to legitimise the actions of the service of the civil society.
- Many of the local self-governments, after the COVID-19 crisis mitigation activities, have failed to redeploy the infrastructure effectively, leading to the wastage of resources.
- Lack of integration of local self-governments into the disaster management framework, contrary to the provisions of the Disaster Management Act, 2005, would hinder the functioning of local self-governments in any other disasters.
- The lack of effective means to implement local-level disaster management plans is read from the Disaster Management Act, 2005 and District Disaster Management Plans.
- Local self-governments are not found to be adequately represented in the Disaster Management Authority, 2005.
- District Authority lacks downward accountability.
- Barring a few, local self-governments have not been able to tap the full potential of these human resources available or to engage professionals at the cutting-edge level within the jurisdiction of each local government.

## 6.4 EVOLUTION OF LOCAL SELF-GOVERNMENTS AS A DISASTER REDUCTION AGENCY

- As a Disaster Risk Reduction Agency, local self-governments have functioned exceeding well in the spheres of co-ordination, delegation and guidance. However, with the sphere of independence, the functioning needs to be improved.
- The Disaster Management Act, 2005, is not in tune with Sendai Framework to provide adequate space for local self-governments to function effectively during a disaster and to, avoid overlapping and to facilitate coordination.

## 6.5 RECOMMENDATIONS

- 6.5.1. **Legislation to handle public health emergencies:** Since the Government of Kerala has passed a comprehensive Kerala Public Health Act, 2023, to deal with public health emergencies, this report refrains from making further suggestions in this regard. However, it is intended to raise a few points for consideration.

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- It shall be made the duty of the Public Health Officers to ensure the availability and accessibility of essential drugs at all times as well as the generic medicines prescribed in the protocol issued for the treatment of disease notified as the communicable disease under the Act within their respective jurisdiction.
  - Further, the Act may include provisions for providing regular training to the Public Health Authorities at State, district and local levels as well as to the officers who would possibly be entrusted under Section 8 with the task of assisting Public Health Officers.

6.5.2. **Disaster Management Act:** Though Kerala has introduced Public Health Act, 2023, any public health emergency at the national level will have to be addressed if the provisions of the Disaster Management Act, 2005 are invoked at the national level. Therefore, having analysed the functioning of local self-governments under the Disaster Management Act, 2005, the report intends to make a few recommendations as to its amendments.

- Having agreed to implement Sendai Framework in 2016, the Parliament may take initiatives to amend the Disaster Management Act, 2005, in tune with the Sendai Framework, more particularly by integrating local self-governments in a manner prescribed by the Sendai Framework.
- However, unlike in Kerala, as tedious work has to be done at the national level towards the capability building before incorporating local self-governments in the framework, which might take a considerable time in Kerala, the possibility of integrating local self-governments into the disaster risk reduction framework and bettering the disaster risk reduction framework has to be explored. The possibility lies in bringing about amendments to the Kerala Disaster Management Rules, 2007, District Disaster Management Plans and Kerala Panchayat Raj Act, 1994.
- The Disaster Management Act, 2005 under Section 31 (3) (b) makes it that the District Plan shall include “*the measures to be taken, for prevention and mitigation of disaster, by the Departments of the Government at the district level and local authorities in the district*”. Further, Section 31 (3) (d) mandates that the District Plan shall include response plans and procedures in the event of a disaster, providing for the allocation of responsibilities to the local authorities in the district. Hence, the District Disaster Management Plan shall be amended to include measures to be taken by the local authorities at the local level, such as preparation and implementation of a local level plan, for the prevention and mitigation of disaster by applying the principle of subsidiarity in accordance with Sendai Framework.
- Section 28 of the Disaster Management Act, 2005, allows for the constitution of one or more advisory committees and other committees for the efficient discharge of its functions. In exercise of the power so conferred under Sections 28 and 78, Disaster Management Rules, 2007, may be amended to constitute Block Disaster Management Sub-Committees at each panchayat Level and a Municipal Disaster Management Sub-Committee and a Corporation Disaster Management Sub-Committee with the following members and functions.



- Members of the Block Disaster Management Sub-Committee:
  - i. District Grama Panchayat President shall be the Chairperson of each Committee as per the requirement specified in Section 28(2) *ex officio*,
  - ii. Deputy Collector (Disaster Management) of the district concerned, *ex officio*,
  - iii. Presidents of Gram Panchayats Block Panchayats in the District, *ex officio*,
  - iv. Secretaries of five Block Panchayat as nominated by the District Authority, *ex officio*,
  - v. Superintendent of the Police, *ex officio*,
  - vi. District Public Health Officer under Section 5 of the Public Health Act, 2023.
  - vii. The Divisional Officer, Fire & Rescue Services, *ex officio* and
  - viii. The Executive Engineer, Major Irrigation, *ex officio*.
- Members of the Municipal Disaster Management Sub-Committee
  - i. District Grama Panchayat President shall be the Chairperson of each Committee as per the requirement specified in Section 28(2), *ex officio*,
  - ii. Deputy Collector (Disaster Management) of the district concerned, *ex officio*,
  - iii. Chairpersons of the Municipalities in the District, *ex officio*, and
  - iv. Secretaries of five Municipalities as nominated by the District Authority, *ex officio*.
  - v. Superintendent of the Police, *ex officio*,
  - vi. District Public Health Officer under Section 5 of the Public Health Act, 2023.
  - vii. The Divisional Officer, Fire & Rescue Services, *ex officio* and
  - viii. The Executive Engineer, Major Irrigation, *ex officio*.
- Members of the Corporation Disaster Management Sub-Committee
  - i. District Grama Panchayat President shall be the Chairperson of each Committee as per the requirement specified in Section 28(2),
  - ii. Deputy Collector (Disaster Management) of the district concerned, *ex officio*,
  - iii. Mayor of the Municipal Corporation, and
  - iv. Secretary of the Municipal Corporation.
  - v. Superintendent of the Police, *ex officio*,
  - vi. District Public Health Officer under Section 5 of the Public Health Act, 2023.
  - vii. The Divisional Officer, Fire & Rescue Services, *ex officio* and
  - viii. The Executive Engineer, Major Irrigation, *ex officio*.
- Functions of the Block Disaster Management Sub-Committees, Municipal Disaster Management Sub-Committee and Corporation Disaster Management Sub-Committee
  - i. The Sub-committee shall be responsible for the discharge of the functions relating to the local self-government entrusted to the District Authority under Sections 30(2)(iii), 30(2)(iv), 30(2)(v), 30(2)(vi), 30(2)(xiii), 30(2)(xvii), 30(2)(xx) and 30(2)(xxi).
  - ii. Recommend to the District Authority to exercise requisition power under Section 31 and to take cognisance of offences under Section 60.

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**Amendment to Panchayat Raj Act, 1994:** Kerala Panchayat Raj Act, 1994, may be amended to integrate local self-governments into the Disaster Management framework.

Section 163A may be inserted to constitute a Local Level Disaster Management Committee to discharge the functions entrusted to it by the Disaster Management Act, 2005.

- Members of the Committee
  - i. President of the Gram Panchayat, *ex officio*,
  - ii. Standing Committee Chairperson for Health, *ex officio*,
  - iii. Standing Committee Chairperson for Finance, *ex officio*,
  - iv. Standing Committee Chairperson for Development, *ex officio*,
  - v. Standing Committee Chairperson for Welfare, *ex officio*,
  - vi. Secretary of the Gram Panchayat, *ex officio*,
  - vii. the village officer(s) in charge of the revenue area included in the jurisdiction of the Gram Panchayat, *ex officio*,
  - viii. The police officer not below the rank of the DySP having the jurisdiction of the area, *ex officio*,
  - ix. The officer not below the rank of the station officer nominated by the District Officer, Fire and Rescue, *ex officio*,
  - x. Local Public Health Officer under Section 6 of the Public Health Act, 2023, *ex officio*,
  - xi. Assistant Executive Engineer having the charge of the local authority, *ex officio*,
  - xii. Agricultural Officer, *ex officio* and
  - xiii. A Hazard Analyst nominated by District Disaster Management Authority.

**Amendment to Municipality Act, 1994:** Kerala Municipality Act, 1994, may be amended to integrate local self-governments into the Disaster Management framework.

Section 23A may be inserted to constitute a Local Level Disaster Management Committee to discharge the functions entrusted to it by the Disaster Management Act, 2005.

- Members of the Committee constituted for the Municipality
    - i. Chairperson of the Municipality, *ex officio*,
    - ii. Standing Committee Chairperson for Health, *ex officio*,
    - iii. Standing Committee Chairperson for Finance, *ex officio*,
    - iv. Standing Committee Chairperson for Development, *ex officio*,
    - v. Standing Committee Chairperson for Welfare, *ex officio*,
    - vi. Secretary of the Municipality, *ex officio*,
    - vii. the village officer(s) in charge of the revenue area included in the jurisdiction of the Municipality, *ex officio*,
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- viii. The police officer not below the rank of the DySP having the jurisdiction of the area, *ex officio*,
  - ix. The officer not below the rank of the station officer nominated by the District Officer, Fire and Rescue, *ex officio*,
  - x. Local Public Health Officer under Section 6 of the Public Health Act, 2023, *ex officio*,
  - xi. Assistant Executive Engineer having the charge of the local authority, *ex officio*,
  - xii. Agricultural Officer, *ex officio* and
  - xiii. A Hazard Analyst nominated by District Disaster Management Authority.
- Members of the Committee constituted for the Municipal Corporation
    - i. Mayor of the Municipal Corporation, *ex officio*,
    - ii. Standing Committee Chairperson for Health, *ex officio*,
    - iii. Standing Committee Chairperson for Finance, *ex officio*,
    - iv. Standing Committee Chairperson for Development, *ex officio*,
    - v. Standing Committee Chairperson for Welfare, *ex officio*,
    - vi. Secretary of the Municipal Corporation, *ex officio*,
    - vii. the village officer(s) in charge of the revenue area included in the jurisdiction of the Municipal Corporation, *ex officio*,
    - viii. The police officer not below the rank of the DySP having the jurisdiction of the area, *ex officio*,
    - ix. The officer not below the rank of the station officer nominated by the District Officer, Fire and Rescue, *ex officio*,
    - x. Local Public Health Officer under Section 6 of the Public Health Act, 2023, *ex officio*,
    - xi. Assistant Executive Engineer having the charge of the local authority, *ex officio*,
    - xii. Agricultural Officer, *ex officio* and
    - xiii. A Hazard Analyst nominated by District Disaster Management Authority.
  - The Committee shall be chaired by the head of the local government and preside over the meetings of the Committee.
  - **Functions of the Committee:** The Committee shall be responsible to take measures unless and until restricted by specific orders issued under Disaster Management Act, 2005.
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- i. To prepare Local Level Disaster Risk Reduction Plan in tune with the District Disaster Management Plan and to give effect to the Local Level Disaster Risk Reduction Plan.
  - ii. to take all necessary measures for the prevention and mitigation of disasters as entrusted by the Disaster Management Act, 2005 and directed by the Block/Municipal/Corporation Disaster Management Sub-Committee.
  - iii. To carry out relief, rehabilitation and reconstruction activities in the affected area in accordance with the State Disaster Management Plan, District Disaster Management Plan and the Local Level Disaster Risk Reduction Plan.
- The Committee shall have the authority to
    - i. To issue Local Level Disaster Risk Reduction Protocol and shall ensure the compliance of the Protocol issued under the Act as well as the Protocols issued under the Disaster Management Act, 2005.
    - ii. To direct, in writing, to any person or establishment to carry out or desist from any activity, or to change any condition as deemed by the Authority to be necessary for promoting public health, within such time as specified. If the person or establishment fails to do so within the time specified in the order, the Local Self Government Institution shall carry out the activity and recover the cost from the person or institutions concerned in the same manner as if it were a tax due to the Local Self Government Institution.
    - iii. To report to the appropriate Block/Municipal/Corporation Disaster Management Sub-Committee constituted under the Kerala Disaster Management Rules, 2007, to take actions in accordance the failures to comply with any order issued by the Committee.
    - iv. To direct Local Public Health Officer under Section 6 of the Public Health Act, 2023 to take steps under Chapter III, Chapter IV and Chapter V, for the implementation of the Local Level Disaster Risk Reduction Plan.
  - No other member other than the representatives of the people shall have the right to vote.
  - The secretary shall be the member secretary of the Committee and shall be the ex-officio Local level Disaster Risk Reduction Officer.
  - The Local level Disaster Risk Reduction Officer shall also exercise and discharge the functions of the Committee as the Committee may delegate.
  - In case of an emergency, the Local level Disaster Risk Reduction Officer shall exercise all or any powers of the Committee, but the exercise shall be subject to the ex post facto ratification of the Committee.
  - The Local level Disaster Risk Reduction Officer may by order require any officer or any Department at the local level, having a rank equivalent to or below, to take such
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measures for the prevention or mitigation of disaster, or to effectively respond to it, as may be necessary, and such officer or department shall be bound to carry out such order.

- The state shall take all necessary steps for the capacity building of the Local Level Disaster Management Committee and the local self-government and to take measures to equip local authorities with the functions, functionaries, funds and resources necessary to discharge the duties entrusted.

Section 166 (9) may be inserted into the Kerala Panchayat Raj Act, 1994 to make it mandatory for the local self-governments, subject to the orders issued under Disaster Management Act, 2005 and Public Health Act, 2023, to take measures for the prevention and mitigation of disaster in accordance with the recommendations issued by the Local Level Disaster Management Committee.

Section 164A may be inserted into the Kerala Panchayat Raj Act, 1994 and Section 42A to the Kerala Municipality Act, 1994 to constitute ward Committees for the effective implementation of Local Level Disaster Risk Reduction Plan.

The Committee shall comprise the following members as nominated by the Panchayat, viz., ASHA workers, Kudumbashree workers, Anganwadi workers, Janmaitri police, CDS/ADS Workers, Representatives of Library Committee/NGO/Residents Association, Youth Volunteers, NSS and NCC cadets members team Kerala constituted by Kerala Youth Welfare Board and other members of Emergency Response Team.

6.5.3. **Local Self- Governments as the convergence point:** It is to be understood that disaster risk reduction has a wider import and runs through the domain of various departments. However, it is also important to realise that the preparation for disaster risk reduction is vital to anticipate and prevent disasters in an attempt to build a safer world. Also, disaster risk reduction is closely aligned with the sustainable development goals. Hence, it is pertinent to integrate developmental activities with disaster risk reduction. In the process, there should be a proper devolution of power adhering to the principle of role clarity at the conceptual and operational level, permitting sub-systems to work together and not at cross-purpose. To this extent, though, are a lot more to be done, however, speaking from the point of view of this study, integrating local self-governments into the developmental process by respecting the spheres allotted to local self-governments and using it as a point of convergence is inevitable. With respect to disaster management, though certain amendments are suggested, the issue of overlapping and parallel authority is there to present unless a genuine political will is exhibited by the various departments of the government to use local self-governments as a point of convergence. When PPC was directed towards empowering local self-governments, local self-governments having already edged past the benchmark level and proved their efficiency, now

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it is the time to campaign for institutional, systemic and legal reformations for the full integration of local self-governments into the mainstream governance, to get their independent sphere respected and get the purpose of 73<sup>rd</sup> and 74<sup>th</sup> Constitutional Amendments fulfilled by delivering local self-governments what is due to them.

6.5.4. **Ensuring Downward Accountability:** Since the disaster management structure at the district level is designed in such a manner meant for upward accountability, the structure has to be resigned to promote centralised, democratic and participatory governance sufficient enough to reflect the felt needs of the people.

6.5.5. **Financial decentralisation:** The chi-square test indicates that the local self-governments that have not faced financial constraints have performed much better than their other counterparts. Hence, it is to be construed that sound financial stability is vital for the effective implementation of the Local Level Disaster Management Plan. Besides, the strength, viability and autonomy of the local self-government are proportional to the size of the untied fund they receive and the quantum of resources they generate. In order to overcome the constraints of funds faced by local self-governments with regard to disaster management, it is recommended that a corpus fund is created as in Section 48 of the Disaster Management Act, 2005, with clear guidelines. Besides, it is essential for the local self-government to generate multiple sources other than taxation and other common streams of revenue. Further expert study is recommended in this regard.

6.5.6. **Capacity Building:** According to Oxfam: 'capacity building is an approach to development, not something separate from it. It is a response to the multidimensional processes of change, not a set of discrete or pre-packaged technical interventions intended to bring about a pre-defined outcome. In supporting organisations working for social justice, it is also necessary to support the various capacities they require to do this: intellectual, organisational, social, political, cultural, material, practical, or financial.'

6.5.7. Over the past few years, excellent efforts have been made towards the capacity building of local self-governments to comprehend the dynamics and demands of decentralised governance. However, it would be appropriate if the following suggestions were taken into account.

6.5.8. Speaking about capacity building, what stands at the forefront is the training. Training on a regular basis has to be provided to the staff who could potentially be involved in the disaster risk reduction process. The staff should be trained in such a manner so as to handle rescue operations in various kinds of disasters. It is also important that they are equipped to handle the latest technology that is put into use.

6.5.9. As there were many indications available, both on and off the record, relating to the activities of local self-government in relation to the COVID-19 prevention and mitigation that may lead to legal complications, overstepping, lack of proper understanding with respect to their powers and arbitrariness, it is extremely important that training and workshops shall be

provided to the representatives of people and the secretaries of the local self-government such that they are able to understand the magnitude of powers conferred and the contours fixed by law. It would be extremely useful for the authorities to direct their activities in a more systematic manner without attracting legal complications, as well as easing out the procedural complexities placed before the general public.

6.5.10. As it is found that a lack of clarity exists with the secretaries of local self-governments, training on a regular basis has to be provided to the secretaries of the local self-governments with respect to the rules concerning financial expenditure.

6.5.11. However, training does alone constitute the core of capacity building. In addition to the same, it is pertinent that the system is evolved to provide sufficient space for the local self-governments to perform, capacitated with financial and other resources and functionaries.

6.5.12. **Skill development:** Efforts that are already in place to ensure skill development need to continue alongside thinking about knowledge transfer in terms of planning and management of functionaries entrusted. Planning should be made more data-driven.

6.5.13. **Capacitating Civil Society:** More particularly with regard to disaster risk reduction, large-scale awareness needs to be created at the grassroot level amongst the masses to sensitise them to co-operate and contribute towards the local level disaster risk reduction. Along with the same, civil society, including Kudumbashree, youths, NGOs, trade unions, and community-based organisations, should be scientifically trained to act in the forefront in the event of a disaster.

6.5.14. Though local self-governments have joined hands with various inter-agencies over the past few years at the point of disasters, meaningful action to integrate these agencies into the disaster management plan is seldom seen. Hence, efforts need to be directed towards integrating inter-agencies, both in the governmental and private sphere, with appropriate guidelines, for the local disaster management plan.

6.5.15. Special efforts need to be taken in the tribal area for the information and publication of the type of services the people are eligible for and the mode of availing of such services. It becomes particularly important when it is understood from the responses from the Panchayats having predominant tribal settlements that they are least aware of the kind of services they are eligible for.

6.5.16. As it is found that a lack of enthusiasm is shown by local self-governments to covert ideas into meaningful development projects benefitting the masses, the initiative has to be taken to overcome the lethargy.

6.5.17. With respect to livelihood enhancement, crucial efforts have to be taken to improve production and productivity in agriculture, fisheries and animal husbandry, as well as to increase the rate of employment generation related to secondary and service industries. Efforts should be made to accelerate the implementation of LIFE mission towards creating means of livelihood.

- 6.5.18. The role played by local self-governments to set up 101,353 startups by December is highly welcoming. Initiatives have to be taken to nurture these startups and in generating employment through these initiatives. Local self-governments should take up many such active initiatives to boost economic development through the generation of employment opportunities and higher per capita income.
- 6.5.19. With regard to waste management, though efforts were taken towards the collection of non-biodegradable waste, serious efforts need to be taken towards the sustainable means of disposal of the waste collected.
- 6.5.20. More focus should be given with respect to bridging the digital divide in the tribal areas
- 6.5.21. The local self-governments within their limited sphere shall prioritise imparting quality education to the tribal children amidst the phases of disaster.
- 6.5.22. The One Government One Idea sheds rays of hope towards improving the efforts taken by local self-governments towards promoting trade and business.
- 6.5.23. Local self-governments have to take initiatives to tap the benefit of the knowledge economy existing in each local self-government and to engage them at the cutting-edge level.
- 6.5.24. Human resource Mapping has to be conducted and a team of experts has to be built, trained and equipped to be put into operation to assist Local Self-governments in project formulation and in times of disaster, provided initiatives already taken are found successful. If not successful, lessons have to be learnt towards tapping the potential of the human resources within the limits of each local self-government.
- 6.5.25. Business, professional associations and private sector financial institutions, including financial regulators and accounting bodies, as well as philanthropic foundations, to integrate disaster risk management, including business continuity, into business models and practices through disaster-risk-informed investments, especially in micro, small and medium-sized enterprises
- 6.5.26. Block Panchayat has to be assigned more responsibilities in the process of disaster risk reduction and, more particularly, liaison between various departments.
- 6.5.27. The database generated during the COVID-19 prevention and mitigation activities has to be sensibly used in a manner that does not affect the right to privacy of its inhabitants.
- 6.5.28. Equipment purchased during the COVID-19 phase, more particularly for the CFLTC/CSLTC/DCC, has been reutilised effectively. If the local self-governments do not have the means to reuse the same, measures shall be adopted to hand over the same to other governmental departments, and if it is not possible may be sold by auction.



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## 6.6 CONCLUSION

COVID-19, was an unprecedented disaster posed to puzzle countries across the globe. Kerala, however, was alert enough to kick start the prevention activities at the earliest itself. Even when not a single case of internal transmission was reported, the State was vigilant enough to understand the forthcoming risks and declared COVID-19 as a disaster under the Disaster Management Act, 2005. In the process, local self-governments were called to act at the local level.

The invitation to play a key role at the grassroots level was the result of the tremendous capacity attained by the local self-governments and the activities that it had undertaken in the past. Local self-governments, having leveraged by the People's Plan Campaign, had tremendous progress in terms of capacity building and in addressing the felt needs of the society. Evolving alongside serving the people in a manner as envisaged by the 73<sup>rd</sup> and 74<sup>th</sup> amendments, the call to be on the warfront of combating COVID-19 has been a test of the progress that it professed to achieve. Analysing the nature of work delegated as well as accomplished by the local self-governments, it could well be understood in terms of a right-based approach. Hence, directing the scope to evaluate the role played by local self-governments, the results are stunning.

Being caught up in a pandemic situation that grappled the entire world, it is a fact that the local self-governments cannot be given absolute freedom in directing its action in the manner it intends. Hence, the role envisaged of local self-governments was to act as an implementation agency and to play a complementary role, whereby localised needs are addressed, and momentum is added to the efforts to prevent and mitigate COVID-19. Local self-governments, having been entrusted with the roles, diversified their actions with the aid of civil society and collaborating with various departments, governmental, non-governmental and other organisations. Narrowing the scope to delve deeper into the socio-economic rights secured by local governments, with respect to the right to health, food, education, livelihood, shelter, business and trade and a clean environment, local self-governmental could found spread out its activities rooted in the governmental guidelines. An overarching approach exhibited from creating awareness about COVID-19 prevention activities to rendering adequate treatment to providing education, food, shelter, disposal of waste and to everything, the entire efforts were to find possible solutions to every set of problems encountered by the people. Local self-governments, having a magical wand to bring in social cohesion, utilised it to perfection to broaden their limits and in overcoming the constraints faced by the local self-governments.

Meanwhile, the dispiriting fact that exists amidst the successful intervention by the local self-governments is that there has not been full integration of such a successful democratic institution into the developmental and disaster management framework. Urgent measures need to be taken towards the same.



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To conclude and say, if the success of democracy could be regarded as getting the felt need of the common man reflected in the governmental action, even during the worst crisis, then the successful efforts to prevent and combat COVID-19 was the success of democracy, a success triggered by local self-governments.

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## END NOTES

- <sup>i</sup> Sarath Babu M.G., et.al., *Kerala's Grass-roots-led Pandemic Response: Deciphering the Strength of Decentralisation* (2021).
- <sup>ii</sup> Devika Radha, *Role of local self-governments in control of COVID-19 in Kerala: An Exploratory Study* (2020).
- <sup>iii</sup> TM Thomas Isaac and Rajeev Sadanandan, Public Health System and Local Governance in Kerala in the Context of COVID-19 Pandemic, (2020), available at [https://www.gift.res.in/ofk\\_im/extra/Kerala\\_COVID\\_Control\\_EPW\\_-\\_FINAL\\_by\\_Dr\\_T\\_M\\_Thomas\\_Isaac\\_and\\_Dr\\_Rajeev\\_Sadanandan.pdf](https://www.gift.res.in/ofk_im/extra/Kerala_COVID_Control_EPW_-_FINAL_by_Dr_T_M_Thomas_Isaac_and_Dr_Rajeev_Sadanandan.pdf)
- <sup>iv</sup> Anwasha Dutta and Harry W. Fischer, *The local governance of COVID-19: Disease Prevention and social security in Rural India* (2021).
- <sup>v</sup> H.D. Malaviya, *Village Panchayats in India, Economic and Political Research Department, All India Congress Committee*, 45 (1956)
- <sup>vi</sup> Id at 71-72.
- <sup>vii</sup> Satyaketu Vidyalankar, *Maurya Samrajya Ka Itihas (It is in Hindi, English translation of the title reads, History of the Mauryan Empire)* 210-11 (1928) as quoted by Malaviya, op. cit.87, p.74.
- <sup>viii</sup> Altekar says: "The Grama or village continued to be the smallest administrative unit; headman was known as Griirnarii, Gramika or Gramanayaka or Gramabhojaka. He was assisted in the administration by a council of elders, Grama-mahattaras, as in the earlier period." A, S, Altekar, *State and Government in Ancient India*, 331 (Motilal Banarasidass, Banaras, 1955).
- <sup>ix</sup> Id at 342
- <sup>x</sup> R.C. Majumdar, *An Advanced History of India*, 195 (Macmillan and Co., London, 1948).
- <sup>xi</sup> Cecil Cross, *The Development of Self-Government in India 1858-1914*, 27 (University of Chicago Press, Chicago, Illinois, 1922).
- <sup>xii</sup> Id at 1.
- <sup>xiii</sup> John Matthai, *Village Government in British India*, 14-15 (T. Fisher Unwin Ltd., 1915).
- <sup>xiv</sup> Id at 23
- <sup>xv</sup> Id
- <sup>xvi</sup> Malavya, *Supra note i* at 215-216
- <sup>xvii</sup> Id
- <sup>xviii</sup> Id. at p. 216
- <sup>xix</sup> Hyogo Framework for Action 2005 - 2015: Building the Resilience of Nations and Communities to Disasters, [https://www.unisdr.org/files/1217\\_HFAbrochureEnglish.pdf](https://www.unisdr.org/files/1217_HFAbrochureEnglish.pdf) (last visited Mar 31, 2023).
- <sup>xx</sup> A Suhruth Kumar, *Local Self-Government Authorities: A Critique*, 24-27 (2017)
- <sup>xxi</sup> *The Report of the Study of Community Projects and National Extension Services*, Committee on Plan Projects, Govt. of India, New Delhi (1957)
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- cii No. DC1/71/2020/LSGD dtd 26-03-2020
- ciii G.O. (M.S) No. 55/2020/LSGD dtd 20/03/2020
- civ G.O. (R.T) No. 710/2020/LSGD dtd 25-03-2020
- cv G.O. (R.T) No. 560/2020/H&FWD dtd 11-03-2020
- cvi No./31/F2/2020/Health dtd 25-03-2020
- cvii G.O. (M.S) No. 55/2020/LSGD dtd 20/03/2020
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- cxli From the data provided in the Annex, it could be seen that against question numbers 9, 10A, 17A 20, 21A, 22A and 23A, which were asked to know how local self-governments have performed within their independent sphere of action, barring a few, most of the local self-governments have not gone beyond what was instructed.

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ANNEX

I. Questionnaire for Local Self-Governments

കേരള ഇൻസ്റ്റിറ്റ്യൂട്ട് ഓഫ് ലോക്കൽ അഡ്മിനിസ്ട്രേഷനും (കില) കൊച്ചി ദേശീയ നിയമ സർവ്വകലാശാലയും (നുവാൽസ്) സംയുക്തമായി ചേർന്ന് നടത്തുന്ന ഗവേഷണ പ്രോജക്ട് ‘ROLE OF LOCAL SELF-GOVERNMENTS IN KERALA IN ENSURING THE SOCIO-ECONOMIC RIGHTS OF CITIZENS DURING PANDEMIC’ ഭാഗമായുള്ള വിവര ശേഖരണത്തിനായി കുറച്ച് ചോദ്യങ്ങൾ താഴെ കൊടുത്തിരിക്കുന്നു. അവ ശ്രദ്ധാപൂർവ്വം വായിച്ച് താങ്കളുടെ അഭിപ്രായം ഉചിതമായ കോളത്തിൽ രേഖപ്പെടുത്തുക. ആവശ്യമുള്ളിടത് ഒന്നിൽ കൂടുതൽ (✓) ചെയ്തു രേഖപ്പെടുത്താവുന്നതാണ്.

**ഭാഗം എ**

പേര്:

പദവി:

തദ്ദേശ സ്ഥാപനം:

**ഭാഗം ബി**

1. പ്രതിരോധ പ്രവർത്തനങ്ങളും പൊതുസ്ഥലങ്ങളിൽ സാനിറ്റൈസേഷൻ സൗകര്യങ്ങളും നിർദ്ദേശിക്കപ്പെട്ടതുപോലെ പഞ്ചായത്ത് ഉറപ്പാക്കിയിട്ടുണ്ടോ?

- എല്ലായ്പ്പോഴും
- മിക്കപ്പോഴും
- ചിലപ്പോഴൊക്കെ
- അപൂർവ്വമായി
- ഒരിക്കലുമില്ല

2. ഹോം ക്വാറന്റൈൻ ലഭ്യമല്ലാത്തയിടത്തെല്ലാം പഞ്ചായത്ത് ഇൻസ്റ്റിറ്റ്യൂഷണൽ ക്വാറന്റൈൻ സൗകര്യം നിർദ്ദേശിക്കപ്പെട്ടതുപോലെ ഒരുക്കിയിട്ടുണ്ടായിരുന്നോ?

- എല്ലായ്പ്പോഴും
- മിക്കപ്പോഴും
- ചിലപ്പോഴൊക്കെ
- അപൂർവ്വമായി



ഒരിക്കലുമില്ല

3. ക്യാറന്റൈനിൽ കഴിയുന്ന ആളുകൾക്ക് പഞ്ചായത്ത് വേണ്ട അടിസ്ഥാന പിന്തുണ നിർദ്ദേശിക്കപ്പെട്ടതുപോലെ നൽകിയിട്ടുണ്ടോ?

a) വീടുകൾ

- എല്ലായ്പ്പോഴും
- മിക്കപ്പോഴും
- ചിലപ്പോഴൊക്കെ
- അപൂർവ്വമായി
- ഒരിക്കലുമില്ല

b) ഇൻസ്റ്റിറ്റ്യൂഷണൽ ക്യാറന്റൈൻ

- എല്ലായ്പ്പോഴും
- മിക്കപ്പോഴും
- ചിലപ്പോഴൊക്കെ
- അപൂർവ്വമായി
- ഒരിക്കലുമില്ല

4. കോവിഡ്-19 പരിചരണത്തിനായി പഞ്ചായത്ത് നിർദ്ദേശിക്കപ്പെട്ടതുപോലെ ഏതെങ്കിലും CFTC/CFLTC/DCC സ്ഥാപിച്ചിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

5. അടിയന്തിര സാഹചര്യങ്ങളിൽ റഫറൽ ചെയ്യുന്നതിനായി പഞ്ചായത്ത് അവശ്യ ഗതാഗത സൗകര്യം (ആംബുലൻസ്/ മറ്റു വാഹനങ്ങൾ) ഒരുക്കിയിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

6. റഫറലുകളുടെ കാര്യത്തിൽ പഞ്ചായത്ത് ആരോഗ്യ വകുപ്പുമായും മറ്റ് ആശുപത്രികളുമായും ബന്ധപ്പെട്ടു നടപടികൾ ഏകോപിപ്പിച്ചിട്ടുണ്ടോ?

- എല്ലായ്പ്പോഴും
- മിക്കപ്പോഴും
- ചിലപ്പോഴൊക്കെ
- അപൂർവ്വമായി
- ഒരിക്കലുമില്ല

7. ജനങ്ങൾക്ക് ക്യാറന്റൈൻ കാലയളവിൽ അവശ്യസേവനങ്ങൾ (ഭക്ഷണം, വെള്ളം, മരുന്ന്, മറ്റ് ആവശ്യങ്ങൾ) വാതിൽപ്പടിയിൽ ലഭ്യമാക്കാൻ പഞ്ചായത്തിന് സാധിച്ചിട്ടുണ്ടോ?

- എല്ലായ്പ്പോഴും





- മിക്കപ്പോഴും
- ചിലപ്പോഴൊക്കെ
- അപൂർവ്വമായി
- ഒരിക്കലുമില്ല

8. കോവിഡ് പുനരധിവാസ പ്രവർത്തനങ്ങളുടെ ഭാഗമായി നിർദ്ദേശിക്കപ്പെട്ടതുപോലെ പോസ്റ്റ്-കോവിഡ് ക്ലിനിക് സ്ഥാപിക്കുന്നതിനു പഞ്ചായത്ത് നടപടികൾ സ്വീകരിച്ചിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഇല്ലെങ്കിൽ കാരണങ്ങൾ.

- സർക്കാരിൽ നിന്നു ആവശ്യമായ സാമ്പത്തിക പിന്തുണ
- തനതായ ഫണ്ട്സെൻ്റെ അപര്യാപത
- അടിസ്ഥാന സൗകര്യങ്ങളുടെ അപര്യാപത
- ഡോക്ടർമാരുടെയും സ്റ്റാഫ്ഫുകളുടെയും അപര്യാപത
- മറ്റു കാരണങ്ങൾ. വിശദമാക്കുക

9. സുഗമമായ വാക്സിനേഷൻ ഡ്രൈവ് ഉറപ്പാക്കുന്നതിന് പഞ്ചായത്ത് ഏർപ്പെടുത്തിയ ക്രമീകരണങ്ങൾ ഏവ?

10. പഞ്ചായത്തിലെ കോവിഡ്-19 ബാധിച്ച് മരിച്ചവരുടെ സംസ്കാരവുമായി ബന്ധപ്പെട്ട് എന്തെങ്കിലും പ്രശ്നങ്ങൾ ഉണ്ടായിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ എങ്ങനെ കൈകാര്യം ചെയ്തു?

11. കോവിഡ്-19 അനുബന്ധ പ്രവർത്തനങ്ങളിൽ പഞ്ചായത്ത് സ്വയം സഹായ സംഘങ്ങളുടെയും മറ്റ് സാമൂഹിക സംഘടനകളുടെയും മറ്റും പങ്കാളിത്തം ഉറപ്പാക്കിയിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ, വിഭാഗം വ്യക്തമാക്കുക

(യുവജന സന്നദ്ധപ്രവർത്തകർ/ കുടുംബശ്രീ പ്രവർത്തകർ/ സ്വയം സഹായ സംഘങ്ങൾ/ എൻ.ജി.ഒ/ മത സ്ഥാപനങ്ങൾ/ സാംസ്കാരിക സംഘടനകൾ/ ക്ലബ്ബുകൾ/ റെസിഡൻ്റ് അസോസിയേഷൻ/ മറ്റ് സംഘടനകൾ).

12. വ്യത്യസ്ത സംഘടനകളുടെ പ്രാദേശിക ഘടകങ്ങളെ കുറിച്ചുള്ള അറിവ് കോവിഡ്-19 പ്രതിരോധിക്കുന്നതിൽ ഫലപ്രദമായിരുന്നോ?

- വളരെ ഫലപ്രദമായിരുന്നു
- ഫലപ്രദമായിരുന്നു
- ശരാശരി
- ഫലപ്രദമായിരുന്നില്ല
- ഒട്ടും ഫലപ്രദമായിരുന്നില്ല





13. കോവിഡ്-19 അനുബന്ധ പ്രവർത്തനങ്ങൾ ഏകോപിപ്പിക്കുന്നതിൽ ഗ്രാസ്മൂട്ട് കമ്മിറ്റികൾ നൽകിയ സഹായം ഫലപ്രദമായിരുന്നോ?

- വളരെ ഫലപ്രദമായിരുന്നു
- ഫലപ്രദമായിരുന്നു
- ശരാശരി
- ഫലപ്രദമായിരുന്നില്ല
- ഒട്ടും ഫലപ്രദമായിരുന്നില്ല

14. കോവിഡ്-19 ബാധിച്ച രോഗികളുടെ ഡെയിലി റിപ്പോർട്ടിങ്ങും ഡാറ്റാബേസ് തയാറാക്കുന്ന പ്രവൃത്തികളും പഞ്ചായത്തിന് നിർദ്ദേശിക്കപ്പെട്ടതുപോലെ കൃത്യമായി കൈകാര്യം ചെയ്യാൻ സാധിച്ചിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഇല്ലെങ്കിൽ കാരണങ്ങൾ.

15. പഞ്ചായത്ത് താഴെ പറയുന്നവ തയാറാക്കിയിരുന്നോ?

- റിസോഴ്സ് മാപ്പിംഗ്
- ഡിസാസ്റ്റർ മാനേജ്മെന്റ് പ്ലാൻ

i. ഉണ്ടെങ്കിൽ ഫലപ്രദമായിരുന്നോ?

- വളരെ ഫലപ്രദമായിരുന്നു
- ഫലപ്രദമായിരുന്നു
- ശരാശരി
- ഫലപ്രദമായിരുന്നില്ല
- ഒട്ടും ഫലപ്രദമായിരുന്നില്ല

ii. അല്ലെങ്കിൽ കാരണങ്ങൾ?

16. താഴെ പറയുന്ന അവശ്യവസ്തുക്കളുടെ സ്റ്റോക്ക് ഉറപ്പാക്കാൻ നിർദ്ദേശിക്കപ്പെട്ടതുപോലെ പഞ്ചായത്ത് നടപടികൾ സ്വീകരിച്ചിട്ടുണ്ടോ?

- മരുന്ന്
- ഭക്ഷണ സാധനങ്ങൾ
- മറ്റ് അവശ്യവസ്തുക്കൾ

17. കമ്മ്യൂണിറ്റി കിച്ചൺ കൂടാതെ ജനങ്ങൾക്ക് മതിയായ പോഷകാഹാരം ഉറപ്പാക്കാൻ പഞ്ചായത്ത് നടപടികൾ സ്വീകരിച്ചിട്ടുണ്ടോ? (ഉണ്ട്/ഇല്ല)

i. ഉണ്ടെങ്കിൽ താഴെ പറയുന്നവയിൽ ഏതെല്ലാം നടപടികൾ സ്വീകരിച്ചിട്ടുണ്ട്? [ഒന്നിൽ കൂടുതൽ (✓) ചെയ്തു രേഖപ്പെടുത്താവുന്നതാണ്]



- ഹോം ഡെലിവറി ആയി അങ്കണവാടി കുട്ടികൾക്കുള്ള ഭക്ഷണം ഉറപ്പാക്കി
- COVID-19 മൂലം ഐസൊലേഷനിൽ/ചികിത്സയിൽ കഴിയുന്ന നിർധനരായ/നിരാലംബരായ ആളുകൾക്ക് ഭക്ഷണം എത്തിച്ചു
- സിവിൽ സപ്ലൈസ് വകുപ്പുമായി ബന്ധപ്പെട്ട് പ്രദേശത്ത് ഭക്ഷ്യവസ്തുക്കളുടെ ലഭ്യത ഉറപ്പുവരുത്തി
- ഭക്ഷണം/ഭക്ഷണ സാധനങ്ങൾ ഹോം ഡെലിവറി ചെയ്യുന്നതിനായി സന്നദ്ധപ്രവർത്തകരുടെ സേവനം ഉപയോഗിച്ചു.
- ശുദ്ധമായ കുടിവെള്ളത്തിന്റെ ലഭ്യത ഉറപ്പുവരുത്തി
- "സുഭിക്ഷകേരളം" പദ്ധതിയുടെ നടത്തിപ്പു ത്വരിതപ്പെടുത്തുന്നതിന് നടപടികൾ സ്വീകരിച്ചു.
- മറ്റ് നടപടികൾ. വ്യക്തമാക്കുക

18. കോവിഡ്-19ഉം അനുബന്ധ ലോക്ക് ഡൗണും ആയി ബന്ധപ്പെട്ട് മാനസിക സംഘർഷം നേരിടുന്ന ആളുകൾക്ക് കൗൺസിലിംഗ് നൽകുന്നതിന് പഞ്ചായത്ത് ക്രമീകരണം ചെയ്തിട്ടുണ്ടോ?

- എല്ലായ്പ്പോഴും
- മിക്കപ്പോഴും
- ചിലപ്പോഴൊക്കെ
- അപൂർവ്വമായി
- ഒരിക്കലുമില്ല

19. കോവിഡ്-19 കാലയളവിലും പഞ്ചായത്ത് പതിവ് ആരോഗ്യ-ഭക്ഷണ സപ്ലൈമെന്റുകളുടെ വിതരണം തുടർന്നോ? [ഉണ്ട്/ ഇല്ല]

20. കമ്മ്യൂണിറ്റി കിച്ചണിന്റെ സുഗമമായ നടത്തിപ്പ് ഉറപ്പാക്കുന്നതിനും ആവശ്യക്കാർക്ക് ഭക്ഷണം വിതരണം ചെയ്യുന്നതിനും പഞ്ചായത്ത് അവലംബിച്ച മാർഗ്ഗങ്ങൾ എന്തെല്ലാം?

21. പ്രത്യേക പരിഗണന നൽകേണ്ട വിഭാഗക്കാർക്ക് (കിടപ്പുരോഗികൾ, വാർദ്ധക്യവും വിട്ടുമാറാത്തതും ഗുരുതരവുമായ രോഗങ്ങളുള്ളവർ, കുട്ടികൾ, ഗർഭിണികൾ, ഭിന്നശേഷിക്കാർ) നിർദ്ദേശിക്കപ്പെട്ടതുപോലെ മതിയായ പരിചരണവും നിരീക്ഷണവും ഉറപ്പാക്കാൻ പഞ്ചായത്ത് നടപടികൾ സ്വീകരിച്ചിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ താഴെ പറയുന്നവയിൽ ഏതെല്ലാം നടപടികൾ സ്വീകരിച്ചിട്ടുണ്ട്? [ഒന്നിൽ കൂടുതൽ (√) ചെയ്തു രേഖപ്പെടുത്താവുന്നതാണ്]

- ഈ വിഭാഗക്കാരുടെ പട്ടിക തയ്യാറാക്കി





- ഈ വിഭാഗക്കാർക്ക് കൗൺസിലിംഗ് നൽകി
- അവരുടെ ആരോഗ്യനിലയെ കുറിച്ച് പതിവായി നിരീക്ഷണം നടത്തി
- ആവശ്യമുള്ളപ്പോഴെല്ലാം ഇവരുടെ സാന്ത്വന പരിചരണം ഉറപ്പാക്കി
- ആവശ്യമുള്ളപ്പോഴെല്ലാം മെഡിക്കൽ പ്രൊഫഷണലുകളെ (ഡോക്ടർ, നേഴ്സ്, ലബോറട്ടറി ജീവനക്കാർ) ഇവരുടെ വീട്ടിലെത്തിക്കുന്നതിനുള്ള ക്രമീകരണങ്ങൾ ചെയ്തു
- അത്തരം രോഗികളെ ആവശ്യമുള്ളപ്പോഴെല്ലാം ആശുപത്രികളിലേക്ക് മാറ്റാൻ വാഹനങ്ങൾ ക്രമീകരിച്ചു
- പഞ്ചായത്ത് സ്വീകരിച്ച മറ്റ് നടപടികൾ. വ്യക്തമാക്കുക

22. കോവിഡ്-19 കാലത്ത് പഞ്ചായത്തിലെ വിദ്യാർത്ഥികൾക്ക് വിദ്യാഭ്യാസം തുടരുന്നതിന് ആവശ്യമായ നടപടികൾ നിർദ്ദേശിക്കപ്പെട്ടതുപോലെ സ്വീകരിച്ചിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ ഏതെല്ലാം സൗകര്യങ്ങൾ ഉറപ്പാക്കി? [ഒന്നിൽ കൂടുതൽ (✓) ചെയ്ത രേഖപ്പെടുത്താവുന്നതാണ്]

- ഓൺലൈൻ വിദ്യാഭ്യാസം ലഭിക്കാത്ത വിദ്യാർത്ഥികളുടെ പട്ടിക തയ്യാറാക്കി
- ഓൺലൈൻ വിദ്യാഭ്യാസത്തിന് ആവശ്യമായ ഇലക്ട്രോണിക് ഉപകരണങ്ങൾ നൽകി
- വൈദ്യുതി വിതരണം സ്ഥിരമായി തടസ്സപ്പെടുന്നിടത്ത് വൈദ്യുതിക്ക് ബദൽ മാർഗങ്ങൾ ലഭ്യമാക്കി
- ഓൺലൈൻ പഠനം സുഗമമാക്കുന്നതിന് അതിവേഗ ഇന്റർനെറ്റ് ഉറപ്പാക്കുന്നതിനുള്ള നടപടികൾ സ്വീകരിച്ചു
- ഇന്റർനെറ്റ് കണക്റ്റിവിറ്റി കുറവുള്ള സ്ഥലങ്ങളിലെ വിദ്യാർത്ഥികൾക്ക് റെക്കോർഡ് ചെയ്ത ക്ലാസുകൾ നൽകുന്നതിന് ക്രമീകരണങ്ങൾ ചെയ്തു
- ഓൺലൈൻ പഠനം സുഗമമാക്കാൻ പഠനകേന്ദ്രങ്ങൾ തുറന്നു
- കുട്ടികളെ പഠിക്കാൻ സഹായിക്കുന്നതിനും പ്രചോദിപ്പിക്കുന്നതിനും സന്നദ്ധപ്രവർത്തകരുടെയോ SC/ST പ്രമോട്ടർമാരുടെയോ സഹായം ഉറപ്പാക്കി
- ക്ലാസ് ടീച്ചർമാർ മുഖേന വിദ്യാർത്ഥികളുടെ ഹാജർ ഉറപ്പാക്കി
- ഓൺലൈൻ വിദ്യാഭ്യാസത്തിന്റെ ആവശ്യകതയെക്കുറിച്ച് ബോധവൽക്കരണം നടത്തി
- ഓൺലൈൻ പഠിതാക്കളെ സഹായിക്കാൻ സ്റ്റോൺസർമാരെ ലഭ്യമാക്കി
- വിദ്യാർത്ഥികളുടെ മാനസികാരോഗ്യത്തിന് കൗൺസിലിങ്ങലുടെ പിന്തുണ നൽകി





- ഭിന്നശേഷിയുള്ള വിദ്യാർത്ഥികളുടെ വിദ്യാഭ്യാസത്തെ പിന്തുണയ്ക്കുന്നതിന് പ്രത്യേക പരിചരണവും ഉപകരണങ്ങളും നൽകി
- വിദ്യാഭ്യാസ സ്ഥാപനങ്ങൾ സുരക്ഷിതമായി വീണ്ടും തുറക്കുന്നതിനുള്ള എല്ലാ തയ്യാറെടുപ്പുകളും നടത്തി
- മറ്റ് നടപടികൾ. വ്യക്തമാക്കുക

23. നിരാലംബരുടെയും വാസയോഗ്യമല്ലാത്ത വീടുകൾ ഉള്ളവരുടെയും സുരക്ഷിതത്വത്തിനായി നിർദ്ദേശിക്കപ്പെട്ടതുപോലെ പഞ്ചായത്ത് നടപടികൾ സ്വീകരിച്ചിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ താഴെ പറയുന്നവയിൽ ഏതെല്ലാം? [ഒന്നിൽ കൂടുതൽ (√) ചെയ്തു രേഖപ്പെടുത്താവുന്നതാണ്]

- പാർപ്പിടത്തിനുള്ള സ്ഥലങ്ങൾ കണ്ടെത്തി അവർക്ക് താത്കാലികമായി താമസിക്കാൻ സൗകര്യമൊരുക്കി
- നിരാലംബർക്ക് ഭക്ഷണവും മറ്റ് അവശ്യവസ്തുക്കളും നൽകി
- വിവിധ ഭവന പദ്ധതികളുടെ നടത്തിപ്പ് ത്വരിതപ്പെടുത്തി
- സ്പോൺസർഷിപ്പ് ഉപയോഗിച്ച് വീടുകൾ നിർമ്മിച്ചു നൽകി
- അവരെ അനാഥാലയങ്ങൾ/ വൃദ്ധസദനം/മറ്റ് കെയർ ഹോമുകൾ എന്നിവയിൽ ഏൽപ്പിച്ചു
- സൗജന്യചികിത്സ ഉറപ്പാക്കി
- മറ്റ് നടപടികൾ വ്യക്തമാക്കുക

24. അർഹരായവർക്ക് ആവശ്യമുള്ളപ്പോൾ നിയമസഹായം ലഭ്യമാക്കാൻ പഞ്ചായത്ത് ക്രമീകരണം ചെയ്തിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

25. ഖരമാലിന്യവും ജൈവ-മെഡിക്കൽ മാലിന്യവും ശേഖരിക്കുന്നതിന് നിർദ്ദേശിക്കപ്പെട്ടതുപോലെ പഞ്ചായത്ത് നടപടികൾ സ്വീകരിച്ചിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

26. കോവിഡ്-19 കാലയളവിൽ മഹാത്മാ ഗാന്ധി തൊഴിലുറപ്പ് പദ്ധതിയുടെ ഭാഗമായി തൊഴിലാളികൾക്ക് തൊഴിൽ നൽകുന്നതിന് പഞ്ചായത്തിന് സാധിച്ചിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

27. കോവിഡ്-19 മൂലം ഉപജീവനമാർഗം നഷ്ടപ്പെട്ട ആളുകളെ സഹായിക്കാൻ പഞ്ചായത്തിന് പദ്ധതികൾ ആവിഷ്കരിക്കാൻ സാധിച്ചിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ വിശദീകരിക്കുക.

28. ഈ കാലയളവിൽ വായ്പ സൗകര്യം/സാമ്പത്തിക സഹായം/മറ്റ് പദ്ധതികൾ എന്നിവയിലൂടെ ജനങ്ങളുടെ സാമ്പത്തിക നില ശക്തിപ്പെടുത്തുന്നതിന് പഞ്ചായത്ത് മുൻകൈയെടുത്തിട്ടുണ്ടോ?

[ഉണ്ട്/ ഇല്ല]







29. കോവിഡ് -19നെതിരായ പോരാട്ടത്തെ പിന്തുണയ്ക്കുന്നതിനായി പഞ്ചായത്തിന് സർക്കാർ ധനസഹായം ലഭ്യമായിരുന്നോ? [ഉണ്ട്/ ഇല്ല]

30. കോവിഡ് -19നെതിരായ പോരാട്ടത്തെ പിന്തുണയ്ക്കുന്നതിനായി പഞ്ചായത്ത് സ്വകാര്യ നിക്ഷേപങ്ങൾ/ ധനവിഭവങ്ങൾ സമാഹരിച്ചിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ വിശദീകരിക്കുക.

31. ഈ കാലയളവിൽ മറ്റ് ഇന്റർ ഡിപ്പാർട്ട്മെന്റൽ, ഗവൺമെന്റ് ഏജൻസികളിൽ നിന്നുള്ള ഡാറ്റ ലഭിക്കുന്നതിന് പഞ്ചായത്തിന് ഏതെങ്കിലും തരത്തിൽ ബുദ്ധിമുട്ടു നേരിട്ടിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ, താഴെ പറയുന്നവയിൽ ഏതെല്ലാം കാര്യങ്ങളിൽ ബുദ്ധിമുട്ടു നേരിട്ടിട്ടു?

- ഹെൽത്ത് സംബന്ധമായ സ്ഥിതിവിവരക്കണക്കുകൾ അതതു സമയത്ത് ഹെൽത്ത് ഡിപ്പാർട്ട്മെന്റൽ നിന്നു ലഭിക്കുന്നതിൽ
- COVID ടെസ്റ്റ് സംബന്ധിച്ച ഡേറ്റ കിട്ടുന്നതിൽ
- റവന്യൂ സംബന്ധമായ ഡേറ്റ കിട്ടുന്നതിൽ
- മറ്റു വകുപ്പുകളും ആയി ബന്ധപ്പെട്ട ഡേറ്റ കിട്ടുന്നതിൽ

ii. ബുദ്ധിമുട്ടുകൾ വിശദീകരിക്കുക

32. കോവിഡ്-19 നെ ചെറുക്കുന്നതിന് ഫണ്ട് ലഭ്യമാക്കുന്നതിൽ പഞ്ചായത്തിന് തടസ്സങ്ങൾ നേരിട്ടിട്ടുണ്ടോ?

- എല്ലായ്പ്പോഴും
- മിക്കപ്പോഴും
- ചിലപ്പോഴൊക്കെ
- അപൂർവ്വമായി
- ഒരിക്കലുമില്ല

i. സാമ്പത്തികമായി നേരിട്ട തടസ്സങ്ങൾ വിശദീകരിക്കുക. ഇല്ലെങ്കിൽ ആവശ്യമായ ഫണ്ട് എങ്ങനെ ഉറപ്പാക്കിയെന്ന് വ്യക്തമാക്കുക?

ii. തടസ്സങ്ങൾ നേരിടാനായി സ്വീകരിച്ച മാർഗങ്ങൾ വിശദീകരിക്കുക.

33. പദ്ധതികളും നയങ്ങളും മറ്റു വകുപ്പുകളും ഏജൻസികളുമായും (DDMA ഉൾപ്പെടെ) ചേർന്നു ഫലപ്രദമായി നടപ്പിലാക്കുന്നതിന് പഞ്ചായത്തിന് ഏതെങ്കിലും തലങ്ങളിൽ നിന്നു ബുദ്ധിമുട്ടു നേരിട്ടിട്ടുണ്ടോ?

- എല്ലായ്പ്പോഴും
- മിക്കപ്പോഴും
- ചിലപ്പോഴൊക്കെ



അപൂർവ്വമായി

ഒരിക്കലുമില്ല

i. ബുദ്ധിമുട്ടുകൾ വിശദീകരിക്കുക.

34. ജനങ്ങളുടെ ക്ഷേമത്തിനും സാമൂഹികസാമ്പത്തിക സുരക്ഷയ്ക്ക് വേണ്ടി അത്യന്താപേക്ഷിതമായി നൽകേണ്ടിയിരുന്നതും എന്നാൽ നിയമപരമായ തടസ്സങ്ങൾ മൂലം പഞ്ചായത്തിന് നൽകാൻ സാധിക്കാതെ പോയ സേവനങ്ങൾ ഉണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ ഏതെല്ലാം?

35. COVID-19 തുടങ്ങിയ സാഹചര്യത്തിൽ ജനങ്ങളുടെ ക്ഷേമത്തിനും സാമൂഹികസാമ്പത്തിക സുരക്ഷയ്ക്ക് വേണ്ടി പ്രവൃത്തിക്കുന്നതിനായി പഞ്ചായത്തിന് ഗവൺമെന്റ് തലത്തിൽ നിന്നു തടസ്സങ്ങൾ നേരിട്ടിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ നേരിട്ട തടസ്സങ്ങൾ ഏതെല്ലാം?

36. COVID-19 തുടങ്ങിയ സാഹചര്യത്തിൽ ജനങ്ങളുടെ ക്ഷേമത്തിനും സാമൂഹികസാമ്പത്തിക സുരക്ഷയ്ക്ക് വേണ്ടി പ്രവൃത്തിക്കുന്നതിനായി പഞ്ചായത്തിന് കൂടുതൽ അധികാരങ്ങളും ചുമതലകളും നൽകേണ്ടതായിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ ഏതെല്ലാം?

37. ഭാവിയിൽ ഇതുപോലെ ഉള്ള ഒരു പ്രതിസന്ധിയെ നേരിടാൻ നിലവിലുള്ള ഭരണഘടനയും സാമൂഹിക സാമ്പത്തിക കാര്യങ്ങളിലുള്ള അധികാരങ്ങളും നിയന്ത്രണങ്ങളും പര്യാപ്തമാണെന്ന് തോന്നുന്നുണ്ടോ? [ഉണ്ട്/ അല്ല]

i. അല്ലെങ്കിൽ വിശദീകരിക്കുക.

38. കോവിഡ്-19 സൃഷ്ടിച്ച പ്രതിസന്ധികളിൽ അടിയന്തരമായി ഇടപെട്ട് സംതൃപ്തമായ രീതിയിൽ പരിഹാരം കാണാൻ പഞ്ചായത്തിന് സാധിച്ചോ?

എല്ലായ്പ്പോഴും

മിക്കപ്പോഴും

ചിലപ്പോഴൊക്കെ

അപൂർവ്വമായി

ഒരിക്കലുമില്ല

39. കോവിഡ്-19 നേരിടുന്നതിൽ പഞ്ചായത്തിന്റെ പങ്ക് കുറച്ചു കൂടി മെച്ചപ്പെടുത്താമായിരുന്നു എന്നു തോന്നിയിട്ടുണ്ടോ? [ഉണ്ട്/ അല്ല]

i. ഉണ്ടെങ്കിൽ ഏതെല്ലാം വിധത്തിൽ?





II. Questionnaire for Public

കേരള ഇൻസ്റ്റിറ്റ്യൂട്ട് ഓഫ് ലോക്കൽ അഡ്മിനിസ്ട്രേഷനും (കില) കൊച്ചി ദേശീയ നിയമ സർവ്വകലാശാലയും (നുവാൽസ്) സംയുക്തമായി ചേർന്ന് നടത്തുന്ന ഗവേഷണ പ്രോജക്ട് 'ROLE OF LOCAL SELF-GOVERNMENTS IN KERALA IN ENSURING THE SOCIO-ECONOMIC RIGHTS OF CITIZENS DURING PANDEMIC' ഭാഗമായുള്ള വിവര ശേഖരണത്തിനായി കുറച്ച് ചോദ്യങ്ങൾ താഴെ കൊടുത്തിരിക്കുന്നു. അവ ശ്രദ്ധാപൂർവ്വം വായിച്ച് താങ്കളുടെ അഭിപ്രായം ഉചിതമായ കോളത്തിൽ രേഖപ്പെടുത്തുക.

**ഭാഗം എ**

പേര്:

ലിംഗം:

തദ്ദേശ സ്ഥാപനം:

**ഭാഗം ബി**

1. കോവിഡ്-19 കാലഘട്ടത്തിൽ താങ്കളുടെ ആരോഗ്യം സംരക്ഷിക്കാൻ പര്യാപ്തമായ രീതിയിൽ ഉള്ള ബോധവൽക്കരണം പഞ്ചായത്തിന്റെ ഭാഗത്തു നിന്ന് ലഭിച്ചിരുന്നോ?

- ഉണ്ട്
- ഭാഗികമായി
- ഇല്ല

2. തങ്ങൾക്ക് കോവിഡ്-19 ബാധിച്ചു ചികിത്സ തേടേണ്ടി വന്നിട്ടുണ്ടോ?

[ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ ആ സമയത്തു വൈദ്യചികിത്സയുടെ കാര്യത്തിൽ പഞ്ചായത്തിന്റെ/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ ഭാഗത്തുനിന്ന് മതിയായ പിന്തുണ ലഭിച്ചിരുന്നോ?

- ഉണ്ട്
- ഭാഗികമായി
- ഇല്ല

3. തങ്ങൾക്ക് ക്യാറന്റേനിൽ കഴിയേണ്ടിവന്നിരുന്നോ?

[ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ, ക്യാറന്റേനിൽ ആയിരുന്നപ്പോൾ പഞ്ചായത്തിന്റെ/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ ഭാഗത്തുനിന്ന് മതിയായ പിന്തുണയും നിർദ്ദേശങ്ങളും ലഭിച്ചിരുന്നോ?



- ഉണ്ട്
- ഭാഗികമായി
- ഇല്ല

4. കോവിഡ്-19 ബാധിച്ച താങ്കളുടെ ഭവനത്തിൽ ആരെങ്കിലും മരണപ്പെട്ടിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ സംസ്കാരവും ആയി ബന്ധപ്പെട്ടു തങ്ങൾക്ക് പഞ്ചായത്തിന്റെ/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ ഭാഗത്തു നിന്നു എന്തെങ്കിലും സഹായം ലഭിച്ചിട്ടുണ്ടോ?

- ഉണ്ട്
- ഭാഗികമായി
- ഇല്ല

5. താങ്കളുടെ അടുത്തുള്ള സർക്കാർ ആശുപത്രിയിൽ നിന്ന് COVID-19 വാക്സിനേഷൻ ലഭിച്ചിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. ഉണ്ടെങ്കിൽ അത് സ്വീകരിക്കുന്നതിനുള്ള സുഗമമായ സംവിധാനം ലഭ്യമാക്കിയിരുന്നോ?

- ഉണ്ട്
- ഭാഗികമായി
- ഇല്ല

6. പ്രത്യേക പരിഗണന നൽകേണ്ട വിഭാഗക്കാർക്ക് (വാർദ്ധക്യവും വിട്ടുമാറാത്തതും ഗുരുതരവുമായ രോഗങ്ങളുള്ളവർ, കുട്ടികൾ, ഗർഭിണികൾ) താഴെ പറയുന്ന ഏതെല്ലാം വിധത്തിൽ പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ വേണ്ട പരിഗണന നൽകിയിട്ടുള്ളതായി തങ്ങൾക്ക് തോന്നിയിട്ടുണ്ട്?

- ഈ വിഭാഗക്കാർക്ക് കൗൺസിലിംഗ് നൽകി
- അവരുടെ ആരോഗ്യനിലയെ കുറിച്ച് പതിവായി നിരീക്ഷണം നടത്തി
- ആവശ്യമുള്ളപ്പോഴെല്ലാം ഇവർക്ക് സാന്ത്വന പരിചരണം ഉറപ്പാക്കി
- ആവശ്യമുള്ളപ്പോഴെല്ലാം മെഡിക്കൽ പ്രൊഫഷണലുകളെ (ഡോക്ടർ, നേഴ്സ്, ലബോറട്ടറി ജീവനക്കാർ) ഇവരുടെ വീട്ടിലെത്തിക്കുന്നതിനുള്ള ശ്രമീകരണങ്ങൾ ചെയ്തു
- അത്തരം രോഗികളെ ആവശ്യമുള്ളപ്പോഴെല്ലാം ആശുപത്രികളിലേക്ക് മാറ്റാൻ വാഹനങ്ങൾ ക്രമീകരിച്ചു
- യാതൊരു പരിഗണനയും നൽകിയിട്ടില്ല
- മറ്റു ഏതെങ്കിലും വിധത്തിൽ (സൂചിപ്പിക്കുക)





7. വിപണിയിൽ കോവിഡ്-19 കാലഘട്ടത്തിൽ അവശ്യവസ്തുക്കളുടെ കുറവ് താങ്കളുടെ നേരിട്ടിട്ടുണ്ടോ? [ഉണ്ട്/ ഇല്ല]

i. കുറവ് നേരിട്ടിട്ടുണ്ടെങ്കിൽ ഏതെല്ലാം?

- മരുന്ന്
- ഭക്ഷണ സാധനങ്ങൾ
- മറ്റ് അവശ്യവസ്തുക്കൾ

8. കോവിഡ്-19 കാലഘട്ടത്തിൽ വിദ്യാർത്ഥികൾക്ക് വിദ്യാഭ്യാസം തുടർന്നുകൊണ്ടുപോകുന്നതിനുള്ള സൗകര്യങ്ങൾ താഴെ പറയുന്ന ഏതെല്ലാം വിധത്തിൽ പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ ഉറപ്പാക്കിയിരുന്നോ?

- ഓൺലൈൻ വിദ്യാഭ്യാസത്തിന് ആവശ്യമായ ഇലക്ട്രോണിക് ഉപകരണങ്ങൾ നൽകി
- ഓൺലൈൻ പഠനം സുഗമമാക്കുന്നതിന് അതിവേഗ ഇന്റർനെറ്റ് ഉറപ്പാക്കുന്നതിനുള്ള നടപടികൾ സ്വീകരിച്ചു
- ഇന്റർനെറ്റ് കണക്റ്റിവിറ്റി കുറവുള്ള സ്ഥലങ്ങളിലെ വിദ്യാർത്ഥികൾക്ക് റെക്കോർഡ് ചെയ്ത ക്ലാസുകൾ നൽകുന്നതിന് ശ്രമീകരണങ്ങൾ ചെയ്തു
- ഓൺലൈൻ പഠനം സുഗമമാക്കാൻ പഠനക്രമങ്ങൾ തുറന്നു
- ഓൺലൈൻ വിദ്യാഭ്യാസത്തിന്റെ ആവശ്യകതയെക്കുറിച്ച് ബോധവൽക്കരണം നടത്തി
- ഓൺലൈൻ പഠിതാക്കളെ സഹായിക്കാൻ സ്പോൺസർമാരെ ലഭ്യമാക്കി
- വിദ്യാർത്ഥികളുടെ മാനസികാരോഗ്യത്തിന് കൗൺസിലിങ്ങുകളുടെ പിന്തുണ നൽകി
- വിദ്യാഭ്യാസ സ്ഥാപനങ്ങൾ സുരക്ഷിതമായി വീണ്ടും തുറക്കുന്നതിനുള്ള എല്ലാ തയ്യാറെടുപ്പുകളും നടത്തി
- യാതൊരു രീതിയിലും പിന്തുണ നൽകിയിട്ടില്ല
- മറ്റു ഏതെങ്കിലും വിധത്തിൽ (സൂചിപ്പിക്കുക)

9. താങ്കളുടെ പ്രദേശത്തെ നിരാലംബരുടെയും വാസയോഗ്യമല്ലാത്ത വീടുകൾ ഉള്ളവരുടെയും സുരക്ഷിതത്വത്തിനായി പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ താഴെ പറയുന്ന ഏതെല്ലാം വിധത്തിൽ പ്രവൃത്തിച്ചിട്ടുണ്ട്?

- പാർപ്പിടത്തിനുള്ള സ്ഥലങ്ങൾ കണ്ടെത്തി അവർക്ക് താത്കാലികമായി താമസിക്കാൻ സൗകര്യമൊരുക്കി
- നിരാലംബർക്ക് ഭക്ഷണവും മറ്റ് അവശ്യവസ്തുക്കളും നൽകി
- വിവിധ ഭവന പദ്ധതികളുടെ വീടു ലഭ്യമാക്കി





- സ്പോൺസർഷിപ്പ് ഉപയോഗിച്ച് വീടുകൾ നിർമ്മിച്ചു നൽകി
- അവരെ അനാഥാലയങ്ങൾ/ വൃദ്ധസദനം/മറ്റ് കെയർ ഹോമുകൾ എന്നിവയിൽ ഏൽപ്പിച്ചു
- യാതൊരു നടപടിയും സ്വീകരിച്ചിട്ടില്ല
- മറ്റു ഏതെങ്കിലും വിധത്തിൽ (സൂചിപ്പിക്കുക)

10. കോവിഡ്-19 കാലയളവിൽ കുടുംബശ്രീ/ആശ പ്രവർത്തകരുടെ അല്ലെങ്കിൽ യുവജന സന്നദ്ധപ്രവർത്തകരുടെ ഭാഗത്ത് നിന്ന് ബോധവൽക്കരണം നൽകുക/ ആരോഗ്യവിവരങ്ങൾ അന്വേഷിക്കുക/ COVID ബാധിച്ച സമയങ്ങളിൽ ആവശ്യങ്ങൾ ചോദിച്ചറിയുക തുടങ്ങിയ എന്തെങ്കിലും സേവനങ്ങൾ ലഭിച്ചിട്ടുണ്ടോ?

- ഉണ്ട്
- ഭാഗികമായി
- ഇല്ല

11. കോവിഡ്-19 കാലയളവിൽ മഹാത്മാ ഗാന്ധി തൊഴിലുറപ്പ് പദ്ധതി/ കുടുംബശ്രീ/ ക്രെഡിറ്റ് സൗകര്യം/സാമ്പത്തിക സഹായം/മറ്റ് സ്കീമുകൾ എന്നിവയുടെ രൂപത്തിൽ പഞ്ചായത്തിന്റെ/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ ഭാഗത്തു നിന്നു തങ്ങൾക്ക് ഏതെങ്കിലും തരത്തിലുള്ള ആവശ്യമായ സാമൂഹിക സാമ്പത്തിക പിന്തുണ/ ഉപജീവന സഹായം ലഭിച്ചിട്ടുണ്ടോ?

- ഉണ്ട്
- ഭാഗികമായി
- ഇല്ല
- ആവശ്യമായി വന്നിട്ടില്ല

12. കോവിഡ്-19 കാലഘട്ടത്തിൽ മാലിന്യ സംസ്കരണത്തിൽ പഞ്ചായത്തിന്റെ/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ ഭാഗത്തുനിന്ന് ലഭിച്ച പിന്തുണ ലഭിച്ചിട്ടുണ്ടോ?

- ഉണ്ട്
- ഭാഗികമായി
- ഇല്ല

13. പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ ഭാഗത്ത് നിന്നു നിങ്ങൾക്ക് ഏതെല്ലാം സേവനങ്ങൾക്ക് അർഹതയുണ്ട് എന്നു അറിയാമോ?

- ഉണ്ട്
- ഭാഗികമായി





ഇല്ല

14. കോവിഡ്-19 കാലഘട്ടത്തിൽ പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ ഭാഗത്ത് നിന്നു നിങ്ങൾക്ക് സേവനങ്ങൾ ലഭിക്കുന്നതിൽ തടസ്സം നേരിട്ടിട്ടുണ്ടോ?

- ഉണ്ട്
- ഭാഗികമായി
- ഇല്ല
- പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ ജീവനക്കാരുടെ അഭാവം
- രാഷ്ട്രീയപരമായ വേർതിരിവുകൾ
- കാര്യക്ഷമമല്ലാത്ത ഭരണരീതികൾ/ ആസൂത്രണമില്ലായ്മ
- നിയമപരമായ തടസ്സങ്ങൾ
- പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ സാമ്പത്തിക പരിമിതികൾ
- മറ്റു ഏതെങ്കിലും (സൂചിപ്പിക്കുക)
- ആവശ്യമായി വന്നിട്ടില്ല

i. ഉണ്ടെങ്കിൽ താഴെ പറയുന്നവയിൽ ഏതെല്ലാം തടസ്സങ്ങൾ നേരിട്ടു?

- ലഭിക്കേണ്ട സേവനങ്ങളെയും നടപടി ക്രമങ്ങളെയും കുറിച്ചു നിങ്ങളുടെ അറിവില്ലായ്മ
- നിങ്ങൾക്ക് ലഭിക്കേണ്ട സേവനങ്ങളെ കുറിച്ചു പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ ജീവനക്കാർക്കുള്ള അറിവില്ലായ്മ
- സേവനങ്ങൾ ലഭിക്കുന്നതിനുള്ള ബുദ്ധിമുട്ടേറിയ നടപടി ക്രമം
- പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ അംഗങ്ങളുടെ/ ജീവനക്കാരുടെ സഹകരണമില്ലായ്മ
- പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ ജീവനക്കാരുടെ അഭാവം
- രാഷ്ട്രീയപരമായ വേർതിരിവുകൾ
- കാര്യക്ഷമമല്ലാത്ത ഭരണരീതികൾ/ ആസൂത്രണമില്ലായ്മ
- നിയമപരമായ തടസ്സങ്ങൾ
- പഞ്ചായത്ത്/മുനിസിപ്പാലിറ്റി/കോർപ്പറേഷൻ സാമ്പത്തിക പരിമിതികൾ
- മറ്റു ഏതെങ്കിലും (സൂചിപ്പിക്കുക)





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