Digital Green's project Samvad on health and nutrition communication has been successfully concluded and had several programmatic learnings. Here in this document, the project attempted to document some of that learnings. As the project spans across six states of India – including Assam, Bihar, Chhattisgarh, Jharkhand, Odisha and Uttarakhand, there are some of the learnings which are common across these geographies but some of the learning are region specific. The project was rolled out in September 2015 to be concluded in September 2021. Collation of lessons learnt is vital for project management as it feeds in its quality improvement. The lessons learned in the Samvad project were integral as it engaged into structured evaluation and unstructured discourses on project's successes and failures with the stakeholders at different levels. The purpose of this document is to serve as a reference document for guiding future project formulation and implementation.

The lessons learned will be described in the three main realms of the project-program conception and implementation, monitoring and evaluation and sustainability. The critical analysis should be on the understanding of the reach and mileage using Community Video Approach, WhatsApp and IVRS mode for dissemination and information sharing including localized content production. Monitoring and evaluation and learning through them has been integral part of the Samvad project ascertaining towards the scaling up and sustainability of the project.

A. Program Conception and Implementation

1. Scope of flexibility in Project Design for sustainability without diluting the goals of the project.

One of the intrinsic components of sustainability embedded in the Samvad project has been the state level partners' collaboration. The state NHM has been the implementing partner of the project with Digital Green as the Technical Assistant in all the states barring one. In Odisha, DG collaborated with a CSO, CYSD, to roll out the project. The project altered its course as it aligned with the state's specific requirements and conditions. In almost all the states the project design underwent alterations to leverage better outcomes. In the state of Uttarakhand, the ASHA Facilitators were delegated the task for screening of videos in place of ASHAs as the assigned number of ASHAs by the state NHM proved to be short. In Chhattisgarh, the pico projectors were used to Bastar for Malaria Eradication program by the state NHM. DG allocated a fresh set of pico projectors for the Samvad project to be rolled out in the designated districts.
2. Promote hybrid communication package for optimal outreach and message reinforcements

The Samvad project’s community video screening with the pico projectors was embraced with eagerness by all the states. Both the viewers and the mediators found the approach interesting and beneficial. However, with the restrictions being imposed on gatherings due to COVID-19 pandemic, alternate dissemination channels like WhatsApp and IVRS were introduced. This facilitated the continuity of the communication with the intended beneficiaries. Though the alternative mediums faced few operational challenges in rolling it out, however the evaluation indicated that it did help in reaching community and the intended women audiences with the mediation of the frontline workers to achieve the set goals. It can be asserted that promoting hybrid communication packages is a sensible move towards ensuring a comprehensive and secure mode of communication, complementing the face to face human mediated dissemination with its own merits such as privacy and flexibility at recipients’ end.

3. Locally produced content for amplifying the impact

Communication content which is locally created with use of local language and dialects engaging with local artists is attributed as one of the vital aspects of the success of the Samvad project. Locally produced videos engaging local artists and using local language and dialects struck the chord with the target beneficiaries instantly. The videos in Hindi which were screened in the beginning did not give the mileage in the non-Hindi speaking states like Assam and Odisha. The videos with the local language were found to be more impactful. The local teams were trained in video production and they produced videos with which the target audiences were able to relate with ease. The hyperlocal content did bring in the winning outcomes.

4. Robust capacity building system

The capacity building training programs were conducted at different levels and covered a range of topics including video production, content development and dissemination of videos using pico projectors. These training programs helped create local capacities in producing new videos on subjects aligned with the project or as needed by the local partner. The training programs also brought on to the virtual platforms for providing continuous learning opportunities to the frontline workers thereby enhancing their knowledge base and necessary skill-sets.
5. Human mediated video screening for optimal message internalization

Samvad ensured a mechanism of pre or post dialogue with the targeted audiences in relaying messages. In community video screening the ASHAs engaged in discussion with the women before, during and after the screening to clear the doubts and queries and help them understand the subject. The discussions reinforced the messages by further thawing them out. The WhatsApp messages also had the component of putting up queries to the ASHAs. The process of engaging into discussion about the message enabled in reinforcing and better internalization of messages.

6. Cascading model for the areas with poor health indicators

The districts and blocks in the six states identified for the Samvad project had performed dismally in the RMNCH. Factors like demotivated people harboring misinformation, lacking decision-making authority and clear directions on pursuing medical services for their well-being can be attributed for the dismal performance prevailing in selected geographies. The Samvad project dissemination was rolled out in these selected lagging geographies and gradually scaled up to other locations based on the experiences and local learning and in consultation with the partners. This facilitated robust scaling up.

7. Uniform core messaging for all the states

The content of the videos relayed uniform core messages to all the community members through all the dissemination channels across all the program states. The frontline workers were at ease to dwell on the videos and WhatsApp messages as they were aligned with the health department’s messages on RMNCH. For instance, if the messages related to breastfeeding practices were shared with the target audiences, then the core messages remained the same for all the program areas. This augmented in faster internalization of messages.

8. Simple and user friendly technology

The frontline workers were the most appreciative of the pico projectors and video screening as it aided in easing their burden of work a great deal. They did not need to remember content or look through different pamphlets of flipbooks. The message dissemination was uniform and of high quality covering all the important points in a standardized manner. The portable nature of the projector was also an additional attractive feature. The training and prompt redress of complaints by state partner or DG team in case of dysfunction aided in its smooth adoption by the frontline workers across the program states.
9. Gender Empowerment

One of the serendipity moments in bringing in gender empowerment in the foray has been enabling the men frontline workers to discuss subjects like breast feeding and its significance for the first six months, family planning and its relevance towards better living: methods of advance family planning options with the women in the community. The project engaged with the women in the window of 1000 days. In Bihar Samvad worked with JEEVIKA (State Rural Livelihood Mission) that had male frontline workers and these workers were trained in dissemination of content on agriculture and livelihood. They were extremely uncomfortable dealing with the issues of family planning and conducting discussions on such issues. However, with concerted efforts by the DG team members in training the men frontline workers and also motivating the targeted women in supporting the male frontline workers in discussing all the subjects, eventually led to male frontline workers breaking the gender stereotypes. Furthermore, the men also had access to videos on family planning, nutrition and breast feeding practices shared through WhatsApp. The process was empowering for men to be gender sensitive by being able to break a few gender stereotypes.

10. Emphasis on Formative Research prior to content development

Formative research in public health helps in gaining understanding of the attributes of the people towards a public health issue. The formative research in Samvad helped in hyper localising the content for optimal internalization of the messages relayed through personalized and community based dissemination channels. The hyper localized content facilitated immediate connection with the targeted audience and better internalizations of the messages.

B. Monitoring and Evaluation

DG ensured robust M&E systems for the Samvad project. The M&E tools facilitated in keeping track of the project progression, aided in initiating appropriate improvisations and thereby helped in aligning budgetary allocations. Regular in person monitoring visits were carried out by the DG team and the state partners. The daily reporting systems at the frontline worker level were maintained. The data were collated both at the block and district level which were shared at the state with the DG office. The final data cleaning and analysis were done at the state level. One of the innovative steps taken by DG was to conduct lean surveys in association with the London School of Hygiene and Tropical Medicine (LSHTM) and which helped to track project indicators and guided the program implementation to focus on certain areas which needed emphasis. This also helped to assess the program impact to advocate for the institutionalization of the project's approaches.
1. Lean surveys paved the way for evidence based course corrections for better outcomes

The lean surveys were conducted in association with the LSHTM in all the program areas to help gain understanding of the performance of the Samvad project. The lean survey was carried out by the third party using a robust research mechanism. The research was successful in providing high quality evidence based findings for the Samvad project. The lean survey was one of the key triggers for adding value to the project.

2. Deployment of a government nodal official for smoother facilitation in reporting

In the Samvad project, the reporting was carried out by different officials at different levels. At the field level, the frontline workers were accumulating data and maintaining detailed reports about the video screening sessions and others. The consolidated report was then shared at the block office and there again the reports from all the blocks were collated and shared at district. The process often faced hiccups in timely submission. The delay spanned to two to three months' lag. This discrepancy can be averted by appointing a dedicated official for reporting who will be able to monitor and guide the reporting system. The states like Chattisgarh where the nodal officer was appointed performed better in this respect.

3. Building appropriate application and dashboard for better reporting and M&E management

The manually managed reporting emerged as a bottleneck as the reports were invariably delayed in its completion and sharing at every level. The reports had a fixed path to follow starting from frontline health workers to block office to district and from district to state office to DG. The Calling Online Calling Offline (COCO) generated data along with other reporting. Manual compilation and validation of the reports turned out to be a time taking process especially at the levels from frontline to district. A need for a centralized point for collation of all the data was felt strongly. Appropriate software application and dashboard is envisaged to be aiding in resolving the concern. Orientation and training in acclimatizing with the suggested application usage can be integrated capacity building component of the PIP.
C. Sustainability

The success of the Samvad project was acknowledged by all the state partners. The impact of the communication and the way the communication package developed, local capacities enhanced and continuous handholding provided intervention paved the way for ascertaining the critical role of improving the sustainability of the project. The community video approach and other alternative digital dissemination channels evolved in the projects could bring in ripple effects augmenting its strength and value. All of these together helped improve the buying in of the project and partner's investment in the project.

1. Promoting Convergence of inter-departmental and intra-departmental and between CSOs and Government for scaling up

The Samvad project often faced the bottleneck of delay in decision making at the partner's level in almost all the states. This was especially attributed to the states where there were multiple partners like in Jharkhand the Samvad project was implemented initially with Jharkhand State Livelihood Promotion Society (JSLPS) and thereafter conjoined with State Nutrition Mission and National Health Mission. The transition from one partner to another to continue the project in the same geographies entailed intensive dialogue and repetition of tasks. Presence of robust convergence mechanism would have made the transition smoother. Convergence between departments and organizations enables prompt decision making and thereby aids in maintaining the momentum and quality of the project.

2. Promoting dedicated financial resources for hardware components like pico projectors, video cameras and its maintenance

The community based video approach with the usage of pico projectors have been one of the key highlights of Samvad project. The simple and user-friendly technology was embraced by the frontline workers as the portable device aided in sharing their tasks' burden. The locally developed videos relayed the health messages far more effectively which were developed using video cameras. This investment in procuring the hardware and also ensuring their maintenance by the government will give dividends in the form of better mileage in achieving the desired impact in RMCH health indicators.
3. Promoting dedicated financial resources for capacity building training, motivational honorariums for frontline workers

Capacity building has been one of the critical pillars of the success of the Samvad project. The orientation and training of the frontline workers and other stakeholders' team members at different levels provided the key impetus to the project’s reaching its goals. Capacity building enabled the process of hyperlocal video production, dissemination of videos through pico projectors, with the support of a pool of Master Trainers and trained frontline staff. The sustainability of the project will thereby depend substantially on dedicated financial resources on capacity building and also motivational honorariums to drive the frontline workers to perform optimally.

4. States where the subsidiary or non NHM partners initiated the Samvad performed better in adoption and scaling up.

The Samvad project by virtue of its core principles of SBCC was a direct subject matter of institution like State Health Resource Centre in Chattisgarh, a subsidiary of state NHM. The SHRC embraced the project very promptly and dedicated necessary human and financial resources for its sustainability and scale up. Similarly, in the state of Bihar, the Samvad took off with the Jeevika (State Rural Livelihood Program) and paved the way for successful convergence between ICDS, NHM and INGO, World Vision India. Toeing the same line, in Jharkhand Samvad began with State Rural Livelihood project and eventually roped in state NHM for adopting it. Projects of such nature is an indirect subject matter and a subsidiary department can provide better impetus for its sustainability and scaling up.

5. Popularization of the Samvad project's achievements in myriad government portal for enhancing visibility

Consistent visibility of a programme helps build on the outreach and thereby enhancing the scope of acceptance and eventually sustainability of the project. The state NHM or the assigned partner of DGF can facilitate in amplifying the visibility of the successes of the Samvad project in various digital portals to promote the initiative. The portals of Department of Health and Family Welfare, Department of Agriculture, Department of Panchayati Raj and Department of Urban Development including Smart Cities portals can be leveraged for the promotion. Visibility of the Samvad project in various digital portals of the government will ensure its outreach across all the related departments. Convergence of all the concerned departments eases the effort.
The Samvad project has been successful in achieving its goals across all the six program states with the help of human mediated hybrid digital communication program planning and implementation systems. The rolling out of the project provided many learning opportunities as it navigated unprecedented challenges. The challenges were overcome in varying degrees however the project was able to set the benchmarks in the digital communication in the health arena. The sustainability and scaling up will pave the way for its cementing in near future with the support of Govt, state and other supporting partners.