



# RAPID BEHAVIORAL ASSESSMENT (RBA) REPORT

## UDAIPUR

Prepared by



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## ACRONYMS

<b>AWC</b>	Anganwadi Centre
<b>AWW</b>	Anganwadi worker
<b>BvLF</b>	Bernard van Leer Foundation
<b>CCC-I</b>	Center for Communication and Change-India
<b>CPZ</b>	Child Priority Zone
<b>ECCD</b>	Early Childhood Care and Development
<b>ECD</b>	Early Childhood Development
<b>FGD</b>	Focus Group Discussion
<b>ICLEI- SA</b>	International Council for Local Environmental Initiatives- South Asia
<b>IDI</b>	In Depth Interview
<b>ITC</b>	Infant, Toddler, Caregiver
<b>OPD</b>	Outpatient Department
<b>PHC</b>	Primary Health Centre
<b>PLA</b>	Participatory Learning and Action
<b>PMU</b>	Program Management Unit
<b>RBA</b>	Rapid Behavioral Assessment
<b>RO system</b>	Reverse Osmosis system
<b>SBC</b>	Social and Behavior Change
<b>SBCC</b>	Social and Behavior Change Communication
<b>TV</b>	Television
<b>U95</b>	Urban95

**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 programme cycle of diagnosis, design, implementation, and evaluation — has the potential to significantly increase programme impact and sustainability.

It becomes necessary to understand the behavior 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 behavior 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 28<sup>th</sup> March to 3<sup>rd</sup> April 2022. RBA insights will enable identification of priority behaviors that will feed into the principles of design leading to modification and development of ITC friendly spaces in the city

Relevant insights that emerge from the RBA 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

## METHODOLOGY

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

**Table 1: Sample size for Udaipur RBA**

Themes ----->	AWC				PHC			Park			Creche		Street	CPZ	Total	Total participants
	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		
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	
<b>Grand total</b>														<b>55</b>	<b>153</b>	

**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
<b>Total</b>	<b>11</b>	<b>30</b>	<b>53</b>	<b>100</b>

### 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 28<sup>th</sup> and 29<sup>th</sup> March 2022. The team underwent training in research ethics and research protocol including study methods, procedures, and study instruments.

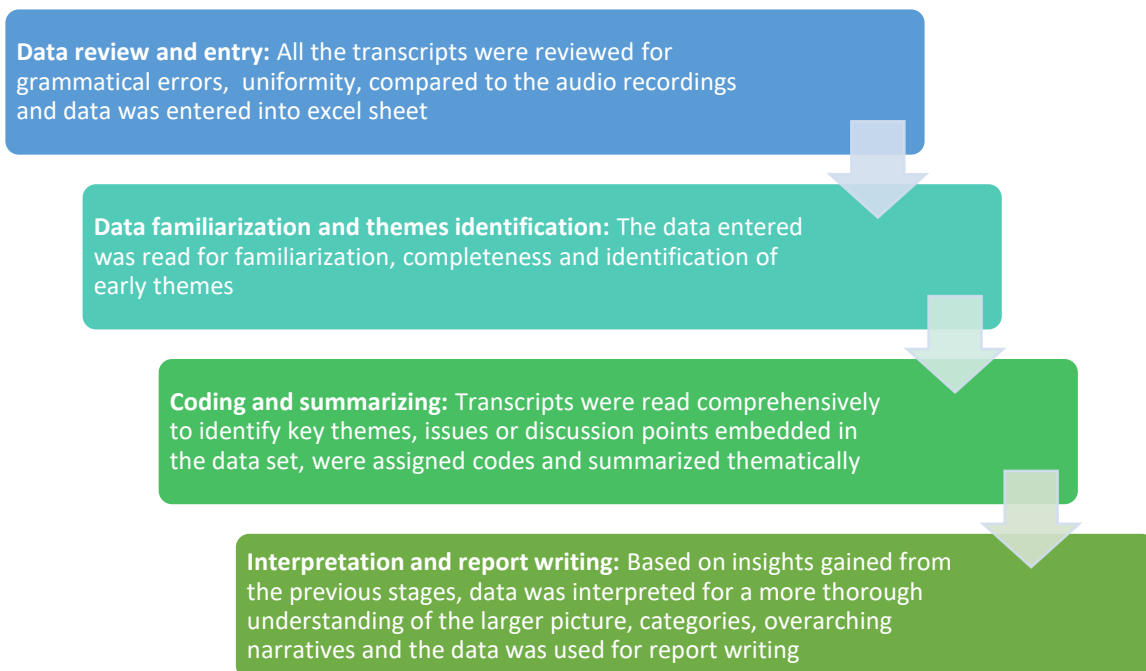
## Recruitment process

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 IDIs 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 (30<sup>th</sup> March to 8<sup>th</sup> 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

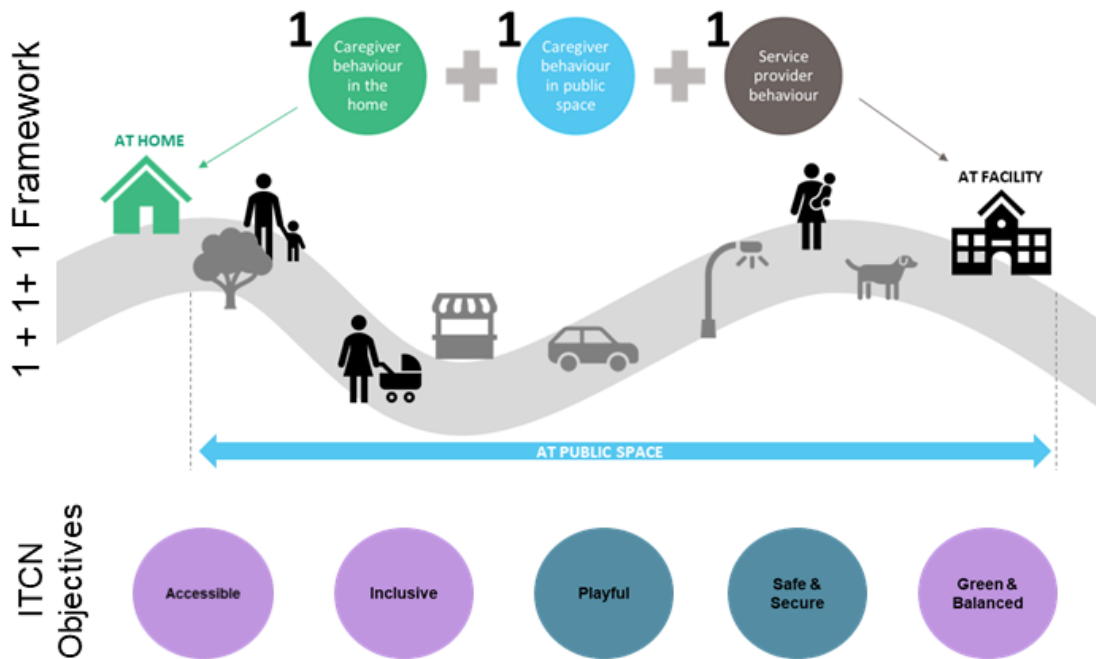


IDI with service provider (PHC)



FGD with caregivers (AWC)

Flow of RBA findings



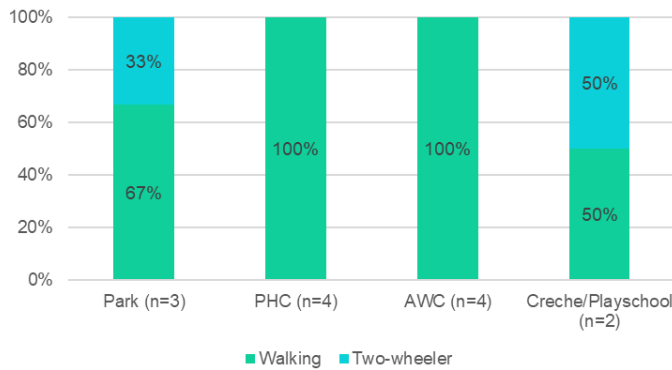
As illustrated in the diagram above, the RBA findings are divided into three broad categories: caregiver behavior at home, in public space/facilities and service provider behavior.

The sequence of findings starts with how caregivers engage with children at home, their journey from home to different facilities with their children, their behavior in the public space, how they along with the service providers engage/interact with children, challenges faced in accessing and utilizing services available, 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 access to and delivery of services. The Participatory Learning and Action findings are explained separately.



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

### Caregiver's preferred mode of transportation to the 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

#### 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

- Enquire child's experience at the facility (routine, learning, activities)
- Answer child's inquisitive questions
- Children play by themselves in the park while caregivers walk or talk to their friends
- In PHC, caregivers talk to the child/ren or 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,

### Home visits by Anganwadi worker (AWW)

- The AWW visits homes of lactating women on the 3<sup>rd</sup>, 7<sup>th</sup>, 14<sup>th</sup> and 21<sup>st</sup> day of every month and two visits every week to the homes of pregnant women.

government schemes, information about prevalent diseases, women group meetings, etc.

- These home visits include counselling about ante-natal care, nutrition and breastfeeding practices.

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 Bagh*



### 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

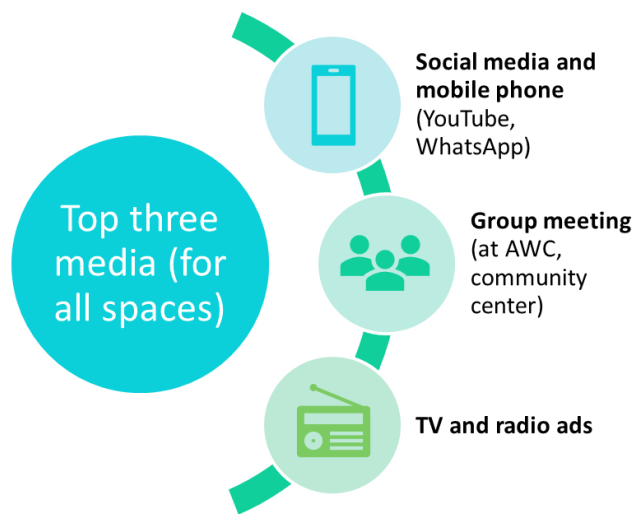
### Facility related feedback sharing mechanism

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.

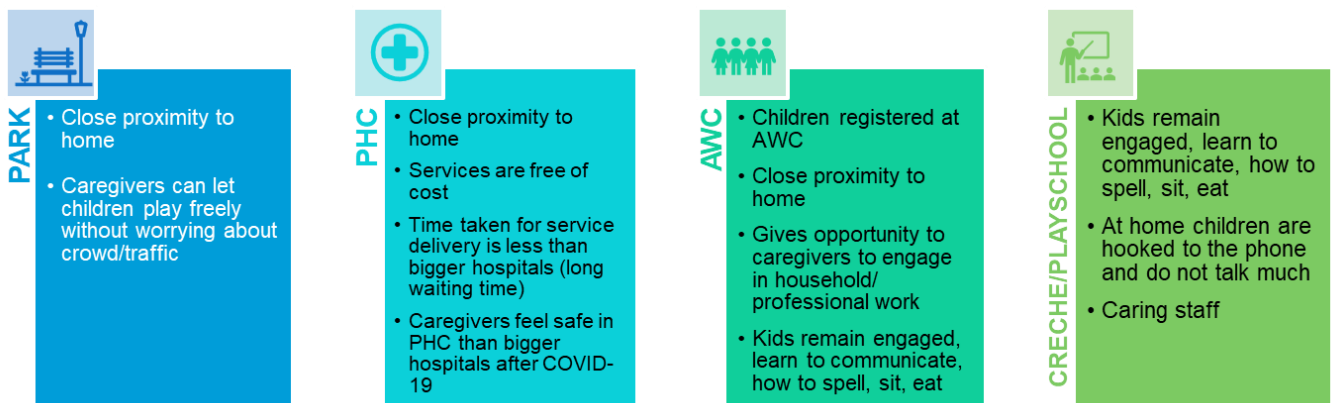
## Media preference to receive ECD related messages



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.

**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

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

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

## Challenges faced and support required by service providers

	 PARK	 PHC	 AWC	 CRECHE/PLAYSCHOOL
	<ul style="list-style-type: none"> <li>Shortage of water and water pipes</li> <li>Insufficient drinking water facility in the park</li> <li>Children can get hurt as there is no grass on park ground</li> <li>Shortage of staff</li> </ul>	<ul style="list-style-type: none"> <li>Rude behaviour of patients</li> <li>Shortage of staff</li> <li>Insufficient space at the facility</li> <li>No ramp at the facility for differently abled children</li> </ul>	<ul style="list-style-type: none"> <li>Dependency on water tanker or facilities in the nearby areas</li> <li>No electricity</li> <li>Burden of other activities</li> <li>Broken boundary of the facility building</li> <li>Shortage of staff</li> </ul>	<ul style="list-style-type: none"> <li>Caregivers expectations to pick children from home</li> <li>Insufficient seating arrangement</li> <li>Facility located at a height</li> <li>Presence of multiple play schools increases competition in enrolment</li> <li>Presence of stray animals nearby</li> </ul>

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

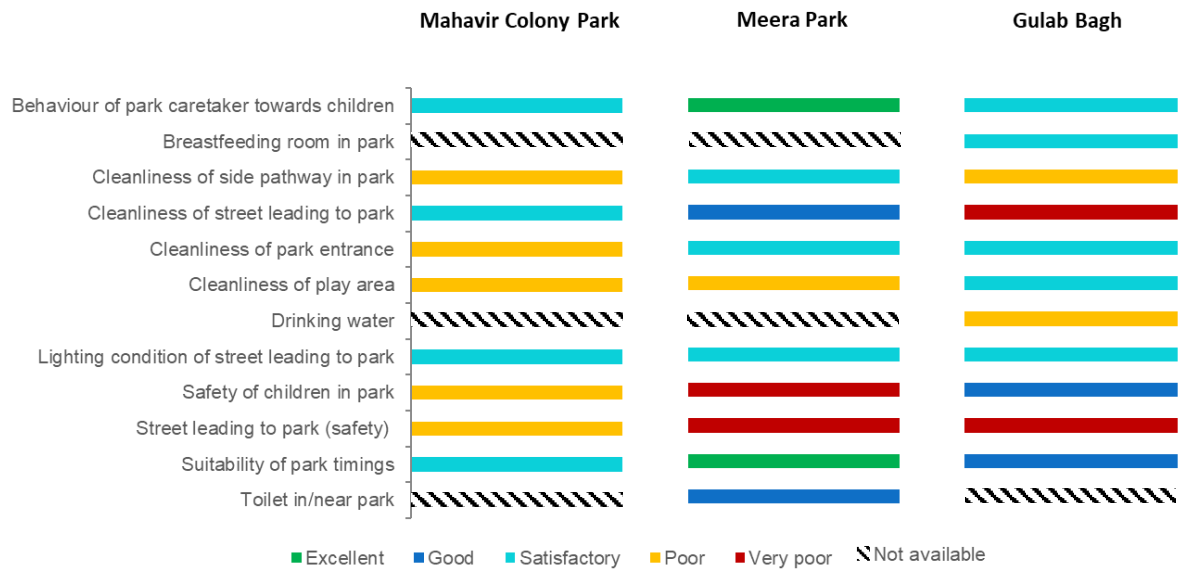
Caregiver behaviour in public space

Service provider behaviour

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

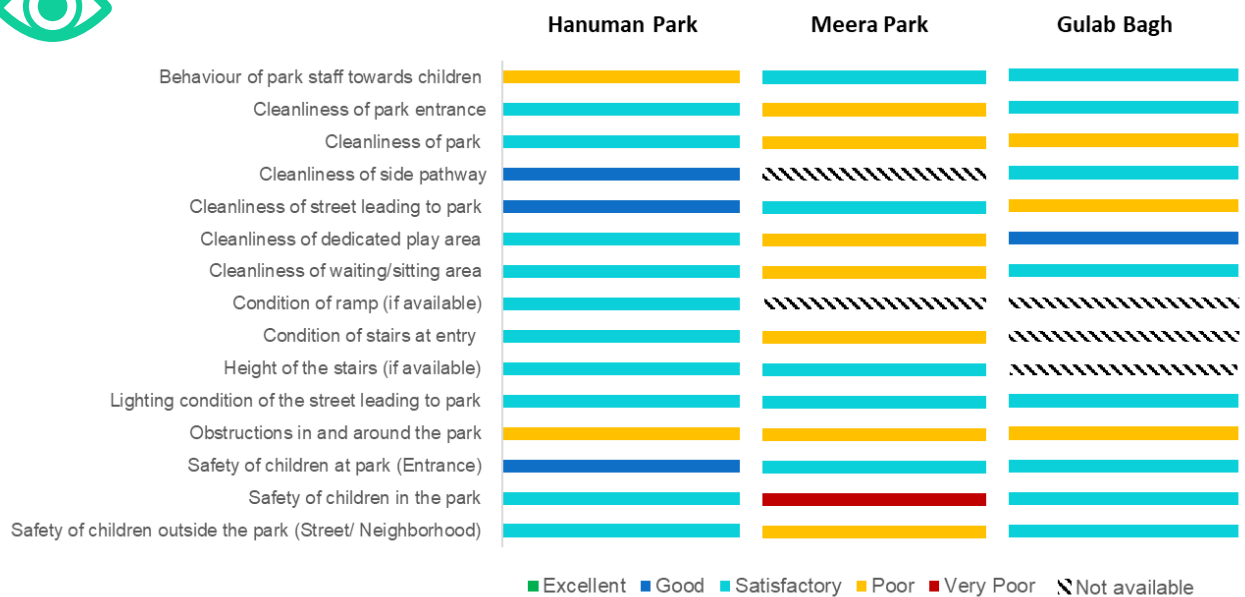
The section below indicates the rating of different sites visited as part of the RBA by caregivers who use the facilities and the PMU observers. The rating was done on a scale of 1 to 5, where 1 was very poor and 5 was excellent.

### Caregiver's rating of parks on various parameters



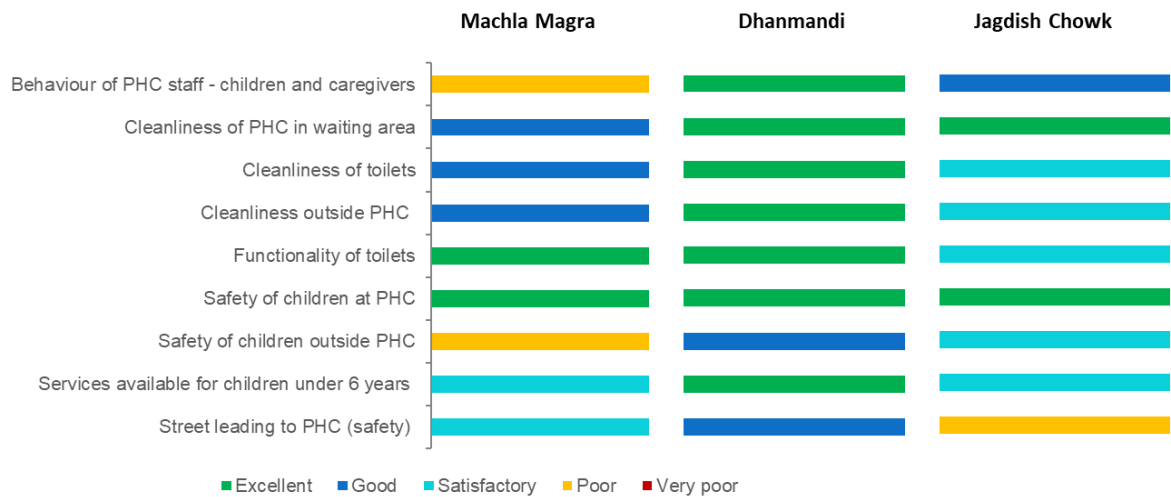
Majority of the caregivers rated cleanliness and safety aspects of the parks satisfactory, poor or very poor. Caregivers said that there were no drinking water facilities or a breastfeeding room in Mahavir Colony park and Meera park. Toilet facilities were also not available in Mahavir Colony park and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

### Observer's rating of parks on various parameters



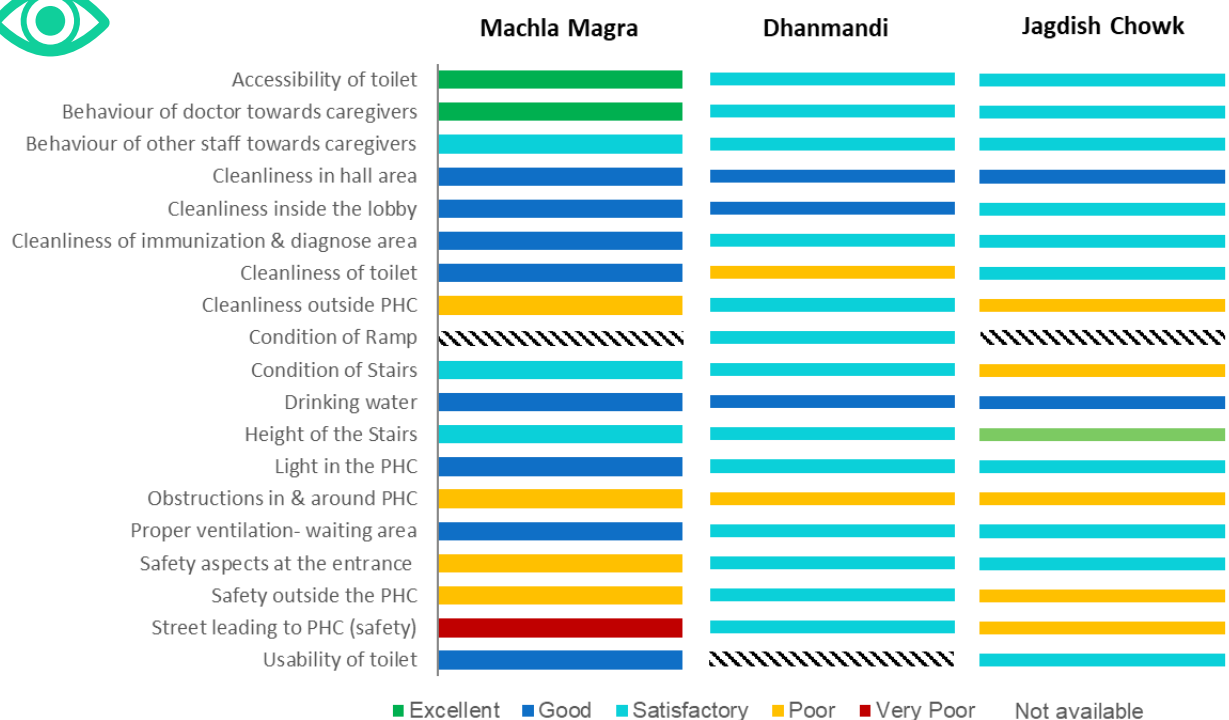
Similar to caregivers, PMU observers also indicated poor hygiene and cleanliness in Meera Park and Gulab Bagh. Obstructions in and around all the parks were also observed such as unorganized parking, encroachment of footpaths by vendors, construction debris, etc. Additionally, the safety of children 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



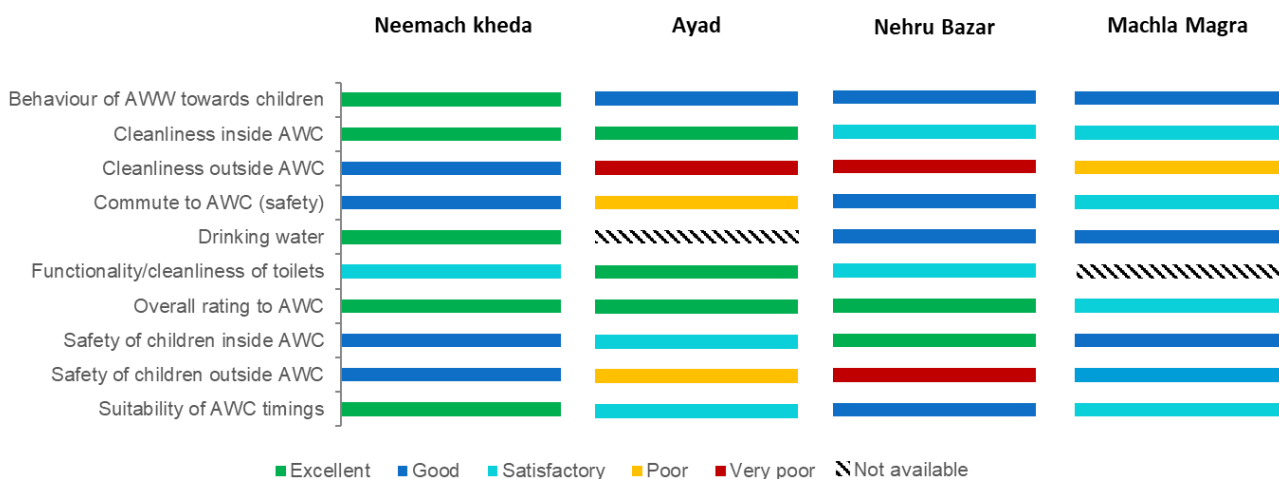
In Machla Magra PHC, caregivers rated parameters like cleanliness of the PHC as good whereas behavior of staff and safety of children outside the PHC were rated as poor. Similarly, caregivers rated the street leading to Jagdish Chowk PHC poor in terms of safety. This was because of the steep ramp leading 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



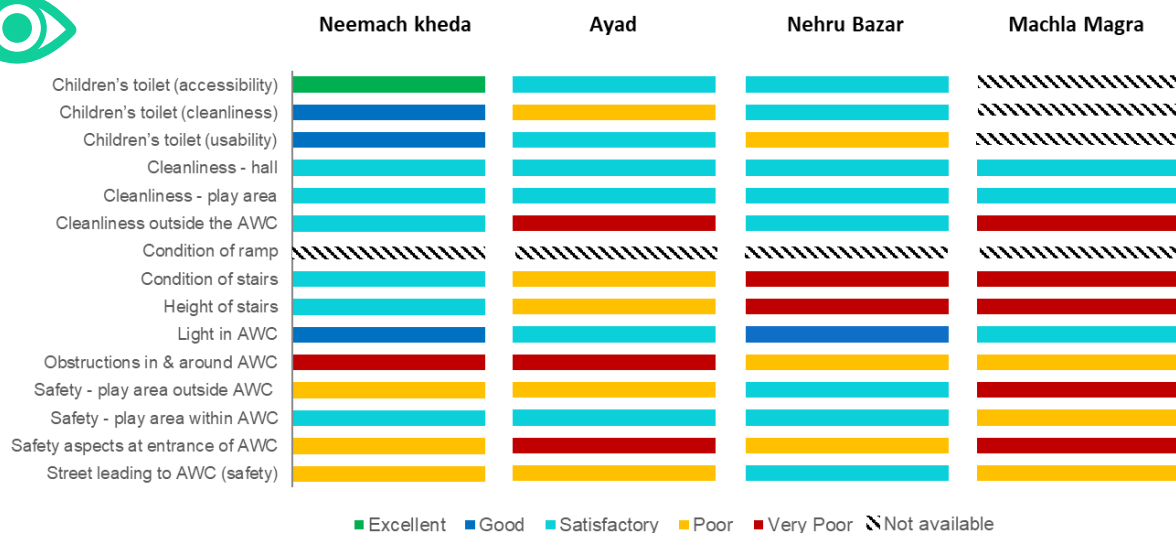
Similar to caregivers, PMU observers also rated safety outside the Machla Magra PHC and Jagdish Chowk PHC as poor. Both the PHCs did not have ramps and the cleanliness outside the PHCs were rated poor. The street leading to the Machla Magra PHC was rated very poor by PMU observers. Cleanliness of toilet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

### Caregiver's rating of AWCs on various parameters



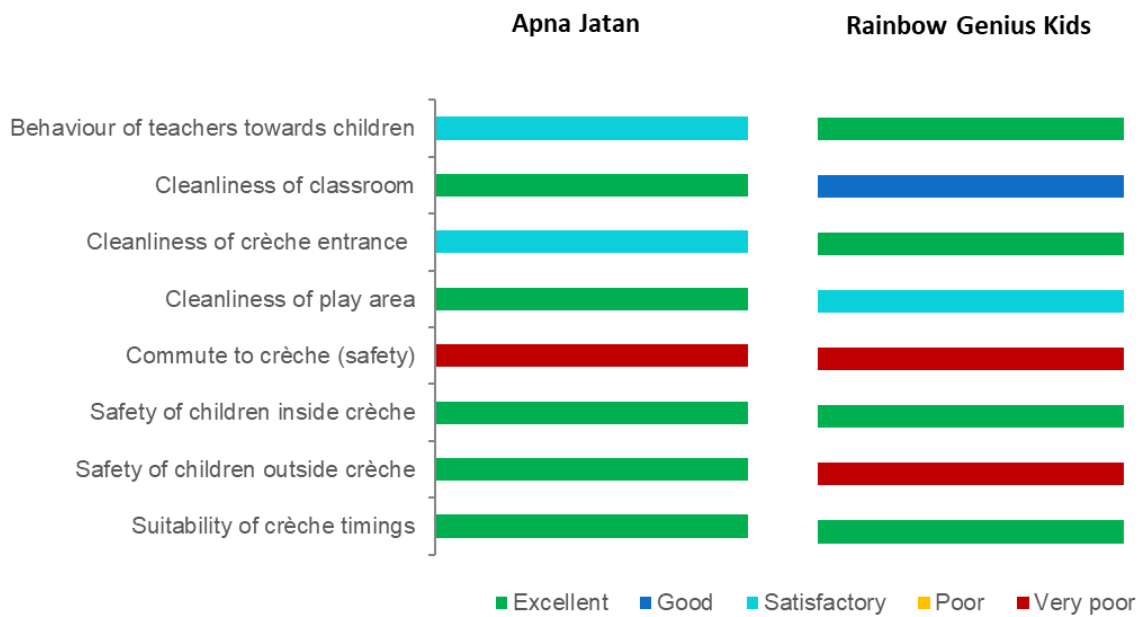
Caregivers reported that there is no drinking water facility available at Ayad AWC and no toilet facilities available at Machla Magra AWC. Except for caregivers at Neemach Kheda AWC, caregivers from other facilities rated cleanliness outside the AWC as poor or very poor. The safety of children outside 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



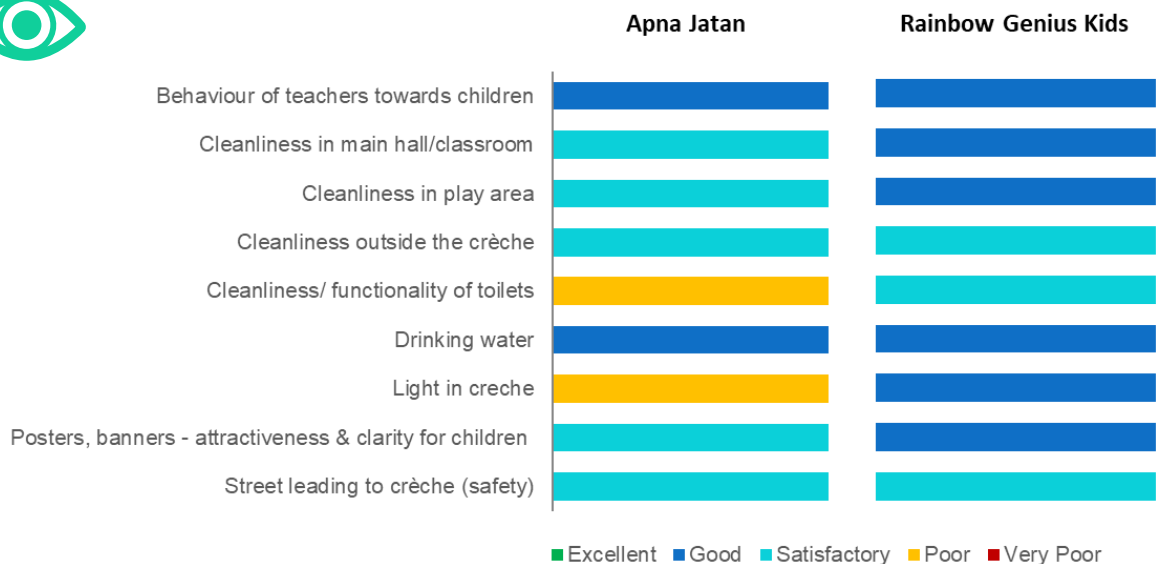
Across the sites, observers rated most of the safety parameters as poor and very poor. Similarly, except for Neemach Kheda AWC, all other AWCs stairs condition and height were rated poorly. No ramps were observed at the AWCs. Similar to caregivers' response, observers also could not locate any toilet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



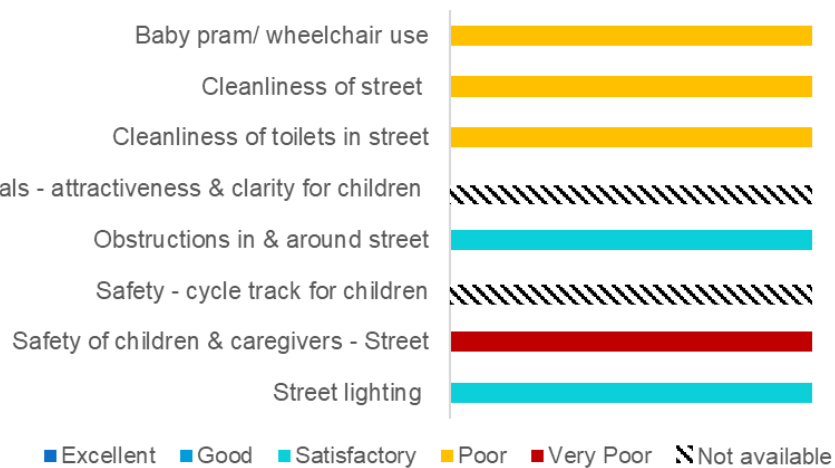
Safety while commuting to creche and playschool were rated very poor by caregivers. Apna Jatan creche is located at an elevated area with a steep road and the area after the creche is further elevated. This is uncomfortable for young children to navigate. There is also presence of stray animals around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

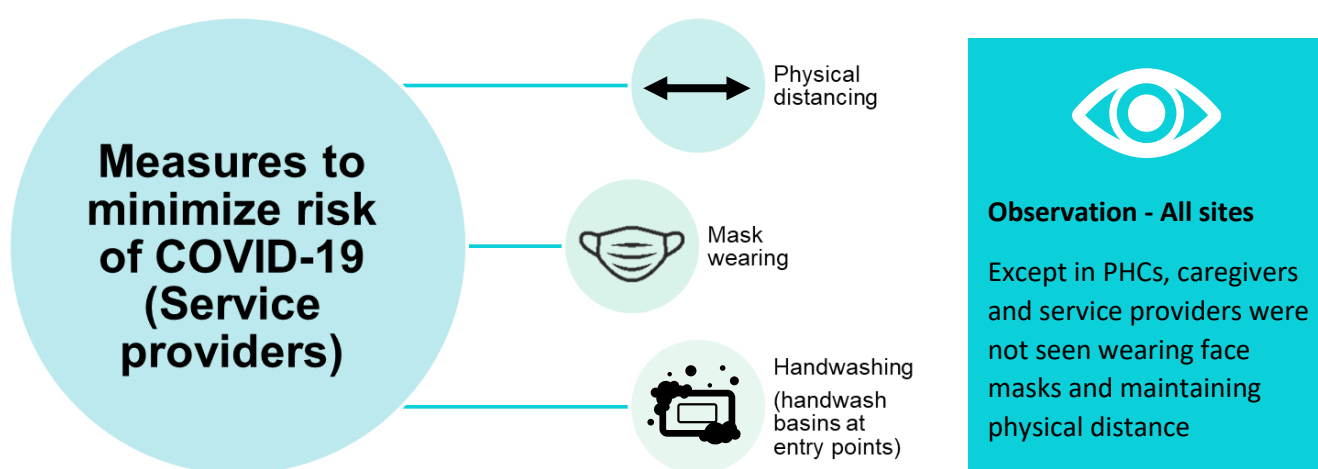
- Education compromised
- Lack of disciplined routine

### 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
<b>Socio-economic status of people</b>	<ul style="list-style-type: none"> <li>• Low-income group area</li> <li>• People from higher socio-economic background usually send their kids to private playschool/other facilities due to safety concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Mid-High income group area.</li> </ul> <p>[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 (famous tourist spot)]</p>

<b>ITC related facilities identified by caregivers in the area</b>	<ul style="list-style-type: none"> <li>• AWC, PHC, Pharmacy, Empty ground, Vegetable market, Milk/dairy store</li> </ul>	<ul style="list-style-type: none"> <li>• Paediatrician's clinic (privately owned), dotted with fast food joints near Sukhadiya Circle, Pharmacy at Saheli marg, Departmental store (Smart bazar), Polo Ground</li> </ul>
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PARAMETER	CPZ (NEEMACH KHEDA)	STREET- SAHELI MARG
<b>Purpose for which caregivers commute through the Saheli marg/in CPZ</b>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• To buy vegetables or household needs</li> <li>• To reach the auto stand</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> </ul>

#### 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 through the street

PARAMETER	CPZ (NEEMACH KHEDA)	STREET- SAHELI MARG
<b>Mode of transport used to commute in the area/street</b>	<ul style="list-style-type: none"> <li>• Caregivers prefer walking to various ITC facilities in and around the CPZ</li> <li>• Fathers take their children for short distance bike rides when they get time</li> <li>• Caregivers pointed out that the major street in the CPZ area is narrow and has a lot of traffic/vehicles</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Additionally, the street is busy with highspeed vehicles</li> </ul>

PARAMETER	CPZ (NEEMACH KHEDA)	STREET- SAHELI MARG
<b>Where do caregivers take their children to play in this area</b>	<ul style="list-style-type: none"> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Caregivers take their children for skating in evenings to a no-vehicle zone in Fatehsagar- spend approx. 45 mins regularly during the week</li> <li>• Some caregivers walk with their child/ren on the</li> </ul>

	<ul style="list-style-type: none"> <li>• They sometimes take their children to Sukhadiya Circle</li> <li>• 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, drugs, etc.</li> <li>• Fathers had similar responses regarding the empty ground and added that the metal stand holding the water tank is rusted and can fall anytime</li> </ul>	<p>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.</p> <ul style="list-style-type: none"> <li>• There are no swings or play area in the vicinity for children to play</li> </ul>
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PARAMETER	CPZ (NEEMACH KHEDA)	STREET- SAHELI MARG
Trip chaining while commuting around this area	<ul style="list-style-type: none"> <li>• Mothers identified as the primary caregiver, also responsible for taking children to the nearby facilities (AWC, shop)</li> <li>• 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)</li> </ul>	<ul style="list-style-type: none"> <li>• Some of the caregivers take their child/ren to the Sukhadiya circle; to eating joints like Belgian waffle or smart bazar once a week</li> <li>• 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</li> </ul>

Challenges faced by caregivers in the CPZ or while commuting through street/nearby areas of the street	<ul style="list-style-type: none"> <li>• 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</li> <li>• Fathers highlighted that the 4-way junction near the PHC and AWC is unsafe</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> </ul>
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	due to heavy traffic and narrow roads	
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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.

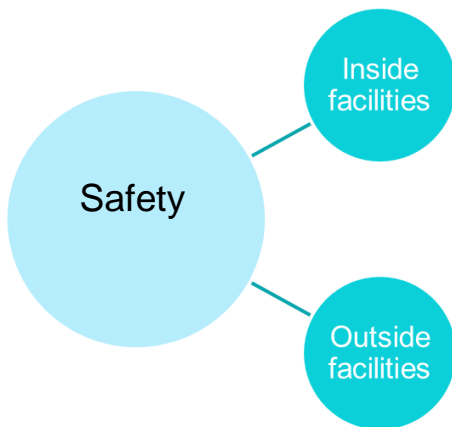
While the RBA covers all five themes of the ITCN framework, two themes that emerged from interactions with caregivers and service providers alike have been listed as ‘Priority Behaviors’. These include:

1. **Safe and secure**
2. **Playful**

RBA insights indicate that themes like accessibility, inclusivity and greenery and balance may affect caregivers’ perception and practice towards an ITC facility to a small degree, it is safety, security and playfulness that can altogether alter their decision to visit and avail amenities at ITC facilities

**Priority behavior 1: Safe and secure**

- Safety is the prime concern for majority of the caregivers
- This includes safety inside and outside the facility and while accessing the facility
- Challenges associated with safety can deter caregivers from bringing their children to the facility



*Figure 2: Priority behavior 1*



*Figure 3: Priority behavior 2*

**Priority behavior 2: Play**

- Caregivers understand and appreciate the value of play – outdoor & indoor
- However, limited safe & open spaces, lack of age-appropriate play equipment and amenities for caregivers, etc. discourage them from visiting ITC facilities with their children

## Priority behaviors identified across all ITC facilities

<b>Priority Behavior Safety – Inside facilities</b>	
<i><b>Infrastructural challenges</b></i>	<i><b>Behavioral challenges</b></i>
Dysfunctional or inadequate number of play equipment	Fear of COVID-19 spread
Presence of stray animals	Caregivers have trust issues about the quality of services and care available at ITC facilities
Lack of a designated play space for children	Public vs private ITC facilities
No ECD messages	Lack of empathy among service providers
Power cuts/limited electricity supply	No feedback mechanism
Lack of running water	
No special amenities for differently abled	
<b>Priority Behavior Safety – Outside facilities</b>	
<i><b>Infrastructural challenges</b></i>	<i><b>Behavioral challenges</b></i>
Speeding vehicles outside the facility (esp. two-wheelers)	Limited interaction/engagement with the child while travelling to and from facilities due to safety concerns
Construction on roads with debris accumulated on roadside, increases risk of children getting hurt	
Presence of stray animals	
Limited parking spaces	
No ECD messages	
Presence of street vendors and hawkers	



<b>Priority Behavior Play – Outdoors</b>	
<b>Infrastructural challenges</b>	<b>Behavioral challenges</b>
Limited and in some cases dysfunctional play equipment at ITC facilities	Fear of COVID-19 spread
Limited open and fenced spaces	Children can be handed over digital devices when parents are busy
Limited options for caregivers to stay engaged	Nothing new is taught at the ITC facilities that cannot be taught at home
No special amenities for differently abled	Mothers are primarily responsible for taking children outdoors & engaging with them
	Limited interaction between caregivers and service providers on importance of play and engaging with young children

*(Note: priority behaviors identified for each site have been listed in annexure section)*

## Audience profiles:

This section captures the profile of three different types of audiences – mother, father and service provider, and presents a psychographic picture of their life with a focus on their relationship with their child, behavioral challenges related to accessing and utilizing ITC facilities and services, their perception, attitude, practice and knowledge related to importance of play and other ECD behaviors.

These will enable the design team to design solutions and interventions that are mindful of factors affecting the audiences such as social norms, socio demographic conditions, barriers in adoption of behaviors, etc.



### Audience profile – Father

Amit is a 35 year old bank manager and a father of a 3 year old girl – Shweta. He lives with his homemaker wife Lata close to Saheli Marg, Udaipur. He has a busy work schedule 6 days a week and is exhausted after returning home. He gets to spend limited time with Shweta mostly during family outings or grocery shopping to the nearby supermarket on weekends. He also takes her to the no traffic zone nearby, however there is no seating arrangement for adults which limit the time they spend there. While he loves to spend time with Shweta, due to his busy work schedule he leaves early when Shweta is asleep and returns late around dinner time. During this time he gives in to her request of playing games or watching rhymes on his mobile phone. He wishes for a park with swings and sandpit for children in his colony which is close by and gives him an opportunity to spend more time with Shweta.

Amit is a sports and nature lover and would love to spend more time outdoors with his family taking regular breaks from his otherwise sedentary lifestyle.



### Audience profile – Mother

Anuradha is a 32 year old housewife and mother of two children – Reeti aged 5 and Ram aged 2. She is married to Akash a car mechanic and lives with her in-laws in Neemach Kheda, Udaipur. Everyday she walks down to the AWC to drop her children for pre-school education and mid day meals. While commuting to the AWC she halts at the milk booth and the grocery store to buy groceries. It is challenging for her to manage her two kids while walking to the AWC due to presence of stray animals and speeding bikes. She also has to cover her face while walking down to the AWC as a mark of respect to the community elders. She aspires to send her children to a private school one day as the services there are a stark contrast to what her children experience at the AWC.

On weekends she visits the Meera park with her husband and children and wishes for a similar space in Neemach Kheda where her children could play on swings, run around and enjoy their childhood. Currently, she worries for the safety of her children when they play outside the house on the main road as a child in her neighborhood was recently hit by a speeding bike. However, she also values the importance of playing outdoors, as she enjoyed doing so during her childhood. A nearby open space is a spot for druggists and alcoholics and unsafe for her and her children. She often exhorts her husband to relocate to a better residential area which is safe and has good facilities for their children, but their financial condition does not permit them to do so.

## Audience profile – Service provider



Shanti is a 42 year old Aaganwadi worker at AWC, Neemach Kheda. She has been working at the facility for the past 18 years and is passionate about her work especially engaging with young children. However, she faces several challenges like electricity cut, water supply issues and limited stationary that divert her attention from her engagement with young children.

In the past few years she has seen a rise in dropout of children from her center due to preference of private pre-schools. Caregivers often complain about the poor condition of the AWC and lack of an outdoor space for children to play and run around. She often thinks of taking them to the terrace of the center, however safety concerns and harsh climate prevent her from doing so.

During a recent exposure visit to Jaipur, she saw a beautifully designed AWC with wall paintings, stationary items, play equipment, etc. and is determined to improve her AWC.

### Theory of broken windows:

The theory of broken windows states that a neglected and disorderly environment encourages further neglect and disorder. The “broken windows” symbolize the manifestations of neglect and disorder, such as broken windowpanes, furniture, graffiti, and unattended trash piles.

The theory asserts that restoring order in the visual physical environment reduces misdemeanor. In line with this theory, **well maintained ITC facilities can create the perception of safe environment and availability of high-quality services.**

### How might we create a safe and playful environment for children:

This section focuses on potential ‘how might we’ statements that can be used as an anchor statement to brainstorm and develop potential solutions to create a safe and playful environment for children.



- How might we encourage caregivers to visit the nearby ITC facilities with their young children?
- How might we improve caregivers’ experience of commuting to the neighboring ITC facilities with their young children?
- How might we positively enhance the experience of caregivers and their young children within the ITC facilities?
- How might we increase the knowledge of caregivers regarding the importance of early childhood care and development?
- How might we encourage caregivers to engage with their children outdoors by the means of available ITC facilities?
- How might we strengthen the relationship and instill trust among caregivers and service providers at ITC facilities?
- How might we encourage fathers of young children to play a proactive role in engaging with their children regularly?
- How might we support the service providers of ITC facilities in provision of effective ECD related services?

- How might we enhance the ECD related knowledge of service providers at ITC facilities?
- How might we improve the interpersonal communication between the caregivers of young children and service providers at ITC facilities?
- How might we ensure availability of electricity and water during the working hours of the ITC facilities?
- How might we encourage caregivers to practice ECD behaviors at the ITC facilities in their neighborhood?

As mentioned above, these HMW statements will be used as anchor points to brainstorm potential solutions that integrate behavioral insights into the design elements for each ITC space/facility.

## INDICATIVE MONITORING AND EVALUATION INDICATORS

The present section lists behavioral indicators that will be used to monitor and evaluate the progress of each ITC space/facility vis-à-vis the desired behavior change. The table below lists such indicative indicators. The city team can built on this table and add more behavioral indicators that can help them monitor and evaluate behavioral changes.

The table is divided into –

1. Process indicators – help track the implementation of the program
2. Intermediate indicators – help track how the program has started to be effective
3. Outcome indicators – help track how successful activities have been in achieving program goals related to specific behaviors

Indicative monitoring and evaluation indicators				
		Process indicators (How much did we do?)	Intermediate indicators (How well did we do it?)	Outcome indicators (Anything change?)
<b>PARK</b>	Priority behavior 1: Safe and secure	# of outreach activities conducted with parents and caregivers of young children by line department/U95 city team, highlighting the measures taken to make the access to and park amenities safe and secure for young children (play equipment and environment)  # of trainings organised by line department/U95 city team on safety and security of young children for the park management committee	% of caregivers interviewed, who feel the access to the park and the park itself is safe for the small children to play  % of service providers/park management committee members who understand the value of a safe and secure park for young children	Increase in the % of caregivers who bring their children to the park for interactive play, at least twice a week  Increase in the % of fathers who report taking their children to the park regularly

	Priority behavior 2: Playfulness	<p># of outreach activities conducted for caregivers by the line department/U95 city team, promoting young child play in the park</p> <p># of social media posts uploaded by line department on relevant platforms related to importance of play with young children</p> <p># of meetings held by line department/U95 city team/CBOs/NGOs with parents and caregivers of young children on the role of fathers and other family members in engaging and playing with young children</p>	<p>% of caregivers interviewed who understand the importance of young child play in the park</p> <p>% of caregivers who can recall at least 3 play-related social media messages</p> <p>% of caregivers who can mention, without prompting, the role of fathers and other caregivers in engaging and playing with young children</p>	
PHC	Priority behavior 1: Safe and secure	# of trainings conducted by line department/U95 city team with officials from the Urban development department on the importance of creating a safe and secure access for young children and their caregivers to the PHC	<p>% of officials from the Urban development dept. who understand the value of a safe and secure access to the PHC</p> <p>% of officials from the Urban development dept. who have taken steps to create a safe and secure access to the PHC</p>	<p>Increase in the % of caregivers who prefer bringing their young child/ren to the PHC facilities</p> <p>Increase in the % of caregivers who report engaging and playing regularly with their child at home and play facilities at the PHC during their visits</p>
	Priority behavior 2: Playfulness	# of meetings conducted by line department/U95 city team with caregivers to educate them about importance of play at home and	% of caregivers interviewed by line department/U95 city team who understand the importance of young child play at home and outdoors	

		outdoors at the PHC during ANC or immunization visits	% of caregivers who can mention without prompting, at least 3 ways to engage their child playfully at home and at play facilities	
<b>AWC</b>	Priority behavior 1: Safe and secure	<p># of meetings conducted by line department/U95 city team with officials from the Urban development department/ICDS department on the importance of creating safe access to the AWC</p> <p># of meetings conducted by line department/U95 city team with the officials of the ICDS dept. on the importance of creating a safe environment inside and outside the AWC</p> <p># of trainings organised by line department for the AWWs on the importance of ensuring a safe and secure environment inside and outside the AWC</p>	<p>% of officials from the Urban development/ ICDS department who understand the value of a safe and secure access to the AWC</p> <p>% of officials from the Urban development/ICDS department who have taken steps to create a safe and secure access to the AWC</p> <p>% of caregivers interviewed, who feel the access to the AWC is safe for young children</p> <p>% of AWWs who understand the value of a safe and secure environment for young children at their AWC</p> <p>% of AWWs who have taken steps in creating a safe and secure environment for young children at their AWC</p>	<p>Increase in the % of caregivers who send their children to the nearby AWC regularly</p> <p>Increase in the % of caregivers who report playing and engaging with their children at home and outdoors regularly</p>
	Priority behavior 2: Playfulness	# of orientation meetings held by line department/U95 city team with parents to discuss the importance of play with young children	% of caregivers interviewed who understand the importance of young child play	

		# of posters installed at the AWC and its catchment area on the importance of and means of engaging and playing with young children	% of caregivers who mention without prompting, the play related poster messages	
<b>CRECHE/PLAYSCHOOL</b>	Priority behavior 1: Safe and secure	# of meetings conducted by line department/U95 city team with officials from the Education department on creating a safe and secure environment within and outside the creche/playschool  # of meetings conducted by line department/U95 city team with officials from the Urban development department on the importance of creating a safe access to creche/playschool	% of officials from the Urban development/Education department who understand the value of a safe and secure environment within and outside the creche/playschool  % of officials from the Urban development/Education department who have taken steps to create a safe and secure environment within and outside the creche/playschool  % of caregivers interviewed, who feel the access to the creche/playschool is safe for young children	Increase in the % of caregivers who send their children to the nearby creche/playschool  Increase in the % of caregivers who report playing and engaging with their children at home and outdoors regularly
	Priority behavior 2: Playfulness	# of orientation meetings held by line department/U95 city team with parents to discuss the importance of pre-school education  # of posters installed at the creche/playschool on importance and means of engaging and playing with young children at home and outdoors	% of caregivers interviewed who understand the importance of stimulation received by children at pre-school  % of caregivers interviewed who understand the importance of stimulating play for a young child	



		# of social media posts uploaded by line department highlighting the disadvantages of handing over digital devices to young children	% of caregivers who recall at least 3 disadvantages of handing over digital devices to their children	
CPZ	Priority behavior 1: Safe and secure	# of orientation meetings conducted by line department/U95 city team with officials from the Urban development department on creating a safe and secure CPZ for young children and their caregivers	% of officials from the Urban development department who understand the value of a safe and secure CPZ  % of officials from the Urban development department who have taken steps to create a safe and secure environment at the CPZ  % of caregivers who feel confident and safe in moving around the CPZ with their young children	Increase in the % of caregivers who access all the ITC facilities in the CPZ with and for their young children  % of fathers who report playing and engaging with their children at open spaces within the CPZ regularly
	Priority behavior 2: Playfulness	# of meetings held by line department/U95 city team with parents and caregivers of young children on the role of fathers and other family members in engaging and playing with young children  # of orientation meetings conducted by line department/U95 city team with the CPZ service providers on the importance of play and their enabling role at their facility	% of fathers who would like to take their children to the open spaces in the CPZ for outdoor play  % of service providers who understand the value of play and report regularly orienting parents/caregivers of young children who visit their facility on the importance of play	

This section presents indicative recommendations that emerged from interactions with the study participants.

### 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

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## ANNEXURES

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

<b>PARK</b>			
<b>Availability of the following facilities</b>	<b>Hanuman Park</b>	<b>Meera Park</b>	<b>Gulab Bagh</b>
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	✗	✗	✗

<b>Availability of the following facilities</b>	<b>AWC</b>				<b>CRECHE/PLAYCHOOOL</b>	
	<b>Neemach Kheda</b>	<b>Ayad</b>	<b>Nehru Bazar</b>	<b>Machla Magra</b>	<b>Apna Jatan</b>	<b>Rainbow Kids</b>
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	✓	✓	✓	✓	✓	✓
<b>PHC</b>						
<b>Availability of the following facilities</b>	<b>Machla Magra</b>	<b>Dhanmandi</b>	<b>Jagdish Chowk</b>			
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	✗	✗	✓			

<b>CHILD PRIORITY ZONE (NEEMACH KHEDA)</b>	
<b>Availability of the following facilities</b>	<b>CPZ all sites*</b>
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

<b>STREET (SAHELI MARG)</b>	
<b>Availability of the following facilities</b>	<b>Saheli Marg</b>
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	×

**Priority behaviors identified from each site:**

**PARK**



**Priority Behavior Safety – Inside park**

<b>Infrastructural challenges</b>	<b>Behavioral challenges</b>
Children can get hurt as there is no grass or enough sand on the park ground	Caregiver perception – Spaces where children from different backgrounds visit are unsafe
Presence of stray dogs and cows in the facility	No separate time/area/play equipment for young children and caregivers to engage and play
Limited or dysfunctional play equipment like swings and slides	No feedback mechanism
Scared of being hit by the cricket/football ball	
Limited seating arrangement for caregivers	
Multiple obstructions within the park – temple, water tank, etc.	

### Priority Behavior Safety – Outside park

Infrastructural challenges	Behavioral challenges
Unorganized parking, traffic, loud noise and smoke for vehicles	Limited interaction/engagement with the child while travelling to and from facilities due to safety concerns
Construction materials such as debris, pipes, wires	
Presence of stray dogs and cows around the facility	
Steep access to the facility	
Presence of street vendors and hawkers	
Limited open yet fenced spaces for play in residential areas. E.g. skating, practicing hobbies, etc.	

### Priority Behavior Play – Outdoors (at Park)

Infrastructural challenges	Behavioral challenges
Dysfunctional play equipment and swings	Children can be handed over digital devices when parents are busy
Existing play spaces utilized for multiple activities	Mothers are primarily responsible for taking children outdoors
No ECD or play messages	Children should mix up with other children of similar socio-economic strata
Few open yet fenced spaces for play in residential areas	Limited time among working caregivers to bring children outdoors regularly
Limited amenities for caregivers	Lack of amenities in open spaces and parks to productively engage young children
	No training of service providers on importance of ECD

PHC



Priority Behavior Safety – Inside PHC

Infrastructural challenges	Behavioral challenges
No earmarked waiting area for caregivers with young children	No major challenges as safety inside the facility is at par with the caregiver expectation
No ramp for differently abled	
No breastfeeding room	
No facility for clean drinking water	

Priority Behavior Safety – Outside PHC

Infrastructural challenges	Behavioral challenges
Steep approach to the PHC (Jagdish chowk)	Limited interaction/engagement with the child while travelling to and from facilities due to safety concerns
No support staff or wheelchairs for differently abled or severely infirm patients	
Ongoing construction work outside the PHC	
Presence of stray animals	

Priority Behavior Play – Outdoors (at PHC)

Infrastructural challenges	Behavioral challenges
No designated play area or space for young children and their caregivers	No discussion/interaction/demonstration with facility-based service providers on play or ways to engage with young children at home/outdoors
No ECD or play messages	Children can be handed over digital devices while waiting for their turn



Limited amenities for caregivers to engage with their children like toys or play equipment      No training of service providers on ECD

### AWC



#### Priority Behavior Safety – Inside AWC

Infrastructural challenges	Behavioral challenges
Limited space for accommodating children – overcrowding	Caregivers have trust issues about the quality of services and care available at the AWC
Broken boundary of the facility building	Spread of COVID 19 – lack of social distancing
Power cuts/limited electricity supply	
No running water at some AWCs	

#### Priority Behavior Safety – Outside AWC

Infrastructural challenges	Behavioral challenges
Presence of stray animals outside the AWC – dogs, cows, pigs, etc.	Limited interaction/engagement with the child while travelling to and from facilities due to safety concerns
Speeding vehicles esp. two wheelers around the AWC	

#### Priority Behavior Play – Outdoors (at AWC)

Infrastructural challenges	Behavioral challenges
Limited and in some cases dysfunctional play equipment	Children can be handed over digital devices when parents are busy
Lack of open space for outdoor play around the AWC	Nothing new is taught at the AWC that cannot be taught at home

Few ECD or play messages	Caregiver’s perception that government AWC do not have the adequate infrastructure or provide good quality services for young children
	Shortage of staff - Overburdened staff – involved in administrative activities
	Limited interaction between caregivers and service providers on importance of play and engaging with young children
	Limited training opportunities on ECD for service providers

### Creche/playschools



#### Priority Behavior Safety – Inside creche/playschools

Infrastructural challenges	Behavioral challenges
Limited seating arrangement – lack of social distancing	Fear of COVID-19 spread

#### Priority Behavior Safety – Outside creche/playschools

Infrastructural challenges	Behavioral challenges
Presence of stray animals	Limited interaction/engagement with the child while travelling to and from facilities due to safety concerns
Speeding vehicles outside the facility (esp. two-wheelers)	
Construction on roads with debris accumulated on roadside, increases risk of children getting hurt	
Presence of potholes	

### Priority Behavior Play – Outdoors (at creche/playschools)

Infrastructural challenges	Behavioral challenges
Limited of open space for outdoor play	Children can be handed over digital devices when parents are busy
Few ECD or play messages	Nothing new is taught at the creche/playschool that cannot be taught at home – limited awareness about importance of pre-school education
	Limited training opportunities on ECD for service providers/teachers
	High caregiver expectation due to intense competition among creche/playchools
	Limited discussion/interaction/demonstration of ECD activities between service providers/teachers and caregivers

### CPZ

### Priority Behavior Safety – Inside ECD facilities of the CPZ area

Infrastructural challenges	Behavioral challenges
Limited space for accommodating children – overcrowding	Fear of COVID-19 spread
Limited play equipment to engage young children in ECD facilities	
Power cuts/limited electricity supply	
No running water at the AWC	

### Priority Behavior Safety – Outside the ECD facilities of the CPZ area

Infrastructural challenges	Behavioral challenges
Presence of stray animals – dogs, cows, pigs, etc.	Impossible to take children outdoors without using a vehicle
Major street in the CPZ area is narrow and has heavy traffic/presence of vehicles	

Presence of street vendors and hawkers
Lack of a continuous footpath
Concrete roads – prone to injury among children

**Priority Behavior Play – Outdoors (CPZ)**

Infrastructural challenges	Behavioral challenges
Lack of open and fenced spaces like parks, garden, etc. in the residential areas	Children can be handed over digital devices when parents are busy
Lack of open space for outdoor play around the AWC	Impact of social dynamics on access to ECD facilities
Few ECD or play messages in the CPZ area	Preference of Govt. vs. private ECD facilities
Limited play equipment to engage young children inside/outside ECD facilities	Mother is the primary caregiver and responsible for playing and engaging with children
	Limited interaction between caregivers and service providers on importance of play and engaging with young children
	Limited training opportunities on ECD for service providers

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