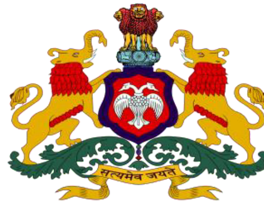

# URBAN LOCAL BODIES & PUBLIC HEALTH IN LIGHT OF COVID-19

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## ABOUT THE PROJECT

The National Law School of India University, Bengaluru, (NLSIU) has entered into a Memorandum of Understanding (MoU) on 20th December 2017 with the Directorate of Municipal Administration (DMA) to Codify, Consolidate and Reform the Urban Planning and Development Laws in the State of Karnataka. The collaboration is focused on developing a Model Bill titled Karnataka Municipalities Bill, 2019, by consolidating the municipal laws in the State of Karnataka. During the process of drafting the Bill, several tasks have been undertaken including the critical evaluation of policies and laws concerning the urban governance, their adequacy and relevance in present day context. Convergence overlaps and areas of potential and real conflicts of the proposed laws of different departments have also been examined as a part of the process of drafting the Model Bill.

The Bill mainly consolidates two legislations Karnataka Municipal Corporation Act, 1976 and Karnataka Municipalities Act 1964, and also includes Karnataka Urban Development Authorities Act 1987, Bangalore Metropolitan Region Development Authority Act 1985, Bangalore Water Supply and Sewerage Act 1964, Karnataka Town and Country Planning Act 1961, Bangalore Development Authority Act 1976, Karnataka Urban Water Supply and Drainage Board Act 1973. The Bill also makes reference to the topics covered under the Real Estate (Regulation and Development) Act 2016, Karnataka Industrial Areas Development Act 1966, Karnataka Gram Swaraj and Panchayat Raj Act 1993 and Karnataka Parks, Play Fields and Open Spaces (Preservation and Regulation) Act 1985. The structure of consolidations and bifurcation of the subjects in the proposed Bill is with reference to the Model Municipal Law, 2003 and the Rajasthan Municipalities Act, 2009. The project has now completed more than two years and deliverables under the project have been completed and duly submitted to DMA. Some of the project deliverables are as follows:

a. Draft policy to be adopted by the Government of Karnataka: Karnataka Urban Policy 2018;
b. Suggested Amendments to the urban Development and planning Acts for the State of Karnataka;
c. Suggested amendments to the Karnataka Municipalities Act 1964;
d. A comparative analysis of the Rajasthan Municipality Act 2009 and Model Municipal Law 2003;
e. Suggested amendments to the Karnataka Municipal Corporation Act, 1976.

CEERA had organized several workshops as per the terms of the MoU and also organized, under the project, a Two-day webinar on “Migrant Workers and Urban Governance: Responsibilities of Urban Local Bodies and Human Rights” on 3rd and 4th of July 2020. This study is in pursuance of our deliverables towards the project of “Codifying, Consolidating and Reforming the Urban Planning and Development Laws in the State of Karnataka” granted under the

MoU entered, between the Directorate of Municipal Administration (DMA), Government of Karnataka and the National law School of India University (NLSIU).

CEERA has also made several publications in the area of environmental law, the law and public policy along with Newsletters, CEERA March of the Environmental Law, NLSIU's first e-Journal – Journal on Environmental Law, Policy and Development and manages three websites viz., www.nlsenlaw.org, wherein the law and policy on Environment is regularly updated, and www.Nlsabs.com, a dedicated portal wherein the law and policy on Access to Benefit Sharing is updated periodically. All our publications are duly updated on our online portal www.nlspub.ac.in, which is open for subscription to all readers.

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## Urban Local Bodies (ULBs) and Public Health in light of COVID-19

The pandemic has left no region in the world immune to the spread of coronavirus. India, with an addition of about 7 million people to its urban population every year, is said to have limited access to public primary healthcare facilities along with inadequate number of dispensaries that usually do not have an inpatient facility.[1] The plight of the urban poor and marginalized people with such a set up worsens the situation for them as they are likely to lack economic resources to be able to access the private healthcare services and inadequate public healthcare infrastructure. Urban local bodies by way of urban governance remain the most successful means to delivering healthcare services to the urban poor and marginalized.

On the 4th of February 2020, the National Disaster Management Authority issued a travel guideline regarding the novel coronavirus under the National Disaster Management Plan, 2019 and Biological Disaster Management Guidelines, 2008.[2] This was followed by a nation wide lockdown announced on March 24th 2020; a 21-day lockdown announced under the provisions of the National Disaster Management Act, 2005.[3] However 'Disaster Management' is not part of any of the Lists in the Seventh Schedule of the Constitution of India but one can trace the basis of this action to be Entry 23 of the Concurrent List of the said Schedule, which pertains to "Social Security and Social Insurance; Employment and Unemployment"; in addition to this Entry 1 and Entry 6 of the State List of the said Schedule pertains to Public Order and Public Health et.al. respectively. Coming to the Local Governments i.e. the Panchayats and the Municipalities Entry 23 of the 11th Schedule and Entry 6 of the 12th Schedule, "Public Health" is their respective responsibility. This trickle down transfer of power, in other words decentralized administration, is supposedly the best way of handling situations like these as it involves the co-operation of local organizations in pin-pointing the exact issues and their appropriate remedies suitable to their jurisdiction.

The 74th Constitutional Amendment Act was responsible for setting up of the municipal or local governments. The Urban Local Bodies have been categorized into:

- Municipal Corporation
- Municipality
- City council

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[1] "Does India Need New Strategies for Improving Urban Health and Nutrition?" by Alok Kumar and Khushboo Saiyed, Niti Aayog, Government of India, available at https://niti.gov.in/does-india-need-new-strategies-improving-urban-health-and-nutrition

[2] COVID-19-19 Advisory – 04.02.2020, available at https://ndma.gov.in/images/COVID-

[2] COVID-19-19 Advisory – 04.02.2020, available at https://ndma.gov.in/images/COVID-19/04022020.pdf

[3] MHA Order Dt-24-03-2020, available at https://ndma.gov.in/images/COVID-19/MHAorder240320.pdf

The Urban Local Bodies primarily deal with the State Governments directly or through the Directorate of Municipalities or through the collector of that district. These ULBs are responsible for a variety of functions and since health is a State subject[4] the ULBs are in charge of public health of the citizens.[5] Public health is defined in a well-rounded manner that comprises of water supply, sanitation and sewerage, control and eradication of diseases that are communicable, solid waste management etc. by providing primary health care to its citizens through the Urban Local Bodies.

When these Local Self Governments are capable of such an impact it is imperative to note that the Disaster Management Act does not expressively mention about them except under Chapter 6 of the Act containing Section 41 whereby, among other things, the Local authorities are to adhere to the directions of District Authority established under Section 25 of the Act.[6] Section 11 of the Act provides for drawing out a National Plan and under Section 14 the State Disaster Management Authority is established and expected to prepare its own Plan on the lines of the said National Plan and also consult the Local Authorities while doing so. However it wasn't until April 14th 2020 that the role of Local Self Governments was recognized by the Central Government to shift responsibility from the centrally controlled plan to tackle the pandemic in a decentralized approach.[7]

Public health is all about prevention of disease and advancement of health along with development in other areas like clean drinking water and sanitation etc. But a discussion on the role of the government with regard to public health cannot be limited to regulation and enforcement of legislations pertaining to public health and, to give it a holistic approach, include peripheral topics such as strengthening of health care systems through research, promotion of health, development of human resources and their capacity building, etc. Other factors that have a bearing to public health are some of the determinants such as the poor urban planning, lack of adequate social security measures etc. To remedy such issues that arise in providing healthcare to its citizens, the Central Government has taken several initiatives.

The National Health Policy, 2017, was aimed at providing access to quality healthcare towards a healthy India.[8] The Policy was intended to make sure that two beds per thousand people were available for emergency patients; coupled with free drugs and diagnostics to ensure access and financially viable for the patients seeking services of public health care centers. It also provides

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[4] Entry 6 of State List in Seventh Schedule of Constitution of India.

[5] As provided under Article 234W and Twelfth Schedule of the Constitution of India that enumerates the 18 functions of the Municipalities.

[6] The Disaster Management Act, 2005, available at https://www.ndmindia.nic.in/images/The%20Disaster%20Management%20Act,%202005.pdf

[7] Revised Consolidated Guidelines of Ministry of Home Affairs, Ministry of Information & Broadcasting, available at https://pib.gov.in/PressReleasePage.aspx?PRID=1614611

[8] National Health Policy, 2017, Ministry of Health and Family Welfare, Government of India, available at https://www.nhp.gov.in/nhpfiles/national_health_policy_2017.pdf

for intermix of practice covering various systems of medicines. However, this intervention does not cover respiratory diseases, vector-borne diseases etc.

National Urban Health Mission was launched keeping in view the need to remedy the issue of tackling complex urban health setting.[9] The National Urban Health Mission, along with National Rural Health Mission both of which are a sub-mission of the National Health Mission, is primarily aimed at providing health care facilities to urban, and rural, poor respectively. Various initiatives have been launched under the Mission and in 2018 the cabinet approved the extension of the Mission till March 2020.[10] The Mission is aimed at reconditioning public health centers in collaboration with the ULBs. There have previously been several doubts relating to the allocation and utilization of funds under the National Urban Health Mission; it was even stated that the urban health system was just as under equipped as that of a rural health care setting. Most of the programs of both the Centre and State fail due to lack of patient centric approach or lack of suitable equipment.[11] The advent of the pandemic has taken such an environment by surprise and adding to this situation was the lack of clarity on treating such an illness, which led to panic among the citizens and overcrowding of the health care systems. Although the ULBs in Karnataka have taken initiatives under this Mission,[12] it has rather been slow and seems largely of little consequence compared to the sheer volume of population that need to be catered to with regard to curative and preventive healthcare services along with promoting the same. The Mohalla clinic, a Delhi State Government model, is an example in providing essential healthcare services to urban poor.[13]

National Health Profile, 2019 published by the Central Bureau of Health Intelligence is prepared with an objective to create a database related to health of India for the benefit of planning and decision-making. The Profile highlights health information, among other things, related to health infrastructure,

[9] National Urban Health Mission, Ministry of Health & Family Welfare, Government of India, available at https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=970&lid=137

[10] Cabinet okays National Health Mission till March 2020, Business Standard, available at: https://www.business-standard.com/article/news-ians/cabinet-okays-national-health-mission-till-march-2020-118032101415_1.html

[11] Urban Health Governance in India: A Policy roundtable, Observer Research Foundation (OFR), available at: https://www.orfonline.org/research/urban-health-governance-india-policy-roundtable-53911/

[12] National Urban Health Mission, National Health Mission Health & Family Welfare Services, Government of Karnataka, available at: https://karunadu.karnataka.gov.in/hfw/nhm/Pages/nuhm.aspx

[13] Mohalla Clinics of Delhi, India: Could these become platform to strengthen primary healthcare? By Chandrakant Lahariya, Journal of Family Medicine and Primary Care, Official Journal of the Academy of Family Physicians of India, US National Library of Medicine National Institutes of Health, available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5629869/

human resource related to health sector, its finance, demographic and socio-economic indicators as well.[14]

The National Urban Sanitation Policy, 2008, brought out by the Ministry of Urban Development, Government of India, although essentially deals with the handling of human excreta and its related health and environmental effects it also deals with facilitation and management of water supply, drainage facilities, solid and hazardous waste management.[15] The vision of the policy is that "All All Indian cities and towns become totally sanitized, healthy and live-able and ensure and sustain good public health and environmental outcomes for all their citizens with a special focus on hygienic and affordable sanitation facilities for the urban poor and women". The Policy also makes ULBs responsible for planning and financing such infrastructures through their State Strategies.[16] In addition to this, the Karnataka State came up with the Karnataka Urban Drinking Water and Sanitation Policy, 2002, which focuses more on the supply of water and sanitation services to the people of the State. The Government of Karnataka in association with ULBs such as the Karnataka Urban Water Supply & Drainage Board and the Bangalore Water Supply and Sewerage Board manages water and sanitation services.[17]

Public health is also a major concern covered by the urban infrastructure facilities provided for by ULBs. It includes management of sewerage and drainage, supply of water for various purposes and solid waste management among other things. In terms of dealing with the COVID-19 pandemic, Karnataka, especially Bengaluru, with its residents ranging from different demographic setup was a hot spot for COVID-19 and continues to be so. Despite the State having higher than ordinary national spending on health care services it has witnessed a rise in cases of COVID-19.[18] It could be portrayed that, areas with high population density across States had comparatively less recovery rate when compared with States having low population density. As most of the urban localities are flooded with private health care compared public healthcare centers a significant number of urban population are known to prefer private health care centers compared to public health care it only becomes imperative that the private health care sector is regulated. Previously, the manifold of health care concerns in cities brought out the need to have a

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[14] National Health Profile 2019, 14th Issue, Central Bureau of Health Intelligence, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India, available at: http://www.cbhidghs.nic.in/showfile.php?lid=1147

[15] National Urban Sanitation Policy, Ministry of Urban Development, Government of India, available at: https://smartnet.niua.org/sites/default/files/resources/National%20Urban%20Sanitation%20Policy.pdf

[16] ***Ibid.*** page 9

[17] Karnataka Urban Drinking Water and Sanitation Policy, 2020, Urban Development Department, Government of Karnataka, available at: http://www.uddkar.gov.in/en/WSplociy

[18] We need a leap in healthcare spending, T.S. Ravikumar & Georgi Abraham, The Hindu, Feb 07, 2019, available at: https://www.thehindu.com/opinion/op-ed/we-need-a-leap-in-healthcare-spending/article26196313.ece

major capacity building exercise of Urban Local Bodies and their access to funds.

Karnataka had adopted surveillance, testing, contact tracing and tracking to tackle the COVID-19 situation, yet it wasn't immune to a surge in cases due to what many now call a systemic problem. Lack of adequate medical and diagnostic staff led to delay in testing and reporting of results that added to this problem. Lack of adequate data on samples collected and a lack of quarantine-instructions, to people from whom samples were collected, has led to wide spread of COVID-19. The Karnataka State model was mirrored as the Bengaluru model in dealing with COVID-19 where the health department along with medical officers worked tirelessly to contain COVID-19. Nevertheless the issue of restricted autonomy and recurrent change of instructions from the administration has put the ULB's method of administration to test.

The Karnataka State Disaster Management Authority had on 3rd May issued an Order classifying the Districts of the State into Red, Green and Orange Zones for containment of COVID-19 and better implementation of the restrictions for the same.[19] However, since neither the WHO nor the Government of India defined the terms 'hot spot', 'cluster' and 'containment zone', the Karnataka Government issued a Circular defining the same based on certain parameters.[20] Such as the number of Covid positive patients, last reported Covid positive case. 'Containment Zone' was initially defined to be the area within 3 km radius of a Covid positive patient's residence.[21] As part of the "Unlock" procedure provided for by the Ministry of Home Affairs, Government of India, the Karnataka Government issued an Order.[22] Among other things, the BBMP had to designate places around the Containment Zones as Buffer Zones where restrictions could still be put in place and accordingly the Karnataka State Government had brought out a Circular containing SOP regarding containment Zone Cluster wherein detailed instructions were enumerated for the BBMP on how to deal with COVID situation in various Zones.[23] However, this was gradually relaxed as per the Office Memorandum of the Ministry of Health & Family Welfare, Government of India.[24]

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[19] Karnataka Government Order Number: KM 158 TNR 2020, available at: https://covid19.karnataka.gov.in/storage/pdf-files/CamScanner%2005-03-2020%2015.43.14.pdf

[20] "Definition of hotspot, cluster and containment zone – Reg." available at: https://covid19.karnataka.gov.in/storage/pdf-files/Citizen/Definition%20of%20hot%20spot.pdf

[21] ***Ibid.***

[22] Karnataka Government Order Number: RD 158 TNR 2020, available at: https://covid19.karnataka.gov.in/storage/pdf-files/DOC310520-31052020155205.pdf

[23] Karnataka Government Circular Number: CHS/392/2020, available at: https://covid19.karnataka.gov.in/storage/pdf-files/SOP%20-%20CONTAINMENT%20ZONE%20CLUSTER%20CIRCULAR%20BY%20CS.pdf

[24] Office Memorandum Number: F.No.Z.28015/30/2020-EMR, issued by Directorate General of Health Services (EMR Division) Ministry of Health & Family Welfare, Government of India,

When it comes to the structure of the ULBs in Karnataka, the Karnataka Municipal Corporations Act, 1976, coupled with the Karnataka Municipalities Act, 1964, provide for a ceremonial appointment of a 'mayor' who supposedly is the primary authority of the local government. Having said that, one needs to note that this "primary authority" is under the oversight of a Commissioner who is appointed by the State Government.[25] This provides for a faulty 'local self government' structure that provides for constant intervention of the State Government in local issues the oversight of which is to be done by an already elected local representative. The ULBs have a mandatory function with regard to public health and Chapter 18 of the Karnataka Municipal Corporation Act, 1976, talks about Prevention of Diseases. The Municipal Corporation under this Chapter has to notify diseases that are dangerous to the population[26] and also take preventive measures like sanitization of buildings[27] etc., along with ordering closure of places likely to cause transmission of such diseases[28] and putting down of animals in this regard. Regulation with regard to public places such as markets etc. is vested with the municipal corporations. Despite this, it left the State Governments' health department to set up additional facilities when they could have combined forces and collaborated with the private health care providers to reduce additional costs to the Government. There seems to be an already existing detached relationship between the Urban Local Bodies and the Department of Health of the State Government, which has added to the complexities of solving or controlling the effects and after effects of pandemic. The pandemic situation has presented with it a combination of health care and social care problems for its management and the safety of public. Adding to this is the issue of urban poor who seem to have been treated half-heartedly by the ULBs; the mass-exodus was a witness of this situation.

It must be noted that the ULBs in Karnataka are statutorily required to consult the State Government and seek its approval for its decisions. One can also notice that although the ULBs get sufficiently funded under the 'Smart City Mission' the power with respect to utilization of those funds still vests with the State and at times with the Central Government.[29] It is true that ULBs themselves cannot take steps in vacuum and need the involvement of State Government for resources, manpower and support. But absence of co-operative work and taking initiative in respect of COVID-19, coupled with the ULBs making poor use of the successive lockdowns where they could have prepared action plans but turned to buying expensive equipment in the name of COVID-19 control leading to a reactive approach to the whole scenario than a proactive one. This situation could also be remedied by extending to the

available at: https://covid19.karnataka.gov.in/storage/pdf-files/cir-hws/Circular-OM%20on%20Denotification%20Criteria%20for%20Containment%20Zones.pdf

[25] Section 14 of Karnataka Municipal Corporation Act, 1976

[26] Section 401 of Karnataka Municipal Corporation Act, 1976

[27] Section 406 of Karnataka Municipal Corporation Act, 1976

[28] Section 414 of Karnataka Municipal Corporation Act, 1976

[29] Section 72 of Karnataka Municipalities Act, 1972

ULBs a greater say in matters relating to the management of the cities beyond what is presently extended. Additionally strict Social Audits to take corrective actions and improve accountability and community participation could prove to be effective in increasing efficiency of the ULBs.

The Eleventh Finance Commission classified the subjects under Twelfth Schedule into welfare, regulatory and development functions. The National Institute of Rural Development and National Institute of Public Finance and Policy had recognized six core services to be extended by ULBs and one of them is the primary health. In fact, the Working Group on Expenditure Norms, constituted by the Planning Commission, recognized Primary Health as one of the core functions of ULBs. However besides the ULBs, the Development Authorities, who are also partially responsible to the functioning of the municipalities, are coupled with the Special Purpose Authorities and the ULBs share an overlapping jurisdiction with all these agencies in performing its functions. This style of management existed even during the 19th century British rule with various local authorities to manage health, schools, highways, burial etc. The Eleventh Finance Commission had suggested that the capital costs of civic services to be borne by the respective States and that the operational and management costs be met by the respective ULBs who would be funded by the States themselves. Karnataka however, is said to be in Municipal Revenue Deficit where the Municipal Revenue Expenditure is in excess of the Municipal Revenue Receipts and that the ULBs in the State are spending more on services other than the core services they are designated to. What is interesting to note is that through out the lockdown period all the advisories issued were by the Government of Karnataka barring one by the BBMP Commissioner with regard to instructions to urban poor regarding COVID-19.[30] However, the BBMP Commissioner in the context of Unlock 1.0 issued various advisories to hotels, parks, work places, shopping areas and Resident Welfare Associations etc.[31] Only towards the end of June did BBMP issue a notification with regard to setting up of COVID-19 Care Centers and Dedicated COVID-19 Health Centers under the Epidemic Diseases Act 1897[32] even when the actual Act was implemented in the State on March 11, 2020 itself.

At this juncture it becomes important for one to understand the newly passed Epidemic Diseases (Amendment) Ordinance, 2020 brought out on April 22, 2020[33]; followed by the Karnataka Epidemic Diseases Ordinance, 2020[34] and

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30 General Information, COVID-19 Informational Portal, Government of Karnataka, available at: https://covid19.karnataka.gov.in/new-page/GENERAL%20INFORMATION/en

31 ***Ibid.***

32 ***Ibid.*** available at: https://covid19.karnataka.gov.in/storage/pdf-files/CCC(3)%20of%2027-06-2020.pdf

33 The Epidemic Diseases (Amendment) Ordinance, 2020, No. 5 of 2020, available at: https://www.prsindia.org/sites/default/files/bill_files/Ordinance%202020%20-%20epidemic%20act%20.pdf

also the Epidemic Diseases (Amendment) Act, 2020 brought out in September 28, 2020.[35] The government can invoke the Epidemic Act only in cases where it seems inadequate that the laws prevailing at the time of outbreak of a disease can do little to curtail it and to proactively tackle the spreading of such disease. The need to control epidemics was felt in 2017 itself when the Indian Government had introduced the Public Health (Prevention, Control and Management of Epidemics Bio-terrorism and Disasters) Bill, 2017[36] so as to repeal the Epidemic Diseases Act 1897, however the bill lapsed. So COVID-19 pandemic has had the government to invoke and rework the 120-year-old law that was initially introduced to fight the Bubonic plague outbreak in the 1890s.[37] The above Central Government Ordinance brought out in April was however to protect the healthcare professionals in the fight against epidemic diseases and further expanding the powers of the Central Government in curtailing the epidemic.[38] In furtherance to this and in accordance with the Constitution of India,[39] the Karnataka Government also brought out an ordinance to expand the powers of the State Government and imposing various penalties on whoever disobeys the provisions of the Ordinance brought out to tackle epidemic situations.[40] Following this a formal Amendment to the Epidemic Diseases Act, the provisions of which now protect the healthcare professionals against violence and destruction of their professional property.[41]

A Press Note was later released by the Chief Medical Officer of BBMP mentioning about the opening of Fever Clinics in all BBMP wards under its Primary Health Centre and Referral Hospitals in Bengaluru.[42] The BBMP also issued a notice of a penalty of 200 Rupees in case of violation of orders to compulsorily wear facemasks and maintaining 6 feet social distance.[43] It was only in July that BBMP set up a Task Force on COVID-19 Public Health

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[34] Karnataka Ordinance No. 07 of 2020, available at: https://dpal.karnataka.gov.in/storage/pdf-files/ao2020/Ordinance%2007%20of%202020%20(E).pdf

[35] The Epidemic Diseases (Amendment) Act, 2020, No. 34 of 2020, Ministry of Law and Justice, Government of India, available at: https://www.livelaw.in/pdf_upload/pdf_upload-382206.pdf

[36] Ministry of Health & Family Welfare (PH Division), Government of India, Notice No. T-18014/3/2004/PH, available at: https://www.prsindia.org/uploads/media/draft/Draft%20PHPCM%20of%20Epidemics,%20Bio-Terrorism%20and%20Disasters%20Bill,%202017.pdf

[37] "Unravelling the Bombay Plague" by Vibha Varshney, Down To Earth, published on 16/7/2015, available at: https://www.downtoearth.org.in/reviews/unravelling-the-bombay-plague-50165

[38] ***Supra*** at 33

[39] Entry 29 in List III (Concurrent List) of Schedule 7 of Constitution of India.

[40] ***Supra*** at 34

[41] ***Supra*** at 35

[42] ***Supra at 30,*** available at: https://covid19.karnataka.gov.in/storage/pdf-files/CCC(3)%20of%2027-06-2020.pdf

[43] ***Supra at 30,*** available at: https://covid19.karnataka.gov.in/storage/pdf-files/CCC(3)%20of%2027-06-2020.pdf

Response to evaluate its strategy and, among other things, to offer advice to BBMP and its health centers to manage COVID-19.[44]

Solid waste management was all the rage before the pandemic began, which led to quite a number of public health workers being shifted to work for the same. The ULBs could focus on shifting some of those workers back to public health services and achieve a two-fold relief in terms of not hampering work of solid waste management but also help induce community participation through those workers to test, track and trace potential carriers. ULBs in Bengaluru set up a 'war room'[45] at quite an expense but failed to constitute an expert committee along the likes of the technical advisory group set up by the State Government.

In March 2020 the Department of Public Instructions, Government of Karnataka had issued an Order to rope in teachers from government and government-aided schools to mandatorily get involved in the work of BBMP towards contact tracing of COVID patients.[46] It was also stated that failing to do so would render them liable under the Epidemic Diseases Act 1897. Although the Karnataka State Primary School Teachers Association initially requested to be exempted from the work for lack of awareness regarding COVID-19, but later on had to chip-in towards the fight in terms of dissemination of knowledge and managing awareness programmes to the public regarding the disease.[47]

Around July 2020 there arose another issue of regularization of employment/appointment of medical professionals who were earlier appointed on contractual basis[48] and this became an additional challenge for the Karnataka State Government in the prevailing pandemic situation. The primary issue here was that as on 2017 the Karnataka State Government had halted the process of regularization of doctors appointed on contractual basis however until 2017 from 2007 over 2000 contract doctors appointed to serve in rural areas were given permanent appointment orders by the State Government. The Contract Doctors' Association refused to budge for the assurances of the State Health Ministry that the contract doctors would be given due recognition for their services under contract and that the same would be taken into consideration as experience when a State Government notification for appointment of doctors would be called for.[49] The primary

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[44] ***Supra at 30,*** available at: https://covid19.karnataka.gov.in/storage/pdf-files/CCC(3)%20of%2027-06-2020.pdf

[45] BBMP COVID-19 Cases, available at: https://covid19.bbmpgov.in/

[46] Notification Number: Sahanishane.AS/ka.va.ku.ja.su/32544/E.V.2020

[47] "Bengaluru teachers oppose assignments related to COVID-19" by Rashmi Belur, 31/3/2020, Deccan Herald, available at: https://www.deccanherald.com/city/life-in-bengaluru/bengaluru-teachers-oppose-assignments-related-to-covid-19-819815.html

[48] "507 Contract doctors to stop work in Karnataka", The Hindu, 8/7/2020, available at: https://www.thehindu.com/news/national/karnataka/507-contract-doctors-to-stop-work-in-karnataka/article32017024.ece

[49] ***Ibid.***

issue here was related to the remuneration a State Government appointed contract doctor would draw as compared to the ones appointed on contractual basis and the ones appointed under the National Health Mission[50] when the nature of work of all of the doctors were the same. The doctors however withdrew the ultimatum at a later stage.[51] Following this, the State Finance Department gave a go-ahead by releasing funds to supply manpower to fight against the pandemic in BBMP Zones that resulted in appointment of 1700 medical professionals again on a contractual basis.[52]

Towards the end of July 2020 the Commissionerate of Health & Family Welfare Services, Government of Karnataka, issued an Order[53] calling out all the private hospitals to compulsorily update and maintain the bed availability data with the Centralized Hospital Bed Management System portal set up by BBMP. This order was made post the Government order that had directed Private Hospitals[54] to reserve 50% of total available beds to treat Government referred COVID-19 patients[55] and the failure of the private hospitals to record and report date of admission and discharge of patients along with unclear data on occupied beds and available beds.

As stated earlier, the workings of ULBs are unique and the ministries in-charge of handling of COVID-19 situation need to understand the workings of the ULBs before taking charge to remedy the situation through them. The medical officers and health workers could be made to report to a single establishment instead of both ULBs and State Government authorities or such multiple windows. In July 2020 the BBMP was sanctioned funds upto 21.42 Crore rupees for supply of necessary manpower to curb the spread of COVID-19 andemic in its zones,[56] however it is strange that around 1.2% of the BBMP

[50] "MBBS doctors on contract in Karnataka relent on quit threat", Time of India, 18/6/2020, available at: https://timesofindia.indiatimes.com/city/bengaluru/mbbs-doctors-on-contract-in-karnataka-relent-on-quit-threat/articleshow/76432823.cms

[51] ***Ibid.***

[52] "Temporary appointment of 1,700 medical professionals", The Hindu, 9/7/2020, available at https://www.thehindu.com/news/cities/bangalore/temporary-appointment-of-1700-medical-professionals/article32034046.ece

[53] Order No: DD/SSU/COVID-19/55/2020-21, by Commissionerate Health & Family Welfare Services, Government of Karnataka, available at: https://covid19.karnataka.gov.in/storage/pdf-files/Updating%20of%20bed%20availability..pdf

[54] Order regarding decision to include Private Hospitals in the treatment of COVID-19, available at: https://covid19.karnataka.gov.in/storage/pdf-files/New%20Doc%2006-20-2020%2018.06.46.pdf

[55] Order regarding Delegation of Power to ensure 50% beds for COVID-19 patients in private medical institutions and hospitals w.e.f 19.07.2020, available at: https://covid19.karnataka.gov.in/storage/pdf-files/DME%20Delegation%20of%20Power.pdf

[56] Proceedings of Government of Karnataka, Ministry of Health and Family Welfare, No. AKuKaNi/APTA/104/2020-21, available at: https://covid19.karnataka.gov.in/storage/pdf-files/08-07-2020.pdf

budget for 2020-21 has been allocated to Public Health[57] at a time of pandemic and also that COVID-19 does not find a mention in the budget at all apart from the benefaction to the Chief Ministers Relief Fund. This contribution to CM Relief Fund has been taken out of the Wards' grant amounting to 25 lakhs from each Ward of the BBMP and this amounted to about 49.5 Crore rupees in total. One would actually expect that the BBMP to be given some sort of financial relief from the CMs office but the irony is BBMP contributing to the CMs Relief Fund when they themselves are in need of funds.[58] As expressed above, the public health is the least-spent-area by the ULBs, therefore the under financed public health centers have been put a strain on its already hampered efficiency of them handling the pandemic. The shifting of funds from spending it on capital expenditure, such as public health, has been diverted to facilitate urban infrastructure development. This coupled with division of Urban Local Bodies into Urban Development Authorities and Urban Improvement Trusts has led to distribution of revenue that was earlier to be pooled under one umbrella of ULB. This has made it difficult for funds to be available for investment and development of public health measures in cities. The distribution of funds and revenue is also evident in leaving out the Water Supply and Sewerage Board outside the purview of the municipal authorities. Some of the Central Government programmes for urban infrastructure investment like the Jawaharlal Nehru National Urban Renewal Mission (JNNURM), Swacch Bharat Mission, and Smart Cities Mission etc. although seem to have invested in development of urban infrastructure but are usually inadequate and unconnected to the public health infrastructure. With the per capita expenditure of the entire country's spending on health care being one of the lowest in the world a need to maximize spending in this regard has been voiced repeatedly.

With regard to allocation of funds so as to remedy the ULBs, the Ministry of Home Affairs under the State Disaster Response Fund, an installment under the State Disaster Risk Management Fund has allocated funds to the State governments.[59] The State government has to in-turn appropriately allocate this money to the ULBs who are frontline warriors when it comes to handling a crisis like COVID-19. Additionally the onus is also on the 15$^{th}$ Finance Commission as they are yet to publicize the report for the years 2020-2025, so they can recommend reforms in terms of allocation of funds to ULBs to strengthen public health infrastructure and facilities so as to keep them prepared for future pandemics. Along with this, implementation of the 13$^{th}$ Finance Commission recommendations will help ULBs recover from the financial crunch.[60]

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[57] BBMP, Revised Budget Estimates for 2019-20 and Budget Estimates for 2020-2021, available at: http://bbmp.gov.in/documents/10180/0/Budget+final+2020-21.pdf/e674f361-231d-472b-aab8-593095228f28

[58] ***Ibid.***

[59] SDRF/NDRF, Disaster Management Division, Ministry of Home Affairs, Government of India, available at: https://www.ndmindia.nic.in/response-fund

[60] Thirteenth Finance Commission 2010-2015, available at: https://www.prsindia.org/uploads/media/13financecommissionfullreport.pdf

Although the primary issue is that of provision of healthcare services to city dwellers, the peripheral issue of dealing and management of COVID-19 waste has to be discussed.[61] The Karnataka State Government has issued Standard Operating Procedures in this regard. Segregation of wastes at source, as dry, wet and sanitary, remains the norm but additionally the waste collected from 'COVID-19 houses' are to be treated as biomedical waste. Similarly the ULBs in Bangalore have notified vendors who are designated to the treatment of waste in times of COVID-19 taking into consideration the Biomedical Waste Management Rules, 2016. Accordingly the waste collectors and Pourakarmikas are provided with protective equipment like the Personal Protective Equipment (PPE) kits to protect them from COVID-19 while performing their duties.

It is said that the next pandemic is imminent and the time is now to plan for the same in advance. With some important lessons learnt from experience and by reference to how other jurisdictions and countries dealt with COVID-19, it is only prudent that ULBs of India to pull up their socks and up their game in the most reasonable and responsible way possible.

[61] Circular No: DD/SSU/Circular-06/2020-21, by Commissionerate, Health & Family Welfare Services, Government of Karnataka, available at: https://covid19.karnataka.gov.in/storage/pdf-files/cir-hws/Management%20of%20Solid%20Waste%20Generated%20%20by%20COVID-19%20Positive%20Persons%20in%20Home%20Care%20-%20EN.pdf