

Role of Local Self-Government during Global Health Emergency in India

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Abstract

It's almost been 3 years since COVID-19 emerged and, like a shocking punch, knocked out all our lives. It's been a horrid time. We have been through a lot. India's healthcare system collapsed, leaving hospitals full of untreated patients. All this time, the central government, state governments, and local governments in India have played a major role in implementing the health policies. We have seen local governments worked at the front to prevent the spread of coronavirus and mitigate its impact on communities. The whole country was in lockdown, and the directions of local government were being observed at the national level. Local self-government bridges the gap between the state and the citizens of the country. In a country like India, with a population of 1.4 billion, it was a very tough job for the government to prevent the Corona virus from spreading and implement the necessary policies to deal with the global health emergency. In India, health issues are considered a state responsibility. The states use the three-tier system to divide and implement their policies between urban and rural parts of the states. Furthermore, the local self-government plays an important role in strengthening the public health system. Local governments accumulate data and furnish it to the state authorities in order to assist the state in developing policies to combat the spread of the coronavirus.

This article contains an in-depth study of how local self-government prevented the spread of coronavirus in the first and second waves on a broad scale and played a vital role in vaccination. This paper will offer some suggestions as well as some safeguards that we should take care of before the next wave arrives.

Keywords: Indian Healthcare System, Local Self-Government, COVID-19 Pandemic, India.

Introduction

India is home to one of the world's largest healthcare systems, yet we lacked infrastructure at the time of the recent health emergency. WHO¹ states health as a state of "complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Public health refers to all organized measures to prevent diseases, encourage health, and prolong life among the population as a whole. The

activities of the healthcare system aim to provide conditions in which people can be healthy and focus on entire populations, not individual patients or diseases. It is very important to maintain public health in India as India has now become the world's most populous country, leaving China behind. The aim of maintaining public health is to promote the efficiency of its people in preventing

diseases. Public health plays a key role in enhancing population health and making people happy. It is the responsibility of all sectors of society, including the government at all levels, private healthcare institutions, non-governmental organizations, international organizations, and every individual living in society. Healthcare in India has components from both public and private healthcare service providers. The main focus of private healthcare providers is urban India. The public healthcare system basically focuses on rural India. In India, we have three spheres of government: national, state, and local. Each state has its own legislature, a governor, who shall be appointed by the president of India, and a ministerial council headed by the chief minister. The constitution of India segregates power between the national and state governments. The Panchayati raj system established local self-government in 1992. Local self-government is a form of democratic government in which local affairs are managed by local bodies that have been elected by the local people. There are over 250000 local government units in India. In rural areas, panchayats are in operation, and in urban areas, municipalities are in operation. On April 24, 1993, the 73rd constitutional amendment² came into force, which provides constitutional validity to the Panchayat Raj System and envisages the Gram Sabha as its foundation. This act has added a new Part IX to the Constitution of India. This part is named "The Panchayats" and has provisions from Articles 243 to 243. The concept of village self-government is covered by the 7th Schedule, while the Panchayat's control over health is covered by Entry-23 of the 11th Schedule of the Indian Constitution. Article 243 G delegated power, authority, and duty to "panchayats." On March 24, 2020, our honorable prime minister Narendra Modi announced the nationwide lockdown as a preventive measure against COVID-19. In the fight against Corona, local governance was expected to be especially

important in narrowing the gap between policy initiatives and local reality for the management of COVID-19 activities. Locally elected administrations, i.e., Panchayati Raj institutions, are responsible for the majority of local action in epidemiological management in rural areas. Local governments in India were at the forefront of efforts to stop the spread of COVID-19 and lessen its impact on communities.

Covid-19 Timeline

"The government has issued a travel advisory to Indian travelers, advising them not to travel to China." Yes, that is how it starts. a disease that was thousands of kilometers away from us. A disease we thought would begin and end in China instead took over all of the world, bringing life to the dead. The first indication that COVID-19 would reach Indian shores came at the end of 2020, a month after it was reported in Wuhan. The first case of coronavirus was detected in Kerala. The situation was under control until the number of cases started rising. The disease upended lives, and other things led to soaring unemployment, but two years have passed with COVID variants still a threat. As the cases kept rising, so did the panic. Even after the lockdown was imposed, the number of cases continued to rise, reaching 90,000 per day by mid-September 2020. After that, the cases start declining, as do the restrictions. Cases have been reduced to 10,000 per day in February 2021. This was not the end. A lot has happened after the deadly first wave of COVID 19. In March 2021, cases again started rising soon after India encountered the worst phase of COVID 19. A disastrous second wave gripped the country. The situation got worse as India ran out of oxygen cylinders, hospital beds, and medicines. The doctors felt helpless as they were unable to save people from dying. Soon after, India surpassed Brazil as the country most affected by COVID. The cases reached over 400,000 per day at the end of April 2021.³ According to figures, it claimed the lives of more than 20,000 people.

The situation got under control by August 2021. On January 20, 2022, the new Corona variant omicron arrived in India. It was more contagious than the previous strains, but less lethal. The number of deaths was also less than the previous COVID waves. As of now, the situation in COVID-19 is under control. Many people believe that COVID is gone, but as somebody rightly said, we cannot predict disasters.

Management of Covid-19

At the start of the pandemic, India witnessed the world's biggest lockdown. India banned all international flights beginning in March 2022, initially for one week and then indefinitely. Domestic travel was prohibited, and international travel was prohibited as well. A Janta curfew has also been imposed by the government of India. With the imposition of the lockdown, once-bustling roads in India became deserted as people stayed at home, only venturing out to buy necessities. All of these events had a devastating effect on the informal sector. While national and international policymaking efforts received a lot of attention, local self-government also did a good job. There were so many challenges that India was facing in coordinating with COVID-19, and the local self-government played a very crucial role in fighting for the same. At the start of the pandemic, the government's infrastructure was insufficient to deal with this kind of disaster. Leaders around the world have started to take the necessary precautions to deal with the situation. Also, China was not so transparent about the disease in the starting phase; if it had been, then the situation could have been different. This has led to a delay in studying the origin of COVID-29. Social distancing as a method of keeping the virus at bay was first officially flagged by Prime Minister Narendra Modi when he spoke to the nation on March 19 in order to call for a one-day "Janata Curfew" for March 22. India first began testing and tracing individuals who were travelling from

China and its 4,444 regions and who felt mild cold and fever symptoms, sending them to isolation facilities if necessary. Then COVID-19 suddenly started spreading in big cities like Mumbai, Karnataka, Delhi, Kerala, and another specific location in the COVID hub the government then adopted the idea of an African immune system. This is because it was dealing with the Ebola virus and had specific policies to contain the spread of this outbreak.

As mentioned above, our medical infrastructure was not good enough to deal with fractures like this. Clinical symptoms of COVID-19 include fever, dyspnea, cough, lethargy, headache, muscle pain, sore throat, and conjunctivitis. Thus, distinguishing this disease from other respiratory infections was a formidable challenge, and no effective antiviral treatments or vaccines were available against COVID-19. Patients with infections, dyspnea, hypoxemia, or shock require immediate oxygen therapy. As a protective measure against the transmission of COVID-19, the WHO recommends thorough cleaning using alcohol-based hand sanitizer or soap and water while avoiding touching your eyes, nose, and mouth outdoors and avoiding long-distance travel or crowds. It mandates certain practices, such as regular hand washing, and encourages breastfeeding babies to boost immunity.

As the virus started to spread in rural and urban parts of India. The Indian government worked tirelessly to reduce the number of cases and consequences on a daily basis, as well as to address the challenges and threats posed by pandemic war. The military, including medical associations, nurses, NGOs⁴, police, and paramilitaries, were involved. The government took the necessary steps to deal with the pandemic in villages. Responses to the SARS-CoV-2 pandemic have underscored the importance of local government involvement in pandemic management.

To deal with the crises, India's government took a multi-pronged approach. Several measures have been implemented to counter the challenges.⁵

1. The government adopted a pre-emptive, proactive, whole-of-government, whole-of-society approach built around a comprehensive strategy to prevent infections, save lives, and minimise impact.
2. The emphasis was on improving medical and healthcare infrastructure. Efforts were made to strengthen core capacities such as laboratories, hospital infrastructure, R&D on diagnostics, and so on, as well as to develop indigenous capacities such as personal protective equipment, diagnostics, ventilators, and oxygen generation plants, among other things.
3. Measures were taken to keep citizens at the centre of the government's efforts, ranging from COVID-19 prevention, diagnosis, and treatment to COVID-appropriate behaviour awareness.
4. The government provided logistical and financial assistance to the states in order for them to combat the COVID-19 pandemic effectively.
5. India launched the world's largest vaccination campaign, which covered the entire country.

Family, Gram Panchayat, religious leaders, NGO's, self-help groups, community-based organizations, school teachers, students, youth groups, and so on are examples of essential workers. During the crises, frontline workers played an important role. When cases were at their peak and people were panicking across the country, these frontline workers took the initiative and informed the public about do's and don'ts. The work of frontline workers has been observed at a higher level. VDOs have been appointed as health mentors. Their work was to

supervise the villages, and Nagar Nigam and Nagar Palika at the urban level managed the prime responsibility of coordinating community action and awareness creation in various groups of society through television, print media, electronic media, education institutions, government employees, and different social groups.

Usage of Technologies During Health Emergency

Technology has played an important role in controlling the COVID-19 outbreak. There were many applications that helped the local government gather the data and synchronize it with the facilities. While the medical team was dealing with patients, senior government officials and specialists are expanding their use of data collection technologies to give them the advantage they need to stop the spread of the COVID-19 virus. In a month of outrage, India came to introduce at least 19 new applications used by state-central governments and even local self-governments, with an estimated 10 million users, to manage the COVID-19 virus outbreak. While Arogya Setu remains the most well-known app among Indians, many start-ups such as Innefu and Qkopy benefited from new business opportunities as a result of their tech offerings to deal with the crisis. They created Unmaze to help track quarantined individuals and the GoK Direct-Kerala app to share the latest health updates. Corona Watch, SMC-COVID Tracker, SAHYOG, and COVID-19 Feedback are the other applications being used by local government authorities to manage the spread, map highlighted citizens, and geofence places with a huge number of infections. The next wave of COVID-19 saw a second wave of creative technology to bring a solution to the sudden decline in the availability of hospital beds, ventilators, oxygen supplies, etc. A complete new range of tech solutions and accessible applications and software like Search My Bed, COVID SoS, and SprinklR now focus

on dealing with the needed medical supplies. On the other side, Twitter also came up as the most efficient solution to track out COVID-19-related resources. These tech solutions helped the local government facility map the emergency and come up with an instant solution in an effective and efficient manner.

Panchayati Raj System

Panchayats in India play a vital role in the development of society. Our Honorable prime minister, Narendra Modi, also launched e-portals for implementing the panchayats plan. Panchayats have emerged as front-line fighters in the fight against the global health emergency. Sarpanch's were also crucial in maintaining social distances and disseminating information about the pandemic. Panchayats across the country have played a crucial role in minimizing the effects of the pandemic. Kerala was mentioned as an example. With a long history of decentralization and the placement of both primary and secondary healthcare under the purview of third-tier institutions, panchayats in Kerala are at the forefront of coordinating government efforts in tracing, organizing health checkup camps, sanitation, and social distancing messages, among other things. Aside from that, panchayats have taken the lead in sustaining agricultural activities by ensuring labor supply and the availability of critical food supply chains in villages. Other states have also delegated many responsibilities to their panchayats. Odisha Chief Minister Naveen Patnaik delegated the powers of a district collector to sarpanches, recognizing their importance in containing virus spread. The Odisha Chief minister has empowered the Sarpanch to ensure quarantine of returnees and their families under Section 51 of the National Disaster Management Act, 2005. To ensure a decentralized approach to pandemic response, the Odisha government has provided every Gram Panchayat with a registry facility as well as mechanisms for community-based

monitoring. Panchayats, in short, have emerged as frontline institutions in the fight against virus spread. These institutions' roles will become even more important in the post-lockdown stage, necessitating significant mitigation efforts.

Initiatives by Local Government

There are so many initiatives taken by the local governments of different places to deal with the COVID situation. COVID was something that we were not used to. This was something new and dangerous. We didn't know how to deal with that. That is why raising awareness was the first and most important task. Local governments have come up with creative ways to spread awareness about the dos and don'ts of COVID. Loudspeakers, posters, pamphlets, WhatsApp groups, a helpline, and other creative items are among these. Local governments made certain that quarantine centers were available for people returning from somewhere so that the spread could be minimized. Social distancing was the key to being safe from COVID. The local government took care of the social distancing in that area. They made sure the people went into quarantine before reaching home. They monitor the total health of the village. Not everyone can afford masks and hand sanitizer, so they distributed the necessary items to the people. They monitor the situation of all the patients. Everything was shut down, so they made sure to distribute food with the help of the public distribution system. They also provide help under MNREGA.⁶ They run a community and make homemade masks to distribute them. They assisted in the acquisition of farm goods. They organized the volunteers to provide food for those staying in quarantine centers. Apparatus from all these, the local governments of all the places have done a great job.

Civic bodies provided necessities in a centralized manner through limited and closely monitored supply channels. Many cities have taken the initiative to sell vegetables on wheels

to their citizens so that they do not have to leave the house to obtain them, thereby limiting their contact as much as possible. The district administration in West Singhbhum, Jharkhand, has responded by developing a contactless, low-cost, telephone booth-style sample collection center, partly inspired by similar centers in South Korea. The district administration in Dumka, a largely rural district in Jharkhand, announced a stay-at-home talent competition as part of Corona Mein Kuch Karo Na, literally translating to "do something during corona."

Each morning at 10 a.m., the district's Public Relations Department posts about the day's activities on various social media platforms, and competition entries are accepted until 6 p.m. Over 1,000 families competed over several days, singing, dancing, creating art, demonstrating body strength, and decorating their homes. It may appear insignificant, but it brings local communities together during times of isolation.

Local enterprise and innovation have also helped to secure food and income. The country-wide lockdown was put in place to reduce physical interactions between citizens. A community kitchen serves cooked meals to people such as stranded migrant workers. The district administration in Hazaribagh, Jharkhand, has established a community kitchen that serves cooked meals to stranded migrant laborer's, people in quarantine centers, senior citizens, and students, as well as poor and vulnerable households. Innovations like this demonstrate the local administration's ability to collaborate with a diverse range of local bodies, including NGOs, politicians, religious organizations, wealthy middle-class residents, and the poor.

The NGO partners were also instrumental in identifying the poorest families in need of additional assistance. However, the collaborative nature of this project is perhaps its greatest strength. It also enables the team to anticipate and avoid potential problems.

Duties of District Magistrate

Every decision regarding coronavirus prevention, containment, and mitigation options, as well as the purchase of products and services, was being made by the District Magistrate. The District Magistrate directs panchayats to supervise the assignment of tasks under the MGNREGA⁷, ensuring farmers' access to agricultural inputs and collaborating with the district administration to ensure connections to agricultural production storage and distribution. The Additional District Magistrate was responsible for resolving grievances, providing necessary services, social welfare, collaborating with government agencies and local self-government authorities, total implementation and monitoring support, and maintaining law and order in the district. The health worker is located inside the booth, completely insulated from contact with the patient on the other side of a glass window. A public address system instructs the patient on what to do as a swab is taken for testing. By ensuring social distancing and a strict sanitization process, the model has drastically improved the safety of patients and health personnel, as well as encouraged more local people to get tested.

Conclusion

In my opinion, the healthcare system must be adequately prepared to deal with any sort of hospital emergency, which will result in an increase in both outpatient and inpatient instances. Several incidents of unfair treatment of non-COVID individuals were reported during the deadliest Covid wave, and the influx of cases should be handled with caution. We have seen people dying because of insufficient infrastructure, we have to work on that for future disasters.

Aside from addressing critical clinical and public health needs in the short term, initiatives should be undertaken to rebuild district and block-level healthcare systems by increasing the

healthcare workforce, clinical procedures, and long-term supply chain. As a result, district health planning is critical, and it should consider illness load, system readiness, and public health initiatives in order to determine district trajectories.

Furthermore, the current crisis has highlighted the need for increased government spending on public health. Throughout this epidemic, the benefits of a well-developed public health system have been widely acknowledged. More COVID-ICU beds and ventilators could be built, rural health infrastructure could be improved, and daily screening strength could be increased. We should give monetary confirmations to its

residents because chronic frailty will have little effect on their outcome.

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