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Pandemic response in rural Peru: Multi-scale institutional analysis of the COVID-19 crisis

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**ABSTRACT**

The first wave of the COVID-19 pandemic was devastating in Peru, which suffered a high death rate and severe economic disruption. These results occurred despite ambitious response measures, revealing widespread institutional weaknesses across the country’s levels of government. We analyze responses across the four levels of government, with emphasis on local governance in rural areas, to understand how institutions and contexts shape crisis management outcomes. We focus on the Arequipa region, drawing from 44 interviews with officials and community members. We found that the crisis provoked a reversion to the norm across multiple scales, though with significant differentiation. The national government fell back on a centralized, militarized approach that effectively reclaimed power but was ineffective in confronting the pandemic. Counter the overarching centralization trend, in rural peripheries where state power was always partial, norms of informal local governance were reinforced and intensified. The de facto autonomy in rural areas elicited a mix of paralysis and improvisation, with outcomes that varied widely from place to place and over time. These bifurcated results in the face of crisis reveal important weaknesses in Peru’s governance structures and institutions and show how pre-existing habits and norms were reproduced in the face of crisis, rather than reformed or transcended.

1. Introduction

During the months in which the first wave of the COVID-19 pandemic ravaged Peru (roughly March to September of 2020) with a high mortality rate and severe recession, a common refrain among commentators and columnists was that the pandemic had laid bare Peru’s institutional deficiencies. Indeed, dire outcomes occurred despite response measures that were ambitious and thorough, at least on paper. This pattern of stringent measures failing to curtail the pandemic’s effects was repeated throughout Latin America, a region facing common challenges around state and health system capacity within contexts of persistent informality and inequality (Benítez et al., 2020). We center these elements of context and institutions to analyze Peru’s pandemic response from a multi-scale perspective, focusing particularly on local responses in rural areas. The goal is to understand better how institutional responses and capacity shaped the impacts of the pandemic, taking the Arequipa region as a case study.

We ask how institutional capacity and dynamics influenced the pandemic response, taking a broad view on institutions and governance rather than focusing on individual elements (e.g. public health specifically). Our research questions are: How did institutional characteristics and factors shape the crisis response, particularly in rural areas? How was institutional response shaped by local contexts, as well as by dynamics across scales of governance?

Broadly, we found that institutional responses to the pandemic replicated and reproduced established governance structures, habits, and dynamics. In rural institutions, informal decision making dominated, while formal documents and processes were ignored. National
and regional governments did not provide effective support to local governments, hampered by a fragmented response and conflictual relationships between levels of government. As a result, in rural districts, where state presence and local institutions have long been weak, we found that the crisis provoked a mix of paralysis and improvisation.

2. Framing

2.1. Institutions and crisis

Institutional capacity and governance play fundamental roles in determining the outcomes of crises like the COVID pandemic in different contexts (e.g. Greer et al., 2020; Baris et al., 2020). Following Wu et al. (2015), we understand institutional capacity to be comprised of a mix of competencies (political, operational, and analytical) and resources (systemic, organizational, and individual). We also take a broad perspective on governance that encompasses the roles of public and private, formal and informal institutions, recognizing that effective governance often requires multiple and changing actors (Peters, 2014). Within the dominant multi-level governance paradigm, this includes considering interactions between institutions across and within levels of government (Hooghe & Marks, 2003). Peru follows a “general-purpose jurisdiction” model (Hooghe & Marks, 2003), with hierarchical, discreet national, regional, provincial and district governments. Within this nested structure, though, uneven capacity of both government and civil society institutions influences sub-national variation in policy implementation and governance (Augusto Melendez et al., 2017).

The complexity and uncertainty that prevail in times of crisis test institutional strength and ability to respond to change under stress. Models of adaptive governance emphasize the importance of leadership, social trust, and the ability to bridge between organizations and groups for effective collaboration and conflict resolution (Folke et al., 2005). Similarly, polycentric governance models underscore the roles of autonomous public and private actors to achieve greater adaptive capacity, particularly as redundancy and cooperation mitigate risk in the face of crises (Carlisle & Gruby, 2019). These models focus on dynamism as a key element of institutional crisis response (Mazzucato & Kattel, 2020). However, it is also important to recognize that institutional change is most often a gradual process (Mahoney & Thelen, 2010). Even in times of crisis and extraordinary challenges, people often fall back on old routines and mindsets. Thus, “routinized” approaches persist and are reproduced within institutions, reflecting the complex interplay of structure and agency (Giddens, 1984).

2.2. Factors in institutional capacity and response

Institutional capacity is complex, shaped by a range of factors that are delimited temporally and geographically. To frame our analysis of rural pandemic response, we analyze specific institutional factors in the following paragraphs.

Studies in pandemic contexts have demonstrated that social capital and trust were linked to better public health behaviors (Chuang et al., 2015), while lack of trust and poor leadership hindered response (Calleja-Reina & Becerra Muñoz, 2017). The concept of “legitimation capacity” describes how public trust can support and enhance functional governance (Woo et al., 2015). By contrast, where trust is lacking and institutions are not perceived as legitimate, governance becomes more difficult. This is precisely the context in Peru, where public polling reveals lack of confidence in both public and private spheres. The latest AmericasBarometer survey found that compared to other Latin American countries, Peruvians reported low levels of interpersonal trust, low confidence in government, and high concerns about crime and corruption (Carrion et al., 2020). Compounding matters, local officials are elected through single-round voting, which in a fragmented political landscape often means they have support of only a minority of their constituents.

Although the situation of low trust and legitimacy can be broadly assumed to complicate governance, possible caveats exist. Notably, a study of COVID response in Hong Kong found that within a low-trust context scarred by protest and conflict, specific institutions like the public health apparatus can maintain legitimacy, which in turn bolsters effective crisis response (Hartley & Jarvis, 2020). Examining rural, local-scale institutional response allows similar analysis of whether pockets of “legitimation capacity” enhance specific institutional responses, even within Peru’s broader low-trust context.

Another major challenge facing government institutions in Peru, as in much of Latin America, is the absence or inadequacy of a professional civil service (OECD, 2020). A high percentage of local government employees are political appointees, who commonly lack the skills and training necessary for their roles (Contraloría Peru, 2019). In addition, frequent turnover among government employees, following election cycles and changes in political parties, prevents accumulation of institutional knowledge and learning (OECD, 2016). These trends are especially pronounced for rural governments in Peru, which struggle to attract and retain qualified staff in remote settings (Loayza et al., 2014).

Finally, it is important to contextualize the specific factors of local institutional capacity within the broader context of decentralized governance in Peru. Decentralization, the devolution of functions away from central states to independent or semi-independent lower levels of government, has been promoted and pursued in nearly all parts of the globe since the 1980s (e.g. Smoke, 2001; Wallis & Oates, 1988). Diverse discursive justifications undergird decentralization’s hegemonic status as a global model (Rodriguez-Pose & Sandall, 2008) despite mixed results and numerous critiques (e.g. Faguet, 2014; Larson & Soto, 2008; Ostrom, 2001).

Peru’s current decentralized model dates to 2002 and marks a sharp departure from its historically centralized system. Political decentralization established direct election of regional, provincial, and district governments, though the central state has been slower to relinquish control in fiscal and administrative facets, which has created tensions between central and regional governments (Eaton, 2015). Peru’s relatively late embrace of decentralization allowed policy makers to learn from the experiences and disappointments of other Latin American governments to create a “second-generation” decentralization model (Loayza et al., 2014, p. 73). The model increased local budgets and strengthened accountability but did not include adequate support for capacity building for historically weak local governments (Eaton, 2015). As a result, the second generation model was somewhat effective in limiting corruption and promoting fiscal responsibility, but created new problems – most notably, the widespread inability of district governments to spend all of the funds allocated to them (Loayza et al., 2014).

3. Context: COVID-19 pandemic in Peru

The first case of COVID-19 in Peru was confirmed on March 6, 2020. The official response has been among the most proactive in Latin America, including declaration of a national Health Emergency on March 11 (Decreto Supremo 008-2020-SA), the same day the World Health Organization declared a global pandemic. On March 15, the president declared a full State of Emergency (Decreto Supremo 044-2020-PCM) and implemented restrictions on mobility and commerce. Despite ambitious measures, Peru was among the countries most gravely affected by the crisis.
affected by the early stages of the COVID pandemic. The official mortality rate, as of October 2020, was 105 deaths per 100,000 residents, the highest in the world, while the country’s economy was projected to contract by 12%, among the worst in the region.3

The effects of the pandemic were exacerbated by preexisting economic structural challenges. The majority of Peruvian households lived paycheck-to-paycheck or day-to-day, even before the pandemic. As of the 2017 census, approximately 70% of the national labor force worked in the informal sector (INEI, 2017), leaving them exposed in the face of economic shocks and without substantial savings or social safety nets. In Arequipa, 95% of formal businesses were microenterprises with fewer than 10 employees, which have especially struggled to weather restrictions. In metropolitan Lima, for example, nearly 25% of microenterprises went out of business between March and May of 2020 (INEI, 2020). Displaced workers in Arequipa have resorted to improvising new livelihoods, often exacerbating their risk of exposure to COVID (Malone et al., 2021).

In the healthcare sector, Peru began the pandemic already facing a 46% shortfall in trained medical professionals, within a health system that is fragmented with a variety of public and private entities, creating a complex mix of overlaps and gaps (MINSa, 2016). At the first wave’s height of infections in June and July of 2020, hospitals in Arequipa were overwhelmed by critical cases and had to turn away patients (Interview 30).

4. Methods and study site

This study examines institutional responses to the COVID-19 pandemic through a qualitative case study of the Arequipa region in southern Peru. Arequipa is Peru’s second city, the economic and social anchor of the country’s south. The region of the same name has 1.3 million residents, about 75% of whom are concentrated in the metropolitan area (Fig. 1). The rest of the region is mostly rural, with a median district population of just 2251 (INEI, 2017). Rural communities in the Andean zone, with elevations above 3000 m, have seen long-term population decline, while the city and coastal areas grow. The region’s COVID-19 cases and deaths were initially concentrated in Arequipa city, though as the pandemic progressed smaller towns and rural areas were also hard hit (Fig. 2).

We apply a multi-scalar perspective to analyze crisis response within and interactions between Peru’s four levels of government. We also focused attention on internal variability and heterogeneity within territorial and government units. The research team’s existing familiarity with the region guided purposive selection of interview participants, following an informal typology of the region’s key zones – urban and rural, wealthier and poorer areas, and spanning the coastal, mid-elevation, and high Andean zones – and include regional, provincial, and district levels.

We conducted 44 interviews with government officials, civil society representatives, and community members between May and December of 2020. The interview questions and analytical approach were informed by Tobelei’s (1992) model of institutional capacity analysis. A list of interviews is provided in the Appendix, using pseudonyms to protect the confidentiality of participants. Given the context of an ongoing pandemic, most interviews were conducted by telephone or video call. Interviews were audio recorded and transcribed in Spanish, with quotes translated to English by the authors. The research team also monitored media coverage in the local press and reviewed official documents including emergency orders, agency reports, public data, and press releases from national and regional governments. The primary and secondary sources were analyzed through focused coding (Cope, 2005) using NVivo software. Transcription and coding were performed contemporaneously until we felt comfortable that we had reached “saturation” to understand the dominant perspectives and dynamics (Bowen, 2008).

5. Results and discussion

5.1. National and regional institutional responses

The national government’s response to the first wave of the pandemic was militarized and re-centralizing. A “COVID Command” was established within the Health Ministry on March 31 (Resolución Ministerial 155-2020-MINSA) to control and coordinate the response. Although the COVID Command falls under the Health Ministry, the military was involved in a conspicuous manner, with the armed forces and police deployed in cities to enforce curfews and restrictions on mobility and commerce. The decision to invite military participation reproduced the military’s status as default leaders in times of crisis, while also securing legitimacy for pandemic measures by presenting a more respected face to the public. Surveys show that the armed forces are the most trusted public institution in Peru, much more than the presidency or congress (Carrion et al., 2020).

The re-imposition of vertical hegemony and a centralized command structure replicate dynamics identified in other cases. Central governments often reclaim control during times of crisis, suspending or rolling-back decentralization programs. This trend has been demonstrated in diverse situations, including economic or fiscal crises (Hlepas, 2016) and natural disasters (Miller & Douglass, 2016). In Peru and elsewhere, then, decentralization remains partial, with central states retaking control in times of crisis.

The twenty-five regional governments within Peru established regional COVID Commands, mirroring and coordinating with the national Command. Arequipa’s regional command was established on April 8 (Resolución Ejecutiva Regional 106-2020-GRA/GR) but was not granted an independent budget nor autonomy from the regional government. The authority implied by the title “Command” was not accorded in reality, as a provincial official described: “It is clear that the (regional) COVID Command led by General Grately has had deficiencies in its links with many of the provinces. (Officials wonder) ‘Now who is in charge, the COVID Command or the regional government?’ Because they understand that the one with the budget is the regional government, as the executive agency, and the COVID Command does not really exist as an institution” (Interview 5). She continued with an example: “If my province says, ‘General sir, I need you to send me 1500 rapid virus tests’ … the General is going to tell me, ‘Yes, but ask the regional government for it.’”

In contrast to the central COVID Command, the regional Commands had more visibility than power. This hollow replica of the national model did little to change functional dynamics in the Arequipa region. An official analyzed the situation: “What we had was a highly criticized regional government with little legitimacy and little capacity to link with different public and private institutions. What this created was precisely the possibility (for the regional governor) to take decisions and actions with a very closed group of people under a hierarchical power dynamic.” (Interview 10). The regional governor maintained control in Arequipa despite the nominal COVID Command, but institutional weakness and poor decision making also hamstrung response at this level.

An egregious example of regional governance failure centers on one of Arequipa’s public hospitals. The Honorio Delgado Hospital had long been in disrepair, but it was identified to be upgraded and equipped as a specialized COVID hospital. The regional government drafted plans without consulting hospital facilities and maintenance staff and the

2 Johns Hopkins University Coronavirus Resource Center, https://coronavirus.jhu.edu/data/mortality. Revised methodology and recategorization of data brought the figure up to 596 deaths per 100,000 population as of July 2021, more than double the official figure from any other country.

3 Ministry of Economy and Finance. https://www.mef.gob.pe/pol_econ/marco_macro/MMM_2021_2024.pdf. Accessed 21 October 2020.
Fig. 1. Arequipa population in 2017, by district, proportional symbol. Map by William Laura Huaman. Data source: INEI XII Population Census, [http://censo2017.inei.gob.pe/](http://censo2017.inei.gob.pe/).

Fig. 2. COVID-19 deaths per 1000 population, by district, cumulative through 9 July 2021. Map by William Laura Huaman. Data source: Arequipa Regional Government Health Ministry, [https://www.saludarequipa.gob.pe/epidemiologia/enlac/Covid19.html](https://www.saludarequipa.gob.pe/epidemiologia/enlac/Covid19.html).
work was initiated without following planning and procurement rules (El Buho, 2020a). Rather than make repairs and upgrades incrementally while remaining in service, regional authorities decided to close the hospital for a complete overhaul. Medical staff were left to treat patients in tents and makeshift facilities or turn them away during the worst months of the pandemic’s first wave. A hospital official lamented in a television interview, “We workers feel impotent in this situation that is occurring, all because the regional government and COVID Command and the rest impose, without having the basis to do things, the necessary technical criteria. So we’ve gone through this critical situation because there are not beds available” (El Buho, 2020a). A high level medical official concurred: “On top of (a high death rate), we faced a context in which the hospital was overflowing, the whole hospital had practically collapsed. We had patients waiting with their balloon (hand-pump respirator) laying practically on the asphalt … We were short-handed and had spaces that had been disabled within the hospital” (Interview 30). The decision to close and remodel the entire hospital left the region with reduced capacity during the most critical juncture of the pandemic.

In a dramatic twist, in November 2020, a local judge responded to a citizen complaint by ordering that Arequipa’s regional governor should be removed from office because the negligent regional response to the pandemic violated the public’s right to health (Sentencia 38-2020-CL-AMPABO, Mariano Melgar district court). The practical effect of this judgement and potential appeals were unclear at the time of writing.

Pre-existing tensions between national and regional governments (Eaton, 2015) have also flared during the pandemic, deepening rifts and complicating coordination across levels for crisis response. An official in Arequipa decried, “political fights put governance at risk in Arequipa … (with) open confrontation between the regional government and national government” (Interview 10). For example, the inadequacy of regional government response to Arequipa’s severe virus outbreak led the national health Ministry to seize control of Arequipa’s regional Health Ministry, including the regional COVID Command, on July 23 by emergency decree (Decreto de Urgencia 086–2020). In the aftermath of the takeover of Arequipa’s COVID Command, arguments and insults spilled into public between the national health minister (Diario Expreso, 2020) and Arequipa’s governor (El Buho, 2020b). Subsequently, national officials visiting Arequipa met with provincial and district leaders to coordinate pandemic measures, bypassing the regional governor altogether (TV Perú, 2020). Problems of cooperation and coordination between levels of government extend beyond national-regional tensions. As a provincial official noted, the dynamic also impedes pandemic management within the region. There is “a lack of coordination with the governor … we should be working hand-in-hand … but we lack this closeness and these internal relations” (Interview 4).

The national and regional institutional responses to the pandemic and dynamics between levels of government provide critical background for analyzing our central focus, local institutional responses in rural areas, addressed in the following section.

5.2. Rural areas – dual challenges

The COVID-19 pandemic forced rural governments to confront a dual challenge in light of weaknesses in the national and regional responses. On one hand, they were hampered by higher-level pandemic measures that were inapplicable or difficult to adapt to local realities. On the other hand, they were effectively abandoned without higher-level direction or support for their most pressing issues, like return migration and the risk of introducing and spreading the virus. In this section, we examine examples of each type of challenge, followed in the next section by analysis of two key trends in rural institutional responses.

In our interviews with rural leaders, a common complaint was the difficulty of implementing pandemic measures that were perceived as being tailored to the urban contexts of the capital and major cities. Rural leaders felt forced to adjust, improvise, or ignore these unsuitable central directives, leaving local governments to their own devices. Recognizing that national measures were not realistic to their contexts, many rural governments did not seriously attempt to implement them. Others implemented the mandates only to see unintended consequences dominate, as a result of vast differences in context.

For example, the national Transportation Ministry issued guidelines for reduced capacity on public transit. Despite including a proviso that regional and local governments should adapt and modify the guidelines to local conditions (Resolución Ministerial 0258–2020 MTC/01), many lower-tier governments lacked capacity to develop local plans, and thus defaulted to the national rules without adaptation. The regulations, which reduced maximum capacity and operating hours for public transportation, were criticized by a rural official as being relevant only “for affluent areas like the capital (Lima).” He added:

What we see in our district is that in rural areas (the transport restrictions) are not applicable … They are not generating solutions and what is happening instead, like in other districts, is that the fares have doubled or more and there is social conflict … It generates informality, the number of informal taxis and transport increases. (Interview 6).

In addition to the difficulty of implementing or adapting national mandates, rural officials also faced unique challenges that were largely invisible to or ignored by national leaders. The most notable example is the influx of return migrants who arrived in rural area. These were prior rural-to-urban migrants and their families, who abandoned the cities due to fear of infection or economic necessity and returned to their rural communities of origin. Early in the pandemic, there were dramatic scenes of an exodus occurring largely on foot, as public transportation had been shut down. In a sign of the magnitude, a government program to aid return trips was quickly overwhelmed by more than 167,000 requests (Zapata et al., 2020).

Anecdotal evidence also hints at the staggering scope of the phenomenon. In the village of Lluta, in the lower Andean zone of the Arequipa region, a massive return more than tripled its population. According to a district official, Lluta counted just 700 residents pre-pandemic, but had more than 2000 people return during the pandemic’s early months (Interview 21). Fortuitously, the earliest phase of the pandemic, in March and April, corresponded to the harvest season, which bolstered the capacity of rural communities and households to absorb unexpected returns. Some rural leaders expressed optimism that the return trend could spark an economic and social revitalization (Interview 9), but others doubted whether so many returnees could be successfully re-incorporated, or whether they intended to stay (Interview 38).

For rural governments, the unexpected return of large numbers of migrants became the most pressing aspect of pandemic management, especially in the initial phase. Notably, many rural areas had not yet recorded local virus cases when the migration trend emerged. People arriving from Arequipa, Lima, or other cities, where the virus was much more prevalent, were often treated with suspicion, despite most being returning natives of the community. Many rural communities enforced ad hoc quarantine requirements, barred entry to outsiders, and established citizen patrols. These measures were seen as the only viable approach because the national and regional governments did not provide sufficient support. A rural health worker complained, “when the central government declared a state of emergency, the capital (Lima) was the first to be supplied and receive equipment for health workers

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4 At the time, no other region had seen a takeover of this type, though later some additional regions were moved under national control.

5 Anecdotally, it appears at the time of writing that many migrants have returned to the cities, after passing the early months of the pandemic in rural areas. Rural leaders cited limited educational opportunities, including limited internet connections for remote learning, as a primary motivator for families to return to the cities (Interview 38).
and for testing. Meanwhile, we had to wait two months for the first test kits to arrive, and very few at that.” They continued, “we (in rural areas) felt discrimination and lack of coordination when they distributed medication and PPE (personal protective equipment)” (Interview 37). Informal quarantines and barring outsiders filled the void of guidance and supplies that had not arrived.

5.3. Rural areas – differentiated responses

The multiple challenges specific to rural areas, compounded by limited and problematic support from national and regional governments, elicited differentiated responses across the studied communities. Our analysis revealed two key types of rural institutional responses – paralysis and improvisation.

The pandemic has provoked paralysis above all in local governments with weak institutions and leadership. As one local official conceded, “we did not know what to do, this is a new phenomenon, a new situation, which neither officials nor the municipal government were prepared for, so this uncertainty stopped us from making decisions” (Interview 22). Residents complained about local leaders who were absent or inactive in the face of the crisis. “The mayor has not intervened; we only see him when they hand out baskets (of free food)” (Interview 32). Lacking leadership and institutional capacity, some rural governments have defaulted to the national pandemic measures. National measures are frequently unsuitable to rural contexts and blindly copying them proved unviable, as seen in the transportation example above. As a result, multiple district mayors had formal complaints filed against them for negligence and dereliction of duty. The paralysis of some rural institutions and leaders in the face of the crisis is perhaps unsurprising, given the known weakness of local governments under Peru’s decentralization model (Loayza et al., 2014).

A second trend during the crisis is reliance on improvisation – plainly stated by a rural official, “we as authorities have been improvising this situation” (Interview 38). This trend is more ambivalent – it can yield effective as well as ineffective responses – and it has emerged from diverse causes and contexts. In some cases, community members and groups improvise crisis management in response to official paralysis or absence. For example, in the rural town of Cahuacho, “they have established their own closure in the district, they’ve organized, put up their gates, they don’t allow anyone to enter, as a way to protect themselves. There are no police or stations, there isn’t anything, so they had to take initiative. Since the mayor is not present, the population organized” (Interview 4). Informal self-sufficiency emerged in the face of local leadership void and institutional failure. In another case, volunteers organized a COVID response group. A volunteer noted, “there were days when we received as many as 30 calls and the (official) health center zero. Despite the obstacles they (the district government) put in our way, with help among neighbors we were able to buy an oxygen concentrator (to treat COVID patients)” (Interview 34). The volunteer group was more active and perceived as more legitimate than the faltering official response in the district, demonstrating “community capacity” as a valuable contribution to crisis response (Hartley & Jarvis, 2020).

It is worth noting that similar examples exist in the literature, in which local governments’ failure to respond to crisis spurred residents to organize and act out of necessity, at times yielding long-term benefits in terms of community engagement and empowerment (Ng, 2016). The present crisis is too fresh to determine whether grassroots mobilizations in Cahuacho and elsewhere in rural Peru will prove durable or fleeting; future study will be needed. Regardless, these examples make clear that governance is not only achieved by formal institutions (Peters, 2014).

Improvized and informal responses have also emerged in communities with strong social capital and traditions of collaboration. For example, in the highland district of Chivay, a “multisector committee” has been active for more than twenty-five years, with participation from the mayor and government agencies, businesses, civil society, and community members. The committee was established with support from international NGOs (non-governmental organizations), with an initial focus on development and tourism. The institutional capacity and social capital accumulated from those experiences positioned the committee to play a leading role in adapting pandemic measures to the local context. According to a businesswoman on the committee, “At first the mayor did not say anything, but together with (an agricultural association) we pressured him and in the end we all organized to help” (Interview 28). The multisector committee spearheaded work to implement context-relevant pandemic responses. This example aligns with other work highlighting the importance of social capital for effective pandemic response (Pitas & Ehmer, 2020).

These examples demonstrate that improvisation was common across contexts. Whether acting in coordination with local officials or in their absence, we observed an overwhelming tendency toward informal, improvised crisis response in rural settings. We conclude that the crisis exposed and reinforced the pre-existing realities of rural governance. Under decentralization, local governments in Peru have been granted more autonomy and allocated more funds, but without support for capacity building (Loayza et al., 2014). This incomplete and haphazard empowerment of local governments has reinforced the propensity to informal modes of governance, particularly in rural areas. As a result, pandemic response is differentiated more along lines of leadership, community organization and social capital, rather than by formal indicators of institutional capacity.

Indeed, the pandemic has exposed the fallacy that formal compliance with bureaucratic measures could be used to gauge the capacity of local governments. For example, national standards developed under decentralization specify that each region, province, and district should maintain a plethora of planning documents and management guides, which are to be posted on government websites and in a centralized transparency website.6 We found that some local governments have filed and updated all required documents, while many more have a mix of outdated or missing documents. In any case, the documents rarely guide decision making or governance in practice – indeed, we interpret the disrepair and disorder of these documents as evidence of their disregard in favor of informal approaches.

In district governments especially, most officials see these documents as impractical and irrelevant – “they are formalities that are just done for compliance” (Interview 36). The documents are typically prepared by consultants or lower-level employees, and mayors and other decision makers seldom have detailed knowledge of their contents. Some district governments we contacted did not have their own planning documents, but instead sent copies of the provincial plans, which had not been customized in any way.

The practical irrelevance of mandated, formal requirements and planning processes creates a vicious cycle that perpetuates their disuse. The case of participatory budgeting, a required (though non-binding) part of district planning processes, provides a prime example. To begin, the process tends to be dominated by local elites, with more marginal groups left on the sidelines (Grompone, 2008). The mandated participation is further hallowed out because community members recognize that the resulting planning documents are mere formalities. Community members lose interest in the participatory processes, which in turn reinforces the tendency to informal, ad hoc decision making and status quo power dynamics. An official overseeing participatory budgeting acknowledged this reality: “People care little to nothing about participating in the discussion, meetings and approval of the plans. They say: ‘Why would I go if in the end (local officials) will do whatever they want and not what we approved in the workshop?’” (Interview 36).

The weakness of participatory mandates reinforces the perceived irrelevance of formal governance documents and structures. An official summed up the reality: “Our political norms, projects, manuals, they’re

6 https://www.transparencia.gob.pe/.
not sufficient to face such a complex social problem (as the pandemic). In practice, we realize this is part of our informal social character” (Interview 4). Officials who considered formal plans and processes unnecessary in normal times have continued to ignore them in times of crisis.

6. Conclusion

The COVID-19 pandemic provoked institutional reversion to the norm across multiple scales in Peru. The national government fell back on a centralized, militarized approach to reclaim power in the face of crisis, while norms of informal, improvisational local governance were reinforced and intensified in rural areas. Together, the trends of national decentralization and rural improvisation revealed, on one hand, the superficiality of Peru’s decades-old decentralization push, and on the other hand, the institutional weaknesses that pervade institutions across levels of government.

Although the national government was effective in reclaiming power, installing a top-down command structure, institutional weaknesses prevented it from exercising this reclaimed power for effective pandemic response. First, the re-centralized approach failed to differentiate for the country’s diverse contexts. Response measures designed with the capital region in mind were irrelevant to rural areas, as noted by interviewees, but the central state did not develop alternative approaches tailored to the periphery. Under conditions of scarcity and institutional limitations, the centralized response prioritized the country’s core areas and population centers at the expense of rural areas. Second, the top-down structure and pre-existing tensions hindered potential synergies between levels of government, particularly in the case of regional governments that failed to bridge between national and local institutions. In part this can be linked to the history of decentralization, which stoked tensions between regional and national governments (Eaton, 2015). These tensions and rivalries did not simply disappear when the state sought to re-impose central control. Summarizing, Peru’s national government reverted to the traditional centralized, militarized model when crisis struck, but institutional weaknesses and effects of decentralization rendered this approach ineffective, particularly for rural areas.

Contrary to the overarching recentralization trend, in rural peripheries where state presence and power had always been partial, norms of informal, improvisational local governance were reinforced and intensified. Rural provincial and district governments struggled to adapt pandemic measures to local contexts, while also facing unique challenges that were unaddressed by the central powers. This led to diverse responses of paralysis and improvisation, such that rural pandemic measures varied widely from place to place and over time. One important factor in the varied and improvised rural responses was the perceived irrelevance and disuse of formal plans and systems. Despite requirements for local governments to document contingency plans, participatory budgeting, and other management tools, in practice decisions were ad hoc. Given this reality, the character and strength of local institutions, leadership, and social capital produced differentiated results. Some areas benefited from polycentric institutional collaboration between local officials and community groups, while other areas confronted leadership and institutional voids that exacerbated the crisis. In summary, rural institutions faced a reality of de-facto autonomy to confront the pandemic and their responses, while differentiated according to context and community characteristics, consistently defaulted to an informal, improvised mode of operation. Thus, across levels of governance, our analysis revealed that institutional responses to the pandemic reproduced pre-existing habits and norms, reinforcing the routinized modes of operation rather than catalyzing change.

Finally, analyzing institutional responses to the pandemic provides valuable insights into the status and effects of decentralization. On one hand, the easy recentralization of power revealed the hollowness of the decentralization project, while in turn further hollowing it by creating precedents for re-taking power in times of crisis. The central state, despite its own weaknesses and limitations, was able to impose its decisions on lower levels of government and reassert broad control when it mattered most. On the other hand, the haphazard and variable response from lower-level governments made it clear that decentralization had failed to foster effective and autonomous local governance. Regional, provincial, and district governments and institutions had not matured and strengthened to supplant national power. Decentralization seems to have created a governance vacuum rather than dispersed governance.

Our results underscored that the empowerment of local governments under decentralization was only on paper. Concerted and appropriate capacity building is necessary to unlock true autonomy and power for local institutions. In Peru and beyond, the pandemic should serve as a wake-up call for governments that have not invested enough in institutional capacity building across levels, which is key to dynamic and efficient crisis response (Mazzucato & Katell, 2020). With climate change and other grand challenges exacerbating the frequency and severity of crises, institutional capacity at all levels is more important than ever to respond to crises and build resilience.

Credit author statement

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Declarations of competing interest

None.

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Appendix. List of interviews. Names are pseudonyms, repeated names indicate subsequent interviews with the same individual

1. Frank, resident of Alto Selva Alegre, 5 May 2020
2. Abel, small businessperson in Arequipa, 18 May 2020
3. Juan, community leader in Caylloma, 26 May 2020.
4. Simón, provincial official in Caravelí, 27 May 2020.
5. Cecilia, provincial official in Camaná, 29 May 2020.
6. Jaime, district official in Caylloma, 3 June 2020.
7. Oswaldo, regional official in Arequipa, 3 June 2020.
8. Mirian, small businessperson in Arequipa, 6 June 2020.
9. Jair, district official in Tuti, 6 June 2020.
10. Antonio, regional official in Arequipa, 10 June 2020.
11. Rafael, district official in Rio Grande, 12 June 2020.
12. Raúl, district official in Majes, 13 June 2020.
13. Esteban, small businessperson in Arequipa, 13 June 2020.
14. Maria, resident of Sicusani, 13 June 2020.
15. Elena, small businessperson in Arequipa, 15 June 2020.
16. Andres, civic leader in Arequipa, 17 June 2020.
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