DECENTRALIZATION AND RIGHTS REALIZATION: A STUDY ON THE DISTRIBUTION OF POWERS TO LOCAL SELF GOVERNMENTS WITH SPECIAL REFERENCE TO KERALA'S PUBLIC HEALTH GOVERNANCE

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ABSTRACT

Decentralization is critical in improving democratic government and ensuring the efficient implementation of individual's rights, particularly in the field of public health. The devolution of powers to Local Self Governments (LSGs) in Kerala has altered health governance by allowing for greater community participation, need-based planning, and responsive service delivery. This approach anchored in the context of the 73rd and 74th Constitutional Amendments and carried out through the Kerala Panchayat Raj Act and the Kerala Municipality Act, has resulted in significant improvements in public health indicators. LSGs have been crucial in overseeing primary healthcare, sanitation, and disease prevention programs since they were given the power, resources, and institutional autonomy to do so. Notwithstanding these developments, issues like capacity limitations, a lack of legal clarity, and financial constraints still exist. In order to achieve equitable, inclusive, and rights-based public health governance throughout the state, it is nevertheless imperative that the institutional and legal framework supporting LSGs be strengthened. The paper evaluates the effectiveness of LSGs in planning, implementing, and monitoring health services while highlighting the governance, legal, and capacity-related challenges they face, and underscores the need for their continuous empowerment to achieve equitable, efficient, and rights-based public health delivery.

Keywords: Decentralization, Local Self Government, Public Health, Panchayat Raj, Health Services, Constitutional Amendments.

INTRODUCTION

In India, a village is considered as the basic unit of social life in the local government system or the local administration. More than three-fourth of Indian population still lives in villages. Great thinkers and leaders like Mahatma Gandhi, Nehru articulated that the major task of the Independent India would be to take democracy to the grass-root levels and to involve the rural masses in the objective of national integration and reconstruction. Local administration deals with the powers of the administration to provide remedies to the problems at the grass-root level. Local Self Government means the freely elected local bodies which are endowed with power, discretion and responsibility to be exercised and discharged by them, without control over their decisions by any other higher authority. Its jurisdiction is limited to a specific area and it provides public amenities and services which are necessary for the convenience, healthful living and welfare of the individual and the community.

EVOLUTION OF LOCAL SELF-GOVERNANCE: MILESTONES & CHANGES

The concept of panchayats has been present in the Indian society since ancient times. Even the Rig Veda mentions that the basic unit of administration was the village during the Vedic era. The Sabha and the Samiti were the most important features of the early vedic polity. Over the centuries the concept has undergone various changes and modifications.

Right up to the British period, panchayats played a very important role in the social life of the village and also resolved minor disputes among villagers. Under the British rule, panchayats lost the respect and power which they had earlier enjoyed because of the new system of courts, laws and revenue collection.

Mahatma Gandhi advocated that ‘India lives in her villages’. Indian independence must begin at the bottom, thus making every village a republic or panchayat, enjoying full powers. These very dreams were responsible for the inclusion of Article 40 in the Directive Principles of State Policy of the Indian Constitution. Article 40 (part IV) directed the Union and State Governments “to take steps to organise village panchayats and give them such powers and authority as may be necessary to enable them to act as units of self-government”. But this wasn’t taken up seriously by the states.

The beginning of local self-government in India can be traced back to the establishment of the

first municipal corporation in Madras in 1687. This was followed by the setting up of municipal bodies in Bombay and Calcutta in 1726, marking the early development of urban governance under British rule. A major milestone came in 1870, when Lord Mayo introduced a resolution encouraging financial decentralization, laying the foundation for local governance with greater fiscal autonomy. Later, in 1882, Lord Ripon's resolution on local self-government further strengthened this process by advocating for greater Indian involvement in local affairs. He is often hailed as the Father of Local Self-Government in India, and his resolution is remembered as the Magna Carta of local self-governance.

In 1907, the Royal Commission on Decentralization, led by Sir H.W. Primrose, recognized the role of village-level panchayats in decentralized governance. The Cantonments Act of 1924 introduced legal provisions for the governance of military areas. Later, the Government of India Act, 1935, made local self-government a provincial subject, transferring responsibility to state-level administrations. Following independence, the idea of 'Gram Swaraj', or village self-rule, featured prominently in the Constitutional debates of 1948, reflecting Mahatma Gandhi's vision of empowered village communities. In 1957, the Balwant Rai Mehta Committee proposed the creation of a three-tier Panchayati Raj system: Zilla Parishad at the district level, Panchayat Samiti at the block level, and Gram Panchayat at the village level. To strengthen the financial base of Panchayati Raj Institutions, the K. Santhanam Committee in 1963 studied their fiscal aspects and made recommendations for improvement. In 1978, the Ashok Mehta Committee suggested a shift to a two-tier structure, proposing Zilla Parishad and Mandal Panchayat as the key levels, with the district as the principal administrative unit. The G.V.K. Rao Committee in 1985 also emphasized the district's role in planning and development, recommending that the Zilla Parishad take the lead in executing all developmental programs that could be locally managed. A year later, in 1986, the L.M. Singhvi Committee recommended constitutional status for Panchayati Raj institutions and highlighted the significance of the Gram Sabha, describing it as a form of direct democracy. To give these recommendations legal backing, the 64th Constitutional Amendment Bill was introduced in 1989, aiming to formally integrate Panchayati Raj into the Constitution. This effort culminated in 1992, with the 73rd and 74th Constitutional Amendments, which provided a constitutional framework for rural and urban local governance. Finally, in 1996, the enactment of the Panchayats (Extension to Scheduled Areas) Act, also known as the Adivasi Act, extended the powers of local self-government to tribal communities residing in Fifth Schedule Areas, ensuring their participation in decision-making processes at the grassroots level.

THE 73rd CONSTITUTIONAL AMENDMENT ACT OF 1992

The 73rd Constitutional Amendment Act of 1992 marked a significant milestone in the recognition and empowerment of local self-governments in India. Coming into force on April 24, 1993, it introduced Part IX to the Constitution under the title *"The Panchayats"*, encompassing Articles 243 to 243O, and added the Eleventh Schedule, which lists 29 subjects to be administered by Panchayats. This Amendment institutionalized the Panchayati Raj system across the country and laid the constitutional foundation for decentralized governance, echoing the recommendations of the Balwant Rai Mehta Committee. Each state, while adhering to the constitutional mandate, also has its own legislation governing local self-government.

At the heart of this system is the Gram Sabha, as defined under Article 243A, which consists of all the registered voters within a village-level Panchayat area. It acts as the foundation of grassroots democracy, empowering citizens to participate directly in decision-making processes. The structure of the Panchayati Raj System is envisioned as a three-tier system under Article 243B, comprising Panchayats at the village, intermediate (block), and district levels. According to Article 243C, the composition of Panchayats is determined by direct elections from territorial constituencies within the Panchayat area. Article 243D ensures the representation of historically marginalized communities through the reservation of seats for scheduled castes, scheduled tribes and women, including a mandatory reservation of one-third of the total seats for women. The tenure of each Panchayat is fixed at five years from its first meeting as per Article 243E, while Article 243F outlines the disqualifications for membership.

A key provision of the Amendment is Article 243G, which empowers State Legislatures to assign responsibilities to Panchayats to enable them to function as institutions of self-government. These responsibilities may include the preparation of plans for economic development and social justice, and the implementation of schemes related to the Eleventh Schedule. The Schedule lists subjects such as agriculture, land reforms, minor irrigation, animal husbandry, fisheries, social forestry, and more areas vital for rural development. Financial autonomy of Panchayats is addressed through Article 243H, which authorizes them to impose, collect, and appropriate taxes, duties, tolls, and fees. To ensure fiscal accountability and sustainability, Article 243I mandates the constitution of a State Finance Commission every five years to review and recommend measures for improving the financial position of

Panchayats. Furthermore, Article 243J provides for the auditing of Panchayat accounts. Democratic functioning is further supported by Article 243K, which entrusts the conduct of Panchayat elections to the State Election Commission. Article 243L extends the provisions of the Part to Union Territories, while Article 243M excludes certain areas such as those under the Sixth Schedule or certain tribal areas from its application. Article 243N ensures the continuation of existing laws and Panchayats until they are harmonized with the amended constitutional provisions. Finally, Article 243O bars judicial intervention in matters related to Panchayat elections, reinforcing their democratic sanctity.

Collectively, these provisions have laid a strong legal framework for decentralized governance in India, aiming to enhance participatory democracy and local development.

THE 74th CONSTITUTIONAL AMENDMENT ACT OF 1992

The 74th Constitutional Amendment Act, which came into effect on 1st June 1993, marked a significant step in institutionalizing urban local governance in India. This amendment introduced Part IX-A, titled *"The Municipalities*," into the Constitution. It added 18 new Articles, from Article 243P to Article 243ZG, and incorporated a new Twelfth Schedule that outlines the functional domain of urban local bodies.

Article 243Q categorizes urban local bodies into three types based on the size and nature of the area - Nagar Panchayat for areas in transition from rural to urban, a Municipal Council for smaller urban areas, and a Municipal Corporation for larger or metropolitan urban areas. The composition of these bodies is addressed under Article 243R, which provides the framework for the structure and representation in municipalities. Article 243S deals with the constitution and composition of Wards Committees, especially in municipalities with a population of three lakhs or more. Article 243T mandates the reservation of seats in municipalities for Scheduled Castes, Scheduled Tribes, and women, ensuring inclusive representation. Article 243U prescribes the duration of municipalities, fixing a five-year term and stipulating conditions for re-elections. Provisions relating to disqualification for membership in municipalities are detailed in Article 243V. A pivotal provision, Article 243W, empowers State Legislatures to endow municipalities with the necessary powers, authority, and responsibilities to function as institutions of self-government. This includes preparing plans for economic development and social justice and implementing functions and schemes listed in the Twelfth Schedule. The Schedule outlines responsibilities such as urban and town planning, land-use regulation,

building construction, water supply, public health, sanitation, waste management, fire services, urban forestry, and more.

Financial provisions are covered under Article 243X, which grants municipalities the authority to levy taxes. Article 243Y mandates the establishment of State Finance Commissions to review the financial position of municipalities and recommend measures to improve their fiscal status. The auditing of municipal accounts is dealt with under Article 243Z. Electoral provisions for urban local bodies are laid down in Article 243ZA, which entrusts the responsibility of municipal elections to the State Election Commission. Article 243ZB extends the applicability of these provisions to Union Territories, while Article 243ZC excludes certain areas, such as those governed under special provisions or laws, from the purview of this Part. Further, Article 243ZD requires the constitution of District Planning Committees to consolidate plans from Panchayats and municipalities for integrated district development. Article 243ZE provides for the formation of Metropolitan Planning Committees in metropolitan areas to prepare coordinated development plans. Article 243ZF ensures the continuity of existing municipal laws and bodies for a stipulated period, even after the amendment comes into force. Lastly, Article 243ZG bars courts from interfering in matters related to the conduct of municipal elections, thereby safeguarding the autonomy of the electoral process.

REASONS BEHIND THE ENACTMENT OF 73rd AND 74th CONSTITUTIONAL AMENDMENTS

The enactment of the 73rd and 74th Constitutional Amendments was driven by a combination of historical, constitutional, and administrative factors that highlighted the urgent need to empower local self-governments in both rural and urban India. One of the primary catalysts was the failure of the 64th Constitutional Amendment Bill, which had attempted to constitutionalize Panchayati Raj institutions but could not gain parliamentary approval. This setback exposed the lack of political consensus and the need for a more comprehensive and inclusive reform. Additionally, Article 40 of the Constitution, which directs the State to organize village panchayats and endow them with the necessary powers, was part of the non-justiciable Directive Principles of State Policy. Its unenforceable nature meant that successive governments had little constitutional obligation to act on it, leading to the neglect and underdevelopment of grassroot governance structures. The shortcomings of various committees formed to study local governance, such as the Balwant Rai Mehta Committee,

Ashok Mehta Committee, and others also underscored the need for stronger, constitutionally mandated reforms. While these committees offered valuable insights, their recommendations often lacked uniform implementation or were diluted by political and administrative constraints.

Furthermore, there was a pressing need to address the growing challenges of governance in both rural and urban areas. Local communities remained disempowered, and governance mechanisms failed to reflect the needs of marginalized sections. The amendments aimed to correct this by establishing a framework that promoted inclusivity, ensured representation of Scheduled Castes, Scheduled Tribes, and women, and improved accountability in public service delivery. By embedding these structures in the Constitution, the amendments sought to reinforce grassroot democracy and promote meaningful decentralization. This was essential not only to improve the efficiency and reach of governance but also to give citizens a more direct voice in the democratic process at the local level.

THE KERALA PANCHAYAT RAJ ACT, 1994

Powers and Functions of Panchayats

The Kerala Panchayat Raj Act, 1994 outlines the powers and responsibilities of various tiers of Panchayats, primarily under Chapter 15. According to Section 166, village panchayats are entrusted with a range of powers, duties, and functions that enable them to manage local governance effectively. These include areas such as sanitation, water supply, street lighting, and other essential public services. Under Section 167, provisions are made for transferring specific functions, institutions, or works to the village panchayats, empowering them to take over responsibilities traditionally managed by other government departments. Section 168 mandates village panchayats to ensure the operation and upkeep of public health institutions such as dispensaries and child welfare centres. Furthermore, Section 169 vests public roads within the jurisdiction of the panchayat, while Section 170 obligates them to maintain these roads in a safe and usable condition. The vesting of community properties or associated incomes in village panchayats is addressed in Section 171, enabling them to manage such assets for public benefit.

The powers and functions of block panchayats, detailed in Section 172, focus on broader development activities that span across multiple villages. These include coordinating village-

level initiatives, supervising their implementation, facilitating inter-village development schemes, allocating resources efficiently, and undertaking sector-wise planning. At the highest tier, Section 173 elaborates on the responsibilities of district panchayats, which include overseeing district-level planning, coordinating and monitoring developmental programs, mobilizing financial resources, enhancing the capacities of lower-tier institutions, and ensuring effective coordination among various departments and agencies

THE KERALA MUNICIPALITY ACT, 1994

Powers and Functions of Municipalities

Section 30 of the Act outlines the broad powers, functions, and responsibilities vested in municipalities. One of the core responsibilities of a municipality is to formulate and execute plans aimed at promoting economic development and ensuring social justice. These efforts must be aligned with the subjects listed in the First Schedule, which includes areas such as maintaining environmental hygiene, overseeing construction activities, preventing food adulteration, registering births and deaths, and preserving local water bodies like ponds and tanks.

In addition to executing its own initiatives, the municipality is also entrusted with the administration of institutions and implementation of schemes that are transferred to it by the state government. This must be done in accordance with official guidelines and subject to any technical instructions issued by the government. Whenever a municipal scheme or project involves selecting individuals or groups to benefit from it, the municipality holds the authority to establish the criteria and priorities that will guide the selection process. Furthermore, municipalities play a significant role in urban planning and development. They are responsible for ensuring public health and maintaining sanitation within their jurisdiction. They also engage in delivering social welfare services and have a key role in managing disaster preparedness and response activities.

IMPACT OF CONSTITUTIONAL AMENDMENTS ON KERALA PANCHAYAT RAJ ACT, 1994 AND KERALA MUNICIPALITY ACT, 1994

Both amendments ensure that the principles of decentralization, devolution of powers, and effective local governance as envisaged in the constitutional amendments. Both these

amendments provided a constitutional framework for decentralization of power by empowering Panchayats in rural areas and Municipalities in urban areas with specific functions, powers, and responsibilities.

The genesis of the 73rd Constitutional Amendment can be traced back to the persistent demand for decentralization and greater autonomy for local bodies. Prior to its enactment, there was a huge imbalance of power, with decision-making centralized at the state and national levels. This led to a disconnect between governance and the needs of the people, particularly those in rural areas. Realizing the problem, the government started giving more power to local areas. This led to the 73rd Amendment being passed. In response to the constitutional mandate, the Kerala Panchayat Raj Act has enacted which provided the legal framework for the functioning of PRIs in the state.

The amendment laid down a framework for the establishment of three-tier Panchayati Raj institutions and were entrusted with the responsibility of planning and implementing socio-economic development programs, managing local resources etc. This was to empower local bodies to become self-reliant units of governance capable of addressing local issues effectively. One of the key provisions of the Kerala Panchayat Raj Act was the reservation of seats for women, SCs and STs in proportion to their population. This was a significant step towards ensuring greater representation and inclusivity in local governance, thereby empowering historically marginalized sections of society. Furthermore, the Act emphasized the principle of subsidiarity, whereby decision-making authority was decentralized to the lowest appropriate level. Overall, the enactment of the Kerala Panchayat Raj Act was a testament to Kerala's commitment to grassroot democracy and inclusive governance.

The 74th Amendment Act played a pivotal role in the enactment of the Kerala Municipality Act. Prior to this amendment, municipalities in Kerala lacked adequate authority and autonomy to address the diverse needs and challenges of urban areas effectively. The 74th Amendment Act changed this by providing a framework for the establishment of municipalities with defined powers and functions. Following the enactment of the 74th Amendment Act, the state government recognized the need to reform its municipal governance system to align with the constitutional mandate. Consequently, the Kerala Municipality Act was drafted and passed to comply with the provisions of the 74th Amendment Act.

The Kerala Municipality Act serves as the legal foundation for the functioning of municipalities in the state. It delineates the powers, functions, and responsibilities of municipalities, empowering them to manage various aspects of urban governance, including urban planning, infrastructure development, public health, sanitation, and waste management. One of the significant impacts of the 74th Constitutional Amendment on the Kerala Municipality Act was the decentralization of power from the state government to the local bodies. This decentralization aimed to promote participatory democracy and local decision-making, thereby ensuring that urban governance reflects the needs and aspirations of local communities. The Kerala Municipality Act also introduced provisions for the establishment of ward committees and other local-level institutions to enhance citizen participation in municipal affairs. These committees serve as platforms for residents to voice their concerns, provide feedback, and actively engage in the decision-making processes of their respective municipalities as mentioned in the 74th constitutional amendment. Furthermore, the Kerala Municipality Act emphasizes transparency and accountability in municipal administration by mandating mechanisms for public disclosure of municipal budgets, plans, and decisions. This fosters greater public scrutiny and oversight, thereby promoting good governance practices at the local level.

ROLE OF LOCAL SELF GOVERNMENTS IN THE PUBLIC HEALTH SECTOR IN KERALA: POWERS, FUNCTIONS AND ITS IMPLEMENTATION

Kerala's healthcare sector has undergone radical changes in the last few decades. Universalization of public healthcare services through a wide network of public healthcare interventions, and increased health awareness of the people are the remarkable factors responsible for the better health status in Kerala. Along with these favourable developments, the state also witnessed a worsening of its health status in the last two decades. The high dependency on privatized healthcare institutions, increasing incidence of lifestyle diseases, outbreak of pandemics like covid 19, diseases emerging out of environmental hygienic issues and the presence of new diseases from different sources etc. created a crisis in Kerala's healthcare sector.

The decentralisation process launched in Kerala through the Panchayat Raj Act 1994 was expected to address the challenges in the healthcare sectors of the state. Decentralisation succeeded to an extent in improving the infrastructure of the primary and secondary healthcare

institutions. It also helped to bring health services to different tiers of society through the expanded social networks and institutions of decentralization. The LSGs in Kerala succeeded in ensuring better household sanitation and drinking water facilities to the people. However, the LSGs could not address the challenges of nutritional imbalance, old age care, lifestyle diseases and the changing morbidity pattern in the state. Some LSGs developed unique models in solid waste disposal, caring for mentally and physically deprived children and starting diabetics and BP clinics but these initiatives have not been widely recognised in the state. Even in the context of increasing lifestyle diseases, the major responsibility of the public healthcare system is confined to the prevention of infectious diseases.

Kerala's Public Health Act was passed on 28th November 2023. But it does not give a proper functional autonomy to the local self-government in the matters relating to health. So, the Public Health Act need to be redefined. The financial status of LSGs improved but the actual funds spent by the healthcare sector has substantially reduced. The LSGs were not provided with sufficient power to control the staff transferred to them. The role of the officials as a part of LSGs and also as a part of department is still not yet defined categorically.

The National Rural Health Mission (NRHM) has not been properly linked with the local healthcare plan and activities of the LSGs. In addition, the LSGs were forced to implement the centrally sponsored programmes without considering the local facilities and needs. The various healthcare schemes of the different tiers of government have not been brought into a single umbrella of local level for its effective implementation and evaluation. The state could not review the changing healthcare paradigm and the health requisites of society nor make changes in the healthcare policies according to the changing needs of society. The primary healthcare responsibility of the PHCs still continues to be prevention of infectious diseases rather than lifestyle diseases.

Thus, the role of the state and LSGs in the healthcare sector needs to be restructured according to the challenges that have arisen in the healthcare sector of the state. Local self-government bodies in Kerala play a significant role in healthcare delivery at the grassroots level. The primary role of local self-government bodies in Kerala's healthcare system is to ensure the delivery of basic healthcare services to the community members within their jurisdiction. They act as intermediaries between the state health department and the local population, facilitating the implementation of health programs and policies at the grassroots level.

Functions:

- Health Infrastructure Development: Local self-government bodies are responsible for the establishment, maintenance, and upgradation of health infrastructure such as primary health centres (PHCs), sub-centres, health dispensaries, and community health centres (CHCs) within their jurisdiction. They also oversee the provision of essential medical equipment, supplies, and amenities in these facilities.

- Healthcare Service Provision: These bodies collaborate with the state health department to ensure the provision of basic healthcare services, including preventive, promotive, curative, and rehabilitative services, to the local population. They may organize health camps, immunization drives, and awareness programs on various health issues.

- Health Planning and Implementation: They participate in health planning processes, identifying the healthcare needs and priorities of the local community and formulating plans and strategies to address them. They also allocate funds from their budgets for health-related activities and programs.

- Monitoring, surveillance and Evaluation: They are tasked with monitoring public health issues within their jurisdiction, including disease outbreaks, sanitation, and environmental health hazards. They have surveillance over the functioning of health facilities, ensure the quality of healthcare services, and conduct regular evaluations to assess the effectiveness of health programs and interventions.

- Human Resource Management: Local self-government bodies oversee the recruitment, deployment, and management of healthcare professionals such as doctors, nurses, paramedics, and community health workers in the health facilities under their jurisdiction

- Health Awareness and Education: Local bodies engage in health promotion activities including awareness campaigns, health education programs, and initiatives for preventive healthcare measures.

- Coordination with Higher Authorities: Local self-government bodies collaborate with higher authorities such as the state health department to implement health policies,

schemes, and programs effectively.

- Community Participation: They facilitate community participation in health- related decision-making processes through mechanisms like health committees and public consultations.

Powers:

- Financial Powers: Local self-government bodies have the power to allocate funds from their budget for healthcare activities and infrastructure development. They can also mobilize resources through various means such as taxes, fees, grants, and loans for healthcare purposes.

- Administrative Powers: They have administrative control over the health facilities and staff within their jurisdiction. They can appoint staff, manage day-to-day operations, and enforce health-related regulations and policies.

- Decision-Making Powers: These bodies have the authority to make decisions regarding health planning, resource allocation, and implementation of health programs at the local level. They can prioritize healthcare initiatives based on the needs and preferences of the community.

LACUNAS IN THE FUNCTIONING OF LOCAL SELF GOVERNMENTS IN KERALA'S HEALTH SECTOR

Local Self Government institutions often encounter financial constraints, severely limiting their ability to develop and maintain health infrastructure, pay staff salaries, and offer adequate healthcare services. This chronic underfunding results in a wide gap between health policy objectives and actual service delivery on the ground. Compounding this issue are the limitations within existing legal frameworks, which often result in unclear responsibilities, restricted financial autonomy, and insufficient legal protections for healthcare professionals. Such ambiguities can lead to inefficient governance and mismanagement of healthcare resources. The issue of manpower shortage is another critical challenge faced by local bodies. A lack of adequately trained healthcare professionals including doctors, nurses, and paramedics compromises the ability to deliver effective healthcare at the grassroots level. The Kerala High

Court addressed this concern in *C.P. Padmanabhan v. State of Kerala (2020),* where the petitioner demanded improved healthcare facilities in the Thycattussery Block Panchayat area. The court observed that although community and family health centress are primarily meant for basic healthcare, merely creating posts without corresponding infrastructure serves no real purpose. The judgment highlighted that specialized treatment need not be mandated in every centre if the infrastructure is not in place.

Infrastructure deficiencies further exacerbate the healthcare crisis in many regions, especially remote or underserved areas where basic facilities such as clinics or hospitals are lacking. Without access to nearby healthcare institutions, residents are often deprived of timely medical attention, which can have serious public health consequences. An equally pressing issue is the limited capacity for disease surveillance at the local level. In the context of the COVID-19 pandemic, the Kerala High Court in *Muhammed Haleem K.K v. State of Kerala (2020)* emphasized the responsibility of local self-government institutions in managing public health crises, including the safe disposal of unclaimed bodies. The court reinforced the guidelines issued by health authorities must be diligently followed, highlighting the role of LSGs in responding to health emergencies effectively. Inefficient utilization of resources is another area of concern. Funds allocated for health purposes are sometimes mismanaged or not optimally used, resulting in substandard health outcomes. Reluctance from officials and unanticipated delays in policy implementation further hinder the delivery of health services and compromise the objectives of decentralized health governance.

In *Omana Bhuvaneswaran Nair v. Perumbavoor Municipality (2022)*, the court dealt with a situation involving public health hazards caused by mosquito breeding near a residential toilet. The municipality's unilateral decision to seal the facility, without following principles of natural justice, was struck down. The court emphasized that local governments have a vital role in maintaining public health, but must also ensure fair procedures and consider alternative remedies. The ruling reaffirms that while LSGs play a key role in safeguarding community health, their actions must align with legal principles and due process.

Together, these challenges underscore the urgent need for legal reform, financial empowerment, improved infrastructure, and capacity-building measures for local self-government institutions to fulfil their mandate of providing accessible and quality healthcare services.

CONCLUSION

To improve healthcare services at the local level, it is essential to increase budget allocations for local self-government bodies. This additional funding can be used to strengthen health infrastructure, hire qualified medical staff, and enhance overall service delivery. Alongside this, there is a need to reform existing legal frameworks or introduce new laws that are aligned with health priorities. A clear and strong legal foundation will give local bodies the authority and flexibility to manage healthcare more effectively while ensuring safety for healthcare workers. Improving the skills and knowledge of healthcare workers is equally important. Regular training and capacity-building programs can help them deliver better primary healthcare and carry out disease surveillance more efficiently. In addition, forming partnerships with private healthcare providers can help fill gaps in public services, especially in areas with limited resources. Engaging communities in health planning and decision-making is another key step. When people have a say in the services they receive, it ensures that those services better reflect local needs. Technology can also play a major role and tools like telemedicine and mobile health apps can bring medical care to remote or underserved areas. Finally, a proper system for monitoring and evaluating health programs must be put in place. This helps track how resources are used and whether interventions are working, making it easier to identify problems early and take corrective action.

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