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Indore Political Economy Analysis

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ACRONYMS

ABD	area-based development
BHC	Building Healthy Cities
IMC	Indore Municipal Corporation
IOM	International Organization for Migration
ISCDL	Indore Smart City Development, Ltd.
JSI	JSI Research & Training Institute, Inc.
NGO	nongovernmental organization
PEA	political economy analysis
PwC	PricewaterhouseCoopers Pvt., Ltd.
SPV	special purpose vehicle
USAID	United States Agency for International Development

PREAMBLE: BUILDING HEALTHY CITIES BASELINE ASSESSMENT STRATEGY

Building Healthy Cities (BHC) is a five-year (2017–2020), United States Agency for International Development (USAID)-funded learning project conducted in three cities in India, Indonesia, and Vietnam. Implemented by JSI Research & Training Institute, Inc. (JSI) with partners International Organization for Migration, Thrive Networks Global, and Urban Institute, and with support from Engaging Inquiry, LLC., BHC aims to increase the understanding of the best routes for improving the social determinants of health in urban contexts. In year 1 of this project, BHC is conducting in each city several exploratory data collection activities to inform the approach. The resulting data will be validated and used by city stakeholders to define barriers to implementation, unintended consequences, and key leverage points to improve urban health. Based on the current understanding of Smart City activities and city contexts, BHC has identified questions and data collection approaches best suited to answer them. Figure 1 provides an overview of which questions will be answered by each activity.

Figure 1. Overview of BHC Year 1 Exploratory Assessments

	Secondary Survey Analysis (Quantitative)	Health Needs Assessment (HNA) (Qualitative)	Political Economy Analysis (PEA) (Qualitative)	Data Use Assessment (DUA) (Qualitative)
What are the health needs & burdens?	Included	Included		
What health services are available & to whom?		Included		
Who is underserved by current health & city services?		Included		
How are non-health sectors engaging in building a healthy environment?		Included		
How are health & Smart Cities being coordinated, managed, and financed?		Included		
Who makes the decisions about coordination, management and financing?			Included	
What is the functionality and equity of the coordination, management and financing systems?			Included	
What is the inter- and intra-sectoral functionality of information systems?				Included
What are the barriers to equitable service provision and a healthy environment within this city and system?		Included	Included	Included
What are the data and information barriers to coordination and management across sectors and actors?				Included
What are the opportunities to improve citizen agency & equity of service provision?			Included	Included

These data are only a beginning. BHC's continual process monitoring will follow changes in the themes emerging from this initial inquiry. These updates will be shared via multiple channels. Please check BHC's website for new reports and updates on our cities.

EXECUTIVE SUMMARY

This report reviews the political economy of service delivery in Indore, India. Specifically, this report examines the context within which the Indore Smart City initiative might be leveraged to improve health outcomes across all Indore residents, including those most vulnerable to health shocks.

I. Methodology

The methods for this assessment were adapted from the United States Agency for International Development framework for political economy assessment. A combination of primary and secondary research approaches was used for this exploratory, qualitative assessment. In June 2018, information was gathered via 27 key informant interviews and two focus group discussions. An extensive desk review was also conducted. In August 2018, after discussions with Indore residents and city officials, the results of this assessment were validated and revised, though conclusions here were made by the project.

II. Results

Coordination, management and financing decision-makers in Indore

Cities in India are governed by a complex array of central, state, and local entities with overlapping authority and an array of obstacles to effective coordination. Despite a constitutional amendment that was designed to strengthen local government, local leaders tend to have limited authority, while decision-making authority has remained largely at the state or central government level. In Indore, key local services such as education and health were not assigned to local governments, though cities are permitted to fund their own facilities with their own resources. All public health facilities in Indore are owned by state-level bodies. Local offices of state ministries oversee service delivery in these areas. The limitations on local leaders are exacerbated by the limits to the local revenue base.

Despite the issues mentioned, this assessment found that much about Indore functioned reasonably well and local leadership seemed to matter. Pressed to explain how Indore became the top Clean City in India, interviewees agreed that the leadership of the former Indore Commissioner was one of several key assets that led to the successful implementation. Several interviewees mentioned the good coordination between the Commissioner, the Collector and the Mayor. A significant positive innovation ISCDL has provided may be that it gathered leadership of several of the entities engaged in service delivery around one table.

Functionality and equity of coordination, management, and financing systems

The challenges to coordination among the many entities with a role in Indore were recognized in the city's own 2006 development plan, which is now 12 years old, and

while this PEA did not involve a review of the many recommendations included in that plan, interview data suggest that increasing the functionality and equity of coordination and management have continued to prove challenging. Some key areas that did not function as well as they could include utilization and sharing of city and neighborhood data; public availability of information on equity of services; and communication mechanisms to increase the voice of vulnerable citizens. The ISCDL's presence may improve some functionality of coordination and management, however it is focused only on those neighborhoods designated as part of the area-based development (ABD) zone defined in the Indore Smart City proposal, which leaves out a significant portion of Indore's informal settlements. Functionality of local financing may also improve, at least within the Smart City structure, because ISCDL has the authority to conduct its own procurement, though it must comply with state procurement processes.

Barriers to coordination and management across sectors and actors

Several barriers to coordination and management already have been noted; these include fragmented and weak accountability mechanisms, complex arrangements for service provision, lack of data on performance, and limited practical citizen pathways to effectively hold government to account.

In addition, there are some structural issues of the decision-making bodies in Indore. While elected officials appeared to be deeply involved in local administration (for example approving specific contracts or other actions), it was not as clear that elected bodies collectively were engaged in more systematic consideration of citywide development needs. In addition, this study did not examine single sector decision-making on allocation of investment resources, priority of maintenance efforts, or performance of civil servants, but 2018 interviews did confirm the concern expressed at the time of the 2006 city plan: that there were complex processes for political involvement in approving spending and appointments at various spending levels.

Looking ahead, a newly introduced urban performance metric may provide some incentive for cross-city, cross-departmental collaboration.

Status of citizen agency and equity of service provision

For poor residents in Indore, neighborhood associations and reliance on party workers who serve as intermediaries are prominent strategies for accessing services. For members of the middle class, the city's 311 service appeared to be a trusted mechanism for accessing services. Established decision-making, planning and execution systems appear top-down in nature. Interviews with civil society organizations confirmed that they are often not consulted and that citizens often do not participate in consultative opportunities.

This was the case despite the fact that a major component of Indore's Smart City application process was the importance attached to consultation with the public, a departure from prior urban infrastructure investment schemes. This accomplishment was among the explanations for Indore's ranking among the first 20 cities selected to participate in the Smart City Mission.

III. Knowledge Gaps

There remain many gaps in understanding the political economy of Indore and of the specifics of particular service delivery issues. The areas below identify several gaps in our understanding of how and why health-affecting services are delivered as they are in Indore and explore pathways that might be pursued to enhance the impact of the Smart City initiative:

1. Interlinkages between decision-making processes
2. Extent of informal data sharing
3. Data to inform equitable distribution of services across neighborhoods
4. Public and private funding for health-related services
5. Financial implications of Smart City activities
6. Opportunities for collective action
7. Smart City integration and sustainability

IV. Conclusions

Indore residents are fortunate to live in a growing city with economic vitality and many successes in urban management. The current cleanest city in India has seen success on improving certain aspects of service across the entire city (via Swachh Bharat), testing innovative new programs within the ABD (via Smart Cities), and the potential for what strong leadership can do to boost a movement. At the same time, Indore appears to labor under the weight of fragmented local governance structures and weak or missing systems of accountability. These issues constrain collaboration among units of government and obscure performance responsibility. In addition, despite citizen outreach efforts in Indore in the last five years, low-income, illiterate, and other vulnerable citizens are not engaged. Data are not being gathered on their access to services or the impact of those services on their health or other aspects of well-being. These challenges are not unique to Indore, but Indore could be a testing ground for how to overcome these challenges.

1. INTRODUCTION

Decades of urban development schemes in India have targeted infrastructure needs in order to catch up or keep pace with urban expansion. While these infrastructure efforts have provided much needed improvements to urban living, the basic functionality of many cities in India still falls short of providing a livable, healthy city for all. The challenge of providing this functionality for all expands as the population grows. India's urban population is expected to grow to 810 million by 2050 (World Economic Forum and Accenture 2015). In light of this, the current government in India has announced several urban development schemes, including the Smart City initiative. Launched in 2015, the Government of India's Smart Cities Mission currently covers 109 cities, with 90 cities already selected through four rounds of proposals (National Informatics Centre, MEITY, and Government of India 2016).

The Smart City initiative has introduced an array of urban governance innovations that have the potential to improve the functionality and equity of city services, streamlining layers of governance for certain functions, providing the potential for multisectoral discussion, and increasing the level of unconditional funding at the city level. It also holds great potential for increasing consultation with citizens. These innovations have taken place in a complex existing municipal system, so their outcomes are hard to predict. Accordingly, the Building Healthy Cities (BHC) project has undertaken a political economy analysis (PEA) to review the complex system within which services are provided in Indore. This political economy approach is intended to inform choices among various interventions that the city and BHC could target and to prompt consideration of different possible strategies to achieve project objectives. These options could range from steps to inform needed structural reforms in intergovernmental arrangements, to improved data sharing and more open discussion of government performance. This initial assessment also establishes the framework for these discussions and sets the scene for future in-depth investigation of access to particular services and their health implications.

2. METHODOLOGY

There are many approaches to completing a PEA. Most efforts seek to gather information about the context and underlying explanations for observed outcomes, paying attention to some or all of the systems of incentives, decision-making processes, power relationships, mechanisms of collective action, and the pathways by which better and worse outcomes arise.

USAID's *2016 Applied Political Economy Analysis Field Guide* recognizes that technical assistance by itself is rarely sufficient to achieve positive outcomes (Cammack 2016). Implementation of good policies, adoption and maintenance of good practices, and inclusion of all citizens are not assured. These outcomes usually depend on history and cultural contexts, formal and informal institutional arrangements, and the current dynamics of these issues. The Applied PEA approach builds on work done by the UK Department for International Development in the mid-2000s to understand drivers of change, and the Dutch framework and country studies for "Strategic Governance and Corruption Assessments" (DFID 2005; Clingendael Institute 2008). Both of these efforts launched work to take practical account of the observation that politics, more than technical capacity, often determines the outcome of reforms and donor programs to support them.

The 2016 USAID Framework and more recent guidance informed the design of this assessment (Rocha-Menocal et al. 2018). The broad reach of that framework has been tailored to address a set of questions relating specifically to governance in Indore.

I. Selection of Indore

During initial discussions with the Ministry of Health and Family Welfare and the National Urban Health Mission, Indore was suggested as a Smart City that might be interested in exploring additional health activities. Indore is the largest city in Madhya Pradesh and its commercial center. Indore was also among the first 20 cities competitively selected to have Smart City status under the National Smart City Mission.

II. Assessment Objectives and Questions

The objective of this study was to understand the context within which decisions about health-affecting services are made in Indore and whether there are opportunities for the Smart City initiative to address issues that may constrain improvement in those services. In addition to access to health care, the quality of housing, access to water and sanitation, solid waste management, clean air, traffic, and others all interact with the health of citizens. Each of these sectors has its own institutional arrangements, stakeholders, and political economy. This PEA addresses the broad political economy of services in Indore, not individual services. There are four key questions through which this report approaches this objective:

2. Who makes decisions about coordination, management, and financing of health-affecting services in Indore?
3. What is the functionality and equity of the coordination, management, and financing systems for health-affecting services?
4. What are the barriers to coordination and management across sectors and actors? How does, or may, the Smart City initiative address them?
5. How much agency and voice do citizens, especially those in vulnerable populations, have with respect to health-affecting services?

These are broad questions and there are different services that contribute to health outcomes in cities. Many challenges are long-standing and deeply embedded, others less so. This study addresses broad issues of urban governance in Indore, recognizing that a more focused effort will be needed to unpack underlying issues with respect to any one of the many services affecting health.

III. Data Collection and Analysis

A combination of primary and secondary research approaches was used for this exploratory, qualitative assessment. In June 2018, information was gathered via 27 key informant interviews and two focus group discussions. An extensive desk review was also conducted. In August 2018, after discussions with Indore residents and city officials, the results of this assessment were validated and revised, though conclusions here were made by the project.

The PEA protocol was reviewed by the Urban Institute's Institutional Review Board and approved following elimination of planned focus groups among members of vulnerable populations. These focus groups were abandoned due to concerns that citizens' discussion of corruption or political interactions might expose individual group members to risk.

IV. Limitations

Due to the exclusion of vulnerable populations from primary data collection, one limitation was the lack of primary qualitative data from these groups. BHC has tried to overcome this limitation via desk review of content written about and by vulnerable populations in Indore, as well as inclusion of primary data from experts who work with these populations. In addition, officials and nongovernmental organization (NGO) leaders engaged with slum residents while touring various neighborhoods, giving the team opportunity to hear directly from residents.

Another limitation stemmed from the choice to not target a particular health-affecting service at this stage of the project. This choice constrained the level of attention to details of funding, discretion, and accountability related to a particular service.

3. RESULTS

I. Coordination, Management, and Financing Decision-Makers in Indore

Cities in India are governed by a complex array of central, state, and local entities with overlapping authority and an array of obstacles to effective coordination. These conditions are widely documented (Ahluwalia 2011; Save the Children and PwC India 2015). Although the Smart City Mission includes several innovations to simplify lines of governance for Smart City projects, those challenges remain. The World Economic Forum summarized five main challenges cities must overcome to meet the needs of growing populations: 1) leadership with limited powers, 2) inadequate revenue base, 3) poor collaboration within cities, 4) archaic processes, and 5) insufficient capacity (World Economic Forum and Accenture 2015). Indore, like most growing cities, faces these challenges. Based on the interviews, there appeared to be enablers of progress alongside some deeply embedded barriers, common to many cities in India, which may have inhibited local progress in dealing with these issues.

In 1992, the Government of India attempted to improve local services by adopting constitutional changes to identify powers appropriate to urban local bodies in India and charged states with implementation of the 74th Constitutional Amendment Act of 1992. This law granted constitutional status to local government bodies and gave states a broad list of functional assignments

Box 1. Urban Local Body Governing Functions Under the 12th Schedule (Article 243W) 74th Constitutional Amendment Act 1992

1. Urban planning including town planning.
2. Regulation of land use and construction of buildings.
3. Planning for economic and social development.
4. Roads and bridges.
5. Water supply for domestic, industrial, and commercial purposes.
6. Public health, sanitation conservancy, and solid waste management.
7. Fire services.
8. Urban forestry, protection of the environment, and promotion of ecological aspects.
9. Safeguarding the interests of vulnerable populations, including those with disabilities.
10. Slum improvement and upgradation.
11. Urban poverty alleviation.
12. Provision of urban amenities such as parks, gardens, playgrounds.
13. Promotion of cultural, educational, and aesthetic aspects.
14. Burials and burial grounds; cremations, cremation grounds.
15. Cattle pounds and prevention of cruelty to animals.
16. Vital statistics including registration of births and deaths.
17. Public amenities including street lighting, parking lots, bus stops.
18. Regulation of slaughter houses and tanneries.

Source: Ahluwalia 2011

(see Box 1) that could be delegated to urban local bodies. According to the literature, many states have been slow to delegate these assignments to urban local bodies to the fullest extent possible (Ahluwalia 2011; World Economic Forum and Accenture 2015; Save the Children and PwC India 2015). The result is that local leaders may have limited authority, while decision-making authority has remained largely at the state or central government level.

Following the 1992 constitutional amendment, Madhya Pradesh quickly adopted the necessary legislation to delegate certain responsibilities to the local level. It appeared at the time of this PEA that the Indore Municipal Corporation (IMC), the local body whose powers are the object of the 74th Amendment, still was not widely empowered to address city services that affect local health outcomes. This was the city's view at the time it adopted the Indore City Plan under the Jawaharlal Nehru National Urban Renewal Mission in 2006. There were several reasons given for this decision.

Box 2 describes the leadership of Indore. Local councilors and the Mayor are elected, but do not manage the administration of local departments. A Mayor-in-Council arrangement involves a select group of council members in interaction with the administration. The Municipal Commissioner, who leads the administration of service provided by the IMC, is appointed by the state of Madhya Pradesh. Civil servants who work in the administration are appointed by the state from the ranks of the Indian Administrative Service or the State Administrative Service.

The 2006 City Development Plan referred to the Mayor and Council as the "deliberative" wing of the urban local body, and the Municipal

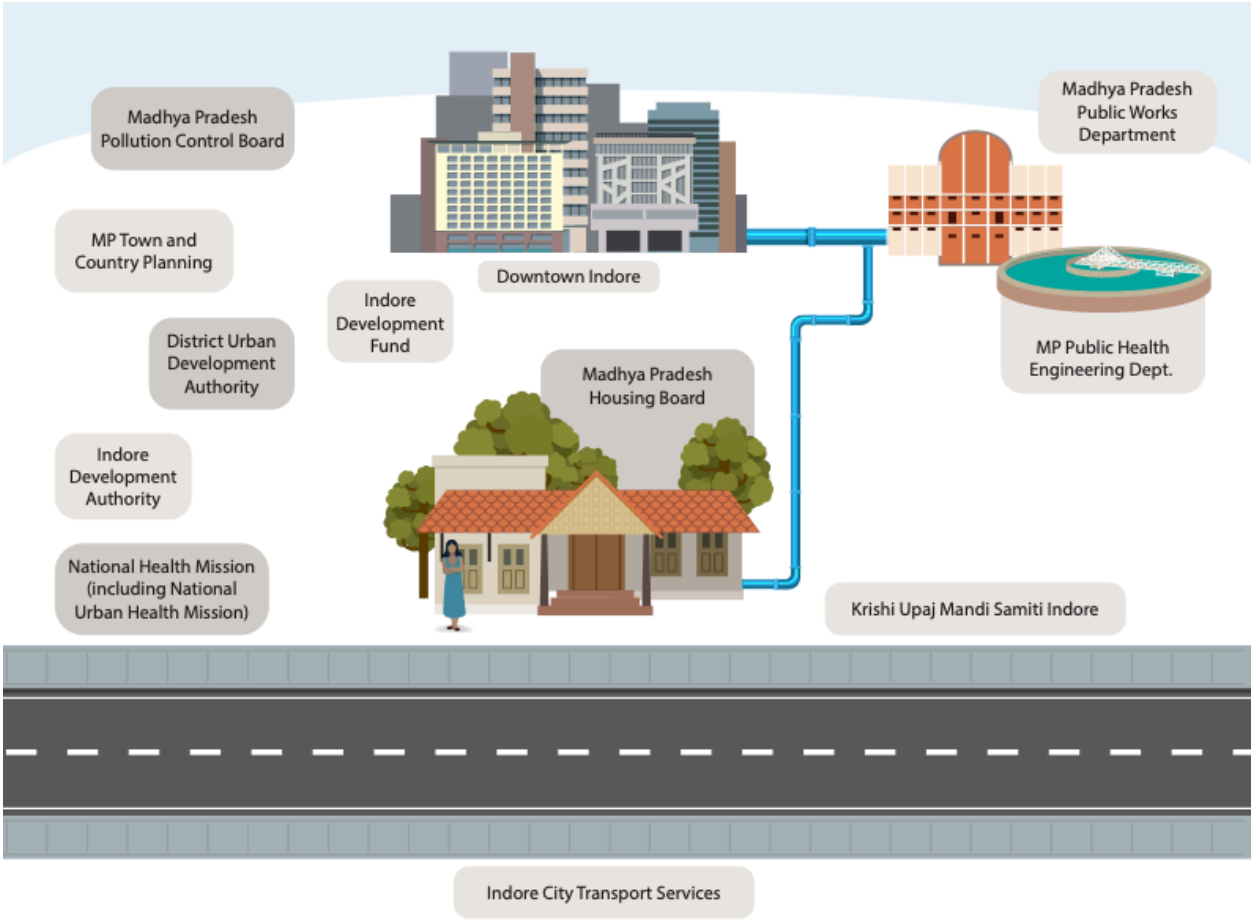
Box 2. Who Runs Indore?

- Indore is both the name of a district and the name of a city within the district. The district consists of the city and surrounding towns and villages.
- The city of Indore is administered by IMC.
- The city of Indore has 85 wards; each ward elects its own Ward Councilor (called "parshad").
- The administrative head of the district is the District Collector and the administrative head of the IMC is the Municipal Commissioner. Both positions are appointed. Both positions are powerful.
- The IMC has a Council which is its deliberative and legislative wing. Council members consist of the Ward Councilors. The Council is headed by the Mayor, who is assisted by the Deputy Mayor.
- The Mayor is elected.
- There is a Mayor-in-Council committee of councilors who chair committees involved in approving decisions of various departments. All current members are affiliated with the country's largest political party, the Bharatiya Janada Party.
- Residents of Indore elect their representatives to the Madhya Pradesh State Assembly (which has 230 seats in total from across the state). Indore elects a total of five Members of the Legislative Assembly.
- Other bodies with local responsibility are appointed by other parts of the state government.

Commissioner and departments as the "executive" wing (Mehta & Associates 2006).[1] Key local services such as education and health were not assigned to local governments, though cities are permitted to fund their own facilities with their own resources. All public health facilities in Indore are owned by state-level bodies. Local offices of state ministries oversaw service delivery in these areas.

In addition to the IMC, there were many entities making decisions about, and delivering, local services in, Indore. Figure 2 provides a list of the various entities named in the city's 2006 City Development Plan (Mehta & Associates 2006).

Figure 2. Illustrative List of Entities Overseeing Urban Living in Indore



None of these entities appeared to report to the elected Mayor at the time of this assessment. Processes of coordination within the IMC, discussed below, further complicated coherent local public administration.

Recommendations to rationalize this system of overlapping government and parastatal bodies were detailed by a 2011 *Report on Indian Urban Infrastructure and Services*,

[1] The city of Indore is the holder of 50 percent of the equity in the ISCDL. Since June 2018 there has been added to the board a member of the mayor-in-council. This person represents the mayor. The other local officials on the board of directors are appointed by state-level entities.

prepared by a "high-powered expert committee" headed by Dr. Isher Judge Ahluwalia (Ahluwalia 2011). It concluded, "Governance is the weakest and most crucial link which needs to be repaired to bring about the urban transformation so urgently needed in India." A 2015 review of the condition of children in urban areas of India, authored by Save the Children India and PricewaterhouseCoopers Pvt Ltd. (PwC), similarly catalogued the chaotic state of local governance and administration (Save the Children and PwC India 2015).

The limitations on local leaders were exacerbated by the limits to the local revenue base. Property tax, which provided about 20 percent of Indore's revenue in the last two fiscal years (2016-17 and 2017-18), has been collected inconsistently (Comptroller Auditor General 2016). As a consequence, Indore has relied on transfers from the Madhya Pradesh state government for the remaining 80 percent of revenue (it is unclear how much of this is conditional). In a rapidly growing city where infrastructure needs run ahead of resources, the infusion of Smart City funds offered an important and largely discretionary source of money to address local needs. The US$30 million allocated to Indore's Smart City efforts for 2017-18 was significant, an amount equal to about 20 percent of Indore's annual budget.

Despite the issues mentioned, much about Indore functioned reasonably well and local leadership seemed to matter. Pressed to explain how Indore became the top Clean City in India, interviewees agreed that the leadership of the former Indore Commissioner was one of several key assets that led to the successful implementation of both the steps to increase toilet coverage and clean Indore's streets.[2] The Commissioner has moved on to another part of Madhya Pradesh, and the streets were still clean at the time of this assessment. This suggested that additional factors were also at play (see Box 3). Several interviewees mentioned the good coordination between the Commissioner, the Collector and the Mayor. It was also clear that the ISCDL had integrated with the ongoing Clean Indore effort, though this study did not examine the details of such. The rapid transit bus lanes, unlike those in Bhopal or many

Box 3. Ingredients to Swachh Bharat Success

- Create a sense of urgency.
- Develop a vision for the required change.
- Create a powerful coalition, especially between Mayor, Commissioner, Collector, and Police.
- Communicate the change vision to citizens and staff.
- Remove obstacles (including dismissal of 650 non-performing workers).
- Generate short term wins (pilot in two wards).
- Build on success and make more change.
- Anchor the change in the culture (with positive social marketing and shining lights on unwanted behavior).

Source: Nidugala 2017

[2] Shantha (2017) described a different view, noting the demolition and eviction of slum residents prior to the city being measured on its open defecation-free status in 2017, and the efforts of housing rights advocates to protect residents.

other cities, were free of conflict with automobiles. This suggested some mixture of enforcement and changed public attitudes has sustained the changed norms and behavior, at least in these domains.

Smart City is an innovation that could be seen as yet one more entity with dominion over services in Indore, or alternatively, as a solution to some of the delays and bureaucracy that have resulted from the multiplicity of governance entities. The guidelines for the Smart City Mission called for each city to establish a special purpose vehicle (SPV) to be established under the Companies Act, with ownership initially shared 50/50 between the state government and the urban local body (Ministry of Urban Development and Government of India 2015). In Indore the IMC and the state of Madhya Pradesh established ISCDL.

Table 1. Board Members of the Indore Smart City Development, Ltd.

Sr. No.	Full Name	Designation	Date of Appointment	Affiliation
1	Shri Nishant Warwade	Chairman	9/18/2017	District Collector, Indore
2	Shri Asheesh Singh	Executive Director	5/18/2018	Commissioner, Municipal Corporation, Indore
3	Shri Ashwini Kumar	Nominee Director	9/14/2017	Representative of Central Government
4	Shri Rahul Jain	Nominee Director	7/16/2018	Representative of State Government
5	Shri Kumar Purushottam	Nominee Director	7/17/2018	Chief Executive Officer, Indore Development Authority
6	Shri Rajesh Nagal	Nominee Director	9/16/2016	Joint Director, Office of the Joint Director, Town & Country Planning
7	Shri Gajra Mehta	Nominee Director	9/16/2016	Chief Engineer, Madhya Pradesh Paschim Kshetra Vidyut Vitaran Company Ltd
8	Shri Krishna Kumar Songaria	Nominee Director	6/15/2018	Chief Engineer, Madhya Pradesh Public Health Engineering Department
9	Shri Shankar Yadav	Nominee Director	12/19/2016	Councilor and member of Mayor-in-Council, Nominee of Mayor of Municipal Corporation, Indore
10	Prof. Rishikesha Thiruvenkata Krishnan	Independent Director	5/12/2017	Indian Institute of Management Indore
11	Shri Rohan Saxena	CEO (KMP)	4/27/2016	ISCDL
12	Smt. Rachna Gaur	CFO (KMP)	9/19/2017	ISCDL
13	Shri Anurag Kumar Saxena	Company Secretary (KMP)	02/09/2016	ISCDL

A significant positive innovation ISCDL has provided may be that it gathered leadership of several of the entities engaged in service delivery around one table. Included on the Indore board was the Principal Assistant to the District Collector, who served as Chairman, while the Commissioner of IMC served as the Executive Director. Others represented the Indore Development Authority, the Madhya Pradesh Urban Development Co. Ltd., and the Madhya Pradesh Public Health Engineering Department. This assemblage helped to answer to criticism of fragmented local government. But it should also be noted that the ISCDL board members were mainly state-level or state-appointed officials. Since the June 2018 field work for this report, a member of the Mayor-in-Council has joined the ISCDL board to represent the Mayor. Board meeting minutes were not made available for this assessment, so review of actual participation in meetings or levels of concord could not be ascertained.

II. Functionality and Equity of Coordination, Management and Financing Systems

The challenges to coordination among the many entities with a role in Indore were recognized in the city's own 2006 development plan (Mehta & Associates 2006). The plan summarizes, "All the salutary recommendations as well as the constitutional amendment clearly favors an unbundling of administration …[and]… while it is all very well to delineate the elements of good governance, there appears to be a looming chasm between the precept and the practice." That development plan is now 12 years old and while this PEA did not involve a review of the many recommendations included in the 2006 plan, interview data suggest that increasing the functionality and equity of coordination and management have continued to prove challenging. Some points observed during the fieldwork included the following:

- *Utilization and sharing of data.* It was difficult to find examples of the use of performance information in policy or management. For example, based on interviews, it did not appear that neighborhood health data were routinely provided to local officials responsible for water and sanitation. Health care was a state-level function and the team learned that data on infectious disease were reported to central authorities, while local officials with responsibility for water, drains, traffic, etc. did not routinely receive data on neighborhood public health issues. For example, information regarding sanitation system performance was not well communicated between city and district sanitation and pollution offices. Interviews revealed that a major new sewage treatment plant operated at the time of the assessment at 50 percent capacity, while many urban drains were not connected to the system, emptying instead into the river. There is a wide range of potential contributory factors. The comment that "they don't ask for [data on pollution], so we don't provide it," raises many questions. For example, what performance metrics are used across IMC, district, and state levels? Do they include some measure of collaboration or information-sharing with entities in adjacent or overlapping space? What is the extent to which data are used in prioritizing investment and maintenance choices? What is the accountability framework for government units and individuals?

- *Public availability of information on equity of services.* While there were independent studies of Indore's designated ("notified") slums, for additional un-notified slums there appeared to be little public information on service levels or quality of performance. The 2006 City Development Plan called for a slum-less Indore and touched upon equity of services, saying that "… Indore shall enter an era of prosperity and spatially restructured environment, improved infrastructure to achieve better lifestyle [and] minimum basic services to the underprivileged" (Mehta & Associates 2006). Without accurate data on services across all neighborhoods, it is not possible to track progress on this goal.

- *Communication mechanisms for increasing the voice of vulnerable citizens*. The study team observed poor citizens calling on party workers and parshad members (municipal councilors) for help in resolving routine service issues, rather than using 311 or addressing officials directly. Middle class neighbors described the 311 service as useful but had less enthusiasm for working through political leaders. For the poor however, connections to party workers and the politicians they support seemed to be a preferred, and perhaps, the only effective, strategy.

ISCDL, as noted, may address some of the functionality of coordination, albeit only in areas designated for Smart City activities. By design, these areas were focused primarily on space designated for area-based development (ABD) as defined in the Indore application. According to the 2016 IMC submission under the Housing for All Plan of Action, there were 646 areas within Indore designated as slums, but ISCDL documents note that only 27 of them were within the targeted ABD (Indore Municipal Corporation, n.d.).

Another important innovation related to the functionality of local financing within the Smart City structure was that ISCDL has the authority to conduct its own procurement, though it must comply with state procurement processes. ISCDL could hire experts outside of the administrative service human resource system, which has brought expertise, capacity, and clear accountability to the targeted work of ISCDL.

III. Barriers to Coordination and Management Across Sectors and Actors

Several barriers to coordination and management already have been noted; these include fragmented and weak accountability mechanisms, complex arrangements for service provision, lack of data on performance, and limited citizen rights to effectively hold government to account.

Some other key barriers were summarized in the Indore 2006 City Development Plan:

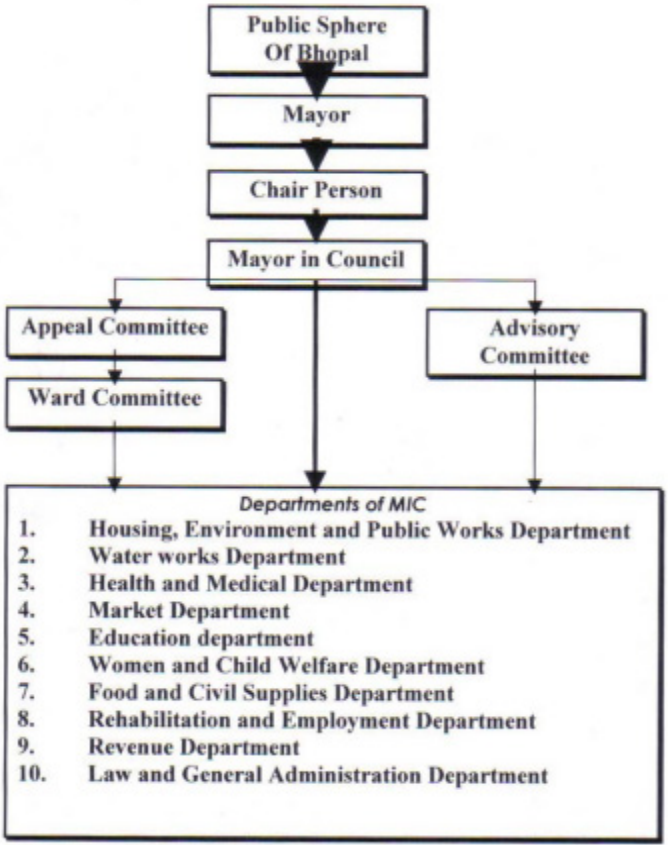
- Fragmentation of responsibility.
- Incomplete devolution of functions and funds to elected bodies and urban local bodies.
- Multi-locality offices and no proper infrastructural provision for IMC staff.
- Unwillingness to progress toward municipal autonomy.
- Adherence to outmoded methods.

(Mehta & Associates 2006)

Twelve years since that plan was released, interview data suggest that many of these characteristics have lived on as constraints to improved functionality. While this assessment did not examine the details or function of the Indore Municipal Council committees, the main political interaction between the administration (led by the Commissioner) and elected officials are performed by the Mayor and members of the Mayor-in-Council.

While elected officials appeared to be deeply involved in local administration (for example approving specific contracts or other actions), it was not as clear that elected bodies collectively were engaged in more systematic consideration of citywide development needs. Councilors intervened in priorities of administrative actions of the agencies, often to the detriment of more systematic approaches. The 2006 plan detailed several coordination failures, such as 1) weak coordination between the Mayor-in-Council and various advisory committees, the overall council, and/or ward committees; 2) lack of opposition party representation among the membership of the Mayor-in-Council; and 3) lack of coordination of administrative units, even though all reported to the commissioner.

The organisation structure of the Deliberative Wing of IMC



This study did not examine single sector decision-making on allocation of investment resources, priority of maintenance efforts, or performance of civil servants. But 2018 interviews did confirm the concern expressed at the time of the 2006 plan: that there were complex processes for political involvement in approving spending and appointments at various spending levels. The detailed involvement of political actors in administration suggests that even-handed administration was likely more difficult.

In this environment, any decisions about public services made by IMC required coordination among the Mayor and the Commissioner. Some decisions also may have required approval by the Mayor-in-Council or the full IMC council. To pinpoint specific opportunities to streamline and/or depoliticize this administration would require more detailed tracking of specific functions in different sectors, such as hiring and firing staff,

procuring goods and services or issuance of permits, licenses, etc. Such an effort may be warranted nonetheless, as the existing arrangements that have been decried for many years have proved durable.

City accountability to the city's underserved populations has been blunted by the low levels of registration among the large migrant population in slums. Only a fraction of the large migrant population had a voter identification card for Indore and was thus eligible to vote. As of 2011, 60 percent of migrants were registered in their native place, not in Indore (Agarwal 2016).

Looking ahead, a newly introduced urban performance metric may provide some incentive for cross-city, cross-departmental collaboration. With new Urban Livability Standards developed by the Ministry of Urban Development (Ministry of Urban Development 2017) cities are prompted to pay more attention to 79 different outcome measures that represent "livability."3 While this measure was not aimed only at Smart City efforts, its introduction offers a chance to test whether cities that have greater coordination among departments may be found to also be more livable.

Livability measures that may directly promote coordination include:

- Percentage of citizen services available online.
- Percentage of services integrated through command center.
- Average delay in grievance redressal.

By focusing on outcomes and not inputs, other measures in categories such as safety and security, housing, transport, and energy supply, implicitly require cooperation between IMC and state-level entities. An example is indicator 4.4, "Period prevalence of waterborne diseases." Pursuing this standard will require close coordination between local water and sanitation services, district pollution control services, and various health service providers.

IV. Status of Citizen Agency and Equity of Service Provision

Citizens in complex systems with the barriers mentioned here may, rationally, opt to turn to the private sector for services. More information on this particular issue is covered in BHC's Indore Health Needs Assessment.

Recent in-depth research in the slums of Bhopal and other cities in Madhya Pradesh (but not Indore) showed that neighborhood associations and reliance on party workers who serve as intermediaries were prominent strategies (Auerbach 2016, 2017). An interview with a scholar doing detailed work in similar communities in Indore revealed similar methods of "voice" as those in Indore. Interviews of citizens and observations of parshads and party workers by the BHC team confirmed this result. In addition, the main activity of local Indore-based NGOs seemed to be intermediating around issues of service access and quality for citizens. Examples gleaned during interviews included

3 The 79 measures mainly target outcomes and do not specify which inputs (policies, resources, and procedures) might produce the outcomes. Short of restructuring and simplifying intergovernmental relations within Madhya Pradesh and other states, steps such as incentivizing the livability index might serve to reward innovation, creative administration, and collaboration.

increasing school access for families as established in law; obtaining care for girls and women, migrants, and religious or ethnic minorities; and addressing water and sewer services. Even with this support, residents sometimes abandoned their request for grievance redressal due to lack of response.

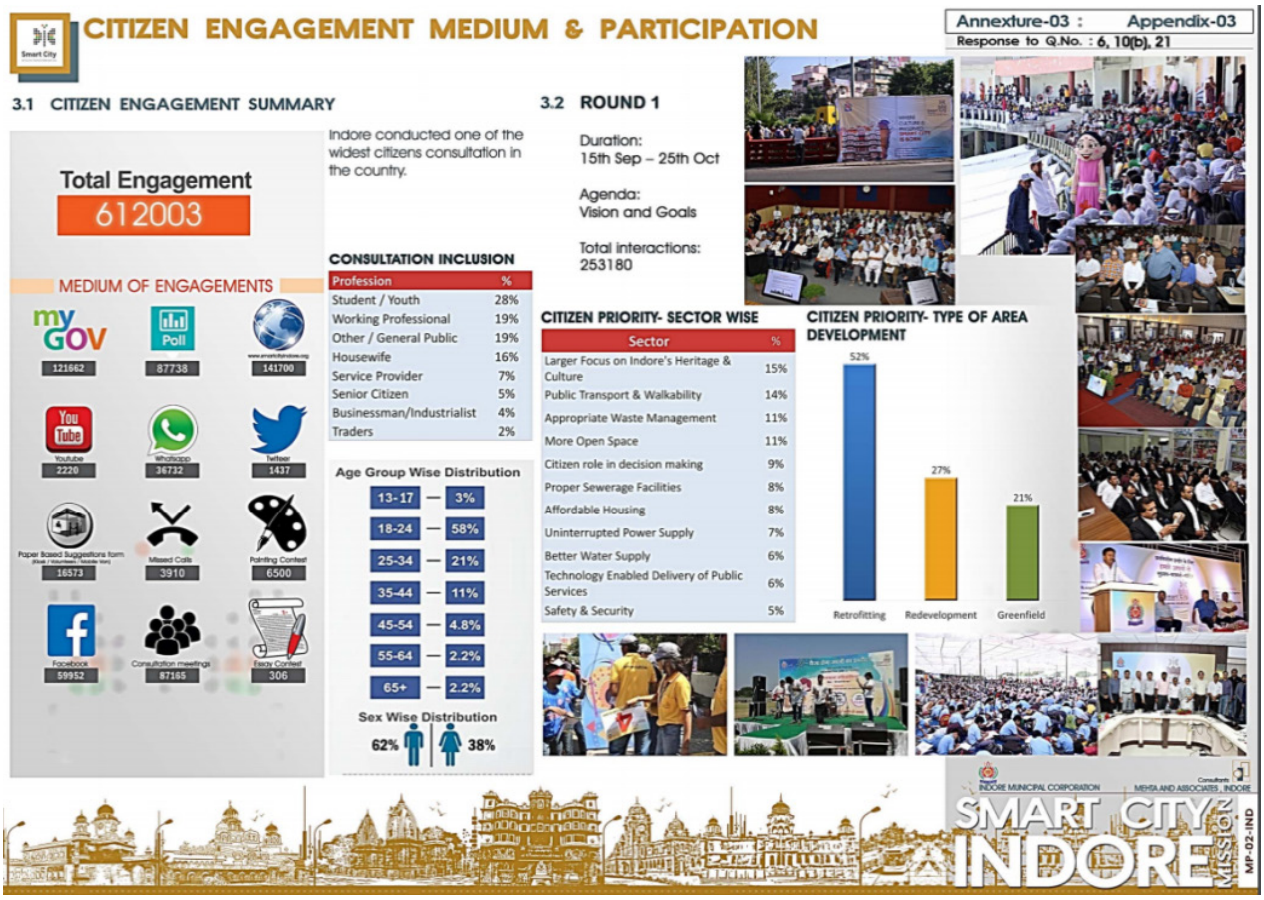
The city's 311 service appeared to be trusted by middle-class residents, but less so by Indore's slum dwellers. There were no public data on the adequacy of the service with regard to the levels of service to needs, resolution, or the efficacy of making one's needs known with this service.

Established decision-making, planning and execution systems appear top-down in nature. Interviews with civil society organizations confirmed that they are often not consulted and that citizens often do not participate in consultative opportunities.

Another innovation and a major component of the Smart City application process was the importance attached to consultation with the public, a departure from prior urban infrastructure investment schemes. Accordingly, Indore's application reflected significant input at two different stages. This accomplishment was among the explanations for Indore's ranking among the first 20 cities selected to participate in the Smart City Mission. The city solicited input via websites; through online polls; on social media channels such as Facebook, Twitter, Instagram, and WhatsApp; through public meetings organized by IMC; and through public events such as painting contests and essay contests. The Indore application asserted that there were more than 600,000 such individual engagements during the first round of competition (Indore Municipal Corporation 2016).

Notably, the age of the individuals engaged reflected the technology focus of the outreach. As shown in Figure 3, more than 60 percent of people contacted were younger than 25 years old.

Figure 3. Citizen Engagement in the Development of Smart City Proposal



Source: Indore Municipal Corporation 2016

The most favored sectoral focus for the Indore Smart City during the pre-approval public consultation process was "heritage and culture." In contrast, focus group respondents in this and other BHC assessments reported greater concerns for sanitation and access to reliable clean water. NGO leaders suggested that the heavy reliance on electronic communication channels had the unintended effect of excluding contributions by poor, illiterate, elderly, and other non-tech-savvy residents.

Post-selection, interviewees again noted different perceptions on the adequacy of communication. For example, NGOs provided dramatically different opinions on the adequacy of consultations before slum clearances, compared to Smart City leaders and others advising ISCDL.

At the time of interviews, no public consultations by ISCDL were planned. It was reported that regular board meetings were closed to the public and the topics of discussion seemed to be limited to the progress of procurement and construction of Smart City projects. Beyond these two dimensions, there were no monitoring data available on project impact or performance, especially with respect to citizen benefits and equity of provision.

In contrast to the ABD approach of Smart City, the Clean Indore (Swachh Bharat) covers the entire city.[4] Respondents spoke positively about this campaign for many reasons, including good communication with the city government and visible improvements to services across the city, including slum areas. Investments in toilet construction were concentrated in the lowest income areas, litter baskets and pickup service reached all neighborhoods, street cleaning with large machinery serviced commercial and wide streets, and hand trucks and human sweepers were used in narrow lanes. Posters, billboards, and signs on buses were used to motivate the city's residents.

[4] A small share of ISCDL investments are "pan city."

4. KNOWLEDGE GAPS

A frequent approach to considering urban service delivery is to develop a detailed understanding of the characteristics of current service provision and consider how those characteristics contribute to inclusive, citizen-focused service. One recent study (Boex et al. 2016) identified five relevant measures:

1. The effectiveness of functional assignments to different government bodies for urban services.
2. The availability of local political space for decision-making and the dynamism of local political leadership.
3. The degree of local control over administrative mechanisms, such as local human resource management and procurement.
4. The degree of local fiscal autonomy and the quality of local financial management.
5. The strength of local participation and accountability mechanisms.

This frame has informed this inquiry and has helped identify gaps in our current knowledge relevant to Indore.5

The questions below identify several gaps in our understanding of how and why health-affecting services are delivered as they are in Indore and explore pathways that might be pursued to enhance the impact of the Smart City initiative.

I. Interlinkages Between Decision-Making Processes in Indore

A detailed map of decision processes for planning, budgeting, designing, and implementing individual services is important in addressing issues of autonomy, incentives, and accountability that vary among health-affecting services. A detailed picture would include the following questions:

- Who is involved in initiating, reviewing, and approving policies and programs for all health-related city services?
- Who is responsible for executing policies and programs once approved for all health-related city services?
- Who is responsible for monitoring and accountability of those services?
- Where do these responsibilities overlap or conflict?

II. Extent of Informal Data Sharing in Indore

While data-sharing is covered in depth in the BHC Indore Data Use and Access Assessment, further inquiry could be made into how sectors and other stakeholders make informal arrangements to share information. Does this information confer more power to those individuals in the decision-making process? What can be learned from

5 This framework, as implemented by the authors of the study cited, assigns a score in these five dimensions, but it is a normative scale. Among the 14 countries reviewed, India scored relatively lower on functional assignment and administrative management. As qualitative, formative studies, most PEAs widen perspectives on issues that are salient and pose challenges to fill in gaps of the sort identified here.

these informal processes to move that data-sharing into a formal process that would allow the data to benefit a wider range of actors? Finally, how often are data shared publicly in advance of decisions and/or policy changes? How can this be increased?

III. Data to Inform Equitable Distribution of Services Across Neighborhoods

As noted earlier, the lack of data at the neighborhood level has made it difficult to identify and ameliorate inequitable service provision, particularly across informal settlements. Improving the capacity of local actors to produce and share data disaggregated by sex, income, location, and age could improve data availability, but additional efforts are necessary to ensure data are then used for Smart City decision-making. In addition, opportunities to connect Smart City activities to development outcomes require investment in the development and implementation of performance metrics.

IV. Public and Private Funding for Health-Related Services in Indore

Decision processes are tightly bound to financial allocations and expenditures. How do financing flows from state and central levels impact power and management structures for city projects? As documented in the BHC Health Needs Assessment, most health funding in Indore comes from the state and district level—what impact does this have on how services are procured and implemented in Indore? Within the scope of this assessment, it was not possible to analyze the existing utilization of public-private partnerships in Indore, particularly for Smart City efforts. What is the current capacity for this type of partnership, and how can ISCDL increase participation of private sector partners?

VI. Financial Implications of Smart City Activities

Another area that could be explored further is how Smart City activities impact city fortunes. What is the effect of these new services on access to jobs and well-being among slum residents; on incomes and costs of essential provisions; or on property values and rents in slum neighborhoods? These could be included as key outcome indicators to be monitored by the city and the national Smart City Mission.

VII. Opportunities for Collective Action in Indore

An inventory of key civil society organizations and NGOs involved in advocating and/or providing services around health affecting-public sector activities may be warranted. An inventory could be used to maximize the NGOs' comparative advantages and help them increase their impact.

Similarly, are there formal and informal groups of business or other leaders, influential families, or employers with a stake in Indore's growth and prosperity? Are there such networks that, having a stake in the suboptimal status quo, resist change?

VIII. Smart City Integration and Sustainability in Indore

This assessment did not fully explore ISCDL's plans for sustaining Smart City initiatives in the long term. What are options for the longer-term relationship of the SPV to IMC and the trade-offs among them? Do longer-term plans include expansion beyond ABD? Does ISCDL have the capacity to address fragmented local governance and limited local autonomy as it becomes a more established part of Indore city governance? Would increasing private sector funding provide ISCDL more or less flexibility in decision-making?

5. CONCLUSIONS

Indore residents are fortunate to live in a growing city with economic vitality and many successes in urban management. The current cleanest city in India has seen success on improving certain aspects of service across the entire city (via Swachh Bharat), testing innovative new programs within the ABD (via Smart Cities), and the potential for what strong leadership can do to boost a movement. At the same time, Indore appears to labor under the weight of fragmented local governance structures and weak or missing systems of accountability. These issues constrain collaboration among units of government and obscure performance responsibility. In addition, despite citizen outreach efforts in Indore in the last five years, low-income, illiterate, and other vulnerable citizens are not engaged. Data are not being gathered on their access to services or the impact of those services on their health or other aspects of well-being. These challenges are not unique to Indore, but Indore could be a testing ground for how to overcome these challenges.

The findings from this assessment will supplement findings from BHC's other studies examining the health needs, data use, and noncommunicable disease risk factors for Indore residents. This information will help the city government assess vulnerabilities, barriers, and opportunities for improvement.

BHC will work with city officials through 2020 to fill knowledge gaps and identify opportunities for engagement. The project will follow developments on some of the key stories uncovered in assessment interviews and focus groups to understand how life is changing in Indore. These specific journeys will illustrate what problems citizens face, how they are advocating for change, and what barriers and successes ISCDL and IMC encounter as they try to solve those problems. This information is intended to illustrate to other Smart Cities how they can grow while maintaining strong systems that continuously improve the health of all their citizens.

REFERENCES

Agarwal, Siddharth. 2016. "Urban Migration and Social Exclusion: Study from Indore Slums and Informal Settlements." IIED Working Paper. London, UK: International Institute for Environment and Development (IIED). http://pubs.iied.org/10777IIED/.

Ahluwalia, Isher Judge. 2011. "Report on Indian Urban Infrastructure and Services." Delhi, India: Ministry of Urban Development. https://smartnet.niua.org/sites/default/files/resources/FinalReport-hpec.pdf.

Auerbach, Adam Michael. 2016. "Clients and Communities: The Political Economy of Party Network Organization and Development in India's Urban Slums." World Politics 68 (1): 111–48. https://doi.org/10.1017/S0043887115000313.

———. 2017. "Neighborhood Associations and the Urban Poor: India's Slum Development Committees." World Development 96 (August): 119–35. https://doi.org/10.1016/j.worlddev.2017.03.002.

Boex, Jameson, Ammar A. Malik, Devanne Brookins, and Benjamin Edwards. 2016. "Dynamic Cities? The Role of Urban Local Governments in Improving Urban Service Delivery Performance in Africa and Asia." Washington, D.C.: Urban Institute. https://www.urban.org/research/publication/dynamic-cities-role-urban-local-governments-improving-urban-service-delivery-performance-africa-and-asia.

Cammack, Diana. 2016. "Draft Working Document: USAID Applied Political Economy Analysis (PEA) Field Guide 1." Washington, D.C.: United States Agency for International Development. https://www.usaid.gov/sites/default/files/documents/2496/Applied%20PEA%20Field%20Guide%20and%20Framework%20Working%20Document%20041516.pdf.

Clingendael Institute. 2008. "Framework for Strategic Governance and Corruption Analysis (SGACA): Designing Strategic Responses towards Good Governance." Amsterdam, NL: The Netherlands Ministry of Foreign Affairs. https://europa.eu/capacity4dev/governance/document/framework-strategic-governance-and-corruption-analysis-sgaca-designing-strategic-responses-.

Comptroller Auditor General. 2016. "Audit Report on Local Bodies for the Year Ended 31 March 2016." 2016. https://cag.gov.in/sites/default/files/audit_report_files/Chapter_4_Performance_Audit_of_Report_No.4_of_2017_Local_Bodies_Government_of_Madhya_Pradesh.pdf.

DFID. 2005. "Lessons Learned – Planning and Undertaking a Drivers of Change Study." London, UK: UK Department for International Development. http://www.gsdrc.org/docs/open/doc84.pdf.

Indore Municipal Corporation. 2016. "Smart City Proposal- Indore." Indore, India: Ministry of Housing and Urban Affairs, Government of India. http://smartcities.gov.in/upload/uploadfiles/files/Indore_SCP.pdf.

Mehta & Associates. 2006. "Indore City Development Plan." Indore, India: Indore Municipal Corporation. http://www.mpurban.gov.in/Pdf/CDP/Indore%20CDP_%20Final.pdf.

Ministry of Urban Development, and Government of India. 2015. "Smart City Mission Statement & Guidelines." Delhi, India: Government of India. http://smartcities.gov.in/upload/uploadfiles/files/SmartCityGuidelines(1).pdf.

National Informatics Centre, MEITY, and Government of India. 2016. "Smart Cities Mission: A Step Towards Smart India." National Portal of India. May 13, 2016. https://www.india.gov.in/spotlight/smart-cities-mission-step-towards-smart-india.

Nidugala, Ganesh Kumar and Abhay Pant, "Cleanest cities in India 2017: Indore's meteoric rise to no.1 spot," Journal of Public Affairs, 2017. Https://doi.org/10.1002/pa.1674

Rocha-Menocal, Alina, Marc Cassidy, Sarah Swift, David Jacobstein, Corinne Rothblum, and Tservil, Ilona. 2018. "Thinking and Working Politically - Through Applied Political Economy Analysis." Washington, D.C.: USAID. https://usaidlearninglab.org/sites/default/files/resource/files/pea_guide_final.pdf

Save the Children and PwC India. 2015. "Forgotten Voices - The World of Urban Children in India." Delhi, India: Save the Children India, PricewaterhouseCoopers Private Limited. https://www.savethechildren.in/sci-in/files/79/79bfb888-7ed0-496e-b1e7-e71f7814ea7e.pdf.

Shantha, Sukanya. 2017. "Demolitions, Evictions and Toilets for Show: How Indore Won Swachh Bharat's Top Rank." *The Wire*, October 2, 2017. https://thewire.in/politics/indore-swachh-bharat-abhiyan.

World Economic Forum and Accenture. 2015. "The Future of Urban Development & Services: Urban Development Recommendations for the Government of India." Geneva, Switzerland: World Economic Forum. https://smartnet.niua.org/content/c502e5dc-a101-4819-93db-6809f07a2acf.

ANNEX A

Key Informant Interview List (De-Identified)

Type of Respondent	# of Participants	Type of Discussion
ISCDL officials	3	Interviews
Consultants to Smart Cities	5	Interviews
Donor officials	2	Interviews
NGO leaders	8	Interviews
State, union officials	5	Interviews
Consultant to Ministry of Urban Affairs	1	Interview
Parshads (local elected council members)	2	Interviews
Health officers	1	Interview
TOTAL	**27**	
Middle-class residents	7	Focus group discussion
Residents of slums	~7	Informal interviews

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