FORMATIVE ASSESSMENT OF A UNICEF SUPPORTED PHONE CALL-BASED PARENTING (DULAAR)PROGRAMME IN UTTAR PRADESH AND JHARKHAND

FINAL REPORT

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Content

Executive Summary

Dulaar is a digital service that provides information and advice on Early Childhood Development to parents and caregivers of children in the age group 0 to 6 years through an Interactive Voice Response System (IVRS). UNICEF partnered with Dost Learning Foundation to create the *Dulaar* IVRS initiative to demonstrate a phone call-based parenting program to address stress, build resilience and support children's early education and overall development (from birth to 6 years). This program is implemented through state Anganwadi System in UP and by a NGO partner in Jharkhand.

The program is designed with the needs of the caregivers in mind, making it easy to engage with and adopt practices into everyday life. A phone call with a one-minute audio message has been created to reach caregivers with a basic phone and connection. It delivers content on 18 early childhood and caregivers support themes that is informative, fun, simple and inspiring for the caregivers.

It was expected that through this regular and systematic telephonic engagement, parents will understand the importance of early years in the child's development and their role in supporting their child's development. Parents will learn and adopt positive parenting techniques, and as a result will spend more quality time interacting with their young child. They will demonstrate lower stress and higher confidence in their ability to support their child's development and learning. UNICEF commissioned an assessment study in order to explore conditions for effectively scale up the programme in aspirational districts of Uttar Pradesh and Jharkhand.

CMS has conducted an assessment in Ranchi of Jharkhand, Banda and Chitrakoot of Uttar Pradesh. The study assessment has been presented by the set study objectives.

Sample

Dost Foundation and UNICEF handed over to CMS a list of 7514 registered caregivers who completed listening to the calls as on September 2022 from the three survey districts. This list contained phone numbers of caregivers and the age of child for whom registration was done. After several attempts we could identify locations of 3874 caregivers (Ranchi -361, Banda – 2344, Chitrakoot- 1169). Out of this, 2301 were surveyed (Ranchi 301, Banda- 993, Chitrakoot 1007). Also, 127 implementers comprising 20 NGO mobilisers in Jharkhand and 107 AWWs in Uttar Pradesh were interviewed. The study took both qualitative and quantitative approaches to address the research objectives.

Objective 1. Gather evidence on the different ways in which the intervention has addressed the needs of parents and caregivers belonging to different social groups, with a focus on the most marginalized families – the findings need to be derived by sex and social groups, including disability, caste and tribal identity

- → The implementers were given the target of 'registering maximum mothers' for Dulaar. The implementers visited door to door and identified households that have a child between 0-6 years and a basic phone. They helped the caregivers complete the process of registration.
- → Among the survey sample by default, 49 percent were from OBC, 28 percent were from Scheduled Caste and six percent were from Scheduled Tribes (majority in Jharkhand), implying that the most marginalized families were included in the intervention.
- → Among the registered caregivers 68 percent caregivers registered for 0-3 years of child while 32 percent were caregivers of 3-6 years' child.
- → In all, 55 percent caregivers had a boy child while 45 percent were caregivers of girl child.
- → In most of the cases, registration was done without briefing properly about the post registration procedures. There were issues of non-availability of phone or 'no recharge' in the phone that resulted in non-receipt of Dulaar calls. Caregiver lost interest due to an incomplete briefing and complete lack of promotion of Dulaar.
- → The study found that more than 65 percent mothers had direct access to phone. Caregivers were registered mostly in father's phone. Amidst the initial registration confusion majority of the caregivers remained unaware of "what would happen next". As a result, caregivers do not pick up calls, even if they picked up they did not completely listen to it. Few mothers heard the call on their mobile device, some chose to wait till they had access to the registered phone.
- → In some cases, the fathers listened (or did not listen) to the call and the content was passed on later to the mother. A few of them claimed to record the message and play it later, while others claimed to only make a missed call on the same day when the mother is present so they may listen to it together.
- → Average listenership was high among caregivers who registered in their own phones.
- → There were no hands on training for the implementers about what to do in case caregivers misses a call and wants to repeat it. The number of Dulaar calls each week, the length of calls, missed calls, and repeat calls were all unclear.
- → Only a few Jharkhand mobilisers explained that the phone has to be given to the child's mother when the call comes and the AWWs in UP asked fathers to convey the message to the mother of the child. The mothers who did not have access to the phones reported that they were conveyed about the call content afterwards, although it is unclear how frequently this occurred, what was said, and how it was interpreted or perceived.
- → Although 75 percent caregivers said that they registered with Dulaar as they 'needed information' on child development but there were more than half of the respondents who

also said that they registered as the implementers insisted them to do so. Few participants were also threatened that they will be denied of ration if they don't register.

→ Around 60 percent caregivers reported that they expected to get new information and learn new tips of child care and development, and among them 68 percent reported that their expectations were met. Majority of those who claimed that their expectations had not been met were unable to explain what they had anticipated. The rest expected, money, gift or ration from Dulaar which was not received (not part of the program).

→ Pre intervention orientation of caregivers and family members would help in building up the expectation of the community on Dulaar and which will also be easy to measure after the intervention.

→ The responsive caregiving & early learning program of UNICEF comprise simple parenting strategies and engaging at-home activities using available household objects to engage children and curriculum covers all early learning domains that suits caregivers of all backgrounds. The program was designed keeping the needs of the caregivers in mind, making it easy to engage and to adopt practices into everyday life. Dulaar was able to provide the caregivers with information on most of the simple parenting strategies and caregivers reported adopting easy activities to engage with the child.

Objective 2: Explore and draw links (if any) between the intervention and the resulting engagement of parents and caregivers to involve in activities with children, with a focus on play at home, socioemotional development, child protection and creating a safe environment.

→ Before drawing links between intervention and resulting engagement, there is a need to understand the reach of this program. Out of 7514 registered phone numbers of caregivers who had completed listening to Dulaar calls by September 2022, only 52 percent calls matured (3874). The rest 48 percent phone numbers were either unattended, not reachable or were registered as a result of curiosity. After several attempts and visiting 566 villages across three districts, 2301 caregivers were interviewed. An average of 4.1 caregivers were interviewed per location. The coverage of Dulaar is low as compared to the actual number of caregivers for children in 0-6-year group in a given location.

→ Although the implementers reportedly registered 'maximum' caregivers, not all the caregivers received the calls or were engaged. Around 48 percent of respondents perceived that some (25%) of the caregivers of children between the age group of 0-6 years in their community have registered for Dulaar. Around 55 percent implementers perceived that half of the caregivers of 0-6 years have registered in spite of their door to door drives.

→ This was due to the fact that follow up visits to check if caregivers were continuing to receive calls and are applying what they have learned in their daily lives were rarely conducted. This interface needed to be better build in the program design.

- → **Engagement**: About half of the registered caregivers reported routinely hearing the calls and only 13 percent said they listened to all Dulaar's calls.
- → During training, the implementers received a brief introduction to the Dulaar content. Only those who registered had the option of listening to every call, albeit they also hardly ever did.
- → Both the caregivers and implementers felt that lack of promotional activities and opportunity to explain the intervention, ignorance about the benefits and process of Dulaar program among caregivers resulted in their lack of interest, irregular listening among caregivers, drop outs and non-completion of calls.
- → The selection of time slot for receiving Dulaar calls during onboarding was based on the options available, implementer's preference and caregiver's convenience i.e., when they are comparatively free. Since majority were registered in the fathers mobile, listening to calls was irregular as they phone was inaccessible.
- → They found the language easy, felt that the length of the calls was okay and the content was credible and relevant yet the attachment to calls was not as much as was desired.
- → As a result of the exposure, **86.4 percent** of caregivers **recalled** on an average **1.9 messages** from 16 themes of Dulaar. 'Talk and Play' was mostly recalled followed by 'Nutrition'.
- → Almost **52 percent** caregivers said that they gained new information which were spread across 16 themes of Dulaar. Maximum information gain was under 'talk and play' followed by 'nutrition' and 'screen time management'.
- → IPC on Dulaar was **low at 30 percent** indicating non interest on the intervention. This was corroborated by the implementers. These would improve once the caregivers are made aware about overall Dulaar program and its significance.
- → Around **half** of the **caregivers** applied tips like storytelling and doing activities with their child to teach them colour, vegetables and paid attention during meal time.
- → **Only 32 percent took actions** like following the advice/tips given in the calls, mobilizing family members to follow and mobilized other caregivers to get registered.
- → **Only 35.5 percent intends to act** in future through following the tips and registering for their child.
- → Changes observed in children and in the relationship between the child and caregivers as a result of applying tips was reported by 50 percent. More than 60 percent reported observing change in their own self. Around 45 percent made certain changes in the household environment.
- → All these changes revolved around spending more time with child, being patient, being polite and affectionate and reducing fights or arguments in front of their child. The implementers too reported noticing such changes.
- → An analysis of impact of Dulaar by average listenership data shows that impact of intervention is more among the caregivers with higher level of listenership.

→ Further, analysis by the profile of the caregivers indicate that literate caregivers were more likely to show impact of Dulaar than the illiterate counterparts. The general category caregivers showed more impact in most of these criteria and scheduled tribes showed the least in most of the cases, when this data was cross tabulated by caste categories.

Table : Impact by Criteria	Average Listenership			Education		Caste			
Ranges/groups	0-25%	25-50%	>50%	Literate	Illiterate	Gen	SC	ST	OBC
Message Recall (n=1989)	73.5	84.9	**88.3**	**87.7**	77.7	85.3	84	79.7	**89.1**
New information gained (n=1189)	39.1	47.5	**54.8**	**53.4**	39.9	**55.0**	46.3	49.7	53.8
Applied tips (n=1262)	44.9	52.1	**57.1**	**56.8**	41.6	56.1	**56.7**	38.5	55.5
Change in child (n=1242)	46.4	49.1	**57.0**	**56.1**	39.2	**56.3**	51.2	49.7	55.3
Change in relation with child (n=1288)	50.0	50.7	**59.0**	**57.9**	43.0	55.3	52.3	**65.7**	57.1
Change in child & parent relation (n=1032)	39.1	40.8	**47.3**	**46.5**	33.3	**47.0**	42.4	43.4	45.7
Change in yourself (n=1477)	54.3	57.3	**66.3**	**64.6**	50.9	62.5	62.6	**66.4**	62.7
Change in your HH environment (n=1038)	32.6	42.7	**47.4**	**46.5**	35.4	**47.5**	46.2	30.1	45.6
Action Taken (n=740)	25.4	28.9	**34.3**	**33.8**	21.0	**36.7**	31.9	20.3	32.3
Intend to take action (n=841)	29.7	33.7	**38.5**	**38.1**	25.8	**42.9**	37.8	21.0	35.6

→ Learnings from Dulaar impacted implementers work and their behaviour. New learnings under nine themes revolved around teaching through art and activities, managing child's behaviors, avoiding mobile/TV, creating a healthy environment at home, dealing patiently with child and managing household work along with engaging child. AWWs reportedly incorporated some or the other activity in their routine work and taught children at AWC.

Objective 3: Examine the challenges faced by parents and caregivers in understanding and engaging with their children

→ Majority caregivers did not face challenges in on boarding, technical challenges, in understanding of Dulaar calls and implementing them or implementing tips in the household. Those who had, also had solutions to it. However, involved mothers felt and asked for counselling of family members for better implementation of Dulaar activities.

→ The network issues were partially sorted with the help of UNICEF but there are still some issues beyond the scope of the intervention. There are other challenges like fear of fraud call, language and registering 2 children from two age groups through the same mobile number that can be resolved.

→ When met with challenges like network issues the implementers did address the issue, but a follow up of whether caregivers are regularly listening to the calls and applying the new learnings in their lives was not in their scope of work. This needs to be included in the training of the implementers.

Objective 4: Explore differences (if any) in the adoption of child-friendly behaviours by parents and caregivers by gender of the child

→ The changes that resulted from the application of tips and activities taken up by the caregivers was cross tabulated with the sex of the child for whom they had registered. This was proportional to the sample of caregivers of boys and girls who participated in the survey.

→ A cross tabulation of boy's families who reported changes by total boy's family interviewed and of girl's family by total girl's family interviewed reflects that there were no apparent differences in adoption of child- friendly behaviour by caregivers by the sex of the child.

Table: Differences in adoption	Adoption among families of	
	Boy's	Girl's
Message Recall (n=1989)	86.5	86.3
New information (n=1189)	51.6	51.7
Applied tips (n=1262)	54.9	54.8
Changes in child (n=1242)	53.0	55.1
Change in relationship with child (n=1288)	55.5	56.6
Change in child & parent relationship (n=1032)	44.3	45.6
Change in yourself (n=1477)	61.4	64.6
Change in your HH environment (n=1038)	45.4	44.8
Action Taken (n=740)	33.2	30.9
Intend to take action (n=841)	36.9	36.1

Objective 5: Explore any other approaches to the current implementation modality for scale up in additional districts

→ For better impact everyone wanted more information about Dulaar and promotion of Dulaar in their area and how it is going to be beneficial.

→ The change or revision in the roles of implementers was around detailed trainings where they are oriented about the content and benefits of Dulaar so that they can play their role more efficiently, and even incentives can be provided to better execute this extra piece of work for Dulaar.

→ Promotion of Dulaar through IEC material, door to door visits and meetings involving village influencers; support from departmental officers; monetary/non-monetary incentives for caregivers were listed to help in better reach of Dulaar program. The other doable options for better reach are – having more time slots specifically in the evening for Dulaar calls, simpler registration process, age specific content, exit options, re-registration options, video format of Dulaar.

Objective 6: Provide recommendations pertaining to the duration, frequency and content of the calls based on caregiver and child profiles for further adaptation

The assessment findings point towards requirement of some adjustments at three levels for better reach and impact on the caregivers- i) Technical, ii) Training, and iii) Implementation.

◈ Technical

- → All content needs to be made available for implementers
- → The most recalled theme was Talk & Play which was the first theme in Dulaar. The next one was nutrition which has familiar content. The least recalled ones are parental wellbeing, learning, good touch bad touch and physical development which are placed towards the end of the theme list. Reshuffling and rotating call themes for a better distribution across 9 months would have better recall.
- → Allowing registering of two children in different age group from one phone.
- → More time slots, specifically in the evening has to be allotted. What to do in case one wants to change the time, what to do if wants to discontinue needs to be worked out.
- → Repeating information like number of calls in a week, what to be done if one has missed a call, upcoming themes.
- → Introducing the topic in the beginning of the call.
- → Network issues are beyond the purview of this intervention and needs to be considered.

◈ Training of implementers

- → Make Dulaar briefing a part of refresher training of the frontline functionaries.
- → The implementers should be briefed about
  - **Roles and responsibilities,**
  - **Pre-registration Promotion** Dulaar content, benefits, target audience, process of registration, why selection of time is critical
  - **Process of Registration-**How to register, trouble shooting
  - **Post Registration works:** Selection of time, why is selection of time important, what to expect after registration, number of calls per week, call duration, duration of intervention, what to do when missed a call, what to do when want to repeat calls
  - **New task of maintaining** a list of caregivers registered from the village with their phone numbers
  - **Possible technical issues** – how to solve them.
  - **Follow ups** and some discussion during immunization day, ration distribution, mother's meeting etc.
  - **Incentives** if any.

During the training – hand over print materials with registration phone number, steps to follow, repeat calls, missed calls, benefits for distribution in the community

Implementation

- **Promotional activity:** Promote Dulaar in the community, involving Pradhan, AWW, ANM and any other influencers, involve family members before the registration begins.
- **Distribute print materials –** About Dulaar to take back home.
- **Registration and briefing the caregivers** (as explained above).
- **Post Registration works:** mobile number, Dulaar content, target audience, benefits, call duration in minutes and for how many days/months, number of calls per week, missed calls, repeat calls, selection of time, why is selection of time important.
- **Who to go to in case of technical issues**
- **Possible technical issues** – how to solve them.

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CHAPTER 1: INTRODUCTION

1.1 Background

Nearly 250 million children in low-income and middle-income countries (LMICs) are estimated to be at risk of not reaching their developmental potential[1] which is mainly due to early adversities that includes insufficient protection, responsive care and learning opportunities along with poverty, poor health and nutrition.[2] Responsive caregiving is a powerful practice that supports child's development as it is found to be closely related to the improvement in child's physical, cognitive and psychosocial health.[3] Parents are the primary caregivers and responsive parent–child relationships along with parental support for learning during the earliest years of life are crucial for promoting early child development (ECD)[4].

Studies have demonstrated the effectiveness of parenting programs on caregivers' ability to provide positive and responsive care to the child during early years of childhood development. One such study conducted in rural India looked at the effectiveness of 200 parenting sessions on home environment, mother-child interaction and development outcomes. The findings of the study indicated that caregivers with improved knowledge and skills about nutrition; shelter and care; play and simulation for responsive parenting were significantly more in the intervention arm than in the control arm[5] .

India had 1.2 billion mobile subscribers in 2021[6]. With ever growing mobile users, mobile based technology offers immense reach potential and may turn out to be a crucial strategy towards achieving program goals. In low resource setting where people frequently lack access to high-quality health information, mobile phones are increasingly being utilized to transmit health information directly to beneficiaries.[7] MomConnect initiative in South Africa[8]; 'APONJON by

1 Lu C, Black MM, Richter LM. Risk of poor development in young children in low-income and middle-income countries: an estimation and analysis at the global, regional, and country level. Lancet Glob Health. 2016; 4:e916–e922.

2 Trude, A. C. B., Richter, L. M., Behrman, J. R., Stein, A. D., Menezes, A. M. B., & Black, M. M. (2021). Effects of responsive caregiving and learning opportunities during pre-school ages on the association of early adversities and adolescent human capital: an analysis of birth cohorts in two middle-income countries. The Lancet Child &Amp; Adolescent Health, 5(1), 37–46. https://doi.org/10.1016/s2352-4642(20)30309-6

3 Wang, K., Qi, Y., Wei, Q., Shi, Y., Zhang, Y., & Shi, H. (2022). Responsive Caregiving and Opportunities for Early Learning Associated With Infant Development: Results From a Prospective Birth Cohort in China. Frontiers in Paediatrics, 10. https://doi.org/10.3389/fped.2022.857107

4 Jeong, J., Franchett, E. E., Ramos de Oliveira, C. V., Rehmani, K., & Yousafzai, A. K. (2021). Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis. PLOS Medicine, 18(5), e1003602. https://doi.org/10.1371/journal.pmed.1003602

5 Gaidhane, A., Telrandhe, S., Holding, P., Patil, M., Kogade, P., Jadhav, N., Khatib, M. N., & Zahiruddin, Q. S. (2022). Effectiveness of family-centred program for enhancing competencies of responsive parenting among caregivers for early childhood development in rural India. Acta Psychologica, 229, 103669. https://doi.org/10.1016/j.actpsy.2022.103669

6 https://www.business-standard.com/article/current-affairs/india-to-have-1-billion-smartphone-users-by-2026-deloitte-report-122022200996_1.html

7 Bashingwa JJH, Mohan D, Chamberlain S Kilkari Impact Evaluation Team, et al, Assessing exposure to Kilkari: a big data analysis of a large maternal mobile messaging service across 13 states in India BMJ Global Health 2021;6:e005213.

8 Barron, P., Pillay, Y., Fernandes, A. et al. The MomConnect mHealth initiative in South Africa: Early impact on the supply side of MCH services. J Public Health Pol 37 (Suppl 2), 201–212 (2016). https://doi.org/10.1057/s41271-016-0015-2

Mobile Alliance for Maternal Action in Bangladesh[9]; Kilkari- an Interactive Voice Response System initiative implemented in India[10] are a few mobile based health programs that have delivered maternal and child health related information directly to pregnant women or new mothers thereby making health information easily accessible.

Interactive voice response system is a mobile based technology that does not require internet connection and a smartphone and works well for individuals with basic phone and literacy. *Dulaar* is a digital service that provides information and advice on Early Childhood Development to parents and caregivers of children in the age group 0 to 6 years through an Interactive Voice Response System (IVRS). UNICEF partnered with Dost Learning Foundation to create the *Dulaar* IVRS initiative to demonstrate a phone call-based parenting program to address stress, build resilience and support children's early education and overall development (from birth to 6 years) and is implemented through state Anganwadi System in UP and by a NGO partner in Jharkhand.

Dulaar Program delivers guidance through messages based on different themes to assist parents to ensure the development and overall growth of their child. Since the first six years of life are the most crucial, *Dulaar* Program emphasizes the significance of these years in early childhood development and the influence they have on later life.

Dulaar is based on UNICEF's 'Nurturing Care Framework'.[11] The responsive caregiving & early learning program comprise – a) simple parenting strategies and engaging at-home activities that are suited for parents of all literacy and income levels; b) creative activities using already available household objects engage children productively at home; and c) the curriculum covers all early learning domains - literacy, numeracy, cognitive and socio-emotional development, executive functioning.

The program is designed with the needs of the caregivers in mind, making it easy to engage with and adopt practices into everyday life. Three characteristics of Dulaar program are that it is simple and easy, it is evidence based and it is scalable. The phone calls are designed to reach

[9] Dnet, and Johns Hopkins University Global mHealth Initiative. (2013). MAMA 'Aponjon' Formative Research Report. https://www.mchip.net/sites/default/files/mchipfiles/Aponjon%20Report_Final.pdf

10 https://www.bbc.co.uk/mediaaction/where-we-work/asia/india/kilkari

[11] To reach their full potential, children need the five inter-related and indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning. In the first years of life, parents, intimate family members and caregivers are the closest to the young child and thus the best providers of Nurturing Care. This is why secure family environments are important for young children. In order to provide caregivers with time and resources to provide nurturing care, policies, services and community supports need to be in place. https://apps.who.int/iris/bitstream/handle/10665/272604/WHO-FWC-MCA-18.02-eng.pdf.

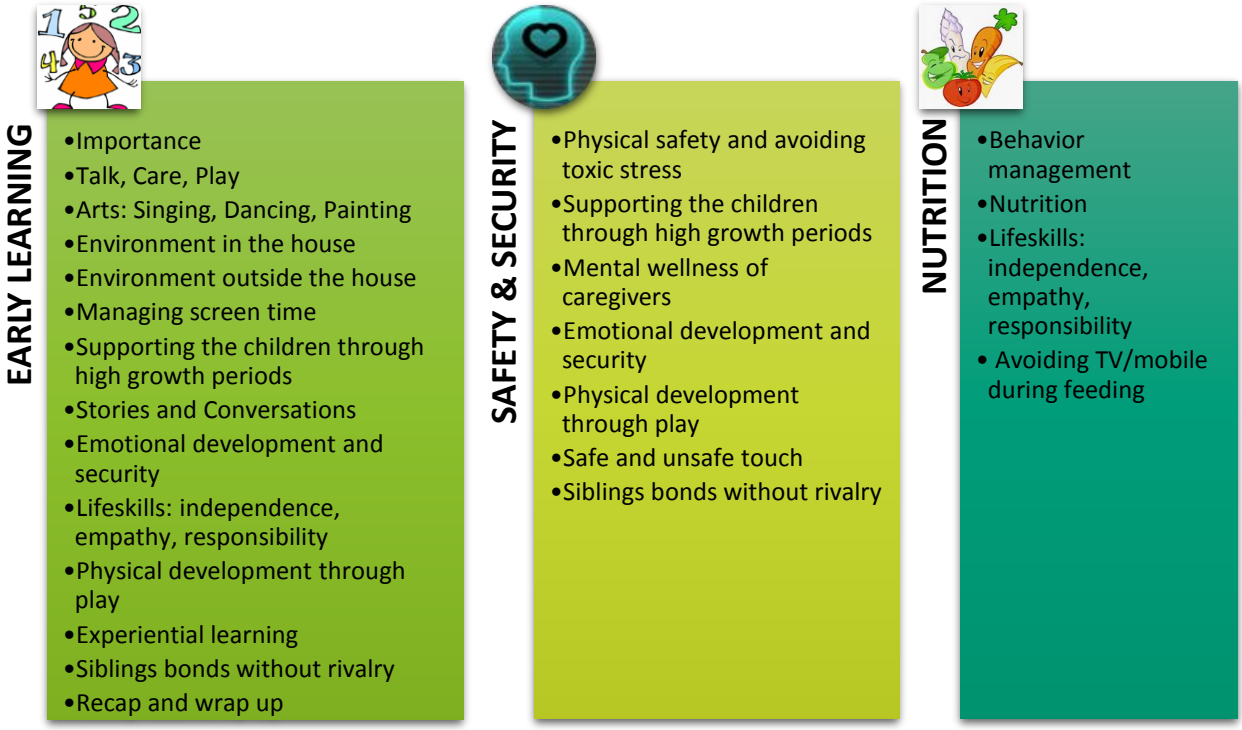
caregivers who may not have a smartphone or a reliable data connection. A simple phone call with a 1-minute audio message is easy to use for a parent with minimal literacy. The phone calls bring content based on decades of research on early childhood and caregiver support into a simple audio message that is not only informative but also fun, easy and inspiring for the caregiver. The one step sign up and the design that fits into caregiver schedule makes onboarding and engagement easy to scale. On registering, the calls build caregiver behaviors over a 6 to 9-month period depending on their pace.

There are 18 thematic modules that impart information on child's nutrition and health; early learning and safety and security. It covers all learning domains like literacy, numeracy, cognitive and socio-emotional development. The information shared is woven with advice tailored to caregivers of children from different age groups (0-3 years and 3-6 years).

The specific methods of responsive caregiving include encouraging a child's behavior with positive emotions and oral statements and providing them with responsive and emotionally supportive interactions.[12] The messages shared in Dulaar calls stress upon the importance of conversation and play in everyday life and how through different activities caregivers can embed it in daily life. Caregivers receive suggestions related to things they can say to a baby while massaging their limb; using art as a medium for learning; managing screen time by involving children in other activities and how they can help child learn about different colors and feel texture of different items around etc. Along with this they also advice caregivers on maintaining emotionally secure environment at home for children. Information on more complex issues such as good touch vs bad touch and managing sibling rivalry are shared. The importance of parent's wellbeing and how they can manage stress and anxiety are also covered.

The topics covered under the key thematic areas are as follows. It may be noted that a few topics have been covered under two themes. E.g. physical development through play was covered under both early learning and safety and security; managing screen time under early learning and nutrition and health; siblings bond under early learning and safety and security, etc.

12 Britto PR, Lye SJ, Proulx K, Yousafzai AK, Matthews SG, Vaivada T, et al. Nurturing care: promoting early childhood development. Lancet. (2017) 389:91–102. 10.1016/S0140-6736(16)31390-3



Initially Dost Education and UNICEF had launched Program Dulaar across 2-3 districts in 2 states of Jharkhand and Uttar Pradesh. Each state is supposed to have its own Dulaar phone line.

The on boarding process is facilitated by trained AWWs in Uttar Pradesh and NGO Volunteers in Jharkhand. Dulaar team has provided necessary materials to help frontline workers onboard caregivers. They have been trained to inform caregivers/ parents about *Dulaar* initiative and assist them in the registration process. The sessions ranged from 30 minutes to one-hour session and was attended by AWWs, Supervisors, CDPOs or NGO community Mobilisers. Benefits of responsive care giving and early learning in the first 6 years; importance of involving parents in child's development journey were the core areas of training. They were also introduced to Dulaar program and were exposed to videos.

Dulaar Onboarding

The onboarding or registration is a two-step process. The caregivers are requested to give a missed call on a toll free number for enrollment. A system generated welcome call requires them to select the age of child (0-3 years; 3-6 years) and a desired time slot for receiving the call. The program begins from the following day of enrolment.

A caregiver can register to only one program using a phone number. A caregiver's friend who calls daily with tips, activities and encouragement to adopt responsive caregiving and to promote learning at home. Duration of the call varies from 60-90 seconds and are received 4 times a week. If a caregiver misses a call, then they can call again on the given number or they get a call again in 1-2 hours. If no calls are attended on a particular day, the same call is received on the next day till the next message is ready for broadcast.

Review of onboarding and engagement of caregivers is done on a monthly basis. For on boarded caregivers number of caregivers who signed up for the program and who listened to the program for at least one complete call is tracked by DLF. For assessing engagement with the program they calculate percentage of caregivers who complete the 22 weeks' program in 35 weeks and percent of caregivers who participate in quizzes and feedback surveys.

It is expected that through this regular and systematic telephonic engagement parents will understand the importance of early years in the child's development and their role in supporting their child's development and they will learn and adopt positive parenting strategies including play-based learning activities as part of their regular routine. They will spend more quality time interacting with their young child and to demonstrate lower stress and higher confidence in their ability to support their child's development and learning.

Currently, the programme is running in Jharkhand (1 district) and Uttar Pradesh (2 districts). A total of 33,000 caregivers have signed up and 1,475 frontline workers have been trained under the programme. In Jharkhand the implementation is happening through NGO partners and around 40 NGO mobilisers have been trained by Dost Learning Foundation. The programme is now being scaled up in 8 aspirational districts in UP and five districts in Jharkhand. Keeping the positive acceptance that the Dulaar programme has already received and the current climate which necessitates rapid action for parental engagement in the early years, a research exploring conditions to effectively scale up the programme in additional districts of Uttar Pradesh and Jharkhand is planned.

1.2 Objectives

The specific objectives of the research are to:

1. Gather evidence on the different ways in which the intervention has addressed the needs of parents and caregivers belonging to different social groups, with a focus on the most marginalized families (findings to be derived by sex and social groups, including disability, caste and tribal identity).
2. Explore and draw links (if any) between the intervention and the resulting engagement of parents and caregivers by sex and social group to involve in activities with children, with a focus on play at home, socioemotional development, child protection and creating a safe environment.
3. Examine the challenges faced by parents and caregivers in understanding and engaging with their children.
4. Explore differences (if any) in the adoption of child-friendly behaviours by parents and caregivers by gender of the child.
5. Explore any other approaches to the current implementation modality for scale up in additional districts.
6. Provide recommendations pertaining to the duration, frequency and content of the calls based on caregiver and child profiles for further adaptation.

This formative assessment was assigned to CMS and after a detailed discussion and understanding about the intervention and locating the caregivers for survey the methodology was revised.

1.3 Study design and methodology

The formative assessment adopted a cross-sectional mixed-method design for data collection for addressing the objectives stated in the ToR. The design included:

a) Review of reference material on *Dulaar* programme,
b) Quantitative semi structure interviews,
c) Qualitative in-depth interviews (IDI)/ Focus group discussions

The **three techniques** outlined above were implemented through the following steps:

1) Review all available relevant documents and data,
2) Contacting state and district partners and implementers to draw information on the selection of location for assessment,
3) Data collection, management and analysis
4) Report

1.3.1 Geographical scope

The formative assessment was conducted across two states of Jharkhand and Uttar Pradesh. Ranchi of Jharkhand, Banda and Chitrakoot in Uttar Pradesh are the district where *Dulaar* programme has been implemented since June 2021.

1.3.2 Respondents/Participants

The primary respondents were both the caregivers/parents and the AWWs and NGO Implementers. Additionally, Dost Learning Foundation and UNICEF staff were the secondary respondents for the same.

Table 1.1: Respondents	
Categories	**Respondents**
Primary	Enrolled parents and caregivers of children (from birth to 6 years)
	AWWs in UP and NGO volunteers in Jharkhand
Secondary	Government partners, UNICEF, Dost Learning Foundation

1.4 Steps and Tasks

1.4.1 Review of programme documents, caregiver's data and reports

Besides the data on caregivers, UNICEF and DLF forwarded the final scripts of messages on 19 themes, motivation module of AWWs and the reach and engagement study report (Jan 2022). The review helped in understanding the implementation process, training of AWW/NGO, content of training, on boarding, monitoring of registration and engagement. The review of data and pilot calls to caregivers helped in understanding the overall spread of caregivers across the districts of intervention. The audio messages by themes were reviewed and sorted for tool development. The review of the documents, data of caregivers and discussions with UNICEF and DLF has helped in developing the discussion guidelines and the background of this report.

1.4.2 Selection of villages within districts

The selection of respondents was done in the following way:

→ Collect registered phone numbers from DLF who has completed receiving Dulaar calls on September 2022.

→ Call the registered phone numbers of the caregivers and confirm their location. Collect the following information during this call.

i. Residence District
ii. Age of child (validation)
iii. Name of the Block
iv. Name of Village/Panchayat/Location (in case of urban ward)
v. Name of the caregiver/receiver (very essential to identify HH for interview)
vi. Spouses name (for identification of specific registered caregiver)

→ This information was arranged by district, block and village. The villages were arranged in descending order of number of caregivers who responded to the calls.
→ Cluster of villages were then arranged under Gram Panchayat with more than 5 caregivers registered (if possible) in order to efficiently manage the data collection.
→ A total of 1000 caregivers from each district of UP and 300 from Jharkhand was suggested. Buffer for caregivers in all the district was attempted from those who picked up the phones.
→ 3832 caregivers (Banda 2300, Chitrakoot 1168 and Ranchi 364) responded to our calls and this list was handed over to the field survey team.

1.4.3 Selection of parents for quantitative semi structured interview

a. A day before going to the village the listed caregivers were called to confirm their presence in the village for participating in the survey.
b. The listed caregivers were first contacted. In case of unavailability of the caregivers on the scheduled day or time, they were called again.
c. Attempts were made to select caregivers proportionate to their engagement rate, age of child, gender of parents as much as possible.
d. From a selected household one parent/caregiver was interviewed after consent.
e. In case of refusal the next eligible HH was approached.

1.4.4 Selection of parents for in qualitative discussion

After structured interview is over, consented parents available from the listed enrolled parents were recruited for IDI or FGD. Mini FGD were conducted in villages where we get more that 4 caregivers.

1. 4.5 In-Depth-Interviews with AWW and NGO

Both qualitative discussions and quantitative interviews with AWW/NGO implementers were conducted. In Uttar Pradesh the AWWs of sampled villages are the ones who participated in the programme. For Jharkhand the NGO's and their volunteers responsible for villages/caregivers were identified. UNICEF had shared the contact details of AWWs in UP and NGO Mobilisers from Jharkhand who were trained for the promotion of Dulaar and the on boarding process. Random sampling of NGO volunteer (Jharkhand) and AWW (UP) were done to select 20 NGO volunteers and 50 AWWs per district of UP.

Table 1.2. Sample - CAREGIVERS	Jharkhand (JH)	Uttar Pradesh (UP)		TOTAL
District	**Ranchi**	**Banda**	**Chitrakoot**	
Desired Sample- Quantitative	300	1000	1000	2300
# Contacted	361	2344	1169	3874
Achieved	**301**	**993**	**1007**	**2301**
# of villages /location visited	94	128	344	566
Average sample / location	**3.2**	**7.3**	**2.9**	**4.1**
FGD/TRIAD	**5**	**3**	**3**	**-**
Sample: IMPLEMENTERS				
Quantitative	**20**	**52**	**55**	**127**
IDI/FGD	**1 (FGD)**	**10**	**10**	**29**
OFFICERS				
UN Officer/Volunteers	**2**	**1**		**4**
NGO	**1**			

1.5 Assessment Tools

Data was collected through tools and guidelines developed in English in consultation with UNICEF. These were translated in Hindi which were used for their administration. The tools were pretested in Uttar Pradesh and edited**.** The tools for this formative assessments were:

i) Semi structured quantitative tool for caregivers/parents (through CAPI)
ii) Free flowing IDI/FGD guideline for caregivers/parents
iii) Semi structured quantitative tool for AWW and NGO implementers (through CAPI)
iv) Free flowing IDI/FGD guideline for AWW and NGO implementers
v) Participant Information Sheet (PIS) /Consent forms
vi) Content Analysis Matrix for analyzing the content of Communication materials and messages disseminated

The tools were designed to capture awareness about Dulaar and its implementation, experience with Dulaar, interpersonal communication among family, community and service providers and their demographic background. There was a separate section to understand message recall, exposure, involvement, new information gain and action etc. A detailed listing sheet was prepared for registered caregivers for every PSU. For capturing the profile of caregivers participating in FGDs a separate sheet was designed.

Registered non-beneficiaries: From the exercise of calling the registered numbers to geo locate the caregivers we got cases where people got registered with Dulaar out of curiosity. They were kept out from sampling frame.

1.6 Data collection, management & analysis

Structured interviews were conducted through CAPI (Computer assisted personal interview) and submitted to CMS Server at the end of the day on a daily basis. All the IDIs/FGDs were audio recorded for easy recall during data analysis. Consent was acquired from all the respondents before interviewing and before recording. Completed IDI/FGD recordings were transcribed and directly organized for thematic analysis in a matrix for analysis.

The data was exported into SPSS for analysis. Univariate analysis consisting of frequencies and summary statistics (mean) and Bi-variate analysis (e.g., cross-tabulations) were done. State wise and category wise analysis of FGDs and IDIs were done by sorting the entered responses as relevant.

1.7 This report

This chapter sets the background and purpose of the study and details out the methodology followed.

The following chapters one by one deal with the demographic profile of the respondents contacted, documents the reported awareness, experience, impact of intervention and challenges faced during registration and implementation of caregivers and implementers separately. The last chapter summarizes the findings from both the perspectives of caregivers and implementers. The chapters are supported with tables, graphs and verbatim quotes collected during data collection.

The executive summary preceding this chapter collates the findings under the stated objectives and provides recommendations for better reach and impact.

CHAPTER 2: PROFILE OF RESPONDENTS

The key target groups for the 'Dulaar' messages were caregivers of 0-6 years' children, specifically parents. They are the primary respondents of the assessment. The secondary participants are the Anganwadi workers (UP) and NGO mobilizers(Jharkhand) who disseminated the assessment line, it is important to understand the background characteristics of the respondents covered in the survey. The following sections provide information on the socio-demographic and economic characteristics of the sample covered by the study. The key variables included in this report are residence, caste and tribe, age, literacy, occupation and marital status.

2.1 Residence

The study was conducted in the 2 states of UNICEF – Jharkhand and Uttar Pradesh. While in Jharkhand it was only in Ranchi, in Uttar Pradesh the study was conducted in two districts of Banda and Chitrakoot. The sample suggested for Jharkhand was 300 and 1000 for each of the districts in UP. As can be noted, in Banda we could only cover 993 sample. The rest was covered in Chitrakoot. As Table 2.1 indicates, a total of 2301 caregivers were interviewed– comprising 1304 mothers, and 809 fathers. Additionally, 6 FGDs, and 6 Triads with caregivers were held. A total of 69 caregivers (63 females and 6 males) participated in 2 male triads, 4 female triads and 6 female FGDs. Since male caregivers were not available (out of station/relocated/out for work etc.) at the time of the study, therefore traids were conducted with available male members to achieve the sample.

Table 2.1: State of residence

	State	JH	UP		Total
	District	**Ranchi**	**Banda**	**Chitrakoot**	
Caregivers	Mother	209	615	480	1,304
	Father	86	325	398	809
	Uncle	3	14	43	60
	Grandfather		23	36	59
	Grandmother	1	11	33	45
	Aunty	2	5	17	24
	Total	**301**	**993**	**1007**	**2301**
	Urban	78.1	7.4	4.9	15.5
	Rural	21.9	92.6	95.1	84.5
Implementer	**NGO/AWW**	**20**	**52**	**55**	**127**
Qualitative (Numbers)					
FGD	**Caregiver**	-	3	3	6
	AWW/NGO	1	-	-	1
Triads	**Caregiver**	5	1	-	6
IDIs	**AWW/NGO**	-	10	10	20

Among implementers 107 AWWs and 20 NGO mobilisers were interviewed. One FGD with 9 NGO mobilisers in Jharkhand and 20 IDIs with 20 Anganwadi workers in UP were conducted. A total of 29 implementers participated in IDI/ FGD.

The study was conducted in both urban and rural areas of the states mentioned above. It is to be noted that by virtue of random selection of caregivers according to their availability the number of respondents in the rural areas are more (84.5%).

2.2 Profile of Caregivers

→ **Average Listenership:** The data on caregivers collected from DLF had information on their average listenership. More than 60 percent of the caregivers contacted in this assessment had average listenership of more than 50 percent. This was similar to the average listenership of the caregiver universe.

Table 2.2: Profile of Respondents	JH	UP	Total
N=	301	2000	2301
Average listenership			
0-25%	4.0	6.3	6.0
25-50%	24.6	30.8	29.9
>50%	71.4	63.0	64.1
CASTE			
General	11.6	17.6	16.8
Scheduled Caste	13.0	29.9	27.7
Scheduled Tribe	35.2	1.9	6.2
OBC	40.2	50.7	49.3
MEAN AGE OF CAREGIVERS			
In Years	28.58	30.88	30.58
EDUCATION			
Illiterate + no formal schooling	8.6	13.3	12.6
Mean years of Education completed	10.85	10.32	10.40
OCCUPATION			
Housewife	65.4	53.4	54.9
Non-agricultural Labour (unskilled)/	7.6	10.9	10.5
Own /Share land cultivation/farming	1.7	11.1	9.9
Private Job	7.3	7.7	7.6
Petty shop/small business	6.3	6.6	6.6

Caste: 49.3 percent of the surveyed caregivers reported that they belong to 'Other Backward castes' while another 27.7 percent belonged to Scheduled castes. Another 17 percent belonged to General Caste and 6 percent were Scheduled Tribes with Jharkhand reporting highest (35%) caregivers in the Scheduled Tribe category.

Among the caregivers participating in FGDs and Traids, around half were from OBC followed by one fourth of general class. There were 12 participants from ST and seven participants from SC category.

→ **Age:** The actual age of the caregivers was recorded in the questionnaire. The mean was calculated basis the actual age recorded in the questionnaire. As the findings in Table 2.4 suggest, the mean age of the caregivers is 30.58 years. The average age of caregivers participating in FGDs and Traids was 31.9 years.

The mean age of implementers is 43.06 years. The NGO mobilisers is 31.8 years and the AWWs is 45.1 years old on an average. The mean age of implementers participating in FGD/IDI is 40.1 years.

→ **Education:** The respondents were asked about the highest grade of education attained by them. The table represents the proportion of respondents across the level of education completed.

At the aggregate level, nearly 12.6 percent of the respondents had not received any schooling or were illiterate. Among the remaining 87 percent of the caregivers those who reported their last completed level, the average years of education completed was 10.4 years.

Among the caregivers participating in FGDs and traids 5 out of 69 were illiterate. Among the rest the average years of education completed was 9.4 years.

The mean years of education of implementers was 13.20 years, wherein AWWs mean years were calculated to be 13.33 years and for NGO mobilizers it was 12.55 years. The mean years of education completed by 29 IDI/FGD participants was 15.1 years.

→ **Occupation:** The occupational status of all respondents was recorded by the survey. The top 5 responses gathered are presented. At an aggregate level, over half the caregivers (55%) were homemakers. Around 10 percent of them each were nonagricultural labourers and owned land for cultivation.

Among the caregivers participating in FGDs and Triads also homemakers were a majority followed by labourers, shop owners and private service persons.

CHAPTER 3: DULAAR – PROGRAM, PROCESS AND IMPACT

This chapter documents the awareness of caregivers and implementers about Dulaar intervention, their experience, their likes and dislikes about Dulaar, their expectations, engagement, impact of Dulaar in their lives, and the challenges they faced.

3.1 Awareness about Dulaar

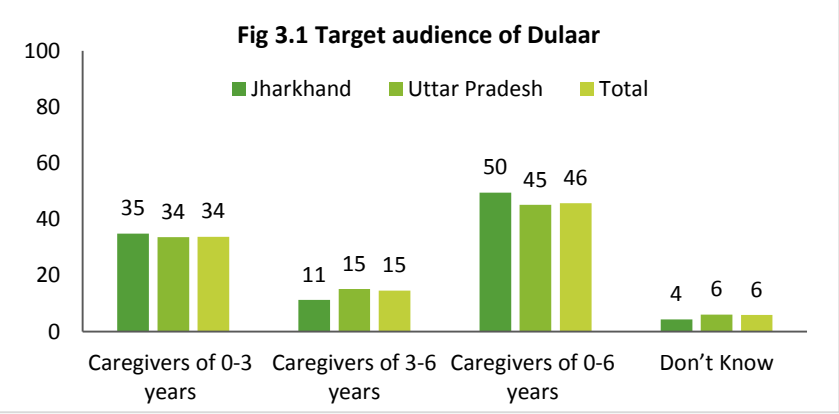
3.1.1 Dulaar is…

Table 3.1: Dulaar is (caregiver)	JH	UP	Total
N=	301	2000	2301
Information on nutrition & caregiving for children	66.8	71.2	70.6
Receive a phone call from Dulaar about caregiving	18.9	21.4	21.1
A program for children	16.9	18.3	18.1
AWW gave a number and told to call	1.3	2.8	2.6
AWW did the registration	3.6	2.2	2.3
A program for mothers	0.3	1.0	0.9
Implementers			
Teach children through play activities	20.0	38.3	35.4
Give Information about child health	25.0	27.1	26.8
Give information about caregiving	20.0	25.2	24.4
About child development (Mental & Physical)	30.0	20.6	22.0
Give information about Nutrition	10.0	19.6	18.1
Share ways to facilitate early learning	10.0	18.7	17.3
Information is given through phone call	10.0	11.2	11.0
A program for children	5.0	11.2	10.2
Ways to engage child while feeding	5.0	6.5	6.3
Cleanliness/hygiene	5.0	3.7	3.9
A program to motivate caregiver	5.0	2.8	3.1
Teaches about ways of being nice to children	10.0	1.9	3.1
Share ways to manage child's behaviour		1.9	1.6

Caregivers could describe Dulaar. Most of them described the content in their own language. They said it is about child care, *khan paan*, upbringing (parvarish) etc. 21 percent them said that information on caregiving is received through a phone call. A few mentioned that it is a program for children.

The AWWs and the NGO mobilisers said that Dulaar gives information about how to teach children through play activities, child health, caregiving, child development, nutrition and how to facilitate early learning. Only 11 percent clearly described that information is given through a phone call based.

3.1.2 Target audience



When asked about the audience of Dulaar, 46 percent caregivers said that it is meant for the caregivers of 0-6 years' children. There were 34 percent who felt it is only for 0-3 years and 14.6 percent felt that it is for caregivers of 3-6 years' children.

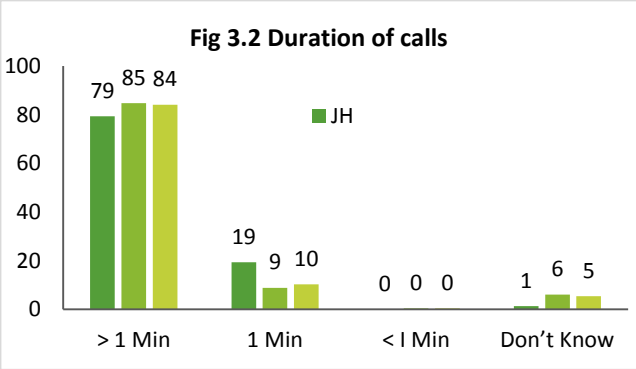
The implementers knew that the target audience of Dulaar is caregivers of 0-6 years of children. However quite a few in Uttar Pradesh mentioned that frontline workers (15.7%) and pregnant women (6.3%) are the target audience too.

3.1.3 Number and duration of calls

Number of calls per week: Normally if a caregiver is listening to calls regularly they are supposed to get 4 calls a week**.** In order to understand familiarity with Dulaar they were asked about number of calls per week and the duration of calls. The average number of calls reported by the caregivers was 5.90 in a week which is way beyond the actual numbers.

Table 3.2: # of calls per week	JH	UP	Total
N=	301	2000	2301
Caregivers	6.59	5.79	5.90
AWW/NGO	6.00	5.97	5.98

The average number of calls per weeks reported by implementers was also more than the actual number of calls i.e 5.98 calls.



Duration of calls: About duration of calls, **84 percent of the caregivers** said that it is more than a minute. Only 10 percent of the caregivers said that it is of one-minute duration.

When asked to the AWWs and the NGO mobilisers, 85 percent reported that duration of the calls was more than one minute.

3.1.4 Missed calls and Repeat calls

Missed call: Normally if one misses a call it would keep coming at a gap of one hour unless picked. One can give a missed call to the number and would receive the call that they failed to pick up. Further, the call comes the next day if not picked up.

Table 3.3: Missed Calls (MR) (%)	JH	UP	Total
N=	301	2000	2301
Get a call again in 1-3 hours	73.4	75.2	75.0
Can give a missed call again	27.6	36.8	35.5
If unattended, the same call is received next day	20.6	13.0	14.0
Don't Know	12.3	11.3	11.4

Three-fourth of the caregivers said that they get the call again in 1-3 hours in case they have missed the calls. While 35 percent reported that they can give a missed call, around 14 percent said that if unattended the same call will be received the next day until picked up.

More than half of the implementers said that caregivers can give a missed call again while 43 percent said that they receive a call again in 1-3 hours.

Repeat Call: If someone want to listen to calls once again they need to give a missed call on that day itself.

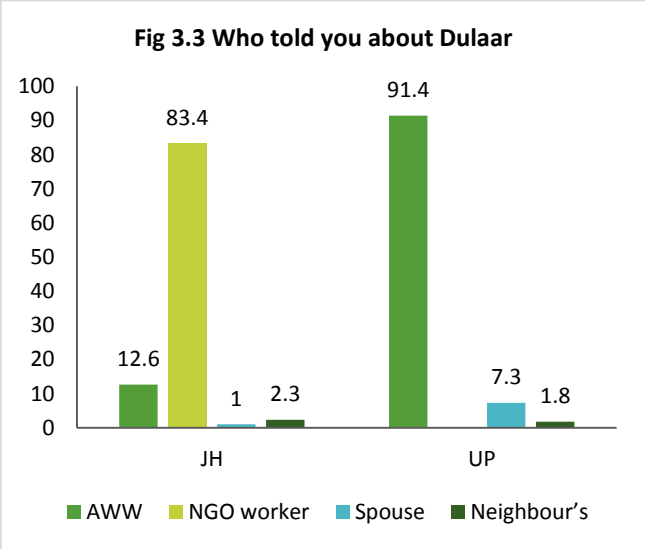
Table 3.4: Repeat (MR) (%)	JH	UP	Total
N=	301	2000	2301
Can give a missed call on the same day	45.5	37.8	38.8
Can give a missed call	21.3	31.3	30.0
Press o		1.0	0.8
Don't Know	33.2	30.0	30.4

Around 39 percent of the caregivers correctly identified that they need to give a missed call on the same day to listen to the call once again. While 30 percent did not give a complete response, another 30 percent did not know what is to be done.

More than three fourth of the implementers said that caregivers can give a missed call while 60 percent said that caregivers can give a missed call on the same day.

3.1.5 Source of information

As can be noted, NGO mobilisers in Jharkhand and AWWs in UP were the source for majority of the caregivers. Spouse and neighbours formed source of information for a few. The others were family members, supervisors, ANM/ASHA and SHG workers etc. A few caregivers from Chitrakoot reported that they were asked to bring their phones to the center on the *Poshahar* day or during immunization. They were not told anything about Dulaar but someone took their phone and registered them.



3.2 Experience with Dulaar

Dulaar was designed keeping the needs of the caregivers in mind, making it easy to engage with and adopt practices into everyday life. The phone calls are designed to reach caregivers who may have a basic phone to receive and make calls. The assumption was, that even if the mother or the main caregiver does not possess a phone- they can select a timing when they have access to the phone or the owner of the phone would pass on the message to the caregiver. The assessment wanted to see whether this was the case and also the dynamics of phone ownership, accessibility and usage.

3.2.1 Mobile phone ownership, accessibility and used for Dular registration

Table 3.5: Mobile phone in a HH	JH	UP	Total
N=	301	2000	2301
One	17.3	28.6	27.1
Two	67.1	52.1	54.1
Three	7.6	10.2	9.8
4 and more	8.0	9.2	9.0
Mothers own mobile phone	85	66.6	69

As per the implementation design, only parents/caregivers who had a phone were registered. As can be noted from the table, more than half of the surveyed caregivers reported having 2 and more phones in their household. Jharkhand caregivers were more likely to have 2 phones than the caregivers of UP.

Mothers owning a phone: More importantly at an aggregate level 69 percent reported that 'mothers' own a phone. Highest ownership of phones among mothers was reported from Ranchi and lowest from Chitrakoot.

According to the AWWs and NGO mobilisers on an average there are 1.43 phones in the caregiver's household. Further, 40 percent of the implementers felt that some (25%) of the mothers have direct access to mobile phones, a little more than one third felt that half of them have direct access.

Phone used for registration: In majority of the cases caregivers said that their **own phone** was used to register for Dulaar. This was cross tabulated with the respondents. Among those who said 'my phone' (n=1709), 48 percent were mothers, 43 percent were fathers and the rest were grandparents, uncles and aunts.

Table 3.6: Whose phone registered	JH	UP	Total
N=	301	2000	2301
My phone	84.4	72.9	74.4
My spouse's phone	11.0	19.2	18.2
Family member's phone	6.0	8.7	8

Among those who said 'my spouses phone', more than 80 percent were fathers' phone. In many cases, in a household two phones were registered for Dulaar (data not presented). A cross tabulation by average listenership data indicates that average listenership was high among caregivers who registered in their own phones.

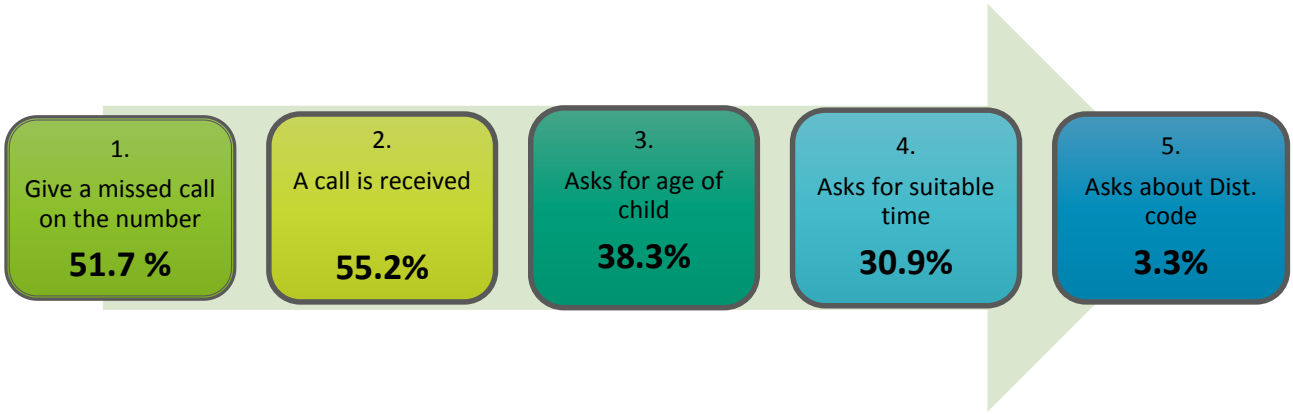
The participants of male FGD in Jharkhand and female FGD in UP reported that phone registered for the program was with male members for most of the time.

Table 3.7: Dulaar registered in	JH	UP
N=	20	107
Mother's phone	70.0	37.4
Father's phone	30.0	55.1
Other family members phone	-	7.5

Although the AWWs and NGO mobilisers were supposed to share the phone number where the caregivers need to register, they sometimes asked the caregivers to bring the phone and helped them in on boarding. As per the NGO mobilisers in Jharkhand mothers phone was registered. In UP about 55 percent of the AWWs reportedly registered the caregivers in the father's phone.

3.2.2 On boarding Process

The caregivers were asked about the **process that** they followed during on boarding. The response is as follows:



While 37 percent caregivers were unaware of the process of registration, more than 55 percent just recalled that a call comes and 52 percent recalled that first they have to give a missed call on the number. Around one third recalled the steps of adding age and suitable time. Since last few months adding district code has also been introduced as a step of registration. Very few could say that. Caregivers of Jharkhand were more likely to be ignorant about the process than the caregivers of UP.

3.2.3 Reasons for registering and not registering for Dulaar

Table 3.8: Reasons for registering with Dulaar	JH	UP	Total
N=	301	2000	2301
Needed information about child development	81.7	68.7	70.4
The AWW/NGO insisted	34.6	54.9	52.2
Just out of curiosity	9.3	26.2	23.9
Don't Know	3.7	5.6	5.3

In the response to reasons of registering for Dulaar calls, majority said that they were told that Dulaar will inform them about child development and since they needed that information they registered. More than half of them also said that the NGO mobilisers & AWWs insisted that they must get registered. In UP, 26 percent caregivers registered just out of curiosity.

Majority of the participants of FGD/Triad agreed that besides registering for getting information on child wellbeing and development the caregivers registered for Dulaar on insistence from NGO/AWW. A few caregivers in UP registered someone else's number only because the AWW threatened about not giving them ration if they don't

"We thought the program is related to children and will give us information related to child development. That is why we got registered" Male, Chundi, Ranchi

They could not understand what Dulaar program was all about. When they were asked for a number, they gave whichever number was available with them because AW Didi told them that those who don't register in the program will not get ration" Female Sarraiyan, Chitarkoot

We thought that we would get some benefits like we get Ghee, Daliya, etc. from the AWC. We thought this is a similar kind of a scheme and that's why got registered. However, the benefits we got were comparatively better." Male, Mahokhar, Banda

register. A handful of participants shared that they registered with an expectation of receiving benefits like they get from other government schemes. However, after listening to the program they felt that the benefits of the program were comparatively better. (Male Triad, Mahokhar, Banda)

The implementers too felt that caregivers enrolled as they wanted information on child development and also because they had told them to do so.

Reasons for not registering and discontinuing: While explaining the reasons of why others did not register or discontinued listening to Dulaar calls, the FGD participants listed i) unavailability of mobile phone, ii) busy schedule of caregivers with routine work and iii) duration of Dulaar calls which were boring at times. They were not even explained why they were registering and so they lost interest. A few female caregivers from Chitrakoot and Ranchi shared that there was a fear among caregivers that these were fake calls and that their numbers might get misused or registering may lead to some fraud.

Since the number registered was that of their neighbours they were not able to listen to Dulaar calls and so discontinued. Female Sarraiya, Chitrakoot

Sometimes when there is too much work, we do not listen to Dulaar calls" Female, Nava toil, Ranchi

Some caregivers were afraid to give their numbers out of fear of losing money from their bank account" Female, Loyo, Ranchi

Some caregivers refused to get registered because they thought that their numbers would get misused" Female, Chirautha, Chitrakoot

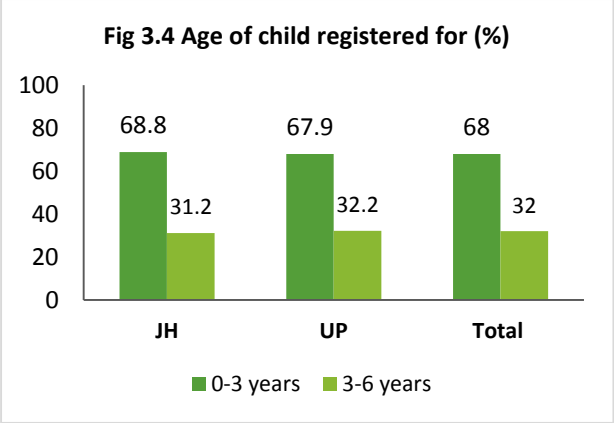
Phones were with the husbands and since they are away for work the numbers could not be registered. Male, Mahokhar, Banda

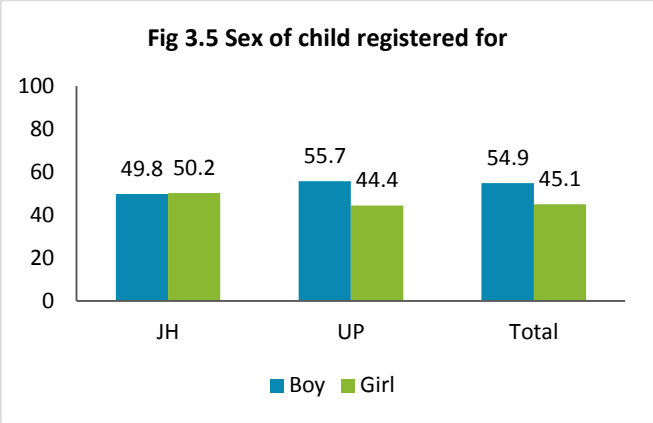
The implementers too agreed to the reasons. 75 percent implementers cited non-availability of the mobile phone at the time of registration.

Table 3.9: Implementers on non-registration	JH	UP
N=	20	107
Mobile not available at home	84.2	73.3
Due to lack of interest	52.6	44.8
People did not understand the benefits	57.9	32.4
Don't feel there is a need	42.1	34.3
No mobile recharge	26.3	36.2
Network Problem	21.1	14.3
Don't own a phone	10.5	8.6
Don't get Poshahar		1.9
Caregiver busy with work		1.0
Fear of cyber fraud		1.0

More that 50 percent NGO mobilisers reported that lack of interest and ignorance about the benefits among caregivers resulted in this. More than one third reasoned that the caregivers did not feel the need and so did not register. No mobile recharge was also cited as a reason for not registering.

3.2.4 Age and sex of child registered for





As can be noted, 68 percent caregivers registered for 0-3 years of child and 55 percent caregivers had a boy child.

3.2.5 Time selected for receiving calls was

During the on boarding process once a missed call is given on the numbers, a machine generated call asks the caregiver to select a convenient time for listening to the message. The three time slots offered by Dulaar are 0800 hours, 1200 hours and 1600 hours.

Table 3.10: Time selected	JH	UP	Total
N=	301	2000	2301
8 am	24.3	26.0	25.7
12 noon	56.5	56.2	56.2
4 pm	17.9	11.4	12.2
Don't know	1.3	6.6	5.9

A little more than half of the caregivers reportedly chose 12 Noon as the convenient time. One fourth chose 8 AM while 12 percent chose 4 PM. Around 6 percent did not know the time selected for receiving Dulaar calls.

The reasons for selecting the mentioned slot was also asked. The caregivers (n=2184) forwarded various reasons for choosing the slot. Majority (83.3%) pointed out that they are comparatively free at that time, 13 percent said that they have the phone with them at that point and so chose the time. A few also said that either the AWW or their husband chose the time for them.

3.2.6 Receiving calls and conveying call content

Table 3.11: Who received	JH	UP	Total
N=	301	2000	2301
Child's Mother	68.1	46.0	48.8
Child's Father	26.2	41.7	39.6
Other Family member	5.0	12.2	11.2

About 49 percent reported that the child's mother received the calls followed by child's fathers (39%). In Jharkhand more mother received the Dulaar calls than mothers in UP.

Majority of the FGD participants reported that phone registered for Dulaar was with male members and calls were received by them. They also reported that mothers heard the messages herself when the phone was at home. Most of the female respondents from Ranchi reported of listening to Dulaar calls on their own phones.

"If phone is available at home, I listen to Dulaar calls. Otherwise I wait till the time the phone is available at home." Female, Mantha, Banda

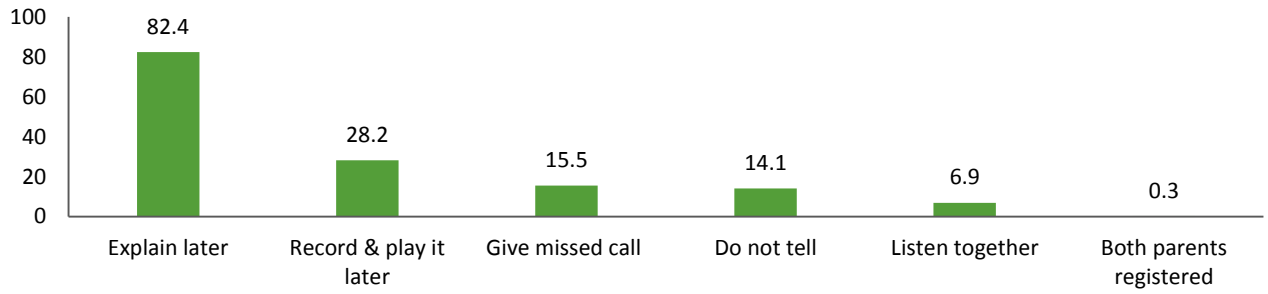
Phone is usually with the husband. I listen to the calls when he is at home. Otherwise he sometimes tells me when he comes back." Female, Kalupurpahi, Chitrakoot

"There are two mobile phones, one stays with me and the other mobile phone stays with my wife. Registered mobile number is mine. I tell my wife or make her listen to the call when I get back home" Male Caregiver, Chundi, Ranchi.

"I could not listen to Dulaar calls when phone was not available at home" Female, Deogawn, Ranchi

Conveying call content: There were a two broad scenarios, where in 1) the mother owned the phone and received the call and 2) the mother did not own a phone and husband/family members received the call.

Fig 3.6 How convey messages (n=1177)



They were asked to describe how they received the call content (n=1080). Majority of them said that they were explained later. While 28 percent recorded the call to play it later to the mother, 15 percent reportedly gave a missed call when convenient.

While seven percent listened together, it is a matter of concern that 14 percent did not convey the content of the call to the mother.

However, both male and female participants from FGD/Triads reported that Dulaar messages were conveyed to the mother of the child when the father returned home.

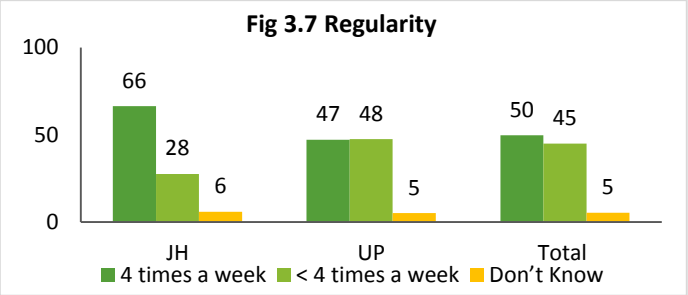
3.3 Exposure & Regularity

3.3.1 Duration of exposure

46.6 percent of the caregivers recalled that they heard Dulaar calls for 4-6 months. While one third of them said 7-9 months 11.6 percent reportedly heard the Dulaar calls for 1-3 months.

3.3.2 Regularity

As can be noted from the graph, 50 percent of the caregivers listened to Dulaar calls regularly. Caregivers of Ranchi were more likely to listen to Dulaar calls regularly than the UP caregivers



Reasons forwarded by the regular listeners were that they got some information about caregiving, child development, easy doable activities with child, nutrition, about child engagement, etc. There were also a few who picked up the call regularly to avoid repeated calls and for getting ration from AWC.

Table 3.12: Reasons for being regular	JH	UP	Total
n=	200	945	1145
Information on caregiving	55.8	47.5	48.9
Doable activities on nutrition, mental devp., bonding, etc.	65	30	36
Important & new info on child development	18.1	24.5	23.4
Like listening to calls	16.1	19.8	19.2

Reasons for irregularity: were their busy work schedule, unavailability of phone during call. Around 15 percent each reportedly do not either find the calls useful or it does not interest them.

Table 3.13: Reasons for being irregular	JH	UP	Total
n=1056	101	1055	1056
Busy at work	33.7	35.2	35.0
I don't have phone with me	19.8	19.3	19.4
I don't find the phone calls useful	6.9	17.6	16.7
It doesn't interest me/trouble	19.8	16.2	16.2
I don't own a phone	8.9	9.2	9.2
Poor network/sim mobile not working	10.9	2.6	3.3

3.3.3 Listening Intensity

13 percent of the caregivers reported listening to all the Dulaar calls. 90 percent among those who did not listen to all the calls reported that they remained too busy to listen to all the calls.

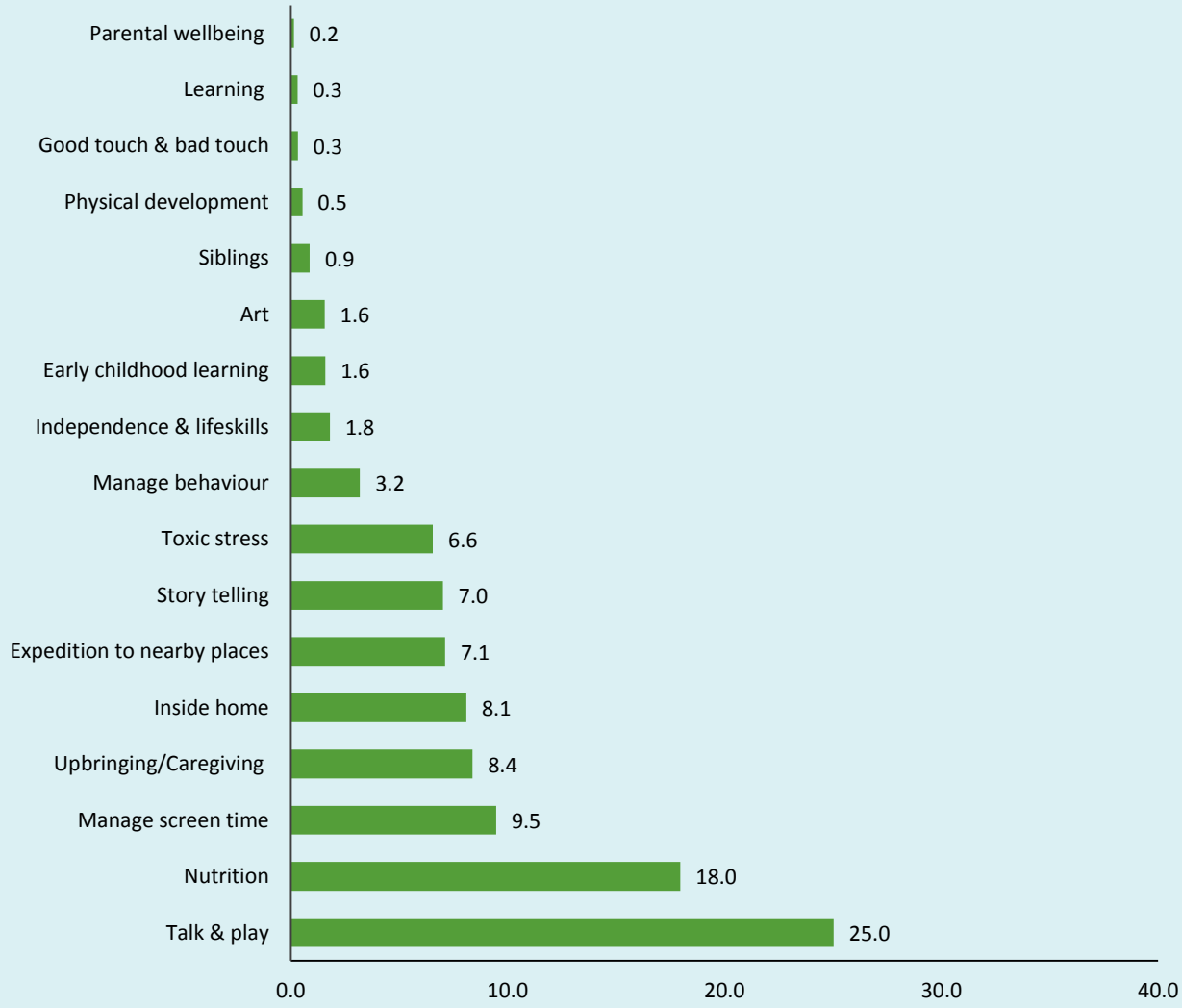
Table 3.14: Calls listened to	JH	UP	Total
N=	301	2000	2301
All of them	7.0	14.0	13.0
Most of them	46.2	42.7	43.2
Some of them	42.5	36.9	37.6
Don't Know/none	4.3	6.5	6.2

3.4 Involvement with Dulaar

In order to understand the involvement of the caregivers with Dulaar they were asked to recall the main messages from the call, list their and their likes and dislikes about the topics in Dulaar, topics that they want Dulaar to cover and the issues that they did not understand. Additionally, their engagement with Dulaar was measured through some statements.

3.4.1 Recall of messages from Dulaar

Fig 3.8 Theme wise recall of Messages (n=1989)



The recall of messages by the caregivers has been presented under each of the Dulaar themes. As can be noted, overall **86.4** percent of the caregivers recalled messages under 16 themes of Dulaar. Average messages recalled is 1.9. Maximum messages were recalled under 'talk and play' followed by 'nutrition' and 'screen time management'.

The detailed messages are tabulated below under each theme.

Table 3.15: Message Recalled (MR)			
ART	**3.07%**	**Managing Screen time**	**16.5**
Take child to the kitchen and cook together	1.31	Ways to keep child away from Mobile/TV	14.53
Give utensils to the child to play with spoon	0.90	Pay attention child's emotions/ feeling/ cues	3.02
Make rangoli with child	0.40	Disengage child from mobile with love/conversation	0.70
Teach child through different art, turmeric printing	0.40	Understand/pay attention to child's cues of Hunger	0.25
ECL	**3.12**	**Learning**	**0.65**
About child's early learning/ education	2.97	Different ways of teaching counting	0.45
Give love/care for child from beginning/early years	0.10	Teach counting through veggies	0.15
Help child pay attention to details/little things from early	0.05	Teach classification through dal	0.05
Exploring nearby areas	**13.93**	**Independent & Life skills**	**3.52**
Show and teach child about things outside home	6.94	Keep child clean/ daily bathing/ clean cloths	2.26
Take child out and teach child about trees, plants, vegetable	6.89	Make child independent/ do things independently	0.96
Taking child out will lead to mental development	0.10	Boosting child's confidence/self confidence	0.30
Inside Home	**16.39**	**Toxic stress**	**12.82**
About cleanliness- home for things activity	7.19	Talk politely with the child	6.64
Ways to teach child at home/ with household items	5.33	Don't scold child	2.41
Give household items to child to play	1.26	Child should be treated well	1.71
Teaching child about hot/cold/wet/dry through touch	1.26	Keep calm environment at home	1.46
Calling & identifying family member by name	0.85	Avoid fights in front of the child	0.45
Asking child to put cloths in the bucket	0.30	Intoxication should not be done in front of the child	0.10
Teach child about the object through touch experience	0.15	Fighting in front of the child affects child's mind	0.05
Float experiment-Bowls floats, coin sinks	0.05		
Managing behaviour	**6.23**	**Story telling**	**13.73**
Handle stubborn child without beating/scolding	3.82	Tell stories to the child	8.50
How to reduce child's stubbornness	1.46	Make child identify family members	2.21
Make routine and follow it	0.85	Help child recognize things around through stories	1.51
Divert child's attention to other things around	0.05	Make child recognize animal sounds	1.46
Understanding child when stubborn	0.05	Creating curiosity in child through stories	0.05
Physical development	**1.06**	**Sibling**	**1.71**
Do different activities for physical development	0.60	Never compare a child with their siblings	1.61
Games with rope help in physical development	0.45	Ways to manage/deal with fight among two children	0.10
Parental Wellbeing	**0.3**	**General**	**13.7**
How to control anger	0.15	Better ways of child caregiving	0.1
Should not demoralize child	0.10	About child development/ mental development	3.2
Do reverse counting to control anger	0.05	Ways to take care of child	10.4
Talk & play	**48.97**	**Nutrition**	**35.14**
Teaching child through different play activities	10.21	Information about child nutrition/food	24.94
Making child familiar with body parts during massage	10.11	Ways to feed child/ engage while feeding	2.97
Making child familiar with different colours	7.24	Child should be fed on time/as per feeding timetable	2.16
Making child familiar with different colours using vegetables	3.42	Tell stories while feeding the child	1.71
Give dough to the child to make different shapes	3.27	Keep child away from mobile/TV during mealtime	1.26
Different ways to spend time with the child	2.82	Wash child's hands before and after meals	1.26
Make child familiar with colour through coloured toys	2.46	Food to feed child after 6 months of age	0.30
Make child familiar with color through different cloths	2.36	Give balanced diet and mashed food to the child	0.25
Ways to manage work along with spending time with the child	2.26	Feed child according to their taste	0.20
Do horse riding activity with child	1.96	Child cannot get taste of food with mobile in hand	0.05
Draw/ paint with the child	1.51	Digestion improves if mobile is avoided during food	0.05
Engaging child in conversation accelerates mental development	0.50	**Upbringing/Caregiving**	**15.84**
Identify family members through dough effigies	0.40	Ways to take care of child	12.02
Importance of spending time with the child	0.20	About child development/ mental development	3.67
Massaging child in the right way	0.10	Better ways of child caregiving	0.15
Talking and spending time/playing with the child develops ch	0.10	Better ways of child caregiving	0.1
Make shapes from dough for child's mental development	0.05	Ways to take care of child	10.4
Good Touch & Bad touch	**0.6**	**n=1989,**	
Tell about good and bad touch	0.5	**Number of responses =3891**	
Tell about good & bad touch while bathing the child	0.04		

3.4.2 Topics liked and disliked

Table 3.16: Topics liked	JH	UP	Total		JH	UP	Total
N=	301	2000	2301		301	2000	2301
Talk and Play	40.8	29.3	30.5	Learning	0	2.6	2.2
Nutrition	19.7	13.9	14.6	ART	2.3	1.8	1.6
Manage screen time	24.3	6.1	8.4	Building emotional bond	1.7	1.3	1.3
Expedition to nearby places	7	7.7	7.6	Physical Development	0.3	1.4	1.3
Inside home	6.9	4.8	5	Importance of ECL	0.6	1.2	1
Story telling	5.4	4.7	4.8	Good and bad touch	0.3	0.9	0.7
Managing Behavior	6.6	4.4	4.4	Sibling (managing rivalry)	2.3	0.5	0.7
Independent and life skills	0.3	4.3	3.8	Parental well being		0.2	0.1
Creating stress free environment	9	2.5	3.3	New ways of caregiving	0.3	2.3	2
Don't Know	**5.3**	**4**	**4.1**	**None**	**7.3**	**13.1**	**12.3**

Caregivers listed 72 different topics that they liked from Dulaar. Those topics could be arranged under 17 themes out of 18 themes that Dulaar dealt with. Around 30 percent reported liking topics from Talk and play followed by Nutrition themes (14%). The rest is tabulated below by themes. However, 12 percent of the caregivers liked nothing and four percent could not recall anything that they liked.

99 percent of the caregivers reportedly had nothing to dislike in Dulaar. A few said that they do not like those topics because – they do not have time to take their child out, children do not understand good touch bad touch, children often eat the dirty dough, scatter things and makes clothes dirty while playing etc.

3.4.3 Topics did not understand

Only 18 caregivers from UP said that they did not understand the tips and messages given through Dulaar calls. They said that they did not understand anything or cannot recall because they were either directly not listening to the calls or did not understand the language. When they did not understand, most of them did nothing about it only one caregiver said that she asked other mothers about it. Similar findings were forwarded by the caregivers from FGD and Triads as they reported that Dulaar messages were very simple and easy to understand. They added that in case it is not understood, the AWWs should counsel elders in the family to explain them about the messages and requested for Dulaar calls in regional language.

3.4.4 Topics Dulaar need to touch upon

While **83 percent** of the caregivers had nothing to add, around five percent each requested for information on education and information on how to keep away from diseases.

3.4.5 Engagement

Table 3.17: Engagement	JH	UP	Total
N=	301	2000	2301
I enjoy receiving Dulaar calls	90.7	84.1	84.9
Dulaar calls makes me think about things that are important for the development of the child	92.7	76.8	78.9
Dulaar suggests child development related activities that I can easily incorporate in my routine	80.1	63.1	65.3
I adjust my daily schedule so as to not miss any Dulaar calls	72.1	40.9	45.0
I get upset when I miss a Dulaar call	62.8	26.6	31.3
I look forward to listening to Dulaar call every day	71.8	46.1	49.5

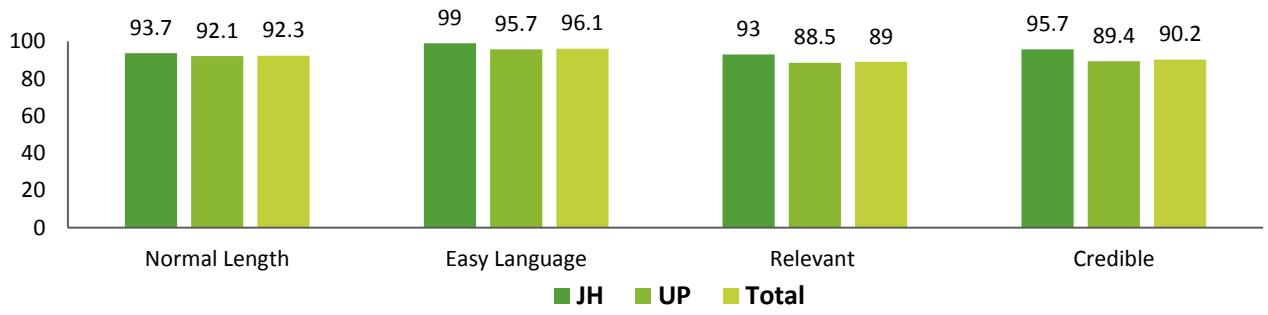
On the face when asked to reflect on the engagement statements 85 percent said that they enjoyed receiving Dulaar calls. While around 79 percent agreed that the calls made them think about things that are important for the development of the child only 65 percent felt that the suggestion and tips are easy to implement.

Less than half of the respondents look forward for the call, 55 percent does not adjust their schedule to attend Dulaar calls and for more than two-third missing Dulaar calls does not make any difference.

3.4.6 Opinion about Dulaar calls

The caregivers were asked give their opinion about the length of calls, language, relevance and credibility of the content of Dulaar. While more than 95 percent found the language easy, more than 90 percent caregivers felt that the length of the calls were okay and the content was credible. A little less than 90 percent however felt that the content is relevant to them.

Fig 3.9 About Dulaar messages



3.5 Interpersonal communication

In order to understand whether caregivers were excited about Dulaar calls and were motivated to share about it at individual and community level, they were asked three questions on interpersonal communication (IPC), topic of discussion and person with whom such discussions have taken place. Only **30 percent** caregivers reported discussion on Dulaar.

Table 3.18: Discussed with	JH	UP	Total		JH	UP	Total
n=	93	606	699		93	606	699
Spouse	69.9	76.7	75.8	Family members	1.1	5.9	5.3
Neighbors	75.3	36.8	41.9	Mother of the child	1.1	2.8	2.6
Parents/in-laws	37.6	38.4	38.3	ANM/ASHA	5.4	1.0	1.6
Friend	48.4	18.0	22.0	NGO volunteer	6.5	-	1.0
AWW	8.6	10.4	10.2				

Among them, majority reported discussing Dulaar with their spouse (76%). Around 40 percent discussed with neighbours and parents and in-laws. Around 22 percent caregivers discussed with friends.

Table 3.19: Topic of discussion	JH	UP	Total
n=	93	606	699
Dulaar is about caregiving & child development	60.2	60.6	60.5
Discussed about Dulaar messages/activities	11.8	10.7	10.9
A call comes with information about child	20.4	4.3	6.4
Motivated others to listen to Dulaar	14.0	3.8	5.2
Info on making home environment pleasant		4.6	4.0
Suggested Dulaar activities/tips	9.7	1.8	2.9
Ways to keep child away from Mobile/TV		1.2	1.0
Cannot recall	**3.2**	**21.1**	**18.7**

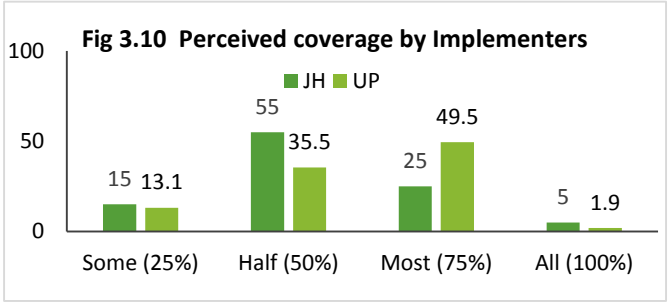
Around 60 percent among them discussed about useful information about caregiving and child development in Dulaar and about 11 percent discussed about Dulaar activities and messages. Around 19 percent could not recall what they discussed.

3.6 Perceived coverage and influence of Dulaar

In order to understand the perception about coverage of Dulaar beneficiaries in the community, all caregivers were asked to state their perception about percentage of caregivers registered with Dulaar. The perception question was coded to correspond to the following numerical values: All (100%), most (75%), half (50%), some (25%) and none (0). Further they were probed on their perception about its impact on the community.

Table 3.20: Perceived coverage	JH	UP	Total
N=	301	2000	2301
All (100%)	-	4.5	3.9
Most (75%)	3.3	20.6	18.3
Half (50%)	31.2	27.8	28.2
Some (25%)	64.5	46.2	48.6
None (0%)	1.0	1.0	1.0

As can be noted that only 48 percent of the caregivers perceive that some of the caregivers of children in the age group of 0-6 years in their community has registered for Dulaar. Another 28 percent felt that it is half of the caregivers like them in the community who have registered.



While 55 percent of the NGO mobilisers perceive that half of the caregivers of 0-6 years have registered with Dulaar in their community, 50 percent in UP felt that most (75%) of the caregivers have registered.

Table 3.21: Perceived impact	JH	UP	Total
N=	298	1981	2279
A great deal	4.7	13.0	11.9
A moderate amount	73.8	57.6	59.8
A small amount	20.5	22.4	22.1
No influence at all	1.0	7.0	6.2

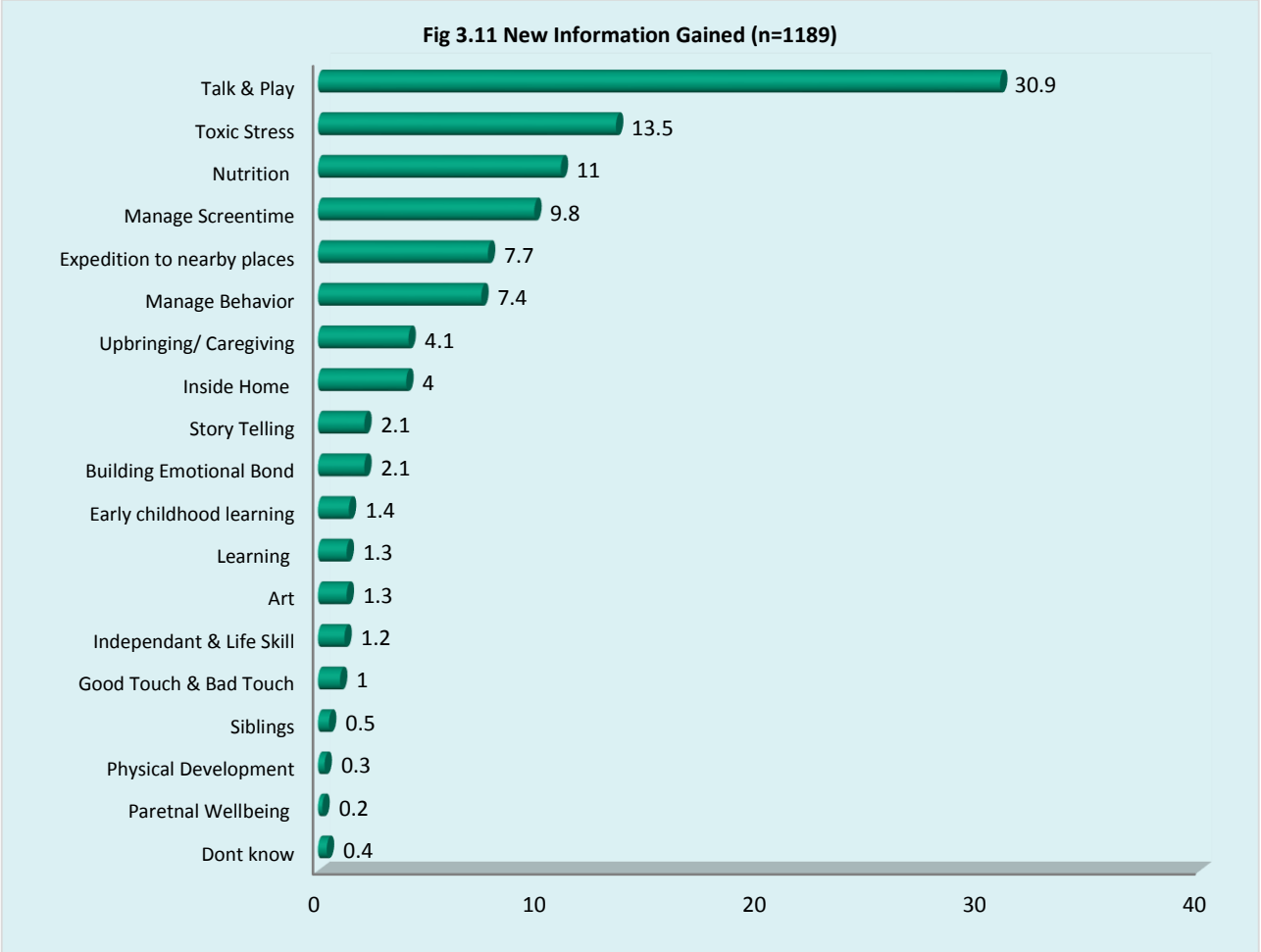
Around 60 percent of the caregivers among those who perceive that there are caregivers in the village who have registered, also perceive that Dulaar has moderate amount of influence on them. Only 12 percent perceive that there is great deal of impact of Dulaar on them.

3.7 Impact of Dulaar

The impact of Dulaar was measured by asking caregivers on new information gained, tips and activities applied at home, on self and on child, changes observed as a result of these activities, and intended action after listening to Dulaar calls.

3.7.1 New information gained

New information or learning was reported by **only 52 percent** of the caregivers. New information gained was reported from **16 themes** of Dulaar. Majority of the new information pertains to 'talk and play' (30.9%) followed by 'toxic stress' (13.5%).



The detailed new learning or information gained from Dulaar are tabulated below.

Table: 3.22: New Information gained (MR)			
ART	**1.4**	**Toxic Stress**	**15.1**
Make Bindis with turmeric	0.1	Fighting in front of the child affects child's mind	0.3
Play with child by waving dupatta	0.1	Avoid fights in front of the child	0.6
Use household items to make painting	0.1	Intoxication should not be done in front of the child	1
Give utensils to the child to play with spoon	0.2	Child should be treated well	2.9
Make rangoli with child	0.3	Don't scold child	3
Take child to the kitchen and cook together	0.3	Keep calm environment at home	3.5
Teach child through different art	0.4	Talk politely with the child	3.8
Building emotional bond	**2.4**	**Early childhood learning**	**1.6**
Mirror emotions- show different emotions in mirror	0.1	Give love/care for child from beginning/early years	0.3
Understand/pay attention to child's cues of Hunger	0.7	Help child pay attention to details/little things from early	0.5
Understand child's emotions/ feeling/ cues	1.6	About child's early learning/ education	0.8
Expedition to nearby places	**8.6**	**Independence and Life skills**	**1.3**
Taking child out will lead to mental development	0.8	Boosting child's confident	0.2
Show and teach child about things outside home	2.9	Keep child clean/ daily bathing/ clean cloths	0.3
Take child out & teach about trees, plants, vegetables	4.9	Make child independent/ do things independently	0.9
Good Touch Bad Touch	**1.1**	**MS**	**10.9**
Don't change cloths in front of neighbours/ relatives	0.1	Mobile/TV hampers child's development	0.1
Tell about who can touch through circle activity	0.2	Too much screen time affects eyesight	0.2
Unknown person cannot touch the child	0.3	Disengage child from mobile with love/conversation	1
Tell about good and bad touch	0.6	Ways to keep child away from Mobile	9.7
Managing behaviour	**8.3**	**Story Telling**	**2.4**
Understanding child when stubborn	0.2	Creating curiosity in child through stories	0.2
Make routine and make child follow it	0.8	Helping child recognize things around through stories	0.3
ways to handle irritated child	1.1	Make child identify family members through stories	0.3
How to reduce child's stubbornness	2.6	Make child recognize animal sounds through stories	0.3
Handle stubborn child without beating/scolding	3.7	Tell stories to the child	1.2
Physical Development	**0.3**	**Parental wellbeing**	**0.2**
Games with rope help in physical development	0.3	Take care of yourself along with child	0.2
Nutrition	**12.4**	**Talk and Play**	**34.7**
Child cannot get taste of food with mobile in hand	0.1	Child's mind will develop by making things from dough	0.1
Information about child nutrition/ food	0.1	Engage child in conversation accelerates mental development	0.1
Teach child about colour and taste of food	0.1	Make child familiar with color through colorful toys	0.3
Tell child to chew food properly	0.1	Do horse riding activity with child	0.4
Feed child according to their taste	0.3	Different ways to spend time with the child	0.8
Food to feed child after 6 months of age	0.3	Make child familiar with color through household items	0.9
Wash child's hands before and after meals	0.4	Talking and spending time with the child develops child's mind	1.2
Give mashed food to the child	0.6	Give dough to the child to make different shapes	1.4
Showing mobile while feeding impacts digestion	0.6	Make child familiar with color through different cloths	2.1
Digestion improves if mobile can be avoided	0.7	Making child familiar with different colours using vegetables	2.2
Ways to feed child/ engage while feeding	1.4	Ways to manage work along with spending time with the child	2.6
Keep child away from mobile/TV during meal time	2	Making child familiar with different colours	4.2
Tell stories while feeding the child	2.6	Teaching child through different play activities	5.6
Child should be fed on time/ as per feeding timetable	3.1	Importance of spending time with the child	5.9
		Making child familiar with body parts during massage	6.8
Inside Home	**4.5**	**Siblings**	**0.5**
Ask child to put cloths in bucket	0.1	Ways to manage/deal with fight among two children	0.1
Teaching child to put items in designated places	0.2	Never compare a child with their siblings	0.4
Teaching child about hot/cold/wet/dry through touch	0.3	**General**	**4.6**
Calling and identifying someone by name in front of the child	0.5	About child development/ mental development	0.3
Give household items to child to play/learn	1.7	Better ways of child caregiving	0.5
Ways to teach child at home/ with household items	1.8	Ways to take care of child	1.3
Learning	**1.4**	Got new information that was not known	2.5
Teach classification through dal	0.2	Don't know	0.4
Different ways of teaching Counting	0.5		
Teach counting through stars/ fingers/stone/household items	0.8		

3.7.2 Actions taken

Besides discussing Dulaar with people in the community and family the caregivers did take some action and also showed intention to act in future. While 32 percent already have taken action, 35.5 percent of the caregivers intends to act in future.

Fig 3.12. Action taken and intention to act

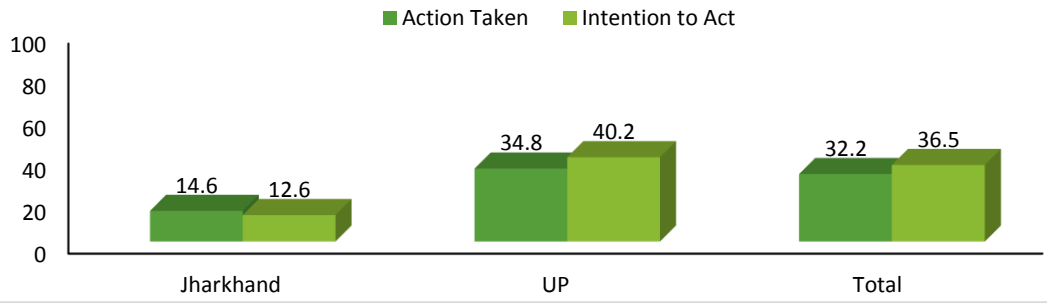


Table 3.23: Action taken	JH	UP	Total
n=	44	696	740
Follow the advice given	77.3	92.7	91.8
Mobilize family members to follow the tips	13.6	15.5	15.4
Mobilize other caregivers to get registered	18.2	13.5	13.8
Register for the other child	15.9	4.9	5.5

Among those who reported that they have taken action 92 percent said that they have followed the advice/tips given in the calls. A handful also mobilized family members to follow the tips and other caregivers to get registered. 85 percent among those who reported that they will take action in future said that they will use the tips regularly. About 47 percent also said that they would register for other child.

3.7.3 Applying learning

As can be noted, 54 percent of the caregivers interviewed reported that they have applied the tips.

Table 3.24: Applied tips	JH	UP	Total
n=	84	1178	1262
Tell stories/do activities	9.5	29.5	28.1
Help child identify colors/vegetables/fruits etc.		15.6	14.6
Pay attention on the child during mealtime		15.4	14.3
Create happy environment at home/avoid fights	60.7	9.3	12.7
Keep child away from mobile/TV	8.3	11.4	11.2
Told family members to pay attention/spend time	15.5	8.2	8.7
Get along well with children/don't scold	22.6	6.0	7.1
Take child outside /give exposure to things around		7.6	7.1
Keep child clean	1.2	4.7	4.4
Modified/ created routine for child		3.9	3.6
Manage work along with engaging child in activities		3.4	3.2
Informed family members about good & bad touch	1.2	0.5	0.6

As noted, 28 percent tell stories and do activities with their child. Around 14 percent help child identifying color, vegetables etc. and also pay attention during meal time. The other tips applied by them are listed in the table.

3.7.4 Changes observed & made

As can be noted from the figure, more than 50 percent reportedly observed changes in the child and in the relationship with the child. While 63 percent observed change in their own self, 45 percent observed change in parent's relationship with the child and made changes in the household environment.

Fig 3.13. Changes observed after applying Dulaar tips

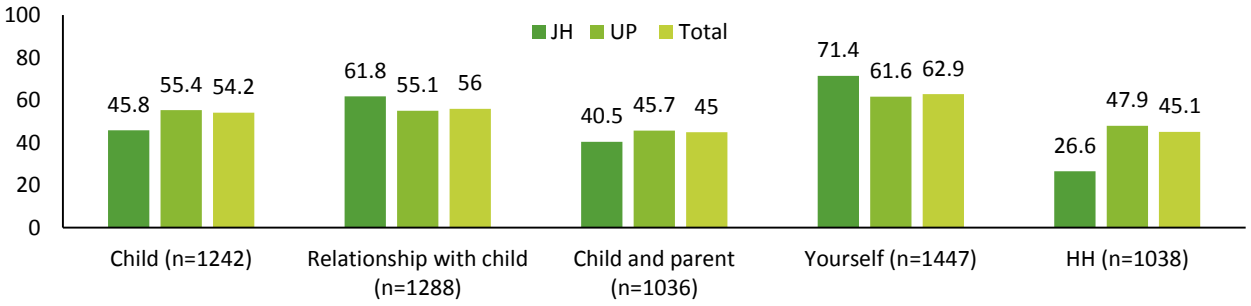


Table 3.25: Changes in Child	JH	UP	Total
n=	301	2000	2301
Good physical and mental development	5.3	14.5	13.3
Identify colours, body parts, family members, vegetables	0.3	14.3	12.4
Learns quickly	7.3	8.7	8.5
Follows instructions, is not stubborn and not troublesome	14.3	4.8	6.0
Limited mobile and TV	9.3	4.3	5.0
Nothing	**54.2**	**44.6**	**45.8**

13 percent caregivers said that they have observed physical and mental development. They have started identifying colours, body parts, relatives etc. and have started picking up things quickly. Around six percent reported that the child is no longer stubborn, does not trouble and can easily follow the instructions given to them.

Table 3.26: Changes in Caregiver's relationship with Child	JH	UP	Total
n=	186	1102	1288
Spend more time/play/engage more with the child	28.0	37.0	35.7
When explained child understands & follows	49.5	21.0	25.1
Child have become more affectionate		26.2	22.4
Better bond/scold less now/talks politely	22.6	11.0	12.7
Child stays happy with me		4.4	3.8

36 percent of caregivers mentioned that they have started spending more time, engage more and play with their child, explains properly and have seen that the child has started following and as a result the child has become affectionate and the bonding is more.

Table 3.27: Changes in relationship with other parent	JH	UP	Total
n=	122	914	1036
Better bond/scold less now/talks politely	45.4	40.6	41.2
Spend more time and plays with the child	37.0	40.2	39.8
Child engages and listens	11.8	8.0	8.4
Started paying more attention	8.4	7.7	7.8

42 percent felt that they deal with the child patiently, scolds less, explains more and bonds better. Around

40 percent also felt that parents have started spending more time as a result of which the child have become obedient.

Table 3.28: Changes in own self	JH	UP	Total
n=	215	1232	1447
Scold less now/deal with patience/affection	46.5	40.5	41.4
Spend more time/pay more attention	30.2	34.4	33.8
Apply tips and engage with child in different activities	9.8	11.3	11.1
Made a routine for the child/myself	8.4	9.5	9.3
Ensure child is well fed	2.3	4.7	4.4
Taking care of self with the child		4.4	3.7
Take child outside and teach about things around		3.6	3.0
Learnt new ways of caregiving	4.7	2.3	2.6
Avoid fights/abuse in child's presence	2.3	2.2	2.2
Understands the gesture of the child		0.5	0.4
Stopped taking alcohol tobacco in child's presence	0.9	0.2	0.3

63 percent of the caregivers felt that they have observed change in themselves. Among them 41 percent felt that they are more patient, affectionate and 34 percent spend more time with their children. The other changes are listed.

Table 3.29: Changes made in household	JH	UP	Total
n=	72	958	1030
Don't fight or abuse in child's presence	53.8	53.7	53.7
Don't scold/ talk politely	17.5	16.3	16.4
Family members spend time with children	17.50	16.5	16.6
Ensure cleanliness and hygiene in the house	3.8	9.1	8.7
Reduced fight among siblings		0.5	0.5
Engage them in activities & keep away from mobile		4.8	4.4
Acknowledge/ understand child's emotion/feelings		0.2	0.2

More than half no longer fights or argues in front of their child and has stopped using abusive languages. In order to change the environment in the house 16 percent they do not talk loudly and spend more time with the child. While nine percent have ensured cleanliness in the house, four percent has tried to keep the child away from mobile and TV.

Changes observed by Implementers: 86.6 percentage of the implementers said that they have observed changes in registered caregivers. All the NGO mobilizers reported so.

Table 3.30: Observed changes	JH	UP	Total
n=	20	90	110
Spend more time/pay more attention	50.0	35.6	38.2
Maintain cleanliness	15.0	30.0	27.3
Try to engage child in different activities	20.0	20.0	20.0
Feed child with nutritious food	-	18.9	15.5
Send children to AWC	-	13.3	10.9
Suggest other caregivers to register to Dulaar	20.0	7.8	10.0
Scold less now/deal with patience/affection	5.0	6.7	6.4
Teach/Help child identify things around	10.0	5.6	6.4
Avoid fights/abuse in child's presence	10.0	2.2	3.6
Made a routine for the child feeding	-	5.6	4.5
Keep children away from TV/Mobile	10.0	1.1	2.7
Take child out for learning	-	1.1	0.9
Don't Know/can't Say	-	4.4	3.6

Although a variety of changes were observed in caregivers the reported percentage was low. More than one third observed that caregivers spend more time with the child or pay more attention to them followed by 27 percent saying that caregivers maintain cleanliness in their house. Engaging child in different activities; feeding child with nutritious food; sending children to AWC; suggesting other caregivers to register in Dulaar etc. were other changes reported.

Among those who did not observe any change or made any change in the household, majority of them said that they did not feel the need to change.

The implementers also forwarded reasons for no change. 41 percent cited lack of caregiver's interest followed by a quarter saying that caregivers did not listen to Dulaar calls and henceforth no change was observed.

The changes that resulted from the application of tips and activities taken up by the caregivers was cross tabulated with average listenership. The listenership data was forwarded by DLF. Three ranges were created from average listenership- caregivers who listened to less than 25 percent of the call content, those who listened to 50 percent of the call content and caregivers who consumed more than 50 percent of the call content. As can be noted from the table that caregivers who consumed more than 50 percent of the call content was more likely to report more impact and changes than the others.

Table 3.31 Changes by average Listenership	0-25%	25.1-50%	>50%
Message Recall (n=1989)	73.5	84.9	**88.3**
New information gained (n=1189)	39.1	47.5	**54.8**
Applied tips (n=1262)	44.9	52.1	**57.1**
Change in child (n=1242)	46.4	49.1	**57.0**
Change in relation with child (n=1288)	50.0	50.7	**59.0**
Change in child & parent relation (n=1032)	39.1	40.8	**47.3**
Change in yourself (n=1477)	54.3	57.3	**66.3**
Change in your HH environment (n=1038)	32.6	42.7	**47.4**
Action Taken (n=740)	25.4	28.9	**34.3**
Intend to take action (n=841)	29.7	33.7	**38.5**

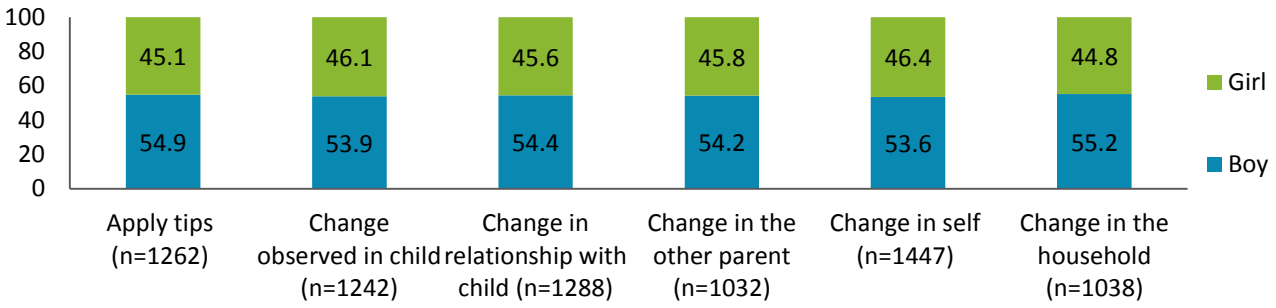
The impact was also cross tabulated by the background characteristics of the caregivers. As can be noted from the table that literate caregivers were more likely to adopt child friendly behaviour and report learning from Dulaar than their illiterate counterparts.

Table 3.32 Changes by background	Education		Caste				Families	
	Literate	Illiterate	Gen	SC	ST	OBC	Boy's	Girl's
Message Recall (n=1989)	**87.7**	77.7	85.3	84	79.7	**89.1**	86.5	86.3
New information gained (n=1189)	**53.4**	39.9	**55.0**	46.3	49.7	53.8	51.6	51.7
Applied tips (n=1262)	**56.8**	41.6	56.1	**56.7**	38.5	55.5	54.9	54.8
Change in child (n=1242)	**56.1**	39.2	**56.3**	51.2	49.7	55.3	53.0	55.1
Change in relation with child (n=1288)	**57.9**	43.0	55.3	52.3	**65.7**	57.1	55.5	56.6
Change in child & parent relation (n=1032)	**46.5**	33.3	**47.0**	42.4	43.4	45.7	44.3	45.6
Change in yourself (n=1477)	**64.6**	50.9	62.5	62.6	**66.4**	62.7	61.4	64.6
Change in your HH environment (n=1038)	**46.5**	35.4	**47.5**	46.2	30.1	45.6	45.4	44.8
Action Taken (n=740)	**33.8**	21.0	**36.7**	31.9	20.3	32.3	33.2	30.9
Intend to take action (n=841)	**38.1**	25.8	**42.9**	37.8	21.0	35.6	36.9	36.1

When it came to adoption of child friendly behaviours by caste categories, in most of the cases adoption was more among the caregivers from general category followed by the OBCs. Caregivers from Scheduled tribes were less likely to report changes in most of the areas of impact.

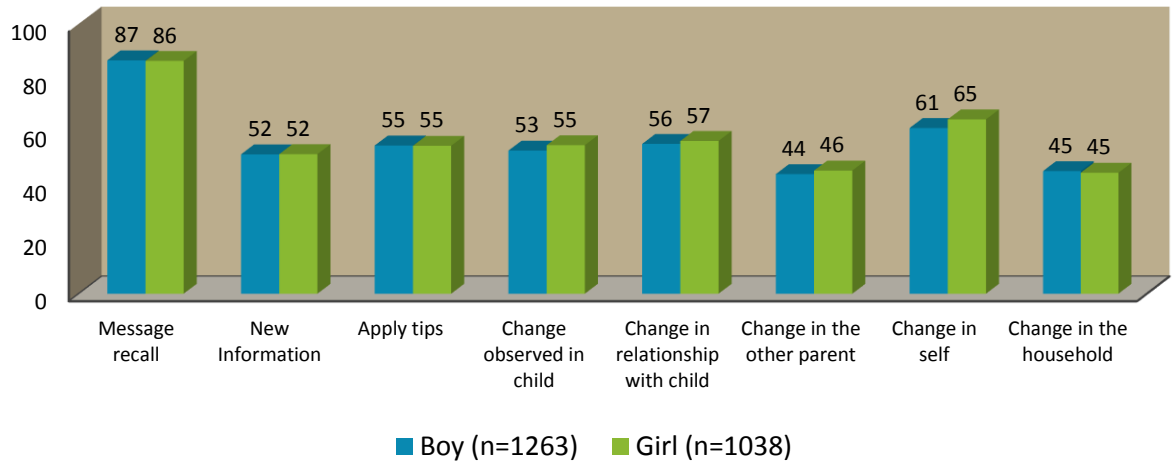
One of the objectives of the assessment was to explore differences (if any) in the adoption of child-friendly behaviours by parents and caregivers by sex of the child for whom they had registered. From an analysis by sex of child it emerged that the proportion of adoption was similar to the sample.

Fig 3.15 Changes by sex of child



The findings were then cross tabulated by number of boy's families reporting changes to total number of boy's family interviewed and number of girl's family reporting changes to total girl's family interviewed. This brought out that there were no there was no significant difference among adoption of changes among girl's families were more than in boy's families.

Fig 3.16 Adoption among boys and girls family



The FGD participants identified things that have changed after listening to Dulaar. The findings have been sequentially tabulated according to the number of FGDs these came up from.

Table 3.33 Before after exercise (FGD)

Theme	Before	After
TALK AND PLAY – 12 FGDs & TRIADS		
Spend time	• **Majority** earlier used to spend limited time they had in hand after doing their routine work	• Apply different ways to spend time and engage with the child while doing their routine work. • **Male caregivers** take out some time to spend after coming back from work (JH) and teach new things (UP). • **Some caregivers** made a routine to ensure time to spend with their children.
Talk to child during massage	• Earlier did not interact with the child or taught anything while doing massage	• Majority female caregivers shared that now they converse with the child while massaging their body and make them familiar with different body parts.
EXPEDITION TO NEARBY PLACES - 9 FGDs & TRIADS		
Take children out	• Majority reported that they rarely took their children outside	• **Both male and female caregivers** reported that they take child out more often and teach about environment, make them familiar with trees, flowers, animals, fruits, vegetables etc.
MANAGING BEHAVIOR - 8 FGDs & TRIADS		
Dealing with stubborn child	• **Most caregivers** reported that earlier they used to scold children or beat them up to reduce their stubbornness • Had no routine for their children	• Try to control their anger and talk politely with the child, remain patient with the child and try to distract child(JH) • **Some** have made a routine for their child and follow it.
TOXIC STRESS -7 FGDs & TRIADS		
Environment at home	• **Some** from both the states stated that earlier they used often fight/argue/use foul language in child's presence	• **Some of the caregivers** reported of avoiding fights and arguments in front of the child; maintain happy and peaceful environment at home (female); avoid using foul language in front of the child (male UP)
Nutrition – 5 FGDs & TRIADS		
Keep child away from Mobile	• **Some** of the female caregivers from both the states earlier showed mobile phone while feeding their children.	• **Female caregivers** now try to engage child though different songs/ props/objects while feeding them. • **Few male caregivers from UP** also confirmed that mothers now avoid use of phone while feeding
Pay more attention on child's nutrition	• Few caregivers earlier did not feed child very consciously.	• Now they make sure to feed child with nutritious food from different food groups.

As a result of doing things differently the caregivers have observed that

→ By spending more time with the child, their bond and interpersonal communication has strengthened. Fathers relationship with the child has improved.

→ By taking the child outside and exposing them to outside environment the child can now easily recognize things around and have become more curious.

→ Dealing politely and being patient without scolding has reduced irritability among children. The children have become more comfortable in sharing and asking for things from caregivers. Female caregivers also reported of observing a decrease in child's irritability as a result of making and following a routine.

→ Everyone in the family lives happily together, are more affectionate towards the child and avoid stressful situations in child's presence.

→ Child now enjoys feed time with different songs/rhymes etc. and feeding child has become easy.

3.8 Expectations

3.8.1 Expectations of caregivers

The caregivers were asked about their expectations from Dulaar and whether their expectations were met. While around 30 percent had no expectations, 60 percent caregivers said that they expected something or the other from Dulaar.

Table 3.34: Expected from Dulaar (MR)	JH	UP	Total
N=	301	2000	2301
New information	36.2	24.3	25.8
Learn new tips for child care	8.3	23.1	21.2
Information on child's physical & mental development	5.6	14.8	13.6
Information about nutritious food	0.3	11.9	10.4
Get ration		8.5	7.4
Get toys/money/gifts	3.0	4.4	4.2
Get to know about health hygiene and cleanliness	0.7	0.7	0.7
Immunization	3.3	0.1	0.5
Not any expectation	**49.2**	**27.1**	**29.9**

A little more than one fourth expected to get new information followed by 21 percent who wanted to learn new tips of child care. Less than 15 percent wanted information on child's physical and mental development. Around eight percent in UP expected sure flow of ration from AWC after registering in Dulaar.

3.8.2 Expectations met and reasons

Only **68.3** percent of the caregivers reported that their expectations were met.

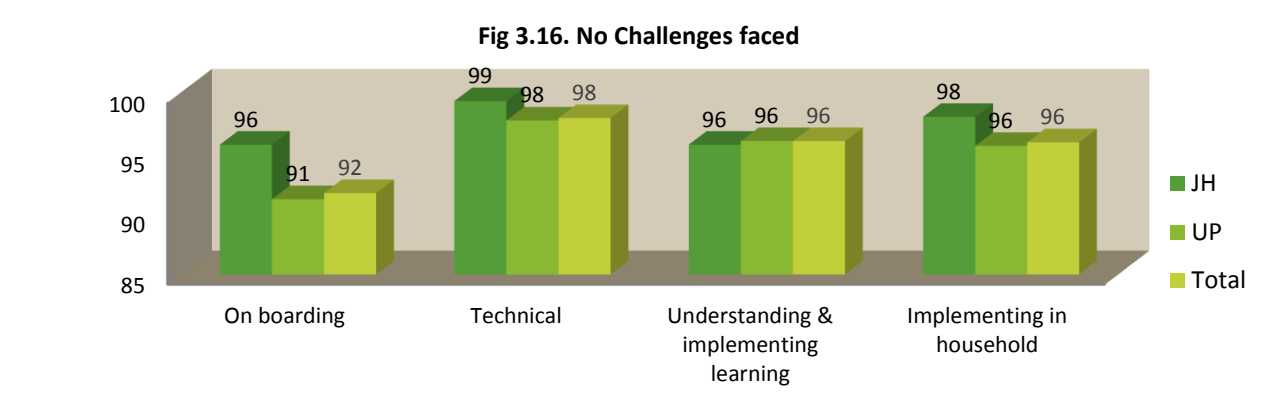
Table 3.35: Reasons why expectation met	JH	UP	Total
n=	193	1373	1566
Got information/new information	55	55	55
Learnt new tips of child care	9.7	30.6	28
Observed change in child's behavior	26	7.9	10.1
Got Ration		3.8	3.3
Observed change in self	5.1	2.3	2.6
Tips shared were easy to understand & apply	4.6	0.4	0.9

Among those whose expectations were met, 55 percent said that they got new information followed by another 28 percent who revealed that they learnt new tips of child care. Another 10 percent reported that they have observed change in their child's behaviour and so their expectation from Dulaar is met. A few were asked to register in Dulaar in exchange to ration. They said that they continued to get their ration from AWC and their expectations were met.

Among those whose expectations were not met (n=735), 72 percent did not have any expectations altogether. While 28 percent said that they did not receive any money, gift or ration as they expected from Dulaar.

According to the 69 percent of the implementers the expectation of the community from Dulaar was somewhat met.

3.9 Challenges faced, solutions and support required



As can be noted from the graph above, majority of the caregivers did not face any challenge during on-boarding, technical challenge, in understanding the tips given in Dulaar or during implementing them in the household.

The challenges faced are listed below with the solutions offered.

Table 3.36 Challenges faces and steps to overcome

Theme	Challenges/Problems	Steps to overcome
Onboarding (n=190)	• Unavailability of phone • Poor Network • No phone recharge restricting incoming calls	• Own a phone • Mobile phone repaired / new purchase • Network connectivity should be there • Dulaar calls should come without mobile recharge
Technical (n=48)	• Network problem • Phone not work properly • Recharge Problem • Call was not returning	• Called again • Mobile number changed • Mobile repaired • Recharge
Understanding & implementing learning (n=93)	• Length • No support from family • Language difficult	• Family members should be counseled • Easy regional language • Promotion of Dulaar by AWW • Calls should be short • Own a phone
Implementing in Household (n=94)	• Family members were not supportive • Managing child's stubborn behaviour	• Nothing • Dealt with the child with patience/love • Started work by making a routine • Counselled family members

Around 92 percent of the caregivers reported that there **were no problems as such**. A few noted unavailability of phone, poor network conditions, and restricted incoming calls in phones without recharge. Among the handful who had reported problems during onboarding, most of them could not provide any suggestion for improvement. Those who did, said that owning a phone and getting it repaired would solve the problem. Some also demanded better connectivity and asked for Dulaar calls without recharge. The other solutions are listed.

The challenges shared by caregivers in FGDs and triads regarding onboarding and listening were similar as they too complained about poor network (UP), unavailability of phone at home or phone not working as reason. A few in Ranchi reported no money recharge in the phone which resulted in suspension of incoming call. No battery in phone due to power cut also came up but were beyond the scope of the program. To overcome the problem of poor network connectivity, caregivers moved to better coverage area like outside house, terrace etc. to listen to Dulaar calls.

Since there was network problem, I was unable to receive Dulaar calls. In order to listen to the calls, I would go out in a better coverage area" Female, Chirautha, Banda

If the mobile recharge expires, there are no Dulaar calls. I get the recharge done and listen to the calls" Male, Chundi, Ranchi

"I did not listen to all the Dulaar calls because it came across as a call from some company. Due to which I couldn't apply tips." Female caregiver, Kalupur Pahi, Chitrakoot

"Caregivers should be given detailed information before registration because some caregivers think that this is nonsense and a call from some company. And therefore they either don't receive the call or disconnect it." Female caregiver, Bhagwatpur, Chitrakoot

Majority caregivers did not mention any challenge per se in implementing tips or activities at home except for lack of time and burden of work, however few female caregivers from Chitrakoot mentioned that they did not listen to all the Dulaar calls because of the perception that the call was coming from some company and hence could not apply any tips. To this they suggested that caregivers should be informed in details about the program before registration so that they know that the calls are coming from Dulaar and not from companies.

3.10 Suggestions for better coverage and impact

The table lists the suggestions from caregivers about the things need to be done to motivate other caregivers to listen and incorporate the messages from Dulaar calls in their lives.

Table 3.37	JH	UP	Total		JH	UP	Total
PROMOTION	**301**	**2000**	**2301**	**MEETINGS BY INFLUENCERS**	**301**	**2000**	**2301**
Door to door visits /Rally on Dulaar	6.6	5.8	5.9	AWW/ASHA explain parents in details	4.7	23	20.6
Explain more about Dulaar	13.6	15.6	15.3	Conduct meetings	10	7.1	7.5
Benefits of Dulaar	2	7.1	6.4	Gram panchayat meeting	0	3.1	2.7
IEC material- Poster/books/video/WP	2	3.2	3	Doctors meeting	0.3	-	-
TV/ FB advertisements	1	1.6	1.5	Officials should promote Dulaar	0	0.7	0.6
Explain more about registration process	0.3	0.8	0.7	School teachers be informed	-	0.1	-
FORMAT				**CONTENT**			
Dulaar message in video format	1.3	1.7	1.6	Mental & physical development	0	8.3	7.2
Increase number & duration of calls	0.7	1.5	1.4	Mother's health	0	0.9	0.8
Listen to calls as per our convenience	0.3	0.5	0.4	Children beyond 6 years	2	0.6	0.7
No repeated calls	0.3	0.2	0.2	Child nutrition	0	0.4	0.3
An option to share opinion	-	0.2	0.2	How to avoid junk food	0.3	0	0
More time slots	0.3	0.1	0.1				
MISCELLANEOUS							
Gifts/toys /Poshahar/money for kids	6	7.6	7.3	**Don't know**	**54.2**	**24.8**	**28.6**
Families need to be more supportive	1.3	0.2	0.3				
Receive call without recharge	1	0.2	0.3				

Around 27 percent of the caregivers reportedly did not have any suggestion on this. The other responses given by them can be categorized under four major heads of 1) Proper promotion of Dulaar, 2) Promotion of Dulaar through community influencers, 3) Content of Dulaar and 4) Format of the calls.

One third of the caregivers insisted both on promoting Dulaar properly and holding meetings in the village by influential like health workers, Pradhan, Officials etc. They suggested options like door to door visits, rallies, explaining the benefits and contents of Dulaar in details. A few suggested about expanding the content to include mental health.

"Anganwadi should go to each household and tell about Dulaar or do a meeting with caregivers and explain them. It will be good if registered caregivers tell other caregivers about the program and motivate them to listen to the calls" Female, Sariyan, Chitrakoot

"The time of the call should also include evening time so that more and more caregivers can listen to the calls. Female, Kalupurpahi, Chitrakoot

"Dulaar should broadcast on TV. AWW should inform caregivers. Gram Pradhan should talk about Dulaar in meetings and Dulaar should also come on radio. Female, Bhagwatpur, Chitrakoot

"There should be an option of registration and meetings should be done in the village and NGO people should send message to the caregivers." Male, Chundi, Ranchi

When asked about ways to have better impact similar responses came. While 23 percent of the caregivers had no suggestions to give, the details of suggestions forwarded by the rest is tabulated below under some categories. Promotion of Dulaar through door to door visits, advertisement on TV, social media, and AWWs explaining the entire process of registration properly were suggested for better impact of Dulaar. Changes in content and format were suggested along with ways to sustain the learning by formation of women/mother's group to discuss Dulaar.

Table 3.38: For better impact	JH	UP	Total		JH	UP	Total
PROMOTE DULAAR	**32.5**	**71.6**	**66.2**	**FORMAT**	**14.2**	**4.7**	**5.7**
Conduct community/Parents meetings	9	20.1	18.6	Dulaar messages shared in video format	6.3	1.8	2.4
AWW/NGO to inform during registration	0.6	20.7	18	Connect caregivers in WhatsApp	0	0.9	0.8
Promotion of Dulaar in village	16.3	18.2	17.9	Increase duration of call	1.3	0.5	0.6
Adv on TV/Social media/Radio	5	9.3	8.7	More Dulaar calls	3	0.2	0.6
Involve Pradhan/Teacher/Block/UNICEF	0.3	2.1	1.9	YouTube channel to share information	1	0.4	0.5
Train AWW and ASHA	0	0.6	0.5	Option to ask queries should be there	1	0.2	0.3
Inform mothers on ration immunization day	0.3	0.5	0.4	Option of Video call instead of audio call	0.3	0.2	0.2
Dulaar activities to be done by AWW in AWC	1	0.1	0.2	Able to make call at a convenient time	1	0	0.1
CONTENT	**6.7**	**2.5**	**2.7**	Calls must come even without recharge	0.3	0.1	0.1
On caregiving & up bringing	1.7	1.6	1.6	Provide better SIM/network connectivity	0	0.1	0.1
For children up to 12 years	2.7	0.7	1	Re-registration through same number	0	0.1	0
Teaching children	2.3	0.3	0.6	Dulaar calls in local language	0	0.1	0
Add new issues	0	0.1	0.1	Make Dulaar app	0	0.1	0
Introduce topic in the beginning of the call	0	0.1	0				
SUSTAIN & FOLLOW UPS	**0.7**	**1.8**	**1.6**	**GIFTS & MOBILE RECHARGE**	**3.3**	**2.3**	**2.4**
Form Mothers group for discussions	0.7	1.2	1.1	Give gifts/money/Recharge/ Mobile	0.7	2.3	2.0
Follow up with caregivers	0	0.2	0.2	Distribute toys for small children	2.7		0.3
Register more caregivers	0	0.3	0.2				
Family members should also listen to Dulaar	0	0.1	0.1	**Don't know**	**44.2**	**20.4**	**23.5**

The participants from FGD/Triads had similar suggestions. Dissemination of detailed information about Dulaar through meetings by AWWs emerged from majority of the discussions from Banda and Chitrakoot. They further added that there should promotion of Dulaar on TV; other stakeholders like panchayat members, ANM, ASHA should be involved in the program; Dulaar messages should come in video format as it will attract caregivers more and the timing of Dulaar call should shift to evening slots.

Caregivers from Ranchi mentioned of including content on children beyond 6 years, availability of re- registration, gifting children with toys and sending message from the NGO mobilizers to the caregivers on Dulaar.

In the community AWWs emerged as the person who is mostly listened to when it comes to topics related to responsive caregiving followed by Pradhan. The implementers too felt that health workers are the most credible influencer when it comes to child care.

Table 3.39 Knows all in family	JH	UP	Total
N=	301	2000	2301
Self	64.1	66.1	65.8
Wife	5.6	16.1	14.7
Mother-in-law	9.0	8.8	8.8
Husband	18.3	7.1	8.6
Sister / Father/ Brother in law	3.0	2.0	2.1

When it comes to the topic of responsive caregiving of 0-6 years' child 66 percent of the caregivers felt that they themselves were the most knowledgeable in the family followed by their wife. Those who said 'self' among them 61 percent were mothers of child, and 29.5 percent were father of the child.

When enquired about asked about whose advice is listened to in the house related to child care 57 percent named themselves and 24 percent said husband.

CHAPTER 4: IMPLEMENTERS PERSPECTIVE

Dulaar is a phone call-based intervention and the on boarding process was facilitated by AWWs in Uttar Pradesh and NGO Mobilisers in Jharkhand. In UP the ICDS was involved, and in Jharkhand the NGO partner already working with UNICEF on delivering COVID messages was hired to implement the program. Both online and offline orientation sessions were held to inform them about benefits of responsive care giving, early learning in the first 6 years and importance of involving parents in child's development. The implementers were also introduced to Dulaar program and were exposed to videos. They were oriented to inform caregivers/parents about *Dulaar* initiative and assist them in the registration process. The briefing sessions ranged from 30 minutes to one-hour session and was attended by AWWs, Supervisors, CDPOs in UP. These sessions were part of the monthly meetings of AWWs. In Jharkhand Karra Society for Rural Action (KSRA) in Ranchi was commissioned and was trained by both UNICEF volunteers and Dost learning Foundation.

This chapter consolidates the perspectives of the UNICEF program persons, UN volunteers who worked on this project, AWWs, NGO mobilisers and the NGO head who were responsible for coordinating the onboarding process.

4.1 Dulaar Intervention

In order to understand how the AWWs in UP and NGO mobilisers in Jharkhand were involved in Dulaar they were enquired about their awareness on Dulaar topics, partners and about their orientation.

4.1.1 Source of information and major implementers

Table 4.1 Source	JH	UP	Implementers	JH	UP
N=	20	107	N=	20	107
Supervisor	5.0	94.4	Supervisors	10.0	93.5
UNICEF	60.0	57.0	UNICEF	90.0	71.0
CDPO	15.0	57.0	AWWs/Helper	25.0	72.9
DPO		15.9	CDPO	10.0	57.0
NGO	45.0	-	DPO	5.0	29.0
Dost Foundation	15.0	-	Dost Foundation	25.0	-
			Government	5.0	3.7
			NGO	15.0	0.9
			District Administration		1.9
			Don't know	15.0	0.9

The major source of information on Dulaar was UNICEF (60%) in Jharkhand and Supervisors (94.4%) in UP.

They were asked to recall who all were participants or implementers of Dulaar Intervention.

The NGO mobilisers from Jharkhand identified UNICEF, Dost Learning Foundation, AWWs and NGOs as the main participant in the intervention. In UP however, majority of the AWWs identified their Supervisors, UNICEF, AWW/Helpers, CDPO and DPO as participants.

4.1.2 Content of Dulaar

Table 4.2 Topics of Dulaar	JH	UP
N=	20	107
Child development (Mental & physical health)	55.0	60.7
Child Nutrition/ ways to feed child	55.0	57.0
Child upbringing/ caregiving	40.0	40.2
Managing Behavior/ stubbornness	15.0	10.3
Ways to keep child away from mobile/TV	20.0	1.9
Help child identify objects / things around		4.7
Familiarize child with body parts during massage		2.8
Maintaining cleanliness/hygiene		2.8
Teaching through stories		1.9
Can't Recall		1.9

When asked to describe the content of Dulaar around 60 percent of them identified child development followed by child nutrition and care giving as topics of Dulaar. The others are listed in the table. It is obvious that besides what was told to them during the orientation they do not know much detail about the content.

Nearly all the AWWs and NGO mobilizers who participated in FGD/IDIs said that content of Dulaar is different from the messages that they normally share with caregivers. They were of the view that they do talk about child development, caregiving and nutrition in their routine work, but Dulaar's content incorporates different ways and activities making it easy for the caregiver to easily apply them in their day to day lives. Majority could cite different activities/topics that were discussed in Dulaar like identification of colors, objects, animals etc.; way to keep child away from mobile/TV; teaching through art; teaching child through different play/ physical activities etc. Moreover, Dulaar covers a vast range of topics that is usually not covered by them.

"Dulaar suggests different play activities that can be used in teaching children and are very easy to apply"NGO mobilizer, Ranchi

"Dulaar content is very different as it covers a wide range of topics and discusses them in details" AWW, Bacchei, Banda

"We also talk about child development and nutriton. However, Dulaar shares information about these issues in detail." AWW, Niyawal, Chitrakoot

4.1.3 Orientation

- 90 percent NGO mobilizers and 88 percent of the AWWs reported of attending orientation meeting for Dulaar.
- Those who attended, reported that the meeting was on an average of 48 minutes' duration.
- As can be noted majority attended meeting at block level. However, in Jharkhand meetings were also conducted online, in Gram Panchayat Bhavan and NGO office.

Table 4.3 About Orientation	JH	UP	Total
n=	18	94	112
Average duration in mins.	51.94	47.34	48.08
Venue			
At block level	**77.8**	**96.8**	
At district level	5.6	8.5	
Online	22.2	-	
NGO Office	11.1	-	
Gram Panchayat Bhawan	16.7	-	
Average # of Meetings attended	7.75	3.63	
Got IEC Materials	60.0	19.6	

- Average number of briefing meetings attended by the NGO mobilisers is 7.75 whereas by AWWs is 3.63 meetings.
- More NGO mobilizers (60%) as compared to AWWs (19.6%) reported of receiving IEC materials on Dulaar.

Table 4.4 Content of briefing	JH	UP
n=	18	94
Benefits of responsive caregiving and early learning	94.4	94.7
Importance of involving parents in child's development	94.4	87.2
Process of Registration	11.1	9.6
Register as many parents as possible	5.6	2.1

- **Content:** The AWWs and the NGO mobilisers were briefed about Dulaar implementation process, content, their role and involvement. Majority of the AWWs and NGO mobilisers mentioned that benefits of responsive caregiving and importance of parent's involvement in child's development was discussed in the meeting. Very few mentioned about the registration process or about their roles.

4.1.4 Roles & responsibilities

To get an insight into their understanding of the role that they were supposed to play under Dulaar the AWWs and the NGO mobilizers were asked to list them.

Table 4.5 Roles under Dulaar	JH	UP
N=	20	107
Assist parents to register for Dulaar	90	97.2
Motivate parents to listen to Dulaar calls	90	71
Explain the process of repeat calls	85	46.7
Explain the process of receiving a missed call	70	35.5
Explain if there is any doubt	75	29
Attend to any technical problem	65	20.6
Monitor whether they are listening	50	14
Feedback to immediate senior	35	2.8

The data indicates that while assisting parents to register was stated by both NGO mobilisers and AWWs, the NGO mobilizers were more aware of the assigned roles than AWWs who perceived their roles limited to providing assistance in registration and motivating caregivers to listen to Dulaar calls.

Table 4.6 Targets given	JH	UP
n=	15	39
Register caregivers of 0 to 6 years	6.7	61.5
Register 80-100% caregivers of 0-6 years	6.7	35.9
Register 8-10 caregivers per day	80.0	2.6

75 percent of the NGO mobilisers also reportedly got some targets to achieve. Only 36.4 percent of AWWs in UP also said so.

When enquired, majority from JH could give a specific detail about the target of registering 8-10 caregivers per day. The targets specified by the AWWs were more general.

The findings from the IDI and FGD were similar and the primary role assigned to them was of on-boarding. They were told that the program will help in child's overall development, were explained about the process of on-boarding and instructed about registering maximum caregivers of children of 0-6 years of age.

After completion of on boarding process a majority reported that they used to follow up with the caregivers on whether they are receiving Dulaar calls and ask if they are facing any technical issues. Very few implementers also asked caregivers if they were listening to the calls or not. A few also mentioned about motivating caregivers to listen to Dulaar calls and shared about its benefits.

- *UNICEF told register caregivers as this will bring a lot of change in caregivers as well as children. Went door to door and explained. Made few caregivers without phone listen to Dulaar calls through our personal mobile phones" AWW, Bacchie, Banda*
- *We were told to register maximum caregivers. Target was to register 100% if not then 70%. Went door to door and asked whether caregivers are listening to Dulaar calls or not. AWW, Tindwara, Chitrakoot*
- *After registering caregivers, I used to discuss about the program and follow up with them on whether they are receiving Dulaar calls or listening to them regularly or doing activities or not" AWW, Mungus, Banda*
- *After connecting caregivers with this program, we used to meet them again and again and ask if they were receiving calls or not or facing any problems in listening to the calls" NGO mobilizer, Ranchi*

4.1.5 Implementers expectations from Dulaar

All the participants of IDI and FGD had limited expectation from the program. Majority of them expected Dulaar to be a program for children wherein they expected to get information that was not known to them. One of the AWWs expected to receive detail content of the program from the department, but understood that one has to register and listen to the calls in order to do so.

Another AWW mentioned that she expected Dulaar to help her in the routine work. She added that the caregivers who did not listen to her would now understand about child development and upbringing better. Dulaar has made it easy for her to ensure that caregivers get necessary information about their child's development. They expected to see some change in caregivers after listening to Dulaar calls.

"The expectation was to receive new information and learn more about children development and related topics" NGO mobilizer, Ranchi

"Those caregivers who did not pay attention to whatever I told them about their child's development and wellbeing, listens to Dulaar and understands better. It is important that they get information on their child's wellbeing" AWW, Bacchie, Banda

I expected to receive information on child development and this expectation has been fulfilled. This has also impacted beneficiaries. After listening to Dulaar calls caregivers has started teaching their children through different activities like identifying objects through colors, making effigies or toys through dough etc. AWW, Mungus, Banda

4.2 Implementation Experience

To understand how the AWWs and NGO mobilisers went about on boarding, caregivers they were enquired about the process of onboarding that they followed.

4.2.1 Considerations made during registration

Table 4.7 Considerations during registration	JH	UP
N=	20	107
HHs with a child between 0-6 years	100.0	99.1
Mothers owning a basic phone	100.0	94.4
Family owning a basic phone	70.0	57.9
Tell about benefits of Dulaar	15.0	-

During onboarding nearly all AWWs and NGO mobilizers kept in mind that they need to register caregivers from households that have a child between 0-6 years and mothers owning a basic phone. The other consideration was family owning a basic phone.

4.2.2 Support given and explanation provided

As a subsequent logical step, it was enquired if the implementers took an extra step when they registered in someone else's phone other than the mother's and whether they explained to them about what happens after registration and how to convey a message to the primary caregiver.

Table 4.8 Explanation given	JH	UP
n=	6	69
Yes	100.0	63.8
What did you explain	**6**	**44**
Convey message to the mother of the child	16.7	68.2
Told about program	16.7	29.5
Give phone to child's mother	83.3	18.2
You too listen to the calls	16.7	22.7
Give a missed call once you are home		9.1

All the NGO mobilisers and only 64 percent AWWs said that they did have a discussion with the caregivers after registration.

Majority of the NGO mobilisers in JH explained that the 'phone has to be given to the child's mother'. The AWWs in UP told them to 'convey the message to the mother of the child'. The process to be followed after registration was not standardized. While around one fourth AWWs explained about the program and asked them also to listen to the calls, very few in Jharkhand so. The numbers are so less that it hardly made any impact.

Table 4.9 Support given	JH	UP
N=	20	107
Motivated to listen to Dulaar calls	45.0	45.8
Follow up with caregivers for queries/problems/change	5.0	20.6
Gave Poshahar	-	14.0
Gave information on immunization	15.0	7.5
Explain about caregiving/child development	25.0	7.5
Motivated to apply Dulaar activities/tips	-	1.9
Explained about Dulaar messages	10.0	4.7
Nothing	15.0	17.8

Other than helping in on boarding, 45 percent of the implementers from both the states reportedly offered support in terms of motivation to caregivers to listen to Dulaar calls. More AWWs as compared to NGO mobilizers reportedly supported

by doing a follow up on problems that caregivers experienced. On the other hand, one fourth NGO mobilizers(JH)supported by explaining about caregiving and child development against 7.5 percent AWWs doing so.

4.2.3 Efforts to increase registration

The implementers were asked to throw some light on the actions that they took to increase registrations. The actions are listed.

Table 4.10 Action to increase the on boarding	JH	UP
N=	20	107
Went door to door	35.0	49.5
Shared about benefits of Dulaar	50.0	27.1
Motivated caregivers to register	15.0	14.0
Conducted meetings and told about Dulaar	20.0	9.3
Told caregivers to register to get ration	5.0	2.8
Nothing	15.0	15.9

While 15 percent did nothing extra, 47 percent reported that they took up door to door visit to maximize registration. Sharing about benefits of Dulaar, motivating caregivers for registration were also some actions. NGO mobilisers in Jharkhand conducted meetings and spoke about Dulaar.

The participants of IDI and FGD also explained that while they were only supposed to facilitate onboarding, they made multiple home visits in order to complete the registration. This was mainly due to network problem. The caregivers complained about not getting the call from Dulaar after giving a missed call. In order to complete the registration process repeated visits were made. Besides, there were issues of non-availability of phone or no recharge in the phone that resulted in non-receipt of Dulaar calls. Additionally, a few reported that they had to explain a lot to convince the caregivers to register for the program.

"Poor network used to be an issue in registration process. To complete registration we made multiple home visits" AWW, Chaunsarh, Chitrakoot

"Sometimes when we used to go for registration, there was no phone available or they did not have recharge in their phones. So in this case we used to visit them again for registration" AWW, Mawai Bujurg, Banda

4.3 Implementers who registered

The AWWs and the NGO mobilisers in some cases were caregivers of 0-6 years' child and so registering for Dulaar was normal. Besides, for a better understanding of the intervention they may register and listen to the calls.

- → The study found that 84.3 percent of the implementers registered with Dulaar.
- → Those who registered (n=107), among them more than 80 percent said that they did so as they wanted to learn and help caregivers, were curious to know what Dulaar was and 58 percent registered because they were a caregiver too.
- → Those who registered (n=107) among them **58 percent heard most of the calls**. A little more than one fourth implementers heard all the calls.

4.4 IPC and Action

4.4.1 Interpersonal communication

Table 4.11 Discussed with	JH	UP
n=	17	84
Neighbors	88.2	64.3
Other caregivers	58.8	70.2
Spouse	52.9	38.1
Supervisor	17.6	42.9
Friends	52.9	28.6
Health Service Providers	23.5	29.8
Teacher	23.5	23.8
Parents/in-laws	70.6	11.9
NGO head	47.1	-
Panchayat/SHG/ Pastor member	17.6	

94 percent of the implementers reported discussion on Dulaar. Majority reported discussing Dulaar with neighbors, caregivers and spouse. Implementers also discussed with their supervisors, NGO Head (JH), and friends and with other health service providers. In Jharkhand, the NGO mobilisers also spoke with their own parents and in-laws.

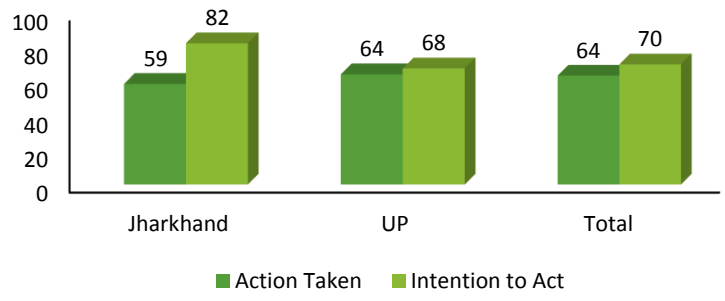
Table 4. 12 Topic of discussion	Total
n=	101
Dulaar is about child caregiving & development	54.5
Motivated caregivers to listen to Dulaar calls	30.7
Discussed about Dulaar activities/messages	28.7
Benefits of Dulaar	18.8
About Dulaar registration	5.0

The interpersonal communication in this case have been interpreted as the routine discussion that they had during the on boarding process explaining what Dulaar is and motivating parents to register. More than half of the implementers reportedly discussed about the broad theme of Dulaar which is about caregiving and child development. 30 percent had conversation with caregivers wherein they motivated them to listen to Dulaar calls. A little more than one fourth discussed about Dulaar activities and messages shared.

4.4.2 Action taken /intention to act

Besides discussing Dulaar with people in the community we asked whether the implementers took some action and also showed intention to act in future.

Fig 4.1. Action taken and intention to act



63.6 percent reported of having taken some action after listening to Dulaar and 70 percent of the implementers showed willingness to act in future.

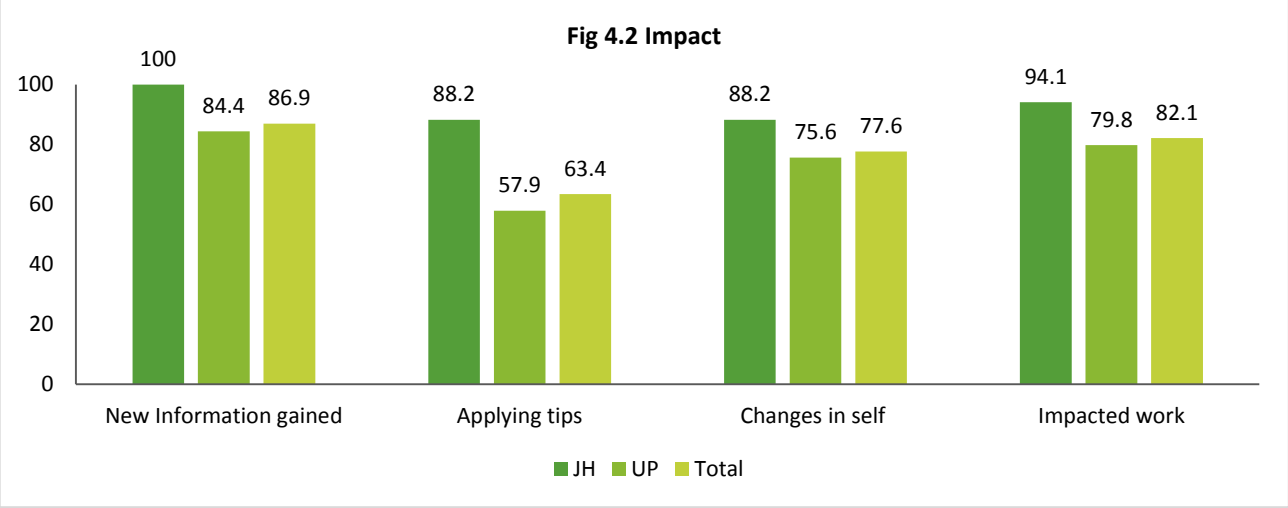
Table 4.13 Action taken	JH	UP	Total
n=	10	58	68
Mobilize family members to follow the tips	100.0	62.1	67.6
Mobilize other caregivers to get registered	90.0	63.8	67.6
Follow the advice given	50.0	58.6	57.4
Register for my child	80.0	41.4	47.1
Follow up with registered caregivers	40.0	44.8	44.1
Started discussion in groups	70.0	31.0	36.8

Among actions taken, around two third mobilized family members to follow Dulaar tips and other caregivers to register for Dulaar Program. Majority NGO mobilizers reported of doing so. Less than 60 percent reportedly followed advice given in Dulaar. Registration of their own child, following up with registered caregivers and discussions in groups were other actions taken by implementers from both the states.

The implementers listed the action that they would like to take up for Dulaar in the future. They intend to register more caregivers, inform and serve the community with the learning, and intends to apply the learning in the family, teach new things through games and activities.

4.5 Impact

The impact of Dulaar intervention on the implementers was measured through reporting on new information gained by them, applying the learnings, changes that they observed and reported impact on their work.



4.5.1 New Information gained

Among the registered implementers, 86 percent of the implementers learnt something new from Dulaar calls. They are listed as below. As can be noted new information was recalled from 9 themes of Dulaar.

Table 4.14 New information gained		%
Themes	**Information gained (n=93)**	
Inside home	Introducing children to household items through play	47.3
Managing behavior	Managing behaviour /deal with love and care	31.2
Talk and Play	Introducing body parts to baby during massage	10.8
	Color identification through different things around	6.5
Manage Screen time	Keeping child away from mobile/TV	6.5
Toxic Stress	Avoid fighting in front of children	4.3
Expedition to nearby places	Introducing baby to outside environment	3.2
Building emotional bond	Understand child's feeling/ emotions	3.2
Story Telling	Identification of animals	2.2
Child development	Rapid mental development happens in 0- 6 years of age	2.2

47 percent implementers learnt ways to introduce household items followed by 30 percent who learnt about managing child's behaviors among other new information gained listed in the table.

Most of the participants of FGD and IDI among implementers cited different activities/topics that were discussed in Dulaar like identification of colors, objects, animals etc. way to keep child away from mobile/TV; teaching through art; teaching child through different play/ physical activities etc. are the things that they learnt from Dulaar. However, only AWWs reportedly incorporated some or the other activity in their routine work and taught children at AWC.

4.5.2 Applying tips

Those who registered and completed listening to calls among them only **63 percent** said that they applied the tips in their family.

Table 4.15 Applied tips	JH	UP
n=	15	44
Help child identify colors/vegetables/other things	6.7	27.3
Create happy environment at home/avoid fights	46.7	4.5
Manage household work along with engaging child		20.5
Get along well with children/don't scold	26.7	9.1
Keep child away from mobile/TV	6.7	13.6
Told family members to pay attention/spend time	20.0	6.8
Tell stories/do activities		13.6
Modified routine/created a routine for child	13.3	2.3
Keep child clean	13.3	2.3
Take child outside /give exposure to things around	6.7	2.3
Pay attention on the child during mealtime		4.5
Help children identify relationship		2.3

Identification of color and other objects around; ways to create a healthy environment at home; managing household work along with engaging child were some of the tips applied in the family. Not scolding child, keeping them away from TV/ mobile along with others also came up during the survey.

Among implementers only AWWs incorporated some or the other activity in their routine work and taught children at AWC.

"We use different Dulaar activities to teach children at AWC and because these activities handling children has become easy" AWW, Mirgahni, Banda

4.5.3 Changes observed

Among those who registered, 77.6 percent of the implementers reportedly observed changes in self. The changes that they observed are as follows

Table 4.16 Change observed	JH	UP
n=	14	68
I now use different activities learnt in Dulaar to teach at AWC	-	50.0
Pay attention to child and handle them with love & patience	14.3	19.1
Talk about Dulaar and messages when I meet mothers	14.3	11.8
I no longer scold the kids at home/AWC	42.9	13.2
Keep home /AWC clean		5.9
Manage my anger and irritation	21.4	2.9
Keep away from TV/mobile		2.9
Have become confident to explain things to mothers	-	4.4
Manage time	7.1	

As can be noted that the NGO mobilisers no longer scolds their child and have managed to keep their anger in control. The AWWs on the other hand have observed changes in them both as a caregiver and also as a front line worker. They have started teaching through different activities in the center. Both NGO mobilisers and AWWs have started to pay attention and handle children with love and patience.

4.5.4 Impact on work

Table 4.17 Impact on work	JH	UP
n=	17	89
Learnt new thing & apply in work with ease	82	36
Increase in work load	12	25
Explain & talk about Dulaar		18
Teach children through stories poems		6.7
Aware beneficiaries		3.4
Pay more attention & talk nicely		2.2
Cleanliness		2.2
Children take interest		2.2
Use different activities to teach at AWC		1.1
No impact	5.9	20

Majority of the implementers reported that since they learnt many new things from Dulaar, they are able to apply them in their work and daily life. This has made their work much easy. This was reported more by NGOs.

The impact on the AWWs was varied. Around one-fourth reported increase in work load as for Dulaar they had to make door to door visits for registration, explain caregivers about Dulaar and its benefits. The other listed down are examples how Dulaar have impacted their work.

4.6 Challenges faced and support required

4.6.1 Challenges

Nearly half of the implementers reported that they did not face challenges during the process of on boarding. However, among the rest, unavailability of phone, non-functional phones, fear of fraud/fake calls among caregivers (JH) were some of the challenges that implementers faced during on boarding. Other challenges are listed in the table.

Table 4.18. Registration & receiving calls	JH	UP
N=	20	107
Phone not available at the time of registration	-	13.1
Mobile not working/damaged	15.0	9.3
Fear of cyber fraud among caregivers	40.0	2.8
Had to explain a lot/ convince caregivers	15.0	7.5
No recharge in the phone	5.0	8.4
Network problems	15.0	4.7
Some caregivers refused for registration	10.0	5.6
Going door to door	-	3.7
Perception of receiving repeated calls from Dulaar	-	0.9
None	**25.0**	**52.3**

The participants from the IDIs from both the states added that besides making multiple home visits in order to get the registration done sometimes there was no mobile available or there was no recharge in the phone. These made registrations difficult. A few also reported that they had to explain a lot to convince the caregivers to register for Dulaar.

The UN Volunteers, and the NGO coordinators were also of the same opinion. The UN Volunteers of both the state cited problems of network wherein registering and receiving Dulaar calls were hampered which were sorted immediately with the help of Dost Foundation. They also identified that registering for 2 children in from two age group through same mobile number is still a challenge for caregivers and implementers.

Registering was a bit challenging. Sometimes caregivers were not available at home and therefore we had to visit them again. Some caregivers did not have phone with them while some did not have recharge in their phones. There were caregivers who would refuse to join the program and then we would have to explain and convince them again and again to register." AWW, Chaunsarh, Banda

The challenge was that caregivers would sometimes ask for benefits of joining this program. Convincing them was difficult. "AWW, Tindwara, Chitrakoot

Fear of fraud call was also one of the challenges at caregivers' end as some of them refused to give their number for registration. Those caregivers were then counselled and told about Dulaar by the team itself and were registered in the program. Issue of fraud calls was also reported from urban areas in Ranchi. They also shared that the language of Dulaar was a challenge. They added that Dulaar messages are not getting translated in 5 languages used by tribes of Jharkhand. (HO, Sadri, Santhali, Mundari, Kuduk).

UNICEF field officer from UP also cited that AWWs are already involved in a lot of other activities. Managing those responsibilities along with Dulaar was a little challenging for them and somehow hampered registration process.

4.6.2 Overcoming challenges

Table 4.19 Way of overcoming the challenges	JH	UP
n=	15	51
Made multiple home visits to register	46.7	41.2
Took help from neighbors to convince caregivers	73.3	23.5
Took phone to better network coverage area for registration	33.3	11.8
Registered from other family members/neighbours phone number	6.7	17.6
Told to buy a phone	--	13.7
Did registration while distributing ration	-	3.9

To resolve these issues a number of steps were taken. While 42 percent made multiple home visits to get the registration done, around one third took help from caregivers' neighbors to convince them for on boarding. This was reported more by NGO mobilizers from Jharkhand. Taking phone to a better coverage area for registration also came up along with using other family member's or neighbor's phone for registration.

Multiple visits were also confirmed by the IDI participants to resolve the issues of registration. A few said that they addressed the issue of motivating the caregivers about Dulaar during ration distribution, immunization and during meetings at AWC.

4.6.3 Revision in roles

More than 60 percent of NGO mobilisers from Jharkhand and one third AWWs from UP were satisfied with the scope of work and did not want any revision. Among the rest, implementers asked for detailed **trainings** where they should be oriented about the content and benefits of Dulaar so that they can play their role more efficiently. Around 15 percent of both the implementers asked for **incentives to execute** this extra piece of work for Dulaar. Similar findings were observed from the IDIs and FGDs.

AWWs requested involvement of ICDS, officers, Pradhan, Gram Mitr, Frontline workers (FLWs)for both promotion and execution. They argued that their role should also include 'promotion of Dulaar' and needs to be supported with IEC materials and training to do so. They also added that during promotion they need extra ration or play kits to motivate parents for registration. They could perceive that this additional responsibility of promotion and registration would take up much time and so wanted a reduction in their regular responsibilities of the department.

My role should reduce as I already have burden of others tasks. There is only Sahayika (helper) who assist me in my work. For a program like Dulaar, there should be a designated worker who looks after the program." AWW, Khichari, Chitrakoot

"My role in Dulaar is fine. I do my work with ease. However, it would be better, if sometimes ASHA is there to support" AWW, Tindwara, Banda

"Involvement of Anganwadi workers in the program will be beneficial for better implementation as they work in community and are familiar with community members" NGO mobilizers, Ranchi

4.6.4 Suggestions for better reach

Table 4.20 Suggestions & Support	JH	UP
N=	20	107
PROMOTION MEETINGS		
Promotion through IEC material	40.0	19.6
Door to Door visits/ meetings by Pradhan	10.0	13.1
There should be monthly Dulaar meetings		8.4
Mothers/ caregivers meetings to be done		6.5
Someone from outside to be invited in meetings		4.7
CONTENT		
Tell about health of the mother of 0-6 years child		6.5
ICDS & DEPARTMENTAL SUPPORT		
Support from departmental officials	35.0	12.1
Reduce work responsibility of ICDS		1.9
NETWORK, RECHARGE, TECHNOLOGY		
Dulaar calls to be received in phones without recharge	5.0	0.9
Registered number should be registered again		1.9
Availability of good network in the village		0.9
MISCELLANEOUS		
Monetary/ non-monetary incentives for caregivers	20.0	19.6
Both mother and father should have mobile	5.0	4.7
No support required		**12.1**

A variety of responses were received when implementers were asked about the kind of support they need to make the reach of Dulaar program better. Promotion of Dulaar through IEC material, door to door visits and meetings involving village influencers; support from departmental officers; monetary/non-monetary incentives for caregivers were listed to help in better reach of Dulaar program.

The implementers also asked for a few technological support like which can be considered too.

Table 4.21 Support required from	JH	UP
N=	20	107
Support from Panchayat members	10.0	31.8
Support from ASHA/ANM/SAHIYA	30.0	23.4
UNICEF/ Dulaar officials	20.0	15.0
Support from influential people of the village	5.0	13.1
ICDS officials/ CDPO/ DPO/Supervisor	10.0	12.1
AWW	40.0	-
Support from teacher	-	4.7
Support from NGO	20.0	-
Nothing	10.0	14.0

The implementers listed down the departments and people whose assistance they would need to increase the reach. In Jharkhand the NGO mobilisers requested support from AWWs, ANM/Sahiya, UNICEF officers, NGO and ICDS and Panchayat.

In UP, support was sought from Panchayat Members, ASHA/ANM, and UNICEF Officials.

Similarly, the IDI participants from UP suggested that ANM, Pradhan and teachers should be involved in the program for better reach and effective implementation. NGO mobilizers were also of similar opinion, however they emphasized more on AWWs.

UNICEF field officer from UP suggested involving SHG groups in the program whereas from Jharkhand NGO field officers shared that AWWs can be involved in the program.

The participants from IDI and FGD gave suggestions for better reach and impact of Dulaar.

Table 4.22 Suggestions for better reach and impact

Jharkhand	Uttar Pradesh
• More time slots for receiving call up to 8pm • Age specific content – parents of 2-year-old need not hear all messages for 0-3 years) • There should be an option to exit the program for those who don't want to continue receiving calls. • Option of re-registration from same number to be added. • Promotion of Dulaar needs to be done. • AWW should be involved in the program.	• Seniors officers from block should make timely visits, meet and inform caregivers. This will have more impact. • There should be refresher trainings for implementers. • Dulaar information should be given in video format as it is will help beneficiaries understand the program better. • Meetings should be conducted; panchayat members should be involved in the meetings as beneficiaries will listen to them. • Other stakeholders like ASHA, ANM, teachers and Pradhan should be involved in the program. • Due to network problem it gets difficult to register caregivers and listening to the program. This problem needs to be addressed.

UNICEF and NGO field officers shared that program needs to be promoted. So far, the focus has been on registering maximum caregivers. However, spreading awareness about the program, have regular meetings with caregivers, using different IEC materials for promotion needs to be done.

From Jharkhand the field officer suggested that more options of evening time slots should be added to make more caregivers listen to the calls. The registration process is too lengthy for the caregivers to complete, pressing buttons for each instruction sometimes hampers the entire process. Therefore, some change needs to be done to make the process of registration shorter and simpler.

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CHAPTER 5 SUMMARY FINDINGS

5.1 Caregivers perspective

→ Majority caregivers understood it as a programme where information about child care *khan paan*, upbringing (*parvarish*)is given. They could also identify the target audience of the intervention. The AWWs in UP felt that besides caregivers of 0-6 years' children the FLWs and pregnant women are also target audience.

→ The caregivers were confused about number of calls per week one can expect, duration of calls how to listen to the call again. These need to be properly explained.

→ The time slot selected for receiving Dulaar calls was a function of options available, implementers wish and caregivers convenience i.e. when they are comparatively free. Listening to calls was thus irregular and incomplete as they were reportedly too busy to pick up the call or the phone was inaccessible.

→ Door-to-door visits were made by the AWWs and NGO mobilisers for registration, but neither was Dulaar promoted nor were the caregivers briefed. Thus, lack of interest and ownership was noticed among caregivers. Few caregivers from were asked to bring their phones to the center on the *Poshahar* day or during immunization and were registered without being briefed. These are some process related preliminary things which could have been explained in the beginning through group meetings in the presence of community influential whom they listen to.

→ The program was designed to reach caregivers who may have a basic phone to receive and make calls. The assumption was, that even if the mother or the main caregiver does not possess a phone- they can select a timing when they have access to the phone or the owner of the phone would pass on the message to the caregiver. Caregivers were registered both in mother and fathers phone. But what was not explained was what would happen next.

→ As a result, people do not pick up calls, even if they pick up, they did not completely listen to it. Few mothers heard the call on their mobile, some waited until the phone was available with them. In some cases, the fathers listened (or did not listen) to the call and the content was passed on later to the mother. The program should introduce more time options, explain that the call time can be chosen when both are together and that there is an option for repeating the call. The understanding and processing power of the recipient will vary and so it is pertinent to recognize the loss of content in this process.

→ Some realistic tips like recording the message and playing it later or giving a missed call on the same day when the mother is near to listen to the message together can be conveyed to the caregiver so that the reach is better.

→ Although majority said that they registered with Dulaar as they 'needed information' on child development, there were more than half of the respondents who said that they registered as

the implementers insisted them to. The participants also were threatened that they will be denied of ration if they don't register. Caregivers of UP also registered out of curiosity.

→ Only 13 percent of the caregivers reported listening to all the Dulaar calls. 50 percent of the caregivers heard the calls regularly. The implementers too rarely heard all the calls.

→ Caregivers and implementers felt that non-availability of the mobile phone at the time of registration, lack of interest, ignorance about the benefits and process of Dulaar among caregivers resulted in irregular listening, drop outs and non-completion of calls. All these points towards lack of proper promotion of Dulaar among the caregivers.

→ In spite of all these constraints 86.4 percent recalled messages and 52 percent caregivers reported new learning under 16 themes of Dulaar. Although the spread was thin, maximum messages were recalled under 'talk and play' followed by nutrition and screen time management.

→ They found the language easy, felt that the length of the calls was okay and the content was credible and relevant yet the attachment to calls was not as much as was desired.

→ IPC on Dulaar and perceived coverage of Dulaar is very low indicating non interest on the intervention. This was corroborated by the implementers. These will improve once the caregivers are made aware about Dulaar in totality.

→ Around half of the caregivers applied tips like storytelling and doing activities with their child to teach them color, vegetables and paid attention during meal time. The lessons learnt and actions taken are varied but the percentage of people doing so is low.

→ Changes observed in child and in the relationship with the child as a result of applying tips was reported by 50 percent. More than 60 percent reported observing change in their own self. 45 percent made certain changes in the household environment. All these changes revolved around spending more time with child, being patient, being polite and affectionate and reducing fights or arguments in front of their child. The implementers too reported noticing such changes.

→ Majority did not face challenges in onboarding, technical challenges, in understanding of Dulaar calls and implementing them or implementing tips in the household. Those who had also had solutions to it.

→ For better impact everyone wanted more information about Dulaar and promotion of Dulaar in their area and how it is going to be beneficial.

5.2 Implementers perspective

- UNICEF and Dost Learning Foundation was responsible for orienting AWWs and NGO Mobilisers in Uttar Pradesh and Jharkhand respectively. 90 percent NGO mobilizers and 88 percent of the AWWs reported of attending orientation meeting for Dulaar which was on an average of 48 minutes' duration.
- In this orientation, they were briefed about benefits of responsive caregiving and importance of parent's involvement in child's development. Very few mentioned about being briefed about the 'registration process' or about 'their roles'. The perceived role was to assist parents to register and motivating caregivers to listen to Dulaar calls.
- There were no hands on training on what to do in case caregivers misses a call and wants to repeat a call. They were only given the target of 'registering maximum mothers' for Dulaar and they followed that. When met with challenges like network issues they did address the issue, but a follow up of whether caregivers are regularly listening to the calls and applying the new learnings in their lives was not in their scope of work.
- Caregivers were registered from households that have a child between 0-6 years and there is a basic phone available in the house. Although the implementers went out of the way to assist in the process of registration and discussed a few things, this was incomplete as the caregivers were not explained about what to expect after registration. There were issues of non-availability of phone or no recharge in the phone that resulted in non-receipt of Dulaar calls. So in spite of being registered, a lot of caregivers were ignorant and discontinued.
- Registrations happened in father's phone mostly. The NGO mobilisers in JH explained to the caregivers that the phone has to be given to the child's mother when Dulaar call comes but the AWWs in UP asked them to convey the message to the mother of the child. The caregivers reported that they were conveyed about the call content later but how frequently this happened, what was conveyed and the interpretation of the content are few areas of concern. In order to have a uniform understanding, there should be a standard process of registration followed by discussions.
- The implementer's work is not limited to registration but also to properly guide the caregivers in the different situations of phone ownership. They should explain all the possible options for optimal listening of the calls together for better reach, understanding and implementation. Choosing convenient time, recording the calls (if the phone allows), use of repeat call option are few possibilities.
- The content of Dulaar was introduced to the implementers during briefing meeting but only those who registered got to listen to all the calls. They appreciated that Dulaar covers a vast range of topics which are different and incorporates different activities which makes it easy for the caregiver to apply them in their day to day lives.

- 84 percent of the implementers reportedly registered with Dulaar as they wanted to learn and help caregivers, were curious and were caregivers too. However, since only 25 percent heard all the calls, the impact is understandable.
- Actions like mobilizing family to follow Dulaar tips, applying them in the family and work and motivating caregivers to register were taken and intended.
- Learnings from Dulaar impacted their work and their behaviour. New learnings were under nine themes and revolved around teaching through art and activities, managing child's behaviors, avoiding mobile/TV, creating a healthy environment at home, dealing patiently with child and managing household work along with engaging child. AWWs reportedly incorporated some or the other activity in their routine work and taught children at AWC.
- Dulaar has impacted the work load of AWWs. Increase in work load was reported as they had to make repeated door to door visits to address the on boarding challenges for registration like unavailability of phone, non-functional phones and to explain caregivers. This can be addressed through proper promotional activities done before registration through community influential during ration distribution, immunization and during meetings at AWC.
- The network issues were partially sorted with the help of UNICEF but there are still some issues beyond the scope of the intervention. Fear of fraud call, language and registering 2 children from two age groups through the same mobile number are still challenges that can be resolved.
- The change or revision in their roles was around detailed trainings where they can be oriented about the content and benefits of Dulaar so that they can play their role more efficiently, and incentives to execute this extra piece of work for Dulaar.
- Promotion of Dulaar through IEC material, door to door visits and meetings involving village influencers; support from departmental officers; monetary/non-monetary incentives for caregivers were listed to help in better reach of Dulaar program. The other doable options for better reach suggested are – having more time slots specifically in the evening for Dulaar calls, simpler registration process, age specific content, exit options, re-registration options, video format of Dulaar.

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