

SOUTH ASIA SBCC CONVERSATION

DECEMBER 8, 2021

SUMMARY REPORT

Plenary

The second day of the South Asia SBCC Conversation began with the plenary hosts Uttara Bharath Kumar, Senior Technical Advisor, SBC and Capacity Strengthening at Johns Hopkins Center for Communication Programs and Urvashi Gandhi, Director, Global Policy and Advocacy for Breakthrough extending a warm welcome to everyone and giving a context to people who were joining new in the Conversation.

DAY TWO

8 South Asia Countries

5 Host Organisations

3 Themes

3 Formats

2 SBCC Spotlights

8 Sessions + Plenary

68 Authors

21 Presentations



People again joined in from different corners of the South Asia region to listen to Anuradha, a Breakthrough Team Change Leader from Uttar Pradesh, India, who was the first SBCC Spotlight for the day. Anuradha is a young opinion leader who has been recognised for her work on domestic violence and her initiatives during the Covid-19 pandemic. We need many like her. The second spotlight brought to the audience voices of girls (trained by Feminist Approach to Technology, India) from *Todo Bandishein* campaign against Early and Forced Marriage. Priyanka Dutt, Country Director, BBC Media Action said that learning to use technology is clearly transformative for these girls. It is a reminder that it is not just the access to education but also the quality of education that matters. Giving technology tools in the hands of young girls helps them to connect different things, learn

about the world around them, learn how society is constructed, and push them to go out and negotiate powerfully with the people who create barriers and boundaries. It was an observation by a participant that it is important to include boys in the conversation.



The plenary session was livestreamed on Facebook. [The video recording of the plenary and sessions can be found here.](#)

Technical Sessions: SBCC - INCLUSION, INNOVATION & PARTNERSHIPS

Session 1: Listening to Learn (10.50-11.50am IST)

Moderator: **Ajai Kumar S**, Team Lead, Strategic Communications, John Snow India

Presentation 1 - Lost in Translation: Language Needs Assessments in Humanitarian Crises
by *Peter Squires*.

An assessment of the language needs of the Rohingya population revealed that language remains a largely overlooked component of humanitarian action. Creating programming without data on language assessment excludes people from accessing vital crises related communication. Incorrect translation of complex health communication terminology causes confusion which can prevent people from seeking medical aid when needed thus eroding their trust in the system. In any public health crises, trust can greatly influence compliance with measures like vaccination. Signage is crucial for effective communication in the camps. It is imperative to know the more accurate terms to use while dealing with sensitive topics like sexual violence.

Presentation 2. Communication Failed: Health Communication Targeted for Tribal Women and Way Forward in India by *Nirmalya Mukherjee*; co-authors: *Shipra Joshi, Arpita Mitra*

A study conducted in Purulia, West Bengal to know the effectiveness and outcome of existing behavior change communication relating to sanitation and handwashing among tribal women. IEC materials are not available in the tribal language. The results of the baseline helped to design a detailed intervention keeping content in tribal language and organising BCC activities like inter personal communication, radio broadcasts, personal anecdotes etc in the villages. Comparative results between baseline and endline studies conducted showed that community-based approaches, coupled with communication in tribal languages is effective in changing handwashing and sanitation behaviour.

Presentation 3. Increasing Listenership to a Radio Drama by identifying Audience Needs and acting upon them: Experiences of adapting Bhanhhin Aama (Mother Says) in Nepal by *Indra Dhoj Kshetri*; co-authors: *Ramesh Dhakal, Kenda Cunningham, Pooja Pandey*

Bhanhhin Aama radio program, started in 2013, was a weekly magazine format radio show where questions on health were answered interactively. Since the weekly format was not working for the audiences, the program was adapted as per the emerging needs of the audience. Going from pre-recorded to live, increasing the number of airing radio stations and providing immediate and contextualized solutions to queries were some measures adopted. Local health workers and stakeholders were engaged in the program. After two years of adaptation, it was found that awareness of program among mothers had increased from 31% in 2017 to 68% in 2019.

Session 1 Summary Highlights

- Language challenges continue to hinder access to quality services. People need to listen and be heard, whichever language they speak in or whichever culture they belong to.
- Culture of cooperation and community ownership is essential for effective health communication targeted for tribal women.

- Effective communication has to be customized to local needs
- It is imperative to identify barriers and adopt a mechanism to ensure quality checks and consistency of messages in the program
- Traditional media need to be merged with internet-based platforms (new media) in order to reach people at scale

Session 2: Expanding Communication Possibilities (10.50 - 11.50am IST)

Moderator: **Radharani Mitra**, Global Creative Advisor, BBC Media Action

Presentation 1. Using the Approach of Co-creation to Design Culturally Appropriate SBCC Materials for Uttar Pradesh's (India) First Breastfeeding Cubicle by *Sarah Tanishka Nethan*; co-authors: *Shatarupa Bandopadhyay, Abdul Qadir, Raj Shekhar, Aarti Kumar, Vishwajeet Kumar*

Simple interventions like early initiation and exclusive breastfeeding become critical for newborn survival in Uttar Pradesh, India which annually loses 200,000 newborns. A partnership with Uttar Pradesh State Road Transportation (UPSRTC) led to U.P.'s first Breastfeeding Cubicle at a public bus station. The Community Empowerment Lab was approached to design the wall panels based on SBCC materials for the cubicle over 10 days. The SBCC materials (wallpapers) of the space created a respectful, caring environment for severely resourced mothers, moving them towards the desired outcome.

Presentation 2. Better Diets for Smallholder Farmers and Workers in the Tea Sector: Leveraging Business Channels to Reach Vulnerable Populations through a Multi-Component Behavior Change Communications (BCC) Approach by *Mirjam Kneepkens, Genevieve Stone* ; co-authors: *Biju Mushahary, Catherine Macharia-Mutie, Barbel Weiligmann, Christina Nyhus-Dhillon*

The Global Alliance for Improved Nutrition (GAIN)'s workforce nutrition (WFN) programmes aims to deliver scalable and sustainable employer-led interventions to improve diets of farmers and workers in tea supply chains. During 2016-18 using seeds of prosperity approach in India, Tanzania and Kenya, nutrition and hygiene education was provided to tea workers and their families for 1 hour over 9 weeks. Initial learnings suggest the semi-controlled living environment of tea estates make community engagement activities an efficient delivery medium. The combination of stronger community-based activities and reinforced access components, alongside enabling environment actions, will likely render the intervention more effective and sustainable than previous iterations of SOP.

Session 2 Summary Highlights:

- The approach of co-creation (including key stakeholders at every stage of Design) increases adoption, helps achieve the desired behaviour and makes the process very cost-effective and time-efficient, especially projects aiming for social and behavioural impact at scale.
- Understanding user needs, priorities, challenges; relevance of contextually designed messaging; quick testing before implementation of implementation, leads to improved behaviour outcomes
- Co-designing is crucial but suffers due to internal priorities, limited project reach and logistical challenges like lack of storage facility.

Session 3 - Amplifying Innovation (10.50-11.50am IST)

Moderator: **Barsha Chakraborty**, Lead - Digital Engagement, Partnerships and Advocacy, Breakthrough India

Presentation 1: Creating a scalable model for healthcare delivery and patient-centered care in rural India using Telemedicine: A Positive Deviance Inquiry and Intervention by *Pallavi Jain*; co-authors: *Anu Sachdev, Arvind Singhal, Jagdeep Gambhir*.

A Positive Deviance Inquiry was carried out by Change Designers to discover successful practices that telemedicine stakeholders undertake, to enhance the quality of health care delivery at e-doctor clinics. The process gainfully led to designing intrinsic & extrinsic communication systems. A six-month capacity building program, and a variety of rural marketing tactics were employed such as 'chai bethaks' (tea time), developing 'friends of e-doctor', 'swasthya salahakar samiti' (health advisory panels), and shifting offers to seasonal illnesses and pathology. The service observed a four-fold increase in patients, progressively during the six-month intervention. Communication dissemination became self-sustainable and communities became a part of the e-doctor community wilfully, as the word of the e-doctor spread.

Presentation 2: Using Machine Learning to improve Quality Assurance of Behavior Change Communication Program in Madhya Pradesh, India by *Neha Shah* and *Dr. Osama Ummer*; co-authors: *Diwakar Mohan, Kerry Scott, Amnesty Lefevre*.

The project demonstrates the feasibility and acceptability of a machine-learning, SMS-based QA system for improving household survey data. Using the data collected from four districts of Madhya Pradesh for a survey, the project demonstrated that back-end data analytics and machine-learning could be used to identify errors in data quality, early on. Using automated SMS it was possible to easily send feedback on issues requiring follow-up or resolution to field teams. The early identification of errors through ML and SMS notification reduced gap between interview dates and error resolution, improved data quality and reduced workload for the teams.

Presentation 3: Helping local leaders solve local problems: Incorporating evidence-based SBC into Nepal's newly federalized system by *Mr. Pranab Rajbhandari*; co-authors: *Shreejana K. C., Caroline Jacoby, Sanjanthi Velu, Zoe Hendrickson, Trishann Davis, Thaneswor Koirala*.

Nepal's recently shifted to a more federalized system however, many local entities do not realize the importance of and skills necessary to develop evidence-based SBC for health programs. Breakthrough ACTION through a USAID-funded SBC systems strengthening project in Nepal co-created with government partners a process and package of SBC tools to: increase local entities understanding, skills and value of evidence-based SBC; interpret and use local data to inform program planning; and integrate and budget for health-related SBC in their annual work plans. The co-creation process included a human-centered design (HCD)-informed co-designed and pilot-testing to develop an SBC package for the local level. This locally owned SBC for health package is now in demand by health and non-health government sectors, non-government partners and academia who have requested the package for adaptation and use. The Package will soon be available for users in a closed Facebook group, online, and with a bot.

Presentation 4: Safal Shuruaat – Successful parenting: Public-Private Sector partnership saving lives in North India by *Pallavi Dhall*; co-authors: *Surya AV, Susan Mackay, Pradakshana Kaul, Smita Singh, Abhishek Singh*

Project “Safal Shuruaat”, a unique public-private partnership (between Lifebuoy - Unilevers leading health soap brand and Gavi - the Vaccine Alliance) mobilizes caregivers and parents to adopt key behaviors - age appropriate nutrition, early childcare and development, and improved parenting skills. Through a range of interpersonal, community mobilization and technology driven efforts it harnesses existing and new communication tools and approaches, seamlessly integrating with existing government platforms and channel. Concurrent monitoring in the pilot phase indicates 5 to 16-fold increase in incidence and knowledge of HWWS at critical occasions and immunization behaviours indicating the effectiveness of this behavioural insights driven partnership programme.

Session 3 Summary Highlights

- Working directly with the government combined with self-assessment at different levels helps in bringing programmatic buy-in
- Building capacity at the local level, mentoring local leaders works best to solve local problems.
- In terms of content and designing the core focus, it is essential to bring in evidence based thinking
- Iterative quality assurance tools and processes for data capture and analysis can be helpful for special surveys and providers of data capture applications.

Session 4 – Overcoming Demand Barriers (10.50-11.50am IST)

Moderator: **Dr. Archana Kumar**, Associate Professor, Department of Development Communication & Extension, Lady Irwin College, University of Delhi.

Presentation 1. Digital Vaccine Platform to Reduce Risk of Lifestyle and Nutrition Related Diabetes and improve Self-Care among Pediatric Diabetic Patients: Ongoing RCT of Longitudinal Outcomes by *Bhargav Sri Prakash*

"Fooya!" is a non-invasive, software-based, digital therapeutic solution that leverages artificial intelligence and neuroscience-based gamification techniques to complement current treatments by engaging and empowering patients and their families and caregivers, to develop healthier habits. Fooya!d -a version of fooya, incorporates critical information about Type 1 and Type 2 diabetes, help children understand how to better manage their condition. Studies have shown that an engaged patient is a healthier patient. Building on findings from an RCT by JHUCCP researchers published in JMIR, an IRB approved 3-arm RCT is underway by Dr Usha Sriram and her team of Endocrinologists at the Voluntary Health Services Hospital in Chennai India. The longitudinal clinical data will be shared with Carnegie Mellon University.

Presentation 2. *Boosting Routine Immunisation Demand Generation - The Indian Experience* by *Dr. Bhawani Shankar Tripathy*; co-authors: *Varsha Chanda, Nisar Ahmad, Rania Ellessawi*

Low vaccine confidence continues to be a behavioral challenge in achieving full immunization coverage (FIC) in India. Evidence shows dialogic communication enables immunization decision-making, such as addressing hesitancy arising from adverse events following immunization. BRIDGE was introduced nationwide to skill the 3As (ASHA, AWW, ANM) in community engagement using field-tested methods

and processes. Post-training assessments reported improvements in involving community influencers, delivering key immunization messages, and self-assessments on engaging communities. BRIDGE is also enabling the 3As to influence community behavior beyond RI to a broader child and maternal health goal as outlined in the SDG-3.

Presentation 3. Vaccine Indicator and Reminder (VIR) Band Community Intervention: Formative Evaluation Study, Karachi, Pakistan by *Noor Sabah Rakhshani*

The Vaccine Indicator and Reminder Band (VIR) is a low-cost silicon band with a built-in Timestrip indicator to remind parents when it is time to return to the vaccination center for timely completion of RI schedule. Complementing it is a social mapping, community engagement and communication plan to disseminate the message of timely and complete vaccination. A VIR band community engagement study respondents shared favorable views for recommending this useful innovation to others. The VIR band since it stays on the ankle of the child serves as a visual cue to action for RI schedule completion in a timely manner. Its ease of use, and high acceptability was documented through this study.

Session 4 Summary Highlights

- Non-invasive, software-based, digital vaccines have enhanced efficacy and safety as they engage the patients leading to healthier habits
- Skilling of FLWs to engage with the community enables effective decision-making, addressing issues such as hesitancy arising from adverse events following immunization
- Community behavior should be observed as an indicator to measure new knowledge practice
- New technology can help in modernization in vaccine registry, enrolment etc.

Session 5: Innovating and Collaborating – Making Strides for Behavior Change (11.55am – 12.55 pm IST)

Moderator: **Shivani Kapoor**, SBC Expert

Presentation 1. Changing Hygiene Behaviours and Gender Norms: Practical Experiences from South Asia WASH Results Programme (SWARP) in Bangladesh by *Mitali Das, Communications Lead, Pure Earth; co-author: Mosa Effat Nur, Mimi Coultas*

Plan International's South Asia WASH Results Programme (SAWRP) aims to improve water, sanitation and hygiene (WASH) behaviours in rural Bangladesh. SAWRP used the Behaviour Centred Design framework based on ABCDE – Assess, Build, Create, Deliver, Evaluate to develop a series of fun and surprising evidence-based behaviour change activities for men, women, boys and girls. Increased dialogue between men and women appears to be helping to erode WASH gender norms. However, further research is needed to examine whether men and boys' engagement in WASH behaviours is extending their control to an area of women's lives they have previously had little influence over.

Presentation 2. Promotion of Biofortified Orange-Fleshed Sweet Potato with Social Marketing Strategies in North India Increases Demand for a More Diverse Diet by *Kathryn Merckel, Associate Director, Nutrition and Food Systems, ACDI/VOCA*

In order to identify effective strategies to generate demand for Orange-flesh sweet potato (OFSP) as a crop and food in smallholder farmer communities, SBCC and social marketing methods were employed in

a one-year quasi-randomized effectiveness trial across 15 villages (1373 households) in Eastern Uttar Pradesh. Demand generation was significant: 30% of households produced OFSP over the course of the intervention, and 47% of households at endline reported plans to purchase OFSP. This study has yielded critical audience insights regarding the most challenging agricultural and behavioral constraints and how they may be addressed through product development, how gender and caste disparities in food systems can be ameliorated through careful messaging, and the role social capital and networks play in determining how dietary behaviors are perceived and adopted.

Presentation 3. Less is More: Prioritising Behaviors for Effective Multi-Sectoral Nutrition SBC *by Kelsey Torres, Technical Specialist, USAID; co-authors: Lisa Sherburne, Michael Manske, Laura Itzkowitz, Fartun Yussuf*

Prioritizing high-impact behaviors across sectors is a key step in designing high quality, effective SBC. Recommendations from internal mid-term evaluations of five USAID's Office of Food for Peace-funded country activities, and an SBC-specific review of 11 grants in 8 countries include the need to support programs to prioritize behaviors through improved processes at the proposal and award stages as well as in SBC strategy design and implementation.

Session 5 Summary Highlights:

- There are 3 steps to quality SBC: prioritize behaviors; identify factors and link pathways.
- Women's decision-making power can be increased through community dialogues and media.
- Effective SBC involves studying the context on ground, know the challenges, the local context.
- Value chain integration is crucial for success.
- Humorous and religious activities delivered by local/religious leaders and facilitators helps to increase dialogue between men and women.
- Need to understand whether behaviours that are being promoted are supported and sustained by the systems they interact with and whether there are policies and an enabling environment that allows that behaviour to actually take place
- Continuous monitoring is necessary to make sure that right behaviours are prioritised
- High quality social and behavior change for good nutrition requires collaborative efforts across multiple sectors

Session 6 - New insight for Inclusion in Sexuality and Gender (11.55am – 12.55 pm IST)

Moderator: **Anupama Srinivasan**, Asst. Director REACH, India

Presentation 1: *The G- NORM: Development and Validation of a Theory-based Gender Norms Scale (the GNS)*, by Erica Sedlander; co-authors: *Jeffrey Bingenheimer, Michael Long, Minati Swain, Nadia Diamond-Smith, Rajiv Rimal*

Gender norms are increasingly recognized as important modifiers of behavior change interventions. Existing gender norm scales (GNS) either aggregate individual attitudes or behaviors (without a reference group) or focus mainly on sexual & reproductive health or gender-based violence, without considering other behaviors. A novel gender norms scale was developed in Odisha, India, using a mixed-methods approach. The theory of gender and power, and the theory of normative social behavior, were used to

generate a pool of 28 items, which were administered to 3,110 women. In this GNS, both descriptive and injunctive norms are included. It moves beyond aggregating individual attitudes to measuring perceptions of community-level norms, and has scope to expand past sub domains included in gender norms measurement.

Presentation 2: A Knowledge Platform on Sexual and Reproductive Health and Rights by *Arnob Chakraborty* and *Nujhat Khan*

Share-Net Bangladesh is a platform that brings together experts from the field of sexual and reproductive health and rights in one place so that they can learn and share with each other. When different people sharing a common goal come together and engage in discussions, they feel encouraged to take critical issues forward. This exchange of dialogues and debate is the first step of influencing behaviour change and policy advocacy.

Session 6 Summary Highlights

- Gender norm scales need to include both descriptive as well as injunctive norms. The two-factor model fitted the data best, with a very high internal validity.
- Younger, more educated women; not part of the tribal population, report more equitable gender norms.
- A networking and knowledge-sharing platform for individuals and independent groups promotes sharing, learning and growth with focus on planning and changing long-term behavior

Session 7 - Breaking New Ground to encourage atypical approaches (11.55am – 12.55 pm IST)

Moderator: **Sanjeev Kumar**, SBCC Expert

Presentation 1. Why We Are Not the Experts by *Mehek Ali*; co-author: *Kausar S. Khan*

Impoverished communities have the capacity to build their own local responses and systems to overcome challenges. Learning about home-grown solutions from local contexts allows the community and health practitioners to connect the dots necessary for human development in contextually diverse settings. Community Engagement Collective has used this critical engagement mechanism to walk with the community, trace its journey, and shoulder their obstacles, to generate a learning hub to transfer knowledge from one community to another, thereby redefining what it means to be an 'expert' in the field.

Presentation 2. The Future of Online Campaigns for Social Change: Learnings from #Isthislove Campaign to Address Intimate Partner Violence in India by *Vithika Yadav*; co-author: *Surabhi Srivastava*

Intimate partner violence continues to be a taboo and sensitive topic in India, and young people have little or no awareness about the kind of violence that can and do occur within intimate relationships. Love Matters India in 2017 ran a campaign called #IsThisLove on this issue, providing insights about using online media for shaping a more informed and inclusive discourse, and influencing positive change in attitudes and opinions around intimate partner violence. The campaign focused on psychological aspects of violence, young unmarried couples and influence of Bollywood culture on these young couples. The

presentation provided a primer on the wins, challenges and hopes for the future of online campaigns for social change.

Session 7 Summary Highlights:

- Co-option to community action is the only way forward for sustainable development. Activating communities to move from individual goals to collective outcomes, and then implementing self-action plans by communities to achieve the same
- Conversations and perspectives held on intimate partner violence with young people can be incorporated into content and strategy development for the online component of the campaign

Session 8: Exploring New Horizons(11.55am – 12.55 pm IST)

Moderator: **Archana Kapoor**, CEO SMART, India

Presentation 1. *Paani Lekar Aana: Talking about Menstruation and Menstrual Management by Pauline Gomes, Deputy Director - Strategic Partnership & Scale-up, Breakthrough India*

Conversations around menstruation are hushed or do not take place at all, especially when male members are present and often adolescent girls feel shame, dirty, and disgusted about their bodies during menstruation. Breakthrough believes that these adolescents are critical social change actors who can create an agenda of urgency among their schools, homes and communities to challenge the existing myths and perceptions surrounding menstruation, and transform these to create an equitable and inclusive environment which is not discriminatory or violent towards girls and women. To address these issues regarding menstruation Breakthrough created an animated film of 8 minutes called Paani Lekar Aana (Fetch me some water!)..

Presentation 2. *From Reel to Real: Breaking Barriers and Building Aspirations using Virtual Reality by Priyanka Kher, Media Head, Breakthrough India*

Breakthrough's programme research and field experience shows that most adolescent girls living in rural India are unable to imagine a future due to having no awareness of what the possibilities are. They simply have no point of reference. To counter this, Breakthrough used a unique, innovative solution in the form of virtual reality to create an immersive experience for the girls where they can step into an imaginary world and see what lies beyond the obvious. Using a storytelling format, the film takes the girl on a ride, visually illustrating examples of what she can aspire for as career options by actually seeing herself in those situations. VR as a format brings to life a world where she can dream and her dreams can come true.

Session 8 Summary highlights:

- Films are used as a training and community engagement tool, using humour to dissipate discomfort, and address stigma attached to menstruation.
- The VR tool was envisaged to break the social, normative and mental barriers faced by girls.

Community Communication = community engagement

Setting up strong community networks

- Setting up advocacy meetings
- Identifying influencers
- IPC with families
- Community meetings
- Mobilizing community

65% did not understand the space to be attractive, comfortable, and the messages to be influential

61% could not read any of the three main languages

83% can read either no English, or only numbers and letter

Symbols and icons are not universal!

Communication Failed: Health Communication Targeted for Tribal Women and Way Forward in India

Nirmalya Mukherjee, PhD, MPH, MSW
Director and Head-Community Media
MANT, Kolkata and
Dr Arpita Mitra, Assistant Director-MANT

Co-Design and Design thinking

Led to the development of an SBC at the local level

- Skills-based job aid to use local planning, implementing, monitoring health programs.
- MOHP/NHEICCC using the pack trainers in all provinces, in coordination with UNICEF.
- Endorsed by Ministry of Federal General Administration (MOFAG) Association of Urban and Rural of Nepal.

USE OF BEHAVIOURALLY INFORMED TOOLS

- Tablet Enhancing Technology Led Intervention
- Personalized Calendar
- Gamified Learning
- Challenge Tools
- Glow-Germ Demo
- Environmental Nudges
- Mobile OBD
- Rewards & Celebrations

METHODOLOGY

SENSEMAKING PHASE

- Exploratory Interviews
- Breastfeeding Support for Indian Moms
- Concept development
- Design and development of wall panels

ITERATIVE DESIGN PHASE

- Concept development
- Design and development of wall panels
- Implementation

Go get me some water!

पानी लेकर आना
"एक ऐतिहासिक भारतीय परम्परा"

Interpersonal communication by trained tribal women, Narrow-cast of radio-magazines, Broadcast of radio programmes-Expert Interviews, Live-phone-in Programmes, Personal anecdotes, Radio Drama, Preparation and Screening of community videos