
Team Building, agencies and responsibilities

The project was managed by WHO India country office with three consultants at Delhi and Bangalore respectively. At the HULC level, the local coordinators liaise with all the partners and provide technical support. Each member has a role and responsibility in the HULC and has been assigned a task in keeping with the persons' expertise and function within that organization. Government agencies have provided technical expertise on HULC work.

The CHO-BBMP and the nodal officer BHUP worked with the local coordinators to provide inputs into the HULCs from BBMP. Medical colleges also provided their expertise in some HULCs. In the Robertson Road HULC, police personnel were sensitised on violence-related issues.

Master of Social work students of Bangalore University have facilitated the work of HULCs. They provided support for HULC work (mainly data gathering, collating and documentation); support and assist advocacy and health promotion activities (meetings, health camps and facilitation of action research).

Finally, HULCs were examples of diverse disciplines working collectively on an action research agenda. BBMP infrastructure and activities provided an important base for HULC activities - the health centre was the hub of action research activities.

III. Fieldwork

Community Diagnosis

Community diagnosis began with a survey of the selected low resource settings. The survey covered all the households in a cluster of dwellings, habits, lifestyles and common illnesses. The Health Centre coordinated the survey (using HC records as base information).

This was followed a Situational Analysis (SA). HULCs gathered information based on issues identified by the survey, in alignment with the themes selected - through community observations and meetings with stakeholders and community members. This information was analysed using tools such as spidergram and multivoting (to identify the domains of SDH within the HULC themes), stakeholder analysis (to identify the level of influence and interest of stakeholders) and finally, a fishbone diagram to generate the 'causes of the causes' of ill health in the community.

Action-Reflection

In order to build rapport with the community, HULCs conducted some bridge-building activities. The support for these activities came from BBMP and several stakeholders. Some HULCs conducted health camps (providing basic health services to the community). These camps are on-going BBMP outreach activities to which HULCs added information on healthy lifestyles (HULCs Mathikere, Moodalapalya and Vidyapeetha), importance of nutrition for pregnant women and infants (HULC Pobbathi). Other activities included demonstration of nutritious and cost effective recipes (in collaboration with the Nutrition Board). HULC Shanthinagar held a painting competition on the importance of clean drinking water and personal hygiene (in collaboration with a company called MICO-BOSCH India). HULC Vasanthnagar demonstrated the importance of a Litter Patrol to promote garbage management in the community and Robertson Road held a magic show on issues related to violence against women and girls (in collaboration with the Song and Drama Division of the Government of India). These activities were linked to HULC themes using Action-Reflection techniques.

Consultations with stakeholders

Key Informant Interviews (KIIs) were used to explore SA information in depth. Each HULC conducted around 5 KIIs. Key informants were selected by the HULC (in consultation with the link worker). These individuals were well-informed and articulate community members; some were local leaders men, youth and women from all walks of life, age and income groups.

Based on SAs and KIIs, a series of Focus Group Discussions (FGD) were held with the community to profile the Social Determinants of Health in the field sites. The FGDs were able to identify and link major social determinants of ill health unhealthy lifestyles (linked to lack of awareness, knowledge, myths and misconceptions); need for pollution-free transportation, low care-seeking behaviour and low utilization of BBMP-run health facilities (related to lack of public transportation to the Health Centre, and bad approach roads). Low utilization of Department of Women and Child run anganwadies (day-care centre for low-income groups) was linked to ill-maintained facilities or lack of day-care centres. Rise of water-borne diseases was related to contamination of piped water supply and garbage-choked drains.

The HULCs (in consultation with community, stakeholders and some officials of BBMP) drafted a series of recommendations that seemed most feasible, actionable and sustainable by BBMP.

V. Major Outcomes

Thematically, HULC recommendations cover four sectors:

- i. Promoting healthy lifestyles through improved urban basic/civic services (especially to low resource areas).
- ii. Strengthening basic health services and outreach services (especially for diagnosis and treatment of NCDs) in BBMP health centres.
- iii. Promoting greater access to BBMP services (especially health facilities).
- iv. Advocacy for policy changes within BBMP.

1. HULC Mathikere

- i. Introduction of sports and healthy activities (such as yoga classes) in BBMP-run schools.
- ii. Promote utilization of the nearby park for the community by introducing walking tracks and displaying messages on the benefits of exercise.

2. HULC Moodalalpalya

- i. Fuel emissions are a problem for the community, when buses travel on badly-maintained roads. Therefore roads need to be improved in Moodalalpalya. But BMTC also needs to introduce newer (i.e. more fuel efficient) buses.
- ii. BMTC needs to explore the need for *Parisara Vahinis* (eco-friendly) buses.
- iii. Saplings provided by BBMP Horticulture department could be used by the HULC and community for *Vana Mahotsava* (tree planting) celebrations.

3. HULC Pobbathi

- i. HULC action research has determined that there is a need for an anganwadi at Kumbargundi and that the facilities of the anganwadi at Parvathipura need to be upgraded.
- ii. HULC has documented reasons why the community is not accessing the anganwadi at Parvathipura; consultations need to be held with the community to compile a requisition for upgrading facilities at the Parvathipura anganwadi.
- iii. The DWC prefers that the community or BBMP identifies a place or a building in their community. DWC will then sanction an anganwadi with standard facilities.
- iv. Nutrition Board to provide demonstrations on recipes for low-cost and nutritious food regularly maybe once every two months. Health Centre doctors and link workers should be present to discuss difficulties faced by women in implementing such suggestions.

4. HULC Robertson Road

- i. All BBMP Health Centre doctors and healthcare personnel to be trained to recognize and record violence against women.
- ii. Sensitize police officers and police personnel to deal with violence.
- iii. Establish counselling areas within BBMP clinics so that providers have a direct option for referrals and provision of health information and awareness.

5. HULC Shanthinagar

- i. Regular cleaning of drains.
- ii. Collection and proper transportation of garbage to be done regularly and systematically.

6. HULC Vasanthnagar

- i. Institute regular door-to-door collection and simultaneous removal of garbage from Thungbhadra and Ambedkar colonies with cooperation from voluntary Litter Patrols in the community.
- ii. Blocked drains and garbage dumping are leading to unsanitary conditions in the colonies. The community needs to be sensitized about the hazards of garbage dumping and told about measures that are being taken to ensure a hygienic environment.
- iii. The action research findings have indicated the need for toilets. BBMP has a scheme for building Nirmala Toilets (Subsidized Public Pay Toilets).

7. HULC Vidyapeetha

- i. Change/extend Health Centre timings so community can access treatment.
- ii. Provide specialist service facilities at Health Centre to screen, diagnose and treat NCDs.
- iii. Procure and deploy Mobile Healthy Lifestyles van for screening and creating awareness.
- iv. To develop Vidyapeetha as a Healthy Lifestyles Centre in cooperation with Horticulture Department and through private partnerships.
- v. Request BMTC to extend bus services from Ittamadugu to Vidyapeetha or provide direct bus services.

VI. Learnings from the First Phase

Implementation of the project can be summarised as “think global act local”. What was originally a set of concepts has now become a series of actionable projects with multiple partners (NGOs, CBOs and government) and stakeholder involvement with active support from BBMP and WHO.

Some of the lessons learnt are:

- It is very important to engage the local municipal authorities at all levels. BHUP's approach thus far is due mainly to the continuing involvement and commitment of officials from the Commissioner all the way down the hierarchy to link workers.
- BBMP has also set aside money for BHUP activities and encouraged HULCs to piggy-back on existing schemes (e.g. *Nirmala* toilets and Health camps).
- Capacity building should keep existing knowledge and abilities in view and any training package developed outside the Field Research Site (in this case Bangalore) should be pre-

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- Any English language training should be followed by the local (Kannanda) language training. This has helped the HULCs to understand ideas and concepts in the local idiom and further contextualise the training.
 - Sharing information and keeping everyone briefed about developments has helped group synergies.
 - Taking one step at a time and constantly providing technical, managerial and administrative inputs has been fruitful.
 - Using BBMP's expertise and sharing findings, keeping BBMP and stakeholders involved at every phase of the project has resulted in overall success of the current phase of the BHUP project.
 - The BHUP was a pilot project to study the HULC based approach to participatory problem solving. This has been achieved in seven selected areas, but in order for Bangalore to progress towards 'healthy urbanization' BBMP has to institutionalize this as an operational

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Source: Scoping paper, NIMHANS, 2006

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Community workers who look after pre-school children.