"*Tarang Suposhit Maharashtracha*": An adaptation in view of ongoing Covid 19 pandemic to ensure uninterrupted communication and nutritional counseling

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Introduction

Rajmata Jijau Mother and Child Health and Nutrition Mission (RJMCHN Mission) created in 2005 by Govt. Of Maharashtra with financial support of UNICEF has been one of the most significant efforts to improve the governance and convergence of nutrition services across sectors in Maharashtra. Phase I (2005-10) of the Mission focused on training, recognition and monitoring programs and covered five tribal districts: Thane, Nashik, Nandurbar, Amravati, and Gadchiroli. Phase II (2010-15) covered an additional 10 tribal districts and adopted a targeted focus on the first 1000 days. The collective efforts in the first two phases of the mission resulted into transformative outcomes, as evident in national surveys. Stunting is a measure of chronic undernutrition unaffected by seasonal variation and is a reliable and replicable indicator to measure under nutrition over time. Phase III (2015-20) additionally included the remaining 20 non-tribal districts in the state and also began to focus on urban areas[1].

Brief project description

Maharashtra has currently witnessed a heavy tally and toll due to COVID-19 and consequent social distancing, coupled with other virus-containing measures such as the lockdown. This has resulted in the disruption of key services such as Anganwadi counseling services, Information Education Communication (IEC) activities, as well as, the early childhood development (ECD) program. The beneficiaries of the Anganwadi centers i.e. pregnant women, lactating mothers, and parents of children up to the age of two years, were unable to receive adequate nutrition and ECD counseling. Given that there is unpredictable course and end to this pandemic, it was critical that such essential nutrition related information is communicated to the beneficiaries virtually, through digital platforms, which is substantiated by an article 'Accountability initiated tenure for policy research, New Delhi[2]. We do not afford to compromise the window of opportunity of a child's first 1000 days due to such pandemic as this period is quintessential to child's holistic development.

Therefore, the Department of Women and Child Development has launched "*Tarang Suposhit Maharashtracha* " which is a digital platform which includes IVR (interactive voice response) helpline, broadcast calls, and WhatsApp chatbot to strengthen counselling services for children's first 1000 days. The beneficiaries have to call or send a WhatsApp message at toll free 8080809063. In addition to this, auto-generated broadcast calls will reach individual beneficiaries with targeted messages. The IEC material is disseminated in the form of audio, video, poster, text, etc. For example, "*Ek Ghas Mayecha*" – "Feeding with Care" is recipe video series which contains various recipe videos for mothers and children along with guidance for hygiene practices and responsive feeding, "*Aajibaichya Gujgoshti*" – "Grandma's stories" animated video series for giving innovative touch to the behavioral change campaign.

Project operational date

22nd October 2020

We are expecting the reach of 9 lakh beneficiaries especially pregnant women, lactating mothers, and parents of children less than two years of age across Maharashtra per month with just INR 4 per child per year investment. Presently we have reached more than 3.5 lakh beneficiaries in less than a month's time. This effort has been towards achieving the goal of "*Saksham Mahila, Sudrud Balak, Suposhit Maharashtra*" – "Empowered Women, holistically developed children for well-nourished Maharashtra".

Rationale of starting the initiative

Maharashtra has been severely affected by COVID-19 and subsequent virus-containing measures created

disruptions in Information, Education, Communication activities and Early Childhood Development (ECD). The beneficiaries of the Anganwadi centers i.e. pregnant women, lactating mothers, and parents of children up to the age of two years, were unable to receive adequate nutrition and ECD counseling. It was challenging to reach each parent due to COVID-19 related measures as social behavioral change activities such as community-based events, rallies, recipe demonstration, home visits were disrupted. Beneficiaries were unable to receive adequate guidance in terms of pregnant mother care, breastfeeding, complementary feeding, and vaccination. There were various myths regarding nutrition and health aspects due to COVID-19 especially breastfeeding and vaccination. Social media and other electronic media have also contributed to this information overload and created confusion among parents. There was an absence of a platform which makes government authorized information easily accessible. However, many self-motivated frontline functionaries had started counseling services through parents' WhatsApp groups and audio/video calling. But these efforts were not uniform and it was difficult to assess the quality of counselling services provided by these functionaries and IEC material shared on these groups. At the state and district level, it became difficult to monitor these behavioral change activities. Hence, it is essential that nutrition related information is communicated to the beneficiaries virtually, through digital platforms and data being captured to strengthen monitoring processes.

Lawrence Haddad, British Economist rightly said that children cannot bounce back like the economy. We cannot afford to miss the window of opportunity for a child's first 1000 days. The Department of Women and Child Development, Government of Maharashtra has initiated *Tarang Suposhit Maharashtracha*, a digital platform to strengthen nutritional and ECD counselling services. We are expecting the reach of 9 lakh beneficiaries across Maharashtra per month with just INR 4 per child per year investment. This will strengthen the behavioral change campaign in the world of digital and social media.

Challenges faced and how did you overcome them with an innovative approach

It was challenging to reach each parent due to COVID-19 related measures for nutritional counseling. Social media and other electronic media have created confusion among parents due to information overload. It became difficult to assess the quality of counselling services provided by frontline functionaries. At the state and district level, it became difficult to monitor these behavioral change activities. To overcome this, we have initiated digital platforms for virtual dissemination of nutrition related information and captured the data to strengthen monitoring processes.

Before implementation, we have planned most of the activities online during the lockdown period such as content generation and creation platforms. This was challenging when we trained 25 lady supervisors for video shooting of recipe videos at home with mobile camera and training of all frontline functionaries regarding usage of platforms – IVR helpline, Broadcast calls, and WhatsApp chatbot. Initially it was difficult for them to understand these technicalities but with their spirit, user friendliness of the platforms, and continuous capacity building, it became easier to roll out the initiative. We have taken steps as following:

1. The platform is available in local language i.e. Marathi. Content generation team had stakeholders from various parts of Maharashtra. It helped to give more acceptability to the content.
2. We tested the content and interface of platforms with frontline functionaries and few beneficiaries to check acceptability and user friendliness.
3. We created IVR flow, WhatsApp chatbot flow, and categories for broadcast calls/ SMS. We have sorted the content as per the flow and provided it to concerned developers for development of these platforms. We provided continuous feedback in terms of features, language, and also tested with few frontline functionaries.
4. We conducted an online training session for around 10,000 frontline functionaries during the launching event. We issued detailed guidelines to explain usage of these platforms.
5. It can monitor region wise reach, as well as, quality of the services. For example, it captures users' feedback about their satisfaction after the IVR call, monitors session time of WhatsApp Chatbot and Broadcast calls, etc.
6. It covers multiple dimensions associated with nutrition and early childhood development such as Anganwadi services, nutritious recipes for children

and pregnant/ lactating mothers, pregnant mother care, breastfeeding, complementary feeding, holistic development of child, sanitation and hygiene, adolescent girls' health and nutrition, COVID-19 related myths, etc.

7. IVR helpline can be preferred by the parents who are not tech savvy whereas others can access both – IVR helpline and WhatsApp chatbot. Broadcast calls and SMS service used to send targeted messages as per beneficiaries such pregnancy trimester, age group of child, etc.
8. All these platforms are interlinked with each other to improve reach and user database. For example, a user gets an SMS (containing WhatsApp Chatbot link) after the IVR call, Broadcast call/ SMS used to promote IVR and WhatsApp Chatbot.

Resources required to execute this project and from which head it was spent

Presently, we are targeting 9 lakh beneficiaries per month on pilot mode basis and it will require INR 3 lakh funds per month. This shows that we have to invest INR 4 per child per year for executing this platform. During pilot mode phase, the project is funded by UNICEF through Rajmata Jijau Mother Child Health and Nutrition Mission. It will be transferred to ICDS Commissionerate to cover all beneficiaries in Maharashtra to make it sustainable. It can be funded through *Poshan Abhiyaan* IEC and Innovation funds.

The results of the initiative and the benefits to end users

This platform has been developed to provide universal access to nutritional related information as anyone with contact number 8080809063 can call or send WhatsApp messages. However, we are expecting to reach 9 Lakh beneficiaries from rural, tribal and urban areas with varied socio-economic backgrounds. These are mostly Anganwadi center beneficiaries' i.e. pregnant women, lactating mothers, parents of children less than two years of age, and adolescent girls. With more financial resources, we can expand our services to more beneficiaries.

Presently we have reached more than 4 lakh beneficiaries in less than a month's time. Out of these 4 lakh beneficiaries, 54,577 are parents of children more than six months of age, 38,687 are parents of children less than six months of age, 18,254 are parents of children with one month of age, 29,809 are parents of children more than nine months of age, 8,881 are pregnant women in second trimester, 49,618 are pregnant women in third trimester, 36,755 are pregnant women at the end of third trimester, 59,948 are Anganwadi workers, remaining are from other categories. We have sent targeted nutritional and ECD messages to these beneficiaries. For example, complementary feeding messages for parents of children more than six months of age, exclusive breastfeeding messages for parents of children less than six months of age, antenatal checkup (ANC)/anemia/ immunization messages for pregnant women. IVR helpline and WhatsApp Chatbot addressed the myths associated with COVID-19 especially with breastfeeding and vaccination. This targeted reach was achieved through broadcast call and SMS system.

On WhatsApp Chatbot, more than 41,000 users accessed 7,26,000 total messages with 3.8 minutes average session time per user. Nutritious recipes, pregnancy care, Anganwadi service information were most accessed during this time. On the IVR helpline system, more than 22,000 users called on the given number and accessed the information. "*Ek Ghas Mayecha*" recipe video series reached more than 25,000 people and helped in explaining nutritious recipes, responsive feeding, and hygiene practices to safeguard against COVID-19. "*Aajibaichya Gujgoshti*" – "Grandma's stories" animated video series reached more than 20,000 people and addressed myths related to children's first 1000 days in the context of COVID-19.

It is also supported in district and block wise monitoring of usage of these platforms and assessing the quality of usage. We have been following up with concerned officials and frontline functionaries to improve reach and quality. The number of callers and users are given in figure 1a and 1b. Figure 2 gives information about feeding.

Suggestions for rolling out the project in other departments

This platform has an immense potential for replication in other COVID-19 affected services of other departments. If we can develop content for other services and respective IVR flow, WhatsApp chatbot flow, and Broadcast call/SMS system then the platform can be replicated in other departments for strengthening counseling for behavioral and information dissemination related to various schemes and programs during COVID-19 situation. This will also require multiple government approvals for complying with TRAI rules and regulations and collation of contact details of concerned beneficiaries. We will have to contextualize the platform for different socio-cultural situations for its acceptability. For example, presently, it covers multiple dimensions associated with nutrition and early childhood development such as Anganwadi services, nutritious recipes for children and pregnant/ lactating mothers, pregnant mother care, breastfeeding, complementary feeding, holistic development of child, sanitation and hygiene, adolescent girls' health and nutrition, COVID-19 related myths. However, at the Department of Women and Child Development level, we are planning to replicate this system for other aspects of the Department such as pre-school education, various schemes, awareness about child rights, etc. We will have to generate the content and feed this to the present system. We are also planning to use the existing government database of contact details of self-help group members to send them advisories regarding nutri-gardens and aware them about best nutritional practices because they can act as a support system to Anganwadi workers in behavioral change campaigns. Even during post-COVID-19 situation, this can be a promising solution to ensure quality and standardized IEC activities through digital platforms – so can be important to tele-nutrition strategy.

Source of support: Nil

Conflict of interest: Nil

ORCiD

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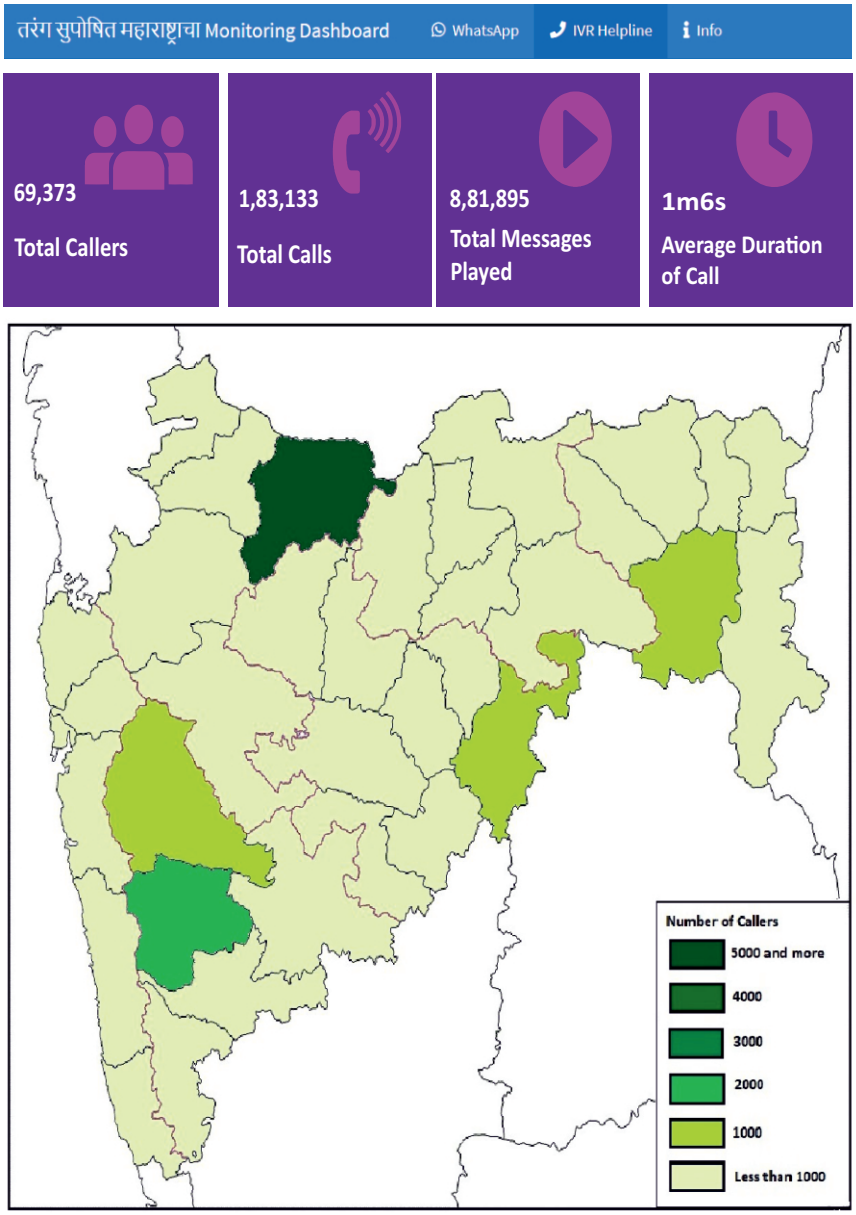
References

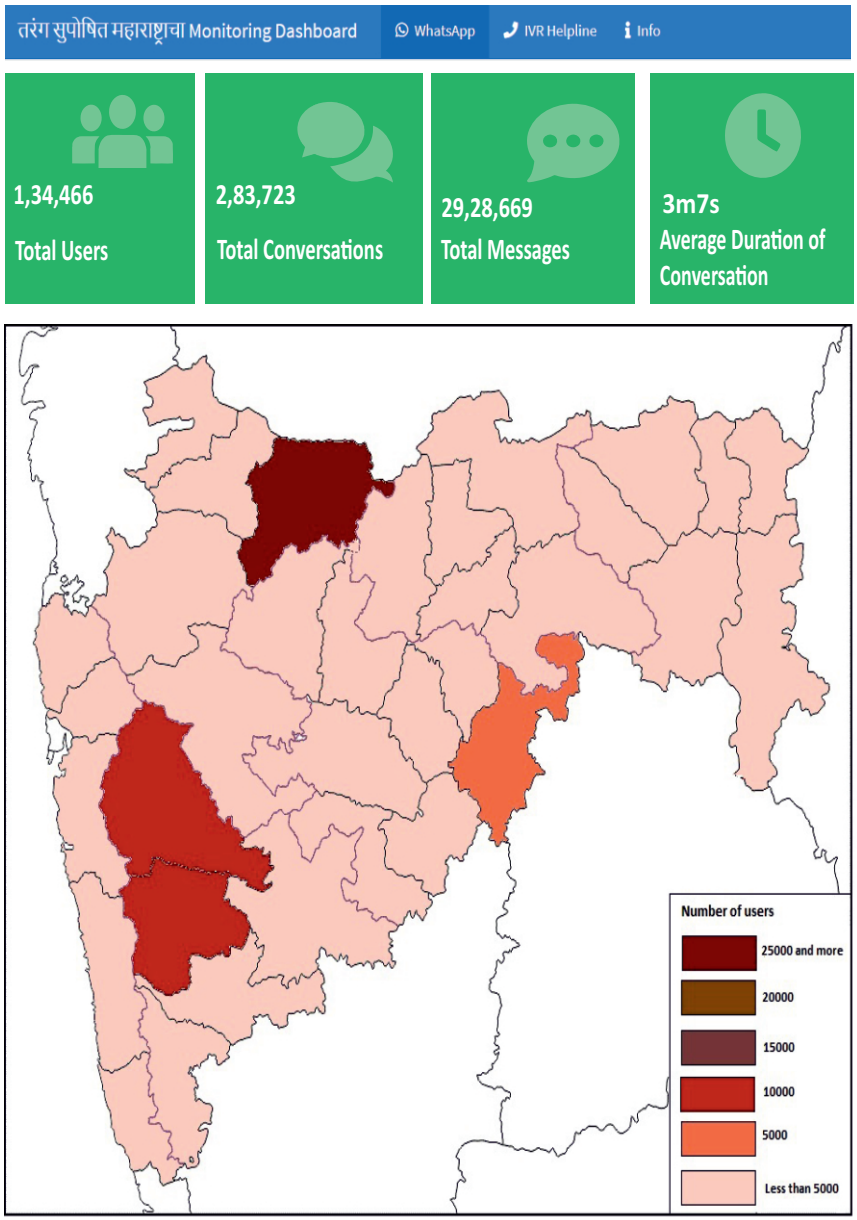
1. Research for Development, Documentation of Rajmata Jijau Mother-Child Health and Nutrition Mission in Maharashtra-Pushing the Nutrition Agenda Forward, October 2016
2. "A Hidden cost: The pandemic's Impact on Nutrition" (2020) Accountability Initiative, Center for Policy Research, New Delhi

Fig. 1a



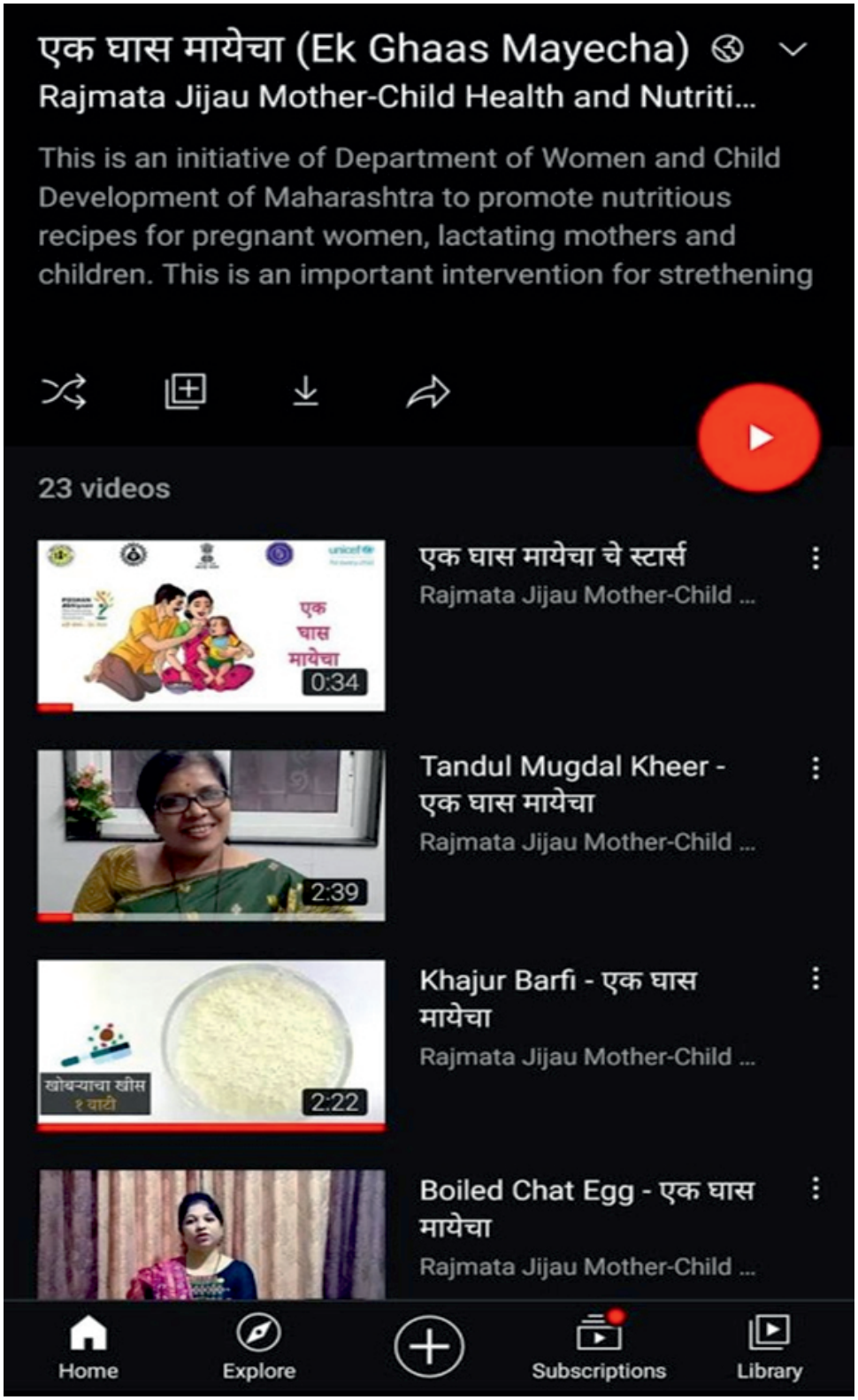
Top Districts		
Rank	**District**	**Callers**
1	Jalgaon	5999
2	Satara	2339
3	Chandrapur	1864
4	Nanded	1672
5	Pune	1400
6	Nashik	780
7	Ahmednagar	735
8	Jalna	679
9	Amravati	629
10	Beed	565
11	Thane	554
12	Bhandara	497
13	Palghar	460
14	Kolhapur	408
15	Wardha	324
16	Nagpur	271
17	Sangli	245
18	Yavatmal	225
19	Buldana	178
20	Parbhani	148
21	Aurangabad	136
22	Gondia	120
23	Washim	98
24	Solapur	94
25	Gadchiroli	76
26	Akola	34
27	Latur	30
28	Hingoli	28
28	Raigad	28
29	Ratnagiri	21
30	Osmanabad	16
31	Mumbai Suburban	15
32	Dhule	12
32	Nandurbar	12
33	Sindhudurg	4
34	Mumbai City	3

Fig. 1b



Top Districts		
Rank	**District**	**Callers**
1	Jalgaon	26378
2	Pune	10371
3	Satara	10265
4	Nanded	7261
5	Ahmednagar	4220
6	Chandrapur	3715
7	Thane	3682
8	Beed	3317
9	Palghar	3242
10	Sangli	2883
11	Bhandara	2733
12	Nashik	2329
13	Jalna	2220
14	Aurangabad	2198
15	Kolhapur	1948
16	Wardha	1620
17	Nagpur	1084
18	Amravati	947
19	Parbhani	833
20	Solapur	643
21	Buldana	581
22	Yavatmal	565
23	Washim	437
24	Raigad	399
25	Gondia	268
26	Gadchiroli	237
27	Sindhudurg	201
28	Mumbai Suburban	200
29	Akola	174
30	Latur	168
31	Hingoli	153
32	Ratnagiri	133
33	Osmanabad	115
34	Dhule	94
35	Nandurbar	68
36	Mumbai City	46

Figure 2


एक घास मायेचा (Ek Ghaas Mayecha)
Rajmata Jijau Mother-Child Health and Nutriti...
This is an initiative of Department of Women and Child Development of Maharashtra to promote nutritious recipes for pregnant women, lactating mothers and children. This is an important intervention for strethening
23 videos
एक घास मायेचा चे स्टार्स
Rajmata Jijau Mother-Child ...
0:34
Tandul Mugdal Kheer - एक घास मायेचा
Rajmata Jijau Mother-Child ...
2:39
Khajur Barfi - एक घास मायेचा
Rajmata Jijau Mother-Child ...
2:22
Boiled Chat Egg - एक घास मायेचा
Rajmata Jijau Mother-Child ...
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