



PMAC | PRINCE MAHIDOL
AWARD CONFERENCE **2021**

COVID-19
Advancing Towards
an Equitable and Healthy World

Role of systems of Local Self Governance in containing the Pandemic

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State of Kerala: India



Kerala: Demography

- Human Development Index Highest
 - Population : 36 million
 - Sex Ratio:1084
 - Literacy Rate:97.4 M 95.2 F %
- Life Expectancy:72.5 M 77.8 F Years
 - CDR: 5.8
 - IMR: 7 (29.8)
 - MMR: 42 (113)

Covid: Kerala Challenges

- Density of Population
 - 859 Sq KM/382
- Elderly Population High
 - 15% >60 Years
 - 5 Million
- Co Morbidity High
 - NCD High
 - Diabetic Capital
- Large Migrant Population
 - 3 Million



Covid Current Situation

- Total No of Cases
 - 48,61,09
- Recovered Cases
 - 40,24,77 82.8%
- Active Cases 81,82,4
 - 16.83%
- ✓ Mortality
 - ✓ 1692 0.35% 1.49%
- ✓ Free Treatment and Testing



Kerala Advantages

- ✓ Robust Public Health System
 - Aardram : Compassion Mission
 - ✓ Local Self Government Institutions
 - Decentralisation of Health Care
 - Community Participation
 - Nipah Experience 2018 -19
 - Floods 2017- 2018- 2019
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Decentralisation in India

- Mahathma Gandhi: Gramaswaraj
 - 73rd and 74th Constitutional Amendment
 - ✓ Panchayathi Raj Institutions: 1995
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Local Self Government Institutions

Institutions	No	Population/LSGI
Grama Panchyath	941	25-30,000
Block Panchyath	152	150,000-175,000
District Panchyath	14	1,5-2.0 million
Municipality	87	50-60,000
Corporation	6	5-6,00,000
Total	2400	

Decentralisation in Kerala

- Peoples Campaign for Decentralized Planning: 1996
 - Administrative Decentralisation
 - 17 Institutions and 127 Responsibilities
 - ✓ Financial Decentralisation
 - ✓ Decentralisation of Planning
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Local Level Planning Process

- Plan Allocation 26 % State Budget
 - Expert Assisted Grass Root level Planning
 - Skill Development
 - ✓ Community Participation: Social Capital
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Decentralisation of Health Sector

- Up to District Hospitals to LSGs
 - MOH
 - Health Personnel appointment
 - Drug Supply, Equipments
 - Vertical programmes
 - LSG: Administration: Gap Filling: Men and Materials
 - ✓ Community Involvement
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World Health Organisation

*(Community Involvement in Health Development:
Report of WHO Study Group Geneva 1991)*

"A critical step will be the decentralisation of health services that will serve as the basis for Community Involvement in Health."

"Structural changes in health systems will be necessary to support the Community Involvement in Health process. These changes include: decentralisation of planning, management, and budgeting."

Decentralisation Achievements

- Thrust on preventive and promotive health
 - Imaginative health programmes
 - Better working partnership:
 - Health workers, local body representatives and public
 - Reallocation and availability of resources
 - ✓ Public Health utilisation 28%-48%
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Covid Management

- Screening, Testing, Treatment
 - ✓ Contact Tracing
 - ✓ Home and Institutional Quarantine
 - ✓ Reverse Quarantine Risk Groups
 - ✓ Break the Chain Campaign
 - ✓ Masking, Hand washing, Social distancing
 - Covid Hospitals: CSLTC, CFLTC, Home Care
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Social Capital

- Kudumbashree Members: SHG: 4 Million
 - Anganwadi Teachers: Pre School Care
 - Asha Workers: Accredited Social Health Activist
 - Janmaithri Police: People Friendly Police
 - Volunteers
 - Youth Organisations
 - Peoples Science Movements
 - Political Movements
 - Philanthropic and Charity Organisation
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Protection of the Marginalised



Community Kitchen
1300- 2.5-3.0 Lakhs



Welfare Pensions



Guest workers

Kerala: Current Challenges

- Fatigue, Burning Out
 - Post Covid Syndrome
 - Post Covid Clinics, Telemedicine
 - Sabarimala Pilgrimage
 - Local Body Elections
 - Super Spread Events
 - Peoples' Committees
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