Govt. of Madhya Pradesh

Bhopal Healthy City Program

Proceedings of 1st City Level Meeting

December 2022

Swasti
THE HEALTH CATALYST

HSTP
Health Systems
Transformation Platform

1. Background

Healthy cities initiative places health high on the political and social agenda of cities by promoting health, equity and sustainable development through innovation and multi-sectoral change. Urbanization is increasing rapidly causing an increased proportion of urban poor with health indicators less than rural India. The Bhopal Healthy City Program (BHCP) strives to work towards the following five pillars; water, sanitation, environment, food and health. The journey of the healthy city program starts with designing a healthy city plan followed by implementation including monitoring of mechanisms. Post which, a midline assessment to be conducted along with the use of evidence to initiate policy change with a whole government approach. Lastly, to work on an endline evaluation, communication and creating a learning network. Bhopal healthy city program would begin with all stakeholders agreeing and creation of a Taskforce that convenes and guides all work. Finally, development of a baseline for the city and monitoring and evaluation mechanism.

Since the program focuses on convergence of multiple departments and stakeholders at a city level, the District Collector's office was considered to be the most suitable place to kick-start the program and engage with city/district level officials, public and private institutions, NGOs, research organizations and industry.

The 1st city level meeting was conducted at the Collectorate of Bhopal on Thursday the 8th of December, 2022 at 11.00am. The meeting lasted for about 1.5 hours with the presence of participants from various line departments related to the key pillars mentioned above, and also included public and private sectors, NGOs and institutions. The agenda of the meeting and the details of the participants are presented in Annexure 1 and 2 respectively.

2. Proceedings of the meeting

2.1 Opening address

The opening address by the Addl. District Magistrate (ADM) started with the elaboration of challenges associated with increased urbanization. ADM stated that the urban population is set to increase by approximately 84% from 2011 to 2030. This means the proportion of urban poor and vulnerable communities is also set to increase, impacting the health of the population. ADM went on to say that we all have seen unprecedented times, and we realize the importance of preventive care. Improving the health of the people needs multi-sectoral and coordinated effort. Bhopal being one of the cleanest and smart cities, has now the opportunity to

become the first healthy city in India. This model in the long run can be displayed as an example for other Indian cities. Moreover, we can also become a part of the WHO healthy cities network and gain from their knowledge and resource sharing at an international level. ADM concluded by requesting all the participants to be a part of the program; provide support and guidance wherever needed.

Picture 1: ADM's Opening Address at the Roundtable

2.2 Presentation on Bhopal Healthy City Framework

The healthy city concept is firmly rooted in an understanding of the historical importance of local governments in establishing the conditions of health and a firm belief that they can play a leading role in health promotion.

The Healthy Cities initiative was conceived with the goal of placing health high on the social and political agenda of cities by promoting health, equity, and sustainable development through innovation and multisectoral change (Tsouros AD, 2015). Its creation was based on recognition of the importance of action at the local, urban level and of the key role of local governments. It thrives at the cutting edge of public health, and this is one of the factors that contributed to its success. Healthy Cities is a strategic vehicle for health development and well-being in urban settings, and actions taken at the city level have a crosscutting relevance to the majority of technical areas of WHO's work.

The Healthy Cities concept emerged in the 1980s on the basis of a new public health movement, the Ottawa Charter, 1986 and the WHO's "Health for All" (HFA) strategy launched in 1978 at Alma Ata. The principles of HFA and the strategic guidance of the Ottawa Charter provide the framework for the WHO Healthy Cities initiatives. The Canadian Healthy Cities project (now called the Healthy Communities) and the WHO European Healthy Cities Project initiated in 1986 were the forerunners of this concept. These pioneering projects were built on the pillars of primary health care and health promotion, which included challenging communities to develop projects that reduce inequalities in health status and access to services, and to develop healthy public policies at the local level through a multisectoral approach and increased community participation in health decision making.

The relevance of healthy cities in India is explained by the rapid urbanization, which is causing an increasing proportion of urban poor with health indicators less than rural India. WHO evaluation of Healthy Cities conducted in 2002 for South-East Asia presented the following factors for a successful Healthy City -

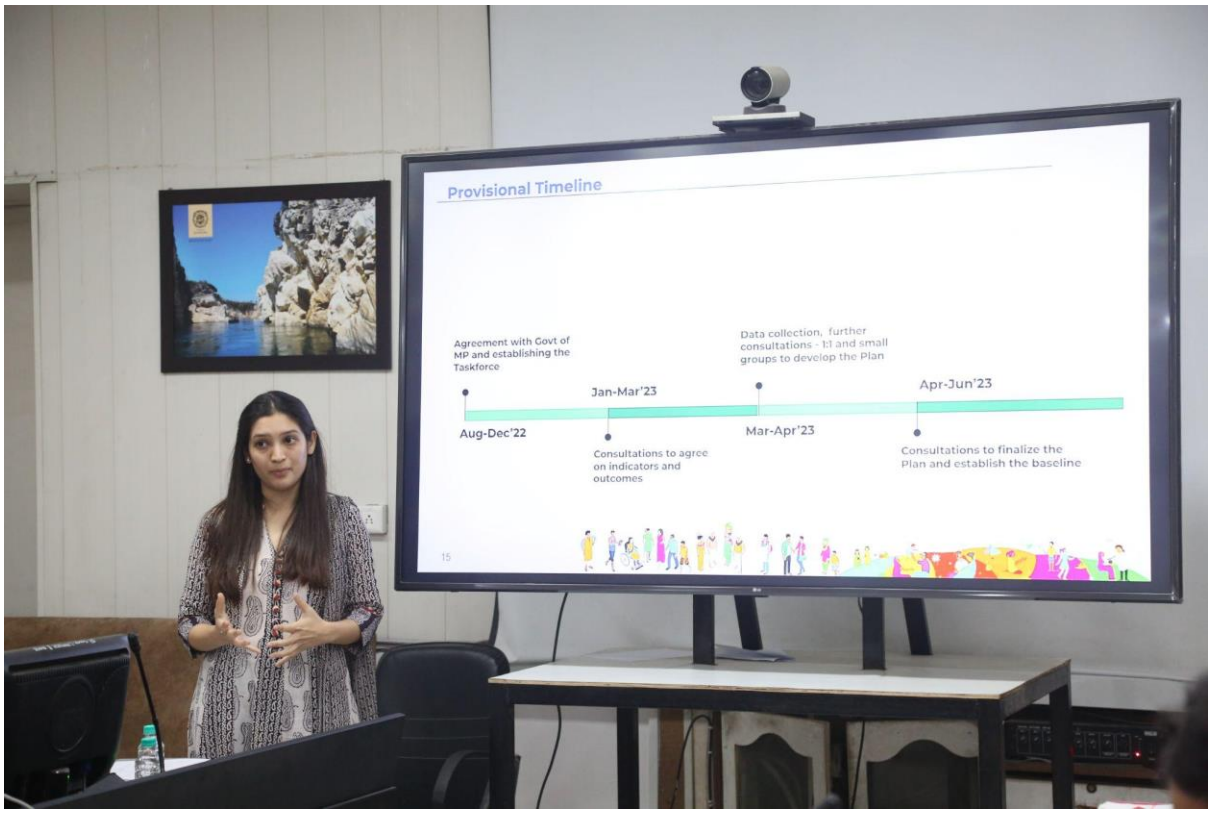
- Exposure and commitment of decision makers particularly local politicians
- Clarity of vision and mission, with strong planning and management team
- Sense of ownership of policies
- A high degree of stakeholder involvement and institutionalization of healthy cities program policies

Bhopal's healthy city plan aims to start with all stakeholders agreeing upon and working towards a collective vision for the five pillars namely, water, sanitation, environment, food and health. Development of a coordination mechanism, where the Bhopal Healthy City taskforce convenes and guides all work alongside thematic expert consultations. And finally, establishment of a monitoring and evaluation process that includes the baseline for the city and presentation of any progress reflected across these indicators. The image below displays the guiding principles and overall framework and the five pillars.

Picture 2: Guiding Principles and Overall Framework

Picture 3: The Five Pillars

Picture 4: BHCP Presentation being conducted by Swasti BHCP Program Manager



2.3 City-level Task Force for BHCP

The BHCP Task Force under the chairmanship of the Bhopal Collector is the most significant body of the program that would convene, agree on the scope of work, participate and decide next steps. The taskforce at Bhopal includes stakeholders from different Government Departments, besides Health; representatives from academic institutions; Non-Government Organizations; agencies and bodies that can contribute effectively in strengthening the healthy city model. The private sector plays a major role in a commercially developed city like Bhopal and they have a big part to play in contributing to the health of Bhopal.

An initial brainstorming with stakeholders identified key aspects of health that require multi-stakeholder collaboration:

a. Healthy water (quantity, quality)
b. Healthy food (source, processing/cooking, storage, nutrition)
c. Healthy sanitation (toilets, sewage treatment, recycle, reuse, safe disposal)
d. Healthy environment (air, soil, public spaces, environmental law)
e. Healthy individual & family (health services, living conditions, safety)

The Task Force will oversee the development of a plan that will enable progress on each of the above 5 areas. Once the plan is developed, the implementation and monitoring of the plan will be the role of the Task Force. The following are the roles and responsibilities -

1. VISIONING

Contribute to the vision of Healthy Bhopal: A collective vision and ownership of all stakeholders is necessary and the vision for Healthy Bhopal's plan has to be co-developed with all the sectors that impact health.

2. POLICY

Identify where policy formulation or modification is required to achieve the goal of a Healthy City. Redesign and guide the transfer of ownership and implementation of policies to relevant stakeholders.

3. PLANNING

Provide support for need assessment in the city or map information gaps. Support in analyzing the resources, capacities and key stakeholders in the city. Develop a Healthy City strategic plan that will guide subsequent action plans; delineating the vision, mission, guiding principles, priority areas, long-term (10 years) and short-term (3 years) goals and targets.

4. GOVERNANCE

Provide strategic and operational leadership to the Healthy City initiative. Provide clear guidance and make decisions in accordance with the Healthy City mandate and strategic objectives.

Establish a monitoring mechanism to track progress, and where necessary, make recommendations and provide support to achieve targets.

5. COORDINATION AND CONVERGENCE

Most of the programs are designed to work together, but there is limited understanding of the roles each department can play and the nature of coordination which is needed at the various administrative levels. Develop mechanisms and platforms for convergence of sectoral programs important to scale up essential urban health activities.

6. FINANCING: MOBILIZE RESOURCES (PUBLIC, PRIVATE, INTERNATIONAL)

Identify relevant forums, entry points, alliances and partnerships at the local, regional, national and international levels to mobilize additional resources that can fund activities.

Picture 5: BHCP Consultant explaining Roles & Responsibilities of the Task Force

2.4 Open session on current scenario and key challenges

This session was a moderated discussion, using prompt questions, for understanding the current scenario, at large, and key challenges across each of the focus sectors viz Individual Family Health, Food & Nutrition, Environment, Water and Sanitation. Prompt questions across each of the key sectors shall be presented to the participants to respond to. The responses from the Govt. Department representatives were sought first, followed by CSOs, Private sector and Institutions/Research Organizations

The session was administered by using pre-prepared key questions (annexed) for each pillar. The stakeholders engaged in an in-depth discussion of each question posed to them. The moderator helped to continue the discussion in line with prominent issues in each pillar.

Individual Family Health

What are the prominent diseases (top 5) in the city that burden the healthcare system (Public & Private) across Primary, Secondary & tertiary care? Incl. Mental health issues. And what are the key reasons (top 5) for mortality in the city? Especially among children and women?

Participants discussed the disease burden in the city and identified the following prominent issues -

- Bhopal is leading in oral cancer
- Anemia is highest among women and children in Bhopal NCDs - hypertension and diabetes
- mental health issues
- Trauma (Accidents that lead to Trauma and Mental health issues)
- Obesity
- Mental health issues like anxiety and depression

Participants engaged in mapping out reasons for mortality and came to this consensus that urban factors play a major role in the prevalence of these diseases especially NCDs. Bhopal is leading in oral cancer, which can be attributed to tobacco consumption and substance abuse. There are also mental health issues like trauma, depression and mental health disorders due to the pandemic. Anemia is one of the top reasons for mortality in women and children in Bhopal and has increased as observed in NFHS-5 (2019-20). The healthcare delivery system is burdened and needs continuous improvement.

Key challenges in penetration of health insurance among citizens, esp. urban poor, to reduce sudden OPE on healthcare.

Clinicians from AIIMS and GMC highlighted that the number of government hospitals are too many in Bhopal. There is also a parallel system of healthcare running in Bhopal in terms of the Bhopal Gas Tragedy and Rehabilitation Center, that offers many services free of cost. The residents of Bhopal have a tendency to not spend on health care as they are used to availing free medical services. This is also one of the reasons why big corporate hospitals do not want to enter Bhopal's health care market. In terms of coverage of health insurance, the number of people who are insured in Bhopal are scarce resulting in increased out of pocket expenditure on health services.

Food & Nutrition

What are the key reasons for undernutrition in the city? Especially among children and women? Any challenges in meeting food security, esp. For urban poor?

There was an insightful discussion among the participants from the government departments and NGOs on this pillar. Severe malnutrition is not present in Bhopal, there is prevalence of moderate malnutrition (wasting and underweight). Severe malnutrition has to be treated through medical intervention however, moderate can be treated by introducing behavioral change. One of the participants highlighted that we are not facing lack of food, but lack of appropriate food habits. Feeding and consumption practices majorly influence health for instance, high prevalence of anemia, vitamin D, nutritional deficiency etc. can be observed in the population.

"Parents, especially the mothers, are unaware of what a healthy diet is, she does not understand green leafy vegetables/ sprouts. The concept of a healthy diet is missing. This concept needs to be first made clear to the local workers, ASHA and Anganwadi workers"

- Medical Officer, UPHC, Bhopal

Among children, food availability is not a problem, it is the frequency of food that is questionable. How many times a child is fed is very significant. For example, increasing the frequency of food supplied as a part of the mid-day meal scheme. Respected Collector stepped into the room during this discussion and asked everyone -

"What is it that we need to do to address moderate malnutrition?"

"Healthy food is not always tasty food as it not rich on salt, sugar and fat, which the taste buds like"

- Collector, Bhopal

He continued answering the question that food habits need to be improved, awareness campaigns need to be run. Moreover, he also emphasized on the fact that the class that has prevalence of malnutrition does not have exposure and monetary comfort for healthy food. Feeding habits need a modification.

The medical officer insisted on organizing mass awareness campaigns at regular intervals that educate families especially females and mothers about the components of a blanched diet and its benefits. High mortality rates due to

malnutrition can be also attributed to the tracking/reporting system of severely malnourished children who upon treatment fall into the moderate category, but continue to be counted as a part of the severe category. Quantity of food is not the problem; it is the quality of food that is available to this community that needs to be questioned. We can say that there is no problem of severe malnutrition, but that does not reflect on our maternal and neonatal mortality for which nutrition is a very important factor. The services for maternal and neonatal care have improved but nutrition still remains a problem pillar in this area.

The Dharavi model was discussed, where families go out and work for financial security, and the children are left alone in the neighborhood. They indulge in Rs. 5 packets of biscuits or chips. Parallelly, in Bhopal, poha and samosa are available readily in the neighborhoods. The issue boils down to decreasing access to junk food. Globally, junk food has been recognized as an important determinant of good health just like tobacco. Introducing healthier food options that are affordable is the need of the hour. Access issues, for instance, within 500m of educational institutes tobacco is banned. Same should be done in terms of accessibility of junk food within school limits. The issue at hand is not limited by any socio-economic status, in fact the objective is to make access difficult, like decreasing access to chips that are readily available in the market.

Regulation in nutrition is increasingly used worldwide, with respect to labeling of high salt, fat and sugar food items to reduce the risk of NCDs like diabetes and hypertension. Kerala has some good models by self-help groups, who make nutritious food available at the local level. Sanitation and hygiene impact food absorption as seen with the number of gastroenteritis cases that come up in hospitals. Something as basic as

"In Rs. 10 you will not get sprouts outside, but if you sprout it at home, you can match the price. As a concluding statement, the problem comes down to generating awareness in people for making the right food choices."

- Collector, Bhopal

hand washing technique is an important factor in determining the amount of nourishment that a body gets.

It is not important that expensive food is nutritious food; healthy food that is reasonable is also available. Undoubtedly, healthy food will not taste as good as high carb and high sugar food. Healthy food is assumed to be available at home, or outside eateries; have a market (sales). Inculcating good eating practice at home is both good for the economy and perishability is not an issue.

"Currently, there are 6 old and 10 new sewage treatment plants operational, which is treating almost 60–70% of sewage, with about a 40% lapse. With the Amrit yojana 2 schemes, the 40% gap is also likely to be filled. Nagar Nigam will play a significant role in this."

- Executive Engineer, Pollution Control Board

Water and Sanitation

These pillars were not discussed at length as most of the components associated with it were either already covered above or would get coverage in the environment pillar section. Moreover, Bhopal at large does not have problems with supply of water, it is the quality of water reaching households that can be explored; supply of potable water is being ensured in the city.

Environment

Key reasons for air, water and topsoil (top 3) in the city? Any pollution mitigation measures undertaken by the industries?

The executive engineer from Pollution Control Board stated that the Air monitoring (online) systems are functional in various parts of the city regularly monitoring air quality. National air quality monitoring system is in place. Bhopal used to come in polluted cities, whose PM 10 was over the limit for which this program was launched and funded by GoI. However, with continuous efforts from the implementing agencies and awareness in public, road traffic pollution, and burning of solid waste is being

kept in check. This has resulted in AQI improving from poor to moderate level. During poor AQI, instant measures were taken to mitigate it.

In the last 2-3 years, good work has been done in controlling water pollution. Advanced STP technology is being used in sewage treatment plants. Solid waste management is being done at the source, meaning home to home collection and segregation is being done. Anandpur Chhavni processing plant has a good capacity of composing and segregating solid waste. Cleanliness is being ensured in the city with sanitation practices and proper sewage collection procedures.

What are the top causes that compromise road safety in the city?

The conversation started with ASP traffic's experience of dealing with road traffic. He said,

"Imposing regulation is not the only solution. It hugely depends on what is benefitting an individual for instance, during COVID first wave people were being fined for not wearing masks. On the other hand, during the second wave people themselves wore masks due to the increased number of deaths around them."

ASP continued stressing on the fact that public psychology plays a major role here - self-discipline and individual awareness is the key. Enforcement definitely improves the situation for a short period of time, however to make it a routine habit, an individual needs discipline. Same applies to washing hands, mask usage, and use of sanitation practices in routine life. Loss of enforcement leads to old habits emerging again, thus if enforcement is to be used then it should be kept as checkpoints at multiple levels.

"Basically, the problem is that the locations being chosen in the business model are conflicting with traffic resulting in hampered road safety and convenience."

- ASP, Traffic

"Eventually everything boils down to civic sense, sense of responsibility and self-discipline.'

- ASP, Traffic

“Consequently, from our discussion on the environment, we conclude that greenery and dust are two aspects that need attention.”

- Collector, Bhopal

Traffic is again a very complex issue. The number of cars is only going to increase with raised socio-economic status so restriction is not economically feasible. Fashion statements in driving, road rages due to hurry, and accidents happen due to carelessness most commonly drunk driving, this is an ever-increasing issue. In fact, many addictive drugs are yet to enter the market, substance abuse will become a major problem eventually.
Speed control measures are being implemented however, introducing bikes of high level while talking of speed at low levels is ironic. Schools do not have their own parking, students are dropped on roads, and for economic feasibility children are pushed to travel in overburdened vans risking their safety. At the zebra crossing around a school, an enforcement and monitoring officer is essential at all times however, it is not practically possible to have a person posted at every school and hospital's crossing as the number of these setups is in thousands. Traffic is already there around schools and hospitals; it cannot be stopped because of its existence.

Short term measures like rumbles and speed meters can be incorporated, but that does not get us out of the vicious cycle. Planning needs to be re-evaluated. For example, the Collector said that the Building Commission approvals are required for school construction where they check school premises, entry gate, exit gate, area etc. however later this area is utilized for other purposes and children being dropped off outside the school, which brings into question their safety. This highlights an enforcement issue.

Air quality of Bhopal presents moderate AQI. One of the reasons for it is the presence of particulate matter; dust. This has been an ongoing problem for a long time now. It was suggested in the meeting that one of the measures to mitigate it includes the use of wet mop by Nagar Nigam at regular intervals. The wet mop machines will

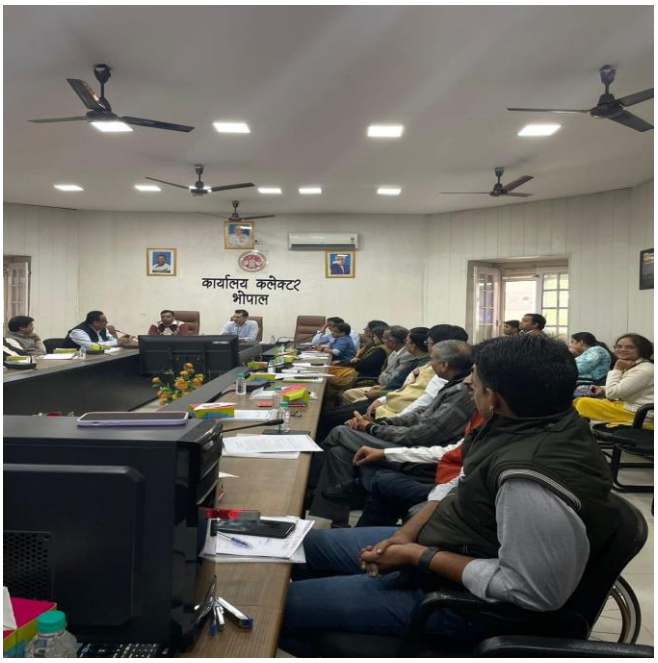
help in reducing the dust. As stated by BMC Additional Commissioner, currently there are 4 big machines operational in the city for wet mop. Small ones have been ordered. However, they also highlighted some challenges in doing so. There are certain parts of old Bhopal that are occupied all the time and it is difficult to find a time to even wet mop it once, doing it twice or thrice every day is next to impossible. Yet, there are ways being explored to rightly put this into action. One of the other measures suggested was to make end to end walls enclosing kuchha areas so that the dust stays within the raised height. Having said that, in planning, implementing and monitoring there are constraints of budget and resources that cannot be overlooked.

Challenges w.r.t. Accessing public open spaces for better physical and mental health?

A draft of the Integrated Multimodal Transit Corridor is under review. This plan considers street cross sections as its unit of study. Pedestrian, cycle and truck spaces, with trees on either side of the roads, motor vehicle corridor, provision for metros and factors that enhance walkability forms the core of this project. The objective is to make public spaces accessible for better physical and mental health.

There are about 4-5 registered de-addiction centers across the city namely Chirayu (private) and NGO based. The matter in question is that not all people are registered and need formal intervention. There is no proper record keeping since many are not seriously addicted, but in need of more like OPD counseling. Referral system gains importance here especially for people who are in need of counseling. Family psychology is important; explaining the family about the causes, effects and way forward when dealing with people with serious addiction issues. Counselors need to be arranged and be easily available at health centers for consultation.

Picture 6: Open Discussion



2.5 Concluding notes by the District Collector, Bhopal

The District Collector had insightful thoughts during our open discussion. DC's main focus was on finding derivatives and solutions rather than focusing too much on problems. He asked for feedback from stakeholders regarding tackling moderate malnutrition. He appreciated the notion of keeping mass nutrition campaigns at regular intervals and emphasized on changing the consumption behavior of people by opting for healthy food options. The issue of junk food accessibility to children was also widely discussed. Water and sanitation were not discussed at length as it was already covered. He stated that the supply of potable water is ensured at large in Bhopal city. The DC was very interested in the environment and road safety. The two derivatives that came out of the discussion were greenery and dust. He insisted on increasing the green cover and curbing dust. Decreasing the level of dust would also impact the AQI of Bhopal. They suggested the use of wet mop and building raised platforms in kuchha areas to curb dust. The DC tackled the questions one by one and encouraged the participants to participate.

Picture 7: Vote of Thanks by the District Collector

3 Way Forward

The DC requested the stakeholders to support the BHCP and coordinate with the Swasti team. He thanked everyone for their presence and concluded the 1st city level meeting of the BHCP. The DC asked the Swasti team to prepare a report post which both immediate actions and actions that need to be taken in the long run can be identified.

Annexure 1: Agenda

NHM, Govt. of MP

District Administration, Bhopal

Bhopal Healthy City Program

1st City-level Meeting

Date: 8th December, 11:00 am

Venue: District Collector's Office, Meeting Hall, 1st Floor, A Block, Sultania Road, Kohefiza, Old Secretariat, Bhopal

Agenda

Time	Session details	Speaker/Presenter
11:15 to 11:25 hrs	Opening Address	Additional District Magistrate, Bhopal
11:25 to 11:50 hrs	Presentation: What is a healthy city?	Riddhi Jain (Swasti)
11:50 to 12:00 hrs	Presentation: Roles & Responsibilities of City Taskforce	Shweta Richa (Swasti)
12:00 to 12:40 hrs	Open Discussion: Understanding current scenario and key challenges across focus sectors	Participants Moderator: Swasti team
12:40 to 12:45 hrs	Vote of Thanks	Collector, Bhopal

Organizer:

Knowledge & Funding Partner:

Please scan the above QR code to access all the documents related to the meeting and the program

Annexure 2: Details of the Participants

Sl. No	Department/Organization	Designation	Name	Contact No. (WhatsApp)
1.	Bhopal Municipal Corporation	Additional Commissioner	Shri. M.P Singh	9424499503
2.	EPCO	CE	Shri. Anoop Shrivastava	9826089459
3.	EPCO	SE	Shri. JP Namdev	9827361343
4.	Home (Traffic)	ASP Traffic	Dr. Hans Raj Singh	9717827329
5.	Gandhi Medical College	Medical Superintendent	Dr. Ashish Gohiya	9425303783
6.	AIIMS, Bhopal	Dy. Medical Superintendent	Dr. Mayank Dixit	9582559721
7.	Public Health & Family Welfare	Disease Surveillance Officer	Dr. Raikawar	7999926269
8.	Public Health & Family Welfare	Medical Officer, UPHC, Bhopal	Dr. Nandini Raj Mishra	9589353001
9.	Women & Child Development	District Program Officer	Shri. Sunil Solanki	9425047133
10.	Indian Systems of Medicine & Homeopathy (Ayush)	District Level Officer	Dr. Antim Malviya	9827392100

Sl. No	Department/Organization	Designation	Name	Contact No. (WhatsApp)
11.	Food, Civil Supplies & Consumer Protection	District Level Officer	Smt. Meena Malakar	9425333232
12.	Public Health Engineering Department	Executive Engineer	Shri. S.K Malviya	9425371231
13.	Pollution Control Board	Executive Engineer	Shri. A.K Bisen	9827279273
14.	Directorate of Town & Country Planning	Deputy Director	Shri. Sunil Nath	7509011841
15.	Directorate of Town & Country Planning	Assistant Director	Shri. Hariom Maheshwari	9002883305
16.	Social Justice Department	District Level Officer	Shri. R.K Singh	9425459152
17.	Agriculture	DC	Shri. Vishal Singh Dangi	9926381898
18.	Labour Department	Assistant Labour Commissioner	Smt. Jasemin Ali Sitana	9425679857
19.	Private hospital - Bansal	Medical Superintendent	Dr. Brajendra Mishra	9425004724
20.	SHRC	Principal Advisor	Smt. Preeti Upadhyay	9891764433
21.	Sangath	Principal Investigator	Dr. Anant Bhan	7747012060

Sl. No	Department/Organization	Designation	Name	Contact No. (WhatsApp)
22.	WISH	Senior Specialist, Urban Health	Dr. Savita Sharma	9425019880
23.	Pragya Social	Secretary	Mohit Khare	9981997216
24.	Pragya Social	Treasurer	Tasvinder Singh	8319485758
25.	Vikas Samvad	Program Coordinator	Arti Parashar (O/O Director)	8319024776
26.	DC Office	PRO	Arun Rathore	9407255155
27.	DC Office	Reader to ADMHQ-2	Lakhan Mourya	9827207126
28.	DC Office	Clerk	Santosh Mahaske	9826090887
29.	Swasti	Program Manager	Riddhi Jain	9926602832
30.	Swasti	Consultant	Shweta Richa	7033375905
31.	HSTP	Program Officer	Kumarvel Ilangovan	7708820034

Annex 3: Prompt questions developed for the Open Discussion

Questions	Proposed respondents
Health	
What are the prominent diseases (top 5) in the city that burden the healthcare system (Public & Private) across Primary, Secondary & tertiary care? Incl. Mental health issues. What are the key reasons (top 5) for mortality in the city? Especially among children and women? Key challenges in penetration of health insurance among citizens, esp. urban poor, to reduce sudden OPE on healthcare.	Govt. Depts.: - NHM, Health, WCD, Ayush, Labor (ESI), Social Justice (disabled) Private: - Bansal & Chirayu Hospitals CSOs: - WISH, Sangath, Pragya Social, Institutions: - AIIMS, GMC, SHSRC
Food & Nutrition	
What are the key reasons for undernutrition in the city? Especially among children and women? What are the key sources of staple grains to the city? Any challenges in meeting food security, esp. For urban poor? Prevalence of adulteration in food items in the city? (Top 5 foods, packaged and prepared)	Govt. Depts.: - WCD, Food Civil Supplies, Agriculture Private: - Bansal & Chirayu Hospitals CSOs: - WISH, Vikas Samvad Institutions: - AIIMS, GMC, SHSRC
Water	
What are the key challenges, if any, related to coverage/access and quality of drinking water supply to households in the city? (Top 3) Any issues/concerns with respect to water security of the city? (Resource reserve)	Govt. Depts.:- BMC, PHED, Smart City CSOs:- Pragya Social Institutions:- AIGGPA (Urban Gov. & NRM)

Questions	Proposed respondents
Sanitation	
Key challenges w.r.t. Solid waste management in the city (across the value chain)? Key challenges w.r.t. Liquid waste management in the city (across the value chain)?	Govt. Depts.:- BMC, PHED, Smart City CSOs:- Pragya Social Institutions:- AIGGPA (Urban Gov.)
Environment	
Key reasons for air, water and topsoil (top 3) in the city? Any pollution mitigation measures undertaken by the industries? What are the top causes that compromise road safety in the city? Challenges w.r.t. Accessing public open spaces for better physical and mental health?	Govt. Depts.:- SPCB, DTCP, Traffic Institutions:- EPCO Industries: - BHEL, GIA

Annex 4: Media coverage (Print and Social)

Patrika

हेल्दी सिटी प्रोजेक्ट | प्रोजेक्ट सफल हुआ तो पूरे देश में होगा लागू

भोपाल को अब स्मार्ट के साथ सबसे स्वस्थ बनाने की कवायद शुरू

पत्रिका अच्छी खबर

पत्रिका न्यूज़ नेटवर्क
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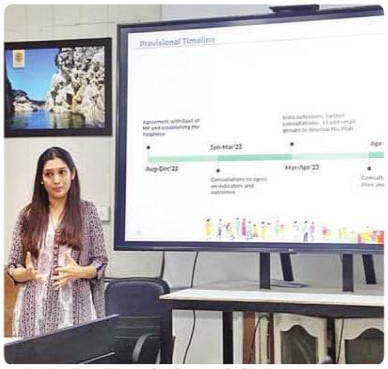
भोपाल. विश्व स्वास्थ्य संगठन के कॉन्सेप्ट पर अब भोपाल में काम शुरू होने जा रहा है। इस प्रोजेक्ट से भोपाल को स्मार्ट सिटी के साथ सबसे स्वस्थ शहर बनाने की दिशा में काम किया जाएगा। इसके लिए जिला प्रशासन के साथ स्वास्थ्य विभाग व राष्ट्रीय स्वास्थ्य मिशन ने भोपाल हेल्दी सिटी प्रोजेक्ट की शुरुआत की है। बता दें, यूरोप समेत दुनिया के कई देशों में पहले से इस प्रोजेक्ट के तहत काम किया जा रहा है। जिसको सफल होता देख इसे देश में भोपाल से शुरू कर पूरे देश में लागू करने की योजना बनाई गई है।



कार्यक्रम के दौरान प्रोजेक्ट की पूरी जानकारी दी गई।

बेंगलुरू की संस्था व एनएचएम करेंगे मिलकर काम

इस प्रोजेक्ट के लिए बेंगलुरू की स्वयं सेवी संस्था स्वस्ति के साथ अनुबंध किया गया। साथ ही एनएचएम की तरफ से भी पूरा योगदान दिया जाएगा। भारत में पहली बार शहरों को स्वस्थ बनाने के लिए अलग से ऐसे प्रयास किए जा रहे हैं। भोपाल में प्रोजेक्ट सफल होने पर इसे देशभर में लागू किया जाएगा। गुरुवार को हेल्दी सिटी प्रोजेक्ट की पहली बैठक का आयोजन किया गया। बैठक में शहर के एक्सपर्ट सहित स्वास्थ्य, नगर निगम, महिला एवं बाल विकास और अन्य विभागों के अधिकारी उपस्थित रहे। स्वस्ति की को-ऑर्डीनेटर रिद्धी ने बताया कि हेल्दी सिटी प्रोजेक्ट को विश्व स्वास्थ्य संगठन के मानकों के हिसाब से तैयार किया गया है। यूरोप सहित दुनिया के कई देश इस प्रोजेक्ट के तहत काम कर रहे हैं। भोपाल में जल्द ही टास्क फोर्स का गठन उनके सुझावों को गाइडलाइन के अनुरूप लागू किया जाएगा।

बीमारियों की पहचान व रोकथाम पर होगा काम

अधिकारियों ने बताया कि प्रोजेक्ट के तहत शहर में खाद्य पदार्थों की गुणवत्ता देखी जाएगी। साथ ही उनसे होने वाली बीमारियों की पहचान व उनकी रोकथाम पर काम किया जाएगा। इसके लिए पांच क्षेत्र फूड, फैमिली हेल्थ, वॉटर, सेनिटाइजेशन व पर्यावरण पर काम किया जाएगा। इसी तरह अन्य क्षेत्रों में भी काम होगा। इसे पूरी तरह से लागू होने पांच से आठ साल का समय लगेगा।

स्ट्रीट फूड की क्वालिटी में सुधार करना जरूरी

जानकारी के अनुसार इस बैठक में शामिल अधिकारियों व अन्य लोगों ने भी शहर को हेल्दी सिटी बनाने के लिए कई सुझाव दिए। इसमें ज्यादातर का कहना था कि स्ट्रीट फूड की क्वालिटी में सुधार करना जरूरी है। साथ ही वाटर सप्लाई सिस्टम, सीवेज सिस्टम को बेहतर किया जाए।

Dainik Bhaskar

दैनिक भास्कर

भोपाल 09-12-2022

देश का पहली 'हेल्दी सिटी' होगा भोपाल, काम करने के लिए टास्क फोर्स ने तय किए 5 सब्जेक्ट

सिटी रिपोर्टर | भोपाल

स्मार्ट सिटी के बाद अब राजधानी भोपाल को देश का पहला 'हेल्दी सिटी' होगा। इसे डब्ल्यूएचओ के हेल्दी सिटी के फ्रेमवर्क के अनुसार विकसित किया है। इसको लेकर टास्क फोर्स का गठन हुआ है। जिसकी पहली बैठक गुरुवार को कलेक्टर अविनाश लवानिया की अध्यक्षता में हुई है।

भोपाल को हेल्दी सिटी के पायलट प्रोजेक्ट में चुना गया है। इसके लिए भोपाल हेल्थ सिटी कार्यक्रम राष्ट्रीय स्वास्थ्य मिशन (एनएचएम), स्वास्थ्य प्रणाली परिवर्तन मंच (एचएसटीपी) और स्वस्ति ने एक एमओयू साइन किया है। इसके सफल होने के बाद, देश के अन्य शहरों को भी इसी तर्ज पर विकसित किया जाएगा। अभी तक हेल्दी सिटी का कॉन्सेप्ट यूरोपियन देशों में है। सोमवार को हुई टास्क फोर्स की बैठक में जल, स्वच्छता, पर्यावरण, न्यूट्रिशन और पब्लिक हेल्थ जैसे 5 विषयों पर काम करने पर चर्चा हुई।

क्यों चुना गया भोपाल को

भोपाल हेल्दी सिटी प्रोग्राम की प्रोग्राम मैनेजर रिद्धि जैन के अनुसार भोपाल का हेल्थ इंडीकेटर्स दूसरे शहरों से काफी अच्छा है। रिसर्च के बाद हमने काम करने के लिए जो पांच बिन्दु तय किए हैं उसके लिए भोपाल सबसे ज्यादा पोटेंशियल वाला शहर है। इसके साथ ही एनएचएम मध्यप्रदेश ने भोपाल को हेल्दी सिटी बनाने के लिए संपर्क किया था।

Hari Bhoomi

हरिभूमि

भोपाल भूमि फ्रंट पेज

भोपाल, शुक्रवार 9 दिसंबर 2022

5 गुजरात में ऐतिहासिक जीत पर जश्न में डूबा ...

7 मध्य प्रदेश में नक्सलियों के खात्मे के लिए पुलिस ...

2

हेल्दी सिटी में हर घर को मिलेगा साफ पीने का पानी, सुधरेगी हवा की क्वालिटी

हरिभूमि न्यूज ▸▸ भोपाल

शहर की 25 लाख आबादी को पीने के लिए नियमित साफ पानी मिले। सीवेज को प्रॉपर ट्रीट करने के बाद उसका उपयोग खेती या अन्य कामों में किया जाए, कहीं भी सड़कों पर यहां वहां सीवेज न फैले, तालाबों में भी सीवेज को पूरी तरह से बंद किया जाए। इसके साथ शहर में सड़कों पर उड़ने वाली धूल, निर्माण कार्यों का मलबा और अन्य वजहों से खराब हो रही एयर क्वालिटी को सुधारने पर भी काम किया जाएगा।

बच्चे, महिलाएं और अन्य लोगों के खानपान की आदत में बदलाव लाने और उनकी हेल्थ को सुधारने के लिए काम किया जाना है। गुरुवार को हेल्दी सिटी कॉन्सेप्ट को लेकर कलेक्टोरेट में बैठक रखी गई, जिसमें 26 विभागों के अफसरों ने शहर को हेल्दी सिटी बनाने का जिम्मा उठाया।

देश में सबसे पहले भोपाल को मिला कॉन्सेप्ट

वाटर, सेनिटेशन पर्यावरण न्यूट्रिशन फूड और फैमिली हेल्थ पर करेंगे काम

पंद्रह दिन में बनाया जाएगा चार सालों का वर्किंग प्लान

बैंगलुरु की 'सृष्टि' करेगी मदद : इस काम में बैंगलुरु की सामाजिक संस्था सृष्टि मदद करेगी। गुरुवार को संस्था की प्रोग्राम मैनेजर रिद्धी जैन ने अफसरों को हेल्दी सिटी कॉन्सेप्ट के बारे में जानकारी दी।

टास्क फोर्स का किया जाएगा गठन

कलेक्टर अविनाश लवानिया ने बताया कि शहर को हेल्दी सिटी बनाने के लिए देश में सिर्फ भोपाल शहर को चुना गया है। जिसके तहत वाटर, सेनिटेशन, पर्यावरण, न्यूट्रिशन फूड और फैमिली हेल्थ पर काम किया जाएगा। प्रारंभिक रिपोर्ट तैयार होने के बाद पांच प्वाइंट पर काम शुरू कर दिया जाएगा। इन प्वाइंट की वर्तमान स्थिति के आधार पर पंद्रह दिन में रिपोर्ट तैयार की जाएगी। जिसके बाद विजन के आधार पर सभी विभागों के लोग इस काम में सहयोग करेंगे। जिसके लिए एनएचएम ने बैंगलुरु की सृष्टि संस्था के साथ एमओयू साइन किया है। प्रारंभिक रिपोर्ट मिलने के बाद टास्क फोर्स का गठन किया जाएगा, जिसमें सभी विभागों के एक-एक अधिकारी को शामिल किया जाना है।

स्वच्छता, पर्यावरण और लोगों की सेहत पर रहेगा ध्यान

- पानी को लेकर यह देखा जाएगा कि सभी घरों तक पीने का साफ पानी पहुंच रहा है या नहीं। पानी की सप्लाई लगातार रहती है या नहीं। इसके साथ सीवेज कहीं खुले में तो नहीं बह रहा, इंडस्ट्रीज से निकलने वाले गंदे पानी को ट्रीट किया जा रहा है या नहीं।
- सेनिटेशन को लेकर पब्लिक टॉयलेट की स्थिति, उनकी सफाई, कचरे का मैनेजमेंट, मेडिकल वेस्ट को किस तरह से डिस्पोज किया जा रहा है।
- पर्यावरण पर ग्राउंड वाटर, एयर क्वालिटी की स्थिति, आम लोगों के लिए पार्क, खुली जगह, सड़कों की सफाई, इंडस्ट्रीज से निकलने वाले धुआं सहित अन्य मापकों पर हवा को सुधारने की कोशिश की जाएगी।
- न्यूट्रिशन फूड में फूड सिक्योरिटी, अंत्योदय और बीपीएल राशन वितरण, फास्ट फूड से अनीमिया आदि पर ध्यान दिया जाएगा।
- हेल्दी फैमिली में बच्चों, महिलाओं व सीनियर्स की सेहत, अल्कोहल अन्य नशीली चीजों से होने वाली प्रॉब्लम्स पर काम किया जाएगा। नशे के आदी लोगों का इलाज कराया जाएगा।

People's Samachaar

शहर को निरोगी बनाने बेंगलुरु की संस्था ने एनएचएम से किया अनुबंध, पहली बैठक हुई

अब स्मार्ट के साथ हेल्दी सिटी भी बनेगा भोपाल, देश में अपने तरह के पहले प्रोजेक्ट की हुई शुरुआत

पीपुल्स संवाददाता • भोपाल

मो.नं. 9827363130

देश की सबसे स्वच्छ राजधानी, प्रदेश की पहली स्मार्ट सिटी भोपाल के साथ जल्द ही देश के सबसे स्वस्थ शहर का तमगा भी जुड़ेगा। शहर को स्वस्थ बनाने के लिए जिला प्रशासन के साथ स्वास्थ्य विभाग और राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) द्वारा भोपाल हेल्दी सिटी प्रोजेक्ट की शुरुआत की जा रही है।

इसके लिए बेंगलुरु की स्वयं सेवी संस्था स्वस्ति के साथ अनुबंध किया गया है। गौरतलब है कि देश में यह पहला मौका है, जब शहरों को स्वस्थ बनाने के प्रयास किए जा रहे हैं। भोपाल में यह प्रोजेक्ट सफल होने के बाद इसे देशभर में लागू किया जाएगा। गुरुवार को हेल्दी सिटी प्रोजेक्ट की पहली बैठक का आयोजन किया गया।

कलेक्टर अविनाश लवानिया की अध्यक्षता में हुई बैठक में शहर के एक्सपर्ट सहित स्वास्थ्य, नगर निगम, महिला एवं बाल विकास और अन्य विभागों के अधिकारी उपस्थित थे।

बैठक में स्वस्ति की को-ऑर्डिनेटर रिद्धी ने बताया कि हेल्दी सिटी प्रोजेक्ट को विश्व स्वास्थ्य संगठन द्वारा तय मानकों के अनुरूप तैयार किया गया है। उन्होंने बताया कि यूरोप सहित दुनिया के कई देश इस प्रोजेक्ट के तहत काम कर रहे हैं। जल्द ही टास्क फोर्स का गठन उनके सुझावों को गाइडलाइन के अनुरूप लागू किया जाएगा।

ऐसे होगा काम : प्रोजेक्ट के तहत पांच क्षेत्र फूड, फैमिली हेल्थ, वॉटर, सेनिटाइजेशन और एनवॉयर्नमेंट पर काम किया जाएगा। शहरों में खाद्य पदार्थों की गुणवत्ता, उनसे होने वाली बीमारियों की पहचान और उसे रोकथाम पर काम किया जाएगा। अन्य सेगमेंट में भी काम होगा। इसे पूरी तरह से लागू होने में पांच से आठ साल लगेंगे।

यह आए सुझाव: बैठक में शामिल लोगों का कहना था कि स्ट्रीट फूड की क्वालिटी में सुधार जरूरी है। वॉटर सप्लाई सिस्टम, सीवेज सिस्टम को बेहतर किया जाए। शहर को साफ-सुथरा रखने के साथ स्वस्थ बनाने जागरुकता जरूरी है।

Twitter release from PRO JS Bhopal

https://twitter.com/probhopal/status/1600819338768187392?t=KvZR9FfNxnMCnp__7uroXA&s=19

The National Health Mission (NHM) Madhya Pradesh encompasses its two sub-missions, The National Rural Health Mission (NRHM) and The National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

We are driven by uncompromising compassion and dream of adding 100 million "well-thy" days to the lives of the most marginalized by 2030. Our aim is to reinvent systems that work for all. Our multidisciplinary teams do three things well -

1. Demonstrate scalable, cost effective and sustainable models in partnership with communities
2. Support partners to reach impact and
3. Draw the threads from action research into evidence, learning and action.

Our agenda is to change the way wellbeing pathways are achieved, starting with primary healthcare and tackling social determinants that direct how we experience everyday wellbeing. We are spurred ahead by the values we abide by - values, which are the nucleus of our existence - L.I.V.E - expanding to Leadership, Innovation, Vitality and Expertise. We thrive at intersections to power the connections which make well-being real and meaningful for the most marginalized.

Health Systems Transformation Platform is a not-for-profit organization. Our mission is to enhance systems transformation towards providing equitable access to good quality affordable health services for improved health outcomes.

We do this in collaboration with Indian and Global expertise through research for health systems redesign. Enhancing stakeholders' capabilities & fostering through policy dialogue.

Swasti
THE HEALTH CATALYST

Swasti (Wellbeing in Sanskrit) is a Global public health organization committed to adding 100 million 'wellthy days'- for vulnerable communities. Our mission is to- upgrade the discourse from health to well-being, bringing the missing pieces in together (social, behavioral, and management and technology) with a strong focus on Health, Livelihood, and Community Systems Strengthening. We believe this strength can be achieved by bolstering the intersections of partnerships within an ecosystem. Swasti is a registered not-for-profit organization and part of the Catalyst Group of Institutions, having worked across 25 countries in South Asia, South East Asia and parts of East Africa.