



## City Level TCiHC Stakeholder Mapping & Validation Tool

**WHY:** to map urban health stakeholder?

Each of the cities has multiple stakeholders who are playing or can potentially play critical role in improving health status of the urban poor. These stakeholders may be program staff, schemes, institutions or even individuals, many of them work in their own way without any interface with others doing a supplementary or complementary work. A mapping exercise can clearly show the different government departments, private sector institutions, community based organization and political representatives who work in the same areas and highlight how coordination among stakeholders can increase the impact by many fold. Coordinated efforts are more important for Family Planning and MCH interventions; as these services are required at each and every household of the most vulnerable section of the urban poor population. The information collected with this tool will be used to develop a list of city level stakeholders. And also the information will be useful for stakeholder consultation workshop after validation by Chief Medical Officer or Head of City administration.

**WHO:** are urban health stakeholders?

Any government department, schemes, institution, organization working for urban health or has potential to contribute in urban health activities/interventions is called an urban health stakeholder. This also includes medical institution, elected representatives, community members, religious leaders, health workers and many more. Different cities may have different type of stakeholders and hence it is important to map them to capitalize their presence for improving urban health status of urban poor, especially FP and MCH status. The stakeholders who work on interventions related to health in general (for example, WASH and Swachchh Bharat Abhiyan) will also be included. In addition, the communities (For example local leader, Community Based Organisation) will also be considered as stakeholders.

**HOW:** to categorize various urban health stakeholders

Although there may be many ways to categorize the different stakeholders but on the basis of their level of engagement in program to accomplish the program objectives, the stakeholders have been categorized as under –

SN	Category	Definition
1	Primary UH stakeholders <i>(Community &amp; Service Delivery)</i>	The stakeholders who impact the urban health related issues at the community level directly can be listed under Primary UH stakeholders' category. This may include- <ul style="list-style-type: none"> <li>• Public Health System</li> <li>• Private Health Providers</li> <li>• Community Based organization</li> <li>• NGO working with community</li> <li>• Community members and beneficiary</li> </ul>
2	Secondary UH stakeholders <i>(Supplement and Compliment both at demand generation and service delivery)</i>	The stakeholders who can support or influence primary UH stakeholders can be listed as Secondary UH stakeholders. This may include- <ul style="list-style-type: none"> <li>• Integrated Child Development Services (ICDS)</li> <li>• State Urban Livelihood Mission</li> <li>• Urban Local Bodies</li> </ul>



		<ul style="list-style-type: none"> <li>• Department of Education</li> <li>• Any Medical college</li> <li>• Organizations like – IMA, FOGSI, NIMA</li> <li>• WASH/DRR programs</li> <li>• Any Civil society organization</li> <li>• Swachchh Bharat Abhiyan</li> </ul>
3	Tertiary UH stakeholders ( <i>motivate policies/decisions</i> )	<p>The stakeholders who can help in influencing policy decision and not directly involved at community level health activities can be listed under this category. This may include-</p> <ul style="list-style-type: none"> <li>• Political and elected leaders for example - MP, MLA and Mayors etc.</li> </ul>

**WHAT:** process to be followed while mapping TCIC -UH stakeholders

To map the UH stakeholders in each city following steps are suggested:

**Step 1:** Listing of all the stakeholders through brainstorming among team members and putting the same in the table with relevant information such as address and contact information. The discussion will also include the type of stakeholders and the same will also be indicated in the table. The team has to keep in mind that all the potential stakeholders should be listed who can play a role, no matter how trivial, in improved Family Planning and MCH service delivery, supply, demand, policy or policy implementation and city level decisions.

**Step 2:** The list of stakeholders should be shared with Chief Medical Officer (CMO/CMHO) and his team to validate. The validation can be done with other departments too depending on time available. All the suggestions should be recorded in minutes for further reference. **(Tool 1.1, Minutes of Stakeholders' Validation meeting that have been used in this step)**

**Step 3:** All the suggestions should be incorporated in the list and a final list should be prepared for the city. The list should be finally endorsed by department of health of the city and can be used for different type of meeting, activities and discussions. **(Endorsement can be through letter or even an e-mail conversation can be done.)**

**TOOL1: TABLE TO LIST UH STAKEHOLDERS:**

UH Stakeholder's Mapping (Name of the City, State)								
SN	Name of the Department/ Institution/ Org	Category- Primary/ Secondary/Tertiary	Name of the Contact Person	Complete Postal Address	Land line Contact Number of the Office	Mobile Number of Contact Person	E-mail	Role/Potential Role in UH
1								
2								
3								
4								
5								
6								



7								
8								

**Tool 1.1: MINUTES OF STAKEHOLDERS VALIDATION MEETING**

***Once the city level list of stakeholders is ready after through mapping exercise, the Stakeholders’ validation meeting will be held to finalise the list***

**WHY:**

Stakeholders mapping primarily is being taken care by TCiHC team. After the mapping is concluded, primary stakeholders – Chief Medical Officer or Head of the City Administration along with the team at their offices need to appreciate and validate their stakeholders. As they have to work with these stakeholders in future to improve Urban Health indicators of the city. They need to agree and confident which stakeholders are worth and easy to work with.

**HOW:**

Pre-fixed meeting with CMO/other relevant people is to be done where list of stakeholders is to be shared and discussed. Changes to be done based on their inputs/discussion/other local dynamics. An agenda should be sent to the CMO in advance of the meeting. Since, the minutes of the meeting will be shared with the stakeholders with the new list the detailed discussion points will be recorded in the validation meeting.

**VALIDATION:**

This can be through a covering letter on revised and final list of stakeholders along with minutes of meeting (MOM) on prescribed format (*Tool 1.1*) or even as e- mail message with attachment of final list and MOM.

**WHO WILL TAKE MINUTES:**

TCiHC drafts the minutes and circulates to appropriate stakeholders like CMO and /other as required.

**MINUTES OF MEETING** (*Baithak ka Karyavritt*)

**State:** (*Rajya*)

**District:** (*Janpad*)

**Day & Date:** (*Din tatha Tithi*)

**Venue:** (*sthal*)

---

**Purpose of meeting:** To Validate UH Stakeholders

**Participants:**

1. Chief Medical Officer
2. Nodal Officer – Urban Health
3. District Urban Health Coordinator
4. TCIHC
5. Others

**Proceedings with pictures-**

1. Meeting started with.....
2. List of Stakeholders shared and discussed...
3. New Stakeholders suggested to be added
4. Stakeholders suggested to be removed .....

**Next step-**

**As per the validation meeting,** TCIHC will revise and share the new list of **Stakeholders'** that will be considered as the final UH stakeholders list for the city.