



FEEDBACK REPORT

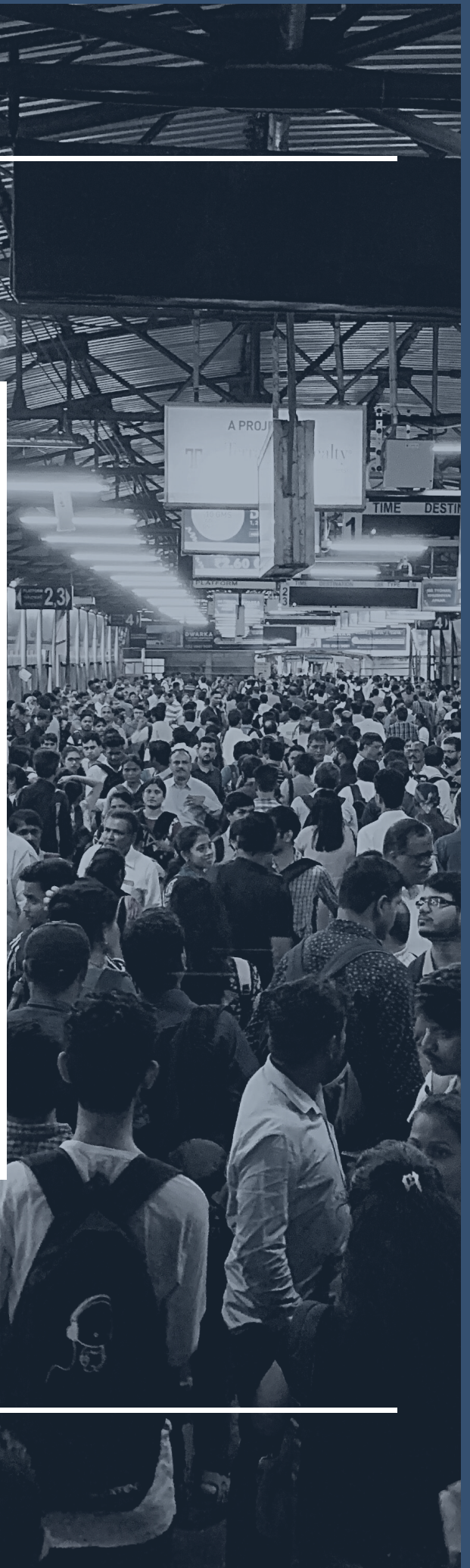
PARTICIPATORY BUDGETING: MUMBAI'S HEALTH BUDGET 2021-2022

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SUPPORTED BY:



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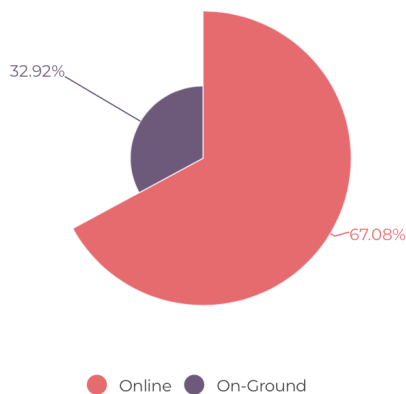
FEEDBACK OVERVIEW

COVID-19 has demonstrated the grave impact that an uncontrolled and unknown virus can have. It has also demonstrated the resilience and fighting spirit of Mumbaikars and the civic authorities who have spared no effort to combat and manage the pandemic.

While the city now resumes life as it knew earlier, the lessons from the past year can serve as a guidance for better planning and management of resources to be able to tackle an exigency of this nature.

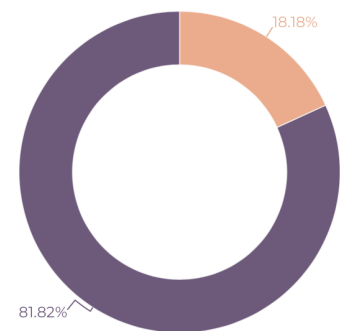
It was with this intention that the Civic Innovation Foundation supported by the A.T.E. Chandra Foundation carried out a public survey to ascertain the citizen sentiment and gather feedback on the list of areas they seek to be prioritised by the MCGM during their planning and budgeting exercise for the health sector, for the year 2021-22.

The feedback gathering was carried out through two channels online responses - where residents responded on Civis' website and on-ground responses from Mumbaikar's with little or no digital literacy.

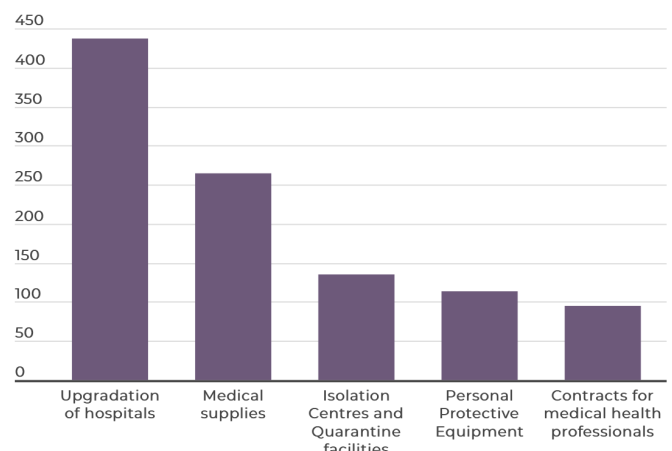


Mumbai's unique and complex demographic necessitated having a representation of voices across varied socio-economic strata and the responses illustrated the diversified priority areas that emerged across the two demographic segments.

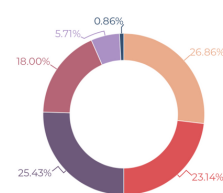
1045 RESPONSES WERE GATHERED ACROSS MUMBAI



Respondents Share Their Priorities Between Covid & Non Covid Expenditure

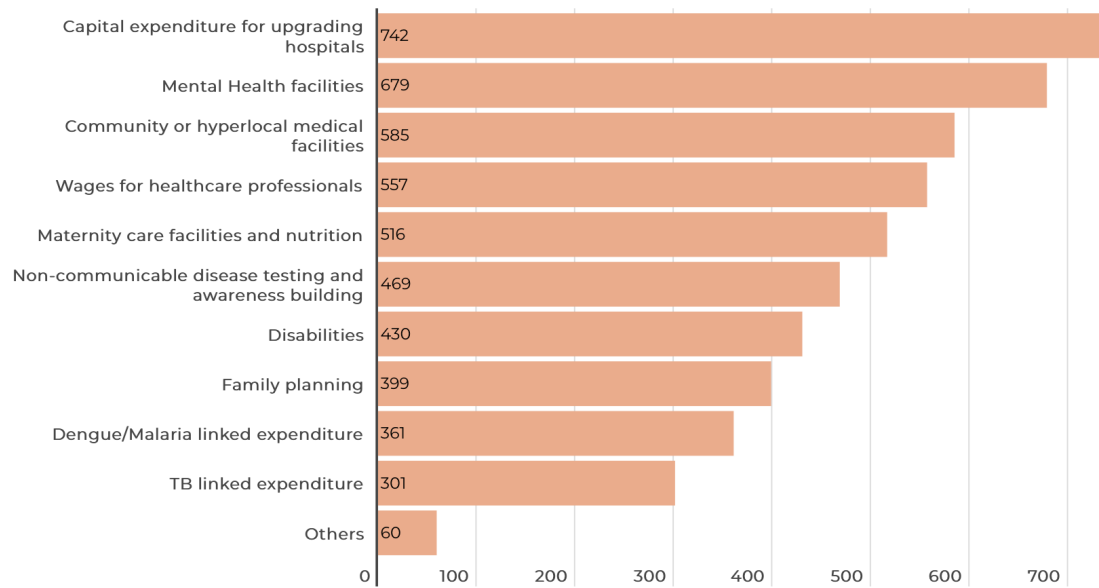


Respondents Share Their Priorities Within Covid Expenditure



Male Female

Gender and Age Demographics Among Respondents



Respondents Share Their Priorities Aside from Covid-19 Expenditure

The feedback across both channels displayed a nuanced and detailed understanding of Mumbai's civic issues and stemmed from lived experiences. The feedback points give rich insights into the minds of the average Mumbaikar across the city's length and breadth and the enhancements that they would like to see in their city's health infrastructure.

The COVID-19 pandemic and the impact that it has had on the citizens' psyche could be witnessed from the suggestions they made. From enabling food delivery apps to support the elderly with customised meal plans to awareness programs to combat the increasing challenge of mental health issues, a host of ideas and recommendations from the collective feedback have emerged.

It was also interesting to note that while the pandemic remained an area of concern, the overall situation of the city's health infrastructure remained topmost on the minds of the civilians. It was pertinent to note that the social background of the respondent and their life challenges dictated the areas of priority that they defined.

Close to 40% of the total on-ground respondents cited access to medical supplies as the topmost priority area under the budget for Covid-19 expenditure, whereas close to 50% of the online respondents stated upgradation of hospitals as the mainstay. However the two groups unanimously agreed that a separate allocation of resources and funds was inevitable in order to effectively manage an emergency situation, should it arise again.

While the respondents did share their suggestions for improving the city's public health infrastructure they also acknowledged the efforts put in by the MCGM towards managing a crisis that had been uncalled for.

A detailed illustration of the response trends and intuitive insights shared by citizens is carried in the following sections. We believe that such a proactive approach by the citizenry to participate actively in their city's functioning can go a long way in democratising Mumbai's civic infrastructure.

METHODOLOGY

Throughout 2020, Mumbai's resilience has been tested by the Covid-19 pandemic, amid job losses and economic slowdowns - fissures in the city's infrastructure have also come to the fore. However, bridging these gaps is not the responsibility of the MCGM alone. Citizens play a pivotal role in shaping and maintaining urban infrastructure.

Civis in partnership with A.T.E. Chandra Foundation worked to gather citizen's inputs on Mumbai's health infrastructure. The aim of this initiative is to understand citizen's lived experiences through the Covid-19 pandemic, these experiences can help inform budgetary allocation in the health domain in Mumbai. This exercise, modeled on participatory budgeting techniques, gathered citizen's inputs in the form of a short questionnaire. The results indicate where residents believe greater focus should be given to Mumbai's health infrastructure.

Civis leaned heavily on Praja Foundation's '[State of Health in Mumbai Report](#)' to present options to the respondents. The participatory budgeting exercise was conducted through online and on-ground components. Online, Civis' platform was used to gather feedback, while on-ground, volunteers were trained to collect feedback from their vicinity.

23 of Mumbai's 24 administrative wards were covered in the on-ground feedback collection of this exercise; while online feedback was gathered from across the city.



ONLINE FEEDBACK

The aim of gathering feedback online was to reach residents across the city, who have the ability to share comments using Civis' platform.

Feedback was gathered from Civis' existing community of Mumbaikars, in addition - residents who had shared feedback on similar consultations in the past were also approached to respond.

Partner organisations like Jhatkaa.org and Rotary Club of Mumbai Uptown were also approached to assist us in spreading the word among similar minded communities. Action for Good Governance and Networking in India (AGNI) was also approached to assist us. A larger group of organisations we reached out to included Project Mumbai, Indian Medical Association's Maharashtra chapter and Center for Social Action. However, only a subset responded to our call to partner on this consultation.

The aim in partner selection was to reach out to those who met either of the following criteria:

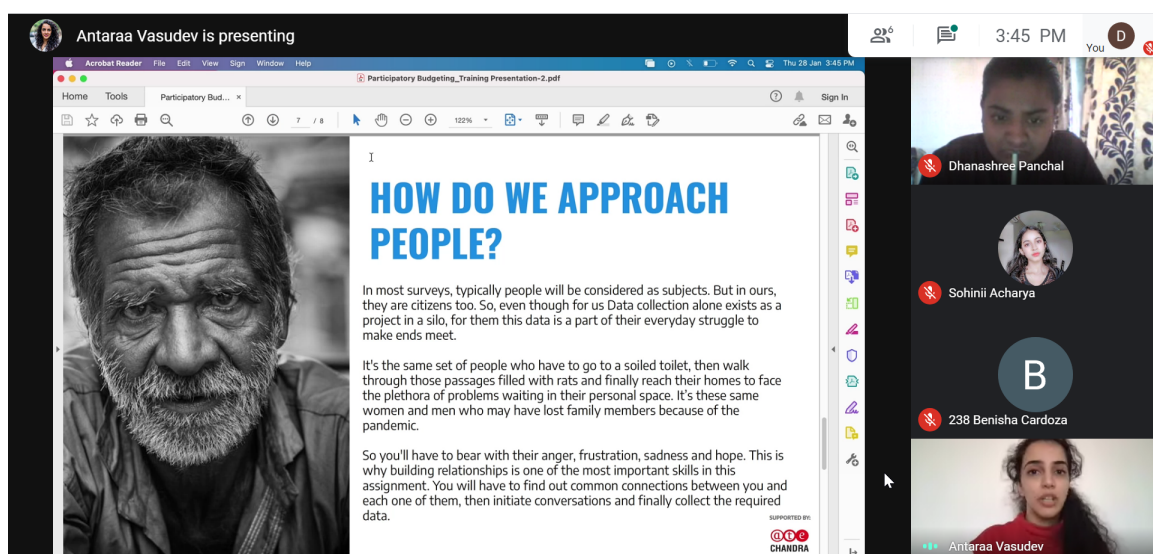
- Organisations which had networks related to the thematic area of public health.
- Community groups or non-profits who have active online communities in Mumbai, which they can reach out to with short lead times.
- Organisations who have large networks of on-ground partners.
- Those who are involved in Mumbai's civic minded causes and groups. Media organisations and local newspapers in the city.

Outreach for this survey was also done using social media advertising, specifically on Facebook and Instagram. Ads were targeted to a large set of residents. Utilising 'lookalike audiences' from Facebook's Ad manager, we were able to reach a group of active citizens who had similar profiles to those who have visited our platform in the past.

Jhatkaa helped us reach 186 Civisens in Mumbai, through email and social media outreach - whilst organisations like the Rotary Club of Mumbai Uptown helped us reach 93 residents.

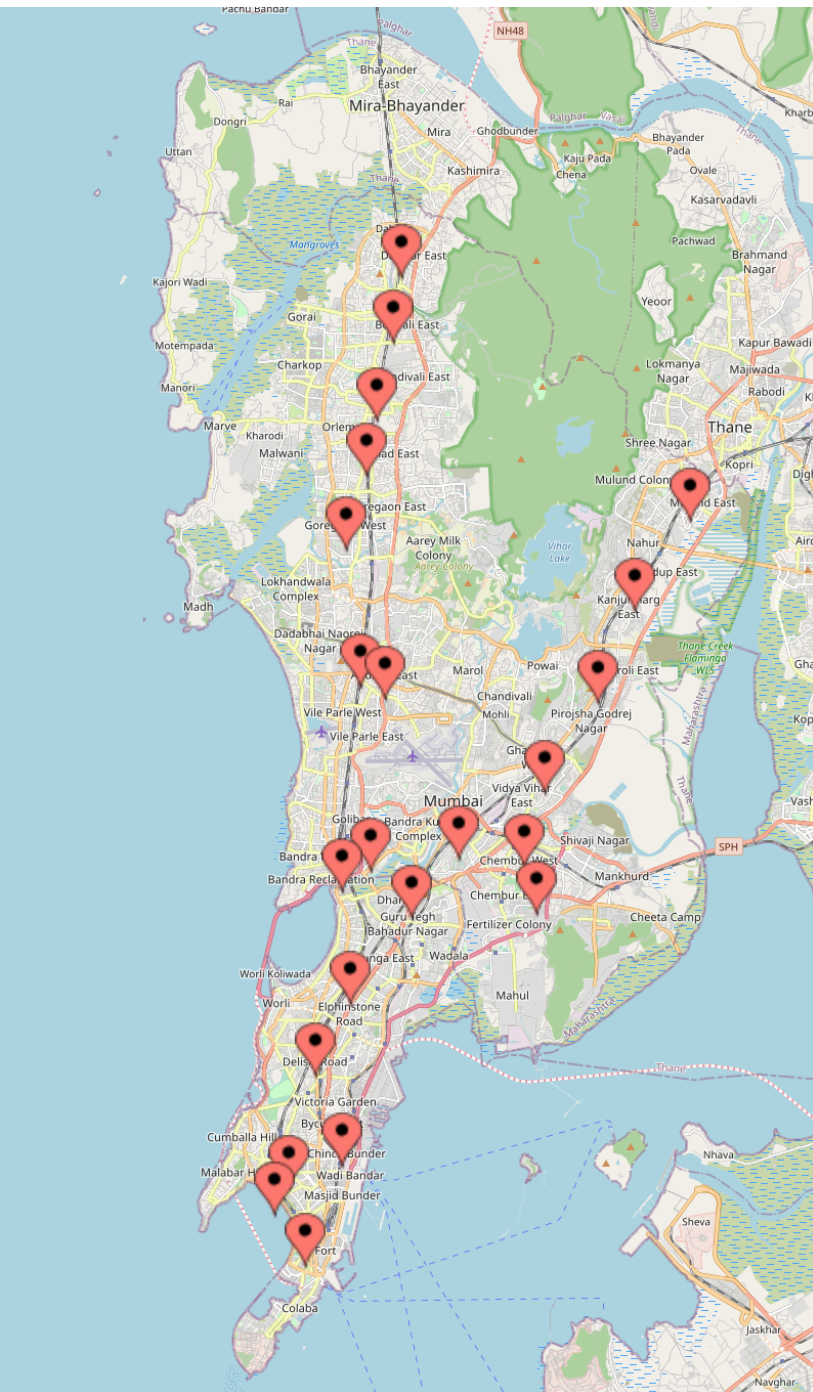
ON GROUND FEEDBACK

Online feedback gathering helped us reach a diverse group of netizens, however - our reach to those residents most dependent on the public health infrastructure in the city was severely limited. To overcome the limitations of internet access, we decided to go with a feet-on-street approach.



Glimpses From Trainings Conducted for Volunteers

We reached out to the National Social Service (or equivalent) Clubs at different institutes in the city. These clubs were selected because of the propensity of the students in these clubs to undertake socially conscious activities. The two colleges whose social service clubs came forward to volunteer were the St. Xavier's College and Fr. Conceicao Rodrigues College of Engineering. We also had the student groups from Thadomal Shahani Engineering College volunteering on the activity



Localities Across Mumbai Where Volunteers Gathered Inputs

STUDENTS HELPED GATHER INSIGHTS ACROSS 23 WARDS IN THE CITY.

Given the ongoing pandemic and the resultant restrictions, students were encouraged to speak to 10 people in their neighbourhood and record their responses to the same questionnaire. Professions of those interviewed ranged from cobblers to daily wage labourers across the city.

To ensure that students were effectively able to gather insights from the field, a training was conducted. This training was based on previous trainings that Civis has conducted for on-ground volunteers in the city. One training was held per college club, with students taking the initiative to introduce us to their peers and set up the calls - while motivating others to join. During the training sessions, students were given an introduction to the work Civis does.

Following this, they were given an overview about the participatory budgeting initiative. Special emphasis was given to the steps which will follow the student survey, so as to underscore the importance of the initiative. Students were then given handy tips on how to navigate these conversations.

Sensitisation was given on how to approach people and navigate hardships they may be facing because of the on-going pandemic.

During the training, students were also shown the Google form they would need to fill on behalf of the respondent. Instructions were shared on how to substantiate the survey with photographs of the respondents, without breaching their privacy.

A majority of students shared with us that the process of conducting the surveys was eye-opening. Though initially intimidated, they enjoyed speaking to members of their community and they learnt new things that had entirely skipped their attention previously. A student who has volunteered with Civis on similar surveys in the past mentioned that this survey was harder to administer - since many people had heated opinions on the pandemic and its fallouts.



CONSOLIDATED FEEDBACK

IN MCGM'S HEALTH BUDGET, WHICH OF THESE TWO OPTIONS DO YOU THINK SHOULD BE ALLOCATED HIGHER RESOURCES?

Citizens were asked to submit their response on the head, that they felt needed a higher allocation of resources from the health budget. The two options given were:

- Expenditure related to Covid-19
- Upgradation of the overall health infrastructure in Mumbai

The attempt was to gauge the citizen sentiment on prioritisation of areas that need attention.

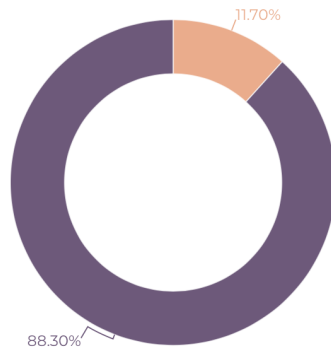
It was interesting to note that close to 88% of the respondents responding online mentioned that the upgradation of the overall health infrastructure in Mumbai was an area of higher prioritisation as compared to Covid-19 related expenditure.

69% of the respondents who responded offline opined that the overall health infrastructure was more pressing than only Covid-19 related expenditure.

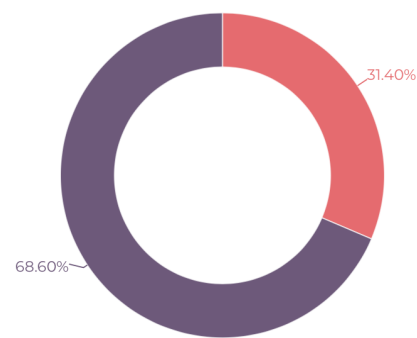
This indicates that while the impact of the Covid-19 pandemic has had far reaching consequences, the medical infrastructure vulnerabilities that were brought to light during the pandemic, were a function of the overall infrastructure within the city and not an issue to be assessed in isolation.

The close link between upgrading health facilities and amenities and their capability to withstand disasters of such nature can be clearly seen from the citizen feedback given. Given that the offline audience belonged to a demographic that faced the maximum challenges during the pandemic their response indicates that the other challenges and limitations that they face with an accessible and medical public health infrastructure are entwined with pandemic specific challenges and may even outweigh them.

ONLINE RESPONSES



OFFLINE RESPONSES



● Covid-19 Linked Expenditure
 ● Upgrading Mumbai's Health Infrastructure
 ● Covid-19 Linked Expenditure
 ● Upgrading Mumbai's Health Infrastructure

BASED ON YOUR LIVED EXPERIENCES, WHAT AMONG COVID-19 EXPENDITURE DO YOU BELIEVE SHOULD GET THE HIGHEST WEIGHTAGE?

The pandemic has demonstrated the need and urgency to have funds allotted specifically for managing any kind of medical exigencies that may emerge from an unforeseen situation such as this. A proactive rather than a reactive approach would hold good stead in budget allocation and management while dealing with pandemics and epidemics of such scale. In keeping with this, citizens were asked to opine (based on their personal experiences during the pandemic) on the aspect that they felt needed highest priority while allocating resources.

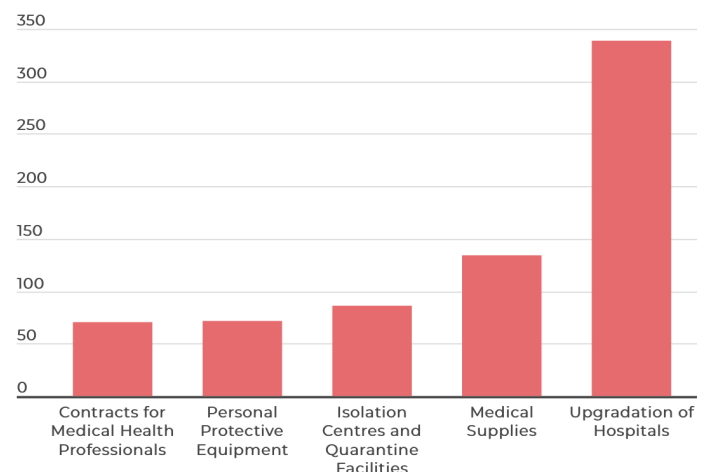
The options given in this regard were:

- Isolation Centres and Quarantine Facilities
- Personal Protective Equipment
- Medical Supplies
- Upgradation of Hospitals
- Contracts for Medical Health Professionals

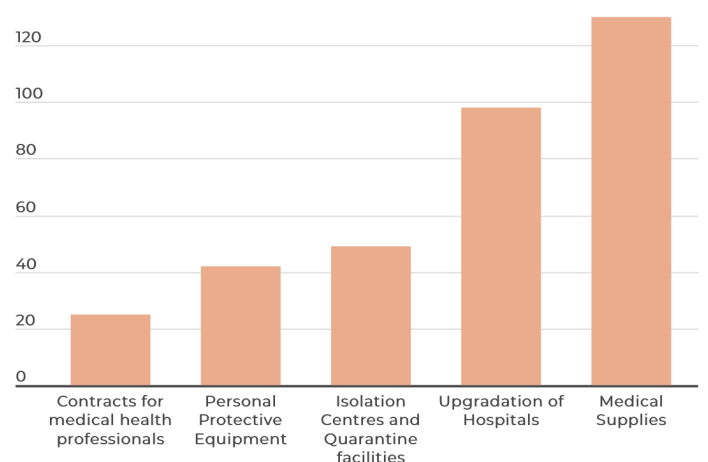
It is interesting to note that even when viewed from the lens of the impact created by the Covid-19 pandemic, the citizen sentiment on aspects that need heightened attention pertain to an overall improvement of medical facilities rather than Covid-19 specific facilities.

Combined, the areas of upgradation of hospitals and medical supplies contributed to more than 65% of the total responses, across varied demographics of respondents.

ONLINE RESPONSES



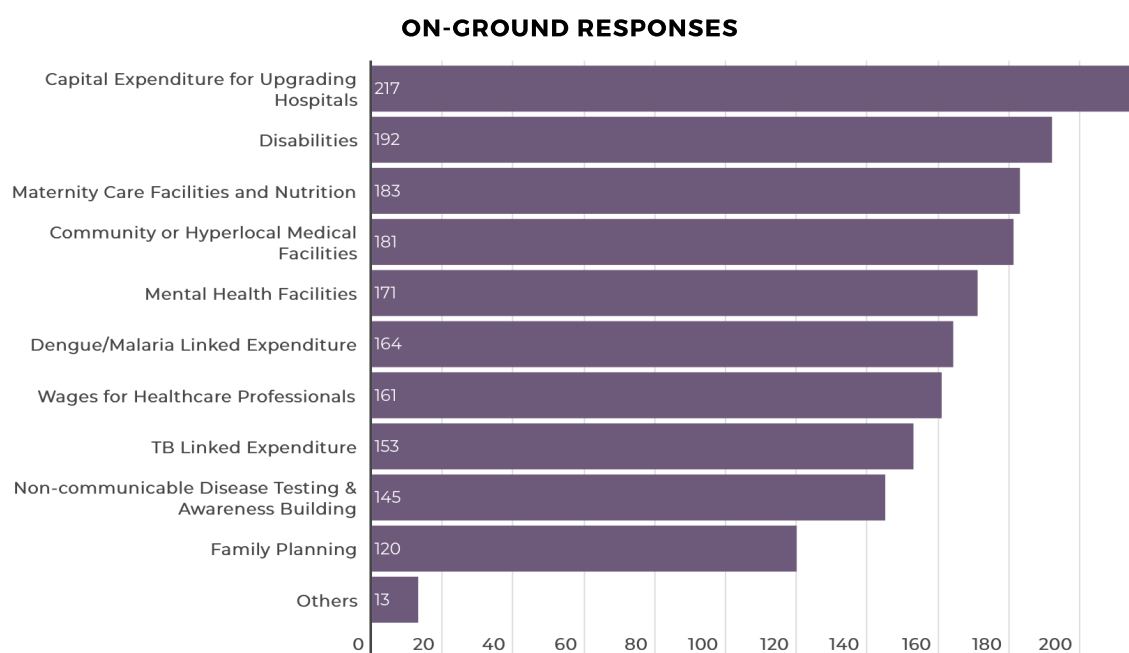
ON-GROUND RESPONSES



ASIDE FROM EXPENDITURE RELATED TO COVID-19, SELECT THE AREAS THAT YOU BELIEVE NEED THE MOST INVESTMENT IN MUMBAI

Citizen feedback was taken on specific areas that need to be addressed for allotting higher resources in the upcoming health budget.

The responses to the options selected were as below:



DO YOU HAVE ANY OTHER COMMENTS OR FEEDBACK ON THE MCGM BUDGET?

While the pandemic and its impact did form a large basis behind the suggestions and feedback shared, the opinions shared were reflective of the larger aspects of Mumbai's public health infrastructure as well.

Mumbaikars shared their overall feedback on the MCGM budget as well as on finer aspects of Mumbai's administration and civic issues.

The suggestions made can be understood in terms of the following subjects:

- Inputs linked to Public Health in the upcoming budget.
- Advancements sought in the city's current health infrastructure.

INPUTS LINKED TO PUBLIC HEALTH IN THE UPCOMING BUDGET

The two main aspects that the feedback suggested were capacity building and quality enhancement of current public health facilities.

Citizens opined that the pandemic had demonstrated an urgent need to scale up the size and quality of hospitals and health centres to be effective in combating a health crisis of the magnitude that the city had to overcome. In this regard some of the key areas for consideration for inclusion in the budget were:

Upgradation of health centres across the city; both in terms of hospitals as well as colony health clinics. Citizens opined that the size of the city and the quantum of the population deemed an increase in the number of institutions delivering healthcare and allied services. Some areas for advancement included:

- Infrastructure upgradation of public hospitals and equipping them with resources for faster testing and better patient care
- Construction of government hospitals in suburban Mumbai
- Increase in number of pathology laboratories and testing centres
- Modernisation of existing facilities for improving their quality and efficiency and to economize them
- Improving living conditions and amenities in hospitals and resident hospitals for doctors and medical workers; improving sanitation and hygiene in hospitals
- Increasing the number of MBBS colleges
- Replicating the 'AIIMS' model in Mumbai
- Increasing support staff in government hospitals
- Capacity building and training for medical workers and staff

The pandemic had demonstrated the importance of medical frontline professionals the necessity to equip them with the knowledge and infrastructure required to combat any medical emergencies.

Feedback included:





- Deploying dedicated teams of state employed or contractual doctors for free consultation and medication
- Revision of pay structure of government medical staff in line with the standards demonstrated by the private sector
- Training of MCGM officials (including workers in non-health related services) on SOPs to deal with emergencies related to public health, for effective implementation of protocols
- Ongoing training (aided by virtual tools) for primary healthcare workers through collaborations with NGOs having expertise in issues related to community health
- Developing a training program for sanitation/sewage workers for handling of toxic hazardous waste along with life insurance and pension benefits

Promotion of inclusivity by design and action emerged as a key suggestion. Citizens suggested that the Mumbaikars across demographics and socio-economic strata remain deserving of healthcare standards and services in a fair and equitable manner.

There also emerged a need to accord mental health the same relevance as that given to physical health. Some of the suggestions included:

- Access to medical facilities to low and middle income groups/individuals at affordable rates or free of cost
- Increasing access to public clinics that provide basic healthcare facilities free of cost
- According importance to mental health awareness, diagnosis and treatment by making more mental health centres a priority and creating awareness about mental health in educational systems
- Fund allocation for welfare of the elderly
- Creation of a rare disease fund to aid the underprivileged
- Distributing vaccines in low income areas
- Communication and interaction with patients to not be laced by discriminatory attitude
- Healthcare awareness programs amongst lesser privileged communities
- Standardisation of rates for medical tests

Combating diseases and ailments that have to date not been accorded greater importance was also another key suggestion that emerged; its relevance exacerbated by the far reaching effects of the pandemic. Suggestions in this regard included:

- Resources and provisions to prevent as well as tackle epidemics and diseases such as malaria, dengue, drug resistant TB, HIV
- Improvement of maternal care and child health and nutrition programs, improved capacities to deal with postpartum care, promotion of early initiation of breastfeeding rate in delivery units, hormone replacement therapies, increase in adolescent rehab centers and trauma centres, hygiene programs and other interventions that have till date not had top-of-mind awareness
- Increasing awareness, testing and treatment of anaemia among adolescents, children and reproductive women
- Making menstrual care products more accessible and affordable

"AS A MEDICAL PROFESSIONAL MYSELF, I STRONGLY BELIEVE THAT WE NEED TO WORK TOWARDS A STANDARDISED & CENTRALISED PATIENT DATA COLLECTION SYSTEM"

Investment in technology and research aided by availability of adequate medical resources was deemed to be the solution to developing a holistic and well structured healthcare system. Feedback includes:

- Funds allocation for studying the huge amount of primary data available with the public health care facilities in order to build a knowledge centre
- Standardisation and centralisation of patient data collection systems
- Maintenance of data records on patient history and data-backed monitoring on

administrative functioning

- Research on diseases and development of new technology equipment supported by statistical recordings of all health events, that can be made available to medical health professionals on a periodic (monthly) basis
- Development of applications that help provide in hand information about hospitals and available wards along with their commercials
- Allocation for resources such as full cover body suits, oxygen masks/cylinders, biomedical dustbins to safeguard the health of sewage and sanitation workers as well
- Developing a dedicated corridor for ambulances all through the city

ADVANCEMENTS SOUGHT IN THE CITY'S CURRENT HEALTH INFRASTRUCTURE

Apart from points that could be considered for a budgetary exercise, citizens also brought to light other aspects that required to be taken into cognisance for building the public health infrastructure.

Citizens demonstrated ingenuity with a few other suggestions that would help revolutionize the way medical health infrastructure is structured:

- State to support medical health professionals with a waiver on loan repayments, in case they serve in a state public hospital for more than 3 years
- Introducing separate health care insurance for citizens availing OPD treatments
- Criminalising medical professionals charging commissions on recommended health tests
- Mandating a minimum 3 hours per week of public health care service for all doctors
- Increased transparency in admission process in hospitals
- Increase in facilities that dispense health care counselling through a virtual medium.
- Introducing on-call consultations by government hospitals at minimal charges to limit mass gathering in hospitals
- Mandating centralised and common information centre in government hospitals
- Medication for ailments and prescribed and customised diet to be made available through delivery applications such as Zomato and Swiggy



ON-GROUND RESPONSES: DO YOU HAVE ANY OTHER COMMENTS OR FEEDBACK ON THE MCGM BUDGET?

Citizens from across Mumbai were spoken to understand their sentiment and opinions that they would want to share with the MCGM for consideration in the upcoming annual budget. The discussions that were carried out in the form of in-person on-ground surveys helped give an understanding of issues at the grassroots level and represented the voice of a demographic that debatably faces the maximum challenges in access to high quality and affordable healthcare.

The respondents in question formed part of the support workforce of Mumbai and included vegetable and fruit vendors, rickshaw drivers, paper sellers, sweepers, domestic help, security guards among others. Cumulatively they gave a rich insight into the on-ground actualities and issues faced.

It was heartening to note that several of the 344 respondents indicated that they were satisfied with the services provided by the MCGM and lauded their efforts with dispensing healthcare facilities whilst dealing with a pandemic.

The respondents however did indicate the challenges they face which require to be taken into consideration while formulating the annual budget. The challenges were characteristic of the demographic they belong to and their socio-economic status that highlighted three main aspects of healthcare:

- Accessibility
- Affordability
- Awareness

ACCESSIBILITY

Healthcare facilities that are available to the public keeping into account the demographic they belong to was specified as one of the key aspects for consideration by the government. Respondents specified that they were reliant on government hospitals since private healthcare could be ill afforded. Hence ease of access to good quality healthcare services in government centres and swift dispensation of medical treatment was cited as a key consideration.

The suggestions made by the respondents included:

- Inclusive and respectful handling of issues and dealings with patients
- Increase in the number of and upgradation of community health care centres including setting up of small clinics and OPD centres in areas where the population does not have access to and cannot afford private healthcare
- Upgradation of overall health facilities and not only those related to management of the pandemic
- Increasing the number of professional doctors and staff in government hospitals with processes to verify their credentials and eliminate quacks
- Facilitating ease of access to vaccines by setting up more vaccination centres
- Increased facilities for the differently abled and elderly
- Access to good quality water, sanitation facilities, menstrual hygiene products
- Increasing focus on non-communicable diseases and facilities helping deal with mental health

- Increasing hospitals and centres dedicated to support for the differently abled and mental health patients
- Improving the hygiene and cleanliness in and around government hospitals
- Regular fumigation to reduce the risk of diseases such as dengue and malaria
- Increase in wages of staff working for secondary services in hospitals with increased benefits to be provided post retirement

AFFORDABILITY

Given the limited access to financial resources, the respondents cited affordability of healthcare to be one of the key concerns especially in the wake of the pandemic that had robbed many of their livelihoods and reduced their earning capacity. Areas of support identified by the respondents included:

- Reduction in cost of medicines and other medical supplies especially for groups and individuals that are economically challenged and socially vulnerable. E.g. free masks and sanitisers
- Building hospitals for the economically backward
- Identification of treatments that can be dispense at a low cost or free of cost



- Free basic healthcare checkup for children
- Affordable healthcare for diseases such as cancer and for expensive medical equipment such as oxygen cylinders and ventilators
- Affordable medical insurance and reduced insurance premium
- Adequate and free nutrition to be provided to children till the age of 3

AWARENESS

As per the citizens, lack of awareness of government initiatives and medical facilities and programs affects the extent to which their community is able to effectively avail of the healthcare provided by the government. The citizens urged the MCGM to increase efforts in promoting awareness and curb any kind of misinformation and miscommunication that may arise due to limited access to reliable platforms.

- Increased awareness programs on mental health
- Cleanliness drives to be conducted to make the citizens aware of importance of sanitation and hygiene
- Awareness campaigns for nutritional development, family planning and social and personal hygiene

Citizens stated that the pandemic had demonstrated that the upcoming budget would have to have a contingency fund to account for such unforeseen situations and with adequate planning based on the MCGM's rich experience the budget can be devised to be more inclusive towards the socially and economically vulnerable.

ANNEXURE

HEALTH AND A LOT MORE

Citizens hailed the concept of 'Participatory Budgeting' as a game changing initiative that can help revolutionise the way public spending is planned and implemented. It was heartening to note the keen interest of Mumbaikars to be involved with and support the MCGM in their initiatives and efforts to better plan the city's public spending and management of civic issues.

As part of the feedback submitted, citizens shared their opinion and suggestions on how the budgeting process can be made inclusive and more effective in its implementation and monitoring. The suggestions centred upon the following:

- Methodology for resource allocation
- Setting up of processes for monitoring and evaluation

Allocation of resources should be commensurate with the size and scale of the city's population. Citizens highlighted aspects like the population density and the doctor-patient ratio to be considered as a barometer for understanding the requirement of additional resources. Areas that are to be prioritised need to be identified and allocation of resources to be done in a proportionate manner. Bifurcation of budget and resources based on the department can help with better monitoring and scaling up of resources as and when required. A data-driven approach to be adopted to identify the on-ground situation. Statistical reports and surveys to be relied upon for decision making thereby making the process an objective and research driven one.

Residents also had suggestions on monitoring and evaluation methods:

- Monitoring mechanism to be set up for every budgetary head, that engages in scheduled reviews to assess the deficit or surplus while managing resources allocated.
- Guidelines and procedures to be established for effective monitoring of funds usage by agents and suppliers of health related services and equipments, to bring about increased transparency in funds allocation and monitoring

- Identification of aspects of the infrastructure that need routine scrutiny followed by surprise visits and checks to inspect adherence to guidelines.
- Particulars such as cleanliness, material procurement, testing facilities, equipment efficiency and working professionalism are some of the critical facets of the infrastructure that can be reviewed in hospitals by third party officials
- Implementation of a monitoring and evaluation methodology across the entire chain of the budgeting exercise, right from planning to execution is suggested to improve the efficacy and objectivity of the process
- Monitoring process to periodically identify areas for improvement and in current need of prioritisation so as to proactively identify and manage issues, if any
- Increased usage of virtual tools for the budgeting process, dissemination of information as well as for monitoring to be employed
- Opening up communication lines between the MCGM Standing Committee and the citizens for a more collaborative, constructive and proactive dialogue and for establishing increased trust and accountability across both sides of the table
- Periodic (preferably monthly) public reviews of the MCGM's activities and initiatives, followed by published reports on funds allocation and expenditure can help identify overruns and deficits well in time
- Declaration of the budget on media platforms for increasing transparency and accountability
Introduction of audits by a central agency to be made mandatory for tenders issues beyond a specified threshold

While the feedback gathered from citizens was primarily to understand their sentiment and suggestions with respect to the health budget of the city, it also emerged that citizens considered a few other civic issues to be of equal importance and closely linked to the effective functioning of the public health infrastructure.

- Citizens' opinion suggested that it would be prudent for the health budget allocation to keep in mind all factors and issues that plague Mumbai. It was suggested that the focus on the pandemic related issues should not take away the relevance and gravity of other issues such as road and infrastructure development, livelihood management, environment and rehabilitation of slums.

Allocation of resources was suggested to be looked beyond the health sector and to extend towards education, tourism, trading and industry among others.

Some of the key areas identified for consideration were as follows:

- Infrastructure Management:
- Management of resources such as food, water along with management of sanitation, sewage & waste
- Construction and maintenance of roads and pavements
- Creation of an emergency fund to manage unforeseen events
- Increased collaboration with the private sector to upgrade infrastructure Increased focus on public transport facilities, to better manage disruptions caused in the aftermath of pandemic like situations
- Strict actions & penalties to curb littering and to ensure better and cleaner roads
- Maintaining clear demarcation between residential and industrial areas (especially chemical factories)
- The Navi Mumbai model to be adopted for managing cleaning facilities, wherein sweeping is carried out twice a day and public involvement is encouraged to participate in community activities for maintaining cleanliness.
- Environmental Management:
- Undertaking plantation drives and undertaking more projects on the lines of the Mahim Nature Park
- Management and control of air pollution
- Cleanliness drives to be undertaken by collaborating with schools, colleges and NSS and NGOs
- Mandatory segregation of dry and wet waste, as well as management of e-waste
- Minimising impact on environment caused by waste collection by initiatives such as increasing the number of dumpsters, improving their design, moving the dumpster to outside the city limits and collection of waste only at night
- Making the city cycling friendly and encouraging cycling amongst citizens
- Mandatory fumigation of all areas on a fortnightly basis
- Electric vehicles to be promoted aggressively, with subsidy & infrastructural development for charging stations, etc in place.
- Initiatives and regulations to be introduced to curb industrial pollution
- Animal welfare to be given due importance and initiatives such as sterilisation drives to be carried out in an ethical manner
- Education & Public Welfare:
- Upgradation of existing government schools and regular monitoring to address issues to reduce dropout rates
- Strict imposition of fines for non compliance of rules and regulations
- Better amenities for the differently abled and senior citizens
- Better management of rallies and public events Periodic health care routine checkups to be provided to senior citizens at their respective residences itself
- Slum rehabilitation to be considered as a priority item

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OUR VOLUNTEERS

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JAY KAKU
JOEL AYAPPA
JUZER SANGOTWALA
KASHISH DUNGAR
MELODY PEREIRA
MIHIKA GAONKAR
MOHITANSU MOHAPATRA
MUSKAN GUPTA
NAMANN SHARMA
NATASHA LOBO
NIDHI NARESH RAWNANG
NIRAJ JAIN
NISHANK JAIN
PRANAV MANDAR DHARMADHIKARI
PRIYANSI CHOGALE
PURVA CHONKAR
RAVI SHARMA
RIDHI BAUSKAR
SAHIL ARYA
SALIL MODAK
SALONI TAKHTANI
SANSKRITI IYER
SANYUKTA SHINDE
SHAGUN LAMBA
SHORN NELSON CORREIA
SHREYA MANJUCHA
SIDDHANT JATALE
SIDDHESH DHOME
SOHINII ACHARYA
SWIJEL DMELLO
UDIT KUMAR JAIN
UNNATI SORATHI
UPMANYU JHA
VIGHNESH PAI
YAMINISHREE GUNASEKARAN
ZUBIYA ALVI

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