

# City Heat and Health Action – A case of Convergence and local capacity building

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In response to Climate and health vulnerability of Surat city in India, Local Self Government (LSG) established Urban Health and Climate Resilience Center of Excellence (UHCRCE) with a mandate of research, training, networking and advocacy.

Realizing Heat wave as an ongoing climate and health challenge, LSG & UHCRCE implemented local evidence based, the first coastal city plan in India, 'Heat and health Action Plan- Surat (HHAP) in 2014 and updates every year.

Surat experience demonstrated key lessons for urban resilience by activating the inherent potential of cities.

***Every city has its unique climate challenge and behavior*** for calamities like heat waves. Intra city variations needs special attention in action plan.

***Climate Trends are not static:*** Patterned changes in severity, time duration and intra-city variation were analyzed for heat waves. City needs to regularly observe and track the trends for evidence based action.

***Local resource group formation:*** Regular monitoring needs local capacity building. Team needs learners (Academia) and doers (Administrators), who know the city well. The group plans pre-summer review, analyze weather data and jointly act.

***Strong Convergence:*** Heat and health Action requires strong convergence between departments of LSG, academia, public-private actors, NGOs and citizens groups.

***Joint Capacity building:*** Cross-learning workshops for all LSG of Gujarat, (“learners” and “doers”) reached consensus, climate change and its health impact is a concern of all cities. Heat wave, Air quality and Health impact are priority issues for all. There were some city specific concerns, like the role of humidity in forecast of heat waves for coastal cities. City specific teams and their joint capacity building is needed for continuous analysis and watch on the situation.

***Phase-wise cautious implementation of plans is necessary*** All-cause mortality in Surat was more than direct heat induced mortality. Hence, institutional sensitization was prioritized along with community based interventions.