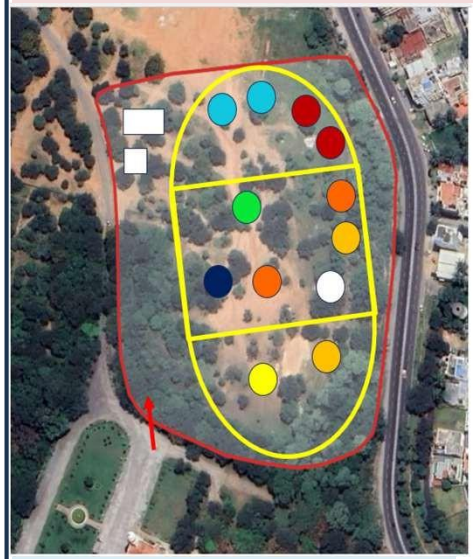
1. MULTI-SPORTS CORRIDOR PROPOSAL (WITHIN ~10 ACRES)

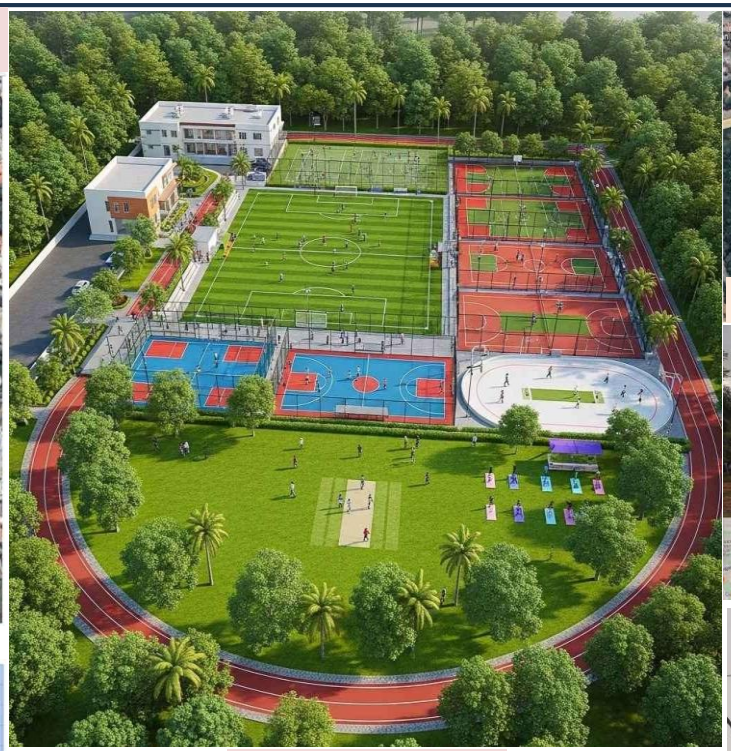


Proposed Sports Facilities with Area and Dimensions

Sport Facility	Area Required	Dimensions (standard)
Tennis Courts (2 nos.)	0.66 acre	36.5m x 18.3m each
Basketball Court (2)	0.25 acre	28m x 15m
Volleyball Court (2 nos.)	0.36 acre	18m x 9m each
Mini Cricket Practice Nets	0.75 acre	25m x 8m each + buffer
Mini Football Field (7-a-side)	1.5 acres	60m x 40m
Skating Rink / Roller Area	0.6 acre	50m x 25m
Jogging Loop Around Sports Area	1 acre (linear)	2m wide, ~400m loop
Yoga & Open Aerobics Lawn	1 acre	Flexible grass lawn
Pickleball court (1)	0.20 acre	28m x 15m
Handball court (1)	0.18 acre	40m x 20m
Kids' Multi-sport Zone	0.75 acre	Modular play
Admin + First Aid + Locker Units	0.5 acre	Small built-up + pavilion

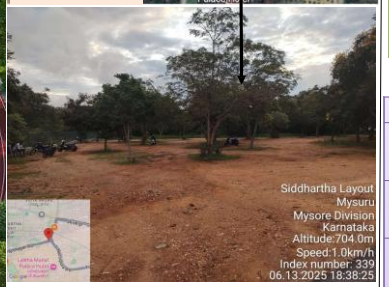
Nature Trail in Biodiversity Park

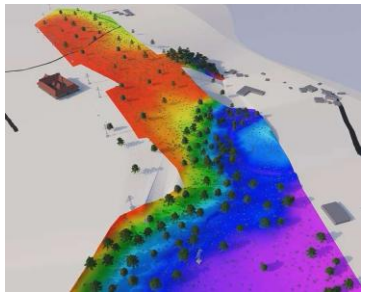
"Biodiversity parks reconnect people with nature, fostering sensory stimulation, relaxation, and active aging in inclusive environments."
For example, the Yamuna Biodiversity Park in Delhi demonstrates how urban biodiversity spaces can enhance ecological health while serving as therapeutic and educational landscapes for all age groups.



2. BIO-DIVERSITY PARK

LAT - 12.30053°
LONG-76.69322°





Vegetation Zoning and Plantation Suitability Analysis of Biodiversity Park Site

Facilities within the Biodiversity Park

Facility	Target Users
Central Water Pond	All visitors; children (play); seniors (calm view)
Resting Pavilion / Room	All age groups; especially elderly and families
Nature Trail Walkways	Walkers, nature enthusiasts
Observation Deck / Watchtower	Youth, researchers, tourists
Native Plant Garden	Educational for students and researchers
Butterfly Garden	Children, families, researchers
Eco-Education Kiosk	Students, tourists
Play Area (Natural Material)	Children
Medicinal Plant Grove	Educational purpose, elderly

PROPOSAL 1,2

Aspect	Observation	Impact on Health
Physical Activity Facilities	Wide range of facilities: football, basketball, volleyball, tennis, skating, yoga, jogging track.	• Encourages regular physical activity across all age groups • Reduces risk of lifestyle diseases.
Access to Nature	Retained green cover and trees; open-air settings.	• Improves mental well-being, reduces stress, and supports better respiratory health.
Social Interaction Spaces	Common areas like yoga lawn and kids' zones.	• Builds community ties, reduces isolation, especially for elderly and children.
Multi-generational Use	Facilities for kids, youth, adults, and elderly (yoga, walking tracks, seating areas).	• Promotes inclusivity; aligns with WHO's Age-Friendly Cities framework.
Safety	Open design, central admin/first-aid area, defined walking/running loops.	• Enhances user safety and emergency responsiveness.
Environmental Resilience	~1.21 acres left for landscaping, trees, and unbuilt green buffers.	• Mitigates heat island effect, improves microclimate, and supports urban biodiversity.

Recommendations and Standards

Recommendation	Standards
Barrier-free access with ramps, tactile flooring, shaded seating areas	• **NBC 2016**: Requires ramps (1:12 slope), tactile tiles, accessible toilets • **WHO**: Universal mobility access.
Install CCTV, lighting, defined entry/exit, and first-aid kiosk	• **NBC 2016**: Prescribes public safety measures • **Karnataka Park Rules**: Mandate lighting and CCTV coverage.
Maintain 10–12 sqm of open space per person	• **URDPFI**: Recommends 10–12 sqm open space per capita; • **MoHUA**: Requires 20–30% green cover for healthy living.
Walking/jogging paths of 2–3 m width with continuous loop	• **IRC Guidelines**: Minimum 2 m for jogging/cycle track • **NBC 2016**: Non-slip surface and 1:20 slope for safety.
Designated paths for elderly & PwDs with signage and handrails	• **NBC 2016**: Accessible design standards for all; signage at eye level, handrails at 0.9 m height.
Courts and zones must meet size and safety requirements with signage	• **URDPFI & State Sport Policies**: Define minimum sizes (e.g., Tennis – 36.5×18.3 m); adequate safety clearance and signboards.

- **Flora:** The biodiversity park will feature native vegetation of Mysuru such as Neem, Honge, Indian Laburnum (Amaltas), Peepal, Arjuna, and Sandalwood, along with a curated medicinal plant section including herbs like Shatavari and Brahmi. **These species support the ecological balance and reflect the local natural heritage.**
- **Fauna:** The park will support local fauna like peacocks, Indian palm squirrels, garden lizards, butterflies (like Blue Tiger and Common Crow), parakeets, and other native bird species.

Planning for healthy and age friendly cities: A case of Mysuru city

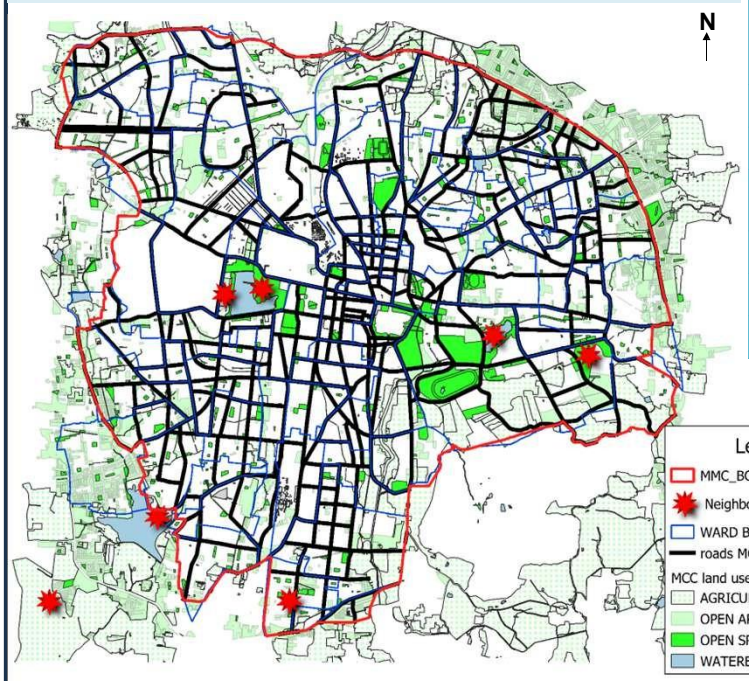
SCHOOL OF PLANNING AND ARCHITECTURE

NAME: PRERANA SL

REG NO: P01ZZ23T107016

DWG NO:

3.Proposed Nodes for Neighborhood Wellness Centers in Mysuru



Proposed Location	Why This Location?	Wellness Themes to Focus On
Chamundi Foothills (Near Karanji Lake)	• Quiet, green • spiritual vibe • near nature Suitable for mindfulness & holistic living.	Nature therapy, Yoga, Meditation, Community Walks
Kukkarahalli Lake Park Zone	Academic zone (near University), attracts youth and educators.	Mental health, Stress relief, Mindfulness
Lalitha Mahal Palace Surroundings	Heritage and tourism-rich area with scenic openness.	Art & Culture-based Wellness, Music Therapy, Heritage Walks
Lingambudhi Lake Green Belt (Near Srirampura)	• Emerging suburban calm zone • ecological hotspot.	Green therapy, family wellness, nature-linked fitness
J.P. Nagar Urban Park Extension	Densely populated but has scope for calm corners.	Community wellness, Women & Child Pre-care, Emotional Wellness
Kukkarahalli Back Gate Area	Accessible to public, yet quiet and underutilized.	Youth mental health, Art & Music expression
R.T. Nagar / Hebbal Eco-Park Side	Upcoming residential area, ideal for new models.	Family lifestyle coaching, Early stress detection

This map shows the **potential locations** for new **Neighborhood Wellness Centers**. These areas were selected based on **future growth**, **strategic accessibility**, and **urban expansion zones**.

"This proposal enhances the existing Heritage-cum-Science Park by transforming it into the **Heritage-cum-Science, Intergenerational & Wellness Park**, with a focus on age-friendly design, intergenerational interaction, and health-oriented urban space planning."

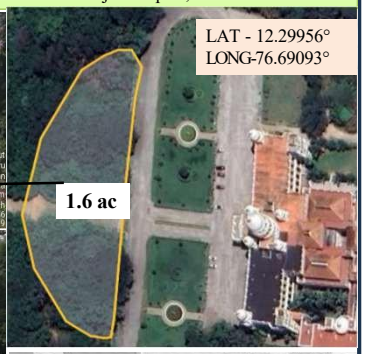
Original Plan (Under JNNURM)

Proposed as a **Heritage-cum-Science Park** with:

- Sound & light show
- Miniature I-MAX theatre
- Laser fountain & musical shows
- Walking paths with models/sculptures
- Children's science exhibits
- Battery-operated trains
- No clear age-focus or health-oriented design

PROPOSAL 3,4

Name	Heritage-cum-Science Park (no assigned official name)
Location	plot in front of Lalitha Mahal Palace, T. Narasipura Road
Area	Approximately 1.4–1.6 acre (as per DPR)
Status	DPR approved under JNNURM (2012-13);no construction or tendering
Source	MUDA/JNNURM Detailed Project Report, 2012–13



One key location is **in front of Lalit Mahal Palace**, which can serve the expanding southern part of the city. These centers aim to **strengthen preventive care** and promote a **healthy, age-friendly Mysuru**.

Science Trail with Interactive Boards

4. Proposed Enhancement of the Heritage-cum-Science Park with Integrated Age-Friendly and Wellness Features for a Healthy City Framework

Feature	Existing Proposal (JNNURM)	Proposed Addition	Standard Guideline Reference	Estimated Area (sq.ft)	Impact on Health & Age-Friendliness
Science Trail	Planetary models, static exhibits	Add tactile and sensory-rich signage, interactive boards	WHO: cognitive stimulation	800–1000	Mental engagement for elderly, learning for children
Musical Fountain	Decorative, central	Calming water feature with soft mist and lighting	WHO: calm environments	700	Relaxation, visual and auditory therapy
Children's Play Area	Basic play zone	Inclusive play (adult-child swings, soft edges)	URDPFI: universal access	1200	Encourages family bonding, physical activity
Walking Pathways	Standard footpaths	Add ramps, handrails, shaded walks	WHO: barrier-free mobility	1500	Safe movement for seniors, caregivers
Seating / Benches	Basic benches	Ergonomic seats, shaded pergolas	WHO: rest every 100m	500	Rest and safety for elderly and mobility-limited persons
Yoga / Wellness Deck	Not planned	Open wellness deck or lawn with soft tiles	MoHUA, Smart City mission	800	Group activity, stress relief
Sensory Garden	Not planned	Plants with aroma, texture, color coding	Therapeutic horticulture	1000	Memory aid, sensory stimulation for all ages
Health Info Kiosks	Not planned	Digital + audio visual health education booths	Smart Health Nodes	200	Builds awareness on nutrition, exercise, screening
Open-Air Theatre	Small stage	Age-inclusive platform with shade	URDPFI: social spaces	1000	Socialization, intergenerational interaction
Toilets (Universal)	Not planned	Accessible toilet block with grab rails, gender-neutral	Swachh Bharat + NBC	150	Hygiene, dignity for elderly and disabled
Heritage Music Therapy Dome	Not planned	Circular dome space for local music therapy sessions	WHO: memory, therapy through music	600–800	Emotional healing, memory recall, local identity
Foot Reflexology Path	Not planned	Pebble-stone or tactile walk loop	Naturopathy, wellness design	300–500	Improves blood flow, physical therapy
Cultural Platform	Not planned	Traditional storytelling, local art display stage	URDPFI + Age Inclusion	600	Promotes heritage, interaction and respect
Botanical Trail	Not planned	Short plant trail with name boards, QR info	Education + biodiversity	600–800	Nature education, relaxation, exploration
Mindfulness Maze Path	Not planned	Low-height meditative maze with signage	WHO: mental wellbeing	400–600	Mindfulness, anxiety reduction, calm navigation

Heritage music therapy dome

Botanical trail

Foot Reflexology Path

Mindfulness maze Path

Counseling Pods

SCHOOL OF PLANNING AND ARCHITECTURE

Planning for healthy and age friendly cities: A case of Mysuru city

NAME: PRERANA SL

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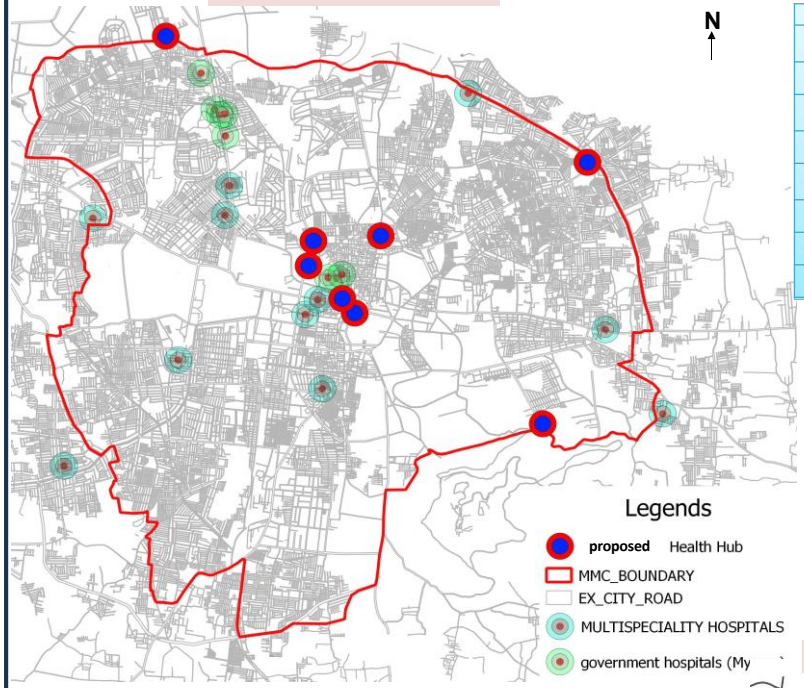
DWG NO:

PROPOSAL 5,6

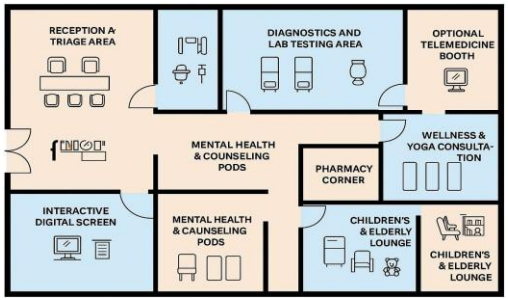
5. HEALTH HUB

Not a hospital, but a **place of peace, interaction, and prevention.**



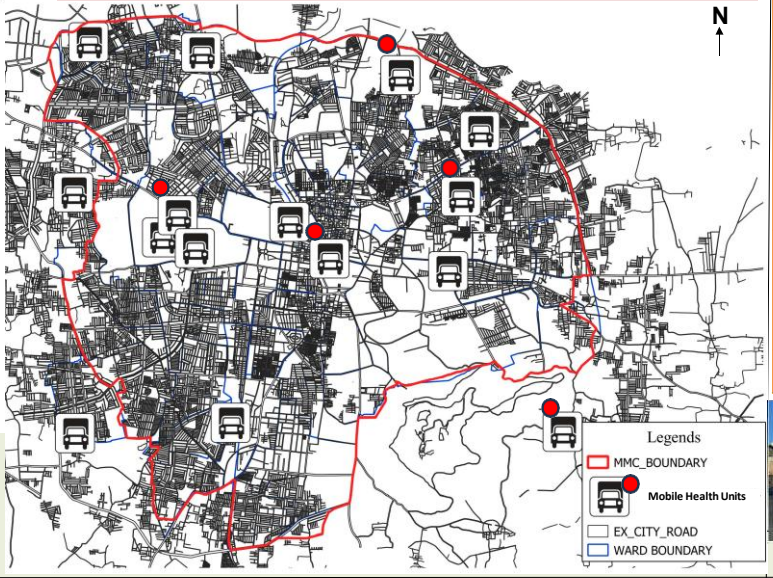
Proposed Location	Why Here?
KSRTC City Bus Stand (Suburban Bus Stand)	High floating population, daily commuters, senior citizens, accident-prone
Mysuru Railway Station (Entrance area)	Tourists, long-distance travelers, elderly travelers, medical emergencies
Devaraja Market (CBD Area)	Heavily crowded area, street vendors, heat exhaustion cases, food-borne illness complaints
Lashkar Mohalla / Bamboo Bazaar Area	Slum pocket, vulnerable informal workers, poor health access
Chamundi Hills Entry Zone (parking area)	Pilgrimage spot, elderly footfall, fainting/stress emergencies during climbing
Hebbal Industrial Area Gate (South Gate)	Workers with heat stress, minor injuries, asthma issues due to dust
St. Philomena's Church / Ashoka Road node	High migrant laborers, homeless shelter nearby
Sathagalli Bus Terminal	Future growth node, traffic congestion, limited nearby health infra

INTERIOR LAYOUT OF THE PROPOSED HEATH AND WELLNESS HUB

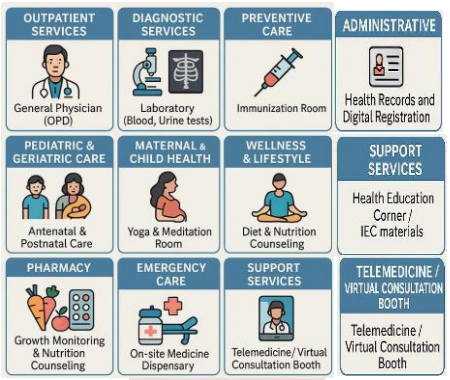


Proposed Location	Target Group	Key Facilities to Include	Local Relevance
Ashokapuram, Kyathamaranahalli (Slums)	Low-income families, women, elderly	• Vital checks • menstrual hygiene • basic counseling • nutrition advice, herbal drinks	• High population density • poor access to preventive care and emotional wellness
City Bus Stand & Railway Station	Daily wage workers, commuters	• Quick stress checks • breathing therapy • eye and BP check	Busy zones with high stress and footfall
Industrial Areas (Hebbal, Metagalli)	Factory workers, truck drivers	• Physio tools • posture checks • ergonomic demos • mental fatigue counseling • addiction awareness	• Long working hours • poor ergonomic awareness • risk of substance use
University of Mysore / KSOU / Colleges	Youth, students, teaching staff	• Mental health counseling • yoga demo • sleep hygiene videos • menstrual health kits • exam stress relief activities	• High mental stress • academic pressure • need for awareness • access to mental health support
Public Parks (e.g., Kukkarahalli, Karanji)	General public, elderly, morning walkers	• Group meditation • herbal tea, • lifestyle coaching • fitness awareness	Community spaces ideal for wellness outreach and public participation
outskirts	residents, groups	• Basic health awareness • counseling	• Lack of regular preventive healthcare • high potential for cultural integration and awareness raising

6. MOBILE WELLNESS UNITS AND HEALTH UNITS WITH TELEMEDICINE SUPPORT



Major facilities typically found in a Health Hub



Recommendations

Category	Recommendation	Standards
Policy & Administrative	Integrate MWUs under urban health & age-friendly city policies	National Urban Health Mission (NUHM), Smart Cities Mission Guidelines
	Promote telemedicine through national frameworks	Telemedicine Practice Guidelines, 2020 by MoHFW + NITI Aayog
	Enable Public-Private Partnerships (PPP) for mobile health outreach	NITI Aayog Guidelines for PPP in Health Sector, 2012
Technology & Infrastructure	Ensure digital health records & internet for tele-consultation	Ayushman Bharat Digital Mission (ABDM), 2021
	Use mobile diagnostic kits (BP, sugar, ECG) powered by solar or battery	Indian Public Health Standards (IPHS) for Urban PHCs, 2022 Revision
Operational Guidelines	Route planning for MWUs in elderly/slum areas based on GIS & health data	MoHFW Health Heat Map Initiative
	Deploy trained CHOs or nurses for mobile units	IPHS Guidelines – Human Resources for Primary Care
	Establish emergency referral linkage with nearest health facility	Emergency Medical Services Guidelines, NHM
Public Awareness & Inclusion	Disseminate schedules via ASHA workers and multilingual IEC material	IEC/BCC Guidelines under NHM
	Ensure accessibility (ramps, shaded waiting zones, low-floor entry)	Accessible India Campaign (Sugamya Bharat Abhiyan), NBC 2016
Monitoring & Feedback	Collect data & feedback digitally for service tracking and improvement	ABDM Feedback Guidelines, 2022

Planning for healthy and age friendly cities: A case of Mysuru city

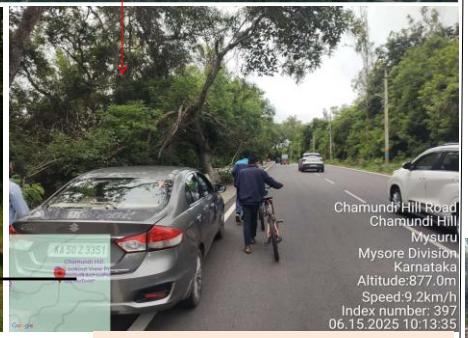
SCHOOL OF PLANNING AND ARCHITECTURE

NAME: PRERANA SL

REG NO: P01ZZ23T107016

DWG NO:

7. RIDE FOR HEALTH: CHAMUNDI HILLS CYCLE TRACK PROPOSAL



Health Benefits of the Proposed Cycle Lane:

- **Enhances Physical Fitness** – Encourages daily cycling, which improves cardiovascular and muscular health.
- **Supports Mental Wellness** – A peaceful, green cycling route helps reduce stress and boost mood.
- **Encourages Social Well-being** – Group rides and club participation foster community bonding.
- **Builds Healthy Mobility Habits** – Makes cycling a safe, routine mode of travel for all age groups.

The proposed cycle lane extends for a total length of **4.38 kilometers** from the base of Chamundi Hill to the hilltop.

Planning for healthy and age friendly cities: A case of Mysuru city

PROPOSAL 7,8

Average Bicycle Users on Chamundi Hills Corridor

Metric	Estimated Value	Reference
Total Public Bicycles in Mysuru (Trin Trin)	450 cycles	Government of Karnataka
Trin Trin Usage on Corridor (Weekday)	~10% = 135 rides	10% of ~1,350 daily city-wide rides
Trin Trin Usage on Corridor (Weekend)	~15% = 200 rides	15% of ~1,350 rides
Club Cyclists (Weekday)	~40–60 rides	Mysuru Cycling Club, MDACA, FitRiders Club (estimated via Strava/local data)
Club Cyclists (Weekend)	~80–120 rides	Organized group rides/tourism peak
General Public (Private Users – Weekday)	~10–20 riders	Fitness enthusiasts, students, local commuters (observed data)
General Public (Private Users – Weekend)	~10–30 riders	Family/leisure users, runners, independent riders
Total Avg Daily Rides (Weekday)	**~185–215 riders**	Trin Trin (135) + Clubs (40–60) + General Public (10–20)
Total Avg Daily Rides (Weekend)	**~290–350 riders**	Trin Trin (200) + Clubs (80–120) + General Public (10–30)

Cycling Troops Riding to Chamundi Hills

Group / Troop Name	Typical Weekend Riders	Source
Mysuru Cycling Club	~100+ (during events), 30–50 on routine rides	"A group of 10 started in 2012… today the club has more than 100 riders" (deccanherald.com)
Mysuru District Amateur Cycling Association	~85 participants (Chamundi event)	"Over 85 riders pedalled their way to the summit" (Chamundi Challenge Feb 2, 2025)
Mysore Cycling Club on Strava	1,016 members online — ~40–60 ride weekends	The Mysore Cycling Club Strava page shows 1,016 members
Beginners/Local Weekend Riders (Reddit)	10–15 riders per weekend	Reddit post mentions "Cult is having cycling for 20–30 kms"
Chamundi Epic / Cycling Events (Cyclopedia)	80–100+ riders	"Chamundi Epic" race includes U14 to veteran categories
Night Cycling Tours (Mysuru group)	~15–20 riders (evening rides)	Group tours include Hill challenge rides at night

Cycle Lane Feasibility on Chamundi Hill Road: Existing Space Availability

SCHOOL OF PLANNING AND ARCHITECTURE

NAME: PRERANA SL

REG NO: P01ZZ23T107016

DWG NO:

Existing vs Proposed Design Based on IRC Standards

Component	Existing	Proposed	Widening Needed	IRC Reference
Motor Carriageway	7.0 m (2×3.5 m lanes)	7.0 m	—	IRC:86-2018; IRC:73-1980
Buffer (shoulder) each side	~0.3 m (unpaved)	0.3 m minimum	0 m (meets minimum)	IRC:11-2015
Cycle Track – uphill	**None**	1.8 m one-way	**+1.8 m**	IRC:11-2015
Cycle Track – downhill	**None**	1.5 m one-way	**+1.5 m**	IRC:11-2015
Total RoW used	~8 m (carriageway + buffers)	—	—	—
Total Proposed Row	—	7.0 + 0.3 + 1.8 + 0.3 + 1.5 + 0.3 = **10.9 m**	**+2.9 m**	Composite

Hill & Curve Calculations Based on IRC

Design Parameter	Value / Formula	Result	Extra Widening if Needed	IRC Reference
Design Speed (hill)	20–30 km/h	20 km/h considered	—	IRC:11-2015
Sight Distance (SD)	SD = 0.278 × V × t (t=2.5 sec)	SD = 0.278×20×2.5 = 13.9 m	Ensure 60 m ahead visual	IRC:11-2015
Minimum Curve Radius	R ≥ V² / (127×(e+f))	R ≥ ~15–20 m	Existing R = 80 m	IRC:73-1980
Cycle Track Widening @ Curve	0.9 m (additional) for each side	Uphill: 1.8+0.9 = 2.7 m Downhill: 1.5+0.9 = 2.4 m	**+0.9 m each track**	IRC:11-2015
Lateral Clearance	≥ 0.5 m	0.3–0.5 m provided	Maintain 0.5 m at curve	IRC:11-2015
Gradient Control	≤5% (for long climbs)	Rest every 400–600 m	Include rest points	IRC:11-2015

Final Road Section Dimensions

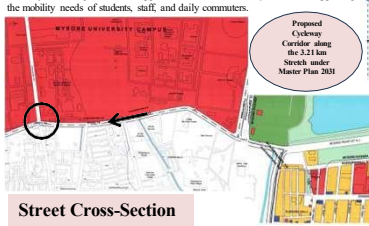
Road Section	Existing Width (m)	Carriageway	Buffer	Uphill Cycle	Buffer	Downhill Cycle	Total Proposed (m)	Widening Required (m)
Straight Segment	**8.0 m**	7.0 m	0.3 m	1.8 m	0.3 m	1.5 m	**10.9 m**	**2.9 m**
Sharp Curve (R=80 m)	**12.0 m**	7.0 m	0.3 m	2.7 m	0.3 m	2.4 m	**12.7 m**	**0.7 m**

8. CYCLE LANE PROPOSAL ALONG SAYYAJI RAO ROAD(MARKET ROAD) TO UOM (12 **m** ROW)

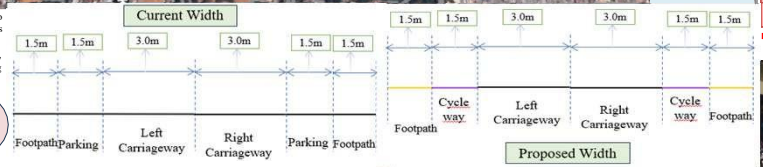
Final implementation & Management framework

Recommendations (as per IRC + NMT)	Strict Rules to Enforce	Implementation Steps	Monitoring Measures
1.5 m bi-directional cycle track on both sides; separated physically from the carriageway and footpath; accessible full-time	- Strictly **prohibit vehicle entry or parking** in cycle tracks at all times- No walking, vending, or standing allowed in cycle lane	- Paint track with high-visibility colors (red/green)- Install continuous **bollards**, **planters**, or **kerbs** for physical separation- Add cycle icons + directional arrows on the surface	- Regular patrolling by school/community volunteers- Use **CCTV cameras** or **smart poles** for detection- Keep **enforcement logbooks** with violations, time, and images- Monthly audits by ULB/traffic dept

1)The map shows the road and land use from Mysore University Circle to Chamaraja Double Road Circle, identifying the proposed cycleway corridor as per the 2031 vision.
2)The corridor is in proximity to major institutions like Manasagangotri, Maharaja's College, Marimallappa's School, and Sadvidya School, supporting the mobility needs of students, staff, and daily commuters.



Street Cross-Section



Street Element	Current Width & Use	IRC Standard (Minimum)	Proposed Width
Carriageway (2-way)	~6.0 m; often narrowed to 4.5–5.0 m due to vehicle parking spillover	5.5 m (2-way) or 2 × 3.0 m (IRC:73-1980)	**6.0 m (3.0 m × 2)**
Cycle Track (each side)	**Not present** officially; area being used for 4W parking (~1.8–2.0 m encroached)**	1.5 m min (1-way); 2.0 m desirable (IRC:11-2015)	**1.5 m × 2**
Footpath (each side)	~1.2–1.5 m, partly usable; occasionally blocked by poles, parked scooters	1.5 m min (IRC:103-2012)	**1.5 m × 2**
Parking (on-street)	Unregulated; 4-wheelers park over cycle zone & partly into carriageway	Not permitted if obstructing movement (IRC + MoHUA)	**To be restricted**
Total Right of Way	**12.0 m**, but effectively reduced due to misuses	12–18 m (standard urban)	**12.0 m**

Implementation Timeline (Till 2031)

Period	Major Activity	Key Actions
2025	Planning & Stakeholder Engagement	Finalize proposal, conduct surveys, initiate awareness with schools & community
2026	Pilot & Infrastructure Setup	Implement trial lanes, signage, minor civil works, install barriers
2027–2028	Full Implementation & Monitoring	Formal lane marking, strict parking control, CCTV monitoring, community feedback
2029–2031	Evaluation & Integration	Assess outcomes, refine usage, propose replication in other school zones

Monitoring & Enforcement

Policy	Action
Surveillance Cameras (CCTV)	Monitor MV intrusion, rash driving, illegal overtaking
Real-Time Speed Monitoring	Use radar-based speed boards at entry and mid-point
Regular Patrolling (especially weekends)	To ensure discipline during peak traffic and tourist hours
Cycle Lane Condition Audits	Periodic inspection for wear, potholes, and obstruction

Additional Restrictions

- **Ban on heavy vehicle movement** during peak cycle hours
- **No parking zones** throughout the corridor
- **Cycle bell/horn regulation** for alerting at curves or rest stops
- **Roadside plantation pruning** to ensure visibility for both cyclists and motorists
- **Use of speed calming measures** near intersections or shared entry points

Policy Backing & Reference Codes

- IRC:11-2015 - *Guidelines for Cycle Tracks*
- IRC:99-2018 - *Guidelines for Traffic Calming Measures*
- IRC:103-2012 - *Pedestrian Facilities Standards*
- MoHUA Street Design Guidelines- *Healthy Street Design for All*

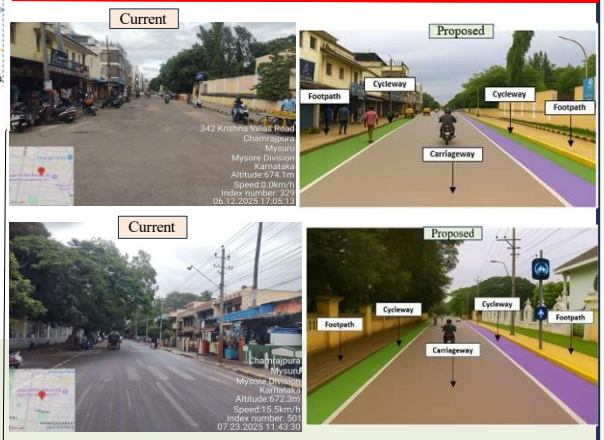
Recommendations & Policies for Safe Cycle Corridor Implementation

Traffic Regulations & Control

Measure	Details
Speed Limit Regulation	Restrict motor vehicle speed to **30 km/h** in cycling zone areas (per IRC)
No Overtaking Zone	Mark overtaking as prohibited on uphill curves and in cycle-integrated zones
Dedicated Lane Usage Enforcement	Heavy fines for motor vehicles entering cycle lanes
Separate Entry/Exit Points	Provide clearly marked cyclist entry points at Siddhartha Layout and exits
Night-Time Restrictions	For safety, discourage night cycling or ensure solar-powered lights function

Design & Operational Safety Recommendations

Measure	Details
Cycle Speed Regulation	Limit cycle speed to **15–20 km/h** especially on hill climb or curves
Warning Signs at Curves	Reflective signs and rumble strips before sharp turns
Clear Lane Markings	Paint clear thermoplastic markings separating cycle, pedestrian, and MV lanes
Rest Zones Placement	Every **400–600 m**, avoid placing just after bends or downhill slopes
Emergency Lay-bys or Call Boxes	At intervals, especially on long uphill climbs



SCHOOL OF PLANNING AND ARCHITECTURE

Planning for healthy and age friendly cities: A case of Mysuru city

NAME: PRERANA SL

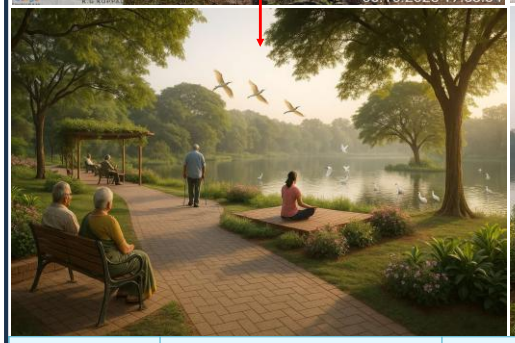
REG NO: P01ZZ23T107016

DWG NO:

9.KUKKARAHALLI LAKEFRONT REDEVELOPMENT PROPOSAL (2041 VISION): A HEALTH & AGE-FRIENDLY PLANNING APPROACH

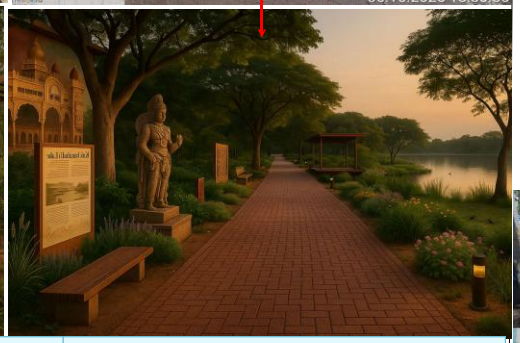
PROPOSAL 9

Proposed Redevelopment at Ramavilas Road Edge: Safe Access & Nature Immersion Zone



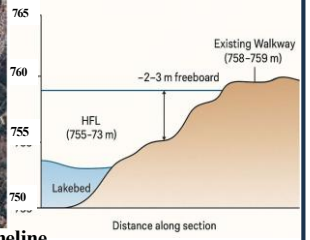
Proposed Lakefront Activation Zone: Seating, Cultural Display & Wellness Integration

Proposed Redevelopment of Existing Walkway at Kantharaja Urs Road Edge



Proposed Intervention Zone at Kukkarahalli Lakefront

Elevation Profile of Kukkarahalli Lakefront Walkway: Freeboard Safety Analysis



Timeline

Phase	Timeline	Activities
Phase 1	2026–2028	• Construct 2.0 m paved walkway with non-slip surface- Install bollard lights every 10 m- Erect bilingual wayfinding boards
Phase 2	2029–2035	• Place ergonomic benches every 75 m with shade- Set up rain shelters & cultural elements- Install dustbins and bicycle stands
Phase 3	2035–2041	• Add buffer greenery zones- Install drinking water stations, public toilets- Ensure EGDD-friendly paving and tactile surfaces for disabled users

Component	Standard (IRC/CPHEEO/UDG/MoHUA)	Existing at Kukkarahalli Lake	Recommendations	Impact on Health & Age-Friendliness
Walkway Width	IRC 103-2012: Minimum **1.8 m** for pedestrian movement	1.8–2.4 m compacted earth (varies,not continuous)	**Adopt 2.0 m paved walkway** (no widening), with **non-slip, even surface** suitable for all	Safe and comfortable for **walking, wheelchair use, strollers**, reduces fall risk and promotes physical activity
Seating Intervals	MoHUA: Every 50–100 m, with **back & arm support** for elderly	Irregular benches	**Provide ergonomic benches every 75 m** with shaded options	Encourages **frequent resting**, makes lake accessible to elderly & pregnant women, supports social bonding
Lighting	Bollards or pole lights every **10–15 m**, uniform illumination	Poor or no lighting	Add **solar-powered bollards every 10 m**, glare-free for elder eye comfort	Improves **evening safety**, encourages all ages to use space after sunset, supports walkability and crime prevention
Signage & Wayfinding	At 900–1200 mm height, tactile + bilingual	Few text boards	Install **Kannada + English signage**, tactile & aged-friendly, indicating distance, safety	Aids **elderly and visually impaired** in wayfinding, improves independence and safety
Planting Buffer Zone	1–1.5 m from walkway, native, low maintenance	Natural but unmanaged	Define **buffer strips with native flowering plants**, avoid obstruction to walking path	Reduces dust & glare, improves microclimate, provides a **calming environment for mental well-being**
Drinking Water Points	1 every 250 m; height 800–1000 mm	Not available	Install **filtered water taps** with child & wheelchair-friendly height	Promotes **hydration for active users**, safe access for all ages, especially children & elderly
Universal Toilets	1 per 500 m, accessible toilets with grab bars	Not present	Install **bio-toilets with ramps & support railings**, gender neutral + aged access	Supports **hygiene, dignity and longer use of space** for elderly, kids, disabled people
Rest Shelters	Open-sided every 500 m, shaded, good visibility	Not available	Provide **gazebo-like rest spots** with seating & viewing opportunity	Encourages relaxation and social interaction, good for **mental health & intergenerational gathering**
Yoga / Activity Decks	As per MoHUA open space guidelines: 5–7 m² deck spaces	Not present	Include **wooden platform decks** for yoga, seated breathing, etc., near lake edge	Promotes **group fitness, meditation**, ideal for elderly and general public to manage stress
Cultural Elements	Encouraged in UDGs; integrate heritage with usable urban form	Not present	Add **murals, sculptures & storyboards** along path to enhance cultural memory	Enhances **emotional attachment**, supports passive recreation, improves **cognitive stimulation** for elders
EGBO-Friendly Surface	Non-slippery, level, **light-colored paving** (to reduce glare)	Natural soil	Propose **interlocked paving tiles**, slip-resistant and gently curved for stroller/walker use	Safer for all age groups, particularly **elderly with mobility issues and parents with strollers**

Planning for healthy and age friendly cities: A case of Mysuru city

SCHOOL OF PLANNING AND ARCHITECTURE

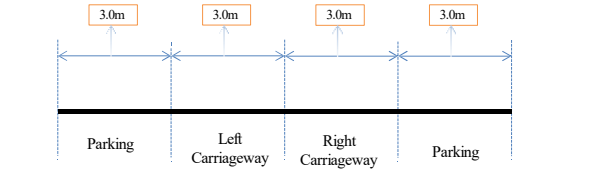
NAME: PRERANA SL

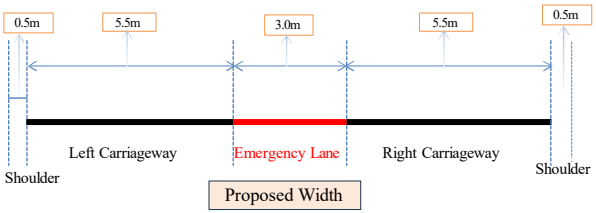
REG NO: P01ZZ23T107016

DWG NO:

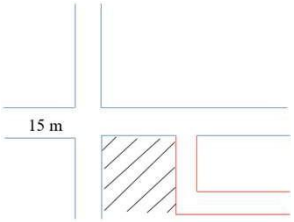
Emergency Lane and Island for Ensuring Uninterrupted Ambulance Movement

Current Width

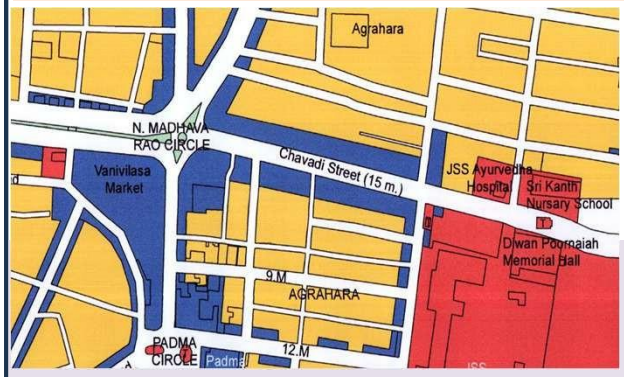




Proposed Width



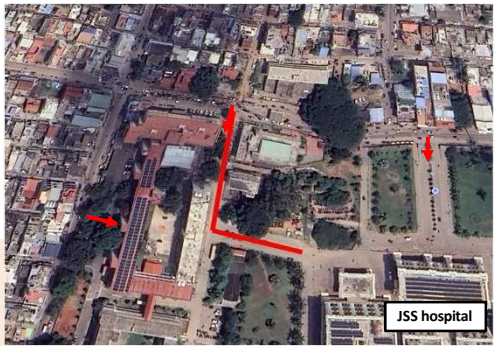
As per the 2031 Master Plan, the proposed road width is 15 meters; hence, the **proposal for incorporating an emergency lane is based on this 15-meter road configuration.**



Phased Timeline

Phase	Year	Proposal Details
Phase 1	2031	• Create a **dedicated hospital entry point** from the existing road. • **Design a central traffic island** at entry junction to regulate vehicle movement, ensuring smooth flow for general traffic while enabling ambulance entry.
Phase 2	2031 (at the time of road widening)	• Once the road is widened to **15 meters (per 2031 Master Plan)**, implement the **emergency lane** segment adjacent to JSS Hospital. • **Mark and segregate the emergency lane**, install signboards.

Component	Width (m)	IRC Reference
Left Shoulder	0.5	As per IRC:103-2012 (min. 0.5 m for 2-lane urban roads)
Left Carriageway	5.5	For smoother 2-lane flow in one direction; wider than IRC minimum (3.5 m)
Emergency Lane (Center)	3.0	Dedicated 3 m-wide central emergency corridor; meets IRC:86-1983 & NH norms
Right Carriageway	5.5	Same as left for symmetry and optimal flow
Right Shoulder	0.5	Matches left; used for drainage and safety buffer
Total	**15.0 m**	Fully optimized within available ROW



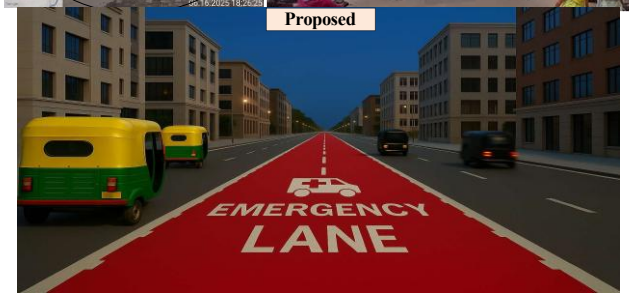
Recommendations

Parameter	Recommendation
Minimum Width	3.0 meters (as per IRC guidelines for emergency vehicle access)
Surface Type	Paved with high-quality, skid-resistant surface (preferably concrete or dense bituminous macadam)
Speed Limit	40–50 km/h maximum – to ensure safe movement while allowing rapid emergency access
Access Control	Dedicated lane with bollards or painted separation to prevent unauthorized usage
Signage	Clearly marked with reflective signs: "EMERGENCY LANE – NO PARKING," "AMBULANCE USE ONLY," etc.
Lighting	Well-lit with solar/LED street lights to ensure visibility during night or low-light conditions
Connectivity	Direct entry/exit points aligned with hospital gates for seamless ambulance movement
Pedestrian Safety	Pedestrian crossings should be signalized and grade-separated (if possible) near hospitals
Monitoring	CCTV surveillance or smart monitoring to ensure lane misuse is penalized
Integration with Traffic Signals	Emergency vehicle priority signal system to allow green wave during ambulance approach

PROPOSAL 10, EMERGENCY LANE - (JSS HOSPITAL)

Location where delaying is seen majorly

Proposed



Comparative Justification for Emergency Lane Provision

Hospital Name	Proximity to Major Road Infrastructure	Current Emergency Access	Limitations Identified	Need for Dedicated Emergency Lane
KR Hospital	Located inside city core; no ring road access	Limited; through congested urban roads	High traffic congestion, slow ambulance access, aged population nearby	**Essential – to ensure timely access for emergencies**
JSS Hospital	Located on MG Road; internal city location	Limited; mixed-use corridor with slow traffic	No fast-track for emergency vehicles, serves high volume of critical care patients	**Essential – supports elderly and critical patients' access**
Jayadeva Hospital	Near Outer Ring Road	Good; wide roads and ORR access	Adequate for current needs	**Not urgent**
Narayana Multispeciality	Adjacent to Ring Road, near Bannur Road	Good; seamless ring road connectivity	No immediate barriers for emergency movement	**Not urgent**
Cauvery Hospital	Close to Ring Road; well-connected	Good; near high-capacity roads	Less congestion, easier ambulance entry and exit	**Not urgent**

Planning for healthy and age friendly cities: A case of Mysuru city

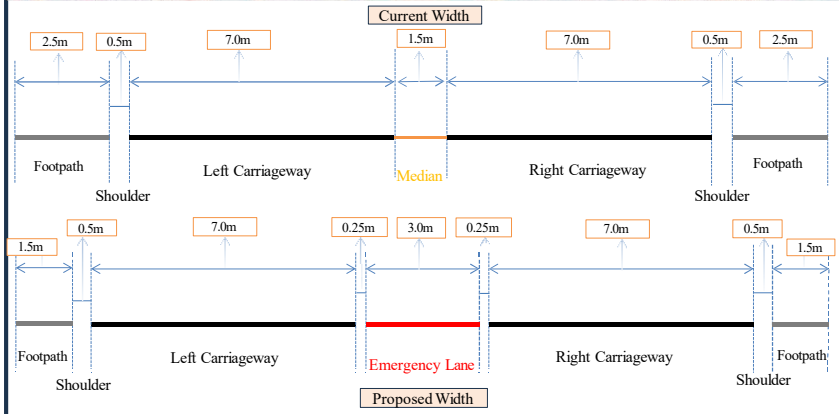
SCHOOL OF PLANNING AND ARCHITECTURE

NAME: PRERANA SL

REG NO: P01ZZ23T107016

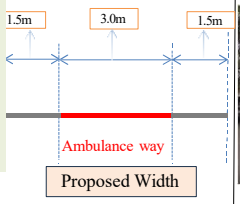
DWG NO:

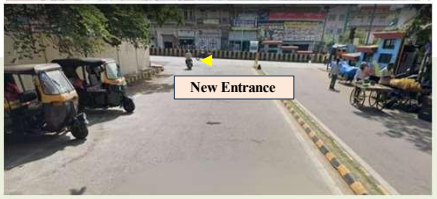
EMERGENCY LANE AND HOSPITAL ACCESS ROAD DEVELOPMENT



Component	IRC Minimum (m)	Current Width (m)	Proposed Width (m)	Remarks
Left Footpath	1.5	2.5	**1.5**	Reduced to IRC min. + reused space from old footpath & median
Left Shoulder	0.5	0.5	**0.5**	No change
Left Carriageway	6.0 (2 lanes)	7.0	**7.0**	No change
Buffer (Left of EL)	—	—	**0.25**	Small buffer between carriageway and emergency lane
Emergency Lane	2.5–3.0	N/A	**3.0**	Centrally located for ambulance access
Buffer (Right of EL)	—	—	**0.25**	Symmetric buffer for emergency lane separation
Right Carriageway	6.0 (2 lanes)	7.0	**7.0**	No change
Right Shoulder	0.5	0.5	**0.5**	No change
Right Footpath	1.5	2.5	**1.5**	Reduced to IRC min. + reused extra space
Median (removed)	Not mandatory	1.5	**0.0**	As per IRC: median not compulsory; replaced with buffers
Total	—	21.5	**21.5**	All components optimized within available ROW

As part of the proposal, a **new dedicated entrance is suggested along Dhanvantari Road**, providing exclusive access for ambulances to **KR Hospital**, with a **0.21km stretch** of emergency route to be developed for this purpose, based on the dimensions mentioned.





As can be seen in the image, **there is a vacant existing space within the KR Hospital compound** that can be effectively utilized to develop the proposed **0.21-km** emergency route, dedicated exclusively for ambulance access.

PROPOSAL 11, EMERGENCY LANE - (K.R HOSPITAL)

Feasibility Check Based on Existing Road Condition

JLB Road

Median Currently Provided – Can Be Removed as It Is Not Mandatory Under IRC, Allowing the Space to Be Used for the Proposed Emergency Lane

Footpath Primarily Used for Auto Parking–Pedestrian Movement Minimal, Hence Width Can Be Reduced

Mysore-Kollegala Road

Agrahara circle ,Sayyaji Rao Road

Road Stretch	Observation	Feasibility
JLB Road	Median is provided but can be removed as it's not mandatory per IRC; adequate carriageway width is visible.	Possible
Sayyaji Rao Road – Agrahara Circle	Road appears congested with limited space due to on-street parking and narrow carriageway near intersections.	Partially Feasible
Irwin Road	Slightly better carriageway than Agrahara circle; still mixed traffic and encroachments observed.	Possible
Mysore–Kollegal Road	Wider road with relatively less congestion and scope for side lane dedication or median adjustment.	Possible

Phased Timeline

Phase	Year Range	Proposal Details
Phase 1	2041	• **Development of new entry point** into Care Hospital compound from existing vacant land at one end of the hospital. • Construct a **dedicated internal access road** exclusively for ambulances, connecting the hospital directly to the main road. • Ensure **barrier-free access** for elderly and differently abled persons.
Phase 2	2051	• **Marking and construction of central emergency lane** on the adjacent main road. • Connect this emergency lane directly to the newly created hospital access road. • Introduce **smart sensors**, CCTV, and **emergency vehicle prioritization** signals. • Integrate signage, lighting, and digital display systems to guide vehicles away from the emergency lane.

SCHOOL OF PLANNING AND ARCHITECTURE

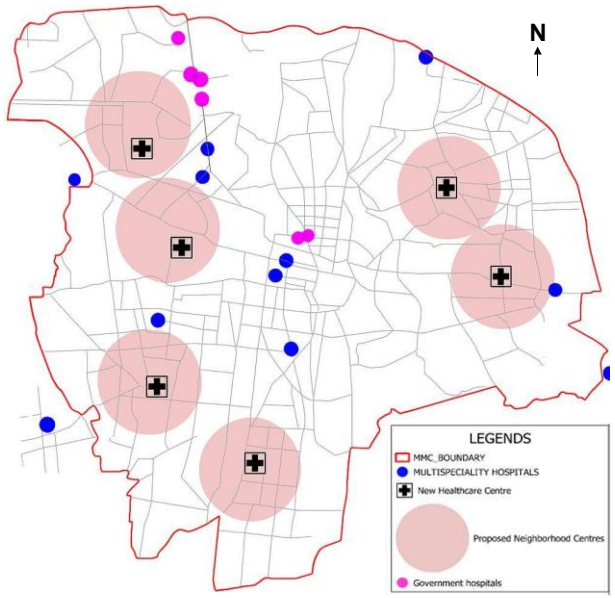
Planning for healthy and age friendly cities: A case of Mysuru city

NAME: PRERANA SL

REG NO: P01ZZ23T107016

DWG NO:

12. New neighborhood centers with integrated healthcare facilities



New neighborhood centers with integrated healthcare facilities are proposed—this enhances overall neighborhood health, supports age-friendly urban living, and reduces dependency on private healthcare by improving public health service access and affordability.

13. PROPOSED NEW SCHEME: NAMMA AROGYA MYSURU

(Aligns with Mysuru Master Plan 2031 goals of inclusivity, livability, and health equity)

1. What Actually Is This?
- Ward-level health & wellness initiative
- Accessible parks, walkways, and health services
- Elder and child-friendly urban spaces
- Digital health kiosks and mobile vans

2. What We Do (Interventions)
- Wellness centers in each ward
- Mobile vans to slums & remote areas
- Barrier-free parks & footpaths
- Elder-friendly market zones
- Install digital telemedicine kiosks

3. Why This Is Important
- Rising elderly population (11% by 2031)
- Health gaps in slums and outer wards
- Lack of accessible urban infrastructure

4. Expected Impact
- Improved ward-level health access
- Safer and more inclusive public spaces
- Reduced burden on major hospitals
- Dignity and independence for elderly

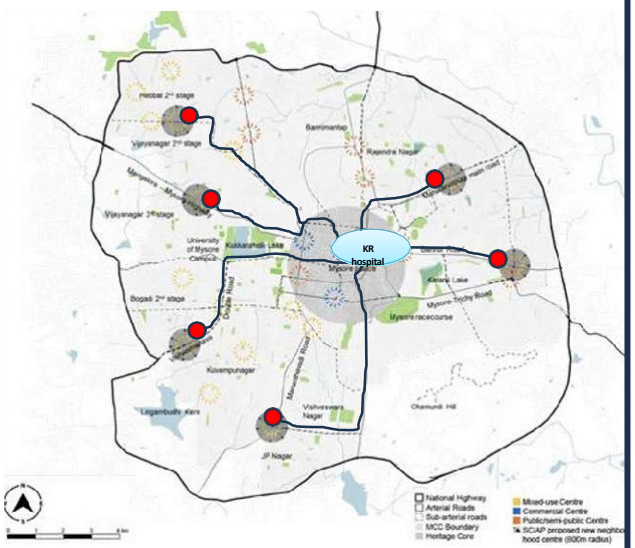
5. Namma Arogya Mysuru" is a **strong, relevant, and practical scheme** especially because:
- It addresses **real, visible needs** in Mysuru:
- aging population, gaps in local health access, and the lack of age-friendly public infrastructure.
- It's **scalable**, starting ward-by-ward.
- It aligns with **national and state priorities** like the Smart Cities Mission, AMRUT, and the National Urban Health Mission.
- It also supports **SDG 3 (Good Health & Well-Being)** and **SDG 11 (Sustainable Cities & Communities)**.

6. Phased Implementation

Phase	Timeline	Action
Phase 1	2026	Pilot in 5 wards
Phase 2	2027–2028	Expand to 30 wards
Phase 3	2029–2031	Cover all wards, evaluate and revise

7. Budget Allocation-The proposed scheme will be funded through a **converged model**, drawing from **Smart Cities Mission innovation funds**, **AMRUT 2.0** (for parks and public infrastructure), and **National Urban Health Mission** (for mobile vans and health outreach). Support may also be mobilized from **Mysuru City Corporation**, **State Government departments**, and **CSR partnerships** for local implementation.

PROPOSAL 12 ,13
HEALTH GAPS WITH TARGETED SOLUTIONS



All proposed centers will be strategically connected to nearby major healthcare facilities and required urban infrastructure in a phased, coordinated manner.

Filling Health Gaps with Targeted Solutions and Improving Access and Service Scores

Facility Type	Proposed Location(s)	Detailed Proposal & Justification	Affected Index	Current Score	Projected Score	Basis of Improvement
Primary Health Centers	• JP Nagar, • Rajiv Nagar • Hebbal	• Despite existing gaps, primary health centers are underutilized due to preference for private care. • Proposal includes establishing new PHCs and conducting awareness programs about free public services, chronic disease care, and teleconsultation options.	• Health Affordability Index, • Health Infrastructure Index	• HAI - 0.35 • HII - 0.45	• HAI - 0.55 • HII - 0.60	National Urban Health Mission (NUHM) data shows that awareness and access improvements increase affordability perception by ~20% and infrastructure score by ~15%.
Community Health Centers	• Sidharth Nagar • JP Nagar • Hebbal • East Vijayanagar	Proposed neighborhood centers to function as community health centers, acting as referral hubs connected to both government and private hospitals. Will reduce load on central hospitals.	• Proximity Score • Health Infrastructure Index	• PS - 1.6 • HII - 0.45	• PS - 2.2 • HII - 0.58	WHO city models show that adding CHCs within a 1–2 km radius increases proximity by 30–35%. Adds 10–15% to infrastructure score.
Sub-Centers	• Southeast and southwest peripheral belts (outer Hebbal, South JP Nagar)	Establish maternal and elderly care sub-centers to serve marginalized and low-income zones where affordability is currently very low.	• Health Affordability Index	• HAI- 0.25	• HAI - 0.50	Government health data shows doubling of access and service usage with every new sub-center per 5,000 pop., resulting in ~25% affordability score increase.
Referral Connectivity to Government Hospitals	Link Rajiv Nagar, Hebbal, Vijayanagar neighborhood centers to nearest government hospitals	• Create mapped corridors for ambulances and referral cases • install signages and real-time tracking to reduce delays in patient movement.	• Proximity Score	• PS - 2.0	• PS - 2.5	Data from similar referral corridor pilots in Chennai and Delhi show 30–40% improvement in emergency response efficiency.
Public-Private Partnership (PPP) Clinics	• Eastern Outer Ring • South Hebbal • Southeast Mysore fringe	Set up low-cost diagnostic and OPD units via partnership with local private clinics to provide affordable care options.	• Health Affordability Index	• HAI - 0.30	• HAI - 0.45	Case studies from Pune and Ahmedabad show PPP clinics improve service usage and affordability perception by ~0.15–0.2 points.
Mobile Medical Units	Rotating deployment in Sidharth Nagar, Outer Hebbal, JP Nagar fringes	Introduce mobile medical units once a week in underserved slums and elderly-population areas to extend reach where fixed centers aren't feasible.	• Health Workforce Index • Proximity Score	• HWI - 0.744 • PS - 1.8	• HWI - 0.78 • PS - 2.3	MoHFW data shows mobile clinics improve reach by 10–15%, directly improving proximity and workforce score.
Ambulance Stations	All 6 proposed neighborhood health centers	Equip each center with a 24/7 ambulance for emergency and referral transport.	• Proximity Score • Health Infrastructure Index	• HII - 0.45	• HII - 0.60	WHO and NUHM studies confirm 20–25% improvement in medical access index with ambulance availability within 10 minutes.
Urban Health and Wellness Centers	Outer East and Southeast low-income neighborhoods	Wellness centers to focus on NCD prevention, wellness education, and lifestyle-related healthcare. Embedded in proposed neighborhood centers.	• Health Affordability Index	• HAI - 0.35	• HAI - 0.55	Wellness centers in other urban pilots (Delhi, Hyderabad) showed affordability index gain of ~0.15–0.20 by reducing private expenditure.
Referral Corridor Mapping	Connect each of the 6 proposed neighborhood centers to the nearest multi-specialty or government hospital (as shown in maps)	These mapped linkages (shortest routes, color-coded) will optimize emergency travel and public movement.	• Proximity Score • Health Infrastructure Index	• PS - 1.6 • HII - 0.45	• PS - 2.3 • HII - 0.60	Referrals mapped via shortest routes and signages improve service usage and accessibility perception by over 30%.
Health Awareness Drives	Central core, northeast, and peripheral zones with high private hospital usage and low PHC trust	Conduct educational programs, door-to-door awareness, and community health outreach to shift people toward public facilities.	• Health Affordability Index • Health Infrastructure Index	• HAI - 0.35 • HII - 0.50	• HAI - 0.55 • HII - 0.60	NUHM and WHO reports confirm public awareness improves PHC footfall and affordability perception by ~15–20%.

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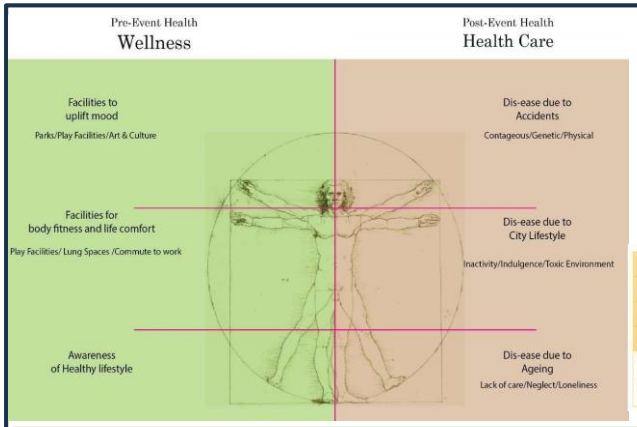
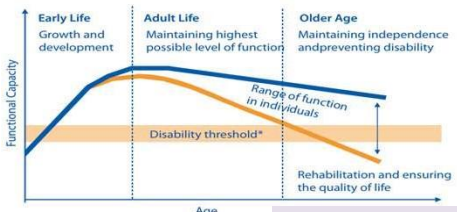




The thesis also adopts an **age-friendly perspective**, as illustrated in the functional capacity graph across life stages. It highlights the importance **of maintaining a high level of function through adult life and supporting independence and quality of life in older age**

Age Profile of Mysuru City

Age Group	2025 Estimated %	2031 Projected %	2041 Projected %	2051 Projected %
0–14 years	18%	16%	14%	12%
15–59 years	65%	64%	62%	60%
60+ years	17%	20%	24%	28%

- **0–14 years:** Declines steadily due to urban fertility transition -smaller families, delayed marriages, and lifestyle preferences.
- **15–59 years:** Stable but gradually shrinking as current working-age residents move into senior categories.
- **60+ years:** Significant and consistent rise, driven by better healthcare, urban longevity, and national aging trends.

Source : Prepared by the author, based on Census 2011 data demographic trend analysis

Projected Demographic Reach of Proposed Interventions, the proposed interventions are expected to benefit nearly **100% of the city's population across all age groups**

My thesis, is anchored on three **foundational parameters—transportation, green spaces, and health facilities**—analyzed through the dual lens of wellness (pre-event health) and health care (post-event response). The central image of the **Vitruvian Man symbolizes the human-centric approach** of the study, emphasizing balance, proportion, and holistic well-being as core principles.

Proposed Policy / Recommendation

Proposed Policy / Recommendation	Focus Area	What It Addresses	Key Action Plan	Suggested Standards / Frameworks
Integrated Age-Sensitive Urban Development Policy (IASUDP)	Age-inclusive Planning	Lack of age-inclusive zoning and land use planning	• **Mandate age-responsive zoning codes** • **reserve land for elderly wellness hubs in all neighborhoods**	Universal Design Guidelines; National Building Code (NBC) Part 3, Part 9
Neighborhood Wellness and Resilience Centres (NWRCs)	Preventive Healthcare and Social Inclusion	Absence of localized, age-diverse wellness infrastructure	• **Set up multipurpose centers offering preventive health** • **mental health counseling, physiotherapy, and community activities**	WHO Age-Friendly Cities Checklist; NUHM model
City Mobility Strategy (CMS)	Mobility & Walkability	Inaccessible footpaths, public transport, and crossings for seniors and children	• **Build pedestrian paths, talking signals, benches, shaded walking corridors**	IRC 103:2012 (Walkability), NBC Part 9 (Accessibility)
Active Aging Public Space Policy (AAPSP)	Parks, Recreation, Mental Health	Inactive lifestyle and isolation among elders	• **Redesign parks with reflexology paths** • **age-friendly gym equipment**	WHO Global Age-Friendly Framework; Open Space Standards under UDPFI
Smart Health Access Corridors (SHAC)	Health Access & Transit Integration	Lack of direct, safe, and convenient transit access to health facilities	• **Create green transit corridors linking residential zones with clinics, hospitals, and pharmacies; special shuttle services**	WHO Urban Health Equity Indicators; NMT Guidelines by MoHUA
Intergenerational Engagement Strategy (IGES)	Social Connectivity	Isolation of elderly, lack of youth-elder interaction	• **Mandate mixed-use community spaces for shared learning, cultural activities, daycare + eldercare co-location**	UN-Habitat Social Inclusion Guidelines
Age-Friendly Urban Street Code (AFUSC)	Urban Design Standards	No uniform guidelines for street design for vulnerable groups	• **Introduce street design manuals mandating tactile paving, reduced curb height, rest nodes, drinking water kiosks**	Harmonized Guidelines (India, 2021), IRC Street Design Norms
Digital Inclusion for Elders Scheme (DIES)	Smart Services & E-Governance	Digital exclusion of older population from e-health and e-governance services	• **Establish digital literacy helpdesks, elder-friendly UI for city apps, on-demand telehealth booths in neighborhood centers**	Digital India Vision; WHO's eHealth Strategy

Key Planning-Level Recommendations

Recommendation	Description	Reference Cities/Examples
Integrate Health in Urban Planning	Embed health considerations in **Master Plans, Zonal Plans, and sectoral strategies** to ensure physical, mental, and social well-being from the early stages of planning.	Copenhagen, Amsterdam, Pune (Healthy City Initiative)
Improve Public Transport with ICT Systems	Operationalize real-time bus tracking, digital displays, and commuter apps to reduce stress, improve reliability, and promote public transport usage.	Bengaluru (BMTC), Indore, Kochi
Strengthen Interdepartmental Coordination	Establish a city-level task force or coordination cell that includes health, transport, planning, and municipal departments to ensure integrated, health-inclusive urban development.	Rajkot and Ahmedabad (Healthy Cities approach)

Proposed Policy / Recommendation

PROPOSAL 14, 15

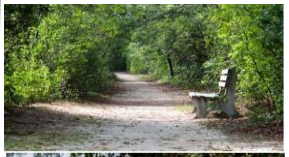
14. DIGITAL HEALTH INFO PANELS & OUTREACH DISPLAY UNITS

These panels use digital technology to present dynamic, easily updatable content such as:

- Health tips and awareness messages
- Updates on disease outbreaks or vaccination drives
- Information on healthcare services and facilities
- Instructions for hygiene, nutrition, or wellness
- **Real-time data** like hospital wait times or health alerts

This will be **installed at all proposed Neighborhood Health Centers and Wellness Centers** to provide real-time health updates, awareness content, and service information for all age groups.

ACTIVE AGING PATHS



To ensure the success of this initiative, it is essential to foster public awareness and cultivate a positive community mindset that respects, supports, and includes both older adults and children as vital members of society.

SCHOOL OF PLANNING AND ARCHITECTURE

Planning for healthy and age friendly cities: A case of Mysuru city

NAME: PRERANA SL

REG NO: P01ZZ23T107016

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15. Dual age-group priority zones

The planning of **dual age-group priority zones** ensures that both children and the elderly have equitable access to health, mobility, and open space infrastructure. This approach reduces physical and mental health risks while promoting intergenerational interaction. It is a key step toward achieving a truly **healthy and age-friendly city**.

1. Neighborhood Wellness Center

2. Multi-generational Park

3.Mental Health Kiosks

4.Library and Learning Hub

5. Mobile health centresHub

Infrastructure-related proposals to facilitate **universal circulation (UC)** and improve **accessibility for both elderly and children** in dual age-group priority zones

1. Barrier-Free Ramps and Handrails

2.Tactile and Anti-Skid Flooring

3.Non-Slip Footpaths with Curb Ramps

Filling OPEN SPACES Gaps with Targeted Solutions and Improving Access and Service Scores

Open spaces Gaps with Targeted Solutions

5. Seating and Rest Zones

4.Child- and Elder-Friendly Public Toilets

Proposal Components, Phasing & Estimated Budget

By 2051, Mysuru will emerge as a healthy and age-friendly city through the phased implementation of these proposals.

Proposal Components	Short-Term (2021–2031)	Mid-Term (2031–2041)	Long-Term (2041–2051)	Estimated Budget (₹ Cr)
Multi-Sports Corridor Proposal (Within ~10 acres)	✓			₹15–20
Proposed Nodes for Neighborhood Wellness Centers in Mysuru	✓			₹8–10
Enhancement of Heritage-cum-Science Park into an Intergenerational Wellness Park in Mysuru		✓		₹12–15
Ride for Health: Chamundi Hills Cycle Track Proposal	✓			₹11–15
Kukkarahalli Lakefront Redevelopment Proposal	✓			₹18–20
JSS Hospital Emergency Lane and Central Island Re-design	✓			₹12–15
KR Hospital Emergency Access Corridor	✓			₹28–30
Health Hubs Network (Peripheral & Inner Zones)	✓	✓		₹10–12
Integration of Mobile Wellness Units and Stationary Health Hubs		✓	✓	₹12–15
Cycle Lane Proposal from Sayyaji Rao Road	✓			₹10–12
Proposed Neighborhood Health Centers and Their Integration with Major Hospitals	✓	✓	✓	₹10–12
Biodiversity Park Proposal at Alanahalli Forest Tree Park		✓	✓	₹20–25

Intervention Type	Proposed Locations / Focus Areas	Identified Gaps / Rationale	Affected Indices	Current Score	Projected Score	Basis of Improvement
Public Park Revitalization & Development	Low-green cover wards (e.g., Rajkumar, Gayathripuram, Lakshmikantha Nagar)	<10% green space in multiple wards; poor accessibility; overcrowded parks	Green Space % (UGS), Green Proximity Index	UGS: <10%	UGS: 20–30%	Enhances ecological balance, reduces heat pockets; ULB park investments modeled on AMRUT cities
Semi-public Park Expansion	Underserved South-East and South-West zones	Sparse presence of semi-public parks; senior citizen zones and community gardens lacking	Proximity Index, Age-friendly Index	GPI: 0.35–0.45	GPI: 0.60+	Age-inclusive spaces improve inclusivity; modeled on Smart City interventions
Private Park Regulation / Incentivization	Densely built-up Central & West zones	Disproportionate area under private green spaces (~115 ha); inequitable access	Urban Green Equity Index	Medium	High	Policy on public access during non-peak hours; PPP models seen in Delhi & Hyderabad
Open Space Reallocation (cycling/walkways)	Along waterbodies, outer ring road buffer, and residential edges	Fragmented open lands not integrated into public realm; lack of NMT (non-motorized transport) linkages	Green Connectivity, Active Mobility Index	Low	Medium–High	Integration of greenway and cycling paths; boosts air quality and age-friendly design
Urban Green Space Index (Zone level)	East & South-East zones	Green proximity and per capita park area far below city average	Urban Green Space Index	UGS: <15%	UGS: >25%	Targeted green infrastructure funded via mission grants (NULM, AMRUT)
Community Garden Pilot Projects	Low-income and rental-dense areas (e.g., Mahadeshwara, Gayathripuram)	Lack of community-managed green spaces; high vulnerability and low participation	Community Wellbeing Score	Low	Medium	Community-based ownership improves green literacy and stewardship
Urban Forest and Biodiversity Corridors	Along waterbodies and institutional land reserves	Ecological fragmentation; low tree canopy outside parks	Biodiversity Index, Air Quality Buffer Index	Low	Medium–High	Urban forests modeled after Delhi Ridge and Miyawaki technique for native planting
Green School and Age-friendly Zones	Around public schools, elderly centers, and health units	Lack of shade, seating, age-inclusive design; schools lack interactive green environments	Child & Senior-Centric Green Access Index	Very Low	Moderate–High	Prioritization based on WHO age-friendly urban design standards

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