This is the National C4D Report of UNICEF 2013-2017 Country Programme Cycle.

C4D, in synergy with the Communication, Advocacy and Partnership programme, contributes to the programme results of Health, Nutrition, Water, Sanitation and Hygiene, Education, Child Protection and Disaster Risk Reduction programmes in India, complementing efforts for the attainment of the India Country Office results.
The ocean is a vast, varied, life-sustaining body. The conch shell resonates the sound of the ocean. C4D National Report

'Resonating Change'

presents the conch as a metaphor for C4D; the life-affirming behaviours and message of its programmes.
Foreword

I am pleased to present ‘Resonating Change’, the story of Communication for Development (C4D) program of UNICEF India Office.

Our 2013-2017 program cycle has been very intensive, and extremely satisfactory. We built new thinking around Social and Behaviour Change Communication (SBCC) and leveraged new opportunities that came our way, while carrying forward relevant initiatives from the past. Noteworthy in this cycle was our close collaboration with national and state level governments on SBCC and the joint work in attaining results of their flagship programmes and schemes using SBCC programming. We worked with SBCC cells of eleven states, and incorporated 39 SBCC frameworks into their programmes and development initiatives. Their conviction in the SBCC approach was also mirrored through their efforts at investing in SBCC capacity development.

Effective application of SBCC methodologies and tools by field functionaries was a prerequisite for our initiatives to succeed. This was made possible through a 360 mode, using a feedback loop capacity development system that built cadre of trainers to bring the SBCC capacities through to the last mile. Availability of adaptable SBCC training packages such as the Tarang SBCC hub and an adolescent life skills training package contributed to scale and quality.

The spread of technology enabled us to leverage and design transmedia initiatives to resonate key messages across relevant audiences, especially adolescents. The package comprised AdhaFull teleserial, Full on Nikki radio program, Nugget the mobile game and interpersonal communication package. The media reach was amplified through transmission by the public service broadcaster Doordarshan.

A backbone of all our efforts was the knowledge and evidence base that was systematically created to guide design of SBCC frameworks and plans, capacity development programmes, and media-based initiatives. SBCC knowledge seminar series, branded as Dhaara seminars provided platforms for learning, disseminating and advocacy with the SBCC Community and government.

Our partnerships – strategic, executive and technical in nature – with private firms, not for profits, media houses, religious institutions, and networks, were immensely valuable for achieving scale, inclusion, and quality.

The drive and commitment of our C4D teams at national and state level created an environment that facilitates the design and dissemination of messages that impact the lives and well-being of communities.

Henriette Ahrens
Deputy Representative, Programmes
UNICEF India
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<td>Acute Encephalitis Syndrome</td>
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<tr>
<td>AIR</td>
<td>All India Radio</td>
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<td>AP</td>
<td>Andhra Pradesh</td>
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<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
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<td>BBC</td>
<td>British Broadcasting Corporation</td>
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<td>BRIDGE</td>
<td>Boosting Routine Immunisation Demand Generation</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CAS</td>
<td>Community Approaches to Sanitation</td>
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<td>CD</td>
<td>Capacity Development</td>
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<td>Dept.</td>
<td>Department</td>
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<td>DCRT</td>
<td>Directorate of Child Rights and Trafficking</td>
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<td>DoHFW</td>
<td>Department of Health and Family Welfare</td>
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<td>DRD</td>
<td>Department of Rural Development</td>
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<tr>
<td>DWACS</td>
<td>Drinking Water Advocacy and Communication Strategy</td>
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<td>EID</td>
<td>Envision Institute of Development</td>
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<td>FLWs</td>
<td>Frontline Health Workers</td>
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<td>GIZ</td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome</td>
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<td>ICDS</td>
<td>Integrated Child Development Scheme</td>
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<td>IDCDF</td>
<td>Intensified Diarrhoea Control Fortnight</td>
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<tr>
<td>IEC</td>
<td>Information, Education, and Communication</td>
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<tr>
<td>INGO</td>
<td>International Non-goverment Organisation</td>
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<td>IPC</td>
<td>Interpersonal Communication</td>
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<td>IVR</td>
<td>Interactive Voice Response</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>KP</td>
<td>Kanyashree Prakalpa</td>
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<td>MAA</td>
<td>Mother’s Absolute Affection</td>
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<tr>
<td>MAHIMA</td>
<td>Menstrual Health and Hygiene Management for Adolescent Girls</td>
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<td>MDWS</td>
<td>Ministry of Drinking Water and Sanitation</td>
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<td>MHHM</td>
<td>Menstrual Health and Hygiene Management</td>
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<tr>
<td>MIYC</td>
<td>Mothers, Infant, Young Child</td>
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<td>MoHFW</td>
<td>Ministry of Health and Family Welfare</td>
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<td>MP</td>
<td>Madhya Pradesh</td>
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<tr>
<td>NACO</td>
<td>National AIDS Control Organisation</td>
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<td>NCPCR</td>
<td>National Commission for Protection of Child Rights</td>
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<td>NCIS</td>
<td>New Concept Information System</td>
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<tr>
<td>NGO</td>
<td>Non-government Organisation</td>
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<td>NHM</td>
<td>National Health Mission</td>
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<td>NKSS</td>
<td>Nagar Kala Sanskrutika Sangha</td>
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<tr>
<td>ORS</td>
<td>Oral Rehydration Solution</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>PIP</td>
<td>Programme Implementation Plan</td>
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<td>PRI</td>
<td>Panchayati Raj Institution</td>
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<td>PSK</td>
<td>Paheli ki Saheli</td>
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<tr>
<td>QA</td>
<td>Quality Assurance</td>
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<tr>
<td>RBSK</td>
<td>Rashtriya Bal Swasthya Karyakram</td>
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<tr>
<td>RI</td>
<td>Routine Immunisation</td>
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<tr>
<td>RKSK</td>
<td>Rashtriya Kishor Swasthya Karyakram</td>
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<tr>
<td>RKSS</td>
<td>Rajya Kala Sanskrutika Sangha</td>
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<tr>
<td>RMNCH+A</td>
<td>Reproductive, Maternal, Neonatal, Child Health and Adolescent Scheme</td>
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<td>RTE</td>
<td>Right to Education</td>
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<tr>
<td>SBCC</td>
<td>Social and Behaviour Change Communication</td>
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<td>SBM</td>
<td>Swachh Bharat Mission</td>
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<td>SBM-G</td>
<td>Swachh Bharat Mission-Gramin</td>
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<tr>
<td>SC</td>
<td>Scheduled Caste</td>
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<td>SHACS</td>
<td>Sanitation Hygiene Advocacy and Communication Strategy</td>
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<td>SMC</td>
<td>School Management Committee</td>
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<td>SSA</td>
<td>Sarva Shiksha Abhiyan</td>
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<td>ST</td>
<td>Scheduled Tribe</td>
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<tr>
<td>TARSHI</td>
<td>Talking about Reproductive and Sexual Health Issues</td>
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<tr>
<td>TOT</td>
<td>Training of Trainer</td>
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<tr>
<td>TV</td>
<td>Television</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific, and Cultural Organization</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UP</td>
<td>Uttar Pradesh</td>
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<tr>
<td>USD</td>
<td>United States Dollar</td>
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<td>WASH</td>
<td>Water and Sanitation Hygiene</td>
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<td>WCD</td>
<td>Women and Child Development</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Communication for Development Programme Cycle 2013-2017

Communication for Development (C4D) drives positive behavioural and social change for children and their families, strengthens dialogue with influencers and stakeholders, and enhances systems capacity and local ownership of programmes to generate sustainable impacts¹. It partners with national governments, state governments, civil society organisations, and development agencies to harness the power of communication as a tool for social transformation.

This National Report by C4D covers the UNICEF Country Programme Cycle 2013-2017 and presents the progress over this period. C4D integrated Social and Behaviour Change Communication (SBCC) approaches, strategies, and activities within the Health, Nutrition, Water, Sanitation and Hygiene (WASH), Child Protection, Education and Disaster Risk Reduction programmes of the UNICEF India Country Office. The programme worked across four strategic pillars that promote and support social and behavioural change processes, namely System Strengthening, Capacity Development (CD), Media-Based Initiatives, and Knowledge Management. The system strengthening function bridged structural capacity within programmes, and shaped investments for SBCC. Capacity development advanced human resource capacities on SBCC and provided SBCC assets for capacity development initiatives. Knowledge management drew insights and evidence for programming and facilitated learning exchange. Media-based initiatives resonated messages designed around these learnings.

From 2013-2017, C4D has made significant progress and contributed to several areas including programme efficiency, resource mobilisation and allocation, and strategy design.

To promote and deepen the SBCC paradigm, and enhance programming for SBCC, C4D initiated the discourse on social norms. The focus during the period was on understanding social norms by unpacking the individual and social context within which behaviours operate. Through research and knowledge platforms, C4D created a body of knowledge and practice gaining deeper insights into barriers and drivers of change, and building evidence to design programmes for positive outcomes.

¹https://www.unicef.org/evaldatabase/index_C4D.html
STRATEGIC PILLARS OF C4D

System Strengthening provides strategic and technical support to national and state leadership and governance, as well as to the health workforce in SBCC programming, planning and implementation, evaluation, and financing, to ensure effectiveness of communication for achieving outcomes on child survival, development, growth, and protection.

Knowledge Management creates platforms and products for learning, dialogue and information sharing, providing a continuum of knowledge generation, dissemination, and application, providing opportunities for regular and enhanced learning.

Capacity Development builds skills and capacities of the UNICEF staff, government, academia, research and training organisations, and the civil society, to enhance their communication systems for improved delivery of C4D within their professional spaces. It equips them to harness new communication technologies to scale-up and accelerate development efforts. It employs the quality cascading approach of delivering training to Front Line Workers (FLWs) and practitioners by developing a cadre of trainers at national, state and district levels, with quality assurance protocols at all levels.

Media Based Initiatives use edutainment, mass media, and multimedia approaches to channel the reach and power of media and ensure that communities have the essential knowledge, skill and motivation to practice critical behaviours. Media initiatives forge an environment around the issues being discussed and reinforce key messages.
C4D worked closely with national and state governments to strengthen institutional mechanisms and design communication frameworks and strategies to plan and deliver SBCC within national flagship programmes. It facilitated the set-up of SBCC cells for three state governments; and enhanced their capabilities in eight states, working with the Departments of Health and Family Welfare (DoHFW), Women and Child Development (WCD), and Rural Development (DRD).

C4D facilitated the design of 14 Integrated Communication Frameworks for National Flagship Programmes of six Ministries which were endorsed and employed across 14 states. Drawing from the frameworks, states developed their own state and district level SBCC strategies for priority themes, successfully integrating SBCC approaches into initiatives, tools, and monitoring indicators. In some instances, C4D catalysed convergence between state departments for improved coordination and implementation.

High visibility and innovative campaigns livened up the communication sphere, powering critical communication through multiple media and creating stickiness of messages to drive change. Transmedia and other initiatives for adolescents successfully expanded the reach and depth of programme engagement, mobilised communities around messages, and supported movement to scale. Some initiatives earned international accolades for their innovative and impactful messaging. Programmes like *Meena* radio and *Facts for Life* interpersonal communication, which began in the previous cycle of 2008-2012 remained effective communication tools in the current cycle. *Meena* radio in particular continues to be broadcast by select State governments well after the completion of C4D’s technical assistance. High-quality short films and TV commercials developed by C4D with Government Ministries were launched at the highest levels of government and broadcast using flagship programme IEC budgets.

Effective design and delivery of communication strategies, plans, and campaigns is contingent on the availability and capability of personnel. Equipped with an entire system of Capacity Development, C4D built a cadre of trainers, developed key training resource materials and trained government officials, FLWs, development personnel and community groups to apply high-impact SBCC within their interventions. It set up an online training platform to expand the reach of the Capacity Development². C4D also contributed to shaping investments and leveraging budgets for SBCC.

During the reporting cycle, C4D made significant policy shaping contributions jointly with programmes. These included (a) integration of gender programming into the government's flagship Swachh Bharat Mission (SBM), a first for the country; (b) improved programme effectiveness through effective utilisation of SBM budgets; (c) timely implementation of the Intensified Diarrhoea Control Fortnight (IDCF) campaign; and (d) large scale capacity development of FLWs through roll-out of the ambitious Boosting Routine Immunization Demand Generation (BRIDGE) Interpersonal Communication (IPC) skills training. Advocacy efforts were also realised with Doordarshan broadcasting gratis the AdhaFULL serial for adolescents and Ministry of Health and Family Welfare (MoHFW) sponsoring the media time for breastfeeding commercials on Mother’s Absolute Affection (MAA).

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²http://newconceptinfosys.net/Tarang/About/about.php
³http://newconceptinfosys.net/Tarang/home.php
For the first time, systematic SBCC investments were made to effectively develop linkages between the development and emergency response. SBCC for resilience has been integrated using a system strengthening approach to develop concrete processes and mechanisms that support individual coping behaviour, strengthen social support across social networks and within households, and also reinforce the resilience of affected families and communities from protracted disasters. Institutionalisation of inter-agency and humanitarian partners have been advocated that prioritise communicating with, and including at-risk populations in the design and provision of disaster assistance.

Building and leveraging partnership was a key aspect of the C4D strategy. C4D was part of five national/state level networks and partnerships on Routine Immunisation, WASH, and Maternal and Child Health. These platforms provided opportunities for learning from and sharing with policy makers and field functionaries. Innovative partnerships with Faith Based Organisations, resulted in expanding reach and creating demand for services. Partnership with media and research institutions were valuable for generating evidence-based communication. With an eye on building professionals for the future, C4D partnered with at least nine universities and academic Institutions to enhance social norms and SBCC course offerings in the country.

C4D developed, disseminated, and used knowledge through a variety of platforms and products - the SBCC Dhaara learning seminar, *Tarang SBCC* e-learning platform, SBCC policy briefs, formative research, case study compendiums and thematic and programme communication materials, audio spots, and films. The UNICEF Information, Education, and Communication (IEC) eWarehouse⁴, as a digital repository, hosts all UNICEF audio, video, and print IEC and training materials for practitioners to use or reproduce.

Through these engagements, an outcome focused value-add by C4D to national flagship programmes bridged ‘intention to action’ - vertically by enabling an FLW to effectively generate demand for and facilitate access to services, and horizontally by engaging the system to build capacities and allocate resources for the critical SBCC inputs.

This National Report summarises C4D actions and results during 2013-2017. Its journey is represented here through the life-cycle stages of Maternal, Infant and Young Child (MIYC) and Child and Adolescent. It presents the body of knowledge generated and disseminated. Finally, it shares reflections on the experience of five years to carry into future programming.

⁴http://www.unicefiec.org

A mother with her infant child, Karnataka.
Enabling SBCC systems for the life-cycle

**MiYC SBCC Strategy**
- Reproductive Maternal Newborn Child Adolescent Health (RMNCH+A)
- Routine Immunization
- Infant Young Child Feeding
- Community Management of Acute Malnutrition (CMAM)
- Integrated Child Development Scheme (ICDS)
- Sanitation Hygiene Advocacy and Communication Strategy (SHACS)

**Supporting SBCC Cells in**
- Dept. of Women and Child Development (DWCD)
- Dept. of Rural Development (DRD)
- Dept. of Health and Family Welfare (DoHFW)
- Social Welfare Dept.
- Institute of Rural Development
- Establishing State SBCC Cells in Dept of Health and Family Welfare (DoHFW)

**Child and Adolescent SBCC Strategy**
- RKSK framework
- National strategy for promoting attendance in school
- National Strategy on Prevention of Child Labour
- SBCC National strategy on Menstrual Management
C4D partnered with:

National Ministries
Ministry of Health and Family Welfare
Ministry of Women and Child Development
Ministry of Drinking Water and Sanitation
Ministry of Rural Development
Ministry of Panchayati Raj
Ministry of Human Resource Development
Doordarshan - The National Public Broadcaster

State Departments
Dept. of Health and Family Welfare
Dept. of Women and Child Development
Dept. of Women and Child Development and Social Welfare
Dept. of Drinking Water and Sanitation
Dept. of Rural Development
Tribal Welfare Dept.
Social Welfare Dept.
Dept. of Labour
Dept. School Education and Literacy
Culture Dept.

UN Partners
United Nations Population Fund
UN Youth Task Force
UN Women

Academia
Development Institutes
INGOs
NGOs
MATERNAL, INFANT, YOUNG CHILD
Sailing through adversity

“I don’t even know how to express gratitude that the ASHA didi came to my home to check up on Aayush when he was seven days old. I was given a voucher booklet and shown each of the six perforated leaves containing information on the different activities to be performed by ASHA didi during each visit. The booklet, with colourful photographs, mentioned different facilities available under the Reproductive, Maternal, Neonatal, Child Health and Adolescent scheme (RMNCH+A), and essential newborn care. On each visit, ASHA didi was expected to perform the activities listed on the voucher. At the end of the visit, I would hand over the counterfoil corresponding to the visit if I was satisfied with her service; and keep one copy with myself.”

“On that first visit when Shanti Krni — ASHA didi was checking up on Aayush, she seemed worried. I was frightened when she told me she saw signs of jaundice. She immediately called for an ambulance and referred me to the government hospital where Aayush underwent treatment for jaundice. Today my three-month old son is alive and healthy because ASHA didi visited us, realised that he was unwell, and provided timely guidance and support.”

Lakshmi Medha, Dibrugarh, Assam
Like Lakshmi Medha, many women across the country are receiving services through several government schemes on child survival, growth, and development. These include communication services that enhance knowledge and build skills on healthy practices and uptake of services for maternal, adolescent, and child health.

C4D has met success through continued focus on building government and partner capacities to design, implement, and monitor evidence-based communication strategies in support of national flagship results. This includes system strengthening, capacity development of a range of stakeholders including FLWs and mid-level government officials, media initiatives, and partnerships.

**SYSTEM STRENGTHENING**

**Bridging structural capacity, addressing operational gaps, shaping investments**

C4D created a firm foundation for executing SBCC initiatives within government programmes and schemes by strengthening institutional mechanisms and supporting change. The SBCC cells set up by state and district government departments brought this crucial input into focus in government programmes and raised an appreciation and emphasis by government functionaries on application of SBCC within programme strategies. C4D programme-based frameworks provided state government officials and teams access to roadmaps to develop and execute effective communication strategies and plans.

A. **BRIDGING STRUCTURAL CAPACITY**

**Transforming health IEC bureau into SBCC cells**

C4D actively engaged with eleven state level SBCC cells to anchor the design, implementation, and monitoring of SBCC strategies for accelerated results for flagship programmes. The SBCC cells are a common umbrella under which SBCC interventions are planned and implemented. C4D technical assistance to SBCC cells led to mobilisation of resources – namely, human, financial, and material, to support the SBCC component of MIYCF initiatives in the state.

**Three fully functional SBCC cells were established** in the Department of Health and Family Welfare in Madhya Pradesh (MP), Odisha, and Uttar Pradesh (UP). These cells have been integrated within the Department of Health and Family Welfare (DoHFW) and the posts and functions are funded through the Project Implementation Plan (PIP) of the National Health Mission (NHM). Each cell has personnel skilled in implementing demand generation interventions and planning SBCC interventions to motivate positive behaviours and practices.

The establishment of the cell in MP prompted the revival and reorganisation of the cadre of Health Education staff, reducing vacancies to 0% from 80% and 60% at district and block levels respectively.
In Odisha, an integrated Communication Centre of Excellence at State Institute of Health & Family Welfare served as a platform for convergence of government departments, non-governmental organisations (NGOs), and other partners for the delivery of the SBCC mandate of flagship programmes.

Recognising the criticality of stakeholder-focused health facilities, UP partners consortium designed and implemented *Hausala Vistaa*, the communication branding of public health facilities, stimulating demand for RMNCH+A services and positively impacting knowledge of communities, visibility of services, and quality of counselling.

The eight other state cells – Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Rajasthan, and West Bengal – received technical assistance to implement the IEC/BCC interventions in the departments.

**Strategic SBCC frameworks for National flagship programmes**

Ten Strategic Communication Frameworks were developed for the flagship programmes National Health Mission and *Swachh Bharat* Mission. The frameworks served as blueprints for planning communication initiatives, and highlighted critical components to be included. They provided guidance on engendering messages – critical to ensure inclusion and accelerate the achievement of programme results.

To contribute to the Mission results, the frameworks were contextualised into 39 state strategies, endorsed by 13 state governments.

- **National Health Mission**: RMNCH+A, Routine Immunisation (RI), Mission *Indradhanush*, Measles & Rubella vaccine introduction, Mother Infant Young Child Nutrition (MIYCN), *Rashtriya Bal Swasthya Karyakram* (RBSK), Risk Communication for Public Health in Emergencies and Disease Outbreaks (Zika and Acute Encephalitis Syndrome), Childhood Pneumonia and Anemia, Communication Framework on Menstrual Hygiene Management

- **Swachh Bharat Mission**: SHACS (Sanitation Hygiene Advocacy and Communication Strategy), DWACS (Drinking Water Advocacy and Communication Strategy)

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*Expansion/encouragement of health seeking behaviour
*Mission for RI
*National Child Health Programme
SBCC Frameworks

The RMNCH+A SBCC framework supported capacity development of national, state, district and subdistrict level institutions to effectively stimulate demand for health services and promote preventive and curative practices for child survival and development.

The RBSK programme was concerned with utilisation of the services of child health screening and early intervention of birth defects, developmental delays, diseases, and deficiencies.

The Infant and Young Child Feeding (IYCF) programme offered a roadmap to develop strategic plans for scaling up IYCF programmes. It mapped and mobilised resources to promote age-appropriate complementary foods and feeding practices.

The SHACS SBCC framework focused on four key sanitation and hygiene behaviours: (a) building and use of toilets, (b) safe disposal of child faeces, (c) handwashing with soap before meals, after defecation, and (d) safe storage and handling of drinking water.

Select state strategies

Thirty-nine state strategies were developed from the SBCC National frameworks. The strategies included:

The Amma Kongu strategy for Andhra Pradesh, developed for Maternal, Child Health, and Nutrition was a convergent effort of C4D, Health, and Nutrition sectors. It led to a multi-stakeholder movement for a long-term effort to address the “Value of Women”, affecting not just the health of women but many other issues pinned on gender discrimination and exclusion.

‘Sneha, Suraksha and Samman’ SBCC strategy of the DoHFW in Madhya Pradesh (MP) to advance RI and RMNCH+A outcomes, guided and enhanced resources for SBCC implementation. It supported initiatives on immunisation, registration of newborns at birth and distribution of Oral Rehydration Solution (ORS) packets and zinc tablets. A notable success was the engagement of the highest level of bureaucracy and political leadership to advance RMNCH+A outcomes in the state.

The IYCF Plan for UP recognised that despite integrating IYCF into most of the maternal and child health schemes, not many activities were done, apart from funding allocations for the Breastfeeding Week. Activities related to complementary feeding were almost negligible. The Plan identified areas and opportunities existing within the Health and Integrated Child Development Scheme (ICDS) delivery system to provide practical recommendations for expanding and rolling out activities related to IYCF.

The West Bengal ICDS SBCC strategy actively involved a number of Panchayati Raj Institution (PRI) members, government functionaries and key community members in ICDS intervention. It focused on early initiation of breastfeeding, exclusive breastfeeding, and appropriate diets for young children.

Risk Communication Plan for Acute Encephalitis Syndrome (AES) in UP was developed as a holistic communication strategy for preparedness, control, and treatment, using a multisectoral approach and scaling-up implementation by engaging government FLW-ASHAs. AES is marred by socially entrenched myths and beliefs. Funds for Dastak campaign were incorporated in PIP of NHM and DOHFW as it intends to reach vulnerable families and communities with the information on the critical behaviours to respond to the outbreak and limit the further spread in 2018. It also aims to engage communities on the long-term sustainable practices along with the expansion of coverage of services to reduce cases over a period of time.

*Mother’s drape which is symbolic of bonding, protection and care
*Love, protection and respect
B. ADDRESSING OPERATIONAL GAPS

Advocacy for Programme Designing

Affecting programme design positively is an important element of System Strengthening. C4D was closely engaged with UNICEF programme teams to assimilate SBCC within programme designs.

The MAA programme
C4D along with the Nutrition programme, contributed to the MAA programme design under the National Health Mission (NHM) to enhance optimal breastfeeding practices and complementary feeding. The skills of a cadre of nurses at government institutions and of FLWs were augmented to improve communication and community engagement, providing information and counselling support to breastfeeding mothers and their families.

WASH programme
C4D with the WASH programme has contributed significantly to two major national policy changes with the Ministry of Drinking Water and Sanitation. These are:

a) Development of the National Gender Guidelines, making SBM the first ever national flagship programme to integrate gender equity principles

b) Revised national IEC Guidelines for Swachh Bharat Mission-Gramin (SBM (G)) to improve utilisation of IEC budgets at state and district levels

Intensified Diarrhoea Control Fortnight (IDCF)
Alongside the Health programme, C4D offered assistance to all states to enhance SBCC approaches, tools, and monitoring indicators for the annual IDCF campaign. Advocacy with government resulted in preponing the campaign to June (from July) - before the onset of the diarrhoea season - for greater impact.

BRIDGE Interpersonal Communication (IPC) skills training
C4D’s technical assistance and advocacy with the Ministry of Health and Family Welfare led to the launch and roll-out of the ambitious BRIDGE IPC skills training for FLWs. Launched in 2017, more than 2 million FLWs will be trained in IPC skills across the country in phases.

Artist Federation
Providing techno-managerial, handholding and documentation support, C4D collaborated with the Odisha state government on the development of a roadmap for strengthening Artist Federation, resulting in the formation of Rajya Kala Sanskrutika Sangha (RKSS) and Nagar Kala Sanskrutika Sangha (NKSS) for urban bodies. UNICEF was felicitated by the Chief Minister of Odisha for continued support to ensure outreach of messages in media dark locales.

Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD)
C4D extended technical support to 10 states - Bihar, MP, UP, Meghalaya, Maharashtra, Mizoram, Assam, Tripura, Jharkhand, and Manipur - for planning for IAPPD. District plans were further developed by Assam, Jharkhand, Meghalaya, Mizoram, Tripura, and MP. A multi-media engagement was implemented to raise knowledge and change practices to protect infants and children from contracting Pneumonia and Diarrhoea.

Measuring and documenting performance
C4D conducted a detailed performance review of 11 states on five parameters that form the basis of the Health System Strengthening (HSS) framework, namely:

1. Leadership and Governance: Measured the availability of strategic policy frameworks, oversight, coalition building system design, and accountability

2. Health workforce: Considered the adequacy and competency of workforce, its responsiveness and productivity
3. Service Delivery: Examined safe, effective, and quality services with minimum wastage

4. Information: Explored the availability of reliable and timely information on health determinants, health system performance, and health status

5. Finance: Covered adequacy of health funding and incentives to promote efficiency

Performance score cards were derived for each state and district that undertook the exercise. The scores indicated performance of a state or district relative to each of the five HSS parameters, affording evidence to planners and decision makers on areas that require their focus. The parameters and indicators were at programme level, with C4D’s SBCC initiatives being one of the many inputs injected into the programme.

When mean performance of all 11 states was considered, health workforce emerged as the best performing parameter, followed by service delivery, leadership, and governance. Finance and information scored the lowest.

State-wise, Odisha topped the performance charts with all five parameters scoring above the mean of all states. Chhattisgarh and Assam bettered the mean on four parameters, and Jharkhand stood higher on three parameters. Rajasthan ranked the lowest with all parameters scoring lower than the mean. West Bengal and Tamil Nadu also scored low with only one parameter higher than the average. Each of the remaining five states, namely, Bihar, Chhattisgarh, Karnataka, MP, and UP had two parameters above the mean.

It was noteworthy that though Tamil Nadu and West Bengal had very low scores on four parameters, they scored better than most other states on Finance and Information – the two parameters with the lowest overall mean scores.

C. SHAPING INVESTMENTS

The focus on and success of SBCC triggered the demand for adequately resourcing SBCC initiatives within the states. 25.5 million USD of the Health Department IEC budget was leveraged to implement eight national SBCC frameworks and 38 state SBCC strategies on RMNCH+A.

Some state level trends included:

A 40% increase in Health IEC resources in 2017-18 amounting to USD 8.9 million in MP.

Approval of additional funds of USD 5.39 million in the UP 2017-18 Programme Implementation Plan (PIP) to cover branding of new health facilities - district hospitals, urban Community Health Centre, and Primary Health Centre.

Allocation of USD 1.5 million - about half of the overall IEC budget of RMNCH+A for SBCC interventions for the year 2017-18 - in Jharkhand.

Allocation of USD 0.78 million for scaling up of SBCC materials on RMNCH+A in health institutions across 863 health facilities in all the 31 districts of Telangana state.

²⁰Each parameter had a series of indicators which were evaluated on a scale of one to five. The indicator scores were then averaged to obtain a score for the parameter.

²¹Most states, except Odisha and West Bengal covered only one or a few districts for this exercise.
CAPACITY DEVELOPMENT
Advancing human resource capacities on SBCC
and building SBCC assets

A. ADVANCING HUMAN RESSOURCE CAPACITIES ON SBCC

C4D capacity development (CD) efforts were multi-layered, focusing on trainers and
government officials at state, district, and block
levels, and on frontline workers on the ground.
Quality Assurance (QA) was a cross-cutting
approach across CD initiatives.

Partnership was secured with two National level
training agencies with capacities in SBCC and
quality assurance (QA), to build a cadre of SBCC
trainers on key child survival and well-being
themes of health, nutrition, immunisation, HIV,
polio, WASH, and education.

A cascade approach first delivered capacity
development to SBCC trainers at the national
level to enable them to advance the training
capacities of master trainers at the state level.
These in turn trained trainers at district or regional
level; who then prepared FLWs and supervisors
on effective delivery of SBCC within their work.

Government officials and supervisors were
oriented on SBCC frameworks and approaches
and trained on developing evidence-based plans
to integrate SBCC into programmes. They were
equipped to support FLWs and assure quality
of interventions. Skill development of FLWs
addressed their capacities to trigger demand
and uptake of services, and impart knowledge
to communities for behaviour change. In short,
capacity development efforts were geared
towards enhancing performance of programme
personnel at all levels.

A robust QA mechanism ensured quality of
capacity development initiatives. State level
trainers assured quality of training of the
district trainers, and district trainers, in turn,
assured quality of training of the FLWs. Where
inadequacies were observed, the QA trainer took
over the process to ensure quality. This process
continued till the desired standard of capacity
development was achieved.

This capacity development apparatus generated
1657+SBCC Lead and Master Trainers, providing
a stable foundation for capacity development and
scale-up of SBCC initiatives.

Theme:

<table>
<thead>
<tr>
<th>Health</th>
<th>WASH</th>
<th>Education</th>
<th>Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>825</td>
<td>360</td>
<td>318</td>
<td>154</td>
</tr>
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</table>

The BRIDGE IPC skills training for FLWs, which is
underway since 2017, aims to build 1.827 trainers
across 18 states. In addition, more than 2 million
Health FLWs will be trained in IPC skills across the
country in phases.

B. BUILDING SBCC ASSETS
Contextualisation of Tarang for national and state

Tarang¹²

Within its institutional building efforts, C4D
developed Tarang as a capacity development
hub for training on Social and Behaviour
Change Communication. The Tarang capacity
development model is hybrid, combining a virtual
site, with an on-ground component and together
covering the themes of health, nutrition, child
protection, education and WASH for SBCC. The
Tarang site hosts several resources for learners
including e-learning course, training manuals,
training capsules and job aids in English and
Hindi.

The Tarang SBCC package with five modules
has been widely employed by the SBCC trainers.
The following modules are part of the Tarang
package:

- **SBCC Module 1**: Facilitators Guide
- **SBCC Module 2**: For Village Level Functionaries
- **SBCC Module 3**: For Mid-level Managers
- **SBCC Module 4**: For Senior Managers
- **SBCC Module 5**: Social Inclusion and
Communication for Social and Behaviour
Change

¹²Wave
Contextualisation of Tarang for national and state programmes
C4D contextualised the Tarang modules for ICDS, BRIDGE, polio, HIV, and WASH programmes and for training RTE Forum members and Education officers in Chhattisgarh and Odisha. Modules contextualised were on communication planning and monitoring, diarrhoea and pneumonia, and a module on counselling skills for facility-based counsellors.

Community Approach to Sanitation Training package
C4D designed the Community Approaches to Sanitation (CAS) Training Package for the Ministry of Drinking Water and Sanitation as a SBCC capacity development resource. It includes a set of tools to support the orientation and capacity building of different levels of functionaries at national, state, district, and sub-district levels for the effective implementation of SBM(G).

IAPPD training
C4D designed a two-day skill-based training module on SBCC for IAPPD.

PARTNERSHIPS
Associations for outreach and scale-up
C4D developed strategic and operational partnerships to supplement and complement flagship national programmes. Strategic partnership with capacity development agencies catalysed the reach and impact. Operational partnerships and networks spurred programmes to geographically and socially distant communities and media-dark areas, improving communities’ access to knowledge and demand for services.

Community and religious networks and groups are influential channels to reach out to the communities they represent. C4D ably tapped these channels for improved health and WASH outcomes. At the national level, its partnership with Global Interfaith WASH Alliance was instrumental in mobilising faith-based constituents through platforms like religious melas and festivals that reach millions of pilgrims and amplify WASH messages. The partnerships are also platforms of convergence of state and district administration, faith leaders and faith-based organisations, and UNICEF. Working with community and religious groups in Nagaland and Manipur, the partnership successfully spurred Routine Immunisation (RI) demand generation.

C4D was active in SBCC related forums and partnerships in 12 states including Rajasthan, Andhra Pradesh, Telangana, Karnataka, Odisha, Uttar Pradesh, Assam, Jharkhand, West Bengal, Gujarat, Madhya Pradesh, and Maharashtra in the areas of RI, maternal and newborn health, reduction in stunting, and influencing programming for social-norm change. It played a convening role for the SBCC technical support group in UP and was instrumental in promoting the RMNCH+ SBCC strategy. Its participation in partnership forums for RI, IDCF, and Nutrition Coalition, and Global Interfaith WASH Alliance, offered it a better understanding of the challenges in these themes towards creating demand for services.

Working with the Artist Federation in Odisha, C4D advanced knowledge of local communities on WASH, child protection and open-defecation-free villages.

In Gujarat, C4D’s multiple partnerships, with village-based institutions such as dairy cooperatives, forest committees, self-help groups and village health committees, promoted RI in hard-to-reach tribal areas.

C4D’s partnership with institutions such as New Concept Information System (NCIS) and Envision Institute of Development (EID) contributed to system strengthening engagements by building a large cadre of SBCC trainers and quality training resources which served as a base for furthering capacities of the field personnel.

MEDIA INITIATIVES AT SCALE
Resonating the message
Mass media initiatives reinforced life-saving behaviours related to mother and child health, and generated demand for services. This enabled wide penetration of messages, especially to excluded locations and communities. Interpersonal communication enabled
feedback loops, continuously strengthening the messages and processes. In addition, high quality short films and TV commercials developed by C4D with government ministries, were launched at the highest levels of government and broadcast using flagship programme IEC budgets.

Some illustrative media initiatives:

- C4D produced ‘Kyunki...Ammaji Kehti Hain’¹³, a series of 52 videos in the edutainment format which presented messages critical to the welfare, protection and survival of children and mothers, addressing behavioural issues. This series, which was produced in the 2013-2017 programme cycle, continued to be an effective communication medium in the current cycle. The key messages drew from the Facts for Life handbook — a joint publication of UNICEF, United Nations Educational, Scientific and Cultural Organisation (UNESCO), World Health Organisation (WHO) and other international agencies.

- In MP, C4D’s innovative outreach media strategy titled ‘Mamta Abhiyan – Sneha, Suraksha aur Samman’¹⁴ was developed with a focus on 12 key behaviours across five life stages that would have the maximum impact on maternal and child deaths in the state. The ‘Mamta Rath’¹⁵ (a mobile van) combined mass media products, social mobilisation, and services-linked group counselling in media-dark parts of MP.

- C4D’s assistance in Odisha was multi-pronged. It contributed to a 52-week multimedia campaign organised by the DoHFW, Odisha. The campaign carried evidence-backed messages on maternal and child health, malaria, diarrhoea, and tuberculosis, and employed a mix of creative materials like IPC tools, posters, leaflets, hoardings, scripts for electronic media, and folk media to spread the word.

The transmedia approach for Kantha Kahe Kahani¹⁶ linked mass media and interpersonal media, providing messages on health through TV episodes, All India Radio (AIR), presentations, poster updating in Swasthya Kantha,¹⁷ writing of health messages or Swasthya Kantha, and discussions during Gaon Kalyan Diwas (Village Progress Day).

- Two region specific communication tools by C4D named ‘Fazli Babu Bolchen’¹⁸ on WASH, and ‘Baro Kahan’¹⁹ on IYCF were endorsed by the West Bengal government and are in use.

- C4D developed TV and radio commercials under RBSK, MAA programme, Measles Rubella Vaccine, SBM, National Rural Drinking Water Programme, and Swachh Bharat Swachh Vidyalaya. The government managed the media, and bought and broadcast all these commercials to further their mandate on child health, breastfeeding, water, sanitation, and vaccination.

- With the WASH programme, C4D supported development of advocacy films and books for SBM. These include the Swachh Shakti²⁰ films focussing on women champions of SBM-G, launched by the Prime Minister to celebrate International Women’s Day in the presence of more than 6,000 women sarpanches from across the country. Books include the three years progress report of SBM and another on inter-ministerial activities (Swachhata Pahkwada²¹). Communication materials include films on drinking water. All the tools are available on the Ministry of Drinking Water and Sanitation (MDWS) website.

- Multimedia engagements were implemented to disseminate knowledge and engage communities on Pneumonia and Diarrhoea for IAPPD. These included media workshops, Nukkad Natak (street plays) on early detection of pneumonia and diarrhoea symptoms, Jagriti²² express and Audio Visual Van, short films on diarrhoea and pneumonia, radio jingles on care-seeking behaviours, community demonstration of ORS/homemade fluids for management of diarrhoea.

¹³Because ‘Mother’ says so: Mother is symbolic of an elderly, wise woman
¹⁴Motherhood Campaign - Love, Safety and Honor
¹⁵Maternal vehicle
¹⁶Wall tells a story
¹⁷Health story
¹⁸Fazli Babu says
¹⁹Where are you!
²⁰Cleanliness champions
²¹Cleanliness fortnight
²²Awakening
A Sea Change

Ruma Karmakar is 16 years old, and studies in the 10th standard. In a contemplative mood, she shares her experiences of menarche and the turns her life took thereafter.

"I started menstruating at the age of 10. No one had told me anything about menstruation. I was frightened and could not understand what was happening to me. When I went to my mother and told her I had hurt myself and was bleeding, she told me in a hushed tone that I was now mature."

It was Ruma’s sister who advised her on using a menstrual cloth and explained that she was now a ‘grown-up girl’. In the coming days, when she had her periods her mother would not permit her to visit the temple, enter the kitchen or to touch pickles.

"I learned about MAHIMA from the village frontline health workers,” recalls Ruma. “I attended the adolescent girl’s group meeting where I had the opportunity to ask questions about menstruation.”

Ruma was selected as a peer educator by the girls in her adolescent girl’s group. As a peer leader, she received training on hygiene management as well as the life-skills to convince her family to meet hygienic requirements. The ‘Paheli ki Saheli’ (PSK) book and Fact for Life videos helped her grasp these issues better. She was glad to have these resources to transfer knowledge to her friends who were still struggling with changes they were experiencing.

"Initially I faced resistance from my friends who viewed the subject with shame, but eventually they too joined the adolescent girls’ group and began openly discussing ‘taboo’ subjects,” she shares.

"I believe that other girls in my village should not have to go through what I experienced at menarche. Having improved knowledge and resources on menstruation, I now guide my 8-year-old sister so that she is prepared when she starts her period. I urge all adolescent girls to ask questions about menstruation openly to ensure hygienic practices during their periods and remain in good health.”

Ruma Karmakar
East Singhbhum district, Jharkhand
CHILD AND ADOLESCENT
Ruma Karmakar, a child on the cusp of adolescence, faced the challenges that countless young girls struggle with at menarche – being caught unaware, being frightened, feeling ashamed. The Menstrual Health and Hygiene Management for Adolescent Girls (MAHIMA) initiative was a valuable source that familiarised young girls on the issues surrounding menarche and menstruation, facilitated the communication of these messages; and in the process, secured a confidence that is so crucial for a young girl as she traverses the minefield of customs and social norms that place controls and prevent her from flourishing into adulthood.

In addition to initiatives like MAHIMA which focus on Menstrual Health and Hygiene Management (MHHM), UNICEF is engaged in a spectrum of programmes on Health, Nutrition, WASH, Education, and Protection of children and adolescents. C4D contributes to these efforts by building an SBCC eco-system which affords communities the knowledge and capacity to engage with children and adolescents to ensure their welfare. It also equips children and adolescents with the agency to demand, access and uptake services to protect themselves and lead enriching lives.

C4D engaged SBCC for children and adolescents by creating strategies and guidance frameworks for national flagship and other programmes. The enabling capabilities of FLWs and peer educators to interact with children and adolescents, and communities, bolstered initiatives on the ground. Media-based initiatives complemented these efforts, being tailored to the context and worldview of children and adolescents – connecting directly to them and the challenges they encounter through the formative years of their lives. With government departments embracing the several communication assets that C4D designed or facilitated, they have leveraged resources for their use, and in the case of the Meena radio, its broadcast has outlived C4D’s lead support.

Consistent with the SBCC pillars, C4D conceptualised an institutional approach under a partnership with Disaster Risk Reduction to actively engage adolescents and youths in identifying their own problems, voicing their needs, and finding local solutions through their participation in design, implementation, and monitoring of institutional (government, NGO etc.) disaster responses in Bihar, Assam, and West Bengal.

SYSTEM STRENGTHENING
Bridging structural capacity, addressing operational gaps, shaping investments

For programming on children and adolescents, C4D developed SBCC frameworks and strategies for national flagship programmes that guided engagements on development, protection, and participation of children and adolescent girls and boys. It deepened the understanding of government officials and planners on SBCC elements relevant to children and adolescents, and helped marshal communities around these critical themes. It supported the gradual shift from small, sector-based-interventions to large-scale district models on adolescent empowerment23 and reduction of child marriage, which rely on existing large government programmes.

²³Including the themes of RKRS, namely, nutrition, sexual and reproductive health, mental health, injuries and violence, substance misuse, and non-communicable diseases

ASHAs showing an Ammaji IPC video to women and children in Bellary, Karnataka.
A. BRIDGING STRUCTURAL CAPACITY

Strategic SBCC frameworks for national flagship programmes and initiatives

Strategic Communication Frameworks were developed for the National Health Mission (NHM), a national flagship programme and other national level initiatives. The frameworks guided and provided communication inputs for acceleration of programme results. These frameworks were especially critical for child and adolescent programmes as they provided messaging for many taboo and sensitive issues and tailored messages for youngsters and adults.

National Health Mission:
C4D formed an SBCC framework for the Rashtriya Kishor Swasthya Karyakram (RKSK), providing critical guidance on inclusion of an effective communication strategy in state-level RKSK plans, based on state-specific priorities. The framework was developed in 2015 to include more robust operational guidelines. Further, C4D contributed to the state and regional monitoring mechanisms by designing review workshops, facilitating sessions and presenting data and insights on priority themes.

To contribute to the Mission, 29 states adopted the framework and state strategies were aligned, keeping with state priorities.

To illustrate, few strategies included:

- C4D partnership with the Chhattisgarh state government led to the design of an SBCC strategy and action plan for RKSK across five priority themes relevant to the state, namely, nutrition, sexual and reproductive health, gender-based violence and injuries, substance misuse, and mental health. The strategy considered all-round information and support requirements of the adolescents and recommended a three-pronged – promotive, preventive, and curative – approach to SBCC within the programme.

- In Andhra Pradesh (AP), C4D developed an evidence-based plan and tools for strengthening of RKSK in collaboration with the health sector. The package included life-skill-based training modules and translation of existing UNICEF SBCC packages such as Facts for Life (FFL) videos and Paheli ki Saheli, to comprehensively address issues related to adolescents.

- In Odisha, capacity development programmes for FLWs and mid-level government officials were conducted. Partnerships were established with MAMTA to reach out to most marginalised adolescents in 15 districts.

SBCC Framework for MHHM
The MHHM framework was the first of its kind in providing the blueprint for communication on an issue that is shrouded in silence. This evidence-based SBCC framework offered approaches to enhance knowledge on menstrual management and influence the socio-cultural norms surrounding it. It laid out barriers, and sought to break the culture of silence and empower girls and women with correct knowledge for improved menstrual hygiene management.

National Strategy on Promotion of School Attendance
C4D in collaboration with MHRD drew up a National SBCC strategy with a training package to promote regular school attendance. This was endorsed by six State Education Departments, namely, Uttar Pradesh, Odisha, Assam, West Bengal, Karnataka, and Chhattisgarh, and the WCD.
B. ADDRESSING OPERATIONAL GAPS

Supporting governments for programme designing

**National Strategy on Prevention of Child Labour**

C4D supported development of an SBCC strategy on initiatives for prevention of child labour which was employed by Dept. of Child Labour in Bihar, Assam, and Jharkhand.

The strategy sharpened the understanding of various stakeholders in the states by shedding a light on issues surrounding child labour and identified barriers and gaps in approaches for communicating effectively on the issue.

**SBCC Strategy on Menstrual Management for UP, Bihar and Jharkhand**

C4D formulated a national strategy on menstrual management which stressed the need to break the silence around menstruation and enhance related knowledge, address attitudes, perceptions, and social norms. The strategy, while positioning young girls, their mothers and peer groups at the centre, also focused on key influencers such as fathers, teachers, FLWs, and self-help group members. The health department was the nodal department for operationalisation of the strategy, with convergence of other departments, such as education. Other stakeholders, such as networks and media, were assigned the critical role of creating an enabling environment to openly discuss menstruation and gender issues.

**HIV**

C4D designed a National-level Adolescent & Youth HIV multimedia SBCC package centred on reducing vulnerability related to HIV/AIDS. This was shared with the National AIDS Control Organisation (NACO) for roll-out across India. The assessment of the NACO-led Adolescent Education Programme (AEP) across 6 states contributed to programme acceleration strategies in non-functional and suspended states of India, and led to the strengthening and scale-up AEP programme across 22 states.

Supporting this initiative further, C4D and NACO designed an interactive mobile app (NACO AIDS APP) which is hosted on the National Health Portal. The app focuses on knowledge, access to services, self-risk assessment, vulnerability reduction, and linkages to services, schemes, and entitlements for people living with HIV/AIDS, with links to government websites. The app was launched by the Minister of Health Hon’ Shri. JP Nadda on World AIDS Day.

**MHHM**

In Uttar Pradesh, RKSK, SSA, and SBM adapted the GARIMA communication strategy and SBCC package. C4D facilitated incorporation of MHHM in the monthly topic of nearly 50,000 Meena Manch across the state. The Paheli ki Saheli communication package was included in ARMAAN - the life skills training module of upper primary schools in the state.

**Child labour**

The Labour & Welfare Department and Sarva Siksha Abhiyan, Assam, launched a comprehensive implementation guideline on community mobilisation on the World Day
Against Child Labour (WDACL). An evidence based communication package was rolled out in 32 districts for more systematic and convergent action to prevent child labour.

**Child protection and well being**

C4D supported the National Commission for Protection of Child Rights (NCPCR) jointly with Ministry of PRI through its Child Friendly Panchayats under the Safe Childhood Programme. Launched across 12 states, the programme focused on scaling-up sustainable and low-cost child protection interventions to prevent child marriage as well as violence and exploitation of children. More than 240 master trainers from State Commission for Protection of Child Rights and State Institute for Rural Development were skilled on Child Friendly Panchayats.

C4D’s state-level SBCC strategy to prevent violence against children was endorsed and implemented by the Directorate of Child Rights and Trafficking (DCRT) in Malda district of West Bengal. The strategy mobilised communities for their active involvement in the Mission Utkarsh Abhiyan²⁴ on improving school attendance, thereby ensuring protection of children from child marriage and trafficking. The engagement resulted in discernible improvement in attendance.

The guidance framework on intergenerational dialogue and parenting by C4D provided parents and communities with tools and approaches, and strengthened their ability to care for their children in ways that promote children’s wellbeing and agency.

**Child Marriage**

Partnering with the government of West Bengal, C4D reviewed and revised the SBCC strategy for Kanyashree Prakalpa²⁵ (KP): Prevention of Early Marriage in West Bengal. The strategy has increased the agency of adolescent girls to continue education and delay their age of marriage, by focusing efforts on parents, community influencers, and the girls themselves. Monitoring of the implementation of a state-wide SBCC strategy for KP for the prevention of child marriage in West Bengal, led to over 3.9 million adolescent girls enrolling for the conditional cash transfer to delay child marriage and continue in school.

Given the situation of child marriage in Bihar, the prevention of child marriage and dowry – a priority initiative of the Government of Bihar – received a fillip through a robust SBCC strategy developed for the purpose. The strategy stressed on building knowledge and public opinion against early marriage and understanding and addressing the social norms surrounding the practice. State-wide multimedia campaigns and capacity building initiatives were key strategy elements. The state action plan designed a cash transfer programme for adolescent girls to delay marriage. The cash transfer was not merely to provide families with an incentive to delay the marriage of their girls, but rather to gradually spur behaviour change among the communities against the practice of early marriage.

Rajasthan rolled out a State Strategy and Action Plan for Prevention of Child Marriage with the support of UNICEF and UNFPA under a joint global programme on ending child marriage. C4D supported the roll out of a mass media-based campaign — Baal Vivah Mukt (Child Marriage-free) Rajasthan — across priority districts with state funds. The state has developed and endorsed an evidence-based SBCC tool kit for promotion of adolescent empowerment and prevention of child marriage.

²⁴Campaign to enhance school attendance  
²⁵Girl Upliftment Project
The *Sanjha Abhiyaan* was an engagement of civil society organisations in Rajasthan and Chhattisgarh to prevent child marriage. 45 trainers from CSOs were engaged in the prevention of child marriage and adolescent empowerment.

**Right to Education**

To address the poor uptake of Right to Education (RTE) entitlements, C4D facilitated capacity development of master trainers, RTE facilitators, and network partners. The programmes, emphasising the rights approach, mobilised community support and involvement for promoting children’s education and monitoring progress of RTE interventions.

Gujarat used folk media to upscale community engagement in Right to Education and child-friendly schools and systems across 10 districts. The District Child Protection Plans incorporated the SBCC capacity building, folk and mid-media interventions to increase retention.

In Chhattisgarh, 29 RTE forum partners integrated SBCC strategies into their monthly communication plans for effective demand generation for quality learning and RTE compliance.

**C. SHAPING INVESTMENTS**

Government funds amounting to USD 7.7 million were resourced by NACO for the roll out of a multi-media campaign to strengthen comprehensive knowledge of HIV amongst adolescents and young people.

C4D supported the state of Gujarat to leverage USD 248,000 in the PIP to enhance SBCC and life-skill components in nine districts, implementing the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (*SABLA* scheme). Similarly, the state of Jharkhand leveraged USD 136,000 in the PIP under RKSK SBCC implementation.

*Sarva Shiksha Abhiyan* (SSA) continued the broadcast of *Meena* radio in more than 280,000 primary and upper primary schools, reaching approximately 19.8 million girls and 8.4 million boys in the six states of Uttar Pradesh, Andhra Pradesh, Odisha, Madhya Pradesh, Assam, and Gujarat. *Meena* radio has been broadcasting annually in these states by leveraging *Sarva Shiksha Abhiyan* (SSA) funding since 2012 in some states.

Within the NHM, the state of UP leveraged USD 4.6 million in the PIP for communication branding of health facilities through the PKS communication package, and USD 2,936 for replication of the PKS story book. Monies were also leveraged by Bihar and Jharkhand for the roll out of PKS package.

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*26 Joint Campaign
27 Education for all campaign

As part of the Child Marriage-free Gram Panchayats initiative, puppet shows were conducted in schools to encourage open dialogue amongst adolescents in Rajasthan.
Training a cadre of government functionaries

Large numbers of mid-level government and field functionaries received SBCC training for improved engagement with the communities and a more effective delivery of key messages. These include:

- District gender coordinators on MHHM
- Teachers on MHHM, social norms on child rights, gender, and inclusion
- Adolescent peer educators on life skills
- RTE facilitators on community mobilisation and demand generation for quality education
- Block education officers on IPC
- School management committees to promote regular attendance
- Government officials for prevention of child marriage and child labour

Through correct and complete information and support services on issues that affect their well-being, adolescents had improved self-confidence and were empowered to assert their rights. They became more at ease with the physical changes that they were experiencing and had access to information and services to better manage their health and well-being. Many youngsters became the voices that spread awareness among their peers on critical aspects of life-skills. Parents, family members, and teachers were also sensitised on the RTE, protection against child labour, and the need to engage with youngsters while taking decisions that impact them for a lifetime.
C4D fostered important engagements in capacity development with the SSA. Engagements with the SSA’s Kasturba Gandhi Balika Vidyalayas (KGBV) furthered capacities on the MHHM theme.

District and block level government functionaries, School Management Committees, and teachers were equipped to enhance SBCC on the themes of Right to Education, quality education, and regular attendance. Collaboration with the forum partners for the Watch programme in Chhattisgarh for RTE was key to address factors affecting enrolment and retention of children in schools.

The Meena radio programme in Andhra Pradesh was opportune for enhancing capacities of teachers and adolescents on child rights, gender and inclusion, and analytic and problem-solving skills.

**B. DEVELOPING COMMUNICATION ASSETS**

C4D designed training and communication assets as resources for the cadre of trainers trained to transfer capacities to the field-level functionaries. The assets include:

- An RKSK activity guide book for peer educators which was endorsed and disseminated by MoHFW to help 4 million peer educators under the RKSK programme to effectively take messages on life-skills to adolescent groups.

- A Training of Trainers (ToT) manual for life skills on MHHM, an important resource in the GARIMA and PYARHI project, which piloted a SBCC strategy on MHHM among rural adolescent girls in three districts of eastern Uttar Pradesh. The module enhanced the capacity of FLWs and the integration of the issues in the Anganwadi and ASHA teacher programme.

- Two separate life-skill-based modules endorsed by the Department of Education in Bihar to enhance skills of teachers in SSA and RMSA programmes, and of wardens of KGBVs on issues related to menstrual health and hygiene management.

- A training package for menstrual hygiene management, which included a manual for master trainers.

- Activity guide-books for peer educators for effectively taking messages on life-skills to adolescent gorups.

- A ready-to-use repository on Gender Responsive communication materials and capacity development institutions on prevention of child marriage, child labour and violence, which was made available across 16 states (MP, Delhi, UP, Assam, Maharashtra, Bihar, WB, Gujarat, Rajasthan, Chattisgarh, Tamil Nadu, Jharkhand, Kerala, Karnataka, Odisha, Telangana).

**PARTNERSHIPS**

Associations for outreach and scale-up

Partnerships for adolescent programming supported implementation of national flagship programmes and UNICEF’s own adolescent strategy implementation across all priority states. Partnerships with the media created multiple channels for message diffusion leading to improved recall and retention.

The joint partnership between UNFPA and UNICEF on the Global Programme on Ending Child Marriage backed the national flagship programmes Beti Bachao Beti Padhao³⁸ and RKSK. The programme, launched in 2015, and covering eight states with moderate to high rates of child marriage will reach more than 1.6 million adolescents over four years. It generated political will and administrative commitment by the state governments of Bihar, Rajasthan, and UP to scale-up multi-sectoral interventions to end child marriage. It provided new evidence to inform policy dialogue and programme design.

C4D and CP (Child Protection) jointly integrated the Implementing Partner’s (IP) monitoring tool across eight states (Bihar, Assam, West Bengal, Jharkhand, Rajasthan, Gujarat, AP, and Telangana) to track key performance indicators in the projects. A partnership result matrix was standardised and aligned to IP monitoring indicators to ensure cohesive, uniform, and coordinated intensity of programme.

³⁸Save the daughter, educate the daughter
To address the ills of child marriage in Bihar, C4D partnered with Breakthrough, an organisation that works to make violence against women and girls unacceptable, and with PRAXIS Institute for Participatory Practices to roll out a state-wide multimedia, capacity building strategy. This included over 600,000 functionaries from the state Departments of Health, Social Welfare, Women and Development, Education, Panchayati Raj and Rural Development, Minority Welfare, Information & Public Relations Department.

In Kashmir, C4D was engaged on a radio initiative, bringing together two popular programmes, UNICEF’s own Meena ki Duniya²⁹ radio, which covers a host of issues from gender roles to water, sanitation, and hygiene, and child protection, and Sesame Workshop India Trust’s Gali Gali Sim Sim. These have a proven effectiveness on increasing literacy, numeracy, physical wellbeing and social emotional skills of children.

The partnership with BBC Action Media enabled critical messages related to adolescent issues to be widely disseminated through mass and social media. The transmedia approaches deftly wove a narrative which was carried through multiple channels.

C4D mobilised a Technical Advisory Group with rich experience in working with children and adolescents, to contribute specifically to the development of the AdhaFULL content. Members include Centre for Catalyzing Change, Heal Foundation, the YP Foundation, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Talking About Reproductive and Sexual Health Issues (TARSHI), Centre for Media Studies, Save the Children, Dasra, Smile Foundation, Plan India, Aarohan, Population Foundation of India, McArthur Foundation, Dainik Bhaskar and Nagrik Foundation, Shikhar Organisation for Social Development, Youth ki Awaz, and Mamta - Health Institute for Mother and Child. The TV series AdhaFULL was broadcast, pro-bono, in partnership with the national public service broadcaster, Doordarshan.

As part of engaging civil society organisations for increasing demand for education and protection services, C4D facilitated a multi-stakeholder resource pool in Rajasthan to develop the youth policy.

C4D forged a partnership with the National broadcast Prasar Bharati’s National Academy of Broadcasting and Multimedia (NABM), and Centre for Media Studies (CMS), to enhance the gender responsiveness of the producers.

Other partnerships that furthered the reach of messages on rights, health, protection and education to children, adolescents and their elders, include Doordarshan, and the Community Radio Association.

²⁹Meena’s world
MEDIA INITIATIVES AT SCALE

Resonating the message

Stories are a powerful medium to understand issues and spur action. C4D’s media initiatives harnessed this power of storytelling to break silence around sensitive issues affecting the well-being of children and adolescents, mould their perspectives, and to offer them a platform for their voice. Engaging government and partners in these initiatives advanced their continuation.

Some illustrative media initiatives:

- **AdhaFULL**: C4D in partnership with BBC Media Action and Doordashan implemented the transmedia project focusing on gender and adolescents, with an aim to create an enabling environment to empower adolescents by building their competence and confidence.

  The package weaves together positive messages through the multiple channels of:

  - A 78-part AdhaFull whodunit tele-serial – A coming-of-age action drama TV series for social change. Through its three youth protagonists, and a creative narrative, the series presented issues such as under-age marriage, nutrition, stereotyping of girls and boys, continuing education, peer pressure, school drop-outs and exam blues, and gender-based violence. The series, broadcast on Doordarshan, has reached an audience of over 121 million since October 2016.

  The AdhaFULL social media content also created ripples in the social media space – amplifying conversations on gender issues. The AdhaFULL character videos that questioned and challenged gender norms on the Facebook page received 2.25 million views, with 53% women and 47% men.

- **Full on Nikki**: A 78-episode radio show, Full on Nikki – about a school teacher who is also a fictional radio jockey. The suspense in Full on Nikki was woven into AdhaFULL episodes and reached more than 5 million listeners. UNICEF had a memorandum of understanding with 30 community radio stations and 11 FM stations to air the show.

  An innovative mobile phone game app ‘Nugget’ – Using a medium that adolescents identify with and use, the game has an androgynous protagonist, Nugget, and six antagonists, who represent the force field that limits the lives of adolescents. On the 17th week since its launch (10-16 November 2017), Nugget was featured as the week’s No. 1 game on Google Playstore. Currently, the game has more than 1,600,000 downloads and has been played 1,920,000 times. 70% players were boys and 22% girls.

- **#BigdiHuiLadki**: (the ‘spoilt’ girl) is a social media campaign designed by C4D in partnership with BBC Action Media and Youth ki Awaz, which calls out the hypocrisy of the society that controls behavior...
of young girls and women, denying them agency, access, and autonomy. The campaign looped back into the AdhaFULL series, pushing its content through AdhaFULL protagonists. Popular actor and UNICEF celebrity ambassador Priyanka Chopra participated in the campaign.

- The *Meena* radio programme: 2013-17 saw the *Meena* radio programme scaled up to Chattisgarh, Orissa, Gujarat, and Assam³⁰, in partnership with the *Sarva Shiksha Abhiyan* (SSA). The edutainment radio programme uses songs, stories, and games to follow the character of *Meena*, a young girl who enthusiastically braves the world for the protection and realisation of the rights of children. The noteworthy feature of *Meena* radio was that the government has continued to broadcast it – even after the C4D active support for this initiative came to end.

- *Jan Pahal³¹* Radio Programme: A school management committee radio initiative, *Jan Pahal* was piloted in select districts of UP and was subsequently scaled up in all 75 districts by the SSA. The programme put a spotlight on improving environment, enrollment, and attendance in government schools, through sensitisation of School Management Committees (SMC) about their roles, responsibilities, and duties.

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AdhaFULL was described and discussed at the ‘Innovations in Narrative-based Interventions’ pre-conference at International Communication Association 2017, where the insight-driven, research-based, thematic, colour-coded message dashboard and the transmedia approach using the diffusion of innovation model was presented.

Transmedia storytelling is the practice of designing, sharing, and participating in a cohesive story experience across multiple traditional and digital delivery platforms³². It is a compelling approach for social change, especially for children and adolescents, as it draws them to issues through engaging adventures aired across multiple media, which also serve to reinforce messages.

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³⁰The Meena Communication Initiative was developed by UNICEF in the 1990s aimed at changing perceptions and behaviors that hamper the survival, protection and development of girls in South Asia. The Meena radio programme was piloted in UP in 2010 and scaled up to Andhra Pradesh, Maharashtra and Madhya Pradesh in 2012-13; Chhattisgarh and Odisha in 2014-15; and Gujarat and Assam in 2015-16.

³¹Citizen efforts

³²https://www.coursera.org/learn/transmedia-storytelling
The mainstay of any C4D initiative is learning and sharing. Knowledge management operations of C4D created platforms for wider dissemination of SBCC approaches within development programming and fostered cross-learning amongst its proponents and users. Research and evaluation derived the crucial evidence for identifying the priorities for effective programming, increasing knowledge and developing a clear academic discourse around SBCC.
KNOWLEDGE AND INSIGHTS FOR PROGRAMMING

All frameworks developed by C4D stressed the role of drawing evidence for developing SBCC strategies and plans. Formative research, assessment studies, and desk research around priority themes, afforded C4D insights that contributed to strategy development and training package development. Of particular relevance was the large body of knowledge and evidence garnered around adolescents, given the heightened focus on adolescent programming in the 2013-17 cycle.

A. RESEARCH AND EVALUATION

Formative Research

C4D facilitated generation of data and evidence to guide programming through formative studies on the themes of health, HIV, MHHM, early marriage, and education.

In the health theme, studies on knowledge and practices around RBKS and maternal and child health practices indicated that the traditions, customs and beliefs within the community play a dominant role in governing the choices of the people, on practices related to home deliveries, colostrum feeding, exclusive breastfeeding and care of children. Similarly, social norms are prominent in household decisions on getting girls married early.

Studies on adolescents found that early marriage, early and unsafe initiation into sexual activities and consequently early childbearing, limited knowledge about and access to contraception, unwanted pregnancies and lack of access to safe abortion services, exposure to sexually transmitted infections, and lack of autonomy and gender-based power imbalances exacerbate young people’s vulnerabilities. They indicated substantial scope for messages to inform adolescents of issues related to early marriage and pregnancy, schooling and education, initiation of sexual activity, and HIV.

On education, studies found that the community at large was only aware of some of the basic entitlements like free books, mid-day meals, free uniforms, no fees etc. RTE was unheard of. Studies also highlighted the importance of parental support, especially of mothers as champions, identifying role models for girls as well as enhancing their self-confidence and negotiation skills, addressing corporal punishment and verbal abuse by teachers, and ensuring safe passage to school.

Studies on parental engagements are guiding programme designs around positive parenting.
Formative studies conducted for program design include:

- Rapid assessment of knowledge and capacities towards RMNCH+A interventions across life stages among FLWs in 5 highpriority districts and 3 urban pockets in Chhattisgarh
- Formative study to understand perceptions of parents and communities regarding RBSK as well as the motivations/triggers for seeking early screening and intervention regarding birth defects and developmental delays
- Knowledge, attitude and practice study on RBSK, which featured in the Office of Research – Innocenti as UNICEF best research study of 2017
- Formative research on maternal and child health-care practices in Uttar Pradesh
- Assessment of availability, access and use of HIV prevention, care and treatment services by adolescents, with a focus on key affected populations
- Adolescents in India: A desk review of existing evidence and behaviours, programmes and policies
- Baseline research: 'Girls Today, Women Tomorrow', study in three districts of UP on MHHM
- The Adolescent programme household monitoring survey in 16 districts, 8 states
- Understanding adolescent empowerment: A qualitative exploration
- Formative research on child marriage, Chhattisgarh
- Value and respect: Making India a safer place for adolescent girls and boys
- A multi-state formative study on motivations and barriers to transition from primary to upper primary and secondary school
- Formative study to understand perceptions of parents and community-based structures regarding rights and entitlements and redress systems within the RTE Act as well as the motivations/triggers for seeking redress
- Assessment of teacher and children forums in primary and secondary schools across three districts of Rajasthan
- Communication opportunities to engage Scheduled Castes (SC)/Scheduled Tribes (STs) groups in 10 states

Evaluation studies gave insights to programme performance for quality and scale

- Evaluation of Meena radio in 3 states – UP, MP and AP
- MHHM GARIMA Evaluation study for assessing the effectiveness of the programme implementation. The study is ongoing with results expected in 2018

Programme assessment studies provided information on programme performance

- End line study in Gujarat on '3S - Swasthya Samvedna Sena', tablet based SBCC project
- 'Effectiveness analysis of health facility branding' and 'SBCC cell' in UP
- Retrospective analysis of Open Defecation Free (ODF) Nadia district
- Assessment of NACO adolescent education program
B. SBCC POLICY BRIEFS AND SCIENTIFIC PAPERS

Policy briefs
Six SBCC Policy briefs provided guidance on specific aspects of operationalising SBCC in programming. These include: (a) Adolescent Programming, (b) Inclusive Communication for SBC, (c) Measuring Social Norms, (d) Rashtriya Bal Swasthya Karyakram (RBSK), (e) Village Health & Nutrition Days (Jharkhand), and (f) IEC budget utilisation in NHM.

Scientific Papers
A number of scientific papers provided evidence-based perspectives on key themes.

These include:
• Breaking the glass ceiling of indigenous communication: Examining the determinants of marginalisation, barriers to communication, the existing communication opportunities, innovations in communication programming and potential for use of ICT in social and behaviour change communication with marginalized communities. This paper is now selected to be published in 'The Electronic Journal of Information Systems in Developing Countries'.
• The modalities of a transitory phase examining social norms that impinge on lives of adolescents
• Building social capital through capacity development
• Shattering the force field: A transmedia approach to gender and adolescents in India

C. PROGRAMME DOCUMENTATION

C4D newsletter

Case studies
• Eleven state case studies on C4D Health System Strengthening were documented. These are:
  • Institutionalising communication actions for promoting health service delivery: Training of health workers to engage with communities in Assam
  • Leveraging partnerships for communication interventions: Engaging with local NGOs for demand generation in Gujarat
  • Building social capital through capacity development
  • Building capacities of health educators to improve RMNCH+A behaviors: Harnessing the power of convergence in Karnataka
  • Mamta Abhiyan: An innovative communication outreach platform for RMNCH+A in Madhya Pradesh
  • Strengthening the structures for collective communication activities: Institutionalising the Centre of Excellence in Odisha
  • Going back to the roots: Using the power of traditional media to influence health seeking behaviour in Rajasthan
  • Building synergies through convergence: Addressing communications through a cross-sectoral approach in West Bengal
• Bridging the gap between clients and service providers: Communication for improving health indicators in Uttar Pradesh
• Designing community-based health communications for RI and other behaviors: Using the power of radio to motivate youth in Bihar
• Strengthening health communications through capacity building: Generating demand for services by empowering health workers in Chhattisgarh

• A case study on partnership with faith-based groups on RI demand generation in Jharkhand.
• Ripples of change: Stories of change from GARIMA project
• Scripting behaviour change – case studies of how skills acquired by FLWs during SBCC trainings are being used effectively while working with the community.
• Process documentation of the Meena radio

D. KNOWLEDGE SHARING AND LEARNING PLATFORMS

The Dhaara SBCC Seminar Series

The five-seminar series Dhaara, meaning ‘the current’, was a confluence of knowledge, experiences, voices, and perspectives to swell and transform the larger discourse of SBCC. The seminars brought together stakeholders from the government, academia, media, practice, and civil society to engage in dialogue on varied aspects of SBCC, creating in the process policy briefs and scientific papers that can be used to disseminate and build capacities in C4D.

IEC Warehouse
C4D created the IEC Warehouse as a repository of information, education and communication (IEC) and training material. The 3,000+ audio, video, print resources and original artwork on the site are available in a user-friendly digital format, available for reproduction for programme use.

Dhaara Seminar Series:
• Seminar 1: ‘Empowering Adolescents: Creating Voices and Space’ focused on safe physical spaces and how these impact adolescents.
• Seminar 2: ‘Inclusive Communication for Social and Behaviour Change’ examined the criticality of an inclusive lens on social and behaviour change communication to reach all social groups with correct information, promote knowledge, and support social and behaviour change.
• Seminar 3: ‘Measuring Social Norms’ discussed measurement methodologies for evaluation of social norms as currently used in social development, and specifically as they pertain to the lives of children and women.
• Seminar 4: ‘Social and Behaviour Change Communication Training Methodologies – Experiences’ discussed the key methods of adult learning and training on SBCC currently being deployed in India, and the experiences of trainees on the effectiveness of these methodologies.
• Seminar 5: ‘SBCC Experiences at the National Level and in the State of Odisha’ shared experiences of partners on what has worked for the state and what lessons can be drawn towards informing the development of the State Communication Policy.
REFLECTIONS

The five-year engagement of C4D India network generated a veritable ocean of experiences. While it drew on investments of the past, it also laid new foundations to propel future strategies.

This five-year period can be summed up as one that shifted centres - from communication to engagement, from measuring events to ensuring generation of demand and uptake of services, from responding to systems to strengthening systems.
Balancing the streams
The C4D strategy lifted learnings from past experiences to balance the upstream and downstream engagement. While engagement with the government was maintained as a core strategy, attention for advancing the competencies of mid-level management was intensified to ensure the planning and monitoring of programmes and budgets.

Development programmes often witness an ‘intention to implementation gap’, borne on the assumption that last mile workers can be trained to carry messages. Recognising this fallacy, the SBCC approach shifted focus instead on the enhancement of engagement skills. This approach was vital to the transference of programme objectives into effective service delivery.

Starting at the start
These shifts demonstrated the need to engage early on with policy makers and planners to secure SBCC strategies into the programme blueprints. C4D, during the five years, seized opportunities to work closely with government departments to facilitate SBCC strategy integration at the intervention planning stage.

Avoiding ad hoc campaigns
Building robust SBCC strategies at the start prevents ad hoc interventions and campaigns that have limited long-term effects. For instance, there is a tendency to use health camps to reach out to large communities, however such camps are episodic in nature and are unable to sustain change.

Bridging the last mile
Partnership is a bridge to scale and reach the last mile. The C4D strategy to map potential partnerships afforded a landscape view of who was doing what. Partnerships provided speed, connectivity, agility, and over time, sustainability. Riding on the available social infrastructure — for instance, engagement with religious groups and leaders — served as the avenue to reach physically isolated communities or those reluctant to accept behaviours that advance health and well-being.

Influencers matter
The behaviour influencers practice amplifies the behaviour promotion, affording it a credibility that gets duly emulated, and, over time, retained. C4D identified influencers within the ecosystem, such as faith-based healers or adolescents, who contributed to a multiplier effect in getting messages across to these communities and thereby prompting action.

Investing where it matters
As with partnerships, C4D also learned to invest in community ownership, for sustained impact. For instance, involving the panchayat for changing
attitudes and practices around child marriage in Gujarat and Rajasthan helped mobilise the larger community around the issue.

**Forming firm foundations**
To reap impact through large interventions, strategies need to be evidence-based. This was understood best on the media front. Television and radio serials like AdhaFULL, Full on Nikki, and game applications like Nugget were youth-friendly media, developed with evidence-based content and messaging. C4D created a strong basis for programmes by investing in formative research and desk reviews to generate an in-depth knowledge of the situation and its causes. Finding the core of behaviours helped contextualise SBCC strategies and strengthen programme design and implementation.

_Caste Panchayat_ leaders talk about how they brought about change in child marriage norms within their communities.
GLOSSARY

AdhaFull Series - A ‘coming of age’ action drama series for social change aimed at adolescent issues. It is a 78-episode TV series, conceptualised and created by BBC Media Action, and developed in partnership with UNICEF.

Amma Kongu - A multi-pronged SBCC strategy launched in AP in 2012 for increased demand and utilisation of health care services. It aimed to improve quality of health care delivery for vulnerable mothers and young child.

ASHA - Accredited Social Health Activist is a trained female community health worker. She works as an interface between the community and the public health system.

Boosting Routine Immunisation Demand Generation (BRIDGE) - A campaign to promote Routine Immunisation (RI). It involves training of FLWs on IPC to promote immunisation.

Infant and Young Child Feeding (IYCF) - UNICEF Programme that promotes early and exclusive breastfeeding of infants and young children.

Intensified Diarrhoea Control Fortnight (IDCF) - Programme of GoI launched in 2016 and aimed at ending child diarrhoea deaths.

Integrated Child Development Services (ICDS) Scheme - Launched on 2nd October 1975, it is one of the flagship programmes of the Government of India (GoI) and represents one of the world’s largest and unique programmes for early childhood care and development. It is the foremost symbol of the country’s commitment to its children and nursing mothers.

Kyunki Ammaji Kehti Hain Videos - Videos designed by UNICEF which focus on social and behaviour change communication and are made for small group and individual viewing, learning and discussion. They are designed to be used as interpersonal communication tools by individuals and frontline workers in giving out important information to women and caregivers.

Meena Radio - An entertainment-education programme that was developed by UNICEF in partnership with the Department of Education, Government of India and its SSA Project Office. The programme was designed as a combination of mass media and interpersonal communication to promote awareness on issues related to child rights and child health, sanitation, and hand hygiene amongst students.

Mother’s Absolute Affection (MAA) - A flagship programme of the GoI for promotion of breastfeeding, launched in August, 2016.

Rashtriya Bal Swasthya Karyakram (RBSK) - An innovative and ambitious initiative of GoI, which envisages child health screening and early intervention services — a systematic approach of early identification and link to care, support and treatment of children.

Rashtriya Kishor Swasthya Karyakram (RKSK) - A programme of the MoHFW launched in 2014 for adolescents, in the age group of 10-19 years, which would target their nutrition, reproductive health, and substance abuse, among other issues.

Right To Education (RTE) - The Right of Children to Free and Compulsory Education Act or Right to Education Act (RTE), an Act of the Parliament of India enacted on 4th August 2009, which describes the modalities of the importance of free and compulsory education for children between 6 and 14 in India under Article 21-A of the Indian Constitution. India became one of 135 countries to make education a fundamental right of every child when the Act came into force on 1st April 2010.

RMNCH+A Approach - RMNCH+A approach was launched in 2013 and it essentially looks at addressing the major causes of mortality among women and children, as well as the delays in accessing and utilising health care and services. The RMNCH+A strategic approach has been developed to provide an understanding of ‘continuum of care’ to ensure equal focus on various life stages. Priority interventions for each thematic area have
been included to ensure that the linkages between them are contextualised to the same and consecutive life stage.

**Doordarshan** - The National Public Broadcaster. Doordarshan did a gratis broadcast of 78 episodes of AdhaFULL TV series from Oct 2016. Similarly, the 'Best of AdhaFULL stories' were broadcast on Doordarshan from May 2017 to Dec 2017.

**Sneh-Suraksha-Samman Campaign** - A strategic SBCC approach launched in 2014 to improve Maternal and Child Health outcomes in Madhya Pradesh, India.

**Swachh Bharat Mission** - A campaign launched in 2014 in India that aims to promote cleanliness and also achieve universal sanitation coverage in India by 2nd October 2019.

Adolescent girls now have improved knowledge of menstrual health and hygiene management, Jharkhand.