HARVARD T.H. CHAN | SCHOOL OF PUBLIC HEALTH
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Report on developing an Action Plan for "Jan Andolan" in the State of Maharashtra

Acknowledgments

This report on Nutrition Communication and Community Mobilization has been developed to help inform the Action Plan for *Jan Andolan*, in the state of Maharashtra. We begin by acknowledging the help of Smt. Vinita Ved Singal, IAS, Secretary, Women & Child Development Department, Government of Maharashtra, for her vision and direction in organizing a training module on Nutrition Communication and Behavior change. A special thanks to Mr. Alok Kumar, IAS, Advisor, NITI Aayog, Government of India, for sharing a model framework on *Jan Andolan*, which was critical in developing the state Action Plan.

I would like to express our gratitude to the following key stakeholders who helped conceptualize and co-led the training workshop: Ms. Indra Mallo, IAS, Commissioner-ICDS Scheme, Government of Maharashtra, Ms. Rajeshwari Chandrashekhar, Chief of Field Office, UNICEF Maharashtra, Ms. Suprabha Agarwal, Director, RJMCHN Mission, Maharashtra and Ms. Rajalakshmi Nair, Nutrition Specialist, UNICEF Maharashtra.

On behalf of Harvard T. H. Chan School of Public Health India Research Center, I would also like to thank all the Community Development Program Officers (CDPOs), UNICEF officers and civil society organizations who participated in the various working groups and shared valuable inputs that were used to formulate the final recommendations of the report.

Lastly, my sincere thanks to our team: Dr. Ananya Awasthi, Manvi Poddar, Dr. Tanvi Shah, Mehul Agarwal and Soumya Goel in Mumbai and Dr. Mesfin Bekalu, Pritha Chatterjee, Dr. Ramya Pinnamaneni and Allison Baker in Boston who helped in organizing the workshop and developing the final report.

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SECTION 1: CONTEXT: NUTRITION & JAN ANDOLAN

Despite India's relatively rapid economic progress, malnutrition amongst mothers and children continues to pose a nation-wide challenge. With over 46.8 million (38%) stunted children, India accounts for nearly one-third of the global burden of childhood stunting. [i] Addressing malnutrition is a complex challenge that requires multidisciplinary approaches drawing from fields such as public health, medicine, nutrition, health communication and behavior change. India is also currently witnessing a "double burden" with a rising trend for obesity and other related non-communicable diseases in the urban areas.

POSHAN Abhiyaan (National Nutrition Mission)

The launch of the *POSHAN Abhiyaan,* also called as Prime Minister's Overarching Scheme for Holistic Nutrition, in 2018 offers an opportunity to work toward reducing stunting, undernutrition and anemia among young children, women and adolescent girls. A novel feature of the mission is its focus on social and behavioral change for improving nutritional outcomes amongst women and children. Moreover, the mission aims to *improve the linkages between communities and the health systems and to create a mass movement to promote a transformative change,* referred to under the program *"Jan Andolan."*

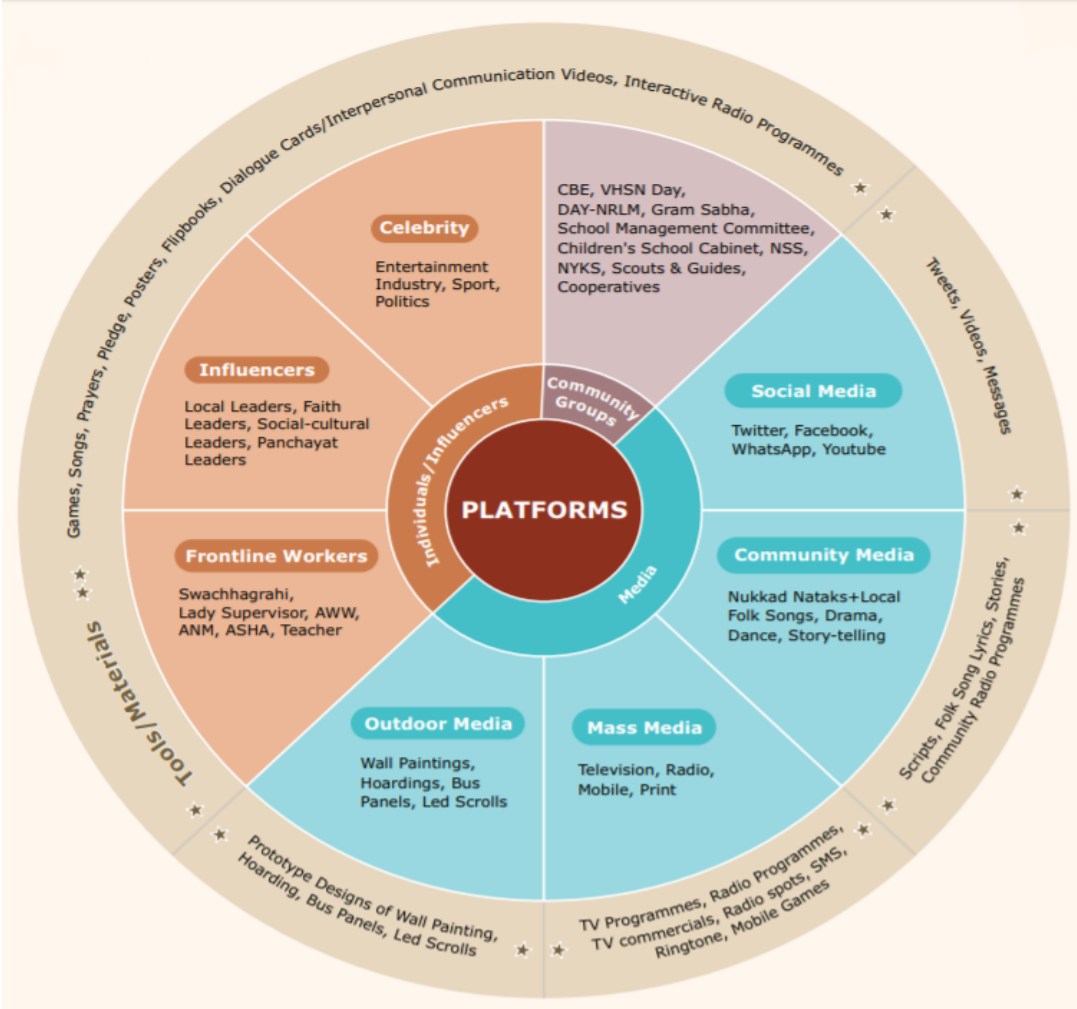
Nutrition, Communication Science and *Jan Andolan*

Communication Science is critical to understanding how mass mobilization for social movements may either advance or impede change in the larger society. Within communication science, lessons from research on health communication have proved to be foundational in understanding, explaining and promoting social change in health. Recent transformative developments in Information and Communications Technologies (ICTs) and their broad and deep penetration in the society, make the role of communication even more central to mass mobilization.

The role of communication in mobilization is sometimes direct and immediate, while at other times it is indirect and slow. Communication often has a powerful influence on critical antecedents to social change including mobilization by raising salience which may be increased through *agenda building*, *agenda setting* and *strategic framing*. Understanding the influence of communication on antecedents to social change and the pathways and mechanisms through which that influence flows is critical to social mobilization.

Jan Andolan could be propelled by drawing on communication science to mobilize multiple sectors and communities to build knowledge and bring about change in nutritional practices to prevent malnutrition (Figure 1). *Jan Andolan* provides a platform for building synergy among Ministries, departments, schemes and programs from state to block level for community engagement and social movements. Using advocacy for best practices in nutrition, *Jan Andolan* draws upon partnerships to ensure multi-sectoral and multi-dimensional participation. The subject of nutrition could be highlighted by working across several different media platforms connecting various stakeholders to the program (MoWCD, 2018).

Figure 1 displays the various stakeholders, available platforms, tools materials required for activation, mobilization and broadcasting for forming a *Jan Andolan*.



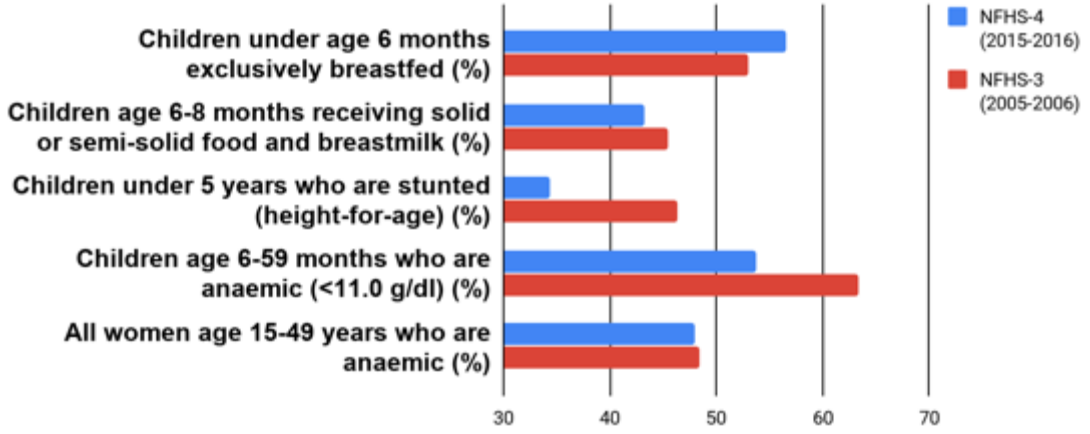
Source: Ministry of Women and Child Development, Government of India. (2018). *Jan Andolan Guidelines: Poshan Abhiyan*. [online] Available at: https://www.icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/Guidelines/JanAndolanGuidelines-English.pdf [Accessed 26 Aug. 2018].

Maharashtra Nutrition Profile

The burden of malnutrition presents a unique challenge in Maharashtra. The latest data from the National Family Health Survey (NFHS) show that the prevalence of

stunting in children under 5 years of age has declined from 46.3% in 2005 (NFHS-3, 2005) to 34.4% in 2015 (NFHS-4, 2015) (Figure 2). Yet, other indicators such as exclusive breastfeeding of children under six months and complementary feeding of children under 6-8 months of age have remained stuck around 56.6% and 43.3% (NFHS-4) respectively. Levels of anemia in children aged 6-59 months and in women aged 15-49 years remain high at 53.8% and 48% respectively (NFHS-4, 2015).

Figure 2: Key Nutritional Indicators – NFHS 3 and NFHS 4



Source: International Institute for Population Sciences (IIPS) and ICF. (2017). *National Family Health Survey (NFHS-4), 2015-16: India*. [online] Mumbai: IIPS. Available at: http://rchiips.org/nfhs/pdf/NFHS4/India.pdf [Accessed 28 Aug. 2018].

Caselet 1:

Mayuri Karpe, a CDPO from Vada block of Palghar District, shared her experiences from the field. For example, under the *Amrut Aahar Yojana*, started by the government of Maharashtra, one full meal was provided to pregnant and lactating women from 16 tribal districts of the State. Started in September 2016, 271 *Anganwadis* were covered under this project. Under a community involvement initiative, women were asked to cook meals for two people, go to the *Anganwadi* center, share, and eat with other women. They named it a "*dabba party*". As a result of this initiative, pregnant and lactating women came together, ate together and this camaraderie resulted in children born healthy with an average weight of 3-3.5kgs. The mothers were encouraged to continue coming to the *Anganwad*i centers to educate themselves about vaccinations, childcare, and nutrition. Some women, however, refused to eat certain foods due to superstitious beliefs. And, some also chose to take the food home to feed their families instead of eating it themselves.

SECTION 2: TRAINING WORKSHOP

The Harvard T. H. Chan School of Public Health India Research Center (IRC) organized a training workshop on "Nutrition Communication and Mass Mobilization for *Jan Andolan*" led by K. Viswanath, PhD., Lee Kum Kee Professor of Health Communication, Harvard University.

The workshop was organized in close partnership with the Department of Women and Child Development, Rajmata Jijau Mother and Child Health and Nutrition Mission (RJMCHN) & Integrated Child Development Services, Government of Maharashtra and the UNICEF Field Office for Maharashtra.

The workshop was held on June 19 & 20, 2018 at the Harvard Chan School India Research Center (IRC), Mumbai with participation from the Ministry, UNICEF, academics, several Non-governmental Organizations (NGOs) and other implementing agencies.

Objectives

The major goals of the workshop were to:

1. Understand the challenges of health and nutrition in Maharashtra.
2. Draw on evidence-based communication strategies to promote social mobilization and social movement in health.
3. Share best practices and lessons learned from key stakeholders.
4. Develop an action plan to further the National Nutrition Mission through communication and mobilization.

Scope

This workshop delineated the scope of health communication as a multi-level phenomenon that may play direct and indirect roles in social mobilization, *Jan Andolan*, to further the cause of nutrition in India. The workshop elucidated key themes emerging from the latest research in health communication. These included critical ideas and hypotheses in health communication, major communication genres and message formats through which the field has contributed to public health, and role of information and communication technologies in social mobilization.

Workshop Organization

The workshop was conducted over a period of two days and included three teaching modules. On Day 1, 19th of June, opening keynotes covered the importance of National Nutrition Mission (NNM) followed by two teaching modules. At the end of each module, participants were divided into three working groups based on their organizational affiliations. Each group discussed questions associated with each of the two teaching modules. On Day 2, 20th of June, the working groups were asked to share specific inputs for a draft Action Plan based on a modified framework shared by NITI (National Institution for Transforming India) AAYOG.

This was accompanied by sharing of "best practices" from the field by Community Development Program Officers (CDPO) who are responsible for implementation and administration of Integrated Child Development Services (ICDS) and provide the link between field functionaries and Department of Women and Child Development.

Faculty and Key Speakers

The teaching modules were led by **K. Viswanath, PhD, Lee Kum Kee Professor of Health Communication in the Department of Social and Behavioral Sciences at the Harvard T. H. Chan School of Public Health** and the McGraw-Patterson Center for Population Sciences at the Dana-Farber Cancer Institute (DFCI). Dr. Viswanath also leads the Health Communication Core of the Dana-Farber/Harvard Cancer Center (DF/HCC) and is the Director of the Harvard Chan India Research Center, Mumbai.

The opening keynote was given by **Smt. Vinita Ved Singhal, IAS, Secretary, Women & Child Development Department, Government of Maharashtra**. Smt. Singhal spoke about the importance of keeping communities at the center of government's efforts and the need for coming up with practical solutions for improving nutrition seeking behaviors among women and children.

The guest speaker for the workshop was **Shri Alok Kumar, IAS, Advisor, NITI Aayog, Government of India**. Mr. Kumar provided a framework for states to develop an action plan for *Jan Andolan* which was adapted with modifications by the workshop.

For the three training modules, the lead speakers were **Ms. Indra Mallo, IAS, ICDS Commissioner, Government of Maharashtra, Ms. Rajeshwari Chandrashekhar, Chief Field Office, UNICEF Maharashtra and Ms. Suprabha Agarwal, Director, RJMCHN Mission, Maharashtra.**

Target Audience

The audience for the workshop included key stakeholders from Department of Women and Children Development & National Nutrition Mission, Government of Maharashtra, program officers from UNICEF, leading experts and members from the academia, NGOs (rural and urban) and other major organizations working in the area of Nutrition. For group discussions, the participants were divided into three working groups: WG 1: stakeholders from the government, WG 2: academia and development agencies, and WG 3: civil society and media.

SECTION 3: SCIENCE OF COMMUNICATION

The teaching modules were divided into four parts:

a) An Introduction to Malnutrition as a *Social Problem*
b) Module 1 -- Evidence-based Communication Strategies: Key Ideas
c) Module 2 -- Evidence-based Communication Strategies to Promote Social Mobilization: Messaging
d) Module 3 -- Developing an Action Plan for *Jan Andolan* for the state of Maharashtra

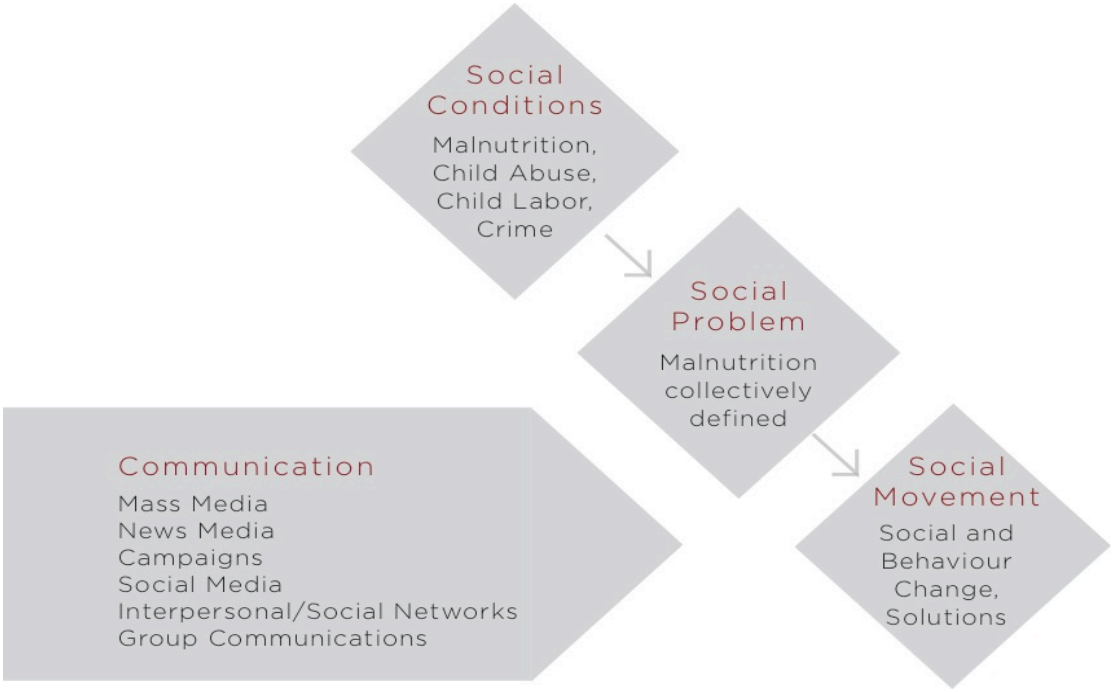
A brief description of each module follows.

An Introduction to Malnutrition as a Social Problem

The first module focused on the conceptual challenge of mobilizing and rallying the "public," a social movement, around the importance of malnutrition as a major problem worthy of urgent action by all sections of the society. In general, there are a myriad of social conditions that occupy the attention of different groups based on their experiences and personal relevance. *The challenge is to zero-in on one, malnutrition, as a condition worth engaging most people whether they are affected by it directly or not.* This phenomenon of *identifying, characterizing and amplifying a social condition to a social problem* is critical in generating public support and influencing policy preferences and personal behaviors.

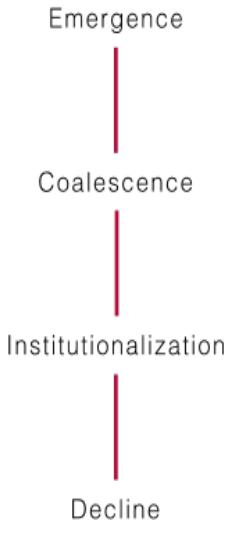
Evidence-based communication strategies drawing from research from communication science, such as through *agenda-setting* and *framing*, are helpful to mobilize and generate public support. Figure 2 defines the process of malnutrition becoming a social movement. It depicts how social conditions lead to social problems and when coupled with communication platforms, mobilizes different stakeholders to become a social movement. Social mobilization raises awareness of and demand for a particular cause, or development objective through dialogue. For instance, 'Do Boond Zindagi Ke', the Pulse Polio Immunisation Campaign helped in spreading awareness about the Polio *Ravivar* – Polio Sunday and is arguably, most successful health campaign in India, declaring India Polio free since 2014.

Figure 3: Defining Malnutrition as a Social Problem/ Trajectory of malnutrition becoming a social movement.



Malnutrition in India is one of a range of social conditions. Not all social conditions, despite objective realities, may get public attention they deserve. Communication plays a role in bringing a social condition into the public discourse through agenda setting and framing. Once public collectively defines a given social condition as a *social problem*, it open the trail to a social movement –*Jan Andolan*. Social movements have different stages or lifecycles: emergence, coalescence, institutionalization, and decline (Figure 3). At the stage of emergence, communication is required to create awareness about the problem of malnutrition, which could be supported by interpersonal/ social networks. Coalescence include publicizing the problem through mass mobilization.

Figure 4: Four Stages of Social Movement



For instance, The Tobacco-free Villages program was implemented by Salaam Bombay Foundation in collaboration with a number of Non-governmental Organizations (NGOs), mobilizing 60 communities in Maharashtra to help villages become tobacco free. This is an excellent illustration of problematizing commonly accepted norm, tobacco use, into social problem that requires action.

At the stage of institutionalization, communication translates science into comprehensible and actionable information that becomes a part of routines of organizations involved in nutrition. The last stage of a social movement is decline, where communication aids the establishment of the cause and become mainstream by ensuring the sustainability of the movement's outcomes, through media advocacy and updating knowledge base and continuing to provide evidence-based information.

The introductory module also identified the challenges in translating and communicating evidence emerging from research to generate public understanding and action. These challenges include:

- News media, specifically, journalists who face challenges in accessing, identifying and disseminating information that is of technical or scientific in nature for consumption by the public.

- Private sector communications through commercial communications or news releases that communicates or miscommunicates risk (e.g. tobacco or sugar-sweetened beverages)

- Citizen and activist groups who often strive in the public arena to define issues from their respective perspectives

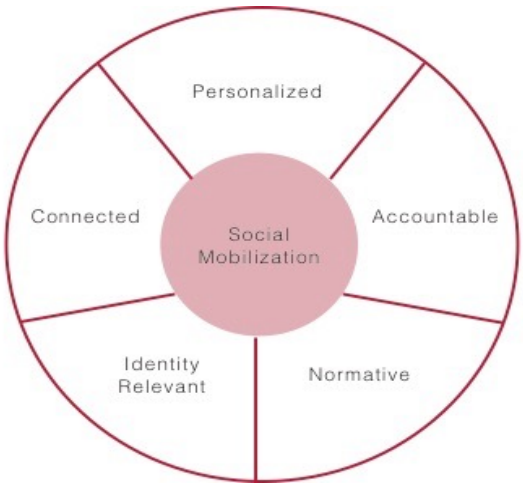
- Challenges faced by the audiences in making sense of the flood of multiple interpretations of a scientific or medical development given their day to day life challenges. This, in combination with challenges associated with poverty and inequities, compound the problem deterring social change.

The goal of communication science is to provide solutions based on evidence-based communication strategies to overcome these challenges and facilitate collective action.

Module 1: Evidence-based communication strategies: key ideas

Social Mobilization is a process that engages and motivates a wide range of partners and allies to raise awareness about a particular cause, understand the situation, and organize and initiate action. Some principles of an effective Social Mobilization are listed in Figure 4.

Figure 4: Principles of Social Mobilization [ii]



Effective mobilization engages and affects individuals, groups and institutions and connects across these levels. One useful comprehensive framework is the **social ecological model (SEM)** that delineates the different levels and factors that could be a focus of influence through strategic communication.

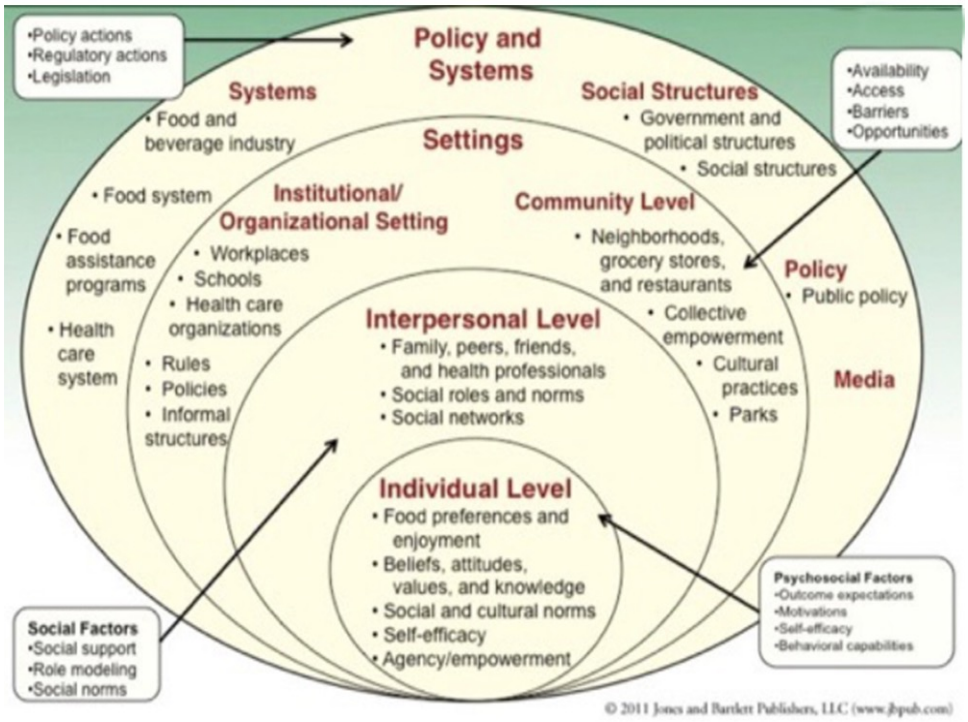


Figure 5: Social-Ecological Model

Figure 5, for example, illustrates the application of SEM Model in the context of nutrition. There are four nested levels of the SEM: Individual, interpersonal, community and policy and systems, at which behavior and social change can take place. At the Individual level, the focus is on factors that influence behavior change including knowledge, beliefs, attitudes, values, emotions, and behavioral intentions related to nutrition. One may use a variety of platforms or channels including mass media, one-to-one or group discussions and personalized platforms such as telephone calls, emails, and other group activities that allow for persuasion. At the inter-personal level, social networks and social support systems such as family, friends, colleagues, peers and health care providers among others may influence antecedents to individual behaviours. In general, customs and social norms are shared and spread among groups and can be effectively addressed only when targeting interpersonal and social networks. The focus of change here is between and among individuals.

At the institutional/community level, community level norms, cultural practices, institutional or community level rules become the focus for change. While mass media are useful in promoting changes in norms, more focused approach drawing small media such as newsletters or intranet to community mobilization strategies through community organization and institutional platforms such as seminars may be helpful. The outer most ring is of the societal or system level factors that focus on changes in public policy, political/social structures and, health care systems. At this level, news media, mass media campaigns and media advocacy are the most

effective tools for mobilization, generating policy supports and influencing behavior and social change.

Thus, there are different communication strategies that are used in different levels, as seen in SEM. These strategies could be further grouped as:

i) Mass media: e.g., news media; facilitates mass reach; influences public opinion and perceptions on a particular subject area.
ii) Social Media: More targeted; can promote engagement among relatively large numbers; act as a forum for discussion.
iii) Community conversations: Enable local communities to collectively brainstorm to define and develop concrete action plans; allow for localization and dialogue; facilitate small group mobilization and persuasion.

Social mobilization occurs more effectively with the use of all the three platforms together.

Module 2 -- Evidence-based communication strategies to promote social mobilization: Messaging

One critical element in strategic communication is not just the platform or channel through which audiences are reached but also how a message is constructed. Different message formats, "types of construction of messages," influence how an audience interact with message/s, react to and are affected by them. A strong body of evidence delineates how different message formats may affect different audiences differently based on the problem at hand. A message format that is germane to social mobilization is *Strategic Framing*.

Framing is a message construction strategy that singles out and makes salient some aspects of a topic while downplaying others thus drawing attention of the viewers/readers to specific angles or prisms through which a condition should be viewed. For example, laws to restrict public smoking could be considered intrusive by the "Big Brother" government or as appropriate strategies to protect non-smokers from "second-hand smoking." Over time, through effective social mobilization, the society will develop a consensus around the deleterious effects of second-hand smoke and accepts supportive policies restricting smoking.

Framing is a complex process:

- Applicable cognitive schemas are activated into working memory.
- These schemas, if deemed usable, are used to make subsequent judgments.
- Media cover particular stories, using particular sources from a particular news angle through a selective process.
- Frames draw from local culture making them more resonant and relevant.

There are various types of framing:

i) **Episodic versus Thematic**: Episodic frames are one-off discussions where each event is treated as discrete phenomenon instead of drawing connections among them. Thematic frames make connections among discrete events or problems and identify commonalties among them. For example, news reports of deaths due to infection in different individual hospitals may communicate that it is a one-off event in contrast to news that connects infection to certain practices in a number of hsopitals changing the causal attributions the audience may make connecting the infection to specific practices.

ii) **Temporal**: Temporal framing focuses on timing that is either distal or proximal. Distal framing, for example that several years of smoking may lead to lung cancer may not generate the necessary immediate action. But if the risk of a condition is made more concrete and proximal such as smoking harming a family member or debilitating day-to-day activity lends urgency to an action.

iii) **Personal versus Relational**: Health messages may focus on personal consequences or relational consequences.

iv) **Gain versus Loss**: Messages may focus either on the benefits of performing a recommended behavior or on the costs of failing to perform that behavior. For example, providing a child with healthy nutrition may allow it gain weight and grow healthier compared to not providing healthy nutrition that will lead to loss of weight and stunting.

There are many other ways of framing and constructing messages. The decision over the use of message formats including frames must be decided based on the audience, behavior to be changed and the timing and could be informed by evaluation.

Caselet 2: *Kirthans* as formats

An initiative called MAA, Mothers Absolute Affection, is a nation-wide program launched by the Govt of India to promote breastfeeding. This program is being run by the Public Health Department of Maharashtra supported by the RJMCHN Mission. MAA used the *kirtankars* to pass on the message about first 1000 days of life of a child and the importance of breastfeeding, complementary feeding and care of mother and child to communities.

Kirtankars are narrators of '*kirtans and abhangs'* (devotional songs) based on ancient scriptures and mythologies.

A 36-page booklet with the texts of *abhangs* (devotional poetry) and passages by such sage as Dyaneshwar, Tukaram, Ramdas, Mutkabai, Namdev and Tukdoji among others is provided to the *kirtankars*.

Mr. Pandurang Sudame, a UNICEF consultant from Aurangabad introduced the practice to the workshop participants. A video showed *Kirtankars* and narrators using traditional devotional songs and ballads from the Bhagavad Gita to send messages to combat malnutrition and maternal mortality. The *Kirtankars* focused on imparting knowledge about the importance of the first 1000 days of life – from conception up to two years.

Module 3: Developing an Action Plan for *Jan Andolan* for the State of Maharashtra

Nutrition-related social and behavioral change communications (SBCC) is a set of interventions that combines a variety of communication and mobilization strategies such as interpersonal communication, social change and community mobilization activities, mass media and advocacy to advance the cause of nutrition.

The guiding principles for SBCC are:

i) Individuals usually act in the context of families, groups, institutions, communities, and countries. Behaviors should be promoted through multiple approaches, at multiple levels and contact points.

ii) To adopt and maintain a given behavior, most individuals need more than information. They may also require supportive social norms, skills, self-efficacy, environmental support and access to services and nutrition-related resources.

iii) Most nutrition behaviors are habitual calling for either initiating new behaviors or reinforcing current behaviors if they are healthy.

iv) SBCC interventions need to be customized for different population groups.

Caselet 3:

Mr. Digvijay Shinde, a UNICEF-CTARA Fellow and a graduate of IIT Bombay, along with Mrs. Mayuri Karpe, CDPO Wada district, talked about "VajanThyohar – Talasari," current practice in the Palghar district. This project was a collaboration between Larsen and Tubro PCT, UNICEF, IIT-Bombay, J. V. Gokal Charitable Trust, ICDS Palghar and Chandrabhag Sharma College of Arts, Science and Commerce. The objective of this project was to guide, complement and equitably distribute incoming resources within the district. The main elements of the intervention used Data Analysis, Geographical Information Systems (GIS) Mapping and Interventions. Accurate anthropometric data provided by ICDS are analyzed to determine the severity and prevalence of malnutrition. These data are then mapped with GIS to locate the areas and districts and categorize them based on the severity of malnutrition. The interventions then could be focused on these GIS located areas.

SECTION 4: RECOMMENDATIONS FOR AN ACTION PLAN ON JAN ANDOLAN

Inputs from working groups

The discussions, drawing from the lectures, were detailed and rich and are summarized in the Appendix. To guide the development of a draft action plan for *Jan Andolan*, we also sought inputs using the conceptual framework shared by NITI Aayog during the course of the workshop. The framework listed major nutrition interventions on health behaviors against various actionable domains like "Frequency", "Responsibility", "Mediums" and "Messages" across the "General Public", "Target Beneficiary" and Frontline Worker". Detailed inputs sought on the Action Plan framework across the three working groups are attached in appendix as well.

Summary Recommendations

As a follow-up to the workshop, we offer recommendations drawing from health communication research, social movements (*Jan Andolan*) and workshop discussions.

*Three broad **strategies** drive the next steps for an Action Plan for Jan Andolan:*

1. How do we mobilize the society to act against malnutrition in the immediate terms at a collective level?
2. How do we change behavior at the individual level through increasing knowledge, change attitudes and promote self-efficacy at the individual, interpersonal and family level?
3. How do we develop evidence-based communications and know that our strategies are working to reduce malnutrition?

In the first two tables below, we identify the **specific target audience/s** that should be the focus of the communication campaign, **messaging strategy**, the potential **media or platforms** to use and the **responsible stakeholders**. These recommendations are meant to be illustrative and not exhaustive. It also must be noted that we are assuming that communication campaigns will be simultaneous with other policy actions that promote access to healthy nutrition and delivery of health services especially to the vulnerable.

STRATEGY 1: How do we mobilize the society to act against malnutrition in the immediate terms?

Audience	Message	Platforms/Media	Responsible Stakeholders
Society; all of Maharashtra. Problem to be addressed here is that not everyone sees malnutrition is a problem that requires immediate action. The goal is to generate support for action across all groups and sections of the state.	• Urgency for action • Consequences of malnutrition are faced by all • Requires use of emotions to generate empathy and make the issue resonant • Material developed should have the *consistent message* of *urgency for action* and *collective responsibility* • Draw attention to the brand	• Mass media (news, social media, advertising through campaigns, mobilization strategies including working with champions – people who have credibility and who can connect different groups) • Require champions and spokespersons with credibility and visibility. The champions should be identified across all levels: State, district and village levels. • To be used across all platforms and media: Media –mass, social	• State-level: GOM for leading the mass media campaign. May coordinate with other national and international NGOs such as UNICEF • District level and village level bodies including panchayats. • Using existing platforms such as Self-help groups • Media/advertising could contribute as a part of CSR efforts

		and news media; public events to attract attention	

STRATEGY 2: How do we change behavior at the individual level through increasing knowledge, changing attitudes, promote self-efficacy and inculcating skills?

Audience	Message	Platforms/Media	Responsible Stakeholders
• Geography: High risk areas in Maharashtra • Demographics: Women and Children • Specific target audience: Potentially vulnerable and currently suffering from malnutrition • Secondary audience: Family members; vital to include other sources of influence in the family (e.g. men; in-laws)	• Knowledge: causes and consequences of malnutrition • Beliefs and attitudes: including myths about what is healthy or how to raise a child; who they should go to for advice etc. • Self-efficacy: confidence in acting on eating healthy food • Skills: often, people are aware of the problem but may not have the skills	• Potentially district level media especially radio • Social networks • Social media • Existing social groups and platforms such as Self-help groups • Community health educators (ASHAs and Aanganwadi workers) • Health care providers • Other possible sources: may include role models with credibility such as teachers	• State-level: GOM; UNICEF • District-level: Health care providers; Government agencies and officers • Village level: governing bodies such as Gram panchayats

STRATEGY 3: How do we develop evidence-based communications and know that our strategies are working to reduce malnutrition?

Goal	Strategy	Responsible Stakeholders
• Research to develop communication material: honing on appropriate frames and other messaging strategies (stories/songs etc.) • Evaluate material to ensure that it is working as intended	• Focus groups • Small group experiments	• Overall support o GOM o UNICEF • Research Agencies • Academics/Researchers
• Baseline assessment of outcomes o Awareness of *Jan Andolan* o Support for action o Knowledge o Beliefs and attitudes o Self-efficacy o Skills o Eating Behavior	• Surveys • Field experiments	• Research Agencies • Academics / Researchers
• Process Evaluation: ensure that the campaign is on target by focusing on markers such as name recognition of the NNM o Participation in *Jan Andolan*-related events o Following communication messages	• Surveys • Media coverage • Social media analyses	• Research Agencies • Academics / Researchers

• Outcome Evaluation: Assess the success of the efforts for continuous refinement o Awareness of *Jan Andolan* o Support for action o Knowledge o Beliefs and attitudes o Self-efficacy o Skills o Eating Behavior	• Surveys • Media coverage • Social media analyses	• Overall support o GOM o UNICEF • Research Agencies • Academics/Researchers

ANNEXURE 1

Selected References

1. Ministry of Women and Child Development, Government of India. *Jan Andolan Guidelines: Poshan Abhiyan*. 2018.

2. de Onis M, Bloessner M, Borghi E. Prevalence and trends of stunting among pre-school children, 1990–2020. Public Health Nutrition, 2012, 15:142–148

3.. James Sallis and Neville Owen, “Ecological Models of Health Behavior.” In Glanz K, Rimer B, Viswanath K, editors. *Health behavior: Theory, Research, and Practice*. 5th ed. San Francisco: Jossey-Bass; 2015.

4.. Obregón, R., & Waisbord, S. (2010). The complexity of social mobilization in health communication: top-down and bottom-up experiences in polio eradication. *Journal of health Communication*, *15*(S1), 25-47.

ANNEXURE 2

Poshan Abhiyan as a platform to address malnutrition: Summary of Discussion from the Working Groups

The participants in the workshop were grouped as per their organizational affiliation to address effective ways of using Poshan Abhiyan to address malnutrition. Three working groups were formed: government, academia and development agencies, and civil society and media. The discussions were led by the moderators and transcribed by rapporteurs.

Module 1: Problem Statement

How can we address the principal factors that influence malnutrition and the resulting health outcomes through _Poshan Abhiyaan?_ What are the applications to _Jan Andolan_?

WG 1: Government

1. *Gram Panchayat* as the center of the social-ecological model.
2. Training and Capacity building of *Gram Panchayat members* and communities for budget allocation and expenditure analysis for women and children. This training will capacitate communities and GP members in making informed choices towards budget allocation and expenditure on *Jan Andolan* activities. This will both help create awareness about people's rights to funds and promote accountability towards judicious allocation of resources for *Jan Andolan*.
3. Community led microplanning of village resource activity would assist in identifying the status of existing resources and its gaps. This process not only supports in resource mapping but also generates social capital among communities that influence the conditions of their village
4. Involvement of community groups like Tarun Mandal (peer groups led by boys, fathers and grandfathers) can be used to increase the participation of male members of the society in promoting *Jan Andolan.*
5. Promoting community-based events like celebration of children's health in potluck or *"Dabba" party.*
6. Promotion of home-based growth monitoring.
7. Experimenting with other media such as movies.

WG 2: Academia & Development Agencies

1. Policies must be contextualized for the rural and tribal settings that have the highest burden of malnutrition.
2. The content in a message should be clear and specific and nutrition should be defined beyond feeding.
3. Target segmentation, different groups where members within groups share

certain commonalties, should be used in strategic communications.

4. Conduct field testing of messages before they are officially adopted.
5. The role of Academia – academia can provide and add credibility to research and information, provide student resources for survey and research and create knowledge modules, which the government can take forward.
6. Application of technology for improved nutrition-seeking behaviors.

WG 3: Civil Society and Media

1. National Nutrition Mission should focus on the communities for communicating the importance of nutrition seeking behaviors
2. Every agency delivers services differently, and there is poor coordination among them. They do not share administrative information or data with each other. Thus, collaboration in programs and agencies is very important.
3. Various activities such as “growth monitoring” can be made “home-based”.
4. Accountability at all levels of the socio-ecological model must be present. The reason why the Pulse Polio campaign became successful was the level of accountability it demanded. Nutrition programs do not have such accountability.
5. Individual messaging exists, yet secondary and tertiary messaging is missing. To create an enabling environment, key decision makers like husbands, mothers-in-law, and grandparents should be targeted. Various religious leaders and preachers should also be targeted.
6. Social movements should be bottom up. Members of the community should talk to their fellow community members. This is perceived better than a third person telling them what to do. A trigger, outside the system, out of the family but within in the community, like a network of volunteers, should be created.
7. Promoting the *Anganwadi* as “It is YOUR *Anganwadi”* gives the community a sense of it being their own.
8. There are many champions of change within the Anganwadi workers at the ground level. They are unsung heroes who should be highlighted and encouraged to share their success stories.
9. Agendas and programs should be made along with the Gram *Sabhas* in order to get their support.
10. There needs to be zero tolerance for any single case of malnourishment.

Module 2: Problem Statement

How do we want to construct stories to promote *Jan Andolan?*- "It is not just what you say but also how you say it."

WG 1: Government

1. Promoting Positive Messaging such as *"Apla Gao apla vikas"* for *Jan Andolan*
2. Linking scientific messaging with cultural practices
3. Promotion of messaging for *Jan Andolan* through traditional practices and practitioners for community mobilization such as the *Kirtankars, Prabhat Pheris, Ganpati festival, Gopal Pamgata, Mata Baithak.* and events such as competitions for cooking local grains and wild vegetables like *Ran Bhaja*.
4. Messaging to focus on the shared burden or *Suposhan* for the entire family and their well being
5. Converting *Jan Andolan* into a movement led by the youth for sustained impact at the community level. Organizing a month-long, *Jan Andola Mela* (community festival for *Jan Andolan*) led by the youth volunteers and supported by ICDS functionaries. This can be done in conjunction with the breastfeeding week.
6. Using local innovations like "fist full of grains", *Akshay Patra, Matka* Fridge
7. Bringing out a newsletter on best nutrition practices and success stories from the field.
8. Capacity building of program functionaries through Incremental Learning Approach (ILA) courses.

WG 2: Academia & Development Agencies

1) Launching the *Jan Andolan* Campaign with a big media coverage and outreach.
2) Have a state-wide brand ambassador for *Poshan Abhiyaan*.
3) Learning from various successful models like *Kirtankars* who sing and teach the importance of breastfeeding using cultural practices and other advertisements like Lifebuoy which have promoted healthy behaviors like hand-washing.
4) Other examples of successful local innovations which can be scaled up include "Luck Lucky Iron Fish," used in cooking to treat anemic populations, "*Super Amma,"* hand washing campaign and "Change4Life," target segmentation for childhood obesity.
5) Teaching specially curated cooking modules in schools. If the children like the food/recipe, they will want the mother to make it at home.
6) Observe and interact with tribal communities. Study them to see how they solve this problem of malnutrition and what can be culturally contextualized.
7) Convergence of CSR related projects on Nutrition.
8) Encourage male participation in household chores in order to take some

burden off the mothers.

9) Identify and educate people about the difference between diet and nutrition

WG 3: Civil Society and Media

1) Avoid confused or mixed messaging. Instead, focus on single and consistent messages.
2) The messages must be repeated to reinforce the content. The sustained messaging in the *Jeevika* program for exclusive breastfeeding serves as a great example here.
3) Use affirmative messages such as "your child can improve" instead of saying "your child is malnourished." Along with the messages, give solutions for the problems. The shift in the communication of the HIV program from its negative, loss-oriented frames to more positive, gain-focused messaging, specifically around the "gaining of life" after the introduction of antiretroviral therapy (ART), is a good example.
4) The messages can be made tangible by linking nutrition with broader aspirations such as Education (schooling). Thus, connect it to school-going, healthy, intelligent children. Quotes like *"Accha khana = hoshiyar bal"* have been used. The focus of child development can also be shifted to physical *and* mental health.
5) Customize messaging as per surroundings and community requirements. A good example of dialogue-based communication at the interpersonal level is the different color boxes prepared by *Anganwadi* workers for interaction with and educating the mothers.
6) Formulating characters is another way of presenting messages, eg. *"Meena-Raju"* advertisements used by UNICEF to promote gender equality
7) Field stories are more effective in communicating the message as opposed to designed advertisements.
8) People underestimate the understanding of scientific explanations by target audience. Respecting the intellect of the target audience & explaining concepts scientifically invokes responses from the target audience and promotes interactions, even with children.
9) Local innovations from community should be highlighted. Change agents must be used to promote positive behavior. The intervention should aim to create a chain reaction within the community such that if one person implements it and gets positive results, others will follow suit.
10) Instead of using the broadcast media to send common messages, use it to recognize and reward good performance of *Anganwadis* and examples of community mobilization for nutrition, e.g., recognition of high performing *Anganwadi* workers on the radio in Karnataka.
11) The messages should be contextual. E.g., In some areas, the *chulha* (stove) is lit only in the morning. In the evening, not all adults and children are expected to eat anything. Here, such local practices need to be factored in for correct messaging at the ground level. Various topics like "diversity in diet", "minimal acceptable diet" and "complementary diet" also need to be communicated.

12) Biggest gap areas are in the “why” rather than “what”. The frontline workers usually know what messages need to be communicated, however, not many know the reasons behind them. They should be made to understand the “whys” and be able to explain that to the community members.
13) A UNICEF study in Nandurbar showed that the mothers satisfied the hunger of children but the food was not necessarily nutritious. On an average, a mother in Mumbai and Ahmednagar spent Rs. 15-20 per day per child and Rs. 10-12 per day per child respectively, to feed her children. Nutritional Recipe books can be developed using local ingredients. Also, we need to push back from processed to nutritious foods.
14) The community should not misconstrue *Jan Andolan* as “Now it is your problem, you handle it.” Instead a sense of ownership should be developed.

Problem Statement: Module 3

To guide the development of a draft action plan for *Jan Andolan*, we sought input using the conceptual framework shared by NITI Aayog during the course of the workshop. The framework listed major nutrition interventions on health behaviors against various actionable domains like “Frequency”, “Responsibility”, “Mediums” and “Messages” across the “General Public”, “Target Beneficiary” and Frontline Worker”.

	Target Audience	Message	Mediums/ Channels	Frequency	Responsibility
Breastfeeding	Pregnant & Lactating Mothers, Fathers, MIL/FIL, Self-Help Groups, Tribals	First Feed, Addressing arriers to Breastfeeding, Myths around Breastfeeding, Pre Lacteal Feeds, Shared Responisibility Messages from MCP Card	MCTS, Home Based Counselling (ASHA), Radio/TV, Self Help Groups, Reminders at the Health Facilities, Mobile Messages (Pictorial), Place of work, Hirkani Kaksh	Every Month, Every ANC check-up from 3rd trimester, Monthly home visits by AWW/ ASHA, Monthly VHND, Weekly by ICDS along with growth monitoring	ICDS, Public Health Department, Zila Parishat, Urban Local Bodies
Complementary Feeding	P/L Mothers, Adolescent Girls, Mothers Groups, Triple A Supervisi-ors (ASHAs, ANM, AWWs), School Teachers	Time if initiation is after 6 months, Frequency - 2/3 times a day, Diversity - cereal, pulses, vegetables and fruit, Hygiene, Quality	Demonstration and Home Visits, Customs/Festivals (Gopal Pangat, Dabba Party and Nutrition Week), Marathi Plays and Serials	Every month during VHND, ICDS weely growth monitoring	ICDS, PHD, Food and Nutrition Board
Vitamin A and IFA Supplementation for Children	Mothers of children (6months-5years), Mothers Commities, School Teachers, Triple A Supervisor	Health Hazards of Vitamin A deficiency, Consuming colored vegeta-bles and local foods which are rich in Vitamin A, Green and leafy vegetables for IFA supplementation	Radio Jingles, SMS Reminders	IPC during home visits, Upto first 5 years	ICDS, PHD, RDD, Food and nutrition board, Medical Officers
De-worming for 1-19 years	Schools, Youth Groups, GP and chemists, ANC women, Decision makers of the family (MIL/ FIL/Fathers)	Biannual de-worming can prevent anaemia, Vitamin A deficien-cy in children	Earmark 2 days in a year which are promoted, Activities of children and parents (entertain-ment activities), Community based messaging	Biannually 6 months before and after monsoons	Family, School, ICDS

	Target Audience	Message	Mediums/ Channels	Frequency	Responsibility
Iron and Folic Acid and Calcium Supplementation for Mothers and Adolescents	Women in Reproductive Age Group (Universal Message), Maitri Clinic, Adolescent counsellors, Decision makers of the family (MIL/ FIL/Fathers)	Media awareness - radio, local skits, songs IPC for counselling Mother in law on benefits of IFA Use VHND reinforce messages, 1) Strengthening of bones and overall mental and physical health	Earmark 2 days in a year which are promoted (eg- 15/03, 15/09) Activities of children and parents (entertainment activities) Community based messaging	Regular bursts of radio every 3months Religious festivals/ holidays to reinforce message, Anemia Mukt monthly meets	Program officers, ANMs, School (class monitors) Authorities
Growth Monitoring & Promotion	Children 0 -6 years, AWW, Social Audits (SHGs, PRIs)	Affirmative messaging eg - Badta bachcha badta desh	Technology based devices Periodic Physical Evaluation	Monthly, and quarterly	ICDS, PHD, Gram Sabha
Managing Diarrhoea with ORS, Zinc Supplementation	Mothers of 0-5 years, Caregivers, Service providers (teachers, private doctors), Urban - Anganwadi Sevika, community health volunters Rural - Triple A Supervisors	Zinc important to reduce intensity/ duration of diarrhoea , Hand hygiene/ water purification	AV - TV /Radio spots, Involve school children, Flash Cards, Flip chart, Folklore and Festivals	Pre-monsoon	Triple A Supervisors, Medical Officers, Water and sanitation department, Family
Food Fortification	Private companies, FDA, VCDC, CTC, NRC	Affirmative messaging eg. - Sahi Khao, Iodine ki sahi matra	Advertisements through mass media	Distribution as per requirement, Preparation on a daily basis	Public Distribution System, FDA, Food and Civil Suppliers

	Target Audience	Message	Mediums/ Channels	Frequency	Responsibility
Management Acute Malnutrition	SAM, MAM, P/L Mothers, Medical Officers, Triple A Supervisor, VCDC, District Hospitals	Get height and weight regularly checked Know your child's nutrition status, ILA message	VCDC, Akshaya Patra, Gopal Pangat	Day - Day monitoring of SAM/MAM Monthly growth monitoring focused during season/post migration	PHC, ICDS, CTC, NRC
Improve Ante-natal Care and Delivery	Young Couples, Pregnant mothers, Midwives, Elderly women	Covering basic minimum ANC care (5 services/visits), Adequate weight gain during pregnancy, Meals/IFA consumption/Rest/ Calcium	Health Booklets (birth prepared-ness), ZPC to mother/ caregivers/birth companion, MCP card	9th of every month (PMMSY), Home visit for high risk pregnancy	ANM, Medical Officers, Referral Transport System