

URBAN95

Case Study

Transformation of the Sector-11 (Machla Magra) Primary Healthcare Centre (PHC) into a Young Children and Caregiver Friendly PHC



Technical Partners



ECORYS



City Partner



Supported by



Van Leer
FOUNDATION



Table of Contents

3	Abbreviations
4	Introduction: Transformation of the PSC Sector-11 into a Young Children and Caregiver Friendly PHC
5	Context: Transformation of the PSC Sector-11 into a Young Children and Caregiver Friendly PHC
6	Summary of the Intervention
7	Key steps Involved
8	Challenges overcome by the organizing team
9	What worked well?
9	Scope of the Improvements
10	Top Three recommendations for replicating interventions
10	Thoughts from the key leaders & dignitaries
11	Pictures

Abbreviations

S/n	Abbreviation	Definition
1	AE	Assistant Engineer
2	ANM	Auxiliary Nurse Midwife
3	AWC	Aanganwadi Centre
4	VLF	Van Leer Foundation
5	CBW	Capacity Building Workshops
6	CBO	Community Based Organization
7	CMHO	Chief Medical and Health Officer
8	DD	Deputy Director
9	DFID	Department for International Development
10	EE	Executive Engineer
11	ECD/ECCD	Early Childhood Development/Early Childhood Care & Development
12	ICDS	Integrated Child Development Scheme
13	ICLEI- South Asia	ICLEI – Local Governments for Sustainability, South Asia
14	MoU	Memorandum of Understanding
15	MLSU	Mohan Lal Sukhadia University
16	NGO	Non- governmental organizations
17	NQAS	National Quality Assurance Standards
18	O&M	Operation and Maintenance
19	OPD	Outpatient Department
20	PHC	Primary Healthcare Center
21	PMU	Project Management Unit
22	PWD	Public Works Department
23	PMSU	Project Management Steering Unit
24	Q&A	Questions & Answers
25	RUIDP	Rajasthan Urban Infrastructure Development Project
26	SE	Superintending Engineer
27	UMC	Udaipur Municipal Corporation
28	USCL	Udaipur Smart City Ltd.

CASE STUDY

TITLE: Transformation of the Sector-11 (Machla Magra) Primary Healthcare Centre (PHC) into a Young Children and Caregiver Friendly PHC

Programme: Urban95 Phase-II, Udaipur

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

Reach: Twelve Aanganwadi centres (AWCs) with 12- 15 young children each, along with their staff (three each per AWC) connected to the PHC, as well as 100- 150 patients on average who visit its outpatient department (OPD) daily. This is a mix of the **targeted audience/ users, i.e., young children, and pregnant and lactating women, as well as other visitors.**

The weekly footfall of the target users (between 1st and 7th Feb 2023) was **8 young children (0-5 years old) and their caregivers, and 11 pregnant women and nine lactating women. (Source- PHC, Sec 11).**

Funding Source: Udaipur Municipal Corporation (UMC)

Cost of the intervention: INR 5,69,750/- (Rs. Five lacs sixty-nine thousand and seven hundred fifty)

Introduction:

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

In this context, it was decided to plan and implement a set of interventions in the form of semi-permanent projects at a PHC that **has a high footfall of the targeted audience/ users.**

Set up generally at the community level, PHCs provide the first-line of primary healthcare that is accessible and affordable and implement government-initiated healthcare programs.

They generally receive a large number of people, who face long and tedious waiting periods in spaces with limited seating capacity. This has a huge impact on their psyche, especially the target users. Hence it is important to provide interactive and engaging spaces to keep these people engaged, enabling them to enjoy their waiting period, and making it seem that they had to wait only for a short period of time.

Considering the above-mentioned pointers, the PHC in Sector 11 (Macla Magra) was identified as a potential site for implementing the semi- permanent interventions that would transform it into a model Urban95 PHC with integrated ITC elements. It could then potentially be a showcase/ demonstration model for the city's service providers/ decision makers to replicate the same in other PHCs as well.

Situated at busy Paras-Balicha arterial road, the Sector 11 PHC receives a large number of footfalls throughout the day, especially the target users. About 50% of the 100- 150 visitors the PHC receives daily are the target user group. Moreover, it has 12 connected AWCs, with 12-15 young children each, along with staff (three each).

Most of the visitors are from Machla Magra, an economically weaker section (EWS) society located opposite to the PHC, and from nearby low-income group residential colonies.

With a small waiting area and limited seating arrangements, the PHC gets congested, and many people are forced to stand till their turn comes, which could take more than half an hour.

Implementing agency/ department:

The Udaipur Municipal Corporation (UMC) implemented the project, in collaboration with the Van Leer Foundation (VLF), and with technical support from the Urban95 PMU (a joint venture between the 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, Udaipur

Context:

The project was conceptualized and planned to demonstrate/ showcase to service providers and decision makers the potential of transforming a regular PHC with very limited/ confined space into an interactive, engaging, and safer PHC by using the existing infrastructure and surfaces (floors, walls, fencing/ railing, corridors, outside spaces etc.). It also aimed to demonstrate that such measures are important for the physical and mental growth and wellbeing of young children and help in shaping their early childhood.

The Sector 11 PHC was selected as an Urban95 intervention site for:

- Creating adequate interactive and engaging seating/ waiting spaces for young children and their caregivers, besides other visitors;
- Transforming the dull and uninteresting interiors of the PHC into an interactive, engaging and informative space for young children and their caregivers, so that their waiting time is an enjoyable one, and seemingly not that long;
- Motivating service providers to adopt such interventions to bring in desired behavioural changes through suitable retrofitting (in existing PHCs) and also while developing new PHCs.

A draft proposal was developed, aimed at transforming the behaviour and the experience of its target users by transforming the facility into an easily accessible, highly interactive, and engaging facility with adequate seating space and interactive activities around it.

Summary:

To begin with, the entrance to the PHC was laid with interlocking tiles up to 20M on either side, along with a designated parking space marked out for 35-40 two-wheelers, as per the standard norms. This was done for easy and unhindered access for visitors who earlier faced haphazard and unorganized parking, which blocked the PHC entrance and raised the risk of young children and/ or other visitors getting hurt.

Ramps were built on either side of the entrance to promote 'universal accessibility' and to show service providers that similar ramps can be built in existing PHCs and/ or while developing new facilities.

Three sets of aluminium chairs (to accommodate nine people) were installed in the entrance corridor, which leads to rooms that are largely used by the target groups, in addition to games being painted on its floor.

An abacus was also installed in the corridor to promote 'learning while playing.' It was integrated with the new railings (whose height was raised as an important safety measure following the installation of benches in the corridor).

An Interactive shading element was also installed in the entrance corridor, as an all-weather protection, and for children to play with the different shadows formed by its design as per the sun's position.

All these interventions allow young children to engage in these activities, making the time they spend waiting for their turn into an exciting and educational one.

A seven-feet high mild steel (MS) gate was installed in the entrance corridor as an added measure to prevent anti-social elements from accessing this space in the late hours. This issue had been brought to the notice of the team in the planning stage.

Simple, interactive, informative and visually appealing illustrations were painted on the PHC's walls. These included: -

- 1) An Interactive Painting in form of a 'story in the waiting area that could keep the young children and their caregivers engaged as they wait for their turn, and would make them feel that they didn't have to wait long.;
- 2) A painting on one wall of the vaccination room (young children sit facing this wall while getting vaccinated). The painting was built with an aim to divert the attention of / distract young children, making the entire vaccination process stress-free for them. The vaccination schedule/ information was integrated with this painting to make it easier for nursing staff to explain the entire vaccination cycle (from 0 month to 6 years) to caregivers. It also allows caregivers to easily understand the overall vaccination schedule for their young children;
- 3) A painting in the breastfeeding room imparting information on healthy diets for pregnant women and young children 0 to 3 years and above, which would help them to observe their children's growth and contact the doctor if they found something amiss. Another one gives information on 'multiple reasons for young children to be irritating,' helping caregivers to understand why their young child(ren) behaves in a particular situation and the potential solution for it.

The Project was inaugurated by children from two connected AWCs in the presence of Dr. Shankar Lal Bamniya, Chief Medical and Health Officer (CMHO), and Mrs. Ragini Damor, Deputy Commissioner, UMC, along with Mrs. Chandra Kala Boliya, councillor of ward 15 (Sector 11 PHC comes under her jurisdiction) and Mr. Devendra Sahu, Head of 'Kacchi Basti Committee' and councillor of ward 59, and has attended the inauguration on behalf of Mayor, UMC.

The other people who attended the inauguration included Mr. Vaibhav Saroha, District Program Manager (DPM) from the 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 the UMC, all PHC staff, the Urban95 Project Monitoring and Steering Unit (PMSU) and the Project Management Unit (PMU).

The attendees were briefed about all the ITC interventions and the thoughts behind them, while being taken around the premises. All the interventions were well appreciated by the CMHO, ward councillors and the UMC Urban95 champions and the CMHO gave the assurance that some of the ITC interventions would be replicated in all other PHCs.

The concerned ward councillor asked the team about the cost of extending tiling another 20 metres of the area on either side of the entrance, and assured them that he would fund it by using the money allocated to him as an elected representative.

Key steps involved:

- a) Site Identification and Finalization - Identification and finalization of an appropriate PHC with a higher footfall of the target group and with a dull and uninteresting atmosphere, which would give the team the opportunity to use as much existing infrastructure (floor, walls, ceiling, railings etc.) as possible and project it as a 'demonstration/ showcase model' to service providers/ decision makers;
- b) Mapping Existing Situation and Stakeholder Engagement (Pre)- Site analysis, study of the available and missing ITC Neighbourhood (ITCN) indicators along with engagement with stakeholders (UMC, CMHO, DPM, PHC Staff, Ward Councillor, VLF) and users to map their needs and aspirations for conceptualizing and planning the proposal accordingly;
- c) Conceptualizing and Developing the Design Proposal - The PHC design proposal was conceptualized and envisaged to take into account the existing infrastructural situation and its subsequent behavioural impact on the target group and other visitors, and to come up with design solutions.

The design proposal was also conceptualized with simpler, easy to implement and impactful design solutions, keeping in mind their 'scalability' and 'replicability' by the concerned service providers/ decision makers;
- d) Stakeholders Engagement- The proposed plan, its elements and components etc. were discussed with the concerned stakeholders (UMC, CMHO, DPM, PHC staff, ward councillor, VLF) for their consent, approval and support for taking up on-ground implementation activities;
- e) Preparation and Finalization of Bill of Quantities (BOQ) and Estimates - The BoQ and estimates were prepared, enabling the UMC to float the tender for selection of a suitable agency/ contractor for on ground execution;
- f) Approval in Project Steering Committee (PSC)- The design proposal and costing were then taken up for approval in the PSC, as per the program mandate;
- g) Tendering and Selection of Contractor- After receiving the PSC's approval, a tender was floated by the UMC for finalization of the contractor, followed by the work order being issued as per the mandatory process and protocols;
- h) Monitoring of on-ground activities - The on-site work was continuously monitored by the PMU in coordination with the UMC to check for any discrepancy vis-à-vis the design proposal;
- i) Inauguration by Stakeholders- Finalization of the day, date and time with the Commissioner, UMC, of the inauguration ceremony, for ensuring publicity for the project and the Urban95 Program. The process includes making a list of the stakeholders (government and non- government), and invitations being sent to them via emails, whatsapp messages and calls;
- j) Media Coverage and Engagement- Print, digital/ electronic and social media were also involved and engaged at various stages (pre, during and post

implementation/ inauguration) for ensuring city-wide publicity for the project and the program;

k) Photos and videos were taken during different stages of project implementation for documentation;

Challenges overcome by the organising team:

1. They were able to complete the intervention on time and as envisaged after receiving several design inputs and ideas from the PHC staff (during the implementation stage), and even after finalization from their side before going into the on-site implementation;
2. A few ideas were integrated during the implementation that turned out to be value addition, though most of these would have diluted the overall design objectives. Still the team handled the situation in a way that PHC staff was kept engaged and onboard even after most of their demands (design inputs) were not met.
3. They guided and handheld the contractor on integrating the interactive abacus game with the new railing. The team realised that the contractor was executing such elements for the first time, as even after several discussions, he looked clueless. Once completed, the railing came out as a very interactive element for young children to engage with as they waited for their turn.

What worked well?

1. All concerned departments (UMC, Medical and Health Dept) appreciated the intervention and the CMHO gave assurance that some design interventions would be replicated in all other PHCs of Udaipur.
2. The ward councillor gave the assurance that the interlocking tiles would be laid on 20 meters more of land on either side of the entrance, along with the installation of a railing or extension of an existing one outside the PHC by using the funds allocated to him as an elected representative.;
3. In an improvised move, the railing was extended to the top of the newly installed gate as an extra safety measure. This had not been planned at the proposal stage, but was thought of after the new gate was installed.
4. Because of the Urban95 interventions, the PHC received the National Quality Assurance Standards (NQAS) certification (a first in Udaipur).

What didn't work well/ scope for improvement:

1. The implementation got delayed due to an unforeseen engineers strike at the UMC that lasted more than a month.
2. The plan was to paint one of the walls of the PHC with an interesting story, and the PHC doctor had promised to move some educational & IEC material to

another wall, but this did not happen as expected. The learning from this experience was that it is important to plan and document discussions and decisions, and that everyone involved should fulfil their commitments.

Top three recommendations for replicating interventions:

- Be in continuous touch with the concerned department and officials and follow up on the assurance given during the inauguration, specifically on replication of a few design elements in all other PHCs;
- Identify such PHCs in coordination with the CMHO and DPM, and handhold the service providers in taking up suitable retrofitting in such PHCs;
- Coordinate and follow up with the Health Department and Public Works Department (PWD), the agency responsible for inclusion of ITC-friendly elements in their manuals, enabling them to implement the same while developing or retrofitting the 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 concepts in the real-world scenario, along with the realization that these interventions are the need of the hour 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 interventions with simpler yet impactful elements. We'll make sure to replicate a few of these elements, especially the wall painting in the 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 how young children and their caregivers would feel seeing these."

Mr. Mukesh Pujari, Superintending Engineer, UMC

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

Impact statement:

The transformation of a medical facility (which psychologically can be a scary/stressful experience, more so for young children) into a vibrant, lively, interactive and engaging yet safe ITC destination, wherein young children and their caregivers now not only have adequate seating space while waiting for their turn, but are also able to spend this time by engaging in multiple interactive and informative activities, thereby having an enjoyable visit.

Pictures:



Figure 1 PHC Inauguration by young children in presence of:

- Dr. Shankar Lal Bamniya, CMHO; Mrs. Ragini Damor, Deputy Commissioner, UMC; Mr. Mukesh Chandra Pujari, Superintending Engineer (SE), UMC and Udaipur Smart City Ltd. (USCL);
- Mrs. Chandra Kala Boliya, Ward Councillor (Ward 15); Mr. Devendra Sahu, head of 'Kacchi Basti Committee' and Ward Councillor (Ward 59);
- Dr. Perna, Main Doctor, Sector 11 (Machla Magra) PHC, and entire PHC staff Urban95 PMSU and PMU



Figure 2 Interlocking tiles laid in the organized parking area, and a ramp installed to promote universal accessibility.



Figure 3 Seating Spaces (Benches) in the entrance corridor, along with floor games and interactive games (abacus) on side railing.



Figure 4 An interactive and appealing wall painting in the vaccination room helps to divert the attention of young children who are getting vaccinated. The painting also has a detailed vaccination schedule for the benefit of caregivers.



Figure 5 The newly installed gate and raised railings help to improve the safety of young children and their caregivers as they enjoy the space created for them.



Figure 6 A wall painting in the room for pregnant women and breastfeeding women, which shows information on healthy diets for expecting women.



Figure 7 The PHC doctor explaining the information displayed on the wall painting in the vaccination room, including the vaccination schedule.



Technical Partners

City Partner

Supporting Partner