

City Selection Process in India

Background

The Challenge Initiative (TCI) is a demand-driven, three stage model where cities are in the driver's seat of designing their family planning (FP) programs in urban slums based on proven interventions that meet their local needs, constraints and opportunities.

- Stage 1: Express their interest (EOI)
- Stage 2: Program design
- Stage 3: Implement proven interventions

In return, TCI provides technical support and guidance as well as some funding via the Challenge Fund to supplement resources for implementation.

Population Services International (PSI) leads TCI in India under the name The Challenge Initiative for Healthy Cities (TCIHC). Given the context in India, the three stage model is implemented a bit differently. For example, TCIHC provides technical support related to FP and maternal and newborn health (MNH) proven intervention. In addition, city governments in India are not authorized to request for monetary support from external agencies (i.e., access to the Challenge Initiative). However, they can seek technical assistance and program implementation support through NGOs. Moreover, India National Health Mission (NHM) has sufficient funds to implement programs in urban slums. However, they do require support to spend planned budgets on interventions with proven results. As a result, during phase 1 rollout of TCIHC, cities who were interested in engaging TCIHC were selected by the state. For these five cities, the program design was the commitment under the city's annual Program Implementation Plan (PIP) and Record of Proceeding (RoP) was considered as approval of the program design.

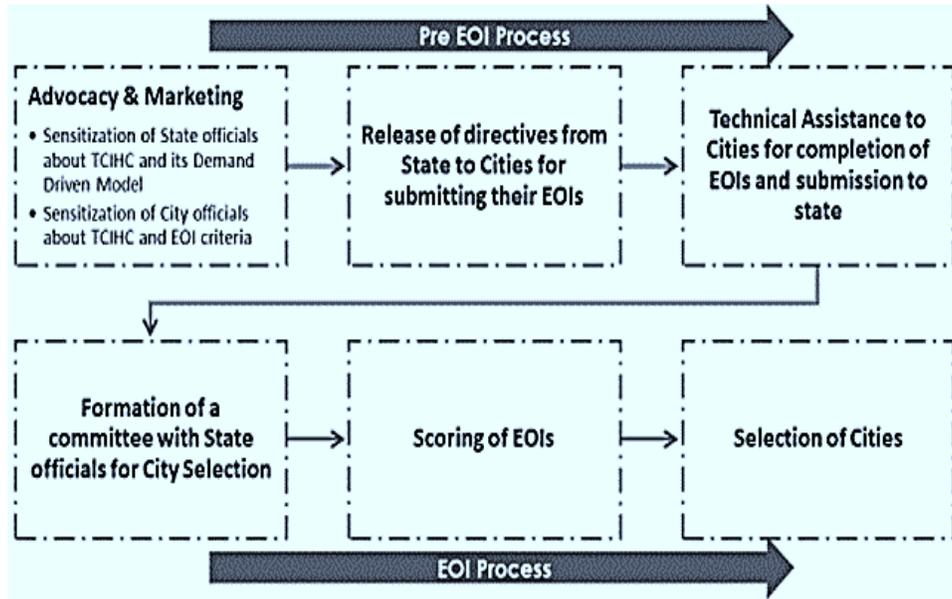
Learnings from Phase I Selection

The first phase process for city selection taught TCIHC the following key lessons:

- Need to identify and involve key government officials during assessment and selection.
- Hold a Pre-EOI meeting to communicate the opportunity to be part of TCIHC.
- Leverage existing platforms to introduce TCIHC. For example, TCIHC observed that state review meetings are a platform where cities are supposed to report on their achievements and often they struggle to do so. As a result, TCIHC introduced itself during these forums and presented its model as a way to improve upon family planning and maternal health indicators, and thus help them shine in these evaluation meetings. Consequently, TCIHC saw its acceptability more than double.
- Align communication and messaging with local priority strategies. During discussions with city officials, TCIHC observed that there was a strong buy-in for 'smart city', a scheme of the Government of India, which also includes a demand-driven selection process.

Phase Two Selection (Better Aligning with TCiHC Model)

TCIHC integrated all of the learnings from phase one and introduced a four-stage, six-step model for TCIHC city selection in India. The new stage included a Pre-EOI process encompassing three-steps and expanding the EOI stage to include three-steps.



Step 1. Advocacy and Marketing of TCiHC: Meetings with city officials at the state level were introduced in the second phase where the government stakeholders were oriented on TCiHC model, package of support available to them post-selection and expression of interest (EOI) template. These meetings were extremely helpful in obtaining buy-in from city officials.

Step 2. Issuance of Directive: The TCiHC team got respective directives released from the states of Uttar Pradesh (UP) and Madhya Pradesh (MP). These directives clearly stated the purpose of ‘expansion of The Challenge Initiative for Healthy Cities (TCiHC)’, and specified the selection criteria along with the EOI template to be submitted within stipulated time. As a result, EOIs were sent to 20 cities in UP and 15 cities in MP.

Step 3. Technical coaching to cities for completion of EOIs and submission to state: TCiHC provided hands-on support to cities in understanding state funding mechanisms, analyzing resource contributions, understanding expenditure variance, and on where to find relevant data and information required for fulfilling each criteria of the EOI, as described on the next page.

Step 4. Formation of a committee with state officials for city selection: A state-level city finalization committee co-led by Mission Director, National Health Mission (NHM) and Director Family Welfare was formed.

Step 5. Assessment of EOI: All of the EOIs submitted were assessed on the identified criteria; see below. A fifth criteria was added for the India context to help assess traction and commitment to what works in FP in terms of the high-impact interventions (HIIs).

Indicator	Political Commitment	Resource Contribution	System Readiness	Size of Impact	Interest on HII
Criteria	<ul style="list-style-type: none"> ✓ Political leadership ✓ Municipal Corporation ✓ Smart City ✓ Divisional Headquarter ✓ AMRUT City ✓ MPV 	<ul style="list-style-type: none"> ✓ Per Capita budget under NUHM ✓ Per Capita budget under FP ✓ Per Capita budget under MH ✓ Per Capita budget under CH 	<ul style="list-style-type: none"> ✓ Health Facility against population ✓ ASHA deployed ✓ Additional Health Facility Available ✓ Medical College ✓ HR at UPHC 	<ul style="list-style-type: none"> ✓ Urban Population ✓ Slum Population ✓ MCPR ✓ Unmet need for FP ✓ Health worker communication on FP ✓ MNH Status 	<ul style="list-style-type: none"> ✓ Low ✓ Medium ✓ High

During the process, relative weightage was given to the parameters identified under each EOI criteria. For example, if a city had a Mayor on-board, a larger slum population and a functional municipal corporation, than it scored more cumulatively. This helped in prioritizing and finalizing city selection.

Based on the weighted scores, 15 cities were selected in UP and four were selected in MP. The involvement of the Mission Director of NHM and Director Family Welfare at this forum helped in ensuring quick and transparent decisions on city selection.

Step 6. Announcement of City Selection: The cities of the selected EOIs were notified through the state governments to start preparing the program design with the support of TCIHC team.