Query: Designing Communication Strategy in MCH for Bihar - Experiences; Referrals

Compiled by Meghendra Banerjee, Resource Person and Deeksha Sharma, Research Associate
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From Anupam Shrivastav, Icon Communications, New Delhi
Posted 20 June 2008

We are a development agency working in rural area with conviction that concerted communication interventions could bring measurable and visible changes in the living conditions of target population. We have our own network in rural area with print channel in shape of “Wall Newspaper,” and “Rural Communicators” (Samwad Sutra) as interpersonal channels (IPC) to support any communication and programmatic interventions. This set-up has been working and growing for now over a decade and has been considered as a successful and cost effective working model to sheet anchor any development initiative.

We have been assigned a project by Department of Science and Technology (GoI) to develop communication strategy for improvement in health and nutritional status of mother and children, through a participatory communication process. The project will first develop a communication strategy and then will pilot it for 8 to 9 months in two districts of Bihar and track. During the pilot, we will track both programme and process indicators to record its impact.

The focus of the proposed communication intervention would be to bring scientific temper amongst common rural folks in the targeted blocks of districts, so that they no more remain passive recipient of health and nutrition interventions, but are aware of options and take informed decisions on issues of mother and child- health and nutrition. The idea is to communicate and make community understand “cause and effect” of any intervention leading to better indicators, rather than just giving them health services and health related messages. We will also be looking for opportunities to sustain the intervention, beyond the project period. (See details [http://www.solutionsexchange.un.net.in/health/cr/res20060801.doc](http://www.solutionsexchange.un.net.in/health/cr/res20060801.doc) (Document, Size: 52 KB)

To help us refine the project, we request you to help us with the following:

- Experiences and learning from similar successful initiatives (i.e. using communication strategies to improve nutrition and health)
• References of persons and organizations (including contact details) that may contribute in enriching this project
• Any other interventions/activities not included in the project document that could widen the scope of the project

It would be great, if we get your response by 25 June 2008, so that we further work on it in workshop on 25 June 2008 in Patna and finalize it at our meeting between 27 and 30 June in New Delhi. However, I welcome your suggestions and inputs even after 27 June 2008 as this will help in implementation of the project.

We really appreciate your help and apologize for a short turnaround time.

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**Responses were received, with thanks, from**

1. Prakash Nayak, Tata-Dhan Academy, Madurai ([Response 1](#); [Response 2](#))
2. Anupam Shrivastav, Icon Communications, New Delhi ([Response 1](#); [Response 2](#))
3. Manasee Panda, S. C. B. Medical College, Cuttack
4. Ananya Bhattacharya, i-land informatics Limited, Kolkata
5. Mehta Gupta, Kasturba Medical College, Manipal
6. Shriniwas, BAIF Development Research Foundation, Maharashtra
7. Prasant Saboth, Abhilasha Trust, Bhubaneswar
8. Biswajit Padhi, SRUSTI, Orissa
10. Ravishwar Sinha, Independent Consultant, New Delhi
11. Dibyendu Sarkar, United Nations Children’s Fund (UNICEF), Kolkata
12. Yuman Hussain, Azad India Foundation, Kishanganj*
13. Brinda Sharma, Jagran Jan Vikas Samiti, Udaipur
14. Shubhada Kanani, The M S University of Baroda, Vadodara*
15. Kannan Srinivasan, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum*

*Offline Contributions

**Further contributions are welcome!**

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**Summary of Responses**

**Comparative Experiences**

**Related Resources**

**Responses in Full**

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**Summary of Responses**

Responding to the query on developing a communication strategy for improving maternal and children health in Bihar, members pointed out that communication is a challenging but vital component of healthcare delivery, and suggested various steps for creating an effective communication strategy.

Development of a **communication strategy consists of three phases**, respondents explained. The first phase involves formative research to understand the audience and messages, the second step is to refine the messages and design a Behavior Change Communication (BCC) strategy, and the last phase is implementation and monitoring.
Elaborating on the phases, members recommended conducting research on the local customs, beliefs and practices related to available food items and resources, including their nutritional value and utility. To facilitate research to understand the relationship between locally available foods, dietary patterns and the local best practices, discussants suggested involving motivated community members in the process. Discussants also noted that the 38 districts in Bihar have distinct cultures, language and food specialties, which fall into four broad distinct regions, 1) Mithlanchal region of Darbhanga and its adjoining districts, 2) Bhagalpur region, 3) Magadh region of Gaya and its neighboring districts, and 4) Bhojpur region of Arrah and its adjacent regions.

Along with developing an appropriate communication strategy based on local cultural strengths, respondents also advised building the capacity of local people to make them a community “asset” and the efforts more sustainable. Respondents highlighted an experience from Bihar, where an organization’s dedicated communication staff worked with community members to encourage healthy behaviour and improve access to health services.

The next phase involves designing BCC material to create demand within the community for improvement in the health and nutrition of mothers and children. Members felt given the high rates of illiteracy in Bihar organizations need to use more audiovisual communication and peer knowledge-enhancement material. These communication messages in local language could be spread through All India Radio or local TV channels, as public service announcements between popular programs. They also suggested following the approach used by some NGOs in Maharashtra who are using local folk songs, plays and theatre to communicate message, and looking at an NGO that is successfully utilizing edutainment in various states to overcome barriers in communication. Another idea for promoting health messages in villages was using “picture stories” with photographs of local areas and people, to help communities relate better to the messages.

In addition to generating demand and selecting the appropriate communication channels, discussants underscored the importance of first prioritizing topics for the BCC strategy and sticking with them for a reasonable period, before introducing more messages. This, they argued would allow for the adoption of the first set of messages, and when the next set are introduced, will help reinforce the previous ones. Additionally, message follow-up needs to be frequent and continuous.

Discussing the possible topics/messages to cover in a health communication strategy, members suggested including information on:

• Essential new born care (ENBC), Infant and Young Child Feeding (IYCF), and hygiene care for child (especially for feeding and caring for a sick child)
• Maternal nutrition, anemia, and reasons for maternal mortality
• Facilities available at local health institutions and experience of beneficiaries (i.e. Anganwadi giving nutritious diet to malnourished children, pregnant and lactating women)
• Small dietary modification, in terms of amount and quality of locally available food, which can improve nutritional intake
• How to reduce gender discrimination in the food distribution and other work

Discussants also stressed the importance of remaining focused while delivering specific, scientific and technically accurate messages and using all available channels of communication.

Discussing the final phase, implementation and monitoring, respondents argued the participation of communities is essential for the success of any intervention programme and suggested involving both public and private local institutions working in the field, including Self-Help Groups (SHGs) and religious leaders of tribal groups. Moreover, they recommended mainstreaming the communication strategy into ongoing programs and actively involving implementers and their supervisors at the district level from the beginning.
Finally, discussants advised incorporating a strong monitoring mechanism into the design, drawing from past successful efforts to ensure better results. For example, an experience from Assam highlighted how SHGs used a ‘BCC Mascot’ to promote key behaviours and monitor changes in behaviour. Another idea was to include some sort of incentive to the best performing village in an area, based on indicators like the number of fully immunized children, number of institutional deliveries, number of under-five malnourished children, etc.

In conclusion, members suggested various ways to develop an effective communication strategy in Bihar and for ensuring it is community-based and has an inbuilt community-led monitoring process.

**Comparative Experiences**

**Bihar**

**Dedicated Communication Wing for Capacity Building** *(from Prakash Nayak, Tata-Dhan Academy, Madurai; [response 2]*)

In 2001, Hindustan Latex Family Planning Promotion Trust (HLFPPT) initiated a project, called “Swasth Gram Pariyojna” in four districts. Health care products and services are promoted as part of this project. Along with social marketing and capacity building to strengthen the supply chain, a dedicated communication wing in association with communities implemented various communication programs to encourage healthy behaviour. This resulted in better access to health services. Read more

**Assam**

**Using BCC Mascot for Monitoring Changes, Dibrugarh** *(from Dibyendu Sarkar, UNICEF, Kolkata)*

UNICEF through its BCC intervention promotes four key behaviours (early and exclusive breastfeeding, hand washing after defecation and before handling food, girls education, and prevention of HIV among adolescents). In partnership with the District Rural Development Agency (DRDA) it engages SHGs in promoting key behaviours and monitor changes (through BCC Mascot) amongst family members. The first phase of monitoring shows improvement among SHG families in these four behaviours. Read more

**Multiple States**

**Use of Edutainment to Improve Health** *(from Ananya Bhattacharya, i-land informatics Limited, Kolkata)*

banglanatakdot.com worked with communities on MCH issues in multiple ways- providing skill training to rural communicators on effective ways to communicate; making communication direct and two way as per the need of people; use of edutainment along with, developing community leadership on the issue; and facilitating access. These efforts have worked well and generated interest in all age groups, by helping to overcome shyness and inhibition, social differences and illiteracy. Read more

**Related Resources**

**Recommended Documentation**

**BCC Monitoring Report** *(from Dibyendu Sarkar, UNICEF, Kolkata)*

Report; District Rural Development Agency; Dibrugarh
Details the process of using BCC mascot for promoting key behaviours and also monitoring behaviour change, with findings on change in key practices among SHG families.

Integration of Qualitative and Quantitative Research for Program Design, Implementation and Evaluation for Nutrition-Health Promotion: Examples from India (from Shubhada Kanani, The M S University of Baroda, Vadodara*)

Report; by Shubhada Kanani; The Maharaja Sayajirao University of Baroda; Vadodara; 2008
Available at http://www.solutionexchange-un.net.in/health/cr/res20060804.pdf (PDF Size: 1.44 MB)
Details experience of using participatory research for BCC interventions with case studies on Trials of Improved Practices (TIPS), arguing it as an essential part of BCC health strategies.

Bihar Project (from Anupam Shrivastav, Icon Communications, New Delhi; response 1)
Draft Proposal; by Anupam Shrivastav; Icon Communications; New Delhi
Available at http://www.solutionexchange-un.net.in/health/cr/res20060801.doc (Document Size: 52 KB)
Shares proposed interventions, process plan and timeline for a project aiming at developing a communication strategy for improving mother-child health and nutrition in Bihar.

Bihar Project (from Anupam Shrivastav, Icon Communications, New Delhi; response 2)
Draft Proposal; by Anupam Shrivastav; Icon Communications; New Delhi
Available at http://www.solutionexchange-un.net.in/health/cr/res20060803.doc (Document Size: 56 KB)
Covers revised and expanded list of interventions and processes, as per experts suggestions on proposed communication strategy on mother-child health and nutrition in Bihar.

Recommended Organizations and Programmes

banglanatak dot com, Kolkata (from Ananya Bhattacharya, i-land informatics Limited, Kolkata)
58/114 Prince Anwar Shah Road, Kolkata 700045 West Bengal; Tel: 033-24178516; Fax: 033-24178517; contactbase@vsnl.net, banglanatak@vsnl.net; http://www.banglanatak.com/new/communityhealth.asp
Specialises in social sector communication and community mobilization using innovative and creative culture based approaches.

United Nations Children's Fund (UNICEF), New Delhi (from Dibyendu Sarkar)
73 Lodi Estate, New Delhi 110003; Tel: 91-11-2469-0401/1410; Fax: 91-11-2462-7521, 2469-1410; newdelhi@unicef.org; http://www.unicef.org/india/overview_4075.htm
Involved in concentrated efforts on community empowerment, behaviour change, and programmatic interventions, innovations and convergence.

From Shriniwas, BAIF Development Research Foundation, Maharashtra

Agharkar Research Institute, Pune
Gopal Ganesh Agarkar Road, Pune 411004 Maharashtra; Tel: 91-20-25654357; Fax: 91-20-25653680; director@aripune.org; http://www.aripune.org/Publications.asp
Carried out a behaviour change communication project which demonstrated different recipes made from leafy vegetables, resulting in a change in eating habits among targeted communities.

BAIF Development Research Foundation, Pune
Dr. Manibhai Desai Nagar, Warje, Pune 411058 Maharashtra; Tel: 91-20-25231661; Fax: 91-20-25231662; baif@vsnl.com; http://www.baif.org.in/aspx_pages/prog_health.asp
Initiated a behaviour change communication project to promote reproductive and child health and treatment seeking behaviour in villages of Dungarpur, Rajasthan.

Hindustan Latex Family Planning Promotion Trust (HLFPPT), Noida
In close association with communities, develops and implements various communication programs to encourage healthy behaviour and increase access to health services

**Related Consolidated Replies**


Documents experiences on formulating communication strategy for pregnant tribal women by sharing lesson learnt on selection of tribal audience and media from existing interventions


Examining issues facing State-level integrated approaches to Information Education and Communication, including synergies with the National Rural Health Mission (NRHM)

Available at [http://www.solutionexchange-un.net.in/health/cr-public/disc01-t01-fullsumm-public.pdf](http://www.solutionexchange-un.net.in/health/cr-public/disc01-t01-fullsumm-public.pdf)

Explores ways to mobilize community participation for addressing maternal & child health issues, overcoming traditional barriers of communication & culture

**Responses in Full**

**Prakash Nayak, Tata-Dhan Academy, Madurai** *(response 1)*

Thanks for posting your queries on the group. Developing a communication strategy for improvement of Mothers and Children in Bihar looks very much interesting and challenging. I have gone through the concept paper and would like to suggest few more things.

Could you share with us what would be lead questions of KABP assessment?

- Are you devising any participatory methods to understand the prevalent practices in the community? And what would be its linkages to content development and pre-testing?
- What are the critical sets of behaviours of the community with respect to mothers and children?
- What is the level of social mobilisation and advice to complement the communication strategy?

If you would concentrate little more time on it, you would be capturing the essence of KABP assessment. One complete month for this activity is okay, but it all requires a strong monitoring mechanism to get better result. This would not only reduce the risks of development content, it would contribute to the larger objectives in bringing smile among mothers and children.

**Anupam Shrivastav, Icon Communications, New Delhi** *(response 1)*
Ideally, I should have also sent broad process framework that we intend to follow and get it vetted through e consultation. But I know with barrage of mails being received by many professionals like you, sending another page to read would have been pain.

Since you have shown interest in the process, let me give you broad process framework. You can always suggest, if we are missing anything important and any innovation that you can suggest to make it work better.

The proposed process:
1. e consultation
2. Consolidating all ideas generated through e consultation in one day workshop at Patna and at Delhi sitting with those who understand health, communication, Bihar, rural and development. (We are also inviting those project or programme managers who have experience of running development programme. You can suggest few names to be invited)
3. Training of Rural Communicators as Rural Researchers and getting quantitative aspect of people’s agenda through them.
4. Prioritizing of interventions based on experts opinion, people’s own agenda around better Mother and Child- Health & Nutrition and availability of services on ground. Ideally we would prefer to get in to a territory of Mother & Child - Heath & Nutrition which are more a behaviour change issue than a service driven intervention.
5. Collating quantitative data through qualitative analysis.
6. Doing KABP on various Mother and Child - health & Nutrition issues
7. Getting in to participatory workshop mode with Rural Communicators to explore the behaviour change issues and identify messages and also available effective channel of communication to address the gaps.
8. Pre testing the channels and messages to develop communication strategy. Priority ranking of issues and process indicators) in 8-9 months.

I know you may have got generic answer of few of your questions, but your specific question still remain unanswered. Let me try to take one by one, these are my assumptions please feel free to add or supplement –

Q. Could you share with us what would be lead questions of KABP assessment? - I also do not know at this stage the lead questions of KABP. I expect this to evolve through e consultation and workshop. Could you please share if there is a set already developed?

Q. Are you devising any participatory methods to understand the prevalent practices in the community? And what would be its linkages to content development and pre-testing? - Yes, we intend to conduct 25 FGDs with community and would also get in to participatory workshop mode with Rural Communicators. The content will be based on the two process mentioned above. Are there comparable methods?

Q. What are the critical sets of behaviours of the community with respect to mothers and children? - We hope that it will get reflected in secondary and primary data review. If you suggest any secondary data for review, kindly forward it to us. It will help.

Q. What is the level of social mobilisation and advice to complement the communication strategy? - To me, social mobilisation is end result (though long term perspective) of any communication strategy for development. Fortunately they (the process and its result) complement and supplement each other and probably at a critical level of social mobilisation the external communication agent can afford (and ideally should) to withdraw and process will be propelled by society itself.
I am communicator with gut feeling and these data game confuses me. What are ways in which one can quantify this level of social mobilisation other than priority ranking of issues and process indicators?

Manasee Panda, S. C. B. Medical College, Cuttack

For improvement of health and nutrition of mother and child in addition to other initiative kindly try to give the message in the local TV channel in between the most favorite programme in form of drama which will focus:

1. real life situations like how there is maternal death, infant death due to diarrhoea due to lack of ORS therapy
2. their customs and beliefs
3. focus on the wrong or harmful customs with reasons
4. facilities available to them at local health institutions
5. those who have availed the benefits, their experience

All these can create demand in the community.

If the programme is in the local language then it will be acceptable and this will act as a lead towards BCC.

Also some sort of incentives to the best performing village in your area basing on some indicators like fully immunized children, institutional deliveries, no malnutrition among under 5 children etc.

Ananya Bhattacharya, i-land informatics Limited, Kolkata

We at banglanatak dot com, have worked on the issues of maternal and child health with diverse communities at West Bengal, Bihar, Jharkhand, Rajasthan, UP, Orissa etc. Our organization uses edutainment i.e. education through entertainment based tools. We use a variety of approaches like interactive street theatre, ventriloquism (talking doll shows), hand puppets or masks, storytelling etc. Following are some of our key learning from our past interventions:

1) **Training of rural communicators:** Training in technical aspects is not enough. Developing communication skill is important - by “communication skill” I not only mean verbal and non verbal communications but also ability to listen and have empathy for the listener. We often find grassroots communicators saying 'No one gives time' or 'No one is willing to listen'. When we go with them, we find that during IPC they straight away jump into communication on immunization or reproductive health etc. We then teach them simple things like understanding the situation of the listener; appropriate timing of communication; identifying who all in the family needs to be spoken to etc. In a nutshell life skill and communication skill development followed by training in BCC using storytelling, masks, role play etc. works effectively.

2) **Making communication direct and two way:** We use folk media/ street theatre shows/ ventriloquism shows ensuring that
   a) We physically reach out to the target groups,
   b) Communication is not generic but as per the need of the people. As for example, in Jharkhand, based on the area we changed the language and shows were held in Hindi, Bengali, Santhali etc. We use local community based resource groups - this creates involved contact and also created sustained resource pool. We ensure that the shows are interactive. The actors ask questions, audience responds, they get token gifts - this creates a public forum for discussion. During awareness programmes with children, post show we hold simple activities to reinforce learning.

3) **Use of edutainment:** This works extremely well with all age groups as shyness and inhibition / social differences /lack of literacy are easy to overcome. Also it generates interest. This way there is no need to buy attendance.
4) **Developing community leadership on the issue:** This is difficult but the most effective strategy. While working with women from rural areas and urban slums, they often told us that the workshops were the first time ever they have discussed their health issues. These workshops also need to address building their confidence and leadership skills. Empowerment works.

5) **Facilitating access:** In your document you have rightly mentioned that only communication intervention does not work - there is need for programmatic intervention. It is also important to establish linkage between service providers and the community, Panchayat, block administration, Anganwadis. We think this is given, but ground reality is different. As for example, in NRHM, ANM and Panchayat Pradhan have access to a fund which they can spend as per their discretion - but we found in many cases that Pradhans do not know about this at all. We hold networking workshops where various stakeholders meet - these sessions become extremely effective for developing action plan, identifying needs, getting grassroot data etc.

Hope you find this useful. You are welcome to contact us for further detailed inputs.

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**Megha Gupta, Kasturba Medical College, Manipal**

Congratulations for the wonderful job you are doing. With regard to the query, I would like to suggest that participation of the community is essential for the success of any intervention programme. What could be done is:
1. Make 5-6 groups of 4-5 people and assign one health personnel/worker to one group.
2. Give them a topic and ask them to prepare some play and charts on that topic. The information they want could be given by the assigned worker.
3. Arrange a competition on a particular date and invite the community.
4. It will be an incentive for them as they will find their own people participating.
5. Praise them and point out their mistakes.
6. Put an exhibition of the charts they have made.
7. Award the three best groups who provided effective and interesting information on the topic.

From here, you will get a clue about the motivated people and you can then develop a powerful team which can help you with health education campaigns and more.

**Shriniwas, BAIF Development Research Foundation, Maharashtra**

I do have some suggestions in this regard-

Try to get local practices regarding food and nutrition in the region. Collect information of local food availability in the area. Try to see the relationship of locally available food and diet pattern of local people. Do not suggest costly food irons. Sustainability is in locally available food

1. If we mix the vegetables or the mixture of vegetables then the nutrition value of food is increased
2. In many places pregnant women do not get adequate amount of food so try to give the message regarding amount of food. If possible 3-4 time in a day. In some families not possible to give milk, ghee etc but roti chapati with vegetable or if possible curry of sprouted pulses. Emphasize on locally available food and quantity
3. Try to give information of good Anganwadi who give nutritious diet to malnourished children, pregnant women and lactating women so talk about this food.
4. In many places SHG are giving food to Anganwadi so dialogue with SHG members is also possible
5. In many organizations like BAIF, HALO medical foundation, FRCH, they use the local folk songs and theatre to communicate message in the local community
6. We use picture stories to promote health messages in villages. We have pictures and developed stories to communicate with people
7. Agharkar research institute (http://www.aripune.org/Publications.asp) carried out a project in which they used demonstration of different recipes of leafy vegetables in the villages e.g. spinach, methi and found that people who were not so keen to eat leafy vegetable start eating the same
8. All India Radio is the best media to promote small messages for good habits
9. In many places in food distribution and other work we see the gender discrimination so messages to reduce the gender discrimination is necessary.

**Prasant Saboth, Abhilasha Trust, Bhubaneswar**

We have still miles to go for educating ourselves before educating the community. I appreciate this effort for sharing the experiences before finalizing a communication strategy.

Recently, one mother came to me with complains of Diarrhoea of her 3 yr old child. There was some dehydration and she was following all advises given to her but the problem was taste of ORS! The child was not taking adequate ORS and because of the floods, the ANM/AWW did not advise for home available fluids. I asked her to give Green coconut water in adequate amount for replacing the fluid loss, she was surprised in the advice and it was new information for the ANM and the patient family.

They have coconut tree in their back yard and it is available free of cost and acceptable by the child. But Ignorance!

Similarly if you talk about Bihar and Jharkhand - they have a brilliant tradition of eating SATTU! Which is highly nutritious, easy to carry and prepare, and also acceptable to all age groups and community. We need to promote that only with a little modification in terms of amount and improved quality!

I feel still we need to be focused in our communication strategies! It should be in corporate communication line. But definitely it should be state (local) specific with listing of the resources available in the village, their nutritional value and utility!

I will be glad to assist for developing the strategy in details.

**Biswaig Padhi, SRUSTI, Orissa**

We have been working with the community now for more than a decade & I have the following experience:
1. All the states though have their official language; the dialect varies every 100kms, so develop the communication materials in the local dialect to make it more appealing.
2. Use local photographs in all IEC - people relate better to their own community members
3. Some tribal groups are hard to crack, talk to their religious leaders - what ever they are called. We did a paribartan sambesh with tribals for BCC regarding care of children - the results were really good as they even talked of getting the community's constitution amended to adhere to modern practices.
4. I have always found local staffs more useful though sometimes their intelligence level low than their urban counterparts. It is always better to promote some locals & build his skills so that even after the project he/she becomes an asset for the community.
Gaurav Arya, United Nations Children’s Fund (UNICEF), Lucknow

Communication strategy is a vital component of any healthcare delivery strategy. I feel that there are few vital issues, which stand out in designing the communication strategy, which previous contributors have also alluded to:
1. Be scientific and give the technically accurate message, in all channels of communication
2. Be aware of the local customs, beliefs and practices - identify the local best practices and use them as part of the communication strategy.
3. Be locally relevant and appropriate.

Ravishwar Sinha, Independent Consultant, New Delhi

Bihar is one of the states most in need for the utilisation of MCH services. An effective communication strategy is very much needed and congratulations for taking the lead.

I would like to make the following suggestions in addition to those already made:-
1. Bihar's 38 districts, can be broadly classified into four distinct regions. One is the Mithlanchal region of Darbhanga and its adjoining districts, second is the Bhagalpur region, third is the Magadh region of Gaya and its adjoining districts and the fourth is the Bhojpur region of Arrah and its adjoining regions. These have distinct cultures, language and food specialties. The communication strategy needs to build on the local cultural strengths. There are numerous songs and plays in the languages, which could be built upon to deliver the messages.
2. The high rates of illiteracy would demand for more audiovisual communications and peer knowledge enhancement in the package developed.
3. A good many efforts have been made in the past and those strategies that have proven beneficial in the past need to be persisted with more inputs if felt necessary
4. The local institutional arrangements which are working on the field, both public and private should be actively involved, as there is most often an ownership problem at the local level and there is a mismatch between the services available and those promised.
5. Communication strategy should have active involvement of the implementers and their supervisors at the district level, as the district society is main implementer in the under NRHM

Prakash Nayak, Tata-Dhan Academy, Madurai (response 2)

Thanks for sharing the Proposal Process with the group. Now, it is now more clear and at this stage we can visualize something tangible inputs which will be strengthening the communication strategy in Bihar. In between, others members have contributed their valuable suggestion and experience and by 27th June we would be in a position to consolidate our discussion. I would be contributing more by that time.

Let me mention the work of Hindustan Latex Family Planning Promotion Trust (HLFPPT) in 4 select districts of Bihar which was started in 2001. The project was commonly known as "Swasth Gram Pariyojna", where healthy care products and services are being promoted. Other than social marketing and capacity building measure to strengthen the supply chain, there was a dedicated communication wing.

You can be in touch with the team in Patna; I know some of the workers earlier working for the project. For more details, you can log on to www.hlfppt.org.

During that period, I was the communication manager for HLFPPT operation in Orissa.

Dibyendu Sarkar, United Nations Children’s Fund (UNICEF), Kolkata
UNICEF in its Programme Communication Section promotes four key behaviours in the community as a key Behaviour Change Communication intervention in some selected districts across the Country. The Districts thus selected are known as Integrated Districts where UNICEF tries to converge its sectoral interventions and the Government initiatives in the domain of child survival, growth, protection and development. In Assam, Dibrugarh district is selected as the Integrated District. A number of initiatives are in operation in the district with multiple partners. One such partner is the District Rural Development Agency (DRDA) which seeks to engage the Self-help group members in promoting key behaviours and also in monitoring of change amongst the member families. The key behaviours that we are promoting in the district through this particular project relate to:

1. Early and exclusive breastfeeding
2. Hand washing (with soap) after defecation and before handling food
3. Girls education and
4. Protection against HIV & AIDS amongst the adolescents.

As a communication intervention and for effective monitoring of practices, we have developed an interesting mascot (BCC Mascot, we have termed it) which is a simple line drawing of a human figure, different limbs indicating different key behaviours.

The SHG members are using the BCC mascot as a monitoring tool. The BCC mascot is drawn outline of a child in which the head indicates the COLOSTRUM AND EXCLUSIVE BREASTFEEDING, the hands denote hand washing with soap, and the body indicates HIV/AIDS awareness and the legs denote girl's education. A complete child (BCC mascot) with head, hands, body and legs is drawn for the family practicing all the 4 key behaviours. If any component is lacking, the mascot will be incomplete.

The process involves a BCC Monitor at the GP level, SHG Federations at the GP, Block and District levels. To monitor the four key behaviours at the village level, the SHG members themselves are in charge. At the Gaon Panchayat (GP) level, one designated BCC Monitor is entrusted with monitoring the four key behaviours house-to-house. The Monitor reports those activities at the Block and district levels on a monthly basis. Starting with the SHG families only, the intervention seeks to go beyond and monitor behaviour change in the larger community.

I am attaching a report prepared by the District Rural Development Agency indicating the process and the results. The report is still in a draft stage. [http://www.solutionexchange-un.net.in/health/cr/res20060802.doc](http://www.solutionexchange-un.net.in/health/cr/res20060802.doc) (Document, Size: 2.52 MB)

However, I thought that the draft would give you some indication of the strength of a community-based and community-led monitoring communication and monitoring process.

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**Anupam Shrivastav, Icon Communications, New Delhi (response 2)**

First round of e-consultation both on Solution Exchange and our own network has been done. We received around 35 responses. The responses are being analyzed. The responses are of following three categories:

a) Few expanded the list of interventions and gave suggestions on process to improve it,

b) Few come up with projects that they are already running or planning to initiate affecting directly or indirectly Mother & Child- Health & Nutrition and asked to explore the possibility of collaboration,

c) Few professional development agencies/NGO came to help us out in doing the things better.

We met at Patna on 25 June 08 and at Delhi on 30 June 08 with experts in communication, public health, development projects, mother and child health to build on inputs came through e-consultation. I am enclosing here the revised proposal [http://www.solutionexchange-un.net.in/health/cr/res20060803.doc](http://www.solutionexchange-un.net.in/health/cr/res20060803.doc) (Size: 56 KB)
We wish to thank you for your support and please feel free to comment on the revised document, we will try to further improve our proposal. Your suggestions and inputs will help in implementation of the project.

Yuman Hussain, Azad India Foundation, Kishanganj*
I think it is a great initiative to develop communication strategies on MCH for Bihar and Jharkhand. It is important to promote nutritious indigenous sources available within the community which people can identify. The communication strategies should be simple and people centric rather state centric.

Brinda Sharma, Jagran Jan Vikas Samiti, Udaipur*
For designing a communication strategy for improving the health and nutritional status of mother and children we have to be very cautious because in rural areas people have strong belief in their age old traditions so while planning for any communication methodology we need to know the local scenario. I believe there are some traditions in community, which are really beneficial for them hence we should try to find them and also try to revitalize the same. The message should be passed on in such a method that the community accepts it easily. I mean to say local language should be the medium and the mode to transfer it should be very simple i.e. via simple songs, small plays, puppet shows, etc. The duration of delivering message and the follow up should be small and continuous.

Shubhada Kanani, The M S University of Baroda, Vadodara*
I read the proposal and the comments; here are a few that may help; perhaps they have already been considered:

- Yes, it is vital to prioritize the topics for BCC (3-5) and stick to them for a reasonable period - and once they have started gaining acceptance; to adopt another set of a few messages while reinforcing the previous ones. In my view, areas of ENBC, IYCF, maternal nutrition, anemia, hygiene care for child esp for feeding are important.
- Formative research period should be short and focused as a lot is already known; its a matter of refining the messages -and more imp- designing the BCC strategy. The longest time should be on implementation and monitoring
- Participatory communication is time wise more effective if a draft template is already ready and is shared with a knowledgeable community group for their response and additions/deletions/modifications.
- Plan for mainstreaming and integrating the BCC in ongoing programs should be in-built right from the beginnig so that reach and impact is more.

I am enclosing a monograph “Integration of Qualitative and Quantitative Research for Program Design, Implementation and Evaluation for Nutrition-Health Promotion: Examples from India” [PDF, Size: 1.44 MB], that I recently wrote collating my over 20 years of experience with qualitative/participatory research which included using these methods for BCC interventions.

Kannan Srinivasan, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum*
This is from our experience on ASA- a project by our institute on community interventions in Trivandrum and Alappad. I have been engaging the communication training in local language. They have been well received.
What I do as a part of my training was few sessions on listening skills with games, a session on empathy role play and a story, a session on leadership skills with a problem solving skills with a puzzle, analytical thinking and so on. A topic on leadership skills with an emphasis on the observation skills also helps. There were some more sessions by our colleagues on women empowerment, rights, and so on.

*Offline Contributions

Many thanks to all who contributed to this query!

If you have further information to share on this topic, please send it to Solution Exchange for the Maternal and Child Health Community in India at se-mch@solutionexchange-un.net.in with the subject heading “Re: [se-mch] Query: Designing Communication Strategy in MCH for Bihar - Experiences; Referrals. Additional Reply.”

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