



Role of Grama Panchayats in Disaster Management: Evidence from Karnataka¹

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1. The Context

Natural disasters such as floods, landslides and droughts have of late become regular events. Globally, over 11,000 disasters have occurred since 1960. The total number of disasters in a year has increased by more than 10 times from 33 in 1960 to 441 in 2000. Disasters related hazards increased in number as well as intensity. During the period 2000 to 2019, natural disasters caused 510,837 deaths and 3.9 billion were affected (Kharb et al, 2022). When disasters strike, disruption to the lives of people occur, leading to human, material, economic and environmental damage, especially to the poor and vulnerable, requiring external assistance. The disasters also differ in predictability and require tailored management strategies.

Both state and non-state actors respond to disasters. Among the state actors, the question of 'which level of the government is best suited to help disaster affected people' is often raised. While the higher-level governments are best suited to undertake functions such as formulation of disaster policies and undertaking activities of road and house repairs, and relief of larger magnitude, local government is best suited to provide immediate relief to disaster victims in terms of shelter, clothing, medicines, health and counselling services.

Theoretically speaking, decentralised government, located close to citizens (Rajasekhar, 2022), is in an advantageous position to: i) Assess citizen needs and preferences during disasters to provide relief; ii) Identify persons and areas vulnerable to

disasters in a cost-effective manner leading to faster response; iii) Involve the community in the disaster relief; and iv) initiate risk reduction activities by spending or converging resources devolved to reduce disaster risks in the long run. Going by the principle of subsidiarity, the decentralised government is well-placed to provide Humanitarian Cash Transfers⁴ (HCTs) as it will have information on who needs such a transfer, and how much. HCTs become necessary for the rehabilitation of the disaster affected, such as children orphaned, elderly without a source of income, chronically ill persons without family support, or women displaced and without employment. The duration of cash support and the amount would vary depending upon the type of need.

2. The Study

There are not many studies on the role played by the decentralised government in the management of disasters and provision of financial assistance for the disaster affected people. Hence, this study on 'how well have the Grama Panchayats (GPs) been integrated in the system of disaster management and risk reduction' is taken up by raising the following questions: What role do the GPs play in offering the cash support? Are they involved in preparing the list of persons and benefits to be provided? Do they play any monitoring role in the utilisation of the financial support in rebuilding lives better? Is any form of long-term cash transfer made in rebuilding livelihoods of disaster affected households, and how are the GPs involved in them? The study is undertaken in Karnataka, a state prone to

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⁴ UNICEF defines humanitarian cash transfers (HCTs) as direct payments (cash or e-cash) to meet the emergency needs.

disasters like landslides, floods especially in coastal, hilly, north interior and south interior districts of Karnataka.

The study sought to understand the functions of GPs in disaster management, and what changes are needed to make GPs to undertake these roles. The study districts of Kodagu, Dakshina Kannada and Belgaum are purposively selected. By mapping the disasters that have occurred in recent years through newspaper reports, the GPs that are prone to disasters have been identified from the above districts and the same have been visited. Interviews were conducted with district disaster management officials, representatives of PRIs and disaster survivors.

3. Key Findings

3.1 Functional space of GPs in disaster management

As per the 11th schedule of Indian Constitution, 29 subjects have been devolved to PRIs. As per the Activity Mapping on distribution of the devolved functions among GPs, Taluk Panchayats (TPs) and Zilla Panchayats (ZPs), the following responsibilities were devolved to GPs: 1) Conducting surveys to identify disaster prone areas; 2) Creating disaster management facility and maintaining them; 3) Identifying local and outside experts in disaster management; and 4) Providing compensation to disaster prone persons according to guidelines issued by Government out of the GPs' own funds. In the activity map, no responsibilities of disaster management are assigned to TPs and ZPs.

The legal structure for the intervention of GPs in disaster management in general and cash compensation in particular is thus very clearly drafted. The National Disaster Management Act 2005 too has given considerable importance to the local government, devoting an entire chapter for the purpose. The crucial missing link is the absence of GP in the plan prepared by the district administration on disaster management. While the State Policy on Disaster Management does reproduce the terms mentioned in the Act, the plan prepared by the District Disaster Management agency does not mention of GPs, thereby denying them functional space in disaster management.

3.2 Devolution of Funds

For GPs to undertake the assigned functions relating to disaster management, they must have a predictable source of funds, the mandate to spend for these specific purposes and a clearly defined role in the disaster management plan. GPs have three sources of funds, namely Union Finance Commission, state government and own sources of revenue (OSR). As per the State Finance Commission (SFC) Report, the resource envelope of GPs from all sources for the years 2015-16 to 2017-18 consisted of OSR (7%), Union Finance Commission grants (18%), statutory grants (11%), and other

agency functions (64%) such as MGNREGA and Swachh Bharat Abhiyan.

Regarding transfers from the union government, the 15th Finance Commission recommended 60% of the tied grants to local government to carry out the work related to priority areas: (a) sanitation and maintenance of ODF status and (b) supply of drinking water, rainwater harvesting and water recycling. In addition, while the funds recommended for the local governments have steadily risen, conditionalities have multiplied, leaving little discretion for the local governments to design schemes. This implies that the finances in the 15th FC cannot be used for humanitarian cash transfers.

Devolution of state government financial resources to local governments has been ensured through the State Finance Commissions (SFC). Karnataka government transferred resources as per the recommendations of the 4th State Finance Commission. Such transfers are structured on departmental scheme-wise allocation and most often programmatic. Therefore, the local governments do not have discretionary powers to incur expenditure, as they lack adequate untied funds.

Regarding OSR funds, SFC notes that for 83% of the 6022 GPs in Karnataka, OSR was less than Rs 10 lakh per year. More than 50 per cent of the OSR is accounted for by building tax and around 25 per cent by land tax. It may be surmised that poorer areas would command lower amounts of property taxes. Further, collection of taxes against demand is poor. The share of collection to total demand ranged between 18.8% and 22.2% during 2013-14 to 2023-24 (Manjula and Rajasekhar, 2024). Thus, the own source revenue of GPs is observed to be meagre.

After observing the expanded function to GPs and their involvement in the implementation of the centrally sponsored schemes, the SFC concluded that "there appears to be a rather heavy load of work on the limited staff of the GPs. Predictably, there is loss of efficiency. The availability of technical and skilled staff support to the GP level is also far from satisfactory" (GoK, 2018: p.76). In addition, the limited staff in the local government is a problem. Along with it, there has also been lack of efforts in capacity building.

3.3 Gram Panchayats as Mute Spectators

The field evidence showed that elected members of GPs are not involved/ do not play a role in the preparation of the beneficiary list, in designing resettlement projects, in assessing assistance for the loss suffered, and in monitoring the progress of assistance payments. It is largely an activity carried out by the revenue, or disaster management agency at the district level. While the PDOs often are signatories of

the application forms and beneficiary lists, they do not come to know of the progress made in disbursement of assistance. The GP presidents and members also hear of the ineligible getting assistance. But their concern is more with the eligible not getting assistance.

In recent years, after the initial list is prepared, all the later stages of the process of sanctioning assistance, reimbursement etc., have been digitised. While designing the process, one simple step is to send a communication to the Grama Panchayat. But that small step has not been taken, and the GP is kept in the dark. Taking this small step would have made the whole process very transparent, the government responsive and people would have participated in governance enthusiastically. This is an opportunity waiting to be utilised.

4. Conclusions

The legal structure for the intervention of GPs in disaster management in general and cash compensation in particular is clearly drafted. The National Disaster Management Act, 2005, accords a place of prominence to local governments. However, GPs are conspicuously absent from the District Disaster Management Plans, effectively denying them any functional role in disaster management. As a result, GPs do not identify the places prone to disasters and prepare the list of households vulnerable to disasters. They are mere mute



spectators when relief and rehabilitation is to be provided as the instructions are expected to come from higher levels.

5. Policy Suggestions

Standard Operating Procedures (SOPs) on role of local government

SOPs are to be prepared to enable the local government including GPs to play a pro-active role in disaster prevention and management in an inclusive manner. The roles and responsibilities for the different levels of the governments including how to work with the administrative bodies should be clearly specified. This will ease out the differences in the actual requirements by the local government and sanctioning of disaster aid and funds by the administrative bodies at the district/ state. Devolution of key functions relating to provision of immediate relief and urgent cash transfers to the disaster affected to GP or TP is needed. As a preparatory work before disasters, logistics arrangement for disaster preparedness should be taken up.

Provision of disaster management fund

In rural areas, GPs are expected to be the first official and elected body to respond when disasters occur in their jurisdiction. In line with this, GPs may be asked to prepare short-term, mid-term and long-term goals relating to the management of disasters through discussions and deliberations among citizens, and decentralised plans for



Top three pictures show the damage to houses due to natural disasters, while the last picture is the colony after houses were built for disaster affected households.



Source: CDD

disaster risk reduction in every GP vulnerable to disaster. The GPs should be equipped with more funds. There is provision of Rs.25,000 funds to GP for disaster management, which is carried forward upon non-utilisation. This amount may be increased. GPs should also be provided with incentives for better management of disasters.

Prepare a manual for GPs on disaster prevention and management

While the Deputy Commissioner of a district takes the lead during disaster events, all the staff (both elected and officials) of GPs must be actively involved. A manual should readily be available at every Grama Panchayat. SoP should lead to a manual that is placed in every district, every taluk and every GP. Sensors should be placed in the GP which are prone to disasters to predict the occurrence of the events. The roles of identification of disaster-prone regions/ persons, issue disaster warnings, evacuation, establish relief centres should be assigned to GPs. The information on addresses and phone numbers of counsellors, child psychologists, doctors, anaesthetist, gynaecologists and so on should be available at the GP level. If this information is available, some pregnant women in relief camps can immediately be provided with assistance. Similarly, there is need to have information on the HIV patients and their medicine requirements, stroke patients, cancer patients etc. There should not be any delay in getting the required medical help during disasters.

Awareness and capacity development

Training needs assessment is to be taken up for taluk and district officials on the protection of vulnerable groups during disasters. There is a need to provide awareness to people at the local level and to reach people affected by disaster. Capacity building of the local governments/actors is also required. There is need to organise special training programmes on what to do when a disaster strikes and provide awareness to children and parents about disasters.

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