Communicative Governance to Mitigate the COVID-19 Pandemic:
A Case Study of Delhi, India

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ABSTRACT

Emerging democracies are handicapped by systemic weaknesses such as inadequate healthcare safety nets, weak administrative capacities, and rigidly hierarchical bureaucracies and conflicts between levels of political leadership. The COVID-19 pandemic creates the urgent need for governments to overcome these structural limitations and facilitate responsive governance. This article uses the lens of communicative governance to describe how governments respond to the emerging health emergency and its challenges. It uses the case of the state of Delhi in India to analyze how the tools of government were operated to govern during an escalating health crisis. It documents the unique policy and administrative practices that are driving the response to the COVID-19 pandemic in the global South. In doing so, it points to the ways in which urban e-planning can foster transformative capacities to support local communities.

KEYWORDS

Action Imperative, Communicative Governance, Crisis Learning, Mediatization, Tools of Government

1. INTRODUCTION

Emerging democracies are often at the forefront in adopting digital governance and mobile governance best practices in a bid to overcome their systemic weaknesses in state capacity. In the recent decades, this has led to greater centralization of public programs, as well as the privatization and outsourcing of public services delivery. In the context of these paradigmatic shifts, there is a need to better understand how governments use their centrality within their governing networks, their authority, available economic resources, and organizational abilities to overcome public health crises. The COVID-19 pandemic created a unique context for analyzing how these basic, government resources are deployed amid a crisis. Understanding the limitations and capabilities of governance practices that rely on new communication technologies for optimizing the usage of local and external resources of governance can inform and guide the theory and practice of urban e-planning.

In the face of the COVID-19 pandemic, governments at all levels are meeting the challenge of the "action imperative," wherein they see themselves as being "forced to make choices" in an environment

where statutory authorization is unclear (Hupe and Hill 2007, 281). Furthermore, for subnational governments, intergovernmental relationships and administrative fragmentation between the central government and the state units add to the challenges of designing and implementing their pandemic responses. In such contexts, the mediatory role of Information and Communication Technologies (ICTs) in everyday governance is likely to increase.

Governments need to meet citizens' health needs while also managing the growing public fears, misinformation, the threat of popular discontent, and loss of legitimacy. They may have resorted to blame avoidance strategies like information suppression to inhibit crisis learning. By documenting how a subnational government in the global South strategically uses its power, this article contributes to our understanding of how pandemic governance unfolds in contexts characterized by state capacity weaknesses.

The government can be said to be "a set of administrative tools." To understand how the task of governance is managed, it is instructive "to describe the tools that the government uses, rather than what it uses those tools for or how it reaches its decisions" (Hood and Margetts 2007, 2). This article describes the governmental toolkit of the state government of Delhi in India in its efforts to mitigate the COVID-19 pandemic. It describes the key detectors "which are all the instruments government uses for taking in information" and the effectors, which refers to "all the tools government can use to try to make an impact on the world outside" (Hood and Margetts 2007, 3).

Following this introduction, the next section discusses the emergence of mediatization as a key driver of communicative governance. It elaborates on the tools of government theory, which is used to study how the basic resources of a government were deployed to manage the escalating COVID-19 health crisis. The third section presents the case analysis of the subnational government of the state of Delhi in India. The fourth and concluding section presents a brief analysis and concluding remarks.

2. THEORY SECTION

Mediatization, the key socio-technological dynamic of the network society and the information age, describes the spread of the range of communication media to all domains of social life in an ever changing customizable pattern (Castells 2007, 239). There is a pressing need to understand the new opportunities and governance risks generated by mediatization and its interplay with everyday governance. To fulfill this need, one needs to examine how political authority for policymaking and implementation is changing in this age of mediatization (Hajer 2009, 38).

Recently, Esmark (2019, 140) theorized that communicative governance would emerge as a distinct mode of governance. He defined it as "the making and implementation of public policy adapted to the media logics of new and old media embedded in the increasingly pervasive and connective informational networks of the information age." Much of the focus of Esmark (2019) is an explanation of the role and contribution of nudges to the agenda of communicative governance. However, his theory and levels of analysis are used here to broadly examine how communicative governance unfolds in actual practice by analyzing the 'tools of government' and the underlying basic resources that are leveraged.

Hood and Margetts (2007, 3-6) have identified nodality, authority, treasure, and organization as the "basic resources that governments tend to possess by virtue of being governments, and upon which they can draw for detecting and effecting tools." According to them, nodality refers to the property of the government to traffic in information based on its figure headedness or being located as a central presence or at a critical node for distribution in the informational network. Authority denotes the property of the government to "determine" and use "authority" as a legal coin, subject to its limit of legal standing. Similarly, treasure refers to the possession of money or other fungible means for the purposes of exchange, subject to its limit of solvency; while organization denotes the government's physical ability to act directly, subject to its limits on capacity.

In a pandemic, governments "invoke scientific and technical expertise to inform and legitimize problems, responses, and evaluations" (Weible et al. 2020). Governments may also seek to highlight their relief efforts, while downplaying expert voices and inconvenient evidence from experts. Such actions may be justified if the state is overwhelmed by the growing demands on health infrastructure. Nevertheless, such unique, culture-specific actions, can generate valuable lessons for crisis learning in the context of lesser administrative capacity.

3. COMMUNICATIVE GOVERNANCE FOR PANDEMIC RESPONSE: THE CASE OF DELHI GOVERNMENT

This case study section proceeds as follows. It begins by describing the unique politico-administrative context of the state of Delhi in India. It is followed by a description of how the tools of government integrated the resources of nodality, authority, treasure and organization to address the challenges posed by the COVID-19 pandemic. It is followed by a brief summary of how communicative governance by the Delhi government helped to strengthen its legitimacy among the public.

The National Capital Territory (NCT) of Delhi, which covers 573 square miles, of which nearly 270 square miles is designated as urban, is the second largest urban area agglomeration in India. Together with several districts surrounding it from the neighboring states of Haryana, Uttar Pradesh and Rajasthan, it forms part of the larger National Capital Region (NCR) of India. As per Census 2011, it has a population of over 16.8 million with a population density exceeding 11,000 persons per square kilometer (Aijaz 2020, 9). Delhi is modeled as a city-state on the lines of Washington D.C. and is one of the fastest growing cities in the world with a high influx of migrants.

Delhi has a diarchic government, with its own legislative assembly, but with a state's Lieutenant Governor is appointed by the central government. Delhi's council of ministers, chosen by members of the state's legislative assembly, elect the state's Chief Minister. Members of the legislative assembly are directly elected by territorial constituencies in the NCT. The diarchic nature of administration in Delhi, in which the centrally appointed Lieutenant Governor enjoys wide ranging powers in the governance of NCT, has the inherent risk that political differences may hamstring public administration during a crisis.

Relevant to the current crisis, Delhi was, and remains, a high-risk location for the COVID-19 pandemic. The Delhi Disaster Management Authority (DDMA) is the nodal authority for Corona-related guidelines and coordination with NDMA (New Delhi Management Authority). DDMA is headed by the LG, and it's decentralized operations are managed by the 11 District Magistrates. But health care in India is widely known to be underfunded and understaffed. Besides, the state has high population density, international connectivity, and massive migration inflows.

At the early stages of the pandemic, the Delhi Government passed an order on March 13 2020 barring events involving more than 200 people. It was not effectively enforced until the central government initiated national level precautionary measures. The administration had to deal with the nationwide lockdown (which suspended nearly all services and factories) instituted by India's central government on March 24, 2020 with little advance notice. Although it was subsequently relaxed in gradual phases, the lack of economic activity created hardships and the large-scale out-migration of the state's migrant labor. Those difficulties were then exacerbated by the phased relaxation of the lockdown, which resulted in a rapid increase in COVID-19 infections that further strained Delhi's health infrastructure.

In the wake of these growing challenges, the Delhi government has adopted a concerted strategy in which communicative governance played a key role in overcoming the missteps in the early stages of implementation. The government has managed to overcome the challenges to nodality and authority posed by the diarchic administration by depoliticizing the pandemic response. The state's past frictions with the central government were downplayed and a united pandemic response

was projected to the public. The Chief Minister gave a daily public address, which was also widely circulated on social media.

Spurred by a letter from the Health Secretary of the Delhi Government to the District Magistrates, the opposition parties in Delhi have raised concerns that the state government may be suppressing information about COVID-19 infections and the number of containment zones (ThePrint 2020). However, the state government refuted such claims and pointed to the protocols being followed for information sharing and movement regulation. The state government used the website delhifightscorona.in as an effector tool to provide real time information to the public. The website published health related details about daily COVID-19 status, patient management (hospitalizations, home quarantines, testing status), and availability of beds and ventilators. To facilitate quarantine and movement regulation, the government disseminated home quarantine protocols and lists of COVID-19 hot spots. It explained street-level containments zones that sealed off areas of the state and how sanitization and sanitation measures, testing and tracing, home quarantine of people in those areas, and door-to-door provision of basic facilities would be mobilized.

The main homepage highlights the Home Isolation Guide. It provides clear instructions to patients and caregivers for in-home isolation. There is a FAQs section that provides information on important questions related to COVID. The website also links to social media platforms and provides a section on press releases and bulletins. The Delhi government also established a unique twitter handle @DelhiVsCorona to update the public on government initiatives. Posted in both Hindi and English, the twitter account displays the total number of active cases, recovery rates, and related essential data. Despite some information gaps, these measures helped the public make decisions about their health-related concerns. The government of Delhi also contacted private telecom providers to enhance connectivity in COVID treatment centers. These were facilitated through the Corporate Social Responsibility (CSR) initiatives of the respective telecoms.

The Delhi government also initiated Operation S.H.I.E.L.D. S-Sealing of the immediate location, H-Home quarantine of all residents in the location, I-Isolation and tracing of those who had close contact, E-Essential supplies delivery to be ensured, L-Local sanitization and disinfection, and D-Door-to-door health checks. In some areas, residents formed Whatsapp groups to coordinate their requests and facilitate a timely response from the government and hospitals. The government also mandated that all major hospitals, clinics, and nursing homes, display their room availability and charges at their entry gates. Such data is integrated onto the www.delhifightscorona.in web portal and the Delhi Corona app.

Delhi's Chief Minister invoked the Epidemic Diseases Act of 1897 on March 12, 2020 to declare an epidemic in Delhi. Using the broad authority under the act, the state government enforced the ban on crowded activities such as events, sports, and closure of restaurants, even before the nationwide lockdown was initiated. Police cases were also registered against foreigners who violated the prohibitory orders, while the central government blacklisted them. The wide publicity of these incidents crystallized public attention about government enforcement of movement regulation. Further, besides increasing the capacity of government hospitals, the Delhi government has also commandeered large buildings, private hospitals, and even hotels to cater to the growing numbers of infected patients (Reddy 2020).

Besides making a 14-day home isolation mandatory for symptomatic individuals who arrived via planes and trains, the state government has also enforced a 7-day home isolation for asymptomatic individuals. In coordination with Delhi's Residential Welfare Organizations (RWAs), it undertook coordinated sanitation drives, social distancing, and movement regulation measures aimed at controlling the infection spread. To provide the potential benefit of passive immunity from antibodies of convalescent patients, the state government also set up a Plasma Bank (Reddy 2020) and worked with Non-Governmental Organizations (NGOs) to encourage the general public who have recovered, to donate antibodies.

In mid-July, the government established the second plasma bank in a strategic location to increase plasma collection from recovered COVID patients. The government made extensive use of social media to promote plasma donation eligibility, and donors were informed that they would be provided a certificate of appreciation. The sudden nature of the national lockdown has affected the flow of life in Delhi. The government converted its night shelters and schools into food distribution centers which offered free food for the destitute and distressed migrant workers. The government also mobilized its public distribution system to provide free food rations (PTI 2020b). They also provided e-coupons to include those who lacked ration card documents. To help transport workers, the government provided a one-time transfer of Rs 5000 (~67 USD) into their bank accounts (PTI 2020a). In order to bolster the morale of the health department, the Chief Minister announced a Rs 10 million (~133000 USD) financial support to the family members of doctors and other health care workers who were deceased in the line of duty (ANI 2020). These measures are indicative of how the Delhi government used treasure as an effector tool for pandemic governance.

The COVID-19 infections began to rise in April and sharply increased in the first three weeks of June 2020, partly due to the phased relaxation of the nationwide lockdown. In response, the state government has mobilized various health measures to meet the challenges of diagnostic testing, expansion of hospital capacity, oxygen production and supply chains, deployed health workers for contact tracing, and has set up a plasma bank. The state government has used the television, print and social media to communicate the availability of beds and to reassure the public that the public health infrastructure is able to meet their needs.

One of the distinguishing features of Delhi's pandemic governance is its reliance on "coordinated information technology and citizen guidance systems" (Reddy 2020) as effector tools. Through his press interviews and deft use of social media, Delhi's Chief Minister has acted as the face of the state government's response in the action imperative. Experts have lauded the Delhi government's decision to permit home isolation for all who had mild symptoms (Reddy 2020). In their estimation, this enabled eighty percent of the virus affected persons to be treated at home, thereby freeing up the hospital beds for the more seriously ill patients. Furthermore, health workers at the citizen interface have worked with NGOs as detector tools to bolster the government's capacity to address the health emergency.

This article merely documents the broad use of basic resources through the tools of the government but does not make the claim that the interventions documented in this case study are comprehensive, or even adequate in their coverage. Indeed, it acknowledges that media reports indicate instances of administrative exclusion, and the inadequacy of certain government interventions. Instead, the case study made an attempt to capture the various uses of the tools of government in the context of Delhi.

4. ANALYSIS AND CONCLUDING OBSERVATIONS

Government responsiveness is tested in crisis situations. As of this writing, COVID-19 remains a major public health emergency that governments are facing across the globe. Most governments at various levels and capabilities are also responding to the rapidly spreading crises caused by the disruptions in the social and economic lives of their citizens. Government crisis management must include public communication of their initiatives and strategies at regular intervals. The government of Delhi has initiated a multi-level response to the pandemic crises and has taken steps to ensure that communication is integral to their response efforts. This is even more important in the case of Delhi, which is governed by multiple levels of government and is the nation's capital. The establishment of specific communication channels via websites and social media has ensured that there is consistency and information symmetry across various levels of governance.

Much remains unknown about how the COVID-19 virus spreads. However, based on the emerging knowledge about the governing practices of national and subnational governments, it is now possible to identify patterns in governing practices deployed amid the COVID-19 pandemic that have ameliorated the hardships of the vulnerable social groups, and enhanced government legitimacy. The emergence

of new communication technologies, including social media and mobile technologies create both risks and challenges to the exercise of government authority. The case of pandemic governance by India's Delhi government shows these pervasive media technologies have become increasingly intertwined with practices of everyday governance.

This article contributes to the growing body of knowledge about how new media technologies are increasingly imbricated within the everyday practices of pandemic governance in the global South. It offers insights into the strategic use of governmental power to overcome the limitations of health infrastructure and deep-rooted social and resource inequalities. Although politics remain integral to the exercise of state power, it could be reasonably argued that many of the communicative governance practices described in this case study have contributed to a considerable reduction in the numbers of infected persons in Delhi. It is possible that this reduction remains conditional upon the continued and careful calibration of the tools of government to address the emerging challenges in pandemic governance.

A descriptive case study "provides an in-depth study of a single unit (a relatively bounded phenomenon) where the scholar's aim is to elucidate features of a larger class of similar phenomena" (Gerring 2004, 341). This Delhi case study provides several theoretical prepositions regarding how communicative governance practices amid the COVID-19 pandemic enhanced government legitimacy. These descriptive findings and theoretical prepositions have implications for governance practices in contexts characterized by inadequate state capacity. Future studies can more systematically examine how specific communicative governance practices, such as information provision and transparency concerning hospital beds' availability, may enhance perceptions of trust and government legitimacy. Alternatively, they could also examine whether the gaps in government information have contributed to citizen disengagement.

The Delhi government is among the 100 cities across the country which are part of the Indian government's Smart Cities Mission (SCM), with the goal of driving economic growth and improving people's quality of life. Experts have called for an intensification of efforts to incorporate "smart city" features, by going further than a few technology-based projects to realize the holistic development of the city (Aijaz 2020). The use of mobile apps, information portals to reduce the information gaps and misinformation amid the pandemic, which are described in this article, showcase the potential for better urban e-planning through the next level of digitalization. It is equally necessary to incorporate features of robust public participation and co-production, in order to make the public as partners in implementing feasible solutions.

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