Complex Decentralisation: Resident Welfare Association response to Covid-19

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The Covid-19 pandemic has impacted governance in several ways. It has re-focused the lens on questions of the role of the state and state capacity through the lens of public health. One significant issue that arises in the wake of such an extraordinary event is the impact of decentralized governance on public service delivery systems. This paper seeks to assess, in this specific context, the impact of Resident Welfare Associations (RWAs), a micro-site of governance in major cities of India on Covid-19 management. RWAs are a unique site, in that while not being statutory, are legal, voluntary organizations that are increasingly significant stakeholders in urban governance. This makes them an important location of political contestation, and also a method to deliver public services without devolving too much power.The paper reviews the unique position of Delhi with its overlapping structures of governance. It then makes an assessment of an RWA based in in South West Delhi, over a period of two years, in order to arrive at insights about the complicated nature of decentralization.

Delhi Government's Response to the Covid-19 Pandemic

The National Capital Territory of Delhi occupies a unique political position. It is simultaneously a Union Territory and a state. For the better part of its existence as the capital of India, starting 1911, it was governed as what came to be called a Union Territory, with a brief interregnum as a state between 1952 and 1956, after which the States Reorganisation Commission reinstated it as a Union Territory.

The Government of the National Capital territory of Delhi Act 1991 restored the office of the Chief Minister and the Council of Minister, albeit with limited powers. The power to make decisions over three critical matters — policing, public order and land — was retained with the Central Government. Thus, Delhi is jointly administered by the Delhi Government and the Central Government, and is both a Union Territory and a quasi-state.

Administrative Complexity and Decentralization

The administration is hardly without friction. When the AamAadmi Party (AAP) came to power in Delhi after winning the 2015 Assembly elections, the demand for full statehood to Delhi was revived. Tussles between the Office of the Lieutenant Governor (LG) of Delhi (a representative of the Central Government) and the elected government of Delhi led to the question of jurisdiction reaching the judiciary. The Delhi High Court

upheld the role of the LG, but subsequently, the Supreme Court emphasised the power sharing arrangement, giving primacy to the Delhi Assembly. In 2021 however, an amendment to the GNCT Act reinforced the supremacy of the LG and curtailed the powers of the Assembly. In terms of the federal arrangement therefore, the governance of Delhi leans heavily towards centralisation. This has implications for a variety of matters including public health.

The Centre has the responsibility of making broad policy frameworks and ensuring resources to the states. In the context of specific public health emergencies such as the Covid-19 pandemic, a few points are pertinent. The Indian Council for Medical Research (ICMR) and the Centre for Disease Control (CDC), both are under the jurisdiction of the Central Government. Relevant legislative acts such as the Epidemic Disease Act 1897 and the National Disaster Management Act 2005 both grant the Centre greater powers in dealing with public health emergencies. Further, port quarantine and inter-state migration are on the Union List, and inter-state spread of diseases is on the Concurrent List. However, health is a State subject and states are expected to take the lead in mitigation efforts.

A third tier, that of the municipality, must also be taken into account as far as decentralisation of Delhi is concerned. The Delhi Municipal Corporation Act 1957 provided for an urban local body for Delhi. In 2011, when Delhi had a Congress Party Chief Minister, Sheila Dixit, the act was amended to trifurcate the Municipal Corporation of Delhi (MCD) into the North Delhi Municipal Corporation (NDMC), South Delhi Municipal Corporation (SDMC) and the East Delhi Municipal Corporation (EDMC). In yet another amendment to the bill in 2022, the above three urban local bodies were reunited/ replaced by a single Municipal Corporation of Delhi. [1]

The complicated political status of Delhi and its three tier structure of governance led to considerable friction about overlapping jurisdictions during the pandemic, potentially exacerbated by different parties in power at the Centre, the state and the municipal levels.

Delhi's Public Health Infrastructure

The Directorate General of Health Services, under the Health and Family Welfare Department of the Government of NCT Delhi is the primary agency responsible for coordinating the provision of health services across Delhi. The various health facilities available in Delhi, i.e., dispensaries, Mohalla clinics and hospitals variously come under the jurisdictions of the central government, state government and municipal bodies. The AAP government in Delhi had made health an important electoral plank. Mohalla Clinics were pivotal to this programme, set up to provide primary health care and basic services. [2]

In 2018, the Delhi Government launched the *Quality Health for All* programme. This programme aims to provide health facilities at a subsidised rate to everyone, and brings within its ambit private hospitals. Private hospitals will have to provide subsidised

healthcare services in case government-run hospitals were unable to provide similar services. In addition, the Delhi Government has also created an online *Health Information Management System,* with the aim of providing and e-Health Card, thereby digitising both patient's medical history as well as granting access to hospitals under this network.

Despite these ambitious projects, the status of healthcare infrastructure in Delhi is grossly inadequate. Long term systemic neglect and under-funding are the primary reasons. The funding from the Central Government is inadequate. At the level of the State Government, the AAP increased its budgetary allocation towards health in 2020-21 and 2021-22. In 2021-22, the amount spent on health during the Covid pandemic was 29%.[3] However, in 2022-23 budget, the allocation has been reduced by 1.7%.[4] The State Government has allocated heavily towards health, but a majority of this goes towards tertiary care instead of primary care. When the Covid 19 pandemic hit the city, it found itself underprepared in terms of infrastructure to take on an arguably complex and difficult health emergency of gargantuan proportions.

Delhi Government's Response to the First Wave
During the First Wave of the pandemic, the Delhi government focused on mobilising available resources to tackle the emergency, and also to scale up available resources. On the medical front, the government emphasised heavily on testing, contact tracing (with the help of the police), optimisation of medical centres, and sourcing the requisite medical equipments such as Personal Protective Equipment (PPE), ventilators and oxygen beds. There was an emphasis on cooperation with central government and its agencies and urban local bodies. It issued orders regarding non-denial of treatment to Covid patients, earmarking beds for Covid patients and limiting costs for private hospitals. Delhi government employees were involved in dealing with the pandemic and monetary compensation for frontline workers was announced.

On the non-medical front, the Delhi government took decisions regarding school fees, payments of salaries, urban poor and migrant workers. It used the available Public Distribution System (PDS) to provide food rations, issued food coupons, and collaborated with non-governmental organisations to provide meals and non-food supplies.

A third aspect where the efforts were directed was communication. Information and protocols about Covid appropriate behaviour, infrastructure updates and availability of medical facilities was done both offline and online methods. Social media, especially Twitter, was used for the purposes. Dedicated government websites were launched. Sensitisationprogrammes were carried out for a wide variety of government employees who were assisting in the efforts or were frontline workers.

Delhi Government's Response to the Second Wave

The Second Wave of the pandemic, starting by the end of March 2021, was devastating, particularly in terms if fatalities. Delhi was particularly badly impacted. In the third week

of April 2021, it witnessed 28,000 cases per day. Fatalities at the same time stood at 1347 per week compared to Mumbai's 361 per week. The fatalities were not limited to any age group or persons with comorbidities, and in case of recoveries, were accompanied by cases of black fungus and white fungus. Critical for Covid patients during this deadly Second Wave was medical oxygen and ICU beds. Delhi hospitals ran out of both, which led to tragic deaths.

Although the Delhi Government struggled to get access to medical oxygen, it made several efforts to source the same. It appealed to the Central Government to ensure supplies. Existing supplies were to be utilised judiciously. Bureaucrats were put in charge of supply chain management of medical oxygen, and coordinated with the Indian Army and Delhi Police for ensuring smooth transportation. However, a major tussle erupted during this period between the Central Government and Delhi Government over required and allocated quotas of oxygen based on a differing formula for calculating the same.

Despite Delhi's better medical infrastructure, the State Government did not fare well in dealing with the second wave, and the city saw a complete collapse of systems, high fatalities and a complete loss of human dignity.

Resident Welfare Associations: Rise, Role and Politics

Delhi was among the worst affected states in India. On 30th April 2021, the city witnessed 395deaths which spiralled to 448 deaths on 3rd May 2021 according to official figures reported in the media.[5] The cumulative deaths due to the disease stood at 11,036 on 1st April 2021, and more than doubled to 24, 299 by 1st June 2021.[6] Delhi was among the top three states in terms of Covid fatalities during the peak period of the second wave, which was alarming because it stood next to Maharashtra and Karnataka, states that were far larger in size in comparison. [7]

Much prior to the collapse of health and other services throughout the country during the fatal second wave. Resident Welfare Associations (RWAs) had already taken the initiative to deal with the pandemic. Covid-19 had been classified as an "urban" disease, since the spread of the disease happened through international travellers from affluent backgrounds. The infection spread across and from urban India, where the middle class and upper middle class resides in societies, many of which already had RWAs. The Directorate General of Health Services, Ministry of Health and Family Welfare (MoHFW) of the Government of India issued a document in July 2020 detailing advisories for Gated Residential Complexes.

This document stated that "RWAs will be an important stakeholder in COVID-19 prevention, control and containment activities". Apart from emphasising generic sanitation and hygiene protocols, it provided an exhaustive list of measures tailored for residential complexes. These covered communication to residents, sanitation measure, disease surveillance using thermal screening for both residents as well as vendors and

household help, and any delivery personnel. Directions were given regarding gatherings, use of common areas and physical distancing. RWAs were advised to keep track of Central and State Government advisories and communicate the same through available digital means to residents, maintains links with nearest health facilities, counteract rumours, address stigmatisation and maintain supplies of basic medicines and pulse oximeters. Interestingly, it also stated that in case RWAs wished to set up Covid Care Facilities, they could do so as per guidelines given by the Ministry, although they would only be made operational in case the local health authorities were satisfied that they met the required standards. Other advisories dealt with action to be taken in case Covid cases occurred in the society, as also in circumstances of declaration of a residential complex as a Containment Zone.[8]These developments lead to the question about the rise of RWAs and the role they have played in shaping the lived experience in urban India. RWAs have appeared as a micro-tier of local governance on daily affairs for neighbourhoods in urban India, particularly in metropolises like Delhi.

Scholars have traced the rise of RWAs to a host of factors. Broadly, increasing citizen participation is expected to improve democratic processes as well as related policy outcomes.[9] Tawa Lama-Rewal and Zerah suggest that there was a strong push towards decentralisation after the end of the Cold War, and in the context of increasing globalisation and privatisation in the 1990s worldwide[10] as also in India.[11] India had opened up its economy at the same time; major cities were viewed as pivotal to economic growth,[12] and the country's capital was sought to be re-cast as a " global metropolis and world-class" city, first alluded to the the Master Plan for Delhi notified in 2007.[13] This segued in well with the post-liberalisation newly prospering urban middle class' vision, aesthetic and aspirations for their living space. Unsurprisingly, it was an exclusionary vision that deemed the urban poor as a "nuisance".[14]

Some accounts however, push back the date of the emergence of RWAs further back. The increase in public housing by the Delhi Development Authority (DDA) in the 1980s was crucial as the DDA Act contained provisions for creating management committees in group housing societies. Another account argues that RWAs emerged in the aftermath of the anti-Sikh riots in Delhi, wherein both Sikh and non-Sikh dominated neighbourhood were concerned about security.[15] The 74th Constitution Amendment Act 1992 mandated the creation of discrete units referred to as the Ward Committees (WC) as an interface between elected Municipal Councillors, members of the municipal administration and residents. The WC failed to take off and this gap was filled by the RWAs.[16]

RWAs are not statutory bodies. They are voluntary associations that are registered under the Societies Registration Act of 1860. While they have the leeway to decide their own modalities of operation, can levy monthly or annual charges from residents, and deal with issues pertaining to the upkeep of the neighbourhood, they are not recognised as part of the decentralised schematic of governance.[17] However, they have acted as an important interface between the state and citizens. In Delhi, the *Bhagidari*scheme launched by the then Congress-led state government under the leadership of Sheila Dixit in the year 2000 was one such significant programme. Although *Bhagidari* included a host

of associations such as Market Traders Associations (MTAs), NGOs, and representatives of the urban poor, previous research has shown that there was a decisive tilt in favour of RWAs. The programme was viewed as a success in its initial years, and is also credited with being instrumental in helping the then Chief Minister win a second term by winning votes from a constituency, i.e., the middle class and the upper middle class, that traditionally did not vote for the Congress party.[18]It led to the proliferation of RWAs and the creation of umbrella RWA organisations across the city. This does not mean that RWAs wholeheartedly supported the state. In fact, they opposed several state initiatives, notably power rate hikes, and came to be viewed as a discrete, formidable force in the terrain of urban governance.[19]Some scholars have also argued that the perceived heft of the RWAs was a media creation, since urban based media would cover urban issues. However, they have also shown that RWAs, though essentially urban, are not undifferentiated along class lines. i.e., these are formed not just in upper middle class and middle class localities, but also in less affluent parts of the city.[20]

In more recent years, particularly after Congress party lost control of Delhi and the AAP came to power, the *Bhagidari*scheme has lost its centrality to Delhi's governance, and the current state government has attempted to formulate its own distinctive programme with *Mohalla Sabhas*.[21] These are envisaged as a tier below that of the municipal ward, and are designed to function as a n urban direct democracy forum. They are not intended to replace RWAs, but to be complementary to them.[22]The current government is following the trends set by previous state government, that of allying with RWAs for governance tasks related to maintenance and upkeep of neighbourhoods, projected to benefit the entire city eventually.

The AAP government involved RWAs in its campaign to combat diseases such as dengue and chikungunya by signing a Memorandum of Understanding with two umbrella bodies of RWAs in 2019. Delhi's Health Minister, Satyendra Jain, emphasised the critical role RWAs can play in ensuring that the message and protocols to combat these mosquito borne diseases reaches maximum number of households.[23] RWAs have not limited themselves to issues of neighbourhood upkeep, and have attempted to influence urban politics. In the run up to the MCD elections of 2022, the umbrella body of RWAs released a People's Manifesto demanding a "liveable, breathable and commutable city", demanding accountability from the councilors.[24] RWAs therefore, appear to fall in the interstices of politics and civil society.[25]

It is in this context that it becomes interesting to examine how RWAs responded to the extraordinary situation that the Covid-19 pandemic posed. To do this, we have selected an RWA in Vasant Kunj in Delhi.

Vasant Kunj: A Profile

Vasant Kunj in south-west Delhi was primarily farmland that was acquired by the government in the 1960s. The DDA was given a mandate to build a colony comprising two-bedroom, three-bedroom and duplex flats. Today Vasant Kunj is divided into five

sectors- A, B,C,D, and E comprising nearly 20000 flats with a population of around 1,40,000. Each pocket has anywhere between eight to nine pockets.[26]

Considered a posh- residential locality today, Vasant Kunj initially did not even have basic amenities such as drinking water and public transport.[27] The lack of basic amenities and burgeoning population worked as an impetus for the formation of the first RWA in the late 1980s, as a forum to present the resident interests to the elected representatives.[28] Today the locality is considered an upscale suburb within south-west Delhi, and considered one of the wealthiest part of Delhi.

In the run up to the Commonwealth Games in 2010 the DDA was given the task for building 5000 flats in South Delhi — of these 2709 flats were to be built in Vasant Kunj. This was done in order to offset the shortage of accommodation for estimated 50,000 guests expected to attend the games in various capacities.[29] The India Tourism Development Corporation (ITDC) was entrusted with furnishing the Vasant Kunj flats. The mandate to the ITDC was to furnish these flats in a manner similar to 3-Star hotels.[30]

Built to accommodate technicians during the 2010 Commonwealth Games , the DDA flats at Vasant Kunj D-6 were positioned as 'premium' furnished apartments and were allotted at a comparatively higher rate as part of 2010 housing scheme.[31] The Commonwealth Games Apartments in Vasant Kunj comprised of four housing complexes—Narmada, Saraswati, Yamuna, and Ganga.

However, DDA delayed completion of the project, and even two and half years after the games a majority of the flats in the Commonwealth Games flats remained unliveable. The final handover happened in March 2014, though the project was far from finished.[32]

For the purpose of our analysis, of the four Commonwealth Housing Complexes we have focused on the RWA of the Yamuna Apartment Complex. The Yamuna Apartment Complex comprise of 436 flats, and has had elections twice to elect the RWA office bearers in 2017 and 2020.

A section amongst the original allottees formed an informal association in 2014 to liaison with the government machinery especially the DDA and SDMC to finish the pending work and ensure provision of basic services in the society. Though this group had no legal standing, it did try to intercede on behalf of the owners with the civic authorities. The first elected RWA was constituted in 2017 for a period of three years. In November 2020 a new set of RWA office bearers took charge following an election supervised by a court appointed returning officer. In the absence of any clarity and consensus the functioning of the first RWA was marred by internecine litigation between various factions among the owners, this also impacted the functioning of the RWA, as only the owners are eligible to vote and contest in the RWA elections. The number of owner-resident in the society was miniscule, and a majority of apartments were either unoccupied or occupied by tenants. The main task performed by the RWA was to liaison with the civic authorities; including the SDMC, DDA, and Delhi Jal Board(DJB) to

ensure that the basic amenities are provided to the society. There was also a dispute with regard to the general upkeep and maintenance of the society as the DDA had collected a lumpsum amount as maintenance fee from the owners at the time of registration, and a substantial number of owners were reluctant to make a monthly contribution for maintenance of the society. This difference of opinion among the owners was the main reason for recurring disputes within the society, resulting in acrimony and litigation.

The 2020 election for the RWA happened in shadow of Covid-19, and a bitter court battle between the incumbent RWA and an influential section among the owners desirous to contesting the elections. There was a feeling that the affairs of the RWA were being conducted lackadaisically, and lacked professionalism. The new group galvanised support among the owners and asked for an updated voter list. This faced resistance from the incumbents who were seeking reelection, as they felt that they may not have the support of a large number of non-resident owners comprising a majority of owners. This became a flashpoint between the two groups and the matter eventually reached the court. The court verdict was in favour of updating the voter list and appointment of a Returning Officer to conduct the election. The incumbent office-bearers were resoundingly defeated in the election, and the new group was able to win all the seats.

The main electoral plank of the newly elected RWA was to introduce professionalism in the affairs of the RWA and streamline the provision of basic amenities within the society. The presence of retired bureaucrats, corporate sector professionals, and academia in the electoral panel was used as an electoral plank to convince the voters about their suitability and capability to negotiate with the government agencies and also the private sector. The previous RWA office bearers primarily comprised of individuals from non-professional backgrounds.

Therefore the response of the two RWA's to the pandemic makes for an interesting comparison, and the reason why we chose to engage with the Yamuna Apartments RWA for our analysis.

RWA Yamuna Apartments' Response to Covid-19

As mentioned above, two separate teams were leading the RWA, one in the period before November 2020, and one thereafter. This section will describe how the two sets of Yamuna Apartment RWA office bearers responded to the continuously evolving pandemic situation. For convenience, they are being labelled Team 1 and Team 2. The analysis is based on an extensive discussion with both sets of office bearers and select residents and other stakeholders.

RWA Team 1 Response

At the time of announcement of lockdown, and during the First Wave of the pandemic, Team 1, elected in 2017, was managing the affairs of Yamuna Apartments. Initially, as expected, they were caught by surprise and were unclear as to how to respond to a crisis

of this nature. The main aim was to continue to follow government advisories and encourage residents to do the same. The residents had to stay within their own homes, which they were doing on their own. There was insufficient information regarding sanitisation and therefore, in the initial period, the Team did not take much action on this either. One of the queries they faced from residents was information regarding households with Covid positive patients. The Team had no method of reliably gathering this information. Patients however, were encouraged to disclose their status in the WhatsApp group voluntarily, both for information of other residents as a precautionary measure, but also in case they required any help. The Team however discovered that the stigma attached to a contagious disease was too great and such information was not forthcoming.

As relaxations to movement were made in order to procure essentials, people did start moving about. Police personnel were deployed to check whether rules are being followed, mostly at places such as the nearest milk booth or vegetable vendor stands. As cases began to rise, RWA took responsibility of matters related to sanitisation, garbage collection as well as movement of residents. The Team informed that there was a dilemma here. The police wanted residents to adhere very strictly to movement protocols, but the RWA viewed the matter slightly differently. They felt that it is quite difficult to be locked up inside the house at all times, so if residents wearing masks wish to stroll a bit without gathering, they did not have an objection to this. This at times could lead to some friction with the Beat Constable. So far as interface with the constabulary was concerned, it was limited to checking entry/ exit gates, restricting entry of domestic help and construction workers, since neither were allowed in during this period. In some cases, the RWA had to reach out to the police where they felt that certain household were violating Covid protocols.

The Team also created a single point of interaction between them and the residents, keeping with essential service providers in the precincts, keeping in view physical distancing protocols. This information was duly circulated in the RWA WhatsApp group. Some residents were averse to these drastic changes in their everyday life, and matters were particularly difficult for households with patients. This posed a challenge to the RWA.

A critical role was played by the security staff and the garbage collection staff. Both were at the forefront, under guidelines issued by the RWA. The equipment and materials for sanitisation were purchased by the RWA from its corpus. The Governing Body of the RWA held regular meetings, and decided to levy a nominal additional charge from all households which would go towards the garbage collection staff since they were performing a crucial and high risk task. In addition, the RWA also arranged meals, medicines and travel money for them. Apart from their regular duties, they were also called upon to cater to any household for personal needs, in case they arose. However, the Team tried not to send the staff to Covid Positive homes, as garbage collection from these homes were the mandate of trained personnel from the municipal administration.

The President of an adjoining RWA voluntarily ran a kitchen from his own expenses. Since RWA Yamuna was part of the Federation of four adjoining RWAs, this helped source meals for members of Covid positive households. Similarly, residents who were doctors were requested to provide medical consultation for anyone who needed it via phone. In some cases, a doctor also used his position at a hospital to secure beds for critical patients who required hospitalisation. Inter-RWA coordination on several of the above issues was also attempted via the Federation WhatsApp group. Sometimes, RWAs would try to emulate other RWAs, for instances, when they received information regarding an effective sanitiser spray machine from another RWA, they made a decision to purchase the same. The RWA Team followed any advisories issued by the government. They procured oxygen cylinders and concentrators, set up a small isolation facility and attempted to procure medicines. Residents donated money for all the above efforts.

The RWA Team 1's assessment of their interaction with either municipal or state government was poor. For sanitisation, they reached out to the Junior Engineer in the area, in the hopes of receiving direction for the correct ways to sanitise society premises. A single meeting was held, where the administrative personnel gave the team a bottle of sanitiser and asked them to spray it everywhere. No further detailed instructions were given. In one instance, local MLAs were coming to the voluntary kitchens run by RWA Federation for food.

The government did issue advisories, but it was left to RWAs to interpret and apply. For instance, advisories regarding limiting movement within the society gates proved problematic since Yamuna Apartments is within the same precincts as the adjoining Ganga Apartments. In one case, a constable was found issuing challans to residents in the gardens because it was not clear whether they were in their society or the adjoining one. District administration was found to be unresponsive. There was a sense that the government was either focused on VIPs or the poorest people, because they assumed that the middle and the upper middle classes had the money and resources to fend for themselves. The two exceptions to this were the vaccination drive and Covid Testing.

RWA Team 2 Response

In November 2020, when there was a change of guard in the RWA and Team 2 came to power after winning elections, there was a brief lull in the intensity of the pandemic. The RWA Team 2 divided themselves into committees to oversee matters such as healthcare, cultural events, library etc. As cases began increasing and the second wave arrived in 2021, the team swung into action. One of the first actions taken was to sensitise residents and society staff about Covid protocols and precautionary methods. For the residents, 5 online sessions were conducted via Zoom. For the cleanliness and security staff, 4 face to face sessions were held. Gloves and masks were arranged for the sanitation staff, and members of the health committee ensured that these were changed regularly and not reused, at least for some time in the initial period. For Covid positive households, biohazard waste garbage bags were distributed to facilitate garbage

collection. Regular sanitisation of common areas and lifts continued, and sanitisation of households with recovered Covid patients were done on demand on a payment basis by the sanitation staff.

Initially, domestic help were barred from entering the society premises. Exceptions were made for the elderly on evidence basis. However, residents found innovative ways to violate this rule, posing a challenge for the RWA. Eventually, when mobility norms were relaxed, domestic staff were tested at the entry gate and asked to wear double mask. Residents were also asked to wear masks when household staff was working.

During the second wave, RWA Team 2 received distress calls from residents. Majority of the calls pertained to requests for oxygen cylinders, concentrators and refills. Other tasks included locating available hospital beds, transporting patients, procuring medicines, trying to arrange for technicians who could assemble the oxygen apparatus at home. Online doctor consultations were also arranged with doctors residing in the society as well as those in adjacent societies. They also collaborated with a hotel in Aerocity for the doorstep provision of meals to Covid positive households and security staff of the society. A resident provided the use of an empty apartment for Covid positive patients, and a small isolation centre was also made for patients. While these were not medical facilities, the goal was to provide a temporary space before they were shifted to a hospital.

A separate WhatsApp group was created for Covid positive patients to cater to their requirements and resolve problems. Detailed excel sheets of oxygen cylinder and medicine availability were circulated in this group. In a few cases, Covid positive patients with mild symptoms were found roaming around in the premises, and Several households did not report their Covid status due to fear of being stigmatised. This was a challenge. Following this, security staff was deputed to keep vigil on such households.

Financially, apart from the RWA corpus, which was beginning to run low by this time, donations from residents were used to procure materials. At one point, the monthly subscription was also raised to deal with the shortfall. Accounts of financial resources spent were regularly circulated in the residents' WhatsApp group.

RWA Team 2 reported having greater interface with various government agencies and the city administration. For instance, garbage collection from Covid positive households was to be done by personnel from the SDMC, with whom the team was in regular communication. They also reported receiving help for ambulance requests from the municipal administration. They were continuously reporting to the Sub Divisional manager, who was also the Epidemic in-charge for the area. However, at one points, when the municipal staff itself was affected and there was shortage of staff, it would impact this interface. For instance, a shortage of garbage truck drivers or sanitation personnel meant that garbage would accumulate. At times, polite entreaties worked, but at other times matters had to be escalated to the local councillor.

One of the members in Team 2 was a retired bureaucrat. They arranged for oxygen cylinders, in one instance from Baddi in Himachal Pradesh, by personally travelling overnight and procuring these, using the bureaucrat's personal networks. In another instance, oxygen concentrators were imported from Thailand, again with the help of the same networks. It also helped glean greater responsiveness from various government authorities. The Team admitted that the presence of a bureaucrat and his connections made a huge difference to the kind of resources and efforts that they could pull. For instance, when the oxygen cylinders were being brought in from Himachal Pradesh, an FIR was lodged on the charge that these are being taken for further sale. With the intervention and good offices of the former bureaucrat, the charges (which were not true to begin with) were dropped.

While Team 2 assessed the governments vaccination programme as good overall, but also reported that during the period of vaccine shortages, the RWA tied up with prominent private hospitals to secure vaccines for residents on a payment basis. Those requiring vaccines would give their names to the RWA, which would forward the list to these hospitals in advance.

Team 2 was part of a WhatsApp group comprising office bearers of all RWAs of Vasant Kunj. The aim was to share information, co-ordinate and help one another. However, as systems collapsed, even this cooperative arrangement was of little use as most RWAs focused on managing their own societies instead of helping others due to acute shortage of resources. It was at one point described as "lose-lose situation". Although there was anger towards the state by this time, there was also a sense of resignation. The Team felt that they could not wait for the government at any level to come to their aid as it was itself under immense pressure, and therefore continued to manage society affairs in an extraordinary crisis by themselves.

Analysis

The above analysis reflects state capacity, and an assessment of efforts and claims of decentralisation. The Indian state, at the best of times, struggles with providing basic services and a safety net for its citizens. When faced with an unprecedented public health crisis, the citizens looked towards the Centre and state governments for assistance and provision of facilities, and the response were at worst not forthcoming and at best, ad hoc in nature.

As explained above in NCT of Delhi there is an overlapping jurisdiction between various tiers of administration at the between the Centre, state government, and the municipal corporation. This very often leads to confusion, and one-upmanship between three tiers of city-state's administration. Therefore, it is not surprising that the administrative action was found wanting in its response to the initial Covid waves, a general refrain among the RWA office bearers. In the specific context of Delhi, an unwieldy and unresponsive municipal administration was unable to provide appropriate and adequate responses in the micro-zones under their jurisdiction. The AAP government primarily found itself reacting to various crises as they arose. Despite claims

of planning and preparedness, the ground reality was diametrically different. Wealthier residents hailing from the middle class and upper middle class is in general disdainful towards "politics" and governance, and have low levels of trust in the governments being able to provide them with the type and quality of services they require. This trust deficit deepened further.

Ironically, though the rise and proliferation of RWAs was a state-led project, this top down attempt at decentralisation has created the space for associations that have taken as an axiom the fact that the state will do precious little, and so governance is as good as an RWA's efforts and available funds. This does not imply that there will be no collaboration with government agencies, but despite such collaborations, RWAs, in their own imaginary of themselves, remain distrustful and detached. This is truer of middle class and upper middle class RWAs. Same as RWAs were useful tools for the political class to strengthen their potential voting constituency, the associations themselves are not purely civic or voluntary in nature, or "apolitical". While imagining themselves as distanced from electoral politics, the associations do make demands on the state, including for resources, and in some cases, have even become a conduit to enter politics through the ground level. For the state, it is the convenient availability of such associations that allows it to "outsource" the task of governance while simultaneously taking credit for successful collaboration as proof of how the machinery of decentralisation is well-oiled.

The AAP led government is mindful of the unrealized political potential of the RWAs. The party sees the empowered RWAs, along with MCD councilors, and MLAs as a necessary counterweight to the government at the center. For the party the RWAs have the political potential as a crucial cog in the patronage networks forged by the party since coming to power in 2013.

Even though the initial response towards the previous Congress led Delhi government *Bhagirdari* initiative was marred by skepticism, and it did try to undercut the RWAs with its own *Mohalla Sabha* initiative.[33] There was a perception within the party leadership that through the *Bhagirdari* scheme the previous government had tried to carve out a political base for itself by doling out targeted patronage through the RWAs. The *Mohalla Sabhas* were an attempt by the AAP government to recalibrate the outreach to the RWAs through newly created Sabhas. However, the *Mohalla Sabha* initiative fizzled out as not only did it receive a lukewarm response from the RWAs, who suspected this newer body of undercutting its role, but also from the BJP led government at the Centre.[34] The BJP state unit and the Central leadership perceived the *Mohalla Sabhas* as an instrument through which the AAP was trying to establish patronage networks beholden to the newly elected AAP government. The day to day functioning of the *Mohalla Sabhas* was also adversely affected by the series of disagreements between the Delhi government and the office of two successive Lieutenant Governors of the city-state. In the ensuing crossfire theRs. 20 crores allocated for development in select Mohalla Sabhas remained unaccounted for and so did any development work.[35]

During the MCD election campaign the AAP leader Arvind Kejriwal himself acknowledged that the Mohalla Sabha performance was less than desirable, and the reason identified by the party was the non-cooperation and active participation from BJP-run MCD.[36] Therefore, in the runup to the MCD election AAP proposed granting RWAs the status of "mini-councilor' status.[37] The idea was to financially empower the RWAs in an assembly constituency by allocating money to them to the tune of Rs. 4 crores per year from Member of Legislative Assembly Area Development Schemes.[38] This the party felt was needed since the RWAs are better placed to identify and redress the issues of the locality. The RWAs too were receptive to the AAP proposal, as an influential section did believe that the MCD in general, and local councilors in particular were singularly unresponsive towards the demands of the RWAs, a fact brought to the fore by the apathy displayed by the MCD office bearers and local councilors during the Delta wave in 2021.

However, lets not forget that the RWAs themselves are not monolithic units. We saw above that the class and income composition of any particular RWA team will determine its capacity to be responsive to the demands of the residents. It impacts the availability and capacity to raise funds. However, critically, it impacts the ability to leverage pre-existing power networks for patronage and responses from the state.

[1]PRS, "The Government of National Capital Territory of Delhi (Amendment) Bill 2021", *PRS Bill Summary*, https://prsindia.org/billtrack/the-government-of-national-capital-territory-of-delhi-amendment-bill-2021 (accessed January 24, 2023).

[2]delhi.gov.in Govt.of NCT of Delhi , "Brief Write Up on AamAadmi Mohall Clinic", http://health.delhigovt.nic.in/wps/wcm/connect/doit_health/Health/Home/Directorate+General+of+Health+Services/Aam+Aadmi+Mohalla+Clinics(accessed January 24, 2023).

[3]Revu Suresh, "Delhi Gets Rs 9769 Crore for Health Infrastructure", *Medical Dialogues*, March 29,2022, https://medicaldialogues.in/state-news/delhi/delhi-gets-rs-9769-crore-for-health-infrastructure-90612(accessed January 24, 2023).

[4]Ibid

[5]India Today Web Desk, "Coronavirus Highlights April 30, 2021: Positivity rate in Delhi now 32%", *India Today*, May 1,2020, https://www.indiatoday.in/coronavirus-covid-19-outbreak/story/coronavirus-india-covid-wave-oxygen-courts-health-ministry-vaccination-delhi-shortage-oxygen-news-live-updates-1796484-2021-04-30(accessed January 24, 2023).

[6]Kunal Dutt, "2nd wave of Covid wreaked havoc in Delhi in 2021; Omicron shadow in 2022", *The Print*, January 1,2022, https://theprint.in/india/2nd-wave-of-covid-wreaked-havoc-in-delhi-in-2021-omicron-shadow-in-2022/792997/(accessed, January 24, 2023).

[7]India News, "Half of all Covid deaths in India took place in April-May, shows government data", July 25,2021, *Hindustan Times*, https://www.hindustantimes.com/india-news/half-of-all-covid-deaths-in-india-took-place-in-april-may-shows-government-data-101627204345380.html(accessed January 24, 2023).

[8]Government of India, "Advisory for Gated Residential Complexes with regards to COVID-19", Ministry of Health & Family Welfare, Director General of Health Services, July 17, 2020, https://www.mohfw.gov.in/pdf/AdvisoryforRWAsonCOVID19.pdf(accessed January 24, 2023).

[9]Poulomi Chakrabarti, "Inclusion or Exclusion? Emerging Effects of Middle-Class Citizen Participation on Delhi's Urban Poor", IDS Bulletin 38, no 6 (December 2008) :96-104, doi: https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1759-5436.2007.tb00424.x

[10]Stephanie Tawa Lama-Rewal, Marie-Helene Zehra, "Introduction in Urban Democracy: A South Asian Perspective", *South Asia Multidisciplinary Academic Journal*, 30 December: doi : https://journals.openedition.org/samaj/3188(accessed January 24, 2023).

[11]Nivedita Bose, "Citizen's Participation in Local Governance: A Study of Resident Welfare Association in Delhi", in *Decentralization in Contemporary India: Status, Issues, and Way Forward*, ed. D. Raja Shekhar, R. Manjula, and M. Devendra Babu,(London: Routledge, 2021), doi: https://doi.org/10.4324/9781003094357(accessed January 24, 2023).

[12]Ibid

[13]Asher D. Ghertner, "Gentrifying the state, gentrifying participation: Elite Governance programs in Delhi", *International Journal of Urban and Regional Research*, 35, no 3 (2011): 504-532, doi: https://doi.org/10.1111/j.1468-2427.2011.01043.x , Rumi Aijaz, Delhi Master Plan 2021-2041: Towards a People's City?, (ORF Occasional Paper: 305, March 2021) https://www.orfonline.org/wp-content/uploads/2021/03/ORF_OccasionalPaper_305_DelhiMasterPlan_FinalForUpload.pdf (accessed January 24, 2023).

[14]Asher D. Ghertner, " Nuisance talk and the propriety of property: Middle class discourse of a slum-free Delhi", *Antipode*, 44, no 4(2011): 1625-1658, doi: https://doi.org/10.1111/j.1467-8330.2011.00956.x

[15]Nivedita Bose, "Citizen's Participation in Local Governance: A Study of Resident Welfare Association in Delhi", Richa Rashmi, "Role *of RWA in Residential Neighborhood Management (A Case Study of Delhi)",MPL Thesis, School of Planning and Architecture*, doi: https://docplayer.net/102046514-School-of-planning-and-architecture-new-delhi-thesis-dept-of-housing-role-of-rwa-in-residential-neighbourhood-management-a-case-study-of-delhi.html(accessed January 24, 2023). Poulomi Dhar Chakrabarti, " How Rise of Middle Class Activism in Indian Cities is Changing the Face of Local Governance", *MCP Thesis, Massachusetts Institute of Technology*, 2007, https://dspace.mit.edu/handle/1721.1/42271(accessed January 24, 2023).

[16]Nivedita Bose, "Citizen's Participation in Local Governance: A Study of Resident Welfare Association in Delhi"

[17]Diya Mehra, "What Has urban decentralization Meant? A case Study of Delhi", *Pacific Affairs*, 86, no 4 (2013): 813-833, doi: https://doi.org/10.5509/2013864813 , Nivedita Bose, "Citizen's Participation in Local Governance: A Study of Resident Welfare Association in Delhi

[18]Poulomi Chakrabarti, "Inclusion or Exclusion? Emerging Effects of Middle-Class Citizen Participation on Delhi's Urban Poor"

[19]Diya Mehra, "What Has urban decentralization Meant? A case Study of Delhi"

[20]Karen Coelho, T. Venkat, "The Politics of Civil Society: Neighborhood Association in Chennai", *Economic & Political Weekly,* Vol 44, No. 26/27(Jun 27-Jul 10, 2009), 358-367

[21]delhi.gov.in Govt. of NCT of Delhi, "Mohalla Sabha: Delhi Government's Revolutionary Initiative", http://mohallasabha.delhi.gov.in/ (accessed January 24, 2023).

[22]delhi.gov.in Govt. of NCT of Delhi, ""Mohalla Sabha: Delhi Government's Revolutionary Initiative : Frequently Asked Question", http://mohallasabha.delhi.gov.in/faq.html(accessed January 24, 2023).

[23]HT Correspondent, "Delhi government ropes in RWAs for its anti-mosquito campaign", *Hindustan Times*, September 14,2019, https://www.hindustantimes.com/cities/delhi-government-ropes-in-rwas-for-its-anti-mosquito-campaign/story-OUfZr7SdqM0qNn2Eu5nhFJ.html(accessed January 24, 2023).

[24]Paras Singh, ' Delhi: RWAs come up with people's manifesto for MCD elections', *Hindustan Times*, November 16, 2022, https://www.hindustantimes.com/cities/delhi-news/delhi-rwas-come-up-with-people-s-manifesto-for-mcd-elections-101668601097989.html (accessed January 24, 2023).

[25]Karen Coelho, T. Venkat, "The Politics of Civil Society: Neighborhood Association in Chennai",

[26]Abhinav Rajput, " Vasant Kunj expands beyond its capacity", *Hindustan Times*, May 31, 2016, https://www.hindustantimes.com/delhi/vasant-kunj-expands-beyond-its-capacity/story-o7FXBROe5WRkTAj1yw7TJJ.html (accessed January 24, 2023).

[27] Ibid.

[28] Ibid.

[29]PTI, " Shortfall of 1509 rooms in Vasant Kunj accommodation", *Economic Times*, August 8, 2010, https://economictimes.indiatimes.com/shortfall-of-1509-rooms-in-vasant-kunj-games-accommodation/articleshow/6274769.cms?from=mdr (accessed January 24, 2023).

[30]PTI, "Commonwealth Games: DDA readying 5000 flats for visitors", *Business Standard*, January 20, 2013, https://www.business-standard.com/article/economy-policy/commonwealth-games-dda-readying-5000-flats-for-visitors-109061000143_1.html (accessed January 24, 2023).

[31]Sidhhartha Roy, " No power, water: DDA's premium Vasant Kunj flats a story of apathy", *Hindustan Times*, April 25, 2013, https://www.hindustantimes.com/delhi/no-power-water-dda-s-premium-vasant-kunj-flats-a-story-of-apathy/story-AFIUXHTqwOCIrBE1wfMi0H.html (accessed January 24, 2023).

[32]Sfrooti Mishra, " C'Wealth flats in Vasant Kunj: A tale of neglect", *Newsd*, January 1, 2020, https://newsd.in/c-wealth-flats-in-vasant-kunj-a-tale-of-neglect/ (accessed January 24, 2023).

[33] Praveen Dwivedi, " AAP-led Delhi government shrugs off elected RWAs", CitySpidey, November 26, 2017, https://www.cityspidey.com/news/5000/aap-led-delhi-government-shrugs-off-elected-rwas(accessed January 30, 2023).

[34] Kanishka Singh, " From a movement to power play in Delhi: Tracing the journey of five years of AAP", Indian Express, November 27,2017, https://indianexpress.com/article/india/five-years-of-aam-aadmi-party-tracing-the-journey-of-a-political-disruptor-arvind-kejriwal-4956675/(accessed January 30, 2023).

[35] Abhishek Anand, " AAP mohallasabha fund go missing: An India Today investigation", India Today, May 26, 2017, https://www.indiatoday.in/mail-today/story/aap-mohalla-sabha-funds-arvind-kejriwal-manish-sisodia-delhi-government-979250-2017-05-25(accessed January 30, 2023).

[36] Express News Service, " Want to involve public in governance: Delhi CM Arvind Kejriwal at meeting with RWAs", *Indian Express,* December 2, 2022, https://indianexpress.com/article/cities/delhi/want-to-involve-public-in-governance-delhi-cm-arvind-kejriwal-at-meeting-with-rwas-8301445/(accessed January 30, 2023).

[37] Ibid.

[38] Abhinav Rajput, " 'JantaChalegi MCD: Delhi CM Arvind Kejriwal says RWAs will be given mini councillor status", Times of India, November 30, 2022, https://timesofindia.indiatimes.com/city/delhi/janta-chalaegi-mcd-cm-says-rwas-will-be-given-mini-councillor-status-/articleshow/95864608.cms(accessed January 30, 2023).