# **Project Title:** Indore Health City

**Background**

Healthy Cities has been WHO’s longest health promotion initiative having started in 1986. Today there is also increasing recognition of the strong link between SDG 3 (Good Health for All) and SDG 11 (Make Cities and Human Settlements Inclusive, Safe, Resilient and Sustainable).

Cities provide a unique opportunity - the aggregation of a large population, the existence of a range of public and private services to mention a few. It also poses serious challenges including rapid growth in outpacing services, overcrowding in some areas and fluid population. Health indicators generally are getting worse in urban areas compared to rural areas. The health of citizens is not determined by health services alone; in fact healthy citizens should not need health services and the determinants are water, air quality, food, sanitation, etc; all of which require a multi- stakeholder approach; not just by the health department. The Health Department should also improve its services, in coordination with other private and social impact sectors. This is where cities like Indore offer a unique opportunity - to focus on healthy citizens and integrate a range of services and products in a way that significant impact can be made and a model for city interventions in Madhya Pradesh can be built.

## **Profile of proposed subject/district/block**

The present proposal covers the design and development of a roadmap for Indore Healthy City. Indore is a city located in the southwest portion of Madhya Pradesh. The city is the most populous and largest city in Madhya Pradesh and is considered the education hub of the state. Indore has been selected as one of the 100 cities to be developed in the “Smart Cities” initiative.

**Slums**: Indore has a total population of 1,994,397, of which 27% reside in slums and its outgrowths.

**Metropolitan Area**: Ahirkhedi, Bangarda Bada, Bangarda Chhota, Bank, Bhangarh, Bhicholi Hapsi, Bhicholi Mardana, Hukmakhedi, Indore, Kanadia, Lasudiya Mori, Limbodi, Nipanya, Palda, Piplya Kumar, Talawali Chanda, Tigaria Badshah, and Tigaria Rao

**Population**: According to the (latest) census conducted in 2011, the population of Indore is 1,964,086. The entire metropolitan population is 2,170,295 of which 1,127,910 are males and 1,042,385 are females.

**Total children (0-6)** in Indore city are 233,130 as per figure from Census India report of 2011. There were 123,026 boys while 110,104 were girls. The children form 11.87 % of the total population of Indore City.

**Literacy:** 85.87% of Indore’s population is literate of which male and female literacy is 89.95 and81.48 percent.

**Public Health Facilities:** Indore is home to 51 public health institutions, 1 district hospital, 2 civil hospitals, 8 PHCs, a TB hospital and a TB sanatorium and a flourishing private sector.

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Indore has done well in many of the above parameters, specifically in improved drinking water source, sanitation, and institutional births. Some health indicators need in-depth analysis and focus such as immunization, nutrition, and family planning-related indicators. It is India’s cleanest city and one of India’s 20 Smart Cities.

By coordinating inputs from the sectors that impact health Indore has an opportunity to develop a model for a Healthy City which other cities in the state and other states can learn from. This would require all the sectors that control the determinants of health to work together to make Indore a “Healthy City” and a role model for other cities.

# **Introduction**

Primary healthcare, a starting point for people to access basic care for a wide range of problems, promotes preventive care and good health by addressing underlying social and environmental determinants of poor health and acts as a bridge to the overall healthcare system. In India, primary healthcare, the foundation for a healthy city, has traditionally been focused on rural areas, having been built on the foundation of the Community Development Scheme. This led to a robust public health system being developed in rural areas resulting in health indices in many cities being lower than rural areas, especially among the disadvantaged populations. The National Urban Health Mission was launched in 2013 to address this. However, a successful model for service delivery of primary healthcare in urban areas has remained elusive. There is scope for successful cities to develop and validate their own models of urban health care services to become role models for other cities.

India is urbanizing at an unprecedented pace. India’s urban population is projected to reach an additional 300 million more by 2050 (World Cities Report-2016). Urban India contributed 63% of India’s GDP in 2014 and is expected to contribute three-fourths of GDP by 2030. All of these changes impact the health of urban residents in complex ways: migration, climate change, transitioning disease burden, unhealthy built environments, and inadequate urban systems to cope with this rapid growth. According to Hancock and Duhl, *“A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing the functions of life and in developing to their maximum potential.”* In other words, a healthy city is one that allows its population to flourish, and the health sector can’t ensure that on its own.

India is committed to achieving Health for All. To increase access to and strengthen delivery of primary care, the government is setting up a network of Health and Wellness Centres under the National Health Policy, 20171. These Health and Wellness Centres, while envisaged for urban areas as urban PHCs are yet to be fully operationalized. Cities have distinct opportunities and challenges to ensure the health of the population. Since most determinants of health are outside the health sector, the urban areas provide an opportunity to focus on them due to the density of their service area and the availability of resources. These include water, air quality, food, sanitation, education, housing and the quality of urban planning. Any attempt at improving health (and not treating the sick alone) will need to address these determinants through a multi- stakeholder approach.

Hence, the following research questions will be addressed with the help of this approach:

1. What is the current status of health in Indore?
2. How can we transform Indore into a Health city?
3. How can Indore set an example for other Indian cities to learn from ?

**Proposed strategy**

The Department of Health and Family Welfare in Madhya Pradesh is eager to demonstrate that it is possible for Cities to deliver “Health for All”. A 24-month period of technical assistance to the MP Department of Health as well as the Indore City Department of Health, is proposed to develop an Road Map for Indore City to achieve Healthy City goals. The vision and Action Plan will be co-developed with the sectors that have the greatest impact on health.

Indian cities are growing rapidly, and current health planning approaches have limited coordination across sectors that contribute to making a city healthy. A coordinated healthy city approach helps the city government to develop an overarching vision and focus on all elements that need to be interwoven at an operational level. Our core question was to find an approach to

1 Ministry of Health and Family Welfare, Government of India (2017) National Health Policy 2017 accessed from <https://mohfw.gov.in/sites/default/files/9147562941489753121.pdf>

achieving better health for all urban citizens, as envisioned in India’s National Health

Policy, 2017. In order to develop an approach, we selected Indore as a potential use-case, given its title as “India’s Cleanest City” and one of the first 20 Smart Cities.

Based on the findings from National Family Health Survey (NFHS) - 4 that Indore has done well in many parameters, specifically in improved drinking water source, sanitation, and institutional births. However, there remain many areas of concern in the various aspects of the health of the population and health services provision. By coordinating inputs from the sectors that impact health, Indore has the potential to develop a model for a ‘Healthy City.’

The preliminary consultation held on Dec 2019 in Academic institute, Indore, attended by the Department of Health representations, NGOs and the Private sector identified the following 5 areas for action in order to achieve “Health for All”:

* + 1. Healthy water (quantity, quality)
    2. Healthy food (nutrition, quality of processing/cooking, healthy ingredients)
    3. Healthy sanitation (toilets, solid and liquid waste management)
    4. Healthy environment (air, soil, public spaces, law, environment)
    5. Healthy individual & family (health services, safety)

It is evident from the literature review and the white paper that was created in the year 2020, that the Healthy City endeavor is not for the faint hearted. From the experience of the Healthy City movements in other parts of the globe, phasing out of various efforts enables one to embark on the journey towards achieving the Healthy City vision.

# **Scope of work**

**Goal**: To transform Indore into a Healthy City, that may serve as a model for other Indian cities

A 24-month period of Technical Support to the M.P. Department of Health and Department of Health in Indore City is planned. The broad objectives are as follows:

* 1. Design a Roadmap i.e. an Action Plan for Indore City to become a Healthy and Smart City Prepare a roadmap to transform Indore city into a Healthy City, in partnership with government agencies and develop an implementation plan to:
* Ensure better health status of the city population and minimize health inequities
* Enable multi-stakeholder intersectoral collaborations across sectors that impact health
* Establish or strengthen an existing collaborative platform of local stakeholders to take ownership of their city and citizens’ health, manage health challenges associated with and arising due to urban development and commit to the Health in All Policies (HiAP) approach
  1. Create ownership and leadership for the Action Plan

Provide technical assistance to the government to support the implementation of the plan thus developed, over a 2-year period on the different aspects of Healthy City. This proposal will elaborate on the Plans for the first year.

* 1. Consolidate the action plan and identify strategic partnerships

For each of the areas identified for action (water, food, sanitation, environment, individual and family health), specific partnerships at the city level will be required including that of donors, private sector and citizens participation to ensure that subsequent implementation is possible.

Towards each of these **objectives, there are different activities,** which are interlinked and contribute to each other. These are detailed in the work plan but are summarized here for each objective.

**Project objectives**

**Objective 1: Design the Roadmap**

* + 1. **Interviews with key stakeholders:** Based on discussions so far, stakeholders who need to be engaged for the different aspects (water, food, sanitation, environment, individual & family) have been identified. Individual interaction (using a semi-structured questionnaire) will be conducted to learn about relevant current and past activities so that there is a common knowledge repository of resources and best practices across Indore. Invitees for consultations and representation on Governance Mechanisms can also be identified during these interviews. Awareness and consensus will be built around the Healthy City concept and Framework amongst local stakeholders including government agencies.
    2. **Thematic Consultations in Indore:** Thematic Consultations within each of the aspects (water, food, sanitation, environment, individual & family) will be required to build will, identify partnerships, define goals that align with other initiatives at the City level, and outline initiatives for piloting or for scale-up. The first series of Consultations will bring people together and prepare the ground for joint action. A subsequent round of consultations may also be convened, in smaller groups, to refine and strengthen plans that are developed. These consultations will also identify topics for research and documentation that will be taken up. Consultative workshop with local stakeholders and knowledge partners in Indore to present and review the Framework for Healthy Cities in India specifically to ascertain operational feasibility.
    3. **Identify potential partnerships:** Based on the interactions with stakeholders, technical experts and thematic consultations, specific organizations will be identified who can work together to pilot or scale up initiatives. These partners will develop specific plans that will be useful for putting a roadmap for Indore as well as for costing the plan.

We expect to collaborate with the Principal Scientific Advisor’s Office, Govt Of India, with whom we have had preliminary conversations. They are setting up a digital platform "Science & Innovation @ Bharat" which has been conceived as a single go-to platform to enable collaboration between academia/startups and the Industry/Philanthropic sector. We expect better visibility of this initiative as well as get a seat in the advisory board and governing council.

* + 1. **Primary and secondary data collection:** The current status of health in Indore will need to be documented which will involve collation of existing data and potential collection of new data. This will be undertaken under the guidance of a faculty from academia and in this process new areas for research and documentation will be identified. This effort is also to have a baseline developed for the city so that once various activities are initiated, it is possible to measure the change.

**Objective 2: Create ownership and leadership for the Action Plan**

1. **Terms of Reference developed:** A document outlining the expectations of the Governance Mechanism will be developed and circulated to the Indore Task Force.
2. **Identifying and convening the first meeting of the Governance Mechanism:** In discussion with the Indore and Madhya Pradesh Health Department, suitable individuals for the Governance Mechanism will be identified. These individuals will be contacted and briefed and the first meeting convened. A team of people from across the different aspects, as well as the different types of organisations (govt, private, civil society, etc), will form a Governing Mechanism which will advise and anchor the development of the Roadmap
3. **Regular meeting of the Governance Mechanism and inputs to the Roadmap development:** A frequency for the meetings of this Governance Mechanism will be defined during the first meeting. Subsequent meetings will take stock of the roadmap development and also identify “low-hanging fruits” i.e. items that can be actioned in Indore will have no or little effort. These meetings will be supported by the project team. Moreover**,** technical assistance to set up a City Health Task Force, a multi-stakeholder inter-sectoral unit, for inputs on the road map for developing Indore Healthy City.

**Objective 3: Consolidation of the Action Plan and identification of strategic partnerships**

1. **Identifying key partners**: create opportunities for strengthening the action plan and identifying partners for each pillar, medium and long term plan
2. **An alignment approach:** to healthy city, developing, partnerships and engaging in multi- stakeholder participation and shared learning mechanisms

**Objective 4: Baseline study**

A baseline assessment will be conducted to establish a city health profile based on specified parameters (health, health services, socio-economic indicators, environment - both physical and living). In the first part of the project, “current” status of the city of Indore on each of the five pillars of a healthy city. The proposed approach is as follows:

1. During consultative workshops and thematic consultations, performance indicators for each of five pillars of a healthy city that are contextually relevant, objective, measurable, and operationally feasible will be identified. The choice of the performance measures would correspond to short-term and long-run target and mission objectives.
2. We ensure the adopted performance indicators for each of the pillars are coherent and consistent across the pillars. Targets for each of the chosen performance indicators will be set, which will be adopted for designing the implementation process. These targets will be phased out over the coming years for implementation and monitoring purposes.
3. In collaboration with respective stakeholders from government institutions and relevant non-governmental organizations, the existing processes will be critically examined. This will play an important role in achieving the targeted performance indicators in due course of the project implementation. Herein, we will also (re)design suitable implementation processes that will be adopted going forward during the implementation phase. Wherever applicable and feasible, secondary data will be collated from respective government institutions to strengthen our proposed implementation plan.

**Deliverables:**

* Deliverable 1: Governance Mechanism, series of consultations with key stakeholders to agree on priority areas and plan; bringing in expertise across the 5 pillars
* Deliverable 2: Reconvene upon the vision, medium and long term actions and creating a baseline
* Deliverable 3: will be defined based on achievements of year 1.

# Research team

**Role Matrix**

|  |  |
| --- | --- |
| **Organization** | **Role of the partner** |
| Swasti | As a Technical partner, Swasti is responsible for implementing the plans as made by the consortium, documenting the implementation process as well as the outputs. This would include facilitating the round of discussions to help Academic institute Indore do the analysis, and then working with the IMC in implementing the selected packages.  Will also be the administrator for this project and will manage the documents, the permissions, the data and the finances. |
|  | Is responsible for the diagnosis of health status of Indore city by reviewing the data, reports, interviewing stakeholders and if required collecting primary data. Is also responsible for monitoring the implementation, analysing the data and coming up with required changes to strengthen the intervention. |
| HSTP | Is responsible for working with Academic institute Indore in ensuring that the analysis is robust and meets national and international standards of research. Will finance the technical and implementation support provided by Academic institute Indore and SWASTI respectively.  Is responsible also for disseminating the findings of the study to a larger audience at the state – national – international level. |
| Indore Municipal Corporation | Will provide the necessary information and data, will review the reform packages and select one or two that is feasible and relevant. Will also implement the selected reforms by requesting their staff to do the needful and will also fund the reform package |
| Dept of HFW | Will provide the necessary information and data, will review the reform packages and select one or two that is feasible and relevant. Will also implement the selected reforms by requesting their staff to do the needful and will also fund the reform package |

**List of activities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activities** | **Levels** | | | |
|  | **National** | **State** | **District/city** | **Lead Organisation** |
| Design and roadmap | N. A. | Swasti, in consultation with DoH & FW, HSTP &  Academic institute | Swasti, in consultation with DoH & FW, HSTP &  Academic institute | Swasti |
| Research & Knowledge Management | HSTP | HSTP & Swasti in consultation with DoH &FW | Swasti, in consultation with DoH & FW | Swasti |
| Implementation of the initiative | N. A. | N. A. | Swasti in consultation with DoH & FW and | Swasti &  DOH&FW |
|  |  |  | other partners identified |  |
| Governance | N. A. | HSTP, involving DoH & FW,  Swasti, | Swasti, involving DoH & FW, HSTP | Indore City mechanism identified supported by HSTP |
| Fundraising | N. A. | DoH &FW | Indore City mechanism | DoH & FW supported by HSTP |
| Review, monitoring & support | N. A. | HSTP, involving DoH & FW,  Swasti, | Swasti involving Indore City mechanism | Swasti |

**Grant Value**

The total budget approved is INR 1,50,00,000 (Rupees One Crore Fifty Lakh Only) inclusive of all applicable taxes and this will be reimbursing against expenses incurred as per the timelines mentioned in the milestone schedule.

**Bank Account Details**

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| --- | --- |
| Name of the Beneficiary | Swasti |
| Bank Name | State Bank of India |
| Bank Address | FCRA Cell, 4th Floor , State Bank of India, New Delhi Main Branch Sansad March 110001 |
| Account Number | 40070303436 |
| IFSC Code | SBIN0000691 |
| Swift Code | SBININBB104 |

**Payment Terms**

This is a cost reimbursable grant. An initial advance will be made to initiate the activities and subsequent tranches will be paid against the milestones mentioned below along with audited utilization report. Please refer to the Format for Utilization Certificate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grant Instalment no.** | **Milestone** | **Percentage of grant amount disbursed** | **Payment Due** | **Amount in INR** |
| 1 | Signing of contract | 40% | December 2021 | 60,00,000 |
| 2 | Mid-term evaluation of the project progress with the following deliverables:  ·       Baseline Study synopsis  ·       Stakeholder Consultation Reports (5 Reports)  ·       ToR for Indore Health City Governance Mechanism (agreed by the stakeholders) | 30% | April 2022 | 45,00,000 |
| 3 | ·       Baseline Study Report  ·       Disseminated Consultation Reports  ·       Minutes of the meeting of Governance team (last 3 months) | 30% | October 2022 | 45,00,000 |
| **Total** | | | | **1,50,00,000** |