

IN THE HIGH COURT OF GUJARAT AT AHMEDABAD

DISTRICT: AHMEDABAD

EXTRAORDINARY ORIGINAL JURISDICTION

WRIT PETITION NO. _____ OF 2020

Ramesh Rajeshwar Shrivastav & Anr. ...Petitioners

Versus

Ahmedabad Municipal Corporation & Ors. ...Respondents

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Date: /03/2020

Place: Ahmedabad

Drawn & Filed by
Advocate for the petitioners

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SYNOPSIS

The COVID virus commonly known as the CORONA VIRUS, Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Common symptoms include fever, cough, and shortness of breath. Muscle pain, sputum production and sore throat are less common. While the majority of cases result in mild symptoms, some progress to severe pneumonia and multi-organ failure. As of 20 March 2020, the rate of deaths per number of diagnosed cases is 4.1%; however, it ranges from 0.2% to 15% depending on age and other health problems. The World Health Organization (WHO) has declared the 2019–20 coronavirus outbreak a pandemic and a Public Health Emergency of International Concern (PHEIC).

The disease is caused by the virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), previously referred to as the 2019 novel coronavirus (2019-nCoV). It is primarily spread between people via respiratory droplets from coughs

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and sneezes. The virus can remain viable for up to three days on plastic and stainless steel, and for three hours in aerosols. The virus has also been found in faces, but as of March 2020 it is unknown whether transmission through faces is possible, and the risk is expected to be low.

The severity of COVID-19 varies. The disease may take a mild course with few or no symptoms, resembling other common upper respiratory diseases such as the common cold. Mild cases typically recover within two weeks, while those with severe or critical disease may take three to six weeks to recover. Among those who have died, the time from symptom onset to death has ranged from two to eight weeks. Children of all ages are susceptible to the disease, but are likely to have milder symptoms and a much lower chance of severe disease than adults; in those younger than 50 years, the risk of death is less than 0.5%, while in those older than 70 it is more than 8%. Pregnant women are at particular risk for severe infection. Availability of medical resources and the socioeconomics of a region may also affect mortality. Estimates of the mortality from the condition vary because of those regional differences

It is also a matter of record that while information on COVID has been in the public domain for some time now, States have been slow to catch up. Though there have been notable exceptions to the same namely the (a) The Kerala Model and the (b) The Korea Model.

While a comparison of the Kerala model with the Gujarat model may seem academic at first instance particularly as to

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the speed and efficacy with which the state of Kerala responded, a comparison does yield strong indicators as to what steps ought to be undertaken by the state of Gujarat in ensuring that marginalised sections of the society are taken care of, particularly in the areas of (a) Food Security (b) Sanitation (c) Unemployment Allowance (d) Sanitation (e) Communication (f) Community Organising and Participation.

While it is often stated that the COVID - 19 virus does not discriminate, such a statement believes the fact that while the virus will disproportionately affect marginalised communities particularly within the urban sprawl it is not so much as due to the discerning nature of the VIRUS but the inaction of the state over the years in ensuring an adequate and robust health system for the poor as well as better living conditions in terms of access to utilities like food, water, sanitation and open spaces among others.

The petitioners reiterate that while the steps undertaken by the state may very well fit within the premise of containment, the fact remains that large swaths of the states population particularly in its urban spaces like the Metropolitan of Ahmedabad, Surat, Rajkot, Vadodara etcetera consist of daily wage workers, domestic workers, manual scavenging workers, street vendors and their families who to sustain themselves and their dependents rely on the ability of the toiling class to be able to earn their daily wages. It is the case of the petitioners that the aforesaid embargoes need to go hand-in-hand with adequate Social Security measures that will ensure interalia food security, transit accomodation, access to water and

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sanitation, access to health services, access to correct information, and a robust mechanism to ensure that the most vulnerable sections of our Society do not face stigma and prejudice from the existing Civic services and Society.

Hence this Petition.

IN THE HIGH COURT OF GUJARAT AT AHMEDABAD

DISTRICT: AHMEDABAD

EXTRAORDINARY ORIGINAL JURISDICTION

WRIT PETITION [PIL] NO. _____ OF 2020

In the matter of Articles 14, 19, 21, 39
(a), 47 and 226 of the Constitution of
India, 1950;

AND

In the matter of The National Food
Security Act, 2013;

AND

In the matter of Epidemic Diseases
Act, 1897;

AND

In the matter of the Essential
Commodities Act, 1957;

AND

In the matter of the Drug Price Control
Order (DPCO), 2013;

AND

In the matter of the COVID - 19
Pandemic and the State Response
thereto;

AND

In the matter between:

- 1) Ramesh Rajeshwar Shrivastav,
- 2) Vipul Pravinchandra Pandya

...Petitioners

Versus

1. Ahmedabad Municipal Corporation
Through its Commissioner,
Sardar Patel Bhavan Bhavan,
Danapith Ahmedabad
2. Director General of Police,
Gujarat State, Police Bhavan,
Gandhinagar
3. State of Gujarat,
Through its Chief Secretary, Sachivalay
Gandhinagar, Gujarat
4. Department of Social Justice & Empowerment
Through its Secretary,
New Sachivalay, Gandhinagar, Gujarat.
5. Department of Finance,
Through its Addl. Chief Secretary,
New Sachivalay, Gandhinagar, Gujarat.
6. Women and Child Development Department
Through its Secretary,
New Sachivalay, Gandhinagar, Gujarat.
7. Ministry of Food and Civil Supply Department
Through its Secretary,
New Sachivalay, Gandhinagar, Gujarat.
8. Urban Development Department
Through its Principal Secretary
New Sachivalay, Gandhinagar, Gujarat.
9. Rural development Department
Through its Secretary,
New Sachivalay, Gandhinagar, Gujarat.
10. Health & Family Welfare Department

Through its Principal Secretary,
New Sachivalay, Gandhinagar, Gujarat

11. Narmada and Water Resources,
Water Supply and Kalpsar Department
Through its Secretary,
New Sachivalay, Gandhinagar, Gujarat.

12. Labor & Employment Department,
Through its Secretary
New Sachivalay, Gandhinagar, Gujarat.

13. Education Department
Through its Secretary,
New Sachivalay, Gandhinagar, Gujarat.

14. Union of India
Ministry of Housing & Urban Poverty Alleviation,
Through its Secretary,
Office at: Nariman Bhavan, New Delhi

15. The Ministry of Labour & Employment
Through its Secretary,
Shram Shakti Bhawan,
Rafi Marg, New Delhi, 110001

...Respondents

To,

The Honourable The Chief Justice and Other Honourable Judges
of The High Court of Gujarat At Ahmedabad

The Humble petition of the
petitioners above named

MOST RESPECTFULLY SHEWETH

1. The declaration, disclosure and statements as per the High Court of Gujarat (Practice and Procedure for Public Interest Litigation) Rules, 2010

That the present Petition is filed by way under Article 226 of the Constitution of India is being filed by way of Public Interest Litigation and the petitioner has no personal interest. The petition is being filed in the interest seeks to assist the state of Gujarat in the present crisis by identifying traditional blindspots that have either been denied civic services or civic services have been albeit late to come by. The petitioners reiterate that while they are informed by their assessment of the acts of omission and commission of the respondent authorities, the petitioner seek to petition this Hon'ble Court simply to ensure that the urban poor and other marginalised communities have an equitable chance at survival through adequate healthcare and civic services.

2. The Present Petitioners are activist in the City of Ahmedabad among other cities, particularly along with the Homeless, Slum Dwellers and other marginalized communities on Housing, Food and Water Rights among other issues. Petitioners earlier have not filed any other Public Interest Petition. That the petitioners have in the past never faced any contempt of court proceeding nor any such proceeding is pending against the petitioners at present.
3. The Petitioners are filing the present petition purely in public interest on its own and not at the instance of any

other person, organisation or political party. The litigation cost and travelling expenses will be borne by the petitioners.

4. **FACTS OF THE CASE:**

4.1 Epidemics are not new to the State of Gujarat or for that matter this country. The Bubonic plague of the late 19th century resulted in the States overarching powers vested in the Epidemics Act, 1897 as did reinforcement of notions of Civic Sanitation after the Surat Plague in 2002.

4.2 The COVID virus commonly known as the CORONA VIRUS, Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Common symptoms include fever, cough, and shortness of breath. Muscle pain, sputum production and sore throat are less common. While the majority of cases result in mild symptoms, some progress to severe pneumonia and multi-organ failure. As of 20 March 2020, the rate of deaths per number of diagnosed cases is 4.1%; however, it ranges from 0.2% to 15% depending on age and other health problems. The World Health Organization (WHO) has declared the 2019–20 coronavirus outbreak a pandemic and a Public Health Emergency of International Concern (PHEIC).

4.3 The disease is caused by the virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), previously referred to as the 2019 novel coronavirus (2019-nCoV). It is primarily spread between people via respiratory droplets from coughs and sneezes. The virus can remain viable for up to three days on plastic and stainless steel, and for three hours in aerosols. The virus has also been found in

faces, but as of March 2020 it is unknown whether transmission through faces is possible, and the risk is expected to be low.

4.4 The severity of COVID-19 varies. The disease may take a mild course with few or no symptoms, resembling other common upper respiratory diseases such as the common cold. Mild cases typically recover within two weeks, while those with severe or critical disease may take three to six weeks to recover. Among those who have died, the time from symptom onset to death has ranged from two to eight weeks. Children of all ages are susceptible to the disease, but are likely to have milder symptoms and a much lower chance of severe disease than adults; in those younger than 50 years, the risk of death is less than 0.5%, while in those older than 70 it is more than 8%. Pregnant women are at particular risk for severe infection. Availability of medical resources and the socioeconomics of a region may also affect mortality. Estimates of the mortality from the condition vary because of those regional differences.

4.5 The WHO has published several testing protocols for the disease. The standard method of testing is real-time reverse transcription polymerase chain reaction (rRT-PCR). The test can be done on respiratory samples obtained by various methods, including a nasopharyngeal swab or sputum sample. Results are generally available within a few hours to two days. Scientists in China were able to isolate a strain of the corona virus and publish the genetic sequence so that laboratories across the world could independently develop polymerase chain reaction (PCR) tests to detect infection by the virus.

4.6 Because a vaccine against SARS-CoV-2 is not expected to become available until 2021 at the earliest a key part of managing the COVID-19 pandemic is trying to decrease the epidemic peak, known as flattening the epidemic curve through various measures seeking to reduce the rate of new infections. Slowing the infection rate helps decrease the risk of health services being overwhelmed, allowing for better treatment of current cases, and provides more time for a vaccine and treatment to be developed.

4.7 It is also a matter of record that while information on COVID has been in the public domain for some time now, States have been slow to catch up. Though there have been notable exceptions to the same namely the (a) The Kerala Model and the (b) The Korea Model.

4.8 While a comparison of the Kerala model with the Gujarat model may seem academic at first instance particularly as to the speed and efficacy with which the state of Kerala responded, a comparison does yield strong indicators as to what steps ought to be undertaken by the state of Gujarat in ensuring that marginalized sections of the society are taken care of, particularly in the areas of (a) Food Security (b) Sanitation (c) Unemployment Allowance (d) Communication (e) Community Organizing and Participation.

4.9 It is true that the ability of the state to respond to a pandemic of this nature will have to be seen only in light of the fact that the states footprint within the health sector has been shrinking be it in the production of medicines or vaccines, in the establishment of medical institutions and

the scaling and their effective staffing but also in light of the fact that the health department enjoys little priority within budgetary allotments effectively crippling the States ability to grapple with communicable diseases like the present pandemic. That said, it is the Petitioners case that the State can in addition to the provisions of the Epidemics Act, delve into its inherent and innate authority to sequester all such private actors and their resources to combat the present pandemic.

4.10 While it is often stated that the COVID - 19 virus does not discriminate, such a statement believes the fact that while the virus will disproportionately affect marginalized communities particularly within the urban sprawl it is not so much as due to the discerning nature of the VIRUS but the inaction of the state over the years in ensuring an adequate and robust health system for the poor as well as better living conditions in terms of access to utilities like food, water, sanitation and open spaces among others.

4.11 As of today Whole Country have gone on lockdown mode. The State of Gujarat has, albeit a little late, called for the closure of workspaces on one hand and a request to establishments to continue paying bare workforce on the other. Similarly embargoes have been put into place in the running of shops and establishments along main thoroughfares. Coupled with the suspension of local and state transport facilities like the City transport service in Ahmedabad along with the state transport buses though welcome, have had their own domino effects, given the odd sequence of the orders. The shutting of establishments employing many in the unorganised sector has led to an

exodus of a large number of the toiling class to their originating states. Originating states have responded with their own embargoes requesting the Ministry of rail to suspend trains from entering their jurisdictions. Many today are stranded at the new disabled stations in the cities of the state.

4.12 The petitioners reiterate that while the steps undertaken by the state may very well fit within the premise of containment, the fact remains that large swaths of the states population particularly in its urban spaces like in Ahmedabad, Surat, Rajkot, Vadodara etcetera consist of daily wage workers, domestic workers, manual scavenging workers, street vendors and their families who to sustain themselves and their dependents rely on the ability of the toiling class to be able to earn their daily wages. It is the case of the petitioners that the aforesaid embargoes need to go hand-in-hand with adequate Social Security measures that will ensure interalia food security, transit accommodation, access to water and sanitation, access to health services, access to correct information, and a robust mechanism to ensure that the most vulnerable sections of our Society do not face stigma and prejudice from the existing Civic services and Society.

4.13 As stated earlier, the civic services provided by both the state as well as the Municipal Corporation of Ahmedabad has had traditional blind spots. These traditional blind spots have either meant that services are unavailable to certain pockets in the city or are difficult to come by. Hence the present Petitioners seek to highlight

certain concerns that need attention of the state while it ramps up its actions to combat the present pandemic.

4.14 Food security programs services many under the directives of the Hon'ble Supreme Court in what was right to food case; and continued thereafter under the National Food Security Act, 2013. These include not limited to:

i. PDS

Subsidised food to 50% of the urban population and over 75% of the rural population under the public distribution scheme under which families are entitled to at least 35 kg of food grains like rice and wheat. In certain rural pockets particularly the IT DD areas food grains supplied to beneficiaries at their homes under the dash scheme.

ii. Mid Day Meal

One mid-day meal free of charge everyday is mandated for children within the age group of six to fourteen years or studying up to class VIII in every school run by local bodies, Government and Government aided schools to meet the nutritional standards as specified in the Schedule II of the National Food Security Act, 2013.

iii. Supplementary Nutrition in Anganwadis

Integrated Child Development Service Scheme (ICDS) aims at improving nutritional and health status of children (under six years of age), Pregnant and Lactating Women, Adolescent girls through Anganwadis. Age appropriate meal free of charge is

mandated to be provided daily to all the beneficiaries in the Anganwadis.

iv. Community Kitchens

The scheme named as Annapurna Yojana is aimed at providing a meal to the poor for just Rs. 10/- per plate consisting of Chappatis, Vegetable, Dal and Rice and is available to the people at designated centres/ canteens during a stipulated time in all the districts of the state.

4.15 That these schemes are severely compromised in the face of a shutdown and would operate in ignorance of the following fallouts;

- i. That as the state and central governments opt for a total or partial lockdown of the cities, it is inevitable that almost all persons, men and women, employed as daily wage labourers daily wage workers, domestic workers, manual scavenging workers, street vendors etc will and have found themselves to not be able to procure any minimum wages work.
- ii. That in such a scenario, daily wage labourers, domestic workers, manual scavenging workers, street vendors, etc will find it difficult to feed themselves and their families on the existing government support.
- iii. That while the Public Distribution System controls the pricing of food products for the beneficiaries of the National Food Security Act, it shall prove to be unsustainable in the given circumstances of total or partial lockdown and the daily wage labourers shall

not be able to procure food without any source of earning daily wages.

- iv. The State of Gujarat has directed for closure of schools and anganwadis in the state resulting in the deprivation of nutrition to the beneficiaries of Midday Meals and Supplementary Nutrition in schools and anganwadis which may lead to malnourishment among children thereby increasing the risk of the children catching infection.
- v. Furthermore, the State of Gujarat also consists of a homeless population that does not hold identification documents and therefore, is unable to become a beneficiary of the National Food Security Act.
- vi. That the State of Gujarat has also discontinued the Annapurna Yojana Scheme in the wake of the Covid-19 pandemic and will adversely affect the daily wage labourers, homeless people and other disadvantaged sections who are already bearing the brunt of loss of job due to the epidemic.

4.16 These slum dwellers have been rendered without work due to the spike in COVID-19 cases in the city in a state which currently holds in baton with the reported cases at 38 as on 25.03.2020 in the State, despite the current efforts put in place by the State the number is only expected to increase. It is pertinent to note that these slum areas are one of the most neglected in terms of access to basic sanitation and health care services. It is pertinent to note that a vast majority of the Slum Population is dependent on sanitation

facilities from AMC. Slum populations have been forced to depend on public toilets to meet their sanitation needs. It is pertinent to note that Inadequate number of toilets leads to long queue and waiting time. Overuse and poor maintenance makes them unhygienic. Inadequate or no water supply and absence of electricity connections further limit the use of public toilets. The users are forced to carry their own pails. Women and children face major difficulties due to poorly maintained toilets.

4.17 It is pertinent to note, despite the lockdown imposed till 15st April 2020, there is a backlog of cases pending before slum authorities pertaining to transit or alternate accomodation etc. Many of slum dwellers have already faced eviction and demolition which have rendered them homeless and several others are impending demolition.

4.18 It is pertinent to note that, the city of Ahmedabad also houses an increasing population of homeless persons. This slum population also includes elderly, women and children. Furthermore, this faction of the population has no access to any healthcare services which makes them highly susceptible to infectious diseases i.e COVID-19.

4.19 Health:

Testing Numbers and Capacity

The novel corona virus has killed more than 16,362 people and infected nearly 3,75,498 in at least 196 countries. That, as on 25.03.2019, the reported number of confirmed positive cases in India was 434. That the Union Government continues to maintain that there is no evidence of

community transmission of the novel corona virus in India. That despite an increase in the rate of reporting of new cases, testing for the coronavirus has been limited to individuals with foreign travel history along with the presence of symptoms.

4.20 That, reportedly, on 20.03.2019, the Indian Council of Medical Research (ICMR) expanded its testing to include all hospitalised patients with Severe Acute Respiratory Illness (fever AND cough and/or shortness of breath) and asymptomatic direct and high-risk contacts of a confirmed case should be tested once between Day 5 and Day 14 of coming into contact with them.

4.21 That, as reported by the BBC, India had tested some 14,175 people in 72 state-run labs as of 19.03.2019 - one of the lowest testing rates in the world.

4.22 That the World Health Organization [WHO] head Tedros Adhanom Ghebreyesus has, on record, said that there has not been an urgent enough escalation in testing, isolation and contact tracing, which should be the "backbone" of the global response. That the WHO has said it is not possible to "fight a fire blindfolded", and social distancing measures and handwashing will not alone extinguish the epidemic.

4.23 That there is consensus from global health experts that an increase in testing capacity and testing numbers is crucial to combating the novel corona virus. That in large parts of the city of Ahmedabad, and its surrounding areas, citizens rely on public transport to travel and have no savings in the absence of daily work for daily wage

workers, domestic workers, manual scavenging workers, street vendors, etc. That members of these working classes simply cannot afford to travel to the singular hospital currently testing for the coronavirus in Ahmedabad. That it is very likely that sanitizers, face masks and other protective gear is prohibitively expensive for such communities. That a single case of the highly contagious coronavirus will spread in such areas in an uncontrollable manner given the unhygienic living conditions and the size of such households. That the only way to prevent such an incident is for increased localised and targeted testing.

4.24 That, as on 22.03.2019, it has been reported that the government has not yet notified any guidelines for private sector diagnostic companies for testing for the coronavirus.

4.25 That reportedly, as on 22.03.2019, Ahmedabad-based CoSara Diagnostics is the first and only Indian company so far to receive a licence from the Central Drugs Standard Control Organisation (CDSCO) to manufacture coronavirus (Covid-19) diagnostic test kits.

4.26 That in light of the highly contagious nature of the coronavirus and the abysmally low testing rate in India, it is imperative that more local production of testing kits be immediately undertaken. That, in line with the WHO recommendations and in order to increase testing rates, increase in local production of testing kits, medical gear and protective equipment is crucial.

4.27 That despite the above, local production has not been stimulated by the government so far, putting the lives of millions at risk.

4.28 The Unorganised Workforce

Domestic workers, daily wage workers holding APL and BPL cards, workers employed in MGNREGA Scheme, construction workers, brick making workers, manual scavenging workers, street vendors, auto rickshaw workers, auto goods carrier workers, service industry workers particularly food & hospitality sector, rag pickers have been stranded in large numbers, without any assertions from the State Government about how the wages will be provided in a time when their is complete lockdown.

4.29 Workers are fearing job retrenchment, working without economic and social support, and worrying about how to feed their families and earn an income, cannot, even if they wanted to, practice social distancing and responsible health practices.

4.30 These are not choices they can make. Their social and economic conditions do not allow them the privilege of social distancing. Therefore, a comprehensive response to the pandemic is one that is rooted in both physical distancing and infection control with increased social protection and economic support to workers is required immediately.

4.31 The “labour nakas” in the city at which workers gather in the mornings to seek employment are being discouraged by the police, given the imposition of lockdowns and prohibitory orders in the entire state, they

are nearly absent. This reiterates the fact that food security of the workers using PDS systems, along with transit accommodation, free health check ups is required at the earliest. As per the best knowledge of petitioners there are total 15,00,000 workers across the state of Gujarat out of them 6,50,000 are registered under the Gujarat Labor Welfare Board and approximately 5,00,000 workers are registered in Gujarat Rural Workers Welfare Board and 6,00,000 lacs bricklin workers. As per the best knowledge of petitioners there are more than 1,00,000 sugar cane workers are still doing their work without any safety features.

Copy of the list of the “Nakas” in the city of Ahmedabad which is annexed hereto and marked as **ANNEXURE-A**.

4.32 Workers are forced to remain unemployed without any wages or job security for unanticipated days of outbreak of the Covid-19.

4.33 In the agrarian sector, the worst affected are small and marginal farmers, tenants and sharecroppers, and landless agricultural labourers and tribal farmers. Of these, women are suffering more since they have a little access to institutional credit or organised extension support.

4.34 Similarly, Frontline Workers in the Health, Civic services like law and order, sanitation, transport workers and their families are not being provided with adequate education, aids and facilities to combat the high probability of infection. Neither is there any clarity of the second / alternate line of this workforce to ensure that an undue strain on them is mitigated from the outset.

4.35 That the toiling class in formal and informal and agricultural sectors lack awareness on Covid-19. They are uneducated, poor, vulnerable, most susceptible to the threat of disease transmission. Therefore, it is all the more essential for the state to provide them with gloves, sanitizers, hand wash, masks at the earliest.

4.36 Similarly so are other vulnerable populations like Sex Workers, Transpersons among others whose daily sustenance has been gravely affected by the Government Response.

4.37 Essential needs of Women and Adolescent Girls in the form of Sanitary Napkins etc have also been left out from the States spectrum of responses. As poor people grapple with Wage and consequentially food shortages among others, needs pertaining to women and girls will get relegated in the make-do category. Hence it is imperative that Sanitary Pads and similar such products be given equal priority.

5. The Source of information of the facts pleaded is based on the personal knowledge of the petitioners and also by talking to other people who have personally visited such places and also from various other media sources. Petitioners are working on such issues since last 25 years. Petitioners on 24/03/2020 and 25/03/2020 received information from local news paper Gujarat Samachar that thousand of migrant workers go back to their native place because of lack down which is annex herewith collectively as ANNEXURE-B.

6. The Petitioners has made a two representations in this regard to the authorities through email on dated 24/03/2020.

Copy of the two representations are annexed herewith collectively as ANNEXURE-C.

7. That to the best knowledge of petitioners, several petitions regarding other issues arising out of Corona Virus (COVID19) are pending before this Hon'ble Court and therefore no public interest petition raising the same issue is filed before this Hon'ble Court or before any of other court.

That due to the Current Lockdown the Petitioners are unable to affirm the Petitioner and request that they be permitted to do so as soon as the situation permits.

8. GROUNDS:

a. That the Right to Food is inherent to life with dignity under Article 21 of the Constitution of India.

b. That Article 39(a) of the Constitution of India is a Directive Principle and entrusts the State to direct its policies towards securing that all its citizens, men and women equally, have the right to adequate means of livelihood.

c. That Article 47 of the Constitution of India spells out the duty of the State to make the following its primary duty:

i. Raise the level of nutrition and standard of living of its people

ii. Improvement of public health

d. That while it is the time when the primary duty of the State is towards the containment and eradication of the

Coronavirus, the State must not turn away its obligation towards marginalised communities and will be the worst affected as a result of a continuous lockdown.

- e. That in absence of daily wages and no other means of livelihood, persons living in poverty and surviving on bare minimum nutrition will find themselves in extreme poverty and hunger and will suffer from prolonged malnutrition, and even more susceptible to common diseases, let alone a disease as fatal as coronavirus.
- f. That the right to healthcare is a right guaranteed under the right to life and personal liberty under Article 21 of the Indian constitution. That the Apex Court has previously held that the non-availability of medical facilities is a violation of Article 21, in the case of *Pashchim Banga Khet Mazdoor Samiti*.
- g. That the right to equality, guaranteed under Article 14, mandates that the economically vulnerable communities are not denied access to medical care by virtue of their economic status , especially in light of deadly pandemic.
- h. That the unavailability of prompt testing, identification and isolation, to prevent further outbreak in vulnerable societies, is a grave violation of the right to life
- i. That the failure to increase testing capacity and testing numbers puts the larger public in danger of facing an outbreak of the deadly coronavirus. That economically vulnerable societies, like slum dwellers, simply cannot practice social distancing and thus the failure of the state in taking prompt preventive action impacts their right to health.

- j. That increasing local production of testing kits, medicines and protective gear ensures that prices stay low and affordable for the majority of the population.
- k. That increasing local production of testing kits, medicines and protective gear ensures that all of the above are available in a short period of time and are stockpiled in case of an emergency.
- l. That the State government has till today have failed to come out with a solution for safety and security of workers, be it health or job security wise,
- m. That the existing PDS mechanism and ration shops although having spread across the state, and largely accessible, yet the State government has failed to recognise them as a tool to deliver ration, masks, hand wash, sanitizers, gloves, keep them open compulsorily to combat the rapid spread of Covid-19,
- n. That the non recognition of already existing mechanism like anganwadi centres and PDS centres and not extending the majors to combat the situation is shying away from its responsibilities,
- o. That the State government has till today have failed to come out with a solution for safety and security of workers, be it health or job security wise,
- p. That the existing PDS mechanism and ration shops although having spread across the state, and largely accessible, yet the State government has failed to recognise them as a tool to deliver ration, masks, hand

wash, sanitizers, gloves, keep them open compulsorily to combat the rapid spread of Covid-19

- q. That the non recognition of already existing mechanism like PDS centres for distribution of food in the midst of the pandemic and not extending it to combat the situation is furthering the crisis itself.
- r. That it is the duty of the state to protect public health under Article 21 read along with Article 47 of the Constitution of India. As held in *Paschim Banga Khet Mazdoor Samity & Ors v. State of West Bengal (1996 (4) SCC 47)* *Wherein it is the duty to provide adequate healthcare services to the general public and improve existing services.*
- s. That Right to shelter is an inbuilt right to life as held by in *Shantistar Builders v. Narayan Khimalal Totame (1990 (1) SCC 520)*. Furthermore, subsequent eviction and demolition proceedings would only render slum dwellers homeless and only add panic in this time of growing concern over battling Covid-19.
- t. That Right to medical aid is an integral facet of under Article 21 as held in *Consumer Education and Research Centre v. Union of India (1995 (3) SCC 42)*. Thus Slum dwellers and homeless persons have a right to receive medial aid.
- u. That while everyone is required to stay indoors, the fact remains that many face domestic violence be them women, children, transpersons or senior citizens. That while containment would require the State to encourage people to stay within their homes, the notion that a home

is a safe space may not be true for all citizens. It is therefore imperative that the state also aggressively ramp up access to safe spaces for those who may need an alternate space to their own homes and communicate the same to all citizens that they can reach out for such services on a need be basis or would alternatively have the perpetrator sent to an alternate location which the state ought to provide. Such a decision should vest with the survivor of such domestic abuse.

9. That the petitioners are seeking interim relief on the following grounds:

That pending the hearing and final disposal of this Petition this Hon'ble Court be pleased to direct the Respondents to:

- i. Ensure that those who have been rendered wageless or unable to earn their daily bread are provided with Unemployment Security equivalent but not limited to Minimum Wage as notified in the State of Gujarat.
- ii. Immediately undertake steps to disinfect Common Toilets and Bathrooms in Slums and other high density habitats
- iii. Ensure that public toilets are kept open and sanitised for use by the Homeless and the Urban Poor.
- iv. Immediately put a programme into place to regularly disinfect the public transportation vehicles such as city buses as well as buses used for State transport,

local railways leaving from all depots in Ahmedabad.

- v. Ensure that no person is unable to access nutritious food due to the lack of resources, particularly but not limited to the i) to xviii) in prayer (g);
- vi. Ensure that the Annapurna Yojana Scheme of subsidized lunch be continued in all districts,
- vii. Ensure that the PDS shops are well stocked with grains, vegetables and other essentials to enable beneficiaries under the National Food Security Act to purchase the same from the PDS Shops.
- viii. To bring all Food Items under the Essential Commodities Act, 1955
- ix. Immediately provide all Front line Workers in the essential services not restricted to but particularly in the Health , Law and Order, Sanitation services and Utilities with Protective Gear and Medical Facilities.
- x. Immediately decentralise the testing and treatment for COVID - 19 particularly by but not limited through i) and ii) in prayer (m)
- xi. Take steps for the local production of testing kits for the novel coronavirus, medicines and protective gear by engaging local self help groups, support groups, voluntary organisations, and others,
- xii. Not dishouse any occupant of any slum, shanty or house under the provisions of the Slum Act, 1974 or equivalent legislation.

- xiii. Immediately sequester Vacant PAP tenements, SRA tenements to be used as Home Quarantine Facilities for those from High Density areas like slums etc.
- xiv. Utilise government buildings, schools or colleges, public halls, hostels, stadiums to temporarily house homeless persons, stranded daily wage workers, construction workers, and other slum dwellers.
- xv. Create awareness among slum dwellers, daily wage labourers, sex workers, manual scavenger workers, construction workers, street vendors as well as homeless population about the Epidemic and further distribute quality masks, gloves and hand wash, hand sanitizers, sanitary napkins as sanitation material to slum dwellers, daily wage labourers, sex workers, sanitation workers, construction workers, street vendors as well as homeless persons free of cost through PDS Ration Shops,
- xvi. Ensure that those women, children, transpersons and senior citizens facing domestic violence are given the option of save spaces either for themselves or the option to distance the perpetrator of domestic violence from the residence of the survivor.
- xvii. Establish / ramp up helplines and safe spaces for those facing domestic violence.
- xviii. Ensure that if migrant labor want to go back to their native place provide them transport service.
- xix. Ensure that sugar cane worker are still doing their work without any safety features and forced to work

by sugar factory association. Give proper safety features like hand sanitizer, face mask to that sugar cane workers.

10. The petitioner has not filed any other appeal or application either before this Court or Supreme Court of India or before any other Courts on the same subject matter of this petition.

11 The petitioner has no other alternative efficacious remedy but to approach this Hon'ble Court by way of this petition.

12 That the petitioners prays that this Hon'ble court may be pleased to allowed the petition and

12.1 Social Security

a. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the Respondent Authorities to ensure that all those who have been rendered wageless or unable to earn their daily bread are provided with Unemployment Security equivalent but not limited to the Minimum Wages notified in the State of Gujarat.

12.2 Water

a. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the Respondent Authorities to ensure that water supply is made available in Slums at least twice a day.

12.3 Sanitation

- a. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the Respondent Authorities to ensure that adequate steps are undertaken to disinfect Common Toilets and bathrooms in Slums and other high density habitats on a regular basis.
- b. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the Respondent Authorities to ensure that public toilets and bathrooms are kept open and sanitised for use by the Homeless and the Urban Poor.
- c. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the Respondent Authorities to take adequate steps to disinfect the public transportation vehicles such as city buses as well as buses used for State transport, local railways leaving from all depots in Ahmedabad.

12.4 Food Security:

- a. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the State Government to ensure that no person is unable to access nutritious food due to the lack of resources, particularly but not limited to the following individuals and their families;

- i. Homeless Population
 - ii. Women and Children
 - iii. Senior Citizens
 - iv. Persons with Disabilities
 - v. Transpersons
 - vi. Sex Workers
 - vii. Migrant and Daily Wage Workers
 - viii. Street Vendors
- b. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the State Government to ensure that the Annapurna Yojana Scheme of subsidized lunch be continued in all districts and increase the reach of the facility to cover all areas in the state with immediate effect.
- c. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the State Government to ensure that Hot cooked Meal is regularly provided to all the beneficiaries of the Anganwadis and all the eligible students of schools in the state as mandated by the National Food Security Act, 2013.
- d. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the

State Government to bring all Food Items under the Price Control through the Essential Commodities Act, 1955.

- e. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the State Government to ensure that the PDS shops are well stocked with grains, vegetables and other essentials to enable beneficiaries under the National Food Security Act to purchase the same from the PDS Shops.

12.5 Health:

- a. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the Respondent authorities to ensure that all Front line Workers in the essential services not restricted to but particularly in the Health, Law and Order, Sanitation services and Utilities are provided with Protective Gear and Medical Facilities.
- b. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the respondent authorities to decentralise the testing and treatment for COVID - 19 particularly by but not limited through;
 - i. Ward Wise Testing Centers and Hospitals
 - ii. Undertaking testings through Mobile Units prioritising Slums and other vulnerable

Populations like Slum Rehabilitation Authority Complexes and other Rehab tenements

- c. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus direct the Respondent Authorities to take steps for the local production of testing kits for the novel coronavirus, medicines and protective gear by engaging local self help groups, support groups, voluntary organisations, and others.
- d. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus directing the Respondent authorities to ensure that women and adolescent girls are able to access Sanitary Pads for Free.

12.6 Housing:

- a. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus direct the Respondent Authorities to not dishouse any occupant of any slum, shanty or house under the any Act or equivalent legislation.
- b. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus direct the Respondent Authorities to provide adequate and sanitized alternate accomodation to slum dwellers who have been rendered homeless due to

demolition of their structures.

- c. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus direct the Respondent Authorities to sequester Vacant PAP tenements, SRA tenements to be used as Home Quarantine Facilities for those from High Density areas like slums etc.
- d. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus direct the Respondent Authorities to utilise government buildings, schools or colleges, public halls, hostels, stadiums to temporarily house homeless persons, stranded daily wage workers and other slum dwellers.
- e. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus direct the Respondent Authorities to ensure that those women, children and senior citizens facing domestic violence are given the option of save spaces either for themselves or the option to distance the perpetrator of domestic violence from the residence of the survivor.
- f. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus direct the Respondent Authorities to establish ramp up helplines and safe spaces for those facing domestic

violence.

12.7 Education & Communication

- a. That this Hon'ble Court be pleased to issue a Writ of Mandamus or any other appropriate writ, order or direction in the nature of Mandamus direct the Respondent Authorities to conduct drives to educate the slum dwellers, daily wage labourers, sex workers, manual scavenger workers, construction workers, street vendors as well as homeless population about the Epidemic and further distribute quality masks, gloves and hand wash, hand sanitizers, sanitary napkins as sanitation material to slum dwellers, daily wage labourers, sex workers, sanitation workers, construction workers, street vendors as well as homeless persons free of cost through PDS Ration Shops.
- b. Ensure that those women, children, transpersons and senior citizens facing domestic violence are given the option of save spaces either for themselves or the option to distance the perpetrator of domestic violence from the residence of the survivor.
- c. Establish / ramp up helplines and safe spaces for those facing domestic violence.

12.8 Be pleased to grant ad-interim relief/s in terms of prayer clause at para. 12.1 and/or 12.2, and/or 12.3,

and/or 12.4, and/or 12.5, and/or 12.6, and/or 12.7 in
the interest of justice and equity;

12.9 For costs of this Petition;

12.10 For such other and further orders as this Court
deems fit in the facts and circumstances of this
case.

AND FOR THIS ACT OF KINDNESS AND GRACE, THE PETITIONERS
SHALL BE BOUND AND FOREVER PRAY.

Date: /03/2020

Place: Ahmedabad

Drawn & Filed by
Advocate for the Petitioners