

CASE STUDY

TITLE: Transformation of Sec- 11 (Machla Magra) Primary Healthcare Centre (PHC) into Young Children and their Care- giver Friendly Centre PHC

Programme: Urban95 Phase-II, Udaipur

Location: PHC, Hiran Magri, Sector-11 (Machla Magra), Udaipur in Rajasthan, INDIA

Reach: 12 Aanganwadi Centres (AWCs) with 12- 15 young children per AWC along with its staff (3 per AWC) connected to it and 100- 150 Outpatient Department (OPD) on daily basis which is a mix of **Targeted Audience/ Users- young Children, pregnant & lactating women** and others visitors.

The Weekly targeted users footfall (from 1st to 7th Feb 2023) is as mentioned- **28 young children (0- 5 years old) and their care- givers, 11 Pregnant Women and 9 Lactating Women. (Source- PHC, Sec 11).**

Funding Source: Udaipur Municipal Corporation (UMC) and allocated funds from Urban95 Program

Cost of the intervention: INR 5,69,750/- (Rs. Eight lacs fifty-three thousand eight hundred and ninety-four)

Introduction:

As a part of Urban95 program, it was envisaged to test various models through implementation of semi- permanent projects, which are different from each other in ideas, design, scale, in their application and on-ground implementation along with user behaviours around them. It is also envisaged that these projects should have 'demonstration and showcasing opportunities' to service providers/ decision makers of the city and immense 'scalability' and 'replicability' opportunities as well.

It is in this context, it was decided to plan and implement set of interventions in form of semi- permanent project at a PHC, **having high numbers of targeted audience/ users.**

Setup generally at community level, PHCs are the first- line units providing primary health care facilities. These are established to provide accessible, affordable and available primary health care to people and for implementing government initiated health care program.

Given the fact that PHCs generally have high nos. of visitors with limited waiting/ seating space with high waiting time/ period with tedious atmosphere, it has huge impact on the mental psychology to its visitors, more so of targeted users, hence it is important to provide interactive and engaging spaces for them to keep them engaged, enabling them to enjoy their wait period, psychologically making them believing that they waited for lesser duration.

Considering the above pointers, PHC at Sec 11 (Macla Magra) has been identified as a potential site for implementation of the said semi- permanent project, aiming at

transforming it into an model Urban95 PHC with integration of suitable ITC elements, having potential of projecting the same as showcase/ demonstration model to city's service providers/ decision makers, enabling them to replicate the same in other PHCs as well.

Situated at busy Paras- Balicha arterial road, PHC, Sec 11 caters to high footfall throughout the day and has large nos. of targeted audience. The PHC has approximately 100- 150 visitors on daily basis from which approximately 50% belongs to the targeted audience group. Moreover, it has 12 connected AWCs with 12- 15 young children per AWC along with its staff (3 per AWC).

Most of the visitors to the PHC are from Machla Magra, an Economic Weaker Section (EWS) society located just opposite to the PHC and from nearby LIG residential colonies as well.

The PHC is observed congested given its daily footfall and with a small waiting area and limited seating arrangements, most of the PHC users have to remain in standing position, till their turn, which sometimes takes more than half an hour, leading to a taxing experience for its users.

Implementing agency/ department:

Udaipur Municipal Corporation (UMC) in collaboration with the Bernard Ven Leer Foundation (BvLF) with technical support from Urban95 PMU (Joint venture between International Council for Local Environmental Initiatives – Local Governments for Sustainability, South Asia (ICLEI-SA) and Ecorys India Pvt. Ltd.)

Other agencies/ departments involved:

Medical and Health Department

Context:

Conceptualize and planned as a demonstration/ showcase example to service providers & decision makers on the potential of transforming a regular PHC with very limited/ confined spaces into an interactive, engaging yet safer PHC with use of existing infrastructure and surfaces (floors, walls, fencing/ railing, corridors, outside spaces etc.). It is also aimed to demonstrate that why and how such measures are important for physical and mental growth and wellbeing of young children and helps in shaping their early childhood.

The PHC at Sec 11 was selected as an Urban95 Intervention site with below mentioned objectives

- Creating adequate yet interactive & engaging seating/ waiting spaces for young children and their care- givers & other visitors as well;
- Transforming the subdued & monotonous internal spaces of PHC into an interactive & engaging yet informative spaces for young children and their care-givers to keep them engaged, enabling them to enjoy their wait period (psychologically believing they waited for lesser duration);

- Motivating service providers to adopt such interventions to bring in desired behavioral changes via suitable retrofitting (in existing PHCs) and also while developing new PHCs.

A draft proposal was developed, aimed at transforming the behaviours and more so the experience of its targeted users while using this facility into an wholesome and memorable one by transforming the same into an easily accessible yet highly interactive, engaging facility with adequate seating spaces and interactive activities around these seating spaces.

Summary:

To begin with the entry was rearranged with installation of interlocking tiles upto 20M either side of the entry along with road marking for creation of organized parking space for almost 35- 40 two- wheelers using the standard norms. This was done for easy and unhindered access to its visitors which were not the case previously due to haphazard and unorganized parking, blocking the PHC entrance with the risk of hurting young Children and/ or other visitors as well.

Ramps on either side of entrance were also constructed for easy accessibility promoting 'universal accessibility' and demonstrating the same to service providers to accommodate the same in existing PHCs and/ or while developing new facilities.

In continuation, 3 aluminium benches (totalling 9 seatings) were installed in the entrance corridor with addition of floor games using paints in this corridor, leading to rooms mostly used by targeted users.

Moreover another interactive element in form of 'Abacus' was planned, installed and integrated in the entrance corridor promoting 'learning while playing'. This was integrated within the newly installed railings (railing height in the entrance corridor was raised as an important safety measure due to installation of benches in the corridor).

An Interactive shading element was also installed in the entrance corridor not only for weathering protection but also for changing shadows of its design/ pattern with the sun direction.

All these interventions allow young children to engage in these activities while they wait for their turn, in the process making this tedious wait into an exciting & learning one.

A 7 feet high Mild Steel (MS) gate was planned & installed in the entrance corridor as an added safety measure to safeguard the entire premises by preventing anti- social element to use this space in evening and night hours, which has been brought to the notice of the team in planning stage.

In continuation, PHC walls were also used to paint simple, interactive yet informative and visually appealing paintings with below mentioned context-

- 1) Interactive Painting in form of a 'story' in waiting corridor with the aim of keeping young children and their care- givers engaged in this story, enabling them to enjoy their wait period (psychologically believing that they waited for lesser duration);

- 2) Interactive yet informative painting in one of the wall of vaccination room (young children are facing this wall while getting vaccinated) as an element for 'diverting/ distracting young children attention while they are getting vaccinated', making the entire vaccination process stress- free for young children.

Moreover the vaccination schedule/ information was integrated within this painting for the benefits of nursing staff and care- givers, as it become easier for nursing staff to explain the entire vaccination cycle (from 0 month to 6 years) to care- givers from this painting. It also allows care- givers to easily know the overall vaccination schedule for their young children;

- 3) Interactive yet informative painting in breastfeeding room for the benefits of Pregnant and Lactating Women imparting information on 'Healthy Diet for Pregnant Women' and 'young children Growth Period from 0 months to 3 years and above', enabling them to match their young Children growth and connect to doctor if they found something amiss. Another one was 'multiple reasons for young children to be irritating', enabling care- givers to understand various reasons of their young child(ren) behaviour in particular situation and the potential solution for it.

Inaugurated by AWC kids from 2 connected AWCs in presence of Dr. Shankar Lal Bamniya, Chief Medical and Health Officer (CMHO) and Mrs. Ragini Damor, Dy. Commissioner, UMC along with 2 Ward Councillor, ie. Mrs. Chandra Kala Boliya, the Ward Councillor of ward no. 15 (PHC Sec, 11 comes under her jurisdiction) and Mr. Devendra Sahu, Head of 'Kacchi Basti Committee' and Ward Councillor of ward no. 59, and has attended the inauguration on behalf of Mayor, UMC.

Other inauguration attendees were Mr. Vaibhav Saroha, District Program Manage (DPM) from Health Department, Mr. Mukesh Pujari, Superintending Engineer (SE), Mrs. Shashi Bala Singh, Executive Engineer (EE), Mr. Karnesh Mathur, Assistant Engineer (AE) and other engineering staff from UMC, entire PHC staff, Urban95 Project Monitoring & Steering Unit (PMSU), Project Management Unit (PMU).

With the inauguration, the attendees were given the brief of all the ITC interventions and the thoughts behind doing so while taking them through these spaces. All the interventions were very well appreciated by CMHO, ward councillors and UMC Urban95 Champions and in- fact CMHO has given the assurance of replicating some ITC interventions in all the other PHCs.

Moreover the concerned ward councillor has asked the team the cost of extending the interlocking tiles till another 20M on either side of the entrance with the assurance that he will take up the construction/ installation of same using the allocated funds to him as elected representative.

Key steps involved:

- a) Site Identification & Finalization- Identification and finalization of an appropriate PHC with higher footfall of targeted users as daily visitors with dull and mundane atmosphere, giving the team the opportunity to use as much existing

infrastructure (Floor, walls, ceiling, railings etc.) as possible and project this as an 'demonstration/ showcase model' to the service providers/ decision makers;

- b) Mapping Existing Situation & Stakeholders Engagement (Pre)- Site analysis, study of available and missing ITC Neighbourhood (ITCN) indicators along with concerned stakeholders engagement (UMC, CMHO, DPM, PHC Staff, Ward Councillor, BvLF) and users to map their needs and aspirations for conceptualizing and plan the proposal accordingly;
- c) Conceptualizing and Developing the Design Proposal- The PHC design proposal was conceptualized and envisaged to be developed by taking cognizance of existing infrastructural situation and subsequent behavioural impact of the same to targeted users and other visitors as well and come up with design solutions to negate the same.

Moreover the design proposal was also conceptualized with simpler and easy to implement yet impactful design solutions keeping in mind the 'scalability' and 'replicability' of the same by the concerned service providers/ decision makers;

- d) Stakeholders Engagement- The proposed plan, its elements and components etc. was discussed with concerned stakeholders (UMC, CMHO, DPM, PHC Staff, Ward Councillor, BvLF) for their consent, approval and support in taking up on-ground implementation activities;
- e) Preparation & Finalization of Bill of Quantities (BOQ) and Estimates- BoQ and estimates were prepared, enabling UMC to float the tender for selection of suitable agency/ contractor for on- ground execution of the same;
- f) Approval in Project Steering Committee (PSC)- the design proposal and costing were then taken for approval in PSC as per the program mandate;
- g) Tendering and Selection of Contractor- After PSC approval, tender was floated by UMC for finalization of contractor followed with the work order to the finalized contractor, following all the mandatory process and protocols;
- h) Monitoring of on- ground Activities by PMU- The on- site work was continuously monitored by PMU in coordination with UMC to check for any discrepancy on the on- ground works vis-à-vis the design proposal;
- i) Inauguration of the same by stakeholders- Finalization of day, date & time with Commissioner, UMC for inauguration of the project for city- level visibility to the project and Urban95 Program as well. The process includes listing of potential stakeholders (government & and non- government), invitations to concerned government officials & non- government agencies via various means- mails, WhatsApp message and calls to potential invitees;
- j) Media Coverage & Engagement- Print, Digital/ Electronic and Social Media was also involved and engaged at various stages (pre, during and post implementation/ inauguration) for city- level visibility of the project and Program;
- k) Photo and video documentation during different stages of project implementation for documentation purpose;

Challenges overcome by the organising team:

1. Able to complete the intervention on time and as envisaged even after lot of design inputs and ideas from PHC staff (during implementation stage) even after finalization of same from their side before going into on- site implementation;
However, few ideas were integrated during on- site execution and turned out to be value addition, while most of these would have diluted the overall design objectives. Still the team has handled the situations in a way that PHC staff was still kept involved, engaged and on- board even after most of their demands (design inputs) were not met.
2. Able to guide and handhold contractor on integration of Interactive game (Abacus) within the newly installed railing as it was for 1st time that contractor was executing such elements, as the team realized that even after lot of discussions, contractor looks clueless, but once completed, this came out as an very interactive element for young children to engage with while they wait for their turn.

What worked well?

1. Appreciation of the intervention by all the concerned departments (UMC, Medical and Health Dept.) and assurance by CMHO of replicating few design interventions in all other PHCs of Udaipur;
2. Assurance by the Ward Councillor to extend the interlocking tiles to another 20M on either side of the entrance along with railing provision/ extension outside PHC as well using the allocated funds to him as elected representatives;
3. On- site improvisation in from of extending the railing to the newly installed gate height as an added safety measure, which previously was not envisaged at the proposal stage, however came to notice after installation of new gate;
4. Moreover, because of Urban95 Interventions the PHC has the probability of receiving National Quality Assurance Standards (NQAS) certification (1st in Udaipur), as told to team by PHC Doctor.

What didn't work well/ scope for improvement:

The implementation got delayed due to unforeseen situation at UMC, in form of engineers strike for more than a month.

Given the scenario that the one among many PHC wall was painted with engaging story with the assurance of PHC Doctor that the existing Information Education Communication (IEC) material shall be shifted to another wall (to an another identified wall by team in consultation with PHC Doctor), which somehow got didn't happened completely, giving the learning that all the discussions/ decision should be well planned and documented and all the commitments should get fulfilled by all the Parties.

Top three recommendations for Replication:

- 1) Be in continuous touch with the concerned department and officials as well as the follow up for the assurance given during the inauguration, specifically of the replication of few design elements in all the other PHCs;
- 2) Identification of such PHCs in coordination with CMHO and DPM and handholding of the service providers in taking up suitable retrofitting in such PHCs;
- 3) Coordination and follow up with Health Department and moreover Public Works Department (PWD), the agency responsible for developing such facilities for inclusion of ITC friendly elements in their manuals, enabling them to implement the same while developing or retrofitting such facilities;

Thoughts from key leaders and dignitaries:

Mrs. Ragini Damor, Deputy Commissioner, UMC

"A beautifully implemented intervention enabling us to see the impact of child friendly concept in real world scenario with the realization that how these interventions are the need of the time and should be taken up widely"

Dr. Shankar Lal Bamniya, CMHO, Medical and Health Department

"I really would like to congratulate the entire Urban95 team for implementing such intervention with simpler yet impactful elements. We'll make sure to replicate the few of these elements, especially the wall painting in vaccination room and floor games in all the PHCs under my jurisdiction in coordination with UMC. It is really wonderful to see that when as an adult if we are feeling so much attracted to these wall paintings and games, then we can just imagine only that how young children and their care-givers would feel seeing these. "

Mr. Mukesh Pujari, Superintending Engineer (SE) Udaipur Municipal Corporation (UMC)

"This is a good initiative for young children and their care-givers, promoting 'learning while playing experience' and another engaging elements for young children, making this as an fun centre for young children, putting them at ease while coming to this PHC. Like CMHO and Dy. Commissioner said, this should get replicated in other PHCs as well"

Impact statement:

Transformation of a medical facility (which psychologically is an fearful/ appalling experience, more so for young children) into an vibrant, lively, interactive and engaging yet safer ITC destination wherein young children and their care-givers now not only have adequate seating spaces while waiting for their turn are also able to use this time by engaging in multiple interactive yet informative activities as well, having an wholesome and enjoyable experience of visiting this PHC'.

Pictures:



- **PHC Inauguration by young children in Presence of**
- Dr. Shankar Lal Bamniya CMHO, Mrs. Ragini Damor, Dy. Commissioner, UMC, Mr. Mukesh Chandra Pujari, Superintending Engineer (SE), UMC & Udaipur Smart City Ltd. (USCL),
- Mrs. Chandra Kala Boliya, Ward Councillor (Ward No. 15), Mr. Devendra Sahu, Head of 'Kacchi Basti Committee' and Ward Councillor (Ward No. 59)
- Dr. Prerna, Main Doctor, PHC Sec 11 (Machla Magra) and entire PHC staff
- Urban95 PMSU and PMU



Interlocking Tiles for Organized Parking and Ramp Promoting 'Universal Accessibility'



Seating Spaces (Benches) in the Entrance Corridor along with Floor Games and Interactive Games (Abacus) on side Railing



Interactive and Visually Appealing Wall Painting in 'Vaccination Room' for Diverting young children Attention while getting Vaccine along with 'Detail Vaccination Schedule' integrated within the Painting for Care-givers for their information



Newly Installed MS Gate and Increased Railings for Increased Safety and Young Children and their Care-givers Enjoying the Newly Created Spaces for them



Wall Painting in Pregnant Women cum Breastfeeding Room Displaying 'Healthy Diet- What to Eat & What to Avoid' for Pregnant Women



PHC Doctor explaining the Wall Painting done in Vaccination Room and the Vaccination Schedule Integrated within the same