

2025

COMPREHENSIVE REPORT ON SBCC MATERIALS DEVELOPMENT AND ALIGNMENT OF THE SBCC STRATEGY

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Submitted To



Submitted By





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Executive Summary



This report consolidates the processes and outputs that contributed to the development and alignment of the Social and Behaviour Change Communication (SBCC) Strategy under the Meghalaya Health Systems Strengthening Project (MHSSP). It brings together the sequence of thematic consultations with various verticals, the material development process, and the outcomes of the off-site strategy workshop.

The combined process enabled vertical alignment, strengthened state team capacities, and produced a draft roadmap for effective rollout. Next steps include finalizing the materials, building capacity at multiple levels, launching digital and physical campaigns, establishing convergence mechanisms, and introducing robust monitoring and learning systems.

The annexures provide detailed records of meetings and workshop proceedings for reference.

1. Introduction

This report presents a consolidated account of the development of the Social and Behaviour Change Communication (SBCC) strategy under MHSSP. It draws on insights from consultations with multiple health verticals and the outcomes of the off-site strategy workshop. The purpose is to provide a comprehensive view of how discussions, activities, and outputs were sequenced and aligned to create a cohesive communication framework.

Earlier submissions from SACH outlined the Phase I and II SBCC strategies, focusing on thematic areas such as Exclusive Breastfeeding and Complementary Feeding, Birth Spacing, Male Participation in Maternal and Child Health, Non-Communicable Diseases (Hypertension, Diabetes, and Cancer), Tuberculosis, HIV/AIDS, Anemia, Teenage Pregnancy, Institutional Delivery, and Quality Antenatal Care. To facilitate a more detailed discussion and allow for collective review, a meeting was convened with relevant stakeholders. During the session, SACH presented their strategy, which was based on qualitative insights gathered from focus group discussions in selected villages (PPT Annexure).

The objective of the meeting was to review the findings, provide programmatic feedback, and align on next steps for implementation, including the finalization of focal behaviours, key indicators, and communication activities across short-, medium-, and long-term phases. Based on these inputs, draft communication materials were developed, which included posters, video scripts, animations, social media content and FAQs. A series of in-person meetings, consultations and field visits were conducted to test and validate the communication materials developed.

The sections that follow outline the processes, steps, and outputs that shaped the finalization of communication materials. Meeting minutes and the workshop report are included as annexures for reference.



2. Consultations and Thematic Discussions

2.1 Process of Consultations

A series of structured meetings was held with key verticals, including maternal health, nutrition, HIV/AIDS, tuberculosis, adolescent health, and the non-communicable diseases division. These discussions provided clarity on focal behaviours, identified programmatic challenges, and established priority areas for communication.

2.2 Thematic Insights from Consultations

Key themes that emerged included:

Anemia : Need for myth-busting, relatable messaging and linking ANC visits with milestones.

1. Findings from Fieldwork & Data Collection

- Common symptoms such as weakness and dizziness were recognized, but the term “anemia” lacked familiarity.
- Misconceptions included beliefs in hereditary or supernatural causes.
- Practical causes cited included poor diet, early marriage, and worm infestation.
- Inconsistent supply and confusion between IFA tablets and vitamin supplements reduced compliance, though deworming awareness was comparatively better.

2. Health-Seeking Behaviour

- Reliance on both traditional and modern medicine persists.
- The IEC recall on anemia was low, although general health awareness campaigns had some reach.
- Religious institutions had minimal influence on anemia awareness.

3. Communication material Recommendations

- Develop engaging, visual materials (animations, posters, jingles, real-life stories).
- Focus content on the importance of IFA tablets, folic acid, dietary improvement, and deworming.
- Reinforce messages through wall paintings, school art, and digital boards.

Maternal & Child Health : Need for myth-busting, relatable messaging, and linking ANC visits with milestones; Reinforcing exclusive breastfeeding, complementary feeding, and use of local diets.

1. Findings from Fieldwork & Data Collection

- While women understood the need for ANC, adherence to all four recommended visits was inconsistent.
- ANC was often seen as a medical formality rather than a milestone-based health necessity.

2. Behavioural Dynamics

- Health camps were well-received, particularly when direct services (e.g., medicines) were provided.
- Male family members often lacked awareness of the importance of ANC.

3. IEC & Communication Recommendations

- Focus messaging on early ANC registration in the first trimester.
- Highlight the benefits of completing four ANC visits and tie messages to pregnancy milestones (growth, nutrition, and preparedness for delivery).
- Utilize storytelling-based content and short-form reels to enhance relatability.

4. Campaign Tools

- Integrate messages into campaigns, such as Poshan Mah.
- Promote ANC through digital reels, FAQs for FLWs, and community murals.

Institutional Delivery :

1. Findings & Context

- Institutional delivery remains a major priority, especially in remote and inaccessible villages where health service coverage is weaker. Discussions highlighted the need to:
- Promote institutional delivery through aspirational and rights-based messaging.
- Identify and provide targeted support for high-risk pregnancies.
- Strengthen linkages to schemes such as CMSMS, ensuring families are aware of entitlements and support available.
- Establish better communication channels, such as contact information for transit homes, to provide timely assistance for expectant mothers.

2. Recommendations

- Design targeted IEC materials focusing on early ANC registration, safe delivery practices, and government schemes.
- Create community awareness drives using posters, short jingles, and facility-based displays.
- Mobilize ASHAs and ANMs to identify high-risk pregnancies early and facilitate referrals.
- Strengthen facility-community linkages, particularly for transport and emergency care.

Teenage Pregnancy : Importance of delaying early marriage and pregnancy, safe spaces such as adolescent cafés, and youth champions.

1. Findings from Fieldwork & Data Collection

- Teenage pregnancies were strongly linked to early marriage, school dropout, and limited family support systems. Communities acknowledged the social and health impacts of early pregnancies but lacked structured strategies for prevention. Adolescent awareness of safe practices was low, and peer influence combined with limited opportunities for aspiration-building contributed significantly to early pregnancies.

- Champion-Based Awareness Model

To address these issues, a champion-based awareness model has been proposed, beginning with pilot interventions in selected villages such as South Garo Hills. The model emphasizes:

1. Identification and training of adolescent champions from among celebrities, sports figures, artists, student leaders, or social media influencers.
2. Phased communication, starting with simpler, less stigmatized topics (e.g., menstruation, emotional health), before moving to more sensitive issues (e.g., sexuality, safe relationships).

3. Community mobilization through sports events, school visits, peer-driven activities, and creation of safe spaces such as Adolescent Cafés.

4. Baseline and endline assessments among adolescents in pilot villages to measure campaign impact and learning outcomes.

2. Communication Approaches and Materials

- Messaging should be aspirational and youth-friendly, emphasizing education, careers, sports, and life goals as alternatives to early marriage and pregnancy. Tools and platforms include:
- Physical formats such as interactive games, story cards, and peer group activities.
- Digital formats such as videos, social media campaigns, and safe, anonymous communication channels for adolescents.
- Creative IEC materials, including murals, story-based content, and short digital reels targeting young audiences.
- Development of a structured curriculum and coaching toolkit to support champions in delivering leadership, mentoring, and life skills

3. Campaign Tools

To normalize conversations around adolescent health, campaigns should mobilize adolescents via:

- School fests, sports events, music festivals, and grassroots competitions.
- Peer networks, adolescent clubs, and youth groups.
- Partnerships with community influencers and peer leaders.

4. Monitoring, Reporting, and Incentives

For sustained effectiveness, the model requires robust monitoring and recognition mechanisms:

- Use of platforms such as RKS for supervision and tracking progress.
- Incentives for champions, including non-monetary rewards, uniforms, badges, and recognition on social media.
- Establishment of a federated network of champions across villages, supported by ASHAs and ANMs, to ensure scalability, peer reinforcement, and measurable impact.

Tuberculosis : Emphasis on early testing, treatment completion, community engagement, and digital tools.

1. Visual Communication & Health Messaging

Effective TB communication must rely on simple, culturally grounded visuals. Posters, comics, caricatures, figurines, and other illustrative methods are recommended to avoid overly stylized or generic designs. Materials should:

- Incorporate local aesthetics and reflect familiar community settings.
- Feature named, relatable characters inspired by folklore or real-life local figures.
- Present balanced gender representation in all visual depictions.
- Deliver behaviour-focused messages in local languages, using idioms and cultural references to enhance recall.

In addition to frontline workers, communication should leverage community calendars, digital VHC handbooks, and other public platforms to reinforce messaging. All materials must undergo field-testing with rural communities, and designs should evolve based on iterative feedback.

2. TB Screening and Retention

The identification of approximately 4,000 active TB cases, with migrant labourers emerging as a vulnerable group, underscores the need for early detection and long-term retention in treatment. Recommended actions include:

- Engagement of traditional healers and community champions as referral agents and advocates for early testing.
- Digital media interventions, such as short videos and WhatsApp reminders, to boost awareness, adherence, and follow-up.
- Socioeconomic tailoring of messages, ensuring communication resonates with different community contexts (e.g., daily wage workers vs. students).

3. Technology and Innovation in TB Diagnosis

The introduction of the “Voice to Diagnosis” AI tool, capable of identifying TB from cough sounds with accuracy levels of 71% in men and 68% in women, presents an innovative opportunity. Accessible through WhatsApp, this tool is part of a national rollout and can significantly bridge diagnostic access gaps in remote and underserved areas. Its integration into community health campaigns, alongside IEC and awareness activities, will improve both early detection and service accessibility.

HIV/AIDS : Focus on stigma reduction, youth-driven digital content, and interactive chat-based platforms.

1. Findings from Fieldwork & Data Collection

- Stigma and misinformation remain major barriers to care-seeking.
- ART adherence was hindered by lack of family support and fear of disclosure.

2. Behavioural Dynamics

- Youth engagement with digital media is high, but awareness of HIV transmission and prevention remains low.
- Social judgment discourages testing and treatment.

3. Communication material Recommendations

- Create stigma-free, hopeful messaging that emphasizes ART adherence.
- Focus on modes of transmission, safe practices, and supportive community attitudes.
- Leverage short videos, FAQs, and anonymous digital channels (e.g., WhatsApp chatbots) for youth.

4. Campaign Tools

- Integrate HIV awareness into T3 (Test, Treat, Track) campaigns.
- Use influencers, peer testimonials, and interactive formats (polls, quizzes, reels).

Male Participation in MCH : Inclusive communication, male-friendly healthcare spaces, and campaigns for shared parental roles.

1. Findings & Context

Discussions highlighted the historical exclusion of men in maternal and family health. Male engagement is often minimal, yet their support is crucial for promoting institutional delivery, ANC visits, family planning, and healthy lifestyles.

2. Proposed Strategies

- Develop posters, jingles, and digital content with inclusive family health messages that position men as partners in care.
- Leverage men's groups, student unions, and village-level meetings to normalize male engagement in health conversations.
- Pilot "Men Helping Men (MHM) Podcasts" as a platform for male champions to share experiences and normalize dialogue around health.
- Redesign the 'Mother and Child Protection (MCP)' card into a shared responsibility tool for both parents.
- Create male-friendly spaces in health facilities, ensuring that men feel welcome and respected when accessing services or supporting their families.

3. Incentives & Engagement Mechanisms

- Introduce pilot activities that showcase positive examples of male involvement.
- Utilise community influencers, role models, and peer educators to shift societal norms surrounding masculinity and health.
- Celebrate and recognize supportive men through awards, social media campaigns, and public events.

Non-Communicable Diseases (Diabetes, Hypertension & Cancer) : Awareness on early screening, lifestyle modification, and leveraging local gatherings.

1. Findings & Context

The burden of diabetes, hypertension, and cancer is growing in Meghalaya, yet early detection is limited due to silent symptoms and low awareness. Screening opportunities often remain underutilized.

2. Strategies for Screening & Awareness

- Leverage existing community gatherings such as job card days and Village Health & Nutrition Days (VHNDs) for opportunistic screening.
- Expand VHNDs to include male-focused and inclusive activities alongside maternal-child health services.
- Develop jingles, posters, and lifestyle campaigns to promote awareness of NCD risk factors and the benefits of early detection.
- Engage local influencers, such as trekking clubs and content creators, to co-create aspirational content that positions health screening as part of an active and fulfilling lifestyle.
- Encourage storytelling through infotainment videos to make screening relatable and engaging.

3. Supporting Infrastructure & Systems

- Introduce backend tracking mechanisms (e.g., IP logs) to monitor usage and accountability.

- Establish a centralized digital repository for IEC/SBCC materials, including handbooks, jingles, and visual tools, categorized by topic.
- Enable online and offline access to this repository for frontline workers and community leaders.
- Provide compact handbooks for FLWs and standardized scripts for local leaders to ensure consistent and effective communication.



2.3 Communication Material Development Directions

The consultations also shaped the direction for communication material development, including the use of hyper-local visuals, the development of multi-format IEC materials (animations, reels, silent videos, FAQs), the establishment of a central repository, and pre-testing prototypes with communities for refinement.

General Design Principles

1. Cultural Relevance: Use hyper-local visuals, idioms, and dialects; characters drawn from folklore or real-life community figures.
2. Simplicity & Clarity: Messages must be behaviour-focused, avoiding jargon or overly stylized designs.
3. Diversity & Balance: Ensure accurate local representation with gender balance and inclusive narratives.
4. Field Testing and Iteration: All materials should be pre-tested with communities, refined through feedback, and periodically updated.
5. Multi-Platform Strategy: Materials must cater to both digital and physical formats for maximum reach and reinforcement.

Recommended Formats

1. Print & Static Media: Posters, comics, murals, wall paintings, calendars, and magazine-style handbooks.
2. Audio & Jingles: Radio jingles, public announcement audio clips, and pre-recorded messages for loudspeakers.
3. Video & Digital Media: Short videos, Instagram reels, GIFs, animations, silent explainer videos, testimonial reels, infotainment series.
4. Interactive & Experiential Tools: Games (board/interactive), figurines, peer-led theatre, storytelling circles, and adolescent cafés.
5. Digital Innovations: WhatsApp-based reminders, chatbots for sensitive queries, AI-based diagnostic promotion, and digital MCP cards.
6. Central Repository: A digital IEC/SBCC folder with categorized materials, accessible online/offline, and tracked for usage.



3. Offsite SBCC Strategy Workshop

3.1 Objectives and Design of the Workshop

The offsite workshop was designed as a residential event to build team cohesion, enhance understanding of SBCC frameworks, and align state teams around a unified rollout plan.

3.2 Key Sessions and Learnings

Highlights included:

1. Team Building Exercises

Participants engaged in a series of structured activities designed to foster trust, communication, and collaboration. These exercises demonstrated how openness to learning and effective negotiation skills contribute to team success. Simulations such as behaviour negotiation, planning games, and a gold-mining exercise highlighted that:

- Teams perform better when members listen to one another and respect diverse viewpoints.
- Calculated risk-taking and reliance on leadership support often led to stronger results.
- Planning and preparation, even under uncertain conditions, are critical for success.
- These activities helped the group build mutual trust while reinforcing that effective SBCC implementation requires cohesive teamwork across departments.



2. SBCC Foundations

Sessions on the basics of Social and Behaviour Change Communication clarified the role of communication beyond information-sharing. Key points included:

- Understanding the “social” dimension of SBCC, where community mobilization and participation are central.
- Breaking down the steps of behaviour change and how messages can be designed to influence these steps.
- Emphasizing communication planning, context-specific strategies, and engaging communities to achieve sustained health behaviours.
- This provided participants with a strong conceptual base to guide future interventions.

3. Habit Loops for Sustained Behaviour Change

The concept of the habit **loop** — **cue** → **routine** → **reward** — was introduced as a tool for designing lasting behavioural change.

- Groups worked on real-life health topics, identifying behaviours to target, relevant cues that trigger them, routines that need to be adopted, and meaningful rewards to reinforce the practice.
- The exercise showed how cues (like reminders or prompts) and culturally appropriate rewards (recognition, health benefits) can make positive behaviours stick.

This reinforced the idea that SBCC should not only motivate people but also embed behaviours into daily life.



4. Storytelling as a Communication Tool

Storytelling was presented as a powerful method for delivering health messages. Effective stories:

- Are rooted in culture, featuring relatable characters and situations.
- Evoke emotions to capture attention and empathy.
- Model the desired health behaviour in a way that audiences can connect with.
- Conclude with a clear and positive call to action.

Participants explored how formats like folk theatre, radio plays, posters, short videos, and story circles can enhance recall and participation. This underscored the importance of moving beyond facts to emotionally engaging narratives.



5. Leveraging Technology and Social Media

The workshop explored how digital tools and platforms are reshaping communication, particularly among young people. Discussions emphasized:

- Social media's role in shaping identity, relationships, and decision-making.
- Opportunities to use platforms like WhatsApp, Instagram, and YouTube to rapidly spread SBCC messages.
- Risks associated with misinformation and the need for accurate, credible content. Participants reviewed examples of how corporates use digital media strategies and considered how similar models could be adapted for health communication.



6. Cross-Learning from Mizoram's Experience

Representatives from Mizoram shared their successful approaches to NCD communication. Highlights included:

- Use of VHNDs, rallies, wall paintings, and podcasts for large-scale outreach.
- Walkathons that mobilized communities, civil servants, and leaders, creating visibility and credibility.
- A structured funding mechanism that provided INR 8,000 per VHSNC/SHG every four months to sustain local SBCC activities.

The key takeaway was that structured funding, community-led initiatives, and visible public events can significantly boost awareness and participation—practices Meghalaya could adapt to its own context.



7. Sharing of Departmental Experiences from Meghalaya

Different divisions within the state health department shared their experiences in implementing health programs, such as the Health Insurance Scheme, HIV/AIDS campaigns, and infrastructure strengthening under the PM-ABHIM initiative. This sharing:

- Helped participants align their departmental experiences with the broader SBCC framework.
- Encouraged inter-departmental understanding, paving the way for convergence and integrated communication planning.



8. Field Visit for Practical Exposure

Participants visited a Primary Health Centre (PHC) to observe how IEC and SBCC are applied in practice. Key takeaways included:

- First-hand exposure to IEC distribution practices.
- Insights into counselling centre operations, particularly for HIV/AIDS.
- Observations of how staff interact with communities, bridging the gap between strategy and field realities.

This practical experience reinforced the importance of designing communication materials and strategies that are not only theoretically sound but also implementable and effective at the community level.



3.3 Outputs from the Workshop

The workshop produced a draft roadmap for SBCC rollout, an agreement on convergence mechanisms, a shared understanding of team capacity on SBCC tools and approaches, and recommendations for monitoring, documentation, and learning, as outlined below.

1. Strengthened Team Cohesion and Capacity

- Participants developed stronger interpersonal trust, negotiation skills, and openness to collaborative learning through team-building exercises.
- The activities reinforced the importance of listening, planning, and calculated risk-taking as critical qualities for implementing SBCC strategies in diverse and challenging contexts.
- A more cohesive MHSSP team emerged, motivated and aligned to drive state-wide communication initiatives.

2. Conceptual Clarity on SBCC Foundations

- Teams gained a solid understanding of SBCC principles, including the “social” dimension of communication and the role of community mobilization in sustaining behaviour change.
- Participants learned to link communication planning with the stages of behaviour change, ensuring messages are designed with contextual and cultural sensitivity.
- This laid the foundation for developing state- and community-level interventions.

3. Application of Behavioural Science – Habit Loops

- Participants were introduced to the **cue → routine → reward** habit loop framework.
- Group exercises allowed them to map health behaviours into actionable loops, helping identify practical cues and culturally appropriate rewards that make behaviours stick.
- This approach provided a behaviourally informed lens for designing campaigns on issues such as ANC visits, nutrition, and TB adherence.

4. Storytelling as a Core Communication Method

- The workshop highlighted storytelling as a powerful SBCC tool, showing how emotionally resonant, culturally rooted narratives can drive recall and adoption.
- Participants explored various story formats (folk theatre, radio drama, posters, and short videos) and identified ways to integrate them into ongoing campaigns.
- This output positioned empathy, relatability, and culture at the heart of message design.

5. Leveraging Technology and Social Media for Scale

- Participants gained practical insights into how digital platforms (WhatsApp, Instagram, YouTube, and podcasts) can amplify SBCC messages.
- The workshop emphasized the dual role of technology: enabling large-scale reach but also carrying risks of misinformation.
- A roadmap was laid for using social media responsibly, including partnering with influencers and co-creating engaging digital content.

6. Cross-Learning from Mizoram’s Community-Based SBCC Model

- The Mizoram HSSP team shared its NCD-focused SBCC interventions, including walkathons,

- rallies, wall art, and podcasts, backed by structured funding for VHSNCs/SHGs.
- Meghalaya participants recognized the value of flexible community-based funding and visible public events as catalysts for awareness.
- This experience established a replicable model for Meghalaya, highlighting the importance of funding support and community engagement as essential enablers of SBCC.

7. Alignment of Departmental Experiences within Meghalaya

- Departments shared ongoing initiatives (HIV/AIDS campaigns, Health Insurance, PM-ABHIM, district-level experiences).
- This fostered cross-vertical alignment, ensuring SBCC strategies would be integrated rather than siloed.
- It also highlighted opportunities for convergence with existing platforms and schemes.

8. Draft Roadmap for SBCC Rollout

- Through strategy rollout planning, participants developed an initial framework for state- and community-level SBCC activities.
- The roadmap emphasized:
 - Convergence with government departments, NGOs, and civil society.
 - Practical rollout mechanisms involving frontline workers and community-level IEC dissemination.
 - Sequencing of communication tools into short-term, medium-term, and long-term interventions.
- This draft roadmap will guide the finalization of Meghalaya's SBCC strategy.

9. Practical Insights from Field Exposure

- The field visit to a PHC demonstrated how IEC materials and counselling services operate at the grassroots level.
- Participants observed how staff communicate with communities, distribute IEC, and address sensitive topics like HIV/AIDS.
- These insights bridged the gap between strategy and practice, grounding the SBCC outputs in real-world implementation.



4. Integration of Processes

The consultations and workshop collectively enabled vertical alignment across stakeholders, resulting in a consolidated roadmap for material development, team orientation, and a phased rollout plan for SBCC activities. A strong emphasis was placed on inter- and intra-departmental convergence, beginning at the state level and cascading down to districts, blocks, and Village Health Committees (VHCs).

The process ensured that top leadership at the state level was fully debriefed on the proceedings, with a clear articulation of the types of support required for effective rollout. This created the basis for assigning responsibilities, clarifying roles, and strengthening convergence mechanisms.

While the state has already taken credible steps toward integration and convergence, especially at the leadership level, significant work remains at the sub-block and community levels. Strengthening coordination and ownership at these levels will be critical to achieving optimal and sustainable results.



5. Next Steps for MHSSP to Rollout the Strategy

1. Finalisation of the SBCC Strategy Document

The immediate priority is to consolidate inputs from workshops, departmental experiences, and field insights into a comprehensive SBCC strategy document. This document will serve as the guiding framework for all communication initiatives in the state. It will define priority behaviours, target audiences, communication channels, and monitoring mechanisms, ensuring clarity and alignment across all levels of the health system.

2. Capacity Building through Modules and Toolkits for State, District, and Block Teams

To operationalize the strategy, structured training modules and toolkits will be developed for teams at the state, district, and block levels. These will include:

- Orientation modules on SBCC concepts, planning, and execution.
- Practical toolkits containing ready-to-use IEC materials, FAQs, and field guides.
- Skill-building sessions for frontline workers (ASHAs, ANMs) to strengthen interpersonal communication and community engagement.
- This will ensure that all cadres are equipped with the knowledge and tools to deliver consistent, culturally relevant messages.

3. Launch of Digital and Physical Campaigns Across Platforms

A mix of digital and physical campaigns will be rolled out to reach diverse audiences:

- Digital platforms (WhatsApp, Instagram, YouTube, podcasts) will target youth, urban populations, and migrant groups.
- Physical platforms (VHNDs, rallies, community events, wall art, posters, jingles) will focus on rural and hard-to-reach communities.

By using a hybrid approach, the campaigns will maximize reach, reinforce key messages, and encourage behaviour change at both individual and community levels.

4. Establishing Convergence Mechanisms with Other Departments and Partners

Effective rollout requires convergence with other government departments (Education, Social Welfare, Tribal Affairs) and development partners (NGOs, CSOs, faith-based organizations). Mechanisms such as joint planning meetings, shared platforms (e.g., schools, SHGs, adolescent clubs), and integrated campaign calendars will be created to ensure alignment. This convergence will prevent duplication, expand reach, and build synergies across sectors.

5. Supporting Community-Driven SBCC Activities Through Flexible Funding Mechanisms

Communities must play a central role in driving SBCC activities. A flexible funding mechanism will be established to support VHSNCs, SHGs, youth groups, and local influencers in organizing events such as wall painting competitions, health rallies, school fests, or storytelling sessions. Providing modest, timely financial support will enable communities to design activities that resonate locally, ensuring ownership and sustainability.

6. Integrating Monitoring, Evaluation, and Documentation into Program Reporting

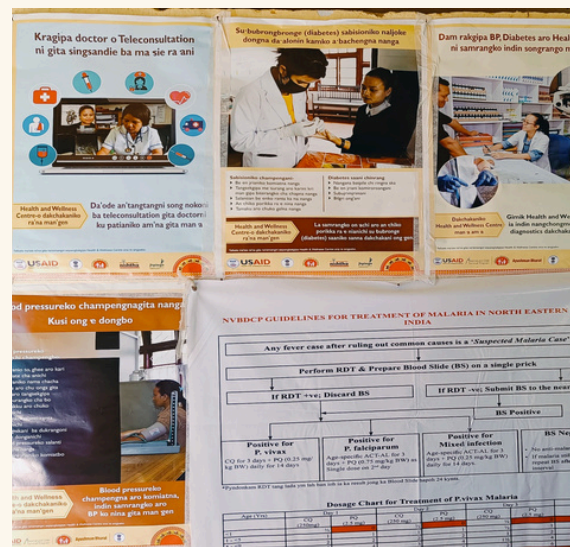
Monitoring and evaluation will be integrated into existing program reporting structures to ensure accountability and learning. This will include:

- Regular tracking of campaign reach, uptake of key behaviours, and community feedback.
- Use of digital tools for data collection and dashboard-based reporting.
- Documentation of success stories, case studies, and innovations to guide scale-up and advocacy.
- Strong M&E will ensure that SBCC efforts remain adaptive, evidence-driven, and responsive to community needs.



6. Conclusion

The strategy development process has been participatory and iterative, combining vertical-specific insights with team alignment through the offsite workshop. This dual approach ensures that the SBCC rollout will be culturally grounded, technologically enabled, and community-owned.



Annexures

Annexure I: Minutes of Meetings on SBCC Strategy (June 2025)

Social Behaviour Change Communications (SBCC) Strategy for Health

Brief Report and Minutes of Meetings with MHSSP, NHM, and Other Divisions under the Department of Health and Family Welfare with Representatives from SACH and First Born Collective, June 2025

Date	Location	Participants
27 May 2025	MHSSP Office	MHSSP team, NHM IEC team, Representatives for Health Dept (MCH), World Bank Representative, SACH team
28 May 2025	MHSSP Office	MHSSP team, World Bank Representative, TB Division Representative, RKSK representative, SACH team
29 May 2025	MSACS Office	MHSSP representative, MSACS officials, SACH team
2 June 2025	NHM office, MHSSP office	MHSSP team, Anemia Nodal officer, MCH team, SACH team
4 June 2025	MHSSP office	MHSSP team, SACH team
5 June 2025	MHSSP office	MHSSP team, SACH team, WB representative (online)

Date: 27th May, 2025

Venue: MHSSP Conference Room

Participants:

NAME	EXPERTISE
Dr. P. Lyngdoh	SNO, IEC
Dr. B. Mawlong	SNO, Maternal Health
Mr. Badondor Shylla	Consultant RCH, NHM
Mr. K. Khongwir	Team Leader, MHSSP
Mr. Philip Kumar	Communications Consultant, World Bank
Dr. S. Saldanha	Training Consultant, MHSSP
Ms. Netta Syiem	Consultant IEC, NHM
Ms. E. Marbaniang	Media & Communications Consultant, MHSSP
Ms. R. Lyngdoh	Training & Communications Consultant, MMDSL
Ms. Iram Mirza	Expert-Design Thinking, First Born Collective (Team Lead SBCC Assignment)
Ms. Jyothis	Documentation Specialist, SACH
Mr. Binu Anand	Technical Expert - Health Communications, SACH
Mr. Ciju Daniel	Technical Expert - Public Health Consultant, SACH

Agenda:

1. Review of Phase II SBCC Strategy – Anemia, Teenage Pregnancy, Institutional Delivery, ANC
2. Implementation Plan for Phase I and Phase II Communication Strategies

SACH had earlier submitted their Phase II SBCC Strategy via email, outlining key findings and proposed communication activities focused on Anemia, Teenage Pregnancy, Institutional Delivery, and Antenatal Care. To facilitate a more detailed discussion and allow for collective review, a meeting was convened with relevant stakeholders.

During the session, SACH presented their strategy, which was based on qualitative insights gathered from focus group discussions in selected villages (PPT Annexure). The objective of the meeting was to review the findings, provide programmatic feedback, and align on next steps for implementation, including finalization of focal behaviours, key indicators, and communication activities across the short, medium, and long-term phases.

Key Discussion Points:

1. Anemia

- Communities are hesitant to consume IFA tablets due to side effects, preferring herbal alternatives from traditional healers.
- Emphasis needed on myth-busting and building trust in IFA consumption through relatable messaging.

2. Teenage Pregnancy

- Discussion on the “Adolescent Café” model as a safe community space for adolescents.
- Concerns have been raised about current strategies that exclude youth who are out of school and out of church.
- A link was identified between school dropout, broken family systems, and teenage pregnancies.

3. Antenatal Care (ANC)

- While promoting four ANC visits, it's essential to tie messaging to specific pregnancy milestones.
- Behaviour change communications should focus on the why of timely ANC visits.

4. Implementation Priorities

- Communication tools need to be phased into:
 - a. Short-term (4–6 months)
 - b. Medium-term (6–8 months)
 - c. Long-term (beyond the project cycle)
- Not all tools/interventions must be rolled out immediately; prioritization is key.

5. ASHA Capacity Building

- ASHAs require simplified, topic-wise materials to deliver effective SBCC messages.
- Proposal to create a digital compact handbook accessible via ASHA tablets.

6. Inter-departmental Coordination

- Stronger convergence is needed across departments (Health, Education, Social Welfare).
- Consultations are recommended to align communication goals and assess human resource capabilities.



Decisions & Action Points

Focal Behaviour Identification	Decision/Action Point	Responsibility	Timeline
Increased awareness of TB symptoms and importance of early testing and treatment.	Each vertical to finalize 1 focal behaviour, indicators, and interventions (short/medium/long term)	SACH in consultation with vertical leads	5th June 2025
Importance of completing TB treatment to prevent drug resistant TB	SACH to compile vertical inputs into a finalized document for approval	SACH	20th June 2025

Date: 28th May 2025

Time: 11:00 AM – 1:30 PM

Venue: MHSSP Conference Hall

Participants:

NAME	EXPERTISE
Mr. Flourish Lyngdoh	RKSK Programme Officer, NHM
Ms. Evanylla Marbaniang	Communications Consultant, MHSSP
Mr. Philip Kumar	Communications Consultant, World Bank
Ms. Iram Mirza	Expert, Design Thinking, First Born Collective (Team Lead – SBCC Assignment)
Ms. Jyothis	Documentation Specialist, SACH
Mr. Binu Anand	Technical Expert – Health Communications, SACH
Mr. Ciju Daniel	Consultant – Health Communications, SACH

Key Discussion Points:

1. Visual Communication & Health Messaging

- Communication materials must be simple, culturally rooted, and visually engaging – utilizing posters, comics, caricatures, and figurines.
- Designs should reflect local aesthetics, featuring named, relatable characters drawn from local folklore or real-life stories.
- Emphasized the need for accurate regional representation and gender balance in visuals.
- Messages should focus on behaviour change and be delivered in local dialects using idioms and cultural references (hyper-localization).
- Communication should extend beyond frontline workers and include formats that are entertaining and memorable.
- Materials must be field-tested with rural audiences and iterated based on community feedback.
- Platforms such as the updated digital VHC handbook and community calendars should be used for message reinforcement.

2. TB Screening and Retention

- Meghalaya has reported 4,000 active TB cases across all age groups.
- Proposal to involve traditional healers and community champions for early case referral and testing promotion.
- Suggested engaging schools and faith-based organizations to increase awareness.
- Digital outreach methods (short videos, WhatsApp reminders) are recommended for improving adherence and outreach.

3. Technology & Innovation in Health

- Discussed the AI-based "Voice to Diagnosis" tool, which identifies TB through cough sounds (accuracy: 71% in men, 68% in women).
- The tool operates through WhatsApp and is part of a broader national initiative.
- Highlighted potential to bridge diagnostic access gaps in remote areas.

Decisions & Action Points

Focal Behaviour Identification	Message Focus	Focal Behaviour Identification
Increased awareness of TB symptoms and importance of early testing and treatment.	Recognizing signs and symptoms of TB	SACH to compile the list of SBCC activities and submit along with the strategy
Importance of completing TB treatment to prevent drug resistant TB	Preventing TB transmission	
Stronger community engagement in TB prevention and referral.	Dietary guidance for TB patients	
	Importance of early testing and completing treatment	

Date: 28th May 2025

Time: 3:00 PM – 5:30 PM

Venue: MHSSP Conference Hall

Participants:

NAME	EXPERTISE
Mr. Flourish Lyngdoh	RKSK Programme Officer, NHM
Ms. Evanylla Marbaniang	Communications Consultant, MHSSP
Mr. Philip Kumar	Communications Consultant, World Bank
Ms. Iram Mirza	Expert, Design Thinking, First Born Collective (Team Lead – SBCC Assignment)
Ms. Jyothis	Documentation Specialist, SACH
Mr. Binu Anand	Technical Expert – Health Communications, SACH
Mr. Ciju Daniel	Consultant – Health Communications, SACH

Points discussed:

1. During SACH's presentation on teenage pregnancy, the RKSK Programme Officer proposed initiating a pilot intervention to identify champions in a few selected villages.
2. These champions would be trained and supported to amplify awareness on adolescent health, focusing on the prevention of teenage pregnancy, promoting safe behaviours, and creating a supportive peer environment.

Action Point:

SACH will explore the feasibility of incorporating this into the SBCC strategy and support the development of the Terms of Reference for the Adolescent Champion Initiative.



Focal Behaviour Identification and Messaging Framework

Focal Behaviour Identification	Message Focus	Focal Behaviour Identification
Delay in teenage pregnancy	Promoting later age of marriage and pregnancy; reinforcing aspirations and education	SACH to compile the complete list of SBCC activities and submit with the final strategy document
Awareness of adolescent health, especially sexual and reproductive health	Menstrual health, contraception, hygiene, STIs, bodily autonomy	
Safe relationships and respectful behaviour	Awareness on safe dating, anti-bullying, and prevention of abuse	
Inspiring, positive messages for adolescents	Use of relatable stories, youth icons, peer testimonials	

Date: 29th May 2025

Venue: M-SACS office & MHSSP Conference Hall

Members Present:

NAME	EXPERTISE
Dr. W.B Langstieh	PD, MACs
Mr. Rapborlang Ranee	Assistant Director IEC, MACs
Ms. Larina Nongpiur	Assistant Director Youth, MACs
Ms. Evanylla Marbaniang	Communications Consultant, MHSSP
Ms. Iram Mirza	1.Expert, Design Thinking, First Born Collective (Team Lead – SBCC Assignment)
Ms. Jyothis	Documentation Specialist, SACH
Mr. Binu Anand	Technical Expert – Health Communications, SACH
Mr. Ciju Daniel	Consultant – Health Communications, SACH

Key Discussion Points:

- Agreed to prioritize awareness on modes of HIV transmission as a critical entry point for communication.
- Emphasis on youth engagement (15–29 years) through relatable, vibrant, and interactive digital content.
- Multi-channel approach to include:
 - a.Digital platforms (Instagram, YouTube, WhatsApp)
 - b.School and college-based interventions
 - c.Public events and community engagement
- Discussion on developing an AI-based anonymous chatbot to respond to FAQs and sensitive queries from young people privately and accurately.
- The group emphasized the use of aspirational, hopeful messaging over fear-inducing or celebrity-dependent narratives.

Challenges Identified

- Ongoing stigma and misinformation around HIV continue to limit open dialogue and service uptake.
- Low rates of treatment-seeking behaviour, even after diagnosis.
- Limited awareness of how HIV is transmitted and prevented.
- Social judgment and fear discourage youth from seeking HIV testing and services.

Proposed Interventions through the SBCC Strategy

1. Given NACO's limited funding scope, it was proposed that MHSSP collaborate to support:
 - a. Youth-focused digital campaigns on Instagram, YouTube, and WhatsApp
 - b. Partnership with local influencers, ambassadors, and youth icons
2. Content to include:
 - a. Short animated explainer videos
 - b. Testimonials and peer storytelling
 - c. Interactive tools (e.g., quizzes, polls, GIFs)
 - d. Offline engagement through school/college fests, street plays, and peer educator sessions
3. Target Demographics
 - a. Primary: Youth aged 15–29, especially those in schools and colleges.
 - b. Secondary: Parents, teachers, and healthcare workers as indirect influencers.
 - c. The goal is to increase sexual health literacy and reduce stigma through trusted communication.

Date: 2nd June 2025

Venue: NHM and MHSSP Conference Hall

Focus: Anemia, ANC & Institutional Delivery

Participants:

NAME	EXPERTISE
Dr. Noverina Marak	SNO Nutrition and AMB
Dr. B. Mawlong	SNO Maternal Health
Shri. B. Shylla	RCH Consultant, NHM
Ms. Evanylla Marbaniang	Communications Consultant, MHSSP
Ms. Jyothis	Documentation Specialist, SACH
Mr. Binu Anand	Technical Expert - Health Communications, SACH
Mr. Ciju Daniel	Consultant - Health Communications, SACH

1. Findings from Fieldwork & Data Collection

- Field visits and focus group discussions were conducted across districts to understand local perceptions of Anemia, ANC, and Institutional delivery.
- Common symptoms of Anemia — weakness, dizziness — were recognized, but "Anemia" as a term lacked familiarity.
- Misconceptions included linking Anemia to hereditary or supernatural causes; however, poor diet, early marriage, and worm infestation were identified as potential causes.
- IFA tablet supply was inconsistent, with confusion between IFA and vitamin supplements; awareness of deworming was comparatively better.

2. Health-Seeking Behaviour and Community Dynamics

- Health camps were well-received when treatment was provided; frontline workers (ASHAs, ANMs) remained key information sources.
- Minimal influence from religious institutions on Anemia awareness.
- Mixed reliance on traditional and modern medicine was observed.
- Recall of IEC materials related to Anemia was low; however, awareness of general health campaigns was present.

3. IEC Materials & Content Development

- Need for engaging IEC materials: animated content, real-life stories, posters, jingles, and WhatsApp messages.

- Proposed content types:
 - a. Reels, GIFs, pre-recorded jingles.
 - b. YouTube videos, FAQs for FLWs, storytelling-based materials.
- Suggested content to focus on Anemia, folic acid, early ANC, and birth preparedness.
- Proposed using wall paintings, wall art in schools, and digital boards in public spaces for campaign reinforcement.

4. Digital & Physical Campaign Tools

- Leverage digital media, such as short videos, Instagram Reels, and digital screens in villages, for awareness.
- Combine digital tools with traditional formats, such as wall paintings, local radio, and loudspeaker announcements.

5. Targeted Campaigns and Behavioural Messaging

- Promote early ANC registration, institutional delivery, and IFA uptake.
- Ensure male involvement in maternal and child health through targeted awareness.
- Strengthen communication about government schemes (e.g., CMSMS) at facilities.
- Address stigma around HIV and encourage ART adherence through clear, stigma-free messaging.

6. Campaign Implementation Strategy

- Integrate content into campaigns like Poshan Mah and T3 (Test, Treat, Track) camps.
- Mobilize school-based campaigns using murals and promote safe friendships through creative storytelling.
- Involve clubs (e.g., cycling, walking) and musical or grassroots events to raise awareness about NCDs, HIV, and teenage pregnancy.

7. Engaging and Equipping Frontline Workers

- Equip ASHAs with compact, easy-to-understand IEC handbooks and FAQs.
- Build their capacity to explain health topics like Anemia, pregnancy care, and HIV.
- Ensure consistent content delivery tools across regions to reduce misinformation.

8. Monitoring, Evaluation, and Innovation

- Establish clear metrics to evaluate content effectiveness, community uptake, and behaviour change.
- Emphasize the importance of M&E systems for campaign feedback and iteration.
- The government's role is critical in supporting, scaling, and supervising campaigns.

Action Items:

- Develop and roll out animated and real-life story-based IEC materials on anemia, IFA, deworming, ANC, and institutional delivery.
- Coordinate with district teams to integrate new IEC materials into the Poshan Mah and T3 campaigns.
- Create a campaign calendar and finalise a schedule for targeted media releases (jingles, social media).
- Design compact IEC kits and FAQs for FLWs; begin FLW capacity-building workshops.
- Evaluate the pilot use of digital boards, village murals, and robot-based messaging in high-priority areas.
- Establish an M&E framework with clear behavioural indicators to assess campaign outcomes.

Date: 4th June 2025

Venue: MHSSP Conference Hall

Focus: Breastfeeding & Complimentary Feeding Programme, SBCC training, Male Participation and Community engagement

Members Present:

NAME	EXPERTISE
Dr. Shaibya Saldanha	Training Consultant, MHSSP
Ms. Evanylla Marbaniang	Communications Consultant, MHSSP
Ms. Jyothis	Documentation Specialist, SACH
Mr. Binu Anand	Technical Expert – Health Communications, SACH
Mr. Ciju Daniel	Consultant – Health Communications, SACH

1. Breastfeeding & Complementary Feeding Program

- A three-hour tutorial (video-based, self-paced) for ASHA nurses launched, followed by a written test.
- Certified ASHAs to receive badges and face-to-face training from the IIT Bombay team; 750 master trainers to be trained at 3 locations.
- Training includes guidance on exclusive breastfeeding, weaning (complementary feeding), and mother-child nutrition (e.g., rice paste, dal water, chicken soup).
- Concerns raised over tutorial language (not available in Khasi), ASHA engagement, and practical learning time constraints.

Complementary Feeding Emphasis:

- Messaging should focus on the timely initiation of complementary feeding, promoting diet diversity, and discouraging the use of formula/processed foods.
- Posters and visual content are under development to reinforce feeding practices.

2. Digital and Physical Content for Capacity Building

- Creation of digital FAQs, MCP card updates, and training videos for ASHAs and counsellors.
- Proposals for short, silent explainer videos (GIFs/animations) suitable for public screens, YouTube, and Instagram.
- The use of gamified learning (e.g., board games for mothers and adolescents) is discussed as an engaging alternative.
- Digital MCP cards are proposed for ease of access and training.

3. Innovative IEC Distribution Strategies

- Proposal to involve salon workers, barbers, and other informal settings to distribute magazine-style IEC booklets.
- Health information boards and health calendars to be installed in villages through VHCs.
- Exploration of community spaces and digital displays to reinforce messages about breastfeeding, HIV, and ANC.

4. Adolescent Health Counsellors & SBCC

- 117 adolescent counsellors identified; currently underutilized.
- Counsellors need retraining and tools for engagement on issues like teenage pregnancy, HIV, Anemia, and NCDs.
- Strategy includes customized SBCC tools, gamified interactions, and capacity-building support through Vihara and other partners.

5. Male Participation in Healthcare

- Emphasis on making healthcare spaces respectful and welcoming for men.
- Strategy to sensitize FLWs and facility staff, along with the development of male-friendly posters, IEC, and the MCP card.
- Discussion on the historical exclusion of men in maternal health and the need for multichannel male engagement.

Engagement Strategies:

- Community sensitization campaigns with local influencers and religious leaders.
- Digital platforms and peer groups for men to discuss health and share experiences.
- Public health campaigns to involve men in ANC visits, HIV testing, and supporting maternal care.

6. Awareness Campaigns for HIV, Teenage Pregnancy, and Anemia

- Campaigns to address stigma and promote early detection and ART adherence.
- Digital outreach through social media, influencer campaigns, and short video formats.
- Coordination with existing HIV/AIDS and adolescent health programs encouraged.
- Intersections with ANC and Anemia programs highlighted (e.g., folic acid, iron supplementation).

7. Community Competitions and Health Indicators

- Proposal to redesign “Healthy Mother-Baby” competitions using indicators like immunization, weight, ANC visits, and institutional deliveries.
- Recommended shifting focus away from physical attributes to measurable health outcomes.

8. Long-Term Planning & Collaboration

- Need for a structured long-term SBCC strategy with sequenced video rollouts, influencer outreach, and community institution involvement.

- Emphasis on collaboration with civil society, fitness clubs, local entertainers, and faith-based groups.
- Capacity building of healthcare workers and opinion leaders to reinforce messages across touchpoints.

Action Items:

- Develop and disseminate complementary feeding materials focusing on timing, diversity, and local food options.
- Finalize and print IEC handbooks in magazine format for distribution through salons.
- Propose the installation of village health information boards and monthly calendars via VHCs.
- Create short, silent video content for display on digital screens in public areas.
- Digitize the MCP card and integrate it with ASHA Tablets.
- Re-engage and equip adolescent counsellors with SBCC toolkits and gamified resources.
- Design and implement male-focused healthcare outreach initiatives, including posters, counselling spaces, and peer support services.
- Launch digital and physical HIV awareness campaigns addressing stigma and ART adherence.
- Redesign healthy baby competitions based on health indicators rather than physical traits.
- Establish partnerships with community influencers and institutions for behaviour change communication.

Date: 5th June 2025

Venue: MHSSP Conference Room

Members Present:

NAME	EXPERTISE
Ms. Evanylla Marbaniang	Communications Consultant, MHSSP
Ms. Jyothis	Documentation Specialist, SACH
Mr. Binu Anand	Technical Expert – Health Communications, SACH
Mr. Ciju Daniel	Consultant – Health Communications, SACH

1. Institutional Delivery & High-Risk Pregnancy Management

- Focus on promoting institutional delivery, especially in inaccessible villages, and identifying high-risk pregnancies.
- Emphasis on schemes like CMSMS and encouraging early ANC registration.
- Suggestion to have better communication channels (e.g., contact information for transit homes) to ensure timely support for pregnant women.

2. NCDs

- Screening to focus on diabetes, hypertension, and cancer.
- The importance of early detection, particularly in cases with silent symptoms.
- Leverage village gatherings, job card days, and VHNDs for opportunistic screening.
- Awareness can be promoted through jingles, posters, and lifestyle campaigns.
- VHNDs to be strengthened with male-inclusive activities and accessible screening facilities.

3. Health Communication: Strategy, Repository & Dissemination

- Plan to create a centralized digital repository (IEC/SBCC folder) for handbooks, jingles, and visual materials.
- All materials are to be categorized by topic and made available for online/offline download.
- Backend tracking (e.g. IP logs) proposed for accountability.
- Development of compact handbooks for FLWs and standardized messaging for local leaders.

4. Community Collaboration & Sensitization

- Involve medical officers and village administrators in sensitizing communities on screening and healthy behaviours.
- Local influencers (trekking clubs, content creators) to be engaged to co-create NCD awareness content.
- Emphasis on aspirational messaging and storytelling through infotainment videos.

5. Male Participation in Health

- Discussion on the lack of male involvement in maternal and family health.
- Strategies include:
 - a. Posters and jingles with inclusive family health messages.
 - b. Use of state-village level men's groups, student unions, and village meetings for male engagement-MHM (Men Helping Men Podcasts)
 - c. Convert the MCP card into a tool for shared parental responsibilities.
- Proposed pilot activities to create inviting spaces for men in health facilities.

6. Teenage Pregnancy, Education & Aspirational Messaging

- Highlighted teenage exposure to early relationships and low education levels.
- Need to shift from fear-based to aspirational messaging.
- Use local celebrities, toppers, and successful youth to share real-life stories.
- Content formats discussed:
 - a. Short video series/dramas
 - b. "Humans of Meghalaya" style campaign
 - c. Competitions and theatre events in schools and colleges

7. Adolescent Cafés

- Proposed setting up "Adolescent Cafés" in AFCs to provide a welcoming, safe space.
- Teenagers to run canteens, organize competitions, and receive counselling.
- Pilot collaboration with the Smart Village movement to enhance AFHC environments.
- Activities to promote wellness beyond clinical services (e.g., games, mentorship, job talks).

8. Training & Implementation Planning

- Call for a matrix listing topics, activities, timelines, and medium types, etc.
- Agreement to consolidate training into a single, structured session.
- Low-hanging fruit: FAQs, posters, and short-form content to be rolled out immediately.
- Use of localized and relatable examples to improve implementation.

Action Items

- Strengthen VHNDs for regular NCD screening, with necessary equipment and male-inclusive activities.
- Finalize NCD posters, lifestyle materials, and short jingles for announcements.
- Create and maintain a centralized IEC repository with categorized content and access tracking.
- Collaborate with local influencers and content creators for engaging infotainment.
- Develop aspirational campaigns using local success stories and celebrities.
- Design a short video series/drama to address teenage pregnancy and career aspirations.
- Sensitize MOs and village leaders on promoting screening and male involvement.
- Develop and disseminate a compact health handbook for FLWs and opinion leaders.
- Finalize venue, agenda, and team roles for the upcoming team offsite.

Finalized message contours for all topics based on the discussions held

Topic	Message focus
Tuberculosis	Signs and symptoms of TB, how to prevent TB transmission including the role of nutrition, Importance of testing TB, where and how to test, Importance of completing TB treatment to prevent drug resistant TB
HIV/ AIDS	Modes of transmission and prevention, Importance of continuing ART for reducing infections, reducing stigma and increasing awareness to increase community support to people living with HIV / AIDS,
Anaemia	What is anemia, it's symptoms and ways to prevent, Importance of doing blood test - know about T3 campaign - [Test, Treat & Talk], Importance of consuming IFA tablets and de worming tablets.
ANC	Health benefits of registering pregnancy in first trimester (Early ANC registrations), Health Benefits of attending ANC (Completion of 4 ANC visits-appropriate gaps between ANC visits), Nutrition care during pregnancy
Institutional Delivery	Importance of all deliveries to be conducted at hospital, High risk pregnancies- signs & symptoms, Various schemes related to institutional delivery and how to avail it

Topic	Message focus
Tuberculosis	Signs and symptoms of TB, how to prevent TB transmission including the role of nutrition, Importance of testing TB, where and how to test, Importance of completing TB treatment to prevent drug resistant TB
Male Participation	Sensitizing men around family health, Health care providers to engage men in health care discussions, create an inviting and respectful space in the health facilities for men to be felt included (for Health workers)
Exclusive Breast Feeding	Understanding the importance and need of initiating timely complementary feeding (6th month), Understanding the importance of consistency, frequency and diet diversity of feeding
Teenage pregnancy	Puberty and associated physical & mental changes, Psychological, social and health impacts of early pregnancy and how to prevent, Importance of setting life goals and achieving it (Setting aspirations), Informed decision making
Non communicable diseases	Early identification of NCDs, Stress on importance of screening as the disease can be asymptomatic (Emphasis on signs & symptoms), To ensure wider access & screening for diabetes and blood pressure.

Annexure II: Detailed Report of SBCC Strategy Workshop (August 2025)

Detailed report on Social and Behaviour Change Communication (SBCC) Strategy Workshop

Meghalaya Health System Strengthening Project (MHSSP)

Location / Venue: SBCC Strategy Workshop – Bogmallo Beach Resort, Goa

Dates: 19 – 22 August 2025

Background

The Meghalaya Health System Strengthening Project (MHSSP) organized a Social and Behaviour Change Communication (SBCC) Strategy Workshop from 19–22 August 2025 at Bogmallo Beach Resort, Goa.

- Participants: 13 members from MHSSP, 2 members from the Mizoram HSSP, and one representative from the World Bank.
- Facilitators: The workshop was facilitated by the SACH team with expert inputs from external specialists in team building, SBCC, storytelling, and communication technology.

The workshop was conceptualized as an offsite residential event to create space for intensive learning, reflection, and bonding among participants.

Objectives of the Workshop:

- Strengthen team bonding, motivation, and collaboration within MHSSP.
- Enhance conceptual clarity on SBCC frameworks, tools, and approaches.
- Provide hands-on exposure to innovative methods, including habit loops, storytelling, and social media communication.
- Facilitate cross-learning from the Mizoram HSSP and within Meghalaya's own health initiatives.
- Develop a draft roadmap for rolling out the SBCC strategy at both the state and community levels.

Workshop Sessions

1. Introduction Session

Facilitators: **Mr. Binu Anand** and **Ms. Jyothis**

- Welcomed participants and outlined the objectives of the workshop.
- Shared the detailed program schedule, methodology, and logistics.

Set the tone for an interactive and collaborative four-day engagement.

2. Team Building Activities

Facilitator: **Mr. Arvind Mishra, SEQUEL**

This highly engaging session focused on trust, communication, openness to learning, and teamwork.

- Metaphors for Learning:
 - a. Bottle with a closed cap: Learning is possible only with an open, receptive mindset.
 - b. Car headlights at night: Clarity often comes step by step; progress requires moving forward even without full visibility.

- Behaviour Negotiation Exercise:
 - a. A role-play on financial loss illustrated how individuals exhibit different behaviours (agreeable, forceful, confused).
 - b. Key takeaway: Effective team functioning requires listening, negotiation, and acknowledging diverse viewpoints.
- Number Game and Planning Exercise:
 - a. Demonstrated how planning and understanding influencing factors can lead to success.
- Gold Mining Simulation:
 - a. Teams navigated risks and opportunities while mining for gold.
 - b. Lessons:
 - i. Taking calculated risks often brings better rewards.
 - ii. Planning and seeking guidance from leaders enhances outcomes.
 - iii. Investing in supportive tools or information, even at a cost, can lead to stronger results.

Overall, the activities reinforced that teamwork, openness, calculated risk-taking, and leadership support are essential for collective success.

3. Basics of SBCC

Facilitators: **Mr. Ciju Daniel and Mr. Binu Anand**

- Clarified the concept of “social” in SBCC, emphasizing the role of social mobilization in achieving sustained behaviour change.
- Covered essential components:
 - a. Communication planning.
 - b. Steps in behaviour change.
 - c. The Importance of Community Engagement and Contextual Understanding.

Participants gained foundational knowledge for designing state- and community-level SBCC interventions.

4. Integrating Habit Formation into SBCC

Facilitator: **Ms. Noveena Swapnabh**

This session introduced the habit loop framework: cue → routine → reward.

- Discussed:
 - a. Life-cycle approach to behaviour change.
 - b. Behaviour drivers and cultural integration.
 - c. Differences between traditional SBCC interventions and habit-focused approaches.
- Group Work:
 - a. 8 groups developed habit loops for selected health topics.
 - b. Each group identified target behaviours, relevant cues, actionable routines, and meaningful rewards.
- Key Learning:
 - a. Sustained health behaviours emerge when SBCC incorporates habit design principles.
 - b. Culturally appropriate cues and rewards increase adoption.

5. Communication through Storytelling

Facilitator: **Ms. Noveena Swapnabh**

- Storytelling is explained as a powerful, emotionally resonant communication method.
- Benefits: contextual, relatable, participatory, empathy-driven, and enhances recall.
- Formats: folk theatre, radio drama, posters, short videos, story circles.
- Framework for effective stories:
 - a. Culturally relevant.
 - b. Relatable characters.
 - c. Model desired behaviours.
 - d. Emotional hook.
 - e. Clear positive call to action.

Although the planned group activity was curtailed due to time constraints, participants gained valuable insight into designing impactful SBCC stories.

6. Technology and Communication

Facilitators: **Ms. Iram Mirza and Mr. Ashish Garg**

- Explored the growing influence of social media and digital platforms across all age groups.
- Discussed both opportunities and threats:
 - a. Online platforms now shape adolescents' neurological drive for peer acceptance.
 - b. Social media is reshaping identity and family dynamics.
 - c. Technology enables instant gratification, but also identity risks.
- Application to SBCC:
 - a. Corporates' strategies with digital platforms were shared as models.
 - b. Participants discussed how social media can effectively amplify SBCC messages and quickly reach diverse audiences.

7. Sharing of Mizoram Experience

Facilitators: **Dr. H. Lalchawinawia and Ms. Zosangkimi**

- Focus: NCD interventions under Mizoram HSSP.
- Activities implemented:
 - a. One-on-one communication, group-level events during VHNDs, poster displays, wall paintings, rallies, competitions, podcasts, and advertisements.
 - b. Large-scale Walkathons involving ministers, IAS officers, and community members.
- Funding Mechanism: INR 8,000 per VHSNC/SHG/MHIP every four months to support SBCC activities.
- Key Learning for Meghalaya: Structured funding, strong community engagement, and visible events like rallies and walkathons can significantly boost awareness and participation.

8. Sharing Experiences : After sharing the experience of Mizoram, different divisions under the Meghalaya health department shared their experiences. Meghalaya Department of Health and Family Welfare

Divisions shared updates on:

- Meghalaya Health Insurance Scheme.
- HIV/AIDS campaign.
- Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM).

- District-level programmatic experiences.
- This session allowed participants to align departmental experiences with the broader SBCC strategy.

9. Strategy Rollout Planning

- State-level group: Focused on convergence with other government departments, NGOs, and partners to ensure coordinated SBCC implementation.
- Implementation group: Discussed practical rollout mechanisms to reach communities, including frontline worker involvement, community meetings, and IEC dissemination.

10. Field Visit

- Location: Primary Health Centre, Candolim, Goa.
- Observed IEC distribution, HIV/AIDS counselling centre functioning, and staff interactions.
- Gave participants firsthand exposure to how IEC and SBCC operate at the grassroots level.

Conclusion

The four-day workshop was successful:

- Strengthened team cohesion and confidence among MHSSP members.
- Provided conceptual clarity on SBCC, including habit loops and storytelling.
- Built capacity for using digital tools and social media in health communication.
- Enabled cross-learning from Mizoram's structured NCD-focused SBCC approach.
- Produced a draft roadmap for SBCC rollout at the state and community levels.
- Offered practical field insights into IEC practices through the PHC visit.

The workshop created a strong foundation for institutionalizing SBCC approaches in Meghalaya.

Recommendations for Action

1. Finalize the SBCC Strategy

- a. Consolidate workshop learnings into a comprehensive Meghalaya SBCC Strategy Document.
- b. Ensure alignment with MoHFW and NHM communication frameworks.

2. Institutionalize Capacity Building

- a. Conduct regular trainings and refresher programs for state, district, and block teams.
- b. Develop a training toolkit on habit loops, storytelling, and social media.

3. Leverage Technology and Media

- a. Launch digital campaigns on platforms like WhatsApp, Instagram, and radio for different age groups.
- b. Partner with local influencers and media outlets to strengthen reach.

4. Enhance Convergence

- a. Create state- and district-level convergence platforms with other departments, NGOs, and CSOs.
- b. Establish a coordination cell within MHSSP to oversee SBCC convergence.

5. Strengthen Community-Based Activities

- a. Adopt Mizoram's model of flexible funding (INR 8,000 per VHSNC/SHG/MHIP) to support local SBCC activities.
- b. Encourage community-driven events such as rallies, walkathons, and school competitions.

6. Monitoring, Documentation, and Learning

- a. Integrate SBCC monitoring indicators into HMIS and program reports.
- b. Document success stories and positive deviations for continuous learning.
- c. Establish a repository of SBCC case studies and tools accessible to field teams.



It's not simply development—it's sustainable agriculture, biofertilizers, irrigation solutions, and community infrastructure. It's a holistic approach to development that focuses on long-term growth.



This document is prepared for MHSSP by:



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