

BUILDING HEALTHY CITIES



Access to Health Services

Indore Journey Map Series 2018-2021

About This Series

Building Healthy Cities (BHC) is a USAID-funded learning project in four Smart Cities in Asia – Indore, India; Makassar, Indonesia; Da Nang, Vietnam; and Kathmandu, Nepal. BHC is testing how to successfully apply urban planning approaches that improve the social determinants of health in complex systems.

BHC uses exploratory data collection, multisectoral engagement, and citizen participation. This systems approach informs project activities and the prioritization of city-funded workplans. The combined impact should improve the lives of all residents in these three cities and reduce preventable mortality.

BHC is using several tools and processes to create coalitions and organize its approach in each city. One key process is systems mapping to illustrate the key dynamics (patterns underlying problems) and define key entry (or 'leverage') points to address social and environmental determinants of health. Another way that BHC is documenting citizen experiences in each city is through Journey Maps.

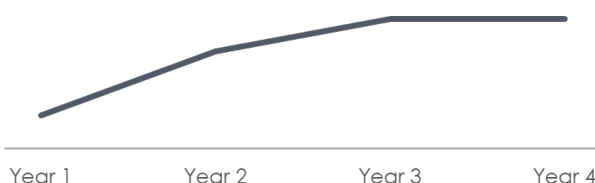
The Journey Maps apply 'design thinking' approaches, which are often used to tailor products to intended customers; citizens are like customers in that they pay taxes or fees to use city services. BHC has adapted this tool to document the experience (or 'journey') of citizens who are trying to overcome one service issue in each city, over time, updated on a quarterly basis. The specific topics were identified during the first year of activities in each city and fit within the larger context shown in the systems maps. BHC is using these Journey Maps to track citizen and city official perspectives, and to document change at the neighborhood level.

BHC is training people in each neighborhood to develop and use these Journey Maps and on grassroots advocacy techniques. By bringing the citizen experience directly to city planners, BHC hopes to better align municipal planning with community priorities such as safe water, clean air, hygiene, traffic safety, and other key components of healthy urban living.

Life of Project Journey Map Summary

BHC is concluding the Journey Maps in 2021. This process brought insights into day-to-day service availability for Indore residents, and created a regular dialogue with the community and city offices about the causes, consequences, and potential solutions to persistent urban health-related issues. This 4-year map saw positive change, then significant setbacks. Outpatient services and operating hours improved at the urban primary health centre (UPHC), but it then abruptly closed. A new UPHC was delayed, but once open, was positively received by the community. The UPHC was then overloaded by COVID-19 care and testing. Normal services resumed after COVID-19 cases decreased, but underlying limitations were not addressed. BHC also assessed Indore UPHC compliance with national guidelines, and identified areas for improvement.

Journey Map Trajectory





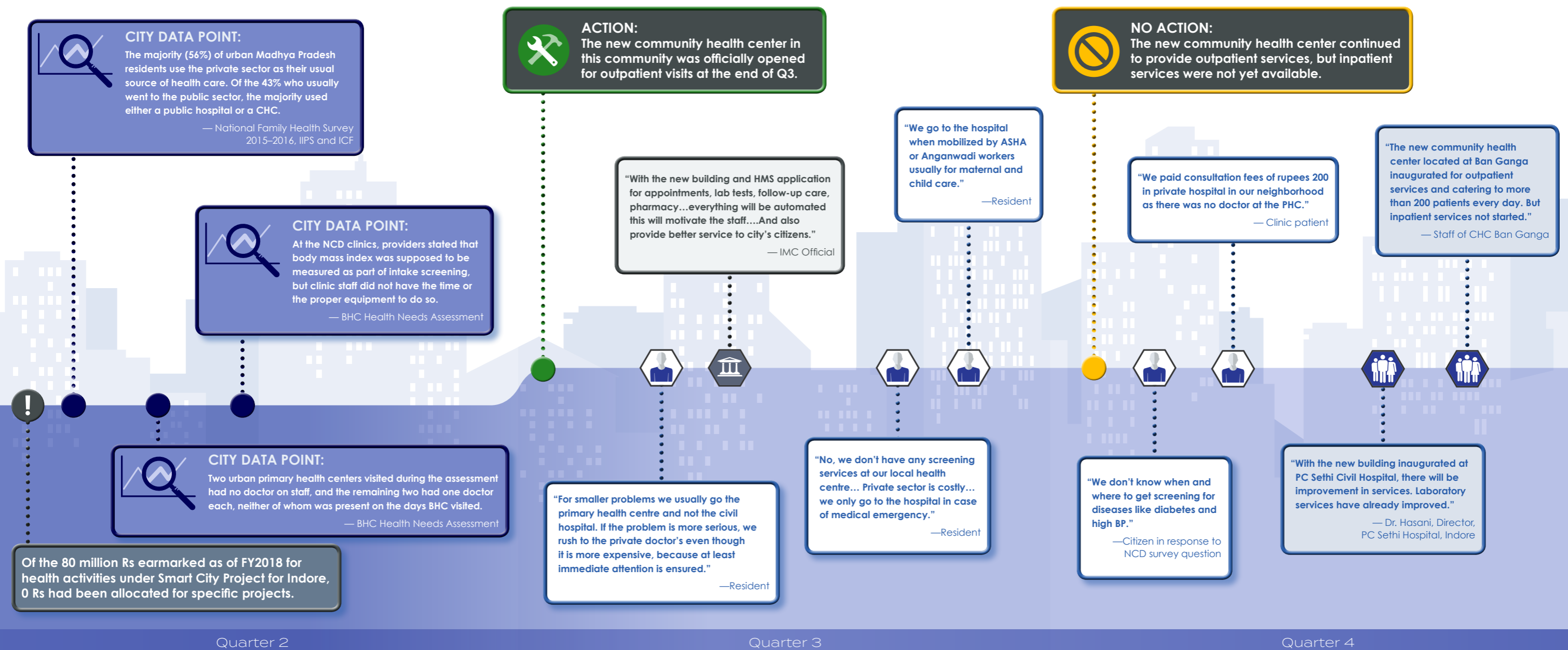
Indore Journey Map #3 – Access to Health Services

YEAR 1 BHC's 2018 *Health Needs Assessment* documented a variety of barriers to healthy lifestyles for vulnerable populations in Indore. These include a lack of access to routine primary health services due to health center locations, limited health center open times, and a shortage of health workers. Limited knowledge of services available to citizens is an additional barrier. BHC has followed this issue of access in one neighborhood over time. The neighborhood is primarily formal housing

stock with secure property rights, located outside of the Smart City area-based development zone, and with a formally zoned layout with good infrastructure. The population is rapidly growing, and well-educated but with a high level of unemployment, especially among youth.



A newly constructed community health center opened in Q3.





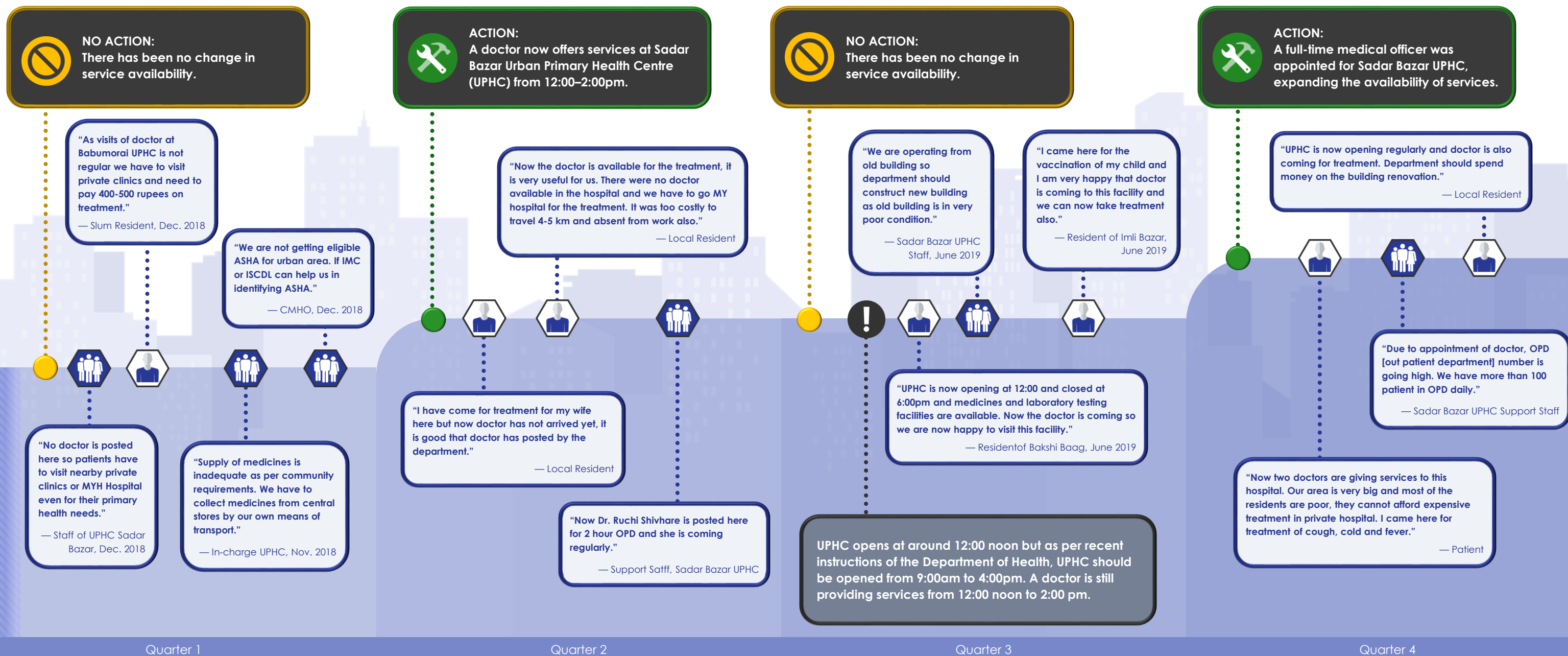
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Urban Primary Health Centre Sadar Bazar.





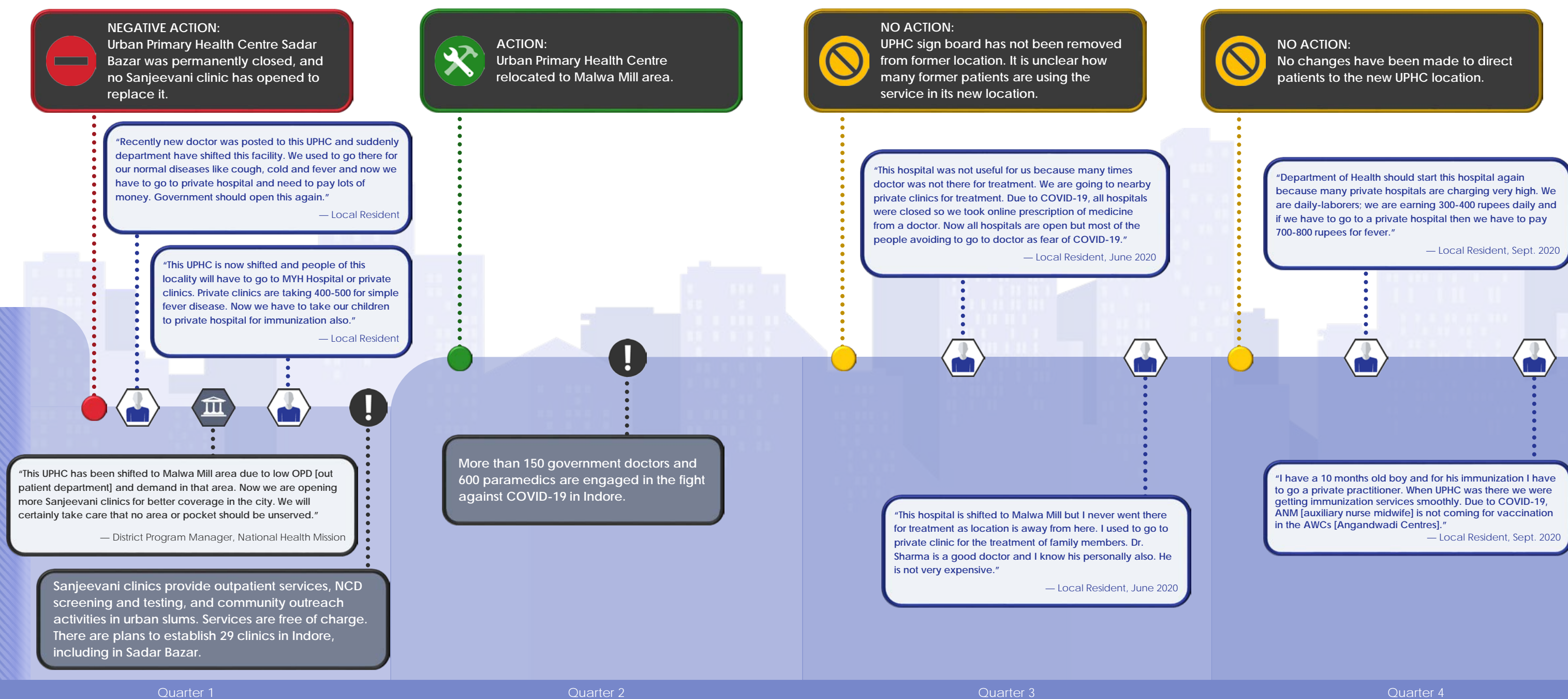
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Urban Primary Health Centre former location at Sadar Bazar (right). New location at Malwa Mill (left, March 2020).





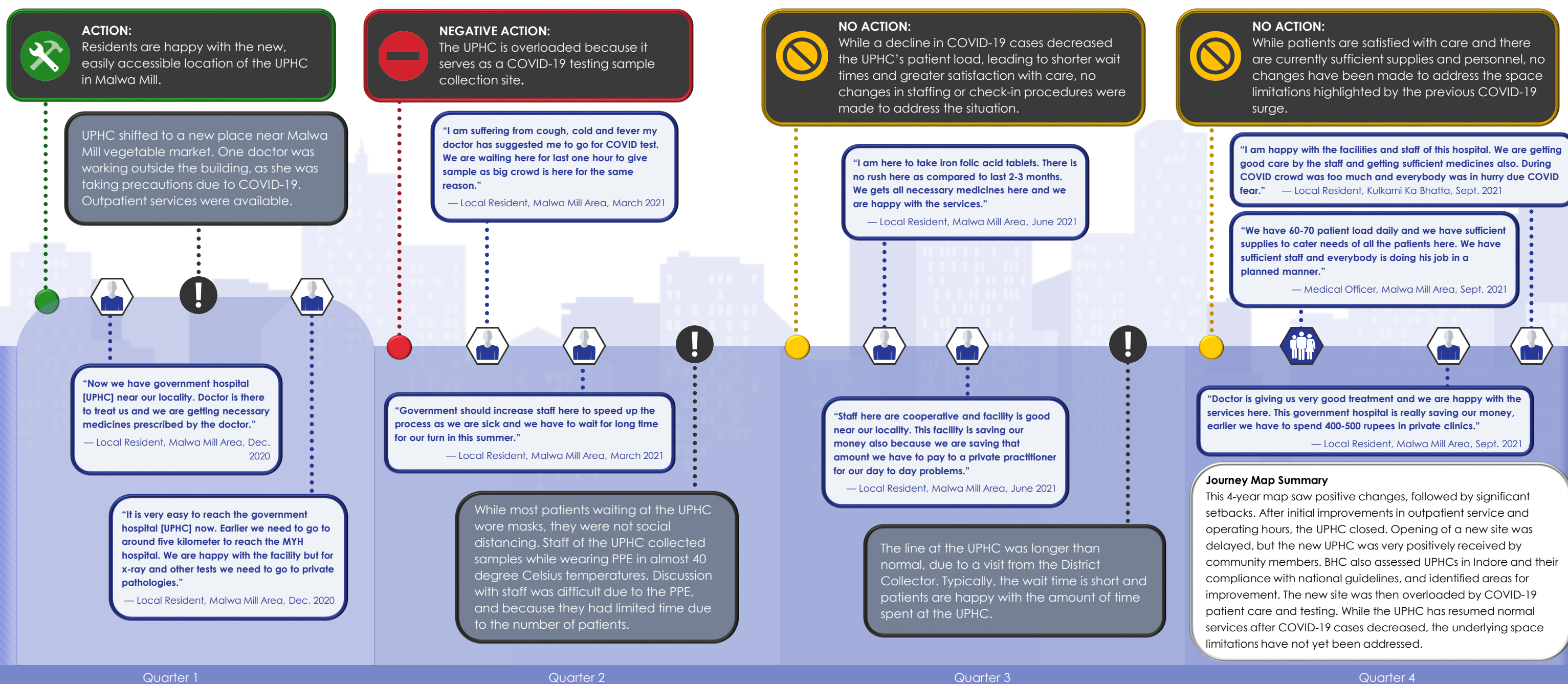
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Urban Primary Health Centre new location at Malwa Mill (left, Dec. 2020). Patients wait for COVID-19 tests (right, March 2021).



How Does This Story Connect to the Indore Systems Map?

Loop 10: People, Places, and Things

When public, primary health clinics have limited access to sufficient and consistent funding streams they become nervous about making long-term investments in critical staff, resources (technology, vaccines/medication, etc.) and infrastructure. When these key elements are not in place, the quality of clinic services and patient experiences decreases. As a result, appropriate care is either not provided or not utilized, and community health outcomes suffer. When health outcomes are poor, the public health system is further strained as it works to meet a greater community need. This creates a significant barrier to the positive growth and development of Indore.

Example: Health care in Indore consists of the public health care system funded by the Government (federal and state) and a private health care system consisting of a range of service providers (small

individual practitioners to large corporate hospitals). Due to low investment by the Government and a mandate of providing services free of cost, there is a scarcity of funds leading to poor infrastructure, vacant posts, and inadequate diagnostic and treatment facilities including essential medicines. This adversely affects the quality of services and results in patient dissatisfaction. Many patients then seek services from the private health care system, though it is expensive. The urban poor have limited funds for care, and there are instances when complete treatment is not provided due to the cost. Health outcomes and public health indicators (coverage, quality of care, and outcomes) are at lower than expected levels due to these circumstances. This has led to the rapid expansion of the private health care system, adversely affecting urban poor communities both in terms of health status and economic hardship.

