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The Kerala model in the time of COVID19: Rethinking state, society and democracy

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Abstract

Kerala, a small state in South India, has been celebrated as a development model by scholars across the world for its exemplary achievements in human development and poverty reduction despite relatively low GDP growth. It was no surprise, then, that the Covid 19 pandemic that hit Kerala before any other part of India, became a test case for the Kerala model in dealing with such a crisis. Kerala was lauded across the world once again as a success story in containing this unprecedented pandemic, in treating those infected, and in making needed provisions for those adversely affected by the lockdown. But as it turned out, this celebration was premature as Kerala soon faced a third wave of Covid 19 infections. The objective of this paper is to examine Kerala’s trajectory in achieving the success and then confronting the unanticipated reversal. It will examine the legacy of the Kerala model such as robust and decentralized institutions and provisions for healthcare, welfare and safety nets, and especially the capacity of a democratic state working in synergy with civil society and enjoying a high degree of consensus and public trust. It will then examine the new surge of the virus and attempts to establish if this was due to any mistakes made by the state or some deficits in its model of “public action” that includes adversarial politics having a disruptive tenor about it. We will conclude by arguing that the Kerala model is still relevant, and that it is still a model in motion.

1. Introduction

The Covid-19 pandemic that descended upon us suddenly, rapidly spreading across the whole world, has been wreaking havoc on our lives and established habits. It is challenging us to interrogate and rethink many taken-for-granted ideas about our lives and institutions- the relationship between the individual and society, the meaning and value of sociality and communitas, of the common good, and perhaps above all the institutions that serve, govern and constrain us. Our focus here is on the institution of the state, the critical actor in dealing with this pandemic. An important fact that has emerged in the wake of this global outbreak is that different states and political regimes behind them responded to the pandemic in very different ways with clearly different outcomes. A seemingly counter-intuitive fact that has become clear is that some rich and powerful states (the US and the UK) have emerged as poor performers in effectively responding to the pandemic—in containing the infection by such timely measures as testing and isolating the infected, and in reducing fatalities by providing adequate health care in well-equipped medical centers. On the other hand, there are some relatively poor, so-called under-developed countries and regions, such as Vietnam (The Economist, 2020), Cambodia and the small state of Kerala in India (a state within a state) which have emerged as success stories with a record of early and effective interventions, of containing the spread of the virus, healing the infected and reducing the death rate. This is a notable and significant fact despite later reversals and second and third wave of Covid 19 infections in some of these cases, including that of Kerala.
This article focuses on the “Kerala model” of managing the pandemic. This small state in the south-west coast of India has been well known for nearly half a century for its “model” or pattern of development that achieved high levels of social and human development and rapid reduction in chronic poverty and endemic deprivations despite low economic growth and income (CDS, 1975)\(^2\). The “Kerala model”\(^2\) that has been studied by researchers since the mid-1970s, is once again in the news across the world as a relative success story in containing the pandemic despite economic constraints and other vulnerabilities such as its dense population\(^4\) and constant exposure to foreign contacts.\(^5\) Indeed, some of these observers see Kerala’s pandemic management as a decisive test of the Kerala model. However, this turned out to be a premature celebration.\(^6\)

Even the Kerala government and the vibrant media in the state played a pivotal role in the branding of Kerala model of Covid 19 management and containment as a “successful model” too early. While everybody expected a third wave of Covid 19 infections\(^7\) following the return of Non-Resident Keralites (NRKs)\(^8\) from various parts of the globe, no one foresaw the danger of community transmission and the unprecedented spike in Covid 19 case load in Kerala. This worrying trend has raised concerns regarding the effectiveness of the Kerala model of pandemic containment and management.

The objective of this paper is twofold: to highlight the ways in which Kerala handled the pandemic and to analyze the structural and systemic factors behind the state’s success. We will especially focus on the state and Kerala’s model of an effective and vibrant democracy and “public action” in the words of Dreze and Sen. We argue that while Kerala was blessed with good and efficient leaders during this crisis, the more important factors behind Kerala’s success have been robust institutions of state and governance built over many years with the capacity to take timely and effective measures in handling the crisis. We further examine the unexpected reversal and the rise of third wave of Covid 19 infections in an attempt to identify what, if any, mistakes may have been made by Kerala and if so these were due to any deficits inherent in the Kerala model. We argue Kerala may have made a mistake in relaxing—even abandoning—the rules for the entry of a large wave of NRKs returning to the state, and for isolating, testing and tracing these returnees, as Kerala had successfully done earlier. While recognizing the unknown and unpredictable nature of this new virus (still being studied by experts) we also identify what may be some deficits in the model such as its tradition of public action that includes adversarial politics having a disruptive tenor about it, especially at a time of impending and contentious election.

We argue further that states like Kerala which have handled the crisis well have generally been relatively effective models of social democracies in which the state and its institutions work in relative synergy with society and representative social institutions. The paper is organized in four parts. This introductory Part is followed by Part II which describes the trajectory of the pandemic crisis, timely and effective steps Kerala took in managing the pandemic, and then failed to anticipate and prevent a third wave. It also examines deficits in the model that may have been behind the state’s failure to prevent a third wave. Kerala’s adversarial and competitive politics gave birth to public action which in turn laid the foundation for Kerala model of development. However, competitive and adversarial politics may have its limitations especially when it comes to managing pandemics like the present one. Kerala should have adopted a healthy combination of competitive and adversarial politics and a consensus based democratic approach to tackle the pandemic.

Part III analyses the structural and systemic factors behind Kerala’s relative success, focusing especially on the capacity of the state and its institutions acting in synergy with society. Part IV concludes the paper by reflecting upon the Kerala experience and attempting to draw some generalizations about the capacity of “effective democracies” such as Kerala to eliminate endemic poverty and chronic hunger in contrast to India’s abysmal failure in making any serious dent into its record in these as it continues to be home to the single largest pool of chronically poor and hungry people in the world. We suggest that the roots of these lies in a major democratic deficit in the Indian system– failed or weak public action, the space for these increasingly filled by communal, caste and nativist movements (Tharamangalam, 2016). It also discusses about the dominance of adversarial and competitive politics as the reason of Kerala’s failure to contain the Covid 19 pandemic in its third wave.

2 There is a rich literature on the Kerala model of development. Also See, Franke & Chasin, 1994; Kannan, 1995, Kannan, 2000; Dreze & Sen, 1998, 2002; Ramachandran, 1998; Tharamangalam, 1998a, Tharamangalam, 1998b, Tharamangalam, 2006a, Tharamangalam, 2006b, 2010; George, 1995; Isaac & Franke, 2000; Tornequist, 2002; Harris, 2003; Tharakam, 2004; Thomas, 2006; Heller, 2007; Gurukkal & Varier, 2018; among others.

3 Note that the term “model” is used here to denote, not an exemplar for imitation—although there are some useful lessons that can be learned from Kerala’s experience—but in the scientific sense of a pattern of socio-economic and political development characterized by such notable features such as public action, supported leadership, and state policies that prioritize general social well-being—features that are empirically identifiable and amenable to empirical investigation.

4 Kerala is the third most densely populated state in India. Based on the latest Census, Kerala’s density of population is 860 persons per sq. km. India’s population density is 382 persons per sq. km.

5 The first three Covid 19 cases in India were reported in the state of Kerala. The first patient was a medical student at Wuhan University, who returned to Kerala following the pandemic outbreak in China. The first case of Covid 19 was confirmed on January 30, 2020. Two more medical students from Wuhan, who returned to Kerala tested positive for Covid 19 in the following days.

6 See for example Biswas (2020a) in the BBC and Pandey (2020) in the BBC, Anandan (2020) in The Hindu.

7 The Third wave of Covid 19 infections in Kerala began on May 13, 2020 and is currently underway. The first wave of Covid 19 infections in Kerala began on January 30, 2020 and ended on February 20. It ended after the first three Covid 19 patients who tested positive for the novel coronavirus recovered. After that Kerala didn’t had any Covid 19 cases until March 7, 2020. On March 8, the second wave of Covid 19 infections began in Kerala with three Keralaies, who had returned from Italy tested positive for Covid 19. The second wave ended on May 4, 2020 with Kerala flattening the infection curve.

8 According to Non-Resident Keralites Affairs (NORKA), in a state of 35 million population, one out of six Keralaies work abroad. Following the easing of lockdown, nearly 4 lakh expatriates have registered with NORKA, stating their wish to return to Kerala. See NORKA, 2020.
centers. Despite three successive lockdowns, India failed to control the spiraling surge in new Covid 19 infections\(^9\). India which is slowly emerging from the lockdown in a phase to phase manner has overtaken Brazil and USA and has become the global epicenter of Covid 19 pandemic.

To see how and why Kerala has been effective, we describe a few of the steps it has taken in a short time, then examine the policy priorities and values as well as the institutional structures that enabled Kerala to act quickly to battle the pandemic—all of these the legacy of the “Kerala model” over a period of time. Although, Kerala flattened the infection curve during the first two phases of Covid 19\(^10\), it failed to contain the surge in infections in the third phase. Kerala’s strategies in containing the pandemic in the first and second wave of infections gave way to premature celebrations and it instilled a sense of false safety in the minds of people. The fear factor went completely missing and with the easing of the lockdown people paid little attention to observe physical distancing, hand washing and even wearing masks.

The Kerala model of containing the Covid 19 pandemic was a topic of discussion across the globe for a few months. National and international media\(^11\), healthcare experts, policymakers and intellectuals were showering praises on Kerala for its effective management of the deadly virus. On May 4, the Kerala Chief Minister (CM) Pinarayi Vijayan said that the state has flattened the Covid 19 infection curve. At that time Kerala had only 34 active Covid 19 cases. But soon praises were replaced with criticism as the state saw an increasing surge in the number of Covid 19. The political scandals and the arrival of NRKs changed the whole scenario. Kerala is a politically vibrant state. Politics in Kerala is dominated by two political fronts: The United Democratic Front (UDF) led by the Indian National Congress (INC) and the Left Democratic Front (LDF) led by Communist Party of India (Marxist). At present, the LDF government is in power and UDF serves as the opposition. The adversarial and competitive politics having a disruptive tenor forms the backbone of Kerala politics. However, in the wake of Covid 19, the political bickering took a backseat. The consensus put out by the ruling and opposition party leaders were evident in the first phase of Covid 19 infections in the state. However, that was too short lived, as a controversy erupted over the dubious deal by the ruling UDF government with a US based tech firm called Sprinklr. The Kerala government was embroiled in the controversy over allegedly breaching the privacy of 1.75 lakh people under quarantine in the state by striking a deal to collate and handle the health data of those quarantined\(^12\). The major allegation was that the data was collected without the informed consent of the people and the deal lacked strong data protection clauses\(^13\). The government version was that such an exercise was carried out to help medical officials and doctors to make a well-informed choice about possible hospitalization in the case of those quarantined. Since the confidential data was collected under the deal made with the US company, questions were raised as to why the government did not disclose any details in the public domain regarding the deal. Opposition parties\(^14\) also questioned the rationale behind single handedly appointing the US based Sprinklr company that too without putting a global tender for the same. Since the CM also manages multiple portfolios including the department of information technology, the controversial deal was enough to rake up a political storm that too in the midst of the pandemic.

The logic behind approaching a foreign company when Kerala has institutions like Centre for Development of Imaging Technology (C-DIT)\(^15\) and Kerala State IT Mission\(^16\) which are capable of handling big data analytics also raised doubts regarding governments decision. Even the government at the Centre led by Bharatiya Janata Party (BJP) came down heavily on the state government for inking such a pact with a big data analytics company like Sprinklr, when the country has central agencies like National Informatics Centre (NIC)\(^17\) which could easily handle the task assigned to the Sprinklr. Meanwhile, the Kerala government defended its position citing that it took the decision to effectively analyze the Covid 19 data quickly. The government version was that it resorted to such a deal as it feared Kerala might see an unprecedented jump in Covid 19 infection, following the easing of lockdown. It also stated that the ownership of the data lies with the Kerala government and not with the Sprinklr, which temporarily hosted the data in its server. The state government also said that strong data protection clauses were added to ensure the data privacy. However, the opposition parties weren’t satisfied with these explanations and the reluctance of the CM to address the controversy openly added more fuel to the fire\(^18\). Meanwhile, the government constituted a two-member committee to look into the matter. On April 22, opposition parties and privacy rights activists’\(^19\) approached Kerala High Court to stay and cancel the controversial deal. The Court directed the state government to anonymize the data of the people placed under quarantine for Covid 19 in Kerala\(^20\). The Sprinklr controversy was a political setback for the government in the state and it also led to the erosion of consensus based democratic approach that was highly required to mitigate the pandemic. With the local government elections around the corner and assembly elections scheduled to take place on May 2021, the management of Covid 19 pandemic is a litmus test for the ruling party and the opposition.

Meanwhile, the Covid 19 infections continued to surge with the arrival of NRKs and people stranded in various parts of the India. Starting from May 7, under Vande Bharat\(^21\) and Samudra Setu Missions\(^22\), nearly 5619 persons from Gulf and Maldives returned to
Kerala. Nearly 59,945 Keralites staying in various parts of the country also returned to Kerala till May 21, 2020. At that time, one in every hundred NRKs were testing positive for Covid. Then by June 17, a total of 84,195 NRKs and 1,79,059 Keralites living in various parts of the country returned to Kerala. As per the latest figures released by the Ministry of External Affairs (MoEA), a total of 94,085 NRKs have returned to Kerala. (till July 3, 2020). Majority of Kerala’s Covid 19 positive cases were from the returnees to the state from abroad and other states within India. Total Covid 19 cases in Kerala jumped nearly nine times from 499 on May 4 to 4465 on July 4. However, the spike in Covid 19 infections after the arrival of expatriates was something that the government expected. Kerala has a large population of expatriates and the government wanted those who wish to return to their home state to conduct Covid 19 tests before boarding the plane. It was aimed at segregating the infected and non – infected people. But it did not happen due to various reasons. Then came the controversy surrounding the mandatory Covid 19 negative certificates for the expatriates who wish to return to India. The first directive came from the Central government, two weeks before nationwide lockdown was imposed in the country. It was on March 5, India issued a travel advisory that insisted on Covid 19 negative certification for evacuation of citizens stranded in countries like China, Italy and South Korea. Later Ministry for Civil Aviation on March 14 issued a circular directing the same. At that time, the Kerala government passed a resolution in the Kerala Assembly which termed the directive demanding mandatory Covid 19 negative certificate for expatriates as “fundamentally inhuman decision”. The MoEA at that time said that the norm was put in place as a safety measure to prevent Covid 19 infected people passing on the virus to others on the flight. In the wake of Covid 19 pandemic, NRKs set-tled in various parts of the world, expressed their wish to return to their home state. Above all Kerala government was ready to welcome expatriates without the requirement of a Covid 19 negative certificate. But Kerala government which went on to pass a resolution against the “mandatory Covid 19 negative certificate” order of the Central government in March, suddenly changed its official stand before April 22. The Central government which was demanding mandatory Covid 19 negative certificate also changed its official stand and came up with the explanation that testing all those coming back to India and Kerala on repatriation flights was impossible.

The Kerala government said that it came up with the new directive to avoid fresh overseas cases after successfully containing Covid 19 in the state. However, the new directive from the part of the state government irked the NRKs and the opposition parties alike. The unhealthy face of the adversarial and competitive politics having a disruptive tenor came out in the open following the state government’s decision to adhere to mandatory Covid 19 negative certificates for expatriates.

There was an outpouring of resentment over Kerala government’s stand. This unexpected move was dubbed as reluctance to accept more people coming by repatriation flights since the government feared that it will lose control over the fight against the pandemic. The opposition parties including Congress, Indian Union Muslim League (IULM) and BJP capitalized the public resentment against the stand of the governments. The opposition parties knew anything involving NRKs would be a highly sensitive issue in the state since it has been surviving with the support of the remittances by overseas workers. It gave the opposition parties an opportunity to exploit the public anger and position themselves as true advocates of NRKs. Kerala will go to assembly elections next year and keeping it in mind, the ruling LDF, has been trying its best to turn the health crisis into an incredible opportunity to revive its political fortunes. The UDF have dubbed the Covid 19 management as a mere public relations stunt with an eye on the forthcoming assembly elections. The opposition parties including BJP have accused the LDF for the spike in the infections as the government was too busy with marketing its Covid 19 story to international media and conducting debate series called Kerala Dialogue. The opposition parties in the state have always been skeptical about the Kerala model of handling Covid 19 pandemic.

The criticism by the opposition parties even had misogynistic undertones. The opposition accused that the health minister was not interested in saving lives and mocked her with misogynistic epithet.

However, the segregation of the infected and non – infected returnees from abroad did not happen due to technical difficulties and reluctance of the Central government to conduct testing on expatriates boarding aircrafts from overseas. So, state government had no other go but to come up with an alternative strategy, where multi-layer screening facility was set up in airports for returnees. Again, on June 11, the CM wrote to the Prime Minister to seek the help from the Central government to provide facilities for conducting Covid 19 test for expatriates returning to Kerala via chartered flights. But this move was also met with stiff opposition and criticism from opposition parties and NRKs.

In July, a new trend emerged where Covid 19 infections through “contact” and local transmission started to surge in the state with more cases of community spread than imported cases. On July 9, Kerala confirmed its first “Covid 19 super spreader” incident in the coastal village of Poonthura and Pulluvila in Thiruvananthapuram, the capital of Kerala. In Poonthura and Pulluvila, people blocked vehicles of police and attacked health workers. The residents in Poonthura and Pulluvila alleged that due to stringent lockdown measures they were not even allowed to venture out of their house to buy essential items from shops nearby. The residents complained

23 Sinha (2020) in Times of India.
24 See, K M Nideesh (2020) in The Mint.
25 According to official estimates, there are least 33 lakh NRKs are residing in various countries.
26 The Kerala government was keen to bring back those with expired visas, pregnant woman, children, senior citizens, critically ill patients who have gone abroad for receiving treatment.
27 The order came in the wake of Central government decision to launch the repatriation exercise under Vande Bharat Mission to rescue Indian citizens stranded in various parts of the globe.
28 Migration experts and leading economists in the state said that the remittances by NRKs have played a significant role in the growth of Kerala’s economy. During a conversation with S Irudaya Rajan, Professor, Centre for Development Studies, Thiruvananthapuram and a member of a high-level Covid 19 committee set up by the state government to study the ramifications of the Covid 19, said that Kerala receives close to Rs. 85,000 crore (US $ 11,641 Million) annually as foreign remittances. Migration experts are pointing out that Kerala could lose nearly Rs. 13,000 crore (US $ 1780 Million) in annual foreign remittance as it is expected that more than 4 lakh Keralites who live abroad would eventually return to the state due to the pandemic. Also See, Swamy (2020) in The Print.
29 A senior leader of the opposition party called the health minister K K Shailaja ‘Covid Queen’. The ill remarks were in response to government’s decision for making Covid 19 negative certificates mandatory for NRKs hoping to return to the state.
30 Kishlay (2020) in NDTV.
31 Those with Covid 19 symptoms were shifted to Covid 19 hospitals and rest of them to state run quarantine facilities or home quarantine in the case of pregnant women.
32 See Bus (2020a), Babu (2020b) in Hindustan Times.
33 Local transmission means that the source of infection is from within a particular area.
34 Super Spreader is a person who spreads the disease to a greater number of people than an average infected person would. A typical Covid 19 patient is capable of infecting 2–3 persons. However, certain individuals or group of individuals are capable of infecting a large group of people and epidemiologists call them super spreaders.
35 In the following days, the “Super Spreader incidents were reported in Manniyavilakkam and Puthenpally, in Thiruvananthapuram district. This eventually led to a spike in infections through local transmissions and Covid 19 clusters were formed in Puthukurichi, Ananthapur, Beemapally, Vizhinjam, Adimalathura, Pozhiyoor, Parassala, Perumathura, Poovar, Kulathur and Karode in Thiruvananthapuram.
that no shops in their vicinity were allowed to open and the men in uniform allegedly went around threatening and using bad words against the fishermen coming out of their homes. In addition to that a team of 25 commandoes were deployed in Poonthura coastal village as the Covid 19 infections continued to surge. Such stringent measure didn’t go down well with the coastal villagers. The presence of commandoes in uniform provoked the resistance among fisher folk. The law enforcement agencies’ failure to understand the ecology of politics (Kurien, 1994, 2001) in coastal areas of Kerala including Poonthura also led to the fall out between the authorities and the residents of coastal villages.

Government implemented stringent lockdown in these coastal hamlets since nearly 81 per cent of the Covid 19 cases reported during this time period through local transmission occurred in these coastal areas. On July 17, the Kerala government admitted that community transmission of Covid 19 had occurred in the coastal hamlets of Poonthura and Pulluvila in Thiruvanathapuram. It was the first time a state government in India officially admitted that community transmission of Covid19 has taken place. The total number of Covid 19 cases surged from 6166 on July 8, 2020 to 16,995 on July 24, 2020.

But first, a brief overview of Kerala and its specific characteristics will be helpful in providing a better context for this discussion. Kerala is one of 28 states in India, one of the smallest, but the most densely populated with 35 million people nestled between the Arabian sea and the hill ranges of the western ghats. Kerala is the only state in India without the nucleated village system characteristic of India; its villages are revenue divisions, sometimes called dispersed villages because of the pattern of dispersed houses and settlements. Its relatively small cities and towns interspersed across the state create a rural–urban continuum ensuring very little rural–urban differences as regards such features as literacy, readership of books and magazines, and social and political consciousness. Having achieved the demographic transition by the 1990s, it now has a high proportion of aging population which currently stands nearly 16 per cent (Rajan & Mishra, 2020, Kerala Economic Review, 2019), on par with many developed countries. Another notable feature of Kerala is the legacy of a matrilineal system that was prevalent among a few castes, especially the dominant caste of Nairs (Jeffrey, 2004).

Historically, Kerala has had close trade and cultural links with the outside world across the Arabian Sea; Christianity and Islam made their substantial presence here in the very early centuries of the founding of these religions making the state one of the most multi-religious and multi-cultural. The past few decades saw a mass exodus of Kerala’s young people seeking employment outside the state, especially in the Arabian Gulf, but also in Europe and North America. The remittances sent by these workers amount to about one third of Kerala’s state domestic product (Krishnan, 1994). Note also that there is a substantial number of migrant workers from other Indian states (called “guest workers” by the Kerala government) who fill local vacancies at the lower levels of the labor market, attracted by the higher wages and better social security in Kerala. In addition to all this, unprecedented income growth and easily available bank loans in recent years have also spurred an exodus of Kerala students seeking technical and higher education abroad, not only in the west but even in some remote parts of China and Central Asia, new destinations for those seeking medical and other degrees at relatively low cost. It is noteworthy that this small state now has four international airports facilitating the high volume of international travel. It is not surprising, then, that Kerala was the first state to experience the Covid-19 infection. Indeed, the virus was initially bought by Keralites returning from Wuhan and Italy.

How then, did Kerala react to the sudden crisis? The first point to be highlighted here is that Kerala may have been among the best prepared states regions in the world to face this crisis. One reason for this is that it had the experience of successfully handling three crises in the past two years, a very serious Nipah epidemic in 2018 and two outbreaks of unprecedented floods, the first in 2018, the second in 2019. The experience of effectively harnessing and coordinating a variety of social players in all the three crises, and the accumulated social capital and networks became useful again. Even more important in this regard is the capacity of the state in terms of infrastructure facilities for public provisioning of essential services and basic security including its robust health care system, universally accessible and free for all. However, the spike in infections has exerted pressure on the healthcare system in the state. Till August 31, 2020 Kerala had a total of 71, 071 Covid 19 cases, 48,079 recoveries and 280 deaths. The surge in infections is also

30 Three factors may help to explain this scale of out-migration: (i) the lack of employment opportunities in Kerala, (ii) the opening of new opportunities in the Gulf countries, and perhaps most importantly from the perspective of the Kerala model, (iii) the rapid spread of basic and even higher education in Kerala enabling its young people to compete successfully in the job market in these countries. The downside (if it may be called thus considering the environmental risks of such a state to sustain conventional types of polluting industries) of the Kerala model of development has been its failure to create industries and employment. The more recent economic and income growth (with at least the second highest per capita income and consumption among Indian states) has been triggered by the tertiary sector, also backed by the substantial remittances from the non-resident Keralites.

31 The first cases reported were of three medical students who had returned from Wuhan. All three recovered quickly. Then came report of a Covid-infected person with no history of traveling abroad from a primary health center in Pathanamthitta district. The concerned authorities lost no time in tracing this puzzling case to a family of three who had returned from Italy on February 25, 2020. It turned out that these three had evaded the required protocols and had been freely visiting relatives and friends and—indeed—infected a number of them.

32 The Kerala government’s successful response to the Nipah virus outbreak—quickly diagnosing the virus in a district hospital in Kozhikode (but with the help of research facilities in other parts of India and imported drugs from Australia) had already greatly increased the reputation of the Kerala government and its heath care facilities. There is a 2019 popular Malayalam film named, “Virus”, mostly based on actual events, that depicts the struggles of the patients in diagnosing, and identifying the virus and in taking effective steps in controlling the outbreak. Also see Wikipedia (2019), Virus (2019).

33 Including civil society and volunteer organizations.

34 There is a controversy surrounding the exact number of deaths resulting from Covid 19 as government has reportedly excluded deaths of Covid 19 patients with co-morbidities from Covid 19 death toll. The above-mentioned figure is provided by officials of health department.
taking a toll on the state's health workers. Health workers at all levels are experiencing fatigue. One of the major reasons for this is the situation in which health workers are contracting the virus while treating Covid 19 patients. More than 500 health workers including 98 doctors and 148 staff nurses have been infected with Covid 19 till August 1, 2020.[45]

Following community transmission, government opened First Line Covid Treatment Centers (FLCTs)[46] at the Panchayat level. The opening of FLCTs added more workload on the existing healthcare system. As of July 20, nearly 10,000 doctors are entrusted with the duty to treat Covid 19 patients. Though Kerala has one of the best doctor-patient ratios in the country, that is one doctor for 400 people, but for dealing with a pandemic like Covid 19 that is not at all proving to be sufficient. Occasional ostracization and attack on healthcare workers have affected their morale. For instance, in the coastal village of Poonthura in Thiruvanthapuram where community transmission was first confirmed, a medical team that went to the coastal area for Covid-19 swab collection was surrounded by angry mobs, who threatened them with abusive words and even coughed at their faces.[47]

Then, keeping the private hospitals away was yet another strategic error. Nearly 65–70 per cent of the population in Kerala depends on private hospitals. Sensing the gravity of the situation, in June the government asked the private hospitals to keep aside at least 20 beds per hospital for Covid 19 patients by July first week. Finally, on August 7, 2020, Covid 19 treatment in private hospitals started. In Kerala, treatment for Covid-19 is provided completely free of cost in government hospitals. Covid hospitals and FLCTs also provide meals at free of cost to the patients. The government fixed the tariff for Covid 19 treatment at private hospitals to prevent opportunistic exploitation of patients.

Kerala also failed to make use of the vast potential of alternative medical streams like ayurveda and homeopathy in treating Covid 19. Meanwhile, as the Covid 19 infections have alarmingly increased, the government has started promoting ayurveda as a way of boosting the immunity of the population.[48] However, government has made it clear that diagnosis, medication and treatment of Covid 19 will only be done through scientifically-backed modern medicine. Another criticism against Kerala was that it was not testing enough. Critics point out that Kerala was testing less and thus it had relatively few cases earlier. In fact, whether Kerala was testing enough was a cause of concern. However, in the beginning Kerala, in March, the state was testing the most, followed by Maharashtra. Kerala with a population of 35 million people conducted 137 tests per million and Maharashtra at that time conducted 27 samples per million people. But in mid–April, when Covid 19 infections were slowing down in Kerala, the aggressive testing strategy was relaxed. There had been allegation that Kerala started testing asymptomatic and people with mild symptoms at a later stage. But as on September 3, 2020, Kerala has ramped up its testing from 20,000 to 30,000 tests per day. Critics also argues that Kerala invested its energy more in contact tracing than in testing which led to the drastic situation the state is facing now.

Second, Kerala took early steps in monitoring and enforcing the rules of isolation. It has also harnessed and deployed modern technology such as surveillance by drones identifying locations of social gatherings, use of “geofencing”[49] to enforce quarantine, and location tracking devices to create spatiotemporal maps for retracking movements of those infected. Government resorted to surveillance technology to track the spread of the Covid 19 and to monitor people placed under quarantine. Government was forced to resort to technology-based monitoring as the number of lockdown violators and those evading quarantine were increasing in the state. Geofencing technology was one among them. Cyberdome[50], developed a software based on geofencing technology to track the movement of people in quarantine.

On March 17, in Kottayam, a district in central Kerala, police first made use of the geofencing technology software. It had helped the police official to catch a total of 13 people who stepped out of their houses during their quarantine period in the district.[51] Geofencing based monitoring was implemented in Kasargod and Wayanad districts where 50 per cent of quarantine violators were caught red–handed. To make sure people were observing physical distancing during the lockdown period and to aid police in effectively implementing the lockdown, Kerala police launched Project Eagle Eye, under which drones were used to catch those violating quarantine and lockdown. Police used 350 drones to track those violating the lockdown rules and physical distancing norms.[52] However, the technological surveillance didn’t deter people from violating the lockdown and quarantine rules. In addition to that, the technical glitches and the laidback attitude from the part of law enforcement agencies weakened surveillance-based monitoring of those suspected to have contracted the novel coronavirus in the state. There have also been instances where police personnel got infected with Covid 19 while performing their duties.[53] As per the government records, nearly 20,000 cops are

44 The authors of this paper interacted with frontline Covid 19 warriors. Based on the interaction, we realised that these frontline warriors were plagued by stress and tension. The incidents of health workers contracting the virus and the stigma and ostracization that came with the wake of pandemics have left them physically and emotionally drained out. It is also to be noted that despite all the odds and challenges, the healthcare workers are still offering their selfless service in the fight against Covid 19. (Interviews with 12 frontline Covid warriors on 24 July 2020.)

45 According to department of health and family welfare, nearly 14 per cent of health workers have complained that absence of adequate PPE kits and reuse of the kits as one of the major reasons for the spread of Covid 19 infections among health workers. Around 8 per cent of healthcare workers said that having food together in groups without wearing PPE kits as a reason for contracting the virus. A few others highlighted improper handling of throat swabs and fomites as a reason for infection among health workers. According to the department of health and family welfare, more than 70 per cent of the health workers who tested positive for Covid 19 had an identifiable person infected with Covid 19 as a contact.

46 First-Line Covid Treatment Centres (FLCTCs) are public health centres to treat Covid 19. Local Self Governments (LSGs) in the state have identified hotels, wedding halls, stadiums and colleges for setting up of FLCTCs. These FLCTCs functions under the respective LSGs. At present Kerala has set up 178 FLCTCs.

47 See Varma Vishnu (2020) in The Indian Express and Unnithan Gopikrishnan (2020) in India Today. Also, one of the authors of this paper talked to the residents in the coastal villages of Poonthura and Manikkavilakam on July 13. They admitted that they had buried abuses at the health officials and scoffed at them, but residents added that they were forced into doing such activities based on misleading information given to them by external forces. They also said that they have apologized to the health officials in this regard. (Interviews with 12 residents on 13 July 2020). Experts have pointed out that coastal hamlets in the state served a vulnerable cluster of people, who are in the frontline to fight the pandemic is not able to exercise their duties properly and diligently.

48 See Chandra (2020) in The Print. Kerala has now included ayurveda practitioners in its early detection system. A State Ayurveda Covid 19 Response Cell has been set in the state specifically to work on ayurvedic formulations and drugs for developing immunity against diseases.
directly involved with Covid 19 related works, that is almost one third of their workforce. With more and more police personnel getting infected has led to shortage of adequate police force and increased their workload. On August 4, Kerala government decided to give the police a large role in contact tracing, in ensuring greater compliance of quarantine and physical distancing at public places, functions and total control over containment zones and clusters. In the first two phases of Covid 19, these tasks were entrusted with local governments, health inspectors and accredited social health activists (ASHA). So, it is clear from these that government has distanced itself from the earlier participatory mode of governance to contain the spread of the pandemic and resorted to converting Kerala into a surveillance state in the midst of the pandemic. The medical fraternity was also upset with government’s decision to give more powers to police in the management of Covid 19 pandemic.

The Kerala government also made a controversial decision to collect call details of Covid 19 patients. It has been criticized as an infringement on the privacy of the people and a brazen move to convert Kerala into a police state. Meanwhile, the Kerala government on August 19 submitted before the Kerala High Court that the police required the mobile tower details in order to find out only the location of the Covid-19 patients and the calls they make or receive. The government informed the Court that the police are collecting the tower location details only to identify the location and stated that it is not collecting call detail records (CDR).

Third, the government during the second wave of Covid 19 infections made use of effective communication system that included daily evening press briefings by a team led by the CM. These widely attended briefings share with the people the latest facts, figures, plans, concerns, challenges, and cautions.

However, the row over the controversial deal with Sprinklr, the political blame game over the mandatory Covid 19 negative certificate for NRKs, gold smuggling scam and the alleged links of the smuggling suspects to Chief Minister’s Office (CMO) and corruption allegation against government’s flagship housing scheme – Livelihood, Inclusion and Financial Empowerment (LIFE Mission) have diverted the attention from the Covid 19 pandemic in Kerala. The administrators and politicians have forgotten that in a pandemic situation, a consensus based democratic approach is required to get things under control. The competitive and adversarial politics having a disruptive tenor about it have gained upper hand over the fight against Covid 19. The highly popular press conferences of the CM have turned into a war of words between the government, opposition parties and media. This has caused a dent in the popularity of CM’s press briefing.

The vibrant media in the state is now less bothered about the Covid 19 and is busy hosting prime – time TV news debates in Kerala on gold smuggling and the involvement of the CMO. In short, the over dominance of adversarial and competitive politics has shifted the focus of public attention from Covid 19. Following the controversial gold smuggling scam, the opposition parties were carrying out protests across the state by disregarding rules relating to physical distancing. The protests saw participation of a massive gathering of party workers violating physical distancing and wearing of masks. The Kerala High Court on July 15 said that all parties and associations must strictly abide by the Covid 19 guidelines. The reckless behaviour of the people also contributed to spike in infections. Following the easing of lockdown towards the end of May, people started stepping out of their homes feeling reassured by Kerala’s handling of pandemic, the effectiveness of public health system and the low mortality rate at that time. A section of people thinks that this overconfidence that the public authorities displayed created a false sense of safety among people leading to their irresponsible behaviour from the part of people, where physical distancing norms and wearing of masks were flouted. Misleading information and advertisements in the name of Covid 19 pandemic was also reported in Kerala. The CM on August 4 said that “laxity and complacency” were the reasons for the surge of Covid 19 infections in the state. The government said that people were complacent in taking precautionary measures against the Covid 19 and it has resulted in the spike in infections. Then law enforcement agencies and local authorities did not pay much attention to unregistered entry of people from neighbouring states through hidden forest roads and porous borders of Idukki, Wayanad, Kannur, Kollam and Thiruvanthapuram districts.

58 For instance, the number of people watching his live broadcasts on major social media platforms like Facebook and Twitter has gone down drastically since the beginning of third wave of Covid 19 infections in Kerala. The average number of likes and views for the live videos on CM’s Facebook page on April 17, had 29k likes and more than 565.6k views but it has fallen to 9.4k likes and 339.4k views as per the latest figures. But the government claims people continue to watch the press briefings of the CM. However, the public opinion is that they only watch it for the sake of knowing the number of Covid 19 cases and not because they are admirers of the CM. Also see, Vidyanadan (2020), in The New Indian Express.

59 A division bench, comprising Chief Justice, directed the government to take preventive measures to ensure that no political party or association violates the directives issued by the government and judgements of the Supreme Court. It also stated that the organisations should abide by both the Centre’s and state’s COVID-19 regulations while carrying out protests. The Court also ruled that there should not be any protests or demonstrations in the state till July 31, 2020 and it was further extended to August 31, 2020.

60 Kerala government has imposed a fine of Rs. 10,000 (US $ 137) or a two – year jail term for those not wearing mask. Even though a large section of people wears masks but not many wears them properly. Some of them wear mask under their nose and chin. While talking some people lowers masks till their neck.

61 See, Sanjay Satwika in Vice News. (2020). For instance, in Kerala, an electronic goods shop published a bizarre advertisement promising customers cashback offer of Rs. 50,000 (US $ 684) if they tested Covid 19 positive within 24 h of shopping.

62 See, Kallungal (2020) in The New Indian Express.
Fourth, the government lost no time in making adequate provisions for the vulnerable groups adversely affected by the lockdown—a causal laborers, guest workers, the very poor and the homeless—efficient and well-organized provision of food and shelter for all those in need. In sharp contrast to the heart-rending scenes of migrant workers in Delhi walking to far away homes with their babies and meagre possessions on their back, being beaten up by the police on the way, some even dying on the road, the scenes in Kerala were of free shelters, community kitchens and volunteers delivering food to the needy. On March 26, the government of Kerala launched the community kitchen initiative to stave off hunger and to ensure no one goes hungry in the wake of pandemic and lockdown. The government entrusted the responsibility of managing the community kitchens to the local self-governments and to Kudumbashree (Mukherjee-Reed, 2015). On April 1, 2020 there were 1316 community kitchens and on May 22, the number came down to 1097. Through these community kitchens, 5.20 lakh to 2.80 lakh food packets were distributed on a daily basis. Food was provided at free of cost to the needy, migrant workers, and those under home quarantine. Due to the easing of lockdown, those stranded including guest labourers started going back to their homes and as a result the demand for food came down and this in turn has reduced the number of community kitchens operating in the state. However, with the surge in Covid 19 infections, the demand for community kitchens has increased. As per the latest figures provided by the Kudumbashree, there are 1143 community kitchens functioning in the state as on August 1, 2020.

It has also observed strict protocols avoiding of assembling of people and delivering food packages to those in need at their shelters. A “hub and spoke model” of food distribution has been developed for sourcing food from existing networks such as the canteens run by Kudumbashree, and sending these out as parcels to multiple destinations. It is noteworthy that these services are available to all the needy completely free of cost. Apart from community kitchen, Kudumbashree also ran Janakeeya hotels to serve budget meals for Rs. 20 (US $ 0.27).

Fifth, a theme to be discussed further below, is the capacity of the state to harness and coordinate the high levels of social capital in the state including governmental and non-governmental organizations and associations. Transparency has been a key feature of Kerala model of handling the Covid 19 pandemic. But with the surge in Covid 19 cases and deaths have allegedly led to fudging of Covid 19 data, especially when it comes to the death toll due to pandemic. One of the major allegations is that the government has left out many legitimately probable Covid 19 deaths out of its official Covid 19 death list. It began on July 20, when the state decided not to include the death of Covid 19 patients with comorbidities in its official death tally. The state government denied allegations of data manipulation and insist they are following the guidelines prescribed by WHO and ICMR. The Covid 19 expert committee formed by the Kerala government has asked the government to follow the WHO or ICMR guidelines in counting the death (J. Tharamangalam World Development 137 (2021) 105207).

3. Behind the success: The legacy of the Kerala model

What is behind Kerala's success, some unique factors specific to Kerala, a Kerala exceptionalism? This is a complex question, and it is possible to highlight some unique historical and social factors, mentioned above. But our focus here is on institutional and cultural factors that are comparable and amenable to empirical investigation. From this perspective we will highlight the legacy of the “Kerala model of development” that has created what some political scientists have called an effective or vibrant democracy (Heller, 1996, 1999, 2000), itself the legacy of “public action”, as explained by Dreze and Sen (Dreze and Sen deal with the concept of ‘public action’ in many of their writings. See, especially Dreze & Sen, 1989, 1998; Sen, 1999.).

63 A good example of this is sourcing community-based disaster management plans (CBDMs) already prepared by a large number of Gram Panchayats (village level governments) in the aftermath of the two earlier floods. These plans are based on extensive ward-based data on shelter management, hospital infrastructure, technical resource persons, and trained health workers. This valuable resource is now being used for the fact-based management of the new crisis.

64 Both World Health Organisation (WHO) and Indian Council of Medical Research (ICMR) mention that deaths should be included in the Covid 19 tally, irrespective of whether the novel virus was the first or second leading cause of the death.

65 On July 25, authors of this research paper interacted with three members in the government constituted expert committee on Covid 19. Panel members said that changing the criteria for inclusion of Covid 19 deaths, without proper clarification when the pandemic is claiming the lives of an increasing number of people would raise suspicion in the minds of public and would deeply affect the credibility of medical fraternity and the government. (Interview on July 25, 2020). Also see Maya (2020) in The Hindu.

66 Dreze and Sen deal with the concept of ‘public action’ in many of their writings. See, especially Dreze & Sen, 1989, 1998; Sen, 1999.)
social security, and a mobilized and politically conscious society that puts pressure on the state and holds it to account.

3.1. A proactive and interventionist state

How Kerala evolved into such a state, at least close to this ideal, has a relatively long history. When Kerala was born as a new state in India in 1957 by combining the two princely states of Travancore and Cochin and the British ruled region of Malabar, all the three regions, especially the first two, had a half century old history of anti-caste and social reform movements followed by trade union and socialist movements, these resulting in a mobilized, and a socially and politically conscious population. The new state’s first democratically elected government was formed by the Communist Party of India (CPI), the first time a communist party came to power in a free and multi-party election anywhere in the world (Desai, 2006). This government did not last long in a highly contentious political environment and with an unsympathetic, if not hostile, central government in Delhi which dismissed it in response to a “liberation struggle” unleashed by landed interests and dominant religious and caste groups. However, within a very short time Kerala settled into a vibrant, if still contentious, democratic system governed alternatively in five years by two coalitions: LDF and UDF. Strong popular demand led to the enactment and implementation of various welfare measures, especially under the LDF governments, and these have come to stay, with occasional modifications by a succeeding government. Especially noteworthy here is a free and robust health care system with a special focus on primary healthcare. As happened everywhere else in and outside India, both the education and health care systems came under threat from a process of mindless privatization unleashed by the neoliberal reforms of the past three decades. Nevertheless, these have survived, and the latter in particular seems to have become more efficient and accessible to people as a result of the policies of decentralization implemented since the mid 1990s. While this was an all-India initiative launched by the Central government, Kerala seems to have taken this more seriously, launching its own campaign for “people’s planning” and implementing what seems to be the most extensive and efficient decentralization program anywhere in India (Chathukulam & John, 2002; Moolakkattu & Chathukulam, 2007; Oomen, 2007). Kerala’s progress in achieving social well-being by all measures, ranging from the Human Development Index (HDI) to the Multi-Dimensional Poverty Index (MPI) and the Global Hunger Index (GHI) are not only decades ahead of India, but on par with the middle level developed countries.

3.2. Social mobilization and public participation

If the state is such a critical institution in the provision of such public goods, it still needs to be explained how and under what conditions the underprivileged classes in a society, including vast numbers of the rural poor, are able to influence state policy and make it respond to their needs. High HDI indicators, which are statistical averages, underscore the fact that development here has been more inclusive with a wider spread than elsewhere in India. This raises the critical political question of how these classes become mobilized, incorporated into relatively stable organizations with universalistic ideologies and programs, and integrated into the political process. Kerala throws considerable light on this question and shows how and why the mobilizations of these classes—the nature of their organizations and the mode of integration—are critical for the provision of such public goods and services.

Policy experts and development economists are also of the opinion that an orchestrated decentralized response system comprising the state government, local government, Kudumbashree, public health system and people demonstrated solidarity and social capital at its best helped a great deal in controlling the pandemic in the first two waves of Covid 19 infections in the state. Kerala has a long history of social mobilization and struggle. The trajectory began in the southern part of Kerala, the princely state of Travancore and later that of Kochi (former Cochin) with the well-known anti-caste and social reform movements in the latter part of the nineteenth century—combining a unique Kerala model of renaissance, enlightenment, and reformation, all in one. In British Malabar, where rack-renting and predatory landlordism were more prominent, nineteenth and early twentieth century social movements focused more on agrarian issues(Herring, 1983, 2003, Radhadrishnan, 1989 and Panikkar, 1989) One of the fascinating facets of this history in Travancore is that even the Maharajah, the kingdom’s Hindu ruler, was himself transformed from protector of Varanashrama Dharma, the caste-based social and moral order (regarded as the most oppressive in India at the time) to supporter of lower-caste struggles and changer of caste oppression (Devika, 2010; Woodstock, 1967). Eventually the Maharajah threw open to all castes’ educational institutions and Hindu temples, formerly the exclusive preserves of the higher castes. Some of these movements were later joined by, and even absorbed into, trade union and political movements that led to the establishment of strong political parties. Especially noteworthy here is a well-organized Communist Party with a universalistic and class ideology that remained purposive and programmatic and retained its mass base across caste and religion over a period of time in one of the most pluralist societies in the world. The Communist Party’s decision to function within a multi-party democratic system involved not only abandoning its orthodox doctrine of armed revolution, but compromising class struggle in favor of class accommodation, in effect transforming it into a well-organized social democratic party of the European vintage. It can be argued that such a class compromise may have been facilitated by the upper caste/class origins of the top leadership of the left parties. On the positive side, this strategy succeeded in influencing the right-of-center parties and traditional conservative forces to accept some basic social programs of the left parties. On the negative side, it is important to note two points here. First, the left parties abandoned such critical radical programs as land redistribution. They did enact and implement tenancy reforms that successfully abolished predatory landlordism. The traditional landless classes, of whom the vast majority were (still are) the Dalits, received only their house sites or Kudikidappu land leaving...
them where they had been for centuries, landless laborers, now turned into modern types of casual wage laborers (Tharamangalam, 1981).

Second, even the limited distribution of house sites, the most radical among Indian states, required organized struggles and intense participation of mass organizations, especially of landless workers. The newly gained home ownership, however limited, did succeed in bestowing a certain sense of dignity to the former hutment dwellers who could no longer be evicted from their houses at the whims of the landlords.

3.3. State–society synergy

We have argued above that the two key elements in the Kerala model are (1) an interventionist state committed to pro-poor policies, and (2) a mobilized society that engages the state through well-organized mass organizations and parties. In this section we discuss the way in which these two elements have interacted to create and maintain a certain synergy, a “virtuous” relationship. We suggest that this may be critical in understanding why Kerala has succeeded where many others such as Guatemala, Nicaragua, and Sri Lanka have not been so successful.

In examining state–society relations, scholars use different analytical lenses such as “equilibrium,” “balance,” “synergy,” and “state-in-society.” We find Joel Migdal’s concept of state-in-society is particularly useful for it shows the state as embedded in society and constructed by social forces, on the one hand, yet enjoying relative autonomy and the capacity to mold and even manipulate social forces and social groups, on the other (Migdal, Kohli, & Shue, 1994; Migdal, 2001; Houtzager & Moore, 2003; Evans, 1995, 1997; Evans et al., 1985). While the state can enjoy relative stability over a period of time, being a system of institutionalized practices, beliefs, and rules, every state is ultimately precarious and vulnerable as an arena in which contesting and changing social forces are continuously at play. We argue that Kerala has been successful in maintaining a balance between state and society and among a variety of social groups and organizations. By this we do not mean an equilibrium imposed by some invisible hand, but a synergy created and maintained by institutionalized mechanisms capable of accommodating differences and resolving conflicts. As noted above, in Kerala the process involved accommodation and compromise among various interest groups, mediated by rational-legal, modern institutions of the state as well as political parties and other organizations. This is not to suggest that this “virtuous” relationship has been unproblematic, or without dilemmas, strains, or contradictions or that it will be sustained indefinitely and can now be taken for granted. In fact, such a relationship is always precarious and a delicately negotiated one since democratic participation involves and requires critics of a given regime and even political opposition, and states and societies must negotiate inevitable conflicts of interests among social classes and groups.

Our argument has only been that Kerala has not only been successful in maintaining a healthy balance but has, in fact, enhanced the “virtual relationship” between state and society in the context of confronting the four successive crises of floods and epidemics, and that the state’s response to the latest and more ferocious Covid 19 pandemic, may have been a final test of the “Kerala model”. Unlike the earlier crises, which were of short duration, the Covid 19 pandemic is likely to take longer time to resolve. It is therefore a crucial test of resilience of the Kerala model.

3.4. A ‘Navodhanam’: Kerala’s own century old renaissance

“Sapere Aude” (dare to know or be wise) is a famous phrase used by Emmanuel Kant in defining the motto behind the European enlightenment (Kant, 1784). A daring critique of hegemonic ideologies and beliefs that imprison our minds is a prerequisite for liberating our minds from their hold and for imagining an alternative world of freedom. As mentioned earlier, Kerala had its own model of renaissance, a navodhanam that began in the late 19th century. This “awakening” and the critical thinking spawned by it played a major role in the making of the Kerala model. It brought about a transformation in beliefs, values, ideals and norms, in people’s conception of and commitment to social and distributive justice and human rights, and in people’s aspirations for themselves and their children. To be sure, prominently figured in this revolution were such radical philosophers and cultural leaders such as Sri Narayana Guru, Ayyankali, and EMS Nambuddiripad, and there were “battles of ideas” and “revolutions in ideas”. What is more important in the transformation of Kerala society, however, is the process by which such ideas became part of the popular cultural movements and were internalized in the collective consciousness of the people. This process was also facilitated by a spurt of growth in popular literature and drama starting in early 20th century, joined also by popular cinema by the 1940s– all of these with critical social themes. Libraries and reading rooms spread all over the state in tandem with rapidly increasing literacy. In 1989–90, Kerala launched a campaign for 100 per cent literacy; by the 1990s the state had achieved 100 percent literacy (GOI, 2008).

Kerala’s navodhanam was, indeed a revolution in hope—giving new hope to people who formerly lived without hope, accepting their fate as inevitable and/or unchangeable. Kerala historian Robin Jeffrey (Jeffrey, 1992) has noted, for instance, that by the 1930s large numbers of people in Kerala had enthusiastically embraced the belief that they had “entitlements”, a concept that figures prominently in the writings of Amartya Sen. The social reform movements campaigned vigorously for the rights of the lower castes to education. An early associate of Sree Narayana Guru, Padmanabhan Palpu82 said on the subject: “We are the largest Hindu community in Kerala. Without education no community has attained permanent civilized prosperity. In our community there must be no man or woman without primary education”83 (Ramachandran, 1998). It is not accidental that universal access to education (first primary and then secondary and even post-secondary) became an issue of high priority in Kerala both in terms of public demand and public policy. A notable aspect of mass participation, especially important in health care, has been the pivotal role of “women’s agency” (women’s empowerment in terms of literacy, education and health, promoting general achievements in human development indicators such as IMR, child nutrition and health), as explained by Amartya Sen (Sen, 1999, 2006) and (Dreze and Sen, 1998, 2002, 2013).

4. Concluding remarks

The unprecedented Covid19 pandemic has shaken our taken-for-granted “common sense” in many respects. Kerala which successfully contained the Covid 19 in the first two waves of infections is now struggling to contain the pandemic in its third wave. The Kerala model of managing and containing Covid 19, which was lauded

80 These landless laborers, at the bottom of the caste/class system, did succeed in organizing what must be considered the most vibrant agricultural labor union in all of India and playing an important role in the political mobilization of the lower castes/classes in Kerala.

81 Just two examples of such movements: the Kerala People’s Arts Club (KPAC), a very popular theatrical movement that organized plays and road shows, especially in the 1950s, and the Kerala Sasthra Sahitya Parishad (also known as KSSP) a People’s Science Movement that began in the 1960s and continues to be active even today. Also see Kerala Sasthra Sahitya Parishad in Wikipedia (2016).

82 Popularly known as Dr. Palpu.

83 Quoted in Ramachandran 1998, pp. 308.
once across the globe is now looked upon with skepticism. It is also a cautionary tale for the government, media and public at large against celebrating Covid 19 success models. Kerala’s biggest advantage was its robust healthcare system and participatory mode of governance or social democracy when it came to handling the pandemic. However, the pandemic has showed that even a participatory social democratic state face challenges in managing crises and ensuring basic security to all. Kerala is a politically vibrant state. The competitive and adversarial politics forms the very basis of the political landscape in the state. At the time of a deadly pandemic a consensus based democratic approach was highly required or at least a balanced proportion of competitive and adversarial politics and a consensus based democratic approach was required. But the state failed to do so. In Kerala, the unhealthy face of adversarial and competitive politics took the front seat while mitigating the spread of Covid 19 pandemic took the back seat. This led to the current surge in Covid 19 infections in the state. In Kerala, the pandemic has got a political hue. The handling of Covid 19 pandemic is now used as a tool to gain political mileage and dividends. Meanwhile, despite all the political turmoil and controversies, Kerala has managed to control the pandemic from going out of control when compared with other states in India.

Life after Covid may not be the same again, as the media and the chattering classes are reminding us daily. The project of neoliberal globalization and the accompanying New World Order may be nearing its end, even liberal capitalism may not be the same again. As the US, the world’s greatest power and the self-appointed leader of the this World Order, proved to be among the worst performers in managing this crisis, scapegoating other countries and even global institutions such as the WHO, whatever trust there may have been in the US-led world order seems to have eroded quickly. In this global context, and drawing especially on the example of the small state of Kerala we now return to our main question in this article: what is the role of the state in dealing with crises such as the present one, and in protecting its citizens and their well-being and providing them security—and ideally also in cooperating with other curtilers and global institutions?

We will conclude with a brief reflection on the concept of entitlement, made famous by Nobel Laureate Amartya Sen in many of his writings but especially in his classic study of famines (Sen, 1983). His now famous, but somewhat unexpected conclusion was that famines in the modern world are not caused by shortage of food, but by “entitlement failure” in the modern world. A corollary to this he also argued that self-governing democracies in the modern world have no famines for the obvious reason that such a government, responding in the state of the Indian state, always low, declined even further during the post-reform period. This latter period, he says, has been marked by a shift in the character of the Indian state from “a reluctant pro-capitalist state with a socialist ideology to an enthusiastic pro-capitalist state with some commitment to inclusive growth” (Kohli, 2009). He asks if and how democratic politics can counter class power and if “...democracy and activism of the poor (can) modify this dominant pattern of development” (Kohli, 2009). He sounded an optimistic note as he was writing at a time when popular demands had led to such beneficial legislative measures such as the MGNREGS and the National Food Security Act which were beginning to show some success. But the Indian state has shifted once again under the BJP which combines even more right-wing economic policies with the ideology and project of Hindutva, a militant form of majoritarian Hindu nationalism that moved from the fringes of Indian society and politics to its mainstream in a short period of time (Tharamangalam, 2006a, Tharamangalam, 2006b). No wonder the figures for poverty and hunger are showing no decline as has happened in other southern countries, especially India’s own poorer neighbors such as Nepal and Bangladesh. Meanwhile, it is indeed encouraging to see that a few states such as Kerala, Goa and the so-called tribal states mentioned above have continued to follow more promising paths with easily visible outcomes in terms of their social development and reducing poverty also include some in the North East such as Manipur and Nagaland. The government of India passed the National Food Security Act in 2013. It aimed at ensuring access to adequate food at affordable prices.

85 Global Hunger Index (GHI), 2019, a multi-dimensional index that includes measures of child malnutrition including infant mortality rate and rates of child wasting and stunting.

86 The SCs are the ex-untouchables, now generally called Dalits and the STs are the country’s aboriginal or indigenous people. Their official and legal appellation of ‘scheduled’ stems from the fact that they are listed in the Indian Constitution as entitled to some special provisions of affirmative action, reservations in employment and educational institutions.

87 Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) is a social security measure launched by the Government of India in 2005. The scheme was introduced to enhance the livelihood security in rural areas by providing 100 days of wage employment in a financial year. See, Chathukulam and Thottunkel (2010).

88 It is noteworthy that the best performing Indian states in enhancing human development and reducing poverty also include some in the North East such as Manipur and Nagaland. We would suggest that the critical factor behind the difference between these so-called “tribal” states and the politically powerful, but socially backward North Indian states (also the main base of the BJP and the Hindutva movement) is the relatively weak presence (if any) of caste in the former and its entrenched and all-encompassing nature in the latter. A second factor may be the early lead of these North East states in literacy and education, mostly due to missionary activities.
development. We can only hope that the lessons learned from Kerala and other states and countries for their best practices during the Covid 19 pandemic will continue to resonate with the people of India and the world as they may be re-thinking and re-imaging a better world for the post-Covid era.

Declaration of Competing Interest

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