SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION TRAINING

FOR SENIOR MANAGERS

Duration: One Days
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SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION (SBCC) TRAINING

FOR SENIOR MANAGERS

Duration: One Day
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<td>10:00 to 10:30</td>
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<td>15:30 to 15:45</td>
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<td>7</td>
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<td>15:45 to 16:30</td>
<td>Group discussion</td>
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<td>Feedback session</td>
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LIST OF TRAINING MATERIALS:

**Session 1**
Picture cards cut into two (draw different pictures on set of cards (each 4”x 3”) and cut each into two pieces. The number of cards should be half the number of participants plus the two facilitators and each should get a piece when cut). The cards could also have letters of the alphabet.

**Session 2**
- Writing board with chalk/marker pens, duster
- Five copies of sample PIPs

**Session 3**
- Story cards
- Black board and chalk or chart paper and sketch pens

**Session 4**
- Chalk and black board or chart paper and marker pen
- KSV of Facilitator Chart
- PowerPoint presentation on SBCC modules, LCD projector and laptop or computer
- 8-10 copies of SBCC Plan framework

**Session 5**
- Chalk and blackboard or chart paper and marker pen

**Session 6**
- Writing board with chalk/marker pens.
- PowerPoint Presentation, LCD projector, laptop or computer. (Annexure VI)

**Session 7**
- SBCC Plan template (8-10) copies. (Annexure VII)
SESSION 1
INAUGURATION AND INTRODUCTION

SESSION OUTCOME
At the end of the session, participants would have:
• Introduced each other.
• Created a friendly environment.

MATERIALS REQUIRED
• Picture cards cut into two [draw different pictures on cards (each 4” x 3”) and cut each into two pieces. The number of cards should be half the number of participants plus the two facilitators and each should get a piece when cut]. The cards could also have the letters of the alphabet.

METHODOLOGY
Pairing using picture cards.

PROCESS
1. One of the facilitators begins the session by saying, “On behalf of the Institute (Training Centre) and facilitators team, I welcome each one of you to today’s sessions on introducing the new SBCC module for field functionaries and community volunteers. With communication becoming central to development programming, we hope that this module will be of great help to all in reaching out to families and communities to bring about social and behaviour change. We will be discussing details of the module during the course of the sessions.”

But before that, let’s start by introducing ourselves. Some of you may be acquainted with each other and some of you may not. So let’s try to get to know each other through a simple exercise.

2. Now put the cards cut into halves in a box in the centre of the room and mix them up well. Ask each participant to come and pick a card. The two facilitators should also pick a card each. Once everyone has a card, tell the participants, “Each of us has a card with half a picture. We now have to find out who has the other half of the picture. Please move around and find out who has the other half of the picture. Once you find the person, stay together as a pair. Start.”

3. If the total number of participants and facilitators is an odd number, ask the person left out to join any pair; or one of the facilitators should not pick a card and join one of the pairs making it a triad. Once all the participants are in pairs, each person should say his/her name, what he/she does. Also briefly share one programme communication activity that he/she has seen in the course of work which he/she felt was either successful or unsuccessful. After each of them has done this, which may take about 5 minutes, ask the participants to sit with their partners. Now ask each one to introduce his/her partner. The facilitators also join in.

CONCLUDING THE SESSION
Conclude the session by thanking them for actively participating in the exercise and also for sharing their experiences in programme communication. Tell the participants that we will build on the discussions in the subsequent sessions.
SESSION OUTCOME
At the end of the session, participants will be able to:

- Describe the changes that have taken place in development communication in order to bring about desired behaviour changes.

MATERIALS REQUIRED
Writing board and marker pens.

METHODOLOGY
PowerPoint presentation and discussions.

PROCESS
Start the session by saying, “Over the last few decades, there have been subtle shifts in the way development communicators have approached communication strategies in influencing behaviour change. It has been a process of evolution and today we have a much more comprehensive approach to handle social and behaviour change within development programming.”

1. Ask participants to describe how they/their department have perceived communication in the past.

2. Ask them to talk about the difference between the ‘family planning’ campaigns of the 1970s and the ‘polio campaign’ of recent times. What communication tools were used then and now?

3. Once the participants have finished, sum up while covering the following points:
   - In the 1950s and 1960s, when development was measured using Gross National Product (GNP) as the indicator where capital-intensive approaches and centralised planning were the norm, it was believed that mass media would raise the aspirations of the people and bring about desired behaviour changes. A large number of radio stations and newspapers were used to disseminate messages targeting populations in the hope that this would help bring about changes. This was a one-way approach.
   - It was thought that mass media was important because only through them could countries with limited resources hope to provide information to vast numbers by disseminating messages at the rate required for development.
   - It was then felt that mass communication alone would not produce the desired results, but that there was need for dissemination of messages through ‘opinion leaders’. This introduced the initial concepts in interpersonal communication strategies where individuals within communities were inducted to spread messages and influence individuals and families.
   - The 1970s and 1980s focused on bringing about individual behaviour change and the concept of Behaviour Change Communication (BCC) came into being. BCC is closely associated with Social Marketing Strategies which were seen as a means to promote a particular behaviour or social change through communication.
Almost simultaneously, the concept of **Information, Education and Communication (IEC)** was also evolving where the emphasis was on dissemination of messages through production and use of audio-visual and print materials.

In all the above approaches, the concept of stakeholder participation was **totally missing**. The idea that stakeholders should necessarily participate in the communication process was brought out as early as the 1960s with the work that was being done in Latin America by Paulo Freire. This did not catch the attention of communication planners at that time.

However, with human rights-based programming gaining ground in the late 1990s and early 2000s, where participation became a critical right of every individual, family or community, the concept of participatory approaches to communication gained prominence. **The paradigm that every individual, family or community has the right to make ‘informed choices’ stressed the importance of empowering them with the right knowledge and skills to make such choices.** Communication is no more seen as a top-down approach where families and communities are targets for behaviour change. Today, development communication is considered to be a multi-stakeholder and participatory process where the involvement of all stakeholders is important.

Today ‘development’ is seen as creating an environment in which people can reach their full potential and lead productive, creative lives in accordance with their needs and interests. **According to the UNDP Human Development Report 2012, people are the real wealth of nations and there should be emphasis on the need for expansion of their choices so that they lead lives that they value.**

In today’s development context, it is important to understand that wide social acceptance about the need for specific change has become a pre-condition for individual behaviour change. Change is often influenced by other people’s expectations, which is in turn shaped by the current social and cultural norms. Therefore, it is important that communication strategies address social change, creating community norms. **Social and Behaviour Change Communication (SBCC) addresses both social and individual behaviour change.**

**Sum up the discussion with the following:**

“We have seen that communication approaches have been evolving over time and today there is a much more comprehensive understanding of the process. Some of the areas that require our communication activities are given below:
CONCLUDING THE SESSION
Conclude the session with the following:

- Thus we see that a communication plan should address various stakeholders at various levels and that approaches at different levels could be different or a mix of different approaches.
- The SBCC module that is being introduced is largely to address communication needs at the community, family and individual levels. The modules deal with IPC, Counselling, IEC and Community Dialogue tools.
- We will discuss these in detail in the next few sessions.

TEA BREAK
11:15 to 11:30 (15 minutes)

SESSION 3
PIPs – ACTION AREAS
11:30 to 12:15 (45 minutes)

SESSION OUTCOMES
At the end of the session, participants will be able to:

- Describe the major thrust in the PIP for their area.
- Elaborate on the major targets set and the resources required to meet those targets.
- Outline the necessary processes/actions required to be undertaken to meet their targets in the PIP.

MATERIALS REQUIRED

- Sample PIPs – 5
- Writing board with chalk/marker/duster

METHODOLOGY
Brainstorming, discussion.

PROCESS
1. Begin the session by saying, “In this session, we will explore how you put your PIPs into action. We will try to identify the role of both resources and processes/actions in completing the targets set by you in the PIPs. Your teams include your immediate subordinates at the district and sub-district level and extend right up to the village level through your front-line functionaries, with a well-defined role for everyone.”

2. “We will now work in five different groups. We will examine a sample PIP in a group and list the roles crucial for completion of a PIP. Each group may take 10 minutes to discuss the major roles played by:

- Sub-district level officials
- ANMs
- ASHAs

3. One person from the group will then make a 3-minute presentation on your findings.”
4. Let each group make its presentation. Pay special attention to the roles identified by them.

5. Highlight process-oriented, communication and counselling-oriented roles listed/presented by the groups.

CONCLUDING THE SESSION

6. “You have identified many roles directly or indirectly linked to people – mobilisation, communication and counselling. The purpose of these actions is behaviour change. In the next session, we will examine the behaviour change process in greater detail to help us revisit the roles to be played by front-line workers.”

SESSION 4
THE BEHAVIOUR CHANGE PROCESS
12:15 to 13:15 (60 minutes)

SESSION OUTCOMES
At the end of the session, participants will be able to:
• List the different steps involved in the behaviour change process.
• Relate personal experiences to the different steps in the change process.
• Articulate the role of the communicator in each step of the behaviour change process.
• List the barriers that could occur in each stage of the change process.

MATERIALS REQUIRED
• Story cards
• Blackboard and chalk or chart paper and sketch pens

METHODOLOGY
The session is divided into three parts.
Part I: Telling a story using the story cards
Part II: Presenting the first chart depicting the seven steps of behaviour change
Part III: Conclusion

PROCESS
Part I: Telling a story using the story cards
1. Use the picture cards/presentation to narrate the following story:

Shanta’s Story

Sumitra, the ASHA of village Rampur, was concerned that a few families in the village were not bringing their babies for immunisation. So, she decided to visit their homes and explain to them the importance of immunisation and the need to get their children immunised. One of the houses she visited was that of Shanta, a lady with a 6-month-old baby who had never been immunised. When Sumitra discussed the need to immunise her son, Shanta said that her family did not believe in immunisation and that her mother-in-law and husband, Ramhlal would never allow her to immunise the child. Sumitra, in a very friendly and caring manner, explained to Shanta why immunisation was important and asked her
to attend the VHND the following Wednesday along with her baby. *Shanta* promised to discuss this with her family.

On VHND, *Sumitra* noted that *Shanta* had not brought her baby for immunisation and so, after the session, she took the AWW to *Shanta*’s house and was fortunate to meet both *Ramlal* and his mother. She explained the need for immunisation to them as well.

After much persuasion, they agreed to immunise the child. As the ANM was still in the village they were able to administer the first doses of polio and DPT as well as BCG. *Sumitra* was very happy. She told *Shanta* and her family that they should bring the baby for the second dose of vaccines on the next VHND the following month.

A week later, *Sumitra* visited *Shanta*’s house to find out how the baby was and also to remind them to bring the baby for the second dose. *Shanta*’s mother-in-law complained that the child was restless after immunisation and had fever all through the night. *Sumitra* explained that it was normal for some babies to get fever after immunisation and that there was no cause for concern.

On the next VHND, *Shanta* did not come to the PHC. *Sumitra* sent the Anganwadi helper to *Shanta*’s house again, but she refused to come since
her family was against any further immunisation as the child had fever the previous time and they had also heard that it could cripple the child. The child, thus, missed the second dose.

Sumitra then decided that the only way to ensure that the child got immunised was to convince Ramlal.

She spoke to the Sarpanch and also to two of Ramlal’s neighbours who were his friends. Together they had a long discussion with the family informing them that all the children in the village were being immunised and that there had been a marked reduction in diseases. They also told the family that it is the right of every child to get immunised and that parents should not be guilty of not taking care of the health of the child. Both - Ramlal and his mother were convinced and even accompanied Shanta to the PHC where the child received the second dose of vaccines. Since then, the parents have been very careful and have ensured that the child receives all vaccinations, including against measles and Vitamin A prophylaxis. Shanta now actively advocates on the need to get babies immunised.

2. Once you complete narrating the story, ask the following questions:
   - What did you think of the story? Do you come across families like Shanta’s who are reluctant to follow your advice?
   - How did Sumitra handle the case? Did she try to find out the reasons for Shanta’s husband’s and mother-in-law’s opposition to immunisation? Did Shanta’s family accept her advice and get the child immunised as advised?
   - How did Sumitra finally convince the family and win Shanta’s support in promoting health care?
   - What could Sumitra have done better? (like counselling the family at the time of first immunisation).

3. Allow sufficient time for participants to reflect and share their views on each of the above questions. Keep asking questions to elicit the following:
   - During her first visit to Shanta’s house, Sumitra was able to create an awareness as well as a desire in Shanta to get the child immunised. But Ramlal and her mother-in-law influenced her and dissuaded her from immunising the child.
• On the second visit with the AWW, they were able to get Ramlal, his mother and Shanta to agree to test the desired behaviour change by getting the baby immunised with the first dose.

• But, again, the fact that the baby had fever and also that they were not fully convinced about the cause, stopped the family from bringing the child for the second dose.

• Sumitra again influenced and motivated the family by bringing in the Sarpanch and two of Ramlal’s friends and was successful in getting the second dose administered.

• In this manual, the family realised that it was good to get the baby immunised and to follow the advice of the ASHA and therefore they continued to bring the child for immunisation and other services, thereby sustaining the behaviour change.

**Part II: Presenting the first chart depicting the seven steps in behaviour change**

Leading from the discussions on Shanta’s story in Part I, initiate discussion on the behaviour change cycle.

Step 1 In the change process is to become **Aware** of a change that needs to happen. Write ‘Aware’ on the board and discuss how Shanta became aware that immunisation is good for the child. This awareness could come from a neighbour, a relative or a friend or through the ASHA or the AWW or the ANM or any other functionary. It could also be through the media – newspaper, radio or TV. Once the same message is heard several times (e.g., every child should be immunised, every child should be in school, institutional deliveries are safest for mother and child etc.), one develops a **Desire** to test the change. This is Step 2 of the change process. Write ‘Desire’ on the board as shown in the chart and draw an arrow indicating that awareness leads to a desire for change. Now that one desires the change, one will look at ways to make the change and this could be acquiring a new **Skill** (as in the case of the skill to breastfeed a baby the right way) or **Knowledge** (as in the case of finding out when and where one’s child can be immunised).
Therefore, Step 3 is acquiring the necessary skill or knowledge to make the behaviour change. Write **KNOWLEDGE** (in Shanta’s case the knowledge was where to get the immunisation done for her baby as well as knowing the schedule of immunisation) or **SKILL** (as in the case of being able to breastfeed a child the right way) on the board as shown in the chart and draw an arrow to indicate that desire leads to acquiring the necessary knowledge and/or skill to make that change.

Now that one has acquired the knowledge and/or skill, Step 4 will be to **TRY OUT** that change (e.g. taking the child for immunisation for the first time or starting to consume IFA tablets as advised by the ASHA). Write **TRY OUT** on the board as shown in the chart and discuss this as the fourth step in the change process.

Individuals analyse the experience of trying out the change behaviour and if the assessment is negative (as in Shanta’s case), the person drops out from the process; if it is positive, the tendency is to try it out once again, in other words **REPEAT** the action. This is Step 5 of the cycle. Write **REPEAT** on the board as shown in the diagram and discuss the same with the participants.

**If the experience of Step 5 was good, one will tend to repeat the action; in other words MAINTAIN** (Step 6) the behaviour and soon it becomes a **SUSTAINED** (Step 7) behaviour change or a habit. Write **MAINTAIN** and **SUSTAIN** on the board as in the chart with the arrows linking them and discuss these steps with the participants. The behaviour change cycle is thus competed.

Mention, also, that there could be new awareness coming in and there could be a change cycle even on the same behaviour following the same cycle: for example, switching from a ‘pinch of salt and a scoop of sugar’ to the use of ORS packets.

Inform the participants that in the actual training, they participate in a group discussion, sharing their experiences on the behaviour change process followed by group presentations. This part is being skipped due to shortage of time. The intention here is to give glimpses of a few sessions in the module.

**CONCLUDING THE SESSION**

Using the diagram that was drawn in Part II of the session and the discussions, complete the chart indicating that at any step of the cycle one could drop out from the change process unless there is someone motivating and ‘facilitating’ the person to make that change.

**An enabling environment consists of**

- Supportive relatives and neighbours.
- Functionaries and volunteers and other opinion leaders through their sustained encouragement, through counselling and dialogue and provision of quality services.
- The media through supportive messaging.
This is where the ASHA/AWW/ANM or any other worker should monitor and support the individual to carry on with the change process. We know of many cases where infants drop out after taking the first or second dose of immunisation. If we are to prevent such dropouts, we need to follow up with each family ‘at risk’ and support them in understanding the need for the changed behaviour. Therefore, it is critical that an **ENABLING ENVIRONMENT** is created and sustained to help individuals, families and communities make the desired change. An enabling environment would consist of the following:

- Supportive relatives and neighbours.
- Functionaries, volunteers and other opinion leaders providing sustained encouragement through counselling and dialoguing and provision of quality services.
- The media (press, radio, TV etc.) through supportive messaging.

In conclusion, ask the participants how they found the entire session. Ask them what the major learning outcomes were and whether they were able to relate to the behaviour change process. Tell them that we will be further building on the concept and working on behaviour change in the coming days as well.

**LUNCH BREAK**  
13:55 to 14:15 (60 minutes)
SESSION 5
QUALITIES OF A GOOD COMMUNICATOR  14:15 to 14:45 (30 minutes)

SESSION OUTCOME
At the end of the session, the participants will be able to:
• List the knowledge skills and values/attitudes required of a good communicator.

MATERIALS REQUIRED
• Chalk and black board or chart paper and marker pen
• Chart: Knowledge, Communication skills, Values

METHODOLOGY
Lecture and discussions.

PROCESS
1. Ask the participants what competency means. Generate a discussion. Conclude by saying that **competency is the ability of a person to carry out an activity or a task effectively, producing the desired results.**

2. Then ask, “What are the essential ingredients that constitute competency?”. Generate a discussion on this. Conclude by saying that competency consists of three key elements: Knowledge of the task, skills to perform the task and the right values and attitudes that make one perform the task well. In the case of a communicator, the skills required are good communication skills. **There is a chart given at the end of the session which lists knowledge, skills, values etc. It will be useful if this chart is displayed in the training hall and discussed. This will make the next step (drawing comparative figures) more meaningful and will improve participation and the quality of discussions.**

3. Draw Figure 1 on the board or chart paper in which the communicator has good knowledge, lower communication and much lower values and attitudes. Ask participants what the performance of such a communicator would be. Generate a discussion on this.

4. Draw Figure 2 in which the communicator’s communication skills are good, but knowledge and values are poor. What would the performance of such a communicator be?

5. Next, draw Figure 3 in which the person has high values but less knowledge and communication skills. Discuss how this person would perform.

6. Draw Figure 4 in which the communicator has less knowledge, low communication skills and low values. How would such a person perform?

7. Finally, draw Figure 5 in which the communicator has all three aspects – knowledge, communication skills and values in equal amounts. What would be the performance of such a person?

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<tr>
<th></th>
<th>K</th>
<th>CS</th>
<th>V</th>
</tr>
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<tbody>
<tr>
<td>Low</td>
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<td></td>
<td></td>
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<td>Medium</td>
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<td></td>
<td></td>
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<tr>
<td>High</td>
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K = Knowledge, CS = Communication Skills, V = Values /Atitudes
CONCLUDING THE SESSION
From the above discussions, it can be seen that a good communicator should have knowledge, skills and the right values and attitudes to be effective in the field. Lack of any one of the above qualities makes him/her ineffective. We need to be motivated and committed to bring about change within communities. Then we will find ways to acquire the knowledge and skills to perform our tasks better.

Show the following PowerPoint:

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Communication Skills</th>
<th>Values /Attitudes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Knowledge of the topic and how it has to be handled.</td>
<td>• Ability to build rapport with individuals and groups.</td>
<td>• Being honest and transparent.</td>
</tr>
<tr>
<td>• Knowledge about the target population being addressed – their beliefs, values, traditions, social norms etc.</td>
<td>• Ability to see oneself as one of the community.</td>
<td>• Respect for all, including the poor and marginalised.</td>
</tr>
<tr>
<td>• Knowledge of the region where one is working.</td>
<td>• Ability to speak effectively.</td>
<td>• Treating all equally irrespective of religion, caste, gender, age, physical condition and socio-economic status.</td>
</tr>
<tr>
<td>• Knowledge of local leaders, opinion makers, functionaries etc.</td>
<td>• Ability to listen attentively.</td>
<td>• Commitment to one’s work and mission.</td>
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<td></td>
<td>• Ability to negotiate and handle arguments etc.</td>
<td>• A sense of fairness and justice.</td>
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<tr>
<td></td>
<td>• Ability to analyse situations and different points of view.</td>
<td>• A belief that every individual or family has the right to make his/her/its choices and that one’s role is to provide them with the right knowledge and skills to make ‘informed choices’.</td>
</tr>
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<td></td>
<td>• Ability to use positive body language for best impact.</td>
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<td>• Ability to ‘emphasise’.</td>
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<td>• Ability to use different tools for effective communication – posters, flip charts, exercises, community dialogue tools etc.</td>
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For Senior Managers

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PROCESS

1. The facilitator starts the session by saying, “We will now have a brief introduction to the new Social and Behaviour Change Communication Modules that have been developed. Much work has gone into its making, including review of existing modules and materials, field visits to states and interactions with various stakeholders at the state, district, block and field levels. The faculty of various training centres were also met with and their inputs taken. I will now take you through a PowerPoint presentation that summarises how the modules were made and what it contains.”

2. Now start the PowerPoint presentation and go through the slides one by one.

3. Allow participants to raise questions during the presentation. Answer them based on the module.

CONCLUDING THE SESSION

Conclude by saying that in the following session we will see how the final output from a 5-day SBCC programme will help us to take positive and effective action at the frontline functionary level which will ultimately help us achieve the targets set in the PIP.

TEA BREAK
15:30 to 15:45 (15 minutes)

SESSION 7
OUTCOME OF 5-DAY SBCC PROGRAMME: BACK TO PIP 15:45 to 16:30 (45 minutes)

SESSION OUTCOMES

At the end of the session, participants will be able to:

- Understand the process of developing a Village SBCC Plan.
- Appreciate the linkage between the SBCC Plan and the PIP.

MATERIALS REQUIRED

SBCC Plan framework (8-10) copies

METHODOLOGY

PowerPoint presentation and discussion.

PROCESS

1. Tell participants that they will look at the process of creating a Village SBCC Plan through group work. Also inform them that what they will be doing is just an overview of the process and that the ASHAs, AWWs, ANMs and other functionaries who will be undergoing the 5-day module will actually perform each step of the exercise.
SESSION 8
VALEDICTORY SESSION
16:30 to 17:00 (30 minutes)

PROCESS
• Inform participants that the day’s sessions have come to an end and that each one of them is welcome to give his/her feedback and comments on the sessions as well as the SBCC modules.
• List the points that emerge on the board or on a chart paper.
• Conclude by saying that their support and understanding will be critical in rolling out these modules.
• Thank all the participants for being present despite their busy schedules.

CONCLUDING THE SESSION
1. A communication plan is not a one-time event—it is a well-planned process carried out over the year.
2. One challenge is to create a supportive and enabling environment where behaviour change is induced through social norms and the other is to bring about the desired change in individuals and families.
3. Community dialogue tools and group discussions are effective for creating an enabling environment while IPC and counselling are good at the individual and family levels. Various aids could be used to help in communication.
4. Social, print and electronic media can effectively transmit information and create awareness; they also reinforce what is being discussed at the community and family level.
5. A plan should look at a good media mix, clearly define target groups and list the behaviour change that it wishes to bring about.

Ask participants to link the village SBCC plan with the second session of the day and tell them how this plan (prepared by an ANM/ASHA) will help achieve PIP targets. Discuss for 5 minutes. Then close the session, thanking them for their participation.
"TELL ME, AND I WILL FORGET.
SHOW ME, AND I MAY REMEMBER.
INVOLVE ME, AND I WILL UNDERSTAND."

---

Chinese Proverb

<table>
<thead>
<tr>
<th>ANNEXURE</th>
<th>Session</th>
<th>Content Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>2</td>
<td>PowerPoint on Evolution and Theories of SBCC (given in the CD)</td>
</tr>
<tr>
<td>II</td>
<td>3</td>
<td>Sample PIPs</td>
</tr>
<tr>
<td>III</td>
<td>4</td>
<td>PowerPoint on Shanta’s story (given in the CD)</td>
</tr>
<tr>
<td>IV</td>
<td>4</td>
<td>PowerPoint on Behaviour Change Process and Roles (given in the CD)</td>
</tr>
<tr>
<td>V</td>
<td>5</td>
<td>PowerPoint on Knowledge, Skills, Values and Attitudes of a Good Communicator (given in the CD)</td>
</tr>
<tr>
<td>VI</td>
<td>6</td>
<td>Powerpoint on SBCC Module (given in the CD)</td>
</tr>
<tr>
<td>VII</td>
<td>7</td>
<td>PowerPoint on SBCC Plan Framework (given in the CD)</td>
</tr>
<tr>
<td>VIII</td>
<td></td>
<td>Pre-Post Format – SBCC Training for Senior Managers</td>
</tr>
</tbody>
</table>
### SAMPLE PIPs

<table>
<thead>
<tr>
<th>SMR Code</th>
<th>Activity</th>
<th>Unit Cost (Rs)</th>
<th>Quantity / Target</th>
<th>Amount Proposed (Rs. in Lakhs)</th>
<th>Amount Approved (Rs. in Lakhs)</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>B10.1</td>
<td>Strengthening of BCC/IEC Bureau (state and district levels)</td>
<td>1500000</td>
<td>1</td>
<td>15.00</td>
<td>12.00</td>
<td>Approved 1) BCC Material Developer Consultant-Per month remuneration @Rs. 27500/-pm 2) Media Consultant-IEC remuneration @Rs. 27500/-pm NEW for 8 months: 1) BCC M&amp;E Officer- Per month remuneration Rs. 45000/- 2) Accountant (IEC) - Per month remuneration Rs. 22500/-</td>
</tr>
<tr>
<td>B10.2</td>
<td>Development of State Communication strategy (comprising of district plans)</td>
<td>200000</td>
<td>2</td>
<td>4.00</td>
<td>4.00</td>
<td>Approved for 1) Workshop to streamline current PIP interventions for the state &amp; district level 2) Consultation and brainstorming workshop for development of state SBCC strategy</td>
</tr>
<tr>
<td>B10.3</td>
<td>Implementation of BCC/IEC strategy</td>
<td></td>
<td></td>
<td>567.29</td>
<td>330.08</td>
<td></td>
</tr>
<tr>
<td>B10.3.1</td>
<td>BCC/IEC activities for MH</td>
<td></td>
<td></td>
<td>85.56</td>
<td>128.15</td>
<td></td>
</tr>
<tr>
<td>B10.3.1.1</td>
<td>Media Mix of Mid Media/ Mass Media</td>
<td>8070040</td>
<td>1</td>
<td>80.70</td>
<td>124.29</td>
<td>Approved for 1) 15 TV spots on MH @ Rs.45000/slot 2) 10 Radio spots @ Rs.3300/slot 3) 30 News paper advert. @ Rs.5000/advert. 4) 1 Mohila Vach FDP. Each van will conduct 6 shows/day for 200 days (9 months)@ Rs.827/show. The approval is for IEC of all RCH program components and not just Maternal Health</td>
</tr>
<tr>
<td>B10.3.1.2</td>
<td>Inter Personal Communication</td>
<td>385575</td>
<td>1</td>
<td>3.86</td>
<td>3.86</td>
<td>Approved</td>
</tr>
<tr>
<td>B10.3.2</td>
<td>BCC/IEC activities for CH</td>
<td></td>
<td></td>
<td>85.66</td>
<td>29.45</td>
<td></td>
</tr>
<tr>
<td>FMR Code</td>
<td>Activity</td>
<td>Unit Cost (Rs)</td>
<td>Quantity / Target</td>
<td>Amount Proposed (Rs in lakhs)</td>
<td>Amount Approved (Rs in lakhs)</td>
<td>Remarks</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>B.10.3. 2.1</td>
<td>Media Mix of Mid / Mass Media</td>
<td>8020420</td>
<td>1</td>
<td>80.20</td>
<td>25.05</td>
<td>Approved for 1) 15 TV spots on MH @ Rs.45000/spot 2) 100 Radio spots @ Rs.3000/spot 3) 30 News paper advt. @ Rs.5000/advert.</td>
</tr>
<tr>
<td>B.10.3. 2.2</td>
<td>Inter Personal Communication</td>
<td>440000</td>
<td>1</td>
<td>4.40</td>
<td>4.40</td>
<td>Approved for 1) 60000 flipbooks (20000 for each theme of CH@ Rs.6/flipbook: 2) 20000 (2000 districts) FAQ and RI schedule for community influencers in 10 HPDS @ Rs.4/advert.</td>
</tr>
<tr>
<td>B.10.3. 3</td>
<td>BCC/IEC activities for FP</td>
<td></td>
<td></td>
<td>94.65</td>
<td>49.00</td>
<td></td>
</tr>
<tr>
<td>B.10.3. 3.1</td>
<td>Media Mix of Mid / Mass Media</td>
<td>42857</td>
<td>21</td>
<td>9.00</td>
<td>9.00</td>
<td>Approved for Radio spots @ Rs.42857/day for 21 days</td>
</tr>
<tr>
<td>B.10.3. 3.2</td>
<td>Inter Personal Communication</td>
<td>951667</td>
<td>9</td>
<td>85.65</td>
<td>40.00</td>
<td>Approved for 1) 19000 tinplates &amp; flex boards @ Rs.200/item. 2) Rs.2 l for assessment study; however, State needs to ensure that all components of the State IEC strategy implementation are assessed and not just Family Planning.</td>
</tr>
<tr>
<td>B.10.3. 4</td>
<td>BCC/IEC activities for AH / Rashtriyah Kishore Swasthya Karyakram</td>
<td></td>
<td></td>
<td>176.30</td>
<td>73.95</td>
<td></td>
</tr>
<tr>
<td>B.10.3. 4.1</td>
<td>Media Mix of Mid / Mass Media</td>
<td>9510000</td>
<td>1</td>
<td>95.10</td>
<td>33.45</td>
<td>Approved for 1) 30 TV spots on AH @ Rs.45000/spot 2) 150 Radio spots @ Rs.3000/spot 3) 30 News paper advt @ Rs.5000/advert.</td>
</tr>
<tr>
<td>B.10.3. 4.2</td>
<td>Inter Personal Communication</td>
<td>30000</td>
<td>270</td>
<td>81.00</td>
<td>40.50</td>
<td>Approved @ Rs.15000/AHIC for 270 AHICs. Material is available with the State Development Partner (UNICEF etc.) hence State should seek their support in developing the material or its translation and printing.</td>
</tr>
</tbody>
</table>

Approval of State PIP 2014-15: Bihar
<table>
<thead>
<tr>
<th>FMN Code</th>
<th>Activity</th>
<th>Unit Cost (Rs)</th>
<th>Quantity</th>
<th>Amount Proposed (Rs. in Lakhs)</th>
<th>Amount Approved (Rs. in Lakhs)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.10.3</td>
<td>Creating awareness on declining sex ratio issue (PNDT)</td>
<td>12737920</td>
<td>1</td>
<td>127.38</td>
<td>49.50</td>
<td>Approved for 1) Audio mixing in 3 blocks of gyna, pune, vaishali at VHIND site for 6 months in a year @ 210/round for 387 rounds of audio mixing. 2) Roll out of 7 FEL IPC video show by ASHA &amp; ANM in VHIDs site of Gaya, Purnea, Vaishali @ Rs 200/per show for 1275 shows</td>
</tr>
<tr>
<td>B.10.4</td>
<td>Interpersonal Communication Tools for the frontline health workers</td>
<td>41067576</td>
<td>1</td>
<td>410.68</td>
<td>128.61</td>
<td>Approved</td>
</tr>
<tr>
<td>B.10.5</td>
<td>Targeting Naturally Occurring Gathering of People Health Mela</td>
<td>4000000</td>
<td>1</td>
<td>40.00</td>
<td>20.00</td>
<td>Approved for 1) Rs 5 Lakh/mela for sonapar mela at vaishali and udhyog mela at patna and 2Rs 10 1 for sms campaign.</td>
</tr>
<tr>
<td>B.10.6</td>
<td>Others</td>
<td></td>
<td></td>
<td>29.09</td>
<td>29.09</td>
<td></td>
</tr>
<tr>
<td>B.10.6.</td>
<td>Innovative IBC/ BCC Strategies</td>
<td>50</td>
<td>581.76</td>
<td>29.09</td>
<td>29.09</td>
<td>Approved for conducting mother's meeting at time of the VHIND. Rs. 50/meeting/HSC/month for 9696 HSC for 6 months</td>
</tr>
<tr>
<td>B.10.7</td>
<td>Printing activities (please specify)</td>
<td></td>
<td></td>
<td>2453.70</td>
<td>846.25</td>
<td>Approved for 320 lakhs MCP Card@Rs 5/card.</td>
</tr>
<tr>
<td>B.10.7.</td>
<td>Printing of MCP cards, safe motherhood booklets etc</td>
<td>17560000</td>
<td>1</td>
<td>176.00</td>
<td>176.00</td>
<td>Approved for printing of 59 lakhs WIIFs cards @ Rs 5/card. As WIIFS programme was launched in the state only on 30th May 2014 and there is gross lag in completion of WIIFS training, only 20% stock of WIIFS card is being approved for printing</td>
</tr>
<tr>
<td>B.10.7.</td>
<td>Printing of WIIF cards etc</td>
<td>5</td>
<td>2700000</td>
<td>1350.00</td>
<td>250.00</td>
<td>Approved for printing of 59 lakhs WIIFs cards @ Rs 5/card. As WIIFS programme was launched in the state only on 30th May 2014 and there is gross lag in completion of WIIFS training, only 20% stock of WIIFS card is being approved for printing</td>
</tr>
<tr>
<td>B.10.7.</td>
<td>Printing of IJUCD cards, PP manuals, guidelines etc</td>
<td>0</td>
<td>6.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>B.10.7.</td>
<td>Other printing</td>
<td></td>
<td></td>
<td>927.70</td>
<td>420.25</td>
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</table>

Approval of State PIP 2014-15: Bihar
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<tr>
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<th>Activity</th>
<th>Unit Cost (Rs)</th>
<th>Quantity /Target</th>
<th>Amount Proposed (Rs. in Lakhs)</th>
<th>Amount Approved (Rs. in Lakhs)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.10.7. 4.2</td>
<td>AFHC cards</td>
<td>750</td>
<td>702</td>
<td>5.27</td>
<td>1.00</td>
<td>Approved for 50,000 AFHC cards @ Rs 2/card. State will have 207 functional AFHCs, presuming a client load of 40 adolescent/month for 6 months, around 50,000 AFHC cards will be needed.</td>
</tr>
<tr>
<td>B.10.7. 4.3</td>
<td>Printing of RBSK card and registers</td>
<td>1,448</td>
<td></td>
<td>317.99</td>
<td>317.99</td>
<td>Approval. Conditionality State to follow RBSK guidelines for printing of RBSK materials.</td>
</tr>
<tr>
<td>B.10.7. 4.4</td>
<td>Printing cost for DEIC</td>
<td>108</td>
<td>1170</td>
<td>1.26</td>
<td>1.26</td>
<td>Approved. State to follow RBSK DEIC formats for printing.</td>
</tr>
<tr>
<td>B.10.7. 4.5</td>
<td>1. Printing of Booklet/Module, Format, Register, Flip Book, leaflets, Slip Pad, Glow Sing board etc. 3. Installation of Hearing</td>
<td>60318000</td>
<td>1</td>
<td>603.18</td>
<td>100.00</td>
<td>Approved.</td>
</tr>
<tr>
<td>BH</td>
<td>National Mobile Medical Units (Including recurring expenditures)</td>
<td></td>
<td></td>
<td></td>
<td>9583.00</td>
<td>1584.00</td>
</tr>
<tr>
<td>B11.1. 1</td>
<td>Capex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B11.1. 2</td>
<td>Opex</td>
<td>300000</td>
<td>2523</td>
<td>7569.00</td>
<td>1056.00</td>
<td>Approved Rs. 1056.00 lakhs for OPEX of 40 MMUs @ Rs. 2.20 lakhs/month since vehicles are not yet procured. Not Approved for 227 new MMUs. State to first operationalize the existing MMUs in 38 districts.</td>
</tr>
<tr>
<td>B11.1. 4</td>
<td>Training/orientation</td>
<td>200000</td>
<td>267</td>
<td>534.00</td>
<td>0.00</td>
<td>Not Approved. State to first fully operationalize the existing MMUs in all the districts and share the functionality data with the Ministry.</td>
</tr>
<tr>
<td>B11.1. 5</td>
<td>Others</td>
<td></td>
<td></td>
<td>600.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>B11.1.</td>
<td></td>
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</tbody>
</table>
Sumitra, the ASHA of village Rampur, was concerned that a few families in the village were not bringing their babies for immunisation. So she decided to visit them in their homes and explain the importance of immunisation to them and the need to get their children immunised.

One of the houses she visited was that of Shanta, a lady with a 6-month-old baby who had never been immunised. When Sumitra discussed the need to immunise her son, Shanta said that her family did not believe in immunisation and that her mother-in-law and husband, Ramlal, would never allow her to immunise the child. Sumitra, in a very friendly and caring manner, explained to Shanta why immunisation was important and asked her to attend the VHND the following Wednesday along with her baby. Shanta promised to discuss this with her family.
On VHND, Sumitra noted that Shanta had not brought her baby for immunisation and so, after the session, she took the AWW to Shanta’s house and was fortunate to meet both Ramlal and his mother. She explained to them too the need for immunisation. After much persuasion, they agreed to immunise the child.

As the ANM was still in the village they were able to administer the first doses of polio and DPT as well as BCG. Sumitra was very happy. She told Shanta and her family that they should bring the baby for the second dose of vaccines the next VHND in the following month.
A week later, Sumitra visited Shanta’s house to find out how the baby was and also to remind them to bring the baby for the second dose. Shanta’s mother-in-law complained that the child was restless after immunisation and had had fever all through the night. Sumitra explained that it was normal for some babies to get fever after immunisation and that there was no cause for concern. On the next VHND, Shanta did not come to the PHC.

Sumitra sent the AWW helper to Shanta’s house again, but she refused to come since her family was against any further immunisation as the child had fever the previous time and they had also heard that it could cripple the child. The child, thus missed the second dose. Sumitra then decided that the only way to ensure that the child got immunised was to convince Ramlal. She spoke to the Sarpanch and also to two of Ramlal’s neighbours who were his friends.
Together they had a long discussion with the family informing them that all the children in the village were being immunised and that there had been a marked reduction in diseases. They also told the family that it is the right of every child to get immunised and that parents should not be guilty of not taking care of the health of the child.

Both Ramlal and his mother were convinced and even accompanied Shanta to the PHC where the child received the second dose of vaccines. Since then the parents have been very careful and have ensured that the child receives all vaccinations, including against measles, and Vitamin A prophylaxis. Shanta now actively advocates about the need to get babies immunised.
The Behaviour Change Process

An enabling environment consists of:

- Supportive relatives and neighbours.
- Functionaries, volunteers and other opinion leaders through their sustained encouragement, through counselling and dialogue and provision of quality services.
- The media through supportive messaging.
THE BEHAVIOUR CHANGE PROCESS
AND THE FRONTLINE FUNCTIONARIES ROLE

**Awareness**
Discuss benefits and risks

**Desire**
Provide skill and support

**Knowledge**
Skill
Motivate, Create supportive environment

**Sustain**
Project, Request to become your advocate

**Maintain**
Motivate, Reinforce, Maintain supportive environment

**Tries Out**
Motivate, Maintain supportive environment, Handling of problems

**Repeats**
Motivate, Reinforce, Maintain supportive environment

Dropouts
ANNEXURE VIII

PRE-POST FORMAT – SBCC TRAINING FOR SENIOR MANAGERS

Pre-Test ☐ Post-Test ☐

Participant’s Name: __________________________ Date: ________________

A. Describe your role in field-level SBCC interventions in 3-4 sentences.


B. If you agree with the statements given below, please mark Y, else N

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>There is not much difference between IEC and BCC</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>2</td>
<td>It is not possible to change the behaviour of a person</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3</td>
<td>Generally all families in the village are at the same level of understanding</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>4</td>
<td>All people have equal rights, therefore there is no need to provide special provisions for a group or community</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>5</td>
<td>Process of communication becomes easier with the participation of all stakeholders</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6</td>
<td>There are seven steps in the behaviour change process</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>7</td>
<td>Village Health &amp; Sanitation Committees can play an important role in creating a supportive environment for behaviour change</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>8</td>
<td>BCC approaches like counseling and IPC constitute a complete and comprehensive medium for effective communication at the village level</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>9</td>
<td>Meeting PIP targets requires demand generation which can only come through good facilities. SBCC and quality of services will not be of much help</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>10</td>
<td>Nature has divided the tasks and roles between men and women</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>11</td>
<td>Convergence of various services would create confusion at a VHND</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>12</td>
<td>If a person interprets a message in the wrong way, it is that person’s mistake</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>13</td>
<td>There is a need to run special programmes for disadvantaged sections of society</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>14</td>
<td>Radio and TV are media through which we can reach all people and change their behaviour</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>15</td>
<td>A planned approach to SBCC begins with village mapping and the Village Health and Nutrition Plan culminating into the Village SBCC Plan</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
The CD contains session-wise training aids – Pictures, PowerPoint Presentations, Films.