

# ANNUAL REPORT 2018-19



## Contents

1. RMNCH+A .....	2
1.1 Review Report Of Health System Strengthening .....	2
1.2 Maternal Nutrition Counselling .....	3
1.3 SBCC for Point of Care Quality Improvement for Newborns- Bihar .....	3
1.4 Interfaith Leader Conference.....	4
2. Water Hygiene and Sanitation (WASH) .....	5
2.1 Social Behaviour Change Communication In WASH: Jharkhand .....	5
2.2 Align for Action-Agenda 2019: Bihar.....	6
2.3 Kumbha- The Social Melting Point.....	7
Activities Conducted by EID .....	7
Training of GIWA Volunteers for WASH.....	7
The Gandhian Resurgence Summit.....	8
She Is The Solution Summit .....	8
3. Disaster Risk Reduction.....	8
3.1 Social and Behaviour Change Communication Process in Emergencies.....	8
Background: SBCC Workshop for NGO Community Volunteers.....	8
The workshops.....	9
Challenges .....	9
3.2 Accountability to Affected Populations: Field Data Monitoring.....	9
Geographic coverage .....	10
Refresher Training.....	10
4. BRIDGE (Boosting Routine Immunisation Demand Generation) .....	10
4.1 BRIDGE ToT for IMI and Non- IMI Districts .....	10
BRIDGE Training Toolkit .....	11
The trainers pool.....	11
4.2 BRIDGE Refresher for NLTs .....	11

## 1. RMNCH+A

### 1.1 Review Report Of Health System Strengthening

Research areas from the Health system Building Blocks suggested were:

Workforce/Human Resources- this component would look at individual knowledge, skills and attitude.

Service Delivery- the component focus is on internal processes and External networks.

Financing- Internal Processes and monitoring mechanisms.

Leadership and Governance- this component would look at Policies and accountability.

Information- with focus on knowledge management at FLW and community level.

With this background a research paper was prepared and submitted to UNICEF. The paper captures the good practices from selected states under activities implemented and gives the pros and cons of each model used in the state. Based on this review a Concept paper was prepared and submitted for Maharashtra.

Bihar and Rajasthan are two other states which may be explored for setting up/strengthening the SBCC Cells

### Existing System for SBCC-HSS Interventions for Maharashtra

The health system building blocks directly linked with social and behaviour change communication (SBCC) are health workforce, service delivery, financing, leadership and governance and information and knowledge management.

The note was for update with GAVI HSS2 results and an intervention plan for Maharashtra was prepared. It was shared with MD NHM

### Training Modules Prepared

SBCC for Urban Health Workers: A facilitator training module and participant handbook to be used in the Urban facilities. The module has been pretested with the Community Volunteers of Municipal Corporation of Greater Mumbai (MCGM) and approved.

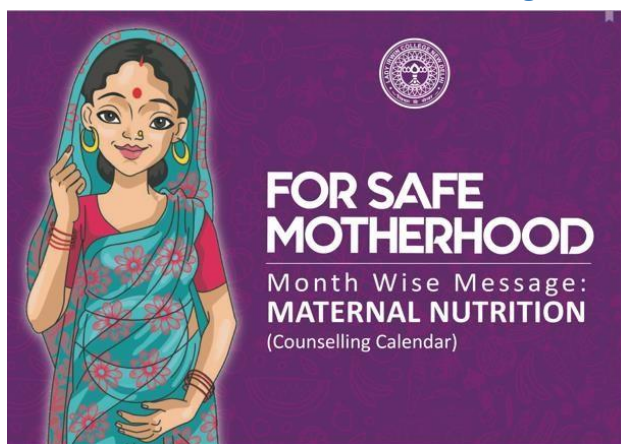
### Institutionalization of SBCC for SIHFW Maharashtra

Meeting with MD NHM and Concept note prepared for institutionalizing SBCC through State Institution of Health and Family Welfare- PHI Nagpur. Letter was given by MD directing PHI to institutionalise SBCC for by integrating SBCC Content in following:

- a. A one-hour SBCC module design to be integrated in all trainings conducted at PHI
- b. Two hours SBCC module to be integrated in programs of RKSK and WIFS.

The MD has also asked support from UNICEF to conduct a fresh batch of SBCC ToTs based on the Tarang module.

## 1.2 Maternal Nutrition Counselling



The National Centre for Excellence and Advanced Research on Diets (NCEARD). Lady Irwin College and supported by UNICEF India, has been set up to support the Maternal Health Division, Ministry of Health and Family Welfare, Government of India to provide technical assistance on maternal malnutrition, with regard to convening policy discourse, supporting development of maternal malnutrition guidance (overnutrition, undernutrition).

Envisions Institute of Development had prepared a Maternal Nutrition Counselling Module which was used with the Core team of NCEARD.

Material prepared by NCEARD teams were also analysed and feedback given for improving the material from the Communication point of view.

## 1.3 SBCC for Point of Care Quality Improvement for Newborns- Bihar

For reducing maternal, newborn and child mortality the focus has been on reaching higher coverage with the key RMNCH interventions. It has been observed that the evidence-based interventions are often delivered with insufficient quality. A number of studies over past years have documented poor quality of care provided to neonates and children. Low utilization of health care services by the population and lack of progress towards achieving MDG 4 and 5 can be partially attributed to the poor quality of service. Member States have urged WHO-SEARO to provide support for establishing quality of care improvement in a systematic manner.

UNICEF Bihar planned to integrate the SBCC Component for effective implementation of the Point of Care Quality Improvement for New Born intervention in Collaboration with Alive and Thrive, following interventions were requested from EID:

### Capacity Building:

Phase 1: State level- half day training on SBCC and its application in public health management including QI for officials of SHSB

Phase 2: District level- 2 days training on SBCC and its application in public health management including QI with more focus on IPC and facility management and Respectful Maternity Care, Safe Motherhood, HBNC, referral for SNCU for girl child, link to lakshya etc.

Phase 1: Block level- 2 days training on SBCC more focus on IPC and health facility management and Respectful Maternity Care, Safe Motherhood, HBNC, referral for SNCU for girl child, , link to lakshya etc.+ handholding and continuing training in ILA mode for 6-8 months.

Phase 2: Community level- ASHA, AWW, SHG, PRI, RMP, Dias doing home delivery, religious leaders, Peer educators, adolescent groups, etc.

As a part of this Envisions prepared Training Manual for Block and District level trainers, Workbook for participants and Saensitisation Manual for senior level managers

## 1.4 Interfaith Leader Conference



UNICEF in collaboration with Piramal Foundation took up the organization other Faith Leaders workshops in three states, Assam, Bihar and Uttar Pradesh. Special focus was given on the Aspirational districts under Niti Aayog. The two-day Workshop were planned, designed and facilitated by Envisions Institute of Development.

The workshop was focused on key messages on child survival and development, linked to the different faiths including Hindu, Islamic & Christianity, which will be used by the faith communities for SBCC.

### Participation

Participants in the workshop were faith leaders from the Islamic, Hindu, Buddhist and Christian faiths from the state levels as well as District level.

### Concepts discussed in workshop

- Importance of faith in the lives of people
- Life cycle Approach: From adolescence, to motherhood, to safe delivery, and child immunization and nutrition
- How to communicate? Faith aligned communication channels and communicators
- Action plans for coverage of RMNCHA messages and faith teaching

A set of six leaflet were prepared. This was a take away material and was prepared in Assamese, Hindi and English. The leaflet talked about the current status, Impact, prevention, Myths and Barriers and some teachings from the holy books of various religions.



## 2. Water Hygiene and Sanitation (WASH)

### 2.1 Social Behaviour Change Communication In WASH: Jharkhand

The training of Swachh Bharat Mission-Grameen has become a mass movement in Jharkhand with all stakeholders coming together to take it to new heights with special focus on ensuring quality. Many village organization are taking part in this initiative and the enhancing the quality of the program. In order to ensure that the term ODF conveys the same meaning across India, Ministry of Drinking Water and Sanitation defined 'Open defecation free' (ODF) as: "ODF is the termination of faecal-oral transmission, defined by a) no visible feces found in the environment/village; and b) every household as well as public/community institutions using safe technology option for disposal of feces.



#### Training manual for ODF+

Keeping in mind the requirements of the Government of Jharkhand to take the Swachh Bharat Mission to the next level, the following training content was designed as a set of six independent modules that can be used at one go or in a modular training approach.

1. Module A: The training : An Introduction (1.5 hour)
2. Module B: ODF Plus (2.5 hours)
3. Module C: Social and Behaviour Change Communication, developing and using communication tools (8 hours)
4. Module D: Linkage to School and Anganwadi education (3 hours)
5. Module E: Stakeholder Mapping, Planning and Monitoring and Supportive Supervision Mechanism (4 hours)
6. Module F : Facilitation Skills (8 hours)

### Training of Trainers

Training programme for district The training program for the District IEC Officers and Zilla Preraks was organized by the Drinking Water and Sanitation Department, Government of Jharkhand and supported by UNICEF. Ms. Aradhana Patnaik, Secretary, DWSD Govt of Jharkhand, speaking at the inauguration of the program said that Jharkhand had shown a way in India with ODF sustainability reaching and engaging more members of the community for sustainable behaviour change. The initiative has been taken up by schools, Anganwadis, and organisations in Jharkhand. The involvement of the community is the main success of this program. The training will help the District IEC Officers in planning their social and behaviour change communication (SBCC) activities in tandem with Sustainability action plan. Certificate of Appreciation was also awarded to the participants.

### Participant' skill Assessment

At the end of the two days of input sessions, the last two days were dedicated to training on facilitation skills. The trainees were asked to choose a session for giving a mock. The trainees would then conduct a mock training session which they would self- assess.

### Learning and recommendations

1. The basic communication skills of a majority of the group needs to be strengthened. Therefore, it is recommended that a communication skills training be organized for this group separately from planning.

2. Similarly for facilitation skills. If this group is to be used as trainers, they require pure facilitation skills inputs to build them to a level of master trainer.
3. ToT group size must be restricted to 20-25 participants as this allows one-on-one engagement with the participants and also peer learning.

## 2.2 Align for Action-Agenda 2019: Bihar

A year ending meeting titled 'Align for Action' was planned for the entire WASH Team, including Specialist, Officers and the Consultants at Valmiki Nagar, Bagha, West Champaran between 27th to 29th December 2018. The team was addressed by the UNICEF Chief of the Field Office as well as other Section Leads to enhance the understanding and knowledge of the Consultants on different issues of programmatic significance and helping them to link it with Social and Behaviour Change Communication.



Key feature of the Align for Action workshop was focused on team communication, team operating principles, and inputs on

communication for local advocacy at the district level.

Facilitated by Envisions Institute of Development the main objectives of the three-day workshop were to:

- Enhance knowledge & understanding of the team on different thematic issues.
- Develop consensus on the areas and direction of intervention for 2019.
- Enhance skills and understanding on communication, planning, negotiation and advocacy.
- Strengthen the group as a team to deliver on WASH indicators.

Sessions on Team Operating Principles, Advocacy Communication, Negotiation skills were organised and worked through interesting games like How Stella Saved the Farm, Nailing the Bridge etc. As a take away from



the workshop, participants worked in teams on the Action Plans for 2019. A complete detailed report for this has been shared with UNICEF Bihar Office for further action.

## 2.3 Kumbha- The Social Melting Point

In 2016, UNICEF India through the Global Interfaith WASH Alliance (GIWA) played a key role in introducing the WASH component to Ganga Sagar Mela in West Bengal to promote awareness on WASH and convene leaders from different faiths to endorse the issue. Taking this forward, GIWA had requested to UNICEF support as a technical and knowledge partner to raise awareness and sensitize faith leaders, including tribal, minority, Gandhian and women faith leader at the Kumbh, Mela 2019 especially around WASH and other convergent issues.



UNICEF trained Swachhata Master Trainers take a dip in Ganges: January 2019

Envisions Institute of Development, UNICEF's Partner for Systems Strengthening and social and Behaviour Change Communication was given the task of preparing and conducting the workshops for this intervention. GIWA had planned three activities during the Kumbh 2019.

### Activities Conducted by EID

#### 1. Training of Trainers on WASH Volunteers for the Kumbh Mela.

- a) Design and deliver a training of trainers programme for a core group from GIWA.
- b) Break away session during Gandhian Resurgence Summit
- c) Break away session during She is the Solution Summit.

#### 2. Technical Support on Monitoring and Evaluation

#### 3. A Volunteer Guide on Key Messages

### Training of GIWA Volunteers for WASH

The volunteers, appointed by GIWA, were to work under a flag "We are the Solution- Hum hi hain Samadhan" towards achieving a clean Kumbha. Accordingly, the volunteer training and preceding ToT were designed with a result oriented approach. A half day training on communication skills and key messages on WASH was planned for Kumbh volunteers- or Kumbh Heroes as they were called by GIWA. TOT was attended by 73 trainers: these trainers included GIWA core team members, GIWA volunteers and selected representatives from other CSOs who had volunteered to support "Swachh Kumbh" anchored by GIWA.

### Field activities by Volunteers

The volunteers appointed by GIWA have subsequently been carrying out several awareness and communication activities at the Kumbh Mela grounds

### Field Support Supervision



The volunteers appointed by GIWA have been holding communication session with Kumbh pilgrims from time to time. A team of Supportive Supervisors has 'shadowed' them 'on-the-job' and has provided feedback to them for the overall strengthening of WASH oriented communication. The communication observation checklist used for this purpose was developed.

### The Gandhian Resurgence Summit

The Gandhian Resurgence summit was organized on 17<sup>th</sup>-18<sup>th</sup> of January 2019 at the Allahabad Kumbh. Gandhian leaders from India and abroad participated in this summit. A break-away session on sanitation and cleanliness and equal value of girls and boys was facilitated on 18<sup>th</sup> of January 2019 with the following objectives:

1. Orientation on WASH and equal value of boys and girls.
2. Facilitate development of individual action plans post summit.

### Action Plans

Participants were requested to prepare their action plans for what they would do once they went back. The Action Plan asked how the Gandhian leaders will integrate the WASH practices that would help in creating an awareness amongst the communities and then convert that into practices.

Several Gandhian leaders have given their individual action plan and these have been shared with UNICEF and GIWA for follow up.

### She Is The Solution Summit

A summit of faith leaders was held on 28<sup>th</sup> of January 2019 at the Kumbh. It was attended by leading faith leaders representing Sanatan Dharma, Islam, Sikhism, Christianity, Jain and Buddhism. It was attended by representatives from various schools of thought like Brahmikumaries, Amma Karunamai Maa, Anandmurti Guru Maa, Divya Giri Nahant and Anandmayi Maa.

### Recommendations

Some of the recommendations made were:

1. Organize faith based meetings to discuss how faith can contribute to spreading awareness and tackling of myths and misconceptions.
2. Maintain follow-up of such meetings and plan to review their activities once in 3 or 6 months.

## 3. Disaster Risk Reduction

### 3.1 Social and Behaviour Change Communication Process in Emergencies

#### Background: SBCC Workshop for NGO Community Volunteers

A weak link Emergency Response Communication is poor understanding of the Communication required.

Emergency Communication generally resembles risk communication tactics, which include being empathetic, translating the complex science into easy to understand risk and providing actionable information to allow good decision-making. These objectives may be satisfactory when trying to manage public emotions, yet they can sometimes position the public as adversaries instead of

partners. And there's faculty underlying assumption: that every audience is the same. The truth is a local culture can be complex as the disaster.

Detecting audience attitudes and understanding how they shape behaviour is a social and behavioural science. The challenge to the team working on the NGO Communication toolkit for DRR was to simplify this science to a working plan for the community volunteers many of whom were local citizens, housewives and fishermen and young adult volunteers from the community. The result? People were not just informed and equipped; they were also motivated to support the emergency response.

### The workshops

Seven programs were organised across the affected districts as represented in the table below:

Date	Place	Number of participants
7 & 8 September 2018	Alleppey, Kerala	66
12 & 13 September 2018	Alleppey, Kerala	50
17 & 18 September 2018	Mananthavady, Wayanad, Kerala	50
20 & 21 September 2018	Attapadi, Palakkad, Kerala	60
27 & 28 September 2018	Alleppey, Kerala	39
02 & 03 October 2018	Kaipattoor, Pathanamthitta, Kerala	34
05 & 06 October 2018	Kaipattoor, Pathanamthitta, Kerala	50

### Challenges

The challenges in this intervention were unique. Training programs usually work with members who are attached with organizations or institutions- government and private. In communicating, we assume there will be a structure which will provide back up support in implementing the communication. However, in this case the community volunteers were housewives and youth from the affected communities who had attached with the CBOs for

disaster relief. It was an interesting experience working with this team and starting from scratch, working out delivery at different levels of understanding within the participating members.

Coming from a disaster affected families themselves, to learn how to manage and communicate for supporting people, would be a very sensitive task as many of them had themselves come out of a situation that was very fresh in their minds.

### 3.2 Accountability to Affected Populations: Field Data Monitoring

The Accountability to Affected Populations, referred here as Janakiya Pankalithayum Punarmanavum Initiative, JPPI, is an effort of the Government to build Kerala back better, a more resilient state with the participation and feedback from people affected by the flood and landslides.

Janakiya Pankalithayum Punarmanavum- Initiative (JPPI) was institutionalized within Kudumbashree, the Self- Help Group network of the Local Self Government Department (LSGDs), and in collaboration with Kerala State Disaster Management Authority is enabling a connection between ongoing development planning processes and humanitarian response and recovery. This initiative also contributes to preparedness and resilience- building for future disasters, should they occur. The initiative systemically engages with at-risk and affected communities to:

- Improve communities' access to information about how and when recovery and reconstruction assistance is delivered, and the support that is available to them.
- Ensure that communities can provide their views on their post disaster needs, communicate to the relevant government authorities and development actors on their issues & concerns and provide periodic feedback.
- Facilitate the use and integration of the feedback of the affected communities into institutional planning processes (during response, recovery, and development, i.e. SDMP, DDMP, GPDP, sectoral plans, and annual PIPs) to shape decision-making on recovery and reconstruction, and risk-informed planning in the future,
- Inform affected communities about how their feedback has been used to address concerns and unmet needs by closing the feedback loop.

### Geographic coverage

JPPI was implemented in 489 most affected gram panchayaths/Municipalities/Municipal Corporations reaching 1% of the affected populations. The gram panchayaths/Municipalities/Municipal Corporations are reached through a phased approach:

- 104 gram panchayaths of Alappuzha and Wayanad (Phase-1), 385 gram panchayaths of Kottayam, Pathanamthitta, Ernakulam, Idduki and Thrissur (Phase 2) Oct-2018
- 489 gram panchayaths of Alappuzha, Wayanad, Kottayam, Pathanamthitta, Ernakulam, Idduki and Thrissur (November 2018-January 2019)

### Refresher Training

A refresher training was conducted with the additional sessions such as (1) A brief session on grievance handling at the village/ GP level. (2) Explaining DRR terminology. (3) More details session on rapport building and motivating community participation.



Training of the CDS

In addition to 30 October, 2018 meeting, another meeting on 23 November, 2018 was held with Kudumbshree and CTC team to formalize the recommendations for the forthcoming scale up training in 5 districts (Ernakulam, Kottayam, Idukki, Pathanamthitta and Thrissur). The key decisions that were taken related to the training and feedback collection.

## 4. BRIDGE (Boosting Routine Immunisation Demand Generation)

### 4.1 BRIDGE ToT for IMI and Non- IMI Districts

Frontline functionaries within the health system, primarily the ANM and ASHA, supported by the AWW from the ICDS programme-jointly known as 3 As- are recognized to form the most critical resource to achieve the Routine Immunization (RI) goal of reduced vaccine hesitancy and increased coverage. They are an essential bridge between the health delivery system and the community.

The Boosting Routine Immunization Demand Generation (BRIDGE) IPC module is a special one-day course designed by Envisions Institute of Development for UNICEF/GoI, to develop capacities of FLWs

to leverage SBCC for RI. BRIDGE will focus on improving inter-personal communication (IPC) skills of FLWSs to improve RI demand generation and expansion.

Boosting Routine Immunization Demand Generation (BRIDGE) IPC Skills training in Routine Immunization for Frontline Workers (ANM/ASHA/AWW) was launched by Ministry of Health and Family Welfare with technical assistance from UNICEF on 22<sup>nd</sup> -23<sup>rd</sup> June 2017.

### BRIDGE Training Toolkit

The BRIDGE Training Toolkit comprised of Operational Guidelines for BRIDGE, Facilitator Module for ANM, ASHA and AWW, IPC Guide, Pre and Post Assessment Format, Village SBCC Plan: identification of barriers and influencers, FLW Training Quality Assurance Format, ASHA's supportive supervision tool (to be used), Field observation format and Reporting format to provide summary of field visits and Post-training knowledge retention checking tool (web based)

### The trainers pool

National Lead Trainers (NLT) were selected and trained by UNICEF. NLTs were sourced from UNICEF partner and State Governments and formed the NLT pool of 62 as under:

Category of Lead Trainer	Unicef (Women)	Unicef (Men)	Partner (Women)	Partner (Men)	Total
UNICEF SBCC Lead Trainers Pool	5 19%	22 81%	11 41%	16 59%	54
State Government Officials*	Women (3), Men (5)				8
<b>Total NLTs</b>	<b>Women (31%), Men (69%)</b>				<b>62</b>

### The Training

BRIDGE ToT for Master Trainers is a two-day process. Day one is based on training for the manual content and day 2 is based on Mock sessions where the trainer-participants are then assessed on their knowledge of the training content as well as for facilitation skills for conducting the training. Based on their performance they do a self-assessment along with assessment by NLT. Both scores are combined to grade the trainer-participant in three categories of High Proficiency and Developing Proficiency.

A detailed Analytical report with state wise analysis, has been prepared and shared with UNICEF with recommendations for further trainings.

## 4.2 BRIDGE Refresher for NLTs

In order to get ready to roll out Phases 2 of the BRIDGE training, a refresher was organised for the existing National Lead trainers and a workshop for the new trainers who joined the BRIDGE workforce. A three-day workshop was organized which was attended by 49 trainers.

The three-day workshop was convened in two phases:





Phase 1: This part of the training was started on Day 1 for the new trainers who had joined the BRIDGE fraternity. The training module was shared with all the participants after sharing the concept of BRIDGE and operational guidelines for implementation of the program in the states. Participants were divided into groups and each group were given a presentation on their roles and responsibilities as National Lead Trainers.

Phase 2: The second phase of the BRIDGE Workshop was Lesson sharing from Round 1 of BRIDGE through existing NLTs who have been trained and have conducted the BRIDGE training at the state level. The lesson sharing was done using the Open Space Conference technology.

