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WHITE BLACK LEGAL is an open access, peer-reviewed and refereed journal provide dedicated to express views on topical legal issues, thereby generating a cross current of ideas on emerging matters. This platform shall also ignite the initiative and desire of young law students to contribute in the field of law. The erudite response of legal luminaries shall be solicited to enable readers to explore challenges that lie before law makers, lawyers and the society at large, in the event of the ever changing social, economic and technological scenario.

With this thought, we hereby present to you

PUBLIC HEALTH AS HUMAN RIGHT: LEGAL DUTIES, LOCAL BODIES, AND THE FIGHT FOR DIGNITY IN INDIA

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Abstract

Public health and sanitation are critical responsibilities of urban governance, directly impacting the health, dignity, and quality of life of citizens. The 74th Constitutional Amendment Act, 1992, empowered Urban Local Bodies (ULBs) to manage sanitation, waste disposal, and public health infrastructure. These responsibilities are further shaped by statutory frameworks like the Environment Protection Act, 1986, Solid Waste Management Rules, 2016, and judicial recognition of the right to a clean environment under Article 21 of the Constitution.

This paper explores the legal and institutional structure of sanitation governance in India while grounding the discussion in **Mahatma Gandhi's vision of cleanliness as a moral and civic imperative**. Gandhi's belief that "cleanliness is next to godliness" continues to resonate in modern sanitation policy.

The study also evaluates the impact of the **Swachh Bharat Abhiyan (Clean India Mission)**, launched in 2014 as a national movement to transform sanitation practices through community participation, behavioral change, and infrastructure development. The mission reinforces both constitutional duties and Gandhian ideals.

By analyzing challenges such as weak municipal capacity and limited citizen engagement, this paper offers policy suggestions for sustainable, decentralized, and community-driven sanitation systems rooted in constitutional values and Gandhian ethics.

1. Introduction

The issues of public health and sanitation occupy a pivotal position within the framework of urban governance in India. These are not merely administrative functions, but constitutionally recognized responsibilities of Urban Local Bodies (ULBs), especially in light of the **74th Constitutional Amendment Act, 1992**, which conferred constitutional status upon municipalities and inserted the **12th Schedule**, enumerating sanitation, public health, and solid waste management among core municipal functions. Cleanliness, hygiene, and access to safe sanitation are inextricably linked to the **right to life and dignity under Article 21** of the Constitution of India, as reinforced by numerous judicial pronouncements.

Historically, the normative foundation of sanitation in India draws from **Mahatma Gandhi's ethical and civic vision**, wherein cleanliness was not only a physical imperative but a moral and spiritual duty. Gandhi consistently emphasized that “sanitation is more important than independence,” advocating for community-led cleanliness, elimination of manual scavenging, and dignity for sanitation workers. His decentralized, participatory approach remains conceptually significant in contemporary discourse on sustainable urban sanitation.

This philosophical grounding found modern policy expression in the launch of the **Swachh Bharat Abhiyan (SBA)** in 2014, a flagship mission aimed at achieving universal sanitation coverage and transforming sanitation behaviors across both urban and rural India. The campaign sought to integrate citizen participation, public-private partnerships, and technological interventions to improve solid waste management and eradicate open defecation. The mission's explicit invocation of Gandhian ideals signified an attempt to bridge historical ethos with contemporary governance objectives. Yet, despite such policy efforts, implementation challenges persist. Many ULBs face constraints related to technical capacity, financial autonomy, inter-agency coordination, and low levels of public awareness. Additionally, judicial activism has played a critical role in asserting sanitation as a fundamental right, with landmark cases such as *Municipal Council, Ratlam v. Vardichan* (1980) and *Almitra H. Patel v. Union of India* (2000) underlining the enforceability of public health duties by local bodies.

This paper endeavors to examine the legal and institutional architecture governing public health and sanitation in India, while situating it within the broader philosophical and constitutional

context. In doing so, it draws upon Gandhian thought, evaluates the efficacy of flagship initiatives such as Swachh Bharat Abhiyan, and proposes normative and structural reforms to ensure effective, equitable, and sustainable sanitation governance in urban India.

2. Constitutional and Legal Framework

The legal foundation for sanitation and public health in India is rooted in the Constitution, supported by a network of environmental and public health laws. While the Constitution does not explicitly mention the right to sanitation, the **Supreme Court has interpreted Article 21**, which guarantees the **right to life**, to include the **right to a clean and healthy environment**, safe drinking water, and adequate sanitation facilities. The judiciary has repeatedly held that public health is an essential component of a dignified human life and a non-negotiable duty of the State.

Directive Principles of State Policy

The **Directive Principles of State Policy**, though not enforceable in a court of law, serve as guiding principles for legislative and executive action. **Article 47** places an obligation on the State to raise the level of nutrition and the standard of living and to improve public health. **Article 48A** mandates the State to protect and improve the environment and to safeguard forests and wildlife. These provisions together form the constitutional vision for integrated action on sanitation, public health, and environmental protection.

74th Constitutional Amendment Act, 1992

A significant milestone in sanitation governance came with the enactment of the **74th Constitutional Amendment Act**, which institutionalized **urban local self-government** by recognizing municipalities as the third tier of governance. The Amendment inserted the **12th Schedule** into the Constitution, assigning municipalities responsibility over 18 functions, including water supply, public health, sanitation, solid waste management, and urban planning. This legislative shift marked a move towards **decentralized governance**, mandating that local bodies act as frontline institutions in ensuring clean and healthy urban environments. However, the effective implementation of these responsibilities remains subject to the devolution of powers and functions by the State legislatures.

Statutory Framework

Several national laws provide the statutory foundation for public health and environmental sanitation:

- The **Environment (Protection) Act, 1986** serves as an umbrella legislation that authorizes the central government to take measures to protect and improve environmental quality. It empowers authorities to regulate waste, emissions, and pollutants that adversely affect public health.
- The **Solid Waste Management Rules, 2016**, notified under the 1986 Act, provide detailed guidelines for segregation, collection, transportation, and disposal of municipal solid waste. These Rules impose obligations on local bodies to ensure waste management in a scientific and decentralized manner.
- The **Disaster Management Act, 2005** has relevance during health emergencies, such as epidemics and pandemics, by enabling coordinated responses and resource allocation for sanitation and hygiene in affected areas.
- Many states also have **Public Health Acts** or **Municipal Acts** which empower ULBs to prevent outbreaks of communicable diseases, regulate cleanliness, and impose penalties for insanitary conditions.

Together, these constitutional and statutory provisions create a multi-tiered legal framework that places the **primary responsibility of sanitation on local authorities**, with oversight and support from State and Central Governments. However, the effectiveness of this framework is contingent upon political will, administrative capacity, and citizen participation.

3. Statutory Duties of Municipalities

Urban Local Bodies (ULBs), which include municipal corporations, municipal councils, and nagar panchayats, are the constitutionally and statutorily empowered institutions responsible for the delivery of public services in urban areas. As per the **12th Schedule of the Constitution**, read with relevant **Municipal Acts enacted by State legislatures**, the primary mandate of municipalities includes sanitation, waste management, public health, and environmental regulation. These duties are not merely administrative in nature but are also backed by **statutory obligations** under central and state laws.

Urban Sanitation Services

One of the most visible and critical functions of municipalities is to maintain basic urban

sanitation. This includes **door-to-door garbage collection, street sweeping, cleaning of drains, removal of debris, and management of community/public toilets.** Municipal authorities are tasked with ensuring that residential, commercial, and industrial areas are kept clean and free from health hazards. Under the **Solid Waste Management Rules, 2016**, ULBs are required to implement source segregation of waste into biodegradable and non-biodegradable streams, and to facilitate its proper disposal through composting, recycling, or scientific landfilling.

Sewage and Drainage Infrastructure

ULBs are responsible for constructing, operating, and maintaining urban **sewerage and drainage networks.** Inadequate sewage management is a leading cause of vector-borne diseases and groundwater contamination in Indian cities. Municipalities must ensure regular desilting of drains, prevent waterlogging during monsoons, and maintain sewage treatment plants (STPs) wherever applicable. Non-compliance may attract penalties under environmental laws such as the **Water (Prevention and Control of Pollution) Act, 1974.**

Public Health Infrastructure

Municipalities are expected to establish and manage **primary health centres, dispensaries, maternal and child welfare clinics, and vaccination centres.** These institutions serve as the first point of contact for urban residents, particularly in low-income settlements. Additionally, ULBs appoint **Health Officers, Sanitary Inspectors, and Public Health Engineers** to monitor disease trends, water quality, and hygiene conditions. These officials play a crucial role in surveillance and prevention of epidemics.

Solid Waste Segregation and Landfill Management

Under statutory mandates, municipalities must facilitate **segregation of waste at source,** promote **door-to-door collection,** and ensure **transportation of waste in covered vehicles.** They must develop and operate **scientific landfill sites,** avoiding open dumping of untreated waste. The **National Green Tribunal (NGT)** has held municipalities accountable for unregulated landfills and has issued binding directions to ensure the safe disposal of solid waste in compliance with the 2016 Rules.

Regulation of Food Safety and Public Spaces

Municipalities are entrusted with issuing **licenses to eateries, vendors, meat shops, dairies, and food processing units**, ensuring they comply with public health and hygiene norms. Regular **inspections** are to be conducted to check cleanliness, disposal of waste, food safety practices, and compliance with the standards laid down under the **Food Safety and Standards Act, 2006**. ULBs also regulate markets, slaughterhouses, and public spaces to ensure that sanitation is not compromised.

In sum, the statutory duties of municipalities encompass a broad and critical range of functions that directly impact the health, safety, and dignity of urban populations. However, the execution of these duties often suffers from **institutional constraints**, including lack of funds, personnel, training, and political autonomy. Strengthening municipal governance and enhancing local capacity are therefore essential for improving sanitation and public health outcomes in urban India.

4. Gandhian Philosophy and Sanitation

The foundations of India's sanitation policy are deeply influenced by the **philosophy of Mahatma Gandhi**, who viewed cleanliness not merely as a utilitarian concern, but as a **moral, spiritual, and civic imperative**. Gandhi consistently maintained that "**cleanliness is next to godliness**," and frequently asserted that **sanitation was more important than political independence**. For him, the pursuit of swaraj (self-rule) was incomplete without swachhata (cleanliness), as public hygiene and individual discipline were integral to national regeneration.

Gandhi's sanitation ideals were holistic, encompassing **physical cleanliness, environmental hygiene, and social reform**. He was particularly vocal against the practice of **manual scavenging**, which he denounced as an inhuman and degrading occupation. Gandhi advocated for the **dignity of labor** and urged every individual, regardless of caste or class, to take responsibility for cleaning their surroundings. His own practices such as personally cleaning latrines during the freedom movement served as a radical challenge to caste hierarchies and social prejudices associated with sanitation work.

A crucial aspect of Gandhi's approach was his emphasis on **decentralization and local self-governance**. He envisioned villages and local bodies as autonomous units managing their own sanitation systems through participatory efforts. This principle has informed contemporary

governance models, especially those that encourage **community-led total sanitation** and **behavioral change** at the grassroots level.

These Gandhian ideals continue to resonate in modern India's sanitation discourse. Notably, the **Swachh Bharat Abhiyan (Clean India Mission)**, launched in 2014, draws direct inspiration from Gandhi's vision. The campaign's focus on **eliminating open defecation, promoting behavioral change, and encouraging citizen participation** reflects Gandhian values in both spirit and design.

In essence, Gandhi's philosophy of sanitation offers more than symbolic value; it provides a **normative and ethical framework** for public health governance in India. By embedding principles of **self-reliance, accountability, equality, and dignity**, Gandhian thought remains central to the conceptual and operational strategies for achieving sustainable and inclusive sanitation in India's urban and rural areas.

5. Swachh Bharat Abhiyan: Legal and Policy Dimensions

Launched on **2nd October 2014**, the **Swachh Bharat Abhiyan (SBA)** stands as the most ambitious sanitation initiative in post-independence India. Inaugurated on the birth anniversary of **Mahatma Gandhi**, the mission was explicitly designed to fulfil his vision of a **clean, hygienic, and dignified India**, where sanitation would be a universal right and civic duty. The campaign aimed to achieve **universal sanitation coverage, eliminate open defecation**, and promote solid waste management practices across the country.

The SBA was implemented in two components:

- **Swachh Bharat Mission (Gramin)** for rural areas, and
- **Swachh Bharat Mission (Urban)** for cities and towns.

The **urban component** of the mission assigned a central role to **Urban Local Bodies (ULBs)**.

Key objectives included:

- **Door-to-door collection and scientific disposal of municipal solid waste;**
- Construction of **public and community toilets;**
- Elimination of **manual scavenging;**
- Promotion of **waste segregation at source**, and

- **IEC (Information, Education, and Communication)** campaigns to encourage behavioral change.

The policy also introduced progressive sanitation benchmarks like **ODF (Open Defecation Free)**, **ODF+** (sustained toilet use and maintenance), and **ODF++** (safe faecal sludge and sewage management), establishing clear indicators for performance-based evaluation of municipalities.

From a **legal standpoint**, SBA draws legitimacy from multiple constitutional and statutory mandates:

- It gives operational effect to the **right to a clean and healthy environment under Article 21** of the Constitution.
- It reinforces the **Directive Principles of State Policy**, notably **Article 47** (public health as a primary duty) and **Article 48A** (protection and improvement of the environment).
- It aligns with the **74th Constitutional Amendment**, which devolves sanitation responsibilities to municipalities.
- At the statutory level, it complements existing frameworks such as the **Environment (Protection) Act, 1986**, the **Solid Waste Management Rules, 2016**, and relevant **state municipal laws and bylaws**.

The SBA's implementation strategy also introduced several **policy innovations**:

- **Public-Private Partnerships (PPP)** to finance and manage urban infrastructure;
- **Citizen feedback mechanisms** through apps and digital platforms to enhance transparency and accountability;
- Incentivisation of states and ULBs through national rankings like the **Swachh Survekshan**.

Despite its remarkable achievements such as significant reduction in open defecation and increased public awareness the SBA has also revealed gaps in **infrastructure quality, post-construction usage, data accuracy, and municipal capacity**. Nevertheless, it remains a cornerstone of India's sanitation framework and a model for integrated, legally supported, and community-driven policy implementation.

In sum, the **Swachh Bharat Abhiyan** represents a convergence of **Gandhian philosophy, constitutional mandates, and administrative innovation**, reinforcing sanitation not only as a developmental goal but as a **legal and civic obligation** in urban India.

6. Key Judicial Decisions on Sanitation and Public Health

The Indian judiciary has played a pivotal role in expanding the scope of sanitation and public health as **constitutional obligations**, particularly under the **right to life enshrined in Article 21** of the Constitution. Judicial activism, especially through **Public Interest Litigations (PILs)** and the interventions of the **National Green Tribunal (NGT)**, has compelled municipal bodies and state authorities to treat cleanliness and hygiene as **non-negotiable statutory and constitutional mandates**. A few landmark decisions have laid down the legal contours of state accountability in this domain.

DR. BALRAM SINGH v. UNION OF INDIA AND ORS.¹

The Supreme Court on Friday issued a categorical direction to the Union Government and all State Governments to ensure the complete eradication of the practice of manual scavenging.

The directions are as follows:

- (1) The Union should take appropriate measures and frame policies, and issue directions, to all statutory bodies, including corporations, railways, cantonments, as well as agencies under its control, to ensure that manual sewer cleaning is completely eradicated in a phased manner, and also issue such guidelines and directions as are essential, that any sewer cleaning work outsourced, or required to be discharged, by or through contractors or agencies, do not require individuals to enter sewers, for any purpose whatsoever;
- (2) All States and Union Territories are likewise, directed to ensure that all departments, agencies, corporations and other agencies (by whatever name called) ensure that guidelines and directions framed by the Union are embodied in their own guidelines and directions; the states are specifically directed to ensure that such directions are applicable to all municipalities, and local bodies functioning within their territories;
- (3) The Union, State and Union Territories are directed to ensure that full rehabilitation (including employment to the next of kin, education to the wards, and skill training) measures are taken in respect of sewage workers, and those who die;
- (4) The court hereby directs the Union and the States to ensure that the compensation for sewer deaths is increased (given that the previous amount fixed, i.e., 10 lakhs) was made applicable from 1993. The current equivalent of that amount is Rs. 30 lakhs. This shall be the amount to be paid, by the concerned agency, i.e., the Union, the Union

¹ AIR 2023 SC 917

Territory or the State as the case may be. In other words, compensation for sewer deaths shall be 30 lakhs. In the event, dependents of any victim have not been paid such amount, the above amount shall be payable to them. Furthermore, this shall be the amount to be hereafter paid, as compensation.

- (5) Likewise, in the case of sewer victims suffering disabilities, depending upon the severity of disabilities, compensation shall be disbursed. However, the minimum compensation shall not be less than 10 lakhs. If the disability is permanent, and renders the victim economically helpless, the compensation shall not be less than 20 lakhs. ₹
- (6) The appropriate government (i.e., the Union, State or Union Territories) shall devise a suitable mechanism to ensure accountability, especially wherever sewer deaths occur in the course of contractual or “outsourced” work. This accountability shall be in the form of cancellation of contract, forthwith, and imposition of monetary liability, aimed at deterring the practice.
- (7) The Union shall devise a model contract, to be used wherever contracts are to be awarded, by it or its agencies and corporations, in the concerned enactment, such as the Contract Labor (Prohibition and Regulation Act), 1970, or any other law, which mandates the standards – in conformity with the 2013 Act, and rules, are strictly followed, and in the event of any mishap, the agency would lose its contract, and possibly blacklisting. This model shall also be used by all States and Union Territories.
- (8) The NCSK, NCSC, NCST and the Secretary, Union Ministry of Social Justice and Empowerment, shall, within 3 months from today, draw modalities for the conduct of a National Survey. The survey shall be ideally conducted and completed in the next one year.
- (9) To ensure that the survey does not suffer the same fate as the previous ones, appropriate models shall be prepared to educate and train all concerned committees.
- (10) The Union, State and Union Territories are hereby required to set up scholarships to ensure that the dependents of sewer victims, (who have died, or might have suffered disabilities) are given meaningful education.
- (11) The National Legal Services Authority (NALSA) shall also be part of the consultations, toward framing the aforesaid policies. It shall also be involved, in co-ordination with state and district legal services committees, for the planning and implementation of the survey. Furthermore, the NALSA shall frame appropriate models (in the light of its experience in relation to other models for disbursement of compensation to victims of crime) for easy disbursement of compensation.

- (12) The Union, State and Union Territories are hereby directed to ensure coordination with all the commissions (NCSK, NCSC, NCST) for setting up of state level, district level committees and commissions, in a time bound manner.
- (13) NCSK, NCSC, NCST and the Union government are required to coordinate and prepare training and education modules, for information and use by district and state level agencies, under the 2013 Act.
- (14) A portal and a dashboard, containing all relevant information, including the information relating to sewer deaths, and victims, and the status of compensation disbursement, as well as rehabilitation measures taken, and existing and available rehabilitation policies shall be developed and launched at an early date.

Municipal Council, Ratlam v. Vardichan²

This seminal case marked a turning point in environmental and sanitation jurisprudence in India. The residents of Ratlam town approached the court under Section 133 of the Criminal Procedure Code (CrPC), seeking relief from unhygienic conditions caused by open drains, public defecation, and lack of garbage disposal. The **Supreme Court held that the Municipal Council was legally obligated to provide basic sanitation infrastructure**, regardless of financial constraints.

Justice Krishna Iyer's judgment emphasized that **public health is a municipal statutory duty, and that economic inability cannot be used as a defense**. This decision laid the foundation for holding local authorities accountable under both municipal law and human rights principles.

Virender Gaur V. State of Haryana³

In this case, the Supreme Court extended the interpretation of Article 21 to include the right to a pollution-free and hygienic environment. The case concerned the misuse of land allotted for educational purposes, which was being converted into a garbage dump. The Court observed that sanitation and waste disposal are integral to the right to life, and directed the authorities to ensure proper disposal of waste without violating the rights of residents.

² AIR 1980 SC 1622

³ AIR 1995 SC 954

This case reinforced the principle that **environmental degradation, including poor sanitation, directly affects the quality of life**, and thus must be addressed under constitutional guarantees.

The **NGT**, established under the **National Green Tribunal Act, 2010**, has emerged as a crucial forum for enforcing environmental and sanitation norms. In numerous orders, the NGT has imposed penalties on municipal bodies for improper waste disposal, unregulated landfills, and sewage discharge into water bodies.

One significant instance is the **Almitra Patel v. Union of India**⁴ case, where the NGT issued comprehensive directions for the enforcement of the **Solid Waste Management Rules, 2016**, including the **closure of non-compliant landfills**, and **time-bound action plans by urban local bodies**. The NGT has emphasized that **failure to ensure basic sanitation is a violation of Article 21**, thus giving constitutional teeth to environmental and municipal laws.

Judicial Recognition of PILs in Sanitation

Courts have increasingly entertained PILs related to unclean streets, inadequate sewage systems, and public health violations. These interventions have led to:

- Directions for **improvement of public toilets**;
- Regulation of **hazardous waste** in urban areas;
- Protection of **river systems from untreated sewage**.

These judicial pronouncements illustrate the critical role of **judicial oversight in enforcing sanitation rights**, and have significantly influenced policy-making and municipal governance in India.

7. Study: COVID-19 and Municipal Duties

The COVID-19 pandemic posed an unprecedented public health crisis and tested the **resilience, preparedness, and legal accountability** of municipal bodies across India. As the first line of defense, **Urban Local Bodies (ULBs)** bore the crucial responsibility of managing community-level containment, sanitation, and healthcare logistics. The crisis highlighted both the **critical role** and the **institutional limitations** of municipal governance in India.

⁴AIR 2000 SC 1256

Legal Framework and Emergency Powers

Municipal responses during COVID-19 were largely guided by two key legislations:

1. **The Epidemic Diseases Act, 1897** – This colonial-era law empowered state and local authorities to take special measures to prevent the spread of disease. Though limited in scope, it was used by municipalities to enforce lockdowns, seal containment zones, mandate mask usage, and regulate public gatherings.
2. **The Disaster Management Act, 2005** – This legislation provided a broader administrative and financial framework for managing disasters, including pandemics. Under this Act, District Disaster Management Authorities (DDMAs) were activated, and municipalities were co-opted into the execution of guidelines issued by the **National Disaster Management Authority (NDMA)** and **State Disaster Management Authorities (SDMAs)**.

Together, these laws legally mandated municipalities to undertake public health interventions, ensure essential services, and assist in surveillance and quarantine enforcement.

Implementation Challenges at the Municipal Level

Despite clear legal obligations, municipalities encountered numerous **practical and structural challenges**:

- **Resource Constraints:** Many ULBs lacked adequate manpower, sanitation equipment, and financial resources to handle sustained crisis response.
- **Waste Management Overload:** Medical and household waste surged dramatically, especially due to PPE kits, masks, and home quarantine practices. Most cities lacked adequate biomedical waste segregation mechanisms.
- **Lack of Preparedness:** Municipal disaster management plans were either outdated or non-existent in several urban areas, limiting the scope of timely action.
- **Data and Surveillance Gaps:** Local authorities often lacked access to real-time data and faced difficulties in contact tracing, hampering early containment strategies.

These limitations exposed the **underfunding and under-capacitation of municipal institutions**, despite their central role in urban health governance.

ULBs also embraced **technology-based solutions**:

- **Mobile apps** for tracking quarantined patients;
- **Helplines** for food and medicine delivery;
- Use of **GIS mapping** for containment zone monitoring.

Cities like **Pune, Surat, and Indore** were recognized nationally for their proactive and decentralized response models.

The COVID-19 pandemic underscored the need for **legally empowered, financially autonomous, and professionally trained municipal institutions**. Moving forward, reforms must focus on **strengthening municipal health governance**, updating **disaster preparedness protocols**, and integrating **public health and sanitation laws** with emergency response systems at the local level.

8. Challenges in Implementation of Sanitation and Public Health Laws

While India has developed a robust legal and policy framework for public health and sanitation—including constitutional mandates, statutory obligations, and national missions such as the **Swachh Bharat Abhiyan implementation at the municipal level remains fraught with systemic challenges**. These challenges hinder the effective delivery of sanitation services and compromise the goal of a clean and healthy urban environment.

1. Budgetary and Human Resource Constraints

Municipal bodies in India are chronically underfunded and understaffed. Despite the **74th Constitutional Amendment** empowering urban local bodies, their fiscal autonomy remains limited. A large portion of municipal budgets is consumed by salaries and routine administrative expenses, leaving inadequate funds for:

- Infrastructure upgradation (e.g., sewage systems, landfills);
- Procurement of sanitation equipment;
- Emergency response mechanisms.

Additionally, most municipalities face **shortages of trained personnel**, especially in technical and supervisory roles like public health engineers, waste management specialists, and environmental officers.

2. Technical and Infrastructure Deficiencies

Many cities continue to rely on **outdated waste disposal methods**, including open dumping and unscientific landfilling, in violation of the **Solid Waste Management Rules, 2016**. The adoption of newer technologies—such as composting, waste-to-energy plants, or digital waste tracking—is minimal, primarily due to:

- Lack of technical know-how;
- Limited vendor ecosystems;
- Inadequate institutional training.

Small and medium-sized urban centres are particularly ill-equipped to implement decentralized and sustainable sanitation models.

3. Public Non-Cooperation and Behavioral Barriers

One of the less discussed, but equally significant, hurdles is the **lack of public participation and behavioral resistance**. Despite nationwide campaigns promoting hygiene and sanitation, many urban residents still:

- Dispose of waste indiscriminately;
- Resist segregation at source;
- Misuse or avoid public toilets.

The **Gandhian philosophy** of cleanliness as a civic duty finds limited practical acceptance, underscoring a persistent gap between law and lived reality. Municipalities often lack the capacity or strategy to run sustained awareness campaigns or enforce penalties for non-compliance.

Effective implementation of public health and sanitation laws demands **more than legal mandates** it requires **adequate funding, skilled personnel, modern infrastructure, and citizen engagement**. Bridging these gaps is essential for realizing the constitutional vision of health and dignity for all, particularly in urban India where sanitation challenges are most acute.

9. Suggestions and Way Forward

India's legal and policy framework on public health and sanitation has evolved significantly, encompassing constitutional guarantees, legislative enactments, and mission-based approaches like the **Swachh Bharat Abhiyan**. However, implementation challenges persist due to **institutional, infrastructural, and behavioral bottlenecks**. To transform legal mandates into effective public health outcomes, a multi-pronged and inclusive strategy is essential.

1. Strengthen Legal and Institutional Delivery Mechanisms

There is a pressing need to **clarify and harmonies overlapping legal mandates** across the municipal, state, and central levels. Municipal bylaws should be regularly updated

to align with **national rules**, such as the **Solid Waste Management Rules, 2016**, and be backed by enforceable penalties. Further, local bodies should be granted greater **financial autonomy** and made accountable through **transparency mechanisms**, such as public dashboards and citizen audits.

Additionally, establishing **dedicated municipal health and sanitation departments** with legally defined functions and trained personnel will enable more efficient and accountable service delivery.

2. Recognize and Protect Sanitation Workers

Sanitation workers form the backbone of urban hygiene infrastructure, yet their **working conditions remain precarious**. Many are employed informally, without health coverage, insurance, or adequate safety gear. The state must enforce provisions under the **Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013**, and extend **labor protections and dignity of work** through:

- Regularization of contractual staff;
- Provision of PPE kits and mechanized cleaning equipment;
- Access to medical care and housing.

3. Invest in Technical Infrastructure and Decentralized Models

Municipalities need to adopt **technological solutions** such as digital monitoring of waste collection, decentralized composting units, and GIS-based public health surveillance. Emphasis should be placed on **waste-to-energy projects, sludge treatment plants, and storm water management**, particularly in rapidly urbanizing zones.

Moreover, integrating **disaster resilience into sanitation planning** as revealed by the COVID-19 crisis must become a statutory requirement under municipal disaster management plans.

4. Foster Public Participation and Civic Education

The **Gandhian principle of community-led cleanliness** should be revitalized through sustained Information, Education and Communication (IEC) campaigns. Local resident welfare associations (RWAs), youth groups, and NGOs should be incentivized to participate in waste audits, cleanliness drives, and feedback systems.

Conclusion

A clean and healthy urban environment is not merely a legal requirement but a constitutional and ethical imperative rooted in the ideals of human dignity, equality, and social justice. Public health and sanitation are not just technical or administrative functions; they are fundamental to ensuring the right to life under Article 21 and fulfilling the Directive Principles of State Policy.

As Mahatma Gandhi viewed sanitation as a spiritual and civic responsibility, Dr. B.R. Ambedkar underscored its centrality to human dignity. His words resonate deeply in this context:

“Our is battle not for wealth or power. It is a battle for freedom. It is battle for reclamation of human personality.”

This battle includes the fight for access to clean surroundings, protection of health, and the end of inhuman practices like manual scavenging.

To win this battle, India must strengthen its legal delivery mechanisms, protect the rights of sanitation workers, invest in modern infrastructure, and promote active citizen engagement. The future of India’s urban health landscape hinges on our collective resolve to transform laws into lived realities, and to ensure that sanitation becomes not just a government service, but a shared civic duty rooted in justice and compassion.

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