Advancing Health Equity by leveraging Human-Centered design (HCD) for Urban Primary Healthcare in Jharkhand, India

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Background

The Government of India is establishing urban health and wellness centers (UHWCs) under the Ayushman Bharat Comprehensive Primary Healthcare (CPHC) program that caters to populations of 15,000 to 20,000 and offers CPHC services. Despite the remarkable progress under this endeavor, the utilization of these health facilities is dismal and linked to significant challenges related to community mobilization in urban areas.

About the Intervention

2 Phase intervention adopting a living lab approach of defining user needs and co-creating sustainable, scalable solutions.

Phase I Utilizing a Human-centered Design approach for decoding high-level demand-side barriers for care-seeking at UHWCs.

Phase II Developing a comprehensive social mobilization package to increase service utilization at urban HWCs

Geography

Jharkhand, India

Audience segmentation

Urban poor: Informal workers, migrants, slum dwellers

Urban non-poor communities' Resident welfare associations (RWAs), Colonies

Methodology adopted:

Phase I : Discovery

- Stakeholder immersion with state & district officials
- Discovery research: Qualitative primary research
- Behavioural problems reframes
- Prioritization of problem research

Understanding overall challenge

Phase II : Solutioning

- Intervention Design
- Prototyping with community and providers
- Refinement of intervention and development of design brief

Develop and implement design brief

Phase I

Key Findings

Health-seeking pathways:

User segmentation by income and utilization of care:

- Low-Income Public (LI-PU)
- Low-Income Private (LI-PR)
- Middle-Income Public (MI-PU)
- Middle-Income Private (MI-PR)

Decision-making levers:

Perception I Trust I Emotions

User behavior insights:

- Public hospitals are undervalued despite trust in government doctors.
- Users prefer health touchpoints that offer predictability and certainty.
- Free services in public hospitals are perceived as low-quality and cheap.
- Experiences include overcrowding, unhygienic conditions, and long waits.

Quotes from field:

"Private hospitals are not very costly compared to the arrangements and quality of health care"

"The thing is that whenever we encounter any health problem, we go Sadar Hospital directly"

Collaterals developed:

Phase II

Intervention design: *an iterative design research and solutions approach*

Prerequisites:

- Identification of channels (posters, radio jingles, Wall painting)
- Leveraging community structures: Mahila Arogya Samitis (MAS), Resident Welfare Association (RWA)

Levers of strategy:

- **Design attention:** innovative branding initiatives for healthcare facilities and personnel
- **Build social currency:** simplifying complex health information through localized communication mediums
- **Nurturing relationships:** enhancing the soft skills of the healthcare team
- **Signal certainty:** transparent communication about services

Key intervention touchpoints:

My Local Clinic: Improving trust with approachability and reducing the perceived distance in the user's mind

Find your facility: The signage present in front of the facilities establishes linkages with local landmarks

Know your facility: Improving predictability and certainty through information board hoardings

Sahiya- Your trusted partner: Reframing their role as more than healthcare workers, making them familiar, accessible, and integral to their communities.

Promoting stories of positive experience: Moving away from the negative framing of free services to promoting positive service experiences influencing perception.