Planning for Pandemics in Small Cities through the Lens of the Right to the City and Urban Citizenship in Kerala

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Context

- One of the goals of decentralized planning in Kerala was to sustain the advances the state had made in the social sector including health. However, during the early stages, not much attention was given to Urban Health .
- The absence of bargaining for funds on the part of the doctors in the PHCs in the midst of competing demands and lack of skill to convert health needs into projects often led to lower allocation for health. Gradually, the health standing committees and working groups became active . Decentralization resulted in many arguments between healthcare providers and local self-government institutions in the initial years. However, at present an amicable relationship exists between healthcare centers and local self-government institutions .
- Considering the emphasis given in the 13th Plan to the issues arising out of increasing urbanization in Kerala, the government issued for the first time a separate set of guidelines for plan formulation in Urban Local Governments. Further, Planning Committees in all local governments were to be set up to help them in plan formulation, implementation and monitoring.
- Kerala has put in place a care protocol for People Living with Non -Communicable Diseases (PLWNCDs) in all its cities with ASHAs or community health workers, Anganwadi Mother and Child welfare Centres and Kudumbashree neighborhood women's organizations who together ensure that PLWNCDs, especially the poor, receive medicines regularly.

Municipality & Health

- Since the Municipal areas in Kerala have well-developed hospitals both in the public and private sectors, health is given a secondary consideration in the activities of the Municipality.
- The health Wing (supervisor & other staff) is not adequately qualified to undertake supervision of the health matters including disease control. For them health tends to be focused mainly on Sanitation.
- From 2015 onwards projects relating to palliative care became mandatory. From 2017-18 onwards every local government was required to set apart 5% of the development funds for palliative care. Now each local government has at least one palliative care unit. This is one area where several actors such as the National Health Mission, activists, doctors and nurses, volunteers, private entrepreneurs, CBOs and NGOs collaborate to create a more compassionate order for people on the verge of death. But whether the Municipalities have not been able to bring in the necessary synergies due to their failure to acknowledge health as a key concern of the Municipality and the absence of any pressure on the part of the citizens to do so.

Municipality & Health Infrastructure

- There are mainly five Health Centres in the Municipality and a General Hospital. Three have been set up under a CSS known as National Urban Health Mission where the doctors and the staff are on contract. The other two are primary health centres started by the state government, which were originally a part of the rural local governments, and were later merged with the Municipality. The PHC in Municipality has been converted into a Family Health Centre under Aardram Mission.
- There is a post of a medical officer in the Municipality. But it has not been filled. Practicing doctors do not find it attractive. Added to that is the fact that the existing health staff and the elected functionaries are unenthusiastic about the presence of a professionally trained person at the helm of affairs.
- There is one health supervisor, seven health inspectors, 22 junior health inspectors and 152 sanitary workers in the Municipality. The health inspectors have not undergone any rigorous training that equips them to function as a 'Public Health Watchdog Group'.
- The meetings of the Health Standing Committee(HSC) were held irregularly and gap in meetings ranged from two to nine months , according to an audit report. During the lockdown period, the HSC had more frequent sittings, almost three in a month. The medical doctor from the *Vayomithram* project used to attend the meetings. .

Health Aspects of the Municipality

- All the non-COVID-related activities bearing on health were affected in the first phase when the lockdown measures were strictly enforced. In the second phase, the palliative care and *vayomitram* activities were started in a modest way. Emergency services were kept live with minimum staff support. In such cases, the ward councilors had played a major role.
- The Municipality neglected some areas in its pandemic response. One is Mental Health of People. Nothing was done on this front although counseling for COVID-19 patients was undertaken. The second is Children. Although children have very low vulnerability, their needs never figured prominently in the plans and policies of the Municipality. Same could be said of Women. This is despite the fact that half of the councilors in the Municipality were Women.
- Urban Planning in Kerala leaves out health as an important part of the agenda. This is because of the way public health emerged in the state. It was only after 1995 that the PHCs came under the Municipalities. But still it has not been properly integrated with the priorities of the Municipalities. The people have the option of going to the Government District Hospital and the Government Medical College where specialist doctors are available. In addition, there are more than half a dozen well-equipped private hospitals in and around the Municipality.

Unplanned Health Intervention

- The health of the Municipality is equally a direct concern of the District Collector, who has the ultimate authority at the district level for pandemic-related decisions.
- The Municipality seems to have taken a casual attitude since Municipal health in pandemics is already addressed within the disaster management framework. No disaggregated data relating to Municipality about the number of cases was available, enabling it to identify pockets of high vulnerability. Disaggregated data relating to migrants also were unavailable.
- It was indeed difficult to find any elected member or officials who had some idea of the health profile of the Municipality not to speak of translating such ideas in to planning. The public health staff certainly had some awareness of the health profile, but they did not have the required professional knowledge to come up with concrete and worthwhile plans. Those who are supposed to engage in planning lack the necessary knowledge related to health

Right to the City

- There is a concept of a Right to the City, which is a collective right of the citizens in the City, especially the marginalized, for the Equal Use of the City, City Spaces, and Services within the Limits of Social Justice and Sustainability Conditions(Henri Lefebvre1968 & Sorenson and Sagaris 2010).
- It speaks of the democratic right of the citizens in urban governance. It inevitably includes social struggles for appropriating and reclaiming urban spaces, and it must begin with a critical knowledge of urban structural inequalities. These include conflicts over asserting particular rights, such as housing, mobility, citizenship, involvement, leisure, and rest. It speaks of the right of the marginalized to act as key stakeholders in the making and remaking of cities and " is a right to change ourselves by changing the city more after our heart's desire" (Harvey, 2008, p.23).
- Agenda 21 of Rio Earth Summit cited citizen participation in planning to strengthen social cohesion (Sorenson and Sagaris 2010). There is a significant difference between a reformist approach aimed at securing specific human rights in cities through legislation and related mechanisms primarily linked to state action and a radical political interpretation of the right to the City that implies fundamental systemic change through collective mobilization (Turok and Scheba, 2019)

Urban Citizenship

- Urban citizenship should be freed from constraints imposed by national and state-centered conceptions of political community.
- The focus should be on constitutional politics that would strengthen local self-government by redefining boundaries, membership and rights at the level of municipal polity.
- Pandemics like COVID-19 require active citizen participation for containment.
- The right to the city idea and urban citizenship should have been the next stage of the participatory planning process.
- However, the ward committees were never able to fill that gap.

Discussion & Conclusion

- Municipality is an Outlier as far as Health matters are concerned.
- Most of what the Health Standing Committee does is related to Sanitation.
- The limited health allocations are for providing Medicines or Creating Infrastructural Facilities in the PHCs.
- The health staff of the municipality is not sufficiently qualified or equipped to handle public health issues.
- There is a lack of synergy between the available medical officers in the municipality, the health staff of the Municipality and the elected councilors on the health standing committee.
- There is no citizen-level input and ownership related to health matters.


Thank You