Administrative Decentralization and Combating Covid-19: The Case of a South Indian State

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Abstract

Decentralization is a vital strategy of governments the world over, tailored to eliminate the drawbacks of excessive centralization and promote the effectiveness of administrative systems. In India, administrative decentralization has been viewed as a crucial strategy for addressing the challenges of public service delivery. Several state governments have rationalized the jurisdictional areas of the local administrative units—the districts, planning bodies, local bodies, and special agencies.

The analysis reveals that the Covid-19 pandemic has taught us lessons. First, the crisis has exposed the multiple vulnerabilities of India's development model very starkly in tackling the pandemics. Second, there is a desperate need to put in place a system of universal health care. Third, there are enormous opportunities to reorient our priorities to overcome the crises.

The south Indian state of Telangana experience, however, shows that measures initiated in 2016, i.e., territorial decentralization and other measures, inadvertently enabled the government to combat Covid-19 effectively. The field evidence reveals that the role of public institutions, particularly in healthcare, is unparalleled by private institutions in providing safety and basic services to people, thus putting administrative decentralization and public health institutions on the national agenda once again for debate to restructure state/national administrative units.

Keywords: *central and state governments, decentralization, districts reorganization, education, lockdown, migrants, pandemic, public health, public institutions, rural-urban local bodies.*

Introduction

The word 'decentralization' contains the meanings of the Latin roots, with the general meaning being "away from the center" (Meenakshisundaram, 1994). Decentralization embraces a variety of concepts—political, fiscal, territorial, and administrative arena (World Bank, 2008; Michal, 1977). Administrative decentralization is a set of state reforms—both in authoritarian and democratic environments—aiming for transferring resources and administrative authority from a higher level to lower levels units to plan and execute programs (Falleti, 2004; James, 1965; Rondinelli, 1999; Eryýlmaz, 2011). It is intended to eliminate the drawbacks of excessive centralization; ensure public participation in management; establish a balance between local services and local needs;

improve productivity or effectiveness in public services; and achieve organizational efficiency by using cost-effective means (Eryýlmaz, 2011).

The objectives of administrative decentralization, according to Cheema and Rondinelli (1983), are to increase people's participation in local development, planning and management; coordinate administrative functions; allow flexibility to promote local experiments and innovative and creative administration; develop backward areas; integrate regional economies; manage local level financial resources; and enhance administrative efficiency. Governments, in practice, are adopting decentralized processes that significantly improve the efficiency of administrative systems (World Bank, 2008).

Significance of the Study

Telangana state claims that administrative reforms have inadvertently become handy to the government in dealing with the challenges of the Covid-19 pandemic due to the smaller geographical jurisdiction of administrative units. The state government, since 2014, has been initiating administrative reforms to attract foreign investment as well as to meet ever-growing challenges. The government, in October 2016, reorganized the existing ten districts into 33 districts to make the administrative machinery transparent, accountable, and people-centric—taking the administration to the doorstep of the people (GO No. 250, 2016). This is more than three times the original figure. The district's average population, geographical size, and distance to district headquarters are 11.8 lakhs, 3400 sq.km, and 60-70 km, respectively.

Other reforms include declaring tribal inhabitants (even with a less than five hundred population) as new *gram panchayats* (GP), converting the major panchayats as municipalities; bifurcating or amalgamating urban bodies into smaller geographical areas- thus making small units as self-governing bodies and easing the burden of major units; haritha-haram (promotion of greenery), palle pragati and pattana- pragati (meaning development of villages and urban areas, respectively), the appointment of Additional Collectors, All India Service, in each district to assist the District Collector; one, to monitor the GP activities; two, to monitor revenue and general administration. These measures, according to the government, enabled the authorities to interact with people and vice-versa; meet both short- and long-term challenges; and focus on development.

Although many studies have exposed the vulnerabilities of India's administrative systems in dealing with the pandemic crises, there is hardly any study that examined the problem in the context of administrative decentralization. Hence, the present study assumes significance.

Research Questions

Based on the above, the following questions are framed in this study: (i) Have state government reforms inadvertently become handy to the government to deal with the challenges of the Covid-19 pandemic in the state? (ii) Does having smaller districts and villages and towns necessarily result in better administration too? (iii) Do the people have more confidence in public authorities than in private institutions when it comes to basic services during a pandemic?

Research Methodology and Layout of Study

The article is essentially descriptive and analytical. The data is collected through secondary sources—books, journals, and media—as well as primary sources. The primary data were collected through telephone conversations with the stakeholders—political executives of local bodies; public officials in health, police, revenue, and social welfare, particularly lower-level functionaries and journalists; human rights activists; academics; and the people. The electronic mode of conservation has become the new normal research methodology in the social science discipline in the aftermath of the pandemic. Further, during the lockdown period, we have had regular interactions with research scholars spread over the state regarding the miseries of people and the response of the officials to their grievances and problems. Thus, information on the situation on the ground during the pandemic was collected and analyzed. The draft paper is communicated to three academicians who are prone to coronavirus in the first and second waves, and their suggestions are incorporated. Further, an attempt is made to analyze the experience of Karimnagar district during the lockdown, as a case study, in handling the pandemic to gain deeper insights into the phenomenon.

The paper is presented in four sections. The first section deals with India's response to contain Covid-19 and a review of the literature. This highlights the issues and challenges as well as opportunities to improve lives and livelihoods. The second and third sections trace the history of epidemics in the Telangana region and the state government's response to combat the spread of the present pandemic and challenges faced by authorities during the lockdown period. The last section presents the lessons for application to future emergencies.

The Problem of Pandemics and Epidemics

Throughout history starting from prehistoric times, disease outbreaks have ravaged humanity, sometimes changing the course of history and, at times, signaling the end of entire civilizations. Major pandemics and epidemics such as chikungunya, cholera, plague, SARS, smallpox, Ebola virus, monkeypox, Novel coronavirus (2019-nCoV), and Zika-virus ravaged the countries in terms of human life, environment, and economy. These are still posing problems to the administrative systems of governments. Throughout centuries, the implementation of public health measures such as isolation, quarantine, and border control helped contain the spread of infectious diseases and maintain the structure of society. In the present context, novel technologies for rapid diagnostic tracing, testing, treatment, and contact tracing as well as new platforms for the development and production of vaccines are needed for an effective response in case of pandemics (Jocelyne & Guy, 2021).

The Covid-19 pandemic shattered lives, disrupted economies and markets, challenged health and education systems and social fabric, and continues to bother societies the world over. The pandemic is mutating and spreading even today. The World Health Organization (WHO), in a press conference on 6 January 2022, cautioned that Covid-19 is "far from over," "we are definitely in the middle of the pandemic" citing a rise in cases in China, South Korea, and other countries. It is a caution to the governments

that the pandemic is mutating and spreading to other countries and there is a need to undertake appropriate measures to control it.

India's Response to Covid-19: Nationwide Lockdown

Three levels of government—central, state, and local—have responded to address the challenges of Covid 19. Although public health is under state jurisdiction, the central government has initiated policy measures such as a nationwide lockdown for 40 days starting from 25 March to 3 May 2020 (first phase for 21 days from 25 March to 14 April; second phase for 19 days from 15 April to 3 May). Public transportation was suspended, thus restricting the movement of 1.3 billion people and inter-state trade. The health ministry has classified 170 hotspot districts under the " red zone." This is further divided into two groups, i.e., 123 hotspot districts with a large outbreak and 47 hotspot districts with clusters. It has also issued lockdown guidelines and circulated them to the state governments for identifying red zones (hotspots) districts; red zone hotspot cluster districts; orange zone districts and green zone districts to combat Covid-19 in the respective state. The state governments in turn directed the district and administrative units under it to adhere to the guidelines of the central government.

Atmanirbhar Bharat Abhiyan: Special Economic Package and Immunization

The lockdown has conveyed a message and an opportunity to revive all the spheres of the Indian economy from demand, and supply, to manufacturing. As part of this strategy, the Government of India (GoI), on 12 May 2020, launched the Atmanirbhar Bharat Mission (self-reliant India) — a new vision of India—to make the country and its citizens self-reliant. It announced five pillars of a self-reliant India: economy, infrastructure, system, vibrant demography, and demand. The other reforms include supply-chain reforms in agriculture, rational tax systems, rationalization of laws, promotion of human resources, and a strong financial system. The government on 17 May 2020, announced another set of reforms: increased investment in public health; technology-driven education with equity; ease of doing business for micro, small, and medium enterprises (MSME); discrimination of companies act; ease of doing business for corporations; public sector enterprise policy; increasing borrowing limits of state governments from three to five per cent for the year 2020-2021 only (GoI, 2020).

Special Economic Package

The GoI's special economic package for combating Covid-19 was Rs. 20 lakh crores or equivalent to ten per cent of India's GDP. It also announced "doubling" the rations for those people who were already covered by the public distribution system (PDS) and promised to give five kilograms of grain per person and one-kilogram chana/chickpeas to migrant workers who were not covered by the PDS for two months. The central government also has allocated Rs 2,23,846 crores for health and wellbeing in the 2021-2022 budget as against Rs. 94,452 crores in 2020-2021—an increase of 137 per cent (Reetika, 2021). State governments also initiated such measures. However, the intensity of the problem and handling it by administrative units varied from state to state.

The Reserve Bank of India (RBI) in April 2020 announced measures for financial stability to ease a slowdown caused by the Covid-19 pandemic, which includes discouraging banks from parking their excess liquidity with the central bank and mandating the lenders to buy debt papers of small and medium-sized non-banking financial companies.

Immunization of Population

India's first indigenous vaccine against Covid-19 was COVAXIN, developed by Bharat Biotech, Hyderabad in collaboration with the Indian Council of Medical Research-National Institute of Virology (NIV). The GoI also approved other vaccines for the purpose. The total number of doses given in each location, fully vaccinated, and percentage of the population as of August 2022 is 213 crores, 94.3 crores, and 68%, respectively. The percentage of the population fully vaccinated is higher compared to the world average, i.e., 63.1%.

Review of Literature

The review of the literature shows that Covid-19 has unleashed unprecedented outcomes and consequences all over the world. The most noticeable effects were losses of human lives and livelihoods. Many governments understated the ground realities during the first and second waves of the pandemic. Globally, in terms of the direct impact on people's lives and health, it has infected more than 3.2 per cent of the population and about five million deaths occurred. It could be more as accurate data is not available.

In India, the pandemic has taught us some lessons. The crisis exposed the multiple vulnerabilities of India's development model very starkly in tackling the pandemic. It also revealed the desperate need to put in place a system of universal health care. The pandemic also presented enormous opportunities to reorient our priorities to overcome the crises. The government's ill-conceived policy responses to regulate public life such as hasty lockdown announcement—made only the evening before it was to come into force—, and transport suspension (air and ground) without making any alternative provisions in place for persons who were stranded away from their homes, proliferation of misinformation, poorly funded public health facilities and inadequate fiscal stimulus packages, etc. have exposed poor response of public institutions and the governmentality associated with the pandemic (EPW editorial, 31 October 2020; Gopalguru, 2020; Abraham and Joy, 2020).

The economic measures announced by the GoI are too late and too little. The existing schemes have been consolidated and portrayed as providing major aid for the benefit of the poor. Reetika Kapoor, (2021) observed that: "Given the existing inflation and high costs of essential commodities, this scanty amount appears to be making a mockery of the poor by showcasing sheer tokenism." India's Covid-19 relief package could not address the needs of small- and medium-sized enterprises and the sufferings of migrant laborers, the unorganized sector, pregnant and lactating women, and children (Singh, Mehta, & Kumar, 2021).

There was stagnation in industrial production, particularly SMME (Dhameja et al., 2021); vast gap in the implementation of law and policy initiatives—qualitatively and

quantitatively—particularly in the distribution of food grains and cash transfer to the poor households (Vanita & Sherin, 2021; Ngullie & Ansari, 2021).

The Covid-19 pandemic has revealed the stark consequences of under-investment in public goods, most significantly healthcare and social protection systems (Amit, 2021). There is the "pervasive poverty of health systems,", particularly in the hinterlands. The healthcare system is fraught with the issues of availability, accessibility, equity, affordability, quality, accountability, and provision of services to its citizens, despite the 75 years of Independence. The pandemic has exposed these challenges highlighting an underfunded and inadequate public health system and a lack of accountability in the mostly unregulated private sector.

One of the main reasons for the poor condition of the public health system is a long history of underfunding by the central and state governments. The existing healthcare system and its infrastructure have not been able to adequately and efficiently respond to the Covid -19 pandemic (Dilip & Sunil, 2021). Most rural areas are "clinical deserts" with space, staff, skills, and systems in a dismal state. Further, people have distrust of the health system, rural communities are even reluctant to approach them for testing. There was widespread irrationality in our diagnostic and treatment prescriptions in both the public and private health systems (Yogesh, 2021).

The worst and deepest impact of the Covid-19 crisis has been on the living conditions of migrant labor, casual laborers in farm and non-farm occupations, and unemployed youth, which worsened considerably due to a lack of employment opportunities/wages, access to essential provisions, safe drinking water, and medical assistance. It is estimated that about 122 million people lost jobs after the onset of the pandemic and the national lockdown that followed. Consequently, the rise in the unemployment rate in June 2020 stood at 10.99% and was still at about 6% by the end of the year (Kapoor, 2020).

The studies show that the nationwide lockdown has created a grim situation in rural India in terms of poverty, income, and employment further accentuating the agrarian crisis (Vijayashankar & Richa, 2021; Pushpa, 2021). There was a large-scale disruption of agricultural supply chains resulting from the closure of wholesale markets, lack of transportation, delayed arrival of inputs, and crowding into agriculture in the migrant-sending regions coupled with shortages of labor in migrant-receiving regions.

There was a sharp decline in the per capita income to Rs 104 per day from Rs 375 per day, resulting in an increase in poverty. It is estimated that 140 million additional individuals have added to the existing people living below the poverty line (Amit, 2021). These and other factors have multiplied the crises in the hinterland given the caste, class, and gender hierarchies that have framed rural lives.

Underprivileged caste groups, especially Dalits and Adivasis, along with women, have borne the brunt of policies promoting extractive models of development, and form the footloose millions that walk-through migration routes across the country (Vijayashankar & Richa, 2021; Amit, 2021; Pratap, 2021).

The Covid-19 pandemic has also disrupted the education system. Children of all the class-grades were unable to go to school and could not interact with their peers, and engage with formal academic activities for almost two years. Its long-term impact on the future of children is inconceivable. This has impacted approximately 286 million students (48% girls) from pre-primary to upper secondary education, across India. And this is in addition to the more than six million children (48% girls) who were already out of school before the Covid-19 crisis (Tultul and Arvind, 2021).

Online education has resulted in a digital divide between rural and urban, indigenous and non-tribal school students. The lack of internet facilities and regular electricity has aggravated the existing inequality between different social groups, and indigenous students became the most vulnerable (Biswaranjan &Thomas, 2021).

Opportunities to Move Forward

The studies highlighted that the pandemic has also taught us lessons to move forward in all sectors, particularly the rural sector as it is the lifeblood of the economy and society. Samar observes that "This pandemic has offered humanity a solitary chance to rectify and retreat a few steps back, be more humane, less zealous and ambitious to progress without the damage we cause to the mother earth" (2021). There is a pressing need to develop technologies and market relationships that can support the work of people in diverse rural livelihoods without replacing them entirely and new legal regimes that can safeguard the needs of the marginalized majority to conserve and use natural resources (Vijayashankar & Richa, 2021).

India needs a bold vision for rural industrialization. India's greatest advantage is that there is a large number of skilled persons in manufacturing the products (food and beverage, textiles, garments, footwear, furniture) and services as well. Therefore, there is a need for a comprehensive rural policy enabling us to reorient toward a more distributed and sustainable industrial path (Amit, 2020 &2021). Another important measure to be taken is to redefine schools and develop them as holistic centers that take care of the education, health, and nutritional needs of students.

Experts have pointed out that the pandemic situation taught us lessons for strengthening health systems. They are: a need for more investment in developing more durable health systems (infrastructure as well as capacity building of human resources, budget allocation, etc.,) across the country; building surge capacity, a margin for the sudden increase in numbers of patients using the system (Yogesh, 2021); development of strong inter-sectoral infrastructure; well-knit and proper planning (Urvashi & Nagendra, 2021; Ahmed et al., 2021); promoting public-private partnership in the implementation of rehabilitation programs; measures to ensure food security, improve quality of life, health index as well as containing the spread of the virus; and the commitment of the administrative and public health leadership are the key to successful management of pandemics (Vanitha, 2021; Abha and Kusma, 2021). The pooling of resources and involving professionals from different disciplines such as medicine, veterinary medicine, environmental health, and social sciences to develop Covid-19 vaccination and management strategies, the political will to implement the measures to contain the

pandemic, and public cooperation, among others, are the cornerstone in the defeat of the virus (Abha & Kusma, 2021).

Case Study of South Indian State (Telangana)

Telangana, one of the South Indian states emerged as a geographical and political entity on 2 June 2014, bifurcating from united Andhra Pradesh.[1] It has a long social-cultural, economic, and political history and experienced both the feudal and capital economy features. Before the merger into Andhra Pradesh, it was known as Hyderabad State a Princely State of Nizam's rulers, a hereditary rule from 1724 until 1948. The state is strategically located in the Deccan Plateau- linking north and south India. It is south to north and north to south. It is called mini India as it mirrors larger India in all walks of life.

Telangana state adopted a neoliberal model of development and introduced economic reforms to attract world-class institutions for investment. It has been reorienting various sectors of the economy as well as administrative systems. The state government initiated measures to reorganize the districts[2] (spatial decentralization) and is below level administrative units in 2016. These measures, according to the government, are to "make administration easier and better focus on development." In this context, the study on the government's response in addressing the concerns of Covid-19 is imminent not only in the immediate context but also in the long run.

History of Epidemics in Telangana Region

The incidents of epidemics in Telangana are not a new phenomenon. The people of Hyderabad successfully encountered deadly epidemics. The city has been shaped and reshaped by the epidemics over the years. The first epidemic was recorded in 1591. During Nizam Rule (1724 to 1948), Telangana witnessed several epidemics such as plague, malaria, cholera, etc. The Hyderabad city was ravaged by epidemics owing to the large-scale flooding of the Musi River in 1908 and a deadly plague in 1911 in the Nampally area. The Nizam government opened quarantine centers and relief camps extending medical assistance to people and alternative spaces for burying the deceased. It also encouraged scientific research in the medical field for containing plague and malaria. Sir Ronald Ross, who won the Nobel Prize in 1902 for his malaria research worked at the Begumpet Hospital. Dr. S. Mallanna, the famous surgeon of Osmania Medical Hospital, founded the Chemical and Bacteriological Laboratory, which did pioneering research on anti-rabies vaccination and popularized anti-plague inoculation (Satyanarayana, 2020).

The civil society organizations too had played prominent roles in enlightening the civil society on epidemics and handling the epidemics. Hyderabad Relief Association, Adi Hindu movement, Swastika Dal and Humanitarian League and other activists' volunteers including women have done commendable work in extending relief measures. Bhagya Reddy Varma, the founder of the Adi Hindu movement, organized relief measures through the volunteers of Swastika Dal and Humanitarian League, for which he won a medal from the Nizam, Mir Osman AliKhan. Lady Hydari and Bhagya Reddy Varma dispelled the prejudices of some orthodox people and encouraged them to adopt modern methods of treatment for the eradication of epidemics (Satyanarayana, 2020).

Telangana Government Response to Covid-19

The Telangana State Assembly discussed the preparedness of the government to combat Covid-19 on 6 March 2020. The Chief Minister, though, denied the opposition party's charges saying that no valid circumstances are warning us to be cautious. Later the state government realized the potential threat of the pandemic and epidemic when a young Hyderabad software professional from Dubai traveled to Hyderabad via Bangalore and was found positive in the second week of March 2020. The government prepared a policy frame, broadly within the framework given by GoI.

The state government has initiated multiple strategies to contain the disease and protection of all people from Covid-19. It has displayed a proactive role to identify the sources of transmission. A coordinated plan is put in place to identify and monitor people with infections and their close contacts by mapping their movement through visual footage and field information. This monitoring system not only involved authorities (health, police, revenue, women, child, and other local bodies) but also elected local body representatives as active stakeholders. The government has identified state-run hospitals and dozens of private hospitals attached to medical colleges to be used for isolation wards and treatment, apart from identifying dozens of pulmonologists, both in service and retired to availing services, if needed (Balaramulu, 2020).

Government Measures During Lockdown

The state government has directed the public institutions and its district authorities to take necessary measures for the enforcement and implementation of regulations and measures. Government-specific protective measures, during the lockdown period, can be classified into four.

Regulatory Measures

Imposition of lockdown and the extension of lockdown for 66 days (25 March to till May 29 two weeks more than the nationwide lockdown); doubling home quarantine for secondary contacts to 28 days from 14 days; banning food delivery services such as Swiggy, Zomato; 50% of salary deferment for government employees and public representatives to augment resources; banning all religious congregations and family gatherings; restraining house owners from collecting rent from tenants for three months; directing the school managements not to hike school fees; and taking over private marriage function halls for storage of fertilizers for Kharif (rainy) season, and declaring paid holidays for all employees in shops and establishments.

Further, the services of district functionaries—police, health, fire, electricity, water supply, civil supplies, agriculture, drug control administration, pollution control board, and rural and urban local bodies and other departments—were made fully functional to fight against Covid-19 (GAD G.O. Ms. No. 45, 2020).

Healthcare Measures

The identification of government hospitals for the treatment of Covid-19 patients; procurement of rapid testing equipment, and ambulances; quarantining the identified patients; converting a 14 storied building in a sports complex into a multi-specialty Hospital (named Telangana Institute of Medical Science with a capacity of 1,500 beds at Hyderabad-State headquarters; distribution of medicines at the doorstep of patients suffering from diabetes, cardiac and others for three months; hike in salary for doctors and medical staff and sanitation workers for attending on Covid-19 patients; tracking the discharged patients and extending medical treatment to them, etc.

Welfare Measures

Announcement of an economic package worth Rs 3,520 crores to provide relief to 8.7 lakh BPL families. The package includes providing rice at the rate of 12kg per person free of cost and cash assistance of Rs 1,500 per family towards the purchase of other food items. This package, according to officials, was expected to benefit 85.4% of the total households in Telangana. Besides, the government has decided to procure the entire paddy and maize crop being harvested directly from the farmers at minimum support price and announced to allocate Rs. 30,000 crores for this purpose—a huge relief to farmers (Cabinet decision, 19 April 2020).

Humanitarian Response

The state government has also exhibited a humanitarian response toward the migrants. It has directed the authorities to supply cooked food and other basic facilities like shelter, water, and medical care, wherever the migrant workers are not in a position to cook (Revenue Department Rt. No. 13, 2020). It has announced a relief package of cash and material support to migrant laborers from other states. The Chief Minister said, "The State government considers you as partners in the development process of the State, and is willing to spend any amount to make your life comfortable." The economic package is similar to that of BPL families of Telangana state. He has appealed to migrant laborers to stay back as construction activity has started and they will get employment. However, if anyone wants to go to their native state the government would make travel arrangements and bear the cost as well (Cabinet decision, 5 May 2020).

Administrative Challenges During Lockdown

The pandemic, however, has posed serious challenges to state governments, including the Telangana government in combating it. Civil society bodies, opposition parties, and the media have expressed serious reservations about the measures taken by the administration. The state administration challenges were: firstly, the GoI's sudden decision to impose lockdown has become a herculean task for the administrative machinery to cope with the problems of migrants. The lockdown and containment measures would make sense only if they can save people from misery, inflicted not only by a virus but also by hunger.

Many migrants, who came to the towns, and metropolitan cities in search of livelihood, were willing to go back to their respective places, walking miles together on foot and

carrying children on their shoulders and luggage on their heads. The authorities restricted their movements and promised to provide them with shelter and food. The inmates, however, alleged that the temporary shelters were not comfortable to stay in, particularly during mid-summer. The food supplied was inadequate and low quality and even untimely. They also complained about the lack of livelihood opportunities and adequate income to meet family requirements.

Secondly, many people who are prone to the virus did not reveal their identity due to social stigma or fear of isolation from family, despite the installation of special helpline centers by the governments to guide and assist the people. This has resulted in underreporting of the positive cases and low level of testing for coronavirus infection.

Thirdly, the disposal of biomedical wastes like face masks, hand gloves, needles, and dead bodies of patients became a major problem for the authorities. In certain places, people were not allowed to burn the waste material collected from Covid-19 designated hospitals, quarantine centers, and labs. People at the burial ground vegetated to cremate dead bodies. Otherwise, show competition to take up the task in normal times.

Fourthly, government doctors and nurses were hesitant to admit patients suffering from cardiovascular, diabetes, orthopedic, and other diseases, suspecting that patients carry coronavirus symptoms. And people approached private hospitals, which charged abnormal amounts for treatment and exploited the pathetic conditions of Covid-19 patients, particularly in the second wave of the pandemic. The poor people could not afford it. The government remained a mute spectator to the situation

Fifthly, the lack of coordination among the field officials in handling the pandemic was another concern of the state government.

Lastly, India's fight against the pandemic was its neglect of the real poor. The government's assistance in the form of food grains and cash-for-food has not reached the intended target group. Against this backdrop, an attempt is made to examine the experience of administrative decentralization in combating the pandemic in the subsequent section.

Administrative Decentralization and Combating Covid-19

The administrative reforms, spatial decentralization of districts and rural and urban local bodies, and other reforms mentioned earlier, have contributed as a preventive and curative measure inadvertently became a preparatory ground for preventing health, hazards but also empowered the marginal groups.

Preventive Healthcare Measures

The state government claimed that the Palle-Pragati and Pattana- Pragati programs (a special drive to implement sanitation, hygiene, greenery, widening of internal roads, and a place for burial grounds in the rural and urban areas) launched in January 2020, inadvertently became a preparatory ground for the government to meet any eventuality

of health hazards. These initiatives have had a positive bearing on the health conditions of people, irrespective of social group and class.

Earlier on 2 August 2018, the government declared 4,383 revenue villages and tribal inhabitants as new GPs. Similarly, the government created 75 new municipalities by merging 175 GPs. New municipal corporations within the geographical limits of Greater Hyderabad city were established. These measures indeed have enabled the marginalized sections—women, scheduled castes, and tribes—to occupy positions and opportunity to take an active part in village/urban development. For instance, the tribal woman Sarpanch, representing Mahabubabad district personally sanitized the whole village and educated people on the effects of the pandemic. This would not have been possible had the government not decided on creating tribal inhabitants as independent gram panchayats.

The government, in February 2020, exclusively appointed two Additional Collectors in each district to assist the district collector. They could monitor the development programs effectively, including, Covid-19 challenges, as the jurisdiction of the district is smaller, the officials remarked.

Curative Health Measures

The government has adopted a four-pillar strategy that involves tracing, testing, treating, and tracking patients. As a part of the strategy, it has identified hotspots (containment clusters) and restricted movements of people across the districts. Eight districts, namely Hyderabad, Nizamabad, Warangal Urban, Rangareddy, Jogulamba-Gadwal, Medchal-Malkajgiri, Karimnagar, and Nirmal were bracketed under the red zone category, while 19 districts were listed as non-hotspots (Times of India, 16 April 2020).

Above all, the commitment of supervisory and field functionaries of health, women and child welfare, police, revenue, and other government departments, which are otherwise known as authoritarian and evading duties have exhibited their wisdom during the turbulent times. Despite serious life threats, including family, and also odds at the workplace, the field functionaries have attended the duties with commitment. The smaller jurisdictional area has also enabled the officials to contain the spread of the virus (Balaramulu, 2020).

Case Study of Residuary-Karimnagar District

The Karimnagar district was one of the 10 districts of Telangana state before the reorganization of districts in 2016. As part of the administrative reforms, the district is carved into four districts, namely Karimnagar, Jagtial, Peddapalli, and Sircilla, thus, making it four districts. The population of residual Karimnagar is 10.1 lakhs with a geographical area of 2,128 km.

Residuary-Karimnagar district is a pointer in the right direction to contain Covid-19 effectively. It was able to control the coronavirus in just 15 days and became a model for other districts. It was the second district, after Hyderabad, which identified corona-positive cases in the second week of March 2020. On 14 March, a group of Indonesian travelers visited Karimnagar and its neighboring Jagtial district. The district administration

traced ten Indonesians and one of them was suffering from coronavirus symptoms. Immediately they were brought to a government hospital for medical checkup, and later, to Gandhi Hospital, Hyderabad for taking necessary measures to contain the spread of the disease.

The district administration adopted multiple measures not only to contain the immediate chain of the spread of diseases but also to prevent it in the long run. The first step was to break the spread of the virus chain. The district administration has intensified the tracing of the movement of people. This they could do with the help of closed-circuit television cameras and drones. The officials identified about 82 persons with whom the Indonesians came into close contact and they were isolated. Later about 4000 households were placed under containment zones. It also imposed a curfew throughout the day with three hours of relaxation, i.e., 6 am to 9 am, while it was from 7 pm to 6 am in other areas of the state.

According to the City Police Commissioner, 16 checkpoints were identified and the movements of people, including outsiders, were restricted. About 730 police personnel were deployed at various checkpoints with three shifts to monitor the borders and restrict the traffic. The law enforcement agencies formed 150 surveillance teams to gather information about the spread of coronavirus and conduct close observations on the movements of individuals and groups. In addition to this, about 620 persons who came to Karimnagar were stamped and kept in quarantine for 14 days. A few of them escaped but again they were brought back to the quarantine place and made to stay for another 14 days, the district collector maintained.

The second step was the implementation of social distancing. As a part of this exercise, the market was transferred to the outskirts of the city and marked the place for people to stand to purchase provisions and vegetables. According to the municipal corporation commissioner, about 12 new markets were opened and eight more were to be opened in different parts of the city. The municipal office also entered a tie-up with private parties to supply the provisions and other essential goods to people under the containment zones.

The third measure was on a large-scale war footing and disinfection of virus-affected areas and sanitizing of public places like government offices, bus stops, auto-stand, etc. Further, the municipal commissioner has initiated measures to supply masks and sanitizer bottles to people and health and sanitation functionaries. The corporation supplied raw materials to women self-help groups for switching masks and also organized training programs to prepare sanitation liquid to distribute to people.

The fourth step was creating awareness among the public about the cause and effects of coronavirus on the human body, environment, and economy. The local Minister, MLAs, municipal Mayor, Corporators, Sarpanchas, and others visited the residential areas and gave confidence to people, and requested them to cooperate with the officials in overcoming the crisis.

The fifth measure was conducting household surveys on the health status of people and distributing masks to them. The health workers made household surveys and collected

the data to prepare plans to meet any untoward situation. However, motivating healthcare functionaries, particularly auxiliary nursing midwives, commonly known as ANM and Asha workers, and supply of adequate numbers of personal protection equipment to them, have become the major concerns of the district administration, according to the district medical and health officer. The administration was confident that the official would pursue the job with the same zeal and enthusiasm to meet any untoward eventuality in the future.

Lastly, the GPs authorities and community-based organizations/residential associations restricted the movements of outsiders. The people formed into groups in the hinterlands and objected to outsiders entering the towns/villages without taking proper healthcare measures. The district authorities appointed volunteers for safeguarding the residential areas and delivering essential goods and services to the needy.

The above experience shows that a focused approach to smaller geographical areas of administrative units and the commitment of officials demonstrate that district administration would rise to any occasion and address the problems, including pandemics in the future.

Concluding Remarks

The study has identified the issues and challenges in combating the pandemic as well as opportunities to overcome the situation and measures to be taken to safeguard the people in turbulent times. The Pandemic has shattered lives, disrupted the economy, and challenged our human resources and social fabric. India’s neoliberal development model, during the past three decades, has neglected public investment in the health sector. The public health system at the grassroots level is grossly neglected. There were no qualified or permanent medical staff who required medical equipment.

The macro-level concerns in the context of handling Covid-19 were the low pace of testing of persons for coronavirus infection; an inadequate number of doctors and healthcare functionaries; inadequate infrastructure facilities at hospitals; problems in identification and providing relief measures to the intended beneficiaries including migrant laborers; and administrative dysfunctionalities such as centralized decision-making, etc. In public hospitals, the services for non-communicable disease care have been severely affected, increasing the risk of disease severity and death during a pandemic. The pandemic has created a grim situation in rural India in terms of poverty, income, and employment, further accentuating the rural and agrarian crisis.

The case study reveals that both long-term and short-term reforms have paid dividends in containing the spread of coronavirus as well as protecting the lives and livelihood of people. The long administrative reforms like territorial decentralization and short-term measures inadvertently acted as both preventive and curative measures in the fight against coronavirus. The case study of a district shows short measures such as tracing and quarantining patients, restriction of movement of people, sanitizing public places, creating awareness among the public about the cause and effects of coronavirus on the human body, motivating healthcare functionaries, a household survey on the health status and supply provisions and medical help have contributed to mitigating the problem in the state.

Above all, the government machinery at lower levels of administration that is often deficient and grossly inadequate in responding to the needs of people has become functional. During turbulent times, district functionaries who are otherwise known as authoritative and evasive of duties have exhibited an exemplary commitment to preventing the spread of diseases in the state.

The evidence on the handling of epidemics both under Nizam rulers and in the present Covid-19 context reveals that the role of public institutions, particularly healthcare, is unparalleled to private institutions in providing safety and basic services to people. Thus, putting administrative decentralization and public health institutions on the national agenda once again for debate to restructure state/national administrative units.

The pandemic also taught us several lessons in taking the required measures to meet any such eventualities in the future: (i) restructuring development strategy that can put in place a system of universal health care under the public sector and integrating it with other sectoral organizations; (ii) development of technologies and providing forward and backward linkages that can support the work of people in diverse livelihoods; (iii) framing new legal regimes that can safeguard the natural resources and environment; (iv) redefining the education system, developing them as holistic centers that take care of the education, health, and nutritional needs of students; (v) a comprehensive industrial policy that can generate adequate employment both in manufacturing and service sectors; and (vi) long-term measures that can promote townships to reduce the burden on cities and also contain the spread of diseases.

Limitations of the Study

The present study mostly analyzed the administrative responses to combat the pandemic during the lockdown and subsequent one-year periods. The analysis would have been more meaningful had we collected the data directly from the persons prone to the coronavirus. The basic problem, in this regard, was partly because people were afraid of meeting outsiders and Covid-19 patients were not willing to share their miseries due to social stigma. However, the systematic empirical studies about the impact of a pandemic on lives, livelihoods, and government short- and long-term measures to protect people in the aftermath of the Covid-19 pandemic in India's cross-cultural context are equally important.

Further Research

The long-term impact of Covid-19 on human beings and the economy has to be examined in the cross-cultural context and whether the administrative decentralization process demonstrates the same tempo in the normal times and aftermath of the Covid-19 phenomenon. The larger question to be probed is whether the neoliberal model of development accords priority to public institutions and transfers the real authority to the district administration and local governments. Without these, the reorganization of districts, villages, and towns amounts to deconcentration—authorities are accountable to higher-level authorities, without being accountable to people.

Endnotes

[1] As per AP Reorganization Bill, 2014 Andhra Pradesh State is bifurcated into two states i.e., Telangana State and residuary Andhra Pradesh State from 2 June 2014. It is the twelfth largest and most populated state in India with a geographical area of 112,077 sq.km. and 35,193,978 population, as per the 2011 census.

[2] In India, the district as a unit of administration existed over the centuries. It has a proven track record in the delivery of goods and services to people during all forms of government from the police state, and the welfare state to the liberalization era. It acts as a cornerstone for both state and central governments and plays a kingpin role in guiding and coordinating lower levels of the development process.

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