

Local Government Quarterly

October - December 2024

A Journal of the All India Institute of Local Self-Government

- * Geographical Perspectives on Population Ageing: A Theoretical Framework
- ★ During and Aftermath of COVID-19: A Run-through on the Role of Gram Panchayats in Karnataka
- ★ Lunglei Municipal Council: A New Initiative for Urban Governance in the Southern Areas of Mizoram
- ★ Street and Neglected Children in India: A Case Study on Visakhapatnam City

About All India Institute of Local Self-Government (AllLSG)

All India Institute of Local Self-Government (AILSG), established in 1926 has been actively working in the field of urban development management and is a diligent partner in promoting the cause of local governance in India and overseas.

The Institute has been the steadfast friend, philosopher and guide to Urban Local Bodies (ULBs) across the Country. For more than eight decades it has contributed to the principles and practice of urban governance, education, research and capacity building. It has designed and developed a vast array of training literature and courses and trained more than 1.5 million stakeholders in diverse areas of urban governance and urban services delivery.

These activities of the AIILSG are practiced through 30 regional centres located in different regions of the Country. The Institute anchors the Regional Centre for Urban and Environmental Studies (RCUES) of the Ministry of Urban Development, Government of India for Western India region. This Centre is actively involved in building capabilities of municipal officials, staff and elected members from the States of Goa, Gujarat, Maharashtra, Rajasthan and the Union Territories of Diu, Daman, and Dadra & Nagar Haveli by upgrading their knowledge and skills required for effective administration and implementation of various urban development programmes.

With a view to cater to the growing requirement of ULBs in regard to services, the AIILSG runs specialized capacity building institutions such as the National Fire Academy, the Nrupur Institute of Nursing Science and Research and the Centre for Environment & Disaster Management at Vadodara, PRUDA at Ahmedabad, National Resource Centre for Urban Poverty, International Centre of EQUI-T, the Disaster Management Cell and the Centre of GIS at Pune. It runs the Solid Waste Management Cell of the Government of Maharashtra. In recent years, AIILSG has ventured into rural and tribal capacity building and hand holding of rural institutions of self-governance.

In addition to the domestic activities, the Institute organises several tailor-made capacity building programmes for various countries in South Asia, viz, Bangladesh, Nepal, Sri Lanka and in other regions, including South Africa, Ethiopia, Indonesia, Malaysia, China, etc. The Institute has linkages with renowned international organizations including UNCHS (Habitat), UNDP, UNICEF, UNFPA, WHO, DFID, CITYNET, CLGF, US-AEP and the Ford Foundation. It is the anchor institution for Urban Management Programme (UMP-UNCHS-Habitat) for South Asia.

	Contents
3	
6	
15	rly ment
32	uarte Juarte F. Govern
49	nent C ed by the Jocal Seli
60	ernmer Published by
64	Local Government Quarterly Published by the All India Institute of Local Self-Governmen
	6 15 32 49



All India Institute of Local Self-Government

M. N. Roy Human Development Campus, Plot No.6, 'F' Block, TPS Road No.12, Bandra (E), Mumbai – 400051.
Tel: +91 86576 22550 / 51 / 52 / 54
E-mail: dg@aiilsg.org Website: www.aiilsg.org

Ranjit S. Chavan *President*

Dr. Jairaj Phatak, I.A.S. (Retd.) *Director General*

Local Government Quarterly

Editorial Board

Chief Editor Dr. Jairaj Phatak, I.A.S. (Retd.)

Members

Mukesh Kanaskar

Sneha Palnitkar V. Vijaykumar Vijay Kulkarni Shweta Gupta Shriniwas Indapurkar Khatibullah Sheikh UshaVerghese

The views expressed in the articles are the personal opinions of the contributors and do not necessarily reflect the opinion of the All India Institute of Local Self-Government. Articles, letters to the editor, views and reviews are welcome. They may be addressed to the Chief Editor, or sent by e-mail to aiilsgquarterlyjournal@aiilsg.org or info.algq@aiilsg.org

Printed by Dr. Jairaj Phatak I.A.S. (Retd.), The Director General, All India Institute of Local Self-Government, at Copytronics, Bandra (E), Mumbai - 400 051 and published by him at the All India Institute of Local Self-Government, 11, Horniman Circle, Mumbai - 400 023.

Editorial

Towards a more fair and just world

"Beti Bachao, Beti Padhao" has emerged as a powerful campaign message during the last several years with the potential for bringing about significant changes in the social canvas and towards altering our approach in a positive way.

The world observes International Girl Child Day on October 11 each year. Since the resolution adopted by the United Nations in December 2011, this observance has served as a powerful advocacy tool to focus international attention towards the girl child. India has also dedicated 24th January as National Girl Child Day to engage the nation. It is an occasion to celebrate the significant achievements of the Girl Child, especially in recent years. It is also an occasion to rededicate ourselves to ensuring that the girl child has equal opportunity, on par with the male child and an ecosystem where she can realise her full potential in all spheres.

Nationally and globally, there is need to engage with society and all stakeholders on the crucial subject of the girl child and on gender justice in general. Girls and women are more susceptible to the adverse outcomes of natural disasters, domestic disharmony, poverty, discrimination, etc. As per UN studies:

Nearly 1 in 5 girls is not completing lower-secondary and nearly 4 in 10 girls are not completing upper-secondary school today.

Globally, girls aged 5-14 spend 160 million more hours every day on unpaid care and domestic work than boys of the same age.

Nearly 1 in 4 married/partnered adolescent girls aged 15-19 have experienced physical or sexual violence from an intimate partner at least once in their lifetime.

All these point to persisting inequality and disequilibrium in the realisation of child rights when it comes to girls vis-à-vis boys. Despite wide-ranging efforts to

mainstream gender equality among children, there is yet much to do. Whether in education or healthcare or domestic affairs, the girl child is at a disadvantage. Societal bias dictates that the male child has to be the bread winner in future and therefore must get the greater share of resources towards education and healthcare. Girls are trained in domestic chores from an early age and persuaded into marriage well before they ought to be, often before the legally permissible age. Early age child bearing has further adverse health outcomes for both, the mother and the newborn.

This apparent discrimination grows into several disadvantages as the girl child grows up. Access to higher education becomes limited or restricted as seen in the data above. However, it is noteworthy that the girls who make it to higher levels in education do rather well. This is evident from the performance in school board level examinations, for example. The pass percentages are higher for girls and they figure more prominently in the toppers' lists. In India women are also occupying leadership roles in industry, business, science & technology, and even the country's armed forces.

However, the initial asymmetries seem to manifest themselves in later years. In India, the number of corporate board seats occupied by women is estimated at about 18 percent, well below the global 23 percent which itself is under a quarter. In India, the law mandates for atleast one woman on boards of publicly listed companies. While this has helped open up opportunities for women while also bringing in diversity and inclusivity in corporates' functioning, several commentators have opined that often promoters of companies co-opt spouses and other women relatives in order to 'tick the box'. The reservation for women in different tiers of legislature is also getting due attention and will make for a better future.

While at a broader level, gender equality and women empowerment is an issue which remains to be addressed in almost of all parts of the world, the subject of justice for the girl child needs greater focus. Any inequality or injustice at this young age leads to and exacerbates the inequalities and disadvantages for women in older ages. For example their inability to access appropriate higher education at young age could lead to their exclusion and inability to access many professional options at later ages. Reservations for girls in education, free/subsidised education, easy access to computers, etc. are some initiatives introduced and more can be done. However, above all, there must be greater awareness at the society, community, and family levels about the rights of the girl child including her rights to realise her full potential in the educational, professional, and all other spheres. Girls have the

courage and determination to build a better future for themselves and for the world. The world must help realise their aspirations. Observances such as the Girl Child Day at the national and international levels are a welcome opportunity towards this end. These must be leveraged in full. Achieving gender equality and women's empowerment is crucial to each of the $17\,Sustainable\,Development\,Goals.\,Therefore\,these\,must\,be\,kept\,at\,the\,centre\,of\,all$ our economic and social policy making so that we are able to move towards a fair, just and equitable future for all, in the present and future generations.

Geographical Perspectives on Population Ageing: A Theoretical Framework

Sowmyashree K.L, Pradeep Kumar. K

Abstract

This paper explores the concept of Population Ageing within the framework of Geography, offering a comprehensive review of its multifaceted dimensions and implications. As the global population continues to age, the spatial distribution of older adults becomes increasingly important, with significant effects on both urban and rural areas. This review delves into the spatial patterns associated with ageing populations, examining how demographic shifts are influenced by factors such as migration, urbanization, and regional economic conditions.

In addition to spatial analysis, the paper considers the socio-economic ramifications of population ageing, including the strain on healthcare systems, changes in labor markets, and the impact on social services and community structures. It highlights the

geographic disparities in ageing trends, noting the varying challenges faced by different regions, from declining rural areas to densely populated urban centers.

The review also addresses the policy implications of an ageing population, discussing how geographic research can inform the development of targeted strategies to manage the associated challenges. These strategies include optimizing healthcare delivery, enhancing age-friendly urban planning, and ensuring equitable access to resources and services for older adults across diverse geographic contexts.

By synthesizing existing research and offering new insights from a geographical perspective, this paper aims to deepen our understanding of the ageing process and to provide a foundation for more effective and sustainable policy interventions. Through a geographical lens, it underscores the importance of place and space in shaping the experiences and outcomes of ageing populations, ultimately contributing to a more nuanced and holistic approach to addressing the global challenge of population ageing.

Key Words: Population Ageing, Spatial Analysis, Demographic Transition, Ageing Geography, Urban and Rural Ageing.

1. Introduction

In recent years, the concept of Population Ageing has gained considerable attention within the field of geography. With the global rise in life expectancy and a concurrent decline in birth rates, many nations are experiencing a demographic shift toward older populations. This phenomenon introduces unique challenges and opportunities for geographical research, particularly in examining the spatial implications of an ageing society.

This paper aims to present a comprehensive review of the principal themes and trends in Population Ageing research within geography, with an emphasis on its spatial, social, and economic dimensions.

1.1 Background of Population Ageing

Population ageing denotes the growing proportion of older

individuals within a population. This demographic trend stems from two primary drivers: decreasing fertility rates and increased life expectancy. These shifts have far-reaching implications for social and economic systems, affecting everything from healthcare demand to urban planning.

Geographers hold a vital role in investigating these impacts, providing insights into how ageing populations interact with and are influenced by the spaces they inhabit. Geographical analysis reveals the spatial distribution of older adults, the accessibility of essential services, and the evolving patterns of land use and migration in an ageing society.

1.2 Key Themes in Population Ageing Research

Research on population ageing in geography focuses on several key themes, including the spatial distribution of older populations, differences in ageing experiences between urban and rural areas, the impact of migration patterns on ageing demographics, and the health and wellbeing of older adults. These themes are crucial for understanding the geographic dimensions of ageing and informing policies that address the unique challenges faced by ageing populations across different regions.

1.2.1 Spatial Distribution and Population Ageing

Spatial analysis is a fundamental component of population ageing research within geography, offering insights into how ageing populations are distributed across different regions and the various factors influencing these patterns. Understanding the spatial distribution of older adults is crucial for addressing the challenges associated with population ageing, such as ensuring access to healthcare, social services, and other critical infrastructure.

Geographers employ tools like Geographic Information Systems (GIS) and spatial modelling to map the concentration of older populations across different geographic areas. This analysis helps to identify regions with particularly high densities of older adults, which may require targeted interventions to meet their needs. For instance, areas with a high concentration of elderly residents might need more healthcare facilities, accessible transportation options, and housing tailored to older adults. Conversely, regions with lower densities of older adults may face different challenges, such as the outmigration of younger populations or the underutilization of existing services.

The factors that shape the spatial distribution of ageing populations are varied and complex. They can include historical migration patterns, socioeconomic status, the availability of services, and environmental conditions. For example, some regions may have a higher concentration of older adults due to the migration of retirees seeking better climates, affordable living, or closer proximity to family members. In contrast, other areas may experience an ageing population due to the outmigration of younger individuals seeking employment opportunities elsewhere.

Spatial analysis also reveals disparities in the accessibility and quality of services available to ageing populations. In some cases, regions with a high density of older adults may lack adequate healthcare facilities, leading to challenges in managing chronic conditions and accessing routine medical care. Additionally, spatial analysis can highlight gaps in public transportation networks, which are crucial for older adults who may no longer drive. By identifying these disparities, geographers can inform policies and planning efforts aimed at improving service provision and infrastructure to support an ageing population. Moreover, understanding the spatial distribution of ageing populations is essential for disaster preparedness and response. Regions with a high concentration of older adults may be more vulnerable to natural disasters, as older individuals often have greater difficulty evacuating and may have specific

health needs that require special attention during emergencies. Spatial analysis can help emergency planners identify these vulnerable areas and develop targeted strategies to protect older residents in the event of a disaster.

The spatial distribution and population ageing research provide critical insights into how ageing populations are spread across different regions and the factors that influence these patterns. By employing tools like GIS and spatial modelling, geographers can identify areas with high concentrations of older adults, assess the adequacy of services, and inform policies that address the unique needs of ageing populations. This research is vital for ensuring that older adults have access to the resources they need to maintain a high quality of life, regardless of where they live.

1.2.2 Urban and Rural Ageing

Urban and rural contexts provide distinct environments that shape the experiences of ageing populations. Understanding these differences is crucial for developing policies and practices that address the unique needs of older adults in different settings.

Urban Ageing: Urban environments offer both opportunities and challenges for older adults. Cities typically provide better access to healthcare, cultural activities, and public transportation, which can enhance the quality of life for older residents. However, urban living can also be associated with higher living costs, environmental pollution, and social isolation. For instance, older adults living in high-rise buildings or densely populated areas may face challenges in maintaining social connections, leading to feelings of loneliness and isolation. Geographers study how urban planning can address these challenges by promoting agefriendly environments that encourage social interaction, physical activity, and access to services. This includes the development of public spaces that are accessible to all ages, the implementation of transportation systems that are easy to navigate for older adults, and the creation of community centers that offer opportunities for social engagement.

Rural Ageing: Rural areas, in contrast, often provide a slower pace of life and stronger community ties, which can be beneficial for older adults. However, ageing populations in rural areas face significant challenges, including limited access to healthcare, social services, and transportation. The outmigration of younger populations exacerbates these challenges, leading to a decline in the availability of essential services and increasing the burden on remaining residents. Rural ageing can also result in increased

isolation, as older adults may live far from family and friends, with limited opportunities for social interaction. Geographic research in this area often focuses on the development of strategies to support ageing in place, such as telemedicine, community-based services, and improvements in rural infrastructure. For example, the expansion of broadband internet in rural areas can facilitate access to telehealth services, allowing older adults to receive medical care without having to travel long distances.

1.2.3 Migration and Ageing

Migration is a critical factor influencing the spatial distribution of ageing populations. Both internal and international migration have significant impacts on demographic patterns and the provision of services in different regions.

Internal Migration: Internal migration, including the movement of older adults within a country, can significantly alter the demographic landscape. For example, some older adults may choose to move from urban to rural areas after retirement, seeking a quieter lifestyle, lower cost of living, or proximity to nature. This trend, known as "counter-urbanization," can lead to the rejuvenation of rural areas, as older adults bring with them economic resources and demand for services. However, it can also strain

local resources if the influx of retirees is not matched by adequate services and infrastructure. Conversely, the outmigration of younger adults from rural to urban areas can leave behind ageing populations in need of support, leading to challenges such as service closure and social isolation. Geographers study these migration patterns to understand how they impact the spatial distribution of ageing populations and the implications for regional development.

Retirement Migration:

Retirement migration, where older adults relocate to areas with favorable climates, amenities, and lower costs of living, is another significant trend in population ageing. In countries like the United States, this has led to the growth of retirement communities in states such as Florida and Arizona. These communities are often designed to cater to the specific needs of older adults, offering a range of services and amenities, such as healthcare facilities, social clubs, and recreational activities. However, the concentration of older adults in these areas can also present challenges, including the need for specialized healthcare services, transportation options, and social support systems. Geographers examine the impact of retirement migration on local economies, housing markets, and social dynamics, as well as the sustainability of these

communities in the face of increasing demand for services.

International Migration:

International migration also plays a role in population ageing. In some cases, older adults migrate to other countries for better healthcare, a lower cost of living, or to join family members. For instance, some Europeans retire to countries in Southern Europe or Asia, where the cost of living is lower, and the climate is more favorable. Conversely, some countries attract older immigrants due to favorable visa policies or healthcare systems. Geographers study these trends to understand their impact on both the origin and destination countries, including issues related to healthcare access, integration, and social support systems. International migration can also influence the demographic composition of both sending and receiving countries, with implications for social cohesion and economic development.

Return Migration: Return migration, where older adults move back to their home country after living abroad, is another important trend in population ageing. This can have significant implications for the ageing population in the home country, particularly in terms of healthcare needs, social integration, and housing. For example, returning migrants may bring with them different health needs or expectations of care based on their experiences abroad, which can place additional demands on healthcare systems. Geographers analyze the patterns and motivations behind return migration and its impact on both the individuals and the regions they return to. Understanding these patterns is crucial for developing policies that support the reintegration of returning migrants and address their specific needs.

1.2.4 Health and Well-being of **Ageing Populations**

Health and well-being are central themes in the study of population ageing, as the ageing process is closely linked with increased health needs and challenges.

Healthcare Accessibility: One of the key issues is the accessibility and availability of healthcare services for older adults. Geographical research often focuses on spatial disparities in healthcare access, examining how factors such as distance to healthcare facilities, availability of specialized services, and the distribution of healthcare professionals impact the health outcomes of ageing populations. In both urban and rural contexts, the location and accessibility of healthcare services are critical for ensuring that older adults receive the care they need.

Ageing and Chronic Diseases: The prevalence of chronic diseases

such as diabetes, heart disease, and arthritis increases with age, and managing these conditions often requires regular access to healthcare services. Geographers study the spatial distribution of these conditions and the healthcare services available to treat them, with a focus on identifying gaps in service provision and the need for targeted interventions.

Mental Health: Mental health is another important aspect of ageing, with conditions such as dementia, depression, and anxiety becoming more prevalent in older populations. Geographical research in this area examines how the environment, social networks, and access to mental health services impact the mental well-being of older adults. For example, urban environments with high levels of noise, pollution, and social isolation can negatively impact mental health, while rural areas may lack the necessary mental health services to support older residents.

Well-being and Quality of Life:

Well-being and quality of life are broader concepts that encompass not only health but also social, economic, and environmental factors. Geographers explore how the built environment, social networks, and economic conditions influence the well-being of older adults. This includes research on the role of green spaces, community centers, and social

support in promoting active and healthy ageing.

1.3 Policy Implications of Population Ageing

The demographic shift toward an ageing population introduces several policy challenges, particularly in the areas of healthcare, housing, and social services. Geographical research contributes to the development of policies that address the specific needs of older adults by considering spatial accessibility, service provision, and regional disparities.

Age-Friendly Cities and Communities: Promoting age-friendly cities and communities is a significant policy response to population ageing. These initiatives strive to create environments that support healthy and active ageing, featuring accessible public spaces, transportation options, and social inclusion programs. Geographers are instrumental in designing and assessing these initiatives to ensure they cater to the diverse needs of older adults.

Regional Development and Population Ageing: Population ageing holds considerable implications for regional development. In regions where the outmigration of younger people is coupled with an ageing population, economic decline and reduced services may ensue. Geographical research can guide strategies aimed at revitalizing these areas by focusing on sustainable development that accommodates the needs of an ageing demographic.

1.4 Future Directions in Population **Ageing Research**

As the global population continues to age, the need for in-depth geographical research on this topic will grow. Future studies should focus on the intersection of population ageing with other demographic trends, such as urbanization and migration. Additionally, comparative research across different regions and countries can offer valuable insights into how various societies are managing the challenges of ageing.

The integration of advanced technologies, such as GIS and remote sensing, into geographical research will enable the development of sophisticated models that address the spatial implications of ageing populations. This approach will be essential in creating more inclusive, resilient, and sustainable societies in the face of demographic change.

1.5 Conclusion

Population ageing is a complex and multifaceted issue that demands the focused attention of geographers, as it touches upon various dimensions of society, economy, and environment. The geographical perspective is uniquely positioned to unravel the spatial dynamics of ageing populations, providing a deeper understanding of how demographic shifts interact with place-based factors such as urbanization, migration, and regional development.

Through detailed spatial analysis, geographers can map the distribution of ageing populations, identify regions at risk of demographic decline, and uncover the spatial inequalities in access to essential services such as healthcare, housing, and transportation. These insights are crucial for informing urban and regional planning efforts, particularly in designing age-friendly environments that can accommodate the needs of an older population.

In addition to spatial analysis, geographers play a key role in evaluating and shaping policies that address the challenges of population ageing. By assessing the effectiveness of existing policies and identifying gaps in service provision, geographers can contribute to the development of targeted interventions that promote social equity and enhance the quality of life for older adults. These policy insights are essential for guiding decision-makers in both the public and private sectors as they respond to the demographic changes that are reshaping societies worldwide.

Moreover, regional studies conducted by geographers shed light on the diverse experiences of ageing across different geographic contexts. These studies reveal how local economic conditions, cultural practices, and environmental factors influence the ageing process, highlighting the need for context-specific solutions. By understanding these regional variations, geographers can propose tailored strategies that address the unique challenges and opportunities faced by communities at various stages of demographic transition.

As the global population continues to age, the contributions of geography to understanding and addressing this phenomenon will become increasingly vital. Geographers are well-equipped to offer critical insights that not only deepen our comprehension of population ageing but also guide the development of sustainable and inclusive policies. In this way, geography will continue to play an essential role in helping societies adapt to the profound demographic shifts of the 21st century, ensuring that the needs of ageing populations are met with compassion, innovation, and foresight.

Bibliography

- 1. Liebig, P. S., & Rajan, S. I. (Eds.). (2005). An Aging India: Perspectives, Prospects, and Policies. Rawat Publications.
- 2. Sharma, K. L. (Ed.). (2009). Dimensions of Ageing: Indian Studies. Rawat Publications.
- 3. Sowmyashree K.L and Dr. Chandrashekara B. (2022). Urbanization and Population Ageing: A Synaptic Review. In Sustainable Urbanization: Issues and Challenges. (Ed.). Redshine Publications.
- 4. Sowmyashree K.L and Dr. B. N. Shivalingappa. (2018). A Synoptic Review on Population Ageing. Local Government Quarterly, Vol. LXXXVIII(4).

During and Aftermath of COVID-19: A Run-through on the Role of Gram Panchayats in Karnataka

Nayanatara S. Nayak¹, Narayan Billava², Mogaveera Jyothi³

Abstract

Rural health care in India has traditionally been guided by districtlevel functionaries. In 1977, the Rural Health Scheme introduced Village Health Guides (VHGs) to promote community-based health care. However, the scheme failed due to poor communication, lack of training, and other issues. Despite efforts under the National Rural Health Mission (NRHM), local governments remain under-equipped to handle health crises, including communicable diseases. The COVID-19 pandemic posed significant challenges for Gram Panchayats (GPs), which lacked prior experience. However, several GPs, including those in Karnataka, effectively managed the situation with support from the government, NGOs, and the community. The Karnataka government's formation of villagelevel Task Forces in 2020 further bolstered these efforts. Although COVID-19 is no longer a global emergency, continued vigilance is

needed. This paper examines the role and preparedness of GPs during the pandemic, based on data from ten GPs in Dharwad taluk, Karnataka, collected in 2020-21 and 2023.

Key Words: COVID-19, Community participation, Gram Panchayat, Health Scheme, Task Force,

I. Introduction

COVID-19 wreaked havoc worldwide during 2020-2021, leading to immense loss of life and suffering. Although the virus persisted in 2022, mortality rates significantly declined. India faced severe casualties across all sections of society, with urban areas seeing more deaths. Rural areas were impacted by reverse migration during lockdowns, affecting labourers dependent on physical work. Initially, 79% of cases in May 2020 were reported from 30 cities; however, by September 2020, 53% of new cases were from rural districts due to reverse migration (Sahoo et al., 2022; Sengupta, 2020). The second wave also severely hit rural areas (Mohan, 2021, Billava, 2021). As of August 30, 2023, India recorded 44,997,117 COVID-19 cases and 531,929 deaths (1.18%). Maharashtra reported the highest cases (18.2%) and deaths (27.9%), followed by Kerala (15.48%) cases, 13.4% deaths) and Karnataka (9.08% cases, 7.58% deaths). Punjab had the highest death ratio (2.44%), while Mizoram had the lowest (0.31%). Karnataka's Bangalore Urban reported the highest cases, while Haveri and the newly formed Vijayanagar district reported fewer cases.

COVID-19 remains a global concern, with the World Health Organization (WHO) reporting over 4,000 deaths monthly as of 2024. Efforts continue to develop newgeneration vaccines, including a needle-free intranasal booster recently announced by a Hyderabad-based company (Hindustan Times, 2024). The Government of India has maintained vaccination efforts, with 87.81% of the eligible population vaccinated by June 2024.

Rural health services in India have long faced challenges. The Rural Health Scheme, launched in 1977 based on the Shrivastava Committee's recommendations, aimed to provide primary care through Village Health Guides (VHGs). However, the scheme failed due to issues such as lack of

coordination, inadequate training, and poor stipends (Strodel et al., 2019). Despite the objectives set under the National Rural Health Mission (NRHM), local governments remain under-equipped to manage both c o m m u n i c a b l e a n d n o n communicable diseases effectively.

The role of community health workers like VHGs, Community Health Guides, and Village Health, Sanitation, and Nutrition Committees (VHSNCs) is crucial in disease prevention and awareness. However, their effectiveness has been limited due to systemic challenges. Instead of strengthening existing structures, new temporary measures are often introduced during health emergencies. This approach overlooks the potential of established community health systems to deliver sustainable solutions.

India has faced multiple infectious disease outbreaks, such as SARS in 2002-03 and the ongoing annual swine flu (H1N1) infections since 2009, primarily affecting rural areas with higher transmission rates (Mishra et al., 2010). Effective management of such public health challenges requires a more robust, community-centered approach rather than ad hoc measures.

The researchers attribute this to low health-seeking behaviour of the rural population and poor access to health care. In addition, there are also reported incidences of influenza B and H3N2 in the country. According to National Centre for Disease Control, India recorded 2721 swine flu cases till July 31, 2020 with 44 deaths and, the highest number of swine flu cases (458) in Karnataka⁴.

Collective and community action is very important in dealing with pandemics. Even the British found it hard to handle 'Spanish Flu' of 1918 as a result of which local and caste organisations assisted in relief efforts of the British government by collectively mobilising themselves (Kapoor 2020). And, North Carolina also used local governments and communities to control the pandemic (Chhibber and Verma, 2020). And in the case of Covid-19, Gram Panchayats (GPs) in India are entrusted with preventive and promotive health care, which is described as the easiest of the public health services that can be decentralised.

II. Methods

In this background, this paper discusses the increased role of GPs in handling the situation of COVID-19 and the ways and means GPs adopted to perform the tasks to prevent the spread of COVID-19 amidst limited legal provisions and, the challenges they faced in preventing the spread of disease in rural areas during the peak of the pandemic. This explorative essay is

based on general discussion of the researchers with functionaries of GPs and the qualitative information gathered from ten randomly selected GPs (Mugad, Tadkod, Nigadi, Hangaraki, Chikmaligwad, Garag, Uppinbetageri, Maradagi, Marewad, Narendra) in Dharwad taluk of Karnataka in 2023 supplemented by the information previously collected in 2020-21. Dharwad district has seven taluks- Dharwad, Hubballi, Annigeri, Alnavar, Kalaghtagi, Navalagund and Kundgol, And, out of 144 GPs in the district, Dharwad taluk has 35 GPs comprising 119 villages. The key informants were approached with closed and open-ended questions administered through a brief checklist by personal visits to GPs supplemented by telephonic interviews. The focus of the discussions was on the creation of Task Forces, imparting training to health workers and Panchayat Development Officers (PDOs), availability of funds to tackle COVID-19, distribution of precautionary materials to health workers, registration and tracking of migrants, problems with social distancing, whether GPs could organise Gram Sabhas before the lock down, challenges in implementation, etc.

As there is no data or information available at the grassroots level in this connection, the summary of the discussion is developed from the narratives of GP functionaries. So, the paper should be considered as more of an informative research piece throwing light on the ground-level experiences of GPs in their effort to control and prevent the spread of diseases. The course of the discussion focused on the activities of GPs carried out during the lockdown period in containing the spread of disease in addition to carrying out tasks to help people cope with the adversities of the disease, particularly the migrant workers in their respective GPs. The paper also gives an account of legal provisions in this connection.

III. Legal Framework for Combating Epidemic Diseases in India

The Epidemic Diseases Act of 1897 is the primary legal framework available to Indian governments for managing communicable diseases like COVID-19. However, this 123-year-old Act is seen as outdated, more regulatory than people-oriented, and lacks provisions for coordinated, scientific responses to outbreaks (Rakesh 2016; Nanisetti 2020; Kumbhar 2020). Calls have been made to repeal and replace it with a stronger legal framework that better addresses modern public health challenges.

The 73rd Amendment Act of 1992, under the 11th Schedule of the Indian Constitution, empowers Gram Panchayats (GPs) with 29 functions, including health and sanitation. The Karnataka Panchayati Raj Act of 1993

specifically authorizes GPs to take preventive measures against infectious diseases. With 66% of India's population living in villages (GOI 2019), GPs have become vital in managing COVID-19, particularly in enforcing lockdowns and social distancing to prevent the virus's spread. Severe cases were often referred to taluk or district hospitals.

Beyond healthcare, GPs also supported livelihoods during the pandemic by providing work under the MGNREGA for land improvement and soil conservation, and by distributing food grains and essential commodities to poor, quarantined villagers and returnee migrant workers. These actions were crucial in mitigating the impact of COVID-19, showing that local governance is essential for both health management and social welfare during public health emergencies.

IV. Role of Gram Panchayats in preventing spread of Diseases

The Karnataka [Gram Swaraj and Panchayat Raj] Act, 1993, empowers Habitat Sabhas, Ward Sabhas, and Gram Sabhas to take up functions notified by the government. In healthcare, these Sabhas are responsible for monitoring the functioning of public health centres, assisting in health programmes, preventing infectious diseases, promoting family welfare, and

reporting epidemics and natural calamities to the Gram Panchayat (GP). The Act also grants GP officials the authority to inspect and disinfect premises suspected of harbouring infectious diseases and take preventive measures to control epidemics among humans and livestock.

In light of these legal provisions, GPs in Karnataka played a crucial role in combating COVID-19 in rural areas. In March 2020, the Department of Rural Development and Panchayat Raj (RDPR) directed GPs to form Task Forces at the GP and village levels to prevent the entry and spread of COVID-19. The Task Force included members such as the GP President, Vice-President, village representatives, local medical officers, health workers (ASHA, ANM, Anganwadi workers), Panchayat Development Officers, local police, and other stakeholders like NGOs, ration shop representatives, school heads, and local bank managers.

The main responsibilities that have been assigned in Karnataka to GP Task Forces for combating the spread of COVID-19 included;

 Proper implementation of the rules notified by health department and District Commissioner and seeking guidance on prevention of spread of corona from Medical officer of the primary health centre.

- Holding meetings of the Task Force twice in a week and preparing further action plan.
- Discussing and plan for implementing the lockdown, carry out disinfection, provide food to the needy, make house to house survey and supply essential services.
- Creating awareness in the community about the need for following personal hygiene and sanitary practices, self-monitoring of their health and, reporting to the health workers about persons having cough, fever and breathing difficulty.
- Making daily visits to each house and enquiring about any person developing any symptoms of COVID-19 and enlist infected persons. ASHA and Anganwadi workers, in addition to pre and postnatal care are required to keep a watch on the health of the village residents and report about health issues.
- Reporting about COVID-19 symptoms to the local medical officer for further tests and treatment at district civil hospitals.
- Arrange for preliminary tests and home quarantine for outside entrants or returning migrants to the village.

- Arranging supply of essentials to inmates of quarantine centres.
- Supply of masks to MGNREGA workers and corona warriors including panchayat staff, health workers, volunteers and arranging sanitisers in GP premises and overseeing sanitization of infected areas.
- Preventing spread of rumours and false information on social media by providing accurate information and reporting fake news to the police.
- Preventing crowd, social gatherings and regulating religious meets.
- Identifying youth volunteers and preparing a team of corona warriors in the villages

In sum, the Task Forces were multitasked to manage returnee migrants, maintain hygiene, ensure social distancing, provide necessary supplies, and create awareness in the villages. This included setting up temporary quarantine shelters in schools and community centers and supplying food and protective gear. The coordinated efforts of GPs and their Task Forces were pivotal in managing the COVID-19 pandemic at the grassroots level.

V. Supportive Measures by Government

COVID-19 presented an unprecedented challenge for Gram Panchayats (GPs) in India, requiring them to take on a significant role in preventive healthcare at the village level. GPs were essential in preventing the disease from entering rural areas and curbing its spread. Supported by state governments, GPs received praise for enforcing social distancing, wearing masks, distributing essential items, and arranging quarantine facilities. The Prime Minister's recognition of their efforts via video conferences further motivated them to adopt best practices such as creating livelihood opportunities for returning migrants and utilizing GP funds effectively. GPs were allowed to utilize the available 14th Finance Commission funds for procuring supplies related to managing COVID-19 or supporting self-help groups for stitching masks and supplying them in bulk. Punjab government empowered GPs to make an expenditure of Rs. 50000 towards purchase of medicines and food for poor people, subject to an expenditure limit of Rs 5,000 per day and GPs in Odisha were provided Rs 5 lakh to set up quarantine facilities for returning migrants and the state gave GP presidents, powers equivalent to the district collectors to take up measures to prevent spread of COVID-19⁵. And the returnee migrants who completed quarantine received Rs.2000 in Odisha. In Karnataka also the government gave permission to

²⁰ Local Government Quarterly October - December 2024

⁵Chandrasekhar S. and Mukta Naik, Gram Panchayats, unsung warriors finally emerging as states; saviour in Covid battle, The print, April 24, 2020.

GPs in the state to procure required masks, soap, sanitiser, and cleaning supplies out of 14 Finance Commission grants and from GP's own revenues⁶.

As discussed earlier, Karnataka government facilitated the formation of COVID-19 Task Forces at GP level to curb the spread of Corona Virus and handle the situation in a planned manner and provided online training to health and panchayat workers. Live training was given to PDOs. They in turn trained and guided ASHA and Anganwadi workers. Preliminary discussions with GPs indicate that these Task Forces have helped in increasing the capacity of GPs in tackling the disease. Additionally, the Government of India launched the Arogya Setu Mobile App to help track infections and empower people with information about COVID-19. The Karnataka government created a Telegram group for GPs to share best practices and solutions, supported by senior officials. Furthermore, flexibility was provided for GP action plans under the 15th Finance Commission, allowing them to create and approve plans more autonomously. The National Institute of Rural Development and Panchayati Raj (NIRDPR), along with UNICEF, supported Karnataka and other states in managing the pandemic. These initiatives enhanced GPs' capacity to handle COVID-19 effectively, showcasing decentralized governance in action.

VI. Best Practices in combating COVID-19

GPs across the country had taken their own steps to create awareness and prevent the spread of COVD-19 in their respective villages. There could be countless best practices of GPs in this regard. While tribals in Bastar region of Chhattisgarh barricaded roads and voluntarily practiced self-isolation norms to maintain social distancing without state help⁷, the residents of Thanneermukkom Panchayat in Alappuzha district of Kerala used umbrella as a unique way to maintain social distancing and contain the spread of COVID-198. In Chhattisgarh, Front Line Workers (FLW) who were part of GP Surveillance Teams and monitoring had taken the responsibility of creating awareness among the communities, monitoring of symptoms, contact tracing and supplying of essential medicines in addition to their routine service deliveries of ante-natal care, immunisation, institutional deliveries and post-natal care⁹.

In Karnataka, even before Janata curfew was declared by the Prime Minister on 22, March, Kotabal GP in Gadag district had announced complete lockdown for a week involving community to prevent the entry of Corona to the village. It was village elders who suggested GP to impose lockdown in this village 10. Uyamballi GP in Kanakapura taluk also adopted

During and Aftermath of COVID-19: A Run-through on the Role of 21 Gram Panchayats in Karnataka

⁸The Hindu, Now umbrellas for social distancing, April 24, 2020.

⁶First Post (2020) Coronavirus Outbreak: Karnataka govt creates village-level task forces, ropes in panchayat, ASHA and Anganwadi, First Post, April 7, 2020.

^{&#}x27;Ghose D. While Urban India struggles, tribals in Bastar follow strict self-isolation norms; villagers barricade roads to prevent spread of virus, First Post, April 29, 2020.

⁹Kudrimoti N. Meet these tribal women who have donned the role of Corona warriors in this pandemic, Gaon Connection, June 8, 2020 [https://en.gaon.connection.com/women-chhattisgarhs-silent-corona-warriors/] 10The New Indian Express, 21st March, 2020

best practices to prevent COVID-19 at GP level11. It followed containment guidelines of the government by seeking community help. It carried out medical check-up of its residents in 43 villages through ASHA workers who carried out door to door survey to check body temperature of the villagers. Hirebagewadi GP in Belgaum district had a challenging task of controlling the spread of COVID-19 from 47 infected persons to other residents of the village as it was not prepared for such a task. In addition to strict measures taken by GP led by a woman president, the support received from district administration, ZP, health department and the community helped the GP in -- `fighting out the disease. Watadahosalli GP of Chikballapur district was also in the news for its COVID-19 preventive measures, which were recognized even by the Prime Minister¹². The GP created awareness among villagers on the incidence and spread of disease, formed Task Force, village vigilance team, supplied essential supplies to home quarantined, medicines to patients in the village through agency from Bengaluru, carried out water, medicine and food supply to quarantined labourers coming from Maharashtra and engaged them in MGNREGA work in the village. Bandalli GP of Yadgiri district also adopted best practices to avoid hardships to poor and other villagers. It quickly initiated Employment Guarantee Schemes for migrant workers, formed Task Force, distributed masks to health workers and, fruits and masks to those quarantined, carried out health checkup of migrant workers, organised frequent meetings with GP members by keeping social distance, and emphasized the need for sanitation in the village. The newly joined woman president worked tirelessly to keep corona at bay from the village and simultaneously initiated employment opportunities to the poor. One of the best examples of combating COVID-19 was Allapur GP¹³ in Kundgol taluk of Dharwad district, which did not register even a single case of COVID-19 in the second wave of the pandemic in 2021. The active Task Force constituted by the GP was the main force behind this achievement, which worked day and night through wide house to house campaign, spraying of disinfectants, social distancing, keeping the village clean, wearing masks, ensuring strict implementation of rules and the lockdown in the village.

VII. COVID -19 in Selected Gram **Panchavats**

In order to examine the severity of Covid in selected GPs the information regarding cases registered and deaths during 2020 to 2023 was collected from the Primary Health Centres (PHCs) of selected GPs, which maintain the records as preliminary investigation and care is given at PHCs.

²² Local Government Quarterly October - December 2024

¹¹AirIndia, Uyamballi Gram Panchayat in Karnataka initiates medical... April 25, 2020.[www.newsonair.com > News > title=Uyamballi-Gram-Panchayat-in-K].

Deccan Herald, PM's conferencing: Watadahosahalli GP Prez interacts with Modi, April 24, 2020.

¹³Pinto Nolan, How a village in Karnataka's Dharwad kept Covid at bay during the second wave, India Today, 27 June, 2021

Table 1: COVID Cases in Selected Villages

Sl. No	Villages	Cases			Deaths			Cases reported in 2023
		2020	2021	2022	2020	2021	2022	Yes/No
1.	Mugad	0	32	0	0	2	0	0
2.	Tadkod	4	48	30	0	3	0	0
3.	Nigadi	0	49	0	0	6	0	0
4.	Hangaraki	6	15	4	0	0	0	0
5.	Chikmaligwad	5	118	10	0	1	0	0
6.	Garag	34	126	65	1	4	0	1
7.	Uppinbetageri	0	99	112	0	2	0	1
8.	Maradagi	3	21	0	0	2	0	4
9.	Marewad	5	73	2	0	2	0	0
10.	Narendra	15	141	51	0	5	0	1
	Total	72	722	274	1	27	0	7

Source: Primary Health Centres of above mentioned GPs

Table 1 presents the number of cases and deaths registered in selected GPs. All these GPs located in Dharwad taluk were selected randomly for this explorative study. The number of cases registered was higher in 2022 and the least in 2023 in selected GPs. The death rate was 1.38% in 2020, which rose to 3.74 in 2021. While a few villages did not have a single case of COVID in 2020 and 2022, all the villages reported cases of COVID in 2021. Although the number of cases was higher in 2022, there were no reported deaths in the year. In 2023 the cases were also very few with nil deaths. And only four villages reported cases in 2023. The incidence of disease was found to be higher in the year 2021. The incidence was reported to be higher in Mugad, followed by Uppin Betgeri, Chikmalligwad and Narendra with respective rates of 0.37, 0.125, 0.049 and 0.027. Whereas the death rates in the same year were found to be higher Nigadi (12.24%), followed by Maradagi (9%),Tadkod (6.25%) and Mugad(6.25%). The death rate for the reported cases was the lowest being zero in Hangaraki and 0.84% in Chikmalligawad.

The selected GPs purchased reusable hand gloves, thermal scanner and auto sanitizer dispenser, UV disinfectant box, pulse oximeter, goggles, gum shoes, jet sprayer, N-95 mask, washable PPE kit, bleaching powder, sanitiser, and fogging machine to combat the diseases at village level. The equipment costed in the range of Rs. 70 being the lowest for one unit of N-95 mask to Rs, 55,000 for fogging machine. The selected GPs used 14th

and 15th Finance Commission funds up to Rs. 25,000 and, own tax revenue to meet the costs incurred for preventing and control of COVID pandemic. The GPs were instructed to purchase the materials only from the vendors identified by the state government.

VIII. Challenges faced by the Gram Panchayats in controlling the spread of COVID-19

GPs have been entrusted with the responsibility of coordinating for COVID-19 in rural areas in many states, but did all the GPs have the ability, finance and infrastructure to effectively check the spread of a dangerous disease like COVID-19? During the pandemic situation, GPs had been trying to catch and follow the instructions and orders from different departments of state and central government in response to COVID-19. Since the rules changed in accordance with COVID-19 situation, they were coping with the multiple tasks, struggling to perform their new role in preventing the spread of this disease.

The researchers tried to look into this issue in Karnataka with a few GPs as there could be gaps between the duties being delegated to them and the reality of how they could implement these activities. As said earlier the discussions made here are based on personal communication of the researchers with GP presidents, members, PDOs, health workers and villagers. Discussions with GP functionaries and villagers revealed that GPs did a commendable job in controlling the spread of COVID-19. Media reports across India also supported this view.

While there were reports of several best practices in the media, many GPs did face hurdles in the effective implementation of their duties according to government guidelines in controlling COVID-19 situation as discussed below;

- Non-cooperation from villagers in giving information in the initial stages: Addressing social calamity needs planned intervention and support of community and governance at grass root level. False rumours, suspicion regarding surveys being carried out by health workers, fear of corona and quarantine made villagers to give false information or misbehave with health workers.
- GPs had to work with limited funds and grants. As there is no specific grant or aid to fight COVID-19, GPs had to make adjustments within the available resources. Although government had given permission for flexibility in utilising the grants, it was reported that salaries of staff or workers were delayed in some panchayats. However, some of the GPs, which

had a higher number of patients received Rs.25,000 or the reimbursement of the expenses incurred on food centres (Ganji kendras) from Zilla Panchayat towards expenses incurred in tackling the disease.

- There were differences of opinion in taking decisions on supply of materials by GP. Some GPs reported that due to lack of existing guidelines there were differences of opinion between PDOs and members or GP president in making expenditure related to prevention of COVID-19. And GPs had to purchase from the vendors notified by the government, which also delayed timely purchases.
- Half of the 14th FC grants were allocated for water supply and sanitation. But, due to GP elections and completion of GP term, GPs reported that there were difficulties in utilizing the money, which they said had hampered the development activities and provision of basic amenities and also activities related to COVID-19 prevention. Since their term had ended it was difficult for GPs to take financial decisions
- Enthusiastic, but exhausted panchayat and health staff: There was over expectation from already overburdened ASHA and other

- health workers who were expected to cover about 60 houses per day in house-to-house surveys. In addition to serving pregnant women, children under five, and postnatal care, they were required to carry out household surveys and take part in COVID-19 Task Force works.
- Although GPs in Karnataka are in a better position compared to GPs in many other states in terms of finances, power, and infrastructure, all GPs did not have the infrastructure to provide quarantine facilities. Those who had community centres with good toilets provided better quarantine facilities.
- GPs lacked initiatives and awareness to reap CSR funds to tackle COVID-19. Getting resources from corporates functioning in GP area could have helped GPs to provide better facilities to returnee migrants and to health workers. The community involvement was found to be higher in Kerala. NGO Pradan was involved by Jharkhand government in fighting COVID-19 and, NITI Aayog had also requested over 92,000 NGOs to assist the government in identifying coronavirus hotspots and delivering services to vulnerable groups¹⁴.

During and Aftermath of COVID-19: A Run-through on the Role of 25 Gram Panchayats in Karnataka

- None of the GPs in the selected area could organize Gram Sabha in March 2020 i.e. before the lockdown although the Central government sent SMS to all GPs to hold Gram Sabha to make people aware of the prevention of coronavirus.
- Functionaries of some GPs reported that they had to tackle with a multiplicity of orders and instructions from different departments of the government, which were revised many a times.
- Active surveillance in containment zone was a challenge to health workers due to lack of protection. Although masks and sanitisers were made available to health workers, all could not have access to Personal Protective Equipment (PPE). There was absence of special protection to health workers from manhandling by rude villagers on account of questions being asked about the health of individuals.
- Due to lockdown and also due to the absence of official visits of state online departments to villages, GPs were required to carry out most of their transactions online. But, depending completely on online transactions was difficult for some of the GPs due to obstructions in internet connectivity. And it was reported that around 34% of the

- GPs in Karnataka had low speed internet connectivity during the period¹⁵.
- One of the major tasks GPs had to face was restricting migrant workers from being quarantined without work for 7-28 days. And in many cases, the waiting period was more for getting COVID test results of the quarantined villagers. But, later with an improvement in testing facility, COVID-19 test results were available quickly.
- Preventing large gatherings of people at water collection points, purchase of essential items at ration shops, fairs, marriages and deaths was a major task for the GP. Narendra GP, one of the selected GPs in Dharwad taluk had sudden reporting of cases in the second wave due to Mango fair organized in the village wherein traders and farmers came from different states.

IX. Pandemic Management at GP Level in Future: The Aftermath of COVID-19?

GPs functioned very well in restricting the spread of Corona in their respective villages with the help of different departments, ASHA/Anganwadi workers, ANMS, and panchayat staff under the guidance of Task Forces during 2020-2022. Since there is frequent onset of diseases, particularly of influenza

nature and continuation of the reporting of COVID-19 variants, governments are required to take the help of local government, particularly GPs in preventing the spread of diseases in rural areas. GPs have a greater role to play in the future and are required to gear up with this new role by equipping themselves with the following few actions;

- Creation of Food Stock Storage Facility at GP/TP/ZP Level: To prevent post-harvest losses and help villages to be self-reliant in times of distress, GPs should establish their own Food grains storage facility. Procuring food grains from the Centre and then delivering it through the PDS takes time in times of distress as evidenced during lockdown period.
- Strengthening E-Governance: The Prime Minister of India launched the e- Gram Swaraj Portal, which is a single interface for GPs to prepare and implement their Gram Panchayat Development Plans (GPDPs). During COVID-19, the use of online services had become inevitable and was a necessity. So, in future GPs may become robust with internet facilities and carry out online transactions, which saves time, brings in transparency and faster outreach of services.
- Efforts to prevent the spread of communicable diseases of

- pandemic nature have to be carried out equally in rural areas as majority of Indians live in rural areas. To make this possible GPs must have enhanced powers and special finances to fight diseases like COVID-19.
- Best Practices of Uyamballi GP in Kanakapura taluk, Bandalli GP of Yadgiri district, Hirebagewadi GP of Belgaum district, Kotbal GP of Gadag district, Watadahosalli GP of Chikballapur district, Allapur GP of Kundgol in Dharwad district and many more such practices in Karnataka and other states need to be studied and highlighted for lessons and replicable strategies.
- Involvement of NGOs and Community: GPs can partner with not for profit organisations to mobilise CSR funds for healthcare provision and engage community participation to fight COVID-19 and other infectious diseases, which have been affecting our population in recent years.
- Maintaining a Registry of labourers at GP level: One of the grave pictures of the impact of COVID-19 was the misery of migrant labourers who lost their dignity, work, and belongings while travelling to reach back to their homeland after the imposition of lockdown in the country. A few might have even lost their life.

Central and state governments struggled hard or failed to provide decent travel facilities to them. Although this was due to a sudden strike of COVID-19, some level of pre-planning could have reduced their misery. This is a lesson to all the governments. So to avoid any such events in the future, GPs should create and maintain a Registry of labourers, which should be updated every year. This helps the administration to track and, plan welfare measures for the poor and the migrants in emergency cases.

- While some GPs have maintained the registry of tested cases, positive cases and deaths, in many GPs the details are maintained by PHCs. All the GPs should maintain the registries as the gender, age and social group wise data could help the Zilla Panchayats and the state government to plan the intervention, taking precautionary measures and in the distribution of funds.
- Since the cases of COVID-19 and its variants have reduced or are almost unreported in rural areas at the GP level, the Task Forces created for monitoring the pandemic situation in all the selected GPs are reported to be inactive or in sleep mode. They have not been dissolved or terminated, but are not functional.

The apprehensions of the researchers from the interactions with GP functionaries was that the newly created Task Forces should not become defunct like Village Health Sanitation and Nutrition Committees (VHSNCs) and Rogi Kalyan Samitis of the past.

X. Conclusions

The discussions presented above are based on the qualitative information gathered from discussions with functionaries of ten randomly selected GPs in Dharwad taluk of Karnataka conducted in the months of June 2023 supplemented by the information previously collected in 2020-21. These discussions highlight the increased role of GPs in health and hygiene management during the COVID-19 pandemic. GPs adopted innovative methods to prevent the spread of the virus despite limited legal provisions and challenges in rural areas. Task Forces formed for this purpose proved effective, prompting the Karnataka government to establish similar committees (Ward Committees) in urban areas.

However, creating new committees like Task Forces, instead of strengthening existing ones such as Village Health Sanitation and Nutrition Committees (VHSNCs) and Rogi Kalyan Samitis, may lead to temporary solutions. These existing committees, designed to promote village-level health and sanitation services, were sidelined. This redundancy often results from lack of coordination, monitoring, resources, or shifts in government priorities, leaving committees inactive.

Preliminary discussions with GP functionaries revealed that under Task Force guidance, many GPs actively prevented COVID-19 spread by engaging communities, line departments, and health workers. Government and NGO support, along with community efforts, particularly by the youth, played a significant role in curbing the virus in rural areas. Given their effectiveness, it is crucial that the newly formed Task Forces are retained and recognized for future emergencies. Continuity is key to avoiding the need for new committees in every crisis.

Karnataka, with its established infrastructure and internet facilities for GPs, is better positioned than many states. However, challenges such as resource allocation, coordination, and sustained interest need to be addressed for GPs to continue as key agencies in combating not only COVID-19 but also other communicable diseases like H1N1, Influenza B, and H3N2, which have recurring outbreaks.

Maintaining a migrant registry and understanding their needs during crises is essential to prevent the spread of diseases caused by reverse migration, as seen during the COVID-19 lockdown. Moreover, data collection and analysis at the GP level for both rural and urban areas are crucial for informed policy-making. In this background, there is a need for strengthening GPs in terms of resources, information supply, and technical guidance to checkmate diseases of the above nature and contain their spread elsewhere from villages. Further data-based research of empirical nature is required to throw light in this regard.

XI. References

- 1. Department of Rural Development and Panchayat Raj (2020) COVID-19 (Corona Virus) Regarding forming task force at grama panchayats and villages to curb the spread of Corona Virus, Government of Karnataka, 27-3-2020 [Government Circulars-COVID-19 Information Portal covid19.karnataka.gov.in].
- 2. Dutta Anvesha and Fischer Harry (2021) The local governance of COVID-19: Disease prevention and social security in rural India. World Dev. 138:105234 [doi: 10.1016/j.worlddev.2020.105234].
- 3. GOI (2019) Handbook of Urban Statistics -2019, Ministry of Housing and Urban Affairs, Govt. of India, New Delhi.

- Government of Karnataka. Measure to be Implemented in view of increase of Covid-19 cases in the State. Govt. https://covid-19.karnataka.gov.in/ new-page /Government%20Circulars/kn.
- 5. Hindustan Times (2024) Recent breakthrough in COVID-19 vaccination, September 4, 2024 [https://www.hindustantimes.com > Htcity > wellness].
- 6. Karnataka State Election Commission (2017), Acts & Rules. The Karnataka [Gram Swaraj And Panchayat Raj] Act, 1993-Amendment To Karnataka Panchayat Raj Act, 1993 [available at [https://karsec.gov.in/SECWEB/Common.aspx?CG=AR&ET=GP&A=OT&Key=F"Key=F].
- 7. Kumbhar K. (2020) Epidemic Diseases Act, India's 123-Year-Old Law to Help Fight the Pandemic, The Wire, March 23, 2020.
- 8. Mishra A., Chadha M., Choudhary M. and Potdar V. (2010) Pandemic Influenza (H1N1) 2009 is Associated with Severe Disease in India, PLoS One, Vol. 5 (5), [https://doi.org/10.1371/journal.po ne.0010540].
- Narayana Billava (2021), Role of Gram Panchayats in Tackling COVID-19: A Case Study from

- Karnataka, Journal of Rural Development, 40(1):80-93.
- 10. Rakhesh P S (2016) The Epidemic Diseases Act of 1897: Public health relevance in the current scenario, IJME, Vol 1, No 3. [DOI: https://doi.org/10.20529/IJME.20 16.043]
- 11. Sahoo P.K., Biswal S., Hemant Kumar and Powell Mike (2022) Urban to rural COVID-19 progression in India: The role of massive migration and the challenge to India's traditional labour force policies. Int J Health Plann Manage, 37(1): 528-535.
- 12. Sengupta Rajit (2020) COVID-19: Rural India's case load has topped since August. Down to Earth, October 4. [https://www.downto earth.org.in/news/health/covid].
- 13. Strodel, R.J., Perry, H.B. (2019) The National Village Health Guide Scheme in India: lessons four decades later for community health worker programs today and tomorrow. Hum Resour Health, Vol.17(1) [https://doi.org/10.1186/s12960-019-0413-1].
- 14. Yasmeen Afshan (2022) Covid-19 cases: At 9.84%, Dharwad has the highest TPR in Karnataka. August 09, The Hindu [https://www.thehin du.com/news/national/Karnataka].

Media Reports

- AirIndia, Uyamballi Gram Panchayat in Karnataka initiates m e d i c a l ... A p r i l 2 5, 2020.[www.newsonair.com> News title=Uyamballi-Gram-Panchayat-in-K].
- 2. Business Standard, COVID-19: Punjab CM empowers Gram Panchayats to buy medicines, food for poor, March 28, 2020.
- 3. Chhibber P and Verma R. (2020)
 Not just IAS and Police, India's
 Covid-19 fight must use
 panchayats and municipalities too,
 The Print, 31st March, 2020
 [https://theprint.in>Opinion].
- Das Prafulla, Panchayats take the lead in the fight against COVID-19 in Odisha, Frontline, Odisha, April 27, 2020.Kapoor A. (2020) An unwanted shipment: The Indian experience of the 1918 Spanish flu, The Economic Times, April 3, 2020.

- 5. Deccan Herald, "Task forces to be set up at GP level for Covid control: Eshawarappa", 13 January 2022. The Economic Times. Success of panchayat teams prompts Karnataka to rope in local communities, 10 July, 2020[https://m.economictimes.com > News > Politics].
- 6. Mohan Vishwa (2021) Covid-19: Rural India worst hit in 2nd wave, says report. The Times of India, June 5.
- 7. Nanisetti S. (2020) Battling Covid-19 with a colonial-era law, The Hindu, March 28, 2020.
- 8. The Economic Times. Success of panchayat teams prompts Karnataka to rope in local communities, 10 July, 2020[https://m.economictimes.com > News>Politics].
- WHO (2024) COVID-19 deaths reported (2024 global) - WHO Data[https://data.who.int > dashboards>covid19>circulation].



For submission of papers/contributions, kindly note the changed e-mail IDs

aiilsgquarterlyjournal@aiilsg.org or info.algq@aiilsg.org

Lunglei Municipal Council: A new Initiative for Urban Governance in the Southern Areas of Mizoram

Lalsangpuii, Lalrintluanga

Abstract

Even after Seventy years of Indian Independence, Lunglei town continues to have Village Councils as the proxies for Urban Local Bodies. Thus, urban localities in Lunglei town are not provided with appropriate urban governance structures and this contradicts the provisions of the 74th Constitutional Amendment Act, 1992 relating to Municipalities. As Municipal Council was the longpressing demand of the people of Lunglei town, a formal Notification for the establishment of Lunglei Municipal Council (LMC) was eventually issued, on 1st March, 2022, by the Government of Mizoram after considering objections raised and suggestions made by different stakeholders from within the jurisdiction of Lunglei town. The State Government had also allocated a sum of Rs. 80 lakh for meeting the initial establishment costs of LMC for the year 2021- 2022. In spite of this

positive move, Lunglei town was left without any institution of urban governance. Therefore, this paper attempts to briefly unfold the origin of LMC as a new initiative for urban governance in the Southern Area of Mizoram. It will also study the composition of LMC and democratic elections, including the prospects for transfer of functions to it by the State Government.

Keywords: Lunglei Municipal Council, urbanization, governance, administration, wards, Councillors, election, political parties, functions, government.

1. Introduction

In the modern age, every democratic country or state has a gigantic task of bringing about improvement in the social life of the people. Generally, district headquarters are the Urban Centres from where different kinds of contact between the processes of government and the

citizens have been built by the district administration. There is a world-wide consensus that urbanization and economic development are complementary to each other.

Urbanisation brings many challenges, such as provision of basic infrastructure and facilities as well as services to improve the urban environment for better quality of life for all sections of the urban community. Hence, urbanization without proper planning may give rise to various problems like housing, sanitation, education, electricity, provision of safe drinking water, unemployment, transport system, population growth and social unrest. So, urban service delivery is an integral part of urban development administration which aims to achieve decentralization, poverty alleviation, equitable and affordable access to infrastructure and services at different levels of urban governance. Urban Local Governments are near to the urban people and are thus essential institutions for delivering the goods directly to the urban dwellers. It is, therefore, evident that Urban Local Governments are an integral part of grassroots democracy. They have representative character and a natural familiarity with the local situations and possess intimate knowledge of the needs, aspirations and means of the local community¹. Local representatives are the direct representatives of the local community who places full trust in the former. They are not only conversant with the local needs and problems but also work with a sense of dedication because they themselves are to be the beneficiaries of urban civic amenities. Had there been no Local Government Institutions. either the Central Government or the State Government would be required to handle the local issues which would never be in conformity with the needs and requirements of the local people. The main aim of this paper is to briefly exhume the the origin of Lunglei Municipal Council (LMC) as a new initiative for urban governance in the Southern Area of Mizoram which will open a new door for the involvement of urban people in decision-making and decentralized planning in many areas of urban administration directly affecting their life.

2. Urbanisation and the Need for Augmentation of Amenities in Lunglei town

Mizoram, formerly called Lushai Hills, is located in the extreme corner of North East India. It is one of the States of the Indian Union having eleven revenue districts and Lunglei District is one of such revenue districts. Simultaneously, there are three Autonomous Districts in the southern tip of the State and each one of them has its own District Council. Mizoram has the credit of being one of the most urbanized states of India with more than half of the population living in twenty-three Urban Centres.

Lunglei District which lies in the south-central part of Mizoram covers an area of 4,536 Sq.Kms constituting 21.52 per cent of the State's total geographical area. It is bounded in the north by Mamit and Serchhip districts and in the south by Lawngtlai and Saiha districts. The district shares international boundary with Myanmar in the east and Bangladesh in the west. As per the 2011 Census, the total population of Lunglei District is 1, 61,428, out of which 82,891 are male and is 78,537 female². Lunglei District records an increase of 17.64 percent to its population compared to 2001³.

Lunglei, formerly called 'Lungleh,' is the Headquarters of Lunglei District and is the second oldest and largest notified town, next to Aizawl city, in Mizoram. It is situated at an average altitude of 1,163 metres. The headquarters of Lunglei District is Lunglei town which is 235 km (via Hnahthial) and about 168.8 km (via Thenzawl) from Aizawl. The town lies at 92o45'E longitude and 22o53'N latitude. It has generally a cool and wet climatic condition with very mild summer and it enjoys heavy rainfall. Literacy rate of Lunglei town is 98.27 higher than the state average of 91.33⁴. Lunglei which literally means 'bridge of rock,' got its name from a bridge like rock in the riverine area around 'Nghasih' – a small tributary of Tlawng River, the longest river in Mizoram.

During the British regime, South Lushai Hills was constituted as a separate administrative unit under Chittagong Division on 1st April 1891 and Lunglei was made the administrative Headquarters of South Lushai Hills as was Aizawl for the North Lushai Hills until the amalgamation of the Northern and Southern Lushai Hills on 1st April, 1898⁵. When the North and South Lushai Hills were amalgamated into the newly created district named the Lushai Hills District in 1898, the whole district was put under the administrative control of Assam and a Sub-Divisional Officer (SDO) was posted at Lunglei as the administrative head of the District. After Indian independence, Lunglei became the Headquarters of Lunglei District and continues to enjoy this status till today. Like Aizawl City, Lunglei town has gradually been experiencing urbanization and the growth of population particularly after the break out of Mizo insurgency. As compared to other Urban Centres in the southern parts of Mizoram, Lunglei town provides better facilities and opportunities in the fields of education, employment, health services, sports and income generation, etc. As a consequence, people tend to migrate from the nearby rural areas to Lunglei town in search of better amenities and economic opportunities for their development. This argument is rightly justified by the recent decadal growth rate of population in Lunglei town which is shown in following Table⁶.

34 Local Government Quarterly October - December 2024

²Government of Mizoram. (2016). Statistical Handbook of Mizoram. Directorate of Economics & Statistics, Aizawl, p.2. ³Government of India, Census 2011: Mizorampopulation2011.Retrieved September 9, 2020 from https://www.census 2011.co.in>state

⁴Ibid. Retrieved July 9, 2020.

^oGovernment of India's Proclamation No.591-EB. Assam Secretariat. Foreign A, May 1898, Nos. 13-46. foffice of the Registrar General and Census Commissioner (Web), Delimitation Commission of India (Web), Rand McNally International Atlas, 1994, School of Planning & Architecture (Web).

Table-2.1:Increasing Size of Lunglei Town and the Decadal Growth Rates of Population

Name of City/	Area	No. of house-	Density per	Decadal Growth Rate of Population			Pc. of growth
Town		holds	Sq.km	1.3.1991	1.3.2001	1.3.2011	
Lunglei	55.08 Sq.Kms.	11,591	1,295.7	35,599	47,137	57,011	20.9%

According to the data in the above table, there was a significant increase in the size of population of Lunglei town from 35,599 as per 1991 Census to 47,137 persons in 2001 Census. In the meanwhile, there were 11,591 households in Lunglei town and the size of its population had also increased from 47,137 as per 2001 to 57,011 in 2011 Census and the growth rate of urban population to the total population was 20.9% during the last decade. The male population is 29,474 and female population is 27,537⁷. According to 2011 Census, Lunglei town occupied an area of around 55.08 square kilometres and the density of population recorded was as high as 1,295.7 per square kilometre. It is, therefore, evident from the above data that there is high density of population in Lunglei town.

Though Lunglei town was a small human settlement at the beginning, urbanisation and population growth has led to its expansion. As of today, there are as many as 24 (twenty-four) Urban Local Areas having 'Village Councils' for managing urban affairs at the town and grassroots levels. Urban Localities of Lunglei town having 'Village Councils' are mentioned below:⁸

Table-2.2: Names of Village Councils in Urban Localities of Lunglei Town

Sl.no	Name of Town Areas	Sl.no	Name of Town Areas		Sl.no	Name of Town Areas
i.	Bazaar Veng	ix.	Chanmari		xvii.	College Veng
ii.	Electric Veng	x.	Farm Veng		xviii.	Hauruang
iii.	Hrangchalkawn	xi.	Luangmual		xix.	Lunglawn
iv.	Lungpuizawl	xii.	Pukpui		XX.	RahsiVeng
v.	Ramthar	xiii.	Salem Veng		xxi.	Sazaikawn
vi.	Serkawn	xiv.	iv. Sethlun xxii.		Theiriat	
vii.	Venghlun	XV.	Venglai		xxiii.	Zobawk North
viii.	Zohnuai	xvi.	Zotlang		xxiv	Zobawk South

Lunglei Municipal Council: A New Initiative for Urban Governance in the Southern Areas of Mizoram

Despite the fact that Lunglei town remained an Urban Centre since Indian Independence from the British yoke, still it was denied of an appropriate pattern or structure of urban governance for a very long period of time. Even after seventy years of Indian Independence, Lunglei town has been governed by the State Government without providing proper urban governance structures which contradict the Provisions of the 74th Constitutional Amendment Act, 1992 relating to Municipalities. This Act contains the Provision for democratic decentralized governance for the urban people of the Notified Urban Areas of the State which will enable active participation of all people of the urban areas.9

3. Genesis of Lunglei Municipal Council

The 73rd and the 74th Constitutional Amendments Acts passed in the year 1992 brought the Panchayati Raj System to rural India and the Municipality system to urban India. These Acts have had a positive impact on decentralisation of powers thereby promoting Local Self-Governments (LSG) in India by transferring powers to Panchayats and Municipalities and giving them Constitutional status and greater powers. After studying the relevance and feasibility of adoption of the 73rd and 74th Constitutional Amendments Acts to the 6 (six) districts of Mizoram (except the Autonomous District Council areas), local intellectuals and knowledgeable persons in Lunglei District had founded Mizoram Reformation Forum (MRF) which submitted a Memorandum as well as suggestions to the State Government of Mizoram to institute New Panchayati Raj System of governance in conformity with Article 243 of the Indian Constitution.

When Mizoram became a Union Territory on 21st January, 1972, it was divided into three districts, namely Aizawl, Lunglei and Chhimtuipui. Unlike Lunglei District, the erstwhile Chhimtuipui District had a distinct discretionary development budget of its own. Until 1990, the people of Lunglei District had a common feeling that a huge amount of development fund had been allocated to Aizawl District while they were not getting their due share of developmental fund in comparison with the funds provided to the other two districts. Considering the aspirations of the people in Lunglei town to have some say in the planning and implementation of various developmental programmes carried out in their district, Lunglei District Welfare Committee (LDWC) was founded by some intellectual persons in Lunglei in the year 1990. The two main objectives of this Committee were decentralization of powers and removal of regional imbalances within the State of Mizoram.

During 2002-2003, another forum, known as 'Chhimbial Chhantu,' (Defender of Southern Mizoram) was formed in Lunglei town to redress the grievances of the people living in the southern part of Mizoram who were not satisfied with the method of allocation of development funds to their districts by the State Government. So, the main motive behind the formation of this forum was to introduce reforms in District Administration so that New Panchayati Raj Institution of governance to rural areas and Municipalities to urban areas could be established in Mizoram in accordance with the 73rd and 74th Constitutional Amendments Act, 1992. 10 After a short span of time, in December, 2005, the Prime Minister of India, Dr. Manmohan Singh, launched Jawaharlal Nehru National Urban Renewal Mission (JNNURM) to address infrastructural shortage, poor urban service delivery system and governance in 63 (sixty-three) selected Cities and Aizawl City was one of the Urban Centres in India selected by the Ministry of the Central Government to receive the benefits of JNNURM.¹¹ In view of the opportunities brought about by JNNURM for upgradation of urban amenities, the Government of Mizoram had enacted the Mizoram Municipalities Act, 2007, which was notified on 20th April, 2007. The original Mizoram Municipalities Act provided for the establishment of a Municipal Board, Municipal Council and Municipal Corporation and the Office of Aizawl Municipal Council (AMC) was set up by the State Government which started functioning from July 1, 2008 at Thuampui Veng, Aizawl. Eventually, the first AMC election was held across the 19 (nineteen) Aizawl Municipal Wards on 3rd November, 2010.

In India, Municipal Councils have been formed for the administration of smaller towns and cities with varying population requirements from State to State but typically ranging from around 20,000 to 1,00,000 residents.¹² In view of the stated population requirements, the people of Lunglei town were of the view that that the town in which they were living had already fulfilled the population requirements to have a Municipal Council. Even the intellectual circle in Lunglei town had vocally articulated their strong desire to have a Municipal Council in spite of the major hindering factor, that is, people's reliance on social safety net of MGNREGS for their livelihood in the context of economic hardship caused by the Covid19 pandemic. So, in order to realize the long-pressing demand of the people of Lunglei town in general and their intellectual community in particular, the proposal for the creation of Lunglei Municipal Council (LMC) was unanimously approved by the State Cabinet on 16th November, 2021.¹³ On 22nd November, 2021, the Governor of Mizoram, under Section 3 of the

Lunglei Municipal Council: A New Initiative for Urban Governance in the Southern Areas of Mizoram

¹⁰An interview with Rev.F.Sangvela, Chairman, Chhimbial Chhantu (Defender of Southern Mizoram), on 1st September, 2023

¹¹Lalrintluanga. (2011). "Aizawl Municipal Council (AMC): A Beginning of New Era in Mizoram," in Urban Panorama. Lucknow: Regional Centre for Urban & Environment Studies, Lucknow University, Vol X, No.1, January, June. P.88. "Elths://www.en.m.wikinedia.org. (accessed on 17.07.2023 at 4:30 PM).

 ¹²Https://www.en.m.wikipedia.org (accessed on 17.07.2023 at 4:30 PM).
 ¹³H.Lalhmingthanga, CEO, LMC (2023). "Leitlangpui leh Municipality," A Paper presented on Leitlangpui Vision 2040, Symposium organized by Lunglei Municipal Council, on July 20, 2023.

Mizoram Municipalities (Amendment) Act, 2009 (Act No. 6 of 2009), declared his intention to constitute a Municipal Council for a 'smaller urban area' consisting of various localities within Lunglei.14 Objections were also invited regarding the Notification of intent of the proposed area and list of affected Village Councils as per the Provisions of the Mizoram Municipalities (Amendment) Act, 2009. In this regard, two representations were received- one representation from a group of individuals from Hauruang locality and another from several associations from College Veng locality. After hearing representations from these two groups with due consideration along with sensitizing them on the benefits and attributes of Municipality, a compromise was reached without

much difficulty by the stakeholders. Eventually, the State Government had allocated Fund amounting to Rs.80 Lakh (Rupees Eighty Lakh) for the initial establishment cost of LMC during 2021-2022 which should invariably be regularized in the Revised Estimate 2021-22 by obtaining Supplementary Demand for Grants 2021-22 positively¹⁵ and an office space for LMC was also allotted within the building of Lunglei Convention Centre.

In order to make the Office of LMC functional, the Government of Mizoram, on 24th January, 2022, issued a Notification for the creation of the following posts under Urban Development & Poverty Alleviation (UD & PA) Department:¹⁶

Table - 3.1: Sanctioned Administrative Posts for Lunglei Municipal Council

Sl. No.	Name of Post with Pay	No. of Post	Mode of Recruitment
1.	Chief Executive Officer	1	Deputation: From IAS Officers under the
	Level -13		State Government not below Junior
			Administrative Grade or MCS not below
			Selection Grade
2.	Secretary	1	Deputation: From Junior Administrative
	Level -12		Grade of MCS or Senior Grade with 5 years
			Regular service in the Grade
3.	Superintendent	1	Deputation: From Junior Grade of MSS or
	Level -10		Assistant with 5 years of regular service
4.	Finance & Accounts	1	Deputation: From Junior Grade of MF&AS
	Officer		or Accounts Officer with 5 years of regular
	Level -10		service
5.	Assistant	1	Deputation: From Assistant Grade or UDC
	Level – 7		with 5 years or regular service in the Grade

³⁸ Local Government Quarterly October - December 2024

¹⁴Government of Mizoram. (2021) Notification No. B.13017/114/2021-UD&PA. Urban Development & Poverty Alleviation Department, Dated November 22, 2021

Department. Dated November 22, 2021.

¹⁵Government of Mizoram. (2021). Order No. G.20016/4/2021-FBT. Finance Department (Budget Branch). Dated December 16, 2021.

¹⁶Government of Mizoram. (2022). Notification No. B.13017/114/2021-UD&PA. Urban Development & Poverty Alleviation Department. Dated January 24, 2022.

The period of deputation for the above officers and staff is initially for a period of 3 (three) years which may be extended upto 5 (five) years in special cases.

3.1. Notification for the Establishment of Lunglei Municipal Council

Approval of the proposal for the establishment of LMC by the State Cabinet, Government of Mizoram, on 16th November, 2021, had given urban dwellers in the southern areas of Mizoram a new hope for the improvement of urban civic amenities in their respective towns. In tune with the aspiration of the people in Lunglei town, the officials of UD&PA Department had taken all the necessary actions to meet the longstanding

demand of the people of Lunglei for the implementation of the 74th Constitutional Amendment Act, 1992, in Lunglei town. Accordingly, on 1 March, 2022, a formal Notification was issued by the Government of Mizoram for the establishment of Municipal Council in Lunglei town. In this way, the much awaited Municipal Council was officially set up in Lunglei town, the second largest Urban Centre in Mizoram, on 1st March, 2022. 17

On the basis of the compromise reached earlier by all the stakeholders, it was decided that the following localities, with their respective boundaries as declared by the Government from time to time, should constitute the area of Lunglei Municipal Council.¹⁸

Table-3.2: Urban Localities (ULs) covered by Lunglei Municipal Council

Sl.	Name of UL	Sl.	Name of UL	Sl.	Name of UL	Sl.	Name of UL
no		no		no		no	
1.	Pukpui	7.	Hauruang	13.	Farm Veng	19.	Sethlun
2.	Zotlang	8.	Sazaikawn	14.	Chanmari	20.	Theiriat
3.	Serkawn	9.	RahsiVeng	15.	Salem Veng	21.	Hrangchalkawn
4.	Zohnuai	10.	Venghlun	16.	Ramthar	22.	Lungpuizawl
5.	College Veng	11.	Venglai	17.	Luangmual	23.	Zobawk North
6.	Bazar Veng	12.	Electric Veng	18.	Lunglawn	24.	Zobawk South

A Notification was also issued by the State Government that all the existing Village Councils within the area of LMC should function as Local Councils during the transitional period until the establishment of proper Urban Local Councils (ULBs) at the grassroots level.

3.2.Preparation for Democratic Elections to Lunglei Municipal Council

Lunglei Municipal Council: A New Initiative for Urban Governance in the Southern Areas of Mizoram

¹⁷Government of Mizoram. (2022) Notification No. B.13017/114/2021-UD&PA. Urban Development & Poverty Alleviation Department. Dated March 1, 2022.

LMC has been constituted under the Provisions of Chapter IX A of the Constitution read with the Provisions under Section 6 of the Mizoram Municipalities Act, 2007 (as amended from time to time). The State Government has determined the number of Wards in Lunglei Municipal Area keeping in view its population, geographical location, dwelling patterns and economic conditions of the area. It has been provided that the Municipal Council should have not less than 11 (eleven) but not more than 23 (twenty-three) Wards.

3.3. Number of Municipal Wards, Local Areas and the Voters in each Ward

On 8th April, 2022, the Government of Mizoram fixed the number of Municipal Wards into 11 (eleven) for Lunglei town. 19 The number of Municipal Wards, Local Areas and the Voters enumerated in each Ward are shown below:20

Table-3.3: Local Areas covered by each Ward of Lunglei Municipal Council and the number of Voters

Ward No.	Local Area (s) in each Ward	Constituencies	Population Census 2011	Voters as on 2022
I	Pukpui	Lunglei North	2,958	1,463
	Zotlang	Lunglei North	2,891	1,889
		Total	5,849	3,352
II	Serkawn	Lunglei North	2,762	1,926
(Reserved)	Zohnuai	Lunglei North	1,520	1,298
		Total	4,282	3,224
III	Bazar Veng	Lunglei West	4,622	3,199
	College Veng	Lunglei West	1,228	977
		Total	5,850	4,176
IV	Venglai	Lunglei West	3,237	2,327
	Venghlun	Lunglei West	1,988	1,483
		Total	5,225	3,810
V	RahsiVeng	Lunglei West	3,759	2,972
(Reserved)	Sazaikawn	Lunglei West	551	305
	Hauruang	Lunglei West	1,159	885
•		Total	5,469	4,162
VI	Electric Veng	Lunglei East	4,505	3,332
		Total	4,505	3,332

⁴⁰ Local Government Quarterly October - December 2024

¹⁹Government of Mizoram. (2022). Notification No.B.13017/114/2021-UD&PA-Loose. Urban Development & Poverty

Alleviation Department. Dated April 8, 2022.

One of the control of Mizoram. (2022). Meeting Notice No. B.13017/114/2021-UD&PA/Loose. Urban Development & Poverty Alleviation Department. Dated March 29, 2022.

VII	Chanmari	Lunglei East	5,391	3,260
		Total	5,391	3,260
VIII	Ramthar	Lunglei East	3,604	2,824
(Reserved)	Farm Veng	Lunglei East	1,837	1,497
		Total	5,441	4,321
IX	Lunglawn	Lunglei South	4,108	2,449
	Salem Veng	Lunglei South	1,669	1,306
		Total	5,777	3,755
X	Sethlun	Lunglei South	880	776
(Reserved)	Luangmual	Lunglei South	1,865	1,322
	Theiriat	Lunglei South	1,988	1,661
	Hrangchalkawn	Lunglei South	723	516
		Total	5,456	4,275
XI	Lungpuizawl	Lunglei East	600	477
	Zobawk 'S"	Lunglei East	3,166	2,546
	Zobawk 'N'	Lunglei East		
		Total	3,766	3,023
		Grand Total	57,011	40,690

In the original Electoral Roll for democratic elections to LMC, there were 40,690 enumerated voters. However, due to death and migration of some voters from Lunglei town to other places, the final Electoral Roll for the first democratic elections to LMC to be held on March 29, 2023 contained 40,548 voters, out of which 19,123 were male voters while 21,425 were female voters. It is, therefore evident that female voters outnumbered male voters by 3,202 votes in the democratic elections to LMC.

3.4.Reservation of Seats for Scheduled Caste, Scheduled Tribe and General Categories As per Notification issued by the Government of Mizoram, Reservation of Seats for Scheduled Caste, Schedules Tribe and General Categories is as follows:²¹

1) As per the 2011 Census, the population of Scheduled Caste (SC) is only 0.17% of the total population of Lunglei Municipality and the Government of Mizoram has not recognized any community as Scheduled Caste. Therefore, the reservation of Seat for SC population in Lunglei Municipality shall be treated as 0 (zero), subject to being reviewed after the publication of 2021 Census figure.

- 2) The Scheduled Tribe (ST) population in Lunglei Municipality is 90.15% of the total population in Lunglei Municipality. Therefore, 90% of the Seats, that is, 10 (ten) Seats out of the total Seats of 11 Wards in Lunglei Municipality shall be reserved for ST population, subject to being reviewed after the publication of 2021 Census figure.
- 3) The percentage of General Category population is 9.67% of the total population of Lunglei Municipality as per 2011 Census. Out of the 11 Wards, Ward I (Pukpui and Zotlang) has the highest percentage of General category (28.38%). Therefore, 1 (one) seat/Ward out of the total Seats of 11 (eleven) Wards in

Lunglei Municipality shall be reserved for General category.

3.5. Reservation of Seats for Women

As per Article 243T (3) of the Constitution of India, not less than one-third of the total number of Seats are to be reserved for women belonging to ST. So, out of the 11 (eleven) Municipal Wards in Lunglei town, 4 (four) Wards were reserved for women candidates.

3.6.Publication of the Schedule for Democratic Election to Lunglei Municipal Council

The State Election Commission (SEC), in consultation with the Government of Mizoram, published the Schedule for the 1st General Election to LMC, 2023, as follows:²²

Table– 3.4: Schedule for 1st General Election to Lunglei Municipal Council, 2023

1.	Announcement & Notification of Election by SEC &	02.03.2023 (Thursday)
	Municipal Returning Officer	
2.	Last date for filing Nominations	10.03.2023 (Friday) 11:00
		AM – 3:00 PM
3.	Scrutiny of Nominations	13.03.2023 (Monday)
4.	Last date for withdrawal of candidature	14.03.2023 (Tuesday)
		before 3:00 PM
5.	Allotment of Symbols and Publication of List of	15.03.2023 (Wednesday)
	Contesting Candidates	
6.	Date of Poll	29.03.2023 (Wednesday)
		7:00 AM – 4:00 PM
7.	Date of Re-Poll, if necessary	30.03.2023 (Thursday)
8.	Counting of votes	03.04.2023 (Monday)
9.	Date by which election process shall be completed	06.04.2023 (Thursday)

⁴² Local Government Quarterly October - December 2024

²²State Election Commission, Mizoram. Notification No.B.14016/1/2022-SEC/LMC/2., Dated March 2, 2023.

The official announcement of the 1st General Election to LMC was made by Mr. Laima Chozah, IAS (Rtd), State Election Commissioner, on 2nd March, 2023, at the Conference Hall of the Deputy Commissioner of Lunglei District. Draw of Lots for

determination of Reserved Seats for Women was also done on the same day in the presence of political parties, Non-Government Organisations (NGOs) and media persons. Seats reserved for women in the first LMC by Draw of Lots are:

Table-3.5: Seats reserved for women in the first LMC

Ward No	Urban Localities within each Municipal Ward
Ward No. II	Serkawn and Zohnuai
Ward No. V	Rahsiveng, Sazaikawn and Hauruang
Ward No. VIII	Ramthar and Farm Veng
Ward No. X	Sethlun, Luangmual, Theiriat and Hrangchalkawn

4. Conduct of General Elections to the First Term of Lunglei Municipal Council

On 29.03.2023 (Wednesday), the first General Election to 11 (eleven) Wards of the much awaited LMC was conducted by the State Election Commission (SEC). In this election, 42 (forty-two) candidates from 4 (four) political parties, such as Indian National Congress (INC), Bharatiya Janata Party (BJP), Mizo National

Front (MNF) and Zoram People's Movement (ZPM) were in the fray. Out of the 4 (four) political parties, the ruling MNF, ZPM and INC fielded their candidates for 11 (eleven) Seats each whereas the BJP fielded their candidates only for 9 (nine) Seats. Polling was successfully conducted across 44 (forty-four) Polling Stations within LMC Area on 29th March, 2023. The following table shows votes polled in the first General Election to Lunglei Municipal Council, 2023. ²³

Table-4.1: Votes Polled in the First General Election to Lunglei Municipal Council, 2023

Ward No	Total Votes			Total Votes Polled			Percentage
	Male	Female	Total	Male	Female	Total	of Votes
1.	1,604	1,739	3,343	1,235	1,366	2,601	77.80%
2.	1,498	1,743	3,241	1,132	1,312	2,444	75.41%

Lunglei Municipal Council: A New Initiative for Urban Governance 43 in the Southern Areas of Mizoram

²³Vanglaini, Daily Local Newspaper. Dated March 31, 2023.

	Grand Total					30,111	74.26%
	Postal Ballot						0.67%
TOTAL	19,123	21,425	40,548	13,906	15,934	29,840	73.59%
11.	1,402	1,583	2,982	1,123	1,281	2,404	80.62%
10.	2,048	2,227	4,275	1,545	1,615	3,160	73.92%
9.	1,799	1,966	3,765	1,275	1,527	2,802	74.42%
8.	2,073	2,233	4,306	1,483	1,622	3,105	72.11%
7.	1,488	1,744	3,232	1,037	1,320	2,267	70.14%
6.	1,550	1,742	3,292	1,113	1,259	2,372	72.05%
5.	2,028	2,210	4,238	1,410	1,622	3,032	71.54%
4.	1,693	2,018	3,711	1,193	1,479	2,672	72.00%
3.	1,940	2,223	4,163	1,360	1,621	2,981	71.61%

The total number of votes casted in this election was 30,111 votes and the voter turnout at the end of the polling day at 4:00 PM was recorded as 74.26%.24 The election results of the First LMC in respect of 11 (eleven) Wards were declared by the Municipal Returning Officers on April 3, 2023 and the ZMP swept all the 11 (eleven) Wards in this election while the State Ruling Party, MNF, failed to get a single seat. The ZPM secured 49.31% of the total polling votes while the MNF managed to get 29.4% of total votes. The INC bagged 20% and the BJP secured only 0.75 % of the total polling votes.²⁵ The List of Councillors elected in respect of the General Elections to LMC, 2023 is as given below:26

Table -4.2: List of Councillors Elected in General Election to LMC

Ward No.	Name	Father's name	Address	Educational Qualification
I	Lalhruaitluangi Sailo	Sailova Sailo	Pukpui, Lunglei	MSW
II (Reserved)	Lalmuanpuii Renthlei	Dr. Lalramzauva	Serkawn, Lunglei	MSW
III	Lalzuithanga	Lalringaia	Bazar Veng, Lunglei	B.A. B.Ed
IV	R.Lalramzauva	R.Kawlthuama	Venglai, Lunglei	M.A. (Pol.Sc.)

⁴⁴ Local Government Quarterly October - December 2024

²⁴Government of Mizoram. (2023), Directorate of Information & Public Relations. Retrieved from https://dipr.mizoram.gov.in

Sample of the control o

V	Zonunmawii	C.Hrangdingliana	RahsiVeng,	B.A. LLB
(Reserved)			Lunglei	
VI	R.Lalremsiama	R.Zothanmawia	Electric Veng,	MSW
			Lunglei	
VII	K.Lalrinawma	K.T.Chhawna	Chanmari II,	B.A.(Eco),
			Lunglei	Hindi PU
VIII	Malsawmkimi	K.Zatawna	Ramthar,	M.A. (Geog)
(Reserved)	Khawlhring		Lunglei	
IX	Zorinsanga	H.Lalzarliana	Lunglawn,	M.A.
	Hmar		Lunglei	(Pol.Sc.)
X	Judy	S.Zachhawna	Luangmual,	H.S.S.L.C.
(Reserved)	Lalhriatpuii		Lunglei	
XI	Vanlalliana	Beiseia Pachuau	Zobawk, Lunglei	B.Sc.(Maths)
	Pachuau			

5. Municipal Authorities for Lunglei Municipal Council

As specified by Section 11 of the Mizoram Municipalities (Amendment) Act, 2009, the Municipal Authorities responsible for carrying out the provisions of this Act are:

- 1. The Board of Councillors
- 2. The Executive Council
- 3. The Chairman/Vice Chairman
- 4. The Chief Executive Officer

Under Section 12 of the Mizoram Municipalities (Amendment) Act, 2009, the Board of Councillors comprises -

- 1) Elected Councillors from Wards
- 2) Member of the House of the People (Lok Sabha)
- Members of Legislative Assembly of the State representing the Constituencies comprising wholly or partly of the Municipal Area.

Member of the Parliament (Lok Sabha) and Members of Legislative Assembly (MLAs) are known as Appointed Councillors and they do not have the rights to vote in the meeting. The first meeting of Board of Councillors was held on 18th April, 2023.²⁷

5.1.Members of Executive Council of Lunglei Municipal Council

All the executive powers of LMC are vested in the Executive Council. As stated by Section 14 of the Mizoram Municipalities (Amendment) Act, 2009, the Executive Council comprises Chairman, Vice Chairman, Executive Councillors and Chief Executive Officer as Ex-officio Secretary. Accordingly, the following Councillors were elected to constitute Executive Council of LMC.²⁸

a) Chairman: Mr. Lalzuithanga, a retired School teacher and ZPM

Lunglei Municipal Council: A New Initiative for Urban Governance 45 in the Southern Areas of Mizoram

 ²⁷H.Lalhmingthanga, CEO, LMC (2023). "Leitlangpui leh Municipality." A Paper presented Symposium on Leitlangpui Vision 2040 organized by Lunglei Municipal Council on July 20, 2023
 ²⁸Office Order No.A.60011/1/23-LMC (Estt.) issued by the Chief Executive Officer, LMC, Dated Lunglei the 16th Aug, 2023.

Councillor from Ward Number III was unanimously elected as the Chairman of the newly constituted LMC.

- b) Vice Chairman: Mr. K. Lalrinawma, ZPM Councillor from Ward Number VII was elected for the post of Vice-Chairman.
- c) Members of Executive Council:
 Mr. Zorinsanga Hmar, ZPM
 Councillor from Ward Number IX
 and Mrs. Lalhruaitluangi Sailo,
 ZPM Councillor from Ward
 Number I, were unanimously
 elected as Executive Councillors.

At its initial stage of formation, the people of Lunglei town looked upon the LMC was looked upon with awe and admiration by the people of Lunglei town.

6. Powers and Obligatory Functions of Municipality as contained in the Mizoram Municipalities Act:²⁹

In the Twelfth Schedule to the Constitution of India, there are 18 (eighteen) powers and obligatory functions of Municipalities. However, the State Government has the authority to choose any functions listed under the Twelfth Schedule to be carried out by the Municipalities. Accordingly, the Council of Ministers in its meeting held on 22nd November, 2022 had given its approval for the transfer of the following 15 (fifteen) functions of the Municipalities to the new LMC:³⁰

- 1. Urban planning including town planning.
- 2. Regulation of land use and construction of buildings.
- 3. Planning for economic and social development.
- Public health, sanitation conservancy and solid waste management.
- 5. Urban forestry, protection of the environment and promotion of ecological aspects.
- 6. Safeguarding the interests of weaker sections of society, including the handicapped and mentally retarded.
- 7. Slum improvement and upgradation.
- 8. Urban poverty alleviation.
- Provision of urban amenities and facilities such as parks, gardens, playgrounds.
- 10. Promotion of cultural, educational and aesthetic aspects.
- 11. Burials and burial grounds; cremations, cremation grounds; and electric crematoriums.
- 12. Cattle pounds; prevention of cruelty to animals.

⁴⁶ Local Government Quarterly October - December 2024

 ²⁹Government of Mizoram, Mizoram Municipalities (Amendment) Act 2009, Chapter VI, 57.
 ³⁰Government of Mizoram. (2022). Notification No.B.13017/40/2022-UD&PA (LMC). Urban Development & Poverty Alleviation Department. Dated December 8, 2022.

- 13. Vital statistics include registration of births and deaths.
- 14. Public amenities including street lighting, parking lots, bus stops and public conveniences.
- 15. Regulation of slaughter houses and tanneries.

6.1. Functions not yet transferred to Lunglei Municipal Council by the State Government

The following 3 (three) functions have not yet been transferred to LMC by the State Government.

- 1. Roads and bridges which remain the functions of State Public Works Department (PWD).
- 2. Water supply for domestic, industrial and commercial purposes which continues to be with Public Health Engineering (PHE) of the State Government.
- Fire services which continues to be with the Police Organisation of the State Government.

7. Conclusion

Establishment of Municipal Council in Lunglei town is, indeed, a new initiative for urban governance in the southern areas of Mizoram. While all other urban centres in the southern areas of the State continue to be directly governed by either by the State

Government or the District authorities without appropriate Urban Local Bodies, the State Government has constituted LMC with the intention of carrying out development programmes for providing basic urban amenities to the increasing population of Lunglei town where urban infrastructures, such as water supply, sewerage and solid waste management require proper management. Therefore, it is an urgent need for LMC to be strengthened and empowered by the State Government to promptly deal with rising pressure on urban governance in Lunglei town. If the State Government truly intends to establish pragmatic urban governance structure in Lunglei town, it should willingly transfer the following municipal powers and functions to the newly established LMC:

- The State Government should transfer those municipal functions and responsibilities from some Government departments to the newly established LMC.
- 2) As a part of democratic decentralisation, Urban Local Council should be set up in every urban locality of LMC to facilitate smooth and quick delivery of urban civic amenities to the people of Lunglei town.
- Arrangement should be made by the State Government to provide a dedicated group of permanent

executives to LMC's Office who could work for holistic development of municipal areas of Lunglei town.

- 4) To exert constructive political pressure on the State Government for strengthening LMC, public awareness on the Municipality and its related problems needs to be raised through Media and other platforms.
- 5) Liberal financial allocation should be made by the State Government to compensate for the loss of rural development programmes suffered by the people of Lunglei town after the establishment of LMC.

It will not be an exaggeration to conclude that the people in Lunglei town are eager to see a vibrant Municipal Council which could implement urban development programmes for augmenting civic amenities in their town. In spite of some issues confronting Urban Local Governments in other States of the Indian Union, like stringent State control, irregular election, poor governance, corruption, the newly established LMC has a good prospect for efficient performance of its multifarious functions due to the people's exemplary support for effective implementation of urban development programmes.

Street and Neglected Children in India: A Case Study on Visakhapatnam City

Gopi Madaboyina

Abstract

The meaning of street children being those who are living and working on the street are some of the most excluded and unprotected in the world. While some of the children are homeless with their families, or return home at night after working on the street, many others are without parental care or a home and have no viable alternatives. This may be the result of family disintegration, conflict, poverty, abuse, or neglect. Life on the street exposes children to a myriad of risks and robs them of the safety and comfort that a family environment can offer.

Street children as defined by United Nations (UN) are children working or living on the street, whose families are on the street or children who have run away from their families and are living on the streets. The UN Convention on the Rights of the Child broadly mentions the right to protection from exploitation and

abuse, right to an adequate standard of living and nutrition to ensure proper development, and protection from bonded labour, right to education, right to adoption as well as right to name and nationality; these rights were also adopted by the Constitution of India. Despite these laws and efforts, children are pushed into child labour, trafficking, and exploitation. According to the UNICEF India report 2020, interrupted learning impacted 286 million children, with increase in the school dropout rates due to the closure of schools during the pandemic. The lockdown and its extension significantly impacted nearly 40 million children belonging to the poor and underprivileged families such as children of migrants, children working on farms and fields in rural areas, and street children.

Introduction

The phenomenon of street and neglected children that we are referring today is not confined to a specific society. The street and neglected children are symptom of a deep and disturbing trend in society where youngsters are abused, neglected, abounded and maltreated in many ways thus they venture on the streets. The problem of street and neglected children is a global one and exists in all the countries including developed, developing and under developed countries with a difference in its size and magnitude. But as the countries are becoming more and more urbanized, the number of street and neglected children is swelling. In majority of the cases neglected children have become street children. So there is interconnection between street and neglected children.

It is most appropriate to mention that UNICEF (1986) has suggested that the term street children should refer to 'children who work on the streets of urban areas, without reference to the time they spend there or reason for being there'. Most of the street and neglected children spend large amount of their time in the street frequently because of low returns on their labour. Most of them work as petty hawkers, shoes shine boys, and scavengers of raw material or even thieves and street prostitutes; by the nature of their work and life, they are normally on their own and largely un-protected by adults.

Street and neglected children:

The present study defines the street children as 'those who are abandoned

or come out from families temporarily or permanently, mostly in urban areas and make the street as their living for a variety of reasons which include a way of life, stemming from family dissatisfactions, a way to strengthen relationships, the way to enjoy without compulsions etc".

Street children and the categories:

United Kingdom committee for UNICEF provides the basis for categorization of street children into three types. They are: The children on the street, Children of the street, abandoned children.

The children on the street:

By far the largest of the three categories and consists primarily of working children who still have family connections of a more or less regular nature. Their focus in life is still the home. A very few attend school, most return home at the end of each working day and most will have sense of belonging to the local community in which their home is situated, They are children on the street.

Children of the street:

The second group is smaller but more complex, children in this group see the street as their home and it is there that they seek shelter, food and a sense of family among companions. Family exists but is remote and their former home is visited infrequently. They are children of the street.

Abandoned children:

This third group may appear to form part of the second group and daily activities are practically indistinguishable. However, by virtue of having severed all ties with a biological family they are entirely on their own, not just for material but also for psychological survival. They are also children of the street.

Shroff (1988) has classified the street children into categories;

- 1. There are children on the street that live with their families, though they work on the streets; they often attend school and have the presence of their family to support them.
- 2. There are children who live on streets with the street as their homes. It is there that they seek shelter, food and a sense of belonging among their companions. A majority of them have no ties with their families. even if they also have sometimes, their contacts or visits to or from the family are rare. They are entirely on their own for their economic and psychological survival. Usually these children are runways from homes. They can be further classified in two groups:

- a) Children who run away from unpleasant or traumatic home environment. They have family problems that they are unable to resolve. They have experienced conflicts, which go beyond their tolerance level.
- b) Children who run away from home taste the exciting experience of a glamorized city life.

Radha Krishna Murthy (1996) further categorized the street children into two i.e., 1) children with continued contact with their families. 2) Children with occasional contacts with families. In the light of the above classifications the present study classified such children into five types: they include runaway but no contact with the family, runaway but occasional contact with family, runaway but regular contact with the family, not runaway but regular contact with the family, and orphan (abandoned).

Neglected children:

Child neglect is defined as 'the failure of a person responsible for a child's care and up bringing to safeguard the child's emotional and physical health and general well being' and 'the persistent failure to meet a child's basic physical and/or psychological needs resulting in serious impairment of health and/or development'. Child neglect is the failure to provide basic physical health care, supervision, nutrition, emotional nurturing education or safe housing. Society generally believes there are necessary behaviours a care giver must provide a child in order for the child to develop.

Neglect is notoriously difficult to define as there are no clear, crosscultural standards for desirable for minimally adequate child rearing practices. While neglect generally refers to the absence of parental care and the chronic failure to meet children's basic needs, defining these needs has not been straightforward. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or caregiver failing to provide adequate food, clothing and shelter. Family size can contribute to child neglect. If the family cannot provide for all the children, children can suffer neglect. Family history can play a role in parents' neglectful behaviour. If parents were neglected as children meaning they experienced neglect from their own parents, they often internalise and believe those behaviours to the 'norm' which results in them neglecting their own children. Neglectful behaviour is most often by women. The higher proportion of female reported for neglect may reflect the social attitude that the mother is responsible for meeting the needs of the child.

There are various types of child neglect. Physical neglect refers to the failure to provide a child with basic necessities of life such as food and clothing. Educational/developmental neglect is the failure to provide a child with experiences for necessary growth and development, such as failing to send a child to school or giving him or her an education, whereas emotional neglect is failing to provide emotional support such as emotional security and encouragement. Medical neglect is when care givers do not meet children's basic health care needs.

Magnitude of the problem of street and neglected children:

Several conditions in modern societies, irrespective of their economic achievements are contributing to the growth of the phenomenon of the street and neglected children. The process of family disintegration, breakdown in marital harmony, massive migration, decay of human values, parental mental and health problems, substance use, domestic violence, unemployment and poverty are factors which increase the likelihood of street and neglected children. The estimates on the street and neglected children with reference to the statistical figure either in terms of absolute numbers or in proportions are found difficult to come by. In 2008, the U.S state and local child protective services received 3.3 million reports of children being abused or neglected. 71 percent of the children were classified as victims of child neglect.

The researcher has conducted empirical study in the city of Visakhapatnam by taking a sample one hundred and fifty street and neglected children.

Profile of the area under study:

Visakhapatnam District is one of the North Eastern coastal districts of Andhra Pradesh and it lies between 170 - 151 and 180-321 northern latitude and 180-541 and 830-301 in eastern longitude. It is bounded on the north partly by Orissa state and partly by Vizianagaram District; on the south by East Godavari District; on the west by Orissa state; and on the east by Bay of Bengal. According to 2011 Census report the actual population of the Visakhapatnam is 14,35,099. It is the second largest city in the state of Andhra Pradesh and the third largest city on the east coast of India after Kolkata and Chennai.

There are fifty centres in Visakhapatnam city where street and neglected children are found. Out of these fifty centres, researcher has randomly selected fifteen centres for the present study, they are: fishing harbour, R.K beach, Poorna market, Relliveedhi, Jagadamba junction, Railway Station, RTC complex, Kotha road, Kurupam market, Old post

office, Kailasagiri, Simhachalam, Malkapuram, Gajuwaka and Industrial Estate.

Data analysis:

In the first instance, researcher asked about the general information of the respondents. An overwhelming majority i.e., 89.9 percent of the street and neglected children belong to the category of male; where as 10.1 percent are female. As regards age, majority i.e., 70 percent of the respondents are 12 years old and above, where as 30 percent are below 12 years age group. When it comes to the religion an overwhelming majority ie., 90.5 percent of the street and neglected children are Hindus, followed by 3.3 percent Christians, 3 percent Muslims and 0.2 percent are from other religious background. The other question asked by the researchers was about the caste. More than half i.e., 55.3 percent of the respondents said that they belong to backward class, followed by 21.1 percent forward caste and 2.3 percent are from scheduled tribes category. The next question asked to the street and neglected children was about their educational qualifications. 41.7 percent of the respondents said that they have studied up to primary education, where as 19.9 percent of the respondents have upper primary education followed by 12 percent higher secondary education. Further the researcher asked the nativity of the respondents. More than half i.e., 69.2 percent of the street and neglected children said that their native place is Visakhapatnam city, whereas 29.4 percent of the respondents said that they are from surrounding rural areas of Visakhapatnam urban, while 1.4 percent are from tribal areas.

The next question asked to the respondents was about the duration of the time for which they have been away from their houses. 44.3 percent of the street and neglected children said that they are on street for less than one month duration, whereas 21.1 percent of the respondents are on the street from few months, followed by 15.6 percent from one year, 9.3 percent for few years and 10.7 percent for many years. Researcher asked the street and neglected children the reasons to come to the street. Nearly half (50 percent) of the respondents said that due to friends influence they have come to the street; on the other hand 35.4 percent of the respondents expressed the view that they have come to the street because of deprivation of basic needs; remaining 14.6 percent did not mention any specific reason. Immediately the next question asked to the respondents was about the type of work which they are doing, majority i.e., 53.7 percent of the respondents said that they are doing rag picking, whereas 9.5 percent of the respondents said that they are working in garages, followed by 8.8 percent working as railway bogie cleaners, 7.9 percent as beggars, 7.7 percent as tea parlour boys, 6.3 percent as market coolies, 5.3 percent as servant maids 0.6 percent as shoes shiners and 0.2 percent in prostitution.

The other question posed to the street and neglected children was about their monthly income. More than half i.e., 52.1 percent of the respondents said that they are earning Rs.600/- per month, where as 31.5 percent of the respondents said that they are earning Rs.800/- per month and the remaining 16.4 percent of the children are earning Rs.1000/- per month.

Researcher enquired about the social life of the street and neglected children. More than half i.e., 51 percent of the respondents said that they are spending their time with friends, followed by 20.2 percent watching movies, 18.1 percent involved in gambling and 10.8 percent with alcohol and drugs. Further the next question asked to them was where they are consuming their food. 48.1 percent of the respondents said that they are consuming their food in way side parlours, followed by 27.9 percent at pavements and platforms, 20 percent of the children at homes and 4 percent at non-governmental organizations.

Researcher has tried to know about the knowledge of street and neglected children regarding non-governmental organizations. Majority i.e., 78.3

percent of the respondents said that they did not have any knowledge about non-governmental organizations, where as 21.7 percent of the children have awareness about non-governmental organizations.

Findings of the study:

Majority of the street and neglected children belong to the category of male. They are in 12 years and above age group, majority of them are Hindus and belong to the reserved category (back ward class and scheduled caste). Regarding education, majority of them have primary and upper primary educational qualifications. Further it is noticed that majority of the street and neglected children are non-migrants and belong to Visakhapatnam. It is observed that majority of the street and neglected children are on the street for less than one month duration and they have come to street because of friends influence. It is interesting to note that majority of them are rag pickers, and they are earning Rs.600/- per month. Regarding their social life, majority of them are spending their time with friends and they are consuming their food at way side parlours. It is surprising to know that an overwhelming majority of street children did not have knowledge about non-governmental organizations. In terms of reasons for becoming street and neglected children, majority mentioned lack of love, care and

affection and proper guidance; in these situations they were neglected and ill-treated.

The causes of child neglect are parental mental health problems, substance use, domestic violence, unemployment and poverty. It is observed that there is also close relationship between poverty and neglected children.

To improve their conditions it is essential to provide necessary support and assistance for reinstatement with their families, where it is possible. Day and night shelters should be created at different important places for these children. There is need to empower the street and neglected children with acceptance and confidence and to protect their rights as children. Help the children to develop as respectable and productive citizens. They should be provided with all the facilities for their creativity. Counselling services should be conducted regarding physical, educational, emotional and psychological problems. Police should be oriented with professional knowledge and skills in dealing with street and neglected children. In addition there should be proper police patrols and beats organised and the police treat the children with a humanistic concern to place the street and neglected children in proper places. It is important to help and support the street and neglected children by organising self-help projects run by the children for collective action.

Conclusion:

In conclusion we can say that it is not enough to give birth to the children but it is essential on the part of the parents to show proper care, love and affection towards them. Because today's children are the citizens of tomorrow, if they are not moulded properly they will become a threat to the society. Parents and teachers should be role models to the children. It is also essential on the part of the parents and teachers to observe the movements of the children from time to time. Because there is an old saying 'tell me about your friend and I will tell what type of person you are'. Friends and environmental influence will always prevail upon the children. So when the children are going in a wrong track, it is the responsibility of the parents and teachers to correct their behaviour.

References:

1. Nangia P & Pinto "Situational analysis of children in especially difficult circumstances with focus on street and working children in the Union territory of Delhi" New

- Delhi, Report submitted to UNICEF, 1982
- 2. Philips WSK (1994) 'street children in India' Jaipur, Rawat publications
- 3. Daniel.B (2005) 'Introduction to issues for health and social care in neglect' (11-25) London and Philadelphia Jessica kingsley publishers.
- 4. Thompson, RA (1995) 'preventing child maltreatment through social support' thousand oaks, CA; London; New Delhi, sage publications
- 5. http;//en Wikipedia.org / wiki/census.India.gov.in
- 6. Gullotta, Thomas p (1979) 'leaving how family relationship of the runaway child'. The journal of contemporary social work vol.60, No.2, pp 111 to 114.
- 7. Masani, R.P (1984), 'story of the society for the protection of children in western India' the Indian Journal of social work, Vol 11 No.4, March, pp 423-437.
- http://wikipedia.org/wiki/child-neglect
- 9. http://www.streetchildren.org.uk

Guidelines for Authors

- This is a Peer-Reviewed journal.
- Contributions need to be in English.

The journal is dedicated to governance and developmental issues. Therefore, submissions could be related to governance and development related subjects — urban, rural or tribal, i.e., issues confronting cities, villages, peri-urban areas, issues related to urban and rural local bodies, issues related to education, public health, livelihood, urban and/or rural poverty, gender equality, etc. We however do not wish to limit the scope of authors' contributions to these areas. These are only indicative.

- Normally length could be 3000 to 4000 words though we do not wish to limit the size.
- Authors are requested to ensure that they follow all guidelines and practices applicable for this kind of work, in particular to ensure the following:
 - That the work is original, not previously published, does not infringe on others' rights and that reproductions from other sources are appropriately credited to the source and permissions taken where required. In other words, the authors shall remain solely responsible for the content provided by them
 - All persons who have contributed to the work are credited as authors or co-authors or otherwise appropriately. Further that persons credited as above have actually contributed to the work
- As we print in black & white, tables, charts, graphs, images, etc. if included, need to be compatible and easy to understand in printed form.
- We reserve the right to edit for sense, style, space, etc.
- Contributions may be sent as a Word file by email to aiilsgquarterlyjournal@aiilsg.org or info.algq@aiilsg.org
- In case of submissions selected for publication, the author would be sent a copy of the printed journal by post. However, it may not be possible for us to respond to individual queries from contributors enquiring about the status of their submissions.
- The Publisher reserves the right of publication.
- ➤ We publish quarterly, usually for the quarters January March, April June, July September and October December. The publication is usually at the end of each of these quarters.
- We do not levy any submission/processing/publication charges.

Ethics Policy

The Local Government Quarterly has been instituted and is being published with a view to promote the knowledge and sharing of ideas on subjects related to local governance - urban and rural, in India and overseas. It seeks to address related subjects including, but not limited to, education, public health, livelihoods, urban and rural poverty, gender equality.

The publication aims to contribute to the development effort in these and related areas by taking a positive approach so that achievement of favourable outcomes is made possible. The aim is to enable positive impacts in all sections of society including the poor, vulnerable and disadvantaged. The publication aims to add value to the efforts of all stakeholders particularly those working in these and related fields from all sectors - government, non-government organisations, academia, research and industry.

The publication is committed to a fair and equitable approach in all its pursuits and is bound to act without any ideological bias, in a non-adversarial, non-discriminatory and positive manner. The publication is committed to respect diverse views of stakeholders, especially of the contributing authors provided these are not against or unfair to any section/s of society or could create disharmony among or hurt the sentiments of any section/s of society – actually or potentially.

Readers and all concerned may note that the views expressed in the published contributions would represent the personal opinions of the authors and would not necessarily reflect the opinion of the publisher.

The publication will act in full compliance with all laws and regulations that are applicable to it and will act in a purposeful manner to rectify any inadvertent noncompliance that may be brought to its notice.

'On the part of authors, the publication expects similar fair, equitable and inclusive approach to be reflected in the contents of the contributions. In particular, authors are required to ensure the following:

- That the work is original, not previously published, does not infringe on others' rights and that reproductions from other sources are appropriately credited to the source and permissions taken where required. In other words, the authors shall remain solely responsible for the content provided by them
- All persons who have contributed to the work are credited as authors or coauthors or otherwise appropriately. Further that persons credited as above have actually contributed to the work
- All other ethical guidelines that are applicable for such work

We commit ourselves to the standard ethical norms.

Publication and Peer-review Policy

Local Government Quarterly is being published by All India Institute of Local Self-Government by incorporating research papers and articles contributed by diverse stakeholders including academicians, urban planners, practitioners and others with, among others, the following objectives:

- > To bring to the fore and highlight issues regarding governance and development especially in India. The issues could include urban, rural or tribal ones covering an array of topics including education, public health, poverty, livelihood and gender.
- The aim is to generate debate and deliberation with the objective of seeking solutions to challenges in the above areas.
- To contribute to capacity building of institutions and personnel working in the related fields thereby improving their response to the issues being confronted in these sectors.
- Contributions are invited from authors in accordance with the 'Guidelines for Authors' published separately.
- Those contributions which are found to be as per the 'Guidelines for Authors' would be provided to some member/s on our panel for 'Peerreview'. In case found necessary, the feedback of the panel member/s could be provided to the concerned author for any modifications he/she may like to make based on the feedback and resubmit the work.
- The publisher reserves the right to publish.

For submission of papers/contributions, kindly note the changed e-mail IDs

aiilsgquarterlyjournal@aiilsg.org

or

info.algq@aiilsg.org

Report Review

Report on Municipal Finances

Own Sources of Revenue Generation in Municipal Corporations: Opportunities and Challenges

Read the report here:

https://m.rbi.org.in/scripts/AnnualP ublications

Urbanisation is among the major themes shaping life in this world in the current time and is bound to remain so for the foreseeable future. Population growth, ageing population, and migration are other themes already determining policymaking and the governance architecture of nations and cities. The phenomenon of rapid and relentless urbanisation is having a profound impact on the lives of our countrymen too. The growing influx of people from rural areas into the cities puts pressure on the cities and results in disequilibrium in the ability of different strata of society to access services including water & sanitation, healthcare, education, and mobility. Urban local bodies are the primary bodies involved in addressing these challenges. Their ability to surmount these challenges and meet the growing aspirations of urban dwellers depends on their human capabilities, and more importantly, their finances.

In this regard, finances of urban local bodies is a matter of intense scrutiny and debate. Therefore the Report on Municipal Finances released by the Reserve Bank of India in November 2024 is of much interest. It serves to provide much needed data and fills gaps in this area. This is the second edition, November 2024 by Reserve Bank of India the first being released in November 2022. In between, the RBI also released a study titled Finances of Panchayati Raj Institutions in January 2024.

> The Foreword has been penned by Micheal Depabrata Patra, Deputy Governor RBI. It states that this report delves on the fiscal position of 232 Municipal Corporations (MCs) from the period 2019-20 to 2023-24 (Budget Estimates) with a focus on the theme 'Own Sources of Revenue Generation in Municipal Corporations: Opportunities and Challenges'. It states the key highlights of the report namely:

- While the revenue account of the MCs has remained in surplus, their heavy reliance on transfers and grants from upper tiers of government continues
- The own revenue sources are not adequate for meeting the revenue expenditure of most of the MCs, thereby affecting their functional and financial autonomy
- Comprehensive reforms, including adoption of technologies like GIS mapping and digital payments, rate

rationalisation and their periodic revisions as well as better monitoring to plug leakages can help in the augmentation of their own source revenues

The Foreword goes on to acknowledge the contribution of various agencies and officials of the RBI, MCs, governments, etc.

Chapter 1 is titled Overview. It starts by saying that although the demand for high quality urban services is rising with the growing population, the MCs entrusted with the task of providing these services are having limited sources of own revenues and are dependent on higher tiers of government for finances. This limits their operational flexibility. Several measures such as taxation reform are necessary to build resilient municipal finances for effective urban development. It goes on to point out the importance of tracking municipal finances - their revenues, expenditures, etc. in a holistic manner. Here it states that the Fifteenth Finance Commission has mandated timely release of unaudited and audited financial statements by urban local bodies in order to qualify for receiving any grant. The analysis in this report has been enabled by undertaking a primary survey of MCs on their property tax revenue systems, which yields a sizeable part of the revenues of the MCs. Various measures that could boost property tax revenues are mentioned as also the potential of municipal bonds to raise revenue for Mcs.

Chapter II is titled Fiscal Position of Municipal Corporations. It starts by noting that there had been a sharp decline in revenues of MCs during the Pandemic Year 2020-21 but recovered later. It gives figures for all MCs as a total. Table II.1 tabulates consolidated receipts and expenditures for all MCs and for top 10 MCs. Some of the large states are seen to have a surplus budget in 2023-24 while others have a deficit budget. Table II.2 gives that state-wise numbers for revenue receipts and revenue expenditure for three budget years. Table II.3 gives the state-wise ratio of MC revenue receipts to state government revenue receipts for five budget years. Delhi and Maharashtra at 34.5 and 14.1 percent are those with the largest ratios. This table gives a picture for the state as a whole and not for each MC. There could be wide variations within a state. Further, in this chapter is given a break up for all MCs of the ratio coming from various heads. For example, in 23-24 (BE), 30 percent of all revenues come from own tax (property tax, water tax, electricity tax, education tax) revenue. There is one chart depicting this figure for all MCs and another one for top ten MCs. Several other charts depict the receipts data of MCs, also state-wise. Thereafter are tables and charts giving the detailed position with respect to the expenditure side of MCs. Table II.9

gives the heads of expenditure revenue as well as capital – as a total for all MCs for 5 years. Capital expenditure is that which goes towards building assets like roads, bridges, parks and street lights which are investments for the future well-being. On the other hand, revenue expenditure goes largely towards meeting salaries and other expenses. Thereafter are given figures of MCs' borrowing and Bond financing. All these provide valuable insights into the financial working of MCs as a whole, but there could be wide variations across the local bodies even within the same state.

Chapter III is titled Own Sources of Revenue Generation in Municipal Corporations: Opportunities and Challenges. Given the need for MCs to augment their own revenue sources to enable greater operational and financial flexibility, some interventions could be useful. Optimizing tax rates and use of technologies such as GIS could help in this direction as stated in the opening remarks of this chapter. Delving further into this aspect, the report states that ULBs own revenues are not commensurate with their responsibilities especially given the new challenges arising out of climate change for example. This is aggravated by limited autonomy to adjust tax rates and other levies and user charges. The authors state the four major heads of revenues for ULBs as i) own revenues, ii) assigned revenues where the taxes

and levies are collected by state governments and passed on to ULBs, iii) grants from state and central governments, and finally iv) loans & borrowings. Sub-heads under these are listed out in Table III.1. The ratio of own sources to total revenues for various states are plotted. These are well explained and depicted in charts and graphs. Box III.1 in this chapter is an interesting one. It describes valuation methods for the purpose of levying property tax. Property tax being an important head of own revenue is dealt with in detail, including assessment, billing, and collection.

Chapter IV, the final one is titled Way Forward. It starts by saying that robust municipal finances are critical with growing urbanisation and the aspirations of people for quality public services. Boosting own revenues sources, timely transfers from state governments, streamlining expenditures through digitization, and adhering to standardized accounting practices & transparency to facilitate borrowings through municipal bonds are mentioned as possible steps towards this goal of strengthening municipal finances.

The Report ends with some explanatory notes, and detailed statements and appendices. These give information of much value at a micro level including state-wise numbers.

All in all, this report from the RBI is a must-read document for a wide

spectrum of audience including urbanists, local body officials, elected representatives, researchers, students and others. Coming from a premier organisation like the RBI enhances its value. The report is not unduly lengthy; rather it is crisp and precise and makes for easy reading.

V. Vijaykumar

An Invitation

The Local Government Quarterly invites contributions in the form of articles and research papers from its readers and well-wishers.

Contributions may be e-mailed to us in digital form as a Word file.

Articles could normally be between 3000 and 4000 words, though we do not wish to limit the size. As we print in black and white, tables, charts, graphs, images, etc. need to be compatible. We reserve the right to edit for sense, style, space, etc.

Contributors may e-mail their articles to: aiilsgquarterlyjournal@aiilsg.org or info.algq@aiilsg.org

> The Chief Editor **Local Government Quarterly** All India Institute of Local Self-Government, M.N.Roy Human Development Campus, Plot No. 6, 'F' Block, TPS Road No 12, Bandra (East), Mumbai – 400051, India. Tel: +91 86576 22550 / 51 / 52 / 54

Our Contributors

□ Sowmyashree K L

Dr. Sowmyashree K L is Guest Lecturer, DOS in Geography, University of Mysore, Manasagangothri, Mysuru

☐ Pradeep Kumar K

Dr. Pradeep Kumar K is Guest Lecturer, Department of Geography, Maharaja's College, Mysuru

■ Nayanatara S Nayak

Prof. Nayanatara S Nayak is Professor, Centre for Multi Disciplinary Development Research (CMDR), Dharwad

□ Narayan Billava

Dr Narayan Billava is Assistant Professor, ANS Chair, Centre for Multi Disciplinary Development Research (CMDR), Dharwad

■ Mogaveera Jyothi

Ms. Mogaveera Jyothi is Research Scholar, Department of Economics, Mangalore University, Mangalore

□ Lalsangpuii

Ms Lalsangpuii is Head, Department of Public Administration, Government J. Buana College, Lunglei and Ph.D Scholar in the Department of Public Administration, Mizoram University Lalrintluanga Prof. Lalrintluanga is Senior Professor (Retd.), Department of Public Administration, Mizoram University and currently UGC Guest Faculty, Department of Public Administration, Mizoram University. He is Former Head, Department of Public Administration and Dean, School of Social Sciences in Mizoram University Gopi Madaboyina Dr. Gopi Madaboyina is Assistant Professor, Department of Political Science and Public Administration, Adikavi Nannaya University, MSN Campus, Kakinada V Vijaykumar V. Vijaykumar is Senior Advisor, All India Institute of Local Self-Government

OBJECTIVES

The main emphasis of the Institute's work is to see that the local bodies can contribute more effectively to the development process and provide the citizens with better living conditions by meeting their aspirations in terms of required amenities, infrastructure and better environmental conditions, thus contributing to social and economic development of the society as a whole by better management of the human settlements. While these are the long-term objectives, the immediate ones are:

- To advance knowledge of the principles and practices of Local Government by conducting research and by organising training courses and programmes at various centres in India for officials and elected representatives in the local bodies.
- To strengthen and improve Local Government Institutions by improving their performance through education, orientation and bringing them together for common endeavor by organising specialised conferences, conventions and seminars.
- To make available a platform for members of local bodies and officials for exchange of views and ideas related to urban development and administration.
- To represent the views of local authorities supported by research work to the concerned higher authorities from time to time.
- To publish bibliographies, articles, books and other literature on matters of interest to local bodies.
- To publish journals, bulletins and other literature on different aspects of Local Government and on the working of Local bodies in different states.
- To undertake research studies in public administration, problems of local bodies and also in related topics of urban and environmental factors and arrange for their publication etc.
- To establish and maintain an information-cum-documentation service for local bodies.
- To undertake consultancy assignments in various areas of urban development and problems of local bodies with a view to improve and develop organisational, managerial and operational efficiency.

In view of the above, the Institute has been collaborating with the relevant government departments, Central and State, Universities, Organisations and Research Institutions. The work of the Institute covers several aspects involving a multi-disciplinary teamwork.

All India Institute of Local Self-Government

M. N. Roy Human Development Campus, Plot No.6, 'F' Block, TPS Road No.12, Bandra (E), Mumbai – 400051.

Tel: +91-86576 22550 / 51 / 52 / 54 E-mail: aiilsgquarterlyjournal@aiilsg.org, info.algq@aiilsg.org Website: www.aiilsg.org