SOUTH ASIA SBCC CONVERSATION

DECEMBER 7, 2021 - SUMMARY REPORT


Plenary

The three-day South Asia SBCC Conversation opened on 7 December 2021 at 10.00 am India Standard Time. Alka Malhotra, C4D Specialist, UNICEF and Sanjeeta Agnihotri, Deputy Director at the CCC-I, sister organisation of the JHUCCP, the hosts for the plenary extended a warm welcome to everyone. Setting the context for the South Asia SBCC Conversation, they shared that the next in-person

International SBCC Summit will take place in December 2022. However, to keep the momentum going, the South Asian chapter of the International Organising Committee of the SBCC Summit are hosting this South Asia SBCC Conversation. The Steering Committee is comprised of representatives from the BBC Media Action, Breakthrough, Center for Communication and Change India, Johns Hopkins Center for Communication Programs and UNICEF. New Concept Centre for Development Communication is the program coordination, support and logistics partner for the event.

The first day of the conversation saw people joining in from different corners of the South Asia region. All the three days of the event have a unique section called SBCC Spotlight which showcases stories of people who stand tall amongst others in the way they have used SBCC to bring change in themselves and the community at large.

For the first spotlight, Farheen from Radio Mewat (community radio station in Haryana, India) talked about how from being a person who feared to step out of her house to go to school, to being a person who is a star radio presenter and an opinion change leader working against domestic violence and for COVID-19 prevention and vaccination. 'Good job Radio Mewat for empowering her', 'Powerful narrative powerfully narrated', 'truly is an inspiring role model' are some of the reactions received on her story.
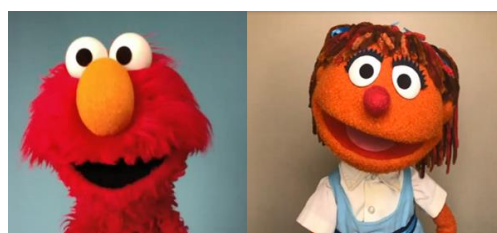
After Farheen, the Sesame Street India muppets Elmo and Chamki brought in their funny and endearing quality to talk about an issue which is mostly brushed under the carpet, which is mental health. The two with their antics and ideas to 'feel better' kept the panellists and audience in splits.

The plenary session was livestreamed on Facebook. The video recording of the plenary and sessions can be found here.

Technical Sessions: SBCC TOOLS & PLATFORMS IN HEALTH & ALLIED SECTORS

Session 1 - Re-imagining Behaviour Change (10.50-11.20 am IST)

Moderator: Dr Neeru Johri, Head, Department of Communication Studies, JIMS, New Delhi

Presentation 1 - The Making of India's Largest Urban Sanitation Behaviour Change Program, India, by *Sreejita Basu*; co-author: *Abhinav Akhilesh*

The major trigger for behaviour change in the Swachh Bharat Mission-Urban (SBM-U), has been the ownership that people from the community have taken when it comes to leading and sustaining change on the ground with phenomenal results.

Presentation 2 - Re-Imagining and Co-Creating Social Norms Change through Socially Engaged Arts, India, presented by *Sunayana Wadhawan* and *Priya John*

The presentation drew upon research in behavioural economics, human centered design, edutainment, neuroaesthetics, socially engaged arts, theatre of the oppressed and others, highlights of Social Art for Behaviour Change (SABC) from work in Mali, Guatemala, and India to provide examples of the value that social arts can bring to the field of SBCC.

Presentation 3 - Implementing Digital Toolkit for Normalizing Conversations on Comprehensive Sexuality Education among Young Adults in India, presented by *Jahnavi Sharma*

Love Matters India is normalizing conversations on comprehensive sexuality education for young adults with the aid of a digital toolkit titled Baat karne se baat banti hai' containing videos, radio episodes and a corresponding booklet.

Session 1 Summary Highlights –

1. Legitimate ownership, an enabling ecosystem, allocation of monetary and non-monetary resources and involvement of leadership across levels-political, administrative, community are key to bring in and sustain behaviour change.
2. Use of storytelling is a unique and effective way to influence behaviour change, and creative energies from different states in India can be tapped beautifully
3. Transformational change only happens when each one of us contributes in our own way through our organizations and through our individual selves.

Session 2: Gateways to Behaviour Change (10.50-11.50 am IST)

Moderator: Dr Suparna Khera, Additional Director, National Institute of Public Health Training & Research, Mumbai

Presentation 1. Antenatal Care as a Gateway Behaviour to Increase Birth at a Health Facility: Opportunity for SBCC Programs, Bangladesh by *Yasmin Siddiqua; co-authors: Nandita Kapadia Kundu, Sanjanthi Velu, Zoe Hendrickson, Sabina Shahnaz, Syed Jafar Raza Rizvi*.

A quantitative baseline survey data, was informed by the socio-ecological framework to emphasize how individual, household, community, health system and socio-cultural factors intersect to challenge and/or facilitate individuals' health behaviours. These findings offer detailed guidance on specific knowledge items, priority health behaviours, and influencing factors that SBCC messaging can promote.

Presentation 2. The Vicious Cycle of Malnutrition among Under Five Children in Bangladesh: Using Local Food Models as a Gateway to Health and Nutrition, Bangladesh by *Sabina Shahnaz; co-authors: Nandita Kapadia Kundu, Syed Jafar Raza Rizvi, Zoe Hendrickson, Yasmin Siddiqua, Patrick Coleman*.

Investigations on causes of severe malnutrition in children under five years and solutions derived from local communities, using qualitative techniques, pointed to a vicious cycle. They established that food diversity can be promoted through school health programs and mobile games can promote healthy nutrition-related behaviours. Consequently, Ujjiban is implementing a Nutri-Champs intervention with urban and rural adolescents where they can promote local food models with young mothers as a gateway to change.

Presentation 3. Pilot of an Interactive Voice Response Service for Delivering Maternal Health Information to Expectant Fathers in Pakistan by *Sacha St-Onge Ahmad; co-authors: Mustafa Naseem, Shan Randhawa, Muhammad Bilal Saleem, Tallal Ahmad, Agha Ali Raza. Super Abbu (Super Dad)*.

An IVR that delivers maternal health information, was developed and piloted in Pakistan. It demonstrated that IVRs can: 1) collect data on the informational needs of marginalized populations about culturally sensitive topics and 2) deliver personalized information to hard-to-reach populations with low education levels.

Session 2 Summary Highlights

1. SBCC program should cover social norms around ANC to ensure safe maternal and child health as ANC is the first gateway behaviour which leads to other behaviours.
2. Aligning the social norms with scientific knowledge is important.
3. The cycle of malnutrition starts with less flow of breastmilk, early initiation of baby food, frequent illness, loss of appetite, inadequate dietary intake.
4. User/beneficiary characteristics like education level, background, etc. are difficult to know when using IVR

Session 3 – Joining Hands for Innovation (10.50-11.50 am IST)

Moderator**: Dr. Sanjeev Kumar**, SBCC Expert

Presentation 1 . Faith leaders as change agents to reduce early marriage incidents in Afghanistan by *Ketevan (Kate) Kobaidze and Natia Ubilava*.

World Vision designed a project with an innovative approach to reduce incidents of child, early and forced marriage (CEFM). The project theory aimed to raise awareness on the negative consequences on CEFM through faith leaders who were considered as change agents in the community, their increased knowledge and commitment would transform into social norm change over the years which in turn would affect behaviour patterns of targeted families in a long term.

Presentation 2. Sustaining behavior change through local government engagement: *Suaahara II***,** a success story from Nepal by *Bishow Raman Neupane; co-authors: Indra Dhoj Kshetri and Pooja Pandey***.**

Suaahara II (SII), a five-year USAID-funded multi sector nutrition program, made efforts to embrace federalization and advocacy with the local governments has resulted in eight times more investment in nutrition than the central government used to invest prior federalization. SII's success was all the more rare because of competing funding commitments for infrastructure projects which are thought more visible by the political leader-ship vis a vis behaviour change programs.

Presentation 3. Fail Early, Fail Fast, Fail Often, But Don't Fail Big: Managing Behavioral Science-Backed Innovative Products and Services in Three Low to Middle Income Countries by *Sohrab Hussain; co-authors: Reshma Trasi, Cecelia Angelone, Zakari Congo, Kesete Berhane, Mohamad Brooks*.

The (re)solve project developed innovative behavioural science-backed services and products to address drivers of contraceptive non-use in Bangladesh, Burkina Faso, and Ethiopia. Following a context-specific segmentation analysis and behavioural diagnosis, hundreds of ideas were generated to address behavioural issues at the local, national, and global levels and 'pressure-tested' these before moving to scale. While promising ideas were prototyped, constructive failures allowed the project to 'fail forward' and build stronger, responsive products and services that can address behavioural barriers to contraceptive non-use.

Session 3 Summary Highlight:

1. Engagement and involvement of faith leaders, parents and children can raise awareness and increase knowledge and commitment.
2. The key for future generations is to understand perspectives and dimensions of the drivers of malnutrition and barriers for human development.
3. Early failures of ideas allow pivoting and agility while focusing on the behavioral barrier to address.
4. Addressing behavioral barriers increased the potential for impact and it is critical to be able to identify which barriers can be taken on feasibly.

Session 4 - Analysis for Catalysis & Innovative Media and SBC (11.55am – 12.55 pm IST)

Moderator**: Varinder Kaur Gambhir**, Director Research, BBC Media Action

Presentation 1. Fortifying the Frontline: Developing a Targeted Approach to Outreach and Communication for Tuberculosis Health Workers in South India by *Poornima Bathi Siddappa, Mallika Tharakan; co-authors: Mohan H L, Bharatesh Shetty, Amar Shah, Reuben Swamickan*

A package of targeted outreach and communication tools, prioritizing high-risk areas and offering need-based care to ensure timely testing and treatment completion was developed using microplanning, mapping and segmenting. Experience indicated that shifting from generalised awareness to personalised communication improved health seeking behaviours amongst vulnerable communities.

Presentation 2. Triangulating Strengthened Capacity: Using Multiple Research Methods to Assess Changes in Social and Behaviour Change Capacity in Nepal by *Lokesh Bhatt; co-authors: Zoe Hendrickson, Pranab Rajbhandari, Shreejana K. C, TrishAnn Davis, Leticia De Los Rios, Sanjanthi Velu.*

A multi-method approach was used in Nepal to triangulate changes in individual, organization, and systems-level capacity in SBC for health programming. Learnings from the combination of three distinct quantitative and qualitative approaches will be useful for future projects like Breakthrough Action Nepal aiming to measure and evaluate capacity strengthening activities to improve SBC programs for health.

Presentation 3. Care Companion Platform: Developing a WhatsApp-Based Health Behaviour Change Messaging Platform to Encourage Healthy Behaviours by *Shirley Yan, Victoria G; co-authors: Sudhanshu Gautam, Arjun Rangarajan, Anindita Bhowmik, Anjali Gupta.*

The Care Companion Program (CCP) trains staff nurses in government district hospitals to deliver succinct and relevant health information to families in group settings during their hospital stay, when arguably families are most receptive to initiate health behaviour change in India. Findings of an evaluation indicate that health communication programs, delivered in hospital settings and in partnership with government health systems, show promise in encouraging desired health behaviours and better health outcomes.

Session 4 Summary highlights

1. A personalized approach to outreach and patient support through an empowered frontline will help India realize its vision of TB eradication by 2025
2. Access to sources of qualitative and quantitative data, multiple methods enable data triangulation and measuring and evaluating capacity strengthening activities to improve SBC programs for health
3. Messages must be clinically appropriate and motivate the receiver to relay the same to beneficiaries. Communication programs can encourage better health outcomes.

Session 5: Actualising Inclusion and Shifting Norms (11.55am – 12.55 pm IST)

Moderator**: Sona Sharma**, SBCC Advisor Action Against Hunger

Presentation 1. Action Reaction - Understanding and Overcoming Backlash against Girls' Exercise of Agency in India by Sucharita Iyer

Dasra's two-phased study into the issue of backlash detailed the manner in which backlash manifests both during and after interventions, as well as the various mitigation and prevention strategies that implementing organizations deploy in order to manage the issue. Understanding backlash can be a powerful catalyst to ensure that the essential task of empowering adolescent girls takes place, while simultaneously creating an environment that fosters long-lasting behavioural and normative change.

Presentation 2. Navigating an Adolescents Life through an Avatar: A Game of Choice, Not Chance by *Ashima Misri; co-authors: Kavita Ayyagari, Howard Delafield International, Namita Mohandas*.

The Game of Choice (GOC) consortium, piloted a role-play game in India (aimed at adolescents 15-19) that enables players to make decisions and choices for their avatar. The game is designed with the expectation that their in-game experiences translates to real life by exploring how completion of education, fulfilment of career goals, and/or a desired marriage and family are not just elements of chance, but choice.

Presentation 3. Gender-Equitable Approaches to Engage Men in Family Planning Communication and Decisions in India: Using Evidence Review and Human Centered Design by *Kuhika Seth, IAVI; co-authors: Aishwarya Sahay, Kapil Vachhar, Pranita Achyut.*

Research was undertaken to understand the continuum of communication and decision-making in couples and role men play in determining couples FP choices, in FP programming hotspots in India. The research findings informed that in a highly gendered social context, with fragmented knowledge and unequal power relations, spousal communication on matters of contraception are sparse and inequitable at best. The research presents innovative, gender-transformative and scalable approaches to meaningfully engage men in FP.

Presentation 4. Gender Norms among Unmarried Adolescent Girls and Boys (15-19 Years) in Sylhet and Chattogram Divisions of Bangladesh: Implications for SBCC Programs by *Yasmin Siddiqua, Phd in Demography; co-authors: Syed Jafar Raza Rizvi, Nandita Kapadia Kundu, Zoe Hendrickson, Sabina Shahnaz, Patrick Coleman*.

Existing gender equitable norms among adolescents were explored using the quantitative and qualitative data. Findings suggest existence of an inequitable normative atmosphere where girls and women are undervalued. In the current complex normative environment, girls and boys do not see the gender restrictions on the girls. Thus, SBCC programs should focus on adolescent boys as a major audience and design specific programs to shift gender norms in boys.

Presentation 5. Power to the Powerless: Marginalised Adolescent Girls Spearhead Social Change by *Mallika Tharakan; co-authors: Mohan H L, Sudeshna Dey, Satyanarayana Ramanaik, Raghavendra Thalinja, Prakash Javalkar*.

Sphoorthi, a community-centred model, trained selected girls from marginalized communities as role models to champion among their peers the importance of girls' education, delayed marriage, improved nutrition, and influence community attitudes and behaviours, with the aim of improving overall adolescent well-being using an Integrated Empowerment Framework. Outcomes showed that policies and practices that promote investments into empowering marginalised youth and building supportive family environments can improve health status, promote gender equity and demand for services with long term benefits to the individual, families and society.

Session 5 Summary Highlights

- Game based content can be produced collaboratively by organisations working globally on Adolescent Reproductive and Sexual Health issues.
- Collaborative decision-making amongst couples can lead to enhanced knowledge and improved capability to seek health services and bring positive shifts in social norms.
- With changing times, both girls and boys are pushing against gender based restrictions and hence, SBCC programs should focus on adolescent boys as the main audience.
- Community-based model to train adolescent girls from marginalized communities can lead to long term social changes shifting from ' beneficiary mode' to being 'drivers of change'