



RAPID BEHAVIORAL ASSESSMENT (RBA) REPORT

UDAIPUR

Prepared by



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ECORYS



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ACRONYMS

AWC	Anganwadi Centre
AWW	Anganwadi worker
VLF	Van Leer Foundation
CCC-I	Center for Communication and Change-India
CPZ	Child Priority Zone
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
FGD	Focus Group Discussion
ICLEI- SA	International Council for Local Environmental Initiatives- South Asia
IDI	In Depth Interview
ITC	Infant, Toddler, Caregiver
OPD	Outpatient Department
PHC	Primary Health Centre
PLA	Participatory Learning and Action
PMU	Program Management Unit
RBA	Rapid Behavioral Assessment
RO system	Reverse Osmosis system
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
TV	Television

Babies, toddlers, and caregivers experience the city in unique ways. Their learning begins at birth. Each interaction that children have with their caregivers (parents, elderly, etc.) and the environment, help strengthen the neural connections in the brain and support their lifelong learning and development. From their first steps outside the home into the neighborhood, the places they go to, builds the foundation of their understanding of how the world works (Bernard van Leer Foundation, 2019). Therefore, they need safe, healthy environments, where crucial services are easily accessible, frequent, warm, responsive interactions with loving adults are possible, and a stimulating physical environment where they can play and explore (1).

Family-centered urban planning and design is not only about building more playgrounds. Families are disproportionately challenged by poor public transport, as well as food, child friendly infrastructure and healthcare. Thoughtful urban planning and design can play a major role in addressing such challenges and in giving children a good start in life, by offering (1):

- **Walkable, mixed-use neighbourhoods** that cater for the basics that a young family needs within 15 minutes on foot
- **Lively, green public spaces** closer to home that offer amenities for caregivers while allowing small children to explore safely
- **Safe transport routes and transit systems** that make it easy, affordable and enjoyable for families with young children to travel where they need to go
- **Healthy environments** with safe levels of air quality and low noise pollution
- **Vibrant community life** that supports family well-being

About Urban95 initiative in Udaipur, Rajasthan

Bernard van Leer Foundation's (BvLF) Urban95 initiative supports sustainable programs to support the development of a healthy, beautiful, and safe city for young children and their caregivers. In Udaipur, BvLF in partnership with Udaipur Municipal Corporation, International Council for Local Environmental Initiatives South Asia (ICLEI-SA) and ECORYS India are currently implementing the Phase-II of the Urban95 initiative. The initiative will help scaling up child- and family-friendly features in public space, mobility, neighbourhood planning, early childhood services and data management across Udaipur's agencies. As part of infrastructural development in Udaipur city, few selected early childhood development centers (Park/ PHC/ AWC/creche/playschool/streets) in neighbouring areas are proposed to be developed as models for child-friendly, safe, and accessible spaces for young children & their caregivers.

Importance of SBC in improving urban infrastructure

For a young child to develop his or her full potential, frequent, warm, responsive interactions with loving adults and a safe, stimulating physical environment are essential. Ensuring this at the city level requires tackling both structural and behavioral issues, but most of the work till date has focused on addressing the former. It is equally important to solve barriers related to individual behavior change like—how do we enable parents and caregivers to include active play in their young child's daily activities? In most communities, young children can't get to playgrounds if adults don't bring them

there. In addition to safety concerns, there are certainly real constraints on time—parents work long hours, and kids have school, homework, and other activities (2).

More systematic application of social and behavior change by understanding and addressing these behavioral barriers — across the entire programme cycle of diagnosis, design, implementation, and evaluation — has the potential to significantly increase programme impact and sustainability.

It becomes necessary to understand the behaviour of young children & their caregivers vis-à-vis various ITC (infant, toddler, caregiver) destinations and related aspects to explore early childhood care and development (ECD) related opportunities and challenges. This would help understand the behaviour of ITC and the service providers responsible for developing, operating, and maintaining these destinations.



Behavior change at the heart of Urban95

Purpose of the Rapid Behavioral Assessment (RBA)

The Rapid Behavioral Assessment or RBA was conducted to generate behavioral insights on:

- Facilitators and barriers faced by caregivers (mothers/fathers/ other caregivers) of children under 6 years in using different ITC destinations near them
- Service provider's experience of operating, maintaining, and providing services at different ITC destinations (facilitators and barriers)

With this vision in mind, CCC-I along with Program Management Unit (PMU) undertook the RBA in Udaipur, Rajasthan between 28th March to 3rd April 2022. The RBA insights will feed into design, modification, and development of ITC friendly spaces in the city. Whereas relevant insights will be used to generate behavior change communication to address knowledge, perception, motivation and intention related barriers among caregivers and service providers vis-à-vis their use of ITC destinations.

This chapter discusses the study geography, sampling design, data collection method, instrumentation, and data analysis plan.

Study geography

The RBA data collection was conducted in Udaipur, Rajasthan. As part of the study, six types of facilities were selected and visited. The sites selected were:

- Anganwadi Centre (AWC)
- Primary Health Centre (PHC)
- Park
- Creche/Playschool
- Street – Saheli Marg
- Child Priority Zone (CPZ) – Neemach Kheda

Data collection methods used for RBA

Qualitative research methods were used for the RBA. It relied on focus group discussion (FGD), in-depth interview (IDI), and participatory learning and action (PLA) approach. Naturalistic methods of data collection such as observations were also deployed as part of the study. FGDs were conducted with mothers and fathers of children under 6 years of age, IDIs were conducted with facility-based service providers and caregivers whose children do not avail/ visit the facility. Further, social mapping method as part of PLA approach was used to gain an in-depth understanding of social and physical infrastructure from caregivers.

Study participants and sample size

The RBA involved a total sample of 153 participants, across 55 interactions. Table 1 presents the detailed sample size for the study. The interactions were conducted with the following stakeholders:



Caregivers whose children avail/visit these facilities (homogenous groups of mothers and fathers)



Caregivers whose children do not avail/visit the facility



Service providers of facilities

Themes ----->	AWC				PHC			Park			Creche		Street	CPZ	Total	Total participants
Site = 1 location ----->	Site 1	Site 2	Site 3	Site 4	Site 1	Site 2	Site 3	Site 1	Site 2	Site 3	Site 1	Site 2	Site 1	Site 1		
FGD with mothers whose child/ren (< 6 years) attend/visit	1	–	1	1	1	–	1	1	–	1	1	–	1	1	10	(8 homogenous* participants per FGD = 128 participants)
FGDs with fathers whose child/ren (< 6 years) attend/visit	–	1	–	–	–	1	–	–	1	–	–	1	1	1	6	
IDIs with caregiver* whose child/ren doesn't attend/visit	1	1	1	1	1	1	1	1	1	1	1	1	–	–	12	12
IDIs with service provider	1	1	1	1	1	1	1	1	1	1	1	1	1	–	13	13
Site observation	1	1	1	1	1	1	1	1	1	1	1	1	2	–	14	
Grand total															55	153

Table 1: Sample size for Udaipur RBA

Table 2: Segregation of interactions as per respondent's gender

	Number of interactions		Number of participants	
	Male	Female	Male	Female
FGD with caregivers	6	10	48	80
IDI with service providers	5	8	5	8
IDI with caregiver whose child/ren doesn't attend/visit the facility	–	12	–	12
Total	11	30	53	100

Instrumentation and pretest

The study instruments were developed for caregivers and service providers separately for different ITC Destinations (AWC, Play Schools/ Creche, Parks, PHC) by PMU with support from CCC-I. The study instruments broadly included the following areas of inquiry:

FGD with caregivers

- General questions
- Services available vs services availed
- Caregivers' knowledge related to ECD
- Caregiver preference & suggestions
- Media preference
- Feedback mechanism
- COVID-19 related
- Access related
- Service rating

IDI with service providers

- General questions
- Service provider's knowledge & training (ECD)
- Experience of service provision
- Service provider's preference & suggestions
- Feedback mechanism
- COVID-19 related

All the study instruments were translated into Hindi and were pretested with caregivers of children under 6 years and service providers in December 2021. The pretest exercise helped in assessing various aspects of the instruments such as, language used, comprehension of questions, flow of the instruments, time taken to complete interactions, etc. Based on the pre-test insights, CCC-I refined and finalized the study instruments. Additionally, separate instruments were developed by CCC-I for the CPZ and street sites as a guide for PLA.

Training

CCC-I oriented and trained the data collection team for two days at the PMU office on 28th and 29th March 2022. The team underwent training in research ethics and research protocol including study methods, procedures, and study instruments.

Recruitment process

PMU coordinated recruitment of potential participants prior to the data collection. These participants were explained the purpose and methodology of the RBA. Further, the day and time of interactions with selected based on participant availability and confirmation in advance.

On the appointed day, the investigators' team and local recruiters reached the site to conduct the interactions. The investigator sought oral consent and signed the consent letter on behalf of the participants. Only those participants were administered the instruments who volunteered to participate in the study. On an average, each FGD interaction took about 45-60 minutes. Whereas IDs with service provider and caregivers who do not visit the facility took about 30 minutes and 20 minutes respectively. In all, the investigators interacted with 153 participants and the entire data collection process took 10 days (30th March to 8th April 2022). Additionally, 14 observations were conducted across the sites.

Plan of analysis

PMU supported CCC-I in translating the interview audio recordings into English. The analysis team at CCC-I entered, cleaned and analysed the qualitative data using framework analysis in MS Excel. The analysis was a 4-step technical procedure as explained in Figure 1 below.

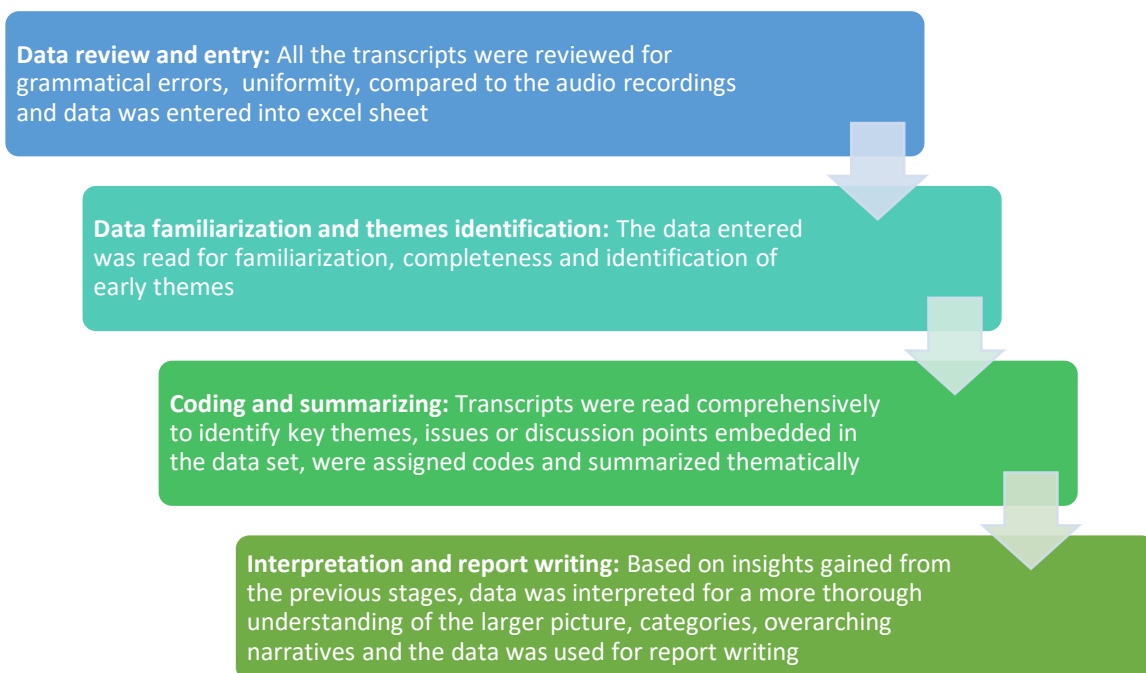


Figure 1: Steps of qualitative data management and analysis

Images from field interactions



PLA with fathers



PLA with mothers

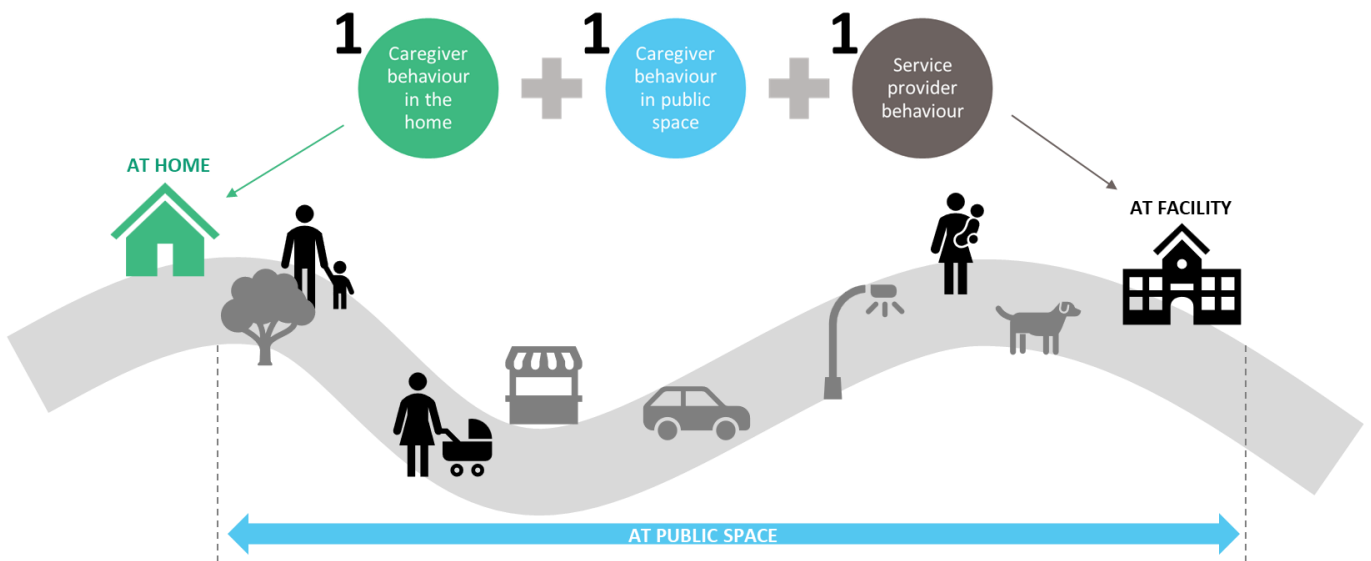


IDI with service provider (PHC)



FGD with caregivers (AWC)

Flow of RBA findings



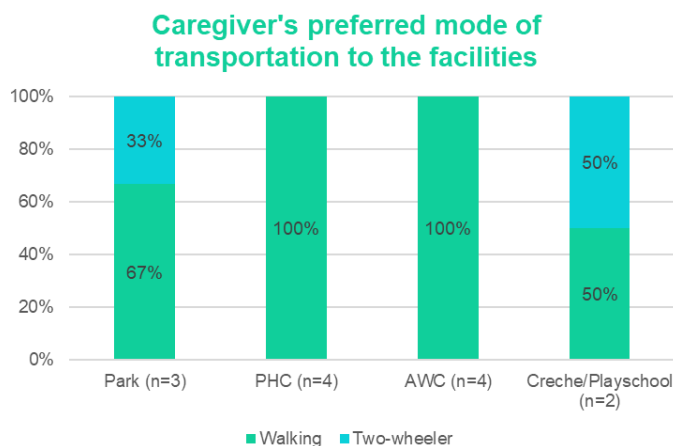
As illustrated in the diagram above, the RBA findings are divided into three broad categories: caregiver behaviour at home, in public space/facilities and service provider behaviour.

The sequence of findings starts with how caregivers begin their journey from home to different facilities with their children, their behaviour in the public space, how they and service providers engage/interact with children, challenges faced, their perception about quality of services available in the facilities, their idea of a perfect or ideal facility, feedback mechanism and the impact of COVID-19 on the access to and delivery of services. The PLA findings are explained separately.



This icon highlights the findings from the observations conducted as part of this RBA.

Access to facilities



Majority of the participants prefer walking to the facilities. They prefer this mode of transport due to shorter distances and convenience. Some PHC participants also said that in case of emergencies they commute by auto rickshaw or two wheelers.

Note: n in the graph represents number of FGD

Challenges faced while commuting

Participants mentioned four broad challenges they face while commuting to and from different facilities. As majority of the participants prefer walking to the nearby facilities, such challenges increase parental concerns about safety of their children on road.

Challenge 1: Presence of stray dogs, cows, pigs in and around parks, on streets

Challenge 2: Unorganized parking, traffic, loud noise and smoke from vehicles

Challenge 3: Unavailability of walkable and shaded footpath

Challenge 4: Construction materials such as debris, pipes, wires

Challenge 5: Presence of encroachments like food vendors, street sellers and beggars



Stray animals have also been observed in and around most of the facilities during observation



“Constructions create a lot of problem...children get scared and ask us to carry them plus we also have a fear what if they slip or get injured” – FGD participants, Genius Rainbow Playschool

“We can even scare cows but how to scare dogs, if we try to scare them, they will run towards us” - FGD participants, Mahavir Colony Park



Caregiver's engagement with children

While commuting to and from facilities

- Focus on keeping children safe on road from moving vehicles, stray animals, construction materials and disrupted/broken footpaths
- Talk to children and show them objects, vehicles, people and colours
- Enquire child's experience at the facility (routine, learning, activities)

At the facility

- AWC, Creche/Playschool - caregivers only pick up and drop their children at the facility and do not engage with them at the facility
- Children play by themselves in the park while caregivers walk or talk to their friends
- In PHC, caregivers talk to the child/ren or

Caregiver
behaviour
in public
space

- Answer child's inquisitive questions

take them outside during the waiting period. They do that to divert the child's attention or when s/he feels uneasy waiting in the queue



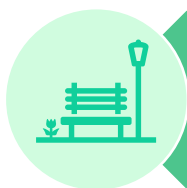
"Children feel uneasy waiting in the queue. Their father also comes with us if there is long line or waiting time... we take them out for a while and tell the person behind us to save our spot and then we come back and get in the queue" - FGD participants, Machla Magra PHC



Frequency and time spent by child/ren and caregivers at facilities



AWC and Creche/Playschool: Children visit the facilities almost daily, except weekends and stay as per the facility timings (3 - 4 hours)



Parks: Majority of the participants said that they visit the parks almost daily with their children. They usually spend around 30 mins to 2 hour. Participants also prefer visiting the parks in the evening due to the pleasant weather (avoiding harsh sun) and their availability (after office hours)



PHC: Majority of the participants visit the PHC to avail child vaccination services and to consult the doctor when their child is unwell. *On an average, caregivers spent 30 minutes in the PHC (15 minutes waiting time, 15 minutes treatment) as per observation.*

Services/play equipment available in the facilities

According to caregivers:

PARKS: have swings, slides, garden and walking track in the park

PHCs: have routine immunization services, health check-ups and pharmacy

AWCs: Pre-school education and play, meals, immunization, referral services, nutrition and health education, health checkup services

Creche and Playschool: Pre-school education and play, health checkup, meals, field trips to parks, smart class activities

Activities to engage children at the facility

- **AWC, Creche/Playschool:** Children engage in routine activities including pre-school education (poem recitation, alphabets, animal and bird names), play, craftwork, colouring,

table manners etc. at the facility. Of these activities, children enjoy playing with toys, games, coloring books and craft work the most.

The **AWC, Creche/Playschool staff** support the learning and play activities by providing materials, demonstrating actions for children to follow.

- **Park:** Majority of the caregivers monitor their children while playing. Children enjoy playing on swings, slides, see-saws and with other children in parks.

The **park staff** (security guards, gardeners) are not involved in any activities related to children. They are only responsible for maintenance, cleaning, gardening and looking after the safety aspects of the park.

- **PHC:** There are no facilities to engage with child/ren inside the PHC. Children roam around in the waiting area, talk to their caregivers or caregivers take them outside the PHC during the waiting period

The **PHC staff** are only involved in providing child related health services. They do not engage in any other ECD activities related to children.

Observations: Staff's engagement with children at facilities



Park: During observation, the park staff was engaged primarily in tasks like: cutting grass, watering plants and monitoring the park area

PHC: In PHC- Jagdish chowk, the service provider was seen interacting in a playful manner with a child during vaccination. In the other PHCs, the staff was engaged in routine activities that did not involve children

AWC & crèche/playschool: The service providers at AWC and crèche were engaged with children in pre-school activities. Whereas in the playschool, the teacher was engaging with children through games during observation

Interaction between caregivers and service providers- at home/facility

Interaction between caregivers and service providers happen at the AWC as well as during home visits.

At the AWC

- On an average, two to three meetings are organized in a month, mostly on the monthly health day, *Amavas* (new moon), *Godh Bharai*, *Annaprashan*, Immunization Day.
- The meetings focus on providing information on different topics such as breastfeeding, government schemes, information about prevalent diseases, women group meetings, etc.

Home visits by Anganwadi worker (AWW)

- The AWW visits homes of lactating women on the 3rd, 7th, 14th and 21st day of every month and two visits every week to the homes of pregnant women.
- These home visits include counselling about ante-natal care, nutrition and breastfeeding practices.

Caregiver
behaviour
in public
space

Service
provider
behaviour

In **creche/playschool**, interactions between caregivers and service providers happen as part of parent teacher meeting (once or twice a month). At **PHC**, interactions happen only during consultation with doctor or vaccination days.

Materials/tools used in facility to engage with children (caregivers)

- **AWCs, creche/playschools** have educational play and craft materials available to engage children. These include: posters, videos, recipe books to explain health and nutrition, educational play and craft materials. Teaching materials such as charts, puzzles, letters, cards/flash cards, musical instruments were available in the creche and playschool
- **Park and PHC:** Caregivers said that other than the play equipment such as swings and slides, there are no dedicated age-appropriate materials/tools available in the park to engage with children under 6 years
- **PHC:** No tools/materials are available in the PHC to engage with children under 6 years

Observations: Materials used in facility to engage children

AWC: Children were engaged in pre-school activities by the AWWs. Handmade teaching and learning materials were used to engage children. Some children were seen playing outdoor games in a group. At one of the AWCs children were playing with toys, reciting poems and numbers with the AWW.



Creche and Playschool: Children were playing in a group. Some children were observed playing with toys, painting and engaged in number games, classroom activities. In another facility, children were seen reciting rhymes with the teacher.

Park: Children were found playing with other children of their age

PHC: No games or play equipment were seen at the PHC

Caregiver's role in engaging/playing with children

CAREGIVER'S PERCEPTION: Majority of the caregivers believe that engaging with children is primarily the mother's responsibility. On the other hand, some caregivers said that engaging and playing with children is a shared responsibility of all family members.

CAREGIVER'S PRACTICE: Mothers usually take their children to park, AWC, Creche/Playschool on a regular basis and to PHC as needed. FGD participants across all facilities also said that mothers are the primary decision maker regarding when to take children out to play and fathers are only able to spend time with children on weekends or after coming back from work. In a few cases, the father or grandparents also decide when to take the child out to play.



"Most of the decisions related to the child are taken by the mother. We (mothers) also have to look after the household chores and decide accordingly. Most of the time we are available only in the evening...There is no time in the morning as we have a lot of work" – FGD participants, Gulab



Importance of engaging/ playing regularly with child/ren according to caregivers (users and non-users)

Caregivers believe that it is important to play and engage with children because:

Children learn by observing and playing with other children

Makes children smart, physically and mentally active, critical for holistic development

Strengthens the bond between children and their caregivers

Reduces screen time (mobile phones and television)

Helps caregivers understand their children, their habits and development needs



"If they (children) don't play then how will they feel energetic. If the kids will not play then their mind won't work properly, they also feel physically weak.... If they don't play or spend time with the parents then he will feel alone and because of that he might develop bad habits. He will spend most of his time on phone and TV as the parents are not listening to him." – FGD participants, Nehru bazar AWC



How do caregivers engage and play with their child(ren)



Most caregivers narrate stories, teach poems, letters, counting, play indoor games like peek-a-boo, ludo, bat-ball in order to engage with their children at home. Some caregivers engage with their children while watering plants, painting. Children also play with their siblings and pets.

Due to work commitments, some caregivers are only able to spend time with their children on holidays. Some prefer to hand over mobile phones to children to play games, watch videos especially during a busy schedule.



Caregivers engage with their children outside home by visiting nearby parks and playing with them.

Children often engage in outdoor activities like cycling, running, playing football.

Some caregivers said that during weekends the fathers take the children to places like Fateh Sagar Lake, Sukhadiya Circle, temples etc.



"Children are busy on mobile because of which we get time to work, manage household chores. That's why whenever there is work, we give our mobile to the child"- FGD with caregivers, Gulab bagh



Observations: Caregivers' engagement with children at the facilities



Park: Caregivers were observed playing and walking with children. Children were playing with other kids of similar age (swings, wooden blocks)

PHC: During observation caregivers were found standing in a queue in the waiting area, engaged in discussion with PHC staff. Some caregivers were found talking to their children while in the waiting area

AWC, Creche and Playschool: The caregivers observed at the facility were present to pick or drop their children

ECD related training of service providers



None of the service providers interviewed at parks, creche and street had undergone ECD related training.

AWWs had attended training on language development of children, nutrition, breastfeeding, kangaroo care, ante/post-natal care, pre-school education, learning through play. One of the three PHC service provider mentioned attending training on malnourishment and physical development of children.

Communication materials used by service provider to counsel caregivers on ECD

PHC: PHC staff use the vaccination chart/card to counsel caregivers regarding the vaccination schedule. Similarly, there are posters on breastfeeding and non-communicable diseases (NCDs) which are used during counselling sessions.

AWC: AWWs share most of the ECD information during home visits. There are posters and a flipbook on pregnancy related care, nutrition, healthy lifestyle, immunization, health check-ups and age-appropriate diet for children.

Recall of ECD related messages (caregivers)

Park and PHC: None of the participants recall viewing any ECD related messages

AWC: Caregivers recall seeing messages on nutrition and behaviors to follow during pregnancy at the AWCs

One of the AWW also mentioned that she has created a WhatsApp group with mothers to share child/AWC related important information and updates. However, since the mobile phones are owned by the husbands, the information does not reach the mothers on time.

Creche/Playschool: Creche/playschool staff do not use communication materials to counsel caregivers on ECD. In case of any child related feedback, the staff uses children's notebooks to share the same with caregivers.

Observations: ECD materials observed at facilities by observers



AWC: ECD materials in the form of hoardings, paintings, leaflets, posters, banners, wall hangings were observed at the AWCs. These materials were related to pre-school education, information about ANC-PNC, nutrition, immunization and seasonal diseases

Creche/playschool: Paintings and posters related to pre-school education, nutrition and health were present at the crèche/playschool facilities

PHC: PHC facilities had ECD materials on immunization, nutrition and information about ANC-PNC

Facility related feedback sharing mechanism

Majority of the participants across the facilities visited were **not aware of any feedback sharing mechanism**.

- **PARK:** Some participants convey their park related feedback to the Ward Parishad (Meera Park). Previous feedback was regarding lights, cleanliness, and provision of a temple in the park.
- **AWC:** Some participants share feedback with the AWC in-charge. Previous feedback was related to the meals provided, play equipment available and non-functional weighing machine
- **Creche/Playschool:** Participants whose children attended private play school (located in middle to high income group area) said that there is a complaint box in the playschool vicinity. Whereas participants from the creche (located in a low-income group area) were not aware of feedback sharing mechanism

Service provider said that there is no feedback sharing mechanism and the caregivers directly share their feedback with them. Two PHCs and the playschool have suggestion box available at the reception.

Media preference to receive ECD related messages

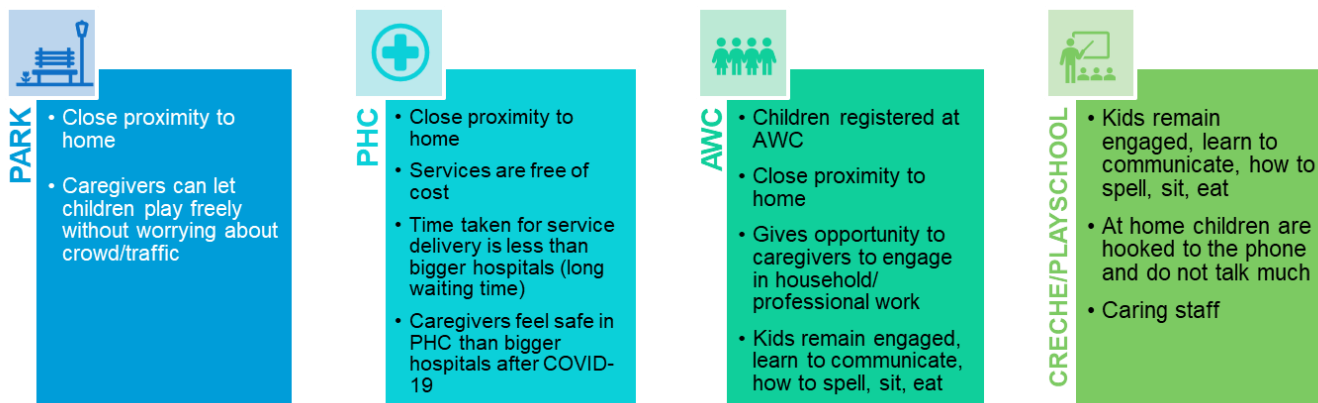


Caregivers prefer social media and mobile phones as a medium to receive ECD related messages because of the ease of use and availability of digital devices like mobiles and tablets. Further, group meetings are also preferred by caregivers especially mothers because such meetings give them an opportunity to ask doubts and get responses immediately. TV and radio ads are preferred as such communication channels can disseminate information to many caregivers at the same time.

Caregiver
behaviour
in public
space

Other media preferred by caregivers are: Door to door information dissemination and posters especially during the times of COVID -19 pandemic when visiting the facility or meeting the service provider is not advisable.

Caregivers' preference of bringing child to a facility over others







Proximity to facilities from home was one of the major reasons why caregivers prefer bringing their children to the visited facility over others. Other factors that influence the caregivers' preference are mentioned in the figure above.



"There is no traffic in the park. In this way the child is not afraid of getting hurt...Here we also get a chance to roam and children also roam freely" – FGD with caregiver, Gulab Bagh





"AWC is nearby, so we don't have much tension about the kids. We also can finish our work while the child is at AWC, also the child stays engaged here" - FGD with caregiver, AWC Machla Magra



According to	caregivers	 <p>PARK</p> <ul style="list-style-type: none"> • Lack of time due to job or household work • Lack of amenities in the park 	 <p>PHC</p> <ul style="list-style-type: none"> • Medicines provided in PHC do not provide immediate relief • PHC doctor checks children from a distance whereas private doctors maintain physical contact during check up • Unawareness of services/ facilities available at PHCs 	 <p>AWC</p> <ul style="list-style-type: none"> • Parents do not have time • Parents have trust issues about the quality of services and care available at the AWC • Send children to private facilities 	 <p>CRECHE/PLAYSCHOOL</p> <ul style="list-style-type: none"> • Fear of COVID-19 infection spread • Traffic • Perception of people that nothing important is taught
		<p>According to service providers</p> <ul style="list-style-type: none"> • Most caregivers are scared of being hit by the cricket/football • Road to the park (Meera park) is steep -injured children and caregivers in the past • Presence of stray dogs in park (Meera park) 	<ul style="list-style-type: none"> • Due to lack of services, people visit private hospitals in case of emergency or for deliveries 	<ul style="list-style-type: none"> • Negligence of parents • Caregivers fear that child might cry when away from home • Distance from AWC • Presence of stray dogs near facility 	<ul style="list-style-type: none"> • Creche timing not suitable for parents working from 9 AM to 5 PM • Caregivers believe that things taught at the facility can be taught at home

Reasons for NOT bringing child to a facility (caregiver vs service provider)

Challenges faced and support required by service providers

 <p>PARK</p> <ul style="list-style-type: none"> • Shortage of water and water pipes • Insufficient drinking water facility in the park • Children can get hurt as there is no grass on park ground • Shortage of staff 	 <p>PHC</p> <ul style="list-style-type: none"> • Rude behaviour of patients • Shortage of staff • Insufficient space at the facility • No ramp at the facility for differently abled children 	 <p>AWC</p> <ul style="list-style-type: none"> • Dependency on water tanker or facilities in the nearby areas • No electricity • Burden of other activities • Broken boundary of the facility building • Shortage of staff 	 <p>CRECHE/PLAYSCHOOL</p> <ul style="list-style-type: none"> • Caregivers expectations to pick children from home • Insufficient seating arrangement • Facility located at a height • Presence of multiple play schools increases competition in enrolment • Presence of stray animals nearby
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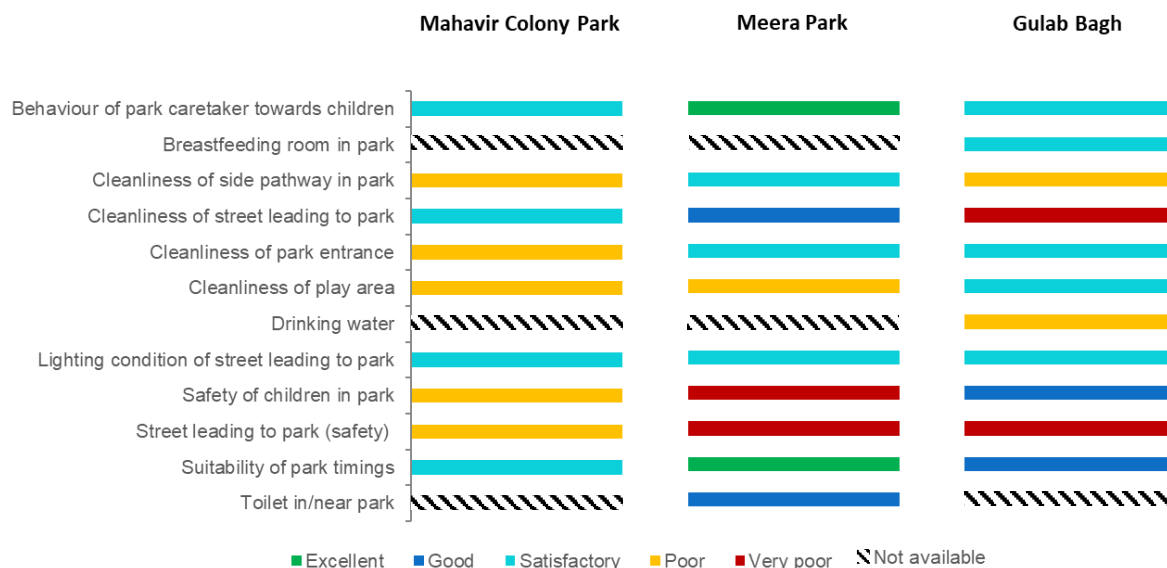
According to service providers, the following support can make their job easier and will help them to better assist caregivers and young children under 6 years:

- Provision of running water supply for Parks, AWCs. Currently, water is available only during specific time of the days which restricts timely maintenance.
- Provision of separate rooms for vaccination, counselling, breastfeeding in the PHCs
- Opportunity to attend ECD related trainings by AWWs to improve their knowledge about ECD
- Provision of furniture for children (tables, chairs, storage cabins) and creation of dedicated play space in the AWCs
- Sufficient staff to efficiently manage and maintain the Parks, PHCs and AWCs

Rating of sites by caregivers and PMU observers based on various parameters

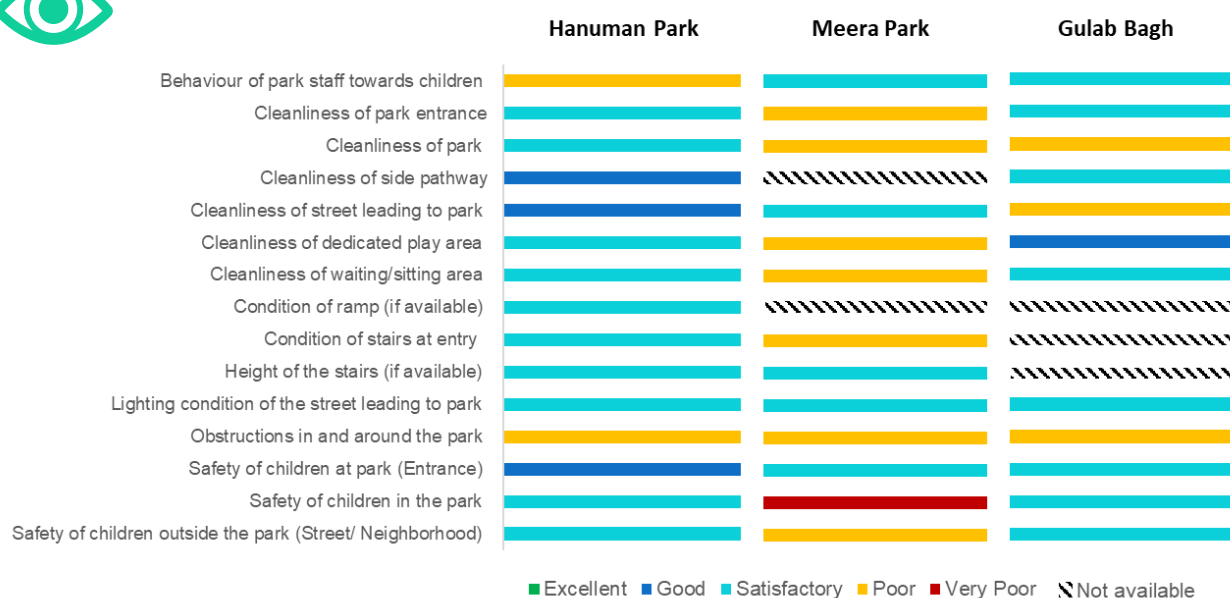
The section below indicates the rating of different sites visited as part of the RBA by caregivers who use the facilities and the PMU observers. The rating was done on a scale of 1 to 5, where 1 was very poor and 5 was excellent.

Caregiver's rating of parks on various parameters



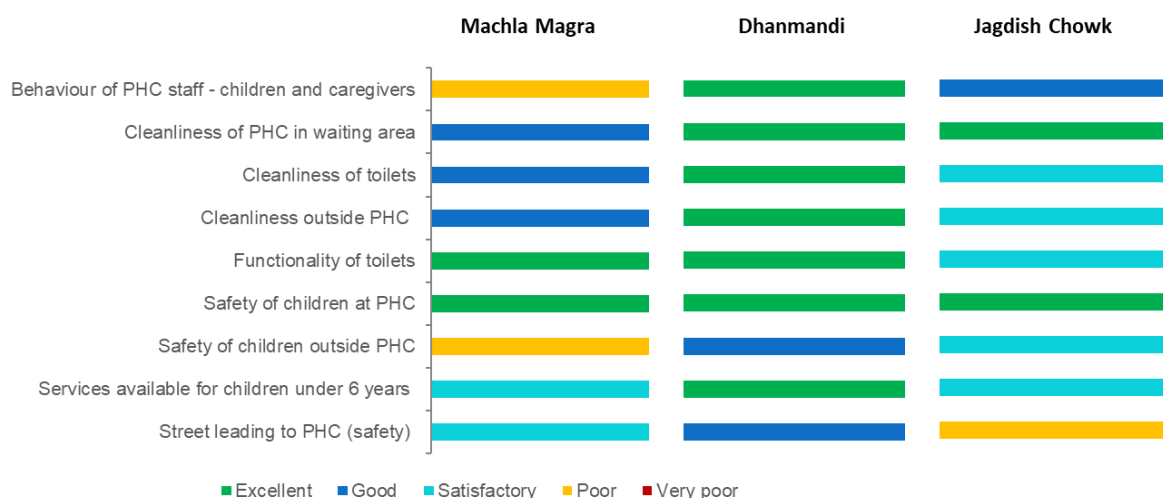
Majority of the caregivers rated cleanliness and safety aspects of the parks satisfactory, poor or very poor. Caregivers said that there were no drinking water facilities or a breastfeeding room in Mahavir Colony park and Meera park. Toilet facilities were also not available in Mahavir Colony park and Gulab Bagh.

Observer's rating of parks on various parameters



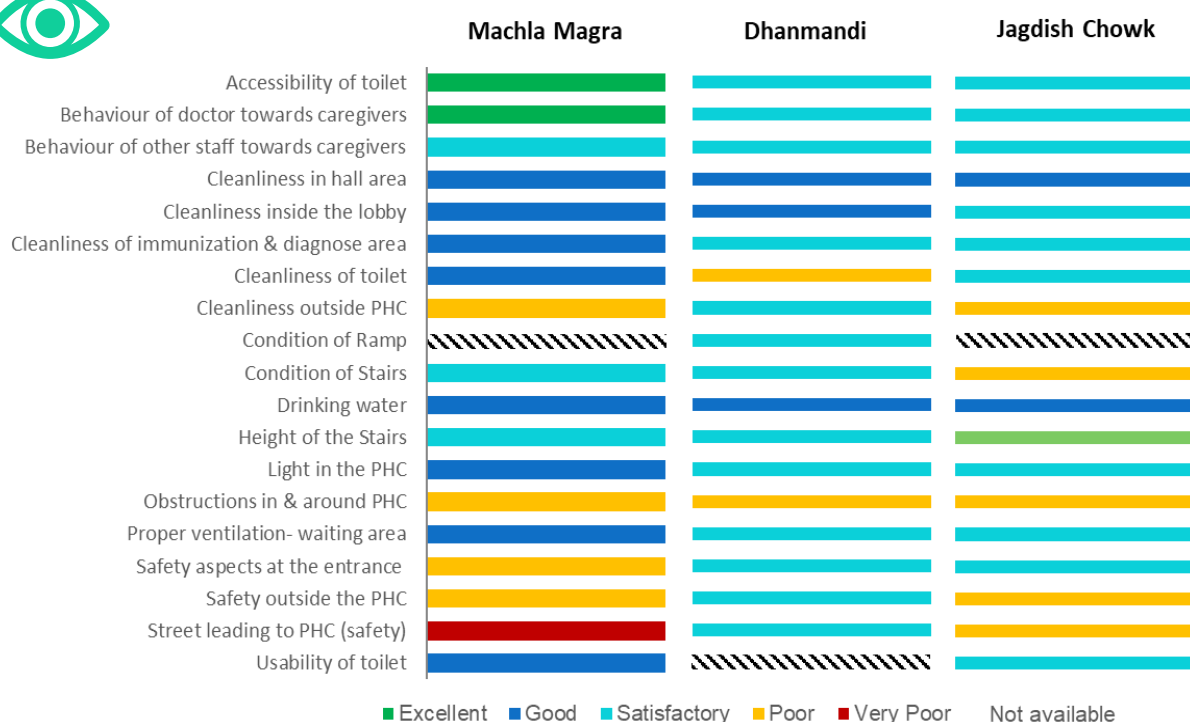
Similar to caregivers, PMU observers also indicated poor hygiene and cleanliness in Meera Park and Gulab Bagh. Obstructions in and around all the parks were also observed such as unorganized parking, encroachment of footpaths by vendors, construction debris, etc. Additionally, the safety of children in Meera Park was rated very poor due to the steep road leading to park and presence of stray dogs in and around the park. There were no ramps observed in Meera Park and Gulab Bagh.

Caregiver's rating of PHCs on various parameters



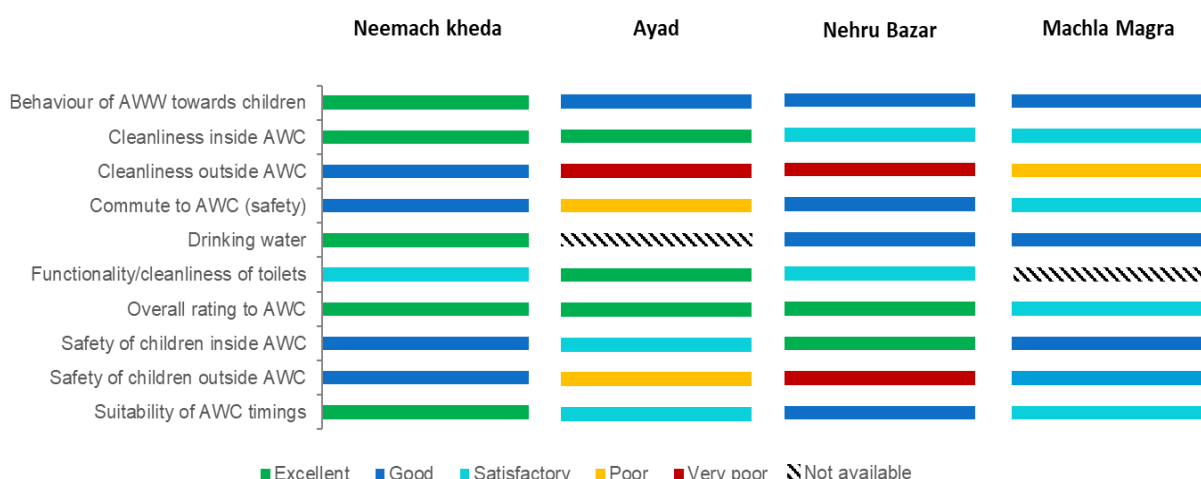
In Machla Magra PHC, caregivers rated parameters like cleanliness of the PHC as good whereas behaviour of staff and safety of children outside the PHC were rated as poor. Similarly, caregivers rated the street leading to Jagdish Chowk PHC poor in terms of safety. This was because of the steep ramp leading to the PHC and presence of stray animals. Most of the parameters for Dhanmandi PHC were highly rated by caregivers.

Observer's rating of PHCs on various parameters



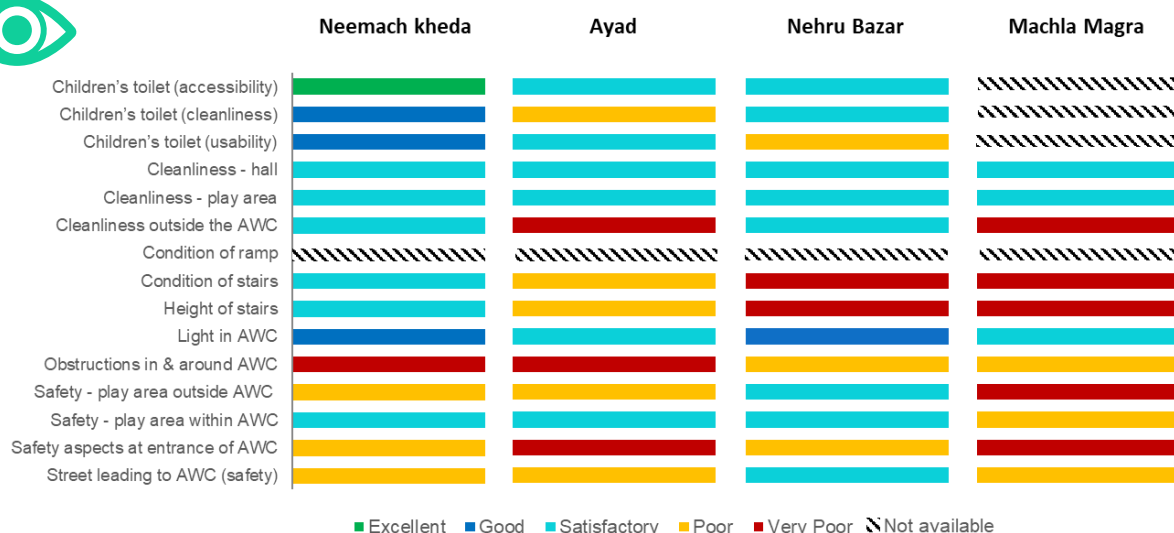
Similar to caregivers, PMU observers also rated safety outside the Machla Magra PHC and Jagdish Chowk PHC as poor. Both the PHCs did not have ramps and the cleanliness outside the PHCs were rated poor. The street leading to the Machla Magra PHC was rated very poor by PMU observers. Cleanliness of toilet at Dhanmandi PHC was rated poor and was only used by the PHC staff.

Caregiver's rating of AWCs on various parameters



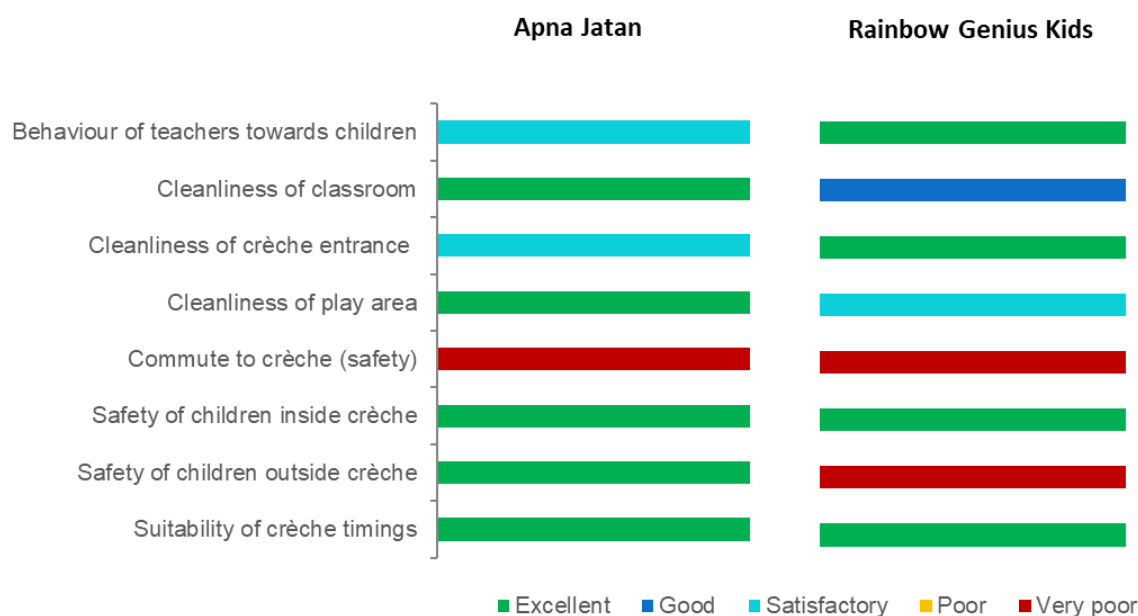
Caregivers reported that there is no drinking water facility available at Ayad AWC and no toilet facilities available at Machla Magra AWC. Except for caregivers at Neemach Kheda AWC, caregivers from other facilities rated cleanliness outside the AWC as poor or very poor. The safety of children outside the Ayad and Nehru Bazar AWCs were rated poor and very poor respectively. Almost all the parameters were rated within excellent to satisfactory levels for Neemach Kheda AWC.

Observer's rating of AWCs on various parameters



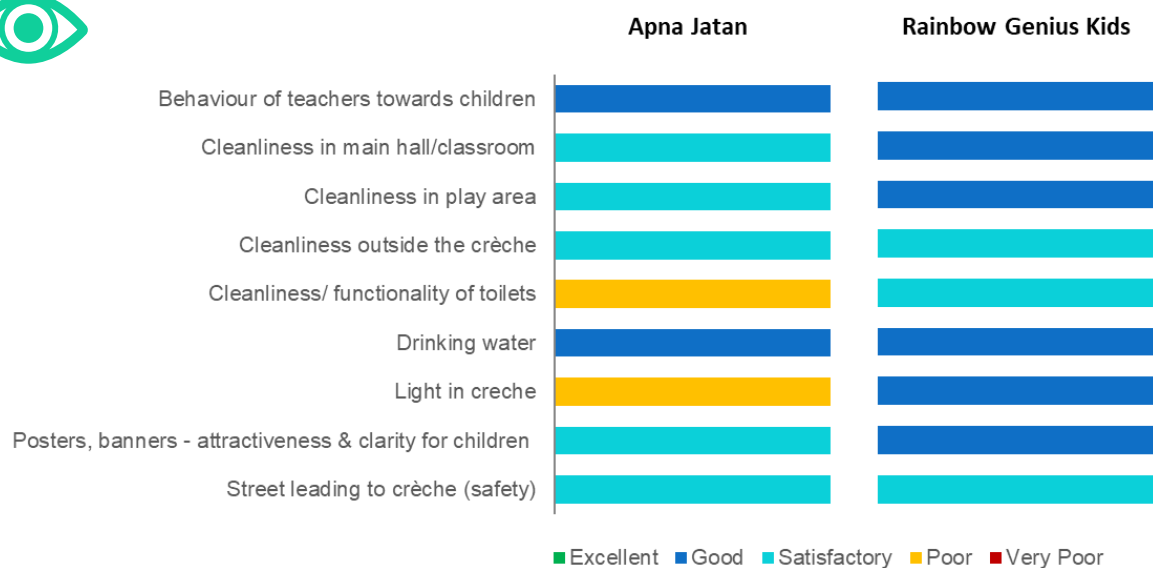
Across the sites, observers rated most of the safety parameters as poor and very poor. Similarly, except for Neemach Kheda AWC, all other AWCs stairs condition and height were rated poorly. No ramps were observed at the AWCs. Similar to caregivers' response, observers also could not locate any toilet facilities at the Machla Magra AWC. Across sites, the cleanliness of play area was rated satisfactory whereas, the cleanliness outside the Ayad and Machla Magra AWC were rated very poor.

Caregiver's rating of creche/playschools on various parameters



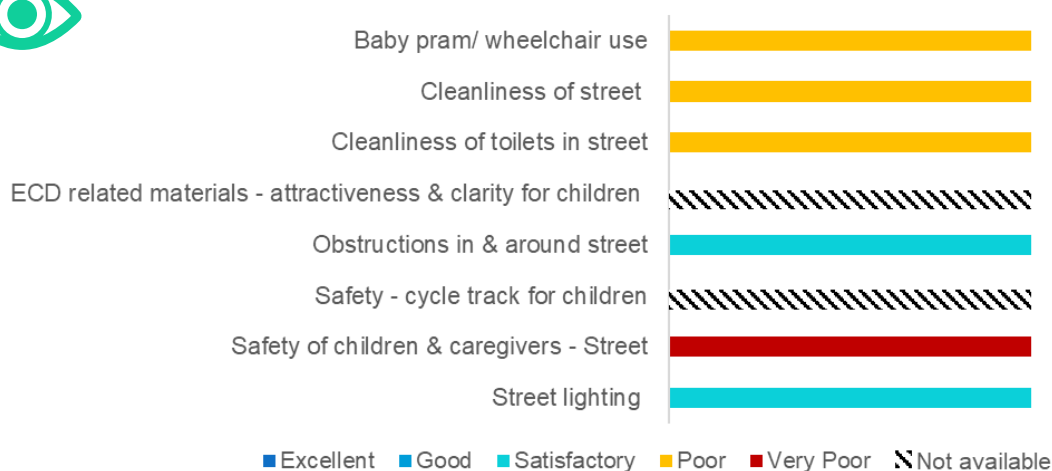
Safety while commuting to creche and playschool were rated very poor by caregivers. Apna Jatan creche is located at an elevated area with a steep road and the area after the creche is further elevated. This is uncomfortable for young children to navigate. There is also presence of stray animals around both the creche and playschool. Other parameters were rated between excellent to satisfactory levels.

Observer's rating of creche/playschools on various parameters



Observers rated cleanliness of toilets and lighting condition inside the Apna Jatan crèche as poor. The remaining parameters observed in both the sites were rated good or satisfactory.

Observer's rating of street on various parameters



There were no ECD materials observed on the street and the street did not have any cycle track for children. Observers rated safety of caregivers and children to be very poor on street due to lack of road safety. Obstructions in, around the street and lighting conditions of street were rated satisfactory. Ability to use a baby pram/stroller on the street, cleanliness of toilets on the street and overall cleanliness of the street were rated poor.

PLA approach was used for street related caregiver interactions and rating questions were not asked as part of the social mapping exercise.

Features of an ideal facility

PARK



ACCORDING TO CAREGIVERS

- **Dedicated play area for small children** - sand pits, colorful swings, and well-maintained play equipment. Additional equipment for caregivers to remain engaged during their stay
- **Greenery:** Presence of grass, plants, and colorful flowers (Grass to walk barefoot)
- **Safety:** No stray animals, well-lit spaces
- **Others:** Parking space, drinking water facility, functional toilets, and adequate seating arrangement for children and caregivers

ACCORDING TO SERVICE PROVIDERS

- **Dedicated play area for small children** with different play equipment - swings, slides and sand pits
- **Greenery:** Presence of grass and colorful flowers. (Grass to avoid injury)
- **Seating arrangement:** Adequate seating arrangement for elderly, children and other caregivers

"Sandpit is the main attraction.... children have a lot of fun playing in the sand-pit" – Caregiver FGDs from Mahavir colony and Gulab Bagh

PHC



ACCORDING TO CAREGIVERS

- **Playroom with age-appropriate toys** to play, learn and remain engaged
- **Empathetic staff:** Health staff who are empathetic to caregivers' needs and suggest treatment that provides immediate relief
- **For differently abled children:** Availability of wheelchairs, ramps, and support staff to help navigate within the facility
- **Others:** Drinking water facility, functional weighing machine for children and adequate seating arrangement

ACCORDING TO SERVICE PROVIDERS

- **Separate play area with age-appropriate toys** to keep children engaged in the waiting area
- **Sufficient staff** will reduce burden and enhance empathy and efficiency
- **Availability of sufficient space in the facility** - Separate room for vaccination, counselling patients, breastfeeding, etc.

AWC



ACCORDING TO CAREGIVERS

- **Facilities:** Age-appropriate toys, learning and play equipment, SBCC materials (esp. wall paintings with numbers, alphabets, rhymes, etc.), adequate seating arrangement
- **Open play space** in or near the AWC for the children
- **Others:** Uniforms to motivate children to visit AWC, nutritious meals including fruits.

ACCORDING TO SERVICE PROVIDERS

- **Facilities:** Age-appropriate toys, learning and play equipment, drawing books and small library
- **Better infrastructure:** Well-lit space, drinking water facility, functional toilets, electricity (power back up)
- **SBCC materials** and sufficient space to hang/paste them
- **Caregiver counselling** on pre-school education and its benefits

CRECHE/PLAYSCHOOL



ACCORDING TO CAREGIVERS

- **Open play space, sand pits to play** - Sandpits help boost immunity & physical development
- **Toys:** Age-appropriate toys for children -makes children happy
- **Caregiver counselling** on pre-school education and its benefits

ACCORDING TO SERVICE PROVIDERS

- **Open play space:** Adequate space to play and explore
- **Toys:** Age-appropriate toys and swings for children
- **Others:** Controlled traffic outside facility, pick up and drop service for young children from their home to the facility.

Impact of COVID-19 on access & use of child friendly spaces (top three)

ACCORDING TO CAREGIVERS

- Increase in screen time of young children (mobile, tablets, laptop)
- Reduction in physical activity (restricted outdoor movement)
- Bored and irritable

Others include

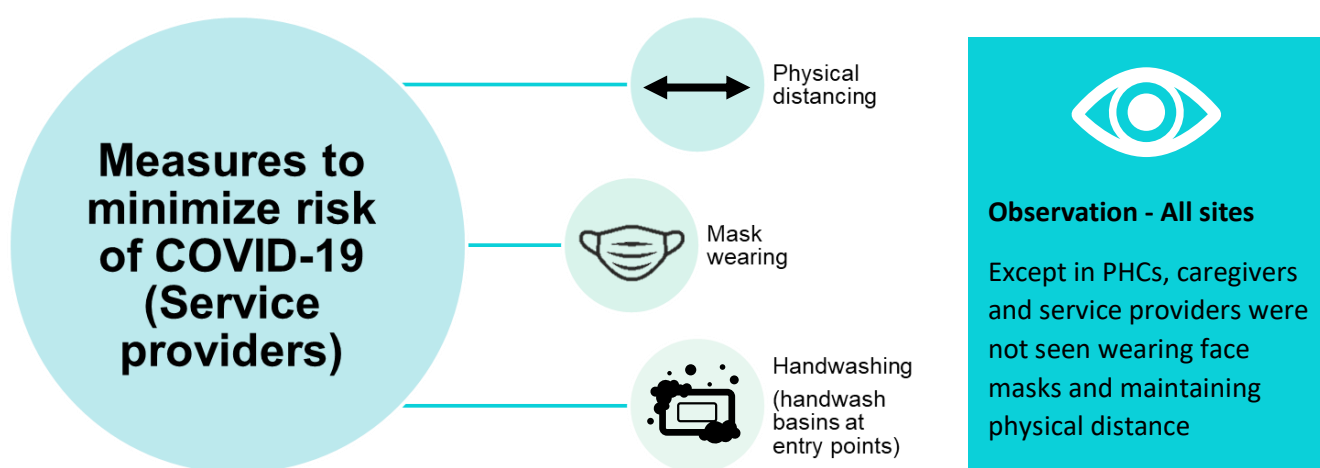
- Education compromised
- Lack of disciplined routine

ACCORDING TO SERVICE PROVIDERS

- Pre-school education got affected; poor recall value of past learnings
- Indiscipline routine
- Lack of confidence and hesitance to engage with other children

Others include

- Fear of contracting COVID
- Limited number of visitors (esp. children and elderly)



Changes in the facilities before/after COVID-19

Participants did not observe any changes in infrastructure of the parks, AWC and Creche/Playschool after COVID-19. However, participants observed the following changes in the PHC after COVID-19:

- There was improvement in hygiene and upkeep of the health facilities
- There was limited availability of staff due to outdoor/ COVID-19 related duties
- There was an increase in the frequency of vaccination
- Improvement in availability of medicines in the PHC pharmacies
- More rush in the PHC as people felt safer visiting the PHC than bigger hospitals

Likelihood of sending children to the facility

Majority of the participants will visit/send their children to the different sites if there is no surge in COVID-19 cases in the future.



"Adults are vaccinated but children are not, hence I was scared to send them to school or anywhere outside during the third wave" – Caregivers from Park



Participatory Learning and Action (PLA) findings



Participatory Learning and Action (PLA) with caregivers

This approach involves active participation of community members to gain an in-depth understanding of a community or situation. PLA can be implemented in different ways depending on the circumstances. The main characteristic of this approach is: researchers or project agents try to learn with their target group. It is a unique way to let the people who are the key stakeholders of projects or programs play a defining role in planning and implementing the actions. It also helps to acquire local knowledge and voices. The methods used during PLA approach differ from case to case, but can include: interviews, focus group discussions, observation, social mapping, transect walks, etc (2).

For this assessment, social mapping was used. Social mapping explores where and how people live and the available social infrastructure: roads, drainage systems, schools, drinking-water facilities, etc. A social map is made by local people and is not drawn to scale, illustrating what the local people believe to be relevant and important for them. This method is an authentic way of determining what the social reality looks like for locals through social stratification, demographics, settlement patterns, social infrastructure, etc (3).

PARAMETER	CPZ (NEEMACH KHEDA)	STREET- SAHELI MARG
Socio-economic status of people	<ul style="list-style-type: none"> Low-income group area People from higher socio-economic background usually send their kids to private playschool/other facilities due to safety concerns 	<ul style="list-style-type: none"> Mid-High income group area. [Note: The Saheli marg is an important road linking commercial and residential streets and is also a common spot for tourists as it is adjacent to Saheliyo ki Baari]
ITC related facilities identified by caregivers in the area	<ul style="list-style-type: none"> AWC, PHC, Pharmacy, Empty ground, Vegetable market, Milk/dairy store 	<ul style="list-style-type: none"> Paediatrician's clinic (privately owned), dotted with fast food joints near Sukhadiya Circle, Pharmacy at Saheli marg, Departmental store (Smart bazar), Polo Ground

PARAMETER	CPZ (NEEMACH KHEDA)	STREET- SAHELI MARG
Purpose for which caregivers commute through the Saheli marg/in CPZ	<ul style="list-style-type: none"> To visit AWC, PHC, Pharmacy (caregivers pointed out that there is only one pharmacy in the CPZ; other pharmacies are not at a walking distance) To buy vegetables or household needs To reach the auto stand 	<ul style="list-style-type: none"> Saheli marg is usually used by tourists and people traveling from neighbouring states. Local people mostly take alternate routes to avoid traffic/to go to Sukhadiya Circle

CPZ and street observations



CPZ sites: The caregivers walking with their children stopped at facilities like the retail shop, clothing shop, street food stalls, vegetable vendor and ice cream vendor.

Street (Saheli Marg): Most of the caregivers were observed waiting or walking

PARAMETER	CPZ (NEEMACH KHEDA)	STREET- SAHELI MARG
Mode of transport used to commute in the area/street	<ul style="list-style-type: none"> Caregivers prefer walking to various ITC facilities in and around the CPZ Fathers take their children for short distance bike rides when they get time Caregivers pointed out that the major street in the CPZ area is narrow and has a lot of traffic/vehicles 	<ul style="list-style-type: none"> Two/four wheelers are used by majority of the caregivers to commute through this street as the street is not at a walking distance, does not have proper footpath and because of heat. Additionally, the street is busy with highspeed vehicles

PARAMETER	CPZ (NEEMACH KHEDA)	STREET- SAHELI MARG
Where do caregivers take their children to play in this area	<ul style="list-style-type: none"> Caregivers highlighted that there is no dedicated playing area or parks in the CPZ. Some of the children play outside their homes or in the AWC. AWC has space limitations for kids to play They sometimes take their children to Sukhadiya Circle Caregivers - the empty ground next to the PHC isn't very safe as it is mostly used by older kids and has been found to be used for activities such as alcohol consumption, 	<ul style="list-style-type: none"> Caregivers take their children for skating in evenings to a no-vehicle zone in Fatehsagar- spend approx. 45 mins regularly during the week Some caregivers walk with their child/ren on the streets esp. during evening hours as there are no parks or gardens in the vicinity. However, they feel unsafe due to the unsuitability of concrete roads for children and speeding vehicles. There are no swings or play

	drugs, etc. <ul style="list-style-type: none"> Fathers had similar responses regarding the empty ground and added that the metal stand holding the water tank is rusted and can fall anytime 	area in the vicinity for children to play
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PARAMETER	CPZ (NEEMACH KHEDA)	STREET- SAHELI MARG
Trip chaining while commuting around this area	<ul style="list-style-type: none"> Mothers identified as the primary caregiver, also responsible for taking children to the nearby facilities (AWC, shop) While commuting with children, mothers prefer taking alternate routes other (such as the road along the canal) than the major road in the CPZ due to social dynamics. They avoid taking the main road as they have to cover their face with <i>ghunghat</i> or veil in the presence of community elders (who usually sit in front of the houses) 	<ul style="list-style-type: none"> Some of the caregivers take their child/ren to the Sukhadiya circle; to eating joints like Belgian waffle or smart bazar once a week E.g. one such trip chaining example is, home to lemon tea counter to Bhatti and Bakes shop to Sukhadiya circle and then back home

Challenges faced by caregivers in the CPZ or while commuting through street/nearby areas of the street	<ul style="list-style-type: none"> The major street connecting the facilities in the CPZ area is overcrowded. Presence of stray animals such as cows, pigs and dogs. Some of the kids and caregivers have been bitten by stray dogs in the past Fathers highlighted that the 4-way junction near the PHC and AWC is unsafe due to heavy traffic and narrow roads 	<ul style="list-style-type: none"> There is a lot of traffic and no proper footpath. The existing footpath is narrow and not continuous. Additionally, there are street vendors and hawkers who cover the footpath area
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CPZ and street observations



CPZ sites: Most caregivers at CPZ sites were observed facing infrastructural challenges such as unavailability of walking space or footpath, difficulty in crossing road due to traffic, difficulty in walking on uneven roads, unplanned parking at the observed sites. Additionally, the sites were observed to be crowded.

Street (Saheli Marg): Most caregivers faced difficulty in crossing the road, walking on footpath that are not continuous due to unplanned parking and encroachments.

Infrastructure related

Overall

- Shaded footpath with seating arrangements that are devoid of any encroachments and stray animals
- Development of dedicated open play spaces with sand pits and well-maintained functional play equipment for children under 6 years
- Availability of age-appropriate play and learning materials at all the facilities
- Regular cleaning and maintenance of all facilities especially commonly visited areas like – waiting room, toilets, vaccination room, etc.
- Install or refurbish handwashing or hand sanitization facilities at each facility.

Caregivers prefer spaces which are well lit, have drinking water facility, functional toilets, and adequate seating arrangement

Park specific

- Maintaining green spaces (colorful flowers and grass) in parks can increase caregiver and young children footfall
- Additional equipment like open gym facilities can be installed in parks to encourage caregivers to visit parks or remain engaged during their stay
- Separate play areas for younger children or separate timings to access the park facilities
- Sandpits – a popular and low-cost option can be installed

PHC specific: Sufficient space should be available for separate rooms for vaccination, counselling patients, breastfeeding, other treatments

AWC specific: Play equipment can be added to the terrace of the AWC (currently not in use - Neemach Kheda).

CPZ specific

- The empty ground next to PHC can be transformed into a play area with play equipment, seating arrangement and greenery
- Feasibility of the road along the canal can be studied as mothers prefer taking that route rather than the major road in the CPZ due to social dynamics

Street specific

- Garden near Saheli Marg can be developed with slides, swings, hurdles, other play activities for children
- A portion of the Polo Ground can be developed as a play area for children - its location and locked position is ideal and safe for young children according to caregivers

Recommendations – SBC related

- Use of visually appealing content and play equipment - colorful alphabets, numbers, fruits, animals, short stories, etc. in all facilities for children below the age of 6 years.
- Display age appropriate ECD messages in the facilities in the form of wall paintings, posters, hoardings for parents and caregivers
- Display of SBCC materials on COVID-19 appropriate behaviors at all facilities
- Counselling sessions at AWC, Creche and Playschool for caregivers on the benefits of pre-school engagement and interactive play (at the facility and at home)
- Use of digital media (esp. YouTube, WhatsApp) and regular group meetings to share-
 - ECCD related information
 - Services available at the nearby ITC destinations
 - Importance of pre-school education
 - Role of family members in caregiving
 - Inexpensive and easy methods of engaging with children
 - Feedback sharing mechanism
- Use of mass media like radio and TV ads to create buzz around the importance of engaging with young children and the available ITC services
- SBC campaign:
 - to encourage involvement of family members other than mothers in playing, talking, singing, storytelling and engaging with children
 - on simple, inexpensive ways to engage with children at home (sans mobile phone)
- Regular training of service providers on ECCD related topics:
 - Empathetic consultation and counselling of parents/caregivers (esp. PHC staff)
 - Use of SBCC materials while engaging with young children, counselling parents, etc.
 - Feedback sharing mechanism

ANNEXURES

Observation on availability of facilities in all the sites: ✓ - Yes ✗ - No

PARK			
Availability of the following facilities	Hanuman Park	Meera Park	Gulab Bagh
Tot lots: small playgrounds built for young children	✓	✓	✓
Functional dustbins	✓	✗	✓
Adequate lighting	✓	✓	✓
Power back up system	✗	✗	✗
Drinking water / Covered Tank / RO System	✗	✗	✓
Separate toilets for men and women	✗	✗	✓
Shading elements	✓	Available but not in good numbers	✓
Baby feeding room	✗	✗	✓
Benches/ seating elements	✓	Available but not in good numbers	✓
Playground with play equipment available for children under 6 years	✗	✗	✓
Signages to guide caregivers to the facilities	✗	✗	Available but not in good numbers
Display of emergency numbers	✗	✗	✗
Complaint box/ book	✗	✗	✗
Opening/closing time of the park written on the wall/board	✗	✗	✓
ECD related messages/ paintings/ hoardings etc	✗	✗	✗
First Aid kit	✗	✗	✗

	AWC				CRECHE/PLAYCHOOOL	
Availability of the following facilities	Neemach Kheda	Ayad	Nehru Bazar	Machla Magra	Apna Jatan	Rainbow Kids
Dedicated space for children to play (within AWC, Creche, Play School)	✓	✓	✓	✓	✓	✓
Dedicated space for children to play (outside AWC, Creche, Play School within boundary wall)	✗	Insufficient space	✓	✗	✗	-
ECD related messages and paintings, cartoons	Available but not in good condition	✓	✓	Available but not in good condition	✓	✓
Toys/playing equipment/games	Available but not in good condition				✓	✓

First Aid kit	Available but not up to date		×	×	✓	✓
Drinking water	✓	✓	✓	✓	✓	✓
PHC						
Availability of the following facilities	Machla Magra		Dhanmandi		Jagdish Chowk	
Facilities available in the PHC to keep young children engaged during the waiting time	×		×		×	
Dedicated space for children to play in the PHC premises	×		×		×	
Availability of 4 types of dustbins (Red, Blue, Black, Yellow)	✓		✓		2 types of dustbins available	
Green space within the PHC	NA		Available but not in good condition		NA	
Drinking water	✓		✓		✓	
Toilets	✓		✓		✓	
Token system (for OPD)	×		×		×	
Benches or chairs available in the waiting area	Available but not in sufficient number					
Signages to guide caregivers to access the facilities	×		×		×	
Counselling sessions between parents and health staff about ECD observed	×		×		✓	
Complaint box/ book	✓		×		×	
Opening/closing time of the PHC written on the wall/board	✓		✓		✓	
ECD related messages/ paintings/ hoardings etc	×		×		✓	

CHILD PRIORITY ZONE (NEEMACH KHEDA)	
Availability of the following facilities	CPZ all sites*
Functional dustbins	×
Functional street lights	✓
Dedicated shaded and seating areas available for caregivers and children	×
ECD messages/posters	Available only at the PHC
Drinking water nearby	✓

**Sites: Hanuman ji temple & Gavri chowk, Community center, Retail shops along primary road, Anganwadi center, Primary Health Center, School playground & Mahila Snan Ghar*

STREET (SAHELI MARG)	
Availability of the following facilities	Saheli Marg
Functional dustbins	×
Functional street lights	Available but all are not functional
Power back up system for street lights	×
Footpath along the street	×
Benches/ seating elements in the footpath along the street for kids &	×

caregivers	
Dedicated parking facility in the street	×
Play area for children under 6 years	×
Breastfeeding room	×
Drinking water facility	×
Separate toilets for men & women	×
Shaded areas for caregivers and children	Available but not in sufficient numbers
Signages to guide the caregiver	×
ECD related messages	×

Reference:

1. Bernard van Leer Foundation, *If you could experience the city from 95cm - the height of a healthy 3-year-old - what would you change?* <https://bernardvanleer.org/solutions/urban95/>
2. Kaboom, ideas42; *Using Behavioral Economics to Create Playable Cities*, <https://www.ideas42.org/wp-content/uploads/2015/01/Using-Behavioral-Economics-to-Create-Playable-Cities-Full-2.pdf>
3. <https://proposalsforngos.com/what-is-participatory-learning-and-action-pla/>
4. Oliver Ferguson and Kathryn Heinz, *Social map, Participatory methods and tools for extension*, July 2014 University of Illinois at Urbana-Champaign. <https://meas.illinois.edu/wp-content/uploads/2017/02/MEAS-Participatory-Methods-Tip-Sheet-Social-Map.pdf>



“A city that works for young children tends to become a place that works for everyone”

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