



POLICY BRIEF



LESSONS FOR URBAN GOVERNANCE
FUTURES FROM THE PANDEMIC



Foreign, Commonwealth & Development Office
(FCDO)



Scaling City Institutions for India (SCI-FI)
Centre for Policy Research





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About the Brief

This policy brief is based on the study 'Re FORM: Lessons on urban governance futures from pandemics', which was undertaken by Scaling City Institutions for India (SCI-FI) at Centre for Policy Research (CPR) with the support from the UK Foreign, Commonwealth and Development Office's (FCDO) South Asia Research Hub (SARH). The study explored the impact of COVID-19 on Public Spaces, Housing and Slums, Water, Sanitation and Hygiene, Public health including Clinical Care and Livelihood and Social Protection in urban areas of the country, to identify urban planning and governance reform actions emerging from the early experiences of responding to the pandemic.

The recommendations highlighted in the Policy Brief encapsulate how governments in India, across the tiers, can bolster preparedness strategies to build city resilience and be advised to reshape urban policies to respond to pandemics in an ethical, inclusive, equitable, and resilient manner.

About SCI-FI Initiative at the Centre for Policy Research

The Scaling City Institutions for India (SCI-FI) programme aims to better understand 'governance scale' in Indian cities in tandem with 'sector specific socio-economic scales'. Through research, the programme aims to inform stakeholders, including the three tiers of the government, to develop better informed policies and programmes enabling improved governance and service delivery. It has two key thematic focus in areas of Land, Housing and Planning, and Water and Sanitation. The SCI-FI programme is nested at the Centre for Policy Research (CPR) since 2013.

Disclaimer:

This policy brief is based on a study commissioned by South Asia Research Hub, Foreign, Commonwealth and Development Office (FCDO), Government of UK. However, the views expressed in the brief do not necessarily reflect the UK Government's official policies.

SCI-FI, CPR is responsible for the content of this publication.





POLICY BRIEF



Re FORM





1. SETTING THE CONTEXT



C OVID-19 pandemic has impacted everyone in the world as also in South Asia and India. However, a disproportionate impact was felt by the poor and marginalised due to the deepening of pre-existing inequities. It has led to job losses, shrinking of economies, loss of livelihood, deaths of millions of people, debilitated social protection measures and deepened the digital divide. South Asian governments had to implement strict public health protection measures of social distancing and sudden lockdowns to reduce human to human contact, ensuring a slowdown in the spread of the disease. In the case of India, this had triggered a massive exodus of people and short-term migrants from its cities that left the world shocked. At the same time, the national, state and local level governments have taken extensive supporting actions, at rapid pace, often effectively solving problems through short-term solutions. However, the crisis emerging from the pandemic has spotlighted several, thus far, under-acknowledged, systemic areas of governance mechanisms, vulnerable infrastructure and inadequate policies that would require redressal as we stride to 'build back better'.

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¹ Ajmer (Rajasthan), Bangalore (Karnataka), Bhilai (Durg, Chhattisgarh), Bhubaneswar (Odisha), Delhi, Dhenkanal (Odisha), Jhansi (Uttar Pradesh), Lingasugur (Raichur, Karnataka), Malerkotla (Sangrur, Punjab), Muzaffarpur (Bihar), and Pune (Maharashtra)



This policy brief is based on a rapid research report titled 'Re FORM: Lessons for urban governance futures from the pandemic', undertaken by the Scaling City Institutions for India (SCI-FI) Initiative at the Centre for Policy Research (CPR), supported by the UK Foreign, Commonwealth and Development Office's (FCDO) South Asia Research Hub (SARH). The research study aimed to answer a fundamental question, *based on the experience from the initial period of COVID-19- what can governments, at all three tiers, do for reshaping urban policies and urban planning to create more resilient cities?*

Based on the analysis of the evidence, gathered through intensive literature review, detailed press scan analysis, Key Informant Interviews with various stakeholders in select cities¹, actionable recommendations have been outlined across five key themes mentioned above and a cross-cutting theme of empowering the need to strengthen the role of urban local bodies in the event of pandemics and disasters. These recommendations encapsulate how governments, across all the tiers, can bolster preparedness strategies to build city resilience and be advised to reshape urban policies to respond to such public health crises in an ethical, inclusive, equitable, and resilient manner.

Policy recommendations are curated to identify urban planning and governance reform actions needed to build resilience, emerging from the early experiences of responding to the ongoing pandemic. Considering the multiple surges experienced by countries and the continuous nature of the pandemic, the brief highlights the issues that are fundamentally structural and require mid-to-long-term policy focus for creating more resilient and sustainable solutions for the urbanisation in the Indian context, learning from the South Asian region (particularly, India, Nepal, Bangladesh and Myanmar). Each of the recommendations outlined below are categorised as immediate, measures that require attention within one year to medium, measures requiring action within 2-3 years and long term measures requiring action within a 3-5 year timeframe.

Actions required

Immediate Medium-term Long-term

2. RECOMMENDATIONS ON PUBLIC SPACES



Public spaces include streets, roads, parks, transport hubs, community centres, parks, markets, malls, educational, recreational, health and religious institutions. While public spaces are essential for society's mental, physical, and economic well-being, the spread of infections through public spaces is undoubtedly a prime concern today, as spotlighted during the COVID-19 pandemic. In India, public spaces were closed for use during the lockdown to prevent the spread of infection, and public transport came to a halt. Based on the analysis of evidence and assessing various initial measures taken by the governments, the following recommendations emerge as critical for planning and management of public spaces going forward and ensuring continued functionality even during public health emergencies.

¹ Ajmer (Rajasthan), Bangalore (Karnataka), Bhilai (Durg, Chhattisgarh), Bhubaneswar (Odisha), Delhi, Dhenkanal (Odisha), Jhansi (Uttar Pradesh), Lingasugur (Raichur, Karnataka), Malerkotla (Sangrur, Punjab), Muzaffarpur (Bihar), and Pune (Maharashtra)





2.1.

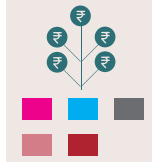


Ensure provision of safe public transport services and infrastructure to support Non-Motorised Transport

COVID-19 halted public transportation services owing to its potential of emerging as a vector for disease transmission, impacting livelihoods of private bus operators and drivers of buses, and Intermediate Public Transports (IPT) such as autos, mini-buses and e-rickshaws. In India, given that a large proportion of the population depends on public transportation systems to access their livelihoods and services, ensuring continuous operation with adequate protocols even during health emergencies emerges as a priority.

- Ensure adequate transport facilities to all citizens, especially for frontline workers during health emergencies.
- Have emergency protocols for maintaining safety and hygiene in public transport. Create awareness among citizens about these through Information, Education and Communication (IEC).
- Augment infrastructure to support IPT and Non-Motorised Transport (NMT) to facilitate livelihood recovery.
- Ramp up last-mile connectivity by strengthening regulations and infrastructure around IPTs and high-quality pedestrian infrastructure.

2.2.



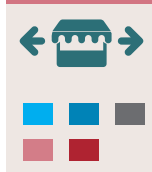
Earmarking of open and green spaces as a part of all urban infrastructure programmes and enable safe access for all urban residents

The pandemic and its resultant lockdowns, not only restricted access to green and open public spaces but also highlighted its scarcity and uneven distribution in Indian cities/towns. Research shows a direct correlation between social isolation, loneliness and poor health. In such a context, the need for availability of open spaces in urban areas and unrestricted access to such spaces become even more critical. Technical and financial support for developing such spaces should be provided, especially to the cities not covered under Supply Chain Management (SCM) and Atal Mission for Rejuvenation and Urban Transformation (AMRUT).

- Emergency safety protocols for parks, gardens and other open spaces should be developed and communicated, enabling access even during pandemics/public health emergencies.
- AMRUT scheme guidelines should mandate open and green spaces to be accessible for all and encourage design innovations for controlling overcrowding enabling physical distancing.
- Cities and local authorities should be encouraged to integrate open and green spaces evenly distributed across the city (particularly around poor neighbourhoods) as part of all urban infrastructure programme. These spaces should be well connected through streets, promoting walking and cycling to access such spaces.



2.3.



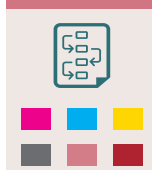
Clear separation of wet markets and enforcing the regulation, as a strategy for combating zoonotic diseases

The origins of earlier epidemics/pandemics caused by zoonotic viruses have been traced to wet markets. India is a huge market for animal products that include poultry, animal meat, fish and a few wild species. However, the enforcement mechanisms for the existing regulations, such as Food Safety and Standards Licensing and Registration of Food Businesses Regulations 2011, remains imperceptible. Given that wet markets provide the perfect breeding ground for the transmission of zoonotic viruses these spaces must be adequately regulated, serviced and monitored.

- Regulate all slaughterhouses and meat processing units mandating registration with the Food Safety and Standards Authority of India (FSSAI) and all retail meat, fish and poultry shops with the ULBs.
- Mandate periodic (annual) third-party audits of slaughterhouses and meat processing units initiated by FSSAI in February 2020. The ratings could form the basis for future license renewals.
- Expand prevailing regulations to include drainage, design of goods and people flow, the distance between stalls, hygiene facilities for handwashing, protocols for disinfecting, signage, among others. Must also provide special codes for early and advanced stages of zoonotic disease spread outlining elements such as special protective gears, entry restrictions, and higher hygiene standards, among others.
- Ensure clear demarcation and physical separation of wet markets at the wholesale and retail level in the town planning guidelines and include a separate subcategory for wet markets under the commercial land use category.

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2.4.



Adoption of strategic planning approach in small towns to promote resilient urban development

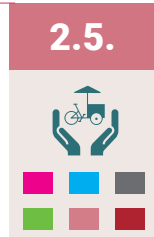
Around 40 per cent of India's urban population resides in small towns, characterised by haphazard and unplanned growth, non-conforming land uses, mushrooming unauthorised colonies and low quality of life. Effective planning and management of small towns call for accurate and vital information to be available regularly that could form the basis for strategic planning. Metropolitan cities reported having responded better given their access to large-scale digital and spatial data during the ongoing pandemic, compared to the small towns. Such planning approach becomes extremely crucial in public health emergencies like the COVID-19 pandemic, where the timeliness and efficacy of the response remain contingent upon the adequate knowledge of the existing ground realities, the ability to identify vulnerable areas and communities and define buffer zones to contain the spread of disease.

- Encourage small towns to adopt a strategic planning approach for urban development to make cities resilient to future emergencies and provide adequate technical and financial support.





- ⚡ Ensure that the local government has access to tools and technologies that enable collection and analysis of spatial data to support decision-making and should be brought under the purview of central government schemes.

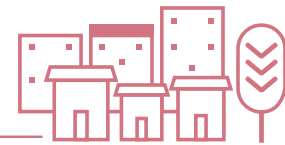


Enabling special provisions for street vendors through earmarking street vending zones and integrating safety and hygiene practices

Studies estimate that around 10 million street vendors in India were directly impacted due to COVID-19 induced lockdown that led to the closure of all markets and vending sites. These sites of street retail emerged as sites for the disease's potential spread. In such a context, an initiative for continued street vending to support the lives and livelihoods of the street vendors even during health emergencies emerges to be critical.

- ⚡⚡ Delineate visible and accessible vending zones, preferably close to original sites. Create special vending zones with temporary commercial use permit for periodic vending activities supported by adequate arrangements for rerouting traffic, alternate parking, etc.
- ⚡⚡ Ensure participation of the street vendors in decision making around planning and managing vending zones, *haats*, *bazaars* and natural markets.
- ⚡⚡ ULBs must guarantee that Town Vending Committees (TVCs) are functional, licenses are issued to street vendors, and vendors are mobilised to follow hygiene and safety protocols. Provide supporting infrastructure to enable compliance.
- ⚡ Provide technical assistance for public space planning, especially for small towns with high reliance on street-based informal retail and low planning capacities.
- ⚡ Integrate street vending zones and natural markets, including the historic natural markets, still in widespread use, into the existing spatial planning framework with adequate space set aside for *bazaars*, *haats* and other natural markets in Master Plans, Zonal Plans and Local Area Development Plans.

3. RECOMMENDATIONS ON HOUSING AND SLUMS



Past pandemics have shown that the quality of the built environment and public health are related. According to the sero-survey conducted by the Indian Council of Medical research (ICMR), those living in slums were at a higher risk of infection than others in the urban areas. Urban poor migrants, who migrate to the cities in search of better economic opportunities and primarily opt for housing in slums and squatter settlements due to affordability and proximity to employment opportunities, were the worst-affected during the pandemic. In addition to their loss of livelihood during the pandemic and absence of any social networks, their persistent residential vulnerabilities further debilitated their position in the city. It is evident that improved quality of the built environment and adequate, affordable access to the same is at the centre of building resilience against pandemics.



3.1.



Augment rental housing for migrants

About one-third of urban India depends on rental housing, 75% of which is supplied informally. With the announcement of the nationwide lockdown, most migrants employed in informal jobs and residing in rental units in slums and informal settlements lost their livelihood and the ability to pay rent, which prompted their exodus. While the introduction of the Affordable Rental Housing Complexes (ARHCs) as a new vertical under PMAY-U is a significant step forward, it does not recognise the entrenched informalities of the rental housing ecosystem. Following are the specific recommendations to streamline the rental housing markets and addressing the housing vulnerabilities among migrants and the urban poor.

- ⚡ Encouraging small homeowners to invest in building rental unit by providing the necessary financial incentives.
- ⚡ ARHC scheme should be re-designed to acknowledge subsistence landlords who supply a significant share of the low-cost rental housing to the urban poor.
- ⚡ The shadow economy of informal rental arrangement needs to be addressed to ensure that the urban poor are not precluded from access to shelter in the cities, especially during disasters and pandemics.

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3.2.



Prioritising upgradation of slums as part of 'build back better' strategy

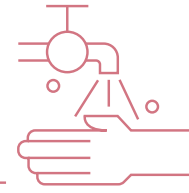
In slums, conditions such as high densities, overcrowding, poor ventilation, limited access to water and sanitation services have severely constrained the adoption of COVID-19 preventive measures such as social distancing and regular hand-washing. Slum upgradation efforts thus far have predominantly been limited in their ability to address the issues of enabling access to basic amenities, primarily due to unclear tenorial arrangements which constrain public and private investments towards such efforts. The following measures will be vital towards building city resilience against public health disasters in Indian cities by adopting strategic implementation of slum upgradation programmes.

- ⚡ Prioritise in-situ slum upgrading following a holistic planning approach for enabling adequate housing, basic amenities and access to social infrastructure as part of the ongoing public housing programmes, such as Pradhan Mantri Awas Yojana (PMAY).
- ⚡ Encourage states, to improve tenure security among the slum dwellers, thereby safeguarding them against ad hoc evictions and enabling the provision of basic infrastructure in these settlements, through directives and guidelines.

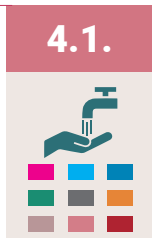




4. RECOMMENDATIONS ON WATER, SANITATION AND HYGIENE



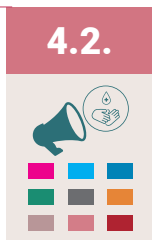
People living in slums and informal settlements remain the worst-affected by disasters and pandemics due to their precarious living conditions. This is further compounded by their lack of access to adequate water, sanitation and hygiene facilities. They often rely on shared water and sanitation facilities, rendering social distancing and regular handwashing impossible thereby exposing them to higher risks of infection.



4.1. Prioritise in-house access to water and sanitation facilities in slums “leaving no one behind”

In slums and informal settlements, the prevalence of shared water and sanitation facilities have subjected their residents to long queues and overcrowding near the facilities, increasing the risk of transmission of the disease. In order to uphold the principle of “leaving no one behind”, the following are the recommendations to ensure safe and uninterrupted access to water and sanitation among slum households.

- Prioritise Individual Household Latrines (IHHL) and piped water supply within the premises, as far as possible.
- Enforce provision of basic services delinked from the tenurial status of slums.
- Integrate financial sustainability in providing water to informal settlements and slum areas by devising strategies for Operation and Maintenance (O&M), billing, collection, and tariff setting.
- Prioritise adequate, timely delivery of affordable wastewater management services by regulating the desludging market.
- Adopt innovative, long-term and cost-effective strategies such as the decentralised wastewater management approach to address water availability for non-potable usage and pollution.



4.2. Propagate awareness around safe hygiene practices as a long-term strategy to mitigate the impact of future public health disasters.

Frequent handwashing with frothing soaps is recognised as the most efficient and effective preventive measure for controlling the spread of the virus (MoHFW, 2020). Further, access to clean and reliable water is essential for managing menstruation safely and hygienically. However, with COVID-19 intensifying household water needs and with lockdown reducing access to water, women and girls may not prioritise water for their menstruation needs. As safe



hygiene practices are indispensable towards mitigating the spread of the pandemic, the following are the recommendations to facilitate the same.

- ⚡⚡⚡ Ensure the provision of additional water points/hand washing stations in slums and informal settlements to enable the practice of frequent hand washing all the time.
- ⚡⚡⚡ Ensuring access to soaps and hand sanitisers in slums and informal settlements.
- ⚡⚡⚡ Undertake awareness generation and communication programmes targeted at different groups (including men, women, and children) on positive hygiene behaviours.
- ⚡⚡⚡ Prioritise continuous access to safe menstrual hygiene practices even during disasters and public health emergencies, including delivery of Menstrual Hygiene Management (MHM) products to the vulnerable and marginalised communities. This may be achieved by bringing MHM products under essential goods and commodities.

4.3.



Implementing an integrated approach to water resource management

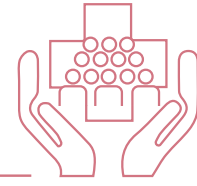
Sustained water supply to unserved pockets will necessitate effective water management (from the stages of withdrawal, supply, and use of water to the treatment and recycling of wastewater) to break away from cycles of acute shocks and chronic stresses at the city level. This necessitates the adoption of an integrated approach to strengthen city-level water cycles and in turn, build water and sanitation resilience. Following are the short, medium and long-term recommendations towards managing water stress in cities and enhancing preparedness against a pandemic.

- ⚡⚡⚡ Bring in smaller cities and towns into the ambit of upcoming water and sanitation infrastructure development programmes, e.g. SCM and AMRUT, given that they have a larger infrastructural deficit compared to bigger cities and metropolitans.
- ⚡⚡⚡ Mainstream an Integrated Approach to Urban Water Management based on the principles of conjunctive use of water from different sources, demand-side management and supply-side interventions to create urban water and sanitation resilience.
- ⚡⚡ Incentivise cities, institutions, and industries towards the development of circular water and sanitation economies and provide technical guidance and operationalisation support for transforming policy and strategy in this regard.
- ⚡ City level Integrated Urban Water Supply Management Strategy / Plan should be prepared in a phased manner, prioritising all the water-stressed ULBs.





5. RECOMMENDATIONS ON PUBLIC HEALTH INCLUDING CLINICAL CARE



C COVID-19 pandemic exposed the fragile health infrastructure of the country and also showed how it adversely impacted routine health services like Maternal and Child health care, management of non-communicable chronic diseases like cancer, heart disease, stroke, hypertension and diabetes, mental health and disability. The recommendations aim to provide a framework that would ensure continued access to adequate health care even during the times of any public health disaster such as the ongoing pandemic.

5.1.



Revisit the National Health Policy to ensure adequate investments for augmenting public health infrastructure

The COVID-19 pandemic has exposed gaps in the response from the public health system due to limited infrastructure, human resources and capacities to manage a public health emergency of a large magnitude. With limited personnel and resources, hospitals nationwide struggle to provide adequate treatment and care to COVID-19 patients. Since COVID-19 is not the last unprecedented biological emergency, it should serve as a wake-up call for the government to augment health infrastructure:

- Revamp National Health Policy (NHP) 2017 to re-articulate the norms specified in the policy and include provisions for increasing the health care expenditure with a critical focus on bolstering the public health infrastructure. It should further focus on hiring a qualified workforce across all levels – medical, paramedical and frontline health workers as per Indian Public Standard Norms.
- Boost and revamp the existing Mobile Medical Units (MMUs) and leverage their capacities to ensure continuity of clinical care during such health crises.
- Revisit NHP to ensure adequate access to affordable and quality primary healthcare services leveraging private sector facilities.
- Strengthen NHP 2017 to enforce Community Based Monitoring and Planning (CBMP) to place people at the centre of the health system and development processes.

5.2.



Strengthen implementation of National Urban Health Mission (NUHM) with a specific focus on city level health planning

National Urban Health Mission (NUHM) provides for City specific planning including, 'Vulnerability Mapping and Assessment' for slums and informal settlements. It calls for identification, mapping and vulnerability assessment of slums, assessment and mapping



of the existing health care services, stakeholder consultations, mapping of referrals in each area, rationalisation of human resources, ensuring private sector participation and effective convergence with departments like Integrated Child Development Scheme (ICDS) and urban development programmes. The COVID-19 crisis has spotlighted the need to strengthen the already available provision under NUHM to respond to any public health emergencies. This would require:

- Enforce the provisions already laid out under NUHM for city-wide planning and vulnerability assessment of slums and informal settlements.
- Set out periodicity for collection of data for the purpose.
- Ensure such databases are spatial to locate the routine and special outreach services effectively, especially at the time of any public health crisis. This will help understand the accessibility and responsiveness to vulnerable populations' health care needs during any such emergency.

5.3.



Adequate training and capacity building inputs to health care workers to ensure preparedness

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While NHP 2017 lays out the need for capacity-building, and technical assistance to States to develop state-specific strategic plans and provide training inputs to healthcare workers, its implementation on the ground must be reviewed periodically. It calls for effective capacity building for public health crisis management through an army of community members trained as first responders in case of accidents and disasters. These members should also be made aware of the management protocols in the event of an outbreak of highly communicable zoonotic diseases. Ensure use of online available training platforms such as 'Digital Infrastructure for Knowledge Sharing (DIKSHA)', introduced by the Government of India, for capacity building of health care workers. These would require:

- Review the existing training modules and enforce periodic implementation of the modules during such public health crisis.
- Set out the periodicity and timeliness of training workshops and meetings for all health care workers, especially at the time of any public health crisis.
- Renewed thrust on effective utilisation of the existing digital/non-digital training infrastructure for orientation and capacity building by the cities and the States.

5.4.



Setting up mechanisms for standardising health care charges in the event of public health emergencies

The COVID-19 pandemic has brought to light the inadequacy of public health care services, particularly for people living in poverty who cannot afford health care services available through the private





sector. In order to ensure equitable access to treatment facilities and access to healthcare facilities inclusive, the following may be undertaken:

- ⚡ Build increased awareness enabling greater access to schemes and measures such as *Ayushman Bharat Pradhan Mantri Jan Arogya Yojana* (AB-PMJAY).
- ⚡ NHA should work together with their state counterparts to empower local authorities in facilitating large-scale uptake of available insurance schemes and provide for grievance redressal.
- ⚡ NHA to layout protocols for linking PM-JAY with the larger health care system, especially primary care, in consultation with the MoHF&W.
- ⚡ NHA should set out mechanisms, in line with the Disaster Risk Reduction (DRR) framework, to standardise public health emergency linked costing protocols for testing, treatment, primary health care in public and private settings among others.
- ⚡ NHA should place renewed emphasis on designing strategy, building technological infrastructure, and implementing the “National Digital Health Mission” to create a National Digital Health Eco-system.

5.5.



Prioritise health insurance cover for all Frontline Workers to safeguard them from increased exposure to health risks

NHP recognises the occupational risks faced by the Frontline Health Workers (FLWs), and it mandates workplaces and institutions to ensure safe health practices to the FLWs. COVID-19 has thrown up unprecedented challenges that have significantly impacted the FLWs, including ASHAs, AWWs, ANMs, and sanitary workers, who have served as the first line of government response. In order to minimise the health risks and integrate better preparedness, NHP should place greater emphasis on

- ⚡ Ensure adequate supply of PPEs (gloves, surgical masks, hand sanitisers etc.) to FLWs along with training on appropriate usage during any emergency.
- ⚡ Set out mechanisms for better uptake of social security and insurance schemes such as ‘*Pradhan Mantri Garib Kalyan Package*’ through increased awareness of the schemes and the processes for availing the benefits.
- ⚡ Identify stakeholders (community leaders, associations, and ULBs) for formulating a systematic advocacy and communication plan for building public consciousness to prevent any social discrimination of FLWs.
- ⚡ Review of FLW’s remuneration in case of allocation of any additional duties during such public health crisis. In addition, psychosocial support, non-monetary incentives, additional transport allowance, and child-care support should be provisioned. In order to enhance motivation, awards and recognition should also be institutionalised.



5.6. Application of technology and spatial data to effectively trace and track infections to control the spread

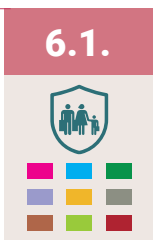
NHP commits to developing an institutional framework and capacity for Health Technology Assessment and adoption guided by scientific evidence, safety, cost-effectiveness and social values. It mandates setting up a National Digital Health Authority (NDHA) to regulate, develop and deploy digital health across the continuum of health care through the deployment of digital tools for improving the efficiency and outcome of the healthcare system. Effective COVID-19 response underscored the use of digital technologies, particularly mobile (Aarogya Setu App), biometric applications and GIS for disease surveillance through contact tracing and tracking. As technologies enable digitization and spatial analysis, NHP to improve the effectiveness of response and relief measures by laying greater emphasis on:

- ⚡ Ensure better integration of digital tools and technology to optimise traditional contact tracing processes, monitor lockdown situations along with quarantine and isolation mandates, and declare/demarcate spaces as containment zones and hotspots in such public health crisis.
- ⚡ Augment ULBs and health care workers' capacities on digitisation, use of technology, and spatial mapping.

6. RECOMMENDATIONS ON LIVELIHOOD AND SOCIAL PROTECTION



The outbreak of COVID-19 has led to unprecedented economic and social disruptions, which led to the decimation of jobs and placed millions of livelihoods at risk, particularly in the informal sector. India saw a mass exodus of the "invisible workforce" from urban areas back to their rural homes, which laid bare a glaring shortcoming of the government's ability to provide social protection to the urban poor. The issues that gained attention during COVID-19 were primarily around drop in wages, lack of social protection and insurance for informal workers (street vendors and migrant workers), widening gender inequities, increasing child labour, lack of protection to frontline workers, among others.



6.1. Facilitate migrant flows by ensuring access to adequate social protection in both source and destination cities

The crippling effects of the pandemic on the economy were only exacerbated by the migrant crisis, which was brought on primarily by the loss of livelihoods of millions of informal workers in urban areas and the failure of existing welfare support systems. This

MoHUA	NITI Aayog	MoH&FW	MoS, DoS	MoE&IT	ULB	State DoH&FW	State UHM
ICMR	State HA	MoLE	FCI, Dept. of F&PD, MoCF	NSDC	WBolW (BoCW, WB, SVA)	State DoL&E	
State ULM							





highlighted the ineffectiveness of the available welfare schemes and the inadequacy of the institutions involved in their delivery. The workforce movement is critical for economic development, and sustaining the same would require safeguarding them from public health emergencies.

- ⚡ Enforce registration of construction workers' with the Building and Other Construction Workers Welfare Board (BoCWB) and other welfare boards.
- ⚡ Establish a clear communication channel for regular and timely dissemination of information through a unified portal and registration of migrant grievances.
- ⚡ Encourage States to formulate urban wage employment programmes and schemes, to protect the urban poor from wage and livelihood losses in any public health emergencies.
- ⚡ Ensure adequate strategies are put in place for rolling out the One Nation One Ration Card (ONORC) system, enable uptake and minimise exclusion of migrant workers and their family members whether at the source or the destination.
- ⚡ Mandate local authorities to maintain records of urban poor migrants and non-migrant workers, primarily employed as casual labour or self-employed, to provide emergency relief in the event of any public health crisis and disasters.

6.2.



Labour laws should categorically earmark non-negotiable aspects, which cannot be amended even during emergencies

While healthy and safe working conditions are pre-requisite for economic growth and social justice, both the relaxation of labour laws and the outbreak of COVID-19 have made the informal worker more precarious. Many states amended the existing labour laws to revive the economy post the nation-wide lockdown in their respective jurisdiction. Suspension or relaxation of the labour laws in the wake of emergencies and disasters places the worker in a highly exploitative position. While there are more than 100 state and 40 central laws regulating various aspects of India's labour force such as resolving industrial disputes, working conditions, social security and wages, these legislations are complex, with archaic provisions and inconsistent definitions. This necessitates:

- ⚡ Earmark categorically non-negotiable aspects of Labour laws that cannot be amended by the States, even during emergencies.
- ⚡ Clear up ambiguities in existing wage rules to periodically determine floor wage and minimum wage by determining a consistent and appropriate formula that accommodates variations in the living standard across geographies for calculating the minimum wages.
- ⚡ Adopt more consultative processes in the planning and implementation of the Wage code.

6.3.



Provision of street vending zones, fast-tracking registration of street vendors and creating awareness of relevant schemes

The livelihoods of millions of informal traders/vendors across India were affected due to the country-wide lockdowns. Though most restrictions were removed over 3-6 months of the lockdowns, curbs related to informal street vending continued. Given the safety concerns, many customers are also staying away. It is becoming critical to designate street vending zone across the cities while ensuring the following:

- Strengthen IEC plans to ensure awareness of government schemes like Pradhan Mantri Street Vendor's Atmanirbhar Nidhi (PM SVANidhi) scheme with a special focus on the process of enrolment.
- Survey vendors and ensure registration in a fast track manner.

6.4.

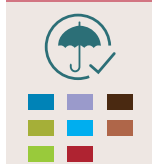


Minimise risks, ensure preparedness and create awareness on schemes meant for Frontline Workers (FLWs)

The pandemic has thrown up unprecedented challenges that have significantly impacted the Frontline Workers (FLWs). Though they have served as the first line of government response, they were not provided with PPE kits initially and even faced stigmatisation and social ostracisation. They also lacked information and awareness about the government insurance schemes. Hence the following recommendations will be vital for FLWs during health emergencies:

- Generate awareness among the FLWs about their entitlements and the processes for availing benefits under available social security schemes.
- Ensure preparedness by providing training to the FLWs on safety protocols for different categories of emergencies/disasters, focusing on public health emergencies.

6.5.



Simplify procedures to improve access to social security schemes among informal sector workers

While workers in the organised sector are linked to social protection, informal workers, who also comprise a major portion of the self-employed workers, are responsible for accessing benefits by enrolling in government schemes themselves. Most of them do not do so as they do not have information on the scheme, and even the process is tedious. The fallacies in implementing welfare schemes in the times of their utmost need only heightened the need for their over-hauling. This includes:

- Create an IEC portal for clear communication on livelihood opportunities, social protection measures, and relief packages announced during any emergency.



- ⚡ Simplify registration process for social welfare schemes so that informal workers can register and avail the benefits effortlessly.
- ⚡ Ensure adequate access to social protection among migrant informal workers in a portable manner facilitating mobility. Portable Social protection mechanisms can be conceptualised in a phased manner, beginning with covering the income-based vulnerable population in the unorganised sector.

7. RECOMMENDATIONS ON EMPOWERING LOCAL BODIES AND IMPROVING COORDINATION ACROSS THE TIERS OF GOVERNANCE



The Constitution (74th Amendment) Act 1992 formally recognised urban local bodies (ULBs) as the third tier of governance and was introduced to ensure participatory, inclusive, and accountable governance. It recommended that the State governments assign to ULBs a set of 18 legitimate municipal functions, including public health management, sanitation conservancy, urban planning, water supply *et al.* However, despite the efforts in deepening decentralisation, these democratic units of self-governance are faced with numerous challenges on account of inadequate devolution. COVID-19 has shown that ULBs have played a central role in anchoring relief and response, focusing on the urban poor and vulnerable communities. Building city resilience against any future pandemics would necessitate empowering ULBs to lead on-ground response enabled through devolution of funds and functionaries.

7.1.



Provide opportunities and space for localised action and innovation as a resilience strategy

The evolving nature of the pandemic accentuated the need for swift and localised action. Strengthening the grassroots level governance will empower them with greater opportunities and space for localised actions enabling adequate response in real-time during public health emergencies. This would entail:

- ⚡ Creating/ activating “Ward Committees” and involving them in planning and decision making and become focal points for local actors, including CBOs, RWAs, SHGs, volunteers.
- ⚡ Encourage meaningful engagement with the fourth tier (comprising of CSOs, CBOs, RWAs, etc.) and provide opportunities and spaces for local actors to respond and innovate in the event of disasters.
- ⚡ Leverage the community networks to plan, provide and monitor various services and for timely dissemination of information such as guidelines for people to self-organise and self-care in addition to using channels, e.g. Mobile Apps, Websites, helplines, social media, mass media, etc.



- ⚡ Strengthen ULBs to respond to public health emergencies and integrate its role in the disaster management frameworks.

7.2.



Augment the capacity of the ULBs to undertake spatial mapping and analysis for effective decision-making

GIS-based strategies were used effectively to contain the virus by identifying spatial transmission, prevention, and control, allocation of resources, and detection of social sentiment, among other things (Rajneesh Sareen, 2020). However, this capacity remained limited to larger metropolitan and smart cities in India; therefore the need for augmenting capacities of ULBs for seamless integration of technology and governance within robust data protection and privacy framework becomes critical.

- ⚡ Provide adequate technical and financial support specifically for augmenting spatial data collection and analysis capacities of cities and towns across the country.
- ⚡ Entrust Administrative Training Institutes (ATIs) to prepare training modules and undertake periodic training and capacity building of ULB officials on data collection and mapping, especially for smaller cities.
- ⚡ Encourage ULBs should set up spatial mapping labs for preparing city maps with spatial and non-spatial information.
- ⚡ Revisit the Data Protection Bill, 2019 to integrate adequate provisions such as third-party audits and penetration testing, among others, to protect the right to privacy when the data is collected during a pandemic for disease monitoring.

7.3.



Review and strengthen the existing legislative framework for Disaster Management to enable an effective response

The present legislative framework, the Epidemic Act, 1897 and the Disaster Management Act, 2005 invoked to respond to the pandemic. However, specific provisions required for the prevention, containment, and management of communicable diseases such as quarantine measures, restrictions on movement, measures for inspection and control *et al.* remained inadequately addressed. There is an urgent need to provide for a robust legislative framework to respond to a public health emergency of this order in such a context.

- ⚡ Promulgate Public Health Legislation to prevent, control, and manage epidemics, bio-terrorism, and disasters.
- ⚡ Reading and invoking the Disaster Management Act (DMA) and the proposed Public Health Legislation co-terminus to each other.





7.4.



- ⚡ Delineate roles of the different tiers of the governments and enable inter-tier coordination within the proposed Public Health Legislation and the DMA, 2005 through appropriate amendments.

Strengthen the Disaster Risk Reduction (DRR) Framework to ensure better cognisance of social realities

India's robust disaster management plans under the National, State and District level to address 'biological and public health emergencies' lacked a clear delineation of roles and responsibilities among the stakeholders and oversight for the migrant workforce. This necessitates the need for more holistic, inclusive and resilient disaster management plans that will prevent ad hoc on-ground responses in the event of a pandemic.

- ⚡ Revisit the DRR Framework to include clear delineation of the local government's role, including Community Organisers and CBOs.
- ⚡ Develop a comprehensive communication strategy for public health emergencies and disasters that can be put into motion at the onset of such a crisis.
- ⚡ Encourage functional integration between the National Disaster Management Authority (NDMA) and the Ministries responsible for Water, Sanitation and Hygiene (WASH), livelihood, public health, urban development and housing and poverty alleviation.
- ⚡ Ensure mandatory inclusion of the provisions for identifying vulnerable populations/ communities/ settlements, identifying groups requiring special attention, and conducting an audit of equipment and human resource requirements under the Disaster Management Plans and their enforcement through the DM Act.



